



**REQUIRED INFORMATION
IN RED**

CASE REFERRAL

Today's Date: _____ **Judge:** _____
Hearing Date: _____ **Venue:** _____
Hearing Time: _____ **WCAB Case/ADJ #:** _____



Client: _____
Administrator: _____
Service Office: _____
Claims Adjuster: _____
Telephone #: _____ **Email:** _____



Claimant Name: _____ **Has Case-In-Chief resolved?**
Claim #(s): _____ **Yes or No**
Comments/Special Instructions: _____ **D.O.I. (s):** _____



Liens **NOT** to be negotiated:

Reason:

Claims Adjuster Signature **Date**



Please attach:
 Computerized Pay History
 Computerized Adjuster Notes
 Employers First Report
 ALL DWC Notice Letters and Forms
 Legal Correspondence
 Complete Medical File
 Liens, Statements, Medical Bill Reviews
 Settlement Documents

OR

We can arrange to have the file photocopied or scanned upon receipt of the lien referral or phone request.

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