

DIRECTORY HIGHLIGHTS

■ **Two Directories for the price of one!** You will be listed online at www.FileReviewConsultants.com and will also be included in the **Print Directory which is sent to thousands of key file review referral sources** such as Independent Review Organizations, Insurers, Third-Party Administrators, and Self-Insureds.

■ **We offer a full 100% money back guarantee for new members.** Members who are placing their first listing, have until **August 1, 2019** to request and receive a full refund of your standard listing fee.



Here's what your colleagues are saying:

"I am busier than a one armed paper hanger, thanks to your directory and the connections its led me to."

"Thanks to my listing with SEAK, I've become Medical File Review Consultant for three organizations. I receive regular work from them but see my work with them as a diversification of income source."

"At this point because I now have so much review work (repeat from certain clients) that I can't really take on any more at the current time with my clinical schedule (it is a testimony of the success of the listing)."



PAYMENT INSTRUCTIONS

JOIN ONLINE www.FileReviewConsultants.com or **MAIL** the completed form and payment to: SEAK, Inc., PO Box 729, Falmouth, MA 02541 or **FAX** to 508.540.8304

[] **Annual Standard Listing \$495 (Includes listings in both the Online and Print Directory)**

Please charge my [] MasterCard [] Visa [] American Express or [] Check enclosed, payable to **SEAK, Inc.**

Account # _____ Expiration Date: ____/____

Name on Card: _____ Security Code: _____ Signed: _____

STANDARD LISTING INFORMATION *(Please type or print neatly)*

First Name	M.I.	Last Name	Degree(s)
Organization			
Address			
City		State	Zip
Phone	Cell Phone (optional)		Fax
Email			
Website			
Profession(s) (Check all that apply): <input type="checkbox"/> Physician (MD or DO) <input type="checkbox"/> Psychologist <input type="checkbox"/> Neuropsychologist <input type="checkbox"/> Chiropractor <input type="checkbox"/> Podiatrist			
<input type="checkbox"/> Dentist <input type="checkbox"/> Oral Surgeon <input type="checkbox"/> Orthodontist <input type="checkbox"/> Periodontist <input type="checkbox"/> Endodontist <input type="checkbox"/> Prosthodontist <input type="checkbox"/> Nurse <input type="checkbox"/> Acupuncturist			
Years in practice (Check one): <input type="checkbox"/> Less than 5 <input type="checkbox"/> 6-15 <input type="checkbox"/> 16+			
Number of file reviews previously performed (Check one): <input type="checkbox"/> 0 <input type="checkbox"/> 1-10 <input type="checkbox"/> 11-100 <input type="checkbox"/> More than 100			
Average MONTHLY hours spent in direct patient care (Check one): <input type="checkbox"/> Not currently practicing <input type="checkbox"/> 1 to 10 <input type="checkbox"/> 11 to 40 <input type="checkbox"/> 41-80 <input type="checkbox"/> More than 80			

EDUCATIONAL INFORMATION

Degree	Institution
Degree	Institution
Degree	Institution
Degree	Institution

CURRENT HOSPITAL PRIVILEGES (EXCLUDING COURTESY)

Institution	Institution
Institution	Institution
Institution	Institution

JURISDICTIONS(S) OF CURRENT PROFESSIONAL LICENSURE (CHECK ALL THAT APPLY)

