



CASE MANAGEMENT REFERRAL CHECKLIST

HELP US GET STARTED FOR A STRONGER TOMORROW

Providing the information below helps AICM – Michigan quickly evaluate the case, confirm coverage, and connect the client with the right resources. Incomplete referrals may delay the start of case management services.



1 CLIENT INFORMATION

- ☐ Full name
- ☐ Date of birth
- ☐ Address, phone and email
- ☐ Preferred method of contact
- ☐ Emergency contact (if available)



2 ACCIDENT INFORMATION

- ☐ Date of accident
- ☐ Location (city/county)
- ☐ Brief description of how the accident occurred
- ☐ Police report number (if available)
- ☐ Type of accident (auto, motorcycle, pedestrian, etc.)



3 INSURANCE INFORMATION

- ☐ No-Fault insurer (if known)
- ☐ Claim number
- ☐ Adjuster name, phone and email
- ☐ Policy holder name (if different from client)
- ☐ If no applicable insurer, indicate MACP (Michigan Assigned Claims Plan)



4 MEDICAL INFORMATION

- ☐ Primary diagnoses / ICD-10 codes (if available)
- ☐ Hospitalization details
- ☐ Current treating physicians and specialists
- ☐ Therapies and services currently in place
- ☐ Relevant medical records (if available)



5 ATTORNEY INFORMATION

- ☐ Attorney name and firm
- ☐ Phone and email
- ☐ Paralegal or main contact
- ☐ Letter of representation (if available)



6 ADDITIONAL DOCUMENTS

- ☐ Copy of police report
- ☐ Medical records (relevant to the accident)
- ☐ Insurance correspondence
- ☐ Existing assessments or evaluations
- ☐ Any other information that may be helpful in understanding the case

*Together,
We Make a Difference.*

A complete referral helps us remove barriers, improve outcomes, and ensure the client gets the care they need, when they need it.



COORDINATE CARE



REMOVE BARRIERS



IMPROVE OUTCOMES



HELP PEOPLE MOVE FORWARD



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