

## CONDITIONAL PAYMENT REQUESTS FROM BCRC

(BCRC- Benefits Coordination & Recovery Center)

### DOCUMENTATION/INFORMATION NEEDED ON EVERY LIABILITY CASE:

#### Documents:

1. Attorney/Client Retainer Agreement
  - a. Must be on attorney letterhead or accompanied by a cover note on letterhead
  - b. Must be signed by the Beneficiary
  - c. Beneficiary's name and Medicare number must be printed at the top of the retainer
  - d. Must be signed or countersigned by the attorney
2. Letter of Authorization from the attorney (see attached)
3. Proof of Representation signed by Plaintiff (see attached)

If the injured party is not represented by an attorney, only the Letter of Authorization and Proof of Representation is needed.

#### Information:

- Beneficiary's name
- Date of birth
- Gender
- Address
- Telephone number
- Social Security number
- Date of injury
- Description of injury
- Type of claim (Liability: Bodily Injury, Med Mal, Product)
- List of accepted injuries/illnesses (ICD-10 codes if available)
- Attorney information (name, address, phone)



Evaluate. Negotiate. Resolve with confidence.

<b>Claimant:</b>	<b>Employer/ Defendant:</b>
<b>Date of Birth:</b>	<b>Employer Address:</b>
<b>SSN:</b>	<b>Insurer/TPA:</b>
<b>Date of Loss</b>	<b>Insurer/TPA Address:</b>
<b>Jurisdiction:</b>	<b>Adjuster:</b>
<b>Claimant Address &amp; Phone:</b>	<b>Adjuster Email: Phone:</b>
<b>Claimant Attorney:</b>	<b>Defense Attorney:</b>
<b>Attorney Address:</b>	<b>Def Attorney Address:</b>
<b>Attorney Phone:</b>	<b>Def Attorney Phone:</b>
<b>WC #:</b>	<b>Claim #</b>
<b>Description of Injury:</b>	
<b>Additional diagnoses related to Injury (ICD-10 Codes):</b>	

Please send Documents to:

**MEDVAL, 11350 McCormick Rd, Executive Plaza I Suite 405, Hunt Valley, MD 21031**

Alternatively, records can be sent securely through our online referral: <https://www.medval.com/online-referral/> or files may be emailed to [online referral@medval.com](mailto:online referral@medval.com).

Please email [BCRC@medval.com](mailto:BCRC@medval.com) with questions related to the conditional payment resolution. MEDVAL can also provide Indemnity Quotes and Post Settlement Trust Administration. Please call 888-SetAside or email [INFO@MEDVAL.COM](mailto:INFO@MEDVAL.COM) for more information.

**MEDVAL**

9256 Bendix Rd, Suite 304

Columbia, MD 21045

**T : 888-SET-ASIDE**

**E : [info@medval.com](mailto:info@medval.com)**

**[www.medval.com](http://www.medval.com)**