



NORTHWEST REHABILITATION ASSOCIATES, INC., P.S.
DANIEL A. BRZUSEK, D.O.

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 Bellevue, WA 98004-3056
 Phone (425) 453-1000 • Fax (425) 454-3590
 Email: drbrzusek@gmail.com

Date _____ Time _____ Claim Number _____

Patient Name _____ Date of Injury _____

Service Provided	Cost	Time	Charge Amount
<i>Medical Record Review</i>	\$650.00	First Hour	
<i>Additional Time after 1st Hour</i>	\$50.00	5 minutes	
	\$100.00	10 minutes	
	\$150.00	15 minutes	
	\$200.00	20 minutes	
	\$250.00	25 minutes	
	\$300.00	30 minutes	
	\$450.00	45 minutes	
	\$500.00	50 minutes	
	\$600.00	60 minutes	
<i>Independent Medical Evaluation (IME)</i> <small>**Fee includes one hour of time for history and physical exam, basic review of records and report. Please plan for additional fees if the patient is complex and/or has extensive records.**</small>	\$650.00	60 minutes	
<i>Panel IME</i>	\$650.00	90 minutes	
<i>Late Cancel (IME)</i>	\$650.00	Cancelled within 3 business days	
<i>No Show (IME)</i>	\$650.00		
<i>Rush Fee</i>	Fees are charges at the standard hourly rate with additional fees determined by Dr. Brzusek depending on the level of urgency		
<i>Other Fees:</i>			
Travel Time	\$250.00	per hour	
Conferences (in person / Phone)	\$600.00	per hour	
Preparation Time	\$600.00	per hour	
<i>Testimony Fees:</i>			
Deposition	\$650.00	per hour	
Video Deposition	\$650.00	per hour	
Trial	\$650.00	per hour	
Arbitration	\$650.00	per hour	