MEDICO-LEGAL SETTLEMENT DOSSIER

Rebuttal Discovery Demand Request

Rebuttal & Settlement Reconsideration — Bodily Injury Claim

CLAIMANT	[redacted]
CLAIM NO.	[redacted]
DATE OF LOSS	March 19, 2025
DATE OF THIS REQUEST	September 8, 2026
TO	[redacted] Attn: [redacted], Claims Adjuster
FROM	[redacted]
RE	Rebuttal Discovery Demand Request

SETTLEMENT DEMAND

$205,195.50

Unless otherwise specifically stated, all monetary amounts referenced in this demand package and during settlement negotiations are denominated in U.S. dollars.

CONFIDENTIAL — SUBMITTED FOR SETTLEMENT PURPOSES ONLY · NOT FOR USE IN ANY SUBSEQUENT TRIAL OR PROCEEDING WITHOUT CLAIMANT'S CONSENT

SUMMARY Executive Summary of Findings and Demand

Prepared for rapid file review. Every figure below is stated and supported in the referenced section of this dossier; no figure appears here that does not appear in the body of the report. Damages are valued as of September 8, 2026, the date of the demand report being rebutted.

TOTAL WHOLE BODY IMPAIRMENT	DRE CERVICAL CATEGORY (SELECTED METHOD)	KARNOFSKY PERFORMANCE STATUS
25%	**Category IV 25% WPI**	**60 / 100**
§ 7.0	§ 6.2 · AMA GUIDES 5TH ED.	§ 8.0

§ 0.0 Table of Contents — Damage Components

DAMAGES COMPONENT	PAGE	DOSSIER REFERENCE	AMOUNT (USD)
Loss of Service (8 household-service schedules)	P. 17	§ 12.0 · EXHIBIT A	$13,630.43
Unified Quality of Life Valuation — Standardized Non-Economic Damage Framework	P. 21	§ 14.0 · EXHIBIT B	$165,961.07
Medical Expenses (incurred)	P. 27	§ 17.2 · EXHIBIT E	$14,184.00
Future Medical Expenses	P. 28	§ 17.3 · EXHIBIT F	$6,750.00
Property Damage	P. 26	§ 17.1 · EXHIBIT D	$3,902.00
Case Costs & Expenses	P. 28	§ 17.4 · EXHIBIT G	$760.00
Income Losses	P. 29	§ 17.5 · EXHIBIT H	$8.00
Total Damages	**P. 29**	**§ 18.0 · EXHIBIT I**	**$205,195.50**

SUMMARY OF CLINICAL DETERMINATIONS

DRE Cervical Category IV impairment (25% WPI) (§ 6.2); Total Whole Body Impairment of 25% (§ 7.0); Karnofsky Performance Status of 60 — requires occasional assistance but is able to care for most personal needs (§ 8.0); stabilization timeframe of 18 to 24 months (§ 11.1); future treatment is definite, with a 76-100% medical certainty of occurring (§ 11.2); probability of future recurrence, neck: 76-100% Definite (§ 10.3). The claimant was not negligent in this accident; the claim should be evaluated at 100% of injuries, physical damages and economic losses (§ 21.0).

The amount of medical expenses incurred should not be viewed as the sole measure of the nature, severity, or extent of the claimant's injuries and resulting damages (§ 1.0). The carrier is requested to complete the respondent determination panels throughout, identify any contributory-negligence reduction applied, and reply promptly (§ 21.0).

§ 1.0 Transmittal & Reservation of Rights

Rebuttal & Settlement Reconsideration Request — reproduced in full.

Dear [redacted]:

This demand package is submitted solely for purposes of negotiating the settlement of this bodily injury claim and to provide your company with a limited opportunity to resolve the matter.

Any information or materials submitted herein are provided solely for settlement purposes and are not to be utilized in any subsequent trial or proceeding without the claimant's consent. Nothing contained in this demand package should be construed as a factual or legal admission by the claimant. All materials submitted remain the property of the claimant and should be returned upon request.

Unless otherwise specifically stated, all monetary amounts referenced in this demand package and during settlement negotiations are denominated in U.S. dollars.

The claimant seeks fair and complete compensation for the injuries and damages sustained as a result of the accident, including pain and suffering, loss of services, permanent impairment, past and future medical expenses, and the resulting adverse impact on quality of life. As further detailed in the Elements of Damages, the amount of medical expenses incurred should not be viewed as the sole measure of the nature, severity, or extent of the claimant's injuries and resulting damages.

In the event this claim is resolved through settlement, any proposed release shall include the following language:

> *"This demand package does not release any other parties except the releasee's insured(s) and their insurance company. Furthermore, this document does not extinguish any rights of the releasor to first-party benefits. Finally, this document does not release the releasor's rights or the releasor's insurance company's subrogation rights relating to property damage."*

If the proposed release does not contain this language, the claimant reserves the right to modify or endorse the release accordingly prior to execution. If you object to any portion of this language, please state your objection in writing so that mutually acceptable release terms may be established.

Sincerely,

[redacted]

§ 2.0 Medical Assessment & Treatment Record

RESPONDENT DETERMINATION REQUESTED

For this section, please indicate by checkmarks, which factors you causally accept as related to accident, which factors you deny, which you dispute, and what additional data you require to reconsider.

