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## Settlement Evaluation Worksheet

In order to expedite the submission process, this work sheet can be utilized in place of settlement documents. This form can be utilized for submission to CMS, pending receipt of the final executed settlement documents. Accordingly, please complete the top section of this form and email the completed form to [ghudson@axiomnational.com](mailto:ghudson@axiomnational.com) or fax it to (813) 920-6946. Note: CMS approval is contingent upon receipt of the final executed settlement documents. It is the responsibility of settling parties to provide those documents to CMS.

Claim Information			
<b>Claimant:</b>		<b>Date of Injury:</b>	
<b>Insurance Carrier:</b>		<b>Insurance Claim #:</b>	

Settlement Details			
<b>Total Amount of Proposed Settlement:</b> <i>(includes: indemnity, attorneys fees, MSA)</i>	\$	<b>Liens:</b> <i>(Total amount of conditional payments made by Medicare)</i>	\$
<b>Total Amount of Attorney Fees:</b>	\$	<b>Total Amount of Indemnity Settlement:</b>	\$

MSA Funding Information	
<b>Select one of the following funding options:</b>	
<input type="checkbox"/> Lump Sum	<input type="checkbox"/> N/A (Zero Allocation)
<input type="checkbox"/> Annuity	
Annuity Purchase Price: \$	
Annuity Issuer:	
Annuity Payment Date:	
Annuity Administration Fees: \$	

MSA Administration Information:	
<b>Select one of the following administration options:</b>	
<input type="checkbox"/> Self-Administration	<input type="checkbox"/> Custodian
Custodial Name:	
Custodian Address:	

Settlement Worksheet Completed By:  
 Name: \_\_\_\_\_  
 Company: \_\_\_\_\_  
 Phone: (\_\_\_\_) \_\_\_\_\_

Date: \_\_\_\_\_  
 Fax: (\_\_\_\_) \_\_\_\_\_