

The Medicare Compliance Experts You Expect



The Legal Partners You Deserve

1100 N. CAUSEWAY BLVD., STE. 201 | MANDEVILLE, LA 70471 | Toll-free: (844)980-0400 | Fax: (866)792-9150

WORKERS' COMPENSATION REFERRAL

Date of Referral:

Email Referral To: referrals@cattiecompliance.com

Product Services Requested (check all that apply)

- Medicare Set-Aside (MSA)
 MSA with Non-Medicare Covered Report
 MSA Submission to CMS
 MSA Estimate (cannot submit to CMS)
- MSA Rush Services (additional fees apply) :
 5 Business Days
 3 Business Days
- Medicare/SSDI Entitlement Verification
- Medicare Conditional Payments (check all that apply):
 Identification
 Dispute
 Resolution
- Medical Cost Projection
- Drug Utilization Review

Carrier/TPA/Self Insured:	Employee (Injured Party):
<input type="checkbox"/> Referring Party	
Company Name:	Name:
Adjuster Name:	Street:
Street:	City: State: Zip:
City: State: Zip:	Phone:
Phone:	SSN: HICN:
Email:	Date of Birth: <input type="checkbox"/> Male <input type="checkbox"/> Female

Employer:	Entitlement Status:
<input type="checkbox"/> Referring Party	
Company:	Eligible for Medicare*? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Address:	Entitled to SSDI*? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
City: State: Zip:	*A consent form signed by the claimant is needed to conduct an Entitlement Search. Additional fees apply.
Phone:	

Claim Information:			
Date of Injury:	Claim#:	Jurisdiction:	(<input type="checkbox"/> DBA <input type="checkbox"/> Longshore <input type="checkbox"/> Jones Act)
Accepted Body Parts:			
Denied Body Parts:			
Source and Date of Denial:			

Claimant Attorney:	Defense Attorney:
<input type="checkbox"/> Referring Party	<input type="checkbox"/> Referring Party
Firm:	Firm:
Attorney:	Attorney:
Street:	Street:
City: State: Zip:	City: State: Zip:
Phone:	Phone:
Email:	Email:

Structured Settlement Broker Information:	Other Important Information and/or Instructions:
<input type="checkbox"/> Referring Party	
Name:	
Firm:	
Phone: Email:	