Law Offices of Joel W. Black, LLC

4949 W. Indian School Rd.
Phoenix, AZ 85031
(P) 602-277-1393 (F) 602-277-1395

Accept ltr_____by_____
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____ Case Info/Note
Release_____by_____
____ Check

SETTLEMENT MEMORANDUM
DISTRIBUCION DE LA COMPENSACION

Lujan, Sandra Y. ***235660*** 8/4/2023 12:00:00 AM

SETTLEMENT/COMPENSACION

SETTLE	Progressive Insurance	$25,000.00
SETTLE	Safeway Insurance	$25,000.00
Total Recovery:		**$50,000.00**

ATTORNEY FEES

	Fee	*Reduced*	
Law Offices of Joel W. Black, LLC	$16,666.66	$0.00	$16,666.66
Law Offices of Joel W. Black, LLC	$450.00	$0.00	$450.00
Total Attorney Fees:			**$17,116.66**

MEDICAL PROVIDERS/PROVEDORES MEDICOS

OTHER DEBITS

	Total	*Paid*	*Adjusts.*	*Reduction*	*Due*
Abrazo Spine Institute at West Campuus	$1,243.00	$0.00	$0.00	$1,035.75	$207.25
Blue Cross Blue Shield of Arizona	$3,426.99	$0.00	$0.00	$0.00	$3,426.99
Emergency Group of Arizona	$1,048.00	$0.00	$0.00	$1,006.74	$41.26
SimonMed, LLC	$619.00	$0.00	$0.00	$456.62	$162.38
Sonoran Radiology, LTD	$1,372.00	$0.00	$0.00	$1,344.13	$27.87
Spooner Physical Therapy	$4,305.00	$0.00	$0.00	$4,303.42	$1.58
Total Due Others:					**$3,867.33**

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[ ] Money in Trust $_____
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SETTLEMENT MEMORANDUM
DISTRIBUCION DE LA COMPENSACION

Lujan, Sandra Y. ***235660*** 8/4/2023
12:00:00 AM

Total Deductions:	**$20,983.99**
Total Amount Due to Client:	**$29,016.01**
Less Previously Paid to Client:	**$0.00**
Net Amount Due to Client:	**$29,016.01**

_____ (Initials) Law Offices of Joel W Black, LLC shall only pay the providers listed above. Any other providers owed will be your responsibility. If you have any questions, do not cash your check and contact the firm immediately. If you are receiving public assistance (AHCCCS, disability, etc.) by depositing your settlement check in your bank account, you may have an amount in your account that may disqualify you for those benefits.

_____ (Iniciales) La oficina solo pagara los proveedores antes mencionados. Cualquier otro proveedor debe ser su responsabilidad, si usted tiene alguna pregunta, no cobre el cheque y contáctenos de inmediato.
Si usted está recibiendo asistencia pública (AHCCCS, discapacidad, etc.) mediante el depósito de su cheque de liquidación en su cuenta bancaria, usted puede tener una cantidad en su cuenta que puede descalificarlo para sus beneficios

_____ _____

Date Lujan, Sandra Y.

06/21/2024 11:43 A

[ ] Money in Trust $_____
[ ] DONE _____

CHECK Released by: