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888-338-2504
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Van Nuys Office
888-338-2504
van@rtgrlaw.com

Workers' Compensation File Transmittal

Mailing Address: *180 Grand Avenue, Suite 300, Oakland, CA 94612*

All Referrals can be sent by mail or electronically by e-mail to info@rtgrlaw.com

Date of Referral:_____

Client Information:

Adjuster:_____ Phone:_____

Company Name:_____

Address:_____

Employer:_____ Policy Period:_____

Insurance Carrier:_____

Employee Information:

Employee:_____ Phone:_____

Address:_____

DOB:_____ SS#:_____

DOH:_____

Claim Information:

DOI(s):_____ Claim number:_____

Claim form filed on:_____ Application filed on:_____

Applicant's Attorney Info:_____

Denial letter dated:_____ Denial due date:_____

Benefits Paid:

TD: $_____ Periods:_____

PD: $_____ Periods:_____

Medical: $_____ Periods:_____

§4850: $_____ Periods:_____

Issues:

☐ AOE/COE	☐ TD	☐ Med/Legal Costs
☐ Employment	☐ PD	☐ Dependency
☐ Occupation	☐ Apportionment	☐ Jurisdiction
☐ Coverage	☐ Future Medical	☐ Subrogation
☐ Earnings	☐ Self-Procured Medical	☐ Statute of Limitations

☐ Other/Explain:_____

Requested Action/Authority:

☐ Attend Hearings- Date/Time/Place:_____

☐ Depositions: ☐Applicant ☐Other ☐Need to discuss:_____

☐ Schedule Medical Exam: ☐ AME ☐ QME Physician:_____

☐ Subpoena Records ☐Yes ☐ No Preferred Subpoena Vendor:_____

Comments/Special Instructions:_____