

# Dibcase Merge Fields 2024

Note: Add \$ Before merge fields on Word documents

Example: \${CLIENT\_SAL}

Key: U = User editable; S=System generated

## CLIENT TABLE

FIELD	Key	DESCRIPTION
{CLIENT_FULL_NAME}	U	Client or Company Name
{CLIENT_SAL}	U	Salutation ex. Ms., Mr., Mrs.
{CLIENT_FIRST_NAME}	U	Client First Name
{CLIENT_MIDDLE_NAME}	U	Client Middle Name
{CLIENT_LASTNAME}	U	Client Last Name
{CLIENT_MIDDLE_INITIAL}	S	Client full name with middle initial. Ex. "John Q Public"
{CLIENT_MI}	U	Client middle initial ex. "Q"
{CLIENT_SUFFIX}		Not used - add to last name
{CLIENT_DOB}	U	Client date of birth ex. "08/21/1973"
{CLIENT_SSN}	U	Client SSN ex. "123-45-6789"
{CLIENT_STATUS}	U	Client status ex. "Active"
{CLIENT_OWNER}	U	Name of rep or attorney designated as "owner" of client
{CLIENT_PLACE_OF_BIRTH}	U	Client's place of birth ex. "Boston, MA"
{CLIENT_PHONE}	U	Client's primary phone number ex. "(904) 245-3456"
{CLIENT_PHONE2}	U	Client's secondary phone
{CLIENT_PARENT}	U	Client's parent name
{CLIENT_NICKNAME}	U	Client's nickname
{CLIENT_MOTHERS_MAIDEN}	U	Client mother's maiden name
{CLIENT_GENDER}	U	"Male" or "Female"
{CLIENT_MAIL_ADDRESS_BLOCK}	S	Client's name and full mailing address block
{CLIENT_RESIDENCE_ADDRESS_BLOCK}	S	Client's name and residence address block.
{CLIENT_ADDRESS}	U	Client's address 1 ex. "101 East 1 <sup>ST</sup> Street"
{CLIENT_ADDRESS2}	U	Client's address 2 ex. "Apt 6C"
{CLIENT_CITY}	U	Client's city ex. "Boston"
{CLIENT_STATE}	U	Client's state ex. "MA"
{CLIENT_ZIP}	U	Client's zip code
{CLIENT_DATECREATED}	S	Date client created
{CLIENT_EDU}	U	Client's education level
{CLIENT_ADDEDBY}	S	Name of employee whom added client to Dibcase
{CLIENT_AGE}	S	Client's current age
{CLIENT_SRC}	U	Client source
{CLIENT_REFERERER}	U	Client referrer
{CLIENT_REFERERER_CONTACT}	U	Client individual referrer - contact
{CLIENT_CLOSED_DATE}	U	Client closed date
{CLIENT_LAST_MODIFIED}	S	Date client info last edited (system generated)
{CLIENT_MISC_NOTES}	U	Client misc notes on the "Misc" tab
{CLIENT_DOB_MONTH}	S	Two digit month of birth ex. "11"
{CLIENT_DOB_DAY}	S	Two digit day of month ex. "22"
{CLIENT_DOB_YEAR}	S	Four digit year of birth ex. "1984"
{CLIENT_SSN_FIRST3}	S	First three digits of SSN
{CLIENT_SSN_MID2}	S	Second two digits of SSN

{CLIENT_SSN_LAST4}	S	Last four digits of SSN
{CLIENT_PHONE_AREA_CODE}	S	First 3 digits of phone 1 ex. "912"

## SPECIAL FIELDS

FIELD	Key	DESCRIPTION
{CURRENT_DATE}	S	Current date
{CURRENT_DATE_LONG}	S	Ex. March 5, 2023
{CURRENT_TIME}	S	Current time
{DATE_GENERATED}	S	Date document generated
{DATE_GENERATED_LONG}	S	Ex. October 29, 2023
{AUTHOR}	S	Document Author

