APPLEBY & CO. INC

☐ RUSH – Date Needed by: _____

☐ Authorization or ☐ Subpoena

Please deliver records via: ☐ Paper ☐ Website

TPA/Insurance Company: _____
Address: _____
City, St, Zip: _____
Assistant: _____
E-Mail: _____
Phone #: _____
Adjuster: _____
E-Mail: _____
Phone #: _____
Claim #: _____

Records Re: _____
AKA: _____
Home Address: _____
City, St, Zip: _____
DOB: _____
SSN: _____
DOI: _____
Insured Name: _____
WCAB # & Venue _____
☐ If WCAB # is Unassigned – Application is Required

Custodian of Records/Name/Entity	**Address**	**Phone #**

1._____

Type of Records: ☐ Bills ☐ Medical ☐ Employment ☐ Insurance Claim File ☐ Insurance Policy
☐ Other: _____ ☐ X-Rays **-or-** ☐ *Subpoena x-rays, but do not copy at this time*

2._____

Type of Records: ☐ Bills ☐ Medical ☐ Employment ☐ Insurance Claim File ☐ Insurance Policy
☐ Other: _____ ☐ X-Rays **-or-** ☐ *Subpoena x-rays, but do not copy at this time*

3._____

Type of Records: ☐ Bills ☐ Medical ☐ Employment ☐ Insurance Claim File ☐ Insurance Policy
☐ Other: _____ ☐ X-Rays **-or-** ☐ *Subpoena x-rays, but do not copy at this time*

4._____

Type of Records: ☐ Bills ☐ Medical ☐ Employment ☐ Insurance Claim File ☐ Insurance Policy
☐ Other: _____ ☐ X-Rays **-or-** ☐ *Subpoena x-rays, but do not copy at this time*

Opposing Counsel/Pro Per (if injured party does not have an attorney, provide home address):

Firm: _____
Address: _____
City, St, Zip: _____
Phone #: _____
Attorney: _____
Representing: _____
Forward a Set of Records: ☐ Yes or ☐ No
If Yes, ☐ Paper or ☐ Web

Other Parties:

Firm: _____
Address: _____
City, St, Zip: _____
Phone #: _____
Attorney: _____
Representing: _____
Forward a Set of Records: ☐ Yes or ☐ No
If Yes, ☐ Paper or ☐ Web

Special Instructions:

_____

2828 North Wishon Avenue • Fresno, California 93704 • (559) 222-8402 • Fax (559) 222-5043
Toll Free • All Locations: (888) 544-2600 • **Toll Free Fax:** (866) 284-5929
www.applebyco.com **orders@applebyco.com**