



# APPLEBY & CO. INC

RUSH – Date Needed by: \_\_\_\_\_

Authorization or  Subpoena

Please deliver records via:  Paper  CD  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  CD

Special Instructions: \_\_\_\_\_

### Other Parties:

Firm: \_\_\_\_\_

Address: \_\_\_\_\_

City, St, Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

Attorney: \_\_\_\_\_

Representing: \_\_\_\_\_

Forward a Set of Records:  Yes or  No

If Yes,  Paper or  CD