American Settlement Corporation
www.AmerSettleCorp.com

Medicare Set-Aside Allocation Referral Form

Please send form and documentation to:
6445 Powers Ferry Rd., STE 195
Atlanta, GA 30339
Phone: 800-772-0677
Fax: 770-951-8575
www.AmerSettleCorp.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				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

(Row 1: Employer/Defendant — 1 — 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
- ☐ MSApex Allocation
- ☐ Medical Cost Projection
- ☐ SS/Medicare Status
- ☐ Complete MSA Allocation if SS verification determines that one is necessary
- ☐ 5-Day Rush
- ☐ Medicare Lien Investigation
- ☐ Medicare Lien Negotiation
- ☐ 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 physicans 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: