

TAYLOR

& Associates

PO Box 1789, Suwanee, GA 30024-1789
 Phone: 770-831-1974 / Toll Free: 877-259-6199 / Fax: 770-831-9987

On-Site
 Telephonic
 Cat
 Non-Cat
 State: _____
 Account Rep: _____
 Special Ins: _____

CLAIMANT		REFERRAL SOURCE	
Name:		Account Name:	
Address:		Address:	
		Adjuster:	
		Email:	
PH #:	SS #:	Phone #:	Ext.
DOB:	DOI:	Claim #:	
EMPLOYER INFORMATION			
Employer:		Contact Person:	
Address:		Phone #:	
		Occupation:	
MEDICAL INFORMATION			
Doctor:		Phone #:	
Specialty:			
Diagnosis:		Hospital:	
CLAIMANT ATTORNEY		DEFENSE ATTORNEY	
Name:		Name:	
Address:		Address:	
Phone #:		Phone #:	
<i>Special Instructions:</i>			
TYPE OF COVERAGE			
<input type="checkbox"/> Workers Compensation <input type="checkbox"/> Auto Liability		<input type="checkbox"/> Auto No-fault <input type="checkbox"/> General Liability	
<input type="checkbox"/> Long Term Disability <input type="checkbox"/> Health Insurance		<input type="checkbox"/> Other (Specify) <input type="checkbox"/> Life Care Plan	
Reason for Referral: <input type="checkbox"/> Initial Assessment <input type="checkbox"/> Medical <input type="checkbox"/> Vocational <input type="checkbox"/> Expert Witness <input type="checkbox"/> Ltd Assignmt.			
Contacts to Include: <input type="checkbox"/> Client <input type="checkbox"/> Physician <input type="checkbox"/> Employer <input type="checkbox"/> Other			
Case Manager:		Our File #:	
Date of Referral:		Diary Date:	