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CONDITIONAL PAYMENT REFERRAL FORM

BENEFICIARY'S INFORMATION

Beneficiary Name (First, Middle, Last) <input style="width: 95%; height: 25px;" type="text"/>	Date of Birth <input style="width: 95%; height: 25px;" type="text"/>
Beneficiary's Address <input style="width: 95%; height: 25px;" type="text"/>	Gender <input style="width: 95%; height: 25px;" type="text"/>
Beneficiary's Phone Number <input style="width: 95%; height: 25px;" type="text"/>	Medicare Number (SS# w/ letter after) <input style="width: 95%; height: 25px;" type="text"/>
Beneficiary's Attorney / Firm <input style="width: 95%; height: 25px;" type="text"/>	Attorney Phone # <input style="width: 95%; height: 25px;" type="text"/>
Attorney's Address <input style="width: 95%; height: 25px;" type="text"/>	Attorney Fax # <input style="width: 95%; height: 25px;" type="text"/>

RESPONDENT / DEFENDANT INFORMATION

Name of Respondent Employer / Defendant <input style="width: 95%; height: 25px;" type="text"/>	Respondent / Defendant Phone # <input style="width: 95%; height: 25px;" type="text"/>
Respondent Employer / Defendant Address <input style="width: 95%; height: 25px;" type="text"/>	Respondent / Defendant Fax # <input style="width: 95%; height: 25px;" type="text"/>
Respondent Employer / Defendant's Attorney <input style="width: 95%; height: 25px;" type="text"/>	Attorney Phone # <input style="width: 95%; height: 25px;" type="text"/>
Attorney's Address <input style="width: 95%; height: 25px;" type="text"/>	Attorney Fax # <input style="width: 95%; height: 25px;" type="text"/>

INSURANCE INFORMATION

Name of Insurance Carrier <input style="width: 95%; height: 25px;" type="text"/>	Insurance Carrier Phone # <input style="width: 95%; height: 25px;" type="text"/>
Insurance Carrier Address <input style="width: 95%; height: 25px;" type="text"/>	Insurance Carrier Fax # <input style="width: 95%; height: 25px;" type="text"/>
Name of Adjuster <input style="width: 95%; height: 25px;" type="text"/>	Adjuster E-mail <input style="width: 95%; height: 25px;" type="text"/>

INJURY INFORMATION

Injuries Claimed (Body Parts) <input style="width: 95%; height: 50px;" type="text"/>	Claim # <input style="width: 95%; height: 25px;" type="text"/>
	Date of Injury <input style="width: 95%; height: 25px;" type="text"/>
Select Type of Claim <input type="checkbox"/> Workers' Compensation <input type="checkbox"/> Liability <input type="checkbox"/> No-Fault	State Where Injury Occurred <input style="width: 95%; height: 25px;" type="text"/>

SERVICE SELECTION

<input type="checkbox"/> Conditional Payment Search (\$250 per DOL)	<input type="checkbox"/> Conditional Payment Rectification (\$500 per DOL)
<input type="checkbox"/> Medicine Part C Search (\$250 per DOL)	<input type="checkbox"/> Updated Conditional Part Search via Portal (\$100 per DOL)

CASE REFERRAL INFORMATION

Name of Referring Party <input type="text"/>	Name of Firm or Company <input type="text"/>	Phone # <input type="text"/>
Fax # <input type="text"/>	Address of Referring Party <input type="text"/>	E-mail <input type="text"/>

In order to communicate with CMS we will need:

1. Consent to Release (signed by Claimant);
2. Proof of Representation (signed by Claimant) or Carrier Consent Letter (signed by Adjuster)

For Conditional Payment Rectification we will also need:

1. Conditional Payment Letter/Printout;
2. List of Contested Dates of Service
3. Medical Records for Contested Dates of Service;
4. Copy of the Notice of Claim (Complaint for Liability), Voluntary Agreement, Settlement Document

PLEASE USE THIS SPACE FOR ADDITIONAL INFORMATION AND/OR SPECIAL HANDLING INSTRUCTIONS.

By signing this document, you hereby agree that this matter was referred to MSA Services, LLC for the sole purpose of completing the services requested above. You hereby acknowledge that MSA Services, LLC and Gregory F. Lisowski did not represent any of the parties in any legal capacity and that an attorney client relationship does not exist between MSA Services, LLC, Gregory F. Lisowski and any of the parties. By signing this agreement you are agreeing to pay for the services requested above, at the time of billing, whether or not the case settles or money is recovered.

Signature of Party Financially Responsible for Fees (Print Name Below)