Date

Name

Address

City, State Zip

Re: [Subject]

#### **SETTLEMENT ACCOUNTING**

**Gross Recovery:** $50,000.00

Less Repayment of PIP Lien- 2,233.33

GoodHands Insurance PIP lien of $3,350.00

Less Attorney Fee Discount (33 1/3%) -1,116.67

Net Amount Due GoodHands Insurance $2,233.33

Balance Remaining After Repayment of PIP Lien $47,766.67

##### Less Legal Fees and Costs -16,672.21

Less Attorney’s Fees (33 1/3% of $47,766.67) $15,922.21

Less Costs Advanced $750.00

 Filing Fees $ 200.00

 Medical reports $ 550.00

Total Fees and Costs $16,672.21

**Client’s Recovery:** $31,094.46

###### To be Paid Out of Client’s Recovery on Client’s Behalf:

Payment to Dr. Joe Smith for client’s medical bills - 1,000.00**\***

**Client’s Net Recovery: $30,094.46**

### Summary of Distributions

GoodHands Insurance $2,233.33

Attorney Sam Lawyer $16,672.21

Dr. Joe Smith $1,000.00

Client Jane Doe $30,094.46

***I agree with the above Distribution of Funds and concur with the sums indicated above. To the extent this Distribution does not identify some outstanding obligation, I understand that any outstanding medical bills or liens not listed are my responsibility and must be paid by me.***

 Date:

 *[Client’s Signature]*

Address to Mail Check To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Note to Attorneys Using This Sample Settlement Accounting**:

1. Obtain written consent from the client before paying medical bills out of settlement or judgment proceeds and verify the amount due with the health provider(s). If you intend to use your client’s signature on this form as documentation of consent, consider adding an appropriate acknowledgment above the client signature line. For example: “I approve this statement and received a copy of it. I hereby authorize my lawyer to pay my outstanding medical bill to Dr. Smith as itemized above.”
2. This sample accounting assumes the PIP carrier requested Attorney Sam Lawyer to protect its lien pursuant to statute and agreed to reduce the lien amount by its pro-rata share of attorney’s fees and costs. If PIP or health insurer liens are involved, review ORS 742.536-742.538 and record a Satisfaction of Lien if appropriate. See the PLF form, “Settlement or Judgment Disbursal Checklist for Payment of Medical Bills or Liens,” available on the PLF website, www.osbplf.org.
3. For a discussion on whether a lawyer may use a written contingent agreement that is based in part on recovery of PIP benefits, see OSB Formal Ethics Opinion No. 2005-124.
4. If the costs advanced are extensive, you may wish to itemize them on a separate page.

**IMPORTANT NOTICES**

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