

Effective July 1, 2022

**Virtue Medicine, PC**

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**This form is for information purposes only.**

Potential clients are requested to review this document in detail before contacting our office.

The Virtue Medicine policy is to provide an Independent Medical Evaluation on all newly referred worker's compensation patients. **An agreement by Virtue Medicine P.C. to perform an IME is not a guarantee that the patient will be accepted for ongoing clinic treatment in our specialty clinic. This decision is at the discretion of the provider based upon the suitability of the patient for the specialty care that is offered at our practice.**

**How to Proceed:** To enter into an agreement for provision of services, Virtue Medicine requires:

- Full base rate payment \$4500 is required prior to scheduling
- A letter, i.e., a service agreement, accepting the fee schedule, and identifying the service(s) requested

Service agreement letter must identify:

1. The case number/examinee name
2. Primary contact person within the referring entity and contact information. Virtue Medicine will direct all correspondence regarding the patient's care to this primary contact person; *it will be the referring entity's responsibility to handle these documents in compliance with professional and health care standards*
3. All appropriate release of confidential information forms should be attached

**Please see following pages for service details**



**Independent Medical Evaluations** (required for all Worker's Compensation referrals):

Medical chart review, patient examination, and written summary of findings provided to the referring entity within requested time frame (usually less than 10 days):

Fee **\$4500** (prepayment required), includes up to 2-inches or 500 pages of medical record review, examinee interview and report writing.

- High complexity of medical chart review (more than 2 inches or 500 pages): \$400/hour, billed in minimum of 15 minute increments.
- Additional consultation requests (except travel, below): \$400/hour, billed in minimum of 15 minute increments, to be discussed in advance with the referring entity.
- Travel: \$400/hour, billed in 15 minute increments plus expenses. Travel mileage: \$0.59 per mile. Travel parking/taxi: Billed as expense if not provided by the requesting party.
- **Base rate of \$4500 must be paid in full prior to scheduling.** Any additional billing for services will be provided when the written summary of findings is completed, and payment in full is required before the report will be released and within 30 days of invoicing. Checks are to be made payable to Virtue Medicine.
- **Cancellation Policy:** Non-refundable fee of \$900 if cancelled between 2-5 business days before the evaluation. Non-refundable fee of \$1500 if cancelled less than 48 business hours before the evaluation.

**Worker's Compensation Treatment - Provider approval required:**

Medical chart review, patient examination, and all paperwork and consulting work: \$400/hour, billed in minimum of 15 minute increments. Virtue Medicine will submit invoices to the referring entity.

- *Please Note: No clinical notes or medical summaries will be provided without a valid release of information obtained by the referring entity from the patient/client for the specific information released.*
- **Cancellation Policy:** Any changes to the date and time of the appointment require 24 business hour notice or will be billed for the full appointment charge. An exception is made for acute illness or emergency on a case-by-case basis.



**Civil Cases or Expert Witness Consultations:**

Medical chart review and written summary: \$400/hour

Travel: \$400/hour, billed in 15 minute increments plus expenses

Testimony or deposition work, including waiting time at courtroom or deposition site:

\$1000/hour, or \$4000/4 hours, or \$8000/full day

- **Deposit equal to 60%** of estimated travel and testimony or deposition time required before scheduling.
- **Cancellation Policy:**
  - 21 days or more in advance of scheduled appointment: 100% refund
  - 14-20 days in advance of scheduled appointment: 90% refund
  - 7-13 days in advance of scheduled appointment: 50% refund
  - 6 days or fewer in advance of scheduled appointment: No refund

For any questions please call our office at (319)338-5190.

Email: [reception@virtuemedicine.com](mailto:reception@virtuemedicine.com) Confidential Fax: (319)354-3718

