

Claim Information

<p>Claimant Name _____</p> <p>Address _____</p> <p>City/State/Zip _____</p> <p>Claimant Phone _____</p> <p>Date of Birth _____</p> <p>Social Security # _____</p> <p>Date of Injury _____</p>	<p>Referral Date _____</p> <p>Adjuster Name _____</p> <p>Adjuster Phone _____</p> <p>Adjuster Email _____</p> <p>Claim Number _____</p> <p>Employer Name _____</p>
<p>Applicant's Attorney _____</p> <p>Address _____</p> <p>City/State/Zip _____</p> <p>Attorney Phone _____</p>	<p>Defense Attorney _____</p> <p>Address _____</p> <p>City/State/Zip _____</p> <p>Attorney Phone _____</p>

Settlement Information

<p>Has the Case-in-Chief settled? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, enter Settlement Date _____</p> <p>If yes, enter Settlement Type <input type="checkbox"/> Stipulated Award <input type="checkbox"/> Compromise & Release <input type="checkbox"/> Findings & Award</p> <p>If yes, enter Settlement Amount _____</p> <p>Was there a Thomas finding (AOE/COE issue)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Denied/disputed body parts _____</p> <p>Has DOR been filed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If so, enter Hearing Date _____</p> <p>Has Defense Attorney been notified not to settle the liens? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Maximum Settlement _____</p>
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Examiner Checklist

- Lien Claimant Demand (preferred) and/or Bill(s), and/or Itemized Statement(s) for each lien claimant being referred
- Payment History print-out for each lien being referred
- Most recent POA or claim summary and/or latest legal correspondence (per claim)
- Email documents to NRUReferral@marqueemcs.com

Special Instructions: _____