

THE
PLAINTIFF'S MSA AND LIEN SOLUTION
LLC
PROTECTING PLAINTIFFS
FROM MEDICARE ISSUES

To: Plaintiff Attorney

RE: Medicare Set-Aside Allocation Service

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

Dear Mr./Ms. Attorney:

Thank you for downloading our **MSA 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 **MSA Intake Form** that needs to be completed by you or someone at your law firm. **Please email the completed Intake Form to Christine@PlaintiffsMSA.com, or fax to 503-406-2122.**
2. Please supply your client's **last 2 years of medical records from the date of the most recent treatment**. You may email the medical records to 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. As a final option, mail a CD/DVD/USB 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 pay online (Visa, MC, Amex, Discover) with our secure LawPay account, at <https://secure.lawpay.com/pages/plaintiffmsa/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. 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 it is still unclear, call us to discuss the appropriate fee for your case). Normal turn around time is within 10 business days from the receipt of payment, Intake Form and all relevant medical records.** For rush services: add \$500 for 5 business days or \$750 for 3 business days. For instances where additional medical records are submitted for review after the completion of the LMSA Allocation Study, an hourly rate of \$175.00 will be billed.

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 503-699-8854**, 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

YOUR MEDICARE PROBLEM SOLVERS

THE PLAINTIFF'S MSA & LIEN SOLUTION, LLC. • Home of "ZERO IS THE HERO."

1800 Blankenship Rd., Ste. 160 Portland, OR 97068

Home Office: Toll Free: (888) MSA-PLTF (672-7583) / 503-699-8854 • Fax: (503) 406-2122 (HIPAA Compliant)

Web: www.PlaintiffsMSA.com • E-Mail: Info@PlaintiffsMSA.com

PMLS Tax ID #81-3669942

V.31519

Liability MSA Allocation Study 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) One body part, other than TBI	<input type="checkbox"/> Standard (\$2,475) Up to 10 body parts & conditions, but not catastrophic	<input type="checkbox"/> Complex (\$3,475) More than 10 body parts & conditions, and catastrophic cases
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)		

LMSA services fees are due at the time of service request and must be received before work will begin.

Securely pay by credit card: <https://secure.lawpay.com/pages/plaintiffmsa/operating>

Or, 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 box and choose the Settlement Planner you are working with, or leave it as the default "Home Office" if you are not working with a specific Settlement Planner:	Your Claim/Case Reference:
	PLAINTIFF ATTORNEY:
	Last: _____ First: _____
	Firm: _____
PLAINTIFF/CLAIMANT INFO:	St. Address: _____
Last: _____ First: _____	City: _____ ST: _____ Zip: _____
DOB: _____	Phone: _____ Cell: _____
SSN: _____	Fax: _____
State of Jurisdiction: _____ Claim Settled: <input type="checkbox"/> Yes <input type="checkbox"/> No	Atty Email: _____
Hearing/Mediation Date: _____	Paralegal/Asst./Contact Name: _____
Settlement Date: _____ DOI: _____	Paralegal/Asst./Contact Email Address: _____
<input type="checkbox"/> Settlement Amount —or— <input type="checkbox"/> Demand amount: \$ _____	
SS Retirement or Disability Beneficiary? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Medicare Beneficiary? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Complaint Attached

Provide brief description of injury:

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

Notes/Other Info/Special Instructions: _____



Dear Client,

In order for the Plaintiff's MSA and Lien Solution to more accurately project the cost of future pharmacy services, please assist us by having the injured party and/or their caretaker complete the medication form below. The form is meant to capture the current (i.e., as of the date of completing this form) medication usage for those medication prescribed for injuries or conditions that are directly related to the personal injury claim. Please attach additional pages if more lines are needed in order to capture all related medications.

Name of Injured Party:	
Name of person completing form:	
Contact Phone/Email:	
Date form completed:	

Medication Name	Strength/Dosage of Medication	Schedule: How many times a day this medication is taken?	Taken by: mouth, topical, patch, injection, etc.	Prescribing MD:	Last date filled:
EXAMPLE: Flexeril	EXAMPLE: 5 mg	EXAMPLE: 3 times per day	EXAMPLE: By Mouth	EXAMPLE: Dr. G. Constantine	EXAMPLE: 11/12/2018

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 (Tax ID #81-3669942)

Mail checks to: 1800 Blankenship Rd., Ste. 160,
 West Linn, OR 97068

LMSA Services (Download Intake forms here: www.plaintiffmsa.com/liability-medicare-set-aside)

Product/Service Description	\$\$ Amount
<p>Liability Medicare Set-Aside (LMSA) Allocation Report: A comprehensive overview of future care recommendations related to the injuries attributable to the claim, as well as a detailed analysis of the Medicare allowable costs associated with future medical care requirements.</p> <p>* If you believe that your client does not require an MSA, but the treating physician will not sign a letter stating that the claimant has been released from further treatment relating to their injury, submit the case to us for review. Our team will dive into the medical records to determine if the claimant qualifies for a "Zero Dollar MSA." A report will be produced and sent to you with our findings. Normal rates apply.</p> <p>—If applicable—If the treating physician <u>will</u> provide a letter certifying the plaintiff has been completely released from <u>all</u> treatments and/or prescriptions (no exceptions), and you want us to review the letter to issue a statement that concurs with the treating physician, submit the case to us using our LMSA referral form. Describe in the "Notes" section that your client has been released from treatment and include the signed letter from the treating physician. One of our nurses will do a review of the file, and if they agree that the letter meets Medicare guidelines, will issue a "NO MSA NECESSARY" letter. Upon request, we will provide a "Concurrence Letter" template for use in obtaining the treating physicians release. Normal rates apply.</p> <ul style="list-style-type: none"> • Simple: One body part, does not include TBI or back/spine injuries • Standard: Up to 10 body parts & conditions, but not catastrophic • Complex: More than 10 body parts/conditions, and catastrophic cases <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"> • 5 Business Days Rush Service: LMSA report will be completed in 5 business days from receipt of all Medical records. • 3 Business Days Rush Service: LMSA report will be completed in 3 business days from receipt of all Medical records. 	<p>(If you have any remaining questions after reviewing this fee schedule, call us to discuss the appropriate fee for your case)</p> <p>Simple: \$1,475 Standard: \$2,475 Complex: \$3,475</p> <p>+ \$500 + \$750</p>
<p>Professional Administration Services: This program is a post-settlement service for clients, designed to provide white glove, concierge-level professional administration of Medicare 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.</p>	<p>10% of MSA Amount. Minimum fee is \$2,500 <i>Small MSAs may be subject to additional charges—call for a quote.</i></p>
<p>Legal Opinions: 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>	<p>Call to Discuss</p>
<p>CMS Submission: NOT CURRENTLY REQUIRED</p>	<p>N/A</p>
<p>Revisions to Previously Completed Reports:</p>	<p>Within 6 Months: \$175.00/hr After 6 Months: Full Price</p>

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