

Intake #: _____

ADVOCATE LAWSUIT INTAKE FORM
NEW CLASS MEMBER INQUIRY

Date: _____ E-mail: _____

Name: _____

Address: _____

Home Phone No.: _____ Cell Phone No: _____

*Did you receive a letter/notice from Advocate Healthcare? Yes ___ No ___

Did other family members in the household also receive a similar letter? Yes ___ No ___

Date on which you received Advocate letter (approximate): _____

Do you still have letter(s)? Yes ___ No ___

Years for which you were treated at an Advocate facility (approximate): _____

Have you been the victim of any identity theft since July 15, 2013? If so, please describe:

Have you noted any suspicious account activity (health insurance, bank accounts, credit cards) since July 15, 2013? If so, please describe:

Any additional details you would like to make Clifford Law Offices aware of?:

*PLEASE RETAIN ANY LETTERS RECEIVED FROM ADVOCATE.

***Fax this form to Clifford Law Offices at 312-251-1160 or
scan and e-mail to AdvocateLawsuit@Cliffordlaw.com.***