



Ellis Clinic, PC
5100 N. Brookline Ave. #465
Oklahoma City, OK 73112
(405) 917-5336 • Fax (405) 917-2250 • www.EllisClinic.com

Social Security Disability Appointment Protocol

Mail this form, records and payment. Ellis Clinic will then call you to set up an appointment.

Full Name _____
Mail / PO Box _____
City/State/Zip _____
Contact Phone _____ E-mail _____
Social Security# _____ Date of Birth _____ Male Female
Attorney/Rep _____

Conditions, Diseases or Injured Body Parts That Make it Difficult to Work

Year, body part, surgery, i.e. 2002 Arthritis hands & knees, 2004 back surgery. 6/7/2010 car wreck neck & shoulders. 2012 Diabetes.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____

Expert Medical Opinion Report Fee: \$500

If there are extensive records there may be an additional fee.
We will call. There will not be a charge without your permission.

Payment Method Check payable to Ellis Clinic, PC MasterCard Visa (No Am Express or Discover)

Payment will be deposited only if your records are acceptable. Ellis Clinic will then call you for an appointment.

Date: _____
Card# _____ Exp ____/____ Security Code# _____
Card Name: _____
Card Address: _____

Physician's ethics do not allow contingency fees. There are no refunds if the Social Security Administration does not accept your claim.

Records Protocol for Social Security Disability

**Caution! Send Only Copies! Records Are Destroyed and Are Not Returned.
Following This Protocol Will Determine If You Are Granted an Appointment!
If your records are not approved we send you a letter or maybe call you. You can start over.**

We love helping by providing Expert Medical Opinion exams and reports. To keep your costs low, we cannot be your attorney, representative or secretary. Use common sense. Send only pertinent records such as only an Operative Report and not all the hospital records. You do not have to send every physician visit record for followup medical maintenance. If you send pounds of unsorted records the cost would be huge.

ORDER of RECORDS

- ★ **Put this Protocol Form on Top**
- ★ **Typed Summary List of Records.** Your list is attached to your report.
- ★ **Sheet of Colored Paper Between: Operations • Tests • Physician Records • non Physician**
Within each section put the most recent records on top.
Staple or clip together the pages of each operation, test, physician's records, etc Sections:

1. **Operations:** Date • Operation Report/Procedure • Doctor's name & medical degree. Examples:
 - 1/1/17, Right knee arthroscopy, Joe Bones, MD
 - 3/4/17, Right shoulder surgery, Joe Bones, MD
2. **Tests:** Date • Type of Test • Body Part. (Doctor's name not needed). Examples:
 - 1/1/18 MRI Cervical Spine
 - 1/1/18 EMG/NCS Upper Extremities
3. **Physician Records:** Reports, Office Notes, etc.
 - 2/1/16 to 11/5/17, Joe Bones, MD
 - 3/15/14 to 1/5/16 ABC Clinic, Marcus Welby MD, Sam Jones DO
 - 3/3/14 Mercy Emergency Department
4. **Non Physician Records:** Physical Therapy • Functional Capacity Exam. Example:
 - 3/4/17 to 8/3/17 Wellness Physical Therapy