



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

Worker's Compensation (Additional Advance Application)

If available, additional medical records since last loan 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: _____

Still Receiving Benefits Since Last Loan? Yes, Amount: \$___/Weekly No, Why? _____

Has Client Reached MMI Since Last Loan? Yes No / Impairment rating? Yes, _____% No

Dx Testing Since Last Loan: MRI CT EMG Other Results: _____

Tx Performed since last loan? 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"/>

Has There Been an Offer Since Last Loan? Yes No If yes, How much? \$_____

Add Additional Notes:

***Some cases do not qualify.