## FLAHIVE, OGDEN & LATSON

## **ADVISORY NO. 22**

TOPIC: INSTRUCTIONS FOR COMPLETING REQUEST FOR EVIDENCE FOR BENEFIT REVIEW CONFERENCE (FO&L FORM 501)

## LIST OF INSTRUCTIONS:

The first four items were covered in Advisory No. 21 concerning the exchange letter for the commission. Item No. 5 was referred to under Item 5 in the exchange letter instructions. Please note that unless specifically requested, no medical bills should be included with the copy of your file forwarded to FO&L.

Under TO: FLAHIVE, OGDEN & LATSON, Items 1, 2 and 3 are basically the same as old law. Please note Item 1 d, the correct legal name of the carrier issuing the policy is required, not the group name.

Item 3, The Claimant's Average Weekly Wage, was also discussed in detail in Advisory 21 under Item 1.

Items 4 and 5 are self-explanatory.

Items 6 and 7 are new information not covered under the prehearing request for evidence form. These two items reflect the information that the benefit review officer must complete at every BRC. Incomplete information on these two items will mean that the benefit review officer will be unable to complete his report.

Under No. 6, we must have weeks, rate per week; and the total of each type of compensation paid, plus any partial payments, accelerations or advances that have been paid.

No. 7 requires the last name of the doctor followed by the code indicating who was responsible for selecting the doctor, the date of MMI, any restrictions and impairment ratings specified.

Item No. 8: A response to Item No. 8 is very important if the carrier requested a BRC or MMI can be an issue.

Item No. 9: This item is familiar and is the same as PHC request for evidence.

Item No. 10: This item is very important to tell FO&L what issues must be prepared for prior to the BRC. The carrier's position on each issue must be identified. We no longer have compromise settlement agreements (CSA's) under the new law. Agreements on issues can be made at the BRC; therefore, it is important that FO&L receives your position and suggestion on each issue.

Please complete the form by printing the name of the adjuster along with the date and telephone number. The white copy of the two page form is to be returned to FO&L.

Please note that the forms are on carbonless paper and care must be exercised to protect page two while filling in page one. Your care in filling out the requested information will greatly enhance FO&L's ability to represent your firm.