



Provider Questionnaire

We would like to have the following information on the Functional Capacity Evaluations that you perform:

- 1. Name and phone number of person to contact in regards to your group joining our Provider Network?
2. How many FCEs does your facility perform on average per month?
3. Do you do Disability FCEs (1 Day, 2 Day, or Both)?
4. Do you do Worker's Comp FCEs (1 Day, 2 Day, or Both)?
5. Do you do job specific or non job specific evaluations or both?
6. Do you assess cardiovascular conditioning and fatigue during FCE?
7. Do you make recommendations on patient capabilities and needs?
8. Do you discuss results with patients?
9. Are you willing to complete an estimated Physical Capabilities Form based on the results and interpretation of your Functional Capacity Evaluation?
10. Are you willing to testify in court based on the results and interpretation of your Functional Capacity Evaluation?

If so, please complete the following list of fees:

- Expert witness fees for court appearance (per hour):
Deposition fees (per hour):
Video deposition fees (per hour):
Teleconference deposition fees (per hour):
Travel fees (per hour):

11. Please indicate the amount of time needed to prepare a report, post evaluation:



12. Are you able to send a report via email with a signed document in PDF format or some other secure software? Yes No

13. What specific training and/or certification has your staff received in the performance of FCEs?

- Arcon FCE
- Blankenship FCE
- Ergo-Science FCE
- Workwell (IWS) FCE
- Key Assessment FCA
- Hunuan FCE
- Matheson FCE
- Others, please specify

Explain: _____

14. Which disciplines perform FCEs at your center?

- Physical Therapists
- Physical therapy assistants
- Occupational Therapists
- Exercise physiologists
- Others _____

Please provide the names and credentials of evaluators who are available to perform FCEs:

15. Additional languages spoken: _____

16. Do you have mobile evaluators? Yes No

If "Yes", what are your travel fees? _____

17. Do you provide transportation to your facility? Yes No

If "Yes", what are your fees? _____

18. Would you like other locations listed in our network? (If so, please list on a separate sheet of paper)