

SETTLEMENT DEMAND
DATE

Addressee:

Re: **My Client:** XXXX

Your Insured: XXXX

Your Insured's XXXX

Driver

Claim Number:

Incident Date: December 20, YYYY

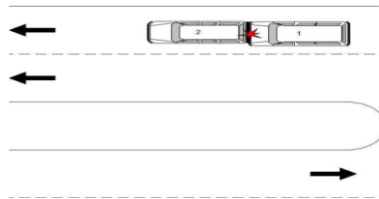
Dear Claims Representative:

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

FACTS AND LIABILITY

On December 20, YYYY at 2:18 p.m., XXXX, was the restrained driver of a 2002, Toyota 4 Runner. He was travelling eastbound on Roswell Road, Cobb County, Georgia. At the same time, your insured's driver, XXXX, was driving a YYYY Nissan NV200 2.5S 2 directly behind Mr. XXXX's vehicle. At one point, when Mr. XXXX stopped his vehicle for the traffic ahead and Ms. XXXX failed to stop her vehicle accordingly and collided with the rear end of Mr. XXXX's vehicle.

A Traffic Collision Report (**Exhibit -1**) was prepared by Cobb County Police Department which determined that your insured's driver, Ms. XXXX was at fault and caused this collision by following too closely.)



PROPERTY DAMAGE

On December 20, YYYY, the 2002, Toyota 4 Runner which Mr. XXXX was driving sustained damage to its rear panel.

SUMMARY OF PHYSICAL INJURIES

As a result of the collision, Mr. XXXX, a 60-year-old man sustained the following injuries:

- **S13.4 Cervical strain**
- **S13.4 Cervical sprain**
- **M54.16 Cervical radiculopathy to his left upper extremity**
- **M50.10 Cervical herniated nucleus**
- **M50.20 Cervical disc prolapse**
- **M50.221 Other cervical disc displacement at C4-C5 level**
- **M50.222 Other cervical disc displacement at C5-C6 level**
- **M50.223 Other cervical disc displacement at C6-C7 level**
- **S33.5 Lumbar strain**
- **S33.5 Lumbar sprain**
- **M54.16 Lumbar radiculopathy to his left lower extremity**
- **M51.06 Lumbar herniated nucleus**
- **G56.22 Lesion of ulnar nerve of left upper limb**
- **M51.16 Lumbar disc prolapse**

TREATMENT OF INJURIES

On January 4, 2018, Mr. XXXX was examined by XXXX, M.D., at the XXX Medical Group, LLC (**Exhibit -2**) for the complaints of having pain in his neck and lower back. He complained of radiating pain in his left arm and left leg. He reported having tingling and numbness in the fourth and fifth digits of his left hand. He also had numbness in his left great toe and middle toe. He reported the pain level in his neck as 8/10. On examination, he had palpable tenderness in his neck and lower back. He also had muscle spasms and restricted range of motion in his neck. He was diagnosed with cervical strain, sprain of the ligaments of his cervical spine, cervical radiculopathy, lumbar strain, lumbar radiculopathy, and sprain of the ligaments of his lumbar spine. Dr. XXXX opined that Mr. XXXX's injuries were caused by the collision that occurred on December 20, YYYY. He was prescribed Naproxen and Cyclobenzaprine. He was recommended to undergo physical therapy thrice a week. He was also recommended to have an MRI of his cervical and lumbar spines. He was also recommended to follow up in two weeks.

On January 8, 2018, Mr. XXXX had an initial chiropractic evaluation with XXXX, D.C., at XXX Medical Group, LLC for the complaints of having pain in his neck and lower back. He reported that the pain in his neck was constant. He reported his pain level as 7/10. He described his pain as sore, achy, and stiff along with numbness in the third, fourth, and fifth fingers of his left hand. He also had numbness in the little and great toe of his left foot. Further, he reported his pain worsened with bending, sitting, and lifting. On examination, he had palpable tenderness in his neck. He also had restricted range of motion in his neck and lower back due to pain. The axial compression test, shoulder depression test, and the straight leg raise test were positive. He was diagnosed with cervical strain, cervical sprain, radiculopathy of his lumbar region, and lumbar sprain. He was recommended to undergo chiropractic treatment two to three times a week for six weeks. He was also recommended to have a re-evaluation every two weeks.

