



Impairment Resources

To make a referral, please complete the following referral form and return it to us by fax to (619) 299-7333, mail to 8885 Rio San Diego Drive, Suite 310, San Diego, CA 92108 or electronically to referral@impairment.com. We encourage you to make online referrals at <http://www.impairment.com/clientlogin/>. If you have any questions, please do not hesitate to contact us at (888)262-1202.

TODAY'S DATE: _____

<u>CLIENT INFORMATION:</u>	<u>CASE INFORMATION:</u>	<u>BILLING INFORMATION*:</u>
Name: _____	Claimant Name: _____	Contact Individual: _____
Company: _____	File No: _____	Company: _____
Address: _____	Date of Injury: _____	Address: _____
_____	Date of Birth: _____	_____
Email: _____	Employer: _____	Email: _____
Phone: _____	Jurisdiction: _____	Phone: _____
City: _____	Occupation/Occ. Code (if applicable): _____	City: _____
State/Zip Code: _____	AWW Rate/PPD Rate: _____	State/Zip Code: _____

* If different from client information or attorney referral, the primary payer information is required.

SPECIAL INSTRUCTIONS:

TYPE OF CASE: Workers' Compensation Longshore Auto Casualty Liability Other

An impairment rating is proactively obtained by utilizing the pre-rating services. These services are utilized to estimate the rating. Other services offered are recommended for claims that have an impairment rating documented.

SERVICES REQUESTED**:

Pre Rating

- ImpairmentAssessment™
- Letter of Guidance

Post Rating

- ImpairmentScreen™
- Letter of Clarification
- ImpairmentExpert™: Rater Physician
- Consultation, Deposition, and Expert Witness Testimony

Please send the rating report if applicable and the last 3 months of medical records including imaging reports such as MRIs and X-ray reports, electrodiagnostic study reports, consultation reports, operative reports and physical therapy notes.

NEED COMPLETED BY: _____ (Client Due Date)

** Upon receipt of referral, Impairment Resources will contact the referrer for authorization of the recommended service type and associated pricing.

