

**SETTLEMENT DEMAND**  
**DATE**

**Addressee:**

Re:       **My Client**                               XXXX  
          **Your Insured:**                   XXXX  
          **Claim Number:**  
          **Incident Date:**               February 7, YYYY

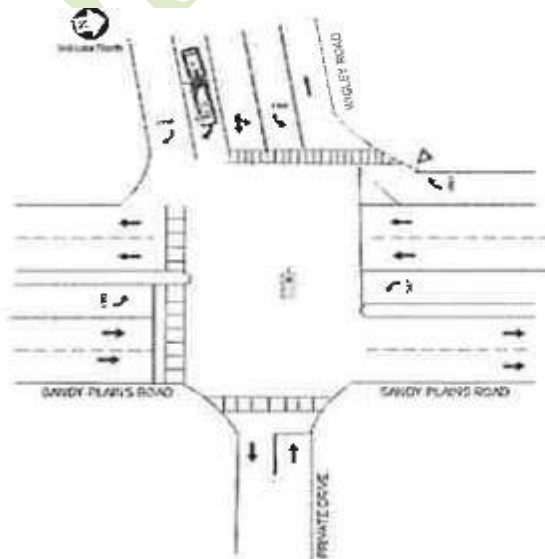
Dear Claims Representative:

Please consider this correspondence as my client's demand for the full and final resolution of the above referenced claim.

**FACTS AND LIABILITY**

On February 7, YYYY, at 06:50 a.m., XXXX was the restrained driver of a YYYY, Toyota Highlander. She was traveling on Wigley Road, XXX, Georgia. Your insured, XXXX, was traveling directly behind Ms. XXXX's vehicle in a YYYY, Toyota Camry Base/S. At one point, when Ms. XXXX stopped her vehicle in the right turn lane of Wigley Road at the intersection with Sandy Plains Road, Mr. XXXX failed to stop his vehicle accordingly. As a result, the front of Mr. XXXX's vehicle struck the rear of Ms. XXXX's vehicle. Ms. XXXX exited her vehicle to speak to Mr. XXXX who reversed his vehicle, made a U-turn and drove away as he was afraid to get into trouble.

A YYY Motor Vehicle Crash Report (*Exhibit-1*) was prepared by XXX Police which determined that your insured, XXXX, was at fault and caused the collision. Mr. XXXX was arrested, charged, and cited for violating the section 40-6-270.



## **PROPERTY DAMAGE**

On February 7, YYYY, the 2013, Toyota Highlander, which Ms. XXXX, was driving sustained functional damage to its rear end.

## **SUMMARY OF PHYSICAL INJURIES**

As a result of the collision, Ms. XXXX, a 49 year-old woman sustained the following injuries:

- ***G44.309***      **Post-traumatic headache**
- ***M54.2***        **Cervicalgia**
- ***S13.4XXA***    **Sprain of her cervical spine**
- ***S16.1XXA***    **Strain of muscle, fascia, and tendon at her neck**
- ***M99.01***        **Segmental and somatic dysfunction of her cervical region**
- ***M99.02***        **Segmental and somatic dysfunction of her thoracic region**
- ***S23.3XXA***    **Sprain of her thoracic spine**
- ***M54.6***        **Pain in her thoracic spine**
- ***S29.012A***    **Strain of muscle and tendon of back wall of her thorax**
- ***S33.5XXA***    **Sprain of her lumbar spine**
- ***M99.03***        **Segmental and somatic dysfunction of her lumbar region**
- ***S39.012A***    **Strain of muscle, fascia, and tendon of her lower back**
- ***M54.16***      **Lumbar radiculopathy**
- ***S33.0XXA***    **Traumatic rupture of her lumbar intervertebral disc at L4-L5 level**

## **TREATMENT OF INJURIES**

On February 7, YYYY, Ms. XXXX was examined by XXXX, P.A., at the emergency room of ABC Hospital (*Exhibit-2*) for the complaints of having an aching and constant pain in her neck, torso, and lower back following a motor vehicle collision that occurred on the same day. On examination, she had palpable tenderness in her neck. She was diagnosed with whiplash injury to her neck and sprain of her cervical spine. She was prescribed Ibuprofen and Norflex. She was recommended to follow up if her symptoms worsened. She was also recommended to follow up with Dr. Elshihabi as soon as possible in one week for further evaluation and care.

On February 8, YYYY, Ms. XXXX was examined by XXXX D.C., at AB Orthopedics (*Exhibit-3*) for the complaints of having headaches and pain in her neck, mid-back, lower back, hips, and legs following the motor vehicle collision that occurred on February 7, YYYY. She described her pain as aching, spasming, and stiff which was worsened by her bending and twisting with a pain level of 8/10. She reported

that her lower back pain radiated down to her legs. The X-rays of Ms. XXXX's cervical, thoracic, and lumbar spine were obtained. There was an evidence of decrease in her cervical lordotic curve. There was an evidence of decreased disc height noted at her L4-L5 level. There was also an evidence of subluxations noted at her C3, C4, T3, T4, T5, T6, L3, L4, and L5 levels. On examination, she had palpable tenderness, increased muscle tone, muscle spasm, edema, and swelling in her neck, upper back, mid-back, and lower back. She also had palpable subluxations noted at her C2, C5, C6, T4, T6, T8, L4 and L5 levels. Further, she had restricted range of motion in her neck and lower back due to pain. The orthopedic tests included cervical compression test, shoulder depression maneuver, soto-hall test, distraction test, O'Donoghue's test, Kemp's test, Patrick's Fabere test, straight leg raise test, Yeoman's test, Lewin Gaenslen's test, and Ely's test were all positive. She had decreased sensation in her bilateral L3 dermatome distribution. She was diagnosed with sprain of her thoracic spine, sprain of her lumbar spine, strain of muscle, fascia, and tendon at her neck, sprain of her cervical spine, segmental and somatic dysfunction of her cervical, thoracic, and lumbar region, strain of muscle and tendon of back wall of her thorax, strain of muscle, fascia, and tendon of her lower back, lumbar radiculopathy, cervicgia, and pain in her thoracic spine. She was also recommended to undergo chiropractic treatment thrice a week for four weeks. Her treatment included hot and cold pack application, chiropractic spinal adjustments, electrical muscle stimulation, and ultrasound therapy. Her treatment plan included moist heat and cold pack application, electrical muscle stimulation, mechanical intersegmental traction, and ultrasound therapy.

On February 12, YYYY, Ms. XXXX was examined by XXXX, M.D., at AB Orthopedics for the complaints of having pain in her neck, mid-back, and lower back. She described her lower back pain as tightness, aching, and dull sensation with a pain level of 8/10 which radiated down to her lower extremities. She reported her pain was increased throughout the day. On examination, she had palpable tenderness in her upper back, mid-back, and lower back. Her straight leg raising test was positive. She was diagnosed with sprain of her lumbar spine, lumbar radiculopathy, and strain of muscle and tendon of back wall of her neck, thorax, and lower back. Dr. Horner opined that Ms. XXXX's injuries were a direct result of the motor vehicle collision that occurred and her complaints were consistent with the mechanism of injury. She was recommended to have an MRI scan of her lumbar spine for further evaluation. She was also recommended to undergo physiotherapy and chiropractic care two to four times weekly. Further, she was recommended to have a consultation at Orthopedic Specialty Department for further evaluation and management.

On February 14, YYYY, an MRI scan of Ms. XXXX's lumbar spine was obtained by XXXX, M.D., at AB Orthopedics. The study revealed facet arthropathy at her L1-L2, L2-L3, and L3-L4 levels. There was an evidence of desiccation of disc space at her L4-L5 level. There was a central herniated disc protrusion with annular tear touched the thecal sac in the midline at her L4-L5 level. Her neural foramina were narrowed due to facet disease at her L4-L5 level. Her L5-S1 disc space level demonstrated desiccation of the disc. There was mild facet arthropathy at her L5-S1 level. A clinical correlation for corresponding posttraumatic pain and radicular involvement was recommended.

On March 12, YYYY, Ms. XXXX presented to XXXX, M.D., and XXXX P.A., at AB Orthopedics for a follow up evaluation of the continued pain in her mid-back and lower back. She described her pain along with muscle spasms as achy and intense which was worsened by her bending, sitting, standing, twisting, and walking. On examination, she had palpable tenderness along with restricted range of motion in her lower back due to pain. Her straight leg raise test was positive. She was diagnosed with sprain of her lumbar spine, lumbosacral radiculopathy, and traumatic rupture of her lumbar intervertebral disc. She was recommended to receive lumbar epidural injection. She was administered a semi rigid lumbar support brace.

