

**In the United States Court of Federal Claims**

**OFFICE OF SPECIAL MASTERS**

(E-Filed: July 21, 2010; Re-Issued: July 22, 2010;

Re-Issued for Redaction: July 23, 2010; Re-issued for Redaction: August 27, 2010)

_____ )	
CHILD DOE/77, a minor, )	MMR Vaccine; Thimerosal-
by [REDACTED] Parents and Natural Guardians, )	Containing Vaccines; Autism
JANE DOE/77 AND JOHN DOE/77, )	Spectrum Disorder;
)	Finding of Entitlement;
)	Damages Decision Based On
Petitioners, )	Proffer
)	
v. )	[REDACTED]
)	Special Master Campbell-Smith
SECRETARY OF HEALTH AND HUMAN )	
SERVICES, )	<b>TO PUBLISH</b>
)	
Respondent. )	
_____ )	

Clifford J. Shoemaker, Vienna, VA, for petitioners

Catharine E. Reeves, Washington, DC, for respondent

**CAMPBELL-SMITH, Special Master**

**DECISION AWARDING DAMAGES<sup>1</sup>**

<sup>1</sup> Vaccine Rule 18(b) provides that all of the decisions of the special masters will be made available to the public unless an issued decision contains trade secrets or commercial or financial information that is privileged or confidential, or the decision contains medical or similar information the disclosure of which clearly would constitute an unwarranted invasion of privacy. When a special master issues a decision or substantive order, the parties have 14 days within which to move for the redaction of privileged or confidential information before the document's public disclosure.

On October 25, 2002, petitioners, John and Jane Doe/77, filed a petition on behalf of their minor child seeking compensation under the National Vaccine Injury Compensation Program ("the Vaccine Program") for a vaccine-related injury.<sup>2</sup>

Respondent has conceded that petitioners are entitled to compensation due to the significant aggravation of Child Doe/77's pre-existing mitochondrial disorder based on an MMR vaccine Table presumptive injury of encephalopathy, which eventually manifested as a chronic encephalopathy with features of autism spectrum disorder and a complex partial seizure disorder as a sequela.

Based on the persuasive factors supporting petitioner's vaccine claim and respondent's election not to challenge petitioner's claim, the undersigned finds that petitioner is entitled to compensation under the Vaccine Program. Accordingly, a determination of damages is appropriate.

On July 20, 2010, respondent filed a Proffer on Award of Compensation (Proffer). On July 20, 2010, petitioners orally accepted respondent's Proffer. Based on the record as a whole, the undersigned finds that petitioners are 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 payment of \$1,507,284.67, representing compensation for life care expenses expected to be incurred during the first year after judgment (\$624,713.32), lost future earnings (\$674,410.67) and pain and suffering (\$208,160.68), in the form of a check payable to petitioners, as the court appointed guardian(s)/conservator(s) of the estate of Child Doe/77, for the benefit of Child Doe/77. No payments shall be made until petitioners provide respondent with documentation establishing that they have been appointed as the guardian(s)/conservator(s) of Child Doe/77's estate;
2. A lump sum payment of \$140,109.67, representing compensation for past unreimbursable expenses, payable to John and Jane Doe/77, petitioners;

---

<sup>2</sup> The National Vaccine Injury Compensation Program is set forth in Part 2 of the National Childhood Vaccine Injury Act of 1986, Pub. L. No. 99-660, 100 Stat. 3755, codified as amended, 42 U.S.C.A. § 300aa-10-§ 300aa-34 (West 1991 & Supp. 2002) (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.

3. A lump sum payment of \$7,821.81, representing compensation for satisfaction of the State of [redacted] Medicaid lien, payable jointly to petitioner and

[redacted] Department of Community Health Subrogation Unit  
[redacted]  
[redacted]  
[redacted]  
Attn: [redacted]

4. An amount sufficient to purchase an annuity contract(s), subject to the conditions described in paragraph II. D. of the attached Proffer, paid to the life insurance company(ies) from which the annuity(ies) 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.<sup>3</sup>

**IT IS SO ORDERED.**

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

---

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



[REDACTED]

B. Lost Future Earnings

The parties agree that based upon the evidence of record, [REDACTED] will never be gainfully employed. Therefore, respondent proffers that [REDACTED] 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 [REDACTED] lost future earnings is \$674,410.67. Petitioners agree.

C. Pain and Suffering

Respondent proffers that [REDACTED] should be awarded \$208,160.68 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). Petitioners agree.

D. Past Unreimbursable Expenses

Evidence supplied by petitioners documents their expenditure of past unreimbursable expenses related to [REDACTED] vaccine-related injury. Respondent proffers that petitioners should be awarded past unreimbursable expenses in the amount of \$140,109.67. Petitioners agree.

E. Medicaid Lien

Respondent proffers that [REDACTED] should be awarded funds to satisfy the State of [REDACTED] Medicaid lien in the amount of \$7,821.81, which represents full satisfaction of any right of subrogation, assignment, claim, lien, or cause of action the State of [REDACTED] may have against any individual as a result of any Medicaid payments the State of [REDACTED] has made to or on behalf of [REDACTED] from the date of her eligibility for benefits through the date of judgment

[REDACTED]

in this case as a result of her vaccine-related injury suffered on or about July 19, 2000, under Title XIX of the Social Security Act.

**II. Form of the Award**

The parties recommend that the compensation provided to [REDACTED] 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 \$1,507,284.67, representing compensation for life care expenses expected to be incurred during the first year after judgment (\$624,713.32), lost future earnings (\$674,410.67) and pain and suffering (\$208,160.68), in the form of a check payable to petitioners, as the court-appointed guardian(s)/conservator(s) of the estate of [REDACTED], for the benefit of [REDACTED]. No payments shall be made until petitioners provide respondent with documentation establishing that they have been appointed as the guardian(s)/conservator(s) of [REDACTED] estate;

B. A lump sum payment of \$140,109.67, representing compensation for past unreimbursable expenses, payable to [REDACTED], petitioners;

C. A lump sum payment of \$7,821.81, representing compensation for satisfaction of the State of [REDACTED] Medicaid lien, payable jointly to petitioners and

[REDACTED] Department of Community Health  
Subrogation Unit

[REDACTED]

[REDACTED]

[REDACTED]

Petitioners agree to endorse this payment to the State of [REDACTED]

[REDACTED]

D. An amount sufficient to purchase an annuity contract(s), 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(ies)<sup>2</sup> from which the annuity(ies) 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(ies), which annuity(ies) shall make payments directly to petitioners as guardian(s)/conservator(s) of the estate of [REDACTED], for the benefit of [REDACTED], only so long as [REDACTED] 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" set forth in the chart at Tab A describe only the total yearly sum to be paid to petitioners 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

---

<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 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.



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. Petitioners agree.

2. Life-contingent annuity(ies)

Petitioners will continue to receive the annuity payments from the Life Insurance Company(ies) only so long as [REDACTED] is alive at the time that a particular payment is due. Petitioners shall provide written notice to the Secretary of Health and Human Services and the Life Insurance Company(ies) within twenty (20) days of [REDACTED] death.

3. Guardianship

No payments under section II. A. shall be made until petitioners provide the Secretary with documentation establishing their appointment as the guardian(s)/conservator(s) of [REDACTED] estate. If petitioners are not authorized by a court of competent jurisdiction to serve as guardian(s)/conservator(s) of the estate of [REDACTED] at the time a payment is to be made, any such payment shall be paid to the party or parties appointed by a court of competent jurisdiction to serve as guardian(s)/conservator(s) of the estate of [REDACTED] upon submission of written documentation of such appointment to the Secretary.

**III. Summary of Recommended Payments Following Judgment**

A.	Lump Sum paid to petitioners, as guardian(s)/conservator(s) of the estate of [REDACTED] for Yr 1 life care expenses, lost future earnings, and pain and suffering:	<b>\$1,507,284.67</b>
B.	A lump sum paid to petitioners:	<b>\$ 140,109.67</b>
C.	Reimbursement of the Medicaid lien:	<b>\$ 7,821.81</b>



[REDACTED]

D. An amount sufficient to purchase the annuity contract(s) described above in section II. D.

Respectfully submitted,

TONY WEST  
Assistant Attorney General

TIMOTHY P. GARREN  
Director  
Torts Branch, Civil Division

MARK W. ROGERS  
Deputy Director  
Torts Branch, Civil Division

/s/Catharine E. Reeves  
CATHARINE E. REEVES  
Assistant Director  
Torts Branch, Civil Division  
U.S. Department of Justice  
P.O. Box 146  
Benjamin Franklin Station  
Washington, D.C. 20044-0146  
Telephone: (202) 307-1400

Dated: July 20, 2010





# TAB A





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
MCT Oil	4%		M	689.00	689.00	689.00	689.00	689.00	689.00	689.00	689.00
Vitamin C	4%		M	10.43	10.43	10.43	10.43	10.43	10.43	10.43	10.43
Vitamin E	4%		M	24.05	24.05	24.05	24.05	24.05	24.05	24.05	24.05
Alpha Lipoic Acid	4%		M	123.37	123.37	123.37	123.37	123.37	123.37	123.37	123.37
Omega 3 & 6	4%		M	549.38	549.38	549.38	549.38	549.38	549.38	549.38	549.38
Flax Seed Oil	4%		M	271.47	271.47	271.47	271.47	271.47	271.47	271.47	271.47
Probiotics	4%		M	431.88	431.88	431.88	431.88	431.88	431.88	431.88	431.88
Ca Suppl.	4%		M	171.55	171.55	171.55	171.55	171.55	171.55	171.55	171.55
Pancreatic Enzymes	4%		M	436.18	436.18	436.18	436.18	436.18	436.18	436.18	436.18
Vitamin D	4%		M	96.30	96.30	96.30	96.30	96.30	96.30	96.30	96.30
Ketone Strips	4%		M	288.83	288.83	288.83	288.83	288.83	288.83	288.83	288.83
Disposable Cups	4%		M	53.87	53.87	53.87	53.87	53.87	53.87	53.87	53.87
Bathroom Cup Disp. for Urine	4%		M	59.97	59.97	59.97	59.97	59.97	59.97	59.97	59.97
Glucometer	4%			40.00					40.00		
Test Strips for Hypo-glycemia	4%			50.04	50.04	50.04	50.04	50.04	50.04	50.04	50.04
Lactic Acid Monitor	4%			395.00					395.00		
Lactic Acid Strips	4%			255.80	255.80	255.80	255.80	255.80	255.80	255.80	255.80
Lancets: Hypoglycemic/Lactic Acid Monitoring	4%			2.48	2.48	2.48	2.48	2.48	2.48	2.48	2.48
Alcohol Wipes	4%			1.01	1.01	1.01	1.01	1.01	1.01	1.01	1.01
Medical Documentation Binder	4%			20.99	20.99	20.99	20.99	20.99	20.99	20.99	20.99
Insulin Syringes	4%			41.89	41.89	41.89	41.89	41.89	41.89	41.89	41.89
Pill Organizer	4%			7.90	2.63	2.63	2.63	2.63	2.63	2.63	2.63
Pill Crusher	4%			3.90	1.30	1.30	1.30	1.30	1.30	1.30	1.30
Pull Ups/ Attends	4%		M	570.50	570.50	570.50	570.50	570.50	570.50	570.50	570.50
Goodrite Disposable Underpants	4%		M	321.37	321.37	321.37	321.37	321.37	321.37	321.37	321.37
Non-sterile Gloves	4%		M	108.40	108.40	108.40	108.40	108.40	108.40	108.40	108.40
Hand Sanitizer	4%		M	23.40	23.40	23.40	23.40	23.40	23.40	23.40	23.40
Skin Barrier Cream	4%		M	163.20	163.20	163.20	163.20	163.20	163.20	163.20	163.20
Chux	4%		M	174.47	174.47	174.47	174.47	174.47	174.47	174.47	174.47
Washable Cloth Chux	4%			39.80	39.80	39.80	39.80	39.80	39.80	39.80	39.80
Absorbent Mattress Pad	4%			31.95	31.95	31.95	31.95	31.95	31.95	31.95	31.95
Plastic Mattress Cover	4%			11.95	11.95	11.95	11.95	11.95	11.95	11.95	11.95
Shower Chair	4%			115.00					115.00		



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
ST				2010	2011	2012	2013	2014	2015	2016	2017
	4%	*	M	25,344.00	34,056.00	34,056.00	34,056.00	34,056.00	34,056.00	34,056.00	34,056.00
Mileage/ Parking for OT & ST	4%			400.53	519.60	519.60	519.60	519.60	519.60	519.60	519.60
Attendant Care Unskilled	4%	M		106,686.00	106,686.00	106,686.00	106,686.00	106,686.00	106,686.00	106,686.00	106,686.00
Attendant Care Skilled	4%	M		247,680.00	247,680.00	247,680.00	247,680.00	247,680.00	247,680.00	247,680.00	247,680.00
Attendant Care Skilled Respite	4%	M		37,440.00	37,440.00	37,440.00	37,440.00	37,440.00	37,440.00	37,440.00	37,440.00
Day Habilitation Prgm	4%	M									
ABA for Educational Assistance	4%	M									
Horse Back Riding/Aquatic Thrpy	4%	M									
Lost Future Earnings				674,410.67							
Pain and Suffering				208,160.68							
Past Unreimbursable Expenses				140,109.67							
Medicaid Lien				7,821.81							
Annual Totals				1,655,216.15	579,524.95	579,774.55	579,474.55	580,498.08	584,894.99	579,952.72	579,558.95

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)/custodian(s) of the estate of [REDACTED] for the benefit of [REDACTED], for lost future earnings (\$674,410.67), pain and suffering (\$208,160.68), and Yr 1 life care expenses (\$624,713.32); \$1,507,284.67.  
 As soon as practicable after entry of judgment, respondent shall make the following payment to petitioners, [REDACTED] and [REDACTED] for past un-reimbursable expenses: \$140,109.67.  
 As soon as practicable after entry of judgment, respondent shall make the following payment jointly to petitioners and the [REDACTED] as reimbursement for the state's Medicaid lien: \$7,821.81.  
 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.  
 Items denoted with an "M" payable in 12 monthly installments at the discretion of respondent.









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
				2018	2019	2020	2021	2022	2023	2024	2025
Hand Held Shower	4%					74.95					74.95
Sonicare	4%					74.99					74.99
Sonicare Repl. Heads	4%			24.99	24.99	24.99	24.99	24.99	24.99	24.99	24.99
Safety Locks/ Furniture	4%			75.00	75.00	75.00	75.00	75.00	75.00	75.00	75.00
Security Fence	4%										
Project Lifesaver Bracelet	4%			300.00		300.00		300.00		300.00	
Project Lifesaver Monitoring Fee	4%			180.00	180.00	180.00	180.00	180.00	180.00	180.00	180.00
Video Monitor of House & Rooms	4%					220.00					220.00
Computer & Printer	4%					2,104.50					2,104.50
Update Software	4%										
Annual Software Allowance	4%			250.00	250.00	250.00	250.00	250.00	250.00	250.00	250.00
Interactive Whiteboard	4%			75.00	75.00	75.00	75.00	75.00	75.00	75.00	75.00
Specialized ST Equip	4%			723.53							
Misc School Supplies	4%			200.00	200.00						
Laminator	4%										
Lamination Supplies	4%			60.00	60.00						
Buddy Bike	4%					1,700.00					
Exercise Balls	4%					41.90					
Pump	4%					36.95					
Sensory Gym Equip	4%					2,271.64					
Sensory Intcgration Equip	4%			500.00	500.00	500.00	500.00	500.00	500.00	500.00	500.00
Case Mngt	4%		M	5,760.00	5,760.00	5,760.00	5,760.00	5,760.00	5,760.00	5,760.00	5,760.00
Intensive Language Prgm	4%										
Accomodation for Language Prgm	4%										
Meal Allowance	4%										
Mileage for Language Prgm	4%										
ABA - Home School Prgm	4%		M	57,600.00	57,600.00						
Board Certified Behavior Analyst	4%		M	8,880.00	8,880.00						
Therapeutic Horse Back Riding	4%		M	5,280.00	5,280.00						
Mileage: Hippotherapy	4%		M	475.20	475.20						
OT Eval	4%			641.68	641.68						
OT	4%		*	29,838.12	29,838.12						
ST Eval	4%			528.00	528.00						

ITEMS OF COMPENSATION	G.R.	*	M	Compensation Year 9 2018	Compensation Year 10 2019	Compensation Year 11 2020	Compensation Year 12 2021	Compensation Year 13 2022	Compensation Year 14 2023	Compensation Year 15 2024	Compensation Year 16 2025
ST	4%	*	M	34,056.00	34,056.00						
Mileage/ Parking for OT & ST	4%			519.60	519.60						
Attendant Care Unskilled	4%	M		106,686.00	106,686.00	29,790.00	29,790.00	29,790.00	29,790.00	29,790.00	29,790.00
Attendant Care Skilled	4%	M		247,680.00	247,680.00	532,800.00	532,800.00	532,800.00	532,800.00	532,800.00	532,800.00
Attendant Care Skilled Respite	4%	M		37,440.00	37,440.00						
Day Habilitation Prgrm	4%	M				9,250.00	9,250.00	9,250.00	9,250.00	9,250.00	9,250.00
ABA for Educational Assistance	4%	M				40,500.00	40,500.00	40,500.00	40,500.00	40,500.00	40,500.00
Horse Back Riding/Aquatic Thrpy	4%	M				5,280.00	5,280.00	5,280.00	5,280.00	5,280.00	5,280.00
Lost Future Earnings											
Pain and Suffering											
Past Unreimbursable Expenses											
Medicaid Lien											
Annual Totals				580,581.82	579,558.95	671,718.55	661,499.87	661,799.21	661,499.87	661,799.21	664,996.31

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)/custodian(s) of the estate of [REDACTED] for the benefit of [REDACTED] for lost future earnings (\$674,410.67), pain and suffering (\$208,160.68), and Yr 1 life care expenses (\$624,713.32): \$1,507,284.67.  
 As soon as practicable after entry of judgment, respondent shall make the following payment to petitioners, [REDACTED] for past un-reimbursable expenses: \$140,109.67.  
 As soon as practicable after entry of judgment, respondent shall make the following payment jointly to petitioners and the State of [REDACTED] as reimbursement for the state's Medicaid lien: \$7,821.81.  
 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.  
 Items denoted with an "M" payable in 12 monthly installments at the discretion of respondent.

ITEMS OF COMPENSATION	G.R.	*	M	Compensation Year 17 2026	Compensation Year 18 2027	Compensation Year 19 2028	Compensation Year 20 2029	Compensation Year 21 2030	Compensation Years 22-23 2031-2032	Compensation Years 24-39 2033-2048	Compensation Years 40-49 2049-2058
BCBS Premium	5%		M	5,735.52	5,735.52	5,735.52					
BCBS Ded. In/Out of Network	5%			5,000.00	5,000.00						
BCBS MOP In Network	5%										
BCBS MOP Out of Network	5%			10,000.00	10,000.00						
Medicare Part A & B	5%		M				1,326.00	1,326.00	1,326.00	1,326.00	1,326.00
Medicare Part B Deductible	5%						155.00	155.00	155.00	155.00	155.00
Medigap B	5%		M				3,768.00	3,768.00	3,768.00	3,768.00	3,768.00
Medicare Part D	5%		M				10,048.00	10,048.00	10,048.00	10,048.00	10,048.00
Pediatrician/ Internal Medicine	5%	*									
Lab Work	5%	*									
EKG	5%	*									
Echo-cardiogram	5%	*									
Bone Density	5%	*									
ENT	5%	*									
Endometrial Ablation	5%	*									
Gastro-enterology	5%	*									
Urology	5%	*									
Psychiatrist	5%	*									
Audiometry Cranial Nerve Funct.	5%	*									
Service Dog Training	4%							2,352.28	235.23	235.23	235.23
Mileage for Service Dog Training	4%							20.13	2.01	2.01	2.01
Service Dog Expenses	4%		M	900.00	900.00	900.00	900.00	900.00	900.00	900.00	900.00
Service Dog Expense Mileage	4%			11.88	11.88	11.88	11.88	11.88	11.88	11.88	11.88
Neurologist	5%	*									
Neurologist Mileage	4%			87.12	87.12	87.12	87.12	87.12	87.12	87.12	87.12
Modified Atkins Diet	4%		M	3,565.20	3,565.20	3,565.20	3,565.20	3,565.20	3,565.20	3,565.20	3,268.80
Inpatient EEG Monitoring	5%	*									
EEG Mileage	4%			0.66	0.66		0.66	0.33	0.33	0.33	0.33
MRI Brain	5%	*									
Neuro-psychological Eval	5%										
Hospitalizations	5%	*									
ER	5%	*									
IVIG	5%	*	M				21,395.79	21,395.79	21,395.79	21,395.79	21,395.79



ITEMS OF COMPENSATION	G.R.	*	M	Compensation Year 17	Compensation Year 18	Compensation Year 19	Compensation Year 20	Compensation Year 21	Compensation Years 2011-2032	Compensation Years 2033-2048	Compensation Years 2049-2058
MCT Oil	4%		M	689.00	689.00	689.00	689.00	689.00	689.00	689.00	689.00
Vitamin C	4%		M	10.43	10.43	10.43	10.43	10.43	10.43	10.43	10.43
Vitamin E	4%		M	24.05	24.05	24.05	24.05	24.05	24.05	24.05	24.05
Alpha Lipoic Acid	4%		M	123.37	123.37	123.37	123.37	123.37	123.37	123.37	123.37
Omega 3 & 6	4%		M	549.38	549.38	549.38	549.38	549.38	549.38	549.38	549.38
Flax Seed Oil	4%		M	271.47	271.47	271.47	271.47	271.47	271.47	271.47	271.47
Probiotics	4%		M	431.88	431.88	431.88	431.88	431.88	431.88	431.88	431.88
Ca Suppl.	4%		M	171.55	171.55	171.55	171.55	171.55	171.55	171.55	171.55
Pancreatic Enzymes	4%		M	436.18	436.18	436.18	436.18	436.18	436.18	436.18	436.18
Vitamin D	4%		M	96.30	96.30	96.30	96.30	96.30	96.30	96.30	96.30
Ketone Strips	4%		M	288.83	288.83	288.83	288.83	288.83	288.83	288.83	288.83
Disposable Cups	4%		M	53.87	53.87	53.87	53.87	53.87	53.87	53.87	53.87
Bathroom Cup Disp. for Urine	4%		M	59.97	59.97	59.97	59.97	59.97	59.97	59.97	59.97
Glucometer	4%							40.00	8.00	8.00	8.00
Test Strips for Hypo-glycemia	4%			50.04	50.04	50.04	50.04	50.04	50.04	50.04	50.04
Lactic Acid Monitor	4%							395.00	79.00	79.00	79.00
Lactic Acid Strips	4%			255.80	255.80	255.80	255.80	255.80	255.80	255.80	255.80
Lancets: Hypoglycemic/Lactic Acid Monitoring	4%			2.48	2.48	2.48	2.48	2.48	2.48	2.48	2.48
Alcohol Wipes	4%			1.01	1.01	1.01	1.01	1.01	1.01	1.01	1.01
Medical Documentation Binder	4%			20.99	20.99	20.99	20.99	20.99	20.99	20.99	20.99
Insulin Syringes	4%			41.89	41.89	41.89	41.89	41.89	41.89	41.89	41.89
Pill Organizer	4%			2.63	2.63	2.63	2.63	2.63	2.63	2.63	2.63
Pill Crusher	4%			1.30	1.30	1.30	1.30	1.30	1.30	1.30	1.30
Pull Ups/ Attends	4%		M	512.10	512.10	512.10	512.10	512.10	512.10	512.10	512.10
Goodnite Disposable Underpants	4%		M	350.68	350.68	350.68	350.68	350.68	350.68	350.68	350.68
Non-sterile Gloves	4%		M	108.40	108.40	108.40	108.40	108.40	108.40	108.40	108.40
Hand Sanitizer	4%		M	23.40	23.40	23.40	23.40	23.40	23.40	23.40	23.40
Skin Barrier Cream	4%		M	163.20	163.20	163.20	163.20	163.20	163.20	163.20	163.20
Chux	4%		M	174.47	174.47	174.47	174.47	174.47	174.47	174.47	174.47
Washable Cloth Chux	4%			39.80	39.80	39.80	39.80	39.80	39.80	39.80	39.80
Absorbent Mattress Pad	4%			31.95	31.95	31.95	31.95	31.95	31.95	31.95	31.95
Plastic Mattress Cover	4%			11.95	11.95	11.95	11.95	11.95	11.95	11.95	11.95
Shower Chair	4%					115.00	23.00	23.00	23.00	23.00	23.00





ITEMS OF COMPENSATION	G.R.	* M	Compensation Year 17 2026	Compensation Year 18 2027	Compensation Year 19 2028	Compensation Year 20 2029	Compensation Year 21 2030	Compensation Years 22-23 2031-2032	Compensation Years 24-39 2033-2048	Compensation Years 40-49 2049-2058
ST	4%	* M								
Mileage/ Parking for OT & ST	4%									
Attendant Care Unskilled	4%	M	29,790.00	29,790.00	29,790.00	29,790.00	29,790.00	29,790.00	29,790.00	29,790.00
Attendant Care Skilled	4%	M	532,800.00	532,800.00	532,800.00	532,800.00	532,800.00	532,800.00	532,800.00	532,800.00
Attendant Care Skilled Respite	4%	M								
Day Habilitation Prgrm	4%	M	9,250.00	9,250.00	9,250.00	9,250.00	9,250.00	9,250.00	9,250.00	9,250.00
ABA for Educational Assistance	4%	M	40,500.00	40,500.00	40,500.00	40,500.00	40,500.00	40,500.00	40,500.00	40,500.00
Horse Back Riding/Aquatic Thrpy	4%	M	5,280.00	5,280.00	5,280.00	5,280.00	5,280.00	5,280.00	5,280.00	5,280.00
Lost Future Earnings										
Pain and Suffering										
Past Unreimbursable Expenses										
Medicaid Lien										
Annual Totals			661,799.21	661,499.87	661,799.21	678,283.14	693,558.15	680,785.59	680,809.59	680,513.19

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)/custodian(s) of the estate of [REDACTED], for the benefit of [REDACTED], for lost future earnings (\$674,410.67), pain and suffering (\$208,160.68), and Yr 1 life care expenses (\$624,713.32): \$1,507,284.67.  
 As soon as practicable after entry of judgment, respondent shall make the following payment to petitioners, [REDACTED] and [REDACTED] for past un-reimbursable expenses: \$140,109.67.  
 As soon as practicable after entry of judgment, respondent shall make the following payment jointly to petitioners and the State of [REDACTED] as reimbursement for the state's Medicaid lien: \$7,821.81. ■  
 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.  
 Items denoted with an "M" payable in 12 monthly installments at the discretion of respondent.

ITEMS OF COMPENSATION	G.R.	*	M	Compensation Year 50 2059	Compensation Years 51-54 2060-2063	Compensation Years 55-Life 2064-Life
BCBS Premium	5%		M			
BCBS Ded. In/Out of Network	5%					
BCBS MOP In Network	5%					
BCBS MOP Out of Network	5%					
Medicare Part A & B	5%		M	1,326.00	1,326.00	1,326.00
Medicare Part B Deductible	5%			155.00	155.00	155.00
Medigap B	5%		M	3,768.00	3,768.00	2,520.00
Medicare Part D	5%		M	10,048.00	10,048.00	10,048.00
Pediatrician/ Internal Medicine	5%	*				
Lab Work	5%	*				
EKG	5%	*				
Echo-cardiogram	5%	*				
Bone Density	5%	*				
ENT	5%	*				
Endometrial Ablation	5%	*				
Gastro-enterology	5%	*				
Urology	5%	*				
Psychiatrist	5%	*				
Audiometry Cranial Nerve Funct.	5%	*				
Service Dog Training	4%			235.23	235.23	235.23
Mileage for Service Dog Training	4%			2.01	2.01	2.01
Service Dog Expenses	4%		M	900.00	900.00	900.00
Service Dog Expense Mileage	4%			11.88	11.88	11.88
Neurologist	5%	*				
Neurologist Mileage	4%			87.12	87.12	87.12
Modified Atkins Diet	4%		M	3,268.80	3,268.80	3,268.80
Inpatient EEG Monitoring	5%	*				
EEG Mileage	4%			0.33	0.33	0.33
MRI Brain	5%	*				
Neuro-psychological Eval	5%					
Hospitalizations	5%	*				
ER	5%	*				
IVIG	5%	*	M	21,395.79	21,395.79	21,395.79

ITEMS OF COMPENSATION	G.R.	*	M	Compensation			Compensation	
				Year 50 2059	Years 51-54 2060-2063	Years 55-Life 2064-Life	Year 50 2059	Years 51-54 2060-2063
Dentist/ Hygienist	5%			500.00	500.00	500.00	500.00	500.00
Sedation for Routine Dental	5%			2,116.00	2,116.00	2,116.00	2,116.00	2,116.00
Sedation for Major Dental	5%	*		1,105.60	1,105.60	1,105.60	1,105.60	1,105.60
Emory Cntr for Em. Intervention, Travel, Mileage, PT/OT	4%							
Inpat. Psych/Beh. Intervention	4%	*						
Psychological Counseling	4%	*						
Parking and Mileage	4%			327.70	327.70	327.70	327.70	327.70
Clonidine	5%	*	M	24.00	24.00	24.00	24.00	24.00
Zoncgran	5%	*	M	24.00	24.00	24.00	24.00	24.00
Depakote	5%	*	M	24.00	24.00	24.00	24.00	24.00
Lamictal	5%	*	M	24.00	24.00	24.00	24.00	24.00
Phenobarbital	5%	*	M	24.00	24.00	24.00	24.00	24.00
Diastat	5%	*	M	120.00	120.00	120.00	120.00	120.00
Risperdal	5%	*	M	24.00	24.00	24.00	24.00	24.00
Prozac	5%	*	M	24.00	24.00	24.00	24.00	24.00
Astelin Spray	5%	*	M	24.00	24.00	24.00	24.00	24.00
Cetirizine HCL	5%	*	M	24.00	24.00	24.00	24.00	24.00
Flonase	5%	*	M	24.00	24.00	24.00	24.00	24.00
Singulair	5%	*	M	24.00	24.00	24.00	24.00	24.00
Vyvanse	5%	*	M	400.00	400.00	400.00	400.00	400.00
Flagyl/ Vancomycin	5%	*	M	18.00	18.00	18.00	18.00	18.00
Diflucan	5%	*	M	24.00	24.00	24.00	24.00	24.00
Fosomax	5%	*	M	24.00	24.00	24.00	24.00	24.00
Carnitor	4%	M		983.63	983.63	983.63	983.63	983.63
CO Q10	4%	M		1,080.00	1,080.00	1,080.00	1,080.00	1,080.00
Allothiamine	4%	M		232.87	232.87	232.87	232.87	232.87
Riboflavin	4%	M		119.35	119.35	119.35	119.35	119.35
B Complex	4%	M		30.40	30.40	30.40	30.40	30.40
B12	4%	M		720.00	720.00	720.00	720.00	720.00
Juice Plus	4%	M		498.00	498.00	498.00	498.00	498.00
MVI	4%	M		41.57	41.57	41.57	41.57	41.57
Melatonin	4%	M		66.61	66.61	66.61	66.61	66.61

