

Sample: Small US Demand Letter

10/20/2008

P D
GEICO
1 GEICO West
Box 509119
San Diego, CA 92150

G R
State Farm
P.O. Box 221
Dupont, WA 98237

Claim No: (SF) & (GEICO)
Your Insured: Russell M (SF) & Darrell L (GEICO)
Date of Loss: 6/14/2004
Our Client: J D

Dear Sir/Mesdames:

As you know, we represent JD in the above referenced matter. We are writing to you with the mutual understanding that the statements contained in this letter, as well as all of our subsequent communications are privileged within the context of ER 408.

DOB: 11/20/1985 Height: 5' 9" Our client is Right-Handed.
Gender: Male Weight: 175 lbs

Medical Specials \$5,422.00
Property Damage:
Income Loss:

Date of First Treatment: 9/3/2004

INJURIES:

1. Neck and Back
2. Cervical Sprain/Strain
3. Thoracic Sprain/Strain
4. Lumbar Sprain/Strain
5. Sacrum Sprain/Strain
6. Coccyx Sprain/Strain
7. Closed Dislocation of Cervical Vertebra

8. Thoracic/Lumbar Closed Dislocation
9. Closed dislocation of other Vertebra
10. Cervical Lesion
11. Thoracic Lesion
12. Lumbar Lesion
13. Sacral Lesion
14. Pelvic Lesion

LIABILITY:

It would be reasonable to expect that no negligence would be found on the part of my client. If you disagree, please inform me immediately to discuss.

The following factors are favorable toward my client: Vehicle Photos, Scene Diagram, Statement of Involved Parties.

ICD9 Injury Codes: 847.0, 847.1, 847.2, 847.3, 847.4, 839.00, 839.21, 839.4, 739.1, 739.3, 739.2, 739.4 847.0 847.1 847.2 847.3 847.4 839.00 839.21 839.4 739.1 739.2 739.3 739.4 739.5
CPT Treatment Codes:

PRIOR/SUBSEQUENT INJURIES:

The records of July 9, 2004 from Treolar Physio reflect that Mr. D had past problems with his neck that had fully recovered by the time of the MVA at issue in this matter.

Prior Injuries:

Neck

Date of Last Treatment

Prior to Accident: 1/1/2000

Proration:

Physician:

Chart Date:

NECK AND BACK INJURIES

After a very thorough review of the medical records in this matter, it is readily apparent that had Mr. D treated in the United States for his injuries, the ICD-9 codes would apply that have been listed in this demand. These codes are directly reflected by the findings of Mr. D's medical providers that are attached to this demand package.

It is also important to realize that Mr. D's medical specials have been worked up to their value in the United States. For instance, Mr. D treated with his family physician, Dr. W, who was paid out under the social

health care system. For purposes of this demand, I have valued Dr. W visits at \$100 per occurrence. If you disagree with my findings, please notify me. Otherwise, I will assume no issue with regards to the specials listed in this demand.

<u>Provider</u>	<u># of Tx</u>	<u>Tx Date</u>	<u>Prognosis</u>
Dr. W	6	2/26/2007	Undetermined
Physio	37	12/15/2006	Undetermined
Physiotherapy	4	2/23/2004	Undetermined
J D, RMT	2	4/18/2008	Undetermined

History of Complaints:

<u>Symptom</u>	<u>Physician</u>	<u>Date Noted</u>
Headaches	Dr. W	2/26/2007

Treatments:

<u>Treatment</u>	<u>Physician</u>	<u>Date Noted</u>	<u>Duration</u>
Massage	JD, RMT	4/9/2008	
Functional Activities	Physio	5/12/2005	

Therapies:

<u>Therapy</u>	<u>Physician</u>	<u>Date Noted</u>	<u>Duration</u>
Self-Exercise	Physio	5/12/2005	Prolonged Regular
Massage Therapy	RMT	4/18/2008	Short-Term
Exercise Rehabilitation	Physio	5/12/2005	Prolonged Regular
Physical Therapy	Physio	12/15/2006	Prolonged

OTHER INJURIES

CERVICAL SPRAIN/STRAIN

Injury Type: Sprain/Strain
 Duration: more than 36 months
 Prognosis: Undetermined

Physician: Dr W
 Last Date Noted: 2/26/2007

Physician: Dr. W
 Last Date Noted: 2/26/2007

THORACIC SPRAIN/STRAIN

Injury Type: Sprain/Strain
 Duration: more than 36 months
 Prognosis: Undetermined

Physician: Dr W
Last Date Noted: 2/26/2007

LUMBAR SPRAIN/STRAIN

Injury Type: Sprain/Strain
Duration: more than 36 months
Prognosis: Undetermined

Physician: Dr. W
Last Date Noted: 2/26/2007

SACRUM SPRAIN/STRAIN

Injury Type: Sprain/Strain
Duration: more than 36 months
Prognosis: Undetermined

Physician: Dr. W
Last Date Noted: 2/26/2007

COCCYX SPRAIN/STRAIN

Injury Type: Sprain/Strain
Duration: more than 36 months
Prognosis: Undetermined

Physician: Dr W
Last Date Noted: 2/26/2007

CLOSED DISLOCATION OF CERVICAL VETERBRA

Injury Type: Ligament - tendon damage, cartilage damage, usually requires surgery
Duration: more than 36 months
Prognosis: Undetermined

