



CCSI Medicare Services
6750 Hillcrest Plaza Drive, Ste 313
Dallas, TX 75230
(800) 743-2231 Fax (800) 743-3293
www.Contract-Claims.com

MSA Referral Form

Case Information

Claimant Name			Date of Birth
Address			Social Security Number
City	State	Zip Code	Date of Injury
Employer	WC Jurisdiction		Claim Number

Key Contact & Billing Information

Adjuster	Tel Number	E-Mail Address
Insurance Carrier/TPA	Address	
Defense Attorney	Tel Number	E-Mail Address
Defense Firm	Address	
Plaintiff Attorney	Tel Number	E-Mail Address
Plaintiff Firm	Address	
Provide copies of the allocation report to: <input type="checkbox"/> Carrier/TPA <input type="checkbox"/> Defense Attorney <input type="checkbox"/> Plaintiff Attorney <input type="checkbox"/> Other -		
Party responsible for bill	Billing Address	

File Information

Has the claimant applied for SSDI or is receiving SSDI?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Is the claimant currently a Medicare beneficiary?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Are there any controverted issues? If so, note below.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the claim been settled? If so, include the total settlement amount.	<input type="checkbox"/> Yes \$ _____ <input type="checkbox"/> No
Will the settlement include files for other DOI?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Notes/Special Handling

(controverted issues, deadlines, mediation/court date, etc.)
