In the United States Court of Federal Claims

OFFICE OF SPECIAL MASTERS

No. [redacted] V
Originally Filed: October 2, 2009
Issued Redacted: October 20, 2009
Not for publication

JOHN DOE/49,	*	
	*	
Petitioner,	*	
	*	
v.	*	Damages Decision Based on Proffer
	*	
SECRETARY OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES,	*	
	*	
Respondent.	*	
	*	

Clifford J. Shoemaker, Vienna, VA, for petitioner.
Catherine E. Reeves, Washington, DC, for respondent.

MILLMAN, Special Master

DECISION AWARDING DAMAGES[1]

On October 1, 2009, respondent filed a Proffer on Award of Compensation. On October 1, 2009, petitioner orally accepted respondent's Proffer. Based upon the record as a whole, the special master finds that petitioner is entitled to an award as stated in the Proffer. Pursuant to the attached Proffer, with Appendix, the court awards petitioner:

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[1] Because this decision contains a reasoned explanation for the special master's action in this case, the special master intends to post this decision on the United States Court of Federal Claims's website, in accordance with the E-Government Act of 2002, Pub. L. No. 107-347, 116 Stat. 2899, 2913 (Dec. 17, 2002). Vaccine Rule 18(b) states that all decisions of the special masters will be made available to the public unless they contain trade secrets or commercial or financial information that is privileged and confidential, or medical or similar information whose disclosure would constitute a clearly unwarranted invasion of privacy. When such a decision is filed, petitioner has 14 days to identify and move to delete such information prior to the document's disclosure. If the special master, upon review, agrees that the identified material fits within the banned categories listed above, the special master shall delete such material from public access. This decision is being redacted because of petitioner's October 16, 2009, motion which was granted.

1. A lump sum payment of **$1,369,644.70**, representing life care expenses for Year One ($209,025.70), lost earnings ($910,619), pain and suffering ($175,000), and past unreimbursable expenses ($75,000) in the form of a check payable to JOHN DOE/49, petitioner;

2. An amount sufficient to purchase an annuity contract, subject to the conditions described in Section II.B.1 and 2 of the attached Proffer.

In the absence of a motion for review filed pursuant to RCFC Appendix B, the clerk of the court is directed to enter judgment herewith.[2]

IT IS SO ORDERED.

Dated: October 2, 2009

/s/ Laura D. Millman
Laura D. Millman
Special Master

[2] Pursuant to Vaccine Rule 11(a), entry of judgment can be expedited by each party's filing a notice renouncing the right to seek review.

IN THE UNITED STATES COURT OF FEDERAL CLAIMS

OFFICE OF SPECIAL MASTERS

[redacted], Petitioner, v. SECRETARY OF HEALTH AND HUMAN SERVICES, Respondent.	No. [redacted] Special Master Millman

RESPONDENT'S PROFFER ON AWARD OF COMPENSATION

I. Items of Compensation

A. Life Care Items

The respondent engaged life care planner Suzanne Labansky, MSN, CRRN, CLCP, MSCC and petitioner engaged life care planner Terry Arnold, RN, to provide an estimation of [redacted]'s future vaccine-injury related medical needs. All items of compensation identified in the life care plan are supported by the evidence, and are illustrated by the chart entitled **Items of Compensation for** [redacted], attached hereto as Appendix A.[1] Respondent proffers that [redacted] should be awarded all items of compensation set forth in the life care plan and illustrated by the chart attached at Appendix A. Petitioner agrees.

B. Lost Earnings

The parties agree that based upon the evidence of record, petitioner has suffered a loss of earnings related to his vaccine injury and that it is unlikely that he will be gainfully employed in the future. Therefore, respondent proffers that [redacted]

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[1] The chart at Appendix A illustrates the annual benefits provided by the life care plan. The annual benefit years run from the date of judgment up to the first anniversary of the date of judgment, and every year thereafter up to the anniversary of the date of judgment.

should be awarded $910,619 in lost earnings as provided under the Vaccine Act, 42 U.S.C. § 300aa-15(a)(3)(A). Petitioner agrees.

C. Pain and Suffering

Respondent proffers that [redacted] should be awarded $175,000.00 in actual and projected pain and suffering. This amount reflects that the award for projected pain and suffering has been reduced to net present value. See 42 U.S.C. § 300aa-15(a)(4). Petitioner agrees.

D. Past Unreimbursable Expenses

Evidence supplied by petitioner documents his expenditure of past unreimbursable expenses related to his vaccine-related injury. Respondent proffers that petitioner should be awarded past unreimbursable expenses in the amount of $75,000. Petitioner agrees.

