



Liability Request Form

P.O. Box 90459
Long Beach, CA 90809-0459
at: www.macropro.com

(800) 696-2511

Order Online
FAX (888) 696-2270

Client & Claim Information

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

Carrier/TPA _____ Bill To: Firm Carrier

Adjustor Name _____ Name of Insured _____

Address _____ Claim File # _____

_____ Date of Loss _____

Phone () _____ Fax () _____ Contact Person _____

Email Address _____ Phone () _____ Fax () _____

_____ 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:

Additional Claimants Attached

Name: _____ AKA: _____

Date of Birth: _____ Social Security Number: _____

Copy Records At:

Copy Records At:	Limit Records/ Record Codes	Medical Summary?
1. Location _____ Phone () _____ Address _____	<input type="checkbox"/> Date of Loss to Present	Yes <input type="checkbox"/>
2. Location _____ Phone () _____ Address _____	<input type="checkbox"/> Date of Loss to Present	Yes <input type="checkbox"/>
3. Location _____ Phone () _____ Address _____	<input type="checkbox"/> Date of Loss to Present	Yes <input type="checkbox"/>
4. Location _____ Phone () _____ Address _____	<input type="checkbox"/> Date of Loss to Present	Yes <input type="checkbox"/>
Special Instructions: _____		

RECORD CODES

SEND MORE: Forms Envelopes

MEDICAL RECORDS

M - Medical Records
B - Medical Billing
R - Film Reports
P - Psychiatric Records

FILMS

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

EMPLOYMENT

E - Employment Records
Y - Payroll Records

OTHER

A - Academic Records
I - Insurance Records
T - Court File
W - WCAB File

D - EDEX Report
S - Sign-in Sheets
O - Other _____