PREFERRED MEDICAL MANAGEMENT CONSULTANTS, INC.

4195 Chino Hills Pkwy, # 406
Chino Hills, CA 91709
(909)-597-2167 Office

UTILIZATION REVIEW REFERRAL FORM

FAX TO 866-735-1252

Date received UR request: **Date faxed to UR dept:**

Section I - CLAIMANT INFORMATION (Sections I-VI to be completed by claims examiner)

Claimant Name: ______________________ Claim #: ______________

Claimant Address: ______________________ Date of Injury: ______________

______________________ Date of Birth: ______________

Claimant Phone: ______________________ Social Security:

Section II - ADJUSTER / CLIENT / BILLING INFORMATION

Adjuster Name: ______________________ Email Address: ______________

Adjuster Phone: ______________________ Fax: ______________

Insurance Name / Address: ______________________

Section III - EMPLOYMENT INFORMATION

Employer: ______________________

Employer Phone: ______________________ Claimant Occupation: ______________

Section IV - PROPOSED PROCEDURE

Requested Procedure(s): ______________________

Diagnosis: ______________________

Surgery Date: ______________________ In-Pt or Out-pt: ______________

Body Part(s) Accepted: ______________________

Section V – ATTORNEY INFORMATION

Applicant Attorney Name: ______________________ Defense Attorney Name: ______________

Phone: __________ Fax: __________ Phone: __________ Fax: __________

Address: ______________________ Address: ______________________

______________________ ______________________

Section VI – COMMENTS – SERVICES TO BE REVIEWED (text)

PTP / **Specialty**: ______________________ Requesting MD **/ Specialty**: ______________________

Address: ______________________ Address: ______________________

______________________ ______________________

Phone: __________ Fax: __________ Phone: __________ Fax: __________

PT / DME Name: ______________________ Phone: ______________

Nurse Case Manager: ______________ Phone: ______________ Fax: ______________

Please fax over the last narrative report describing the UR request along with the prescription, diagnostics and any other beneficial information. COMMENTS MAY CONTINUE ON 2ND PAGE: