STATE OF CALIFORNIA GRAY DAVIS, GOVERNOR

DEPARTMENT OF INDUSTRIAL RELATIONS
INDUSTRIAL MEDICAL COUNCIL
Tel: (650) 737-2700 Fax: (650) 737-2989

ADDRESS REPLY TO:
P.O. Box 8888
San Francisco, CA 94128-8888

Date: _____
Fee Period: _____
License Number: _____

Dear Dr_____:

Pursuant to Labor Code § 139.2(n) and 8 CCR, § 16, the Industrial Medical Council requires all physicians appointed or reappointed as Qualified Medical Evaluators (QMEs) to pay an annual fee. The QME fee is non-refundable.

$250 FEE

QMEs who have conducted 25 or more comprehensive medical - legal evaluations in the twelve months prior to assessment of the fee. All evaluations performed as a Qualified Medical Evaluator, Agreed Medical Evaluator, and Independent Medical Evaluator must be counted for the purposed of fee assessment (8 CCR §§ 14, 15).

$125 FEE

QMEs who have conducted 11-24 comprehensive medical legal evaluations in the twelve months prior to assessment of the fee. All evaluations performed as a Qualified Medical Evaluator, Agreed Medical Evaluator, and Independent Medical Evaluator must be counted for the purpose of fee assessment (8 CCR §§ 14, 15).

$110 FEE

QMEs who have conducted 0-10 comprehensive medical legal evaluations in the twelve months prior to assessment of the fee. All evaluations performed as a Qualified Medical Evaluator, Agreed Medical Evaluator, and Independent Medical Evaluator must be counted for the purpose of fee assessment (8 CCR §§ 14, 15).

ADDITIONAL LOCATIONS

QMEs who perform evaluations at more than one medical office location are required to pay an additional $100 per location (8 CCR, § 15).

Misrepresentation of the number of evaluations performed or the number of additional locations shall constitute grounds for disciplinary proceedings (8 CCR, §60).

Department of Industrial Relations
Industrial Medical Council

Location Fee Calculation Worksheet

Doctor's Name:_____
License Number:_____

Street, City, State, Zip Code, Phone No.

[]

Enter total Number of ALL location boxes checked --> _____

THIS SECTION MUST BE COMPLETED BY THE PHYSICIAN.

_____ $250 Primary fee for those physicians who have done 25 or more medical/ legal evaluations.

_____ $125 Primary fee for those physicians who have done 11-24 medical/ legal evaluations.

_____ $110 Primary fee for those physicians who have done 0-10 medical/ legal evaluations.

Based on the amount of primary fee I have paid, I hereby declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Physician’s Signature_____ Date_____

For DIR Use Only:

{ } $250 Fee { } $125 Fee { } $110 Fee

_____ Fee for Additional Locations
($100 per location)

Total Paid $_____

Total Locations _____

IMC Form 5(4/99)