

## Payne & Fears Co., LPA

Client B  
402 Ledger Lane  
Worthington, Ohio 43085

Date: November 22, 2013

Re: Personal Injury Settlement (DOI: 10/17/12)

<b>GROSS SETTLEMENT</b> (State Farm Ins. Co.)		<b>\$2,100.00</b>
<b>ATTORNEY FEES (1/3 of Gross Settlement)</b>	<b>-</b>	<b>\$700.00</b>
<b>NET SETTLEMENT</b>	<b>=</b>	<b>\$1,400.00</b>
<b>OUTSTANDING MEDICAL BILLS/LIENS</b> \$400 (Doctor's North Hospital)	<b>-</b>	<b>\$400.00</b>
<b>SETTLEMENT PROCEEDS TO CLIENT</b>	<b>=</b>	<b>\$1,000.00</b>

I, Client B, do hereby state that the above accurately reflects the disbursement of my personal injury settlement. I have received Check No. 1022 in the amount of \$1,000. I understand that my attorney will receive \$700 in attorney fees, and that he/she will retain \$400 of my settlement to pay and/or negotiate my outstanding medical bills or liens. I further understand that if my attorney is able to obtain a reduction of my medical bills or liens, my attorney will forward any savings to me.

Client B  
Client Signature

Attorney Payne  
Attorney Signature

Telephone: 614-123-8765

Facsimile: 614-123-8764

115A Waiver Way, Gahanna, Ohio 43230

## Payne & Fears Co., LPA

Client E  
17449 Onmiown Circle  
Columbus, Ohio 43228

Date: April 9, 2014

Re: Personal Injury Settlement (DOI: 7/1/13)

<b>GROSS SETTLEMENT</b> (Progressive Insurance Co.)		<b>\$550.00</b>
<b>ATTORNEY FEES (40% of Gross Settlement)</b> (Courtesy Discount of \$20)	<b>-</b>	<b>\$200.00</b>
<b>NET SETTLEMENT</b>	<b>=</b>	<b>\$350.00</b>
<b>OUTSTANDING MEDICAL BILLS/LIENS</b> \$50 (Med-Specialty)	<b>-</b>	<b>\$50.00</b>
<b>SETTLEMENT PROCEEDS TO CLIENT</b>	<b>=</b>	<b>\$300.00</b>

I, Client E, do hereby state that the above accurately reflects the disbursement of my personal injury settlement. I have received Check No. 1073 in the amount of \$300. I understand that my attorney will receive \$200 in attorney fees, and that he/she will retain \$50 of my settlement to pay and/or negotiate my outstanding medical bills or liens. I further understand that if my attorney is able to obtain a reduction of my medical bills or liens, my attorney will forward any savings to me.

Client E  
\_\_\_\_\_  
Client Signature

Attorney Payne  
\_\_\_\_\_  
Attorney Signature

Telephone: 614-123-8765      Facsimile: 614-123-8764  
115A Waiver Way, Gahanna, Ohio 43230