James E. Logan & Associates
SETTLEMENT CONSULTANTS

Medicare Services Assignment

PLEASE SPECIFY THE SERVICES YOU ARE REQUESTING AND COMPLETE THE FORM ON PAGE 2.

- ☐ Determine whether a Medicare Set-Aside (MSA) requires approval by the Centers for Medicare & Medicaid Services (CMS).
- ☐ Gather data, estimate MSA proposal amount and report recommendations.
- ☐ Obtain CMS approval of MSA proposal.
- ☐ Establish a claim record with CMS in order to generate a Medicare conditional payment letter.
- ☐ Prepare a comprehensive life care plan (CMS rarely requires a life care plan).
- ☐ Prepare a comprehensive analysis of the cost of future care (generally provided for reserving purposes).
- ☐ Verify Social Security status and obtain benefit information.

IF YOU HAVE REQUESTED OUR MSA SERVICES, THE FOLLOWING MATERIAL IS REQUIRED:
(CMS issues specific and inflexible requirements for MSA proposals. Failure to comply with all requirements could result in delays and/or the return of the incomplete proposal.)

- ❑ Completed and signed *Consent to Release* form.
- ❑ The First Report of Injury.
- ❑ A recent report from the primary treating physician (or, if no recent treatment, an IME report) describing the current medical condition, diagnosis, treatment and a statement of specific medical services and treatment expected in the future, with comments concerning the frequency and duration of the future services and treatment.
- ❑ All medical reports and records covering the last two years of treatment and any case management reports prepared during the last two years of treatment.
- ❑ A pharmacy report listing the prescriptions the insurer has been paying over the last two years, including dosages, quantity, frequency, and cost.
- ❑ Provide the date and nature of all surgical procedures and major medical events that have taken place since the accident date. If possible, include relevant reports.
- ❑ A copy of the payment (expense) ledger listing all medical and indemnity payments made by insurer/TPA for the most recent two years, including payee name, amount of payment and date of payment. If the ledger is coded, please include an explanation of the codes.
- ❑ Any documentation of Maximum Medical Improvement (MMI), impairment ratings, and verification that the claimant's condition is stable and documentation of the extent of partial or total limitations of disability.
- ❑ Expert depositions or any documentation of an injury that is being disputed or compromised (e.g. a medical condition not related to the job injury).

IF YOU HAVE REQUESTED OUR MSA SERVICES, PLEASE ANSWER THE FOLLOWING:

Has Claimant applied for or received Social Security Disability Income?	Yes	☐	No	☐	Unknown	☐
If yes, when did the claimant begin receiving SSDI benefits? _____						
Is the claimant currently a Medicare beneficiary?	Yes	☐	No	☐	Unknown	☐
Has MMI been established?	Yes	☐	No	☐	Unknown	☐
Has a settlement been reached?	Yes	☐	No	☐	Unknown	☐

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ADDITIONAL INSTRUCTIONS/COMMENTS: _____

_____

_____

CLAIMANT

Name: _____
Date of Birth: _____ SSN: _____
Telephone: _____ SEX: M ☐ F ☐
Address: _____
City/State/Zip: _____
Date of Injury: _____
Description of Injury: _____
City and State Where Injury Occurred: _____
Claim No.: _____
Estimated Settlement Value: _____ (Does this amount include the MSA? Yes ☐ No ☐)

EMPLOYER

Contact Name: _____
Company Name: _____
Address: _____
City/State/Zip: _____
Email: _____ Tele. No.: _____ Fax No.: _____

ADJUSTER

Adjuster Name: _____
Insurer/TPA: _____
Address: _____
City/State/Zip: _____
Email: _____ Tele. No.: _____ Fax No.: _____

ATTORNEYS

Claimant Attorney: _____
Firm Name: _____
Address: _____
City/State/Zip: _____
Email: _____ Tele. No.: _____ Fax No.: _____
Employer Attorney: _____
Firm Name: _____
Address: _____
City/State/Zip: _____
Email: _____ Tele. No.: _____ Fax No.: _____