



Client Application

No credit check is performed for identification purposes only.

1. Date of Application _____
 2. Client's Name _____
 3. Client's Address _____
 4. Client's Telephone# Home _____ Mobile _____
 5. Date of Birth _____ Social Security# _____
 6. Employer's Name _____ Job Title _____
 7. Business Phone# _____ Business Fax# _____
 8. Attorney's Name _____
 9. Firm Name _____
 10. Firm Address _____
 11. Telephone# _____ Fax# _____
 12. Date of Accident _____ Motor Vehicle Accident Yes/No
 13. Client employed at the time Yes/No Injury covered by Worker's Comp Yes/No
 14. Client able to work at this time Yes/No
 15. Describe Accident _____

 16. Describe Injuries Sustained _____

 17. Describe Medical Treatment _____

- | | | | |
|-----------------------|--------|--------------------------------|--------|
| A. MRI | Yes/No | D. Taken to the Emergency Room | Yes/No |
| B. Surgery | Yes/No | E. Length of Hospital Stay | _____ |
| F. Still in Treatment | Yes/No | | |
18. Client's Insurance Carrier _____
 19. Who is Paying Medical Bills _____
 20. Current Medical Expenses _____ Anticipated Medical Expenses _____
 21. Client Receiving Outside Compensation (e.g. public assistance, welfare) Yes/No
 22. Name of Defendant _____
 23. Defendant's Insurance Company _____
 24. Amount of Claim _____
 25. Amount Advanced by Other Companies (if any) _____
 26. Amount Requested _____
 27. Previous claims for personal injury case, whether settled, lost, won or otherwise? Yes/NO
 If yes, please provide details.

6391 Tempting Choice Ave
 Las Vegas, NV 89131
 Toll Free (888) 833-5715 – Phone (702) 944-4188 ☐☐ – Fax (702) 921-6087
www.presettlementhealthcare.com

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“Information Authorization”

Your client _____, authorizes release of certain documents pertaining to his/her case for an advance consideration from our firm.

I hereby authorize my attorney of record _____, in my lawsuit/claim, which occurred on ____/____/____, to release all necessary and requested information to:

Pre-Settlement Healthcare Funding Group, LLC

6391 Tempting Choice Ave
Las Vegas, NV 89131
Phone (702) 437-7770
Fax (702) 921-6087

We represent that we will keep this information confidential unless we must respond to a lawful court order or subpoena.

Signed: _____ Client

Print name: _____ Client

Date: _____

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