UNDERINSURED SETTLEMENT DEMAND

Date: _____

Via First Class Mail
_____Insurance Company

(Pending)

Re:	**Our Client**	**:**	**XXX**
	Insured	**:**	**XXXX**
	Claim Number	**:**	***(Pending)***
	Date of Accident	**:**	**December 22, YYYY**

Dear_____:

Please be advised I represent **XXXXX** in regard to injuries and other damages sustained by him as a result of **December 22, YYYY** auto collision. This collision was caused by the negligence of an underinsured third party. Fortunately, **XXXXX** had underinsured coverage under _____Insurance Company policy number _____ to protect himself for just such a situation.

This letter is to serve as our demand for payment at this time of the full Underinsured (UIM) benefits contracted by XXXXX with _____Insurance Company in the full UIM policy limit amount (which we understand to be $_____).

As a result of this accident, Mr. XXXX sustained injuries that have required ongoing medical treatment. Enclosed please find copies of medical records and itemized bills delineating the injuries he sustained as a direct result of this accident.

FACTS AND LIABILITY

On December 22, YYYY, XXXXX was the restrained passenger of YYYY Gold Mitsubishi Montero Sport driven by XXXX. Mr. XXXX was traveling Eastbound around the 6000 Block of Lake Worth Boulevard State Highway 199 and was stopped at the red signal of the intersection behind 2006 Black Dodge Durango driven by XXX the driver of YYYY Gray Toyota Scion was traveling Eastbound on the same road behind Mr. XXXX. Ms. Crook failed to control speed and struck Mr. XXXX's vehicle. The impact of force caused Mr. XXXX's vehicle to rear-end Mr. XXX vehicle. The Traffic Collision report ***(Exhibit-1)*** prepared by XXXX, of Lake Worth Police Department had cited XXX with failure to control speed and driving while the license was invalid or revoked or suspended.

SUMMARY OF INJURIES

On December 22, YYYY, Mr. XXXX presented to XXX, MD at the Texas Health Fort Worth ***(Exhibit-2)***. Mr. XXXX complained of neck back and left leg pain post the aforementioned accident. He rated his overall pain as 7 on a scale of 10. Physical examination revealed tenderness over the left hamstring, right lower lumbar and posterior cervical spine. The CT of head, cervical and lumbar spine was reviewed unremarkable. He was diagnosed with acute post traumatic headache, cervical sprain and lumbar strain status post the motor vehicle collision. He was administered Ibuprofen (Advil) 600mg oral and was provided prescription for Acetaminophen- Codeine 300-30mg and Methocarbamol 500mg tablet for pain and muscle spasm respectively. He was discharged to home and was recommended to return to ER if his symptoms worsened.

On December 27, YYYY, Mr. XXXX presented to XXXX, DC at the XXXX, PA ***(Exhibit-3)*** for chiropractic evaluation and treatment. He complained of nagging headaches, throbbing neck, low back and left knee pain with spasms and popping sounds varying from moderate to severe intensity. Physical examination revealed cervical and thoraco-lumbar range of motion were restricted due to pain. There was also noted tenderness to palpation over the cervical, thoracic and lumbar paraspinal muscle with tightness and muscle spasms bilaterally, the palpation to the levator scapulae, trapezius and quadratus lumborum demonstrated muscle spasms, tenderness and tightness bilaterally. The orthopedic tests including the cervical compression, shoulder depression and Kemp's test were positive bilaterally. The cervical X-rays revealed loss of cervical curve and lateral list of the cervical spine was suggestive of paravertebral muscle spasm otherwise unremarkable. Lumbar X-rays revealed abnormal straightening of the lumbar spine noted and the lateral list of the lumbar spine was suggestive of paravertebral muscle spasm and the left hip was higher than the right otherwise unremarkable. The left knee X-ray was unremarkable. He was diagnosed with sprain of cervical, thoracic and lumbar spine as well as sprain of left knee, cervical disc displacement, strain of neck and lower back along with muscle spasm and acute post-traumatic headache. The chiropractic treatment sessions included chiropractic manipulative therapy, electrical muscle stimulation, inter-segmental traction heat and ice pack along with therapeutic and home care exercises. He received totally 14 sessions of chiropractic therapy till February 26, YYYY. He was discharged from the therapy.

On January 17, YYYY, Mr. XXXX presented to XXXX, MD at the DFW Open MRI Dallas ***(Exhibit-4)*** for a cervical MRI. The MRI revealed C3-C4 2mm broad based anterior epidural impression due to disc osteophyte complex otherwise unremarkable.

