

SETTLEMENT DEMAND

DATE: _____

Addressee:

Our Client	:	Patient Name
Your Insured	:	XXXX
Claim Number	:	
Date of Loss	:	February 23, YYYY

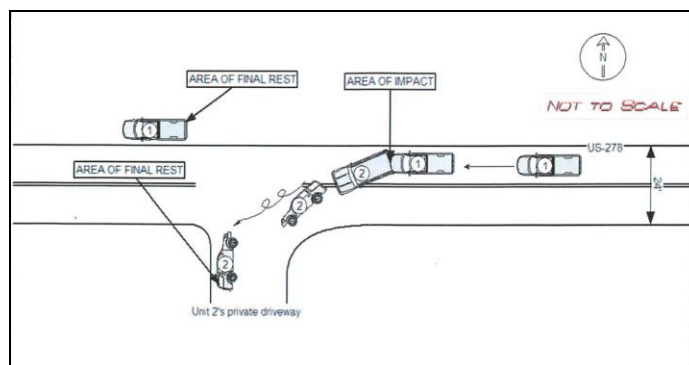
Dear _____:

This office represents XXXX concerning the injuries she suffered due to a motor vehicle collision that occurred because of the negligence of your insured on February 23, YYYY.

As particularly set forth below, please accept our client's settlement demand in the amount of \$_____. If this amount exceeds your insured's available policy limits, please consider this a policy limits demand. Acceptance of the policy limits is conditioned upon a receipt of a certified copy of the policy declarations page. Our client will be responsible for any and all liens that may attach to this settlement. **This settlement offer shall remain open for 30 days from the date of this letter, _____.**

FACTS AND LIABILITY

On February 23, YYYY, at 3.35 p.m., XXXX was a fully restrained driver of a YYYY Nissan Rogue, travelling westbound on US 278, Rural Cullman, Alabama. At the same time your insured, XXXX was driving a 2011 Chevrolet Silverado, directly behind Ms. XXXX vehicle. When Ms. XXXX slowed down her vehicle to turn, Mr. XXXX struck the rear of Ms. XXXX vehicle. A Traffic Collision Report (**Exhibit-1**) was prepared by Alabama Police Department, which determined that Mr. XXXX caused this collision by failing to yield.



SUMMARY OF PHYSICAL INJURIES

As a result of the collision, Ms. XXXX, sustained the following injuries:

- *T14.90XA* **Blunt trauma**
- *S00.03* **Left frontal scalp hematoma**
- *M25.561* **Pain in right knee**
- *M62.81* **Muscle weakness**
- *M23.91* **Internal derangement of right knee**
- *M76.821* **Posterior tibial tendon dysfunction**

TREATMENT OF INJURIES

On February 2, YYYY, Ms. XXXX received emergency medical services from Cullman EMS (**Exhibit-2**) which was rendered by XXXX for her complaints of injury to her head. On examination, she had face and head edema with pain. She also had neck pain, chest pain, left upper arm pain, and right upper lateral leg pain. She received spinal motion restriction with cervical collar, IV therapy, and spine motion with spine board. She was then transported to the University of Alabama Birmingham.

On the same day, Ms. XXXX was examined at the University of Alabama Birmingham Medical Center (**Exhibit-3**) by XXXX, M.D. and XXXX., M.D. for her complains of left frontal scalp herniation. On examination, she had left frontal scalp hematoma. She had an x-ray of her chest and pelvis which were normal. She had a CT angio of her neck which showed nonflow-limiting atherosclerotic calcifications in the left carotid bifurcation. The CT of her head showed a large circumferential frontoparietal scalp hematoma at the vertex without underlying calvarial fracture. The CT of her maxillofacial region revealed no evidence of acute maxillofacial fracture. The CT of her chest with contrast showed hepatomegaly and large fat-containing umbilical hernia. The CT of her cervical spine showed extensive photon starvation/increased noise limits evaluation for subtle fracture. The CT of her thoracic and lumbar spine revealed grade 1 artherolsthesis resulting in bilateral neuro foraminal narrowing with spinal canal stenosis at the level of L4-L5. She was diagnosed to have blunt trauma and left frontal scalp hematoma. Her labs and exam was reassuring and she was able to mobilize. She was discharged to home in stable condition.

On March, 3, YYYY, Ms. XXXX presented to Chiropractic Arts, (**Exhibit-4**) where she received chiropractic therapy from XXXX, D.C., for her complains of severe mid to upper back pain. On examination, she had decreased range of motion in her cervical and dorso lumbar region. Her entire spine was tender with motion and palpation. Her X-rays were obtained and reviewed. She was recommended to continue care and have re-evaluation within a week. She was recommended to keep ice as needed to help with inflammation.

On March 19, YYYY, Ms. XXXX presented to XXXX, M.D., at XXXX Internal Medicine (**Exhibit-5**) for her hematoma of the forehead. On examination, she complained of joint pain, myalgias, and back pain. She was recommended to follow-up in 2 months.

On May, 25, YYYY, Ms. XXXX presented to XXXX Rehabilitation, Inc., (**Exhibit-6**) where she was examined by XXXX, PT for her complains of shoulder and knee pain. She rated her pain at 6 on 10. On examination, she had decreased range of motion and a moderate antalgic gait. She was diagnosed with pain in her right knee and muscle weakness. She was advised that she will require skilled physical therapy in conjunction with a home exercise program to address her problem. She was recommended to receive physical therapy 2 times a week for 1-2 months.

