



## Case Referral

<b><i>Insured</i></b>		
Name		
Social Security Number	Date of Birth	
Address		
Email	Phone	Cell
<b><i>Employer</i></b>		
Name		
Address		
Contact Name		
Phone	Cell Phone	Email
Accommodated work available? <input type="checkbox"/> yes † <input type="checkbox"/> no †		
<b><i>Claim</i></b>		
Diagnosis		
Date of injury/illness	†	Claim type -choose claim type-
Disability Status		
Jurisdiction	Claim Number	
<b><i>Treating Provider (Primary)</i></b>		<b><i>Treating Provider (Secondary)</i></b>
Name		Name
Specialty		Specialty
Address		Address
Phone		Phone
Cell		Cell
Email		Email
<b><i>Referral Company (For invoicing)</i></b>		
Name		
Address		
Contact's Name		
Phone	Cell	
Fax	Email	
<b><i>Defense Attorney</i></b>		<b><i>Plaintiff Attorney</i></b>
Name		Name
Address		Address
Phone		Phone
Cell		Cell
Fax		Fax



### Service(s) Request

*First, check your referral requests. Then go to the bottom of the page to access the online document upload of your referral. If you would prefer to fax, email or mail your records, contact information is at the bottom of this page. Lastly, press "submit" and your referral will be sent to NurseValue. Upon receipt a NurseValue will contact you of receipt, verify information and request additional information if necessary.*

- Legal Nurse Consulting**
  - Organize, page & tab with table of contents
  - Bates Stamp
  - Medical file summary (attorney work Product)

- Life Care Plan**
  - Full life care plan
  - Pricing research only
  - Procedure coding only

- Medical Cost Projection**
  - Procedure Specific
  - Other—please specify:

- Medicare Set Aside Allocation**
  - Allocation only
  - Allocation and Submission
  - Conditional payment search
  - Obtain rated age
  - Assist with assignment to administration service

- Nurse Case Management**
  - Field Case Management
  - Telephonic Case Management
  - Task Assignment

- Third Party Medical Bill Audit**

- Third Party Medical Record Audit**
  - Nurse
  - Other: please specify:

- Services provided based on consultant availability**
  - Mobile occupational health services
  - In-service education for your staff or presentation for your event(s)
  - Onsite evaluation of your files with service recommendations

**Specific Handling Instructions:**

**Don't see what you want?** Call (815-244-1330) and we will assist in finding your solution!

Upload your medical file

Submit your referral

*If you choose not to upload your medical file other contact information is available below.*

*Thank you for your referral to NurseValue!*