MEDIVEST

Medicare Set-Aside Allocation Referral Form

Please send form and documentation to:
2100 Alafaya Trail, Suite 201
Oviedo, FL 32765
Phone: 877.725.2467
Fax: 407.971.4742
www.medivest.com

Case Information

Claimant/Applicant Full Name				
Claimant/Applicant Telephone Number	Gender (M/F)	Date of Birth (mm/dd/yy)	Social Security #	Jurisdiction State
Claimant/Applicant Address	City		State	Zip Code

Employer/Defendant	1	Date Of Injury (mm/dd/yy)	Claim Number
Employer/Defendant Address	2	Date Of Injury (mm/dd/yy)	Claim Number
City / State / Zip Code	3	Date Of Injury (mm/dd/yy)	Claim Number

Claim Type (select one)

- ☐ Workers' Compensation
- ☐ Longshore
- ☐ Liability
- ☐ Auto

Requested Services (Select all that apply)

- ☐ Medicare Set-Aside Allocation
- ☐ 5-Day Rush
- ☐ Medical Cost Projection
- ☐ SS/Medicare Status
  - ☐ Complete MSA Allocation if SS verification determines that one is necessary
- ☐ Medicare Lien Investigation
- ☐ Medicare Lien Resolution
- ☐ Other Lien Resolution
- ☐ CMS Submission
- ☐ Life Care Plan Review
- ☐ Professional Administration
- ☐ Self-Administration Kit

Contact / Billing Information

Provide Allocation Report Copies to: ☐ Adjuster ☐ Defense Attorney ☐ Plaintiff Attorney ☐ Broker ☐ Other: _____

Send Releases to: ☐ Adjuster ☐ Defense Attorney ☐ Plaintiff Attorney ☐ Broker ☐ Other: _____

Adjuster Name		Company			Referring Party ☐
Telephone Number	Fax Number	Email Address			
Address		City	State	Zip Code	
Defense Attorney Name		Company			Referring Party ☐
Telephone Number	Fax Number	Email Address			
Address		City	State	Zip Code	
Plaintiff Attorney Name		Company			Referring Party ☐
Telephone Number	Fax Number	Email Address			
Address		City	State	Zip Code	
Structured Settlement Broker Name		Company			Referring Party ☐
Telephone Number	Fax Number	Email Address			
Address		City	State	Zip Code	

Party Responsible for Payment: ☐ Adjuster ☐ Referring Party	Billing Contact Info (if different than entry above):

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Case Questions

Is the claimant currently receiving Social Security and/or Medicare benefits, or have they applied for Social Security benefits?	☐ Yes ☐ No ☐ Unknown
What diagnoses and/or body parts are accepted on this claim?	
What diagnoses and/or body parts are denied or disputed on this claim?	
Has this claim been settled, or has a proposed settlement been reached?	☐ Yes $_____ ☐ No

List the authorized treating physicians for this claim:	List the authorized prescriptions / drugs for this claim:

Liability MSA Questions (if applicable)

Are there any underlying workers' compensation claims involved?	☐ Yes ☐ No ☐ Unknown
Should we contact Medicare to determine if liens exist?	☐ Yes ☐ No ☐ Unknown
Amounts paid to date?	$_____

Please Provide the Following Documentation

- ☐ Printouts of the last 2-5 years of medical records
- ☐ Printouts of the last 2-5 years of medical payment history
- ☐ Printouts of the last 2-5 years of prescription information
- ☐ Executed Releases

Specify any special handling instructions or notes here: