

AFFILIATION OF INDEPENDENT CASE MANAGERS INC.

P.O. Box 11338
Fort Worth, TX 76110
Phone: (817) 336-4461
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Recover ~ Restore ~ Return to Work

REQUEST FOR SERVICE

Account Name _____
Address _____
Referral Date _____
Loss Date _____
Claim # _____

Contact Person _____
Telephone _____
Fax _____
WC _____ A&H _____
Auto _____ GL _____
LTD _____ Bill Rate _____

CLIENT INFORMATION

Name _____
Address _____

SSN _____
DOB _____ Age _____
Telephone _____

EMPLOYER / INSURED INFORMATION

Company _____
Address _____
Telephone _____

Contact _____
Occupation _____
Avg Wkly Wage _____
Date of Hire _____

MEDICAL INFORMATION

Diagnosis _____
Hospital Name _____ Hospital Phone _____
Physician Name _____ Physician Phone _____

ATTORNEY INFORMATION

Name _____ Phone _____
Address _____

CONTACTS: Client Physician Employer Other _____

Referral Objective:

Comments:

Do Not Write Below This Point - Office Use Only

Location _____ *Rehab Consultant* _____
Date Assigned _____ *Phone Number* _____