

First Time Setup

1. Set the horizontal and vertical adjustments to align your printer to the blue pre-printed Legal Services Billing Form.
 - a) Click the Populate Test Data button.
 - b) Enter your horizontal and vertical adjustments. Begin with 0 for both values, and then adjust as needed.
 - c) Click the Print Page 1 button to print a test page on a blank sheet of paper.
 - d) Compare your printed test page to a blue pre-printed form by holding them both up to the light. Repeat steps b through d until your data prints within the boxes of the pre-printed form. Hint: Look at the check boxes in the Staff Listing for a precise alignment.

Once correctly aligned, write down the horizontal and vertical adjustments for future reference. Save the template. We suggest you "Save As" to a name like "Billing Template.pdf" in a directory where you will save your future billing files.

2. Enter information that will be the same on every bill. This is a one-time step.
 - a) Open the template file you saved in step 1.
 - b) Click the Clear Test Data button.
 - c) Fill in your Legal Firm Name and Address, Federal Tax ID, and the Staff Listing if desired.
 - d) Save. This step requires that you use Adobe Reader 8 which can be downloaded at <http://www.adobe.com>.

Hint: Some law firms create multiple template files, one for each claimant.

Generate Bills

1. Create a new bill.
 - a) Open your template file. Select "Save As" and enter a name such as "Invoice 123.pdf", "September 2007.pdf", or "May 2007 John Doe.pdf".
 - b) Click the Clear Billable Data button if necessary.
 - c) Enter billable hour and expense items. Be sure to use correct L and A codes and to fill in the Staff Listing grid for each person referenced.
2. Print a bill.
 - a) Open the file you wish to print.
 - b) Insert a blank, blue pre-printed Legal Services Billing Form into your printer.
 - c) Click the Print Page 1 button.
 - d) Turn the form over and reinsert it into your printer.
 - e) Click the Print Page 2 button.



CALIFORNIA INSURANCE COMPANY
CONTINENTAL NATIONAL INDEMNITY COMPANY

LEGAL SERVICES BILLING FORM

☐ Workers' Compensation

☐ Disability/ADD

☐ EPLI

CLAIM #

CLAIMANT

INSURED

FOR LAW FIRM USE

LEGAL FIRM NAME & ADDRESS

FEDERAL TAX ID

BILLABLE HOURS							
SERVICE DATE month/date/year	ATTORNEY/STAFF INITIALS/CODE	PHASE CODE	ACTIVITY CODE	NARRATIVE OF LEGAL TASK	HOURS (ROUND TO 1 DECIMAL)	RATE	AMOUNT (SHOW DOLLARS + CENTS)
		L	A				
		L	A				
		L	A				
		L	A				
		L	A				
		L	A				
		L	A				
		L	A				
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		L	A				
		L	A				
		L	A				
		L	A				
		L	A				

STAFF LISTING

ATTORNEY/STAFF INITIALS/CODE	FULL NAME	RATE	Partner	Associate	Paralegal	Clerk

SIGNATURE OF PARTNER

I certify that the fees and charges represented by this Billing Statement are true and accurate.

X

DATE

Subtotal Billable Hours

Subtotal Expenses

Billing Total

MAIL TO:

Applied Underwriters

P.O. Box 3804

Omaha, NE 68103-0804

