

In the United States Court of Federal Claims
OFFICE OF SPECIAL MASTERS
(Filed: August 8, 2011)
No. 07-290V

TAMMY L. EDWARDS,	)	Influenza Vaccine;
	)	Guillain-Barré Syndrome;
	)	Chronic Inflammatory
Petitioner,	)	Demyelinating Polyneuropathy;
	)	Finding of Entitlement;
v.	)	Damages Decision Based on
	)	Proffer
SECRETARY OF THE DEPARTMENT)	
OF HEALTH AND HUMAN SERVICES,)	
)	
Respondent.)	

Anne Carrion Toale, for petitioner, Sarasota, FL.

Lisa Ann Watts, for respondent, Washington, DC.

DECISION¹

On May 8, 2007, Tammy Edwards (“petitioner”), filed a petition for compensation alleging that she suffered certain injuries as a result of receiving a vaccination. Among the injuries petitioner alleged that she had suffered as a result of receiving a trivalent influenza vaccination was Guillain-Barré Syndrome (GBS) or chronic inflammatory demyelinating polyneuropathy (CIDP). She sought an award under the National Vaccine Injury Compensation Program, National Vaccine Injury Compensation Program² (the Act

¹ Because this decision contains a reasoned explanation for the undersigned’s action in this case, the undersigned intends to post this decision on the United States Court of Federal Claims’ website, in accordance with the E-Government Act of 2002, Pub. L. No. 107-347, 116 Stat. 2899, 2913 (Dec. 17, 2002). As provided by Vaccine Rule 18(b), each party has 14 days within which to request redaction “of any information furnished by that party: (1) that is a trade secret or commercial or financial in substance and is privileged or confidential; or (2) that includes medical files or similar files, the disclosure of which would constitute a clearly unwarranted invasion of privacy.” Vaccine Rule 18(b). Otherwise, the entire decision will be available to the public. Id.

² The National Vaccine Injury Compensation Program is set forth in Part 2 of

or the Program). 42 U.S.C. §§ 300aa-1 to -34 (2006).

On August 1, 2008, the undersigned issued a Ruling on Entitlement. On August 25, 2008, the undersigned conducted a status conference to discuss the parties' plan for resolving damages. See 8/29/2008 Order. On August 8, 2011, respondent filed a Proffer on Award of Compensation (Proffer), representing therein petitioner's agreement to the terms of the proffer. Based on the record as a whole, the undersigned finds that petitioner is entitled to an award as stated in the Proffer. Pursuant to the terms stated in the attached Proffer, the court awards petitioners:

1. A lump sum of \$895,012.74, representing compensation for the life care expenses expected to be incurred during the first year after judgment (\$352,319.78), lost earnings (\$280,990.96), pain and suffering (\$227,524.67), and part unreimbursable expenses (\$34,177.33), in the form of a check payable to petitioner, Tammy L. Edwards.
2. A lump sum payment of \$20,396.38, representing compensation for the reimbursement of the Florida Medicaid lien, payable jointly to petitioner and

Agency for Health Care Administration
Medicaid TPL Recovery Unity
ACS Recovery Services
P.O. Box 12188
Tallahassee, FL 32317-2188
Attn: Ms. Nika Ervin

Petitioner agrees to endorse this payment to ACS Recovery Services.

3. A lump sum payment of \$41,412.43, representing compensation for the reimbursement of the State of Missouri Medicaid lien, payable jointly to petitioner and

Missouri HealthNet Division
Cost Recovery Unit
P.O. Box 6500
Jefferson City, Missouri 65102-6500

Petitioner agrees to endorse this payment to Missouri HealthNet Division.

the National Childhood Vaccine Injury Act of 1986, Pub. L. No. 99-660, 100 Stat. 3755, codified as amended, 42 U.S.C. §§ 300aa-1 to -34 (2006) (Vaccine Act or the Act). All citations in this decision to individual sections of the Vaccine Act are to 42 U.S.C.A. § 300aa.

