



RIGHT-ON INVESTIGATIONS

Assignment #: _____

Received: _____

AOE/COE Rush Background Check Date Needed _____ Surveillance Days _____

Client: _____

Examiner: _____

Telephone: _____

Fax: _____

Email: _____

Claim: _____

Date of Claim: _____

Claimant: _____

Address: _____

Telephone: _____

DoB: _____

SSN: _____

Occupation: _____

Date of Hire: _____

Claimant's Attorney: _____

Address: _____

Claimant Physician: _____

Address: _____

Date(s) of Exam: _____

Court/WCAB: _____

Examination Date: _____

Depo/Trial Date: _____

90-Day Decision Date: _____

Last Day Worked: _____

Return to Work: _____

Accident Location: _____

Insured/Employer: _____

Address: _____

Contact: _____

Telephone: _____

Fax: _____

Email: _____

Defense Attorney: _____

Address: _____

Telephone: _____

Email: _____

Interview

- Claimant
- Employer
- Witness
- Other

Secure

- Medical Records
- Medical Authorization
- Police Records
- WCAB Record
- Photographs

Facts / Remarks / Instructions: _____

Claimant Facts / Injury: _____