GAIN

Personal Injury Is Entering Its Infrastructure Era

How connected workflows, AI, and servicing technology are reshaping treatment access, documentation, and provider payment

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Here's Why Personal Injury Is Entering Its Infrastructure Era

Personal injury cases are no longer slowed by one obvious obstacle. They are slowed by the entire space between injury and resolution: treatment access, insurance friction, documentation gaps, provider reimbursement pressure, law firm workload, and the constant waiting that defines the middle of a case.

That middle is where the industry is changing.

Attorneys need cases to keep moving. Providers need confidence they will be paid. Patients need access to care before a settlement arrives. And everyone involved needs fewer bottlenecks, fewer manual follow-ups, and clearer visibility into what is happening next.

The pieces collected here look at the same pressure from three angles: Reid Zeising explains why healthcare feels harder for patients and providers, the law firm piece shows how AI platforms are changing personal injury operations, and the provider-focused AI piece shows how better workflows can reduce delays and help providers get paid faster.

The prediction is simple: the next advantage in personal injury will not come from more activity. It will come from better infrastructure. The attorneys and providers who can connect care, documentation, communication, and payment more efficiently will be better positioned to move cases forward without letting people get stuck in the in-between.

Best,

Reid Zeising,
CEO & Founder, Gain

Why Healthcare Feels Harder Than Ever:

Q&A with Reid Zeising, CEO & Founder, Gain Servicing

Healthcare feels harder because the pressure is hitting every side of the system at once. Patients are facing higher costs, more uncertainty, and more denials. Providers are facing declining reimbursements, rising overhead, and more administrative work. For personal injury attorneys and healthcare providers, that pressure shows up inside the case itself: delayed care, slower documentation, more financial strain, and harder coordination.

In this Q&A, adapted and edited for clarity from The Advisor podcast episode, "Why Healthcare Feels Harder Than Ever: Costs, Coverage, and Access." Reid explains what is happening behind the scenes and why the future of personal injury depends on better access, better technology, and better alignment between providers, attorneys, and patients.

Stacey Chillemi:

A lot of patients feel like healthcare has gotten harder to access, harder to navigate, and more stressful. From your perspective, what is actually happening?

Reid Zeising:

I just want to acknowledge first, patient experience is very unfortunate, and that is if you're insured. Not all insurance is the same. Not all pricing is the same. Not all deductibles are the same.

There's a real anxiety that I feel as a patient. You go in, a doctor recommends something, and you're not sure if it's going to be covered or approved. There's a denial. If there's a denial, there's an appeal process.

But that in and of itself feels overwhelming.

It really is.

And then you've got large deductibles to satisfy. I just want to acknowledge that before talking about what I also believe is a tremendous amount of stress being put on doctors and the medical community.

Stacey Chillemi:

Why does it feel like both patients and providers are more stressed at the same time?

Reid Zeising:

From the patient side, you've got premiums continuing to rise. We've got record profits for healthcare insurance companies, and we've got continuing decline in reimbursements for doctors.

That's very frustrating from both a doctor's perspective and a patient's perspective.

From the patient's perspective, we look at public filings and see these record profits and think, those are my premium dollars? Why am I being denied anything that a doctor says I need?

And from the doctor's perspective, there are a multitude of CPT codes, which are the reimbursement codes that doctors get paid from. But overall, those reimbursements have been declining. They've been declining from commercial payers. They've been declining also from government payers.

The government systems, Medicare and Medicaid, Medicaid reimbursements in general lose money. They are not being paid profitably to see those patients.

That puts additional stress on doctors' offices to make that up somewhere, through getting more efficient, through being better at delivering care, but also from finding other reimbursement sources that could possibly make up for some of it.

Stacey Chillemi:

You've said providers are getting squeezed from both sides. Can you explain that in simple terms?

Reid Zeising:

Healthcare insurance contracts with medical groups to reimburse doctors a fixed dollar amount for procedures after completion and submission of those invoices. What has happened is a tremendous rise in the cost of delivering care.

Labor costs have risen. Real estate costs have risen. There is telemedicine, but you're not having your arm operated on through telemedicine. You're not going to see an orthopedist or pain management doctor solely through telemedicine.

So the cost of delivering care for the physician is rising, and the reimbursements being paid by government, Medicare and Medicaid, and commercial payers, the Uniteds of the world and the Kaisers of the world, are declining.

They're asking doctors to deliver what they call value-based care, based on patient outcomes. It's great in theory to think that you will be paid to have your patient healed and cured, but it's not always that simple.

The doctor believes they have to deliver certain care, and then insurance companies are dictating that care as denied.

Who should be running this show?

I still feel that patient-centric care, delivered by knowledgeable doctors, with patients making final decisions, is the thing that we all want. Other than if we're the government that wants to save money or the healthcare insurance companies that want to make more money.

Stacey Chillemi:

How does provider stress show up in real life?

Reid Zeising:

I am in touch with healthcare providers every single day, and I absolutely feel for what they're going through because they took a Hippocratic oath.

Every doctor that I know, in any state that I work in, which is all fifty, wants to deliver care in the best interest of the patient. It is why they got into the business of medicine.

They did not get into the business to deal with claims denials. They did not get into the business to deal with the finance department all the time to see when dollars and claims are coming in.

That stress shows up on the face and in conversations with doctors almost every day. They are sucked into two areas of the business, HR and finance, that they historically did not have to worry about as much, and those are creating tremendous stressors.

Stacey Chillemi:

Millions of people are uninsured, and even insured patients delay care because of cost. What does that combination do to the system?

Reid Zeising:

There are two things that happen.

First, let's talk about the twenty-seven million Americans today that are uninsured. The uninsured avoid medical care that may or may not be elective and may be necessary. They avoid it.

Second, when they have catastrophic situations, they are either left in very bad shape or utilize emergency room systems, which are made available. Those bills are largely

written off, but that does not account for aftercare and continuing care that they simply can't access beyond whatever they're able to pay in cash.

There is also tremendous cost waste. One of the solutions is better utilization of urgent care facilities for uninsured patients because currently they're forced to go to the emergency room.

Emergency rooms are necessary. They are necessary at hospitals for accidents, for catastrophic events, for people to be seen. They are lifesavers. There are also certain procedures where patients are higher risk and need to be monitored that should be done in hospitals.

But they should not be used as an urgent care facility.

A large part of that uninsured population here in the United States is utilizing the emergency room for the care that they need, and it is an incredibly inefficient and high-cost way of dealing with a cold or the flu, or a scratch or a sore. Those things can all be done at urgent care.

So there's a tremendous amount of savings that could be had if we had more effective delivery of care for those who are uninsured.

There are one hundred million Americans in total, including the twenty-seven million who are uninsured, who have less than four weeks of savings in their bank account. If they're injured through no fault of their own, they stand almost no chance of receiving the same care that you and I do.

Because somebody asks for a ten thousand dollar deductible, that might as well have three zeros on it. You might as well be talking about ten million dollars. It doesn't matter. They just can't come up with that kind of money.

So there's a large uninsured population. But there's also a large underinsured population.

Stacey Chillemi:

What happens when patients are under financial pressure and providers are under operational pressure?

I don't want to be so negative. We have the greatest research hospitals in the world. I would absolutely, without exception, take our system over any others.

Those that call for single-payer systems that replicate Canada or the UK, please be careful what you wish for. Because if you're in need of a procedure and the question that you're asking yourself is, am I going to live for the time that it's going to take for me to actually get that procedure? That is a whole different level of stress that I wish upon no one.

We have a fantastic system and research hospitals. We need to make it more efficient. We need to make care more available.

What happens when they collide? Patients aren't receiving the necessary care because they can't access it or can't afford it. They're utilizing emergency rooms when they shouldn't be. They should be utilizing urgent care.

We need to encourage efficiencies. Reward efficiencies. Reward medical practices that are getting better.

We all know that sometime soon, and it already exists today, robotic surgeries will be incredibly accurate and incredibly efficient, but they will also require tremendous capital investment. So let's encourage that investment. Let's benefit the healthcare providers willing to make those investments.

Stacey Chillemi:

We're also seeing changes in where care is delivered, like ambulatory surgery centers and more physician-controlled environments. Why is that happening?

Reid Zeising:

It all goes back to reimbursements.

It is really ongoing declining reimbursements. You're losing money as a practice on your government business. You are getting squeezed on your commercial business. Your labor costs are rising. Your real estate costs are rising. Your equipment purchase costs are rising.

So you are getting squeezed.

What do you do?

You find higher reimbursement. You do some things, perhaps out of network, where there are higher reimbursement rates. You perhaps start to see workers' comp patients whose fee schedules sometimes are higher reimbursement rates. You perhaps consider seeing personal injury patients where, although the duration is longer, the reimbursements are ultimately higher.

And you own your own surgery center. You go ahead as a partnership and a healthcare provider group, you license, different states have different licensing requirements, and you build an ASC, or an ambulatory surgery center, so that you can have patients in your own facility and capture some of that margin that otherwise is going to a hospital.

There are two things to say about that.

One is, not all patients should be seen in a hospital. It is a very high-cost place to provide care.

Take your high-risk patients, for whatever reason, and keep them in the hospital. But let's not pretend that everybody is a high-risk patient just to keep business in a hospital.

Let's get it to the most effective point of delivery possible. More often than not, that is an ASC that delivers cost of care for significantly less than hospitals do.

Stacey Chillemi:

So providers are trying to regain control over how care is delivered?

Reid Zeising:

There is a care delivery piece that they feel.

I have those conversations far too often. They feel that insurance companies are oftentimes, in essence, dictating care through denials.

It's not medically necessary.

Someone went to the hospital, thought they had a stroke, and the hospital wanted to keep the patient overnight after ordering an MRI. The insurance company denied the overnight stay.

Really?

If a patient is walking in and a doctor and the staff are saying, we'd like to monitor you overnight, what does the patient do?

You're faced with a financial obligation. You've signed documentation that says if your insurance company doesn't pay, you will pay this bill.

How much does an overnight stay cost? Get me out of here. I'm not doing that.

And what if that just puts you at risk?

That's a horrible place to be.
With ASCs, you're looking to expand margin and increase reimbursements, not out of greed. I watch these practices all the time. They are operating at thin margins.

Can you imagine spending twelve to sixteen years of your life to prepare for something and then have insurance companies pulling the rug out by lowering reimbursements and making it almost not worth it?

I see it happen all the time.

Stacey Chillemi:

What does that mean going forward?

Reid Zeising:

Going forward, I would like to see public pressure on healthcare insurance companies. They kind of stay out of the limelight. It's the same with third-party liability carriers.

Insurance companies are constantly doing that, and the same thing happens with healthcare insurance companies, denying care that's recommended.

I'm all for efficient care. That's not the issue.

Part of the issue is redundancies of information. Insurance companies are constantly asking for more information. So do our doctors. We go to different practices. We go see our general physician, they ask us to fill out paperwork and give us information. We go to our cardiologist, they ask for the same paperwork and information. We go to the dentist, same paperwork and information.

All of this across the board we have done, if we're younger, twenty times, and if we're older, a thousand times.

Why isn't that available in a patient-centric ownership model where I have access to everything that has ever been done or tested or seen or operated on in one place? For me, it is my information and I own it.

Stop telling me that a healthcare provider does, or it has to be done because they changed systems. Not acceptable. That should all be patient-centric.

That would be a huge efficiency for both healthcare insurance companies and physician practice groups.

Patients need to own that. I should be able to call my physician's office in advance, upload a link, and choose what it is that I want from my entire history to share.

There may be things that I don't want to share for whatever reason. My call. But have this be a patient-centric information ownership model going forward, not a physician practice or healthcare insurance company ownership model.

Healthcare insurance companies and third-party liability carriers have to make money to stay alive. I get that. They have to make money to pay claims. But they do not need to be making the kind of money they are making.

It is much more for the good of our entire population that they lower those premiums, increase their own efficiencies, move toward a patient-centric information model, and really try to clean up their side of the street.

Stacey Chillemi:

You're working at the intersection of healthcare and technology. Where can technology actually make this system better?

Reid Zeising:

At Gain, we're at the intersection of complex claims. These are litigated, subrogated, denied personal injury claims. They are complex claims that doctors and physician practice groups would not normally know how to collect, and certainly not know how to collect at scale.

We implemented starting in 2016 and 2017. It was predictive analytics. We were analyzing case values, improving risk management, communications with medical practice groups, attorneys, case managers, and paralegals.

We automated a tremendous amount of that, and we built out a platform.
Physician practice groups have EMRs, electronic medical record systems. Law firms have case management systems. They are working in systems already.
What we did was build out a platform that connected all of that, and we automated much of the communication.

Think about the document requests. Send this information. Give us that information. Show us this MRI. Give us that blood work. Share this. Or, by the way, we just redo it.

How many times have you seen or been asked to redo an MRI or an X-ray and then it's denied, but then it goes to another provider and it's approved?

It's a tremendous waste.

With technology, our risk managers, as an example, seven years ago could handle about 200 or 450 cases at a time. Today, they can handle 4,500.

That is not with less touch. It is with much better automation, getting people the information and documentation that they need timely.

For doctors, the effective utilization of EMRs and tying into all of your claims, whether those are government claims, commercial claims, workers' comp, or complex claims, can get leverage for your practice, save you money operationally, and increase your reimbursements.

We've seen tremendous efficiencies from the development of technology.

I also believe that going forward, you're seeing radiology and dentistry making tremendous progress at analyzing by utilizing AI. It doesn't replace a doctor coming in to say hi, but it does get you a second, third, fourth, and ten millionth opinion as those things are run through large language models and cross-referenced.

They are having tremendous success.

So I encourage healthcare providers and all of us to continue to push the envelope on treatment, on investment dollars, and on making sure those dollars are beneficial to you as a healthcare provider.

Continue to force healthcare insurance companies to implement similar technology to eliminate administrative costs, and allow, encourage, and incentivize medical practice groups to implement AI.

Stacey Chillemi:

Where do people overestimate technology, and where does it actually help?

Reid Zeising:

There's technology in theory right now, and there's technology in practice.

In theory, agentic agents will be doing so many things. They will be scheduling patients and sending out reminders. Robots could be greeting patients and signing them in.

EMRs could be communicating with other specialists that need to receive the information that a patient is providing.

All of that seamless start-to-finish automation and robotics, in theory, is great.

What we have today are wonderful, dedicated healthcare professionals who are meeting and greeting you.

What you should insist on is AI reviewing your medical records and the advice that doctors are giving. Most practices are not talking about it, but they have implemented, are testing, or have been working with AI agents to review findings.

They want to be right. They want to know if they've missed anything. They're not seeing you to be wrong. They're not seeing you to have something bad happen as a result of missing something.

The implementation of AI to review your records and the doctor's recommendations, and see if there's anything missing, should absolutely be insisted on. It exists today in many practices and should be utilized.

The patient-centric information model, in which we own all of our information and have access to it from the day we're born until the day we pass, does not exist yet. So it requires more effort.

Consolidate your medical records. When you get tests done, download them. Download them from the lab portal. Download them from a healthcare provider portal. Download them to a place so that you start to keep a centralized total record of your health.

That requires more effort, but it will result in less effort and greater enjoyment going forward.

Stacey Chillemi:

What can attorneys and providers take away from this?

Reid Zeising:

We are just getting beaten by insurance companies with too much money that can lobby, too much money that can spend on advertising to make themselves look better than they are.

Legislators review that, and they're lobbied, and large donors influence decisions.

The reason for the rise in premiums is a continued waste of money by healthcare insurance companies with astronomical administrative costs.

Force them to get rid of it. Join an organization that pushes for that. Work on legislation that pushes for that. Put pressure on healthcare insurance companies to increase reimbursements for doctors, decrease premiums, and eliminate or reduce significantly their administrative waste.

That is the advertising dollars and lobbying dollars that we are up against, and it is not pretty.

They paint a very pretty picture. They say they're doing all the right things, but we know as patients we are feeling additional stress. We are seeing doctors who are also feeling additional stress.

The pressure has to be turned toward patient-centric models with control of our own information, decreasing premiums, and increased reimbursements.

Yes, that means we're going to squeeze healthcare insurance companies at both ends. That is what that means. In order for me to receive lower premiums and you as a doctor to receive increased reimbursements, that means healthcare insurance companies lose twice.

They have plenty of money to lose twice, and they should stop spending money pretending that they are somehow doing something else other than maximizing profits.

Stacey Chillemi:

Can you tell us about Gain Servicing and the services you provide?

Reid Zeising:

We are all about access to care.

These are the one hundred million Americans, primarily with less than four weeks of savings, who, if they are hurt through no fault of their own, stand almost no chance of receiving the same care that you and I do as an insured patient.

What we do is we have a nationwide group of 5,500 healthcare providers that are seeing patients on lien.

In other words, we are able to either satisfy their deductibles financially for them or share doctor information for them to choose who to see, with the knowledge that they could be seen on lien, without the requirement for upfront cash and without any obligation to repay if it doesn't come out of some settlement or judgment.

They are not personally liable to reimburse for this care.

We are the largest servicer of complex claims in the country. We're in all fifty states. We work with 20,000 law firms and 5,500 healthcare providers trying to make care available for those in need.

That is primarily imaging, physical therapy, pain management, orthopedic practices, and the surgery centers in which they perform them.

We collect money for those doctors. We decrease write-offs by paying attention to those patients and those cases that are going on. We provide access to care for the patient or plaintiff, and we provide higher reimbursements for doctors and medical providers.

Stacey Chillemi:

What are one or two takeaways you want people to remember?

Reid Zeising:

Number one, advocate and educate yourself. Get all of your information. I apologize that it takes work and effort.

Don't give up when a denial comes through. Appeal it. Talk to your doctors. Get the information. Submit it, and be persistent.

You do not have to take no for that answer.

And number three, it's a fantastic healthcare system with wonderful doctors and dedicated nurses and practitioners all throughout the country. We have the greatest research hospitals in the world. It's a capitalist system that should survive.

It just shouldn't be the only focus on the insurance side to maximize their profits, when it should be for the benefit of patients and for the medical providers who have spent so many years educating themselves and becoming the experts that we ultimately trust with our health.

Personal Injury Law Is Becoming an AI-Powered Operation

TL;DR: An AI platform for personal injury law firms helps automate time-consuming legal tasks such as medical record review, client intake, case documentation, demand letter drafting, and workflow management. Personal injury firms are increasingly using AI to improve efficiency, reduce administrative workload, respond to clients faster, and manage higher case volumes without sacrificing operational accuracy.

While AI cannot replace legal judgment, it is transforming how personal injury law firms organize cases, process information, and support clients throughout litigation.

Personal injury law firms deal with an overwhelming amount of information on every case. Medical records, insurance communication, intake documents, treatment updates, deadlines, and settlement paperwork all require continuous review and coordination. As caseloads continue growing, many firms are looking for faster ways to manage operations without slowing down case progress.

That demand has pushed more firms toward adopting an AI platform for personal injury law firms as part of their daily workflow. Recent data from the American Bar Association shows that legal professionals are increasingly using AI-powered tools for document analysis, workflow management, and administrative efficiency across legal operations.

Many firms are now integrating AI into day-to-day operations to improve efficiency, reduce administrative strain, and manage growing workloads more effectively. For personal injury practices handling high volumes of active cases, operational speed and organization can directly affect both internal workflows and client experience.

This article explores how AI platforms are transforming personal injury law firms, where these systems are creating the biggest operational impact, and what law firms should evaluate before integrating AI into their workflow.

Why Personal Injury Law Firms Are Adopting AI Faster

Personal injury law firms are managing larger caseloads, faster communication demands, and increasing operational pressure at the same time. Many firms are now turning to an AI platform for personal injury law firms to help simplify internal processes and manage day-to-day workflows more efficiently.

Let's look at some of the main factors driving faster adoption of AI platforms for personal injury law firms.

Rising Case Volumes and Administrative Demands

Personal injury cases often involve continuous documentation, client updates, insurance communication, and scheduling throughout the legal process. As firms handle more active files, managing those responsibilities manually can become difficult and time-consuming.

Many firms are now evaluating how PI firms are using AI to help organize operational workflows more efficiently.

Pressure to Improve Client Responsiveness

Clients expect quicker updates, smoother intake experiences, and more consistent communication during active cases. Delays in follow-ups or internal coordination can affect overall client experience and case management.

AI-supported systems are helping firms manage communication workflows more effectively while reducing repetitive administrative workload.

Expanding Firms Need More Scalable Operations

As firms continue growing, maintaining operational consistency across larger caseloads becomes more challenging. Many practices are investing in AI tools as part of broader efforts focused on improving law firm efficiency and supporting long-term operational scalability.

How AI Platforms Are Being Used in Personal Injury Law Firms

AI adoption in personal injury law is no longer limited to experimental tools or basic automation. Many firms are now using AI platforms across different stages of case management to reduce manual workload and support faster internal operations.

Let's explore some of the most common ways AI is currently being used in personal injury law firms.

Medical Record Review and Case Summaries

Personal injury cases often involve large volumes of medical documentation that require careful review throughout litigation. AI platforms are helping firms organize records, identify key details, and generate structured summaries that are easier for legal teams to review internally.

This can help reduce the amount of time spent manually sorting through lengthy files during active case management.

Client Intake and Initial Case Screening

Many firms are also using AI tools during the intake process to collect information more efficiently and organize incoming case details in a structured format.

For firms handling large inquiry volumes, this can help reduce delays during early-stage evaluations while keeping intake workflows more organized for legal staff.

Documentation and Demand Letter Assistance

Preparing legal documentation often requires repetitive formatting, record organization, and information review across multiple case files. AI-supported systems are now being used to assist with drafting support, document organization, and internal workflow coordination during case preparation.

While legal review still remains essential, these systems can help reduce time spent on repetitive administrative work.

Workflow Management and Internal Coordination

Many firms are integrating AI into broader operational workflows to improve scheduling, task management, internal tracking, and communication coordination across active cases.

As technology adoption in legal firms continues growing, AI platforms are becoming more integrated into the day-to-day operational structure of modern personal injury practices.

Core Principles for Institutional Risk Governance

As more firms integrate AI into daily operations, the focus is shifting from experimentation to practical results. Law firms are increasingly evaluating how AI tools can support faster workflows, better organization, and more consistent case management across active litigation.

Recent industry reports also show continued growth in AI adoption across legal operations as firms look for more efficient ways to manage administrative workload and large volumes of case-related information.

Some of the most noticeable benefits include:

Faster document handling:

AI-supported systems can help legal teams process and organize records more efficiently during active cases.

Reduced administrative workload:

Routine operational tasks that previously required significant manual effort can often be handled more efficiently with AI-assisted workflows.

Better case organization:

Many firms use AI tools to improve internal tracking, document management, and workflow coordination across multiple active matters.

Improved communication management

AI platforms can support more structured communication workflows, helping firms manage updates, intake coordination, and follow-up processes more consistently.

More time for legal strategy:

By reducing repetitive operational work, legal teams can spend more time focusing on litigation preparation, negotiations, and client advocacy.

Scalability for growing firms:

As caseloads expand, AI tools can help firms maintain operational consistency without relying entirely on larger administrative teams.

Challenges and Risks Law Firms Must Consider

As AI tools become more common in legal operations, law firms also need to evaluate the practical and ethical concerns that come with long-term AI integration. Efficiency matters, but accuracy, security, and professional oversight still remain critical when implementing an AI platform for personal injury law firms within active legal workflows.

Several operational concerns continue shaping how firms approach AI adoption today are as follows:

Data Privacy and Confidential Information

Personal injury law firms handle highly sensitive information, including medical records, legal files, insurance details, and financial documentation. Any AI system used within a firm must support strong privacy and data protection standards to help safeguard confidential client information.

This continues to be an important discussion across managed legal services as more firms adopt AI-supported operational systems.

Accuracy Still Requires Human Oversight

AI platforms can assist with organization and workflow support, but legal analysis and final decision-making still require attorney involvement throughout the process.

Missing context, inaccurate summaries, or incomplete information can create legal and operational risks if systems are used without careful review by legal professionals.

Risk of Over-Reliance on Automation

As firms increase their use of AI systems, maintaining balance between automation and professional review becomes increasingly important.

Relying too heavily on automated processes may affect communication quality, internal review standards, or overall case management consistency if proper oversight procedures are not maintained.

What Law Firms Should Look for in an AI Platform?

Choosing the right AI system requires more than adding automation to existing workflows. Many firms evaluate platforms based on usability, security, reliability, and how well the system fits into day-to-day legal operations.

Some of the main factors firms typically consider include:

Legal-specific functionality:

Many firms prefer AI tools designed specifically for legal workflows instead of general-purpose automation platforms.

Easy workflow integration:

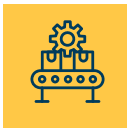
AI systems should fit smoothly into existing case management, communication, and documentation processes without creating additional operational complexity.

Strong security standards:

Since personal injury firms handle sensitive client and medical information, data protection and confidentiality remain major priorities.

Clear reporting and transparency:

Legal teams often want visibility into how information is processed, summarized, or organized within AI-supported systems.



Operational support for legal teams:

Many personal injury attorneys look for AI systems that can support daily workflow management without disrupting existing case processes.

Reliable support and system stability:

Consistent performance, technical support, and platform reliability can significantly affect long-term adoption within legal practices.

How Technology and Funding Solutions Work Together in Modern PI Firms

Modern personal injury law firms are increasingly combining operational technology with case-related financial support systems to manage active litigation more efficiently.

While AI platforms help streamline internal workflows and organization, funding and servicing solutions support different stages of the case process connected to plaintiffs and ongoing claim management.

For many firms, building more connected operational systems helps improve coordination across active cases while supporting smoother day-to-day legal operations.

The Future of AI in Personal Injury Law Firms

The use of an AI platform for personal injury law firms is continuing to grow as firms look for more efficient ways to manage operations, organize case workflows, and support clients throughout litigation. While AI cannot replace legal judgment, it is becoming an important operational tool across modern personal injury practices.

For firms navigating changing legal workflows and growing operational demands, the right systems and support structure can make a meaningful difference.

Gain Servicing helps personal injury law firms streamline case-related processes with operational solutions designed to support more efficient legal workflows and client-focused case management.

Editor's Note:This piece was originally published by Gain Servicing as "AI Platform for Personal Injury Law Firms." (Gain Servicing)

How AI Is Transforming Personal Injury Cases So Providers Get Paid Faster

Farah Hirth, formerly Director of AI and Technology, GAIN

AI has officially shown up to the personal injury world's most stubborn choke point: the in-between. The stretch where an injured person needs care now, a law firm needs momentum and documentation, and a provider needs confidence they'll actually get paid.

Yet, everyone is stuck. Stuck waiting on phone calls, follow-up emails, missing paperwork, and manual status checks. It's three industries colliding inside one broken workflow, and every delay quietly compounds: appointments slip, cases drag, and trust gets strained.

For example. In the 75 largest U.S. counties, personal injury cases take just over a year and a half on average to resolve.

That's the tension GAIN has been built around since 2011. First as a way to help plaintiffs bridge the financial gap while a case crawled toward settlement, then expanding in 2016 into a full platform for servicing Letters of Protection (LOPs). This way, people without adequate insurance coverage can still access quality medical care.

Today, GAIN operates as a connected ecosystem—Platform, Managed Services, and Financial Solutions—linking attorneys, healthcare practices, and patients in one place. All with AI-enhanced tools designed to reduce administrative burden and keep cases moving.

But Here's the Twist

In a business that runs on reputation and relationships, the goal isn't to replace humans with robots. It's to make sure the human moment doesn't get left behind. Think conversations with a provider, the reassurance to a patient, and that quick clarity a case manager gives a firm. It's about ensuring none get buried under tedious repetition and preventable bottlenecks.

What Next, and Is AI the Ultimate Growth Engine? Only When Teams Stops Blindly Chasing Its Potential.

In 2026 CIO.com analysis on AI revenue expectations and the gap between excitement and execution, Farah Hirth, GAIN's Director of AI and Technology, pushed back on the idea that AI is automatically a growth engine. She framed the upside as real, but only when teams stop chasing broad promises and start solving specific workflow friction.

"It makes sense that executives expect revenue gains from AI, though some do overhype it as a cure-all," she told CIO. "The organizations that will truly benefit are those that treat AI as a tool for targeted problems — not a strategy unto itself.

"In her view, waiting is its own risk. "I don't think you can afford to be pessimistic," she adds. "People might say you're hyping it up too much, but I'd rather overhype it and see what could be done with it than under hype it and fall behind because I didn't want to try it."

In the below interview, we dig deeper. Hirth walks through how GAIN embeds AI behind the scenes, cleaning up the messy operational middle, tightening follow ups like appointment scheduling, and protecting the relationship first nature of personal injury work. This way, the system feels more responsive to everyone it's supposed to serve.

Farah Hirth

Q: Set the scene here. What's the core goal of AI at GAIN?

Farah Hirth: In this space, GAIN holds the relationships that law firms have with healthcare providers and patients in high regard. With AI, what we wanted to do is preserve the relationship side while still gaining the benefits of AI.

Some people think when we put AI into a company, it takes the human element away. GAIN won't take the human element away fully, because so much of this is relational, and it's about reputation.

If we want to deliver a personal injury case from start to finish in the best possible way, we need our internal teams to be responsive and deliver great quality.

Patients need appointments booked quickly, and follow ups need to happen. GAIN can't be a bottleneck. We need to smooth things out.

Q: Where has AI made the biggest difference operationally?

Farah Hirth: AI has really been able to shine for us. I spent a lot of time shadowing the operations team and observed people in their workflows. I saw what they did first, what they did next, who they passed things to, and what systems they used.

From there I could determine, if you didn't have to deal with this, you could do your job so much better. That's where we saw AI as an opportunity, to handle bottlenecks. When you're a company for decades, there's a lot that can go on the technology side. There can be tech debt, and things can get messy.

So to name a few, we are using AI for data integrity, cleaning up data, and finding areas of automation that everyone wants. There's so much follow up and repetition in workflows~~.~~ Our team's energy is better spent on high-impact, high-value work, not on repetitive tasks that can be handled by automation. ~~~~

We talked to individuals about what they needed help with, and that approach was welcomed. We've seen improvement in quality, and that translates into deeper

relationships with customers. As we continue down this path, people won't have to worry about double checking everything. AI is smoothing a lot of things over..

Q: How do you get teams to embrace AI without fearing it?

Farah Hirth: There can be hesitation. That's why I didn't start with an AI conversation. I said, show me what you do. People showed me their work and complained about what was tedious. Then I could say, okay, I could probably help solve that.

Coming into GAIN, I didn't get a lot of pushback because I wasn't trying to disrupt entire workflows or force unfamiliar tools on people. I wanted to embed AI in what they already do so it feels intuitive, except they don't have to do the annoying things they complained about. This has been a good strategy for getting AI welcomed into an organization rather than seen as a threat.

Q: Do people always know AI is involved in the improvements?

Farah Hirth: They may not. If someone had extra work because of a data issue and we fix the data issue with AI, she might have no clue. She doesn't need to know how we fixed it, but it will save her hours a day and headaches.

I hear the problem, and then as a dev team we ask, how can we use AI to solve it. When we deliver the solution and say, hey, you don't worry about this anymore, she's just happy she doesn't have to worry about it. She doesn't need the behind the scenes.

Q: What is the simplest way to describe GAIN's approach?

Farah Hirth: The human element remains central to what we do, but AI is here to enhance our employees. When a GAIN team member is interacting with a client, they carry more confidence because of the tools supporting them behind the scenes. Ultimately, the client is the greatest beneficiary of all of this. As we continue building smarter features into our portal and behind the scenes, we're making their experience simpler, more intuitive, and more powerful — putting more control and clarity into their hands

Q: Can you share a real example, like how AI is helping keep cases moving and your team more up to date?

Farah Hirth: Absolutely! What has historically slowed cases down is capacity and the sheer volume of manual follow ups involved, things like scheduled appointments, tracking negotiations, and so on. These workflows are critical to keeping cases moving, but they're time consuming and very manual. We've been automating those kinds of routine touchpoints so our team always has the most current information without having to chase it down.

But we're always asking ourselves, how do we scale? As GAIN grows, we need to handle more cases without sacrificing quality. AI is the answer to that. By automating the routine work, we free our team to take on more. And as AI helps us ensure our team is communicating with clients at the highest level, we're not just increasing capacity, we're actually improving quality at the same time. That's a powerful combination. We're shifting from reactive to proactive, and it's positioning GAIN to operate at a level that our clients will feel in every interaction.

Q: Why do these workflow details matter so much in personal injury?

Farah Hirth: Personal injury cases can take years. Everyone is waiting, law firms, doctors, patients, and in that environment, every delay has real consequences for real people. A lot of healthcare providers don't want to deal with the administrative burden that comes with these cases, that's why they come to GAIN. Our job is to come in and make that process smoother, faster, and more reliable, without cutting corners.

And as we grow, the stakes get higher. We can't afford for things to slip through the cracks at scale. That's what makes these workflows so important. It's not just about efficiency; it's about accountability and making sure the right things are happening at the right time for every single case.

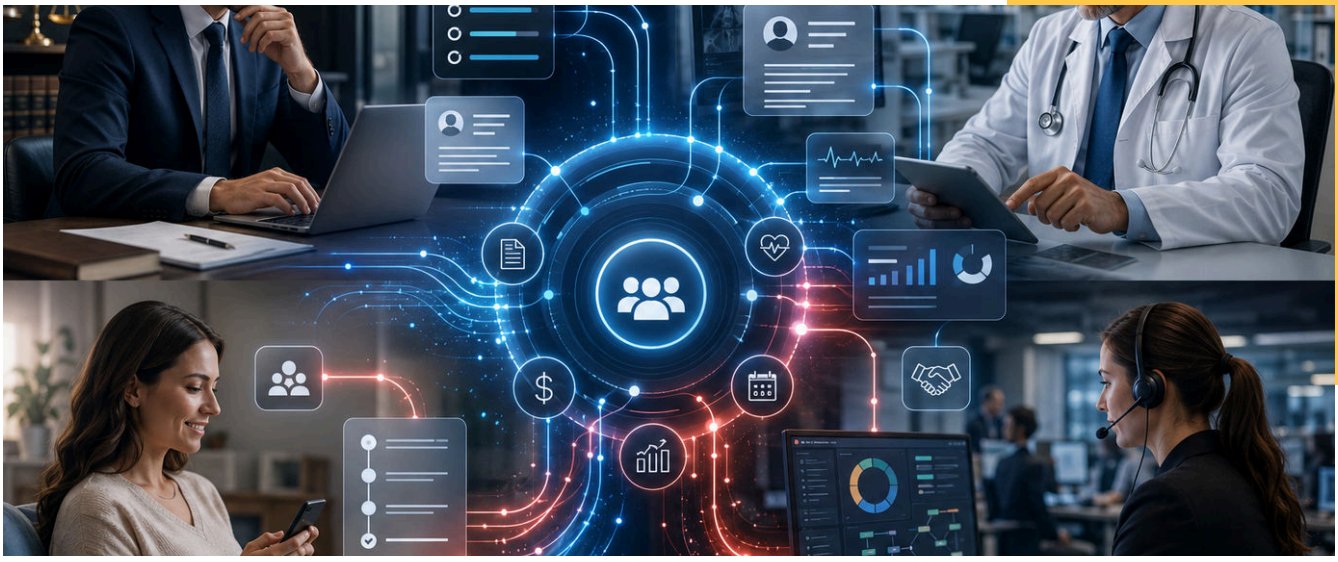
To book a demo with Gain, visit gainservicing.com

Final Thoughts

The common thread across these pieces is not AI alone. It is pressure. Providers are under pressure to deliver care while managing reimbursement uncertainty. Attorneys are under pressure to move cases forward while coordinating records, treatment updates, lien information, client communication, and settlement timelines. Patients are under pressure because access to care often depends on whether the system around them can move quickly enough.

The next phase of personal injury will belong to the teams that treat infrastructure as strategy. Better workflows will not replace relationships. They will protect them. When attorneys, providers, and servicing partners can share information faster, reduce manual follow-up, improve visibility, and keep care moving, the entire case environment changes. Delays become easier to identify. Bottlenecks become easier to fix. Patients are less likely to get stuck. Providers gain more confidence in the process. Law firms gain clearer visibility into the medical and financial details that shape resolution.

Editor's Note: This piece was originally published by Gain Servicing as "How AI Is Transforming Personal Injury Cases So Providers Get Paid Faster." (Gain Servicing)



About Gain Servicing

Gain Servicing simplifies personal injury case management by connecting healthcare providers and attorneys in one platform. The Gain Platform connects healthcare providers and attorneys to simplify management of personal injury cases, with a patient record center, AI-enhanced dashboard and reporting, messaging and notifications, and a provider map to help attorneys search for and schedule client medical care. (Gain Servicing)

Gain's case management services support the details and financials of personal injury treatment. The company provides full support for healthcare providers managing Letter of Protection agreements, negotiation around settlement values to reduce write-offs and increase collections, case progress monitoring to keep parties informed, platform user support, and concierge patient connections. (Gain Servicing)

For attorneys, Gain's software goes beyond standard case tracking by combining advanced workflow automation, secure medical coordination, and lien servicing expertise. Gain's attorney-focused platform is designed to reduce administrative work, simplify provider communication, and help clients get timely medical care and financial support. (Gain Servicing)

Gain also provides financial solutions for advanced settlement funding. Its financial solutions help healthcare providers and personal injury plaintiffs meet financial obligations while waiting on cases to settle, including lien purchase programs, medical funding, medical lien receivables servicing, and plaintiff cash advances. (Gain Servicing)
To learn more or book a demo, visit gainservicing.com.

GAIN

The challenge for organizational leaders is less a question of legal comprehension than of operational execution. Compliance failures commonly originate not in ignorance of the rule, but in the organizational response: diffuse accountability, delayed contract and workflow updates, and inconsistent implementation across teams

The corrective is not complexity — it is discipline. Systematic documentation, clear accountability structures, active leadership engagement, and the organizational capacity to execute repeatable responses to novel demands. Founders who internalize these principles and embed them into how their organizations actually operate are substantially better positioned to navigate the institutional landscape with confidence and control.

Thank You

"The companies that navigate this best aren't the ones that trust the process blindly. They're the ones that understand it — and plan accordingly."

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