maps | Lien Resolution Services

Two Lakeway Center
3850 N. Causeway Blvd Ste. 400
Metairie, LA 70002
Phone: 504.831.2141
800.443.7351
Fax: 504.837.2566
800.878.5080
www.mapsLRS.com

Referral Form

Who Are You?

To help facilitate the referral process, please specify your contact information:

I am the ☐ Plaintiff attorney ☐ Defense attorney ☐ Adjuster

Name: _____ Email: _____

Phone: _____

Service Options

Please check all that apply:

☐ Conditional Payment (Lien) Search ☐ Conditional Payment (Lien) Negotiation (Dispute)

☐ Consulting Services ☐ Medicare Set Aside (calculation of future medicals)

Please check all that apply:

☐ Medicare Medicare Number _____ Effective Date: _____

☐ Medicare - Part C Plan(s) - specify which ones (e.g., Humana, Peoples Heatlh, etc):

Plan Name_____ Member No. _____

Plan Name_____ Member No. _____

☐ Medicaid Medicaid Number _____

☐ Medicaid - Bayou Health Plans - specify which ones (e.g., Aetna Better Health, Amerigroup, UHC, etc):

Plan Name_____ Member No. _____

Plan Name_____ Member No. _____

☐ Affordable Care Act Plans - State Exchange Member No. _____

☐ Employer Group Health Plans

Plan Name_____ Member No. _____

Claimant Information

Claimant Name: _____ Mailing Address: _____

Date of Birth: _____ City: _____

Date of Injury: _____ State/Zip: _____

SSN: _____ List affected body parts _____

Injury Type

Traumatic Injury (e.g., Slip and Fall or Auto Accident)

Non-traumatic Injury (e.g., exposure, implantation, or ingestion of a substance)

Is this matter a ☐ Workers' Comp ☐ Liability

When is settlement/judgment expected?

Date of settlement/judgment expected? *If in years, state an estimate of which year?*

Special Instructions

_____

_____

_____