



**SETTLEMENT DEMAND**

**PRIVILEGED/CONFIDENTIAL COMMUNICATION**

**DATE:** \_\_\_\_

**Addressee:**

**Our Client** : **Bertha XXXXX**  
**Your Insured** :  
**Claim Number :**  
**Date of Loss** : **May 26, YYYY**

Dear \_\_\_\_:

This office represents Bertha XXXXX concerning the injuries she suffered when she was involved in a slip and fall that occurred as a result of the negligence of your insured on May 26, 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 May 26, YYYY, Ms. XXXXX was walking with her granddaughter towards the restroom at XXXXX, the XXXXX store. When she turned a corner, she slipped and fell down on the wet floor, sustaining injuries to her right knee and low back.

**SUMMARY OF PHYSICAL INJURIES**

As a result of slip and fall on May 26, YYYY, Ms. XXXXX sustained the following significant injuries:

- **Cervical strain**
- **Low back pain**
- **Right knee pain**



### **TREATMENT OF INJURIES**

As a result of the slip and fall that occurred on May 26, YYYY, Ms. XXXXX sustained injuries to her neck, lower back and right knee. Soon after the incident, ABCD County Emergency Medical Services (**Exhibit-1**) responded to the scene. She was examined by the emergency medical personnel for pain in her low back, neck and right knee. She was transported to ABCD Memorial Health care for further evaluation and management.

On the same day, Ms. XXXXX was examined by Dr. ABCD at the emergency room of ABCD Memorial Health Care (**Exhibit-2**), for pain in the right side of her neck, right knee and low back. She relayed her overall pain to be 8/10. An examination revealed injury to her right lower extremity. She was administered Percocet. She was diagnosed with cervical strain and right knee pain. She was prescribed Ketorolac, Robaxin, Hydrocodone-Acetaminophen and Clonazepam. She was advised to follow up with her primary care physician and Dr. XXXX on as needed basis, and was discharged home.

### **MEDICAL EXPENSES**

The medical expenses for treatment (**Exhibit-3**) of the injuries Ms. XXXXX suffered because of the slip and fall amounted to \$69,152.42. Copies of the medical bills are attached and itemized below:

<b>ABCD Memorial Health Care</b>	<b>:</b>	<b><u>\$69,152.42</u></b>
<b>Total medical expenses</b>	<b>:</b>	<b>\$69,152.42</b>

### **FUTURE MEDICAL EXPENSES**

Ms. XXXXX sustained significant injuries to her neck, low back and right knee as a result of the incident. Physical therapy and chiropractic treatment will be needed to restore normal range of motion and to improve the strength and endurance of her neck, as well as her back muscles. Supportive devices such as a cervical collar, knee brace or wrap for her right knee, and lumbosacral belt will be required to control pain and maintain stability. Pain management consultations and follow-ups will be essential to reduce her chronic pain and stiffness. She will benefit from trigger point, facet joint, epidural and steroidal injections in case of any exacerbation of pain. Orthopedist consultations and follow-ups will be necessary for continued pain and discomfort in her right knee, low back and neck. She will need acupuncture and massage therapy to relieve muscle spasms and reduce pain, as well as to improve flexibility. She will require a peripheral lumbar nerve block, neuro modulation therapy and transcutaneous electrical nerve stimulation for relieving the excruciating pain in her neck and back. She will be prone to develop spinal stenosis, spondylitis and herniated disc, for which she will require a neurosurgeon consultation. She will have to obtain diagnostic studies which include X-rays and MRIs of her neck, back and right knee to assess her condition and determine an appropriate course of treatment. A



myelography will be required to aid in precise evaluation of the spinal cord pathology. Her chronic right knee pain will require diagnostic knee arthroscopy to rule out the cause of pain.

If the conservative measures fail to alleviate her symptoms, surgical interventions such as knee arthroscopic repair, cervical and lumbar discectomy and fusion will be the final option.

