

IN THE _____ COURT OF _____ COUNTY
STATE OF _____

_____)	
)	
)	
Petitioner/Plaintiff,)	
)	
Vs.)	NO. _____
)	
_____)	
Respondent/Defendant)	
)	

**PLAINTIFF'S BUSINESS SUMMARY OF _____'S MEDICAL EXPENSES
FROM _____, _____ MOTOR VEHICLE ACCIDENT**

Plaintiffs, through counsel, tender the following compilation of _____'s medical treatment expenses reasonably incurred by her following the _____, _____, collision in issue.

Plaintiffs certify that copies of said medical expense bills have been previously provided to counsel for Defendants. Attached are exact copies of same as composite Exhibit "A" to this summary.

Plaintiffs offer said business summary of _____'s medical treatment expenses as evidence in this cause pursuant to Rule _____, _____ Rules of Evidence pursuant to § _____, _____ Code Annotated (_____).

Respectfully submitted,

Dated: _____ Name: _____
Title: _____
Address: _____
Address: _____
City, State, Zip: _____
Phone: _____
Fax: _____
E-Mail: _____
Attorney No.: _____

CERTIFICATE OF SERVICE

I, _____, do hereby certify that I have this day mailed,
U.S. Mail, postage prepaid, a true and correct copy of the above and foregoing to
_____, at the following address;

THIS the ____ day of _____, 20____.