On January 15, 2018, an MRI of Mr. XXXX's cervical spine was obtained by XXXX, M.D. at XXX Radiology of Georgia. **(Exhibit -3)** The study revealed a disc bulge with broad-based posterior central protrusion type herniation compressing on the anterior cord causing severe right and moderate left neuroforaminal compromise resulting in compression of the exiting C4 nerve roots at his C3-C4 level. There was moderate spinal stenosis noted at his C3-C4 level. There was an evidence of broad based posterior disc herniation compressing on the anterior cord causing severe bilateral neuroforaminal narrowing resulting in compression of the exiting C5 nerve roots at his C4-C5 level. There was moderate to severe spinal canal stenosis noted at his C4-C5 level. There was also an evidence of disc bulge compressing on the thecal sac causing bilateral neuroforaminal narrowing at his C5-C6 level. There was mild spinal canal stenosis noted at his C5-C6 level. Also, there was an evidence of disc bulge with broad based left paracentral/foraminal disc herniation compressing on the anterolateral cord causing severe neuroforaminal compromise resulting in compression of the left exiting C7 nerve root at his C6-C7 level. There was mild to moderate spinal canal stenosis noted at his C6-C7 level. There was also disc bulges present with right paracentral/foraminal protrusion type herniations compressing on the thecal sac causing severe neuroforaminal compromise at his C7-T1 and T1-T2 levels. In addition, Dr. XXXX stated the reported findings were caused by recent trauma that occurred on December 20, YYYY.

On the same day, an MRI of Mr. XXXX's lumbar spine was obtained by Dr. XXXX at XXX Radiology of Georgia. The study revealed anterolisthesis at his L3-L4 level and retrolisthesis at his L5-S1 level. There was an evidence of circumferential disc bulge compressing on the thecal sac causing some bilateral neuroforaminal narrowing at his L1-L2 level. There was circumferential disc bulge with superimposed right paracentral protrusion type herniation compressing on the thecal sac causing bilateral neuroforaminal narrowing at his L2-L3 level. There was mild spinal canal stenosis noted at his L2-L3 level. There was also circumferential disc bulge with broad-based posterior disc herniation and facetoligamentous hypertrophy compressing on the thecal sac causing severe bilateral lateral recess and neuroforaminal compromise resulting in compression of the exiting L3 and descending L4 nerve roots at his L3-L4 level. There was severe spinal stenosis noted at his L3-L4 level. There was also evidence of circumferential disc bulge with broad based posterior disc herniation and facetoligamentous hypertrophy compressing on the thecal sac causing severe bilateral lateral recess and neuroforaminal compromise resulting in compression of the exiting L4 and descending L5 nerve roots at his L4-L5 level. There was moderate to severe spinal canal stenosis noted at his L4-L5 level. There was also circumferential disc bulge with broad-based posterior disc herniation compressing on the thecal sac causing severe bilateral lateral recess and neuroforaminal narrowing resulting in compression of the exiting L5 and descending S1 nerve roots at his L5-S1 level. There was mild spinal canal stenosis noted at his L5-S1 level.

On January 22, 2018, Mr. XXXX was examined by Dr. XXXX at XXX Medical Group, LLC for the complaints of having persistent pain in his neck. He reported having radiating pain into his left arm along with a tingling sensation in his left fourth and fifth fingers. He reported his pain level as 7-8/10. On examination, he had restricted range of motion in his neck due to pain. He was diagnosed with cervical disc prolapse at multiple levels, lumbar disc prolapse at his L4-L5 and L5-S1 levels. Dr. XXXX opined that Mr. XXXX's symptoms were consistent with ulnar neuropathy. In addition, he opined that the motor vehicle collision had aggravated Mr. XXXX's degenerative disc disease and caused disc bulgings. Further, he added that Mr. XXXX's injuries would take about three months to heal. Mr. XXXX was recommended to take rest from his work until the end of March 2018, as he could not work as an airline pilot. Mr. XXXX

was recommended to continue undergoing physical therapy for three more weeks. He was also recommended to receive epidural injections if his symptoms worsened.

On January 29, 2018, an electromyography and nerve conduction velocity study of Mr. XXXX's cervical spine and upper extremities were performed by XXXX, M.D., at XXX Medical Group, LLC. The study revealed an electrophysiological evidence of root irritation at his C7 level more pronounced on his left than right which was consistent with radiculitis. Mr. XXXX was recommended to receive epidural injections.

On March 1, 2018, Mr. XXXX was examined by Dr. XXXX at XXX Medical Group, LLC for the complaints of having persistent pain in his neck and lower back which radiated into his left arm and left leg. He was recommended to have a consultation with Dr. XXXX for cervical epidural injections to three times. He was also recommended for a re-examination if his symptoms worsened.

On March 5, 2018, Mr. XXXX was examined by Dr. XXXX at XXX Medical Group, LLC for the complaints of having persistent pain in his neck and lower back. On examination, he had palpable tenderness in his lower back. He also had restricted range of motion in his lower back due to pain. The Spurling's maneuver was positive. He was diagnosed with cervical herniated nucleus and lumbar herniated nucleus secondary to the motor vehicle collision on December 20, YYYY. He was recommended to continue his conservative management. He was also recommended to follow up if his symptoms worsened. (Pg ref: 38)

From January 10, 2018 through March 21, 2018, Mr. XXXX underwent chiropractic treatment at XXX Medical Group, LLC for the complaints of having pain and numbness in his neck and lower back. He reported having constant pain 100% of the time. He described that his pain was worsened by most of the activities including bending, sitting, lifting, and lying. On examination, he had restricted range of motion in his neck and lower back due to pain. As of March 21, 2018, a re-evaluation examination was performed during which Mr. XXXX continued having pain and numbness at the back of his neck. He also reported stiffness in his neck along with tingling sensation in his left arm especially while driving. On examination, he had restricted range of motion in his neck and lower back due to pain. He also had palpable tenderness in his neck. He was diagnosed with cervical sprain. His treatment included therapeutic exercise, manual therapy, hot & cold pack applications, electrical muscle stimulation, biofreeze, stretching, and home exercises. He was recommended to continue undergoing his chiropractic treatment once in a week. He was also recommended to follow up in two weeks.

On March 28, 2018, Mr. XXXX had a final chiropractic evaluation at XXX Medical Group, LLC for the complaints of having pain in his neck. He complained of persistent stiffness in his neck along with tingling sensation in his left arm. He reported having increased pain and numbness at the back of his neck and it was aggravated by movements and prolonged sitting. He described his pain as sore and aching. He had restricted range of movements in his neck due to pain. He was diagnosed with cervical sprain and lumbar sprain. His treatment included therapeutic exercises, electrical muscle stimulation, manual therapy, and hot-cold pack application.

From February 8, 2018, through March 29, 2018, Mr. XXXX underwent massage therapy with XXX, L.M.T., (**Exhibit -4**) for the complaints of having pain and discomfort in his neck along with tingling

and numbness in his left hand. On examination, he had restricted range of motion, trigger points, and increased muscle tone in his neck. His treatment was primarily focused on atlas/occipital attachments. As of March 22, 2018, he continued having increased muscle tension in his neck and upper back.

On April 2, 2018, Mr. XXXX was examined by Dr. XXXX at XXX Medical Group, LLC for the complaints of having pain in his neck and lower back. On examination, he had sensory deficits over his C3-C4 region. He was diagnosed with cervical herniated nucleus, and lumbar herniated nucleus. He was recommended to continue undergoing his conservative treatment. Dr. XXXX opined that his diagnoses were consistent with the motor vehicle collision that occurred on December 20, YYYY.

