

Med-Legal Order Form

Date Ordered 5/28/2021

CONTROL # 21-14603

OE LOG #

APPLICANT / PLAINTIFF INFORMATION

Name: Sharon Cherry

AKA:

Case # (REQUIRED): ADJ13286573


Defendant: AIG

ORDERING PARTY

☒ Applicant/Plaintiff ☐ Defense

Case Type: ☒ W.C. ☐ Defense WC ☐ P.I.

☐ Defense-Bill Carrier ☐ Social Security

Firm: Thomas DeBenedetto, Esq.
2655 CAMINO DEL RIO N STE 440
SAN DIEGO, CA 92108
 619-696-6294

CASE INFORMATION

Injury Date 08/21/2017

Type of Entity : ☐ CORP/LP/LLC ☐ INDIVIDUAL(s)

Bill To : ☐ Ordering Party ☒ Carrier
☐ Other

DATE OF BIRTH: 5/2/1976

SSN: XXX-XX-XXXX

Your name : Customer Preference as of 05/28/2021

PARTY LIST (if billing Carrier)

Insurance: *See Original Transaction*

CLAIM #:


Adjuster:

Opposing

Atty:

LOCATION 5

RE-RUN OF : 2

NAME Pain Care of San Diego
ADDRESS 5348 Carroll Canyon Rd., Suite 101
CITY,ST, ZIP San Diego, CA 92121
 858-202-1546

Date range: ☒ or AL

Produce Documents

Medical records

Documents and/or Appearance:

☐ Party ☒ Non-Party ☐ Hearing Trial

☒ Deposition Subpoena ☐ Authorization

Process Service:

☐ SNOL ☐ 132 A ☐ Summons & Complain

☐ Serious & Willfu

Date needed:

Deliver Records To

☐ Carrier ☒ Extra

☐ Same 1 ☐ Opposing Atty

Total # of Sets 1

NOTES Injured Worker Copy

By placing this order, ordering party hereby authorizes Med-Legal, Inc. and its affiliates to place all records, documents and ratings produced by Med-Legal, Inc. available online via ZING. All terms and conditions for use of ZING shall apply.