

**THE RENY COMPANY NEGOTIATION INTAKE FORM
PRE SERVICES RENDERED**

PHONE: 800-880-6201 FAX: 800-747-4267

DALLAS OFFICE USE ONLY :

PLEASE PRINT ALL INFORMATION BELOW: FAX WITH THE APPROPRIATE BATCH SHEET

DATE	Requesting Contact Name:	
	Phn #	Fax #

Employer:	Claim # (if available)
Adjuster:	Phn #
	Fax #

Patient	Phn #		
Address			
City	ST	ZIP	
DOB	SSN #	DOI	
Patient Admission Date:			
Inpatient Stay: _____	Estimate length of stay: _____	State of Injury: _____	
Outpatient Stay: _____	Estimated Charge: _____		
Comments:			

***	Contact	
Facility***		
Address		
City	ST	ZIP
Phn #	Fax #	
TAX ID #		

PLEASE NOTE THE REQUESTING FACILITY IS WHERE THE PATIENT WILL GO FOR TREATMENT OR PROCEDURE

DX:	ICD 9 CODE (S) / HCPC CODE
Procedure/Treatment : _____ _____ _____	CPT CODE (S) / FACILITY ESTIMATED CHARGES
COMMENTS:	