

# Hartford Orthopaedic, Plastic & Hand Surgeons, Inc.

Duffield Ashmead, M.D.  
*Board Certified Plastic Surgeon  
Fellowship Trained Hand Surgeon  
Director, UCONN Hand Fellowship*

Daniel J. Mastella, M.D.  
*Board Certified Orthopaedic Surgeon  
Fellowship Trained Hand Surgeon  
Assistant Clinical Professor — UCONN*

Christopher Dillon, PA-C  
*Board Certified Physician Assistant*



195 Eastern Blvd, Ste 200, Glastonbury, CT 06033  
T: (860) 527-7161 F: (860) 652-8410  
www.thehandcenteronline.com

Christopher M. McCarthy, M.D.  
*Board Certified Orthopaedic Surgeon  
Fellowship Trained Hand Surgeon  
Clinical Associate – UCONN*

Peter J. Shaughnessy, M.D.  
*Orthopaedic Surgeon  
Fellowship Trained Hand Surgeon*

Julie B. Forster, PA-C  
*Board Certified Physician Assistant*

## RESPONDENT MEDICAL EXAM SCHEDULING SHEET

Please fill out completely and fax to our office @ 860-652-8410.

### PATIENT INFORMATION:

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City / State / Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ DOB: \_\_\_\_\_

Employer: \_\_\_\_\_

### SCHEDULER INFORMATION:

Company Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Street: \_\_\_\_\_

City / State / Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Claim #: \_\_\_\_\_ Date of Injury: \_\_\_\_\_ Body Part: \_\_\_\_\_

**Please check:**     CT Workers' Comp Claim     Workers' Comp from outside CT

Liability                                   Motor Vehicle Accident

**BILL TO:**     same as scheduler    **If different, complete:**

Insurance/Comp Carrier Name: \_\_\_\_\_

Insurance address: \_\_\_\_\_

Adjuster Name: \_\_\_\_\_ Ph: \_\_\_\_\_ Fax: \_\_\_\_\_

**Patients are required to arrive thirty (30) minutes before their appointment.**

All medical records must be received in our office two (2) weeks before the scheduled appointment.

Please **mail (do not fax)** the medical records to:

**195 Eastern Boulevard, Suite 200, Glastonbury, CT 06033-4353**

**Fees:**    CT Workers' Compensation Claims \$850 (CT Workers' Compensation Fee Schedule)

**Motor Vehicle Claims:** Prepayment Required - \$1,500

**Liability Claims:** Prepayment Required - \$1,500

**Out-of-State Workers' Compensation Claims:** Prepayment Required - \$1,500

**X-Rays taken as needed: (Fees will be billed after visit.)**

**No-Show Fees:**

CT Workers' Compensation Claims: **\$250**

Motor Vehicle Claims: **\$400**

Liability Claims: **\$400**

Out-of-State Workers' Compensation Claims: **\$400**

**No-Show fees also apply to cancellations within forty-eight hours (48) hours of the scheduled appointment.**

**Patients who do not present on time (thirty (30) minutes) before the scheduled appointment time will not be seen and a no-show fee will be charged.**

**Signature of RME Broker Representative/Payer:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**APPOINTMENT:**

With whom is the appointment to be made? Dr. Ashmead / Dr. Mastella / Dr. McCarthy

Please note here any preference to Location / Date / and/or Time: \_\_\_\_\_

**Please mail all correspondence to the Glastonbury location.**

To be filled out by our office and then faxed back to you:

Date and Time of scheduled appointment: \_\_\_\_\_

_____ <b>Glastonbury</b>	_____ <b>Hartford</b>	_____ <b>Tolland</b>	_____ <b>Prospect</b>	_____ <b>Bloomfield</b>
195 Eastern Blvd. Suite 200 Glastonbury, CT 06033	31 Seymour St. Suite 203 Hartford, CT 06106	100 Gerber Dr. Suite 2A Tolland, CT 06084 (Dr Mastella Only)	73 Waterbury Rd Prospect CT 06712 (Dr Mastella Only)	510 Cottage Grove Rd Lower level Bloomfield CT 06002 (Dr McCarthy Only)
_____ <b>Torrington</b>				
30 Peck Road Bld #2 Suite #: 2102A Torrington, CT 06790 (Dr McCarthy)				