On January 18, YYYY, Mr. XXXX presented to XXXX, PA-c and XXX, MD at the First Medical Group ***(Exhibit-5)***. He complained of ringing and buzzing in his left ear, trouble sleeping, headaches, low back pain, neck pain and stiffness as well as numbness and tingling in both arms. He rated his overall pain in the range of 6-7 on a scale of 10. Physical examination revealed tenderness to palpation over the cervical and lumbar bilateral paraspinal muscles with decreased cervical and lumbar ROM due to pain. He was diagnosed with sprain of cervical, lumbar and sacroiliac joint, pain in cervical and lumbar spine, as well as cervical radiculopathy and not intractable headache. He was prescribed with Cyclobenzaprine 10 mg for pain and Naproxen 500 mg for pain. He was recommended to continue with the care plan and was recommended for orthopedic evaluation of his cervical spine.

On February 6, YYYY, Mr. XXXX presented to XXXX, MD at the Pegasus Pain Management ***(Exhibit-6)***. He complained of headache, knee, leg, neck and lower back pain. He described the quality of his pain as sharp, shooting, stiff and radiating. He rated his overall pain in the range of 1 to 7 on a scale of 10. He reported that his pain was aggravated by lying down and lifting heavy weight. Physical examination revealed pain and tenderness to palpation over the cervical and lumbar paraspinal muscles as well as trapezius and supra, infra patellar regions and along the lateral aspect of the left knee joint line. There was noted pain with cervical and lumbar range of movements as well as multiple active trigger points over the cervical, lumbar paraspinals and trapezius. The orthopedic test including the Kemp's and Facet loading test were positive. He was diagnosed with acute pain due to injury, cervicalgia, acute low back pain, muscle spasm, myofascial pain syndrome, trigger point with back pain and acute post-traumatic not intractable headache. He was recommended to consider trigger point injection. He was recommended to follow-up in one week

On February 26, YYYY, XXXX, DC had opined that the injuries diagnosed were as a direct result of Mr. XXXX's involvement in the motor vehicle accident.

Although Mr. XXXX's symptoms slightly improved with the above described treatment, they remain nevertheless.

MEDICAL EXPENSES

The medical expenses for treatment of injuries Mr. XXXXX suffered because of the collision amounted to **$19,766.86.** The medical bills ***(Exhibit-7)*** are itemized below:

Texas Health Fort Worth	**$9,180.75**
Radiology Associates of North Texas	**$625.00**
XXXX, PA	**$4,855.00**
DFW Open MRI	**$2,891.00**
First Medical Group	**$875.00**
Key Health Medical Solutions	**$549.11**
XXX Management PLLC	**$791.00**

Total Medical Expenses : $19,766.86

FUTURE MEDICAL EXPENSES

Mr. XXXX was encouraged to continue with his home exercise program for the most optimal long-term results. He may have episodic flare ups and exacerbations over the next 12 to 24 months, which would require therapy visits. The nature of his injuries may require periodic treatments of physical medicine and strengthening exercises to restore proper biomechanical function and stability.

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

Cervical repeat MRI scan	**: $2,000.00-$2,500.00**
Pain management (medicines)	**: $50.00-$200.00**
Orthopedic Consultation	**: $400.00-$800.00**
Physician's Office visits	**: $350.00-$1,050.00**
Additional Physical Medicine and modalities	**: $150.00-$1,000.00**
Total Future Medical Expenses	**: $2,950.00-$5,550.00**

LIFESTYLE IMPACT & DAMAGES

As a result of collision the injuries that Mr. XXXX suffered had affected his lifestyle to a great extent. His neck, low back and knee pain status post MVA limited him from performing most of his activities of daily living. He had to take few days' work off due to his severe pain. His pain was aggravated by prolonged standing, or lifting heavy objects. His pain had restricted him from performing activities including rising from the chair, getting in and out of car, looking over his shoulder, bending over and reaching overhead. As a result of the accident, Mr. XXXX had to go through a lot of physical suffering emotional distress and financial burden.

TOTAL DAMAGES

Medical Expenses	**: $19,766.86**
Future Medical Expenses	**: $2,950.00-$5,550.00**
Loss of Income	**: $**
Future Loss of income	**: $**
Lifestyle Impact/Loss of Activities	**: $**
TOTAL DAMAGES	**: $_____**

Obviously, **XXXXX** has been through a lot at no fault of his own. At this time and in light of the circumstances surrounding this case, we are hereby demanding payment under the underinsured provision of your insured's policy for the total amount of the full underinsured benefits applicable in this claim ($_____) as full settlement of all claims, past and future, arising from **XXXXX's December 22, YYYY** auto collision**.**

This offer of settlement will automatically expire at 5:00 p.m. (C.D.S.T.) on Day, MM/DD/YYYY.

Thank you for your attention and I look forward to hearing from you on this matter.

Very truly yours,

Enclosure