MIEC
6250 Claremont Avenue
Oakland, CA 94618-1324

800.227.4527 **toll free**
510.654.4634 **fax**

miec.com

Specialty Supplemental Application — Neurology

IMPORTANT NOTICE
This is a SUPPPLMENT to an MIEC application. This document alone is insufficient to apply for and be approved for coverage with MIEC. Be sure to submit this along with your complete signed and dated MIEC application.

APPLICANT

Entity or Last name, first name

NEUROLOGY — ANSWERS A-D

A. Does your practice provide services in any of the following specialty areas?

- ☐ Sleep Medicine
- ☐ Pain Management/Medicine
- ☐ Vascular Neurology
- ☐ Neurophysiology
- ☐ Pediatric Neurology
- ☐ Neuromuscular Medicine
- ☐ Hospice/Palliative Care
- ☐ Neurocritical Care
- ☐ Neuro Interventional

B. Does your practice involve any of the following?

Psychiatry? ☐ Yes ☐ No (**If yes**, please complete the **Psychiatry** supplemental application)
Involvement in any clinical research trials? ☐ Yes ☐ No
If yes, please provide details: _____
Prescribing medications? ☐ Yes ☐ No
If yes, For refills, do you require an in-person follow up? ☐ Yes ☐ No
If yes, Do you prescribe medication for off-label usage? ☐ Yes ☐ No
If yes, what medication and for what purpose? _____

C. In the last 3 years, have you performed any of the following?

Diagnostic

- ☐ Imaging tests (CT, MRI, PET)
- ☐ Genetic testing
- ☐ Biopsy
- ☐ Angiography
- ☐ Sleep studies
- ☐ Myelography
- ☐ Deep brain stimulation

Procedures

- ☐ Lumbar puncture
- ☐ Electromyography (EMG)
- ☐ Electroencephalogram (EEG)
- ☐ Tensilon test
- ☐ Electronystagmography (ENG)
- ☐ Pain management (**If yes**, please complete the **Pain Management** supplement)
- ☐ Intubations
- ☐ Central line placement
- ☐ Embolectomy
- ☐ Coiling of AVMs and aneurysms
- ☐ Cerebral angiograms

D. Have you had to terminate any patients within the last 3 years? ☐ Yes ☐ No
If yes, what was the reason? _____

TELEMEDICINE — ANSWERS E-M

E. Do you provide services via telemedicine? ☐ Yes ☐ No
If yes, please answer questions F-M on the next page.

TELEMEDICINE (continued) ANSWERS F-M

F. What type of patients do you see via telemedicine? (Check all that apply)
- ☐ New patients
- ☐ Established patients/follow ups
- ☐ Referrals/consultations
- ☐ Other: _____

G. Do you see patients in the following environments?
- ☐ Prisons/jails
- ☐ Rural Areas
- ☐ Hospital/Emergency Department/ICU
- ☐ Nursing home/Assisted Living
- ☐ Schools
- ☐ Private homes (not considered rural)

H. Do patients have the option to opt out of telemedicine? ☐Yes ☐No

If yes, and the patient opts out, what are the next steps? _____

I. Will any clinical staff be physically present or be nearby to assist the patient during the telemedicine sessions? ☐Yes ☐No

J. Who manages the follow up related to a telemedicine session? _____

K. What is the average duration of each telemedicine session? _____

L. What conditions do you consult/diagnose via telemedicine? (Check all that apply)
- ☐ Stroke
- ☐ Concussion
- ☐ Headaches
- ☐ Epilepsy
- ☐ Dementia
- ☐ Alzheimers
- ☐ Parkinsons
- ☐ Other: _____

M. Are there conditions you will not consult/diagnose via telemedicine? ☐ Yes ☐ No

If yes, please describe: _____

SIGNATURE

SIGNATURE

_____ _____

Signature Date