

**In the United States Court of Federal Claims**  
**OFFICE OF SPECIAL MASTERS**

No. [REDACTED]V  
Filed: September 10, 2009

**NOT TO BE PUBLISHED**

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JANE DOE/45 and JOHN DOE/45,  
parents and natural guardians  
of CHILD DOE/45,

Petitioners,

v.

SECRETARY OF HEALTH  
AND HUMAN SERVICES,

Respondent.

\*\*\*\*\*

*Cliff Shoemaker, Shoemaker and Associates, Vienna, VA for petitioners*

*Alexis Babcock, United States Department of Justice, Washington, D.C. for respondent*

**DECISION**<sup>1</sup>

**GOLKIEWICZ, Chief Special Master.**

The undersigned previously determined that petitioners were entitled to compensation. Ruling on Entitlement, filed April 2, 2007. The parties have worked diligently towards resolving the damages issue informally. On September 3, 2009, respondent filed his Proffer on Award for

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<sup>1</sup> 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 trade secret or commercial or financial information and is privileged or confidential, or (2) that are medical files and 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.

Compensation for the items over which no dispute exists. On September 8, 2009, petitioners filed petitioners' Election to Accept Proffer.

After a complete review of the record, the court finds that petitioners are entitled to compensation under the National Vaccine Injury Compensation Program, 42 U.S.C. §300aa-10 et seq., as reflected in respondent's Proffer on Award of Compensation and the attached chart, Items for Compensation for Child Doe/45, previously attached as **Supplement B** to respondent's Proffer on Award for Compensation (hereinafter **Supplement B: Items of Compensation**). The court is convinced, based on its experience and information in the record, that this award shall provide reasonable compensation to cover petitioners' vaccine-related expenses.

### **Form of Compensation Award**

1. **Lump Sum:**

A lump sum payment of \$1,115,358.82, representing life care expenses for Year One (\$215,668.82), lost future earnings (\$684,026.00), and pain and suffering (\$215,664.00), in the form of a check payable to Jane Doe/45 and John Doe/45, as guardians/conservators of Child Doe/45's estate, for the benefit of Child Doe/45, as provided for in **Supplement B: Items of Compensation**.

Additionally, petitioners are awarded a lump sum payment of \$115,000.00, representing compensation for past unreimbursable expenses payable to Jane Doe/45 and John Doe/45, petitioners, as provided for in **Supplement B: Items of Compensation**.

2. **Annuity:**

Section 15(f)(4) requires that payment of compensation be based on the net present value of the elements of compensation. One way of discounting to net present value is to use the cost of an annuity to provide periodic payments to meet projected needs of a petitioner for the remainder of her life. Special masters are specifically empowered by § 15 (f)(4) of the Act to order that the compensation awarded under the Program be used to purchase an annuity. The court considers it in Child Doe 45's best interest to order that the compensation for life care items be awarded beyond one year post-judgment be paid in the form of an annuity, which annuity shall be purchased as soon as practicable after entry of judgment.

The court awards an amount sufficient to purchase an annuity contract, subject to the conditions described below, that will provide payment for the life care items contained in the life care plan, reflected by the attached chart, **Supplement B: Items of Compensation**, paid to the life insurance company<sup>2</sup> from which the annuity will be purchased. Compensation for Year Two

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<sup>2</sup>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 organizations;

(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 Jane Doe/45 and John Doe/45, as guardians/conservators of Child Doe 45's estate, or to the successor guardian/conservator of Child Doe 45's estate, for the benefit of Child Doe 45, only so long as Child Doe 45 is alive at the time a particular payment is due.

At the Secretary's sole discretion, the periodic payments may be provided to petitioners in monthly, quarterly, annual or other installments. The "annual amounts," with the rate reflected in the attached chart, describe only the total yearly sum to be paid to the guardians/conservators and do not require that the payment be made in one annual installment.

3. **Guardianship:**

As agreed to by the parties, no payments shall be made until petitioners provide respondent with documentation establishing that they have been appointed as the guardians/conservators of Child Doe 45's estate.

