



**Neural IT**  
Simplifying Thought

# **Demand Letter Sample**

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# NATIONAL LAW FIRM LETTERHEAD

*Plaintiff Attorney*  
*Plaintiff Attorney email address*

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Dated: mm/dd/year

**FOR SETTLEMENT PURPOSES ONLY - NO PART OF THIS DOCUMENT OR ITS  
ATTACHMENTS/EXHIBITS ARE TO BE USED IN ANY LITIGATION**

Ms. Julie Johnson  
State Insurance Company  
Address

Re: Our Client:	Jane Doe
Your Insured:	John
Claim Number:	00-185-123456-2014
Date of Loss:	October 10, 2013
Our File No.:	Firm File Number

Dear Julie:

Our firm represents Jane Doe for personal injuries she sustained in an automobile collision that occurred on October 10, 2013, involving your insured. We are providing you with a comprehensive settlement package in an attempt to commence meaningful settlement negotiations.

This evaluation is submitted for settlement purposes only. None of the information provided in this offer shall be construed as a waiver of our client's physician/patient privilege, right to privacy, or any other rights or privileges. You are expressly prohibited from using the information contained herein for any purpose other than for setting monetary base reserve figures and for settlement of this claim.

TEL: XXX-XXX-XXXX

NATIONAL LAW FIRM, ADDRESS

Law Firm Website

FAX: XXX-XXX-XXXX

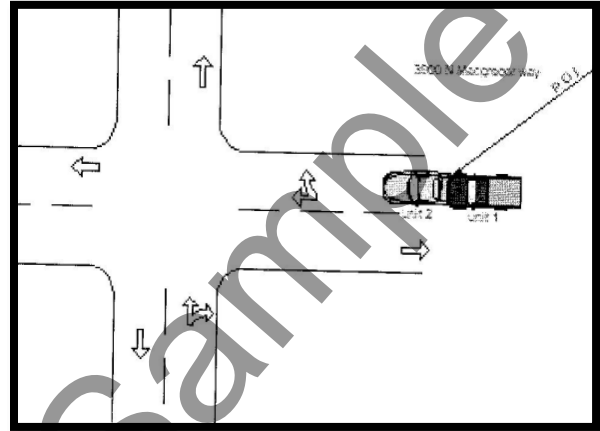
## I. PERTINENT FACTS

### A. The Accident

On October 10, 2013, at approximately 12:30 p.m., Jane Doe was travelling towards ABC Boulevard, XYZ Road, PQR City, County of MNO, State of Missouri.

Ms. Doe was traveling on XYZ Road. At that time, your insured, who was traveling on the same route, was following too closely and negligently rear-ended our client's vehicle, thereby resulting in this collision.

The collision was caused due to the reckless act and gross negligence of your insured, John, Police responded to the incident and upon investigation cited your insured for “**following too closely**”.<sup>1</sup>



As you may know from your investigation, substantial damage was done to Ms. Doe’s vehicle, clearly documenting the force and impact between the vehicles.

### B. Personal Injuries

As a direct result of your insured’s negligence, Jane Doe sustained injuries to her neck, shoulder, back and leg. A summary of her injuries and treatment are outlined below.

### C. Personal Background

Jane Doe is a pleasant 30-year-old woman and a dedicated mother. She enjoys spending time with her family and friends. Hobbies include movies, music, sports, traveling, and outdoor activities. Jane is very personable and would come across favorably if we are not able to resolve this claim through settlement negotiations and are forced to proceed into litigation.

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<sup>1</sup> See Exhibit 1 – Collision Report



**D. Injuries and Medical Treatment**

**Injuries**

- **Cervical strain/sprain and subluxations with tenderness, pain, muscle spasms, muscle weakness, limited range of motion and decreased flexibility. Whiplash injury with resultant ligamentous instability and acceleration of spinal disc disease. Deep and Superficial Muscle Spasms.**  
**Diagnosis – 847.0; 723.1; 839.08; 739.1; 719.58; 728.87; 728.85; 728.9; 839.0**
- **Back strain/sprain and subluxations with tenderness, pain, muscle spasms, muscle weakness, limited range of motion and decreased flexibility (thoracic and lumbar regions) resulting in ligamentous instability and acceleration of spinal disc disease.**  
**Diagnosis – 847.1; 847.2; 724.1; 724.2; 839.20; 839.21; 739.2; 739.3; 719.58;**
- **Shoulder pain, tenderness, and decreased range of motion**  
**Diagnosis – 719.41**
- **Open Fracture of Left Tibia and Fibula**  
**Diagnosis – 827.1**
- **Multiple Fractures of Foot**  
**Diagnosis – 825.20**
- **Open Multiple 1-4 Fracture of Metatarsal of Left Foot**  
**Diagnosis – 825.35**
- **Left Foot Pain**  
**Diagnosis – 729.5**
- **Left Knee Pain**  
**Diagnosis – 719.46**
- **Removal of Left Tibial Hardware**  
**Diagnosis – V72.84**
- **Headache, Cervicogenic Headache, Post-Traumatic Headaches**  
**Diagnosis – 784.0; 307.81; 339.21**

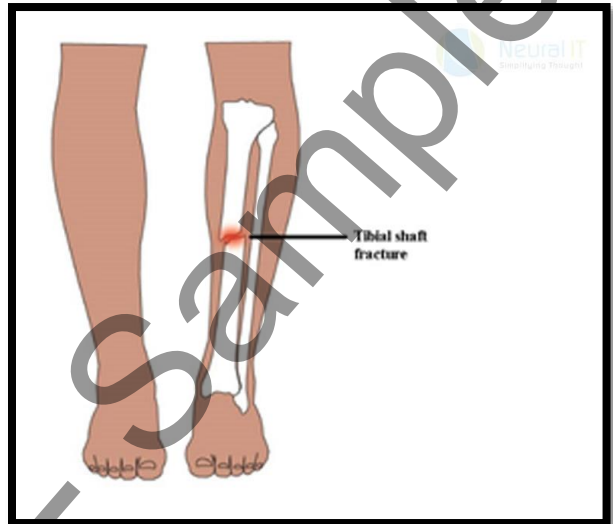
- **Sleep disturbances/fatigue**  
**Diagnosis – 780.50; 780.79**

Treatment:

**1. ABC Community Medical Center<sup>2</sup>**

Jane Doe presented herself to Dr. Roy on October 10, 2013 with complaints of left leg pain. Examination of the left leg revealed tenderness and swelling.

Ms. Doe underwent X-rays of the left tibia and fibula, left ankle and left foot reviewed by Dr. Roy which revealed oblique fracture of the distal 3rd tibia shaft and of the lateral malleolus, transverse fractures of the proximal 2nd through 5th metatarsal as well as an oblique fracture of the distal 3<sup>rd</sup> metatarsal.



Ms. Doe was diagnosed with open fracture of left tibia and fibula, multiple fractures of foot as well as open multiple 1-4 fracture of metatarsal of left foot. The patient was advised pain medications.

Jane Doe presented to Dr. Roy on October 10, 2013 for examination with complaints of left leg pain. Examination of the extremities revealed traumatic bilateral upper extremities and right lower extremity. Left lower extremity revealed pain and swelling as well as mild deformity of her left foot and leg. Ms. Doe was diagnosed with transverse open left tibia fracture as well as open fractures of left foot in the region of metatarsals. Ms. Doe was advised to undergo fixation and debridement of the open fractures as well as fixation consisting of intramedullary rod placement for right tibia fracture.

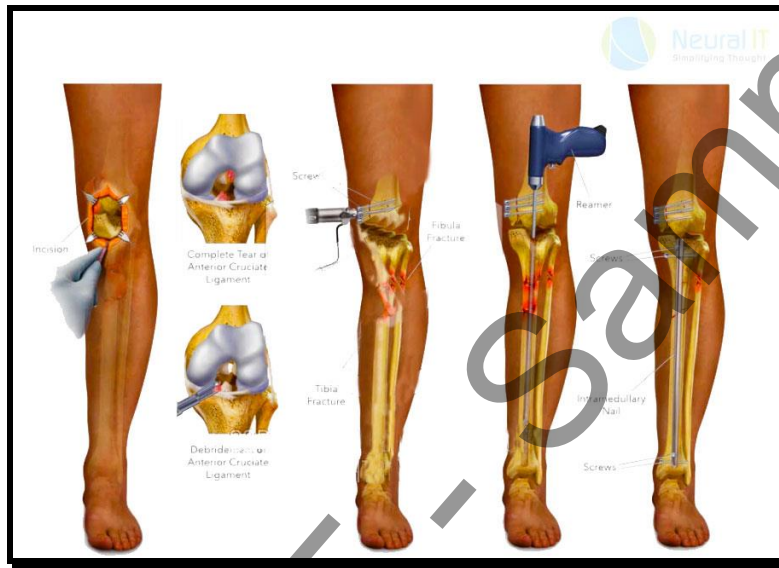
Jane Doe presented to Dr. Roy on October 10, 2013 for podiatry consultation with complaints of left foot pain. Examination revealed perfused left foot and edema. Dermal examination revealed open wound on the dorsal aspect of the left foot, 5<sup>th</sup> metatarsal fracture upon palpation just underneath the skin and an open fracture at the mid tibial shaft. Musculoskeletal examination revealed unstable metatarsal fracture upon palpation as well as mild deformity at the left leg. Ms. Doe was diagnosed with multiple open metatarsal fractures of the left foot, 2 through 5 as well as

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<sup>2</sup> See Exhibit 2 - Medical Records of ABC Community Medical Center

left open tibia and fibula fracture. Ms. Doe was advised irrigation and debridement as well as open reduction and internal fixation of the left foot metatarsal fractures 2-5.

On October 10, 2013 Ms. Doe underwent irrigation and debridement, left open tibia fracture, left open metatarsal fractures as well as IM rod, left tibia fracture for pre-operative diagnoses type 2 open left tibia fracture and type 2 open left metatarsal fractures.



*Left tibia intramedullary rod fixation*



*Open reduction and internal fixation of metatarsal fractures*

Jane Doe presented to Dr. Roy from October 11, 2013 to October 25, 2013 status post left foot open reduction and internal fixation metatarsal fractures 2 to 5 and tibial nailing. Ms. Doe reported pedal pain rated at 8/10. Ms. Doe was diagnosed with POD# 1 status post left foot open reduction and internal fixation metatarsal fractures 2 to 5 and tibial nailing. Ms. Doe.

## **2. PQR Diagnostic Radiology<sup>3</sup>**

Jane Doe underwent x-ray of the left knee on October 29, 2013 signed by Dr. Roy which revealed post-operative changes in the tibia with intramedullary rod.

Jane Doe underwent x-ray of the left tibia and fibula on October 29, 2013 signed by Dr. Roy which revealed internal fixation of comminuted fracture of the distal third shaft of the tibia with essentially anatomical position and alignment.

Jane Doe underwent x-ray of the left foot on October 29, 2013 signed by Dr. Roy which revealed satisfactory appearance of internal fixation of second, third, fourth and fifth metatarsals with anatomical position and alignment.

## **3. LMN Surgical Podiatric<sup>4</sup>**

Jane Doe presented on November 5, 2013 with complaints of pain and swelling due to the constriction of the posterior splint on the left lower extremity. Examination of the left lower extremity revealed pins placed at digits 2nd, 3rd and 4th at the heads of the metatarsals. Ms. Doe was diagnosed with crush injury, status post reconstruction with pins. Ms. Doe was advised to continue pain medications and follow-up.

## **4. XYZ Orthopedics and Sports Medicine<sup>5</sup>**

Jane Doe presented to Dr. Roy on January 9, 2014 for examination with complaints of constant pain and discomfort in the left leg rated at 9/10. Ms. Doe also reported sharp knee pain associated with tingling sensation. Ms. Doe was diagnosed with left tibia fracture and multiple foot fractures. Ms. Doe was advised pain medications and follow up.

Jane Doe presented to Dr. Roy on March 12, 2014 to April 23, 2014 for examination with complaints of left knee pain and left leg pain as well as hypersensitivity over the area of the multiple abrasions. Examination of the left knee revealed tenderness upon palpation along the

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<sup>3</sup> See Exhibit 3- Medical Records of PQR Diagnostic Radiology

<sup>4</sup> See Exhibit 4 - Medical Records of LMN Surgical Podiatric

<sup>5</sup> See Exhibit 5 - Medical Records of XYZ Orthopedics and Sports Medicine

fracture site and decreased range of motion. Ms. Doe was diagnosed with left tibia fracture and multiple foot fractures. Ms. Doe was advised to start physical therapy.

Jane Doe presented to Dr. Roy from May 3, 2014 to July 30, 2014 for examination with complaints of left knee and left ankle pain. Examination of the left knee revealed moderate crepitus, decreased range of motion as well as decreased mobility of the patella. Examination of the left ankle revealed decreased range of motion. Range of motion of the left ankle revealed:

	Normal	Examination	% Loss
Plantar Flexion	50°	5°	90%
Dorsi Flexion	20°	10°	50%
Inversion	20°	5°	75%

Ms. Doe was diagnosed with left tibia fracture and multiple foot fractures. Ms. Doe was advised to follow up in two months.

Jane Doe presented to Dr. Roy on September 29, 2014 for examination with complaints of mid foot pain, mild pain along the hardware and decreased sensitivity along the left foot along with soft tissue edema. Ms. Doe was diagnosed with status post ORIF left tibia. Ms. Doe was advised to undergo the surgery for hardware removal of the left foot.

Jane Doe presented to Dr. Roy on October 15, 2014 for follow up after removal of tibial nail. Examination left lower extremity revealed minimal swelling. Ms. Doe was status post removal left tibial nail. Ms. Doe was advised to follow-up.

#### **5. EF Surgical Center<sup>6</sup>**

On November 12, 2014 Jane Doe underwent removal of staples with skin wraps, removal of fixations of metatarsals # 2 to 5, application of posterior splint for nonweight bearing status and use of fluoroscopy for assurance of healed fracture and location and assurance of removal of fixation in total for pre-operative diagnoses of painful internal fixation left foot, nonunion #2 metatarsal via last radiograph and painful gait.

#### **6. Dr. Roy, M.D.<sup>7</sup>**

Jane Doe presented to Dr. Roy on December 5, 2014 for examination with complaints of pain at the left tibial hardware. Examination of the left lower extremity revealed pain in the left foot and

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<sup>6</sup> See Exhibit 6 - Medical Records of EF Surgical Center

<sup>7</sup> See Exhibit 7 - Medical Records of Dr. Roy, M.D

lower leg. Ms. Doe was diagnosed with left foot pain, left knee pain and removal of left tibial hardware. Ms. Doe was advised to undergo surgery for removal of left tibial painful hardware.

#### **7. FMR Medical Center<sup>8</sup>**

On January 4, 2015 Jane Doe underwent removal of left tibial rod and removal of two deep buried interlocking screws for pre-operative diagnoses of status post open reduction and internal fixation of the left tibial shaft fracture as well as painful hardware.

Ms. Doe's treatment to date has been customary and reasonable for this type of impact and resultant injuries.

### **II. DAMAGES**

Missouri law entitles a plaintiff to full compensation for any injuries caused by the defendant. *Swartz v. Gale Webb Transp. Co.*, 215 S.W.3d 127, 130-32 (Mo. banc 2007).

Plaintiff can recover damages as the motorized vehicle was being operated by the defendant; the vehicle was operated negligently, with or without a statutory violation; and that negligent operation proximately caused damages to Plaintiff. *Rooney v. Lloyd Product Co.*, 458 S.W.2d 561.

Damages can be divided into two categories: economic and non-economic. Economic damages are based on actual financial loss and Non- Economic damages arise from the plaintiff's non-pecuniary harm.

#### **1) ECONOMIC DAMAGES**

In Missouri, economic damages are damages that arise from the plaintiff's pecuniary injuries, which normally include past, present, and future medical expenses, lost wages, and lost earning capacity. *Knifong v. Caterpillar, Inc.*, 199 S.W.3d 922, 928 (Mo. Ct. App. 2006).

##### **A. Medical Expenses:**

Medical expenses are the costs of diagnosis, cure, mitigation, treatment, or prevention of disease, and the costs for treatments affecting any part or function of the body.

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<sup>8</sup> See Exhibit 8 - Medical Records of FMR Medical Center

The Supreme Court of Missouri in Deck v. Teasley has held that by enacting §490.715.5, the general assembly intended to allow plaintiff to recover dollar amounts stated on a bill for medical treatment, even though they were neither incurred nor paid by a plaintiff, nor by anyone.

Some Defendants have argued that the 2018 amendment to 490.715 prohibited the introduction of the billed medical. However, the Missouri Court of Appeals for the Eastern District in Brancati v. BI-State Development Agency, No. ED106359 (Mo.2018), held that, “[w]e find that contrary to Appellants' assertions, the amended Section 490.715, by its plain language, does not limit evidence of medical charges to the amount paid. Moreover, nothing in the amended statute states that the amount charged for the medical bills cannot be introduced or recovered.” *Id.* at 11-12.

### **1. Past Medical Expenses**

Plaintiff have the right to be compensated for the full amount of her past medical expenses that are related to treatment for the injuries he/she sustained in the accident in question. Regarding the plaintiff's medical expenses, §490.715.5.

(1) Except as provided in subsection 2 of this section, parties may introduce evidence of the actual cost of the medical care or treatment rendered to a plaintiff or a patient whose care is at issue. Actual cost of the medical care or treatment shall be reasonable, necessary, and a proximate result of the negligence or fault of any party.

(2) For purposes of this subsection, the phrase “actual cost of the medical care or treatment” shall be defined as a sum of money not to exceed the dollar amounts paid by or on behalf of a plaintiff or a patient whose care is at issue plus any remaining dollar amount necessary to satisfy the financial obligation for medical care or treatment by a health care provider after adjustment for any contractual discounts, price reduction, or write-off by any person or entity.

Insurance adjusters have been arguing that the new change to 490.715 prohibits the introduction of the amounts “billed” and only allows for the recovery of the amount “paid” or “owed”. Recently, The Eastern District Court of Appeals disagreed with this position and held that Plaintiffs can still submit the amount billed.

A summary of Ms. Doe's accident-related medical bills follows<sup>9</sup>:

Provider	Dates of Treatment	Expenses
ABC Community Medical Center	05/07/13 - 05/09/13	\$131,777.13
PQR Diagnostic Radiology	05/29/13	\$550.00
LMN Surgical Podiatric	05/29/13 - 06/19/13	\$1,425.00
XYZ Orthopedics and Sports Medicine	06/21/13 - 04/23/14	\$22,677.38
EF Surgical Center	08/02/13	\$17,284.70
Dr. Roy, M.D	03/05/2014	\$4,950.00
FMR Medical Center	03/28/14	\$34,336.63
<b>Total</b>		<b>\$213,000.84</b>

## **2. Future Medical Expenses**

A plaintiff may recover damages from future medical bills provided that she produce competent medical evidence showing future conditions of the kind asserted as damages will result from the original injury. The degree of probability of such damages must be greater than a mere likelihood; it must be reasonably certain to occur. *Hobbs v. Harken*, 969 S.W.2d 318, 324 (Mo. Ct. App. 1998). Under Missouri law, expert testimony is admissible where it addresses the probability that future medical treatment may be necessary and of the potential cost of such treatment. *Wiley v. Homfeld*, 2009 307 S.W.3d 145, 153 (Mo.App. W.D. 2009).

Ms. Doe will require medical intervention. Additionally, because of the injuries suffered in the accident, Ms. Doe will be more susceptible to re-injury or aggravations. We believe the future medical care cost, which should be considered when evaluating her claim

## **B. Lost Compensation and Impairment of Earning Capacity**

In any suit brought for personal injury or death, provable damages for loss of income due to such injury or death shall not be diminished because of reimbursement of income to the plaintiff or decedent from any other source, nor shall the fact of any such reimbursement be admitted into evidence.

For past earnings, or pre-trial losses, if the plaintiff was gainfully employed at the time of the injury and would have likely continued that employment but for the injury, loss of earnings can typically be recovered. Such earnings or wages must be proven to a reasonable certainty, typically utilizing

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<sup>9</sup> See Exhibit 9 – Medical Billing Records



documentation such as tax or employment records. *McCarthy v. Sebben*, 331 S.W.2d 601, 604 (Mo. 1960). For future lost wages, claims must be supported by evidence to permit the jury to compute the loss without conjecture or speculation. *Dillard v. Atchison, T. & Santa Fe. Ry.*, 882 S.W.2d 211, 214 (Mo. Ct. App. 1994). Evidence usually includes expert testimony from rehabilitation experts on the types of work the plaintiff is able to perform and the average wages for that suitable work.

At the time of the accident Jane Doe was working fulltime for World Vision<sup>10</sup>. Due to her injuries following this collision, Jane was forced to take time off work. As a result she lost income, which we have summarized below:

Total day Lost:	8+2 days =	10 days
Total day hours:	10 days * 8 hours =	80 hours
<b>Total wage Loss:</b>	<b>80 hours + \$17.49 =</b>	<b>\$1,399.20</b>

It should be noted that Ms. Doe was forced to use her accrued sick leave for the time she missed initially following this collision; but not for this accident she would still have that time available to us.

### C. Medical Necessary Travel and Treatment Time

Ms. Doe has the right to be compensated for any time missed from work because of her injuries. This includes hours missed to go to the doctor and the use of sick time or vacation time to recover.

Loss of time is a more expansive concept than lost wages. Loss of time may be sought even by a plaintiff who was unemployed at the time of the injury.

Jane Doe attended 20 (Twenty) medical appointments; each appointment lasting approximately 20-60 minutes. When combined, treatment and travel time lasted an average of 1 hour each visit, therefore she spent approximately 20:00 hours traveling to and receiving medical treatment. For purpose of this claim we have utilize Missouri's minimum wage rate of pay at the time of this collision which was \$7.35 per hour; therefore she is entitled to a minimum of \$147.00 for her lost time.

# of appointments	Hourly wage	Total Amount for Lost
20	7.35	\$147.00

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<sup>10</sup> See Exhibit 10 - Wage Loss Documentation

As a direct result of her injuries and required treatment, Smith incurred transportation expenses from traveling to and from medical appointments, we have calculated those expenses as follows:

Provider	# of trips	Roundtrip Mileage	Total Mileage	Total Expense 2013 (\$0.24/mile)	Total Expense 2013 (\$0.235/mile)	Total Expense
ABC Community Medical Center	3	7.80	23.40	\$5.62		\$5.62
PQR Diagnostic Radiology	1	10.40	10.40	\$2.50		\$2.50
LMN Surgical Podiatric	4	64.20	256.80	\$61.63		\$61.63
XYZ Orthopedics and Sports Medicine	6	5.40	32.40	\$7.78		\$7.78
XYZ Orthopedics and Sports Medicine	3	5.40	16.20		\$3.81	\$3.81
EF Surgical Center	1	78.40	78.40	\$18.82		\$18.82
Dr. Roy, M.D	1	4.20	4.20		\$0.99	\$0.99
FMR Medical Center	1	4.20	4.20		\$0.99	\$0.99
<b>Total</b>	<b>20</b>					<b>\$102.12</b>

## 2) NON -ECONOMIC DAMAGES

Non-economic damages provide a good, but non-exhaustive list of non-economic damages and is consistent with the common law rule that the jury may award damages to a plaintiff for intangibles like past and future pain and suffering, effect on lifestyle, embarrassment, and humiliation. *Gomez v. Constr. Design, Inc.*, 126 S.W.3d 366, 376 (Mo. banc 2004); *Knifong v. Caterpillar, Inc.*, 199 S.W.3d 922, 931 (Mo. App. 2006).

“Noneconomic damages” are those which Missouri law presumes flow from a tortious act and may be recovered without proof of a specific amount. The exact types of noneconomic damages will vary widely from case to case. Noneconomic damages in an auto accident may include physical pain and suffering, mental pain and suffering, emotional distress and a diminished capacity to work, labor or earn money. These are damages that cannot be proven to an exact amount, and usually consist of:

### 1. Pain and Suffering:

Pain and suffering damages are the central type of non-economic damages. Pain and Suffering is a host of injuries that a plaintiff may suffer, as a result of an accident. It encompasses not just physical pain, but also emotional and mental injuries such as fear, insomnia, grief, worry, inconvenience and even the loss of enjoyment of life.

If there is a physical injury, the injured party may also recover compensatory damages for bodily pain, humiliation, mental anguish and other forms of suffering that occur as a necessary and natural consequence of the tortious conduct. There is no fixed measure or standard available for

determining the amount of pain and suffering damages. All that is required is that the amount awarded is “fair and reasonable.” A.R.B. v. Elkin, 98 S.W.3d 99, 104 (Mo. Ct. App. 2003).

Due to the amount of pain and suffering caused by your insured’s negligence, we believe a jury would award **\$214,000.00**, which is a reasonable determination of Ms. Doe’s pain and suffering.

## **2. Mental Anguish:**

When connected with a physical injury, includes both the resultant mental sensation of pain and also the accompanying feelings of distress, fright, and anxiety. As an element of damages implies a relatively high degree of mental pain and distress; it is more than mere disappointment, anger, worry, resentment, or embarrassment, although it may include all of these, and it includes mental sensation of pain resulting from such painful emotions as grief, severe disappointment, indignation, wounded pride, shame, despair, and/or public humiliation.

When there is a lack of “malice, willfulness, wanton-ness, or inhumanity,” a showing of some physical injury tied to the emotional distress is required before one can recover for the emotional distress. Gambill v. White, 303 S.W.2d 41, 43 (Mo. 1957) (*per curiam*), abrogated by Bass, 646 S.W.2d 765. The plaintiff’s feelings of grief and emotional distress were a result of the “whole traumatic event” and the concept of a direct victim encompasses the plaintiff’s viewing of third parties as long as there is direct involvement in the accident. Jarrett v. Jones, 258 S.W.3d 442 at 448.

Ms. Doe suffered mental suffering which includes loss of enjoyment of life, fear, anger, humiliation, anxiety, shock and/or psychosomatic physical symptoms.

We believe a minimal sum that would compensate Ms. Doe for her mental anguish would be **\$214,000.00**.

## **3. Inconvenience for the injury:**

It is clear that many things have been radically altered in our client’s life since this incident occurred. She has lost the full use and mobility of her shoulder/ back/neck and has permanent impairments. It is painfully apparent that our client’s injuries have taken toll on her life and made it unarguably miserable. Life has become a chore just to do normal things.

Our client is currently frustrated in her efforts to provide assistance to her friends and family which, as a devoted family woman and friend, she was accustomed to doing. Now, she has been forced to focus more on herself. Where she once enjoyed a normal, independent lifestyle, she now relies and depends on family and friends to provide assistance when needed. She has been prevented from

going out with her family and friends, and in fact, spends a large part of her time now confined to her home with little to do.

We believe a jury would award **\$214,000.00** for Ms. Doe's inconvenience for the injury.

### III. LIABILITY

We view this case as one of 100% liability against your insured, as they failed to pay attention to traffic, obey the rules of the road, and otherwise exercise ordinary and reasonable care while operating a vehicle. Accordingly, Jane Doe's entitled to 100% recovery for her injuries.

An insurer under a liability policy has a fiduciary duty to its insured to evaluate and negotiate third party claims in good faith. *Duncan v. Andrew County Mut. Ins. Co.*, 665 S.W.2d 13,18 (Mo. Ct. App. 1983). See also *Freeman v. Leader Nat'l. Ins. Co.*, 58 S.W.3d 590, 598 (Mo. Ct. App. 2001).

### IV. DAMAGE SUMMARY

Past Medical Expenses	\$213,000.84
Future Medical Expenses	To be supplemented
Loss Compensation	\$1,399.20
Travel/Treatment Time	\$ 147.00
Mileage Expense	\$102.12
Pain and Suffering	\$214,000.00
Mental Anguish	\$214,000.00
Inconvenience for the injury	\$214,000.00
<b>Total Damages</b>	<b>\$856,649.16</b>

### V. CONCLUSION

We believe that the above-evaluation is a fair and reasonable estimate of Jane Doe's damages. As you will note, Jane's economic and non-economic damages total at least **\$856,649.16** However, in the interest of compromise, we will recommend that our client accept **\$856,000.00 as full settlement of this claim in exchange for a full release of State Insurance Company and their insured.**

We would like the opportunity to negotiate within your insured's policy limits. If this demand exceeds your insured's limits, please obtain permission to disclose those limits and forward the same in writing at the time of the initial offer or before that time. We will not make any

Ms. Julie Johnson  
State Insurance Company  
Claim: 00-185-123456-2014

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**counter demands until we have written verification of policy limits.** Please inform your insured that if they will not authorize disclosure, we will likely initiate a lawsuit.

As a matter of policy, our law firm does not sign hold harmless letters. Our firm will resolve all known liens from the settlement. Upon receipt of any settlement check and Release, we will not disburse any funds until we have a fully executed Release from our client.

If we do not have a response to this letter in \_\_\_\_ days, we will file suit without further notice to you.

Very truly yours,

NATIONAL LAW FIRM

\_\_\_\_\_  
Plaintiff Attorney

Enclosures  
cc: Jane Doe

## **EXHIBITS**

1. Collision Report
2. Medical Records of ABC Community Medical Center
3. Medical Records of PQR Diagnostic Radiology
4. Medical Records of LMN Surgical Podiatric
5. Medical Records of XYZ Orthopedics and Sports Medicine
6. Medical Records of EF Surgical Center
7. Medical Records of Dr. Roy, M.D
8. Medical Records of FMR Medical Center
9. Medical Billing Records
10. Wage Loss Documentation

Neural IT - Sample



**Neural IT**  
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# Medical Billing Record

# MEDICAL BILLING SUMMARY

Mr. ABCD  
DOL: 10/10/2013

File #

Provider	Date	Diagnosis	Purpose of Visit	Amount
ABC Community Medical Center	05-07-13		TDAP Vaccine	\$ 326.67
Address	05-07-13		Cefazolin SOD INJ	\$ 62.17
City, State XXXXX	05-07-13		INJ Morphine Sulfate	\$ 41.99
	05-07-13		Potassium Chloride	\$ 35.00
	05-07-13		INJ Garamycin, Gentamcn	\$ 61.34
	05-07-13		INJ Morphine Sulfate	\$ 41.99
	05-07-13		INJ Morphine Sulfate	\$ 41.99
	05-07-13		Potassium Chloride	\$ 35.00
	05-07-13		Dilaudid	\$ 35.00
	05-07-13		Ondnstrn Hydrchlrd	\$ 35.00
	05-07-13		Benadryl Injection	\$ 35.00
	05-07-13		HB Pacu Time	\$ 3,488.62
	05-07-13		HB Room Charge	\$ 5,356.00
	05-07-13		HB Lab CBC Hemogram W/PLT	\$ 221.60
	05-07-13		HB Lab Basic Metabolic Pan	\$ 498.01
	05-07-13		HB Lab CBC With Auto Diff	\$ 405.75
	05-07-13		HB Lab Basic Metabolic Pan	\$ 428.62
	05-07-13		Bupivacaine	\$ 35.00
	05-07-13		Neomycin-Polymixin-Bacitra	\$ 125.80
	05-07-13		Neomycin-Polymixin-Bacitra	\$ 125.80
	05-07-13		HB XR Tibia/Fibula	\$ 1,103.39
	05-07-13		HB XR Ankle 3VW/More Unilateral	\$ 1,113.12
	05-07-13		HB XR Foot 3VW/More Unilateral	\$ 1,113.12
	05-07-13		HB XR Tibia/Fibula	\$ 1,103.39
	05-07-13		HB XR Tibia/Fibula	\$ 1,103.39
	05-07-13		HB Fluoroscopy	\$ 2,354.09
	05-07-13		HB XR Foot 2VW Unilateral	\$ 818.51
	05-07-13		HB Anes CAT	\$ 4,678.73
	05-07-13		HB Anes CAT	\$ 12,212.48
	05-07-13		HB Major 2	\$ 19,590.42
	05-07-13		HB Major 2	\$ 37,224.11
	05-07-13		HB Disposal ET Tube Guid	\$ 57.94
	05-07-13		HB Applicator, Fibrijet	\$ 379.66
	05-07-13		HB K-wire, Supply 1	\$ 1,112.64
	05-07-13		HB Pack, Custom	\$ 491.88
	05-07-13		HB Anchor / Screw	\$ 4,374.23
	05-07-13		HB IV Extension W/2 INJ	\$ 155.22
	05-07-13		HB Pin Guard	\$ 1,007.70
	05-07-13		HB Anesthesia Breathing TR	\$ 470.27
	05-07-13		HB K-Wire, Supply1	\$ 370.88
	05-07-13		HB Guidewire	\$ 816.23



# MEDICAL BILLING SUMMARY

Provider	Date	Diagnosis	Purpose of Visit	Amount
	05-07-13		HB Anesthesia Tube	\$ 257.53
	05-07-13		HB Stapler Skin	\$ 467.69
	05-07-13		HB Sol, IV Normisol	\$ 383.00
	05-07-13		HB Sol, IV NS	\$ 383.00
	05-07-13		HB IV Administration Set	\$ 210.03
	05-07-13		HB Cast Plaster Splint	\$ 87.47
	05-07-13		HB Suture 1	\$ 324.24
	05-07-13		HB Suture 1	\$ 162.12
	05-07-13		HB Suction KAMVAC CVD Min	\$ 216.00
	05-07-13		HB Reamer, Modular Shaft	\$ 677.06
	05-07-13		HB Drill Bit, Disposable	\$ 742.00
	05-07-13		HB Drill Bit, Disposable	\$ 742.00
	05-07-13		HB Anchor / Screw	\$ 450.99
	05-07-13		HB Anchor / Screw	\$ 450.99
	05-07-13		HB Anchor / Screw	\$ 450.99
	05-07-13		Reamer Shaft	\$ 706.00
	05-07-13		HB ED Facility Level	\$ 5,276.92
	05-07-13		HB IV Infusion Therapy	\$ 1,313.19
	05-07-13		HB IVP Addl SEQ Same Drug	\$ 1,727.88
	05-07-13		HB IV Push Addl SEQ New Drug	\$ 2,879.80
	05-07-13		HB IV Infusion Hydration	\$ 285.95
	05-07-13		HB Immunization Adm	\$ 154.50
	05-07-13		Propofol	\$ 36.58
	05-07-13		Propofol	\$ 35.00
	05-07-13		Propofol	\$ 35.00
	05-07-13		Propofol	\$ 35.00
	05-07-13		Propofol	\$ 35.00
	05-07-13		Propofol	\$ 35.00
	05-07-13		Propofol	\$ 35.00
	05-07-13		INJ, Fentanyl Citrate	\$ 35.00
	05-07-13		Lidocaine	\$ 35.00
	05-07-13		Cisatracurium	\$ 133.05
	05-07-13		Succinylcholine Chlorde	\$ 35.00
	05-07-13		Dexameth SOD INJ	\$ 35.00
	05-07-13		Ondnstrn Hydrchlrd	\$ 35.00
	05-07-13		Cefazolin SOD INJ	\$ 62.17
	05-07-13		Cefazolin SOD INJ	\$ 62.17
	05-07-13		Famotidine	\$ 35.00
	05-07-13		Metoclopramide HCL	\$ 35.00
	05-07-13		Lower Leg	\$ 79.00
	05-07-13		Lower Leg	\$ 79.00
	05-07-13		Ankle Complete	\$ 79.00
	05-07-13		Foot, Complete	\$ 79.00
	05-08-13		INJ Morphine Sulfate	\$ 35.00

## MEDICAL BILLING SUMMARY

Provider	Date	Diagnosis	Purpose of Visit	Amount
	05-08-13		INJ Potassium Chloride	\$ 35.00
	05-08-13		INJ Morphine Sulfate	\$ 35.00
	05-08-13		Oxycodone	\$ 35.00
	05-08-13		Cefazolin SOD INJ	\$ 62.17
	05-08-13		INJ Morphine Sulfate	\$ 35.00
	05-08-13		Oxycodone	\$ 35.00
	05-08-13		Oxycodone	\$ 35.00
	05-08-13		Cefazolin SOD INJ	\$ 62.17
	05-08-13		HB PT, Evaluation	\$ 1,085.00
	05-08-13		INJ Fragmin	\$ 141.58
	05-08-13		Oxycodone	\$ 35.00
	05-08-13		Cefazolin SOD INJ	\$ 62.17
	05-08-13		HB Room Charge	\$ 5,356.00
	05-08-13		HB Tray with Foley Catheter	\$ 236.64
	05-08-13		HB Tray with Foley Catheter	\$ 236.64
	05-09-13		Oxycodone	\$ 35.00
	05-09-13		Oxycodone	\$ 35.00
	05-09-13		Oxycodone	\$ 35.00
	05-09-13		HB PT Gait Training	\$ 542.50
	05-09-13		HB Sleeve, Knee/Thigh Length	\$ 697.09
	05-09-13		HB Blood Admin	\$ 408.10
				<b>\$ 1,31,777.13</b>
PQR Diagnostic Radiology	05-29-13		X-ray Knee	\$ 150.00
Address	05-29-13		X-ray Tibia	\$ 200.00
City, State XXXXX	05-29-13		X-ray Foot	\$ 200.00
				<b>\$ 550.00</b>
LMN Surgical Podiatric	05-29-13		Office/Outpatient Visit, EST	\$ 545.00
Address	06-05-13		Office/Outpatient Visit, EST	\$ 390.00
City, State XXXXX	06-12-13		Office/Outpatient Visit, EST	\$ 200.00
	06-19-13		Office/Outpatient Visit, EST	\$ 290.00
				<b>\$ 1,425.00</b>
XYZ Orthopedics and Sports Medicine	06-21-13		Office Consultation	\$ 600.00
Address	06-21-13		Prolonged Service, Office	\$ 600.00
City, State XXXXX	06-21-13		X-Ray Exam of Hip	\$ 120.00
	06-21-13		Radiolog Exam;Tibia&Fibla,2 VW	\$ 110.00
	06-21-13		X-Ray Exam of Ankle	\$ 127.00
	06-21-13		X-Ray Exam of Foot	\$ 133.00
	07-12-13		Office/Outpatient Visit, EST	\$ 350.00
	07-12-13		Radiolog Exam;Tibia&Fibla,2 VW	\$ 110.00
	08-23-13		Office/Outpatient Visit, EST	\$ 350.00
	08-23-13		X-ray Exam;Tibia&Fibla	\$ 110.00

# MEDICAL BILLING SUMMARY

Provider	Date	Diagnosis	Purpose of Visit	Amount
	08-23-13		X-Ray Exam of Foot	\$ 133.00
	09-18-13		Crutches Underarm, Not Wood	\$ 94.38
	10-28-13		Office/Outpatient Visit, EST	\$ 350.00
	10-28-13		X-ray Exam;Tibia&Fibla	\$ 110.00
	12-30-13		Office/Outpatient Visit, EST	\$ 350.00
	12-30-13		X-ray Exam;Tibia&Fibla	\$ 110.00
	02-25-14		X-ray Exam;Tibia&Fibla	\$ 110.00
	02-25-14		Office/Outpatient Visit, EST	\$ 350.00
	03-28-14		Removal of Support Implant	\$ 18,000.00
	04-23-14		Office/Outpatient Visit, EST	\$ 350.00
	04-23-14		X-ray Exam;Tibia&Fibla	\$ 110.00
				\$ 22,677.38
EF Surgical Center	08-02-13	V54.01, 729.	Removal of an Implant on Left Big To	\$ 8,000.00
Address	08-02-13	V54.01, 729.	Removal of an Implant on Metatarsal	\$ 2,000.00
City, State XXXXX	08-02-13	V54.01, 729.	Removal of an Implant on Metatarsal	\$ 2,000.00
	08-02-13	V54.01, 729.	Removal of an Implant on Metatarsal	\$ 2,000.00
	08-02-13	V54.01, 729.	Removal of an Implant on Metatarsal	\$ 2,000.00
	08-02-13	V54.01, 729.	Application of Short Leg Splint	\$ 1,284.70
				\$ 17,284.70
Dr. REDACTED, M.D	03-05-14	V72.84	Basic Comprehensive Medical-Legal I	\$ 1,250.00
Address	03-05-14	V72.84	Echocardiography, transthoracic	\$ 900.00
City, State XXXXX	03-05-14	V72.84	Plethysmography for determination of	\$ 300.00
	03-05-14	V72.84	Diffusing&capacity	\$ 300.00
	03-05-14	V72.84	Pulmonary Compliance Study	\$ 300.00
	03-05-14	V72.84	Phlebotomy	\$ 300.00
	03-05-14	V72.84	Electrocardiogram, Complete	\$ 250.00
	03-05-14	V72.84	Evaluation of Wheezing	\$ 200.00
	03-05-14	V72.84	Lung Function Test (MBC/MVV)	\$ 180.00
	03-05-14	V72.84	Respiratory Flow Volume Loop	\$ 150.00
	03-05-14	V72.84	Cult,Bact;Isolat&Presum,Urine	\$ 150.00
	03-05-14	V72.84	Comprehen Metabolic Panel	\$ 150.00
	03-05-14	V72.84	Urinalysis Nonauto W/O Scope	\$ 120.00
	03-05-14	V72.84	Complete CBC W/Auto Diff WBC	\$ 100.00
	03-05-14	V72.84	Assay Thyroid Stim Hormone	\$ 100.00
	03-05-14	V72.84	Prothrombin Time	\$ 100.00
	03-05-14	V72.84	Thromboplastin Time, Partial	\$ 100.00
				\$ 4,950.00
FMR Medical Center	03-28-14		Pharmacy General	\$ 1,975.72
Address	03-28-14		Med Surg Supplies	\$ 9,975.65
City, State XXXXX	03-28-14		Med SRG Sterile Supply	\$ 645.00
	03-28-14		Laboratory General	\$ 350.00

## MEDICAL BILLING SUMMARY

Provider	Date	Diagnosis	Purpose of Visit	Amount
	03-28-14		Lab Pathology General	\$ 119.00
	03-28-14		Diagnostic General	\$ 573.00
	03-28-14		OR Service General	\$ 9,353.00
	03-28-14		Anesthesia General	\$ 4,538.00
	03-28-14		RX, Req Detailed Coding	\$ 78.00
	03-28-14		Inject,Cefazolin Sodium	\$ 133.70
	03-28-14		Ketorolac Tromethamine Inj	\$ 404.00
	03-28-14		Ondansetron Hcl Injection	\$ 133.56
	03-28-14		Injctn,Fentanyl Citrate	\$ 21.00
	03-28-14		Drugs Unclassified Injection	\$ 349.00
	03-28-14		Ringers Lactate Infusion	\$ 984.00
	03-28-14		Recovery Room General	\$ 4,704.00
				\$ 34,336.63
<b>TOTAL</b>			<b>Total</b>	<b>2,13,000.84</b>



**Neural IT**  
Simplifying Thought

# Exhibits

## **INDEX**

1. Collision Report
2. Photographs
3. Medical Records/ Bills of Belldrop General Hospital
4. Medical Records/ Bills of Tulip Radiology – Boot Ranch
5. Medical Billing Summary

Neural IT - Sample

# EXHIBIT 1

# CRASH REPORT

LONG FORM ☒ SHORT FORM ☐ UPDATE ☐

HIGHWAY SAFETY & MOTOR VEHICLES  
TRAFFIC CRASH RECORDS  
NEIL KIRKMAN BUILDING, FL

Crash Date 1/9/2015	Time of Crash 5:06 PM	Date of Report 1/9/2015	Reporting Agency FLORIDA HIGHWAY PATROL	Reporting Agency Case Number FHPC15OFF002691	HS&M Crash Report Number
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## CRASH IDENTIFIERS

County Code 28	City Code	County of Crash PASCO	Place or City of Crash HUDSON	Within City Limits NO	Reported Date/Time 1/9/2015 5:06 PM	Dispatched Date/Time 1/9/2015 9:08 PM
On Scene Date/Time 1/9/2015 5:55 PM		Cleared Scene Date/Time 1/9/2015 6:42 PM		Investigation Completed YES		Reason (if Investigation Not Complete)
Notified By LAW ENFORCEMENT AGENCY						

## ROADWAY INFORMATION

Crash Occurred on Street, Road, Highway COUNTY ROAD 1 (LITTLE ROAD)			At Street Address #	At Latitude N 28 19.8177	And Longitude W 82 40.0036
At Feet	Or Miles	Direction	From Intersection With Street, Road, Highway STATE ROAD 52		
Road System Identifier COUNTY			Type of Shoulder CURB	Type of Intersection FOUR-WAY INTERSECTION	

## CRASH INFORMATION

Light Condition DAYLIGHT	Weather Condition CLEAR	Roadway Surface Condition DRY	School Bus Related NO	Manner of Collision ANGLE
First Harmful Event Type COLLISION WITH PERSON, MOTOR VEHICLE, OR NON-FIXED OBJECT	First Harmful Event Detail MOTOR VEHICLE IN TRANSPORT	First Harmful Event Location ON ROADWAY	Within Interchange NO	First Harmful Event's Relation to Junction INTERSECTION
Contributing Circumstances: Road NONE		Contributing Circumstances: Road		Contributing Circumstances: Road
Contributing Circumstances: Environment NONE		Contributing Circumstances: Environment		Contributing Circumstances: Environment
Work Zone Related NO	Crash in Work Zone	Type of Work Zone	Workers in Work Zone	Law Enforcement in Work Zone

## VEHICLE

Vehicle V01	Motor Vehicle Type MOTOR VEHICLE IN TRANSPORT	Hit & Run (by this vehicle) NO	License Number BBA4F	State FL	Reg. Expires 5/20/2015	Permanent Reg. NO	VIN 1FMCA11U3VZA01059
Year 1997	Make FORD	Model AEROSTAR	Style SW	Color WHI	Extent of Damage FUNCTIONAL	Est. Damage 3,500	Towed Due to Damage NO
Insurance Company				Insurance Policy Number			
Name of Vehicle Owner		Business	City BAYONET POINT		State FL	Zip Code	Phone Number(s)
Trailer One	License Number	State	Reg. Expires	Permanent Reg. NO	VIN	Year	Make
Trailer Two	License Number	State	Reg. Expires	Permanent Reg. NO	VIN	Year	Make
Vehicle	Direction NORTH	On Street, Road, Highway COUNTY ROAD 1 (LITTLE ROAD)			At Est. Speed 15	Posted Speed 45	Total Lanes 6
CMV Configuration	Cargo Body Type	Area of Initial Impact		Most Damaged Area			
Comm GVWR/GCWR	Trailer Type (Trailer One)	Trailer Type (Trailer Two)	<input type="checkbox"/> Undercarriage <input type="checkbox"/> Overtum <input type="checkbox"/> Windshield <input type="checkbox"/> Trailer		<input type="checkbox"/> Undercarriage <input type="checkbox"/> Overtum <input type="checkbox"/> Windshield <input type="checkbox"/> Trailer		
Haz. Mat. Release	Haz. Mat. Placard	Haz. Mat. Number	Haz. Mat. Class				
Motor Carrier Name		US DOT Number					
Motor Carrier Address		Address Other		City	State	Zip Code	Phone Number
Comm/Non-Commercial	Vehicle Body Type PASSENGER VAN	Vehicle Defects (one) NONE	Vehicle Defects (two)	Emergency Vehicle Use NO	Special Function of MV NO SPECIAL FUNCTION		
Vehicle Maneuver Action MAKING U-TURN	Trafficway TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER	Roadway Grade LEVEL	Roadway Alignment STRAIGHT	Most Harmful Event COLLISION NON-FIXED OBJECT	Most Harmful Event Detail MOTOR VEHICLE IN TRANSPORT		
Traffic Control Device for this Vehicle TRAFFIC CONTROL SIGNAL	First (1) Sequence of Events COLLISION NON-FIXED OBJECT	Second (2) Sequence of Events	Third (3) Sequence of Events	Fourth (4) Sequence of Events			
MOTOR VEHICLE IN TRANSPORT							

## VEHICLE

Vehicle V02	Motor Vehicle Type MOTOR VEHICLE IN TRANSPORT	Hit & Run (by this vehicle) NO	License Number 1107BC	State FL	Reg. Expires 8/15/2015	Permanent Reg. NO	VIN 3GNBABFW5B5513776
Year 2011	Make CHEV	Model HHR	Style UT	Color WHI	Extent of Damage FUNCTIONAL	Est. Damage 3,000	Towed Due to Damage NO
Insurance Company				Insurance Policy Number			
Name of Vehicle Owner		Business	Current Address 9318 TAMWORTH LN		City PORT RICHEY	State FL	Phone Number(s)
Trailer One	License Number	State	Reg. Expires	Permanent Reg. NO	VIN	Year	Make
Trailer Two	License Number	State	Reg. Expires	Permanent Reg. NO	VIN	Year	Make
Vehicle	Direction NORTH	On Street, Road, Highway COUNTY ROAD 1 (LITTLE ROAD)			At Est. Speed 10	Posted Speed 45	Total Lanes 6



Crash Date 1/9/2015	Time of Crash 5:05 PM	Date of Report 1/9/2015	Reporting Agency FLORIDA HIGHWAY PATROL	Reporting Agency Case Number	HSMV Crash Report Number
CMV Configuration		Cargo Body Type		Area of Initial Impact	
Comm GVWR/GCWR		Trailer Type (Trailer One)		Trailer Type (Trailer Two)	
Haz. Mat. Release		Haz. Mat. Placard		Haz. Mat. Number	
Motor Carrier Name		US DOT Number		City	
Motor Carrier Address		Address Other		State	
Comm/Non-Commercial		Vehicle Body Type PASSENGER CAR		Vehicle Defects (one)	
Vehicle Maneuver Action TURNING LEFT		Trafficway TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER		Roadway Grade LEVEL	
Traffic Control Device for this Vehicle TRAFFIC CONTROL SIGNAL		First (1) Sequence of Events COLLISION NON-FIXED OBJECT		Second (2) Sequence of Events	
		MOTOR VEHICLE IN TRANSPORT		Third (3) Sequence of Events	
				Fourth (4) Sequence of Events	

## PERSON RECORD

# 1	Person Type DRIVER	Vehicle # V01	Injury Severity POSSIBLE	Ejection NOT EJECTED	Driver ReExam NO
Date of Birth	Sex F	Condition at Time of Crash APPARENTLY NORMAL	Address		Phone Number
Driver License Number	State FL	Expires 04/15/2017	Type CLASS E / OPERATOR		Required Endorsements NO REQUIRED ENDORSEMENTS
Restraint Systems SHOULDER AND LAP BELT USED		Air Bag Deployed NOT DEPLOYED		Helmet Use NOT APPLICABLE	
Motor Vehicle Seating Position: Row FRONT		Motor Vehicle Seating Position: Seat LEFT		Motor Vehicle Seating Position: Other	
Driver Distracted By NOT DISTRACTED		Driver Vision Obstructions VISION NOT OBSCURED			
Driver Actions at Time of Crash 1 (based on judgement of investigation officer) IMPROPER TURN		Driver Actions at Time of Crash 2 (based on judgement of investigation officer)			
Driver Actions at Time of Crash 3 (based on judgement of investigation officer)		Driver Actions at Time of Crash 4 (based on judgement of investigation officer)			
Suspected Alcohol Use NO	Alcohol Tested TEST NOT GIVEN	Alcohol Test Type	Alcohol Test Result	BAC	Suspected Drug Use NO
Source of Transport to Medical Facility NOT TRANSPORTED	EMS Agency Name or ID	EMS Run Number	Medical Facility Transported To		

## PERSON RECORD

# 2	Person Type DRIVER	Vehicle # V02	Name ALESSIA DAWN	Injury Severity POSSIBLE	Ejection NOT EJECTED	Driver ReExam NO
Date of Birth 08/16/1968	Sex F	Condition at Time of Crash APPARENTLY NORMAL	Address		Phone Number	
Driver License Number	State FL	Expires 08/16/2021	Type CLASS E / OPERATOR		Required Endorsements NO REQUIRED ENDORSEMENTS	
Restraint Systems SHOULDER AND LAP BELT USED		Air Bag Deployed NOT DEPLOYED		Helmet Use NOT APPLICABLE		Eye Protection NOT APPLICABLE
Motor Vehicle Seating Position: Row FRONT		Motor Vehicle Seating Position: Seat LEFT		Motor Vehicle Seating Position: Other		
Driver Distracted By NOT DISTRACTED		Driver Vision Obstructions VISION NOT OBSCURED				
Driver Actions at Time of Crash 1 (based on judgement of investigation officer) NO CONTRIBUTING ACTION		Driver Actions at Time of Crash 2 (based on judgement of investigation officer)				
Driver Actions at Time of Crash 3 (based on judgement of investigation officer)		Driver Actions at Time of Crash 4 (based on judgement of investigation officer)				
Suspected Alcohol Use NO	Alcohol Tested TEST NOT GIVEN	Alcohol Test Type	Alcohol Test Result	BAC	Suspected Drug Use NO	Drug Tested TEST NOT GIVEN
Source of Transport to Medical Facility NOT TRANSPORTED	EMS Agency Name or ID	EMS Run Number	Medical Facility Transported To			

## PERSON RECORD

# 3	Person Type PASSENGER	Vehicle # V02	Name CHAVELA DAWN	Injury Severity POSSIBLE	Ejection NOT EJECTED	Driver ReExam NO
Date of Birth	Sex F	Condition at Time of Crash	Address 9318 TAMWORTH LN, FL		Phone Number	
Driver License Number	State FL	Expires	Type CLASS E / OPERATOR		Required Endorsements NO REQUIRED ENDORSEMENTS	
Restraint Systems SHOULDER AND LAP BELT USED		Air Bag Deployed NOT DEPLOYED		Helmet Use NOT APPLICABLE		Eye Protection NOT APPLICABLE
Motor Vehicle Seating Position: Row FRONT		Motor Vehicle Seating Position: Seat RIGHT		Motor Vehicle Seating Position: Other		
Source of Transport to Medical Facility NOT TRANSPORTED		EMS Agency Name or ID	EMS Run Number	Medical Facility Transported To		

## PERSON RECORD

# 4	Person Type PASSENGER	Vehicle # V02	Name MARIA DAWN	Injury Severity POSSIBLE	Ejection NOT EJECTED	Driver ReExam NO
Date of Birth	Sex F	Condition at Time of Crash	Address		Phone Number	
Driver License Number	State FL	Expires	Type CLASS E / OPERATOR		Required Endorsements NO REQUIRED ENDORSEMENTS	
Restraint Systems SHOULDER AND LAP BELT USED		Air Bag Deployed NOT DEPLOYED		Helmet Use NOT APPLICABLE		Eye Protection NOT APPLICABLE
Motor Vehicle Seating Position: Row SECOND		Motor Vehicle Seating Position: Seat LEFT		Motor Vehicle Seating Position: Other		
Source of Transport to Medical Facility NOT TRANSPORTED		EMS Agency Name or ID	EMS Run Number	Medical Facility Transported To		

## VIOLATION

Person # 1	Violator Name	FL Statute Number	Violation Description U-TURN - IMPROPER/UNSAFE/PROHIBITED	Citation Number A3113E
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## WITNESS RECORD

# 5	Name	Address	Phone Number
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Crash Date 1/9/2015	Time of Crash 5:06 PM	Date of Report 1/9/2015	Reporting Agency FLORIDA HIGHWAY PATROL	Reporting Agency Case Number [REDACTED]	Officer / Crash Report Number [REDACTED]
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**NARRATIVE**

ID Number 3582	Rank TPR.	Name [REDACTED]	Troop / Post [REDACTED]	Officer Agency FLORIDA HIGHWAY PATROL	Phone Number [REDACTED]
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Vehicle 1 (V01) was traveling northbound, in the outside left turn lane, on County Road 1 (Little Road), approaching a steady red left turn arrow at the intersection of State Road 52. Vehicle 2 (V02) was traveling northbound, in the inside left turn lane, on County Road 1 (Little Road), approaching a steady red left turn arrow at the intersection of State Road 52. V01 and V02 stopped at the steady red left turn arrow.

The steady red left turn arrow changed from red to green at which time V01 and V02 proceeded.

V01 initiated a U-Turn to travel southbound on County Road 1 (Little Road) into the direct path of V02 at which time the left side of V01 collided with the right front of V02.

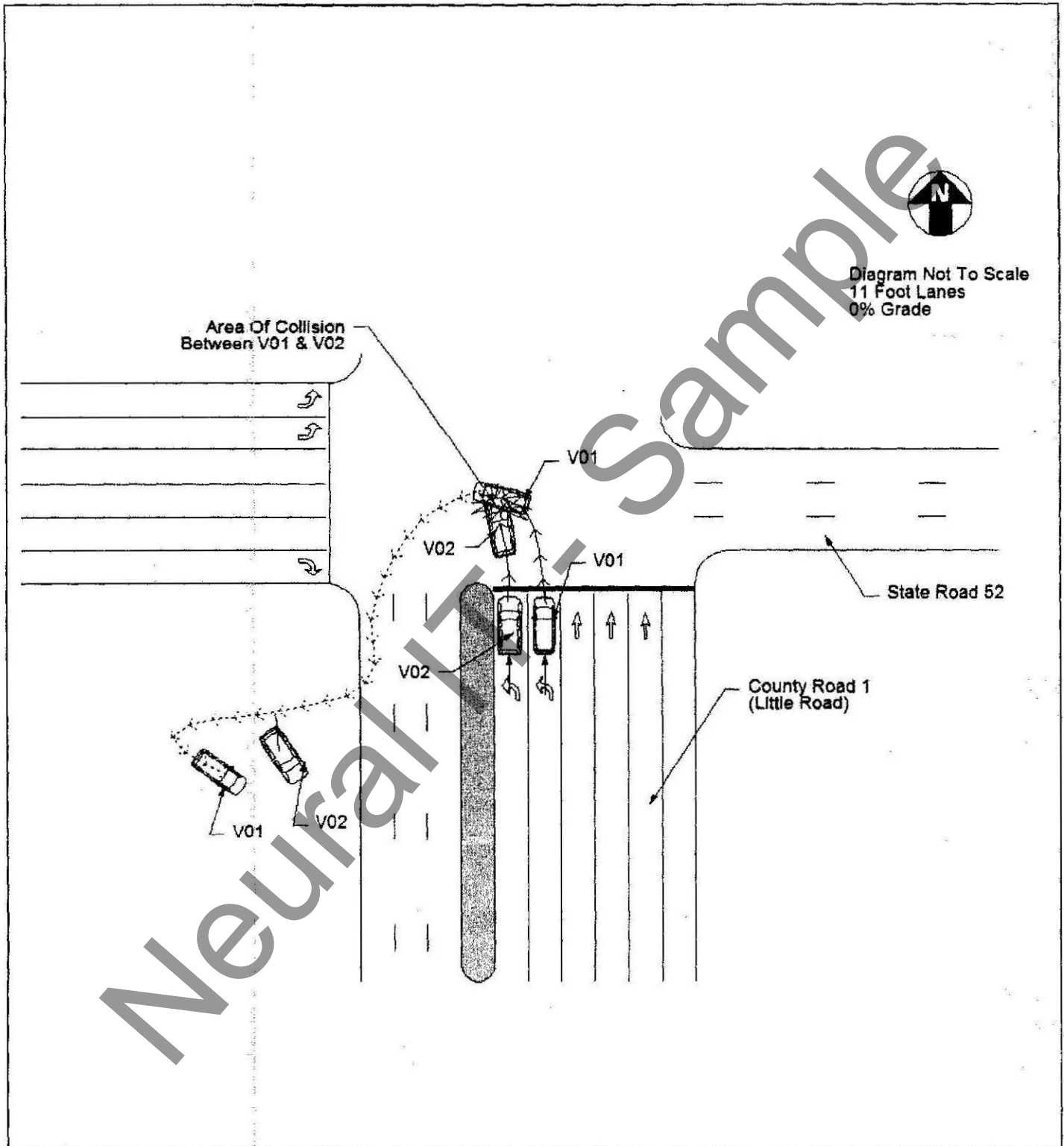
Both vehicles were moved from the area of collision to a private parking lot on the southwest corner of the intersection, prior to my arrival.

**REPORTING OFFICER**

ID Number 3582	Rank TPR.	Name [REDACTED]	Troop / Post [REDACTED]	Officer Agency FLORIDA HIGHWAY PATROL	Phone Number [REDACTED]
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Crash Date 1/9/2015	Time of Crash 5:06 PM	Date of Report 1/9/2015	Reporting Agency FLORIDA HIGHWAY PATROL	Reporting Agency Case Number FHPC15OFF002691	HSMV Crash Report Number [REDACTED]
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## DIAGRAM OF CRASH



**PLAINTIFF'S ANSWERS TO INTERROGATORIES**

1. [REDACTED] Assisted by: [REDACTED]  
9318 Tamworth Lane  
[REDACTED]
2. [REDACTED] Electronics  
13700 Repton Blvd  
[REDACTED]
3. No former names.  
  
[REDACTED]  
  
Full date of birth and social security number will be provided informally off the record at deposition.
4. No.
5. No.
6. No.
7. No.
8. I was preparing to make a left turn when the vehicle next to me turned in front of me causing me to cash into the vehicle. There was nothing I could do to prevent it.  
  
Please also refer to allegations listed in the complaint.
9. In addition to each act and omission that might be discovered during discovery, the Defendant driver acted negligently and carelessly in operating a vehicle, thereby causing this accident and my injuries.
10. No.
11. Due to the subject incident I sustained injuries to the following: neck and back. For additional information regarding Plaintiff's injuries, please refer to the medical records provided in response to Defendant's Request to Produce, pursuant to Fla.R.Civ.P 1.340(c). Plaintiff defers to treating providers regarding permanency of injuries.

# EXHIBIT 2













# EXHIBIT 3

6600 Madison Street

FL

## Emergency Department Documents

**CALL YOUR PRIVATE PHYSICIAN OR RETURN TO THE EMERGENCY ROOM IF YOUR SYMPTOMS WORSEN OR IF NO IMPROVEMENT IS NOTED.**

I, [REDACTED], have received patient education materials/instructions and have verbalized understanding, listed below:

Patient Signature

Date

Provider Signature

Time

Name:

FIN: 40839752

Electronically Signed By:

[REDACTED] (1/12/2015 07:05 EST);

**Addendum by [REDACTED] on 12 January 2015 7:05**

Discussed plan and history per patient. Agree with plan for the patient. I was immediately available for any questions or concerns regarding this patient

Electronically Signed By: [REDACTED]

on 01.12.2015 07:05 AM

Electronically Signed By: [REDACTED]

**Motor vehicle crash - minor**

Patient: [REDACTED]

FIN: [REDACTED]

Age: 46 years Sex: Female DOB: 8/16/1968

Associated Diagnoses: None

Author: [REDACTED]

**Basic Information**

Time seen: Date &amp; time 1/9/2015 23:19:00.

History source: Patient.

Arrival mode: Private vehicle.

History limitation: None.

Additional information: Patient's physician(s): Premier clinic, Chief Complaint from Nursing Triage Note : Chief Complaint

1/9/2015 21:25 Chief Complaint: PT REPORTS ALL OVER PAIN AFTER MOTOR VEHICLE CRASH. PT WAS RESTRAINED DRIVER - HIT ON PASSENGER SIDE OF CAR.

