

Account Representative: _____ Referral Date: _____

Claimant Information

Claimant Name _____ Gender _____ Employer _____
 Address _____ Birth Date _____ Address _____
 City, St, Zip _____ Jurisdiction State _____ City, St, Zip _____
 Phone # _____ Injury Date _____ Phone # _____
 SS# _____ Claim # _____

Adjuster	Referral Source	Workers' Comp	Liability
Adjuster's Name _____			Phone # _____
Carrier/TPA _____			Fax # _____
Address _____			Email _____
City, St, Zip _____			

Defense Attorney	Referral Source	Send Releases	CC with Allocation
Attorney's Name _____			Phone # _____
Firm Name _____			Fax # _____
Firm Address _____			Email _____
City, St, Zip _____			

Applicant/Plaintiff Attorney	Referral Source	Send Releases	CC with Allocation
Attorney's Name _____			Phone # _____
Firm Name _____			Fax # _____
Firm Address _____			Email _____
City, St, Zip _____			

Structure Broker	Referral Source	Send Releases	CC with Allocation
Broker's Name _____			Phone # _____
Company _____			Fax # _____
Address _____			Email _____
City, St, Zip _____			

Case Questions

Has the claimant applied for Social Security benefits?	Yes	No	Unknown
Is the claimant receiving Social Security benefits?	Yes	No	Unknown
Is the claimant receiving Medicare benefits?	Yes	No	Unknown

What diagnosis / body parts are accepted on this claim? _____

What diagnosis / body parts are denied on this claim? _____

What is the proposed settlement amount? (if applicable) _____

Requested Service (check all that apply)	All Medicals Included	All Payouts Included	
Settlement Review Services		Obtain Rated Age	Medical Cost Projection / Life Care Plan
Obtain Social Security and Medicare Status*		Medicare Set-Aside Allocation	Professional Administration of MSA allocation
* Complete MSA allocation if SS verification states an MSA necessary		MSA 5-day Rush Service	Professional Administration of MCA account
Medicare Lien Investigation			(Complete page 2 for Professional Administration)

In addition to page 1, please complete the following information if you are considering Professional Administration

Medicare Set-Aside Professional Administration

How is the Medicare Set-Aside Account being funded?

Funded by a single lump sum deposit at time of settlement
Amount \$ _____

Funded by a Structured Settlement with periodic payments

Name of Annuity Insurer _____

Initial Funding Amount \$ _____

Annual Annuity Amount \$ _____

Medical Custodial Account Professional Administration for non-Medicare allowable expenses

How is the Medical Custodial Account being funded?

Funded by a single lump sum deposit at time of settlement
Amount \$ _____

Funded by a Structured Settlement with periodic payments

Name of Annuity Insurer _____

Initial Funding Amount \$ _____

Annual Annuity Amount \$ _____

Will there be periodic distributions? Yes No

If yes, Initial Funding Amount \$ _____

Frequency of payments _____

Indicate the specific future medical expenses covered under this agreement.

Indicate any restrictions OR exclusions to coverage.

State the duration / term of the agreement.

Upon the death of the Claimant, who will receive any remaining account funds? _____

If Account is reversionary to Payer, please provide the following information:

% Reversionary to Payer _____

Tax ID # _____

Additional Comments

Please forward completed Referral Form with a copy of the MSA Allocation (if applicable) to initiate account set-up process.