

**IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF LOUISIANA**

**In Re: Oil Spill by the Oil Rig “Deepwater
Horizon” in the Gulf of Mexico, on
April 20, 2010**

* MDL NO. 2179
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* SECTION: J
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* HONORABLE CARL J. BARBIER
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* MAGISTRATE JUDGE SHUSHAN
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**Plaisance, et al., individually
and on behalf of the Medical
Benefits Settlement Class,**

* NO. 12-CV-968
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* SECTION: J
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* HONORABLE CARL J. BARBIER
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* MAGISTRATE JUDGE SHUSHAN
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Plaintiffs,

v.

**BP Exploration & Production Inc., et al.,

Defendants.**

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**STATUS UPDATE FROM THE DEEPWATER HORIZON
MEDICAL BENEFITS SETTLEMENT CLAIMS ADMINISTRATOR**

The Deepwater Horizon Medical Benefits Settlement Claims Administrator (“Claims Administrator”) respectfully submits this status update pursuant to the Medical Benefits Class Action Settlement Agreement (“Medical Settlement Agreement”) as Amended on May 1, 2012, and as preliminarily approved by the Court on May 2, 2012. Capitalized terms shall have the meaning ascribed to them in the Medical Settlement Agreement. As detailed in this status report, from a settlement implementation perspective, the Claims Administrator is on track with all

activities and is ready to implement the settlement upon final approval by the Court and satisfaction of the conditions set forth in the Medical Settlement Agreement.

I. Comprehensive Overview

On May 2, 2012, the Court directed the Garretson Resolution Group as Claims Administrator for the Medical Settlement Agreement to take all steps necessary to implement and provide for prompt administration of the settlement, including the duties described in § XXI of the Medical Settlement Agreement. These duties include:

- Creation and operation of a website, a web portal, and a call center to communicate with Medical Benefits Settlement Class Members and facilitate the filing of claims;
- Creation and operation of a claims processing system to process all claims made by Medical Benefits Settlement Class Members;
- Identifying and creating a mechanism for implementation of the Periodic Medical Consultation Program;
- Implementing a mechanism for the identification and resolution of liens, claims, or rights of subrogation, indemnity, reimbursement, conditional or other payments, or interests of any type;
- Coordination and management of the Gulf Region Health Outreach Program (“Outreach Program”);
- Identifying mediators for and managing mediations of claims;
- Reviewing and evaluating submitted claims so that, upon the Effective Date, (1) Medical Benefits Settlement Class Members can promptly be notified of the status of their claims, (2) Medical Benefit Settlement Class Members with qualifying claims for Specified Physical Conditions can be promptly paid, and (3) Medical Benefits Settlement Class Members with qualifying claims for participation in the Periodic Medical Consultation Program can promptly begin receiving that benefit; and

- Such other tasks reasonably necessary to accomplish the goals contemplated by this Medical Settlement Agreement.

See Medical Settlement Agreement, § XXI(A)(8)(a-h). Pursuant to § XXI(K)(1)(a)(i-iii), from the entry of the Preliminary Approval and Class Certification Order until the Fairness Hearing, the Claims Administrator has been required to make weekly reports to BP and Medical Benefits Class Counsel regarding 1) the number and identity of Opt Outs, 2) the number and identity of persons revoking an Opt Out, and 3) the weekly and cumulative number of Medical Benefits Settlement Class Members who have filed a Proof of Claim Form and the types of benefits being sought (*i.e.*, Specified Physical Condition, Periodic Medical Consultation Program, or both).

Finally, the Court directed the Claims Administrator and the Medical Benefits Settlement Class Notice Agent, Hilsoft Notifications, to implement the Medical Benefits Class Notice Plan, which included 1) direct mailing of the Notice materials to identifiable class members, 2) creating a broad-reaching published Notice¹, and 3) developing a case website where the Notice and additional information and documents could be found. *See* Preliminary Approval Order, ¶¶9, 15.

As described in detail below and in accordance with the terms of the Preliminary Approval and Certification Order and the terms of the Medical Settlement Agreement, the Claims Administrator has successfully performed its duties, including:

- Thoroughly trained and dedicated appropriate personnel to execute the responsibilities of the Claims Administrator;
- Completed the Notice mailing;²

¹ Hilsoft Notifications, as Class Notice Agent, was solely responsible for this activity.

² The initial mailing to known class members was completed on June 28, 2012. Efforts to obtain current addresses on packets that are returned-to-sender continue.

