



**Date:** July 1, 2024  
**Client:** Theodore Angel  
**Case Number:** 247207

### SETTLEMENT MEMORANDUM

#### RECOVERY

		<u>Collected</u>	<u>Paid</u>	<u>Balance</u>
SETTLE	Mobilitas Insurance Company	\$74,000.00	\$0.00	\$74,000.00
<i>Total Recovery:</i>				<b>\$74,000.00</b>

#### Deduct and Retain to Pay The Ramos Injury Firm:

	<u>Billed</u>
Attorney Fees:	
Ramos Law - Wheat Ridge	\$25,900.00
<i>Total Attorney Fees:</i>	<b>(\$25,900.00)</b>

#### CASE EXPENSES

<u>Provider : Memo</u>	<u>Date</u>	<u>Due</u>
Ramos Law, LLC; ChartSwap	06/26/2023	\$42.23
Ramos Law, LLC; ChartSwap; INV # REQ-16389441	11/29/2023	\$5.00
Ramos Law, LLC; Ciox Health	03/09/2023	\$36.68
Ramos Law, LLC; Ciox Health	03/27/2023	\$2.00
Ramos Law, LLC; Ciox Health	06/09/2023	\$20.53
Ramos Law, LLC; Ciox Health; INV 407568328	07/11/2023	\$36.68
Ramos Law, LLC; Ciox Health; INV 408260612	07/11/2023	\$36.68
Ramos Law, LLC; Colorado State Patrol; TAR REQUEST	07/01/2024	\$5.88
Ramos Law, LLC; MRO	04/04/2023	\$24.48
Ramos Law, LLC; MRO	04/05/2023	\$18.53
<i>Total Case Expenses:</i>		<b>(\$228.69)</b>

#### Deduct And Retain To Pay To Others:

##### *Other Debits*

<u>Provider</u>	<u>Date</u>	<u>Total</u>	<u>Paid</u>	<u>Balance</u>	<u>Reduction</u>	<u>Due</u>
Colorado Department of Health Care Policy & Financing	02/27/2023	\$1,140.16	\$0.00	\$1,140.16	\$285.04	\$855.12
Denver Diagnostic Pain	05/10/2023	\$6,123.00	\$0.00	\$6,123.00	\$1,224.60	\$4,898.40
Infinity Imaging LLC	06/17/2024	\$2,408.00	\$0.00	\$2,408.00	\$650.16	\$1,757.84
Injury Care Network, LLC	03/10/2023	\$3,879.60	\$0.00	\$3,879.60	\$1,086.29	\$2,793.31
Management Systems of Colorado	06/17/2024	\$5,226.00	\$0.00	\$5,226.00	\$1,045.20	\$4,180.80
Movement Dynamics Physical Therapy, PC	06/17/2024	\$2,604.55	\$0.00	\$2,604.55	\$729.27	\$1,875.28
Synergy Chiropractic Clinic, P.C.	06/17/2024	\$2,456.84	\$0.00	\$2,456.84	\$664.07	\$1,792.77

*Total Other Debits:* **(\$18,153.52)**

• **NOTE:** We have not been put on notice of any outstanding liens against your settlement proceeds.

<i>Total Deductions:</i>	<b>(\$44,282.21)</b>
Total Amount Due to Client:	<b>\$29,717.79</b>
<b>Net Amount Due to Client:</b>	<b>\$29,717.79</b>

## CLIENT ACKNOWLEDGEMENT

### GENERAL ACKNOWLEDGEMENTS

Theodore Angel hereby agrees that the settlement and attorneys' fees are reasonable and in accordance with the fee agreement. Furthermore, rather than litigate this case and incur the risks and expenses of litigation I, Theodore Angel, instruct Ramos Law to accept the negotiated settlement offer made by the insurance company.

- I acknowledge that Ramos Law has offered to litigate this case for me and, after an explanation of the risks and benefits of litigation, I have opted to accept the settlement offer made by the insurance company.

### FULL – FINAL – AND COMPLETE SETTLEMENT

I understand that this is a full and final settlement of the accident claim. This includes any claim for damages, injuries, lost wages and/or medical bills which I now have or may have in the future. I understand that no future claim can be made after this settlement is finalized regardless of whether any new damages, injuries, lost wages and/or medical bills arise or are incurred.

- This settlement resolves my entire accident claim for all time.

### PAYMENT OF ATTORNEYS' FEES AND OTHER BILLS

I acknowledge receipt of the above Net Amount Due Client – **\$29,717.79** – from Ramos Law trust account as per this Settlement Memorandum.

I instruct Ramos Law to pay the medical providers listed in the amounts shown above because there are outstanding medical bills and/or liens for the care rendered. I understand that bills with these providers may be substantially higher than the amounts paid, but in certain circumstances, these providers have agreed to accept a discounted rate as payment in full. I am unaware of any valid liens or subrogation interests on my case and dispute any such liens or claims other than those noted above.

- *Those bills not paid or otherwise negotiated by Ramos Law remain my sole responsibility to pay or otherwise handle.*

I acknowledge that there may be additional subrogation claims by health insurance carrier(s) and/or claims by other medical providers and that I remain solely responsible for paying these bills. I understand that despite the best efforts of Ramos Law to obtain all bills and amounts owed, sometimes this is difficult as my providers may not have timely updated their billing amounts and/or some of my providers may not have been identified and may not have provided any billing amounts whatsoever. As such, I understand and acknowledge that despite Ramos Law's best efforts, if any bills remain outstanding, I owe for those bills as they are for medical care I received.

- I acknowledge personal responsibility for any and all other bills known or unknown that may be related to this case but are not specifically listed above.

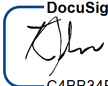
I, Theodore Angel, understand that my attorneys have advised me that receipt of settlement funds could disqualify me for benefits from any needs based programs such as Medicaid, CICP, food stamps, financially based housing, etc. I was informed that special trusts could be set up to prevent my disqualification from such needs based programs. Ramos Law has suggested that I seek additional legal advice regarding this issue before depositing and/or spending my settlement proceeds.

**I, Theodore Angel, have read and approved this entire Settlement Memorandum and acknowledge that my questions regarding this matter have been answered to my satisfaction.**

7/2/2024

Date

Theodore Angel

DocuSigned by:  
  
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