

NATIONAL LEGAL RESOURCES NETWORK MEMBERSHIP FORM

About The National Legal Resources Network

The National Legal Resources Network is an exclusive community for legal professionals who agree to share their expertise for the benefit of patients who are experiencing medical crisis. This network is a division of Patient Advocate Foundation, a national direct services nonprofit organization that serves those with chronic, debilitating or life-threatening disease in issues related to access to care and health insurance.

To become a member, please take a moment to fill out this form.

Full Name

Firm or Company Name

Address

City

State

Zip Code

Fax Number

Phone

E-mail

Name of the School of Law from which you graduated.

Year of Graduation

Number of years in practice

List states in which you are licensed to practice.

Are you rated by Martindale Hubbell?

If so, what is your rating?

Have you ever had a grievance or complaint filed with the Bar Association against you?

If so, please explain, including results.
(Please attach a separate narrative, if additional space is required.)

No

Yes

What is your preferred geographic region of cases?

I prefer only cases for patients who reside in the state in which I currently practice

I am open to cases within my state and surrounding states

I am open to referrals from patients in any state within the U.S.

I am open to referrals from patients who reside in one of the US territories.

What are your specific areas of specialization and functional expertise?

What health care topics have you had experience in?

What have been your primary case resolutions?

Approximate number of health care cases represented to date:

Financial/ Medical Debt

General Health Care

Insurance Appeals & Denials

Social Security or Social Security Disability Applications / Appeals

Pre-Authorizations

Medical Discrimination

Employment matters related to Health

Medical liability & malpractice

Other

Name of person or organization that referred you to the National Legal Resource Network (if applicable)

How familiar are you with the mission and services provided by Patient Advocate Foundation on behalf of patients?

Basic familiarity of PAF

Advanced understanding of services

Little or no knowledge of PAF services at this time

Tell us about you!

Please describe why you would like to serve in our National Legal Resource Network.

Application Submission Date

Applications are reviewed with 30 days of submission.

Completed applications may be submitted to the NRLN review committee via:

Mail:

Patient Advocate Foundation
Attn: National Legal Resource Network
421 Butler Farm Road
Hampton, VA 23666

Fax: 757-873-8999

Email: info@patientadvocate.org