

**MODEL LANGUAGE FOR FIXED PERCENTAGE OPTION
ALL INFORMATION IS REQUIRED**

**Fixed Percentage Option
P.O. Box 138880
Oklahoma City, OK 73113**

Dear Benefits Coordination & Recovery Center (BCRC):

I received a *liability insurance* settlement for \$ _____ and I choose the fixed payment option to repay Medicare. My payment will be \$ _____, which is 25% of my **total** settlement amount.
(Note: Do not reduce the total settlement amount for attorney fees and costs.)

Beneficiary Name: _____ Date of Incident: _____

Medicare Number: _____ Date of Settlement: _____

Brief Description of Injury:

I certify that the following statements are true:

- I have received a *liability insurance* settlement for \$10,000 or less.
- I have not received any other bill or request for payment from Medicare related to this *liability insurance* settlement.
- I agree to pay \$ _____, which is 25% of my **total** settlement.
- I understand that, as part of choosing the option, I have given up my right to appeal the fixed payment amount or request a waiver of recovery.
- The injury that I alleged was a physical trauma-based injury. (This means that it did not relate to ingestion, exposure, or a medical implant.)
- I have not gotten and do not expect to get any other settlements, judgments, awards, or other payments related to the incident referenced above. (However, if I receive any, I will notify Medicare because Medicare may have an additional recovery claim.)

Check One:

- I have included a check or money order for \$ _____ made out to Medicare. This amount is 25% of my **total** settlement. I have included my name and Medicare number on the check or money order.
- I have NOT included payment and will pay once I receive the bill.

Sincerely,

Name: _____ Date: _____

- Please check if you are an attorney or representative signing for a beneficiary. In order to sign for the beneficiary, you **MUST** submit with this form (or have previously submitted) a valid proof of representation (model language is available on the CMS.gov website at [Medicare's Recovery Process](#)).