



Auto No-Fault Ancillary Referral Form

Our Ancillary Referral Form is a quick and easy way to submit a referral for ancillary products and services. Simply fill in the information below and email the completed form to Auto-ACSReferrals@optum.com. We'll take it from there.

In the event of questions, urgent service needs, or should you wish to speak with one of our representatives, please call us at 1-877-494-9195. Otherwise, we will contact you within 24 hours of receipt to obtain any additional claim details to process this referral. Fields marked with an asterisk (*) are required.

Claim Type

New Claim Existing Claim

Referral Source

Your Name* _____

Email Address* _____

Company Name _____

Phone Number* _____

Relationship to Claimant Claims Professional Case Manager Other – specify: _____

Claimant Information

Claimant Name* _____

Date of Birth* _____

Phone Number* _____

Street Address _____

City _____ State _____ Zip _____

Claimant Height _____ Claimant Weight _____ Claimant Language _____

Claim Information

Adjuster Name _____

Claim Number* _____

Insurance Carrier/TPA* _____

Date of Injury* _____

State of Injury/Jurisdiction* _____

Physician Name* _____

Physician License Number _____

Physician Address _____

City _____ State _____ Zip _____

Physician Phone Number _____

Diagnosis Code or Body Part/Nature of Injury _____

Services Needed

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Aqua Therapy | <input type="checkbox"/> Catastrophic Care | <input type="checkbox"/> Chiropractic Care | <input type="checkbox"/> Diagnostic Services |
| <input type="checkbox"/> Home Health Care | <input type="checkbox"/> Home Modifications | <input type="checkbox"/> Inpatient Negotiations | <input type="checkbox"/> Language Services |
| <input type="checkbox"/> Medical Equipment and Supplies | <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Orthotics | <input type="checkbox"/> Physical Therapy |
| <input type="checkbox"/> Prosthetics | <input type="checkbox"/> Transportation Services | <input type="checkbox"/> Vehicle Modifications | Date Required _____ |

Comments
