MATTHIESEN, WICKERT & LEHRER, S.C.
1111 E. Sumner Street, P.O. Box 270670, Hartford, WI 53027
Phone: (262) 673-7850 Fax: (262) 673-3766
rwoody@mwl-law.com
www.mwl-law.com

HEALTH INSURANCE SUBROGATION FILE REFERRAL FORM

Date:

CONTACT INFORMATION:

Name:

Company:

Company Address:

Phone: Fax:

E-Mail:

CLAIM INFORMATION:

Full Name of Carrier/Company Paying Benefits:

Insured/Employer/Plan Sponsor:

Insured/Employer/Plan Sponsor Contact:

Insured/Employer/Plan Sponsor Address:

Date of Injury: Type of Plan:

Loss Location:

Claim Number:

Claimant/Beneficiary/Injured Party:

Total Benefits Paid: Medical:

Indemnity (Lost Wages): Death: Vocational:

Other (Describe):

SIR/Retro/Deductible: Reserves:

Facts of Accident:

State In Which Plan Administered:

Potential Third Party(s):

Third Party'(s) Liability Carrier:

Policy Limits:

Claimant's/Beneficiary's/Insured's Attorney:

Suit Filed? No Yes Where Was Suit Filed:

Proposed Fee Arrangement:

Special Handling Instructions:

Note: Please include a copy of the complete Plan, if possible, and, at a minimum, the relevant Plan language regarding subrogation, reimbursement, and discretion of Plan fiduciary.

Disclaimer: *Sending a file to MWL through this feature, e-mail, fax, regular mail, or by other means, doesn't guarantee our retention, as that determination will be made after MWL's evaluation of the file. Upon MWL's receipt of a new file, clients are contacted via e-mail to confirm the file has been received and that it is in the process of being evaluated for possible handling by MWL. Following said evaluation, clients receive written notification as to whether or not MWL will be willing to handle your file. If you send a file and don't hear from us within an appropriate amount of time, please contact MWL to ensure we received your file.*