

WDSLegal

The Service of Excellence

RECORDS REQUEST FORM

Upload To: <https://securefiles.wdslegal.com/filedrop/upload>

Following is the information we require to process each order, once complete upload to the link above.

DATE ORDERED:	Deadline Date: Specify: Trial/Depo/Mediation/ Filing Deadline	
CAUSE NO.	ORDERED BY:	
COURT _____ COUNTY _____	ORDERING ATTORNEY	
	STATE BAR NO.	
	LAW FIRM:	
	ADDRESS:	
VS.	C,S,Z:	
	TELEPHONE:	FAX:
	REPRESENTS:	
	CLIENT MATTER NO.	

WE MUST HAVE ALL OPPOSING COUNSEL TO ISSUE THE SUBPOENA – PLEASE ATTACH THE DOCKET SHEET OR OTHER LIST WHICH INCLUDES ALL COUNSEL OF RECORD.

RECORDS PERTAIN TO:

NAME:	MIDDLE:	LAST:	AKA=S:
DOB:	SSN:	DOA/DOL:	OTHER:
TYPE OF RECORDS-CHECK APPLICABLE		INSTRUCTIONS-CHECK ONLY ONE OPTION FOR EACH RECORD TYPE	
<input type="radio"/> ALL MEDICAL RECORDS <input type="radio"/> LIMITED MEDICAL RECORDS - LIST DATE BELOW:		<input type="radio"/> ADMISSIBLE <input type="radio"/> INADMISSIBLE <input type="radio"/> SUBPOENA FOR PRODUCTION <input type="radio"/> AUTHORIZATION ONLY	
<input type="radio"/> ALL BILLING RECORDS <input type="radio"/> BILLING RECORDS – DOA/DOL TO PRESENT <input type="radio"/> OTHER SPECIFIC DATE RANGE:		<input type="radio"/> ADMISSIBLE <input type="radio"/> INADMISSIBLE <input type="radio"/> PAID V. INCURRED(Escobedo Ruling) <input type="radio"/> SUBPOENA FOR PRODUCTION <input type="radio"/> AUTHORIZATION ONLY	
<input type="radio"/> ALL RADIOLOGY FILMS (we will always obtain on CD if possible) <input type="radio"/> LIMITED FILMS – LIST DATE OR TYPES BELOW:		<input type="radio"/> ADMISSIBLE <input type="radio"/> INADMISSIBLE <input type="radio"/> SUBPOENA FOR PRODUCTION <input type="radio"/> AUTHORIZATION ONLY	
<input type="radio"/> EMPLOYMENT/PAYROLL RECORDS		<input type="radio"/> ADMISSIBLE <input type="radio"/> INADMISSIBLE <input type="radio"/> SUBPOENA FOR PRODUCTION <input type="radio"/> AUTHORIZATION ONLY	
<input type="radio"/> EDUCATION RECORDS		<input type="radio"/> ADMISSIBLE <input type="radio"/> INADMISSIBLE <input type="radio"/> SUBPOENA FOR PRODUCTION <input type="radio"/> AUTHORIZATION ONLY	

<input type="radio"/> INSURANCE RECORDS – PLEASE PROVIDE CLAIM NO./POLICY NO./INSURED NAME WHEN AVAILABLE-LIST UNDER 'COMMENTS' ON PROVIDER LIST	<input type="radio"/> ADMISSIBLE <input type="radio"/> INADMISSIBLE <input type="radio"/> SUBPOENA FOR PRODUCTION <input type="radio"/> AUTHORIZATION ONLY
<input type="radio"/> SPECIAL REQUEST – ATTACH AN EXHIBIT LIST	<input type="radio"/> ADMISSIBLE <input type="radio"/> INADMISSIBLE <input type="radio"/> SUBPOENA FOR PRODUCTION <input type="radio"/> AUTHORIZATION ONLY

DEFINITIONS

ADMISSIBLE: 'Normal 'Course of Business' direct questions (No Affidavit necessary) – Depo Questions – Prove up Records
INADMISSIBLE: Non prove up Questions with an Affidavit – you must file Affidavit prior to Trial to 'prove-up'.
SUBPOENA FOR PRODUCTION: No Questions-just records with Affidavit.
BY AUTHORIZATION: No Subpoena--records obtained with Affidavit (you must attach HIPAA compliant Authorization).
HB4-PAID V. INCURRED: Special 'Escobedo Ruling' Billing Questions showing Pd. V Incurred Billing amounts-we will obtain from Date of Loss to present unless instructed otherwise.

**DIRECT BILL INFORMATION (WE WILL SEND OUR BILL DIRECTLY TO THE INSURANCE COMPANY)
 OTHERWISE – ALL INVOICES WILL BE ATTACHED TO YOUR RECORDS/LEGALS WHEN THEY ARE DELIVERED TO YOU**

INSURANCE COMPANY:	
CLAIM#/ADJUSTER NAME	
ADDRESS/CITY, STATE, ZIP, PHONE #	
SPECIAL INSTRUCTIONS:	

RECORD LOCATIONS

*****IF MORE PROVIDERS, PLEASE ATTACH LIST*****

PROVIDER:	
ADDRESS:	
PHONE/FAX	
DATES OF SERVICE/COMMENTS:	
PROVIDER:	
ADDRESS	
PHONE/FAX	
DATES OF SERVICE/COMMENTS:	
PROVIDER	
ADDRESS:	
PHONE/FAX	
DATES OF SERVICE/COMMENTS:	
PROVIDER	
ADDRESS:	
PHONE/FAX	
DATES OF SERVICE/COMMENTS:	