



SETTLEMENT DEMAND

**PRIVILEGED/CONFIDENTIAL COMMUNICATION
PURSUANT TO CALIFORNIA EVIDENCE CODE SECTION 1152
SOLELY FOR USE IN SETTLEMENT NEGOTIATIONS**

DATE: _____

Addressee:

Our Client : **XXX XXXX**
Your Insured : **ABC and
ABCD**
Claim Number :
Date of Injury : **February 28, YYYY**

Dear _____:

This firm represents XXX concerning the injuries she suffered as a result of a motor vehicle collision that occurred due to the negligence of your insured on February 28, 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 YYYY. 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 28, YYYY, at around YYYY hrs, XXX was the restrained front seat passenger in Michael XXXX's car, which was XYZ bound in the 2nd lane of XYZ Indian School Road, XYZ of N XXXX Avenue in XYZ County, XXXX. ABCD's vehicle was behind Mr.



XXXX's vehicle. Both vehicles stopped for the traffic ahead of them. ABC, who was also XYZ bound in the same lane, failed to control the speed of her vehicle and rear ended Ms. XXXX vehicle, which in turn, collided with the rear of Mr. XXXX's vehicle.

Ms. XXXX was at a speed which was consistent enough to force Ms. XXXX vehicle into Mr. XXXX's vehicle. A Traffic Collision Report was prepared, and Ms. XXXX was ticketed for "speed too fast for conditions" under column 22 – violations/ Behavior. **(Exhibit 1)**

SUMMARY OF PHYSICAL INJURIES

As a result of the collision, XXX suffered the following injuries:

- **Avulsion fractures of the spinous processes of C7, T1 and T2.**
- **Cervical musculo-ligamentous strain and whiplash for which she had to undergo extensive physical therapy**
- **Post traumatic chronic neck pain due to exacerbation of pre-existing cervical facet arthropathy/spondylosis, cervical myofascial pain syndrome, cervical degenerative disc disease for which she had to undergo bilateral diagnostic facet joint injections at C4, C5, C6 and C7 levels, and bilateral radiofrequency neurotomies of the medial branch of C4, C5 and C6 dorsal ramus.**
- **Cervicogenic headaches due to facet arthropathy and myofascial tension**

XXX was 72 years old at the time of the collision, before which she was an independent woman, enjoying her retirement. She lived with her husband and took care of household chores by herself. She enjoyed gardening, hiking, exercising, walking, riding her bike and reading. Before the collision, she had plans to attend several baseball games. She went to a couple baseball matches, but had difficulties sitting through the whole game because of her neck pain. She previously had neck pain which responded well to physical therapy and medications, and kept her asymptomatic before the collision. The collision exacerbated her pre-existing neck pathologies which failed to respond to conservative treatments. She had to undergo bilateral diagnostic facet joint injections and radiofrequency neurotomies. The treatment was estimated to be effective for a maximum of 11 months. She will have to seek extensive and more invasive medical attention for her neck pain in the future.



TREATMENT OF INJURIES

OFFICE VISIT FOR NECK PAIN

On March 06, YYYY, XXX visited Duane D.H. XXXX, M.D. at XXXX Institute for Spine Disorders (**Exhibit 2**) for pain in her neck following the collision on February 28, YYYY. She relayed her pain as 7/10 on the pain scale. Her pain was aggravated with walking, standing, exercising, driving, changing positions and overhead activities. Her pain was relieved while lying on her back and on the recliner. She also had anxiety, fatigue and frequent headaches. She obtained an X-ray of cervical spine which revealed fractures at the tips of spinous processes at C7, T1 and T2 levels. Dr. XXXX diagnosed her to have avulsion fractures of the spinous processes at C7, T1 and T2, and cervical musculo-ligamentous strain, status post motor vehicle collision on February 28, YYYY. He prescribed Ultram/Tramadol for pain and advised her to follow up in three weeks for re-evaluation.

FOLLOW UP VISIT FOR NECK PAIN

On March 25, YYYY, XXX visited Dr. XXXX at the XXXX Institute for Spine Disorders. She continued to have pain in her neck. She had difficulties with simple activities of daily living. Dr. XXXX diagnosed her to have avulsion fractures of the spinous processes at C7, T1 and T2, and cervical musculo-ligamentous strain. He prescribed Famotidine 20 mg and Diclofenac 100 mg twice a day for pain. He recommended XXX fly back to northern California or use a hard cervical collar during the long drive back home, if she had to drive. He advised XXX to follow up with a local orthopedic surgeon or with her PCP in two weeks.

OFFICE VISIT FOR NECK PAIN

On April 11, YYYY, XXX visited Mark XXXX MSN, NP-C at Heidi XXXX (**Exhibit 3**) for pain in her neck. She reported that she was diagnosed with vertebral fracture in XXXX. She needed a referral for physical therapy. On physical examination, she had trigger points in her left cervical paraspinal musculature. Mr. XXXX referred her to XXXX XXXX for physical therapy. He was waiting for the X-ray report from XXXX before ordering any further diagnostic studies.

INITIAL PHYSICAL THERAPY EVALUATION FOR NECK PAIN

On April 24, YYYY, XXX visited XXXX XXXX P.T. at XXXX XXXX Physical Therapy (**Exhibit 4**) for pain in her neck. She had constant, dull, deep, aching pain in her neck extending from her occiput to her upper thoracic spine. She also had headaches and pain in her left eye. She relayed her pain as 8-9/10. Her pain was aggravated with walking, standing, sitting,



arm and hand activities such as driving, housework, overhead and reaching activities. She had difficulty preparing meals, washing, drying, ironing and folding clothes, vacuuming, sweeping, mopping and cleaning the bathroom. On physical examination, she had pain at the end range of motion during neck flexion and extension, as well as right and left lateral flexion and rotation. On palpation, she had tenderness on the left side of her neck which was greater than the right side. Palpation of her thoracic spine demonstrated tenderness from T1 level through T6 levels. Traction gave a mild sense of relief. She had 44% impairment with carrying, moving and handing objects. Mr. XXXX diagnosed her to have cervical and upper thoracic strain due to the collision. Her treatment plan included supervised exercises including; neck stabilization exercises, strengthening exercise for shoulder girdle muscles, stretching exercise for sub occipital muscles and neck muscles, treatment procedures such as joint mobilization, kinesio taping, manual cervical traction, manual stretching, soft tissue mobilization and treatment modalities for symptom relief. Mr. XXXX prescribed her home exercise programs such as AROM (*Active Range of Motion*) exercise, scapular stabilization, upper back and shoulder girdle strengthening. She was scheduled for 2 visits a week for 6 weeks.

FUNCTIONAL STATUS ASSESSMENT

On April 24, YYYY, Mr. XXXX performed a functional status assessment for her neck and right shoulder. As per the assessment, XXX reported bilateral neck pain and pain in the back of her right and left shoulder. She had severe throbbing pain. She relayed her neck and right shoulder pain as 8/10. Her neck pain interfered with activities such as running, lifting heavy objects, sports, participation in recreation, moving a table, pushing a vacuum cleaner, lifting or carrying items like groceries, lifting overhead, gripping or opening a can, getting in and out of bed, bathing and dressing, and completion of toileting. Her right shoulder pain interfered with combing or brushing, pushing out of a chair using her arm, reaching across the middle of the table, reaching a shelf at shoulder level, reaching a shelf overhead and applying a deodorant under the opposite arm. Her Functional Status Assessment for her neck was 41% and was limited by 59%. Her Functional Status Assessment for her right shoulder was 56% and was limited by 44%.

SUMMARY OF MULTIPLE PHYSICAL THERAPY VISITS

From April 25, YYYY, through July 18, YYYY, XXX obtained physical therapy from XXXX XXXX Physical Therapy. She completed 13 physical therapy visits. As per the visit on June 18, YYYY, XXX's symptoms had improved but remained persistent and troublesome. She was anxious to see further improvement. She continued with deficits. Her physical fear assessment score was 25/100. On physical examination, she had pain all over her neck and upper back. Her neck pain interfered with activities such as running, lifting heavy objects, sports,



participation in recreation, moving a table, pushing a vacuum cleaner and lifting overhead. Her Functional Status Assessment for her neck on June 18, YYYY, was 55% and was limited by 45%. Her Functional Status Assessment for her neck on July 16, YYYY was 52% and was limited by 48%. As per the visit on July 18, YYYY, she still had tightness in her neck. Mr. XXXX advised her to continue therapy.

ORTHOPEDIC CONSULTATION FOR NECK PAIN

On August 09, YYYY, XXX consulted Annie XXXX, D.O. at XXXXX Spine and Sports Medicine, (**Exhibit 5**) as referred by Mr. XXXX. XXX reported that she had been suffering pain since the collision on February 28, YYYY. She relayed her pain as 6-7/10. Her pain interfered with activities of daily living, housework and exercising. Her pain was exacerbated while vacuuming or exercising and was decreased with rest. On physical examination, she had tenderness over her cervical paraspinal muscles and over the lower cervical spinous process. She had limited cervical range of motion. She had positive XXX sign and difficulty tandem walking (*Tandem gait is a gait where the toes of the back foot touch the heel of the front foot at each step*). Dr. XXXX diagnosed her to have myofascial pain and cervicogenic headache. He prescribed a compound pain cream from Derma Tran containing Diclofenac 3%, Baclofen 2%, Bupivacaine 1%, Gabapentin 6%, Ibuprofen 3% and Pentoxifylline 3%, and advised XXX to rub the medication for 1- 2 minutes for the maximum effect. He recommended a massage as well as myofascial release treatments for the muscle pain, and advised her not to have any manual manipulation or adjustment of the cervical spine. Dr. XXXX ordered an MRI of her cervical spine and stated that he will see XXX in a follow up after the results were obtained.

SUMMARY OF MULTIPLE PHYSICAL THERAPY VISITS

From July 22, YYYY, through August 11, YYYY, XXX obtained physical therapy from XXXX XXXX Physical Therapy. She had cervicgia and right shoulder pain. As per the visit on August 11, YYYY, XXX had increased soreness in the last few days. On physical examination, a fair amount of guarding was noted. Cervical range of motion to the left was diminished and was not eased with traction technique. Mr. XXXX reported that he would hold therapy until physician orders.

REFERRAL REPORT FOR MASSAGE THERAPY

On August 19, YYYY, Dr. XXXX referred XXX to massage therapy twice a week to relieve myofascial neck pain following the collision on February 28, YYYY



FOLLOW UP VISIT FOR NECK PAIN

On October 13, YYYY, XXX visited ABCDE PA-C at XXXXX Spine and Sports Medicine. The MRI of her cervical spine obtained from MD Imaging (**Exhibit 6**) dated August 13, YYYY was reviewed. She still had pain in her neck. She stated that she had a fixed appointment with Dr. XXXXX YYYY to discuss surgical options for neck pain. She had aggravated neck pain while working in the yard. Her symptoms were associated with dizziness and nausea. She was using Derma Tran cream for her muscle pain, which provided minimal relief. The physician assistant diagnosed her to have myofascial pain and cervicogenic headache. She was again referred to Mr. XXXX for physical therapy evaluation and treatment two times a week for 4 weeks.

PHYSICAL THERAPY EVALUATION FOR NECK PAIN

On October 22, YYYY, Mr. XXXX evaluated XXX at XXXX XXXX Physical Therapy for neck pain. She had intermittent pain in her neck, shoulders and scapulae. She had headaches and her pain worsened during the evenings. Her pain was aggravated with arm and hand activities, quick movements of her head and neck, reaching for things and overhead activities. Looking down caused headaches associated with nausea. Her pain was relieved with lying down in neutral position. She was unable to walk for more than 30 minutes. She was able to perform activities such as changing bedding, cleaning the bathroom, vacuuming, sweeping and mopping, but had difficulties while doing those activities. On physical examination, she had pain at the end range of motion during neck flexion, lateral flexion and rotation to the left. On palpation, she had tenderness in her neck and shoulders on the left side greater than the right side. She also had tenderness over the cervical paraspinal facet pillars, especially at C3, C4, and C5 levels on the left side greater than the right side. Cervical traction provided pain relief. Mr. XXXX diagnosed her to have myofascial pain. Her treatment plan included supervised exercises such as stabilization neck exercises, strengthening exercises for shoulder girdle muscles, stretching exercise for sub occipital muscles, stretching of neck musculature, treatment modalities such as ultrasound and interferential electrical stimulation, treatment procedures such as manual stretching, manual cervical traction, joint mobilization, myofascial release and soft tissue mobilization. Mr. XXXX prescribed her home exercises such as AROM exercise, anterior and lateral neck muscle stretching, scapular stabilization and upper back paraspinal strengthening.

NEUROSURGERY CONSULATATION FOR NECK PAIN

On November 14, YYYY, XXX consulted XXXXX A YYYY, M.D. F.A.C.S at XXXXX Neurosurgery (**Exhibit 7**) as referred by Dr. XXXX. She had sudden cervical pain following the collision on February 28, YYYY. She had been suffering from pain for the past 9 months. She



had dull aching pain in the back of her neck and on the left side. The pain radiated to both her shoulders and to the back of her head. Her pain was aggravated with reading, writing, repetitive upper extremity use and with household activities. The pain was relieved a little with rest and massage. Her neck pain was associated with headaches, which precipitated with bending. Muscle tenderness was present. Her pain interfered with leisure activities. She had neck pain for about 5 years and received physical therapy in YYYY, after which the pain was virtually nonexistent. Since the collision on February 28, YYYY, XXX started experiencing neck pain which did not respond to physical therapy. In addition, she also developed headaches. Massage therapy had provided temporary benefits. Dr. YYYY referred XXX to Pain Management for diagnostic/therapeutic bilateral C5-6/C6-7 facet joints injections.

SUMMARY OF MULTIPLE PHYSICAL THERAPY VISITS FOR NECK PAIN

From October 28, YYYY, through November 21, YYYY, XXX received physical therapy from XXXX XXXX Physical Therapy. She had cervicgia and right shoulder pain. As per the last visit on November 21, YYYY, XXX was still experiencing soreness while doing light yard work. On physical examination, she had tenderness over the neck on the left side greater than the right side. She also had tenderness in the upper thoracic region and over the scalenus muscles (*group of three pairs of muscles in the lateral neck, namely the anterior scalene, middle scalene, and posterior scalene*) bilaterally. Mr. XXXX suggested that the therapy needed to be put on hold until the facet injections were done, and until the physician recommendations were obtained.

ANNUAL EXAMINATION

On December 02, YYYY, XXX underwent an annual examination at Heidi XXXX. Pamala Valentine MSN, FNP-BC examined her and suggested she continue her medication and treatments as prescribed for neck pain. XXX was advised to follow up on an as needed basis.

PROCEDURE REPORT FOR CERVICAL FACET JOINT INJECTION

On January 05, YYYY, XXX underwent bilateral C4, C5, C6, and C7 facet joint injection at XXXXX Pain Center (**Exhibit 8**). Theodore XXXX, Jr, M.D. performed the procedure under local anesthesia. The procedure was performed, as XXX's neck pain failed to improve with multiple modalities of less invasive therapy. Her activities of daily living were limited due to her pain complaints.



PROCEDURE REPORT FOR RADIOFREQUENCY NEUROTOMY OF MEDIAL BRANCH OF DORSAL RAMUS OF LEFT C4, C5, AND C6

On January 07, YYYY, XXX underwent radiofrequency neurotomy of the medial branch of dorsal ramus of left C4, C5, and C6 at XXXXX Surgery Center (**Exhibit 9**). Dr. XXXX performed the procedure under conscious sedation.

PROCEDURE REPORT FOR RADIOFREQUENCY NEUROTOMY OF MEDIAL BRANCH OF DORSAL RAMUS OF RIGHT C4, C5, AND C6

On January 13, YYYY, XXX underwent radiofrequency neurotomy of the medial branch of dorsal ramus of right C4, C5, and C6 at XXXXX Surgery Center. Dr. XXXX performed the procedure under conscious sedation.

FOLLOW UP VISIT STATUS POST RADIOFREQUENCY LESIONING

On January 16, YYYY, XXX visited Dr. XXXX at XXXXX Pain Center. She had undergone cervical radiofrequency lesioning on January 7, YYYY and January 13, YYYY. On physical examination, she had no pain in her cervical region. Dr. XXXX diagnosed her to have posttraumatic pain and cervicgia, status post radiofrequency neurotomy. A routine follow up was scheduled in six months. Dr. XXXX stated that the pain relief would last between 6 and 24 months and that she would need to be re-lesioned. Her next appointment was scheduled on July 10, YYYY.

NEUROSURGEY EVALUATION FOR NECK PAIN

On January 21, YYYY, Dr. YYYY evaluated XXX at XXXXX Neurosurgery. She had complete bilateral C4, C5 and C6 facet rhizotomies. She was scheduled to follow up with Dr. XXXX in six months. Dr. YYYY diagnosed her with cervical pain and advised her to follow up with her pain management specialist as scheduled.

RE-EVALUATION STATUS POST CERVICAL RADIOFREQUENCY LESIONING

On July 10, YYYY, Dr. XXXX re-evaluated XXX at XXXXX Pain Center. She reported a flare up of her neck pain in May, for which she took Tylenol as needed and topical pain patches. She had pain that interfered with her sleep. On physical examination, she had some increased muscle spasticity. She had mild pain on compression of the greater and lesser occipital nerves. She also had mild-to-moderate pain on compression of the facets at C4, C5, and C6 cervical levels. Dr. XXXX diagnosed her to have pain subsequent to trauma and cervicgia,



status post radiofrequency neurotomy. He reported that XXX continued to respond to the radiofrequency neurotomy performed on January YYYY. Dr. XXXX stated that the average duration of effectiveness of the treatment lasted for 11 months. He scheduled her next re-evaluation on October 23, YYYY.

PAST MEDICAL EXPENSES

XXX has incurred \$17,664.13 in past medical expenses for treatment of injuries she suffered due to the collision. Copies of the medical bills are attached and itemized below: (Exhibit 10)

Duane H. XX, M.D.	:	\$1,027.00
XXXX XXXX Physical Therapy	:	\$3,309.59
XXXXX Spine & Sports Medicine	:	\$271.00
MD Imaging	:	\$1,295.00
XXXXX Neurosurgery	:	\$345.80
Thad XXXX, M.D.	:	\$8,338.00
XXXXX Outpatient Surgery Center	:	\$2,117.50
XXXXX (Message Therapist)	:	\$35.00
XXXXX Health Solutions	:	\$896.66
XXXXX	:	\$28.58
Total Past Medical Expenses	:	\$17,664.13

FUTURE MEDICAL EXPENSES

XXX was 72 years old at the time of the collision, and she has been suffering for over a year now. Her life expectancy is 14.86 years, from the time of the collision. She had undergone bilateral diagnostic facet joint injections and radiofrequency neurotomies in January YYYY. As per the visit on July 10, YYYY, Dr. XXXX estimated the treatment to be effective for a maximum of 11 months only. Therefore, she will have to seek more extensive and invasive medical treatment for her neck pain after the projected period of 11 months.

If she continues to suffer persistent pain in spite of few radiofrequency ablations, she is likely to suffer persistent radicular features such as severe weakness, unbearable pain, tingling and numbness, for which she will require neurosurgical consultation with diagnostic tests such as an MRI and NCS/EMG to evaluate the severity. Since she has already undergone medial branch block and radiofrequency nerve ablation for her symptoms, she will be a candidate for



laminectomy (*surgical procedure involving removal of a small portion of the bone covering the nerve to allow it to have additional space*) or discectomy (*surgical procedure involving removal of the portion of the disc that has herniated out and is compressing a nerve*) depending on the cause of radiculopathy (*vertebrae or intervertebral disc*).

Therefore, she will require analgesics, anti-inflammatories, muscle relaxants and other drugs such as multi-vitamins prescribed by her physician. She will also require neurosurgical consultations and follow-up visits. MRIs, NCS/EMG and other diagnostic studies will be required to assess her prognosis. A second or third trial radiofrequency nerve ablation will be initially indicated. Finally, a laminectomy/ discectomy will be recommended by her physician in conjunction with her physical condition and ability to withstand invasive managements.

Total future medical expense for the next 15 years will exceed \$170, 000.000.

MEDICAL ILLUSTRATION

Medical Illustrations (**Exhibit 11**) have been prepared for the following conditions:

- Whiplash injury
- Myofascial pain syndrome
- Laminectomy and discectomy

PAST PAIN & SUFFERING - LOSS OF ACTIVITIES – IMPACT ON LIFE

After the collision, XXX gradually started to feel pain in her neck, which worsened over time. Her neck pain caused severe headaches and left sided eye pain. She also suffered pain in her shoulders. She was an independent woman enjoying her retirement at the time of collision. She lived with her husband and took care of all the household chores by herself. She enjoyed gardening, hiking, exercising, walking, riding her bike and reading.

