

ALTMAN, LUNCHE & BLITSTEIN

ATTORNEYS AT LAW  
A PROFESSIONAL CORPORATION

16255 VENTURA BOULEVARD, SUITE 1110  
ENCINO, CALIFORNIA 91436  
TELEPHONE: (818) 995-0080  
FACSIMILE: (818) 995-3419

**FILE TRANSMITTAL**

TO: \_\_\_\_\_

COMPANY SENDING FILE: \_\_\_\_\_

CLAIMANT: \_\_\_\_\_

\_\_\_\_\_

DATE OF INJURY: \_\_\_\_\_

CLAIM NO.: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

TEMPORARY DISABILITY PAID: \_\_\_\_\_

INSURED: \_\_\_\_\_

WEEKLY RATE: \_\_\_\_\_

\_\_\_\_\_

PERIODS COVERED: \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_

\_\_\_\_\_

POLICY PERIOD: \_\_\_\_/\_\_\_\_/\_\_\_\_ through \_\_\_\_/\_\_\_\_/\_\_\_\_

PERMANENT DISABILITY PAID: \_\_\_\_\_

**APPARENT ISSUES:**

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> INJURY AOE/COE             | <input type="checkbox"/> TEMPORARY DISABILITY | <input type="checkbox"/> PERMANENT DISABILITY  | <input type="checkbox"/> INSURANCE COVERAGE    |
| <input type="checkbox"/> EMPLOYMENT                 | <input type="checkbox"/> OCCUPATION           | <input type="checkbox"/> APPORTIONMENT         | <input type="checkbox"/> EARNINGS              |
| <input type="checkbox"/> NEED FOR MEDICAL TREATMENT | <input type="checkbox"/> MEDICAL-LEGAL COSTS  | <input type="checkbox"/> SELF PROCURED MEDICAL | <input type="checkbox"/> LIEN CLAIMS           |
| <input type="checkbox"/> PROXIMATE CAUSE OF DEATH   | <input type="checkbox"/> REHABILITATION       | <input type="checkbox"/> SUBROGATION           | <input type="checkbox"/> OTHER (EXPLAIN BELOW) |

**PENDING ACTION:**

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> MEDICAL EXAM       | <input type="checkbox"/> DEPOSITION NEEDED | <input type="checkbox"/> WAGE STATEMENT REQUESTED | <input type="checkbox"/> PERSONNEL FILE REQUESTED |
| <input type="checkbox"/> EMPLOYER STATEMENT | <input type="checkbox"/> INVESTIGATION     | <input type="checkbox"/> OTHER (EXPLAIN BELOW)    |   |

HEARING DATE: \_\_\_\_\_

DATE APPLICATION RECEIVED: \_\_\_\_\_

**REMARKS AND INSTRUCTIONS:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CORRESPONDENCE ALSO TO BE SENT

TO: \_\_\_\_\_

DATE: \_\_\_\_\_

FROM: \_\_\_\_\_