Data Point	Data	Insurance Carriers	Name	Insurance Tendered
Client	**Jean Luc Picard**	Carrier 01	Ins 01	$ 50,000.00
Date of Birth	3/6/2000	Carrier 02	Ins 02	$ 30,000.00
SSAN	***-**-2853	Carrier 03	Ins 03	
Date of Loss	**DOL: 06/25/2019**	Carrier 04	Ins 04	
Defendant	**Some Bad Person**	Carrier 05	Ins 05	
Defendant 2				
		MedPay	MedPay	$ 2,000.00
Referring Firm	Referral Source			
CLT	Client Firm			

While it is widely recognized that folks tend to prefer not to know how the "sausage" is made, there are certain details that must at least be inspected and reasonably understood to ensure that attorneys may be assured that calculations used in their litigation matters are adequately and, more importantly, correctly addressed.

This document demonstrates the output of calculations described where legal assistants and paralegals have access to input data but not alter the calculations. This is a precaution against errant keystrokes that might expose our client attorneys to allegations of mis or malfeasance.

This Excel Workbook is proprietary to MarGin Consulting and is available for demonstration on-site using our computers for clients and potential clients of MarGin Consulting to review and work with to demonstrate how we aggregate infomration and protect calculations for our clients.

This fabricated matter will permit at least examination of output to assure potential clients of the accuracty of the calculations performed in this case.

		Column Totals	$ 186,979.31	$ 26,497.04	$ 26,002.04	$ 1,199.22	$ 25,940.23	$ 932.29	$ 975.00	$ 30,623.60
Client Full Name	Jean Luc Picard		Total Billed	Valid Lien Amount	Insurance Paid	Insurance Adjustment	Patient Paid	Adjustment /Write-off	Balance Remaining	Rule 414 Due and Owing
Date of Injury	DOL: 06/25/2019									
Ins 01	$50,000.00	Major Primary Hospital	$ 179,540.97	$ 24,490.84	$ 25,412.03	$ 405.00	$ 25,817.03	$ -	$ 975.00	$ 26,792.03
Ins 02	$30,000.00	Ambulance Service	$ 656.39	$ -	$ 240.47	$ 165.92	$ -	$ 240.47	$ -	$ 250.00
Ins 03	$0.00	Radiology Provider	$ 703.00	$ 201.70	$ -	$ 482.35	$ -	$ 219.08	$ -	$ 1.57
Ins 04	$0.00	Pulmonary Medicine Provider	$ 3,741.26	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,861.00
Ins 05	$0.00	Daignostic Laboratory	$ 401.00	$ 233.14	$ 245.05	$ 145.95	$ 10.00	$ 255.05	$ -	$ -
MedPay	$0.00	Pharmacy Services	$ 217.69	$ -	$ 104.49	$ -	$ 113.20	$ 217.69	$ -	$ -
		Home Health Care	$ 1,719.00	$ 1,571.35	$ -	$ -	$ -	$ -	$ -	$ 1,719.00
		Provider	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
		Provider	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
		Provider	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -

MedPay Check from

Jean Luc Picard
DOL: 06/25/2019

	Provider	Total Billed	Patient Paid	Other Payments	Total Payments	Adjustments	Balance
	Major Primary Hospital	$ 179,540.97	$ 405.00	$ 25,412.03	$ 25,817.03	$ 152,748.94	975.00
	Ambulance Service	$ 656.39	$ -	$ 240.47	$ 240.47	$ 165.92	250.00
	Radiology Provider	$ 703.00	$ -	$ 219.08	$ 219.08	$ 482.35	1.57
	Pulmonary Medicine Provider	$ 3,741.26	$ 39.25	$ 1,031.85	$ 1,071.10	$ 809.16	1,861.00
	Daignostic Laboratory	$ 401.00	$ 10.00	$ 245.05	$ 255.05	$ 145.95	-
	Pharmacy Services	$ 217.69	$ 113.20	$ 104.49	$ 217.69	$ -	-
	Home Health Care Services	$ 1,719.00	$ -	$ -	$ -	$ -	1,719.00
	Provider	$ -	$ -	$ -	$ -	$ -	-
	Provider	$ -	$ -	$ -	$ -	$ -	-
	Provider	$ -	$ -	$ -	$ -	$ -	-
Total		$ 186,979.31	$ 567.45	$ 27,252.97	$ 27,820.42	$ 154,352.32	$ 4,806.57

		Total Charges	$ 186,979.31	
		Adjustments	$ 154,352.32	
Rule 414 Total	$ 32,626.99	Balance Remaining	$ 32,626.99	$ -

Provider	Approved by Attorney	Lien\Subrogation Amount Asserted	Attorney Approved Valid Liens	Lien as Percentage of Total Valid Liens	Net Disbursement	Total Funds Available for Liens
		$ 32,626.99	$ 28,986.73	1.00000	$ 26,497.04	$ 26,497.04
Major Primary Hospital	Y	$ 26,792.03	$ 26,792.03	0.92429	$ 24,490.84	
Ambulance Service	N	$ 490.47	0.00		$ -	
Radiology Provider	Y	$ 220.65	$ 220.65	0.00761	$ 201.70	
Pulmonary Medicine Provider	N	$ 2,932.10	0.00	0.00	$ -	
Daignostic Laboratory	Y	$ 255.05	$ 255.05	0.00880	$ 233.14	
Pharmacy Services	N	$ 217.69	0.00	0.00	$ -	
Home Health Care Services	Y	$ 1,719.00	$ 1,719.00	0.05930	$ 1,571.35	
Provider		$ -		0.00000	$ -	
Provider		$ -		0.00000	$ -	
Provider		$ -		0.00000	$ -	

Lien Disbursement Calculations

Lien Holder	Asserted Lien Amount	N.C. Gen. Stat. § 44-49 Article 9 (b) Valid Lien Amounts	Percentage of Lien Total	Payable to Lienholder
	$ 32,626.99	$ 26,497.04	1.00000000	$ 26,497.04
Major Primary Hospital	$ 26,792.03	$ 24,490.84	0.92428604	$ 24,490.84
Ambulance Service	$ 490.47	$ -	0.00000000	$ -
Radiology Provider	$ 220.65	$ 201.70	0.00761210	$ 201.70
Pulmonary Medicine Provider	$ 2,932.10	$ -	0.00000000	$ -
Daignostic Laboratory	$ 255.05	$ 233.14	0.00879885	$ 233.14
Pharmacy Services	$ 217.69	$ -	0.00000000	$ -
Home Health Care Services	$ 1,719.00	$ 1,571.35	0.05930300	$ 1,571.35
Provider	$ -	$ -	0.00000000	$ -
Provider	$ -	$ -	0.00000000	$ -
Provider	$ -	$ -	0.00000000	$ -

Jean Luc Picard

Settlement Accounting

Client:	$ 26,497.04	Jean Luc Picard	
Date of Injury:		DOL:	06/25/2019

Proceeds:

$	50,000.00	Ins 01
$	30,000.00	Ins 02
$	-	MedPay Check from
$	80,000.00	Total Proceeds
	26,497.04	Funds Available for Disbursement

Disbursements:

$	13,333.34	Referring Firm
$	13,333.33	Client Firm
$	339.25	Reimbursement of Costs Incurred
$	24,490.84	Major Primary Hospital
$	-	Ambulance Service
$	201.70	Radiology Provider
$	-	Pulmonary Medicine Provider
$	233.14	Daignostic Laboratory
$	-	Pharmacy Services
$	1,571.35	Home Health Care Services
$	-	Provider
$	-	Provider
$	-	Provider
$	**26,497.04**	**Jean Luc Picard**
$	**80,000.00**	Total Disbursements from Trust Account

I, THE HEREIN IDENTIFIED CLIENT, authorize the above disbursements from the Trust Account of MY FANTASTIC LAW FIRM, P.C. I understand that this is the full and final settlement of the above claim and that I cannot receive any further compensation from damages arising out of the cause of this action. I also understand that, to the extent that there are additional medical bills outstanding, which have been incurred but not paid, I acknowledge that I am responsible for these bills and instruct my attorneys to disburse as referenced above and agree to indemnify and hold harmless my attorneys and their law firm for complying with my instructions herein. I also understand that, to the extent that there are additional lien amounts owed, I acknowledge that I am responsible for these amounts and instruct my attorneys to disburse as referenced above and agree to indemnify and hold harmless my attorneys and their law firm for complying with my instructions herein and hereby expressly agree to pay said lien amounts or reimburse my attorneys should they be required to pay any such lien amounts.

