X

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | |
|  | **ADS Intake Request Form** | | | | | |  |
|  | | | | | |
| **Employer Group** | Enter Employer here | **Third Party Administrator** | | Sedgwick | |
|  | | | | | |
| **Member Information** | | | | | |
|  | | | | | |
| **Member First Name** | Enter First Name here | **Member Last Name** | | Enter Last Name here | |
|  | | | | | |
| **MRN or HRN** | Enter MRN or HRN here | **Member Date of Birth** | | Enter DOB Here | |
|  | | | | | |
| **Member Address Line 1** (Street Address, P.O. Box) | | Enter Street Address here | | | |
|  | | | | | |
| **Member Address Line 2** (Apartment, Suite Unit) | | Enter Apt. or Unit # here | |  | |
|  | | | | | |
| **City** | Enter City here | **State** | State | **Zip Code** | Zip Code |
|  | | | | | |
| **Member Email Address** | Enter Email here | **Member Phone Number** | | Phone Number | |
|  | | | | | |
| **Date Range Requested - FROM** | Enter From Date | **Date Range - TO** | | Enter To Date | |
|  | | | | | |
| **First Day of Absence** | Enter FDOA here | **Diagnosis/Medical Condition** | | Enter Diagnosis here | |
|  | | | | | |
| **Claim Number** | Enter Claim # here | **This request is for** | | All Records | |
|  | | | | | |
| **Requestor Information** | | | | | |
|  | | | | | |
| **Name of Requestor** | Enter Requestor here | **Phone number of Requestor** | | Requestor Phone here | |
|  | | | | | |
| **Requestor / Correspondence Email Address** | | Enter Requestor email here | | | |
|  | | | | | |
| **Email Address for Medical Records** | | CalabasasFax@Sedgwick.com | | | |
|  | | | | | |
| **Description** (Add any additional information if necessary) | | Enter Description Here | | | |
|  | | | | | |
| **Type of Request** | | New Request | | | |
|  | | | | | |
| **\*Required Information (Valid Authorization form must accompany the request).**  **Return Request Intake Information Form to:**  Absence Documentation Services (ADS)  **Via email @:** [**ADSREQUESTS@kp.org**](mailto:ADSCares@kp.org)  Please contact us with any questions at: (888)900-9093 | | | | | |
|  |  |  | |  | |