<b>Chiropractic treatment</b>	:	<b>\$1,500.00-\$2,000.00</b>
<b>Physical therapy</b>	:	<b>\$1,500.00-\$2,000.00</b>
<b>Cervical collar, knee brace and lumbosacral belt</b>	:	<b>\$150.00-\$250.00</b>
<b>Acupuncture treatment</b>	:	<b>\$1,000.00-\$1,500.00</b>
<b>Orthopedist consultation and follow-up</b>	:	<b>\$2,000.00-\$3,000.00</b>
<b>Pain Management consultation and follow-up</b>	:	<b>\$2,000.00-\$3,000.00</b>
<b>Transcutaneous electrical nerve stimulation</b>	:	<b>\$250.00-\$700.00</b>
<b>Facet Joint injections</b>	:	<b>\$3,500.00-\$7,000.00</b>
<b>Peripheral lumbar nerve block</b>	:	<b>\$500.00-\$1,000.00</b>
<b>Neuromodulation therapy</b>	:	<b>\$1,800.00-2,500.00</b>
<b>Myelogram</b>	:	<b>\$500.00-\$800.00</b>
<b>Right Knee Arthroscopy</b>	:	<b>\$450.00-\$850.00</b>
<b>Trigger point injections</b>	:	<b>\$1,000.00-\$2,000.00</b>
<b>Cervical and lumbar epidural injections</b>	:	<b>\$1,000.00-\$2,000.00</b>
<b>Steroidal injections</b>	:	<b>\$250.00-\$300.00</b>
<b>Massage therapy</b>	:	<b>\$1,500.00-\$2,000.00</b>
<b>X-ray of neck</b>	:	<b>\$500.00-\$800.00</b>
<b>X-ray of right knee</b>	:	<b>\$500.00-\$800.00</b>
<b>X-ray of lower back</b>	:	<b>\$500.00-\$800.00</b>
<b>MRI of back</b>	:	<b>\$1,500.00-\$2,000.00</b>
<b>MRI of right knee</b>	:	<b>\$1,500.00-\$2,000.00</b>
<b>MRI of neck</b>	:	<b>\$1,500.00-\$2,000.00</b>
<b>Neurosurgeon consultation</b>	:	<b>\$300.00-\$600.00</b>
<b>Discectomy</b>	:	<b>\$30,000.00-\$60,000.00</b>
<b>Arthroscopic knee surgery</b>	:	<b><u>\$5,000.00-\$8,000.00</u></b>
<b>Total</b>	:	<b>\$60,200.00-\$107,900.00</b>

The total future medical expenses will be in the range of \$60,200.00-\$107,900.00.

### **LIFE STYLE IMPACT**

Ms. XXXXX was living a cheerful and enthusiastic life before the slip and fall incident. She was able to perform her daily activities independently. As a result of the incident, her life became miserable due to the persistent pain and discomfort that have taken over her. She has difficulties finding a comfortable position to sleep due to severe pain in her right knee, neck and low back. She finds it very



hard to continue with the normal functions of her daily life. She is unable to move or turn her neck, as her neck pain aggravates with slight movements. She finds difficulty walking due to severe pain in her right knee. She is unable to perform activities such as bending, twisting, prolonged sitting and standing because of exacerbated pain and stiffness.

Her chronic pain and suffering has affected her social activities. She is not able to keep up with her relationships. She is irked and anxious over her pain in her right knee, neck and low back. The impact of the incident has definitely placed Ms. XXXXX in acute physical and emotional strain. She has to lead a restricted lifestyle against her will. Her physical impairments force her to lead a sedentary life, which will ultimately cause deterioration of her health. She has become dependent on others. She needs help from others to perform her day-to-day activities. This has brought down the quality of her life. She is apprehensive about future pain and suffering that she will have to undergo for a long time to come.

#### SUMMARY OF DAMAGES

<b>Medical expenses</b>	:	<b>\$69152.42</b>
<b>Future medical expenses</b>	:	<b>\$60,200.00-\$107,900.00</b>
<b>Loss of income</b>	:	
<b>Future loss of income</b>	:	
<b>Past pain and sufferings</b>	:	
<b>Future pain and sufferings, loss of activities, impact on life</b>	:	
<b>Total</b>	:	

#### 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. XXXXX will be responsible for any and all liens. This policy limit demand shall remain open for 30 days through and including \_\_\_\_\_

Yours very truly,



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## **TABLE OF EXHIBITS**

**Exhibit 1 : ABCD County Emergency Medical Service**

**Exhibit 2 : ABCD Memorial Health Care**

**Exhibit 3 : Medical Expenses**