

MCKAY LAW GUIDE

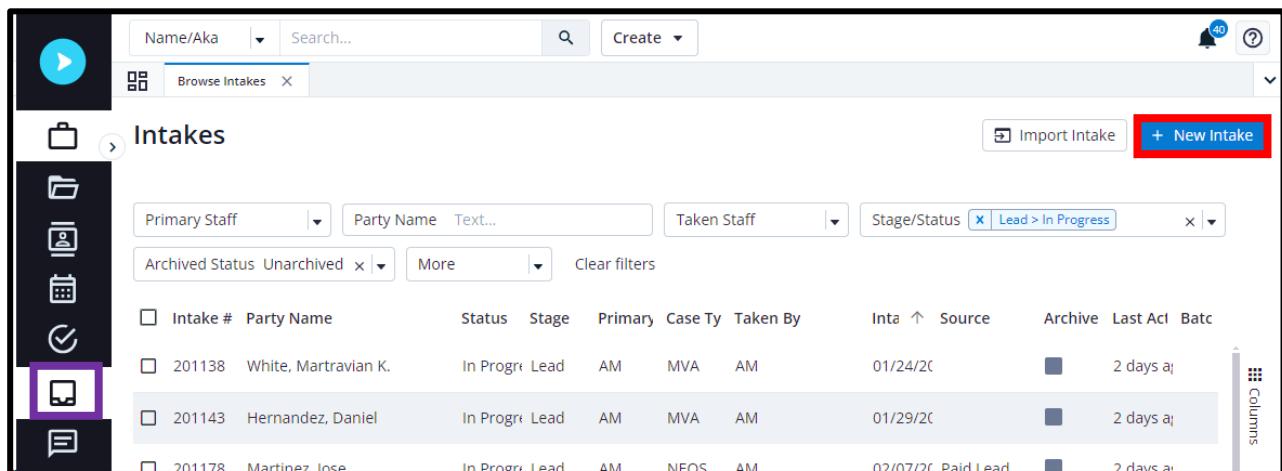
POTENTIAL NEW CLIENTS

1.1 Potential New Clients (PNC)

All new callers seeking representation should be entered into Needles as an Intake. **INTAKE SPECIALIST** is responsible for adding all PNCs and updating the notes to reflect the outcome of that PNC.

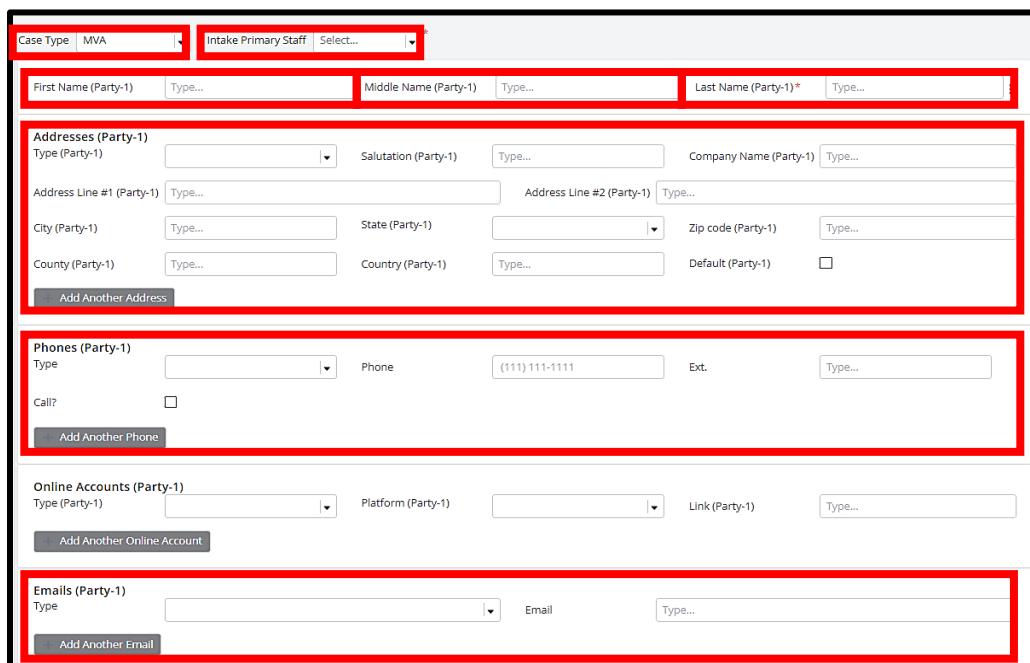
1.1.1 How to Add an Intake in Needles

- On the far left, there is an icon of an empty **Square**. Please select this to open all intakes.
- Once inside the Intake ribbon, select **New Intake** located on top right inside a blue rectangle.



1.1.1.1 Adding Information for a PNC

The Intake Form in Needles allows you to complete the following information. The first section is to identify what kind of case it is and includes the PNC's demographics. If the PNC retains our services, the PNC will be converted to a case and this information will automatically transfer to the Party Tab.



The next section is information that is generally used to track the PNC. This includes the date of the incident, how they found us, and our intake notes. This information will automatically be transferred to the Case Tab if the PNC retains our services.

Case

Intake (Case)	Case Assistant (Case)	Paralegal (Case)
Intake Date (Case) <input type="button" value="..."/>	Referred By (Case) <input type="button" value="Find a contact"/>	Referred To (Case) <input type="button" value="Find a contact"/>
Date Contract Sent (Case) <input type="button" value="MM/dd/yyyy"/>	Date Contract Signed (Case) <input type="button" value="MM/dd/yyyy"/>	Intake Notes (Case) <input type="button" value="Type..."/>
Reassign Date (Case) <input type="button" value="MM/dd/yyyy"/>	Reason for Rejection (Case) <input type="button" value="Type..."/>	
Source (Case)		
Class (Case)		

It is important to include as much information as possible. Class will be PNC until the client signs a contract. If the firm decides to decline the PNC but refers it to another attorney, that attorney should be listed under Referred to.

The final section of the Intake in Needles is for the documentation of the case facts. A PNC may have all this information when calling but not all information is needed when screening a case. If the PNC retains our firm for services, this information will automatically be transferred to the Accident Info Tab and Case Tab.

INCIDENT INFORMATION

Date of Incident (Case) <input type="button" value="MM/dd/yyyy"/>	Injuries (Party-1) <input type="button" value="Type..."/>	
Synopsis (Case) <input type="button" value="Type..."/>	Injuries (Party-1) <input type="button" value="Type..."/>	
Accident Info		
City (UserTab6) <input type="button" value="Type..."/>	County (UserTab6) <input type="button" value="Type..."/>	State (UserTab6) <input type="button" value="Type..."/>
Time of Accident (UserTab6) <input type="button" value="12 : 00 AM"/>	Location of Accident (UserTab6) <input type="button" value="Type..."/>	
Airbag Deployed (UserTab6) <input type="button" value="Def on Cell Phone (UserTab6)"/>	Plt on Cell Phone (UserTab6) <input type="button" value="Type..."/>	
Number of Vehicles (UserTab6) <input type="button" value="Type..."/>	Seatbelt (UserTab6) <input type="button" value="Type..."/>	
Police Report? (UserTab6) <input type="button" value="Report Number (UserTab6)"/>	Police Dept (UserTab6) <input type="button" value="Find a contact"/>	
Officer (UserTab6) <input type="button" value="Type..."/>	Badge (UserTab6) <input type="button" value="Type..."/>	
Citation Info (UserTab6) <input type="button" value="Type..."/>	Photos Taken At Accident (UserTab6) <input type="button" value="Type..."/>	
PI Vehicle Yr/Make/Model (UserTab6) <input type="button" value="Type..."/>		
Veh Color (UserTab6) <input type="button" value="Type..."/>		
PLFF Veh VIN (UserTab6) <input type="button" value="Type..."/>	PLFF Veh LP (UserTab6) <input type="button" value="Type..."/>	PLFF LP State (UserTab6) <input type="button" value="Type..."/>

1.1.1.2

Calendaring PNC Meetings on Calendar

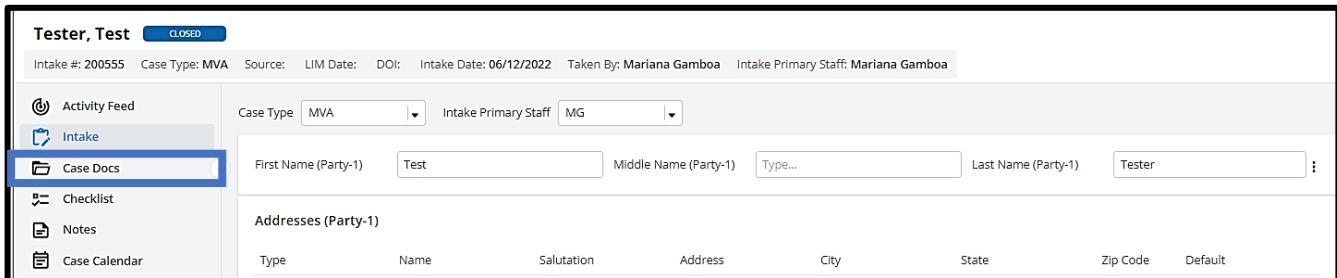
There are times when a PNC prefers to come into the office to meet in person to discuss their case. When this occurs, we must schedule the meeting and document it in Needles. Every PNC will have a set of tabs along the left side of the screen. To add a meeting date, select **Case Calendar**.

Select **New Event** located on the top right of the screen in a blue rectangle.

This will open a new window where the meeting details can be entered. Please note that if the meeting is being held in Sulphur Springs, all staff in the Sulphur Springs office should be included as attendees. Same for Dallas office, etc. When entering the meeting information, always enter a reminder.

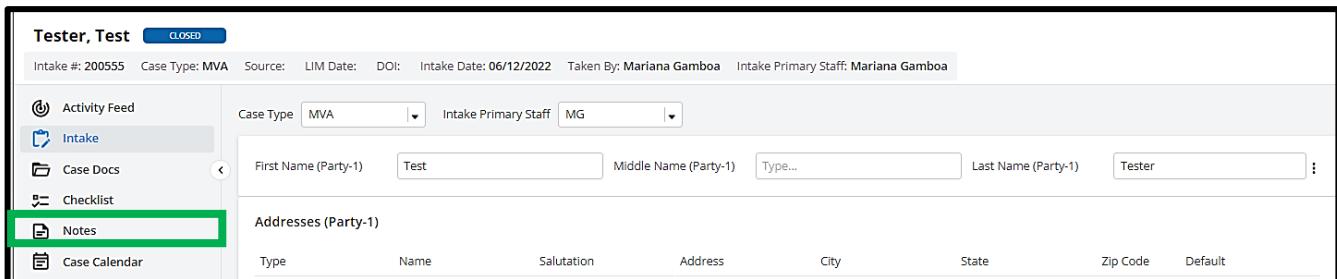
1.1.1.3 Saving Documents Obtained for a PNC

Many times when speaking to a PNC, we obtained copies of their paycheck stub, photos, copies of letters they received, medical records, etc. When this occurs, the information needs to be saved to their file. The easiest way to do this is by dragging and dropping the information to the Case Docs Tab located in the Intake form in Needles. When information is dragged and dropped, SharePoint will automatically create a folder for that PNC.



1.1.1.4 Tagging E-Mails Regarding PNCs to Needles

Notes regarding a PNC are mostly sent via e-mail or Teams. Occasionally, information might be texted. When you obtain information regarding a PNC through Teams, we ask that you copy and paste the information to an e-mail and send it to yourself or if received by text, e-mail the text to yourself. Once you have it in e-mail, that message can be tagged to the PNC's Intake in Needles. E-mails that are tagged appear in the Notes Tab for that PNC's intake.



1.1.2 Rejecting a PNC

Once it is determined that our firm cannot assist the PNC, whether it be because the Potential Client chose another firm or our firm declined representation, **INTAKE SPECIALIST** will be responsible for:

- Notating clearly the reason the PNC was not signed up as a Client.
 - Notes are entered in the **Intake Tab** for that intake. Please complete the boxes that are applicable.

Tester, Test CLOSED

Intake #: 200555 Case Type: MVA Source: LIM Date: Not Set DOI: Intake Date: 06/12/2022 Taken By: Mariana Gamboa Intake Primary Staff: Mariana Gamboa

Activity Feed Changes have been made on this page.

Intake + Add Another Email

Case

Intake (Case) AS Case Assistant (Case) Paralegal (Case)

Intake Date (Case) 06/12/2022 11:04 AM Referred By (Case) Find a contact Referred To (Case) Find a contact

Date Contract Sent (Case) 01/05/2023 Date Contract Signed (Case) 01/02/2023 Intake Notes (Case) Intake notes are entered here. 3

Reassign Date (Case) MM/dd/yyyy Reason for Rejection (Case) Type...

Source (Case)

Class (Case)

1.1.2.1

Closing the PNC in Needles

Select PNC you wish to update:

- Under **Stage & Status**: Select **Closed** if it was **Rejected by Us** or **Rejected by Client**.

Mr. Larry D. Baird X Browse Intakes X Mr. Test Tester X

Tester, Mr. Test LEAD

Intake #: 200555 Case Type: MVA Source: LIM Date: Not Set DOI: Intake Date: 06/12/2022 Taken By: MG Intake Primary Staff: MG

Activity Feed PRO

Intake

Case Type MVA **Intake Primary Staff** MG

First Name (Party-1) Test Middle Name (Party-1) Type... Last Name (Party-1) Tester

Addresses (Party-1)

Type	Name	Salutation	Address	City	State	Zip Cod	Defaul
Business	1234 Hello Str	Garland	TX	75041	<input checked="" type="checkbox"/>		

Stage & Status Lead > In Progress

Party 1: Tester, Mr. Test Case
Email: noemail@gmail.com
Address: 1234 Hello Str, Garland, TX
Cases: 1 Intakes: 1

Rejected - Accepted
Rejected by Us
Rejected by Client

- Once the Intake has been closed, it needs to be archived so it is removed from our active Intake list. This is done by using the **Actions** menu and selecting **Archive Intake**. Archiving of the PNC will be done by the **INTAKE SPECIALIST**.

- INTAKES ARE NEVER DELETED.**

Tester, Mr. Test LEAD

Intake #: 200555 Case Type: MVA Source: LIM Date: Not Set DOI: Intake Date: 06/12/2022 Taken By: MG Intake Primary Staff: MG

Case Type MVA **Intake Primary Staff** MG

First Name (Party-1) Test Middle Name (Party-1) Type... Last Name (Party-1) Tester

Addresses (Party-1)

Type	Name	Salutation	Address	City	State	Zip Cod	Defaul
Business	1234 Hello Str	Garland	TX	75041	<input checked="" type="checkbox"/>		
Home	45678 Minie N	Garland	TX	75041	<input type="checkbox"/>		

Stage & Status Lead > In Progress

Party 1: Tester, Mr. Test Case
Email: noemail@gmail.com
Address: 1234 Hello Str, Garland, TX
Cases: 1 Intakes: 1

Actions

- Change Case Type
- Send Retainer Agreement PRO
- Send Rejection Letter PRO
- Send Referral Letter PRO
- Archive Intake**
- Delete Intake
- Make a Case

1.1.2.2 *Declination Letter for PNCs*

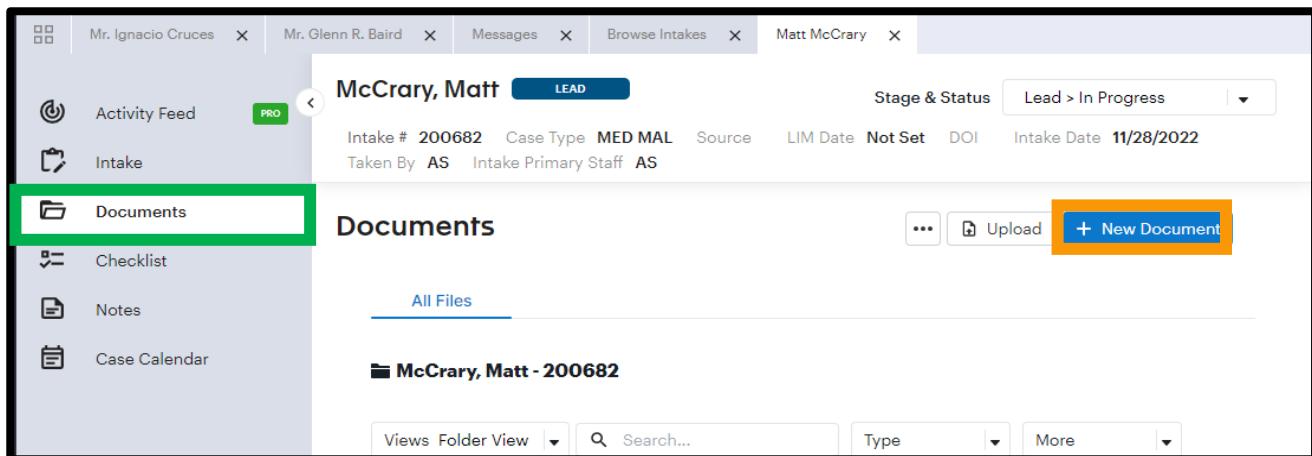
All PNCs that are not signed up as Clients will be sent a declination letter by the **INTAKE SPECIALIST** to protect the firm from any misunderstanding. This letter is a merge document and generally sent via e-mail. Merge Document No. 38.

1.1.2.2.1

Merging Declination Letter

- Select the Intake you wish to send letter to.
- Select **Documents** from the left gray ribbon.
- Select **New Document** from the top right.
- Select Merge Document #38.

This Document is preset to pull the potential client's email address. This document can be mailed or e-mailed as needed. Make sure to review the document and ensure that all spelling is correct and that there are no formatting issues.



Mr. Ignacio Cruces X Mr. Glenn R. Baird X Messages X Browse Intakes X Matt McCrary X

Activity Feed PRO Intake Documents Checklist Notes Case Calendar

McCravy, Matt LEAD Stage & Status Lead > In Progress

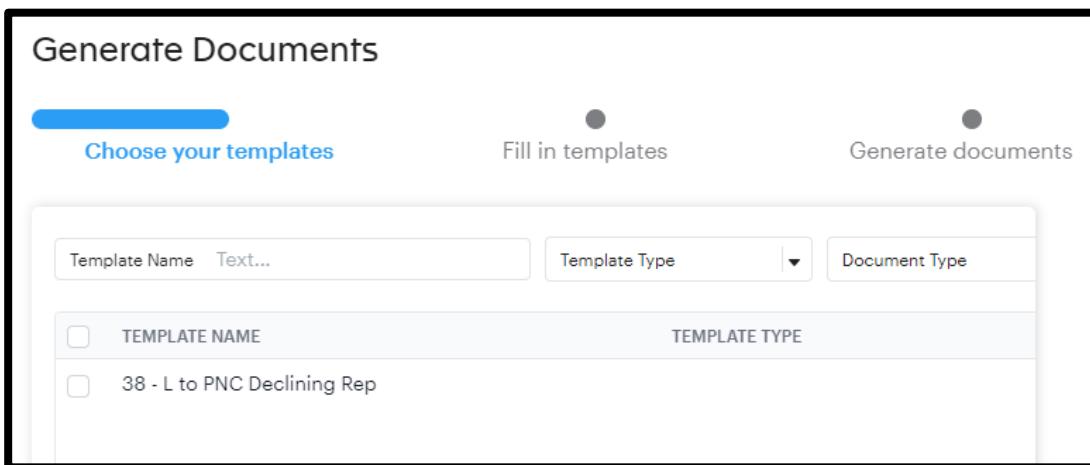
Intake # 200682 Case Type MED MAL Source LIM Date Not Set DOI Intake Date 11/28/2022 Taken By AS Intake Primary Staff AS

Documents

All Files

McCrary, Matt - 200682

Views Folder View Search... Type More



Generate Documents

Choose your templates

Fill in templates

Generate documents

Template Name Text... Template Type Document Type

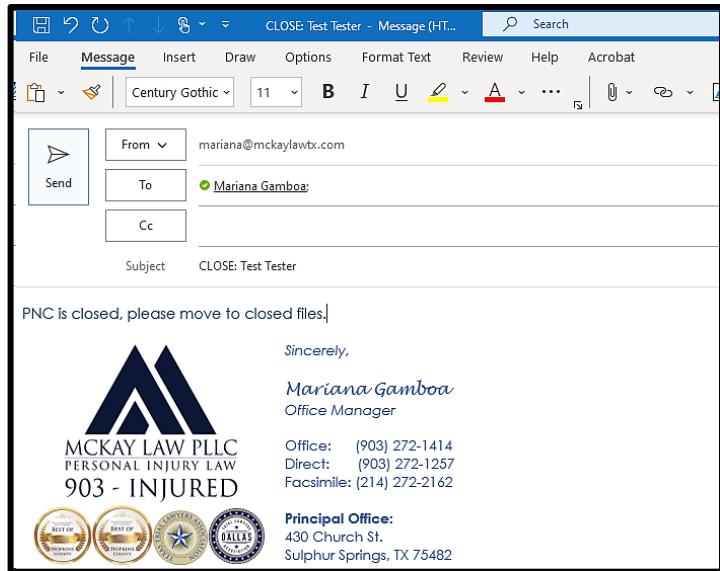
TEMPLATE NAME

38 - L to PNC Declining Rep

1.1.2.3

Notifying Admin When a PNC is Closed

If a PNC does not retain our services, we must move their file to the Closed Files in SharePoint. The transferring of the file is done by Admin. Admin should be notified by e-mail with the subject of the message being CLOSE: Name of PNC and the body a brief message of what is needed. Below is example:

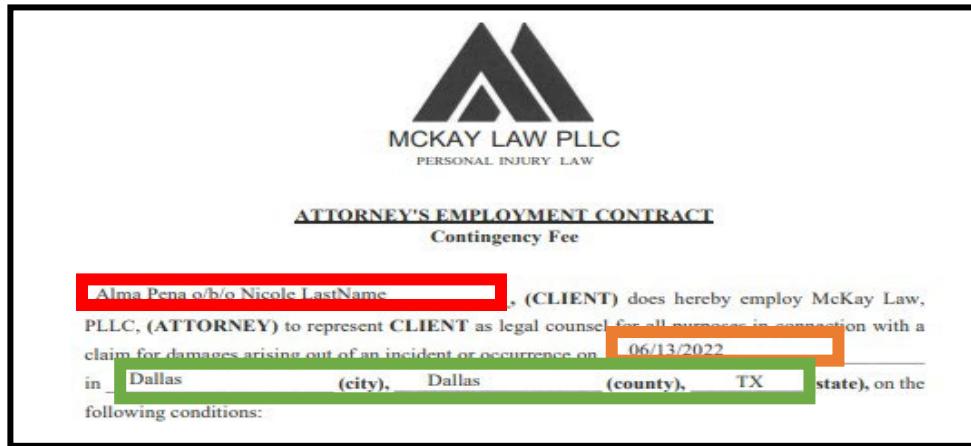


1.1.3 Accepting a PNC as a Client

If the determination is made to sign a case, **INTAKE SPECIALIST** will be responsible for obtaining the signed contract whether through DocuSign, Mail or other form. **INTAKE SPECIALIST** is responsible for coordinating the sign-up of the client and once the contract has been signed, **INTAKE SPECIALIST** is responsible for updating Needles and converting the Intake to a Case.

1.1.3.1 Contract

The contract must include the **name**, the **date of incident** and the **city of where the crash occurred** before it is sent to the PNC. This must be added manually to each DocuSign Contract. **It should not include Lindsey's Signature.**



1.1.3.2 How to Convert an Intake to a Case in Needles

Once the contract has been signed by the Potential Client, the Intake is converted to a case in Needles by **INTAKE SPECIALIST**.

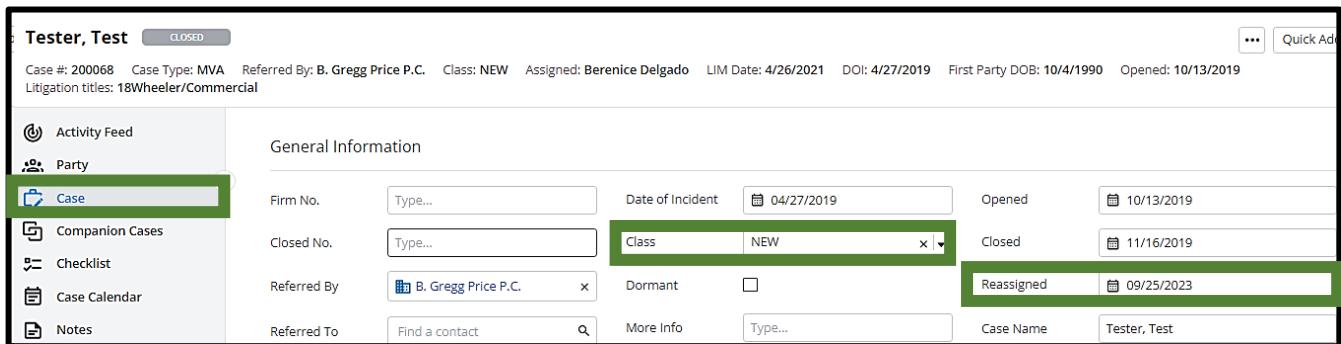
- Select the Intake you wish to make a case.
- Find the **three dots ...** located on the top far right.
- From this menu, select **Make a Case**.



NEW CASES

2.1 NEW CASE

After converting the PNC to a case, the **Class Code** will be changed to NEW and a date will be added on the **Reassigned box** in the **Case Tab**.



INTAKE SPECIALIST is responsible for obtaining a completed Intake packet from the client, transferring the information from the Intake Packet to Needles, and setting up the client's case in SharePoint (File Explorer). A case in NEW is under investigation. It is important to note that just because we signed a case, does not mean we have a form of recovery. The Class Code NEW is used to show that we have a signed contract and are actively working on investigating the claim to see if we can recover for our client.

2.1.1 *Creating a Folder for a Client in SharePoint or File Explorer*

Needles will create a folder for a client if you drag and drop a document inside the Client Docs section. See below:

2.1.1.1 Let SharePoint Automatically Add the Folder

1. In Needles, go to the Client's file and select Client Docs.
2. Drag and drop any document inside the Client Docs field.

Case #: 200068 Case Type: MVA Referred By: B. Gregg Price P.C. Class: NEW Assigned: Berenice Delgado LIM Date: 4/26/2021 DOI: 4/27/2019 First Par

Documents

All Files Z - Drafts

Tester, Test - 200068

Views Folder View Search... Type More Clear filters

NAME	DOCUMENT DATE	TYPE	CATEGORY
Z - Drafts	08/30/2023		
20221003 LOR PIPUIMUM Baird Glenn.docx	12/05/2023		
20231006 Demand Index Tester Test.docx	10/16/2023		
20231006 Demand Index Tester Test.pdf	10/06/2023		
20231206 LOR to BCBS Tester Test.pdf	12/06/2023		

3. Needles will automatically create a folder in SharePoint and File Explorer with the client's name and Needles number. If this client previously had a file created during the PNC stage, this step can be skipped and you can begin on step 2.1.2.

2.1.2 *Formatting a Client File in SharePoint*

Template Folders can be found under *SharePoint – TemplateFiles – PreLit Template Folders*.

INTAKE SPECIALIST will copy (NOT CUT) the folders into all NEW Cases. Cutting takes the original, copying leaves the original and makes a copy. Because these folders are used in all NEW cases, it is important to copy not cut the folders.

CloudDocs

Home + New Upload Edit

CaseFiles

TemplateFolders

Shared with us

Documents

Staff Inbox/Outbox

Template Folders

Name

Lit - Template Folders

Pre-Lit Template Folders

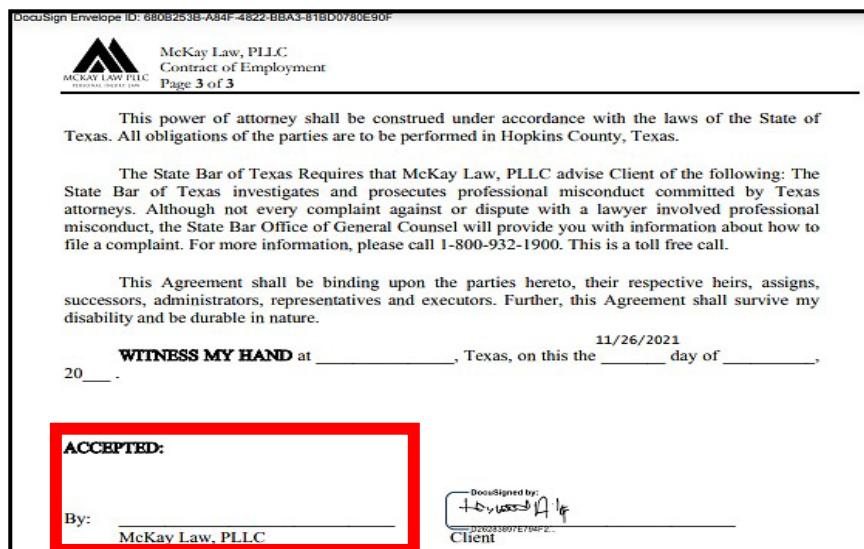
2.1.3 *Saving Sign-Up Documents*

INTAKE SPECIALIST will be responsible for downloading and saving the signed documents from the Client into the Client folder. If the Client was signed up through DocuSign, **INTAKE SPECIALIST** will be responsible for downloading the signed documents from DocuSign and saving them to the client's file. These documents will be saved under *1-Intake & Investigation – 1 – Intake Docs*.

Name	Date modified
20221130 MVA 40% Contract Alexander A...	11/30/2022 11:43 AM
20221130 Summary Alexander Amari	11/30/2022 11:43 AM

2.1.4 *Making the Contract Official*

In order for the contract to be official, both our office and the client have to sign it. There are many reasons we do not send the contract signed to a potential client, however, once we receive the signed contract from the client, **INTAKE SPECIALIST** will be responsible for obtaining Lindsey's signature on the contract and saving it to the file.

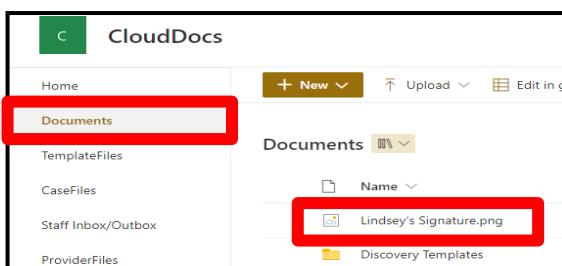


2.1.4.1 *Getting Lindsey to Sign the Contract*

The easiest way of getting this is having Lindsey directly sign it. This is easy if she is in office.

2.1.4.2 *Adding Lindsey's PDF Signature*

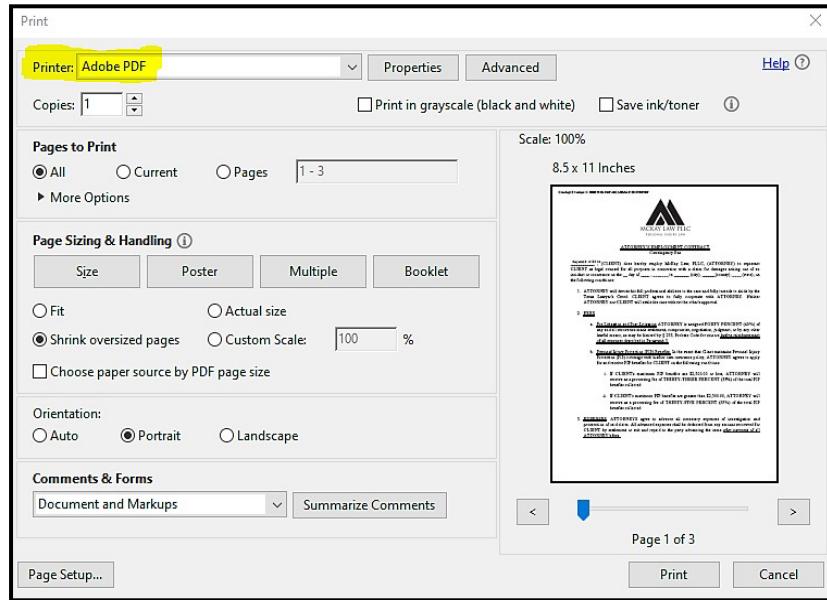
Lindsey's signature can be found in SharePoint under Documents:



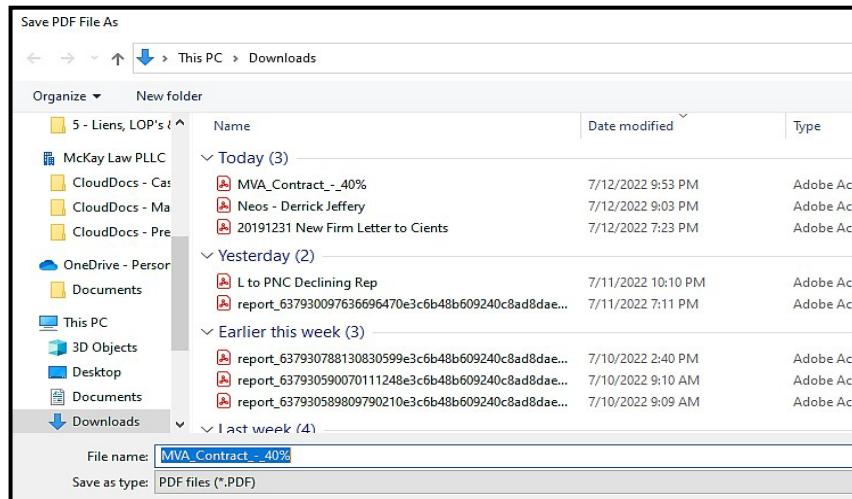
LMM's signature is saved under Documents in File Explorer on your computer. The signed contract will be locked for editing. To add her signature to the PDF, the contract has to be unlocked.

- Start by opening the contract.
- Select Print.

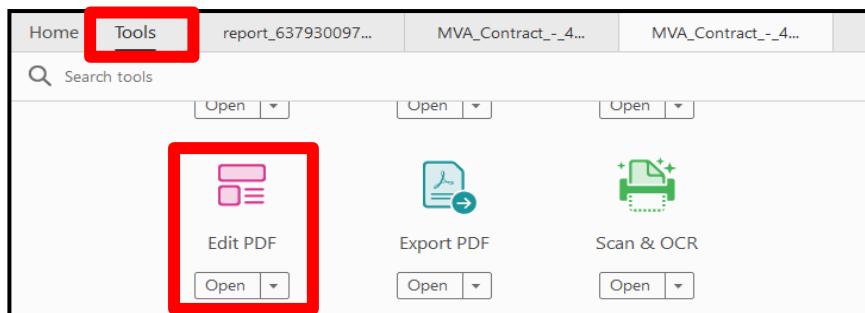
- Select Adobe PDF as the printer.



- A pop-up window will then appear, select the location to save the new unlocked PDF:



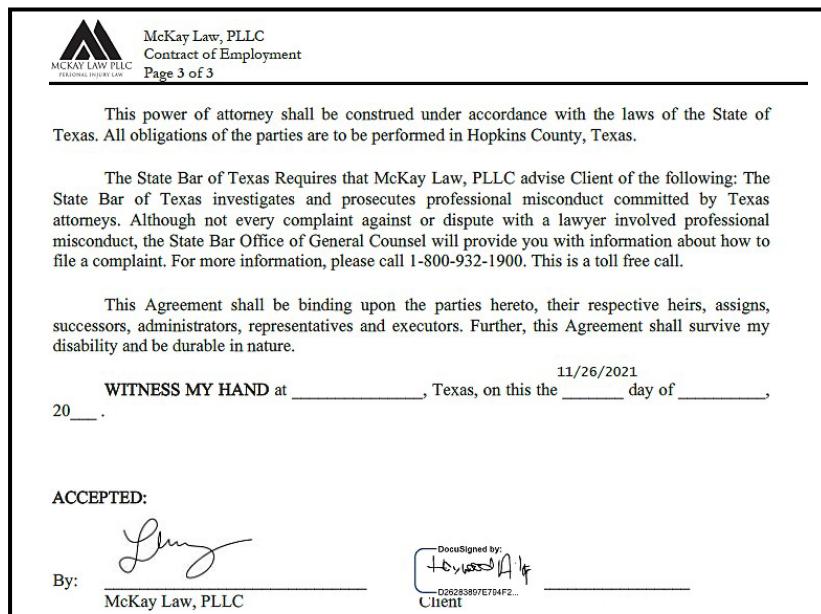
- Select the client file. Find the Intake Docs Folder. Rename the document to YEARMONTHDATE Signed MVA Contract 40% Last Name First Name.
- The new version of the document will be unlocked. Now we can edit.
- Select Tools – Edit PDF



- This will open a ribbon across the top of the document.



- Select **Add Image**.
- A window will open for you to select the location of the picture. Find LMM's signature on your computer under Documents and click it.
- Once selected it will appear on your cursor. Drag the signature to the signature line of the contract.
- You can change the size to fit correctly.
- Once the signature is placed on the document, Save.
- Lines will appear as long as you are inside of the Edit tool. Once you select close, the contract will look like this:



2.1.4.3 Notifying Accounting of New Case

When a new case is added to Needles, Accounting must be notified so they may add the client to QuickBooks. Accounting will need the client's full name and Needles number.

In a new E-Mail:

Subject: NEW CLNT: Test Tester 200100

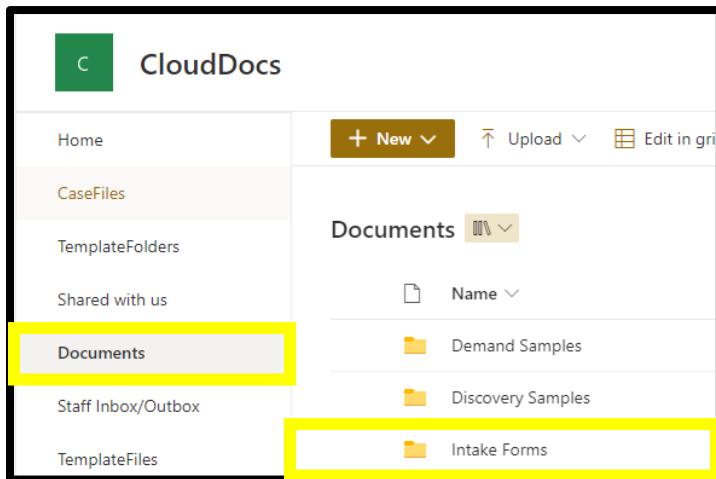
Body: New client, please add to QB.

2.1.5 Welcome Packet

INTAKE SPECIALIST is responsible for putting the Welcome Packet together and mailing the Welcome Packet to all new clients who signed up through DocuSign. If we sign someone up in office or in person, the Welcome Packet should be given to them at that meeting.

- Documents for the Welcome Packet can be found under *SharePoint – Documents*

Intake Forms.

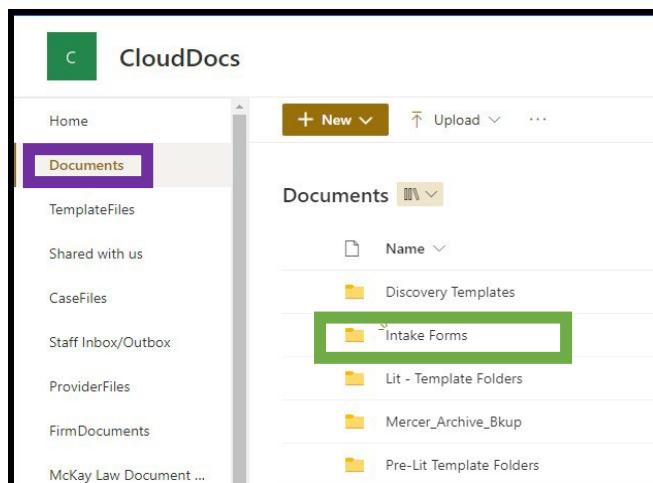


- The welcome packet includes the following:
- Dos & Donts to be stapled and placed on the right side of the Blue Folder.
- Insurance Plastic Envelope placed on the left side of the Blue Folder.
- Business Card on the right side of the Blue folder (there is a pre-cut spot for the card of where it needs to be placed.)

A sample of this Packet will be provided to **INTAKE SPECIALIST** for reference.

2.1.5 *Obtaining Client Demographics and Case Information*

INTAKE SPECIALIST is to contact the new client within **24 hours** from receiving the signed contract and notify them of which **CASE MANAGEMENT TEAM** is assigned to their case. The **CASE MANAGEMENT TEAM** will explain the claim process. The **INTAKE SPECIALIST** will only gather the information in the intake packet to enter into Needles. **INTAKE SPECIALIST** will complete this by contacting the client over the telephone. Once the Intake packet is completed, the information will be inputted by **INTAKE SPECIALIST** into Needles. The Intake packet can be accessed via SharePoint under **Documents**, in the Intake **Forms folder** seen below:



INTAKE SPECIALIST will not describe the claim process, go through case information, etc. with clients. This information will be deferred to the **CASE MANAGER OR CASE**

ASSISTANT.

The example below has color coordinated the fields in the intake packet to correspond with the Tabs in Needles. Please use the following for reference.

Party Tab
Case Tab
Accident/Incident Info Tab
Insurance Tab



CLIENT INFORMATION SHEET

1.1 CLIENT INFORMATION

Date Signed: _____ **Referral Source:** _____

Full Name: First: _____ **Middle:** _____ **Last:** _____

Address: Street: _____ **Apt.:** _____

City: _____ **State:** _____ **Zip Code:** _____

E-Mail: _____

DOB: _____ **SSN:** _____

Driver License No.: _____ **State:** _____

Telephone No.: _____ **Other Tel. No.:** _____

Marital Status: _____ **Spouse's Full Name:** _____

Number of children: _____ **Level of Education:** _____ **Preferred Language:** _____

Preferred Method of Contact (Call, E-Mail, Text, Etc.): _____

Emergency Contact 1: Full Name: _____ **Relationship:** _____

Emergency Contact 1: Tel. No.: _____

Emergency Contact 2: Full Name: _____ **Relationship:** _____

Emergency Contact 2: Tel. No.: _____

Were you in the course of any employment: _____ Y or _____ N
If Yes, Are you Receiving WC benefits: _____ Y or _____ N

Present Employer: _____ **Job Title:** _____

Address: Street: _____

City: _____ State: _____ Zip Code: _____

Wage: \$ _____ Per: _____ Time Employed: _____ Missed Time: _____ Y or _____ N

Supervisor Name: _____ Supervisor Tel. No: _____

Have you ever filed for Bankruptcy? _____ Y or _____ N

Conseil *do* *Conseil* *Tab* *Conseil* *Tab*

If yes, when: _____ What Chapter: _____

Who Represent(s)ed you for this proceeding: _____

Telephone No.: _____ Is it still pending: _____ Y or _____ N

1.2 HEALTH INSURANCE/BENEFITS

Do you have health insurance: _____ Y or _____ N

Carrier: _____

Do you receive Medicaid: _____ Y or _____ N

Medicare: _____ Y or _____ N

VA/TriCare: _____ Y or _____ N

Other Government Benefit: _____ Y or _____ N

If yes, explain: _____

1.3 PRIOR CLAIMS/INJURIES

Have you filed a claim for injuries before: _____ Y or _____ N If yes, complete the below

What type of Claim (WC, S/F, MVA, Etc.): _____

What injuries did you sustain: _____

When was the last date of treatment: _____

Have you ever sued anyone or been sued by someone (If yes, explain): _____

CASE TYPE: Auto Slip/Fall Work Premise Med/Mal Other: _____

1.4 INCIDENT INFORMATION

Date of Incident: _____ **Time:** _____ a.m. p.m. **Weather:** _____

Location of Incident: _____

City: _____ **State:** _____ **Zip Code:** _____

Description of Incident: _____

Witnesses
Take

Witnesses? Y or No **If yes, list names:** _____

Witnesses
Take

Were Police called? Y or No **If yes, was a report made?** Y or No

Which Department: _____ **Report No.:** _____

Officer Name: _____ **Badge No.:** _____

Do you have photos? Y or No **If yes, what type?** Scene Vehicle Injuries

Injuries: Please list all areas of your body that have been affected _____

Witnesses
Take

Were you taken by ambulance? Y or No **Have you been to the hospital?** Y or No

List all doctors and/or hospitals you have received treatment for this incident: _____

Witnesses
Take

1.5 YOUR VEHICLE INFORMATION

Insurance Company: _____ **Telephone No.:** _____

Adjuster: _____ **Telephone No.:** _____

Claim No.: _____ **Policy No.:** _____

Did you Provide a Recorded Statement? Y or No

Do you have PIP? Y or No **Do you have UM/UIM?** Y or No

IF YOU WERE IN SOMEONE ELSE'S VEHICLE, PLEASE PROVIDE THE FOLLOWING:

Name of the Driver: _____ Middle: _____ Last: _____

Address: Street: _____ Apt: _____

City: _____ State: _____ Zip Code: _____

Telephone No.: _____ Relationship: _____

Insurance Company: _____ Telephone No.: _____

Adjuster: _____ Telephone No.: _____

Claim No.: _____ Policy No.: _____

Did you Provide a Recorded Statement: _____ Y or _____ N o

1.6 PROPERTY DAMAGE

Year: _____ Make: _____ Model: _____ Color: _____

VIN No.: _____ I.P.: _____ State: _____

Do you own the vehicle: _____ Y or _____ N o If no, who does: _____

No. of Vehicles involved: _____ Airbags Deployed: _____ Y or _____ N o

Location of Vehicle: _____

1.7 DEFENDANT DRIVER'S INFORMATION

Full Name: First: _____ Middle: _____ Last: _____

Address: Street: _____ Apt: _____

City: _____ State: _____ Zip Code: _____

Driver License No. _____ State: _____

Telephone No.: (_____) Other: _____

Was the driver under the course of employment: _____ Y or _____ N o
(If yes, who is the employer: _____)

1.8 DEFENDANT'S INSURANCE INFORMATION

Insurance Company: _____ Telephone No.: _____

Adjuster: _____	Telephone No.: _____		
Claim No.: _____	Policy No.: _____		
Did you Provide a Recorded Statement: _____ Y or _____ N			
1.9 DEFENDANT VEHICLE INFORMATION			
Year: _____	Make: _____	Model: _____	Color: _____
VIN No.: _____	LP: _____	State: _____	

2.1.6 Police Reports

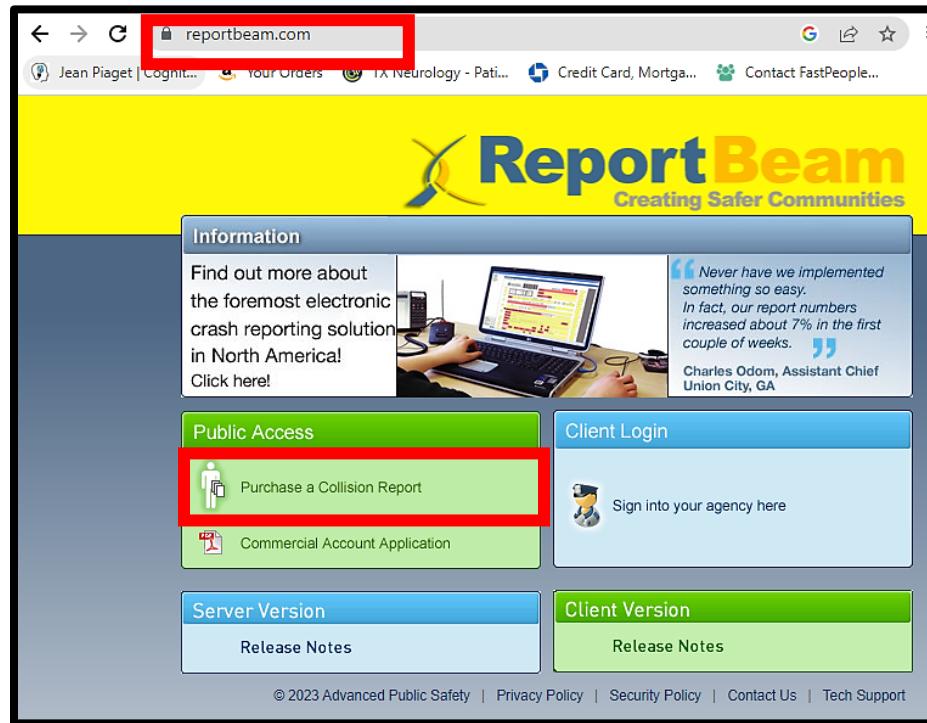
If there is a police report, **INTAKE SPECIALIST** will attempt to search and purchase the report while the case is with the intake department. If it is not available at that time, **INTAKE SPECIALIST, CASE ASSISTANT** will then be responsible for obtaining the police report and completing the steps in section 2.1.6.2.

2.1.6.1 How to Search for a Police Report

There are two main websites we use for searching a police report in the state of Texas. If the wreck occurred in Fort Worth or Richardson, search for the police report using ReportBeam:

2.1.6.1.1 ReportBeam

- Website: <https://www.reportbeam.com/>
- Select Purchase a Collision Report.



- You will receive a list of all states, Select Texas.
- You will be provided with two options, Fort Worth or Richardson. Select the City where the wreck occurred.
- There are several options to search by. Choose the most fitting.

Agency Search Requirements:

You can quickly find a report by typing in the Report Number provided by the officer and clicking on the 'Show Search Results' button. Alternatively, you can use the advanced search to find the report by entering in at least two search fields (excluding intersecting street).

Quick Find By Report Number

Report Number:

Advanced Search

Incident Date:

Incident Location:

Intersecting Street: If applicable.

Involved Last Name:

Involved Driver's License:

Insurance Company:

Show Search Results

2.1.6.1.2 CRIS

The most common site to search for a police report in the state of Texas is through the Department of Transportation.

- Website: <https://cris.dot.state.tx.us/public/Purchase/app/home>
- Select *Search for Your Crash Report*



- The next page will be a disclaimer. **Agree** to the disclaimer.

Texas Crash Report Search and Purchase Disclaimer

Please accept the following disclaimer before continuing:

TxDOT has become aware of unapproved websites offering Texas Crash Reports, either for free, or for a fee. These websites are not affiliated with TxDOT and are not authorized providers of crash reporting for the State of Texas. To comply with Texas Transportation Code Chapter (TTC) 550, reports are provided by either the Department of Transportation, or by the agency which authored the report. Please report any such websites to TxDOT by notifying TRF_CRASH@txdot.gov. TTC §550.062 requires a law enforcement officer who investigates a crash and completes a Texas Peace Officer's Report (CR3) to submit the report to the Texas Department of Transportation (TxDOT). (TTC) §550.065 (c)(4) limits the release of a crash report to any person directly concerned in the accident or having a proper interest therein. To ensure compliance with TTC §550.065 (c)(4), TxDOT requires that a requestor of a crash report certify how they meet the requirements before they may obtain a non-redacted crash report.

Accept

- Options will appear that we can search by. The best options to use are Driver License or Vehicle VIN. Please note that TX DOT Crash ID is not the report number provided to clients by the police is not the TX DOT Crash ID. This number is different. Below is a photo of the search options.

Crash Report Search

Crash Reports can be found by occupant name, Driver License number, vehicle VIN, or Crash ID(s)

I know the following information about my Crash Report:

The Name of a person or company involved in the crash
 The Driver License/Identification Card Number of a person involved in the crash
 The Vehicle Identification Number (VIN) of a vehicle involved in the crash
 The TxDOT Crash IDs for one or more crashes [What is a TxDOT Crash ID?](#)

I'm not a robot 

Privacy • Terms

⚠ It can take up to 14 days from the Crash Date for your Crash to appear in Search Results.

Continue

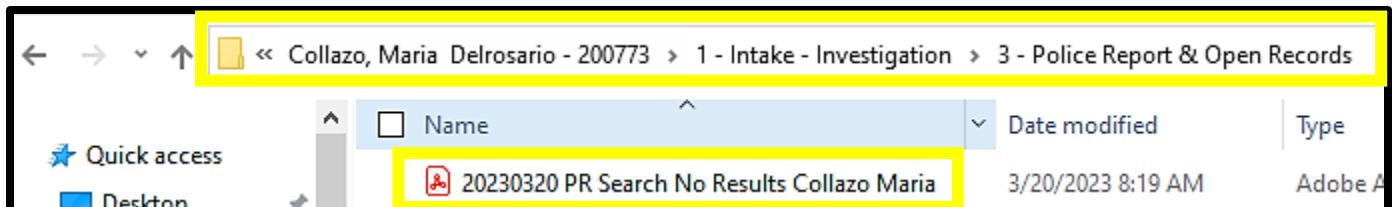
2.1.6.2

If Police Report is NOT Available

When the **INTAKE SPECIALIST** searches for the police report but is unable to locate, the results reflecting no police report found will be saved in the client's file under *Intake & Investigation – Police Report*. The results reflecting what was found should be saved as follows:

Ex: 20220612 PR Search No Results Tester Test

By saving the results above, it notifies the **CASE MANAGEMENT TEAM** that on 6/12/2022, **INTAKE SPECIALIST** searched for the report and found was not able to locate it. If no Search is saved, it will be assumed that no search was performed.



2.1.6.2

If Police Report IS Available

If the police report is available when **INTAKE SPECIALIST** conducts the initial search, **INTAKE SPECIALIST** will purchase, save and enter the police report information in Needles. Police information summary is entered in the **Party Tab** and **Accident Info or Incident Info Tab** in Needles. **CASE ASSISTANT** will ensure Checklist Item #A050 Enter Report Summary in Incident Tab is open and assigned to **INTAKE SPECIALIST** so that **INTAKE SPECIALIST** knows to enter the information in Needles.

2.1.6.2.1

Purchasing a Police Report

Once the report is located, **INTAKE SPECIALIST** or **CASE ASSISTANT** will purchase the certified non-redacted version. This is selected by the following options:

- Report Type = **Certified**
- Report Redaction Style – **Non-Redacted**

Crash Report Found

Crash Report 16890571 matches your search criteria

Please read the summary information below to verify that this is your Crash Report prior to purchasing:

CRASH REPORT 16890571	
Crash Date:	02/08/2019
County:	DALLAS
City:	DALLAS
Agency:	DALLAS COUNTY SHERIFF'S OFFICE
Case ID:	19-016417
Last Updated:	05/2/2023

[Modify Search](#)

[Start New Search](#)

Purchase Options

Report Type:

Certified Report (\$8) 

[Information About Report Types](#)

Report Redaction Style:

Non-Redacted (Personal Info) 

[Information About Redaction Styles](#)

[Do I qualify for a Non-Redacted Report?](#)

[Add To Cart](#)

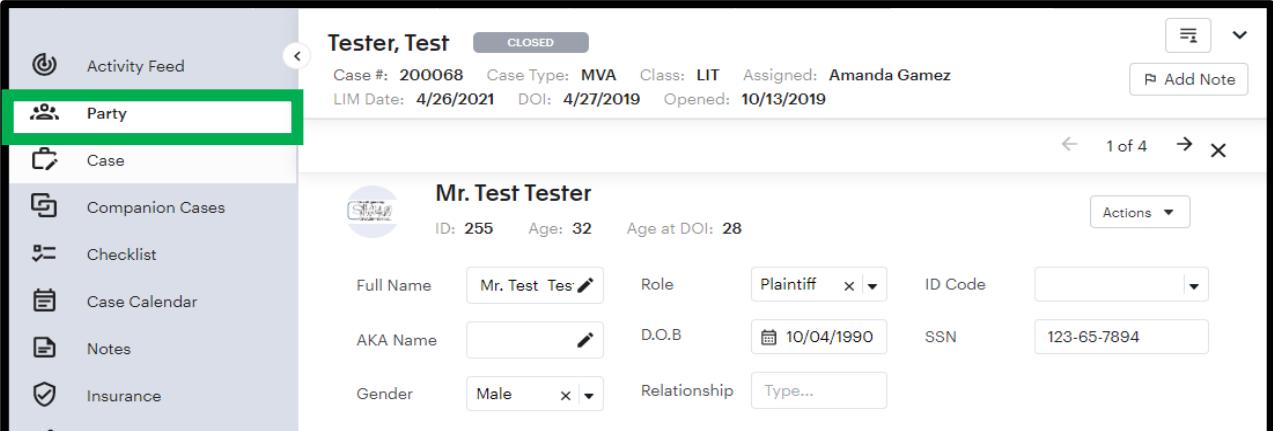
2.1.6.2.2 Saving Purchased Report to Client's File

Reports purchased will need to be saved to the client's file under *Intake & Investigation – Police Report*. Use the date it was obtained when naming the report.

Ex: 20220612 Certified PR Tester Test

2.1.6.2.3 Party Tab

The Party tab will include all demographic information found on the police report for each individual listed. For Defendants and Claimants, their vehicle information will also be found in this Tab.



Activity Feed

Tester, Test CLOSED

Case #: 200068 Case Type: MVA Class: LIT Assigned: Amanda Gamez
LIM Date: 4/26/2021 DOI: 4/27/2019 Opened: 10/13/2019 [Add Note](#)

1 of 4 [Actions](#)

Mr. Test Tester
ID: 255 Age: 32 Age at DOI: 28

Full Name	Mr. Test Tes 	Role	Plaintiff 	ID Code
AKA Name		D.O.B.	10/04/1990 	SSN
Gender	Male 	Relationship	Type...	

Tester, Test CLOSED

Case #: 200068 Case Type: MVA Class: LIT Assigned: Amanda Gamez LIM Date: 4/26/2021 DOI: 4/27/2019

Activity Feed

Party

Case

Companion Cases

Checklist

Case Calendar

Notes

Insurance

Negotiation

Counsel

Case Docs

Def Vehicle Yr/Make/Model

DEF Vehicle VIN 12345

DEF Vehicle LP 78910

DEF LP State Texas

Def Veh Color

Trailer VIN 54321

Trailer LP 01987

Trailer LP State Alaska

2.1.6.2.4 Case Tab

In the case Tab, there is a special section to identify special claims/circumstances. Specifically, we want to identify cases that have multiple claimants, are commercial cases or there was a DUI/DWI. We identify them by checking the following boxes:

User Defined

Date Contract Sent

Intake Notes

Date Dropped

Reason Dropped

Reason for Rejection

Multiple Claimants

DWI?

Comm Policy

DWI and DUI cases use the same box.

2.1.6.2.5 Accident/Incident Info Tab

This tab will contain the actual police report notes.

POLICE DEPARTMENT

Police Dept: Paris Police Department

Address: 2910 Clarksville Street, Paris, TX 75460

Phone: Business (903) 737-4114, Fax (903) 737-4142

Email: AKA:

Report Summary: Unit 1 was pulling Unit 2 in the 400 block of Grand Avenue approaching the intersection of the 100 block of SW 4th in the right lane. Unit 3 was in the same location in the left lane. Unit 1, while pulling Unit 2, attempted to make a left turn and turn wide (from the wrong lane). While doing so, Unit 3 continued straight and was struck by Unit 1. No injuries were reported. Unit 3 was towed from the scene by Lester's wrecker.

Report Number: 202202119

Officer: Matt Birch

Badge: 2473

Citation Info: Client - FTMFR and Expired MVR

Contributing Factors: Def - Unit 1 #65: Turned improperly - Wrong Lane

2.1.6.2.6 Value Tab

After purchasing a police report, we need to add the expense to the **Value Tab**.

- **Value Code** = CASEXP
- **Amount** = Cost of the Item
- **Party** = Client
- **Provider** = Who we paid
- **Memo** = An Invoice # or a Description of what was paid if no Invoice #
- **Service Date** = The date of the payment

Tester, Test CLOSED

Case #: 200068 Case Type: MVA Class: LIT Assigned: Amanda Gamez LIM Date: 4/26/2021 DOI: 4/27/2019 Opened: 10/13/2019

Value Entry Debit - Case Expenses

Value Code: CASEXP	Amount: \$ 8.44	Reduction: \$ 0.00	Party: Tester, Mr. Test	Provider: Texas Department of Ti
--------------------	-----------------	--------------------	-------------------------	----------------------------------

Details

Memo: PR	Bill To: Tester, Mr. Test
Settlement Note: Type...	Service Dates: 09/23/2022 → 09/23/2022
Value Category: Type...	Report Requested: <input type="checkbox"/> MM/dd/yyyy
Reference 1: Type...	Payment Requested: <input type="checkbox"/> MM/dd/yyyy
Reference 2: Type...	

Totals

Total: \$8.44
Reduction: \$0.00
Reduced Total: \$8.44

Transactions

Date Paid	Paid By	Paid To	Amount	C/D	Type	Reference	Fund
09/23/2022	US	Provider	\$8.44	Debit	PAYMENT		

Once the expense is entered, the expense needs to be marked as Paid. This is done by scrolling to Transactions and entering the amount of payment, see below:

Tester, Test CLOSED

Case #: 200068 Case Type: MVA Class: LIT Assigned: Amanda Gomez LIM Date: 4/26/2021 DOI: 4/27/2019 Opened: 10/13/2019

Activity Feed

Value Entry Debit - Case Expenses

Subtotals

Value Code	Amount	Reduction	Party	Provider	Lien?
CASEEXP	\$ 8.44	\$ 0.00	Tester, Mr. Test	Texas Department of Ti	<input type="checkbox"/>

Details

Memo	PR	Bill To	Tester, Mr. Test	
Settlement Note	Type...	Service Dates	09/23/2022 → 09/23/2022	
Value Category		Report Requested	<input type="checkbox"/> MM/dd/yyyy	
Reference 1	Type...	Payment Requested	<input type="checkbox"/> MM/dd/yyyy	
Reference 2	Type...			

Totals

Total	\$8.44
Reduction	\$0.00
Reduced Total	\$8.44

Summary



Transactions

Date Paid	Paid By	Paid To	Amount	C/D	Type	Reference	Fund
09/23/2022	Us	Provider	\$8.44	Debit	PAYM		

Under Transactions, select the + sign on the right.

Transactions

Date P	Paid E	Paid T	Amou	C/D	Type	Referen	Fund
09/23/22	Us	Provid	\$8.44	Debit	PAYM		

This will prompt the window for Payments or Adjustments to be entered.

- **Amount** = Amount Paid
- **Type** = Payment
- **Transaction Date** = Date of Payment
- **Credit/Debit** = Debit ALWAYS DEBIT
- **Paid By** = how was it paid – CC, Check, Wire etc.
- **Paid To** = Provider

Add Transaction

CASEEXP	Due: \$0.00
Amount \$ 0	Type Payment
\$0.00 Remaining Due	
Transaction Date 05/22/2023	Credit/Debit Debit
Paid By Us	Paid To Provider
Fund	Reference Type...
<input type="button" value="Cancel"/> <input type="button" value="Save and Add Another"/> <input type="button" value="Save"/>	

After selecting save, a window will prompt asking if you want this to be a DTF charge, Select yes. DTF stands for Due to Firm. Which translates to this charge is now due to the firm as we paid it.

2.1.7 *Welcome Letter to Clients*

INTAKE SPECIALIST is responsible for sending the initial welcome letter to all new clients. The welcome letter includes a copy of the signed contract. This will be sent via e-mail as one PDF. Meaning the welcome letter will include the Signed Contract all together as one document. **Please make sure Lindsey has signed the contract before the contract is sent to a client.** The e-mail sent to the client will state the following:

SUBJECT OF E-MAIL: Your Incident on Date of Incident

BODY OF E-MAIL:

First Name,

Thank you for choosing McKay Law, PLLC as your legal counsel for your incident. We are proud of our outstanding results and look forward to putting our expertise to work for you!

Attached is our firm's welcome letter that includes a copy of your signed contract. Your assigned Paralegal will be contacting you soon to go over your case and answer any questions you may have.

We once again thank you for allowing us the opportunity to assist you. We look forward to helping you in this time of need.

The e-mail sent to the client needs to be tagged to Needles. Select Client for topic. If the Client does not have an e-mail address, **INTAKE SPECIALIST** will mail the documents to the client and make a note in Needles under the Notes Tab that this has been mailed to the client.

2.1.8 Scene Investigation

In general, MVA and PREM cases are investigated in person by our office. In order to dispatch an investigator, the MVA must have occurred within 30 days of sign up or if it is a premise claim, the incident must have occurred outside.

2.1.8.1 MVA's – Past 30 days

INVESTIGATION TEAM will **NOT** perform any investigation on cases signed up where the incident occurred over 30 days ago. Investigation for these cases will be performed by the **CASE ASSISTANT** using Google Maps.

2.1.8.2 Premise Claims Occurred Inside Defendant's Building

Premise cases that occurred inside the premise of the Defendant's facility will **NOT** be investigated by the **INVESTIGATION TEAM**. Only incidents that occurred outside such as parking lots, roadway, etc. will be investigated by **INVESTIGATION TEAM**.

2.1.8.3 Gathering Information to Dispatch Investigator

When a New case is signed up, **INTAKE SPECIALIST** will complete the intake packet. Once this is complete, a notification will be sent to the **INVESTIGATION SPECIALIST** notifying them of the new case. The **INVESTIGATION SPECIALIST** will then take the following information from the Intake Packet:

Name of Client
Location of Incident
Date of Incident
Time of Incident
Synopsis
Vehicle Details (If any)

*** WARNING *** If the intake packet is unclear of any of the above, **INVESTIGATION SPECIALIST** will contact **INTAKE SPECIALIST** to obtain clarity. It is the **INTAKE SPECIALIST'S** responsibility to provide clear information to the **INVESTIGATION TEAM**.

2.1.8.4 Dispatching Investigator

INVESTIGATION SPECIALIST will compose an e-mail and notify **INVESTIGATOR** of the above information so that they may go out to the scene and begin looking for video footage or photograph the scene. The e-mail shall follow the below template:

Email to: Justin@CountyLT.com

Subject: INVESTIGATION REQ: Name of Client Needles No.

BODY:

Justin, please perform a scene investigation for the following case:

SYNOPSIS: Pedestrian washing tires at car wash hit by truck front bumper of the def vehicle hit client while client was washing his

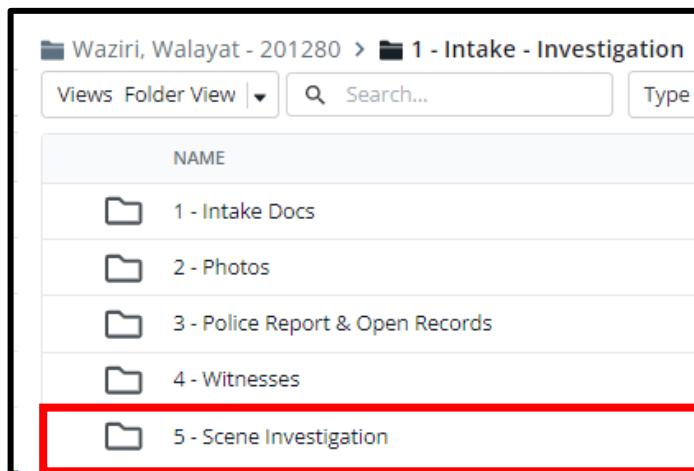
tires in one of the middle bays. The def driver was trying to turn into the bay beside the client. The Def gave name and number and drove off, Hello Deluxe Car Wash in the middle vacuum bays
LOCATION: 6605 Larmanda Street, Dallas, TX
DATE: 03/26/2024
TIME: 9:00 am
DEFENDANT VEHICLE: Ford Truck Black (See attached photo of Defendant's vehicle)

The e-mail must be tagged in Needles Notes for that client's case. Once **INVESTIGATOR** has performed the scene inspection, the documents will be sent to the **INVESTIGATION SPECIALIST**. **INVESTIGATION SPECIALIST** is responsible for saving information provided by **INVESTIGATOR** in the client's file.

2.1.8.5

Saving Information from INVESTIGATOR

Information received from **INVESTIGATOR** is saved in the client's file under *1 - Intake – Investigation*. A new folder will be created and named *5 – Scene Investigation*.



Report from Inspection Name = 20240402 Investigation Rpt Tester Test
Photos from Inspection Name = 20240402 Scene Photo 1 Tester Test

20240402 Scene Photo 2 Tester Test

During the scene investigation, INVESTIGATOR will try and speak to local businesses/resident owners to locate any video. If any business/residence refuses to provide video or is closed, the INVESTIGATION SPECIALIST will follow up by conducting a CAD search for that business/residence and then submitting a written request for said information via first class mail.

Written Request

The letter sent to businesses/residents requesting video is a merge document, #19. The provider must be entered in the Witness Tab of the case in order for the merge document to work. See below for an example of an entry in the Witness Tab:

Witness Name: Hello! Deluxe Car Wash

Address: 6605 Larmanda St. Dallas, TX 75231

Phone:

Email:

AKA:

Type of Witness | Potential Footage

Notes: 4/2/24 - sent letter to business requesting video. DS

All businesses/residence around the incident location must be contacted either in person or by written request. Written requests will be saved in the *5 – Scene Investigation* folder inside the client's file.

In addition to the photos obtained by INVESTIGATOR, INVESTIGATION SPECIALIST will search the location of the incident on Google Maps. An aerial view of the location will be saved in the client's *5 – Scene Investigation* folder. Ex of name. 20240402 Aerial View Tester Test

Paying Investigator

INVESTIGATOR is not a McKay Law employee. INVESTGATOR is a contractor of County Line Transport. INVESTIGATION SPECIALIST must e-mail the investigation report to Mariana for payment. Once the report has been e-mailed to Mariana, a placeholder must be created in the **Value Tab**. An example is below:

Value Code = CASEEXP

Provider = County Line Transport

Memo = Scene Investigation

Value Entry

Value Code: CASEEXP

Amount: \$

Provider: County Line T

Memo: Scene Investigation

Value Details

Bill To: Waziri, Mr. Walayat

Service Dates: 04/02/20 to 04/02/20

Value Category:

Report Requested:

Reference 1:

Payment Requested:

Reference 2:

Transactions

Totals

Total	\$0.00
Reduction	\$0.00
Reduced Total	\$0.00
Due	\$0.00
Total Balance	\$0.00

Date Paid | Paid By | Paid To | Amount | C/D | Type | Reference | Fund

2.1.9 Setting Up Claims/LORs for MVA Cases

Claims are established for every vehicle involved in a wreck. Meaning if there is a 6-car collision, a claim must be established with all 6 vehicles. In addition to the vehicles, a claim must be established with our client's carrier. If a police report is available or if the Client has agreed to allow us to file a claim under their insurance **CASE MANAGEMENT TEAM ASSIGNED** will be responsible for setting up the claim and sending the letter of representation. If the case is MVA, **CASE ASSISTANT** will set up the initial claims with the Defendant's and Client's insurance company and send the letter of representation to all parties.

2.1.9.1 Establishing a Claim

PRELITIGATION TEAM will be the first line in establishing a claim for all MVAs. When establishing a claim, you can provide Full name, Address, Date of Birth, Driver License Number, Vehicle Information, Client telephone number but NO SOCIAL SECURITY NUMBER. When asked, please state we provide at a later time. Some adjusters are pushy and will ask well do you not have it be careful, the response remains the same regardless of what they ask or ask. Response = We will provide at a later time.

2.1.9.1.1 Sending LOR

Most letters of representation are faxed to the carrier. But they can be e-mailed as well. Mailing letter of representation is not ideal as the client will be on hold until that letter is received. Most letters of representation are uploaded into the claim within 24 hours meaning that we cannot speak to insurance company until they have uploaded this letter into the claim. For this reason, the sooner we get them out, the better. The letter of representation is a Merge Document.

First Party Claims (Our Client's Insurance) – Merge Document #11

Third Party Claims (Defendant or Liability Insurance) – Merge Document #10

In order to Merge a letter of representation, the Insurance Tab must be updated and include the following:

Insurer	Allstate Insurance	Adjuster	Defarosa, Ms. Ludivita
Address	8711 N. Freeport Pwy. Ms23 Irving, TX 75063	Address	P.O. Box 660636 Dallas, TX 75266
Phone	Business <input checked="" type="checkbox"/> (800) 767-7619 <input type="button" value="Call"/>	Phone	Business <input checked="" type="checkbox"/> (713) 277-9469 <input type="button" value="Call"/>
	- 8716516		Fax <input checked="" type="checkbox"/> (866) 447-4293 <input type="button" value="Call"/>
Fax			
Email	claims@claims.allstate.com	Email	
AKA		AKA	
Policy Information			
Party	Tester, Mr. Test	Insurance Type	Liability
Agent	Type...	Insured	Lindsey McKey
Policy #	Type...	Limits	TEST
Claim #	12345	Accept Liability?	<input type="checkbox"/>

Once the LOR is sent, a note must be made in the notes section of that provider in the Insurance Tab and the checklist item must be marked Done.

Notes in the Insurance Tab must be placed under the User Defined section, subsection “COMM”. The box listed Comments is for special notes in commercial claims only.

Minimum	\$ 0.00	Maximum	\$ 0.00
Actual	\$ 0.00		
Date Resolved	MM/dd/yyyy	How Resolved	
Comments			
<input type="text" value="Type..."/>			
User Defined			
Adjuster Notes			
COMM	7/29/23 - mailed ltr to def req limits mg 7/25/23 - called karen, left vm stated that i was calling to get PD started, req cb AS 7/25/23 - Karen confirmed they have accepted liability, message BP sent AS 7/24/23 - called adj left vm , called main line to get assistance, waited on hold for 30 min, call was hung up on AS 7/21/23 - called adj no answer sent email mg 7/18/23 attempted several times to contact adj at different #s; LVM rqstng status on claim - EG 7/17/23 - called to get status of claim, no answer left msg; sent email mg 7/13/23 - called Brent to get status of claim no answer left msg asking if there is coverage, also sent email mg 7/5/23 - called adj no answer, called main line for assistance waited on hold for 40 min, confirmed that PD is Brent and he makes liability decision, also received info for Bl adj, Karen Espinosa T: 469-839-3542, they did let me know that they are still pending liability and pending insured statement, called Bl adj and spoke with Karen, she stated that they are waiting approval from management to deny claim due to no communication from insured, she said that the driver is a non-listed driver on the		

2.1.10 Setting Up Claims/LORs for Premise & Non-Sub Cases

If the case is a Premise or Non-Sub case and we do not know the insurance carrier, **CASE MANAGER** will be responsible for the commercial investigation and sending the letters of representation along with any other letters or forms needed to establish the claim. If we know the insurance carrier for the Defendant, **CASE ASSISTANT** will send standard letter of representation to the carrier. **CASE MANAGER** will however continue to be responsible for ensuring all forms, spoliation request and any other commercial investigation is sent or performed.

2.1.11 Initial Public Data Searches

INTAKE SPECIALIST will be responsible for running the initial searches for Client and Defendant(s). **INTAKE SPECIALIST** will run a Public Data search for driver license and criminal record. This information will be saved in the *Intake & Investigation – Witness Folder* for that person. **INTAKE SPECIALIST** will manually create a folder for each party inside the Witness folder. **INTAKE SPECIALIST** will only conduct this if the information is available, if it is not, because we are pending a police report, etc., **CASE ASSISTANT** will take over. An example of what the file will look like is below:

McKey Law PLLC > CloudDocs - CaseFiles > Baird, Larry Dewayne - 200449 > 1 - Intake - Investigation > 4 - Witnesses		
Name	Status	Date modified
Anthony Couch - Def Driver		6/10/2022 5:04 PM
Bill & Ralph - Defendant		6/10/2022 4:57 PM
Larry Baird - Client		6/10/2022 5:03 PM
Ryder Truck Rental - Def Owner		6/10/2022 4:47 PM

Example on how to Name searches:

- 20220712 PData Crim Rpt Tester Test
- 20220712 PData Crim No Results Tester Test
- 20220712 PData Crim Results Tester Test= when there is too many results and unable to tell if its client or not or if you receive multiple results on a client.
- 20220712 PData DL Rpt Tester Test
- 20220712 PData DL No Results Tester Test
- If you searched by a specific parameter, specify that in the name.
 - Ex. 20231017 PData Crim Search by Name & DOB Tester Test
 - Ex. 20231017 PData DL Results by DOB Tester Test

Public Data: ***Log In can be found in Needles

2.1.12 Initial Notice to Defendant

INTAKE SPECIALIST will mail the initial notice to the Defendant if they know who the Defendant is. If they do not have any information for the Defendant, **CASE ASSISTANT** will then be responsible for completing this task once the information is found. This letter will be sent to the Defendant regardless of us knowing the insurance company or not. This letter is Merge Document # 12.