2.1 Sources of Medical History

MEDICAL TREATMENT RECORD	REVIEWED	ENCLOSED	ACCEPT	DENY	DISPUTE	DATA NEEDED TO RECONSIDER
Medical Office Records	☑	☑				
Hospital Records	☑	☑				
From Other Sources	☑	☑				
From Patient	☑	☑				

2.2 Continuity and Timing of Care

FACTOR	REVIEWED	ENCLOSED	ACCEPT	DENY	DISPUTE	DATA NEEDED TO RECONSIDER
Delay in Seeking Care	☑	☑				
Gaps in Treatment	☑	☑				

2.3 Additional Relevant History

FACTOR	REVIEWED	ENCLOSED	ACCEPT	DENY	DISPUTE	DATA NEEDED TO RECONSIDER
Prior Medical History	☑	☑				
Medications & Compliance	☑	☑				
Diagnostic Tests & Imaging	☑	☑				
Rehabilitation / Therapy Records	☑	☑				
Work / Functional History	☑	☑				

§ 3.0 Diagnoses (ICD-10-CM Register)

RESPONDENT DETERMINATION REQUESTED

For this section, please indicate by checkmarks, which factors you causally accept as related to accident, which factors you deny, which you dispute, and what additional data you require to reconsider.

3.1 Head & Brain

CODE	DIAGNOSIS	ACCEPT	DENY	DISPUTE	DATA NEEDED TO RECONSIDER
R41.89	Other symptoms involving cognitive functions				

3.2 Cervical Spine & Neck

CODE	DIAGNOSIS	ACCEPT	DENY	DISPUTE	DATA NEEDED TO RECONSIDER
M53.2X1	Spinal instabilities, occipito-atlanto-axial region				

3.3 Psychological

CODE	DIAGNOSIS	ACCEPT	DENY	DISPUTE	DATA NEEDED TO RECONSIDER
F41.1	Generalized anxiety disorder				
F39	Unspecified mood disorder				
F43.2	Adjustment disorders				
F51.5	Nightmare disorder				
R45.86	Behavioral and emotional concussion				
F43.21	Adjustment disorder with depressed mood				
F43.22	Adjustment disorder with anxiety				
F45.42	Pain disorder with related psychological factors				
F32.0	Major depressive disorder, single episode, mild				
F32.1	Major depressive disorder, single episode, moderate				

3.4 General

CODE	DIAGNOSIS	ACCEPT	DENY	DISPUTE	DATA NEEDED TO RECONSIDER
S06.0X0A	Concussion without loss of consciousness, initial encounter				
F06.8	Other specified mental disorders due to known physiological condition				
G93.9	Disorder of brain, unspecified				
G62.9	Polyneuropathy, unspecified				
R20.8	Other disturbances of skin sensation				
V49.40XA	Driver injured in collision with unspecified motor vehicles in traffic accident, initial encounter				
M54.2	Cervicalgia				
S13.4XXA	Sprain of ligaments of cervical spine, initial encounter				
M50.22	Other cervical disc displacement, mid-cervical region				
V43.52XA	Car driver injured in collision with other type car in traffic accident, initial encounter				
Y04.0XXA	Assault by unarmed brawl or fight, initial encounter				
G47.00	Insomnia, unspecified				
Z59.82	Problems driving or riding in vehicles				
G47.9	Sleep disorder, unspecified				
M54.10	Radiculopathy, site unspecified				

§ 4.0 Functional Impact & Patient Complaints

RESPONDENT DETERMINATION REQUESTED

For this section, please indicate by checkmarks, which factors you causally accept as related to accident, which factors you deny, which you dispute, and what additional data you require to reconsider.

4.1 Body Part Complaints

AREA / SYMPTOM	DETAILS (TYPE, INTENSITY, FREQUENCY, WORSENING EFFECTS)	ACCEPT	DENY	DISPUTE	DATA NEEDED TO RECONSIDER
Post Traumatic Headache (PTH)	Type: Dull, Throbbing, Stabbing | Intensity: **10 Emergency (ER Visit)** | Freq: Occasional 25-50% of the day | Worsens: Stress, Noise, Light | Location: Left side, Right side, Back				
Tension Headache	Type: Dull, Throbbing, Stabbing | Intensity: 1-3 Mild | Freq: Intermittent 0-25% of the day | Worsens: Noise, Light, Activity | Location: Top, Back				
Eye	Type: Tunnel vision, Cracks in visual field, Colored spots | Intensity: 4-6 Moderate | Freq: Frequent 51-75% of the day | Worsens: Phone screen | Location: Right side				
Face	Type: Nose, Burning | Intensity: 1-3 Mild | Freq: Constant 76-100% of the day | Worsens: Touch, Heat, Cold | Location: Left side, Right side				
Shoulder	Type: Numbness | Intensity: **10 Emergency (ER Visit)** | Freq: Intermittent 0-25% of the day | Worsens: Arm towards chest | Location: Left side, Right side				
Chest	Type: Dull, Burning, Numbness | Intensity: 7-9 Intense | Freq: Constant 76-100% of the day | Worsens: Breathing, Pulling | Location: Left side, Center				
Mid-back	Type: Burning | Intensity: 4-6 Moderate | Freq: Frequent 51-75% of the day | Worsens: Pulling | Location: Left side				
Lower Arm Pain	Type: Increased sensitivity, Decreased sensitivity, Strain sprain | Intensity: 1-3 Mild | Freq: Frequent 51-75% of the day | Worsens: Repeated movement | Location: Left side, Right side				
Wrist Pain	Type: Dull | Intensity: **10 Emergency (ER Visit)** | Freq: Constant 76-100% of the day | Worsens: Twisting, Overuse | Location: Left side, Right side, Front				

Upper Leg	Type: Throbbing, Burning | Intensity: 1-3 Mild | Freq: Intermittent 0-25% of the day | Worsens: Squat, Weight bearing | Location: Left side, Right side				
Lower Leg	Type: Decreased sensitivity, Strain sprain | Intensity: 1-3 Mild | Freq: Frequent 51-75% of the day | Worsens: Walking | Location: Left side, Right side				
Knee	Type: Aching, Throbbing | Intensity: 7-9 Intense | Freq: Intermittent 0-25% of the day | Worsens: Laterally bend knee out, Walking | Location: Right side				
Foot	Type: Throbbing, Shooting, Burning | Intensity: 1-3 Mild | Freq: Intermittent 0-25% of the day | Worsens: Walking, Putting on shoes | Location: Left side, Right side				
Hip	Type: Dull, Shooting | Intensity: 4-6 Moderate | Freq: Constant 76-100% of the day | Worsens: Sitting, Twisting, Moving leg out | Location: Left side				

4.2 Concussion / Post-Traumatic Symptoms

RESPONDENT DETERMINATION REQUESTED

For this section, please indicate by checkmarks, which factors you causally accept as related to accident, which factors you deny, which you dispute, and what additional data you require to reconsider.

