

Conditional Payment Negotiation and Resolution in a Liability Case

We are happy to assist in the resolution of conditional payments. In order for us to provide this service, please provide the following:

1. Completed Referral Form (Attached);
2. Proof of Representation Signed by the Claimant (Attached);
3. A Copy of the Original Retainer Agreement;
 - Please note the retainer agreement:
 - Must be on attorney letterhead or accompanied by a cover note on letterhead;
 - Must be signed by the beneficiary;
 - Beneficiary's name and Medicare number must be printed at the top of the retainer agreement (may be added after the fact); and
 - Must be signed or countersigned by the attorney.
4. Signed Letter of Authorization on Your Letterhead (Attached); (Also, available in a word document upon request from our team (info@medval.com).

In the event the Beneficiary does not have representation, **only item numbers 1 and 2** are needed. Once we have received the above, we will be able to start the process of resolving the conditional payments associated with your claim.

CONDITIONAL PAYMENT SEARCH

Claimant:	Employer/ Defendant:
Date of Birth:	Address:
SSN:	Insurer/TPA:
Gender:	Address:
Medicare No.:	Jurisdiction:
Date of Loss:	Adjuster:
Claimant Address:	Phone No.: Email:
Phone No.:	Claim No.:
Claimant Attorney:	Defense Attorney:
Address:	Address:
Phone No.:	Phone No:
Description of Injury:	
Additional diagnoses related to Injury: (ICD-9/ICD-10 Codes)	

Please send documents to either address: **MEDVAL, 23046 Avenida De La Carlota, Suite 270, Laguna Hills, CA 92653;**
or **MEDVAL, 9256 Bendix Road, Suite 304, Columbia, MD 21045.**

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

PROOF OF REPRESENTATION

I, _____ (print your name exactly as shown on your Medicare card) hereby authorize MEDVAL, LLC to act on my behalf with respect to my claim for liability, workers' compensation or no-fault insurance, including releasing identifiable health information or resolving any potential conditional payment that Medicare may have made if there is a settlement, judgment, award, or other payment. This may include furnishing conditional payment information and/or a recovery demand letter as well as addressing questions regarding the specific claims included in the conditional payment information, appeal requests or waiver of recovery requests.

Type of Medicare Beneficiary Representative:

(Check one below and then print the requested information)

(X) Beneficiary non-attorney representative: MEDVAL, LLC
Renee Helm
23046 Avenida de la Carlota, Suite 270
Laguna Hills, CA 92653
(949) 203-3021

() Attorney - Relationship to the Medicare Beneficiary: _____

() Guardian - Firm or Company Name: _____

() Conservator Address: _____

() Power of Attorney: _____

Medicare Beneficiary Information and Signature/Date:

Beneficiary's Name (please print exactly as shown on your Medicare card): _____

Beneficiary's Health Insurance Claim Number (number on your Medicare card): _____

Date(s) of Illness/Injury for which the beneficiary has filed a liability insurance, no-fault insurance or workers' compensation claim: _____

Beneficiary Signature: _____ Date signed: _____

Representative Signature/Date:

Representative's Signature: _____ Date signed: _____

ATTORNEY LETTERHEAD

LETTER OF AUTHORIZATION

Date

BCRC - NGHP
BCRC Auto/Liability
P.O. Box 138832
Oklahoma City, OK 73113

Re: Claimant:
HIC (Medicare number):
Date of Injury:
Agent:

MEDVAL, LLC
23046 Avenida de la Carlota, Suite 270
Laguna Hills, CA 92653
(949) 203-3021

To whom it may concern:

Please be advised that MEDVAL, LLC has been retained by **Attorney NAME** to act on our behalf with respect to the liability claim involving the above captioned beneficiary. This may include requesting conditional payment information and/or a recovery demand letter, addressing questions regarding the specific charges included in the conditional payment summary, requesting removal of unrelated claims as well as requesting appeals and/or waivers of recovery.

Please direct all questions related to this claim to MEDVAL, LLC at the address/phone number indicated above.

Very truly yours,

ATTORNEY/FIRM