

**SETTLEMENT DEMAND**  
**DATE**

**Addressee:**

Re:       **My Client**                      Patient Name  
          **Your Insured:**  
          **At fault Driver:**  
          **Claim Number:**  
          **Date of Collision:**        September 18, YYYY

Dear Claims Representative:

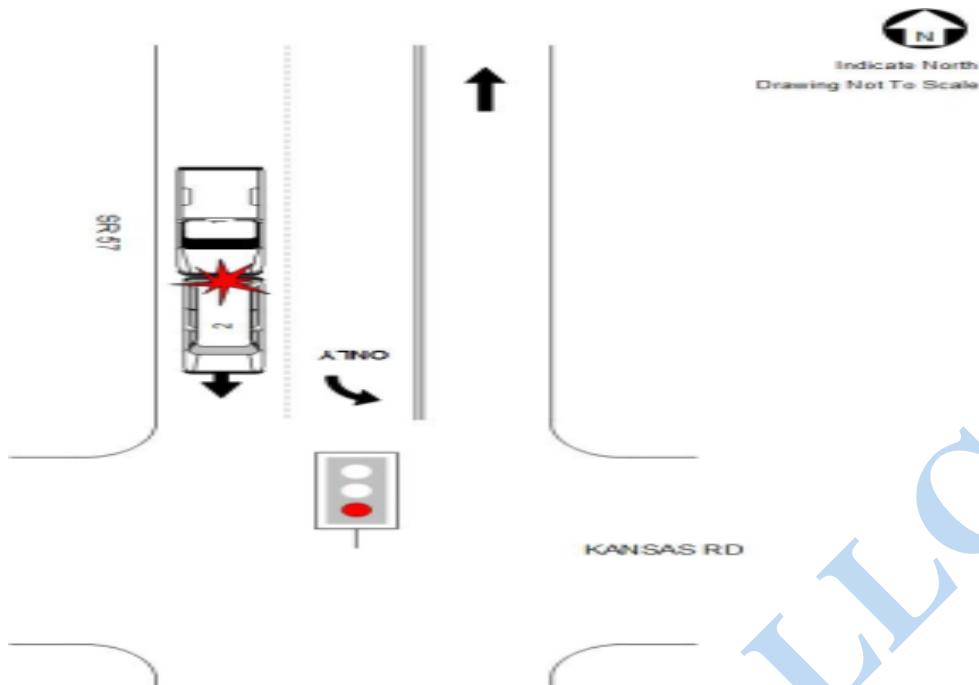
Please consider this correspondence as my client's demand for the full and final resolution of the above referenced claim.

**FACTS AND LIABILITY**

Liability in this matter is clear and absolute. On September 18, YYYY, at 1607 hours, my client, XXXX was the properly restrained driver of a YYYY Chrysler Pacifica traveling southbound on SR 57 in Evansville, Vanderburgh. At the same time, your insured's driver, Jason XXXX, was driving a YYYY Chevrolet Avalanche directly behind Mr. XXXX's vehicle. Mr. XXXX slowed his vehicle and came to a complete stop for the red light at the intersection of SR 57 and Kansas Road. Mr. XXXX, who was following Mr. XXXX vehicle too closely, did not have enough time to stop his vehicle and struck the rear end of Mr. XXXX vehicle.

A Traffic Collision Report was prepared by the Vanderburgh Sheriff's Department (*Exhibit A*), which determined that your insured's driver, Mr. XXXX was at fault for the collision due to following Mr. XXXX vehicle too closely and was issued a citation for three infractions.

Below is the investigating officer's field diagram for better understanding:



### PROPERTY DAMAGE

On September 18, YYYY, the YYYY Chrysler Pacifica which Mr. XXXX was driving sustained damage to its rear end. The total damage from the collision was estimated to be approximately \$2501 to \$5000, per the traffic collision report.

### SUMMARY OF PHYSICAL INJURIES

The force of the sudden impact and the severity of the collision caused Mr. XXXX, who was 60-year-old to sustain the following injuries:

- **M79.18**     ***Myalgia of muscle of neck secondary to motor vehicle Collision***
- **M79.11**     ***Myalgia of mastication muscle***
- **S66.306A**   ***Radial sagittal band injury to right small finger, posttraumatic.***
- **M79.641**     ***Pain in the right hand***
- **M25.512**     ***Pain in the left shoulder.***
- **20.2**         ***Paresthesia of the right upper limb***
- **G56.21**     ***Entrapment of right ulnar neuritis at elbow***
- **G56.01**     ***Carpal tunnel syndrome of the right wrist***
- **M54.2**        ***Cervicalgia***

- **M54.2**      *Cervical spine syndrome/pain*

### **TREATMENT OF INJURIES**

Following the motor vehicle collision, Mr. XXXX noticed bright flashing lights as his head and neck moved forward and then backward, hitting his head against the head rest. He felt well after that and started to ambulate at the scene. But eventually, he began to get severe headaches, neck pain, and nausea when he turned. Therefore, on September 18, YYYY, the same day, Mr. XXXX presented to the emergency room of ABC Medical Center (**Exhibit-B**), where he was examined by Lyndsey Hansen NP and Deborah Battaglia, MD to determine the extent of the injuries Mr. XXXX sustained as a result of the aforementioned motor vehicle collision. He complained of nose bleeds and left lower leg pain after he jammed his left leg into the seat. The CT scans of his head and cervical spine, as well as X-ray of his left lower tibia fibula were obtained and reviewed. On examination, he displayed palpable tenderness in his neck, cervical paraspinal muscles, and left lower leg. Following physical evaluation, Mr. XXXX was diagnosed to have myalgia of muscle of neck and myalgia of mastication muscle secondary to motor vehicle collision. He was discharged home with prescription for Cyclobenzaprine and Hydrocodone-Acetaminophen to manage his symptoms. For the next few days, he was advised to apply ice to the most painful areas and begin applying heat. He was also advised to see his primary care physician in two to three days for further evaluation and treatment. Furthermore, he was instructed to go to emergency room if his symptoms worsened or failed to improve.

On September 22, YYYY, Mr. XXXX presented to XXXX, M.D., at XYZ HC Family Medicine (**Exhibit-C**) for complaints of pain in the fifth MCP joint of his right hand and left upper back (rhomboid area). He stated that he was so focused on his head and neck that he did not notice his hand was hurting much but now it was bother him. Examination revealed tenderness over the fifth MCP joint and left rhomboid musculature. Following physical evaluation, Mr. XXXX was diagnosed to have pain in the right hand and pain in the left shoulder. He was advised to obtain an X-ray of his right hand and referred to physical therapy for further evaluation and management of his upper back pain.

Pursuant to Dr. XXXX's recommendation, on September 22, YYYY, XXXX, MD obtained and reviewed an MRI of Mr. XXXX's right hand at Ascension Medical Group - St Vincent Northside Crossing for pain in his right hand.

On September 29, YYYY, pursuant to Dr. XXXX's recommendation, Mr. XXXX presented to XXXX Mann, OTR at ABC Chiro-Med (**Exhibit-D**) for an initial occupational therapy evaluation. He complained of pain in his neck, left upper back and left shoulder, as well as injury to his right hand and swelling in the MCP joint of his ulnar finger following a motor vehicle collision. He stated that pain and limitation in his left upper extremity hindered his ability to perform various functional activities, including lifting for work. The quick Dash score of 63.64

indicated disability in his left shoulder. Examination revealed elevated left scapula, decreased movements, and weakness in his left shoulder. Following physical evaluation, Mr. XXXX was recommended skilled occupation therapy two times per week for one to two weeks to return to his pre-injury level. His treatment modalities included ultrasound, therapeutic exercises, manual therapy, neuromuscular re-education, and home exercise program.

Mr. XXXX continued to receive occupational therapy from Ascension St. Vincent Northside Crossing, as and when directed from October 3, YYYY, until October 19, YYYY for the management of pain in his neck, left upper back, and left shoulder. During this period, Mr. XXXX received ultrasound, therapeutic exercises, manual therapy, neuromuscular re-education, and home exercise program as per plan of care. As of October 26, YYYY, he remained symptomatic with residual pain and stiffness in his neck despite receiving continued care. He underwent therapy as per plan of care. He was then discharged home and advised to continue with home exercise program.

On January 4, YYYY, Dr. XXXX from Ascension Medical Group - St Vincent Evansville referred Mr. XXXX to a hand surgeon, XXXX, MD, for pain in his right hand.

On January 5, YYYY, pursuant to Dr. XXXX's recommendation, Mr. XXXX had a telephone conversation with XXXX, MD at Tri-State Orthopaedic Surgeons (*Exhibit-E*) for the management of right hand pain. Mr. XXXX was scheduled for a repeat right hand X-ray and an ultrasound of his right hand.

On February 2, YYYY, as recommended by Dr. XXXX, XXXX, MD, RMSK, performed musculoskeletal ultrasound of Mr. XXXX's right small finger at Tri-State Orthopaedic Surgeons for pain in his right small finger following the collision. The study revealed insufficient extensor hood allowing subluxation of the extensor tendon.

On February 7, YYYY, Mr. XXXX presented to Dr. XXXX at Tri-State Orthopaedic Surgeons for complaints of pain and swelling in his right hand for 4.5 months following a collision despite continued care. He stated that he was unable to shake hand due to pain. He added that his right hand pain flared-up regularly and made working difficult due to the repetitive use of both hands at work. The ultrasound of his right small finger was reviewed. Examination revealed crepitus over the dorsal meta phalangeal joint of his right small finger and tenderness over his radial sagittal band. Following the examination, he was diagnosed to have radial sagittal band injury to right small finger, posttraumatic. Dr. XXXX suggested radial sagittal band reconstruction surgery if he failed to improve. He was referred to occupational therapy for a P1 block splint to the right small finger and advised to follow up for a re-evaluation in 4 weeks.

On the same day (*February 7, YYYY*), as recommended by Dr. XXXX, Mr. XXXX had an initial occupation therapy evaluation with XXXX, OT, at Tri-State Orthopaedics East (*Exhibit F*) to reduce his pain symptoms, improve daily living activities, enable him to return to work, and

resume regular recreational activities. He complained of persistent pain in his right hand since collision. Examination revealed pain when making a fist and tenderness on the radial side of MP. Following the examination, the therapist applied custom fabricated P1 block for small and ring finger for full time wear. He was recommended therapy once a week for twelve weeks. His treatment modalities included home exercise program and patient education on splint wear.

On March 7, YYYY, Mr. XXXX returned to Dr. XXXX and XXXX, NP-C, at Tri-State Orthopaedic Surgeons for the management of radial central band injury of his right little finger as a result of the collision. He stated that he was wearing the splint full time. Following the examination, Dr. XXXX advised him to discontinue the splint and move to buddy taping. He was instructed to follow up in approximately two to three weeks for a repeat evaluation and to determine further treatment options depending on his progress.

On March 21, YYYY, Mr. XXXX returned to Dr. XXXX and Joy May, NP-C, at Tri-State Orthopaedic Surgeons for a repeat evaluation of his right hand. Following the examination, he was diagnosed to have radial central band injury, MP joint, right small finger. He was advised to discontinue therapy and instructed to gradually increase his activity as tolerated. He was advised to follow up on an as needed basis.

Mr. XXXX had to continue receiving occupational therapy from Tri-State Orthopaedics East as and when directed from February 14, YYYY, through March 7, YYYY, for the management of right small radial sagittal band injury. During this period, he received therapeutic exercise, manual therapy, orthotic checkout, and home exercise program instructions. As of March 21, YYYY, he reported pain in his right hand after leaning on a car door with a closed fit. He still had difficulty grasping heavy items and dropping items at work and home due to weakness. He was advised to continue with home exercise program to strengthen his grip.

On July 21, YYYY, Mr. XXXX returned to Dr. XXXX at XX Surgery Cente for a routine physical examination. He complained of lower back pain after working all day. He stated that the orthopedic surgeons gave him a brace to help control pain in his right hand, but it caused pain in his other two fingers. He expressed his concern about not following up on it. Examination revealed tenderness over his lower lumbar spine area. Following physical evaluation, he was prescribed Tylenol for pain control.

