Panel Provider Form

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

Provider Name:

Practice Name:

Specialty:

Scheduling Contact:

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**

557 Broad Street, Suite 22, Bloomfield, NJ 07003