

Key Contact & Billing Information				
Referring Party <input type="checkbox"/>	Referring Party Name	Telephone Number	Fax Number	Email Address
	Insurance Carrier/TPA/Self-Insured/Other	Physical Address		City, State, Zip
Referring Party <input type="checkbox"/>	Defense Attorney Name	Telephone Number	Fax Number	Email Address
	Defense Firm Name	Physical Address		City, State, Zip
Referring Party <input type="checkbox"/>	Plaintiff Attorney Name	Telephone Number	Fax Number	Email Address
	Plaintiff Firm Name	Physical Address		City, State, Zip
Referring Party <input type="checkbox"/>	Structured Settlement Broker	Telephone Number	Fax Number	Email Address

Please Provide Copies of the report to:
 Carrier/TPA/Servicing Agent Defense Attorney Plaintiff Attorney Structure Broker Other:
 Party Responsible for Bill: Billing Address & Telephone Number (Mailing Address)
 Insurance Carrier/TPA Referring Party

MSA Information

Proposed Settlement Amount : \$ _____
 Administration of the MSA*: Self ** Professional Funding of the MSA*: Annuity** Lump Sum
 Preferred Structured Settlement Broker:
 Company: _____
 Contact Name: _____
 Phone: _____ Fax: _____
 Email: _____

General File Information

1. Is the claimant a Medicare Beneficiary? (If yes, please provide supporting documentation.)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known
2. Has the claimant applied for Social Security Disability benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known
3. For Liability MSA (LMSA), is there an associated workers' compensation claim involved?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known
4. Has the entire claim been disputed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known
5. List accepted body part(s).	
6. List any pre-existing conditions:	
7. Please explain the specific condition or care that is being denied/disputed/controverted. Include all legal and medical reasons as well as supporting documents/records to support basis for denial of liability.	

Notes/Special Handling
 (Controverted Issues, Mediation/Court Dates, Etc.)

***Required Information **Default - will use this option unless instructed otherwise**
 To electronically submit records please send to: referrals@examworks-cs.com