

FLAT FEE INFORMAL CONFERENCE ATTENDANCE REQUEST

TO: Michelle Gagnon
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325 Rocky Slope Road, Suite 201
Greenville, SC 29607

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CLAIMANT'S NAME: _____

WCC FILE #: _____

CARRIER: _____

CARRIER FILE #: _____

ADJUSTER: _____

PHONE: _____

EMPLOYER: _____

DATE OF INJURY _____

WE MUST HAVE A FULLY-COMPLETED 14B TO PROCEED WITH AN INFORMAL CONFERENCE.

ATTACH A FULLY-COMPLETED 14B WITH YOUR FILE MATERIAL.

SETTLEMENT AUTHORITY ON FORM 16A: _____

IF THE 14B INDICATES THAT FUTURE MEDICAL CARE IS NEEDED, DOES ADJUSTER AGREE THAT CLAIMANT IS ENTITLED TO CAUSALLY-RELATED MEDICAL CARE AS RECOMMENDED ON THE 14B (THIS WILL BE LIFETIME MEDICAL CARE, UNLESS OTHERWISE INDICATED)?

YES _____ NO _____

ADDITIONAL INFORMATION/INSTRUCTIONS:

PLEASE SEND THE FOLLOWING, IN ADDITION TO THE FULLY-COMPLETED 14B:

- ___ INFORMAL CONFERENCE NOTICE
- ___ FORM 16A WITH CAPTION COMPLETED
- ___ LAST 3 TREATING PHYSICIAN RECORDS INCLUDING FINAL MEDICAL WITH RATING AND OP NOTES
- ___ FORM 18, PERIODIC REPORT (CURRENT)
- ___ FORM 20, STATEMENT OF EARNINGS OF INJURED EMPLOYEE