On May 14, 2018, Mr. XXXX was examined by Dr. XXXX at XXX Medical Group, LLC for the complaints of having persistent pain in his neck and lower back. He was recommended to receive epidural injections from Dr. XXXX. He was also recommended to continue his home exercise program. He was also recommended to follow up if his symptoms worsened.

MEDICAL EXPENSES

The medical expenses (**Exhibit-5**) for treatment of injuries that Mr. XXXX suffered because of the collision amounted to **17,903.30**. Copies of the medical bills are attached and itemized below:

XXX Medical Group	:	\$13,812.30
XXX Radiology	:	\$3,811.00
XXX, LMT	:	<u>\$280.00</u>
Total Medical Expenses	:	\$17,903.30

PAST LOSS OF INCOME

Mr. XXXX was employed at Delta Airlines as a pilot. Due to his injuries in his neck and lower back he was unable to attend work for three months from December YYYY until March 2018. As a result he suffered a significant loss of income.

FUTURE LOSS OF INCOME

Mr. XXXX continued having pain and discomfort in his neck and lower back. He will have to take frequent breaks at intervals during his work time due to the nature of his injuries. He will not be able to work efficiently as before. This will lead to loss of income in the future.

FUTURE MEDICAL EXPENSES

Mr. XXXX continues to suffer from pain in his neck and lower back, as a result of the collision. He will require orthopedic consultations to assess the extent of his injury. He will require neurological consultations to evaluate his tingling sensation and numbness in his left hand and left foot. He will require cervical and lumbar epidural steroid injections to alleviate his pain. He will require additional chiropractic care to regain strength in his neck and lower back. He will require electromyogram/nerve conduction study to evaluate the numbness and tingling sensation in his left foot. Pain management consultations and medications will be needed to control his pain.

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

Orthopedic consultations	:	\$1,000.00-\$1,500.00
Neurological consultation	:	\$1,000.00-\$1,500.00
Cervical epidural steroid injections	:	\$3,500.00-\$4,500.00
Lumbar epidural steroid injections	:	\$3,500.00-\$4,500.00
Additional chiropractic therapy	:	\$800.00-\$1,200.00
Pain management consultations	:	<u>\$1,000.00-\$1,500.00</u>
Total Future Medical Expenses	:	\$10,800.00-\$14,700.00

LIFESTYLE IMPACT

As a Pilot, Mr. XXXX was very professional and passionate. He had an enjoyable life before he met with the tragic motor vehicle collision. Unfortunately, Mr. XXXX continues to suffer from intolerable pain along with stiffness in his neck and lower back. He has also persistent symptoms of numbness and tingling in his left hand and left foot despite receiving several sessions of chiropractic treatment and taking pain medications. He has lost time of three months from work due to the collision. Since the collision, he has difficulty bending, standing, and sitting for a prolonged period of time, which interferes with his job duties. He has difficulty sitting and concentrating in his airline training classes. He is unable to perform the activities of his daily living due to excruciating his pain. He is unable to read the newspapers which involves sitting for a longer time. He has difficulty grasping objects due to the tingling sensation in his left hand. He has tingling sensation and numbness in his left hand especially while driving. He is very depressed due to the continuing pain and sufferings which had occurred with no fault on his own. He is frustrated as these symptoms interfere with his job duties. Due to the pain and suffering he has to adapt to various lifestyle modifications. He feels that the quality of his life has been affected.

The injuries have definitely affected him and have brought about a lot of undesirable physical sufferings, emotional distress and financial burden for which he must be rightfully compensated.

SUMMARY OF DAMAGES

Medical expenses	:	\$17,903.30
Future medical expenses	:	\$10,800.00-\$14,700.00
Future loss of income	:	Unknown at this time

Lifestyle impact/loss of activities : \$

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** . 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 : Traffic Collision Report**
- Exhibit 2 : XXX Medical Group, LLC**
- Exhibit 3 : XXX Radiology of Georgia**
- Exhibit 4 : XXX, L.M.T.**
- Exhibit 5 : Medical Expenses**

MedSmith Solutions LLC