



WORKERS' COMPENSATION COMMISSION

**SETTLEMENT WORKSHEET**



15. Amount of Total Proposed Settlement: \$
16. Total Amount of Indemnity paid to Claimant to date: \$
17. Has a professional evaluator identified probable future Medicare covered expenses? Yes No  
If yes, attach professional evaluation.
18. Has proposed Medicare Set Aside been submitted to CMS? Yes No  
If yes, date submitted:
19. Is CMS approval of the MSA pending? Yes No
20. Date CMS approved MSA: or N/A
21. Has some of the settlement been apportioned to future medicals? Yes No  
If yes, state amount: \$
22. Is apportionment supported by medical evaluation? Yes No  
If yes, attach medical evaluation or opinion.
23. Comments:

---

---

**I hereby certify that the foregoing is true and accurate based on my personal knowledge, information and belief.**

\_\_\_\_\_  
**Claimant Signature**

\_\_\_\_\_  
**Attorney Signature**

10 East Baltimore Street · Baltimore, Maryland 21202-1641  
410-864-5100 · Email: [info@wcc.state.md.us](mailto:info@wcc.state.md.us) · Web: <http://www.wcc.state.md.us>