

DIRECTORY HIGHLIGHTS

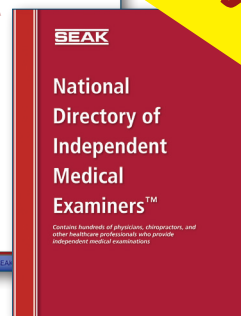
- The Premier IME Provider Directory since 1998.
- Receive two listings (online and print) for the price of one.
- Reach thousands of IME referral sources such as Law Firms, Case Managers, Claims Adjusters, TPAs, Insurers, Employers and Independent Review Organizations.

**100% Money Back Guarantee
for new members.**



www.imedirectory.com

**Join
Today!**



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, 2025** 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

ACOE

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

Addictions

Allergy

Anesthesiology

Cardiology/Cardiovascular
Disease

Chiropractic

Chiropractic Neurology

Chiropractic Orthopedics

Clinical Neurophysiology

Colon & Rectal Surgery

Critical Care Medicine

Dentistry

Dermatology

Electrodiagnostic Medicine

Emergency Medicine

Family Medicine

Foot & Ankle

Forensic Psychiatry

Forensic Psychology

General Practice

General Surgery

Geriatrics

Hand Surgery

Hematology

Industrial Medicine

Integrative Medicine

Internal Medicine

Neurology

Neuromuscular Disorders

Neurophysiology

Neuropsychiatry

Neuropsychology

Neurosurgery

Obstetrics/Gynecology

Occupational Medicine

Oncology

Ophthalmology

Orthopedic Surgery

Orthopedics

Osteopathic Medicine

Otolaryngology

Pain Management/Medicine

Pediatrics

Physical Medicine &
Rehabilitation/Physiatry

Plastic & Reconstructive-
Surgery

Podiatry/Podiatric Surgery

Preventive Medicine

Psychiatry

Psychology

Pulmonary Medicine/Disease

Radiology

Rheumatology

Sleep Medicine

Spinal Medicine

Sports Medicine

Thoracic Surgery

Toxicology/Medical Toxicology

Urology

Vascular Medicine

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. Inconsideration 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: _____