In the United States Court of Federal Claims

OFFICE OF SPECIAL MASTERS

No. 09-31 V

Filed: November 21, 2011

Not for Publication

CYNTHIA LILLEY, Parent of ROBERT LILLEY, a Minor,	*	
Petitioner,	*	Damages Decision Based on Proffer
v.	*	
SECRETARY OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES,	*	
Respondent.	*	

Ronald C. Homer, Boston, MA, for petitioner.
Ann D. Martin, Washington, DC, for respondent.

MILLMAN, Special Master

DECISION AWARDING DAMAGES[1]

On November 21, 2011, respondent filed a Proffer on Award of Compensation. On November 21, 2011, petitioner's counsel communicated to the undersigned's law clerk that petitioner accepts respondent's Proffer. Based on the record as a whole, the special master finds the terms of the Proffer to be reasonable and that petitioner is entitled to the award as stated in the Proffer. Pursuant to the attached Proffer, the court awards petitioner:

a. A lump sum payment of **$1,345,619.53**, representing compensation for lost future

[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 redact 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 redact such material from public access.

earnings ($635,593.00), pain and suffering ($230,267.00), and life care plan expenses for Year One ($479,759.53). The award shall be in the form of a check made payable to petitioner as guardian/conservator of the estate of Robert Lilley, for the benefit of Robert Lilley;

b. A lump sum payment of **$17,920.92**, representing compensation for past unreimbursable expenses. The award shall be in the form of a check made payable to Cynthia Lilley, petitioner;

c. A lump sum payment of **$59,503.39**, representing compensation for satisfaction of the State of Tennessee Medicaid lien. The award shall be in the form of check made jointly payable to petitioner and

Gibson & Sharps, PSC
9420 Bunsen Parkway, Suite 250
Louisville, Kentucky 40220
Attn: G&S 848990-1282712

d. An amount sufficient to purchase an annuity contract, subject to the conditions in 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: November 21, 2011

/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 THE SPECIAL MASTERS

CYNTHIA LILLEY, Parent of ROBERT LILLEY, a minor,	)	
Petitioner,	)	
v.	)	No. 09-31V Special Master Millman ECF
SECRETARY OF HEALTH AND HUMAN SERVICES,	)	
Respondent.	)	

RESPONDENT'S PROFFER ON AWARD OF COMPENSATION

I. Items of Compensation

A. Life Care Items

The respondent engaged life care planner Jacqueline Elizabeth Peterson, RN, CRRN, CDMS, CCM, to provide an estimation of Robert Lilley's future vaccine-injury- related needs. For the purposes of this proffer, the term "vaccine-related" is as described in the Special Master's decision dated September 28, 2009. All items of compensation identified in the life care plan, filed on February 18, 2010, as Respondent's Exhibit A, are supported by the evidence, and are illustrated by the chart entitled Items of Compensation for Robert Lilley, attached hereto as Tab A.[1] Respondent proffers that Robert Lilley should be awarded all items of compensation set forth in the life care plan and illustrated by the chart attached at Tab A.[2] Petitioner agrees.

[1] The chart at Tab 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.

[2] With respect to one item in respondent's life care plan, i.e., reasonable and necessary home modifications to accommodate Robert Lilley's vaccine-related needs, Ms. Peterson deferred to the expert opinion of Robert Dale

(continued...)

B. Lost Future Earnings

The parties agree that based upon the evidence of record, Robert Lilley will never be gainfully employed. Therefore, respondent proffers that Robert Lilley should be awarded full lost future earnings as provided under the Vaccine Act, 42 U.S.C. § 300aa-15(a)(3)(B). Respondent proffers that the appropriate award for Robert Lilley's lost future earnings is $635,593.00. Petitioner agrees.

C. Pain and Suffering

Respondent proffers that Robert Lilley should be awarded $230,267.00 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 Robert Lilley's vaccine-related injury. Respondent proffers that petitioner should be awarded past unreimbursable expenses in the amount of $17,920.92. Petitioner agrees.

E. Medicaid Lien

Respondent proffers that Robert Lilley should be awarded funds to satisfy the State of Tennessee Medicaid lien in the amount of $59,503.39, which represents full satisfaction of any right of subrogation, assignment, claim, lien, or cause of action the State of Tennessee may have against any individual as a result of any Medicaid payments the State of Tennessee has made to

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[2](...continued)
Lynch, FAIA, whom respondent engaged to provide an estimate of home modifications. Mr. Lynch's final recommendation, filed as Respondent's Exhibit G, is supported by the evidence and included in the chart attached at Tab A.

or on behalf of Robert Lilley from the date of his eligibility for benefits through the date of judgment in this case as a result of his vaccine-related injury suffered on or about August 24, 2006, under Title XIX of the Social Security Act.

II. Form of the Award

The parties recommend that the compensation provided to Robert Lilley 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:

A. A lump sum payment of $1,345,619.53, representing compensation for lost future earnings ($635,593.00), pain and suffering ($230,267.00), and life care plan expenses for Year One ($479,759.53), in the form of a check payable to petitioner as guardian/conservator of the estate of Robert Lilley, for the benefit of Robert Lilley. No payments shall be made until petitioner provides respondent with documentation establishing that she has been appointed as the guardian/conservator of Robert Lilley's estate;

B. A lump sum payment of $17,920.92, representing compensation for past unreimbursable expenses, payable to Cynthia Lilly, petitioner;

C. A lump sum payment of $59,503.39, representing compensation for satisfaction of the State of Tennessee Medicaid lien, payable jointly to petitioner and

Gibson & Sharps, PSC
9420 Bunsen Parkway, Suite 250
Louisville, Kentucky 40220
Attn: G&S 848990-1282712

Petitioner agrees to endorse this payment to Gibson & Sharps, PSC, who represents Blue Cross Blue Shield of Tennessee with regard to subrogation rights for the State of Tennessee Medicaid

lien.[3]

D. An amount sufficient to purchase an annuity contract,[4] 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[5] from which the annuity will be purchased.[6] 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 as guardian/conservator of the estate of Robert Lilley for the benefit of Robert Lilley, only so long as Robert Lilley 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

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[3] The full amount of this payment covers items and services paid by the State of Tennessee Medicaid Program to cover Robert Lilley's vaccine-related medical care. No portion of this sum is being paid to compensate Gibson & Sharps, PSC, for the firm's legal services related to the Medicaid lien. Moreover, pursuant to 42 U.S.C. § 300aa-15(e)(3), "[n]o attorney may charge any fee for services in connection with a petition filed [under the Vaccine Act] which is in addition to any amount awarded as compensation by the special master or court [for attorney's fees and costs under 42 U.S.C. § 300aa-15(e)(1)]."

[4] In respondent's discretion, respondent may purchase one or more annuity contracts from one or more life insurance companies.

[5] 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.

[6] Petitioner authorizes the disclosure of certain documents filed by the petitioner in this case consistent with the Privacy Act and the routine uses described in the National Vaccine Injury Compensation Program System of Records, No. 09-15-0056.

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. 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. Petitioner agrees.

2. Life-contingent annuity

Petitioner will continue to receive the annuity payments from the Life Insurance Company only so long as Robert Lilley is alive at the time that a particular payment is due. Written notice shall be provided to the Secretary of Health and Human Services and the Life Insurance Company within twenty (20) days of Robert Lilley's death.

3. Guardianship

No payments shall be made until petitioner provides respondent with documentation establishing that she has been appointed as the guardian/conservator of Robert Lilley's estate. If petitioner is not authorized by a court of competent jurisdiction to serve as guardian/conservator of the estate of Robert Lilley, any such payment shall be made to the party or parties appointed by a court of competent jurisdiction to serve as guardian/conservator of the estate of Robert Lilley upon submission of written documentation of such appointment to the Secretary.

III. Summary of Recommended Payments Following Judgment

A.	Lump Sum paid to petitioner as guardian/conservator of Robert Lilley's estate:	$ 1,345,619.53
B.	Lump sum paid to petitioner:	$ 17,920.92
C.	Reimbursement for Medicaid lien:	$ 59,503.39
D.	An amount sufficient to purchase the annuity contract described above in section II. D.	

Respectfully submitted,

TONY WEST
Assistant Attorney General

MARK W. ROGERS
Acting Director
Torts Branch, Civil Division

VINCENT J. MATANOSKI
Acting Deputy Director
Torts Branch, Civil Division

CATHARINE E. REEVES
Assistant Director
Torts Branch, Civil Division

s/ Ann D. Martin
ANN D. MARTIN
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) 307-1815

