

Health Care Provider Form



Please complete our Health Care Provider Form if you are interested in joining the IME+ provider panel.

Provider Name:

Practice Name:

Specialty:

Office Address:

City/State/Zip:

County:

Phone Number:

Fax Number:

Tax ID#:

NPI #:

Office Email Address:

Hospital Affiliations:

Required Documents:

1. CV
2. License
3. Board Certificate
4. Malpractice Insurance
5. IME Sample Report
6. Full Fee Schedule
7. W-9