



Subrogation Referral Form True Health New Mexico

Please use this form to fax referral information to FIRST RECOVERY GROUP at 248-443-4804. If you have any questions, you may contact Josh Holmberg at 877-449-4803 or mail information to: First Recovery Group, Attn: Josh Holmberg 26899 Northwestern Hwy. Suite 250, Southfield, MI 48033, or email Referrals@FirstRecoveryGroup.com.

Your Name: _____

Your Phone #: _____

Today's Date: _____

Date of Loss: _____

Member's ID: _____

Member Name: _____

Member DOB: _____

Member SSN: _____

Member Address: _____

Enrollment Plan: _____

Enrollment State: _____ Plan Type: _____

(Medicaid/Medicare/Commercial/etc.)

Accident Type:

Motor Vehicle Accident Motorcycle Accident Worker's Compensation

Injury on someone else's property Other: _____

Notes:

Attorney Information

Attorney Name: _____

Address: _____

Phone #: _____

Fax #: _____

Other Insurance Information

Insurance Name: _____

Adjuster Name: _____

Policy Number: _____

Claim Number: _____

Address: _____

Phone #: _____

Fax #: _____