

**MEDICARE-MEDICAID-FRIEND OF THE COURT**  
**Addendum to Agreement to Redeem Liability**

\_\_\_\_\_ VS \_\_\_\_\_  
Plaintiff Defendant

**Medicare Secondary Payer Interests:**

I acknowledge that I must consider Medicare's interests in any redemption/commutation; that I am not required to seek formal approval of any redemption set-aside arrangement from Medicare; and that I may consider Medicare's interests by creating and maintaining a reasonable voluntary Medicare set-aside account and that I have been advised how to do this. **Plaintiff's Initials:** \_\_\_\_\_

**Medicare's Interests are Considered as Follows (Check all that Apply):**

Medicare has waived its interests.  
I have fully recovered from my work-related injury.  
My doctor has certified in writing that I no longer require any Medicare-covered treatments related to this claim.  
Any medical treatments I currently receive are for non-work-related conditions.  
I am \_\_\_\_\_ years old. Based on my current condition, I will not become a Medicare beneficiary for \_\_\_\_\_ years. I have no reasonable expectation of requiring medical treatment for a compensable work injury when I become eligible for Medicare benefits.  
I have chosen to create and fund a voluntary Medicare Set-Aside account in the amount of \$\_\_\_\_\_ (see Redemption Order). In doing so, I have considered whether Medicare entitlement is based on age or disability or both; the type and severity of my injury or illness; whether full or partial recovery is expected; the projected time frame for recovery; whether my current impairment is stable; whether my impairment is expected to shorten my life span; whether my disability is permanent total or permanent partial; the amount of medical expenses paid in the year or two after my condition stabilized; the total amount of the redemption; whether I am living at home or receiving assisted living care; and whether my redemption has compromise aspects resulting from the employer/carrier disputing my claim from the outset.  
A Center for Medicare and Medicaid Services approved set-aside (CMS Set-Aside) in the amount of \$\_\_\_\_\_ has been established (see Redemption Order).

**Medicare Conditional Payments (If Applicable):**

Defendant/Plaintiff (circle one) is responsible to obtain and pay all final conditional payments for dates of service through the date of redemption. \_\_\_\_\_ **Defendant's Initials** \_\_\_\_\_ **Plaintiff's Initials**

**Medicaid's Interests (Check all that Apply):**

Medicaid has waived its interests.  
I have not received Medicaid benefits directly or through a program or plan for a work-related condition.  
I have received Medicaid benefits directly or through a program or plan for a work-related condition and am reimbursing Medicaid with the proceeds from this redemption.

**Friend of the Court Interests:**

I have no current outstanding Friend of the Court obligations.  
I have outstanding Friend of the Court obligations and I am satisfying my statutory obligations from the proceeds of this redemption.

\_\_\_\_\_ Plaintiff/Petitioner signature

Date

LEO is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.