

IN THE UNITED STATES COURT OF FEDERAL CLAIMS

OFFICE OF SPECIAL MASTERS

STACEY HEINZELMAN, *

Petitioner, *

v. *

SECRETARY OF HEALTH AND HUMAN SERVICES, *

Respondent. *

No. 07-01V
Special Master Christian J. Moran

Filed: December 7, 2010

Damages; decision based on proffer; flu vaccine; Guillain-Barré syndrome; lump sum payment; annuity contract

Richard Gage, Esq., Richard Gage, PC, Cheyenne, WY, for Petitioner;
Ryan D. Pyles, Esq., U.S. Department of Justice, Washington, DC, for Respondent.

UNPUBLISHED DECISION AWARDING DAMAGES*

On January 3, 2007, Stacey Heinzelman filed a petition seeking compensation under the National Vaccine Injury Compensation Program, 42 U.S.C. §§ 300aa-1 et seq., alleging that the flu vaccine caused her to develop Guillain-Barré syndrome. In a decision dated December 11, 2008, the undersigned held that Ms. Heinzelman was entitled to compensation.

On December 6, 2010, respondent filed a Proffer on Award of Compensation, which petitioner agrees to. Based upon the record as a whole, the special master finds the proffer reasonable and that petitioner is entitled to an award as stated in the Proffer. Pursuant to the attached Proffer, attached as Appendix A, the court awards petitioner:

* Because this published decision contains a reasoned explanation for the special master's action in this case, the special master intends to post it 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 clearly be an unwarranted invasion of privacy. When such a decision or designated substantive order is filed, petitioner has 14 days to identify and to move to delete such information before 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.

- 1. A lump sum payment of \$1,133,046.08, (representing compensation for lost past and future earnings (\$900,000.00), pain and suffering (\$150,000.00), past unreimbursable expenses (\$26,128.88), and life care expenses for Year One (\$56,917.20), in the form of a check payable to petitioner; and**
- 2. An amount sufficient to purchase an annuity contract, subject to the conditions described in the attached proffer, that will provide payments for the life care items contained in the life care plan, as illustrated by the chart, attached as Appendix B, paid to the life insurance company from which the annuity will be purchased.**

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.

Any questions may be directed to my law clerk, Jennifer C. Chapman, at (202) 357-6358.

IT IS SO ORDERED.

S/ Christian J. Moran

Christian J. Moran
Special Master

**IN THE UNITED STATES COURT OF FEDERAL CLAIMS
OFFICE OF SPECIAL MASTERS**

_____)	
STACEY HEINZELMAN,)	
)	
Petitioner,)	
)	
v.)	No. 07-01V
)	Special Master Christian J. Moran
SECRETARY OF HEALTH)	
AND HUMAN SERVICES,)	
)	
Respondent.)	
_____)	

RESPONDENT’S PROFFER ON AWARD OF COMPENSATION

I. Items of Compensation

A. Life Care Items

The parties engaged life care planners to provide an estimation of Stacey Heinzelman’s future alleged vaccine-injury related needs, and the parties’ planners came to a joint consensus regarding appropriate items of care. All items of compensation identified in the joint life care plan, filed on September 16, 2010, as Respondent’s Exhibit S, are supported by the evidence, and are illustrated by the chart entitled Items of Compensation for Stacey L. Heinzelman, attached hereto as Tab A. Respondent proffers that Stacey Heinzelman should be awarded all items of compensation set forth in the joint life care plan and illustrated by the chart attached at Tab A. Petitioner agrees.

B. Lost Future Earnings

The parties agree that based upon the evidence of record, Stacey Heinzelman will never again be gainfully employed. Therefore, respondent proffers that Stacey Heinzelman should be awarded lost past and future earnings as provided under the Vaccine Act, 42 U.S.C. § 300aa-15(a)(3)(A). Respondent proffers that the appropriate award for Stacey Heinzelman’s lost past and future earnings is \$900,000.00. This amount reflects that the award for lost future earnings has been reduced to net present value. Petitioner agrees.

