

# FS Claim Solutions

## Referral Form



Electronic Referrals: [www.FrancoSignor.com](http://www.FrancoSignor.com)  
 Email Referrals: [Referrals@francosignor.com](mailto:Referrals@francosignor.com)  
 Mail or Fax Referrals: Franco Signor LLC  
 3647 Cortez Road West, Suite 100  
 Bradenton, FL 34210  
 Phone: 716.877.4677  
 Fax: 888.370.7030

### CLAIMANT INFORMATION

Claimant Name (First, Middle, Last)		Claimant Phone	Claimant DOB	Gender (M/F)
Claimant Mailing Address		Claimant City	State	Zip
Date(s) of Injury	Claim Number(s)	SSN#	Medicare HIC#	State Jurisdiction

Part(s) of Body Related to Injury

### KEY CONTACT & BILLING INFORMATION

<b>Referring Party</b>	Adjuster Name	Telephone #	Fax #	Email Address
	Insurance Carrier/TPA/Self-Insured/Other	Physical Address		City, State, Zip
	Billing Address - <i>if different from Physical Address or fax or email address</i>			
<b>Referring Party</b>	Defense Attorney Name	Telephone #	Fax #	Email Address
	Defense Firm Name	Physical Address		City, State, Zip
<b>Referring Party</b>	Plaintiff Attorney Name	Telephone #	Fax #	Email Address
	Plaintiff Firm Name	Physical Address		City, State, Zip
<b>Referring Party</b>	Employer/Insured Name	Employer/Insured Contact Name		Employer/Insured Email
	Employer/Insured Address	Employer/Insured City, State, Zip		Employer/Insured Phone

**Party Responsible for Bill:** Insurance Carrier/TPA Referring Party

**Insurance Type Selection:** Liability Workers Compensation Longshore Med-Pay/No-Fault/PIP

### SERVICES REQUESTED

<b>Medicare Set-Aside Services</b> MSA Allocation Report - Standard TAT 1Week Rush Revised MSA Allocation Report CMS Submission Rx Review Service Rx Peer to Peer Review Service Medication Oversight Services Future Medical Cost Projections (FMCP) Evidence Based MSA (EBMSA) Non-Submit MSA Pre-MSA	<b>Conditional Payment Management Services</b> BCRC/CRC Notification Medicare Eligibility Inquiry (MEI) SSDI Verification Conditional Payment Letter Search Conditional Payment Notice (CPN) Evaluation Conditional Payment Dispute/Appeal (CPL, CPN, or Demand Letters) Secure Final Demand Lien Resolution - Advantage Plan MediCaaid Part D
<b>Professional Administration Services</b> Professional Administration Services	<b>MSP Legal Services</b> Release/Settlement Agreement Review Medicare Secondary Payer (MSP) Opinion Letter

### Notes/Special Instructions

*This communication, including attachments, is for the exclusive use of addressee and may contain proprietary, confidential, or privileged information. If you are not the intended recipient, any use, copying, disclosure, dissemination or distribution is prohibited. If you are not the intended recipient, notify the sender immediately by return mail, deleted this communication, and destroy all copies.*