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

Demand Package Review Service Request

Third Party Demand Package Review *(Both Medical & Bill Review)* ☐

Third Party Medical Record Review Only ☐

Third Party Bill Review Only ☐

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

Radiology Review ☐

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)	☐	Other (please explain) ☐	(please type)
Analysis of medical records for:			
Prep for court	☐		
Settlement Negotiations	☐		
Clarifying complex medical issues	☐		

INITIAL REVIEW & REPORT TIME FRAME

Routine Turnaround = 30 days	Normal Status ☐	RUSH Status ☐	RUSH Explanation (please type)
	Date RUSH Needed_____		

NOTES/SPECIAL HANDLING

SUBMIT

(For Internal Use)
PRO MED file #