



# Your Independent Medical Exam

## *Crime Victims Compensation Program*



Answers to some commonly asked questions about independent medical exams (IMEs).

### **Why has a medical exam been scheduled for me?**

A medical exam has been scheduled for you to ensure that you receive appropriate care for your injury. Medical exams are required for any of the following reasons:

- Your doctor or claim manager asked for an evaluation of your condition.
- There is a question about the type or duration of treatment you need.
- You asked to have your claim closed, reopened or allowed.
- You appealed our decision regarding your claim or are asking us to reconsider.

### **How will I be notified about the medical exam?**

At least 14 days before the scheduled exam, the Crime Victims Compensation Program (CVCP) will send you a letter stating when and where it will take place. It is your responsibility to keep your appointment.

### **What if my exam needs to be rescheduled?**

If you have good reason for rescheduling your exam and you give the CVCP enough notice, your claim will not be affected. To reschedule, you must call the number listed on your letter or the IME scheduling unit, 1-800-468-7870, at least five working days before the exam.

### **Will I have to pay for the exam?**

The CVCP will pay any costs for the examination if you appear and cooperate. If you fail to attend the exam without good cause, your wage loss benefits may be reduced by the amount of the examination charge. You also might jeopardize other benefits.

### **Who will do the exam?**

A doctor will examine you. In some cases, several doctors may conduct the exam or a series of exams.

### **May I bring a friend or relative to the exam?**

Yes, but he or she cannot be paid or have expenses reimbursed. If you are scheduled for a psychiatric exam, your companion will not be allowed in the examination room.

You should not bring minor children to an IME exam.

### **What if I am asked to bring x-rays, MRIs or CT scans to the exam?**

If you need help obtaining the x-rays, MRIs or CT scans, contact your doctor's office.

### **What will happen at the exam?**

Usually, the examining doctor will check only the conditions that apply to your claim, ask you about your medical history, and review medical information in your claim file. He or she may suggest treatment for your personal doctor to try, but he or she will not be treating you.

Your examination may be brief. You should not expect a complete physical exam. However, in some cases a full exam, lab tests and x-rays may be needed. This will be the examining doctor's decision.

## What if I have to miss work?

If you have to take more than 30 minutes off work (without pay) to attend your independent medical examination set up by the CVCP, you may be compensated for the actual hours missed. You will be reimbursed for time lost from work based on your hourly wage at the time of the examination. You must complete, sign and submit the *IME Travel & Wage Reimbursement Request* form (F800-115-000).

## Who will pay my travel expenses?

In most cases, the CVCP will reimburse travel expenses. When necessary, meals, hotel expenses, taxi fare, parking costs, and ferry and bridge tolls will be paid at the current department rate. Please obtain receipts for these expenses.

If you travel to your examination by airplane, bus or train, contact the IME scheduling unit, 1-800-468-7870. The CVCP will make necessary arrangements for your travel.

## What if I have a physical or mental disability that limits how I can travel to a medical exam?

Contact the IME scheduling unit at 1-800-468-7870 so arrangements can be made to assist you in traveling to the exam. The disability does not need to be related to your claim.

## How do I get paid for lost wages and travel expenses?

You must complete the *IME Travel & Wage Reimbursement Request* form (F800-115-000) and submit it, along with your receipts, within one year of the exam. You must sign the form. (See form instructions.)

## Form Instructions

Please fill out the form carefully. If you submit incomplete or incorrect information, we may have to return the form to you to correct. Send your completed form and receipts to:

Crime Victims Compensation Program  
Department of Labor & Industries  
PO Box 44520  
Olympia, WA 98504-4520

## Here's how to get more help

If you have questions about your scheduled exam, please contact the Crime Victims Compensation Program's IME scheduling unit at 1-800-468-7870.

If you wish to send us comments about your exam experience, you may call the IME Comment Line at 1-888-784-8059.

If you have other questions about your claim, please call the CVCP toll-free information line at 1-800-762-3716.

 **On the Web:** [www.CrimeVictims.Lni.wa.gov](http://www.CrimeVictims.Lni.wa.gov)

*Other formats for persons with disabilities are available on request. Call 1-800-547-8367. TDD users, call 360-902-5797. L&I is an equal opportunity employer.*

Mail completed forms to:  
 Crime Victims Compensation Program  
 Department of Labor & Industries  
 PO Box 44520  
 Olympia WA 98504-4520



## INDEPENDENT MEDICAL EXAM (IME) TRAVEL & WAGE REIMBURSEMENT REQUEST

- **Read the instructions before you start.**

**Victim Information (Please print)**

Name (Last, First, Middle Initial)			Claim No.
Home address (not PO Box)			Date of crime injury
City		Apt #	Social Security No. (for ID only)
State	ZIP	Phone No.	

**Reason for travel:**

**Travel Information – Read the instructions on the next page of this form before you complete this section.**

A. Date (each trip) mm/dd/yyyy	B. Travel code (one per line)	C. From (city where you lived)	D. To (city)	E. Provider name & reason for visit	F. No. of miles (round trip)	G. Cost for Food, Lodging, Fares, Parking Wages (one per line)
1.						
2.						
3.						
4.						
5.						
6.						
7.						

**Reimbursing Wages:**

If you took more than 30 minutes of time off work without pay to attend your Independent Medical Exam (IME), we will reimburse you for the time you missed. You will be reimbursed the hourly wage you were making at the time of the IME. Please list total time and wages here:

Time missed from work to attend the IME: \_\_\_\_\_ Hrs. \_\_\_\_\_ Min.      Hourly wage at the time of the IME: \$ \_\_\_\_\_

Employer's name \_\_\_\_\_ Employer's phone number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP + 4 \_\_\_\_\_

**Required: Victim's Signature**

These expenses are related to my crime victims compensation claim and I have not been reimbursed for them. I understand it is a crime to submit information I know is false. I have read and understand the instructions on the next page of this form.

Date	Name (printed)	Signature
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## Instructions: Complete each column.

- **Column A:** Date you traveled (one date per line).
- **Column B:** Use only one code per line. Codes are listed below.
- **Column C:** City where you lived on the day you traveled.
- **Column D:** City you traveled to.
- **Column E:** Provider you saw and reason for visit.
- **Column F:** Total number of miles you traveled round trip.
- **Column G:** Dollar amount of each expense (food, lodging, fares, parking). Only one expense per line. Parking expenses under \$10 don't require a receipt. You must attach copies of all receipts. All receipts must be itemized and legible. No credit card slips.

## Travel codes

Expense	Medical services
Private vehicle mileage	0401A
Parking	0402A
Bridge & ferry toll	0403A
Commercial transportation	0405A
Taxi	0414A
Lodging	0406A
Breakfast	0407A
Lunch	0408A
Dinner	0409A

## Signatures

**Your signature:** You need to sign the form for reimbursement.

## Example

A. Date (each trip) mm/dd/yyyy	B. Travel code (one per line)	C. From (city where you lived)	D. To (city)	E. Provider name & reason for visit	F. No. of miles (round trip)	G. Expense cost (one per line)
1. 03/05/2012	0401A	Olympia	Seattle	Dr. Smith; post-op visit	120	
2. 03/05/2012	0402A					\$15.00

## Need more help or more information?

Go to [www.CrimeVictims.Lni.wa.gov](http://www.CrimeVictims.Lni.wa.gov) or call 1-800-762-3716.  
Or check WAC 296-20-1103.

## Independent Medical Examination travel? Or just need more forms?

Go to [www.CrimeVictims.Lni.wa.gov](http://www.CrimeVictims.Lni.wa.gov) and click on Forms & Publications for Crime Victims.