MEDICARE SERVICES ASSIGNMENT FORM
(Workers' Compensation)

REQUESTED SERVICE (CHECK ALL THAT APPLY)	
Medicare Set-Aside (MSA) Allocation	Platinum MSA Service (7-day Rush)
Conditional Payment Claim Inquiry	Medical Cost Projection

CASE INFORMATION		
Claimant Name:		
Date of Birth:	SSN:	Gender (M/F):
Current Address:		
City:	State:	ZIP Code:
Telephone:	Injury Description:	
Date of Injury:		
Claim No:	Accident Location:	
EMPLOYER		
Employer Name:		
Employer Address:		
City:	State:	ZIP Code:
Phone:	E-mail:	Fax:
INSURER		
Adjuster Name:		
Insurer Name:		
Insurer Address:		
City:	State:	ZIP Code:
Phone:	E-mail:	Fax:
DEFENSE ATTORNEY		
Attorney Name:		
Firm Name:		
Mailing Address:		
City:	State:	ZIP Code:
Phone:	E-mail:	Fax:
PLAINTIFF ATTORNEY		
Attorney Name:		
Firm Name:		
Mailing Address:		
City:	State:	ZIP Code:
Phone:	E-mail:	Fax:

CASE INFORMATION CONTINUED
Has Claimant applied for or received Social Security Disability Income?
Is the Claimant currently a Medicare beneficiary?
Has MMI been established?
Has a proposed settlement been reached?
If yes, what is the proposed settlement value?
Does this amount include the MSA?
What diagnoses and/or body parts are accepted on this claim?
What diagnoses and/or body parts are denied or disputed on this claim?

REQUIRED DOCUMENTATION FOR CONDITIONAL PAYMENT INQUIRY
✓   Documentation of injury specific to this case
✓   Letter of Authority from insurer

REQUIRED DOCUMENTATION FOR MSA / MCP
✓   The First Report of Injury
✓   Most recent 2 years of medical records
✓   Most recent 2 years of medical and indemnity payment (expense) ledgers
✓   Most recent 2 years of prescription history / records
✓   Consent / Release forms may be also be required

ADDITIONAL INSTRUCTIONS / COMMENTS

PLEASE RETURN COMPLETED FORM AND DOCUMENTATION TO:

Logan Settlement Services, LLC

28175 Haggerty Road
Novi, MI 48377
(248) 865-3905 FAX

Email to: info@logansettlements.com

If you have any questions, please contact us at (248) 865-3900.