On April 30, YYYY, Mr. XXXX returned to Dr. XXXX at ABC Medical Group - St Vincent Evansville for a complaint of gradually worsening pain and numbness in his bilateral hand, mostly on his right hand, since being involved in the collision. He said he wakes up every morning with numbness in his right thumb, index, and middle fingers. He also reported numbness in his right ring and little finger if he was resting his elbow down on the car door. Examination revealed pain in his neck with bending movements. Following physical evaluation, he was diagnosed to have paresthesia of the right upper limb. He was advised to obtain a nerve conduction study/EMG of his upper extremity to determine carpal tunnel and cubital tunnel syndrome. He was instructed

to keep the pressure off his right elbow as well as to use a carpal tunnel wrist splint when he was sleeping.

On May 16, YYYY, as recommended by Dr. XXXX, Mr. XXXX presented to Dr. XXXX, MD, at XYZ HC Family Medicine to undergo nerve conduction study/EMG of his right upper extremity. He complained of neck stiffness with numbness in his right lateral 3 fingers mainly at night as a result of the collision. He also complaint of numbness in his right ring and little finger with bending his right elbow at work, driving, or holding the phone. Dr. XXXX performed an nerve conduction study/EMG of his right upper extremity. The study results were abnormal. It showed right median neuropathy at the wrist and right ulnar neuropathy across the elbow. He was advised to obtained an MRI of his cervical spine to determine cervical radiculopathy.

Pursuant to Dr. Fadheel's recommendation, on May 30, YYYY, XXXX, MD obtained an MRI of Mr. XXXX's cervical spine at XYZ HC Family Medicine for evaluation of neck pain and right sided radicular symptoms. The study results were compared with the CT of his cervical spine obtained on September 28, YYYY. The cervical MRI showed straightening of the cervical lordosis and reversal of lordotic curvature centered above C5-C6 and C6-C7.

On June 10, YYYY, Mr. XXXX returned to Dr. XXXX at ABC Medical Group - St Vincent Evansville to discuss the MRI results of his cervical spine. After reviewing the MRI of his cervical spine, Dr. XXXX stated that Mr. XXXX had indentation of cervical cord at 4 different levels. Following the examination, he was diagnosed to have cervicgia. He was referred to a neurosurgeon, Dr. XXXX Sneed, and to Commonwealth Pain & Amp to consult a pain management specialist. He was prescribed Prednisone for pain control.

On June 21, YYYY, pursuant to Dr. XXXX's recommendation, Mr. XXXX presented to XXXX Sneed, MD at Tri-State Orthopaedic Surgeons for complaints of neck pain and bilateral upper extremity difficulties that worsened after the collision and caused numbness and tingling in his left shoulder and right forearm radiating to his right lateral 3 digits. The MRI of his cervical spine was reviewed. Following the examination, he was diagnosed with cervical spine syndrome/pain, carpal tunnel syndrome, and ulnar nerve lesion. He was advised to obtain an X-ray of his cervical spine.

On July 5, YYYY, Mr. XXXX returned to Dr. XXXX at ABC Medical Group - St Vincent Evansville complaining of ongoing neck pain. He said that he saw Dr. Sneed and was advised that he might need surgery in the future, but that it would be painful for him in the meantime. Examination revealed tenderness over his cervical spine area. Following the examination, he was advised to continue taking steroids for pain control.

### **MEDICAL EXPENSES**

The medical expenses (*Exhibit-G*) for treatment of injuries that Mr. XXXX suffered because of the collision amounted to **\$12,952.00**. Copies of the medical bills are attached and itemized below:

<b>CEP America, LLC</b>	<b>:</b>	<b>\$754.00</b>
<b>Ascension St. Vincent Evansville</b>	<b>:</b>	<b>\$9,333.00</b>
<b>Southern Indiana Imaging Consultants, PC</b>	<b>:</b>	<b>\$801.00</b>
<b>Ascension Medical Group St. Vincent Evansville</b>	<b>:</b>	<b><u>\$2,064.00</u></b>
<b>Total Medical Expenses</b>	<b>:</b>	<b>\$12,952.00</b>

### **FUTURE MEDICAL EXPENSES**

Mr. XXXX continues to suffer from pain and stiffness in his neck and weakness in his right hand due right radial sagittal band injury in his small finger as a result of the collision. He also suffers from numbness and tingling in his left shoulder, right forearm, and right hand. He may require orthopedic consultations to assess the progression of his right hand condition. He may require neurological consultations to evaluate the radicular symptoms in his upper extremity. Repeat X-rays and MRIs of his cervical spine may be required for further evaluation of his injuries. He may require physical therapy for the management of neck pain. Pain management consultations and medications may be needed to control his pain. The estimate of his medical expenses in the future (**per year**) is 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>Repeat X-rays and MRIs of Cervical Spine</b>	<b>:</b>	<b>\$5,000.00-\$6,000.00</b>
<b>Physical Therapy</b>	<b>:</b>	<b>\$2,000.00-\$2,500.00</b>
<b>Pain Management Consultations</b>	<b>:</b>	<b><u>\$1,000.00-\$1,500.00</u></b>
<b>Total Annual Future Medical Expenses</b>	<b>:</b>	<b>\$10,000.00-\$13,000.00</b>

### **LIFESTYLE IMPACT**

Before this motor vehicle collision, Mr. XXXX had been living a happy and active life. He was able to carry out his everyday tasks on his own. His life has become challenging as a result of the collision because of the limitations and ongoing discomfort that have overtaken him. He experiences increased pain with performing activities such as lifting, pushing, pulling, and turning his head. He has difficulties performing the following household activities: opening a tight jar, carrying a shopping bag, cooking, and cleaning. He is unable to take care of himself without any assistance. He is unable to perform overhead activities and is unable to wash his back and dress

himself. He has lost enjoyment of his life because he is unable to partake in activities he enjoys. He is not able to return to his previous activities and hobbies like participate in goldsmith and cut/polish rocks. This, in turn, makes him feel depressed. He must drive cautiously because he has difficulty gripping the steering wheel due to weakness and numbness in his right hand. In summary, the injuries he suffered from the collision have brought about undesirable changes in his life. He finds it very hard to continue with the normal functions of his daily life.

Mr. XXXX works for Seminers Healthineers as a biomedical technologist. He repairs equipment as part of his job. However, his hand weakness prevents him from lifting heavy things and effectively complete his work. Every time he attempts to lift something heavy, he drops it. This has affected his performance at work, and he is worried about his career and future at his job. His social activities have been impacted by his chronic pain and suffering in addition to his physical limitations. It is impossible for him to maintain his relationships. His pain in his right elbow, right hand, left shoulder, and neck frustrates and bothers him. Mr. XXXX is undoubtedly experiencing severe physical and psychological stress as a result of the occurrence. He is forced against his will to live a restricted life. Because of his physical limitations, he must live a sedentary lifestyle, which will eventually lead to a decline in his health. He is now dependent on other people. He requires assistance from others in order to carry out his daily tasks. This has brought down the quality of his life.

#### SUMMARY OF DAMAGES

<b>Medical expenses</b>	:	<b>\$12,952.00</b>
<b>Future medical expenses</b>	:	<b>\$10,000.00-\$13,000.00</b>
<b>Future loss of income</b>	:	<b>Unknown at this time</b>
<b>Lifestyle impact/loss of activities</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 \_\_\_\_\_**. 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.

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 § [REDACTED], \_\_\_\_\_ Statutes.

Sincerely,

Enclosure

cc:

**EXHIBITS**

- |                  |          |  |
|------------------|----------|--|
| <b>Exhibit-A</b> | <b>:</b> | <b>Traffic Collision Report</b>                            |
| <b>Exhibit-B</b> | <b>:</b> | <b>St. Vincent Evansville</b>                              |
| <b>Exhibit-C</b> | <b>:</b> | <b>Ascension Medical Group - St<br/>Vincent Evansville</b> |
| <b>Exhibit-D</b> | <b>:</b> | <b>Ascension St. Vincent Northside<br/>Crossing</b>        |
| <b>Exhibit-E</b> | <b>:</b> | <b>Tri-State Orthopaedic Surgeons</b>                      |
| <b>Exhibit-F</b> | <b>:</b> | <b>Tri-State Orthopaedics East</b>                         |
| <b>Exhibit-G</b> | <b>:</b> | <b>Medical Expenses</b>                                    |