

[Your Name/Law Firm Name]

[Address]

[City, State, Zip Code]

[Phone Number]

[Date]

[Insurance Company Name]

[Subrogation Department]

[Address]

[City, State, Zip Code]

RE: NOTICE OF SETTLEMENT

Claimant: [Name of Insured/Injured Party]

Claim Number: [Claim Number]

Date of Loss: [Date of Incident]

Your File/Reference Number: [Reference Number]

To Whom It May Concern,

Please be advised that the personal injury claim arising from the above-referenced matter has been settled with the third-party tortfeasor and/or their insurance carrier.

We are requesting a final verified statement of your subrogation lien or reimbursement interest. Please include an itemized list of all medical expenses or benefits paid to date that are related specifically to this incident.

Before any funds are disbursed, we wish to discuss any statutory or contractual reductions to your lien, including offsets for attorney fees and pro-rata litigation costs (Common Fund Doctrine).

Please provide the final payoff amount and payment instructions by [Date]. If you have any questions, please contact our office directly.

Sincerely,

[Your Signature]

[Your Printed Name]