CATEGORY	REPORTED SYMPTOMS	ACCEPT	DENY	DISPUTE	DATA NEEDED TO RECONSIDER
Physical Symptoms	Loss of consciousness, Blurred vision, Double vision				
Memory & Cognitive	Feeling slowed down mentally, Taking longer than usual to think, Confusion, Poor judgement or decision making				
Mood & Emotional	Mood swings, Extreme worry or anxiety, Change in personality				
Daily Life Impact	Feeling of doom or hopelessness, Change in hobbies or recreational interests, Difficulty with work or daily responsibilities, Feeling isolated or withdrawn				
Stress & Trauma	Flashbacks or nightmares, Distressing dreams, Feeling like future is limited, General ongoing feeling of unease				
Neck / Radiating Pain	Tension or knots in neck and shoulder, Shortness of breath, Shoulder stiffness, Numbness or tingling index middle ring				
Neurological Symptoms	Vertigo, Sudden leg weakness or falling, Vision problems, Hearing disturbances or changes				

§ 5.0 Neurological & Spinal Findings

RESPONDENT DETERMINATION REQUESTED

For this section, please indicate by checkmarks, which factors you causally accept as related to accident, which factors you deny, which you dispute, and what additional data you require to reconsider.

5.1 Radiculopathy

CODE	FINDING	ACCEPT	DENY	DISPUTE	DATA NEEDED TO RECONSIDER
R20.8	R20.8 Other Disturbances of Skin Sensation				

§ 6.0 Impairment Analysis (AMA Guides to the Evaluation of Permanent Impairment, 5th Edition)

6.1 Alternative Whole Person Impairment Methodology

Presented for Comparison Only; Not Additive to DRE.

Impairment is determined in accordance with the AMA Guides to the Evaluation of Permanent Impairment, Fifth Edition, which identifies the Diagnosis-Related Estimates (DRE) method as the primary approach for evaluating spinal impairment. Range of Motion (ROM) findings may also be presented for comparative analysis when clinically relevant; however, the DRE and ROM methodologies are not combined, added, averaged, or stacked. Only one methodology is used to determine the final impairment rating, thereby avoiding duplication.

When both analyses are presented, the DRE category constitutes the definitive impairment rating relied upon in this report, while the ROM analysis is presented separately to demonstrate consideration of the alternative methodology and provide additional clinical context.

RESPONDENT DETERMINATION REQUESTED

For this section, please indicate by checkmarks, which factors you causally accept as related to accident, which factors you deny, which you dispute, and what additional data you require to reconsider.

BODY PART / FUNCTION	AMA EDITION	CHAPTER	TABLE	PAGE	CLASS	IMPAIRMENT %	ACCEPT	DENY	DISPUTE	DATA NEEDED TO RECONSIDER
AOMSI Spinal Instabilities - C1 or C2	5	15	15-3C	378-379	4	**25%**				
Abnormal Deep Tendon Reflex · Unilateral Spinal Nerve Root Motor Impairment/ Loss of Strength	5	15	15-7 IB	404	3	**10-15%**				
Extreme Worry · Feeling depressed or tearful · Mood swings · Poor judgement · Problems driving or riding in vehicles · Sleep Disorders · Sleeping more than usual	5	13	13-8	325	1	**7%**				
Radiculopathy	5	13-23	13-24	346-348	2	**10-25%**				

6.2 Diagnosis-Related Estimates (DRE) Analysis — Selected Methodology, Reported Impairment Rating

RESPONDENT DETERMINATION REQUESTED

For this section, please indicate by checkmarks, which factors you causally accept as related to accident, which factors you deny, which you dispute, and what additional data you require to reconsider.

CLINICAL DETERMINATION 6.2 — DRE CLASSIFICATION

DRE Cervical Category IV — 25% Impairment

Loss of motion segment integrity, bilateral or multi-level radiculopathy, compression fracture greater than 50%, developmental fusion.

ACCEPT	DENY	DISPUTE	DATA NEEDED TO RECONSIDER

§ 7.0 Whole Body Impairment

RESPONDENT DETERMINATION REQUESTED

For this section, please indicate by checkmarks, which factors you causally accept as related to accident, which factors you deny, which you dispute, and what additional data you require to reconsider.

CLINICAL DETERMINATION 7.0 — WHOLE PERSON IMPAIRMENT

Total Whole Body Impairment 25%

ACCEPT	DENY	DISPUTE	DATA NEEDED TO RECONSIDER

Interpretation of WPI

Whole Person Impairment is the standardized medical benchmark of permanent physiological loss. It is distinct from disability, functional-life loss, or monetary damages. The WPI establishes the medical impairment foundation from which the patient’s broader functional consequences are separately evaluated.

§ 8.0 Karnofsky Performance Status Scale

The Karnofsky Performance Status Scale is a standardized measure used to quantify a patient's general functional ability on a scale of 0–100. It assesses the degree to which injury or illness affects daily performance, ability to work, and need for assistance or care. A higher score indicates greater functional independence.

RESPONDENT DETERMINATION REQUESTED

For this section, please indicate by checkmarks, which factors you causally accept as related to accident, which factors you deny, which you dispute, and what additional data you require to reconsider.

CLINICAL DETERMINATION 8.0 — CURRENT PERFORMANCE LEVEL

Karnofsky 60 — Requires occasional assistance but is able to care for most personal needs

ACCEPT	DENY	DISPUTE	DATA NEEDED TO RECONSIDER

PERFORMANCE LEVEL	DESCRIPTION
100	Normal; no complaints; no evidence of disease
90	Able to carry on normal activity; minor signs or symptoms of injury
80	Normal activity with effort; some signs or symptoms of injury
70	Cares for self; able to carry on normal activity or do active work
60 CURRENT LEVEL	**Requires occasional assistance but is able to care for most personal needs**
50	Requires considerable assistance and frequent medical or rehabilitative care
40	Disabled; requires special care and assistance
30	Severely disabled; hospitalization or intensive support may be indicated
20	Very sick; active supportive treatment necessary
10	Moribund; fatal processes progressing rapidly

§ 9.0 MMI Status & Treatments Rendered

9.1 MMI for each Body Part

RESPONDENT DETERMINATION REQUESTED

For this section, please indicate by checkmarks, which factors you causally accept as related to accident, which factors you deny, which you dispute, and what additional data you require to reconsider.

BODY PART	STATUS	ACCEPT	DENY	DISPUTE	DATA NEEDED TO RECONSIDER
Neck	**Stable**				

9.2 Prescription

RESPONDENT DETERMINATION REQUESTED

For this section, please indicate by checkmarks, which factors you causally accept as related to accident, which factors you deny, which you dispute, and what additional data you require to reconsider.

PRESCRIPTION	ACCEPT	DENY	DISPUTE	DATA NEEDED TO RECONSIDER
Medical Determination				
99080 — Medical Validation				

§ 10.0 Prognosis & Causation Analysis

10.1 Prognosis Overall

RESPONDENT DETERMINATION REQUESTED

For this section, please indicate by checkmarks, which factors you causally accept as related to accident, which factors you deny, which you dispute, and what additional data you require to reconsider.

PROGNOSTIC FINDING	ACCEPT	DENY	DISPUTE	DATA NEEDED TO RECONSIDER
The prognosis overall is ongoing complaints with ongoing treatment required.				
The prognosis for stable body parts that are medically determined to have future occurrence, are listed in section XI of this report.				
The prognosis is a body part is determined stable, in that it is not changing or fluctuating, however continued care is prescribed for that part at stable MMI as it is medically determined that further care will reduce future pain or prevent future incidence of worsening.				
The prognosis reveals some body parts as static or stable as well some which are not yet at MMI.				
The prognosis requires the need for treatment due to moderate injuries.				
The prognosis requires the need for treatment due to ligamentous injuries.				

10.2 AOMSI / Derangement Fracture

RESPONDENT DETERMINATION REQUESTED

For this section, please indicate by checkmarks, which factors you causally accept as related to accident, which factors you deny, which you dispute, and what additional data you require to reconsider.

ANALYTIC FINDING	ACCEPT	DENY	DISPUTE	DATA NEEDED TO RECONSIDER
The applicable AMA Guides DRE classification provides a 25% Whole Person Impairment value when the documented findings satisfy the criteria for the applicable Category IV spinal condition. The impairment determination should correspond to the specific spinal region and findings documented by the physician.				
When flexion and extension radiographs are subjected to Computerized Radiographic Mensuration Analysis (CRMA), the resulting measurements may provide objective quantitative data for the physician's evaluation of spinal motion and potential alteration of motion segment integrity.				
The clinical significance of AOMSI extends beyond the immediate presentation because persistent alteration of spinal motion-segment integrity may contribute to chronic pain, functional limitation, and progressive degenerative changes. The extent of any future progression should be based upon the physician's prognosis and the applicable medical evidence.				
Quantitative radiographic measurement provides an objective means of assessing spinal translation and angular motion. The clinical significance of the measurements must be determined by the qualified physician using the applicable AMA Guides criteria and the client's complete clinical history.				

10.3 Prognosis of Probability for Future Recurrence

RESPONDENT DETERMINATION REQUESTED

For this section, please indicate by checkmarks, which factors you causally accept as related to accident, which factors you deny, which you dispute, and what additional data you require to reconsider.

CLINICAL DETERMINATION 10.3 — FUTURE RECURRENCE

BODY PART	PROBABILITY	ACCEPT	DENY	DISPUTE	DATA NEEDED TO RECONSIDER
Neck	**76-100% Definite**				

§ 11.0 Stability of Medical Condition & Future Treatment

11.1 Stabilization Timeframe

RESPONDENT DETERMINATION REQUESTED

For this section, please indicate by checkmarks, which factors you causally accept as related to accident, which factors you deny, which you dispute, and what additional data you require to reconsider.

DETERMINATION	ACCEPT	DENY	DISPUTE	DATA NEEDED TO RECONSIDER
18 to 24 months				

11.2 Medical Determination of Future Treatment

RESPONDENT DETERMINATION REQUESTED

For this section, please indicate by checkmarks, which factors you causally accept as related to accident, which factors you deny, which you dispute, and what additional data you require to reconsider.

DETERMINATION	ACCEPT	DENY	DISPUTE	DATA NEEDED TO RECONSIDER
Future treatment is definite, with a 76-100% medical certainty of occurring.				
Due to the nature of the injuries, future passive care must remain an option.				
MMI exists however, future care of involved stable body part(s) is/are required.				
MMI is attained on parts listed with future care for chronic/stable body parts.				

EXHIBIT A

§ 12.0 Loss of Service

The number of days [redacted] is reasonably expected to endure future estimates for care requirements or the likelihood of ongoing pain, suffering, and emotional and cognitive distress, are based on the AMA Guidelines' impairment ratings derived from the Range of Motion (ROM) values associated with each documented injury. Diagnostic Related Estimates (DRE) categories are presented as supporting reference where applicable. For further details, please refer to the impairment rating table.

