IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF NORTH CAROLINA
SOUTHERN DIVISION
NO. 7:23-CV-897

IN RE:

CAMP LEJEUNE WATER LITIGATION

This Document Relates To:

ALL CASES

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PHASE IIIb

Joint Appendix (Phase IIIb)			
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741	Staller Rep. (Hill)	Staller Rep. (Hill) at __ (JA Ex. 741, D.E.)	Expert Report of Chad L. Staller, J.D., MBA, MAC, CVA Re: Bruce W. Hill v. United States of America October 29, 2025
742	Staller Rep. (Howard)	Staller Rep. (Howard) at __ (JA Ex. 742, D.E.)	Expert Report of Chad L. Staller, J.D., MBA, MAC, CVA Re: Allan W. Howard v. United States of America October 29, 2025
743	Staller Rep. (Laramore)	Staller Rep. (Laramore) at __ (JA Ex. 743, D.E.)	Expert Report of Chad L. Staller, J.D., MBA, MAC, CVA Re: Jimmy Laramore v. United States of America October 29, 2025
744	Staller Rep. (McElhiney)	Staller Rep. (McElhiney) at __ (JA Ex. 744, D.E.)	Expert Report of Chad L. Staller, J.D., MBA, MAC, CVA Re: Gary Layne McElhiney, Sr. v. United States of America October 29, 2025
745	Staller Rep. (Mousser)	Staller Rep. (Mousser) at __ (JA Ex. 745, D.E.)	Expert Report of Chad L. Staller, J.D., MBA, MAC, CVA Re: Frank W. Mousser v. United States of America October 29, 2025
746	Staller Rep. (Peterson)	Staller Rep. (Peterson) at __ (JA Ex. 746, D.E.)	Expert Report of Chad L. Staller, J.D., MBA, MAC, CVA Re: Edgar A. Peterson, IV v. United States of America October 29, 2025
747	Staller Rep. (Rothchild)	Staller Rep. (Rothchild) at __ (JA Ex. 747, D.E.)	Expert Report of Chad L. Staller, J.D., MBA, MAC, CVA Re: Diane L. Rothchild v. United States of America October 29, 2025

748	Staller Rep. (Sparks)	Staller Rep. (Sparks) at __ (JA Ex. 748, D.E.)	Expert Report of Chad L. Staller, J.D., MBA, MAC, CVA Re: Richard Sparks v. United States of America October 29, 2025
749	Staller Rep. (Tukes)	Staller Rep. (Tukes) at __ (JA Ex. 749, D.E.)	Expert Report of Chad L. Staller, J.D., MBA, MAC, CVA Re: Jacqueline Tukes v. United States of America October 29, 2025
750	Staller Rep. (Welch)	Staller Rep. (Welch) at __ (JA Ex. 750, D.E.)	Expert Report of Chad L. Staller, J.D., MBA, MAC, CVA Re: Robert Welch v. United States of America October 29, 2025
751	Staller Rep. (Household Services)	Staller Rep. (Household Services) at __ (JA Ex. 751, D.E.)	Expert Report of Chad L. Staller, J.D., MBA, MAC, CVA Re: Household Services and Home Health Care Services Omnibus October 29, 2025
752	Staller MCL (Bladder Cancer)	Staller MCL (Bladder Cancer) at __ (JA Ex. 752, D.E.)	CHAD L. STALLER - MATERIALS CONSIDERED October 29, 2025 Expert Reports of Chad. L. Staller, JD, MBA, MAC, CVA [Bladder Cancer Plaintiffs - Terry Dyer and Jimmy Laramore] November 5, 2025
753	Staller MCL (Leukemia)	Staller MCL (Leukemia) at __ (JA Ex. 753, D.E.)	CHAD L. STALLER - MATERIALS CONSIDERED October 29, 2025 Expert Reports of Chad. L. Staller, JD, MBA, MAC, CVA [Leukemia Plaintiffs - Amsler, Connard, Gleesing and Hill] November 5, 2025
754	Staller MCL (Kidney Cancer)	Staller MCL (Kidney Cancer) at __ (JA Ex. 754, D.E.)	CHAD L. STALLER - MATERIALS CONSIDERED October 29, 2025 Expert Reports of Chad. L. Staller, JD, MBA, MAC, CVA [Kidney Cancer Plaintiffs - Howard, Mousser, and Tukes] November 5, 2025
755	Staller MCL (PD)	Staller MCL (PD) at __ (JA Ex. 755, D.E.)	CHAD L. STALLER - MATERIALS CONSIDERED October 29, 2025 Expert Reports of Chad. L. Staller, JD, MBA, MAC, CVA [Parkinson's Disease Plaintiffs - McElhiney, Peterson, Rothchild, Sparks, and Welch] November 5, 2025
756	Staller 2d. Suppl. MCL	Staller 2d. Suppl. MCL at __ (JA Ex. 756, D.E.)	CHAD L. STALLER - SECOND SUPPLEMENTAL MATERIALS CONSIDERED March 5, 2026 October 29, 2025 Expert Report and January 20, 2026 Expert Rebuttal Report of Chad L. Staller, JD, MBA, MAC, CVA

757	Staller MCL (Household Services)	Staller MCL (Household Services) at __ (JA Ex. 757, D.E.)	CHAD L. STALLER - MATERIALS CONSIDERED October 29, 2025 Expert Reports of Chad. L. Staller, JD, MBA, MAC, CVA [Household Services and Home Health Care Services - Keller, Carter, Criswell, Davis and Fancher] November 5, 2025
758	Staller Rebuttal	Staller Rebuttal at __ (JA Ex. 758, D.E.)	Expert Rebuttal Report of Chad L. Staller, J.D., MBA, MAC, CVA Re: Rebuttal Responses January 20, 2026
759	Staller Rebuttal MCL	Staller Rebuttal MCL at __ (JA Ex. 759, D.E.)	CHAD L. STALLER - MATERIALS CONSIDERED January 20, 2026 Expert Rebuttal Report of Chad. L. Staller, JD, MBA, MAC, CVA January 27, 2026
760	Hackett-Wallace Rep.	Hackett-Wallace Rep. at __ (JA Ex. 760, D.E.)	Expert Opinion Report of Marjorie Hackett-Wallace, RHIA, CHC, CFE, CPMA, CPC, CDEO, CPIP In Re: Camp Lejeune Water Litigation This Report Pertains to All Track 1 Bellwether Plaintiffs October 29, 2025
761	Hackett-Wallace MCL	Hackett-Wallace MCL at __ (JA Ex. 761, D.E.)	Materials Considered List for October 29, 2025 Expert Report of Marjorie Hackett-Wallace, RHIA, CHC, CFE, CPMA, CPC, CDEO, CPIP November 5, 2025
762	Hacket-Wallace Suppl. MCL	Hacket-Wallace Suppl. MCL at __ (JA Ex. 762, D.E.)	First Amended Materials Considered List for October 29, 2025 Expert Report of Marjorie Hackett-Wallace, RHIA, CHC, CFE, CPMA, CPC, CDEO, CPIP December 2, 2025
763	Hackett-Wallace Rebuttal	Hackett-Wallace Rebuttal at __ (JA Ex. 763, D.E.)	Rebuttal Expert Opinion Report of Marjorie Hackett-Wallace, RHIA, CHC, CFE, CPMA, CPC, CDEO, CPIP In Re: Camp Lejeune Water Litigation This Report Pertains to All Track 1 Bellwether Plaintiffs January 20, 2026
764	Hackett-Wallace Rebuttal (Corrected)	Hackett-Wallace Rebuttal (Corrected) at __ (JA Ex. 764, D.E.)	Rebuttal Expert Opinion Report of Marjorie Hackett-Wallace, RHIA, CHC, CFE, CPMA, CPC, CDEO, CPIP In Re: Camp Lejeune Water Litigation This Report Pertains to All Track 1 Bellwether Plaintiffs January 20, 2026 Corrected: January 27, 2026

765	Hackett-Wallace Rebuttal MCL	Hackett-Wallace Rebuttal MCL at __ (JA Ex. 765, D.E.)	Materials Considered List for January 20, 2026 Expert Rebuttal Report of Marjorie Hackett-Wallace, RHIA, CHC, CFE, CPMA, CPC, CDEO, CPIP January 27, 2026
766	Rybolt Rep.	Rybolt Rep. at __ (JA Ex. 766, D.E.)	EXPERT REPORT OF PETER RYBOLT JANUARY 20, 2026
767	Rybolt Suppl. MCL	Rybolt Suppl. MCL at __ (JA Ex. 767, D.E.)	PETER RYBOLT - FIRST SUPPLEMENTAL MATERIALS CONSIDERED March 9, 2026 January 20, 2026 Expert Reubttal Report of Peter Rybolt
768	Basu Rep.	Basu Rep. at __ (JA Ex. 768, D.E.)	IN RE CAMP LEJEUNE WATER LITIGATION CASE NO. 7:23-CV-00897 EXPERT REPORT OF ANIRBAN BASU, Ph.D January 20, 2026
769	Basu MCL	Basu MCL at __ (JA Ex. 769, D.E.)	ANIRBAN BASU - MATERIALS CONSIDERED January 20, 2026 Expert Rebuttal Report of Anirban Basu, PhD. January 27, 2026
770	Brod Dep. Tr.	Brod Dep. Tr. at __ (JA Ex. 770, D.E.)	Deposition Transcript of Andrew Brod February 10, 2026
771	Anderson Dep. Tr.	Anderson Dep. Tr. at __ (JA Ex. 771, D.E.)	Deposition Transcript of Eric Anderson January 28, 2026
772	Basu Dep. Tr.	Basu Dep. Tr. at __ (JA Ex. 772, D.E.)	Deposition Transcript of Anirban Basu February 23, 2026
773	Ford Dep. Tr.	Ford Dep. Tr. at __ (JA Ex. 773, D.E.)	Deposition Transcript of Heather Ford February 25, 2026
774	Fryar Dep. Tr.	Fryar Dep. Tr. at __ (JA Ex. 774, D.E.)	Deposition Transcript of Michael Fryar March 2, 2026
775	Hackett-Wallace Dep. Tr.	Hackett-Wallace Dep. Tr. at __ (JA Ex. 775, D.E.)	Deposition Transcript of Marjorie Hackett-Wallace March 4, 2026

776	Hairston Dep. Tr.	Hairston Dep. Tr. at __ (JA Ex. 776, D.E.)	Deposition Transcript of Kay Hairston February 27, 2026
777	Hasan Dep. Tr.	Hasan Dep. Tr. at __ (JA Ex. 777, D.E.)	Deposition Transcript of Syed Hasan February 4, 2026
778	Ji Dep. Tr.	Ji Dep. Tr. at __ (JA Ex. 778, D.E.)	Deposition Transcript of Wang Ji, M.D. February 2, 2026
779	McIlroy Dep. Tr.	McIlroy Dep. Tr. at __ (JA Ex. 779, D.E.)	Deposition Transcript of Andrew McIlroy February 24, 2026
780	Miller Dep. Tr.	Miller Dep. Tr. at __ (JA Ex. 780, D.E.)	Deposition Transcript of Henry Miller, Ph.D. February 20, 2026
781	Piper Dep. Tr.	Piper Dep. Tr. at __ (JA Ex. 781, D.E.)	Deposition Transcript of Jadine Piper February 26, 2026
782	Ruck Dep. Tr.	Ruck Dep. Tr. at __ (JA Ex. 782, D.E.)	Deposition Transcript of Richard Ruck, M.D. February 11, 2026
783	Russo Dep. Tr.	Russo Dep. Tr. at __ (JA Ex. 783, D.E.)	Deposition Transcript of Gregory S. Russo February 27, 2026
784	Schwarz Dep. Tr.	Schwarz Dep. Tr. at __ (JA Ex. 784, D.E.)	Deposition Transcript of Heidi Schwarz February 25, 2026
785	Shahnasarian Dep. Tr.	Shahnasarian Dep. Tr. at __ (JA Ex. 785, D.E.)	Deposition Transcript of Michael Shahnasarian February 17, 2026
786	Staller Dep. Tr.	Staller Dep. Tr. at __ (JA Ex. 786, D.E.)	Deposition Transcript of Chad Staller March 10, 2026
787	Tosic Dep. Tr.	Tosic Dep. Tr. at __ (JA Ex. 787, D.E.)	Deposition Transcript of Dubravka Tosic March 5, 2026
788	Young Dep. Tr.	Young Dep. Tr. at __ (JA Ex. 788, D.E.)	Deposition Transcript of Larry Young February 6, 2026

789	Young Dep. Err.	Young Dep. Err. at __ (JA Ex. 789, D.E.)	Larry Young - Deposition Errata March 12, 2026
790	Yount Dep. Tr	Yount Dep. Tr at __ (JA Ex. 790, D.E.)	Deposition Transcript of Tricia Yount February 11, 2026
791	Yount Dep. Err.	Yount Dep. Err. at __ (JA Ex. 791, D.E.)	Tricia Yount - Deposition Errata March 24, 2026
792	Rybolt Dep. Tr.	Rybolt Dep. Tr. at __ (JA Ex. 792, D.E.)	Deposition Transcript of Peter Rybolt March 13, 2026
793	Barbano Dep. Tr.	Barbano Dep. Tr. at __ (JA Ex. 793, D.E.)	Deposition Transcript of Richard Barbano, MD, PhD March 18, 2026
794	Russo Dep. Err.	Russo Dep. Err. at __ (JA Ex. 794, D.E.)	Gregory S. Russo - Deposition Errata March 30, 2026
795	Navarro Rep. (Hill)	Navarro Rep. (Hill) at __ (JA Ex. 795, D.E.)	REHABILITATION EVALUATION of Bruce Wayne Hill April 8, 2025
796	Navarro Rep. (Laramore)	Navarro Rep. (Laramore) at __ (JA Ex. 796, D.E.)	REHABILITATION EVALUATION of Jimmy Carroll Laramore April 8, 2025
797	Shahnasarian Rep. (Tukes)	Shahnasarian Rep. (Tukes) at __ (JA Ex. 797, D.E.)	REHABILITATION ANALYSIS of Jacqueline Yvonne Tukes April 8, 2025
798	Shahnasarian Rep. (Rothchild)	Shahnasarian Rep. (Rothchild) at __ (JA Ex. 798, D.E.)	REHABILITATION EVALUATION of Diane Lynn Rothchild May 8, 2025
799	Shahnasarian Rep. (Peterson)	Shahnasarian Rep. (Peterson) at __ (JA Ex. 799, D.E.)	REHABILITATION EVALUATION of Edgar Allen Peterson IV May 8, 2025
800	Shahnasarian Rep. (McElhiney)	Shahnasarian Rep. (McElhiney) at __ (JA Ex. 800, D.E.)	REHABILITATION EVALUATION of Gary Layne McElhiney Sr. May 8, 2025
801	Shahnasarian Rep. (Sparks)	Shahnasarian Rep. (Sparks) at __ (JA Ex. 801, D.E.)	REHABILITATION EVALUATION of Richard Douglas Sparks May 8, 2025
802	Shahnasarian Rep. (Welch)	Shahnasarian Rep. (Welch) at __ (JA Ex. 802, D.E.)	REHABILITATION EVALUATION of Robert Eugene Welch May 8, 2025
803	Navarro MCL (Hill)	Navarro MCL (Hill) at __ (JA Ex. 803, D.E.)	Materials Considered – Bruce Hill April 15, 2025
804	Navarro MCL (Laramore)	Navarro MCL (Laramore) at __ (JA Ex. 804, D.E.)	Materials Considered – Jimmy Laramore April 15, 2025
805	Navarro MCL (Dyer)	Navarro MCL (Dyer) at __ (JA Ex. 805, D.E.)	Materials Considered – Terry Dyer April 15, 2025
806	Shahnasarian MCL (Mousser)	Shahnasarian MCL (Mousser) at __ (JA Ex. 806, D.E.)	Materials Considered – Frank Mousser April 15, 2025
807	Shahnasarian MCL (Tukes)	Shahnasarian MCL (Tukes) at __ (JA Ex. 807, D.E.)	Materials Considered – Jacqueline Tukes April 15, 2025

808	Shahnasarian MCL (Rothchild)	Shahnasarian MCL (Rothchild) at __ (JA Ex. 808, D.E.)	Materials Considered – Diane Rothchild May 15, 2025
809	Shahnasarian MCL (Peterson)	Shahnasarian MCL (Peterson) at __ (JA Ex. 809, D.E.)	Materials Considered – Edgar Peterson IV May 15, 2025
810	Shahnasarian MCL (McElhiney)	Shahnasarian MCL (McElhiney) at __ (JA Ex. 810, D.E.)	Materials Considered – Gary McElhiney May 15, 2025
811	Shahnasarian MCL (Sparks)	Shahnasarian MCL (Sparks) at __ (JA Ex. 811, D.E.)	Materials Considered – Richard Sparks May 15, 2025
812	Shahnasarian MCL (Welch)	Shahnasarian MCL (Welch) at __ (JA Ex. 812, D.E.)	Materials Considered – Robert Welch May 15, 2025
813	Fryar Rep. (Laramore)	Fryar Rep. (Laramore) at __ (JA Ex. 813, D.E.)	SURGICAL COST ANALYSIS February 7, 2025
814	Fryar Rep. (Tukes)	Fryar Rep. (Tukes) at __ (JA Ex. 814, D.E.)	Cost Analysis Tables February 7, 2025
815	Fryar Rep. (Hill)	Fryar Rep. (Hill) at __ (JA Ex. 815, D.E.)	COST ANALYSIS February 7, 2025
816	Fryar Rep. (Rothchild)	Fryar Rep. (Rothchild) at __ (JA Ex. 816, D.E.)	LIFE CARE PLAN February 7, 2025
817	Fryar Rep. (Sparks)	Fryar Rep. (Sparks) at __ (JA Ex. 817, D.E.)	LIFE CARE PLAN February 7, 2025
818	Fryar Supp. Rep. (Sparks)	Fryar Supp. Rep. (Sparks) at __ (JA Ex. 818, D.E.)	Mr. Richard Sparks Life Care Planning Tables Home Care Services-Table Update, 03/03/2026
819	Fryar Rep. (Welch)	Fryar Rep. (Welch) at __ (JA Ex. 819, D.E.)	LIFE CARE PLAN February 7, 2025
820	Fryar MCL (Laramore)	Fryar MCL (Laramore) at __ (JA Ex. 820, D.E.)	MATERIALS CONSIDERED LIST FOR MICHAEL A. FRYAR'S REPORT ON PLAINTIFF JIMMY LARAMORE February 14, 2025
821	Fryar MCL (Dyer)	Fryar MCL (Dyer) at __ (JA Ex. 821, D.E.)	MATERIALS CONSIDERED LIST FOR MICHAEL A. FRYAR'S REPORT ON PLAINTIFF TERRY DYER February 14, 2025
822	Fryar MCL (Hill)	Fryar MCL (Hill) at __ (JA Ex. 822, D.E.)	MATERIALS CONSIDERED LIST FOR MICHAEL A. FRYAR'S REPORT ON PLAINTIFF BRUCE HILL February 14, 2025
823	Fryar MCL (Mousser)	Fryar MCL (Mousser) at __ (JA Ex. 823, D.E.)	MATERIALS CONSIDERED LIST FOR MICHAEL A. FRYAR'S REPORT ON PLAINTIFF FRANK W. MOUSSER February 14, 2025
824	Fryar MCL (Tukes)	Fryar MCL (Tukes) at __ (JA Ex. 824, D.E.)	MATERIALS CONSIDERED LIST FOR MICHAEL A. FRYAR'S REPORT ON PLAINTIFF JACQUELINE J. TUKES February 14, 2025
825	Fryar MCL (Welch, Sparks, Rothchild)	Fryar MCL (Welch, Sparks, Rothchild) at __ (JA Ex. 825, D.E.)	MATERIALS CONSIDERED LIST FOR MICHAEL A. FRYAR'S REPORTS ON PLAINTIFFS ROBERT WELCH, RICHARD SPARKS, AND DIANE ROTHCHILD February 14, 2025
826	Hairston Rep. (Peterson)	Hairston Rep. (Peterson) at __ (JA Ex. 826, D.E.)	Evaluation on behalf of Edgar Peterson February 5, 2025
827	Hairston Rep. (McElhiney)	Hairston Rep. (McElhiney) at __ (JA Ex. 827, D.E.)	Evaluation on behalf of Gary McElhiney February 5, 2025

828	Hairston MCL (Peterson, McElhiney)	Hairston MCL (Peterson, McElhiney) at __ (JA Ex. 828, D.E.)	MATERIALS CONSIDERED LIST FOR KAY HAIRSTON'S REPORT ON PLAINTIFFS EDGAR PETERSON AND GARY MCELHINEY February 14, 2025
829	Sakala MCL (Mousser)	Sakala MCL (Mousser) at __ (JA Ex. 829, D.E.)	MATERIALS CONSIDERED LIST FOR KELLY SAKALA'S REPORTS FOR FRANK W. MOUSSER February 14, 2025
830	Sakala Supp. MCL (Mousser)	Sakala Supp. MCL (Mousser) at __ (JA Ex. 830, D.E.)	DR. KELLY SAKALA – SUPPLEMENTAL MATERIALS CONSIDERED February 27, 2026
831	Hackett-Wallace 1st Amend. App'x (Amsler)	Hackett-Wallace 1st Amend. App'x (Amsler) at __ (JA Ex. 831, D.E.)	Expert Report of Marjorie Hackett-Wallace, RHIA, CHC, CFE, CPMA, CPC, CDEO, CPIP 1st Amended Appendix (Amsler)
832	Hackett-Wallace 3d Amend. App'x (Cagiano)	Hackett-Wallace 3d Amend. App'x (Cagiano) at __ (JA Ex. 832, D.E.)	Expert Report of Marjorie Hackett-Wallace, RHIA, CHC, CFE, CPMA, CPC, CDEO, CPIP 3rd Amended Appendix (Cagiano)
833	Hackett-Wallace 2d Amend. App'x (Carter)	Hackett-Wallace 2d Amend. App'x (Carter) at __ (JA Ex. 833, D.E.)	Expert Report of Marjorie Hackett-Wallace, RHIA, CHC, CFE, CPMA, CPC, CDEO, CPIP 2nd Amended Appendix (Carter)
834	Hackett-Wallace 2d Amend. App'x (Connard)	Hackett-Wallace 2d Amend. App'x (Connard) at __ (JA Ex. 834, D.E.)	Expert Report of Marjorie Hackett-Wallace, RHIA, CHC, CFE, CPMA, CPC, CDEO, CPIP 2nd Amended Appendix (Connard)
835	Hackett-Wallace 1st Amend. App'x (Criswell)	Hackett-Wallace 1st Amend. App'x (Criswell) at __ (JA Ex. 835, D.E.)	Expert Report of Marjorie Hackett-Wallace, RHIA, CHC, CFE, CPMA, CPC, CDEO, CPIP 1st Amended Appendix (Criswell)
836	Hackett-Wallace NHL App'x (Davis)	Hackett-Wallace NHL App'x (Davis) at __ (JA Ex. 836, D.E.)	Expert Report of Marjorie Hackett-Wallace, RHIA, CHC, CFE, CPMA, CPC, CDEO, CPIP Appendix for Cometto Davis - NHL
837	Hackett-Wallace 2d Amend. App'x (Downs)	Hackett-Wallace 2d Amend. App'x (Downs) at __ (JA Ex. 837, D.E.)	Expert Report of Marjorie Hackett-Wallace, RHIA, CHC, CFE, CPMA, CPC, CDEO, CPIP 2nd Amended Appendix (Downs)
838	Hackett-Wallace 2d Amend. App'x (Dyer)	Hackett-Wallace 2d Amend. App'x (Dyer) at __ (JA Ex. 838, D.E.)	Expert Report of Marjorie Hackett-Wallace, RHIA, CHC, CFE, CPMA, CPC, CDEO, CPIP 2nd Amended Appendix (Dyer)
839	Hackett-Wallace 1st Amend. App'x (Fancher)	Hackett-Wallace 1st Amend. App'x (Fancher) at __ (JA Ex. 839, D.E.)	Expert Report of Marjorie Hackett-Wallace, RHIA, CHC, CFE, CPMA, CPC, CDEO, CPIP 1st Amended Appendix (Fancher)

840	Hackett-Wallace 3d Amend. App'x (Gleesing)	Hackett-Wallace 3d Amend. App'x (Gleesing) at __ (JA Ex. 840, D.E.)	Expert Report of Marjorie Hackett-Wallace, RHIA, CHC, CFE, CPMA, CPC, CDEO, CPIP 3rd Amended Appendix (Gleesing)
841	Hackett-Wallace Leukemia App'x (Hill)	Hackett-Wallace Leukemia App'x (Hill) at __ (JA Ex. 841, D.E.)	Expert Report of Marjorie Hackett-Wallace, RHIA, CHC, CFE, CPMA, CPC, CDEO, CPIP Appendix for Bruce Hill - Leukemia
842	Hackett-Wallace 3d Amend. App'x (Howard)	Hackett-Wallace 3d Amend. App'x (Howard) at __ (JA Ex. 842, D.E.)	Expert Report of Marjorie Hackett-Wallace, RHIA, CHC, CFE, CPMA, CPC, CDEO, CPIP 3rd Amended Appendix (Howard)
843	Hackett-Wallace 1st Amend. App'x (Keller)	Hackett-Wallace 1st Amend. App'x (Keller) at __ (JA Ex. 843, D.E.)	Expert Report of Marjorie Hackett-Wallace, RHIA, CHC, CFE, CPMA, CPC, CDEO, CPIP 1st Amended Appendix (Keller)
844	Hackett-Wallace NHL App'x (Kidd)	Hackett-Wallace NHL App'x (Kidd) at __ (JA Ex. 844, D.E.)	Expert Report of Marjorie Hackett-Wallace, RHIA, CHC, CFE, CPMA, CPC, CDEO, CPIP Appendix for Robert Kidd – NHL
845	Hackett-Wallace Bladder Cancer App'x (Laramore)	Hackett-Wallace Bladder Cancer App'x (Laramore) at __ (JA Ex. 845, D.E.)	Expert Report of Marjorie Hackett-Wallace, RHIA, CHC, CFE, CPMA, CPC, CDEO, CPIP Appendix for Jimmy Laramore - Bladder Cancer
846	Hackett-Wallace 1st Amend. App'x (McElhiney)	Hackett-Wallace 1st Amend. App'x (McElhiney) at __ (JA Ex. 846, D.E.)	Expert Report of Marjorie Hackett-Wallace, RHIA, CHC, CFE, CPMA, CPC, CDEO, CPIP 1st Amended Appendix (McElhiney)
847	Hackett-Wallace Kidney Cancer App'x (Mousser)	Hackett-Wallace Kidney Cancer App'x (Mousser) at __ (JA Ex. 847, D.E.)	Expert Report of Marjorie Hackett-Wallace, RHIA, CHC, CFE, CPMA, CPC, CDEO, CPIP Appendix for Frank Mousser - Kidney Cancer
848	Hackett-Wallace 2d Amend. App'x (Peterson)	Hackett-Wallace 2d Amend. App'x (Peterson) at __ (JA Ex. 848, D.E.)	Expert Report of Marjorie Hackett-Wallace, RHIA, CHC, CFE, CPMA, CPC, CDEO, CPIP 2nd Amended Appendix (Peterson)
849	Hackett-Wallace 2d Amend. App'x (Rothchild)	Hackett-Wallace 2d Amend. App'x (Rothchild) at __ (JA Ex. 849, D.E.)	Expert Report of Marjorie Hackett-Wallace, RHIA, CHC, CFE, CPMA, CPC, CDEO, CPIP 2nd Amended Appendix (Rothchild)
850	Hackett-Wallace 1st Amend. App'x (Sparks)	Hackett-Wallace 1st Amend. App'x (Sparks) at __ (JA Ex. 850, D.E.)	Expert Report of Marjorie Hackett-Wallace, RHIA, CHC, CFE, CPMA, CPC, CDEO, CPIP 1st Amended Appendix (Sparks)
851	Hackett-Wallace 3d Amend. App'x (Tukes)	Hackett-Wallace 3d Amend. App'x (Tukes) at __ (JA Ex. 851, D.E.)	Expert Report of Marjorie Hackett-Wallace, RHIA, CHC, CFE, CPMA, CPC, CDEO, CPIP 3rd Amended Appendix (Tukes)

852	Hackett-Wallace 1st Amend. App'x (Welch)	Hackett-Wallace 1st Amend. App'x (Welch) at __ (JA Ex. 852, D.E.)	Expert Report of Marjorie Hackett-Wallace, RHIA, CHC, CFE, CPMA, CPC, CDEO, CPIP 1st Amended Appendix (Welch)
853	Hackett-Wallace 1st	Hackett-Wallace 1st Amend. Reliance File (Amsler) at __ (JA Ex. 853, D.E.)	Expert Report of Marjorie Hackett-Wallace, RHIA, CHC, CFE, CPMA, CPC, CDEO, CPIP 1st Amended Reliance File (Amsler)
854	Hackett-Wallace 3d Amend. Reliance File (Cagiano)	Hackett-Wallace 3d Amend. Reliance File (Cagiano) at __ (JA Ex. 854, D.E.)	Expert Report of Marjorie Hackett-Wallace, RHIA, CHC, CFE, CPMA, CPC, CDEO, CPIP 3rd Amended Reliance File (Cagiano)
855	Hackett-Wallace 2d	Hackett-Wallace 2d Amend. Reliance File (Carter) at __ (JA Ex. 855, D.E.)	Expert Report of Marjorie Hackett-Wallace, RHIA, CHC, CFE, CPMA, CPC, CDEO, CPIP 2nd Amended Reliance File (Carter)
856	Hackett-Wallace 2d Amend. Reliance File (Connard)	Hackett-Wallace 2d Amend. Reliance File (Connard) at __ (JA Ex. 856, D.E.)	Expert Report of Marjorie Hackett-Wallace, RHIA, CHC, CFE, CPMA, CPC, CDEO, CPIP 2nd Amended Reliance File (Connard)
857	Hackett-Wallace 1st	Hackett-Wallace 1st Amend. Reliance File (Criswell) at __ (JA Ex. 857, D.E.)	Expert Report of Marjorie Hackett-Wallace, RHIA, CHC, CFE, CPMA, CPC, CDEO, CPIP 1st Amended Reliance File (Criswell)
858	Hackett-Wallace 2d Amend. Reliance File (Downs)	Hackett-Wallace 2d Amend. Reliance File (Downs) at __ (JA Ex. 858, D.E.)	Expert Report of Marjorie Hackett-Wallace, RHIA, CHC, CFE, CPMA, CPC, CDEO, CPIP 2nd Amended Reliance File (Downs)
859	Hackett-Wallace 2d	Hackett-Wallace 2d Amend. Reliance File (Dyer) at __ (JA Ex. 859, D.E.)	Expert Report of Marjorie Hackett-Wallace, RHIA, CHC, CFE, CPMA, CPC, CDEO, CPIP 2nd Amended Reliance File (Dyer)
860	Hackett-Wallace 1st Amend. Reliance File (Fancher)	Hackett-Wallace 1st Amend. Reliance File (Fancher) at __ (JA Ex. 860, D.E.)	Expert Report of Marjorie Hackett-Wallace, RHIA, CHC, CFE, CPMA, CPC, CDEO, CPIP 1st Amended Reliance File (Fancher)
861	Hackett-Wallace 3d	Hackett-Wallace 3d Amend. Reliance File (Gleesing) at __ (JA Ex. 861, D.E.)	Expert Report of Marjorie Hackett-Wallace, RHIA, CHC, CFE, CPMA, CPC, CDEO, CPIP 3rd Amended Reliance File (Gleesing)
862	Hackett-Wallace 3d Amend. Reliance File (Howard)	Hackett-Wallace 3d Amend. Reliance File (Howard) at __ (JA Ex. 862, D.E.)	Expert Report of Marjorie Hackett-Wallace, RHIA, CHC, CFE, CPMA, CPC, CDEO, CPIP 3rd Amended Reliance Files (Howard)
863	Hackett-Wallace 1st	Hackett-Wallace 1st Amend. Reliance File (Keller) at __ (JA Ex. 863, D.E.)	Expert Report of Marjorie Hackett-Wallace, RHIA, CHC, CFE, CPMA, CPC, CDEO, CPIP 1st Amended Reliance File (Keller)

864	Hackett-Wallace 2d Amend. Reliance File (Peterson)	Hackett-Wallace 2d Amend. Reliance File (Peterson) at __ (JA Ex. 864, D.E.)	Expert Report of Marjorie Hackett-Wallace, RHIA, CHC, CFE, CPMA, CPC, CDEO, CPIP 2nd Amended Reliance File (Peterson)
865	Hackett-Wallace 2d	Hackett-Wallace 2d Amend. Reliance File (Rothchild) at __ (JA Ex. 865, D.E.)	Expert Report of Marjorie Hackett-Wallace, RHIA, CHC, CFE, CPMA, CPC, CDEO, CPIP 2nd Amended Reliance File (Rothchild)
866	Hackett-Wallace 1st Amend. Reliance File (Sparks)	Hackett-Wallace 1st Amend. Reliance File (Sparks) at __ (JA Ex. 866, D.E.)	Expert Report of Marjorie Hackett-Wallace, RHIA, CHC, CFE, CPMA, CPC, CDEO, CPIP 1st Amended Reliance File (Sparks)
867	Hackett-Wallace 3d	Hackett-Wallace 3d Amend. Reliance File (Tukes) at __ (JA Ex. 867, D.E.)	Expert Report of Marjorie Hackett-Wallace, RHIA, CHC, CFE, CPMA, CPC, CDEO, CPIP 3rd Amended Reliance File (Tukes)
868	Hackett-Wallace 1st Amend. Reliance File (Welch)	Hackett-Wallace 1st Amend. Reliance File (Welch) at __ (JA Ex. 868, D.E.)	Expert Report of Marjorie Hackett-Wallace, RHIA, CHC, CFE, CPMA, CPC, CDEO, CPIP 1st Amended Reliance File (Welch)
869	Barbano Rebuttal Re	Barbano Rebuttal Rep. (Peterson) at __ (JA Ex. 869, D.E.)	1.12.2026 Richard Barbano Correspondence re Edgar Peterson
870	Schwarz Rebuttal Rep. (Sparks)	Schwarz Rebuttal Rep. (Sparks) at __ (JA Ex. 870, D.E.)	1.9.2025 Heidi Schwarz Correspondence re Richard Sparks
871	Longo Rebuttal Rep.	Longo Rebuttal Rep. (Dyer) at __ (JA Ex. 871, D.E.)	1.14.2026 Thomas Longo Correspondence re Terry Dyer
872	PLG Phase III 1st Amend. Discl.	PLG Phase III 1st Amend. Discl. at __ (JA Ex. 872, D.E.)	PLG's Phase III 1st Amended Damages Rebuttal Expert Disclosure (February 5, 2026)
873	Staller Am. Rep. (Dy	Staller Am. Rep. (Dyer) at __ (JA Ex. 873, D.E.)	Amended Report of Chad L. Staller, J.D., MBA, MAC, CVA Re: Terry L. Dyer v. United States of America (March 27, 2026)
874	Staller Am. Rep. (Sparks)	Staller Am. Rep. (Sparks) at __ (JA Ex. 874, D.E.)	Amended Report of Chad L. Staller, J.D., MBA, MAC, CVA Re: Richard Sparks v. United States of America (March 27, 2026)
875	Anderson Rep. (Peterson)	Anderson Rep. Peterson at __ (JA Ex. 875, D.E.)	Housing Report of Eric Anderson Re: Edgar Peterson (December 16, 2024)
876	Shahnasarian Dep. Err.	Shahnasarian Dep. Err. at __ (JA Ex. 876, D.E.)	Dr. Michael Shahnasarian Deposition Errata (February 17, 2026)
877	McIlroy Dep. Err.	McIlroy Dep. Err. At __ (JA Ex. 877, D.E.)	Andrew McIlroy Deposition Errata (Febrtuary 24, 2026)

Exhibit 638

IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF NORTH CAROLINA
SOUTHERN DIVISION

IN RE:	)
	)
CAMP LEJEUNE WATER LITIGATION	)
	)
This Document Relates to:	)
All Cases, 7:23-CV-897	)
Jefferson Criswell v. USA, 7:23-CV-1482	)
Terry F. Dyer v. USA, 7:23-CV-357	)
Mark A. Cagiano v. USA, 7:23-CV-569	)
Jimmy Laramore v. USA, 7:23-CV-594	)
Frank Mousser v. USA, 7:23-CV-667	)
Allan W. Howard v. USA, 7:23-CV-490	)
David W. Fancher v. USA, 7:23-CV-275	)
David Downs v. USA, 7:23-CV-1145	)
Jacqueline Tukes v. USA, 7:23-CV-1553	)
Joseph M. Gleesing v. USA, 7:23-CV-1486	)
Vivian Connard, Representative of Stephen Matthew Connard v. USA, 7:23-CV-1557	)
Bruce W. Hill v. USA, 7:23-CV-28	)
Karen Marie Amsler v. USA, 7:23-CV-284	)
Frances Carter, Personal Representative of the Estate of Ronald Carter v. USA, 7:23-CV-1565	)
Robert A. Kidd v. USA, 7:23-CV-1489	)
Cometto Davis v. USA, 7:23-CV-43	)
Scott Keller v. USA, 7:23-CV-1501	)
Edgar Allen Peterson, IV v. USA, 7:23-CV-1576	)
Gary McElhiney v. USA, 7:23-CV-1368	)
Diane Rothchild v. USA, 7:23-CV-858	)
Robert Welch v. USA, 7:23-CV-1503	)
Richard Sparks v. USA, 7:23-CV-682	)

PLAINTIFFS' DESIGNATION AND DISCLOSURE OF PHASE III DAMAGE AND OFFSET EXPERT WITNESSES

Pursuant to Fed. R. Civ. P. 26(a)(2) and the Court's Orders of January 2, 2025 (D.E. 312) and September 15, 2025 (D.E. 629-1), the Plaintiffs' Leadership Group and the Track 1 Trial Plaintiffs (collectively, "Plaintiffs"), through undersigned counsel, hereby designate the following

Phase III expert witnesses who may be called to offer opinion testimony on the subject of damages and offsets concerning the Track 1 illnesses (collectively, "Damage and Offset Experts"):

KIDNEY CANCER

Pursuant to Fed. R. Civ. P. 26(a)(2)(B), the Track 1 Trial Plaintiffs for kidney cancer, namely Plaintiffs David Downs, David William Fancher, Allan Wayne Howard, Frank W. Mousser, and Jacqueline Jordan Tukes, hereby designate the following retained experts who are providing written reports and may be called upon to offer opinion testimony as Damage and Offset Experts:

1. **Chad Staller, JD, MBA, MAC, CVA**
   20 Brace Road, Suite 425
   Cherry Hill, NJ 08034

2. Marjorie Hackett-Wallace, **CFE, RHIA, CHC, CPIP, CPC, CPMA, CDEO, AAPC Fellow**
   103 Elbridge Road
   New Britain, CT 06052

BLADDER CANCER

Pursuant to Fed. R. Civ. P. 26(a)(2)(B), the Track 1 Trial Plaintiffs for bladder cancer, namely Plaintiffs Terry F. Dyer, Jefferson Criswell, Jimmy Laramore, and Mark A. Cagiano hereby designate the following retained experts who are providing written reports and may be called upon to offer opinion testimony as Damage and Offset Experts:

1. **Chad Staller, JD, MBA, MAC, CVA**
   20 Brace Road, Suite 425
   Cherry Hill, NJ 08034

2. Marjorie Hackett-Wallace, **CFE, RHIA, CHC, CPIP, CPC, CPMA, CDEO, AAPC Fellow**
   103 Elbridge Road
   New Britain, CT 06052

LEUKEMIA

Pursuant to Fed. R. Civ. P. 26(a)(2)(B), the Track 1 Trial Plaintiffs for leukemia, namely Plaintiffs Bruce Wayne Hill, Joseph Mark Gleesing, Vivian Connard (on behalf of decedent Stephen Matthew Connard), and Karen Marie Amsler, hereby designate the following retained experts who are providing written reports and may be called upon to offer opinion testimony as Damage and Offset Experts:

1. **Chad Staller, JD, MBA, MAC, CVA**
   20 Brace Road, Suite 425
   Cherry Hill, NJ 08034

2. Marjorie Hackett-Wallace, **CFE, RHIA, CHC, CPIP, CPC, CPMA, CDEO, AAPC Fellow**
   103 Elbridge Road
   New Britain, CT 06052

NON-HODGKIN LYMPHOMA

Pursuant to Fed. R. Civ. P. 26(a)(2)(B), the Track 1 Trial Plaintiffs for non-Hodgkin Lymphoma, namely Plaintiffs Frances Carter (on behalf of decedent Ronald Carter), Cometto J. Davis, Scott Richard Keller, and Robert Arnold Kidd, Sr., hereby designate the following retained experts who are providing written reports and may be called upon to offer opinion testimony as Damage and Offset Experts:

1. **Chad Staller, JD, MBA, MAC, CVA**
   20 Brace Road, Suite 425
   Cherry Hill, NJ 08034

2. Marjorie Hackett-Wallace, **CFE, RHIA, CHC, CPIP, CPC, CPMA, CDEO, AAPC Fellow**
   103 Elbridge Road
   New Britain, CT 06052

PARKINSON'S DISEASE

Pursuant to Fed. R. Civ. P. 26(a)(2)(B), the Track 1 Trial Plaintiffs for Parkinson's Disease, namely Plaintiffs Gary McElhiney, Edgar Peterson, Diane Rothchild, Richard Sparks and Robert Welch, hereby designate the following retained experts who are providing written reports and may be called upon to offer opinion testimony as Damage and Offset Experts:

1. **Chad Staller, JD, MBA, MAC, CVA**
   20 Brace Road, Suite 425
   Cherry Hill, NJ 08034

2. Marjorie Hackett-Wallace, **CFE, RHIA, CHC, CPIP, CPC, CPMA, CDEO, AAPC Fellow**
   103 Elbridge Road
   New Britain, CT 06052

CONCLUSION

For those above-listed experts designated pursuant to Fed. R. Civ. P. 26(a)(2)(B), Plaintiffs are contemporaneously serving reports electronically via a JEFS file-share link and pursuant to the Stipulated Order Establishing Protocol for Document Collection and Production (Case Management Order No. 8) (D.E. 52). The said reports set forth each expert's qualifications, opinions, fee schedule, and a list of all other cases in which, during the previous 4 years, the witness testified as an expert, as required by Fed. R. Civ. P. 26(a)(2)(B). Any facts and data considered by the above-named experts not already produced in this action and/or not readily available to the public will be produced within 7 days pursuant to the stipulated Order Regarding Expert Discovery (Case Management Order No. 17) (D.E. 305).

Plaintiffs make the above disclosures subject to the reservation of all rights allowed by the Federal Rules of Civil Procedure, Rules of Evidence, Local Rules, and applicable case law, including the right to supplement or amend this designation in order to address any opinions by Defendant United States of America's experts, the right to offer amended and/or supplemental

opinions based on new records, testimony or information, the right to call any of the above experts as a rebuttal or impeachment witness at trial, and the right to call any expert witness designated or identified by Defendant United States of America.

This 29th day of October 2025.

BELL LEGAL GROUP, LLC

By: */s/ J. Edward Bell, III*
J. Edward Bell, III (admitted *pro hac vice*)
219 Ridge St.
Georgetown, S.C. 29440
Telephone: (843) 546-2408
jeb@belllegalgroup.com

Lead Counsel for Plaintiffs

CERTIFICATE OF SERVICE

This is to certify that on the below-indicated date, I served a copy of the foregoing document upon counsel for Defendant United States of America by electronic mail at the following email address: adam.bain@usdoj.gov.

This the 29th day of October 2025.

BELL LEGAL GROUP, LLC

By: */s/ J. Edward Bell, III*
J. Edward Bell, III (admitted *pro hac vice*)
219 Ridge St.
Georgetown, S.C. 29440
Telephone: (843) 546-2408
jeb@belllegalgroup.com

Lead Counsel for Plaintiffs

Exhibit 639

IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF NORTH CAROLINA
SOUTHERN DIVISION

IN RE:	)
	)
CAMP LEJEUNE WATER LITIGATION	)
	)
This Document Relates to:	)
All Cases, 7:23-CV-897	)
Jefferson Criswell v. USA, 7:23-CV-1482	)
Terry F. Dyer v. USA, 7:23-CV-357	)
Mark A. Cagiano v. USA, 7:23-CV-569	)
Jimmy Laramore v. USA, 7:23-CV-594	)
Frank Mousser v. USA, 7:23-CV-667	)
Allan W. Howard v. USA, 7:23-CV-490	)
David W. Fancher v. USA, 7:23-CV-275	)
David Downs v. USA, 7:23-CV-1145	)
Jacqueline Tukes v. USA, 7:23-CV-1553	)
Joseph M. Gleesing v. USA, 7:23-CV-1486	)
Vivian Connard, Representative of Stephen Matthew Connard v. USA, 7:23-CV-1557	)
Bruce W. Hill v. USA, 7:23-CV-28	)
Karen Marie Amsler v. USA, 7:23-CV-284	)
Frances Carter, Personal Representative of the Estate of Ronald Carter v. USA, 7:23-CV-1565	)
Robert A. Kidd v. USA, 7:23-CV-1489	)
Cometto Davis v. USA, 7:23-CV-43	)
Scott Keller v. USA, 7:23-CV-1501	)
Edgar Allen Peterson, IV v. USA, 7:23-CV-1576	)
Gary McElhiney v. USA, 7:23-CV-1368	)
Diane Rothchild v. USA, 7:23-CV-858	)
Robert Welch v. USA, 7:23-CV-1503	)
Richard Sparks v. USA, 7:23-CV-682	)

PLAINTIFFS' SECOND AMENDED DESIGNATION AND DISCLOSURE OF PHASE III "DAMAGES AND OFFSETS" REBUTTAL EXPERT WITNESSES

Pursuant to Fed. R. Civ. P. 26(a)(2) and the Court's Orders of January 2, 2025 (D.E. 312) and September 15, 2025 (D.E. 629-1), the Plaintiffs' Leadership Group and the Track 1 Trial Plaintiffs (collectively, "Plaintiffs"), through undersigned counsel, hereby designate the following Phase III rebuttal expert witnesses who may be called to offer rebuttal opinion testimony on the subjects of "damages and offsets" for Track 1 illnesses:

KIDNEY CANCER

Track 1 Trial Plaintiffs for kidney cancer, namely Plaintiffs David Downs, David William Fancher, Allan Wayne Howard, Frank W. Mousser, and Jacqueline Jordan Tukes, hereby designate the following experts who may be called upon to offer rebuttal opinion testimony on the subjects of "damages and offsets" and kidney cancer:

1. **Marjorie Hackett-Wallace, CFE, RHIA, CHC, CPIP, CPC, CPMA, CDEO, AAPC Fellow**
   103 Elbridge Road
   New Britain, CT 06052

2. **Anirban Basu, M.S., PhD.**
   University of Washington
   1959 NE Pacific St., Room H375Q
   Seattle, WA 98195

3. **Peter Rybolt, MBA**
   Cirque Analytics
   1880 Century Park East
   Suite 613
   Los Angeles, CA 90067

LEUKEMIA

Track 1 Trial Plaintiffs for leukemia, namely Plaintiffs Bruce Wayne Hill, Joseph Mark Gleesing, Vivian Connard (on behalf of decedent Stephen Matthew Connard), and Karen Marie

Amsler, hereby designate the following experts who may be called upon to offer rebuttal opinion testimony on the subjects of "damages and offsets" and leukemia:

1. **Marjorie Hackett-Wallace, CFE, RHIA, CHC, CPIP, CPC, CPMA, CDEO, AAPC Fellow**
   103 Elbridge Road
   New Britain, CT 06052

2. **Anirban Basu, M.S., PhD.**
   University of Washington
   1959 NE Pacific St., Room H375Q
   Seattle, WA 98195

3. **Peter Rybolt, MBA**
   Cirque Analytics
   1880 Century Park East
   Suite 613
   Los Angeles, CA 90067

NON-HODGKIN LYMPHOMA

Track 1 Trial Plaintiffs for Non-Hodgkin Lymphoma, namely Plaintiffs Frances Carter (on behalf of decedent Ronald Carter), Cometto J. Davis, Scott Richard Keller, and Robert Arnold Kidd, Sr., hereby designate the following experts who may be called upon to offer rebuttal opinion testimony on the subjects of "damages and offsets" and Non-Hodgkin Lymphoma:

1. **Marjorie Hackett-Wallace, CFE, RHIA, CHC, CPIP, CPC, CPMA, CDEO, AAPC Fellow**
   103 Elbridge Road
   New Britain, CT 06052

2. **Anirban Basu, M.S., PhD.**
   University of Washington
   1959 NE Pacific St., Room H375Q
   Seattle, WA 98195

3. **Peter Rybolt, MBA**
   Cirque Analytics
   1880 Century Park East
   Suite 613
   Los Angeles, CA 90067

BLADDER CANCER

Track 1 Trial Plaintiffs for bladder cancer, namely Plaintiffs Jefferson Criswell, Terry Dyer, Mark Cagiano, and Jimmy Laramore, hereby designate the following experts who may be called upon to offer rebuttal opinion testimony on the subjects of "damages and offsets" and bladder cancer:

1. **Marjorie Hackett-Wallace, CFE, RHIA, CHC, CPIP, CPC, CPMA, CDEO, AAPC Fellow**
   103 Elbridge Road
   New Britain, CT 06052

2. **Anirban Basu, M.S., PhD.**
   University of Washington
   1959 NE Pacific St., Room H375Q
   Seattle, WA 98195

3. **Peter Rybolt, MBA**
   Cirque Analytics
   1880 Century Park East
   Suite 613
   Los Angeles, CA 90067

Track 1 Trial Plaintiff for bladder cancer, namely Terry Dyer, also designates the following expert who may be called upon to offer rebuttal testimony on the subject of the relatedness of medical visits of June 27, 2014 (Bates 00357_DYER_0000002061-73) and December 2, 2014 (00357_DYER_0000000061-84) to her bladder cancer diagnosis and subsequent condition.

4. **Thomas Longo, MD**
   Associated Urologists of North Carolina, PA
   160 MacGregor Pines Drive
   Cary, NC 27511

PARKINSON'S DISEASE

Track 1 Trial Plaintiffs for Parkinson's Disease, namely Plaintiffs Gary McElhiney, Edgar Peterson, Diane Rothchild, Richard Sparks, and Robert Welch, hereby designate the following experts who may be called upon to offer rebuttal opinion testimony on the subjects of "damages and offsets" and Parkinson's Disease:

1. **Marjorie Hackett-Wallace, CFE, RHIA, CHC, CPIP, CPC, CPMA, CDEO, AAPC Fellow**
   103 Elbridge Road
   New Britain, CT 06052

2. **Anirban Basu, M.S., PhD.**
   University of Washington
   1959 NE Pacific St., Room H375Q
   Seattle, WA 98195

3. **Peter Rybolt, MBA**
   Cirque Analytics
   1880 Century Park East
   Suite 613
   Los Angeles, CA 90067

Track 1 Trial Plaintiff for Parkinson's Disease, namely Richard Sparks, also designates the following expert who may be called upon to offer rebuttal testimony on the subject of the relatedness of the medical visit of April 6, 2018 (00682_SPARKS_0000006850 - 00682_SPARKS_0000006855) for his Parkinson's disease.

4. **Heidi Schwarz, MD, FAAN**
   919 Westfall Road, Building C
   Rochester, NY 14618

Track 1 Trial Plaintiff for Parkinson's Disease, namely Edgar Peterson, also designates the following expert who may be called upon to offer rebuttal testimony on the subject of the relatedness of the medical visits of August 31, 2017 (01576_PETERSON_0000003907 – 01576_PETERSON_0000003911), September 12, 2017 (01576_PETERSON_0000003902 –

0000003906) and September 15, 2017 (01576_PETERSON_0000003901) for his Parkinson's disease and subsequent conditions.

5. **Richard Barbano, MD, PhD, FAAN**
919 Westfall Road, Building C, Suite 100
Rochester, NY 14618

CONCLUSION

For those above-experts designated pursuant to Fed. R. Civ. P. 26(a)(2)(B), Plaintiffs previously served rebuttal reports electronically via a JEFS file-share link and pursuant to the Stipulated Order Establishing Protocol for Document Collection and Production (Case Management Order No. 8) (D.E. 52). With the exception of Drs. Longo, Schwarz, and Barbano, each of said rebuttal reports set forth each expert's qualifications, opinions, fee schedule, and a list of all other cases in which, during the previous 4 years, the witness testified as an expert, as required by Fed. R. Civ. P. 26(a)(2)(B). With respect to Drs. Longo, Schwarz, and Barbano, the expert qualifications, opinions, fee schedule, and a list of all other cases in which, during the previous 4 years, the witness testified as an expert, as required by Fed. R. Civ. P. 26(a)(2)(B), was previously set forth in their expert reports produced February 7, 2025. Any facts and data considered by the above-named experts not already produced in this action and/or not readily available to the public has already been produced pursuant to the stipulated Order Regarding Expert Discovery (Case Management Order No. 17) (D.E. 305).

Plaintiffs make the above amended disclosures subject to the reservation of all rights allowed by the Federal Rules of Civil Procedure, Rules of Evidence, Local Rules, and applicable case law, including the right to supplement or amend this designation in order to address any opinions by Defendant United States of America's experts, the right to offer amended and/or supplemental opinions based on new records, testimony or information, the right to call any of the

above experts as a rebuttal or impeachment witness at trial, and the right to call any expert witness designated or identified by Defendant United States of America.

This the 18th day of March, 2026.

BELL LEGAL GROUP, LLC

By: */s/ J. Edward Bell, III*
J. Edward Bell, III (admitted *pro hac vice*)
219 Ridge St.
Georgetown, S.C. 29440
Telephone: (843) 546-2408
jeb@belllegalgroup.com

Lead Counsel for Plaintiffs

CERTIFICATE OF SERVICE

This is to certify that on the below-indicated date, I served a copy of the foregoing document upon counsel for Defendant United States of America by electronic mail at the following email addresses: adam.bain@usdoj.gov and elizabeth.k.platt@usdoj.gov.

This the 18th day of March, 2026.

BELL LEGAL GROUP, LLC

By: */s/ J. Edward Bell, III*
J. Edward Bell, III (admitted *pro hac vice*)
219 Ridge St.
Georgetown, S.C. 29440
Telephone: (843) 546-2408
jeb@belllegalgroup.com

Lead Counsel for Plaintiffs

Exhibit 640

IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF NORTH CAROLINA
SOUTHERN DIVISION
No. 7:23-cv-897

IN RE:	)
	)
CAMP LEJEUNE WATER LITIGATION	)
	)
This Document Relates to:	)
***Criswell v. United States,* 7:23-cv-1482**	)
***Dyer v. United States,* 7:23-cv-357**	)
***Cagiano v. United States,* 7:23-cv-569**	)
***Laramore v. United States,* 7:23-cv-594**	)
***Downs v. United States*, 7:23-cv-1145**	)
***Fancher v. United States*, 7:23-cv-275**	)
***Howard v. United States*, 7:23-cv-490**	)
***Mousser v. United States*, 7:23-cv-667**	)
***Tukes v. United States*, 7:23-cv-1553**	)
***Carter v. United States*, 7:23-cv-1565**	)
***Davis v. United States*, 7:23-cv-43**	)
***Keller v. United States*, 7:23-cv-1501**	)
***Kidd v. United States*, 7:23-cv-1489**	)
***Amsler v. United States*, 7:23-cv-284**	)
***Hill v. United States*, 7:23-cv-28**	)
***Connard v. United States*, 7:23-cv-1557**	)
***Gleesing v. United States*, 7:23-cv-1486**	)
***Peterson v. United States,* 7:23-cv-1576**	)
***McElhiney v. United States,* 7:23-cv-1368**	)
***Rothchild v. United States,* 7:23-cv-858**	)
***Welch v. United States,* 7:23-cv-1503**	)
***Sparks v. United States,* 7:23-cv-682**	)

THE UNITED STATES' SECOND DISCLOSURE OF EXPERT TESTIMONY FOR PHASE III PURSUANT TO FED. R. CIV. P. 26(a)(2)[1] AND D.E. 630

[1] The parties have agreed in principle on a settlement amount in *Vidana v. United States* (7:23-cv-1575), *Fiolek v. United States* (4:23-cv-62), and *Raymond v. United States* (7:23-cv-546). Accordingly, those cases are not included in the United States' disclosures.

Pursuant to Federal Rule of Civil Procedure 26(a)(2) and consistent with the Court's September 17, 2025, Order [D.E. 630], the United States hereby discloses the identity of witnesses it may use at trial to present evidence under Federal Rule of Evidence 702, 703, or 705:

BLADDER CANCER

Pursuant to Federal Rule of Civil Procedure 26(a)(2)(B), the United States hereby designates the following retained experts who are providing written reports and may be called upon to offer opinion testimony in the Track 1 Trial Cases alleging bladder cancer, including *Criswell*, *Dyer*, *Cagiano*, and *Laramore*:

1. **Tricia M. Yount, CPA, MAFF**
2. **Wang Ji, M.D.**
3. **Gregory Russo, M.H.S.**
4. **Henry Miller, Ph.D.**

On this date, the United States is serving reports for the above listed experts in compliance with Federal Rule of Civil Procedure 26(a)(2)(B) and this Court's Scheduling Orders. The reports are being served upon the Plaintiffs' Leadership Group through the U.S. Department of Justice's Enterprise File Sharing System ("JEFS").

Further, pursuant to Federal Rule of Civil Procedure 26(a)(2)(C), the United States also discloses the following non-retained expert witnesses in the Track 1 Trial Cases alleging bladder cancer, including *Criswell*, *Dyer*, *Cagiano*, and *Laramore,* who may provide testimony under Federal Rule of Evidence 702, 703, or 705, but are not required to provide a written report. Under Federal Rule of Civil Procedure 26(a)(2)(C), the United States now provides a description of the subject matter on which the witnesses may provide testimony under Federal Rule of Evidence 702, 703, or 705, and a summary of the facts and opinions to which the witness may testify at trial.

1. Jadine Piper:

Jadine Piper has served as Acting Assistant Director for Policy at the Department of Veterans Affairs ("VA"), Veterans Benefits Administration ("VBA") since March 10, 2025. She has worked at VBA for over seventeen (17) years in various positions, including Chief of Program Implementation, Management Analyst, Rating Veterans Service Representative, Veterans Service Representative, and Legal Administrative Specialist. Ms. Piper is expected to offer testimony under Federal Rule of Evidence 702, 703, or 705 about Veterans' benefits, including opinions regarding the determination of eligibility for Veterans' benefits, the continuation of VBA disability compensation benefits into the future, and whether the scope of benefits will constrict in the future. In particular, Ms. Piper is expected to support her opinions based on the following information:

A. VBA makes disability awards, payments, or benefits to Veterans in the form of disability compensation benefits and pension benefits.

B. Disability compensation benefits are made to Veterans with service-connected conditions. Service-connected conditions are those illnesses or injuries VA has determined were caused or exacerbated by active military service. For some conditions, VA is directed by law or regulation to presume that military service caused the conditions without the need for the Veteran to prove that his or her service caused the condition. Rather, the Veteran only needs to meet designated service requirements for the presumption.

C. Payments of disability compensation benefits are based on the type and severity of the Veteran's disability.

D. The amount of disability compensation benefits is determined by the Veteran's level of disability, or disability rating.

E. Over time, Congress and VBA have expanded benefits to include additional categories of benefits.

2. Andrew McIlroy:

Andrew McIlroy has served as the Deputy Assistant Secretary for Budget at the VA since April 2019. Mr. McIlroy also served as the Acting Deputy Assistant Secretary for Management and Deputy Chief Financial Officer for VA between July 2024 and December 2024. He served as Associate Deputy Assistant Secretary for Budget for VA between June 2018 and March 2019. Mr. McIlroy has more than two decades of experience in federal budgeting.

Mr. McIlroy is expected to offer testimony under Federal Rule of Evidence 702, 703, or 705 to include opinions about the sources of funding of benefits programs administered by VBA. In particular, Mr. McIlroy is expected to support his opinions based on the following information:

A. VA's disability compensation and pension benefits are funded through annual Congressional appropriations.

B. These appropriations are from the general fund, meaning VA benefits are funded through general taxpayer revenues and federal borrowing.

3. Heather Ford:

Ms. Ford is expected to offer testimony under Federal Rule of Evidence 702, 703, or 705 to include opinions about the Veterans Health Administration ("VHA") and Office of Integrated Veterans Care, that it is reasonable to project that VHA will continue to provide healthcare to Veterans in the future, and that the general scope of care and eligibility for care are unlikely to be significantly constricted in the future. In particular, Ms. Ford is expected to support her opinions based on the following information:

A. VHA is an integrated health care system, which provides health care to eligible Veterans and other eligible beneficiaries at over one thousand facilities.

B. The VHA's Office of Integrated Veteran Care ("IVC") is a national program office that administers the Veterans Community Care Program ("VCCP"). The Community Care Network ("CCN") is a mechanism by which some care under VCCP is provided. The VCCP allows eligible Veterans to receive health care from non-VA providers, and such care is paid for by VHA.

C. Veterans who served on active duty at Camp Lejeune for 30 days or more between August 1, 1953 and December 31, 1987 are eligible for enrollment in VHA. Enrolled veterans are eligible for hospital care and medical services under the VHA medical benefits package. Veterans who served at Camp Lejeune during the applicable time period are exempt from any VA copayment requirements for hospital care and medical services provided for fifteen (15) covered illnesses and conditions.

D. Family members of Veterans who resided at Camp Lejeune for 30 days or more between August 1, 1953 and December 31, 1987 are eligible for reimbursement of health care costs related to one or more of fifteen (15) covered illnesses and conditions.

E. VHA's activities are primarily funded through annual Congressional appropriations.

F. These appropriations are from the general fund, meaning care rendered by VHA is primarily funded through general taxpayer revenues and federal borrowing.

G. Since its creation, Congress has historically provided VHA with funding to meet projected demand.

H. Congress has not constricted eligibility for care through VHA since its establishment.

4. Larry Young:

Larry Young has over 35 years of experience working in the Medicare program. He currently serves as the Deputy Director and Deputy CFO of the Centers for Medicare & Medicaid Services ("CMS"), Office of Financial Management ("OFM"), a position he has held since the fall of 2023. In his position, Mr. Young is accountable for planning, directing, analyzing, and coordinating CMS's comprehensive financial management functions, including CMS's Budget to Congress. He also helps lead implementation of all CMS financial management systems, debt collection activities, error rate measurement, and other financial management functions. Before joining OFM, Mr. Young was the Director of the Medicare Contractor Management Group in CMS's Center for Medicare. In that role, which he held since November 2014, he provided executive leadership and direction ensuring continuity of operations for overall Medicare Fee-For-Service ("FFS") operations. His primary responsibilities were focused on the procurement, management, coordination, and oversight of 16 Medicare Administrative Contracts ("MACs").

Mr. Young is expected to offer testimony under Federal Rule of Evidence 702, 703, or 705 to include opinions about the composition of the Medicare program, Medicare's sources of funding, Medicare eligibility, and the scope of Medicare benefits. In particular, Mr. Young is expected to support his opinions based on the following information:

A. Medicare is a federally funded program of health insurance for the aged, the disabled, and persons suffering from end stage renal disease ("ESRD").

B. Medicare Parts A and B (also known as Original Medicare) were established under Title XVIII of the Social Security Act in 1965. Medicare Part A helps pay for inpatient care in hospitals, skilled nursing facilities, hospice, and some outpatient home health care. Medicare Part B helps pay for items and services such as doctors' visits, physical,

occupational, and speech therapy services, home health services, outpatient hospital services, and durable medical equipment, prosthetics, orthotics, and supplies, for those who have voluntarily enrolled.

C. Additionally, Medicare Part D provides subsidized access to prescription drug insurance coverage on a voluntary basis for all enrolled beneficiaries. It also provides premium and cost-sharing subsidies for low-income enrollees. Medicare Part D went into effect on January 1, 2006.

D. To be covered under Original Medicare, an item or service must be eligible for coverage and reasonable and necessary for the diagnosis or treatment of an injury or illness. The item or service must also not be specifically excluded by the Social Security Act.

E. Medicare has two separate trust funds, the Hospital Insurance ("HI") trust fund and the Supplementary Medical Insurance ("SMI") trust fund. The HI fund supports Part A services, while the SMI fund supports Medicare Parts B and D. The HI fund is funded primarily through payroll taxes, but also income taxes, interest earned on trust fund investments, and Medicare Part A premiums collected for those not entitled premium free. The SMI fund is funded through non-payroll tax general revenues (i.e., individual income taxes, corporate taxes, excise taxes, and borrowing), in addition to premiums from individuals enrolled in Parts B and D and other sources, such as interest earned on trust fund investments.

F. Medicare Part A is available to individuals age 65 or older who are citizens or permanent residents of the United States. Part A may be available at no cost or for a premium, depending on an individual's situation. Additionally, an individual is eligible for Part A before age 65 at no cost in certain circumstances, including where the individual has been

entitled to Social Security Disability Insurance ("SSDI") benefits for 24 months. Individuals with a kidney transplant, permanent kidney failure, ESRD that requires a regular course of dialysis, or with ALS may have the 24-month waiting period waived.

G. Medicare Part B is available to individuals who are eligible for Part A at no cost by paying a monthly premium. If an individual is not eligible for Part A at no cost, they can buy Part A if they meet citizenship or residency requirements.

H. Anyone who is entitled to benefits under Part A or enrolled under Part B is eligible for voluntary prescription drug coverage under Medicare Part D.

I. Since its enactment, Medicare has expanded to include additional benefits, such as Part D. Generally speaking, since Mr. Young has been employed at CMS, benefits coverage has expanded and not constricted.

5. Dr. Richard Ruck:

Dr. Richard Ruck has served as Chief Medical Officer for the TRICARE Health Plan at the Defense Health Agency since September 2022. Dr. Ruck served as the Deputy Commander for Clinical Services at Evans Army Community Hospital, Ft. Carson, from July 2018 to July 2021, and the Chief Medical Officer for the Colorado Springs Military Medical Market from December 2020 to March 2022. Dr. Ruck served as the Deputy Commander for Clinical Services at US Army Health Clinic, Schofield Barracks from June 2015 to July 2018. He is a Board-Certified Pediatrician and Pediatric Infectious Diseases physician. Dr. Ruck served as an active-duty military physician from 1995 to 2022.

Dr. Ruck is expected to offer testimony under Federal Rule of Evidence 702, 703, or 705 to include opinions about the history of the TRICARE program, the TRICARE program's sources of funding, that it is reasonable to project that TRICARE will continue to be funded in the future,

and that the scope of benefits is unlikely to be constricted in the future. In addition, Dr. Ruck will offer opinions as to how TRICARE coverage (a) applies to retired military personnel, (b) applies to the spouses and dependents of retired military personnel, and (c) interacts with other insurance coverage, such as Medicare. In particular, Dr. Ruck is expected to support his opinions based on the following information:

A. TRICARE is the uniformed services health care program for active duty service members, active duty family members, National Guard and Reserve members and their family members, retirees and retiree family members, survivors, and certain former spouses worldwide. Active duty service members are automatically enrolled in TRICARE Prime. All other beneficiaries must elect to enroll. TRICARE is not an insurance program, it is a statutory benefit.

B. A servicemember may become eligible for continued TRICARE coverage if he or she retired from active-duty service after twenty (20) years, or if he or she is granted medical retirement from active duty service. A servicemember's spouse and minor dependents become eligible for TRICARE coverage if the sponsoring servicemember retired from active duty service after twenty (20) years, or if the sponsoring servicemember is granted medical retirement from active duty service. The Defense Health Agency does not control TRICARE eligibility, rather, that determination is made by the military services. Eligible beneficiaries must elect to enroll in a TRICARE health plan in order to have TRICARE coverage, except for those entitled to TRICARE for Life, which is automatic upon reaching age 65.

C. TRICARE benefits are always secondary to medical insurance.

D. Absent other medical insurance, TRICARE is the primary payer until an individual reaches the age of 65, when Medicare becomes the primary payer, and TRICARE becomes secondary, supplemental ("gap") insurance.

E. Congress appropriates funds for TRICARE through the annual National Defense Authorization Act. Funding for TRICARE is sourced from general taxpayer revenues and federal borrowing.

F. Since its creation, TRICARE has expanded to include additional premium-based health benefit plans, such as TRICARE Reserve Select, TRICARE Retired Reserve, and TRICARE Young Adult.

G. Congress has not constricted TRICARE or its predecessor program, CHAMPUS, since their establishment.

H. The cost of a TRICARE plan depends on the plan.

I. TRICARE premiums and cost-shares, as well as annual adjustments where applicable, are statutory in nature.

J. Beneficiaries get medical care in three ways: (1) direct care through a military treatment facility; (2) network/participating providers; or (3) non-participating providers.

K. Network/participating providers include a network of providers established by the Managed Care Support contractor who has agreed to accept patients enrolled in TRICARE and has agreed to accept the established reimbursement rates.

KIDNEY CANCER

Pursuant to Federal Rule of Civil Procedure 26(a)(2)(B), the United States hereby designates the following retained experts who are providing written reports and may be called

upon to offer opinion testimony in the Track 1 Trial Cases alleging kidney cancer, including *Downs*, *Fancher*, *Howard,*[2] *Mousser*, and *Tukes*:

1. **Tricia M. Yount, CPA, MAFF**
2. **Wang Ji, M.D.**
3. **Gregory Russo, M.H.S.**
4. **Henry Miller, Ph.D.**

On this date, the United States is serving reports for the above listed experts in compliance with Federal Rule of Civil Procedure 26(a)(2)(B) and this Court's Scheduling Orders. The reports are being served upon the Plaintiffs' Leadership Group through JEFS.

Further, pursuant to Federal Rule of Civil Procedure 26(a)(2)(C), the United States also discloses the following non-retained expert witnesses in the Track 1 Trial Cases alleging kidney cancer, including *Downs*, *Fancher*, *Howard*, *Mousser*, and *Tukes*, who may provide testimony under Federal Rule of Evidence 702, 703, or 705, but are not required to provide a written report. Under Federal Rule of Civil Procedure 26(a)(2)(C), the United States now provides a description of the subject matter on which the witnesses may provide testimony under Federal Rule of Evidence 702, 703, or 705, and a summary of the facts and opinions to which the witness may testify at trial.

1. **Jadine Piper:**

Jadine Piper has served as Acting Assistant Director for Policy at the VBA since March 10, 2025. She has worked at VBA for over seventeen (17) years in various positions, including Chief of Program Implementation, Management Analyst, Rating Veterans Service Representative,

[2] Although Mr. Howard was subsequently diagnosed with non-Hodgkin's lymphoma after his kidney cancer diagnosis, the United States is disclosing damages experts in *Howard* only under kidney cancer, for purposes of Track 1 expert disclosures.

Veterans Service Representative, and Legal Administrative Specialist. Ms. Piper is expected to offer testimony under Federal Rule of Evidence 702, 703, or 705 about Veterans' benefits, including opinions regarding the determination of eligibility for Veterans' benefits, the continuation of VBA disability compensation benefits into the future, and whether the scope of benefits will constrict in the future. In particular, Ms. Piper is expected to support her opinions based on the following information:

A. VBA makes disability awards, payments, or benefits to Veterans in the form of disability compensation benefits and pension benefits.

B. Disability compensation benefits are made to Veterans with service-connected conditions. Service-connected conditions are those illnesses or injuries VA has determined were caused or exacerbated by active military service. For some conditions, VA is directed by law or regulation to presume that military service caused the conditions without the need for the Veteran to prove that his or her service caused the condition. Rather, the Veteran only needs to meet designated service requirements for the presumption.

C. Payments of disability compensation benefits are based on the type and severity of the Veteran's disability.

D. The amount of disability compensation benefits is determined by the Veteran's level of disability, or disability rating.

E. Over time, Congress and VBA have expanded benefits to include additional categories of benefits.

2. Andrew McIlroy:

Andrew McIlroy has served as the Deputy Assistant Secretary for Budget at the VA since April 2019. Mr. McIlroy also served as the Acting Deputy Assistant Secretary for Management

and Deputy Chief Financial Officer for VA between July 2024 and December 2024. He served as Associate Deputy Assistant Secretary for Budget for VA between June 2018 and March 2019. Mr. McIlroy has more than two decades of experience in federal budgeting.

Mr. McIlroy is expected to offer testimony under Federal Rule of Evidence 702, 703, or 705 to include opinions about the sources of funding of benefits programs administered by VBA. In particular, Mr. McIlroy is expected to support his opinions based on the following information:

A. VA's disability compensation and pension benefits are funded through annual Congressional appropriations.

B. These appropriations are from the general fund, meaning VA benefits are funded through general taxpayer revenues and federal borrowing.

3. Heather Ford:

Ms. Ford is expected to offer testimony under Federal Rule of Evidence 702, 703, or 705 to include opinions about the VHA and Office of Integrated Veterans Care, that it is reasonable to project that VHA will continue to provide healthcare to Veterans in the future, and that the general scope of care and eligibility for care are unlikely to be significantly constricted in the future. In particular, Ms. Ford is expected to support her opinions based on the following information:

A. VHA is an integrated health care system, which provides health care to eligible Veterans and other eligible beneficiaries at over one thousand facilities.

B. The VHA's Office of IVC is a national program office that administers the VCCP. The CCN is a mechanism by which some care under VCCP is provided. The VCCP allows eligible Veterans to receive health care from non-VA providers, and such care is paid for by VHA.

C. Veterans who served on active duty at Camp Lejeune for 30 days or more between August 1, 1953 and December 31, 1987 are eligible for enrollment in VHA. Enrolled veterans are

eligible for hospital care and medical services under the VHA medical benefits package. Veterans who served at Camp Lejeune during the applicable time period are exempt from any VA copayment requirements for hospital care and medical services provided for fifteen (15) covered illnesses and conditions.

D. Family members of Veterans who resided at Camp Lejeune for 30 days or more between August 1, 1953 and December 31, 1987 are eligible for reimbursement of health care costs related to one or more of fifteen (15) covered illnesses and conditions.

E. VHA's activities are primarily funded through annual Congressional appropriations.

F. These appropriations are from the general fund, meaning care rendered by VHA is primarily funded through general taxpayer revenues and federal borrowing.

G. Since its creation, Congress has historically provided VHA with funding to provide necessary health care to meet projected demand.

H. Congress has not constricted eligibility for care through VHA since its establishment.

4. Larry Young:

Larry Young has over 35 years of experience working in the Medicare program. He currently serves as the Deputy Director and Deputy CFO of CMS OFM, a position he has held since the fall of 2023. In his position, Mr. Young is accountable for planning, directing, analyzing, and coordinating CMS's comprehensive financial management functions, including CMS's Budget to Congress. He also helps lead implementation of all CMS financial management systems, debt collection activities, error rate measurement, and other financial management functions. Before joining OFM, Mr. Young was the Director of the Medicare Contractor Management Group in CMS's Center for Medicare. In that role, which he held since November 2014, he provided executive leadership and direction ensuring continuity of operations for overall Medicare FFS

operations. His primary responsibilities were focused on the procurement, management, coordination, and oversight of 16 MACs.

Mr. Young is expected to offer testimony under Federal Rule of Evidence 702, 703, or 705 to include opinions about the composition of the Medicare program, Medicare's sources of funding, Medicare eligibility, and the scope of Medicare benefits. In particular, Mr. Young is expected to support his opinions based on the following information:

A. Medicare is a federally funded program of health insurance for the aged, the disabled, and persons suffering from ESRD.

B. Medicare Parts A and B (also known as Original Medicare) were established under Title XVIII of the Social Security Act in 1965. Medicare Part A helps pay for inpatient care in hospitals, skilled nursing facilities, hospice, and some outpatient home health care. Medicare Part B helps pay for items and services such as doctors' visits, physical, occupational, and speech therapy services, home health services, outpatient hospital services, and durable medical equipment, prosthetics, orthotics, and supplies, for those who have voluntarily enrolled.

C. Additionally, Medicare Part D provides subsidized access to prescription drug insurance coverage on a voluntary basis for all enrolled beneficiaries. It also provides premium and cost-sharing subsidies for low-income enrollees. Medicare Part D went into effect on January 1, 2006.

D. To be covered under Original Medicare, an item or service must be eligible for coverage and reasonable and necessary for the diagnosis or treatment of an injury or illness. The item or service must also not be specifically excluded by the Social Security Act.

E. Medicare has two separate trust funds, the HI trust fund and the SMI trust fund. The HI fund supports Part A services, while the SMI fund supports Medicare Parts B and D. The HI fund is funded primarily through payroll taxes, but also income taxes, interest earned on trust fund investments, and Medicare Part A premiums collected for those not entitled premium free. The SMI fund is funded through non-payroll tax general revenues (i.e., individual income taxes, corporate taxes, excise taxes, and borrowing), in addition to premiums from individuals enrolled in Parts B and D and other sources, such as interest earned on trust fund investments.

F. Medicare Part A is available to individuals age 65 or older who are citizens or permanent residents of the United States. Part A may be available at no cost or for a premium, depending on an individual's situation. Additionally, an individual is eligible for Part A before age 65 at no cost in certain circumstances, including where the individual has been entitled to SSDI benefits for 24 months. Individuals with a kidney transplant, permanent kidney failure, ESRD that requires a regular course of dialysis, or with ALS may have the 24-month waiting period waived.

G. Medicare Part B is available to individuals who are eligible for Part A at no cost by paying a monthly premium. If an individual is not eligible for Part A at no cost, they can buy Part A if they meet citizenship or residency requirements.

H. Anyone who is entitled to benefits under Part A or enrolled under Part B is eligible for voluntary prescription drug coverage under Medicare Part D.

I. Since its enactment, Medicare has expanded to include additional benefits, such as Part D. Generally speaking, since Mr. Young has been employed at CMS, benefits coverage has expanded and not constricted.

5. Dr. Richard Ruck:

Dr. Richard Ruck has served as Chief Medical Officer for the TRICARE Health Plan at the Defense Health Agency since September 2022. Dr. Ruck served as the Deputy Commander for Clinical Services at Evans Army Community Hospital, Ft. Carson, from July 2018 to July 2021, and the Chief Medical Officer for the Colorado Springs Military Medical Market from December 2020 to March 2022. Dr. Ruck served as the Deputy Commander for Clinical Services at US Army Health Clinic, Schofield Barracks from June 2015 to July 2018. He is a Board-Certified Pediatrician and Pediatric Infectious Diseases physician. Dr. Ruck served as an active-duty military physician from 1995 to 2022.

Dr. Ruck is expected to offer testimony under Federal Rule of Evidence 702, 703, or 705 to include opinions about the history of the TRICARE program, the TRICARE program's sources of funding, that it is reasonable to project that TRICARE will continue to be funded in the future, and that the scope of benefits is unlikely to be constricted in the future. In addition, Dr. Ruck will offer opinions as to how TRICARE coverage (a) applies to retired military personnel, (b) applies to the spouses and dependents of retired military personnel, and (c) interacts with other insurance coverage, such as Medicare. In particular, Dr. Ruck is expected to support his opinions based on the following information:

A. TRICARE is the uniformed services health care program for active duty service members, active duty family members, National Guard and Reserve members and their family members, retirees and retiree family members, survivors, and certain former spouses worldwide. Active duty service members are automatically enrolled in TRICARE Prime. All other beneficiaries must elect to enroll. TRICARE is not an insurance program, it is a statutory benefit.

B. A servicemember may become eligible for continued TRICARE coverage if he or she retired from active duty service after twenty (20) years, or if he or she is granted medical retirement from active duty service. A servicemember's spouse and minor dependents become eligible for TRICARE coverage if the sponsoring servicemember retired from active duty service after twenty (20) years, or if the sponsoring servicemember is granted medical retirement from active duty service. The Defense Health Agency does not control TRICARE eligibility, rather, that determination is made by the military services. Eligible beneficiaries must elect to enroll in a TRICARE health plan in order to have TRICARE coverage, except for those entitled to TRICARE for Life, which is automatic upon reaching age 65.

C. TRICARE benefits are always secondary to medical insurance.

D. Absent other medical insurance, TRICARE is the primary payer until an individual reaches the age of 65, when Medicare becomes the primary payer, and TRICARE becomes secondary, supplemental ("gap") insurance.

E. Congress appropriates funds for TRICARE through the annual National Defense Authorization Act. Funding for TRICARE is sourced from general taxpayer revenues and federal borrowing.

F. Since its creation, TRICARE has expanded to include additional premium-based health benefit plans, such as TRICARE Reserve Select, TRICARE Retired Reserve, and TRICARE Young Adult.

G. Congress has not constricted TRICARE or its predecessor program, CHAMPUS, since their establishment.

H. The cost of a TRICARE plan depends on the plan.

I. TRICARE premiums and cost-shares, as well as annual adjustments where applicable, are statutory in nature.

J. Beneficiaries get medical care in three ways: (1) direct care through a military treatment facility; (2) network/participating providers; or (3) non-participating providers.

K. Network/participating providers include a network of providers established by the Managed Care Support contractor who has agreed to accept patients enrolled in TRICARE and has agreed to accept the established reimbursement rates.

NON-HODGKIN'S LYMPHOMA

Pursuant to Federal Rule of Civil Procedure 26(a)(2)(B), the United States hereby designates the following retained experts who are providing written reports and may be called upon to offer opinion testimony in the Track 1 Trial Cases alleging non-Hodgkin's lymphoma, including *Carter*, *Davis*, *Kidd*, and *Keller*:

1. **Dubravka Tosic, Ph.D.**
2. **Wang Ji, M.D.**
3. **Gregory Russo, M.H.S.**

On this date, the United States is serving reports for the above listed experts in compliance with Federal Rule of Civil Procedure 26(a)(2)(B) and this Court's Scheduling Orders. The reports are being served upon the Plaintiffs' Leadership Group through JEFS.

Further, pursuant to Federal Rule of Civil Procedure 26(a)(2)(C), the United States also discloses the following non-retained expert witnesses in the Track 1 Trial Cases alleging non-Hodgkin's lymphoma, including *Carter*, *Davis*, *Kidd*, and *Keller*, who may provide testimony under Federal Rule of Evidence 702, 703, or 705, but are not required to provide a written report. Under Federal Rule of Civil Procedure 26(a)(2)(C), the United States now provides a description

of the subject matter on which the witnesses may provide testimony under Federal Rule of Evidence 702, 703, or 705, and a summary of the facts and opinions to which the witness may testify at trial.

1. Jadine Piper:

Jadine Piper has served as Acting Assistant Director for Policy at the VBA since March 10, 2025. She has worked at VBA for over seventeen (17) years in various positions, including Chief of Program Implementation, Management Analyst, Rating Veterans Service Representative, Veterans Service Representative, and Legal Administrative Specialist. Ms. Piper is expected to offer testimony under Federal Rule of Evidence 702, 703, or 705 about Veterans' benefits, including opinions regarding the determination of eligibility for Veterans' benefits, the continuation of VBA disability compensation benefits into the future, and whether the scope of benefits will constrict in the future. In particular, Ms. Piper is expected to support her opinions based on the following information:

A. VBA makes disability awards, payments, or benefits to Veterans in the form of disability compensation benefits and pension benefits.

B. Disability compensation benefits are made to Veterans with service-connected conditions. Service-connected conditions are those illnesses or injuries VA has determined were caused or exacerbated by active military service. For some conditions, VA is directed by law or regulation to presume that military service caused the conditions without the need for the Veteran to prove that his or her service caused the condition. Rather, the Veteran only needs to meet designated service requirements for the presumption.

C. Payments of disability compensation benefits are based on the type and severity of the Veteran's disability.

D. The amount of disability compensation benefits is determined by the Veteran's level of disability, or disability rating.

E. Over time, Congress and VBA have expanded benefits to include additional categories of benefits.

2. Andrew McIlroy:

Andrew McIlroy has served as the Deputy Assistant Secretary for Budget at the VA since April 2019. Mr. McIlroy also served as the Acting Deputy Assistant Secretary for Management and Deputy Chief Financial Officer for VA between July 2024 and December 2024. He served as Associate Deputy Assistant Secretary for Budget for VA between June 2018 and March 2019. Mr. McIlroy has more than two decades of experience in federal budgeting.

Mr. McIlroy is expected to offer testimony under Federal Rule of Evidence 702, 703, or 705 to include opinions about the sources of funding of benefits programs administered by VBA. In particular, Mr. McIlroy is expected to support his opinions based on the following information:

A. VA's disability compensation and pension benefits are funded through annual Congressional appropriations.

B. These appropriations are from the general fund, meaning VA benefits are funded through general taxpayer revenues and federal borrowing.

3. Heather Ford:

Ms. Ford is expected to offer testimony under Federal Rule of Evidence 702, 703, or 705 to include opinions about the VHA and Office of Integrated Veterans Care, that it is reasonable to project that VHA will continue to provide healthcare to Veterans in the future, and that the general scope of care and eligibility for care are unlikely to be significantly constricted in the future. In particular, Ms. Ford is expected to support her opinions based on the following information:

A. VHA is an integrated health care system, which provides health care to eligible Veterans and other eligible beneficiaries at over one thousand facilities.

B. The VHA's Office of IVC is a national program office that administers the VCCP. The CCN is a mechanism by which some care under VCCP is provided. The VCCP allows eligible Veterans to receive health care from non-VA providers, and such care is paid for by VHA.

C. Veterans who served on active duty at Camp Lejeune for 30 days or more between August 1, 1953 and December 31, 1987 are eligible for enrollment in VHA. Enrolled veterans are eligible for hospital care and medical services under the VHA medical benefits package. Veterans who served at Camp Lejeune during the applicable time period are exempt from any VA copayment requirements for hospital care and medical services provided for fifteen (15) covered illnesses and conditions.

D. Family members of Veterans who resided at Camp Lejeune for 30 days or more between August 1, 1953 and December 31, 1987 are eligible for reimbursement of health care costs related to one or more of fifteen (15) covered illnesses and conditions.

E. VHA's activities are primarily funded through annual Congressional appropriations.

F. These appropriations are from the general fund, meaning care rendered by VHA is primarily funded through general taxpayer revenues and federal borrowing.

G. Since its creation, Congress has historically provided VHA with funding to provide necessary health care to meet projected demand.

H. Congress has not constricted eligibility for care through VHA since its establishment.

4. Larry Young:

Larry Young has over 35 years of experience working in the Medicare program. He currently serves as the Deputy Director and Deputy CFO of CMS OFM, a position he has held

since the fall of 2023. In his position, Mr. Young is accountable for planning, directing, analyzing, and coordinating CMS's comprehensive financial management functions, including CMS's Budget to Congress. He also helps lead implementation of all CMS financial management systems, debt collection activities, error rate measurement, and other financial management functions. Before joining OFM, Mr. Young was the Director of the Medicare Contractor Management Group in CMS's Center for Medicare. In that role, which he held since November 2014, he provided executive leadership and direction ensuring continuity of operations for overall Medicare FFS operations. His primary responsibilities were focused on the procurement, management, coordination, and oversight of 16 MACs.

Mr. Young is expected to offer testimony under Federal Rule of Evidence 702, 703, or 705 to include opinions about the composition of the Medicare program, Medicare's sources of funding, Medicare eligibility, and the scope of Medicare benefits. In particular, Mr. Young is expected to support his opinions based on the following information:

A. Medicare is a federally funded program of health insurance for the aged, the disabled, and persons suffering from ESRD.

B. Medicare Parts A and B (also known as Original Medicare) were established under Title XVIII of the Social Security Act in 1965. Medicare Part A helps pay for inpatient care in hospitals, skilled nursing facilities, hospice, and some outpatient home health care. Medicare Part B helps pay for items and services such as doctors' visits, physical, occupational, and speech therapy services, home health services, outpatient hospital services, and durable medical equipment, prosthetics, orthotics, and supplies, for those who have voluntarily enrolled.

C. Additionally, Medicare Part D provides subsidized access to prescription drug insurance

coverage on a voluntary basis for all enrolled beneficiaries. It also provides premium and cost-sharing subsidies for low-income enrollees. Medicare Part D went into effect on January 1, 2006.

D. To be covered under Original Medicare, an item or service must be eligible for coverage and reasonable and necessary for the diagnosis or treatment of an injury or illness. The item or service must also not be specifically excluded by the Social Security Act.

E. Medicare has two separate trust funds, the HI trust fund and the SMI trust fund. The HI fund supports Part A services, while the SMI fund supports Medicare Parts B and D. The HI fund is funded primarily through payroll taxes, but also income taxes, interest earned on trust fund investments, and Medicare Part A premiums collected for those not entitled premium free. The SMI fund is funded through non-payroll tax general revenues (i.e., individual income taxes, corporate taxes, excise taxes, and borrowing), in addition to premiums from individuals enrolled in Parts B and D and other sources, such as interest earned on trust fund investments.

F. Medicare Part A is available to individuals age 65 or older who are citizens or permanent residents of the United States. Part A may be available at no cost or for a premium, depending on an individual's situation. Additionally, an individual is eligible for Part A before age 65 at no cost in certain circumstances, including where the individual has been entitled to SSDI benefits for 24 months. Individuals with a kidney transplant, permanent kidney failure, ESRD that requires a regular course of dialysis, or with ALS may have the 24-month waiting period waived.

G. Medicare Part B is available to individuals who are eligible for Part A at no cost by paying a monthly premium. If an individual is not eligible for Part A at no cost, they can buy Part A if they meet citizenship or residency requirements.

H. Anyone who is entitled to benefits under Part A or enrolled under Part B is eligible for voluntary prescription drug coverage under Medicare Part D.

I. Since its enactment, Medicare has expanded to include additional benefits, such as Part D. Generally speaking, since Mr. Young has been employed at CMS, benefits coverage has expanded and not constricted.

5. Dr. Richard Ruck:

Dr. Richard Ruck has served as Chief Medical Officer for the TRICARE Health Plan at the Defense Health Agency since September 2022. Dr. Ruck served as the Deputy Commander for Clinical Services at Evans Army Community Hospital, Ft. Carson, from July 2018 to July 2021, and the Chief Medical Officer for the Colorado Springs Military Medical Market from December 2020 to March 2022. Dr. Ruck served as the Deputy Commander for Clinical Services at US Army Health Clinic, Schofield Barracks from June 2015 to July 2018. He is a Board-Certified Pediatrician and Pediatric Infectious Diseases physician. Dr. Ruck served as an active-duty military physician from 1995 to 2022.

Dr. Ruck is expected to offer testimony under Federal Rule of Evidence 702, 703, or 705 to include opinions about the history of the TRICARE program, the TRICARE program's sources of funding, that it is reasonable to project that TRICARE will continue to be funded in the future, and that the scope of benefits is unlikely to be constricted in the future. In addition, Dr. Ruck will offer opinions as to how TRICARE coverage (a) applies to retired military personnel, (b) applies to the spouses and dependents of retired military personnel, and (c) interacts with other insurance

coverage, such as Medicare. In particular, Dr. Ruck is expected to support his opinions based on the following information:

A. TRICARE is the uniformed services health care program for active duty service members, active duty family members, National Guard and Reserve members and their family members, retirees and retiree family members, survivors, and certain former spouses worldwide. Active duty service members are automatically enrolled in TRICARE Prime. All other beneficiaries must elect to enroll. TRICARE is not an insurance program, it is a statutory benefit.

B. A servicemember may become eligible for continued TRICARE coverage if he or she retired from active duty service after twenty (20) years, or if he or she is granted medical retirement from active duty service. A servicemember's spouse and minor dependents become eligible for TRICARE coverage if the sponsoring servicemember retired from active duty service after twenty (20) years, or if the sponsoring servicemember is granted medical retirement from active duty service. The Defense Health Agency does not control TRICARE eligibility, rather, that determination is made by the military services. Eligible beneficiaries must elect to enroll in a TRICARE health plan in order to have TRICARE coverage, except for those entitled to TRICARE for Life, which is automatic upon reaching age 65.

C. TRICARE benefits are always secondary to medical insurance.

D. Absent other medical insurance, TRICARE is the primary payer until an individual reaches the age of 65, when Medicare becomes the primary payer, and TRICARE becomes secondary, supplemental ("gap") insurance.

E. Congress appropriates funds for TRICARE through the annual National Defense Authorization Act. Funding for TRICARE is sourced from general taxpayer revenues and federal borrowing.

F. Since its creation, TRICARE has expanded to include additional premium-based health benefit plans, such as TRICARE Reserve Select, TRICARE Retired Reserve, and TRICARE Young Adult.

G. Congress has not constricted TRICARE or its predecessor program, CHAMPUS, since their establishment.

H. The cost of a TRICARE plan depends on the plan.

I. TRICARE premiums and cost-shares, as well as annual adjustments where applicable, are statutory in nature.

J. Beneficiaries get medical care in three ways: (1) direct care through a military treatment facility; (2) network/participating providers; or (3) non-participating providers.

K. Network/participating providers include a network of providers established by the Managed Care Support contractor who has agreed to accept patients enrolled in TRICARE and has agreed to accept the established reimbursement rates.

LEUKEMIA

Pursuant to Federal Rule of Civil Procedure 26(a)(2)(B), the United States hereby designates the following retained experts who are providing written reports and may be called upon to offer opinion testimony in the Track 1 Trial Cases alleging leukemia, including *Amsler*, *Hill*, *Connard*, and *Gleesing*:

1. **Dubravka Tosic, Ph.D.**
2. **Wang Ji, M.D.**

3. Gregory Russo, M.H.S.

4. Henry Miller, Ph.D.

On this date, the United States is serving reports for the above listed experts in compliance with Federal Rule of Civil Procedure 26(a)(2)(B) and this Court's Scheduling Orders. The reports are being served upon the Plaintiffs' Leadership Group through JEFS.

Further, pursuant to Federal Rule of Civil Procedure 26(a)(2)(C), the United States also discloses the following non-retained expert witnesses in the Track 1 Trial Cases alleging leukemia, including *Amsler*, *Hill*, *Connard*, and *Gleesing*, who may provide testimony under Federal Rule of Evidence 702, 703, or 705, but are not required to provide a written report. Under Federal Rule of Civil Procedure 26(a)(2)(C), the United States now provides a description of the subject matter on which the witnesses may provide testimony under Federal Rule of Evidence 702, 703, or 705, and a summary of the facts and opinions to which the witness may testify at trial.

1. Jadine Piper:

Jadine Piper has served as Acting Assistant Director for Policy at the VBA since March 10, 2025. She has worked at VBA for over seventeen (17) years in various positions, including Chief of Program Implementation, Management Analyst, Rating Veterans Service Representative, Veterans Service Representative, and Legal Administrative Specialist. Ms. Piper is expected to offer testimony under Federal Rule of Evidence 702, 703, or 705 about Veterans' benefits, including opinions regarding the determination of eligibility for Veterans' benefits, the continuation of VBA disability compensation benefits into the future, and whether the scope of benefits will constrict in the future. In particular, Ms. Piper is expected to support her opinions based on the following information:

A. VBA makes disability awards, payments, or benefits to Veterans in the form of disability compensation benefits and pension benefits.

B. Disability compensation benefits are made to Veterans with service-connected conditions. Service-connected conditions are those illnesses or injuries VA has determined were caused or exacerbated by active military service. For some conditions, VA is directed by law or regulation to presume that military service caused the conditions without the need for the Veteran to prove that his or her service caused the condition. Rather, the Veteran only needs to meet designated service requirements for the presumption.

C. Payments of disability compensation benefits are based on the type and severity of the Veteran's disability.

D. The amount of disability compensation benefits is determined by the Veteran's level of disability, or disability rating.

E. Over time, Congress and VBA have expanded benefits to include additional categories of benefits.

2. Andrew McIlroy:

Andrew McIlroy has served as the Deputy Assistant Secretary for Budget at the VA since April 2019. Mr. McIlroy also served as the Acting Deputy Assistant Secretary for Management and Deputy Chief Financial Officer for VA between July 2024 and December 2024. He served as Associate Deputy Assistant Secretary for Budget for VA between June 2018 and March 2019. Mr. McIlroy has more than two decades of experience in federal budgeting.

Mr. McIlroy is expected to offer testimony under Federal Rule of Evidence 702, 703, or 705 to include opinions about the sources of funding of benefits programs administered by VBA. In particular, Mr. McIlroy is expected to support his opinions based on the following information:

A. VA's disability compensation and pension benefits are funded through annual Congressional appropriations.

B. These appropriations are from the general fund, meaning VA benefits are funded through general taxpayer revenues and federal borrowing.

3. Heather Ford:

Ms. Ford is expected to offer testimony under Federal Rule of Evidence 702, 703, or 705 to include opinions about the VHA and Office of Integrated Veterans Care, that it is reasonable to project that VHA will continue to provide healthcare to Veterans in the future, and that the general scope of care and eligibility for care are unlikely to be significantly constricted in the future. In particular, Ms. Ford is expected to support her opinions based on the following information:

A. VHA is an integrated health care system, which provides health care to eligible Veterans and other eligible beneficiaries at over one thousand facilities.

B. The VHA's Office of IVC is a national program office that administers the VCCP. The CCN is a mechanism by which some care under VCCP is provided. The VCCP allows eligible Veterans to receive health care from non-VA providers, and such care is paid for by VHA.

C. Veterans who served on active duty at Camp Lejeune for 30 days or more between August 1, 1953 and December 31, 1987 are eligible for enrollment in VHA. Enrolled veterans are eligible for hospital care and medical services under the VHA medical benefits package. Veterans who served at Camp Lejeune during the applicable time period are exempt from any VA copayment requirements for hospital care and medical services provided for fifteen (15) covered illnesses and conditions.

D. Family members of Veterans who resided at Camp Lejeune for 30 days or more between August 1, 1953 and December 31, 1987 are eligible for reimbursement of health care costs related to one or more of fifteen (15) covered illnesses and conditions.

E. VHA's activities are primarily funded through annual Congressional appropriations.

F. These appropriations are from the general fund, meaning care rendered by VHA is primarily funded through general taxpayer revenues and federal borrowing.

G. Since its creation, Congress has historically provided VHA with funding to provide necessary health care to meet projected demand

H. Congress has not constricted eligibility for care through VHA since its establishment.

4. Larry Young:

Larry Young has over 35 years of experience working in the Medicare program. He currently serves as the Deputy Director and Deputy CFO of CMS OFM, a position he has held since the fall of 2023. In his position, Mr. Young is accountable for planning, directing, analyzing, and coordinating CMS's comprehensive financial management functions, including CMS's Budget to Congress. He also helps lead implementation of all CMS financial management systems, debt collection activities, error rate measurement, and other financial management functions. Before joining OFM, Mr. Young was the Director of the Medicare Contractor Management Group in CMS's Center for Medicare. In that role, which he held since November 2014, he provided executive leadership and direction ensuring continuity of operations for overall Medicare FFS operations. His primary responsibilities were focused on the procurement, management, coordination, and oversight of 16 MACs.

Mr. Young is expected to offer testimony under Federal Rule of Evidence 702, 703, or 705 to include opinions about the composition of the Medicare program, Medicare's sources of

funding, Medicare eligibility, and the scope of Medicare benefits. In particular, Mr. Young is expected to support his opinions based on the following information:

A. Medicare is a federally funded program of health insurance for the aged, the disabled, and persons suffering from ESRD.

B. Medicare Parts A and B (also known as Original Medicare) were established under Title XVIII of the Social Security Act in 1965. Medicare Part A helps pay for inpatient care in hospitals, skilled nursing facilities, hospice, and some outpatient home health care. Medicare Part B helps pay for items and services such as doctors' visits, physical, occupational, and speech therapy services, home health services, outpatient hospital services, and durable medical equipment, prosthetics, orthotics, and supplies, for those who have voluntarily enrolled.

C. Additionally, Medicare Part D provides subsidized access to prescription drug insurance coverage on a voluntary basis for all enrolled beneficiaries. It also provides premium and cost-sharing subsidies for low-income enrollees. Medicare Part D went into effect on January 1, 2006.

D. To be covered under Original Medicare, an item or service must be eligible for coverage and reasonable and necessary for the diagnosis or treatment of an injury or illness. The item or service must also not be specifically excluded by the Social Security Act.

E. Medicare has two separate trust funds, the HI trust fund and the SMI trust fund. The HI fund supports Part A services, while the SMI fund supports Medicare Parts B and D. The HI fund is funded primarily through payroll taxes, but also income taxes, interest earned on trust fund investments, and Medicare Part A premiums collected for those not entitled premium free. The SMI fund is funded through non-payroll tax general revenues (i.e.,

individual income taxes, corporate taxes, excise taxes, and borrowing), in addition to premiums from individuals enrolled in Parts B and D and other sources, such as interest earned on trust fund investments.

F. Medicare Part A is available to individuals age 65 or older who are citizens or permanent residents of the United States. Part A may be available at no cost or for a premium, depending on an individual's situation. Additionally, an individual is eligible for Part A before age 65 at no cost in certain circumstances, including where the individual has been entitled to SSDI benefits for 24 months. Individuals with a kidney transplant, permanent kidney failure, ESRD that requires a regular course of dialysis, or with ALS may have the 24-month waiting period waived.

G. Medicare Part B is available to individuals who are eligible for Part A at no cost by paying a monthly premium. If an individual is not eligible for Part A at no cost, they can buy Part A if they meet citizenship or residency requirements.

H. Anyone who is entitled to benefits under Part A or enrolled under Part B is eligible for voluntary prescription drug coverage under Medicare Part D.

I. Since its enactment, Medicare has expanded to include additional benefits, such as Part D. Generally speaking, since Mr. Young has been employed at CMS, benefits coverage has expanded and not constricted.

5. Dr. Richard Ruck:

Dr. Richard Ruck has served as Chief Medical Officer for the TRICARE Health Plan at the Defense Health Agency since September 2022. Dr. Ruck served as the Deputy Commander for Clinical Services at Evans Army Community Hospital, Ft. Carson, from July 2018 to July 2021, and the Chief Medical Officer for the Colorado Springs Military Medical Market from December

2020 to March 2022. Dr. Ruck served as the Deputy Commander for Clinical Services at US Army Health Clinic, Schofield Barracks from June 2015 to July 2018. He is a Board-Certified Pediatrician and Pediatric Infectious Diseases physician. Dr. Ruck served as an active-duty military physician from 1995 to 2022.

Dr. Ruck is expected to offer testimony under Federal Rule of Evidence 702, 703, or 705 to include opinions about the history of the TRICARE program, the TRICARE program's sources of funding, that it is reasonable to project that TRICARE will continue to be funded in the future, and that the scope of benefits is unlikely to be constricted in the future. In addition, Dr. Ruck will offer opinions as to how TRICARE coverage (a) applies to retired military personnel, (b) applies to the spouses and dependents of retired military personnel, and (c) interacts with other insurance coverage, such as Medicare. In particular, Dr. Ruck is expected to support his opinions based on the following information:

A. TRICARE is the uniformed services health care program for active duty service members, active duty family members, National Guard and Reserve members and their family members, retirees and retiree family members, survivors, and certain former spouses worldwide. Active duty service members are automatically enrolled in TRICARE Prime. All other beneficiaries must elect to enroll. TRICARE is not an insurance program, it is a statutory benefit.

B. A servicemember may become eligible for continued TRICARE coverage if he or she retired from active duty service after twenty (20) years, or if he or she is granted medical retirement from active duty service. A servicemember's spouse and minor dependents become eligible for TRICARE coverage if the sponsoring servicemember retired from active duty service after twenty (20) years, or if the sponsoring servicemember is granted

medical retirement from active duty service. The Defense Health Agency does not control TRICARE eligibility, rather, that determination is made by the military services. Eligible beneficiaries must elect to enroll in a TRICARE health plan in order to have TRICARE coverage, except for those entitled to TRICARE for Life, which is automatic upon reaching age 65.

C. TRICARE benefits are always secondary to medical insurance.

D. Absent other medical insurance, TRICARE is the primary payer until an individual reaches the age of 65, when Medicare becomes the primary payer, and TRICARE becomes secondary, supplemental ("gap") insurance.

E. Congress appropriates funds for TRICARE through the annual National Defense Authorization Act. Funding for TRICARE is sourced from general taxpayer revenues and federal borrowing.

F. Since its creation, TRICARE has expanded to include additional premium-based health benefit plans, such as TRICARE Reserve Select, TRICARE Retired Reserve, and TRICARE Young Adult.

G. Congress has not constricted TRICARE or its predecessor program, CHAMPUS, since their establishment.

H. The cost of a TRICARE plan depends on the plan.

I. TRICARE premiums and cost-shares, as well as annual adjustments where applicable, are statutory in nature.

J. Beneficiaries get medical care in three ways: (1) direct care through a military treatment facility; (2) network/participating providers; or (3) non-participating providers.

K. Network/participating providers include a network of providers established by the Managed Care Support contractor who has agreed to accept patients enrolled in TRICARE and has agreed to accept the established reimbursement rates.

PARKINSON'S DISEASE

Pursuant to Federal Rule of Civil Procedure 26(a)(2)(B), the United States hereby designates the following retained experts who are providing written reports and may be called upon to offer opinion testimony in the Track 1 Trial Cases alleging Parkinson's disease, including *McElhiney*, *Peterson*, *Rothchild*, *Sparks*, and *Welch*:

1. **Syed Ashraf Hasan, M.D.**
2. **Andrew Brod, Ph.D.**
3. **Gregory Russo, M.H.S.**
4. **Henry Miller, Ph.D.**

On this date, the United States is serving reports for the above listed experts in compliance with Federal Rule of Civil Procedure 26(a)(2)(B) and this Court's Scheduling Orders. The reports are being served upon the Plaintiffs' Leadership Group through JEFS.

Further, pursuant to Federal Rule of Civil Procedure 26(a)(2)(C), the United States also discloses the following non-retained expert witnesses in the Track 1 Trial Cases alleging Parkinson's disease, including *McElhiney*, *Peterson*, *Rothchild*, *Sparks*, and *Welch*, who may provide testimony under Federal Rule of Evidence 702, 703, or 705, but are not required to provide a written report. Under Federal Rule of Civil Procedure 26(a)(2)(C), the United States now provides a description of the subject matter on which the witnesses may provide testimony under Federal Rule of Evidence 702, 703, or 705, and a summary of the facts and opinions to which the witnesses may testify at trial.

1. Jadine Piper:

Jadine Piper has served as Acting Assistant Director for Policy at the VBA since March 10, 2025. She has worked at VBA for over seventeen (17) years in various positions, including Chief of Program Implementation, Management Analyst, Rating Veterans Service Representative, Veterans Service Representative, and Legal Administrative Specialist. Ms. Piper is expected to offer testimony under Federal Rule of Evidence 702, 703, or 705 about Veterans' benefits, including opinions regarding the determination of eligibility for Veterans' benefits, the continuation of VBA disability compensation benefits into the future, and whether the scope of benefits will constrict in the future. In particular, Ms. Piper is expected to support her opinions based on the following information:

A. VBA makes disability awards, payments, or benefits to Veterans in the form of disability compensation benefits and pension benefits.

B. Disability compensation benefits are made to Veterans with service-connected conditions. Service-connected conditions are those illnesses or injuries VA has determined were caused or exacerbated by active military service. For some conditions, VA is directed by law or regulation to presume that military service caused the conditions without the need for the Veteran to prove that his or her service caused the condition. Rather, the Veteran only needs to meet designated service requirements for the presumption.

C. Payments of disability compensation benefits are based on the type and severity of the Veteran's disability.

D. The amount of disability compensation benefits is determined by the Veteran's level of disability, or disability rating.

E. Over time, Congress and VBA have expanded benefits to include additional categories of benefits.

2. Andrew McIlroy:

Andrew McIlroy has served as the Deputy Assistant Secretary for Budget at the VA since April 2019. Mr. McIlroy also served as the Acting Deputy Assistant Secretary for Management and Deputy Chief Financial Officer for VA between July 2024 and December 2024. He served as Associate Deputy Assistant Secretary for Budget for VA between June 2018 and March 2019. Mr. McIlroy has more than two decades of experience in federal budgeting.

Mr. McIlroy is expected to offer testimony under Federal Rule of Evidence 702, 703, or 705 to include opinions about the sources of funding of benefits programs administered by VBA. In particular, Mr. McIlroy is expected to support his opinions based on the following information:

A. VA's disability compensation and pension benefits are funded through annual Congressional appropriations.

B. These appropriations are from the general fund, meaning VA benefits are funded through general taxpayer revenues and federal borrowing.

3. Heather Ford:

Ms. Ford is expected to offer testimony under Federal Rule of Evidence 702, 703, or 705 to include opinions about the VHA and Office of Integrated Veterans Care, that it is reasonable to project that VHA will continue to provide healthcare to Veterans in the future, and that the general scope of care and eligibility for care are unlikely to be significantly constricted in the future. In particular, Ms. Ford is expected to support her opinions based on the following information:

A. VHA is an integrated health care system, which provides health care to eligible Veterans and other eligible beneficiaries at over one thousand facilities.

B. The VHA's Office of IVC is a national program office that administers the VCCP. The CCN is a mechanism by which some care under VCCP is provided. The VCCP allows eligible Veterans to receive health care from non-VA providers, and such care is paid for by VHA.

C. Veterans who served on active duty at Camp Lejeune for 30 days or more between August 1, 1953 and December 31, 1987 are eligible for enrollment in VHA. Enrolled veterans are eligible for hospital care and medical services under the VHA medical benefits package. Veterans who served at Camp Lejeune during the applicable time period are exempt from any VA copayment requirements for hospital care and medical services provided for fifteen (15) covered illnesses and conditions.

D. Family members of Veterans who resided at Camp Lejeune for 30 days or more between August 1, 1953 and December 31, 1987 are eligible for reimbursement of health care costs related to one or more of fifteen (15) covered illnesses and conditions.

E. VHA's activities are primarily funded through annual Congressional appropriations.

F. These appropriations are from the general fund, meaning care rendered by VHA is primarily funded through general taxpayer revenues and federal borrowing.

G. Since its creation, Congress has historically provided VHA with funding to provide necessary health care to meet projected demand

H. Congress has not constricted eligibility for care through VHA since its establishment.

4. Larry Young:

Larry Young has over 35 years of experience working in the Medicare program. He currently serves as the Deputy Director and Deputy CFO of CMS OFM, a position he has held since the fall of 2023. In his position, Mr. Young is accountable for planning, directing, analyzing, and coordinating CMS's comprehensive financial management functions, including CMS's

Budget to Congress. He also helps lead implementation of all CMS financial management systems, debt collection activities, error rate measurement, and other financial management functions. Before joining OFM, Mr. Young was the Director of the Medicare Contractor Management Group in CMS's Center for Medicare. In that role, which he held since November 2014, he provided executive leadership and direction ensuring continuity of operations for overall Medicare FFS operations. His primary responsibilities were focused on the procurement, management, coordination, and oversight of 16 MACs.

Mr. Young is expected to offer testimony under Federal Rule of Evidence 702, 703, or 705 to include opinions about the composition of the Medicare program, Medicare's sources of funding, Medicare eligibility, and the scope of Medicare benefits. In particular, Mr. Young is expected to support his opinions based on the following information:

A. Medicare is a federally funded program of health insurance for the aged, the disabled, and persons suffering from ESRD.

B. Medicare Parts A and B (also known as Original Medicare) were established under Title XVIII of the Social Security Act in 1965. Medicare Part A helps pay for inpatient care in hospitals, skilled nursing facilities, hospice, and some outpatient home health care. Medicare Part B helps pay for items and services such as doctors' visits, physical, occupational, and speech therapy services, home health services, outpatient hospital services, and durable medical equipment, prosthetics, orthotics, and supplies, for those who have voluntarily enrolled.

C. Additionally, Medicare Part D provides subsidized access to prescription drug insurance coverage on a voluntary basis for all enrolled beneficiaries. It also provides premium and cost-sharing subsidies for low-income enrollees. Medicare Part D went into effect on

January 1, 2006.

D. To be covered under Original Medicare, an item or service must be eligible for coverage and reasonable and necessary for the diagnosis or treatment of an injury or illness. The item or service must also not be specifically excluded by the Social Security Act.

E. Medicare has two separate trust funds, the HI trust fund and the SMI trust fund. The HI fund supports Part A services, while the SMI fund supports Medicare Parts B and D. The HI fund is funded primarily through payroll taxes, but also income taxes, interest earned on trust fund investments, and Medicare Part A premiums collected for those not entitled premium free. The SMI fund is funded through non-payroll tax general revenues (i.e., individual income taxes, corporate taxes, excise taxes, and borrowing), in addition to premiums from individuals enrolled in Parts B and D and other sources, such as interest earned on trust fund investments.

F. Medicare Part A is available to individuals age 65 or older who are citizens or permanent residents of the United States. Part A may be available at no cost or for a premium, depending on an individual's situation. Additionally, an individual is eligible for Part A before age 65 at no cost in certain circumstances, including where the individual has been entitled to SSDI benefits for 24 months. Individuals with a kidney transplant, permanent kidney failure, ESRD that requires a regular course of dialysis, or with ALS may have the 24-month waiting period waived.

G. Medicare Part B is available to individuals who are eligible for Part A at no cost by paying a monthly premium. If an individual is not eligible for Part A at no cost, they can buy Part A if they meet citizenship or residency requirements.

H. Anyone who is entitled to benefits under Part A or enrolled under Part B is eligible for voluntary prescription drug coverage under Medicare Part D.

I. Since its enactment, Medicare has expanded to include additional benefits, such as Part D. Generally speaking, since Mr. Young has been employed at CMS, benefits coverage has expanded and not constricted.

5. Dr. Richard Ruck:

Dr. Richard Ruck has served as Chief Medical Officer for the TRICARE Health Plan at the Defense Health Agency since September 2022. Dr. Ruck served as the Deputy Commander for Clinical Services at Evans Army Community Hospital, Ft. Carson, from July 2018 to July 2021, and the Chief Medical Officer for the Colorado Springs Military Medical Market from December 2020 to March 2022. Dr. Ruck served as the Deputy Commander for Clinical Services at US Army Health Clinic, Schofield Barracks from June 2015 to July 2018. He is a Board-Certified Pediatrician and Pediatric Infectious Diseases physician. Dr. Ruck served as an active-duty military physician from 1995 to 2022.

Dr. Ruck is expected to offer testimony under Federal Rule of Evidence 702, 703, or 705 to include opinions about the history of the TRICARE program, the TRICARE program's sources of funding, that it is reasonable to project that TRICARE will continue to be funded in the future, and that the scope of benefits is unlikely to be constricted in the future. In addition, Dr. Ruck will offer opinions as to how TRICARE coverage (a) applies to retired military personnel, (b) applies to the spouses and dependents of retired military personnel, and (c) interacts with other insurance coverage, such as Medicare. In particular, Dr. Ruck is expected to support his opinions based on the following information:

A. TRICARE is the uniformed services health care program for active duty service members, active duty family members, National Guard and Reserve members and their family members, retirees and retiree family members, survivors, and certain former spouses worldwide. Active duty service members are automatically enrolled in TRICARE Prime. All other beneficiaries must elect to enroll. TRICARE is not an insurance program, it is a statutory benefit.

B. A servicemember may become eligible for continued TRICARE coverage if he or she retired from active duty service after twenty (20) years, or if he or she is granted medical retirement from active duty service. A servicemember's spouse and minor dependents become eligible for TRICARE coverage if the sponsoring servicemember retired from active duty service after twenty (20) years, or if the sponsoring servicemember is granted medical retirement from active duty service. The Defense Health Agency does not control TRICARE eligibility, rather, that determination is made by the military services. Eligible beneficiaries must elect to enroll in a TRICARE health plan in order to have TRICARE coverage, except for those entitled to TRICARE for Life, which is automatic upon reaching age 65.

C. TRICARE benefits are always secondary to medical insurance.

D. Absent other medical insurance, TRICARE is the primary payer until an individual reaches the age of 65, when Medicare becomes the primary payer, and TRICARE becomes secondary, supplemental ("gap") insurance.

E. Congress appropriates funds for TRICARE through the annual National Defense Authorization Act. Funding for TRICARE is sourced from general taxpayer revenues and federal borrowing.

F. Since its creation, TRICARE has expanded to include additional premium-based health benefit plans, such as TRICARE Reserve Select, TRICARE Retired Reserve, and TRICARE Young Adult.

G. Congress has not constricted TRICARE or its predecessor program, CHAMPUS, since their establishment.

H. The cost of a TRICARE plan depends on the plan.

I. TRICARE premiums and cost-shares, as well as annual adjustments where applicable, are statutory in nature.

J. Beneficiaries get medical care in three ways: (1) direct care through a military treatment facility; (2) network/participating providers; or (3) non-participating providers.

K. Network/participating providers include a network of providers established by the Managed Care Support contractor who has agreed to accept patients enrolled in TRICARE and has agreed to accept the established reimbursement rates.

Dated: December 15, 2025

Respectfully submitted,

BRETT A. SHUMATE
Assistant Attorney General
Civil Division

JONATHAN GUYNN
Deputy Assistant Attorney General
Torts Branch

BRIDGET BAILEY LIPSCOMB
Chief
Camp Lejeune Justice Act Section

HAROON ANWAR
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CERTIFICATE OF SERVICE

I hereby certify that on December 15, 2025, a copy of the foregoing was served on the following persons via email:

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/s/ Adam Bain
ADAM BAIN

Exhibit 641

Expert Report of Andrew Brod, Ph.D.

In the matter of

Gary Layne McElhiney, Sr. v. United States of America

Case No. 7:23-CV-01368-BO

December 15, 2025



1. Introduction

In this report, I provide a preliminary assessment and rebuttal of the plaintiff's expert report regarding economic damages in McElhiney v. USA. The report, written by Chad L. Staller, claims damages for lost earnings, lost household services, and the value of a life-care plan (LCP).

Mr. McElhiney was diagnosed with Parkinson's disease (PD) in July 2018, and he claims that the diagnosis resulted from his exposure to contaminated water at Camp Lejeune. He further claims to have incurred economic damages as a result of that exposure. For the sole purpose of producing this report, I will assume that liability has been established.

In addition, I will address the issue of offsets for Mr. McElhiney's support and care by the U.S. government.

As further information becomes available on any of the issues addressed in this memorandum, I may update my analysis.

2. About Dr. Brod

I did my undergraduate work at the University of Illinois and earned a Ph.D. in economics from the University of Minnesota. My undergraduate majors were mathematics and economics, and my graduate fields were econometrics and industrial organization. I have worked for the American Medical Association and the University of North Carolina at Greensboro. At UNCG, I taught courses in statistics, forecasting, econometrics, and microeconomics, and I directed an applied economic research center for more than a decade. I retired from UNCG in 2010 and have worked since then as a self-employed economic consultant.

I have worked in forensic economics for more than 25 years. I work for both plaintiffs and defendants, primarily analyzing and testifying about economic damages, though I have conducted other kinds of analyses. My work focuses on projections of lost earnings in personal-injury and wrongful-death cases, lost profits in complex commercial cases, and the valuation of life-care plans.

My billing rates are $480 per hour for case review, research, and report writing; $240 per hour for out-of-town travel, and $750 per hour for testimony (with a $1,800 daily minimum). I bill for my assistant's time at a rate of $160 per hour.

My resume and a four-year testimony log are included in this report as Appendices B and C. A list of recent publications is included in my resume.

3. Lost Earnings

Mr. Staller opines that Mr. McElhiney's lost earning capacity is $288,361, but his calculation omits an important aspect of Mr. McElhiney's work history. In particular, he was already disabled prior to his PD diagnosis.

After his honorable discharge from the Marine Corps in September 1995, Mr. McElhiney did various jobs before finishing his career with a trucking company. Starting in late 2010, he worked as a truck driver and trainer. He worked full-time at first, but started working part-time in 2014. He retired in January 2016 because the pain from his medical conditions became too great: "I liked the job, but… I was getting to the point that every bone – every joint in my body was hurting, the neuropathy in my hands and feet, and I just could not stand the jarring of the truck."[1]

In June 2016, Mr. McElhiney applied for Social Security disability benefits. On one of the forms he submitted to the federal government, he was asked to list all of the reasons why he could no longer work. His reasons included "paralysis of cranial nerve on right side of face," "paralysis of sciatic nerve in the lower extremities," and "intervertebral disk syndrome." His exhaustive list of reasons made no mention of PD.[2]

He was approved for Social Security disability benefits in September 2016, with an onset date in August 2015.[3] That was the date on which his disability was determined to have begun. Therefore, by Social Security's disability criterion, Mr. McElhiney was completely disabled and unemployable prior to his July 2018 PD diagnosis.

The implication is that Mr. McElhiney's PD did not lead to a loss of earning capacity, because the loss had already taken place, and for reasons unrelated to his PD. My opinion is that the value of his lost earnings due to PD is zero.

4. Lost Household Services

Mr. Staller's report presents a value of lost household services through December 31, 2025, at which point such services are assumed to be covered by the LCP. However, Mr. Staller does not express an expert opinion regarding the number of service hours Mr. McElhiney could have provided but for his PD. He presents an average number of hours based on data published by the U.S. Bureau of Labor Statistics, but that number applies to all men of Mr. McElhiney's age. Mr. Staller does not address the likelihood that Mr. McElhiney would have actually done that many hours of household chores.

According to the Department of Veterans Affairs, Mr. McElhiney suffers from various conditions that preceded his PD, including lumbar disc disease.[4] In June 2016, about two years before his PD diagnosis, Mr. McElhiney applied for Social Security disability benefits, complaining of "disorders of the back" and "peripheral neuropathy."[5] I do not have the expertise to determine which, if any, household chores Mr. McElhiney's non-PD conditions allowed him to do, and Mr. Staller appears not to have investigated this issue

[1] Gary McElhiney deposition, pp. 136-137.
[2] Disability Report – Adult, Form SSA-3368, 01368_MCELHINEY_SSA_0000000034-39.
[3] Social Security Administration, Notice of Award, 01368_MCELHINEY_SSA_0000000554-557.
[4] Veterans Benefits Administration, Rating Decision, April 22, 2021, 01368_MCELHINEYG_VA_00000255.
[5] Materials related to SSD application, 01368_MCELHINEY_VA_0000003848-3871.

at all. Instead, he presents a calculation for one service hour per week, leaving the task of determining the number of weekly hours to the finder of fact in this case.

Given the possibility that Mr. McElhiney might not have been able to perform any household chores even if he had not contracted PD, and because Mr. Staller does not express a clear opinion about the number of lost service hours due to PD, it is my opinion that there is no basis to include lost household services in Mr. McElhiney's economic damages.

5. Future Medical Expenses: Life-Care Plan

A life-care plan (LCP) for Mr. McElhiney was prepared by the defense life-care planner, Michael Shahnasarian, Ph.D. The LCP describes various medications, treatments, and equipment that Dr. Shahnasarian believes Mr. McElhiney will need in the future as a result of his PD. The plan provides estimates of the costs of these items over Mr. McElhiney's remaining life.

The economic analysis of an LCP involves (a) identifying inflation, or growth, rates that allow medical costs to be projected into the future, and (b) using a discount rate to express the streams of future costs as lump-sum present values.

I took the cost estimates provided in the Shahnasarian LCP and obtained reasonable growth rates for the costs in each category, based on components of the Consumer Price Index (CPI). Following Mr. Staller, I calculated average inflation rates over the period 2014-2024. I assigned CPI components in order to capture the bulk of the spending in each category. Table A associates these growth rates with the LCP categories.

Table A: Life-Care Plan Categories and Growth Rates

LCP category	Growth Rate	CPI Component
Evaluations	1.53%	Physicians' services
Therapeutic Needs		
Therapeutic Needs, Other Med	1.46%	Services by other medical professionals
Diagnostic Tests		
Home Facility Care, Nurse		
Wheelchair Needs	0.98%	Medical equipment and supplies
Aids for Independent Living		
Drugs and Supply Needs	1.97%	Prescription drugs
Drugs and Supply Needs, OTC	1.20%	Nonprescription drugs
Home Facility Care, ex Nurse	3.70%	Care of elderly and invalids at home
Transportation	1.98%	New vehicles
Personal Fitness	2.85%	All items
Architectural Renovations	5.52%	New single-family houses under construction
Procedures/Hospitalizations	3.79%	Outpatient hospital services

As Table A indicates, I divided three categories (Therapeutic Needs, Home Facility Care, and Drugs and Supply Needs) into two parts to capture the different nature (and inflation rates) of the activities in that category.

The Shahnasarian LCP expresses costs in ranges for some items, so I followed suit and calculated lower and upper bounds on the value of the LCP. My projections start on January 1, 2026, and extend until the expected end of Mr. McElhiney's life. Following Mr. Staller, I used CDC demographic data to determine that Mr. McElhiney's remaining life expectancy as of the date of this report is 13.3 years, implying a total life expectancy of 84.4 years.

In order to calculate the present value of future medical expenses, I discounted all future values using the same 4.88% discount rate used by Mr. Staller. The results of my analysis appear in Table B; detailed results appear in Appendix A.

Table B: Present Value of Life-Care Plan, by Category

LCP category	Lower	Upper
Evaluations	$1,882	$6,841
Therapeutic Needs	$11,163	$29,016
Therapeutic Needs, Other Med	$11,731	$23,315
Diagnostic Tests	$2,565	$3,475
Home Facility Care, Nurse	$4,325	$16,145
Home Facility Care, ex Nurse	$1,484,136	$1,973,064
Wheelchair Needs	$5,571	$7,311
Aids for Independent Living	$5,298	$10,031
Drugs and Supply Needs	$19,416	$144,879
Drugs and Supply Needs, OTC	$1,239	$1,833
Transportation	$55,378	$65,290
Personal Fitness	$500	$1,038
Architectural Renovations	$40,299	$40,852
Procedures/Hospitalizations	$88,795	$341,175
Total	**$1,732,298**	**$2,664,264**

As Table B shows, the present value of the cost of the Shahnasarian LCP is between **$1,732,298** and **$2,664,264**.

6. Offsets to Damages

The economic damages in this case are properly offset by certain defined expenses that have been and will be incurred by the federal government on behalf of Mr. McElhiney. Such offsets fall into two categories, (a) past and future disability benefits, and (b) past and future medical benefits.

Disability Benefits: The April 2021 Rating Decision for Mr. McElhiney by the Veterans Benefits Administration (VBA) identified an array of PD-related and non-PD-related

conditions, all with disability percentages assigned to them.[6,7] These non-PD-related conditions and percentages are reproduced in Table C. I fed the percentages in Table C into the VA's Combined Disability Rating Calculator to determine the joint rating of Mr. McElhiney's non-PD-related health conditions.[8] The result of this calculation was a combined non-PD disability rating of 100%.

Table C: Gary McElhiney's Non-PD-Related Disabilities

Disability	Disability Percentage
Adjustment Disorder with Anxiety and Depressed Mood	70%
Lumbar Disc Disease	20%
Left L5 Radiculopathy associated with Lumbar Disc Disease	20%
Radiculopathy Right Lower Extremity associated with Lumbar Disc Disease	20%
Right Femoral Nerve and Tibial Nerve	20%
Left Femoral Nerve and Tibial Nerve	20%
Right Shoulder Impingement Syndrome	20%
Degenerative Disc Disease, Lumbar Spine, with Left Leg Radiculopathy	10%
Left Knee Impairment, with History of Surgery	10%
Tinnitus	10%
Rosacea	10%
Right 5th Cranial Nerve with Postherpetic Neuralgia	10%
Postherpetic Neuralgia, Right Side of Face, 5th Nerve	10%
Combined Rating, per VA Calculator	**100%**

Therefore, from the perspective of the VBA, Mr. McElhiney was 100% disabled even before he contracted PD. The PD-related increment to his regular VBA disability benefit is zero.

Since June 2020, Mr. McElhiney has received a Special Monthly Compensation payment, Level K, and this benefit is for a condition that is related to his PD. The value of this benefit for 2026 will be $139.87 per month. Therefore, the PD-related increment to his overall VBA disability benefit is the SMC-K benefit, which I assumed he will continue to receive. Twelve months at $139.87 per month works out to $1,678.44.

I obtained data on Mr. McElhiney's past SMC-K benefit from various sources.[9,10,11] I projected the current benefit into the future, until his life expectancy of 84.4 years, using the same discount rate I used to calculate the present value of the LCP. By law, the

[6] Veterans Benefits Administration, Rating Decision, April 22, 2021, 01368_MCELHINEYG_VA_00000255.
[7] Expert report of Syed Hasan, M.D., Appendix A.
[8] "About Disability Ratings," https://www.va.gov/disability/about-disability-ratings/.
[9] Veterans Affairs letter to Mr. McElhiney, June 3, 2021, 01368_McElhiney_VA_0000004161-4165.
[10] "VBA Disability Ratings, Conditions, and Amounts (3.13.2025)," document provided by DOJ.
[11] "About Disability Ratings," https://www.va.gov/disability/about-disability-ratings/.

benefit grows each year according to the Social Security Administration's cost-of-living adjustment (COLA). The average COLA for the years 2000-25 was 2.57%, so I assumed that future SMC-K benefits will grow at a rate of 2.57% per year.

Based on the above information, the present value of this offset to Mr. McElhiney's economic damages in this case, calculated from mid-2020 until his life expectancy, is **$26,858**.

Medical Offsets: Mr. McElhiney has received services that were provided or paid for by Medicare, TRICARE, the Veterans Health Administration (VHA), and the VA's Community Care Network. According to defense clinical expert Dr. Syed Hasan, the total value of Mr. McElhiney's past medical offsets is **$89,891.24** when accounting for VHA's total costs and **$78,835.58** when accounting for VHA's total direct costs.

Mr. McElhiney's future medical offsets are summarized in a report by Henry Miller of the Berkeley Research Group, which lists projected payments by Medicare (with TRICARE as secondary coverage) and CCN/VHA for the items in the Shahnasarian LCP. The Miller report retains the categories and treatments of the Shahnasarian LCP and can be construed as modifying the LCP. The results of the modified Shahnasarian LCP for Medicare (with TRICARE as secondary coverage) and CCN/VHA appear in Tables D and E.

Table D: Present Value of Modified LCP, by Category – Medicare/TRICARE

LCP category	Lower	Upper
Evaluations	$1,241	$1,241
Therapeutic Needs	$5,525	$9,683
Therapeutic Needs, Other Med	$7,149	$7,897
Diagnostic Tests	$925	$925
Home Facility Care, Nurse	$0	$0
Home Facility Care, ex Nurse	$30,384	$30,384
Wheelchair Needs	$7,061	$10,507
Aids for Independent Living	$4,644	$5,752
Drugs and Supply Needs	$57,755	$57,755
Drugs and Supply Needs, OTC	$809	$809
Transportation	$0	$0
Personal Fitness	$0	$0
Architectural Renovations	$0	$0
Procedures/Hospitalizations	$90,717	$148,920
Total	**$206,210**	**$273,874**

Table E: Present Value of Modified LCP, by Category – CCN/VHA

LCP category	Lower	Upper
Evaluations	$1,241	$1,241
Therapeutic Needs	$5,525	$9,683
Therapeutic Needs, Other Med	$7,149	$7,897
Diagnostic Tests	$925	$925
Home Facility Care, Nurse	$0	$0
Home Facility Care, ex Nurse	$325,880	$325,880
Wheelchair Needs	$7,061	$10,507
Aids for Independent Living	$5,002	$6,269
Drugs and Supply Needs	$57,755	$57,755
Drugs and Supply Needs, OTC	$809	$809
Transportation	$23,583	$23,583
Personal Fitness	$0	$0
Architectural Renovations	$6,855	$6,931
Procedures/Hospitalizations	$90,717	$148,920
Total	**$532,501**	**$600,401**

As Tables D and E show, the present value of the Shahnasarian LCP, modified to reflect Medicare/TRICARE coverage is between **$206,210** and **$273,874**. Modified to reflect CCN/VHA coverage, the present value is **$532,501** and **$600,401**. The court may decide to subtract one of these pairs from the corresponding lower and upper bound values of the original Shahnasarian LCP, to arrive at a net value of the cost of Mr. McElhiney's future medical care.

7. Plaintiff's LCP

The plaintiff's LCP was produced by Kay Hairston, R.N. Mr. Staller calculated the present value of the Hairston LCP to be $3,513,463. In case the court adopts the Hairston LCP, I calculated the value of the future medical offsets as applied to that LCP. The Miller report also addresses the Hairston LCP, for both Medicare/TRICARE and CCN/VHA coverage.

As he did with the Shahnasarian LCP, Mr. Miller lists the projected Medicare/TRICARE and CCN/VHA payments for the items in the Hairston LCP. I created the category Other Medical Professionals to include therapists, counselors, nurses, and other services to which it is reasonable to apply the CPI component for "Services by other medical professionals." The results of the two modified Hairston LCPs appear in Tables F and G, on the following page.

Tables F and G show that in present-value terms, Medicare/TRICARE is projected to cover between **$178,440** and **$243,674** of the cost of the Hairston LCP, and CCN/VHA is projected to cover between **$1,290,196** and **$1,372,014**.

Table F: Present Value of Modified Hairston LCP, by Category – Medicare/TRICARE

LCP category	Lower	Upper
Physician/Medical	$18,669	$25,083
Physician/Medical – Diagnostics	$4,987	$4,987
Physician/Medical - ER Treatment	$3,310	$3,310
Medications/Supplies	$58,370	$58,370
Medications/Supplies – OTC	$13,169	$13,169
Rehabilitation – Evaluations	$4,383	$4,383
Rehabilitation - Health/Strength	$0	$0
Therapeutic/Adaptive Equipment	$15,603	$19,968
Daily Care - ex Nurse	$0	$0
Other Medical Professionals	$59,948	$114,403
Transportation	$0	$0
Residential Modifications	$0	$0
Total	**$178,440**	**$243,674**

Table G: Present Value of Modified Hairston LCP, by Category – CCN/VHA

LCP category	Lower	Upper
Physician/Medical	$18,669	$25,083
Physician/Medical – Diagnostics	$4,987	$4,987
Physician/Medical - ER Treatment	$3,310	$3,310
Medications/Supplies	$58,370	$58,370
Medications/Supplies – OTC	$13,169	$13,169
Rehabilitation – Evaluations	$4,383	$4,383
Rehabilitation - Health/Strength	$0	$0
Therapeutic/Adaptive Equipment	$17,271	$20,380
Daily Care - ex Nurse	$1,080,024	$1,080,024
Other Medical Professionals	$59,948	$114,403
Transportation	$23,264	$41,104
Residential Modifications	$6,800	$6,800
Total	**$1,290,196**	**$1,372,014**

8. Conclusions

My findings in this report are as follows:

(a) The value of lost earnings is zero;
(b) There is no basis for a claim of lost household services;
(c) The present value of the Shahnasarian LCP is between **$1,732,298** and **$2,664,264**;
(d) The present value of past and future disability offsets is **$26,858**;
(e) Past medical offsets total **$89,891** when accounting for VHA's total costs and **$78,836** when accounting for VHA's total direct costs;

(f) The present value of future medical offsets is between **$206,210** and **$273,874** for Medicare/TRICARE coverage, and between **$532,501** and **$600,401** for CCN/VHA coverage; and
(g) If the court adopts the plaintiff's LCP, the present value of future medical offsets to that LCP is between **$178,440** and **$243,674** for Medicare/TRICARE coverage, and between **$1,290,196** and **$1,372,014** for CCN/VHA coverage.

The opinions set forth in this report, which are my present opinions to a reasonable degree of certainty, are based in part upon my review of the available documents provided to me. The data and facts relied upon in formulating my conclusions are the type of data reasonably and typically relied upon by experts in the field of forensic economics.

9. References

- Short-Form Complaint, filed November 2, 2023
- Life-care plan by Michael Shahnasarian, Ph.D., May 2025
- Rehabilitation Evaluation of Gary Layne McElhiney, Sr., by Michael Shahnasarian, Ph.D., May 2025
- Expert report of Syed A. Hasan, M.D., December 2025
- Expert report by Henry Miller, Ph.D., December 2025
- Expert report by Chad L. Staller, J.D., October 2025
- Life-care plan by Kay Hairston, R.N., February 2025
- Transcript of deposition of Gary McElhiney, Vols. I and II, March and April 2024
- Disability Report – Adult, Form SSA-3368, June 2016, 01368_MCELHINEY_SSA_0000000034-39
- Social Security Administration, Notice of Award, September 2016, 01368_MCELHINEY_SSA_0000000554-557
- Gary McElhiney's Social Security disability application materials, 01368_MCELHINEY_VA_0000003848-3871
- Veterans Benefits Administration, Rating Decision, April 2021, 01368_MCELHINEYG_VA_00000255
- Department of Veterans Affairs, Combined Disability Rating Calculator, **https://www.va.gov/disability/about-disability-ratings/**
- Letter from VBA, dated May 1, 2025, along with data spreadsheet, "RITA_2025-54151_results_04302025.xlsx"
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- Veterans Affairs letter to Mr. McElhiney, June 2021, 01368_McElhiney_VA_0000004161-4165
- First Amended Track 1 Trial Plaintiff Damages Assessment of Gary McElhiney
- Social Security Administration, Data on cost-of-living adjustments at **www.ssa.gov/cola/**
- U.S. Department of Labor, Bureau of Labor Statistics: Consumer Price Index data at **www.bls.gov/cpi/**
- "United States Life Tables, 2022," *National Vital Statistics Reports*, Vol. 74, No. 2, April 2025

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Appendix A

VBA Offsets: McElhiney's SMC-K Payments

Year	Age on 1/1	Annual	Present Value
2020	65	$662	$662
2021	66	$1,341	$1,341
2022	67	$1,420	$1,420
2023	68	$1,543	$1,543
2024	69	$1,593	$1,593
2025	70	$1,633	$1,633
2026	71	$1,678	$1,600
2027	72	$1,722	$1,565
2028	73	$1,766	$1,531
2029	74	$1,811	$1,497
2030	75	$1,858	$1,464
2031	76	$1,906	$1,432
2032	77	$1,955	$1,400
2033	78	$2,005	$1,369
2034	79	$2,056	$1,339
2035	80	$2,109	$1,310
2036	81	$2,164	$1,281
2037	82	$2,219	$1,253
2038	83	$2,276	$1,225
2039	84	$2,335	$399
	Total		$26,858

Shahnasarian LCP

Lower Bound

Year	Age on 1/1	Aids Indep Living	Medi-cations	Wheel-chair Needs	Therapies, Other Med Pros	Diagnostic Tests	Attendant Care	Personal Fitness	Procs / Hosp	Architect Renovs
2026	71	$696	$1,726	$0	$2,419	$228	$44,640	$263	$28,288	$40,299
2027	72	$0	$1,679	$0	$883	$222	$44,361	$0	$0	$0
2028	73	$0	$1,632	$0	$859	$216	$44,084	$0	$1,576	$0
2029	74	$0	$1,587	$0	$835	$210	$43,809	$0	$0	$0
2030	75	$844	$1,543	$0	$812	$204	$86,251	$0	$1,559	$0
2031	76	$18	$1,500	$0	$789	$198	$86,527	$0	$25,992	$0
2032	77	$672	$1,458	$2,088	$768	$193	$85,986	$0	$1,543	$0
2033	78	$2,036	$1,418	$550	$746	$187	$169,291	$238	$0	$0
2034	79	$0	$1,378	$529	$726	$182	$168,233	$0	$1,526	$0
2035	80	$184	$1,340	$510	$705	$177	$167,183	$0	$0	$0
2036	81	$28	$1,303	$491	$686	$172	$166,139	$0	$26,817	$0
2037	82	$773	$1,267	$472	$667	$167	$165,101	$0	$0	$0
2038	83	$0	$1,231	$455	$648	$163	$164,070	$0	$1,494	$0
2039	84	$46	$356	$476	$187	$47	$48,461	$0	$0	$0
		$5,298	**$19,416**	**$5,571**	**$11,731**	**$2,565**	**$1,484,136**	**$500**	**$88,795**	**$40,299**

Year	Age on 1/1	Trans-port	Evals	Therapies, Physicians	Medi-cations, OTC	Attendant Care - Nurse	Annual
2026	71	$27	$441	$1,046	$112	$0	$120,184
2027	72	$0	$0	$1,018	$108	$0	$48,271
2028	73	$25	$0	$990	$105	$0	$49,487
2029	74	$0	$406	$1,056	$102	$0	$48,004
2030	75	$24	$0	$848	$99	$0	$92,183
2031	76	$0	$0	$825	$96	$0	$115,945
2032	77	$52,716	$374	$803	$93	$0	$146,693
2033	78	$426	$0	$781	$90	$739	$176,501
2034	79	$438	$0	$760	$87	$719	$174,579
2035	80	$406	$344	$739	$85	$699	$172,373
2036	81	$418	$0	$719	$82	$679	$197,534
2037	82	$388	$0	$700	$80	$661	$170,276
2038	83	$399	$317	$681	$77	$642	$170,179
2039	84	$110	$0	$197	$22	$186	$50,088
		$55,378	**$1,882**	**$11,163**	**$1,239**	**$4,325**	**$1,732,298**

Shahnasarian LCP

Upper Bound

Year	Age on 1/1	Aids Indep Living	Medi-cations	Wheel-chair Needs	Therapies, Other Med Pros	Diagnostic Tests	Attendant Care	Personal Fitness	Procs / Hosp	Architect Renovs
2026	71	$1,256	$12,883	$0	$6,173	$309	$59,240	$371	$69,801	$0
2027	72	$0	$12,525	$0	$1,626	$300	$58,870	$0	$0	$40,852
2028	73	$0	$12,177	$0	$1,581	$292	$58,502	$0	$1,576	$0
2029	74	$93	$11,839	$0	$1,537	$284	$58,137	$0	$67,124	$0
2030	75	$974	$11,510	$0	$1,495	$276	$114,729	$0	$1,559	$0
2031	76	$952	$11,191	$0	$1,453	$268	$114,826	$345	$0	$0
2032	77	$1,705	$10,880	$2,339	$1,413	$261	$114,109	$0	$67,600	$0
2033	78	$2,172	$10,578	$627	$1,374	$254	$225,185	$0	$0	$0
2034	79	$51	$10,284	$603	$1,336	$247	$223,779	$0	$1,526	$0
2035	80	$1,052	$9,998	$581	$1,299	$240	$222,381	$0	$65,008	$0
2036	81	$877	$9,721	$559	$1,263	$233	$220,992	$321	$1,510	$0
2037	82	$245	$9,451	$1,935	$1,228	$227	$219,612	$0	$0	$0
2038	83	$218	$9,188	$518	$1,194	$220	$218,241	$0	$65,469	$0
2039	84	$436	$2,655	$148	$345	$64	$64,461	$0	$0	$0
		$10,031	**$144,879**	**$7,311**	**$23,315**	**$3,475**	**$1,973,064**	**$1,038**	**$341,175**	**$40,852**

Year	Age on 1/1	Trans-port	Evals	Therapies, Physicians	Medi-cations, OTC	Attendant Care - Nurse	Annual
2026	71	$30	$1,602	$2,741	$165	$0	$154,570
2027	72	$0	$0	$2,667	$160	$0	$117,000
2028	73	$28	$0	$2,595	$155	$0	$76,907
2029	74	$0	$1,476	$2,652	$151	$0	$143,293
2030	75	$27	$0	$2,208	$146	$0	$132,924
2031	76	$0	$0	$2,148	$142	$0	$131,326
2032	77	$61,603	$1,359	$2,090	$138	$0	$263,496
2033	78	$596	$0	$2,033	$133	$2,760	$245,711
2034	79	$607	$0	$1,978	$129	$2,683	$243,223
2035	80	$569	$1,252	$1,925	$125	$2,609	$307,039
2036	81	$580	$0	$1,873	$122	$2,536	$240,586
2037	82	$543	$0	$1,822	$118	$2,466	$237,647
2038	83	$553	$1,153	$1,773	$114	$2,398	$301,040
2039	84	$154	$0	$513	$33	$693	$69,501
		$65,290	**$6,841**	**$29,016**	**$1,833**	**$16,145**	**$2,664,264**

Shahnasarian LCP, Modified by Miller – Medicare/TRICARE

Lower Bound

Year	Age on 1/1	Aids Indep Living	Medi-cations	Wheel-chair Needs	Therapies, Other Med Pros	Diagnostic Tests	Attendant Care	Personal Fitness	Procs / Hosp	Architect Renovs
2026	71	$610	$5,136	$0	$1,998	$82	$1,471	$0	$30,614	$0
2027	72	$0	$4,993	$0	$489	$80	$1,462	$0	$0	$0
2028	73	$0	$4,854	$0	$475	$78	$1,453	$0	$326	$0
2029	74	$0	$4,719	$0	$462	$76	$1,443	$0	$0	$0
2030	75	$361	$4,588	$0	$449	$74	$1,434	$0	$323	$0
2031	76	$80	$4,461	$0	$437	$71	$2,851	$0	$29,486	$0
2032	77	$1,855	$4,337	$5,750	$425	$69	$2,833	$0	$319	$0
2033	78	$1,238	$4,217	$0	$413	$68	$2,815	$0	$0	$0
2034	79	$0	$4,100	$0	$401	$66	$2,798	$0	$316	$0
2035	80	$144	$3,986	$0	$390	$64	$2,780	$0	$0	$0
2036	81	$66	$3,875	$0	$379	$62	$2,763	$0	$29,022	$0
2037	82	$272	$3,767	$0	$369	$60	$2,746	$0	$0	$0
2038	83	$0	$3,663	$0	$359	$59	$2,729	$0	$309	$0
2039	84	$18	$1,058	$1,311	$104	$17	$806	$0	$0	$0
		$4,644	**$57,755**	**$7,061**	**$7,149**	**$925**	**$30,384**	**$0**	**$90,717**	**$0**

Year	Age on 1/1	Trans-port	Evals	Therapies, Physicians	Medi-cations, OTC	Attendant Care - Nurse	Annual
2026	71	$0	$291	$519	$73	$0	$40,793
2027	72	$0	$0	$505	$71	$0	$7,599
2028	73	$0	$0	$491	$69	$0	$7,746
2029	74	$0	$268	$525	$67	$0	$7,559
2030	75	$0	$0	$419	$65	$0	$7,713
2031	76	$0	$0	$408	$63	$0	$37,857
2032	77	$0	$246	$397	$61	$0	$16,293
2033	78	$0	$0	$386	$59	$0	$9,196
2034	79	$0	$0	$376	$57	$0	$8,113
2035	80	$0	$227	$365	$55	$0	$8,012
2036	81	$0	$0	$356	$54	$0	$36,577
2037	82	$0	$0	$346	$52	$0	$7,612
2038	83	$0	$209	$337	$51	$0	$7,714
2039	84	$0	$0	$97	$15	$0	$3,425
		$0	**$1,241**	**$5,525**	**$809**	**$0**	**$206,210**

Shahnasarian LCP, Modified by Miller – Medicare/TRICARE

Upper Bound

Year	Age on 1/1	Aids Indep Living	Medi-cations	Wheel-chair Needs	Therapies, Other Med Pros	Diagnostic Tests	Attendant Care	Personal Fitness	Procs / Hosp	Architect Renovs
2026	71	$610	$5,136	$0	$2,746	$82	$1,471	$0	$30,614	$0
2027	72	$0	$4,993	$0	$489	$80	$1,462	$0	$0	$0
2028	73	$0	$4,854	$0	$475	$78	$1,453	$0	$326	$0
2029	74	$86	$4,719	$0	$462	$76	$1,443	$0	$29,803	$0
2030	75	$361	$4,588	$0	$449	$74	$1,434	$0	$323	$0
2031	76	$425	$4,461	$0	$437	$71	$2,851	$0	$0	$0
2032	77	$1,932	$4,337	$5,750	$425	$69	$2,833	$0	$29,649	$0
2033	78	$925	$4,217	$0	$413	$68	$2,815	$0	$0	$0
2034	79	$0	$4,100	$0	$401	$66	$2,798	$0	$316	$0
2035	80	$362	$3,986	$0	$390	$64	$2,780	$0	$28,863	$0
2036	81	$423	$3,875	$0	$379	$62	$2,763	$0	$313	$0
2037	82	$64	$3,767	$4,757	$369	$60	$2,746	$0	$0	$0
2038	83	$104	$3,663	$0	$359	$59	$2,729	$0	$28,714	$0
2039	84	$460	$1,058	$0	$104	$17	$806	$0	$0	$0
		$5,752	**$57,755**	**$10,507**	**$7,897**	**$925**	**$30,384**	**$0**	**$148,920**	**$0**

Year	Age on 1/1	Trans-port	Evals	Therapies, Physicians	Medi-cations, OTC	Attendant Care - Nurse	Annual
2026	71	$0	$291	$920	$73	$0	$41,943
2027	72	$0	$0	$896	$71	$0	$7,990
2028	73	$0	$0	$871	$69	$0	$8,126
2029	74	$0	$268	$895	$67	$0	$37,819
2030	75	$0	$0	$733	$65	$0	$8,027
2031	76	$0	$0	$714	$63	$0	$9,021
2032	77	$0	$246	$694	$61	$0	$45,997
2033	78	$0	$0	$676	$59	$0	$9,172
2034	79	$0	$0	$657	$57	$0	$8,395
2035	80	$0	$227	$639	$55	$0	$37,367
2036	81	$0	$0	$622	$54	$0	$8,492
2037	82	$0	$0	$605	$52	$0	$12,421
2038	83	$0	$209	$589	$51	$0	$36,475
2039	84	$0	$0	$170	$15	$0	$2,629
		$0	**$1,241**	**$9,683**	**$809**	**$0**	**$273,874**

Shahnasarian LCP, Modified by Miller – CCN/VHA

Lower Bound

Year	Age on 1/1	Aids Indep Living	Medi-cations	Wheel-chair Needs	Therapies, Other Med Pros	Diagnostic Tests	Attendant Care	Personal Fitness	Procs / Hosp	Architect Renovs
2026	71	1.0000	$744	$5,136	$0	$1,998	$82	$24,560	$0	$30,614
2027	72	1.0000	$0	$4,993	$0	$489	$80	$24,407	$0	$0
2028	73	1.0000	$0	$4,854	$0	$475	$78	$24,255	$0	$326
2029	74	1.0000	$0	$4,719	$0	$462	$76	$24,103	$0	$0
2030	75	1.0000	$403	$4,588	$0	$449	$74	$23,953	$0	$323
2031	76	1.0000	$80	$4,461	$0	$437	$71	$25,228	$0	$29,486
2032	77	1.0000	$1,855	$4,337	$5,750	$425	$69	$25,071	$0	$319
2033	78	1.0000	$1,378	$4,217	$0	$413	$68	$24,914	$0	$0
2034	79	1.0000	$0	$4,100	$0	$401	$66	$24,759	$0	$316
2035	80	1.0000	$144	$3,986	$0	$390	$64	$24,604	$0	$0
2036	81	1.0000	$99	$3,875	$0	$379	$62	$24,450	$0	$29,022
2037	82	1.0000	$272	$3,767	$0	$369	$60	$24,298	$0	$0
2038	83	1.0000	$0	$3,663	$0	$359	$59	$24,146	$0	$309
2039	84	0.2972	$26	$1,058	$1,311	$104	$17	$7,132	$0	$0
		$5,002	**$57,755**	**$7,061**	**$7,149**	**$925**	**$325,880**	**$0**	**$90,717**	**$6,855**

Year	Age on 1/1	Trans-port	Evals	Therapies, Physicians	Medi-cations, OTC	Attendant Care - Nurse	Annual
2026	71	$0	$291	$519	$73	$0	$70,871
2027	72	$0	$0	$505	$71	$0	$30,544
2028	73	$0	$0	$491	$69	$0	$30,548
2029	74	$0	$268	$525	$67	$0	$30,219
2030	75	$0	$0	$419	$65	$0	$30,273
2031	76	$0	$0	$408	$63	$0	$60,234
2032	77	$23,583	$246	$397	$61	$0	$62,114
2033	78	$0	$0	$386	$59	$0	$31,434
2034	79	$0	$0	$376	$57	$0	$30,074
2035	80	$0	$227	$365	$55	$0	$29,836
2036	81	$0	$0	$356	$54	$0	$58,298
2037	82	$0	$0	$346	$52	$0	$29,164
2038	83	$0	$209	$337	$51	$0	$29,132
2039	84	$0	$0	$97	$15	$0	$9,760
		$23,583	**$1,241**	**$5,525**	**$809**	**$0**	**$532,501**

Shahnasarian LCP, Modified by Miller – CCN/VHA

Upper Bound

Year	Age on 1/1	Aids Indep Living	Medi-cations	Wheel-chair Needs	Therapies, Other Med Pros	Diagnostic Tests	Attendant Care	Personal Fitness	Procs / Hosp	Architect Renovs
2026	71	1.0000	$744	$5,136	$0	$2,746	$82	$24,560	$0	$30,614
2027	72	1.0000	$0	$4,993	$0	$489	$80	$24,407	$0	$0
2028	73	1.0000	$0	$4,854	$0	$475	$78	$24,255	$0	$326
2029	74	1.0000	$86	$4,719	$0	$462	$76	$24,103	$0	$29,803
2030	75	1.0000	$403	$4,588	$0	$449	$74	$23,953	$0	$323
2031	76	1.0000	$536	$4,461	$0	$437	$71	$25,228	$0	$0
2032	77	1.0000	$1,971	$4,337	$5,750	$425	$69	$25,071	$0	$29,649
2033	78	1.0000	$925	$4,217	$0	$413	$68	$24,914	$0	$0
2034	79	1.0000	$36	$4,100	$0	$401	$66	$24,759	$0	$316
2035	80	1.0000	$362	$3,986	$0	$390	$64	$24,604	$0	$28,863
2036	81	1.0000	$548	$3,875	$0	$379	$62	$24,450	$0	$313
2037	82	1.0000	$64	$3,767	$4,757	$369	$60	$24,298	$0	$0
2038	83	1.0000	$134	$3,663	$0	$359	$59	$24,146	$0	$28,714
2039	84	0.2972	$460	$1,058	$0	$104	$17	$7,132	$0	$0
		$6,269	**$57,755**	**$10,507**	**$7,897**	**$925**	**$325,880**	**$0**	**$148,920**	**$6,931**

Year	Age on 1/1	Trans-port	Evals	Therapies, Physicians	Medi-cations, OTC	Attendant Care - Nurse	Annual
2026	71	$0	$291	$920	$73	$0	$65,166
2027	72	$0	$0	$896	$71	$0	$37,866
2028	73	$0	$0	$871	$69	$0	$30,928
2029	74	$0	$268	$895	$67	$0	$60,478
2030	75	$0	$0	$733	$65	$0	$30,587
2031	76	$0	$0	$714	$63	$0	$31,509
2032	77	$23,583	$246	$694	$61	$0	$91,856
2033	78	$0	$0	$676	$59	$0	$31,271
2034	79	$0	$0	$657	$57	$0	$30,392
2035	80	$0	$227	$639	$55	$0	$59,191
2036	81	$0	$0	$622	$54	$0	$30,304
2037	82	$0	$0	$605	$52	$0	$33,973
2038	83	$0	$209	$589	$51	$0	$57,923
2039	84	$0	$0	$170	$15	$0	$8,955
		$23,583	**$1,241**	**$9,683**	**$809**	**$0**	**$600,401**

Hairston LCP, Modified by Miller – Medicare/TRICARE

Lower Bound

Year	Age on 1/1	Equip-ment	Medi-cations	Health & Strength	Medi-cation, OTC	Diagnostic Tests	Attendant Care	Hospital Svces	Home Mods	Trans-port
2026	71	$67	$5,190	$0	$1,223	$456	$0	$265	$0	$0
2027	72	$0	$5,046	$0	$1,180	$441	$0	$262	$0	$0
2028	73	$0	$4,906	$0	$1,138	$427	$0	$260	$0	$0
2029	74	$0	$4,770	$0	$1,098	$413	$0	$257	$0	$0
2030	75	$10,748	$4,637	$0	$1,060	$400	$0	$254	$0	$0
2031	76	$346	$4,509	$0	$1,023	$387	$0	$252	$0	$0
2032	77	$363	$4,383	$0	$987	$374	$0	$249	$0	$0
2033	78	$320	$4,262	$0	$952	$362	$0	$247	$0	$0
2034	79	$337	$4,143	$0	$919	$350	$0	$244	$0	$0
2035	80	$2,478	$4,028	$0	$886	$339	$0	$241	$0	$0
2036	81	$358	$3,916	$0	$855	$327	$0	$239	$0	$0
2037	82	$231	$3,808	$0	$825	$317	$0	$236	$0	$0
2038	83	$289	$3,702	$0	$796	$306	$0	$234	$0	$0
2039	84	$64	$1,070	$0	$228	$88	$0	$69	$0	$0
		$15,603	**$58,370**	**$0**	**$13,169**	**$4,987**	**$0**	**$3,310**	**$0**	**$0**

Year	Age on 1/1	Rehab, Physicians	Phys / Medical	Other Medical Pros	Support Services	Annual
2026	71	$399	$1,701	$4,719	$0	$14,022
2027	72	$387	$1,647	$5,381	$0	$14,345
2028	73	$374	$1,594	$5,205	$0	$13,905
2029	74	$362	$1,544	$5,036	$0	$13,480
2030	75	$351	$1,494	$4,871	$0	$23,815
2031	76	$340	$1,446	$4,712	$0	$13,014
2032	77	$329	$1,400	$4,558	$0	$12,644
2033	78	$318	$1,355	$4,410	$0	$12,225
2034	79	$308	$1,312	$4,266	$0	$11,879
2035	80	$298	$1,270	$4,126	$0	$13,667
2036	81	$289	$1,230	$3,992	$0	$11,206
2037	82	$279	$1,190	$3,862	$0	$10,749
2038	83	$271	$1,152	$3,735	$0	$10,486
2039	84	$78	$332	$1,074	$0	$3,002
		$4,383	**$18,669**	**$59,948**	**$0**	**$178,440**

Hairston LCP, Modified by Miller – Medicare/TRICARE

Upper Bound

Year	Age on 1/1	Equip-ment	Medi-cations	Health & Strength	Medi-cation, OTC	Diagnostic Tests	Attendant Care	Hospital Svces	Home Mods	Trans-port
2026	71	$67	$5,190	$0	$1,223	$456	$0	$265	$0	$0
2027	72	$0	$5,046	$0	$1,180	$441	$0	$262	$0	$0
2028	73	$0	$4,906	$0	$1,138	$427	$0	$260	$0	$0
2029	74	$0	$4,770	$0	$1,098	$413	$0	$257	$0	$0
2030	75	$10,748	$4,637	$0	$1,060	$400	$0	$254	$0	$0
2031	76	$346	$4,509	$0	$1,023	$387	$0	$252	$0	$0
2032	77	$363	$4,383	$0	$987	$374	$0	$249	$0	$0
2033	78	$320	$4,262	$0	$952	$362	$0	$247	$0	$0
2034	79	$337	$4,143	$0	$919	$350	$0	$244	$0	$0
2035	80	$2,478	$4,028	$0	$886	$339	$0	$241	$0	$0
2036	81	$358	$3,916	$0	$855	$327	$0	$239	$0	$0
2037	82	$4,596	$3,808	$0	$825	$317	$0	$236	$0	$0
2038	83	$289	$3,702	$0	$796	$306	$0	$234	$0	$0
2039	84	$64	$1,070	$0	$228	$88	$0	$69	$0	$0
		$19,968	**$58,370**	**$0**	**$13,169**	**$4,987**	**$0**	**$3,310**	**$0**	**$0**

Year	Age on 1/1	Rehab, Physicians	Phys / Medical	Other Medical Pros	Support Services	Annual
2026	71	$399	$2,286	$8,936	$0	$18,823
2027	72	$387	$2,213	$10,276	$0	$19,805
2028	73	$374	$2,142	$9,941	$0	$19,188
2029	74	$362	$2,074	$9,616	$0	$18,591
2030	75	$351	$2,008	$9,302	$0	$28,760
2031	76	$340	$1,943	$8,999	$0	$17,797
2032	77	$329	$1,881	$8,705	$0	$17,272
2033	78	$318	$1,821	$8,421	$0	$16,702
2034	79	$308	$1,763	$8,146	$0	$16,210
2035	80	$298	$1,707	$7,880	$0	$17,857
2036	81	$289	$1,652	$7,623	$0	$15,260
2037	82	$279	$1,599	$7,374	$0	$19,035
2038	83	$271	$1,548	$7,133	$0	$14,280
2039	84	$78	$445	$2,051	$0	$4,093
		$4,383	**$25,083**	**$114,403**	**$0**	**$243,674**

Hairston LCP, Modified by Miller – CCN/VHA

Lower Bound

Year	Age on 1/1	Equip-ment	Medi-cations	Health & Strength	Medi-cation, OTC	Diagnostic Tests	Attendant Care	Hospital Svces	Home Mods	Trans-port
2026	71	$701	$5,190	$0	$1,223	$456	$36,866	$265	$6,800	$0
2027	72	$0	$5,046	$0	$1,180	$441	$36,450	$262	$0	$0
2028	73	$0	$4,906	$0	$1,138	$427	$36,039	$260	$0	$0
2029	74	$0	$4,770	$0	$1,098	$413	$35,633	$257	$0	$0
2030	75	$10,790	$4,637	$0	$1,060	$400	$35,232	$254	$0	$23,264
2031	76	$871	$4,509	$0	$1,023	$387	$34,835	$252	$0	$0
2032	77	$363	$4,383	$0	$987	$374	$34,442	$249	$0	$0
2033	78	$320	$4,262	$0	$952	$362	$44,962	$247	$0	$0
2034	79	$337	$4,143	$0	$919	$350	$44,455	$244	$0	$0
2035	80	$2,512	$4,028	$0	$886	$339	$43,955	$241	$0	$0
2036	81	$792	$3,916	$0	$855	$327	$43,459	$239	$0	$0
2037	82	$231	$3,808	$0	$825	$317	$42,970	$236	$0	$0
2038	83	$289	$3,702	$0	$796	$306	$42,485	$234	$0	$0
2039	84	$64	$1,070	$0	$228	$88	$12,485	$69	$0	$0
		$17,271	**$58,370**	**$0**	**$13,169**	**$4,987**	**$524,270**	**$3,310**	**$6,800**	**$23,264**

Year	Age on 1/1	Rehab, Physicians	Phys / Medical	Other Medical Pros	Support Services	Annual
2026	71	$399	$1,701	$4,719	$44,772	$103,094
2027	72	$387	$1,647	$5,381	$44,268	$95,062
2028	73	$374	$1,594	$5,205	$43,769	$93,714
2029	74	$362	$1,544	$5,036	$43,276	$92,389
2030	75	$351	$1,494	$4,871	$42,788	$125,141
2031	76	$340	$1,446	$4,712	$42,306	$90,679
2032	77	$329	$1,400	$4,558	$41,829	$88,916
2033	78	$318	$1,355	$4,410	$41,358	$98,545
2034	79	$308	$1,312	$4,266	$40,892	$97,226
2035	80	$298	$1,270	$4,126	$40,431	$98,087
2036	81	$289	$1,230	$3,992	$39,976	$95,075
2037	82	$279	$1,190	$3,862	$39,525	$93,244
2038	83	$271	$1,152	$3,735	$39,080	$92,052
2039	84	$78	$332	$1,074	$11,485	$26,972
		$4,383	**$18,669**	**$59,948**	**$555,754**	**$1,290,196**

Hairston LCP, Modified by Miller – CCN/VHA

Upper Bound

Year	Age on 1/1	Equip-ment	Medi-cations	Health & Strength	Medi-cation, OTC	Diagnostic Tests	Attendant Care	Hospital Svces	Home Mods	Trans-port
2026	71	$201	$5,190	$0	$1,223	$456	$36,866	$265	$6,800	$0
2027	72	$0	$5,046	$0	$1,180	$441	$36,450	$262	$0	$0
2028	73	$0	$4,906	$0	$1,138	$427	$36,039	$260	$0	$0
2029	74	$0	$4,770	$0	$1,098	$413	$35,633	$257	$0	$0
2030	75	$10,790	$4,637	$0	$1,060	$400	$35,232	$254	$0	$23,264
2031	76	$457	$4,509	$0	$1,023	$387	$34,835	$252	$0	$0
2032	77	$363	$4,383	$0	$987	$374	$34,442	$249	$0	$0
2033	78	$320	$4,262	$0	$952	$362	$44,962	$247	$0	$0
2034	79	$337	$4,143	$0	$919	$350	$44,455	$244	$0	$0
2035	80	$2,512	$4,028	$0	$886	$339	$43,955	$241	$0	$0
2036	81	$450	$3,916	$0	$855	$327	$43,459	$239	$0	$0
2037	82	$4,596	$3,808	$0	$825	$317	$42,970	$236	$0	$17,840
2038	83	$289	$3,702	$0	$796	$306	$42,485	$234	$0	$0
2039	84	$64	$1,070	$0	$228	$88	$12,485	$69	$0	$0
		$20,380	**$58,370**	**$0**	**$13,169**	**$4,987**	**$524,270**	**$3,310**	**$6,800**	**$41,104**

Year	Age on 1/1	Rehab, Physicians	Phys / Medical	Other Medical Pros	Support Services	Annual
2026	71	$399	$2,286	$8,936	$44,772	$107,395
2027	72	$387	$2,213	$10,276	$44,268	$100,523
2028	73	$374	$2,142	$9,941	$43,769	$98,997
2029	74	$362	$2,074	$9,616	$43,276	$97,500
2030	75	$351	$2,008	$9,302	$42,788	$130,085
2031	76	$340	$1,943	$8,999	$42,306	$95,049
2032	77	$329	$1,881	$8,705	$41,829	$93,543
2033	78	$318	$1,821	$8,421	$41,358	$103,022
2034	79	$308	$1,763	$8,146	$40,892	$101,557
2035	80	$298	$1,707	$7,880	$40,431	$102,277
2036	81	$289	$1,652	$7,623	$39,976	$98,787
2037	82	$279	$1,599	$7,374	$39,525	$119,370
2038	83	$271	$1,548	$7,133	$39,080	$95,846
2039	84	$78	$445	$2,051	$11,485	$28,063
		$4,383	**$25,083**	**$114,403**	**$555,754**	**$1,372,014**

Appendix B

ANDREW C. BROD

President, Brod Forensic Economics
Senior Research Fellow, Center for Business and Economic Research, UNC-Greensboro
4501 Kenbridge Drive, Greensboro, NC 27410
Telephone: 336-707-6439
E-mail: Info@andrewbrod.com Web: http://www.andrewbrod.com

EDUCATION

1992: Ph.D. in Economics, University of Minnesota.

1985: M.A. in Economics, University of Minnesota.

1981: A.B. in Economics and Mathematics, University of Illinois.
Phi Beta Kappa, Cum Laude, and Distinction in Economics.

PROFESSIONAL EXPERIENCE

1997−present: President, Brod Forensic Economics

2010−present: Senior Research Fellow, Bryan School of Business and Economics, University of North Carolina at Greensboro.

1999−2010: Director, Center for Business and Economic Research, Bryan School of Business and Economics, University of North Carolina at Greensboro.

1989−99: Instructor and Assistant Professor, Department of Economics, University of North Carolina at Greensboro.

1988−89: Research Associate, University of Minnesota.

1986−88: Research Associate, Center for Health Policy Research, American Medical Association, Chicago, Illinois.

1981−85: Teaching Associate and Research Assistant, University of Minnesota.

RECENT APPLIED RESEARCH STUDIES

"Economic Impact of Carrollwood Farms," for The Carroll Companies, September 2025.

"Triad Business Census 2023," for Triad Business Bank, February 2023

"Triad Business Census 2021," for Triad Business Bank, May 2021

"Economic Impact of '60-by-30'," for Community Foundation of Greater Greensboro, February 2020

"Assessing In-State Tuition for DACA Recipients," for Community Foundation of Greater Greensboro, December 2019

"Triad Business Census 2019," a feasibility study for TBB Organization, April 2019

"Economic Impact of the Proposed Lehigh Hanson Distribution Yard," for Lehigh Hanson, Inc., August 2018.

"Valuation of Loflin Concrete and Related Entities," for Loflin Concrete Company, Inc., August 2018.

"Assessment of Studies of House Values Near Rock Quarries," for Lehigh Hanson, Inc., October 2017.

"Economic Impact of the Proposed Lehigh Hanson Quarry," for Lehigh Hanson, Inc., October 2017.

"North Carolina Sales Tax Model," for the North Carolina Economic Modeling Project, August 2017.

"Bee Safe Feasibility Study," for The Carroll Companies, August 2016.

"Canada in the North Carolina Economy," for the Department of Foreign Affairs, Trade and Development, Government of Canada, March 2016.

"The Economic Impact of the Greensboro Fire Department," for the City of Greensboro, December 2015.

"Cityfi: Citywide Public Wi-Fi," with Roch Smith, Jr., for the City of Greensboro's Strong Cities, Strong Communities Challenge, June 2015.

"Assessing the North Carolina Film Tax Credit," for Winston-Salem Business, Inc., May 2015.

"North Carolina Urban/Suburban Poverty," for the City of Greensboro, September 2014.

"The Economic Impact of the Fuquay-Varina Cultural Arts Center," for the FV Arts Foundation, September 2014.

"Macroeconomic Assessment of North Carolina's Triad Region," for Kisco Senior Living, August 2013.

"The Economic Impact of Improvements to Highway 17," subcontract to Atkins Global, for the Highway 17 Association, February 2013.

"The History of Norfolk State University," subcontract to Jack Faucett Associates, for the Economic Impact of Norfolk State University, Norfolk State University, December 2012.

"Analysis of Hendersonville, TN, Apartment Market," for The Carroll Companies, May 2012.

"The Economic Impact of the Whitaker Park Development," for Winston-Salem Business, Inc., June 2011.

"The Economic Impact of RAFI-USA's Tobacco Communities Reinvestment Fund," for the Rural Advancement Foundation International-USA, May 2011.

"A GIS Chartbook: RAFI-USA's Tobacco Communities Reinvestment Fund," with Bradley Bereitschaft, for the Rural Advancement Foundation International-USA, May 2011.

"Demographic and Economic Projections: North Carolina in 2040," subcontract to PBS&J, for the North Carolina Statewide Transportation Plan, North Carolina Department of Transportation, March 2011.

"The Economic Impact of the Proposed National Banjo Center," for Piedmont Folk Legacies, June 2010.

"The Economic Impact of UNCG's Proposed School of Pharmacy," for The University of North Carolina at Greensboro, April 2010.

"State Wine Regulations," for The North Carolina Wine and Grape Council, April 2010.

"The Economic Impact of the Natural Science Center of Greensboro," for the Natural Science Center of Greensboro, February 2009.

"An Economic Analysis of Case Management in Guilford County," with Christopher Ruhm, for the Moses Cone Wesley Long Community Health Foundation, November 2008.

"Economic and Demographic Projections: North Carolina in 2020 and 2030," subcontract to North Carolina State University's Institute for Transportation Research and Education, for the NC Logistics Plan, North Carolina Office of State Budget and Management, April 2008.

RECENT NEWSPAPER AND MAGAZINE ARTICLES

"The Data They Are A-Changin'," *Triangle Attorney at Law*, September 2025

"In Data We Trust?," *Triangle Attorney at Law*, May 2025

"Lost Household Services in Lost Wages Projections," *Triangle Attorney at Law*, January 2025

"Life-Care Plans and the Forensic Economist," *Triangle Attorney at Law*, September 2024

"What For? The But-For Scenario," *Triangle Attorney at Law*, June 2024

"Wrongful Death Cases Can Be Tricky, *Triangle Attorney at Law*, February 2024

"Could ChatGPT Be Your Next Expert Witness?," *Triangle Attorney at Law*, August 2023

"Covid-19, Life Expectancy, and Economic Damages," *Triangle Attorney at Law*, February 2023

"Hedonic Damages in Civil Litigation," *Triangle Attorney at Law*, October 2022

"Daubert Challenges from an Economist's Perspective," *Triangle Attorney at Law*, June 2022

"Lost Profit in Business Litigation," *Triangle Attorney at Law*, February 2022

"Boom Supersonic Takes Flight," *Greensboro News & Record*, January 30, 2022

"What the Pandemic Did to Your Business and My Business," *Triangle Attorney at Law*, October 2021

"Economic Damages Playing Bigger Role in Med-Mal Cases," *Triangle Attorney at Law*, May 2021

"A Decade of Interesting Economic Policy in N.C.," *Triad Business Journal*, January 17, 2020

"When Giving, Remember the Cost of Unintended Consequences," *Triad Business Journal*, December 6, 2019

"Trump in a Landslide?," *Triad Business Journal*, October 25, 2019

"Don't Oversell the Creative Economy," *Triad Business Journal*, October 4, 2019

"Recessions – Remember Them?," *Triad Business Journal*, September 6, 2019

"State Health Plan: A Game of Chicken?," *Triad Business Journal*, August 2, 2019

"Let's Dive Into the Triad's Payroll Puzzle," *Triad Business Journal*, May 31, 2019

"Treading Water: It's Worse Than I Thought," *Triad Business Journal*, April 26, 2019

"The Life Cycle in Forensic Economics," *Triangle Attorney at Law Magazine*, April 2019

"The Yield Curve Inverted! The Yield Curve Inverted!," *Triad Business Journal*, March 29, 2019

"Democratic Socialism or Social Democracy?," *Triad Business Journal*, March 1, 2019

"NFL Drug Testing and the Sexes of Grandchildren," *Triad Business Journal*, December 28, 2018

"Flipping the Bird at Pedestrians in the Triad?," *Triad Business Journal*, November 30, 2018

"Trump, Media Confused on 'Time Value of Money'," *Triad Business Journal*, October 26, 2018

"Reflecting on Triad Workforce, 20 Years Later," *Triad Business Journal*, September 14, 2018

"Medicare For All: Too Costly or Worth the Risk?," *Triad Business Journal*, August 30, 2018

"The Economic Outlook: Rosy, Gloomy, or Iffy?," *Triad Business Journal*, August 3, 2018

"If Labor is Scarce, Why Aren't Wages Rising More?," *Triad Business Journal*, June 29, 2018

"Are Rising Gasoline Prices an Omen of Recession?," *Triad Business Journal*, June 1, 2018

"Medicaid Expansion: It's Still Not Too Late for North Carolina," *Triad Business Journal*, March 30, 2018

"Can We Really Win a Trade War?," *Triad Business Journal*, March 9, 2018

"Loss of Auto Plant Hurts Even More the Second Time," *Triad Business Journal*, January 26, 2018

"Here's What the Triad Should Be Watching in 2018," *Triad Business Journal*, January 5, 2018

"Can Greensboro-High Point's land Amazon's HQ2?," *Triad Business Journal*, November 24, 2017

"Police Pursuits and the Value of a Statistical Life," *Triad Business Journal*, October 27, 2017

"Celebrate Labor Day by Debunking Workforce Myths," *Triad Business Journal*, September 1, 2017

"The Occasionally Curious World of Forensic Economics," *Triangle Attorney at Law Magazine*, September 2017

"A Tale of Two, or Perhaps Five, North Carolinas," *Triad Business Journal*, July 28, 2017

"Cutting Retiree Health Benefits is Penny-Wise and Pound-Foolish," *Triad Business Journal*, June 30, 2017

"Public Cruelty as Economic Policy," *Triad Business Journal*, May 26, 2017

"Auctions in the Air," *Triad Business Journal*, April 28, 2017

"HB2 Means Slower Growth for North Carolina," *Triad Business Journal*, March 31, 2017

"U.S. Labor Markets are Returning to (Almost) Normal," *Triad Business Journal*, February 24, 2017

"Will U.S. Economy Suffer from a Trump Recession? ," *Triad Business Journal*, January 27, 2017

"Why is HB2 Still with Us? It's the Urban/Rural Divide," *Triad Business Journal*, January 13, 2017

"Can President Trump Bring Back Manufacturing Jobs?," *Triad Business Journal*, December 2, 2016

RECENT PUBLIC PRESENTATIONS

"Writing Opinion Columns": UNCG Young Writers' Camp, 7/14/23 and 7/12/19

"Brief Economic Update": Summit Rotary Club, 6/2/23; Institute of Management Accountants, Triad Chapter, 10/18/18; Edward R. Murrow Kiwanis, 8/14/18; Temple Emanuel, 11/1/17; Gate City Rotary Club, 8/17/17; Greensboro Kiwanis Club, 1/12/17; Institute of Management Accountants, Triad Chapter, 10/20/16; Crescent Rotary Club, 10/10/16.

"Coronavirus Economics": Temple Emanuel, 7/29/20; Gate City Rotary Club, 5/14/20.

"'60 by 30': The Impact of Educational Attainment in Guilford County": Community Foundation of Greater Greensboro, 5/22/20 and 2/25/20.

"U.S./North Carolina Economic Update": Piedmont Triad Apartment Association, 1/17/20; Society of Financial Service Professionals, 2/20/18; Alamance Community College Foundation, 9/17/17; Society of Financial Service Professionals, 1/17/17; Bernard Robinson & Co., 10/25/16, 10/27/16; Society of Financial Service Professionals, 1/19/16.

"Forensic Economics": UNCG chapter of National Association for Business Economics, 1/31/18.

"Economic Update for the U.S. and the Transportation Sector": Transplace Southeast Carrier Symposium, 1/18/18, 11/10/16.

"Triad Economic Update/The Triad Business Index": Moderate Chic Club, 8/25/16.

"The Economics of the Minimum Wage": Southern Guilford Rotary Club, 7/19/16.

"Economic Implications of USPS Privatization": Grand Alliance to Save our Public Postal Service, 6/29/16.

"The Economics of Immigration": Holy Trinity Episcopal Church, 3/6/16.

ACADEMIC PUBLICATIONS

"Trends in Cooperative Research Activity: Has the National Cooperative Research Act Been Successful?" (with A. Link), in *Innovation Policy in the Knowledge-Based Economy* (edited by M. Feldman and A. Link), Kluwer Academic Publishers, 2001.

