



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 Information

Carrier 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:

Workers' Compensation MSA (WCMSA)	Legal Compromise MSA (LCMSA)
Submission of MSA to CMS	Future Medical Cost Projection (FMCP)
Indemnified MSA (iMSA)	PreMSA
Liability MSA (LMSA)	Medicare Eligibility Verification Social
Indemnified Liability Medicare Set-Aside (iLMSA)	Security Disability Verification
Rush MSA (additional fee may apply)	Evidence-Based Medicare Set-Aside (eMSA)
MSP Opinion Letter*	

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

Conditional Payment and Release Agreement Services:

Conditional Payment Verification	CRC & BCRC Disputes/Appeals (First Level)
Conditional Payment Evaluation	QIC Disputes/ Appeals (Second Level)
Conditional Payment Update	Administrative Law Judge (ALJ) appeal (Third Level)
Secure Final Demand/Confirmation of Case Closure	Settlement Agreement Review

Medicare Advantage/Prescription Drug Plan/Medicaid Lien Services:

Lien Investigation	Lien Negotiation
Lien Evaluation	Lien Demand

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 Special Instructions: