



<b>MEDICARE SERVICES ASSIGNMENT FORM</b>		
(Workers' Compensation)		
<b>REQUESTED SERVICE (CHECK ALL THAT APPLY)</b>		
Medicare Set-Aside (MSA) Allocation	Platinum MSA Service (7-day Rush)	MSApex
Conditional Payment Claim Inquiry	Medical Cost Projection	Professional Administration

<b>CASE INFORMATION</b>			
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:		
<b>EMPLOYER</b>			
Employer Name:			
Employer Address:			
City:	State:	ZIP Code:	
Phone:	E-mail:	Fax:	
<b>INSURER</b>			
Adjuster Name:			
Insurer Name:			
Insurer Address:			
City:	State:	ZIP Code:	
Phone:	E-mail:	Fax:	
<b>DEFENSE ATTORNEY</b>			
Attorney Name:			
Firm Name:			
Mailing Address:			
City:	State:	ZIP Code:	
Phone:	E-mail:	Fax:	
<b>PLAINTIFF ATTORNEY</b>			
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**

28175 Haggerty Road  
Novi, MI 48377  
(248) 865-3905 FAX

Email to: [info@logansettlements.com](mailto:info@logansettlements.com)

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