



The Lapidus Law Firm, PLLC



PERSONAL ATTENTION AND DEDICATION THROUGH EVERY PHASE OF THE CASE

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NEWSLETTER

FROM THE DESK OF



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Communication:
The Key to a Successful Result in a Personal Injury Claim

We pride ourselves in our ability to communicate with our clients with respect to the progress of their claims. Learning about the details of the treatment and the progress of healing helps us to be effective advocates during settlement negotiations. We ask each client to compose a "List of Harms" to assist us in this important task. It is the articulation of the harms suffered which gives us the "ammunition" to fight for successful settlements. The greatest harm in every case is the pain suffered and the accompanying disruption of the activities of daily living. The specifics of how daily life is impaired varies from individual to individual. Once we learn the specific impairments, we convey these impairments to the insurance adjusters and if necessary, to a jury.

If you are injured, **CALL US!**
We can help.

VALUE "TRIGGERS" IN PERSONAL INJURY CLAIMS: THE KEYS TO A SUCCESSFUL SETTLEMENT

There are certain aspects of claims which predictably will lead to higher values, assuming the negligent party was clearly at fault. Here are some of them:

Significant Property Damage--- front or rear of vehicle smashed so that the car looks "crumpled" and/or air bag deployment, and/or doors smashed inward and/or interior damage. The more damage, the more likely that the settlement will be higher than in cases where the damage is slight and repair costs are less than \$2,000.

Medically Authorized Time Missed from Employment ---if more than 5 days are missed from work, medically authorized absences are required to ensure that compensation for absences exceeding 5 days are included in a settlement. Most physicians will issue disability notes if they believe the victim is disabled. Many people with desk jobs or employed in small business never request such notes from their physicians. Without such medical authorization for missed days from work documented, the ability to recover the value of the lost time becomes problematical.

Medical Determination of Permanency---This determination is not usually made until a year has passed since the injury. If pain persists and there is objective evidence of the injury as demonstrated by a medical diagnostic test, the claim is worth more than those claims without such a finding.

The Amount of Medical Charges Approved by the Insurance Company's Software Program---there are approximately 65,000 medical diagnostic and procedural codes and each code is assigned a treatment "value" by the computer. This does not hold any validity in court, but does affect settlement value. A "code" number describes various treatments involving a health care provider. Office visits, medical tests, office procedures like injections and diagnostic tests (X-Rays, MRIs, EEGs, etc.) all have different codes, each with discrete values.

Pain and Suffering--- Insurance adjusters review the victim's report of pain to health care providers, especially to first responders and to Emergency Room personnel. The doctor's narrative report is important. The degree to which the victim could work or otherwise engage in pre-accident activity are all relevant to a determination of the value which the adjusters will assign to pain and suffering. And while adjusters no longer routinely multiply the medical charges by a fixed multiplier, there is a relationship between the amount of medical bills and the values assigned for pain & suffering.

To identify and ensure appropriate presentation of "value triggers", **CALL US! We can help.**



If you, a friend, or relative have been injured in an auto accident, I can help.
Call Me for a
Free Consultation
DC/VA 202-785-5111
MD 301-605-4296

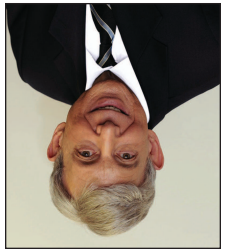
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