



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

MVA (Additional Advance Application)

If available, please send any additional medical records and/or demand letter since last advance, by fax to 404-348-4465, by or email as attachment to 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: _____

Date of Loss: ___/___/_____ State of Incident: _____ Amount Requested: _____

Dx Testing since last loan: MRI CT EMG Other Results: _____

TX Performed since last loan? Epidural/ Facet/Radiofrequency Injections Surgery

Rehab/Manipulation Other: _____

Please check If client is Treating (Tx) or Completed (Comp) treatment. If No treatment provided, please leave blank:

Specialist:	Ortho	Neurosurgeon	Neurologist	Chiro	Pain Mgmt.	PT	GP	Other
Tx:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comp:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have you filed suit since last loan? Yes No

Has insurance company made an offer? Yes No If Yes, How Much? \$ _____

Additional Notes

***Some cases do not qualify.