Insight Service Group

Biographical Data Sheet

Physician Name:	**Specialty & Title:**	
Physician Phone:	**Date of Birth:**	**Gender:**
Office Manager's Name:	**Office Manager's Phone:**	
Office Phone:	**Office Fax:**	
Office Email:	**Languages Spoken:**	
Videography Allowed: ☐ YES ☐ NO	**Will you comment on permanency?** ☐ YES ☐ NO	
Will you comment on pediatric claimants? ☐ YES ☐ NO	**Number of testimonies by the provider in the last 5 years:** (Please include an attached testimony history.)	

Practice Name:

Practice Address: (Please attach an additional sheet if there is more than one location.)

Mailing Address: (If different from practice address.)

NEW YORK PROVIDERS ONLY

Social Security #: **Driver's License #:**

Body parts/injuries provider will NOT comment on and/or review:

Types of Reviews Performed (check all that apply)

☐ Auto IME	☐ Disability IME	☐ Peer Review
☐ Liability IME	☐ No Fault IME	☐ Medical Record Review
☐ WC IME	☐ Film Review	☐ CME (FL only)
☐ Counter Affidavit	☐ Functional Capacity Exam (FCE)	

Preferred Method of Receiving Medical Records ☐ ISG Online Portal ☐ Email

☐ **Special instructions for records delivery:**

Scheduling & Report Follow Up Contact (please check the box for preferred method)

☐ Email _____	☐ Phone _____
Name: _____	Title: _____

Physicians Within a Group Practice

This section confirms your understanding of how payments and year-end tax documents will be issued based on whether you are credentialing individually or as part of a group.

☐ I acknowledge that I will be utilizing the practice listed above and its W-9. I understand that I will be paid under the group's Tax ID and that all payments and year-end tax documents will be sent to the address listed on that W-9.

☐ I am part of the practice listed above; however, I will be paid under my own W-9. I understand that all payments and year-end tax documents will be issued and sent according to the information listed on my personal W-9.

Insight Service Group

Independent Examiner/Independent Contractor Disclosure

Please answer the following questions:	Mark Appropriate Response
1. Have you ever been investigated or subject to corrective or disciplinary action by a hospital or healthcare facility, or had privileges restricted, suspended, revoked, denied, not renewed, resigned, or surrendered?	☐ Yes ☐ No
2. Has your professional license in any jurisdiction ever been subject to a board action, reprimand, restriction, probation, limitation, suspension, revocation, surrender, or other condition or disciplinary action?	☐ Yes ☐ No
3. Have you ever been refused a requested specialty medical or professional society membership?	☐ Yes ☐ No
4. Have you ever been asked to resign or not renew a specialty, medical or professional society membership?	☐ Yes ☐ No
5. Have you ever been refused medical malpractice insurance or been refused renewal of your medical malpractice insurance?	☐ Yes ☐ No
6. Within the past 5 years, has any medical malpractice claim involving you resulted in a settlement, payment, or judgment, regardless of when the claim was originally filed or opened?	☐ Yes ☐ No
7. Do you currently have any pending alleged medical malpractice actions, or have suspicion of an imminent such action against you?	☐ Yes ☐ No
8. Have you ever been convicted of a felony or misdemeanor?	☐ Yes ☐ No
9. Do you have any medical, psychiatric or substance abuse problem that might affect your ability to perform objective evaluations?	☐ Yes ☐ No
10. Have you been excluded, suspended from, or otherwise barred from participation in any federal reimbursement program including but not limited to Medicare, Medicaid, or any other federal or federally assisted program?	☐ Yes ☐ No

If you answered "YES" to any of the above questions (1-10), please explain fully on a separate sheet of paper and submit along with this disclosure.

I, _____ , attest that the information reported in this application is true. I realize that any purposeful misreporting may be adequate to refuse or terminate my relationship with Insight Service Group (ISG). My signature below also constitutes an unencumbered release to all agencies, persons, institutions, boards, etc. listed in the application to provide information relevant to Insight Service Group (ISG).

Signature: _____ Date: _____

Insight Service Group

Independent Reviewer Agreement

This Independent Reviewer Agreement is made on this _____ day of _____, 202 _____, by and between Insight Service Group, Inc. ("ISG") and ("HCP").

ISG contracts with licensed health care professionals to perform professional services including independent medical evaluations, peer/record reviews, and related services for its clients. The parties desire to establish the terms and conditions in which HCP shall perform such services. Therefore, in consideration of the foregoing and the mutual promises herein, the parties agree as follows:

1. Credentialing

1.1 The provisions of this Agreement are contingent upon HCP's supplying, and ISG's verifying, the information requested within the Provider Credentialing Packet ("CP") for appointment to ISG's Provider Panel ("Panel") at ISG's sole discretion.

1.2 HCP represents and warrants they hold an unrestricted, active license to practice medicine in the state(s) of _____ as a _____. HCP is currently providing direct patient care and have done so consistently for the past 3-5 years (M.D. must have 5 years of patient care or be board eligible within one year of board certification exam, and provide documentation showing eligibility).

1.3 HCP shall notify ISG within 1 to 3 business days of any changes, including but not limited to any adverse change in license, certifications, malpractice coverage, any fraud investigation or disciplinary action.

1.4 HCP acknowledges that appointment to the Panel does not guarantee any minimum number of cases, as volume is based on objective factors such as geographic location, physician specialty, insurance claim occurrence and other limiting factors.

2. Services to Be Performed

2.1 HCP agrees to personally perform professional services without delegation or subcontracting, including but not limited to independent medical examinations, record reviews, peer reviews, film reviews, and related services.

