

FFC'S BASIC REFERRAL FORM

(Note: please consult the next/second form for all of the information we will eventually need to create a new account in case you want to go on and do that online now)

TODAY'S DATE:

REFERRAL SOURCE

Your Name:

Your Company:

Your Phone#:

Your Fax#:

Your Email Address:

Your Role in the Claim:

Best Time and Method to gather all referral information from you?

TYPE OF ACCOUNT

WCMSA LMSA Medical Custodial Non-Submission MSA MAP (Modified Assistance Program (pre-settlement only))

CURRENT STATUS

Pre-Settlement:

Post-Settlement:

CLAIMANT/INJURED PARTY

Full Name:

Address:

City/State/Zip:

Phone:

Email Address:

Primary Diagnosis: