



# Blackburn Group, Inc.

## Lien and Social Security Disability Income (SSDI) Verification Referral Form

### Claimant's Information

Name (Last Name, First & Middle Initial)	Street Address, City State & Zip Code
Social Security Number:	Date of Birth:
Date of Injury:	State of Jurisdiction:
Employer Name:	Employer Address:
Date of Hire:	Claim#

### Referring Contact Information

Attorney Name	Address	Phone# & E-Mail
Ins. Carrier/TPA/Self Ins./Other	Address	Phone # & E-Mail

### Additional Attorney Information (If Applicable)

Defense Attorney	Address	Phone# & E-Mail
Claimant's Attorney	Address	Phone# & E-Mail

What is this type of Lien? \_\_\_\_\_  
 Is the Claimant on Medicare? \_\_\_\_\_ Yes or No \_\_\_\_\_ or N/A / Unknown \_\_\_\_\_  
 Is the Claimant on Medicaid? \_\_\_\_\_ Yes or No \_\_\_\_\_ or N/A / Unknown \_\_\_\_\_  
 Is the Claimant currently receiving SSD \_\_\_\_\_ Yes or No \_\_\_\_\_ or N/A / Unknown \_\_\_\_\_  
 Date of SSD Eligibility \_\_\_\_\_ or N/A / Unknown \_\_\_\_\_  
 Has this claim been settled? \_\_\_\_\_ Yes or No \_\_\_\_\_  
 Total settlement amount: \$ \_\_\_\_\_ Has it been approved? \_\_\_\_\_ Yes or No \_\_\_\_\_  
 Please list all accepted injuries and date of each injury:

\_\_\_\_\_

Please list all disputed injuries and reason for dispute:

\_\_\_\_\_

Do we have your authorization to contact the claimant and/or attorney for any signed releases?  
 Yes \_\_\_\_\_ or No \_\_\_\_\_

**Please complete form and Email-Scan with Signed Releases or mail to:**

**Blackburn Group Inc.  
 6709 Glenkirk Road  
 Baltimore, MD 21239-1411  
 (443) 841-5255  
slecompte@blackburngroup.com**