This the _____ day of ANY MONTH, YEAR.

_____

Jean Luc Picard

Payee		Costs	Total Costs
MarGin Consulting	07/02/2021	$ 151.50	$ 339.25
Forsyth County Ambulance – ChartSwap Fee	05/11/2020	$ 15.00	
Novant Health Fee for Medical and Billing Records	06/04/2020	$ 24.00	
Novant Health Fee for Secure eMail of Medical and Billing Records	05/12/2021	$ 3.50	
Salem Chest Specialists	07/21/2021	$ 19.25	
MarGin Consulting	08/01/2021	$ 126.00	

Major Primary Hospital	Billed	Insurance Paid	Insurance Adjustment	Paid	Total Payments	Provider Adjust/Write-Off	Balance	Rule 414	Records Received	Service Dates	Records Needed
Date of Service	$ 179,540.97	$ 25,412.03	$ 152,748.94	$ 405.00	$ 25,817.03	$ -	$ 975.00	$ 26,792.03	0	3	**3**
4/24/2020	$ 5,509.60	$ 403.06	$ 5,016.54	$ -	$ 403.06		$ 90.00	$ 493.06			
11/04/2020 - 11/08/2020	$ 172,202.37	$ 24,904.11	$ 146,118.26	$ 295.00	$ 25,199.11		$ 885.00	$ 26,084.11			
6/10/2020	$ 1,829.00	$ 104.86	$ 1,614.14	$ 110.00	$ 214.86		$ -	$ 214.86			
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Ambulance Service	Billed	Insurance Paid	Insurance Adjustment	Paid	Total Payments	Provider Adjust/Write-Off	Balance	Rule 414	Records Received	Service Dates	Records Needed
Date of Service	$ 656.39	$ 240.47	$ 165.92	$ -	$ 240.47	$ -	$ 250.00	$ 490.47	0	1	**1**
4/24/2020	$ 656.39	$ 240.47	$ 165.92	$ -	$ 240.47		$ 250.00	$ 490.47			
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Radiology Provider	Billed	Insurance Paid	Insurance Adjustment	Paid	Total Payments	Provider Adjust/Write-Off	Balance	Rule 414	Records Received	Service Dates	Records Needed
Date of Service	$ 703.00	$ 219.08	$ 482.35	$ -	$ 219.08	$ -	$ 1.57	$ 220.65	0	11	**11**
4/24/2020	$ 174.00	$ 48.88	$ 124.13	$ -	$ 48.88		$ 0.99	$ 49.87			
4/24/2020	$ 33.00	$ 11.01	$ 21.77	$ -	$ 11.01		$ 0.22	$ 11.23			
4/24/2020	$ 27.00	$ 8.94	$ 17.88	$ -	$ 8.94		$ 0.18	$ 9.12			
4/24/2020	$ 27.00	$ 9.27	$ 17.55	$ -	$ 9.27		$ 0.18	$ 9.45			
6/10/2020	$ 222.00	$ 74.06	$ 147.94	$ -	$ 74.06		$ -	$ 74.06			
11/4/2020	$ 33.00	$ 11.23	$ 21.77	$ -	$ 11.23		$ -	$ 11.23			
11/4/2020	$ 27.00	$ 9.12	$ 17.88	$ -	$ 9.12		$ 0.00	$ 9.12			
11/4/2020	$ 33.00	$ 11.23	$ 21.77	$ -	$ 11.23		$ -	$ 11.23			
12/17/2020	$ 33.00	$ 11.23	$ 21.77	$ -	$ 11.23		$ -	$ 11.23			
1/26/2021	$ 47.00	$ 11.51	$ 35.49	$ -	$ 11.51		$ -	$ 11.51			
4/29/2021	$ 47.00	$ 12.60	$ 34.40	$ -	$ 12.60		$ -	$ 12.60			
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Pulmonary Medicine Provider	Billed	Insurance Paid	Insurance Adjustment	Paid	Total Payments	Provider Adjust/Write-Off	Balance	Rule 414	Records Received	Service Dates	Records Needed
Date of Service	$ 3,741.26	$ 1,031.85	$ 809.16	$ 39.25	$ 1,071.10	$ -	1861.00	$ 2,932.10	0	7	**7**
6/9/2020	$ 226.00	$ -	$ -	$ -	$ -		226.00	$ 226.00			
6/16/2020	$ 1,200.00	$ -	$ -	$ -	$ -		1200.00	$ 1,200.00			
6/30/2020	$ 226.01	$ 160.16	$ 65.85	$ -	$ 160.16		0.00	$ 160.16			
