



JZ helps
an injury law firm

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Today's Date

PIP and UM/UIM
<First Party Insurer>

Sent only Via email to <email address> and via certified mail r/r # xxxx-xxxx-xxxx-xxxx-xxxx, and fax to

RE: Our Client:
Your Insured:
Policy#:
Date of Loss:

Dear Sir or Madam,

Please be advised that my firm has taken over the representation of the above client for injuries received as a result of the above referenced accident. My client has told me that she has been diagnosed with a herniated disc. If you need my client to sign a document or provide you with written information please ask us and will assist you. Please send us a PIP application as soon as possible if one is needed. If you do not send us one then we will assume one is not needed.

Pursuant to Florida Statute Section 627.4137, I hereby request that you provide to me, within 30 days of this written request, a statement under oath of a corporate officer, or of your claims manager or superintendent setting forth the following information with regard to each known policy of liability insurance, including excess or umbrella insurance:

- (1): the name and address of each insurer;
- (2): the name and address of each insured;
- (3): the limits of liability insurance applicable to each such policy;
- (4): a statement of any policy or coverage defenses which you reasonably believe are available or have been asserted;

I also hereby request that you furnish to me within 30 days of this written request a copy of each such policy as provided by statute. Further, should you discover facts calling for an amendment to your statement we would expect the amendment be made immediately upon such discovery.

Please also immediately send us the following information:

- (5): any uninsured motorist rejection forms which your insured has signed;
- (5)(a): Renewal notification of U/M coverage as available to the insured.
- (6): the PIP payout log. Please send an updated Pip payout log every (30) thirty days;

- (7): All color pictures (or black & white if color is not available) of the damage to any vehicles (or if applicable, bicycles, scooters or property) involved in this loss, preferably via e-mail to jz@jzhelps.com. If you do not have pictures in your possession, please send them asap following your receipt of same.
- (8): a copy of any and all recorded statements given by my client.
- (9): any bills/records received from any medical providers. Please send these as you receive them.
- (10): a copy of any and all crash reports and driver exchange of information.
- (11): a copy of any witness statements that you have.

This is also formal notice to initiate a medical payments claim. In accordance with Florida Statute section 768.76 (6), please be advised that your company will waive its rights to subrogation or reimbursement unless it provides this office with a statement asserting payments of benefits and right of subrogation or reimbursement within 30 days following receipt of this notice.

If this policy has been canceled or expired, please let us know in writing immediately. Further, you are hereby placed on notice that our client wants the insurance company to pay all of the medical expenses at 80% as required under the personal injury protection policy of insurance and Florida law. Please pay all bills within thirty (30) days of receipt. Do NOT reduce any of the bills or refuse to make any payments without first obtaining the medical provider's written permission. Upon receipt of the written permission from the medical provider please furnish same to the undersigned so we can take proper steps to protect our client. If you do not provide the undersigned with proof of the written consent then our client will assume you will pay the bill at 80%.

If you fail to pay the medical provider(s) on a timely basis or make any reductions without first obtaining the medical provider's consent then our client may:

- a. Have the treatment jeopardized because the medical provider is not being paid;
- b. Be harassed or embarrassed;
- c. Be sued by the medical provider;
- d. Be sent to collection;
- e. Have their credit rating damaged; or
- f. Have the settlement delayed.

Our client has suffered enough trauma, inconvenience, and stress as a result of the motor vehicle accident and any additional aggravation caused by the insurance company's failure to make timely and proper payments would be unfair and contrary to Florida law. If our client is forced to file a lawsuit over a reduction or non-payment, please do not exhaust the policy until the issue is resolved. Please be advised we are not the agent for the client or the insurance company for the purpose scheduling physical examinations or statements (a/k/a EUOs). This is your fiduciary duty. You are instructed to properly and reasonably notify the insured and us in WRITING of any request. You must send us a copy in the event our client does not understand or read English. We will be glad to assist you in coordinating a date for an examination or statement. Simply call this office and we will help you.

If the client fails to attend the first appointment please let us know before a second appointment is scheduled. Do not simply rely on the possibility the client will appear for a second appointment as there can be a very reasonable explanation for the first no show. Our client wants to cooperate but we need you to communicate with us before you deny the PIP claim based on a no show. If you simply unilaterally select a date, time and location our client may not attend. You must exercise reasonable efforts to coordinate a date and time.

Please note that my client has received treatment from _____. Please request and pay these bills immediately. Thank you for your prompt attention to this matter. I have attached the crash report for your convenience.

Sincerely,

/s/ Justin Ziegler

Justin Ziegler
Attorney