4. An amount sufficient to purchase an annuity contract, subject to the conditions described in paragraph II.D. of the attached Proffer, 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.³

IT IS SO ORDERED.

s/ Patricia E. Campbell-Smith
Patricia E. Campbell-Smith
Chief Special Master

³ Pursuant to Vaccine Rule 11(a), entry of judgment is expedited by the parties' joint filing of notice renouncing the right to seek review.

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

TAMMY L. EDWARDS,	)	<u>ECF</u>
)	
Petitioner,	)	No. 07-290V
)	
v.	)	Chief Special Master
	)	Patricia Campbell-Smith
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 Janet Toney, MA, LPC, CRC, CDMS, CCM, CLCP, to provide an estimation of Tammy L. Edwards’s future vaccine-injury related needs. For the purposes of this proffer, the term “vaccine related” is as described in the special master’s Ruling on Entitlement issued July 31, 2008. All items of compensation identified in the life care plan are supported by the evidence, and are illustrated by the chart entitled Appendix A: Items of Compensation for Tammy L. Edwards, attached hereto as Tab A.¹ Respondent proffers that Tammy L. Edwards should be awarded all items of compensation set forth in the life care plan and illustrated by the chart attached at Tab A. 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.

B. Lost Earnings

The parties agree that based upon the evidence of record, Tammy L. Edwards has suffered a past loss of earnings and will not be gainfully employed in the future. Therefore, respondent proffers that Tammy L. Edwards should be awarded lost earnings as provided under the Vaccine Act, 42 U.S.C. § 300aa-15(a)(3)(A). Respondent proffers that the appropriate award for Tammy L. Edwards's lost earnings is \$280,990.96. Petitioner agrees.

C. Pain and Suffering

Respondent proffers that Tammy L. Edwards should be awarded \$227,524.67 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 Tammy L. Edwards's 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 \$34,177.33. Petitioner agrees.

E. Medicaid Liens

Respondent proffers that petitioner should be awarded funds to satisfy two State Medicaid liens: one from the State of Florida in the amount of \$20,396.38, and one from the State of Missouri in the amount of \$41,412.43. These payments represent full satisfaction of any right of subrogation, assignment, claim, lien, or cause of action these States may have against any individual as a result of any Medicaid payments the States have made to or on behalf of Tammy

L. Edwards from the date of her eligibility for benefits through the date of judgment in this case as a result of her vaccine-related injury suffered on or about November 3, 1997, under Title XIX of the Social Security Act.

II. Form of the Award

The parties recommend that the compensation provided to Tammy L. Edwards 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 \$895,012.74, representing compensation for life care expenses expected to be incurred during the first year after judgment (\$352,319.78), lost earnings (\$280,990.96), pain and suffering (\$227,524.67), and past unreimbursable expenses (\$34,177.33), in the form of a check payable to petitioner, Tammy L. Edwards.

B. A lump sum payment of \$20,396.38, representing compensation for the reimbursement of the Florida Medicaid lien, payable jointly to petitioner and

Agency for Health Care Administration
Medicaid TPL Recovery Unit
ACS Recovery Services
P.O. Box 12188
Tallahassee, FL 32317-2188
Att: Ms. Nika Ervin

Petitioner agrees to endorse this payment to ACS Recovery Services.

C. A lump sum payment of \$41,412.43, representing compensation for the reimbursement of the State of Missouri Medicaid lien, payable jointly to petitioner and

Missouri HealthNet Division
Cost Recovery Unit
P.O. Box 6500
Jefferson City, Missouri 65102-6500

Petitioner agrees to endorse this payment to Missouri HealthNet Division.

D. An amount sufficient to purchase an annuity contract,² 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 company³ from which the annuity will be purchased.⁴ 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, Tammy L. Edwards, only so long as Tammy L. Edwards 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

² In respondent's discretion, respondent may purchase one or more annuity contracts from one or more life insurance companies.

³ 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 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.

