STATE OF WEST VIRGINIA
Offices of the Insurance Commissioner

REQUEST FOR X-RAYS

Document and Imaging Services

Requester Information:		**Requested Claimant Information:**	
Name:		Claimant Name:	
Address:		Claim #:	
City/State/Zip:		Date of Injury:	
Phone:		Date of Birth:	
		SSN #:	

Pursuant to W. Va. Code §23-1-4, records in the possession of the Insurance Commissioner regarding workers' compensation claims are *confidential* and not generally subject to the state's Freedom of Information Act. Only claimants or other interested parties to a workers' compensation claim may obtain confidential records from the Insurance Commissioner and only to the extent necessary for the proper defense or presentation of a claim. The Insurance Commissioner will comply with a properly issued subpoena *duces tecum* provided that the issuing tribunal or court take action necessary to maintain the confidentiality of such records.

PLEASE NOTE:

A separate "Request for X-Rays" form must be completed for each file requested. Requests containing multiple claims will be returned.

The information in response to the request will be provided on a CD.

Please allow at least 10 business days from the date of receipt for completion of the request.

Please provide a brief description for this request below:

Requester's Signature: _____ Date:_____

Requester's Email: _____

Relationship to the Claimant or Employer: _____

P.O. Box 50540 – Charleston, WV 25305-0540
Phone: 304-558-2293 - Fax: 304-558-8948