RESPONDENT DETERMINATION REQUESTED — APPLIES TO EACH SCHEDULE LINE BELOW

For this section, please indicate by checkmarks, which factors you causally accept as related to accident, which factors you deny, which you dispute, and what additional data you require to reconsider.

SERVICE CATEGORY	WEEKS CLAIMED	LOSS OF WEEKLY HOURS	TOTAL HOURS CLAIMED	HOURLY BLS WAGE	TOTAL LOSS	ACCEPT	DENY	DISPUTE	DATA NEEDED TO RECONSIDER
Weekly Food, Cooking And Cleanup	76.86	3.50	269.01	$9.63	**$2,590.57**				
Weekly Household Services	76.86	2.00	153.72	$10.00	**$1,537.20**				
Weekly Household Management	76.86	1.50	115.29	$14.22	**$1,639.42**				
Weekly Household Travel	76.86	2.50	192.15	$11.69	**$2,246.23**				
Weekly Shopping, Banking And Errands	76.86	0.50	38.43	$12.65	**$486.14**				
Weekly Pool, Lawn, Garden Care	76.86	0.25	19.22	$16.94	**$325.59**				
Weekly Vehicle Maintenance	76.86	0.13	9.61	$11.69	**$112.34**				
Weekly Pet Care	76.86	5.25	403.52	$11.63	**$4,692.94**				
TOTAL LOSS OF SERVICE VALUATION					**$13,630.43**				

§ 13.0 Behavioral Health Impact — Summary

Standardized psychometric inventories were administered to quantify post-injury symptoms related to mood, anxiety, sleep disturbance, and functional limitation.

Results indicate mild-to-moderate behavioral health impact, with symptoms including anxiety, depressive features, sleep disruption, and activity avoidance. These findings are consistent with post-traumatic presentations and are temporally associated with the subject accident.

These measures are based on patient report but were interpreted in conjunction with clinical findings and functional assessment. They are not used independently to determine impairment, but support the overall evaluation of functional loss and reduced quality of life.

Within a reasonable degree of medical probability, the behavioral health findings are functionally significant and contribute to the patient's documented limitations in daily activity and life participation.

The following tables present a multi-layered behavioral health analysis, integrating symptom severity, domain distribution, functional impact, and clinical interpretation to provide a comprehensive assessment of post-injury behavioral health effects.

Severity Levels: *Mild = minimal functional interference; Moderate = noticeable limitation; Moderate–Marked = frequent functional limitation affecting performance and participation; Marked = consistent functional interference affecting daily activity and participation.*

PURPOSE AND INTERPRETATION OF THE BEHAVIORAL HEALTH ASSESSMENT AND FUNCTIONAL IMPACT TABLES

These tables do not merely list reported behavioral-health symptoms. They systematically synthesize findings across the administered inventories to characterize severity, functional consequences, cross-domain consistency, and clinical correlation with the broader injury findings. Collectively, they provide a structured basis for evaluating the magnitude, functional significance, and clinical coherence of the reported behavioral-health impact and its relationship to the overall impairment picture.

13.1 Table 1 — Behavioral Health Severity Overview

High-level severity read across all administered inventories.

RESPONDENT DETERMINATION REQUESTED

For this section, please indicate by checkmarks, which factors you causally accept as related to accident, which factors you deny, which you dispute, and what additional data you require to reconsider.

DOMAIN CATEGORY	SEVERITY LEVEL	ACCEPT	DENY	DISPUTE	DATA NEEDED TO RECONSIDER
Sleep	Moderate				
Mood	Moderate–Marked				
Anxiety	Moderate–Marked				
Activity Participation	Moderate				
Quality of Life	Moderate				

13.2 Table 2 — Domain Distribution Profile

Qualitative elevation across aggregated behavioral health domains.

RESPONDENT DETERMINATION REQUESTED

For this section, please indicate by checkmarks, which factors you causally accept as related to accident, which factors you deny, which you dispute, and what additional data you require to reconsider.

DOMAIN AREA	RELATIVE ELEVATION	ACCEPT	DENY	DISPUTE	DATA NEEDED TO RECONSIDER
Sleep	Moderate–High				
Mood	Moderate–High				
Anxiety	Moderate–High				
Activity Participation	Moderate				
Quality of Life	Moderate				

13.3 Table 3 — Functional Impact Matrix

Translation of symptom clusters into claims-relevant functional consequences.

RESPONDENT DETERMINATION REQUESTED

For this section, please indicate by checkmarks, which factors you causally accept as related to accident, which factors you deny, which you dispute, and what additional data you require to reconsider.

FUNCTIONAL AREA	IMPACT LEVEL	ACCEPT	DENY	DISPUTE	DATA NEEDED TO RECONSIDER
Activity Participation	Moderate				
Concentration	Moderate–Marked				
Sleep	Moderate				
Social Participation	Moderate				
Activity Tolerance	Moderate				

13.4 Table 4 — Cross-Domain Consistency Profile

Proprietary pattern-level analysis of symptom distribution, consistency, and coherence.

RESPONDENT DETERMINATION REQUESTED

For this section, please indicate by checkmarks, which factors you causally accept as related to accident, which factors you deny, which you dispute, and what additional data you require to reconsider.

PATTERN INDICATOR	FINDING	ACCEPT	DENY	DISPUTE	DATA NEEDED TO RECONSIDER
Symptom Distribution	Multi-domain elevation				
Pattern Consistency	High consistency				
Functional Convergence	Present				
Behavioral Response	Avoidance pattern				
Domain Breadth	Broad distribution				
Internal Coherence	Clustered response pattern				

13.5 Table 5 — Clinical Integration Summary

Integration of behavioral health findings with clinical review and causation logic.

