

Accident Benefits Settlement Offer Tracking Sheet

FILE NO: 123456

CLAIMANT: Smith, John

OFFER NUMBER	1		2		3	
Party (Claimant/Insurer)	C	I	C	I		
WEEKLY BENEFITS	\$279,000	\$232,500	\$263,500	\$248,000		
Justification of Amount	Structure Cost less 10%	Structure Cost less 25%	Structure Cost less 15%	Structure Cost less 20%		
MEDICAL/REHABILITATION	\$243,000	\$202,500	\$229,500	\$216,000		
Justification of Amount	Structure Cost less 10%	Structure Cost less 25%	Structure Cost less 15%	Structure Cost less 20%		
ATTENDANT CARE	\$274,500	\$228,750	\$259,250	\$244,000		
Justification of Amount	Structure Cost less 10%	Structure Cost less 25%	Structure Cost less 15%	Structure Cost less 20%		
OTHER (HOUSEKEEPING)	\$62,400	\$31,200	\$55,000	\$40,000		
Justification of Amount	\$100/wk	\$50/wk				
COST OF EXAMS	\$12,000	\$0	\$8,000	\$0		
Justification of Amount	3 x 4K	N/A				
COSTS	\$13,000	\$0	\$13,000	\$0		
DISBURSEMENTS	\$12,444	\$0	\$12,444	\$0		
TOTAL OFFER	\$896,344	\$694,950	\$840,694	\$748,000		