**For new file referrals:** Please note that merely sending the claim file to one of our lawyers or staff members does not create an attorney-client relationship. Such a relationship will exist only once it is confirmed in writing between Reinisch Wilson Weier PC and you or your company. *Reinisch Wilson Weier PC does not represent your employer/client until we have received this completed Referral Form, have satisfied our conflict check and confirmed representation in writing with you.* 

Please help us be more efficient and meet important deadlines so we can help resolve this matter sooner.

Claim Matter Jurisdiction:
Worker's Claim Number
Worker's Full Name
Norker's Date of Injury
Norker's Social Security Number
Norker's Date of Birth
s Worker represented? 🗌 Yes 👘 No
If yes, name of Worker's attorney
Employer name
nsurance Carrier (NOT TPA)
Which billing/litigation guidelines apply?
Ebiller
s this file in litigation in Oregon? 🛛 Yes 🗌 No
If yes, WC Board Number

## CONTINUED



Reinisch

**Nilson Weier** PC

Upcoming Deadlines and Due Dates (VERY IMPOR	RTANT!):
Discovery to Worker's Attorney due date	
Protest/Appeal deadlines (list the event ty	ype – such as Notice of Closure – and due date:
Event	Due date
Event	Due date
Event	Due date
Upcoming IMEs:	
Dr. Name	Exam Date
Dr. Name	Exam Date
Dr. Name	Exam Date
ARU response due date	
MRU/MRT response due date	
Your First and Last Name	
Your Company	
Your Email	
Reinisch Wilson Weier attorney preference	

For any electronically submitted files, please complete the online form at <a href="https://rwwcomplaw.com/files">https://rwwcomplaw.com/files</a>

Please attach this form to any physical matters delivered to our office.

before uploading claim matter documents.

