LUIS MAS & ASSOCIATES *Forensic Medical-Legal Vocational Evaluators & Disability Management Experts*

WORKERS COMPENSATION REFERRAL

Contact Information	
Claimants Full Name	
WCAB ADJ#	
Claim #	
SSN#	
Date of Birth	
Home Address	
City/State/Zip	
Cell Phone	
Home Number	
Altn Number	
Email Address	
Referred By	
Claimants File #	
Contact	
Firm Info	
Address	
City/State/Zip	
Email Address	
Phone Number	
Fax Number	
Insurance Carrier Information	
Contact	
Company Info	
Address	
City/State/Zip	
Email Address	
Phone Number	
Fax Number	
Opposing Counsel Information	
Contact	
Firm Info	
Address	
City/State/Zip	
Email Address	
Phone Number	
Fax Number	
Employers Information	
Contact	
Company Info	
Address	
City/State/Zip	
Email Address	
Phone Number	
Fax Number	

Case Status and Service Requested				
Retainer Fee		DOR Filed	NO	YES
Evaluation		Case OTOC	NO	YES
Report		Job Analysis	**NO**	**YES**
Venue		Lebeuof Eval	**NO**	**YES**
MSC Date		DFEC Eval	**NO**	**YES**
Trial Date		Case Analysis Only	NO	YES

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