

**Ramos Law
Trust Account**
10190 Bannock St. Suite 200
Northglenn, CO 80260
303-529-7972

Collegiate Peaks Bank
885 S Colorado Blvd
Denver, CO 80246
303-481-1360

45164

Date 5/16/2024

82-589/1021

Pay to the
Order of

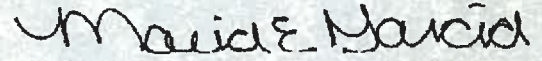
Anderson, Tamara Catherine

\$ **26,032.66

TWENTY-SIX-THOUSAND THIRTY-TWO AND 66/100*****

Dollars

Anderson, Tamara Catherine
6730 Tullamore Dr,
Colorado Springs, CO 80923



Memo Full And Final Disbursement / 274152 / Anderson, T

⑆02105997⑆ 0410011113⑈ 45164

Ramos Law

45164

Anderson, Tamara Catherine

5/16/2024

Full And Final Disbursement / 274152 / Anderson, Ta

26,032.66

Ramos Law Trust Full And Final Disbursement / 274152 / Anderso

26,032.66

Ramos Law

45164

Anderson, Tamara Catherine

5/16/2024

Full And Final Disbursement / 274152 / Anderson, Ta

26,032.66

Ramos Law Trust Full And Final Disbursement / 274152 / Anderso

26,032.66

**Ramos Law
Trust Account**10190 Bannock St. Suite 200
Northglenn, CO 80260
303-529-7972**Collegiate Peaks Bank**
885 S Colorado Blvd
Denver, CO 80246
303-481-1360**45162**Date 5/16/2024

82-599/1021

Pay to the
Order of**Ramos Law, LLC**\$ ****15,750.00****FIFTEEN-THOUSAND SEVEN-HUNDRED-FIFTY AND 00/100*******

Dollars

Ramos Law, LLC
10190 Bannock Street
Suite 200
Northglenn, CO 80260Memo Legal Fees / 274152 / Anderson, Tamara Catherine*Maria E. Garcia*

⑈102105997⑈ 0410011113⑈ 45162

Ramos Law**45162**

Ramos Law, LLC

5/16/2024

Legal Fees / 274152 / Anderson, Tamara Catherine

15,750.00

Ramos Law Trust

Legal Fees / 274152 / Anderson, Tamara Cather

15,750.00

Ramos Law**45162**

Ramos Law, LLC

5/16/2024

Legal Fees / 274152 / Anderson, Tamara Catherine

15,750.00

Ramos Law Trust

Legal Fees / 274152 / Anderson, Tamara Cather

15,750.00

Date: May 13, 2024
Client: Tamara Anderson
Case Number: 274152

SETTLEMENT MEMORANDUM

RECOVERY

| | | <u>Collected</u> | <u>Balance</u> |
|------------------------|-----------------|------------------|--------------------|
| SETTLE | American Family | \$45,000.00 | \$45,000.00 |
| <i>Total Recovery:</i> | | | \$45,000.00 |

Deduct and Retain to Pay The Ramos Injury Firm:

| | <u>Fee</u> | <u>Billed</u> |
|------------------------------|-------------|----------------------|
| Attorney Fees: | | |
| Ramos Law - Colorado Springs | \$15,750.00 | \$15,750.00 |
| <i>Total Attorney Fees:</i> | | (\$15,750.00) |

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> |
|-------------------------|-------------|--------------|-------------|----------------|------------------|------------|
| Conduent | 02/05/2024 | \$1,650.71 | \$0.00 | \$1,650.71 | \$0.00 | \$1,650.71 |
| South Metro Fire Rescue | 02/05/2024 | \$1,566.63 | \$0.00 | \$1,566.63 | \$0.00 | \$1,566.63 |

Total Other Debits: **(\$3,217.34)**

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

Total Deductions: **(\$18,967.34)**

Total Amount Due to Client: **\$26,032.66**

Less Previously Paid to Client: **(\$0.00)**

Net Amount Due to Client: \$26,032.66

CLIENT ACKNOWLEDGEMENT

GENERAL ACKNOWLEDGEMENTS

Tamara Anderson 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, Tamara Anderson, 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 – \$26,032.66 – 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, Tamara Anderson, 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, CACP, 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, Tamara Anderson, have read and approved this entire Settlement Memorandum and acknowledge that my questions regarding this matter have been answered to my satisfaction.

