

1100 N. CAUSEWAY BLVD., STE. 201 | MANDEVILLE, LA 70471 | Toll-free: (844)980-0400 | Fax: (866)792-9150

LIABILTY REFERRAL FORM

Date of Referral:		Email Referral To: referrals@cattlecompliance .com
Product Services Requested (check all that apply)		
Medicare Set-Aside (MSA)		
Adjuster Name:		Street:
Street:		City: State: Zip:
City: State:	Zip:	Phone:
Phone:		SSN: HICN:
Email:		Date of Birth: Male Female
	_	
Insured:	Referring Party	Entitlement Status:
Name:		Eligible for Medicare*? Yes No Unknown
Address:		Entitled to SSDI*? Yes No Unknown
City: State: Phone:	Zip:	*A consent form signed by the claimant is needed to conduct an Entitlement Search. Additional fees apply.
Claim Information:		
Date of Injury: Claim#:		Jurisdiction:
		Jurisdiction.
Accident Description:		
Injuries Associated with this Claim:		
Plaintiff Attorney:	Referring Party	Defense Attorney: Referring Party
Firm:		Firm:
Attorney:		Attorney:
Street:		Street:
City: State:	Zip:	City: State: Zip:
Phone:		Phone:
Email:		Email:
Structured Settlement Broker:	Referring Party	Other Important Information and/or Instructions:
Name:		
Firm:		
Phone: Email:		