



SPRINGER-SULLIVAN & ROBERTS LLP  
410 - 12th Street, Suite 325  
Oakland, CA 94607

**Request for Review Checklist**

**Name of Client:**

**Primary Medical Condition:**

**Due Date:**

Goal Date	Completed?	Item	Name (if applicable)	Contact (if applicable)
		Calendar Due Date		
		Request claim file		
		Request extension		
		Request plan documents from plan administrator		
		Receive claim file		
		Bates stamp claim file		
		Analyze claim file		
		Client Declaration		
		Spouse Declaration		
		Friend Declaration		
		Co-worker Declaration		

		Request medical records from:		
		Client to send us records from:		
		Obtain medical provider letters		
		Medical Literature on the Following Drugs with Side Effects:		
		Obtain personnel file		
		Obtain job description		
		Obtain resume		
		Obtain Expert reports		
		A. FCE		
		B. Neuropsych		
		C. IME		
		D. Vocational Consultant		



		Photos/Videos		
		Draft request for review		
		Send in request for review		



SPRINGER-SULLIVAN & ROBERTS LLP  
410 - 12th Street, Suite 325  
Oakland, CA 94607