August 6, 2023

**SENT VIA FACSIMILE, EMAIL, MAIL**

UT Southwestern Medical

**ATTN:**

12354 Prime Park Rd.

Woodland Hills, CA 91367

E:

RE: **Our Client:**

 **Date of Birth:**

**Date of Accident:**

To :

Attached you will find medical bills pertaining to the above-referenced Personal Injury Protection portion of the claim. The following is a summary of the medical bills attached to date:

| **Total Charges** |  |
| --- | --- |
| **Total Adjustements** |  |
| **Total Insurance Payments** |  |
| **Total Client Payments** |  |
| **Total Balance** |  |

You are not authorized to attempt to negotiate, settle or compromise any of our client’s debts for medical care or treatment, which are elements of our client’s claim and damages in which our law firm has an undivided interest.

As always, I thank you in advance for your time and professional courtesies in adjusting this claim.

Sincerely,

James Smith

CEO & Founder

ABC Law Firm

jsmith@abclaw.com