Injury Care Solutions

P: 801.327.9696 / F: 801.931.2605
4516 South 700 East, Suite 300
Salt Lake City, UT 84107
www.injurycaresolutions.com

PATIENT/CLIENT INFORMATION

First Name _____ Last Name _____ Sex: M☐ F☐

Street Address _____ City _____ State _____ Zip _____

Phone Number _____ Secondary Number _____ Email Address _____

Date of Birth _____ Social Security Number _____

Attorney's Name _____ Attorney Phone Number _____

ACCIDENT INFORMATION

Date of Accident _____ Auto Accident: Yes☐ No☐ If No, What Type of Accident _____

Describe the Accident

Has Liability Been Accepted: Yes☐ No☐ Does the At Fault Party Have Auto insurance: Yes☐ No☐

At Fault Party Insurance Company Name _____ Claim Number _____ Limits _____

Patient/Client Insurance Company Name _____ Claim Number _____ Limits _____

Is the Injury Auto Accident related: Yes☐ No☐ Is the ICS Lien Signed by the Patient/Client: Yes☐ No☐

Does the patient/client have pre-existing injuries: Yes☐ No☐
If Yes, please explain:

When available, please attach the police report, medical report, and applicable photos.

MEDICAL CARE NEEDED

Describe Injury

Medical Treatment / Specialty / Condition or Procedure Needed _____ Patient's Preferred Treatment Location _____

Describe medical treatment to date

Estimate total medical bills incurred as a result of this accident: $_____

Please attach related referrals, prescriptions and medical bills to this document.

INSTRUCTIONS

Attach the signed Lien and supporting documents to contact@injurycaresolutions.com or fax to (801) 931-2605. Questions please call (801) 327-9696.

This form is not a contract, offer or promise of any kind. Once all necessary information is obtained, ICS will review the case and inform all parties of our decision. ICS does not provide medical treatment. Medical treatment is provided by medical providers assigning their A/R to ICS. ICS does not charge the billed charges of the provider's A/R, nor is there any interest charged or fees above the medical provider's A/R billed charges. If any treatment is enabled through ICS, the patient and his/her attorney will be required to sign the ICS Lien Agreement.

Submit