Information or instructions: Letter to a client regarding a proposed settlement demand requesting the client verify the more attack proof to a skin, the demand.

- 1. The following letter may be sent to the client to verify that the proposed demand is complete and accurate.
- 2. The letter attempts to have the client verify that all elements of recoverable damages have been listed and an appropriate demand made.

Letter to a client regarding a proposed settlement demand requesting the client verify the information prior to making the demand.



[Client's Name] [Client's Address]

Dear [Client's salutation]:

Enclosed please find copies of medical records, narratives and other information that I have received from your health care provider(s). Please review the same and contact me immediately if you disagree with any of the findings or statements contained therein. I have prepared a draft settlement proposa based on your earlier om hanications.

As we have discussed, you have informed me of each and every expense, cost or claim that may be made in your case including lost wages that you may seek recovery for. It is important that all possible expenses or claims be included in our analysis and review of your claim, before we make a demand on the insurance company. Failure to list expenses or items that you are entitled to for damages, means that you may receive a smaller settlement or recovery than you are legally entitled to.

Please review the draft and contact me immediately if you disagree with any of the findings or statements contained therein. Also please advise me as to the current status of your medical condition, as to whether or not the doctors have made a final report regarding your condition and a release to work.

Please keep me posted on your medical condition. Before I send a settlement demand letter to the insurance carrier, I want to make sure that you get credit for all of your medical expenses.

The standard practice is that the doctor's office will send us a complete set of your medical bills (regardless of what was or was not paid by insurance). We then submit the total amount of medical expenses the ethorography of the ethorography of

[Attorney's Name

PLEASE DO NOT COPY

THIS DOCUMENT

THANK YOU

LegalFormsForTexas.Com