# REFERRALS PER MONTH

**2020**

**(January 1, 2020 - July 31, 2020)**

| | January | February | March | April | May | June | July | August | September | October | November | December |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Medicare Set Aside (MSA) | 17 | 10 | 17 | 5 | 14 | 10 | 6 | | | | | |
| MSA Submission to CMS | 4 | 4 | 6 | 3 | 5 | 3 | 5 | | | | | |
| Medical Cost Projection | - | - | - | - | - | - | - | | | | | |
| Conditional Payment Inquiry | 16 | 12 | 14 | 4 | 12 | 8 | 7 | | | | | |
| Conditional Payment Lien Dispute | 2 | 2 | 1 | 0 | 0 | 1 | 0 | | | | | |
| SSA/Medicare Status Verification | 0 | 0 | 0 | 1 | 0 | 0 | 0 | | | | | |

**2019**

**(January 1, 2019 - December 31, 2019)**

| | January | February | March | April | May | June | July | August | September | October | November | December |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Medicare Set Aside (MSA) | 11 | 2 | 5 | 7 | 5 | 4 | 9 | 14 | 17 | 12 | 8 | 13 |
| MSA Submission to CMS | 2 | 1 | 1 | 0 | 1 | 1 | 1 | 0 | 3 | 3 | 1 | 3 |
| Medical Cost Projection | - | - | - | - | - | - | - | - | - | - | - | - |
| Conditional Payment Inquiry | 2 | 1 | 1 | 1 | 1 | 2 | 1 | 1 | 13 | 14 | 11 | 10 |
| Conditional Payment Lien Dispute | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 3 | 2 | 0 | 0 |
| SSA/Medicare Status Verification | - | - | - | - | - | - | - | - | - | - | - | - |

**2018**

**(January 1, 2018 - December 31, 2018)**

| | January | February | March | April | May | June | July | August | September | October | November | December |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Medicare Set Aside (MSA) | 9 | 18 | 9 | 9 | 11 | 10 | 12 | 11 | 8 | 12 | 15 | 4 |
| MSA Submission to CMS | 2 | 4 | 4 | 2 | 3 | 2 | 4 | 5 | 2 | 2 | 1 | 2 |
| Medical Cost Projection | - | - | - | - | - | - | - | - | - | - | - | - |
| Conditional Payment Inquiry | 10 | 19 | 8 | 3 | 4 | 4 | 1 | 6 | 3 | 2 | 2 | 1 |
| Conditional Payment Lien Dispute | 4 | 0 | 1 | 1 | 1 | 0 | 1 | 2 | 0 | 1 | 1 | 0 |
| SSA/Medicare Status Verification | - | - | - | - | - | - | - | - | - | - | - | - |