

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

To: WJC&B Attorney: _____

From: Adjuster: _____ Phone No. _____

Carrier: _____

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: _____

Admitted Accident: _____ Denied Accident: _____

Describe accident: _____

Injuries (include all, even minor injuries): _____

Treating Doctor's Name: _____ (and/or doctor who assigned rating)

Impairment Rating: _____ percent

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 rating and any other impairment rating reports