



RESOLUTION PARTNERS MICRO & MACRO, LLC

WE UNDERSTAND THE BIG PICTURE AND HANDLE THE DETAILS

Case Referral FAX to (626) 332-8033

Date of Referral: _____

Carrier & Address: _____

Claims Examiner: _____

Telephone #: _____ Fax #: _____

Email: _____

Claimant Name : _____ Claim # _____

Lien Claimant Name: _____ Phone # _____

Outstanding Lien Amt.: _____

Hearing Date: _____ Time: _____

Judge: _____ WCAB: _____

Case-In-Chief Resolved? Y or N Settlement Method: Stip C&R F&A

Settlement Amount: \$ _____

Case-In-Chief Accepted Or Denied? A or D Thomas Finding Included In Settlement? Y or N

Comments/Special Instructions: _____

IMPORTANT:

Please attach for each referral:

- Liens and Applicable Billing
Existing Bill Reviews (EOR/EOB) if available
Medical Payment History Printout
Settlement Documents
"Claim Summary" Printout

Additional helpful information (not mandatory):

- Printout of Examiner Notes
DWC Notices
Latest Legal Correspondence
Bill Objection Letters
Medical Reports Pertinent to Lien Claim

If sending via U.S. mail, please fax referral form to (626) 332-8033 and indicate in special instructions that documents are being mailed. *RPM will photocopy file in your office if requested.