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Strategic Claims Solutions

www.strategicclaimssolutions.com
Cost effective cost containment

120 Madison Street, Suite 200
Chittenango, NY 13037

Phone (315) 451-7923
Toll Free (866) 451-2050
Fax (315) 451-7926

Prescription Drug Review Referral

Claimant Information

Last Name: First Name: MI: Gender ☐M ☐F

Address:

City: State: Zip: Phone:

Social Security Number: Date of Birth: Date of Injury: Claim Number:

WCB Number: Is Claimant Represented by Counsel?

☐ Yes ☐ No

Adjuster/Claims Examiner Information

Referred by: Company:

Address:

City: State: Zip: Phone: Ext.:

Fax: Adjuster/Examiner's email address:

Claim Information

Treating Healthcare Provider: Phone:

Provider's Address:

City: State: Zip:

Pharmacy Utilized by Claimant: Phone: Fax:

Diagnosis(es):

Accepted Body Parts:

Denied Body Parts:

Life Expectancy:

Special Instructions: