



CREATIVE LEGAL FUNDING

Dear Legal Professional,

We sincerely appreciate your interest in collaborating with Creative Legal Funding, LLC (CLF). We are here to assist with your clients who have been injured and have no Health Insurance or Limited Health Insurance. Our goal is to provide quick and Dependable Service to both you and your client in their time of need.

Please help us to ensure a quick and accurate Evaluation of your client's case by completing our Required Intake Forms and attaching the supporting documents to process for Medical Care on a Lien Basis or a Pre Settlement Cash Advance.

For Specialty Consults as well as Imaging on a Lien Basis, the following items are required:

- Pertinent medical records to date
- Proof of Insurance (copy of the client's current Declaration page)

For Procedures and or Surgery requests on a Lien Basis, the following are also required:

- ER Records
- Police Report (TCR)
- Property Damage; photos, repair estimates
- Any Insurance limits available to date; 3rd party and 1st party
- Any other items you think will be useful to evaluate the liability and/or risk associated with this case

Once you have completed the necessary forms and attached the documents, please return to our Case Manager, Cheryl Costa @ ccosta@clfsf.com or by fax to: 916-914-2224.

Thank you,

The Creative Legal Funding Team

Creative Legal Funding
PO Box 818
Roseville, CA. 95678
Phone: 916-780-9080 Fax: 916-780-9080



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New Client Intake Sheet *Request for Medical Care on a Lien Basis*

Client(s) Name: _____ DOI: _____

DOB: _____ SSN (Required) _____

Address: _____

Phone #: _____ Email: _____

Law Firm: _____ Phone # _____

Attorney Name: _____ Email: _____

Assistant Name: _____ Email: _____

Medical Care Requested: _____

Type of Accident: _____ MVA _____ Slip & Fall _____ Other _____

Police Report: (TCR) Yes ____ (please attach) No _____ Number of passengers: _____

Property Damage: (amount of total property damage done to the client's vehicle: \$ _____)

Description of Accident: _____

Injuries: _____



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***** Insurance Information *****

Does the client have Private Health Insurance Available? Yes _____ No _____

If so, which carrier? _____

What is the need for the client's Medical Care to be on a Lien? _____

Liability Coverage: Carrier: _____ Policy Limits \$ _____

First Party Coverage: Carrier: _____ Policy Limits \$ _____