"Advantageous Semi-Collusion," with Ram Shivakumar, *Journal of Industrial Economics*, June 1999.

"Migraine Preventive Medications: A Reappraisal," with James Adelman, Randal Von Seggern, Lisa Mannix, and Alan Rapoport (2nd author), *Cephalalgia*, November 1998.

"Domestic versus International R&D Spillovers," with Ram Shivakumar, *Economics Letters*, October 1997.

"R&D Cooperation and the Joint Exploitation of Cooperative R&D," with Ram Shivakumar, *Canadian Journal of Economics*, August 1997.

"Economics as One of the Humanities: A Comment," *Southern California Interdisciplinary Law Journal*, Winter 1995.

"Can Green Trade be Free Trade?," *Global Perspectives*, Summer 1994.

RECENT PROFESSIONAL AND COMMUNITY SERVICE

2020−present: President, Finance Chair, and member of Board of Trustees, Temple Emanuel, Greensboro, NC

2006−20: Vice President, Campaign Chair, and member of Board of Trustees, Greensboro Jewish Federation.

2000−12: President, Vice President for Education, and member of Board of Trustees, Temple Emanuel, Greensboro, N.C.

2010−11: Member, Campaign Planning Committee, Community Theatre of Greensboro.

2006−2010: Faculty advisor, Hillel, The University of North Carolina at Greensboro.

2003−2005, 2006−2010: Vice President and member of Board of Directors, Association for University Business and Economic Research.

1999−2005: Member, Board of Directors, American Civil Liberties Union of North Carolina.

2001−02: Member, Action Greensboro task force on Attracting and Retaining Young Professionals.

2000−02: Member, Technical Advisory Team, City of Greensboro Comprehensive Plan, Greensboro, N.C.

1999−2000: Chair, Living-Wage Study Committee, City of Greensboro, N.C.

1999: Member, Citizen's Advisory Board, Department of Storm Water Services, City of Greensboro, N.C.

Appendix C

Four-Year Testimony Log for Dr. Andrew Brod
As of December 15, 2025

1. Delfina Ocampo-Peralta v. PGP Bethabara, et al
   Damages expert for plaintiff's counsel, Atkinson Law Firm
   Deposed: December 8, 2025

2. Michael Geffre v. Adam Back, M.D., et al
   Damages expert for plaintiff's counsel, Rossabi Law Partners
   Deposed: July 31, 2025

3. Estate of Guadalupe Vazquez-Alvarado v. Stellar HVAC LLC, et al
   Damages expert for plaintiff's counsel, Riddle & Riddle LLP
   Deposed: February 18, 2025

4. Sopheap Pang v. Wake Forest University Baptist Medical Center, et al
   Damages expert for plaintiff's counsel, Law Offices of Gregory Kash
   Deposed: January 31, 2025

5. Filomeno Orozco Vaquero v. Toll NC II LP, et al
   Damages expert for plaintiff's counsel, Bricio Law Firm
   Deposed: December 17, 2024

6. Aaron Casasola-Robles v. Ana T. Daley, R.N., et al
   Damages expert for plaintiff's counsel, Mills & Mahoney, PA
   Deposed: November 19, 2024

7. Clifford Hyatt v. North Carolina Farm Bureau Insurance, et al
   Damages expert for plaintiff's counsel, Poisson, Poisson & Bower
   Testified at arbitration hearing: November 6, 2024

8. Gregory Burgess v. United States of America
   Damages expert for defendant's counsel, U.S. Department of Justice
   Deposed: February 22, 2024

9. Rachelle Robinson-Ware v. Keenen Menefee-Long
   Damages expert for plaintiff's counsel, Bullock, Clay & Furr, PLLC
   Testified at trial: February 1, 2024

10. Jeffery Cambre v. Medical Imaging Center LLC, et al
    Damages expert for plaintiff's counsel, Anderson, Johnson, Lawrence & Butler, LLP
    Testified at trial: November 7, 2023
    Deposed: May 3, 2023

11. Estate of Larry Toney v. Atrium Health, Inc., et al
    Damages expert for plaintiff's counsel, Comerford, Chilson & Moser, LLP
    Deposed: July 5, 2023

12. Estate of Worth Carter, Jr. v. Judith Szulecki, M.D.
    Damages expert for plaintiff's counsel, Young, Haskins, Mann, Gregory & Wall, PC
    Deposed: June 27, 2023

13. David Carmely v. United States of America
    Damages expert for defendant's counsel, U.S. Department of Justice
    Testified at trial: March 8, 2023

14. Estate of William Conti v. Jeremy Holdsworth, M.D., et al
    Damages expert for plaintiff's counsel, Melvin Law Firm
    Deposed: February 20, 2023

15. CIP Construction Company, et al v. Schindler Elevator Company
    Damages expert for plaintiff's counsel, Rossabi Law Partners
    Deposed: August 10, 2022

16. Donald Pearce v. Novant Medical Group, et al
    Damages expert for plaintiff's counsel, Melvin Law Firm
    Deposed: June 15, 2022

17. Lorraine Rusch v. High Point Clinical Trials Center LLC, et al
    Damages expert for defendant's counsel, Rossabi Law Partners
    Testified at trial: April 1, 2022
    Deposed: December 22, 2021

18. April Williams v. North Carolina Baptist Hospital, et al
    Damages expert for plaintiff's counsel, Melvin Law Firm
    Deposed: March 10, 2022

19. Estate of Jennifer Huddle Edwards v. William Lindel, MD, et al
    Damages expert for plaintiff's counsel, Gardner Barrow & Sharpe PC
    Deposed: February 28, 2022

20. Cecil Staton v. Harry Smith, et al
    Damages expert for defendant's counsel, Fox Rothschild LLP
    Deposed: January 19, 2022

Exhibit 642

Expert Report of Andrew Brod, Ph.D.

In the matter of

Edgar Allen Peterson, IV v. United States of America

Case No. 7:23-CV-01576

December 15, 2025



1. Introduction

In this report, I provide a preliminary assessment and rebuttal of the plaintiff's expert report regarding economic damages in Peterson v. USA. The report, written by Chad L. Staller, claims damages for lost earnings, lost household services, and the value of a life-care plan (LCP).

Mr. Peterson was diagnosed with Parkinson's disease (PD) in July 2001, and he claims that the diagnosis resulted from his exposure to contaminated water at Camp Lejeune. He further claims to have incurred economic damages as a result of that exposure. For the sole purpose of producing this report, I will assume that liability has been established.

In addition, I will address the issue of offsets for Mr. Peterson's support and care by the U.S. government.

As further information becomes available on any of the issues addressed in this memorandum, I may update my analysis.

2. About Dr. Brod

I did my undergraduate work at the University of Illinois and earned a Ph.D. in economics from the University of Minnesota. My undergraduate majors were mathematics and economics, and my graduate fields were econometrics and industrial organization. I have worked for the American Medical Association and the University of North Carolina at Greensboro. At UNCG, I taught courses in statistics, forecasting, econometrics, and microeconomics, and I directed an applied economic research center for more than a decade. I retired from UNCG in 2010 and have worked since then as a self-employed economic consultant.

I have worked in forensic economics for more than 25 years. I work for both plaintiffs and defendants, primarily analyzing and testifying about economic damages, though I have conducted other kinds of analyses. My work focuses on projections of lost earnings in personal-injury and wrongful-death cases, lost profits in complex commercial cases, and the valuation of life-care plans.

My billing rates are $480 per hour for case review, research, and report writing; $240 per hour for out-of-town travel, and $750 per hour for testimony (with a $1,800 daily minimum). I bill for my assistant's time at a rate of $160 per hour.

My resume and a four-year testimony log are included in this report as Appendices B and C. A list of recent publications is included in my resume.

3. Lost Earnings

Mr. Staller opines that Mr. Peterson's lost earning capacity is $1,126,348, but his calculation includes one error that I will correct in this section. Mr. Staller projected Mr. Peterson's pre-PD earnings until his age of 68.4 years. The vocational report of defense expert Dr. Michael Shahnasarian states that but for Mr. Peterson's PD, he would have

worked until the age of 65 to 67 years. Consequently, I assumed a worklife expectancy of 66 years.

I adopted all of Mr. Staller's other assumptions and replicated their analysis, except for the slightly shorter worklife expectancy. The result of this corrected analysis was a present value of lost earnings of **$885,284**.

4. Lost Household Services

Mr. Staller's report presents a value of lost household services through December 31, 2025, at which point such services are assumed to be covered by the LCP. However, Mr. Staller does not express an expert opinion regarding the number of service hours Mr. Peterson could have provided but for his PD. He presents an average number of hours based on data published by the U.S. Bureau of Labor Statistics, but that number applies to all men of Mr. Peterson's age. Mr. Staller does not question whether Mr. Peterson would have actually done that many hours of household chores.[1,2] Instead, he presents a calculation for one service hour per week, leaving the task of determining the number of weekly hours to the finder of fact in this case.

Given the uncertainty regarding the extent of Mr. Peterson's pre-PD provision of household services, and because Mr. Staller does not express an opinion about the number of service hours that were lost due to PD, it is my opinion that there is no basis to include lost household services in Mr. Peterson's economic damages.

5. Future Medical Expenses: Life-Care Plan

A life-care plan (LCP) for Mr. Peterson was prepared by the defense life-care planner, Michael Shahnasarian, Ph.D. The LCP describes various medications, treatments, and equipment that Dr. Shahnasarian believes Mr. Peterson will need in the future as a result of his PD. The plan provides estimates of the costs of these items over Mr. Peterson's remaining life.

The economic analysis of an LCP involves (a) identifying inflation, or growth, rates that allow medical costs to be projected into the future, and (b) using a discount rate to express the streams of future costs as lump-sum present values.

I took the cost estimates provided in the Shahnasarian LCP and obtained reasonable growth rates for the costs in each category, based on components of the Consumer Price Index (CPI). Following Mr. Staller, I calculated average inflation rates over the period 2014-2024. I assigned CPI components in order to capture the bulk of the spending in each category. Table A, on the following page, associates these growth rates with the LCP categories.

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[1] Deposition of Lori Peterson, pp. 49, 52: She said that Mr. Peterson used to do chores around the house, but he rarely cooked and rarely worked in the yard.

[2] Rehabilitation Evaluation by Dr. Michael Shahnasarian, p. 25: "I inquired when he last performed yard work, and Mr. Peterson replied, 'I can't remember. I think it was during the Eisenhower Administration.'"

Table A: Life-Care Plan Categories and Growth Rates

LCP category	Growth Rate	CPI Component
Evaluations	1.53%	Physicians' services
Therapeutic Needs		
Therapeutic Needs, Other Med	1.46%	Services by other medical professionals
Home Facility Care, Nurse		
Wheelchair Needs	0.98%	Medical equipment and supplies
Supply Needs		
Aids for Independent Living		
Drugs	1.97%	Prescription drugs
Drugs, OTC	1.20%	Nonprescription drugs
Home Facility Care, ex Nurse	3.70%	Care of elderly and invalids at home
Transportation Needs	1.98%	New vehicles
Personal Fitness	2.85%	All items
Architectural Renovations	5.52%	New single-family houses under construction
Procedures/Hospitalizations	3.79%	Outpatient hospital services

As Table A indicates, I divided three categories (Therapeutic Needs, Home Facility Care, and Drugs and Supply Needs) into multiple subcategories to capture the different natures (and inflation rates) of the activities in those categories.

The Shahnasarian LCP expresses costs in ranges for some items, so I followed suit and calculated lower and upper bounds on the value of the LCP. My projections start on January 1, 2026, and extend until the expected end of Mr. Peterson's life. Following Mr. Staller, I used CDC demographic data to determine that Mr. Peterson's remaining life expectancy on the date of this is 9.7 years, implying a total life expectancy of 86.7 years.

In order to calculate the present value of future medical expenses, I discounted all future values using the same 4.88% discount rate used by Mr. Staller. The results of my analysis appear in Table B, on the following page; detailed results appear in Appendix A.

As Table B shows, the present value of the cost of the Shahnasarian LCP is between **$1,783,882** and **$3,541,807**.

Table B: Present Value of Life-Care Plan, by Category

LCP category	Lower	Upper
Evaluations	$4,156	$5,675
Therapeutic Needs	$5,245	$18,925
Therapeutic Needs, Other Med	$40,159	$123,058
Wheelchair Needs	$7,932	$10,462
Aids for Independent Living	$5,992	$15,906
Supply Needs	$11,638	$15,044
Drugs	$12,677	$112,558
Drugs, OTC	$242	$257
Home Facility Care, Nurse	$4,519	$11,045
Home Facility Care, ex Nurse	$1,451,446	$2,812,330
Transportation Needs	$64,267	$133,480
Personal Fitness	$6,374	$6,374
Architectural Renovations	$100,000	$100,000
Procedures/Hospitalizations	$69,237	$176,695
Total	**$1,783,882**	**$3,541,807**

6. Offsets to Damages

The economic damages in this case are properly offset by certain defined expenses that have been and will be incurred by the federal government on behalf of Mr. Peterson. Such offsets fall into two categories, (a) past and future disability benefits, and (b) past and future medical benefits.

Disability Benefits: Mr. Peterson has received disability benefits from the Veterans Benefits Administration (VBA) since 2013. His 2026 monthly benefit will be $4,767.99, which corresponds to a 100% disability rating.[3] A May 1, 2025 letter from VBA, along with an accompanying spreadsheet, listed Mr. Peterson's disabilities, and all of them are PD-related.[4,5] Therefore, all of his VBA benefits are due to his PD, and hence the full amount of $4,767.99 per month is an offset in the context of this lawsuit.

I summed up past VBA benefits and projected the current benefit into the future, until Mr. Peterson's life expectancy of 86.7 years. By law, the benefit grows each year according to the Social Security Administration's cost-of-living adjustment (COLA). The average COLA for the years 2000-25 was 2.57%, so I assumed that his future VBA benefits will grow at a rate of 2.57% per year. I used the same discount rate as I did to calculate the present value of the LCP.

Based on the above information, the present value of this offset to Mr. Peterson's economic damages in this case, calculated from 2013 until his life expectancy, is **$1,073,280**.

[3] VA Rating Decision, August 27, 2015, 01576_Peterson_VBA_0000001687-1690.
[4] The accompanying spreadsheet is "RITA_2025-54151_results_04302025.xlsx".
[5] Expert report of Syed Hasan, M.D., Appendix B.

Medical Offsets: Mr. Peterson has received services that were provided or paid for by Medicare and the Veterans Health Administration (VHA). According to defense clinical expert Dr. Syed Hasan, the total value of Mr. McElhiney's past medical offsets is **$149,361.21** when accounting for VHA's total costs and **$146,773.49** when accounting for VHA's total direct costs.

Mr. Peterson's future medical offsets are summarized in a report by Henry Miller of the Berkeley Research Group, which lists the projected payments for the items in the Shahnasarian LCP, by both Medicare and VHA. The Miller report retains the categories and treatments of the Shahnasarian LCP, and its implied results can be construed as a pair of modifications of the LCP. The results of the modified Shahnasarian LCPs appear in Tables C and D.

Table C: Present Value of Modified LCP, by Category – Medicare

LCP category	Lower	Upper
Evaluations	$1,951	$1,951
Therapeutic Needs	$2,300	$2,374
Therapeutic Needs, Other Med	$17,826	$22,420
Wheelchair Needs	$5,875	$9,939
Aids for Independent Living	$4,776	$6,064
Supply Needs	$0	$0
Drugs	$28,837	$28,837
Drugs, OTC	$0	$0
Home Facility Care, Nurse	$0	$0
Home Facility Care, ex Nurse	$21,562	$21,562
Transportation Needs	$0	$0
Personal Fitness	$0	$0
Architectural Renovations	$0	$0
Procedures/Hospitalizations	$44,047	$65,063
Total	**$127,172**	**$158,209**

As Tables C and D (on the following page) show, Medicare is projected to cover between **$127,172** and **$158,209** of the cost of the Shahnasarian LCP, and VHA is projected to cover between **$398,577** and **$462,381**. The court may decide to subtract these amounts from the corresponding lower and upper bounds of the present value of the original Shahnasarian LCP, to arrive at a net value of the cost of Mr. Peterson's future medical care.

Table D: Present Value of Modified LCP, by Category – VHA

LCP category	Lower	Upper
Evaluations	$2,438	$2,438
Therapeutic Needs	$2,875	$2,968
Therapeutic Needs, Other Med	$22,283	$28,026
Wheelchair Needs	$7,343	$12,423
Aids for Independent Living	$6,071	$7,720
Supply Needs	$8,180	$10,906
Drugs	$28,837	$28,837
Drugs, OTC	$0	$0
Home Facility Care, Nurse	$0	$0
Home Facility Care, ex Nurse	$231,616	$231,616
Transportation Needs	$27,075	$49,318
Personal Fitness	$0	$0
Architectural Renovations	$6,800	$6,800
Procedures/Hospitalizations	$55,059	$81,328
Total	**$398,577**	**$462,381**

7. Plaintiff's LCP

The plaintiff's LCP was produced by Kay Hairston, R.N. Mr. Staller calculated the present value of the Hairston LCP to be $3,752,303. In case the court adopts the Hairston LCP, I calculated the value of the future medical offsets that apply to that LCP. The Miller report provides these offsets as well. As he did with the Shahnasarian LCP, Mr. Miller lists the projected payments by Medicare and VHA for the items in the Hairston LCP. The results of the modified Hairston LCPs appear in Tables E and F.

Table E: Present Value of Modified Hairston LCP, by Category – Medicare

LCP category	Lower	Upper
Physician/Medical	$3,912	$4,003
Physician/Medical - ER Treatment	$41,955	$42,169
Drugs	$28,837	$28,837
Supply Needs	$0	$0
Rehabilitation – Evaluations	$3,924	$3,924
Rehabilitation - Health/Strength	$0	$0
Equipment and Wheelchair Needs	$12,998	$17,062
Daily Care – Nurse	$0	$0
Daily Care - ex Nurse	$0	$0
Other Medical Professionals	$54,630	$70,892
Transportation	$0	$0
Residential Modifications	$0	$0
Total	**$146,257**	**$166,887**

Table F: Present Value of Modified Hairston LCP, by Category – VHA

LCP category	Lower	Upper
Physician/Medical	$4,890	$5,004
Physician/Medical - ER Treatment	$52,444	$52,711
Drugs	$28,837	$28,837
Supply Needs	$14,169	$14,169
Rehabilitation – Evaluations	$4,905	$4,905
Rehabilitation - Health/Strength	$0	$0
Equipment and Wheelchair Needs	$16,387	$21,468
Daily Care – Nurse	$0	$0
Daily Care - ex Nurse	$817,215	$895,347
Other Medical Professionals	$68,285	$88,611
Transportation	$27,075	$49,318
Residential Modifications	$6,800	$6,800
Total	**$1,041,008**	**$1,167,169**

I created the category Other Medical Professionals to include therapists, counselors, nurses, and other services to which it is reasonable to apply the CPI component for "Services by other medical professionals."

As shown in Tables E and F, Medicare is projected to cover between **$146,257** and **$166,887** of the cost of the Hairston LCP, and VHA is projected to cover between **$1,041,008** and **$1,167,169**.

8. Conclusions

My findings in this report are as follows:

(a) The value of lost earnings is **$885,284**;
(b) There is no basis for a claim of lost household services;
(c) The present value of the Shahnasarian LCP is between **$1,783,882** and **$3,541,807**;
(d) The present value of past and future disability offsets is **$1,073,280**;
(e) Past medical offsets total **$149,361** when accounting for VHA's total costs and **$146,773** when accounting for VHA's total direct costs.
(f) The present value of future medical offsets is between **$127,172** and **$158,209** under Medicare coverage, and between **$398,577** and **$462,381** under VHA coverage; and
(g) If the court adopts the plaintiff's LCP, the present value of future medical offsets is between **$146,257** and **$166,887** under Medicare coverage, and between **$1,041,008** and **$1,167,169** under VHA coverage.

The opinions set forth in this report, which are my present opinions to a reasonable degree of certainty, are based in part upon my review of the available documents provided to me. The data and facts relied upon in formulating my conclusions are the type of data reasonably and typically relied upon by experts in the field of forensic economics.

9. References

- Short-Form Complaint, filed November 2, 2023
- Life-care plan by Michael Shahnasarian, Ph.D., May 2025
- Rehabilitation Evaluation of Edgar Allen Peterson IV, by Michael Shahnasarian, Ph.D., May 2025
- Expert report by Henry Miller, Ph.D., December 2025
- Expert report by Syed Hasan, M.D., December 2025
- Expert report by Chad L. Staller, J.D., October 2025
- Life-care plan by Kay Hairston, R.N., February 2025
- Transcript of deposition of Edgar Peterson, February 2024
- Transcript of deposition of Lori Peterson, April 2024
- Veterans Benefits Administration, Rating Decision, August 27, 2015, 01576_Peterson_VBA_0000001687-1690.
- Letter from VBA, dated May 1, 2025, along with data spreadsheet, "RITA_2025-54151_results_04302025.xlsx"
- VBA data spreadsheet, "CLJA_VBA_0000000019.xlsx"
- First Amended Track 1 Trial Plaintiff Damages Assessment of Edgar Peterson
- Social Security Administration, Data on cost-of-living adjustments at **www.ssa.gov/cola/**
- U.S. Department of Labor, Bureau of Labor Statistics: Consumer Price Index data at **www.bls.gov/cpi/**
- "United States Life Tables, 2022," *National Vital Statistics Reports*, Vol. 74, No. 2, April 2025

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Appendix A

Peterson's Lost Earnings

Year	Age on 1/1	Frac Year	Earnings	Benefits	Taxes	Net Loss
2004	55	1.00	$82,549	$4,045	$14,502	$72,092
2005	56	1.00	$78,958	$3,869	$13,871	$68,956
2006	57	1.00	$87,296	$4,278	$15,336	$76,238
2007	58	1.00	$93,460	$4,580	$16,419	$81,621
2008	59	1.00	$97,805	$4,792	$17,182	$85,415
2009	60	1.00	$99,400	$4,871	$17,463	$86,808
2010	61	1.00	$98,406	$4,822	$17,288	$85,940
2011	62	1.00	$95,513	$4,680	$16,780	$83,413
2012	63	1.00	$93,392	$4,576	$16,407	$81,561
2013	64	1.00	$95,185	$4,664	$16,722	$83,127
2014	65	0.89	$103,200	$5,057	$18,130	$80,113
						$885,284

Peterson's VBA Offsets

Year	Age on 1/1	Annual	Present Value
2013	64	$36,876	$36,876
2014	65	$40,499	$40,499
2015	66	$42,228	$42,228
2016	67	$42,228	$42,228
2017	68	$42,354	$42,354
2018	69	$43,201	$43,201
2019	70	$44,411	$44,411
2020	71	$45,122	$45,122
2021	72	$45,708	$45,708
2022	73	$48,405	$48,405
2023	74	$52,616	$52,616
2024	75	$54,300	$54,300
2025	76	$55,657	$55,657
2026	77	$57,216	$54,554
2027	78	$58,687	$53,353
2028	79	$60,197	$52,179
2029	80	$61,745	$51,030
2030	81	$63,333	$49,907
2031	82	$64,961	$48,809
2032	83	$66,632	$47,735
2033	84	$68,345	$46,684
2034	85	$70,103	$45,657
2035	86	$71,906	$29,768
		Total	**$1,073,280**

Shahnasarian LCP

Lower Bound

Year	Age on 1/1	Aids Indep Living	Medi-cations	Wheel-chair Needs	Supply Needs	Therapies, Other Med Pros	Home Care, Nurse	Personal Fitness	Procs / Hosp	Architect Renovs
2026	77	$3,818	$1,484	$2,575	$1,418	$4,799	$540	$720	$35,519	$100,000
2027	78	$0	$1,443	$645	$1,365	$4,643	$522	$706	$0	$0
2028	79	$11	$1,403	$621	$1,314	$4,491	$505	$692	$0	$0
2029	80	$1,059	$1,364	$598	$1,265	$4,345	$489	$679	$0	$0
2030	81	$11	$1,326	$576	$1,218	$4,203	$473	$666	$0	$0
2031	82	$74	$1,289	$1,081	$1,173	$4,066	$457	$653	$33,718	$0
2032	83	$207	$1,253	$534	$1,129	$3,933	$443	$640	$0	$0
2033	84	$0	$1,219	$514	$1,087	$3,804	$428	$628	$0	$0
2034	85	$702	$1,185	$495	$1,047	$3,680	$414	$616	$0	$0
2035	86	$109	$710	$294	$621	$2,195	$247	$373	$0	$0
		$5,992	**$12,677**	**$7,932**	**$11,638**	**$40,159**	**$4,519**	**$6,374**	**$69,237**	**$100,000**

Year	Age on 1/1	Trans-port	Evals	Therapies, Physicians	Medi-cations, OTC	Attendant Care	Annual
2026	77	$60,495	$495	$795	$29	$158,425	$371,112
2027	78	$486	$479	$559	$28	$156,640	$167,516
2028	79	$473	$464	$541	$27	$154,875	$165,418
2029	80	$460	$449	$523	$26	$153,130	$164,387
2030	81	$447	$435	$507	$25	$151,404	$161,290
2031	82	$435	$421	$676	$24	$149,698	$193,766
2032	83	$422	$408	$475	$24	$148,012	$157,480
2033	84	$411	$395	$460	$23	$146,344	$155,312
2034	85	$399	$382	$445	$22	$144,695	$154,082
2035	86	$239	$228	$266	$13	$88,223	$93,519
		$64,267	**$4,156**	**$5,245**	**$242**	**$1,451,446**	**$1,783,882**

Shahnasarian LCP

Upper Bound

Year	Age on 1/1	Aids Indep Living	Medi-cations	Wheel-chair Needs	Supply Needs	Therapies, Other Med Pros	Home Care, Nurse	Personal Fitness	Procs / Hosp	Architect Renovs
2026	77	$8,695	$13,178	$2,933	$1,833	$14,706	$1,320	$720	$61,366	$100,000
2027	78	$0	$12,812	$782	$1,765	$14,226	$1,277	$706	$0	$0
2028	79	$416	$12,457	$753	$1,699	$13,762	$1,235	$692	$0	$0
2029	80	$933	$12,111	$725	$1,636	$13,313	$1,195	$679	$0	$0
2030	81	$385	$11,774	$698	$1,575	$12,878	$1,156	$666	$58,864	$0
2031	82	$0	$11,447	$1,311	$1,516	$12,458	$1,118	$653	$0	$0
2032	83	$442	$11,130	$647	$1,460	$12,051	$1,082	$640	$0	$0
2033	84	$3,965	$10,821	$1,657	$1,405	$11,658	$1,046	$628	$0	$0
2034	85	$1,024	$10,520	$600	$1,353	$11,278	$1,012	$616	$56,464	$0
2035	86	$46	$6,307	$356	$803	$6,727	$604	$373	$0	$0
		$15,906	**$112,558**	**$10,462**	**$15,044**	**$123,058**	**$11,045**	**$6,374**	**$176,695**	**$100,000**

Year	Age on 1/1	Trans-port	Evals	Therapies, Physicians	Medi-cations, OTC	Attendant Care	Annual
2026	77	$70,695	$676	$2,495	$31	$306,964	$585,613
2027	78	$681	$655	$2,076	$30	$303,506	$338,515
2028	79	$662	$634	$2,009	$29	$300,086	$334,434
2029	80	$643	$613	$1,945	$28	$296,705	$330,526
2030	81	$626	$594	$2,191	$27	$293,362	$384,797
2031	82	$608	$575	$1,823	$26	$290,057	$321,592
2032	83	$591	$556	$1,765	$25	$286,788	$317,178
2033	84	$58,079	$539	$1,708	$24	$283,557	$375,087
2034	85	$559	$521	$1,925	$23	$280,362	$366,258
2035	86	$335	$311	$987	$14	$170,942	$187,807
		$133,480	**$5,675**	**$18,925**	**$257**	**$2,812,330**	**$3,541,807**

Shahnasarian LCP, Modified by Miller - MEDICARE

Lower Bound

Year	Age on 1/1	Aids Indep Living	Medi-cations	Wheel-chair Needs	Supply Needs	Therapies, Other Med Pros	Home Care, Nurse	Personal Fitness	Procs / Hosp	Architect Renovs
2026	77	$3,756	$3,376	$5,614	$0	$2,130	$0	$0	$22,596	$0
2027	78	$0	$3,282	$0	$0	$2,061	$0	$0	$0	$0
2028	79	$39	$3,191	$0	$0	$1,994	$0	$0	$0	$0
2029	80	$436	$3,103	$0	$0	$1,928	$0	$0	$0	$0
2030	81	$36	$3,017	$0	$0	$1,866	$0	$0	$0	$0
2031	82	$45	$2,933	$260	$0	$1,805	$0	$0	$21,451	$0
2032	83	$95	$2,851	$0	$0	$1,746	$0	$0	$0	$0
2033	84	$0	$2,772	$0	$0	$1,689	$0	$0	$0	$0
2034	85	$334	$2,695	$0	$0	$1,634	$0	$0	$0	$0
2035	86	$34	$1,616	$0	$0	$975	$0	$0	$0	$0
		$4,776	**$28,837**	**$5,875**	**$0**	**$17,826**	**$0**	**$0**	**$44,047**	**$0**

Year	Age on 1/1	Trans-port	Evals	Therapies, Physicians	Medi-cations, OTC	Attendant Care	Annual
2026	77	$0	$232	$347	$0	$2,353	$40,407
2027	78	$0	$225	$245	$0	$2,327	$8,141
2028	79	$0	$218	$237	$0	$2,301	$7,980
2029	80	$0	$211	$230	$0	$2,275	$8,183
2030	81	$0	$204	$223	$0	$2,249	$7,594
2031	82	$0	$198	$295	$0	$2,224	$29,209
2032	83	$0	$191	$209	$0	$2,199	$7,291
2033	84	$0	$185	$202	$0	$2,174	$7,022
2034	85	$0	$179	$195	$0	$2,149	$7,187
2035	86	$0	$107	$117	$0	$1,311	$4,159
		$0	**$1,951**	**$2,300**	**$0**	**$21,562**	**$127,172**

Shahnasarian LCP, Modified by Miller - MEDICARE

Upper Bound

Year	Age on 1/1	Aids Indep Living	Medi-cations	Wheel-chair Needs	Supply Needs	Therapies, Other Med Pros	Home Care, Nurse	Personal Fitness	Procs / Hosp	Architect Renovs
2026	77	$3,756	$3,376	$5,614	$0	$2,679	$0	$0	$22,596	$0
2027	78	$0	$3,282	$0	$0	$2,592	$0	$0	$0	$0
2028	79	$111	$3,191	$0	$0	$2,507	$0	$0	$0	$0
2029	80	$415	$3,103	$0	$0	$2,425	$0	$0	$0	$0
2030	81	$103	$3,017	$0	$0	$2,346	$0	$0	$21,675	$0
2031	82	$0	$2,933	$260	$0	$2,270	$0	$0	$0	$0
2032	83	$138	$2,851	$0	$0	$2,196	$0	$0	$0	$0
2033	84	$1,125	$2,772	$4,064	$0	$2,124	$0	$0	$0	$0
2034	85	$392	$2,695	$0	$0	$2,055	$0	$0	$20,791	$0
2035	86	$24	$1,616	$0	$0	$1,226	$0	$0	$0	$0
		$6,064	**$28,837**	**$9,939**	**$0**	**$22,420**	**$0**	**$0**	**$65,063**	**$0**

Year	Age on 1/1	Trans-port	Evals	Therapies, Physicians	Medi-cations, OTC	Attendant Care	Annual
2026	77	$0	$232	$347	$0	$2,353	$40,956
2027	78	$0	$225	$245	$0	$2,327	$8,672
2028	79	$0	$218	$237	$0	$2,301	$8,566
2029	80	$0	$211	$230	$0	$2,275	$8,658
2030	81	$0	$204	$305	$0	$2,249	$29,899
2031	82	$0	$198	$215	$0	$2,224	$8,100
2032	83	$0	$191	$209	$0	$2,199	$7,784
2033	84	$0	$185	$202	$0	$2,174	$12,647
2034	85	$0	$179	$268	$0	$2,149	$28,529
2035	86	$0	$107	$117	$0	$1,311	$4,399
		$0	**$1,951**	**$2,374**	**$0**	**$21,562**	**$158,209**

Shahnasarian LCP, Modified by Miller / VHA

Lower Bound

Year	Age on 1/1	Aids Indep Living	Medi-cations	Wheel-chair Needs	Supply Needs	Therapies, Other Med Pros	Home Care, Nurse	Personal Fitness	Procs / Hosp	Architect Renovs
2026	77	$4,728	$3,376	$7,018	$996	$2,663	$0	$0	$28,245	$6,800
2027	78	$0	$3,282	$0	$959	$2,576	$0	$0	$0	$0
2028	79	$49	$3,191	$0	$924	$2,492	$0	$0	$0	$0
2029	80	$574	$3,103	$0	$889	$2,411	$0	$0	$0	$0
2030	81	$45	$3,017	$0	$856	$2,332	$0	$0	$0	$0
2031	82	$56	$2,933	$325	$824	$2,256	$0	$0	$26,813	$0
2032	83	$145	$2,851	$0	$794	$2,182	$0	$0	$0	$0
2033	84	$0	$2,772	$0	$764	$2,111	$0	$0	$0	$0
2034	85	$418	$2,695	$0	$736	$2,042	$0	$0	$0	$0
2035	86	$57	$1,616	$0	$437	$1,218	$0	$0	$0	$0
		$6,071	**$28,837**	**$7,343**	**$8,180**	**$22,283**	**$0**	**$0**	**$55,059**	**$6,800**

Year	Age on 1/1	Trans-port	Evals	Therapies, Physicians	Medi-cations, OTC	Attendant Care	Annual
2026	77	$27,075	$291	$434	$0	$25,281	$106,907
2027	78	$0	$281	$307	$0	$24,996	$32,402
2028	79	$0	$272	$297	$0	$24,714	$31,939
2029	80	$0	$264	$287	$0	$24,436	$31,963
2030	81	$0	$255	$278	$0	$24,161	$30,944
2031	82	$0	$247	$369	$0	$23,888	$57,711
2032	83	$0	$239	$261	$0	$23,619	$30,091
2033	84	$0	$231	$252	$0	$23,353	$29,484
2034	85	$0	$224	$244	$0	$23,090	$29,449
2035	86	$0	$134	$146	$0	$14,078	$17,686
		$27,075	**$2,438**	**$2,875**	**$0**	**$231,616**	**$398,576**

Shahnasarian LCP, Modified by Miller / VHA

Upper Bound

Year	Age on 1/1	Aids Indep Living	Medi-cations	Wheel-chair Needs	Supply Needs	Therapies, Other Med Pros	Home Care, Nurse	Personal Fitness	Procs / Hosp	Architect Renovs
2026	77	$4,728	$3,376	$7,018	$1,329	$3,349	$0	$0	$28,245	$6,800
2027	78	$0	$3,282	$0	$1,279	$3,240	$0	$0	$0	$0
2028	79	$169	$3,191	$0	$1,232	$3,134	$0	$0	$0	$0
2029	80	$518	$3,103	$0	$1,186	$3,032	$0	$0	$0	$0
2030	81	$156	$3,017	$0	$1,142	$2,933	$0	$0	$27,094	$0
2031	82	$0	$2,933	$325	$1,099	$2,837	$0	$0	$0	$0
2032	83	$199	$2,851	$0	$1,058	$2,745	$0	$0	$0	$0
2033	84	$1,407	$2,772	$5,080	$1,019	$2,655	$0	$0	$0	$0
2034	85	$514	$2,695	$0	$981	$2,568	$0	$0	$25,989	$0
2035	86	$30	$1,616	$0	$582	$1,532	$0	$0	$0	$0
		$7,720	**$28,837**	**$12,423**	**$10,906**	**$28,026**	**$0**	**$0**	**$81,328**	**$6,800**

Year	Age on 1/1	Trans-port	Evals	Therapies, Physicians	Medi-cations, OTC	Attendant Care	Annual
2026	77	$27,075	$291	$434	$0	$25,281	$107,925
2027	78	$0	$281	$307	$0	$24,996	$33,385
2028	79	$0	$272	$297	$0	$24,714	$33,009
2029	80	$0	$264	$287	$0	$24,436	$32,826
2030	81	$0	$255	$381	$0	$24,161	$59,138
2031	82	$0	$247	$269	$0	$23,888	$31,599
2032	83	$0	$239	$261	$0	$23,619	$30,972
2033	84	$22,243	$231	$252	$0	$23,353	$59,013
2034	85	$0	$224	$334	$0	$23,090	$56,396
2035	86	$0	$134	$146	$0	$14,078	$18,118
		$49,318	**$2,438**	**$2,968**	**$0**	**$231,616**	**$462,381**

Hairston LCP, Modified by Miller / MEDICARE

Lower Bound

Year	Age on 1/1	Equip-ment	Medi-cations	Other Medical Pros	Supplies	Diagnostic Tests	Daily Care, Nurse	Hospital Svces	Home Mods	Trans-port
2026	77	$8,465	$3,376	$6,529	$0	$0	$0	$0	$0	$0
2027	78	$420	$3,282	$6,316	$0	$0	$0	$0	$0	$0
2028	79	$482	$3,191	$6,109	$0	$0	$0	$21,523	$0	$0
2029	80	$756	$3,103	$5,910	$0	$0	$0	$0	$0	$0
2030	81	$447	$3,017	$5,717	$0	$0	$0	$0	$0	$0
2031	82	$799	$2,933	$5,531	$0	$0	$0	$0	$0	$0
2032	83	$415	$2,851	$5,350	$0	$0	$0	$0	$0	$0
2033	84	$335	$2,772	$5,175	$0	$0	$0	$20,432	$0	$0
2034	85	$688	$2,695	$5,007	$0	$0	$0	$0	$0	$0
2035	86	$191	$1,616	$2,987	$0	$0	$0	$0	$0	$0
		$12,998	**$28,837**	**$54,630**	**$0**	**$0**	**$0**	**$41,955**	**$0**	**$0**

Year	Age on 1/1	Rehab, Physicians	Phys / Medical	Health & Strength	Daily Care	Annual
2026	77	$468	$411	$0	$0	$19,249
2027	78	$453	$307	$0	$0	$10,778
2028	79	$438	$879	$0	$0	$32,624
2029	80	$424	$288	$0	$0	$10,481
2030	81	$411	$279	$0	$0	$9,870
2031	82	$398	$349	$0	$0	$10,009
2032	83	$385	$261	$0	$0	$9,262
2033	84	$373	$747	$0	$0	$29,834
2034	85	$361	$245	$0	$0	$8,995
2035	86	$215	$146	$0	$0	$5,155
		$3,924	**$3,912**	**$0**	**$0**	**$146,257**

Hairston LCP, Modified by Miller / MEDICARE

Upper Bound

Year	Age on 1/1	Equip-ment	Medi-cations	Other Medical Pros	Supplies	Diagnostic Tests	Daily Care, Nurse	Hospital Svces	Home Mods	Trans-port
2026	77	$8,465	$3,376	$8,472	$0	$0	$0	$0	$0	$0
2027	78	$420	$3,282	$8,196	$0	$0	$0	$0	$0	$0
2028	79	$482	$3,191	$7,928	$0	$0	$0	$21,523	$0	$0
2029	80	$756	$3,103	$7,669	$0	$0	$0	$0	$0	$0
2030	81	$447	$3,017	$7,419	$0	$0	$0	$0	$0	$0
2031	82	$799	$2,933	$7,177	$0	$0	$0	$0	$0	$0
2032	83	$415	$2,851	$6,943	$0	$0	$0	$20,646	$0	$0
2033	84	$4,399	$2,772	$6,716	$0	$0	$0	$0	$0	$0
2034	85	$688	$2,695	$6,497	$0	$0	$0	$0	$0	$0
2035	86	$191	$1,616	$3,876	$0	$0	$0	$0	$0	$0
		$17,062	**$28,837**	**$70,892**	**$0**	**$0**	**$0**	**$42,169**	**$0**	**$0**

Year	Age on 1/1	Rehab, Physicians	Phys / Medical	Health & Strength	Daily Care	Annual
2026	77	$468	$411	$0	$0	$21,192
2027	78	$453	$307	$0	$0	$12,658
2028	79	$438	$879	$0	$0	$34,442
2029	80	$424	$288	$0	$0	$12,240
2030	81	$411	$361	$0	$0	$11,654
2031	82	$398	$270	$0	$0	$11,576
2032	83	$385	$772	$0	$0	$32,011
2033	84	$373	$253	$0	$0	$14,512
2034	85	$361	$317	$0	$0	$10,557
2035	86	$215	$146	$0	$0	$6,044
		$3,924	**$4,003**	**$0**	**$0**	**$166,887**

Hairston LCP, Modified by Miller / VHA

Lower Bound

Year	Age on 1/1	Equip-ment	Medi-cations	Other Medical Pros	Supplies	Diagnostic Tests	Daily Care, Nurse	Hospital Svces	Home Mods	Trans-port
2026	77	$10,614	$3,376	$8,161	$1,726	$0	$0	$0	$6,800	$27,075
2027	78	$525	$3,282	$7,894	$1,662	$0	$0	$0	$0	$0
2028	79	$633	$3,191	$7,637	$1,600	$0	$0	$26,904	$0	$0
2029	80	$945	$3,103	$7,387	$1,540	$0	$0	$0	$0	$0
2030	81	$587	$3,017	$7,146	$1,483	$0	$0	$0	$0	$0
2031	82	$999	$2,933	$6,913	$1,428	$0	$0	$0	$0	$0
2032	83	$544	$2,851	$6,687	$1,375	$0	$0	$0	$0	$0
2033	84	$418	$2,772	$6,469	$1,324	$0	$0	$25,540	$0	$0
2034	85	$883	$2,695	$6,258	$1,274	$0	$0	$0	$0	$0
2035	86	$239	$1,616	$3,733	$757	$0	$0	$0	$0	$0
		$16,387	**$28,837**	**$68,285**	**$14,169**	**$0**	**$0**	**$52,444**	**$6,800**	**$27,075**

Year	Age on 1/1	Rehab, Physicians	Phys / Medical	Health & Strength	Daily Care	Annual
2026	77	$585	$514	$0	$89,199	$148,049
2027	78	$566	$384	$0	$88,194	$102,507
2028	79	$548	$1,098	$0	$87,200	$128,811
2029	80	$530	$360	$0	$86,217	$100,083
2030	81	$513	$348	$0	$85,246	$98,340
2031	82	$497	$437	$0	$84,286	$97,492
2032	83	$481	$326	$0	$83,336	$95,601
2033	84	$466	$934	$0	$82,397	$120,320
2034	85	$451	$306	$0	$81,469	$93,336
2035	86	$269	$183	$0	$49,673	$56,469
		$4,905	**$4,890**	**$0**	**$817,215**	**$1,041,008**

Hairston LCP, Modified by Miller / VHA

Upper Bound

Year	Age on 1/1	Equip-ment	Medi-cations	Other Medical Pros	Supplies	Diagnostic Tests	Daily Care, Nurse	Hospital Svces	Home Mods	Trans-port
2026	77	$10,614	$3,376	$10,590	$1,726	$0	$0	$0	$6,800	$27,075
2027	78	$525	$3,282	$10,244	$1,662	$0	$0	$0	$0	$0
2028	79	$633	$3,191	$9,910	$1,600	$0	$0	$26,904	$0	$0
2029	80	$945	$3,103	$9,586	$1,540	$0	$0	$0	$0	$0
2030	81	$587	$3,017	$9,273	$1,483	$0	$0	$0	$0	$0
2031	82	$999	$2,933	$8,971	$1,428	$0	$0	$0	$0	$0
2032	83	$544	$2,851	$8,678	$1,375	$0	$0	$25,807	$0	$0
2033	84	$5,498	$2,772	$8,395	$1,324	$0	$0	$0	$0	$22,243
2034	85	$883	$2,695	$8,121	$1,274	$0	$0	$0	$0	$0
2035	86	$239	$1,616	$4,844	$757	$0	$0	$0	$0	$0
		$21,468	**$28,837**	**$88,611**	**$14,169**	**$0**	**$0**	**$52,711**	**$6,800**	**$49,318**

Year	Age on 1/1	Rehab, Physicians	Phys / Medical	Health & Strength	Daily Care	Annual
2026	77	$585	$514	$0	$97,727	$159,006
2027	78	$566	$384	$0	$96,626	$113,289
2028	79	$548	$1,098	$0	$95,537	$139,421
2029	80	$530	$360	$0	$94,460	$110,525
2030	81	$513	$451	$0	$93,396	$108,720
2031	82	$497	$337	$0	$92,344	$107,508
2032	83	$481	$965	$0	$91,303	$132,004
2033	84	$466	$316	$0	$90,275	$131,288
2034	85	$451	$396	$0	$89,257	$103,078
2035	86	$269	$183	$0	$54,422	$62,330
		$4,905	**$5,004**	**$0**	**$895,347**	**$1,167,169**

Appendix B

ANDREW C. BROD

President, Brod Forensic Economics
Senior Research Fellow, Center for Business and Economic Research, UNC-Greensboro
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EDUCATION

1992: Ph.D. in Economics, University of Minnesota.

1985: M.A. in Economics, University of Minnesota.

1981: A.B. in Economics and Mathematics, University of Illinois.
Phi Beta Kappa, Cum Laude, and Distinction in Economics.

PROFESSIONAL EXPERIENCE

1997−present: President, Brod Forensic Economics

2010−present: Senior Research Fellow, Bryan School of Business and Economics, University of North Carolina at Greensboro.

1999−2010: Director, Center for Business and Economic Research, Bryan School of Business and Economics, University of North Carolina at Greensboro.

1989−99: Instructor and Assistant Professor, Department of Economics, University of North Carolina at Greensboro.

1988−89: Research Associate, University of Minnesota.

1986−88: Research Associate, Center for Health Policy Research, American Medical Association, Chicago, Illinois.

1981−85: Teaching Associate and Research Assistant, University of Minnesota.

RECENT APPLIED RESEARCH STUDIES

"Economic Impact of Carrollwood Farms," for The Carroll Companies, September 2025.

"Triad Business Census 2023," for Triad Business Bank, February 2023

"Triad Business Census 2021," for Triad Business Bank, May 2021

"Economic Impact of '60-by-30'," for Community Foundation of Greater Greensboro, February 2020

"Assessing In-State Tuition for DACA Recipients," for Community Foundation of Greater Greensboro, December 2019

"Triad Business Census 2019," a feasibility study for TBB Organization, April 2019

"Economic Impact of the Proposed Lehigh Hanson Distribution Yard," for Lehigh Hanson, Inc., August 2018.

"Valuation of Loflin Concrete and Related Entities," for Loflin Concrete Company, Inc., August 2018.

"Assessment of Studies of House Values Near Rock Quarries," for Lehigh Hanson, Inc., October 2017.

"Economic Impact of the Proposed Lehigh Hanson Quarry," for Lehigh Hanson, Inc., October 2017.

"North Carolina Sales Tax Model," for the North Carolina Economic Modeling Project, August 2017.

"Bee Safe Feasibility Study," for The Carroll Companies, August 2016.

"Canada in the North Carolina Economy," for the Department of Foreign Affairs, Trade and Development, Government of Canada, March 2016.

"The Economic Impact of the Greensboro Fire Department," for the City of Greensboro, December 2015.

"Cityfi: Citywide Public Wi-Fi," with Roch Smith, Jr., for the City of Greensboro's Strong Cities, Strong Communities Challenge, June 2015.

"Assessing the North Carolina Film Tax Credit," for Winston-Salem Business, Inc., May 2015.

"North Carolina Urban/Suburban Poverty," for the City of Greensboro, September 2014.

"The Economic Impact of the Fuquay-Varina Cultural Arts Center," for the FV Arts Foundation, September 2014.

"Macroeconomic Assessment of North Carolina's Triad Region," for Kisco Senior Living, August 2013.

"The Economic Impact of Improvements to Highway 17," subcontract to Atkins Global, for the Highway 17 Association, February 2013.

"The History of Norfolk State University," subcontract to Jack Faucett Associates, for the Economic Impact of Norfolk State University, Norfolk State University, December 2012.

"Analysis of Hendersonville, TN, Apartment Market," for The Carroll Companies, May 2012.

"The Economic Impact of the Whitaker Park Development," for Winston-Salem Business, Inc., June 2011.

"The Economic Impact of RAFI-USA's Tobacco Communities Reinvestment Fund," for the Rural Advancement Foundation International-USA, May 2011.

"A GIS Chartbook: RAFI-USA's Tobacco Communities Reinvestment Fund," with Bradley Bereitschaft, for the Rural Advancement Foundation International-USA, May 2011.

"Demographic and Economic Projections: North Carolina in 2040," subcontract to PBS&J, for the North Carolina Statewide Transportation Plan, North Carolina Department of Transportation, March 2011.

"The Economic Impact of the Proposed National Banjo Center," for Piedmont Folk Legacies, June 2010.

"The Economic Impact of UNCG's Proposed School of Pharmacy," for The University of North Carolina at Greensboro, April 2010.

"State Wine Regulations," for The North Carolina Wine and Grape Council, April 2010.

"The Economic Impact of the Natural Science Center of Greensboro," for the Natural Science Center of Greensboro, February 2009.

"An Economic Analysis of Case Management in Guilford County," with Christopher Ruhm, for the Moses Cone Wesley Long Community Health Foundation, November 2008.

"Economic and Demographic Projections: North Carolina in 2020 and 2030," subcontract to North Carolina State University's Institute for Transportation Research and Education, for the NC Logistics Plan, North Carolina Office of State Budget and Management, April 2008.

RECENT NEWSPAPER AND MAGAZINE ARTICLES

"The Data They Are A-Changin'," *Triangle Attorney at Law*, September 2025

"In Data We Trust?," *Triangle Attorney at Law*, May 2025

"Lost Household Services in Lost Wages Projections," *Triangle Attorney at Law*, January 2025

"Life-Care Plans and the Forensic Economist," *Triangle Attorney at Law*, September 2024

"What For? The But-For Scenario," *Triangle Attorney at Law*, June 2024

"Wrongful Death Cases Can Be Tricky, *Triangle Attorney at Law*, February 2024

"Could ChatGPT Be Your Next Expert Witness?," *Triangle Attorney at Law*, August 2023

"Covid-19, Life Expectancy, and Economic Damages," *Triangle Attorney at Law*, February 2023

"Hedonic Damages in Civil Litigation," *Triangle Attorney at Law*, October 2022

"Daubert Challenges from an Economist's Perspective," *Triangle Attorney at Law*, June 2022

"Lost Profit in Business Litigation," *Triangle Attorney at Law*, February 2022

"Boom Supersonic Takes Flight," *Greensboro News & Record*, January 30, 2022

"What the Pandemic Did to Your Business and My Business," *Triangle Attorney at Law*, October 2021

"Economic Damages Playing Bigger Role in Med-Mal Cases," *Triangle Attorney at Law*, May 2021

"A Decade of Interesting Economic Policy in N.C.," *Triad Business Journal*, January 17, 2020

"When Giving, Remember the Cost of Unintended Consequences," *Triad Business Journal*, December 6, 2019

"Trump in a Landslide?," *Triad Business Journal*, October 25, 2019

"Don't Oversell the Creative Economy," *Triad Business Journal*, October 4, 2019

"Recessions – Remember Them?," *Triad Business Journal*, September 6, 2019

"State Health Plan: A Game of Chicken?," *Triad Business Journal*, August 2, 2019

"Let's Dive Into the Triad's Payroll Puzzle," *Triad Business Journal*, May 31, 2019

"Treading Water: It's Worse Than I Thought," *Triad Business Journal*, April 26, 2019

"The Life Cycle in Forensic Economics," *Triangle Attorney at Law Magazine*, April 2019

"The Yield Curve Inverted! The Yield Curve Inverted!," *Triad Business Journal*, March 29, 2019

"Democratic Socialism or Social Democracy?," *Triad Business Journal*, March 1, 2019

"NFL Drug Testing and the Sexes of Grandchildren," *Triad Business Journal*, December 28, 2018

"Flipping the Bird at Pedestrians in the Triad?," *Triad Business Journal*, November 30, 2018

"Trump, Media Confused on 'Time Value of Money'," *Triad Business Journal*, October 26, 2018

"Reflecting on Triad Workforce, 20 Years Later," *Triad Business Journal*, September 14, 2018

"Medicare For All: Too Costly or Worth the Risk?," *Triad Business Journal*, August 30, 2018

"The Economic Outlook: Rosy, Gloomy, or Iffy?," *Triad Business Journal*, August 3, 2018

"If Labor is Scarce, Why Aren't Wages Rising More?," *Triad Business Journal*, June 29, 2018

"Are Rising Gasoline Prices an Omen of Recession?," *Triad Business Journal*, June 1, 2018

"Medicaid Expansion: It's Still Not Too Late for North Carolina," *Triad Business Journal*, March 30, 2018

"Can We Really Win a Trade War?," *Triad Business Journal*, March 9, 2018

"Loss of Auto Plant Hurts Even More the Second Time," *Triad Business Journal*, January 26, 2018

"Here's What the Triad Should Be Watching in 2018," *Triad Business Journal*, January 5, 2018

"Can Greensboro-High Point's land Amazon's HQ2?," *Triad Business Journal*, November 24, 2017

"Police Pursuits and the Value of a Statistical Life," *Triad Business Journal*, October 27, 2017

"Celebrate Labor Day by Debunking Workforce Myths," *Triad Business Journal*, September 1, 2017

"The Occasionally Curious World of Forensic Economics," *Triangle Attorney at Law Magazine*, September 2017

"A Tale of Two, or Perhaps Five, North Carolinas," *Triad Business Journal*, July 28, 2017

"Cutting Retiree Health Benefits is Penny-Wise and Pound-Foolish," *Triad Business Journal*, June 30, 2017

"Public Cruelty as Economic Policy," *Triad Business Journal*, May 26, 2017

"Auctions in the Air," *Triad Business Journal*, April 28, 2017

"HB2 Means Slower Growth for North Carolina," *Triad Business Journal*, March 31, 2017

"U.S. Labor Markets are Returning to (Almost) Normal," *Triad Business Journal*, February 24, 2017

"Will U.S. Economy Suffer from a Trump Recession? ," *Triad Business Journal*, January 27, 2017

"Why is HB2 Still with Us? It's the Urban/Rural Divide," *Triad Business Journal*, January 13, 2017

"Can President Trump Bring Back Manufacturing Jobs?," *Triad Business Journal*, December 2, 2016

RECENT PUBLIC PRESENTATIONS

"Writing Opinion Columns": UNCG Young Writers' Camp, 7/14/23 and 7/12/19

"Brief Economic Update": Summit Rotary Club, 6/2/23; Institute of Management Accountants, Triad Chapter, 10/18/18; Edward R. Murrow Kiwanis, 8/14/18; Temple Emanuel, 11/1/17; Gate City Rotary Club, 8/17/17; Greensboro Kiwanis Club, 1/12/17; Institute of Management Accountants, Triad Chapter, 10/20/16; Crescent Rotary Club, 10/10/16.

"Coronavirus Economics": Temple Emanuel, 7/29/20; Gate City Rotary Club, 5/14/20.

"'60 by 30': The Impact of Educational Attainment in Guilford County": Community Foundation of Greater Greensboro, 5/22/20 and 2/25/20.

"U.S./North Carolina Economic Update": Piedmont Triad Apartment Association, 1/17/20; Society of Financial Service Professionals, 2/20/18; Alamance Community College Foundation, 9/17/17; Society of Financial Service Professionals, 1/17/17; Bernard Robinson & Co., 10/25/16, 10/27/16; Society of Financial Service Professionals, 1/19/16.

"Forensic Economics": UNCG chapter of National Association for Business Economics, 1/31/18.

"Economic Update for the U.S. and the Transportation Sector": Transplace Southeast Carrier Symposium, 1/18/18, 11/10/16.

"Triad Economic Update/The Triad Business Index": Moderate Chic Club, 8/25/16.

"The Economics of the Minimum Wage": Southern Guilford Rotary Club, 7/19/16.

"Economic Implications of USPS Privatization": Grand Alliance to Save our Public Postal Service, 6/29/16.

"The Economics of Immigration": Holy Trinity Episcopal Church, 3/6/16.

ACADEMIC PUBLICATIONS

"Trends in Cooperative Research Activity: Has the National Cooperative Research Act Been Successful?" (with A. Link), in *Innovation Policy in the Knowledge-Based Economy* (edited by M. Feldman and A. Link), Kluwer Academic Publishers, 2001.

"Advantageous Semi-Collusion," with Ram Shivakumar, *Journal of Industrial Economics*, June 1999.

"Migraine Preventive Medications: A Reappraisal," with James Adelman, Randal Von Seggern, Lisa Mannix, and Alan Rapoport (2nd author), *Cephalalgia*, November 1998.

"Domestic versus International R&D Spillovers," with Ram Shivakumar, *Economics Letters*, October 1997.

"R&D Cooperation and the Joint Exploitation of Cooperative R&D," with Ram Shivakumar, *Canadian Journal of Economics*, August 1997.

"Economics as One of the Humanities: A Comment," *Southern California Interdisciplinary Law Journal*, Winter 1995.

"Can Green Trade be Free Trade?," *Global Perspectives*, Summer 1994.

RECENT PROFESSIONAL AND COMMUNITY SERVICE

2020−present: President, Finance Chair, and member of Board of Trustees, Temple Emanuel, Greensboro, NC

2006−20: Vice President, Campaign Chair, and member of Board of Trustees, Greensboro Jewish Federation.

2000−12: President, Vice President for Education, and member of Board of Trustees, Temple Emanuel, Greensboro, N.C.

2010−11: Member, Campaign Planning Committee, Community Theatre of Greensboro.

2006−2010: Faculty advisor, Hillel, The University of North Carolina at Greensboro.

2003−2005, 2006−2010: Vice President and member of Board of Directors, Association for University Business and Economic Research.

1999−2005: Member, Board of Directors, American Civil Liberties Union of North Carolina.

2001−02: Member, Action Greensboro task force on Attracting and Retaining Young Professionals.

2000−02: Member, Technical Advisory Team, City of Greensboro Comprehensive Plan, Greensboro, N.C.

1999−2000: Chair, Living-Wage Study Committee, City of Greensboro, N.C.

1999: Member, Citizen's Advisory Board, Department of Storm Water Services, City of Greensboro, N.C.

Appendix C

Four-Year Testimony Log for Dr. Andrew Brod
As of December 15, 2025

1. Delfina Ocampo-Peralta v. PGP Bethabara, et al
   Damages expert for plaintiff's counsel, Atkinson Law Firm
   Deposed: December 8, 2025

2. Michael Geffre v. Adam Back, M.D., et al
   Damages expert for plaintiff's counsel, Rossabi Law Partners
   Deposed: July 31, 2025

3. Estate of Guadalupe Vazquez-Alvarado v. Stellar HVAC LLC, et al
   Damages expert for plaintiff's counsel, Riddle & Riddle LLP
   Deposed: February 18, 2025

4. Sopheap Pang v. Wake Forest University Baptist Medical Center, et al
   Damages expert for plaintiff's counsel, Law Offices of Gregory Kash
   Deposed: January 31, 2025

5. Filomeno Orozco Vaquero v. Toll NC II LP, et al
   Damages expert for plaintiff's counsel, Bricio Law Firm
   Deposed: December 17, 2024

6. Aaron Casasola-Robles v. Ana T. Daley, R.N., et al
   Damages expert for plaintiff's counsel, Mills & Mahoney, PA
   Deposed: November 19, 2024

7. Clifford Hyatt v. North Carolina Farm Bureau Insurance, et al
   Damages expert for plaintiff's counsel, Poisson, Poisson & Bower
   Testified at arbitration hearing: November 6, 2024

8. Gregory Burgess v. United States of America
   Damages expert for defendant's counsel, U.S. Department of Justice
   Deposed: February 22, 2024

9. Rachelle Robinson-Ware v. Keenen Menefee-Long
   Damages expert for plaintiff's counsel, Bullock, Clay & Furr, PLLC
   Testified at trial: February 1, 2024

10. Jeffery Cambre v. Medical Imaging Center LLC, et al
    Damages expert for plaintiff's counsel, Anderson, Johnson, Lawrence & Butler, LLP
    Testified at trial: November 7, 2023
    Deposed: May 3, 2023

11. Estate of Larry Toney v. Atrium Health, Inc., et al
    Damages expert for plaintiff's counsel, Comerford, Chilson & Moser, LLP
    Deposed: July 5, 2023

12. Estate of Worth Carter, Jr. v. Judith Szulecki, M.D.
    Damages expert for plaintiff's counsel, Young, Haskins, Mann, Gregory & Wall, PC
    Deposed: June 27, 2023

13. David Carmely v. United States of America
    Damages expert for defendant's counsel, U.S. Department of Justice
    Testified at trial: March 8, 2023

14. Estate of William Conti v. Jeremy Holdsworth, M.D., et al
    Damages expert for plaintiff's counsel, Melvin Law Firm
    Deposed: February 20, 2023

15. CIP Construction Company, et al v. Schindler Elevator Company
    Damages expert for plaintiff's counsel, Rossabi Law Partners
    Deposed: August 10, 2022

16. Donald Pearce v. Novant Medical Group, et al
    Damages expert for plaintiff's counsel, Melvin Law Firm
    Deposed: June 15, 2022

17. Lorraine Rusch v. High Point Clinical Trials Center LLC, et al
    Damages expert for defendant's counsel, Rossabi Law Partners
    Testified at trial: April 1, 2022
    Deposed: December 22, 2021

18. April Williams v. North Carolina Baptist Hospital, et al
    Damages expert for plaintiff's counsel, Melvin Law Firm
    Deposed: March 10, 2022

19. Estate of Jennifer Huddle Edwards v. William Lindel, MD, et al
    Damages expert for plaintiff's counsel, Gardner Barrow & Sharpe PC
    Deposed: February 28, 2022

20. Cecil Staton v. Harry Smith, et al
    Damages expert for defendant's counsel, Fox Rothschild LLP
    Deposed: January 19, 2022

Exhibit 643

Expert Report of Andrew Brod, Ph.D.

In the matter of

Diane L. Rothchild v. United States of America

Case No. 7:23-CV-00858

December 15, 2025



1. Introduction

In this report, I provide a preliminary assessment and rebuttal of the plaintiff's expert report regarding economic damages in Rothchild v. USA. The report, written by Chad L. Staller, claims damages for lost earnings, lost household services, and the value of a life-care plan (LCP).

Ms. Rothchild began experiencing tremors in 1993 and was diagnosed with Parkinson's disease (PD) after she began treatment with Dr. Joel Perlmutter in 1999. She claims that the disease resulted from her exposure to contaminated water at Camp Lejeune. She further claims to have incurred economic damages as a result of that exposure. For the sole purpose of producing this report, I will assume that liability has been established.

In addition, I will address the issue of offsets for Ms. Rothchild's support and care by the U.S. government.

As further information becomes available on any of the issues addressed in this memorandum, I may update my analysis.

2. About Dr. Brod

I did my undergraduate work at the University of Illinois and earned a Ph.D. in economics from the University of Minnesota. My undergraduate majors were mathematics and economics, and my graduate fields were econometrics and industrial organization. I have worked for the American Medical Association and the University of North Carolina at Greensboro. At UNCG, I taught courses in statistics, forecasting, econometrics, and microeconomics, and I directed an applied economic research center for more than a decade. I retired from UNCG in 2010 and have worked since then as a self-employed economic consultant.

I have worked in forensic economics for more than 25 years. I work for both plaintiffs and defendants, primarily analyzing and testifying about economic damages, though I have conducted other kinds of analyses. My work focuses on projections of lost earnings in personal-injury and wrongful-death cases, lost profits in complex commercial cases, and the valuation of life-care plans.

My billing rates are $480 per hour for case review, research, and report writing; $240 per hour for out-of-town travel, and $750 per hour for testimony (with a $1,800 daily minimum). I bill for my assistant's time at a rate of $160 per hour.

My resume and a four-year testimony log are included in this report as Appendices B and C. A list of recent publications is included in my resume.

3. Lost Earnings

Mr. Staller opines that Ms. Rothchild's lost earning capacity is $406,660. However, the defense vocational expert, Michael Shahnasarian, Ph.D., opined that Ms. Rothchild's decision to stop working full-time in 2009 was voluntary and that her PD did not shorten her work life. Dr. Shahnasarian stated that she "would have had a work life expectancy

in the range of 65 to 67 years, regardless of her PD," and that "her transferable skills would have qualified her for employment in numerous positions.[1] Therefore, Ms. Rothchild incurred no loss of earning capacity due to her PD.

4. Lost Household Services

The Staller report presents a value of lost household services through December 31, 2025, at which point such services are assumed to be covered by the LCP. However, Mr. Staller does not express an expert opinion regarding the number of service hours Ms. Rothchild could have provided but for her PD. He presents an average number of hours based on data published by the U.S. Bureau of Labor Statistics, but that number applies to all women of Ms. Rothchild's age. Mr. Staller does not address the likelihood that Ms. Rothchild would have actually done that many hours of household chores.

Given the uncertainty regarding the extent of Ms. Rothchild's pre-PD provision of household services, and because Mr. Staller does not express an opinion about the number of service hours that were lost due to PD, it is my opinion that there is no basis to include lost household services in Ms. Rothchild's economic damages.

5. Future Medical Expenses: Life-Care Plan

A life-care plan (LCP) for Ms. Rothchild was prepared by the defense life-care planner, Michael Shahnasarian, Ph.D. The LCP describes various medications, treatments, and equipment that Dr. Shahnasarian believes Ms. Rothchild will need in the future as a result of her PD. The plan provides estimates of the costs of these items over Ms. Rothchild's remaining life expectancy.

The economic analysis of an LCP involves (a) identifying inflation, or growth, rates that allow medical costs to be projected into the future, and (b) using a discount rate to express the streams of future costs as lump-sum present values.

I took the cost estimates provided in the Shahnasarian LCP and obtained reasonable growth rates for the costs in each category, based on components of the Consumer Price Index (CPI). I calculated average inflation rates over the period 2014-2024. For the most part, I assigned CPI components in order to capture the bulk of the spending in each category, though I divided a few of Dr. Shahnasarian's categories into subcategories to capture the different nature (and inflation rates) of the activities in that category. Table A on the following page associates these growth rates with the LCP categories.

The Shahnasarian LCP expresses costs in ranges for some items, so I followed suit and calculated lower and upper bounds on the value of the LCP. My projections start on January 1, 2026, and extend until the expected end of Ms. Rothchild's life. I used CDC demographic data to determine that Ms. Rothchild's remaining life expectancy as of the date of this report is 10.2 years, implying a total life expectancy of 88.9 years.[2]

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[1] Expert report of Michael Shahnasarian, Ph.D., pp. 34-35.

[2] Mr. Staller calculates a total life expectancy of 88.8 years from October 29, 2025, the date of his report.

Table A: Life-Care Plan Categories and Growth Rates

LCP category	Growth Rate	CPI Component
Evaluations	1.53%	Physicians' services
Therapeutic Needs – Physicians		
Therapeutic Needs	1.46%	Services by other medical professionals
Diagnostic Tests		
Home Environmental Analysis		
Wheelchair Needs	0.98%	Medical equipment and supplies
Aids for Independent Living		
Supply Needs		
Drugs	1.97%	Prescription drugs
Home Facility Care	3.70%	Care of elderly and invalids at home
Finance/Accountant	2.85%	All items
Personal Fitness		

In order to calculate the present value of future medical expenses, I discounted all future values, using the same 4.88% discount rate that Mr. Staller used. The results of my analysis appear in Table B; detailed results appear in Appendix A.

Table B: Present Value of Life-Care Plan, by Category

LCP category	Lower	Upper
Evaluations	$6,208	$15,616
Therapeutic Needs – Physicians	$12,800	$17,475
Diagnostic Tests	$530	$1,280
Home Environmental Analysis	$570	$1,407
Wheelchair Needs	$6,054	$7,828
Aids for Independent Living	$8,006	$12,907
Supply Needs	$7,665	$8,455
Drugs	$4,884	$12,894
Home Facility Care – CNA	$338,242	$365,667
Home Facility Care – Support	$15,134	$20,179
Finance/Accountant	$16,979	$31,959
Personal Fitness	$28,959	$28,959
Other Medical Professionals	$8,908	$31,035
Total	**$454,940**	**$555,661**

As Table B shows, the present value of the cost of the Shahnasarian LCP is between **$454,940** and **$555,661**.

6. Offsets to Damages

The economic damages in this case are properly offset by certain defined expenses that have been and will be incurred by the federal government on behalf of Ms. Rothchild. In principle, such offsets fall into two categories, (a) past and future disability benefits, and (b) past and future medical benefits.

Disability Benefits: Ms. Rothchild is not a military veteran, which means that VA disability benefits are not relevant to this analysis.

Medical Offsets: Ms. Rothchild has received services that were covered by Medicare. According to defense clinical expert Dr. Syed Hasan, the total value of Ms. Rothchild's past medical offsets is **$72,276.03**.

Ms. Rothchild's future medical offsets are summarized in a report by Henry Miller, Ph.D., of the Berkeley Research Group, which lists the projected Medicare payments for the items in the Shahnasarian LCP. The Miller report retains the categories and treatments of the Shahnasarian LCP, and its results can be construed as a modification of the LCP. The results of the modified Shahnasarian LCP appear in Table C.

Table C: Present Value of Modified LCP, by Category – Medicare

LCP category	Lower	Upper
Evaluations	$2,679	$3,042
Therapeutic Needs – Physicians	$5,762	$5,762
Diagnostic Tests	$181	$181
Home Environmental Analysis	$170	$242
Wheelchair Needs	$5,641	$9,925
Aids for Independent Living	$3,188	$4,717
Supply Needs	$0	$0
Drugs	$4,110	$4,110
Home Facility Care – CNA	$0	$0
Home Facility Care – Support	$0	$0
Finance/Accountant	$0	$0
Personal Fitness	$0	$0
Other Medical Professionals	$4,926	$10,313
Total	**$26,657**	**$38,292**

As Table C shows, Medicare is projected to cover between **$26,657** and **$38,292** of the cost of the Shahnasarian LCP.

The court may decide to subtract these amounts from the corresponding lower and upper bounds of the present value of the original Shahnasarian LCP, to arrive at a net value of the cost of Ms. Rothchild's future medical care.

7. Plaintiff's LCP

A plaintiff's LCP was produced by Michael Fryar, M.S. Mr. Staller calculated the present value of the Fryar LCP to be between $621,170 and $2,217,205. In case the court adopts the Fryar LCP, I calculated the value of the future medical offsets that apply to that LCP.

The Miller report addresses the Fryar LCP in addition to the Shahnasarian LCP. As he did with the latter, Mr. Miller lists the projected Medicare payments for the items in the Fryar LCP. The results of the modified Fryar LCP appear in Table D.

Table D: Present Value of Modified Fryar LCP, by Category – Medicare

LCP category	Lower	Upper
Physician Care	$4,332	$5,139
Evaluations	$4,643	$4,922
Therapies	$14,085	$24,481
Medications	$11,939	$11,939
Diagnostic & Laboratory Studies	$177	$177
Medical Equipment	$14,135	$14,135
Medical Supplies	$0	$0
Health & Strength Maintenance	$0	$0
Financial Management Services	$0	$0
Support Services	$0	$0
Home Care Services	$0	$0
Facility Care	$37,996	$0
Transportation	$79	$79
Residential Modifications	$79	$242
Total	**$87,465**	**$61,114**

Therefore, according to the Miller report, Medicare is projected to cover between **$61,114** and **$87,465** of the cost of the Fryar LCP.

It is counterintuitive for the upper bound in Table D to be smaller than the lower bound. That happened in this case because facility care and home care are treated differently by Medicare. Of the four "options" in the Fryar LCP, the cheapest one, Option 3 (which represents the lower bound in Table D), features facility care, while the most expensive one, Option 2 (which represents the upper bound in Table D), features home care. There is no facility care in Option 2, which is why there's a zero for Facility Care in the upper bound in Table D.

The other factor at work here is that Medicare doesn't cover the cost of a CNA when there is no skilled nursing, and as it happens, there are no RNs or LPNs in the Fryar LCP. As a result, Home Care is ignored by Miller and absent from Table D. It's still in the underlying LCP, but from a Medicare-payment perspective, it's absent and cannot offset the cost of Facility Care in the lower bound. Therefore, to calculate the cost of the Fryar LCP, net of offsets, one should subtract the larger number in Table D, $87,465, from the lower bound of the Fryar LCP.

8. Conclusions

My findings in this report are as follows:

(a) The value of lost earnings is zero;
(b) There is no basis for a claim of lost household services;
(c) The present value of the Shahnasarian LCP is between **$454,940** and **$555,661**;
(d) Past medical offsets total **$72,276**.
(e) The present value of future medical offsets is between **$26,657** and **$38,292**; and
(f) If the court adopts the plaintiff's LCP, the present value of future medical offsets is between **$87,465** and **$61,114**, where the values are ordered in this way for the reasons discussed at the end of the previous section.

The opinions set forth in this report, which are my present opinions to a reasonable degree of certainty, are based in part upon my review of the available documents provided to me. The data and facts relied upon in formulating my conclusions are the type of data reasonably and typically relied upon by experts in the field of forensic economics.

9. References

- Short-Form Complaint
- Life-care plan by Michael Shahnasarian, Ph.D., May 2025
- Rehabilitation Evaluation of Diane Lynn Rothchild, by Michael Shahnasarian, Ph.D., May 2025
- Expert report by Henry Miller, Ph.D., December 2025
- Expert report by Syed Hasan, M.D., December 2025
- Draft letter by Stephen Gollomp, M.D., May 2025
- Expert report by Chad L. Staller, J.D., October 2025
- Life-care plan by Michael Fryar, M.S., February 2025
- Third Amended Track 1 Trial Plaintiff Damages Assessment of Diane Rothchild
- U.S. Department of Labor, Bureau of Labor Statistics: Consumer Price Index data at **www.bls.gov/cpi/**
- "United States Life Tables, 2022," *National Vital Statistics Reports*, Vol. 74, No. 2, April 2025

10. Author Information

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Appendix A

Shahnasarian LCP

Lower Bound

Year	Age on 1/1	Aids Indep Living	Medi-cations	Health & Strength	Supplies	Diagnostic Tests	Attendant Care	Facility Care	Other Medical Pros	Architect Renovs
2026	79	$2,419	$547	$3,120	$894	$530	$23,088	$0	$3,860	$424
2027	80	$481	$531	$3,060	$861	$0	$22,828	$0	$630	$0
2028	81	$463	$517	$3,001	$829	$0	$22,571	$0	$610	$0
2029	82	$488	$502	$2,943	$798	$0	$39,161	$0	$590	$0
2030	83	$1,236	$488	$2,886	$768	$0	$38,720	$0	$571	$0
2031	84	$516	$475	$2,830	$740	$0	$38,283	$0	$552	$129
2032	85	$436	$462	$2,775	$712	$0	$37,852	$0	$534	$0
2033	86	$1,077	$449	$2,722	$686	$0	$37,426	$0	$517	$0
2034	87	$369	$436	$2,669	$660	$0	$37,004	$0	$500	$0
2035	88	$389	$424	$2,618	$636	$0	$36,587	$0	$483	$0
2036	89	$131	$54	$335	$80	$0	$4,723	$0	$61	$17
		$8,006	**$4,884**	**$28,959**	**$7,665**	**$530**	**$338,242**	**$0**	**$8,908**	**$570**

Year	Age on 1/1	Wheel-chair Needs	Evals	Therapies, Physicians	Finance Mgmt	Support Services	Annual
2026	79	$787	$2,545	$1,459	$4,060	$1,572	$45,306
2027	80	$144	$350	$1,412	$1,530	$1,555	$33,384
2028	81	$139	$566	$1,367	$1,500	$1,537	$33,101
2029	82	$134	$328	$1,324	$1,471	$1,520	$49,259
2030	83	$1,218	$531	$1,281	$1,443	$1,503	$50,645
2031	84	$662	$308	$1,240	$1,415	$1,486	$48,636
2032	85	$637	$497	$1,201	$1,388	$1,469	$47,963
2033	86	$1,102	$288	$1,162	$1,361	$1,453	$48,242
2034	87	$591	$466	$1,125	$1,335	$1,436	$46,592
2035	88	$569	$270	$1,089	$1,309	$1,420	$45,794
2036	89	$71	$57	$138	$168	$183	$6,018
		$6,054	**$6,208**	**$12,800**	**$16,979**	**$15,134**	**$454,940**

Shahnasarian LCP

Upper Bound

Year	Age on 1/1	Aids Indep Living	Medi-cations	Health & Strength	Supplies	Diagnostic Tests	Attendant Care	Facility Care	Other Medical Pros	Architect Renovs
2026	79	$4,153	$1,443	$3,120	$987	$1,280	$24,960	$0	$8,263	$727
2027	80	$481	$1,403	$3,060	$950	$0	$24,679	$0	$2,844	$0
2028	81	$509	$1,364	$3,001	$914	$0	$24,401	$0	$2,751	$0
2029	82	$575	$1,326	$2,943	$880	$0	$42,336	$0	$2,661	$0
2030	83	$1,335	$1,289	$2,886	$848	$0	$41,859	$0	$2,575	$336
2031	84	$1,648	$1,253	$2,830	$816	$0	$41,387	$0	$2,491	$0
2032	85	$553	$1,218	$2,775	$786	$0	$40,921	$0	$2,409	$0
2033	86	$1,892	$1,185	$2,722	$756	$0	$40,460	$0	$2,331	$0
2034	87	$406	$1,152	$2,669	$728	$0	$40,004	$0	$2,255	$344
2035	88	$1,172	$1,120	$2,618	$701	$0	$39,553	$0	$2,181	$0
2036	89	$182	$142	$335	$88	$0	$5,106	$0	$275	$0
		$12,907	**$12,894**	**$28,959**	**$8,455**	**$1,280**	**$365,667**	**$0**	**$31,035**	**$1,407**

Year	Age on 1/1	Wheel-chair Needs	Evals	Therapies, Physicians	Finance Mgmt	Support Services	Annual
2026	79	$922	$7,603	$1,992	$6,120	$2,097	$63,666
2027	80	$144	$998	$1,928	$3,060	$2,073	$41,620
2028	81	$139	$966	$1,867	$3,001	$2,050	$40,962
2029	82	$134	$935	$1,807	$2,943	$2,027	$58,567
2030	83	$1,287	$905	$1,749	$2,886	$2,004	$59,959
2031	84	$1,383	$876	$1,693	$2,830	$1,981	$59,190
2032	85	$717	$848	$1,639	$2,775	$1,959	$56,602
2033	86	$690	$821	$1,587	$2,722	$1,937	$57,103
2034	87	$664	$795	$1,536	$2,669	$1,915	$55,138
2035	88	$1,598	$770	$1,487	$2,618	$1,893	$55,711
2036	89	$149	$97	$188	$335	$244	$7,143
		$7,828	**$15,616**	**$17,475**	**$31,959**	**$20,179**	**$555,661**

Shahnasarian LCP, Modified by Miller - Medicare

Lower Bound

Year	Age on 1/1	Aids Indep Living	Medi-cations	Health & Strength	Supplies	Diagnostic Tests	Attendant Care	Facility Care	Other Medical Pros	Architect Renovs
2026	79	$2,390	$460	$0	$0	$181	$0	$0	$2,159	$79
2027	80	$0	$447	$0	$0	$0	$0	$0	$345	$0
2028	81	$0	$435	$0	$0	$0	$0	$0	$334	$0
2029	82	$0	$423	$0	$0	$0	$0	$0	$323	$0
2030	83	$227	$411	$0	$0	$0	$0	$0	$313	$0
2031	84	$0	$399	$0	$0	$0	$0	$0	$303	$81
2032	85	$0	$388	$0	$0	$0	$0	$0	$293	$0
2033	86	$404	$378	$0	$0	$0	$0	$0	$283	$0
2034	87	$0	$367	$0	$0	$0	$0	$0	$274	$0
2035	88	$0	$357	$0	$0	$0	$0	$0	$265	$0
2036	89	$166	$45	$0	$0	$0	$0	$0	$33	$11
		$3,188	**$4,110**	**$0**	**$0**	**$181**	**$0**	**$0**	**$4,926**	**$170**

Year	Age on 1/1	Wheel-chair Needs	Evals	Therapies, Physicians	Finance Mgmt	Support Services	Annual
2026	79	$292	$1,174	$657	$0	$0	$7,393
2027	80	$0	$150	$636	$0	$0	$1,579
2028	81	$0	$225	$616	$0	$0	$1,610
2029	82	$0	$141	$596	$0	$0	$1,483
2030	83	$5,125	$211	$577	$0	$0	$6,864
2031	84	$0	$132	$558	$0	$0	$1,473
2032	85	$0	$198	$541	$0	$0	$1,419
2033	86	$224	$124	$523	$0	$0	$1,936
2034	87	$0	$185	$507	$0	$0	$1,333
2035	88	$0	$116	$490	$0	$0	$1,228
2036	89	$0	$23	$62	$0	$0	$341
		$5,641	**$2,679**	**$5,762**	**$0**	**$0**	**$26,657**

Shahnasarian LCP, Modified by Miller - Medicare

Upper Bound

Year	Age on 1/1	Aids Indep Living	Medi-cations	Health & Strength	Supplies	Diagnostic Tests	Attendant Care	Facility Care	Other Medical Pros	Architect Renovs
2026	79	$2,390	$460	$0	$0	$181	$0	$0	$3,550	$79
2027	80	$0	$447	$0	$0	$0	$0	$0	$845	$0
2028	81	$0	$435	$0	$0	$0	$0	$0	$817	$0
2029	82	$0	$423	$0	$0	$0	$0	$0	$790	$0
2030	83	$227	$411	$0	$0	$0	$0	$0	$765	$81
2031	84	$436	$399	$0	$0	$0	$0	$0	$740	$0
2032	85	$0	$388	$0	$0	$0	$0	$0	$715	$0
2033	86	$1,429	$378	$0	$0	$0	$0	$0	$692	$0
2034	87	$0	$367	$0	$0	$0	$0	$0	$670	$82
2035	88	$188	$357	$0	$0	$0	$0	$0	$648	$0
2036	89	$47	$45	$0	$0	$0	$0	$0	$82	$0
		$4,717	**$4,110**	**$0**	**$0**	**$181**	**$0**	**$0**	**$10,313**	**$242**

Year	Age on 1/1	Wheel-chair Needs	Evals	Therapies, Physicians	Finance Mgmt	Support Services	Annual
2026	79	$292	$1,174	$657	$0	$0	$8,783
2027	80	$0	$233	$636	$0	$0	$2,160
2028	81	$0	$225	$616	$0	$0	$2,093
2029	82	$0	$218	$596	$0	$0	$2,027
2030	83	$5,125	$211	$577	$0	$0	$7,396
2031	84	$242	$204	$558	$0	$0	$2,580
2032	85	$0	$198	$541	$0	$0	$1,842
2033	86	$0	$192	$523	$0	$0	$3,213
2034	87	$0	$185	$507	$0	$0	$1,811
2035	88	$4,240	$179	$490	$0	$0	$6,102
2036	89	$26	$23	$62	$0	$0	$285
		$9,925	**$3,042**	**$5,762**	**$0**	**$0**	**$38,292**

Fryar LCP, Modified by Miller - Medicare

Lower Bound

Year	Age on 1/1	Equip-ment	Medi-cations	Health & Strength	Supplies	Diagnostic Tests	Attendant Care	Facility Care	Other Medical Pros	Architect Renovs
2026	79	$6,965	$1,336	$0	$0	$177	$0	$0	$2,548	$79
2027	80	$0	$1,299	$0	$0	$0	$0	$0	$1,544	$0
2028	81	$390	$1,263	$0	$0	$0	$0	$0	$1,494	$0
2029	82	$0	$1,228	$0	$0	$0	$0	$0	$1,445	$0
2030	83	$361	$1,194	$0	$0	$0	$0	$0	$1,398	$0
2031	84	$5,176	$1,160	$0	$0	$0	$0	$0	$1,352	$0
2032	85	$335	$1,128	$0	$0	$0	$0	$0	$1,308	$0
2033	86	$0	$1,097	$0	$0	$0	$0	$0	$1,265	$0
2034	87	$311	$1,066	$0	$0	$0	$0	$37,996	$1,224	$0
2035	88	$0	$1,037	$0	$0	$0	$0	$0	$450	$0
2036	89	$597	$132	$0	$0	$0	$0	$0	$57	$0
		$14,135	**$11,939**	**$0**	**$0**	**$177**	**$0**	**$37,996**	**$14,085**	**$79**

Year	Age on 1/1	Transport	Evals	Physician/ Medical	Finance Mgmt	Support Services	Annual
2026	79	$79	$718	$586	$0	$0	$12,487
2027	80	$0	$460	$567	$0	$0	$3,870
2028	81	$0	$507	$549	$0	$0	$4,202
2029	82	$0	$431	$531	$0	$0	$3,635
2030	83	$0	$475	$514	$0	$0	$3,942
2031	84	$0	$404	$498	$0	$0	$8,591
2032	85	$0	$445	$482	$0	$0	$3,698
2033	86	$0	$379	$200	$0	$0	$2,941
2034	87	$0	$417	$194	$0	$0	$41,208
2035	88	$0	$355	$187	$0	$0	$2,030
2036	89	$0	$51	$24	$0	$0	$860
		$79	**$4,643**	**$4,332**	**$0**	**$0**	**$87,465**

Fryar LCP, Modified by Miller - Medicare

Upper Bound

Year	Age on 1/1	Equip-ment	Medi-cations	Health & Strength	Supplies	Diagnostic Tests	Attendant Care	Facility Care	Other Medical Pros	Architect Renovs
2026	79	$6,965	$1,336	$0	$0	$177	$0	$0	$2,977	$79
2027	80	$0	$1,299	$0	$0	$0	$0	$0	$2,789	$0
2028	81	$390	$1,263	$0	$0	$0	$0	$0	$2,698	$0
2029	82	$0	$1,228	$0	$0	$0	$0	$0	$2,610	$0
2030	83	$361	$1,194	$0	$0	$0	$0	$0	$2,525	$81
2031	84	$5,176	$1,160	$0	$0	$0	$0	$0	$2,442	$0
2032	85	$335	$1,128	$0	$0	$0	$0	$0	$2,362	$0
2033	86	$0	$1,097	$0	$0	$0	$0	$0	$2,285	$0
2034	87	$311	$1,066	$0	$0	$0	$0	$0	$2,211	$82
2035	88	$0	$1,037	$0	$0	$0	$0	$0	$1,405	$0
2036	89	$597	$132	$0	$0	$0	$0	$0	$177	$0
		$14,135	**$11,939**	**$0**	**$0**	**$177**	**$0**	**$0**	**$24,481**	**$242**

Year	Age on 1/1	Transport	Evals	Physician/ Medical	Finance Mgmt	Support Services	Annual
2026	79	$79	$718	$586	$0	$0	$12,917
2027	80	$0	$524	$567	$0	$0	$5,178
2028	81	$0	$507	$549	$0	$0	$5,406
2029	82	$0	$491	$531	$0	$0	$4,859
2030	83	$0	$475	$514	$0	$0	$5,149
2031	84	$0	$460	$498	$0	$0	$9,736
2032	85	$0	$445	$482	$0	$0	$4,753
2033	86	$0	$431	$467	$0	$0	$4,280
2034	87	$0	$417	$452	$0	$0	$4,539
2035	88	$0	$404	$437	$0	$0	$3,283
2036	89	$0	$51	$55	$0	$0	$1,012
		$79	**$4,922**	**$5,139**	**$0**	**$0**	**$61,113**

Appendix B

ANDREW C. BROD

President, Brod Forensic Economics
Senior Research Fellow, Center for Business and Economic Research, UNC-Greensboro
4501 Kenbridge Drive, Greensboro, NC 27410
Telephone: 336-707-6439
E-mail: Info@andrewbrod.com Web: http://www.andrewbrod.com

EDUCATION

1992: Ph.D. in Economics, University of Minnesota.

1985: M.A. in Economics, University of Minnesota.

1981: A.B. in Economics and Mathematics, University of Illinois.
Phi Beta Kappa, Cum Laude, and Distinction in Economics.

PROFESSIONAL EXPERIENCE

1997−present: President, Brod Forensic Economics

2010−present: Senior Research Fellow, Bryan School of Business and Economics, University of North Carolina at Greensboro.

1999−2010: Director, Center for Business and Economic Research, Bryan School of Business and Economics, University of North Carolina at Greensboro.

1989−99: Instructor and Assistant Professor, Department of Economics, University of North Carolina at Greensboro.

1988−89: Research Associate, University of Minnesota.

1986−88: Research Associate, Center for Health Policy Research, American Medical Association, Chicago, Illinois.

1981−85: Teaching Associate and Research Assistant, University of Minnesota.

RECENT APPLIED RESEARCH STUDIES

"Economic Impact of Carrollwood Farms," for The Carroll Companies, September 2025.