Date: November 18, 2011

TAB A

ITEMS OF COMPENSATION
ROBERT LILLEY, D.O.B. 12/28/2005
CL. CT. NO. 09-031V

NO.	ITEM	GROWTH RATE	PAID IN CASH 2011	2012	2013	2014	2015	2016
	MEDICAL INSURANCE							
1	BLUE CROSS/BLUE SHIELD OF TENNESSEE - MAX OUT OF POCKET	5%	1,500.00	1,500.00	1,500.00	1,500.00	1,500.00	1,500.00
2	BLUE CROSS/BLUE SHIELD OF TENNESSEE PREMIUMS	5%	8,699.64	8,699.64	8,699.64	8,699.64	8,699.64	8,699.64
3	DENTAL COVERAGE	5%	50.00	50.00	50.00	50.00	50.00	50.00
4	MEDICARE PART B PREMIUM	5%						
5	MEDICARE PART B DEDUCTIBLE							
6	MEDICARE PART A DEDUCTIBLE	5%						
7	MEDIGAP - PLAN A	5%						
8	MEDIGAP - PLAN J	5%						
9	MEDICARE D PRESCRIPTION	5%						
	MEDICAL CARE							
10	DENTIST	5%	0.00	0.00	0.00	0.00	0.00	0.00
	MEDICATIONS							
11	NIFEDIPINE	5%	24.00	24.00	24.00	24.00	24.00	24.00
12	ZANAFLEX	5%	120.00	120.00	120.00	120.00	120.00	120.00
13	DITROPAN	5%	120.00	120.00	120.00	120.00	120.00	120.00
14	BACTRIM	5%	120.00	120.00	120.00	120.00	120.00	120.00
15	NYSTATIN	5%	120.00	120.00	120.00	120.00	120.00	120.00
16	NASACORT	5%	420.00	420.00	420.00	420.00	420.00	420.00
17	LYRICA	5%	420.00	420.00	420.00	420.00	420.00	420.00
18	PUMICORT	5%	400.00	400.00	400.00	400.00	400.00	400.00
19	XOPENEX	5%	400.00	400.00	400.00	400.00	400.00	400.00
	OVER THE COUNTER MEDICATIONS							
20	MELANTONIN	4%	25.55	25.55	25.55	25.55	25.55	25.55
21	MIRALAX	4%	467.64	467.64	467.64	467.64	467.64	467.64
22	BENADRYL CREAM	4%	162.96	162.96	162.96	162.96	162.96	162.96
23	BENADRYL FAST MELTS TABLETS	4%	41.64	41.64	41.64	41.64	41.64	41.64
24	FLEET ENEMA	4%	100.44	100.44	100.44	100.44	100.44	100.44
25	PEDIATRIC LAX GLYCERIN SUPPOSITORIES	4%	90.79	90.79	90.79	90.79	90.79	90.79
26	PREPARATION H GEL	4%	47.96	47.96	47.96	47.96	47.96	47.96

NOTE: Items replaced every "X" years (e.g., 3 yrs., 5 yrs, etc.) are paid to last valid replacement date during years indicated in the life care plan.

ITEMS OF COMPENSATION
ROBERT LILLEY, D.O.B. 12/28/2005
CL. CT. NO. 09-031V

NO.	ITEM	GROWTH RATE	PAID IN CASH 2011	2012	2013	2014	2015	2016
	THERAPEUTIC MODALITIES							
27	PHYSICAL THERAPY	4%	13,770.00	13,770.00	13,770.00	13,770.00	13,770.00	13,770.00
28	OCCUPATIONAL THERAPY	4%	11,640.00	11,640.00	11,640.00	11,640.00	11,640.00	11,640.00
29	RECREATIONAL THERAPY	4%	12.00	12.00	12.00	12.00	12.00	12.00
30	RN CASE MANAGER	4%	2,136.00	1,068.00	1,068.00	1,068.00	1,068.00	1,068.00
31	YMCA	4%						27.00
	COUNSELING/EDUCATION							
32	PSYCHOLOGIST	4%						
	EQUIPMENT							
33	PEDIATRIC WHEELCHAIR MAINTENANCE	4%	150.00	150.00	150.00	150.00	150.00	150.00
34	WHEELCHAIR CARRYING PACK	4%						
35	WHEELCHAIR BATTERY	4%						
36	WHEELCHAIR MAINTENANCE	4%						
37	PEDIATRIC MANUAL WHEELCHAIR	4%			329.00	65.80	65.80	65.80
38	ADULT MANUAL WHEELCHAIR	4%						
39	UNDERNEATH CARRY PACK	4%	42.00	21.00	21.00	21.00	21.00	21.00
40	DELUXE HARD SHELL HELMET	4%	191.95	63.98	63.98	63.98	63.98	63.98
41	PEDIATRIC MOBILE STANDER MAINTENANCE	4%	150.00	150.00	150.00	150.00	150.00	150.00
42	ADULT STANDER MAINTENANCE	4%						
43	GLOVES FOR WHEELCHAIR	4%	60.00	60.00	60.00	60.00	60.00	60.00
44	NEBULIZER	4%						
45	CPAP	4%						
46	10' PLATFORM-MOUNTED PARALLEL BARS	N/A	1,250.00					
47	DYCEM NON-SLIP PARALLEL BAR MAT	4%	595.00	59.50	59.50	59.50	59.50	59.50
48	TUBLE FORM 2 VESTIBULAR IV	4%	336.30	67.26	67.26	67.26	67.26	67.26
49	TEMPURA MED TABLE PAD	4%	510.00	51.00	51.00	51.00	51.00	51.00
50	THERAPY BALLS	4%	59.95	6.00	6.00	6.00	6.00	6.00
51	PERFORMA POSITIONING BOLSTER MULTI SET	4%	181.95	18.20	18.20	18.20	18.20	18.20
52	PORTABLE RAMP	4%	149.00	9.93	9.93	9.93	9.93	9.93
53	MEDIUM 6 POINT-FIT DELUXE SLING	4%						

NOTE: Items replaced every "X" years (e.g., 3 yrs., 5 yrs, etc.) are paid to last valid replacement date during years indicated in the life care plan.

ITEMS OF COMPENSATION
ROBERT LILLEY, D.O.B. 12/28/2005
CL. CT. NO. 09-031V

NO.	ITEM	GROWTH RATE	PAID IN CASH 2011	2012	2013	2014	2015	2016
54	STAINLESS STEEL BEDPAN	4%						
55	BEASEY TRANSFER BOARD	4%	209.00	29.86	29.86	29.86	29.86	29.86
56	RAILS FOR FULL ELECTRIC HOSPITAL BED	4%						
57	MATTRESS FOR HOSPITAL BED	4%						
58	2 SETS HOSPITAL BEED SHEETS	4%						
59	BLOOD PRESSURE CUFF	4%	114.44	22.89	22.89	22.89	22.89	22.89
60	SPECIAL TOMATO MULTI-POSITIONING CAR SEAT	N/A	599.95					
61	ALTERNATING AIR PRESSURE PUMP MATTRESS	4%						
	ADAPTIVE SUPPLIES FOR HOME & SCHOOL							
62	EATING DISHES AND UTENSILS	4%	203.87	100.00	100.00	100.00	100.00	100.00
63	DRESSING ADAPTIVE EQUIPMENT	4%	137.92	45.97	45.97	45.97	45.97	45.97
64	SCHOOL SUPPLIES	4%	150.00	50.00	50.00	50.00	50.00	50.00
65	COMPUTER WITH ADAPTIVE EQUIPMENT	4%	800.00	160.00	160.00	160.00	160.00	160.00
66	EDUCATIONAL SOFTWARE	4%	200.00	200.00	200.00	200.00	200.00	200.00
	SUPPLIES							
67	DIAPERS	4%	1,039.73	1,039.73	1,039.73	1,039.73	1,039.73	1,039.73
68	ADULT DIAPERS	4%						
69	BABY WIPES	4%	474.15	474.15	474.15	474.15	474.15	474.15
70	GLOVES - LATEX FREE	4%	193.80	193.80	193.80	193.80	193.80	193.80
71	ALCOHOL PADS	4%	71.64	71.64	71.64	71.64	71.64	71.64
72	ALCOHOL BOTTLES	4%	7.96	7.96	7.96	7.96	7.96	7.96
73	COTTON BALLS	4%	89.64	89.64	89.64	89.64	89.64	89.64
74	K-Y JELLY	4%	179.76	179.76	179.76	179.76	179.76	179.76
75	ABSORBENT 30 x 36 STAY PUT BED LINERS	4%	670.00	670.00	670.00	670.00	670.00	670.00
76	TRIPLE PASTE	4%	479.52	479.52	479.52	479.52	479.52	479.52
77	TUCK PADS	4%	138.96	138.96	138.96	138.96	138.96	138.96
78	EURCEIN LOTION	4%	203.76	203.76	203.76	203.76	203.76	203.76
79	CALDESENE POWDER	4%	277.92	277.92	277.92	277.92	277.92	277.92
80	AVENO OATMEAL BATH	4%	35.92	35.92	35.92	35.92	35.92	35.92
81	BANANA BOAT SUNBLOCK	4%	119.88	119.88	119.88	119.88	119.88	119.88

NOTE: Items replaced every "X" years (e.g., 3 yrs., 5 yrs, etc.) are paid to last valid replacement date during years indicated in the life care plan.

ITEMS OF COMPENSATION
ROBERT LILLEY, D.O.B. 12/28/2005
CL. CT. NO. 09-031V

NO.	ITEM	GROWTH RATE	PAID IN CASH 2011	2012	2013	2014	2015	2016
	NUTRITIONAL SUPPLIES							
82	QUAKER FIBER BARS	4%	354.24	354.24	354.24	354.24	354.24	354.24
83	OVALTINE	4%	191.52	191.52	191.52	191.52	191.52	191.52
84	NUTIPAL CHOCOLATE SHAKES	4%	62.28	62.28	62.28	62.28	62.28	62.28
85	ENFAMIL TODDLER FORMULA	4%	1,007.52	1,007.52				
86	CARNATION INSTANT BREAKFAST	4%			268.32	268.32	268.32	268.32
	HEALTH & MAINTENANCE							
87	SUMMER CAMP FOR ADULTS	4%		325.00	325.00	325.00	325.00	325.00
88	PLAY EQUIPMENT	4%	300.00	100.00	100.00	100.00	100.00	100.00
	HOME HEALTHCARE/HOMAKER SERVICES							
89	HOME HEALTH AIDE / LPN / LVN	4%	87,744.00	87,744.00	87,744.00	87,744.00	87,744.00	87,744.00
	TRANSPORTATION							
90	HANDICAPPED VAN	4%	50,000.00					
91	DRIVER EVALUATION	4%						
92	HOME MODIFICATION	N/A	289,137.38					

	SUBTOTAL - 1ST YEAR EXPENSES		**479,759.53**					
93	PAST UNREIMBURSED EXPENSES		**17,920.92**					
94	PAIN & SUFFERING		**230,267.00**					
95	LOST WAGES		**635,593.00**					
96	STATE OF TENNESSEE MEDICAID LIEN		**59,503.39**					
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	TOTAL:		**1,423,043.84**	134,853.41	134,443.21	134,180.01	134,180.01	134,207.01

NOTE: Items replaced every "X" years (e.g., 3 yrs., 5 yrs, etc.) are paid to last valid replacement date during years indicated in the life care plan.

ITEMS OF COMPENSATION
ROBERT LILLEY, D.O.B. 12/28/2005
CL. CT. NO. 09-031V

NO.	ITEM	GROWTH RATE	2017	2018	2019	2020	2021	2022
	MEDICAL INSURANCE							
1	BLUE CROSS/BLUE SHIELD OF TENNESSEE - MAX OUT OF POCKET	5%	1,500.00	1,500.00	1,500.00	1,500.00	1,500.00	1,500.00
2	BLUE CROSS/BLUE SHIELD OF TENNESSEE PREMIUMS	5%	8,699.64	8,699.64	8,699.64	8,699.64	8,699.64	8,699.64
3	DENTAL COVERAGE	5%	50.00	50.00	50.00	50.00	50.00	50.00
4	MEDICARE PART B PREMIUM	5%						
5	MEDICARE PART B DEDUCTIBLE							
6	MEDICARE PART A DEDUCTIBLE	5%						
7	MEDIGAP - PLAN A	5%						
8	MEDIGAP - PLAN J	5%						
9	MEDICARE D PRESCRIPTION	5%						
	MEDICAL CARE							
10	DENTIST	5%	0.00	0.00	0.00	0.00	0.00	0.00
	MEDICATIONS							
11	NIFEDIPINE	5%	24.00	24.00	24.00	24.00	24.00	24.00
12	ZANAFLEX	5%	120.00	120.00	120.00	120.00	120.00	120.00
13	DITROPAN	5%	120.00	120.00	120.00	120.00	120.00	120.00
14	BACTRIM	5%	120.00	120.00	120.00	120.00	120.00	120.00
15	NYSTATIN	5%	120.00	120.00	120.00	120.00	120.00	120.00
16	NASACORT	5%	420.00	420.00	420.00	420.00	420.00	420.00
17	LYRICA	5%	420.00	420.00	420.00	420.00	420.00	420.00
18	PUMICORT	5%	400.00	400.00	400.00	400.00	400.00	400.00
19	XOPENEX	5%	400.00	400.00	400.00	400.00	400.00	400.00
	OVER THE COUNTER MEDICATIONS							
20	MELANTONIN	4%	25.55	25.55	25.55	25.55	25.55	25.55
21	MIRALAX	4%	467.64	467.64	467.64	467.64	467.64	467.64
22	BENADRYL CREAM	4%	162.96	162.96	162.96	162.96	162.96	162.96
23	BENADRYL FAST MELTS TABLETS	4%	41.64	41.64	41.64	41.64	41.64	41.64
24	FLEET ENEMA	4%	100.44	100.44	100.44	100.44	100.44	100.44
25	PEDIATRIC LAX GLYCERIN SUPPOSITORIES	4%	90.79	90.79	90.79	90.79	90.79	90.79
26	PREPARATION H GEL	4%	47.96	47.96	47.96	47.96	47.96	47.96

NOTE: Items replaced every "X" years (e.g., 3 yrs., 5 yrs, etc.) are paid to last valid replacement date during years indicated in the life care plan.

ITEMS OF COMPENSATION
ROBERT LILLEY, D.O.B. 12/28/2005
CL. CT. NO. 09-031V

NO.	ITEM	GROWTH RATE	2017	2018	2019	2020	2021	2022
	THERAPEUTIC MODALITIES							
27	PHYSICAL THERAPY	4%	13,770.00	13,770.00	13,770.00	13,770.00	13,770.00	13,770.00
28	OCCUPATIONAL THERAPY	4%	11,640.00	11,640.00	11,640.00	11,640.00	11,640.00	11,640.00
29	RECREATIONAL THERAPY	4%	12.00	12.00	12.00	12.00	12.00	12.00
30	RN CASE MANAGER	4%	1,068.00	1,068.00	1,068.00	1,068.00	1,068.00	1,068.00
31	YMCA	4%	27.00	27.00	27.00	27.00	27.00	27.00
	COUNSELING/EDUCATION							
32	PSYCHOLOGIST	4%				1,170.00	1,170.00	1,170.00
	EQUIPMENT							
33	PEDIATRIC WHEELCHAIR MAINTENANCE	4%	150.00	150.00	150.00	150.00	150.00	150.00
34	WHEELCHAIR CARRYING PACK	4%						
35	WHEELCHAIR BATTERY	4%						
36	WHEELCHAIR MAINTENANCE	4%						
37	PEDIATRIC MANUAL WHEELCHAIR	4%	65.80	65.80	65.80	65.80	65.80	65.80
38	ADULT MANUAL WHEELCHAIR	4%						
39	UNDERNEATH CARRY PACK	4%	21.00	21.00	21.00	21.00	21.00	21.00
40	DELUXE HARD SHELL HELMET	4%	63.98	63.98	63.98	63.98	63.98	63.98
41	PEDIATRIC MOBILE STANDER MAINTENANCE	4%	150.00	150.00	150.00	150.00	150.00	150.00
42	ADULT STANDER MAINTENANCE	4%						
43	GLOVES FOR WHEELCHAIR	4%	60.00	60.00	60.00	60.00	60.00	60.00
44	NEBULIZER	4%						
45	CPAP	4%						
46	10' PLATFORM-MOUNTED PARALLEL BARS	N/A						
47	DYCEM NON-SLIP PARALLEL BAR MAT	4%	59.50	59.50	59.50	59.50	59.50	59.50
48	TUBLE FORM 2 VESTIBULAR IV	4%						
49	TEMPURA MED TABLE PAD	4%	51.00	51.00	51.00	51.00	51.00	51.00
50	THERAPY BALLS	4%	6.00	6.00	6.00	6.00	6.00	6.00
51	PERFORMA POSITIONING BOLSTER MULTI SET	4%	18.20	18.20	18.20	18.20	18.20	18.20
52	PORTABLE RAMP	4%	9.93	9.93	9.93	9.93	9.93	9.93
53	MEDIUM 6 POINT-FIT DELUXE SLING	4%						

NOTE: Items replaced every "X" years (e.g., 3 yrs., 5 yrs, etc.) are paid to last valid replacement date during years indicated in the life care plan.

ITEMS OF COMPENSATION
ROBERT LILLEY, D.O.B. 12/28/2005
CL. CT. NO. 09-031V

NO.	ITEM	GROWTH RATE	2017	2018	2019	2020	2021	2022
54	STAINLESS STEEL BEDPAN	4%						
55	BEASEY TRANSFER BOARD	4%	29.86	29.86	29.86	29.86	29.86	29.86
56	RAILS FOR FULL ELECTRIC HOSPITAL BED	4%						
57	MATTRESS FOR HOSPITAL BED	4%						
58	2 SETS HOSPITAL BEED SHEETS	4%						
59	BLOOD PRESSURE CUFF	4%	22.89	22.89	22.89	22.89	22.89	22.89
60	SPECIAL TOMATO MULTI-POSITIONING CAR SEAT	N/A						
61	ALTERNATING AIR PRESSURE PUMP MATTRESS	4%						
	ADAPTIVE SUPPLIES FOR HOME & SCHOOL							
62	EATING DISHES AND UTENSILS	4%	100.00	100.00	100.00	100.00	100.00	100.00
63	DRESSING ADAPTIVE EQUIPMENT	4%	45.97	45.97	45.97	45.97	45.97	45.97
64	SCHOOL SUPPLIES	4%	50.00	50.00	50.00	50.00	50.00	50.00
65	COMPUTER WITH ADAPTIVE EQUIPMENT	4%	160.00	160.00	160.00	160.00	160.00	160.00
66	EDUCATIONAL SOFTWARE	4%	200.00	200.00	200.00	200.00	200.00	200.00
	SUPPLIES							
67	DIAPERS	4%	1,039.73	1,039.73				
68	ADULT DIAPERS	4%			195.17	195.17	195.17	195.17
69	BABY WIPES	4%	474.15	474.15	474.15	474.15	474.15	474.15
70	GLOVES - LATEX FREE	4%	193.80	193.80	193.80	193.80	193.80	193.80
71	ALCOHOL PADS	4%	71.64	71.64	71.64	71.64	71.64	71.64
72	ALCOHOL BOTTLES	4%	7.96	7.96	7.96	7.96	7.96	7.96
73	COTTON BALLS	4%	89.64	89.64	89.64	89.64	89.64	89.64
74	K-Y JELLY	4%	179.76	179.76	179.76	179.76	179.76	179.76
75	ABSORBENT 30 x 36 STAY PUT BED LINERS	4%	670.00	670.00	670.00	670.00	670.00	670.00
76	TRIPLE PASTE	4%	479.52	479.52	479.52	479.52	479.52	479.52
77	TUCK PADS	4%	138.96	138.96	138.96	138.96	138.96	138.96
78	EURCEIN LOTION	4%	203.76	203.76	203.76	203.76	203.76	203.76
79	CALDESENE POWDER	4%	277.92	277.92	277.92	277.92	277.92	277.92
80	AVENO OATMEAL BATH	4%	35.92	35.92	35.92	35.92	35.92	35.92
81	BANANA BOAT SUNBLOCK	4%	119.88	119.88	119.88	119.88	119.88	119.88

NOTE: Items replaced every "X" years (e.g., 3 yrs., 5 yrs, etc.) are paid to last valid replacement date during years indicated in the life care plan.

