



MSA ADVOCATES, INC.

Liability Claim File Referral

State Jurisdiction claim:

Carrier Claim Number:

Date Assigned:

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:

Acknowledgment/ Approval of Medicare set aside from Medicare/CMS:

Causally Related Injuries:

Did Injuries arise out of the use of a motor vehicle?

Claimant First Name

Claimant Last Name

Date of Birth:

Social Security Number:

Is claimant a Minor ?

Gender

Claimant Address

City

State

Zip

Claimant Phone

Claimant Attorney Name:

Claimant Attorney Address:

Claimant Attorney Phone number:

Date: 06/10/2016

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MSA ADVOCATES, INC.

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 mail or fax all information to: 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@msaadvocates.com***

Date: 06/10/2016

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WC Consultants, LLC