



Date of Referral:	Adjuster/Client:	Adjuster/Client E-mail:
Company Name/Address:		Additional Contacts/CC's for File:
Claimant:	SSN:	DOB:
Claimant Address:		Claimant Phone Number:
Date of Accident:	Claim Number:	WCB Number:
Accepted Injury Site(s):		Employer Name:
Attorney:		Attorney Phone:
Attorney Address:		
Special Instructions for File:		

**HIPAA/OC-110A:**

Are you in receipt of a signed HIPAA authorization from the claimant?  Yes  No

If no, please indicate which authorization you would like our office to obtain:

- HIPAA
- OC-110A
- Other (please be specific): \_\_\_\_\_

**SERVICE REQUEST:**

**Canvass Plus Service** (Includes medical canvass report consisting of 15 hospitals, 15 clinics, and 10 pharmacies, HIPAA/OC-110A retrieval, and medical record retrieval)

**Build Your Own Canvass Plus Service** (Includes medical canvass report (up to 3 selections of your choice), HIPAA/OC-110A retrieval, and medical record retrieval)

**Please select up to 3:**

- Hospital Canvass
- Pharmacies
- Clinics
- Orthopedic
- Chiropractic
- Pain Management
- Physical Therapy
- Other (please specify): \_\_\_\_\_

**Medical Canvass Report only:**

- Hospital Canvass (15 maximum or 20 mile radius)
- Pharmacies (15 maximum or 20 mile radius)
- Clinic (10 maximum or 20 mile radius)
- All-inclusive canvass (including the three above)**
- Additional canvass (specified radius over 20 miles): \_\_\_\_\_

**Medical Record Retrieval only:**

- Background medical investigation (medical questionnaire) via claimant/claimant's counsel
- Retrieve medical records from providers\*\***
- Identify and retrieve records from additional providers

**Additional Service(s):**

Additional Canvass (1 additional specialty): **SPECIALTY:** \_\_\_\_\_

Specialty Canvass (2 additional specialties): **SPECIALTIES:** \_\_\_\_\_

**RECORDS BEING REQUESTED:**

Prior Medicals Only  Current Medicals Only  Any and All Medical Records  Injury Site(s) ONLY

Mental Health Medicals  Prior Medicals for Injury site(s) only

Other/Specific Dates: \_\_\_\_\_