- Created and deployed the medical settlement web portal, www.deepwaterhorizonmedicalsettlement.com;
- Launched a state-of-the-art claims service center in New Orleans, Louisiana;
- Initiated reporting as required under the Medical Settlement Agreement;
- Implemented a sophisticated mapping tool for zone determination;
- Created and staffed a call center that has processed over 9,400 inquiries since Notice began;
- Communicated via letter with potential class members seeking Data Disclosure, seeking confirmation of residence, submitting Proof of Claim forms, and submitting Notices of Intent to Sue;
- Created a searchable repository that contains more than 70,000 documents provided by BP, per the Medical Settlement Agreement and this Court's Order (Rec. Doc. 6505), used to assist in verification of class member status and to respond to Data Disclosure requests;
- Completed a comprehensive survey of prospective medical service providers for the Periodic Medical Consultation Program, taking into account each provider's location, capabilities to deliver the services under the Periodic Medical Consultation Program, accreditations, and other qualifications as required by Section VII of the Medical Settlement Agreement;
- Developed and deployed the Outreach Program web portal;
- Created and begun to develop and implement a publicly accessible online electronic Outreach Program Library; and
- Addressed Medicare Secondary Payer Compliance.

II. Status on Staffing

The Claims Administrator is ahead of its hiring and training timelines in support of administering all benefits. In addition to the 200+ persons already on staff at Garretson Resolution Group, the Claims Administrator has hired an additional 48 persons who are dedicated exclusively to the programs and duties listed above. In the New Orleans claims service office,

26 persons are supporting the Class Member Services Call Center and Claim Intake activities. Eleven (11) additional persons have been hired and trained in Charlotte, North Carolina, and 11 additional persons have been hired and trained in Cincinnati, Ohio in support of all benefits. To complete the full complement of supporting staff, the Claims Administrator will recruit, hire, and train 13 additional persons prior to the Effective Date of the Medical Settlement Agreement.

III. Status of Notice Mailing

The total number of packets mailed, as of August 9, 2012, is 366,242. The total includes Notice packets sent to the list of known and potential class members provided by the Notice Agent,³ requests made to the Claims Administrator's Member Services Call Center, and second-attempt resends of Notice packets.⁴

The Claims Administrator provided assembly, print and mail services for the Notice Program. The Notice packet consisted of the Detailed Notice, Matrix for Specified Physical Conditions, Description of the Periodic Medical Consultation Program, Proof of Claim Form, Cover Letter for the particular recipient, and a return label to be used for submission of claims.

Notice materials were placed into a specially-designed envelope with security-screening to provide privacy to the enclosed material. The designated orange color was used to distinguish Notice materials related to the Medical Benefits Settlement from Notice materials related to the Economic and Property Damages Settlement. Additionally, the envelope itself was designed for

³ Between April 27, 2012 and June 23, 2012, the Claims Administrator received from the Notice Agent eleven files containing names and addresses for: 1) identifiable potential class members, 2) vendors and contractors who may have employed such identifiable potential class members, and 3) attorneys or businesses who may represent such identifiable potential class members.

⁴ Of the total number, 230 Notice packets were prepared in Spanish and 46 Notice packets were prepared in Vietnamese.

maximum visibility and attention.⁵ Due to the varied nature of the documents, specific assembly formats were utilized to ensure ease of readability by the recipient. For example, some documents were assembled in booklet form and others, such as the Proof of Claim Form, were printed single-sided. Extensive proofing efforts were undertaken to ensure proper formatting of all materials, and quality assurance procedures were followed and documented.

Notice mailings initiated on May 18, 2012, and were concluded on June 28, 2012. (As noted in FN2, we continue to attempt to re-send returned Notice packets.)

IV. Status of the Medical Settlements Web Portal

The web portal to facilitate the medical settlement was launched on May 7, 2012. The URL for the website is **www.deepwaterhorizonmedicalsettlement.com**.⁶ Fifty-five hundred (5,500) unique visitors have accessed the site since its inception and 106,052 pages have been viewed. The two states with the most visits to date are Florida (1,512) and Louisiana (1,452), which collectively make up more than 35% of all visits.

The site contains the following sections:

- Court documents, including all downloadable versions of forms necessary to file a claim;
- Information on how to file a claim;
- Maps of Zone A and Zone B, including an interactive map;
- Claims Administrator's contact information; and
- Link to the Economic and Property Damages Settlement website.

⁵ The envelope read "**DEEPWATER HORIZON Medical Benefits Settlement**" (front) and (backside), and "**A medical benefits settlement related to the Deepwater Horizon oil spill will provide payments and benefits to clean-up workers and certain Gulf Coast Residents**" (rear).

⁶ There is also a direct link to the medical settlement web portal from the main Class Settlements Notice webpage, located at www.deepwaterhorizonsettlements.com.

V. Status of New Orleans Class Member Services Call Center

In April 2012, the Claims Administrator opened a claims service office in New Orleans. The primary purpose of the office is to serve as the Class Member Services Call Center and Intake Center for the Deepwater Horizon Medical Benefits Settlement. The office currently employs 16 Class Member Service Representatives (CSRs), who are responsible for responding to inquiries regarding the settlement from Class Members, potential Class Members and/or their representatives. From April 2012 until entry of the Preliminary Approval and Class Certification Order, CSRs engaged in in-depth training, allowing them to provide thorough explanations of the settlement and claims procedures to callers. The Claims Administrator's Class Members Services Call Center initiated operations with live calls on May 7, 2012. The service center is capable of assisting callers with questions about the Medical Settlement Agreement, the benefits under the Medical Settlement Agreement, the administration process, and how to complete Proof of Claim Forms. Additionally, the service center processes real-time requests for settlement documents, including zone determinations. The service center assists callers in any language and, by appointment, in-person, at the Claims Administrator's New Orleans office.

As of August 9, 2012, the Class Members Services Call Center had received 9,765 calls. The average length of a call is 5:57 minutes. Of the calls received, 668 were non-English speaking callers. The average time a caller waits to speak with a Class Member Services Representative is 14 seconds.

In addition to assisting callers, CSRs provide in-person assistance at the New Orleans Class Members Services Center. As of August 9, 2012, CSRs have provided in-person assistance to 87 potential class members. CSRs have assisted 8 potential class members whose

primary language was Vietnamese and 3 potential class members whose primary language was Spanish. In-person assistance has resulted in the filing of 40 Proof of Claim Forms.

VI. Status of New Orleans Class Member Services Intake Center and Reporting

In addition to functioning as the Class Member Services Call Center, the Claims Administrator's New Orleans office serves as the Class Member Services Intake Center and employs Intake Specialists and Data Entry Analysts who initialize processing of claims.⁷ These persons are responsible for processing all materials mailed from potential Medical Benefits Class Members to the Claims Administrator. Such materials include: 1) Proof of Claim Forms, 2) Data Disclosure Forms, 3) Opt Outs, 4) Revocation of Opt Outs, 5) Notice of Intent to Sue Forms, 6) Mediation Information Forms, and 7) Request for Review Forms. As of August 10, 2012, the New Orleans office has received:

- 2,395 Proof of Claim Forms;
- 62 (potential) Opt-Outs;
- 744 Data Disclosure Forms

VII. Status of Zone Determination

Under the terms of the Settlement, Zones A and B are defined geographic locations along the Gulf Coast. As of August 9, 2012, the Claims Administrator has provided written responses to 1,725 requests for Zone Determination received by our Class Member Services Call Center,

⁷ CSRs are also cross-trained to perform these activities.

using a sophisticated mapping tool⁸ to determine whether an address is within or outside of the designated zones.⁹

VIII. Status of Gulf Region Health Outreach Program

The Outreach Program has been established in accordance with the Medical Settlement Agreement to expand capacity for and access to high quality, sustainable, community-based healthcare services, including primary care, behavioral and mental health care and environmental medicine, in Gulf Coast communities in Louisiana, Mississippi, Alabama, and the Florida Panhandle.

The following activities have been undertaken in accordance with the Medical Settlement Agreement:

- Pursuant to § IX.G of the Medical Settlement Agreement, the Outreach Program Coordinating Committee has been established, and is comprised of thirteen members and chaired by Dr. Bernard Goldstein;
- The Claims Administrator has entered into and executed a Grant Agreement with each grantee of the Outreach Program in accordance with § IX.C of the Medical Settlement Agreement;
- The grantees of each Outreach Program have each submitted their initial quarterly written report; a project plan in a consistent format outlining their budgets, activities and accomplishments to date, as well as challenges and corrective strategies; and timeline;

⁸ The mapping tool is a hardware and software server-based tool that identifies the geographical coordinates of a particular address using geo-coding. The locator tool places geo-coded locations into the proper zone polygons.

