***[This is an actual closing statement with obvious redactions to maintain confidentiality for the client and some of the providers…]***

**CASE CLOSING SETTLEMENT STATEMENT FOR MANDY YYYYYYY**

**Gross Proceeds: $225,000.00**

$100,000 – State Farm Liability Payment

$25,000 – GEICO resident relative UIM

$100,000 – Country Financial Excess UIM

**Country Financial Medpay Offset: $ (5,000.00)**

**Out of Pocket Medical Expenses: $ (73,909.90)**

(see Medical Expense Summary Sheet for a detailed summary)

**Attorney’s Fees: $ (60,000.00)**

(26.6% reduced from 33.3% per contingency agreement)

**Extraneous Case Expenses:**

Postage ($44.25)

Medical Records ($196.70)

Extraneous expenses ($300.00)

TOTAL EXPENSES **($540.95)**

-------------- Total to Attorneys: **$60,540.95** --------------------------------

**NET TO CLIENT ($85,549.15)**

I hereby certify that I have read the foregoing and accept the above figures as fair and accurate. I explicitly understand that I am responsible for any unpaid medical bills, or other expenses not listed above which were a result of this incident and were not paid out of the settlement proceeds. This obligation includes bills that are either known or unknown at this time. Likewise, I am responsible for any reimbursement or subrogation that is due to any medical insurance company that paid the medical expenses in this case.

I agree to indemnify and hold the firm of Law, LLC and its attorney harmless from any liability with this incident, including but not limited to, medical bills, medical liens, and any right to subrogation or reimbursement. If there are additional bills that we have not accounted for, Law, LLC will happily negotiate these bills lower, but CLIENT will be responsible for payment from settlement funds disbursed to him.

I understand that if I am currently receiving Supplemental Security Income benefits, Medicaid or any other government assistance, the acceptance of this settlement may affect my future eligibility for such assistance. If I receive Supplemental Security Income, Medicaid or a similar governmental benefit (for example, a benefit that I receive because of disability or low income), I should consult with an attorney who specializes in this area of Trusts regarding how receiving any money from this settlement may affect my entitlement to those benefits. I may be able to establish a Supplemental Needs Trust that could enable me to continue receiving Supplemental Security Income benefits, Medicaid, or other need-based governmental benefits which I may be receiving but may become ineligible for due to the settlement. The law firm of Law, LLC does not specialize in this field but strongly advises me to consult with an attorney who specializes in Trusts to assist me so that I can obtain advice on the benefits of establishing a trust that may help me to continue receiving these benefits.

The law firm of Law, LLC does not practice tax law nor does the firm have an attorney qualified to give tax advice. I should immediately consult with an accountant or tax advisor regarding my settlement proceeds to determine how much, if any, state and/or federal taxes I may own, and whether any tax forms need to be filed as a result of receiving my settlement proceeds.

I also expressly authorize my attorney to dispose of any portion of my file that the Georgia Bar does not require him to maintain. All portions of the file have been made available to me and I have received any and all parts of the file which I desire to keep for my benefit. Furthermore I recognize by acknowledging this statement, the attorney/client relationship has concluded for this case and that Law Firm, LLC no longer represents me.

I HAVE READ AND FULLY UNDERSTAND THE CONTENTS OF THIS CLOSING STATEMENT. MY ATTORNEY HAS PROVIDED A SIGNED COPY OF THIS DOCUMENT TO ME. Furthermore I recognize by acknowledging this statement, the attorney/client relationship has concluded for this case and that Law Firm, LLC no longer represents me

Read and approved the day of , 20 .

//SIGNATURES//

SETTLEMENT EXPENSES COVERED ON NEXT PAGE 🡪

|  |  |  |  |
| --- | --- | --- | --- |
| **Provider** | **Date(s) of Treatment** | **Total Amount Billed** | **Out of Pocket Balance Remaining** |
| Piedmont Regional Hospital | 12/14/VV | **$6,049.80** | $6,049.80 – Asked for 60% off via fax 5.8.WW – will hold funds in trust until response is received |
| Georgia Emergency Medicine Specialists | 12/14/VV | **$1,591.00** | $1,591.00 |
| Athens Radiology | 12/14/VV | **$318.00** | $318.00 |
| B. Orthopedics | 12/30/VV to 3/16/WW | **$75,281.97** | $30,000.00 per email 6.1.WW |
| American Health Imaging – c/o Pinnacle Healthcare LLC | 1/15/SS | **$2,225.00** | $1200 via email 5.8.WW |
| E. Sport and Personal Injury Centers (Neurology) – c/o Fortune Funding LLC | 1/8/VV | **$3,100.00** | $1,550.00 per email 5.8.WW |
| Benchmark Physical Therapy | 2/6/WW to 5/5/WW | **$8,002.75** | $3,201.10 per email |
| Omni Healthcare (covering surgery monitoring, Uber, medcard, surgery center) | various | **$63,391.94** | $30,000.00 per email |
|  |  | **$159,960.46** | **TOTAL: $73,909.90\*** |

Medical Expense Summary

**\*53.8% medical expense reduction**

**CASE EXPENSES SUMMARY –**

**Medical Records** – **$196.70**ITEMIZED EXPENSES BELOW  
American Retrieval – $114.71  
Chartswap – $35.88  
Benchmark – $46.11

**Postage** – **$44.25**ITEMIZED EXPENSES BELOW  
$7.80 – Demand – State Farm $6.95 – LOR – Country FinancialDemand – GEICO $6.95 – LOR – GEICO  
$7.80 – Demand – Co. Financial $6.95 – LOR – State Farm

**CHECK LEDGER SUMMARY – LAW, LLC**

CHECKS RECEIVED

|  |  |  |  |
| --- | --- | --- | --- |
| **Received From** | **Date** | **Amount** | **Check No.** |
| State Farm |  | $100,000 | 8888 |
| GEICO |  | $25,000 | 9999 |
| Country Financial |  | $100,000 | 7777 |
| **TOTAL** |  | **$225,000** |  |

CHECKS DISTRIBUTED

|  |  |  |  |
| --- | --- | --- | --- |
| **Written To** | **Date** | **Amount** | **Check No.** |
| [Client] |  |  | 1111 |
| [Attorneys] |  |  | 2222 |
| Healthcare Provider A |  |  | 3333 |
| Healthcare Provider B |  |  | 4444 |
| Healthcare Provider C |  |  | 5555 |
| TOTAL |  | $225,000\* |  |

\*Distributions equal deposits. This case is balanced. GGG – 1/01/2020