

TESTAN LAW

LEGAL TRANSMITTAL • WORKERS COMPENSATION/SUBROGATION

516 West Shaw Avenue, Suite 200, Fresno, CA 93704-2515 • Tel: (559) 228-8135
444 W. Ocean Boulevard., Suite 800, Long Beach, CA 90802 • Tel: (562) 951-9334
500 N. Brand Boulevard, 20th Floor, Glendale, CA 91203 • Tel: (818) 738-1770
31330 Oak Crest Drive, Westlake Village, CA 91361 • Tel: (805) 604-1816
180 Promenade Circle, Suite 300, Sacramento, CA 95834 • Tel: (916) 481-8775
1200 CA Street, Suite 150, Redlands, CA 92374 • Tel: (909) 890-3551
1455 Frazee Road, Suite 500, San Diego, CA 92108 • Tel: (619) 543-9960
3031 Tisch Way | 110 Plaza West, San Jose, CA 95128 • Tel: (408) 423-9270
3940-7 Broad Street, Suite 122, San Luis Obispo, CA 93401 • Tel: (805) 489-7232
333 City Blvd. West, Suite 1700, Orange, CA 92868 92705 • Tel: (714) 245-8888
2080 Silas Deane Highway, Suite 304, Rocky Hill, CT 06067 • Tel: (860) 563-6200
7901 SW Sixth Court, Suite 300, Plantation, FL 33324 • Tel: (954) 707-5656

121 S. Orange Avenue, Suite 1500, Orlando, FL 32801 • Tel: (407) 218-8755
3030 N. Rocky Point Drive, Suite 150, Tampa, FL 33607 • Tel: (813) 512-3341
150 S. Wacker Drive, Suite 2130, Chicago, IL 60606 • Tel: (312) 541-0448
Iowa c/o 12020 Shamrock Plaza, Suite 200, Omaha, NE 68154 • Tel: (402) 881-4800
107 W. 9th Street, Suite 218, Kansas City, MO 64105 • Tel: (816) 423-2585
12020 Shamrock Plaza, Suite 200, Omaha, NE 68154 • Tel: (402) 881-4800
4775 S. Durango Drive, Suite 103, Las Vegas, NV 89147 • Tel: (702) 254-1186
25 Independence Blvd., Suite 100, Warren, NJ 07059 • Tel: (908) 771-0200
3700 N. Classen Blvd., Suite 215, Oklahoma City, OK 73118 • Tel: (405) 521-8600
600 Chestnut Street, Suite 656, Philadelphia, PA 19106 • Tel: (267) 535-5445
9600 Great Hills Trail, Suite 150 W, Austin, TX 78759 • Tel: (512) 851-7933

EMPLOYEE

EMPLOYEE ADDRESS CITY STATE ZIP

EMPLOYER

EMPLOYER ADDRESS CITY STATE ZIP

DATE(S) OF INJURY DATE OF HIRE

DATE OF BIRTH SOCIAL SECURITY NO.

CLAIM NUMBER(S)

WCAB NUMBER(S) OCCUPATION

CARRIER POLICY PERIOD

SUGGESTED ISSUES

- _____ 1. Injury AOE/COE
- _____ 2. Parts of Body Injured
- _____ 3. Period of Temporary Disability
- _____ 4. Earnings
- _____ 5. Permanent Disability
- _____ 6. Self-Procured Medical
- _____ 7. Future Medical
- _____ 8. Employment - Independent Contractor
- _____ 9. Coverage
- _____ 10. Occupation
- _____ 11. Statute of Limitations
- _____ 12. Vocational Rehabilitation
- _____ 13. Death and Dependency
- _____ 14. LC 132a
- _____ 15. Serious & Willful Against Employer
- _____ 16. Serious & Willful Against Employee
- _____ 17. Subrogation
- _____ 18. LC 5814 Penalty
- _____ 19. 90-Day Deadline Approaching

URGENCY OR SPECIAL HANDLING INSTRUCTIONS

Attorney preference: _____

DOR filed? Yes No: ___/___/___

Appearance type: _____

Deposition scheduled or needed? _____

Medical exam scheduled or needed? _____

With whom and when? _____

90-day deadline approaching? Yes No: ___/___/___

Original medical reports are: Attached Filed

Copies served on applicant? Yes No

BENEFITS PAID (Omit summary if attached)

Earnings: _____ per _____

Average weekly wage based on wage statement? Yes No
(If yes, please attach to this document)

Medical Treatment _____

Permanent Disability _____

VRTD _____

Temporary Disability Rate _____

Dates TD Paid _____

POST 1-1990 CASES ONLY

Claim form received: No Yes: ___/___/___

90th day to accept or deny is ___/___/___

Denied within 90 days? Yes No Date: ___/___/___

If disabled for 90 days - QRR assigned? Yes No

Application filed? No Yes: ___/___/___

EXAMINER'S REMARKS:

EXAMINER:

COMPANY:

DATE:

TELEPHONE: