

Jack L. Meligan, RSP, BCFE, MSCC, CMSP-F  
Registered Settlement Planner  
Board Certified Forensic Examiner – Annuities  
Medicare Set-Aside Certified Consultant  
Certified Medicare Secondary Payer Professional

To: Plaintiff Attorney

RE: **Liability Medicare Set-Aside (LMSA) Allocation Service**

Dear Mr./Ms. Attorney:

Thank you for downloading or requesting our **LMSA Allocation Service** packet. We look forward to assisting you and your client, and then helping your client create a professionally administered MSA Account, if they are so inclined. The following 3 steps will insure that you receive our best service, with a minimum of further effort on your part.

1. Attached is our **LMSA Intake Form** that needs completion by you or someone at your law firm. **Please email the completed Intake Form to [Christine@PlaintiffsMSA.com](mailto:Christine@PlaintiffsMSA.com), or fax to 503-406-2122 (HIPAA compliant).**
2. Please also supply your client's **last 2 years of medical history and billing records from the date of the most recent treatment**. You may email the medical records to [Christine@PlaintiffsMSA.com](mailto:Christine@PlaintiffsMSA.com) if they are under 25MB. Or, email a link to the files from whichever share-file program you use. Otherwise, if you use "DropBox," then DropBox the files to [Christine@PlaintiffsMSA.com](mailto:Christine@PlaintiffsMSA.com) (HIPAA compliant). As a final option, mail a CD/DVD to: **The Plaintiff's MSA & Lien Solution, LLC, 1800 Blankenship Rd., Ste. 160, West Linn, OR 97068.**
3. **Fees are due at the time of request for service and must be received before work can begin on your case. You may easily pay online by credit card (Visa, MC, Amex, Discover) with our secure LawPay account, at <https://secure.lawpay.com/pages/plaintiffsmsa/operating>. Or, if you prefer to pay by check, please make a check payable to PMLS, LLC, and mail to our office: 1800 Blankenship Rd., Ste. 160, West Linn, OR 97068. 10-business days regular delivery Allocation Report fees are: \$1,475 for Simple cases, \$2,475 for Standard, and \$3,475 for Complex (see the attached Case Intake Form or the MSA Service Fee Schedule for definitions, and if not clear or we did not address it on a prior call with you, call us to discuss the appropriate fee for your case). Standard service time is 10 business days from the receipt of payment, Intake Form and all relevant medical records. Add \$500 for 5 business days rush service or \$750 for 3 business days rush.**

If you would like to include services other than an Allocation Report, please refer to the *Service Fee Schedule*, and include the corresponding fee in your check amount.

You will receive a confirmation email upon receipt of the forms and medical/billing records. As soon as the report is finished, we will email the results to you. Your SPI referring office will then send you an "all in" funding analysis, so that you can evaluate and communicate the total "all-in" cost to your client, including lifetime professional administration of their MSA account.

We look forward to assisting you with this process. **Please contact our office at 888-MSA-PLTF (888-672-7583), or locally at 503-699-8929, or email [info@PlaintiffsMSA.com](mailto:info@PlaintiffsMSA.com)** with any MSA allocations process questions or additional assistance, or if you would like to discuss other settlement needs for your client.

Best regards,



Jack L. Meligan, RSP, BCFE, MSCC, CMSP-F

**ZERO**  
IS THE  
**HERO**  
THE PLAINTIFF'S MSA AND LIEN SOLUTION

**YOUR MEDICARE PROBLEM SOLVERS**

V.10/12/18

## Liability MSA Allocation Case Intake Form

(MSA Services Only—see separate form for Lien Resolution services)

See instructional cover letter and Service/Fee Schedule for further details

REQUESTED LIABILITY MEDICARE SET-ASIDE ALLOCATION SERVICE:		Date:
<input type="checkbox"/> Simple (\$1,475) <i>One body part, other than TBI</i>	<input type="checkbox"/> Standard (\$2,475) <i>Up to 10 body parts &amp; conditions, but not catastrophic</i>	<input type="checkbox"/> Complex (\$3,475) <i>More than 10 body parts &amp; conditions, and catastrophic cases</i>
Service Option: <input type="checkbox"/> Regular (10 business days) <input type="checkbox"/> 5 business day rush (add \$500) <input type="checkbox"/> 3 business day rush (add \$750)		
<input type="checkbox"/> "NO MSA NECESSARY" Letter (No charge): —If applicable—If the treating physician <u>will not</u> provide a letter certifying that plaintiff has been completely released from <u>all</u> treatments and/or prescriptions (no exceptions), then submit the case to us using this referral form. Enter notes in the "Notes" section describing that your client has been released from treatment, but the treating doctor won't "certify it in writing." Include your client's medical & billing records for the last 2 years since the date of the last treatment. One of our nurses will do a preliminary review of the file, and if they instantly agree, will issue A "NO MSA NECESSARY" letter, at NO CHARGE to you or your client.		
<b>LMSA services fees are due at the time of service request and must be received before work will begin.</b> Make checks payable to: PMLS, LLC (Tax ID #81-3669942) • Mail to: 1800 Blankenship Rd., Ste. 160, West Linn, OR 97068		
Click the below down arrow and choose the Settlement Planner you are working with, or leave it as the default "PMLS Home Office: if you are not working with a specific Settlement Planner:		Your Claim/Case Reference, if one:
Click the right arrow to choose your Settlement Planner		<b>PLAINTIFF ATTORNEY:</b>
<b>PLAINTIFF/CLAIMANT INFO:</b>		(Last) (First)
(Last) (First)	Firm:	
DOB:	St. Address:	
SSN:	City: ST Zip:	
State of Jurisdiction: Claim Settled?: <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone: Cell:	
Hearing/Mediation Date:	Fax:	
Settlement Date:	Atty Email:	
<input type="checkbox"/> Settlement Amount —or— <input type="checkbox"/> Demand amount: \$	Paralegal/Asst./Contact Name:	
Claim Type: <input type="checkbox"/> Liability <input type="checkbox"/> Work Comp <input type="checkbox"/> 3 <sup>rd</sup> Party Liability	Paralegal/Asst./Contact Email Address:	
(If Work Comp) Employer: Carrier: Job Title:	SS Retirement or Disability Beneficiary?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Pending Effective Date Medicare Beneficiary?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of Injury: <input type="checkbox"/> Complaint attached (preferred for best results) —or— provide brief description of injury:		
Please supply your client's last 2 years of medical history & billing records from the date of the most recent treatment.		