The proffer of lost wages does not reflect an offset for Social Security Disability Insurance benefits. Respondent maintains her position that such an offset is required under the Vaccine Act. However, the Special Master ruled otherwise in a decision dated May 18, 2010. Accordingly, the proffer for lost wages was determined in accordance with the Special Master's decision made over the objection of respondent.

C. Pain and Suffering

Respondent proffers that Stacey Heinzelman should be awarded \$150,000.00 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 her expenditure of past unreimbursable expenses related to her vaccine-related injury. Respondent proffers that petitioner should be awarded past unreimbursable expenses in the amount of \$26,128.88. Petitioner agrees.

E. Medicaid Lien

To the best of respondent's knowledge and upon on the representation of petitioner, petitioner has never received Medicaid benefits. Accordingly, there is no Medicaid lien.

F. Attorneys' Fees and Costs

Petitioner was awarded interim attorneys' fees and costs by judgment entered on October 29, 2009. This proffer does not address final attorneys' fees and costs. Petitioner is entitled to reasonable final attorneys' fees and costs, to be determined at a later date upon petitioner filing substantiating documentation.

II. Form of the Award

The parties recommend that the compensation provided to Stacey Heinzelman should be made through a combination of lump sum payments and future annuity payments as described below, and request that the Special Master's decision and the Court's judgment award the

following for all compensation available under 42 U.S.C. § 300aa-15(a):

A. A lump sum payment of **\$1,133,046.08**, (representing compensation for lost past and future earnings (\$900,000.00), pain and suffering (\$150,000.00), past unreimbursable expenses (\$26,128.88), and life care expenses for Year One (56,917.20)), in the form of a check payable to petitioner; and

B. An amount sufficient to purchase an annuity contract,¹ 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 Tab A attached hereto, paid to the life insurance company from which the annuity will be purchased.² 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 Stacey Heinzelman, only so long as Ms. Heinzelman 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 Tab 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 To satisfy the conditions set forth herein, in respondent's discretion, respondent may purchase one or more annuity contracts from one or more life insurance companies.

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.

1. Growth Rate

Respondent proffers that a four percent (4%) growth rate should be applied to all non-medical life care items, and a five percent (5%) growth rate should be applied to all medical life care items. Thus, the benefits illustrated in the chart at Tab A that are to be paid through annuity payments should grow as follows: four percent (4%) compounded annually from the date of judgment for non-medical items, and five percent (5%) compounded annually from the date of judgment for medical items.

2. Life-contingent annuity

Petitioner will continue to receive the annuity payments from the Life Insurance Company only so long as petitioner is alive at the time that a particular payment is due. Petitioner's estate shall provide written notice to the Secretary of Health and Human Services and the Life Insurance Company within twenty (20) days of Ms. Heinzelman's death.

3. Guardianship Issues

Petitioner is a legally competent adult, and aforementioned payments will be made directly to petitioner.

III. Summary of Recommended Payments Following Judgment

- | | | |
|----|---|-----------------------|
| A. | Lump sum paid to petitioner: | \$1,133,046.08 |
| B. | Reasonable final attorneys' fees and costs: | TBD |
| C. | 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

CATHARINE E. REEVES
Assistant Director
Torts Branch, Civil Division

s/ RYAN D. PYLES
RYAN D. PYLES
Trial Attorney
Torts Branch, Civil Division
U.S. Department of Justice
P.O. Box 146
Benjamin Franklin Station
Washington, D.C. 20044-0146
Tel: (202) 616-9847

