

**Worker's Compensation Insurance**

**Section A**

1. Insurance Carrier:	
2. Claim Number:	
3. Adjuster's Name:	
4. Adjuster's Phone #:	
5. Claims Billing Address:	

**Section B**

1. Occupation at the time of injury:	
2. Employer at the time of injury:	
3. Employer's Address:	

**Section C**

1. What happened (details of the injury)?:	
2. Where did the injury happen?:	
3. Is an attorney involved?	
<i>If yes, please list the name and phone number of the attorney currently working your case.</i>	*
4. Attorney's Name:	
5. Attorney's Phone #:	
7. Attorney's email address:	

**Section D**

1. Which category fits your claim now? (please circle one):

**Closed**

**Open**

**Ligation**

**Palliative Care Only**

Print: \_\_\_\_\_

Sign: \_\_\_\_\_

Today's Date: \_\_\_\_\_