2.1.13 Tabs in Needles

Each tab in Needles has specific information that helps in the processing of the case. The more we utilize these tabs, the more efficiently we can process a claim. **EVERYONE** in the firm is responsible for keeping the tabs up to date.

2.1.11.1 Party Tab – All parties need to be entered in the Party Tab. Here are examples to provide clarity.

- 2.1.11.1.1 If Police Report shows 6 units. All 6-unit drivers and vehicle owners need to be entered in the Party Tab. Regardless of whether they touched our vehicle or not.
- 2.1.11.1.2 If we represent a client and their passengers, we need to add the driver and the vehicle owner of our vehicle to all the passengers. We do not add the passengers to the driver. The reason for this is the insurance tab, this will be explained below.
- 2.1.11.1.3 If our client states he was working at the time of the collision, the employer needs to be added as party in the Party Tab.
- 2.1.11.1.4 If our client is a minor or deceased, the guardian signing our contract needs to be added as a party in the Party Tab.
- 2.1.11.1.5 If a search of a vehicle pulls up two owners, both owners need to be added to the Party Tab. They both need to be listed as Def-Owner and under Relationship note that they are co-owners.

2.1.11.2 **Case Tab** – This tab has the least amount of information, but it is important. Every case should have the following completed: Class Code, Synopsis, and assigned staff. Staff assignment is as follows:

LEAD:	Case Manager
INTAKE:	Intake Specialist
CASE ASSISTANT:	Case Assistant
CASE MANAGER:	Case Manager
MED RECS:	Medical Clerk

NEGOTIATIONS: Negotiation Specialist
SETTLEMENT: Settlement Clerk
PARALEGAL: Litigation Paralegal
ATTORNEY: LindseyM

This Tab will include the date the client stopped treatment and other important case dates along with intake notes from when we were signing up the client.

2.1.11.3 **Checklist** – All staff are required to use and maintain the checklist appropriately. Reports and status of cases can be determined by the use of the checklist. Due to changes in the checklist, if you are in a case and see Item A004 mark it Done. If you see REV, select N/A. Please keep in mind that most items have babies that appear once an item is marked done. Other people are notified of tasks when those babies appear in their checklist. For this reason, it is important that you are keeping up with your checklist and marking items Done rather than N/A after completing them.

2.1.11.4 **Case Calendar** – This tab is not used very much in Pre-Lit. But it is very important in LIT. All deadlines must be calendared. In Pre-Lit it is important to calendar the SOL and maturity dates if the client is a minor. In addition, important dates such as Demand Due dates should also be calendar with the appropriate parties receiving notice.

2.1.11.4.1 *Adding SOL to All New Cases*

SOL stands for Statue of Limitations. This is the absolute last date for us to file a lawsuit. If we do not file a lawsuit by this date, the claim is forfeited. We will have committed Malpractice. This is one thing that cannot be fixed if missed. In Texas the SOL is 2 years from the date of the incident. Other states vary. Make sure to ask if the wreck occurred elsewhere. Entering the SOL is as follows:

The SOL date is automatically calculated by Needles and can be found on the top ribbon of the case, if the case is a 2-year limit. LIM is another acronym for SOL:

Tester, Test	CLOSED	...	Quick Add				
Case #: 200068	Case Type: MVA	Referred By: B. Gregg Price P.C.	Class: LIT	Assigned: Amanda Game	LIM Date: 4/26/2021	DOI: 4/27/2019	First Party DOB: 10/4/1990
Opened: 10/13/2019							

Subject = SOL: Name of Client

Start = LIM Date

Ends = LIM Date

Check the All Day Checkbox

Attendees = LindseyM, Mariana and Brenda

Reminder = 3 days

Type = SOL

General Information

Subject	SOL: Robert McKenzie		
Starts	05/07/2025	: 00	AM
Ends	05/07/2025	: 00	AM
All Day	<input checked="" type="checkbox"/>		
Attendees	<input type="button" value="x"/> MG mariana@mckaylawtx.com <input type="button" value="x"/> LindseyM lindsey@mckaylawtx.com		
Reminder	3 days		
Type	SOL		

2.1.11.5 **Negotiations Tab** – This tab will reflect all demands sent. Whether Med Pay, PIP, Stowers, or Non stowers, all demands should be added to this tab. The main person to use this tab will be the **NEGOTIATOR**.

2.1.11.6 **Insurance Tab** – Insurance Tab should have a placeholder for all possible entities. **INTAKE SPECIALIST** is the first line of Defense as they are the first person to gather information from the client and obtain a general overview of what entities we will be communicating with. There are specific placeholders that must be present in all cases. **INTAKE SPECIALIST** is responsible for inputting the main placeholders. These placeholders are below:

- 2.1.11.4.1 MVA – Health; Liability; Med Pay; PIP; UIM; Medicaid; Medicare; Property Damage.
- 2.1.11.4.2 PREMISE – Health; Liability; Med Pay; Medicare; Medicaid
- 2.1.11.4.3 NON-SUB – Health; Liability; Medicare; Medicaid.

***Keep in mind that passengers will have two (2) Med Pay/PIP/UIM tabs. As they can pursue coverage from the driver and their own. If the vehicle owner is different than the client, that client should have two placeholders as the vehicle is primary then the personal driver policy is second. Here is visual of what a passenger should look like (**Pay Close Attention to The Party Listed on Each Entry – File Belongs to Richard Guajardo who is the passenger of Pete Guajardo**):

Insurance			Party		
Insurance Type	Insurer	Adjuster	Role	Accept L	Limits
<input type="checkbox"/> Health			Guajardo, Mr. Richard	Plaintiff	
<input type="checkbox"/> Liability	State Farm Insuran	Maynor, Laura	Brown, Mr. Stanley Bernard	Def-Driver	MINNIMAL COV - 10/26 - MC
<input type="checkbox"/> Med Pay			Guajardo, Mr. Pete Ringo	Co-Plaintiff	
<input type="checkbox"/> Med Pay	SAME AS LEAD	SAME AS LEAD	Guajardo, Mr. Richard	Plaintiff	SAME AS LEAD
<input type="checkbox"/> Medicaid	Medicaid/THMP		Guajardo, Mr. Richard	Plaintiff	NOTICE PEND TO BE SENT
<input type="checkbox"/> Medicare	Medicare		Guajardo, Mr. Richard	Plaintiff	NOTICE PEND TO BE SENT
<input type="checkbox"/> PIP	PENDING		Guajardo, Mr. Pete Ringo	Co-Plaintiff	PENDING INFO
<input type="checkbox"/> PIP 2	SAME AS LEAD	SAME AS LEAD	Guajardo, Mr. Richard	Plaintiff	SAME AS LEAD
<input type="checkbox"/> UIM/UM	PENDING		Guajardo, Mr. Pete Ringo	Co-Plaintiff	PENDING INFO
<input type="checkbox"/> UM/UIM 2	SAME AS LEAD	SAME AS LEAD	Guajardo, Mr. Richard	Plaintiff	SAME AS LEAD

*** If the client mentions they obtain military benefits, A placeholder for VA and two (2) Tricare Entries should be placed in the Insurance Tab.

*** If the client mentions receiving WC, a placeholder for WC should be entered in the Insurance Tab. If you do not know who is handling the WC, which most times you will not, you will just add the tab and select WC from the Insurance Type. All other information will remain blank. You can make a note in the COMM section stating client reported having WC benefits. CASE MANAGER or CASE ASSISTANT will then update this as the information is obtained.

*** Please note that if the client reports being a beneficiary of Medicare or Medicaid, the Health placeholder is still necessary. Yes, it will list Medicaid or Medicare twice but the CASE MANAGER or CASE ASSISTANT will clean this up.

2.1.11.7 **Counsel Tab** – if a party is represented by an attorney, clear notes should be made in the Insurance tab and that attorney should be added to the Counsel Tab. If a client is undergoing bankruptcy or has an active criminal case, those attorneys for the client should be listed in the counsel tab.

2.1.11.8 **Wit/Exp/Depo Tab** – All witnesses should be entered in the witness tab for that case.

2.1.11.9 **Medical Request Tab** – this tab will contain a medical timeline along with an inventory of all medical records and bills requested for this case. Open records will also be tracked in this tab. This tab will mostly be used by the MEDICAL RECORDS CLERK. Any review of records, should be listed in this tab.

2.1.11.10 **Client Appts** – Client appointment tab will have a record of most if not all appointments client presented to. This tab is most used by CASE MANAGER.

2.1.11.11 **Accident Info or Incident Info Tab** – This tab will contain general information of the incident. Please enter all information obtained while the file is in your name. Missing information will be obtained and entered by INTAKE SPECIALIST or CASE ASSISTANT.

2.1.11.12 **Value Tab** – Placeholders need to be added for the providers that we know

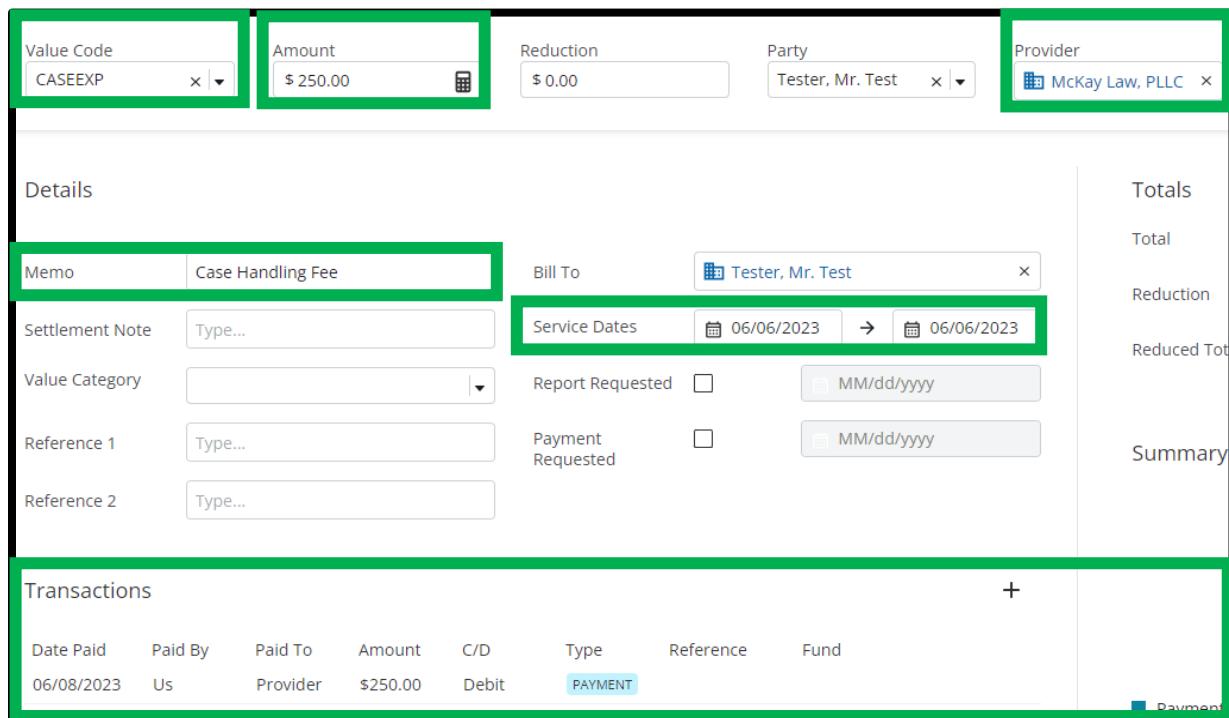
will need to be paid. Most cases will have the following placeholders: Firm for case expenses, Firm for attorney's fees, OAG, Medicaid placeholder and Medicare placeholder. In addition the **INTAKE SPECIALIST** will enter the Pre- Lit Case handling Fee and make sure to mark as paid so a DTF value can appear in the Value Tab.

<input type="checkbox"/> Code 	Billed	From	To	Lien	Provider	Memo
<input type="checkbox"/> ATTYEXP		06/24/2022	06/24/2022		McKay Law, PLLC	PRE-LIT CASE HANDLING FEE
<input type="checkbox"/> ATTYFEE		06/24/2022	06/24/2022		McKay Law, PLLC	40% PRELIT
<input type="checkbox"/> SUBRO		06/24/2022	06/24/2022		Medicaid/THMP	PLACEHOLDER
<input type="checkbox"/> SUBRO		06/24/2022	06/24/2022		Medicare	PLACEHOLDER

***If you added any providers in the Insurance Tab such as VA/Tricare or WC, then a placeholder for them should appear on the Value Tab as well.

***There should not be a placeholder for Health Insurance that is not government entities. The reason for this is because we only pay them if they put us on notice. The handling team will add to Value Tab if placed on notice.

Every new case should include a \$250 Case Handling Fee. The date for the transaction is the date entered. No specific date is needed. See below for all fields needed.



The screenshot shows the Case Management System interface with the Value Tab and Transaction Tab highlighted.

Value Tab Fields:

- Value Code: CASEEXP
- Amount: \$ 250.00
- Reduction: \$ 0.00
- Party: Tester, Mr. Test
- Provider: McKay Law, PLLC

Details Section:

- Memo: Case Handling Fee
- Bill To: Tester, Mr. Test
- Service Dates: 06/06/2023 to 06/06/2023
- Settlement Note: Type...
- Value Category: (dropdown)
- Report Requested:
- Payment Requested:
- Reference 1: Type...
- Reference 2: Type...

Totals:

- Total: (displayed as 0.00)
- Reduction: (displayed as 0.00)
- Reduced Tot: (displayed as 0.00)

Transactions Tab:

Date Paid	Paid By	Paid To	Amount	C/D	Type	Reference	Fund
06/08/2023	Us	Provider	\$250.00	Debit	PAYMENT		

Summary:

- Total: (displayed as 0.00)
- Reduction: (displayed as 0.00)
- Reduced Tot: (displayed as 0.00)

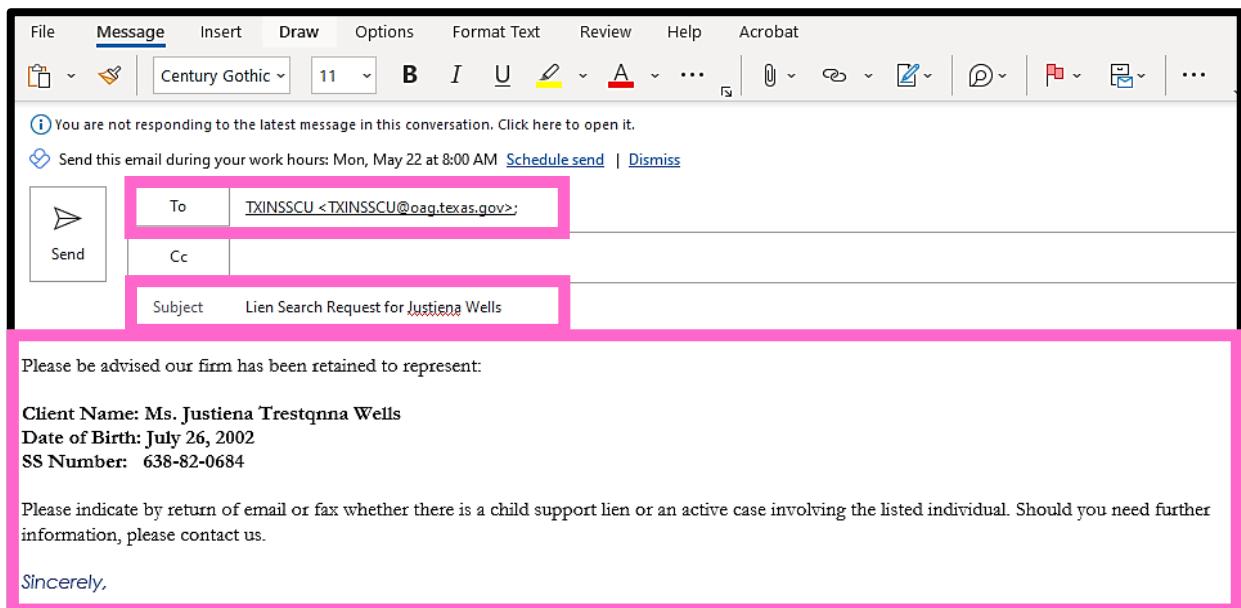
2.1.12 OAG

INTAKE SPECIALIST is responsible for contacting the OAG, obtaining a response, saving the response, and documenting the file as needed.

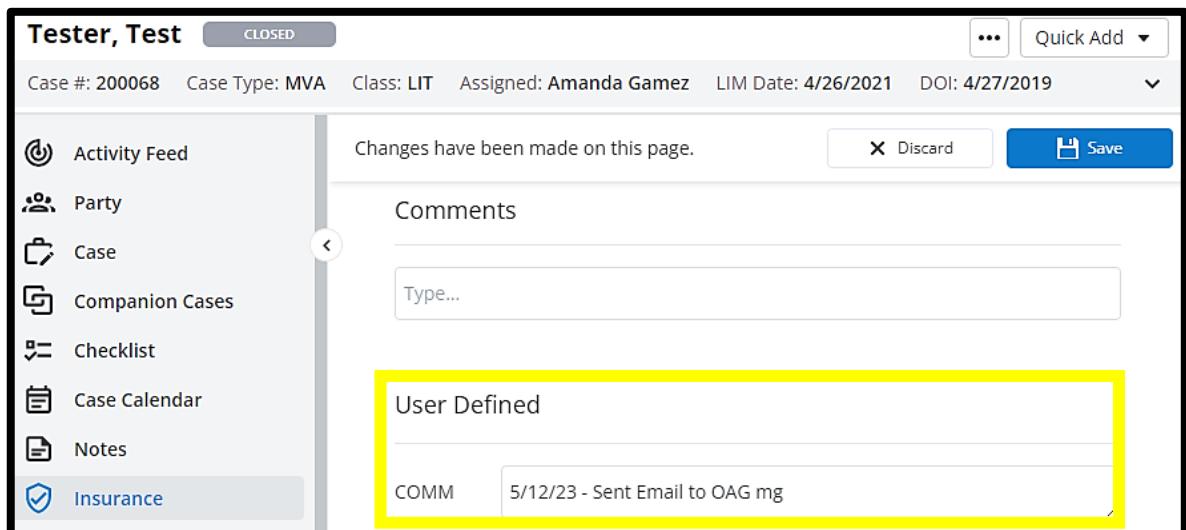
2.1.12.1 Sending Notice to OAG

- **INTAKE SPECIALIST** sends notice to the OAG via e-mail.

- The information sent to the OAG is a merge document. Merge Document #33 – Email to OAG Template. **The full name, date of birth, and social security number of the client must be in Needles for this document to work correctly.**
- Once the document is merged, the information from the Merge Document is copied and pasted in the body of an e-mail to the OAG.
- The subject line will say: Lien Request Search: Test Tester



- Before sending the e-mail to the OAG, the e-mail must be tagged in Needles. The subject for the e-mail is Subro-Liens
- **INTAKE SPECIALIST** will make a note once they have sent the request in the Insurance Tab under COMM and the Checklist item will be marked Done.



2.1.12.2 Receiving Responses from OAG

The OAG usually responds to a request within 24-72 hours. When a response is received, the Checklist, Insurance Tab and Value Tab must be updated.

2.1.13.1 No Lien Identified by OAG

When the OAG communicates there is no lien, **INTAKE**

SPECIALIST is responsible for updating the Checklist, Insurance Tab and Value Tab. The e-mail received will be printed to Adobe and saved in the client's file in the *5 - Liens, LOPs & Subrogation folder*. See section 2.1.12.4 for details on saving e-mail as a PDF.

2.1.13.2 *Lien Found by OAG*

The OAG generally asks for additional case information when there is a lien. When this occurs, the **INTAKE SPECIALIST** will update the checklist, make a note this request was received in the Insurance Tab and forward the e-mail received requesting additional information to the **CASE MANAGER** for handling. If a questionnaire was received or any other documentation by INTAKE SPECIALIST, INTAKE SPECIALIST will save the documentation to the *5 - Liens, LOPs & Subrogation folder* and forward this to the **CASE MANAGER**. **CASE MANAGER** will provide the information requested and update the Insurance Tab and Value Tab once the amount owed is received.

2.1.12.3 *Updating Needles With Responses from OAG*

Responses from the OAG must be Tagged to the client's file. The subject of the tag is Subro-Liens. In addition, the checklist item must be marked Done, the Insurance Tab must include a clear note acknowledging a response has been received, and the Value Tab must be updated to reflect the amount owed if any, or the placeholder for the OAG must be deleted if nothing is owed.

2.1.12.4 *Saving OAG Response as a PDF to the file.*

The e-mail received from the OAG is Printed to Microsoft Print to PDF and saved in the file under the *5 - Liens, LOPs & Subrogation folder*. Name the document:

Ex: 20230502 Email from OAG No Lien Tester Test
20230502 Email from OAG Amount Due Tester Test

2.1.13 Medicare/Medicaid

Medicare is federal program while Medicaid is a state program. When sending initial letters of representation, Medicare will always be sent to the same location and in accordance with Needles. Medicaid letters of representation must be sent to the correct State in which the client resides in. All cases must be reported to Medicare and Medicaid.

2.1.13.1 *When to Send Medicare/Medicaid Letters of Representation (LOR)*

CASE ASSISTANT will be responsible for sending out LORs to both Medicare and Medicaid once the case has entered class code TRT. If the checklist items appear on **CASE ASSISTANT**'s checklist but the class code is not TRT, **CASE ASSISTANT** will manually push the date out for 2 weeks. This will continue until the case enters TRT.

2.1.13.2 *Responses from Medicaid/Medicaid No Lien*

Medicaid will reply in writing notifying us if there is a lien or not. When there is not a lien, **CASE ASSISTANT** will be responsible for updating the Insurance Tab, Checklist, and Value Tab.

2.1.13.3 *Responses from Medicare/Medicaid There Is a Lien*

When a response is received from Medicare or Medicaid reflecting an

outstanding subrogation claim, the **CASE ASSISTANT** will be responsible for obtaining the itemization that reflects the charges for the subrogation claim. **CASE MANAGER** will be responsible for reviewing the itemizations and disputing any unrelated claims.

2.1.13.4 *How to Document Subrogation Entities in Needles*

Health insurance/Medicaid/Medicare are automatically entered by **INTAKE SPECIALIST** as placeholders in the Insurance Tab. Because we do not place health insurance on notice, health insurance is not entered in the Value Tab unless notice is received. The Value Tab will however have a placeholder for both Medicare and Medicaid as we have to place them on notice.

2.1.13.5 *How to Document Other Subrogation Entities*

Any other entity that will be seeking subrogation should be entered in BOTH the Insurance Tab and Value Tab. The Insurance Tab will have the name of the subrogating party and the Value Tab will have a placeholder so that we can update with the amounts as obtained. Below is an example of a case where we were put on notice by BCBS:

*** Notice BCBS Limits says PENDING SUBRO

Insurance Type	Insurer	Adjuster	Party	Role	Acce Limits
Health	Blue Cross Blue Shield	PENDING	Burt, Mr. John Christopher	Plaintiff	PENDING SUBRO
Liability	NTA General Insurance	Diamond, Mr. Marc	M&S Brothers Truckline	Def-Owner	COMM
Medicaid	Medicaid/THMP	NO COVERAGE	Burt, Mr. John Christopher	Plaintiff	NO COVERAGE
Medicare	Medicare	NO COVERAGE	Burt, Mr. John Christopher	Plaintiff	NO COVERAGE
PIP	Germania	Montelongo, Ms. Sy	Burt, Mr. John Christopher	Plaintiff	2,500
UIM/UM	Germania Insurance	Gandy, Ms. Rhonda	Burt, Mr. John Christopher	Plaintiff	30/60

*** Notice Medicare/Medicaid says NO COVERAGE

2.1.13.6 **INTAKE SPECIALIST, CASE MANAGER** or **CASE ASSISTANT** will make the following notes in the Insurance Tab:

Insurance

Contact Information

Insurer: Medicare
MSPRC - NGHP
P.O. Box 138832
Oklahoma City, OK 73113

Adjuster: PENDING

The name of the Entity Subrogating will be here

Address: _____

Phone: _____

Email: _____

AKA: _____

Policy Information

Party: Santiago, Ms. Gabrielle
Insurance Type: Medicare

Agent: _____
Type: _____

Policy #: UNK
Insured: _____
Type: _____

Claim #: UNK
Limits: PENDING
Accept Liability:

Comments: _____
Type: _____

User Defined

Adjuster Notes: COMM
6/20/22 - sent for mg

If the name of the person handling the claim is known, place here, if not use Pending

The Type of Insurance benefit should be updated

Party should always be our client. If the policy # or claim/file # is known, update this information

Notes for this entity should be placed here.

Limits Notes will be the following:

1. NO NOTICE - for health insurance Only when we have not received notice.
2. PENDING - notice sent but we do not know if benefit exists used for Military/Medicaid/Medicare
3. PENDING SUBRO - we have been placed on notice but do not know the amount
4. \$100 a/o 12/17/21 - MG - The amount owed as of date of letter dash staff initials.
5. NO COV - CORR - 10/17/23 - MG

To clarify, Notes in the Limits will be one of the following ONLY:

1. NO NOTICE - this is specific for clients who have health insurance but we have not been placed on notice.
2. PENDING - this is to be used when we have sent out a letter of representation and are waiting on an itemization. If no correspondence has been sent by our office, this field should be blank to reflect this is a task that needs to be completed.
3. PENDING SUBRO - If we have been placed on notice by a health insurance or if we have received communication from Medicare and Medicaid that the client is eligible for their benefits, the limits will be updated to PENDING SUBRO as we are now awaiting the amount due.
4. When we have received the amount due from an entity for the subrogation claim, that amount should be entered in the limit field as follows: Amount Due a/o date when we received said amount - staff initials who is entering information. An example is \$100 a/o 10/17/23 - MG. This written out says that on October 17, 2023, Mariana verified the amount due was \$100 for the subrogation claim.
 - If the amount is zero or No Claims Paid, the limits will show \$0 a/o 10/17/23 - MG and the Adjuster field will be changed to NO CLAIMS PAID. "NO CLAIMS PAID" is a placeholder already saved in Needles. Do not create new placeholders please.
5. When we receive communication from the OAG, Medicare, Medicaid or any other entity that there is no coverage, we used to reflect this as NO COV -

L IN FILE, but we are now reflecting this as NO COV – CORR – 10/17/23-MG. This translates to No coverage, we know because we received a letter – correspondence, on 10/17/23 or whatever the date of the letter is and then staff initials as to who is inputting said information.

2.1.14 *Open Records*

Open records will be requested by **CASE ASSISTANT**. **CASE ASSISTANT** will follow up and obtain open records in all incoming cases. Open records will be tracked in the Med Recs Tab. Once a request is sent, both Med Recs Tab and Accident Info or Incident Info Tab need to be updated to show the information was requested. Once all information is obtained, the Accident Info or Incident Info Tab will need to be updated with the information received.

Open Records Ordered?	<input type="text"/>		
Open Records Rcvd?	<input type="text"/>		
<hr/>			
Dash Cam	<input type="checkbox"/>	Incident Report	<input type="checkbox"/>
911 Call Sheet	<input type="checkbox"/>	911 Call	<input type="checkbox"/>
Body Cam	<input type="checkbox"/>	Photos	<input type="checkbox"/>

2.1.14.1 *Sending an Open Records Request*

2.1.14.1.1 *MVAs*

Open records will be sent to the responding agency. If it is a DWI, open records request will be sent to the responding agency and its Sheriff's department. If the wreck was investigated by DPS an open records request needs to be sent to both the City of where the wreck occurred and DPS. If the case was a fatality, an open records request needs to be submitted to the responding agency and DPS and DOT.

2.1.14.1.2 *Premise/Non-Sub*

If police were called to the scene, an open records request needs to be made to the responding agency. If police were not called to the scene, no open records requests need to be made. However, the Accident Info or Incident Into Tab needs to reflect **we did not order open records** and **Open records Rcvd?** Needs to be marked as **N/A**. See below for reference:

Open Records Ordered?	<input type="text"/> No		
Open Records Rcvd?	<input type="text"/> N/A		
<hr/>			
Dash Cam	<input type="checkbox"/>	Incident Report	<input type="checkbox"/>
911 Call Sheet	<input type="checkbox"/>	911 Call	<input type="checkbox"/>
Body Cam	<input type="checkbox"/>	Photos	<input type="checkbox"/>

2.1.14.2

Naming Sent Open Records Requests

Once a request has been sent to an agency, the letter sent will be named as follows:

20240308 Dallas PD ORR Tester Test

2.1.14.3

Naming Records Received from Open Records

Records received from the police department will be renamed to include the date received. In General, open records need to be named by what they are, ex. Call Sheet, Incident Rpt, misc. but video should be left under the name we received it. A folder will need to be created and folder will be named in accordance to the following:

20240308 ORR CD Tester Test

If multiple,

20240308 ORR CD 1 Tester Test

20240308 ORR CD 2 Tester Test

Content of the CDs will be placed in that folder.

2.1.15 *Setting Up a Claim*

Claims are established for every vehicle involved in a wreck. Meaning if there is a 6-car collision, a claim must be established with all 6 vehicles. In addition to the vehicles, a claim must be established with our client's carrier. If a police report is available or if the Client has agreed to allow us to file a claim under their insurance at INTAKE, **INTAKE SPECIALIST** will be responsible for setting up the claim and sending the letter of representation. If the information is not available to **INTAKE SPECIALIST** or the client did not agree to allow our office to file a claim under their insurance, the responsibility of establishing the claim is transferred to **CASE ASSISTANT** or **CASE MANAGER**. For example, if we sign up Mr. Test Tester and he only has his car information because we are waiting on police to gather the rest. **INTAKE SPECIALIST** will only be responsible for setting up claim for client's insurance and searching police report. If the police report is available, then she will set up the claim and send letters of representation to all units listed on the police report whether we had contact or not. If, however, the police report is not available when she searches and she is done with entering information to Needles, the responsibility of continuing to search the police report and setting up claims falls on the case management team. Once **INTAKE SPECIALIST** is done entering the case in Needles and sending initial notices, **INTAKE SPECIALIST** is done.

2.1.15.1

Establishing a Claim

INTAKE SPECIALIST will be the first line in establishing a claim for all MVAs. When establishing a claim, you can provide Full name, Address, Date of Birth, Driver License Number, Vehicle Information, Client telephone number but NO SOCIAL SECURITY NUMBER. When asked, please state we provide at a later time. Some adjusters are pushy and will ask well do you not have it be careful, the response remains the same regardless of what they ask or ask. Response = We will provide at a later time.

2.1.15.2

Sending LOR

Most letters of representation are faxed to the carrier. But they can be e-mailed as well. Mailing letter of representation is not ideal as the client will be on hold until that letter is received. Most letters of representation are uploaded into the claim within 24 hours meaning that we cannot speak to insurance company until they have uploaded this letter into the claim. For this reason, the sooner we get them out, the better. The letter of representation is a Merge Document.

First Party Claims (Our Client's Insurance) – Merge Document #11

Third Party Claims (Defendant or Liability Insurance) – Merge Document #10

In order to Merge a letter of representation, the Insurance Tab must be updated and include the following:

Insurer	Allstate Insurance	Adjuster	Delarosa, Ms. Ludivina
Address	8711 N. Freeport Pwy, Ms23 Irving, TX 75063	Address	P.O. Box 660636 Dallas, TX 75266
Phone	Business <input checked="" type="checkbox"/> (800) 767-7619  <input checked="" type="checkbox"/> - 8716516	Phone	Business <input checked="" type="checkbox"/> (713) 277-9469  <input checked="" type="checkbox"/> Fax <input checked="" type="checkbox"/> (866) 447-4293 
Email	claims@claims.allstate.com	Email	
AKA		AKA	
Policy Information			
Party	Tester, Mr. Test	Insurance Type	Liability
Agent	Type...	Insured	Lindsey McKay
Policy #	Type...	Limits	TEST
Claim #	12345	Accept Liability?	<input type="checkbox"/>

Once the LOR is sent, a note must be made in the notes section of that provider in the Insurance Tab and the checklist item must be marked Done.

Notes in the Insurance Tab must be placed under the User Defined section, subsection COMM. The box listed Comments is for **CASE MANAGER** with commercial vehicles only.

Minimum	\$ 0.00	Maximum	\$ 0.00
Actual	\$ 0.00		
Date Resolved	MM/dd/yyyy	How Resolved	<input type="button" value="New"/> <input type="button" value="Edit"/> <input type="button" value="Delete"/>
Comments <div style="border: 1px solid #ccc; padding: 5px; height: 40px; margin-bottom: 10px;"> <input type="text" value="Type..."/> </div>			
User Defined			
Adjuster Notes			
COMM	<p>7/29/23 - mailed ltr to def req limits mg 7/25/23 - called karen, left vm stated that i was calling to get PD started, req cb AS 7/25/23 - Karen confirmed they have accepted liability, message BP sent AS 7/24/23 - called adj left vm , called main line to get assistance, waited on hold for 30 min, call was hung up on AS 7/21/23 - called adj no answer sent email mg 7/18/23 attempted several times to contact adj at different #s; LVM rqsting status on claim - EG 7/17/23 - called to get status of claim, no answer left msg; sent email mg 7/13/23 - called Brent to get status of claim no answer left msg asking if there is coverage, also sent email mg 7/5/23 - called adj no answer, called main line for assistance waited on hold for 40 min, confirmed that PD is Brent and he makes liability decision, also received info for BI adj. Karen Espinoza T: 469-839-3542, they did let me know that they are still pending liability and pending insured statement, called BI adj and spoke with Karen, she stated that they are awaiting removal from assignment to deny claim due to no communication from insured, she said that the driver is an unlisted driver on the</p>		

After completing the intake process, **INTAKE SPECIALIST** will notify the **CASE ASSISTANT** and **CASE MANAGER** that a new case has been assigned to them through Needles Message.

2.1.16 Initial Call

It is the **CASE MANAGER**'s responsibility to call that person within 24 hours, introduce themselves and obtain the following information:

- How did you hear about us?
- SYNOPSIS: (Include where were they going, where were they coming from)
- WITNESS:
- WC:
- PD:
- OWN INSURANCE?
- PD/PR OR EXCHANGED INFO?:
- GIVEN STATEMENT TO ANYONE:
- TREATMENT/RECOMMENDATIONS:
- AMBULANCE/HOSPITAL/PCP:
- OUT OF POCKET PRESCRIPTIONS:
- INJURIES:
- MISSED WORK:
- MEDICARE/MEDICAID/HI:
- PRIOR INJURIES/ACCIDENTS/WC:
- BANKRUPTCY:
- MILITARY/VA/BRANCH: (RECEIVING BENEFITS?)

2.1.17 Commercial Case Investigation

For all commercial cases, a thorough search for the defendants needs to be performed. **CASE MANAGER** will be responsible for searching the Defendant through the following

websites:

1. FMCSA
 - a. Company Snapshot
 - b. SMS Results – See your Data and Download
 - i. Compare Download and Vehicle Information
 - c. Licensing & Insurance – all tabs
2. Quick Transport
 - a. Carrier details
3. TX Truck Stop
4. D Control
5. CAD for the Def Address
6. SOS
 - a. Taxable Entity Search

All searches and information will be saved under *Intake & Investigation – Witness –* corresponding party folder. **CASE MANAGER** will be responsible for sending all spoliation letters to the proper parties.

2.1.18 Other Subro Notices/Health Insurance / ERISA/ WC

CASE MANAGER will be responsible for sending our LORs to all subrogation entities, following up to obtain subrogation amounts, entering this information in Needles, and disputing any incorrect charges, if necessary.

- 2.1.18.1.1 How to Document Subrogation Entities in Needles
- 2.1.18.1.2 Health insurance/Medicaid/Medicare are automatically entered by Intake as placeholders in the Insurance Tab. Because we do not place health insurance on notice, health insurance is not entered in the Value Tab unless notice is received. The Value Tab will however have a placeholder for both Medicare and Medicaid as we have to place them on notice.
- 2.1.18.1.3 Any other entity that will be seeking subrogation should be entered in BOTH the Insurance Tab and Value Tab. The Insurance Tab will have the name of the subrogating party and the Value Tab will have a placeholder so that we can update with the amounts as obtained.

Below is an example of a case where we put on notice by BCBS:

 Activity Feed
 Party
 Case
 Companion Cases
 Checklist
 Case Calendar
 Notes
 Insurance
 Negotiation
 Counsel
 Case Docs

Burt, John Christopher IN LITIGATION

Case #: 200009 Case Type: MVA Class: SRL Assigned: Brittany Presley LIM Date: 4/5/2020 DOI: 4/6/2018
 Opened: 7/18/2018 Litigation titles: Litigation

Insurance

□ Insurance Type	Insurer	Adjuster	Party	Role	Accepted	Limits
<input type="checkbox"/> Health	Blue Cross Blue Shield	PENDING	Burt, Mr. John Christopher	Plaintiff	✓	PENDING SUBRO
<input type="checkbox"/> Liability	NTA General Insurance	Diamond, Mr. Marc	M&S Brothers Truckline	Def-Owner	✓	COMM
<input type="checkbox"/> Medicaid	Medicaid/THMP	NO COVERAGE	Burt, Mr. John Christopher	Plaintiff	✓	NO COVERAGE
<input type="checkbox"/> Medicare	Medicare	NO COVERAGE	Burt, Mr. John Christopher	Plaintiff	✓	NO COVERAGE
<input type="checkbox"/> PIP	Germania	Montelongo, Ms. Sy	Burt, Mr. John Christopher	Plaintiff	✓	2,500
<input type="checkbox"/> UIM/UM	Germania Insurance	Gandy, Ms. Rhonda	Burt, Mr. John Christopher	Plaintiff	✓	30/60

*** Notice BCBS Limits says PENDING SUBRO

*** Notice Medicare/Medicaid says NO COVERAGE

CASE MANAGER will update the Insurance Tab. For instructions on how to update the insurance tab please see **Section 2.1.13**

2.1.19 Liability & Coverage

2.1.19.1 Liability – **CASE ASSISTANT** will be responsible for clearing coverage and liability in all cases. If liability is in dispute or denied, the class code will be changed to REV. This class code is for cases in Review that require a determination to be made. After Lindsey decides how to proceed with the case, the case will be moved to the appropriate class code.

2.1.19.2 Coverage – Whether liability is accepted, denied, or disputed, we must ask for limit information. If the adjuster refuses to provide the limits, please verify if the policy is a personal policy or a commercial policy. These notes will be added to the limits section for that carrier in Needles.

2.19.2.1 How to Add Notes in Limits Tab

The limit tab will reflect one of the following for all cases:

- 1) If liability accepted but adjuster refused to provide limits and when we asked if the policy was personal or commercial they continued to refuse the notes in the limits should be:

REFUSE/R – ADJ VERBAL – 10/29/23 – MG

- 2) If they refused to provide limits but stated it is a personal policy:

REFUSE/P – ADJ VERBAL – 10/29/23 – MG

- 3) If they refused to provide limits but stated it is a commercial policy:

REFUSE/C- ADJ VERBAL – 10/29/23 – MG

- 4) If they provided the limits, for this example we will say minimum limits:

\$30K – ADJ VERBAL – 10/29/23 - MG

- 5) If the limits were provided via email or letter:

\$30K – CORR – 10/29/23 – MG

- 6) If refusal of the limits was via email or letter:

REFUSE/P – CORR – 10/29/23 – MG or
REFUSE/C – CORR – 10/29/23 - MG

- 7) If liability is split and they refused to provide limits:

80% A – REFUSE/P – 10/29/23 – MG
80% A – REFUSE/C – 10/29/23 - MG

- 8) If liability is split and they provided limits:

80% A - \$30K – ADJ VERBAL – 10/29/23 – MG
80% A - \$30K – CORR – 10/26/23 – MG

- 9) If liability is denied and they provided limits:

DENIED/C - \$30K – ADJ VERBAL - 10/29/23 – MG

- 10) If liability is denied and they refused to provide limits:

DENIED/C – REFUSE/P – ADJ VERBAL – 10/29/23 – MG or
DENIED/C – REFUSE/C – ADJ VERBAL – 10/26/23 - MG

- 11) If limits obtained via ML Research or FMCSA:

\$30K – ML RESEARCH – 10/29/23 – MG

\$1M – FMCSA – 10/29/23 – MG

**If any new combination arises that is not mentioned above, please ask MARIANA before entering value.*

After obtaining this information, a letter will be sent to the Defendants requesting authorization to obtain the limits. If after two (2) weeks, the Defendants have not provided authorization, **CASE ASSISTANT** will submit a request to ML Research.

Research to obtain the coverage information. An example of a completed ML Research application is below:

** (Asterisks indicate required fields. Please ensure all fields are completed prior to submission)**

TYPE OF TRACE(s) REQUESTED (Pricing dependant upon the Date of Loss & Service(s) Requested. Please refer to our Fee Schedule.)

Rush Service Requested? SUPER Rush Service Requested?

Policy Existence Policy Limits Policy Number Umbrella Existence & Limits
(\$25 Processing Fee Applies)

REQUESTOR'S DETAILS:

**Request Date: 12/09/2021 **Law Firm: McKay Law, PLLC

**Attorney Name: Lindsey McKay Contact/Paralegal Name: Brittany Presley

**Street Address: 430 Church St.

**City: Sulphur Springs **State: Texas **Zip: 75482

E-mail: brittany@mckaylawtx.com **Telephone: 903-272-1214 **Fax: 903-272-2162

**Date of Loss: 11/16/2020 **Your Client/File Name: Steve Fort

Type of Case: (i.e. auto, dog bite, slip & fall, assault, product, malpractice, etc. Please explain the nature of the case)
Auto. Defendant failed to pass on the right safely and struck the right rear side of Mr. Fort's truck.

TYPE OF COVERAGE BEING SOUGHT: (Please Include Accident Reports and Insurance Acknowledgement Letters if Available)

* Separate charges apply for Auto Liability Limits and Auto UM/UIM Limits *

Auto Liability Auto UM/UIM* Umbrella (Include Name of Primary Carrier and Limits)

Homeowners Renters Premises Business/Commercial General Liability (CGL)

Product Employment Practices Liability Insurance Directors & Officers

Errors & Omissions Professional Malpractice Other

DETAILS ON INDIVIDUAL/ENTITY BEING TRACED:

**Individual/Entity is: Driver Vehicle Owner Home Owner Tenant
Business Doctor Lawyer Other

Individual/Entity's Insurance Carrier: Scottsdale Insurance Company

Individual/Entity's Policy Number: LJS0000556 Claim Number: 01997233

**Individual First & Last Name/Entity Name: J K Trucking and Transport, LLC

**Individual/Entity's Street Address: 2043 SE 20th Ln

City: Coral State: FL Zip: 33990 Telephone:

Date of Birth: SSN:

Vehicle Info (VIN, Plate #, Make, Model, and Year): 3ALXFB006HDJG1092, FL Plate JBL4HM,

Additional Info/Notes: vehicle is 2017 blue Freightliner TT.

Driver is Jason Matthew Dietrich, DOB 10/27/1977, DL#: 28234962

TRT CASES

3.1 TRT

A case is moved to TRT once liability is accepted or if Lindsey has made a determination to keep the case, regardless of the liability decision. If a case is pending a coverage issue, the case should remain in NEW unless there is UM coverage through client's insurance.

3.1.1 Background Searches

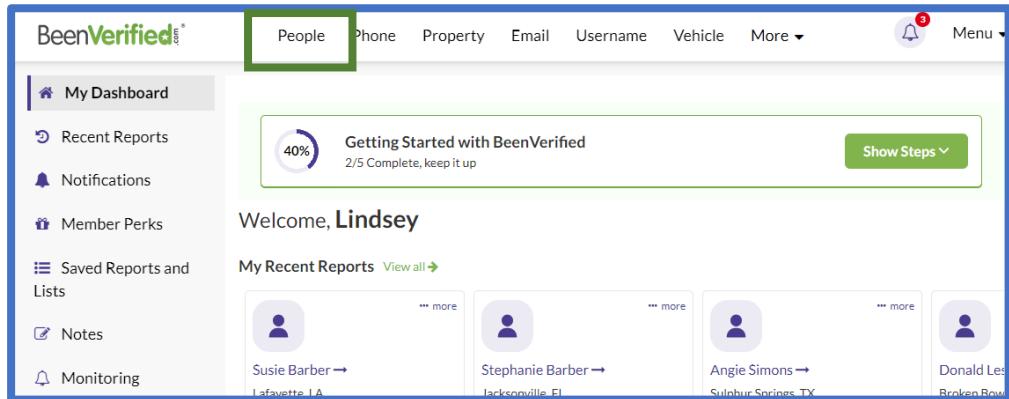
In addition to Public Data searches, our office purchases BeenVerified and conducts social media searches on all parties. **CASE ASSISTANT** will be responsible for performing

BeenVerified searches and **CASE MANAGER** will be responsible for conducting a thorough social media search on all parties. This information will be saved under *Intake & Investigation – Witness* – corresponding person/entity.

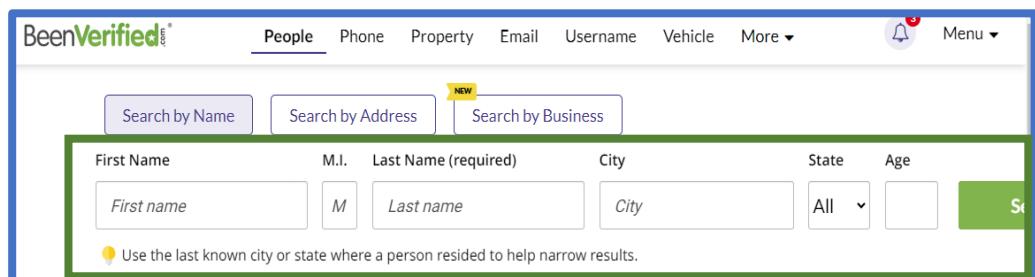
* *BeenVerified log in can be found in Needles.*

3.1.1.1 How to Perform a BeenVerified Search

Once logged in, Search options will appear on the top. The best option for searching a person is through **People**:



Below are the fields to search by:



BeenVerified can be a little tricky. Sometimes completing all fields limits information and the person is not located. In order to truly search, it is best to enter the name and filter from there. Results will appear in chronological order based on age.

3.1.1.2 Saving Results in Client File

Once a report is located, select said report and a menu will appear on the left. In order for the report to reflect Criminal and Bankruptcy information, you must click on the star. This will take you to that section on the report. Select Search for Digitalized records and AFFIRM.

BeenVerified.com

People Phone Property Email Username Vehicle More ▾ Menu ▾

Overview

Phone Numbers 13

Email Addresses 14

Address History 13

Relatives 19

Names & Ancestry 2

Associates 12

Neighbors 16

Criminal or Traffic ★

Bankruptcies ★

Jobs & Education 4

Social Media 4

Assets 0

Free Bonus Data ★

Free Bonus Data

Save Monitor PDF List ... More

Angie Michelle Simons

Age 37 years old

Born July 1986

Location Sulphur Springs, TX

Aliases Angie Kindhart, Angie Simons [View 11 more](#)

[Add to Address Book](#)

High Confidence Data Only

2138 Garrett Dr Sulphur Springs, TX 75482 [View 12 more](#)

(620) 794-4449 [View 12 more](#)

Turn monitoring on

Possible Criminal or Traffic

Alerts



Search county jurisdictions for digitized Criminal or Traffic Records

Where do these sources of criminal data come from?

[Search for digitized records](#)

Things you should know

BeenVerified searches criminal or traffic records from thousands of jurisdictions that have digitized records.

Believe it or not, there are still many counties in the United States that haven't made their records digitally available—and many others are only partially digitized. It is possible that records may exist that cannot be accessed digitally.

Once we have confirmed we have a right to the information, the data will appear. To save, select PDF from the top Menu.

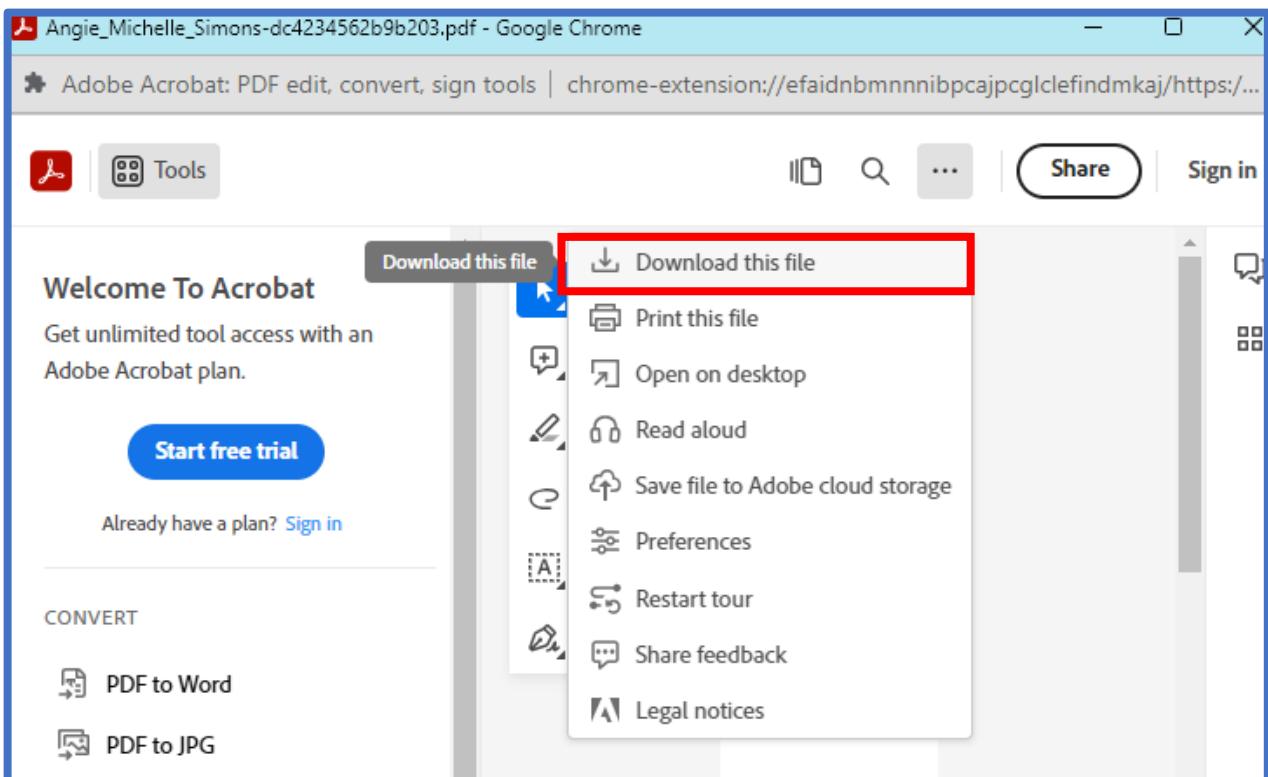
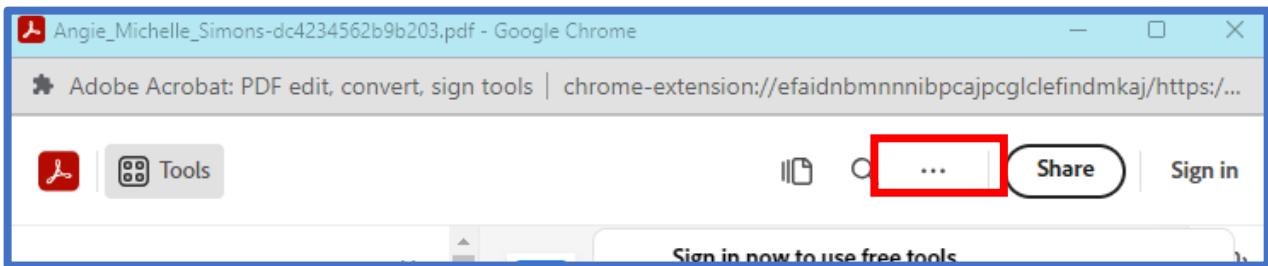
BeenVerified.com

People Phone Property Email Username Vehicle More ▾ Menu ▾

Angie Michelle Simons

Save Monitor PDF List ... More

This will open a new window. Select the three dots to Download:



Once this is selected, File Explorer will appear so that you can select where the report will be saved. Report should be saved under the Clients folder – Intake & Investigation – Witness Folder.

