



Provided by Stephen J. D' Amato, MD, FACEP
"Scrambler Therapy" Specialist

Workers' Comp. Authorization and Fee Agreement

Date: _____

Injured Worker: _____

Address: _____

Tel: _____ Ext: _____ Email: _____

D.O.B _____ D.O.I _____ Case/Claim# _____

Injury: _____

Case Manager, Patient Advocate: _____

Address: _____

Tel: _____ Ext: _____ Email: _____

Insurance Co: _____

Address: _____

Adjuster: _____

Tel: _____ Ext: _____ Email: _____

Fax: _____

Attorney: _____

Address: _____

Tel: _____ Ext: _____ Email: _____

Fax: _____

Consultation: 99244, 99245-- \$750
Scrambler Therapy: 0278T--\$600
Medical Management: 99213--\$200
Medical Management: 99214-- \$300
Medical Management: 99215-- \$400

Please fax signed authorization for:

FEE AGREEMENT: _____
SIGNATURE REQUIRED

Including; Authorization for Consult: Protocol for treatments is 10 sessions and authorization for Treatment/Medical Management



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PATIENT REFERRAL FORM

Patient Information

Name

Address

City, State, Zip

Phone

Referring Physician Information

Name

Office Address

City, State, Zip

Phone

Reason for Referral

Patient Medical History & Medications

NOTE: Contraindications:

Do not use on patients with metal implants such as pacemakers, automatic defibrillators, aneurysm clips, vena cava clips, and skull plates.

However, the MC-SA device CAN BE USED on patients with metal implants such as total knee, hip, shoulder and other joint replacements, as well as on patients with implanted pins, clips, screws, plates and cages used for orthopedic repair.