E. Medicaid Lien

Petitioner represents that there are no Medicaid liens outstanding against him.

II. Form of the Award

The parties recommend that the compensation provided to [redacted] should be made through a combination of a lump sum payment and future annuity payments as described below, and request that the special master's decision and the Court's judgment award the following:

A. A lump sum payment of $1,369,644.70, representing life care expenses for Year One ($209,025.70), lost earnings ($910,619), pain and suffering ($175,000), and past unreimbursable expenses ($75,000) in the form of a check payable to [redacted], petitioner;

B. An amount sufficient to purchase an annuity contract,

subject to the conditions described below, that will provide payments for the life care items contained in the life care plan, as illustrated by the chart at Appendix A attached hereto, paid to the life insurance company[2] from which the annuity will be purchased. Compensation for Year Two (beginning on the first anniversary of the date of judgment) and all subsequent years shall be provided through respondent's purchase of an annuity, which annuity shall make payments directly to petitioner, [redacted], only so long as [redacted] is alive at the time a particular payment is due. At the Secretary's sole discretion, the periodic payments may be provided to petitioner in monthly, quarterly, annual or other installments. The "annual amounts" set forth in the chart at Appendix A describe only the total yearly sum to be paid to petitioner and do not require that the payment be made in one annual installment.

1. Growth Rate

Respondent proffers that a four percent (4%) growth rate should be applied to all life care items. Thus, the benefits illustrated in the chart at Appendix A that are to be paid through annuity payments should grow as follows: four percent

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[2] The Life Insurance Company must have a minimum of $250,000,000 capital and surplus, exclusive of any mandatory security valuation reserve. The Life Insurance Company must have one of the following ratings from two of the following rating organizations:

a. A.M. Best Company: A++, A+, A+g, A+p, A+r, or A+s;

b. Moody's Investor Service Claims Paying Rating: Aa3, Aa2, Aa1, or Aaa;

c. Standard and Poor's Corporation Insurer Claims-Paying Ability Rating: AA-, AA, AA+, or AAA;

d. Fitch Credit Rating Company, Insurance Company Claims Paying Ability Rating: AA-, AA, AA+, or AAA.

(4%) compounded annually from the date of judgment. Petitioner agrees.

2. Life-contingent annuity

Petitioner will continue to receive the annuity payments from the Life Insurance Company only so long as he, [redacted], is alive at the time that a particular payment is due. Petitioner agrees to make arrangements to ensure that written notice is provided to the Secretary of Health and Human Services and the Life Insurance Company within twenty (20) days of [redacted] death.

3. Guardianship

Petitioner is a competent adult. Evidence of guardianship is not required in this case.

III. Summary of Recommended Payments Following Judgment

A. Lump Sum paid to petitioner: $1,369,644.70

B. An amount sufficient to purchase the annuity contract described above in section II. B.

Respectfully submitted,

TONY WEST
Assistant Attorney General

TIMOTHY P. GARREN
Director
Torts Branch, Civil Division

MARK W. ROGERS
Deputy Director
Torts Branch, Civil Division

S/Catharine E. Reeves
CATHARINE E. REEVES
Assistant Director
Torts Branch, Civil Division
U.S. Department of Justice
P.O. Box 146
Benjamin Franklin Station
Washington, D.C. 20044-0146
(202) 307-1400

Dated: October 1, 2009

APPENDIX A

ITEMS OF COMPENSATION

[redacted], D.O.B. 03/13/1947

NO. [redacted]

