

DIRECTORY HIGHLIGHTS

- The Premier IME Provider Directory since 1998.
- **Receive two listings (online and print) for the price of one.**
- Reach over 30,000 IME referral sources such as Law Firms, Case Managers, Claims Adjusters, TPAs, Insurers, Employers and Independent Review Organizations.

100% Money Back Guarantee for new members.

SEAK National Directory of Independent Medical Examiners

Member Details

Richard M. Smith, MD
Lexington, KY
phone: (513) 555-1234
fax: (513) 555-5678
RMS@smitheval.com
www.smitheval.com

Specialty 1: Orthopedics
Specialty 2: Sports Medicine

Curriculum Vitae
Specialty Focus: AMA Guides, back, hands, bones, hips, knees, neck, whiplash, carpal tunnel, RSD

Medical School: Wayne State University
License: OH, KY
Years in Practice: 15
Experience:
5 years performing IMEs
50 IMEs performed
Deposited 10 times
IME Training: ABIME
IME Certification: CIME

SEAK
National Directory of Independent Medical Examiners™
Certifies hundreds of physicians, chiropractors, and other healthcare professionals who provide independent medical examinations.

www.imedirectory.com

3 EASY WAYS TO JOIN

- 1 SIGN UP** online at www.imedirectory.com, **2 CALL US** at (508) 457-5150 or **3 FILL OUT** the below brief application and **FAX** to us at 508-540-8304 or **MAIL** to SEAK, Inc., PO Box 729, Falmouth, MA 02541.

PC: WEB

PAYMENT INFORMATION

Annual Listing \$545

Please charge my MasterCard Visa AMEX

Check enclosed, payable to **SEAK, Inc.**

Account # _____

Expiration Date: ____ / ____ Security Code: _____

Name on Card: _____

Signed: _____

100% MONEY-BACK GUARANTEE.

Members who are placing their first listing have until **January 1, 2023** to cancel and request a full refund of their standard listing fee.

LISTING INFORMATION

First Name		Middle Initial	Last Name
Degree	Organization		
Address			
City		State	Zip
Additional Locations (City And State Only)			
Phone	Cell Phone (Optional)	Fax	

LISTING INFORMATION *(continued)*

E-mail

Website

Person Responsible for Maintaining This Listing

Specialties (Choose From The List Below)

1)

2)

Medical School Name

State(s) You Are Licensed in

IME Certification (Circle - Optional)

CIME (ABIME)

CICE (ABIME)

IAIME/AADEP

CDE (NADEP)

OTHER:

Years Practicing Medicine?

Years Performing IMEs?

Approximate Number Of IMEs You've Performed? (Optional)

Approximate Number Of Times You've Been Deposed Or Testified? (Optional)

What Formal IME Training Have You Had? (Circle - Optional)

SEAK

IAIME/AADEP

ACOEM

NADEP

ABIME

After you register, you will be emailed instructions on how to add a photo, your full CV, and a bio of yourself

SPECIALTY AREAS

Acupuncture	Family Medicine	Neuropsychology	Podiatry/Podiatric Surgery
Addictions	Foot & Ankle	Neurosurgery	Preventive Medicine
Allergy	Forensic Psychiatry	Obstetrics/Gynecology	Psychiatry
Anesthesiology	Forensic Psychology	Occupational Medicine	Psychology
Cardiology/Cardiovascular Disease	General Practice	Oncology	Pulmonary Medicine/Disease
Chiropractic	General Surgery	Ophthalmology	Radiology
Chiropractic Neurology	Geriatrics	Orthopedic Surgery	Rheumatology
Chiropractic Orthopedics	Hand Surgery	Orthopedics	Sleep Medicine
Clinical Neurophysiology	Hematology	Osteopathic Medicine	Spinal Medicine
Colon & Rectal Surgery	Industrial Medicine	Otolaryngology	Sports Medicine
Critical Care Medicine	Integrative Medicine	Pain Management/Medicine	Thoracic Surgery
Dentistry	Internal Medicine	Pediatrics	Toxicology/Medical Toxicology
Dermatology	Neurology	Physical Medicine & Rehabilitation/Physiatry	Urology
Electrodiagnostic Medicine	Neuromuscular Disorders	Plastic & Reconstructive-Surgery	Vascular Medicine
Emergency Medicine	Neurophysiology		
	Neuropsychiatry		

I hereby attest under the pains and penalties of perjury that the information I have provided is true and accurate to the best of my knowledge. In consideration for SEAK, Inc. publishing the above information to prospective IME requesters, I hereby agree to indemnify, hold harmless and defend SEAK, Inc., its agents, employees and attorneys from any and all damages, claims, suits, actions, attorneys fees, costs and or judgments arising from any knowing falsehoods or inaccuracies contained in the above application. SEAK reserves the absolute right to refuse to accept or to remove any existing listings. Your sole remedy in such instances will be the refund of your applicable listing fee(s).

Signed: _____ Dated: _____