



Newton Insurance Services, Inc.

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La Verne, Ca 91750

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EMAIL: ernest@newlunservices.com

EFFECTIVE AS OF 02/20/2019

WALK THROUGH REFERRAL FORM

Adjuster Name: _____
Adjuster Email: _____
Adjuster direct tel #: _____
Claim #: _____
Injured worker name: _____
Injured worker telephone number: _____
PD rating string: _____

EAMS ADJ: _____ (if case is already activated)

Please attach the following and email to ernest@newlunservices.com
(preferably in one email with all of the documents attached)

- 1) Settlement document (drafted/executed C&R or Stipulations with request for AWARD
 - a. If applicable for C&R-include MSA addendum, Medicare set-aside, and CMS approval
- 2) Panel QME waiver (if settlement based on treating physician)
- 3) MMI reports from treating physician
- 4) All Panel QME reports
- 5) Latest PD notice
- 6) Final TTD notice
- 7) Wage statement (if no wage statement then employers first report of injury form 5020)
- 8) Printout of indemnity and medical benefits

FOR HEARINGS ALREADY SCHEDULED PLEASE CALL AND EMAIL TO CHECK AVAILABILITY

Send above documents in an email to ernest@newlunservices.com with a brief explanation of the current disposition and/or how you arrived at the settlement figure.