



LAW OFFICES OF

*Beverly Manley*  
& Associates, P.C.

### WORKERS' COMPENSATION INTAKE FORM

Complete the *Intake Form*, the *Disclosure/Confidentiality of Information Form SSA-3288*, and the *Representative Release Form*. These three forms may be emailed, faxed, or included in the assignment packet that is mailed to the above address.

#### CLAIMANT

Prefix:	First Name:	Middle Name:	Last Name:	Suffix:
Birth Date:	/ /	SSN:	- -	Sex:
E-Mail:	Carrier File No:			
Street:	City:	State:	Zip:	
Indemnity Benefit:	\$	MMI Date:	/ /	Injury Date(s):
Phone:				
SSDI Beneficiary:	Yes : No	Date Medicare Eligible:	/	Guardian Appointed:
Yes : No	State of Jurisdiction:			
Settlement Agreement:	\$			
Non-related work injury/condition:				
Description of work injury:				
Structured Settlement broker (if utilized):	Administrator:	Phone:		
Rehab Supplier Name:	Phone:	Email:		
Other Comments:				
Controverted Conditions:				
Employer Name:	Phone:			

#### CLAIMANT ATTORNEY

Prefix:	First Name:	Middle Name:	Last Name:	Suffix:
Firm Name:				
Street:	City:	State:	Zip:	
Email:	Phone:	FAX:		

#### ADJUSTOR

Prefix:	First Name:	Middle Name:	Last Name:	Suffix:
Carrier/TPA/Service Agent:				
Street:	City:	State:	Zip:	
Email:	Phone:	FAX:		

#### DEFENSE ATTORNEY

Prefix:	First Name:	Middle Name:	Last Name:	Suffix:
Firm Name:				
Street:	City:	State:	Zip:	
Email:	Phone:	FAX:		

#### WORKERS' COMPENSATION SERVICES – Check selected services

<input type="checkbox"/>	<b>Calculate MSA Allocation:</b> Includes medical treatment chronology; Tables based on rated ages; Table of non-Medicare covered medical services; Structured annuity quote.
<input type="checkbox"/>	<b>Calculate MSA/Pharmacy Drug Review:</b> Includes medical treatment chronology; Tables based on rated ages; Table of non-Medicare covered services; Pharmacy drug review; Structured annuity quote.
<input type="checkbox"/>	<b>Workers' Compensation Claim MSA Bundled Package:</b> Includes legal opinion of necessity of MSA; Completion of MSA; Conditional payment research/notice; MSA submission to CMS.
<input type="checkbox"/>	<b>Expedited Service: with completion of MSA Allocation within 5 business days. (Additional Fee Applies)</b>
<input type="checkbox"/>	<b>Revision of MSA: Include Pharmacy Drug Review</b> <input type="checkbox"/>
<input type="checkbox"/>	<b>Determination of need for a Set-Aside Arrangement, with Verification of Insured's SSDI and Medicare status.</b>
<input type="checkbox"/>	<b>Medicare Recovery Claim Research / Notice:</b> No legal argument for compromise / waiver.
<input type="checkbox"/>	<b>Request for Approval of Waiver of MSA (\$0) to CMS.</b>
<input type="checkbox"/>	<b>Submission of completed MSA to CMS for approval of settlement and set aside arrangement.</b> Final payment is due at the time of CMS submission.
<input type="checkbox"/>	<b>Compromise of Medicare's Conditional Payment - Request MSPRC removal of inappropriate claims.</b>
<input type="checkbox"/>	<b>Pharmacy drug review prior to any other services.</b>
<input type="checkbox"/>	<b>Medical Cost Projection to set reserves or value future claims costs.</b>