Physician: Dr. W
Last Date Noted: 2/26/2007

THORACIC/LUMBAR CLOSED DISLOCATION

Injury Type: Ligament - tendon damage, cartilage damage, usually requires surgery
Duration: more than 36 months
Prognosis: Undetermined

Physician: Dr. W
Last Date Noted: 2/26/2007

CLOSED DISLOCATION OF OTHER VERTEBRA

Injury Type: Ligament - tendon damage, cartilage damage, usually requires surgery
Duration: more than 36 months
Prognosis: Undetermined
Physician: Dr. W
Last Date Noted: 2/26/2007

CERVICAL LESION

Injury Type: Ligament - tendon damage, cartilage damage, usually requires surgery
Duration: more than 36 months
Prognosis: Undetermined
Physician: Dr. W
Last Date Noted: 2/26/2007

THORACIC LESION

Injury Type: Ligament - tendon damage, cartilage damage, usually requires surgery
Duration: more than 36 months
Prognosis: Undetermined
Physician: Dr. W
Last Date Noted: 2/26/2007

LUMBAR LESION

Injury Type: Ligament - tendon damage, cartilage damage, usually requires surgery
Duration: more than 36 months
Prognosis: Undetermined
Physician: Dr. W
Last Date Noted: 2/26/2007

SACRAL LESION

Injury Type: Ligament - tendon damage, cartilage damage, usually requires surgery
Duration: more than 36 months
Prognosis: Undetermined
Physician: Dr. W
Last Date Noted: 2/26/2007

PELVIC LESION

Injury Type:	Ligament - tendon damage, cartilage damage, usually requires surgery
Duration:	more than 36 months
Prognosis:	Undetermined
Physician:	Dr. W
Last Date Noted:	2/26/2007

IMPAIRMENT

In regards to permanent impairment assessment, it must be performed in accordance with the AMA Guides to the Evaluation of Permanent Impairment, Fifth Edition. Adequate information is provided in the medical records to analyze this case and provides the needed data for the rating criteria in the Fifth Edition. The Guides state, "If the clinical findings are fully described, any knowledgeable observer may check the findings with the Guides criteria".

Therefore, after review of the medical documentation to include any and all diagnostic testing, the most recent patient visit with Dr. W it can be determined that the following whole person permanent impairment rating of 8% as it relates to the AMA Guides to the Evaluation of Permanent Impairment, Fifth Edition would be medically correct.

<u>Physician</u>	<u>Whole Body %</u>	<u>Chart Date</u>	<u>Body Part</u>
Dr. W	8	2/26/2007	Neck

Duties Under Duress

Work
Household Duties

<u>Physician</u>	<u>Chart Date</u>
Dr W	2/26/2007

Loss of Enjoyment of Life

Domestic Duties
Work\Study

<u>Physician</u>	<u>Chart Date</u>
Dr W	2/26/2007

PROGNOSIS

A summary of research studies on outcomes of whiplash injury shows that 40% of whiplash victims develop chronic pain and 10% become disabled due to their injuries. (Croft, AR, Whiplash and Brain Injury Traumatology, Module 1, Spine Research Institute of San Diego, 2002) These poor outcomes are most likely associated with post-traumatic changes in damaged soft tissue. When soft tissue has been injured, scar tissue forms as the damaged tissue repairs itself. This repaired tissue is weaker than undamaged tissue, it is less elastic, and it is more sensitive to pain. Clients with scar tissue residuals are subject to pain flare-ups and/or spasm at times of increased use or stress. Based on my review of my client's medical records and observation of my client and my experience with similar cases, it is clear that he has some degree of residual scar tissue and may be subject to its associated problems for an indefinite period of time.

Current Medical Expenses

Dr. W, MD	Physician	\$600.00
Physio, MF	Physician	\$4,642.00
Physiotherapy, MF	Physician	\$120.00
J D, RMT, MF	Physician	\$60.00
<hr/> Total Physician Expenses		\$5,422.00
Gym Membership for Exercises	Medical Supply	\$1,176.00
<hr/> Total Medical Supplies Expenses		\$1,176.00

EXPENSE SUMMARY

Physician Expenses:	\$5,422.00	
Medical Supplies:	\$1,176.00	
Travel Expenses:		
Income Loss:	\$0.00	
Future Medical:	\$0.00	
Future Income Loss:	\$0.00	
<hr/> Total Expenses:		\$6,598.00

I enclose all pertinent medical records for the treatment Mr. D received resulting from your insured's negligence, as well as all medical bills stemming from his treatment. As you can see from the above information, this accident caused Mr. D pain, loss of enjoyment of life, and additional care under physicians, and I am therefore authorized to settle this claim for \$40,000.

Yours very truly,

**Greg Samuels,
Cross Border Law Corporation**

CC: J D

Exhibit Listings:

Medical Providers Tab:	1
Police Report Tab:	2
Photos of Vehicle Tab:	3
Witness Statement Tab:	4
Jury Instructions Tab:	5
Property Damage Tab:	6

G R E G S A M U E L S

C R O S S B O R D E R L A W C O R P O R A T I O N

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