



Custom Case Management

Experienced nurses with cost-effective solutions.

Case Request for Service

Date:

I'm interested in the following services

- Field Case Management
- Task Assignment
- Vocational Rehabilitation
- Ergonomic Assessment
- IME Set-Up
- Telephone Case Management
- Job/Video Analysis
- Liability Review

Referred by (Name)	Referred by (Company or Agency)
Referred by (Address)	Referred by (Phone/Email)

Claimant Name	Claimant Phone
Claimant Address	City, State, Zip
Date of Birth	Social Security Number
Email	Claim Number
Date of Injury	

Diagnosis

Doctor(s) Hospital	Doctor(s) Phone
Doctor(s) Address	City, State, Zip

Defense Attorney	Defense Attorney Phone
Defense Attorney Address	City, State, Zip

Occupation	Average Weekly Wage
Employer	Employer Phone
Employer Address	City, State, Zip

Special Instructions/Reason for Assignment
--

File Number (Internal Use)	Case Manager
----------------------------	--------------

I'm interested in the following IME Set-Up Services:

- Provide IME physician choices
- Organize medical file
- Obtain missing records
- Issue IME prepayment
- Translation services
- Secure IME report
- Schedule IME
- Send IME notice and travel expense to claimant
- Provided customized, detailed IME cover letter
- Coordinate transportation to/from IME
- Attend IME
- Provide recommended plan for claimants deemed not MMI/FD