



MEDICARE SERVICES ASSIGNMENT FORM
(Workers' Compensation)

REQUESTED SERVICE (CHECK ALL THAT APPLY)

Medicare Set-Aside (MSA) Allocation	Platinum MSA Service (7-day Rush)	MSApex
Conditional Payment Claim Inquiry	Self-Administration Kit	Professional Administration

CASE INFORMATION

Claimant Name:		
Date of Birth:	SSN:	Gender (M/F):
Current Address:		
City:	State:	ZIP Code:
Telephone:	Injury Description:	
Date of Injury:		
Claim No:	Accident Location:	

EMPLOYER

Employer Name:		
Employer Address:		
City:	State:	ZIP Code:
Phone:	E-mail:	Fax:

INSURER

Adjuster Name:		
Insurer Name:		
Insurer Address:		
City:	State:	ZIP Code:
Phone:	E-mail:	Fax:

DEFENSE ATTORNEY

Attorney Name:		
Firm Name:		
Mailing Address:		
City:	State:	ZIP Code:
Phone:	E-mail:	Fax:

PLAINTIFF ATTORNEY

Attorney Name:		
Firm Name:		
Mailing Address:		
City:	State:	ZIP Code:
Phone:	E-mail:	Fax:

CASE INFORMATION CONTINUED

Has Claimant applied for or received Social Security Disability Income?

Is the Claimant currently a Medicare beneficiary?

Has MMI been established?

Has a proposed settlement been reached?

If yes, what is the proposed settlement value?

Does this amount include the MSA?

What diagnoses and/or body parts are accepted on this claim?

What diagnoses and/or body parts are denied or disputed on this claim?

AUTHORIZED TREATING PHYSICIANS

AUTHORIZED PRESCRIPTIONS / DRUGS

REQUIRED DOCUMENTATION

- ✓ The First Report of Injury
- ✓ Most recent 2 years of medical records
- ✓ Most recent 2 years of medical and indemnity payment (expense) ledgers
- ✓ Most recent 2 years of prescription history / records
- ✓ Consent / Release forms signed by the injury party

ADDITIONAL INSTRUCTIONS / COMMENTS

PLEASE RETURN COMPLETED FORM AND DOCUMENTATION TO:

James E. Logan & Associates
27750 Middlebelt Road, Suite 100
Farmington Hills, MI 48334
(248) 865-3905 FAX

Email to: info@logansettlements.com

If you have any questions, please contact us at (248) 865-3900.