ITEMS OF COMPENSATION
ROBERT LILLEY, D.O.B. 12/28/2005
CL. CT. NO. 09-031V

NO.	ITEM	GROWTH RATE	2017	2018	2019	2020	2021	2022
	NUTRITIONAL SUPPLIES							
82	QUAKER FIBER BARS	4%	354.24	354.24	354.24	354.24	354.24	354.24
83	OVALTINE	4%	191.52	191.52	191.52	191.52	191.52	191.52
84	NUTIPAL CHOCOLATE SHAKES	4%	62.28	62.28	62.28	62.28	62.28	62.28
85	ENFAMIL TODDLER FORMULA	4%						
86	CARNATION INSTANT BREAKFAST	4%	268.32	268.32	268.32	268.32	268.32	268.32
	HEALTH & MAINTENANCE							
87	SUMMER CAMP FOR ADULTS	4%	325.00	325.00	325.00	325.00	325.00	325.00
88	PLAY EQUIPMENT	4%	100.00	100.00	100.00	100.00	100.00	100.00
	HOME HEALTHCARE/HOMAKER SERVICES							
89	HOME HEALTH AIDE / LPN / LVN	4%	87,744.00	87,744.00	87,744.00	87,744.00	87,744.00	87,744.00
	TRANSPORTATION							
90	HANDICAPPED VAN	4%				40,000.00	4,000.00	4,000.00
91	DRIVER EVALUATION	4%						
92	HOME MODIFICATION	N/A						
	SUBTOTAL - 1ST YEAR EXPENSES							
93	PAST UNREIMBURSED EXPENSES							
94	PAIN & SUFFERING							
95	LOST WAGES							
96	STATE OF TENNESSEE MEDICAID LIEN							
			---	---	---	---	---	---
	TOTAL:		134,139.75	134,139.75	133,295.19	174,465.19	138,465.19	138,465.19

NOTE: Items replaced every "X" years (e.g., 3 yrs., 5 yrs, etc.) are paid to last valid replacement date during years indicated in the life care plan.

ITEMS OF COMPENSATION
ROBERT LILLEY, D.O.B. 12/28/2005
CL. CT. NO. 09-031V

NO.	ITEM	GROWTH RATE	2023	2024	2025	2026	2027	2028
	MEDICAL INSURANCE							
1	BLUE CROSS/BLUE SHIELD OF TENNESSEE - MAX OUT OF POCKET	5%	1,500.00	1,500.00	1,500.00	1,500.00	1,500.00	1,500.00
2	BLUE CROSS/BLUE SHIELD OF TENNESSEE PREMIUMS	5%	10,518.96	10,518.96	10,518.96	10,518.96	10,518.96	10,518.96
3	DENTAL COVERAGE	5%	50.00	50.00	50.00	50.00	50.00	50.00
4	MEDICARE PART B PREMIUM	5%						
5	MEDICARE PART B DEDUCTIBLE							
6	MEDICARE PART A DEDUCTIBLE	5%						
7	MEDIGAP - PLAN A	5%						
8	MEDIGAP - PLAN J	5%						
9	MEDICARE D PRESCRIPTION	5%						
	MEDICAL CARE							
10	DENTIST	5%	0.00	0.00	0.00	0.00	0.00	0.00
	MEDICATIONS							
11	NIFEDIPINE	5%	24.00	24.00	24.00	24.00	24.00	24.00
12	ZANAFLEX	5%	120.00	120.00	120.00	120.00	120.00	120.00
13	DITROPAN	5%	120.00	120.00	120.00	120.00	120.00	120.00
14	BACTRIM	5%	120.00	120.00	120.00	120.00	120.00	120.00
15	NYSTATIN	5%	120.00	120.00	120.00	120.00	120.00	120.00
16	NASACORT	5%	420.00	420.00	420.00	420.00	420.00	420.00
17	LYRICA	5%	420.00	420.00	420.00	420.00	420.00	420.00
18	PUMICORT	5%	400.00	400.00	400.00	400.00	400.00	400.00
19	XOPENEX	5%	400.00	400.00	400.00	400.00	400.00	400.00
	OVER THE COUNTER MEDICATIONS							
20	MELANTONIN	4%	25.55	25.55	25.55	25.55	25.55	25.55
21	MIRALAX	4%	467.64	467.64	467.64	467.64	467.64	467.64
22	BENADRYL CREAM	4%	162.96	162.96	162.96	162.96	162.96	162.96
23	BENADRYL FAST MELTS TABLETS	4%	41.64	41.64	41.64	41.64	41.64	41.64
24	FLEET ENEMA	4%	100.44	100.44	100.44	100.44	100.44	100.44
25	PEDIATRIC LAX GLYCERIN SUPPOSITORIES	4%	90.79	90.79	90.79	90.79	90.79	90.79
26	PREPARATION H GEL	4%	47.96	47.96	47.96	47.96	47.96	47.96

NOTE: Items replaced every "X" years (e.g., 3 yrs., 5 yrs, etc.) are paid to last valid replacement date during years indicated in the life care plan.

ITEMS OF COMPENSATION
ROBERT LILLEY, D.O.B. 12/28/2005
CL. CT. NO. 09-031V

NO.	ITEM	GROWTH RATE	2023	2024	2025	2026	2027	2028
	THERAPEUTIC MODALITIES							
27	PHYSICAL THERAPY	4%	13,770.00	13,770.00	13,770.00	13,770.00	0.00	0.00
28	OCCUPATIONAL THERAPY	4%	11,640.00	11,640.00	11,640.00	11,640.00	0.00	0.00
29	RECREATIONAL THERAPY	4%	12.00	12.00	12.00	12.00		
30	RN CASE MANAGER	4%	1,068.00	2,136.00	2,136.00	2,136.00	2,136.00	2,136.00
31	YMCA	4%	27.00	27.00	27.00	27.00	27.00	27.00
	COUNSELING/EDUCATION							
32	PSYCHOLOGIST	4%	780.00	780.00	780.00	780.00	390.00	390.00
	EQUIPMENT							
33	PEDIATRIC WHEELCHAIR MAINTENANCE	4%	150.00	150.00	150.00	150.00		
34	WHEELCHAIR CARRYING PACK	4%					28.00	28.00
35	WHEELCHAIR BATTERY	4%					230.00	230.00
36	WHEELCHAIR MAINTENANCE	4%					150.00	150.00
37	PEDIATRIC MANUAL WHEELCHAIR	4%	65.80					
38	ADULT MANUAL WHEELCHAIR	4%						329.00
39	UNDERNEATH CARRY PACK	4%	21.00	21.00	21.00	21.00	21.00	21.00
40	DELUXE HARD SHELL HELMET	4%	63.98	63.98	63.98			
41	PEDIATRIC MOBILE STANDER MAINTENANCE	4%	150.00	150.00	150.00	150.00		
42	ADULT STANDER MAINTENANCE	4%						150.00
43	GLOVES FOR WHEELCHAIR	4%	60.00	60.00	60.00	60.00	60.00	60.00
44	NEBULIZER	4%						
45	CPAP	4%						
46	10' PLATFORM-MOUNTED PARALLEL BARS	N/A						
47	DYCEM NON-SLIP PARALLEL BAR MAT	4%	59.50	59.50	59.50	59.50	59.50	59.50
48	TUBLE FORM 2 VESTIBULAR IV	4%						
49	TEMPURA MED TABLE PAD	4%	51.00	51.00	51.00	51.00	51.00	51.00
50	THERAPY BALLS	4%	6.00	6.00	6.00	6.00	6.00	6.00
51	PERFORMA POSITIONING BOLSTER MULTI SET	4%	18.20	18.20	18.20	18.20	18.20	18.20
52	PORTABLE RAMP	4%	9.93	9.93	9.93	9.93	9.93	9.93
53	MEDIUM 6 POINT-FIT DELUXE SLING	4%						

NOTE: Items replaced every "X" years (e.g., 3 yrs., 5 yrs, etc.) are paid to last valid replacement date during years indicated in the life care plan.

ITEMS OF COMPENSATION
ROBERT LILLEY, D.O.B. 12/28/2005
CL. CT. NO. 09-031V

NO.	ITEM	GROWTH RATE	2023	2024	2025	2026	2027	2028
54	STAINLESS STEEL BEDPAN	4%						
55	BEASEY TRANSFER BOARD	4%	29.86	29.86	29.86	29.86	29.86	29.86
56	RAILS FOR FULL ELECTRIC HOSPITAL BED	4%						
57	MATTRESS FOR HOSPITAL BED	4%						
58	2 SETS HOSPITAL BEED SHEETS	4%						
59	BLOOD PRESSURE CUFF	4%	22.89	22.89	22.89	22.89	22.89	22.89
60	SPECIAL TOMATO MULTI-POSITIONING CAR SEAT	N/A						
61	ALTERNATING AIR PRESSURE PUMP MATTRESS	4%						
	ADAPTIVE SUPPLIES FOR HOME & SCHOOL							
62	EATING DISHES AND UTENSILS	4%	100.00	100.00	100.00	100.00	100.00	100.00
63	DRESSING ADAPTIVE EQUIPMENT	4%	45.97	45.97	45.97	45.97	45.97	45.97
64	SCHOOL SUPPLIES	4%	50.00	50.00	50.00	50.00	50.00	
65	COMPUTER WITH ADAPTIVE EQUIPMENT	4%	160.00	160.00	160.00	160.00	160.00	160.00
66	EDUCATIONAL SOFTWARE	4%	200.00	200.00	200.00	200.00	200.00	
	SUPPLIES							
67	DIAPERS	4%						
68	ADULT DIAPERS	4%	195.17	195.17	195.17	195.17	195.17	195.17
69	BABY WIPES	4%	474.15	474.15	474.15	474.15	474.15	474.15
70	GLOVES - LATEX FREE	4%	193.80	193.80	193.80	193.80	193.80	193.80
71	ALCOHOL PADS	4%	71.64	71.64	71.64	71.64	71.64	71.64
72	ALCOHOL BOTTLES	4%	7.96	7.96	7.96	7.96	7.96	7.96
73	COTTON BALLS	4%	89.64	89.64	89.64	89.64	89.64	89.64
74	K-Y JELLY	4%	179.76	179.76	179.76	179.76	179.76	179.76
75	ABSORBENT 30 x 36 STAY PUT BED LINERS	4%	670.00	670.00	670.00	670.00	670.00	670.00
76	TRIPLE PASTE	4%	479.52	479.52	479.52	479.52	479.52	479.52
77	TUCK PADS	4%	138.96	138.96	138.96	138.96	138.96	138.96
78	EURCEIN LOTION	4%	203.76	203.76	203.76	203.76	203.76	203.76
79	CALDESENE POWDER	4%	277.92	277.92	277.92	277.92	277.92	277.92
80	AVENO OATMEAL BATH	4%	35.92	35.92	35.92	35.92	35.92	35.92
81	BANANA BOAT SUNBLOCK	4%	119.88	119.88	119.88	119.88	119.88	119.88

NOTE: Items replaced every "X" years (e.g., 3 yrs., 5 yrs, etc.) are paid to last valid replacement date during years indicated in the life care plan.

