

MEDICARE-MEDICAID-FRIEND OF THE COURT
Addendum to Agreement to Redeem Liability

_____ VS _____
Plaintiff Defendant

Medicare Secondary Payer Interests:

I acknowledge that I must consider Medicare's interests in any redemption/commutation; that I am not required to seek formal approval of any redemption set-aside arrangement from Medicare; and that I may consider Medicare's interests by creating and maintaining a reasonable voluntary Medicare set-aside account and that I have been advised how to do this. **Plaintiff's Initials:** _____

Medicare's Interests are Considered as Follows (Check all that Apply):

Medicare has waived its interests.
I have fully recovered from my work-related injury.
My doctor has certified in writing that I no longer require any Medicare-covered treatments related to this claim.
Any medical treatments I currently receive are for non-work-related conditions.
I am _____ years old. Based on my current condition, I will not become a Medicare beneficiary for _____ years. I have no reasonable expectation of requiring medical treatment for a compensable work injury when I become eligible for Medicare benefits.
I have chosen to create and fund a voluntary Medicare Set-Aside account in the amount of \$_____ (see Redemption Order). In doing so, I have considered whether Medicare entitlement is based on age or disability or both; the type and severity of my injury or illness; whether full or partial recovery is expected; the projected time frame for recovery; whether my current impairment is stable; whether my impairment is expected to shorten my life span; whether my disability is permanent total or permanent partial; the amount of medical expenses paid in the year or two after my condition stabilized; the total amount of the redemption; whether I am living at home or receiving assisted living care; and whether my redemption has compromise aspects resulting from the employer/carrier disputing my claim from the outset.
A Center for Medicare and Medicaid Services approved set-aside (CMS Set-Aside) in the amount of \$_____ has been established (see Redemption Order).

Medicare Conditional Payments (If Applicable):

Defendant/Plaintiff (circle one) is responsible to obtain and pay all final conditional payments for dates of service through the date of redemption. _____ **Defendant's Initials** _____ **Plaintiff's Initials**

Medicaid's Interests (Check all that Apply):

Medicaid has waived its interests.
I have not received Medicaid benefits directly or through a program or plan for a work-related condition.
I have received Medicaid benefits directly or through a program or plan for a work-related condition and am reimbursing Medicaid with the proceeds from this redemption.

Friend of the Court Interests:

I have no current outstanding Friend of the Court obligations.
I have outstanding Friend of the Court obligations and I am satisfying my statutory obligations from the proceeds of this redemption.

_____ Plaintiff/Petitioner signature

Date

LEO is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.