

[Your Name/Law Firm Name]
[Address]
[City, State, Zip Code]
[Phone Number]
[Email Address]

[Date]

[Insurance Company Name]
[Adjuster's Name]
[Address]
[City, State, Zip Code]

RE: Final Medical Billing and Documentation

Claimant: [Client Full Name]
Claim Number: [Claim Number]
Date of Loss: [Date of Accident/Injury]

Dear [Adjuster Name],

Please find enclosed the final medical bills and updated records pertaining to the above-referenced personal injury claim.

As previously discussed, [Client Name] has now completed their medical treatment for the injuries sustained in the incident on [Date of Loss]. The attached documentation represents the final outstanding costs associated with this claim, including:

- Final itemized billing statement from [Provider Name]
- Updated treatment notes from [Provider Name]
- [List any other documents, e.g., prescription receipts or diagnostic reports]

The total medical expenses incurred to date now amount to \$[Total Amount].

With the submission of these final documents, the medical portion of this file is complete. We look forward to receiving your formal settlement offer within [Number] days based on the full clinical picture provided.

Should you have any questions regarding these documents, please contact my office directly.

Sincerely,

[Your Signature]

[Your Printed Name]
[Title]

Enclosures: [List Number of Attachments]