DATED: December 6, 2010

Attachment A to Proffer

Heinzelman v. HHS, No. 07-01



**ITEMS OF COMPENSATION FOR
STACEY L. HEINZELMAN
D.O.B. 05/23/1971, NO. 07-01V**

NO.	ITEM	GROWTH RATE	PAID IN CASH		
			2010	2011	2012
<u>INSURANCE</u>					
1	WISCONSIN HEALTH INSURANCE RISK SHARING PLAN - PREMIUM	5%	6,984.00	8,088.00	
2	MEDICARE- PART B	5%			1,326.00
3	MEDIGAP L	5%			1,104.00
4	MEDICARE/MEDIGAP and PART D	5%			4,070.40
<u>MEDICAL CARE</u>					
5	NEUROLOGIST	5%	86.00	86.00	155.00
6	PAIN MANAGEMENT SPECIALIST	5%	1,000.00	1,000.00	0.00
7	RHEUMATOLOGY/DERMATOLOGY/OTHER SPECIALIST	5%	50.00	50.00	0.00
8	SPECIALTY PAIN CLINIC EVALUATION & TREATMENT		20,225.00		
9	SLEEP STUDY		800.00		
10	LABORATORY TESTING	5%	27.20	27.20	0.00
<u>MEDICATIONS</u>					
11	BACLOFEN	5%	120.00	120.00	0.00
12	FENTANYL 50MCG AND FENTANYL 100MCG	5%	720.00	720.00	0.00
13	OXYCODONE	5%	120.00	120.00	0.00
14	AMBIEN	5%	480.00	480.00	0.00
15	DIAZEPAM	5%	120.00	120.00	0.00
16	TEMAZEPAM	5%	120.00	120.00	0.00
<u>ATTENDANT CARE</u>					
17	PERSONAL CARE ASSISTANCE / TRANSPORTATION ASSISTANCE	4%	19,500.00	19,500.00	19,500.00
<u>CASE MANAGEMENT</u>					
18	INDEPENDENT CASE MANAGEMENT/SOCIAL WORK SERVICES	4%	2,125.00	1,020.00	1,020.00
<u>PSYCHOLOGICAL SERVICES</u>					
19	PSYCHOLOGIST	4%	360.00	360.00	0.00
<u>REHABILITATION</u>					
20	OCCUPATIONAL THERAPY/PHYSICAL THERAPY	4%	80.00	80.00	0.00
<u>EQUIPMENT</u>					
21	HAND HELD SHOWER	4%			
22	GRAB BARS	4%			
23	SCOOTER/LIFT/RAMP	4%	4,000.00	571.43	571.43
SUBTOTAL - 1ST YEAR EXPENSES			56,917.20		
24	PAST UNREIMBURSED EXPENSES		26,128.88		
25	PAIN & SUFFERING		150,000.00		
26	LOST WAGES		900,000.00		
TOTALS:			1,133,046.08	32,462.63	27,746.83

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 FOR
STACEY L. HEINZELMAN
D.O.B. 05/23/1971, NO. 07-01V**

NO.	ITEM	GROWTH RATE	2013	2014 2016	2017 2018
<u>INSURANCE</u>					
1	WISCONSIN HEALTH INSURANCE RISK SHARING PLAN - PREMIUM	5%			
2	MEDICARE- PART B	5%	1,326.00	1,326.00	1,326.00
3	MEDIGAP L	5%	1,104.00	1,104.00	1,104.00
4	MEDICARE/MEDIGAP and PART D	5%	4,070.40	4,070.40	4,070.40
<u>MEDICAL CARE</u>					
5	NEUROLOGIST	5%	155.00	155.00	155.00
6	PAIN MANAGEMENT SPECIALIST	5%	0.00	0.00	0.00
7	RHEUMATOLOGY/DERMATOLOGY/OTHER SPECIALIST	5%	0.00	0.00	0.00
8	SPECIALTY PAIN CLINIC EVALUATION & TREATMENT				
9	SLEEP STUDY				
10	LABORATORY TESTING	5%	0.00	0.00	0.00
<u>MEDICATIONS</u>					
11	BACLOFEN	5%	0.00	0.00	0.00
12	FENTANYL 50MCG AND FENTANYL 100MCG	5%	0.00	0.00	0.00
13	OXYCODONE	5%	0.00	0.00	0.00
14	AMBIEN	5%	0.00	0.00	0.00
15	DIAZEPAM	5%	0.00	0.00	0.00
16	TEMAZEPAM	5%	0.00	0.00	0.00
<u>ATTENDANT CARE</u>					
17	PERSONAL CARE ASSISTANCE / TRANSPORTATION ASSISTANCE	4%	19,500.00	19,500.00	19,500.00
<u>CASE MANAGEMENT</u>					
18	INDEPENDENT CASE MANAGEMENT/SOCIAL WORK SERVICES	4%	1,020.00	1,020.00	1,020.00
<u>PSYCHOLOGICAL SERVICES</u>					
19	PSYCHOLOGIST	4%	0.00	0.00	0.00
<u>REHABILITATION</u>					
20	OCCUPATIONAL THERAPY/PHYSICAL THERAPY	4%	0.00	0.00	0.00
<u>EQUIPMENT</u>					
21	HAND HELD SHOWER	4%			
22	GRAB BARS	4%			
23	SCOOTER/LIFT/RAMP	4%	571.43	571.43	571.43
SUBTOTAL - 1ST YEAR EXPENSES					
24	PAST UNREIMBURSED EXPENSES				
25	PAIN & SUFFERING				
26	LOST WAGES				
TOTALS:			27,746.83	27,746.83	27,746.83