"Triad Business Census 2023," for Triad Business Bank, February 2023

"Triad Business Census 2021," for Triad Business Bank, May 2021

"Economic Impact of '60-by-30'," for Community Foundation of Greater Greensboro, February 2020

"Assessing In-State Tuition for DACA Recipients," for Community Foundation of Greater Greensboro, December 2019

"Triad Business Census 2019," a feasibility study for TBB Organization, April 2019

"Economic Impact of the Proposed Lehigh Hanson Distribution Yard," for Lehigh Hanson, Inc., August 2018.

"Valuation of Loflin Concrete and Related Entities," for Loflin Concrete Company, Inc., August 2018.

"Assessment of Studies of House Values Near Rock Quarries," for Lehigh Hanson, Inc., October 2017.

"Economic Impact of the Proposed Lehigh Hanson Quarry," for Lehigh Hanson, Inc., October 2017.

"North Carolina Sales Tax Model," for the North Carolina Economic Modeling Project, August 2017.

"Bee Safe Feasibility Study," for The Carroll Companies, August 2016.

"Canada in the North Carolina Economy," for the Department of Foreign Affairs, Trade and Development, Government of Canada, March 2016.

"The Economic Impact of the Greensboro Fire Department," for the City of Greensboro, December 2015.

"Cityfi: Citywide Public Wi-Fi," with Roch Smith, Jr., for the City of Greensboro's Strong Cities, Strong Communities Challenge, June 2015.

"Assessing the North Carolina Film Tax Credit," for Winston-Salem Business, Inc., May 2015.

"North Carolina Urban/Suburban Poverty," for the City of Greensboro, September 2014.

"The Economic Impact of the Fuquay-Varina Cultural Arts Center," for the FV Arts Foundation, September 2014.

"Macroeconomic Assessment of North Carolina's Triad Region," for Kisco Senior Living, August 2013.

"The Economic Impact of Improvements to Highway 17," subcontract to Atkins Global, for the Highway 17 Association, February 2013.

"The History of Norfolk State University," subcontract to Jack Faucett Associates, for the Economic Impact of Norfolk State University, Norfolk State University, December 2012.

"Analysis of Hendersonville, TN, Apartment Market," for The Carroll Companies, May 2012.

"The Economic Impact of the Whitaker Park Development," for Winston-Salem Business, Inc., June 2011.

"The Economic Impact of RAFI-USA's Tobacco Communities Reinvestment Fund," for the Rural Advancement Foundation International-USA, May 2011.

"A GIS Chartbook: RAFI-USA's Tobacco Communities Reinvestment Fund," with Bradley Bereitschaft, for the Rural Advancement Foundation International-USA, May 2011.

"Demographic and Economic Projections: North Carolina in 2040," subcontract to PBS&J, for the North Carolina Statewide Transportation Plan, North Carolina Department of Transportation, March 2011.

"The Economic Impact of the Proposed National Banjo Center," for Piedmont Folk Legacies, June 2010.

"The Economic Impact of UNCG's Proposed School of Pharmacy," for The University of North Carolina at Greensboro, April 2010.

"State Wine Regulations," for The North Carolina Wine and Grape Council, April 2010.

"The Economic Impact of the Natural Science Center of Greensboro," for the Natural Science Center of Greensboro, February 2009.

"An Economic Analysis of Case Management in Guilford County," with Christopher Ruhm, for the Moses Cone Wesley Long Community Health Foundation, November 2008.

"Economic and Demographic Projections: North Carolina in 2020 and 2030," subcontract to North Carolina State University's Institute for Transportation Research and Education, for the NC Logistics Plan, North Carolina Office of State Budget and Management, April 2008.

RECENT NEWSPAPER AND MAGAZINE ARTICLES

"The Data They Are A-Changin'," *Triangle Attorney at Law*, September 2025

"In Data We Trust?," *Triangle Attorney at Law*, May 2025

"Lost Household Services in Lost Wages Projections," *Triangle Attorney at Law*, January 2025

"Life-Care Plans and the Forensic Economist," *Triangle Attorney at Law*, September 2024

"What For? The But-For Scenario," *Triangle Attorney at Law*, June 2024

"Wrongful Death Cases Can Be Tricky, *Triangle Attorney at Law*, February 2024

"Could ChatGPT Be Your Next Expert Witness?," *Triangle Attorney at Law*, August 2023

"Covid-19, Life Expectancy, and Economic Damages," *Triangle Attorney at Law*, February 2023

"Hedonic Damages in Civil Litigation," *Triangle Attorney at Law*, October 2022

"Daubert Challenges from an Economist's Perspective," *Triangle Attorney at Law*, June 2022

"Lost Profit in Business Litigation," *Triangle Attorney at Law*, February 2022

"Boom Supersonic Takes Flight," *Greensboro News & Record*, January 30, 2022

"What the Pandemic Did to Your Business and My Business," *Triangle Attorney at Law*, October 2021

"Economic Damages Playing Bigger Role in Med-Mal Cases," *Triangle Attorney at Law*, May 2021

"A Decade of Interesting Economic Policy in N.C.," *Triad Business Journal*, January 17, 2020

"When Giving, Remember the Cost of Unintended Consequences," *Triad Business Journal*, December 6, 2019

"Trump in a Landslide?," *Triad Business Journal*, October 25, 2019

"Don't Oversell the Creative Economy," *Triad Business Journal*, October 4, 2019

"Recessions – Remember Them?," *Triad Business Journal*, September 6, 2019

"State Health Plan: A Game of Chicken?," *Triad Business Journal*, August 2, 2019

"Let's Dive Into the Triad's Payroll Puzzle," *Triad Business Journal*, May 31, 2019

"Treading Water: It's Worse Than I Thought," *Triad Business Journal*, April 26, 2019

"The Life Cycle in Forensic Economics," *Triangle Attorney at Law Magazine*, April 2019

"The Yield Curve Inverted! The Yield Curve Inverted!," *Triad Business Journal*, March 29, 2019

"Democratic Socialism or Social Democracy?," *Triad Business Journal*, March 1, 2019

"NFL Drug Testing and the Sexes of Grandchildren," *Triad Business Journal*, December 28, 2018

"Flipping the Bird at Pedestrians in the Triad?," *Triad Business Journal*, November 30, 2018

"Trump, Media Confused on 'Time Value of Money'," *Triad Business Journal*, October 26, 2018

"Reflecting on Triad Workforce, 20 Years Later," *Triad Business Journal*, September 14, 2018

"Medicare For All: Too Costly or Worth the Risk?," *Triad Business Journal*, August 30, 2018

"The Economic Outlook: Rosy, Gloomy, or Iffy?," *Triad Business Journal*, August 3, 2018

"If Labor is Scarce, Why Aren't Wages Rising More?," *Triad Business Journal*, June 29, 2018

"Are Rising Gasoline Prices an Omen of Recession?," *Triad Business Journal*, June 1, 2018

"Medicaid Expansion: It's Still Not Too Late for North Carolina," *Triad Business Journal*, March 30, 2018

"Can We Really Win a Trade War?," *Triad Business Journal*, March 9, 2018

"Loss of Auto Plant Hurts Even More the Second Time," *Triad Business Journal*, January 26, 2018

"Here's What the Triad Should Be Watching in 2018," *Triad Business Journal*, January 5, 2018

"Can Greensboro-High Point's land Amazon's HQ2?," *Triad Business Journal*, November 24, 2017

"Police Pursuits and the Value of a Statistical Life," *Triad Business Journal*, October 27, 2017

"Celebrate Labor Day by Debunking Workforce Myths," *Triad Business Journal*, September 1, 2017

"The Occasionally Curious World of Forensic Economics," *Triangle Attorney at Law Magazine*, September 2017

"A Tale of Two, or Perhaps Five, North Carolinas," *Triad Business Journal*, July 28, 2017

"Cutting Retiree Health Benefits is Penny-Wise and Pound-Foolish," *Triad Business Journal*, June 30, 2017

"Public Cruelty as Economic Policy," *Triad Business Journal*, May 26, 2017

"Auctions in the Air," *Triad Business Journal*, April 28, 2017

"HB2 Means Slower Growth for North Carolina," *Triad Business Journal*, March 31, 2017

"U.S. Labor Markets are Returning to (Almost) Normal," *Triad Business Journal*, February 24, 2017

"Will U.S. Economy Suffer from a Trump Recession? ," *Triad Business Journal*, January 27, 2017

"Why is HB2 Still with Us? It's the Urban/Rural Divide," *Triad Business Journal*, January 13, 2017

"Can President Trump Bring Back Manufacturing Jobs?," *Triad Business Journal*, December 2, 2016

RECENT PUBLIC PRESENTATIONS

"Writing Opinion Columns": UNCG Young Writers' Camp, 7/14/23 and 7/12/19

"Brief Economic Update": Summit Rotary Club, 6/2/23; Institute of Management Accountants, Triad Chapter, 10/18/18; Edward R. Murrow Kiwanis, 8/14/18; Temple Emanuel, 11/1/17; Gate City Rotary Club, 8/17/17; Greensboro Kiwanis Club, 1/12/17; Institute of Management Accountants, Triad Chapter, 10/20/16; Crescent Rotary Club, 10/10/16.

"Coronavirus Economics": Temple Emanuel, 7/29/20; Gate City Rotary Club, 5/14/20.

"'60 by 30': The Impact of Educational Attainment in Guilford County": Community Foundation of Greater Greensboro, 5/22/20 and 2/25/20.

"U.S./North Carolina Economic Update": Piedmont Triad Apartment Association, 1/17/20; Society of Financial Service Professionals, 2/20/18; Alamance Community College Foundation, 9/17/17; Society of Financial Service Professionals, 1/17/17; Bernard Robinson & Co., 10/25/16, 10/27/16; Society of Financial Service Professionals, 1/19/16.

"Forensic Economics": UNCG chapter of National Association for Business Economics, 1/31/18.

"Economic Update for the U.S. and the Transportation Sector": Transplace Southeast Carrier Symposium, 1/18/18, 11/10/16.

"Triad Economic Update/The Triad Business Index": Moderate Chic Club, 8/25/16.

"The Economics of the Minimum Wage": Southern Guilford Rotary Club, 7/19/16.

"Economic Implications of USPS Privatization": Grand Alliance to Save our Public Postal Service, 6/29/16.

"The Economics of Immigration": Holy Trinity Episcopal Church, 3/6/16.

ACADEMIC PUBLICATIONS

"Trends in Cooperative Research Activity: Has the National Cooperative Research Act Been Successful?" (with A. Link), in *Innovation Policy in the Knowledge-Based Economy* (edited by M. Feldman and A. Link), Kluwer Academic Publishers, 2001.

"Advantageous Semi-Collusion," with Ram Shivakumar, *Journal of Industrial Economics*, June 1999.

"Migraine Preventive Medications: A Reappraisal," with James Adelman, Randal Von Seggern, Lisa Mannix, and Alan Rapoport (2nd author), *Cephalalgia*, November 1998.

"Domestic versus International R&D Spillovers," with Ram Shivakumar, *Economics Letters*, October 1997.

"R&D Cooperation and the Joint Exploitation of Cooperative R&D," with Ram Shivakumar, *Canadian Journal of Economics*, August 1997.

"Economics as One of the Humanities: A Comment," *Southern California Interdisciplinary Law Journal*, Winter 1995.

"Can Green Trade be Free Trade?," *Global Perspectives*, Summer 1994.

RECENT PROFESSIONAL AND COMMUNITY SERVICE

2020−present: President, Finance Chair, and member of Board of Trustees, Temple Emanuel, Greensboro, NC

2006−20: Vice President, Campaign Chair, and member of Board of Trustees, Greensboro Jewish Federation.

2000−12: President, Vice President for Education, and member of Board of Trustees, Temple Emanuel, Greensboro, N.C.

2010−11: Member, Campaign Planning Committee, Community Theatre of Greensboro.

2006−2010: Faculty advisor, Hillel, The University of North Carolina at Greensboro.

2003−2005, 2006−2010: Vice President and member of Board of Directors, Association for University Business and Economic Research.

1999−2005: Member, Board of Directors, American Civil Liberties Union of North Carolina.

2001−02: Member, Action Greensboro task force on Attracting and Retaining Young Professionals.

2000−02: Member, Technical Advisory Team, City of Greensboro Comprehensive Plan, Greensboro, N.C.

1999−2000: Chair, Living-Wage Study Committee, City of Greensboro, N.C.

1999: Member, Citizen's Advisory Board, Department of Storm Water Services, City of Greensboro, N.C.

Appendix C

Four-Year Testimony Log for Dr. Andrew Brod
As of December 15, 2025

1. Delfina Ocampo-Peralta v. PGP Bethabara, et al
   Damages expert for plaintiff's counsel, Atkinson Law Firm
   Deposed: December 8, 2025

2. Michael Geffre v. Adam Back, M.D., et al
   Damages expert for plaintiff's counsel, Rossabi Law Partners
   Deposed: July 31, 2025

3. Estate of Guadalupe Vazquez-Alvarado v. Stellar HVAC LLC, et al
   Damages expert for plaintiff's counsel, Riddle & Riddle LLP
   Deposed: February 18, 2025

4. Sopheap Pang v. Wake Forest University Baptist Medical Center, et al
   Damages expert for plaintiff's counsel, Law Offices of Gregory Kash
   Deposed: January 31, 2025

5. Filomeno Orozco Vaquero v. Toll NC II LP, et al
   Damages expert for plaintiff's counsel, Bricio Law Firm
   Deposed: December 17, 2024

6. Aaron Casasola-Robles v. Ana T. Daley, R.N., et al
   Damages expert for plaintiff's counsel, Mills & Mahoney, PA
   Deposed: November 19, 2024

7. Clifford Hyatt v. North Carolina Farm Bureau Insurance, et al
   Damages expert for plaintiff's counsel, Poisson, Poisson & Bower
   Testified at arbitration hearing: November 6, 2024

8. Gregory Burgess v. United States of America
   Damages expert for defendant's counsel, U.S. Department of Justice
   Deposed: February 22, 2024

9. Rachelle Robinson-Ware v. Keenen Menefee-Long
   Damages expert for plaintiff's counsel, Bullock, Clay & Furr, PLLC
   Testified at trial: February 1, 2024

10. Jeffery Cambre v. Medical Imaging Center LLC, et al
    Damages expert for plaintiff's counsel, Anderson, Johnson, Lawrence & Butler, LLP
    Testified at trial: November 7, 2023
    Deposed: May 3, 2023

11. Estate of Larry Toney v. Atrium Health, Inc., et al
    Damages expert for plaintiff's counsel, Comerford, Chilson & Moser, LLP
    Deposed: July 5, 2023

12. Estate of Worth Carter, Jr. v. Judith Szulecki, M.D.
    Damages expert for plaintiff's counsel, Young, Haskins, Mann, Gregory & Wall, PC
    Deposed: June 27, 2023

13. David Carmely v. United States of America
    Damages expert for defendant's counsel, U.S. Department of Justice
    Testified at trial: March 8, 2023

14. Estate of William Conti v. Jeremy Holdsworth, M.D., et al
    Damages expert for plaintiff's counsel, Melvin Law Firm
    Deposed: February 20, 2023

15. CIP Construction Company, et al v. Schindler Elevator Company
    Damages expert for plaintiff's counsel, Rossabi Law Partners
    Deposed: August 10, 2022

16. Donald Pearce v. Novant Medical Group, et al
    Damages expert for plaintiff's counsel, Melvin Law Firm
    Deposed: June 15, 2022

17. Lorraine Rusch v. High Point Clinical Trials Center LLC, et al
    Damages expert for defendant's counsel, Rossabi Law Partners
    Testified at trial: April 1, 2022
    Deposed: December 22, 2021

18. April Williams v. North Carolina Baptist Hospital, et al
    Damages expert for plaintiff's counsel, Melvin Law Firm
    Deposed: March 10, 2022

19. Estate of Jennifer Huddle Edwards v. William Lindel, MD, et al
    Damages expert for plaintiff's counsel, Gardner Barrow & Sharpe PC
    Deposed: February 28, 2022

20. Cecil Staton v. Harry Smith, et al
    Damages expert for defendant's counsel, Fox Rothschild LLP
    Deposed: January 19, 2022

Exhibit 644

Expert Report of Andrew Brod, Ph.D.

In the matter of

Richard Sparks v. United States of America

Case No. 7:23-CV-00682

December 15, 2025



1. Introduction

In this report, I provide a preliminary assessment and rebuttal of the plaintiff's expert report regarding economic damages in Sparks v. USA. The report, written by Chad L. Staller, claims damages for lost earnings, lost household services, and the value of a life-care plan (LCP).

Mr. Sparks was diagnosed with Parkinson's disease (PD) in January 2014, and he claims that the diagnosis resulted from his exposure to contaminated water at Camp Lejeune. He further claims to have incurred economic damages as a result of that exposure. For the sole purpose of producing this report, I will assume that liability has been established.

In addition, I will address the issue of offsets for Mr. Sparks's support and care by the U.S. government.

As further information becomes available on any of the issues addressed in this memorandum, I may update my analysis.

2. About Dr. Brod

I did my undergraduate work at the University of Illinois and earned a Ph.D. in economics from the University of Minnesota. My undergraduate majors were mathematics and economics, and my graduate fields were econometrics and industrial organization. I have worked for the American Medical Association and the University of North Carolina at Greensboro. At UNCG, I taught courses in statistics, forecasting, econometrics, and microeconomics, and I directed an applied economic research center for more than a decade. I retired from UNCG in 2010 and have worked since then as a self-employed economic consultant.

I have worked in forensic economics for more than 25 years. I work for both plaintiffs and defendants, primarily analyzing and testifying about economic damages, though I have conducted other kinds of analyses. My work focuses on projections of lost earnings in personal-injury and wrongful-death cases, lost profits in complex commercial cases, and the valuation of life-care plans.

My billing rates are $480 per hour for case review, research, and report writing; $240 per hour for out-of-town travel, and $750 per hour for testimony (with a $1,800 daily minimum). I bill for my assistant's time at a rate of $160 per hour.

My resume and a four-year testimony log are included in this report as Appendices B and C. A list of recent publications is included in my resume.

3. Lost Earnings

Mr. Staller opines that Mr. Sparks's lost earning capacity is $414,970. However, the defense vocational expert, Dr. Michael Shahnasarian, has opined that Mr. Sparks retained his earning capacity even after his retirement. Dr. Shahnasarian said in his report that he has concluded that "Mr. Sparks's decision to leave his employment as a customs and border protection officer in April 2017 was voluntary." He sums up his opinion by

stating the following: "The evidence I reviewed is insufficient to support a claim of loss of earning capacity related to Mr. Sparks's MCBCL exposures."[1] If Mr. Sparks lost no earning capacity due to his PD, the implication is that his lost earnings in this action are zero.

4. Lost Household Services

Mr. Staller's report presents a value of lost household services through December 31, 2025, at which point such services are assumed to be covered by the LCP. However, Mr. Staller does not express an expert opinion regarding the number of service hours Mr. Sparks could have provided but for his PD. He presents an average number of hours based on data published by the U.S. Bureau of Labor Statistics, but that number applies to all men of Mr. Sparks's age. Mr. Staller does not question whether Mr. Sparks would have actually done that many hours of household chores. Instead, he presents a calculation for one service hour per week, leaving the task of determining the number of weekly hours to the finder of fact in this case.

Given the uncertainty regarding the extent of Mr. Sparks's pre-PD provision of household services, and because Mr. Staller does not express an opinion about the number of service hours that were lost due to PD, it is my opinion that there is no basis to include lost household services in Mr. Sparks's economic damages.

5. Future Medical Expenses: Life-Care Plan

A life-care plan (LCP) for Mr. Sparks was prepared by the defense life-care planner, Michael Shahnasarian, Ph.D. The LCP describes various medications, treatments, and equipment that Dr. Shahnasarian believes Mr. Sparks will need in the future as a result of his PD. The plan provides estimates of the costs of these items over Mr. Sparks's remaining life.

The economic analysis of an LCP involves (a) identifying inflation, or growth, rates that allow medical costs to be projected into the future, and (b) using a discount rate to express the streams of future costs as lump-sum present values.

I took the cost estimates provided in the Shahnasarian LCP and obtained reasonable growth rates for the costs in each category, based on components of the Consumer Price Index (CPI). I calculated average inflation rates over the period 2014-2024. I assigned CPI components in order to capture the bulk of the spending in each category. Table A, on the following page, associates these growth rates with the LCP categories.

In Table A, I divided two categories (Therapeutic Needs, Home Facility Care) into multiple subcategories to capture the different natures (and inflation rates) of the activities in those categories. I didn't include Diagnostic Tests or the subcategory of Financial Management because they're one-time expenses.

[1] Both quotes are from p. 50 of Dr. Shahnasarian's May 2025 Rehabilitation Evaluation report.

Table A: Life-Care Plan Categories and Growth Rates

LCP category	Growth Rate	CPI Component
Evaluations	1.53%	Physicians' services
Therapeutic Needs		
Therapeutic Needs, Other Med	1.46%	Services by other medical professionals
Home Environmental Analysis		
Home Facility Care, Nurse		
Wheelchair Needs	0.98%	Medical equipment and supplies
Aids for Independent Living		
Drugs	1.97%	Prescription drugs
Home Facility Care, ex Nurse	3.70%	Care of elderly and invalids at home

The Shahnasarian LCP expresses costs in ranges for some items, so I followed suit and calculated lower and upper bounds on the value of the LCP. My projections start on January 1, 2026, and extend until the expected end of Mr. Sparks's life. Following Mr. Staller, I used CDC demographic data to determine that Mr. Sparks's remaining life expectancy on the date of this report was 12.7 years, implying a total life expectancy of 84.8 years.[2]

In order to calculate the present value of future medical expenses, I discounted all future values using the same 4.88% discount rate used by Mr. Staller. The results of my analysis appear in Table B, on the following page; detailed results appear in Appendix A.

Table B: Present Value of Life-Care Plan, by Category

LCP category	Lower	Upper
Evaluations	$4,476	$8,137
Therapeutic Needs	$6,147	$12,980
Therapeutic Needs, Other Med	$25,054	$53,513
Diagnostic Tests	$529	$980
Wheelchair Needs	$5,637	$7,115
Aids for Independent Living	$1,671	$7,101
Drugs	$10,542	$53,490
Home Facility Care, Nurse	$51,852	$74,074
Home Facility Care, ex Nurse	$884,396	$1,195,106
Financial Management	$2,000	$2,000
Home Environmental Analysis	$303	$404
Total	**$992,606**	**$1,414,899**

Table B shows that the present value of the cost of the Shahnasarian LCP is between **$992,606** and **$1,414,899**.

[2] Mr. Staller calculates a total life expectancy of 84.7 years as of October 29, 2025, the date of his report.

6. Offsets to Damages

The economic damages in this case are properly offset by certain defined expenses that have been and will be incurred by the federal government on behalf of Mr. Sparks. Such offsets fall into two categories, (a) past and future disability benefits, and (b) past and future medical benefits.

Disability Benefits: Mr. Sparks has received disability benefits from the Veterans Benefits Administration (VBA) since 2016. His monthly benefit for 2026 will be $4,298.04, which corresponds to a 100% disability rating.[3] A May 1, 2025 letter from VBA, along with an accompanying spreadsheet, listed Mr. Sparks's disabilities, and all of them are PD-related.[4,5] Therefore, all of his VBA benefits are due to his PD, and hence the full amount of $4,298.04 per month is an offset in the context of this lawsuit.

I summed up past VBA benefits and projected the current benefit into the future, until Mr. Sparks's life expectancy of 84.8 years. By law, the benefit grows each year according to the Social Security Administration's cost-of-living adjustment (COLA). The average COLA for the years 2000-25 was 2.57%, so I assumed that his future VBA benefits will grow at a rate of 2.57% per year. I used the same discount rate as I did to calculate the present value of the LCP.

Based on the above information, the present value of this offset to Mr. Sparks's economic damages in this case, calculated from 2016 until his life expectancy, is **$972,889**.

Medical Offsets: Mr. Sparks has received services that were provided by the Veterans Health Administration (VHA). According to defense clinical expert Dr. Syed Hasan, the total value of Mr. McElhiney's past medical offsets is **$18,891.03** when accounting for VHA's total costs and **$10,122.04** when accounting for VHA's total direct costs.

Mr. Sparks's future medical offsets are summarized in a report by Henry Miller of the Berkeley Research Group, which lists the projected VHA payments for the items in the Shahnasarian LCP. The Miller report retains the categories and treatments of the Shahnasarian LCP, and its results can be construed as a modification of the LCP. The results of the modified Shahnasarian LCP appear in Table C, on the following page.

As Table C shows, the projected coverage by VHA for the items in the Shahnasarian LCP is between **$333,205** and **$339,498**.

The court may decide to subtract these amounts from the corresponding lower and upper bounds of the present value of the original Shahnasarian LCP, to arrive at a net value of the cost of Mr. Sparks's future medical care.

[3] VA letter to Sparks, April 4, 2022, 00682_SPARKS_0000004148-4156.
[4] The accompanying spreadsheet is "RITA_2025-54151_results_04302025.xlsx".
[5] Expert report of Syed Hasan, M.D., Appendix E.

Table C: Present Value of Modified LCP, by Category – VHA

LCP category	Lower	Upper
Evaluations	$2,944	$2,944
Therapeutic Needs	$3,303	$3,303
Therapeutic Needs, Other Med	$16,188	$19,915
Diagnostic Tests	$247	$247
Wheelchair Needs	$6,648	$6,905
Aids for Independent Living	$2,922	$5,230
Drugs	$5,394	$5,394
Home Facility Care, Nurse	$0	$0
Home Facility Care, ex Nurse	$295,502	$295,502
Financial Management	$0	$0
Home Environmental Analysis	$57	$57
Total	**$333,205**	**$339,498**

7. Plaintiff's LCP

The plaintiff's LCP was produced by Michael Fryar, M.S. Mr. Staller calculated the present value of the Fryar LCP to be $1,540,411. In case the court adopts the Fryar LCP, I calculated the value of the future medical offsets that apply to that LCP. The Miller report provides these offsets as well. As he did with the Shahnasarian LCP, Mr. Miller lists the projected payments by VHA for the items in the Fryar LCP. The results of the modified Fryar LCP appear in Table D.

Table D: Present Value of Modified Fryar LCP, by Category – VHA

LCP category	Lower	Upper
Physician Care	$1,262	$1,898
Evaluations	$3,052	$3,129
Therapies	$13,706	$13,706
Medications	$5,157	$5,157
Diagnostics and Laboratory Studies	$464	$580
Medical Equipment and Supplies	$14,478	$14,478
Health and Strength Maintenance	$0	$0
Financial Management	$0	$0
Support Services	$0	$0
Home Care – Nurse	$0	$0
Home Care – ex Nurse	$73,995	$73,995
Facility Care	$1,429,589	$1,429,589
Residential Modifications	$6,800	$6,800
Total	**$1,548,503**	**$1,549,332**

As shown in Table D, VHA coverage is projected to pay between **$1,548,503** and **$1,549,332** for the services and treatments included in the Fryar LCP. The lower- and upper-bound values are both greater than Mr. Staller's valuation of the Fryar LCP.

8. Conclusions

My findings in this report are as follows:

(a) The value of lost earnings is zero;
(b) There is no basis for a claim of lost household services;
(c) The present value of the Shahnasarian LCP is between **$992,606** and **$1,414,899**;
(d) The present value of past and future VBA disability offsets is **$972,889**;
(e) Past medical offsets total **$18,891** when accounting for VHA's total costs and **$10,122** when accounting for VHA's total direct costs.
(f) The present value of future medical offsets is between **$333,205** and **$339,498**; and
(g) If the court adopts the plaintiff's LCP, the present value of future medical offsets is between **$1,548,503** and **$1,549,332**.

The opinions set forth in this report, which are my present opinions to a reasonable degree of certainty, are based in part upon my review of the available documents provided to me. The data and facts relied upon in formulating my conclusions are the type of data reasonably and typically relied upon by experts in the field of forensic economics.

9. References

- Short-Form Complaint, filed November 6, 2023
- Life-care plan by Michael Shahnasarian, Ph.D., May 2025
- Rehabilitation Evaluation of Richard Douglas Sparks, by Michael Shahnasarian, Ph.D., May 2025
- Expert report by Henry Miller, Ph.D., December 2025
- Expert report by Syed Hasan, M.D., December 2025
- Expert report by Chad L. Staller, J.D., October 2025
- Life-care plan by Michael Fryar, M.S., February 2025
- Veterans Administration, letter to Richard Sparks, April 4, 2022, 00682_SPARKS_0000004148-4156
- Letter from VBA, dated May 1, 2025, along with data spreadsheet, "RITA_2025-54151_results_04302025.xlsx"
- VBA data spreadsheet, "CLJA_VBA_0000000019.xlsx"
- Third Amended Track 1 Trial Plaintiff Damages Assessment of Richard Sparks
- Social Security Administration, Data on cost-of-living adjustments at **www.ssa.gov/cola/**
- U.S. Department of Labor, Bureau of Labor Statistics: Consumer Price Index data at **www.bls.gov/cpi/**
- "United States Life Tables, 2022," *National Vital Statistics Reports*, Vol. 74, No. 2, April 2025

10. Author Information

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Appendix A

Sparks's VBA Offsets

Year	Age on 1/1	Annual	Present Value
2016	62	$34,893	$34,893
2017	63	$38,180	$38,180
2018	64	$38,943	$38,943
2019	65	$40,034	$40,034
2020	66	$40,674	$40,674
2021	67	$41,203	$41,203
2022	68	$43,634	$43,634
2023	69	$47,430	$47,430
2024	70	$48,948	$48,948
2025	71	$50,172	$50,172
2026	72	$51,576	$49,177
2027	73	$52,903	$48,094
2028	74	$54,263	$47,036
2029	75	$55,659	$46,001
2030	76	$57,090	$44,988
2031	77	$58,558	$43,998
2032	78	$60,064	$43,030
2033	79	$61,609	$42,083
2034	80	$63,194	$41,156
2035	81	$64,819	$40,251
2036	82	$66,486	$39,365
2037	83	$68,195	$38,498
2038	84	$69,949	$25,101
		Total	**$972,889**

Shahnasarian LCP

Lower Bound

Year	Age on 1/1	Aids Indep Living	Medi-cations	Health & Strength	Wheel-chair Needs	Diagnostic Tests	Home Care, Nurse	Therapies, Other Med Pros	Architect Renovs
2026	72	$0	$827	$0	$0	$529	$0	$4,541	$0
2027	73	$0	$965	$0	$0	$0	$5,282	$2,090	$0
2028	74	$520	$938	$0	$0	$0	$5,109	$2,021	$303
2029	75	$753	$912	$0	$0	$0	$4,943	$1,955	$0
2030	76	$0	$887	$0	$1,695	$0	$4,781	$1,892	$0
2031	77	$0	$862	$0	$583	$0	$4,625	$1,830	$0
2032	78	$0	$838	$0	$562	$0	$4,474	$1,770	$0
2033	79	$0	$815	$0	$541	$0	$4,328	$1,712	$0
2034	80	$0	$792	$0	$520	$0	$4,187	$1,656	$0
2035	81	$398	$770	$0	$501	$0	$4,050	$1,602	$0
2036	82	$0	$749	$0	$482	$0	$3,918	$1,550	$0
2037	83	$0	$728	$0	$465	$0	$3,790	$1,499	$0
2038	84	$0	$456	$0	$288	$0	$2,363	$935	$0
		$1,671	**$10,542**	**$0**	**$5,637**	**$529**	**$51,852**	**$25,054**	**$303**

Year	Age on 1/1	Evals	Therapies, Physicians	Finance Mgmt	Home Care	Annual
2026	72	$1,996	$719	$2,000	$48,932	$59,545
2027	73	$252	$551	$0	$48,381	$57,520
2028	74	$244	$533	$0	$47,836	$57,504
2029	75	$236	$516	$0	$47,297	$56,612
2030	76	$228	$500	$0	$46,764	$56,747
2031	77	$221	$484	$0	$87,624	$96,230
2032	78	$214	$468	$0	$86,637	$94,964
2033	79	$207	$453	$0	$85,661	$93,718
2034	80	$201	$439	$0	$84,696	$92,492
2035	81	$194	$425	$0	$83,742	$91,683
2036	82	$188	$411	$0	$82,798	$90,097
2037	83	$182	$398	$0	$81,865	$88,928
2038	84	$113	$248	$0	$52,163	$56,567
		$4,476	**$6,147**	**$2,000**	**$884,396**	**$992,606**

Shahnasarian LCP

Upper Bound

Year	Age on 1/1	Aids Indep Living	Medi-cations	Health & Strength	Wheel-chair Needs	Diagnostic Tests	Home Care, Nurse	Therapies, Other Med Pros	Architect Renovs
2026	72	$0	$4,197	$0	$0	$980	$0	$8,368	$0
2027	73	$0	$4,897	$0	$0	$0	$7,545	$4,599	$0
2028	74	$847	$4,761	$0	$0	$0	$7,299	$4,449	$404
2029	75	$4,077	$4,629	$0	$1,921	$0	$7,061	$4,303	$0
2030	76	$0	$4,500	$0	$692	$0	$6,830	$4,163	$0
2031	77	$308	$4,375	$0	$666	$0	$6,608	$4,027	$0
2032	78	$0	$4,254	$0	$641	$0	$6,392	$3,896	$0
2033	79	$986	$4,136	$0	$617	$0	$6,183	$3,768	$0
2034	80	$0	$4,021	$0	$594	$0	$5,981	$3,645	$0
2035	81	$264	$3,909	$0	$572	$0	$5,786	$3,526	$0
2036	82	$0	$3,801	$0	$551	$0	$5,597	$3,411	$0
2037	83	$245	$3,695	$0	$530	$0	$5,415	$3,300	$0
2038	84	$374	$2,315	$0	$329	$0	$3,376	$2,057	$0
		$7,101	**$53,490**	**$0**	**$7,115**	**$980**	**$74,074**	**$53,513**	**$404**

Year	Age on 1/1	Evals	Therapies, Physicians	Finance Mgmt	Home Care	Annual
2026	72	$3,518	$1,440	$2,000	$64,313	$84,816
2027	73	$469	$1,171	$0	$63,588	$82,270
2028	74	$454	$1,134	$0	$62,872	$82,219
2029	75	$439	$1,098	$0	$62,163	$85,692
2030	76	$425	$1,063	$0	$113,787	$131,460
2031	77	$412	$1,029	$0	$112,505	$129,929
2032	78	$399	$996	$0	$111,237	$127,814
2033	79	$386	$964	$0	$109,984	$127,025
2034	80	$373	$933	$0	$108,745	$124,293
2035	81	$362	$903	$0	$107,519	$122,843
2036	82	$350	$875	$0	$106,308	$120,893
2037	83	$339	$847	$0	$105,110	$119,481
2038	84	$211	$528	$0	$66,975	$76,165
		$8,137	**$12,980**	**$2,000**	**$1,195,106**	**$1,414,899**

Shahnasarian LCP, Modified by Miller - VHA

Lower Bound

Year	Age on 1/1	Aids Indep Living	Medi-cations	Health & Strength	Wheel-chair Needs	Diagnostic Tests	Home Care, Nurse	Therapies, Other Med Pros	Architect Renovs
2026	72	$0	$500	$0	$0	$247	$0	$2,700	$0
2027	73	$0	$486	$0	$0	$0	$0	$1,374	$0
2028	74	$477	$473	$0	$0	$0	$0	$1,329	$57
2029	75	$2,079	$460	$0	$0	$0	$0	$1,286	$0
2030	76	$0	$447	$0	$6,648	$0	$0	$1,244	$0
2031	77	$0	$434	$0	$0	$0	$0	$1,203	$0
2032	78	$0	$422	$0	$0	$0	$0	$1,164	$0
2033	79	$0	$411	$0	$0	$0	$0	$1,126	$0
2034	80	$0	$399	$0	$0	$0	$0	$1,089	$0
2035	81	$366	$388	$0	$0	$0	$0	$1,054	$0
2036	82	$0	$377	$0	$0	$0	$0	$1,019	$0
2037	83	$0	$367	$0	$0	$0	$0	$986	$0
2038	84	$0	$230	$0	$0	$0	$0	$615	$0
		$2,922	**$5,394**	**$0**	**$6,648**	**$247**	**$0**	**$16,188**	**$57**

Year	Age on 1/1	Evals	Therapies, Physicians	Finance Mgmt	Home Care	Annual
2026	72	$998	$396	$0	$24,945	$29,786
2027	73	$198	$295	$0	$24,664	$27,017
2028	74	$191	$286	$0	$24,386	$27,199
2029	75	$185	$277	$0	$24,111	$28,397
2030	76	$179	$268	$0	$23,840	$32,626
2031	77	$173	$259	$0	$23,571	$25,641
2032	78	$168	$251	$0	$23,306	$25,311
2033	79	$163	$243	$0	$23,043	$24,985
2034	80	$157	$235	$0	$22,783	$24,664
2035	81	$152	$228	$0	$22,527	$24,714
2036	82	$147	$220	$0	$22,273	$24,037
2037	83	$143	$213	$0	$22,022	$23,731
2038	84	$89	$133	$0	$14,032	$15,099
		$2,944	**$3,303**	**$0**	**$295,502**	**$333,205**

Shahnasarian LCP, Modified by Miller - VHA

Upper Bound

Year	Age on 1/1	Aids Indep Living	Medi-cations	Health & Strength	Wheel-chair Needs	Diagnostic Tests	Home Care, Nurse	Therapies, Other Med Pros	Architect Renovs
2026	72	$0	$500	$0	$0	$247	$0	$3,055	$0
2027	73	$0	$486	$0	$0	$0	$0	$1,717	$0
2028	74	$477	$473	$0	$0	$0	$0	$1,661	$57
2029	75	$3,850	$460	$0	$6,905	$0	$0	$1,607	$0
2030	76	$0	$447	$0	$0	$0	$0	$1,555	$0
2031	77	$83	$434	$0	$0	$0	$0	$1,504	$0
2032	78	$0	$422	$0	$0	$0	$0	$1,455	$0
2033	79	$472	$411	$0	$0	$0	$0	$1,407	$0
2034	80	$0	$399	$0	$0	$0	$0	$1,361	$0
2035	81	$71	$388	$0	$0	$0	$0	$1,317	$0
2036	82	$0	$377	$0	$0	$0	$0	$1,274	$0
2037	83	$66	$367	$0	$0	$0	$0	$1,232	$0
2038	84	$211	$230	$0	$0	$0	$0	$768	$0
		$5,230	**$5,394**	**$0**	**$6,905**	**$247**	**$0**	**$19,915**	**$57**

Year	Age on 1/1	Evals	Therapies, Physicians	Finance Mgmt	Home Care	Annual
2026	72	$998	$396	$0	$24,945	$30,141
2027	73	$198	$295	$0	$24,664	$27,360
2028	74	$191	$286	$0	$24,386	$27,531
2029	75	$185	$277	$0	$24,111	$37,395
2030	76	$179	$268	$0	$23,840	$26,288
2031	77	$173	$259	$0	$23,571	$26,025
2032	78	$168	$251	$0	$23,306	$25,602
2033	79	$163	$243	$0	$23,043	$25,738
2034	80	$157	$235	$0	$22,783	$24,936
2035	81	$152	$228	$0	$22,527	$24,683
2036	82	$147	$220	$0	$22,273	$24,292
2037	83	$143	$213	$0	$22,022	$24,043
2038	84	$89	$133	$0	$14,032	$15,463
		$2,944	**$3,303**	**$0**	**$295,502**	**$339,498**

Fryar LCP, Modified by Miller - VHA

Lower Bound

Year	Age on 1/1	Equip-ment	Medi-cations	Health & Strength	Therapies, Other Med Pros	Diagnostic Tests	Home Care	Facility Care	Home Care, Nurse
2026	72	$2,844	$478	$0	$11,292	$464	$24,945	$0	$0
2027	73	$9,361	$465	$0	$1,227	$0	$24,664	$0	$0
2028	74	$477	$452	$0	$1,187	$0	$24,386	$0	$0
2029	75	$0	$439	$0	$0	$0	$0	$161,207	$0
2030	76	$443	$427	$0	$0	$0	$0	$153,283	$0
2031	77	$0	$415	$0	$0	$0	$0	$151,530	$0
2032	78	$410	$404	$0	$0	$0	$0	$149,797	$0
2033	79	$0	$393	$0	$0	$0	$0	$148,084	$0
2034	80	$380	$382	$0	$0	$0	$0	$146,390	$0
2035	81	$0	$371	$0	$0	$0	$0	$144,716	$0
2036	82	$352	$361	$0	$0	$0	$0	$143,060	$0
2037	83	$0	$351	$0	$0	$0	$0	$141,424	$0
2038	84	$211	$220	$0	$0	$0	$0	$90,098	$0
		$14,478	**$5,157**	**$0**	**$13,706**	**$464**	**$73,995**	**$1,429,589**	**$0**

Year	Age on 1/1	Home Mods	Evals	Therapies, Physicians	Finance Mgmt	Support Services	Annual
2026	72	$6,800	$1,558	$377	$0	$0	$48,758
2027	73	$0	$759	$259	$0	$0	$36,736
2028	74	$0	$735	$251	$0	$0	$27,489
2029	75	$0	$0	$44	$0	$0	$161,691
2030	76	$0	$0	$43	$0	$0	$154,196
2031	77	$0	$0	$42	$0	$0	$151,987
2032	78	$0	$0	$40	$0	$0	$150,651
2033	79	$0	$0	$39	$0	$0	$148,515
2034	80	$0	$0	$38	$0	$0	$147,190
2035	81	$0	$0	$37	$0	$0	$145,123
2036	82	$0	$0	$35	$0	$0	$143,809
2037	83	$0	$0	$34	$0	$0	$141,809
2038	84	$0	$0	$21	$0	$0	$90,549
		$6,800	**$3,052**	**$1,262**	**$0**	**$0**	**$1,548,503**

Fryar LCP, Modified by Miller - VHA

Upper Bound

Year	Age on 1/1	Equip-ment	Medi-cations	Health & Strength	Therapies, Other Med Pros	Diagnostic Tests	Home Care	Facility Care	Home Care, Nurse
2026	72	$2,844	$478	$0	$11,292	$580	$24,945	$0	$0
2027	73	$9,361	$465	$0	$1,227	$0	$24,664	$0	$0
2028	74	$477	$452	$0	$1,187	$0	$24,386	$0	$0
2029	75	$0	$439	$0	$0	$0	$0	$161,207	$0
2030	76	$443	$427	$0	$0	$0	$0	$153,283	$0
2031	77	$0	$415	$0	$0	$0	$0	$151,530	$0
2032	78	$410	$404	$0	$0	$0	$0	$149,797	$0
2033	79	$0	$393	$0	$0	$0	$0	$148,084	$0
2034	80	$380	$382	$0	$0	$0	$0	$146,390	$0
2035	81	$0	$371	$0	$0	$0	$0	$144,716	$0
2036	82	$352	$361	$0	$0	$0	$0	$143,060	$0
2037	83	$0	$351	$0	$0	$0	$0	$141,424	$0
2038	84	$211	$220	$0	$0	$0	$0	$90,098	$0
		$14,478	**$5,157**	**$0**	**$13,706**	**$580**	**$73,995**	**$1,429,589**	**$0**

Year	Age on 1/1	Home Mods	Evals	Therapies, Physicians	Finance Mgmt	Support Services	Annual
2026	72	$6,800	$1,634	$596	$0	$0	$49,169
2027	73	$0	$759	$471	$0	$0	$36,947
2028	74	$0	$735	$456	$0	$0	$27,694
2029	75	$0	$0	$44	$0	$0	$161,691
2030	76	$0	$0	$43	$0	$0	$154,196
2031	77	$0	$0	$42	$0	$0	$151,987
2032	78	$0	$0	$40	$0	$0	$150,651
2033	79	$0	$0	$39	$0	$0	$148,515
2034	80	$0	$0	$38	$0	$0	$147,190
2035	81	$0	$0	$37	$0	$0	$145,123
2036	82	$0	$0	$35	$0	$0	$143,809
2037	83	$0	$0	$34	$0	$0	$141,809
2038	84	$0	$0	$21	$0	$0	$90,549
		$6,800	**$3,129**	**$1,898**	**$0**	**$0**	**$1,549,332**

Appendix B

ANDREW C. BROD

President, Brod Forensic Economics
Senior Research Fellow, Center for Business and Economic Research, UNC-Greensboro
4501 Kenbridge Drive, Greensboro, NC 27410
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EDUCATION

1992: Ph.D. in Economics, University of Minnesota.

1985: M.A. in Economics, University of Minnesota.

1981: A.B. in Economics and Mathematics, University of Illinois.
Phi Beta Kappa, Cum Laude, and Distinction in Economics.

PROFESSIONAL EXPERIENCE

1997−present: President, Brod Forensic Economics

2010−present: Senior Research Fellow, Bryan School of Business and Economics, University of North Carolina at Greensboro.

1999−2010: Director, Center for Business and Economic Research, Bryan School of Business and Economics, University of North Carolina at Greensboro.

1989−99: Instructor and Assistant Professor, Department of Economics, University of North Carolina at Greensboro.

1988−89: Research Associate, University of Minnesota.

1986−88: Research Associate, Center for Health Policy Research, American Medical Association, Chicago, Illinois.

1981−85: Teaching Associate and Research Assistant, University of Minnesota.

RECENT APPLIED RESEARCH STUDIES

"Economic Impact of Carrollwood Farms," for The Carroll Companies, September 2025.

"Triad Business Census 2023," for Triad Business Bank, February 2023

"Triad Business Census 2021," for Triad Business Bank, May 2021

"Economic Impact of '60-by-30'," for Community Foundation of Greater Greensboro, February 2020

"Assessing In-State Tuition for DACA Recipients," for Community Foundation of Greater Greensboro, December 2019

"Triad Business Census 2019," a feasibility study for TBB Organization, April 2019

"Economic Impact of the Proposed Lehigh Hanson Distribution Yard," for Lehigh Hanson, Inc., August 2018.

"Valuation of Loflin Concrete and Related Entities," for Loflin Concrete Company, Inc., August 2018.

"Assessment of Studies of House Values Near Rock Quarries," for Lehigh Hanson, Inc., October 2017.

"Economic Impact of the Proposed Lehigh Hanson Quarry," for Lehigh Hanson, Inc., October 2017.

"North Carolina Sales Tax Model," for the North Carolina Economic Modeling Project, August 2017.

"Bee Safe Feasibility Study," for The Carroll Companies, August 2016.

"Canada in the North Carolina Economy," for the Department of Foreign Affairs, Trade and Development, Government of Canada, March 2016.

"The Economic Impact of the Greensboro Fire Department," for the City of Greensboro, December 2015.

"Cityfi: Citywide Public Wi-Fi," with Roch Smith, Jr., for the City of Greensboro's Strong Cities, Strong Communities Challenge, June 2015.

"Assessing the North Carolina Film Tax Credit," for Winston-Salem Business, Inc., May 2015.

"North Carolina Urban/Suburban Poverty," for the City of Greensboro, September 2014.

"The Economic Impact of the Fuquay-Varina Cultural Arts Center," for the FV Arts Foundation, September 2014.

"Macroeconomic Assessment of North Carolina's Triad Region," for Kisco Senior Living, August 2013.

"The Economic Impact of Improvements to Highway 17," subcontract to Atkins Global, for the Highway 17 Association, February 2013.

"The History of Norfolk State University," subcontract to Jack Faucett Associates, for the Economic Impact of Norfolk State University, Norfolk State University, December 2012.

"Analysis of Hendersonville, TN, Apartment Market," for The Carroll Companies, May 2012.

"The Economic Impact of the Whitaker Park Development," for Winston-Salem Business, Inc., June 2011.

"The Economic Impact of RAFI-USA's Tobacco Communities Reinvestment Fund," for the Rural Advancement Foundation International-USA, May 2011.

"A GIS Chartbook: RAFI-USA's Tobacco Communities Reinvestment Fund," with Bradley Bereitschaft, for the Rural Advancement Foundation International-USA, May 2011.

"Demographic and Economic Projections: North Carolina in 2040," subcontract to PBS&J, for the North Carolina Statewide Transportation Plan, North Carolina Department of Transportation, March 2011.

"The Economic Impact of the Proposed National Banjo Center," for Piedmont Folk Legacies, June 2010.

"The Economic Impact of UNCG's Proposed School of Pharmacy," for The University of North Carolina at Greensboro, April 2010.

"State Wine Regulations," for The North Carolina Wine and Grape Council, April 2010.

"The Economic Impact of the Natural Science Center of Greensboro," for the Natural Science Center of Greensboro, February 2009.

"An Economic Analysis of Case Management in Guilford County," with Christopher Ruhm, for the Moses Cone Wesley Long Community Health Foundation, November 2008.

"Economic and Demographic Projections: North Carolina in 2020 and 2030," subcontract to North Carolina State University's Institute for Transportation Research and Education, for the NC Logistics Plan, North Carolina Office of State Budget and Management, April 2008.

RECENT NEWSPAPER AND MAGAZINE ARTICLES

"The Data They Are A-Changin'," *Triangle Attorney at Law*, September 2025

"In Data We Trust?," *Triangle Attorney at Law*, May 2025

"Lost Household Services in Lost Wages Projections," *Triangle Attorney at Law*, January 2025

"Life-Care Plans and the Forensic Economist," *Triangle Attorney at Law*, September 2024

"What For? The But-For Scenario," *Triangle Attorney at Law*, June 2024

"Wrongful Death Cases Can Be Tricky, *Triangle Attorney at Law*, February 2024

"Could ChatGPT Be Your Next Expert Witness?," *Triangle Attorney at Law*, August 2023

"Covid-19, Life Expectancy, and Economic Damages," *Triangle Attorney at Law*, February 2023

"Hedonic Damages in Civil Litigation," *Triangle Attorney at Law*, October 2022

"Daubert Challenges from an Economist's Perspective," *Triangle Attorney at Law*, June 2022

"Lost Profit in Business Litigation," *Triangle Attorney at Law*, February 2022

"Boom Supersonic Takes Flight," *Greensboro News & Record*, January 30, 2022

"What the Pandemic Did to Your Business and My Business," *Triangle Attorney at Law*, October 2021

"Economic Damages Playing Bigger Role in Med-Mal Cases," *Triangle Attorney at Law*, May 2021

"A Decade of Interesting Economic Policy in N.C.," *Triad Business Journal*, January 17, 2020

"When Giving, Remember the Cost of Unintended Consequences," *Triad Business Journal*, December 6, 2019

"Trump in a Landslide?," *Triad Business Journal*, October 25, 2019

"Don't Oversell the Creative Economy," *Triad Business Journal*, October 4, 2019

"Recessions – Remember Them?," *Triad Business Journal*, September 6, 2019

"State Health Plan: A Game of Chicken?," *Triad Business Journal*, August 2, 2019

"Let's Dive Into the Triad's Payroll Puzzle," *Triad Business Journal*, May 31, 2019

"Treading Water: It's Worse Than I Thought," *Triad Business Journal*, April 26, 2019

"The Life Cycle in Forensic Economics," *Triangle Attorney at Law Magazine*, April 2019

"The Yield Curve Inverted! The Yield Curve Inverted!," *Triad Business Journal*, March 29, 2019

"Democratic Socialism or Social Democracy?," *Triad Business Journal*, March 1, 2019

"NFL Drug Testing and the Sexes of Grandchildren," *Triad Business Journal*, December 28, 2018

"Flipping the Bird at Pedestrians in the Triad?," *Triad Business Journal*, November 30, 2018

"Trump, Media Confused on 'Time Value of Money'," *Triad Business Journal*, October 26, 2018

"Reflecting on Triad Workforce, 20 Years Later," *Triad Business Journal*, September 14, 2018

"Medicare For All: Too Costly or Worth the Risk?," *Triad Business Journal*, August 30, 2018

"The Economic Outlook: Rosy, Gloomy, or Iffy?," *Triad Business Journal*, August 3, 2018

"If Labor is Scarce, Why Aren't Wages Rising More?," *Triad Business Journal*, June 29, 2018

"Are Rising Gasoline Prices an Omen of Recession?," *Triad Business Journal*, June 1, 2018

"Medicaid Expansion: It's Still Not Too Late for North Carolina," *Triad Business Journal*, March 30, 2018

"Can We Really Win a Trade War?," *Triad Business Journal*, March 9, 2018

"Loss of Auto Plant Hurts Even More the Second Time," *Triad Business Journal*, January 26, 2018

"Here's What the Triad Should Be Watching in 2018," *Triad Business Journal*, January 5, 2018

"Can Greensboro-High Point's land Amazon's HQ2?," *Triad Business Journal*, November 24, 2017

"Police Pursuits and the Value of a Statistical Life," *Triad Business Journal*, October 27, 2017

"Celebrate Labor Day by Debunking Workforce Myths," *Triad Business Journal*, September 1, 2017

"The Occasionally Curious World of Forensic Economics," *Triangle Attorney at Law Magazine*, September 2017

"A Tale of Two, or Perhaps Five, North Carolinas," *Triad Business Journal*, July 28, 2017

"Cutting Retiree Health Benefits is Penny-Wise and Pound-Foolish," *Triad Business Journal*, June 30, 2017

"Public Cruelty as Economic Policy," *Triad Business Journal*, May 26, 2017

"Auctions in the Air," *Triad Business Journal*, April 28, 2017

"HB2 Means Slower Growth for North Carolina," *Triad Business Journal*, March 31, 2017

"U.S. Labor Markets are Returning to (Almost) Normal," *Triad Business Journal*, February 24, 2017

"Will U.S. Economy Suffer from a Trump Recession? ," *Triad Business Journal*, January 27, 2017

"Why is HB2 Still with Us? It's the Urban/Rural Divide," *Triad Business Journal*, January 13, 2017

"Can President Trump Bring Back Manufacturing Jobs?," *Triad Business Journal*, December 2, 2016

RECENT PUBLIC PRESENTATIONS

"Writing Opinion Columns": UNCG Young Writers' Camp, 7/14/23 and 7/12/19

"Brief Economic Update": Summit Rotary Club, 6/2/23; Institute of Management Accountants, Triad Chapter, 10/18/18; Edward R. Murrow Kiwanis, 8/14/18; Temple Emanuel, 11/1/17; Gate City Rotary Club, 8/17/17; Greensboro Kiwanis Club, 1/12/17; Institute of Management Accountants, Triad Chapter, 10/20/16; Crescent Rotary Club, 10/10/16.

"Coronavirus Economics": Temple Emanuel, 7/29/20; Gate City Rotary Club, 5/14/20.

"'60 by 30': The Impact of Educational Attainment in Guilford County": Community Foundation of Greater Greensboro, 5/22/20 and 2/25/20.

"U.S./North Carolina Economic Update": Piedmont Triad Apartment Association, 1/17/20; Society of Financial Service Professionals, 2/20/18; Alamance Community College Foundation, 9/17/17; Society of Financial Service Professionals, 1/17/17; Bernard Robinson & Co., 10/25/16, 10/27/16; Society of Financial Service Professionals, 1/19/16.

"Forensic Economics": UNCG chapter of National Association for Business Economics, 1/31/18.

"Economic Update for the U.S. and the Transportation Sector": Transplace Southeast Carrier Symposium, 1/18/18, 11/10/16.

"Triad Economic Update/The Triad Business Index": Moderate Chic Club, 8/25/16.

"The Economics of the Minimum Wage": Southern Guilford Rotary Club, 7/19/16.

"Economic Implications of USPS Privatization": Grand Alliance to Save our Public Postal Service, 6/29/16.

"The Economics of Immigration": Holy Trinity Episcopal Church, 3/6/16.

ACADEMIC PUBLICATIONS

"Trends in Cooperative Research Activity: Has the National Cooperative Research Act Been Successful?" (with A. Link), in *Innovation Policy in the Knowledge-Based Economy* (edited by M. Feldman and A. Link), Kluwer Academic Publishers, 2001.

"Advantageous Semi-Collusion," with Ram Shivakumar, *Journal of Industrial Economics*, June 1999.

"Migraine Preventive Medications: A Reappraisal," with James Adelman, Randal Von Seggern, Lisa Mannix, and Alan Rapoport (2nd author), *Cephalalgia*, November 1998.

"Domestic versus International R&D Spillovers," with Ram Shivakumar, *Economics Letters*, October 1997.

"R&D Cooperation and the Joint Exploitation of Cooperative R&D," with Ram Shivakumar, *Canadian Journal of Economics*, August 1997.

"Economics as One of the Humanities: A Comment," *Southern California Interdisciplinary Law Journal*, Winter 1995.

"Can Green Trade be Free Trade?," *Global Perspectives*, Summer 1994.

RECENT PROFESSIONAL AND COMMUNITY SERVICE

2020−present: President, Finance Chair, and member of Board of Trustees, Temple Emanuel, Greensboro, NC

2006−20: Vice President, Campaign Chair, and member of Board of Trustees, Greensboro Jewish Federation.

2000−12: President, Vice President for Education, and member of Board of Trustees, Temple Emanuel, Greensboro, N.C.

2010−11: Member, Campaign Planning Committee, Community Theatre of Greensboro.

2006−2010: Faculty advisor, Hillel, The University of North Carolina at Greensboro.

2003−2005, 2006−2010: Vice President and member of Board of Directors, Association for University Business and Economic Research.

1999−2005: Member, Board of Directors, American Civil Liberties Union of North Carolina.

2001−02: Member, Action Greensboro task force on Attracting and Retaining Young Professionals.

2000−02: Member, Technical Advisory Team, City of Greensboro Comprehensive Plan, Greensboro, N.C.

1999−2000: Chair, Living-Wage Study Committee, City of Greensboro, N.C.

1999: Member, Citizen's Advisory Board, Department of Storm Water Services, City of Greensboro, N.C.

Appendix C

Four-Year Testimony Log for Dr. Andrew Brod
As of December 15, 2025

1. Delfina Ocampo-Peralta v. PGP Bethabara, et al
   Damages expert for plaintiff's counsel, Atkinson Law Firm
   Deposed: December 8, 2025

2. Michael Geffre v. Adam Back, M.D., et al
   Damages expert for plaintiff's counsel, Rossabi Law Partners
   Deposed: July 31, 2025

3. Estate of Guadalupe Vazquez-Alvarado v. Stellar HVAC LLC, et al
   Damages expert for plaintiff's counsel, Riddle & Riddle LLP
   Deposed: February 18, 2025

4. Sopheap Pang v. Wake Forest University Baptist Medical Center, et al
   Damages expert for plaintiff's counsel, Law Offices of Gregory Kash
   Deposed: January 31, 2025

5. Filomeno Orozco Vaquero v. Toll NC II LP, et al
   Damages expert for plaintiff's counsel, Bricio Law Firm
   Deposed: December 17, 2024

6. Aaron Casasola-Robles v. Ana T. Daley, R.N., et al
   Damages expert for plaintiff's counsel, Mills & Mahoney, PA
   Deposed: November 19, 2024

7. Clifford Hyatt v. North Carolina Farm Bureau Insurance, et al
   Damages expert for plaintiff's counsel, Poisson, Poisson & Bower
   Testified at arbitration hearing: November 6, 2024

8. Gregory Burgess v. United States of America
   Damages expert for defendant's counsel, U.S. Department of Justice
   Deposed: February 22, 2024

9. Rachelle Robinson-Ware v. Keenen Menefee-Long
   Damages expert for plaintiff's counsel, Bullock, Clay & Furr, PLLC
   Testified at trial: February 1, 2024

10. Jeffery Cambre v. Medical Imaging Center LLC, et al
    Damages expert for plaintiff's counsel, Anderson, Johnson, Lawrence & Butler, LLP
    Testified at trial: November 7, 2023
    Deposed: May 3, 2023

11. Estate of Larry Toney v. Atrium Health, Inc., et al
    Damages expert for plaintiff's counsel, Comerford, Chilson & Moser, LLP
    Deposed: July 5, 2023

12. Estate of Worth Carter, Jr. v. Judith Szulecki, M.D.
    Damages expert for plaintiff's counsel, Young, Haskins, Mann, Gregory & Wall, PC
    Deposed: June 27, 2023

13. David Carmely v. United States of America
    Damages expert for defendant's counsel, U.S. Department of Justice
    Testified at trial: March 8, 2023

14. Estate of William Conti v. Jeremy Holdsworth, M.D., et al
    Damages expert for plaintiff's counsel, Melvin Law Firm
    Deposed: February 20, 2023

15. CIP Construction Company, et al v. Schindler Elevator Company
    Damages expert for plaintiff's counsel, Rossabi Law Partners
    Deposed: August 10, 2022

16. Donald Pearce v. Novant Medical Group, et al
    Damages expert for plaintiff's counsel, Melvin Law Firm
    Deposed: June 15, 2022

17. Lorraine Rusch v. High Point Clinical Trials Center LLC, et al
    Damages expert for defendant's counsel, Rossabi Law Partners
    Testified at trial: April 1, 2022
    Deposed: December 22, 2021

18. April Williams v. North Carolina Baptist Hospital, et al
    Damages expert for plaintiff's counsel, Melvin Law Firm
    Deposed: March 10, 2022

19. Estate of Jennifer Huddle Edwards v. William Lindel, MD, et al
    Damages expert for plaintiff's counsel, Gardner Barrow & Sharpe PC
    Deposed: February 28, 2022

20. Cecil Staton v. Harry Smith, et al
    Damages expert for defendant's counsel, Fox Rothschild LLP
    Deposed: January 19, 2022

Exhibit 645

Expert Report of Andrew Brod, Ph.D.

In the matter of

Robert Welch v. United States of America

Case No. 7:23-CV-01503

December 15, 2025



1. Introduction

In this report, I provide a preliminary assessment and rebuttal of the plaintiff's expert report regarding economic damages in Welch v. USA. The report, written by Chad L. Staller, claims damages for household services, past medical expenses, and the value of a life-care plan (LCP).

Mr. Welch was diagnosed with Parkinson's disease (PD) in November 2021, and he claims that the diagnosis resulted from his exposure to contaminated water at Camp Lejeune. He further claims to have incurred economic damages as a result of that exposure. For the sole purpose of producing this report, I will assume that liability has been established.

In addition, I will address the issue of offsets for Mr. Welch's support and care by the U.S. government.

As further information becomes available on any of the issues addressed in this memorandum, I may update my analysis.

2. About Dr. Brod

I did my undergraduate work at the University of Illinois and earned a Ph.D. in economics from the University of Minnesota. My undergraduate majors were mathematics and economics, and my graduate fields were econometrics and industrial organization. I have worked for the American Medical Association and the University of North Carolina at Greensboro. At UNCG, I taught courses in statistics, forecasting, econometrics, and microeconomics, and I directed an applied economic research center for more than a decade. I retired from UNCG in 2010 and have worked since then as a self-employed economic consultant.

I have worked in forensic economics for more than 25 years. I work for both plaintiffs and defendants, primarily analyzing and testifying about economic damages, though I have conducted other kinds of analyses. My work focuses on projections of lost earnings in personal-injury and wrongful-death cases, lost profits in complex commercial cases, and the valuation of life-care plans.

My billing rates are $480 per hour for case review, research, and report writing; $240 per hour for out-of-town travel, and $750 per hour for testimony (with a $1,800 daily minimum). I bill for my assistant's time at a rate of $160 per hour.

My resume and a four-year testimony log are included in this report as Appendices B and C. A list of recent publications is included in my resume.

3. Household Services

The Staller report presents a value of lost household services through December 31, 2025, at which point such services are assumed to be covered by the LCP. However, Mr. Staller does not express an expert opinion regarding the number of service hours Mr. Welch could have provided but for his PD. He presents an average number of hours

based on data published by the U.S. Bureau of Labor Statistics, but that number applies to all men of Mr. Welch's age. Mr. Staller does not address the likelihood that Mr. Welch would have actually done that many hours of household chores.

According to the Department of Veterans Affairs, Mr. Welch suffers from various conditions that preceded his PD, including degenerative joint disease.[1] I do not have the expertise to determine which, if any, household chores Mr. Welch's non-PD conditions allowed him to do, and Mr. Staller appears not to have investigated this issue at all. Instead, he presents a calculation for one service hour per week, leaving the task of determining the number of weekly hours to the finder of fact in this case.

Given the possibility that Mr. Welch might not have been able to perform any household chores even if he had not contracted PD, and because Mr. Staller does not express a clear opinion about the number of lost service hours due to PD, it is my opinion that there is no basis to include lost household services in Mr. Welch's economic damages.

4. Future Medical Expenses: Life-Care Plan

A life-care plan (LCP) for Mr. Welch was prepared by the defense life-care planner, Michael Shahnasarian, Ph.D. The LCP describes various medications, treatments, and equipment that Dr. Shahnasarian believes Mr. Welch will need in the future as a result of his PD. The plan provides estimates of the costs of these items over Mr. Welch's remaining life.

The economic analysis of an LCP involves (a) identifying inflation, or growth, rates that allow medical costs to be projected into the future, and (b) using a discount rate to express the streams of future costs as lump-sum present values.

I took the cost estimates provided in the Shahnasarian LCP and obtained reasonable growth rates for the costs in each category, based on components of the Consumer Price Index (CPI). I calculated average inflation rates over the period 2014-2024. I assigned CPI components in order to capture the bulk of the spending in each category. Table A, on the following page, associates these growth rates with the LCP categories.

I did not assign a growth rate to the Transportation Needs category, because it involves a one-time cost at an unspecified time, which I treated as being in the first year of the analysis. I divided the Shahnasarian LCP's Home Facility Care category into two parts to capture the different nature (and inflation rates) of the activities in that category.

The Shahnasarian LCP expresses costs in ranges for some items, so I followed suit and calculated lower and upper bounds on the value of the LCP. My projections start on January 1, 2025, and extend until the expected end of Mr. Welch's life. Following Mr. Staller, I used CDC demographic data to determine that Mr. Welch's remaining life expectancy as of the date of this report is 7.4 years, implying a total life expectancy of 88.6 years.

[1] Veterans Benefits Administration, Rating Decision, April 13, 2022, 01503_WELCHR_VBA_00000246.

Table A: Life-Care Plan Categories and Growth Rates

LCP category	Growth Rate	CPI Component
Evaluations	1.53%	Physicians' services
Therapeutic Needs	1.46%	Services by other medical professionals
Diagnostic Tests		
Home Facility Care, RN/LPN		
Home Environmental Analysis		
Wheelchair Needs	0.98%	Medical equipment and supplies
Aids for Independent Living		
Drugs and Supply Needs	1.97%	Prescription drugs
Home Facility Care, ex RN/LPN	3.70%	Care of elderly and invalids at home
Personal Fitness	2.85%	All items

In order to calculate the present value of future medical expenses, I discounted all future values, using the same 4.88% discount rate that Mr. Staller used. The results of my analysis appear in Table B; detailed results appear in Appendix A.

Table B: Present Value of Life-Care Plan, by Category

LCP category	Lower	Upper
Evaluations	$4,904	$8,850
Therapeutic Needs	$18,749	$45,224
Diagnostic Tests	$554	$1,876
Wheelchair Needs	$809	$1,287
Aids for Independent Living	$95	$1,093
Drugs and Supply Needs	$5,731	$45,202
Home Facility Care, RN/LPN	$8,442	$16,884
Home Facility Care, ex RN/LPN	$103,756	$198,457
Transportation Needs	$950	$950
Personal Fitness	$16,190	$22,666
Home Environmental Analysis	$387	$400
Total	**$160,567**	**$342,889**

The present value of the cost of the Shahnasarian LCP is between **$160,567** and **$342,889**.

5. Offsets to Damages

The economic damages in this case are properly offset by certain defined expenses that have been and will be incurred by the federal government on behalf of Mr. Welch. Such offsets fall into two categories, (a) past and future disability benefits, and (b) past and future medical benefits.

Disability Benefits: The April 2022 Rating Decision for Mr. Welch by the Veterans Benefits Administration (VBA) identified an array of PD-related and non-PD-related

conditions, all with disability percentages assigned to them.[2,3] These non-PD-related conditions and percentages are reproduced in Table C. I fed the percentages in Table C into the VA's Combined Disability Rating Calculator to determine the joint rating of Mr. Welch's non-PD-related health conditions.[4] The result of this calculation was a combined non-PD disability rating of 100%.

Table C: Robert Welch's Non-PD-Related Disabilities

Disability	Disability Percentage
Degenerative Joint Disease, Cervical Spine and Thoracic Spine	60%
Degenerative Joint Disease, Lumbar Spine	40%
Gastroesophageal Reflux Disease associated with Degenerative Joint Disease, Cervical Spine and Thoracic Spine	30%
Cephalalgia associated with Degenerative Joint Disease, Lumbar Spine	30%
Plantar Calcaneal Spurs with Plantar Fasciitis and Des Planus, Right Foot	20%
Plantar Calcaneal Spurs with Plantar Fasciitis and Des Planus, Left Foot	20%
Right Shoulder Impingement Syndrome	20%
Left Shoulder Impingement Syndrome associated with Degenerative Joint Disease, Cervical Spine and Thoracic Spine	20%
Minimal Degenerative Arthritis, Bilateral Hips	10%
Patellofemoral Pain Syndrome, Right Knee	10%
Patellofemoral Pain Syndrome, Left Knee	10%
Gastrocnemius Equines with Talonavicular Joint Disease, Right Ankle	10%
Gastrocnemius Equines with Talonavicular Joint Degenerative Disease, Left Ankle	10%
Tinnitus	10%
Combined Rating, per VA Calculator	**100%**

Therefore, from the perspective of the VBA, Mr. Welch was 100% disabled even before he contracted PD. The PD-related increment to his VBA disability benefit is zero, which implies that there are no past or future disability offsets for Mr. Welch.

Medical Offsets: Based on the information available to me and determinations made by defense clinical expert Dr. Syed Hasan, there are no offsets for past or future medical treatment.

[2] Veterans Benefits Administration, Rating Decision, April 13, 2022, 01503_WELCHR_VBA_00000246.
[3] Expert report by Syed Hasan, M.D., Appendix D.
[4] "About Disability Ratings," https://www.va.gov/disability/about-disability-ratings/

6. Conclusions

My findings in this report are as follows:

(a) There is no basis for a claim of lost household services;
(b) The present value of the Shahnasarian LCP is between **$160,567** and **$342,889**; and
(c) There are no offsets for medical or disability benefits.

The opinions set forth in this report, which are my present opinions to a reasonable degree of certainty, are based in part upon my review of the available documents provided to me. The data and facts relied upon in formulating my conclusions are the type of data reasonably and typically relied upon by experts in the field of forensic economics.

7. References

- Short-Form Complaint, 01503_Complaint_LMI_0000000001-006
- Life-care plan by Michael Shahnasarian, Ph.D., May 2025
- Rehabilitation Evaluation of Robert Eugene Welch, by Michael Shahnasarian, Ph.D., May 2025
- Expert report by Syed Hasan, M.D., December 2025
- Draft letter by Stephen Gollomp, M.D., May 2025
- Expert report by Chad L. Staller, J.D., October 2025
- Life-care plan by Michael Fryar, M.S., February 2025
- Veterans Benefits Administration, Rating Decision, April 13, 2022, 01503_WELCHR_VBA_00000246
- Department of Veterans Affairs, Combined Disability Rating Calculator, **https://www.va.gov/disability/about-disability-ratings/**
- Letter from VBA, dated May 1, 2025, along with data spreadsheet, "RITA_2025-54151_results_04302025.xlsx"
- VBA data spreadsheet, "CLJA_VBA_0000000019.xlsx"
- Second Amended Track 1 Trial Plaintiff Damages Assessment of Robert Welch
- Kaiser Permanente, Declaration of Custodian of Medical/Billing Records, June 2024, 01503_WELCH_0000000164-262
- U.S. Department of Labor, Bureau of Labor Statistics: Consumer Price Index data at **www.bls.gov/cpi/**
- "United States Life Tables, 2022," *National Vital Statistics Reports*, Vol. 74, No. 2, April 2025

8. Author Information

My business name and address are:

Andrew Brod, Ph.D.
Brod Forensic Economics
4501 Kenbridge Drive
Greensboro, NC 27410



Appendix A

Shahnasarian LCP

Lower Bound

Year	Age on 1/1	Wheel-chair Needs	Medi-cations	Health & Strength	Therapies, Other Med Pros	Diagnostic Tests	Home Care	Home Care, Nurse	Architect Renovs
2026	81	$0	$852	$2,000	$4,173	$554	$0	$0	$0
2027	82	$0	$828	$2,354	$3,764	$0	$0	$1,451	$387
2028	83	$0	$805	$2,308	$2,314	$0	$0	$1,404	$0
2029	84	$0	$783	$2,264	$1,920	$0	$0	$1,358	$0
2030	85	$629	$761	$2,220	$2,166	$0	$13,567	$1,314	$0
2031	86	$79	$740	$2,177	$1,797	$0	$26,828	$1,271	$0
2032	87	$76	$719	$2,135	$2,027	$0	$26,526	$1,229	$0
2033	88	$25	$245	$733	$588	$0	$9,179	$416	$0
		$809	**$5,731**	**$16,190**	**$18,749**	**$554**	**$76,100**	**$8,442**	**$387**

Year	Age on 1/1	Transport	Evals	Aids Indep Living	Support Services	Annual
2026	81	$950	$621	$0	$3,900	$13,049
2027	82	$0	$2,460	$0	$3,856	$15,100
2028	83	$0	$365	$0	$3,813	$11,009
2029	84	$0	$354	$95	$3,770	$10,543
2030	85	$0	$342	$0	$3,727	$24,725
2031	86	$0	$332	$0	$3,685	$36,908
2032	87	$0	$321	$0	$3,644	$36,676
2033	88	$0	$109	$0	$1,261	$12,557
		$950	**$4,904**	**$95**	**$27,655**	**$160,567**

Shahnasarian LCP

Upper Bound

Year	Age on 1/1	Wheel-chair Needs	Medi-cations	Health & Strength	Therapies, Other Med Pros	Diagnostic Tests	Home Care	Home Care, Nurse	Architect Renovs
2026	81	$0	$6,716	$2,800	$9,418	$1,876	$0	$0	$400
2027	82	$0	$6,529	$3,295	$8,884	$0	$0	$2,902	$0
2028	83	$831	$6,348	$3,231	$5,653	$0	$21,351	$2,807	$0
2029	84	$112	$6,172	$3,169	$4,919	$0	$21,110	$2,716	$0
2030	85	$107	$6,000	$3,108	$5,290	$0	$20,872	$2,627	$0
2031	86	$103	$5,834	$3,048	$4,603	$0	$43,338	$2,541	$0
2032	87	$100	$5,672	$2,989	$4,950	$0	$42,850	$2,458	$0
2033	88	$34	$1,930	$1,026	$1,508	$0	$14,828	$832	$0
		$1,287	**$45,202**	**$22,666**	**$45,224**	**$1,876**	**$164,349**	**$16,884**	**$400**

Year	Age on 1/1	Transport	Evals	Aids Indep Living	Support Services	Annual
2026	81	$950	$1,658	$0	$4,810	$28,628
2027	82	$0	$4,361	$0	$4,756	$30,728
2028	83	$0	$567	$847	$4,702	$46,339
2029	84	$0	$549	$0	$4,649	$43,396
2030	85	$0	$532	$0	$4,597	$43,133
2031	86	$0	$515	$0	$4,545	$64,527
2032	87	$0	$498	$0	$4,494	$64,010
2033	88	$0	$169	$245	$1,555	$22,127
		$950	**$8,850**	**$1,093**	**$34,108**	**$342,889**

Appendix B

ANDREW C. BROD

President, Brod Forensic Economics
Senior Research Fellow, Center for Business and Economic Research, UNC-Greensboro
4501 Kenbridge Drive, Greensboro, NC 27410
Telephone: 336-707-6439
E-mail: Info@andrewbrod.com Web: http://www.andrewbrod.com

EDUCATION

1992: Ph.D. in Economics, University of Minnesota.

1985: M.A. in Economics, University of Minnesota.

1981: A.B. in Economics and Mathematics, University of Illinois.
Phi Beta Kappa, Cum Laude, and Distinction in Economics.

PROFESSIONAL EXPERIENCE

1997−present: President, Brod Forensic Economics

2010−present: Senior Research Fellow, Bryan School of Business and Economics, University of North Carolina at Greensboro.

1999−2010: Director, Center for Business and Economic Research, Bryan School of Business and Economics, University of North Carolina at Greensboro.

1989−99: Instructor and Assistant Professor, Department of Economics, University of North Carolina at Greensboro.

1988−89: Research Associate, University of Minnesota.

1986−88: Research Associate, Center for Health Policy Research, American Medical Association, Chicago, Illinois.

1981−85: Teaching Associate and Research Assistant, University of Minnesota.

RECENT APPLIED RESEARCH STUDIES

"Economic Impact of Carrollwood Farms," for The Carroll Companies, September 2025.

"Triad Business Census 2023," for Triad Business Bank, February 2023

"Triad Business Census 2021," for Triad Business Bank, May 2021

"Economic Impact of '60-by-30'," for Community Foundation of Greater Greensboro, February 2020

"Assessing In-State Tuition for DACA Recipients," for Community Foundation of Greater Greensboro, December 2019

"Triad Business Census 2019," a feasibility study for TBB Organization, April 2019

"Economic Impact of the Proposed Lehigh Hanson Distribution Yard," for Lehigh Hanson, Inc., August 2018.

"Valuation of Loflin Concrete and Related Entities," for Loflin Concrete Company, Inc., August 2018.

"Assessment of Studies of House Values Near Rock Quarries," for Lehigh Hanson, Inc., October 2017.

"Economic Impact of the Proposed Lehigh Hanson Quarry," for Lehigh Hanson, Inc., October 2017.

"North Carolina Sales Tax Model," for the North Carolina Economic Modeling Project, August 2017.

"Bee Safe Feasibility Study," for The Carroll Companies, August 2016.

"Canada in the North Carolina Economy," for the Department of Foreign Affairs, Trade and Development, Government of Canada, March 2016.

"The Economic Impact of the Greensboro Fire Department," for the City of Greensboro, December 2015.

"Cityfi: Citywide Public Wi-Fi," with Roch Smith, Jr., for the City of Greensboro's Strong Cities, Strong Communities Challenge, June 2015.

"Assessing the North Carolina Film Tax Credit," for Winston-Salem Business, Inc., May 2015.

"North Carolina Urban/Suburban Poverty," for the City of Greensboro, September 2014.

"The Economic Impact of the Fuquay-Varina Cultural Arts Center," for the FV Arts Foundation, September 2014.

"Macroeconomic Assessment of North Carolina's Triad Region," for Kisco Senior Living, August 2013.

"The Economic Impact of Improvements to Highway 17," subcontract to Atkins Global, for the Highway 17 Association, February 2013.

"The History of Norfolk State University," subcontract to Jack Faucett Associates, for the Economic Impact of Norfolk State University, Norfolk State University, December 2012.

"Analysis of Hendersonville, TN, Apartment Market," for The Carroll Companies, May 2012.

"The Economic Impact of the Whitaker Park Development," for Winston-Salem Business, Inc., June 2011.

"The Economic Impact of RAFI-USA's Tobacco Communities Reinvestment Fund," for the Rural Advancement Foundation International-USA, May 2011.

"A GIS Chartbook: RAFI-USA's Tobacco Communities Reinvestment Fund," with Bradley Bereitschaft, for the Rural Advancement Foundation International-USA, May 2011.

"Demographic and Economic Projections: North Carolina in 2040," subcontract to PBS&J, for the North Carolina Statewide Transportation Plan, North Carolina Department of Transportation, March 2011.

"The Economic Impact of the Proposed National Banjo Center," for Piedmont Folk Legacies, June 2010.

"The Economic Impact of UNCG's Proposed School of Pharmacy," for The University of North Carolina at Greensboro, April 2010.

"State Wine Regulations," for The North Carolina Wine and Grape Council, April 2010.

"The Economic Impact of the Natural Science Center of Greensboro," for the Natural Science Center of Greensboro, February 2009.

"An Economic Analysis of Case Management in Guilford County," with Christopher Ruhm, for the Moses Cone Wesley Long Community Health Foundation, November 2008.

"Economic and Demographic Projections: North Carolina in 2020 and 2030," subcontract to North Carolina State University's Institute for Transportation Research and Education, for the NC Logistics Plan, North Carolina Office of State Budget and Management, April 2008.

RECENT NEWSPAPER AND MAGAZINE ARTICLES

"The Data They Are A-Changin'," *Triangle Attorney at Law*, September 2025

"In Data We Trust?," *Triangle Attorney at Law*, May 2025

"Lost Household Services in Lost Wages Projections," *Triangle Attorney at Law*, January 2025

"Life-Care Plans and the Forensic Economist," *Triangle Attorney at Law*, September 2024

"What For? The But-For Scenario," *Triangle Attorney at Law*, June 2024

"Wrongful Death Cases Can Be Tricky, *Triangle Attorney at Law*, February 2024

"Could ChatGPT Be Your Next Expert Witness?," *Triangle Attorney at Law*, August 2023

"Covid-19, Life Expectancy, and Economic Damages," *Triangle Attorney at Law*, February 2023

"Hedonic Damages in Civil Litigation," *Triangle Attorney at Law*, October 2022

"Daubert Challenges from an Economist's Perspective," *Triangle Attorney at Law*, June 2022

"Lost Profit in Business Litigation," *Triangle Attorney at Law*, February 2022

"Boom Supersonic Takes Flight," *Greensboro News & Record*, January 30, 2022

"What the Pandemic Did to Your Business and My Business," *Triangle Attorney at Law*, October 2021

"Economic Damages Playing Bigger Role in Med-Mal Cases," *Triangle Attorney at Law*, May 2021

"A Decade of Interesting Economic Policy in N.C.," *Triad Business Journal*, January 17, 2020

"When Giving, Remember the Cost of Unintended Consequences," *Triad Business Journal*, December 6, 2019

"Trump in a Landslide?," *Triad Business Journal*, October 25, 2019

"Don't Oversell the Creative Economy," *Triad Business Journal*, October 4, 2019

"Recessions – Remember Them?," *Triad Business Journal*, September 6, 2019

"State Health Plan: A Game of Chicken?," *Triad Business Journal*, August 2, 2019

"Let's Dive Into the Triad's Payroll Puzzle," *Triad Business Journal*, May 31, 2019

"Treading Water: It's Worse Than I Thought," *Triad Business Journal*, April 26, 2019

"The Life Cycle in Forensic Economics," *Triangle Attorney at Law Magazine*, April 2019

"The Yield Curve Inverted! The Yield Curve Inverted!," *Triad Business Journal*, March 29, 2019

"Democratic Socialism or Social Democracy?," *Triad Business Journal*, March 1, 2019

"NFL Drug Testing and the Sexes of Grandchildren," *Triad Business Journal*, December 28, 2018

"Flipping the Bird at Pedestrians in the Triad?," *Triad Business Journal*, November 30, 2018

"Trump, Media Confused on 'Time Value of Money'," *Triad Business Journal*, October 26, 2018

"Reflecting on Triad Workforce, 20 Years Later," *Triad Business Journal*, September 14, 2018

"Medicare For All: Too Costly or Worth the Risk?," *Triad Business Journal*, August 30, 2018

"The Economic Outlook: Rosy, Gloomy, or Iffy?," *Triad Business Journal*, August 3, 2018

"If Labor is Scarce, Why Aren't Wages Rising More?," *Triad Business Journal*, June 29, 2018

"Are Rising Gasoline Prices an Omen of Recession?," *Triad Business Journal*, June 1, 2018

"Medicaid Expansion: It's Still Not Too Late for North Carolina," *Triad Business Journal*, March 30, 2018

"Can We Really Win a Trade War?," *Triad Business Journal*, March 9, 2018

"Loss of Auto Plant Hurts Even More the Second Time," *Triad Business Journal*, January 26, 2018

"Here's What the Triad Should Be Watching in 2018," *Triad Business Journal*, January 5, 2018

"Can Greensboro-High Point's land Amazon's HQ2?," *Triad Business Journal*, November 24, 2017

"Police Pursuits and the Value of a Statistical Life," *Triad Business Journal*, October 27, 2017

"Celebrate Labor Day by Debunking Workforce Myths," *Triad Business Journal*, September 1, 2017

"The Occasionally Curious World of Forensic Economics," *Triangle Attorney at Law Magazine*, September 2017

"A Tale of Two, or Perhaps Five, North Carolinas," *Triad Business Journal*, July 28, 2017

"Cutting Retiree Health Benefits is Penny-Wise and Pound-Foolish," *Triad Business Journal*, June 30, 2017

"Public Cruelty as Economic Policy," *Triad Business Journal*, May 26, 2017

"Auctions in the Air," *Triad Business Journal*, April 28, 2017

"HB2 Means Slower Growth for North Carolina," *Triad Business Journal*, March 31, 2017

"U.S. Labor Markets are Returning to (Almost) Normal," *Triad Business Journal*, February 24, 2017

"Will U.S. Economy Suffer from a Trump Recession? ," *Triad Business Journal*, January 27, 2017

"Why is HB2 Still with Us? It's the Urban/Rural Divide," *Triad Business Journal*, January 13, 2017

"Can President Trump Bring Back Manufacturing Jobs?," *Triad Business Journal*, December 2, 2016

RECENT PUBLIC PRESENTATIONS

"Writing Opinion Columns": UNCG Young Writers' Camp, 7/14/23 and 7/12/19

"Brief Economic Update": Summit Rotary Club, 6/2/23; Institute of Management Accountants, Triad Chapter, 10/18/18; Edward R. Murrow Kiwanis, 8/14/18; Temple Emanuel, 11/1/17; Gate City Rotary Club, 8/17/17; Greensboro Kiwanis Club, 1/12/17; Institute of Management Accountants, Triad Chapter, 10/20/16; Crescent Rotary Club, 10/10/16.

"Coronavirus Economics": Temple Emanuel, 7/29/20; Gate City Rotary Club, 5/14/20.

"'60 by 30': The Impact of Educational Attainment in Guilford County": Community Foundation of Greater Greensboro, 5/22/20 and 2/25/20.

"U.S./North Carolina Economic Update": Piedmont Triad Apartment Association, 1/17/20; Society of Financial Service Professionals, 2/20/18; Alamance Community College Foundation, 9/17/17; Society of Financial Service Professionals, 1/17/17; Bernard Robinson & Co., 10/25/16, 10/27/16; Society of Financial Service Professionals, 1/19/16.

"Forensic Economics": UNCG chapter of National Association for Business Economics, 1/31/18.

"Economic Update for the U.S. and the Transportation Sector": Transplace Southeast Carrier Symposium, 1/18/18, 11/10/16.

"Triad Economic Update/The Triad Business Index": Moderate Chic Club, 8/25/16.

"The Economics of the Minimum Wage": Southern Guilford Rotary Club, 7/19/16.

"Economic Implications of USPS Privatization": Grand Alliance to Save our Public Postal Service, 6/29/16.

"The Economics of Immigration": Holy Trinity Episcopal Church, 3/6/16.

ACADEMIC PUBLICATIONS

"Trends in Cooperative Research Activity: Has the National Cooperative Research Act Been Successful?" (with A. Link), in *Innovation Policy in the Knowledge-Based Economy* (edited by M. Feldman and A. Link), Kluwer Academic Publishers, 2001.

"Advantageous Semi-Collusion," with Ram Shivakumar, *Journal of Industrial Economics*, June 1999.

"Migraine Preventive Medications: A Reappraisal," with James Adelman, Randal Von Seggern, Lisa Mannix, and Alan Rapoport (2nd author), *Cephalalgia*, November 1998.

"Domestic versus International R&D Spillovers," with Ram Shivakumar, *Economics Letters*, October 1997.

"R&D Cooperation and the Joint Exploitation of Cooperative R&D," with Ram Shivakumar, *Canadian Journal of Economics*, August 1997.

"Economics as One of the Humanities: A Comment," *Southern California Interdisciplinary Law Journal*, Winter 1995.

"Can Green Trade be Free Trade?," *Global Perspectives*, Summer 1994.

RECENT PROFESSIONAL AND COMMUNITY SERVICE

2020−present: President, Finance Chair, and member of Board of Trustees, Temple Emanuel, Greensboro, NC

2006−20: Vice President, Campaign Chair, and member of Board of Trustees, Greensboro Jewish Federation.

2000−12: President, Vice President for Education, and member of Board of Trustees, Temple Emanuel, Greensboro, N.C.

2010−11: Member, Campaign Planning Committee, Community Theatre of Greensboro.

2006−2010: Faculty advisor, Hillel, The University of North Carolina at Greensboro.

2003−2005, 2006−2010: Vice President and member of Board of Directors, Association for University Business and Economic Research.

1999−2005: Member, Board of Directors, American Civil Liberties Union of North Carolina.

2001−02: Member, Action Greensboro task force on Attracting and Retaining Young Professionals.

2000−02: Member, Technical Advisory Team, City of Greensboro Comprehensive Plan, Greensboro, N.C.

1999−2000: Chair, Living-Wage Study Committee, City of Greensboro, N.C.

1999: Member, Citizen's Advisory Board, Department of Storm Water Services, City of Greensboro, N.C.

Appendix C

Four-Year Testimony Log for Dr. Andrew Brod
As of December 15, 2025

1. Delfina Ocampo-Peralta v. PGP Bethabara, et al
   Damages expert for plaintiff's counsel, Atkinson Law Firm
   Deposed: December 8, 2025

2. Michael Geffre v. Adam Back, M.D., et al
   Damages expert for plaintiff's counsel, Rossabi Law Partners
   Deposed: July 31, 2025

3. Estate of Guadalupe Vazquez-Alvarado v. Stellar HVAC LLC, et al
   Damages expert for plaintiff's counsel, Riddle & Riddle LLP
   Deposed: February 18, 2025

4. Sopheap Pang v. Wake Forest University Baptist Medical Center, et al
   Damages expert for plaintiff's counsel, Law Offices of Gregory Kash
   Deposed: January 31, 2025

5. Filomeno Orozco Vaquero v. Toll NC II LP, et al
   Damages expert for plaintiff's counsel, Bricio Law Firm
   Deposed: December 17, 2024

6. Aaron Casasola-Robles v. Ana T. Daley, R.N., et al
   Damages expert for plaintiff's counsel, Mills & Mahoney, PA
   Deposed: November 19, 2024

7. Clifford Hyatt v. North Carolina Farm Bureau Insurance, et al
   Damages expert for plaintiff's counsel, Poisson, Poisson & Bower
   Testified at arbitration hearing: November 6, 2024

8. Gregory Burgess v. United States of America
   Damages expert for defendant's counsel, U.S. Department of Justice
   Deposed: February 22, 2024

9. Rachelle Robinson-Ware v. Keenen Menefee-Long
   Damages expert for plaintiff's counsel, Bullock, Clay & Furr, PLLC
   Testified at trial: February 1, 2024

10. Jeffery Cambre v. Medical Imaging Center LLC, et al
    Damages expert for plaintiff's counsel, Anderson, Johnson, Lawrence & Butler, LLP
    Testified at trial: November 7, 2023
    Deposed: May 3, 2023

11. Estate of Larry Toney v. Atrium Health, Inc., et al
    Damages expert for plaintiff's counsel, Comerford, Chilson & Moser, LLP
    Deposed: July 5, 2023

12. Estate of Worth Carter, Jr. v. Judith Szulecki, M.D.
    Damages expert for plaintiff's counsel, Young, Haskins, Mann, Gregory & Wall, PC
    Deposed: June 27, 2023

13. David Carmely v. United States of America
    Damages expert for defendant's counsel, U.S. Department of Justice
    Testified at trial: March 8, 2023

14. Estate of William Conti v. Jeremy Holdsworth, M.D., et al
    Damages expert for plaintiff's counsel, Melvin Law Firm
    Deposed: February 20, 2023

15. CIP Construction Company, et al v. Schindler Elevator Company
    Damages expert for plaintiff's counsel, Rossabi Law Partners
    Deposed: August 10, 2022

16. Donald Pearce v. Novant Medical Group, et al
    Damages expert for plaintiff's counsel, Melvin Law Firm
    Deposed: June 15, 2022

17. Lorraine Rusch v. High Point Clinical Trials Center LLC, et al
    Damages expert for defendant's counsel, Rossabi Law Partners
    Testified at trial: April 1, 2022
    Deposed: December 22, 2021

18. April Williams v. North Carolina Baptist Hospital, et al
    Damages expert for plaintiff's counsel, Melvin Law Firm
    Deposed: March 10, 2022

19. Estate of Jennifer Huddle Edwards v. William Lindel, MD, et al
    Damages expert for plaintiff's counsel, Gardner Barrow & Sharpe PC
    Deposed: February 28, 2022

20. Cecil Staton v. Harry Smith, et al
    Damages expert for defendant's counsel, Fox Rothschild LLP
    Deposed: January 19, 2022

Exhibit 646

Materials Considered List – Andrew Brod

Gary Layne McElhiney, Sr. v. United States of America Case No. 7:23-CV-01368-BO

Benefits Coordination and Recovery Center, Memorandum by Kathleen Hunter, April 1, 2025, and associated data

Bureau of Labor Statistics. 2025. "American Time Use Survey," https://www.bls.gov/tus/

Centers for Disease Control and Prevention. 2023 "United States Life Tables, 2021," *National Vital Statistics Reports*, Vol. 72, No. 12, November.

Centers for Disease Control and Prevention. 2025 "United States Life Tables, 2022," *National Vital Statistics Reports*, Vol. 74, No. 2, April.

Clark, D, 2025. Deposition of Daniel Clark, September 2025

Department of Justice. 2025. "VBA Disability Ratings, Conditions, and Amounts (3.13.2025)," CLJA_VBA_0000000001 - CLJA_VBA_0000000018

Department of Treasury. "Daily Treasury Par Yield Curve Rates," https://home.treasury.gov/policy-issues/financing-the-government/interest-rate-statistics

Department of Veterans Affairs, Combined Disability Rating Calculator, **https://www.va.gov/disability/about-disability-ratings/**

Department of Veterans Affairs, Office of Integrated Veteran Care, Memorandum and exhibit on Community Care Network and associated data, February 2025

Hackett-Wallace, Marjorie, 2025. RHIA, CHC, CFE, CPMA, CPC, CDEO, CPIP, *In Re: Camp Lejeune Water Litig.*, Oct. 29

- PLG-EXPERT_HACKETT-WALLACE_0000000001-66 (natives and PDFs)
- Appendices dated Oct. 29, 2025, for Plaintiff Gary McElhiney
- Materials Considered List – Expert Report of Marjorie Hackett-Wallace, Nov. 5, 2025
- 1st Amended Materials Considered List – Expert Report of Marjorie Hackett-Wallace, Dec. 2, 2025

Hairston, Kay, 2025. Life-care plan by Kay Hairston, In the United States District Court for the Eastern District of North Carolina, Southern Division, Case No,: 7:23-CV-01368- BO, *Camp Lejeune Water Litigation*. February 5

Hasan, Syed, 2025. Expert report by Hasan Syed, In the United States District Court for the Eastern District of North Carolina, Southern Division, Case No,: 7:23-CV-01368- BO, *Camp Lejeune Water Litigation*. December 15

Hartwell, A, 2025. Deposition of Andrea Hartwell, September 9

Hunter, K, 2025. Deposition of Kathleen Hunter, September 8

Letter from VBA, dated May 1, 2025, along with data spreadsheet, "RITA_2025-54151_results_04302025.xlsx", CLJA_VBA_0000000019 - CLJA_VBA_0000000022

McElhiney, G. 2024. Deposition of Gary McElhiney, Vols. I and II. March 5 and April 11

McElhiney, Gary. First Amended Track 1 Trial Plaintiff Damages Assessment.

McElhiney, Gary. Second Amended Track 1 Trial Plaintiff Damages Assessment.

Miller, Henry, 2025. Expert report by Henry Miller, In the United States District Court for the Eastern District of North Carolina, Southern Division, Case No,: 7:23-CV-01368-BO, Camp Lejeune Water Litigation. May 8

Miller, Henry, 2025. Expert report by Henry Miller, In the United States District Court for the Eastern District of North Carolina, Southern Division, Case No,: 7:23-CV-01368-BO, *Camp Lejeune Water Litigation*. December 15

Rivas, K, 2025. Deposition of Kimberly Rivas, August 26

Russo, Gregory, 2025. Expert report by Gregory Russo (including Appendix C), In the United States District Court for the Eastern District of North Carolina, Southern Division, Case No,: 7:23-CV-01368-BO, *Camp Lejeune Water Litigation*. December 15

Ryan, C, 2025. Deposition of Nicholas Tackaberry, August 27

Shahnasarian, Michael, 2025. Life-care plan by Michael Shahnasarian, Ph.D., In the United States District Court for the Eastern District of North Carolina, Southern Division, Case No,: 7:23-CV-01368-BO, Camp Lejeune Water Litigation. May 8

Shahnasarian, Michael, 2025. Rehabilitation Evaluation of Gary Layne McElhiney, Sr., by Michael Shahnasarian, Ph.D., In the United States District Court for the Eastern District of North Carolina, Southern Division, Case No,: 7:23-CV-01368-BO, Camp Lejeune Water Litigation. May 8

Short-Form Complaint, Gary Layne McElhiney, Sr. v. United States of America, No. 7:23-CV-01368-BO (November 2, 2023)

Social Security Administration, Data on cost-of-living adjustments at **www.ssa.gov/cola/**

Staller, Chad and Dripps, Stephen, 2025. Expert report by Chad L. Staller and Stephen M. Dripps, In the United States District Court for the Eastern District of North Carolina, Southern Division, Case No,: 7:23-CV-01368-BO, Camp Lejeune Water Litigation. February 6

Staller, Chad, 2025. Expert Report by Chad L. Staller, In the United States District Court for the Eastern District of North Carolina, Southern Division, Case No,: 7:23-CV-01368-BO, Camp Lejeune Water Litigation. October 29

Staller, Chad 2025. Materials Considered Lists for the Reports of Chad Staller for Plaintiff Gary McElhiney, dated Oct. 29

Staller, Chad 2025. Materials Considered List for the Omnibus Report of Chad Staller, dated Oct. 29

Tackaberry, N, 2025. Deposition of Nicholas Tackaberry, August 27.

U.S. Department of Labor, Bureau of Labor Statistics: Consumer Price Index data at **www.bls.gov/cpi/**

Veterans Health Administration, Memorandum on VHA Expenses and associated data, March 2025.

Wells Fargo Economics Group, "U.S. Economic Outlook, May 2025," May 8, 2025, https://www.wellsfargo.com/cib/insights/economics/us-outlook/

Westerlind, K, 2025. Deposition of Kyle Westerlind, September 18

Young, Michael, 2025. Expert report by Michael Young, In the United States District Court for the Eastern District of North Carolina, Southern Division, Case No,: 7:23-CV- 01368-BO, Camp Lejeune Water Litigation. May 8

Zakaryan, D, 2025. Deposition of Diana Zakaryan, August 28

Miscellaneous Document Productions

CLJA_TRICARE_0000000001-55

CLJA_TRICARE_0000000056 (produced natively as DraftDeliverable_CampLeJeune_all_20251203_pw)

CLJA_CMS_0000000001-134

CLJA_TRIWEST_0000000001-10

CLJA_VBA_0000000001-22

CLJA_VHA_0000000001-8

CLJA_CCN_0000000001-8

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01368_MCELHINEY_DPRIS_0000000001	01368_MCELHINEY_DPRIS_0000000002
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01368_MCELHINEY_SHERWOOD_0000000001	01368_MCELHINEY_SHERWOOD_0000000162
01368_MCELHINEY_SSA_0000000001	01368_MCELHINEY_SSA_0000000564
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01368_MCELHINEY_VANDERBILT_0000000001	01368_MCELHINEY_VANDERBILT_0000000376
01368_MCELHINEY_VBA_0000000001	01368_MCELHINEY_VBA_0000010228
01368_MCELHINEY_VHA_0000000001	01368_MCELHINEY_VHA_0000003519

Exhibit 647

Materials Considered List – Andrew Brod

Edgar Allen Peterson, IV v. United States of America **Case No. 7:23-CV-01576**

Bureau of Labor Statistics. 2025. "American Time Use Survey," https://www.bls.gov/tus/

Centers for Disease Control and Prevention. "United States Life Tables, 2021," *National Vital Statistics Reports*, Vol. 72, No. 12, November 2023

Centers for Disease Control and Prevention. 2025 "United States Life Tables, 2022," *National Vital Statistics Reports*, Vol. 74, No. 2, April.

Clark, D, 2025. Deposition of Daniel Clark, September 2025

Department of Treasury. "Daily Treasury Par Yield Curve Rates," https://home.treasury.gov/policy-issues/financing-the-government/interest-rate-statistics

Department of Veterans Affairs, Office of Integrated Veteran Care, Memorandum and exhibit on Community Care Network and associated data, February 2025

Hackett-Wallace, Marjorie, 2025. RHIA, CHC, CFE, CPMA, CPC, CDEO, CPIP, *In Re: Camp Lejeune Water Litig.*, Oct. 29

- PLG-EXPERT_HACKETT-WALLACE_0000000001-66 (natives and PDFs)
- Appendices dated Oct. 29, 2025, for Plaintiff Edgar Peterson
- Materials Considered List – Expert Report of Marjorie Hackett-Wallace, Nov. 5, 2025
- 1st Amended Materials Considered List – Expert Report of Marjorie Hackett-Wallace, Dec. 2, 2025

Hairston, Kay, 2025. Life-care plan by Kay Hairston, In the United States District Court for the Eastern District of North Carolina, Southern Division, Case No,: 7:23-CV-01576, *Camp Lejeune Water Litigation*. February 5

Hartwell, A, 2025. Deposition of Andrea Hartwell, September 9

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Exhibit 648

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Exhibit 651

Expert Report
of
DR. SYED A. HASAN

In re Camp Lejeune Water Litigation
7:23-CV-00897 (E.D.N.C.)

***McElhiney v. United States*, 7:23-cv-1368**
***Peterson v. United States*, 7:23-cv-1576**
***Rothchild v. United States*, 7:23-cv-858**
***Welch v. United States*, 7:23-cv-1503**
***Sparks v. United States*, 7:23-cv-682**

INTRODUCTION

I, Dr. Syed A. Hasan, submit this expert report of my opinions in the matter of *In re Camp Lejeune Water Litigation*, 7:23-CV-00897 (E.D.N.C.). I am specifically submitting this report with regards to five (5) Parkinson's disease cases: (1) *McElhiney v. United States*, 7:23-cv-1368, (2) *Peterson v. United States*, 7:23-cv-1576, (3) *Rothchild v. United States*, 7:23-cv-858, (4) *Welch v. United States*, 7:23-cv-1503, and (5) *Sparks v. United States*, 7:23-cv-682. The U.S. Department of Justice (DOJ) retained me to provide expert medical billing analysis for various claims pertaining to each Plaintiff's Parkinson's disease treatment and care. I was not retained and I have not been asked to provide any analysis as to whether any individual Plaintiff's Parkinson's disease was caused by their alleged respective exposure to the water at Camp Lejeune and I am not offering any opinion on this subject.

Specifically, I have been retained to provide independent expert analysis:

- As to whether the past medical damages asserted by Plaintiffs' expert, Marjorie Hackett-Wallace, to the extent applicable, are or are not clinically related to each Plaintiff's Parkinson's disease or any conditions stemming from their disease;

- As to whether the past medical treatment received by each Plaintiff as provided by an agency or program of the United States is or is not clinically related to each Plaintiff's Parkinson's disease or any conditions stemming from their disease; and

- As to whether each Plaintiff's service-connected disabilities, as determined by the Veterans Benefit Administration (VBA), is or is not clinically related to each Plaintiff's Parkinson's disease or any conditions stemming from their disease.

BACKGROUND

I am an internal medicine physician in active practice with over 25 years of experience focused primarily on hospital medicine, and over 20 years of experience as an administrator in managed care organizations (Heritage Provider Network and Regal Medical Group). In my current role, I am the Chief Medical Officer for Regal Medical Group, which is a position I have held since December 2012. My administrative duties include, but are not limited to, professional and institutional claims review, professional contract negotiations, medical necessity for pre-authorization, development of centers of excellence, clinical and medical pathway training for physicians and advanced practice providers (nurse practitioners and physician assistants) to facilitate care through institutional settings, transitions of care, complex care management and site of service optimization. Additionally, I review medical claims on a daily basis as part of my core job duties, which includes making determinations on utilization management and concurrent review. I am well-versed in billing and reimbursement practices for various insurance types/lines of business including, but limited to, Medicare, Medi-cal, TRICARE, VA, and commercial and exchange products.

A copy of my current *curriculum vitae* is attached as **Appendix I**. This includes a list of my prior publications as well as my prior testimony from the last four (4) years. I charge $450 per hour for my services in this litigation.

DOCUMENTS RELIED UPON

I was provided medical, billing, and government-agency records for above-identified Plaintiffs. I was also provided specific causation reports prepared by experts in this litigation who are offering specific causation opinions on behalf of the United States and on behalf of Plaintiffs. I was also provided Plaintiffs' Amended Damages Assessment Forms and the expert report of Marjorie Hackett-Wallace (and accompanying appendices) that identified the past medical damages that Plaintiffs claim as damages. Additionally, I reviewed raw medical claims data from the Center for Medicare and Medicaid Services (CMS), the Veterans Health Administration (VHA), Integrated Veteran Care / Community Care Network (CCN), TriWest, and TRICARE. The CMS data is identified as CLJA_CMS_0000000134. The encounter-level VHA data is identified as CLJA_VHA_0000000006. The CCN data is identified as CLJA_CCN_0000000005. The TriWest data is identified as CLJA_TRIWEST_0000000006-008; however, none of the data contained in this data pertained to the Parkinson's disease Plaintiffs who I was asked to evaluate. The TRICARE data is identified as CLJA_TRICARE_0000000056. I also reviewed VBA disability information for each of the Plaintiffs who received disability payments for any kind of service-connected disability. The VBA disability data is identified as CLJA_VBA_0000000019.

I will prepare and serve a list of all materials considered for my report within seven days of serving this report which will include all of the records I relied on, including those referenced above, in forming my opinion. I have also included a list of Plaintiff-specific records relied upon as part of forming my opinions in this case. That list is attached as **Appendix H**.

METHODOLOGY FOR REVIEW

My approach to reviewing the provided medical bills, invoices, and governmental medical claims data is consistent with my work as a hospitalist and as a medical director for a managed care organization. I am often tasked with reviewing medical claims, bills, and payments to determine the appropriateness of medical treatment. This involves not only identifying treatment for a given disease but also identifying treatment for any clinically related issues that may occur due to the disease. Within this work, I routinely evaluate the appropriateness of medical coding and corresponding bills which requires an assessment of individual medical records and circumstances to determine the appropriateness of a patient's course of treatment. As a hospitalist, I have experience evaluating and treating a large host of medical conditions, including Parkinson's disease. Using this experience and applicable standards, I reached my opinions for each of the Plaintiffs regarding their claimed medical expense damages, past government medical offsets, and service-connected disability as they related to their Parkinson's disease or any conditions stemming from or clinically related to their Parkinson's disease.

Methodology for Review of Claimed Medical Expense Damages

First, I reviewed the specific causation expert reports for each of the five Plaintiffs to inform me of the diagnoses Plaintiffs' experts claim are related to the water at Camp Lejeune. For purposes of this report only, I assumed that these diagnoses were correct solely to determine whether the past medical expenses Plaintiffs claim are related to these diagnoses. Again, I do not form an opinion on whether Plaintiffs' claimed diseases are related to their alleged exposure to water at Camp Lejeune or the accuracy of Plaintiffs' specific causation expert reports.

To determine what charges Plaintiffs claimed as past medical damages, I reviewed the Plaintiffs' expert report prepared by Marjorie Hackett-Wallace and the corresponding charges that were listed in each of the five Plaintiffs' Amended Damages Forms. I then reviewed the charges listed on the Plaintiffs' Amended Damages Forms and the billing and medical records cited by Hackett-Wallace to support those charges to determine whether the charges were clinically related to the diagnoses.

When reviewing the charges to determine if they were clinically related, I first checked to see whether there was a medical provider, hospital/facility/clinic and/or date of service listed on the charge. If so, I would then review notes from that provider or corresponding date in the medical records cited by Hackett-Wallace to determine whether the charge was clinically related to the claimed diseases. I also determined whether the charge was for a service provided prior to a Plaintiff's Parkinson's disease. The same is also true for medications, imaging, tests, and lab results to determine whether the charges were clinically related. If I could not identify direct documents of the procedure or medical encounter, I reviewed other corresponding documents to determine whether other medical records/notes referencing the procedure or service could be found for that date. If no documents could be identified in any of the medical documents cited by Hackett-Wallace, I then analyzed the claimed charges to determine the nature of the medical service being charged to determine if there is any possible clinical relation to Plaintiffs' Parkinson's disease.

I used the same methodology for all cases; however, a value of zero was attributed to Plaintiff McElhiney for past medical expenses because there were none claimed in his Amended Damages Form and Marjorie Hackett-Wallace stated that no private pay billing data was available in her appendix for Plaintiff McElhiney. In making my clinical determinations, I relied on my training, education, and years of clinical experience treating patients with the same conditions as the Plaintiffs who are the subject of this report. For issues related to the ICD-9 and ICD-10 codes referenced in the available document, I refer to and rely upon the CMS coding guidelines and follow the CMS standard conventions.[1]

[1] https://www.cdc.gov/nchs/data/icd/icd9cm_guidelines_2011.pdf; https://www.cms.gov/files/document/fy-2025-icd-10-cm-coding-guidelines.pdf

Plaintiffs' expert, Marjorie Hackett-Wallace, refers to the amounts medical providers charged to quantify the amount of past medical damages for each of the Plaintiffs. The amounts charged, however are simply the initial "retail" price or gross amount a provider invoices for services. It is often an inflated figure that does not reflect the actual market value or what the provider expects to collect. For hospital systems, the "retail" price list is often referred to as a "charge master." Similarly, for professional services rendered in an office setting (non-institutional services), the billed charges are often much higher than actual reimbursement and generally follow the same principles as institutional charge masters. It is an inflated figure that does not reflect the actual market value or what the provider expects to collect. The allowed amount, also called the "negotiated rate," is the maximum amount an insurance company will cover for a service based on its contract with the provider. This figure is often, but not always, reflective of the actual cost of rendering the medical service.[2][3] The final payments are adjusted due to deductibles, co-payments, and other payments that may not be covered by insurance.

I am not offering an opinion regarding the validity of billed charges versus reimbursed payments in reflecting the cost of care of medical damages. However, I do note the discrepancy between the two amounts. For the purpose of consistency and making equivalent comparisons, I evaluated and quantified billed charges when determining whether any given medical treatment or care was clinically related to each Plaintiff's claimed diseases.

Methodology for review of past government medical offsets (CMS, TRICARE, VHA, TriWest and CCN)

To determine whether a past medical offset is clinically related to the diagnoses alleged by Plaintiffs, I reviewed Plaintiffs' payment data from CMS, TRICARE, the VHA, TriWest, and CCN. The data ("Offset Data") I reviewed was a comprehensive list of unfiltered medical claims data from all five agencies for each Plaintiff to determine what was covered and paid for by each respective government agency or program. This information contained numerous medical claims or encounters that were unrelated to Plaintiffs' Parkinson's disease. My role was to determine which claims or encounters contained within this data pertained to Plaintiffs' Parkinson's disease or issues that are clinically related. Plaintiffs' expert Marjorie Hackett-Wallace generically claims there are deficiencies in the collection, extraction, and validation of data and improper billing practices by these government agencies and programs. However, by reviewing this data, I can ensure that my review is not tainted by any such potential deficiencies. My analysis was not focused on billing practices but instead focused on the clinical relatedness of claims.

[2] *AMA J Ethics*. 2015;17(11):1046-1052. doi: 10.1001/journalofethics.2015.17.11.stas1-1511.
[3] Linde S, Egede LE. Do Chargemaster Prices Matter?: An Examination of Acute Care Hospital Profitability. Med Care. 2022 Aug 1;60(8):623-630. doi: 10.1097/MLR.0000000000001734. Epub 2022 Jun 1. PMID: 35647741; PMCID: PMC9262858;
https://www.va.gov/COMMUNITYCARE/revenue-ops/Fee-Schedule.asp

I reviewed all of these claims and encounters. Providers whose care was unrelated to the claimed conditions were deemed unrelated. Dates that were unrelated to the claimed conditions (care provided prior to first diagnosis and workup of the claimed conditions) were also deemed unrelated. Each encounter was then manually reviewed to ensure that the encounter existed and was related to the claimed conditions using the same metrics as the assessment of past medical damages. If I was unable to match a recorded payment to an entry in the medical records, I considered it unrelated to avoid inaccurate billing. In my calculation of these offsets, I included only the actual amount paid that was reported instead of what was charged to only reflect the actual amount the government paid for each related medical condition. ICD9 and ICD10 codes were not used for primary analysis; rather, they serve as a reference in my analysis of claims.

For offset payments from VHA, the United States' Offset Data source for encounter-level VHA care (CLJA_VHA_0000000006) includes payment data for both total costs and direct costs. I include both of these costs in my analysis without rendering an opinion regarding which costs are valid for the purposes of calculating offset payments. However, in my experience as an administrator in managed care organizations, it is typical for hospitals to charge patients not only for the services they provided but also for the overhead required to provide those services. Generally speaking, the rates hospital systems charge their patients have overhead charges "baked in" to their rates.

In my review of the Offset Data, the re-imbursed medical payments accurately reflect the government's financial payments. This is not necessarily the same as the amounts charged to the government. By way of example only, charges for services provided by medical providers to Medicare are generally significantly higher than the amounts those medical providers are generally reimbursed. However, as discussed above, Plaintiffs' expert Marjorie Hackett-Wallace used billed charges to calculate damages rather than re-imbursed payments and I am not offering an expert opinion regarding the appropriateness of either approach. However, I am noting the discrepancy between amounts reimbursed and amounts charged because these are different quantitative amounts for the exact same services.

Methodology for Review of Veteran's Service-Connected Disability Determinations

For the purposes of my report and using the same methodology for clinical relatedness to the claimed conditions, each active service-connected condition contained in the VBA records was reviewed to determine whether each given service-connected condition was or was not clinically related to the Plaintiff's Parkinson's disease. My analysis started with the compiled VBA data located in CLJA_VBA_0000000019 to assess the total service-connected conditions. For purposes of my analysis, I did not need to determine the appropriateness of those

determinations or the ratings assigned. From the compiled list of service-connected conditions with greater than a 0% disability rating, I assessed whether the identified service-connected conditions were or were not clinically related to Plaintiffs' Parkinson's disease.

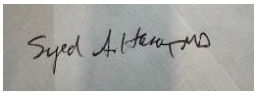
As noted below, I have made an effort to note situations where a particular condition likely pre-existed Plaintiff's Parkinson's disease, but the Parkinson's disease could have potentially (or, in fact, did) exacerbate the pre-existing condition. Additionally, there are situations where I have determined a particular service-connected condition was not clinically related to the Plaintiff's Parkinson's disease; however, a review of VBA records for the individual Plaintiff show that the VBA has independently determined that same condition or illness is secondary or somehow related to Plaintiff's Parkinson's disease and/or Camp Lejeune. I am not opining whether the VBA's determinations that a certain condition or illness is secondary or connected to a Plaintiff's Parkinson's disease is correct. Instead, I am merely noting that the condition(s) are identified by the VBA as being presumptively connected with Plaintiff's Parkinson's disease and/or his/her Camp Lejeune exposures and therefore, would be considered "related" for the sole purpose of determining amounts paid by the United States in connection to Plaintiff's Parkinson's disease.

CONCLUSIONS

For each of the five Parkinson's disease Plaintiffs, I have prepared a separate appendix containing my case-specific opinions and explanations. For my opinions regarding Plaintiff Gary McElhiney, please see **Appendix A**. For my opinions regarding Plaintiff Edgar Peterson, please see **Appendix B**. For my opinions regarding Plaintiff Diane Rothchild, please see **Appendix C**. For my opinions regarding Plaintiff Robert Welch, please see **Appendix D**. For my opinions regarding Plaintiff Richard Sparks, please see **Appendix E**.

I hold the opinions offered herein to a reasonable degree of medical certainty. I reserve the right to express additional opinions should more information become available to me.

Recoverable Signature

X 

Syed A Hasan
MD
Signed by: trust_9ae65421-b7cc-45d8-b702-7b60c63846bd

12/15/2025

Dr. Syed Ashraf Hasan — Date

APPENDIX A

Plaintiff: Gary McElhiney

Overview of Case

The Plaintiff's expert, Dr. Richard Barbano, opines that "Mr. McElhiney's Parkinson's disease was at least as likely as not caused by his exposure to the contaminated water at Camp Lejeune." Barbano *McElhiney* Report,[4] p. 3. Plaintiff's Parkinson's disease was diagnosed on or about July 18, 2018.[5] Assuming the conclusions from the plaintiff's expert are correct for purposes of my damages opinions, charges related to medical care that is directed towards the management, monitoring, and treatment of Parkinson's disease and alleged symptoms are considered related. Charges for the management, monitoring, and treatment of other medical conditions or pre-existing medical conditions are considered unrelated.

Summary of Past Medical Expense Damages

The Plaintiff's expert, Marjorie Hackett-Wallace, did not identify or claim any post medical expenses for Plaintiff Gary McElhiney. Therefore, there is nothing to respond to.

Summary of Government Offset Payments

Assuming the specific causation opinions from the Plaintiff's expert, Dr. Barbano, are correct, the United States provided and/or paid for medical care in relation to Mr. McElhiney's Parkinson's disease. This medical care was paid for by the VHA, CCN, CMS/Medicare and TRICRE. In reviewing the data provided by these government agencies or programs,[6] I have determined that the following are amounts of clinically-related payments and benefits towards Plaintiff's claimed conditions:

Payment Source	Government Payments ($) (with VHA total cost payments)	Government Payments ($) (with VHA direct cost payments)
CMS / Medicare	$3,756.25	$3,756.25
VHA	$24,485.69	$13,430.03
CCN	$59,504.27	$59,504.27
TRICARE	$2,145.03	$2,145.03
Total	**$89,891.24**	**$78,835.58**

[4] Richard Barbano, p. 3, Report in McElhiney vs. United States, 7:23-cv-1368, Feb. 7, 2025.
[5] Richard Barbano, p. 15, Report in McElhiney vs. United States, 7:23-cv-1368, Feb. 7, 2025.
[6] CLJA_CMS_0000000134; CLJA_VHA_0000000006; CLJA_CCN_0000000005; CLJA_TRICARE_0000000056

My claim-level determinations regarding clinical relatedness for government offset payments made on behalf of Mr. McElhiney with supporting notations are contained in full in **Appendix F**.

Summary of Veteran's Service-Connected Disability Determinations

In reviewing the VBA provided data,[7] I have identified that the VBA has provided disability payments to Plaintiff for certain claimed conditions. I have identified those conditions below and determined whether the service-connected conditions receiving disability payments are clinically related to Plaintiff's claimed conditions:

Disability Diagnosis - Gary McElhiney	**Related to the claimed conditions**
Lumbar disc disease	N*
Degenerative disc disease, lumbar spine, with left leg radiculopathy	N*
Left knee impairment surgery	N*
Tinnitus	N*
Constipation due to Parkinson's disease	Y
Rosacea	N*
Adjustment disorder with anxiety and depressed mood	N*
Balance impairment, Parkinson's disease	Y
Left L5 radiculopathy	N*
Loss of automatic movements, facies, right, Parkinson's disease	Y
Loss of automatic movements, facies, left, Parkinson's disease	Y
Loss of sense of smell, Parkinson's disease	Y
Radiculopathy right lower extremity	N*
Left femoral nerve and tibial nerve (claimed as left leg condition)	N*
Right femoral nerve and tibial nerve (claimed as right leg condition)	N*
Right 5th cranial nerve with post-herpetic neuralgia (HSV/right temporal arteritis)	N*
Tremor, muscle rigidity, bradykinesia, left upper extremity, Parkinson's disease	Y
Tremor, muscle rigidity, bradykinesia, right upper extremity, Parkinson's disease	Y
Urinary incontinence associated with Parkinson's disease	Y

* These service-connected conditions are pre-existing conditions that pre-dated Mr. McElhiney's Parkinson's disease diagnosis. While it is possible that these conditions have been exacerbated by Mr. McElhiney's Parkinson's disease, VBA records and/or medical

[7] CLJA_VBA_0000000019

records show that Mr. McElhiney already had these conditions and was being compensated by VBA for them prior to his Parkinson's disease diagnosis.[8] Unless otherwise stated, I am not offering an opinion as to whether these conditions did in fact worsen due to Mr. McElhiney's Parkinson's disease.

Based upon my assessment of Plaintiff's medical records and related VBA documents, I concluded that certain of Mr. McElhiney's service-connected conditions are clinically related to Mr. McElhiney's Parkinson's disease. The conditions identified above as clinically related are conditions typically associated with and caused by Parkinson's disease. For instance, loss of balance, tremors and muscle rigidity are well-known symptoms of Parkinson's disease[9] and occurred concurrent or subsequent to his diagnosis of Parkinson's disease. Anosmia (loss of sense of smell) is often an early non-motor symptom of Parkinson's disease,[10] which was present in Mr. McElhiney, as well as constipation and urinary incontinence[11] and occurred concurrent or subsequent to his diagnosis of Parkinson's disease.

Conclusions

To summarize my opinions relating to Mr. McElhiney's past medical treatment, there were no past medical expenses submitted or identified by the Plaintiff's expert, Marjorie Hackett-Wallace. Additionally, the total amount the United States government -- via CMS/Medicare, VHA, CCN, and TRICARE -- paid for Mr. McElhiey's Parkinson's disease and clinically related conditions amounts to **$89,891.24** when accounting for VHA's total costs and **$78,835.58** when accounting for VHA's total direct costs.

[8] 01368_MCELHINEY_VBA_0000010052-010070; 01368_MCELHINEY_VA_0000000093-096; 01368_MCELHINEY_VA_0000000721-0726; 01368_MCELHINEY_VBA_0000003768-003792.

[9] Zafar S, Lui F, Yaddanapudi SS. Parkinson Disease. [Updated 2025 Sep 15]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2025 Jan-. Available from: https://www.ncbi.nlm.nih.gov/books/NBK470193/

[10] "Decline of olfactory function in Parkinson's disease: A ten-year longitudinal study". Roos, D, Klein, M., Doty, R., Berendse, H. J Parkinsons Dis. 2025 May;15(3):673. doi: 10.1177/1877718X251333920. Epub 2025 Apr 2.

[11] Bladder, bowel, and sexual dysfunction in Parkinson's disease.
Sakakibara R, Kishi M, Ogawa E, Tateno F, Uchiyama T, Yamamoto T, Yamanishi T.Parkinsons Dis. 2011;2011:924605. doi: 10.4061/2011/924605. Epub 2011 Sep 12.

APPENDIX B

Plaintiff: Edgar Peterson

Overview of Case

The Plaintiff's expert, Dr. Richard Barbano, opines that "Mr. Peterson's exposure to the water at Camp Lejeune is 'at least as likely as not' a cause of his Parkinson's disease due to his exposure to TCE and PCE." Barbano *Peterson* Report,[12] p. 3. Mr. Peterson's Parkinson's disease was diagnosed in or around May 23, 2001. Assuming the conclusions from the plaintiff's expert are correct for purposes of my damages opinions, charges related to medical care that is directed towards the management, monitoring, and treatment of Parkinson's disease and alleged symptoms are considered related. Charges for the management, monitoring, and treatment of other medical conditions or pre-existing medical conditions are considered unrelated.

Summary of Past Medical Expense Damages

The Plaintiff's expert, Marjorie Hackett-Wallace, identified certain past medical expenses of Mr. Peterson as past medical damages in the amount of **$614,863.54**. Of the amounts claimed as past medical damages, I determined in my review of the medical and billing records that **$3,127.61** of the claimed charges were clinically unrelated to Mr. Peterson's claimed conditions. Consequently, it is my opinion that of the **$614,863.54** claimed as past medical expense damages, **$611,735.93** were identified as being clinically related to Mr. Peterson's claimed conditions. A table summary of my conclusions below:

	Total charges ($)	Charges clinically unrelated to claimed conditions ($)	Clinically related charges ($)
Methodist LeBonheur Healthcare	$39,981.49	$0	$39,981.49
Semmes-Murphey Clinic, P.C.	$49,851.00	$0	$49,851.00
Houston Methodist Leading Medicine	$115,269.60	$0	$115,269.60
Methodist University Hospital	$38,763.07	$2,900	$35,863.07
Lakeside Behavioral Health System	$10,230.26	$0	$10,230.26
Semmes Murphy Clinic	$68,690.00	$0	$68,690.00
Campbell Clinic PC	$4,488.00	$0	$4,488.00
The Sanders Clinic	$2,829.86[13]	$227.58	$2602.28

[12] Richard Barbano, p. 7, 18, Report in Peterson vs. United States, 7:23-cv-1576, Feb. 7, 2025.
[13] Marjorie Hackett-Wallace identified $2,803.22, which is $26.64 lower than the number determined by United States Greg Russo, because he appears to have identified higher charges on dates of

Methodist Minor Medical Center – Memphis	$202.10	$0	$202.10
Healthsouth Rehabilitation Hospital of Memphis	$4,067.00	$0	$4,067.00
Honeycomb Medical – Home Based	$1,291.13	$.03	$1,291.10
Vanderbilt University Medical Center – Nashville	$751.00	$0	$751.00
Walgreens	$13,661.61	$0	$13,661.61
Methodist Le Bonheur Germantown Hospital	$2,930.00	$0	$2,930.00
Optum Lien	$4,966.54	$0	$4,966.54
Rawlings Lien	$254,576.93[14]	$0	$254,576.93
Quest Diagnostics	$1,233.95	$0	$1,233.95
Semmes Murphy PC	$1,080.00	$0	$1,080.00
TOTAL	**$614,863.54[15]**	**$3,127.61**	**$611,735.93**

Detailed Review of Claimed Medical Expense Damages

In general, during my review of the past medical expenses identified by the Plaintiff's expert, Marjorie Hackett-Wallace, I concluded that **$3,127.61** of the claimed damages were clinically unrelated to Mr. Peterson's claimed conditions. I have included a general explanation of why particular categories of charges were clinically unrelated to Mr. Peterson's claimed conditions.

The categories of medical treatment that Mr. Peterson received that were clinically unrelated to his Parkinson's disease include:

- Medical Care at Methodist University Hospital around September 12, 2017 involved Mr. Peterson presenting with cellulitis of lower extremity and claims involve intravenous antibiotics, blood workup and imaging. There is indication this was treatment was related to his Parkinson's disease.[16]
- Medical Care at The Sanders Clinic around August/September 2017 involved Mr. Peterson presenting with cellulitis that later resulted in Emergency Room visit and a later follow-up visit after the ER where he was diagnosed with a

services August 27, 2009 and November 18, 2010. [01576_PETERSON_0000002780; 01576_PETERSON_000002781].

[14] According to Greg Russo, Marjorie Hackett-Wallace appears to have double-counted $1,500 on 01576_PETERSON_0000004547. She identified $43,806 for the Methodist hospital neurosurgery department date of service February 2, 2007. Mr. Russo identified $42,306 for this same provider.

[15] Marjorie Hackett-Wallace claims total charges for all providers in the amount of $616,336.90. When $614,863.54 is added to $1500 and $26.64 is subtracted, the total is $616,336.90.

[16] 01576_PETERSON_MH_000000871

deep vein thrombosis. There is no indication these visits were related to his Parkinson's disease.[17]

- Medical Care received in March and June 2022 involved pneumococcal immunization and colorectal screening. These nominal charges, but this medical treatment is not related to Mr. Peterson's Parkinson's disease.[18]

My claim-level determinations regarding clinical relatedness for the asserted past medical damages are contained in full in **Appendix G**.

Summary of Government Offset Payments

Assuming the specific causation opinions from the Plaintiff's expert, Dr. Barbano, are correct, the United States provided and/or paid for medical care in relation to Mr. Peterson's Parkinson's disease. This medical care was paid for by the VHA and CMS/Medicare. In reviewing the data provided by these government agencies or programs,[19] I have determined that the following are amounts of clinically-related payments and benefits towards Plaintiff's claimed conditions:

Payment Source	Government Payments ($) (with VHA total cost payments)	Government Payments ($) (with VHA direct cost payments)
CMS / Medicare	$141,547.97	$141,547.97
VHA	$7,813.24	$5,225.52
Total	**$149,361.21**	**$146,773.49**

My claim-level determinations regarding clinical relatedness for government offset payments made on behalf of Mr. Peterson with supporting notations are contained in full in **Appendix F**.

Summary of Veteran's Service-Connected Disability Determinations

In reviewing the VBA provided data,[20] I have identified that the VBA has provided disability payments to Plaintiff for certain claimed conditions. I have identified those conditions below and determined whether the service-connected conditions receiving disability payments are clinically related to Plaintiff's claimed conditions:

[17] 01576_PETERSON_0000000117 – 01576_PETERSON_0000000157.
[18] 01576_PETERSON_000000496.
[19] CLJA_CMS_0000000134; CLJA_VHA_0000000006
[20] CLJA_VBA_0000000019

Disability Diagnosis - Edgar Peterson	Related to the claimed conditions
Balance impairment due to Parkinson's Disease	Y
Depression with Sleep Disturbance	Y
Left Lower Extremity Muscle Rigidity	Y
Left Lower Extremity Tremor	Y
Left Upper Extremity Tremor	Y
Loss of sense of smell	Y
Muscle Rigidity Left Upper Extremity	Y
Muscle Rigidity Right Upper Extremity	Y
Nocturia	Y
Right Lower Extremity Muscle Rigidity	Y
Right Lower Extremity Tremor	Y
Right Upper Extremity Tremor	Y
Speech changes	Y
Stooped Posture due to Parkinson's disease	Y

Based upon my assessment of Plaintiff's medical records and related VBA documents, I concluded that each of Mr. Peterson's service-connected conditions are clinically related to Mr. Peterson's Parkinson's disease.[21] For instance, balance impairment, tremors, stooped posture, changes to one's speech, and muscle rigidity are well-known symptoms of Parkinson's disease and occurred concurrent or subsequent to his diagnosis of Parkinson's disease. Nocturnal polyuria, constipation and anosmia are all symptoms of Parkinson's disease[22] that Mr. Peterson developed as a result of his Parkinson's disease. Similarly, depression has been shown to occur in some Parkinson's disease patients, and the VBA has made a determination that Mr. Peterson's depression is secondary to his Parkinson's disease.

Conclusions

To summarize my opinions relating to Mr. Peterson's past medical treatment, after a review of the corresponding medical bills and records, I concluded that of the $614,863.54 claimed as past medical damages by the Plaintiff's expert, Marjorie Hackett-Wallace, $3,127.61 was clinically unrelated and $611,735.93 was clinically related to Mr. Peterson's Parkinson's disease and clinically related conditions. Additionally, the total amount the United States government – via CMS/Medicare and VHA – paid for Mr. Peterson's Parkinson's disease and clinically related conditions amounts to $149,361.21 when accounting for VHA's total costs and $146,773.49 when accounting for VHA's total direct costs.

[21] 01576_PETERSON_VBA_0000000111-0114; 01576_PETERSON_VBA_0000001568-01579.

[22] Correlation between depressive symptoms and nocturnal disturbances in Japanese patients with Parkinson's disease. Keisuke Suzuki, Masayuki Miyamoto, Tomoyuki Miyamoto, et al. Parkinsonism Related Disorders. 2009 Jan;15(1):15-9.

APPENDIX C

Plaintiff: Diane Rothchild

Overview of Case

The Plaintiff's expert, Dr. Kristin Andruska, opines that Ms. Rothchild's "exposure to the water at Camp Lejeune is at least as likely as not the cause of her Parkinson Disease." Andruksa *Rothchild* Report,[23] p.64. Records of Plaintiff's initial Parkinson's disease diagnosis are no longer available, but other records suggest the Plaintiff was clinically diagnosed sometime between her initial referral to Dr. Joel Perlmutter in 1999 and 2003. Assuming the conclusions from the Plaintiff's expert are correct for purposes of my damages opinions, charges related to medical care that is directed towards the management, monitoring, and treatment of Parkinson's disease and alleged symptoms are considered related. Charges for the management, monitoring, and treatment of other medical conditions or pre-existing medical conditions are considered unrelated.

Summary of Past Medical Expense Damages

The Plaintiff's expert, Marjorie Hackett-Wallace, identified certain past medical expenses of Ms. Rothchild as past medical damages in the amount of **$43,401.44**. Of the amounts claimed as past medical damages, I determined in my review of the medical and billing records that **$4,807.00** of the claimed charges were clinically unrelated to Ms. Rothchild's claimed conditions. Consequently, it is my opinion that of the **$43,401.44** claimed as past medical expense damages, **$38,594.44** were identified as being clinically related to Ms. Rothchild's claimed conditions. A table summary of my conclusions below:

	Total charges ($)	Charges clinically unrelated to claimed conditions ($)	Clinically related charges ($)
Washington University Physicians – St. Louis	$7,592.00	$0	$7,592.00
CVS Pharmacy	$924.29	$0	$924.29
Walgreens Pharmacy	$315.67	$0	$315.67
St. Lukes Hospital	$32,619.48	$4,807.00	$27,812.48
Barnes-Jewish Hospital	$1,950.00	$0	$1,950.00
TOTAL	**$43,401.44**	**$4,807.00**	**$38,594.44**

Detailed Review of Claimed Medical Expense Damages

[23] Kristin Andruska, MD. Ph.D. Report, p. 64, Report in Rothchild v. United States, 7:23-cv-858, Feb. 7, 2025.

During my review of the past medical expenses identified by the Plaintiff's expert, Marjorie Hackett-Wallace, I concluded that **$4,807.00** of the claimed damages were clinically unrelated to Ms. Rothchild's claimed conditions. I have included a general explanation of why particular categories of charges were clinically unrelated to Ms. Rothchild's claimed conditions.

The categories of medical treatment that Ms. Rothchild received that were clinically unrelated to her Parkinson's disease include:

- Medical Care at St. Lukes Hospital around March 9, 2022. Ms. Rothchild presented with abdominal pain and her work-up (including laboratory, imaging, intravenous antibiotics and professional services) revealed a diagnosis of diverticulitis. There is one claim for the visit that appear related to Ms. Rothchild, because the provider obtained imaging to see if Ms. Rothchild's Parkinson's disease was part of the problem.[24]

My claim-level determinations regarding clinical relatedness for the asserted past medical damages are contained in full in **Appendix G**.

Summary of Government Offset Payments

Assuming the specific causation opinions from the Plaintiff's expert, Dr. Andruska, are correct, the United States provided and/or paid for medical care in relation to Ms. Rothchild's Parkinson's disease. This medical care was paid for by CMS/Medicare. Ms. Rothchild is not a Veteran and does not appear to have been a beneficiary of the VHA, CCN, or TRICARE. However, there is data that Ms. Rothchild is a Medicare beneficiary. In reviewing the data provided by CMS/Medicare,[25] I have determined that the following are amounts of clinically-related payments and benefits towards Plaintiff's claimed conditions:

Payment Source	Government Payments ($)
CMS / Medicare	$72,276.03
Total	**$72,276.03**

My claim-level determinations regarding clinical relatedness for government offset payments made on behalf of Ms. Rothchild with supporting notations are contained in full in **Appendix F**.

Summary of Veteran's Service-Connected Disability Determinations

Ms. Rothchild is not a Veteran and is not a recipient of any disability awards from the VBA.

Conclusions

[24] 00858_ROTHCHILD_0000001760 - 02744

[25] CLJA_CMS_0000000134

To summarize my opinions relating to Ms. Rothchild's past medical treatment, after a review of the corresponding medical bills and records, I concluded that of the $43,401.44 claimed as past medical damages by the Plaintiff's expert, Marjorie Hackett-Wallace, $4,807.00 was clinically unrelated and $38,584.44 was clinically related to Ms. Rothchild's Parkinson's disease and clinically related conditions. Additionally, the total amount the United States government – via CMS/Medicare – paid for Ms. Rothchild's Parkinson's disease and clinically related conditions amounts to $72,276.03.

APPENDIX D

Plaintiff: Robert Welch

Overview of Case

The Plaintiff's expert, Dr. Heidi Schwarz, opines that "Mr. Welch's Parkinson's disease is at least as likely as not due to his exposure to TCE at Camp Lejeune." Schwarz *Welch* Report,[26] p. 2. Mr. Welch's Parkinson's disease was diagnosed in or around November 2021. Assuming the conclusions from the plaintiff's expert are correct for purposes of my damages opinions, charges related to medical care that is directed towards the management, monitoring, and treatment of Parkinson's disease and alleged symptoms are considered related. Charges for the management, monitoring, and treatment of other medical conditions or pre-existing medical conditions are considered unrelated.

Summary of Past Medical Expense Damages

The Plaintiff's expert, Marjorie Hackett-Wallace, identified certain past medical expenses of Mr. Welch as past medical damages in the amount of **$5,155.92**. Of the amounts claimed as past medical damages, I determined in my review of the medical and billing records that **$0** of the claimed charges were clinically unrelated to Mr. Welch's claimed conditions. Consequently, it is my opinion that of the **$5,155.92** claimed as past medical expense damages, **$5,155.92** were identified as being clinically related to Mr. Welch's claimed conditions. A table summary of my conclusions below:

	Total charges ($)	Charges clinically unrelated to claimed conditions ($)	Clinically related charges ($)
San Juan Capistrano Medical Office / Kaiser Permanente	$5,155.92	$0	$5,155.92
TOTAL	**$5,155.92**	**$0**	**$5,155.92**

Detailed Review of Claimed Medical Expense Damages

My determinations regarding clinical relatedness for the asserted past medical damages are contained in full in **Appendix G**.

Summary of Government Offset Payments

I have reviewed data pertaining to medical care provided by and/or paid by the VHA and TRICARE for Mr. Welch. I have determined that none of the currently-provided data was clinically related to Mr. Welch's Parkinson's disease.

[26] Heidi Schwarz, MD, FAAN, p. 2, 9, Report in Welch v. United States, 7:23-cv-1503, Feb. 7, 2025.

Summary of Veteran's Service-Connected Disability Determinations

In reviewing the VBA provided data,[27] I have identified that the VBA has provided disability payments to Plaintiff for certain claimed conditions. I have identified those conditions below and determined whether the service-connected conditions receiving disability payments are clinically related to Plaintiff's claimed conditions:

Disability Diagnosis - Robert Welch	**Related to the claimed conditions**
Cognitive Impairment associated with Parkinson's disease	Y
Degenerative Disc Disease, Lumbar spine	N*
Degenerative Joint Disease, cervical spine and thoracic spine	N*
Parkinson's Disease	Y
Right Upper Extremity Muscle Rigidity and Stiffness	Y
Tinnitus	N
Speech changes	Y
Minimal degenerative arthritis, bilateral hips	N*
Patellofemoral pain syndrome, left knee	N*
Patellofemoral pain syndrome, right knee	N*
Left shoulder impingement syndrome	N*
Right shoulder impingement syndrome*	N*
Gastrocnemius equines with talonavicular joint disease, right ankle	N*
Gastrocnemius equines with talonavicular joint disease, left ankle	N*
Plantar calcaneal spurs with plantar fasciitis and pes planus, left foot	N*
Plantar calcaneal spurs with plantar fasciitis and pes planus, right foot	N*
Gastroesophageal Reflux Disease (GERD)	N*
Cephalgia	N*

* These service-connected conditions are pre-existing conditions that pre-dated Mr. Welch's Parkinson's disease diagnosis. While it is possible that these conditions have been exacerbated by Mr. Welch's Parkinson's disease, VBA records and/or medical records show that Mr. Welch already had these conditions and was being compensated by VBA for them prior to his Parkinson's disease diagnosis. Unless otherwise stated, I am not offering an opinion as to whether these conditions did in fact worsen due to Mr. Welch's Parkinson's disease.

Based upon my assessment of Mr. Welch's medical records and related VBA documents, I concluded that certain of Mr. Welch's service-connected conditions are clinically related to Mr. Welch's Parkinson's disease.[28] The conditions identified above as clinically related are conditions typically associated with and caused by Parkinson's disease. The diagnosis of

[27] CLJA_VBA_0000000019

[28] 01503_WELCH_VBA_0000000018-021; 0153_WELCH_VBA_0000000084-088.

Parkinson's disease itself is an identified service-connected condition. Additionally, cognitive impairment, changes in one's speech, and muscle rigidity are well-known symptoms of Parkinson's disease[29] and occurred concurrent or subsequent to his diagnosis of Parkinson's disease.

Conclusions

To summarize my opinions relating to Mr. Welch's past medical treatment, after a review of the corresponding medical bills and records, I concluded that of the $5,155.92 claimed as past medical damages by the Plaintiff's expert, Marjorie Hackett-Wallace, $5,155.92 was clinically related to Mr. Welch's Parkinson's disease and clinically related conditions. Additionally, the total amount the United States government has paid for Mr. Welch's Parkinson's disease and clinically related conditions is $0.

[29] Rohl A, Gutierrez S, Johari K, Greenlee J, Tjaden K, Roberts A. Speech dysfunction, cognition, and Parkinson's disease. Prog Brain Res. 2022;269(1):153-173. doi: 10.1016/bs.pbr.2022.01.017. Epub 2022 Feb 9. PMID: 35248193; PMCID: PMC11321444.

APPENDIX E

Plaintiff: Richard Sparks

Overview of Case

The Plaintiff's expert, Dr. Heidi Schwarz, opines that Mr. Sparks' Parkinson's disease is more likely than not due to his exposure to the water at Camp Lejeune containing TCE. Schwarz *Sparks* Report,[30] p. 12. Plaintiff's Parkinson's disease was diagnosed in 2014. Assuming the conclusions from the plaintiff's expert are correct for purposes of my damages opinions, charges related to medical care that is directed towards the management, monitoring, and treatment of Parkinson's disease and alleged symptoms are considered related. Charges for the management, monitoring, and treatment of other medical conditions or pre-existing medical conditions are considered unrelated.

Summary of Past Medical Expense Damages

The Plaintiff's expert, Marjorie Hackett-Wallace, identified certain past medical expenses of Mr. Sparks as past medical damages in the amount of **$36,602.89**. Of the amounts claimed as past medical damages, I determined in my review of the medical and billing records that **$3,518.43** of the claimed charges were clinically unrelated to Mr. Sparks' claimed conditions. Consequently, it is my opinion that of the **$36,602.89** claimed as past medical expense damages, **$33,084.46** were identified as being clinically related to Mr. Sparks' claimed conditions. A table summary of my conclusions below:

	Total charges ($)	Charges clinically unrelated to claimed conditions ($)	Clinically related charges ($)
University of Colorado Health	$29,567.96	$3,518.43	$26,049.53
Walgreens (University of Colorado Cancer Center)	$7,034.93	$0	$7,034.93
TOTAL	**$36,602.89**	**$3,518.43**	**$33,084.46**

Detailed Review of Claimed Medical Expense Damages

During my review of the past medical expenses identified by the Plaintiff's expert, Marjorie Hackett-Wallace, I concluded that **$3,518.43** of the claimed damages were clinically unrelated to Mr. Sparks' claimed conditions. I have included a general explanation of why particular categories of charges were clinically unrelated to Mr. Sparks' claimed conditions.

[30] Heidi Schwarz, MD, FAAN, p. 12, Report in Sparks v. United States, 7:23-cv-682, Feb. 7, 2025.

The categories of medical treatment that Mr. Sparks received that were clinically unrelated to his Parkinson's disease include:

- Medical Care at University of Colorado Hospital around April 6, 2018 involved Mr. Sparks undergoing cardiac stress test for evaluation of dyspnea on exertion and chest pain for patient with significant smoking history as well as oxygen monitoring during stress test.[31]

My claim-level determinations regarding clinical relatedness for the asserted past medical damages are contained in full in **Appendix G**.

Summary of Government Offset Payments

Assuming the specific causation opinions from the Plaintiff's expert, Dr. Schwarz, are correct, the United States provided and/or paid for medical care in relation to Mr. Sparks' Parkinson's disease. This medical care was paid for by the VHA. In reviewing the data provided by the VHA,[32] I have determined that the following are amounts of clinically-related payments and benefits towards Plaintiff's claimed conditions:

Payment Source	Government Payments ($) (with VHA total cost payments)	Government Payments ($) (with VHA direct cost payments)
VHA	$18,891.03	$10,122.04
Total	**$18,891.03**	**$10,122.04**

My claim-level determinations regarding clinical relatedness for government offset payments made on behalf of Mr. Sparks with supporting notations are contained in full in **Appendix F**.

Summary of Veteran's Service-Connected Disability Determinations

In reviewing the VBA provided data,[33] I have identified that the VBA has provided disability payments to Plaintiff for certain claimed conditions. I have identified those conditions below and determined whether the service-connected conditions receiving disability payments are clinically related to Plaintiff's claimed conditions:

[31] 00682_Sparks_0000002124, 2347
[32] CLJA_VHA_0000000006
[33] CLJA_VBA_0000000019

Disability Diagnosis - Richard Sparks	Related to the claimed conditions
Left wrist sprain, secondary to Parkinson's disease	Y
Balance impairment secondary to Parkinson's disease	Y
Bilateral eye diplopia, secondary to Parkinson's disease	Y
Neurocognitive and depressive disorder secondary to Parkinson's disease	Y
Obstructive sleep apnea secondary to Parkinson's	Y
Right wrist sprain, secondary to Parkinson's disease	Y
Seborrheic keratosis with actinic keratosis, secondary to Parkinson's disease	Y*
Speech changes, left secondary to Parkinson's disease	Y
Speech changes, right secondary to Parkinson's disease	Y
Stooped posture secondary to Parkinson's disease	Y
Tremor, muscle rigidity, and bradykinesia, left lower extremity secondary to Parkinson's disease	Y
Tremor, muscle rigidity, and bradykinesia, left upper extremity secondary to Parkinson's disease	Y
Tremor, muscle rigidity, and bradykinesia, right lower extremity secondary to Parkinson's disease	Y
Tremor, muscle rigidity, and bradykinesia, right upper extremity with Parkinson's disease	Y

*Although my opinion is that I am unable to determine whether Plaintiff's seborrheic keratosis with actinic keratosis is clinically related to Mr. Sparks' Parkinson's disease, he specifically received disability benefits for this service-connected condition as associated with his Parkinson's disease as related to his alleged exposure to Camp Lejeune water. I am not offering a medical opinion that Mr. Sparks' seborrheic keratosis is clinically related or caused by his alleged exposure to water at Camp Lejeune. I am mentioning it here because the VBA has been making disability payments for this condition based upon it being secondary to Mr. Sparks' diagnosis of Parkinson's disease.

Based upon my assessment of Mr. Sparks' medical records and related VBA documents, I concluded that certain of Mr. Sparks' service-connected conditions are clinically related to Mr. Sparks' Parkinson's disease. The conditions identified above as clinically related are conditions typically associated with and caused by Parkinson's disease.[34] For instance, cognitive impairment, stooped posture, changes in one's speech, tremors, impaired balance, falls and related sprains, and muscle rigidity are well-known symptoms of Parkinson's disease and occurred concurrent or subsequent to his diagnosis of Parkinson's disease. Similarly, depression has been shown to occur in some Parkinson's disease patients, and the VBA has made a determination that Mr. Sparks' depressive disorder is secondary to his

[34]00682_SPARKS_VBA_0000000419-0428; 00682_SPARKS_VBA_0000000435-0472; 00682_SPARKS_VBA_0000000364-0368.

Parkinson's disease. Furthermore, both obstructive sleep apnea[35] and diplopia (double vision) were noted and occurred subsequent to his diagnosis of Parkinson's disease.

Conclusions

To summarize my opinions relating to Mr. Sparks' past medical treatment, after a review of the corresponding medical bills and records, I concluded that of the $36,602.89 claimed as past medical damages by the Plaintiff's expert, Marjorie Hackett-Wallace, $3,518.43 was clinically unrelated and $33,084.36 was clinically related to Mr. Sparks' Parkinson's disease and clinically related conditions. Additionally, the total amount the United States government – via VHA – paid for Mr. Sparks' Parkinson's disease and clinically related conditions amounts to $18,891.03 when accounting for VHA's total costs and $10,122.04 when accounting for VHA's total direct costs.

[35] Mack J, Marsh L. Parkinson's Disease: Cognitive Impairment. Focus (Am Psychiatr Publ). 2017 Jan;15(1):42-54. doi: 10.1176/appi.focus.20160043. Epub 2017 Jan 11. PMID: 31975839; PMCID: PMC6519621.

APPENDIX F

Collection of Past Medical Offset Determinations

Attached in Native Form

APPENDIX G

Collection of Past Medical Damages Determinations

Attached in Native Form

APPENDIX H

Plaintiff-Specific Records in Support of Opinions

The collection of past medical records referenced and replied upon in my report and Appendices F and G are included in in the following bates-numbered documents.

McElhiney Past Medical Damages and Offsets Records
VA Records: 01368_MCELHINEY_VA_0000000001 – 01368_MCELHINEY_VA_0000005073
VBA Records: 01368_MCELHINEY_VBA_000000001 – 01368_MCELHINEY_VBA_0000010228
VHA Records: 01368_MCELHINEY_VHA_0000000001 – 01368_MCELHINEY_VHA_0000003519
Additional Medical Records: 01368_MCELHINEY_HUFFNAGLE_0000000001 – 01368_MCELHINEY_HUFFNAGLE_0000000250
Additional Medical Records: 01368_MCELHINEY_VANDERBILT_0000000001 – 01368_MCELHINEY_VANDERBILT_00000000376
Additional Medical Records: 01368_MCELHINEY_SHERWOOD_0000000001 – 01368_MCELHINEY_SHERWOOD_0000000162
Additional Medical Records: 01368_MCELHINEY_DICKSON_0000000001 – 01368_MCELHINEY_DICKSON_0000000525
Plaintiff-Produced Medical Records: 01368_MCELHINEY_0000000001 – 01368_MCELHINEY_0000001402

Peterson Past Medical Damages and Offsets Records
VBA Records: 01576_PETERSON_VBA_0000000001 – 01576_PETERSON_VBA_0000001681
VHA Records: 01576_PETERSON_VHA_0000000001 – 01576_PETERSON_VHA_0000000249
Methodist Le Bonheur Healthcare: 01576_PETERSON_MH_ 0000000001 - 01576_PETERSON_MH 0000001138
Baptist Memorial Hospital Records: 01576_PETERSON_BMH_0000000001 – 01576_PETERSON_BMH_000001080
Additional Medical Records (Dr. Bertorini): 01576_PETERSON_DRBERTORINI_0000000001 – 01576_PETERSON_DRBERTORINI_0000000109
Additional Medical Records (HealthMark Group): 01576_PETERSON_HM_0000000001 – 01576_PETERSON_HM_0000000178
Lakeside BHS: 01576_PETERSON_LAKESIDE_0000000001 – 01576_PETERSON_LAKESIDE_0000000104
The Sanders Clinic: 01576_PETERSON_SC_0000000001 – 01576_PETERSON_SC_0000000017
Semmes Murphey Clinic: 01576_PETERSON_SMC_0000000001 – 01576_PETERSON_SMC_0000000391
Additional Medical Records: 01576_PETERSON_MEDRECS_0000000001 – 01576_PETERSON_MEDRECS_0000000273

Rothchild Past Medical Damages and Offsets Records
Medical Records: 00858_ROTHCHILD_STL_0000000001 – 00858_ROTHCHILD_STL_0000010961
Barnes-Jewish Hospital Records: 00858_ROTHCHILD_BJH_0000000001 – 00858_ROTHCHILD_BJH_0000000679

Welch Past Medical Damages and Offsets Records
VBA Medical Records: 01503_WELCH_VBA_0000000001 – 01503_WELCH_VBA_0000009542
VHA Medical Records: 01503_WELCH_VHA_0000000001 – 01503_WELCH_VHA_0000000615
Kaiser Permanente Medical Records: 01503_WELCH_KAISER_0000000001 – 01503_WELCH_KAISER_0000005238
Additional Medical Records: 01503_WELCH_MEDRECS_0000000001 – 01503_WELCH_MEDRECS_0000006249

Sparks Past Medical Damages and Offsets Records
VBA Records: 00682_SPARKS_VBA_0000000001 – 00682_SPARKS_VBA_0000021130
VHA Records: 00682_SPARKS_VHA_0000000001 – 00682_SPARKS_VHA_0000001414
0682_SPARKS_LEEHEY_0000000001 -0682_SPARKS_LEEHEY_0000000165
UCHEALTH Medical Records: 00682_SPARKS_UCH_0000000001 – 00682_SPARKS_UCH_0000003350

APPENDIX I

Dr. Syed A. Hasan CV / Resume

Syed Ashraf Hasan

Ash_hasan@hotmail.com • Calabasas, CA • 6262784500

Summary of Executive Experience

Regal Medical Group | Northridge, CA

February 2006– Current

During my tenure at Regal Medical Group, I progressed from the role of Hospitalist to Regional Medical Director and was subsequently promoted to Chief Medical Officer (December 2012), reflecting my commitment to leadership and excellence in healthcare management. I have extensive experience in clinical practice, healthcare leadership, and administrative oversight, specializing in Utilization Management (UM) and Prior Authorization. Proven track record in improving patient care quality, implementing clinical protocols, and leading multidisciplinary teams in high-pressure environments.

- Hospitalist Program
    - Oversee a team of 75 hospitalists, training and managing the team in clinical pathways to ensure seamless inpatient care delivery across multiple facilities.
    - Serve as a clinical liaison between hospital administration, nursing staff, and specialists, resolving escalation issues and improving interdisciplinary communication.
    - Monitor key performance indicators (e.g., readmission rates, patient satisfaction, LOS, clinical documentation), achieving improvement in quality metrics through targeted interventions.
    - Train and mentor hospitalists and nurse practitioners, fostering professional development and maintaining high standards of care deliver
- Utilization Management & Prior Authorization:
    - Developed and managed UM programs to ensure appropriate use of medical resources, reducing unnecessary treatments while maintaining high standards of patient care.
    - Implemented training programs for medical staff on UM and Prior Authorization policies to enhance procedural understanding and compliance. Employed and trained nurses to assist with complex case review and understanding contracts and utilization appropriate place of service.
    - Created a specialty grid for tertiary services in a community setting that was shared within the organization. Prevented unnecessary referrals to tertiary centers.
- Leadership and Operations:
    - Directed strategic initiatives to align clinical operations with organizational goals, achieving an increase in patient satisfaction scores.
    - Collaborated with cross-functional teams to enhance care delivery models, focusing on value-based care initiatives.
- Inpatient Utilization Management

- Collaborate with case management teams to optimize inpatient care transitions, reducing readmission rates and saving in annual costs.
- Implemented utilization training for hospitalists ensuring appropriate utilization of observation status.
- Collaborated with case management teams to eliminate avoidable hospital days per month, improving bed turnover rates.
- Lead daily rounds, overseeing treatment of high acuity cases and providing necessary insight regarding appropriate transitions of care.

- HCC Coding
  - Direct HCC coding initiatives, improving risk adjustment scores through physician education and documentation audits, resulting in enhanced reimbursement accuracy.
  - Conducted HCC coding reviews, identifying documentation gaps and increasing RAF (Risk Adjustment Factor) scores.
  - Utilization of Nurse Practitioners to improve HCC coding for Medicare Advantage patients in the inpatient setting as well post-acute care.
- Quality and Compliance:
  - Ensured adherence to regulatory standards including CMS, HIPAA, and state health regulations.
  - Spearheaded quality improvement projects that resulted in a 25% reduction in hospital readmissions.
  - Ensure regulatory compliance with CMS and state-specific mandates.
  - Analyze quality metrics (e.g., HEDIS, CMS Star Ratings), achieving [X]% improvement in key performance indicators like readmission rates
- Hospitalist
  - Rounding daily and taking night and weekend call to ensure optimal care delivery.
  - Oversee a team of 75 hospitalists
  - Collaborated with multidisciplinary teams, including case managers and specialists, to coordinate care plans, reducing average length of stay, minimizing readmissions, and referrals to the appropriate post-discharge team to lower readmits and provide a seemless transition of care.
  - Conducted patient admissions and discharges daily, ensuring timely and accurate documentation in [EMR system, e.g., Epic] to support medical necessity and billing.
- High Risk Program
  - Evaluate and manage care plans for high-risk patients monthly, focusing on chronic disease management, readmission prevention, and cost containment.
  - Conduct detailed chart reviews to assess risk stratification (e.g., HCC coding), improving risk adjustment scores.
  - Collaborate with care coordinators to design interventions for high-utilizers, reducing emergency visits and inpatient admissions.
  - Develop protocols for early identification of at-risk patients, shortening time-to-intervention and improving patient outcomes.
  - Serve as a clinical resource for case managers and outpatient providers, offering expertise on complex comorbidities and care transitions.
- Professional Contracting
  - Develop and execute physician contracts in various specialties
  - Optimize contracts to align goals and incentives

Apollomed Hospitalists | Glendale, CA

January 2005 – March 2006

- At Apollomed Hospitalists, I started as a hospitalist and progressed to Chief Hospitalist working with different medical groups and programs. My work as a hospitalist was what set the stage for my professional and personal growth. I held the following positions at Apollomed: Chief Hospitalist, Glendale Adventist Medical Center: Glendale Physician Alliance
  Chief Hospitalist, Glendale Adventist Medical Center: Safety Net Access Program
  Chief Hospitalist, Glendale Adventist Medical Center: GAMC Employee Program
  Chief Hospitalist, Glendale Adventist Medical Center: Family Care Specialists
  Chief Hospitalist, Glendale Adventist Medical Center: Lakeside Medical Group
  Hospitalist, Glendale Adventist Medical Center: Regal Medical Group, La Vida IPA
  Hospitalist, St. Joseph's Medical Center: Regal Medical Group, La Vida IPA
  - Delivered comprehensive inpatient care to a 25 patient daily census, managing acute conditions and coordinating with specialists to optimize outcomes.
  - Implemented evidence-based protocols, decreasing unnecessary testing and enhancing resource efficiency without compromising quality.
  - Collaborated with multidisciplinary teams, achieving reduction in readmissions through effective care transitions.
  - Collaborate with utilization management to align inpatient care with payer requirements, securing authorization approvals
  - Maintained compliance with Joint Commission and CMS standards, achieving 100% audit pass rate for clinical documentation.

Clinical Training

Keck USC School of Medicine/ Huntington Memorial Hospital/

Resident in Internal Medicine, Pasadena, CA 91109

California Medical License #A84932, DEA: BH8582226

June 2000-December 2004*

*Additional year of clinical research in hepatitis B and C treatment

Education

University of Vermont, College of Medicine

May 2000 M.D. Degree

- **Honors** in Psychiatry, Pathology, Cardiology AI
- Extramural: Orthopedic Surgery and Hepatology

University of California, Los Angeles: School of Public Health

1996 M.P.H. Epidemiology

- GPA 3.86
- 1995, 1996 – Dean's List

Education

University of California, Los Angeles

1993 B.S. Degree Biochemistry

- 1992 – Student Research Project Award
- 1992, 1993 – Dean's List
- 1994 – Coach of the Year: UCLA Special Olympics

Research Experience/Publications

- "Immunopathologic Features of *Staphylococcus epidermidis-induced* endophthalmitis in the rat."
- Ravindranath RM, **Hasan SA,** Mondino BJ, *Current Eye Research,* 16(10):1036-1043, 1997 "Role of Naturally Occurring IgM Antibodies in Staphylococcal Endophthalmitis in Rats."
- Ravindranath, RM, **Hasan SA,** et al., Investigative Ophthalmology and Visual Science,
- 37(3):3204-3212, 1996
- "Immune Response to S. aureus Endophthalmitis in the Rat." Ravindranath RM, **Hasan SA,** Adamu SA, Mondino *BJ,Associationfor Research in Vision and Ophthalmology* Symposium, 1995 "Immunopathological Features of *Staphylococcus aureus* Endophthalmitis in the Rat." Ravindranath,
- RM, **Hasan SA,** et al., *Investigative Ophthalmology and Visual Science,36(* 12):2482-91, 1995 Grant from Foundation for HIV Research: "Sensitivity and Specificity of L.A. Free Clinics in
- Reporting HIV Status: An impetus for home testing. 1996.

Skills

- Clinical Governance
- Utilization Management (UM)
- Prior Authorization Processes
- Healthcare Leadership
- Quality Improvement
- Strategic Planning
- Regulatory Compliance
- Patient Care Management

Litigation Experience

- *HCA v. Regal Medical Group*, California State Court [Deposition, 2025]

Exhibit 652

Materials Considered of Dr. Syed Hasan

Expert Reports and Materials Considered Lists

Specific Causation Expert Report: Gary McElhiney, Richard Barbano, MD, PhD, Feb. 7, 2025

Specific Causation Expert Report: Gary McElhiney, Michael Young, MD, May 8, 2025

Specific Causation Expert Report: Edgar Peterson, Richard Barbano, MD, PhD, Feb. 7, 2025

Specific Causation Expert Report: Edgar Peterson, Michael Young, MD, May 8, 2025

Specific Causation Expert Report: Richard Sparks, Heidi Schwarz, MD, FAAN, Feb. 5, 2025

Specific Causation Expert Report: Richard Sparks, Michael Young, MD, May 8, 2025

Specific Causation Expert Report: Diane Rothchild, Kristin Andruska, MD, PhD, Feb. 6, 2025

Specific Causation Expert Report: Diane Rothchild, Stephen Gollomp, MD, May 8, 2025

Specific Causation Expert Report: Robert Welch, Heidi Schwarz, MD, FAAN, Feb. 5, 2025

Specific Causation Expert Report: Robert Welch, Stephen Gollomp, MD, May 8, 2025

Supplemental Materials Considered, Kristin Andruska, MD, PhD, Feb. 7, 2025

3rd Supplemental Materials Considered, Richard Barbano, MD, Edgar Peterson, Gary McElhiney June 23, 2025

Supplemental Materials Considered, Heidi Schwarz, MD, FAAN, Robert Welch, Richard Sparks, February 7, 2025

2nd Supplemental Materials Considered, Heidi Schwarz, MD, FAAN, Robert Welch, Richard Sparks, June 23, 2025

Damages

Expert Opinion Report, Marjorie Hackett-Wallace, RHIA, CHC, CFE, CPMA, CPC, CDEO, CPIP, *In Re: Camp Lejeune Water Litig.*, Oct. 29, 2025

- PLG-EXPERT_HACKETT-WALLACE_0000000001-66 (natives and PDFs)

- Appendices dated Oct. 29, 2025, for Plaintiffs Gary McElhiney, Edgar Peterson, Diane Rothchild, Richard Sparks, and Robert Welch

- Materials Considered List – Expert Report of Marjorie Hackett-Wallace, Nov. 5, 2025

- 1st Amended Materials Considered List – Expert Report of Marjorie Hackett-Wallace, Dec. 2, 2025

Materials Considered Lists for the Reports of Chad Staller for Plaintiffs Gary McElhiney, Edgar Peterson, Diane Rothchild, Richard Sparks, and Robert Welch, dated Oct. 29, 2025

Materials Considered List for the Omnibus Report of Chad Staller, dated Oct. 29, 2025

Reports of Gregory Russo dated Dec. 15, 2025, for Plaintiffs Gary McElhiney, Edgar Peterson, Diane Rothchild, Richard Sparks, and Robert Welch (including Appendix C thereto concerning each plaintiff)

Deposition Transcripts

Transcript of the Deposition of Kyle Westerlind and exhibits thereto (Sept. 18, 2025)

Transcript of the Deposition of Daniel Clarke and exhibits thereto (Sept. 3, 2025)

Transcript of the Deposition of Kathleen Hunter and exhibits thereto (Sept. 8, 2025)

Transcript of the Deposition of Andrea Hartwell and exhibits thereto (Sept. 9, 2025)

Transcript of the Deposition of Carla Ryan and exhibits thereto (Aug. 29, 2025)

Transcript of the Deposition of Kimberly Rivas and exhibits thereto (Aug. 26, 2025)

Transcript of the Deposition of Nicholas Thackaberry and exhibits thereto (Aug. 27, 2025)

Transcript of the Deposition of Diana Zakaryan and exhibits thereto (Aug. 28, 2025)

Transcript of the Deposition of Michael Young and exhibits thereto (July 24, 2025)

Transcript of the Deposition of Stephen Gollomp and exhibits thereto (July 27, 2025)

Transcript of the Deposition of Heidi Schwarz and exhibits thereto (July 1, 2025)

Transcript of the Deposition of Kristin Andruska and exhibits thereto (July 8, 2025)

Transcript of the Deposition of Richard Barbano and exhibits thereto (June 30, 2025)

Damages Assessment Forms

Damages Assessment Form for Plaintiff Gary McElhiney (Aug. 13, 2024)

2nd Amended Damages Assessment Form for Plaintiff Gary McElhiney (Oct. 29, 2025)

Damages Assessment Form for Plaintiff Edgar Peterson (Aug. 13, 2024)

1st Amended Damages Assessment Form for Plaintiff Edgar Peterson (Oct. 3, 2024)

2nd Amended Damages Assessment Form for Plaintiff Edgar Peterson (Oct. 4, 2024)

3rd Amended Damages Assessment Form for Plaintiff Edgar Peterson (Oct. 29, 2025)

Damages Assessment Form for Plaintiff Diane Rothchild (Aug. 8, 2024)

1st Amended Damages Assessment Form for Plaintiff Diane Rothchild (Aug. 11, 2024)

2nd Amended Damages Assessment Form for Plaintiff Diane Rothchild (Sept. 27, 2024)

3rd Amended Damages Assessment Form for Plaintiff Diane Rothchild (Oct. 29, 2025)

Damages Assessment Form for Plaintiff Richard Sparks (Aug. 6, 2024)

1st Amended Damages Assessment Form for Plaintiff Richard Sparks (Aug. 8, 2024)

2nd Amended Damages Assessment Form for Plaintiff Richard Sparks (Oct. 2, 2024)

3rd Amended Damages Assessment Form for Plaintiff Richard Sparks (Oct. 29, 2025)

Damages Assessment Form for Plaintiff Robert Welch (Aug. 7, 2024)

1st Amended Damages Assessment Form for Plaintiff Robert Welch (Sept. 26, 2024)

2nd Amended Damages Assessment Form for Plaintiff Robert Welch (Oct. 29, 2025)

Document Productions

CLJA_TRICARE_0000000001-55

CLJA_TRICARE_0000000056 (produced natively as DraftDeliverable_CampLeJeune_all_20251203_pw)

CLJA_CMS_0000000001-134

CLJA_TRIWEST_0000000001-10

CLJA_VBA_0000000001-22

CLJA_VHA_0000000001-8

CLJA_CCN_0000000001-8

Plaintiff-specific productions:

Plaintiff Gary McElhiney

Beginning Bates	End Bates
01368_MCELHINEY_0000000001	01368_MCELHINEY_0000001402
01368_MCELHINEY_DICKSON_0000000001	01368_MCELHINEY_DICKSON_0000000525
01368_MCELHINEY_DPRIS_0000000001	01368_MCELHINEY_DPRIS_0000000002
01368_MCELHINEY_NARA_0000000001	01368_MCELHINEY_NARA_0000000041
01368_MCELHINEY_SSA_0000000001	01368_MCELHINEY_SSA_0000000564
01368_MCELHINEY_HUFFNAGLE_0000000001	01368_MCELHINEY_HUFFNAGLE_0000000250
01368_MCELHINEY_VANDERBILT_0000000001	01368_MCELHINEY_VANDERBILT_0000000376
01368_MCELHINEY_SALLOUM_0000000001	01368_MCELHINEY_SALLOUM_0000000002
01368_MCELHINEY_SHERWOOD_0000000001	01368_MCELHINEY_SHERWOOD_0000000162
01368_MCELHINEY_VA_0000000001	01368_MCELHINEY_VA_0000005073
01368_MCELHINEY_VBA_0000000001	01368_MCELHINEY_VBA_0000010228
01368_MCELHINEY_VHA_0000000001	01368_MCELHINEY_VHA_0000003519
01368_MCELHINEY_DPPF_00000001	01368_MCELHINEY_DPPF_00000046
01368_MCELHINEY_NAVY_0000000001	01368_MCELHINEY_NAVY_0000000001

Plaintiff Edgar Peterson

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01576_PETERSON_0000000001	01576_PETERSON_0000004583
SANDERS_CLINIC_0000000001	SANDERS_CLINIC_0000000029
01576_PETERSON_MEDRECS_0000000001	01576_PETERSON_MEDRECS_0000000185
01576_PETERSON_MH_0000000001	01576_PETERSON_MH_0000001138
01576_PETERSON_MUH_0000000001	01576_PETERSON_MUH_0000000033
01576_PETERSON_NARA_0000000001	01576_PETERSON_NARA_0000000353
01576_PETERSON_PUBLICRECORD_0000000001	01576_PETERSON_PUBLICRECORD_0000000002
01576_PETERSON_SSA_0000000001	01576_PETERSON_SSA_0000000031
01576_PETERSON_BMH_0000000001	01576_PETERSON_BMH_0000001080
01576_PETERSON_DRBERTORINI_0000000001	01576_PETERSON_DRBERTORINI_0000000109
01576_PETERSON_HM_0000000001	01576_PETERSON_HM_0000000178
01576_PETERSON_LAKESIDE_0000000001	01576_PETERSON_LAKESIDE_0000000104
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01576_PETERSON_SMC_0000000001	01576_PETERSON_SMC_0000000386
01576_PETERSON_VBA_0000000001	01576_PETERSON_VBA_0000001681
01576_PETERSON_VHA_0000000001	01576_PETERSON_VHA_0000000249
01576_PETERSON_DPPF_00000001	01576_DPPF_00000027
01576_PETERSON_VERACITY_0000000001	01576_PETERSON_VERACITY_0000000001
01576_PETERSON_VUMC_0000000001	01576_PETERSON_VUMC_0000000043

Plaintiff Diane Rothchild

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00858_ROTHCHILD_BJH_0000000001	00858_ROTHCHILD_BJH_0000000073
00858_ROTHCHILD_0000000001	00858_ROTHCHILD_0000003643
00858_ROTHCHILD_NARA_0000000001	00858_ROTHCHILD_NARA_0000000320
00858_ROTHCHILD_SSA_0000000001	00858_ROTHCHILD_SSA_0000000038
00858_ROTHCHILD_PS_0000000001	00858_ROTHCHILD_PS_0000000005
00858_ROTHCHILD_STL_0000000001	00858_ROTHCHILD_STL_0000010961
00858_ROTHCHILD_DPPF_00000001	00858_ROTHCHILD_DPPF_00000021
00858_ROTHCHILD_NAVY_0000000001	00858_ROTHCHILD_NAVY_0000000002
RUTHERFORD_DEVANN_0000000001	RUTHERFORD_DEVANN_0000000009
00858_ROTHCHILD_VHA_0000000001	00858_ROTHCHILD_VHA_0000003865
00858_ROTHCHILD_VBA_0000000001	00858_ROTHCHILD_VBA_0000007291

Plaintiff Richard Sparks

Beginning Bates	End Bates
00682_SPARKS_0000000001	00682_SPARKS_0000009005

00682_SPARKS_NARA_0000000001	00682_SPARKS_NARA_0000000320
00682_SPARKS_SSA_0000000001	00682_SPARKS_SSA_0000000247
00682_SPARKS_UCH_0000000001	00682_SPARKS_UCH_0000003350
00682_SPARKS_VBA_0000000001	00682_SPARKS_VBA_0000015667
00682_SPARKS_VHA_0000000001	00682_SPARKS_VHA_0000001414
00682_SPARKS_DHS_0000000001	00682_SPARKS_DHS_0000000203
00682_SPARKS_DPPF_00000001	00682_SPARKS_DPPF_00000027
00682_SPARKS_LEEHEY_0000000001	00682_SPARKS_LEEHEY_0000000030
00682_SPARKS_NAVY_0000000001	00682_SPARKS_NAVY_0000000002

Plaintiff Robert Welch

Beginning Bates	End Bates
01503_WELCH_MEDRECS_0000000001	01503_WELCH_MEDRECS_0000006249
01503_WELCH_KAISER_0000000001	01503_WELCH_KAISER_0000005238
01503_WELCH_NARA_0000000001	01503_WELCH_NARA_0000000229
01503_WELCH_SSA_0000000001	01503_WELCH_SSA_0000000022
01503_WELCH_VBA_0000000001	01503_WELCH_VBA_0000009542
01503_WELCH_VHA_0000000001	01503_WELCH_VHA_0000000615
01503_WELCH_0000000001	01503_WELCH_0000006849
01503_WELCH_NAVY_0000000001	01503_WELCH_NAVY_0000000002
01503_WELCH_DPPF_00000001	01503_WELCH_DPPF_00000022
01503_WELCH_0000000001	01503_WELCH_0000006849

For the avoidance of doubt, Dr. Hasan relies on all Bates-stamped documents cited in the body of his Report of December 15, 2025, or in any of the appendices to the same.

Miscellaneous

Dr. Hasan relies on all materials cited in the body of his Report of December 15, 2025. Materials cited in the body of Dr. Hasan Report that have not been produced in this litigation but are publicly available are listed below for convenience:

Zafar S, Lui F, Yaddanapudi SS. Parkinson Disease. [Updated 2025 Sep 15]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2025 Jan-. Available from: https://www.ncbi.nlm.nih.gov/books/NBK470193/

"Decline of olfactory function in Parkinson's disease: A ten-year longitudinal study". Roos, D, Klein, M., Doty, R., Berendse, H. J Parkinsons Dis. 2025 May;15(3):673. doi: 10.1177/1877718X251333920. Epub 2025 Apr 2.

Bladder, bowel, and sexual dysfunction in Parkinson's disease. Sakakibara R, Kishi M, Ogawa E, Tateno F, Uchiyama T, Yamamoto T, Yamanishi T.Parkinsons Dis. 2011;2011:924605. doi: 10.4061/2011/924605. Epub 2011 Sep 12.

Correlation between depressive symptoms and nocturnal disturbances in Japanese patients with Parkinson's disease. Keisuke Suzuki, Masayuki Miyamoto, Tomoyuki Miyamoto, et al. Parkinsonism Related Disorders. 2009 Jan;15(1):15-9.

Rohl A, Gutierrez S, Johari K, Greenlee J, Tjaden K, Roberts A. Speech dysfunction, cognition, and Parkinson's disease. Prog Brain Res. 2022;269(1):153-173. doi: 10.1016/bs.pbr.2022.01.017. Epub 2022 Feb 9. PMID: 35248193; PMCID: PMC11321444.

Mack J, Marsh L. Parkinson's Disease: Cognitive Impairment. Focus (Am Psychiatr Publ). 2017 Jan;15(1):42-54. doi: 10.1176/appi.focus.20160043. Epub 2017 Jan 11. PMID: 31975839; PMCID: PMC6519621.

Right to Supplement

To the extent that any materials are cited in Dr. Hasan's Report of December 15, 2025, or appendix thereto but are inadvertently not listed here, Dr. Hasan relies on such documents. Dr. Hasan further reserves the right to supplement this Materials Considered List as additional materials may be provided to him in the future.

Exhibit 653

Expert Opinion Report

Wang Ji, MD

In re Camp Lejeune Water Litigation,
7:23-cv-00897 (E.D.N.C.)

Introduction:

I, Dr. Wang Ji, hereby submit this report of my opinions in the matter of *In re Camp Lejeune Water Litigation*, 7:23-cv-00897 (E.D.N.C.). I have been retained by the U.S. Department of Justice to provide independent analysis and expert testimony with regards to the claims brought by certain Track 1 Plaintiffs to review and determine the clinical relationship, if any, between each Plaintiff's claimed past medical expenses and the conditions claimed to be caused by exposure to water at Camp Lejeune, specifically for those Plaintiffs that have identified bladder (or UTUC) cancer, kidney cancer, leukemia, or non-Hodgkin's lymphoma ("NHL") as their Track 1 Disease. I was not retained to provide analysis of whether exposure at Camp Lejeune caused any of these conditions and express no opinions concerning that issue. I am, rather, providing analysis of whether medical billing charges or payments claimed by Plaintiffs as past medical damages were clinically related to treating the Plaintiff's claimed conditions of bladder (or UTUC) cancer, kidney cancer, leukemia, or NHL or issues purportedly stemming from said conditions.

I have also been retained to provide independent analysis and expert testimony with regards to the claims brought by the same Track 1 Plaintiffs to review federal agency / program-provided data and determine the clinical relationship, if any, between what the United States has provided to each Plaintiff—in the form of a "disability award, payment, or benefit"—"in connection with health care or a disability relating to exposure to the water at Camp Lejeune." CLJA § 804(d). Again, I was not retained to provide analysis of whether exposure at Camp Lejeune caused each Plaintiff's cancer and express no opinions concerning that issue. Rather, I am providing analysis of whether disability awards, payments, or benefits made by the United States were related to treating Plaintiff's claimed conditions or issues purportedly stemming from said conditions.

Specifically, I was retained to review and offer opinions for these two issues, to the extent applicable, for the following seventeen (17) cases: (1) Mark A. Cagiano (Case No. 7:23-CV-00569-M); (2) Jefferson Criswell (Case No. 7:23-CV-01482-M); (3) Terry F. Dyer (Case No. 7:23-CV-00357-M); (4) Jimmy Laramore (Case No. 7:23-CV-00594-M); (5) Frank Mousser (Case No. 7:23-CV-00667-BO); (6) Allan W. Howard (Case No. 7:23-CV-00490-BO); (7) David W. Fancher (Case No. 7:23-CV-00275-BO); (8) David Downs (Case No. 7:23-CV-01145-BO); (9) Jacqueline Tukes (Case No. 7:23-CV-01553-BO); (10) Karen Amsler (Case No. 7:23-CV-00284-D); (11) Vivian Connard (Case No. 7:23-CV-01557-D); (12) Joseph Gleesing (Case No. 7:23-CV-01486-D); (13) Bruce Hill (Case No. 7:23-CV-00028-D); (14) Ronald Lee Carter (Case No. 7:23-CV-01565-D); (15) Cometto Davis (Case No. 7:23-CV-00043-D); (16) Scott Keller (Case No. 7:23-CV-01501-D); and (17) Robert Kidd (Case No. 7:23-CV-01489-D).

I am a board-certified internal medicine physician in active practice with over twelve (12) years of experience focused primarily on hospital medicine, and over eight (8) years of experience as a medical director in managed care organizations (i.e., Caremore and Regal Medical Group). These roles require me to routinely review hospital and physician claims and payments as they relate to medical necessity and require expert knowledge of claims and billing processes. I frequently discuss and negotiate with physicians and managers regarding the accuracy and medical appropriateness of claims. Additionally, I have over five (5) years of experience as an independent expert clinical reviewer for hospital coding and clinical accuracy. These roles included nearly daily reviews of physician medical notes and hospital billing and coding including ICD9 and ICD10 coding for hospitals across the United States receiving Medicare payments.

It is common practice for healthcare insurers and hospitals to review the accuracy of hospital claims and dispute findings when clinical or coding accuracy is in question—a practice also followed by the Centers for Medicare & Medicaid Services ("CMS"). It is also common for independent physicians to provide unbiased clinical reviews of the clinical records when there is a dispute between two parties.

My audits of physician notes and medical records determine whether ICD codes accurately reflect the underlying medical conditions, which determines the accuracy of the hospital's billed charges. My combination of experiences uniquely qualifies me to perform fair clinical assessments and provide guidance on both medical clinical reviews and billing reviews. Having reviewed thousands of cases from various hospitals in multiple states, I am familiar with common coding practices and outliers. A copy of my current *curriculum vitae* summarizing my training, education, and experience (as well as a list of my publications and prior testimony) is attached as **Appendix B**. I charge $735 per hour for my services in this litigation.

Documents Relied Upon:
I was provided medical records for the above-identified Plaintiffs and certain expert reports from the Plaintiffs and the United States. In making clinical relatedness determinations, I reviewed the available medical records and billing records. In preparing the rebuttal to the Plaintiff's claimed damages, I also reviewed the Plaintiff Damages Assessment forms. In order to determine the claimed conditions related to exposure at Camp Lejeune, the expert reports from both the Plaintiffs and the United States were reviewed. I also reviewed various data prepared by the United States' agencies and/or programs and various documents that are cited in this Report. A list of all materials considered will be served within seven (7) days of this report.

Methodology for review of claimed medical expense damages:
Based on the claimed conditions opined by the Plaintiffs' specific causation experts, assuming an accurate opinion, the damages were reviewed as follows:

All charges asserted in Plaintiffs' Amended Damages Forms and supported by Plaintiffs' expert Marjorie Hackett-Wallace were reviewed line-by-line for a clinical relationship to the claimed conditions based on the primary medical records. Charges with a documented associated ordering provider or date were reviewed first by reviewing any notes from that provider or date in the medical record. Imaging test and lab tests results were reviewed if clinically relevant to the charge. If no primary documentation of the procedure or medical encounter could be identified, supporting information can be obtained from other medical records/notes referencing a procedure or service provided on that date. If no documentation could be identified in any of the medical documents, the charges were analyzed to determine the nature of the medical service being charged to determine if there is any possible clinical relevance to the claimed conditions. In making these clinical determinations, I relied on my training, education, and years of experience as a clinician, all of which are described above. In particular, I have significant clinical experience treating patients with the same conditions as those claimed by the seventeen Plaintiffs who are the subjects of this report. The same methodology was used in all seventeen cases to make these determinations. For any questions regarding ICD9 and ICD10 codes, I refer to the CMS coding guidelines

and follow the standard conventions as defined by CMS.[1,2] For any clinical questions requiring research of up-to-date medical literature, I used PubMed[3] to search for the most current peer reviewed medical literature.

The analysis by Plaintiffs' expert Marjorie Hackett-Wallace included provider billed charges as the primary measures of claimed financial damages. The billed charges are the initial non-negotiated requests for payment, often derived from a hospital chargemaster, which are often many times higher than the actual cost of care delivered. The actual payment or reimbursement to the provider or hospital is determined by the negotiated contract between the care provider and payor (typically an insurance company). These billed charges are typically several times higher than the re-imbursed payments and do not reflect the negotiations regarding an agreed payment for care and may more accurately reflect the actual cost of delivering medical care.[4,5] The actual cost to the patient is often even more complex and may be reflected in payments to insurance (premiums), deductible payments, copayments, and any other payments not covered by insurance.

Some claimed damages included duplicated charges that were reviewed for accuracy in the United States' Unfiltered Offset Data (CLJA_TRIWEST_0000000006, CLJA_TRIWEST_0000000007, CLJA_TRIWEST_0000000008, CLJA_TRICARE_0000000056, CLJA_VHA_0000000006, CLJA_CMS_0000000134, CLJA_CCN_0000000005, CLJA_VBA_0000000019). On review, there were initially rejected billed charges that were resubmitted and subsequently paid in a separate follow-up claim. In the analysis performed by Plaintiffs' expert Marjorie Hackett-Wallace, both the initial denied claims and corrected claims were included as separate charges for the same medical service, but only one should have been considered an accurate charge.

Plaintiffs' expert Marjorie Hackett-Wallace did not provide an opinion regarding the validity of billed charges versus re-imbursed payments in reflecting the cost of care of medical damages. While asserting no opinion regarding the validity of either approach, in my role of assessing the accuracy of these claims, I also used billed charges for consistency.

Methodology for review of government payment offsets:
Payment data from Center for Medicare and Medicaid Services (CMS), TRICARE, the Veterans Health Administration (VHA), TriWest, and the Community Care Network (CCN) were reviewed for all reimbursement payments. The data was obtained from the United States' Unfiltered Offset Data and for one plaintiff, a Medicare claim report was used (01486_GLEESING_0000007239 to 7315).[6] Plaintiffs' expert Marjorie Hackett-Wallace opined that there were deficiencies in the collection, extraction, and validation of data from CCN and raised concerns regarding improper billing practices in Tricare. My

[1] https://www.cdc.gov/nchs/data/icd/icd9cm_guidelines_2011.pdf
[2] https://www.cms.gov/files/document/fy-2025-icd-10-cm-coding-guidelines.pdf
[3] https://pubmed.ncbi.nlm.nih.gov/
[4] *AMA J Ethics.* 2015;17(11):1046-1052. doi: 10.1001/journalofethics.2015.17.11.stas1-1511.
[5] Linde S, Egede LE. Do Chargemaster Prices Matter?: An Examination of Acute Care Hospital Profitability. Med Care. 2022 Aug 1;60(8):623-630. doi: 10.1097/MLR.0000000000001734. Epub 2022 Jun 1. PMID: 35647741; PMCID: PMC9262858.
[6] I understand that the United States' Unfiltered Offset Data may be updated in the future.

analysis used and relied upon the United States' Unfiltered Offset Data from all five agencies and would not be influenced by data filtering practices. My analysis was focused on medical relatedness of claims rather than billing practices including for Tricare, and would not be influenced by these billing practices. These payments were sorted and filtered based on providers pertaining to the claimed conditions (providers who were unrelated to the claimed conditions were filtered out from analysis, for example, eye care payments for Plaintiffs with bladder cancer), and for dates unrelated to the claimed conditions (care provided prior to first diagnosis and workup of the claimed conditions were filtered out). Each encounter was then manually reviewed to ensure the encounter existed and was related to the claimed conditions using the same metrics as the assessment of past medical damages. A recorded payment that could not be traced to an entry in the medical record was considered a non-related charge in order to prevent false or inaccurate billing. Only payment data was reported rather than charge data in order to accurately reflect the actual government payment for each medical condition. ICD9 and ICD10 codes were not used for primary analysis and used only as a reference or guidepost in my analysis.

Additional analysis was required for payments from CCN and TriWest as CCN reimburses payments from TriWest but may also reimburse medical providers independently from TriWest. This can lead to duplicated charges between the two agencies for the same services. Payments were analyzed line by line to identify any potentially duplicate charges for services on the same date. In addition, CCN may reimburse a bundle of payments for several services rendered by TriWest. To detect this, combined related services were tallied and compared to CCN payments for the same date to identify any duplicates. These duplicates were then removed from the CCN payment total as TriWest directly reimbursed the providers.

For offset payments from VHA, the United States' Unfiltered Offset Data source for VHA (CLJA_VHA_0000000006) includes payment data for both total costs and direct costs. I include both of these costs in my analysis without rendering an opinion regarding which costs are valid for the purposes of calculating offset payments.

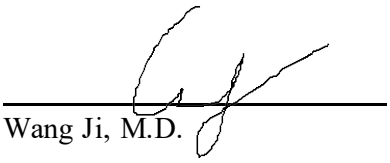
In this review of government payment offsets, the re-imbursed medical payments accurately reflect the government's financial payments. As discussed above, Plaintiffs' expert Marjorie Hackett-Wallace used billed charges to determine claimed damages rather than re-imbursed payments. She did not provide an opinion regarding the validity of either approach. While asserting no opinion regarding the validity of either approach, I must mention the discrepancy as the amounts claimed are presently different for the exact same services.

Methodology for review of claimed veteran's benefits:

Disability ratings data provided by the Veterans Benefit Administration (VBA) was reviewed and compiled as a list of active paid conditions. Using the same methodology for relatedness to the claimed conditions, each active condition contained in the VBA records was reviewed and determined to be clinically related or unrelated to the claimed conditions, assuming and relying upon the accuracy of the Plaintiffs' or United States' expert witness reports concerning specific causation. Additionally, there were situations in my review that, regardless of my medical opinion, certain conditions were considered by the VBA to be related and, therefore, accounted for some of a given Plaintiff's VBA disability benefits. Because such payments were made to these Plaintiffs due to their presumed condition from Camp

Lejeune by the VBA, these conditions were also accounted for. Lastly, because there is a lack of consistency between what conditions are and are not related to or stem from each Plaintiff's Track 1 Disease, there were situations where my review attempted to separate out conditions. I understand that economists retained by the United States will calculate the monetary values of these VBA benefits in their respective reports.

I hold all opinions in this report to a reasonable degree of medical certainty. I reserve the right to express additional opinions in the event that more information is made available to me.



Wang Ji, M.D.

12/15/2025

Date

Plaintiff 1: Cagiano, Mark (Case No. 7:23-CV-00569-M)

Classification of relationship between charges and claimed conditions:
The plaintiff's expert Dr. Sfakianos opines that the exposure at Camp Lejeune was a cause of the plaintiff's Upper Tract Urothelial Carcinoma ("UTUC") which is a type of Transitional Cell Carcinoma ("TCC") diagnosed in 2018, as well as chronic renal disease. Assuming the conclusions from the plaintiff's expert are correct for purposes of my damages opinions, charges related to medical care that is directed towards the management, monitoring, and treatment of these claimed conditions are considered related. Charges related to other medical conditions are considered unrelated.

In my review of Mr. Cagiano's records, I conclude that, in general:

1. Treatment related to prostate cancer without concurrent treatment of UTUC are unrelated to the claimed conditions. Transitional cell carcinomas are slow growing and require frequent surveillance after removal, but the consistent follow ups with cystoscopy and cytology indicate no evidence of recurrence. Mr. Cagiano was diagnosed with prostate cancer in 2023 and this is a distinct cancer separate from his UTUC. His urologist Dr. Rabbani documented "urothelial carcinomas … are distinct from his prostate cancer" (00569_CAGIANO_CH_0000000006). The management of prostate cancer including radiation oncology visits, prostate MRI, and surgical resection are unrelated to the diagnosis of UTUC. Prostate resection surgery, and oncology and radiation oncology consultations and office visits which were indicated for prostate cancer management and surveillance are also not related to UTUC. In addition, the plaintiff's expert Dr. Sfakianos did not render any opinion as to whether "Mr. Cagiano's prostate cancer is somehow related to his previous UTUC" during deposition (Sfakianos Deposition at 365:25-366:9) or in his report.
2. Medical visits and procedures prior to 1/2/2018 are not related to UTUC. Mr. Cagiano required a prostate resection for enlarged prostate in 6/9/2009 but this was primarily for prostate enlargement. A bladder lesion was also resected but this was a benign lesion and not related to cancer. UTUC was not diagnosed until nine years later. This is unrelated to the claimed conditions.
3. Unrelated diagnoses include orthopedic diagnoses (knee arthritis), leg neuropathy, and tinnitus (ear ringing), all of which are unaffected by a UTUC diagnosis.

Summary of Damages:

Assuming the conclusions from the plaintiff's expert Dr. Sfakianos are correct for purposes of my opinions, these claimed medical expenses submitted by Mr. Cagiano were reviewed:

- The plaintiff reported total medical expenses of $148,972
- $27,672 of charges were reviewed but determined to be unrelated to the claimed conditions
- **$121,300 of charges were verified to be related to the claimed conditions**

	Total charges ($)	Charges determined to be unrelated to the claimed conditions ($)	Revised charges ($)
Institutional	8,907	0	8,907
Non-institutional	140,065	27,672	112,393
TOTAL	**148,972**	**27,672**	**121,300**

Government Offset Payments[7]

Assuming the conclusions from the plaintiff's expert Dr. Sfakianos are correct for purposes of my opinions, the government provided the following offset payments toward the claimed conditions:

Payment Source	Reimbursed Payments ($)
Medicare (parts A&B)	11,941
Tricare Institutional	12,908
Tricare Non-Institutional	10,599
Total	**35,447**

I have been asked to evaluate the Medicare and TRICARE records as if they were potentially an offset source. That said, there is a discrepancy between the TRICARE "charges" that Plaintiff's expert, Marjorie Hackett-Wallace, claims as past medical damages and the TRICARE "reimbursed" amounts that the United States paid for that same care. While asserting no opinion regarding the validity of either approach, I must mention the discrepancy as the amounts claimed are presently different for the exact same services.

Veterans Benefit Administration (VBA) Disability Diagnoses[8]

Assuming the conclusions from the plaintiff's expert Dr. Sfakianos are correct for purposes of my opinions, these medical conditions receiving benefit payments from the VBA are related to the claimed conditions.

[7] CLJA_TRICARE_0000000056, CLJA_CMS_0000000134
[8] CLJA_VBA_0000000019

Disability Diagnosis	Related to the Claimed Conditions?
total right knee replacement	No
left knee arthritis	No
tinnitus	No
papillary urothelial carcinoma status post left nephroureterectomy	**Yes**
prostate cancer	Yes[9]
left lower extremity (sciatic) peripheral neuropathy	Yes[9]
right lower extremity (sciatic) peripheral neuropathy	Yes[9]

The disability diagnosis papillary urothelial carcinoma status post left nephroureterectomy is related to the claimed condition UTUC. As discussed above, the disability diagnosis prostate cancer is medically unrelated to UTUC[9]. The diagnoses of right knee replacement, knee arthritis, left/right peripheral neuropathy, and tinnitus refer to conditions of the knee joint, leg nerves, and ear ringing which are unrelated to the claimed conditions.

Overall Summary of Opinions Related to Mr. Cagiano:
To summarize my opinions relating to Mr. Cagiano, a review of the medical reports and other materials that were provided to me show that he incurred a total of **$121,300** in past medical expenses that were clinically related to his claimed conditions (The plaintiff reported $148,972, and $27,672 were found to be unrelated to the claimed conditions). Total offsets are **$35,447** between CMS ($11,941), Tricare Institutional ($12,908) and Tricare Non-Institutional ($10,599). Of note, the past medical expenses claimed by the plaintiff are billing charges while the government offsets are reimbursement payments. The reimbursement payments are lower than billed charges for the same medical services.

[9] Although my opinion is that the plaintiff's prostate cancer and sciatic peripheral neuropathy are medically unrelated to his UTUC, the plaintiff specifically received VBA benefits for his prostate cancer and sciatic peripheral neuropathy as related to his purported Camp Lejeune exposures (00569_CAGIANO_VBA_0000003641-03646). I am not offering any opinion that his prostate cancer and sciatic peripheral neuropathy is medically related to or caused by his Camp Lejeune exposures. However, I am noting these conditions were identified by the VBA as being in connection with Mr. Cagiano's purported Camp Lejeune exposures and would, thus presumably be included in any kind of offset calculation as constituting a disability award provided to Mr. Cagiano in connection with his purported Camp Lejeune exposures.

Itemized Review of Claimed Medical Expenses:

Charge-level details are contained in full in the plaintiff's Appendix attached to the Report of Greg Russo (December 15, 2025).

Institutional:

1. Douglas Hospital, Inc.
    a. 3/13/2018 and 3/14/2018 to 3/16/2018
    b. The charges refer to hospitalization at Douglas (Wellstar) for robotic assisted laparoscopic radical nephroureterectomy.
    c. The charges total $8907 and are related to the claimed conditions.

Non-institutional:

1. The Emory Clinic, Inc.
    a. 6/9/2009
        i. The charges refer to cystourethroscopy and TURBT but primarily for benign prostatic hypertrophy ("EUH OPS RPT"). This was 9 years prior to the diagnosis of UTUC and the results did not show cancer at that time. 00569_EUH_0000000182 to 380
        ii. The charges total $3,909 ($2,677 + $1,232) but are not related to the claimed diagnosis.
2. Douglas Hospital, Inc.
    a. 3/13/2018-3/16/2018
        i. The charges refer to outpatient care prior to hospitalization at Douglas (Wellstar) for Robotic assisted laparoscopic radical nephroureterectomy.
        ii. $73434 are related to the claimed conditions.
    b. 2/6/2018
        i. The charges refer to the cystourethroscopy procedure for diagnosis of UTUC.
        ii. $15127 are related to the claimed conditions.
    c. 11/21/2019
        i. The charges refer to Cystourethroscopy with right retrograde pyelogram (Dr. Msangi).
        ii. $14493 are related to the claimed conditions.
3. Wellstar Medical Group, LLC
    a. 2/6/2018
        i. Pathology for Cystourethroscopy.
        ii. $120 are related to the claimed conditions.
4. Georgia Anesthesiologists, P.C.
    a. 11/21/2019
        i. The charges refer to anesthesia for cystourethroscopy with right retrograde pyelogram (Dr. Msangi).
        ii. $1040 are related to the claimed conditions.
5. Cobb Hospital, Inc.
    a. 2/9/2021, 4/7/2023

i. Outpatient oncology visits for UTUC and melanoma in situ.
ii. $1175 + $1340 are related to the claimed conditions.

6. Southeastern Regional Medical Center. Inc.
    a. 2/2/2024
        i. This was a hospitalization for management of prostate cancer - a transurethral prostate resection was performed by Dr. Rabbani but this was not indicated for the surveillance or management of bladder cancer.
        00569_CAGIANO_0000003437 to 3444
        The charges total $23,763 but are not related to the claimed diagnosis.
7. CTCA Physicians Group of Georgia, LLC.
    a. 3/7/2024
        i. Cytology and labs for Cystourethroscopy.
        ii. $999 are related to the claimed conditions.
8. Cesar Augusto Angeletti
    a. 3/13/2018
        i. The charges refer to pathology during hospitalization at Douglas (Wellstar) for Robotic assisted laparoscopic radical nephroureterectomy.
        ii. $255 are related to the claimed conditions.
9. Jermaine Frederick Taft
    a. 3/21/2018, 7/2/2020
        i. Urology office visit after nephroureterectomy and for UTI and UTUC follow-up
        ii. $211 + $215 are related to the claimed conditions.
10. Dwanna Verchelle Falconer
    a. 2/3/2020, 2/9/2021, 3/28/2022
        i. Outpatient oncology visit for UTUC and melanoma in situ. Labs.
        ii. $147 + $147 + $147 and are related to the claimed conditions.
11. Gaspar Msangi
    a. 3/13/2018, 6/13/2018, 12/9/2019
        i. Provider charges for robotic assisted laparoscopic radical nephroureterectomy and office visit for UTUC follow-up.
        ii. $2649 + $162 + $225 are related to the claimed conditions.
12. Navin Prakash Wadehra
    a. 4/7/2023
        i. Outpatient oncology visit for UTUC and melanoma in situ
        ii. $270 and are related to the claimed conditions.

Plaintiff 2: Criswell, Jefferson (Case No. 7:23-CV-01482-M)

Classification of relationship between charges and claimed conditions:
The plaintiff's medical expert Drs. Longo and Tharwani opine that the exposure at Camp Lejeune was a cause of the plaintiff's Transitional Cell Carcinoma (TCC) diagnosed in 1997 and psychiatric conditions including PTSD and depression. Assuming the conclusions from the plaintiff's expert are correct for purposes of my opinions, charges related to medical care that is directed towards the management, monitoring, and treatment of these claimed conditions are considered related starting from the date of diagnosis. Charges related to other medical conditions are considered unrelated.

Summary of Damages:

Assuming the conclusions from the plaintiff's experts Drs. Longo and Tharwani are correct for purposes of my opinions:

- **The Plaintiff reported total medical expenses of $202,674 and these charges were all verified to be related to the claimed conditions**

	Total charges ($)	Charges determined to be unrelated to the claimed conditions ($)	Revised charges ($)
Georgia Urology	4,372		4,372
Piedmont Healthcare	20,273		20,273
City of Hope Cancer Center Atlanta (Southeastern Medical Center)	177,541		177,541
Village Medical (Griffin)	304		304
LabCorp	183		183
TOTAL	**202,674**		**202,674**

Government Offset Payments

No government offsets were identified for this Plaintiff.

Veterans Benefit Administration (VBA) Disability Diagnoses[10]

Assuming the conclusions from the plaintiff's experts Dr. Longo and Dr. Tharwani are correct for purposes of my opinions, these medical conditions receiving benefit payments from the VBA are related to the claimed conditions:

Disability Diagnosis	Related to the Claimed Conditions?
bladder cancer with residuals, urinary incontinence and frequency	**Yes**
unspecified depressive disorder with anxious stress	**Yes**
tinnitus	No

The disability diagnosis of bladder cancer was related to the claimed condition of bladder cancer. The diagnosis of unspecified depressive disorder was related to the claimed condition of depression. Tinnitus is ear ringing which is unrelated to the claimed conditions.

Overall Summary of Opinions Related to Mr. Criswell:
To summarize my opinions relating to Mr. Criswell, a review of the medical reports and other materials that were provided to me show that he incurred a total of **$202,674** in past medical expenses (in billed charges) that were clinically related to his claimed conditions. There were no government offsets identified.

[10] CLJA_VBA_0000000019

Itemized Review of Claimed Medical Expenses:

Charge-level details are contained in full in the plaintiff's Appendix attached to the Report of Greg Russo (December 15, 2025).

1. Georgia Urology
    a. These charges were for urology office visits, cystourethroscopy procedures, and labs with Dr. Shelfo
    b. $4,372 are related to the claimed condition

2. Piedmont Healthcare
    a. These are office visits for cystoscopy with mitomycin C (with anesthesia services) and pathology services.
    b. $20,273 are related to the claimed condition

3. City of Hope Cancer Center Atlanta (Southeastern Medical Center)
    a. These are visits for lab services, cystoscopy with pathology, and CT abdomen and pelvis services. There were also visits with Dr. Shelfo and a TURBT procedure.
    b. $177,541 are related to the claimed condition

4. Village Medical (Griffin)
    a. Office visit with treatment focused on hypertension and depression
    b. $292 + $12 are related to the claimed condition (depression claimed)

5. LabCorp
    a. These are lab services for urinalysis and urine cultures
    b. $122 + $61 are related to the claimed condition

Plaintiff 3: Downs, David (Case No. 7:23-CV-01145-BO)

Classification of relationship between charges and claimed conditions:
The plaintiff's medical experts Drs. Mallon, Margulis, and Lotan opine that the exposure at Camp Lejeune was a cause of the plaintiff's renal cell carcinoma (RCC) and chronic kidney disease. Assuming the conclusions from the plaintiff's expert are correct for purposes of my opinions, charges related to medical care that is directed towards the management, monitoring, and treatment of these claimed conditions are considered related since the first detection of RCC in 2016. Any conditions that are a direct result of the RCC and kidney disease including development of metastatic disease to the intestine are also considered related. Charges related to other medical conditions are considered unrelated. Medical concerns regarding spine degeneration/arthritis, mandible fractures, and tinnitus (ear ringing) are unrelated to RCC or any claimed conditions.

Summary of Damages:

Assuming the conclusions from the plaintiff's experts Drs. Mallon, Margulis, and Lotan are correct for purposes of my opinions, these claimed medical expenses submitted by the plaintiff were reviewed:

- **The Plaintiff reported total medical expenses of $49,971.61. These charges were all verified to be related to the claimed conditions.**

	Total charges ($)	Charges determined to be unrelated to the claimed conditions ($)	Revised charges ($)
Non-Institutional	19,882		19,882
Institutional	30,090		30,090
TOTAL	**49,972**		**49,972**

Government Offset Payments[11]

Assuming the conclusions from the plaintiff's medical experts Drs. Mallon, Margulis, and Lotan are correct for purposes of my opinions, the government provided the following offset payments toward the claimed conditions:

[11] CLJA_TRICARE_0000000056, CLJA_CMS_0000000134

Payment Source	Reimbursed Payments ($)
Medicare (parts A&B)	50,348
Tricare Institutional	2,920
Tricare Non-Institutional	5,082
Total	**58,350**

*VHA was reviewed but no related payments could be identified

I have been asked to evaluate the Medicare and TRICARE records as if they were potentially an offset source. That said, there is a discrepancy between the TRICARE "charges" that Plaintiff's expert, Marjorie Hackett-Wallace, claims as past medical damages and the TRICARE "reimbursed" amounts that the United States paid for that same care. While asserting no opinion regarding the validity of either approach, I must mention the discrepancy as the amounts claimed are presently different for the exact same services.

Veterans Benefit Administration (VBA) Disability Diagnoses[12]

Assuming the conclusions from the plaintiff's experts Drs. Mallon, Margulis, and Lotan are correct for purposes of my opinions, these medical conditions receiving benefit payments from the VBA are related to the claimed conditions:

Disability Diagnosis	Related to the Claimed Conditions?
lumbar spine with degenerative changes (initially arthralgia of the thoracic spine DC 5291)	No
tinnitus	No
renal cancer, status post right kidney removal	**Yes**
previously rated as residuals of mandible fractures	No

The disability diagnosis of "renal cancer, status post right kidney removal" was related to the claimed condition of renal cancer. The diagnosis of lumbar spine with degenerative changes, tinnitus, and mandible fractures are conditions relating to arthritis of the spine, ear ringing, and jaw fractures and are unrelated to the claimed conditions.

[12] CLJA_VBA_0000000019

Overall Summary of Opinions Related to Mr. Downs:

To summarize my opinions relating to Mr. Downs, a review of the medical reports and other materials that were provided to me show that he incurred a total of **$49,972** in past medical expenses that were clinically related to his claimed conditions. Total offsets are **$58,350** between CMS ($50, 348), Tricare Institutional ($2,920) and Tricare Non-Institutional ($5,082). Of note, the past medical expenses claimed by the plaintiff are billing charges while the government offsets are reimbursement payments for the same medical services. The reimbursement payments are lower than billed charges for the same medical services for Tricare and the plaintiff did not claim Medicare charges.

Itemized Review of Claimed Medical Expenses:

Charge-level details are contained in full in the plaintiff's Appendix attached to the Report of Greg Russo (December 15, 2025).

Non-Institutional

1. NORTHWEST MEDICAL FOUNDATION OF TILLAMOOK
    a. 7/26/2016
        i. Hospitalization for nephrectomy for RCC - 01145_DOWNS_0000000027
        ii. $4976 of charges are related to the claimed conditions
    b. 8/1/2017
        i. Outpatient urology visit with Dr. Koppie
        ii. $307 of charges are related to the claimed conditions
    c. 2/5/2018
        i. Outpatient urology visit with Dr. Koppie - 01145_DOWNS_0000003128
        ii. $215 of charges are related to the claimed conditions
    d. The claimed charges total $5,498 and are related to the claimed conditions.

2. WILLAMETTE UROLOGY, PC
    a. 1/6/2021
        i. Outpatient urology visit with Dr. Koppie - KOPPIE-000025
        ii. $309 of charges are related to the claimed conditions
    b. 11/23/2021
        i. Outpatient urology visit with Dr. Koppie - KOPPIE-000034
        ii. $217 of charges are related to the claimed conditions
    c. The claimed charges total $526 and are related to the claimed conditions.

3. TRG, LLC
    a. 12/16/2020
        i. Radiology read of CT scan on 12/16/2020 for RCC CT A/P - 01145_DOWNS_0000001728 - $229
    b. 6/30/2021
        i. Radiology read of CT scan on 6/30/2021 for RCC CT chest - 01145_DOWNS_0000001387 - $198
    c. 11/10/2021
        i. Radiology read of CT scan on 11/10/2021 for RCC CT chest - 01145_DOWNS_0000001387 - $396
    d. The claimed charges total $823 and are related to the claimed conditions.

4. PROVIDENCE HEALTH & SERVICES OREGON
    a. 9/22/2018

i. Ultrasound exam for hydronephrosis - left kidney but concern for obstruction - 01145_DOWNS_0000002983
$476

b. 12/16/2020
i. Surveillance CT scan of the abdomen and pelvis - 01145_DOWNS_0000001728
$1686

c. 1/8/2021
i. Follow up visit with Dr. Becker PCP - addressed congestion and RCC primarily
$431

d. 6/30/2021
i. Surveillance CT scan of the chest - 01145_DOWNS_0000001407
$1275

e. 11/10/2021
i. Surveillance CT scan of the chest - 01145_DOWNS_0000001387
$1274

f. 8/15/2024
i. Office visit and lab tests for severe anemia (found to be due to RCC metastasis to the intestine with bleeding) - 01145_DOWNS_0000003915
$1337

g. 9/5/2024
i. Follow up office visit and lab tests for severe anemia (found to be due to RCC metastasis to the intestine with bleeding) - 01145_DOWNS_0000003864
$514

h. The claimed charges total $6,993 and are related to the claimed conditions.

5. OREGON CLINIC PC
a. 8/16/2024
i. Office visit with surgery for intestinal mass with bleed (RCC) - 01145_DOWNS_0000003233
$314

b. 8/20/2024
i. Laparoscopic bowel resection for RCC - 01145_DOWNS_0000003202
$955 + $4773

c. The claimed charges total $6,042 and are related to the claimed conditions.

Institutional

6. NORTHWEST MEDICAL FOUNDATION OF TILLAMOOK - Institutional
a. 7/26/2016
i. Hospitalization for nephrectomy for RCC - 01145_DOWNS_0000000027
$30,090 of charges are related to the claimed conditions

Plaintiff 4: Dyer, Terry (Case No. 7:23-CV-00357-M)

Classification of relationship between charges and claimed conditions:
The plaintiff's medical experts Drs. Longo and Tharwani opine that the exposure at Camp Lejeune was a cause of the plaintiff's bladder cancer and psychiatric conditions including PTSD, depression, and anxiety. Assuming the conclusions from the plaintiff's experts are correct for purposes of my opinions, charges related to medical care that is directed towards the management, monitoring, and treatment of these claimed conditions are considered related. Any conditions that are a direct result of the bladder cancer and treatment including management of the cystectomy, ileal conduit, hydronephrosis, and recurrent urinary tract infections, parastomal hernias that occurred due to her ileal conduit, and anemia that occurred after her bladder cancer was discovered (in part related to blood losses from her ileal conduit) are also considered related medical conditions. Charges related to other medical conditions are considered unrelated.

Unrelated medical treatments include:

1. Cholelithiasis (gallstones) and cholecystectomy surgery - on 06/27/2014, she required a hospitalization for abdominal pain but the primary cause was gallstones. She was released and later underwent an elective gallbladder removal. These GI concerns are unrelated to the urinary issues claimed by the plaintiff. 00357_DYER_0000000035
2. Chest pain - she was admitted on 12/02/2015 for chest and shoulder pain with some flank pain ("mostly left shoulder, but with some tenderness over left flank area"). She required admission to rule out of heart attack and underwent multiple cardiac studies including a nuclear stress test. She did also have a urinary infection but was treated with oral antibiotics (ciprofloxacin) which would not require hospitalization. The cause was also not attributed to psychiatric concerns. This admission was unrelated to her claimed concerns.

Summary of Damages:

Assuming the conclusions from the plaintiff's experts Drs. Longo and Tharwani are correct for purposes of my opinions, these claimed medical expenses submitted by the plaintiff were reviewed:

- **The Plaintiff reported total medical expenses of $279,994**
- There were incorrectly entered charge amounts (data entry errors) on 7/31/2013 and 5/6/2021 with a difference of +$**210 (+$341 and -$131)**. After correcting for this, I reached the following conclusions:
    - $**280,204** of charges were identified on review of the Plaintiff's analysis
    - **$23,979** of charges were determined to be unrelated to the claimed conditions
    - **$256,224 were verified to be related to the claimed conditions**

	Total charges ($)	Charges determined to be unrelated to the claimed conditions ($)	Revised charges ($)
Duke Health	18,381		18,381
Urology Associates of Southeastern NC Wilmington	27,627		27,627
Wilmington Health	5,035		5,035
Wilmington Pathology Associates	2,551		2,551
Advanced Imaging	0		0
Novant Health Regional Medical Center	167,957	23,979	143,978
American Anesthesiology of the Carolinas Wilmington	8,208		8,208
Delaney Radiologist Group	3,718		3,718
Novant Health Primary Care | Ogden	39,039		39,039
Columbus Regional HCS	2,021		2,021
Advanced Urology	2,532		2,532
LabCorp	2,573		2,573
CVS Pharmacy	561		561
TOTAL	**280,204**	**23,979**	**256,224**

Government Offsets

No government offsets were identified for this Plaintiff.

Veterans Benefit Administration (VBA) Disability Diagnoses[13]

No VBA benefits were identified for this Plaintiff.

[13] CLJA_VBA_0000000019

Overall Summary of Opinions Related to Ms. Dyer:

To summarize my opinions relating to Ms. Dyer, a review of the medical reports and other materials that were provided to me show that she incurred a total of **$256,224** in past medical expenses (billed charges) that were clinically related to her claimed conditions (The plaintiff reported $279,994, but $210 were underreported due to data entry errors, and $23,979 were found to be unrelated to the claimed conditions).

Itemized Review of Claimed Medical Expenses:

Charge-level details are contained in full in the plaintiff's Appendix attached to the Report of Greg Russo (December 15, 2025).

1. Duke Health
    a. These are charges from the Duke Cancer Center GU Clinic including cytology and pathology. The plaintiff claimed $18,040.31 in charges
    b. $341 of billed charges from 7/31/2013 were not included in the claimed charges in error (7/31/2013 visit with Dr. Inman verified related to the claimed condition, including CT scan and labs - 00357_DYER_0000001826 to 1828). In total, after adjusting for the missed $341 due to data entry error, $18,381 were verified
    c. $18,381 were related to the claimed condition

2. Urology Associates of Southeastern NC Wilmington
    a. Billing statements from Urology Associates of SENC PA related to urology visits on 05/12/2009 - 8/23/2010
    b. $27,627 were related to the claimed condition

3. Wilmington Health
    a. Multiple office and urgent care (UC) visits for UTI, nausea, and anemia which are related to the claimed conditions
    b. $5,035 were related to the claimed condition

4. Wilmington Pathology Associates
    a. Lab orders for creatinine, urine testing (2020-2023), and tissue for pathology related to biopsy 5/24/23
    b. $2,551 were related to the claimed condition

5. Advanced Imaging
    a. CT abdomen and pelvis on 8/4/22 for parastomal hernia which is a duplicate of the Columbus Regional HCS
    b. The claimed charges total $1671 but are duplicates recognized by the plaintiff, so this charge will be entered in the Columbus Regional HCS section

6. Novant Health Regional Medical Center
    a. These are various services performed at Novant Health including hospital and ER visits, CT scans, and labs. The plaintiff claimed $168,088.29 of charges
    b. 5/6/2021
        i. These are charges for IV iron infusions for the management of cancer related anemia. The plaintiff claimed $1,097.99
        ii. On review of the actual billing statements, the charges total $966.74 ($684.62 + $15.07 + $267.05)

iii. This is a difference of $131.25 which was overcharged due to data entry errors. The actual bill amount of $966.74 is related to the claimed conditions

c. 06/27/2014 - 00357_DYER_0000002653
   i. These are charges from 06/27/2014 related an ER visit with primary complaints of "fever" and "abdominal pain" with a chief complaint of 'Fever PT STATES, "DR WILLIAM HOPE WANTS TO BE CALLED WHEN IM HERE."' This chief complaint is the primary reason for the ER visit which was a request for general surgeon Dr. William Hope to evaluate her for right upper quadrant abdominal pain (00357_DYER_0000002061 to 2067). Dr. Hope evaluated and found the pain to be due to gallstones and she was discharged from the ER (00357_DYER_0000002067 to 2069). About 3 weeks later on 07/17/2014, she underwent a laparoscopic cholecystectomy with intraoperative cholangiogram with Dr. Hope (00357_DYER_0000002074 to 2075). While she did also have a urinary infection, this was sensitive to ciprofloxacin (an oral medication) and was not the primary reason for the ER visit. This is not related to the claimed conditions, the charges were related to gallstones
   The total charges of $1,787 were not related to the claimed condition

d. 12/02/2015 - 00357_DYER_0000002657 - 00357_DYER_0000002660
   i. These are charges related to hospitalization 12/02/2015 for shoulder and flank pain, and the workup was focused on a cardiac evaluation and found with atypical chest pain after myocardial perfusion exercise stress test - 00357_DYER_0000002093 to 2097. The stress test results are listed in 00357_DYER_0000002107. Urinary testing was also performed but was not identified as related to these symptoms. This hospitalization was primarily for cardiac workup and not primarily for the related conditions.
   $22,192 in charges were not related to the claimed condition

e. In total, the plaintiff claimed $168,088 of charges
f. There was a discrepancy of $131 due to a data entry error for charges from 5/6/2021 so only $167,957 of charges could be verified
g. There were $23,979 ($1,787 + $22,192) that are not related to the claimed conditions
h. The remaining $143,978 are related to the claimed conditions

7. American Anesthesiology of the Carolinas Wilmington
   a. Services for anesthesia for cystoscopies and looposcopy procedures
   b. $8,208 were related to the claimed condition

8. Delaney Radiologist Group
   a. Radiology charges for CT abdomen and pelvis, US for surveillance
   b. $3,718 were related to the claimed condition

9. Novant Health Primary Care | Ogden
   a. Office visits for anemia management are related to the claimed conditions and labs for iron and iron infusion services which are related to the claimed conditions

b. $39,039 were related to the claimed condition

10. Columbus Regional HCS
    a. Urine testing for urine culture and recurrent UTI 6/11/21 and CT Abdomen for surveillance 8/4/22
    b. $2,021 were related to the claimed condition

11. Advanced Urology
    a. Urology visits for recurrent UTIs (related to urostomy procedure) and bladder cancer
    b. $2,532 in charges are related to the claimed condition

12. LabCorp
    a. These are labs for UTI (UA/UCx) and renal function studies.
    b. $561 were related to the claimed condition

Plaintiff 5: Fancher, David William (Case No. 7:23-CV-00275-BO)

Classification of relationship between charges and claimed conditions:
The plaintiff's medical experts Drs. Weiss, Del Pizzo, and Lotan opine that the exposure at Camp Lejeune was a cause of the plaintiff's renal cell carcinoma (RCC). Assuming the conclusions from the plaintiff's expert are correct for purposes of my opinions, charges related to medical care that is directed towards the management, monitoring, and treatment of these claimed conditions are considered related. Charges related to other medical conditions are considered unrelated. The surgical scar from nephrectomy is related to the RCC condition. However other conditions including back pain with lumbar disc disease with radiculopathy is due to spinal degeneration and unrated to RCC. Tinnitus (ear ringing) is also unrelated to the RCC.

Summary of Damages:

Assuming the conclusions from the plaintiff's experts Drs. Weiss, Del Pizzo, and Lotan are correct for purposes of my opinions, these claimed medical expenses submitted by the plaintiff were reviewed:

- **The Plaintiff reported total medical expenses of $6,475.30. These charges were all verified to be related to the claimed conditions**

	Total charges ($)	Charges determined to be unrelated to the claimed conditions ($)	Revised charges ($)
BCBS of Florida Payments	6,475	0	6,475
TOTAL	6,475	0	6,475

Government Offset Payments[14]

Assuming the conclusions from the plaintiff's medical experts Drs. Weiss, Del Pizzo, and Lotan are correct for purposes of my opinions, the government provided the following offset payments toward the claimed conditions:

Payment Source	Reimbursed Payments ($) (with VHA total cost payments)	Reimbursed Payments ($) (with VHA direct cost payments)
VHA Outpatient	2,981	1,839
CCN	1,561	1,561
Total	**4,542**	**3,400**

Veterans Benefit Administration (VBA) Disability Diagnoses[15]

Assuming the conclusions from the plaintiff's experts Drs. Weiss, Del Pizzo, and Lotan are correct for purposes of my opinions, these medical conditions receiving benefit payments from the VBA are related to the claimed conditions:

Disability Diagnosis	Related to the Claimed Conditions?
lumbar disc disease with moderate mechanical low back pain with decreased range of motion, (previously lumbosacral strain DC 5295) (now claimed as chronic pain spine)	No
tinnitus	No
kidney cancer to include nephrectomy and left renal cyst (now claimed as chronic pain kidney)	**Yes**
surgical scar s/p nephrectomy (painful scar) (now claimed as chronic pain scar)	**Yes**
sciatic radiculopathy, left lower extremity	No
sciatic radiculopathy, right lower extremity	No

[14] CLJA_VHA_0000000006, CLJA_CMS_0000000134, CLJA_CCN_0000000005
[15] CLJA_VBA_0000000019

The disability diagnosis "kidney cancer to include nephrectomy and left renal" and "surgical scar s/p nephrectomy (painful scar)" were related to the claimed conditions of renal cell carcinoma and resultant scar from his nephrectomy surgery for cancer. The disability diagnoses lumbar disc disease, tinnitus, and sciatica radiculopathy (of the left and right extremities) are conditions related to the spine, ear ringing, and leg nerve pain which are clinically unrelated to any of the claimed conditions.

Overall Summary of Opinions Related to Mr. Fancher:

To summarize my opinions relating to Mr. Fancher, a review of the medical reports and other materials that were provided to me show that he incurred a total of **$6,475** in past medical expenses that were clinically related to his claimed conditions. Total offsets are **$4,542** between VHA ($2,981) and CCN ($1,561) when accounting for total costs of payments for VHA. When accounting for only direct cost payments for VHA, the total offsets are **$3,400** between VHA ($1,839) and CCN ($1,561). Of note, the past medical expenses claimed by the plaintiff are billing charges while the government offsets are reimbursement payments.

Itemized Review of Claimed Medical Expenses:

Charge-level details are contained in full in the plaintiff's Appendix attached to the Report of Greg Russo (December 15, 2025).

1. Rawlings Lien (BCBS of Florida - 00275_FANCHER_0000007621)
    a. 10/31/2001 to 11/10/2004
    b. These charges are office visits, lab orders, Chest X-ray and CT Scans of the abdomen and pelvis for RCC surveillance
    c. $6,475 in claimed charges are related to the claimed conditions

Plaintiff 6: Howard, Allan Wayne (Case No. 7:23-CV-00490-BO)

Classification of relationship between charges and claimed conditions:
The plaintiff's medical experts Drs. Smith, Josephson, Del Pizzo, and Hoppe opine that the exposure at Camp Lejeune was a cause of the plaintiff's renal cell carcinoma (RCC) and NHL. Assuming the conclusions from the plaintiff's expert are correct for purposes of my opinions, charges related to medical care that is directed towards the management, monitoring, and treatment of these claimed conditions are considered related including any chemotherapy and surgery from the first detection of RCC on 9/22/2008. Charges related to other medical conditions are considered unrelated. Tinnitus (ear ringing) is not related to RCC or lymphoma.

Summary of Damages:

Assuming the conclusions from the plaintiff's experts Drs. Smith, Josephson, Del Pizzo, and Hoppe are correct for purposes of my opinions, these claimed medical expenses submitted by the plaintiff were reviewed:

- The Plaintiff reported total medical expenses of **$839,639.06**
- **$187** of charges were determined to be unrelated to the claimed conditions
- **$839,451 were verified to be related to the claimed conditions**
- **Of these related charges, $122,865 were related to RCC and $716,586 were related to lymphoma**

	Total charges ($)	Charges determined to be unrelated to the claimed conditions ($)	Revised charges ($)	Charges related to RCC ($)	Charges Related to Lymphoma ($)
Dayton Oncology Hematology	966		966	966	
Kettering Health	184,211	187	184,027		184,027
OSU Billing (Internal and Urology) - Multiple Providers	118,333		118,333	118,333	
OSU Wexner Medical Center	3,520		3,520	3,520	
Barry Fisher, MD (Kettering Health)	399,816		399,816		399,816
Kettering Health Medical Center	123,380		123,380		123,380
Neogenomics	9,366		9,366		9,366
Quest Diagnostics	46		46	46	
Total	**839,639**	**187**	**839,455**	**122,865**	**716,589**

Government Offset Payments[16]

Assuming the conclusions from the plaintiff's medical experts Drs. Smith, Josephson, Del Pizzo, and Hoppe are correct for purposes of my opinions, the government provided the following offset payments toward the claimed conditions:

Payment Source	Reimbursed Payments ($) (with VHA total cost payments)	Reimbursed Payments ($) (with VHA direct cost payments)
VHA Outpatient	2,190	1,344
Total	**2,190**	**1,344**

These offsets were all related to RCC (no lymphoma charges).

Veterans Benefit Administration (VBA) Disability Diagnoses[17]

Assuming the conclusions from the plaintiff's experts Drs. Smith, Josephson, Del Pizzo, and Hoppe are correct for purposes of my opinions, these medical conditions receiving benefit payments from the VBA are related to the claimed conditions:

Disability Diagnosis	Related to the Claimed Conditions?
renal cell carcinoma status-post right nephrectomy	**Yes**
non-hodgkin's lymphoma	**Yes**
tinnitus	No

The disability diagnoses "renal cell carcinoma status-post right nephrectomy" and "non-hodgkin's lymphoma" were clinically related to the claimed conditions of renal cancer and lymphoma. The disability diagnosis tinnitus is ringing in the ears and is unrelated to any of the claimed conditions.

Overall Summary of Opinions Related to Mr. Howard:
To summarize my opinions relating to Mr. Howard, a review of the medical reports and other materials that were provided to me show that he incurred a total of **$839,455** in past medical expenses that were clinically related to his claimed conditions (the Plaintiff claimed $839,639 and $187 were found to be unrelated). Of these related charges, $122,865 were related to RCC and $716,589 were related to

[16] CLJA_VHA_0000000006
[17] CLJA_VBA_0000000019

lymphoma. Total offsets are **$2,190** from VHA and were all related to RCC when accounting for total costs of payments for VHA. When accounting for only direct cost payments for VHA, the total offsets are **$1,344**. Of note, the past medical expenses claimed by the plaintiff are billing charges while the government offsets are reimbursement payments.

Itemized Review of Claimed Medical Expenses:

Charge-level details are contained in full in the plaintiff's Appendix attached to the Report of Greg Russo (December 15, 2025).

Please refer to Appendix C attached to this Report for a breakdown of charges related to lymphoma and RCC.

1. Dayton Oncology Hematology
    a. This was an initial office visit with Dr. Sabiers (oncology) for diagnosis of RCC on 2/7/12 including CT scans and labs
    b. $996 are related to the claimed conditions (RCC)

2. Kettering Health
    a. There was one charge for 3/21/2011 for an office visit for internal medicine, however the visit was focused on hyperlipidemia with no indication for management of any cancer (lymphoma or RCC) - 00490_HOWARD_0000000957 to 963. This is not related to the claimed conditions
    b. $184 is not related the claimed conditions
    c. The remaining charges are all incurred in 2023 and are related to PET scans, lab testing, office visits, and biopsies all related to lymphoma management (oncology visits did mention both RCC and lymphoma, however the management was focused on lymphoma, as RCC has been stable since 2008 with no evidence of recurrence)
    d. This also includes 1 round of chemotherapy, biopsy procedure, and initial hospitalization for diagnosis of lymphoma
        i. RCHOP cycle 1 (chemotherapy) on 10/16/23 dose 1 of 6 ($98,770)
        ii. Lymph node biopsy and chemotherapy port insertion on 10/9/23 ($33,140)
        iii. ER/hospital admission 6/7/2023 for enlarged lymph nodes with concern for lymphoma ($12,483)
    e. $184,024 are related to the claimed conditions (Lymphoma)

3. OSU Billing (Internal and Urology) - Multiple Providers
    a. These are charges from outpatient urology and oncology visits and James Cancer Hospital (OSU) for labs, imaging. These were visits from 2008 to 2016 and were all related to RCC (no lymphoma related charges)
    b. $118,333 are related to the claimed conditions (RCC)

4. OSU Wexner Medical Center
    a. These are charges for CT scans of the chest, labs, and chest x-rays related to cancer surveillance and chemotherapy preparation
    b. $3,520 are related to the claimed conditions

5. Barry Fisher, MD (Kettering Health)
    a. These are charges related to office visits for chemotherapy and a PET scan for lymphoma

b. This also includes 4 rounds of chemotherapy
    i. RCHOP chemotherapy dose 2 on 11/6/23 and dose 3 of 6 on 11/27/23 ($194,816)
    ii. RCHOP chemotherapy dose 5 on 1/8/24 and dose 6 of 6 on 1/29/24 ($194,900)
c. $399,816 are related to the claimed conditions (lymphoma)

6. Kettering Health Medical Center
    a. These are charges related to lymphoma care including labs, 2 PET scans and port removal
    b. This also includes a round of chemotherapy
        i. RCHOP chemotherapy dose 4 on 12/18/23 ($96976)
    c. $123,380 are related to the claimed conditions (lymphoma)

7. Neogenomics
    a. These are services for pathology related to lymphoma (biopsies)
    b. $9,366 are related to the claimed conditions (lymphoma)

8. Quest Diagnostics
    a. Urine test (urinalysis) for RCC testing at quest
    b. $46 are related to the claimed conditions (RCC)

Plaintiff 7: Laramore, Jimmy Carroll (Case No. 7:23-CV-00594-M)

Classification of relationship between charges and claimed conditions:
The plaintiff's expert Dr. Sfakianos opines that the exposure at Camp Lejeune was a cause of plaintiff's bladder cancer (urothelial carcinoma) diagnosed in March 2020 with workup for hematuria starting in 2019. Assuming the conclusions from the plaintiff's expert are correct for purposes of my opinions, charges related to medical care that is directed towards the management, monitoring, and treatment of these claimed conditions are considered related. Charges related to other medical conditions are considered unrelated. Conditions including inguinal hernia and post-traumatic stress disorder are not clinically related to bladder cancer.

Summary of Damages:

The Plaintiff reported no medical expenses.

Government Offset Payments[18]

Assuming the conclusions from the plaintiff's medical expert Dr. Sfakianos, the government provided the following offset payments toward the claimed conditions:

Payment Source	Reimbursed Payments ($) (with VHA total cost payments)	Reimbursed Payments ($) (with VHA direct cost payments)
TriWest 006	6,735	6,735
TriWest 007	4,042	4,042
CCN*	20,233	20,233
VHA	670	304
Total	**31,680**	**31,314**

*CCN reimburses payments from TriWest. Twelve entries were found in TriWest payments totaling $8,757.36 that are duplicated in CCN payments. These amounts were deducted from the CNN payments to prevent duplicate payment calculations. Tricare was reviewed but no related payments were identified.

Veterans Benefit Administration (VBA) Disability Diagnoses[19]

Assuming the conclusions from the plaintiff's expert Dr. Sfakianos are correct for purposes of my opinions, these medical conditions receiving benefit payments from the VBA are related to the claimed conditions:

[18] CLJA_TRIWEST_0000000006, CLJA_TRIWEST_0000000007, CLJA_VHA_0000000006, CLJA_CCN_0000000005
[19] CLJA_VBA_0000000019

Disability Diagnosis	Related to the Claimed Conditions?
bladder cancer	**Yes**
post traumatic stress disorder	No
right inguinal hernia	No

The disability diagnosis of bladder cancer is related to the claimed condition urothelial carcinoma. The disability conditions post-traumatic stress disorder (PTSD) and right inguinal hernia refer to a psychiatric condition and abdominal wall hernia that are unrelated to any claimed condition and pre-existed Mr. Laramore's bladder cancer diagnosis.

Overall Summary of Opinions Related to Mr. Laramore:
To summarize my opinions relating to Mr. Laramore, a review of the medical reports and other materials that were provided to me show that he reported no past medical expenses. Total offsets are **$31,680** between TriWest ($6,735 + $4,042), CCN ($20,233), and VHA ($670) in reimbursement payments when accounting for total costs of payments for VHA. When accounting for only direct cost payments for VHA, the total offsets are **$31,314** from TriWest ($6,735 + $4,042), CCN ($20,233), and VHA ($304).

Plaintiff 8: Mousser, Frank Wayne (Case No. 7:23-CV-00667-BO)

Classification of relationship between charges and claimed conditions:
The plaintiff's medical experts Drs. Smith, Del Pizzo, Cooper, and Moore opine that the exposure at Camp Lejeune was a cause of the plaintiff's bladder cancer (papillary urothelial carcinoma) diagnosed in 2020 with recurrence in 2025 and depression. Assuming the conclusions from the plaintiff's experts are correct for purposes of my opinions, charges related to medical care that is directed towards the management, monitoring, and treatment of these claimed conditions are considered related. Charges related to other medical conditions are considered unrelated.

Summary of Damages:

The Plaintiff reported no medical expenses.

Government Offset Payments[20]

Assuming the conclusions from the plaintiff's medical experts Drs. Smith, Del Pizzo, Cooper, and Moore are correct for purposes of my opinions, the government provided the following offset payments toward the claimed conditions:

Payment Source	Reimbursed Payments ($) (with VHA total cost payments)	Reimbursed Payments ($) (with VHA direct cost payments)
VHA Inpatient	44,735	31,652
VHA Outpatient	18,119	12,149
Total	**62,854**	**43,801**

*CCN and Tricare was reviewed but no related charges were identified.

Veterans Benefit Administration (VBA) Disability Diagnoses[21]

Assuming the conclusions from the plaintiff's experts Dr. Smith, Del Pizzo, Cooper, and Moore are correct for purposes of my opinions, these medical conditions receiving benefit payments from the VBA are related to the claimed conditions:

[20] CLJA_VHA_0000000006
[21] CLJA_VBA_0000000019

Disability Diagnosis	Related to the Claimed Conditions?
neoplasm of kidney (urothelial cancer) status post right kidney removal and ureter removal with left kidney chronic kidney disease	**Yes**
recurrent cystitis of the bladder with hematuria (now also claimed as overactive bladder with nocturia)	**Yes**
tinnitus	No
insomnia with depressive disorder, chronic, ongoing	**Yes**
Surgical scars, anterior trunk associated with neoplasm of kidney (urothelial cancer) status post right kidney removal and ureter removal with left kidney chronic kidney disease	**Yes**

The disability diagnosis of "neoplasm of kidney (urothelial cancer) status post right kidney removal and ureter removal with left kidney chronic kidney disease" is the claimed condition of bladder cancer. The disability diagnosis of surgical scars as a result of the surgeries for bladder cancer are also related since the surgeries were for the cancer. The disability diagnosis "recurrent cystitis of the bladder with hematuria" may be caused by the bladder cancer and is related. Depression was claimed as a related condition and the disability diagnosis "insomnia with depressive disorder" is related. Tinnitus (ear ringing) is unrelated to these conditions.

Overall Summary of Opinions Related to Mr. Mousser:
To summarize my opinions relating to Mr. Mousser, a review of the medical reports and other materials that were provided to me show that he reported no past medical expenses. Total offsets are **$62,854** between VHA Inpatient ($44,735) and VHA Outpatient ($18,119) in reimbursement payments when accounting for total costs of payments for VHA. When accounting for only direct cost payments for VHA, the total offsets are **$43,801** between VHA inpatient ($31,652) and VHA outpatient ($12,149).

Plaintiff 9: Tukes, Jacqueline (Case No. 7:23-CV-01553-BO)

Classification of relationship between charges and claimed conditions:
The plaintiff's medical experts Drs. Smith, Josephson, Cooper, and Mallon opine that the exposure at Camp Lejeune was a cause of the plaintiff's Renal Cell Carcinoma (RCC) diagnosed in 2010 and need for renal transplant. Based on this, the need for dialysis care after bilateral nephrectomy would also be a related condition. Assuming the conclusions from the plaintiff's experts are correct for purposes of my opinions, charges related to medical care that is directed towards the management, monitoring, and treatment of these claimed conditions are considered related starting from the date of diagnosis. Charges related to other medical conditions are considered unrelated.

Unrelated medical treatments include:

1. Knee surgery/knee replacement for arthritis which is unrelated to cancer or kidney disease. She underwent elective knee arthroplasty on 5/20/21 with Dr. Frueh (01553_TUKES_0000007573)
2. Routine colonoscopies - these are done for routine screening regardless of cancer history. Multiple colonoscopies were performed including 7/16/2010, 5/1/2019 and 1/4/2024 - on some colonoscopies were found with benign tubular adenoma (pathology AE24-51) but no cancer Management of headache - she had an ER visit with neurology admission at UNC Health on 3/16/2010 for chronic headache, and had "HTN since the birth of her son 23 years age. She is compliant with her medications most of the time. Pt has no vision problems at this time. This is the second time in less than one year that pt has had transient vision loss." These were described as transient events and the MRI was negative. There is no association between these neurological symptoms with headache and the RCC. The renal function was stable at this time (creatinine 0.8). 01553_TUKES_0000000588

Summary of Damages:

Assuming the conclusions from the plaintiff's experts Drs. Smith, Josephson, Cooper, and Mallon are correct for purposes of my opinions, these claimed medical expenses submitted by the plaintiff were reviewed:

- The Plaintiff reported total medical expenses of $410,564
- $78,632 were duplicate charges that were flagged as denials by Tricare
- $3,478 of charges were not related to the claimed conditions
- **$328,454 were verified to be related to the claimed conditions**

	Total charges ($)	Charges determined to be unrelated to the claimed conditions ($)	Duplicate Charges ($)	Revised charges ($)
Non-Institutional	91,711	3,478	1,278	86,955
Institutional	318,853		77,354	241,499
TOTAL	**410,564**	**3,478**	**78,632**	**328,454**

Government Offset Payments[22]

Assuming the conclusions from the plaintiff's medical experts Drs. Smith, Josephson, Cooper, and Mallon, the government provided the following offset payments toward the claimed conditions:

Payment Source	Reimbursed Payments ($)
Medicare (parts A&B)/CMS	57,161
Tricare Institutional	64,283
Tricare Non-Institutional	44,049
Total	**165,493**

VHA was also reviewed but contained no related charges

I have been asked to evaluate the Medicare and TRICARE records as if they were potentially an offset source. That said, there is a discrepancy between the TRICARE "charges" that Plaintiff's expert, Marjorie Hackett-Wallace, claims as past medical damages and the TRICARE "reimbursed" amounts that the United States paid for that same care. While asserting no opinion regarding the validity of either approach, I must mention the discrepancy as the amounts claimed are presently different for the exact same services.

Veterans Benefit Administration (VBA) Disability Diagnoses[23]

No VBA benefits were identified for this Plaintiff.

[22] CLJA_TRICARE_0000000056, CLJA_CMS_0000000134
[23] CLJA_VBA_0000000019

Overall Summary of Opinions Related to Ms. Tukes:

To summarize my opinions relating to Ms. Tukes, a review of the medical reports and other materials that were provided to me show that she incurred a total of **$328,454** in past medical expenses that were clinically related to her claimed conditions (The plaintiff reported $328,454, and $78,632 were found to duplicated charges and $3,478 were found to be unrelated to the claimed conditions). Total offsets are **$165,493** between CMS ($57,161), Tricare Institutional ($64,283) and Tricare Non-Institutional ($44,049). Of note, the past medical expenses claimed by the plaintiff are billing charges while the government offsets are reimbursement payments. The reimbursement payments are lower than billed charges for the same medical services.

Itemized Review of Claimed Medical Expenses:

Charge-level details are contained in full in the plaintiff's Appendix attached to the Report of Greg Russo (December 15, 2025).

Non-Institutional

1. Alexander Kotlarevsky
    a. 6/13/2023 to 6/15/2023
        i. Hospitalization for left total nephrectomy - internal medicine physician/hospitalist during hospitalization
        $723

2. ASSOCIATED PATHOLOGISTS, LLC
    a. 5/23/2022
        i. Renal pathology after right sided Robot Assisted Laparoscopic Nephrectomy with lysis of extensive abdominal adhesions - 01553_TUKES_0000000210
        $479

3. Brian Donner (Nephrologist)
    a. 6/12/2018 and 7/16/2018
        i. Nephrology office visits
        $592 is related to the claimed conditions

4. Bryan Howington
    a. 6/12/2023
        i. Hospitalization for left total nephrectomy - internal medicine physician/hospitalist during hospitalization
        $244

5. CAROLINA HEALTHCARE ASSOCIATES INC
    a. 3/21/2018
        i. Urology consult for RCC and renal cyst - 01553_TUKES_0000000361
        $205
    b. 10/16/2019
        i. Urology consult for RCCs and renal cyst - 01553_TUKES_0000000385
        $228
    c. 10/7/2020
        i. Urology consult for RCCs and renal cyst - 01553_TUKES_0000000391
        $235
    d. 5/12/2021
        i. Perioperative medicine consult for a knee replacement surgery - this is not related to the claimed concerns - 01553_TUKES_0000007599
        $476 is not related to the claimed conditions

6. CAROLINA EAST PHYSICIANS
    a. 1/9/2012
        i. Urology visit for RCC - 01553_TUKES_0000004632
        $286
    b. 2/8/2012
        i. Urology visit for RCC - 01553_TUKES_0000004623
        $135
    c. 8/20/2012 (No Medical Records)
        i. Urology visit for RCC - no records but generally supported
        $135
    d. 9/12/2012 (No Medical Records)
        i. Urology visit for RCC - no records but generally supported
        $107

7. COASTAL RADIOLOGY ASSOCIATES. PLLC
    a. 2/13/2012
        i. MRI abdomen for renal mass 7 mm
        $580

    b. 1/28/2019
        i. Follow up MRI abdomen for renal mass (stable exam)
        $620

8. COASTAL UROLOGY PLLC
    a. 3/16/2019
        i. Urology care for hospital for left sided RCC with nephrectomy - 01553_TUKES_0000007686
        $195

9. COASTAL VASCULAR INSTITUTE. PA
    a. 4/18/2023 (No Medical Records)
        i. Vascular surgery follow-up after AV graft placement (1/2023) for dialysis Dr. Eskew
        $150
    b. 11/30/2022
        i. Outpatient referral to vascular surgery for creation of AV fistula
        $500

10. COLUMBUS REGIONAL DIAGNOSTICS
    a. 1/25/2023
        i. CT Abdomen pelvis for RCC - nephrectomy - 01553_TUKES_0000000018
        $779
    b. 5/3/2023

i. CT Abdomen pelvis for RCC - nephrectomy - 01553_TUKES_0000000760
$956

11. COLUMBUS REGIONAL HEALTHCARE SYSTEM (Noninstitutional)
    a. 5/5/2022
        i. Urology office visit for RCC
        $400
    b. 5/22/2022-5/24/2022
        i. Robotic lap nephrectomy on 5/23/22 - 01553_TUKES_0000000097
        $2,081
    c. 6/12/2023-6/16/2023
        i. Total left lap nephrectomy on 6/12/23
        $3,076

12. DELANEY RADIOLOGISTS PA
    a. 3/14/2018
        i. CT abdomen 3/14/18 for nephrectomy
        $550
    b. 8/9/2018
        i. MRI abdomen post nephrectomy
        $294
    c. 9/30/2019 (No Medical Records)
        i. CT abdomen and pelvis - presumably for RCC given time frame
        $294
    d. 9/22/2020
        i. MRI abdomen RCC screening
        $448
    e. 5/6/2021
        i. MRI abdomen RCC screening (no record but mentioned in 01553_TUKES_0000000299)
        $448

13. EASTERN NEPHROLOGY ASSOCIATES PLLC
    a. 11/11/2019
        i. Renal insufficiency after nephrectomy - 01553_TUKES_0000000260
        $106
    b. 9/28/2020
        i. Renal insufficiency after nephrectomy - 01553_TUKES_0000000304
        $212
    c. 9/28/2021
        i. Renal insufficiency after nephrectomy - 01553_TUKES_0000000298
        $212
    d. 7/21/2022

i. Renal insufficiency after nephrectomy - 01553_TUKES_0000000290
$212

e. 11/9/2022
i. Renal insufficiency after nephrectomy - 01553_TUKES_0000000283
$333

f. 2/10/2023
i. Renal insufficiency after nephrectomy - 01553_TUKES_0000000273
$212

g. 3/13/2023
i. Renal insufficiency after nephrectomy and now possible end stage kidney disease with labs - 015563_TUKES_0000000266
$200

h. 3/15/2023
i. Renal insufficiency after nephrectomy and now possible end stage kidney disease with labs - 015563_TUKES_0000000266
$212

i. 6/12/2023, 6/13/2023, 6/15/2023, 6/16/2023
i. Nephrology visits during hospitalization for L total nephrectomy
$763

14. GREENSBORO RADIOLOGY. PA
a. 10/28/2020
i. EXAM DESCRIPTION: NM WHOLE BODY BONE SCAN for cancer metastasis
$653

b. 11/8/2021
i. EXAM DESCRIPTION: CT SOFT TISSUE NECK - eval for cancer metastasis
$671

15. LABORATORY CORPORATION OF AMERICA HOLDINGS
a. 9/28/2018
i. Labs for iron and vitamin D, ordered by Dr. Jayaram (oncology)
$431

16. Milagros Calling
a. 12/19/2011
i. Nephrology visit for post Nephrectomy renal disease - 01553_TUKES_0000007297
$249

17. NEW HANOVER REGIONAL MEDICAL CENTER/NOVANT HEALTH NEW HANOVER REGIONAL MEDICAL CENTER LLC (Noninstitutional)
a. 3/9/2018 (No Medical Records)

i. CT Abdomen pelvis prior to L partial nephrectomy (mentioned in 01553_TUKES_0000007739)
$2,849

b. 3/14/2018
i. Left partial nephrectomy operation with pathology
$6,070

c. 8/9/2018 (No Medical Records)
i. CAT SCAN RENAL MASS PROTOCOL - (report found)
$3,322

d. 9/30/2019 (No Medical Records)
i. CAT scan indicated for renal cancer, no report found
$3,324

e. 9/22/2020
i. MRI for post nephrectomy - kidney cysts - mentioned in 01553_TUKES_0000000305
$5,622

f. 5/6/2021
i. MRI abdomen for surveillance, no records but mentioned in - 01553_TUKES_0000000299
$5,658

g. 5/12/2021(No Medical Records)
i. Labs for creatinine and post nephrectomy renal care
$390

18. ONSLOW MEMORIAL HOSPITAL INC
a. 7/16/2010
i. Routine colon cancer screening with colonoscopy - found with diverticulosis without evidence of any cancer (not indicated for RCC, routine screening) - 01553_TUKES_0000007332
$3,002 is not related to the claimed conditions

b. 1/3/2012
i. Labs ordered for aldosterone, renin and renal labs post nephrectomy
ii. Two duplicated charges of $1,020 were identified. One duplicate charge was indicated by Tricare as a "Complete contractor denial initial TED Record submission". One duplicate charge is not valid, the other
$1,020 in charges were related to the claimed conditions

c. 8/28/2012
i. MRI abdomen for post nephrectomy screening
$4365

d. 1/28/2019
i. MRI abdomen for post nephrectomy screening (8.5 mm enhancing lesion off the posterior lower pole left kidney)
$5,005

e. 10/28/2020

i. EXAM DESCRIPTION: NM WHOLE BODY BONE SCAN for metastasis
$2,208

f. 11/8/2021
i. CT neck ordered by oncology for rule out metastasis
$2,182

g. 7/14/2022
i. Labs ordered for parathyroid workup ("Secondary hyperparathyroidism of renal origin (HCC) (Chronic)") due to kidney disease
$961

h. 12/5/2022
i. Follow up ultrasound neck for thyroid nodule ordered by oncology for rule out metastasis
$823

19. Peter Chambers
a. 5/18/2022
i. Preop visit for nephrectomy (cardiac clearance for surgery) - 01553_TUKES_0000000054
$396

20. PITT COUNTY MEMORIAL HOSPITAL. INC
a. 7/1/2024 - post renal transplant visit
$237

21. Prasanna Sridharan
a. 6/16/2023
i. Hospitalization for left total radical nephrectomy - hospitalist progress note
$241

22. Roc McCarthy
a. 5/5/2022
i. Urology office note - 01553_TUKES_0000000739
$314

b. 2/7/2023
i. Urology office note - 01553_TUKES_0000000759
$322

c. 5/11/2023
i. Urology office note - 01553_TUKES_0000000764
$310

d. 6/12/2023
i. Urology inpatient for radical nephrectomy note - 01553_TUKES_0000000778
$4650

e. 6/22/2023
i. Urology inpatient for radical nephrectomy note - 01553_TUKES_0000000789
$0

f. 1/9/2024
    i. Urology office note - 01553_TUKES_0000000794
    $317
g. 8/6/2024
    i. Urology office note
    $317

23. SOUTHEAST ANESTHESIOLOGY CONSULTANTS, PLLC
    a. 6/12/2023
        i. Anesthesia for hospitalization for left nephrectomy
        $2823

24. SOUTHEASTERN MEDICAL ONCOLOGY CENTER
    a. 9/5/2018
        i. Outpatient oncology visit - 01553_TUKES_0000002373
        $547
    b. 9/28/2018
        i. Outpatient oncology labs - 01553_TUKES_0000008512
        $28
    c. 11/8/2018
        i. Outpatient oncology visit - 01553_TUKES_0000007716
        $394
    d. 1/30/2019
        i. Outpatient oncology visit - 01553_TUKES_0000007712
        $258
    e. 4/4/2019
        i. Outpatient oncology visit - 01553_TUKES_0000007662
        $306
    f. 9/4/2019 (No Medical Records)
        i. Outpatient oncology visit - 01553_TUKES_0000002373
        $28
    g. 10/23/2019
        i. Outpatient oncology visit - 01553_TUKES_0000002359
        $223
    h. 10/22/2020
        i. Outpatient oncology visit - 01553_TUKES_0000002356
        $394
    i. 10/30/2020
        i. Outpatient oncology visit - 01553_TUKES 0000000422
        $258
    j. 10/29/2021
        i. Outpatient oncology visit - 01553_TUKES_0000002295
        $286
    k. 11/16/2021

i. Outpatient oncology visit - 01553_TUKES_0000002291
ii. Two duplicated charges of $258 were identified. One duplicate charge was indicated by Tricare as a "Complete contractor denial initial TED Record submission". One duplicate charge is not valid, the other $258 in charges were related to the claimed conditions

l. 6/16/2022
i. Outpatient oncology visit - 01553_TUKES 0000000413
$374

m. 12/15/2022
i. Outpatient oncology visit - 01553 TUKES 0000000410
$346

n. 4/26/2023
i. Outpatient oncology visit - 01553_TUKES_0000000406
$258

o. 6/28/2023 (No Medical Records)
i. Outpatient oncology visit - 01553_TUKES_0000002373
$258

p. 5/10/2024
i. Outpatient procedure for flexible ureteral stent removal
$258

25. SOUTHEASTERN NEPHROLOGY ASSOCIATES, PLLC
a. 2/28/2019
i. Lab testing ordered by nephrology for chronic kidney disease - 01553_TUKES_0000000324
$229

b. 4/10/2019
i. Lab testing ordered by nephrology for chronic kidney disease - 01553_TUKES_0000000326
$229

26. UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL/UNIVERSITY OF NORTH CAROLINA HOSPITALS AT CHAPEL HILL (Noninstitutional)
a. 7/29/2010
i. Preop visit for R nephrectomy procedure
$339

b. 8/20/2010
c. Urology visit prior to partial nephrectomy procedure - 01553_TUKES_0000000674 $2098/31/2010
i. Outpatient follow-up for partial nephrectomy post op - 01553_TUKES_0000000647
$162

d. 12/1/2010

i. Follow up for RCC and CT scan - 01553_TUKES_0000000629
$2,103

e. 3/16/2011
i. Urology visit with Dr. Nielson for renal mass
$400

f. 4/6/2011
i. Visit for pulmonary nodules, concern for cancer relation
$363

g. 4/8/2011
i. CT chest for pulmonary nodules - 01553_TUKES_0000000571
$106

h. 5/24/2018
i. Pathology for nephrectomy kidney specimen
$304

i. 6/7/2018
i. UNC oncology visit for renal mass
$595

27. VALLEY RADIOLOGY, P A
a. 1/25/2023
i. CT abdomen for renal lesions - 13 x11 mm solid or complex cystic lesion in the upper anterior left kidney - 01553_TUKES_0000000016
$554

b. 5/3/2023
i. CT abdomen for renal lesions - Lesion at the interpolar region of the left kidney - 01553_TUKES_0000000760
$332

28. WALTERS SURGICAL ASSOC PA
a. 6/13/2023
i. Hospitalization for left total nephrectomy - internal medicine physician/hospitalist during hospitalization
$251

b. 6/14/2023
i. Hospitalization for left total nephrectomy - internal medicine physician/hospitalist during hospitalization
$1,231

29. WILMINGTON PATHOLOGY ASSOCIATES PA
a. 4/26/2018
i. Pathology for L partial nephrectomy
$1,625

b. 3/14/2019

i. Pathology for L partial nephrectomy
$336

Institutional

1. COLUMBUS REGIONAL HEALTHCARE SYSTEM (Institutional)
    a. 5/23/2022 to 5/24/2022
        i. Hospitalization for robotic right partial nephrectomy for RCC - 01553_TUKES_0000000097
        $58,940
    b. 6/12/2023 to 6/16/2023
        i. Hospitalization for left total nephrectomy kidney for RCC –
        ii. Two duplicated charges of $77,354 were identified. One duplicate charge was indicated by Tricare as a "Complete contractor denial initial TED Record submission". One duplicate charge is not valid, the other
        $77,354 in charges were related to the claimed conditions

2. UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL/UNIVERSITY OF NORTH CAROLINA HOSPITALS AT CHAPEL HILL (Institutional)
    a. 8/20/2010 to 8/23/2010
        i. Hospitalization for right partial open nephrectomy for RCC - 01553_TUKES_0000000659
        $19,540
3. NEW HANOVER REGIONAL MEDICAL CENTER/NOVANT HEALTH NEW HANOVER REGIONAL MEDICAL CENTER LLC (Institutional)
    a. 4/26/2018 to 4/28/2018
        i. Hospitalization for left robotic partial nephrectomy (3 lesions) for RCC
        $43,638
    b. 3/14/2019 to 3/16/2019
        i. Hospitalization for left robotic partial nephrectomy for RCC - 01553_TUKES_0000007675
        $42,027

Plaintiff 10: Amsler, Karen (Case No. 7:23-CV-00284-D)

Classification of relationship between charges and claimed conditions:
The plaintiff's expert Dr. Gondek opines that the exposure at Camp Lejeune was a cause of the plaintiff's Acute Lymphocytic Leukemia (ALL) diagnosed in 2020 and coagulopathy, leukemic retinopathy, and deep vein thrombosis (DVT) as well as bleeding complications related to anticoagulation (ear bleeding). The plaintiff's expert also opines that her atrial fibrillation that developed during chemotherapy is related and that her osteoporosis was related to the long-term steroid exposure. The plaintiff's expert also opines that the leukemia and treatment later caused graft versus host disease (GVHD) with symptoms of dry eyes, fatigue, and skin rash that resolved with topical steroids. Assuming the conclusions from the plaintiff's expert are correct for purposes of my opinions, charges related to medical care that is directed towards the management, monitoring, and treatment of these claimed conditions are considered related. Charges related to other medical conditions are considered unrelated.

Assuming the conclusions from the plaintiff's expert Dr. Gondek are correct for purposes of my opinions, these claimed medical expenses submitted by the plaintiff were reviewed:

- The Plaintiff reported total medical expenses of **$831,690.04**
- On review based on the Plaintiff's cited billing records, there were 2 data entry errors detected totaling a difference of $714 ($741 overcharged and $27 undercharged). After correcting for these errors
  $830,977 of billing charges were identified
- These charges were verified to be related to the claimed conditions

	Total charges ($)	Charges determined to be unrelated to the claimed conditions ($)	Revised charges ($)
CVS	19,063		19,063
CVS	6,628		6,628
Georgia Eye Institute	840		840
American Oncology Partners	15,692		15,692
Medical University of South Carolina	426,899		426,899
MUSC Health [ALL Facilities and Physicians]	1,839		1,839
Memorial Health University	283,541		283,541
Neogenomics	10,385		10,385
Bayada Home Health Care	1,080		1,080
Integrated Regional Laboratories	5,544		5,544
LabCorp	986		986
Rawlings Lien	40,240		40,240
Intramed Plus Inc	1,860		1,860
Sound Physicians	14,802		14,802
Atlantic Radiology	1,579		1,579
TOTAL	**830,977**		**830,977**

Government Offset Payments

No government offsets were identified.

Veterans Benefit Administration (VBA) Disability Diagnoses

No VBA benefits were identified for this Plaintiff.

Overall Summary of Opinions Related to Ms. Amsler:
To summarize my opinions relating to Ms. Amsler, a review of the medical reports and other materials that were provided to me show that she incurred a total of **$830,977** in past medical expenses that were clinically related to her claimed conditions (the Plaintiff claimed $831,690 and $714 of data entry errors were identified). There were no government payment offsets identified.

Itemized Review of Claimed Medical Expenses:

Charge-level details are contained in full in the plaintiff's Appendix attached to the Report of Greg Russo (December 15, 2025).

1. CVS
    a. The plaintiff claimed $19,036 in related charges
    b. On review of the billing records, there was an entry for Xarelto that was mistakenly entered for $1325 but should be $1,352. This is a charge difference of $27. The actual total billed charges were $19,063 due to a data entry error
2. CVS
    a. The plaintiff claimed $6,628 in related charges and these were verified as related
3. Georgia Eye Institute
    a. The plaintiff claimed $840 in related charges and these were verified as related
4. American Oncology Partners
    a. The plaintiff claimed $15,654 in related charges and these were verified as related
    b. On review of the billing records, there was an entry for Xarelto that was mistakenly
5. Medical University of South Carolina
    a. The plaintiff claimed $426,899 in related charges and these were verified as related
6. MUSC Health [ALL Facilities and Physicians]
    a. The plaintiff claimed $1,839 in related charges and these were verified as related
7. Memorial Health University
    a. The plaintiff claimed $283,541 in related charges and these were verified as related
8. Neogenomics
    a. The plaintiff claimed $1,080 in related charges and these were verified as related
9. Bayada Home Health Care
    a. The plaintiff claimed $10,385 in related charges and these were verified as related
10. Integrated Regional Laboratories
    a. The plaintiff claimed $5,544.00 in related charges
11. LabCorp
    a. The plaintiff claimed $986 in related charges and these were verified as related
12. Rawlings Lien
    a. The plaintiff claimed $40,240 in related charges and these were verified as related
13. Intramed Plus Inc
    a. The plaintiff claimed $1,860 in related charges and these were verified as related
14. Sound Physicians
    a. The plaintiff claimed $15,543.01 in related charges
    b. There is a claimed charge on 9/22 for $741 but on review of the billing statement 00284_AMSLER_0000014098, the charge was $0. The actual total billed charges were $14,802 due to a data entry error
15. Atlantic Radiology
    a. The plaintiff claimed $1,578.52 in related charges and these were verified as related

Plaintiff 11: Connard, Vivian (Case No. 7:23-CV-01557-D)[24]

Classification of relationship between charges and claimed conditions:
The plaintiff's expert Dr. Gondek opines that the exposure at Camp Lejeune was a cause of the plaintiff's Acute Myeloid Leukemia (AML) diagnosed in 2001 and coagulopathy, leukemic retinopathy, and deep vein thrombosis (DVT). The plaintiff's expert also opines that the leukemia and treatment later caused graft versus host disease (GVHD) which were associated with recurrent infections including influenza, shingles, and pneumonia. The plaintiff's expert ultimately concludes that the treatment for leukemia and GVHD contributed to coronary artery disease which ultimately led to cardiac arrest and death in 2010. Assuming the conclusions from the plaintiff's expert are correct for purposes of my opinions, charges related to medical care that is directed towards the management, monitoring, and treatment of these claimed conditions are considered related. Charges related to other medical conditions are considered unrelated.

Unrelated medical treatments include:

1. Dysphagia – patient had dysphagia and underwent GI workup with endoscopy on 10/29/09 with a dilation procedure. Biopsy did not demonstrate any evidence of GVHD or AML involvement (01557_CONNARD_0000000089)
2. Squamous Cell Carcinoma (SCC) of the left cheek and scalp – he was seen by Dr. Lutz of dermatology and had excisional biopsy. This was a separate cancer and unrelated to the leukemia or GVHD. Dr. Lutz's notes were not available for review, however all documentation referring to Dr. Lutz indicate the visits were for SCC rather than the claimed conditions (01557_CONNARD_0000000120, 01557_CONNARD_UMMS_0000003054)

Summary of Damages:

Assuming the conclusions from the plaintiff's expert Dr. Gondek are correct for purposes of my opinions, these claimed medical expenses submitted by the plaintiff were reviewed:

- The Plaintiff reported total medical expenses of **$560,984.97**
- There was a small data entry error of $4. Correcting for this error, **$560,981** in charges were identified, and were related to the claimed conditions

	Total charges ($)	**Charges determined to be unrelated to the claimed conditions ($)**	**Revised charges ($)**
University of Maryland Medical Center	243,454		243,454
UHC Lien	317,527		317,527
TOTAL	**560,981**		**560,981**

[24] Ms. Connard is the widow of Mr. Stephen Connard and serves as his legal representative. References to "the plaintiff" are referring to Mr. Connard.

Government Offset Payments

No government offsets were identified for this Plaintiff

Veterans Benefit Administration (VBA) Disability Diagnoses

No VBA benefits were identified for this Plaintiff

Overall Summary of Opinions Related to Ms. Connard:
To summarize my opinions relating to Mr. Connard, a review of the medical reports and other materials that were provided to me show that he incurred a total of **$560,981** in past medical expenses that were clinically related to her claimed conditions (the Plaintiff claimed $560,985 and there was a $4 data entry error detected). There were no government payment offsets identified.

Itemized Review of Claimed Medical Expenses:

Charge-level details are contained in full in the plaintiff's Appendix attached to the Report of Greg Russo (December 15, 2025).

1. University of Maryland Medical Center:
    a. The analysis supports the claimed charges total of $243,458
    b. On 11/9/2020, there was a data entry error in the plaintiff's analysis of $278.27 but the original bill stated $274.27 (01557_CONNARD_UMMS_0000001307). This is a difference of $4
    c. The actual charges total of $243,454

2. UHC Lien:
    a. The analysis supports the claimed charges total of $317,527

Plaintiff 12: Gleesing, Joseph (Case No. 7:23-CV-01486-D)

Classification of relationship between charges and claimed conditions:
The plaintiff's expert Dr. Laber opines that the exposure at Camp Lejeune was a cause of the plaintiff's Chronic Lymphocytic Leukemia (CLL)/Small Lymphocytic Lymphoma (SLL) diagnosed in September 2015. Dr. Laber also asserts that CLL causes an increased risk of bladder cancer and other secondary cancers, so testing for additional cancers is related. Dr. Laber opines that the related hypogammaglobulinemia also predisposes the plaintiff to viral and bacterial infections, and for chemotherapy related peripheral neuropathy. Assuming the conclusions from the plaintiff's expert are correct for purposes of my opinions, charges related to medical care that is directed towards the management, monitoring, and treatment of these claimed conditions are considered related. Charges related to other medical conditions are considered unrelated.

Unrelated medical treatments include:

1. Dilated ascending aorta / ascending aortic aneurysm seen on CT 07/05/2018. 4.3 x 4.3 cm at level of the right pulmonary artery (01486_GLEESING_BMH_0000002239). On 9/28/2020, his cardiologist Dr. Luo recommended a repeat CT angiogram for monitoring of the aneurysm, which was stable (office note 01486_GLEESING_ABH_0000000231, study 01486_GLEESING_ABH_0000000292). The aneurysm was stable but incidentally identified a small 8 mm pancreatic head lesion. A follow-up MRI was done on 11/5/2020 to study this pancreatic lesion which was identified as a small cyst or ectasia without concern for cancer/lymphoma though surveillance was recommended. This CT angiogram for aneurysm was not related to the lymphoma or cancer screening.
2. Pancreatic lesion – plaintiff was incidentally found with a pancreatic cyst in 2018 that was monitored, and in 2022 the MRI follow-up suggested that this was either a pancreatic divisum (congenital pancreatic growth abnormality, non-cancerous) or transitioned to an Intraductal Papillary Mucinous Neoplasm (IPMN). Initially in 2018, during follow up imaging for the known aortic aneurysm, a CT angiogram incidentally identified a small 8 mm pancreatic head lesion. A follow-up MRI was done on 11/5/2020 to study this pancreatic lesion but found it was a small cyst or ectasia without concern for cancer/lymphoma (01486_GLEESING_MEDRECS_0000000511). Later on follow up imaging on 11/8/2022, MRI showed the same lesion was still a cystic lesion 5 mm in size and now suspicious for a side branch IPMN without concern for lymphoma (01486_GLEESING_0000000097). An IPMN is a cystic precancerous growth in the pancreas which has risk for becoming a pancreatic cancer but is unrelated to lymphoma. Side branch IPMN is generally monitored with repeat imaging unless there are high risk features on imaging. The MRI studies to monitor for pancreatic cancer are generally supported as related but the initial CT angiogram incidentally identifying non-specific pancreatic lesion is not related to cancer screening.

Summary of Damages:

Assuming the conclusions from the plaintiff's expert Dr. Laber are correct for purposes of my opinions, these claimed medical expenses submitted by the plaintiff were reviewed:

- The Plaintiff reported total medical expenses of **$397,144.90**

- On review of the Plaintiff's cited billing records, there were 4 data entry errors detected totaling a difference of $9,315 ($240 + $9,075) overcharge. In addition, there were $446 in related patient copayments for medications (Meijer Pharmacy) which were not billed charges but will be included as total charges in this analysis. Correcting for these errors:
- **$388,276** of billed charges were identified
- $**6,824** of charges were reviewed but determined to be unrelated to the claimed conditions
- **$381,452 of charges were verified to be related to the claimed conditions**

	Total charges ($)	**Charges determined to be unrelated to the claimed conditions ($)**	**Revised charges ($)**
Borgress Hospital Promed	1,519		1,519
Borgress Medical Center	139,549	5,938	133,611
Bronson Advanced Cardiac Health	7,131		7,131
Helen Newberry Joy Hospital & Healthcare	93		93
West Michigan Cancer Center	33,038		33,038
Multiple Providers 2015-2016	412		412
Multiple Providers 2015	719		719
Multiple Providers 2017-2018	27,137	886	26,251
Multiple Providers 2017	599		599
Multiple Providers 2018-2019	3,873		3,873
Multiple Providers 2019-2020	784		784
Multiple Providers 2021	19		19
Multiple Providers 2022	453		453
Multiple Providers Medicare	0		0
University of Michigan Health System	4,050		4,050
United Healthcare	116,797		116,797
Unknown Insurance	26,584		26,584
Meijer Pharmacy*	446*		446
LabCorp	25,073		25,073
TOTAL	**388,276**	**6,824**	**381,452**

*Meijer Pharmacy included copays for medications but there were no billed charges, but were accounted as charges for the purposes of this analysis

Assuming the conclusions from the United States's experts, there are no identified medical expenses related to exposure at Camp Lejeune.

Government Offset Payments[25]

[25] CLJA_VHA_0000000006, CLJA_TRICARE_0000000056, 01486_GLEESING_0000007239 to 7315

Assuming the conclusions from the plaintiff's expert Dr. Laber are correct for purposes of my opinions, the government provided the following offset payments toward the claimed conditions:

Payment Source	Reimbursed Payments ($) (with VHA total cost payments)	Reimbursed Payments ($) (with VHA direct cost payments)
Medicare (part A&B)/CMS*	16,835	16,835
VHA	1,743	879
Tricare (Non-Institutional)	115	115
Total	**18,693**	**17,829**

*Data was obtained from 01486_GLEESING_0000007239 to 7315

Veterans Benefit Administration (VBA) Disability Diagnoses[26]

Assuming the conclusions from the plaintiff's expert Dr. Laber are correct for purposes of my opinions, these medical conditions receiving benefit payments from the VBA are related to the claimed conditions

Disability Diagnosis	Related to Claimed Conditions?
Chronic lymphocytic leukemia (claimed as S/C FOR ADULT LEUKEMIA)	**Yes**

The "Chronic lymphocytic leukemia (claimed as S/C FOR ADULT LEUKEMIA)" disability diagnosis is related as this is the primary claimed condition CLL.

Overall Summary of Opinions Related to Mr. Gleesing:
To summarize my opinions relating to Mr. Gleesing, a review of the medical reports and other materials that were provided to me show that he incurred a total of **$381,452** in past medical expenses that were clinically related to his claimed conditions (the Plaintiff claimed $397,145 and $9,315 of data entry errors were identified, $446 in patient copayments were included in this analysis, and $6,824 of unrelated charges were identified). Total offsets are **$18,693** ($16,835 from CMS, $115 from Tricare, and $1,743 from VHA) when accounting for total costs of payments for VHA. When accounting for only direct cost payments for VHA, the total offsets are **$17,829** ($16,835 from CMS, $115 from Tricare, and $879 from VHA). Of note, the past medical expenses claimed by the plaintiff are billing charges while the government offsets are reimbursement payments.

[26] CLJA_VBA_0000000019

Itemized Review of Claimed Medical Expenses:

Charge-level details are contained in full in the plaintiff's Appendix attached to the Report of Greg Russo (December 15, 2025).

In summary:

1. Borgress Hospital Promed
    a. These are primary care visits and the plaintiff claimed charges of $1,519. These charges are supported on review

2. Borgress Medical Center
    a. These are services for imaging and labs and the plaintiff claimed charges of $148,624
    b. On 12/2/2017, the plaintiff claimed a charge for $7,013 but the actual charge on review of bills, the actual charges total $6,889 ($6,489 + $400) (01486_GLEESING_0000010450) which is difference of $124
    c. On 7/2/2018, the plaintiff claimed a charges for $19,191.66 but the actual charge was $10,252 (01486_GLEESING_0000010458) which is difference of $8,939
    d. On 9/27/2022, the plaintiff claimed a charge for $874 but the actual charge on review of bills, the actual charges total $863 (01486_GLEESING_0000010477) which is difference of $11
    e. In total these charge differences add up to $9,075
    f. On 10/31/2020, the plaintiff claimed a charge for $5,938 for a CT angiogram of the chest, abdomen, and pelvis which were ordered for follow-up of a known aortic aneurysm. The discussion regarding ordering this CT is included in the cardiology note 01486_GLEESING_ABH_0000000231; On the CT, no CLL/SLL was identified on the study though non-CLL/SLL related pancreatic lesion was identified incidentally. This was not related to the claimed conditions. The CT scan recommended an MRI to study the pancreatic lesion (01486_GLEESING_ABH_0000000292). The plaintiff claimed charges for this MRI study on 11/5/2020. The discussion to order the MRI is mentioned on the CT study 01486_GLEESING_ABH_0000000292 and phone call discussion 01486_GLEESING_ABH_0000000184. However, the original CT angiogram was not indicated for any cancer screening or pancreatic evaluation.
    g. The remaining $133,611 are related to the claimed conditions

3. Bronson Advanced Cardiac Health
    a. These are hematology/oncology care visits and urology visits for bladder cancer evaluation and the plaintiff claimed charges of $7,131. These charges are supported on review

4. Helen Newberry Joy Hospital & Healthcare
    a. This was a lab test for blood count and the plaintiff claimed charges of $93. This charge was supported on review

5. West Michigan Cancer Center
    a. These are hematology/oncology care visits including a cycle of chemotherapy and the plaintiff claimed charges of 33,038. These charges are supported on review

6. Multiple Locations (2015-2016)
    a. These are a hematology/oncology care visit and SPEP lab test and the plaintiff claimed charges of $412. These charges are supported on review

7. Multiple Locations (2015)
    a. These are a hematology/oncology care visits and CT scan and the plaintiff claimed charges of $719. These charges are supported on review

8. Multiple Locations (2017-2018)
    a. These are hematology/oncology care visits and imaging tests/procedures. The plaintiff claimed charges of $27,377
    b. On 4/11/2018, the plaintiff claimed a charge for $15,800.65, but on review of the billing record, only $15,560.65 were identified. This is a difference of $240. Therefore, only $27,137 of total charges could be verified on the billing records
    c. The plaintiff claimed a charge on 11/5/2018 of $885.67 for laboratory services. However no medical records were found to support this charge and the plaintiff did not include bates citations for this charge. This could not be verified as a likely related charge
    d. In total, $27,137 were actually identified as claimed charges and a charge for labs ($885.67) had no supporting evidence as related to the claimed conditions. The remaining $26,251 are supported on review as related to the claimed conditions

9. Multiple Locations (2017 only)
    a. These are hematology/oncology care visits and CT scan and the plaintiff claimed charges of $599. These charges are supported on review

10. Multiple Locations (2017 only)
    a. These are hematology/oncology care visits and related CT and biopsy, and the plaintiff claimed charges of $3,873. These charges are supported on review

11. Multiple Locations (2019-2020)
    a. These are hematology/oncology care visits and related CT and biopsy, and the plaintiff claimed charges of $784. These charges are supported on review

12. Multiple Locations (2021)
    a. These are hematology/oncology care visits and related CT and biopsy, and the plaintiff claimed charges of $19. These charges are supported on review

13. Multiple Locations (2022)
    a. These are charges related to hematology/oncology care visits and related CT and biopsy, and the plaintiff claimed charges of $453. These charges are supported on review

14. University of Michigan Health System
    a. These are charges related to hematology/oncology care visits, and the plaintiff claimed charges of $4,050. These charges are supported on review

15. University of Michigan Health System
    a. These are charges related to hematology/oncology care visits and chemotherapy cycles, and the plaintiff claimed charges of $116,797. These charges are supported on review

16. Unk Insurance Printout
    a. These are charges related to labs for hematology/oncology care visits and chemotherapy cycles (primarily University of Michigan), and the plaintiff claimed charges of $26,584. These charges are supported on review

17. Unk Insurance Printout
    a. These are charges related to hematology/oncology care visits and chemotherapy cycles (primarily University of Michigan), and the plaintiff claimed charges of $26,584. These charges are supported on review

18. Meijer Pharmacy
    a. These are pharmacy copayments for antibiotics, antivirals, and antifungal medications indicated for immunosuppression related to CLL. The plaintiff claimed $446 in copayments for pharmacy and these payments are supported on review

19. LabCorp
    a. These are labs related to flow cytometry studies, and the plaintiff claimed charges of $25,073. These charges are supported on review

Plaintiff 13: Hill, Bruce (Case No. 7:23-CV-00028-D)

Classification of relationship between charges and claimed conditions:
The plaintiff's expert Dr. Felsher opines that the exposure at Camp Lejeune was a cause of the plaintiff's Chronic Lymphocytic Leukemia (CLL) diagnosed in 2004 (with non-specific leukocytosis since 1998). Their expert also opines that the CLL created an increased risk for infections including salmonella infection in 2024, recurrent sinus infections (due to hypogammaglobulinemia, and infections improved after receiving immunoglobulins - IVIG), diarrhea as well as generalized fatigue. Assuming the conclusions from the plaintiff's expert are correct for purposes of my opinions, charges related to medical care that is directed towards the management, monitoring, and treatment of these claimed conditions are considered related. Charges related to other medical conditions are considered unrelated.

Summary of Damages:

The Plaintiff reported no medical expenses.

Government Offset Payments[27]

Assuming the conclusions from the plaintiff's expert Dr. Felsher are correct for purposes of my opinions, the government provided the following offset payments toward the claimed conditions:

Payment Source	Reimbursed Payments ($) (with VHA total cost payments)	Reimbursed Payments ($) (with VHA direct cost payments)
Medicare (part A&B)/CMS	1,777	1,777
VHA Outpatient	147,885	87,557
VHA Inpatient	96,996	55,170
Total	**246,658**	**144,504**

*CCN and Tricare was reviewed but no related payments were identified.

Veterans Benefit Administration (VBA) Disability Diagnoses[28]

Assuming the conclusions from the plaintiff's expert Dr. Felsher are correct for purposes of my opinions, these medical conditions receiving benefit payments from the VBA are related to the claimed conditions

Disability Diagnosis	Related to Claimed Conditions?
residuals, left knee strain	No
residuals, left ankle strain	No
chronic lymphocytic leukemia	**Yes**

[27] CLJA_VHA_0000000006, CLJA_CMS_0000000134
[28] CLJA_VBA_0000000019

The disability diagnosis chronic lymphocytic leukemia is related to the claimed condition CLL. Ankle and knee strain are muscle and joint pains unrelated to cancer.

Overall Summary of Opinions Related to Mr. Hill:

To summarize my opinions relating to Mr. Hill, a review of the medical reports and other materials that were provided to me show that he reported no past medical expenses. Total offsets are **$246,658** between CMS ($1,777), VHA Outpatient ($147,885), and VHA Inpatient ($96,996) in reimbursement payments when accounting for total costs of payments for VHA. When accounting for only direct cost payments for VHA, the total offsets are **$144,504** between CMS ($1,777), VHA Outpatient ($87,557), and VHA Inpatient ($55,170).

Plaintiff 14: Carter, Ronald Lee (Case No. 7:23-CV-01565-D)

Classification of relationship between charges and claimed conditions:
The plaintiff's expert Dr. Hu opines that the exposure at Camp Lejeune was a cause of the plaintiff's mantle cell lymphoma diagnosed in 2011. Dr. Hu also opines that the patient's herpes zoster and renal insufficiency during chemotherapy was related. The plaintiff ultimately had a stroke on March 16, 2022 and this was found to be likely from recurrent lymphoma or intravascular lymphoma with hypercoagulable state which led to a major health decline and required hospice care, and ultimately passed away. Dr. Hu opines that Mr. Carter's cause of death was due to this recurrence of lymphoma. Assuming the conclusions from the plaintiff's expert are correct for purposes of my opinions, charges related to medical care that is directed towards the management, monitoring, and treatment of these claimed conditions are considered related. Charges related to other medical conditions are considered unrelated.

Unrelated medical treatments include:

1. Squamous cell carcinoma of the nasopharynx and parotid (cheek) regions. He was first diagnosed with an outer nasal side wall squamous cell carcinoma (SCC) in situ on 9/4/2014 by shave biopsy (01565_CARTER_0000006705) which was managed by dermatology and did not recur. In February/March 2022, the patient was found with a neck and nasopharyngeal mass which was concerning for recurrence of lymphoma due to the enlarged lymph nodes. He was referred to otolaryngology (ear nose throat) for biopsy on March 8, 2022. The biopsy results on March 14 showed recurrence of lymphoma on the nasal biopsy though the parotid biopsies showed SCC (01565_CARTER_UNC_0000000086). This was documented as "2 biopsies demonstrating distinct and separate cancers" (01565_CARTER_UNC_0000000061) and they patient was referred back to oncology to discuss management but he had a stroke on March 16 and was started on hospice on March 24, 2022 prior to initiating any therapy. These cancers are two distinct types, as the lymphoma is a lymph node cell cancer and the SCC is a cancer of the epidermal skin cell, and would not be caused by any of the claimed conditions. Systemic chemotherapy for lymphoma may increase the risk of secondary cancers including head and neck cancers such as SCC, but this risk increase is extremely low (absolute risk of 0.37% with chemotherapy versus 0.29% without chemotherapy which is a difference of 0.08%).[29] This is very unlikely to be related to the claimed conditions
2. Episodes of lung infection with viral bronchitis and bacterial pneumonia. He had episodes of general infections in 2015 and 2018 (01565_CARTER_0000005869 to 5887, 01565_CARTER_CCHC_ 0000001338). These are 4 or more years after chemotherapy and the plaintiff had no associated immunodeficiencies such as hypogammaglobulinemia. These are not associated with the claimed conditions.
3. Coronary artery disease diagnosed by cardiac catheterization and treated with the placement of 2 stents in 2002 with a normal exercise treadmill test (no pain or evidence of ischemia; ejection fraction of 64%) in 2004; return of angina in 2004, with a cardiac catheterization revealing 3 vessel disease, treated with atenolol, Lipitor, aspirin; a 2014 myocardial infarction involving the left anterior descending artery, treated with another stent and medication, ejection fraction of

[29] Parsons, Matthew W., et al. "Secondary malignancies in non-Hodgkin lymphoma survivors: 40 years of follow-up assessed by treatment modality." *Cancer Medicine* 12.3 (2023): 2624-2636.

45%. The heart disease preceded the lymphoma and the management was not associated with the claimed conditions.

Assuming the conclusions from the plaintiff's expert Dr. Hu are correct for purposes of my opinions, these claimed medical expenses submitted by the plaintiff were reviewed:

- The Plaintiff reported total medical expenses of $616,910
- $1,121 of charges were reviewed but determined to be unrelated to the claimed conditions
- **$615,789 of charges were verified to be related to the claimed conditions**

	Total charges ($)	Charges determined to be unrelated to the claimed conditions ($)	Revised charges ($)
Caroline East Medical Center	214,282		214,282
University of North Carolina Health System	0		0
CCHC Coastal Primary Care	4,681	1,121	3,560
UNC Hospitals HIM – Chapel Hill	394,840		394,840
Walgreens	3,107		3,107
TOTAL	**616,910**	**1,121**	**615,789**

Government Offset Payments[30]

Assuming the conclusions from the plaintiff's expert Dr. Hu are correct for purposes of my opinions, the government provided the following offset payments toward the claimed conditions:

Payment Source	Reimbursed Payments ($)
Medicare (part A&B)/CMS	30,870
Total	**30,870**

Veterans Benefit Administration (VBA) Disability Diagnoses

No VBA benefits were identified for this Plaintiff.

Overall Summary of Opinions Related to Mr. Carter:

To summarize my opinions relating to Mr. Carter, a review of the medical reports and other materials that were provided to me show that he incurred a total of **$615,789** in past medical expenses that were clinically related to his claimed conditions (the Plaintiff reported total medical expenses of $616,910, and

[30] CLJA_CMS_0000000134

$1,121 were unrelated charges). Total offsets are **$30,870** from CMS. Of note, the past medical expenses claimed by the plaintiff are billing charges while the government offsets are reimbursement payments.

Itemized Review of Claimed Medical Expenses:

Charge-level details are contained in full in the plaintiff's Appendix attached to the Report of Greg Russo (December 15, 2025).

In summary:

1. Caroline East Medical Center
    a. The analysis supports the claimed charges total of $214,282 as related to the claimed conditions

2. University of North Carolina Health System:
    a. A total of $33,902 in charges were identified but recognized by the plaintiff as duplicates
    b. The charges were all duplicates and will only be recognized once in the "UNC Hospitals HIM – Chapel Hill" section

3. CCHC Coastal Primary Care:
    a. A total of $4,681 in charges were identified
    b. Five charges (all primary care visits) were identified as not related to the claimed conditions
        i. 2/4/2014 – the visit was focused on a post hospital visit for heart attack. The lymphoma was in remission and there was no mention of any management for the claimed conditions
        ii. 12/15/2015, 12/17/2015, 12/21/2015 – these three visits were all focused on the management of a lung infection/pneumonia. The lymphoma was in remission and there was no mention of any management for the claimed conditions
        iii. 5/14/2018 – this visit was for an upper respiratory infection with cough. The lymphoma was in remission and there was no mention of any management for the claimed conditions
    c. The charges $195 + $350 + $262 + $155 + $159 are not related to the claimed conditions

4. UNC Hospitals HIM – Chapel Hill
    a. A total of $394,840 in charges were identified which include $33,902 in duplicate charges from "University of North Carolina Health System" and are accounted here and were related to the claimed conditions

5. Walgreens
    a. The analysis supports the claimed charges total of $3,107 as related to the claimed condition

Plaintiff 15: Davis, Cometto (Case No. 7:23-CV-00043-D)

Classification of relationship between charges and claimed conditions:
The plaintiff's expert Dr. Hoppe opines that the exposure at Camp Lejeune was a cause of the plaintiff's marginal zone lymphoma (MZL) diagnosed in September 2021. Assuming the conclusions from the plaintiff's expert are correct for purposes of my opinions, charges related to medical care that is directed towards the management, monitoring, and treatment of these claimed conditions are considered related. Charges related to other medical conditions are considered unrelated.

Summary of Damages:

The Plaintiff reported no medical expenses.

Government Offset Payments[31]

Assuming the conclusions from the plaintiff's expert Dr. Hoppe are correct for purposes of my opinions, the government provided the following offset payments toward the claimed conditions:

Payment Source	Reimbursed Payments ($) (with VHA total cost payments)	Reimbursed Payments ($) (with VHA direct cost payments)
VHA	3,178	1,614
Total*	**3,178**	**1,614**

*Payments are related to lymphoma. Tricare was also reviewed but no related charges were identified.

Veterans Benefit Administration (VBA) Disability Diagnoses[32]

Assuming the conclusions from the plaintiff's expert Dr. Hoppe are correct for purposes of my opinions, these medical conditions receiving benefit payments from the VBA are related to the claimed conditions:

Disability Diagnosis	Related to Claimed Conditions?
back strain	No
cervical strain with IVDS	No
left ankle strain with left achilles tendonitis	No
bilateral hearing loss	No
tinnitus	No
postoperative right inguinal hernia	No
atrial enlargement / heart block	No
non-Hodgkin's lymphoma with smoldering multiple	**Yes[33]**

[31] CLJA_VHA_0000000006
[32] CLJA_VBA_0000000019
[33] Although my opinion is that the plaintiff's multiple myeloma is medically unrelated to his lymphoma, the patient specifically received VBA benefits for his non-Hodgkin's lymphoma with smoldering multiple myeloma as related

myeloma	
painful scars to include status post right inguinal hernia surgery, and left ankle scar	No
left upper extremity neuropathy	Yes[34]
left lower extremity neuropathy	Yes[35]
right lower extremity neuropathy	Yes[36]
right upper extremity radiculopathy of the upper radicular group (dominant) with neuropathy associated with non-Hodgkins lymphoma	No

The disability diagnosis "non-Hodgkin's lymphoma with smoldering multiple myeloma" is related to the claimed diagnosis lymphoma as the lymphoma diagnosis is related, however multiple myeloma is not a claimed condition and clinically it is not related to the lymphoma. The disability diagnoses left upper, left lower, right lower, and right upper extremity neuropathy and radiculopathy are nerve disorders that started years prior to NHL. However, the VBA has determined that some portion of the neuropathy—at least with regards to left upper, left lower, and right lower neuropathy—is related to his NHL. [00043_DAVIS_VBA_0000006898-06903]. The scars from hernia and ankle surgery, ankle strain, back strain, atrial enlargement / heart block, hearing loss, and tinnitus are muscle and joint pains, and hearing conditions are unrelated to any of the claimed conditions.

Overall Summary of Opinions Related to Mr. Davis:

To summarize my opinions relating to Mr. Davis, a review of the medical reports and other materials that were provided to me show that he reported no past medical expenses. Total offsets are **$3,178** from VHA in reimbursement payments when accounting for total costs of payments for VHA. When accounting for only direct cost payments for VHA, the total offsets are **$1,614**.

to his purported Camp Lejeune exposures (00043_DAVIS_VBA_0000006898-06903). Furthermore, although it is my opinion that the disability diagnoses left upper, left lower, right lower, and right upper extremity neuropathy and radiculopathy are nerve disorders that are medically unrelated to his lymphoma, the patient specifically received VBA benefits for, at the very least, left upper, left lower, and right lower neuropathy as related to his purported Camp Lejeune exposures. [00043_DAVIS_VBA_0000006898-06903]. I am noting these conditions were identified by the VBA as being in connection with Mr. Davis's purported Camp Lejeune exposures and would, thus presumably be included in any kind of offset calculation as constituting a disability award provided to Mr. Davis in connection with his purported Camp Lejeune exposures.

[34] Same as FN 33

[35] Same as FN 33

[36] Same as FN 33

Plaintiff 16: Keller, Scott (Case No. 7:23-CV-01501-D)

Classification of relationship between charges and claimed conditions:
The plaintiff's expert Dr. Felsher opines that the exposure at Camp Lejeune was a cause of the plaintiff's an immunoblastic/plasmacytoid non-Hodgkin's lymphoma (NHL) diagnosed in 1997. Their expert also opines that the plaintiff's chronic kidney disease (CKD) with related dialysis preparation care were caused by the NHL and chemotherapy. Separately, Dr. Felsher claims that the plaintiff's cardiomyopathy was worsened by the NHL and chemotherapy. Assuming the conclusions from the plaintiff's expert are correct for purposes of my opinions, charges related to medical care that is directed towards the management, monitoring, and treatment of these claimed conditions are considered related. Charges related to other medical conditions are considered unrelated. As the opinions on CKD and cardiomyopathy are still disputed, the medical claims related to these conditions are separately categorized.

Unrelated medical treatments include:

1. Gastrointestinal bleeding – He was first hospitalized at Sacred Heart Hospital for an episode of upper gastrointestinal bleed due to a duodenal angioectasia and requiring embolization procedure (11/26/22-12/07/22) - 01501_KELLER_0000000833 to 838. There was mild element of renal failure in which creatinine increased from baseline 5 to 6 which was attributed to dehydration but this was not an indication for hospitalization.
   He had a second hospitalization at Kaldec Medical Center for an episode of rectal bleeding, and workup was unremarkable but hemorrhoids were identified by the most likely source. No changes to medications (including aspirin and effient) were made upon discharge - 01501_KELLER_0000004499 to 4709.
2. Diabetes Type 2 with neuropathy – followed by Dr. Morasch and managed with oral medications (glimepiride and Januvia) and later transitioned to insulin - 01501_KELLER_0000001720 to 1722, 01501_KELLER_PCC_0000001216

Summary of Damages:
Assuming the conclusions from the plaintiff's expert Dr. Felsher are correct for purposes of my opinions, these claimed medical expenses submitted by the plaintiff were reviewed:

- The Plaintiff reported total medical expenses of $404,538
- $1,134 of charges were reviewed but determined to be unrelated to the claimed conditions
- **$403,404 of charges were verified to be related to the claimed conditions**

	Charges Related to Lymphoma Only ($)	Charges Related to Cardiomyopathy not Lymphoma ($)	Charged Related to CKD not Lymphoma ($)	Charges Related to Lymphoma or Cardiomyopathy or CKD ($)	Charges determined to be unrelated to the claimed conditions ($)
Providence Sacred Heart Medical Center	0	101,303	0	100,646	657

Kadlec Regional MC	0	88,176	150,987	239,163	0
Rawling's Lien	0	36,082	61,715	61,715	477
Providence St. Joseph's	0	0	1,880	1,880	
TOTAL	**0**	**225,561**	**214,582**	**403,404**	**1,134**

Government Offset Payments[37]

Assuming the conclusions from the plaintiff's expert Dr. Hu are correct for purposes of my opinions, the government provided the following offset payments toward the claimed conditions:

Payment Source	Payments Related to Lymphoma Only ($)	Payments Related to Cardiomyopathy not Lymphoma ($)	Payments Related to CKD not Lymphoma ($)	Payments Related to Lymphoma or Cardiomyopathy or CKD ($)
CCN*	0	10,500	59,116	69,616
TriWest	0	42,015	33,858	75,873
TOTAL	**0**	**52,515**	**92,974**	**145,489**

*CCN reimburses payments from TriWest. Seventeen entries were found in TriWest payments totaling $47,432.44 that are duplicated in CCN payments. These amounts were deducted from the CNN payments to prevent duplicate payment calculations.

**VHA records were reviewed but no related payments were identified.

[37] CLJA_TRIWEST_0000000008, CLJA_CCN_0000000005

Veterans Benefit Administration (VBA) Disability Diagnoses[38]

Assuming the conclusions from the plaintiff's expert Dr. Gondek are correct for purposes of my opinions, these medical conditions receiving benefit payments from the VBA are related to the claimed conditions

Disability Diagnosis	Related to Lymphoma?	Related to Cardiomyopathy?	Related to CKD?
coronary artery disease, status post pacemaker implantation, atherosclerotic cardiovascular disease, congestive heart failure, bradycardia, supraventricular arrhythmia, cardiomyopathy, and acute, subacute, or old myocardial infarction	No	**Yes**	No
diabetes mellitus type II due to non-Hodgkin's lymphoma with anemia	Yes[39]	No	No
diabetic nephropathy	Yes[40]	No	No
left lower extremity neuropathy (sciatic nerve)	Yes	No	No
right lower extremity neuropathy (sciatic nerve)	Yes	No	No
left lower extremity neuropathy (femoral nerve)	Yes	No	No
right lower extremity neuropathy (femoral nerve)	Yes	No	No

The disability diagnosis to "non-Hodgkin's lymphoma with anemia" is clinically related to the claimed diagnosis lymphoma but the diabetes diagnosis is neither claimed nor related to lymphoma. The patient's NHL was diagnosed and treated in 1997 and there was no clinical documentation to suggest the NHL or treatment led to diabetes. The disability diagnoses coronary artery disease with congestive heart failure and cardiomyopathy is related to the claimed condition cardiomyopathy. The disability diagnoses diabetic nephropathy, and neuropathy of the left and right lower extremities are disorders from diabetes and nerve disorders that are unrelated to any of the claimed conditions.

Overall Summary of Opinions Related to Mr. Keller:
To summarize my opinions relating to Mr. Keller, a review of the medical reports and other materials that were provided to me show that he incurred a total of $**403,404** in past medical expenses that were clinically related to his claimed conditions (the Plaintiff claimed $404,538 and $1,134 of unrelated charges were identified). Of these total damages, $225,561 were related to cardiomyopathy and $214,582 were related to CKD with some charges related to both. Total offsets are **$145,489** ($69,616 from CCN and $75,873 from TriWest). Of the offset payments, $52,515 were related to cardiomyopathy and $92,974

[38] CLJA_VBA_0000000019
[39] Although my opinion is that the plaintiff's diabetes and diabetic nephropathy are medically unrelated to any of the claimed conditions including lymphoma, the patient specifically received VBA benefits for his diabetes and diabetic nephropathy all as associations to lymphoma as related to his purported Camp Lejeune exposures. I am not offering any opinion that his diabetes, diabetic nephropathy and neuropathy are medically related to or caused by his Camp Lejeune exposures. However, I am noting these conditions were identified by the VBA as being in connection with Mr. Keller's purported Camp Lejeune exposures and would, thus presumably be included in any kind of offset calculation as constituting a disability award provided to Mr. Keller in connection with his purported Camp Lejeune exposures.
[40] Same as FN 39

were related to CKD with some payments related to both. Of note, the past medical expenses claimed by the plaintiff are billing charges while the government offsets are reimbursement payments.

Itemized Review of Claimed Medical Expenses:

Charge-level details are contained in full in the plaintiff's Appendix attached to the Report of Greg Russo (December 15, 2025).

In Summary:

1. Providence Sacred Heart Medical Center:
    a. The plaintiff claimed $101,303 in billed charges
    b. On office visit on 02/21/23 was identified as a gastroenterology visit related to duodenal ulcers and was unrelated to the claimed conditions ($657)
    c. The remaining $100,646 was found to be related to the claimed condition of CKD. No charges related to cardiomyopathy or lymphoma were identified.

2. Kadlec Regional MC:
    a. The plaintiff claimed $239,163 in billed charges, and the review confirmed that these were related to the claimed conditions
    b. A total of $88,176 of charges were related to the cardiomyopathy and $150,987 were related to CKD (with some charges related to both). No charges related to lymphoma were identified. A total of $239,163 were related to either cardiomyopathy or CKD

3. Rawling's Lien:
    a. The plaintiff claimed $62,192 in billed charges
    b. A hospitalization service on 04/30/2017 by internal medicine physician Dr. Feldman was related to an influenza pneumonia infection and not related to the claimed conditions (01501_KELLER_0000001483) ($477)
    c. A total of $62,192 were confirmed as total billed charges. Of this, $477 were found to be unrelated to the claimed conditions. The remaining $62,192 were found to be related to the claimed condition of CKD and $36,082 were related to cardiomyopathy (with some charges related to both). No charges were related to lymphoma. A total of $62,192 were related to either cardiomyopathy or CKD and a total of $477 of charges unrelated to the claimed conditions were identified

4. Providence St. Joseph's:
    a. In summary, the plaintiff claimed $1,880 in billed charges. On review, the total of $1,880 was confirmed and all related to the claimed condition of CKD. No charges related to cardiomyopathy or lymphoma were identified.

Plaintiff 17: Kidd, Robert (Case No. 7:23-CV-01489-D)

Classification of relationship between charges and claimed conditions:
The plaintiff's expert Dr. Hu opines that the exposure at Camp Lejeune was a cause of the plaintiff's Diffuse Large B-Cell Lymphoma (DLBCL) diagnosed in 2010. Assuming the conclusions from the plaintiff's expert are correct for purposes of my opinions, charges related to medical care that is directed towards the management, monitoring, and treatment of these claimed conditions are considered related. Charges related to other medical conditions are considered unrelated.

Summary of Damages:

The Plaintiff reported no medical expenses.

Government Offset Payments[41]

Assuming the conclusions from the plaintiff's expert Dr. Hu are correct for purposes of my opinions, the government provided the following offset payments toward the claimed conditions:

Payment Source	Reimbursed Payments ($) (with VHA total cost payments)	Reimbursed Payments ($) (with VHA direct cost payments)
CCN	15,353	15,353
VHA Outpatient	14,482	7,733
Total	**29,835**	**23,086**

Veterans Benefit Administration (VBA) Disability Diagnoses[42]

No VBA benefits were identified for this Plaintiff.

Overall Summary of Opinions Related to Mr. Kidd:
To summarize my opinions relating to Mr. Kidd, a review of the medical reports and other materials that were provided to me show that he reported no past medical expenses. Total offsets are were **$29,835** in reimbursement payments from CCN ($15,353) and VHA ($14,482) when accounting for total costs of payments for VHA. When accounting for only direct cost payments for VHA, the total offsets are **$23,086** from CCN ($15,353) and VHA ($7,733).

[41] CLJA_CCN_0000000005, CLJA_VHA_0000000006
[42] CLJA_VBA_0000000019

Appendix A

Government Offset Payment details - billing and payments data from CMS, VHA, CCN, and Tricare

Medicare Payments - Cagiano,

Bene Name	CAGIANO, MARK
Years (From Date)	(Multiple Items)

Row Labels	Sum of Reimbursed Amount	Related to Claimed Conditions? (Y/N)	Description	Payments Related to Claimed Conditions
BYRD III, PHILLIP B	**$65.63**			
2/7/2023	$65.63	Y	CT abdomen and pelvis + CXR surveillance - 00569_CAGIANO_WSU_0000000566 to 569 (Dr. Byrd radiology)	$ 65.63
CURRIN II, JOCEPHUS	**$46.90**			
4/4/2019	$46.90	Y	Anesthesia for Cystourethroscopy - 00569_CAGIANO_WSU_0000000282 to 284 (Dr. Currin anesthesia)	$ 46.90
DATTA, JAYDIP	**$172.01**			
4/8/2019	$89.45	Y	MRU (Abdomen and Pelvis) (Dr. Datta radiology, ordered by Dr. Msangi) - 00569_CAGIANO_WSU_0000000285 to 286	$ 89.45
1/26/2024	$82.56	N	MRI abdomen ordered by GI Dr. Garten for GI (Dr. Datta radiology) -	
DOBLER, J A	**$71.31**			
11/21/2019	$71.31	Y	Cystourethroscopy with right retrograde pyelogram (Dr. Msangi) - 00569_CAGIANO_WSU_0000000363 to 364, (anesthesia services by CRNA Dobler)	$ 71.31
ELIASON, ROBERT T	**$49.83**			
10/2/2018	$49.83	Y	Cystourethroscopy with Dr. Msangi - 00569_CAGIANO_WSU_0000000174 to 181 (CRNA Eliason)	$ 49.83
ERAJ, SALMAN	**$212.69**			
3/7/2024	$107.03	N	Office Visit with radioation oncology Dr. Eraj for prostate cancer, no UTUC	
1/30/2025	$105.66	N	Office Visit with radioation oncology Dr. Eraj for prostate cancer, no UTUC	
FALCONER, DWANNA V	**$46.22**			
3/28/2022	$46.22	Y	Outpatient oncology visit for UTUC and melanoma in situ. Labs - 00569_CAGIANO_0000000150 to 151	$ 46.22
GOLDIN, TERESA	**$200.86**			
11/21/2019	$31.37	Y	Pathology for Cystourethroscopy with right retrograde pyelogram (Dr. Msangi) - 00569_CAGIANO_WSU_0000000363 to 364 (Dr.Goldin pathology) - 00569_CAGIANO_WSU_0000000368	$ 31.37
3/3/2021	$22.64	Y	Urine cytology for UTUC - 00569_CAGIANO_0000001762	$ 22.64
3/7/2022	$22.40	Y	Urine cytology for UTUC - 00569_CAGIANO_0000001783	$ 22.40
3/28/2023	$124.45	N	Prostate biopsy pathology (00569_CAGIANO_0000000375)	
GRIGGS, KRISTIN I	**$90.00**			
3/21/2020	$90.00	N	Gastroenterology visit (Griggs GI PA)	
HERBST, JONATHON B	**$54.50**			
9/14/2018	$23.15	Y	Urine Cytology for UTUC - 00569_CAGIANO_0000001509	$ 23.15
10/2/2018	$31.35	Y	Cystourethroscopy Dr. Msangi - 00569_CAGIANO_WSU_0000000174 to 181, anesthesia services; Pathology Dr. Herbst - 00569_CAGIANO_WSU_0000000180	$ 31.35
HOLLAND, ASHLEY S	**$60.75**			
7/26/2024	$60.75	N	GI PA visit	
KIM, BURTON H	**$68.31**			
10/7/2019	$23.09	Y	Urine cytology for UTUC - 00569_CAGIANO_0000001762	$ 23.09
6/1/2020	$23.47	Y	Urine cytology for UTUC - 00569_CAGIANO_0000001708	$ 23.47
2/6/2023	$21.75	Y	Urine cytology for UTUC - 00569_CAGIANO_WSU_0000000562	$ 21.75
MERCURIUS, ALSON E	**$177.86**			
4/4/2019	$46.90	Y	Cystourethroscopy - 00569_CAGIANO_WSU_0000000282 to 284, anesthesia services Dr. Mercurius	$ 46.90
11/21/2019	$70.80	Y	Cystourethroscopy with right retrograde pyelogram (Dr. Msangi) - 00569_CAGIANO_WSU_0000000363 to 364, (anesthesia services by CRNA Dobler, Dr. Mercurius Anesthesia)	$ 70.80
2/2/2024	$60.16	N	anesthesia for transurethral prostate resection was performed by Dr. Rabbani but this was not indicated for the surveillance or management of bladder cancer. 00569_CAGIANO_0000003437 to 3444	
MSANGI, GASPAR	**$3,309.87**			
6/13/2018	$62.07	Y	Office visit for UTUC followup - 00569_CAGIANO_0000001484 to 1488	$ 62.07
9/14/2018	$88.64	Y	Urology Office Visit (Dr. Msangi) - UTUC - 00569_CAGIANO_0000001502 to 1506	$ 88.64
10/2/2018	$116.61	Y	Cystourethroscopy and office visit Dr. Msangi - 00569_CAGIANO_WSU_0000000174 to 181	$ 116.61
10/19/2018	$88.64	Y	Office visit urology - 00569_CAGIANO_0000001520 to 1524	$ 88.64
11/9/2018	$88.64	Y	Office visit urology - 00569_CAGIANO_0000001532 to 1535	$ 88.64
11/28/2018	$101.32	Y	Office visit urology - 00569_CAGIANO_0000001551 to 1565	$ 101.32
12/28/2018	$88.64	Y	Office visit urology - 00569_CAGIANO_0000001567 to 1570	$ 88.64
1/25/2019	$89.77	Y	Office visit urology - 00569_CAGIANO_0000001586 to 1590	$ 89.77
2/20/2019	$89.77	Y	Office visit urology - 00569_CAGIANO_0000001597 to 1600	$ 89.77
4/4/2019	$110.01	Y	Cystourethroscopy - 00569_CAGIANO_WSU_0000000282 to 284	$ 110.01
4/8/2019	$89.77	Y	Office visit urology - 00569_CAGIANO_0000001613 to 1617	$ 89.77
4/24/2019	$89.77	Y	Office visit urology - 00569_CAGIANO_0000001636 to 1640	$ 89.77
10/7/2019	$101.04	Y	Urine cytology for UTUC - 00569_CAGIANO_0000001762	$ 101.04
11/21/2019	$238.98	Y	Cystourethroscopy with right retrograde pyelogram (Dr. Msangi) - 00569_CAGIANO_WSU_0000000363 to 364, (anesthesia services by CRNA Dobler)	$ 238.98
12/9/2019	$89.77	Y	Office visit urology - 00569_CAGIANO_0000001685 to 1688	$ 89.77
6/1/2020	$89.73	Y	Office visit urology - 00569_CAGIANO_0000001700 to 1705	$ 89.73
6/17/2020	$68.35	Y	Cystoscopy with Dr. Msangi - 00569_CAGIANO_WSU_0000000415 to 417	$ 68.35
10/5/2020	$100.47	Y	Office visit urology - 00569_CAGIANO_0000001741 to 1745	$ 100.47
3/3/2021	$77.04	Y	Office visit urology - 00569_CAGIANO_0000001755 to 1760	$ 77.04
4/28/2021	$65.57	Y	Cystoscopy with Dr. Msangi - 00569_CAGIANO_WSU_0000000485 to 487	$ 65.57
3/7/2022	$107.00	Y	Office visit urology - 00569_CAGIANO_0000001777 to 1781	$ 107.00
3/23/2022	$206.43	Y	Cystourethroscopy with Dr. Msangi - 00569_CAGIANO_WSU_0000000518 to 520	$ 206.43
2/6/2023	$105.20	Y	Office visit urology - 00569_CAGIANO_0000001820 to 1825	$ 105.20
3/20/2023	$270.83	Y	Cystourethroscopy - 00569_CAGIANO_WSU_0000000583 to 586	$ 270.83

3/28/2023	$681.41	N	Prostate biopsy		
4/3/2023	$2.20	Y	Office visit urology - 00569_CAGIANO_0000001886 to 1890	$	2.20
5/10/2023	$2.20	Y	Office visit urology - 00569_CAGIANO_0000001915 to 1919	$	2.20
PATEL, JAY G	**$69.47**				
3/18/2021	$69.47	Y	CT surveillance for RCC - 00569_CAGIANO_WSU_0000000476 to 477	$	69.47
PATEL, MINAL	**$19.91**				
6/29/2020	$19.91	N	No notes - minute clinic (?CVS)		
PEARSON, DARION	**$174.03**				
3/28/2023	$174.03	N	Prostate biopsy		
QUINN, BRYAN D	**$272.23**				
4/8/2025	$169.59	Y	Nephrology Visit - 00569_CAGIANO_0000004456 to 4459	$	169.59
5/20/2025	$102.64	Y	Nephrology Visit (no notes), but consistent with followup with Dr. Quinn for renal disease	$	102.64
RABBANI, FARHANG	**$2,286.51**				
5/18/2023	$137.39	N	Urine Cytology for prostate		
6/23/2023	$122.64	N	Prostate Pathology		
6/29/2023	$108.56	N	Urology Office Visit (Rabhani) for prostate, no UTUC		
11/14/2023	$50.11	N	Urology visit for prostate cancer		
12/12/2023	$73.98	N	Urology Office Visit (Rabhani) for prostate, no UTUC		
2/2/2024	$118.40	N	This was a hospitalization for management of prostate cancer - a transurethral prostate resection was performed by Dr. Rabbani but this was not indicated for the surveillance or management of bladder cancer. 00569 CAGIANO 0000003437 to 3444		
3/7/2024	$129.15	Y	Cystourethroscopy - 00569_CAGIANO_CH_0000000023, 25-26	$	129.15
6/6/2024	$71.83	N	Urology Office Visit (Dr. Rabbani) and MRI of the prostate (Prostate not UTUC)		
12/3/2024	$71.83	N	Oncology MRI for Prostate Cancer (not UTUC) + Office Visit		
1/13/2025	$148.88	N	Prostate Biopsy for Prostate CA		
1/30/2025	$128.32	N	Urology visit for prostate cancer - 00569_CAGIANO_0000004385		
2/11/2025	$48.59	N	Urology visit for prostate cancer - 00569_CAGIANO_0000004353		
2/24/2025	$1,005.27	N	Radical prostatectomy surgery admission (Prostate, no UTUC)		
7/10/2025	$71.56	N	Urology visit for prostate cancer - 00569_CAGIANO_0000004467		
RESNICK, STUART B	**$8.76**				
6/11/2018	$8.76	Y	CXR for granuloma follow up (UTUC metastasis screen) - 00569_CAGIANO_WSU_0000000139 to 140	$	8.76
SOUTHEASTERN REGIONAL MEDICAL	**$23,276.98**				
5/5/2023	$22.45	N	EGD and Colonoscopy		
5/18/2023	$728.82	N	Urine Cytology for UTUC and labs for prostate - ordering visit 00569_CAGIANO_0000003410		
6/22/2023	$1,398.65	N	Prostate MRI (MRI Pelvis) + biopsy		
6/29/2023	$91.12	N	Labs for Urology Office Visit (Rabhani) for prostate, no UTUC		
12/12/2023	$91.12	N	Labs for Urology Office Visit (Rabhani) for prostate, no UTUC		
2/2/2024	$1,506.04	N	This was a hospitalization for management of prostate cancer - a transurethral prostate resection was performed by Dr. Rabbani but this was not indicated for the surveillance or management of bladder cancer. 00569_CAGIANO_0000003437 to 3444		
3/7/2024	$505.09	Y	Cystourethroscopy - 00569_CAGIANO_CH_0000000023, 25-26	$	505.09
6/6/2024	$743.00	N	Urology Office Visit (Dr. Rabbani) and MRI of the prostate (Prostate not UTUC)		
12/3/2024	$382.10	N	Oncology MRI for Prostate Cancer (not UTUC) + Office Visit		
12/16/2024	$3.11	N	UA and urine tests for prostate, no UTUC		
1/13/2025	$1,597.93	N	Prostate Biopsy for Prostate CA		
1/29/2025	$3,470.68	N	CT/PET scan for prostate CA (not UTUC)		
2/11/2025	$173.18	N	Cardiology vist		
2/24/2025	$11,940.53	N	Radical prostatectomy surgery admission (Prostate, no UTUC)		
3/5/2025	$300.87	N	ETC (urgent care) visit for hyperglycemia		
3/10/2025	$22.28	Y	Labs for CKD by nephrology, reference nephrology note 00569_CAGIANO_0000004456 to 4458	$	22.28
4/29/2025	$100.52	N	Urinalysis and culture for UTI		
5/6/2025	$94.57	N	Infection labs (Dr. Suji Matthew)		
5/14/2025	$2.20	N	No Records		
6/16/2025	$2.20	N	No Records		
7/10/2025	$100.52	N	Urology Office Visit (Dr. Rabbani) for prostate, no UTUC		
SUNDAY, LESLEY E	**$49.83**				
10/2/2018	$49.83	Y	Urology visit Dr. Msangi (same office as Dr. Sunday - 00569_CAGIANO_0000001563) - 00569_CAGIANO_WSU_0000000174 to 176	$	49.83
TAFT, JERMAINE F	**$79.44**				
7/2/2020	$79.44	Y	Urology office visit for UTI and UTUC followup - 00569_CAGIANO_0000001471 to 1472	$	79.44
VAZIRANI, RAJENDRA M	**$226.45**				
6/6/2024	$149.69	N	MRI for prostate not UTUC		
12/3/2024	$76.76	N	MRI for Prostate Cancer (not UTUC) + Office Visit		
WADEHRA, NAVIN P	**$176.76**				
1/31/2019	$98.44	N	No Notes		
4/7/2023	$78.32	Y	Outpatient oncology visit for UTUC and melanoma in situ. Labs. 00569_CAGIANO_0000000113 TO 117	$	78.32
WAHNSCHAFF, KURT L	**$146.48**				
1/13/2025	$146.48	N	Prostate Biopsy for Prostate (anesthesia)		
WELLSTAR COBB MEDICAL CENTER	**$112.10**				
2/3/2020	$20.90	Y	Oncology visit for UTUC and melanoma in situ. Labs. 00569_CAGIANO_0000000087 to 89	$	20.90
2/9/2021	$36.42	Y	Oncology visit for UTUC and melanoma in situ. Labs. 00569_CAGIANO_0000000113 to 116	$	36.42
3/28/2022	$18.33	Y	Oncology visit for UTUC and melanoma in situ. Labs. 00569_CAGIANO_0000000150 to 153	$	18.33
4/7/2023	$36.45	Y	Oncology visit for UTUC and melanoma in situ. Labs. 00569_CAGIANO_0000000179 to 184	$	36.45
WELLSTAR DOUGLAS MEDICAL CENTER	**$12,521.81**				
6/11/2018	$46.57	Y	Urology Labs ordered by Dr. Msangi / PA taft - 00569_CAGIANO_WSU_0000000137	$	46.57
9/14/2018	$33.52	Y	Urology Office Visit (Dr. Msangi) - UTUC - 00569_CAGIANO_0000001502 to 1506	$	33.52
10/2/2018	$1,271.51	Y	Cystourethroscopy and office visit Dr. Msangi - 00569_CAGIANO_WSU_0000000174 to 181	$	1,271.51
12/26/2018	$35.43	N	PSA lab (prostate)		
4/4/2019	$1,310.77	Y	Cystourethroscopy - 00569_CAGIANO_WSU_0000000282 to 284	$	1,310.77

4/8/2019	$785.64	Y	MRU (Abdomen and Pelvis) (Dr. Datta radiology, ordered by Dr. Msangi) - 00569_CAGIANO_WSU_0000000285 to 286	$ 785.64
4/24/2019	$8.79	Y	Labs for office visit urology - 00569_CAGIANO_0000001636 to 1640	$ 8.79
6/28/2019	$266.32	N	NM bone scan - but for bone arthritis not cancer	
8/24/2019	$442.71	N	ER/Hospital for Chest pain	
10/7/2019	$38.41	Y	Urology Office Visit (Dr. Msangi)	$ 38.41
11/21/2019	$2,205.16	Y	Cystourethroscopy with right retrograde pyelogram (Dr. Msangi) - 00569_CAGIANO_WSU_0000000363 to 364	$ 2,205.16
5/29/2020	$85.65	N	Doppler US (Cardiology)	
6/1/2020	$37.79	Y	Labs and urine cytology for UTUC - 00569_CAGIANO_0000001708, office order 00569_CAGIANO_0000001700 to 1705	$ 37.79
6/4/2020	$29.85	N	PSA lab (prostate)	
6/17/2020	$425.27	Y	Cystoscopy with Dr. Msangi - 00569_CAGIANO_WSU_0000000415 to 417	$ 425.27
6/19/2020	$24.80	N	Labs UA - UTI	
7/2/2020	$16.15	Y	Labs for UTI and UTUC followup - 00569_CAGIANO_0000001471 to 1472	$ 16.15
8/13/2020	$60.98	N	Labs for PCP visit general - no UTUC	
8/14/2020	$31.04	N	Labs for PCP visit general - no UTUC	
3/3/2021	$38.14	Y	Labs for urology (visit) - 00569_CAGIANO_0000001755 to 1760	$ 38.14
3/18/2021	$176.45	Y	CT surveillance for RCC - 00569_CAGIANO_WSU_0000000476 to 477	$ 176.45
4/23/2021	$100.00	Y	Pre cystoscopy labs forr cystoscopy on 4/28/21 - 00569_CAGIANO_WSU_0000000478	$ 100.00
4/28/2021	$440.69	Y	Cystoscopy with Dr. Msangi - 00569_CAGIANO_WSU_0000000485 to 487	$ 440.69
8/2/2021	$141.58	N	PCP routine labs, no UTUC	
10/21/2021	$239.93	N	PCP routine labs, no UTUC	
12/10/2021	$176.45	N	Carotid Doppler	
3/7/2022	$39.10	Y	Labs for urology visit - 00569_CAGIANO_0000001781	$ 39.10
6/22/2022	$135.26	N	PCP visit general - no UTUC	
2/6/2023	$64.23	Y	Urine studies for office visit urology - 00569_CAGIANO_0000001820 to 1825	$ 64.23
2/7/2023	$241.59	Y	CT abdomen and pelvis + CXR surveillance - 00569_CAGIANO_WSU_0000000566 to 569	$ 241.59
3/7/2023	$26.42	N	PSA lab (prostate)	
3/28/2023	$3,545.61	N	Prostate biopsy	
ZHANG, LIPING	**$144.54**			
2/2/2024	$125.07	N	Transurethral prostate resection Dr. Rabbani - no UTUC - 00569_CAGIANO_0000003437 to 3444	
3/7/2024	$19.47	Y	Cytology and labs for Cystourethroscopy - 00569_CAGIANO_CH_0000000023, 25-26 (Dr. Liping pathology)	$ 19.47
			Total Related Charges	**$ 11,940.64**

Tricare Institutional Payments - Cagiano, Mark

Provided Name	CAGIANO MARK
Type of Submission Description	(Multiple Items)
Years (Admission Date)	(Multiple Items)
Provider Individual Name	(All)

Row Labels	Sum of Amount Paid by Government
DOUGLAS HOSPITAL, INC.	12907.5
3/14/2018	12907.5

Related to Claimed Conditions? (Y/N)	Description	Payments Related to Claimed Conditions
Y	Hospitalization at Douglas (Wellstar) for robotic assisted laparoscopic radical nephroureterectomy - 00569_CAGIANO_VBA_0000002389 to 2392	$ 12,907.50
	Total Related Charges	**$ 12,907.50**

Tricare Non-Institutional - Cagiano, Mark

Provided Name	CAGIANO MARK
Years (Begin Date of Care)	(Multiple Items)
Amount Paid by Government (Procedure)	(Multiple Items)

Row Labels	Sum of Amount Paid by Government (Procedure)	Related to Claimed Conditions? (Y/N)	Description	Payments Related to Claimed Conditions
	2950.48			
3/12/2018	7.96	Y	Hospitalization at Douglas (Wellstar) for robotic assisted laparoscopic radical nephroureterectomy (3/13/18-3/16/18) - 00569_CAGIANO_VBA_0000002389 to 2392, HPI on 3/12/18 00569_CAGIANQ_WSU_0000000085 - EKG service	$ 7.96
3/13/2018	1215.24	Y	Hospitalization at Douglas (Wellstar) for robotic assisted laparoscopic radical nephroureterectomy (3/13/18-3/16/18) - - 00569_CAGIANO_VBA_0000002389 to 2392 (urology followup)	$ 1,215.24
3/14/2018	83.43	Y	Hospitalization at Douglas (Wellstar) for robotic assisted laparoscopic radical nephroureterectomy (3/13/18-3/16/18) - - 00569_CAGIANO_VBA_0000002389 to 2392 (internal medicine followup)	$ 83.43
3/15/2018	83.43	Y	Hospitalization at Douglas (Wellstar) for robotic assisted laparoscopic radical nephroureterectomy (3/13/18-3/16/18) - - 00569_CAGIANO_VBA_0000002389 to 2392 (internal medicine followup)	$ 83.43
3/16/2018	133.17	Y	Hospitalization at Douglas (Wellstar) for robotic assisted laparoscopic radical nephroureterectomy (3/13/18-3/16/18) - - 00569_CAGIANO_VBA_0000002389 to 2392 (internal medicine followup)	$ 133.17
3/21/2018	31.4	Y	Urology office visit after nephroureterectomy, bladder irrigation - 00569_CAGIANC)_WSU_0000000120 to 124	$ 31.40
6/13/2018	14.85	Y	Office visit for UTUC followup - 00569_CAGIANO_0000001484 to 1488	$ 14.85
9/10/2018	37.93	N	No Records (Diagnostic laryngoscopy)	
9/14/2018	27.82	Y	Urology Office Visit (Dr. Msangi) and cytopathology payment - UTUC - 00569_CAGIANO_0000001502 to 1506, 00569_CAGIANO_WSU_0000000167	$ 27.82
10/2/2018	37.75	Y	Cystourethroscopy and office visit Dr. Msangi - 00569_CAGIANO_WSU_0000000174 to 181	$ 37.75
10/19/2018	21.92	Y	Office visit urology - 00569_CAGIANO_0000001520 to 1524	$ 21.92
11/9/2018	21.92	Y	Office visit urology - 00569_CAGIANO_0000001532 to 1535	$ 21.92
11/28/2018	25.16	Y	Office visit urology - 00569_CAGIANO_0000001551 to 1565	$ 25.16
12/28/2018	21.92	Y	Office visit urology - 00569_CAGIANO_0000001567 to 1570	$ 21.92
1/14/2019	186.98	N	Diagnostic laryngoscopy	
1/25/2019	22.09	Y	Office visit urology - 00569_CAGIANO_0000001586 to 1590	$ 22.09
2/18/2019	7.79	N	Audiology	
2/20/2019	22.09	Y	Office visit urology - 00569_CAGIANO_0000001597 to 1600	$ 22.09
4/4/2019	27.82	Y	Cystourethroscopy - 00569_CAGIANO_WSU_0000000282 to 284	$ 27.82
4/8/2019	22.09	Y	Office visit urology - 00569_CAGIANO_0000001613 to 1617	$ 22.09
4/24/2019	22.09	Y	Office visit urology - 00569_CAGIANO_0000001636 to 1640	$ 22.09
8/24/2019	1.73	N	ER/Hospital for Chest pain - EKG test	
10/7/2019	30.52	Y	Urine cytology for UTUC - 00569_CAGIANO_0000001762	$ 30.52
11/21/2019	68.37	Y	Cystourethroscopy with right retrograde pyelogram (Dr. Msangi) - 00569_CAGIANO_WSU_0000000363 to 364, (aneshesia services by CRNA Dobler)	$ 68.37
12/9/2019	22.09	Y	Office visit urology - 00569_CAGIANO_0000001685 to 1688	$ 22.09
2/3/2020	44.45	Y	Oncology visit for UTUC and melanoma in situ + Labs. 00569_CAGIANO_0000000087 to 89	$ 44.45
6/1/2020	27.83	Y	Urine cytology for UTUC - 00569_CAGIANO_0000001708	$ 27.83
6/17/2020	16.8	Y	Cystoscopy with Dr. Msangi - 00569_CAGIANO_WSU_0000000415 to 417	$ 16.80
7/2/2020	18.75	Y	Urology office visit for UTI and UTUC followup - 00569_CAGIANO_0000001471 to 1472	$ 18.75
10/5/2020	24.15	Y	Office visit urology - 00569_CAGIANO_0000001741 to 1745	$ 24.15
2/9/2021	57.52	Y	Oncology visit for UTUC and melanoma in situ. Labs. 00569_CAGIANO_0000000113 to 116	$ 57.52
3/3/2021	23.98	Y	Urine cytology for UTUC - 00569_CAGIANO_0000001762	$ 23.98
4/28/2021	16.14	Y	Cystoscopy with Dr. Msangi - 00569_CAGIANO_WSU_0000000485 to 487	$ 16.14
10/21/2021	3.68	N	PCP routine labs, no UTUC, and SPEP test	
12/10/2021	7.77	N	Carotid Doppler	
3/7/2022	31.38	Y	Urine cytology for UTUC - 00569_CAGIANO_0000001783	$ 31.38
3/23/2022	50.39	Y	Cystourethroscopy with Dr. Msangi - 00569_CAGIANO_WSU_0000000518 to 520	$ 50.39
3/28/2022	11.41	Y	Outpatient oncology visit for UTUC and melanoma in situ. Labs - 00569_CAGIANO_0000000150 to 151	$ 11.41
2/6/2023	31.1	Y	Office visit with Dr.Msangi urology - 00569_CAGIANO_WSU_0000000536 to 540	$ 31.10
3/20/2023	66.97	Y	Cystourethroscopy - 00569_CAGIANQ_WSU_0000000583 to 586	$ 66.97
3/28/2023	245.29	N	Prostate biopsy pathology (00569_CAGIANO_0000000375)	
4/6/2023	36.27	N	Referral to Dr. Shukla (Rad onc) but no notes	
4/7/2023	19.52	Y	Outpatient oncology visit for UTUC and melanoma in situ. Labs. 00569_CAGIANO_0000000113 to 117	$ 19.52
5/12/2023	19.52	N	Opthalmology	
AMERICAN HEALTH IMAGING OF GEORGIA LLC	58.77			
1/20/2023	58.77	N	Imaging - shoulder	
ARBOR PLACE FAMILY MEDICINE	486.42			
3/22/2018	251.89	Y	PCP follow up - HPI indicates post nephrectomy is the visit reason - 00569_CAGIANO_0000003245 to 3248	$ 251.89
7/26/2018	14.41	N	PCP mouth pain	
8/13/2020	22.06	N	Labs for PCP visit general - no UTUC	
8/2/2021	26.12	N	PCP routine labs, no UTUC	
9/29/2021	7.45	N	PCP Visit - routine care	
11/24/2021	26.12	N	PCP routine visit	
2/24/2022	25.85	N	Derm Visit	
6/22/2022	25.85	N	PCP visit general - no UTUC	
8/3/2022	28.74	N	PCP Visit - routine care	
9/14/2022	25.37	N	PCP Visit - routine care	
3/12/2024	6.85	N	PCP Visit - routine care	
10/9/2024	25.71	N	No Notes	
ASSOCIATED PATHOLOGISTS, LLC	132.03			
3/27/2018	70.11	N	No records	
10/9/2018	27.51	N	No Note - Pathology	
4/23/2019	34.41	N	No records - likely dermatology pathology	
COBB HOSPITAL, INC	18.4			
2/9/2021	9.1	Y	Oncology visit for UTUC and melanoma in situ. Labs. 00569_CAGIANO_0000000113 to 116	$ 9.10
4/7/2023	9.3	Y	Outpatient oncology visit for UTUC and melanoma in situ. Labs. 00569_CAGIANO_0000000113 TO 117	$ 9.30
CTCA PHYSICIANS GROUP OF GEORGIA, LLC.	517.12			
5/4/2023	13.66	N	Prostate cancer telehealth visit	
5/16/2023	16.02	N	Pathology, prostate	

5/18/2023	66.12	N	Urine Cytology for prostate		
5/19/2023	39.75	N	Urine cytology prostate		
5/26/2023	25.83	N	Leu openia w/ prostate visit		
6/22/2023	20.38	N	Prostate MRI (MRI Pelvis) + biopsy		
6/23/2023	31.29	N	Prostate Pathology		
6/29/2023	46.57	N	Urology Office Visit (Rabhani) for prostate, no UTUC		
11/14/2023	12.78	N	Urology visit for prostate cancer		
12/12/2023	18.87	N	Urology Office Visit (Rabhani) for prostate, no UTUC		
2/2/2024	63.42	N	Transurethral prostate resection was performed by Dr. Rabbani but this was not indicated for the surveillance or management of bladder cancer. 00569_CAGIANO_0000003437 to 3444		
3/7/2024	66.01	Y	Cytology and labs for Cystourethroscopy - 00569_CAGIANO_CH_0000000023, 25-26	$	66.01
6/6/2024	57.71	N	Urology Office Visit (Dr. Rabbani) and MRI of the prostate (Prostate not UTUC)		
12/3/2024	38.71	N	Oncology MRI for Prostate Cancer (not UTUC) + Office Visit		
DOUGLAS HOSPITAL, INC.	**7341.76**				
1/2/2018	149.03	Y	Ct abd pelvis w/o contrast - referenced in 00569_CAGIANO_VBA_0000001186	$	149.03
1/30/2018	983.87	Y	MRU (Abdomen and Pelvis) - 00569_CAGIANO_WSU_0000000010 to 13	$	983.87
2/2/2018	52.23	Y	Urology Visit labs for CBC/BMP - 00569_CAGIANO_WSU_0000000020	$	52.23
2/6/2018	2835.68	Y	cystourethroscopy procedure for diagnosis of UTUC - 00569_CAGIANO_WSU_0000000043 to 50	$	2,835.68
3/12/2018	100.46	Y	Hospitalization at Douglas (Wellstar) for robotic assisted laparoscopic radical nephroureterectomy (3/13/18-3/16/18) - 00569_CAGIANO_VBA_0000002389 to 2392, HPI on 3/12/18 00569_CAGIANQ_WSU_0000000085 - blood typing service	$	100.46
3/20/2018	241.73	Y	Cystogram (bladder ray with contrast) - 00569 CAGIANO_VBA_0000002387	$	241.73
6/11/2018	11.89	Y	CXR for granuloma follow up (UTUC metastasis screen) - 00569_CAGIANO_WSU_0000000139 to 140	$	11.89
9/14/2018	8.55	Y	Urine Cytology for UTUC - 00569_CAGIANO_0000001509	$	8.55
10/2/2018	324.36	Y	Cystourethroscopy and office visit Dr. Msangi - 00569_CAGIANO_WSU_0000000174 to 181	$	324.36
4/4/2019	334.38	Y	Cystourethroscopy - 00569_CAGIANO_WSU_0000000282 to 284	$	334.38
4/8/2019	200.43	Y	MRU (Abdomen and Pelvis) (Dr. Datta radiology, ordered by Dr. Msangi) - 00569_CAGIANO_WSU_0000000285 to 286	$	200.43
6/28/2019	67.94	N	NM bone scan - but for bone arthritis not cancer		
8/24/2019	112.93	N	ER/Hospital for Chest pain		
10/7/2019	9.8	Y	Cytopath cell enhance tech (urine cytology) - 00569_CAGIANO_WSU_0000000346	$	9.80
11/21/2019	562.55	Y	Cystourethroscopy with right retrograde pyelogram (Dr. Msangi) - 00569_CAGIANO_WSU_0000000363 to 364, (aneshesia services by CRNA Dobler)	$	562.55
5/29/2020	21.41	N	Doppler US (Cardiology)		
6/1/2020	9.46	Y	Urine cytology for UTUC - 00569_CAGIANO_0000001708	$	9.46
6/17/2020	106.32	Y	Cystoscopy with Dr. Msangi - 00569_CAGIANO_WSU_0000000415 to 417	$	106.32
8/13/2020	15.25	N	PCP visit general with CXR - no UTUC		
3/3/2021	9.55	Y	Urine cytology for UTUC - 00569_CAGIANO_0000001762	$	9.55
3/18/2021	44.11	Y	CT surveillance for RCC - 00569_CAGIANO_WSU_0000000476 to 477	$	44.11
4/28/2021	110.18	Y	Cystoscopy with Dr. Msangi - 00569_CAGIANO_WSU_0000000485 to 487	$	110.18
12/10/2021	44.11	N	Carotid Doppler		
3/7/2022	9.78	Y	Urine cytology for UTUC - 00569_CAGIANO_0000001783	$	9.78
2/6/2023	9.64	Y	Urine cytology for UTUC - 00569_CAGIANO_WSU_0000000564	$	9.64
2/7/2023	61.63	Y	CT abdomen and pelvis + CXR surveillance - 00569_CAGIANO_WSU_0000000566 to 569	$	61.63
3/28/2023	904.49	N	Prostate biopsy + pathology (00569_CAGIANO_0000000375)		
GEORGIA ANESTHESIOLOGISTS, P.C.	**556.77**				
2/6/2018	162.5	Y	cystourethroscopy procedure for diagnosis of UTUC - 00569_CAGIANQ_WSU_0000000043 to 50, anesthesia service	$	162.50
3/13/2018	232.39	Y	Hospitalization at Douglas (Wellstar) for robotic assisted laparoscopic radical nephroureterectomy (3/13/18-3/16/18) - - 00569_CAGIANO_VBA_0000002389 to 2392 (anesthesia services)	$	232.39
10/2/2018	25.42	Y	Cystourethroscopy and office visit Dr. Msangi - 00569_CAGIANO_WSU_0000000174 to 181, anesthesia services	$	25.42
4/4/2019	23.72	Y	Cystourethroscopy - 00569_CAGIANO_WSU_0000000282 to 284, anesthesia services	$	23.72
11/21/2019	35.8	Y	Cystourethroscopy with right retrograde pyelogram (Dr. Msangi) - 00569_CAGIANO_WSU_0000000363 to 364, (aneshesia services by CRNA Dobler)	$	35.80
8/19/2020	76.94	N	Shoulder Surgery		
GEORGIA PROTONCARE CENTER, INC.	**44.19**				
4/21/2023	44.19	N	Radiation oncology consult - Prostate		
INDEPENDENT CLINICAL LABORATORIES INC	**172.18**				
12/4/2018	27.42	N	No Records (only pathology for SCC)		
12/19/2018	13.71	N	Nec SCC path		
1/9/2019	13.73	N	Nec SCC path		
2/25/2020	27.76	N	Dermatology visit		
7/1/2021	34.11	N	Derm Path		
11/9/2021	27.64	N	Derm Path		
12/5/2022	27.81	N	Derm Path		
INFORM DIAGNOSTICS, INC	**42.57**				
7/31/2019	14.19	N	Dermatology visit		
11/6/2019	28.38	N	No notes, inform diagnostics		
LABORATORY CORPORATION OF AMERICA HOLDINGS	**42.34**				
1/2/2018	42.34	Y	Urine cytology ordered in office - 00569_CAGIANO_0000001393	$	42.34
NORTHWEST GEORGIA ONCOLOGY CENTERS, PC	**123.75**				
1/25/2018	40.83	N	No records		
3/30/2018	60.83	N	No records		
1/31/2019	22.09	N	No records		
PAULDING MEDICAL CENTER, INC.	**234.39**				
6/5/2018	44.45	N	prostate testing - MRI abdomen		
4/6/2023	23.26	N	Audiologist		
4/17/2023	70.87	N	Prostate MRI (MRI Pelvis)		
5/12/2023	23.26	N	Opthalmology		
1/26/2024	72.55	N	MRI abdomen ordered by GI Dr. Garten for GI		
QUANTUM RADIOLOGY, PC	**488.68**				
1/2/2018	80.5	Y	Ct abd pelvis w/o contrast - referenced in 00569_CAGIANO_VBA_0000001186	$	80.50
1/30/2018	208.84	Y	MRU (Abdomen and Pelvis) - 00569_CAGIANO_WSU_0000000010 to 13	$	208.84
3/14/2018	44.16	Y	Hospitalization at Douglas (Wellstar) for robotic assisted laparoscopic radical nephroureterectomy (3/13/18-3/16/18) - 00569_CAGIANO_VBA_0000002389 to 2392 -- ray chest and US abdomen - 00569 CAGIANO_VBA_0000004235, reference to ray 00569_CAGIANQ_WSU_0000000095	$	44.16
3/20/2018	22.72	Y	Cystogram - 00569 CAGIANO_VBA_0000002387	$	22.72

6/5/2018	15.01	N	prostate testing (MRI)		
6/11/2018	2.24	Y	CXR for granuloma follow up (UTUC metastasis screen) - 00569_CAGIANO_WSU_0000000139 to 140	$	2.24
4/8/2019	22.63	Y	MRU (Abdomen and Pelvis) (Dr. Datta radiology, ordered by Dr. Msangi) - 00569_CAGIANO_WSU_0000000285 to 286	$	22.63
6/28/2019	6.36	N	NM bone scan - but for bone arthritis not cancer		
8/24/2019	2.24	N	ER/Hospital for Chest pain		
5/29/2020	4.54	N	Doppler US (Cardiology)		
8/13/2020	2.24	N	PCP visit general - no UTUC		
3/18/2021	17.1	Y	CT surveillance for RCC - 00569_CAGIANO_WSU_0000000476 to 477	$	17.10
2/7/2023	18.84	Y	CT abdomen and pelvis + CXR surveillance - 00569_CAGIANO_WSU_0000000566 to 569	$	18.84
4/17/2023	21.01	N	Prostate MRI (MRI Pelvis)		
1/26/2024	20.25	N	MRI abdomen ordered by GI Dr. Garten for GI		
SOUTHEASTERN REGIONAL MEDICAL CENTER, INC.	**1395.07**				
5/5/2023	5.73	N	Telehealth facility fee (for EGD/GI)		
5/18/2023	23.26	N	Prostate visit - Hospital outpt clinic visit		
5/19/2023	162.69	N	Prostate MRI (MRI Pelvis)		
6/23/2023	356.8	N	Prostate Biopsy		
6/29/2023	23.26	N	Urology Office Visit (Rabhani) for prostate, no UTUC		
12/12/2023	23.26	N	Urology Office Visit (Rabhani) for prostate, no UTUC		
2/2/2024	384.2	N	Transurethral prostate resection (not UTUC) - 00569_CAGIANO_0000003437 to 3444		
3/7/2024	128.86	Y	Cytology and labs for Cystourethroscopy - 00569_CAGIANO_CH_0000000023, 25-26	$	128.86
6/6/2024	189.53	N	Urology Office Visit (Dr. Rabbani) and MRI of the prostate (Prostate not UTUC)		
12/3/2024	97.48	N	Oncology MRI for Prostate Cancer (not UTUC) + Office Visit		
WELLSTAR MEDICAL GROUP, LLC	**615.22**				
2/2/2018	68.72	Y	Office visit urology + urinalysis - 00569_CAGIANO_0000001411 to 1415	$	68.72
2/6/2018	510.66	Y	cystourethroscopy procedure for diagnosis of UTUC - 00569_CAGIANQ_WSU_0000000043 to 50, anesthesia service	$	510.66
2/12/2018	35.84	Y	Office visit urology + urinalysis - 00569_CAGIANO_0000001439 to 1444	$	35.84
			Total Related Charges	**$**	**10,598.73**

CMS Payments - Carter, Ronald Lee

Bene Name	CARTER, RONALD L
Years (From Date)	(All)

Row Labels	Sum of Reimbursed Amount	Related to Claimed Conditions? (Y/N)	Description	Payments Related to Claimed Conditions
ARMSTRONG, LINDA	**$139.07**			
3/19/2022	$139.07	Y	Hospitalization 3/16/2022 - 3/24/2022 for acute stroke (embolic) from recurrent lymphoma vs intravascular lymphoma - 01565_CARTER_CE_0000004432 to 4462	$ 139.07
BAGGETT, REBECCA	**$249.02**			
8/3/2021	$6.98	N	Hospital visit for hand injury/cut - 8/3/21 - same day discharge - 01565_CARTER_0000006573	
3/16/2022	$164.87	Y	Hospitalization 3/16/2022 - 3/24/2022 for acute stroke (embolic) from recurrent lymphoma vs intravascular lymphoma - 01565_CARTER_CE_0000004432 to 4462	$ 164.87
3/17/2022	$77.17	Y	Hospitalization 3/16/2022 - 3/24/2022 for acute stroke (embolic) from recurrent lymphoma vs intravascular lymphoma - 01565_CARTER_CE_0000004432 to 4462	$ 77.17
BECKETT, THOMAS J	**$162.08**			
3/20/2022	$81.04	Y	Hospitalization 3/16/2022 - 3/24/2022 for acute stroke (embolic) from recurrent lymphoma vs intravascular lymphoma - 01565_CARTER_CE_0000004432 to 4462	$ 81.04
3/21/2022	$81.04	Y	Hospitalization 3/16/2022 - 3/24/2022 for acute stroke (embolic) from recurrent lymphoma vs intravascular lymphoma - 01565_CARTER_CE_0000004432 to 4462	$ 81.04
BLEAU, TRACEY A	**$184.04**			
3/22/2022	$67.66	Y	Hospitalization 3/16/2022 - 3/24/2022 for acute stroke (embolic) from recurrent lymphoma vs intravascular lymphoma - 01565_CARTER_CE_0000004432 to 4462	$ 67.66
3/23/2022	$47.08	Y	Hospitalization 3/16/2022 - 3/24/2022 for acute stroke (embolic) from recurrent lymphoma vs intravascular lymphoma - 01565_CARTER_CE_0000004432 to 4462	$ 47.08
3/24/2022	$69.30	Y	Hospitalization 3/16/2022 - 3/24/2022 for acute stroke (embolic) from recurrent lymphoma vs intravascular lymphoma - 01565_CARTER_CE_0000004432 to 4462	$ 69.30
BUFF, SAMUEL J	**$39.85**			
12/23/2016	$39.85	Y	CT chest for lymphoma from Dr. Taylor - 01565_CARTER_0000006378, 01565_CARTER_CCHC_0000001134	$ 39.85
CAROLINA EAST MEDICAL CENTER	**$16,104.19**			
5/25/2014	$429.99	N	Admission for viral upper respiratory infection - 5/25/14 same day discharge	
10/3/2014	$1,042.82	Y	PET scan for cancer followup - 01565_CARTER_0000003046	$ 1,042.82
10/13/2015	$946.63	Y	PET scan for cancer followup - 01565_CARTER_CE_ 0000003822	$ 946.63
8/3/2021	$185.26	N	Hospital visit for hand injury/cut - 8/3/21 - same day discharge - 01565_CARTER_0000006573	
3/16/2022	$13,499.49	Y	Hospitalization 3/16/2022 - 3/24/2022 for acute stroke (embolic) from recurrent lymphoma vs intravascular lymphoma - 01565_CARTER_CE_ 0000004443	$ 13,499.49
COASTAL MEDICAL TRANSPORT	**$433.11**			
3/24/2022	$433.11	Y	Hospitalization 3/16/2022 - 3/24/2022 for acute stroke (embolic) from recurrent lymphoma vs intravascular lymphoma, Transition to Hospice - 01565_CARTER_CE_ 0000004443	$ 433.11
COMMUNITY HOSPICE LLC	**$8,523.80**			
3/24/2022	$1,412.42	Y	Hospitalization 3/16/2022 - 3/24/2022 for acute stroke (embolic) from recurrent lymphoma vs intravascular lymphoma, Transition to Hospice - 01565_CARTER_CE_ 0000004443	$ 1,412.42
4/1/2022	$5,243.59	Y	Hospice care for lymphoma related stroke (end of life) - 01565_CARTER_0000001574 to 01565_CARTER_0000002113	$ 5,243.59
5/1/2022	$1,867.79	Y	Hospice care for lymphoma related stroke (end of life) - 01565_CARTER_0000001574 to 01565_CARTER_0000002113	$ 1,867.79
DAVIS, MICHAEL L	**$2,296.99**			
10/14/2013	$93.51	Y	PCP Visit - Hypotension during chemotherapy, med adjustment - 01565_CARTER_0000005912	$ 93.51
10/16/2013	$31.96	N	Routine labs, no records	
2/4/2014	$93.46	N	PCP Visit - Followup focused on coronary disease and NSTEMI, minimal mention of lymphoma (no change in plan) - this is not related to the claimed condition - 01565_CARTER_0000005911	
3/19/2014	$105.03	N	Routine PCP visit - 01565_CARTER_0000005910	
5/6/2014	$138.01	N	Routine PCP visit - 01565_CARTER_0000005909	
6/10/2014	$80.97	N	Routine PCP visit - 01565_CARTER_0000007701	
8/5/2014	$93.46	Y	PCP Visit - Visit with renal insufficiency, creainine rise to 1.8 - 01565_CARTER_0000005906	$ 93.46
8/21/2014	$80.97	Y	PCP Visit - Follow up, lymphoma and CKD - 01565_CARTER_0000005904	$ 80.97
9/9/2014	$2.94	N	Routine labs, no records	
12/3/2014	$114.57	N	Routine labs, no records	
2/10/2015	$130.79	N	Routine PCP visit - 01565_CARTER_0000005901	
3/30/2015	$136.60	N	PCP Visit - Cough and URI	
6/11/2015	$114.96	Y	PCP Visit - Lymphoma focus - 01565_CARTER_0000005892 to 5895	$ 114.96
8/4/2015	$81.89	Y	PCP Visit - Follow up, lymphoma and CAD - 01565_CARTER_0000005888	$ 81.89
9/29/2015	$149.31	N	Routine PCP visit -	
10/19/2015	$327.67	N	Routine labs, no records	
12/15/2015	$156.49	N	PCP Visit - Visit for upper respiratory infection, treated with azithromycin, diagnosed with pneumonia, lympohoma was in remission and not related to lymphoma - 01565_CARTER_0000005878	
12/17/2015	$125.95	N	PCP Visit - Visit for upper respiratory infection, treated with azithromycin, diagnosed with pneumonia, lympohoma was in remission and not related to lymphoma - 01565_CARTER_0000005874 to 5877	
12/21/2015	$81.89	N	PCP Visit - Visit for upper respiratory infection, treated with azithromycin, diagnosed with pneumonia, lympohoma was in remission and not related to lymphoma - 01565_CARTER_0000005869	
4/25/2016	$156.56	N	Routine PCP visit - 01565_CARTER_0000005864	

ERWIN, EDWARD	**$154.03**				
3/16/2022	$154.03	Y	Hospitalization 3/16/2022 - 3/24/2022 for acute stro e (embolic) from recurrent lymphoma vs intravascular lymphoma - 01565_CARTER_CE_ 0000004443	$	154.03
ESSENMACHER, AMBER N	**$71.94**				
2/20/2014	$71.94	Y	Post transplant labs - 01565_CARTER_CCHC_0000002458 - 2465	$	71.94
FLYE, C	**$504.18**				
12/15/2015	$12.27	N	Radiology for CXR (Dr. Flye Radiology) - PCP Visit - Visit for upper respiratory infection, treated with azithromycin, diagnosed with pneumonia, lympohoma was in remission and not related to lymphoma - 01565_CARTER_0000005878		
12/21/2015	$20.78	N	Radiology for CXR (Dr. Flye Radiology) - PCP Visit - Visit for upper respiratory infection, treated with azithromycin, diagnosed with pneumonia, lympohoma was in remission and not related to lymphoma - 01565_CARTER_0000005877		
12/23/2016	$81.93	Y	Radiology (Dr. Flye Radiology) - CT chest for lymphoma from Dr. Taylor - 01565_CARTER_0000006378, 01565_CARTER_CCHC_ 0000001134	$	81.93
9/11/2017	$12.52	N	Routine PCP visit - 01565_CARTER_0000005847		
11/23/2018	$14.39	N	Radiology (Dr. Flye Radiology) for CXR - Routine PCP visit - 01565_CARTER_0000005826		
1/4/2019	$138.33	N	Radiology (Dr. Flye Radiology) - MRI brain for memory loss - 01565_CARTER_CCHC_ 0000000370		
6/13/2019	$72.29	N	Radiology (Dr. Flye Radiology) - CT ma illofacial - 01565_CARTER_CCHC_ 0000000234		
12/4/2019	$15.47	N	Radiology (Dr. Flye Radiology) - CXR plan for cough		
1/5/2020	$8.55	N	Radiology (Dr. Flye Radiology) - CXR - Urgent Care, body aches and flu li e symptoms - 01565_CARTER_CCHC_ 0000001284		
12/16/2020	$16.33	N	Radiology (Dr. Flye Radiology) - CXR - asbestos e posure followup - 01565_CARTER_CCHC_ 0000000041		
12/2/2021	$25.77	N	Radiology (Dr. Flye Radiology) - CXR - asbestos e posure followup - 01565_CARTER_0000006172		
3/12/2022	$85.55	N	Radiology MRI brain - Urgent Care, vertigo - 01565_CARTER_CCHC_ 0000001214		
FRENCH, KEVIN M	**$2,650.54**				
3/22/2014	$111.59	N	Routine labs, no records		
8/26/2016	$376.96	N	Routine PCP visit - 01565_CARTER_0000005867		
10/25/2016	$49.72	N	Routine labs, no records		
3/2/2017	$160.43	N	Routine PCP visit - 01565_CARTER_0000005854		
3/16/2017	$9.12	N	Routine labs, no records		
5/11/2017	$55.45	N	Routine PCP visit - 01565_CARTER_0000005849		
9/11/2017	$208.64	N	Routine PCP visit - 01565_CARTER_0000005847		
1/11/2018	$49.70	N	Routine PCP visit - 01565_CARTER_0000005838		
3/13/2018	$210.77	N	Routine PCP visit - 01565_CARTER_0000005832		
5/14/2018	$41.32	N	PCP Visit - Upper respiratory infection, cough, no relation to lymphoma (in remission) - 01565_CARTER_CCHC_ 0000001338		
11/23/2018	$145.71	N	Routine PCP visit - 01565_CARTER_0000005826		
12/7/2018	$41.51	N	Routine labs, no records		
1/4/2019	$29.59	N	MRI brain for memory loss - 01565_CARTER_CCHC_ 0000000370		
10/10/2019	$285.18	N	Routine PCP visit - 01565_CARTER_0000005821		
12/4/2019	$141.83	Y	PCP Visit - Comprehensive visit - plan for follow up for lymphoma with CBC	$	141.83
6/10/2020	$103.88	Y	PCP Visit - Follow up visit, no major change but lymphoma "assessed" - 01565_CARTER_0000005809	$	103.88
12/16/2020	$268.50	Y	PCP Visit - Follow up visit - lymphoma in remission but follow up for CKD as related	$	268.50
5/28/2021	$122.16	N	Routine PCP visit - 01565_CARTER_0000005796		
12/2/2021	$154.86	Y	PCP Visit - Follow up visit - lymphoma in remission but follow up for CKD as related - 01565_CARTER_0000005788	$	154.86
3/14/2022	$83.62	Y	PCP Visit - Parotid fine needle aspiraton and referral to ENT later found with recurrence of lymphoma - 01565_CARTER_MEDRECS_0000000272	$	83.62
GORMAN JR., RICHARD F	**$80.27**				
3/19/2022	$80.27	Y	Hospitalization 3/16/2022 - 3/24/2022 for acute stro e (embolic) from recurrent lymphoma vs intravascular lymphoma - 01565_CARTER_CE_ 0000004443	$	80.27
KHIATANI, VISHAL	**$189.75**				
10/3/2014	$94.24	Y	PET scan for cancer followup - 01565_CARTER_0000003046	$	94.24
10/13/2015	$95.51	Y	PET scan for cancer followup - 01565_CARTER_CE_ 0000003822	$	95.51
KOONTZ JR., STANLEY E	**$212.95**				
3/16/2022	$212.95	Y	Hospitalization 3/16/2022 - 3/24/2022 for acute stro e (embolic) from recurrent lymphoma vs intravascular lymphoma - 01565_CARTER_CE_ 0000004443	$	212.95
LE, TRAM N	**$159.22**				
3/17/2022	$79.61	Y	Hospitalization 3/16/2022 - 3/24/2022 for acute stro e (embolic) from recurrent lymphoma vs intravascular lymphoma - 01565_CARTER_CE_ 0000004443	$	79.61
3/18/2022	$79.61	Y	Hospitalization 3/16/2022 - 3/24/2022 for acute stro e (embolic) from recurrent lymphoma vs intravascular lymphoma - 01565_CARTER_CE_ 0000004443	$	79.61
MCCARTNEY, WILLIAM H	**$55.58**				
10/3/2013	$55.58	Y	PET scan and labs - 01565 CARTER UNC 0000000558	$	55.58
OH, EUGENE	**$7.06**				
3/19/2022	$7.06	Y	Hospitalization 3/16/2022 - 3/24/2022 for acute stro e (embolic) from recurrent lymphoma vs intravascular lymphoma - 01565_CARTER_CE_ 0000004443	$	7.06
RANKER, JILLIAN R	**$69.63**				
1/29/2018	$69.63				
RODRIGUEZ, ENRIQUE	**$7.01**				
3/16/2022	$7.01	Y	Hospitalization 3/16/2022 - 3/24/2022 for acute stro e (embolic) from recurrent lymphoma vs intravascular lymphoma - 01565_CARTER_CE_ 0000004443	$	7.01
SAMPLE, SCOTT A	**$55.37**				
3/18/2022	$55.37	Y	Hospitalization 3/16/2022 - 3/24/2022 for acute stro e (embolic) from recurrent lymphoma vs intravascular lymphoma - 01565_CARTER_CE_ 0000004443	$	55.37
SERODY, JONATHAN S	**$60.10**				
10/16/2014	$60.10	Y	2 year transplant followup - 01565_CARTER_CCHC_ 0000002426 - duplicate of charges from "University of North Caroline Health System"	$	60.10
SLOAN, TIMOTHY C	**$17.39**				
12/4/2019	$8.67	Y	PCP Visit - Comprehensive visit - plan for follow up for lymphoma with CBC	$	8.67
12/16/2020	$8.72	Y	PCP Visit - Follow up visit - lymphoma in remission but follow up for CKD as related	$	8.72
STIMSON, ALAN C	**$170.36**				
3/19/2022	$170.36	Y	Hospitalization 3/16/2022 - 3/24/2022 for acute stro e (embolic) from recurrent lymphoma vs intravascular lymphoma - 01565_CARTER_CE_ 0000004443	$	170.36
TAYLOR, WILLIAM C	**$1,168.21**				
2/4/2014	$79.41	Y	Oncology Visit - Dr. Taylor - 01565_CARTER_CCHC_ 0000001568	$	79.41
8/5/2014	$79.41	Y	PCP Visit - Visit with renal insufficiency, creainine rise to 1.8 - 01565_CARTER_0000005906	$	79.41
2/1/2015	$6.95	N	Routine labs, no records		
2/3/2015	$69.95	Y	Oncology Visit Dr. Taylor - 01565_CARTER_CCHC_ 0000001520	$	69.95
6/2/2015	$101.74	Y	Oncology Visit Dr. Taylor - 01565_CARTER_0000003116	$	101.74
10/14/2015	$106.47	Y	Oncology Visit Dr. Taylor - 01565_CARTER_0000002721	$	106.47

1/15/2016	$17.97	Y	Oncology Visit Dr. Taylor (billing sheet only) - 01565_CARTER_CCHC_0000002380	$	17.97
5/13/2016	$75.39	Y	Oncology Visit Dr. Taylor - 01565_CARTER_CCHC_ 0000001434	$	75.39
11/23/2016	$101.61	Y	Oncology Visit Dr. Taylor - 01565_CARTER_CCHC_ 0000001421	$	101.61
5/24/2017	$75.85	Y	Oncology Visit Dr. Taylor - 01565_CARTER_CCHC_ 0000001380	$	75.85
11/22/2017	$75.85	Y	Internal Medicine Visit for lymphoma followup - 01565_CARTER_0000006682	$	75.85
3/17/2022	$155.31	Y	Hospitalization 3/16/2022 - 3/24/2022 for acute stro e (embolic) from recurrent lymphoma vs intravascular lymphoma - 01565_CARTER_CE_ 0000004443	$	155.31
3/18/2022	$55.85	Y	Hospitalization 3/16/2022 - 3/24/2022 for acute stro e (embolic) from recurrent lymphoma vs intravascular lymphoma - 01565_CARTER_CE_ 0000004443	$	55.85
3/21/2022	$80.27	Y	Hospitalization 3/16/2022 - 3/24/2022 for acute stro e (embolic) from recurrent lymphoma vs intravascular lymphoma - 01565_CARTER_CE_ 0000004443	$	80.27
3/22/2022	$55.85	Y	Hospitalization 3/16/2022 - 3/24/2022 for acute stro e (embolic) from recurrent lymphoma vs intravascular lymphoma - 01565_CARTER_CE_ 0000004443	$	55.85
3/23/2022	$30.33	Y	Hospitalization 3/16/2022 - 3/24/2022 for acute stro e (embolic) from recurrent lymphoma vs intravascular lymphoma - 01565_CARTER_CE_ 0000004443	$	30.33
UNC HOSPITALS	**$4,541.31**				
10/3/2013	$1,284.83	Y	PET scan and labs - 01565 CARTER UNC 0000000558	$	1,284.83
12/12/2013	$50.05	N	No records - coding billed as pharmacy - PREVENTATIVE CARE SERVICES - VACCINE ADMINISTRATION		
2/20/2014	$355.02	Y	Post transplant labs - 01565_CARTER_CCHC_0000002458 - 2465	$	355.02
10/16/2014	$315.15	Y	2 year transplant followup - 01565_CARTER_CCHC_ 0000002426 - duplicate of charges from "University of North Caroline Health System"	$	315.15
3/7/2022	$348.15	N	Nasal sinus endoscopy for nasal/nec mass admit 3/7/22 - 3/8/22 - 01565_CARTER_UNC_0000000073 to 98		
3/8/2022	$2,188.11	N	Nasal sinus endoscopy for nasal/nec mass admit 3/7/22 - 3/8/22 - 01565_CARTER_UNC_0000000073 to 98		
			Total Related Charges	**$**	**30,869.63**

VHA Payments - Davis, Cometto

Patient Last Name	DAVIS
Fiscal Year	(Multiple Items)

Row Labels	Sum of Outpatient Total Cost
(150) Computerized Tomography (CT)	$ 517.06
10/20/2021	$ 517.06
(301) General Internal Medicine	$ 569.81
3/13/2023	$ 569.81
(323) Primary Care Medicine	$ 3,231.23
10/15/2020	$ 570.55
2/3/2022	$ 1,330.34
8/2/2022	$ 1,330.34

Related to Claimed Conditions? (Y/N)	Description	Total Cost Payments Related to Claimed Conditions	Direct Cost Payments to Claimed Conditions
Y	CT scan which identified lung masses and led to lymphoma diagnosis - 00043_DAVIS_DHA_0000000060 to 62 - referenced in 00043_DAVIS_VHA_0000001161	$ 517.06	$ 300.31
N	PCP Vaccination visit		
N	PCP visit for BP check		
Y	PCP visit mainly for lung masses found to be lymphoma - 00043_DAVIS_VBA_0000000074 to 78	$ 1,330.34	$ 656.97
Y	PCP follow up for lymphoma and BPH (6 month cancer followup) - 00043_DAVIS_0000000012 to 14	$ 1,330.34	$ 656.97
	Total Related Charges	**$ 3,177.73**	**$ 1,614.25**

