



# Referral Form

Our Referral Form is a quick and easy way to submit a referral for ancillary products and services. Simply fill in the information below and email the completed form to [scheduling@compmedical.com](mailto:scheduling@compmedical.com) or fax it to (888) 777-4799.

Please call us at (888) 777-9022 with any urgent service needs or questions. Otherwise, we will contact you within 24 hours of receipt to obtain any additional claim details to process this referral. Fields marked with an asterisk (\*) are required.

### Claim Type

New Claim                      Existing Claim                      Date \_\_\_\_\_                      Rush Request

### Referral Source

Your Name\* \_\_\_\_\_

Email\* \_\_\_\_\_

Company Name\* \_\_\_\_\_

PhoneNumber\* \_\_\_\_\_

Relationship to Claimant                      Claims Professional                      Case Manager                      Other – specify: \_\_\_\_\_

### Claimant Information

Claimant Name\* \_\_\_\_\_

Date of Birth\* \_\_\_\_\_

PhoneNumber\* \_\_\_\_\_

Street Address\* \_\_\_\_\_

City\* \_\_\_\_\_ State\* \_\_\_\_\_ Zip\* \_\_\_\_\_

Claimant Height \_\_\_\_\_ Claimant Weight \_\_\_\_\_ Claimant Language \_\_\_\_\_

### Claim Information

Adjuster Name\* \_\_\_\_\_ Adjuster Email\* \_\_\_\_\_

Claim Number\* \_\_\_\_\_ Adjuster Phone\* \_\_\_\_\_

Employer Name \_\_\_\_\_

Insurance Carrier/TPA\* \_\_\_\_\_

Date of Injury\* \_\_\_\_\_

Jurisdiction\* \_\_\_\_\_

Claim Type\*                      Workers' Compensation                      Auto                      Other – specify: \_\_\_\_\_

Physician Name \_\_\_\_\_ Physician PhoneNumber \_\_\_\_\_

RX Attached                      Yes                      No                      Diagnosis Code \_\_\_\_\_

### Services Requested

- |                       |                          |                     |                    |
|-----------------------|--------------------------|---------------------|--------------------|
| Transportation        | Home Health Services     | FCE                 | Concierge Services |
| Language              | Discharge Coordination   | Air Ambulance       | Investigations     |
| Diagnostic Services   | Physical Therapy         | Audits/Negotiations | Other:             |
| DME/Medical Supplies  | Occupational Therapy/CHT | Home/Vehicle        |                    |
| Prosthetics/Orthotics | Speech Therapy           | Modifications       |                    |

### Comments or Other Services