LOGAN SETTLEMENT SERVICES

WORKERS' COMPENSATION STRUCTURED SETTLEMENT ASSIGNMENT

DISABILITY CLASSIFICATION (PLEASE CHECK)		
PPD ☐	TPD ☐	TTD ☐
PTD ☐	Other, please specify:	

CASE INFORMATION		
Claimant Name:		
Date of Birth:	SSN:	Gender (M/F):
Current Address:		
City:	State:	ZIP Code:
Telephone:	Injury Description:	
Date of Injury:		
Claim No:	Accident Location:	
Litigated (Y/N):	Case Jurisdiction:	
Employer / Insured Name(s):		

INSURER / SELF INSURED		
Contact Name:		
Insurer/Self-Insured Name:		
Address:		
City:	State:	ZIP Code:
Phone:	E-mail:	Fax:

TPA, IF APPLICABLE		
Contact Name:		
TPA Name:		
Address:		
City:	State:	ZIP Code:
Phone:	E-mail:	Fax:

DEFENSE ATTORNEY		
Attorney Name:		
Firm Name:		
Mailing Address:		
City:	State:	ZIP Code:
Phone:	E-mail:	Fax:

CLAIMANT ATTORNEY		
Attorney Name:		
Firm Name:		
Mailing Address:		
City:	State:	ZIP Code:
Phone:	E-mail:	Fax:

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SSDI/MEDICARE ELIGIBILITY
Has claimant applied for SSDI?
Is claimant a Medicare Beneficiary?
Date Eligible:
NEGOTIATION / CLAIM FINANCIALS
Average Weekly Wage:
Compensation Rate:
Outstanding Medical Reserve:
Paid to Date Medical:
Demand:
First Offer:
Budget / Authority
Outstanding Indemnity Reserve:
Paid to Date Indemnity:
REQUIRED DOCUMENTATION FOR RATED AGE (IF APPLICABLE)
✓ Current records (within the last two years, if possible)
✓ Hospital admittance records
✓ Hospital discharge summaries
✓ Surgical Reports
✓ Narrative Doctor's Reports
ADDITIONAL INSTRUCTIONS / COMMENTS
PLEASE RETURN COMPLETED FORM AND DOCUMENTATION TO:

Logan Settlement Services, LLC
28175 Haggerty Road
Novi, MI 48377
(248) 865-3905 FAX

Email to: info@logansettlements.com

If you have any questions, please contact us at (248) 865-3900.