



Carolina Case Management & Rehabilitation Services, Inc.

Please send completed form & documentation to:
 118 Wind Chime Court
 Raleigh, NC 27615
 Telephone: 919-846-9390 FAX: 919-846-4740
 www.carolinacasegmt.com

MEDICARE SET-ASIDE REFERRAL FORM

CASE INFORMATION

Injured Worker's Name (First, Middle Initial, Last)	Date of Birth
Address	Social Security Number
City, State, Zip Code	Date of Injury
Employer	Claim Number
Employer Address & Telephone	Employer Contact Name

KEY CONTACT & BILLING INFORMATION

<input type="checkbox"/>	Referring Party	Adjuster Name	Telephone Number	E-mail Address
		Insurance Carrier/TPA/Service Agent	Address	
<input type="checkbox"/>	Referring Party	Defense Attorney Name	Telephone Number	E-mail Address
		Defense Firm Name	Address	
<input type="checkbox"/>	Referring Party	Plaintiff Attorney Name	Telephone Number	E-mail Address
		Plaintiff Firm Name	Address	

Please provide copies of the allocation report to:							
<input type="checkbox"/>	Carrier/TPA/Service Agent	<input type="checkbox"/>	Defense Attorney	<input type="checkbox"/>	Plaintiff Attorney	<input type="checkbox"/>	Other
Party Responsible for Bill			Billing Address & Telephone Number (if different from above)				
<input type="checkbox"/>	Insurance Carrier	<input type="checkbox"/>	Referring Party				

FILE INFORMATION

1. Has the injured worker applied, denied and/or appealing; or receiving Social Security Disability payments? (If yes, please provide supporting documentation.)	yes	no	not known
2. Is the injured worker currently a Medicare Beneficiary?	yes	no	not known
3. Are there any controverted issues? If so, please note in box below.	yes	no	not known
4. Has this claim been settled?	yes	\$ _____	no
5. Has a rated age been obtained? If yes, please provide written documentation.	yes	no	not known
6. Who will be handling your CM submission?	Insurance Carrier/TPA/Service Agent Specialized Legal Counsel Other		
7. Please provide a payment history from the date of injury.			
<ul style="list-style-type: none"> Has the claim been settled? If so, please provide settlement papers and method of funding. 			

NOTES/SPECIAL HANDLING

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

Incomplete records or delayed receipt of the required documents may delay the processing of your file and may not serve your needs in a timely manner. We will notify you of any missing documentation upon receipt of the file. Carolina Case Management reserves the right to change service selection based on injury type and volume of records upon review and notification to referring party.