

Attention: \_\_\_\_\_  
Your Case Manager's Name

# Acceptance Letter

## CLIENT'S ACCEPTANCE OF SETTLEMENT OFFER

I, \_\_\_\_\_ (write your name), do hereby accept the offer to settle my case from \_\_\_\_\_ (date of accident) for \$\_\_\_\_\_ (Amount Offered to Settle). This amount reflects 100% of the total settlement and will be divided into 33.3% for all three parties (client (me), doctors and attorney's fees). By accepting this settlement, I agree to hold harmless, **The Bonar Law Group** against any claims brought by any medical providers or health insurance carriers arising from services rendered to me or injuries sustained as a result of this accident. **All bills not presented or submitted to my attorney at this time will be my sole responsibility.**

**I accept.**

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

### When your check is ready, would you like to:

Pick Up Check at the Office or  Send to the Address Below

**Your Address & Telephone #:** Please make sure you write your address legibly, do not forget apartment #'s and or unit #'s. (**IMPORTANT: The address you indicate below will be used to send any settlements or any paper work thereafter.**)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

( ) \_\_\_\_\_

Once you have filled this form, please send it back to the office via **FAX (714) 452-1418** or scan & email it to **info@bonarlawgroup.com** or send it via USPS mail to : The Bonar Law Group #1 Centerpointe Dr. #315 La Palma, CA 90623.