

CMS Referral Request Worksheet

1. General Information

Case Type: Workers' compensation

State of Jurisdiction: Connecticut Other: _____

Date of Injury/Illness: Note, if more than one date of injury or illness provide specific details as to nature of injury/illness, which the responsible insurance carrier(s)/employer/defendants are and how the settlement proceeds are allocated to each injury or illness.

Body Part(s)/System(s) to be included in the WCMSA:

Body Part(s)/System(s) to be excluded from the WCMSA (which have been disclaimed, a finding and dismissal entered as to that body part/system, or is medically determined to exist prior to the work related injury or illness):

Claimant Name:

Address:

SSN/HICN:

Telephone:

Date of Birth:

Gender

Claimant's Attorney:

Address:

Telephone :

Employer Name:

Address:

Telephone:

Insurer:

Address:

Telephone:

Claim Number:

Employer/Insurer's Attorney:

Address:

Telephone:

2. Settlement

Total Settlement Amount:

If not yet known provide best estimate.

Proposed Settlement Date:

Indemnity Settlement Type: lump sum

structured. Please provide quotation summary

Medical Settlement Type: lump sum

structured. Please provide quotation summary

3. Medicare Entitlement

(Check appropriate box)

The Claimant *is* on Medicare (traditional Part A and/or B), Medicare Part C (Medicare Advantage Plan or Medicare Part D (Prescription drug). Indicate the month and year for each coverage. Note, Dates may differ per coverage part. If coverage dates not known check here .

Medicare Part A:

Medicare Part B:

Medicare Part C:

Medicare Part D:

Please provide a copy of the applicable Medicare card(s).

Claimant *is not* on Medicare but expected to be on: _____

do not know Claimant's Medicare status.

4. Social Security Disability Entitlement

- Claimant *is* receiving SSDIB benefits effective:_____
- Claimant has applied for SSDIB
- Claimant has applied but has been denied SSDIB and anticipates an appeal
- Claimant appealed and/or re-filed for SSDIB
- Claimant is 62½ years old
- Claimant has end stage renal disease but does not yet qualify for Medicare based on ESRD
- Claimant has Lou Gerig's disease (ALS)

5. Workers' Compensation Medicare Set-aside

A Workers' Compensation Medicare Set-aside (WCMSA) analysis is necessary as part of the submission to CMS if future medical services or prescription drug therapy charges are part of the settlement. Indicate:

- A WCMSA analysis has been completed within the last 4 months and is attached.
- I am requesting a WCMSA analysis be completed. Please download and submit the [Workers' Compensation Medicare Set-aside Request](#) form.

6. MSA Administration

- Self-administered
- Professional administered by:_____

7. Medicare Conditional Payments

If your client is on Medicare at the time of the settlement a Medicare conditional payment search and reconciliation must be undertaken.

- A Medicare Conditional Payment search has already been done and is not being requested as part of this service. Please indicate amount of Medicare conditional payments to be repaid: \$_____.
- I am requesting a Medicare Conditional Payment investigation and/or reconciliation be completed. Please download and submit the [Medicare Conditional Payment Request](#) form

8. Settlement Document Preparation

I will prepare my own settlement documents.

Settlement document preparation including Social Security offset language, Informed Consent as to Medical Costs and Notice of Consequences of Your Settlement forms are requested. Please download and submit the [Workers' Compensation Settlement Document Request](#) form.

