

Workers' Compensation Subrogation Referral Form

Please submit this referral to the attention of:

Kim D. Ream, Client Relations Manager, or **Stewart Cohen**, Esquire
Cohen, Placitella & Roth

Email address: subroreferral@cprlaw.com

Or to fax # 215-567-6019

Date of Referral: _____

Referred by: _____

Carrier name: _____

Address: _____

Telephone: _____ Fax # _____

Email address for referring representative: _____

Carrier claim #: _____

Injured worker/Claimant name: _____

Address: _____

Telephone #: _____

Contact, if someone other than the claimant: _____

Claimant's attorney: _____

Who is representing claimant for: Work Comp/3rd party/both (circle one)

Firm name: _____

Address: _____

Telephone: _____

Employer for injured worker: _____

Address: _____

Employer Telephone: _____

Contact name: _____

Loss Location: _____
Address: _____

Telephone for loss location, if applicable: _____

Date of Loss: _____

Facts of Loss: _____

Injuries: _____

Paid to date: Medical benefits: _____ Indemnity benefits: _____

Incurred (paid + outstanding reserves):

Medical: _____ Indemnity: _____

Average Weekly Wage: _____ Comp Rate _____

Please attach additional material that will assist in our assessment of this case, such as:

• Employer's first report	• Statements (written or recorded)
• Investigative reports and/or notes	• Photographs and/or diagrams
• Police, fire marshal, or expert reports	• Product manuals and/or purchase orders
• Contracts and/or lease agreements	• Any other relevant documents

The subrogation case referral can be submitted by fax or email.