

PROGRESSIVE CLAIMS  
P.O. BOX 2930  
CLINTON, IA 52733-9934



Ramos Law  
Manuel Cortez  
10190 BANNOCK ST  
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NORTHGLENN, CO 80260

**Underwritten by:**

Progressive Preferred Insurance Company

**Claim Number:** 24-5536924

**Loss Date:** April 15, 2024

**Loss State:** CO

## Claim Information

May 14, 2024

Dear Manuel Cortez,

Contact Request - Please call our office as soon as possible.

I'm the adjuster assigned to the medical portion of a claim for your client, **Noel Alvarado**, regarding an incident that occurred on **04/15/2024**. I need to speak with you in order to complete the handling of your client's first party medical payments claim.

So we can adjust this claim timely and accurately, we ask that you kindly provide the list of information requested below. If your client hasn't sought medical treatment and has no plans to do so, please advise me so I can update the claim accordingly. If you have sent or plan to send a time limit demand, please note there will be a delay in processing if the demand is sent without the following information.

In order to process your client's claim and confirm coverage exists we will need the following:

Your Tax ID Number

Payment instructions

Your clients Medicare / Medicaid status and/or eligibility

Any workers' comp coverage that may exist

Was vehicle being used for ridesharing or delivery application at the time of the incident?

If yes, which one:

Contact information for any medical providers

A description of your clients injuries

**Visit [claims.progressive.com](https://claims.progressive.com)**

Track the status and details of your claim, e-mail your representative or report a new claim.

**Contact us**

1-440-932-5637

1-800-PROGRESSIVE (1-800-776-4737)

Fax: 1-877-213-7258

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An outline of your clients treatment plan(s)

Confirmation that your client is seeking Med Pay and/or PIP coverage

Bills in a standard format with CPT codes and medical records for each date of service

Any other out of pocket expense your client is claiming

Please note the claim number on all documents and fax or mail those documents to me at the fax number listed below or the address listed above.

If you have any questions, please do not hesitate to contact me.

Thank you.

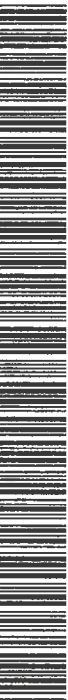
To help ensure accurate and complete records, we'll keep copies of all correspondence in the file for your claim. If you send us an email, we may reply by either email or phone.

If you have any questions, please contact me.

Michael Harris  
Claims Department

**It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.**

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Visit [claims.progressive.com](https://www.progressive.com/claims)

Check the status and details of your claim,  
email your representative or report a new  
claim.

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