



Coventry Workers Comp' Services
Attention: IFMA
5130 Eisenhower Blvd – Suite 150
Tampa, FL 33634

Referral Form

Email: contactus@cvtly.com
Phone: (888) 987-2667 Fax: (866) 637-0470

ALL HIGHLIGHTED AREAS MUST BE COMPLETED

ACCOUNT MANAGER

CLAIMANT – LAST NAME		FIRST NAME		M.I.	M	F	MEDIATION OR COURT DATE	REFERRAL DATE/TIME	
ADDRESS							BILL TO (CARRIER, ATTORNEY, STRUCTURED SETTLEMENT BROKER)		
CITY		STATE	ZIP		BILL TO ADDRESS				
PHONE		SOCIAL SECURITY #			CITY		STATE	ZIP	
CLAIM #					CLIENT LOCATION CITY		CLIENT LOCATION STATE		
ST of JURISDICTION	WC	LIABILITY	STD	LTD	REFERRED BY (CLAIMS EXAMINER, ATTORNEY, STRUCTURED SETTLEMENT BROKER)				
DATE OF BIRTH		DATE OF INJURY			PHONE		EXT.	FAX	
CLAIMANT'S EMPLOYER		OCCUPATION			EMAIL ADDRESS				
EMPLOYER'S ADDRESS					ATTENDING PHYSICIAN			PHONE	
CITY		STATE	ZIP		CLAIMANT ATTORNEY'S NAME			PHONE	
DEFENSE ATTORNEY'S NAME			PHONE		CLAIMANT ATTORNEY'S E-MAIL			FAX	
DEFENSE ATTORNEY'S E-MAIL			FAX		CLAIMANT ATTORNEY FIRM NAME				
DEFENSE ATTORNEY FIRM NAME					CLAIMANT ATTORNEY ADDRESS				
DEFENSE ATTORNEY ADDRESS					CITY		STATE	ZIP	
CITY		STATE	ZIP		PHARMACY BENEFIT MANAGEMENT COMPANY (PBM)			PHONE	
IN SETTLEMENT	PROPOSED SETTLEMENT AMOUNT \$:		ACTUAL AGE	RATED AGE	STRUCTURED SETTLEMENT BROKERAGE (SSB) <small>(required for rated age)</small>			SSB PHONE	
SPECIAL INSTRUCTIONS/REQUESTS TO PROCESS REFERRAL					SSB CONTACT		SSB ADDRESS		
					SSB CITY		SSB STATE		SSB ZIP
ACCEPTED BODY PARTS/DIAGNOSIS									
DENIED BODY PARTS/DIAGNOSIS									
NON PLEAD BODY PARTS/DIAGNOSES (FOR EXAMPLE, PSYCHIATRIC CONDITIONS, ORTHOPEDIC CONDITIONS UNRELATED TO THE WC INJURY, CO-MORBID CONDITIONS)									

MSA RELATED SERVICES

OTHER SERVICES

Referral Request:

- Social Security Verification only (SSV)
- Medicare Set-Aside (includes SSV)
- Expedite Referral (5-10 business days)
- MSA w/Submission to CMS (per client approval)
- CMS Submission Only
- Drug Utilization Advisory (DUA)
- RX review

- Future Medical Cost Projection
- Conditional Payment Investigation (Lien)
- Conditional Payment Negotiation (Lien)
- Life Care Plan for Settlement
- Life Care Plan Review/Critique
- Medical Cost Projection to set reserves
- Limited Medical Cost Projection

DOCUMENT SUBMISSION INSTRUCTIONS:

***Life Care Plan & Medical Cost Projection:**

Need payouts (claims & pharmacy) and **all** available records.

***Life Care Plan Review:**

Need available medical records & life care plan to be reviewed.
 Payout sheets (if available).

***MSA Submission to CMS:**

Must have signed CMS release form and settlement information as well as the list of items for Medicare Set-Aside report.

***Conditional Payment Investigation/Negotiation (Lien)**

Must have signed CMS release form and settlement information

FOR OFFICE USE ONLY

Documents Attached:

- Medical Records
- Payout (most recent on file)
- Pharmacy Payout History
- Misc. _____

ALLEGRO#: _____

- Complete
- Incomplete
- Additional Records
- Unknown

If incomplete missing documents: _____

Intake Specialist: _____

Due Date: _____ Expedite: _____

**Documents needed to complete a Medicare Set-Aside (MSA),
Future Medical Cost Projection (FMCP) or Drug Utilization Advisory (DUA)**

Referral Form – It is important that the referral form be completely filled out. For an accurate analysis, we need to know the accepted or denied body parts. Please indicate also if the entire claim is denied. An Analyst will contact them (if necessary) to clarify this information. Where there are multiple dates of injury, please confirm co-defendants.

Initial Narrative Report (*AOE/COE, Primary Treating Physician's (PTP), Defense or Applicant QME*) – This report provides a complete history of the injury, the claimant's job title and duties. This information assists the Analysts in preparing a summary, which prefaces our narrative of treatment, and future medical care recommendations.

Subsequent Medical Reports – Include the most recent two years of medical reports from all treating sources. Additionally, any *surgery/operative reports, consultations, medical-legal (AME, QME, IME) and progress notes* from the treating physician (preferably legibly hand-written or typed.) These illuminate the progress of the treatment, and provide a timeline leading up to the final reports.

MMI, P&S, PIR, Final Evaluations - (PTP, Defense or Applicant QME, AME, IME) – These reports [normally] encapsulate the entire history of injury, treatment, review of medical reports, and articulate the disability status and recommendations for future medical treatment. **The future medical care analysis included in our allocation and projections depend upon these reports.**

Payout History – **A complete referral must include support for ALL medical and indemnity payments for the most recent two years for the particular claim (per CMS guidelines).** If the payment history includes coding for in-house accounting, please provide a “**key**” for these payment codes. Having this information will assist us to (1) confirm that certain procedures were completed, and (2) request any missing additional medical reports not already provided. If you identify amounts in the payment history with no support, please work with the Claims Examiner to obtain them. Completing this step will ensure that your referral is not ‘pending’ later on by Operations requesting additional information and potentially frustrating the customer and delaying the timely completion of the case. **Additionally, please provide your Pharmacy Benefit Management (PBM) detailed billing report, if applicable, so that we can identify all current prescription medications related to this work injury.**

KEY:

- QME – Qualified Medical Examiner/Evaluator – mostly California claims
- AME – Agreed Medical Examiner/Evaluator – mostly California claims
- IME – Independent Medical Examiner/Evaluator – mostly all other states – analogous to AME, however, used in California when appointed by the Workers' Compensation Appeals Board Judge (seldom)
- PTP – Primary Treating Physician – mostly California claims, other states may drop the “primary, “ and use “treating physician.”
- MMI – Maximum Medical Improvement – used globally
- PIR – Permanent Impairment Rating – mostly all other states
- P&S – Permanent and Stationary – mostly California claims
[These acronyms (MMI, PIR & P&S) are analogous to Final Evaluations.]
- AOE/COE – Arising out of Employment/Course of Employment – determines acceptance or denial of claim
- FCE – Functional Capacity Evaluation

Note: Acronyms will differ from state to state.

For additional information, please feel free to contact Coventry at **(888) 987-2667**