

**PREFERRED CASE MANAGEMENT, LLC**  
**REHABILITATION SERVICE REQUEST**

866-477-2136

Please address all referrals to:

**139 W. Lake Lansing Rd., Suite 100, East Lansing, MI 48823**

**Voice: 517-332-8683 – Fax: 517-332-8850 – Email: [pcmoffice@pcm-1.com](mailto:pcmoffice@pcm-1.com)**

PCM#:	Date of Referral:	PCM Case Manager:	
<b>Individual Referred</b>		<b>Referring Company</b>	
Name		Claim/Policy #	
Address		Contact Person	
City/State/Zip		Company	
Phone		Address	
Date of Birth		City/State/Zip	
SS#		Phone/Ext.	
Marital Status		Fax	
Policy Holder		Email	
<b>Injury/Illness Information</b>		Type of Coverage	Circle One: W/C, Auto, Other
Date of Injury/Onset		Coordinated Policy	
Nature of Injury/Illness		Primary	
		Excess	
<b>Treating Physician</b>		<b>Legal Counsel</b>	
Name		Name	
Address		Address	
City/State/Zip		City/State/Zip	
Phone		Phone	
<b>Hospital/Facility</b>		<b>Employment Information</b>	
Name		Employer	
Address		Occupation	
City/State/Zip		Address	
Contact Person		City/State/Zip	
		Phone	
		Fax	
		Contact Person	

**Comments/Special Instructions:**