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PLEASE VERIFY BEFORE SENDING

Unverified AI draft. Every fact must be checked against the records before use. It is not legal advice. Fill in every [ADD: …] placeholder, set the demand amount, confirm anything marked [VERIFY], and delete this box before sending.

- 1 citation could not be confirmed against the uploaded files (wrong page, or an amount or date not found on that page). It is marked [VERIFY: citation not confirmed].
- The demand amount, response deadline, recipient name, claim number, delivery method and all address and contact details are placeholders. The attorney will set the demand [firm notes].
- Check the totals. Hospital charges as read are $64,785.40 and Feld Surgical Associates charges are $6,590.00. The combined total of $71,375.40 is my addition. The itemized lines add up to the stated subtotals.
- The charges are itemized before any insurance adjustment [billing_and_wages.pdf p.1]. Riverstone Health Plan's reimbursement claim is dated April 2, 2026, but no amount appears in the records. The $1,450.00 in deductibles and copays probably overlaps the billed charges, so I did not add it to any total. Confirm how the attorney wants to present these items. [VERIFY: Tennessee rule on recoverable medical expenses (billed versus paid amounts)]
- The employer states a twelve-week absence and $15,180.00 in unpaid wages. That equals 12 × $1,265.00, but February 10 through May 3, 2026 is about 11.9 weeks. Confirm the figure, and consider obtaining payroll records beyond the HR statement.
- Dr. Halvorsen's document is a physician review letter, not a certificate or affidavit. She is an emergency physician who also gives causation opinions on the surgical course and hernia. Confirm that it is sufficient for the pre-suit requirements. The three Tennessee items in the Pre-suit requirements section are marked [VERIFY].
- The records do not say whether Dr. Pruett is employed by or an agent of the hospital. The letter is addressed to the hospital through Ashgrove as instructed [firm notes]. Confirm the correct parties and whether Dr. Pruett needs separate notice.
- The nursing note says "Physician aware." Dr. Halvorsen says the 6/10 pain note "was not addressed." Both statements are quoted as written.
- Each record set is a single page. Confirm that the complete charts were obtained, including the CT report, discharge summary and nursing flow sheets. No future hernia repair cost estimate is in the records.
- Confirm the enclosures. The firm notes say Dr. Halvorsen's review letter is attached.

Whitcombe & Rao PLLC
[ADD: firm street address]

[ADD: city, state ZIP]
[ADD: phone] · [ADD: email]

[ADD: date]

VIA [ADD: delivery method]

[ADD: recipient name], Risk Management
Cedar Knoll Regional Hospital
[ADD: street address]
[ADD: city, state ZIP]

c/o [ADD: claims representative name]
Ashgrove Medical Protective Insurance
[ADD: street address]
[ADD: city, state ZIP]

Re: Nathan T. Greer – Care at Cedar Knoll Regional Hospital, February 9, 2026 – Claim No. [ADD: claim number] – Date of Loss: February 9, 2026

Dear [ADD: recipient name]:

Introduction

This firm represents Nathan T. Greer regarding the care he received in the Emergency Department of Cedar Knoll Regional Hospital on February 9, 2026 [cedar_knoll_ed_chart.pdf p.1], and the consequences that followed. Please direct all further communication about this matter to our office and not to Mr. Greer. Please reference claim number [ADD: claim number] in all correspondence.

This letter summarizes the care, the opinion of our reviewing physician, Mr. Greer's injuries and his documented losses. Dr. Halvorsen's review letter dated May 19, 2026 is enclosed [firm notes].

The care provided

February 9, 2026: Emergency Department visit. Mr. Greer, then age 41, arrived at 6:18 PM [cedar_knoll_ed_chart.pdf p.1]. At triage, RN K. Dobbins recorded abdominal pain since that morning that started around the navel and moved to the right lower side, with nausea and two episodes of vomiting. Pain was 8/10, temperature 100.9 F and heart rate 104 [cedar_knoll_ed_chart.pdf p.1].

Dr. Alan Pruett documented periumbilical pain since 7:00 AM that had become right lower quadrant pain, with anorexia and two episodes of emesis [cedar_knoll_ed_chart.pdf p.1]. On examination he recorded right lower quadrant tenderness with guarding, and rebound tenderness present [cedar_knoll_ed_chart.pdf p.1]. Labs showed a white blood cell count of 15.8 (high) and neutrophils of 86% (high). Urinalysis was negative and lipase was normal

[cedar_knoll_ed_chart.pdf p.1]. The chart records "Imaging: None ordered" [cedar_knoll_ed_chart.pdf p.1].

