

MEDICARE SET-ASIDE
REQUEST FOR SERVICE

REFERRED BY

NAME _____

DATE OF REFERRAL _____

COMPANY _____

ADDRESS _____

CITY _____

STATE/ZIP _____

PHONE _____

FAX _____

EMAIL _____

EMPLOYER INFORMATION

NAME _____

ADDRESS _____

CITY _____

STATE/ZIP _____

PHONE _____

DEFENSE ATTORNEY

NAME _____

FIRM _____

ADDRESS _____

CITY _____

STATE/ZIP _____

PHONE _____

CLAIMANT INFORMATION

NAME _____

ADDRESS _____

CITY _____

STATE/ZIP _____

PHONE _____

DATE OF BIRTH _____

SOCIAL SECURITY NO. _____

MEDICARE ENTITLEMENT _____

TYPE OF CLAIM

WC LIABILITY

JURISDICTION _____

IF A SETTLEMENT AGREEMENT HAS BEEN REACHED, WHAT IS THE PROPOSED SETTLEMENT AMOUNT?

\$ _____

DATE(S) OF INJURY _____

PLEASE LIST **ACCEPTED** DIAGNOSES/BODY PARTS:

PLEASE LIST **DENIED** DIAGNOSES/BODY PARTS:

WORKERS' COMPENSATION CARRIER

NAME _____

CONTACT _____

ADDRESS _____

CITY _____

STATE/ZIP _____

PHONE _____

FAX _____

EMAIL _____

CLAIM NO. _____

CLAIMANT'S ATTORNEY

NAME _____

FIRM _____

ADDRESS _____

CITY _____

STATE/ZIP _____

PHONE _____

PLEASE COMPLETE THIS SECTION FOR MSA ALLOCATION SERVICES.

1. May we contact the claimant's attorney (or claimant if not represented) to obtain necessary releases for information?
 Yes No

2. Has a settlement agreement been finalized and approved?
 Yes No

3. Is a structured settlement broker involved in this settlement?
 Yes No

If yes, list company information:

NAME _____

EMAIL _____

PHONE _____

FAX _____

4. Is the account being professionally administered?
 Yes No

If yes, list professional administrator:

NAME _____

PHONE _____

ADDRESS _____

5. Is claimant currently receiving Medicare benefits?
 Yes No

6. Are there any known Medicare conditional payment claims?
 Yes No

7. Is claimant currently seeking Social Security Disability?
 Yes No

8. Is claimant currently receiving Medicaid benefits?
 Yes No

Additional comments:

**FOR ALLOCATION SERVICES, PLEASE FORWARD
THE FOLLOWING WITH YOUR COMPLETED REFERRAL FORM:**

- Initial notice of injury and records for initial treatment
- Printed medical claims and indemnity payment history (Last 2 years)
- Medical records (Last 2 – 3 years)

- Medical records pertaining to all surgeries due to work injury
- Signed Medicare, Medicaid, and HIPAA Releases (We will pursue if not already obtained)
- Medication ledger