**REFER A CASE FORM**

Want to refer a case to Hanna Brophy? Please, fill out the form below.

**CASE TYPE**

**HEARING INFORMATION**

Type of Hearing

Place

Date & Time

**CASE INFORMATION**

Employee Name\*

Date of Birth\*

Occupation\*

Policy Period\*

Date of Injury\*

Body parts

Employee’s Attorney

Application filed on

Is the case admitted, denied, or on delay?

File answer\*

If the case is on delay, when is the decision date?

**FROM**

Your name\*

Email\*

Phone\*

Fax\*

Company Name\*

Insurer’s name\*

Address\*

City\*

State\*

Claim number\*

Policy number\*

**TO**

Hanna Brophy Office

Hanna Brophy Attorney

**BENEFITS PAID**

|  |  |  |  |
| --- | --- | --- | --- |
| TD | Rate | | Period |
| VR | Rate | | Period |
| PD | Rate | | Period |
| Medical expenses | | VR Expenses | |

**ISSUES**

**DEFENSE DISCOVERY REQUESTED**

Depose Applicant\*

Schedule Medical Exam\*

Physician

**ADDITIONAL COMMENTS**

Make sure you upload this file to our [Refer a case page](https://www.hannabrophy.com/referrals/). We’ll contact you shortly.