LEGAL FILE REFERRAL

Applicant ______________________________

Employer ______________________________

Ins./TPA/Retention: ______________________________

Claim No. ______________________________

Policy Period ______________________________

EAMS No. ______________________________

Venue ______________________________

Appearance Set ❑ Yes ❑ No
Date ______________

DOR Filed ❑ Yes ❑ No
Date ______________

D/Injury ______________________________

Body Part(s) ______________________________

Attorney Assignment ______________________________

ISSUES:

- ❑ Employment
- ❑ Occupation
- ❑ Injury/AOE/COE
- ❑ Insurance Coverage
- ❑ Liability for Self-procured
- ❑ Medical-Legal Costs
- ❑ Periods of Disability
- ❑ Permanent Disability
- ❑ Apportionment
- ❑ Dependency
- ❑ Liability for Future Medical
- ❑ Earnings

BENEFITS PAID:

Total Medical ______________________________

Total TD ______________________________

Dates ______________________________

Rate ______________________________

AWW ______________________________

Total PD ______________________________

Dates ______________________________

Rate ______________________________

REMARKS:

____

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____

____

ADJUSTER INFORMATION:

Name ______________________________

Client ______________________________

Address ______________________________

____

Phone ______________ Ext. ______________

Email ______________________________

Thank you for allowing us the opportunity to assist in handling the defense of this claim.

YRULEGUI & ROBERTS
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