

FINAL SETTLEMENT DETAIL DOCUMENT

Beneficiary Name:

Medicare Number:

Date of Incident:

42 CFR 411.37(c) stipulates that Medicare will recognize a proportionate share of the necessary procurement costs incurred in obtaining a settlement. In order for Medicare to properly calculate the net refund it is due, please supply the information outlined below. This information will also be used to update the beneficiary's records to show resolution of this matter.

Total amount of settlement:

\$ _____

**Amount of any medical payment or
PIP benefits paid in addition to the
settlement amount:**

\$ _____

Attorney fee :

\$ _____

**Additional procurement expenses:
(submit an itemized listing of these expenses)**

\$ _____

Date the case was settled:

___/___/___

Settlement information provided by:

Name

Address

Date submitted: ___/___/___