

Referral Request Form

NuQuest/Bridge Pointe provides all of the below services for both **Workers' Compensation** and **Liability Claims**

Please select the case type: **Workers' Compensation** **Liability**

MSA Allocation & Cost Projection Services

WC MSA I

Includes MSA allocation, Social Security and Medicare status determination, reporting to COBC to initiate Medicare Conditional Payment identification process, and determination of rated age life expectancy.

WC MSA II

Includes all aspects of MSA I above *plus* detailed projection of non-Medicare allowable costs to provide a total cost projection.

Non-Threshold WC MSA

MSA allocation for cases not meeting the CMS review thresholds. Includes determination of Rated Age Life Expectancy and recommendations for frequency and amount of periodic payments if a structured settlement is utilized.

Liability MSA

Provides an MSA allocation for incident related, Medicare allowable treatment for Liability cases. This service does not include Social Security/Medicare entitlement determination, COBC reporting or Conditional Payment Identification.

MCP with Free MSA

Apportions both Medicare allowable and non-Medicare allowable future injury related medical costs. Costs are calculated at WC reimbursement rates over the rated age life expectancy. Utilize to set reserves, obtain settlement authority or as a settlement tool now, and receive a free MSA Allocation within one year of the report completion date, if needed.

Low Dollar Settlement MSA

MSA Allocation for total settlements \$25,000 or less. Does not include Social Security and Medicare status determination, COBC reporting or conditional payment inquiry

Submission of MSA to CMS for Approval

Includes preparation of submission document and all required attachments, and ongoing communication with CMS throughout the review process.

Submission of \$0 Allocation to CMS for Approval

Includes preparation of submission document and supporting attachments requesting approval of a \$0 MSA allocation in disputed/denied cases, and ongoing communication with CMS throughout the review process.

Conditional Payment Services

Medicare Conditional Payment Investigation

Provides Social Security and Medicare status determination, reporting to Medicare and an estimate of Medicare conditional payments.

Medicare Conditional Payment Claim Negotiation

Includes a review of Medicare's claim and requests removal of any inappropriate claims

Additional Services

Rush Referral (MSA Allocation within 1-5 business days)

Social Security and Medicare Status Determination Only

Updating a MSA Allocation

If the finalization of a settlement is delayed, interim medical records are reviewed and the MSA allocation is updated if necessary.

Professional Administration

MSA Self Administration Support Program

Provides instruction manual, forms, contacts and other resources necessary for self-administration of a MSA account. Includes professional support via our toll-free Help Line for 1, 3 or 5 years following account activation. Available in English or Spanish.

MSA Custodial Account Administration

Professional administrator complies with CMS administration requirements for life of MSA account.

Medical Custodial Account

Professional administrator provides services to protect, conserve or extend settlement dollars post settlement through network access, discount pharmacy program, care coordination, bill review and payment. May be used in conjunction with a MSA account or stand alone.

Bridge Account

Bridges the gap between settlement and CMS approval of a self-administered MSA arrangement. Ensures that MSA funds are appropriately utilized; provides a mechanism to fully fund the MSA account should CMS require more than the amount originally proposed and provides documentation to CMS that the account has been fully funded in the amount approved by CMS.

Referral Information

Only information in red font is required

Date of referral: _____

Claimant Name _____ Claim # _____

Additional Claim # _____ Type of Claim :WC _____ Liability _____

Claimant Address _____ City _____ State _____ Zip _____

Claimant Phone Number _____

Diagnosis related to this claim _____

State of Jurisdiction _____ DOI _____

SSN _____ DOB _____

Employer/Insured _____

Address _____

Phone/Ext _____ E-mail Address _____

Referring Company _____

Referring Person _____ Phone/Ext _____ Fax _____

Referring Company Address _____

Referring Company E-mail Address _____

Payer information if different from Referral Company

Payer Company _____

Billing Address _____

Contact person authorizing service _____ Phone/Ext _____

Fax Number _____ E-mail Address _____

Attorney Information

Defense Counsel Name _____ Phone _____ Fax _____

Law Firm Name _____

Defense Counsel Address _____ City _____ State _____ Zip _____

Defense Counsel E-Mail Address _____

Plaintiff Counsel Name _____ Phone _____ Fax _____

Law Firm Name _____

Plaintiff Counsel Address _____ City _____ State _____ Zip _____

Plaintiff Counsel E-Mail Address _____

Complete this section for MSA allocation services

1. Are we permitted to contact the claimant's attorney (or claimant if not represented) to obtain necessary release of information? Yes No

2. Has a settlement agreement been reached? Yes No

If yes, list settlement amount: Total _____ (Please breakdown total below)

Medical _____ Indemnity _____ Attorney Fees _____

3. Has the settlement agreement been finalized and approved? Yes No

4. Is a structured settlement broker involved in this settlement? Yes No

If yes, list name of company _____ Phone _____

E-mail address _____ Fax _____

5. Is the account being professionally administered? Yes No

If yes, list professional administrator name (If other than NuQuest/Bridge Pointe) _____

Phone _____ Address _____

6. Is claimant currently receiving Medicare benefits? Yes No
7. Are there any known Medicare conditional payment claims? Yes No
8. Is claimant currently receiving Social Security Disability? Yes No
9. Is claimant currently receiving Medicaid benefits? Yes No
10. Is this or any portion of this claim disputed or controverted? Yes No
11. Was a Life Care Plan or Medical Cost Projection done? Yes No

12. List any known condition that is not related to the WC injury:

13. Additional comments:

Complete this section for MSA administration services

1. Has a MSA allocation been completed? Yes No In progress
2. If an MSA is being completed by a company other than NuQuest Bridge Pointe: Name of company _____
Phone _____
3. Check status of CMS approval of MSA:
 Approved Submitted and pending approval
 Not submitted but intent to submit Will not be submitted for approval
4. How will the MSA account be funded? Single lump sum Structured payments
5. How will the MSA administration fee be funded? Single lump sum Structured payments
6. Will a Medical Custodial Account be needed to administer all or part of the non-MSA funds?
 Yes No Request additional information

For allocation services, please forward the following with your completed referral form:

- () Completed referral form
- () Initial notice of injury and records for initial treatment
- () Printed medical claims and indemnity payment history (Last 2 years unless treatment was limited, then last 5 years)
- () Medical records (Last 2 years unless treatment was limited, then last 5 years)
- () Signed Medicare and Social Security Releases (we will pursue if not already obtained)
- () Significant hospital discharge summaries, admission history and physical reports
- () Medication and DME ledger/run
- () Rated age on life company letterhead (we will pursue if desired)

Please forward to: **NuQuest/Bridge Pointe**
P.O. Box 915619
Longwood, FL 32791-5619

Phone 866-858-7161
Fax 407-389-0299