ITEMS OF COMPENSATION	G.R.	*	Compensation		
			Year 50	Years 51-54	Years 55-Life
MCT Oil	4%	M	2059	689.00	689.00
Vitamin C	4%	M	10.43	10.43	10.43
Vitamin E	4%	M	24.05	24.05	24.05
Alpha Lipoic Acid	4%	M	123.37	123.37	123.37
Omega 3 & 6	4%	M	549.38	549.38	549.38
Flax Seed Oil	4%	M	271.47	271.47	271.47
Probiotics	4%	M	431.88	431.88	431.88
Ca Suppl.	4%	M	171.55	171.55	171.55
Pancreatic Enzymes	4%	M	436.18	436.18	436.18
Vitamin D	4%	M	96.30	96.30	96.30
Ketone Strips	4%	M	288.83	288.83	288.83
Disposable Cups	4%	M	53.87	53.87	53.87
Bathroom Cup Disp. for Urine	4%	M	59.97	59.97	59.97
Glucometer	4%		8.00	8.00	8.00
Test Strips for Hypo-glycemia	4%		50.04	50.04	50.04
Lactic Acid Monitor	4%		79.00	79.00	79.00
Lactic Acid Strips	4%		255.80	255.80	255.80
Lancets: Hypoglycemic/Lactic Acid Monitoring	4%		2.48	2.48	2.48
Alcohol Wipes	4%		1.01	1.01	1.01
Medical Documentation Binder	4%		20.99	20.99	20.99
Insulin Syringes	4%		41.89	41.89	41.89
Pill Organizer	4%		2.63	2.63	2.63
Pill Crusher	4%		1.30	1.30	1.30
Pull Ups/ Attends	4%	M	512.10	512.10	512.10
Goodnite Disposable Underpants	4%	M	350.68	350.68	350.68
Non-sterile Gloves	4%	M	108.40	108.40	108.40
Hand Sanitizer	4%	M	23.40	23.40	23.40
Skin Barrier Cream	4%	M	163.20	163.20	163.20
Chux	4%	M	174.47	174.47	174.47
Washable Cloth Chux	4%		39.80	39.80	39.80
Absorbent Mattress Pad	4%		31.95	31.95	31.95
Plastic Mattress Cover	4%		11.95	11.95	11.95
Shower Chair	4%		23.00	23.00	23.00

ITEMS OF COMPENSATION	G.R.	*	M	Compensation		
				Year 50 2059	Years 51-54 2060-2063	Years 55-Life 2064-Life
Hand Held Shower	4%			14.99	14.99	14.99
Sonicare	4%			15.00	15.00	15.00
Sonicare Repl. Heads	4%			24.99	24.99	24.99
Safety Locks/ Furniture	4%			75.00	75.00	75.00
Security Fence	4%					
Project Lifesaver Bracelet	4%			150.00	150.00	150.00
Project Lifesaver Monitoring Fee	4%			180.00	180.00	180.00
Vidco Monitor of House & Rooms	4%			44.00	44.00	44.00
Computer & Printer	4%			420.90	420.90	420.90
Update Software	4%					
Annual Software Allowance	4%			250.00	250.00	250.00
Interactive Whiteboard	4%			75.00	75.00	75.00
Specialized ST Equip	4%					
Misc School Supplies	4%					
Laminator	4%					
Lamination Supplies	4%					
Buddy Bike	4%			170.00	170.00	170.00
Exercise Balls	4%			4.19	4.19	4.19
Pump	4%			3.70	3.70	3.70
Sensory Gym Equip	4%			227.16	227.16	227.16
Sensory Integration Equip	4%			500.00	500.00	500.00
Case Mngt	4%		M	5,760.00	5,760.00	5,760.00
Intensive Language Prgm	4%					
Accommodation for Language Prgm	4%					
Meal Allowance	4%					
Mileage for Language Prgm	4%					
ABA - Home School Prgm	4%		M			
Board Certified Behavior Analyst	4%		M			
Therapeutic Horse Back Riding	4%		M			
Mileage: Hippotherapy	4%		M			
OT Eval	4%					
OT	4%		* M			
ST Eval	4%					

ITEMS OF COMPENSATION	G.R.	* M	Compensation Year 50 2059	Compensation Years 51-54 2060-2063	Compensation Years 55-Life 2064-Life
ST	4%	* M			
Mileage/ Parking for OT & ST	4%				
Attendant Care Unskilled	4%	M	29,790.00	29,790.00	29,790.00
Attendant Care Skilled	4%	M	532,800.00	532,800.00	532,800.00
Attendant Care Skilled Respite	4%	M			
Day Habilitation Prgrn	4%	M	9,250.00	9,250.00	9,250.00
ABA for Educational Assistance	4%	M	40,500.00	40,500.00	40,500.00
Horse Back Riding/Aquatic Thrpy	4%	M	422.00	372.00	372.00
Lost Future Earnings					
Pain and Suffering					
Past Unreimbursable Expenses					
Medicaid Lien					
Annual Totals			675,655.19	675,605.19	674,357.19

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)/custodian(s) of the estate of [REDACTED] for the benefit of [REDACTED] for lost future earnings (\$674,410.67), pain and suffering (\$208,160.68), and Year 1 life care expenses (\$624,713.32): \$1,507,284.67.  
 As soon as practicable after entry of judgment, respondent shall make the following payment to petitioners, [REDACTED] and [REDACTED] for past un-reimbursable expenses: \$140,109.67.  
 As soon as practicable after entry of judgment, respondent shall make the following payment jointly to petitioners and the State of [REDACTED] as reimbursement for the state's Medicaid lien: \$7,821.81.  
 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.  
 Items denoted with an "M" payable in 12 monthly installments at the discretion of respondent.