Before the collision, she had plans to attend several baseball games. After the collision, she went to a couple of baseball matches, but had difficulties sitting through the whole game because of her neck pain. Her neck pain radiated to her arms, limiting her from raising her arm and working with it. She was unable to handle cutlery and had difficulty serving food, sweeping, mopping, vacuuming her house, making the bed, laundering, folding clothes, shopping for groceries and carrying them back home. She was unable to move, lift or hold heavy objects, stand or sit for a long time, or walk for more than 15 minutes. She was unable to turn her head



which interfered with driving, riding, and grooming. She had difficulty cooking, doing the dishes, shopping, eating, writing and reading, as she needed to bend her head for those activities, which was difficult for her. She was also unable to hold her head up for a long time, which interfered with watching games and TV shows.

She was unable to reach things higher than her shoulder level. She had to purchase neck pillow to support her neck while traveling, and she even bought a recliner to avoid hurting her neck. She had to rely mostly on her husband to help her maintain the house. XXX was no longer as active as she used to be. She could only work for a short period of time. If she worked hard, it caused a lot of pressure in her neck causing severe pain. Whenever she started working after a short break, her neck started to feel very sore and achy in a few minutes. Her pain limited her from enjoying her hobbies. She has been suffering for over a year. The quality of her life will deteriorate because of her pain.

Her neck injury, failing physical therapy, required her to undergo facet injections and radiofrequency neurotomies with a maximum effectiveness for 11 months only. She will continue to suffer neck pain requiring more invasive management. Therefore, XXX's past pain and suffering, loss of activities and impact on her life for having to suffer severe pain in her neck for over a year is in the sum of \$ ____.

FUTURE PAIN & SUFFERING – LOSS OF ACTIVITIES – IMPACT ON LIFE

XXX has to undergo radiofrequency neurotomies which are expected to provide maximum effectiveness for 11 months only. She is likely to have a relapse of pain in her neck. If she suffers more pain, she will become very dependent physically, psychologically and financially. Her life style will completely change. She will not be able to do sufficient physical activities. She will have to take a lot of rest, and limit herself from hobbies and fun activities. Her pain has already interfered with regular exercise and fitness. The probability of her becoming disabled is very high for her age, and her illness is bound to accelerate due to the collision.

She will become more dependent on her husband and family for simple things. She will not be able to carry out her household work and activities of daily living. She will have to hire someone to do them instead. She will have to send a part of her income on maintaining her house, which will cause financial constraints as well

As a retired women, she has a very limited source of income. If the collision had not happened, she could have saved her resources and time for better things, instead of spending



them on hospitals, medicines, therapies, equipment and hired workers. She could have had an independent life with her husband.

As mentioned above, XXX's life with her husband has been thrown into a quagmire situation due to her injuries. Overall, the collision on February 28, YYYY has significantly impacted XXX's life and will continue to hamper her for the rest of her life. Future pain and suffering, loss of activities and impact on her life is at a minimum of \$___ per year for __ years, equaling \$___.

LOSS OF CONSORTIUM

Prior to the collision, XXX was a very active woman. The neck pain she sometimes had responded very well with conservative management. Now, her responses to treatment have become negligible. She was asymptomatic before the incident. The collision has added stress to her pre-existing condition, exacerbating and accelerating it to subsequent stages, making it unresponsive to less invasive therapies. She was retired and enjoyed an intimate relationship with her husband. They enjoyed going to baseball matches, which they can no longer do. As with any other couple, their relationship and intimacy is weakening because they cannot do things that they like doing together.

SUMMARY OF DAMAGES

Past Medical Expenses	:	\$17,664.13
Future Medical Expenses	:	\$170, 000.000
Past Loss of Income	:	
Future Loss of Income	:	
Past Pain & Suffering, Loss of Activities and Life Impact	:	
Future Pain & Suffering, Loss of Activities, Life Impact	:	
Loss of Consortium	:	
Total Damages	:	

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 YYYY. XXX will be responsible for any and all liens. This policy limit demand shall remain open for 30 days through and including _____

Very truly yours,

XXXXXX, LLP

XXXXXX



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