



**Claimant's Information:**

<b>Name (Last Name, First &amp; Middle Initial)</b>	<b>Street Address, City State &amp; Zip Code</b>
<b>Social Security Number:</b>	<b>Date of Birth:</b>
<b>Date of Injury:</b>	<b>State of Jurisdiction:</b>
<b>Employer Name:</b>	<b>Employer Address:</b>
<b>Date of Hire:</b>	<b>Claim #:</b>

**Referring Contact Information:**

<b>Attorney Name</b>	<b>Address</b>	<b>Phone #:</b>	<b>E-Mail:</b>
<b>Ins. Carrier/TPA/Self Ins./Other</b>	<b>Address</b>	<b>Phone #:</b>	<b>E-Mail:</b>

**Additional Attorney Information (If Applicable):**

<b>Defense Attorney</b>	<b>Address</b>	<b>Phone #:</b>	<b>E-Mail:</b>
<b>Claimant's Attorney</b>	<b>Address</b>	<b>Phone #:</b>	<b>E-Mail:</b>

Is the Claimant on Medicare? Yes \_\_\_\_\_ or No \_\_\_\_\_ or N/A / Unknown \_\_\_\_\_

Is the Claimant on Medicaid? Yes \_\_\_\_\_ or No \_\_\_\_\_ or N/A / Unknown \_\_\_\_\_

Date of Medicare Eligibility: \_\_\_\_\_ or N/A / Unknown \_\_\_\_\_

Is the Claimant's Medicare Card available? Yes \_\_\_\_ or No \_\_\_\_ Is the card attached with this referral? Yes \_\_\_\_ or No \_\_\_\_

Is the Claimant on SSDI? Yes \_\_\_\_\_ or No \_\_\_\_\_ or N/A / Unknown \_\_\_\_\_

Date of SSDI Eligibility: \_\_\_\_\_ or N/A / Unknown \_\_\_\_\_

Has this claim been settled? Yes \_\_\_\_ or No \_\_\_\_ Total settlement amount: \$ \_\_\_\_\_ Has it been approved? Yes \_\_\_\_ or No \_\_\_\_

Please list all accepted injuries and date of each injury:

\_\_\_\_\_

Please list all disputed injuries and reason for dispute:

\_\_\_\_\_

Do we have your authorization to contact the claimant and/or attorney for any signed releases?

Yes \_\_\_\_\_ or No \_\_\_\_\_

**Please complete form and email with signed releases to:**

[support@blackburngroup.com](mailto:support@blackburngroup.com)

**Blackburn Group, Inc., 1173 Pittsford Victor Road, Suite 250, Pittsford, NY 14534**