



Settlement Demand Preparation Intake Form Product Liability

Law Firm:		Client/Case Name:	
Contact Person/Number:		Age:	DOB:
Date of Injury:	Date Sent to CLS:	Deadline:	
Brief Description of Incident and Injury:			
Name of Product:			
Purchase Date of Product:		Lost Wages:	
		YES	NO
Currently Treating:		Permanent Injury:	
YES	NO	YES	NO
Medical and Billing Records:			
HAVE		NEED TO OBTAIN	
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: _____



Medical Report Intake Form Product Liability

Document Checklist

- Complaint
- Interrogatories
- HIPAA Form, signed and up to date
(only applicable for Medical Record Retrieval services)
- Product information and/or pictures
- Hospital records/ER records
- Primary Care Physician records
- Additional treating physician records
- Medical bills from all treating facilities
- Therapy records
- Employment records for wage loss verification
- Documentation of out-of-pocket expenses
- Medical examiner evaluation report (if applicable)

Optional Records (may be beneficial depending on case)

- Family or client diary/summary of events and discussions with healthcare providers
- Photographs of injuries (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: _____