



Impairment Resources

To make a referral, please complete the following referral form and return it to us by fax to (619) 299-7333, mail to 8885 Rio San Diego Drive, Suite 310, San Diego, CA 92108 or electronically to referral@impairment.com. We encourage you to make online referrals at www.impairment.com/referral. If you have any questions, please do not hesitate to contact us at (619) 299-7377.

TODAY'S DATE: _____

<u>CLIENT INFORMATION:</u>	<u>CASE INFORMATION:</u>	<u>BILLING INFORMATION*:</u>
Name: _____	Claimant Name: _____	Contact Individual: _____
Company: _____	File No: _____	Company: _____
Address: _____	Date of Injury: _____	Address: _____
	Date of Birth: _____	
Email: _____	Employer: _____	Email: _____
Phone: _____	Occ./Occ. Code (if applicable): _____	Phone: _____
City: _____	AWW Rate/PPD Rate: _____	City: _____
State/Zip Code: _____	Litigated: Yes <input type="checkbox"/> No <input type="checkbox"/>	State/Zip Code: _____

* If different from client information or attorney referral, the primary payer information is required.

SPECIAL INSTRUCTIONS:

TYPE OF CASE: Workers' Compensation Longshore Auto Casualty Liability Other

An impairment rating can be proactively obtained by utilizing the ImpairmentAssessment™ or Letter of Guidance. These services are utilized prior to receipt of an impairment rating. Other services offered by Impairment Resources are recommended for claims that have an impairment rating documented. All services assist with settlement negotiations to move the claim towards resolution.

SERVICES REQUESTED:**

- ImpairmentAssessment ImpairmentScreen
- ImpairmentExpert: Rater Physician
- ImpairmentLetter: Letter of Guidance Letter of Clarification Letter of Analysis
- Consultation, Deposition and Expert Witness Testimony

Please send the rating report if applicable and the last 3 months of medical records including imaging reports such as MRIs and X-ray reports, electrodiagnostic study reports, consultation reports, operative reports and physical therapy notes.

NEED COMPLETED BY: _____ (Client Due Date)

** Upon receipt of referral, Impairment Resources will contact the referrer for authorization of the recommended service type and associated pricing.

If you would like a soft copy of this form emailed to you for future use, check this box .