NO.	ITEM	GROWTH RATE	PAID IN CASH 2009	2010	2011	2012	2013	2014
	INSURANCE							
1	HEALTH INSURANCE (PREMIUM, DEDUCTIBLE & MAX OOP)	4%	10,343.88	10,343.88	10,343.88	0.00	0.00	0.00
2	MEDICARE PART B	4%				0.00	0.00	0.00
3	MEDIGAP C POLICY WITH SECURE HORIZONS	4%				1,755.00	1,755.00	1,755.00
4	MEDICARE PART D (PREMIUM & DRUG COSTS)	4%				6,253.00	6,253.00	6,253.00
	MEDICAL CARE							
5	NEUROLOGIST	4%	87.50	87.50	87.50	0.00	0.00	0.00
6	RHEUMATOLOGIST	4%	87.50	87.50	87.50	0.00	0.00	0.00
7	RHEUMATOLOGIST MILEAGE	4%	121.50	121.50	121.50	0.00	0.00	0.00
8	PM&R	4%	35.00	35.00	35.00	0.00	0.00	0.00
9	FAMILY PHYSICIAN	4%	210.00	210.00	210.00	0.00	0.00	0.00
10	CHIROPRACTOR	4%	12,000.00	10,560.00	10,560.00	5,280.00	5,280.00	5,280.00
11	ACUPUNTURE	4%	6,250.00	6,250.00	6,250.00	4,687.50	4,687.50	4,687.50
12	PSYCHIATRIST	4%	280.00	140.00	140.00	0.00	0.00	0.00
13	OPHTHALMOLOGIST	4%	35.00	35.00	35.00	0.00	0.00	0.00
14	GASTROENTEROLOGIST	4%	140.00	140.00	140.00	0.00	0.00	0.00
15	COMPLETE BLOOD COUNT	4%	0.00	0.00	0.00	0.00	0.00	0.00
16	LIVER FUNCTION TEST LTF	4%	0.00	0.00	0.00	0.00	0.00	0.00
17	IRON PANEL	4%	0.00	0.00	0.00	0.00	0.00	0.00
18	CMP	4%	0.00	0.00	0.00	0.00	0.00	0.00
19	MRI OF THE BRAIN	4%	0.00	0.00	0.00	0.00	0.00	0.00
20	CT SCAN OF THE BRAIN	4%	0.00	0.00	0.00	0.00	0.00	0.00
21	DENTIST	4%	158.00	158.00	158.00	158.00	158.00	158.00
22	PHLEBOTOMY	4%	0.00	0.00	0.00	0.00	0.00	0.00
23	PLASMAPHERISIS	4%	0.00	0.00	0.00	0.00	0.00	0.00
24	IVIGG	4%	7,392.00	7,392.00	7,392.00	7,392.00	7,392.00	7,392.00
25	INPATIENT TREATMENT FOR COMPLICATIONS	4%	0.00	0.00	0.00	0.00	0.00	0.00

The items of compensation are illustrated annually, but may be paid on a monthly, quarterly, semi-annual, annual or other periodic basis.

ITEMS OF COMPENSATION

[redacted], D.O.B. 03/13/1947

NO. [redacted]

NO.	ITEM	GROWTH RATE	PAID IN CASH 2009	2010	2011	2012	2013	2014
	THERAPY							
26	PHYSICAL THERAPY EVALUATION	4%	35.00	35.00	35.00	0.00	0.00	0.00
27	OCCUPATIONAL EVALUATION	4%	35.00	35.00	35.00	0.00	0.00	0.00
28	OCCUPATIONAL THERAPY	4%	140.00	140.00	140.00	0.00	0.00	0.00
29	GYM MEMBERSHIP/ POOL	4%	350.00	350.00	350.00	350.00	350.00	350.00
	MEDICATIONS							
30	M/S PUMP INCLUSIONS		0.00	0.00	0.00	0.00	0.00	0.00
31	ENBREL 50MG	4%	440.00	440.00	440.00	0.00	0.00	0.00
32	TEMAXEPAM 15MG	4%	160.00	160.00	160.00	0.00	0.00	0.00
33	OXYCONTIN 15MG	4%	160.00	160.00	160.00	0.00	0.00	0.00
34	MAXALT MLT 10MG	4%	280.00	280.00	280.00	0.00	0.00	0.00
35	PROAIRE, RESCUE INHALER	4%	280.00	280.00	280.00	0.00	0.00	0.00
36	INDERAL 60MG	4%	160.00	160.00	160.00	0.00	0.00	0.00
37	MODAFINIL 200MG	4%	440.00	440.00	440.00	0.00	0.00	0.00
	EQUIPMENT/ADAPTIVE AIDES/SUPPLIES							
38	ROLLING WALKER WITH BENCH	4%	175.00	0.00	0.00	0.00	0.00	0.00
39	REHAB SHOWER COMMODE CHAIR	4%	120.00	24.00	24.00	24.00	24.00	24.00
40	ADJUSTABLE BED	4%	2,500.00	166.67	166.67	166.67	166.67	166.67
41	TILT-TOP OVERBED TABLE	4%	139.00	13.90	13.90	13.90	13.90	13.90
42	HOYER LIFT	4%	0.00	0.00	0.00	0.00	0.00	0.00
43	SLING FOR LIFT	4%	0.00	0.00	0.00	0.00	0.00	0.00
44	TRANSFER BOARD	4%						
45	SHIPPING HANDLING & MAINTENANCE ON EQUIPMENT	4%	150.00	150.00	150.00	150.00	150.00	150.00
46	SUPPLIES	4%	1,284.33	1,284.33	1,284.33	1,284.33	1,284.33	1,284.33
47	PERSONAL HYGIENE & DRESSING	4%	250.00	125.00	125.00	125.00	125.00	125.00
48	KITCHEN & EATING AIDS	4%	0.00	0.00	0.00	0.00	0.00	0.00
49	ROCKING T KNIFE	4%	0.00	0.00	0.00	0.00	0.00	0.00

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ITEMS OF COMPENSATION

[redacted] D.O.B. 03/13/1947

NO. [redacted]

NO.	ITEM	GROWTH RATE	PAID IN CASH 2009	2010	2011	2012	2013	2014
50	REUSABLE DRINKING STRAWS	4%	22.00	22.00	22.00	22.00	22.00	22.00
51	SCISSORS	4%	30.00					
52	UTENSIL HOLDERS	4%	30.00					
53	SCOOPER BOWL	4%	88.00	8.80	8.80	8.80	8.80	8.80
54	HIGH SIDED DISH	4%				65.00	13.00	13.00
55	TELEMERGENCY DEVICE	4%	135.00	27.00	27.00	27.00	27.00	27.00
56	REACHERS	4%	47.00	9.40	9.40	9.40	9.40	9.40
57	EXPERT MOUSE	4%	94.99	9.50	9.50	9.50	9.50	9.50
58	WANCHICK LONG WRITER	4%			44.00	22.00	22.00	22.00
59	ADJUSTABLE BOOK HOLDER	4%			38.00	3.80	3.80	3.80
60	PAGE TURNER/KEYBOARD AID	4%			36.00	3.60	3.60	3.60
61	HOLE IN ONE KEY HOLDER	4%			13.00	2.60	2.60	2.60
62	ASSISTIVE TECHNOLOGY EVALUATION	4%	0.00	0.00	0.00	0.00	0.00	0.00
63	ENVIRONMENTAL CONTROL	4%	0.00	0.00	0.00	0.00	0.00	0.00
	WHEELCHAIR							
64	HEAVY DUTY SCOOTER		3,800.00					
65	BATTERIES	4%	275.00	275.00	0.00	0.00	0.00	0.00
66	JAY 2 CUSHION	4%	240.00	0.00	0.00	0.00	0.00	0.00
67	MAINTENANCE (ANNUALLY)	4%	380.00	380.00	0.00	0.00	0.00	0.00
68	OMEGA TRAC POWER WHEELCHAIR IN 2011	4%	0.00	0.00	0.00	0.00	0.00	0.00
69	BATTERIES	4%	0.00	0.00	0.00	0.00	0.00	0.00
70	MAINTENANCE (ANNUALLY)	4%	0.00	0.00	0.00	0.00	0.00	0.00
71	PORTABLE WHEELCHAIR RAMP	4%	265.00	26.50	26.50	26.50	26.50	26.50
72	CASE MANAGEMENT	4%	2,280.00	2,280.00	2,280.00	2,280.00	2,280.00	2,280.00
73	PSYCHOLOGICAL COUNSELING	4%	3,325.00	420.00	420.00	0.00	0.00	0.00
74	MILEAGE	4%	0.00	0.00	0.00	0.00	0.00	0.00

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ITEMS OF COMPENSATION

[redacted], D.O.B. 03/13/1947

NO. [redacted]

NO.	ITEM	GROWTH RATE	PAID IN CASH 2009	2010	2011	2012	2013	2014
	HOUSING							
75	HANDICAP ACCESSIBLE HOME	4%	50,000.00					
76	MOVING EXPENSES	4%	0.00					
	TRANSPORTATION							
77	CHYSLER TOWN & COUNTRY MINIVAN	4%	54,000.00	4,320.00	4,320.00	4,320.00	4,320.00	4,320.00
78	MAINTENANCE FOR LIFT	4%	500.00	500.00	500.00	500.00	500.00	500.00
79	CELLULAR PHONE SERVICE	4%	0.00	0.00	0.00	0.00	0.00	0.00
80	ROADSIDE ASSISTANCE PROGRAM	4%	0.00	0.00	0.00	0.00	0.00	0.00
81	HOME SECURITY AND FIRE SYSTEM	4%	0.00	0.00	0.00	0.00	0.00	0.00
82	HOUSEKEEPER	4%	0.00	0.00	0.00	0.00	0.00	0.00
	ATTENDANT/NURSING CARE							
83	ATTENDANT CARE: NON-SKILLED AND SKILLED CARE	4%	49,275.00	49,275.00	71,175.00	71,175.00	93,075.00	93,075.00
	SUBTOTAL - 1ST YEAR EXPENSES		**209,025.70**					
84	**PAST UNREIMBURSED EXPENSES**		**75,000.00**					
85	**PAIN & SUFFERING**		**175,000.00**					
86	**LOST WAGES**		**910,619.00**					
	TOTALS:		1,369,644.70	97,357.48	118,733.48	106,114.60	127,962.60	127,962.60

