



# Special Exam Application Protocol

Independent Medical Examination (IME) & Consultation

## Scheduling Requirements

To schedule a Special Exam (IME) or Consultation at Movement Orthopedics, please adhere to the following protocol:

- 1. Pre-Payment Required:** A fee of **\$2,500.00** must be received prior to scheduling the examination. Payment may be made by check, credit card, or electronic transfer.
- 2. Make checks payable to:** Movement Orthopedics, PLLC  
Mail to: 43475 Dalcoma Dr., Suite 250, Clinton Township, MI 48038
- 3. Medical Records Required:** All pertinent medical records, diagnostic reports, and imaging studies must be received at least **10 business days** prior to the scheduled exam date.
- 4. Records exceeding 1 inch** in thickness will incur an additional charge of **\$125.00 per inch**.
- 5. Cancellation Policy:** Cancellations made less than **5 business days** prior to the exam will be subject to a **\$250.00** cancellation fee.
- 6. No-Show Policy:** Failure to appear for a scheduled exam will result in a **\$250.00** no-show fee deducted from the pre-payment.
7. The requesting party is responsible for notifying the patient of the appointment date, time, and location.
8. Movement Orthopedics will provide a written report within **30 business days** following the examination.
9. Additional reports, addendums, or supplemental reviews will be billed at an additional fee.
10. Testimony (deposition or trial) is billed separately at the physician's hourly rate.

## Examination Types

<input type="checkbox"/>	<b>Independent Medical Examination (IME)</b> — Comprehensive evaluation with written report
<input type="checkbox"/>	<b>Consultation Without Transfer of Care</b> — One-time evaluation, no ongoing treatment
<input type="checkbox"/>	<b>Consultation With Transfer of Care</b> — Evaluation with assumption of treatment responsibility

## Contact Information

To schedule a Special Exam or for questions regarding the process, please contact:

### Movement Orthopedics, PLLC

Phone: (586) 436-3785

Fax: (833) 972-5451

Email: [appointments@movementortho.com](mailto:appointments@movementortho.com)

**⚠ Important:** The completed Special Exam Application Form (page 2) must accompany payment and medical records. Incomplete submissions will delay scheduling.