ITEMS OF COMPENSATION
ROBERT LILLEY, D.O.B. 12/28/2005
CL. CT. NO. 09-031V

NO.	ITEM	GROWTH RATE	2023	2024	2025	2026	2027	2028
	NUTRITIONAL SUPPLIES							
82	QUAKER FIBER BARS	4%	354.24	354.24	354.24	354.24	354.24	354.24
83	OVALTINE	4%	191.52	191.52	191.52	191.52	191.52	191.52
84	NUTIPAL CHOCOLATE SHAKES	4%	62.28	62.28	62.28	62.28	62.28	62.28
85	ENFAMIL TODDLER FORMULA	4%						
86	CARNATION INSTANT BREAKFAST	4%	268.32	268.32	268.32	268.32	268.32	268.32
	HEALTH & MAINTENANCE							
87	SUMMER CAMP FOR ADULTS	4%	325.00	325.00	325.00	325.00	325.00	0.00
88	PLAY EQUIPMENT	4%	100.00	100.00	100.00	100.00		
	HOME HEALTHCARE/HOMAKER SERVICES							
89	HOME HEALTH AIDE / LPN / LVN	4%	280,320.00	280,320.00	280,320.00	280,320.00	280,320.00	280,320.00
	TRANSPORTATION							
90	HANDICAPPED VAN	4%	4,000.00	4,000.00	4,000.00	4,000.00	4,000.00	4,000.00
91	DRIVER EVALUATION	4%						
92	HOME MODIFICATION	N/A						
	SUBTOTAL - 1ST YEAR EXPENSES							
93	PAST UNREIMBURSED EXPENSES							
94	PAIN & SUFFERING							
95	LOST WAGES							
96	STATE OF TENNESSEE MEDICAID LIEN							
			---	---	---	---	---	---
	TOTAL:		332,470.51	333,472.71	333,472.71	333,408.73	307,604.73	307,508.73

NOTE: Items replaced every "X" years (e.g., 3 yrs., 5 yrs, etc.) are paid to last valid replacement date during years indicated in the life care plan.

ITEMS OF COMPENSATION
ROBERT LILLEY, D.O.B. 12/28/2005
CL. CT. NO. 09-031V

NO.	ITEM	GROWTH RATE	2029	2030	2031	2032	2033	2034	2035	2036
	MEDICAL INSURANCE									
1	BLUE CROSS/BLUE SHIELD OF TENNESSEE - MAX OUT OF POCKET	5%	1,500.00	1,500.00	1,500.00	1,500.00	1,500.00	1,500.00	1,500.00	1,500.00
2	BLUE CROSS/BLUE SHIELD OF TENNESSEE PREMIUMS	5%	10,518.96	11,009.52	11,009.52	11,009.52	11,009.52	11,009.52	11,730.24	11,730.24
3	DENTAL COVERAGE	5%	50.00	50.00	50.00	50.00	50.00	50.00	50.00	50.00
4	MEDICARE PART B PREMIUM	5%								
5	MEDICARE PART B DEDUCTIBLE									
6	MEDICARE PART A DEDUCTIBLE	5%								
7	MEDIGAP - PLAN A	5%								
8	MEDIGAP - PLAN J	5%								
9	MEDICARE D PRESCRIPTION	5%								
	MEDICAL CARE									
10	DENTIST	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	MEDICATIONS									
11	NIFEDIPINE	5%	24.00	24.00	24.00	24.00	24.00	24.00	24.00	24.00
12	ZANAFLEX	5%	120.00	120.00	120.00	120.00	120.00	120.00	120.00	120.00
13	DITROPAN	5%	120.00	120.00	120.00	120.00	120.00	120.00	120.00	120.00
14	BACTRIM	5%	120.00	120.00	120.00	120.00	120.00	120.00	120.00	120.00
15	NYSTATIN	5%	120.00	120.00	120.00	120.00	120.00	120.00	120.00	120.00
16	NASACORT	5%	420.00	420.00	420.00	420.00	420.00	420.00	420.00	420.00
17	LYRICA	5%	420.00	420.00	420.00	420.00	420.00	420.00	420.00	420.00
18	PUMICORT	5%	400.00	400.00	400.00	400.00	400.00	400.00	400.00	400.00
19	XOPENEX	5%	400.00	400.00	400.00	400.00	400.00	400.00	400.00	400.00
	OVER THE COUNTER MEDICATIONS									
20	MELANTONIN	4%	25.55	25.55	25.55	25.55	25.55	25.55	25.55	25.55
21	MIRALAX	4%	467.64	467.64	467.64	467.64	467.64	467.64	467.64	467.64
22	BENADRYL CREAM	4%	162.96	162.96	162.96	162.96	162.96	162.96	162.96	162.96
23	BENADRYL FAST MELTS TABLETS	4%	41.64	41.64	41.64	41.64	41.64	41.64	41.64	41.64
24	FLEET ENEMA	4%	100.44	100.44	100.44	100.44	100.44	100.44	100.44	100.44
25	PEDIATRIC LAX GLYCERIN SUPPOSITORIES	4%	90.79	90.79	90.79	90.79	90.79	90.79	90.79	90.79
26	PREPARATION H GEL	4%	47.96	47.96	47.96	47.96	47.96	47.96	47.96	47.96

NOTE: Items replaced every "X" years (e.g., 3 yrs., 5 yrs, etc.) are paid to last valid replacement date during years indicated in the life care plan.

ITEMS OF COMPENSATION
ROBERT LILLEY, D.O.B. 12/28/2005
CL. CT. NO. 09-031V

NO.	ITEM	GROWTH RATE	2029	2030	2031	2032	2033	2034	2035	2036
	THERAPEUTIC MODALITIES									
27	PHYSICAL THERAPY	4%	0.00	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	0.00
29	RECREATIONAL THERAPY	4%								
30	RN CASE MANAGER	4%	2,136.00	1,068.00	1,068.00	1,068.00	1,068.00	1,068.00	1,068.00	1,068.00
31	YMCA	4%	27.00	27.00	27.00	27.00	27.00	27.00	27.00	27.00
	COUNSELING/EDUCATION									
32	PSYCHOLOGIST	4%	390.00	390.00	260.00	260.00	260.00	260.00	260.00	260.00
	EQUIPMENT									
33	PEDIATRIC WHEELCHAIR MAINTENANCE	4%								
34	WHEELCHAIR CARRYING PACK	4%	28.00	28.00	28.00	28.00	28.00	28.00	28.00	28.00
35	WHEELCHAIR BATTERY	4%	230.00	230.00	230.00	230.00	230.00	230.00	230.00	230.00
36	WHEELCHAIR MAINTENANCE	4%	150.00	150.00	150.00	150.00	150.00	150.00	150.00	150.00
37	PEDIATRIC MANUAL WHEELCHAIR	4%								
38	ADULT MANUAL WHEELCHAIR	4%	65.80	65.80	65.80	65.80	65.80	65.80	65.80	65.80
39	UNDERNEATH CARRY PACK	4%	21.00	21.00	21.00	21.00	21.00	21.00	21.00	21.00
40	DELUXE HARD SHELL HELMET	4%		191.95	38.39	38.39	38.39	38.39	38.39	38.39
41	PEDIATRIC MOBILE STANDER MAINTENANCE	4%								
42	ADULT STANDER MAINTENANCE	4%	150.00	150.00	150.00	150.00	150.00	150.00	150.00	150.00
43	GLOVES FOR WHEELCHAIR	4%	60.00	60.00	60.00	60.00	60.00	60.00	60.00	60.00
44	NEBULIZER	4%								
45	CPAP	4%								
46	10' PLATFORM-MOUNTED PARALLEL BARS	N/A								
47	DYCEM NON-SLIP PARALLEL BAR MAT	4%	59.50	59.50	59.50	59.50	59.50	59.50	59.50	59.50
48	TUBLE FORM 2 VESTIBULAR IV	4%								
49	TEMPURA MED TABLE PAD	4%	51.00	51.00	51.00	51.00	51.00	51.00	51.00	51.00
50	THERAPY BALLS	4%	6.00	6.00	6.00	6.00	6.00	6.00	6.00	6.00
51	PERFORMA POSITIONING BOLSTER MULTI SET	4%	18.20	18.20	18.20	18.20	18.20	18.20	18.20	18.20
52	PORTABLE RAMP	4%	9.93	9.93	9.93	9.93	9.93	9.93	9.93	9.93
53	MEDIUM 6 POINT-FIT DELUXE SLING	4%								

NOTE: Items replaced every "X" years (e.g., 3 yrs., 5 yrs, etc.) are paid to last valid replacement date during years indicated in the life care plan.