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 she, Tammy L. Edwards, 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 Tammy L. Edwards's 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, Tammy L. Edwards:	\$ 895,012.74
B.	Reimbursement of Florida Medicaid lien:	\$ 20,396.38
C.	Reimbursement of Missouri Medicaid lien:	\$ 41,412.43
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

MICHAEL P. MILMOE
Senior Trial Counsel
Torts Branch, Civil Division

s/Lisa A. Watts
LISA A. WATTS
Trial Attorney
Torts Branch, Civil Division
U.S. Department of Justice
P.O. Box 146
Benjamin Franklin Station
Washington, D.C. 20044-0146
Telephone: (202) 616-4099

Dated: August 8, 2011.

ITEMS OF COMPENSATION	G.R.	*	M	Lump Sum	Compensation	Compensation	Compensation	Compensation	Compensation	Compensation	Compensation
				Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8
				2011	2012	2013	2014	2015	2016	2017	2018
ER	5%	*		186.98	186.98	186.98	186.98	280.47	280.47	280.47	280.47
Ambulance trips to ER	4%	*		63.80	63.80	63.80	63.80	63.80	63.80	63.80	63.80
Mileage	4%			14.85	14.85	14.85	14.85	14.85	14.85	14.85	14.85
PT & OT Evals	4%	*									
PT	4%	*									
Gym Memb.	4%		M	556.00	516.00	516.00	516.00	516.00	516.00	516.00	516.00
Personal Trainer	4%		M	1,548.00	1,548.00	1,548.00	1,548.00	1,548.00	1,548.00	1,548.00	1,548.00
Restoril	5%	*									
Nexium	5%	*									
Celexa	5%	*									
Fosomax	5%	*									
Flexeril	5%	*									
Cipro	5%	*									
Biaxin	5%	*									
Forteo Pen	5%	*									
Alcohol Swabs	4%			17.41	17.41	17.41	17.41	17.41	17.41	17.41	17.41
Calamine Lotion	4%			14.98	14.98	14.98	14.98	14.98	14.98	14.98	14.98
Metamucil	4%			44.79	44.79	44.79	44.79	44.79	44.79	44.79	44.79
Miralax	4%			260.45	260.45	260.45	260.45	260.45	260.45	260.45	260.45
Fleet Enema	4%			728.18	728.18	728.18	728.18	728.18	728.18	728.18	728.18
Nasal Gel	4%			65.88	65.88	65.88	65.88	65.88	65.88	65.88	65.88
Nasal Neti Rinse Pot/ Kit	4%			19.98	19.98	19.98	19.98	19.98	19.98	19.98	19.98
Saline Rinse Kit	4%			40.11	40.11	40.11	40.11	40.11	40.11	40.11	40.11
Saline Nasal Mist	4%			47.88	47.88	47.88	47.88	47.88	47.88	47.88	47.88
Shower Chair	4%			214.50					214.50		
Hand Held Shower	4%			48.35					48.35		
Positioning Wedge	4%			33.98					33.98		
Rolling Walker	4%	*		24.20					24.20		
Forearm Crutches	4%	*		24.20					24.20		
Adjustable Bed w/ Memory Foam	4%			3,399.00							
Tilt-top Overbed Table	4%			102.00							
Bed Cane	4%			118.99					118.99		
Bedside Commode	4%			238.00							

ITEMS OF COMPENSATION	G.R.	*	M	Lump Sum Compensation Year 1	Compensation Year 2	Compensation Year 3	Compensation Year 4	Compensation Year 5	Compensation Year 6	Compensation Year 7	Compensation Year 8
				2011	2012	2013	2014	2015	2016	2017	2018
Emergency Comm. Service	4%			749.52	749.52	749.52	749.52	749.52	749.52	749.52	749.52
Driving Assess/ Eval.	4%			400.00					400.00		
Mileage	4%			23.20					23.20		
Driving Inst. & Equip Training	4%			437.50					437.50		
Life Alert System	4%			908.88	719.88	719.88	719.88	719.88	719.88	719.88	719.88
Batteries for Life Alert	4%			33.42	33.42	33.42	33.42	33.42	33.42	33.42	33.42
Heavy Housecleaning	4%		M	2,080.00	2,080.00	2,080.00	2,080.00	2,080.00	2,080.00	2,080.00	2,080.00
Mowing	4%							800.00	800.00	800.00	800.00
Seasonal Yard Maintenance	4%							383.00	383.00	383.00	383.00
Snow Removal	4%							520.00	520.00	520.00	520.00
Attendant Care	4%		M	41,829.00	41,829.00	41,829.00	41,829.00	55,772.00	55,772.00	55,772.00	55,772.00
Lost Earnings				280,990.96							
Pain and Suffering				227,524.67							
Past Unreimbursable Expenses				34,177.33							
Florida Medicaid Lien				20,396.38							
Missouri Medicaid Lien				41,412.43							
Annual Totals				956,821.55	106,889.17	107,652.28	106,343.37	123,196.34	125,513.75	123,955.40	158,078.65

Note: Compensation Year 1 consists of the 12 month period following the date of judgment.

Compensation Year 2 consists of the 12 month period commencing on the first anniversary of the date of judgment.

As soon as practicable after entry of judgment, respondent shall make the following payment to petitioner for Yr 1 life care expenses (\$352,319.78), lost earnings (\$280,990.96), pain and suffering (\$227,524.67), and past unreimbursable expenses (\$34,177.33): \$895,012.74.

As soon as practicable after entry of judgment, respondent shall make the following payment jointly to petitioner and the State of Florida, as reimbursement of the state's Medicaid lien: \$20,396.38.

As soon as practicable after entry of judgment, respondent shall make the following payment jointly to petitioner and the State of Missouri, as reimbursement of the state's Medicaid lien: \$41,412.43.

Annual amounts payable through an annuity for future Compensation Years follow the anniversary of the date of judgment.

Annual amounts shall increase at the rates indicated above in column G.R., compounded annually from the date of judgment.

Items denoted with an asterisk (*) covered by health insurance and/or Medicare.

Items denoted with an "M" payable in twelve monthly installments totaling the annual amount indicated.

ITEMS OF COMPENSATION	G.R.	*	M	Compensation Year 9	Compensation Year 10	Compensation Year 11	Compensation Year 12	Compensation Year 13	Compensation Year 14	Compensation Year 15	Compensation Year 16
				2019	2020	2021	2022	2023	2024	2025	2026
ER	5%	*		280.47	280.47	280.47	280.47	280.47	280.47		
Ambulance trips to ER	4%	*		63.80	63.80	63.80	63.80	63.80	63.80	127.60	127.60
Mileage	4%			14.85	14.85	14.85	14.85	14.85	14.85	14.85	14.85
PT & OT Evals	4%	*									
PT	4%	*									
Gym Memb.	4%		M	516.00	516.00	516.00	516.00	516.00	516.00	516.00	516.00
Personal Trainer	4%		M	1,548.00	1,548.00	1,548.00	1,548.00	1,548.00	1,548.00	1,548.00	1,548.00
Restoril	5%	*									
Nexium	5%	*									
Celexa	5%	*									
Fosomax	5%	*									
Flexeril	5%	*									
Cipro	5%	*									
Biaxin	5%	*									
Forteo Pen	5%	*									
Alcohol Swabs	4%			17.41	17.41	17.41	17.41	17.41	17.41	17.41	17.41
Calamine Lotion	4%			14.98	14.98	14.98	14.98	14.98	14.98	14.98	14.98
Metamucil	4%			44.79	44.79	44.79	44.79	44.79	44.79	44.79	44.79
Miralax	4%			260.45	260.45	260.45	260.45	260.45	260.45	260.45	260.45
Fleet Enema	4%			728.18	728.18	728.18	728.18	728.18	728.18	728.18	728.18
Nasal Gel	4%			65.88	65.88	65.88	65.88	65.88	65.88	65.88	65.88
Nasal Neti Rinse Pot/ Kit	4%			19.98	19.98	19.98	19.98	19.98	19.98	19.98	19.98
Saline Rinse Kit	4%			40.11	40.11	40.11	40.11	40.11	40.11	40.11	40.11
Saline Nasal Mist	4%			47.88	47.88	47.88	47.88	47.88	47.88	47.88	47.88
Shower Chair	4%					214.50					214.50
Hand Held Shower	4%					48.35					48.35
Positioning Wedge	4%					33.98					33.98
Rolling Walker	4%	*				24.20					
Forearm Crutches	4%	*				24.20					
Adjustable Bed w/ Memory Foam	4%					3,399.00	339.90	339.90	339.90	339.90	339.90
Tilt-top Overbed Table	4%					102.00	10.20	10.20	10.20	10.20	10.20
Bed Cane	4%					118.99					118.99
Bedside Commode	4%					238.00	23.80	23.80	23.80	23.80	23.80

