

Conditional Payment Negotiation and Resolution in a Workers' Compensation Case

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

- Completed Referral Form (Attached);
- Signed Letter of Authorization on Your Letterhead (Attached); (Also available in a word document upon request from our team (info@medval.com)).

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.

INSURER LETTERHEAD

Date

Commercial Repayment Center - NGHP
PO Box 269003
Oklahoma City, OK 73126

Re: Claimant:
Medicare #/HICN:
Date of Injury:

Authorized 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 **INSURER NAME** hereby authorizes MEDVAL, LLC to act on our behalf with respect to the workers' compensation claim involving the above captioned Claimant. 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,

ADJUSTER/INSURER