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 FOR
STACEY L. HEINZELMAN
D.O.B. 05/23/1971, NO. 07-01V**

NO.	ITEM	GROWTH RATE	2019	2020	2021 2022
<u>INSURANCE</u>					
1	WISCONSIN HEALTH INSURANCE RISK SHARING PLAN - PREMIUM	5%			
2	MEDICARE- PART B	5%	1,326.00	1,326.00	1,326.00
3	MEDIGAP L	5%	1,104.00	1,104.00	1,104.00
4	MEDICARE/MEDIGAP and PART D	5%	4,070.40	4,070.40	4,070.40
<u>MEDICAL CARE</u>					
5	NEUROLOGIST	5%	155.00	155.00	155.00
6	PAIN MANAGEMENT SPECIALIST	5%	0.00	0.00	0.00
7	RHEUMATOLOGY/DERMATOLOGY/OTHER SPECIALIST	5%	0.00	0.00	0.00
8	SPECIALTY PAIN CLINIC EVALUATION & TREATMENT				
9	SLEEP STUDY				
10	LABORATORY TESTING	5%	0.00	0.00	0.00
<u>MEDICATIONS</u>					
11	BACLOFEN	5%	0.00	0.00	0.00
12	FENTANYL 50MCG AND FENTANYL 100MCG	5%	0.00	0.00	0.00
13	OXYCODONE	5%	0.00	0.00	0.00
14	AMBIEN	5%	0.00	0.00	0.00
15	DIAZEPAM	5%	0.00	0.00	0.00
16	TEMAZEPAM	5%	0.00	0.00	0.00
<u>ATTENDANT CARE</u>					
17	PERSONAL CARE ASSISTANCE / TRANSPORTATION ASSISTANCE	4%	19,500.00	19,500.00	19,500.00
<u>CASE MANAGEMENT</u>					
18	INDEPENDENT CASE MANAGEMENT/SOCIAL WORK SERVICES	4%	1,020.00	1,020.00	1,020.00
<u>PSYCHOLOGICAL SERVICES</u>					
19	PSYCHOLOGIST	4%	0.00	0.00	0.00
<u>REHABILITATION</u>					
20	OCCUPATIONAL THERAPY/PHYSICAL THERAPY	4%	0.00	0.00	0.00
<u>EQUIPMENT</u>					
21	HAND HELD SHOWER	4%	50.00	5.00	5.00
22	GRAB BARS	4%	125.00	12.50	12.50
23	SCOOTER/LIFT/RAMP	4%	571.43	571.43	571.43
SUBTOTAL - 1ST YEAR EXPENSES					
24	PAST UNREIMBURSED EXPENSES				
25	PAIN & SUFFERING				
26	LOST WAGES				
TOTALS:			27,921.83	27,764.33	27,764.33

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**ITEMS OF COMPENSATION FOR
STACEY L. HEINZELMAN
D.O.B. 05/23/1971, NO. 07-01V**

