



If you are an attorney's office representing the injured party, please send your request on your firm's letterhead, or provide a signed, HIPAA-compliant medical release signed by your client. If available, please also provide a copy of the injured party's health insurance card. Email to intake@intellivo.com or via fax to (901) 380-0692.

Injured Party's Information:

First name:

Last name:

Date of birth:

SSN:

Date of initial accident or injury:

Injured party's health plan:

Injured party's health insurance ID number:

Name of employers health coverage is through:

Third-Party Administrator (Aetna, BCBS, etc.):

Nature or description of accident:

Types of injuries sustained:

Case Contact Information:

Company:

Claim number (if applicable):

Attorney/Case Manager/Adjuster:

Phone #:

Email address:

Fax #:

Your client/insured:

For potential follow up, please provide your email:

Email:

If you have a question about an existing case, please contact your case representative directly. Please note, Intellivo cannot reprocess or approve healthcare claims for the TPA.