When saving report, it should be names accordingly:

20231017 BeenVerified Rpt Tester Test
20231017 BeenVerified No Results Tester Test

3.1.1.3

Social Media Searches

CASE MANAGER is responsible for performing all social media searches on a client and Defendant. Social Media results are saved in the Witness folder. **CASE MANAGER** is responsible for discussing profiles with clients and alerting them of the impact their posts can have on their case.

3.1.2 Client Treatment

CASE MANAGER will track and enter all client appointments in the Client Appts Tab in Needles. Once an appointment is completed, Needles should be updated to confirm the appointment was attended and the physician's recommendations should be entered in the *COMM* section of that appointment. See example below:

The screenshot shows the Needles software interface for appointment creation and treatment planning.

Appointment Details:

- Appointment Date: 06/13/2022
- Appmt Time: 10 : 00 AM
- Appointment Type: Follow Up
- Body Parts: + Multiple Areas
- Injection Type: Type...
- Provider Name: Epic Pain & Orthopedic

Provider Information:

- Address: 4225 Office Parkway, Suite 200, Dallas, TX 75204
- Fax: (469) 405-3742
- Mobile: (512) 717-1822
- Business: (469) 778-3742
- Email: billing@epicpainandortho.com
- AKA: Dr. Chun

Scheduled By: MG

COMM (Treatment Plan):

Doctor Recommendations/Imaging Findings:

1. Inflammatory spondylopathy of cervical region
Notes: Patient pending cervical injection recommended by the surgeon. Due to continued and unresolved axial neck pain despite conservative care, it is medically indicated to proceed with the diagnostic medial branch nerve block procedure which will confirm that the Cervical facet joints are the source of pain. The medial branch blocks will be done at bilateral C4-5, C5-6, C6-7 levels. If positive and concordant blocks are confirmed, then will proceed with right and left C4-5, C5-6, C6-7 cervical medial branch nerve rhizotomy which will provide longer term pain relief of the pain due to inflammation of the facet joints. The right and left sided rhizotomy will be done on separate days as it will allow the patient to better tolerate the procedure and the recovery.

2. Cervical radiculopathy
Notes: Patient has neck and low back pain with radiating symptoms

***** Treatment must be monitored closely to ensure medical expenses do not exceed coverage available. Any issues with coverage and treatment should be brought to Lindsey's attention immediately.**

3.1.3 Treatment Completed

- When a client has completed treatment, **CASE MANAGER** will verify the client's address and change the class code to MED.
- In making her note, **CASE MANAGER** will tag **MEDICAL RECORDS**, so they are aware a new case has now entered MED.
- Amanda will enter the **final date of treatment** in the Case Tab under Case Dates:

Case Dates					
Client Released/MMI	<input type="text" value="MM/dd/yyyy"/>	Service Complete	<input type="text" value="MM/dd/yyyy"/>	Settlement	<input type="text" value="MM/dd/yyyy"/>
Demand Sent	<input type="text" value="MM/dd/yyyy"/>	1st Answer Received	<input type="text" value="MM/dd/yyyy"/>	Mediation	<input type="text" value="MM/dd/yyyy"/>
Filed Suit	<input type="text" value="MM/dd/yyyy"/>	Discovery Deadline	<input type="text" value="MM/dd/yyyy"/>	Trial	<input type="text" value="MM/dd/yyyy"/>

3.1.4 LOPs

CASE MANAGER will issue all LOPs to providers. Every Provider that receives an LOP must be added to the Records Tab and Value Tab.

3.1.4.1 Records Tab

Each provider should be added twice to the records tab. One medical entry and one billing entry.

Medical Request					
<input type="checkbox"/> Provider Name ↑	Date Received	Type of Record	Date Range	Date Requested	Comments
<input type="checkbox"/> Longview Chiropractic Center	07/13/2022	Aff Bill Request	11/01/2021 - 2/14/2022	07/13/2022	
<input type="checkbox"/> Longview Chiropractic Center	07/13/2022	Aff Medical Request	11/01/2021 - 2/14/2022	07/13/2022	

3.1.4.2 Value Tab

All providers should be added to the Value Tab. After issuing an LOP to that provider, **CASE MANAGER** will add the word LOP to the memo tab for that entry.

<input type="checkbox"/> Code ↑	Billed	From	To	Lien	Provider	Memo	Total	Due
<input type="checkbox"/> ATTYEXP	⊖	07/10/2022	07/10/2022		McKay Law, PLLC		\$0.00	\$0.00
<input type="checkbox"/> ATTYFEE	⊖	07/10/2022	07/10/2022		McKay Law, PLLC	40% PRELIT	\$0.00	\$0.00
<input type="checkbox"/> MEDICAL	⊖	11/01/2021	02/14/2022		Longview Chiropractic Center	LOP	\$1,799.00	\$1,799.00
<input type="checkbox"/> SUBRO	⊖	07/10/2022	07/10/2022		Medicare	PLACEHOLDER	\$0.00	\$0.00
<input type="checkbox"/> SUBRO	⊖	07/10/2022	07/10/2022		Medicaid/THMP	PLACEHOLDER	\$0.00	\$0.00

3.1.5 Property Damage

The firm assists clients with property damage. **CASE ASSISTANT** will be responsible for assisting in PD issues and obtaining the final PD amount for each case regardless of whether we handled it or not.

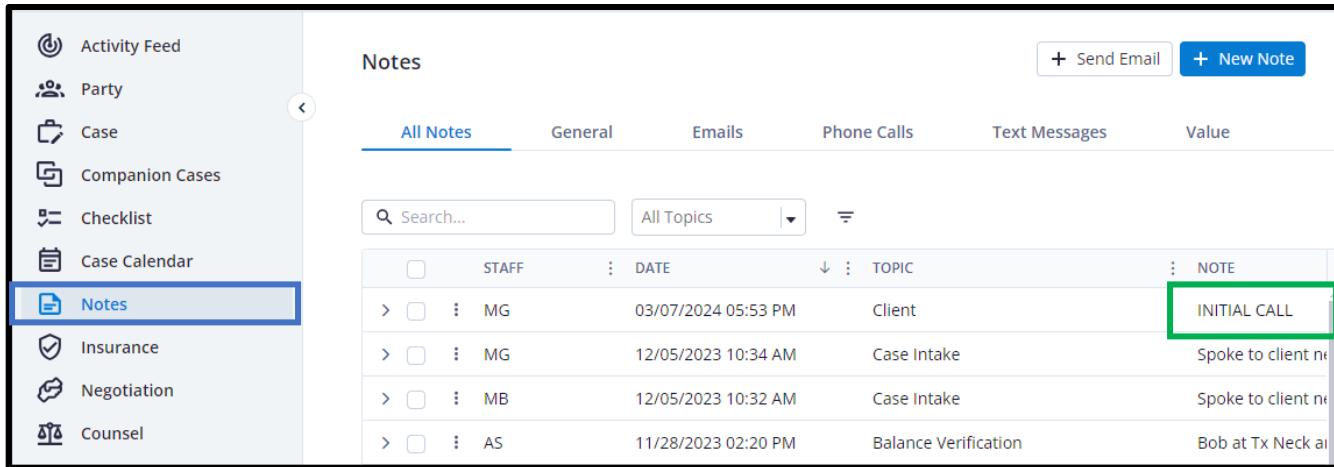
3.1.6 First Party Coverage

For every motor vehicle collision, **CASE ASSISTANT AND CASE MANAGER** will handle the processing of the first party benefits. Claims are initially established by **INTAKE SPECIALIST** or **CASE ASSISTANT**. However, if the claim has not been established by the **INTAKE**

SPECIALIST, the **CASE ASSISTANT** will begin by:

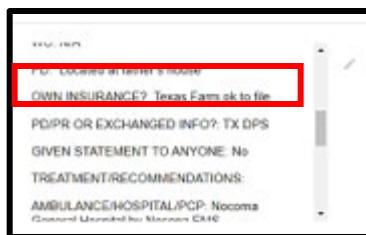
3.1.6.1 *Searching Initial Call*

Start by locating the **Initial Call** made by **CASE MANAGER** in the **Notes** tab of Needles.



STAFF	DATE	TOPIC	NOTE
MG	03/07/2024 05:53 PM	Client	INITIAL CALL
MG	12/05/2023 10:34 AM	Case Intake	Spoke to client n
MB	12/05/2023 10:32 AM	Case Intake	Spoke to client n
AS	11/28/2023 02:20 PM	Balance Verification	Bob at Tx Neck all

Pay close attention to the notes provided by the case manager. Specifically, under **Own Insurance**.



If it states Okay to file or Ask before Filing, we have permission from the client to establish a claim and send a letter of representation. If it states do not contact or something similar, we cannot file a claim. See section below for documenting Needles when we do not have permission to file a claim under the client's insurance policy.

3.1.6.2 *Setting Up a Claim*

When contacting the insurance company you must know the name of the company, a policy number, or have some information on the insured party. Because first party claim's are our client's insurance, having the name of the company should be sufficient for us to establish a claim as we have all of our client's information. We can provide them any information listed on the police report when setting up a claim.

3.1.6.1 Once the claim has been established, you must gather the claim number, adjuster name, adjuster telephone number, adjuster fax number and adjuster address to enter into Needles. This information will be entered in the PIP, UIM/UM, and Med Pay section under the Insurance tab in Needles.

3.1.6.1 Merge Document #11 will be used to send a letter of representation. Please note the letter of representation only allows for one person to be listed, if that individual has companions, those companions must be added to the letter of representation manually.

3.1.6.3 *Obtaining Signed Rejection Forms for PIP/UM/UIM*

In the State of Texas, Insurance companies are mandated to obtain a sign confirmation when a person is refusing to purchase PIP and UM/UIM benefits. If the insurance company

cannot produce these signed forms rejecting these coverages, the insurance company is forced to provide those benefits to the individual. Thus, **CASE ASSISTANT** is responsible for contacting the insurance company and obtaining the signed PIP/UM/UIM rejection forms. All notes pertaining to obtaining these documents will be entered in the PIP section of the Insurance Tab. If it is confirmed that there is no PIP but there is UM/UIM, the notes will be copied and pasted into the UM/UIM section. If the client has none, the notes will remain in the PIP section. If the client only has Med Pay, the notes will be moved to the Med Pay section.

3.1.6.4 *Obtaining Declaration Page Active at the Time of Incident*

CASE ASSISTANT is responsible for obtaining a copy of the declaration page that was active at the time of the loss. The Declaration Page will also confirm all coverages the client has under their policy. You must have this in order to know if a person has Med Pay benefits.

3.1.6.5 *Saving Dec Pages & Signed Rejection Forms in Client File*

Once the documents are received, **CASE ASSISTANT** is responsible for saving the documents in the client's file. Documents are saved in the Correspondence Folder – Plff Insurance and named as follows:

YEARMONTHDATE L from INS CO NAME Dec Pg Tester Test
YEARMONTHDATE L from INS CO NAME PIP Rej Tester Test

Ex:

20240307 L from USAA Dec Pg Tester Test
20240307 L from USAA PIP Rej Tester Test
20240307 L from USAA UMUIM Rej Tester Test
20240307 L from USAA Rejs Tester Test

3.1.6.6 *Notating Needles Re First Party Coverage*

Each of the three entries must be notated accordingly depending on the existence of the coverage.

Below are examples to use when entering information in Needles:

INSURANCE Tab:

3.1.6.6.1 PIP/UM/UIM ONLY: If the coverage does not exists and we have the signed rejection form, the following should be entered in the Limits section of the Insurance tab:

NO COV – CORR – 03/07/24 – MG

The above stands for No Coverage – correspondence – date we obtained the correspondence which will be the date we received the signed rejections and the initials of the person entering this information.

Needles contains two placeholders that must be selected when under the Adjuster entry of the insurance tab:

UM/UIM REJECTED
PIP REJECTED

The following should be entered into the Adjuster field of the Insurance Tab:

3.1.6.6.2 ALL COVERAGES: If the coverage exists, we need to have the declaration page to verify we have the correct information. A temporary placeholder can be placed such as the below:

\$2,500 – ADJ VERBAL – 03/07/24 – MG
\$30/60K – ADJ VERBAL – 03/07/24 – MG

But

We should be able to obtain the declaration page to adjust this to the final entries:

\$2,500 – DEC PG – 03/07/24 – MG
\$30/60K – DEC PG – 03/07/24 – MG

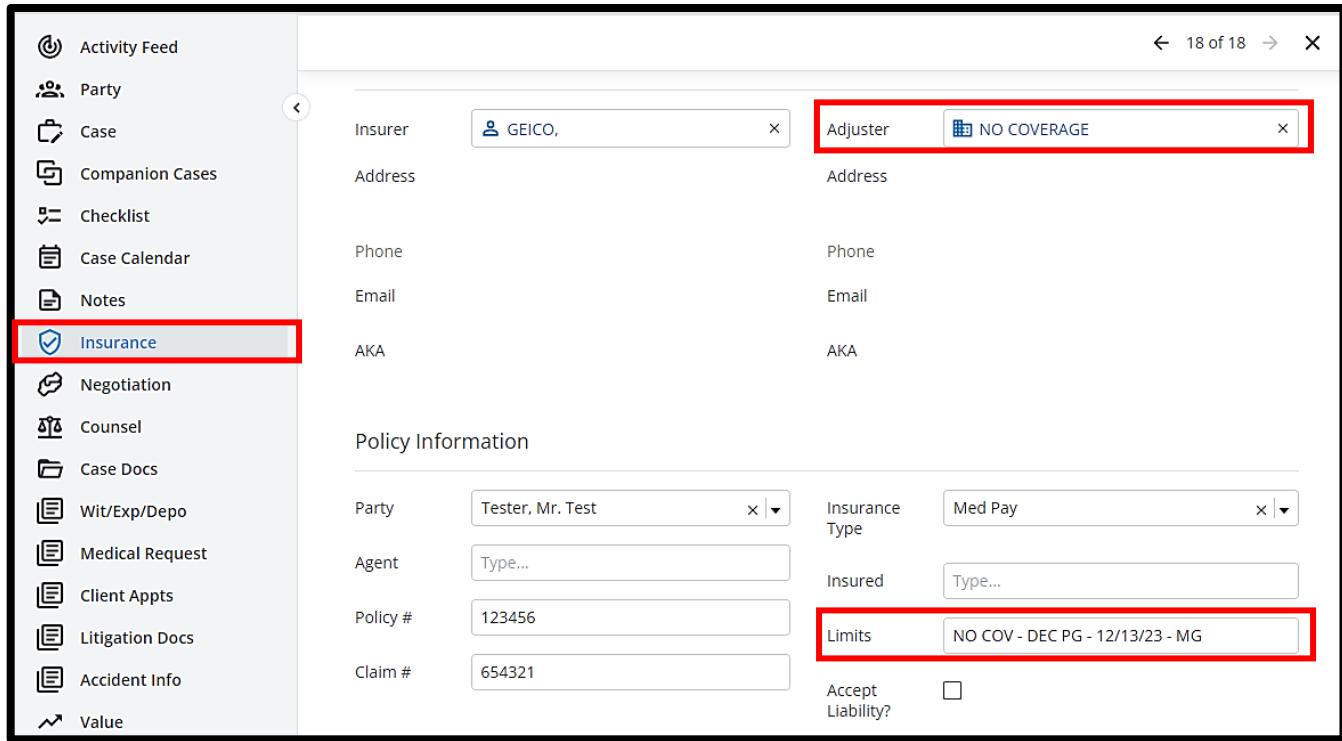
If the client stated to ask before filing, we must make that clear if the benefit exist by adding the following to the limits section:

\$2,500 – ADJ VERBAL – 03/07/24 – MG ASK B4 FILE
\$30/60K – ADJ VERBAL – 03/07/24 – MG ASK B4 FILE

What this means, is that the client consented to their insurance being contacted and for us to verify their coverages, they did not, however, consent to us filing and obtaining that benefit. When this occurs, we have to have a conversation with the client before presenting a claim for said benefits.

3.1.6.6.3 MED PAY ONLY: If no coverage for Med Pay or medical payments exists, we must have the dec page to verify this information is true. Once it is obtained the following is entered in the Limits section of the Insurance tab:

Under Adjuster: Placeholder NO COVERAGE should be used.



Activity Feed

Party

Case

Companion Cases

Checklist

Case Calendar

Notes

Insurance

Negotiation

Counsel

Case Docs

Wit/Exp/Depo

Medical Request

Client Appts

Litigation Docs

Accident Info

Value

18 of 18

Insurer: GEICO

Adjuster: **NO COVERAGE**

Address

Phone

Email

AKA

Policy Information

Party: Tester, Mr. Test

Insurance Type: Med Pay

Agent: Type...

Insured: Type...

Policy #: 123456

Limits: **NO COV - DEC PG - 12/13/23 - MG**

Claim #: 654321

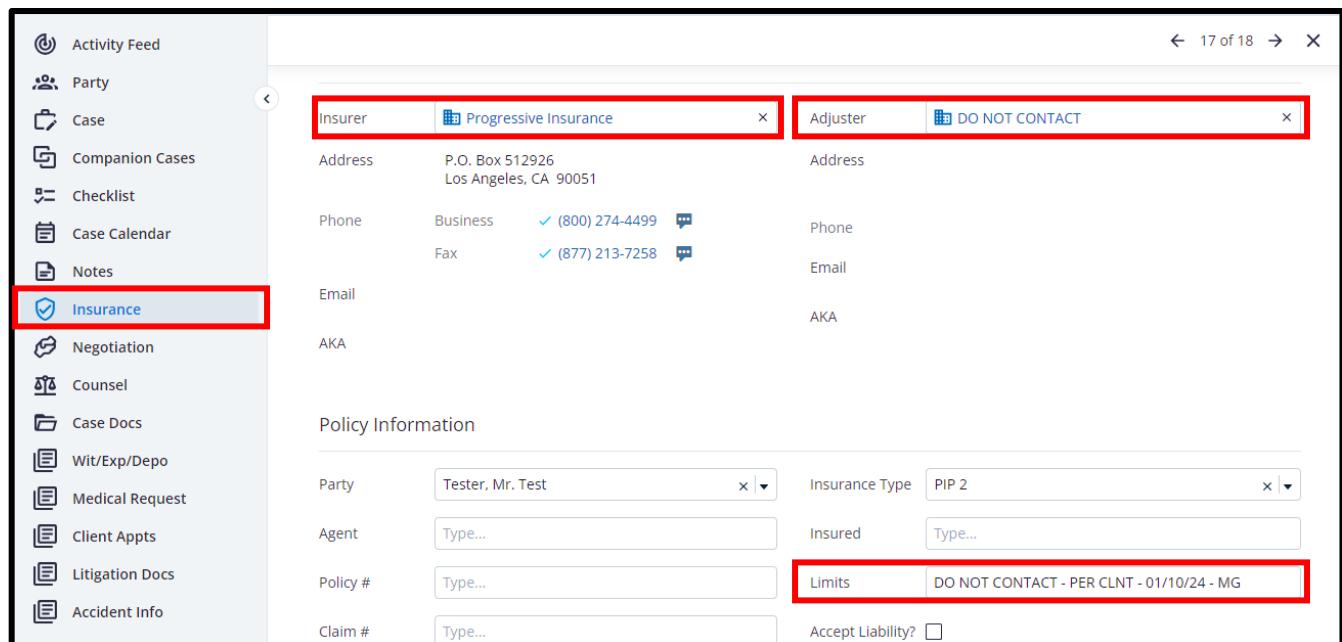
Accept Liability?

3.1.6.7

When a Client Refuses to Allow us to Contact Their Insurance

When a client has refused to allow us to contact their insurance carrier, PIP, UIM/UM and Med Pay must be updated to reflect this. A note must be placed in all three entries of the Insurance Tab and Needles must be noted accordingly:

If we have some of the information for the claim, that information is entered in Needles, the rest is documented as like below:



Activity Feed

Party

Case

Companion Cases

Checklist

Case Calendar

Notes

Insurance

Negotiation

Counsel

Case Docs

Wit/Exp/Depo

Medical Request

Client Appts

Litigation Docs

Accident Info

Value

17 of 18

Insurer: Progressive Insurance

Adjuster: **DO NOT CONTACT**

Address

Phone: Business (800) 274-4499

Fax: (877) 213-7258

Email

AKA

Policy Information

Party: Tester, Mr. Test

Insurance Type: PIP 2

Agent: Type...

Insured: Type...

Policy #: Type...

Limits: **DO NOT CONTACT - PER CLNT - 01/10/24 - MG**

Claim #: Type...

Accept Liability?

If we do not know the insurance company for the client, that field will also contain the DO NOT CONTACT placeholder.

The following places must have information:

INSURER: Either the name of the company or DO NOT CONTACT

ADJUSTER: DO NOT CONTACT

LIMITS: DO NOT CONTACT – PER CLNT – 03/04/24 – MG

3.1.6.8 *Reading a Declaration Page*

Each carrier has their unique way of formatting their declaration page. Generally, PIP and Med Pay share the same section and the other coverages are clearly listed, see below:

COVERED PROVISIONS: Coverage is provided where premium, limit or deductible is shown							Ashley Pruden (ash)		
Liability Coverage	Personal Injury Protection or Medical		Uninsured/Underinsured Motorist Coverage		Coverage for Damage to Your Auto		Rental Reimbursement	Roadside Assistance	TOTAL with Discounts
	Veh	Bodily Injury \$50,000 per person/ \$100,000 each accident	Property Damage \$50,000 each accident	PIP \$5,000 each person	Bodily Injury \$50,000 per person/ \$100,000 each accident	Property Damage \$50,000 each accident \$250 DED	Other Than Collision	Collision	
2		\$96	\$105	\$18	\$40	\$29	\$50 DED \$178	\$200 DED \$269	NA NA \$735

MED CASES

4.1 MED

MEDICAL RECORDS CLERK will be notified by the **CASE MANAGER** that a case has moved into MED by receiving an email showing with the tagged message from Needles and also by checklist.

4.1.1 *Hardship & Lost Wage Letter to Client*

CASE MANAGER will be responsible for mailing the hardship questionnaire and lost wage verification form to the client for each case that is moved to MED. The hardship and lost wage verification form can be found under Case Docs under the Merge Documents. The lost wage form can also be sent to the client's employer, if the client is aware and has provided authorization to do so. Hardships can be completed over the phone if needed. **CASE MANAGER** will be responsible for obtaining this information.

4.1.2 *Reviewing Providers/Records*

MEDICAL RECORDS CLERK will review the files Party Tab, Initial Call, Medical Records Tab, Police Report, and Lien's Folder for the client in order to obtain the providers needed to request final bills and records. It is the **CASE MANAGER**'s responsibility to ensure **MEDICAL RECORDS CLERK** has requested all providers needed. **CASE MANAGER** will be re-reviewing the files and responsible for reading through the records to ensure that no providers are missed. Should new providers be found, **CASE MANAGER** will notify **MEDICAL RECORDS CLERK** via Needles Message so they may request the missing/additional providers.

4.1.3 *Following Up on Requests*

MEDICAL RECORDS CLERK will be following up on pending requests to ensure we obtain the records as soon as possible.