From May 27, YYYY until July 1, YYYY Ms. XXXX received multiple physical therapy from XXXX, PT XXXX Rehabilitation, Inc. She received electrical stimulation and range of motion activities with therapeutic exercise.

On July 6, YYYY, Ms. XXXX presented to XXXX Rehabilitation, Inc., where she was examined by XXXX, PT for her complains of shoulder and knee pain. On examination, she had decreased range of motion and a moderate antalgic gait. She was diagnosed with pain in her right knee and muscle weakness. She was discontinued from therapy at the time. She was returning to doctor secondary to knee which was not better.

From March 8, YYYY until August 17, YYYY, Ms. XXXX received multiple chiropractic therapy at Chiropractic Arts for the complaints of mid to upper back pain. She was treated with ice therapy, therapeutic exercise, and range of motion therapy.

On August 31, YYYY, Ms. XXXX returned to Chiropractic Arts, where she received chiropractic therapy from XXXX, D.C., for her complains of severe mid to upper back pain. on examination, she had

decreased range of motion in her cervical and dorso lumbar region. She was pain free and was recommended to keep ice to help with inflammation.

On November 19, YYYY, Ms. XXXX presented to Alabama Orthopedic Institute Inc, (**Exhibit-7**) where she was examined by XXXX, D.O., for her complains of right knee pain. She stated that she had swelling and pain on her right knee which was increased by walking. She was currently using a cane for balance and she also complained of right ankle pain that was unrelated to her accident. On examination, she had tenderness over the lateral right joint line, over the medial joint line and over the patellofemoral joint. There was also increased tenderness on the posterior tibial tendon with some loss of plantar arch. She was diagnosed with right knee pain, internal derangement of right knee and posterior tibial tendon dysfunction. She was recommended to have X-ray of right ankle and right knee.

On November 22, YYYY, Ms. XXXX had an MRI of her right knee at Open MRI (**Exhibit-8**) which was examined by XXXX, M.D. The study revealed increased T2 signal within the ACL with intact fibers that represented a sprain. There was tear of the anterior horn of the lateral meniscus with small joint effusion.

On November 29, YYYY, Ms. XXXX returned to Alabama Orthopedic Institute Inc., where she was examined by XXXX, D.O., for her complains of right knee pain. On examination, she had tenderness over the lateral right joint line, over the medial joint line and over the patellofemoral joint. There was also increased tenderness on the posterior tibial tendon with some loss of plantar arch. She was diagnosed with internal derangement of right knee and right knee pain. The physician discussed about right knee arthroscopy.

MEDICAL EXPENSES

The medical expenses (**Exhibit-9**) for treatment of the injuries Ms. XXXX suffered because of the collision amounted to **\$60,635.94**. Copies of the medical bills are attached and itemized below

XXXX EMS	:	\$1,310.00
XXXX of Alabama	:	\$7,980.60
XXXX Foundation, P.C	:	\$47,860.34
Chiropractic Arts	:	\$2,820.00
Open MRI of XXXX LLC	:	\$600.00

XXXX Consultants	:	<u>\$65.00</u>
Total	:	\$60,635.94

FUTURE MEDICAL EXPENSES

Ms. XXXX will need consultations with an orthopedist to assess the progress of her injuries. She will require physical therapy and chiropractic treatment to optimize her functional capacity. She would require MRIs and CTs of her cervical and lumbar spine as well as right knee. She would need a pain management specialist evaluation. She would need right knee arthroscopy. She would need medications to manage her pain at a base level.

The approximate estimates of her medical expenses in the future are as follows:

Orthopedic consultations	:	\$3,000.00-\$4,000.00
Pain management specialist evaluation	:	\$2,500.00-\$3,000.00
Chiropractic treatment	:	\$2,600.00-\$3,000.000
Physical therapy	:	\$3,500.00-\$4,000.00
MRI and CT of cervical and lumbar spine and right knee	:	\$7,000.00-\$9,000.00
Right knee arthroscopy	:	\$12,000.00-\$17,000.00
Medications	:	<u>\$500.00-\$700.00</u>
Total future medical expenses	:	\$31,200.00-\$40,700.00

LIFESTYLE IMPACT

Ms. XXXX's life took a catastrophic turn as a result of the collision. Prior to the collision, she was active and was enjoying her life. Ever since the collision, she has become very depressed and weak. She continues to have pain, and functional limitations despite receiving treatment. Her quality of life is significantly affected as she experiences difficulties and limitations on her activities of daily living, including self-care. She needs a fair compensation for the hardship she is enduring.

SUMMARY OF DAMAGES

Medical expenses	:	\$60,635.94
Future medical expenses	:	\$31,200.00-\$40,700.00
Loss of income	:	
Future loss of income	:	
Lifestyle impact/loss of activities	:	

CONCLUSION

Demand is hereby made before the sum of \$_____. If this amount exceeds your insured's policy limits and any applicable excess policies, please provide the declaration page. Ms. XXXX will be responsible for any and all liens. This policy limit demand shall remain open for 30 days through and including _____.

Yours very truly,

Sample Demand Letter - Medical Legal Request

TABLE OF EXHIBITS

Exhibit-1	:	Traffic Collision Report
Exhibit-2	:	XXXX EMS
Exhibit-3	:	XXXX Medical Center
Exhibit-4	:	Chiropractic Arts
Exhibit-5	:	XXXX Medicine
Exhibit-6	:	XXXX, Inc
Exhibit-7	:	XXXX, Inc
Exhibit-8	:	Open MRI
Exhibit-9	:	Medical Expenses

Sample Demand Letter - Medico Legal Request