

Settlement Statement

Smart, Quick & Goode Law Firm

Claimant: Ronald Smith

Attorney: Barry Smart

Settlement Date: _____

Claimant Address: 127 S. Lawrence St
Cabot, AR 72023

SETTLEMENT:	\$775,000.00
LESS ATTORNEY'S FEES (32.1%):	\$248,775.00
Subtotal:	<u>\$526,225.00</u>

Take out your highlighter and show your client where you cut your fee a little to help them out.

FIRM EXPENSES:

Smith, Smith and Johnson

04/04/2004	Postage for discovery (FedEx)	\$71.54
04/11/2004	Copies of Discovery (Kinkos)	\$117.48
04/26/2004	Postage (FedEx)	\$21.35
05/07/2004	File Copies for Sam Robinson (Kinkos)	\$63.21
05/10/2004	Expert Witness fee (Sam Robinson - Tire Expert)	\$1,100.00
05/11/2004	Postage (FedEx)	\$17.14
06/02/2004	Filing fees (Circuit Court)	\$250.00

LESS FIRM EXPENSES PAID:	<u>-\$1,640.72</u>
Subtotal:	\$524,584.28

MEDICAL EXPENSES:

Dr. Don Brown	\$733.03
Dr. Charles Peek	\$1,333.00
Griffin Anesthesiology	\$256.98
Jenkins Rehabilitation Center	\$3,375.00
<i>Discount negotiated by your attorney:</i>	50%) \$1,687.50
Johnson Radiology Clinic	\$90.00
Lawrence Christopher - St. John's Hospital	\$3,879.63
Tad's Pharmacy	\$120.00
UTMS Hospital	\$2,654.02
<i>Claimant specifically requests Do Not Pay for this medical provider and accepts full responsibility for any remaining amount due (claimant initial here):</i>	_____
ABC Ambulance Service	\$973.50
Blackwell and Finch Physical Therapy	\$960.00
Douglas Anesthesiology	\$256.98

Show your client how you worked with their Medical Providers to arrange discounts and put more in the client's pocket.

Document the client's desire to not pay a provider and their acceptance of responsibility for the amount due.

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LESS MEDICALS PAID:		-\$10,290.62
		<hr/>
Subtotal:		\$514,293.66
SUBROGATION:		
BSMS Insurance	\$25,029.99	
LESS SUBROGATION PAID:		-\$25,029.99
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REMAINING AMOUNT TO CLAIMANT:		\$489,263.67

I, the undersigned, hereby declare that I have read the above and foregoing settlement statement, and hereby consent to all disbursements contained therein and further release the firm and my attorney from further responsibility, duties and all liability with regard to this matter.

I certify that I am not aware of any Medicare/Medicaid/Workers Compensation payments (other than any listed above) that have been paid for any services rendered due to the injuries I have received in this case.

I am completely satisfied with the above compromise settlement, with the services of the firm and my attorney, and with the amount of the fee charged and with the expenses listed above.

I understand that I am responsible for all medical expenses incurred in connection with this incident. I specifically agree to indemnify and hold harmless the firm and my attorney for any expenses incurred in connection with this incident.

APPROVED:

_____ Date: _____
Ronald Smith (Claimant)

_____ Date: _____
Attorney: Barry Smart (Attorney)
Smart, Quick & Goode Law Firm

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