



Newlun Insurance Services, Inc.

2105 foothill blvd, b121
La Verne, Ca 91750

Toll Free Telephone/Fax: 888-963-9586

EMAIL: ernest@newlunservices.com

LIEN REPRESENTATION REFERRAL

DATE OF REFERRAL: _____

Claims Adjuster handling the lien: _____

Adjuster Telephone number: _____

Adjuster Email: _____

Claim number: _____

Claimant name: _____

COMMENTS: _____

Employer: _____

Date of injury: _____

WCAB #: _____

HEARING DATE: _____

Hearing Time: _____

Case in Chief resolved? YES _____ NO _____

Case in Chief Claim Accepted or denied _____

Admitted Body Parts: _____

Total number of known liens: _____

Lien Claimants Name: _____ Amount paid:\$ _____

Lien Claimants Name: _____ Amount paid:\$ _____

Lien Claimants Name: _____ Amount paid:\$ _____

Lien Claimants Name: _____ Amount paid:\$ _____

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Which liens have been resolved: _____

Please attach the following documents:

- ___ Medical payment history printout
- ___ Approved settlement documents with order (AWARD / OACR and either STIPS or C&R)
- ___ Liens received with applicable billing attached
- ___ Existing bill review for liens
- ___ RFA's submitted by lien claimants
- ___ Objection letters sent to Lien claimant(s)
- ___ UR denials sent to lien claimants
- ___ Examiner notes pertaining to lien claimant(s)
- ___ Denial Letters
- ___ Latest legal correspondence summarizing case in chief disposition and/or discussion of defenses.

Send above documents in an email to ernest@newlunservices.com with a brief explanation of the current disposition.

Over 25 years of California Workers' Compensation Experience. We appear before ALL WCAB Venues! (EUR, RDG, & SRO is case by case) for Walk-Through Procedures, Adequacy Hearings, Mandatory Settlement Conferences, Expedited Settlement Procedures/Special Circumstance and Hardship resolutions and lien conferences.