

WILLSON JONES CARTER & BAXLEY, P.A.
Clincher Information Sheet for South Carolina

To: WJC&B Attorney: _____

From: Adjuster: _____ Phone No: _____
Carrier: _____ Carrier Claim #: _____

Claimant: _____ Employer: _____
(male/female)

Claimant's Attorney (please provide address and phone #): _____

If claimant is unrepresented, please provide address and phone # for claimant: _____

County where accident occurred (If unknown, town/city): _____

Date of Accident: _____ WCC Claim #: _____

Admitted Accident: _____ Denied Accident: _____

Describe Accident: _____

Injuries (include all, even minor injuries): _____

Treating Doctor's Name: _____ (and/or doctor who assigned rating)
Impairment Rating: _____ %
Body Part: _____
Date: _____

Percentage of impairment we are paying claimant and to what body part: _____

Authorized medical paid through: _____

Unauthorized medical we are denying: _____

AWW: \$ _____ Comp Rate: \$ _____ Amount of Settlement: \$ _____

[Form 20]

Additional Information Needed for Clincher:

- 1) Settlement check made payable to claimant and attorney (if represented).
- 2) \$25 filing fee made payable to SC WCC.
- 3) Form 19.
- 4) Complete medical records of **treating doctor** with impairment ratings and any other impairment ratings report.
- 5) Completed/signed Form 14B, Physician's Statement, when DOI is 7/1/07 or later.