NO.	ITEM	GROWTH RATE	2023	2024 2025	2026
<u>INSURANCE</u>					
1	WISCONSIN HEALTH INSURANCE RISK SHARING PLAN - PREMIUM	5%			
2	MEDICARE- PART B	5%	1,326.00	1,326.00	1,326.00
3	MEDIGAP L	5%	1,104.00	1,104.00	1,104.00
4	MEDICARE/MEDIGAP and PART D	5%	4,070.40	4,070.40	4,070.40
<u>MEDICAL CARE</u>					
5	NEUROLOGIST	5%	155.00	155.00	155.00
6	PAIN MANAGEMENT SPECIALIST	5%	0.00	0.00	0.00
7	RHEUMATOLOGY/DERMATOLOGY/OTHER SPECIALIST	5%	0.00	0.00	0.00
8	SPECIALTY PAIN CLINIC EVALUATION & TREATMENT				
9	SLEEP STUDY				
10	LABORATORY TESTING	5%	0.00	0.00	0.00
<u>MEDICATIONS</u>					
11	BACLOFEN	5%	0.00	0.00	0.00
12	FENTANYL 50MCG AND FENTANYL 100MCG	5%	0.00	0.00	0.00
13	OXYCODONE	5%	0.00	0.00	0.00
14	AMBIEN	5%	0.00	0.00	0.00
15	DIAZEPAM	5%	0.00	0.00	0.00
16	TEMAZEPAM	5%	0.00	0.00	0.00
<u>ATTENDANT CARE</u>					
17	PERSONAL CARE ASSISTANCE / TRANSPORTATION ASSISTANCE	4%	19,500.00	19,500.00	19,500.00
<u>CASE MANAGEMENT</u>					
18	INDEPENDENT CASE MANAGEMENT/SOCIAL WORK SERVICES	4%	1,020.00	1,020.00	1,020.00
<u>PSYCHOLOGICAL SERVICES</u>					
19	PSYCHOLOGIST	4%	0.00	0.00	0.00
<u>REHABILITATION</u>					
20	OCCUPATIONAL THERAPY/PHYSICAL THERAPY	4%	0.00	0.00	0.00
<u>EQUIPMENT</u>					
21	HAND HELD SHOWER	4%	5.00	5.00	5.00
22	GRAB BARS	4%	12.50	12.50	12.50
23	SCOOTER/LIFT/RAMP	4%	571.43	571.43	571.43
SUBTOTAL - 1ST YEAR EXPENSES					
24	PAST UNREIMBURSED EXPENSES				
25	PAIN & SUFFERING				
26	LOST WAGES				
TOTALS:			27,764.33	27,764.33	27,764.33

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 FOR
STACEY L. HEINZELMAN
D.O.B. 05/23/1971, NO. 07-01V**

NO.	ITEM	GROWTH RATE	2027 2029	2030	2031
<u>INSURANCE</u>					
1	WISCONSIN HEALTH INSURANCE RISK SHARING PLAN - PREMIUM	5%			
2	MEDICARE- PART B	5%	1,326.00	1,326.00	1,326.00
3	MEDIGAP L	5%	1,104.00	1,104.00	1,104.00
4	MEDICARE/MEDIGAP and PART D	5%	4,070.40	4,070.40	4,070.40
<u>MEDICAL CARE</u>					
5	NEUROLOGIST	5%	155.00	155.00	155.00
6	PAIN MANAGEMENT SPECIALIST	5%	0.00	0.00	0.00
7	RHEUMATOLOGY/DERMATOLOGY/OTHER SPECIALIST	5%	0.00	0.00	0.00
8	SPECIALTY PAIN CLINIC EVALUATION & TREATMENT				
9	SLEEP STUDY				
10	LABORATORY TESTING	5%	0.00	0.00	0.00
<u>MEDICATIONS</u>					
11	BACLOFEN	5%	0.00	0.00	0.00
12	FENTANYL 50MCG AND FENTANYL 100MCG	5%	0.00	0.00	0.00
13	OXYCODONE	5%	0.00	0.00	0.00
14	AMBIEN	5%	0.00	0.00	0.00
15	DIAZEPAM	5%	0.00	0.00	0.00
16	TEMAZEPAM	5%	0.00	0.00	0.00
<u>ATTENDANT CARE</u>					
17	PERSONAL CARE ASSISTANCE / TRANSPORTATION ASSISTANCE	4%	19,500.00	19,500.00	29,250.00
<u>CASE MANAGEMENT</u>					
18	INDEPENDENT CASE MANAGEMENT/SOCIAL WORK SERVICES	4%	1,020.00	1,020.00	1,020.00
<u>PSYCHOLOGICAL SERVICES</u>					
19	PSYCHOLOGIST	4%	0.00	0.00	0.00
<u>REHABILITATION</u>					
20	OCCUPATIONAL THERAPY/PHYSICAL THERAPY	4%	0.00	0.00	0.00
<u>EQUIPMENT</u>					
21	HAND HELD SHOWER	4%	5.00	5.00	5.00
22	GRAB BARS	4%	12.50	12.50	12.50
23	SCOOTER/LIFT/RAMP	4%	571.43	571.43	571.43
SUBTOTAL - 1ST YEAR EXPENSES					
24	PAST UNREIMBURSED EXPENSES				
25	PAIN & SUFFERING				
26	LOST WAGES				
TOTALS:			27,764.33	27,764.33	37,514.33

