



Send completed form & documents to :
 P.O. Box 941870
 Maitland, FL 32794
 T: 407-599-9122
 F: 407-599-1994
 TF: (866) 599-9122

Medication Reduction Program Service Request

Referral@gopromed.com

CASE INFORMATION			Date Referred
Injured Workers Name (First, Middle Initial, Last)			Date of Birth
Address			Date of Injury
City	State	Zip Code	Social Security Number
Insured		Jurisdictional State	Claim Number

KEY CONTACT & BILLING INFORMATION

Adjuster Name	Tel. Number	E-mail Address
Carrier/TPA/Servicing Agent	Office Location	Mailing Address:
Defense Attorney Name	Tel. Number	E-mail Address
Defense Firm Name	Address	
Plaintiffs Attorney Name	Tel. Number	E-mail Address
Firm Name	Address	
Can Plaintiff Attorney be contacted?		
YES <input type="checkbox"/> NO <input type="checkbox"/>		

Necessary Documents:
1.) Prior MSA / LCP / CP / RX Review
2.) Two years of Medical Records
3.) Notice of Injury
4.) Complete Pay History
5.) Complete RX History

(For Internal Use)

PRO MED File #:

MR
