



*A Limited Liability Company*

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## **WHAT YOU, AS PERSONAL INJURY CLIENT, SHOULD KNOW**

1. Insurance companies do not pay money willingly. The insurance company can be expected to thoroughly investigate the facts of the accident, the claim for medical treatment, and any past injuries or claims. The insurance company will obtain copies of all past medical records.

2. It will help your case to tell me about any prior injury or prior pain to any parts of your body. Many good cases are lost by the injured person concealing or forgetting a previous injury.

3. You should be sure to furnish me with the names and addresses of all doctors who have treated you in regard to your personal injury accident along with all medical bills, including prescriptions.

4. If you have not already done so, please provide to my office the name and address of your employer.

5. If you have not already done so, please provide to my office the face page(s) of any health insurance or automobile insurance policies that you have or if you are covered on your parents policies the face page(s) of such policies.

6. Insurance companies keep a record of any and all claims against any insurance company. The insurance company is sure to find out if you have ever made a previous claim.

7. Tell your local doctor all of your complaints. The doctor's records can only be as complete as what you have told him.

8. Keep me informed of anything that in any way might affect your case. Certainly nothing should be signed without first consulting me. Applications for insurance benefits, reports to the State, any change in doctors, returning to work, any change in treatment or when you are discharged from treatment should be reported to my office promptly.

9. Keep my office advised of any residence changes, telephone number changes, etc. or vacation or other times when you will not be available.

10. Communication: Once you have retained this office to represent you in regard to your personal injury accident we request that you do not communicate with the other driver or his/her insurance company except in regard to the property damage to your vehicle, not in regard to your personal injuries. Have them contact this office. You may communicate with your insurance company and answer any questions they may ask of you.

11. Property Damage to Your Vehicle: It is not the policy of this office to become involved in the property damage portion of your personal injury accident. This is usually handled by you and your insurance company or you and the other driver's insurance company. However, if you wish to obtain two estimates on your car we will send the estimates to the insurance company for the property damage and this office will receive one-third of the amount recovered, or you may take care of the property damage yourself and keep all of the monies recovered.

12. Medical Bills: Insurance information should be provided to treating doctors, hospitals, etc. in the following sequence:

a. Personal health insurance, i.e., group, Kaiser, etc., or if you do not have personal insurance;

b. Car insurance if you have medical pay provisions in your policy.

### **EXAMPLE 1.**

If you have both personal health insurance and medical pay provisions in your car insurance policy, you will provide to your doctor(s), hospital(s), etc. your personal health insurance information only. Then, if you wish, upon presenting your medical bills to this office we will forward them to your car insurance company for payment pursuant to the medical provisions of your policy. Upon receipt of your insurance company's draft we will forward it to you for use in either paying medical bills or for your personal use.

REMEMBER: You are ultimately responsible for all unpaid medical bills and this office is responsible only for payment of any lien billings which have been sent to this office and are to be paid at the time of your settlement.

**EXAMPLE 2.**

If you do not have personal health insurance and do have medical pay provisions in your car insurance policy then, of course, you will provide the doctors, etc. with that information so that your bills can be paid up to the amount of the provision of your car policy.

13. Costs/loans/advances: This office will advance costs for court filing fees, investigation, depositions, etc. in regard to your personal injury case, however, this office WILL NOT make any personal advances or loans prior to settlement of your case as it is unethical and against the Louisiana State Bar Rules to do so.

14. Settlement: It sometimes takes many months to settle a claim. In fact, it is dangerous to settle certain types of claims too soon because it often takes a long time for serious injuries to become evident. At the time of your settlement a breakdown will be made and the attorneys' fees will be deducted from the gross amount, then liens and costs will be deducted giving the net total to you.

We are looking forward to assisting you in any way possible and obtaining for you an equitable settlement of your personal injury case. If you have any questions, please do not hesitate to contact my office.

I have read and understood the above PERSONAL INJURY letter.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Client

## MONTHLY REPORT

Dear Client:

Enclosed please find your monthly report forms. Please complete them at the end of each month and return to our office. At the time of completing your monthly report, please fill in your name and date.

|         |       |
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| Client: | Date: |
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(1) Describe all the symptoms or pains you had this month related to your injuries. \_\_\_\_\_

(2) List the name of each doctor, chiropractor or therapist you saw during the month because of your injuries, and the dates you were seen. \_\_\_\_\_

(3) If you were hospitalized this month for your injuries, please tell us where and when. \_\_\_\_\_

(4) If you lost any time from work this month because of your injuries, fill in below: Number of hours/days missed \_\_\_\_\_ Dates missed \_\_\_\_\_ Wages lost \_\_\_\_\_

(5) Describe how your injuries have affected your ability to do your work (include housework, yard work, home chores, too). If employed outside the home, please identify any coworker or supervisor who could verify how your injuries have affected your work. \_\_\_\_\_

(6) Please describe how your injuries have affected your social and recreational activities. \_\_\_\_\_

(7) Please list all your expenses this month which you believe are related to your injuries (i.e., prescriptions, over-the-counter medicine, medical visits, parking, therapy, etc.). \_\_\_\_\_

(8) Please tell us anything else you believe we should know about how your injuries affected you this month. \_\_\_\_\_

Thank you for taking the time to fill out this form. Keeping track of your physical condition is an important part of our record of your case. We encourage you to call us if you have any questions, or if you want to discuss your claim.

Attorney: \_\_\_\_\_

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