

Specialty Allocations

Future Solutions Now

555 Winderley Place, Suite 300 Maitland, FL 32751
 Phone: (866) 881-4143 Fax: (321) 249-0277
 www.SpecialtyAllocations.com

REFERRAL FORM

REFERRAL INFORMATION:

Referral Date:		All Medicals, Payout & RX	Yes	No
REQUIRED DOCUMENTATION: Medical documentation needed in order to perform a complete analysis of this injury is 3-5 years of medicals and payout, 2 years of prescription drug payout inclusive of NDC codes, proposed settlement documentation, and Medicare card (if submitting for approval).				
Please check for RUSH CASE (3-5 Day Turnaround / Small Fee Applies)				

TYPE OF SERVICES REQUESTED: (Please Check All That Apply)

Workers' Compensation Case	Liability Case	MSA Report	Certified Life Care Plan
Lien Search	Home Assessment	Vocational Rehabilitation	Nurse File Review
Demand Package Reviews	Medical Cost Projection	Expert Testimony Witness	Senior Care Consulting
Peer Review	Professional Administration	Self Administration	

REFERRING PARTY:

ADJUSTER	PLAINTIFF ATTORNEY	DEFENSE ATTORNEY	OTHER:
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INJURED PARTY:

NAME	DOI	DOB
ADDRESS	CITY/ST/ZIP	PHONE
STATE OF JURISDICTION	SS#	MEDICARE#

EMPLOYER:

EMPLOYER NAME	PHONE
ADDRESS	CITY/ST ZIP

ADJUSTER:

CARRIER NAME	EMAIL
ADJUSTER NAME CLAIM#	PHONE FAX
ADDRESS	CITY/ST ZIP

PLAINTIFF ATTORNEY:

ATTORNEY	FIRM NAME
PHONE FAX	EMAIL
ADDRESS	CITY/ST ZIP

DEFENSE ATTORNEY:

ATTORNEY	FIRM NAME
PHONE FAX	EMAIL
ADDRESS	CITY/ST ZIP

STRUCTURED BROKER:

BROKER NAME	FIRM NAME
PHONE FAX	EMAIL
ADDRESS	CITY/ST ZIP

ADDITIONAL COMMENTS/NOTES:	How did you hear about us?
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