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 After Hours Claim Reporting: 877-243-8182
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BODILY INJURY EVALUATION SHEET

CLAIMANT: _____

DEMAND	OFFER

OTHER FACTORS	PERCENT
Comparative Negligence	%
Collateral Offset	%
Permanent Impairment	%
Loss of Employment	%

INITIAL OFFER
TARGET SETTLEMENT
WALK AWAY

MEDICAL PROVIDER	DATE(S) OF SERVICE	SERVICE CODE	DIAGNOSTIC	CURATIVE	AMOUNT BILLED

OTHER AMOUNT: TOTAL:

ADDITIONAL COMMENTS: