

## 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

**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.

**MSA II**

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

**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 Identification**

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

**Medicare Conditional Payment Claim Investigation**

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**