- | | | | | | | | | | | |
|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> AL | <input type="checkbox"/> CO | <input type="checkbox"/> GA | <input type="checkbox"/> IA | <input type="checkbox"/> MD | <input type="checkbox"/> MO | <input type="checkbox"/> NJ | <input type="checkbox"/> OH | <input type="checkbox"/> RI | <input type="checkbox"/> UT | <input type="checkbox"/> WV |
| <input type="checkbox"/> AK | <input type="checkbox"/> CT | <input type="checkbox"/> HI | <input type="checkbox"/> KS | <input type="checkbox"/> MA | <input type="checkbox"/> MT | <input type="checkbox"/> NM | <input type="checkbox"/> OK | <input type="checkbox"/> SC | <input type="checkbox"/> VT | <input type="checkbox"/> WI |
| <input type="checkbox"/> AZ | <input type="checkbox"/> DE | <input type="checkbox"/> ID | <input type="checkbox"/> KY | <input type="checkbox"/> MI | <input type="checkbox"/> NE | <input type="checkbox"/> NY | <input type="checkbox"/> OR | <input type="checkbox"/> SD | <input type="checkbox"/> VI | <input type="checkbox"/> WY |
| <input type="checkbox"/> AR | <input type="checkbox"/> DC | <input type="checkbox"/> IL | <input type="checkbox"/> LA | <input type="checkbox"/> MN | <input type="checkbox"/> NV | <input type="checkbox"/> NC | <input type="checkbox"/> PA | <input type="checkbox"/> TN | <input type="checkbox"/> VA | |
| <input type="checkbox"/> CA | <input type="checkbox"/> FL | <input type="checkbox"/> IN | <input type="checkbox"/> ME | <input type="checkbox"/> MS | <input type="checkbox"/> NH | <input type="checkbox"/> ND | <input type="checkbox"/> PR | <input type="checkbox"/> TX | <input type="checkbox"/> WA | |

FOR MDs AND DOs ONLY: CURRENT ABMS OR AOA BOARD SPECIALTY AND SUBSPECIALTY CERTIFICATIONS (CHECK ALL THAT APPLY):

