

Client:

Case Number:

Theodore Angel

247207

SETTLEMENT MEMORANDUM

Date:

July 1, 2024

RECOVERY

Balance

Paid

Collected

Mobilitas Insurance Company

$74,000.00

$0.00

$74,000.00

SETTLE

$74,000.00

Total Recovery:

Deduct and Retain to Pay The Ramos Injury Firm:

Billed

Attorney Fees:

Ramos Law - Wheat Ridge

$25,900.00

Total Attorney Fees:

($25,900.00)

CASE EXPENSES

Due

Date

Provider ; Memo

$42.23

06/26/2023

Ramos Law, LLC; ChartSwap

$5.00

11/29/2023

Ramos Law, LLC; ChartSwap; INV # REQ-16389441

$36.68

03/09/2023

Ramos Law, LLC; Ciox Health

$2.00

03/27/2023

Ramos Law, LLC; Ciox Health

$20.53

06/09/2023

Ramos Law, LLC; Ciox Health

$36.68

07/11/2023

Ramos Law, LLC; Ciox Health; INV 407568328

$36.68

07/11/2023

Ramos Law, LLC; Ciox Health; INV 408260612

$5.88

07/01/2024

Ramos Law, LLC; Colorado State Patrol; TAR REQUEST

$24.48

04/04/2023

Ramos Law, LLC; MRO

$18.53

04/05/2023

Ramos Law, LLC; MRO

($228.69)

Total Case Expenses:

Deduct And Retain To Pay To Others:

Other Debits

Date

Total

Paid

Balance

Due

Provider

Reduction

$855.12

Colorado Department of Health Care Policy & Financing

02/27/2023

$1,140.16

$0.00

$1,140.16

$285.04

$4,898.40

Denver Diagnostic Pain

05/10/2023

$6,123.00

$0.00

$6,123.00

$1,224.60

$1,757.84

Infinity Imaging LLC

06/17/2024

$2,408.00

$0.00

$2,408.00

$650.16

$2,793.31

Injury Care Network, LLC

03/10/2023

$3,879.60

$0.00

$3,879.60

$1,086.29

$4,180.80

Management Systems of Colorado

06/17/2024

$5,226.00

$0.00

$5,226.00

$1,045.20

$1,875.28

Movement Dynamics Physical Therapy, PC

06/17/2024

$2,604.55

$0.00

$2,604.55

$729.27

$1,792.77

Synergy Chiropractic Clinic, P.C.

06/17/2024

$2,456.84

$0.00

$2,456.84

$664.07

($18,153.52)

Total Other Debits:

• NOTE:

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



Total Amount Due to Client:

Net Amount Due to Client:

Total Deductions:

($44,282.21)

$29,717.79

$29,717.79



CLIENT ACKNOWLEDGEMENT

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.

* 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.

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 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.
* *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.

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



PAYMENT OF ATTORNEYS’ FEES AND OTHER BILLS



FULL – FINAL – AND COMPLETE SETTLEMENT



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.

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.

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.

Theodore Angel



Date

