The Rawlings Company LLC
Subrogation Division

POST OFFICE BOX 2000
LAGRANGE, KENTUCKY 40031-2000

FAX COVER SHEET

TO: ROBERT GRABB

DATE: March 19, 2026

FAX NUMBER: (888) 778-1472

PHONE: (520) 222-2222

FROM: The Rawlings Company

PHONE: 855-967-6614

Re: Our Client: Cigna Healthcare
Our Reference No.: 179234164
Your Number:

Confidential Healthcare Information Enclosed

Healthcare information is personal and sensitive information, and you, the recipient, are obligated to maintain it in a safe, secure and confidential manner. Disclosure of this information without additional patient consent or as permitted by law is prohibited. Unauthorized disclosure or failure to maintain confidentiality could subject you to penalties described in federal and state law.

IMPORTANT WARNING: This message is intended for the use of the person or entity to which it is addressed and may contain information that is privileged and confidential, the disclosure of which is governed by applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this information is STRICTLY PROHIBITED. If you have received this message in error, please notify us immediately and destroy the related message.

Reference No. 179234164

THE RAWLINGS COMPANY LLC
Subrogation Division

Post Office Box 2000
LaGrange, Kentucky 40031-2000

One Eden Parkway
LaGrange, Kentucky 40031-8100

March 19, 2026

TO: ROBERT GRABB
GRABB & DURANDO, PC
2929 E Broadway Blvd
Tucson AZ 85716

Re:
Our Client:	Cigna Healthcare
Member/Patient:	LUIS A NICHOLS / LUIS D NICHOLS
Date of Injury:	10/06/2025
Our Reference No.:	179234164
Your Client:	
Your Number:	

Response to Notice of Personal Injury Claim

Dear Sir or Madam,

We acknowledge receipt of your client's notice of a claim for or legal action for damages arising out of the above-referenced incident. We represent Cigna Healthcare. This letter will serve as The Rawlings Company's response to the notice.

At this time, we have not identified any claims paid as a result of the above-referenced accident. If you know of specific providers or treatment dates of claims related to said incident, please provide that information to us. Our client reserves the right to supplement this response and assert a claim for reimbursement in the event that paid claims related to the above-referenced incident are identified in the future.

No settlement of the claim/lien should be made without notifying our office of the potential settlement and confirming the amount of benefits paid.

Please acknowledge this notice by completing the enclosed information form and returning it to The Rawlings Company, P.O. Box 2000, La Grange, KY 40031-2000. Thank you for your anticipated cooperation.

Sincerely,

Phone: 844-584-7019

REQUEST FOR CLAIM INFORMATION

Member/Patient: LUIS A NICHOLS/LUIS D NICHOLS
Our Reference No.: 179234164
Please Return Form to: The Rawlings Company FAX: 502-753-7064

Date of Loss: _____/_____/_____ State of Loss: _____

Type of Loss/Accident Details/Injuries:

_____

_____

1. **Med Pay/PIP/No-Fault/UM/UIM -** Company/Claim Number**:** _____

Med Pay/PIP/No-Fault Adjuster Name	Phone/Fax	Coverage Amount
UM/UIM Adjuster Name	Phone/Fax	Coverage Amount

- **If payments have already been issued by your office, please provide a copy of your payment ledger. This will allow us to verify that no payments made by your office have been duplicated by the medical payments already made by our client**

2. **Plaintiff Attorney/At-Fault Carrier(s)/Defense Counsel**

Plaintiff Attorney	Address	Phone/Fax/Email
At-Fault Carrier	Claim Number/Adjuster Name	Phone/Fax/Email
Defense Attorney	Address	Phone/Fax/Email

Check all that apply

☐ Settled/Settling	Comments:
☐ Denied/Not Denied/Dropped/Lost Case/Appealing	Comments:
☐ Pending/Other	Comments:

I hereby represent that I am the attorney for LUIS D NICHOLS.

_____ _____
Print Name (Attorney) Signature and Date

_____ _____
Phone Number Fax Number/Email Address