

Workers' Compensation Referral Form

For new file referrals: Please note that merely sending the claim file to one of our lawyers or staff members does not create an attorney-client relationship. Such a relationship will exist only once it is confirmed in writing between Reinisch Wilson PC and you or your company.

Reinisch Wilson PC does not represent your employer/client until we have received this completed Referral Form, have satisfied our conflict check and confirmed representation in writing with you.

Please help us be more efficient and meet important deadlines so we can help resolve this matter sooner.

Claim Matter Jurisdiction: Oregon
Worker's Claim Number:
Worker's Full Name:
Worker's Date of Injury:
Worker's Social Security Number:
Worker's Date of Birth:
Is Worker Represented?
If yes, name of Worker's attorney:
Employer Name:
Insurance Carrier (NOT TPA):
Which billing/litigation guidelines apply?
Ebiller:
Is this file in litigation in Oregon?
If yes, WC Board Number:
If yes, Date of Hearing:

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Discovery to Worker's Attorney Due Date	e
Protest/Appeal deadlines (list the event t	cype – such as Notice of Closure – and due date):
Event	Due date
Event	Due date
Event	Due date
Upcoming IMEs:	
Dr. Name	Date
Dr. Name	Date
Dr. Name	Date
MRU / MRT Response Due Date:	
Your First and Last Name	
Your Company	
Your Email	
Reinisch Wilson attorney preference	
Please attach this form to any physical matters do	elivered to our office.
For any electronically submitted files, please combefore uploading claim matter documents.	uplete the online form at https://rwlaw.com/files

Upcoming Deadlines and Due Dates (VERY IMPORTANT!):

