PO Box 2036 Missoula, MT 59806 Phone toll free (855)413-4443

Fax toll free (855)219-4567 Phone (406)549-2001

ASSIGNMENT INFORMATION

Requested Specialist: ______________________ Claim Type ______________________

Customer Claim # ______________________ Assign Date ______________________

Service
Check One

☐ Treating Provider ☐ IR ☐ DOT Physical ☐ Pre-Employment ☐ FCM ☐ Other Explain: ______________________

SERVICES REQUESTED

Special Instructions:

CUSTOMER INFORMATION

Adjuster ______________________ ______________________

Company ______________________ Address ______________________

Phone # ______________________ ______________________

Fax # Email

INJURED WORKER INFORMATION

Name ______________________ ______________________

Address ______________________ ______________________

______________________ ______________________

Phone # Sex

EMPLOYER INFORMATION

Employer Name ______________________ Address ______________________

Phone Number ______________________ ______________________

Contact Person Fax Number

WORK/INJURY & DIAGNOSIS INFORMATION

DOH ______________ Wage Rate ______________ TTD Rate ______________

Job Title Injury Description

PHYSICIAN INFORMATION

MD #1 ______________ #2 ______________ #3 ______________

Address ______________ ______________ ______________

______________ ______________ ______________

Phone/Fax

ATTORNEY INFORMATION

Plaintiff ______________________ Defense ______________________

Address ______________________ Address ______________________