

Matrix

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527 E. ROWLAND STREET, STE., # 214 • COVINA, CA 91723

- RECORDS REVIEW
- RUSH
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- WCAB REQUEST
- CIVIL REQUEST
- PERSONAL INJURY

Request Date: _____

Due Date: _____

Please Include: Case# _____ HIPPA Auth. Application of Adjudication

CLIENT/APPLICANT **EMPLOYER/ INSURED**

Name: _____ Name: _____
 AKA: _____ Address: _____
 DOB: _____ SSN: _____ City: _____ State: ___ Zip: _____
 DOI: _____ Phone: _____ Fax: _____

REQUESTOR **BILLING INFORMATION**

Requestor: _____ Requestor
 Atty: _____, Esq. Carrier: _____
 Firm: _____ Adjuster: _____
 Address: _____ Address: _____
 City: _____ State: ___ Zip: _____ City: _____ State: ___ Zip: _____
 Phone: _____ Fax: _____ Phone: _____ Fax: _____
 For: Applicant Plaintiff Defendant Claim#: _____

CASE CAPTION **OPPOSING COUNSEL**

Plaintiff: _____ Atty: _____, Esq.
 Defendant: _____ Firm: _____
 Superior Municipal Federal Address: _____
 Address: _____ City: _____ State: ___ Zip: _____
 City: _____ State: ___ Zip: _____ Phone: _____ Fax: _____
 Date: _____ Time: _____ Dept/Div: _____

Delivery Instructions

Deliver to: REQUESTOR OPPOSING COUNSEL OTHER
 Attn: _____
 Firm/Office: _____
 Address: _____
 City: _____ State: ___ Zip: _____

COPYING INSTRUCTIONS

[M]edical [B]illing [X]-ray Films [E]mployment [W]age [C]laim File [O]ther: _____

CODE	LOCATION	ADDRESS	PHONE	DATE(S)
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Special Instructions <input type="checkbox"/> ANY AND ALL				
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By submitting this order form to MATRIX DOCUMENT IMAGING SERVICES, I / we herewith authorize to act as my / our representative for the purpose of procuring / transferring all records in accordance with the directives contained in this order form. The party ordering the records accepts responsibility for the cost of obtaining said records. In the event a third party is billed, the ordering firm is held responsible until payment is received. The ordering party may be held liable for all costs associated with collections of this order.