



LAW OFFICES OF

*Beverly Manley*  
& Associates, P.C.

### 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"/>	Make determination if set-aside arrangement is indicated by verifying insured's SSDI and Medicare status.
<input type="checkbox"/>	Calculate MSA Allocation for future medical care with settlement language.
<input type="checkbox"/>	Medical Cost Projection with option to convert to MSA
<input type="checkbox"/>	Expedited Service (5 day RUSH) for completion of MSA
<input type="checkbox"/>	Revision of MSA
<input type="checkbox"/>	Recovery Claim Search / Notice: No legal argument for compromise / waiver.
<input type="checkbox"/>	Request for Waiver of MSA to CMS
<input type="checkbox"/>	Submit to CMS for approval of settlement and set aside arrangement. Payment of final fee is due upon submission to CMS for approval. Any revisions to the proposal to CMS will be completed at negotiated rate.
<input type="checkbox"/>	Workers' Compensation Claim MSA Bundled Package: Includes legal opinion of necessity of MSA, conditional payment research/notice, completion of MSA, and submission to CMS

#### OTHER SERVICES

<input type="checkbox"/>	Compromise or Waiver of Medicare's Conditional Payment – Request MSPRC removal of inappropriate claims
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