



**MEDICARE SERVICES
ASSIGNMENT FORM
(PIP / NO-FAULT)**

REQUESTED SERVICE (CHECK ALL THAT APPLY)	
Medicare Set-Aside (MSA) Allocation	Platinum MSA Service (7-day Rush)
Conditional Payment Claim Inquiry	Medical Cost Projection (MCP)

CASE INFORMATION		
Claimant Name:		
Date of Birth:	SSN:	Gender (M/F):
Current Address:		
City:	State:	ZIP Code:
Phone:	Injury Description:	
Date of Injury:		
Claim No:	Accident Location:	
INSURED (IF DIFFERENT THAN CLAIMANT)		
Policy Holder Name:		
Address:		
City:	State:	ZIP Code:
Phone:	Policy No.:	
INSURER		
Adjuster Name:		
Insurer Name:		
Insurer Address:		
City:	State:	ZIP Code:
Phone:	E-mail:	Fax:
DEFENSE ATTORNEY		
Attorney Name:		
Firm Name:		
Mailing Address:		
City:	State:	ZIP Code:
Phone:	E-mail:	Fax:
PLAINTIFF ATTORNEY		
Attorney Name:		
Firm Name:		
Mailing Address:		
City:	State:	ZIP Code:
Phone:	E-mail:	Fax:

CASE INFORMATION CONTINUED

Has Claimant applied for or received Social Security Disability Income?

Is the Claimant currently a Medicare beneficiary?

Has Maximum Medical Improvement been established?

What is the PIP coverage limit for this claim?

Has a proposed settlement been reached?

If yes, what is the proposed settlement value?

Does this amount include an allocation (MSA) for future medical treatment otherwise covered by Medicare?

What diagnoses and/or body parts are accepted on this claim?

What diagnoses and/or body parts are denied or disputed on this claim?

REQUIRED DOCUMENTATION FOR CONDITIONAL PAYMENT INQUIRY

- ✓ Consent to Release from Claimant
- ✓ Letter of Authority from Insurer
- ✓ Documentation of injury specific to this case

REQUIRED DOCUMENTATION FOR MSA / MCP

- ✓ Most recent 2 years of medical records
- ✓ Most recent 2 years of medical payment (expense) ledgers
- ✓ Most recent 2 years of prescription history / records
- ✓ Consent / Release forms may be also be required for MSA assignments

ADDITIONAL INSTRUCTIONS / COMMENTS

PLEASE RETURN COMPLETED FORM AND DOCUMENTATION TO:

Logan Settlement Services, LLC

28175 Haggerty Road
Novi, MI 48377
(248) 865-3905 FAX

Email to: info@logansettlements.com

If you have any questions, please contact us at (248) 865-3900.