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## LIABILITY REFERRAL FORM

Date of Referral: **September 5, 2017**

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 Estimate (cannot submit to CMS)
<input type="checkbox"/> Medicare/SSDI Entitlement Verification	<input type="checkbox"/> 3 Business Days
<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	
<input type="checkbox"/> MSA Submission to CMS (limited availability based on the CMS Regional Office)	

Insurance Company Issuing Settlement Funds: <input type="checkbox"/> Referring Party	Plaintiff (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

Insured: <input type="checkbox"/> Referring Party	Entitlement Status:
Name:	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:
Accident Description:		
Injuries Associated with this Claim:		

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