

INTERVENOR'S REQUEST THAT CLAIM BE ASSIGNED FOR HEARING **(N.C. GEN. STAT. § 97-26(i))**

A. INTERVENOR/MEDICAL PROVIDER INFORMATION

Medical Provider _____

Date(s) of Service _____

Total Charges for Services Provided _____

Contact Name _____

Address _____ City _____ State _____ Zip _____

() - () -

Telephone _____ Fax _____

Email _____

B. EMPLOYEE/CLAIMANT

Employee's Name _____

Address _____

City _____ State _____ Zip _____

() - () -

Home Telephone _____ Work Telephone _____

XXX - XX - ☐ M ☐ F / /

Social Security Number _____ Sex _____ Date of Birth _____

C. EMPLOYER/CARRIER INFORMATION

Employer's Name _____ Telephone Number _____

Employer's Address _____ City _____ State _____ Zip _____

Insurance Carrier _____ Policy Number _____

Adjustor _____

Carrier's Address _____ City _____ State _____ Zip _____

() - () -

Carrier's Telephone Number _____ Carrier's Fax Number _____

The above-named Intervenor, _____ files notice that, pursuant to N.C. Gen. Stat. § 97-26(i) and Rule 24 of the North Carolina Rules of Civil Procedure, N.C. Gen. Stat. § 1A-1, it has been allowed a limited intervention in this matter by Order dated _____. The Intervenor and the parties above have failed to resolve a dispute regarding payment of charges for medical services indicated above and request a hearing.

Name of Individual Receiving Services: _____

Date of Injury: _____

Has Claim been:

☐ Admitted. ☐ Denied. Date of Denial: _____

Has a compromise settlement agreement been approved? ☐ Yes ☐ No Date Approved: _____

Has any party to this claim previously requested a hearing before the Industrial Commission? ☐ Yes ☐ No

CERTIFICATION

I, _____, hereby certify that this case is ready for hearing
 Print Name
 and request a hearing in ☐ Wake County or ☐ _____ County.

Signature of (Check One) ☐ Attorney, ☐ Medical Provider/Intervenor

Date _____

Note: A copy of this form must be sent to opposing parties. The original of this form must be sent to the Industrial Commission at the address below.