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CARR ALLISON
MEDICARE COMPLIANCE GROUP

Referral Form

TYPE OF CASE*

☐ Workers' Compensation ☐ Liability
☐ Longshore ☐ No-fault ☐ Other _____

SERVICE REQUESTED (check all that apply)*

☐ Medicare Lien Research/Resolution ☐ Advantage Plan and R_x Research (additional fee)
☐ MSA Allocation Report - WC ☐ Liability Settlement Allocation
☐ SSD/Medicare verification ☐ Medical Cost Projection

☐ RUSH REQUESTED? (additional fee) Date needed _____

Pending mediation, trial or other important dates* _____

REFERRING PARTY INFORMATION

☐ Insurance Carrier ☐ Self-Insured ☐ TPA ☐ Attorney ☐ Other _____

Individual Name*	Company Name*
Address*	Claim Number
Telephone*	Email*

If Referring Party is a TPA, please complete the following for the underlying carrier or self-insured defendant:

Company Name	Representative Name	Email
Address		Phone

CLAIMANT INFORMATION

Claimant Name*	SSN	Date of Birth*
Claimant Address*		Phone
Is the claimant a Medicare Beneficiary?* ☐ Yes ☐ No ☐ Unknown	Is the claimant entitled to SSD?* ☐ Yes ☐ No ☐ Unknown	
Claimant Attorney	Phone	Email
Address	May we contact him or her to obtain a signed authorization? ☐ Yes ☐ No	

CLAIM INFORMATION

Name of Employer/Defendant*	Date of injury*
Address	State of Jurisdiction*
List accepted body parts/injuries*	List denied body parts/injuries*
Are settlement negotiations underway? ☐ Yes ☐ No Total value currently assigned to claim $ _____	Has a *tentative* agreement been reached? ☐ Yes ☐ No Amount $ _____
Has indemnity settled? ☐ Yes ☐ No Date of settlement _____ Amount of Settlement $ _____	Have medicals settled? ☐ Yes ☐ No Date of settlement _____ Amount of Settlement $ _____
Are there any companion claims? ☐ Yes ☐ No If yes, please describe _____	Are there any relevant court orders regarding this claim? ☐ Yes ☐ No If yes, please describe _____

Defense Attorney Name	Phone	Email
Address		
Preferred Structured Settlement Broker, if any	Phone	Email

PLEASE PROVIDE COPIES OF THE FOLLOWING DOCUMENTATION (not needed for lien research or status verification only)

- Medical and prescription records from most recent two years of treatment (if not available, please note why)
- Current claims payment history, including medications
- Settlement terms or copy of draft/final settlement documents, if available
- First Report of Injury (workers' compensation cases only)

Providing all of the requested documentation and information will ensure that we can complete your report accurately and timely.

*Required

Thank you very much for your referral! Please send completed form and documentation to:

Carr Allison Medicare Compliance Group, 100 Vestavia Parkway, Birmingham, AL 35216
Email: referral@carrallison.com Telephone: (205) 949-2949 Fax: (205) 822-2057

To submit a referral or upload documents electronically, visit www.carrallisonmsa.com