

Comprehensive Record Review Request Form

Today's Date: _____

Requestor's Information

Name:

Company:

Address:

Telephone: **Fax:**

Email Address:

File or Claim#: **Type of Claim:**

Bill To Information

(Please complete, if different from above Requestor Information.)

Name:

Company:

Address:

Telephone: **Fax:**

Email Address:

File or Claim#: **Type of Claim:**

Claimant's Information

Name: Male or Female?

Date of Birth: SSN:

Address:

Date of Loss: Injury:

Please provide any additional information about the injury/claim/case that you feel may be necessary for us to know?

- Records for Review are attached.
- LSI is currently procuring the records per our request.

*If so, please specify the name(s) of the providers LSI is procuring records from that you wish for a Comprehensive Record Review to be performed on once obtained.