



Reemployment Services Referral Form

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|---|---|
| <input type="checkbox"/> Re-employment Assessment
<input type="checkbox"/> Annual PTD Evaluation
<input type="checkbox"/> Forensic Voc Review
<input type="checkbox"/> Video Physical Job Requirements | <input type="checkbox"/> Jobs Approved <input style="width: 40px; height: 15px;" type="text"/>
<input type="checkbox"/> Labor Market Survey
<input type="checkbox"/> Job Analysis
<input type="checkbox"/> Vocational Evaluation (testing) |
|---|---|

Company Information

Company Name		Date of Referral		
Address		City	State	Zip
Phone	Fax	Email		
Referral Contact		Title		

Injured Worker Information

Injured Worker			Claim Number	Date of Loss
Address			Last 4 Digits of SSN	DOB
City	State	Zip	Injured Worker Phone	
Employer			Employer Contact	
Employer Contacted about RTW <input type="checkbox"/> Yes <input type="checkbox"/> No			Employer Phone	
Contact Employer about RTW Options <input type="checkbox"/> Yes <input type="checkbox"/> No				

Disability Status

What benefit is being paid?	MMI Date	PIR %
PTD <input type="checkbox"/> Yes <input type="checkbox"/> No	SSDI <input type="checkbox"/> Yes <input type="checkbox"/> No	

Litigation Status

Litigation Issues:				
Petition for PTD <input type="checkbox"/> Yes <input type="checkbox"/> No		Mediation Date	Hearing Date	
Accepted <input type="checkbox"/> Yes <input type="checkbox"/> No				
Claimant Attorney		Law Firm		
Address	City	State	Zip	Phone
Defense Attorney		Law Firm		
Address	City	State	Zip	Phone

Please include the following documents with your referral:

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| <ul style="list-style-type: none"> First Report of Injury Work Status Medical Reports (if multiple physicians, please provide reports from each) MMI/FCE Reports (if multiple physicians, please provide reports from each) | <ul style="list-style-type: none"> IME Reports All MSA, vocational, case management status reports from NCM Legal events and deposition summaries |
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Thank you for your referral!

For immediate attention, please contact us

Toll Free. 866-663-9880 ~ Fax. 813-663-9886 ~ Email. info@reemployability.com