

**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  Yes  If 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. | | | | | | | | | | | | | |