

LIFE CARE PLANNING SERVICES & MEDICAL COST PROJECTION FORM

Submit referral via the submit button on page 2

You may also send by:

Email: NCSU_Fax@cvty.com (Subject Line: LCP or MCP)

Phone: 888-348-3478 | Fax: 800-396-2457

Mail medical records to:

Regular mail:

Attn: FCM

PO Box 818032

Cleveland, OH 44181-9600

FedEx or UPS:

Attn: FCM – 2nd floor

4630 Woodland Corporate Blvd

Tampa, FL 33619

Email medical records to: emailmeds@cvty.com

* Required Fields

*LIFE CARE PLANNING SERVICES REQUESTED

- ☐ Medical Cost Projection (MCP) to Set Reserves (Referral code 54) ☐ Add DUA to MCP ☐ Rated Age Requested
- ☐ Life Care Plan (LCP) used for settlement purposes, expert testimony and costs are projected for lifetime (Referral code 53)
- ☐ Limited Medical Cost Projection (LMCP) for New Injuries, Specific Item
- ☐ Life Care Plan Review/Critique (LCPR) (Referral code 53) ☐ Quick Cost (Referral code 54 with label of Quick Cost)

ACCOUNT SALES MANAGER INFORMATION

First Name Last Name Location

Phone Cell Email

REFERRAL INFORMATION

Date of Referral Time of Referral

*Adjuster Name *Adjuster Phone *Email

*Bill to

City State Zip

Phone Fax Email

Contact information if different from the Adjuster

First Name Last Name

Phone Cell Email

CLAIMANT INFORMATION

*First Name *Last Name Employer

Occupation SSN *Date of Birth Gender ☐ M ☐ F

Address

City State Zip Phone

CLAIM INFORMATION

Account File #: *Date of Injury *WC Benefit State

Brief description of injury if available

*Line of Coverage ☐ WC ☐ Liability ☐ Auto ☐ No Fault ☐ STD/LTD ☐ Malpractice

*Accepted body parts/diagnosis

Denied/disputed body parts

Case Manager (CM) assigned? ☐ Y ☐ N

CM First Name CM Last Name

Phone Cell Email

PLAINTIFF ATTORNEY INFORMATION

Name
Firm
Address
City
State Zip Phone
FAX Email

DEFENSE ATTORNEY INFORMATION

Name
Address
City
State Zip Phone
FAX
Email

STRUCTURED SETTLEMENT BROKER (SSB) TO BE USED FOR RATED AGE

*If Rated Age is requested, the following information is required

Contact
Address
City State Zip
Phone FAX Email
Rated age already obtained ☐ Y ☐ N Rated age Actual Age
Case is in Settlement ☐ Y ☐ N Date Proposed Settlement amount: \$

FOR ACCOUNT SALES MANAGER ONLY, PLEASE SELECT DOCUMENTS REQUIRED

☐ Medical Records ☐ Medical Payouts History ☐ Pharmacy Payout History
☐ Other (please specify)
☐ Litigated Case ☐ Complete ☐ Incomplete ☐ Additional Records
☐ Call Adjuster to discuss
If incomplete, what documents are missing?
Due Date Expedite

SPECIAL INSTRUCTIONS

DOCUMENT SUBMISSION INSTRUCTIONS:

- Medical Cost Projection (MCP): Need payouts (medical and pharmacy) and most recent 2 years of records.
- Life Care Plan (LCP): Need payouts (medical and pharmacy) and all available records.
- Life Care Plan Review/Critique (LCPR): Need all available medical records & life care plan to be reviewed. Payout sheets (if available).
- Limited Medical Cost Projection (LMCP): Need available medical records and payouts if a new injury. If the referral is to cost out a specific item need payouts (medical) and most recent 2 years of medical records.
- Quick Cost Injury report, ER records, all records pertaining to recent injury

SUBMIT

RESET