



Sandra Mackler M.Ed., CRC, CDMS, MSCC
Medicare Set Aside Specialist

REFERRAL INFORMATION

Form with fields for Referral Source, Company, Address, City/State, Phone No., Email Address, Claimant, Date of Birth, SSN, Claim No., Type of Claim, Date of Injury/Accident, Employer, Jurisdiction, Related Body Part(s)/Condition(s), Denied Body Part(s)/Condition(s), SERVICES (checkboxes for Medicare Set-Aside, Medication Review, etc.), and Comments/Requests.