

## Medical Legal Services

Thank you for your interest in our medical legal services at NEW ENGLAND SPINE CARE ASSOCIATES. Our expertise is in the area of **Personal injury, Injured workers, MVA, Spine disorders, Deviation of standard of care, Pain disorders and Musculoskeletal Medicine**. Our fee schedule is as follows:

IME	\$ 1,500.00
Narrative Report preparation	\$ 1,200.00
Chart Review	\$ 400.00 per hour (minimum 2 hours)
Expedited service- 48-hour turnaround	\$ 300.00 additional
Deposition	\$ 2,000.00 first hour
Prep Time for Deposition	\$ 500.00 per hour
Court Appearance	\$ 1000.00 per hour (minimum 3 hrs)
Prep time before court appearance	\$ 500.00 per hour
No-Show/Cancellation Fee	\$ 100.00

- Please complete the following worksheet and send along with relevant medical information and payment.
- For IME
  - Once payment received, IME will be scheduled within 5-10 business days.
  - In advance of the appointment, please FedEx relevant medical information including notes / imaging medical information.
  - $\circ$  IME report will be available within 48 hours of the visit .
- For narrative report
  - Please FedEx all the relevant medical information.
  - Unless expedited services requested m the narrative report will be available 10 business days upon receipt of payment and clinical notes.
- The report may be emailed to you in PDF format and sent via fax/mail. Please provide secure fax number or e-mail address.
- Payments:
  - Please make the check payable to
    - S. Ali Mostoufi, MD



Medical Legal Services

## **Our Experts**

## S Ali Mostoufi, MD

Board Certified Physiatrist Board Certified Pain Specialist Interventional Physiatrist

Assistant Professor, Physical Medicine and Rehabilitation Associated Chairman, Dept. of Rehabilitation Medicine, Tufts Medical School



Medical Legal Services

## **Worksheet**

Attorney:

Client name:

Brief summary of the case: (use separate cover letter)

Court date:

Requested service: IME Narrative Report preparation: Chart Review Expedited service- 48-hour turnaround Deposition Court Appearance

Attached Check Number

Address for mailing report:

E-mail for sending report:

Number of pages attached for review: