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| <b>Claimant:</b>            | <b>Employer:</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:</b>    | <b>Adjuster Email:<br/>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>Estimated Settlement:</b>   |
| <b>Claim #:</b>             | <b>Please Check Requested Services:</b><br><b>WorkComp MSA</b><br><b>Liability MSA</b><br><b>Social Security Verification</b><br><b>Conditional Payment Resolution</b><br><b>Other</b> |
| <b>Accepted Body Parts:</b> |  |
| <b>Disputed Body Parts:</b> | <b>Special Handling Instructions:</b>  |

**Required Documents:**

- **For an MSA**, we will need the **last 3 active years of medical records along with a medical and prescription payment history**. If you have any older helpful records (IME, AME, Discharge Records) feel free to include those as well.
- **For a Social Security Benefit Verification**, we will need the proper release form signed. This release can be downloaded [here](#).
- **For Conditional Payment Resolution**, we will need the [MSPRC release packet](#) signed.

**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](mailto:onlinereferral@medval.com).

The standard turnaround time is 14 business days. Please advise is an MSA report is needed sooner for a Settlement Conference or a Hearing.

All MSA reports come with a Rated Age and Annuity Quote. 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.

Referred By (Adjuster): \_\_\_\_\_ Referral Approved By (Manager): \_\_\_\_\_