



MEDICAL GROUP

2nd Opinion Request Form

Today's Date: _____ Contact: _____ Email: _____

Business Name: _____

Business Address: _____

Phone: _____

Patient's Name: _____ Patient's Date of Birth: _____

Date of Injury: _____

Select Your Reports:

Lumbar _____ Second Opinion _____ Comparison

Thoracic _____ Second Opinion _____ Comparison

Cervical _____ Second Opinion _____ Comparison

Other _____ Second Opinion _____ Comparison

Other _____ Second Opinion _____ Comparison

Other _____ Second Opinion _____ Comparison

Special Instructions: _____

Note: Payment must be included with request to avoid processing delays.

Checks are made payable to MD Medical Group.

Total Report Cost: _____

Authorization Name (Print)

Authorization Signature

Date

**Mail completed form, images,
documents and payment to:**

**MD Medical Group
209 S. Central Avenue
Oviedo, FL 32765**



Depositions - \$2,000 pre-paid two-hour minimum. \$1,000 for each additional hour. Depositions are held at Radiologists home. Payment is due prior to the scheduled deposition.

Court Appearance Testimony - \$3,000 pre-paid three-hour minimum. \$1000 for each additional hour. Travel/waiting time is included. Payment is due prior to the scheduled court appearance. If travel expenses are necessary, they will be billed at the GSA per diem rate.

Pre-depo Conference - \$1,000 per hour with a pre-paid one-hour minimum. Payment is due prior to the scheduled conference.

Reports and 2nd Opinions - \$250 per report/scan. Payment is due when films/CD's are delivered for interpretation.

Interrogatories - \$1,000 per hour. Payment is due prior to services rendered.

Cancellation Policy - If you need to cancel a scheduled deposition, court appearance, or conference, a 72 hour notice is required in order to receive a full refund for pre-paid services.

NOTE: Neither **MD MEDICAL GROUP** nor Radiologist can have an opinion on radiology images that have not been presented. In view of this, neither **MD MEDICAL GROUP** nor Radiologist individually should be represented as being retained unless either (1) an **MD MEDICAL GROUP** radiologist is the treating radiologist on a case; or (2) a retainer payment has been made. If an **MD MEDICAL GROUP** radiologist is the primary treating radiologist, or a retainer payment has been made, then it is appropriate to list as an expert.

Pre-payment is required 72 hours prior to trial, deposition or scheduled services. We will understand that the absence of payment means that our services are not needed, and that the case has either been settled/dropped/ been continued. In this case, **MD MEDICAL GROUP will schedule patients and maintain the normal functions of our medical practice.**

Please make all checks payable to MD MEDICAL GROUP.

REVISED and EFFECTIVE February 1, 2017

209 S. Central Avenue • Oviedo, FL 32708
407.670.5585

FEE SCHEDULE