



Baechler Investigative Services

Litigation Support Section

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Work Order #: _____
For BIS office use only

RUSH

**CUSTODIAN OF RECORDS
SUBPOENA PREP/AUTHORIZATION RELEASE
MOBILE MEDICAL & BUSINESS RECORDS
COPY AND SCANNING REQUEST**

Date: _____
Client (Name) _____
Firm or Carrier Name: _____
Address _____
City/State/Zip _____
Phone _____
Email: _____ @ _____
Attorney/Adjuster: _____
Attorney For (Name): _____
Client Matter# _____
 Plaintiff Defendant Other

Case Name: _____
vs. _____
Case # _____
Court _____

Notice Opposing Counsel: See Attached List

Firm: _____
Address _____
City/State/Zip: _____
Attn: _____
Phone: _____

APPROVED DIRECT INSURANCE BILLING

CARRIER: _____
STREET ADDRESS: _____
CITY/STATE/ZIP _____
ATTENTION: _____
CLAIM#: _____
DATE OF LOSS: _____

Records of:

Name: _____
Date of Birth: _____
Date of Accident: _____
Social Security #: _____ / _____ / _____
Medical Record #: _____

- | | | |
|---|---|--|
| <input type="checkbox"/> Authorization Enclosed | <input type="checkbox"/> Prepare & Serve Subpoena D/T | <input type="checkbox"/> Subpoena D/T Enclosed |
| <input type="checkbox"/> CD Requested | <input type="checkbox"/> OCR Requested | <input type="checkbox"/> Alpha/Numbering |
| <input type="checkbox"/> Paper-to-Paper Requested | <input type="checkbox"/> Coding Requested | Starting # _____ |

Records Locations:

LOCATION:	ADDRESS	PHONE#
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

See Attachment for Additional Locations

Deadline: _____ **# of Sets** _____

<input type="checkbox"/> Medical Records	<input type="checkbox"/> Business Records
<input type="checkbox"/> Billing Records	<input type="checkbox"/> Other: _____
<input type="checkbox"/> X-Rays	<input type="checkbox"/> From any & all dates
<input type="checkbox"/> Employment Records	<input type="checkbox"/> For dates from: _____
<input type="checkbox"/> MISC	To: _____

Special Instructions: _____

Net 10 days. Overdue at 30 days. 1.5 % monthly late fee on overdue balance.