⁹ ZONE A is the geographic areas described in Exhibit 9, and depicted in the map contained in Exhibit 10, of the Medical Settlement Agreement. ZONE B is the geographic areas described in Exhibit 9, and depicted in the map contained in Exhibit 11, of the Medical Settlement Agreement. In the event of a conflict between the written descriptions and the maps of Zones A and B, the written descriptions govern.

- The development of the Outreach Program fund administration protocol has been completed, grant accounts and sub-accounts have been created, and the first distribution of funds (“Distribution One”) was disbursed to each Project within 30 days of the entry of this Court’s Preliminary Approval Order (on May 25, 2012 or May 30, 2012 per Project);¹⁰
- The Outreach Program Coordinating Committee held its first quarterly meeting on June 7, 2012, to initiate the Outreach Program and respective Projects, each Coordinating Committee and Project member, and to discuss activities and collaboration within the program;
- To facilitate collaboration among grantees and the Coordinating Committee, the Claims Administrator has implemented the Outreach Program grantee Extranet, a web portal which includes communication resources, media and press releases, a repository for common assessment instruments, and a repository for common evaluation instruments;
- To facilitate collaboration among grantees and the Coordinating Committee, the Claims Administrator facilitates bi-weekly teleconference calls to review project plans, activities, and collaboration;
- In accordance with § IX.H of the Medical Settlement Agreement, the Claims Administrator has undertaken to create, develop and implement, maintain, and update annually a publicly accessible, text-searchable, indexed, online electronic Outreach Program Library (a public website) comprised of Library Materials, which include but are not limited to documents and electronically stored information that relate to (a) oil, hydrocarbons, and other substances released from the MC252 WELL and/or the *Deepwater Horizon* and its appurtenances, (b)

¹⁰ The total amount of Distribution One was \$4,783,426.00 to the following grantees: Louisiana State University Health and Sciences Center and Dr. Howard J. Osofsky; The University of South Alabama and Dr. Jennifer Langhinrichsen-Rohling; The University of West Florida and Dr. Glenn Rohrer; The University of Southern Mississippi and Dr. Timothy Rehner; The Louisiana Public Health Institute; The Administrators of the Tulane Educational Fund D.B.A. School of Public Health and Tropical Medicine; and The University of South Alabama and Dr. J. Steven Picou.

the dispersants used in the Response Activities, and (c) the Response Activities; and

- The Claims Administrator has undertaken to collect Library Materials from BP, as well as from certain governmental agencies pursuant to request by applicable freedom of information laws. Upon receipt, the Claims Administrator shall publish such Library Materials to the Outreach Program Library.

The following activities will be undertaken in the near term in accordance with the Medical Settlement Agreement:

- The Second Distribution of funds (“Distribution Two”) shall be disbursed to each Project within 90 days of Distribution One (currently scheduled to occur on August 23, 2012);
- Project Leaders and associated project managers shall meet in person on August 14, 2012, to review the creation and implementation of coordinated evaluation and assessment tools for use by each project;
- The Outreach Program Coordinating Committee shall meet in person on October 3, 2012, to conduct its second quarterly meeting in order to receive written status reports, evaluate Project implementation, confirm that benchmarks are being met, and enhance cooperation among Projects;
- The Claims Administrator shall finalize the development of software associated with the Outreach Program Library and implement, maintain, and update annually this public web site;
- The Claims Administrator shall continue to collect Library Materials from BP,¹¹ as well as from certain governmental agencies pursuant to request by applicable freedom of information laws, and upon receipt, the Claims Administrator shall publish such Library Materials to the Outreach Program Library; and
- By May 1, 2013, the Claims Administrator shall conduct its annual financial audit of each of the Gulf Region Health Outreach Projects and report the results of such audits to Medical Benefits Class Counsel and BP.

¹¹ BP will be producing approximately 30,000 documents for the Library in mid-August, with rolling productions to continue.

IX. Status of the Specified Physical Conditions Program

Specified Physical Conditions are acute (short term) or chronic (ongoing) medical conditions that either first appeared or were exacerbated within specified timeframes following exposure to oil and other substances released from the Macondo well and/or the Deepwater Horizon oil rig and its appurtenances (equipment), and/or to dispersants and/or decontaminants used in connection with the Response Activities.