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 FOR
STACEY L. HEINZELMAN
D.O.B. 05/23/1971, NO. 07-01V**

NO.	ITEM	GROWTH RATE	2032	2033 2035	2036 LIFE
<u>INSURANCE</u>					
1	WISCONSIN HEALTH INSURANCE RISK SHARING PLAN - PREMIUM	5%			
2	MEDICARE- PART B	5%	1,326.00	1,326.00	0.00
3	MEDIGAP L	5%	1,104.00	1,104.00	1,104.00
4	MEDICARE/MEDIGAP and PART D	5%	4,070.40	4,070.40	4,070.40
<u>MEDICAL CARE</u>					
5	NEUROLOGIST	5%	155.00	155.00	155.00
6	PAIN MANAGEMENT SPECIALIST	5%	0.00	0.00	0.00
7	RHEUMATOLOGY/DERMATOLOGY/OTHER SPECIALIST	5%	0.00	0.00	0.00
8	SPECIALTY PAIN CLINIC EVALUATION & TREATMENT				
9	SLEEP STUDY				
10	LABORATORY TESTING	5%	0.00	0.00	0.00
<u>MEDICATIONS</u>					
11	BACLOFEN	5%	0.00	0.00	0.00
12	FENTANYL 50MCG AND FENTANYL 100MCG	5%	0.00	0.00	0.00
13	OXYCODONE	5%	0.00	0.00	0.00
14	AMBIEN	5%	0.00	0.00	0.00
15	DIAZEPAM	5%	0.00	0.00	0.00
16	TEMAZEPAM	5%	0.00	0.00	0.00
<u>ATTENDANT CARE</u>					
17	PERSONAL CARE ASSISTANCE / TRANSPORTATION ASSISTANCE	4%	29,250.00	29,250.00	39,000.00
<u>CASE MANAGEMENT</u>					
18	INDEPENDENT CASE MANAGEMENT/SOCIAL WORK SERVICES	4%	1,020.00	1,020.00	1,020.00
<u>PSYCHOLOGICAL SERVICES</u>					
19	PSYCHOLOGIST	4%	0.00	0.00	0.00
<u>REHABILITATION</u>					
20	OCCUPATIONAL THERAPY/PHYSICAL THERAPY	4%	0.00	0.00	0.00
<u>EQUIPMENT</u>					
21	HAND HELD SHOWER	4%	5.00	5.00	5.00
22	GRAB BARS	4%	12.50	12.50	12.50
23	SCOOTER/LIFT/RAMP	4%	571.43	571.43	571.43
SUBTOTAL - 1ST YEAR EXPENSES					
24	PAST UNREIMBURSED EXPENSES				
25	PAIN & SUFFERING				
26	LOST WAGES				
TOTALS:			37,514.33	37,514.33	45,938.33

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