

Two Lakeway Center • Suite 400 • 3850 N. Causeway Blvd. • Metairie, LA 70002 • 504 831 2141 • 800 443 7351

## Referral Form

### Who Are You?

**To help facilitate the referral process, please specify your contact information:**

I am the       Plaintiff attorney                       Defense attorney                       Adjuster

Name: \_\_\_\_\_                      Email: \_\_\_\_\_

Phone: \_\_\_\_\_

### Service Options

**Please check all that apply:**

Conditional Payment (Lien) Search                       Conditional Payment (Lien) Negotiation (Dispute)

Consulting Services                       Medicare Set Aside (calculation of future medicals)

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**Please check all that apply, as known:**

Medicare    Medicare Number \_\_\_\_\_                      Effective Date: \_\_\_\_\_

Medicare - Part C Plan(s) - specify which ones (e.g., Humana, Peoples Health, etc):

    Plan Name \_\_\_\_\_                      Member No. \_\_\_\_\_

    Plan Name \_\_\_\_\_                      Member No. \_\_\_\_\_

\*Medicaid    Medicaid Number \_\_\_\_\_

Medicaid - Bayou Health Plans - specify which ones (e.g., Aetna Better Health, Amerigroup, UHC, etc):

    Plan Name \_\_\_\_\_                      Member No. \_\_\_\_\_

    Plan Name \_\_\_\_\_                      Member No. \_\_\_\_\_

Affordable Care Act Plans - State Exchange                      Member No. \_\_\_\_\_

Employer Group Health Plans

    Plan Name \_\_\_\_\_                      Member No. \_\_\_\_\_

### Claimant Information

Claimant Name: _____	Mailing Address: _____
Date of Birth: _____	City: _____
Date of Injury: _____	State/Zip: _____
*Gender: _____	*Phone Number: _____
SSN: _____	List affected body parts _____

### Injury Type

Traumatic Injury (e.g., Slip and Fall or Auto Accident)

Non-traumatic Injury (e.g., exposure, implantation, or ingestion of a substance)

Is this matter a       Workers' Comp                       Liability

### When is settlement/judgment expected?

Date of settlement/judgment expected?	<i>If in years, state an estimate of which year?</i>
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### Special Instructions

\*Required for Medicaid searches