February 14, 2023



11785192

AdventHealth Fish Memorial

Attn: Patient Financial Services

PO BOX 105572

ATLANTA, GA 30348

Re: Our Client: Donhav Noname

Date of Accident: April 25, 2021

Dear Sir or Madam:

As you are aware, our firm represents the above individual for injuries sustained in an accident on April 25, 2021. Our office indicates that our client has an outstanding balance with your office for treatment rendered in connection with this accident. Please indicate on the attached form what balance is outstanding at this time, if any.

Please respond to this letter listing any amounts owed within ten (10) days. Verbal response to this request will not be accepted. All account balances must be in writing. Otherwise, all proceeds from this settlement will be disbursed accordingly.

Thank you in advance for your prompt attention to this matter. Should you have any questions, please do not hesitate to contact me directly at (901) 333-1823 or pblair@forthepeople.com.

,

Preston Blair

Paralegal

SY/pb/pb

**PATIENT ACCOUNT BALANCE**

Name of Patient: Donhav Noname

Account Number:

Last Date of Treatment:

Patient Account Balance:

Account balance for Morgan and Morgan (For Legal Conferences, Depositions, Reports, etc.)

Doctor/Firm Name: AdventHealth Fish Memorial

Signed by:

Title:

Phone:

Date: