



Please contact our Intake Team at 888-331-4941 or email: referrals@towermsa.com with questions concerning MSA referrals.

Claimant Information

Claimant's First Name	:	_____	Claimant's Last Name	:	_____
Carrier	:	_____	Claim Number	:	_____
Board Number	:	_____	Social Security Number	:	_____
DOB	:	_____	DOI	:	_____
Jurisdiction	:	_____			

Client Information

Client First Name	:	_____	Client Last Name	:	_____
Address	:	_____	City	:	_____
State	:	_____	Zip Code	:	_____
Phone Number	:	_____	Ext.	:	_____
Fax Number	:	_____	Email Address	:	_____

Defense Attorney

Attorney First Name	:	_____	Attorney Last Name	:	_____
Address	:	_____	City	:	_____
State	:	_____	Zip Code	:	_____
Phone Number	:	_____	Ext.	:	_____
Fax Number	:	_____	Email Address	:	_____

Claimant Attorney

Attorney First Name	:	_____	Attorney Last Name	:	_____
Address	:	_____	City	:	_____
State	:	_____	Zip Code	:	_____
Phone Number	:	_____	Ext.	:	_____
Fax Number	:	_____	Email Address	:	_____

Other Information

Referring Adjuster	:	_____	Employer Name	:	_____
Employer Address	:	_____	Employer Contact	:	_____
Employer Email	:	_____			
Claimant's Counsel	:	_____	Defense Counsel	:	_____
Compensable Injury	:	_____	Denied Injury	:	_____
Information concerning proposed settlement	:	_____			



DOCUMENTS SUBMITTED

- MEDICAL RECORDS/IMES FOR THE PAST TWO YEARS
- PAYMENT PRINTOUTS FOR THE PAST TWO YEARS (INCLUDING PHARMACEUTICAL)
- FIRST REPORT OF LOSS
- PROPOSED LUMP SUM SETTLEMENT DOCUMENTS
- AVAILABLE LEGAL DOCUMENTS (Board documents and attorney's notes)

WORK REQUESTED

- MEDICARE SET-ASIDE ALLOCATION REPORT and LEGAL OPINION
- MEDICARE CONDITIONAL PAYMENT LIEN ANALYSIS
- OBTAIN CMS APPROVAL OF SETTLEMENT AND SET-ASIDE AGREEMENT
- SS/MEDICARE VERIFICATION

Additional Comments:

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