

February 8, 2013

Sent by Facsimile

Ms. _____
State Farm Insurance Company
PO Box 9618
Winter Haven, Florida

Re: Our Client: _____
Your Insured: _____
Date of Loss: June 18, 2011
Claim Number: 59 A817343

Dear Ms. _____:

Your file should reflect that I represent _____ with respect to the above-captioned claim. It is my understanding that you are the person responsible for handling this claim on behalf of State Farm Insurance Company and its insureds _____. If you do not have the authority to handle this claim on behalf of these parties, I would ask that you notify me immediately. The purpose of this correspondence is to provide you with the information for your evaluation of this claim in the hope we may achieve an amicable resolution of this matter.

In addition to the discussion contained in this letter, I have enclosed the following documents for your review:

- 1) Florida Crash Report, dated 06/18/2011;
- 2) Medical records from Suncoast Total Healthcare;
- 3) Medical billing from Suncoast Total Healthcare;
- 4) Medical records from Suncoast MRI;
- 5) Medical billing from Suncoast MRI;
- 6) Medical records from Hess Spinal Center;
- 7) Medical billing from Hess Spinal Center;
- 8) Medical records from Spine Pain & Orthopedic Center;
- 9) Medical billing from Spine Pain & Orthopedic Center;

THE COLLISION

You have likely already learned from the Driver Report, this collision took place on June 18, 2011, at approximately 1:18 p.m. The Driver Report is included for ease of reference. It is my understanding your insured, _____ owned and operated his vehicle which was a

2000 Neon at the time of the incident. _____ was the passenger of her friend's 1997 Isuzu Rodeo the time of the incident. _____'s vehicle was at a complete stop when your insured failed to observe slowed traffic conditions resulting in a rear-end collision with my client's vehicle. _____ was wearing her seat belt and shoulder harness at the time of impact. As such, your file should reflect that _____ is free from liability in this matter. In fact, your insured was cited for Careless Driving by the investigating officer.

INJURIES

I have enclosed _____'s medical records from the above-mentioned health care facilities for your convenience. You will learn during your review of these records that _____ sustained serious and life-threatening injuries as a direct result of this incident.

Following this collision, _____ presented to Suncoast Total Healthcare for initial evaluation and treatment of her injuries. After initial evaluation and treatment she was directed to follow up with orthopedics. Following the instructions _____ began physical therapy. While treating his injuries _____ was prescribed MRI exams of the cervical and lumbar spine on 07/07/2011. These records are provided for your convenience. The results of these diagnostic studies are summarized below for your convenience:

1. L3-4 posterolateral disc bulge with bilateral neural foraminal narrowing.
2. L4-5 posterolateral disc bulge with bilateral neural foraminal narrowing.
3. L5-S1 disc bulge effaces the ventral epidural fat indenting the anterior thecal sac and narrowing the neural foramina.
4. C5-6 broad-based disc herniation indenting the anterior thecal sac and abutting deforming the anterior cord margin.
5. C6-7 disc bulge indenting the anterior thecal sac.

These injuries are such that _____ was unable to function to the point she felt it necessary to follow up with Spine Pain & Orthopedic Center for a second opinion. Dr. Moskovitz expressed concern with _____'s disc injuries and opined that she will require a C5-6 diskectomy and total disk replacement and possible a fusion.

As you can see given the medical records provided, _____ sustained serious and permanent injuries following the aforementioned accident for which this claim is being made. Ms. Msakri continues to have pain and discomfort associated with her injuries.

DAMAGES AND RESOLUTION

Ms. Msakri has numerous medical bills resulting from this incident totaling approximately \$17,000.00. Please understand this figure continues to increase as he continues to treat and I am certain you are aware of the cost of the surgery _____ would require in the future. A summary of Ms. Msakri's past and future medical bills are as follows:

Suncoast Total Health Care	\$1,379.67
Suncoast MRI	\$3,600.00
Hess Spinal Center	\$10,509.00
Spine Pain and Orthopedic	\$970.75
Spine Surgery	\$65,000.00
Future Care (\$3,000.00 x 40 years)	\$120,000.00
TOTAL	\$199,392.23

As such, you are in possession of all the records necessary so that you could and should tender the policy limits in Good Faith at this time.

Given these circumstances, _____ has authorized me to extend to you a settlement offer with respect to her claim. We ask that you tender to my office a check for \$25,000.00 which we understand to be the limits of your insured's auto liability coverage. In addition, we require the following information be provided: 1) we receive a certified copy of your insured's insurance policy including a declaration page which verifies that only \$25,000.00 is available for auto liability coverage for the insured; 2) we receive from you a draft of any General Release you require to be executed, in favor of your insureds under this policy. This General Release shall only name these people and no other parties or entities. My client is not in a position to execute a Hold Harmless or Indemnification Agreement. Rather, I will accept responsibility for the payment of any valid liens or subrogation interest against the settlement funds, and 3) we receive and Affidavit of Insurance that there exists no other insurance which would apply for this claim and that your insured was not in the course and scope of their work at the time of the crash. All of the above documentation should be received by my office no later than thirty (30) days from the date of this correspondence.

I look forward to receiving the Settlement draft and the other documents requested in the above-referenced time constraints. I would ask that you make the check payable to _____ and Andriotis Law Firm, P.A. In the event that you find my settlement offer acceptable, my tax identification number is 26-3630342.

Sincerely,

ANDRIOTIS LAW FIRM, P.A.
George Andriotis, Esquire
/gca