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| Attorneys & Counselors at Law | 4500 Fuller DRIVE, Suite 209  Irving, Texas 75038  Tel (972) 793-8989  Fax (972) 259-2600  [**www.dashnerlaw.com**](http://www.dashnerlaw.com) |
| Geoffrey B. Dashner  [geoffrey@dashnerlaw.com](mailto:geoffrey@dashnerlaw.com)  Eugene L. Tagle  [etagle@dashnerlaw.com](mailto:etagle@dashnerlaw.com) |
|  |  |

**DATE : Today Date**

**ATTENTION : Provider Name**

**FACSIMILE/EMAIL : Provider Email**

**REGARDING : Client Name**

**DATE OF INJURY : Date of Accident**

**FROM : Eugene L. Tagle**

In an effort to resolve my client’s claim, we are asking that you reduce your outstanding balance with your facility from $Current Balance to **$Requested Balance** as payment in full. Please sign below and return at your earliest convenience so that we may process payment to your facility. Thank you.

Approved By: Date:

Mail Payment to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Settlement Offer $TotalOffer**

**Total Medical $TotalMedical**

**Case Expenses $TotalExpenses**

**Attorney Fees Reduced from 40%**

**Sign and fax back to: 972-259-2600 or email to gibarra@dashnerlaw.com**

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