



## Lien Unit Referral

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Scan File to [e-docs@bradfordbarthel.com](mailto:e-docs@bradfordbarthel.com)

<b>Claim No:</b>	<b>Date of Injury:</b>	<b>WCAB Case No:</b>
<b>Claimant:</b>		<b>Employer:</b>
<b>D.O.B.:</b>	<b>SSN:</b>	<b>Employer Address:</b>
<b>Lien Conference Scheduled?</b>		<b>Date:</b>
		<b>WCAB:</b>

**Fill Out Lien Referral Form / Attached with a COPY of:**

- |   |   |
|---|---|
| <input type="checkbox"/> Settlement Documents       | <input type="checkbox"/> Benefit Payment Ledger             |
| <input type="checkbox"/> Liens                      | <input type="checkbox"/> Objection Letters                  |
| <input type="checkbox"/> Statements / Bills         | <input type="checkbox"/> DWC-1 and 5020                     |
| <input type="checkbox"/> Bill Review / EOR          | <input type="checkbox"/> Claim Acceptance Letter            |
| <input type="checkbox"/> Supporting Medical Reports | <input type="checkbox"/> IMR / IBR Decisions                |
| <input type="checkbox"/> MPN Notices                | <input type="checkbox"/> Application and Answer             |
| <input type="checkbox"/> UR Notices                 | <input type="checkbox"/> Delay and/or Denial Benefit Notice |

**Liens to be Negotiated and Authority:**

**Tier One:** Telephonic Negotiator (negotiates settlement with lien claimant, contacts Claim professional for settlement discussion or authority for DOR) Time frame: 30 days

**Tier Two:** Lien Hearing Representative (Contacts lien claimant for resolution, Files DOR, reports to Claims Professional, Makes necessary appearances.

Travel Time  
Approved?  
Yes No