

FINANCIAL REVIEW REFERRAL FORM

Insured Name _____

Claimed Date of Disability _____

Claim # _____

Date Referred _____

Referred by _____

Referrer's Phone # _____

Referrer's e-mail address _____

.....
Review for (check all that apply):

_____ Pre-Disability Earned Income/ Covered Earnings _____ Annual Tax Return Review for _____

_____ Current Earnings

_____ Other (specify) _____
.....

Brief case overview: _____

Complete and attach this form to the claim file information being referred for financial review.

If the entire claim file isn't being sent as part of the referral, please email electronic versions (pdf format preferred) of the following information:

- completed Financial Review Referral Form
- applicable contract or policy
- completed claim forms (Insured, Attending Physician, Employer)
- financial information provided
- telephone conversation documentation, if possible

Normal turnaround time is 5 business days from date received.

Indicate Date needed if less than 5 business days: _____

If hard copies are being referred, mail pertinent information (entire claim file or selected documents) to:

CPA Risk Services, Inc.
P.O. Box 668
Scarborough, ME 04070-0668

Address for Fed-Ex Packages:
CPA Risk Services, Inc.
201 U.S Route 1 #123
Scarborough, ME 04074

Cellphone: 207-831-2162 (alternate phone number Judy Bogdanovich 207-415-5446)

Fax: 888-477-5227

E-mail: connie@cpariskservices.com or judy@cpariskservices.com