

Qualified Lead Intake Summary · Sample case

HERNIA MESH CLAIM · CASE HERNIA-TORT-2026-00000001

✓ Qualified Lead

Jordan T. Sample

Submitted July 15, 2026 at 02:22 PM UTC · Filed by claimant (self) · NY

CASE NUMBER HERNIA-TORT-2026-00000001	INJURED PARTY Jordan T. Sample	CLASSIFICATION Tier 1, Tier 2, Tier 3
FILING TYPE Self	FIRST CONTACT Online intake form	COMPLICATION Mesh adhesion / erosion

 **2 yrs 1 mo**
Time mesh implanted (Mar 2020–Apr 2022)



46
Age at implant (March 2020)



4
Record types on file (operative/implant, medical, imaging, revision/explant)



6
ID document checks passed



Lead Qualification Summary

SUBMISSION DATE July 15, 2026 at 02:22 PM UTC	INJURED PARTY Jordan T. Sample
CLASSIFICATION Tier 1, Tier 2, Tier 3	FILING TYPE Self
FIRST CONTACT Online intake form	COMPLICATION Mesh adhesion / erosion (sample)

ELIGIBILITY AT A GLANCE

✓ Injured party has no attorney

✓ Mesh implant documented

✓ Complication documented

✓ Claimant verified

✓ TrustedForm verified

✓ No prior hernia mesh claim filed

 Party & Contact Information

This intake package summarizes a qualified lead based on verification of critical eligibility criteria. All fields marked with ✓ indicate successful validation.

INJURED PARTY (FILING FOR SELF)

FULL NAME Jordan T. Sample ✓	CURRENT AGE 52
PHONE +1 (555) 555-0103 WIRELESS ✓	EMAIL jordan.sample@example.com ✓
DATE OF BIRTH WITHHELD	PREFERRED LANGUAGE English
CURRENTLY HAS ATTORNEY No	RELATIONSHIP TO CLAIM Self (claimant filed for self)
ADDRESS 742 Evergreen Terrace, Springfield, NY 99999 ✓	
PREFERRED CONTACT METHOD Phone call, then email	

ALTERNATE CONTACT

PHONE +1 (555) 555-0102 LANDLINE ✓
EMAIL sample.home@example.com ✓

RELATIVES & AFFILIATES · 4 RECORDS

NAME	RELATION	AGE	LOCATION	PHONE	EMAIL	SCORE*
Casey Sample	Spouse	54	Springfield, NY	(555) 555-0101	casey.sample@example.com	892
Morgan B. Sample	Adult child	26	Springfield, NY	(555) 555-0104	morgan.sample@example.com	864
Avery C. Sample	Adult child	23	Shelbyville, NY	(555) 555-0105	avery.sample@example.com	813
Pat D. Example	Sibling	55	Shelbyville, NY	(555) 555-0106	--	755

*Relationship match confidence (0–1000 scale)

ADDRESS HISTORY · 3 RECORDS

ADDRESS	CITY	STATE	DATE RANGE

742 Evergreen Terrace	Springfield	NY	March 2009 – July 2026
15 Sample Ave Apt 2	Springfield	NY	August 1998 – February 2009
300 Example Rd	Shelbyville	NY	June 1992 – July 1998

ASSOCIATED PHONE NUMBERS · 3 RECORDS

PHONE NUMBER	TYPE	CONNECTED	CARRIER	DATE RANGE
(555) 555-0103	Wireless	Yes	Example Wireless	May 2012 – July 2026
(555) 555-0102	Landline	Yes	Example Telecom	February 2009 – June 2026
(555) 555-0104	Wireless	No	Example Mobile	September 2013 – April 2018

ASSOCIATED EMAIL ADDRESSES · 3 RECORDS

EMAIL ADDRESS	TYPE
jordan.sample@example.com	Personal
sample.home@example.com	Personal
j.sample@example.com	Personal

Case Criteria

ELIGIBILITY DETAILS

HERNIA TYPE Inguinal hernia, right side (sample)	MESH IMPLANT Surgical mesh (manufacturer: sample) · sample entry ✓
MESH IMPLANT SURGERY DATE March 2020 (sample) ✓	COMPLICATION DOCUMENTED Yes ✓
IMPLANTING FACILITY Sample Regional Medical Center (sample)	IMPLANTED BY General surgeon (sample)
STATE NY	CURRENTLY HAS ATTORNEY No
PRIOR HERNIA MESH CLAIM FILED None	SYMPTOMS BEGAN November 2021
AGE AT IMPLANT 46	REVISION / EXPLANT SURGERY DATE April 2022 (sample)
COMPLICATION TYPE(S) Mesh Adhesion / Erosion Chronic Pain Infection Hernia Recurrence	
SYMPTOMS Groin Pain Swelling Fever	
TREATMENT Mesh Removal Surgery Antibiotics Pain Management	

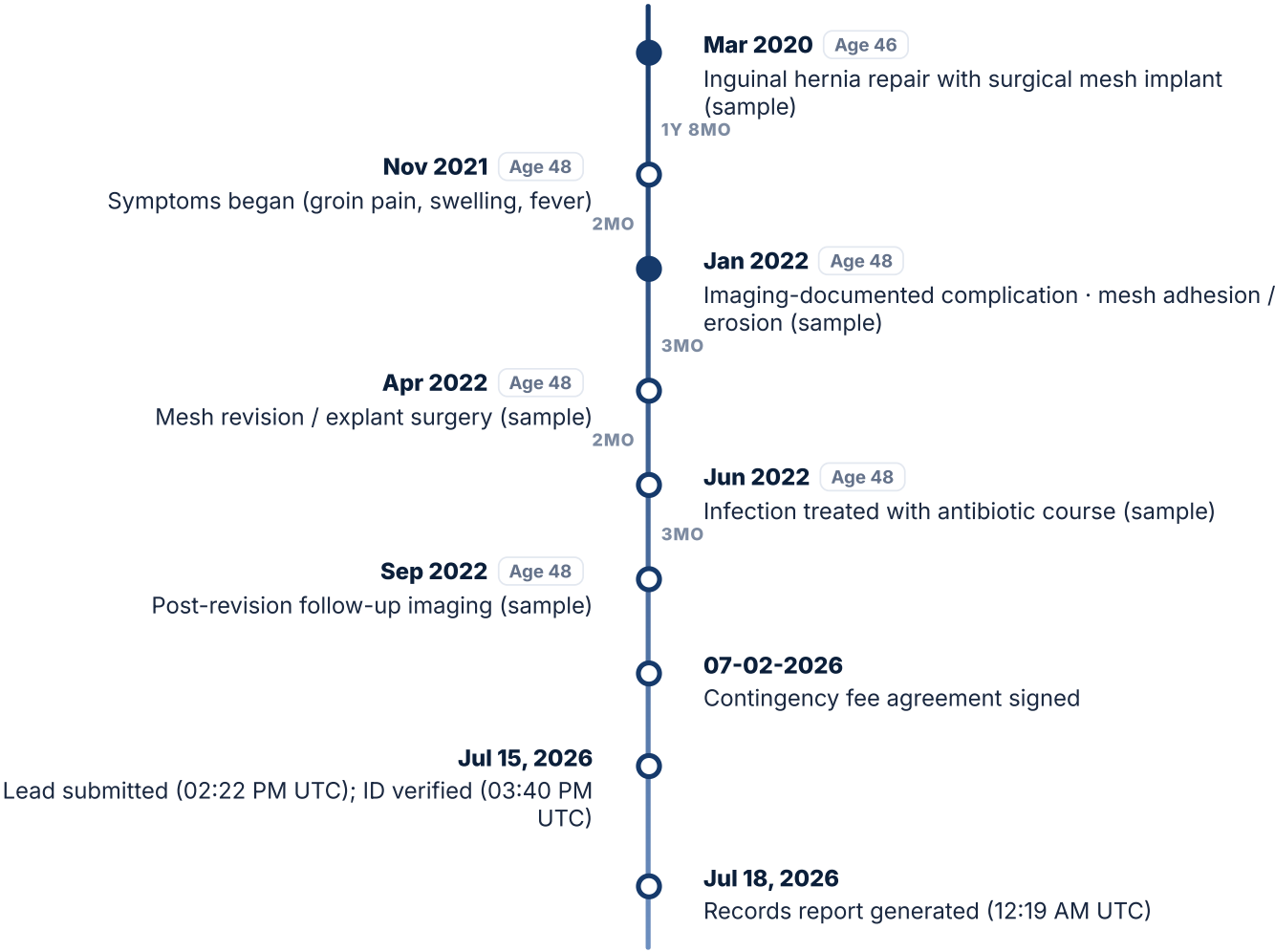
IMPLANT HISTORY

DEVICE Surgical mesh (manufacturer: sample) · sample entry	MODEL SAMPLE-MODEL-0000 (placeholder)
LOT NUMBER SAMPLE-LOT-000000 (placeholder)	UDI SAMPLE-UDI-0000000000 (placeholder)
IMPLANT DATE March 2020 (sample)	REMOVAL / EXPLANT DATE April 2022 (sample)
TIME IMPLANTED 2 years, 1 month	IMPLANTING PHYSICIAN Alex Example, MD (sample)

REPORTING & EVIDENCE

OPERATIVE REPORT / IMPLANT RECORD DATE March 2020	IMAGING REPORT DATE January 2022
REVISION / EXPLANT SURGERY RECORD DATE April 2022	INTAKE REFERENCE HERNIA-INTAKE-00000000
EVIDENCE AVAILABLE Operative Report, Implant Record / Sticker, Medical Records, Imaging Reports, Revision / Explant Surgery Records	

 Case Timeline



Interval labels show time between events. Ages are the injured party's age at each event.

 Device & Implant History

PRIMARY FACILITY Sample Regional Medical Center (sample)	DEVICE Surgical mesh (manufacturer: sample)
IMPLANTING PHYSICIAN Alex Example, MD (sample) ✓	RECORDS SOURCE Operative report + implant record
DEVICE STATUS Removed (explanted) April 2022	

From the records report (sample text): “Device entries were identified from information provided by the claimant and are not independently verified except where a facility or operative record was matched.”

DEVICE RECORDS · 3 SOURCES

FACILITY	PROVIDER	DATES	LOCATION	RECORD TYPE	RECORD MATCHED
Sample Regional Medical Center	Alex Example, MD	Mar 2020	Springfield, NY	Operative report / implant record	Yes
Sample Regional Medical Center (Radiology)	Taylor Example, MD	Jan 2022	Springfield, NY	Imaging report	Yes
Sample Regional Medical Center (Surgery)	Jamie Example, MD	Apr 2022	Springfield, NY	Revision / explant surgery record	Yes

PRIMARY IMPLANTING FACILITY PROFILE

FACILITY NAME Sample Regional Medical Center	DEPARTMENT General Surgery
IMPLANT DATE March 2020	TIME IMPLANTED 2 years, 1 month
RECORD SOURCE Facility records (sample)	PATIENT ID SAMPLE-000000
RECORD STATUS [MATCHED]	

CORROBORATION

✓ Strong · direct match: the implanting surgeon (Alex Example, MD) and the mesh implant entry appear in the claimant's operative and facility records.

THIRD-PARTY STATEMENTS None identified	RECORD TYPES MATCHED 3: operative report, imaging report, revision / explant surgery record (sample)
PRIOR HERNIA MESH CLAIMS 0 found	

From the records report (sample text): facility and operative entries are drawn from claimant-provided information and records and are not, by themselves, a determination of causation.

