

# Hartford Orthopaedic, Plastic & Hand Surgeons, Inc.

Duffield Ashmead, M.D.  
Board Certified Plastic Surgeon  
Fellowship Trained Hand Surgeon  
Director, UCONN Hand Fellowship

Daniel J. Mastella, M.D.  
Board Certified Orthopaedic Surgeon  
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Board Certified Physician Assistant



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Orthopaedic Surgeon  
Fellowship Trained Hand Surgeon

Julie B. Forster, PA-C  
Board Certified Physician Assistant

## Workers' Compensation Fee Schedule

Date:

To:

Re:

Claim#:

DOI:

Thank you for contacting our office. Below is a list of Workers Compensation fees. Please indicate the service you are requesting. You must sign below and return this form to the office before the requested service can be performed. Prepayment is not required for any services related to Workers Compensation.

- Medical Report \$200.00
- Addendum to any service \$200.00
- Expedited (Addendum/report) addtn'l. fee \$200.00
- Deposition \$500/hour-includes prep and travel time if applicable  
Pro rata for each additional hour
  
- Medical Record Review \$600/hour -Pro rata for each additional hour
  
- Formal Hearing \$550/hour-includes prep and travel time  
Pro rata for each addition hour (\$650 non-treating)
  
- Respondents Medical Exam \$850.00  
Scheduled by adjuster, attorney or third-party company  
Results are to be released to attorneys, adjuster and the commissioner. A non-treating physician rating is considered an RME and must be approved prior to scheduling.
  
- Commissioners Medical Exam \$900.00
  
- Cancellation less than 48 hours or no show \$250.00 per occurrence
  
- Physician Meeting \$250.00/hour
  
- Final Rating (form 42) \$300.00  
Please note a final disability rating is to include the following:  
Subjective history of accident Objective findings of accident  
Assessment/diagnosis Date of MMI  
Percentage of loss/body part Work capacity

**A report charge of \$200.00 will be assessed for any additional questions.**

Signature \_\_\_\_\_ Date \_\_\_\_\_