RESPONDENT DETERMINATION REQUESTED

For this section, please indicate by checkmarks, which factors you causally accept as related to accident, which factors you deny, which you dispute, and what additional data you require to reconsider.

COMPONENT	FINDING	ACCEPT	DENY	DISPUTE	DATA NEEDED TO RECONSIDER
Temporal Relationship	Post-accident onset				
Symptom Pattern	Trauma-consistent pattern				
Functional Correlation	Supported				
Clinical Consistency	Consistent				
Behavioral Overlay	Sleep and anxiety overlay				
Recovery Impact	Present				

EXHIBIT B

§ 14.0 Unified Quality of Life Valuation

Standardized Non-Economic Damage Framework.

The following valuation components represent the quantified application of the documented findings to the defined recovery periods. The acute component reflects the finite period of elevated injury-related pain, suffering, and functional disruption. The residual component reflects the continuing effects documented following stabilization, including diminished quality of life and persistent functional limitations. Duration, severity weighting, valuation basis, and applicable present-value adjustments are identified for each component to permit independent review of the calculation.

14.1 Unified Quality of Life Valuation Components

RESPONDENT DETERMINATION REQUESTED

For this section, please indicate by checkmarks, which factors you causally accept as related to accident, which factors you deny, which you dispute, and what additional data you require to reconsider.

COMPONENT	BASIS	DURATION	PRESENT VALUE	ACCEPT	DENY	DISPUTE	DATA NEEDED TO RECONSIDER
Acute Pain and Suffering Recovery Phase	Elevated symptom pain and suffering disruption during recovery	538 days	$110,547.95				
Finite Post-Stabilization Residual Impairment Phase	Post-stabilization diminished quality of life, emotional distress, cognitive effects, and functional limitation collectively	548 days	$55,413.13				
TOTAL VALUATION (PRESENT VALUE)			**$165,961.07**				

The Unified Quality of Life Valuation consolidates the documented injury-related effects established throughout this assessment into a standardized, phase-based quantification of non-economic impact. The valuation is derived from the documented clinical findings, functional consequences, severity measures, and duration of impairment established in the preceding sections of the report.

The assessment separates the injury course into two defined periods: the acute recovery phase, representing the documented period of elevated pain, suffering, and disruption during recovery, and the post-stabilization residual phase, representing the documented persistence of diminished quality of life, functional limitation, and associated emotional or cognitive effects following stabilization. Each phase is evaluated according to its documented duration and assigned severity weighting, with the resulting values calculated against the established valuation basis and, where applicable, adjusted to present value.

Accordingly, the valuation is not based upon an undifferentiated subjective estimate. Each quantified component is traceable to the clinical, functional, temporal, and severity findings documented elsewhere in this report. The resulting present-value amounts provide a consolidated representation of the magnitude and duration of the documented non-economic impact across the periods assessed.

14.2 Unified Quality of Life Valuation Calculation Details

ACUTE PHASE FORMULA

$(d_a \times V / 365) \times T_{past}$

$(0.5000 \times \$150{,}000 / 365) \times 538$ days

RESIDUAL PHASE FORMULA

$(d_r \times V / 365)$ discounted at r% over T_r days

$(0.2500 \times \$150{,}000 / 365)$ at 2.00% over 548 days

* V (Value per QALY) = $150,000

14.3 Structural Clarification

The non-economic damages presented above reflect a unified valuation of diminished quality of life resulting from the combined effects of physical pain, emotional distress, cognitive impairment, and functional limitations arising from the subject accident.

These components are not valued independently to avoid duplication. Rather, they are collectively captured within a structured two-phase quality-of-life framework consisting of:

An acute recovery phase, and
A finite post-stabilization residual impairment phase.

This consolidation ensures methodological consistency, prevents stacking of overlapping categories of harm, and aligns valuation with the documented stabilization timeline and impairment findings.

14.4 Valuation Assumptions and Parameters

PARAMETER	SPECIFICATION
Stabilization Horizon	The acute recovery period is limited to the documented medical stabilization range of 18–24 months. The valuation does not attribute additional acute-phase non-economic loss to an ongoing recovery period after the established stabilization point.
Residual Impairment Horizon	Following stabilization, residual non-economic impact is evaluated over a finite period corresponding to the documented persistence of functional impairment. The residual horizon is intentionally limited to the defined assessment period rather than assuming lifelong persistence of the documented effects.
Severity Parameters	Phase-specific severity parameters are bounded and explicitly identified within the calculation. The residual severity parameter is anchored to the documented impairment findings, including the reported Whole Person Impairment (WPI), and is not assigned independently of those findings.

PARAMETER	SPECIFICATION
Valuation Parameter	The valuation basis is established at $150,000 per quality-adjusted life year (QALY) for purposes of the standardized calculation. The selected parameter is identified separately from the clinical findings so that the underlying clinical evidence and the economic conversion factor remain independently reviewable.
Discount Rate	Future residual non-economic impact is discounted to present value using a 2.00% real discount rate. The discounting adjustment is applied only to the future component of the valuation and does not alter the underlying clinical or functional findings.

EXHIBIT C

§ 15.0 Pain and Suffering, Past and Future

The documented impairment rating, treatment history, prognosis findings, and functional loss profile support analysis of past and future pain-related limitations. The current Whole Person Impairment is **25%**, and the HLFLI classification is **Moderate**.

15.1 Non-Economic Damage Elements

RESPONDENT DETERMINATION REQUESTED

For this section, please indicate by checkmarks, which factors you causally accept as related to accident, which factors you deny, which you dispute, and what additional data you require to reconsider.

