

CLAIMANT	DATE OF BIRTH	EMPLOYER	POLICY NUMBER	
DATE OF INJURY	TPA CLAIM NUMBER	MEC CLAIM NUMBER	STATE CLAIM NUMBER (if applicable)	
TPA	ADJUSTER	EMAIL	PHONE	
HEIGHT	WEIGHT	APPLIED FOR SSDI <input type="checkbox"/> YES <input type="checkbox"/> NO	ACCEPTED?	<input type="checkbox"/> YES <input type="checkbox"/> NO
SMOKER <input type="checkbox"/> YES <input type="checkbox"/> NO	OPIOID USAGE <input type="checkbox"/> YES <input type="checkbox"/> NO	MEDICARE ELIGIBLE <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE SSDI ACCEPTED	
ACCEPTED INJURY:				
DISPUTED CONDITIONS:				
ACCEPTED CONDITIONS:				
CO-MORBIDITIES:				
CURRENT TREATMENT				
CURRENT PRESCRIPTIONS				
CURRENT INDEMNITY STATUS			AWW: \$	
			CURRENT RATE: \$	
SETTLEMENT STATUS				
OUTSTANDING ISSUES				
LITIGATED ISSUES			DEFENSE COUNSEL:	
ACTION PLAN				
FINANCIALS	PAID	RESERVE	INCURRED	
INDEMNITY				
MEDICAL				
EXPENSE				
TOTAL				
RECOVERIES (EXCLUDING MEC REIMBURSEMENTS)				
RESERVE RATIONAL				
PLEASE PROVIDE A DETAILED PAYMENT HISTORY (CHECK REGISTER), RECENT MEDICAL REPORTS (INCLUDING IMEs AND LAST 2 YEARS OF Rx FILL HISTORY), AND ANY RECENT DEFENSE/LEGAL REPORTS.				