

FCM REFERRAL FORM



RUSH
REFERRAL



returning people
to work, to play, to life

Standard FCM Referrals (Med and Voc):
Email: FCM_Referrals@cvty.com
Phone: 866.445.7286
Fax: 800.396.2457

Specialty Referrals (Ergo, LNR, etc.):
Email: NCSU_Fax@cvty.com
Phone: 866.445.7286
Fax: 800.396.2457

ACCOUNT SALES MANAGER INFORMATION

First Name Last Name
Phone Cell Email

REFERRAL INFORMATION

Coventry Referral # (internal use only) Date of Referral
Referral Source (Name) Referral Source (Company Name)
Referral Source Address
City State Zip
Phone Fax Email
Billing Address (if different from address above)
City State Zip
Name of Adjuster if different from Referral Source Phone

CLAIMANT INFORMATION

First Name Last Name
SSN Date of Birth Gender: M F
Address
City State Zip Phone

CLAIM INFORMATION

Claim Number Date of Injury Claim Juris
Affected Body Part
Diagnosis

EMPLOYER INFORMATION

Program Name
Employer Contact Name
Client Job Title Average Weekly Wage Weekly Indemnity
Address
City State Zip Phone

PHYSICIAN/PROVIDER INFORMATION

Name
Address
City State
Zip Phone

ATTORNEY INFORMATION

Name
Address
City State
Zip Phone

SPECIAL INSTRUCTIONS

Approval to use DMEplus? Yes No

Case Type Referral Type

SUBMIT - FCM

SUBMIT - SPECIALTY

RESET