



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

Premise Liability (Additional Advance Request)

If available, please send updated medical records, and/or demand letter 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: ___/___/_____ Amount Requested: _____

Dx Testing Performed 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 Defense made an offer since last loan? Yes No If yes, for how much? _____

Has summary judgment been reached? Yes No

Additional Notes:

***Some cases do not qualify.