PRO MED
Kaleidoscope of Medical Review Services

Send completed form & documents to :

P.O. Box 941870
Maitland, FL 32794
T: (407) 599-9122
F: (407) 599-1994
TF: (866) 599-9122

Referral@gopromed.com

THIRD PARTY BILL REVIEW SERVICE REQUEST

(Please select appropriate calculation method(s): Usual/Customary ☐ PIP ☐ Medicare ☐

CASE INFORMATION

Claimants Name (First, Middle Initial, Last)	Date Referred
	Date of Injury
	Claim Number
	Insured

KEY CONTACT & BILLING INFORMATION

(please select referring party)

Referring Party ◉	Adjuster Name	Tel. Number	E-mail Address	
	Carrier/TPA/Servicing Agent	Address		Office Location
Referring Party ○	Defense Attorney Name	Tel. Number	E-mail Address	
	Defense Firm Name	Address		

Please provide copies of report to:
Carrier/TPA/Servicing Agent ☐ Defense Attorney ☐ Other; explain ☐

Party Responsible for Invoice:
Carrier/TPA/Servicing Agent ☐ Other; explain ☐

SERVICE REQUESTED

Review for excessive charges (specify provider) ☐
Analysis of medical records for:
Prep for court ☐
Settlement Negotiations ☐
Clarifying complex medical issues ☐

Other (please explain) ☐ (please type)

INITIAL REVIEW & REPORT TIME FRAME

Routine Turnaround = 30 days Normal Status ☐ RUSH Status ☐

Date RUSH Needed_____

RUSH Explanation (please type)

NOTES/SPECIAL HANDLING

(For Internal Use)

PRO MED file #

Submit