

# KEGEL, TOBIN & TRUCE

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## FILE TRANSMITTAL FORM

Assign To: \_\_\_\_\_

TOTAL MEDICAL PAID \_\_\_\_\_

CLAIMANT'S NAME \_\_\_\_\_

TOTAL INDEMNITY PAID \_\_\_\_\_

CLAIM NO. \_\_\_\_\_ DOI: \_\_\_\_\_

WEEKLY RATE \_\_\_\_\_

EMPLOYER \_\_\_\_\_

PERIODS COVERED \_\_\_\_\_

CARRIER \_\_\_\_\_

- Individual  Co-partnership  
 Corporation  Joint Venture  
 Permissibly Self-Insured  Insured

NATURE/TYPE OF INJURY \_\_\_\_\_

SOCIAL SECURITY NO. \_\_\_\_\_

POLICY PERIOD \_\_\_\_\_

ADDITIONAL INJURIES AND/OR CROSS REFERENCE

FILES \_\_\_\_\_

### Apparent Reasons For Litigation (Check box of reason below)

- |  |   |  |
|--|---|--|
| 1. <input type="checkbox"/> Compensation not paid because of -<br>(a) No employer's report<br>(b) No doctor's report<br>(c) No notice of claim form<br>(d) Delay of benefits | 3. <input type="checkbox"/> Medical Treatment<br>(a) Liability for past<br>(b) Need for further | 8. <input type="checkbox"/> Coverage for employer or this employee   |
| 2. <input type="checkbox"/> Disability<br>(a) Temporary<br>(b) Permanent   | 4. <input type="checkbox"/> Injury AOE/COE  | 9. <input type="checkbox"/> Employment or employer identity disputed |
|  | 5. <input type="checkbox"/> Statute runs _____  | 10. <input type="checkbox"/> Dependency or identity of dependents    |
|  | 6. <input type="checkbox"/> Average Earnings  | 11. <input type="checkbox"/> Possible Penalty Issue                  |
|  | 7. <input type="checkbox"/> Occupation  | 12. <input type="checkbox"/> Apportionment                           |
|  |   | 13. <input type="checkbox"/> Subrogation                             |
|  |   | 14. <input type="checkbox"/> REHAB                                   |
|  |   | 15. <input type="checkbox"/> Other                                   |

### Preparation For Hearing

WCAB NO. \_\_\_\_\_

Have Defense Meds been served? Y  N

Date Hearing Set \_\_\_\_\_

(If not, please provide originals)

Your recommendations re: further medical examination?

Date Appl./Claim Form Recv'd \_\_\_\_\_

Date File Sent to KT&T \_\_\_\_\_

Is case otherwise ready for litigation? Y  N

REMARKS BY CLAIM EXAMINER: \_\_\_\_\_

REPORTS ALSO TO BE SENT TO: \_\_\_\_\_

\_\_\_\_\_  
(NAME OF COMPANY SENDING FILE)

\_\_\_\_\_  
(NAME OF CLAIM EXAMINER)

\_\_\_\_\_  
(COMPANY ADDRESS)

PHONE# ( \_\_\_\_\_ ) \_\_\_\_\_

E-MAIL: \_\_\_\_\_