



# Settlement Demand Preparation Intake Form Nursing Home

Law Firm:  Contact Person/Number:		Client/Case Name:  Age:                      DOB:	
Date of Injury:	Date Sent to CLS:	Deadline:	
Brief Description of Incident and Type of Injury:			
Date of Admission into Nursing Home:		Letters of Administration/Personal Representative:  <div style="display: flex; justify-content: space-around;"> <span>YES</span> <span>NO</span> </div>	
Incident Report:  <div style="display: flex; justify-content: space-around;"> <span>YES</span> <span>NO</span> </div>		Plaintiff's Deposition Taken:  <div style="display: flex; justify-content: space-around;"> <span>YES</span> <span>NO</span> </div>	
Date of Death (if applicable):		Permanent Injury:  <div style="display: flex; justify-content: space-around;"> <span>YES</span> <span>NO</span> </div>	
Medical and Billing Records:  <div style="display: flex; justify-content: space-around;"> <span>HAVE</span> <span>NEED TO OBTAIN</span> </div>			
Healthcare Provider information:  Medicare:                      YES                      NO Medicaid:                      YES                      NO Private Insurance:                      YES                      NO If Yes, Provider Name: _____ Tri-Care/VA Coverage:                      YES                      NO If Yes, Provider Name: _____ Other Coverage:                      YES                      NO If Yes, Provider Name: _____			



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## Document Checklist

- Complaint
- Answers to interrogatories (Plaintiff and Defendant)
- Incident Report
- Hospital/ER records
- Primary Care Physician records
- Additional treating physician records
- Medical bills from all treating facilities and nursing home
- Documentation of out-of-pocket expenses
- Resident Rights Contract
- Copy of Death Certificate (if applicable)
- Medical examiner evaluation report/Autopsy report (if applicable)

## Optional Records (may be beneficial depending on case)

- Photographs of injuries (bed sores, bruising, skin tear, etc.)
- Funeral expenses (if applicable)

*Medical Records Analysis Disclosure: After review of medical records received to date, further medical record retrieval may be necessary in order to complete full medical case analysis. A summary of the records required will be forwarded for your review and retrieval will begin upon your authorization. Additional record retrieval fees will apply to amended retrieval efforts.*

Completed By: \_\_\_\_\_

Date: \_\_\_\_\_