MSA MEDICARE SET - ASIDE SPECIALISTS, Inc.

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www.MSAspecialists.com

Medicare Set-Aside Referral Request

Claimant Information

Claimant name:				SSN:	
DOB:				HICN:	
DOI:		Claim #:		Address:	
DOI:		Claim #:		City, ST zip:	
DOI:		Claim #:		State of Jurisdiction:	
Compensable Components:					
Denied Components:					

Legal Representation

Defense Attorney	
Firm:	
Attorney:	
Address:	
City, ST zip:	
Phone:	
Email:	

Claimant's Attorney	
Firm:	
Attorney:	
Address:	
City, ST zip:	
Phone:	
Email:	

Workers' Compensation Carrier

Company:	
Contact:	
Address:	
City, ST zip:	
Phone:	
Email:	

Third Party Administrator

Company:	
Adjuster:	
Address:	
City, ST zip:	
Phone:	
Email:	

Employer

Company:	
Address:	
City, ST zip:	
Phone:	

Records That We Need

- ☐ Last two years treating medical records
- ☐ Last two years pharmacy printout with prescribed medication & dosage
- ☐ Last two years payout records

Service Requested (check all that apply)

- ☐ MSA
- ☐ QMSA
- ☐ QMSA to MSA
- ☐ Liability MSA
- ☐ Revision
- ☐ Medical Cost Projection
- ☐ Submission to CMS for Approval
- ☐ Benefit Search – Releases Required
- ☐ RUSH

Where to Send Your Records

Mailing Address
PO Box 1487
Oldsmar, FL 34677

Delivery Address
300 State Street East, #201
Oldsmar, FL 34677

Fax / Email
(813) 891-9120
Support@MSAspecialists.com

Secure Drag n' Drop
SEND IT