

Records Retrieval – Client Preference Form



Court Reporting &
Litigation Support Services

Name: _____ Title: _____

Email: _____ Phone: _____

Firm: _____

Address: _____

City: _____ State: _____ Zip: _____

1. Ordering preference? If not otherwise stated on the order.

By Subpoena:

- Deposition by Written Questions – Admissible
- Deposition by Written Questions – Admissible w/ Affidavit
- Deposition by Written Questions – Non-Admissible w/ Affidavit
- Subpoena for Records Only – No Deposition

By Authorization:

- w/ Affidavit
- Independent Medical Exam – No Affidavit

2. If billing records are ordered, do you want them requested as:

Reasonable & Necessary? Yes No **Paid v. Incurred?** Yes No

3. When you provide authorization, do we have permission to fill out authorization forms as needed to obtain the records? Yes No

4. If the location has no records, should we:

Obtain negative DWQ or Affidavit? Cancel Request and Contact You? Contact You First?

5. If requesting an affidavit, do you want a page count on your affidavit? Yes No

6. If ordering medical records and the custodian also provides billing records (or vice versa) do we remove the records which are incorrectly provided? Yes No

7. Custodial fee level that requires your approval? Over: \$100 \$250 \$500 Other \$ _____

8. Do you want status reports? Yes No - If yes, how often? Weekly Bi-Monthly Monthly

9. Preferred contact method? Phone Fax Email

10. Additional options: OCR (Searchable Electronic Copy) Hospital Tabbing (For quick reference)

11. Additional Preferences: _____

Please return this form to one of your KTanda records department contacts.

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