

PREFERRED CASE MANAGEMENT, LLC
REHABILITATION SERVICE REQUEST

Re-Open ___ VOC ___ Home Mod ___
Date: _____
Consultant: _____

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

PCM #:	Date of Referral:	PCM Case Manager:	
Individual Referred		Referring Company	
Client Name		Claim/Policy #	
Address		Contact Person	
City/State/Zip		Company	
Contact Person Phone/Cell		Address	
Date of Birth		City/State/Zip	
SS# (WC files)		Phone/Ext.	
Marital Status		Fax	
Policy Holder		Email	
Injury/Illness Information		Type of Coverage	
Date of Injury/Onset		<input type="checkbox"/> Auto Primary <input type="checkbox"/> Excess: <input type="checkbox"/> W/C <input type="checkbox"/> Other (MESSA) Plan/Policy:	
Nature of Injury/Illness			
Treating Physician		Legal Counsel	
Name		Name	
Street Address		Address	
City/State/Zip		City/State/Zip	
Phone		Phone/Ext.	
Hospital/Facility		Employment Information	
Name		Employer	
Address		Contact Person Phone	
Contact Person Phone		Fax	
Name		Occupation	
Address		Street Address	
Contact Person Phone		City/State/Zip	
Comments/Special Instructions:			