

**FIS Referral Form**

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| **REQUESTOR INFORMATION:** |
| **Name:**  | Click here to enter text. | **Company Name:** | Click here to enter text. |
| **Company Mailing Address:**  | Click here to enter text. |
| Click here to enter text. |
| **Email:** | Click here to enter text. | **Fax:** | Click here to enter text. |
| **Phone:** | Click here to enter text. | **Additional Info:** Contact/update/reporting preferences, etc. | Click here to enter text. |
| **CLAIM INFORMATION:** |
| **Claim #:** | Click here to enter text. | **Claim Type:** | [ ]  WC [ ]  Liability[ ]  Other: Click here to enter text.  |
| **Insured/Employer:** | Click here to enter text. | **Due Date:** | Click here to enter a date. |
| **Date of Loss:** | Click here to enter a date. | **Injury Description:** | Click here to enter text. |
| **CLAIMANT INFORMATION:** |
| **LAST Name:**(including Maiden): | Click here to enter text. | **FIRST Name:**  | Click here to enter text. | **Middle/ Initial:** | Click here to enter text. |
| **Address 1:** | Click here to enter text. | **Address 2:** | Click here to enter text. |
| **City/State:** | Click here to enter text. | **City/State:** | Click here to enter text. |
| **Zip Code:** | Click here to enter text. | **Zip Code:** | Click here to enter text. |
| **DOB:** | Click here to enter a date. | **SSN:** | Click here to enter text. |
| **Home Phone(s):** | Click here to enter text. | **Cell phone(s):** | Click here to enter text. |
| **Email address:** | Click here to enter text. | **Sex:** | [ ]  Male [ ]  Female[ ]  Unknown |
| **Marital Status:** | [ ]  Single [ ]  Divorced[ ]  Married [ ]  Unknown  | **Represented:** | [ ]  Yes [ ]  Unknown [ ]  No |
| **Working:** | [ ]  Yes: Click here to enter text. [ ]  No [ ]  Unknown  | **Hours/Shifts:** | Click here to enter text. |
| **Employer Information:**  | Contact employer for info? [ ]  No [ ]  YesIf yes, Contact Name & Phone number: Click here to enter text. |
| **Additional information:** Subject description, hobbies/interests, relatives, etc. | Click here to enter text. |
| **ASSIGNMENT REQUEST:** |
| **Service requested:** Social Media, Surv, etc. | Click here to enter text. | **Budget:** | Click here to enter text. |
| **Assignment Goals:**Clearly explain goals of assignment and/or any additional information. | Click here to enter text. |
| **NOTE:** All reports and invoices will be emailed unless otherwise indicated.  |