

SUMMARY OF SETTLEMENT OF MEDICAL BENEFITS INSTRUCTIONS

Note: All sections are mandatory for settling medical benefits

1. Claimants Name – please spell correctly

D/A or OD: List date of injury or if an occupational disease, date used by insurer as the onset date of the OD. List the dates of all claims being settled. If settling multiple claims indicate which claim is the primary claim.

Claim #: Use Insurer's Primary claim number. List all claim #'s being settled.

ACN #: Use Department's Agency Claim Number (ACN #). List all ACN claim numbers being settled.

2. This section requires documentation on an accepted claim that provides the date claimant reached MMI, the diagnosis at time of settlement and documentation of recommendations for further medical treatment. **You must list what the attachments are by date and document author.**

3. This section requires an explanation of the rationale used for the closure of medical benefits. Include the parties understanding of the medical benefits being settled.

List dollar amount allocated in the settlement for medical closure.

4. This section requires a detailed explanation from the Claimant and the Insurer why it is in the best interest of the parties to settle medical benefits. **Claimant's explanation needs to be provided on form. Claimant's original signature is required.**

5. **Claimant/ Witness/ Insurer's signature:** Only the claimant can sign the petition and summary sheet. The claimant's signature must be witnessed. All signatures must be dated. **Claimant, Witness and Insurer's signature must be originals.**

6. **Attorney:** If represented, list claimant's attorney's name and the dollar amount of fees being charged on this settlement (do not include costs).

You must provide an explanation outlining your efforts in obtaining medical benefits.

7. This section is to be completed by ERD staff.

REMINDER:

If settlement of medical benefits includes indemnity the recap sheet **must** also be submitted.