



MSA ADVOCATES, INC.

Workers' Compensation Claim File Referral

State Jurisdiction of Workers' Compensation claim:

Carrier Claim Number:

Date Assigned:

Special Funds

Date of Loss:

Rated Age Possible:

Is claimant a Medicare beneficiary:

(Please check what is to be completed by MSA Advocates, Inc. for this referral and see attached for information that must accompany this referral sheet.)

Confirmation of Medicare Status:

Lien Search:

Medicare set aside allocation opinion:

PLEASE CHECK:

How to compute Medicare set aside allocation: State Fee Schedule: Usual and Customary Rate:

Structured Settlement Proposal completed to include Medicare set aside to present to claimant or attorney:
(May include annuity for Medicare set aside for cost savings) :

Section 32 Agreement Draft to include Medicare set aside language:

Approval of Medicare set aside from Medicare/CMS:

Compensable Injuries:

Compensation Rate per week: \$

Claimant First Name

Claimant Last Name

Date of Birth:

Social Security Number:

Is claimant a Minor ?

Gender

Claimant Address

City

State

Zip

Claimant Phone

Date: 01/15/2021

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MSA ADVOCATES, INC.

Claimant Attorney Name:

Claimant Attorney Address:

Claimant Attorney Phone number:

Claimant Attorney Fax number:

Insurance Company Name:

Insurance Company Address:

Claim Representative Name:

Claim Representative Phone number:

Claim Representative Fax:

Claim Representative Email Address:

Authority to settle file (range) (THIS MUST BE COMPLETED)

Notes

Please email this form to msaadvocates@msaadvocates.com or fax to 315-472-9304 or mail to the address below and MSA Advocates will contact you for the additional information needed to complete the Medicare set aside.

MSA Advocates, Inc, 505 East Fayette Street, Suite 214, Syracuse, New York 13202

Phone: (315) 472-7965 Fax: (315) 472-2616 Mobile: (315) 569-4242

Email Address: msaadvocates@aol.com

Date: 01/15/2021

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