



SELARZ LAW CORP.

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May 24, 2020

dselarz@selarzlaw.com

SENT VIA []

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[]

Tel: (xxx) xxx-xxxx

Fax: (xxx) xxx-xxxx

[Email Address]

Re: Your Insured/Our Client : [Client's Name]
Claim No. : [Claim No.]
Date of Loss : [Date of Accident]

DEMAND FOR MEDICAL PAYMENT

Dear Medical Payments Department:

Please allow this letter to serve as a formal demand for payment of benefits under the Medical Pay provision of your insured's policy. Pursuant to the Medical Payments portion of [Client's Name]'s automobile insurance policy, we request reimbursement of medical payments in the amount of [\$]. [Client's Name]'s Medical Bills total [\$] and are broken down as follows.

Medical Provider	Amount
TOTAL	

Enclosed as Attachment "A" is the Medical Billing for medical treatment as a result of [Client's Name]'s [Date of Accident], motor vehicle accident. Enclosed as Attachment "B" are the correlating Medical Records for the treatment.

Please tender the [\$] Medical Payments within one month of receipt of this demand, payable directly to Selarz Law Corp. and the policy holder, [Client's Name]. Thank you for your time and attention regarding this matter. Feel free to contact us should you have any questions or concerns.

Very truly yours,
SELARZ LAW CORP.

Daniel E. Selarz, Esq.