**CONCLUSION**

Petitioners, Jane Doe/45 and John Doe/45, parents and natural guardians of Child Doe 45, are entitled to an award under the Vaccine Program to provide for compensable expenses. Petitioners' award of compensation shall be in the following form:

- 1) A lump sum payment of \$1,115,358.82, representing life care expenses for Year One (\$215,668.82), lost future earnings (\$684,026.00), pain and suffering (\$215,664.00), and, in the form of a check payable to Jane Doe/45 and John Doe/45, as guardians/conservators of Child Doe/45's estate, for the benefit of Child Doe/45, as provided herein.
- 2) Petitioners are also awarded a lump sum payment of \$115,000.00, representing compensation for past unreimbursable expenses payable to Jane Doe/45 and John Doe/45, petitioners.
- 3) Additionally, petitioners will receive an award in an amount sufficient to purchase an

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- a) A.M. Best Company: A++, A+, A+g, A+p, A+r or A+s;
  - b) Moody's Investors 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.

annuity contract, subject to the conditions described herein, that will provide payment for the life care items contained in the life care plan for Child Doe/45, as reflected by the attached chart, ***Supplement B: Items of Compensation***, which annuity shall be purchased as soon as practicable after entry of judgment.

Based on the foregoing, this Court adopts the parties' Proffer and finds that petitioners are entitled to compensation in the amount and on the terms set forth therein. The Clerk of the Court is directed to enter judgment according to this decision.<sup>3</sup>

**IT IS SO ORDERED.**

s/ Gary J. Golkiewicz  
Gary J. Golkiewicz  
Chief Special Master

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<sup>3</sup> 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 U.S. Court of Federal Claims Judge.

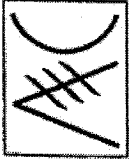


ITEMS OF COMPENSATION FOR [REDACTED]

CL. CT. NO. [REDACTED]

NO.	ITEM	GROWTH RATE	PAID IN CASH 2009	2010	2011	2012	2013	2014	2015	2016	2017
	<b>INSURANCE</b>										
1	HEALTH INSURANCE - KAISER PERMANENTE	4%	6,048.00	6,048.00	6,048.00	6,048.00	6,048.00	6,048.00	6,048.00	6,048.00	6,048.00
2	MEDICARE - PART B	4%									
3	MEDICARE SUPPLEMENT PLUS DEDUCTIBLE	4%									
4	MEDICARE - PART D	4%									
	<b>PHYSICIAN MEDICAL</b>										
5	PRIMARY CARE PHYSICIAN - DR. KEITH BOYKIN	4%	80.00	80.00	80.00	80.00	80.00				
6	PRIMARY CARE PHYSICIAN - MILEAGE	4%	65.77	65.77	65.77	65.77	65.77	40.00	40.00	40.00	40.00
7	INTERNAL MEDICINE	4%									
8	INTERNAL MEDICINE - MILEAGE	4%	11.88	11.88	11.88	11.88	11.88	11.88	11.88	11.88	11.88
9	NEUROLOGY	4%									
10	NEUROLOGY - MILEAGE	4%	103.68	103.68	103.68	103.68	103.68	103.68	103.68	103.68	103.68
11	COMPREHENSIVE METABOLIC BLOOD PANEL	4%	30.00	30.00	30.00	30.00	30.00	30.00	30.00	30.00	30.00
12	MEDICATION LEVEL SERUM STUDY	4%	90.00	90.00	90.00	90.00	90.00	90.00	90.00	90.00	90.00
13	MEDICATION LEVEL SERUM STUDY - MILEAGE	4%	17.82	17.82	17.82	17.82	17.82	17.82	17.82	17.82	17.82
14	MRI - BRAIN	4%	100.00	33.33	33.33	33.33	33.33	33.33	33.33	33.33	33.33
15	MRI - BRAIN - MILEAGE	4%	34.56	11.52	11.52	11.52	11.52	11.52	11.52	11.52	11.52
16	DEXA SCAN	4%					30.00	6.00	6.00	6.00	6.00
17	DEXA SCAN - MILEAGE	4%					34.56	6.91	6.91	6.91	6.91
18	VIDEO EEG	4%	30.00	10.00	10.00	10.00	10.00	10.00	10.00	10.00	10.00
19	VIDEO EEG - MILEAGE	4%	34.56	11.52	11.52	11.52	11.52	11.52	11.52	11.52	11.52
20	NEUROLOGY	4%	60.00	60.00	60.00	60.00	60.00	60.00	60.00	60.00	60.00
21	NEUROLOGY - MILEAGE	4%	69.12	69.12	69.12	69.12	69.12	69.12	69.12	69.12	69.12
22	VAGUS NERVE STIMULATOR - GENERATOR	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
23	VAGUS NERVE STIMULATOR - GENERATOR - MILEAGE	4%	34.56	6.91	6.91	6.91	6.91	6.91	6.91	6.91	6.91
24	PSYCHIATRY	4%	360.00	360.00	360.00	360.00	360.00	360.00	360.00	360.00	360.00
25	PSYCHIATRY - MILEAGE	4%	414.72	414.72	414.72	414.72	414.72	414.72	414.72	414.72	414.72
26	INDIVIDUAL COUNSELING	4%	1,500.00	1,500.00	1,500.00	1,500.00	1,500.00	1,500.00	1,500.00	1,500.00	1,500.00
27	INDIVIDUAL COUNSELING - MILEAGE	4%	1,728.00	1,728.00	1,728.00	1,728.00	1,728.00	1,728.00	1,728.00	1,728.00	1,728.00
28	NEUROPSYCHOLOGICAL TESTING	4%	4,600.00								
29	NEUROPSYCHOLOGICAL TESTING - MILEAGE	4%	34.56	17.28	17.28	17.28	17.28	17.28	17.28	17.28	17.28
30	EMERGENCY ROOM TREATMENT	4%	75.00	75.00	75.00	75.00	75.00	75.00	75.00	75.00	75.00

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



ITEMS OF COMPENSATION FOR

CL. CT. NO. [REDACTED] V

NO.	ITEM	GROWTH RATE	PAID IN CASH											
			2009	2010	2011	2012	2013	2014	2015	2016	2017			
31	AMBULANCE TRANSPORT	4%	50.00	25.00	25.00	25.00	25.00	25.00	25.00	25.00	25.00	25.00	25.00	25.00
32	MEDICAL AIR TRANSPORT	4%	0.00											
33	DENTAL	4%	118.00	118.00	118.00	118.00	118.00	118.00	118.00	118.00	118.00	118.00	118.00	118.00
34	DENTAL - MILEAGE	4%	35.64	35.64	35.64	35.64	35.64	35.64	35.64	35.64	35.64	35.64	35.64	35.64
35	ORTHODONTIA	4%	220.00	220.00	220.00	220.00	220.00	220.00	220.00	220.00	220.00	220.00	220.00	220.00
36	ORTHODONTIA - MILEAGE	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
37	CARE COORDINATOR	4%	13,000.00	13,000.00	6,500.00	6,500.00	6,500.00	6,500.00	6,500.00	6,500.00	6,500.00	6,500.00	6,500.00	3,250.00
<b>MEDICATIONS AND SUPPLIES</b>														
38	TRILETAL	4%	96.00	96.00	96.00	96.00	96.00	96.00	96.00	96.00	96.00	96.00	96.00	96.00
39	NEURONTIN	4%	96.00	96.00	96.00	96.00	96.00	96.00	96.00	96.00	96.00	96.00	96.00	96.00
40	DIASTAT	4%	16.00	16.00	16.00	16.00	16.00	16.00	16.00	16.00	16.00	16.00	16.00	16.00
41	XANAX	4%	96.00	96.00	96.00	96.00	96.00	96.00	96.00	96.00	96.00	96.00	96.00	96.00
42	ATIVAN	4%	96.00	96.00	96.00	96.00	96.00	96.00	96.00	96.00	96.00	96.00	96.00	96.00
43	RISPERDAL	4%	96.00	96.00	96.00	96.00	96.00	96.00	96.00	96.00	96.00	96.00	96.00	96.00
44	DESMOPRESSIN ACETATE	4%	96.00	96.00	96.00	96.00	96.00	96.00	96.00	96.00	96.00	96.00	96.00	96.00
45	FISH OIL SUPPLEMENTS	4%	34.47	34.47	34.47	34.47	34.47	34.47	34.47	34.47	34.47	34.47	34.47	34.47
46	IBUPROFEN	4%	2.81	2.81	2.81	2.81	2.81	2.81	2.81	2.81	2.81	2.81	2.81	2.81
47	OXYGEN CYLINDERS	4%	750.00	750.00	750.00	750.00	750.00	750.00	750.00	750.00	750.00	750.00	750.00	750.00
48	ANKLE FOOT ORTHOTIC (AFO)	4%	365.00	365.00	365.00	365.00	365.00	365.00	365.00	365.00	365.00	365.00	365.00	365.00
49	ANKLE FOOT ORTHOTIC (AFO) - MILEAGE	4%	55.08	55.08	55.08	55.08	55.08	55.08	55.08	55.08	55.08	55.08	55.08	55.08
50	NIGHT SPLINTS - RIGHT	4%	170.00	170.00	170.00	170.00	170.00	170.00	170.00	170.00	170.00	170.00	170.00	170.00
51	NIGHT SPLINTS - RIGHT - MILEAGE	4%	55.08	55.08	55.08	55.08	55.08	55.08	55.08	55.08	55.08	55.08	55.08	55.08
52	REPLACEMENT MAGNET (VNS)	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
53	SEIZURE ALARM	4%	365.00	121.67	121.67	121.67	121.67	121.67	121.67	121.67	121.67	121.67	121.67	121.67
<b>REHABILITATION</b>														
54	PHYSICAL THERAPY	4%	7,500.00	7,500.00	3,600.00	3,600.00	3,600.00	3,600.00	3,600.00	3,600.00	3,600.00	3,600.00	3,600.00	3,600.00
55	PHYSICAL THERAPY - MILEAGE	4%	172.50	172.50	82.92	82.92	82.92	82.92	82.92	82.92	82.92	82.92	82.92	82.92
56	PHYSICAL THERAPY - EVALUATION	4%												
57	PHYSICAL THERAPY - EVALUATION - MILEAGE	4%	6.91	6.91	6.91	6.91	6.91	6.91	6.91	6.91	6.91	6.91	6.91	6.91
58	OCCUPATIONAL THERAPY	4%	3,825.00	3,825.00	3,825.00	3,825.00	3,825.00	3,825.00	3,825.00	3,825.00	3,825.00	3,825.00	3,825.00	3,825.00
59	OCCUPATIONAL THERAPY - MILEAGE	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
60	OCCUPATIONAL THERAPY - EVALUATION	4%												
61	OCCUPATIONAL THERAPY - EVALUATION - MILEAGE	4%												

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



**ITEMS OF COMPENSATION FOR**  
**[REDACTED]**  
**CL. CT. NO. [REDACTED]**

NO.	ITEM	GROWTH RATE	PAID IN CASH 2009	2010	2011	2012	2013	2014	2015	2016	2017
62	SPEECH THERAPY	4%	1,814.40	1,814.40	1,814.40	1,814.40	1,814.40	1,814.40	1,814.40	1,814.40	1,814.40
63	SPEECH THERAPY - MILEAGE	4%	82.92	82.92	82.92	82.92	82.92	82.92	82.92	82.92	82.92
64	ACADEMIC TUTORING	4%	9,750.00	9,750.00	9,750.00	9,750.00	9,750.00	9,750.00	9,750.00	9,750.00	9,750.00
65	THERAPEUTIC SWIMMING	4%	707.00	707.00	707.00	707.00	707.00	707.00	707.00	707.00	707.00
66	THERAPEUTIC SWIMMING - MILEAGE	4%	46.76	46.76	46.76	46.76	46.76	46.76	46.76	46.76	46.76
67	THERAPEUTIC SKIING	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
68	THERAPEUTIC SKIING - MILEAGE	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
69	THERAPEUTIC CAMPING	4%	650.00	650.00	650.00	650.00	650.00	650.00	650.00	650.00	650.00
70	THERAPEUTIC CAMPING - MILEAGE	4%	37.45	37.45	37.45	37.45	37.45	37.45	37.45	37.45	37.45
	<b>THERAPEUTIC/ADAPTIVE EQUIPMENT</b>										
71	EAR PLUGS	4%	7.49	7.49	7.49	7.49	7.49	7.49	7.49	7.49	7.49
72	RADIO CD PLAYER	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
73	EXERCISE BALLS	4%	125.99	25.20	25.20	25.20	25.20	25.20	25.20	25.20	25.20
74	LATEX EXERCISE BANDS	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
75	VESTIBULAR SWING	4%	3,119.00								
76	BALL N' CHAIR	4%	247.50	49.50	49.50	49.50	49.50	49.50	49.50	49.50	49.50
77	BODY SOX	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
78	ADAPTIVE BIKE (CHARIOT)	4%	161.59								
79	ADAPTED UTENSILS	4%	20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00
80	DELL PERSONAL COMPUTER	4%	749.00	149.80	149.80	149.80	149.80	149.80	149.80	149.80	149.80
81	COMPUTER SOFTWARE	4%	500.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00
	<b>DAILY CARE</b>										
82	RESPIRE CARE	4%	11,520.00	11,520.00	11,520.00	11,520.00	11,520.00	11,520.00	11,520.00	11,520.00	11,520.00
83	ATTENDANT CARE SUPPORT	4%	68,200.00	68,200.00	68,200.00	68,200.00	68,200.00	68,200.00	68,200.00	68,200.00	68,200.00
84	COMMUNITY LIVING ARRANGEMENT	4%									
85	HOME ACCESSIBILITY ADAPTATIONS	4%	75,000.00								
86	SPECIAL EDUCATION PROGRAM	4%	0.00								
	<b>SUBTOTAL - 1ST YEAR EXPENSES</b>		<b>215,668.82</b>								
88	PAST UNREIMBURSED EXPENSES		115,000.00								
89	PAIN & SUFFERING		215,664.00								
90	LOST WAGES		684,026.00								
	<b>TOTALS:</b>		<b>1,230,358.82</b>	<b>131,044.23</b>	<b>121,045.65</b>	<b>120,358.20</b>	<b>120,422.76</b>	<b>102,094.44</b>	<b>80,211.00</b>	<b>80,211.00</b>	<b>98,345.24</b>

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



**ITEMS OF COMPENSATION FOR**  
**[REDACTED]**  
**CL. CT. NO. [REDACTED] IV**

NO.	ITEM	GROWTH RATE	2018	2019	2020	2021	2022	2036	2061
			2018	2019	2020	2021	2022	2036	2061
	<u>INSURANCE</u>								
1	HEALTH INSURANCE - KAISER PERMANENTE	4%	6,048.00	6,048.00	6,048.00	1,156.80	1,156.80	1,156.80	1,156.80
2	MEDICARE - PART B	4%				776.00	776.00	776.00	776.00
3	MEDICARE SUPPLEMENT PLUS DEDUCTIBLE	4%				5,555.82	5,555.82	5,555.82	5,555.82
4	MEDICARE - PART D	4%							
	<u>PHYSICIAN MEDICAL</u>								
5	PRIMARY CARE PHYSICIAN - DR. KEITH BOYKIN	4%							
6	PRIMARY CARE PHYSICIAN - MILEAGE	4%							
7	INTERNAL MEDICINE	4%	40.00	40.00	40.00	30.00	30.00	30.00	30.00
8	INTERNAL MEDICINE - MILEAGE	4%	11.88	11.88	90.00	105.00	105.00	105.00	105.00
9	NEUROLOGY	4%	103.68	103.68	103.68	103.68	103.68	103.68	103.68
10	NEUROLOGY - MILEAGE	4%	30.00	30.00	30.00	0.00	0.00	0.00	0.00
11	COMPREHENSIVE METABOLIC BLOOD PANEL	4%	90.00	90.00	90.00	0.00	0.00	0.00	0.00
12	MEDICATION LEVEL SERUM STUDY	4%	17.82	17.82	17.82	0.00	0.00	0.00	0.00
13	MEDICATION LEVEL SERUM STUDY - MILEAGE	4%	33.33	33.33	33.33	0.00	0.00	0.00	0.00
14	MRI - BRAIN	4%	11.52	11.52	6.00	0.00	0.00	0.00	0.00
15	MRI - BRAIN - MILEAGE	4%	6.00	6.00	6.00	0.00	0.00	0.00	0.00
16	DEXA SCAN	4%	6.91	6.91	6.91	0.00	0.00	0.00	0.00
17	DEXA SCAN - MILEAGE	4%	10.00	10.00	10.00	0.00	0.00	0.00	0.00
18	VIDEO EEG	4%	11.52	11.52	11.52	11.52	11.52	11.52	11.52
19	VIDEO EEG - MILEAGE	4%	60.00	60.00	60.00	70.00	70.00	70.00	70.00
20	NEUROLOGY	4%	69.12	69.12	69.12	69.12	69.12	69.12	69.12
21	NEUROLOGY - MILEAGE	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
22	VAGUS NERVE STIMULATOR - GENERATOR	4%	6.91	6.91	6.91	6.91	6.91	6.91	6.91
23	VAGUS NERVE STIMULATOR - GENERATOR - MILEAGE	4%	120.00	120.00	120.00	140.00	140.00	140.00	140.00
24	PSYCHIATRY	4%	138.24	138.24	138.24	420.00	420.00	420.00	420.00
25	PSYCHIATRY - MILEAGE	4%	360.00	360.00	360.00	360.00	360.00	360.00	360.00
26	INDIVIDUAL COUNSELING	4%	71.28	71.28	71.28	71.28	71.28	71.28	71.28
27	INDIVIDUAL COUNSELING - MILEAGE	4%							
28	NEUROPSYCHOLOGICAL TESTING	4%							
29	NEUROPSYCHOLOGICAL TESTING - MILEAGE	4%							
30	EMERGENCY ROOM TREATMENT	4%	37.50	37.50	37.50	25.00	25.00	25.00	25.00

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ITEMS OF COMPENSATION FOR [REDACTED]

CL. CT. NO. [REDACTED] V

NO.	ITEM	GROWTH RATE	2018	2019	2020	2021	2022	2036	2061	
			25.00	25.00	50.00	33.33	33.33	33.33	33.33	33.33
31	AMBULANCE TRANSPORT	4%								
32	MEDICAL AIR TRANSPORT	4%								
33	DENTAL	4%	118.00	118.00	118.00	118.00	118.00	118.00	118.00	
34	DENTAL - MILEAGE	4%	35.64	35.64	0.00					
35	ORTHODONTIA	4%	0.00	0.00	0.00					
36	ORTHODONTIA - MILEAGE	4%	0.00	0.00	0.00					
37	CARE COORDINATOR	4%	3,250.00	3,250.00	3,250.00	3,250.00	3,250.00	3,250.00	3,250.00	
<b>MEDICATIONS AND SUPPLIES</b>										
38	TRILETAL	4%	96.00	96.00	96.00					
39	NEURONTIN	4%	96.00	96.00	96.00					
40	DIASTAT	4%	16.00	16.00	16.00					
41	XANAX	4%	96.00	96.00	96.00					
42	ATIVAN	4%	96.00	96.00	96.00					
43	RISPERDAL	4%	96.00	96.00	96.00					
44	DESMOPRESSIN ACETATE	4%	96.00	96.00	96.00					
45	FISH OIL SUPPLEMENTS	4%	34.47	34.47	34.47	34.47	34.47	34.47	34.47	
46	IBUPROFEN	4%	2.81	2.81	2.81	2.81	2.81	2.81	2.81	
47	OXYGEN E CYLINDERS	4%	750.00	750.00	750.00	750.00	750.00	750.00	750.00	
48	ANKLE FOOT ORTHOTIC (AFO)	4%	365.00	365.00	365.00	73.00	73.00	73.00	73.00	
49	ANKLE FOOT ORTHOTIC (AFO) - MILEAGE	4%	55.08	55.08						
50	NIGHT SPLINTS - RIGHT	4%	170.00	170.00	170.00	170.00	170.00	170.00	170.00	
51	NIGHT SPLINTS - RIGHT - MILEAGE	4%	55.08	55.08	0.00	0.00	0.00	0.00	0.00	
52	REPLACEMENT MAGNET (VNS)	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
53	SEIZURE ALARM	4%	121.67	121.67	121.67	121.67	121.67	121.67	121.67	
<b>REHABILITATION</b>										
54	PHYSICAL THERAPY	4%								
55	PHYSICAL THERAPY - MILEAGE	4%								
56	PHYSICAL THERAPY - EVALUATION	4%	192.00	192.00	192.00	0.00	0.00	0.00	0.00	
57	PHYSICAL THERAPY - EVALUATION - MILEAGE	4%	6.91	6.91						
58	OCCUPATIONAL THERAPY	4%								
59	OCCUPATIONAL THERAPY - MILEAGE	4%								
60	OCCUPATIONAL THERAPY - EVALUATION	4%	192.00	192.00	192.00	0.00	0.00	0.00	0.00	
61	OCCUPATIONAL THERAPY - EVALUATION - MILEAGE	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	

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ITEMS OF COMPENSATION FOR [REDACTED]

CL. CT. NO. [REDACTED] V

NO.	ITEM	GROWTH RATE	2018	2019	2020	2021	2022	2036	2060	2061
										LIFE
62	SPEECH THERAPY	4%								
63	SPEECH THERAPY - MILEAGE	4%								
64	ACADEMIC TUTORING	4%								
65	THERAPEUTIC SWIMMING	4%	675.00	675.00						
66	THERAPEUTIC SWIMMING - MILEAGE	4%								
67	THERAPEUTIC SKIING	4%								
68	THERAPEUTIC SKIING - MILEAGE	4%								
69	THERAPEUTIC CAMPING	4%								
70	THERAPEUTIC CAMPING - MILEAGE	4%								
	<b>THERAPEUTIC/ ADAPTIVE EQUIPMENT</b>									
71	EAR PLUGS	4%	7.49	7.49	7.49	7.49	7.49	7.49	7.49	7.49
72	RADIO CD PLAYER	4%								
73	EXERCISE BALLS	4%	25.20	25.20	25.20	25.20	25.20	25.20	25.20	25.20
74	LATEX EXERCISE BANDS	4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
75	VESTIBULAR SWING	4%								
76	BALL N' CHAIR	4%	49.50	49.50	49.50	49.50	49.50	49.50	49.50	49.50
77	BODY SOX	4%								
78	ADAPTIVE BIKE (CHARIOT)	4%								
79	ADAPTED UTENSILS	4%	20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00
80	DELL PERSONAL COMPUTER	4%	149.80	149.80	149.80	149.80	149.80	149.80	149.80	149.80
81	COMPUTER SOFTWARE	4%	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00
	<b>DAILY CARE</b>									
82	RESPIRE CARE	4%								
83	ATTENDANT CARE SUPPORT	4%	80,211.00	80,211.00						
84	COMMUNITY LIVING ARRANGEMENT	4%								
85	HOME ACCESSIBILITY ADAPTATIONS	4%								
86	SPECIAL EDUCATION PROGRAM	4%								
	<b>SUBTOTAL - 1ST YEAR EXPENSES</b>									
			94,577.36	94,577.36	138,004.70	138,083.82	138,083.82	138,083.82	138,083.82	138,083.82
88	PAST UNREIMBURSED EXPENSES									
89	PAIN & SUFFERING									
90	LOST WAGES									
	<b>TOTALS:</b>									

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