

Referral Notification Form



ReMed, Inc.

4901 Merriam Drive
Overland Park, KS 66203
Phone: 913-248-2520
Fax: 913-248-2525

Services Requested:

(Unless otherwise noted, all services include a chronological report and
Provider Bill Analysis on Submitted Bills)

FAX FORM TO: 913-248-2525

E-Mail to: mail@remedinc.com

**Receipt of All Referral Packages will be
Confirmed by E-Mail or Fax within 1-2 Days.**

Records Mailed to ReMed on:

Records were e-mailed to mail@remedinc.com on:

Claimant:		Injury Date:			
	Date of Birth:	Social Security No.:			
Insured:					
File Type	<input type="checkbox"/> Auto 1 st Party <input type="checkbox"/> Auto 3 rd Party <input type="checkbox"/> Liability <input type="checkbox"/> Work Comp <input type="checkbox"/> Other State where Accident Occurred:				
Adjuster's Name			E-Mail Address:		
Insurance Company					
Address/City/State/Zip					
Claim No.		Phone		Fax	
Attorney for Claimant			Address		
City/State/Zip			Phone	Fax	
Other Notes/Requests: Please have the Nurse Consultant contact me to discuss the details/services on the file:					<input type="checkbox"/> Yes <input type="checkbox"/> No