



Adjuster:  
Carrier:  
Date:

Re:  
Claim Number:  
DOI:

*(Patient name)* has requested an evaluation at the Laser Spine Institute.

We are located in Tampa, Florida and Scottsdale, AZ. However, the majority of our patients are from out of state because these procedures are not available everywhere. **At LSI, most of our patients return to work within weeks.**

The procedures performed at Laser Spine Institute are highly successful without the side effects, scar tissue formation or recuperation period that occurs with a traditional surgery. Complications are minimized because general anesthesia is not used.

Our mission at LSI is to offer a successful alternative to traditional open back and neck surgeries, fusions and artificial disc replacements by utilizing the latest techniques for spinal conditions through gentle, minimally invasive endoscopic laser procedures.

The cost of an evaluation with one of our surgeons is \$275.00. **This price is not negotiable and we do not accept fee schedule reductions.** Recent MRI films must accompany the patient to the appointment. Previous medical records can be faxed or emailed ahead of the appointment. If needed, an up to date MRI can be completed at LSI for \$800.00

Thank you and I look forward to hearing back from you soon, so we can work together and find a solution for this patient's condition. Please feel free to contact me with any questions.

**Please sign below indicating approval for Evaluation and MRI if indicated. LSI will notify you of scheduling and the results of the evaluation.**

**Case Manager/Adjuster Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Best regards,

Laser Spine Institute  
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