HCS HUMMEL CONSULTATION SERVICES Conditional Payment Search Request

1. Complete All Fields:

Claimant's Full Name		First, Middle, Last, Suffix
Claimant's Address		Street, City, State, Zip Code
Date of Birth		
Date of Injury / Illness / Onset		A specific date must be provided. If date is month/year only use '1' as the day. If date is year only use Jan. 1.
HICN		Also known as the claimant's Medicare number. If not known, use their Social Security Number.
Brief Description of Injury		Only a brief statement is necessary.

2. Is the Claimant Represented?

Yes ☐ No ☐ If Yes, complete all fields:

Claimant's Attorney Name		
Firm		Shortened names are acceptable.
Address		
City, State, Zip		

3. Is this a Workers' Compensation Claim?

Yes ☐ No ☐ If Yes, complete all fields:

Claimant's Employer		
Employer's Address		Street, City, State, Zip Code
Work Comp Claim Number		If multiple numbers, use the primary claim number.
Work Comp Insurance Carrier		If multiple carriers, use the primary work comp carrier.
Primary Contact / Case Adjuster		
Address		
City, State, Zip		

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4. Is this a Third Party Liability Claim?

Yes ☐ No ☐ If Yes, complete all fields:

Defendant's Name		If multiple defendants, use the primary defendant as named in the case.
Defendant's Address		Street, City, State, Zip Code
Defendant's Insurer Claim Number		If multiple numbers, use the primary claim number.
Defendant's Insurer		If multiple insurers, use the primary insurer for the defense.
Address		
City, State, Zip		If this is neither a Work Comp nor a Third Party Liability claim, please call our office.

5. Draft a Proof of Representation Letter on Your Letterhead.

The Proof of Representation Letter must be submitted on your company's letterhead and be signed and dated by an authorized representative of your company. We recommend either cutting and pasting or directly copying the attached sample language onto your letterhead.

Extra copies and copyable sample language may be found at our website:

http://www.hummelcs.com/downloads/HCSProofofRepresentation.pdf

6. Request the Claimant Complete and Return the Consent to Release Form.

The claimant must sign and date the Consent to Release Form. Please request the claimant check the "Ongoing" box to ensure the most efficient lien search process.

Extra Releases may be found at our website:

http://www.hummelcs.com/downloads/HCSMedicareRelease.pdf

7. Forward to Hummel Consultation Services the following:

1. This completed Conditional Payment Search Request Form.
2. The signed and dated Proof of Representation Letter on your letterhead (step 5.)
3. The Consent to Release Form completed by the Claimant (step 6.)

Not all items need to be forwarded simultaneously. Hummel Consultation Services will hold the conditional payment search request until all items are received.

Your Name:		E-Mail:	
Telephone:		Fax:	

Send All Materials To: Mail: HCS, PO Box 180, Portsmouth NH 03802-0180
Fax: 603-758-1411
Email: joseph@hummelcs.com

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