



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

Initial Worker's Compensation (Over \$3000)

If available, please send incident report, demand letter, and/or medical records by fax to 404-348-4465, by or email as attachment to 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"/>

Filed Suit? Yes No Has WC Made an Offer? Yes No If yes, How much? \$_____

Add Additional Notes:

***Some cases do not qualify.