**Defendants’ Settlement Summary**

**IC #**

**1. Average Weekly Wage $**

**2. Past Medical**

**Total Paid $**

**3. Past Indemnity**

**Balance or**

**TTD From Thru wks days @rate/wk $ Conceded/Owed $ Paid Overpymt (O-P)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
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**TPD From Thru wks days $ Conceded/Owed $ Paid Balance or O-P**

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| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
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**PPI % Level wks days @rate/wk $ Conceded/Owed $ Paid Balance or O-P**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**Other (Description:**      )

**$ Amt From Thru wks days @rate/wk $ Conceded/ Owed $ Paid Balance or O-P**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |

**Grand Total $ Conceded $ Paid Balance or O-P**

**4. Net overpayment waived:** **$**

**5. Handling of Underpayment:**

**a. Underpayment subsumed in settlement consideration** **$**

**b. Underpayment to be paid per settlement:** $

**6. Consideration, exclusive of any underpayment identified in 5(b), above) to be paid in LSS, in addition to amounts previously paid, to resolve disputed issues:** **$**

**7. Amount payable by surety upon approval of LSS:** **$**

**8. Pro se phone number:**

**9. If right to future medical is resolved by settlement, have you considered Medicare’s interest as a secondary payor? See, 42 U.S.C. § 1395y(b)(2).  No  Yes**

**10. Additional explanation (Subrogation? Annuity? Etc.):**