mackler associates LLC

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

REFERRAL INFORMATION

Referral Source:		
Company:		
Address:	City/State:	
Phone No.:	Email Address:	
Claimant:		
Address:	City/State:	
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:

❒ Medicare Set-Aside	❒ Consultation	❒ MSA Screen
❒ Medication Review	❒ MSA Submission to CMS	❒ Cost Projection
❒ Conditional Payment Research & Negotiation	❒ Social Security & Medicare Entitlement Status Determination	❒ Medicare Set-Aside Update

Comments/Requests:

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