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## WORKERS' COMPENSATION REFERRAL

Date of Referral:

Email Referral To: [referrals@cobaltcp.com](mailto:referrals@cobaltcp.com)

Product Services Requested (check all that apply)	
<input type="checkbox"/> Medicare Set-Aside (MSA)	<input type="checkbox"/> MSA with Non-Medicare Covered Report
<input type="checkbox"/> MSA Rush Services (additional fees apply) : <input type="checkbox"/> 5 Business Days	<input type="checkbox"/> MSA Submission to CMS
<input type="checkbox"/> Medicare/SSDI Entitlement Verification	<input type="checkbox"/> MSA Estimate (cannot submit to CMS)
<input type="checkbox"/> Medicare Conditional Payments (check all that apply): <input type="checkbox"/> Identification	<input type="checkbox"/> Dispute
<input type="checkbox"/> Medical Cost Projection	<input type="checkbox"/> Resolution
<input type="checkbox"/> Drug Utilization Review	

Carrier/TPA/Self Insured: <input type="checkbox"/> Referring Party	Employee (Injured Party):
Company Name:	Name:
Adjuster Name:	Street:
Street:	City: State: Zip:
City: State: Zip:	Phone:
Phone:	SSN: HICN:
Email:	Date of Birth: <input type="checkbox"/> Male <input type="checkbox"/> Female

Employer: <input type="checkbox"/> Referring Party	Entitlement Status:
Company:	Eligible for Medicare*? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Address:	Entitled to SSDI*? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
City: State: Zip:	<i>*A consent form signed by the claimant is needed to conduct an Entitlement Search. Additional fees apply.</i>
Phone:	

Claim Information:	
Date of Injury:	Claim#: Jurisdiction: ( <input type="checkbox"/> DBA <input type="checkbox"/> Longshore <input type="checkbox"/> Jones Act)
Accepted Body Parts:	
Denied Body Parts:	
Source and Date of Denial:	

Claimant Attorney: <input type="checkbox"/> Referring Party	Defense Attorney: <input type="checkbox"/> Referring Party
Firm:	Firm:
Attorney:	Attorney:
Street:	Street:
City: State: Zip:	City: State: Zip:
Phone:	Phone:
Email:	Email:

Structured Settlement Broker Information: <input type="checkbox"/> Referring Party	Other Important Information and/or Instructions:
Name:	
Firm:	
Phone: Email:	