Date

Tamara Anderson

Ramos Law, LLC
Find Report
All Transactions

WAG

| Type | Date | Num | Name | Memo | Account | Class | Clr | Split | Credit |
|------|------|-----|------|------|---------|-------|-----|-------|--------|
|------|------|-----|------|------|---------|-------|-----|-------|--------|

| | | | | | | | | | |
|---------|------------|------------|--------------------------------------|----------------------------------|------------------------|----------------------------|-----------------------|--|--------------|
| Deposit | 04/22/2024 | 0009270649 | Pending Needles Case Number: Pending | Anderson, Tamara 274152 AmFam BI | 26000 Trust Payable-CO | Colorado: Colorado Springs | 11200 Ramos Law Trust | | \$ 45,000.00 |
|---------|------------|------------|--------------------------------------|----------------------------------|------------------------|----------------------------|-----------------------|--|--------------|

phalen
5/16/2027

Value Subtotals for 274152

| Code ↑ | Description | Total Value | Reduction | Adjustments | Payments | Due |
|---------|-------------------|---------------|-----------|-------------|------------|---------------|
| ATTYFEE | Attorney Fees | \$15,750.00 | \$0.00 | \$0.00 | \$0.00 | \$15,750.00 |
| MEDICAL | Medical Bills | \$10,976.63 | \$0.00 | \$0.00 | \$9,410.00 | \$1,566.63 |
| SETTLE | Settlement Amount | (\$45,000.00) | \$0.00 | \$0.00 | \$0.00 | (\$45,000.00) |
| SUBRO | Subrogation | \$1,650.71 | \$0.00 | \$0.00 | \$0.00 | \$1,650.71 |
| | | | | | | |
| Sum | | (\$16,622.66) | \$0.00 | \$0.00 | \$9,410.00 | (\$26,032.66) |

**Ramos Law
Trust Account**10190 Bannock St. Suite 200
Northglenn, CO 80260
303-529-7972Collegiate Peaks Bank
885 S Colorado Blvd
Denver, CO 80246
303-481-1360**45161**Date 5/16/2024

82-599/1021

Pay to the
Order of**Conduent**\$ ****1,650.71****ONE-THOUSAND SIX-HUNDRED-FIFTY AND 71/100*******

Dollars

ConduentP.O. Box 30114
Salt Lake City, UT 841309993

Memo ID# 27862985 Final / 274152 / Anderson, Tamara C

Walter E. Garcia

⑈102105997⑈ 0410011113⑈ 45161

Ramos Law**45161**

Conduent

5/16/2024

ID# 27862985 Final / 274152 / Anderson, Tamara Ca

1,650.71

Ramos Law Trust

ID# 27862985 Final / 274152 / Anderson, Tamar

1,650.71

Ramos Law**45161**

Conduent

5/16/2024

ID# 27862985 Final / 274152 / Anderson, Tamara Ca

1,650.71

Ramos Law Trust

ID# 27862985 Final / 274152 / Anderson, Tamar

1,650.71

CONDUENT



PO Box 30114 Salt Lake City, UT 84130-9993

PhoneNumber: 801-352-5026

Fax Number: 847-890-6474

To: Simonique

From: Yuriko McElroy

Fax: 303-865-5666

Pages: 2 including fax cover

Phone:

Date: 5/10/2024

Re: Tamara Anderson – Case ID 27862985

☐ **Urgent**

☐ **For Review**

☐ **Please Comment**

☐ **Please Reply**

☐ **Please Recycle**

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To follow is an itemized list of benefits paid to date by Cigna for the injuries arising from the date of accident on or around 2/5/2024.

Please contact me if you have any questions.

Conduent Payment Integrity Solutions

Insured: Tamara Anderson
Our CaselD: 27862985
Date Of Accident: 2/5/2024
Our Client: Cigna - Facets

Claimant : Tamara Anderson

| <u>Patient</u> | <u>Claim Number</u> | <u>Misc.</u> | <u>Provider</u> | <u>Dates Of Service</u> | <u>Claim Amount</u> | <u>Benefit Amount</u> |
|----------------|---------------------|--------------|--------------------------|-------------------------|---------------------|-----------------------|
| Tamara | 240500431400 | M25.562 | SKY RIDGE MEDICAL CENTER | 02/05/2024 - 02/05/2024 | \$9,410.00 | \$1,638.17 |
| Tamara | 240526230800 | S89.92XA | GRANDE WILLIAM J. | 02/05/2024 - 02/05/2024 | \$39.10 | \$12.54 |
| Totals : | | | | | \$9,449.10 | \$1,650.71 |

Our receipt of these funds may impact payments of future claims. If you have any questions about how this refund may impact future claims for the member or their family members, please contact Cigna member services / department at 800-244-6224 or the customer service number listed on the member's ID card.