ITEMS OF COMPENSATION	G.R.	*	M	Compensation Year 9 2019	Compensation Year 10 2020	Compensation Year 11 2021	Compensation Year 12 2022	Compensation Year 13 2023	Compensation Year 14 2024	Compensation Year 15 2025	Compensation Year 16 2026
Emergency Comm. Service	4%			749.52	749.52	749.52	749.52	749.52	749.52	749.52	749.52
Driving Assess/ Eval.	4%					400.00					400.00
Mileage	4%					23.20					23.20
Driving Inst. & Equip Training	4%					437.50					437.50
Life Alert System	4%			719.88	719.88	719.88	719.88	719.88	719.88	719.88	719.88
Batteries for Life Alert	4%			33.42	33.42	33.42	33.42	33.42	33.42	33.42	33.42
Heavy Housecleaning	4%		M	2,080.00	2,080.00	2,080.00	2,080.00	2,080.00	2,080.00	2,080.00	2,080.00
Mowing	4%			800.00	800.00	800.00	800.00	800.00	800.00	800.00	800.00
Seasonal Yard Maintenance	4%			383.00	383.00	383.00	383.00	383.00	383.00	383.00	383.00
Snow Removal	4%			520.00	520.00	520.00	520.00	520.00	520.00	520.00	520.00
Attendant Care	4%		M	55,772.00	69,715.00	69,715.00	69,715.00	69,715.00	69,715.00	83,658.00	83,658.00
Lost Earnings											
Pain and Suffering											
Past Unreimbursable Expenses											
Florida Medicaid Lien											
Missouri Medicaid Lien											
Annual Totals				123,196.34	136,714.23	148,374.49	137,121.90	139,250.21	137,333.42	149,552.71	121,223.71

Note: Compensation Year 1 consists of the 12 month period following the date of judgment.

Compensation Year 2 consists of the 12 month period commencing on the first anniversary of the date of judgment.

As soon as practicable after entry of judgment, respondent shall make the following payment to petitioner for Yr 1 life care expenses (\$352,319.78), lost earnings (\$280,990.96), pain and suffering (\$227,524.67), and past unreimbursable expenses (\$34,177.33): \$895,012.74.

As soon as practicable after entry of judgment, respondent shall make the following payment jointly to petitioner and the State of Florida, as reimbursement of the state's Medicaid lien: \$20,396.38.

As soon as practicable after entry of judgment, respondent shall make the following payment jointly to petitioner and the State of Missouri, as reimbursement of the state's Medicaid lien: \$41,412.43.

Annual amounts payable through an annuity for future Compensation Years follow the anniversary of the date of judgment.

Annual amounts shall increase at the rates indicated above in column G.R., compounded annually from the date of judgment.

Items denoted with an asterisk (*) covered by health insurance and/or Medicare.

Items denoted with an "M" payable in twelve monthly installments totaling the annual amount indicated.

