

SETTLEMENT CLOSING STATEMENT AND INSTRUCTION FOR DISTRIBUTION

Re: Client Name vs. Snake Farm
Claim No. XXXXXXXXXX/ Our File No. XXXXX

An offer for settlement from Insurance in the amount of \$0.00 to Client, which she is fully aware of and accepts. The proceeds are as follows:

Insurance		\$0.00
Less Attorney Fees (33.33%)		<0.00.00>
Less Costs and Expenses:		
US Postage		\$
Copies		\$
Hospital Billing Invoice		\$
Florida Radiology (Chartswap Invoice)		\$
Fire Rescue (Chartswap Invoice)		\$
Buy Crash		\$
Total Costs:		<\$0.00>
Medical Providers:		
Hospital (Outstanding Balance was \$0.00)		\$0.00
Florida Radiology (Outstanding Balance was \$0.00)		\$0.00
Fire Rescue (Outstanding Balance was \$0.00)	WAIVED	\$0.00
Health Group (Outstanding Balance was \$0.00)	REDUCED	\$0.00
United Health Care Lien (Outstanding Balance was \$.00)	REDUCED	\$0.00
Total Settlement:		<u>\$0.00</u>

The settlement proceeds in the amount of **\$0.00** is to be paid by check to Client according to the terms and agreements of the client attorney retainer agreement and I agree to this full and final payment.

I understand that I am responsible for any outstanding liens, assignments, debts and monies owed for medical bills, hospitals, and otherwise as a result of an incident which occurred on **February 19, 2019**.

I further agree to release my attorney, XXXXX, from payment of any medical, doctor and/or hospital bills as result of this accident.

In the event there are any outstanding liens, I agree that I shall be fully responsible for the payment of said lien, and further I agree to reimburse said lien holder. I further agree to release my attorney, XXXXX., from the payment of any such liens. By signing this document you agree to all the terms of this closing statement.

Client's Name

Date