

# Hummel Consultation Services - New Referral Submission Form

For questions please call (603) 758-1410

<b>Client</b>  <small>If the primary contact is not the contracting party responsible for paying our invoices, please attach a separate explanatory statement.</small>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td colspan="3">Name of primary contact</td></tr> <tr><td colspan="3">Company or firm</td></tr> <tr><td colspan="3">Address</td></tr> <tr> <td style="width: 33%;">Phone</td> <td style="width: 33%;">Fax</td> <td style="width: 33%;">Email</td> </tr> </table>	Name of primary contact			Company or firm			Address			Phone	Fax	Email										
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<b>Claimant Attorney</b>  <small>If multiple attorneys are involved, list the lead attorney here and attach a statement listing all other attorneys and their contact information.</small>	<p>Is the claimant legally represented?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td colspan="3">Name of lead claimant attorney</td></tr> <tr><td colspan="3">Firm</td></tr> <tr><td colspan="3">Address</td></tr> <tr> <td style="width: 33%;">Phone</td> <td style="width: 33%;">Fax</td> <td style="width: 33%;">Email</td> </tr> </table> <p>Does any person have Power of Attorney over the claimant?    <input type="checkbox"/> Yes    <input type="checkbox"/> No          If yes, attach supporting documents</p>	Name of lead claimant attorney			Firm			Address			Phone	Fax	Email										
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<b>Defendant / Respondent</b>  <small>If multiple defendants are involved, list the lead defendant here and attach a statement listing all other parties and their contact</small>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td colspan="3">Employer or primary defendant</td></tr> <tr><td colspan="3">Address</td></tr> <tr> <td style="width: 33%;">Phone</td> <td style="width: 33%;">Fax</td> <td style="width: 33%;">Email</td> </tr> </table>	Employer or primary defendant			Address			Phone	Fax	Email													
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<b>Defense Insurance</b>  <small>If multiple insurers are involved, list the lead insurer here and attach a statement listing all other parties and their contact information.</small>	Is the defendant self-insured? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Primary contact, claim adjuster or claim handler			
	Company			
	Address			
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<b>Settlement</b>	Has the claim settled? <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, what is the total amount of the settlement? _____ If no, what is the settlement offer, if any? _____			
	Insurance carrier policy limits			
	Is a copy of the draft or final settlement documents available? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Structure Broker</b>	Name			
	Company			
	Address			
	<table border="1"> <tr> <td>Phone</td> <td>Fax</td> <td>Email</td> </tr> </table>	Phone	Fax	Email
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	Would you like our firm to recommend a structure broker? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Rated Ages / Life Expectancy</b>	Have rated ages or life expectancy statements already been obtained in this matter? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach			
	If no, would you like our firm to obtain rated ages at no charge? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Special Notes</b>	<div style="border: 1px solid black; height: 50px;"></div>			

What to submit with a new referral:

**Medical Records:** At least for the past two years, detailing the injury, past and present treatment, and future physician recommendations. Please do not send originals. Include documents from Primary Care Physicians.

**Future Medical Treatment Needs:** Include any data that addresses these needs, such as deposition testimony, Life Care Plans, or treatment plans from Primary Care Physicians.

**Medical Payment History:** At least for the past two years, indicating at a minimum for each transaction the payee, the amount of payment or the amount billed, and the dates of service or the dates of payment.

**Prescription Data:** If no spreadsheet is available, then copies of current invoices may be used. For each prescription, the following must be given: drug name, dosage, pill count and refill frequency.

**Indemnity and Expense Data:** At least for the past two years, indicating for each transaction the payee, amount paid, and date of payment.

**Cost Data:** Any other data outlining costs spent or billed for the injury or illness. Examples include Explanation of Billing statements (EOB's), billing invoices, medical lien notices, or payment ledgers from insurance providers.

How to submit new referrals:

**Electronic Submission:** Email to joseph@hummelcs.com or christine@hummelcs.com  
 (Please limit attachments to a maximum of 20MB per email.)

**Postal Service:** Post Office Box 420, Newmarket, New Hampshire 03857

**Delivery Services:** 501 Kent Place, Newmarket, New Hampshire, 03857

**Facsimile:** (978) 338-8116