

Self-Calculated Conditional Payment Amount Model Language  
*All Information Is Required Unless Inapplicable*

Self-Calculated Conditional Payment  
PO Box 138880  
Oklahoma City, OK 73113

Dear Benefits Coordination & Recovery Center (BCRC):

I expect to receive a physical trauma-based liability insurance settlement for approximately \$\_\_\_\_\_ and I would like to calculate my Final Conditional Payment Amount (CPA). I have calculated my Final CPA to be \$\_\_\_\_\_, which is supported by the documentation I am enclosing with this letter.

Beneficiary Name: \_\_\_\_\_ Date of Incident: \_\_\_\_\_

Medicare Number: \_\_\_\_\_

I certify that the following statements are true:

- I expect to receive a **liability insurance** settlement for \$25,000.00 or less for a physical trauma based injury. (The injury did not relate to ingestion, exposure, or a medical implant.)
- My incident/injury occurred at least six (6) months ago.
- My medical treatment related to my case is finished and I am able to demonstrate this in one of two ways: (*Please check one.*)
  - I have included a physician attestation; OR
  - I certify that I have not had care related to my case within the last 90 days and expect no further care.
- I have included all Medicare covered and reimbursable items and/or services related to my case (what was claimed or released). I have not knowingly disregarded related items or services that have been or will be provided through the date of settlement.
- I understand that if my self-calculated amount is accepted, I will be required to give up my right to appeal the amount or existence of the debt.
- I have not received and do not expect to receive any other **liability insurance** settlements, judgments, awards, or other payments related to the incident referenced above. If I receive any, I will notify Medicare because Medicare may have an additional recovery claim.

Sincerely,

\_\_\_\_\_  
Beneficiary Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Attorney or Representative Printed Name

Date: \_\_\_\_\_

\* Attorney or Representative Signature

\* *If attorney or representative signs and the beneficiary does not sign, a proper authorization must be on file or included with the Self-Calculation documents in order for the Self-Calculated Amount to be reviewed.*

Check here if you do not have an attorney or other representative.