**History of Present Illness**

The patient presents following motor vehicle collision and Patient was the restrained driver involved in an MVA at 1800 hrs. complaining of pain and achiness everywhere. She denies any head or neck injury. She is complaining of mild right shoulder pain from trying to restrain her daughter who was in the passenger seat. Car was struck on the front passenger side, EMS arrived, she declined. The police were involved. Patient was ambulatory at the scene. She denies any headaches or blurred vision. No chest pain or shortness of breath. No abdominal pain. No nausea, vomiting, or diarrhea. No paresthesias. She complains of some mild low back pain. She is full range of motion of all external extremities. She denies any bowel or bladder loss.

**Review of Systems**

**Constitutional symptoms:** No fever, no chills, no sweats, no weakness, no fatigue, no decreased activity.

**Skin symptoms:** No jaundice, no rash, no pruritus, no abrasions, no breakdown, no burns, no dryness, no petechiae, no lesion.

**Eye symptoms:** No pain, no discharge, no icterus, no diplopia, no blurred vision, no blindness.

**ENMT symptoms:** No ear pain, no sore throat, no nasal congestion, no sinus pain.

**Respiratory symptoms:** Negative except as documented in HPI, no shortness of breath, no orthopnea, no cough, no hemoptysis, no sputum production.

**Cardiovascular symptoms:** No chest pain, no palpitations, no tachycardia, no syncope, no diaphoresis, no peripheral edema.

**Gastrointestinal symptoms:** No abdominal pain, no nausea, no vomiting, no diarrhea, no constipation.

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FL

## Emergency Department Documents

**Genitourinary symptoms:** No dysuria, no hematuria.**Musculoskeletal symptoms:** Back pain, Muscle pain.**Neurologic symptoms:** No headache, no dizziness, no altered level of consciousness, no numbness, no tingling, no weakness.**Psychiatric symptoms:** Negative except as documented in HPI.**Endocrine symptoms:** Negative except as documented in HPI.**Hematologic/Lymphatic symptoms:** Negative except as documented in HPI.**Allergy/Immunologic symptoms:** Negative except as documented in HPI.**Additional review of systems information:** All other systems reviewed and are negative except as noted.**Health Status****Allergies:**Allergic Reactions (Selected)*Severity Not Documented*

SulfADIAZINE- No reactions were documented..

**Past Medical/ Family/ Social History****Medical history:**

No active or resolved past medical history items have been selected or recorded..

**Surgical history:**

Gallbladder operation (479888010).

Hysterectomy (355048014).

TUMOR REMOVED FROM NECK..

**Social history:** Alcohol use: Denies, Tobacco use: Denies,**Social & Psychosocial Habits****Alcohol**

01/09/2015 Use: Denies use

**Substance Abuse**

01/09/2015 Use: Denies use

**Physical Examination****Vital Signs**

Vital Signs

1/9/2015 23:18

Pulse Rate

82 bpm NML

Respiratory Rate

18 NML

BP Obtained By

Blood Pressure by Machine

ED Laterality

Left arm

Systolic Blood Pressure

169 mmHg

Diastolic Blood Pressure

98 mmHg

Temperature Oral

97.3 DegF NML

Pulse Rate

84 bpm NML

Respiratory Rate

16 NML

**Systolic Blood Pressure****176 mmHg HI****Diastolic Blood Pressure****106 mmHg HI**

Temperature Oral

98.1 DegF NML

Pulse Rate

85 bpm NML

Respiratory Rate

20 NML

BP Obtained By

Blood Pressure by Machine

ED Laterality

Right arm

**Systolic Blood Pressure****153 mmHg HI****Diastolic Blood Pressure****97 mmHg HI**

Temperature Oral

98.1 DegF NML

Pulse Rate

84 bpm NML

Respiratory Rate

20 NML

**Systolic Blood Pressure****169 mmHg HI****Diastolic Blood Pressure****104 mmHg HI**



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## Emergency Department Documents

## Measurements

1/9/2015 21:25

Weight, Actual kg	84.091 kg
Weight, Actual lbs	185 lb
Height cm	152.4 cm
Height Inches	60 inch(es)
Body Surface Area	1.8868
Body Mass Index (BMI)	36

## SPO2

1/9/2015 23:18  
1/9/2015 23:07  
1/9/2015 21:25  
1/9/2015 21:21

SpO2	99 % NML
SpO2	98 % NML
SpO2	100 % NML
SpO2	100 % NML

**General:** Alert, no acute distress.**Glasgow coma scale:** Eye response: 4 /4, verbal response: 5 /5, motor response: 6 /6, Total score: Total score: 15.**Neurological:** Alert and oriented to person, place, time, and situation, No focal neurological deficit observed, CN II-XII intact, normal sensory observed, normal motor observed, normal speech observed, normal coordination observed.**Skin:** Warm, dry, pink, intact.**Head:** Normocephalic.**Neck:** Supple, trachea midline, no tenderness, no JVD.**Eye:** Pupils are equal, round and reactive to light, extraocular movements are intact, normal conjunctiva, vision unchanged.**Ears, nose, mouth and throat:** Tympanic membranes clear, oral mucosa moist, no pharyngeal erythema or exudate.**Cardiovascular:** Regular rate and rhythm, No murmur, Normal peripheral perfusion.**Respiratory:** Lungs are clear to auscultation, respirations are non-labored, breath sounds are equal, Symmetrical chest wall expansion.**Gastrointestinal:** Soft, Nontender, Non distended, Normal bowel sounds, No organomegaly.**Back:** Nontender, Normal range of motion, Normal alignment, no step-offs.**Musculoskeletal:** Normal ROM, normal strength, no tenderness, no swelling, no deformity.**Psychiatric:** Cooperative, appropriate mood & affect.

## Reexamination/ Reevaluation

Time: 1/9/2015 23:22:00 .

## Vital signs

per nurse's notes

Assessment: I explained to patient that there is no bony pinpoint tenderness on her body. She is full range of motion of all extremities and her back is nontender. X-rays are not warranted at this time. I offered the patient ibuprofen and Flexeril to go home with prescriptions and she declined. She states she does not want take anything while home alone taking care of her -2 girls. Follow-up as an outpatient with her primary care doctor. Return to the ER shaken becomes worse.

Patient was given the opportunity to ask questions and review results. Everything was answered by me accordingly.

Pt verbalizes understanding of the above.

## Impression and Plan

## Diagnosis

Muscle strain.

MVA

## Plan

Condition: Stable.

Disposition: Discharged: Time 1/9/2015 23:23:00, to home.

Patient was given the following educational materials: MVC, General Precautions, MUSCLE SPASM.

Follow up with: SEAWOOD COMMUNITY HEALTHCARE GROUP Within 48 to 72 Hours Call to arrange an appointment

Follow up with primary care provider

Return immediately if symptoms worsen

Return immediately if symptoms worsen

Seek medical care if symptoms worsen

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## Emergency Department Documents

take over the counter ibuprofen as directed.

**Counseled:** Patient, Family, Regarding diagnosis, Regarding diagnostic results, Regarding treatment plan, Patient indicated understanding of instructions.

**Orders:** Launch Orders

**Admit/Transfer/Discharge:**

discharge pt home (Order): 1/9/2015 23:23, discharge pt home.

Electronically Signed By:

on 01.09.2015 11:24 PM

Electronically Signed By:

Electronically Signed By:

1/9/2015 23:50 EST)

Ambulatory

### MUSCLE SPASM

A MUSCLE SPASM is a prolonged contraction of the muscle fibers. This may be caused by strain or over exertion of the muscle, injury, or metabolic changes. If it goes on long enough the muscle spasm causes pain. Common locations for muscle spasm are the legs (especially at night in older persons), in the neck and back.

### HOME CARE:

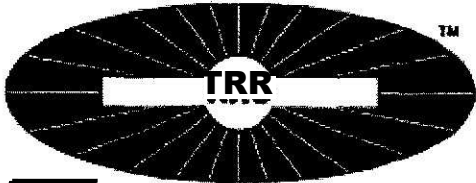
- 1) Heat, massage and passive stretching will help relax muscle spasm.
- 2) When the spasm is in your arm or leg, you may stretch the muscle passively by having someone bend or straighten the joint above or below the muscle until you feel the stretch on the sore muscle. Hold this tension for 5-30 seconds, as tolerated. Release. Rest for one minute. Repeat until the spasm is relieved.
- 3) You may use acetaminophen (Tylenol) or ibuprofen (Motrin, Advil) to control pain, unless another medicine was prescribed. [ **NOTE** : If you have chronic liver or kidney disease or ever had a stomach ulcer or GI bleeding, talk with your doctor before using these medicines.]

**FOLLOW UP** with your doctor or this facility if you are not improving within the next 1-2 days.

**GET PROMPT MEDICAL ATTENTION** or contact your doctor if any of the following occur:

- Fingers or toes become swollen, cold, blue, numb or tingly
- You develop weakness in the affected arm or leg

# EXHIBIT 4


**Radiology Centers, Inc.®**
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 Home of Florida's 1st Stand-Up, "High Field", Open MRI

*Physicians Dedicated To Patient Care™*
**MRIROSE.COM**

Phone: [REDACTED] Fax: [REDACTED]

**DATE OF EXAM:** 02/20/15  
**PATIENT NAME:** Mr. ABCD  
**ACCOUNT:** 837191  
**SEX:** Female **AGE:** 46  
**DATE OF BIRTH:** [REDACTED]  
**REFERRING PHYSICIAN:** [REDACTED]

**MRI CERVICAL SPINE WITHOUT CONTRAST WITH FLEXION AND EXTENSION IMAGES**
**HISTORY:** Pain post motor vehicle accident.

**COMPARISON:** None.

**TECHNIQUE:** Utilizing the high-field upright open MRI scanner at Boot Ranch, MRI sequences were obtained in multiple orthogonal planes as needed. Flexion and extension images sagittal T2 weighted images were also obtained. No contrast given.

**FINDINGS:** There is straightening of cervical lordosis. Fatty marrow signal in the vertebral bodies is identified with maintenance of vertebral body heights. No subluxation is appreciated on neutral, flexion or extension views. The cervical spinal cord signal as well as craniocervical junction appear maintained. The paraspinal soft tissues are unremarkable.

The intervertebral discs at multiple levels were evaluated and the findings noted below:

C2/3: Unremarkable.

C3/4: Posterior disc protrusion extending predominantly to the left effaces the thecal sac.

C4/5: Left paracentral disc protrusion with underlying disc bulge and disc osteophyte change occurs. Thecal sac effacement with narrowing of the lateral recess and foramina bilaterally occurs.