ITEMS OF COMPENSATION
ROBERT LILLEY, D.O.B. 12/28/2005
CL. CT. NO. 09-031V

NO.	ITEM	GROWTH RATE	2029	2030	2031	2032	2033	2034	2035	2036
54	STAINLESS STEEL BEDPAN	4%								
55	BEASEY TRANSFER BOARD	4%	29.86	29.86	29.86	29.86	29.86	29.86	29.86	29.86
56	RAILS FOR FULL ELECTRIC HOSPITAL BED	4%								
57	MATTRESS FOR HOSPITAL BED	4%								
58	2 SETS HOSPITAL BEED SHEETS	4%								
59	BLOOD PRESSURE CUFF	4%	22.89	22.89	22.89	22.89	22.89	22.89	22.89	22.89
60	SPECIAL TOMATO MULTI-POSITIONING CAR SEAT	N/A								
61	ALTERNATING AIR PRESSURE PUMP MATTRESS	4%								
	ADAPTIVE SUPPLIES FOR HOME & SCHOOL									
62	EATING DISHES AND UTENSILS	4%	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00
63	DRESSING ADAPTIVE EQUIPMENT	4%	45.97	45.97	45.97	45.97	45.97	45.97	45.97	45.97
64	SCHOOL SUPPLIES	4%								
65	COMPUTER WITH ADAPTIVE EQUIPMENT	4%	160.00	160.00	160.00	160.00	160.00	160.00	160.00	160.00
66	EDUCATIONAL SOFTWARE	4%								
	SUPPLIES									
67	DIAPERS	4%								
68	ADULT DIAPERS	4%	195.17	195.17	195.17	195.17	195.17	195.17	195.17	195.17
69	BABY WIPES	4%	474.15	474.15	474.15	474.15	474.15	474.15	474.15	474.15
70	GLOVES - LATEX FREE	4%	193.80	193.80	193.80	193.80	193.80	193.80	193.80	193.80
71	ALCOHOL PADS	4%	71.64	71.64	71.64	71.64	71.64	71.64	71.64	71.64
72	ALCOHOL BOTTLES	4%	7.96	7.96	7.96	7.96	7.96	7.96	7.96	7.96
73	COTTON BALLS	4%	89.64	89.64	89.64	89.64	89.64	89.64	89.64	89.64
74	K-Y JELLY	4%	179.76	179.76	179.76	179.76	179.76	179.76	179.76	179.76
75	ABSORBENT 30 x 36 STAY PUT BED LINERS	4%	670.00	670.00	670.00	670.00	670.00	670.00	670.00	670.00
76	TRIPLE PASTE	4%	479.52	479.52	479.52	479.52	479.52	479.52	479.52	479.52
77	TUCK PADS	4%	138.96	138.96	138.96	138.96	138.96	138.96	138.96	138.96
78	EURCEIN LOTION	4%	203.76	203.76	203.76	203.76	203.76	203.76	203.76	203.76
79	CALDESENE POWDER	4%	277.92	277.92	277.92	277.92	277.92	277.92	277.92	277.92
80	AVENO OATMEAL BATH	4%	35.92	35.92	35.92	35.92	35.92	35.92	35.92	35.92
81	BANANA BOAT SUNBLOCK	4%	119.88	119.88	119.88	119.88	119.88	119.88	119.88	119.88

NOTE: Items replaced every "X" years (e.g., 3 yrs., 5 yrs, etc.) are paid to last valid replacement date during years indicated in the life care plan.

ITEMS OF COMPENSATION
ROBERT LILLEY, D.O.B. 12/28/2005
CL. CT. NO. 09-031V

NO.	ITEM	GROWTH RATE	2029	2030	2031	2032	2033	2034	2035	2036
	NUTRITIONAL SUPPLIES									
82	QUAKER FIBER BARS	4%	354.24	354.24	354.24	354.24	354.24	354.24	354.24	354.24
83	OVALTINE	4%	191.52	191.52	191.52	191.52	191.52	191.52	191.52	191.52
84	NUTIPAL CHOCOLATE SHAKES	4%	62.28	62.28	62.28	62.28	62.28	62.28	62.28	62.28
85	ENFAMIL TODDLER FORMULA	4%								
86	CARNATION INSTANT BREAKFAST	4%	268.32	268.32	268.32	268.32	268.32	268.32	268.32	268.32
	HEALTH & MAINTENANCE									
87	SUMMER CAMP FOR ADULTS	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
88	PLAY EQUIPMENT	4%								
	HOME HEALTHCARE/HOMAKER SERVICES									
89	HOME HEALTH AIDE / LPN / LVN	4%	280,320.00	280,320.00	280,320.00	280,320.00	280,320.00	280,320.00	280,320.00	280,320.00
	TRANSPORTATION									
90	HANDICAPPED VAN	4%	4,000.00	4,000.00	4,000.00	4,000.00	4,000.00	4,000.00	4,000.00	4,000.00
91	DRIVER EVALUATION	4%	320.00	32.00	32.00	32.00	32.00	32.00	32.00	32.00
92	HOME MODIFICATION	N/A								
	SUBTOTAL - 1ST YEAR EXPENSES									
93	PAST UNREIMBURSED EXPENSES									
94	PAIN & SUFFERING									
95	LOST WAGES									
96	STATE OF TENNESSEE MEDICAID LIEN									
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	TOTAL:		307,565.53	306,892.04	306,608.48	306,608.48	306,608.48	306,608.48	307,329.20	307,329.20

NOTE: Items replaced every "X" years (e.g., 3 yrs., 5 yrs, etc.) are paid to last valid replacement date during years indicated in the life care plan.

ITEMS OF COMPENSATION
ROBERT LILLEY, D.O.B. 12/28/2005
CL. CT. NO. 09-031V

NO.	ITEM	GROWTH RATE	2037	2038	2039	Transition: Medicare/ Medigap **2040**	2041 2048	2049 2054	2055	2056 2059
	MEDICAL INSURANCE									
1	BLUE CROSS/BLUE SHIELD OF TENNESSEE - MAX OUT OF POCKET	5%	1,500.00	1,500.00	1,500.00					
2	BLUE CROSS/BLUE SHIELD OF TENNESSEE PREMIUMS	5%	11,730.24	11,730.24	11,730.24					
3	DENTAL COVERAGE	5%	50.00	50.00	50.00					
4	MEDICARE PART B PREMIUM	5%				**1,326.00**	1,326.00	1,326.00	1,326.00	1,326.00
5	MEDICARE PART B DEDUCTIBLE					**155.00**	155.00	155.00	155.00	155.00
6	MEDICARE PART A DEDUCTIBLE	5%				**1,068.00**	1,068.00	1,068.00	1,068.00	1,068.00
7	MEDIGAP - PLAN A	5%				**4,111.08**	4,111.08	4,111.08	4,111.08	4,111.08
8	MEDIGAP - PLAN J	5%								
9	MEDICARE D PRESCRIPTION	5%				**3,551.18**	3,551.18	3,551.18	3,551.18	3,551.18
	MEDICAL CARE									
10	DENTIST	5%	0.00	0.00	0.00	**159.00**	159.00	159.00	159.00	159.00
	MEDICATIONS									
11	NIFEDIPINE	5%	24.00	24.00	24.00	**0.00**	0.00	0.00	0.00	0.00
12	ZANAFLEX	5%	120.00	120.00	120.00	**0.00**	0.00	0.00	0.00	0.00
13	DITROPAN	5%	120.00	120.00	120.00	**0.00**	0.00	0.00	0.00	0.00
14	BACTRIM	5%	120.00	120.00	120.00	**0.00**	0.00	0.00	0.00	0.00
15	NYSTATIN	5%	120.00	120.00	120.00	**0.00**	0.00	0.00	0.00	0.00
16	NASACORT	5%	420.00	420.00	420.00	**0.00**	0.00	0.00	0.00	0.00
17	LYRICA	5%	420.00	420.00	420.00	**0.00**	0.00	0.00	0.00	0.00
18	PUMICORT	5%	400.00	400.00	400.00	**0.00**	0.00	0.00	0.00	0.00
19	XOPENEX	5%	400.00	400.00	400.00	**0.00**	0.00	0.00	0.00	0.00
	OVER THE COUNTER MEDICATIONS									
20	MELANTONIN	4%	25.55	25.55	25.55	**25.55**	25.55	25.55	25.55	25.55
21	MIRALAX	4%	467.64	467.64	467.64	**467.64**	467.64	467.64	467.64	467.64
22	BENADRYL CREAM	4%	162.96	162.96	162.96	**162.96**	162.96	162.96	162.96	162.96
23	BENADRYL FAST MELTS TABLETS	4%	41.64	41.64	41.64	**41.64**	41.64	41.64	41.64	41.64
24	FLEET ENEMA	4%	100.44	100.44	100.44	**100.44**	100.44	100.44	100.44	100.44
25	PEDIATRIC LAX GLYCERIN SUPPOSITORIES	4%	90.79	90.79	90.79	**90.79**	90.79	90.79	90.79	90.79
26	PREPARATION H GEL	4%	47.96	47.96	47.96	**47.96**	47.96	47.96	47.96	47.96

NOTE: Items replaced every "X" years (e.g., 3 yrs., 5 yrs, etc.) are paid to last valid replacement date during years indicated in the life care plan.

ITEMS OF COMPENSATION
ROBERT LILLEY, D.O.B. 12/28/2005
CL. CT. NO. 09-031V

NO.	ITEM	GROWTH RATE	2037	2038	2039	Transition: Medicare/ Medigap **2040**	2041 2048	2049 2054	2055	2056 2059
	THERAPEUTIC MODALITIES									
27	PHYSICAL THERAPY	4%	0.00	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	0.00
29	RECREATIONAL THERAPY	4%								
30	RN CASE MANAGER	4%	1,068.00	1,068.00	1,068.00	**1,068.00**	1,068.00	1,068.00	1,068.00	1,068.00
31	YMCA	4%	27.00	27.00	27.00	**27.00**	27.00	27.00	27.00	27.00
	COUNSELING/EDUCATION									
32	PSYCHOLOGIST	4%	260.00	260.00	260.00	**0.00**	0.00	0.00	0.00	0.00
	EQUIPMENT									
33	PEDIATRIC WHEELCHAIR MAINTENANCE	4%								
34	WHEELCHAIR CARRYING PACK	4%	28.00	28.00	28.00	**28.00**	28.00	28.00	28.00	28.00
35	WHEELCHAIR BATTERY	4%	230.00	230.00	230.00	**230.00**	230.00	230.00	230.00	230.00
36	WHEELCHAIR MAINTENANCE	4%	150.00	150.00	150.00	**150.00**	150.00	150.00	150.00	150.00
37	PEDIATRIC MANUAL WHEELCHAIR	4%								
38	ADULT MANUAL WHEELCHAIR	4%	65.80	65.80	65.80	**65.80**	65.80	65.80	65.80	65.80
39	UNDERNEATH CARRY PACK	4%	21.00	21.00	21.00	**21.00**	21.00	21.00	21.00	21.00
40	DELUXE HARD SHELL HELMET	4%	38.39	38.39	38.39	**38.39**	38.39	38.39	38.39	38.39
41	PEDIATRIC MOBILE STANDER MAINTENANCE	4%								
42	ADULT STANDER MAINTENANCE	4%	150.00	150.00	150.00	**150.00**	150.00	150.00	150.00	150.00
43	GLOVES FOR WHEELCHAIR	4%	60.00	60.00	60.00	**60.00**	60.00	60.00	60.00	60.00
44	NEBULIZER	4%				**29.95**	5.99	5.99	5.99	5.99
45	CPAP	4%				**49.95**	9.99	9.99	9.99	9.99
46	10' PLATFORM-MOUNTED PARALLEL BARS	N/A								
47	DYCEM NON-SLIP PARALLEL BAR MAT	4%	59.50	59.50	59.50	**59.50**	59.50	59.50	59.50	59.50
48	TUBLE FORM 2 VESTIBULAR IV	4%								
49	TEMPURA MED TABLE PAD	4%	51.00	51.00	51.00	**51.00**	51.00	51.00	51.00	51.00
50	THERAPY BALLS	4%	6.00	6.00	6.00	**6.00**	6.00	6.00	6.00	6.00
51	PERFORMA POSITIONING BOLSTER MULTI SET	4%	18.20	18.20	18.20	**18.20**	18.20	18.20	18.20	18.20
52	PORTABLE RAMP	4%	9.93	9.93	9.93	**9.93**	9.93	9.93	9.93	9.93
53	MEDIUM 6 POINT-FIT DELUXE SLING	4%								

NOTE: Items replaced every "X" years (e.g., 3 yrs., 5 yrs, etc.) are paid to last valid replacement date during years indicated in the life care plan.

ITEMS OF COMPENSATION
ROBERT LILLEY, D.O.B. 12/28/2005
CL. CT. NO. 09-031V

NO.	ITEM	GROWTH RATE	2037	2038	2039	Transition: Medicare/ Medigap **2040**	2041 2048	2049 2054	2055	2056 2059
54	STAINLESS STEEL BEDPAN	4%							54.99	11.00
55	BEASEY TRANSFER BOARD	4%	29.86	29.86	29.86	**29.86**	29.86	29.86	29.86	29.86
56	RAILS FOR FULL ELECTRIC HOSPITAL BED	4%								
57	MATTRESS FOR HOSPITAL BED	4%								
58	2 SETS HOSPITAL BEED SHEETS	4%								
59	BLOOD PRESSURE CUFF	4%	22.89	22.89	22.89	**22.89**	22.89	22.89	22.89	22.89
60	SPECIAL TOMATO MULTI-POSITIONING CAR SEAT	N/A								
61	ALTERNATING AIR PRESSURE PUMP MATTRESS	4%				**499.99**	71.43	71.43	71.43	71.43
	ADAPTIVE SUPPLIES FOR HOME & SCHOOL									
62	EATING DISHES AND UTENSILS	4%	100.00	100.00	100.00	**100.00**	100.00	100.00	100.00	100.00
63	DRESSING ADAPTIVE EQUIPMENT	4%	45.97	45.97	45.97	**45.97**	45.97	45.97	45.97	45.97
64	SCHOOL SUPPLIES	4%								
65	COMPUTER WITH ADAPTIVE EQUIPMENT	4%	160.00	160.00	160.00	**160.00**	160.00	160.00	160.00	160.00
66	EDUCATIONAL SOFTWARE	4%								
	SUPPLIES									
67	DIAPERS	4%								
68	ADULT DIAPERS	4%	195.17	195.17	195.17	**195.17**	195.17	195.17	195.17	195.17
69	BABY WIPES	4%	474.15	474.15	474.15	**474.15**	474.15	474.15	474.15	474.15
70	GLOVES - LATEX FREE	4%	193.80	193.80	193.80	**193.80**	193.80	193.80	193.80	193.80
71	ALCOHOL PADS	4%	71.64	71.64	71.64	**71.64**	71.64	71.64	71.64	71.64
72	ALCOHOL BOTTLES	4%	7.96	7.96	7.96	**7.96**	7.96	7.96	7.96	7.96
73	COTTON BALLS	4%	89.64	89.64	89.64	**89.64**	89.64	89.64	89.64	89.64
74	K-Y JELLY	4%	179.76	179.76	179.76	**179.76**	179.76	179.76	179.76	179.76
75	ABSORBENT 30 x 36 STAY PUT BED LINERS	4%	670.00	670.00	670.00	**670.00**	670.00	670.00	670.00	670.00
76	TRIPLE PASTE	4%	479.52	479.52	479.52	**479.52**	479.52	479.52	479.52	479.52
77	TUCK PADS	4%	138.96	138.96	138.96	**138.96**	138.96	138.96	138.96	138.96
78	EURCEIN LOTION	4%	203.76	203.76	203.76	**203.76**	203.76	203.76	203.76	203.76
79	CALDESENE POWDER	4%	277.92	277.92	277.92	**277.92**	277.92	277.92	277.92	277.92
80	AVENO OATMEAL BATH	4%	35.92	35.92	35.92	**35.92**	35.92	35.92	35.92	35.92
81	BANANA BOAT SUNBLOCK	4%	119.88	119.88	119.88	**119.88**	119.88	119.88	119.88	119.88

NOTE: Items replaced every "X" years (e.g., 3 yrs., 5 yrs, etc.) are paid to last valid replacement date during years indicated in the life care plan.

ITEMS OF COMPENSATION
ROBERT LILLEY, D.O.B. 12/28/2005
CL. CT. NO. 09-031V

NO.	ITEM	GROWTH RATE	2037	2038	2039	Transition: Medicare/ Medigap **2040**	2041 2048	2049 2054	2055	2056 2059
	NUTRITIONAL SUPPLIES									
82	QUAKER FIBER BARS	4%	354.24	354.24	354.24	**354.24**	354.24	354.24	354.24	354.24
83	OVALTINE	4%	191.52	191.52	191.52	**191.52**	191.52	191.52	191.52	191.52
84	NUTIPAL CHOCOLATE SHAKES	4%	62.28	62.28	62.28	**62.28**	62.28	62.28	62.28	62.28
85	ENFAMIL TODDLER FORMULA	4%								
86	CARNATION INSTANT BREAKFAST	4%	268.32	268.32	268.32	**268.32**	268.32	268.32	268.32	268.32
	HEALTH & MAINTENANCE									
87	SUMMER CAMP FOR ADULTS	4%	0.00	0.00	0.00	**0.00**	0.00	0.00	0.00	0.00
88	PLAY EQUIPMENT	4%								
	HOME HEALTHCARE/HOMAKER SERVICES									
89	HOME HEALTH AIDE / LPN / LVN	4%	280,320.00	280,320.00	280,320.00	**280,320.00**	280,320.00	280,320.00	280,320.00	280,320.00
	TRANSPORTATION									
90	HANDICAPPED VAN	4%	4,000.00	4,000.00	4,000.00	**4,000.00**	4,000.00	4,000.00	4,000.00	4,000.00
91	DRIVER EVALUATION	4%	32.00	32.00	32.00	**32.00**	32.00	32.00	32.00	32.00
92	HOME MODIFICATION	N/A								
	SUBTOTAL - 1ST YEAR EXPENSES									
93	PAST UNREIMBURSED EXPENSES									
94	PAIN & SUFFERING									
95	LOST WAGES									
96	STATE OF TENNESSEE MEDICAID LIEN									
			---	---	---	---	---	---	---	---
	TOTAL:		307,329.20	307,329.20	307,329.20	**302,595.11**	302,102.63	302,102.63	302,157.62	302,113.63

NOTE: Items replaced every "X" years (e.g., 3 yrs., 5 yrs, etc.) are paid to last valid replacement date during years indicated in the life care plan.

