

CONDITIONAL PAYMENT REQUESTS FROM BCRC

(BCRC- Benefits Coordination & Recovery Center)

DOCUMENTATION/INFORMATION NEEDED ON EVERY WC CASE:

Documents:

Letter of Authorization signed by the Adjuster from the WC Insurance Carrier (document attached)

Information:

- Beneficiary's name
- Date of birth
- Gender
- Address
- Telephone number
- Social Security number
- Date of injury
- Description of injury
- List of accepted injuries/illnesses (ICD-10 codes if available)
- Employer information (name, address, phone)



Evaluate. Negotiate. Resolve with confidence.

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

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.

Please email 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 for more information.

MEDVAL

9256 Bendix Rd, Suite 304

Columbia, MD 21045

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www.medval.com