

## SPEICAL HANDLING REFERRAL SHEET (ALL CASES THAT ARE NOT WORK COMP)

D.O.R.:

CASE/CLAIMANT:

FILE NO:

CONSULTANT:

BILLING RATE: PRO RATE:\$\_\_\_\_\_NON-PRO RATE: \$\_\_\_\_\_

BILLING TO:

REFERRAL LETTER TO:

NAME:

NAME:

ADDRESS:

ADDRESS:

PHONE NO:

PHONE NO:

TYPE OF REFERRAL:

EFJD; EJA; AA; LEGAL; OTHER:\_\_\_\_\_ (Divorce, Liability, ADA, etc)

IF APPLICABLE:

CLAIMANT:

OPPOSING COUNSEL:

S.S.N.:

D.O.B.:

D.O.I.:

COPIES OF CORRESPONDENCE &  
REPORTS TO:

NAME:

ADDRESS:

PHONE NO: