

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 951539
Lake Mary, FL 32795

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