

guardian/conservator of K.H., for the benefit of K.H. No payments shall be made until petitioner provides respondent with documentation establishing that he has been appointed as the guardian/conservator of K.H.'s estate; and

- 2. A lump sum payment of \$48,055.65, representing compensation for past unreimbursable expenses, payable to Stephen Hamel, petitioner; and**
- 3. A lump sum payment of \$87,963.19, representing compensation for satisfaction of the State of Arizona Medicaid lien, payable jointly to petitioner and**

**Division of Developmental Disabilities
1789 W. Jefferson, S/C 791A
Phoenix, AZ, 85007
Attn: Ms. Lori Davidson**

Petitioner agrees to endorse this payment to the State of Arizona.

- 4. An amount sufficient to purchase an annuity contract(s), subject to the conditions described in the attached Proffer (attached as Appendix A), that will provide payments for the life care items contained in the life care plan, as illustrated by the chart at Tab A (attached as Appendix A), paid to the life insurance company(s) from which the annuity(s) will be purchased. Compensation for Year Two (beginning on the first anniversary of the date of judgment) and all subsequent years shall be provided through respondent's purchase of an annuity(s), which annuity(s) shall make payments directly to petitioner as guardian/conservator of the estate of K.H., for the benefit of K.H., only so long as K.H. 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.**

The Clerk's Office is instructed to enter judgment in accord with this decision unless a motion for review is filed.²

Any questions may be directed to my law clerk, Philip Johnson, at (202) 357-6521.

IT IS SO ORDERED.

S/ Christian J. Moran
Christian J. Moran
Special Master

² Pursuant to Vaccine Rule 11(a), the parties can expedite entry of judgment by each party filing a notice renouncing the right to seek review by a United States Court of Federal Claims judge.

B. Lost Future Earnings

The parties agree that based upon the evidence of record, K.H. will not be gainfully employed in the future. Therefore, respondent proffers that K.H. should be awarded 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 K.H.'s lost future earnings is \$608,472.40. Petitioner agrees.

C. Pain and Suffering

Respondent proffers that K.H. should be awarded \$230,000.00 in actual and projected pain and suffering. This amount reflects that the award for projected pain and suffering has been reduced to net present value. See 42 U.S.C. § 300aa-15(a)(4). Petitioner agrees.

D. Past Unreimbursable Expenses

Evidence supplied by petitioner documents his expenditure of past unreimbursable expenses related to K.H.'s vaccine-related injury. Respondent proffers that petitioner should be awarded past unreimbursable expenses in the amount of \$48,055.65. Petitioner agrees.

E. Medicaid Lien

Respondent proffers that K.H. should be awarded funds to satisfy the State of Arizona Medicaid lien in the amount of \$87,963.19, which represents full satisfaction of any right of subrogation, assignment, claim, lien, or cause of action the State of Arizona may have against any individual as a result of any Medicaid payments the State of Arizona has made to or on behalf of K.H. 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 April 21, 2008, under Title XIX of the Social Security Act.

II. Form of the Award

The parties recommend that the compensation provided to K.H. 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 \$1,077,875.25, representing compensation for lost future earnings (\$608,472.40), pain and suffering (\$230,000.00), and life care expenses for Year One (\$239,402.85), in the form of a check payable to petitioner as guardian/conservator of K.H., for the benefit of K.H. No payments shall be made until petitioner provides respondent with documentation establishing that he has been appointed as the guardian/conservator of K.H.'s estate;

B. A lump sum payment of \$48,055.65, representing compensation for past unreimbursable expenses, payable to Stephen Hamel, petitioner;

C. A lump sum payment of \$87,963.19, representing compensation for satisfaction of the State of Arizona Medicaid lien, payable jointly to petitioner and

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Attn: Ms. Lori Davidson

Petitioner agrees to endorse this payment to the State of Arizona.

D. An amount sufficient to purchase the annuity contract,² subject to the conditions described below, that will provide payments for the life care items contained in the life care plan,

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

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 as guardian/conservator of the estate of K.H., for the benefit of K.H., only so long as K.H. 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. 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

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.

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 K.H. 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 K.H.'s death.

3. Guardianship

No payments shall be made until petitioner provides respondent with documentation establishing that he has been appointed as the guardian/conservator of K.H.'s estate. If petitioner is not authorized by a court of competent jurisdiction to serve as guardian/conservator of the estate of K.H., 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 K.H. 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 K.H.'s estate:	\$1,077,875.25
B.	Lump sum paid to petitioner:	\$ 48,055.65
C.	Reimbursement for Medicaid Lien:	\$ 87,963.19
D.	An amount sufficient to purchase the annuity contract described above in section II. D.	

Respectfully submitted,

STUART F. DELERY
Principal Deputy Assistant Attorney General

RUPA BHATTACHARYYA
Director
Torts Branch, Civil Division

VINCENT J. MATANOSKI
Deputy Director
Torts Branch, Civil Division

CATHARINE E. REEVES
Assistant Director
Torts Branch, Civil Division

s/ Justine E. Daigneault
JUSTINE E. DAIGNEAULT
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) 307-6393

Dated: December 18, 2012

TAB A

Appendix A: Items of Compensation for K.H.

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	Compensation Year 9
				2012	2013	2014	2015	2016	2017	2018	2019	2020
PT	4%			5,200.00	5,200.00	5,200.00	5,200.00	5,200.00	5,200.00	5,200.00	5,200.00	5,200.00
OT	4%			2,400.00	2,400.00	2,400.00	2,400.00	2,400.00	2,400.00	2,400.00	2,400.00	200.00
ST	4%			2,400.00	2,400.00	2,400.00	2,400.00	2,400.00	2,400.00	2,400.00	2,400.00	200.00
Hippo Therapy	4%		M	5,000.00	5,000.00	5,000.00	5,000.00	5,000.00	5,000.00	5,000.00	5,000.00	5,000.00
Music Therapy	4%		M	900.00	900.00	900.00	900.00	900.00	900.00	900.00	900.00	900.00
Educational Advocate	4%			460.00	460.00	460.00	460.00	460.00	460.00	460.00	460.00	460.00
Nutritionist	4%	*										
Hand Splints	4%	*										
AFOs	4%	*										
AFO Stockings	4%			70.88	70.88	70.88	70.88	70.88	70.88	70.88	70.88	70.88
Lite Gait	4%			1,319.90							1,468.90	
WC	4%	*										
Positioning Chair	4%			523.95					543.95			
Floor Seating	4%			364.95					611.20			
Tumble Forms	4%			600.00					600.00			
Lift	4%			6,909.95								
Slings	4%			600.00					600.00			
Back Belt	4%			68.95					68.95			
Gait Trainer	0%			1,110.95								
Stroller	0%			2,929.95								
Bath Chair	4%			653.00					801.50			
Hand Held Shower	4%			89.99					89.99			
Electric Bed	4%	*										
Shampooing Aid	4%			29.99					29.99			
Car Seat/ Vest	0%			979.95								
Lift Stander	4%	*										
Portable Ramp	0%			225.00								
Sens. Motor Stim Equip	4%			200.00					200.00			
Sippy Cup	4%			46.74	46.74	46.74	46.74	46.74	46.74	46.74	46.74	46.74
Adaptive Spoon	4%			15.95	15.95	15.95	15.95	15.95	15.95	15.95	15.95	15.95
Diapers	4%		M	1,823.28	1,823.28	1,823.28	1,823.28	1,823.28	1,823.28	2,063.16	2,063.16	2,063.16

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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	Compensation Year 9
				2012	2013	2014	2015	2016	2017	2018	2019	2020
Wipes	4%			106.79	106.79	106.79	106.79	106.79	106.79	106.79	106.79	106.79
Desitin	4%			195.36	195.36	195.36	195.36	195.36	195.36	195.36	195.36	195.36
Mattress Cover	4%			29.98	29.98	29.98	29.98	29.98	29.98	29.98	29.98	29.98
Bed Under Pad	4%			107.96	107.96	107.96	107.96	107.96	107.96	107.96	107.96	107.96
Disposable Under Pad	4%			547.44	547.44	547.44	547.44	547.44	547.44	547.44	547.44	547.44
Hand Sanitizer	4%			42.00	42.00	42.00	42.00	42.00	42.00	42.00	42.00	42.00
Gloves	4%			178.50	178.50	178.50	178.50	178.50	178.50	178.50	178.50	178.50
G-Tube Supplies	4%	*										
Aqua Therapy	4%			998.00	998.00	998.00	998.00	998.00	998.00	998.00	998.00	998.00
Home Care	4%		M	78,356.00	78,356.00	78,356.00	70,300.00	70,300.00	70,300.00	70,300.00	70,300.00	70,300.00
Respite Care	4%		M	10,944.00	10,944.00	10,944.00	10,944.00	10,944.00	10,944.00	10,944.00	10,944.00	10,944.00
Residential Facility	4%		M									
Modified Van	4%			48,750.00								
Home Mods	0%			50,000.00								
Lost Future Earnings				608,472.40								
Pain and Suffering				230,000.00								
Past Unreimbursable Exp.				48,055.65								
Medicaid Lien				87,963.19								
Annual Totals				1,213,894.09	123,734.12	124,046.32	115,678.12	115,990.32	119,823.70	116,230.20	117,386.90	111,830.20

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 the court-appointed guardian(s)/ conservators(s) of the estate of K.H. for the benefit of K.H., for lost future earnings (\$608,472.40), pain and suffering (\$230,000.00), and Yr 1 life care expenses (\$239,402.85): \$1,077,875.25.
 As soon as practicable after entry of judgment, respondent shall make the following payment to petitioner, Stephen Hamel, for past un-reimbursable expenses: \$48,055.65.
 As soon as practicable after entry of judgment, respondent shall make the following payment jointly to petitioner and the State of Arizona, as reimbursement of the state's Medicaid lien: \$87,963.19.
 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 in column "G.R." above, compounded annually from the date of judgment.
 Items denoted with an asterisk (*) covered by health insurance and/or Medicare.
 In respondent's discretion, items denoted by "M" may be paid in 12 monthly installments totaling annual amount indicated.

Appendix A: Items of Compensation for K.H.

ITEMS OF COMPENSATION	G.R.	*	M	Compensation Year 10	Compensation Year 11	Compensation Year 12	Compensation Year 13	Compensation Year 14	Compensation Year 15	Compensation Year 16	Compensation Year 17	Compensation Year 18
				2021	2022	2023	2024	2025	2026	2027	2028	2029
Ins. Premium	5%		M	8,352.00	8,352.00	8,352.00	8,352.00	8,352.00	8,352.00	8,352.00	8,352.00	8,352.00
Ins. Deductible & MOP	5%			3,500.00	3,500.00	3,500.00	3,500.00	3,500.00	3,500.00	3,500.00	3,500.00	3,500.00
Ins. Dental Premium	5%		M	360.00	360.00	360.00	360.00	360.00	360.00	360.00	360.00	360.00
Ins. Dental Deductible	5%			50.00	50.00	50.00	50.00	50.00	50.00	50.00	50.00	50.00
Ins. Vision Prem.& Co-pay	5%			200.40	200.40	200.40	200.40	200.40	200.40	200.40	200.40	200.40
Medicare Part B	5%		M									
Medicare Part B Ded.	5%	*										
Medigap	5%		M									
Medicare D	5%		M									
PCP	5%	*		100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00
Neurologist	5%	*		200.00	200.00	200.00	200.00	200.00	150.00	150.00	150.00	150.00
Gastro-enterologist	5%	*		100.00	100.00	100.00	100.00	100.00	50.00	50.00	50.00	50.00
Ophthal-mologist	5%	*		100.00	100.00	100.00	100.00	100.00	50.00	50.00	50.00	50.00
Dental Filling/ Extraction	5%	*			312.20		312.20		312.20		312.20	
Dental Exam & Cleanings	5%	*										
Dental Sealants	5%	*										
Physiatrist	5%	*		50.00	50.00	50.00	50.00	50.00	50.00		50.00	
ER	5%	*										
Hospitalization	5%	*										
Labs	5%	*										
X-rays	5%	*										
EEG	5%	*										
Video EEG	5%	*										
MRI	5%	*										
Bone Scan	5%	*										
Sleep Study	5%	*										
Robinul	5%	*		340.00	340.00	340.00	340.00	340.00	340.00	340.00	340.00	340.00
Depakote	5%	*		100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00
Levocarnitine	5%	*		100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00
Trileptal	5%	*		340.00	340.00	340.00	340.00	340.00	340.00	340.00	340.00	340.00
Tylenol/ Advil	4%			18.84	18.84	18.84	18.84					

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				2021	2022	2023	2024	2025	2026	2027	2028	2029
PT	4%			5,200.00	5,200.00	5,200.00	5,200.00	200.00	200.00	200.00	200.00	200.00
OT	4%			200.00	200.00	200.00	200.00	100.00	100.00	100.00	100.00	100.00
ST	4%			200.00	200.00	200.00	200.00	100.00	100.00	100.00	100.00	100.00
Hippo Therapy	4%		M	5,000.00	5,000.00	5,000.00	5,000.00					
Music Therapy	4%		M	900.00	900.00	900.00	900.00	900.00	900.00	900.00	900.00	900.00
Educational Advocate	4%			460.00	460.00	460.00	460.00	160.00	160.00	160.00	160.00	
Nutritionist	4%	*										
Hand Splints	4%	*										
AFOs	4%	*										
AFO Stockings	4%			70.88	70.88	70.88	70.88	70.88	70.88	35.44	35.44	35.44
Lite Gait	4%											
WC	4%	*										
Positioning Chair	4%											
Floor Seating	4%					676.20						
Tumble Forms	4%				600.00							
Lift	4%											
Slings	4%				600.00							
Back Belt	4%				68.95							
Gait Trainer	0%											
Stroller	0%											
Bath Chair	4%											
Hand Held Shower	4%				89.99							
Electric Bed	4%	*										
Shampooing Aid	4%				29.99							
Car Seat/ Vest	0%											
Lift Stander	4%	*										
Portable Ramp	0%											
Sens. Motor Stim Equip	4%				200.00					200.00		
Sippy Cup	4%			46.74	46.74	46.74	46.74					
Adaptive Spoon	4%			15.95	15.95	15.95	15.95					
Diapers	4%		M	2,063.16	2,063.16	2,063.16	2,063.16					

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ITEMS OF COMPENSATION	G.R.	*	M	Compensation Year 10	Compensation Year 11	Compensation Year 12	Compensation Year 13	Compensation Year 14	Compensation Year 15	Compensation Year 16	Compensation Year 17	Compensation Year 18
				2021	2022	2023	2024	2025	2026	2027	2028	2029
Wipes	4%			106.79	106.79	106.79	106.79					
Desitin	4%			195.36	195.36	195.36	195.36					
Mattress Cover	4%			29.98	29.98	29.98	29.98					
Bed Under Pad	4%			107.96	107.96	107.96	107.96					
Disposable Under Pad	4%			547.44	547.44	547.44	547.44					
Hand Sanitizer	4%			42.00	42.00	42.00	42.00					
Gloves	4%			178.50	178.50	178.50	178.50					
G-Tube Supplies	4%	*										
Aqua Therapy	4%			998.00	998.00	998.00	998.00	224.00	224.00	224.00	224.00	224.00
Home Care	4%		M	70,300.00	76,760.00	76,760.00	76,760.00					
Respite Care	4%		M	10,944.00	10,944.00	10,944.00	10,944.00					
Residential Facility	4%		M					173,375.00	173,375.00	173,375.00	173,375.00	173,375.00
Modified Van	4%				41,437.50							
Home Mods	0%											
Lost Future Earnings												
Pain and Suffering												
Past Unreimbursable Exp.												
Medicaid Lien												
Annual Totals				111,518.00	161,316.63	118,654.20	118,290.20	189,022.28	189,184.48	188,986.84	189,149.04	188,626.84

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 the court-appointed guardian(s)/ conservators(s) of the estate of K.H. for the benefit of K.H., for lost future earnings (\$608,472.40), pain and suffering (\$230,000.00), and Yr 1 life care expenses (\$239,402.85): \$1,077,875.25.
 As soon as practicable after entry of judgment, respondent shall make the following payment to petitioner, Stephen Hamel, for past un-reimbursable expenses: \$48,055.65.
 As soon as practicable after entry of judgment, respondent shall make the following payment jointly to petitioner and the State of Arizona, as reimbursement of the state's Medicaid lien: \$87,963.19.
 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 in column "G.R." above, compounded annually from the date of judgment. Items denoted with an asterisk (*) covered by health insurance and/or Medicare.
 In respondent's discretion, items denoted by "M" may be paid in 12 monthly installments totaling annual amount indicated.

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ITEMS OF COMPENSATION	G.R.	*	M	Compensation Year 19 2030	Compensation Year 20 2031	Compensation Year 21 2032	Compensation Year 22 2033	Compensation Year 23 2034	Compensation Year 24 2035	Compensation Year 25 2036	Compensation Year 26 2037	Compensation Year 27 2038
Wipes	4%											
Desitin	4%											
Mattress Cover	4%											
Bed Under Pad	4%											
Disposable Under Pad	4%											
Hand Sanitizer	4%											
Gloves	4%											
G-Tube Supplies	4%	*										
Aqua Therapy	4%			224.00	224.00	224.00	224.00	224.00	357.00	357.00	357.00	357.00
Home Care	4%		M									
Respite Care	4%		M									
Residential Facility	4%		M	173,375.00	173,375.00	173,375.00	173,375.00	173,375.00	173,375.00	173,375.00	173,375.00	173,375.00
Modified Van	4%											
Home Mods	0%											
Lost Future Earnings												
Pain and Suffering												
Past Unreimbursable Exp.												
Medicaid Lien												
Annual Totals				188,989.04	188,626.84	189,189.04	188,720.91	188,770.91	188,853.91	188,903.91	188,853.91	188,903.91

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 the court-appointed guardian(s)/ conservators(s) of the estate of K.H. for the benefit of K.H., for lost future earnings (\$608,472.40), pain and suffering (\$230,000.00), and Yr 1 life care expenses (\$239,402.85): \$1,077,875.25.
 As soon as practicable after entry of judgment, respondent shall make the following payment to petitioner, Stephen Hamel, for past un-reimbursable expenses: \$48,055.65.
 As soon as practicable after entry of judgment, respondent shall make the following payment jointly to petitioner and the State of Arizona, as reimbursement of the state's Medicaid lien: \$87,963.19.
 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 in column "G.R." above, compounded annually from the date of judgment. Items denoted with an asterisk (*) covered by health insurance and/or Medicare.
 In respondent's discretion, items denoted by "M" may be paid in 12 monthly installments totaling annual amount indicated.

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ITEMS OF COMPENSATION	G.R.	*	M	Compensation Year 28	Compensation Year 29	Compensation Year 30	Compensation Year 31	Compensation Year 32	Compensation Year 33	Compensation Year 34	Compensation Year 35	Compensation Year 36
				2039	2040	2041	2042	2043	2044	2045	2046	2047
Wipes	4%											
Desitin	4%											
Mattress Cover	4%											
Bed Under Pad	4%											
Disposable Under Pad	4%											
Hand Sanitizer	4%											
Gloves	4%											
G-Tube Supplies	4%	*										
Aqua Therapy	4%			357.00	357.00	357.00	357.00	357.00	357.00	357.00	357.00	357.00
Home Care	4%		M									
Respite Care	4%		M									
Residential Facility	4%		M	173,375.00	173,375.00	173,375.00	173,375.00	173,375.00	173,375.00	173,375.00	173,375.00	173,375.00
Modified Van	4%											
Home Mods	0%											
Lost Future Earnings												
Pain and Suffering												
Past Unreimbursable Exp.												
Medicaid Lien												
Annual Totals				188,853.91	188,903.91	188,853.91	188,903.91	188,853.91	188,903.91	188,853.91	188,903.91	188,853.91

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 the court-appointed guardian(s)/ conservators(s) of the estate of K.H. for the benefit of K.H., for lost future earnings (\$608,472.40), pain and suffering (\$230,000.00), and Yr 1 life care expenses (\$239,402.85): \$1,077,875.25.
 As soon as practicable after entry of judgment, respondent shall make the following payment to petitioner, Stephen Hamel, for past un-reimbursable expenses: \$48,055.65.
 As soon as practicable after entry of judgment, respondent shall make the following payment jointly to petitioner and the State of Arizona, as reimbursement of the state's Medicaid lien: \$87,963.19.
 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 in column "G.R." above, compounded annually from the date of judgment. Items denoted with an asterisk (*) covered by health insurance and/or Medicare.
 In respondent's discretion, items denoted by "M" may be paid in 12 monthly installments totaling annual amount indicated.

Appendix A: Items of Compensation for K.H.

