LEGACY CLAIM SOLUTIONS
A GITTER COMPANY

REFERRAL FORM

SELECT SERVICE (PLEASE CHECK ALL THAT APPLY):

☐ Legacy Claim Resolution Service w/ LCS Signature Valuation Program™

☐ Signature MSA Service (10-day turnaround) ☐ Signature Rush MSA Service (5-day turnaround)

CLAIMANT/APPLICANT NAME | CLAIMANT/APPLICANT PHONE | GENDER

CLAIMANT/APPLICANT DATE OF BIRTH | CLAIMANT/APPLICANT SS NUMBER | STATE OF JURISDICTION

CLAIMANT/APPLICANT ADDRESS | CITY | STATE | ZIP

DATE OF INJURY | CLAIM NUMBER

EMPLOYER/DEFENDANT NAME | EMPLOYER/DEFENDANT PHONE

EMPLOYER/DEFENDANT ADDRESS | CITY | STATE | ZIP

ADJUSTER NAME | ADJUSTER COMPANY

ADJUSTER ADDRESS | CITY | STATE | ZIP

ADJUSTER PHONE | ADJUSTER FAX | ADJUSTER EMAIL

PROVIDE COPY OF MSA TO (CLICK ALL THAT APPLY):

☐ Adjuster ☐ Defense Attorney ☐ Claimant/Applicant Attorney ☐ Structure Broker ☐ Other (Please specify in notes)

PROVIDE COPIES OF RELEASES TO (CLICK ALL THAT APPLY):

☐ Adjuster ☐ Defense Attorney ☐ Claimant/Applicant Attorney ☐ Structure Broker ☐ Other (Please specify in notes)

ACCEPTED/DENIED INJURIES:

INJURY DESCRIPTION:

NOTES:

1106 SECOND STREET, #473 * ENCINITAS, CA * 92024 * (P) 877.448.2772 * (F) 760.740.0449 * CSVS@LEGACYCLAIMS.COM

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Defense Firm Name	Defense Attorney Name		

Defense Firm Address Address	City	State	Zip

Defense Firm phone	Defense Firm Fax	Defense Attorney Email

Claimant/Applicant Firm Name	Claimant/Applicant Attorney Name		

Claimant/applicant firm Address	City	State	Zip

Claimant/Applicant Firm phone	Claimant/Applicant Firm Fax	Claimant/Applicant Attorney Email

Structured settlement Company	Structure Broker name		

Structure Broker Phone	Structure Broker Fax	Structure Broker Email

Has claimant/applicant applied for SSDI benefits?	☐ Yes	☐ No	☐ Unknown
Is claimant/applicant currently receiving SSDI benefits?	☐ Yes	☐ No	☐ Unknown
Has claimant/applicant applied for Medicare benefits?	☐ Yes	☐ No	☐ Unknown
Is claimant/applicant currently receiving Medicare benefits?	☐ Yes	☐ No	☐ Unknown

Requested Items for all referrals:

Previous 2 years of Medical Records

Previous 2 years of Claims Payment History

Previous 2 years of Prescription Payment History

Previous 2 years of "Critical Correspondence"
(emails, letters, judgements, etc.)

Please send all referrals to either:

CSVS@LEGACYCLAIMS.COM

OR

1106 Second Street, #473
Encinitas, CA 92024