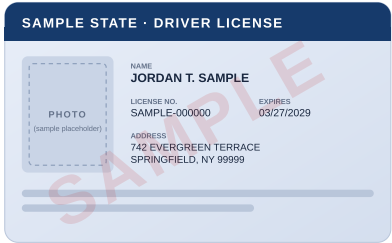
Background Verification Report

This report consolidates identity verification, criminal background, and fraud detection data from multiple verification providers. It covers the claimant.

SECTION 1 · IDENTITY VERIFICATION: BROWSER INFORMATION

IP ADDRESS 203.0.113.25 ✓	BROWSER Mobile Safari 17.5 ✓
OPERATING SYSTEM iOS 17.5 ✓	LOCATION Springfield, United States ✓

DOCUMENT DETAILS



Driver's License · SAMPLE mockup

VERIFICATION TIME July 15, 2026 at 03:40 PM UTC ✓	DOCUMENT TYPE Driver's License ✓
NAME ON DOCUMENT Jordan T. Sample ✓	DOCUMENT NUMBER SAMPLE-000000 ✓
DATE OF BIRTH Withheld ✓	EXPIRY DATE March 27, 2029 ✓

DOCUMENT VERIFICATION CHECKS

✓ Document Originality	✓ Visual Integrity
✓ Document Expiration	✓ Document Type Consistency
✓ Document Issuing Country	✓ Document Sides Consistency

SECTION 2 · CRIMINAL BACKGROUND CHECK

✓ No criminal records found.

SECTION 3 · FRAUD DETECTION

PHONE NUMBER +1 (555) 555-0103 WIRELESS ✓	VALID Yes ✓
ACTIVE Yes ✓	PREPAID No ✓
ASSOCIATED NAME Jordan T. Sample	
EMAIL jordan.sample@example.com ✓	VALID Yes ✓
DISPOSABLE No ✓	RECENT FRAUD FLAG No ✓

CONSENT & COMPLIANCE

TRUSTEDFORM Verified ✓	PHONE CHECK Pass ✓
SUPPRESSION CHECK Pass ✓	CERTIFICATE ID sample-0000-0000-0000-000000000000

 Physician Verification Report

This report verifies implanting, treating and revision-surgeon credentials. Fields marked with ✓ indicate verified data.

IMPLANTING SURGEON

PROVIDER NAME ALEX EXAMPLE, MD	NPI NUMBER 1234567890 (sample)
SPECIALTY General Surgery	

BASIC INFORMATION

FIRST NAME ALEX ✓	LAST NAME EXAMPLE ✓
CREDENTIAL MD ✓	NPI NUMBER 1234567890 (sample) ✓
ENUMERATION DATE 01/01/2010 ✓	
LAST UPDATED 01/01/2020 ✓	

PRACTICE INFORMATION

PRACTICE ADDRESS 100 SAMPLE MEDICAL PLAZA, SUITE 1 ✓	CITY SPRINGFIELD ✓
STATE / POSTAL CODE NY 99999 ✓	PHONE / FAX (555) 555-0110 / (555) 555-0111 ✓

TAXONOMY CLASSIFICATION

PRIMARY SPECIALTY General Surgery PRIMARY ✓	
TAXONOMY CODE 208600000X ✓	LICENSE SAMPLE-0000 · NY ✓
ADDITIONAL SPECIALTY Colon & Rectal Surgery (208C00000X) ✓	

REVISION / EXPLANT SURGEON

PROVIDER NAME JAMIE EXAMPLE, MD	NPI NUMBER 1098765432 (sample) ✓
SPECIALTY General Surgery ✓	TAXONOMY CODE 208600000X ✓
PRACTICE SAMPLE REGIONAL MEDICAL CENTER (SURGERY) ✓	
PHONE / FAX (555) 555-0120 / (555) 555-0121 ✓	
LICENSE SAMPLE-0001 · NY ✓	
ENUMERATION DATE 01/01/2012 ✓	

 Agreements & Authorizations

ATTORNEY CONTINGENCY FEE AGREEMENT

INJURIES SUFFERED FROM Hernia mesh implant complications	CONTINGENT FEE 40% of the gross settlement or recovery
FEE SHARING Litigating Firm 50.00% · Referral Firm 50.00%	GOVERNING LAW State of New York
KEY TERMS Free case evaluation · No fees or expenses unless recovery · Client may accept or reject settlement offers	
DISPUTE RESOLUTION Mediation, then binding individual arbitration (AAA)	DATE SIGNED 07-02-2026

Parties and signatures are omitted in this sample.

HIPAA & HITECH PATIENT AUTHORIZATION

PURPOSE OF DISCLOSURE Investigation, intake, claims evaluation, medical record retrieval, litigation support, and related lawful purposes associated with my legal claim.	
INFORMATION AUTHORIZED Entire medical record	EXPIRATION One (1) year from date of signature
PSYCHOTHERAPY NOTES Excluded (45 C.F.R. §164.501)	RELATIONSHIP TO PATIENT Self
PATIENT DETAILS, RECIPIENTS, SIGNATURES Omitted in this sample	

E-SIGNATURE CERTIFICATE OF COMPLETION

SUBJECT HIPAA Patient Authorization	STATUS Completed
SIGNATURES 1	SIGNED 07-02-2026

 Records Report · Mesh Implant & Complication History Analysis

Report generated July 18, 2026 at 12:19 AM UTC by Automated System · Case identifier 000000000001 · Document control 00000000-0000-4000-8000-000000000001

SUBJECT PROFILE

CLAIMANT Jordan T. Sample	PRIMARY DEVICE Surgical mesh (manufacturer: sample)
RECORD IDENTIFIER SAMPLE-000000	EARLIEST RECORD March 2020
LATEST RECORD September 2022	DOCUMENTED IMPLANT SPAN 2.08 years
RECORDS REVIEWED Operative report, implant record / sticker, medical records, imaging reports, revision / explant surgery records	REPORT STATUS [COMPLETE]

From the report: durations are derived from record dates and do not represent determinations of causation.

RECORDS ANALYSIS: IMPLANT & OPERATIVE VS IMAGING & REVISION

METRIC	IMPLANT & OPERATIVE RECORDS	IMAGING & REVISION RECORDS
Providers listed	1	2
Facilities listed	1	1
Device entries listed	1	1
Records matched	2	3
Third-party statements	0	0
Prior claims found	0	0

RECORDS IDENTIFIED Implant & operative: operative report, implant record / sticker, medical records · Imaging & revision: imaging reports, revision / explant surgery records	APPENDICES Mesh implant history index, operative report reference, imaging report reference, revision / explant record reference
---	--

Third-party names are not displayed.

DATA INTEGRITY

STATUS ✓ CRYPTOGRAPHICALLY VERIFIED	HASH ALGORITHM SHA-256
SEARCH claimant · Jordan T. Sample	
SNAPSHOT HASH 0123456789abcdef0123456789abcdef0123456789abcdef0123456789abcdef (sample)	
RECORDS INDEX HASH fedcba9876543210fedcba9876543210fedcba9876543210fedcba9876543210 (sample)	

CHAIN OF CUSTODY

EVENT	ACTOR	TIMESTAMP (UTC)
report_generated	sample-report-generator	July 18, 2026 at 12:19:33 AM UTC

LEGAL NOTICE

This report represents a timestamped compilation of claimant-provided information and records at the time of generation. The contents of this document are provided for reference and review by counsel, and should be handled in accordance with applicable rules of evidence, data retention policies, and chain-of-custody requirements. The integrity of this document is cryptographically verified as documented above. This report does not assess causation or liability, and no conclusions, findings of fact, or medical or legal determinations are made herein.