She was recommended to follow up in two weeks post injection for further evaluation and management.

On April 10, YYYY, Ms. XXXX presented to XXXX, P.A., and Dr. XXXX at AB Orthopedics for a follow up evaluation of continued pain in her mid-back and lower back. On examination, her straight leg raising test was positive. She was diagnosed with sprain of her lumbar spine. She was recommended to continue using her transcutaneous electrical nerve stimulation unit for her future flare-ups. She was advised to follow up for further evaluation and management.

From February 12, YYYY through April 12, YYYY, Ms. XXXX underwent chiropractic treatment at AB Orthopedics for the complaints of having continued headaches and pain in her neck, mid-back, lower back, hips, and legs. She reported that she had difficulty sleeping, bending, and twisting due to pain. She also reported that she had continued pain in her mid-back, lower back, lower legs along with tightness in her abdomen. Further, she reported that her lower back pain radiated down to her left leg which was worsened at nights. As of April 10, YYYY, she had palpable tenderness, myospasms, and subluxations in her neck, mid-back, and lower back. She also had restricted range of motion in her neck and lower back due to pain. She was diagnosed with strain of muscle, fascia, and tendon of her lower back, strain of muscle and tendon of back wall of her thorax, strain of muscle, fascia, and tendon at her neck, and sprain of her cervical spine, traumatic rupture of her lumbar intervertebral disc, segmental and somatic dysfunction of her cervical, thoracic, and lumbar region, cervicalgia, pain in her thoracic spine, and lumbar radiculopathy. She was recommended to continue undergoing her chiropractic treatment. She was administered a transcutaneous nerve stimulation therapy unit to use at home. Her treatment included moist heat and cold pack application, electrical muscle stimulation, mechanical intersegmental traction, and ultrasound therapy. Her treatment included hot and cold pack application, chiropractic spinal adjustments, electrical muscle stimulation, and ultrasound therapy.

On April 19, YYYY, Ms. XXXX had a final chiropractic evaluation with Dr. XXXX at AB Orthopedics for the complaints of having continued pain in her neck, mid-back, and lower back. She described her pain as spasming which was worsened by her bending and twisting. She reported her lower back radiated down to her legs. On examination, she had palpable tenderness in her neck, upper back, and lower back. She also had subluxations noted in her C2, T5, and T2 spine. Further, she had restriction range of motion in her neck and lower back due to pain. The orthopedic tests included shoulder depression maneuver, O' Donoghue's test, and Kemp's test were all positive. She was diagnosed with pain in her thoracic spine, segmental and somatic dysfunction of her cervical and thoracic region, traumatic rupture of lumbar intervertebral disc, lumbar radiculopathy, and cervicalgia. She was recommended to undergo additional chiropractic treatment of one to two visits in a month for another six months.

#### **MEDICAL EXPENSES**

The medical expenses (*Exhibit-4*) for treatment of injuries that Ms. XXXX suffered because of the collision amounted to \$14,686.74. Copies of the medical bills are attached and itemized below:

<b>ABC Hospital</b>	<b>:</b>	<b>\$640.00</b>
<b>ABCD Group, L.L.C.</b>	<b>:</b>	<b>\$505.00</b>
<b>AB Orthopedics</b>	<b>:</b>	<b>\$13,041.74</b>
<b>Out of Pocket Expenses</b>	<b>:</b>	<b><u>\$500.00</u></b>

**Total Medical Expenses : \$14,686.74**

**FUTURE MEDICAL EXPENSES**

Ms. XXXX continues to suffer from pain in her neck, upper back, mid-back, lower back, left leg, and headaches as a result of the collision. She may require orthopedic consultations to assess the extent of her injuries. She may require neurological consultations to evaluate her headaches and lumbar radiculopathy. She may require lumbar epidural steroid injections as recommended by Dr. XXXX. She may require additional chiropractic care to alleviate her future flare ups as opined by Dr. XXXX. She may require massage therapy visits to relax her tightened paraspinal muscles. She may require electromyogram/nerve conduction study to evaluate her lumbar radiculopathy. Pain management consultations and medications may be needed to control her pain.

