

## Medical Funding Questionnaire

1) Name \_\_\_\_\_

2) Address \_\_\_\_\_

3) Phone Nos.

a) Home \_\_\_\_\_

b) Work \_\_\_\_\_

c) Cell \_\_\_\_\_

d) Other \_\_\_\_\_

4) Emergency Contact

a) Name \_\_\_\_\_

b) Relationship \_\_\_\_\_

c) Address \_\_\_\_\_

d) Phone \_\_\_\_\_

5) Injury Information

a) Date of injury \_\_\_\_\_

b) Location of event \_\_\_\_\_

c) Nature of accident (auto collision, slip and fall, etc.)  
\_\_\_\_\_

d) Accident Report? (Y/N) \_\_\_\_\_

e) Witnesses

(1) Name \_\_\_\_\_

(2) Address \_\_\_\_\_

(3) Phone \_\_\_\_\_

6) Treatment

a) Was ambulance utilized? (Y/N) \_\_\_\_\_

b) Date of first treatment \_\_\_\_\_

7) Name and address of all medical service providers

a) \_\_\_\_\_ ; \_\_\_\_\_

b) \_\_\_\_\_ ; \_\_\_\_\_

c) \_\_\_\_\_ ; \_\_\_\_\_

d) \_\_\_\_\_ ; \_\_\_\_\_

8) Describe all injuries or medical issues diagnosed by a medical doctor:

a) \_\_\_\_\_

b) \_\_\_\_\_

c) \_\_\_\_\_

d) \_\_\_\_\_

e) \_\_\_\_\_

9) Date last seen by a Medical Doctor, Nurse Practitioner, Physician Assistant Or  
Physical Therapist \_\_\_\_\_

10) Has surgery been recommended? (Y/N) \_\_\_\_\_

11) Has surgery been performed? (Y/N) \_\_\_\_\_. If yes, when? \_\_\_\_\_

12) Name of medical doctor who performed surgery \_\_\_\_\_

13) Purpose of surgery \_\_\_\_\_

14) Location where surgery was performed \_\_\_\_\_

15) Case Information

- a) Suit filed? (Y/N) \_\_\_\_\_. If so, when and where  
\_\_\_\_\_
- b) Trial Date \_\_\_\_\_
- c) Liability Insurance Carrier \_\_\_\_\_  
i) Policy Limits \$ \_\_\_\_\_
- d) UM Carrier \_\_\_\_\_  
i) Policy Limits \$ \_\_\_\_\_
- e) UIM Carrier \_\_\_\_\_  
i) Policy Limits \$ \_\_\_\_\_
- 16) Most recent demand \$ \_\_\_\_\_
- 17) Offers of settlement from insurance company  
a) Amount \$ \_\_\_\_\_; Date \_\_\_\_\_  
b) Amount \$ \_\_\_\_\_; Date \_\_\_\_\_  
c) Amount \$ \_\_\_\_\_; Date \_\_\_\_\_
- 18) Amount of advance requested from EKFG \$ \_\_\_\_\_
- 19) Intended use of money \_\_\_\_\_
- 20) Provider, date and amount of prior advances from other funding group's  
a) \_\_\_\_\_: \_\_\_\_\_; \$ \_\_\_\_\_  
b) \_\_\_\_\_: \_\_\_\_\_; \$ \_\_\_\_\_  
c) \_\_\_\_\_: \_\_\_\_\_; \$ \_\_\_\_\_  
d) \_\_\_\_\_: \_\_\_\_\_; \$ \_\_\_\_\_  
e) \_\_\_\_\_: \_\_\_\_\_; \$ \_\_\_\_\_