



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

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?

REQUIRED DOCUMENTATION FOR CONDITIONAL PAYMENT INQUIRY

✓ Documentation of injury specific to this case

✓ Letter of Authority from insurer

REQUIRED DOCUMENTATION FOR MSA / MCP

✓ 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 may be also be required

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

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