ITEMS OF COMPENSATION	G.R.	*	M	Compensation Year 37	Compensation Year 38	Compensation Year 39	Compensation Years 40-60	Compensation Year 61
				2048	2049	2050	2051-2071	2072-Life
Ins. Premium	5%		M	8,352.00	8,352.00			
Ins. Deductible & MOP	5%			3,500.00	3,500.00			
Ins. Dental Premium	5%		M	360.00	360.00			
Ins. Dental Deductible	5%			50.00	50.00			
Ins. Vision Prem.& Co-pay	5%			200.40	200.40	200.40	200.40	200.40
Medicare Part B	5%		M			1,198.80	1,198.80	1,198.80
Medicare Part B Ded.	5%	*						
Medigap	5%		M			6,700.00	6,700.00	1,627.44
Medicare D	5%		M			4,818.30	4,818.30	4,818.30
PCP	5%	*		100.00	100.00			
Neurologist	5%	*		100.00	100.00			
Gastro-enterologist	5%	*		50.00	50.00			
Ophthal-mologist	5%	*		50.00	50.00			
Dental Filling/ Extraction	5%	*				661.00	220.33	220.33
Dental Exam & Cleanings	5%	*				339.00	339.00	339.00
Dental Sealants	5%	*						
Physiatrist	5%	*		50.00				
ER	5%	*						
Hospitalization	5%	*						
Labs	5%	*						
X-rays	5%	*						
EEG	5%	*						
Video EEG	5%	*						
MRI	5%	*						
Bone Scan	5%	*						
Sleep Study	5%	*						
Robinul	5%	*		340.00	340.00			
Depakote	5%	*		100.00	100.00			
Levocarnitine	5%	*		100.00	100.00			
Trileptal	5%	*		340.00	340.00			
Tylenol/ Advil	4%							

Appendix A: Items of Compensation for K.H.

ITEMS OF COMPENSATION	G.R.	*	M	Compensation Year 37	Compensation Year 38	Compensation Year 39	Compensation Years 40-60	Compensation Year 61
				2048	2049	2050	2051-2071	2072-Life
PT	4%			200.00	200.00	200.00	200.00	200.00
OT	4%			100.00	100.00	100.00	100.00	100.00
ST	4%			100.00	100.00	100.00	100.00	100.00
Hippo Therapy	4%		M					
Music Therapy	4%		M	900.00	900.00	900.00	900.00	900.00
Educational Advocate	4%							
Nutritionist	4%	*						
Hand Splints	4%	*						
AFOs	4%	*						
AFO Stockings	4%			35.44	35.44	35.44	35.44	35.44
Lite Gait	4%							
WC	4%	*						
Positioning Chair	4%							
Floor Seating	4%							
Tumble Forms	4%							
Lift	4%							
Slings	4%							
Back Belt	4%							
Gait Trainer	0%							
Stroller	0%							
Bath Chair	4%							
Hand Held Shower	4%							
Electric Bed	4%	*						
Shampooing Aid	4%							
Car Seat/ Vest	0%							
Lift Stander	4%	*						
Portable Ramp	0%							
Sens. Motor Stim Equip	4%			40.00	40.00	40.00	40.00	40.00
Sippy Cup	4%							
Adaptive Spoon	4%							
Diapers	4%		M					

Appendix A: Items of Compensation for K.H.

ITEMS OF COMPENSATION	G.R.	*	M	Compensation Year 37	Compensation Year 38	Compensation Year 39	Compensation Years 40-60	Compensation Year 61
				2048	2049	2050	2051-2071	2072-Life
Wipes	4%							
Desitin	4%							
Mattress Cover	4%							
Bed Under Pad	4%							
Disposable Under Pad	4%							
Hand Sanitizer	4%							
Gloves	4%							
G-Tube Supplies	4%	*						
Aqua Therapy	4%			357.00	357.00	357.00	357.00	
Home Care	4%		M					
Respite Care	4%		M					
Residential Facility	4%		M	173,375.00	173,375.00	173,375.00	173,375.00	173,375.00
Modified Van	4%							
Home Mods	0%							
Lost Future Earnings								
Pain and Suffering								
Past Unreimbursable Exp.								
Medicaid Lien								
Annual Totals				188,799.84	188,749.84	189,024.94	188,584.27	183,154.71

Note: Compensation Year 1 consists of the 12 month period following the date of judgment.
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 As soon as practicable after entry of judgment, respondent shall make the following payment to the court-appointed guardian(s)/ conservators(s) of the estate of K.H. for the benefit of K.H., for lost future earnings (\$608,472.40), pain and suffering (\$230,000.00), and Yr 1 life care expenses (\$239,402.85): \$1,077,875.25.
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