In general, eligible Specified Physical Conditions fall into the following categories:

- Vision conditions and symptoms;
- Upper airway/respiratory conditions and symptoms;
- Ear, nose and throat conditions and symptoms;
- Skin conditions and symptoms;
- Neurophysiological/neurological/odor-related conditions and symptoms;
- Gastrointestinal or stomach conditions and symptoms; and
- Heat-related conditions (Clean-Up Workers only).

The Specified Physical Conditions Matrix, Exhibit 8 to the Medical Settlement Agreement, includes the list of Specified Physical Conditions that are compensable under the settlement, the requisite timeframe between exposure and the appearance or exacerbation of each such condition, and related payment amounts.

The following activities relating to the Specified Physical Conditions program have been undertaken in accordance with the Medical Settlement Agreement:

- Pursuant to § V.C, the Claims Administrator has assigned claim numbers to and provided written notification of Receipt of Proof of Claim Form for 2,234 submitted Proof of Claim Forms (as of August 9, 2012);

- Pursuant to Section XXI.B(3)(b), the Claims Administrator has provided interim written responses to 648 requests for Data Disclosure (as of August 9, 2012);¹²
- Pursuant to Section XXI.A(8)(b), the Claims Administrator created a repository to hold all data submitted on Proof of Claim Forms; and
- The Claims Administrator developed review guides for processing submitted claim forms.

The following activities will be undertaken in the near term in accordance with the Medical Settlement Agreement:

- The Claims Administrator shall finalize all interim Data Disclosure responses;
- The Claims Administrator shall finalize the medical record retrieval process for class members who request that their medical records be obtained by the Claims Administrator; and
- The Claims Administrator shall create a Request for Review committee in accordance with the terms of the Medical Settlement Agreement.¹³

X. Status of the Periodic Medical Consultation Program

The Periodic Medical Consultation Program has been established in accordance with the Medical Settlement Agreement to provide Medical Benefits Class Members with the opportunity to obtain periodic medical consultation visits and establish a physician/patient relationship. The scope of the Periodic Medical Consultation Program per the Medical Settlement Agreement is as follows:

¹² The Claims Administrator created a searchable database housing more than 70,000 documents provided by BP. Upon requests for Data Disclosure, the Claims Administrator searches this large database and informs the requestor of results of the search.

¹³ Under § V.M of the Medical Settlement Agreement, the Medical Benefit Settlements Class Member may request a one-time review by a designated employee of the Claims Administrator whose qualifications shall be agreed upon by Medical Benefits Class Counsel and BP's Counsel, and who shall not be otherwise engaged in the evaluation or determination of any claims under the settlement.

- Medical Benefits Class Members determined by the Claims Administrator to qualify to participate in the Periodic Medical Consultation Program shall be provided the opportunity to obtain the medical consultation visits as set forth in Exhibit 12 of the Medical Settlement Agreement.
- The medical consultation visits and services provided shall be done under the supervision of a licensed medical doctor, and are intended to establish a physician/patient relationship.
- The Periodic Medical Consultation Program shall begin on the Effective Date, and last for 21 years from the Effective Date. Medical Benefit Settlements Class Members qualifying to participate in the Periodic Medical Consultation Program shall be entitled to an initial medical consultation visit and a subsequent visit once every three years thereafter during the term of the Periodic Medical Consultation Program.

The following activities relating to the Periodic Medical Consultation Program have been undertaken in accordance with the Medical Settlement Agreement:

- The Claims Administrator has performed an initial survey of prospective network providers taking into account each provider's location, capabilities to deliver the services under the Periodic Medical Consultation Program, accreditations, and other qualifications as required by § VII of the Medical Settlement Agreement. The survey was focused on the zone areas and other areas with expected high concentrations of Clean-Up Workers and Medical Benefits Settlement Class Members in the Gulf States.
- Completed drafts of the provider application that each prospective provider is required to complete and submit in order to be considered for participation in the Periodic Medical Consultation Program. The provider application requires detailed information on the provider's qualifications, accreditations, services, and affiliations.
- Completed drafts of the provider services agreement, which must be executed by the provider and Claims Administrator, and approved by BP and Class Counsel.

- Established the operating procedures that will be followed to identify, select, contract, and enroll providers.

