

**Keith Meister, MD**  
Sports Medicine / Arthroscopy  
Head Team Physician Texas Rangers



[WWW.TMISportsmed.com](http://WWW.TMISportsmed.com)

3533 Matlock Road  
Arlington, TX 76015

**Shane Seroyer, MD**  
Sports Medicine / Arthroscopy  
Joint Replacement

Thank you for showing interest in having your workers' compensation case reviewed by our doctors. Please note that we are **not** in network with any workers' compensation insurance, thus must request prior authorization from your employer before scheduling an appointment. Since we are a primary sports medicine clinic we may or may not take your case.

Please make sure that you bring **ALL** of your medical records including doctor's notes, MRI & X-Ray images **on a disc**, radiology reports, ER notes, operative reports (if applicable) and the following information **COMPLETED IN FULL** to the office.

Unfortunately, diagnostic images cannot be faxed or emailed. Please do not fax medical records. Please drop off or mail all of the medical records in its entirety to our office. If you do not have diagnostic imaging done, please email this completed form to: *appointments@tmisportsmed.com*.

Once we have all of the information requested above and below, we will contact your adjustor as well as have our doctors review your case. We will call you with their decision. Thank you.

**Name:**

Claim #:

DOI (Date of Injury):

DOB (Date of Birth):

SS#:

Injury:

Diagnostic Testing (X-Rays, MRI, CT):

Phone number:

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**Employer Name:**

Address:

Phone:

Fax:

**Adjustor Name:**

Phone:

Email:

Fax:

**Insurance Company Name:**

Name:

Address:

**Utilization review Company Name:**

Address:

Phone:

Fax:

**Front Office Use Only**

**Reasonable and Necessary Authorization to Evaluate and Treat:**

- Verbal**
  - o Name: \_\_\_\_\_ Date: \_\_/\_\_/\_\_ Reference #: \_\_\_\_\_
- Email**
  - o Uploaded to Greenway

**Approved Appointment: Provider:** \_\_\_\_\_ **Date/Time:** \_\_\_\_\_ **Schedule Coordinator:** \_\_\_\_\_