Notes/Other Info/Special Instructions: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

# Liability Medicare Set-Aside (LMSA) Fee Schedule

*MSA services fees are due at the time of the request for service and must be received before work will begin on your case.*

Pay securely online with a credit card: <https://secure.lawpay.com/pages/plaintiffmsa/operating>

Or, make your MSA service check payable to: PMLS, LLC

Mail checks to:

1800 Blankenship Rd., Ste. 160  
 West Linn, OR 97068

(Tax ID #81-3669942)

**LMSA Services** (Download service form here: [www.PlaintiffsMsa.com/liability-medicare-set-aside](http://www.PlaintiffsMsa.com/liability-medicare-set-aside))

Product/Service Description	<a href="http://www.PlaintiffsMSA.com">www.PlaintiffsMSA.com</a>	\$\$ Amount
<p><b>Liability Medicare Set-Aside (LMSA) Allocation Report:</b> (Click <a href="#">here</a> to download our service packet)                      A comprehensive overview of future care recommendations related to the injuries attributable to the claim, as well as a detailed analysis of the costs associated with future medical care requirements.                      Regular delivery is within 10 business days.</p> <ul style="list-style-type: none"> <li>• Simple: One body part, other than TBI</li> <li>• Standard: Up to 10 body parts &amp; conditions, but not catastrophic</li> <li>• Complex: More than 10 body parts/conditions, and catastrophic cases</li> </ul> <p><i>The above are general guidelines. Upon case review, the type of report could fall into another category. If so, you will be notified by email for increased cost, or issued a refund of difference.</i></p> <ul style="list-style-type: none"> <li>• <b>5 Business Days Rush Service:</b> LMSA report will be completed in 5 business days from receipt of all Medical records.</li> <li>• <b>3 Business Days Rush Service:</b> LMSA report will be completed in 3 business days from receipt of all Medical records.</li> </ul>		<p><i>(If unclear, call us to discuss the appropriate fee for your case)</i></p> <p>Simple: \$1,475                      Standard: \$2,475                      Complex: \$3,475</p> <p>+ \$500                      + \$750</p>
<p><b>Professional Administration Services:</b>                      This program is a post-settlement service for clients, designed to provide <b>white glove, concierge-level professional administration</b> of required set-aside funds. Funds are placed in an interest-bearing account, administered throughout the lifetime of the claimant. Any funds remaining in the LMSA account at the time of the claimant's death are returned to the Client's estate. <b>Note: Reversionary agreements must be specified in the underlying claim settlement agreement.</b></p>		<p>10% of MSA Amount.                      Minimum fee is \$2,500                      Small MSAs may be subject to additional charges—call for a quote.</p>
<p><b>CMS Submission: NOT CURRENTLY REQUIRED</b>                      The submission of settlement agreement and LMSA for review and approval by CMS (Centers for Medicare/Medicaid Services). <i>(Not currently available for liability cases.)</i></p>		\$850
<p><b>"NO MSA NECESSARY" Letter:</b>                      —If applicable—If the treating physician <b>will not</b> provide a letter certifying that plaintiff has been completely released from <b>all</b> treatments and/or prescriptions (no exceptions), <b>then submit the case to us using our LMSA referral form.</b> Enter notes in the "Notes" section describing that your client has been released from treatment, but the treating doctor won't "certify it in writing." Include your client's medical &amp; billing records for the <b>last 2 years since the date of the last treatment.</b> One of our nurses will do a preliminary review of the file, and if they <b>instantly</b> agree, will issue "NO MSA NECESSARY" letter, <b>at NO CHARGE to you or your client.</b></p>		<p><b>NO CHARGE</b></p> <p><b>ZERO</b>                      IS THE  <b>HERO</b></p>
<p><b>Legal Opinions:</b>                      The ultimate protection for plaintiffs and their counsel. Call to discuss details (including the additional fees) and obtain our direct referral to a top Medicare lawyer for this service.</p>		Call to Discuss
<p><b>Revisions to Previously Completed Reports:</b> (Time from Original Report)</p>		<p>&lt; 6 Months: FREE                      6 Months – 1 Year: \$750                      1 Year +: Full Price</p>

Please supply your client's **last 2 years of medical history & billing records from the date of the most recent treatment.**