

Date Received:



332 Holly Hill Lane • Burlington, NC 27215 • Phone: (336) 270-5207 • Fax: (336) 270-5206

CASE REFERRAL FORM

Date of referral: _____

CLAIMANT/PLAINTIFF INFORMATION

Name (First, Middle, Last) _____ Date of Birth _____

Claimant Street Address _____ City _____

State _____ Zip Code _____ Social Security Number _____

Gender (Male/Female) _____ Telephone Number _____

CASE INFORMATION

Claim Number _____ State Jurisdiction _____ Date of Injury _____

Defendant/Employer/Insured Name _____

Defendant/Employer/Insured Address _____

Case Type: Workers' Comp Liability No-Fault Auto

SERVICE REQUESTED

MSA Future Medical Cost Projections Legal Nurse Consulting

Life Care Plan Life Care Plan Review

COMMENTS REGARDING SERVICE REQUESTED:

REFERRAL CONTACT & BILLING INFORMATION

Contact Name: _____ Telephone Number: _____

Fax Number: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Claim Administration Company:

Name: _____ Telephone Number: _____

Fax Number: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Insurance Company/Self Insured/State Fund:

Name: _____ Telephone Number: _____

Fax Number: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Billing information if different than referral contact information:

Contact Name: _____ Company Name: _____

Telephone Number: _____ Fax Number: _____

Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Attorney Information:

Defense Counsel Name: _____ Telephone: _____

Fax: _____ Email: _____

Defense Firm Name: _____

Defense Firm Address: _____ City: _____ State: _____ Zip: _____

Plaintiff Counsel Name: _____ Telephone: _____

Fax: _____ Email: _____

Plaintiff Firm Name: _____

Plaintiff Firm Address: : _____ City: _____ State: _____ Zip: _____

Structured Settlement Broker: _____ Telephone: _____

Fax: _____ Email: _____

Structured Broker Contact: _____

Broker Address: _____ City: _____ State: _____ Zip: _____

Please provide the following with your completed referral form:

- Completed Referral Form
- Initial notice of injury/police report/injury allegations and records from initial treatment
- Printed medical claims and indemnity payment history (minimum of last 2 yrs is required for MSA)
- All Medical records
- Medication and DME ledger history
- Signed Medicare and Social Security Releases
- Any rated ages obtained on life company letterhead (we can obtain if desired).

Please send completed forms to:

Concierge Medical and Risk Consultants
332 Holly Hill Lane
Burlington, NC 27215
Phone: 336-270-5207
Fax: 336-270-5206