Oakland Office
510.338.3166
oak@rtgrlaw.com
Los Angeles Office
888-338-2504
la@rtgrlaw.com
Sacramento Office
888-338-2504
sac@rtgrlaw.com
San Diego Office
888-338-2504
sd@rtgrlaw.com

RTGR Law LLP

San Jose Office
888-338-2504
sj@rtgrlaw.com
Orange County Office
888-338-2504
oc@rtgrlaw.com
Van Nuys Office
888-338-2504
van@rtgrlaw.com

Workers' Compensation File Referral Form

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

All Referrals can be sent by mail to the address above, by fax to 510-338-3167 or e-mail to your closest RTGR Law office or to info@rtgrlaw.com

Client/Employer 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:_____

Continued on next page.

Issues:

☐ AOE/COE	☐ PD	☐ Dependency
☐ Employment	☐ Apportionment	☐ Jurisdiction
☐ Occupation	☐ Future Medical	☐ Subrogation
☐ Coverage	☐ Self-Procured Medical	☐ Statute of Limitation
☐ 132(a)	☐ S&W	

☐ 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:_____

☐ Settlement Walk-Thru Only

Comments/Special Instructions:

_____

_____

_____

Date of Referral:

_____