MSA Services, LLC
The Leader In MSP Compliance

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LIABILITY / AUTO NO-FAULT REFERRAL FORM

PLAINTIFF'S INFORMATION

Plaintiff's Name (First , Middle, Last)	Date of Birth
Plaintiff's Address	**Plaintiff Phone #**
Plaintiff's Counsel Name, Address Phone #	**Medicare # (SSN if none)**

DEFENDANTS' INFORMATION

Name of Defendant 1	Name of Defendant 2	Name of Defendant 3
Defendant 1 Address	**Defendant 2 Address**	**Defendant 3 Address**
Name & Address of Defendant 1 Attorney	**Name & Address of Defendant 2 Attorney**	**Name & Address of Defendant 3 Attorney**

CLAIM INFORMATION

List All DOI Included in Settlement	Has Liability Been Accepted	List All Claimed Injuries	List All Disputed Aspects of Claim

INSURANCE INFORMATION

Insurer for Defendant 1	Insurer for Defendant 2	Insurer for Defendant 3
Address	**Address**	**Address**
Phone #	**Phone #**	**Phone #**
Fax #	**Fax #**	**Fax #**
Name of Adjuster	**Name of Adjuster**	**Name of Adjuster**
E-mail of Adjuster	**E-mail of Adjuster**	**E-mail of Adjuster**
Claim #	**Claim #**	**Claim #**

MEDICARE STATUS

☐ On SSDI & Medicare	☐ On SSDI but not Medicare	☐ SSDI Application or Appeal Pending	☐ Age 62 or older
Date of Medicare enrollment:			
Date of SSDI application:			
Date of SSDI approval:			

ADDITIONAL QUESTIONS

1. Is there a workers compensation claim involved?	☐ Yes ☐ No
2. Has the entire case been denied based upon a "no liability defense"?	☐ Yes ☐ No
3. Are we permitted to contact Plaintiff directly to secure the necessary authorizations?	☐ Yes ☐ No
4. Was there a pre-existing condition? (Please specify)	☐ Yes ☐ No
5. Were there any prior/subsequent claims for the same or similar injuries? (Please specify)	☐ Yes ☐ No
6. Has a judge or mediator placed a settlement value on the case? (Please specify)	☐ Yes ☐ No
7. Is surgery presently recommended? (Please specify)	☐ Yes ☐ No
8. Is the Claimant currently being prescribed medication related to claim?	☐ Yes ☐ No
9. What are the policy limits for each Defendant?	
10. Please explain legal or medical basis for denial?	

MSA SERVICE SELECTION

☐ MSA Allocation Only (No submission to CMS) COST: $1,250.00	☐ MSA Allocation w/ submission to CMS COST: $1,750.00

ADDITIONAL SERVICES

☐ Conditional Payments/ Medicare Lien Search COST: $250.00	☐ Conditional Payments Analysis & Reconciliation Cost $500.00
☐ Drafting of Settlement Release Language COST: $500.00	

ADMINISTRATION OF MSA

Please Specify		Type of MSA	
☐ Self-Administered	☐ Professionally Administered	☐ Lump Sum	☐ Structured

CASE REFERRAL INFORMATION

Name of Referring Party	Name of Firm or Company	Phone #
Fax #	**Address of Referring Party**	**E-mail**

In order for the analysis to be performed and submitted to CMS, you will need to provide us with a copy of the following documentation:

1. **<u>All</u> medical records for at least the last two years of treatment (complete set of records preferred).**
2. **<u>All</u> independent medical exam reports.**
3. **Pharmacy printout showing all prescription drugs taken over <u>last two years</u>.**
4. **Medicare card (if applicable).**
5. **Payment history from Workers Compensation insurer for <u>last two years</u> (if applicable).**
6. **Signed Consent to Release Form.**
7. **All rated ages from life or annuity company.**
8. **Documentation from professional administrator of MSA (if applicable).**

IF THE PLAINTIFF HAS BEEN ON MEDICARE AT ANY POINT DURING THE PENDANCY OF THE CLAIM, IT IS <u>STRONGLY RECOMMENDED</u> THAT A CONDITIONAL PAYMENTS LIEN SEARCH BE COMPLETED. PLEASE MAKE SURE YOU ELECT A CONDITIONAL PAYMENTS LIEN SEARCH ABOVE IF ONE IS DESIRED.

NOTES/SPECIAL HANDLING INSTRUCTIONS

(controverted issues, deadlines, mediation / court dates)

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.

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