7/9/2020	$ 1,180.00	$ 562.69	$ 617.31	$ -	$ 562.69		0.00	$ 562.69			
8/28/2020	$ 455.00	$ -	$ -	$ 20.00	$ 20.00		435.00	$ 455.00			
3/11/2021	$ 19.25	$ -	$ -	$ 19.25	$ 19.25		0.00	$ 19.25			
9/16/2020	$ 435.00	$ 309.00	$ 126.00	$ -	$ 309.00		0.00	$ 309.00			
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Daignostic Laboratory	Billed	Insurance Paid	Insurance Adjustment	Paid	Total Payments	Provider Adjust/Write-Off	Balance	Rule 414	Records Received	Service Dates	Records Needed
Date of Service	$ 401.00	$ 245.05	$ 145.95	$ 10.00	$ 255.05	$ -	$ -	$ 255.05	0	2	**2**
4/27/2020	$ 130.00	$ 31.65	$ 93.35	$ 5.00	$ 36.65		$ -	$ 36.65			
6/2/2020	$ 271.00	$ 213.40	$ 52.60	$ 5.00	$ 218.40		$ -	$ 218.40			
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Pharmacy Services	Billed	Insurance Paid	Insurance Adjustment	Paid	Total Payments	Provider Adjust/Write-Off	Balance	Rule 414	Records Received	Service Dates	Records Needed
Date of Service	$ 217.69	$ 104.49	$ -	$ 113.20	$ 217.69	$ -	$ -	$ 217.69	0	9	**9**
04/27/2020	$ 8.59	$ 0.79	$ -	$ 7.80	$ 8.59		$ -	$ 8.59			
05/21/2020	$ 10.08	$ 4.88	$ -	$ 5.20	$ 10.08		$ -	$ 10.08			
06/12/2020	$ 10.08	$ 7.48	$ -	$ 2.60	$ 10.08		$ -	$ 10.08			
06/25/2020	$ 10.01	$ 7.41	$ -	$ 2.60	$ 10.01		$ -	$ 10.01			
07/28/2020	$ 28.02	$ 20.02	$ -	$ 8.00	$ 28.02		$ -	$ 28.02			
09/09/2020	$ 28.61	$ 20.61	$ -	$ 8.00	$ 28.61		$ -	$ 28.61			
10/10/2020	$ 63.79	$ 28.67	$ -	$ 35.12	$ 63.79		$ -	$ 63.79			
11/08/2020	$ 29.29	$ 7.32	$ -	$ 21.97	$ 29.29		$ -	$ 29.29			
11/17/2020	$ 29.22	$ 7.31	$ -	$ 21.91	$ 29.22		$ -	$ 29.22			
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Home Health Care Services	Billed	Insurance Paid	Insurance Adjustment	Paid	Total Payments	Provider Adjust/Write-Off	Balance	Rule 414	Records Received	Service Dates	Records Needed
Date of Service	$ 1,719.00	$ -	$ -	$ -	$ -	$ -	$ 1,719.00	$ 1,719.00	0	2	**2**
12/02/2020 - 12/08/2020	$ 382.00	$ -	$ -	$ -	$ -		$ 382.00	$ 382.00			
11/10/2020 - 11/30/2020	$ 1,337.00				$ -		$ 1,337.00	$ 1,337.00			
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Provider	Billed	Insurance Paid	Insurance Adjustment	Paid	Total Payments	Provider Adjust/Write-Off	Balance	Rule 414	Records Received	Service Dates	Records Needed
Date of Service	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	0	0	**0**
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Provider	Billed	Insurance Paid	Insurance Adjustment	Paid	Total Payments	Provider Adjust/Write-Off	Balance	Rule 414	Records Received	Service Dates	Records Needed
Date of Service	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	0	0	**0**
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Provider	Billed	Insurance Paid	Insurance Adjustment	Paid	Total Payments	Provider Adjust/Write-Off	Balance	Rule 414	Records Received	Service Dates	Records Needed
Date of Service	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	0	0	**0**
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