

Macro-Pro

Liability Request Form
Order Online at www.macropro.com

Toll Free (800) 696-2511
P.O. Box 90459
Long Beach, CA 90809-0459

FAX (888) 696-2270
P.O. Box 4217
San Leandro, CA 94579-0217

Client & Claim Information

Order Date _____ Required Date _____ Regular _____ Rush _____ Super Rush **(\$50 Extra per Location)**

Carrier Name _____ Name of Insured _____

Adjustor Name _____ Claim File # _____

Address _____ Date of Loss _____

_____ Contact Person _____

Phone () _____ Fax () _____ Phone () _____ Fax () _____

Email Address _____ Email Address _____

Authorization Information

A Signed Authorization is Required to Process This Request

Authorization: Original _____ Copy _____

Medical _____ Employment _____ Academic _____

Drug, Alcohol & Psychiatric _____ Veteran's Administration _____

Copies To:

Carrier: Paper _____ CD _____ Download _____

Other: Paper _____ CD _____ Download _____

Other Name _____

Address _____

Copy Records Pertaining To:

Name _____ AKA _____

Date of Birth _____ Social Security Number _____

Additional Claimants Attached

Copy Records At:

		Copy: (Select Below)	Record Codes
1. Location _____	Phone () _____	Date of Loss to Present _____	
Address _____		Any and All Dates _____	
2. Location _____	Phone () _____	Date of Loss to Present _____	
Address _____		Any and All Dates _____	
3. Location _____	Phone () _____	Date of Loss to Present _____	
Address _____		Any and All Dates _____	
4. Location _____	Phone () _____	Date of Loss to Present _____	
Address _____		Any and All Dates _____	

Special Instructions: _____

RECORD CODES

MEDICAL RECORDS

M - Medical Records
B - Medical Billing
R - Film Reports
P - Psychiatric Records
S - Sign-in Sheets

FILMS

X - X-rays
Q - MRI's
Z - CT Scans

EMPLOYMENT

E - Employment Records
Y - Payroll Records

OTHER

A - Academic Records
I - Insurance Records
C - Court File
W - WCAB File
E - EDEX Report
O - Other _____

SEND MORE: Forms _____ Envelopes _____