



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

### MVA Initial Application (Under \$3000)

\*If available, please send police report, demand letter, and/or pictures of vehicle, 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: \_\_\_\_\_

Plaintiff Was:  Driver  Passenger ER Visit?  Yes  No

Date of Loss: \_\_\_/\_\_\_/\_\_\_\_\_ State of Incident: \_\_\_\_\_ Amount Requested: \_\_\_\_\_

Received Prior Loan?  Yes  No / If yes, name of company: \_\_\_\_\_

Liability Accepted?  Yes  No / Policy limits: 3<sup>rd</sup> Party Limits: \$\_\_\_\_\_/ UM-UIM: \$\_\_\_\_\_

Damages: \$\_\_\_\_\_  Totalled  Unsure Total Medicals (if avail): \$\_\_\_\_\_  Unsure

Dx Testing Performed:  MRI  CT  EMG  Other

Results/Findings: \_\_\_\_\_

Does client have MedPay/PIP?  Yes  No  Unsure / If yes, how much? \$\_\_\_\_\_

Does client have health insurance?  Commercial/AHCA  Medicare/Medicaid  None  Unsure

Pre-existing / Issues with Case?  Yes  No  Unsure If Yes, \_\_\_\_\_

TX Performed?  Epidural/ Facet/Radiofrequency Injections  Surgery  Rehab/Manipulation

Other: \_\_\_\_\_

Describe Injuries: \_\_\_\_\_

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"/> |

Additional Notes:

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