RESCU Foundation Case Form

Case #: _____ Client Code: _____ Defined: _____

Client Name: _____ Ph: _____ Age: ____ Gender: ___

Address: _____ Email: _____

City: _____ St: ____ Zip: _____ Temp Addy c/o: _____

Yes/No Coverage? Deductible: _____ Last Show Year: _____ New? __

Alt. Contact: _____ Alt. Ph: _____ FULL Client Contact? __

Other RESCU Cases: _____

Issue Code: _____ Defined: _____

Bill Balance: _____ Last Year of Show Income: _____

Out-of-Pocket: _____ Last Year of ALL Income: _____

Total Above: _____ SHOW Lost Income: _____

Description:

Notes: