September 2, 2022

image

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.

Signed by:

Title:

Date:

Tax ID#:

Sincerely,

Preston Blair

Preston Blair

/pb