ITEMS OF COMPENSATION	G.R.	*	M	Compensation Year 17 2027	Compensation Years 18-Life 2028-Life
Medicare Part B Premium	5%		M	1,156.80	1,156.80
Medicare Part B Deductible	5%			162.00	162.00
Medigap	5%			1,923.00	1,923.00
Medicare Part D	5%		M	5,132.98	5,132.98
Rheumatologist/Internal Medicine	5%	*			
Neurologist	5%	*			
CBC	5%	*			
BMP or CMP	5%	*			
Neurological Testing	5%	*			
MRI of Brain	5%	*			
MRI of Face, Orbit, Neck	5%	*			
IVIG	5%	*	M		
Pulmon-ologist	5%	*			
Chest X-rays	5%	*			
Pulmonary Function Tests	5%	*			
Gastro-enterologist	5%	*			
Modified Barium Study	5%	*			
Orthopedist	5%	*			
Bone Density Scan	5%	*			
Mileage	4%				
Urologist	5%	*			
Labwork	5%	*			
Renal Ultrasounds	5%	*			
Cysto-metrogram	5%	*			
X-rays	5%	*			
Ophthal-mologist	5%	*			
Eye Surgery for Paralysis	5%	*			
Eye Surgery for Upward Gaze	5%	*			
Lasik Eye Surgery	5%				
ENT	5%	*			
Dermatologist	5%	*			
Nuritionist	4%			40.00	40.00
Dentist/ Hygenist	5%			1,083.50	1,083.50

ITEMS OF COMPENSATION	G.R.	*	M	Compensation Year 17 2027	Compensation Years 18-Life 2028-Life
ER	5%	*			
Ambulance trips to ER	4%	*		127.60	127.60
Mileage	4%			14.85	14.85
PT & OT Evals	4%	*			
PT	4%	*			
Gym Memb.	4%		M	516.00	516.00
Personal Trainer	4%		M	1,548.00	1,548.00
Restoril	5%	*			
Nexium	5%	*			
Celexa	5%	*			
Fosomax	5%	*			
Flexeril	5%	*			
Cipro	5%	*			
Biaxin	5%	*			
Forteo Pen	5%	*			
Alcohol Swabs	4%			17.41	17.41
Calamine Lotion	4%			14.98	14.98
Metamucil	4%			44.79	44.79
Miralax	4%			260.45	260.45
Fleet Enema	4%			728.18	728.18
Nasal Gel	4%			65.88	65.88
Nasal Neti Rinse Pot/ Kit	4%			19.98	19.98
Saline Rinse Kit	4%			40.11	40.11
Saline Nasal Mist	4%			47.88	47.88
Shower Chair	4%			42.90	42.90
Hand Held Shower	4%			9.67	9.67
Positioning Wedge	4%			6.80	6.80
Rolling Walker	4%	*			
Forearm Crutches	4%	*			
Adjustable Bed w/ Memory Foam	4%			339.90	339.90
Tilt-top Overbed Table	4%			10.20	10.20
Bed Cane	4%			23.80	23.80
Bedside Commode	4%			23.80	23.80

ITEMS OF COMPENSATION	G.R.	*	M	Compensation	Compensation
				Year 17	Years 18-Life
				2027	2028-Life
Shipping/ Handling	4%			100.00	100.00
Incontinence Brief	4%		M	316.58	316.58
Chux	4%		M	162.32	162.32
Wipes	4%		M	127.04	127.04
Non-sterile Gloves	4%		M	58.04	58.04
Isagel Hand Sanitizer	4%		M	95.40	95.40
Orthosis	4%	*			
Long Handled Brush	4%			60.57	60.57
Hair Washer	4%			25.99	25.99
Hairbrush w/hook & loop handle	4%			19.99	19.99
Hands Free Dryer Stand	4%			10.00	10.00
Hairdresser	4%		M	472.00	472.00
Toothpaste Dispenser	4%			4.00	4.00
Sonicare	4%			36.00	36.00
Sonicare Repl. Heads	4%			41.09	41.09
Touch Free Faucet etc. (3)	4%			198.30	198.30
Hands Free Soap Disp. (3)	4%			70.16	70.16
Toilet Tissue Aid (2)	4%			63.75	63.75
Travel Bidet	4%			7.14	7.14
Sock & Stocking Aid	4%			21.83	21.83
Button Hooks	4%			7.68	7.68
Extra Long Shoe Horn	4%			2.20	2.20
Nail Care	4%		M	866.50	866.50
Full Body Massage	4%		M	1,440.00	1,440.00
Permanent Eyebrows	4%				
Turning Knob Operator (3)	4%			105.45	26.36
Pairing Board Kit	4%			14.95	14.95
Push/ Pull Helper (2)	4%			1.99	1.99
Rocking T Knife	4%			7.41	7.41
Electric Jar Opener	4%			20.50	20.50
Easy Grip Foot Utensils	4%			16.38	16.38
Reusable Drinking Straws	4%			13.15	13.15
Utensil Holders (3)	4%			26.85	26.85

