

September 2, 2022



11785192

Radiology Associates of Tampa

Attn: Patient Accounts

PO Box 31249

Tampa, FL 33631

RE: Our Client: Andrew East  
Loss Date: 11/25/2021  
Account #:  
Balance: \$

Dear Sir or Madam:

As you are aware, our office represents Andrew East for the injuries sustained in the above referenced accident.

We have been placed in a situation of compromising the settlement of Mr. East's bodily injury claim to avoid trial. As a result of this compromise, we are requesting that your facility accept \${reduction amount} as full satisfaction of the outstanding balance.

If you are in agreement, we ask that you please sign and return this letter indicating your acceptance of this offer.

Sincerely,

*Preston Blair*

Preston Blair

/pb

Signed by:\_\_\_\_\_

Title:\_\_\_\_\_

Date:\_\_\_\_\_

Tax ID#:\_\_\_\_\_