



Western Medical Assessments

MVA SERVICES REQUIRED

- Evaluation *(type)* _____
- Independent Medical Examination *(type)* _____
- Functional Capacity Evaluation
- Document Review
- Other *(type)* _____

City: Edmonton Calgary Fort McMurray Vancouver Saskatoon Other

CLAIMANT Surname _____ First Name _____
 Fluent in English Yes No Language Spoken _____

Address _____ City _____ Prov. _____ Postal Code _____
 Home Tel _____ Other Tel _____
 E-mail _____ Date of Birth _____

CLIENT INFORMATION Company Name _____
 Adjuster _____ Alternate Contact _____
 Direct Tel _____ Fax _____ Email _____
 Address _____ City _____ Prov. _____ Postal Code _____
 Claim Number _____ Date of Loss _____

CLAIMANT'S REPRESENTATION Law Firm _____
 Lawyer _____ Alternate Contact _____
 Direct Tel _____ Fax _____ Email _____
 Address _____ City _____ Prov. _____ Postal Code _____

CLIENT CONCERNS

DOCUMENTATION TO FOLLOW Yes No
 Waybill Provided? Yes No

Please be advised to include your waybill if you require the documentation to be returned. If a return waybill is not provided, the documentation will be destroyed 30 days after the assessment.

SCHEDULING OF APPOINTMENT
 Case to be discussed prior to appointment being set? Yes No

Date of Report Deadline _____

- To be scheduled with claimant? Yes No
- To be scheduled with client? Yes No
- To be scheduled with opposing counsel? Yes No

TERMS AND CONDITIONS

1. A file opening fee may be charged to Client, to include but not limited to Medical Director's fee, admin and/or clerical time, long distance and other disbursements.
2. Payment for services rendered is due upon receipt of invoice, net 30 days. Payments are to be addressed to Western Medical Assessments, 17204 106A Avenue, Edmonton, Alberta, T5S 1E6
3. Any late cancellation (date will be stipulated in our letter with Appointment details) or no-show fee is the Client's responsibility to cover, terms as in number 2 above.

SIGNATURE

DATE