



WRIGHT REHABILITATION SERVICES
Managing Cases to Successful Conclusions

Medicare Set-Aside Arrangement Checklist

Items needed for MSA Allocation:

- | <i>Attached</i> | <i>Needed</i> | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Initial First Report of Injury |
| <input type="checkbox"/> | <input type="checkbox"/> | Medical records for the last three years and initial medical reports |
| <input type="checkbox"/> | <input type="checkbox"/> | Medical and indemnity payment history (including any payments made for medications, durable medical equipment, physicians, etc.); |
| <input type="checkbox"/> | <input type="checkbox"/> | Pharmacy's print-out |
| <input type="checkbox"/> | <input type="checkbox"/> | Notice of Social Security Determination |
| <input type="checkbox"/> | <input type="checkbox"/> | Rated Age including source, if utilizing |
| <input type="checkbox"/> | <input type="checkbox"/> | Notice of request for WRS to obtain rated age |
| <input type="checkbox"/> | <input type="checkbox"/> | Prior Life Care Plan / Medical Cost Projections (if applicable) |
| <input type="checkbox"/> | <input type="checkbox"/> | Social Security Administration release (SSA-3288) signed and dated* |
| <input type="checkbox"/> | <input type="checkbox"/> | CMS release signed and dated * |
| <input type="checkbox"/> | <input type="checkbox"/> | The Wright Rehabilitation Services Inc. release for information * |
| <input type="checkbox"/> | <input type="checkbox"/> | Medicare enrollment information |
| | <input type="checkbox"/> | ▫ Injured party applied date _____ |
| | <input type="checkbox"/> | ▫ Injured party was denied date _____ |
| | <input type="checkbox"/> | ▫ Injured party is enrolled in: |
| | | _____ Part A |
| | | _____ Part B |

Completion of Medicare Set-Aside Arrangement will subsequently require additional information prior to submission:

- A copy of the proposed settlement agreement to include:
 - Amount for Medical / Indemnity
 - Attorney fees / legal costs
 - Medicare set aside amount including administration information
- Annuity Information
 - Starting date
 - Seed money or initial deposit
 - Length of annuity
- copy of release follows