



## Referral Request Form

NuQuest 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

**NuShield (Certified MSA)**

Confirms that all requirements under the MSP statute have been met while mitigating risk and cost. Includes a MSA and Professional Administration Services.

**Include Non-Medicare Allowable Items**

**Pre-MSA with Drug Regimen Review**

Includes comprehensive free pre-MSA review of pharmacy utilization and medical treatment; analysis of maximum potential savings in both; and significant savings on corresponding MSA if requested within two years. Offers Optional Physician Tele-Consult to review recommendations and secure acceptance with treating physician; conversion to full MSA upon request at no additional charge.

**e-MSA**

Includes MSA Allocation, Annuity and Administration quote in one report with optional integration with post-settlement administration.

**Include Non-Medicare Allowable Items**

**WCMSA**

Includes WC MSA, Social Security and Medicare status determination, reporting to COBC to initiate Medicare conditional payment identification process, detailed projection of non - Medicare allowable costs to provide a total cost projection and determination of rated-age life expectancy.

**Include Non-Medicare Allowable Items**

**Non-Threshold WC MSA**

WC MSA for claims that do not meet the CMS reviews thresholds. Includes determination of rated-age life expectancy and recommendations for frequency and amount of periodic payments if a structured settlement is utilized.

**Include Non-Medicare Allowable Items**

**Liability MSA**

Provides an MSA allocation for incident related, Medicare allowable treatment for liability cases. This service does not include Social Security entitlement/Medicare enrollment 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 within one year of the report completion date, if needed.

**Low Dollar Settlement MSA**

MSA for total settlements \$25,000 or less. Does not include Social Security entitlement and Medicare enrollment 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.

**Medical Bridge Account**

Cost effective settlement tool expediting the resolution of the medical portion of a claim.

### 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 1-3 business days)

**Social Security and Medicare Status Determination Only**

**Amendment of MSA completed by another vendor**

**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.



**Referral Information**  
*Only information bolded is required*

**Date of Referral:** \_\_\_\_\_

**Claimant Name:** \_\_\_\_\_ **Claim Number:** \_\_\_\_\_

Additional Claim # and DOI: \_\_\_\_\_

**Type of Claim:** WC:  Liability:

Claimant Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Claimant Phone Number: \_\_\_\_\_

**Compensable diagnosis/diagnoses:** \_\_\_\_\_

List any disputed/denied conditions: \_\_\_\_\_

**State of Jurisdiction:** \_\_\_\_\_ **DOI:** \_\_\_\_\_

**SSN:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Employer/Insured:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

Phone/Ext: \_\_\_\_\_ **E-Mail Address:** \_\_\_\_\_

**Referring Company:** \_\_\_\_\_

**Referring Person:** \_\_\_\_\_

Phone/Ext: \_\_\_\_\_ **Fax:** \_\_\_\_\_

Referring Company Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Referring Company E-Mail Address: \_\_\_\_\_

**Payer information if different from Referral Company**

Payer Company: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact person: \_\_\_\_\_ Phone/Ext: \_\_\_\_\_

Fax Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**Carrier Information**

Carrier Name: \_\_\_\_\_

Carrier Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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 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

List any know condition that is not related to the WC injury: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

**Complete this section for MSA administration services**

1. Has a MSA allocation been completed?  Yes  No
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 submit for approval
4. How will the MSA account be funded?  Single lump sum  Structured payment
5. How will the MSA administration fee be funded?  Single lump sum  Structured payment
6. Will a Medical Custodial Account be needed to administer all of 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**  
**P.O. Box 915619**  
**Longwood, FL 32791-5619**

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