## COMPANY / FIRM

FIELD	Key	DESCRIPTION
{COMPANY_NAME}	U	Firm name ex. "Southwestern Disability"
{COMPANY_EMAIL}	U	Firm email
{COMPANY_EMAIL1}	U	Extra email (firm settings page)
{COMPANY_EMAIL2}	U	Extra email (firm settings page)
{COMPANY_PHONE}	U	Firm primary phone
{COMPANY_ADDRESS}	U	Firm address block
{COMPANY_PIC}	U	Company logo
{COMPANY_MAIL_BLOCK}	U	Firm name and mailing address block
{COMPANY_PHYSICAL_BLOCK}	U	Firm name and physical address block
{COMPANY_MAIL1}	U	Firm mail address 1
{COMPANY_MAIL2}	U	Firm mail address 2
{COMPANY_MAIL3}	U	Firm mail address 3
{COMPANY_MAIL_CITY}	U	Firm mail city
{COMPANY_MAIL_STATE}	U	Firm mail state
{COMPANY_MAIL_ZIP}	U	Firm mail zip
{COMPANY_PHYS_ADDR1}	U	Firm physical address 1
{COMPANY_PHYS_ADDR2}	U	Firm physical address 2
{COMPANY_PHYS_ADDR3}	U	Firm physical address 3
{COMPANY_PHYS_CITY}	U	Firm physical city
{COMPANY_PHYS_STATE}	U	Firm physical state
{COMPANY_PHYS_ZIP}	U	Firm physical zip code
{COMPANY_PRINCIPAL}	U	Firm owner
{COMPANY_PRINCIPAL_STATUS}	U	Attorney, Non-Attorney eligible, Non-Attorney not eligible
{COMPANY_WEB_ADDR}	U	www.yourfirm.com
{COMPANY_PRIMARY_FAX}	U	
{COMPANY_ADMIN_EMAIL}	S	Admin Email
{COMPANY_SECU_EMAIL}	S	Security Email
{COMPANY_SIGNUP_DATE}	S	Date first subscribed to Dibcase
{COMPANY_TIME_ZONE}	U	Firm time zone

## CONTACTS

FIELD	STATUS	DESCRIPTION
-------	--------	-------------

{CONTACTS_ID}	S	Contact ID
{CONTACTS_REF}	S	
{CONTACTS_NAME}	U	Contact Name ex. "Dr. Robert J. Mason, MD"
{CONTACTS_FACILITY}	U	Name of facility associated with contact
{CONTACTS_EMAIL1}	U	Contact email1
{CONTACTS_EMAIL2}	U	Contact email2
{CONTACTS_PHONE1}	U	Contact phone1
{CONTACTS_PHONE2}	U	
{CONTACTS_PHONE3}	U	
{CONTACTS_FAX1}	U	Contact fax number
{CONTACTS_FAX2}	U	
{CONTACTS_JOBTITLE}	U	
{CONTACTS_SPECIALTY}	U	
{CONTACTS_FACEBOOK}	U	
{CONTACTS_LAST_EDITED}	U	
{CONTACTS_CREATOR_EMP}	U	
{ORG_ADDRESS_BLOCK}	S	Full address block for organizations
{CONTACTS_ADDRESS_BLOCK}	S	Full address block for contacts
{CONTACTS_ADDR1}	U	Contact address1
{CONTACTS_ADDR2}	U	
{CONTACTS_CITY}	U	
{CONTACTS_STATE}	U	
{CONTACTS_ZIP}	U	
{USER_REF}	S	

## CLAIMS

FIELD	STATUS	DESCRIPTION
{CLAIM_ID}	S	
{CLAIM_REF}	U	
{CLAIM_SSN}	U	
{CLAIM_SSA_HEARING_FILE_DATE}	U	
{CLAIM_SSA_ERE_DATE}	U	
{CLAIM_HEARING_SCHEDULED}	U	
{CLAIM_SSA_CASE_LEVEL}	U	
{CLAIM_SSA_ONSET_DATE}	U	
{CLAIM_STATUS}	U	
{CLAIM_NOTES}	U	
{CLAIM_CLAIM_TYPE}	U	
{CLAIM_APPEAL_DEADLINE}	U	
{CLAIM_CASE_LEVEL_COUNT}	U	
{CLAIM_CLOSE_DATE}	U	
{CLAIM_SSA_CASE_LEVEL_INTAKE}	U	
{CLAIM_FED_FILE_DATE}	U	
{CLAIM_FEE_AGREE_AMT}	U	
{CLAIM_NUMBER}	S	
{CLAIM_LAST_CONTACT_DATE}	S	
{CLAIM_PRACTICE_AREA}	S	
{CLAIM_REP_PRIMARY}	U	
{CLAIM_REP_HEARING}	U	
{CLAIM_DATE_RETAINED}	U	
{CLAIM_REPRESENTATION_STATUS}	U	Submitted, Representation Verified, etc.
{CLAIM_CASE_MGR}	S	