The items of compensation are illustrated annually, but may be paid on a monthly, quarterly, semi-annual, annual or other periodic basis.

ITEMS OF COMPENSATION

[redacted], D.O.B. 03/13/1947

NO. [redacted]

NO.	ITEM	GROWTH RATE	2015	2016	2017	2018	2019	2020	2021 LIFE
	INSURANCE								
1	HEALTH INSURANCE (PREMIUM, DEDUCTIBLE & MAX OOP)	4%	0.00	0.00	0.00	0.00	0.00	0.00	
2	MEDICARE PART B	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3	MEDIGAP C POLICY WITH SECURE HORIZONS	4%	1,755.00	1,755.00	1,755.00	1,755.00	1,755.00	1,755.00	1,755.00
4	MEDICARE PART D (PREMIUM & DRUG COSTS)	4%	6,253.00	6,253.00	6,253.00	6,253.00	6,253.00	6,253.00	6,253.00
	MEDICAL CARE								
5	NEUROLOGIST	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
6	RHEUMATOLOGIST	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
7	RHEUMATOLOGIST MILEAGE	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
8	PM&R	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
9	FAMILY PHYSICIAN	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10	CHIROPRACTOR	4%	5,280.00	5,280.00	5,280.00	5,280.00	5,280.00	5,280.00	5,280.00
11	ACUPUNTURE	4%	4,687.50	4,687.50	4,687.50	4,687.50	4,687.50	4,687.50	4,687.50
12	PSYCHIATRIST	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
13	OPHTHALMOLOGIST	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
14	GASTROENTEROLOGIST	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
15	COMPLETE BLOOD COUNT	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
16	LIVER FUNCTION TEST LTF	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
17	IRON PANEL	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
18	CMP	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
19	MRI OF THE BRAIN	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
20	CT SCAN OF THE BRAIN	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
21	DENTIST	4%	158.00	158.00	158.00	158.00	158.00	158.00	158.00
22	PHLEBOTOMY	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
23	PLASMAPHERISIS	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
24	IVIGG	4%	7,392.00	7,392.00	7,392.00	7,392.00	7,392.00	7,392.00	7,392.00
25	INPATIENT TREATMENT FOR COMPLICATIONS	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00

The items of compensation are illustrated annually, but may be paid on a monthly, quarterly, semi-annual, annual or other periodic basis.

ITEMS OF COMPENSATION

[redacted], D.O.B. 03/13/1947

NO. [redacted]

NO.	ITEM	GROWTH RATE	2015	2016	2017	2018	2019	2020	2021 LIFE
	THERAPY								
26	PHYSICAL THERAPY EVALUATION	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
27	OCCUPATIONAL EVALUATION	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
28	OCCUPATIONAL THERAPY	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
29	GYM MEMBERSHIP/ POOL	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	MEDICATIONS								
30	M/S PUMP INCLUSIONS		0.00	0.00	0.00	0.00	0.00	0.00	0.00
31	ENBREL 50MG	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
32	TEMAXEPAM 15MG	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
33	OXYCONTIN 15MG	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
34	MAXALT MLT 10MG	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
35	PROAIRE, RESCUE INHALER	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
36	INDERAL 60MG	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
37	MODAFINIL 200MG	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	EQUIPMENT/ADAPTIVE AIDES/SUPPLIES								
38	ROLLING WALKER WITH BENCH	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
39	REHAB SHOWER COMMODE CHAIR	4%	24.00	24.00	24.00	24.00	24.00	24.00	24.00
40	ADJUSTABLE BED	4%	166.67	166.67	166.67	166.67	166.67	166.67	166.67
41	TILT-TOP OVERBED TABLE	4%	13.90	13.90	13.90	13.90	13.90	13.90	13.90
42	HOYER LIFT	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
43	SLING FOR LIFT	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
44	TRANSFER BOARD	4%	65.00	6.50	6.50	6.50	6.50	6.50	6.50
45	SHIPPING HANDLING & MAINTENANCE ON EQUIPMENT	4%	150.00	150.00	150.00	150.00	150.00	150.00	150.00
46	SUPPLIES	4%	1,284.33	1,284.33	1,284.33	1,284.33	1,284.33	1,284.33	1,284.33
47	PERSONAL HYGIENE & DRESSING	4%	125.00	125.00	0.00	0.00	0.00	0.00	0.00
48	KITCHEN & EATING AIDS	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
49	ROCKING T KNIFE	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00

