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| **Instructions:** Please complete all applicable fields. Send the completed form to ra-benwc@pa.gov, COPANotices@pnat.com, and insvhb@pnat.com. You may add information to the subject line, and you may include an email introduction, but it is not required since all of the information should be contained on this form. **NOTE:** Send Internet Search and On-line Death Index Search requests to ra-benwc@pa.gov and dnewlin@pnat.com only.  |
| **Requestor:**  |
| Name | Telephone | Email | Today’s Date |
|       |       |       |       |
| **Agency Contact:**  |
| Agency Coordinator Name | Agency |
|       |       |
| **Claim Information:** |
| Claimant | Inservco Claim Number | Adjuster |
|       |       |       |
| **Request Initiated by:**  |
| **[ ]** Adjuster [ ] Workers’ Compensation Coordinator [ ] Office of Administration  |
| **Loss Adjustment Expense to be Approved:**  |
| [ ] Independent Medical Examination (IME) [ ] Field Case Management [ ] Vocational Rehabilitation/Labor Market Survey and Number of Days      [ ] Compromise and Release with authority up to $      [ ] Activity Check[ ] Internet Search (no cost)[ ] Surveillance and Number of Days and Explain Type of Surveillance      [ ] Field/Onsite Investigation[ ] Impairment Rating Evaluation (IRE)[ ] On-line Death Index Search (no cost)[ ] Other  \_\_\_\_     |
| **Reasons for Request or Additional Information:**  |
|       |
| **Comments from Adjuster, if Request Initiated by Agency:**  |
|       |
| **Approval:** |
| Name | Date |
|       |       |
| **For Inservco Use Only:** |
| Received by | Date |  |
|       |       |  |
| Service Scheduled By | Date Service Scheduled | Date |  |
|       |       |       |  |