ELEMENT	AMOUNT	ACCEPT	DENY	DISPUTE	DATA NEEDED TO RECONSIDER
Weekly food, cooking and cleanup	$2,590.57				
Weekly household services	$1,537.20				
Weekly household management	$1,639.42				
Weekly household travel	$2,246.23				
Weekly shopping, banking and errands	$486.14				
Weekly pool, lawn, garden care	$325.59				
Weekly vehicle maintenance	$112.34				
Weekly pet care	$4,692.94				
Unified Quality of Life Valuation — Standardized Non-Economic Damage Framework	$165,961.07				
Total Non-Economic Damages	**$179,591.50**				

§ 16.0 Liability

16.1 Enclosed Accident Report

RESPONDENT DETERMINATION REQUESTED

For this section, please indicate by checkmarks, which factors you causally accept as related to accident, which factors you deny, which you dispute, and what additional data you require to reconsider.

ENCLOSED ACCIDENT REPORT	ACCEPT	DENY	DISPUTE	DATA NEEDED TO RECONSIDER
Attach enclosed accident report here				

16.2 Investigating Officer Report

RESPONDENT DETERMINATION REQUESTED

For this section, please indicate by checkmarks, which factors you causally accept as related to accident, which factors you deny, which you dispute, and what additional data you require to reconsider.

INVESTIGATING OFFICER REPORT	ACCEPT	DENY	DISPUTE	DATA NEEDED TO RECONSIDER
Attach investigating officer report here				

16.3 Legal Liability Items

RESPONDENT DETERMINATION REQUESTED

For this section, please indicate by checkmarks, which factors you causally accept as related to accident, which factors you deny, which you dispute, and what additional data you require to reconsider.

LIABILITY FACTOR	ACCEPT	DENY	DISPUTE	DATA NEEDED TO RECONSIDER
Reference the at fault citation.				
Also, as indicated on the accident report, the investigating officer concluded that my client did not contribute to the accident and thus was not negligent				
We are solely addressing the issue of the damages for which your insured is responsible.				
Pursuant to the enclosed accident report, the driver of your insured's vehicle was at fault for this accident.				

EXHIBITS D–H

§ 17.0 Economic Damages

17.1 Property Damage EXHIBIT D

RESPONDENT DETERMINATION REQUESTED

For this section, please indicate by checkmarks, which factors you causally accept as related to accident, which factors you deny, which you dispute, and what additional data you require to reconsider.

ITEM	AMOUNT	ACCEPT	DENY	DISPUTE	DATA NEEDED TO RECONSIDER
Vehicle Repair Cost	$450.00				
Vehicle Totaled Amount	$1.00				
Vehicle Rental Cost	$250.00				
Vehicle Diminution Value	$3,000.00				
Deductible Paid	$200.00				
Other Cost	$1.00				
TOTAL	**$3,902.00**				

17.2 Medical Expenses EXHIBIT E

RESPONDENT DETERMINATION REQUESTED

For this section, please indicate by checkmarks, which factors you causally accept as related to accident, which factors you deny, which you dispute, and what additional data you require to reconsider.

PROVIDER / CATEGORY	AMOUNT	ACCEPT	DENY	DISPUTE	DATA NEEDED TO RECONSIDER
Treatment	$1.00				
Lab Diagnostics	$45.00				
Emergency Room	$350.00				
Ems	$7,500.00				
Hospital	$1,000.00				
Ambulance	$800.00				
Medivac	$1.00				
General Practitioner	$1.00				
Osteopath	$1.00				
Chiropractor	$1.00				
Pain Management	$1.00				
Orthopedic	$100.00				
Physical Therapy	$250.00				
Neurologic	$100.00				
Surgical	$3,500.00				
Radiology	$30.00				
Durable Medical Equipment	$1.00				
Medication Expenses	$500.00				
Specialized Treatment	$1.00				
Other	$1.00				
TOTAL	**$14,184.00**				

17.3 Future Medical Expenses EXHIBIT F

RESPONDENT DETERMINATION REQUESTED

For this section, please indicate by checkmarks, which factors you causally accept as related to accident, which factors you deny, which you dispute, and what additional data you require to reconsider.

ITEM	AMOUNT	ACCEPT	DENY	DISPUTE	DATA NEEDED TO RECONSIDER
Future Primary Treatment Cost	$2,700.00				
Future Therapies / Modalities Cost	$4,050.00				
TOTAL	**$6,750.00**				

17.4 Case Costs & Expenses EXHIBIT G

RESPONDENT DETERMINATION REQUESTED

For this section, please indicate by checkmarks, which factors you causally accept as related to accident, which factors you deny, which you dispute, and what additional data you require to reconsider.

ITEM	AMOUNT	ACCEPT	DENY	DISPUTE	DATA NEEDED TO RECONSIDER
Medical Records	$75.00				
Filing Fees	$150.00				
Expert Witness Fees	$150.00				
Police Reports	$35.00				
Doctors Narrative Report	$35.00				
Court Reporting	$35.00				
Copying	$15.00				
Postage	$15.00				
Delivery	$25.00				
Travel	$75.00				
Other	$150.00				
TOTAL	**$760.00**				

17.5 Income Losses EXHIBIT H

RESPONDENT DETERMINATION REQUESTED

For this section, please indicate by checkmarks, which factors you causally accept as related to accident, which factors you deny, which you dispute, and what additional data you require to reconsider.

ITEM	AMOUNT	ACCEPT	DENY	DISPUTE	DATA NEEDED TO RECONSIDER
Past Lost Wages	$1.00				
Future Lost Wages	$1.00				
Loss Earning Capacity	$1.00				
Lost Benefits	$1.00				
Business Income Loss	$1.00				
Loss Household Services	$1.00				
Retraining Costs	$1.00				
Other	$1.00				
TOTAL	**$8.00**				

§ 18.0 Total Damages

EXHIBIT I

RESPONDENT DETERMINATION REQUESTED

For this section, please indicate by checkmarks, which factors you causally accept as related to accident, which factors you deny, which you dispute, and what additional data you require to reconsider.

