Hartford Orthopaedic, Plastic & Hand Surgeons, Inc.

Duffield Ashmead, M.D.
Board Certified Plastic Surgeon
Fellowship Trained Hand Surgeon
Director, UCONN Hand Fellowship

Daniel J. Mastella, M.D.
Board Certified Orthopaedic Surgeon
Fellowship Trained Hand Surgeon
Assistant Clinical Professor — UCONN

H. Kirk Watson, M.D.
Board Certified Orthopaedic Surgeon
Fellowship Trained Hand Surgeon
Director Emeritus, UCONN Hand Fellowship

The Hand Center

195 Eastern Blvd., Ste. 200, Glastonbury, CT 06033
T: (860) 527-7161 F: (860) 652-8410
www.thehandcenteronline.com

Christopher M. McCarthy, M.D.
Board Certified Orthopaedic Surgeon
Fellowship Trained Hand Surgeon

Christopher Dillon, PA-C
Board Certified Physician Assistant

Julie Forster, PA-C
Board Certified Physician Assistant

RESPONDENT MEDICAL EXAM SCHEDULING SHEET

Please fill out completely and fax to our office @ 860-652-8410.

PATIENT INFORMATION:

Name:_____

Street: _____

City / State / Zip Code:_____

Phone Number: _____ DOB: _____ SS#:_____

SCHEDULER INFORMATION:

Company Name:_____Contact:_____

Street:_____

City / State / Zip Code: _____

Phone #: _____ Fax #: _____

Claim #: _____ Date of Injury: _____ Body Part: _____

Please check: ☐**CT Workers' Comp Claim** ☐**Workers' Comp *from outside CT***

☐**Liability** ☐**Motor Vehicle Accident**

BILL TO: ☐**same as scheduler** **If different, complete:**

Insurance/Comp Carrier Name: _____

Insurance address: _____

Patients are required to arrive thirty (30) minutes before their appointment.

All medical records must be received in our office one (1) week before the scheduled appointment. Please **mail (do not fax)** the medical records **with prepayment (see fee schedule below)** to:

195 Eastern Boulevard, Suite 200, Glastonbury, CT 06033-1208

Fees: **CT Workers' Compensation Claims $750.00** (CT Workers' Compensation Fee Schedule)

Motor Vehicle Claims: Prepayment Required - $1,500.00

Liability Claims: Prepayment Required - $1,500.00

Out of State Workers' Compensation Claims: Prepayment Required - $1,000.00

☒ **X-Rays taken as needed**. (Fees to be billed after visit).

RESPONDENT MEDICAL EXAM SCHEDULING SHEET (page 2)

No show fees:

CT Workers' Compensation Claims: **$250.00**
Motor Vehicle Claims: **$400.00**
Liability Claims: **$400.00**
Out of State Workers' Compensation Claims: **$400.00**

No show fees also apply to cancellations within 48 hours of the scheduled appointment.

Patients who do not present on time (thirty (30) minutes before the scheduled appointment time) will not be seen and a no show fee will be charged.

Signature of RME Broker Representative/Payer:

Signature: _____ Date: _____

Printed Name: _____

APPOINTMENT:

With whom is the appointment to be made? Dr. Ashmead / Dr. Mastella / Dr. McCarthy

Please note here any preference to Location / Date / and/or Time: _____

Please mail all correspondence to the Glastonbury location.

To be filled out by our office and then faxed back to you:
Date and Time of scheduled appointment: _____

_____ **Glastonbury**	_____ **Hartford**	_____ **Tolland**
195 Eastern Blvd.	31 Seymour St.	100 Gerber Dr.
Suite 200	Suite 203	Suite 2C
Glastonbury, CT 06033	Hartford, CT 06106	Tolland, CT 06084