The following activities will be undertaken in the near term in accordance with the Medical Settlement Agreement:

- The Claims Administrator shall initiate the provider enrollment process by sending applications to providers identified as matches to the program's credentialing and selection criteria.
- The Claims Administrator shall evaluate and select providers for the Periodic Medical Consultation Program. The providers shall then be evaluated by BP and Class Counsel and, if approved, shall become eligible to participate in the Periodic Medical Consultation Program.
- The Claims Administrator shall enroll the providers and confirm that the terms of the Medical Settlement Agreement are fully understood and followed when performing consultations under the Periodic Medical Consultation Program.

XI. Status of the Back-End Litigation Option Process

Under § VIII of the Medical Settlement Agreement, a Medical Benefits Settlement Class Member diagnosed with a Later-Manifested Physical Condition may bring suit against BP under the Back-End Litigation Option by submitting a Notice of Intent Sue and additional required materials referenced to the Claims Administrator. BP has the right to mediate such claims before the filing of a lawsuit.

The following activities relating to the Back-End Litigation Option process have been undertaken in accordance with the Medical Settlement Agreement:

- The Claims Administrator has created an electronic repository to house information from the Notice of Intent to Sue document, as well as the Mediation Information Form once it has been completed.

The following activities will be undertaken in the near term in accordance with the Medical Settlement Agreement:

- The Claims Administrator shall complete the process of selecting mediators.¹⁴

XII. Status on Reporting

Pursuant to § XXI.K of the Medical Settlement Agreement, the Claims Administrator is required to provide reports reflecting settlement status.

As detailed in § VI of this report, the following activities have been undertaken in accordance with the Medical Settlement Agreement:

- Weekly reports on Claims Submission and Opt Outs received have been provided to the parties since Preliminary Approval of the Medical Settlement Agreement by the Court and in accordance with the Medical Settlement Agreement.
- Weekly calls have taken place with both parties to assess the validity and potential class status of purported opt outs.

The following activities will be undertaken in accordance with the SETTLEMENT AGREEMENT:

- Upon occurrence of the Effective Date, the Claims Administrator shall initiate monthly and annual reports pursuant to § XXI.K(2-3) of the Medical Settlement Agreement.

XIII. Status of Medicare Secondary Payer Compliance

The Medical Settlement Agreement requires the Claims Administrator to identify and resolve reimbursement claims or “liens” of governmental health plans, among others, that provided injury-related care to class members who are eligible to receive benefits under the

¹⁴ Under § XXI.J, within 30 days of the Effective Date, the Claims Administrator shall nominate no fewer than 3 individuals to serve as mediators and transmit the names of such individuals to Medical Benefits Class Counsel and BP. Medical Benefits Class Counsel and BP must jointly approve the individuals nominated by the Claims Administrator to serve as mediators. Upon approval by the Medical Benefits Class Counsel and BP, the mediator(s) will be retained.

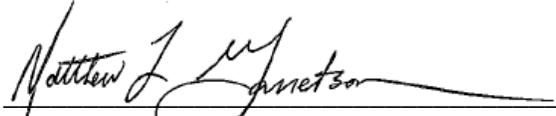
settlement. Specifically, the Claims Administrator is to effectuate a written agreement relating to this issue with the Centers for Medicare and Medicaid Services (“CMS”) prior to the occurrence of the Effective Date.

The Claims Administrator has reached an agreement with the Centers for Medicare and Medicaid Services (“CMS”) regarding procedures to operationally integrate Medicare compliance into the administration of the Medical Benefits Settlement. The agreement with CMS calls for the Claims Administrator to identify which class members are Medicare beneficiaries and to pursue a global resolution to resolve CMS’ Medicare Secondary Payer (“MSP”) Part A & Part B fee-for-service recovery claims for those class members eligible to receive compensation for a “Specified Physical Condition.” The Claims Administrator and CMS will work to agree upon a process and/or global dollar amount that CMS will consider “payment in full.” After this payment is received by CMS and a global repayment agreement is finalized, CMS will consider its recovery claims against the settlements of Medicare beneficiaries included in the global amount to be resolved in full.

Consistent with the Medical Settlement Agreement, prior to the Effective Date, the Claims Administrator will work to define and memorialize in writing all aspects of the agreed upon final process and/or repayment amounts that will serve as payment in full for Medicare’s recovery rights.

The Claims Administrator will continue to update the Court throughout the settlement process.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Matthew L. Garretson", written over a horizontal line.

Matthew L. Garretson, Esq.
Garretson Resolution Group, Inc.
Medical Benefits Settlement Claims Administrator

August 13, 2012