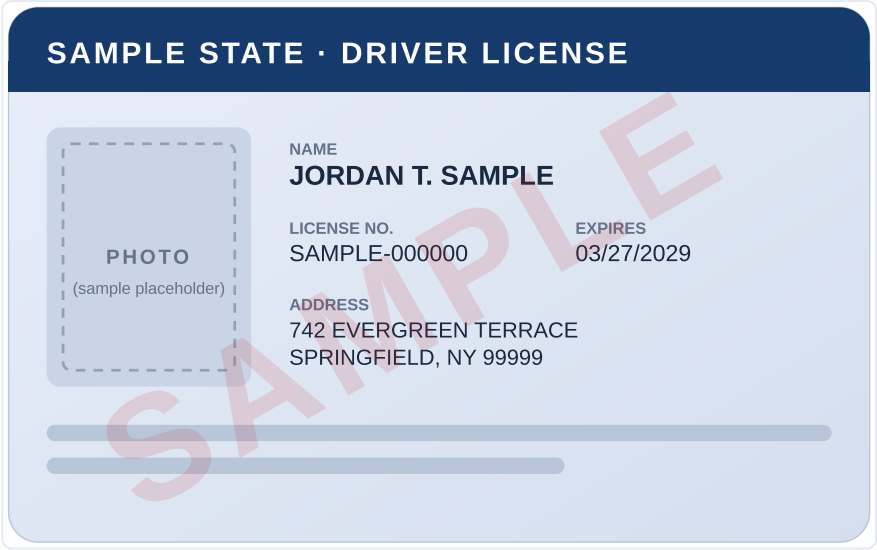
 Legal Notices

CONFIDENTIAL - ATTORNEY WORK PRODUCT

This document contains privileged and confidential information intended solely for the authorized recipient law firm. If you are not the intended recipient, any review, dissemination, or copying is strictly prohibited. Destroy this document immediately and notify the sender.

This lead qualification package was prepared for legal counsel in anticipation of litigation and is protected by attorney-client privilege and work product doctrine. It contains personally identifiable information (PII) that must be handled in accordance with applicable privacy regulations. Counsel should conduct independent verification as part of client intake procedures.

Documents



Driver's License · SAMPLE mockup with fictional data

Attorney Contingency Fee Agreement

Sample retainer · Case HERNIA-TORT-2026-00000001

SAMPLE · FICTIONAL DATA

Client	Jordan T. Sample (claimant)
Injuries suffered from	Hernia mesh implant complications
Contingent fee	40% of gross settlement or recovery
Fee sharing	Litigating 50.00% · Referral 50.00%
Governing law	State of New York
Date signed	07-02-2026

Client signature (sample)

Date: 07-02-2026

Attorney Contingency Fee Agreement · SAMPLE mockup

HIPAA & HITECH Patient Authorization

Sample authorization · Including sensitive information

SAMPLE · FICTIONAL DATA

Patient	Jordan T. Sample
Relationship to patient	Self (patient signs)
Information authorized	Entire medical record
Psychotherapy notes	Excluded
Expiration	One (1) year from signature

Signature of patient (sample)

HIPAA & HITECH Patient Authorization · SAMPLE mockup

Documents (continued)

Records Report · Mesh Implant History Analysis

Sample report · Confidential, for legal use only

SAMPLE · FICTIONAL DATA

Case identifier	000000000001
Report generated	July 18, 2026 at 12:19 AM UTC
Claimant	Jordan T. Sample
Implanting facility	Sample Regional Medical Center
Integrity	SHA-256 (sample hashes)

4
Record types

3
Providers

1
Implant entry

2
Imaging/Revision

[Redacted content]

Records Report · Mesh Implant History Analysis · SAMPLE mockup

Qualified Lead Intake Summary · Case HERNIA-TORT-2026-00000001 · Sample data for demonstration only. All names, contacts, IDs and documents are fictional.