4.1.4 *Documenting Records & Notes in Needles*

The following will be completed in the Records Tab:

1. **Provider Name**
2. **Type of Records Request**
3. **Date Record was Requested**
4. **Date Range of records received (First DOS – Last DOS)**
5. **Date Received**

6. Notes

Provider Name	Longview Chiropractic Center
Address	300 East Loop 281 Longview, TX 75605
Phone	Business <input checked="" type="checkbox"/> (903) 234-2225 <input type="button" value=""/>
	Fax <input checked="" type="checkbox"/> (903) 234-1911 <input type="button" value=""/>
Email	longviewchiropr@gmail.com
AKA	Dr. Gary R. Lipkin, DC
Pre-Payment Required	
Comments	Type...
Type of Record	Aff Bill Request
Date Requested	07/13/2022
Date Received	07/13/2022
Date Range	11/01/2021 - 2/14/2022

7. Method Requested

8. Who ordered the Records

Comments	7/14/22 - check has gone out AS 7/5/22 - received invoice, sent to have check cut AS
Ordered By	AS
Method	E-mail <input type="button" value="X"/> <input type="button" value="▼"/>

Other information such as is a pre-payment was required or if the entity handling the request is different than the provider, will also be found in this tab. **MEDICAL RECORDS CLERK** will be responsible for making Notes in the Comments section of each request. All notes regarding records request should be entered in the Records Tab. **Anyone looking for status of a request, should reference the Records Tab before contacting MEDICAL RECORDS CLERK for status.**

4.1.5 Client Communication

CASE MANAGER will be responsible for all client communication for cases in MED, PKG, and DEM. If **MEDICAL RECORDS CLERK** is missing any information, they will notify **CASE MANAGER** so **CASE MANAGER** may obtain the information needed.

4.1.5.1 Affidavits

- Example of Billing Affidavit:

**AFFIDAVIT BILLING COST FOR
HEALTHLINE MEDICAL EQUIPMENT LLC**

PERTAINING TO: TREVA CARGILE

Before me, the undersigned authority, personally appeared MELINDA PRATER, who, being by me duly sworn, deposed as follows:

My name is MELINDA PRATER. I am of sound mind and capable of making this affidavit and personally acquainted with the facts herein stated.

I am a custodian of records for **HEALTHLINE MEDICAL EQUIPMENT LLC**. Attached to this affidavit are records that provide an itemized statement of the service and the charge for the service that **HEALTHLINE MEDICAL EQUIPMENT LLC** provided to **TREVA CARGILE** on 10/17/2022 through 12/19/2023. The attached records are a part of this affidavit.

The attached records are kept by **HEALTHLINE MEDICAL EQUIPMENT LLC** in the regular course of business, and it was the regular course of business of **HEALTHLINE MEDICAL EQUIPMENT LLC** an employee or representative of **HEALTHLINE MEDICAL EQUIPMENT LLC**, with knowledge of the service provided, to make the record or to transmit information to be included in the record. The records were made in the regular course of business at or near the time or reasonably soon after the time the service was provided. The records are the original or a duplicate of the original.

The services provided were necessary and the amount charged for the services was reasonable at the time and place that the services were provided.

The total amount paid for the services was \$ 1,467.44 and the amount currently unpaid but which **HEALTHLINE MEDICAL EQUIPMENT LLC** has a right to be paid after any adjustments or credits is \$ 3.15.

I DECLARE UNDER PENALTY OF PERJURY
UNDER THE LAW OF THE UNITED STATES
OF AMERICA THAT THE FOREGOING IS Melinda Prater
Custodian of Records
TRUE AND CORRECT

SWORN TO AND SUBSCRIBED before me on the 19 day of DECEMBER, 2023.

Notary Public, State of Texas

My Commission Expires: _____

- Example of Medical Affidavit:

**AFFIDAVIT MEDICAL RECORDS OF
HEALTHLINE MEDICAL EQUIPMENT LLC**

4.1.5.2

Order/Script/Referrals

Orders, referrals and scripts are not office notes, every provider issues these and they each look different. When we receive them, they are treated as medical records. Below are a few examples of the office notes provided by providers.

2/14/23, 4:28 PM eCW (Gonzalez, Jacqueline)

RUNNELS, Anthony D DOB: 03/01/1957 (65 yo M) Acc No. 26759

REFERRAL

Christopher Chun, MD
Pain Medicine
Dallas Epic Pain & Orthopedics
4225 Office Parkway Suite 200, Dallas, TX-75204-3628
Tel: 469-778-3742 Fax: 469-405-3742

Anthony D Runnels
03/01/1957

Date: 02/14/2023

Patient Information:

Patient Name: Anthony D Runnels
Patient DOB: 03/01/1957
Patient Insurance: SELF PAY
Patient Subscriber No: 0000
Patient Address: 3708 MCDUGAL ST, GREENVILLE, TX 75401-2512
Patient Phone: 903-461-0312
Patient Work Phone:
Patient Cell Phone: 903-461-0312
Patient SSN:

Insurance Information:

Insurance Name: SELF PAY
Subscriber Name: Runnels, Anthony D
Subscriber DOB: 03/01/1957
Subscriber No: 0000
Subscriber Group No:
Subscriber Address: 3708 MCDUGAL ST, GREENVILLE, TX 75401-2512
Subscriber Phone: 903-461-0312

Referral From Information:

Provider Name: Chun,Christopher
Provider ID Number: 824108612
Provider UPIN:
Provider NPI: 1346276680
Provider Facility: Dallas Epic Pain & Orthopedics
Provider Specialty: Pain Medicine
Address1: 4225 Office Parkway
Address2: Suite 200
City, State, Zip: Dallas, TX, 75204-3628
Phone: 469-778-3742
Fax: 469-405-3742

Referral To Information:

Provider Name:
Provider ID Number:
Provider UPIN:
Provider NPI:
Provider Facility:
Provider Specialty: Physical Therapist
Address1:
Address2:
City, State, Zip: ..
Phone:
Appt. Date/Time:
Fax:

Facility Tax ID Number:

Garcia, Judy
EMA ID: 27222070

Orders - December 14, 2022

PMS ID: Sex: DOB: Phone: MRN:
105256PAT00017990 Female 10/11/1973 (580) 458-3711 MM0000016775

PATIENT INFORMATION			GUARANTOR INFORMATION		
LAST NAME Garcia	FIRST NAME Judy	MIDDLE NAME M	LAST NAME Garcia	FIRST NAME Judy	MIDDLE NAME M
SSN 10/11/1973	DATE OF BIRTH 10/11/1973	SEX Female	MMN MM0000016775	RELATIONSHIP TO PATIENT Self	
STREET ADDRESS 405 Sheffield St.			STREET ADDRESS 405 Sheffield St.		
STREET ADDRESS (CONT'D)			STREET ADDRESS (CONT'D)		
CITY Sulphur Springs	STATE TX	ZIP CODE 75482	CITY Sulphur Springs	STATE TX	ZIP CODE 75482
HOME PHONE 5804583711	BELL PHONE	EMPLOYER NAME	HOME PHONE	WORK PHONE	
PRIMARY BILLING / INSURANCE INFORMATION					
PERSONAL NAME Judy Garcia	RELATIONSHIP Self	SUB. PDR	COMPANY NAME McKay Law	DRG/CONTRACT # MVA10052022	MEMBER ID#
STREET ADDRESS 430 Church Street			STREET ADDRESS (CONT'D)		
CITY Sulphur Springs	STATE TX	ZIP CODE 75482	EMPLOYER NAME		
DIAGNOSES					
Diagnosis 1	ICD Code M54.2	Description Cervicalgia			
Order MRI - Spine					
Protocol - Cervical: Spine - Cervical MRI WO contrast (CPT: 72141) Indication: Neck Pain - M54.2					
Provider: Brittany Douglas, FNP-C Priority: normal					
Electronically Signed By: Brittany Douglas, FNP-C, 12/14/2022 03:24 PM CST					

4.1.5.3

Future Cost Estimates

Future cost estimates are letters we receive from providers that include a description of a recommended procedure for a client and the cost for the recommended procedure.

To whom it may concern:

The treating doctor for your client recommended the following procedures: Lumbar ESI L4-5 #1 with an estimated cost of \$ 9,000.00 (estimated costs without including anesthesia) on 03/25/24 and Cervical ESI C6-7 #1 \$ 9,000.00 (estimated costs without including anesthesia) on 04/15/2024. Please sign below confirming that we have your approval for this procedure.

This estimate is an approximation and is not guaranteed. The estimate is based on Out-of-Network Pricing regarding project requirements. Actual cost may change once all project elements are finalized or negotiated. Prior to any

Should you have any *questions* please contact:

For Active Treatments and Medical Matters:

LOP Phone: 972-636-5727 Ext. 2662, 2614, 2643 or 2620

Fax: 972-331-0723

Email: LOPFax@texaspainphysicians.com



January 24, 2024

To whom it may concern:

Cindy Gamble received a recommendation for bilateral C3-C6 Medial Branch Block injections. Below are the listed professional fees for this procedure:

64490 -50 (Bilateral Cervical Facet injection) \$2,700.00

64491-50 (Cerv. MBB second level) \$2,400.00

64492-50 (Cerv. MBB third level) \$2,100.00

Total Cost: \$7,200.00

Thank you.

Merge Health



02/06/2024

Richard Magee, 11/5/1979

1405 Tennis Dr. Apt 1006, Bedford, TX 76022

9035010510

Based on your patient visits, examinations and review of medical records, the results of your diagnostic tests, including but not limited to your MRI(s) and/or other imaging, and your current complaints regarding the injuries you sustained, your doctor has recommended the following procedure(s):

Bilateral Cervical and Lumbar Facet- C4-5, C5-6, C6-7, L3-4, L4-5, L5-S1

Please see the estimate for the procedure(s), below¹.

Primary Service or Item Requested/Scheduled:	Estimated Total Charges: \$ 54,354.00
Bilateral Cervical and Lumbar Facet- C4-5, C5-6, C6-7, L3-4, L4-5, L5-S1	
Provider/Facility Type: The Spine & Orthopaedic Academic Re	Service Item(s) – Surgeon Fees
Name: Karen Benner	CPT Code(s): 64490-50,64491-50,64492-50,64493-50,64494-50,64495-50,64496-50,64497-50,64498-50,64499-50,64500-50
Address: 4400 TX-121 Suite 407, Lewisville, TX, 75056	Diagnosis Code: M54.2,M54.51
Contact: Tiffany McCann	Estimated Charges: \$ 14,754.00
National Provider Identifier: 1891028189	
Tax ID Number: 47-4811322	
Provider/Facility Type: Ambulatory Surgical Center	Service Item(s) – Facility Fees
Name: Remedy Surgery Center	CPT Code(s): 64490-50,64491-50,64492-50,64493-50,64494-50,64495-50,64496-50,64497-50,64498-50,64499-50,64500-50
Address: 729 W Bedford Euless Road, Suite 100, Hurst, TX, 76053	Diagnosis Code: M54.2,M54.51
Contact: Cindy LaRochelle	Estimated Charges: \$ 36,000.00
National Provider Identifier: 1316991938	
Tax ID Number: 75-2874229	
Provider/Facility Type: Anesthesiologist	Service Item(s): Anesthesia
Name: Integrity Anesthesia	CPT Code(s): 01938,01937
Address: PO Box 14457, Arlington, TX 76094	Diagnosis Code: M54.51,M54.2
Contact: Dr. Julie Greene	Estimated Charges: \$ 3,600.00
National Provider Identifier: 134692073	
Tax ID Number: 883174545	

4.1.5.4 Discharge Paperwork

Discharge paperwork from a hospital, clinic, or urgent care is saved a medical records in the client's file.

4.1.6 Records Complete

When all records are received, **MEDICAL RECORDS CLERK** will change the class code from MED to PKG. **MEDICAL RECORDS CLERK** will make a note in Needles. The note will be entered in the Notes Tab of the client's case. The Subject will be Review/Status and it will say ALL RECORDS IN. **MEDICAL RECORDS CLERK** will tag **CASE MANAGER** in this Note so that **CASE MANAGER** is emailed and notified that she can begin the PKG process.

4.1.7 Naming Medical & Billing Records

Medical and billing records are received by E-Mail, Fax or Mail. The **MEDICAL RECORDS CLERK** is responsible for naming the medical records and bills received. Medical records and bills are saved by the date received starting with a four digit year, two digit month and two digit date then the Name of the provider last name of client and first name of client. The following are combinations for naming records:

In the examples below I am using March 8, 2024, as the date the records were received, McKay Law as the provider who made the records and Test Tester as the client.

- When we receive a medical record with no affidavit:
20240308 MR McKay Law Tester Test
- When we receive a billing record with no affidavit:

20240308 BR McKay Law Tester Test

- When we receive medical records and billing records with no affidavit:
20240308 MRBR McKay Law Tester Test
- When we receive medical records with an affidavit Only:
20240308 MRA McKay Law Tester Test
- When we receive billing records with an Affidavit Only:
20240308 BRA McKay Law Tester Test
- When we receive medical records and billing records with affidavit:
20240308 MRABRA McKay Law Tester Test
- When we receive a balance verification form by itself:
20240308 BAL McKay Law Tester Test
- When we receive a Summary from Meg Healthcare:
20240308 BAL Meg Healthcare Tester Test
- When we receive notice of No Records:
20240308 No Records McKay Law Tester Test
- When we receive an Invoice:
20240308 Inv McKay Law Tester Test
- When we receive client provided medical records:
20240308 CP MR McKay Law Tester Test
- When we receive client provided billing records:
20240308 CP BR McKay Law Tester Test

4.1.8 *Entering Medical and Billing Records into Needles*

All clients have a Medical Request Tab in Needles. When records and bills are received, they must be entered in the Medical Request Tab. Most providers have both medical and billing records. The exception to this rule are ER Physician, ER Radiology and/or Reading Physician for MRI Centers. These providers will only have bills. The records Request Tab will reflect each provider twice as one entry will be for the medical records and another for the billing records.

4.1.8.1 Multiple Addresses for One Provider

Needles contains each location a provider renders services as **CASE MANAGERS** track all appointments in the Client Appointment Tab. However, not each location where a provider provides services is the location where records and bills are processed. To differentiate between the two, an Entry named "**Corporate Office**" under the Provider Role is selected so that **MEDICAL RECORDS CLERK**, can use this entry when requesting and obtaining information.

Elevate Health Clinics
712 N. Washington Ave Suite 200 Dallas, TX 75246
(855) 435-3828 ext. 0 ▾ billing@atticusbilling.com

Corporate Office

Elevate Health Clinic - Fort Worth
901 Travies Ave. Fort Worth, TX 76104
(855) 435-3828 ▾

Medical Provider LOP Provider

Elevate Health Clinics (Elevate Health - Frisco)
8000 Warren Pkwy. Sldg. 1, Ste 104 Frisco, TX 75034
(855) 435-3828 ▾

LOP Provider Medical Provider

Some clinics prefer the request to be under the name of the doctor. When this occurs, you will see that the Doctor entry also says Corporate Office. The best example for this is Merge Health. The facility includes nurse practitioners and other pain management doctors that bill through Merge Health. However, the orthopedic doctors, do not bill through Merge Health. They bill on their own. As you can see below, each physician says corporate office:

Merge Health
12801 N. Central Expwy. Suite 400 Dallas, TX 75243
(214) 336-3433 ▾ records@meghealthcare.com

Corporate Office

Indresano, Dr. Andrew (Merge Health)
Merge Health 2301 Marsh Lane Suite 100 Plano, TX 75093

Doctor LOP Provider MEG Healthcare ...

Schimizzi, Dr. Aimee (Merge Health)
Merge Health 2301 Marsh Lane Suite 100 Plano, TX 75093
records@meghealthcare.com

Doctor Corporate Office MEG Healthcare ...

Valente, Dr. Mark (Merge Health)
Movement Orthopedics 12900 Preston Rd. Suite 525 Dallas, TX 75230
records@meghealthcare.com

Doctor LOP Provider Medical Provider ...

4.1.8.2 Date Range

When we obtain medical and billing records, we enter the date received into the Medical Request Tab but we also have a date range field that must be completed. The date range field is for the first date of service – last date of service. This is regardless of the records being related to the incident or not. We always enter the first date of service and last date of service in the following format:

03/10/2024 – 05/10/2024

Provider Name ↑	Date Received	Type of Record	Date Range
Epic Pain & Orthopedic	11/29/2022	Aff Bill Request	12/15/2020 - 08/26/2021
Epic Pain & Orthopedic	11/29/2022	Aff Medical Request	12/15/2020 - 08/26/2021
Guffy's Pharmacy	02/08/2023	Aff Bill Request	05/27/2021 - 08/26/2021
Lakewood Anesthesia c/o EZ Med Group	12/07/2022	Aff Bill Request	04/01/2021 - 06/10/2021
Lakewood Anesthesia c/o EZ Med Group	12/07/2022	Aff Medical Request	04/01/2021 - 06/10/2021
Lone Star Neurology	11/29/2022	Aff Bill Request	02/04/2021 - 02/04/2021
Lone Star Neurology	11/29/2022	Aff Medical Request	02/04/2021 - 02/04/2021
MRI Centers of Texas	11/29/2022	Aff Bill Request	01/08/2021 - 01/08/2021
MRI Centers of Texas	11/29/2022	Aff Medical Request	01/08/2021 - 01/08/2021
Orthopedic & Sports Therapy Center	02/03/2023	Aff Bill Request	01/14/2021 - 01/19/2021
Orthopedic & Sports Therapy Center	02/03/2023	Aff Medical Request	01/14/2021 - 01/19/2021

4.1.8.3 Value Tab

The Value Tab as mentioned above contains all outstanding amounts. **MEDICAL RECORDS CLERK** is responsible for entering the correct values for the medical providers. The class code for these providers is MEDICAL.

Value					
Values		Settlement			
Party	Value Code	More	Settlement Calculator	Download Settlement memo	Subtotals
Clear filters					
<input type="checkbox"/>	CODE	SERVICE FROM	SERVICE TO	L...	PROVIDER
<input type="checkbox"/>	MEDICAL	01/14/2021	01/19/2021		Orthopedic & Sports Therapy Center LOP-VERIFIED
<input type="checkbox"/>	MEDICAL	01/08/2021	01/08/2021		Specialty Imaging Consultants LOP - VERIFIED
<input type="checkbox"/>	MEDICAL	01/08/2021	01/08/2021		MRI Centers of Texas LOP- VERIFIED
<input type="checkbox"/>	MEDICAL	02/12/2021	08/26/2021		Guffy's Drug Store PAID BY FIRM
<input type="checkbox"/>	MEDICAL	03/10/2021	03/10/2021		Radiology Associates of Wichita Falls
<input type="checkbox"/>	MEDICAL	03/17/2021	03/17/2021		Pro Med, Inc. LOP-VERIFIED
<input type="checkbox"/>	MEDICAL	02/04/2021	02/04/2021		Lone Star Neurology-Frisco LOP- VERIFIED
<input type="checkbox"/>	MEDICAL	03/10/2021	03/10/2021		The MRI Center at OSTC LOP- VERIFIED
<input type="checkbox"/>	MEDICAL	04/01/2021	06/10/2021		Lakewood Anesthesia c/o EZ Med Group LOP- VERIFIED
<input type="checkbox"/>	MEDICAL	12/15/2020	08/26/2021		Epic Pain & Orthopedic LOP- VERIFIED

Only Providers that have charged for services should be in the Value Tab. If a client was sent to a clinic but there was no records because the client was not seen, that provider should not be on the Value Tab.

Only billing records are entered on the Value Tab. The following is a how to:

Value Code = Medical

Amount = Total charged before any payments or adjustments

Provider = Name of the facility where the service was performed

Service Dates from = 1st date of service

Service Dates to = last date of service

Transactions = This is where Payments and adjustments are entered

Value Code
MEDICAL

Amount
\$ 4122

Reduction
\$

Party
Bosley, Ms. M...

Provider
Texas Medicine

Lien?

Value Details

Memo
Client Responsibility

Bill To
Bosley, Ms. Molly

Settlement Note
Type...

Service Dates
10/14/2021 → 05/21/2022

Value Category
Report Requested

MM/dd/yyyy

Reference 1
Type...

Payment
Requested

Reference 2
Type...

MM/dd/yyyy

Transactions

Date Paid	Paid By	Paid To	Amount	C/D	Type	Reference	Fund
08/05/2022	Adjustmer	Provider	\$3,827.34	Debit	ADJUSTME		
08/05/2022	Health	Provider	\$294.66	Debit	PAYMENT		

Totals

Total	\$4,122.00
Reduction	\$0.00
Reduced Total	\$4,122.00

Summary



Payments	\$294.66
Adjustments	\$3,827.34

To add a transaction select the + sign located on the right side of the word “Transactions.” There you will select the amount, if it is a payment or adjustment and other details.

4.1.9 MediWrecks Fee for Saving & Updating

MEDICAL RECORDS CLERKS are not employees of McKay Law. They are employees of Medi-Wrecks and contracted by McKay Law to perform these duties. Each case a MEDICAL RECORDS CLERK works on, must also be charged a Saving/Updating fee of \$150.00. This is a Case Expense. Most cases will already have this in the value tab, but if it is not listed, it must be added.

	CODE	↑ : SERVICE FROM	↓ : SERVICE TO	↓ : L...	↓ : PROVIDER	↓ : MEMO	↓ : AMOUNT	↓ : DUE
	CASEEXP	02/18/2024	02/18/2024		Medi-Wrecks	Saving/Updating	\$150.00	\$150.00

4.1.10 Requesting Initial Records

When we use the term initial records, we do not just refer to initial ambulance or hospital records, we refer to any provider where a client sought treatment that is not an LOP provider. LOP providers are providers the firm works with and refers clients to for treatment. MEDICAL RECORDS CLERK is responsible for sending the non-lop providers information to Allstar Legal so that they may obtain the medical records and bills for us.

4.1.10.1 How to Send Information to Allstar

When sending information to Allstar, we must be clear in what we need them to obtain. We need to specify the name of the provider or any information we have on the provider so they can locate it, the dates of treatment we want, and what we want. We must also furnish them a signed medical authorization so that they may obtain the records. Below is an example of an email sent to Allstar requesting information:

Case 200822 Karen Akins

 Mariana Gamboa
 To: info@allstarss.com

Neos
 You replied to this message on 2/22/2024 8:26 AM.

 20231015 HIPAA to Allstar Akins Karen.docx
 55 KB

Please request from 10/27/22 to present from:

1. MRABRA Deepak Mutappa, 903-427-2201
2. MRABRA Ballard Boren, 707 Lamar Ave., Ste C, Paris, TX 75460, 903-784-2225

Sincerely,

Mariana Gamboa
Office Manager

Office: (903) 272-1414
Direct: (903) 272-1257
Facsimile: (214) 272-2162

Principal Office:
430 Church St.
Sulphur Springs, TX 75482








* **Mariana must be cc'd on any requests being sent to Allstar.**

The subject of the email = Needles Number and Client Full Name
 Body = What we need, from who, and the dates of treatment needed
 Attachment = WORD medical authorization

4.1.10.1.1.1 How to Generate a WORD Medical Authorization or HIPAA for Allstar
 The easiest way to generate a word HIPAA to Allstar is by merging a billing records request from the Client Docs Tab. When options appear, select the following:

File Name – Change this to the correct name for the document Ex. 20240310 HIPAA to Allstar Tester Test
Medical Request – Leave blank
Party – select the client
Type – select Drafts

Generate Documents

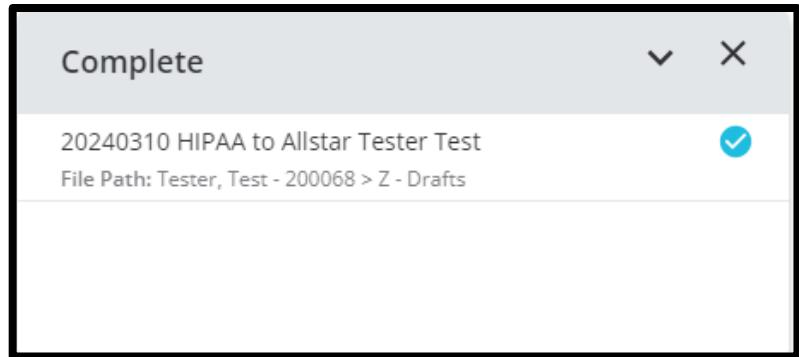
Choose your templates Fill in templates Generate documents

1 of 1 20 - BRA Request

Case Name/Number	File Name	Medical Request	Party	Staff	Type	Category
200068 - Tester, Test	20240310 HIPAA to Allstar +		Tester, Mr. Test	MG	Z - Drafts	

View Document Template

Once this is entered, select Generate Document located at the bottom right of the screen. This will generate the document.



The complete billing records request will merge but will be missing information as no medical provider was selected. This is correct. Once you have the WORD document open, you will highlight from the date to the end of the Affidavit and delete.

BALANCE INQUIRY REQUEST:

OUR CLIENT: MR. TEST TESTER
PROVIDER:
DATE OF INCIDENT: APRIL 27, 2009
 Please enclose the total amount incurred and outstanding balance for dates beginning April 27, 2009 to the present.

Total Charge(s) Incurred: \$ _____
Balance Payment: \$ _____
Insurance (Medical): \$ _____
Medicare Payment: \$ _____
Adjustments (Net): \$ _____
Total Balance: \$ _____

Information provided by:
Date: _____
Contract Number: _____
Insurance Company: _____

Please fax this letter to McKay Law, PLLC at (214) 273-0162 as soon as possible. Your reply is greatly appreciated.

ATTACHED:
 Enclosed
 Medical Records
 Insurance Records
 Payment

APPLICANT:
 Bethany Presley
 BETHANY PRESLEY
 Notary Public State of Texas

NOTARY PUBLIC STATE OF TEXAS

Authorization to Release Protected Health Information (PHI):

Patient's Name: Test Tester
SSN: 123-45-7890
Date of Birth: October 4, 1990
Date of Service: April 27, 2009
I hereby authorize: (Handwritten: Health Care Provider)

McKay Law, PLLC (My legal counsel)
 400 Church Street
 Suite 1000
 Dallas, Texas 75210
 Tel: (214) 273-0162 Fax: (214) 273-0162

I understand that McKay Law is not a medical provider and that information released to them may not be protected information by federal and state privacy regulations. I further understand that when the information is used or disclosed pursuant to this authorization, it may be subject to re-identification by the recipient and may no longer be protected health information.

Type of access Requested: Copy of Record(s) Inspection of Record(s)

Medical Records: Copy Record Copies of PHI required

Admissions Summary Radiology Reports Radiology Plans
 Psychological Evaluations Diagnostic Summary Laboratory Reports
 Physical Therapy History & Physical Outpatient Evaluations
 Emergency Room Consultation Reports Psychiatric Evaluations
 Clinic Notes Operative Reports Discharge & Treatment
 Other: _____
 Billing Records URO HCFA Form

Purposes for release of disclosure of Protected Health Information: Pursuant to TITLE 45, PART 164, SECTION 164.506(b)(2)(i)(B) of the CODE OF FEDERAL REGULATIONS, I state that the purpose of this disclosure is "at the request of the individual."

I understand that this authorization is voluntary, and I may refuse to sign this authorization. I understand that the healthcare provider may not render treatment, prevent, provide, or furnish services for which I have not signed this authorization. I further understand that I have a right to receive a copy of this authorization.

This authorization shall expire 60 days from the date of my signature below. I understand that I may revoke this authorization at any time by notifying the medical provider above in writing. I understand that such written revocation must be signed and must be dated later than the date on this authorization. The revocation will not affect any action taken prior to the revocation of the authorization.

A copy or facsimile of this authorization is as valid as the original.

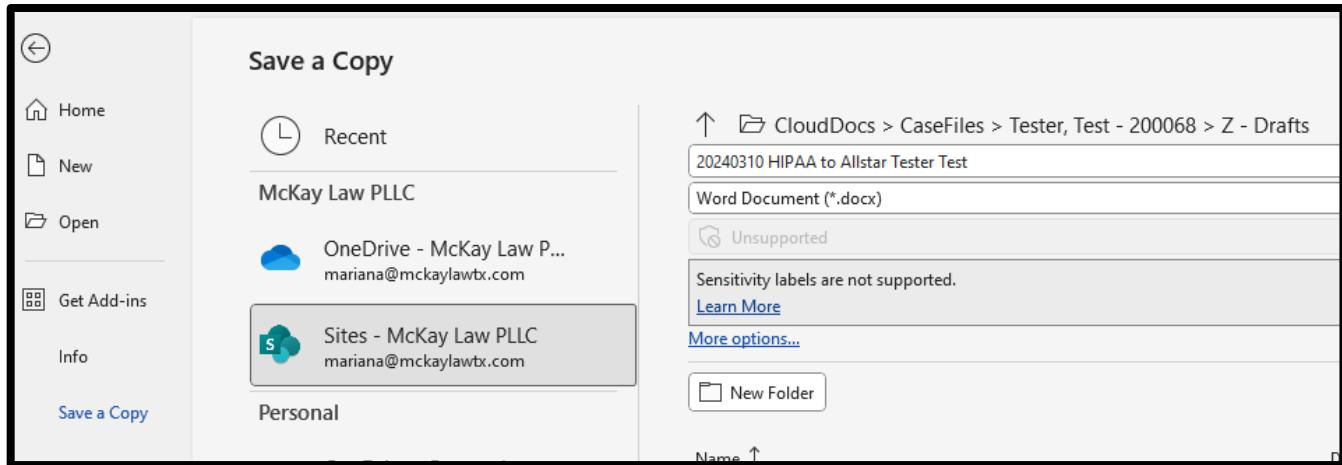
I have read the above, and have had it read to me, and authorize the disclosure of the Protected Health Information as stated.

Signature: *Bethany Presley*
 03297126880460

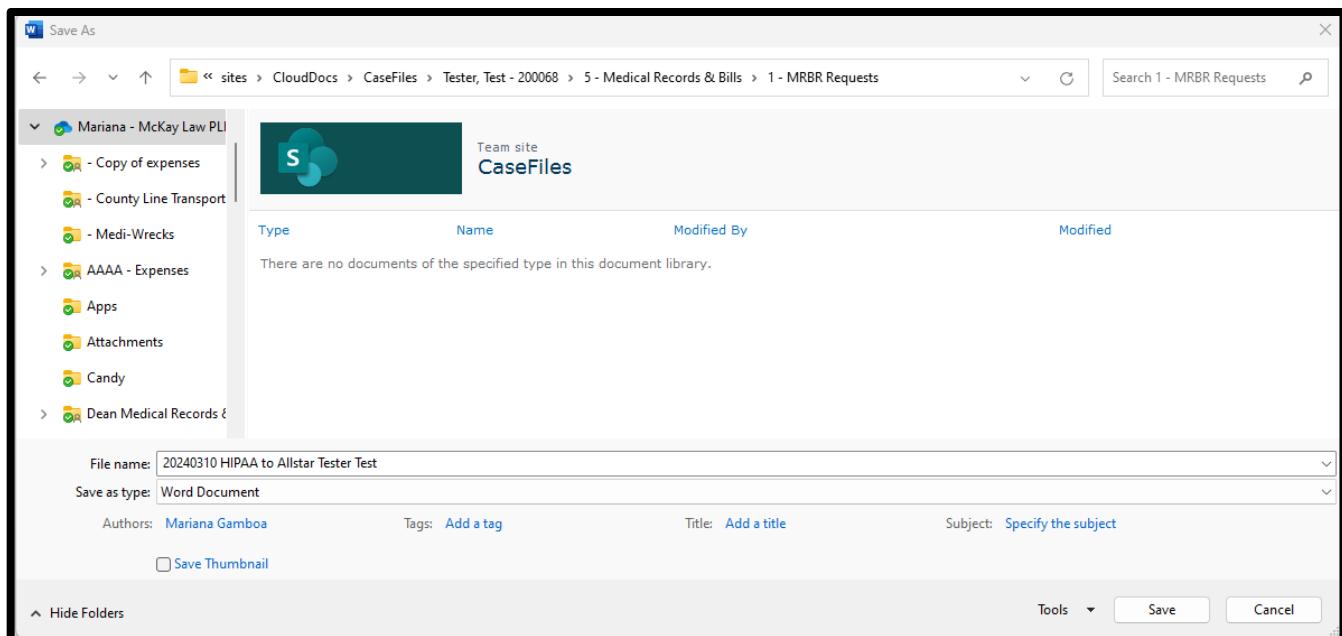
Date: March 10, 2024

Signature of Patient/ Legal Counselor: _____
 Test Tester
Printed Name: _____
 I signed by other than patient, indicate relationship and a description of power authority to act for the patient

This will leave only the medical authorization form (HIPAA). Now you can File - Save A Copy - Sites - McKay Law



Select folder 5 – Medical Records & Bills and then folder 1 – MRBR Requests and Save.



4.1.10.1.2 How Does Allstar Deliver Records

Allstar delivers records and bills through E-Mail as they receive them. An automatic payment option is E-Mailed to Mariana for payment, but the paper invoice and records are emailed to the person who requested them. The invoice and records must be saved in the file with the correct name and correct folder.

4.1.10.1.2.1 Invoices

All invoices from Allstar are saved in the Client's Expense folder. Because Allstar sends multiple invoices, it is best to put a little more information on the invoice when saving. Example is below:

20240310 Inv Allstar MR Christus Tester Test

This tells me the date of the invoice, who the invoice is from and what the invoice was for and name of client. The below example shows the payments and invoices for visual purposes of how it looks in the expense folder:

<input checked="" type="checkbox"/> 20230505 Pymt Allstar MRA UT Carthage Blackshire Morris
<input checked="" type="checkbox"/> 20230612 Pymt Allstar BRA Oxbow Blackshire Morris
<input checked="" type="checkbox"/> 20230825 Inv Allstar BRA UT Health Carthage Blackshire M...
<input checked="" type="checkbox"/> 20230830 Inv Allstar 38663 UT Health Carthage Billaff Black...
<input checked="" type="checkbox"/> 20230830 Pymt Allstar BR UT Carthage Blackshire Morris
<input checked="" type="checkbox"/> 20231122 Inv Allstar 039856 UT Health Carthage Medaff DO...
<input checked="" type="checkbox"/> 20231208 Pymt Allstar MRA UT Carthage Blackshire Morris

4.1.10.1.2.1.1 Value Tab for Allstar Invoices

MEDICAL RECORDS CLERK is responsible for placing a placeholder for the invoices received from Allstar in the Value Tab. As mentioned above, Mariana is sent a link with an option to pay for this invoice online. She will enter the payment information once she pays it, but the **MEDICAL RECORDS CLERK** must add the placeholder.

For Example lets use this invoice for Mr. Blackshire and pretend it was for Test Tester

Invoice							
Allstar Legal Support Services 12900 Preston Road, Suite 806 Dallas, TX 75230-1325	Invoice Date: 08/25/2023 InvoicID: 38663 Terms: Due on receipt						
Bill To: McKay Law, PLLC 430 Church St. Sulphur Springs, TX 75482							
<p>WO: 6131, CaseNo: 200776: Morris Blackshire CM: MarianaG, PM: MonceR</p> <p>Req 44133: UT Health Carthage (0 Docs) Prov</p> <table> <tbody> <tr> <td>Payment to Provider</td> <td>\$21.75</td> </tr> <tr> <td>Billing Records Affidavit</td> <td>\$55.00</td> </tr> <tr> <td colspan="2" style="text-align: right;">Total \$76.75</td> </tr> </tbody> </table> <p>Please make all checks payable to Allstar Legal Support Services. TaxID 45-3757290 Phone # (972) 354-5660 Fax: (972) 354-5661 E-Mail: info@AllstarLSS.com</p>		Payment to Provider	\$21.75	Billing Records Affidavit	\$55.00	Total \$76.75	
Payment to Provider	\$21.75						
Billing Records Affidavit	\$55.00						
Total \$76.75							

MEDICAL RECORDS CLERK would add the following to the Value Tab:

Value Code = CASEEXP

Amount = the amount charged
Provider = Allstar Legal Support
Memo = Invoice Number
Service Dates = Date of the invoice

Value Entry

Value Code CASEEXP	Amount \$ 76.75	Reduction \$ 0.00	Party Tester, Mr. Test	Provider Allstar Legal Sup	Lien?
-----------------------	--------------------	----------------------	---------------------------	-------------------------------	-------

Value Details

Memo 38663	Bill To Tester, Mr. Test
Settlement Note Type...	Service Dates 08/25/2023 → 08/25/2023
Value Category ▼	Report Requested <input type="checkbox"/>
Reference 1 Type...	Payment Requested <input type="checkbox"/>
Reference 2 Type...	MM/dd/yyyy MM/dd/yyyy

4.1.10.1.3 Who Pays Allstar? Mariana

4.1.11 Requesting LOP Records

All records in the firm are requested via affidavit format. As we discussed above, CASE MANAGERS in general will enter two entries for each provider. One is for Medical Records with Affidavit and the other is for Billing Records with Affidavit. To request records, you must enter the information in the Medical Request tab.

Provider Name – Provider you are seeking records from
Type of Record – What Kind of Record are you wanting Medical or Billing
Date Requested – The Date the Request is being Sent
Ordered By – Who is making the request
Method – How is this request being sent to the provider

Provider Name Epic Pain & Orthopedic	
Address 6200 Preston Rd Suite 400 Plano, TX 75024	
Phone Business ✓ (469) 778-3742	Fax ✓ (469) 405-3742
Email medicalrecords@epicpainandortho.com	
AKA	
Pre-Payment Required	
Comments 3/13/23 - FILED AFF MG 12/22/22 - formatted records and affs ready to file mg 11/25/22 - we have mrbr but we filed suit so need affs - sent new request mg	
Type of Record Aff Bill Request	

Date Requested	11/25/2022	Date Received	11/29/2022
Date Range	12/15/2020 - 08/26/2021		
Ordered By	MG		
Method	E-mail		

Requests are merge documents that will pull the data entered into the fields above.

PKG CASES

5.1 Files in PKG may still be missing lost wage and hardship forms. All this class code tells, is that all records have been received. Once **CASE MANAGEMENT TEAM** is notified that a case is in PKG, they will obtain conduct the following:

5.1.1 Verify the balance for all LOP providers

5.1.2 *Value Tab*

CASE MANAGEMENT TEAM will be responsible for contacting the LOP providers and verifying the final balance. **CASE MANAGEMENT TEAM** will enter the date they verified the balance, the amount that was verified, and who verified the balance in Needles in the value Tab under that provider:

User Defined

Date Verified	MM/dd/yyyy
Balance Due	Set value...
Who Verified?	Type...
Verified By:	Type...

Once the balance is verified, they will update the memo for this provider to say VERIFIED. The word LOP should not be removed as this will help NEGOTIATOR and SETTLEMENTS once the case is settled.

Description			
Value Code	MEDICAL	Value Category	
Description	Debit - Medical Bills	Service Dates	11/01/2021 → 02/14/2022
Memo	LOP VERIFIED	Report Requested	<input type="checkbox"/>
Settlement Note	Type...	Payment Requested	<input type="checkbox"/>

5.1.3 Run a County Lien Search

SETTLEMENTS CLERK will check the county in which the client lives in, the county of where the hospital is, and the county of where the wreck occurred. Searches will be conducted by using variations of the client's name to ensure we performed a thorough search. The variations are listed below:

1. Fist name last name
2. Last name, first name
3. Last name first name
4. Last name, first initial
5. Last name first initial

Each one of these attempts will be saved in the *Liens-Subro-LOPs* folder of the client's file. Even if the client did not report going to a hospital, a lien search should be performed as there are other federal liens that have to be paid from a settlement.

5.1.4 Drafting Closing Statement

In order to account for all expenses, **SETTLEMENTS CLERK** will be responsible for reviewing the file and obtaining an expense report from **ACCOUNTING**. **SETTLEMENT CLERK** will then draft the closing statement so that **NEGOTIATOR** may use this during negotiations. The draft should contain all the providers the client sought treatment with. **SETTLEMENT CLERK** will highlight every provider that we are obligated to pay. Ex. LOP providers, health insurance subrogation, hospital liens, Med Pay, Etc. The drafted Settlement Statement will be saved in the client file in the *Settlement Folder*. It should be named properly to include *yearmonthdate Draft Settlement Statement Last Name First Name*.

SETTLEMENT CLERK will request expenses QuickBooks from the **ACCOUNTING** team by e-mail. **ACCOUNTING TEAM** will provide the **SETTLEMENT CLERK** with a screenshot of expenses to date. This will not be a final report.

5.1.5 Redact Records

All records will be redacted to protect client's privacy. **INVESTIGATION CLERK** will be responsible for redacting records.

5.1.5.1 If the case does not have a police report, the following should be redacted:

- SSN
- Address
- Telephone #
- Emergency contacts for client
- Client e-mail
- Employer information
- Health insurance provider name
- Name of Law Firm if in records
- Name of provider making payment – do not redact the payment just the name of the provider submitting the payment
- Parent Names and contact information if client is a minor

5.1.5.2 If the case does have a police report:

- SSN
- Telephone #
- Emergency contacts for client
- Client e-mail
- Employer information
- Health insurance provider name

- Name of Law Firm if in records
- Name of provider making payment – do not redact the payment just the name of the provider submitting the payment
- Parent Names and contact information if client is a minor

5.1.6 *Draft Demand*

MARIANA is responsible for drafting demands. Her edited version will be sent to **ATTORNEY** for review. Once the demand is approved she will put the demand together for mailing.

DEM CASES

6.1 Once the demand is drafted, **MARIANA** will change the class code to DEM in Needles.

6.1.1 *Sending Demands to Insurance Company*

All demands should be saved in the file as one long PDF that includes the demand letter and attached records. The demand will be put together by **MARIANA** and she will save the final demand to the Correspondence Folder for the carrier. If the demand is less than 20 pages, the demand may be faxed to the carrier. If a demand is more than 20 pages, the single PDF should be placed in the outbox folder for mailing. **RECEPTION** will then place this demand on a CD and mail to the appropriate entity.

6.1.2 *UIM Demand and Permission to Settle*

We will not be sending a UIM demand and request for permission to settle when sending a liability demand. Changes in Statute have occurred for UIM benefits that are affected when this is done. The SOL for these claims is directly affected by this correspondence. When a liability claim has been settled, **NEGOTIATOR** will notify **MARIANA** that a UIM demand is needed. **MARIANA** will then draft the UIM demand and undergo the same process as listed above for a liability demand.

6.1.3 *Updating Needles Once Demand is Sent*

Case Tab – **MARIANA** will enter the **Demand Sent** date in the Case Tab under Case Dates and change the class code from DEM to NEG in Needles:

Case Dates					
Client Released/MMI	<input type="text" value="MM/dd/yyyy"/>	Service Complete	<input type="text" value="MM/dd/yyyy"/>	Settlement	<input type="text" value="MM/dd/yyyy"/>
Demand Sent	<input style="outline: 2px solid purple;" type="text" value="MM/dd/yyyy"/>	1st Answer Received	<input type="text" value="MM/dd/yyyy"/>	Mediation	<input type="text" value="MM/dd/yyyy"/>
Filed Suit	<input type="text" value="MM/dd/yyyy"/>	Discovery Deadline	<input type="text" value="MM/dd/yyyy"/>	Trial	<input type="text" value="MM/dd/yyyy"/>

6.1.4 *Negotiations Tab*

MARIANA will note in the negotiations tab that the demand has been sent. She will add how the demand was sent, the demand deadline date, who it was sent to, and how it was sent.

When you select the insurance first, the adjuster is automatically populated in the Negotiating with field.

Negotiation

Contact Information		Type
Negotiating With	 Jacob, Ms. Chantal	
Address		
Phone	Mobile	✓ (469) 997-8598 
Email	chantal.jacob@libertymutual.com	
AKA		
Insurance Information		
Insurance	Liberty Mutual	x ▾
Policy #	ABT2914290657009	Claim # 046084613
Minimum	Maximum	
Limits	LIAB F/U - 09/09 - MC	
Negotiation Information		
Staff	WK	x ▾
Date	07/01/2022	
Kind	Demand	x ▾
Amount	\$15000	
Notes	<p>7/1/22 - sent via email per demand; Deadline 07/14/22 mg</p>	

6.1.5 *Calendar Tab*

The Deadline for each demand needs to be calendared in Needles for **NEGOTIATOR**. **MARIANA** will be responsible for adding this entry. **MARIANA** will calendar the deadline to **NEGOTIATOR'S** calendar, the entry will be entered as such:

Subject: PATTERSON, E: Demand Deadline Start:
July 14, 2022 All Day Event

6.1.6 Notes

MARIANA will make a note in the notes section of the Client File in Needles and tag **NEGOTIATOR** so they are aware that the demand has been sent.

NEG CASES

SET CASES

7.1 When a case is settled, the class code needs to be changed to match its new stage. There are two options once a case is settled (1) SET or (2) UNG. UNG is specifically used when we have settled a case, but we are pursuing underinsured benefits while SET is used when there are no more claims to pursue. SRL is a class code that comes from SET when complications arise.

7.1.1 Communicating to the Team that a Settlement Has Been Obtained
NEGOTIATOR will e-mail settlements@mckaylawtx.com to notify the Team that a settlement has been reached. They will include the following:

1. Which policy is being settled (Ex. Liability, UM, UIM);
2. The amount of the settlement;
3. The amount guaranteed to the client; and
4. Any special notes needed.

7.1.2 Documenting Needles When a Settlement is Reached

7.1.2.1 Insurance Tab

When the **NEGOTIATOR** reaches a settlement **NEGOTIATOR** or **SETTLEMENT CLERK** will enter the amount, date and how the settlement was reached in the insurance tab under the proper policy.

Ex. If we received a \$40K settlement from the liability carrier through regular negotiations it will be entered as below:

Claim Information	
Minimum	\$ 0.00
Actual	\$ 40,000.00
Date Resolved	05/11/2024
How Resolved	Negotiation

7.1.2.2 Value Tab

A placeholder for the settlement needs to be placed in the Value Tab under code SETTLE with the amount of the settlement and who the settlement is coming from. Please note that when you start a new entry, dates are automatically entered. You will need to delete the dates manually.

	CODE	⋮ SERVICE FROM	↑ ⋮ SERVICE TO	⋮ LIEI ⋮ PROVIDER	⋮ MEMO	⋮ AMOUNT
	⋮ SETTLE			Progressive Insurance		\$40,000.00

7.2 SET Class Code

A case is considered settled, when an offer has been accepted and there are no further claims to

pursue. First thing we need to do is draft a closing statement and list all providers highlighting all the providers that we will need to pay. Ex. LOPs, Hospital if a lien is filed, subrogation from health insurance, etc. To close the case we need to do the following:

7.2.1 Run a Hospital Lien Search. You must check the county in which the client lives in, the county of where the hospital is, and the county of where the wreck occurred. Searches will be conducted by using variations of the client's name to ensure we performed a thorough search. The variations are listed below:

1. First name last name
2. Last name, first name
3. Last name first name
4. Last name, first initial
5. Last name first initial

Each one of these attempts will be saved in the settlement folder under a folder names hospital lien search. Even if the client did not report going to a hospital, a lien search should be performed as there are other federal liens that have to be paid from a settlement.

7.2.2 Drafting Closing Statement. The closing statement should be drafted and it should contain all the providers the client sought treatment with. Each provider should be listed on this closing statement. You will highlight every provider that we are obligated to pay. Ex. LOP providers, health insurance subrogation, hospital liens, Med Pay, Etc. Once this is done, it needs to be sent to **ATTORNEY** so they can plug in reduction amount and speak to client about what they can expect in their pocket.

7.2.3 Requesting Release from Carrier. It should not take more than 2 days to get the release from the carrier. Once we have the release, the release is forwarded to **ATTORNEY** to review before it is given to the client. That way if they need to make any changes, they can make those changes and the final copy can be given to client for signature. Once the release is obtained, it needs to be saved in the Settlement folder of the client's file. The file name will be saved as usual with year month date and name the document as *Draft Release*. The reason for this is because we want **ATTORNEY** to review the actual Release. Once she has reviewed it and approved it, we will save another copy named just that – *Approved Release*.

7.2.4 Obtaining Signed Release from Client. We need to follow up with client regularly to obtain the signed release. Settlement check is usually not sent to us until the carrier receives the signed release. Once we have the signed release, you will email or fax a copy of the signed release to the adjuster and mail the original back to the insurance company. The purpose of faxing or emailing the release is for them to know the release is signed and it is on the way so they can cut the check now. The release should not go on its own, there should be a cover letter with drafting instructions. Something like the below:

Enclosed please find the executed Release signed by our client for the above referenced claim. Please make check in the amount of \$settlement amount payable to our firm and client only. Payment should be mailed to our office located at office in SS. Our tax ID number is whatever it is.

This may change a bit if there is a subrogation party and they need a check payable directly to them.

- 7.2.5 *Sending Reductions.* All providers previously highlighted will need to receive a reduction request. Reductions can be tricky because there are providers who will give push back and it is best to start with those first before proceeding with reductions to all providers. Ex. Hospitals, Orthos/pain management with many injections. It is best to start with them first so that if they are not agreeable, we can adjust as needed to get the best outcome for the client. Sent reductions will be saved inside the Settlement folder inside the client's file under a folder named *Sent Reductions*.
- 7.2.6 *Approved Reductions.* All approved reductions will be saved separately in a folder names *Approved Reductions*. We need to follow up with providers regularly to obtain the signed reductions. We can follow up with them daily. If they are not agreeable to the amount we requested, ask them to write down a counter and let them know you will let the attorney know. All counter reductions need to be approved by Lindsey. For some we may get on the phone and dispute further, others we may agree to their counter. As reductions are approved, the closing statement needs to be updated with the correct adjustment and new amount due. Those providers should then be unlighted.
- 7.2.7 *Obtaining Settlement Check.* Once the release is sent back to the carrier, we should be calling daily to confirm they have issued the check.
- 7.2.8 *Settlement Check Received.* By the time we have the settlement check in, we should also have all the reductions in. Everyone must get paid at the same time. I repeat, EVERYONE has to be PAID AT THE SAME TIME. There are many cases out there of problems when parties get paid separately. Once the settlement is received and all reductions are in, the closing statement is finalized, and client is scheduled for payment. A copy of all the checks and closing statement should be saved to the file inside the Settlement folder.

7.3

UNG

When a case is changed to UNG, the first thing we have to do before obtaining a release and moving forward with a 3rd party settlement is obtain permission to settle from the 1st party carrier. We cannot settle a 3rd party claim without having permission to settle from the 1st party carrier. We will need the declaration page from the 3rd party carrier to send the permission to settle letter. Once we have sent the letter requesting permission to settle and the Defendants declaration page, we will need to follow up regularly to get approval. Once approval is received, steps 1-8 for SET cases are followed while **NEGOTIATOR** continues on negotiating the case for the underinsured benefits.

7.4

SRL

Occasionally, closing a case is held back because of liens or clients. When this happens, we work the SET steps as much as you can but change the class code to SRL. The purpose of this code is to mentally say, this money is not going to be disbursed soon. There is an issue holding back funds and/or disbursement. An example of this is a client who refuses to sign a policy limit settlement. There is nothing more we can do but hold the case. Another example is a health insurance not wanting to agree to reduction. We will have to go back and forth a bit and fight them so changing the class code to SRL to show it is being disputed and will take a while to sort. Once the dispute is resolved, the class code.