

Hughes Occupational Consultants

Case Information Report

Main Office: 363 S. Indian Hill Blvd Claremont CA 91711 Phone (909) 625-7406 Fax (909) 621-3742

REPORT DATE: _____

EMPLOYEE INFORMATION

EMPLOYEE NAME: _____

DOI: _____

PHONE: _____

CLAIM NUMBER: _____ **DOB:** _____

ADDRESS: _____

SS#: _____

OCCUPATION: _____

INJURY: _____

WAGE: \$ _____

LANGUAGE SPOKEN: *Spanish/English*

VRMA: \$ _____ **Start Date:** _____ **VRTD:** _____

SERVICES:

Date of notice of potential eligibility letter:

APPLICANT ATTORNEY

INSURANCE CARRIER

CONTACT NAME: _____

CONTACT NAME: _____

PHONE: _____

PHONE/FAX: _____

FAX: _____

COMPANY NAME: _____

COMPANY NAME: _____

ADDRESS: _____

ADDRESS: _____

Are we the Agreed Vocational Evaluator (A.V.E.)? ___

% Withheld:

DEFENSE ATTORNEY

EMPLOYER INFORMATION

CONTACT NAME: _____

CONTACT NAME: _____

PHONE: _____

PHONE: _____

FAX: _____

FAX: _____

COMPANY NAME: _____

COMPANY NAME: _____

ADDRESS: _____

ADDRESS: _____

MOD/ALT: _____

Date of no mod/alt letter:

Agreed Medical Evaluator

TREATING PHYSICIAN

CONTACT NAME: _____

CONTACT NAME: _____

PHONE: _____

PHONE: _____

FAX: _____

FAX: _____

COMPANY NAME: _____

COMPANY NAME: _____

ADDRESS: _____

ADDRESS: _____

SPECIAL INSTRUCTIONS