{CLAIM_SSA_PFL}	S	Protective Filing Date
{CLAIM_SSA_AOD}	S	Alleged Onset Date
{CLAIM_SSA_PIA}	U	Personal Insured Amount
{CLAIM_SSA_FAM_MAX}		T2 Family Max
{CLAIM_SPOUSE_NAME}		
{CLAIM_SPOUSE_INCOME}		
{CLAIM_SSA_CASELEVEL_INTAKE}		
{CLAIM_SSA_INITIAL_FILE_DATE}		
{CLAIM_SSA_INITIAL_DENIAL_DATE}		
{CLAIM_RECON_FILE_DATE}		
{CLAIM_RECON_DENIAL_DATE}		
{CLAIM_PI_DESC_INJURY}		
{CLAIM_PI_PROP_DMG}		
{CLAIM_PI_DESC_INCIDENT}		
{CLAIM_VA_FILE_NUM}		
{CLAIM_VA_EMPL_STATUS}		
{CLAIM_VA_DATE_LAST_WORKED}		
{CLAIM_VA_OTHER_NAMES}		
{CLAIM_VA_ADD_VA_INFO}		
{CLAIM_VA_BRANCH}		
{CLAIM_VA_RANK}		
{CLAIM_VA_SERVICE_DATES}		
{VA_DISCHARGE_TYPE}		
{CLAIM_VA_SPEC_FORCES}		
{CLAIM_VA_OTHER_INFO}		
{VA_BENEFIT_TYPE}		
{CLAIM_VA_TDIU_CLAIM}		
{CLAIM_SSA_DLI}		
{CLAIM_SSA_DATE_LAST_WORKED}		
{CLAIM_STATUS_OF_CASE}		
{CLAIM_STATUS_DATE}		
{CLAIM_HEARING_TIME}		
{CLAIM_ALJ_NAME}		
{CLAIM_ALJ_LOCATION}		
{CLAIM_VOC_EXPERT}		
{CLAIM_MED_EXPERT}		
{CLAIM_T16_DECISION}		
{CLAIM_T2_DECISION}		
{AC_STATUS_OF_CASE}		
{AC_JURI_OF_C}		
{AC_REQ_DATE}		
{AC_STATUS_DATE}		
{AC_T16_DECISION}		
{AC_T2_DECISION}		
{CLAIM_FED_TRANSCRIPT_DATE_DATE}		
{CLAIM_FED_APPEAL_DATE}		
{CLAIM_FED_DECISION_DATE}		
{CLAIM_FED_OBJ_DECISION_DATE}		
{CLAIM_FED_COURT_OUTCOME}		
{CLAIM_FED_JUDGE_OUTCOME}		
{CLAIM_CIRC_APPEAL_DATE}		
{CLAIM_CIR_COURT_DEC_DATE}		
{CLAIM_CIRC_COURT_OUTCOME}		
{INJ_DATE}		

{INJ_DESC}		
{INJ_PRPTY_DMG}		

## EMPLOYEE

FIELD	DESCRIPTION
{EMPLOYEE_REF}	
{EMPLOYEE_NAME}	Employee full name
{EMPLOYEE_OFFICE_PHONE}	Office phone
{EMPLOYEE_OFC_PHN_EXT}	Office phone extension
{EMPLOYEE_ADDRESS_BLOCK}	Employee's work address block
{EMPLOYEE_ADDRESS}	Employee personal address
{EMPLOYEE_STATUS}	"Active" or "Inactive"
{EMPLOYEE_ROLE}	Admin, Full Access, Limited Access
{EMPLOYEE_DOB}	Date of birth
{EMPLOYEE_SAL}	
{EMPLOYEE_FIRST_NAME}	
{EMPLOYEE_MI}	
{EMPLOYEE_LAST_NAME}	
{EMPLOYEE_SUFFIX}	
{EMPLOYEE_PROFESSIONAL_DESIGNATION}	Ex. "Attorney", "Paralegal"
{EMPLOYEE_INITIALS}	
{EMPLOYEE_REP_ID}	Employee Rep ID issued by SSA
{EMPLOYEE_EIN}	Employee EIN
{EMPLOYEE_MAIL1}	Work address 1 ex. 101 Main Street
{EMPLOYEE_MAIL2}	Work address 2 ex. Suite B
{EMPLOYEE_MAIL3}	Work address 3 ex. 3 <sup>rd</sup> Floor
{EMPLOYEE_CITY}	Work city
{EMPLOYEE_STATE}	Work state
{EMPLOYEE_ZIP_CODE}	Work zip code
{EMPLOYEE_DATE_HIRED}	Date hired
{EMPLOYEE_DATE_ENDED}	Date employment ended
{EMPLOYEE_EMPLOYELOYMENT_STATUS}	"Active" or "Inactive"
{EMPLOYEE_NOTES}	Employee note box

## MEDICAL RECORDS (USE WITH DOCUMENT CATEGORY "MEDICAL RECORDS" TEMPLATES)

RCD_ID	Systems generated record ID
--------	-----------------------------

RCD_PROVIDER	Name of provider ex. "Dr. John T. Burch"
RCD_EXHIBIT	Example "5F"
RCD_PAGECOUNT	Number of pages in records
RCD_REQ_PERIOD	Period Requested ex. 03/2023-Present
RCD_DATE_RQSTD	Date record requested
RCD_2ND_RQST_DATE	Second request date for record
RCD_DATE_RCVD	Date records received
RCD_DUE_DATE	Due date
SEE TEMPLATE EDITOR FOR ADDITIONAL FIELDS	