



6822 22<sup>nd</sup> Avenue North Suite 119 \* St. Petersburg, Florida 33710 \* Telephone: 800/830-4022 \* Fax: 800/392-0744  
Email: [info@migclaims.com](mailto:info@migclaims.com) \* [www.migclaims.com](http://www.migclaims.com) \* License A2500031

**Client Information**

Client: _____	Claim Number: _____
Company: _____	Claim Type: _____
Address: _____	Rush:           No                   Yes
City: _____	Injury: _____
Email: _____	Employer/Insured: _____
Phone: _____	Contact Name: _____
Fax: _____	Address: _____
Updates:    Verbal            Email            Both	Phone Number: _____
Date of Assignment: _____	Date of Loss: _____

**Subject Information**

Subject Name: _____	Address: _____
Alias/Maiden Name: _____	City: _____ ST: _____ Zip: _____
Date of Birth: _____	Phone: _____
Sex: _____ Race: _____ Height: _____	Vehicle(s): _____
Weight: _____ Hair: _____ Other: _____	Spouse: _____
Social Security #: _____	Dependents: _____
Hobbies: _____	Activities: _____
Limitations: _____	Medical Provider: _____
Subject Represented: Y/ N Attorney: _____	Scheduled Appt.'s: _____

**Assignment Details**

Assignment Type and Number of Days:  
\_\_\_\_\_  
\_\_\_\_\_

Special Instructions:  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*Email to [info@migclaims.com](mailto:info@migclaims.com) or fax to: 800-392-0744\*\***

**Confirmation will be sent via email within 24 hours of submittal**