

PRESUIT
PERSONAL INJURY
TO DO LIST

Name: _____

File No: _____ **Diary of S/L:** _____

1) FILE OPENING (0-30 DAYS): ____/____/____

- ☐ Contracts/Statement of Client's Right & Medical Authorization
- ☐ Give client personal injury questionnaire at time of sign up
- ☐ Referral source in Client Profiles : _____
- ☐ Police Report Agency: _____
- ☐ Request Crash Report (Online preferably) Date ____/____/____

2) SET UP CLAIMS / SEND OPENING LETTERS:

- ☐ **1 Client Ltr (Enclose Contract)** Date: ____/____/____
- ☐ **2 Initial Ref Lwyr Letter** Date: ____/____/____
- ☐ **Letter to Adverse Parties** (3 Initial Ltr to BI Driver &/or 4 Initial Ltr to Vehicle Owner)
Date: ____/____/____
- ☐ **Letter to Client's Own Insurance Carrier** (Certified Mail)
(5 Ltr of Rep to PIP/UM Carrier) Date: ____/____/____
- ☐ **Letter to All Adverse Insurance Carriers** (Certified Mail)
(6 Initial Ltr to BI Carrier) Date: ____/____/____
- ☐ Verify Client 's Insurance Carrier: _____
- ☐ **PIP application completed and mailed**

- ☐ Follow up with client if pre-suit questionnaire not received in ten days
SCAN Questionnaire & Place in K Drive.

3) RECORDS REQUEST

- ☐ Letter to Doctors/Treaters for Medical Records:
(7 Ltr Req Med Records (Doctor))

____ Date: ____/____/____
____ Date: ____/____/____
____ Date: ____/____/____

- ☐ Letter to Hospital for Medical Records/Bill:
(8 Ltr Req Med Bill (Hospital))
(9 Ltr Req Med Records (Hospital))

____ Date: ____/____/____
____ Date: ____/____/____
____ Date: ____/____/____

- ☐ Letter to Rescue: _____ Date: ____/____/____
(10 Ltr Req Fire Rescue Records)

- ☐ Letter to adverse Def Ins Co. Req (PD/Estimate/Photos)
(11 Ltr Adverse Def Ins CO (PD & Estimate) Date: ____/____/____

- ☐ Request photos: ____Client ____Scene ____vehicle & property damage

- ☐ Request update PIP Log: ____/____/____

- ☐ Diary file for 30 day file review

- ☐ 30 day mark to send client for MRI, if pos sent to Ortho immediately ____/____/____

- ☐ LOP (S)

II. Second review (30 - 60 Days)

1. PIP Declarations sheet received: Date Rcvd ____/____/____
2. Received BI Declaration sheet: Date Rcvd ____/____/____
___ Noted Policy Info in CP
3. Received UM Declaration Sheet Date Rcvd ____/____/____
___ Noted UM limits in CP (Stacked/Non-Stacked)
4. Rep letter with authorization to Hospital/treating physicians Date sent: ____/____/____
5. Hospital and Hospital related bills submitted Date sent ____/____/____
6. Diary for 30 days: Yes/No

III. No BI confirmation, follow-up investigation:

1. Have attorney run public record check: Date done: ____/____/____
2. Send DMV letter: Date done ____/____/____
3. Does client have UM Yes ____ No ____
If no advise atty Date done: ____/____/____

IV. IME and EUO (If applicable)

1. Client notified of IME Date sent ____/____/____
- Provider notified of IME Date sent ____/____/____
2. Date sent ____/____/____
- Provided notified of EUO Date sent ____/____/____
- Attorney advised to prep client: Date done ____/____/____

V. Pre-Demand Phase (90 days plus)

1. Client contact regarding injuries, etc. Date sent ____/____/____
2. Check to see if client finalized: Date done ____/____/____
3. If finalized, order PIP payout sheet: Date sent ____/____/____
4. Prep medical bill ledger Date done ____/____/____
5. If not finalized diary for: Diary date ____/____/____

VI. Demand DONE:

Date sent: ____/____/____