

# WORKERS' COMPENSATION APPEALS BOARD

## Order Approving Compromise and Release Social Security and Medicare Addendum

Case No. \_\_\_\_\_

This addendum is a continuation of the Order Approving Compromise and Release.

Applicant name \_\_\_\_\_ Social security no. \_\_\_\_\_

Applicant's date of birth: \_\_\_\_\_ Applicant is  male  female

Applicant's pre-injury weekly earning capacity \_\_\_\_\_

Parts of body injured: \_\_\_\_\_

Permanent and stationary date: \_\_\_\_\_

Injury is contested by defendant  Injury is not contested by defendant

### The court finds that a reasonable characterization of the settlement amount is as follows:

A. Present value of permanent disability after apportionment .....

Apportionment percentage to worker's compensation \_\_\_\_\_

Apportionment percentage to other factors \_\_\_\_\_

This sum is being paid to Applicant in a lump sum based upon a life expectancy of \_\_\_\_\_ years and payments at the rate of \_\_\_\_\_ per week beginning \_\_\_\_\_ (starting date)

This sum is being paid to Applicant due to a life long permanent disability that will interfere with Applicant's ability to engaged in gainful employment for the remains of his/her life.

B. Unpaid benefits including temporary disability, penalties, vocational rehabilitation benefits, mileage, self-procured medical expenses presently due .....

C. Attorney's fee .....

D. Total future medical expenses: .....

Characterization of future medical expenses:

- |                                     |       |                               |       |
|-------------------------------------|-------|-------------------------------|-------|
| 1. Hospital care (A)                | _____ | 7. Physical & other therapies | _____ |
| 2. Skilled Nursing Facility (A)     | _____ | 8. Medication                 | _____ |
| 3. Home Health Care (A)(B)          | _____ | 9. Attendant care             | _____ |
| 4. Doctors & surgical (13)          | _____ | 10. Home modifications        | _____ |
| 5. Durable medical equipment (A)(B) | _____ | 11. Pain management           | _____ |
| 6. Outpatient Services (13)         | _____ | 12. Transportation            | _____ |
|                                     |       | 13. Other                     | _____ |

E. Total settlement amount .....

Dated: \_\_\_\_\_  
Workers Compensation Judge