



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

### Worker's Compensation - Under \$3000 (Initial)

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

Is This a Post Settlement?  Yes  No If Yes, Please Only Send Settlement Stipulation.

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: \_\_\_\_\_

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

Liability Accepted?  Yes  No Issues with Case?  Yes  No If Yes, \_\_\_\_\_

Receiving Benefits?  Yes, Amount: \$\_\_\_/Weekly  No, Why? \_\_\_\_\_

Has client reached MMI?  Yes  No  Unsure / Impairment rating?  Yes, \_\_\_\_\_%  No

Dx Testing Performed:  MRI  CT  EMG  Other Results: \_\_\_\_\_

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"/>

Add Additional Notes:

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