



6822 22<sup>nd</sup> Avenue North Suite 119 \* St. Petersburg, Florida 33710 \* Telephone: 800/830-4022 \* Fax: 800/392-0744  
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: _____
Mobile Phone: _____	Email: _____
Sex: _____ Race: _____ Height: _____	Vehicle(s): _____
Weight: _____ Hair: _____ Other/Scars/Tattoos: _____ 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 (if applicable):  
\_\_\_\_\_

Do you have a picture of the subject, preferably a recent one? I.e. Employee ID, Driver License.  
\_\_\_\_\_

Do you have any prior reports/Is there a nurse case manager? Contact information. \_\_\_\_\_  
\_\_\_\_\_



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Special Instructions:

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Is there anything else you can think of that may assist us in obtaining results in this case? \_\_\_\_\_

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

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