



Document Service:

Please prepare documents as follows:

- \_\_\_\_\_ Prepare Notice & Deposition on Written Questions (With Subpoena)
- \_\_\_\_\_ Obtain by Affidavit with authorization
- \_\_\_\_\_ Obtain by Authorization without affidavit
- \_\_\_\_\_ Prepare chronological summary

Is an authorization available, if needed? \_\_\_\_\_ Yes \_\_\_\_\_ No.

Billing Instructions:

- \_\_\_\_\_ Prepay and include in bill
- \_\_\_\_\_ Prepay if not over \$ \_\_\_\_\_
- \_\_\_\_\_ Direct Bill Information:
  - Insurance Company: \_\_\_\_\_
  - Insured: \_\_\_\_\_
  - Adjuster: \_\_\_\_\_
  - Claim Number: \_\_\_\_\_