Dr. Pruett's assessment was viral gastroenteritis. The plan was ondansetron 4 mg IV, one liter of IV fluids, discharge home and clear liquids, with instructions to return if worse [cedar_knoll_ed_chart.pdf p.1]. A nursing note at 9:30 PM states: "Patient states pain still 6/10 on the right side. Physician aware. Discharge instructions given" [cedar_knoll_ed_chart.pdf p.1]. Mr. Greer was discharged at 9:47 PM with a diagnosis of "Gastroenteritis, viral" and instructions to follow up with primary care if not improved and to return for fever or severe pain [cedar_knoll_ed_chart.pdf p.1]. The chart states that no surgical consult was requested and that no CT or ultrasound was ordered [cedar_knoll_ed_chart.pdf p.1].

February 10, 2026: Return to the Emergency Department. Mr. Greer was admitted at 8:05 PM [readmission_surgery_records.pdf p.1]. Dr. Renee Castillo noted that he had been seen the day before and sent home with a diagnosis of gastroenteritis. She recorded that the pain had worsened overnight and was now diffuse, with temperature 102.6 F, heart rate 122, a rigid abdomen and a white blood cell count of 21.4 [readmission_surgery_records.pdf p.1]. CT of the abdomen and pelvis showed "Perforated appendicitis with a 5.2 cm pelvic abscess and free fluid," and surgery was consulted [readmission_surgery_records.pdf p.1].

February 10, 2026: Surgery. Dr. Owen Feld performed a laparoscopic appendectomy converted to open, drainage of the pelvic abscess and peritoneal washout [readmission_surgery_records.pdf p.1]. He found a "Gangrenous, perforated appendix" with purulent fluid throughout the pelvis. Conversion to open surgery was needed because of dense inflammation [readmission_surgery_records.pdf p.1].

Hospital course and follow-up. Mr. Greer received IV antibiotics (piperacillin-tazobactam). He developed a postoperative ileus requiring a nasogastric tube from February 11 to February 13, 2026 [readmission_surgery_records.pdf p.1]. On February 14, 2026, interventional radiology placed a percutaneous drain for a residual fluid collection [readmission_surgery_records.pdf p.1]. He was discharged on February 17, 2026 with the drain in place and oral antibiotics [readmission_surgery_records.pdf p.1]. The drain was removed on February 27, 2026 [readmission_surgery_records.pdf p.1]. On March 24, 2026, he reported incisional pain with lifting, and a small incisional hernia was noted at the lower midline incision [readmission_surgery_records.pdf p.1].

Departure from the standard of care

We retained Ingrid Halvorsen, MD, FACEP, a board-certified emergency physician in practice since 2007. She reviewed the February 9, 2026 emergency department record, the February 10 through 17, 2026 readmission and operative records, and the surgical clinic notes through April 28, 2026 [expert_review_halvorsen.pdf p.1]. Her opinions, stated to be held to a reasonable degree of medical certainty, include the following:

- Mr. Greer "presented with migrating periumbilical to right lower quadrant pain, anorexia, vomiting, fever, right lower quadrant rebound tenderness and a white count of 15.8 with a

left shift. This presentation called for imaging, either CT or ultrasound, or a surgical consultation before discharge. In my opinion the failure to obtain either fell below the standard of care for an emergency physician." [expert_review_halvorsen.pdf p.1]

- "A diagnosis of viral gastroenteritis was not supported by the findings documented in the chart, and the nursing note that the patient still had 6/10 right-sided pain at discharge was not addressed." [expert_review_halvorsen.pdf p.1]
- "More likely than not, imaging on February 9, 2026 would have shown acute appendicitis before perforation, and Mr. Greer would have had a routine laparoscopic appendectomy with a short stay." [expert_review_halvorsen.pdf p.1]

Dr. Halvorsen reserves the right to revise her opinions if more records become available [expert_review_halvorsen.pdf p.1].

Injuries and harm

Dr. Halvorsen's opinion is that the delay caused the perforation, abscess, open surgery, ileus, drain placement, longer hospital stay and the incisional hernia [expert_review_halvorsen.pdf p.1]. The records document the following course:

- Perforated, gangrenous appendicitis with a 5.2 cm pelvic abscess, open conversion, abscess drainage and washout on February 10, 2026 [readmission_surgery_records.pdf p.1].
- Postoperative ileus with a nasogastric tube from February 11 to February 13, 2026, and a percutaneous drain placed on February 14, 2026 [readmission_surgery_records.pdf p.1].
- A hospital stay from February 10 to February 17, 2026, with discharge on oral antibiotics and the drain in place [readmission_surgery_records.pdf p.1].
- A small incisional hernia at the lower midline incision, noted March 24, 2026. The surgical clinic note states that hernia repair "may be needed in the future" [readmission_surgery_records.pdf p.1; billing_and_wages.pdf p.1].
- Light duty only as of March 24, 2026, and clearance to return to full work duties on May 4, 2026 [readmission_surgery_records.pdf p.1].

Mr. Greer is a warehouse shift supervisor at Tallow Creek Logistics, Inc. [billing_and_wages.pdf p.1]. The surgical clinic recorded that he was off work from February 10, 2026 through May 3, 2026 [readmission_surgery_records.pdf p.1]. [ADD: client's description of pain, limitations and effect on daily life, if the attorney wishes to include it]

Damages

Medical charges (itemized, before any insurance adjustment) [billing_and_wages.pdf p.1]

Provider or item	Dates	Amount	Source
Cedar Knoll Regional Hospital: Emergency department visit, level 4	February 9, 2026	$2,180.00	[billing_and_wages.pdf p.1]
Cedar Knoll Regional Hospital: Laboratory panel	February 9, 2026	$642.00	[billing_and_wages.pdf p.1]

Provider or item	Dates	Amount	Source
Cedar Knoll Regional Hospital: IV fluids and medication	February 9, 2026	$398.00	[billing_and_wages.pdf p.1]
Cedar Knoll Regional Hospital: Emergency department visit, level 5	February 10, 2026	$3,460.00	[billing_and_wages.pdf p.1]
Cedar Knoll Regional Hospital: CT abdomen and pelvis with contrast	February 10, 2026	$4,120.00	[billing_and_wages.pdf p.1]
Cedar Knoll Regional Hospital: Operating room and anesthesia	February 10, 2026	$18,950.00	[billing_and_wages.pdf p.1]
Cedar Knoll Regional Hospital: Inpatient room and board, seven nights	February 10–17, 2026	$24,710.00	[billing_and_wages.pdf p.1]
Cedar Knoll Regional Hospital: Pharmacy	February 10–17, 2026	$6,385.40	[billing_and_wages.pdf p.1]
Cedar Knoll Regional Hospital: Interventional radiology drain placement	February 14, 2026	$3,940.00	[billing_and_wages.pdf p.1]
Total hospital charges (as read from the bills)		**$64,785.40**	[billing_and_wages.pdf p.1]
Feld Surgical Associates: Surgeon's fee, appendectomy and washout	February 10, 2026	$5,800.00	[billing_and_wages.pdf p.1]
Feld Surgical Associates: Office visit, drain removal	February 27, 2026	$310.00	[billing_and_wages.pdf p.1]
Feld Surgical Associates: Office visit	March 24, 2026	$240.00	[billing_and_wages.pdf p.1]
Feld Surgical Associates: Office visit	April 28, 2026	$240.00	[billing_and_wages.pdf p.1]
Total Feld Surgical Associates charges (as read from the bills)		**$6,590.00**	[billing_and_wages.pdf p.1]
Total medical charges (as read from the bills)		**$71,375.40**	[billing_and_wages.pdf p.1]

[VERIFY: Tennessee rule on recoverable medical expenses (billed versus paid amounts)]

Other documented losses

Item	Dates	Amount	Source
Lost wages, Tallow Creek Logistics, Inc. (regular weekly pay of $1,265.00; twelve weeks absent per employer)	February 10 – May 3, 2026	$15,180.00	[billing_and_wages.pdf p.1]
Out-of-pocket deductibles and copays paid by Mr. Greer	Through May 2026	$1,450.00	[billing_and_wages.pdf p.1]
Post-discharge prescriptions (oral antibiotics, pain medicine, wound supplies)	After February 17, 2026	$284.35	[billing_and_wages.pdf p.1] [VERIFY: citation not confirmed]

The wage statement was signed by Dana Whitlock, Human Resources, on May 12, 2026 [billing_and_wages.pdf p.1].

Health plan reimbursement claim. Mr. Greer's health plan, Riverstone Health Plan, has paid part of the hospital charges and sent a notice of its reimbursement claim dated April 2, 2026 [billing_and_wages.pdf p.1]. [ADD: amount of Riverstone Health Plan reimbursement claim]

Future care. The March 24, 2026 surgical clinic note states that a hernia repair may be needed. No cost estimate has been provided [billing_and_wages.pdf p.1]. [ADD: future hernia repair cost estimate, if obtained]

Non-economic damages. [ADD: attorney to address pain, suffering and other non-economic harm]

Pre-suit requirements

Any pre-suit notice required for this claim will be provided separately by this office [firm notes].

[VERIFY: Tennessee rule on pre-suit notice for medical negligence claims]

[VERIFY: Tennessee rule on expert certificates or affidavits of merit]

[VERIFY: Tennessee rule on damages limits in medical negligence cases]

Demand

On behalf of Mr. Greer, we demand [ADD: demand amount] in settlement of all claims arising from the care described above. This demand remains open until [ADD: response deadline]. Please direct your written response to my attention.

We also ask that Cedar Knoll Regional Hospital preserve all records, imaging, logs and audit trails relating to Mr. Greer's care. This includes the complete electronic health record for February 9 and February 10 through 17, 2026, with its audit trail, and all laboratory and imaging data. It also includes triage, nursing and physician notes, discharge paperwork and billing records. Please ensure that no such materials are altered, overwritten or destroyed.

Sincerely,

Priya N. Rao
Whitcombe & Rao PLLC

Enclosure: [ADD: confirm enclosures, including the physician review letter of Dr. Ingrid Halvorsen dated May 19, 2026]