ENCORE UNLIMITED LLC
"The Tradition of Excellence Continues"

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Request for File Review

Carrier: _____

Adjuster: _____ Phone: _____Ext.: _____

Email: _____ File #: _____

Claimant Name: _____ DOL: _____ DOB: _____

Insured: _____ Jurisdiction: _____ In Suit: Y/N

Coverage: Auto PIP/Med Pay/BI/UM/UIM/GL/O Limits: _____ Paid to date: _____

Need by: _____

Please review the file and answer the following concerns: _____

_____

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_____

Here are my recommendations:

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_____ _____

Medical Consultant Date