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Collegiate Peaks Bank
885 S Colorado Blvd
Denver, CO 80246
303-481-1360

45163

Date 5/16/2024

82-599/1021

Pay to the
Order of

South Metro Fire Rescue

\$ **1,566.63

ONE-THOUSAND FIVE-HUNDRED-SIXTY-SIX AND 63/100*****

Dollars

South Metro Fire Rescue
PO Box 911585
Denver, CO 80291

Memo AC ID# 143790 Final / 274152 / Anderson, Tamara



⑈102105997⑈ 0410011113⑈ 45163

Ramos Law

45163

South Metro Fire Rescue

5/16/2024

AC ID# 143790 Final / 274152 / Anderson, Tamara

1,566.63

Ramos Law Trust AC ID# 143790 Final / 274152 / Anderson, Tam

1,566.63

Ramos Law

45163

South Metro Fire Rescue

5/16/2024

AC ID# 143790 Final / 274152 / Anderson, Tamara

1,566.63

Ramos Law Trust AC ID# 143790 Final / 274152 / Anderson, Tam

1,566.63



SOUTH METRO FIRE RESCUE FIRE PROTECTION
DISTRICT
PO BOX 1280
OAKS, PA 19456-1280
(844)378-2134
TAX ID: 84-0828892

Statement

DATE: 04/16/2024

PAGE: 1 OF 1

▼ Payment Address ▼

TAMARA ANDERSON
6730 TULLAMORE DR
COLORADO SPRINGS, CO 80923

SOUTH METRO FIRE RESCUE FIRE
PROTECTION DISTRICT
PO BOX 911585
DENVER, CO 80291-1585

| | | | | | | | |
|---|--------------------------------------|---|---------------------------------|--------------------------|-------------------------------|--|------------|
| Patient Name ANDERSON, TAMARA | Date Of Service 02/05/2024 | ePCR # 24-SM-005300 | Invoice # DSMET190242 | AC ID # 143790 | | | |
| Origin Address ALT RESIDENCE 125 NB CASTLE ROCK, CO 80108 | | Destination Address SKY RIDGE MEDICAL CENTER 10101 RIDGEGATE PKWY LONE TREE, CO 80124 | | | | | |
| Payer | Description | Action Date | Transaction | Amount | | | |
| PATIENT PRIVATE PAY PATIENT | A0429RH-BLS EMERGENCY | | Charges | \$1,374.02 | | | |
| PATIENT PRIVATE PAY PATIENT | A0425RH-MILEAGE (11.0 Units) | | Charges | \$192.61 | | | |
| <p>WE HAVE BEEN UNABLE TO OBTAIN YOUR AUTO LIABILITY INSURANCE. PLEASE FORWARD YOUR AUTO LIABILITY INSURANCE. IF YOU DO NOT HAVE INSURANCE, YOUR PAYMENT OF THIS BALANCE IS APPRECIATED. THANK YOU.</p> | | | | | | | |
| | | | | | Total Claim Charges | | \$1,566.63 |
| | | | | | Total Interest Charges | | 0.00 |
| | | | | | Total Payments | | |
| | | | | | Total Adjustments | | |
| Total Refunds Issued | | | | | | | |
| Balance Due | | | | \$1,566.63 | | | |
| <p>The balance due is an estimate based on the information provided and is subject to change.</p> | | | | | | | |

| Company | Staff Name | Case # | Req Date | Value Category | Credit Account | Payee | Debit Account | Party | Amount | Memo |
|--------------|------------|---------------|-----------|----------------|-----------------|-------------------|------------------|-----------------|-------------|------------|
| Ramos Law... | MEG | <u>274152</u> | 5/16/2024 | ATTYFEE | Ramos Law Tr... | Ramos Law, LLC | Trust Payable-CO | Anderson, Ta... | \$15,750.00 | Legal F... |
| Ramos La... | MEG | <u>274152</u> | 5/16/2024 | MEDICAL | Ramos Law Tr... | South Metro Fi... | Trust Payable-CO | Anderson, Ta... | \$1,566.63 | AC ID... |
| Ramos La... | MEG | <u>274152</u> | 5/16/2024 | SUBRO | Ramos Law Tr... | Conduent | Trust Payable-CO | Anderson, Ta... | \$1,650.71 | ID# 27... |
| Ramos La... | MEG | <u>274152</u> | 5/16/2024 | CDB | Ramos Law Tr... | Anderson, Ta... | Trust Payable-CO | Anderson, Ta... | \$26,032.66 | Full An... |