

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



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

Thank you for showing interest in having your workers' comp case reviewed by our doctors. Please note that 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 & XRay images (prefer disc), reports, ER notes, operative reports (if applicable) and the following information COMPLETED IN FULL to the office.

Unfortunately, diagnostic images can not 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.

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 of patient:**

Claim #

DOI:

DOB:

SS#:

Injury:

Diagnostic Testing:

Phone #

Email:



Home to the Texas Rangers

Ph 817-419-0303  
PT Ph 972-623-2629

515 West Mayfield Rd, Ste 116, Arlington, Texas, 76014 FAX 817-468-5963  
PT FAX 972-623-2661

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**Employer Name:**

Address:

Phone:

Fax:

**Adjustor Name:**

Phone:

Email:

Fax:

**Insurance Company:**

Name:

Address:

**Utilization review Company:**

Address:

Phone:

Fax:

**Where do we send the work status forms:**



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**For Office Use Only:**

**Is this a network claim?**

**Are there any disputes on the claim?**

**What is the compensable injury:**

**Do we have Reasonable and Necessary for Evaluation and Treatment?**

\_\_\_\_\_ Yes, obtained in writing via adjuster

\_\_\_\_\_ No, patient is not approved to come to TMI

\*\*\*Scan documented authorization into the chart\*\*\*

Approved Medical Provider: \_\_\_\_\_ Date/Time: \_\_\_\_\_

# of visits approved: \_\_\_\_\_

Scheduled By: \_\_\_\_\_



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