

SANDERSON FIRM REFERRAL FORM

Claimant/Injured Party Information

Claimant's First Name:

Date of Birth:

Claimant's Last Name:

Social Security No.:

Claimant's Address:

Gender:

City, State, Zip Code:

Claimant's Phone No.:

Claim Number:

Date of Injury:

Jurisdiction:

Medicare Eligible (Part A, Part B)*?

Applied/denied/received Social Security Disability (SSDI) Benefits*?

*If Medicare and SSDI status are unknown, please state "unknown"

Medicare Advantage (Part C) or Part D Eligible?

Employer Information

Employer Name:

Employer Address:

City, State, Zip Code:

Phone Number:

Carrier/Excess Carrier Information

Carrier/Excess Name:

Carrier Address:

City, State, Zip Code:

Phone Number:

Email Address:

Client/ Referring Party Information

Client First Name:

Client Last Name:

Company Name:

Address:

City, State, Zip Code:

Email address:

Phone Number:



Billable Party Information (if different than client/referring party information)

Client First Name:

Client Last Name:

Company Name:

Address:

City, State, Zip Code:

Phone Number:

Email Address:

Injury Type (check all that apply)

☐

Workers' Compensation

☐

General Liability

☐

No-Fault

Nature of Injury

Describe alleged injury in detail. Please also list any special requests:

Accepted Diagnosis with ICD code(s):

Denied/Pre-existing Conditions:

Defense Attorney

Attorney First Name:

Attorney Last Name:

Company Name:

Address:

City, State, Zip Code:

Phone Number:

Email Address:

Claimant Attorney

Attorney First Name:

Attorney Last Name:

Company Name:

Address:

City, State, Zip Code:

Phone Number:

Email Address:



DOCUMENTS SUBMITTED (check all that apply)

- ☐ Medical Records/IMEs for the past two years
- ☐ Prescription Listings to include drug names and dosage for the past two years
- ☐ Payment History Medical and Indemnity Printouts for the past two years
- ☐ First Report of Loss with description of injury
- ☐ Proposed Lump Sum Settlement Documents
- ☐ Applicable Legal Documents

WORK REQUESTED (check all that apply)

Medicare Set-Aside (MSA) Services:

- | | |
|---|--|
| <input type="checkbox"/> PreMSA | <input type="checkbox"/> Abbreviated MSA without Indemnification |
| <input type="checkbox"/> Workers' Compensation MSA (WCMSA) | <input type="checkbox"/> Legal Compromise MSA (LCMSA) |
| <input type="checkbox"/> Submission of MSA to CMS | <input type="checkbox"/> Future Medical Cost Projection (FMCP) |
| <input type="checkbox"/> Evidence-Based MSA (eMSA) | <input type="checkbox"/> Two-Day Rush Fee |
| <input type="checkbox"/> Indemnified MSA (iMSA) | <input type="checkbox"/> Five-Day Rush Fee |
| <input type="checkbox"/> Liability MSA (LMSA) | <input type="checkbox"/> Medical Mitigation |
| <input type="checkbox"/> Indemnified Liability MSA (iLMSA) | <input type="checkbox"/> Rated Age |
| <input type="checkbox"/> Zero Indemnified MSA | <input type="checkbox"/> Medicare Eligibility Verification |
| <input type="checkbox"/> Zero MSA without Indemnification | <input type="checkbox"/> Social Security Disability Verification |
| <input type="checkbox"/> Abbreviated MSA with Indemnification | <input type="checkbox"/> SSN/DOB Research |
| | <input type="checkbox"/> MSP Opinion Letter* |

*Please describe specifics of letter request in the additional comments section below.

Conditional Payment and Release Agreement Services:

- | | |
|---|--|
| <input type="checkbox"/> Conditional Payment Verification | <input type="checkbox"/> QIC Disputes / Appeals (Second Level) |
| <input type="checkbox"/> Conditional Payment Evaluation | <input type="checkbox"/> Administrative Law Judge (ALJ) Appeal (Third Level) |
| <input type="checkbox"/> Secure Final Demand/Confirmation of Case Closure | <input type="checkbox"/> Settlement Agreement Review |
| <input type="checkbox"/> CRC & BCRC Disputes / Appeals (First Level) | <input type="checkbox"/> Benefits Coordination |

Medicare Advantage/Prescription Drug Plan/Medicaid Lien Services:

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Lien Investigation | <input type="checkbox"/> Lien Demand |
| <input type="checkbox"/> Lien Evaluation | |

Please upload the referral and documents securely through our Records portal by clicking: [Upload Records-Sanderson Firm](#).
Please contact us if you have any questions.

Additional Comments or Instructions: