

Physicians Medical Review Allocation Services Referral Form

**MSA Allocation
STANDARD**

Examples: herniated disc injury; healed fractures; chronic pain (no DCS or Morphine Pumps); knee injuries; carpal tunnel syndrome

Need 2-3 years of medical information, FNOI, payout summary, RX history, settlement documentation, Signed releases

**MSA Allocation
COMPLEX**

Ex: traumatic brain injuries; paraplegia; quadriplegia; amputees; toxic exposure cases; complex RSD requiring DCS/Morphine pumps; psychiatric hospitalization.

Need 2-3 years of medical information, FNOI, payout summary, RX history, settlement documentation, Signed releases

**Medical Cost
Projection**

Need all medical records, payout summary and RX history.

Life Care Plan

Need all medical records, payout summary and RX history.

Lien Research

Peer Review

**Pharmacological
Review**

CMS Submission

Case Information:

Workers Compensation

Liability

Claimant First Name:		Last Name:	
Address:			
City:		State:	
Zip Code:			
Phone Number:			
Social Security No:		Claim No:	
Date of Birth: (mm-dd-yyyy)		Date of Injury: (mm-dd-yyyy)	
WC Jurisdiction:			

Employer Name:		Contact Name:	
Employer Address:			
City:		State:	
Phone No:			

Referral Source

Insurance Carrier:			
Adjuster First Name:		Last Name:	
Email Address:		Phone No & Extension:	
Address:		Fax No:	
City:		State:	

Referral Source

Defense Attorney:		Last Name:	
Phone No & Extension:		Fax No:	
Email Address:			
Address:			
City:		State:	

Referral Source

Plaintiff Attorney:		Last Name:	
Phone No & Extension:		Fax No:	

Physicians Medical Review
Allocation Services Referral Form

Email Address:			
Address:			
City:		State:	

Referral Source

Structured Settlement Broker:			
Broker First Name:		Broker Last Name:	
Phone No & Extension:		Fax No:	
Email Address:			
Address:			
City:		State:	

Please provide copies of the report to:	
<input type="checkbox"/> Carrier/TPA <input type="checkbox"/> Defense Attorney <input type="checkbox"/> Plaintiff Attorney <input type="checkbox"/> Structure Broker <input type="checkbox"/> Other <input style="width: 100px; height: 20px;" type="text"/>	
Notes/Special Handling: (Please list any deadlines, controverted issues or any concerns you may have related to this file.)	
Who should we send the releases to?	
Which injury is compensable and are there injuries that are not?	