

Sample Demand Letter Outline

Month Day, Year

YOUR NAME
V.
AT-FAULT PARTY'S NAME

I. CLAIMANT INFORMATION

This is where you include your name, claim number, and optionally your date of birth, current age, marital status, and the name of the policyholder.

II. ACCIDENT DESCRIPTION/LIABILITY

This is where you include the date, time, and location of the accident.

DESCRIPTION OF ACCIDENT

On the above-named date... This is where you explain how the accident occurred.

LIABILITY

This is where you include what we call a “theory of liability” in which you explain why the policyholder is responsible for your injuries. You can include specific laws that the policyholder broke, as well as information from a police report, incident report, or witness account that corroborates your theory.

III. MEDICAL TREATMENT AND DAMAGES

This is where you begin your medical narrative, telling the story of your recovery journey appointment by appointment. Each medical appointment you had should result in a paragraph in your demand letter. The paragraphs may resemble this example:

I sought treatment from Dr. So-and-So from Hospital Name on Date. My chief complaints at that time were... Dr. So-and-So further notes these additional symptoms. These specific tests or procedures were performed, which revealed this change or condition. Dr. So-and-So prescribed this specific medication and this particular course of treatment. S/he also discussed the possibility of this future treatment.

SUMMARY OF INJURIES

including but not limited to:

- This is where you include a bulleted list of all injuries you sustained.
- You should use appropriate medical terms wherever possible.
- Consult your medical records to make sure your narrative and summary are accurate.

SUMMARY OF DIAGNOSTIC TESTING

- | | | |
|----|-------------------|--|
| 1. | Date of Test | Test Performed |
| 2. | Include all tests | Include what body part was the subject of the test |

SUMMARY OF PROCEDURES

- | | | |
|----|------------------------|--|
| 1. | Date of Procedure | Procedure Performed |
| 2. | Include all Procedures | Include all procedures, even unsuccessful ones |

PRIOR CONDITIONS

This is where you discuss prior conditions. If you have none, simply state that you are attaching a medical record that predates the accident, and establish what year this record is from. If you do have prior medical conditions, note which injuries were clearly caused by the accident.

ECONOMIC DAMAGES

MEDICAL EXPENSES

The following medical bills have been generated as a result of treatment rendered to me to date:

<u>Treating Entity</u>	<u>From</u>	<u>To</u>	<u>Amount</u>
Doctor or Facility	Start Date	End Date	Total billing amount per doctor
Include all doctors	Include full date range		<u>You will attach all bills as exhibits</u>

TOTAL:

WAGE LOSS

This is where you include information about lost income. Include your job title and employer, your salary broken down by day, and the dates that you missed work on the orders of your medical professional. If you took sick, vacation, or personal days, or other types of paid time off, break down how many of each type of days you took (including any unpaid time off) and the salary you missed each day.

Number of days missed	x daily salary=	\$ Amount of lost income
Number of paid sick days taken	x daily salary =	<u>\$ Amount of lost income</u>

TOTAL:

MISCELLANEOUS

This is the section where you would include any additional economic damages. If your health insurance company is asserting a lien on your settlement, state this under a heading such as “HEALTH LEIN.” (Need a quick refresher on what a health lien is? Revisit [Calculating the Value of Your Claim](#).) If you had additional economic damages for which you can provide documentation, list them here, and include the total amount of such losses.

SUMMARY OF ECONOMIC DAMAGES

Medical bills:	\$ Total Amount
Wage loss:	\$ Total Amount
Other damages:	<u>\$ Total Amount</u>

TOTAL:

IV. EXHIBITS

- A. Police or Incident Report
 - B. Property Damage Photographs
 - C. Wage Loss Documents
 - D. Prior Medical Records
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- 1. Medical Records from Dr. X
 - 2. Medical Records from Dr. Y
 - 3. Medical Records from Dr. Z

V. CONCLUSION AND DEMAND

I have suffered considerable and significant injuries as a result of this accident caused by your insured. My doctor has advised me that I may need further care in the future (such as...) My economic losses were also considerable.

I hereby demand...

After listing your demands in their entirety, you can include optional closing statements, such as a timeframe for the insurance company’s response to your demands. To keep the exchange polite, it may help to thank the adjustor for his or her prompt attention.

Very truly yours *or* Sincerely,

(Your Signature)

Your Name