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Addiction Medicine | <input type="checkbox"/> Hand Surgery | <input type="checkbox"/> Pathology, Chemical | <input type="checkbox"/> Preventive Medicine/Public Health |
| <input type="checkbox"/> Adolescent Medicine/Young Adult Medicine | <input type="checkbox"/> Hematology | <input type="checkbox"/> Pathology, Clinical | <input type="checkbox"/> Proctology |
| <input type="checkbox"/> Aerospace Medicine | <input type="checkbox"/> Hospice and Palliative Medicine | <input type="checkbox"/> Pathology, Forensic | <input type="checkbox"/> Psychiatry |
| <input type="checkbox"/> Allergy and Immunology | <input type="checkbox"/> Infectious Disease | <input type="checkbox"/> Pediatric Allergy/Immunology | <input type="checkbox"/> Psychiatry, Addiction |
| <input type="checkbox"/> Anesthesiology | <input type="checkbox"/> Internal Medicine | <input type="checkbox"/> Pediatric Cardiology | <input type="checkbox"/> Psychiatry, Forensic |
| <input type="checkbox"/> Blood Banking/Transfusion Medicine | <input type="checkbox"/> Interventional Cardiology | <input type="checkbox"/> Pediatric Critical Care Medicine | <input type="checkbox"/> Psychosomatic Medicine |
| <input type="checkbox"/> Cardiovascular Disease | <input type="checkbox"/> Maternal and Fetal Medicine | <input type="checkbox"/> Pediatric Dermatology | <input type="checkbox"/> Pulmonary Disease |
| <input type="checkbox"/> Child Abuse Pediatrics | <input type="checkbox"/> Microbiology, Medical | <input type="checkbox"/> Pediatric Emergency Medicine | <input type="checkbox"/> Radiation Oncology |
| <input type="checkbox"/> Child and Adolescent Psychiatry | <input type="checkbox"/> MOHS-Micrographic Surgery | <input type="checkbox"/> Pediatric Endocrinology | <input type="checkbox"/> Radiologic Physics |
| <input type="checkbox"/> Colon and Rectal Surgery | <input type="checkbox"/> Molecular Genetic Pathology | <input type="checkbox"/> Pediatric Gastroenterology | <input type="checkbox"/> Radiology, Angiography & Interventional |
| <input type="checkbox"/> Congenital Cardiac Surgery | <input type="checkbox"/> Molecular Genetics, Clinical | <input type="checkbox"/> Pediatric Hematology-Oncology | <input type="checkbox"/> Radiology, Diagnostic |
| <input type="checkbox"/> Critical Care Medicine | <input type="checkbox"/> Neonatology | <input type="checkbox"/> Pediatric Infectious Diseases | <input type="checkbox"/> Radiology, Nuclear |
| <input type="checkbox"/> Cytogenetics, Clinical | <input type="checkbox"/> Nephrology | <input type="checkbox"/> Pediatric Nephrology | <input type="checkbox"/> Radiology, Vascular and Interventional |
| <input type="checkbox"/> Cytopathology | <input type="checkbox"/> Neurodevelopmental Disabilities | <input type="checkbox"/> Pediatric Otolaryngology | <input type="checkbox"/> Reproductive Endocrinology/Infertility |
| <input type="checkbox"/> Dermatological Immunology, Clinical and Laboratory | <input type="checkbox"/> Neurological Surgery | <input type="checkbox"/> Pediatric Pathology | <input type="checkbox"/> Rheumatology |
| <input type="checkbox"/> Dermatology | <input type="checkbox"/> Neurology | <input type="checkbox"/> Pediatric Pulmonology | <input type="checkbox"/> Sleep Medicine |
| <input type="checkbox"/> Dermatopathology | <input type="checkbox"/> Neurology, Child | <input type="checkbox"/> Pediatric Radiology | <input type="checkbox"/> Spinal Cord Injury Medicine |
| <input type="checkbox"/> Developmental-Behavioral Pediatrics | <input type="checkbox"/> Neurology, Vascular | <input type="checkbox"/> Pediatric Rehabilitation Medicine | <input type="checkbox"/> Sports Medicine |
| <input type="checkbox"/> Digital Ultrasound | <input type="checkbox"/> Neuromuscular Medicine | <input type="checkbox"/> Pediatric Rheumatology | <input type="checkbox"/> Sports Medicine, Orthopaedic |
| <input type="checkbox"/> Electrophysiology, Clinical Cardiac | <input type="checkbox"/> Neuropathology | <input type="checkbox"/> Pediatric Surgery | <input type="checkbox"/> Surgery |
| <input type="checkbox"/> Emergency Medicine | <input type="checkbox"/> Neurophysiology | <input type="checkbox"/> Pediatric Transplant Hepatology | <input type="checkbox"/> Surgical Critical Care |
| <input type="checkbox"/> Endocrinology, Diabetes and Metabolism | <input type="checkbox"/> Neuroradiology | <input type="checkbox"/> Pediatric Urology | <input type="checkbox"/> Thoracic Surgery |
| <input type="checkbox"/> Family Medicine/Family Practice | <input type="checkbox"/> Neurotology | <input type="checkbox"/> Pediatrics | <input type="checkbox"/> Toxicology |
| <input type="checkbox"/> Gastroenterology | <input type="checkbox"/> Nuclear Medicine | <input type="checkbox"/> Physical Medicine and Rehabilitation | <input type="checkbox"/> Transplant Hepatology |
| <input type="checkbox"/> Genetics | <input type="checkbox"/> Obstetrics and Gynecology | <input type="checkbox"/> Plastic Surgery | <input type="checkbox"/> Undersea and Hyperbaric Medicine |
| <input type="checkbox"/> Geriatric Medicine | <input type="checkbox"/> Occupational Medicine | <input type="checkbox"/> Plastic Surgery Within the Head and Neck | <input type="checkbox"/> Urology/Urological Surgery |
| <input type="checkbox"/> Geriatric Psychiatry | <input type="checkbox"/> Oncology | <input type="checkbox"/> Preventive Medicine/Aerospace Medicine | <input type="checkbox"/> Vascular Surgery |
| <input type="checkbox"/> Gynecologic Oncology | <input type="checkbox"/> Ophthalmology | <input type="checkbox"/> Preventive Medicine/Occupational-Environmental Medicine | |
| | <input type="checkbox"/> Orthopaedic Surgery | | |
| | <input type="checkbox"/> Otolaryngic Allergy | | |
| | <input type="checkbox"/> Otolaryngology | | |
| | <input type="checkbox"/> Pain | | |
| | <input type="checkbox"/> Pathology, Anatomic | | |

ADDITIONAL INFORMATION (OPTIONAL): SPECIALTY OR SUBSPECIALTY, SPECIAL SKILLS/EXPERIENCE, EDUCATION, TRAINING, CREDENTIALS, FACULTY APPOINTMENTS AND FILE REVIEW EXPERIENCE (DESCRIBE 30 WORDS OR FEWER)

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 file review 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.

SIGNED _____

DATED _____