



FILE TRANSMITTAL TO: \_\_\_\_\_

From \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date Sent \_\_\_\_\_  
WCAB No. \_\_\_\_\_  
Claim No. \_\_\_\_\_

Claimant \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Date of Injury \_\_\_\_\_  
Policy Period \_\_\_\_\_  
Date of Knowledge \_\_\_\_\_

Employer \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Date of Delay \_\_\_\_\_  
Date of Denial \_\_\_\_\_  
Occupation \_\_\_\_\_

**BENEFITS FURNISHED:**

Medical Expenses \_\_\_\_\_

Temporary Disability \_\_\_\_\_ Rate \_\_\_\_\_

Periods Covered \_\_\_\_\_

Wages \_\_\_\_\_ Wage Information attached? \_\_\_\_\_

Case Status \_\_\_\_\_

Has Application been filed? \_\_\_\_\_ If yes, give date \_\_\_\_\_

Has a DOR been filed? \_\_\_\_\_ If yes, give date \_\_\_\_\_

Is there a hearing or deposition date? \_\_\_\_\_ If yes, give date \_\_\_\_\_

Have all medical reports been served on parties? \_\_\_\_\_

Has a LC 4062.2 objection issued? \_\_\_\_\_

Is a medical exam pending? \_\_\_\_\_ If yes, give date \_\_\_\_\_ Doctor: \_\_\_\_\_

**SUGGESTED ISSUES:**

\_\_\_\_\_ Injury \_\_\_\_\_ Employment \_\_\_\_\_ Occupation \_\_\_\_\_ Coverage

\_\_\_\_\_ Earnings \_\_\_\_\_ T.D. \_\_\_\_\_ P.D. Apptn. \_\_\_\_\_ Past Med.

\_\_\_\_\_ Future Med. \_\_\_\_\_ Subro \_\_\_\_\_ Statute of Limitations

**REMARKS AND REQUESTS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_