



Service Requested: _____

Claimant Information

Claimant's Name : _____
 Claim Number : _____
 DOB : _____
 Jurisdiction : _____

DOI : _____
 Addit'l DOI : _____
 Employer : _____
 Medicare Status : _____

Adjuster/Carrier/TPA Information

Adjuster Name : _____
 Email Address : _____
 Phone Number : _____
 Fax Number : _____

Referring TPA/Carrier : _____
 Preferred Structured Settlement Broker : _____

Claim Information

List Accepted Injuries : _____
 : _____
 : _____
 : _____

List Denied Injuries : _____
 : _____
 : _____
 : _____

Attorney Information

Defense Attorney : _____
 Address : _____
 : _____
 Phone Number : _____
 Email Address : _____

Claimant Attorney : _____
 Address : _____
 : _____
 : _____

Other Information

Settlement Amount : _____
 Special Instructions : _____
 : _____
 : _____
 : _____

File Notes : _____
 : _____
 : _____
 : _____

Remit Form:

1. Email: referrals@towermsa.com
2. Fax: 888-331-4942
- 3.