2.2 In performing services, HCP shall:

- Not initiate a treating relationship or provide treatment or advice to the examinee;
- Identify all individuals present during the examination, and provide photo ID if available;
- Identify records provided by the examinee and submit them to ISG;
- Utilize chaperones where appropriate;
- Perform services only at approved locations that protect patient privacy;
- Providing addendums or corrections, if requested by ISG to ensure quality.

2.3 HCP shall submit IME reports within 24–48 hours of the examination, and other review reports within 24 hours unless otherwise specified by an employee of ISG. Unless otherwise specified in writing by ISG, all report due dates are based on Eastern Time (ET). Reports must be received by ISG no later than 3:00 PM ET on the assigned due date. Any report received after 3:00 PM ET shall be deemed untimely.

2.4 HCP shall promptly notify ISG of no-shows and shall not reschedule or substitute providers without ISG's prior written approval.

2.5 If necessary to support the opinions rendered in their report, HCP shall attend conferences or testify at deposition, arbitration, or trial.

3. **Conflict of Interest**

HCP must be capable, at all times, of performing Services in an autonomous and impartial manner. HCP shall recuse himself/herself from performing any Services where an actual or potential conflict of interest exists or where there may be an appearance of impropriety, including but not limited to:

- Past or present employment, social, business or family relationship between HCP and the attending provider;
- Past or present patient/physician relationship between HCP and the claimant;
- A material professional relationship between the HCP and the facility where the claimant was treated, to the extent such relationship is relevant to the specific matter under review or may reasonably give rise to an appearance of impropriety;
- Any other circumstance that may impair impartiality.

4. **Quality Assurance**

HCP shall ensure all reports are complete, accurate, responsive to all questions posed, and submitted within required timeframes. Reports must be prepared by the examining or reviewing provider and may not be generated using artificial intelligence tools.

If an addendum or correction is required due to an omission, error, inconsistency, or failure to adequately address the issues presented in the original assignment, such addendum or correction shall be completed at HCP's expense. ISG will reimburse addendum fees only when additional work is required due to information or materials that were not provided to HCP at the time of the original assignment.

5. **Independent Reviewer Relationship**

HCP is an independent reviewer and is not an employee or agent of ISG or its clients. HCP is solely responsible for all taxes, licenses, insurance, and business expenses

6. **Professional Fees**

ISG shall pay HCP for services within 90 days. HCP acknowledges that volume and fees are not influenced by any conclusion reached in a particular evaluation and shall reimburse ISG for any amounts erroneously paid for services. Please submit invoices at the time of report submission, or no later than 2 to 3 business days afterward. If an invoice is not received within this timeframe, timely payment cannot be guaranteed. ISG reserves the right to deny or reduce payment for any invoice submitted more than 30 days after the report date.

7. **Provider Cancellation Liability**

If HCP cancels a scheduled appointment with less than 24 hours written or verbal notice, HCP shall be solely responsible for reimbursing ISG for any actual, reasonable, and necessary expenses incurred in reliance upon such appointment. Such expenses may include, without limitation, costs associated with arranging for interpreter or translation services, transportation or travel accommodations, or other third-party services engaged specifically for the scheduled evaluation.

Notwithstanding the foregoing, this reimbursement obligation shall not apply where the cancellation is due to emergencies or unforeseen circumstances beyond the HCP's reasonable control, including but not limited to sudden illness, injury, family emergencies, natural disasters, or other force majeure-type events.

8. **Equipment, Materials, Expenses, and Insurance**

HCP shall maintain all necessary licenses and certifications at HCP's expense and supply all equipment and materials needed to perform the services. HCP shall maintain active professional liability insurance appropriate to the services performed. HCP acknowledges that ISG will not cover or reimburse an losses, claims, expenses or costs that would otherwise be covered under a professional liability insurance policy.

9. **Professional Services Responsibility**

   HCP shall be solely responsible for their professional acts and omissions in connection with services performed under this Agreement and shall defend and hold harmless ISG, its clients, and their respective officers, directors, and employees from any loss, expense, or liability arising directly or indirectly from HCP's performance of or failure to perform services within the scope of this Agreement.

10. **Confidentiality and Non-Disclosure**

    HCP shall maintain confidentiality of all patient information and comply with all applicable privacy laws, regulations, and URAC standards. Patient information shall be used solely for services under this Agreement and destroyed or retained in accordance with applicable law.

11. **Regulatory Compliance**

    Each party shall comply with all applicable laws and regulations relating to its obligations under this Agreement, also including all URAC standards and conflict-of-interest protocols.

    If you are in Florida, by signing in the space indicated below, you are certifying that you are aware and are in compliance with the requirements of F.S. §627.736(7) Mental and Physical Examination of Injured Person; Reports and the requirement there under to maintain, for at least 3 years, copies of all examination reports and records of all payments for the examinations and reports.

    In the state of Illinois, for adverse determinations involving experimental or investigational treatments, in assigning clinical reviewers, the IRO selects physicians who, through clinical experience in the past 3 years, are experts in the treatment of the covered person's condition and knowledgeable about the recommended or requested health care service or treatment.

12. **Notices**

    All notices shall be in writing and delivered by hand, email, overnight mail, or certified mail.

By signing this document, HCP attests that all information submitted to ISG is true and complete; that HCP meets all licensure, certification, and experience requirements; that services will be performed personally, objectively, and within the scope of licensure; and that ISG will be promptly notified of any material changes affecting eligibility or compliance.

Printed Name of HCP	Printed Name of ISG Management
Signature of HCP	Signature of ISG Management
Date	Date