



# MSA Services

10809 Executive Center Dr., STE.105, Little Rock, AR 72211  
Tel. 501.227.5553 or 800.822.2680 / Fax. 501.227.8362

## REFERRAL FORM

### CASE INFORMATION

Claimant Name (First, Middle Initial, Last)			Date of Birth
Address			Date of Injury
City	State	ZIP	Social Security Number
Defendant/Insured	Claim Number		Med Reserve Amount

### REFERRING PARTY

Adjustor/Attorney Name	
Company/Firm	
Address	
City/State/Zip	
Phone	Email

### INVOICE FOR MSA SERVICES TO:

<input type="checkbox"/> Same as referring party noted above. (If different from referring party please fill in information below:)	
Name	
Company	
Address	
City/State/Zip	
Phone	Email

### ICD-9 CODES (Enter all ICD-9 codes used when this claim was reported to Medicare.)

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### SOCIAL SECURITY STATUS

	Yes	No	Not Known
Has claimant applied for Social Security Disability Benefits (SSDI)?			
Has claimant been denied SSDI?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is claimant appealing SSDI denial?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has claimant been awarded SSDI, but not receiving benefits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is claimant now receiving SSDI benefits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is claimant now covered by Medicare?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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Has claim been settled?  Yes  No

If settled, amount: \$

Where do you want Systemedic to send copies of the completed MSA Report?

Name \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

Title \_\_\_\_\_

Company \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

City/State/Zip \_\_\_\_\_

At referral, please include the following documents:

- File Medical Records
- First Report of Injury
- Previous three years of medical claims payment history (if claim is less than 3 yrs. old, send all to date)
- Previous three years medications (if claim is less than 3 yrs. old, send all to date)
- List of any Durable Medical Equipment in last two years
- General CMS Release Form (if available)
- Social Security Release Form (if available)

If you are in Little Rock and would like Systemedic to copy your file for you, please indicate here:

- YES, I want Systemedic to copy my file. (Call Systemedic at 501-227-5553 to schedule.)
- NO, I will provide copies of my file with this referral.

When referral form is completed, please use one or more of the forwarding methods below:

- Fax form to the attention of MSA Services at 501.227-8362, if medical records are to follow separately.
- Call Systemedic at 227.5553 (if in the Little Rock area) for courier pick-up, if medical records are included.
- Mail via US First Class, FedEx, or UPS to:

Systemedic Corporation  
 MSA Services  
 10809 Executive Center Drive, STE. 105  
 Little Rock, AR 72211  
 501.227.5553

NOTES, SPECIAL HANDLING (Hearing dates, controverted issues, specific requests, etc.)

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