Crisis referrals:
Email: shawn.tant@genexservices.com

Standard FCM referrals (medical/vocational):
Email: caseregistration@genexservices.com
Phone: (877) 391-2255
Fax: (800) 396-2457

Crisis Response Referral Form

☐ Rush referral

Account Sales Manager Information

First name: _____ Last name: _____
Phone: _____ Fax: _____ Email: _____

Referral Information

Case #: _____ Date of referral: _____
Referral source (name): _____ Referral source (company name): _____
Referral source address: _____
City: _____ State: _____ ZIP code: _____
Phone: _____ Fax: _____ Email: _____
Billing address (if different from above): _____
City: _____ State: _____ ZIP code: _____
Name of adjuster (if different from referral source): _____

Claimant Information

First name: _____ Last name: _____
SSN: _____ Date of birth: _____ Gender: _____
Address: _____
City: _____ State: _____ ZIP code: _____

Claim Information

Claim number: _____ Date of injury: _____ Claim juris: _____
Affected body part: _____
Program name: _____ Diagnosis: _____

Employer Information

Employer: _____ Contact name: _____
Client job title: _____ Average weekly wage: _____
Address: _____
City: _____ State: _____ ZIP code: _____

Special Instructions

Case type: _____
Referral type: Crisis response
Notes: _____