ELEMENT	AMOUNT	ACCEPT	DENY	DISPUTE	DATA NEEDED TO RECONSIDER
Total Economic Damages	$25,604.00				
Total Non-Economic Damages	$179,591.50				
Total Damages	**$205,195.50**				

§ 19.0 Per Diem Analysis

RESPONDENT DETERMINATION REQUESTED

For this section, please indicate by checkmarks, which factors you causally accept as related to accident, which factors you deny, which you dispute, and what additional data you require to reconsider.

ANALYSIS	ACCEPT	DENY	DISPUTE	DATA NEEDED TO RECONSIDER
An analysis determines the claim for past and future pain & suffering has a valuation of **$165,961.07**. The figures are based on per diem analysis as both conservative and reasonable value vs the market value or the replacement value.				

§ 20.0 Elements of Damage — Methodology & References

Using standardized biological and psychosocial function measures, [redacted]'s life has permanently and dramatically changed since the accident.

The injuries [redacted] suffered have impaired their ability in a range of basic and fundamental activities of daily living as well as performing specific duties while under duress. Functional loss of services interferes with activities, causing a loss of enjoyment of [redacted]'s life before the accident. Assessments made also allow for predictors of future losses.

Assessments reveal that [redacted] has a projected value for damages as described in the categories listed below to which [redacted] has not been able to contribute to labor due to injuries sustained in the accident.

Estimates and calculations are made using categorized tables of values from large sample research and applying a reasonable deviation from a standard mean value. We strive to minimize the effects of bias and make as perfect or 'intelligible' determination as possible while remaining subject to reasonable budget constraints and considering the variables listed here:

NO.	METHODOLOGICAL VARIABLE
1.	Approximations are that [redacted] contributed an average of 2.00 hours of services listed per day before the accident, which is in concert with the U.S. Bureau of Labor Statistics National average household contributions of persons of similar gender and age.[6]
2.	The monetary value of [redacted] work performed at home was determined by the Time Use Survey and Dollar of the Day values for Loss Of Services in the categories listed below. As reported in May 2021 by the Bureau Of Labor Statistics and Occupational Employment Survey, such findings reveal the average hourly wages for the individual categories.[7,8,9]
3.	The overall determination is that there was a total loss in the categories listed below, lasting 538 claimable days.

20.1 References

1. Katz S, Ford A, Moskowitz R, Jackson B, Jaffe M. Studies of illness in the aged: the index of ADL, a standardized measure of biological and psychosocial function. JAMA. 1963:914 919. (PubMed) (Google Scholar)
2. Analysis of Variance (ANOVA) and The Abbreviated Injury Scale (AIS)33 to code injuries and The Injury Severity Score (ISS) and New Injury Severity Score (NISS) are used as measures of injury severity.
3. Association for the Advancement of Automotive Medicine. The Abbreviated Injury Scale, 1990 Revision, Update 98. Barrington, Illinois: Association for the Advancement of Automotive Medicine; 1998.
4. Baker SP, O'Neill B, Haddon W, Jr, Long WB. The injury severity score: a method for describing patients with multiple injuries and evaluating emergency care. J Trauma. 1974;14(3):18796. doi: 10.1097/00005373-197403000-00001. (PubMed) (CrossRef) (Google Scholar)
5. Motor vehicle related orthopaedic trauma contributes significantly to the burden of disease and injury. World Health Organization; 2009. (Google Scholar)
6. U.S. Bureau of Labor Statistics — Charts by Topic; Household activities — Last online update = December 20, 2016, @https://www.bls.gov/tus/charts/household.htm
7. May 2021 Survey Methods and Reliability Statement @ www.bls.gov/oes/methods_21.pdf .
8. Occupational Employment And Wages — MAY 2021 https://www.bls.gov/news.release/pdf/ocwage.pdf
9. Occupational Employment and Wage Statistics — May 2021 https://www.bls.gov/oes/tables.htm

§ 21.0 Demand for Settlement

Individual factors of negligence relating to my client's contribution to cause in this claim state that my client was not negligent in this accident; therefore the claim should be evaluated at 100% of injuries, physical damages and economic losses. We cannot determine from your offer whether there was any reduction of value for contributory negligence which you may have assigned to my client or which may have formed the basis for reduction. Please explain if you made any reduction in my client's claim for negligence or if there is any 3rd party contribution you are seeking.

We respectfully request that you perform an internal audit of this case and determine if there is additional specific or individual data that you can weigh differently or that you require in order to conduct a reasonable re-evaluation of this claim and subsequent demand and promptly reply.

Also, please identify yourself by signature below.

> RESPONDENT CERTIFICATION
>
> Claims Adjuster Name: [redacted]
>
> Claims Adjuster Signature: _____
>
> Date Completed: _____

We appreciate your efforts in responding to this respectful request to help both our firm and our client understand this low initial settlement offer. We are hopeful that after further consideration of all the factors that comprise this claim as stated within, you will find additional data to support an increase in the value of this claim and that we will understand your rationale and make an informed decision whether to accept any re-negotiated settlement.

You are invited to contact us personally for any matters of clarification relating to this claim.

Based upon the liability, impact, well documented objective medical findings inclusive of; Injuries, Diagnoses, Complaints by; intensity, frequency, type, radiation and further effects on the individual including the documented permanent impact and effect upon my client’s Loss of Enjoyment of Life, Duties under Duress, and given consideration to the treatment plan, prescriptive recommendations, stability of the medical condition, prognosis, future treatment, current and future medical costs, economic losses, MMI, percentage of whole person impairment and total monetary factors, please indicate your willingness to offer to tender **$205,195.50** by forwarding a release and settlement check made payable to our firm.

Respectfully,

[redacted]