



Pre-Settlement Financing That Terminates in 12 Months ... It's That Simple!\*\*\*

## Medical Malpractice / Professional Negligence Application (Initial)

\*If available, please send incident report, complaint, medical records, and/or expert witness statements by fax to 404-348-4465, by or email as attachment to [info@injuryfinancing.com](mailto:info@injuryfinancing.com)\*

Client Name: \_\_\_\_\_ Client Phone Number: \_\_\_\_\_

Law Firm Name: \_\_\_\_\_ Law Firm Phone Number: \_\_\_\_\_

Best Contact Person at Law Firm: \_\_\_\_\_

Best Contact Email Address at Law Firm: \_\_\_\_\_

Amount of Funds Request: \$ \_\_\_\_\_

Date of Surgery or Date of Missed Diagnosis: \_\_\_\_\_

Date of Discovery of Injury/Malpractice: \_\_\_\_\_ Date of Death (if applicable): \_\_\_\_\_

Has Defendant accepted liability?  Yes  No Has Defendant consented to settlement?  Yes  No

Defendants Insurance Company? \_\_\_\_\_

Amount of Insurance Coverage? \$ \_\_\_\_\_ Type of Professional? \_\_\_\_\_

What were the injuries/damages? \_\_\_\_\_

What was the treatment after the malpractice? \_\_\_\_\_

What are the total medical bills after malpractice? \$ \_\_\_\_\_

Has mediation been scheduled?  Yes  No If yes, Date: \_\_\_\_\_

Is there a current affidavit from expert?  Yes  No

Has a demand letter been sent?  Yes  No, If yes, how much? \$ \_\_\_\_\_

Was there a counter offer to demand?  Yes  No, If yes, how much? \$ \_\_\_\_\_

Have you filed suit?  Yes  No If yes, Date: \_\_\_\_\_

Current lost wages? \$ \_\_\_\_\_  Unsure

Additional Notes:

\*\*\*Some cases do not qualify.