



Law Offices of
Bradford & Barthel, LLP

LIEN UNIT REFERRAL FORM

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Scan File to e-docs@bradfordbarthel.com

Claim No.		Date of Injury:		WCAB Case No:	
Claimant:				Claimant Address:	
D.O.B.:				SSN:	
Employer:				Employer Address:	
Lien Conference Scheduled?				Date:	
Other Info:				WCAB:	

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.