genex
AN ENLYTE COMPANY

For referral-related questions call us at 1.877.391.2255,
email us at case_registration@genexservices.com
or contact your Genex representative.

FCM Referral Form

RUSH REFERRAL

Account Sales Manager Information

First Name: **Last Name:**

Phone: **Cell:** **Email:**

Referral Source Information

Name: **Date of Referral:**

Company Name:

Address:

City: **State:** **Zip:**

Phone: **Fax:** **Email:**

Billing Address (if different from address above)**:**

City: **State:** **Zip:**

Name of Adjuster (if different from Referral Source)**:** **Phone:**

Injured/Ill Employee Information

First Name: **Last Name:**

SSN: **Date of Birth:**

Address:

City: **State:** **Zip:**

Phone:

Claim Information

Claim Number: **Date of Injury:** **Claim Juris:**

Affected Body Part:

Diagnosis:

Employer Information

Employer: **Contact Name:**

Client Job Title: **Average Weekly Wage:** **Weekly Indemnity:**

Address:

City: **State:** **Zip:**

Phone:

Physician/Provider Information

Name: **Phone:**

Address:

City: **State:** **Zip:**

Attorney Information

Name: **Phone:**

Address:

City: **State:** **Zip:**

Special Instructions

Approval to use Apricus? **Yes** **No** **Case Type:** Please choose **Referral Type:** Please choose

Submit **Reset**

Call 1.877.391.2255 Email case_registration@genexservices.com Visit genexservices.com