ITEMS OF COMPENSATION	G.R.	*	M	Compensation Year 17 2027	Compensation Years 18-Life 2028-Life
Non-Skid Bowls & Plates	4%			7.65	7.65
Purified Water Dispenser	4%		M	390.00	390.00
Wanchick Long Writer	4%			22.72	22.72
Adj Book Holder	4%			13.57	13.57
Hole-in-one Key Holder	4%			1.53	1.53
Reachers (2)	4%			19.40	19.40
Portable Phone/Wireless Headset	4%			64.31	64.31
Lightweight Vacuum	4%			50.00	50.00
Air Purifier	4%			79.99	79.99
Reclining Chair	4%			165.24	165.24
Wireless Switches	4%			30.00	30.00
Shipping for ADLs	4%			200.00	200.00
Scooter	4%	*			
Scooter Batteries	4%	*			
Scooter Maint	4%	*			
Power WC	4%	*			
Jay 2 Cushion for Power WC	4%	*			
Batteries for Power WC	4%	*			
Power WC Maint	4%	*			
Portable WC Ramp	4%			26.50	26.50
Lightweight Manual WC	4%			239.50	239.50
Carryall for Power WC	4%			28.05	28.05
WC Maint	4%			239.50	239.50
Case Mngt	4%		M	5,400.00	5,400.00
Psychiatrist	5%	*			
Psychological Counseling	4%	*			
Home Mods: Chair Lift	0%				
Home Mods: Walk in Tub	0%				
Home Mods: Toilet w/ Bidet	0%				
Structural Home Modifications	0%				
Van w/Modified Ramp	4%			5,057.86	5,057.86
Remote Car Starter	4%			85.57	85.57
Roadside Assistance Prgm	4%			54.00	54.00

ITEMS OF COMPENSATION	G.R.	*	M	Compensation Year 17 2027	Compensation Years 18-Life 2028-Life
Emergency Comm. Service	4%			749.52	749.52
Driving Assess/ Eval.	4%				
Mileage	4%				
Driving Inst. & Equip Training	4%				
Life Alert System	4%			719.88	719.88
Batteries for Life Alert	4%			33.42	33.42
Heavy Housecleaning	4%		M	2,080.00	2,080.00
Mowing	4%			800.00	800.00
Seasonal Yard Maintenance	4%			383.00	383.00
Snow Removal	4%			520.00	520.00
Attendant Care	4%		M	83,658.00	83,658.00
Lost Earnings					
Pain and Suffering					
Past Unreimbursable Expenses					
Florida Medicaid Lien					
Missouri Medicaid Lien					
Annual Totals				118,933.93	118,854.84

Note: Compensation Year 1 consists of the 12 month period following the date of judgment.

Compensation Year 2 consists of the 12 month period commencing on the first anniversary of the date of judgment.

As soon as practicable after entry of judgment, respondent shall make the following payment to petitioner for Yr 1 life care expenses (\$352,319.78), lost earnings (\$280,990.96), pain and suffering (\$227,524.67), and past unreimbursable expenses (\$34,177.33): \$895,012.74.

As soon as practicable after entry of judgment, respondent shall make the following payment jointly to petitioner and the State of Florida, as reimbursement of the state's Medicaid lien: \$20,396.38.

As soon as practicable after entry of judgment, respondent shall make the following payment jointly to petitioner and the State of Missouri, as reimbursement of the state's Medicaid lien: \$41,412.43.

Annual amounts payable through an annuity for future Compensation Years follow the anniversary of the date of judgment.

Annual amounts shall increase at the rates indicated above in column G.R., compounded annually from the date of judgment.

Items denoted with an asterisk (*) covered by health insurance and/or Medicare.

Items denoted with an "M" payable in twelve monthly installments totaling the annual amount indicated.