C5/6: Posterior disc protrusion effaces the ventral thecal sac. Narrowing of the lateral recess and foramina bilaterally with disc osteophyte change occurs.

C6/7: Disc bulge effaces the thecal sac.

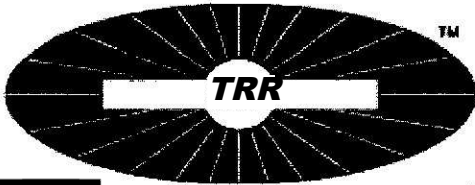
C7/T1: Disc bulge effaces the thecal sac.

Continued.....

MRI ♦ 16 Slice CT ♦ X-Ray ♦ Ultrasound ♦ Digital Mammo ♦ DEXA ♦ Pain Management &amp; Interventional

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**Billing/Payment Address:**





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The Imaging Center at Boot Ranch

*Physicians Dedicated To Patient Care™*

**MR.ROSE.COM**

Phone: [REDACTED]

Fax: [REDACTED]

**DATE OF EXAM:** 02/20/15

**PATIENT NAME:** Mr. ABCD

**ACCOUNT:** 837191

**MRI CERVICAL SPINE WITHOUT CONTRAST WITH FLEXION AND EXTENSION IMAGES**

**PAGE TWO**

**IMPRESSION:**

1. Disc protrusion C5/6, C4/5, C3/4.
2. Disc bulges C6/7, C7/T1.
3. Lateral recess and foraminal narrowing bilaterally C4/5, C5/6. Clinical correlation for corresponding radiculopathies is recommended.
4. Straightening of cervical lordosis may indicate musculoligamentous spasm or sprain.
5. No subluxation on provocative maneuvers.

**I appreciate the opportunity to be involved in the care of your patient.**

[REDACTED]  
Diplomate, American Board of Radiology  
Fellowship-Trained Neuroradiologist  
Senior Member, American Society of Neuroradiology (ASNR)

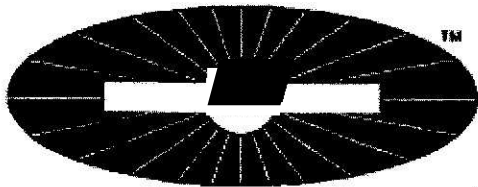
RF/wmm dd: 2/23/15 dt: 2/23/15

Electronically approved by: [REDACTED] Date: 02/23/15 17:47

[REDACTED] Office CT ♦ X-Ray ♦ Ultrasound ♦ Digital Mammo ♦ DEXA ♦ Pain Management & Interventional

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**MRIROSE.COM**

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

**DATE OF EXAM:**

02/20/15

**PATIENT NAME:**

**ACCOUNT:**

**SEX:** Female

AGE: 46

**DATE OF BIRTH:**

**REFERRING PHYSICIAN:**

### **MRI OF THE LUMBAR SPINE WITHOUT CONTRAST WITH FLEXION AND EXTENSION IMAGES**

**HISTORY:** Pain post motor vehicle accident.

**TECHNIQUE:** Utilizing the high-field upright open MRI scanner at Boot Ranch, MRI sequences were obtained in multiple orthogonal planes as needed. Flexion and extension imaging also obtained. No contrast given.

**FINDINGS:** There is straightening of lumbar lordosis seen. Fatty marrow signal in the vertebral bodies is appreciated with maintenance of vertebral body heights. The conus medullaris is seen at T12/L1. The paraspinal soft tissues are unremarkable.

With neutral view there is 1.8 mm retrolisthesis L1 on L2. With extension there is 0.5 mm retrolisthesis L1 on L2. With flexion, alignment is restored.

The intervertebral discs at multiple levels were evaluated and the findings noted below:

T12/L1: Unremarkable.

L1/2: Annular disc bulge with disc osteophyte change and facet overgrowth effaces the thecal sac, lateral recess and foraminal fat.

L2/3: Annular disc bulge and facet overgrowth with disc osteophyte change occurs. Thecal sac stenosis with AP thecal sac diameter 9 mm as well as effacement of the lateral recess and foraminal fat by disc bulge is noted.

L3/4: Annular disc bulge effaces the thecal sac, lateral recess and foraminal fat. Some facet overgrowth is seen.

L4/5: Annular disc bulge with facet overgrowth effaces the thecal sac, lateral recess and foraminal fat.

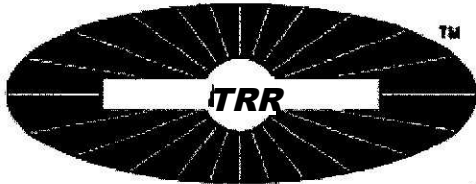
L5/S1: Asymmetric right-sided facet overgrowth. The intervertebral disc appears maintained. No neural compromise is identified.

**Continued.....**

1.5T MRI ♦ 16 Slice CT ♦ X-Ray ♦ Ultrasound ♦ Digital Mammo ♦ DEXA ♦ Pain Management & Interventional

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**MRIROSE.COM**

Phone: [REDACTED] Fax: [REDACTED]

**DATE OF EXAM:** 02/20/15

**PATIENT NAME:** Mr. ABCD

**ACCOUNT:** [REDACTED]

**MRI OF THE LUMBAR SPINE WITHOUT CONTRAST WITH FLEXION AND EXTENSION IMAGES**  
**PAGE TWO**

### **IMPRESSION:**

1. Straightening of lumbar lordosis may indicate musculoligamentous spasm or sprain.
2. Grade 1 retrolisthesis L1 on L2 with variability between neutral, flexion and extension views. This could indicate ligamentous laxity.
3. Disc bulges from L1/2 to L4/5 with thecal sac effacement as well as mild thecal sac stenosis L2/3.
4. Some spondylitic facet change and disc osteophyte change is noted with effacement of the lateral recess and foraminal fat from L1/2 to L4/5.
5. Asymmetric right-sided facet overgrowth L5/S1.
6. Additionally noted is probable parapelvic renal cysts bilaterally, more numerous on the left than the right.

**I appreciate the opportunity to be involved in the care of your patient.**

SEEEEE [REDACTED] MD  
Diplomate, American Board of Radiology  
Fellowship-Trained Neuroradiologist  
Senior Member, American Society of Neuroradiology (ASNR)

RF/wmm dd: 2/23/15 dt: 2/23/15

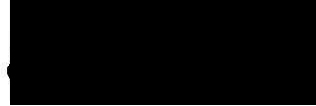
Electronically approved by: SEEE [REDACTED] MD Date: 02/23/15 17:46

16 Slice CT ♦ X-Ray ♦ Ultrasound ♦ Digital Mammo ♦ DEXA ♦ Pain Management & Interventional

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# EXHIBIT 5

CEP AMERICA LLC

800 498-7157  
TAX ID27-1369141

ACCOUNT NO. 677013-01

STATEMENT DATE 11/09/17

DATE	PATIENT	DR# AT RF	DESCRIPTION	ICD10	AMOUNT
08/05/17		1 2	99283 LEVEL 3 EMERGENCY, P		268.00
08/05/17		1 2	94760/26 PULSE OXIMETRY, SING		28.00
TOTAL CURRENT					\$296.00





ATTORNEY LIEN HOLD IN HOUSE

## HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PICA		PICA	
1. MEDICARE (Medicare #) <input type="checkbox"/> MEDICAID (Medicaid #) <input type="checkbox"/> TRICARE (ID#/DoD#) <input type="checkbox"/> CHAMPVA (Member ID#) <input type="checkbox"/> GROUP HEALTH PLAN (ID#) <input type="checkbox"/> FECA BLK LUNG (ID#) <input type="checkbox"/> OTHER (ID#) <input type="checkbox"/>		1a. INSURED'S I.D. NUMBER (For Program in Item 1) 816543	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) [REDACTED]		3. [REDACTED] SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	
5. P [REDACTED]		6. PATIENT RELATIONSHIP TO INSURED Self <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>	
CITY Decatur STATE GA		CITY Decatur STATE GA	
ZIP CODE 30035 TELEPHONE (Include Area Code) (404) 610 3833		ZIP CODE 30035 TELEPHONE (Include Area Code) (404) 610 3833	
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)		10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input type="checkbox"/> NO b. AUTO ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO PLACE (State) <input type="checkbox"/> c. OTHER ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO 10d. CLAIM CODES (Designated by NUCC)	
a. OTHER INSURED'S POLICY OR GROUP NUMBER		11. INSURED'S POLICY GROUP OR FECA NUMBER NA	
b. RESERVED FOR NUCC USE		a. INSURED'S DATE OF BIRTH MM DD YY 07 23 64 M <input type="checkbox"/> F <input checked="" type="checkbox"/>	
c. RESERVED FOR NUCC USE		b. OTHER CLAIM ID (Designated by NUCC)	
d. INSURANCE PLAN NAME OR PROGRAM NAME		c. INSURANCE PLAN NAME OR PROGRAM NAME ATTORNEY LIEN HOLD IN HOUSE	
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. SIGNATURE ON FILE 09/01/2017 SIGNED DATE		13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below. SIGNATURE ON FILE SIGNED	
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL		15. OTHER DATE MM DD YY QUAL	
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE DN [REDACTED]		18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO \$ CHARGES	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. Relate A-L to service line below (24E) A. M54 5 B. M25 511 C. ICD Ind. D. <input type="checkbox"/> E. F. G. H. I. J. K. L.		22. RESUBMISSION CODE ORIGINAL REF. NO.	
24. A. DATE(S) OF SERVICE From To B. PLACE OF SERVICE C. D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) E. DIAGNOSIS POINTER F. \$ CHARGES G. DAYS OR UNITS H. EPSDT Family Plan I. ID. QUAL J. RENDERING PROVIDER ID. #			
1 08 31 17 08 31 17 49 72148 A 2370.00 1 NPI 1972557783			
2 08 31 17 08 31 17 48 73221 RT B 2225.00 1 NPI 1972557783			
3			
4			
5			
6			
25. FEDERAL TAX I.D. NUMBER 582388975 SSN EIN <input type="checkbox"/> <input checked="" type="checkbox"/>		26. PATIENT'S ACCOUNT NO. AH1256949	
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) Thomas Brown 09/01/17 SIGNED DATE		27. ACCEPT ASSIGNMENT? (or govt. claims, see back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 28. TOTAL CHARGE \$ 4595.00 29. AMOUNT PAID \$ 0.00 30. Rsvd for NUCC use 0.00	
32. SERVICE FACILITY LOCATION INFORMATION 2774 North Decatur RD DECATUR, GA 30033-5910 a. 1508841511 b.		33. BILLING PROVIDER INFO & PH # (404) 292 2277 PO BOX 933367 ATLANTA, GA 31193-3367 a. 1508841511 b.	