

# REIMBURSEMENT REFERRAL

SECTION I CLAIM INFORMATION (COMPLETE FOR ALL REIMBURSEMENT CODES)							
1. PAYMENT NAME - LAST	FIRST	MI	2. CO	3. RECORD NO.	4. CAT	5. GG	6. DIST
7. CLAIM NAME - LAST	FIRST	MI	8. SOCIAL SECURITY NO.	9. LINE NUMBER(S) FOR WHOM CLAIM NAME IS LIABLE			
10. RECIPIENT NO.	11. RE CODE	12. REASON FOR REFERRAL	13. REFERRAL STATUS <input type="checkbox"/> INITIAL <input type="checkbox"/> FOLLOW-UP	DATE OF INITIAL 173	14. REIMBURSEMENT FORM(S) ATTACHED <input type="checkbox"/> 176-K <input type="checkbox"/> 178-KM <input type="checkbox"/> 198-S		
SECTION II PERSONAL INJURY INFORMATION (COMPLETE FOR REIMBURSEMENT CODES 04, 08)							
15. TYPE OF INJURY				16. DATE OF INCIDENT	17. INSURANCE COVERAGE <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		
18. NAME OF INJURED PERSON - LAST	FIRST	MI	19. LINE NUMBER	20. LEGAL ACTION <input type="checkbox"/> YES <input type="checkbox"/> NO			
21. NAME OF LIABLE PARTY (LAST, FIRST, MI)		ADDRESS (STREET, CITY, STATE, ZIP CODE)					
22. NAME OF LIABLE PARTY'S INSURANCE CO.		ADDRESS (STREET, CITY, STATE, ZIP CODE)					
POLICY NUMBER		CLAIM NUMBER			TELEPHONE NUMBER		
23. NAME OF INJURED PERSON'S INSURANCE CO.		ADDRESS (STREET, CITY, STATE, ZIP CODE)					
POLICY NUMBER		CLAIM NUMBER			TELEPHONE NUMBER		
24. INJURED PERSON'S ATTORNEY		ADDRESS (STREET, CITY, STATE, ZIP CODE)				TELEPHONE NUMBER	
25. LIABLE PERSON'S ATTORNEY		ADDRESS (STREET, CITY, STATE, ZIP CODE)				TELEPHONE NUMBER	
SECTION III ESTATE INFORMATION (COMPLETE FOR REIMBURSEMENT CODE 06)							
26. NAME OF DECEDENT	27. DATE OF DEATH	28. NAME AND ADDRESS OF EXECUTOR/ADMINISTRATOR				29. WILL <input type="checkbox"/> YES <input type="checkbox"/> NO	
30. NAME OF ESTATE ATTORNEY		ADDRESS (STREET, CITY, STATE, ZIP CODE)					
SECTION IV RECEIPT OF PERSONAL PROPERTY							
31. DATE NORMALLY DUE			32. DATE RECEIVED			33. AMOUNT RECEIVED BY CLIENT \$	
SECTION V COMMENTS							
34. EXPLANATION / COMMENTS / OTHER INFORMATION							
SECTION VI CAO SIGNATURES (COMPLETE FOR ALL REIMBURSEMENT CODES)							
35. PREPARED BY:  _____ IMCW _____ DATE _____				36. APPROVED BY:  _____ EXECUTIVE DIRECTOR / DESIGNEE _____ DATE _____			

**ITEM 11 REIMBURSEMENT CODES**

- |    |   |
|----|---|
| 01 | Reserved  |
| 02 | SSI   |
| 03 | UC  |
| 04 | Personal Injury                                   |
| 05 | Reserved  |
| 06 | Inheritance                                       |
| 07 | Sick Benefits                                     |
| 08 | Worker's Compensation                             |
| 09 | Miscellaneous (i.e. black lung pensions, alimony) |
| 10 | Social Security Survivors and Disability Benefits |
| 11 | Social Security Retirement                        |
| 12 | Veteran's Benefits                                |
| 13 | Reserved  |
| 14 | Reserved  |
| 15 | Minors Trust Fund                                 |
| 16 | Reserved  |

**ITEM 12 REASON FOR REFERRAL**

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|----|--|
| 01 | Clients awaiting the receipt of personal property. |
| 02 | Client received personal property.                 |
| 03 | Other, Explain in Section V, Comments.             |