

CONDITIONAL PAYMENT REQUESTS FROM MSPRC (MSPRC- Medicare Secondary Payor Recovery Contractor)

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-9 codes if available)
- Employer information (name, address, phone)

Conditional Payment Search

Claimant:	Employer/ Defendant:
Date of Birth:	Employer Address:
SSN:	Insurer/TPA:
Date of Loss	Insurer/TPA Address:
Claimant Address:	Adjuster:
Claimant 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-9 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 onlinereferral@medval.com.

Please email MSPRC@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.