



Type of Claim:

- Workers' Comp
- Auto Liability
- General Liability
- Ocean Marine
- STD
- LTD
- Medical Management
- Jones Act
- Longshore
- F.E.L.A.
- F.E.C.A.
- Railroad
- Other

REQUESTED BY

NAME \_\_\_\_\_ TITLE \_\_\_\_\_

COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_

YOUR FILE NO. \_\_\_\_\_

DATE OF INJURY (DISABILITY) \_\_\_\_\_

CLAIMANT

EMPLOYER

NAME \_\_\_\_\_

COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_

S.S.# \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

OCCUPATION \_\_\_\_\_

AVERAGE HOURLY WAGE/BENEFIT RATE \_\_\_\_\_

HAS CLAIMANT BEEN ADVISED OF OUR INVOLVEMENT?  YES  NO

NAME \_\_\_\_\_

COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CONTACT NAME \_\_\_\_\_

TITLE \_\_\_\_\_

TELEPHONE \_\_\_\_\_ EXT. \_\_\_\_\_

DATE OF HIRE \_\_\_\_\_

ATTORNEY  YES  NO  UNKNOWN

PHYSICIAN

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE ( \_\_\_\_\_ ) \_\_\_\_\_

HAS CLAIMANT'S ATTORNEY BEEN ADVISED OF OUR INVOLVEMENT?  
 YES  NO

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE ( \_\_\_\_\_ ) \_\_\_\_\_

INJURY OR DISABILITY \_\_\_\_\_

SPECIFY SERVICES REQUESTED / HANDLING INSTRUCTIONS

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

INTEROFFICE USE ONLY

OUR FILE NO. \_\_\_\_\_

CONSULTANT \_\_\_\_\_

DATE OF REFERRAL \_\_\_\_\_

COPIES OF REPORTS TO:

Same as Person Referring

Other \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_