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Office letterhead, address, telephone number, and e-mail/website

**Request Form to Attorney on Status of a Patient’s Case or Claim**

DATE:

TO:

RE: (CLIENT/PATIENT) DOI:

YOUR FILE NO.:

Dear Counselor:

We have received no recent information concerning the disposition of the above-named account.

We would like to be advised of the progress of the matter toward final settlement. Please complete the following and return/fax at to our office. Our facsimile number is: .

Your cooperation and assistance in this matter is greatly appreciated.

Sincerely,

(Doctor or representative of office)

The above-named case was settled. Full payment for your services in the

amount of $ is enclosed/will be paid by .

Case is still in negotiation no lawsuit has been filed.

Case is in litigation, but no trial date calendared.

Trial date calendared for Case No.

Court and jurisdiction

Your testimony for trial is/is not anticipated.

Judgment was rendered for the patient on in the

sum of $ . Payment for fees can be expected on

This claim/case is inactive or dismissed. Reason:

.

Full judgment was granted against the party and no recovery was made.

The case was closed on . Please contact the patient for

further payment.

I am no longer the attorney for the above-named patient/client. New counsel is

retained on and is: (address/phone number) .

Additional comments:

Attorney’s signature: Date:

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