

HOSPITAL CANVASS.COM

WHEN RECORDS COUNT, YOU CAN COUNT ON US!

P.O. Box 50957 · Denton, Texas 76206 · P. (800) 783-7718 · F. (888) 328-4419

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|----------------------|
| Submitted On: |
| |

| | |
|----------------------|--|
| Submitted By: | |
| Company: | |
| Requestor: | |
| Address: | |
| Phone: | |
| Email: | |

| | |
|--|-------------------------------|
| Requested Due Date: | |
| _____ Due Date | <input type="checkbox"/> Rush |
| Typical turn around time is five (5) business days. If you would like to make sure you have results by a specific date or would like the canvass 'rushed', please note here. | |

| | |
|---|--|
| Canvass Subject: | |
| Name*: | |
| Alias: | |
| Street Address: | |
| City, ST, Zip: | |
| Social Security*: | |
| Date of Birth*: | |
| Claim Number: | |
| SIU Number: | |
| Insured: | |
| Type of Loss: | <input type="checkbox"/> Workers Compensation <input type="checkbox"/> General Liability <input type="checkbox"/> Auto <input type="checkbox"/> Other |
| Date of Injury: | |
| Type of Injury: | |
| *These fields are required for a successful canvass. | |

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|---|--|
| Assignment Details: | |
| Authorization: | <input type="checkbox"/> Limited Canvass (15 locations) <input type="checkbox"/> Standard Canvass (25 locations) <input type="checkbox"/> Premium Canvass (35 locations) Additional Locations |
| Canvass Area #1: | If left blank, provided claimant address above will be used. |
| Canvass Area #2: | |
| Canvass Area #3: | |
| Radius Maximum: | _____ miles. Radius will never exceed 50 miles unless authorized. |
| Facilities to Exclude: | |
| Medical Release Available: | <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please include release with your submission. |
| Canvass Facilities requested on this referral are marked below: | |
| <input type="checkbox"/> Hospital <input type="checkbox"/> Doctor's Office <input type="checkbox"/> Chiropractor <input type="checkbox"/> Pharmacy <input type="checkbox"/> Urgent Care Clinic <input type="checkbox"/> Orthopedic <input type="checkbox"/> Pain Management <input type="checkbox"/> Imaging Center <input type="checkbox"/> Medical Clinic <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Other: | |
| Additional Instructions and Information: | |

Email to: customerservice@hospitalcanvass.com

Fax to: (888) 328-4419

Thank you!