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FILE TRANSMITTAL FORM

Assign To: ____________________ TOTAL MEDICAL PAID: ____________________

CLAIMANT'S NAME ____________________ TOTAL INDEMNITY PAID: ____________________

SSN: ____________ DOB: ____________ NATURE/TYPE OF INJURY: ____________________

CLAIM NO. ____________ DOI: ____________ WEEKLY RATE: ____________ DATE OF HIRE: ____________

CARRIER: ____________________ POLICY PERIOD: ____________________

DOK: ____________ DENIED Y ☐ N ☐ ACCEPTED Y ☐ N ☐ IF ON DELAY, DECISION DATE: ____________

ADDITIONAL INJURIES AND/OR CROSS REFERENCE FILES: ____________________

____

EMPLOYER: ____________________ EMPLOYER E-MAIL & PHONE#: ____________________

Individual
Corporation
Permissibly Self-Insured

Co-partnership
Joint Venture
Insured

EMPLOYER ADDRESS: ____________________

Apparent Reasons For Litigation
(Check box of reason below)

1. ☐ Compensation not paid because of -
   - No Employer's Report
   - No doctor's report
   - No notice of claim form
   - Delay of benefits
2. ☐ Disability
   - Temporary
   - Permanent
3. ☐ Medical Treatment
   - Liability for past
   - Need for further
4. Injury AOE/COE
5. Statute runs
6. Average Earnings
7. Apportionment
8. Occupation
9. Subrogation
10. Employment or employer identity disputed
11. Dependency or identity of dependents
12. Possible penalty issue
13. Coverage for employer or this employee
14. Other ____________________

____

Preparation For Hearing

ADJ NO.: ____________ Venue: ____________ Have Defense Meds been served? Y ☐ N ☐

Type of Hearing & Date: ____________ INTERPRETER NEEDED? Y ☐ N ☐ If Yes, what language: ____________

Your recommendations re: further medical examination? ____________________

Date Appl./Claim Form Recv'd: ____________ Date File Sent to KT&T: ____________ Is case otherwise ready for litigation? Y ☐ N ☐

PTP NAME, PHONE# AND ADDRESS: ____________________

____

REPORTS ALSO TO BE SENT TO: ____________________

____________________ ____________________
(NAME OF COMPANY SENDING FILE & UAN) (NAME OF CLAIM EXAMINER)

____________________ ____________ ____________
(COMPANY ADDRESS) (PHONE/FAX) (E-MAIL)