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ITEMS OF COMPENSATION
[redacted], D.O.B. 03/13/1947
NO. [redacted]

NO.	ITEM	GROWTH RATE	2015	2016	2017	2018	2019	2020	2021 LIFE
50	REUSABLE DRINKING STRAWS	4%	22.00	22.00	0.00	0.00	0.00	0.00	0.00
51	SCISSORS	4%		30.00	0.00	0.00	0.00	0.00	0.00
52	UTENSIL HOLDERS	4%		30.00	0.00	0.00	0.00	0.00	0.00
53	SCOOPER BOWL	4%	8.80	8.80	8.80	8.80	8.80	8.80	8.80
54	HIGH SIDED DISH	4%	13.00	13.00	13.00	13.00	13.00	13.00	13.00
55	TELEMERGENCY DEVICE	4%	27.00	27.00	27.00	27.00	27.00	27.00	27.00
56	REACHERS	4%	9.40	9.40	9.40	9.40	9.40	9.40	9.40
57	EXPERT MOUSE	4%	9.50	9.50	9.50	9.50	9.50	9.50	9.50
58	WANCHICK LONG WRITER	4%	22.00	22.00	22.00	22.00	22.00	22.00	22.00
59	ADJUSTABLE BOOK HOLDER	4%	3.80	3.80	3.80	3.80	3.80	3.80	3.80
60	PAGE TURNER/KEYBOARD AID	4%	3.60	3.60	3.60	3.60	3.60	3.60	3.60
61	HOLE IN ONE KEY HOLDER	4%	2.60	2.60	2.60	2.60	2.60	2.60	2.60
62	ASSISTIVE TECHNOLOGY EVALUATION	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
63	ENVIRONMENTAL CONTROL	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	WHEELCHAIR								
64	HEAVY DUTY SCOOTER								
65	BATTERIES	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
66	JAY 2 CUSHION	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
67	MAINTENANCE (ANNUALLY)	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
68	OMEGA TRAC POWER WHEELCHAIR IN 2011	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
69	BATTERIES	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
70	MAINTENANCE (ANNUALLY)	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
71	PORTABLE WHEELCHAIR RAMP	4%	26.50	26.50	26.50	26.50	26.50	26.50	26.50
72	CASE MANAGEMENT	4%	2,280.00	2,280.00	2,280.00	2,280.00	2,280.00	2,280.00	2,280.00
73	PSYCHOLOGICAL COUNSELING	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
74	MILEAGE	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00

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ITEMS OF COMPENSATION
[redacted] D.O.B. 03/13/1947
NO. [redacted]

NO.	ITEM	GROWTH RATE	2015	2016	2017	2018	2019	2020	2021 LIFE
	HOUSING								
75	HANDICAP ACCESSIBLE HOME	4%							
76	MOVING EXPENSES	4%							
	TRANSPORTATION								
77	CHYSLER TOWN & COUNTRY MINIVAN	4%	4,320.00	4,320.00	4,320.00	4,320.00	4,320.00	4,320.00	4,320.00
78	MAINTENANCE FOR LIFT	4%	500.00	500.00	500.00	500.00	500.00	500.00	500.00
79	CELLULAR PHONE SERVICE	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
80	ROADSIDE ASSISTANCE PROGRAM	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
81	HOME SECURITY AND FIRE SYSTEM	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
82	HOUSEKEEPER	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	ATTENDANT/NURSING CARE								
83	ATTENDANT CARE: NON-SKILLED AND SKILLED CARE	4%	114,975.00	114,975.00	143,115.00	143,115.00	143,115.00	143,115.00	143,115.00
	SUBTOTAL - 1ST YEAR EXPENSES								
84	**PAST UNREIMBURSED EXPENSES**								
85	**PAIN & SUFFERING**								
86	**LOST WAGES**								
	TOTALS:		149,577.60	149,579.10	177,512.10	177,512.10	177,512.10	177,512.10	177,512.10

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