



Claimant:	Employer:	
Date of Birth:	Employer Address:	
SSN:	Insurer/TPA:	
Date of Injury:	Insurer/TPA Address:	
Jurisdiction:	Adjuster:	
Claimant Address:	Adjuster Email: Phone:	
Claimant Attorney:	Defense Attorney:	
Attorney Address:	Defense Attorney Address:	
Attorney Phone:	Defense Attorney Phone:	
WC #:	Estimated Settlement:	
Claim #:	Requested Services: (Please check all that apply)	<input type="checkbox"/> Workers' Compensation MSA <input type="checkbox"/> Liability MSA <input type="checkbox"/> ArmorMSA <input type="checkbox"/> Social Security Verification <input type="checkbox"/> Rated Age Request <input type="checkbox"/> Conditional Payment Resolution <input type="checkbox"/> Structured Settlement Quote <input type="checkbox"/> Medicare Advantage Plan Lien Negotiation <input type="checkbox"/> Post Settlement Administration <input type="checkbox"/> Other
Accepted Body Parts:		
Disputed Body Parts:	Special Handling Instructions:	

Required Documents:

- **For an MSA** - we need the **last 2 years of medical records** demonstrating active treatment along with a medical and prescription payment history. If you have any additional helpful records (IME, AME, UR, IMR, Court Orders, Applicable State Statutes, Hospital Discharge Records) please feel free to include those, as well.
- **For a Social Security Benefit Verification** - we need the proper release form signed. This release can be downloaded [here](#).
- **For Conditional Payment Resolution** - we need a letter of authorization, and a completed referral.

Please send documents to: MEDVAL, 23046 Avenida De La Carlota, Suite 270, Laguna Hills, CA 92653

Alternatively, records can be sent securely through our secure upload: <https://www.medval.com/secureupload> or files may be emailed to onlinereferral@medval.com.

The standard turnaround time is 10 business days. Please advise if an MSA report is needed sooner for a settlement conference or hearing.

All MSA reports come with a Rated Age and Annuity Quote. MEDVAL can also provide Indemnity Quotes and Professional Administration. Please call 888-SET-ASIDE or email info@medval.com for more information.

Referred By (Adjuster): _____ Referral Approved By (Manager): _____