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Referral Form

ALL HIGHLIGHTED AREAS MUST BE COMPLETED

ACCOUNT MANAGER

CLAIMANT - LAST NAME		FIRST NAME		M.I.	M	F	MEDIATION OR COURT DATE		REFERRAL DATE/TIME				
ADDRESS							BILL TO (CARRIER, ATTORNEY, STRUCTURED SETTLEMENT BROKER)						
CITY			STATE	ZIP		BILL TO ADDRESS							
PHONE			SOCIAL SECURITY #				CITY		STATE	ZIP			
CLAIM #							CLIENT LOCATION CITY			CLIENT LOCATION STATE			
ST of JURISDICTION	WC	LIABILITY	STD	LTD	REFERRED BY (CLAIMS EXAMINER, ATTORNEY, STRUCTURED SETTLEMENT BROKER.)								
DATE OF BIRTH			DATE OF INJURY			PHONE		EXT.	FAX				
CLAIMANT'S EMPLOYER			OCCUPATION			EMAIL ADDRESS							
EMPLOYER'S ADDRESS							ATTENDING PHYSICIAN			PHONE			
CITY			STATE	ZIP		ACCEPTED BODY PARTS/DIAGNOSIS							
DEFENSE ATTORNEY'S NAME				PHONE			DENIED BODY PARTS/DIAGNOSIS						
DEFENSE ATTORNEY'S E-MAIL				FAX			CLAIMANT ATTORNEY'S NAME			PHONE			
DEFENSE ATTORNEY FIRM NAME							CLAIMANT ATTORNEY'S E-MAIL			FAX			
DEFENSE ATTORNEY ADDRESS							CLAIMANT ATTORNEY FIRM NAME						
CITY			STATE	ZIP		CLAIMANT ATTORNEY ADDRESS							
STRUCTURED SETTLEMENT BROKERAGE (SSB)			(required for rated age)		SSB PHONE			CITY		STATE	ZIP		
SSB CONTACT		SSB ADDRESS									PHARMACY BENEFIT MANAGEMENT COMPANY (PBM)		PHONE
SSB CITY			SSB STATE	SSB ZIP		PBM CONTACT		PBM ADDRESS					
IN SETTLEMENT		PROPOSED SETTLEMENT AMOUNT \$:		ACTUAL AGE	RATED AGE	PBM CITY			PBM STATE		PBM ZIP		

MSA RELATED SERVICES

Referral Request:

- SSV (Medicare status eligibility evaluation)
- Medicare Set-Aside
- Expedite Referral (5-10 business days)
- MSA w/Submission to CMS (per client approval)
- CMS Submission Only (Legacy Concentra File)
- Drug Utilization Advisory (RX review)

OTHER SERVICES

- Future Medical Cost Projection
- Conditional Payment Investigation (Lien)
- Conditional Payment Negotiation (Lien)
- Life Care Plan for Settlement
- Life Care Plan Review/Critique
- Medical Cost Projection to set reserves
- Limited Medical Cost Projection

DOCUMENT SUBMISSION INSTRUCTIONS:

***Life Care Plan & Medical Cost Projection:**

Need payouts (claims & pharmacy) and **all** available records.

***Life Care Plan Review:**

Need available medical records & life care plan to be reviewed.
 Payout sheets (if available).

***MSA Submission to CMS:**

Must have signed CMS release form and settlement information as well as the list of items for Medicare Set-Aside report.

FOR OFFICE USE ONLY

Documents Attached:

- Medical Records Payout (most recent on file)
- Pharmacy Payout History Misc. _____

ALLEGRO#: _____

- Complete
- Incomplete
- Additional Records
- Unknown

If incomplete missing documents: _____

Intake Specialist: _____

Due Date: _____ Expedite: _____

**Documents needed to complete a Medicare Set-Aside (MSA),
Future Medical Cost Projection (FMCP) or Drug Utilization Advisory (DUA)**

Referral Form – It is important that the referral form be completely filled out. For an accurate analysis, we need to know the accepted or denied body parts. Please indicate also if the entire claim is denied. An Analyst will contact them (if necessary) to clarify this information. Where there are multiple dates of injury, please confirm co-defendants.

Initial Narrative Report (*AOE/COE, Primary Treating Physician's (PTP), Defense or Applicant QME*) – This report provides a complete history of the injury, the claimant's job title and duties. This information assists the Analysts in preparing a summary, which prefaces our narrative of treatment, and future medical care recommendations.

Subsequent Medical Reports – Include the most recent two years of medical reports from all treating sources. Additionally, any *surgery/operative reports, consultations, medical-legal* (AME, QME, IME) and *progress notes* from the treating physician (preferably legibly hand-written or typed.) These illuminate the progress of the treatment, and provide a timeline leading up to the final reports.

MMI, P&S, PIR, Final Evaluations - (PTP, Defense or Applicant QME, AME, IME) – These reports [normally] encapsulate the entire history of injury, treatment, review of medical reports, and articulate the disability status and recommendations for future medical treatment. **The future medical care analysis included in our allocation and projections depend upon these reports.**

Payout History – **A complete referral must include support for ALL medical and indemnity payments for the most recent two years for the particular claim (per CMS guidelines).** If the payment history includes coding for in-house accounting, please provide a “**key**” for these payment codes. Having this information will assist us to (1) confirm that certain procedures were completed, and (2) request any missing additional medical reports not already provided. If you identify amounts in the payment history with no support, please work with the Claims Examiner to obtain them. Completing this step will ensure that your referral is not ‘pending’ later on by Operations requesting additional information and potentially frustrating the customer and delaying the timely completion of the case. **Additionally, please provide your Pharmacy Benefit Management (PBM) detailed billing report, if applicable, so that we can identify all current prescription medications related to this work injury.**

KEY:

- QME – Qualified Medical Examiner/Evaluator – mostly California claims
- AME – Agreed Medical Examiner/Evaluator – mostly California claims
- IME – Independent Medical Examiner/Evaluator – mostly all other states – analogous to AME, however, used in California when appointed by the Workers' Compensation Appeals Board Judge (seldom)
- PTP – Primary Treating Physician – mostly California claims, other states may drop the “primary, “ and use “treating physician.”
- MMI – Maximum Medical Improvement – used globally
- PIR – Permanent Impairment Rating – mostly all other states
- P&S – Permanent and Stationary – mostly California claims
[These acronyms (MMI, PIR & P&S) are analogous to Final Evaluations.]
- AOE/COE – Arising out of Employment/Course of Employment – determines acceptance or denial of claim
- FCE – Functional Capacity Evaluation

Note: Acronyms will differ from state to state.

For additional information, please feel free to contact Adeyemi Coker via e-mail: axcoker@cvtyps.com or call (818) 737-8519.