



Settlement Worksheet

To commence the submission process immediately, and assuming that settlement is imminent and will be consummated within 180 days, this work sheet can be utilized in place of settlement documents. This form can be utilized for submission to CMS, pending receipt of the settlement documents. Accordingly, please complete the top section of this form and email the completed form to cms@gouldandlamb.com or fax it to (941) 798-3403. Note: CMS approval is contingent upon receipt of the final executed settlement documents. It is the responsibility of settling parties to provide those documents to CMS.

General Claim Information			
Claimant:		Date of Injury:	
Insurance Carrier:		Insurance Claim #:	

Settlement Details			
Total Amount of Settlement: <i>(includes: indemnity, attorneys fees, MSA)</i>	\$	Liens: <i>(Total amount of conditional payments made by Medicare)</i>	\$
Total Amount of Attorney Fees:	\$	Total Amount of Indemnity Settlement:	\$

MSA Funding Information	
Select one of the following funding options:	
<input type="checkbox"/> Lump Sum	<input type="checkbox"/> N/A (Zero Allocation)
<input type="checkbox"/> Annuity	
Annuity Purchase Price: \$	
Annuity Issuer:	
Annuity Payment Date:	
Annuity Administration Fees: \$	

MSA Administration Information:	
Select one of the following administration options:	
<input type="checkbox"/> Self-Administration	<input type="checkbox"/> Custodian
Custodial Name:	
Custodian Address:	

Settlement Worksheet Completed By:
 Name: _____
 Company: _____
 Phone: () _____

Date: _____
 Fax: () _____