

Rosenfeld Injury Lawyers

Firm Letterhead

(Supervisor Name)
(Insurance Company Name)
Address
City, State Zip

Re: _____

(Name of Client)
(Name of Insured)
(Date of Accident)

Dear (Supervisor Name),

Please be advised that this office represents the above-named individual for the (list all injuries) incurred as a result of an automobile accident with your insured.

I will forward to you medical bills and reports for my client as soon as they become available. If you have any questions or concerns in reference to the above captioned claim, please feel free to contact me.

Very truly yours,
(Lawyer's name)
(Law firm name)
(Law firm address)
(Law firm city, state zip)
(Law firm email)
(Law firm phone number)
(Law firm fax number)