ITEMS OF COMPENSATION
ROBERT LILLEY, D.O.B. 12/28/2005
CL. CT. NO. 09-031V

NO.	ITEM	GROWTH RATE	2060	2061 2064	2065 2069	2070	2071 2074	2075	2076 LIFE
	MEDICAL INSURANCE								
1	BLUE CROSS/BLUE SHIELD OF TENNESSEE - MAX OUT OF POCKET	5%							
2	BLUE CROSS/BLUE SHIELD OF TENNESSEE PREMIUMS	5%							
3	DENTAL COVERAGE	5%							
4	MEDICARE PART B PREMIUM	5%	1,326.00	1,326.00	1,326.00	1,326.00	1,326.00	1,326.00	1,326.00
5	MEDICARE PART B DEDUCTIBLE		155.00	155.00	155.00				
6	MEDICARE PART A DEDUCTIBLE	5%	1,068.00	1,068.00	1,068.00				
7	MEDIGAP - PLAN A	5%	4,111.08	4,111.08	4,111.08				
8	MEDIGAP - PLAN J	5%				1,551.84	1,551.84	1,551.84	1,551.84
9	MEDICARE D PRESCRIPTION	5%	3,551.18	3,551.18	3,551.18				
	MEDICAL CARE								
10	DENTIST	5%	159.00	159.00	159.00	159.00	159.00	159.00	159.00
	MEDICATIONS								
11	NIFEDIPINE	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
12	ZANAFLEX	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
13	DITROPAN	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
14	BACTRIM	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
15	NYSTATIN	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
16	NASACORT	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
17	LYRICA	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
18	PUMICORT	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
19	XOPENEX	5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	OVER THE COUNTER MEDICATIONS								
20	MELANTONIN	4%	25.55	25.55	25.55	25.55	25.55	25.55	25.55
21	MIRALAX	4%	467.64	467.64	467.64	467.64	467.64	467.64	467.64
22	BENADRYL CREAM	4%	162.96	162.96	162.96	162.96	162.96	162.96	162.96
23	BENADRYL FAST MELTS TABLETS	4%	41.64	41.64	41.64	41.64	41.64	41.64	41.64
24	FLEET ENEMA	4%	100.44	100.44	100.44	100.44	100.44	100.44	100.44
25	PEDIATRIC LAX GLYCERIN SUPPOSITORIES	4%	90.79	90.79	90.79	90.79	90.79	90.79	90.79
26	PREPARATION H GEL	4%	47.96	47.96	47.96	47.96	47.96	47.96	47.96

NOTE: Items replaced every "X" years (e.g., 3 yrs., 5 yrs, etc.) are paid to last valid replacement date during years indicated in the life care plan.

ITEMS OF COMPENSATION
ROBERT LILLEY, D.O.B. 12/28/2005
CL. CT. NO. 09-031V

NO.	ITEM	GROWTH RATE	2060	2061 2064	2065 2069	2070	2071 2074	2075	2076 LIFE
	THERAPEUTIC MODALITIES								
27	PHYSICAL THERAPY	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	RECREATIONAL THERAPY	4%							
30	RN CASE MANAGER	4%	1,068.00	1,068.00	1,068.00	1,068.00	1,068.00	1,068.00	1,068.00
31	YMCA	4%	27.00	27.00	27.00	27.00	27.00	27.00	27.00
	COUNSELING/EDUCATION								
32	PSYCHOLOGIST	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	EQUIPMENT								
33	PEDIATRIC WHEELCHAIR MAINTENANCE	4%							
34	WHEELCHAIR CARRYING PACK	4%	28.00	28.00	28.00	28.00	28.00	28.00	28.00
35	WHEELCHAIR BATTERY	4%	230.00	230.00	230.00	230.00	230.00	230.00	230.00
36	WHEELCHAIR MAINTENANCE	4%	150.00	150.00	150.00	150.00	150.00	150.00	150.00
37	PEDIATRIC MANUAL WHEELCHAIR	4%							
38	ADULT MANUAL WHEELCHAIR	4%	65.80	65.80	65.80	65.80	65.80	65.80	65.80
39	UNDERNEATH CARRY PACK	4%	21.00	21.00	21.00	21.00	21.00	21.00	21.00
40	DELUXE HARD SHELL HELMET	4%	38.39	38.39	38.39	38.39	38.39	38.39	38.39
41	PEDIATRIC MOBILE STANDER MAINTENANCE	4%							
42	ADULT STANDER MAINTENANCE	4%	150.00	150.00	150.00	150.00	150.00	150.00	150.00
43	GLOVES FOR WHEELCHAIR	4%	60.00	60.00	60.00	60.00	60.00	60.00	60.00
44	NEBULIZER	4%	5.99	5.99	5.99	5.99	5.99	5.99	5.99
45	CPAP	4%	9.99	9.99	9.99	9.99	9.99	9.99	9.99
46	10' PLATFORM-MOUNTED PARALLEL BARS	N/A							
47	DYCEM NON-SLIP PARALLEL BAR MAT	4%	59.50	59.50	59.50	59.50	59.50	59.50	59.50
48	TUBLE FORM 2 VESTIBULAR IV	4%							
49	TEMPURA MED TABLE PAD	4%	51.00	51.00	51.00	51.00	51.00	51.00	51.00
50	THERAPY BALLS	4%	6.00	6.00	6.00	6.00	6.00	6.00	6.00
51	PERFORMA POSITIONING BOLSTER MULTI SET	4%	18.20	18.20	18.20	18.20	18.20	18.20	18.20
52	PORTABLE RAMP	4%	9.93	9.93	9.93	9.93	9.93	9.93	9.93
53	MEDIUM 6 POINT-FIT DELUXE SLING	4%	204.00	68.00	68.00	68.00	68.00	68.00	68.00

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ITEMS OF COMPENSATION
ROBERT LILLEY, D.O.B. 12/28/2005
CL. CT. NO. 09-031V

NO.	ITEM	GROWTH RATE	2060	2061 2064	2065 2069	2070	2071 2074	2075	2076 LIFE
54	STAINLESS STEEL BEDPAN	4%	11.00	11.00	11.00	11.00	11.00	11.00	11.00
55	BEASEY TRANSFER BOARD	4%	29.86	29.86	29.86	29.86	29.86	29.86	29.86
56	RAILS FOR FULL ELECTRIC HOSPITAL BED	4%	100.00	20.00	20.00	20.00	20.00	20.00	20.00
57	MATTRESS FOR HOSPITAL BED	4%	139.99	20.00	20.00	20.00	20.00	20.00	20.00
58	2 SETS HOSPITAL BEED SHEETS	4%	144.00	72.00	72.00	72.00	72.00	72.00	72.00
59	BLOOD PRESSURE CUFF	4%	22.89	22.89	22.89	22.89	22.89	22.89	22.89
60	SPECIAL TOMATO MULTI-POSITIONING CAR SEAT	N/A							
61	ALTERNATING AIR PRESSURE PUMP MATTRESS	4%	71.43	71.43	71.43	71.43	71.43	71.43	71.43
	ADAPTIVE SUPPLIES FOR HOME & SCHOOL								
62	EATING DISHES AND UTENSILS	4%	100.00	100.00	100.00	100.00	100.00	100.00	100.00
63	DRESSING ADAPTIVE EQUIPMENT	4%	45.97	45.97	45.97	45.97	45.97	45.97	45.97
64	SCHOOL SUPPLIES	4%							
65	COMPUTER WITH ADAPTIVE EQUIPMENT	4%	160.00	160.00	160.00	160.00	160.00	160.00	160.00
66	EDUCATIONAL SOFTWARE	4%							
	SUPPLIES								
67	DIAPERS	4%							
68	ADULT DIAPERS	4%	195.17	195.17	195.17	195.17	195.17	195.17	195.17
69	BABY WIPES	4%	474.15	474.15	474.15	474.15	474.15	474.15	474.15
70	GLOVES - LATEX FREE	4%	193.80	193.80	193.80	193.80	193.80	193.80	193.80
71	ALCOHOL PADS	4%	71.64	71.64	71.64	71.64	71.64	71.64	71.64
72	ALCOHOL BOTTLES	4%	7.96	7.96	7.96	7.96	7.96	7.96	7.96
73	COTTON BALLS	4%	89.64	89.64	89.64	89.64	89.64	89.64	89.64
74	K-Y JELLY	4%	179.76	179.76	179.76	179.76	179.76	179.76	179.76
75	ABSORBENT 30 x 36 STAY PUT BED LINERS	4%	670.00	670.00	670.00	670.00	670.00	670.00	670.00
76	TRIPLE PASTE	4%	479.52	479.52	479.52	479.52	479.52	479.52	479.52
77	TUCK PADS	4%	138.96	138.96	138.96	138.96	138.96	138.96	138.96
78	EURCEIN LOTION	4%	203.76	203.76	203.76	203.76	203.76	203.76	203.76
79	CALDESENE POWDER	4%	277.92	277.92	277.92	277.92	277.92	277.92	277.92
80	AVENO OATMEAL BATH	4%	35.92	35.92	35.92	35.92	35.92	35.92	35.92
81	BANANA BOAT SUNBLOCK	4%	119.88	119.88	119.88	119.88	119.88	119.88	119.88

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ITEMS OF COMPENSATION
ROBERT LILLEY, D.O.B. 12/28/2005
CL. CT. NO. 09-031V

NO.	ITEM	GROWTH RATE	2060	2061 2064	2065 2069	2070	2071 2074	2075	2076 LIFE
	NUTRITIONAL SUPPLIES								
82	QUAKER FIBER BARS	4%	354.24	354.24	354.24	354.24	354.24	354.24	354.24
83	OVALTINE	4%	191.52	191.52	191.52	191.52	191.52	191.52	191.52
84	NUTIPAL CHOCOLATE SHAKES	4%	62.28	62.28	62.28	62.28	62.28	62.28	62.28
85	ENFAMIL TODDLER FORMULA	4%							
86	CARNATION INSTANT BREAKFAST	4%	268.32	268.32	268.32	268.32	268.32	268.32	268.32
	HEALTH & MAINTENANCE								
87	SUMMER CAMP FOR ADULTS	4%	0.00	0.00	0.00	0.00			
88	PLAY EQUIPMENT	4%							
	HOME HEALTHCARE/HOMAKER SERVICES								
89	HOME HEALTH AIDE / LPN / LVN	4%	280,320.00	280,320.00	280,320.00	280,320.00	280,320.00	280,320.00	280,320.00
	TRANSPORTATION								
90	HANDICAPPED VAN	4%	4,000.00	4,000.00	4,000.00	4,000.00	4,000.00	4,000.00	4,000.00
91	DRIVER EVALUATION	4%							
92	HOME MODIFICATION	N/A							
	SUBTOTAL - 1ST YEAR EXPENSES								
93	PAST UNREIMBURSED EXPENSES								
94	PAIN & SUFFERING								
95	LOST WAGES								
96	STATE OF TENNESSEE MEDICAID LIEN								
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	TOTAL:		302,669.62	302,261.63	302,261.63	294,928.21	294,928.21	294,928.21	294,928.21

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