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

<b>Orthopedic consultations</b>	<b>:</b>	<b>\$1,000.00-\$1,500.00</b>
<b>Neurological consultations</b>	<b>:</b>	<b>\$1,000.00-\$1,500.00</b>
<b>Lumbar epidural steroid injections</b>	<b>:</b>	<b>\$3,500.00-\$4,500.00</b>
<b>Additional Chiropractic Therapy</b>	<b>:</b>	<b>\$2,000.00-\$3,000.00</b>
<b>Massage Therapy</b>	<b>:</b>	<b>\$500.00-\$1,000.00</b>
<b>EMG/NCV testing of lower extremities</b>	<b>:</b>	<b>\$3,000.00-\$3,500.00</b>
<b>Pain management consultations</b>	<b>:</b>	<b><u>\$1,000.00-\$1,500.00</u></b>
<b>Total Future Medical Expenses</b>	<b>:</b>	<b>\$12,000.00-\$16,500.00</b>

**LIFESTYLE IMPACT**

Ms. XXXX was deserving an active and peaceful state of health until she met with the motor vehicle collision that happened on February 07, YYYY. Unfortunately, she continues to suffer from headaches and pain in her neck, upper back, mid-back, lower back, hips, and left leg despite receiving chiropractic treatment and taking pain medications. Since the collision, she has difficulty performing the activities of her daily living due to excruciating pain. She has continued pain while bending and twisting which are unavoidable in her daily activities. She struggles to manage the radiating pain in her left leg which worsens at nights and bothers her sleep. Due to the pain and suffering she has had to adapt to various lifestyle modifications. She is unable to participate in her light cardio sessions which is interrupted by her continued pain and stiffness in her lower back. She claims that the road traffic collision had entirely changed the quality and outlook of her life and made her life miserable. She is frustrated in undergoing chiropractic treatment and taking medications which have proven futile. She is experiencing a lot of distress over how the motor vehicle collision has impacted and turned her life pathetic at no fault of her own. Her emotional symptoms are significant and impacting on her sense of self, self-esteem, self-confidence, and ability to interact with her environment. Everyday, with great difficulty, she struggles to lead her life recollecting the horrible moments of the road traffic collision which she never expected.

Ms. XXXX, definitely would not have sustained injuries if your insured was attentive and careful while driving. The injuries have definitely affected her and have brought about a lot of undesirable physical sufferings, emotional distress, and financial burden for which she must be rightfully compensated.

**SUMMARY OF DAMAGES**

<b>Medical expenses</b>	<b>:</b>	<b>\$14,686.74</b>
<b>Future medical expenses</b>	<b>:</b>	<b>\$12,000.00-\$16,500.00</b>
<b>Future loss of income</b>	<b>:</b>	<b>Unknown at this time</b>
<b>Lifestyle impact/loss of activities</b>	<b>:</b>	<b>\$</b>

**CONCLUSION**

We recognize that your insured maintained only \$100,000.00 in available liability coverage to respond to this incident. In the spirit of compromise and in an effort to resolve this matter without the time and expense necessarily involved in formal litigation, I have been authorized by my client to demand settlement in the amount of \$100,000.00 from this policy, **if you tender this amount and the settlement check and Release are received in my office on or before** [redacted]. If this amount exceeds your insured's available policy limits, please consider this a policy limits demand. Acceptance of the policy limits is conditioned upon a receipt of a certified copy of the policy declarations page. Please be advised that if settlement cannot be accomplished in accordance with the terms as set forth, I have been instructed to file a lawsuit against your insured, and I feel confident that we will receive a verdict in excess of your insured's policy limits and will then be forced to commence unpleasant collection activities directly from your insured.

This demand for settlement is subject to verification of no excess coverage and permission from the UM carrier to accept same.

I trust that your reasonable evaluation of this file will lead to a settlement and you will not subject your insured to the litigation process. Copies of my client's relevant medical records and Bills Are Enclosed.

This letter is intended for settlement purposes only and shall not be deemed admissible pursuant to § \_\_\_\_\_, Florida Statutes.

Sincerely,

Enclosure  
cc:

**EXHIBITS**

- Exhibit 1** : **YYY Motor Vehicle Crash Report**
- Exhibit 2** : **ABC Hospital**
- Exhibit 3** : **AB Orthopedics**
- Exhibit 4** : **Medical Expenses**

7 HORSES MRR