

CLAIMANT SETTLEMENT SUMMARY

I. CLAIM INFORMATION

CLMT NAME:		SURETY:	
IC# (primary):		EMPLOYER:	Age:
Date of Accident/Injury (Primary):		TPA/Claim Administrator:	
Date of Manifestation of Occ Dis:		Nature of Injury/OD:	
CLAIMANT ATTORNEY:		Phone #:	Date Retained:
Retainer Agreement and Disclosure Statement Attached? <input type="checkbox"/> No <input type="checkbox"/> Yes		DEFENSE ATTORNEY:	
Future Medical to remain open after settlement? <input type="checkbox"/> No <input type="checkbox"/> Yes			
If right to future medical resolved by settlement, is CMS approval required?			Obtained?
Is a Medicare set-aside established?		How is it Administered?	
Disputes resolved by settlement (succinct bullet points):			
Relevant Non-Medical factors (Brief narrative, to include current employment status):			
Permanent Limitations / Restrictions (list the final given by each med provider):			

II. ATTORNEY FEES AND COSTS - PRIOR

- A. Were Attorney fees taken on benefits paid prior to date of LSS execution? No Yes
 If so, identify all benefits from which past fees were taken and describe what you did to "primarily or substantially" secure the same.

Benefit type	\$ Amount	Date from	Date to	Brief narrative describing what you did to secure this benefit	Amt of fee	Supporting docs attach'd?

- B. Were Costs taken on benefits paid prior to date of LSS execution? If so, itemize the same:

Nature of Services/product	\$ Amt

III. ATTORNEY FEES AND COSTS – PROPOSED

- A. Gross amount payable to claimant on approval of LSS \$
- B. The amount of the fund secured primarily or substantially out of which the attorney seeks to be paid \$
- C. Proposed attorney fee payable on approval of LSS \$
- D. What did counsel do to "primarily or substantially" secure the fund from which fees will be taken? (brief

narrative)

E. Additional costs to be paid from settlement proceeds:

Nature of Services/product	\$ Amt

IV. DISPUTED MEDICALS

Are there any disputed past medical bills, responsibility for which is resolved by this settlement? No Yes

If so, itemize and describe treatment proposed for same:

Provider	Paid by 3 rd party with claim of subrogation?	\$ Amt of invoiced bill, or, if "Yes" to prior, amt actually paid by 3 rd party.	Compromised amount payable	Who will pay?
	<input type="checkbox"/> No <input type="checkbox"/> Yes			
	<input type="checkbox"/> No <input type="checkbox"/> Yes			
	<input type="checkbox"/> No <input type="checkbox"/> Yes			

V. 72-802 ISSUES

Does any creditor assert a claim against the settlement, or has any prior assignment of the settlement been made? If so, describe nature of alleged claim, and attach copy of the contract.

VI. Additional explanation, if required: