



# NORTH AMERICAN CONSULTANTS, INC.

*Neutral . Accessible . Committed*



## DWQ Record Service

REQUEST DATE: \_\_\_\_\_ REQUEST NO.(Office Use Only): \_\_\_\_\_

ATTORNEY: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PARALEGAL: \_\_\_\_\_ EMAIL: \_\_\_\_\_

CLIENT: \_\_\_\_\_ ACCT#: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

ATTORNEY BAR NO: \_\_\_\_\_ RETURN BY: \_\_\_\_\_

STYLING: \_\_\_\_\_ VS \_\_\_\_\_

CAUSE NO: \_\_\_\_\_ COUNTY: \_\_\_\_\_

COURT: \_\_\_\_\_ DISTRICT: \_\_\_\_\_

### TYPE OF SERVICE REQUESTED

#### SERVICES REQUESTED (CHECK ALL THAT APPLY)

RECORD RETRIEVAL

SUBPOENA

DIRECT QUESTIONS

AFFIDAVIT

MEDICAL AUTHORIZATION

#### RECORDS REQUESTED (CHECK ALL THAT APPLY)

MEDICAL RECORDS

BILLING RECORDS

RADIOLOGY RECORDS

EMPLOYMENT RECORDS

INSURANCE RECORDS

### CLAIMANT INFORMATION

CLAIMANTS NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

SSN#: \_\_\_\_\_ D/L: \_\_\_\_\_

CLAIM#: \_\_\_\_\_ DOL: \_\_\_\_\_ PHONE: \_\_\_\_\_

### ADJUSTER INFORMATION

NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

### PLAINTIFFS ATTORNEY INFORMATION

PLAINTIFFS ATTORNEYS NAME: \_\_\_\_\_

PLAINTIFFS FIRMS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

**PROVIDER INFORMATION**

**PROVIDER 1:**

FACILITY: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ EMAIL: \_\_\_\_\_

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**PROVIDER 2:**

FACILITY: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ EMAIL: \_\_\_\_\_

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**PROVIDER 3:**

FACILITY: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ EMAIL: \_\_\_\_\_

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PLEASE PRINT ADDITIONAL PROVIDERS ON A SEPARATE SHEET

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**PACKAGES AND RATES**

**Packages:**

- 1.) Record Retrieval w/ Medical Authorization (no subpoena or questions)  
Will obtain medical/billing records from providers with a medical authorization form provided by client,  
\$45.00 per hour, plus any expenses incurred for records/films
- 2.) Direct Questions by Subpoena (no medical authorization or records)  
Direct questions by subpoena to be answered by the provider
- 3.) Record Retrieval by Subpoena (no medical authorization or questions)  
Will obtain medical/billing records by subpoena when a medical authorization is unavailable
- 4.) Record Retrieval by Subpoena w/ Direct Questions (no medical authorization)  
Will obtain medical/billing records by subpoena and direct questions to be answered by the provider
- 5.) Record Retrieval by Subpoena w/ Direct Questions and Medical Authorization  
Will obtain medical/billing records by subpoena and direct questions to be answered by the provider  
with a medical authorization form

**Rates:**

- Base Rate: \$275.00
  - Subpoena: \$125.00 in addition to base rate
  - Direct Questions: \$125.00 in addition to base rate
  - Affidavit: \$125.00 in addition to base rate
  - Medical Authorization Retrieval: \$50.00
  - Cancellation Fee: \$240.00 plus any services already preformed
- \*All fees for medical records and/or films will be passed along to the client

**Refundable Retainer Rate:**

A retainer fee of \$2,000 is paid in advance. All fees are billable at a lower rate. Retainer does not carry over to the next month.

- Base Fee: \$135.00 includes subpoena
- Direct Questions: \$75.00 in addition to base rate
- Copy Fee: \$.50 per page
- Cancellation Fee: \$135.00 plus any services already preformed

P.O. Box 6439, Kingwood, Texas 77325-6439 Phone: (281) 358-4007 Fax: (281) 358-4263

[www.NorthAmericanConsultants.com](http://www.NorthAmericanConsultants.com)