Medicare Payments for Downs, David

Bene Name Years (From Date)	DOWNS, DAVID B (Multiple Items)

Row Labels	Sum of Reimbursed Amount	Related to Claimed Conditions? (Y/N)	Description	Payments Related to Claimed Conditions
ADVENTIST HEALTH BAYSHORE MEDICAL PACIFIC CITY	**$1,655.02**			
1/28/2016	$50.96	N	PCP Office visit for constipation	
2/25/2016	$134.06	N	PCP Office visit for eczema	
5/16/2016	$157.58	N	PCP Office visit for abdominal pain - enteritis	
6/6/2016	$157.58	Y	PCP Office visit for hematuria, referred to CT urogram (later found to be cancer) - 01 1 45_DOWNS_AHT_0000000015 to 18	$ 157.58
12/13/2016	$157.58	N	PCP Visit - leg pain/contusion	
3/28/2017	$167.78	N	PCP Office visit for frequent urination	
9/29/2017	$156.80	N	PCP Visit no notes	
10/5/2017	$156.80	N	Office visit and MRI brain for headaches	
10/11/2017	$156.80	N	PCP Office visit - dizziness	
11/30/2017	$179.54	N	PCP Office Visit - sinus infection	
12/26/2017	$179.54	N	PCP Office Visit - pneumonia	
Adventist Health Home Care Services - Tillamook	**$662.70**			
7/29/2016	$662.70	Y	Home health services after discharge for nephrectomy (7/26/16) - 01145_DOWNS_AHT_0000000514, 01145_DOWNS_VBA_0000007449	$ 662.70
ADVENTIST HEALTH TILLAMOOK	**$6,627.31**			
1/28/2016	$17.79	N	PCP Office visit for constipation	
6/6/2016	$140.42	Y	PCP Office visit for hematuria, referred to CT urogram (later found to be cancer) - 01 1 45_DOWNS_AHT_0000000015 to 18, and labs for CT 01145_DOWNS_AHT_0000000299 to 300	$ 140.42
6/20/2016	$17.79	N	No Records	
7/18/2016	$243.62	Y	Preop labs and EKG testing for nephrectomy on 7/26/16 - 01145_DOWNS_AHT_0000000328	$ 243.62
7/26/2016	$4,980.36	Y	Hospitalization for nephrectomy for RCC - 01145_DOWNS_0000000027 to 32	$ 4,980.36
8/2/2016	$43.12	N	Post hospital labs after nephrectomy 7/26/16 - 01145_DOWNS_AHT_0000000197	
12/13/2016	$25.93	N	PCP Visit - leg pain/contusion	
1/10/2017	$114.73	N	CT scan for face sinusitis	
3/28/2017	$7.83	N	PCP Office visit for frequent urination	
8/24/2017	$48.39	N	R hip x-ray	
9/29/2017	$42.98	N	PCP Visit no notes	
10/5/2017	$774.10	N	Office visit and MRI brain for headaches	
11/7/2017	$16.81	Y	Urology office folllowup Dr. Koppie - 01145_DOWNS_TK _0000000043 to 45	$ 16.81
11/13/2017	$153.44	Y	Renal US post nephrectomy - 01145_DOWNS_0000000017	$ 153.44
ADVENTIST HEALTH TILLAMOOK MEDICAL GROUP	**$1,411.20**			
6/20/2016	$188.94	N	No notes	
6/27/2016	$188.94	N	No notes	
1/4/2017	$176.40	N	CT facial bones	
1/12/2017	$176.40	N	Office visit, chronic sinusitis	
8/1/2017	$176.40	N	No Records	
8/24/2017	$176.40	N	R hip x-ray	
11/7/2017	$214.82	Y	Urology office folllowup Dr. Koppie - 01145_DOWNS_TK _0000000043 to 45	$ 214.82
2/5/2018	$112.90	Y	Outpatient urology visit with Dr. Koppie - 01145_DOWNS_0000003128	$ 112.90
ARUNAKUL, METHAPAN	**$307.88**			
8/20/2024	$307.88	Y	Laparoscopic bowel resection for RCC (8/20-8/23/24) - 01145_DOWNS_0000003202	$ 307.88
BECKER, MATTHEW C	**$583.61**			
7/5/2018	$83.85	N	Routine labs, wellness check	
10/11/2018	$83.85	Y	Labs for CKD (Cr 1.5) - 01145_DOWNS_0000002971	$ 83.85
3/8/2019	$50.70	N	Routine labs, wellness check	
6/3/2019	$34.58	N	Routine labs, wellness check	
8/1/2019	$57.21	N	Routine labs, wellness check	
12/2/2019	$50.70	N	Routine labs, wellness check	
6/1/2020	$29.91	Y	Labs for CKD routine by Dr. Becker cardiology ("Pt will follow up w his nephrologist around Sept 2020 = 2yr follow up. PLAN -Repeat labs today ordered for monitoring") - 01145_DOWNS_0000002319, 01145_DOWNS_PHS_0000002495 to 2496	$ 29.91
7/31/2020	$29.91	N	Routine labs, wellness check	
8/24/2020	$29.91	N	Routine labs, wellness check	
7/8/2021	$35.22	N	Routine labs, wellness check	
9/19/2022	$97.77	N	Routine labs, wellness check	
CAHILL, MARK P	**$190.58**			
7/8/2024	$190.58	Y	Admission 7/7 to 7/8/25 for GI bleed (due to RCC lesion) - plans on DC for capsule endoscopy - 01145_DOWNS_PHS_0000003888 to 3894	$ 190.58
CHAICHANA, KHAN K	**$318.25**			
2/10/2021	$213.84	N	Admission for sinus surgery	
4/2/2024	$104.41	Y	GI Visit for EGD for severe anemia (due to RCC metastasis on later eval) - 01145_DOWNS_PHS_0000004066 to 4070	$ 104.41
CHINN, CRISPIN A	**$31.30**			
9/22/2018	$31.30	Y	Ultrasound exam for hydronephrosis - left kidney but concern for obstruction - 01145_DOWNS_0000002983	$ 31.30
CRAMER, ANDREW B	**$172.74**			
8/20/2024	$172.74	Y	Laparoscopic bowel resection for RCC (8/20-8/23/24) - 01145_DOWNS_0000003202	$ 172.74
CRAVEN, JAMES P	**$1,332.88**			
8/7/2024	$178.77	Y	Surgery visit with Dr. Craven for bowel RCC lesion (planning resection) and ER visit same day for GI bleeding/anemia from RCC metastasis - 01145_DOWNS_0000003225, 01145_DOWNS_PHS_0000003623 to 3625	$ 178.77
8/16/2024	$74.45	Y	Office visit with surgery for intestinal mass with bleed (RCC) - 01145_DOWNS_0000003233	$ 74.45
8/20/2024	$1,079.66	Y	Laparoscopic bowel resection for RCC (8/20-8/23/24) - 01145_DOWNS_0000003202	$ 1,079.66
DOUGLASS, JEFFREY M	**$624.28**			
7/16/2024	$624.28	Y	GI Capsule endoscopy procedure (for metastatic RCC to bowel) - 01145_DOWNS_OC_0000000043 to 44	$ 624.28
DUAN, MELISSA E	**$114.94**			
7/8/2024	$114.94	Y	Anesthesia for capsule endoscopy 7/8 with Dr. Cahill (Dr. Duan anesthesia) - 01145_DOWNS_PHS_0000003929	$ 114.94
FINEOUT, SCOTT K	**$151.57**			
7/26/2016	$151.57	Y	Hospitalization for nephrectomy for RCC - 01145_DOWNS_0000000027	$ 151.57
GENSTLER, JOSHUA	**$99.73**			
7/7/2024	$99.73	Y	Admission 7/7 to 7/8/25 for GI bleed (due to RCC lesion) - plans on DC for capsule endoscopy - 01145_DOWNS_PHS_0000003888 to 3894	$ 99.73
HAMILTON, RAEANN D	**$340.04**			
2/22/2025	$340.04	Y	CT chest abdomen pelvis for metastasis of RCC - referenced in 01145_DOWNS_0000004877	$ 340.04
HASHIGUCHI, STEVEN A	**$6.48**			

8/16/2024	$6.48	Y	Office visit with surgery for intestinal mass with bleed (RCC) - 01145_DOWNS_0000003233	$	6.48
HAZARD, JAMES V	**$124.82**				
12/16/2020	$59.05	Y	Radiology read of CT scan on 12/16/2020 for RCC CT A/P - 01145_DOWNS_0000001728	$	59.05
11/10/2021	$44.69	Y	Radiology read of CT scan on 11/10/2021 for RCC CT chest - 01145_DOWNS_0000001387	$	44.69
3/29/2025	$21.08	N	No notes		
KOPPIE, THERESA M	**$1,289.41**				
7/26/2016	$940.39	Y	Hospitalization for nephrectomy for RCC - 01145_DOWNS_0000000027	$	940.39
9/12/2018	$87.79	Y	Urology visit Dr. Koppie - 01145_DOWNS_TK_0000000002 to 6	$	87.79
12/9/2020	$89.48	Y	Urology visit Dr. Koppie - 01145_DOWNS_0000003091 to 3095	$	89.48
1/6/2021	$100.80	Y	Outpatient urology visit with Dr. Koppie - 01145_DOWNS_TK_0000000026 to 30	$	100.80
11/23/2021	$70.95	Y	Outpatient urology visit with Dr. Koppie - 01145_DOWNS_TK_0000000035 to 40	$	70.95
KOSYDAR, CHARLES	**$136.30**				
12/20/2023	$33.22	N	ER visit for fall with concussion - CT head neg and DC		
6/26/2025	$103.08	Y	CT chest abdomen pelvis for metastasis of RCC - 01145_DOWNS_0000004877	$	103.08
LEGACY MERIDIAN PARK MEDICAL CENTER	**$18,573.32**				
7/30/2024	$1,590.76	Y	Small bowel enteroscopy for chronic bleed due to RCC metastasis - 01145_DOWNS_0000003758	$	1,590.76
8/13/2024	$1,307.89	Y	Surgery eval for small bowel resection of bleeding RCC mass - 01145_DOWNS_0000003231	$	1,307.89
8/16/2024	$106.78	Y	Office visit with surgery for intestinal mass with bleed (RCC) - 01145_DOWNS_0000003233	$	106.78
8/20/2024	$15,567.89	Y	Laparoscopic bowel resection for RCC (8/20-8/23/24) - 01145_DOWNS_0000003202	$	15,567.89
LOWE, CHAD C	**$6.61**				
7/18/2016	$6.61	Y	EKG testing for nephrectomy on 7/26/16 - 01145_DOWNS_AHT_0000000328, 01145_DOWNS_AHT_0000000320	$	6.61
MARQUIS NEWBERG	**$4,366.52**				
8/23/2024	$4,366.52	Y	Laparoscopic bowel resection for RCC (8/20-8/23/24) - 01145_DOWNS_0000003202	$	4,366.52
MCFARLAND, JOSHUA C	**$356.25**				
7/7/2024	$118.75	Y	ER for Admission 7/7 to 7/8/25 for GI bleed (due to RCC lesion) - plans on DC for capsule endoscopy; 01145 DOWNS PCC 0000000119 (McFarland PA-C)	$	118.75
7/21/2024	$118.75	Y	ER visit for GI bleeding and severe anemia (due to RCC lesion) - 01145_DOWNS_PHS_0000003791 to 3795 (McFarland PA-C)	$	118.75
8/10/2024	$118.75	Y	ER visit for GI bleeding and severe anemia (due to RCC lesion) - 01145_DOWNS_PHS_0000003541 to 3547 (McFarland PA-C)	$	118.75
MILLER, JAMES L	**$86.93**				
7/8/2024	$86.93	Y	Admission 7/7 to 7/8/25 for GI bleed (due to RCC lesion) - plans on DC for capsule endoscopy - 01145_DOWNS_PHS_0000003888 to 3894, 01145 DOWNS PCC 0000000123	$	86.93
MOTAMEDI, NIMA	**$124.64**				
7/30/2024	$124.64	Y	Small bowel enteroscopy for chronic bleed due to RCC metastasis (Dr. Motamedi GI) - 01145_DOWNS_0000003758	$	124.64
NORCO INC	**$61.19**				
9/9/2024	$61.19				
O CONNOR, KEVIN	**$93.83**				
6/14/2016	$93.83	Y	CT Urogram for RCC - 01145_DOWNS_MEDRECS_0000001366	$	93.83
ORTIZ, JUSTIN P	**$121.25**				
7/30/2024	$121.25	Y	Small bowel enteroscopy for chronic bleed due to RCC metastasis - 01145_DOWNS_0000003758	$	121.25
PERRONE, MARIE E	**$236.66**				
7/30/2024	$236.66	Y	Small bowel enteroscopy for chronic bleed due to RCC metastasis - 01145_DOWNS_0000003758	$	236.66
PROVIDENCE NEWBERG MEDICAL CENTER	**$42,931.78**				
7/9/2018	$80.40	N	Routine labs, wellness chec		
9/22/2018	$99.12	Y	Ultrasound e am for hydronephrosis - left idney but concern for obstruction - 01145_DOWNS_0000002983 to 2984	$	99.12
10/11/2018	$13.17	Y	Office visit and Labs for CKD3 (Cr 1.5) - 01145_DOWNS_PHS_0000003424 to 3426	$	13.17
11/6/2018	$1,654.45	N	Right eye lens prosthesis surgery		
12/18/2018	$1,654.45	N	Cataract surgery - 01145_DOWNS_0000002801		
1/10/2019	$12.15	Y	Labs for CKD (repeat BMP) ordered by Dr. Bec er - 01145_DOWNS_0000002790	$	12.15
2/6/2019	$3,861.52	N	Nsal septoplasty procedure		
2/25/2019	$46.56	N	Routine labs, wellness chec		
6/5/2019	$14.45	N	Routine labs, wellness chec		
6/18/2019	$98.20	N	CT sinuses		
7/16/2019	$22.91	N	Labs for PT/PTT		
12/7/2019	$98.20	N	US groin for hernia		
1/14/2020	$52.54	N	Routine labs, wellness chec		
2/12/2020	$2,687.54	N	Inguinal hernia repair procedure		
3/12/2020	$70.46	N	Speech therapy		
5/19/2020	$454.49	N	Speech therapy		
6/1/2020	$11.46	Y	Labs for CKD routine by Dr. Bec er cardiology ("Pt will follow up w his nephrologist around Sept 2020 2yr follow up. PLAN -Repeat labs today ordered for monitoring") - 01145_DOWNS_0000002319, 01145_DOWNS_PHS_0000002495 to 2496	$	11.46
6/17/2020	$316.75	N	PT/OT/ST Notes		
7/29/2020	$126.70	N	PT/OT/ST Visit		
8/24/2020	$92.62	N	Routine labs, wellness chec		
9/8/2020	$63.35	N	PT/OT/ST Visit		
9/22/2020	$126.70	N	PT/OT/ST Visit		
10/20/2020	$126.70	N	PT/OT/ST Visit		
11/18/2020	$126.70	N	PT/OT/ST Visit		
12/8/2020	$98.86	N	CT sinuses		
12/15/2020	$95.76	N	Routine labs, wellness chec		
12/16/2020	$160.71	Y	Radiology read of CT scan on 12/16/2020 for RCC CT A/P - 01145_DOWNS_0000001728	$	160.71
12/21/2020	$11.46	N	Routine labs, wellness chec		
2/10/2021	$5,199.02	N	Admission for sinus surgery		
2/14/2021	$7,187.92	N	Hospitalization for acute ischemic colitis (due to hypovolemia) 2/14 to 2/17/21		
6/30/2021	$159.41	Y	Radiology read of CT scan on 6/30/2021 for RCC CT chest - 01145_DOWNS_0000001407	$	159.41
11/10/2021	$159.41	Y	Radiology read of CT scan on 11/10/2021 for RCC CT chest - 01145_DOWNS_0000001387	$	159.41
1/5/2022	$21.33	N	Routine labs, wellness chec		
4/7/2022	$44.37	N	PSA labs		
9/28/2022	$84.46	N	Routine labs, wellness chec		
11/24/2022	$207.88	N	ER visit for severe constipation (not RCC related)		
12/7/2022	$931.48	N	Routine colonoscopy for screening		
4/10/2023	$16.69	N	Routine labs, wellness chec		
5/1/2023	$457.63	N	PT/OT/ST Visit		
5/8/2023	$24.30	N	PT/OT/ST Visit		
5/25/2023	$104.18	N	PT/OT/ST Visit		
8/16/2023	$1,009.50	N	GI visit for planned colonoscopy		
8/21/2023	$68.60	N	Ortho visit for R shoulder pain		
12/20/2023	$428.59	N	ER visit for fall with concussion - CT head neg and DC		
2/7/2024	$51.14	N	EKG for dizziness		
4/2/2024	$757.82	Y	GI Visit for EGD for severe anemia (due to RCC metastasis on later eval) - 01145_DOWNS_PHS_0000004066 to 4070	$	757.82
7/7/2024	$7,786.62	Y	Admission 7/7 to 7/8/25 for GI bleed (due to RCC lesion) - plans on DC for capsule endoscopy - 01145_DOWNS_PHS_0000003888 to 3894	$	7,786.62
7/21/2024	$1,183.38	N	No records		

7/31/2024	$321.50	Y	CT ENTEROGRAPHY W CONTRAST 7/31/2024 2 40 PM PDT due to GI bleed from RCC - 01145_DOWNS_0000003948	$	321.50
8/1/2024	$374.56	N	No notes (???oncology)		
8/6/2024	$91.90	N	PCP Visit		
8/7/2024	$1,041.63	Y	Surgery visit with Dr. Craven for bowel RCC lesion (planning resection) and ER visit same day for GI bleeding/anemia from RCC metastasis - 01145_DOWNS_0000003225, 01145_DOWNS_PHS_0000003623 to 3625	$	1,041.63
8/10/2024	$1,296.77	N	X-ray lumbar spine		
12/27/2024	$197.50	Y	CT chest abdomen pelvis for metastasis of RCC - 01145_DOWNS_0000004865	$	197.50
2/22/2025	$929.66	Y	CT chest abdomen pelvis for metastasis of RCC - referenced in 01145_DOWNS_0000004877	$	929.66
3/29/2025	$90.31	N	No notes		
6/26/2025	$190.70	Y	CT chest abdomen pelvis for metastasis of RCC - 01145_DOWNS_0000004877	$	190.70
7/18/2025	$235.14	N	No notes		
PROVIDENCE PORTLAND MEDICAL CENTER	**$895.85**				
8/31/2020	$3.17	N	PCP visit - addressed hematuria but not RCC		
11/27/2020	$100.00	N	No notes		
2/5/2021	$75.00	N	ENT surgery visit for sinuses		
2/22/2021	$75.00	N	COVID visit		
3/25/2021	$75.00	N	Annual PCP visit		
6/19/2021	$100.00	N	COVID visit		
7/15/2021	$4.38	N	FOBT screening		
8/15/2024	$44.20	Y	Hematology Oncology office visit and lab tests for severe anemia (found to be due to RCC metastasis to the intestine with bleeding) - 01145_DOWNS_0000003914 to 3924	$	44.20
8/16/2024	$286.92	Y	Office visit with surgery for intestinal mass with bleed (RCC) - 01145_DOWNS_0000003233	$	286.92
9/5/2024	$44.20	Y	Follow up office visit and lab tests for severe anemia (found to be due to RCC metastasis to the intestine with bleeding) - 01145_DOWNS_0000003864	$	44.20
12/31/2024	$44.20	Y	CT chest abdomen pelvis for metastasis of RCC - 01145_DOWNS_0000004877	$	44.20
7/3/2025	$43.78	Y	Oncology visit for RCC - 01145_DOWNS_0000004864	$	43.78
RAYMOND, ROBERT C	**$250.82**				
11/24/2022	$55.53	N	ER visit for severe constipation (not RCC related)		
12/20/2023	$55.59	N	ER visit for fall with concussion - CT head neg and DC		
8/7/2024	$139.70	Y	Surgery visit with Dr. Craven for bowel RCC lesion (planning resection) and ER visit same day for GI bleeding/anemia from RCC metastasis - 01145_DOWNS_0000003225, 01145_DOWNS_PHS_0000003623 to 3625	$	139.70
SAMARITAN NORTH LINCOLN HOSPITAL	**$1,299.63**				
6/14/2016	$1,299.63	Y	CT Urogram for RCC - 01145_DOWNS_MEDRECS_0000001366	$	1,299.63
STONE, MARK R	**$323.16**				
8/15/2024	$137.28	Y	Hematology Oncology office visit and lab tests for severe anemia (found to be due to RCC metastasis to the intestine with bleeding) - 01145_DOWNS_0000003914 to 3924	$	137.28
9/5/2024	$62.56	Y	Hematology Oncology office visit and lab tests for severe anemia (found to be due to RCC metastasis to the intestine with bleeding) - 01145_DOWNS_0000003864	$	62.56
12/31/2024	$50.01	Y	Ordered for CT chest abdomen pelvis for metastasis of RCC - 01145_DOWNS_0000004877	$	50.01
7/3/2025	$73.31	Y	Hematology Oncology office visit for RCC - 01145_DOWNS_0000004864	$	73.31
WANG, EDWIN Y	**$89.23**				
8/13/2024	$89.23	Y	Surgery eval for small bowel resection of bleeding RCC mass - 01145_DOWNS_0000003231	$	89.23
WANG, WEI	**$91.85**				
4/2/2024	$91.85	Y	GI Visit for EGD for severe anemia (due to RCC metastasis on later eval) - 01145_DOWNS_PHS_0000004066 to 4070	$	91.85
WHETSTONE, JOSEPH L	**$46.80**				
6/30/2021	$46.80	Y	Radiology read of CT scan on 6/30/2021 for RCC CT chest - 01145_DOWNS_0000001407	$	46.80
WIESMANN, KEVIN M	**$174.81**				
12/27/2024	$103.71	Y	CT chest abdomen pelvis for metastasis of RCC - 01145_DOWNS_0000004865	$	103.71
2/22/2025	$71.10	Y	CT chest abdomen pelvis for metastasis of RCC - referenced in 01145_DOWNS_0000004877	$	71.10
WINTERS, CARMEN R	**$143.56**				
8/20/2024	$143.56	Y	Pathology for laparoscopic bowel resection for RCC (8/20-8/23/24) - 01145_DOWNS_OC_0000000069 (surgery 01145_DOWNS_0000003202)	$	143.56
			Total Payments	**$**	**50,348.38**

Tricare Institutional Payments - Downs, David

Provided Name	DOWNS DAVID
Type of Submission Description	(Multiple Items)
Years (Admission Date)	(Multiple Items)
Provider Individual Name	(All)

Row Labels	Sum of Amount Paid by Government
NORTHWEST MEDICAL FOUNDATION OF	1288
7/26/2016	1288
PROVIDENCE HEALTH & SERVICES OREGON	3116
2/15/2021	1484
7/7/2024	1632

Related to Claimed Conditions? (Y/N)	Description	Payments Related to Claimed Conditions
Y	Hospitalization for nephrectomy for RCC - 01145_DOWNS_0000000027	$ 1,288.00
N	Hospitalization for acute ischemic colitis (due to hypovolemia) 2/14 to 2/17/21	
Y	Admission 7/7 to 7/8/25 for GI bleed (due to RCC lesion) - plans on DC for capsule endoscopy - 01145_DOWNS_PHS_0000003888 to 3894	$ 1,632.00
	Total Payment	**$ 2,920.00**

Tricare Non-Institutional Payments - Downs, David

Provided Name	DOWNS DAVID
Years (Begin Date of Care)	(Multiple Items)
Amount Paid by Government (Procedure)	(Multiple Items)

Row Labels	Sum of Amount Paid by Government (Procedure)	Related to Claimed Conditions? (Y/N)	Description	Payments Related to Claimed Conditions
	726.16			
10/29/2018	21.39	N	PRESCRIPTION DRUGS - no records	
11/1/2018	101.15	N	PRESCRIPTION DRUGS - no records	
12/11/2018	2.66	N	PRESCRIPTION DRUGS - no records	
12/12/2018	95.2	N	PRESCRIPTION DRUGS - no records	
12/14/2018	21.39	N	PRESCRIPTION DRUGS - no records	
1/2/2019	21.39	N	PRESCRIPTION DRUGS - no records	
1/16/2019	21.39	N	PRESCRIPTION DRUGS - no records	
2/20/2019	21.39	N	PRESCRIPTION DRUGS - no records	
3/25/2019	21.39	N	PRESCRIPTION DRUGS - no records	
4/29/2019	22.23	N	PRESCRIPTION DRUGS - no records	
5/14/2019	3.29	N	PRESCRIPTION DRUGS - no records	
6/18/2019	80.46	N	PRESCRIPTION DRUGS - no records	
1/30/2024	130.27	N	Podiatry visit, PT eval	
2/6/2024	27.79	N	No notes (dizziness)	
2/28/2024	21.01	N	No notes (anemia)	
3/27/2024	21.36	N	Orthostatic Hypotension	
4/2/2024	26.33	Y	GI Visit for EGD for severe anemia (due to RCC metastasis on later eval) - 01145_DOWNS_PHS_0000004066 to 4070; payments for anesthesia services	$ 26.33
5/14/2024	21.36	N	No notes (anemia)	
7/8/2024	29.57	Y	Admission 7/7 to 7/8/25 for GI bleed (due to RCC lesion) - plans on DC for capsule endoscopy - 01145_DOWNS_PHS_0000003888 to 3894; payment for anesthesia services	$ 29.57
8/19/2024	15.14	N	PCP Visit	
CASCADE PATHOLOGY SERVICES, CORP	94.94			
7/30/2024	59.09	Y	Pathology for small bowel enteroscopy for chronic bleed due to RCC metastasis - 01145_DOWNS_0000003758, 01145_DOWNS_0000003780	$ 59.09
8/20/2024	35.85	Y	Pathology for laparoscopic bowel resection for RCC (8/20-8/23/24) - 01145_DOWNS_0000003202, 01145_DOWNS_0000003310	$ 35.85
CORVALLIS RADIOLOGY PC	23.93			
6/14/2016	23.93	Y	CT Urogram for RCC - 01145_DOWNS_MEDRECS_0000001366	$ 23.93
LEGACY MERIDIAN PARK HOSPITAL	768.33			
7/30/2024	405.81	Y	Small bowel enteroscopy for chronic bleed due to RCC metastasis - 01145_DOWNS_0000003758	$ 405.81
8/13/2024	333.64	Y	Pet image w/ct skull-thigh for metastatic eval - 01145 DOWNS OC 0000000085 to 86	$ 333.64
8/16/2024	28.88	Y	Office visit with surgery for intestinal mass with bleed (RCC) - 01145_DOWNS_0000003233; payments for EKG and lab services 01145_DOWNS_OC_0000000078	$ 28.88
LOWE, CHAD C	1.68			
7/18/2016	1.68	Y	EKG testing for nephrectomy on 7/26/16 - 01145_DOWNS_AHT_0000000328, 01145_DOWNS_AHT_0000000320	$ 1.68
NORTHWEST MEDICAL FOUNDATION OF TILLAMOOK	2253.52			
1/28/2016	136	N	PCP Office visit for constipation	
2/25/2016	51.2	N	PCP Office visit for eczema	
5/16/2016	27.2	N	PCP Office visit for abdominal pain - enteritis	
6/6/2016	40.9	Y	PCP Office visit for hematuria, referred to CT urogram (later found to be cancer) - 01 1 45_DOWNS_AHT_0000000015 to 18	$ 40.90
6/20/2016	62.9	N	No notes	
6/27/2016	88	N	No notes	
7/18/2016	39.6	Y	Preop labs and EKG testing for nephrectomy on 7/26/16 - 01145_DOWNS_AHT_0000000328	$ 39.60
7/26/2016	278.55	Y	Hospitalization for nephrectomy for RCC - 01145_DOWNS_0000000027 to 31; payments for anesthesia and surgery	$ 278.55
12/13/2016	27.2	N	PCP Visit - leg pain/contusion	
1/4/2017	78	N	CT facial bones	
1/10/2017	305.09	N	CT scan for face sinusitis	
1/12/2017	27.8	N	Office visit, chronic sinusitis	
3/28/2017	42.7	N	PCP Office visit for frequent urination	
8/1/2017	52.2	Y	Office Visit and Us urine capacity measure (plaintiff claimed)	$ 52.20
8/24/2017	56.82	N	R hip x-ray	
9/29/2017	28.56	N	PCP Visit no notes	
10/5/2017	511.82	N	Office visit and MRI brain for headaches	
10/11/2017	28.56	N	PCP Office visit - dizziness	
11/7/2017	43.06	Y	Urology office folllowup Dr. Koppie - 01145_DOWNS_TK _0000000043 to 45	$ 43.06
11/13/2017	91.9	Y	Renal US post nephrectomy - 01145_DOWNS_0000000017	$ 91.90
11/30/2017	28.56	N	PCP Office Visit - sinus infection	
12/26/2017	17.44	N	PCP Office Visit - pneumonia	
2/5/2018	189.46	Y	Outpatient urology visit with Dr. Koppie - 01145_DOWNS_0000003128	$ 189.46
OREGON ANESTHESIOLOGY GROUP PC	203.4			
2/10/2021	53.17	N	Admission for sinus surgery	
12/7/2022	39.84	N	Routine colonoscopy for screening	
7/30/2024	31.19	Y	Small bowel enteroscopy for chronic bleed due to RCC metastasis - 01145_DOWNS_0000003758	$ 31.19
8/20/2024	79.2	Y	Laparoscopic bowel resection for RCC (8/20-8/23/24) - 01145_DOWNS_0000003202	$ 79.20
OREGON CLINIC PC	802.44			
8/12/2021	25.16	N	PCP Visit	
9/29/2022	14.98	N	GI Visit	
12/7/2022	48.97	N	Routine colonoscopy for screening	
4/5/2023	14.95	N	GI Visit	
8/16/2023	36.32	N	GI visit for planned colonoscopy	
3/6/2024	14.89	N	GI Visit	
4/2/2024	23.43	Y	GI Visit for EGD for severe anemia (due to RCC metastasis on later eval) - 01145_DOWNS_PHS_0000004066 to 4070	$ 23.43
7/8/2024	48.62	Y	Admission 7/7 to 7/8/25 for GI bleed (due to RCC lesion) - plans on DC for capsule endoscopy - 01145_DOWNS_PHS_0000003888 to 3894	$ 48.62
7/16/2024	159.25	Y	GI Capsule endoscopy procedure (for metastatic RCC to bowel) - 01145_DOWNS_OC_0000000043 to 44	$ 159.25
7/30/2024	31.79	Y	Small bowel enteroscopy for chronic bleed due to RCC metastasis - 01145_DOWNS_0000003758	$ 31.79
8/7/2024	45.6	Y	Surgery visit with Dr. Craven for bowel RCC lesion (planning resection) and ER visit same day for GI bleeding/anemia from RCC metastasis - 01145_DOWNS_0000003225, 01145_DOWNS_PHS_0000003623 to 3625	$ 45.60
8/16/2024	18.99	Y	Office visit with surgery for intestinal mass with bleed (RCC) - 01145_DOWNS_0000003233	$ 18.99
8/20/2024	319.49	Y	Laparoscopic bowel resection for RCC (8/20-8/23/24) - 01145_DOWNS_0000003202	$ 319.49
PROVIDENCE HEALTH & SERVICES - OREGON	2883.09			
6/1/2018	22.4	N	PCP Visit	
7/5/2018	21.39	N	Routine labs, wellness check	
10/11/2018	21.39	Y	Office visit and Labs for CKD3 (Cr 1.5) - 01145_DOWNS_PHS_0000003424 to 3426	$ 21.39
12/10/2018	32.66	N	ENT Visit	
1/28/2019	107.76			
2/6/2019	340.59	N	Nsal septoplasty procedure	
3/8/2019	21.55	N	Routine labs, wellness check	
5/14/2019	21.55	N	ENT Visit	
6/3/2019	14.71	N	Routine labs, wellness check	
6/17/2019	21.55	N	ENT Visit	
8/1/2019	23.21	N	Routine labs, wellness check	
9/23/2019	61.26	N	ENT Visit	
12/2/2019	21.55	N	Routine labs, wellness check	
1/9/2020	45.51	N	ENT Visit	
1/21/2020	161.31			
2/12/2020	141.97	N	Inguinal hernia repair procedure	
6/1/2020	21.37	Y	Labs for CKD routine by Dr. Becker cardiology ("Pt will follow up w his nephrologist around Sept 2020 = 2yr follow up. PLAN -Repeat labs today ordered for monitoring") - 01145_DOWNS_0000002319, 01145_DOWNS_PHS_0000002495 to 2496	$ 21.37
7/13/2020	21.37	N	ENT Visit	
7/31/2020	21.37	N	Routine labs, wellness check	
8/24/2020	42.74	N	Routine labs, wellness check	

8/31/2020	12.5	N	PCP visit - addressed hematuria but not RCC		
12/1/2020	45.51	N	ENT Visit		
1/8/2021	125.78	Y	Follow up visit with Dr. Bec er PCP - addressed congestion and RCC primarily; 01145_DOWNS_PHS_0000001736 to 1738	$	125.78
1/11/2021	88.6	N	ENT Visit		
2/10/2021	234.2	N	Admission for sinus surgery		
2/14/2021	35.03	N	Hospitalization for acute ischemic colitis (due to hypovolemia) 2/14 to 2/17/21		
2/15/2021	13.84	N	Hospitalization for acute ischemic colitis (due to hypovolemia) 2/14 to 2/17/21		
2/16/2021	13.84	N	Hospitalization for acute ischemic colitis (due to hypovolemia) 2/14 to 2/17/21		
2/17/2021	20.49	N	Hospitalization for acute ischemic colitis (due to hypovolemia) 2/14 to 2/17/21		
2/25/2021	92.15	N	ENT Visit		
3/29/2021	63.27	N	No notes		
4/29/2021	63.27	N	No notes		
6/22/2021	55.95	N	ENT Visit		
7/8/2021	25.16	N	Routine labs, wellness chec		
8/11/2021	26.52	N	Psych visit		
10/26/2021	15.05	N	ENT Visit		
12/7/2021	21.38	N	ENT Visit		
1/3/2022	88.13				
2/7/2022	62.65	N	ENT Visit		
4/7/2022	24.94	N	PSA labs		
5/9/2022	14.98	N	ENT Visit		
9/19/2022	24.94	N	Routine labs, wellness chec		
11/1/2022	24.94	N	PCP Visit		
11/11/2022	14.98	N	ENT Visit		
3/31/2023	14.95	N	Dental Visit		
4/26/2023	26.53				
5/4/2023	21.16	N	Dental Visit		
5/10/2023	21.16	N	Dental Visit		
5/15/2023	46.52	N	ENT Visit		
8/21/2023	15.96	N	Ortho visit for R shoulder pain		
8/29/2023	32.48	N	IM HTN visit		
11/6/2023	24.9	N	PCP Visit		
11/15/2023	14.95	N	ENT Visit		
12/20/2023	22.55	N	ER visit for fall with concussion - CT head neg and DC		
1/5/2024	111.77				
4/29/2024	21.36	N	ENT Visit		
7/7/2024	25.19	Y	Admission 7/7 to 7/8/25 for GI bleed (due to RCC lesion) - plans on DC for capsule endoscopy - 01145 DOWNS PHS 0000003888 to 3894	$	25.19
7/8/2024	22.18	Y	Admission 7/7 to 7/8/25 for GI bleed (due to RCC lesion) - plans on DC for capsule endoscopy - 01145 DOWNS PHS 0000003888 to 3894	$	22.18
8/15/2024	35.02	Y	Hematology Oncology office visit and lab tests for severe anemia (found to be due to RCC metastasis to the intestine with bleeding) - 01145 DOWNS 0000003914 to 3924	$	35.02
9/5/2024	15.96	Y	Follow up office visit and lab tests for severe anemia (found to be due to RCC metastasis to the intestine with bleeding) - 01145_DOWNS_0000003864	$	15.96
11/13/2024	15.14	N	ENT Visit		
PROVIDENCE HEALTH SERVICES OREGON	**5977.05**				
9/22/2018	25.3	Y	Ultrasound e am for hydronephrosis - left idney but concern for obstruction - 01145 DOWNS 0000002983	$	25.30
11/6/2018	449.06	N	Right eye lens prosthesis surgery		
12/18/2018	446.88	N	Cataract surgery - 01145_DOWNS_0000002801		
2/6/2019	67.33	N	Nsal septoplasty procedure		
6/18/2019	25.06	N	CT sinuses		
12/7/2019	25.06	N	US groin for hernia		
2/12/2020	749.93	N	Inguinal hernia repair procedure		
3/12/2020	17.98	N	Speech therapy		
5/19/2020	15.84	N	Speech therapy		
5/21/2020	15.84	N	PT/OT visit		
5/26/2020	15.84	N	PT/OT visit		
5/28/2020	15.84	N	PT/OT visit		
6/2/2020	15.84	N	PT/OT visit		
6/4/2020	18.6	N	PT/OT visit		
6/11/2020	15.84	N	PT/OT visit		
6/17/2020	15.84	N	PT/OT/ST Notes		
6/24/2020	15.84	N	PT/OT visit		
7/1/2020	15.84	N	PT/OT visit		
7/8/2020	15.84	N	PT/OT visit		
7/14/2020	15.84	N	PT/OT visit		
7/29/2020	15.84	N	PT/OT/ST Visit		
8/12/2020	15.84	N	Psych visit		
9/8/2020	15.84	N	PT/OT/ST Visit		
9/22/2020	15.84	N	PT/OT/ST Visit		
10/6/2020	15.84	N	PT/OT visit		
10/20/2020	15.84	N	PT/OT/ST Visit		
11/3/2020	15.84	N	PT/OT visit		
11/18/2020	15.84	N	PT/OT/ST Visit		
12/2/2020	15.84	N	PT/OT visit		
12/8/2020	24.71	N	CT sinuses		
12/16/2020	40.18	Y	Radiology read of CT scan on 12/16/2020 for RCC CT A/P - 01145_DOWNS_0000001728	$	40.18
2/10/2021	1304.46	N	Admission for sinus surgery		
2/14/2021	34.48	N	Hospitalization for acute ischemic colitis (due to hypovolemia) 2/14 to 2/17/21		
6/30/2021	39.87	Y	Radiology read of CT scan on 6/30/2021 for RCC CT chest - 01145 DOWNS 0000001407	$	39.87
11/10/2021	39.87	Y	Radiology read of CT scan on 11/10/2021 for RCC CT chest - 01145 DOWNS 0000001387	$	39.87
11/24/2022	66.93	N	ER visit for severe constipation (not RCC related)		
12/7/2022	253.02	N	Routine colonoscopy for screening		
5/1/2023	83.75	N	PT/OT/ST Visit		
5/8/2023	18.51	N	PT/OT/ST Visit		
5/15/2023	14.47	N	ENT Visit		
5/25/2023	14.77	N	PT/OT/ST Visit		
6/12/2023	11.8	N	PT/OT visit		
8/16/2023	196.91	N	GI visit for planned colonoscopy		
8/21/2023	17.5	N	Ortho visit for R shoulder pain		
12/20/2023	123.19	N	ER visit for fall with concussion - CT head neg and DC		
2/7/2024	13.04	N	EKG for dizziness		
2/9/2024	1.54	N	EKG		
4/2/2024	193.32	Y	GI Visit for EGD for severe anemia (due to RCC metastasis on later eval) - 01145 DOWNS PHS 0000004066 to 4070	$	193.32
7/7/2024	28.52	Y	Admission 7/7 to 7/8/25 for GI bleed (due to RCC lesion) - plans on DC for capsule endoscopy - 01145 DOWNS PHS 0000003888 to 3894	$	28.52
7/21/2024	330.43	N	No records		
7/22/2024	1.57	N	EKG		
7/31/2024	82.02	Y	CT ENTEROGRAPHY W CONTRAST 7/31/2024 2 40 PM PDT due to GI bleed from RCC - 01145_DOWNS_0000003948	$	82.02
8/1/2024	119.19	N	No notes (???oncology)		
8/6/2024	23.45	N	PCP Visit		
8/7/2024	299.29	Y	Surgery visit with Dr. Craven for bowel RCC lesion (planning resection) and ER visit same day for GI bleeding/anemia from RCC metastasis - 01145 DOWNS 0000003225, 01145 DOWNS PHS 0000003623 to 3625	$	299.29
8/8/2024	1.57	N	No notes (EKG)		
8/10/2024	359.36	Y	ER visit for GI bleeding and severe anemia (due to RCC lesion) - 01145 DOWNS PHS 0000003541 to 3547 (McFarland PA-C)	$	359.36
8/11/2024	1.57	N	No notes (EKG)		
8/15/2024	11.28	Y	Hematology Oncology office visit and lab tests for severe anemia (found to be due to RCC metastasis to the intestine with bleeding) - 01145 DOWNS 0000003914 to 3924	$	11.28
8/16/2024	73.2	Y	Office visit with surgery for intestinal mass with bleed (RCC) and transfusion - 01145_DOWNS_0000003233	$	73.20
9/5/2024	11.28	Y	Follow up office visit and lab tests for severe anemia (found to be due to RCC metastasis to the intestine with bleeding) - 01145_DOWNS_0000003864	$	11.28
SAMARITAN NORTH LINCOLN HOSPITAL	**982.34**				
6/14/2016	982.34	Y	CT Urogram for RCC - 01145 DOWNS MEDRECS 0000001366	$	982.34
TRG, LLC	**120.95**				

9/22/2018	7.98	Y	Ultrasound e am for hydronephrosis - left idney but concern for obstruction - 01145 DOWNS 0000002983	$	7.98
6/18/2019	8.64	N	CT sinuses		
12/7/2019	5.1	N	US groin for hernia		
12/8/2020	8.58	N	CT sinuses		
12/16/2020	14.55	Y	Radiology read of CT scan on 12/16/2020 for RCC CT A/P - 01145_DOWNS_0000001728	$	14.55
2/14/2021	18.21	N	Imaging for hospitalization for acute ischemic colitis (due to hypovolemia) 2/14 to 2/17/21		
6/30/2021	11.65	Y	Radiology read of CT scan on 6/30/2021 for RCC CT chest - 01145 DOWNS 0000001407	$	11.65
11/10/2021	11.12	Y	Radiology read of CT scan on 11/10/2021 for RCC CT chest - 01145 DOWNS 0000001387	$	11.12
11/24/2022	1.83	N	Imaging for ER visit for severe constipation (not RCC related)		
8/21/2023	1.87	N	Imaging for Ortho visit for R shoulder pain		
12/20/2023	8.31	N	Imaging for ER visit for fall with concussion - CT head neg and DC		
7/31/2024	16.7	Y	CT ENTEROGRAPHY W CONTRAST 7/31/2024 2 40 PM PDT due to GI bleed from RCC - 01145_DOWNS_0000003948	$	16.70
8/6/2024	4.29	N	PCP Visit		
8/10/2024	2.12	N	X-ray lumbar spine		
TUALATIN IMAGING PC	**22.69**				
8/13/2024	22.69	Y	Pet image w/ct s ull-thigh for metastatic eval - 01145 DOWNS OC 0000000085 to 86	$	22.69
WILLAMETTE UROLOGY, PC	**107.02**				
9/12/2018	21.39	Y	Urology visit Dr. Koppie - 01145 DOWNS TK 0000000002 to 6	$	21.39
10/22/2018	21.39	Y	Urology visit Dr. Koppie - 01145_DOWNS_TK_0000000007 to 12	$	21.39
12/9/2020	21.37	Y	Urology visit Dr. Koppie - 01145 DOWNS 0000003091 to 3095	$	21.37
1/6/2021	25.16	Y	Outpatient urology visit with Dr. Koppie - 01145 DOWNS TK 0000000026 to 30	$	25.16
11/23/2021	17.71	Y	Outpatient urology visit with Dr. Koppie - 01145 DOWNS TK 0000000035 to 40	$	17.71
			Total Payment	**$**	**5,082.44**

CCN Payments - Fancher, David

Patient Name	FANCHER,DAID WILLIAM
Years (Serice Start Date)	(All)

Row Labels	Sum of Claim Paid Amount
EMERGENCY CARE	**655.66**
8/6/2023	655.66
RADIOLOGY CT SCAN	**1271.02**
10/11/2024	1271.02
UROLOGY	**313.4**
5/27/2021	166.64
11/1/2021	23.27
11/18/2021	123.49

Related to Claimed Conditions? (Y/N)	Description	Payments Related to Claimed Conditions
N	ER visit for foot pain/bite	
Y	CT scan for flank pain and eval for RCC - 00275_FANCHER_0000004642	$ 1,271.02
Y	Urology eval for kidney cysts and RCC followup Dr. Mugharbil - UGH - 000002 to 5	$ 166.64
N	Uroflow for prostate, not RCC	
Y	Urology followup Prostate and RCC Dr. Mugharbil- UGH -000012 to 14	$ 123.49
	Total Related Charges	**$ 1,561.15**

VHA Payments - Fancher, David William

Patient Last Name	FANCHER
Fiscal Year	(All)

Row Labels	Sum of Outpatient Total Cost
(115) Ultrasound (US)	$ 381.31
2/18/2015	$ 381.31
(150) Computerized Tomography (CT)	$ 745.80
2/11/2015	$ 190.21
4/21/2016	$ 178.87
12/10/2018	$ 376.72
(414) Urology Clinic	$ 2,043.70
4/1/2015	$ 547.35
10/2/2015	$ 241.43
4/8/2016	$ 407.49
10/14/2016	$ 522.26
10/2/2017	$ 325.17

Related to Claimed Conditions? (Y/N)	Description	Total Cost Payments Related to Claimed Conditions	Direct Cost Payments to Claimed Conditions
Y	US renal for RCC surveillance - 00275_FANCHER_0000000660	$ 381.31	$ 225.56
N	No records (multiple CTs in Jan and April)		
Y	CT Abdomen/Pelvis for RCC surveillance - referenced in 00275_FANCHER_0000002957	$ 178.87	$ 90.42
Y	CT Abdomen/Pelvis for RCC surveillance - 00275_FANCHER_0000002957	$ 376.72	$ 235.04
Y	Urology consult - referenced in 00275_FANCHER_0000001484	$ 547.35	$ 291.13
Y	Urology visit Dr. Gray for RCC - 00275_FANCHER_0000001435	$ 241.43	$ 202.72
Y	Urology visit Dr. Gray for RCC - 00275_FANCHER_0000000600	$ 407.49	$ 248.80
Y	Urology visit Dr. Gray for RCC - 00275_FANCHER_0000000591	$ 522.26	$ 336.95
Y	Urology visit Dr. Gray for RCC - 00275 FANCHER 0000000869	$ 325.17	$ 208.73
	Total Related Charges	$ 2,980.59	$ 1,839.36

2,981

1,561

4,542

Medicare Payments - Gleesing, Joseph

Medicare Offsets - from 01486_GLEESING_0000007239_GLEESING_0000007315

Date of Service	Service Provided	Medicare Paid (Provider Paid)	Related to Claimed Conditions?	Related Payments
6/12/2024	Esoterix Genetic Laboratories - Flow Cytometry - 01486_GLEESING_0000010510	$ 53.00	Y	$ 53.00
6/28/2024	Bronson Methodist Hospital - IVIG infusion - 01486_GLEESING_0000010169	$ 2,259.00	Y	$ 2,259.00
7/26/2024	Bronson Methodist Hospital - IVIG infusion - 01486_GLEESING_0000010157	$ 2,368.84	Y	$ 2,369.00
8/22/2024	Rehab Specialists - for peripheral neuropathy related PT - 01486_GLEESING_0000010245 to 10321	$ 103.57	Y	$ 104.00
8/27/2024	Rehab Specialists - for peripheral neuropathy related PT - 01486_GLEESING_0000010309	$ 86.30	Y	$ 86.00
8/28/2024	Bronson Methodist Hospital - IgG measurement	$ 17.76	Y	$ 18.00
8/29/2024	Rehab Specialists - for peripheral neuropathy related PT - 01486_GLEESING_0000010245 to 10321	$ 65.88	Y	$ 66.00
9/3/2024	Rehab Specialists - for peripheral neuropathy related PT - 01486_GLEESING_0000010303	$ 77.51	Y	$ 78.00
9/5/2024	Rehab Specialists - for peripheral neuropathy related PT - 01486_GLEESING_0000010300	$ 57.00	Y	$ 57.00
9/24/2024	Rehab Specialists - for peripheral neuropathy related PT - 01486_GLEESING_0000010242	$ 57.00	Y	$ 57.00
9/26/2024	Rehab Specialists - for peripheral neuropathy related PT - 01486_GLEESING_0000010245 to 10321	$ 67.05	Y	$ 67.00
9/26/2024	Bronson Methodist Hospital - lab test for CLL, CBC, gammaglobulins - 01486_GLEESING_0000010134	$ 41.64	Y	$ 42.00
9/27/2024	Oncology followup - 01486_GLEESING_0000010130	$ 111.36	Y	$ 111.00
10/1/2024	Rehab Specialists - for peripheral neuropathy related PT - 01486_GLEESING_0000010251	$ 57.00	Y	$ 57.00
10/7/2024	Rehab Specialists - for peripheral neuropathy related PT - 01486_GLEESING_0000010258	$ 65.98	Y	$ 66.00
11/5/2024	Radiology read for 11/1 - MRI MRCP Pancreas Without and With Contrast [314578617] for pancreatic IPMN eval - 01486_GLEESING_0000010078	$ 113.79	Y	$ 114.00
10/30/2024	Rehab Specialists - for peripheral neuropathy related PT - 01486_GLEESING_0000010251	$ 66.84	Y	$ 67.00
9/9/2024	Flu vaccine	$ 112.69	N	
10/28/2024	Bronson Methodist Hospital - IVIG infusion - 01486_GLEESING_0000010124	$ 2,553.06	Y	$ 2,553.00
10/28/2024	Oncology followup - 01486_GLEESING_0000010098	$ 65.42	Y	$ 65.00
10/3/2024	Rehab Specialists - for peripheral neuropathy related PT - 01486_GLEESING_0000010245 to 10321	$ 73.41	Y	$ 73.00
10/11/2024	Rehab Specialists - for peripheral neuropathy related PT - 01486_GLEESING_0000010245 to 10321	$ 77.51	Y	$ 78.00
10/14/2024	Rehab Specialists - for peripheral neuropathy related PT - 01486_GLEESING_0000010245 to 10321	$ 66.84	Y	$ 67.00
11/1/2024	Bronson Methodist Hospital - MRI of abdomen - 01486_GLEESING_0000010078	$ 268.00	Y	$ 268.00
11/4/2024	Rehab Specialists - for peripheral neuropathy related PT - 01486_GLEESING_0000010245 to 10321	$ 75.24	Y	$ 75.00
11/6/2024	Rehab Specialists - for peripheral neuropathy related PT - 01486_GLEESING_0000010245 to 10321	$ 57.00	Y	$ 57.00
11/12/2024	Rehab Specialists - for peripheral neuropathy related PT - 01486_GLEESING_0000010245 to 10321	$ 57.00	Y	$ 57.00
11/14/2024	Rehab Specialists - for peripheral neuropathy related PT - 01486_GLEESING_0000010245 to 10321	$ 59.88	Y	$ 60.00
11/19/2024	Rehab Specialists - for peripheral neuropathy related PT - 01486_GLEESING_0000010245 to 10321	$ 67.05	Y	$ 67.00
11/21/2024	Rehab Specialists - for peripheral neuropathy related PT - 01486_GLEESING_0000010245 to 10321	$ 65.98	Y	$ 66.00
12/9/2024	Oncology followup - 01486_GLEESING_0000010042	$ 65.42	Y	$ 65.00
12/9/2024	Bronson Methodist Hospital - IVIG infusion - 01486_GLEESING_0000010049	$ 2,553.06	Y	$ 2,553.00
12/9/2024	Esoterix Genetic Laboratories - flow cytometry - 01486_GLEESING_0000010512	$ 52.68	Y	$ 53.00
12/9/2024	Esoterix Genetic Laboratories - flow cytometry - 01486_GLEESING_0000010512	$ 289.01	Y	$ 289.00
2/6/2025	Bronson Methodist Hospital - IVIG infusion - 01486_GLEESING_0000010028	$ 2,218.35	Y	$ 2,218.00
2/6/2025	Oncology followup - 01486_GLEESING_0000010005	$ 107.74	Y	$ 108.00
4/3/2025	Bronson Methodist Hospital - IVIG infusion - 01486_GLEESING_0000009999	$ 2,320.16	Y	$ 2,320.00
4/3/2025	Oncology followup - 01486_GLEESING_0000009977	$ 72.94	Y	$ 73.00
12/10/2024	Urology visit - BPH, unrelated	$ 54.46	N	
12/10/2024	Urology visit - BPH, unrelated	$ 92.12	N	
12/17/2024	Office visit - no notes	$ 154.49	N	
12/21/2024	Office visit - no notes	$ 58.31	N	
2/26/2025	PCP visit, muscle pain	$ 58.31	N	
2/26/2025	PCP visit, muscle pain	$ 39.60	N	
3/13/2025	Echocardiogram	$ 72.26	N	
3/16/2025	No records	$ 421.17	N	
3/17/2025	Cardiology followup	$ 50.66	N	
3/17/2025	No records	$ 98.98	N	
3/17/2025	No records	$ 49.52	N	
		Total Related Payments		**$ 16,835.00**

VHA Outpatient Payments - Gleesing, Joseph

Patient Last Name	GLEESING
Fiscal Year	(All)

Row Labels	Sum of Outpatient Total Cost
(108) Laboratory	**$ 777.48**
11/16/2017	$ 56.60
5/22/2018	$ 128.64
2/3/2017	$ 385.75
11/13/2017	$ 127.53
2/12/2018	$ 78.97
(147) Telephone Ancillary	**$ 44.07**
5/24/2017	$ 44.07
(323) Primary Care Medicine	**$ 965.13**
5/30/2018	$ 214.02
2/8/2017	$ 336.36
5/8/2017	$ 200.73
11/13/2017	$ 214.02
(338) Telephone Primary Care	**$ 253.36**
11/21/2017	$ 126.68
5/23/2018	$ 126.68
(PHA) Prescription Records	**$ 81.31**
11/16/2017	$ 26.90
11/21/2017	$ 39.02
1/5/2018	$ 15.39
(PRO) Prosthetic Records	**$ 648.95**
6/8/2017	$ 648.95
(308) Hematology	**$ 756.65**
11/16/2017	$ 378.33
2/22/2018	$ 378.33
(349) Sleep Medicine	**$ 704.30**
8/7/2017	$ 227.07
6/6/2017	$ 250.06
8/10/2017	$ 227.17

Related to Claimed Conditions? (Y/N)	Description	Total Cost Payments Related to Claimed Conditions	Direct Cost Payments to Claimed Conditions
Y	CBC and labs ordered by hematology - 01486_GLEESING_VHA_0000001634 to 1636	$ 56.60	$ 33.38
Y	Labs for CLL for oncology - 01486_GLEESING_0000004190,01486_GLEESING_0000002142 to 2143	$ 128.64	$ 66.22
Y	CLL labs, CLL abnormalities noted as critical - 01486_GLEESING_0000002165, 01486_GLEESING_0000006366	$ 385.75	$ 217.47
Y	Labs for CLL for PCP visit - 01486_GLEESING_0000000613 to 617	$ 127.53	$ 65.64
Y	CBC and labs ordered by hematology - 01486_GLEESING_VHA_0000001629 to 1631	$ 78.97	$ 40.65
Y	PCP follow up for lymphoma - 01486_GLEESING_0000000580 to 583	$ 214.02	$ 99.40
Y	PCP visit - Concern for elevated WBC and peripheral smear - 01486_GLEESING_VBA_0000000403	$ 336.36	$ 161.05
Y	PCP follow up for CLL - 01486_GLEESING_VBA_0000001411 to 1415	$ 200.73	$ 96.07
Y	PCP follow up for CLL - 01486_GLEESING_0000000613 to 617	$ 214.02	$ 99.40
N	Phone visit for cardiology coordination - 01486_GLEESING_0000000763		
N	Appointment reminder - 01486_GLEESING_VHA_0000000180		
N	No Records		
N	No Records		
N	No Records		
N	No Records		
Y	Hemotology clinic visit for CLL - 01486_GLEESING_VHA_0000001634 to 1636	$ 378.33	$ 208.01
Y	Hemotology clinic visit for CLL - 01486_GLEESING_VHA_0000001629 to 1631	$ 378.33	$ 208.01
N	Sleep study - 01486_GLEESING_0000000623		
N	Sleep study - 01486_GLEESING_0000006851		
N	Sleep study - 01486_GLEESING_0000000623		
	Total Related Charges	**$ 1,742.61**	**$ 879.27**

Tricare Non-Institutional - Gleesing, Joseph

Provided Name	GLEESING JOSEPH
Years (Begin Date of Care)	(All)
Amount Paid by Government (Procedure)	(Multiple Items)

Row Labels	Sum of Amount Paid by Government (Procedure)
BRONSON METHODIST HOSPITAL	131.44
12/21/2024	14.88
12/9/2024	16.9
2/6/2025	27.25
7/30/2025	30.71
7/24/2025	10.65
8/27/2025	30.3
9/15/2025	0.41
10/27/2025	0.34
REHAB SPECIALISTS, LLC	8.41
11/21/2024	8.41
SHPS, PLLC	34.02
8/2/2024	34.02
ASCENSION BORGESS HOSPITAL	20.2
2/26/2025	10.1
6/3/2025	10.1
ADVANCED RADIOLOGY SERVICES, P.C.	29.03
11/5/2024	29.03
ESOTERIX GENETIC LABORATORIES, LLC	33.55
12/9/2024	17.01
6/17/2025	16.54
PARAGON HEALTH, PC	7
12/17/2024	7
ASCENSION MEDICAL GROUP PROMED	25.34
3/17/2025	12.53
3/16/2025	12.81

Related to Claimed Conditions? (Y/N)	Description	Payments Related to Claimed Conditions
N	No records	
Y	IVIG infusion (and hematology/oncology office visit)- 01486_GLEESING_0000010042 to 10047)	$ 16.90
Y	IVIG infusion (and hematology/oncology office visit) - 01486_GLEESING_0000010005 to 10009	$ 27.25
N	No records (office visit with steroid injection)	
N	No records (office visit unspecified)	
N	No records (office visit unspecified)	
N	No records (office visit with steroid injection)	
N	No records (office visit with steroid injection)	
Y	PT visit for peripheral neuropathy - 01486_GLEESING_0000010298 to 10299	$ 8.41
N	CT angiogram for aortic aneurysm followup - 01486_GLEESING_0000009967	
N	PCP visit for back and neck pain - 01486_GLEESING_0000007203	
N	No records (office visit unspecified)	
Y	Follow up MRCP for pancreatic IPMN followup (cancer screening) - 01486_GLEESING_0000010078 to 10079	$ 29.03
Y	Flow cytometry lab testing for CLL - 01486_GLEESING_0000010512	$ 17.01
Y	Flow cytometry lab testing for CLL - 01486_GLEESING_0000010514	$ 16.54
N	No records (Fundus photography w/i&r - likely ophthalmology)	
N	Cardiology office visit for aneurysm - 01486_GLEESING_0000010394	
N	Cardiology echocardiogram for aneurysm - 01486_GLEESING_0000010386 to 10390	
	Total Related Charges	**$ 115.14**

Medicare Payments - Hill, Bruce

Bene Name	HILL, BRUCE W
Years (From Date)	(All)

Row Labels	Sum of Reimbursed Amount	Related to Claimed Conditions? (Y/N)	Description	Payments Related to Claimed Conditions
BACKER, JEFFREY	**$140.26**			
7/26/2017	$140.26	Y	Admit to Orlando Health "for acute URI, acute on chronic recurrent sinusitis" and treated with antibiotics, referenced in - 00028_HILL_0000008677, 00028_HILL_0000001239	$ 140.26
CURATIVE LABS INC	**$100.00**			
1/20/2022	$100.00	N	Curative Labs Inc - No Records	
GAINESVILLE FL ORTHOPAEDIC	**$1,508.24**			
3/27/2018	$1,508.24	N	Orthopedic visit - no records	
HALLER, ALLISON S	**$125.30**			
3/27/2018	$125.30	N	Orthopedic visit - no records	
HOLIDAY CVS LLC	**$94.04**			
3/22/2023	$94.04	N	HOLIDAY CVS LLC - no records	
IRFAN, ISMAT	**$5.58**			
7/28/2017	$5.58	Y	Admit to Orlando Health "for acute URI, acute on chronic recurrent sinusitis" and treated with antibiotics, referenced in - 00028_HILL_0000008677, 00028_HILL_0000001239	$ 5.58
JAIN, VIDYA S	**$1,485.13**			
12/20/2017	$133.54	N	No Records	
1/24/2018	$84.86	N	No Records	
3/14/2018	$57.47	N	No Records	
3/27/2018	$1,151.79	N	Sheridan Healthcare and KETCHUM WOOD & BURGERT CHART (pathology - no records)	
7/11/2018	$57.47	N	No Records - mention of viral hepatitis panels by LPN	
KETCHUM WOOD & BURGERT CHART	**$85.44**			
3/27/2018	$85.44	N	Sheridan Healthcare and KETCHUM WOOD & BURGERT CHART (pathology - no records)	
ORLANDO HEALTH ORLANDO REGIONAL MEDICAL CENTER	**$1,631.51**			
7/26/2017	$1,631.51	Y	Admit to Orlando Health "for acute URI, acute on chronic recurrent sinusitis" and treated with antibiotics, referenced in - 00028_HILL_0000008677, 00028_HILL_0000001239	$ 1,631.51
PHYSICIANS IMAGING LAKE CITY	**$192.47**			
10/13/2020	$96.82	N	US abdomen for follow up of gallbladder polyp (OP-0386801363)	
10/1/2021	$95.65	N	US abdomen for follow up of gallbladder polyp (OP-0123572218)	
STRAUSS, GUY S	**$2,137.99**			
12/12/2017	$208.02	N	No Records	
1/8/2018	$6.02	N	No Records	
1/23/2018	$111.57	N	Routine Labs, UA, lipids	
2/16/2018	$37.24	N	Urine Cytology (negative) for hematuria	
7/27/2018	$341.79	N	Routine Labs, UA, lipids	
1/25/2019	$59.12	N	Routine Labs, CBC, chem	
7/2/2019	$131.96	N	No Records	
8/5/2019	$64.53	N	No Records	
11/8/2019	$84.81	N	Routine Labs, Chem, lipids	
2/11/2020	$75.86	N	CADMIUM MEDICAL SURVEILLANCE SCREENING - copper testing	
4/7/2020	$19.40	N	No Records	
5/12/2020	$65.64	N	Routine Labs, Chem, lipids	
8/14/2020	$379.25	N	Vitamin D Testing	
9/3/2020	$61.00	N	No Records	
3/5/2021	$48.56	N	Routine blood tests, Alk Phos	
6/9/2021	$26.61	N	No Records	
9/9/2021	$416.61	N	No Records	
			Total Related Charges	**$ 1,777.35**

VHA Inpatient Payments - Hill, Bruce

Patient Last Name	HILL

Row Labels	Sum of Inpatient Total Cost
GENERAL ACUTE MEDICINE	$ 121,070
5/31/2005	$ 14,640
2/22/2010	$ 8,941
1/13/2011	$ 8,501
6/18/2012	$ 9,357
3/15/2013	$ 9,949
6/6/2013	$ 11,500
6/24/2013	$ 5,419
12/29/2020	$ 12,196
1/1/2021	$ 3,809
6/30/2024	$ 2,086
7/1/2024	$ 26,602
10/9/2024	$ 8,070

Related to Claimed Conditions? (Y/N)	Description	Total Cost Payments Related to Claimed Conditions	Direct Cost (Fixed + Variable) Payments to Claimed Conditions
Y	Hospital admit for CLL Cycle 1 of Rituxan + Fludarabine 5/31-6/27/2005 - 00028_HILL_0000000068 to 72	$ 14,640.43	$ 10,576.88
Y	Hospital admit for excisional lymph node biopsy, bone marrow biopsy - 2/22/2010 to 2/26/2010 - 00028_HILL_0000007417 to 7420	$ 8,940.91	$ 4,614.53
Y	Hospital admit for chemo Bendamustine + Mitoxatrone for CLL 1/13/11 to 1/17/11 - 00028_HILL_0000000062	$ 8,501.44	$ 4,358.29
Y	Port placement for chemotherapy - 00028_HILL_0000003026	$ 9,357.04	$ 5,764.83
Y	Hospitalizaiton for fever and lymphaednopathy due to CLL progression/recurrence - treated for shingles, CT scans done - 00028_HILL_0000007406 to 7420	$ 9,949.04	$ 5,899.95
Y	Veteran was recently hospitalized at GNV-VAMC for neutropenic fever - "telephone consult to GNV-Heme/Onco with recommendations for '..antibiotics until ANC greater than 1000, and Blood C/S and other microbiology are negative. Consider Neupogen although not typically used w/ Bendamustine.'" Jun 06-11, 2013; referenced in 00028 HILL 000000236	$ 11,499.84	$ 6,904.64
Y	Hospitalization for Fever, associated with post-chemotherapy Neutropenia; 6/24-6/26/25 00028 HILL 0000005889 to 5895	$ 5,419.00	$ 3,208.97
N	Hospitalization for abdominal pain found with Cholecystitis, found on ERCP with multiple bleeding ulcers - no CLL related - 12/28/20 to 12/29/20 - 00028_HILL_0000000035, 00028_HILL_0000005581		
N	Hospitalization for abdominal pain found with Cholecystitis, found on ERCP with multiple bleeding ulcers - no CLL related - 12/28/20 to 12/29/20 - 00028_HILL_0000000035, 00028_HILL_0000005581		
Y	Hospitalization for Salmonella colitis on 6/30/24 to 7/6/24 with bacteremia treated with antibiotics - 00028_HILL_0000013653 to 13662	$ 2,086.36	$ 904.43
Y	Hospitalization for Salmonella colitis on 6/30/24 to 7/6/24 with bacteremia treated with antibiotics - 00028_HILL_0000013653 to 13662	$ 26,602.34	$ 12,937.13
N	Hospitalizaiton for evaluation of the intracardiac mass, cardiothoracic surgery evaluation, found to be atrial myxoma not CLL - 00028_HILL_0000013190 to 13784		
	Total Related Charges	**$ 96,996.39**	**$ 55,169.64**

VHA Outpatient Payments - Hill, Bruce

Patient Last Name	HILL
Fiscal Year	(All)

Row Labels	Sum of Outpatient Total Cost
(115) Ultrasound (US)	$ 5,946.55
12/17/2008	$ 1,104.97
12/3/2010	$ 1,134.85
9/30/2013	$ 440.30
8/6/2019	$ 355.22
12/27/2019	$ 389.32
12/28/2020	$ 532.98
2/22/2021	$ 614.94
8/31/2022	$ 538.34
11/27/2024	$ 835.63
(130) Emergency Department	$ 43,604.90
8/8/2008	$ 353.06
2/5/2010	$ 449.11
6/29/2010	$ 449.11
10/28/2010	$ 742.12
2/8/2011	$ 270.74
5/6/2011	$ 270.74
2/13/2012	$ 486.89
7/7/2012	$ 546.71
7/26/2012	$ 486.89
11/6/2012	$ 576.13
11/19/2012	$ 576.13
12/27/2012	$ 416.22
2/4/2013	$ 576.13
2/5/2013	$ 576.13
3/14/2013	$ 576.13
6/4/2013	$ 576.13
6/23/2013	$ 576.13
12/28/2013	$ 603.23
1/11/2014	$ 603.23
5/7/2014	$ 528.27
9/17/2014	$ 527.85
11/17/2014	$ 634.85
8/7/2015	$ 634.85
11/19/2015	$ 611.32
12/7/2015	$ 611.32
12/26/2015	$ 611.32
3/15/2016	$ 611.32
4/11/2016	$ 611.32
8/16/2016	$ 611.32
12/20/2016	$ 640.49
12/25/2016	$ 1,280.99
4/19/2017	$ 593.43
4/23/2017	$ 640.49
5/14/2017	$ 762.45
6/2/2017	$ 762.45
6/11/2017	$ 762.45
10/30/2018	$ 585.65
6/13/2019	$ 872.23
1/6/2020	$ 1,216.82
10/3/2020	$ 858.66
12/21/2020	$ 858.66
12/28/2020	$ 858.66
2/22/2021	$ 1,165.70
6/13/2022	$ 818.57
8/4/2022	$ 818.57
10/23/2022	$ 909.52
7/12/2023	$ 909.52
9/7/2023	$ 1,397.39
9/8/2023	$ 1,397.39
10/6/2023	$ 1,413.43
11/26/2023	$ 892.09

Related to Claimed Conditions? (Y/N)	Description	Total Cost Payments Related to Claimed Conditions	Direct Cost Payments to Claimed Conditions
Y	Port placement for chemothrapy (00028_HILL_0000003632)	$ 1,104.97	$ 656.49
N	US guided IV placement (Radiology note - DATE OF NOTE: DEC 03, 2010@13:34), no details provided		
N	US for abdominal pain not related to CLL		
N	Ultrasound of abdomen for abdominal pain with gallbladder polyp - referenced in 00028_HILL_0000006127		
N	Ultrasound of abdomen followup for hepatomegaly		
N	Hospitalization for abdominal pain found with Cholecystitis, found on ERCP with multiple bleeding ulcers - no CLL related - 12/28/20 to 12/29/20 - 00028_HILL_0000000035, 00028_HILL_0000005581		
N	ER visit for abdominal pain non-CLL related - 00028_HILL_0000006707		
N	Ultrasound for symptoms of BPH		
N	Ultrasound for symptoms of BPH		
Y	ER visit for abdominal pain with elevated WBC and night sweats found with CLL symptoms - 00028_HILL_0000003676 to 3680	$ 353.06	$ 226.54
N	ER visit for chest wall pain, muscular - 00028_HILL_0000003503 to 3506		
Y	ER visit for sinusitis and pharyngitis - 00028_HILL_0000003362	$ 449.11	$ 271.58
Y	ER visit for sinusitis and pharyngitis - 00028_HILL_0000008037	$ 742.12	$ 431.81
Y	ER visit for sinusitis and pharyngitis - 00028_HILL_0000003213	$ 270.74	$ 158.05
Y	ER visit for sinusitis symptoms - 00028_HILL_0000007560	$ 270.74	$ 158.05
Y	ER visit for sinusitis symptoms - 00028_HILL_0000003085	$ 486.89	$ 297.30
Y	ER visit for sinusitis symptoms - 00028_HILL_0000007819	$ 546.71	$ 328.99
Y	ER visit for sinusitis symptoms - 00028_HILL_0000008543	$ 486.89	$ 297.30
Y	ER visit for sinusitis symptoms - 00028_HILL_0000008501	$ 576.13	$ 361.12
Y	ER visit for sinusitis symptoms - 00028_HILL_0000008493	$ 576.13	$ 361.12
Y	ER visit for sinusitis symptoms - 00028_HILL_0000011124	$ 416.22	$ 265.16
Y	ER visit for sinusitis symptoms - 00028_HILL_0000007381	$ 576.13	$ 361.12
Y	ER visit for sinusitis symptoms - 00028_HILL_0000007374	$ 576.13	$ 361.12
N	ER visit for fever and penile lesions - 00028_HILL_0000007362		
Y	ER visit for fever and abdominal pain after rituximab (cancer and chemo related fever) - 00028_HILL_0000002564	$ 576.13	$ 361.12
Y	ER visit for fever and weakness 3 days after chemo - 00028_HILL_0000005936	$ 576.13	$ 361.12
Y	ER visit for URI symptoms - 00028_HILL_0000006435	$ 603.23	$ 372.21
N	ER visit for generalized itching - 00028_HILL_0000002177		
Y	ER visit for abdominal pain "related to leukemia" - 00028 _HILL_0000011490	$ 528.27	$ 351.38
N	ER visit for hand/wrist pain after mechnical work - 00028_HILL_0000007632		
Y	ER visit for URI symptoms - 00028_HILL_0000001846	$ 634.85	$ 399.71
N	ER visit for diarrhea - likely viral - 00028 _HILL_0000011434		
N	ER visit for low back pain - 00028_HILL_0000007103		
N	ER visit for right ear pain and tinnitus - 00028_HILL_0000001641		
Y	ER visit for sinus symptoms, drainage - 00028 _HILL_0000011326	$ 611.32	$ 400.00
N	ER visit for stepped off curb, hyper-extended leg - 00028 _HILL_0000011250		
N	ER visit for stuffy ears, ingrown nail - 00028 _HILL_0000011235		
Y	ER visit for sinus symptoms - 00028_HILL_0000005622	$ 611.32	$ 400.00
Y	ER visit for sinus symptoms - 00028_HILL_0000006815	$ 640.49	$ 411.92
Y	ER visit for sinus symptoms - 00028_HILL_0000006811	$ 1,280.99	$ 823.85
Y	ER visit for throat and pharyngitis symptoms, recurrent infection from immune suppression/hypogammaglobulinemia - 00028_HILL_VHA_0000000231 to 235	$ 593.43	$ 358.70
Y	ER visit for sinus symptoms and headache, recurrent infection from immune suppression/hypogammaglobulinemia - 00028_HILL_0000006784	$ 640.49	$ 411.92
Y	CT for neck and maxilofacial for sinusitis - 00028_HILL_0000001330	$ 762.45	$ 500.38
Y	ER visit for sinus symptoms cough and congestion - 00028_HILL_0000006741	$ 762.45	$ 500.38
Y	Hospital Observation for odynophagia, CT for neck and maxilofacial for sinusitis, rule out abscess and reviewed by oncology - 00028_HILL_0000007193, 00028_HILL_0000008739	$ 762.45	$ 500.38
N	ER visit for L knee pain and swelling - 00028_HILL_0000007202		
Y	ER visit for sinus symptoms and headache	$ 872.23	$ 659.22
N	ER visit for abdominal pain (no CLL cause) - CT done - 00028_HILL_0000006095		
N	ER visit for nausea, vomiting, dizziness (no CLL cause) - CT done		
N	ER visit for vertigo - 00028_HILL_0000005753		
N	Hospitalization for abdominal pain found with Cholecystitis, found on ERCP with multiple bleeding ulcers - no CLL related - 12/28/20 to 12/29/20 - 00028_HILL_0000000035, 00028_HILL_0000005581		
N	ER visit for abdominal pain non-CLL related - 00028_HILL_0000006707		
N	ER visit for foot pain from jumping - 00028_HILL_0000008787		
Y	ER visit for sinus and back pain symptoms - 00028_HILL_0000000175	$ 818.57	$ 511.34
N	ER visit for sinus symptoms - 00028_HILL_0000007472		
N	No records		
Y	ER visit for URI symptoms, recurrent infection from immune suppression/hypogammaglobulinemia - 00028_HILL_VHA_0000000100 to 102	$ 1,397.39	$ 716.78
Y	ER visit for URI symptoms, recurrent infection from immune suppression/hypogammaglobulinemia - 00028_HILL_VHA_0000000902 to 904	$ 1,397.39	$ 716.78
N	No records		
N	No records		

6/29/2024	$	892.09	N	ER visit for diarrhea - no clear cause - 00028_HILL_0000013691			
6/30/2024	$	1,413.43	Y	Hospitalization for Salmonella colitis on 6/30/24 to 7/6/24 with bacteremia treated with antibiotics - 00028 _HILL_0000013653 to 13662	$ 1,413.43	$	798.68
9/5/2024	$	1,413.43	N	ER visit for dar ened urine, dehydration - 00028_HILL_0000013498			
9/20/2024	$	1,191.05	Y	ER visit for URI symptoms - 00028_HILL_VHA_0000000889 to 893	$ 1,191.05	$	634.62
10/8/2024	$	1,287.31	N	ER visit for dyspnea and rib pain - 00028 _HILL_0000013463			
10/9/2024	$	1,287.31	N	Hospitalizaiton for evaluation of the intracardiac mass, cardiothoracic surgery evaluation, found to be atrial my oma not CLL - 00028_HILL_0000013190 to 13784			
(150) Computeri ed Tomography (CT)	**$**	**13,798.72**					
8/1/2005	$	399.39	Y	Outpatient infusion/oncology visit - 00028_HILL_0000003894, CT NECK SOFT TISSUE W/CONT-RAD CT-08/01/2005 08 54 for oncology surveillance CT - 00028_HILL_0000013065	$ 399.39	$	217.21
9/29/2005	$	399.39	Y	CT NECK SOFT TISSUE W/CONT - 52yo AAM w/CLL, s/p chemo for surveillance 00028_HILL_0000006546	$ 399.39	$	217.21
12/8/2005	$	357.01	Y	CT for oncology (referenced in oncology RN note 00028_HILL_0000003825)	$ 357.01	$	239.58
12/1/2006	$	406.47	Y	CT NECK SOFT TISSUE/THORAX/ABD/PELVIS W/CONT - 54yo AAM w/CLL s/p chemo for disease surveillance - referenced in 00028_HILL_0000008365	$ 406.47	$	249.66
6/11/2007	$	665.72	N	CT head, no records			
12/3/2007	$	458.05	Y	CT body for oncology referenced in 00028_HILL_0000008366	$ 458.05	$	275.24
8/9/2008	$	221.95	Y	CT abdomen for oncology 00028_HILL_0000003680	$ 221.95	$	133.30
10/7/2008	$	658.58	N	PCP re uest - Referrals/Classes CT STAT TODAY ABDOMEN/PELVIS AND CHEST R/O PE.			
1/4/2010	$	423.16	Y	CT chest/abd/pelvis - Concern for lymphadenopathy and cancer - 00028_HILL_0000006391	$ 423.16	$	236.65
2/18/2010	$	572.55	Y	PET CT for cancer screening - referenced in 00028_HILL_0000003490	$ 572.55	$	321.40
4/22/2011	$	509.96	Y	CT for response to chemo - referenced in 00028_HILL_0000007527	$ 509.96	$	257.78
4/24/2012	$	588.45	Y	chemotherapy followup CT - 00028_HILL_0000003050	$ 588.45	$	327.60
8/23/2012	$	683.67	Y	CT ma illofacial for sinuses/chronic sinusitis/bleed - "Reason for Study persistent pain and drainage w/ blood"	$ 683.67	$	393.44
3/15/2013	$	500.87	Y	Hospitalizaiton for fever and lymphaednopathy due to CLL progression/recurrence - treated for shingles, CT scans done - 00028_HILL_0000007406	$ 500.87	$	310.93
9/16/2013	$	483.92	Y	Surveillance CT ordered by oncology , referenced in 00028_HILL_0000002268	$ 483.92	$	302.41
12/24/2013	$	428.33	Y	Surveillance CT ordered by oncology , referenced in 00028_HILL_0000006448	$ 428.33	$	247.73
5/8/2014	$	283.25	N	CT for abdominal pain, CT head, not CLL related			
7/31/2014	$	428.33	Y	CT for oncology followup, subcarinal lymph nodes - 00028_HILL_0000011569	$ 428.33	$	247.73
5/14/2017	$	208.89	Y	CT for nec and ma ilofacial for sinusitis - 00028_HILL_0000001330	$ 208.89	$	124.27
6/11/2017	$	362.23	Y	Hospital Observation for odynophagia, CT for nec and ma ilofacial for sinusitis, rule out abscess and reviewed by oncology - 00028_HILL_0000007193, 00028_HILL_0000008739	$ 362.23	$	225.08
1/6/2020	$	317.55	N	ER visit for abdominal pain (no CLL cause) - CT done - 00028_HILL_0000006095			
10/3/2020	$	255.51	N	ER visit for nausea, vomiting, dizziness (no CLL cause) - CT done			
3/6/2023	$	418.01	N	CT for "RUQ pain, eval for gallstones"			
6/16/2023	$	622.05	Y	CT for "SLL surveillance" - 00028_HILL_0000013113	$ 622.05	$	268.96
10/6/2023	$	350.24	N	No records			
1/17/2024	$	843.04	Y	CT for CLL/SLL surveillance, referenced in 00028 _HILL_0000013772	$ 843.04	$	430.17
6/4/2024	$	734.44	Y	CT for CLL/SLL surveillance, - 00028 _HILL_0000013535	$ 734.44	$	305.37
6/30/2024	$	442.96	Y	Hospitalization for Salmonella colitis on 6/30/24 to 7/6/24 with bacteremia treated with antibiotics - 00028 _HILL_0000013653 to 13662	$ 442.96	$	226.02
10/8/2024	$	774.76	N	ER visit for dyspnea and rib pain - 00028 _HILL_0000013463			
(301) General Internal Medicine	**$**	**2,670.87**					
10/19/2006	$	556.96	N	Visit for lipoma, lymphadenoapthy and nee pain			
10/28/2015	$	410.55	N	Rheumatology note for de uervain s tenosynovitis			
8/12/2016	$	278.68	N	General e am - C P? no other notes			
8/29/2016	$	410.55	N	General e am - C P? no other notes			
12/21/2021	$	610.50	N	COVID screen - 00028_HILL_0000008854			
6/30/2024	$	403.64	Y	Hospitalization for Salmonella colitis on 6/30/24 to 7/6/24 with bacteremia treated with antibiotics - 00028 _HILL_0000013653 to 13662	$ 403.64	$	254.78
(308) Hematology	**$**	**78,663.59**					
4/13/2010	$	690.31	Y	Hematology/Oncology Visits 00028_HILL_0000000183 to 00028 _HILL_0000013769 Chemotherapy/Chemo pharmacy Notes 00028_HILL_0000002896 to 00028_HILL_0000008564	$ 690.31	$	407.46
12/7/2004	$	244.69	Y	Hematology/Oncology Visits 00028_HILL_0000000183 to 00028 _HILL_0000013769 Chemotherapy/Chemo pharmacy Notes 00028_HILL_0000002896 to 00028_HILL_0000008565	$ 244.69	$	117.25
3/15/2005	$	244.69	Y	Hematology/Oncology Visits 00028_HILL_0000000183 to 00028 _HILL_0000013769 Chemotherapy/Chemo pharmacy Notes 00028_HILL_0000002896 to 00028_HILL_0000008566	$ 244.69	$	117.25
5/24/2005	$	244.69	Y	Hematology/Oncology Visits 00028_HILL_0000000183 to 00028 _HILL_0000013769 Chemotherapy/Chemo pharmacy Notes 00028_HILL_0000002896 to 00028_HILL_0000008567	$ 244.69	$	117.25
7/19/2005	$	244.69	Y	Hematology/Oncology Visits 00028_HILL_0000000183 to 00028 _HILL_0000013769 Chemotherapy/Chemo pharmacy Notes 00028_HILL_0000002896 to 00028_HILL_0000008568	$ 244.69	$	117.25
8/23/2005	$	244.69	Y	Hematology/Oncology Visits 00028_HILL_0000000183 to 00028 _HILL_0000013769 Chemotherapy/Chemo pharmacy Notes 00028_HILL_0000002896 to 00028_HILL_0000008576	$ 244.69	$	117.25

			Y	Hematology/Oncology Visits 00028_HILL_0000000183 to 00028_HILL_0000013769 Chemotherapy/Chemo pharmacy Notes 00028_HILL_0000002896 to 00028_HILL_0000008584			
10/4/2005	$	533.62			$	533.62	$ 186.25
			Y	Hematology/Oncology Visits 00028_HILL_0000000183 to 00028_HILL_0000013769 Chemotherapy/Chemo pharmacy Notes 00028_HILL_0000002896 to 00028_HILL_0000008589			
1/3/2006	$	286.54			$	286.54	$ 100.42
			Y	Hematology/Oncology Visits 00028_HILL_0000000183 to 00028_HILL_0000013769 Chemotherapy/Chemo pharmacy Notes 00028_HILL_0000002896 to 00028_HILL_0000008592			
4/18/2006	$	286.54			$	286.54	$ 100.42
			Y	Hematology/Oncology Visits 00028_HILL_0000000183 to 00028_HILL_0000013769 Chemotherapy/Chemo pharmacy Notes 00028_HILL_0000002896 to 00028_HILL_0000008573			
12/12/2006	$	208.54			$	208.54	$ 99.14
			Y	Hematology/Oncology Visits 00028_HILL_0000000183 to 00028_HILL_0000013769 Chemotherapy/Chemo pharmacy Notes 00028_HILL_0000002896 to 00028_HILL_0000008574			
3/6/2007	$	208.54			$	208.54	$ 99.14
			Y	Hematology/Oncology Visits 00028_HILL_0000000183 to 00028_HILL_0000013769 Chemotherapy/Chemo pharmacy Notes 00028_HILL_0000002896 to 00028_HILL_0000008575			
3/11/2008	$	226.49			$	226.49	$ 119.46
			Y	Hematology/Oncology Visits 00028_HILL_0000000183 to 00028_HILL_0000013769 Chemotherapy/Chemo pharmacy Notes 00028_HILL_0000002896 to 00028_HILL_0000008576			
5/6/2008	$	226.49			$	226.49	$ 119.46
			Y	Hematology/Oncology Visits 00028_HILL_0000000183 to 00028_HILL_0000013769 Chemotherapy/Chemo pharmacy Notes 00028_HILL_0000002896 to 00028_HILL_0000008577			
8/12/2008	$	226.49			$	226.49	$ 119.46
			Y	Hematology/Oncology Visits 00028_HILL_0000000183 to 00028_HILL_0000013769 Chemotherapy/Chemo pharmacy Notes 00028_HILL_0000002896 to 00028_HILL_0000008578			
11/4/2008	$	216.52			$	216.52	$ 100.41
			Y	Hematology/Oncology Visits 00028_HILL_0000000183 to 00028_HILL_0000013769 Chemotherapy/Chemo pharmacy Notes 00028_HILL_0000002896 to 00028_HILL_0000008579			
12/23/2008	$	216.52			$	216.52	$ 100.41
			Y	Hematology/Oncology Visits 00028_HILL_0000000183 to 00028_HILL_0000013769 Chemotherapy/Chemo pharmacy Notes 00028_HILL_0000002896 to 00028_HILL_0000008594			
1/27/2009	$	216.52			$	216.52	$ 100.41
			Y	Hematology/Oncology Visits 00028_HILL_0000000183 to 00028_HILL_0000013769 Chemotherapy/Chemo pharmacy Notes 00028_HILL_0000002896 to 00028_HILL_0000008595			
2/24/2009	$	216.52			$	216.52	$ 100.41
			Y	Hematology/Oncology Visits 00028_HILL_0000000183 to 00028_HILL_0000013769 Chemotherapy/Chemo pharmacy Notes 00028_HILL_0000002896 to 00028_HILL_0000008596			
3/24/2009	$	216.52			$	216.52	$ 100.41
			Y	Hematology/Oncology Visits 00028_HILL_0000000183 to 00028_HILL_0000013769 Chemotherapy/Chemo pharmacy Notes 00028_HILL_0000002896 to 00028_HILL_0000008597			
4/21/2009	$	216.52			$	216.52	$ 100.41
			Y	Hematology/Oncology Visits 00028_HILL_0000000183 to 00028_HILL_0000013769 Chemotherapy/Chemo pharmacy Notes 00028_HILL_0000002896 to 00028_HILL_0000008598			
5/26/2009	$	216.52			$	216.52	$ 100.41
			Y	Hematology/Oncology Visits 00028_HILL_0000000183 to 00028_HILL_0000013769 Chemotherapy/Chemo pharmacy Notes 00028_HILL_0000002896 to 00028_HILL_0000008585			
8/4/2009	$	216.52			$	216.52	$ 100.41
			Y	Hematology/Oncology Visits 00028_HILL_0000000183 to 00028_HILL_0000013769 Chemotherapy/Chemo pharmacy Notes 00028_HILL_0000002896 to 00028_HILL_0000008586			
2/9/2010	$	690.31			$	690.31	$ 407.46
			Y	Hematology/Oncology Visits 00028_HILL_0000000183 to 00028_HILL_0000013769 Chemotherapy/Chemo pharmacy Notes 00028_HILL_0000002896 to 00028_HILL_0000008606			
3/23/2010	$	690.31			$	690.31	$ 407.46
			Y	Hematology/Oncology Visits 00028_HILL_0000000183 to 00028_HILL_0000013769 Chemotherapy/Chemo pharmacy Notes 00028_HILL_0000002896 to 00028_HILL_0000008588			
4/15/2010	$	122.18			$	122.18	$ 74.71
			Y	Hematology/Oncology Visits 00028_HILL_0000000183 to 00028_HILL_0000013769 Chemotherapy/Chemo pharmacy Notes 00028_HILL_0000002896 to 00028_HILL_0000008608			
5/11/2010	$	690.31			$	690.31	$ 407.46
			Y	Hematology/Oncology Visits 00028_HILL_0000000183 to 00028_HILL_0000013769 Chemotherapy/Chemo pharmacy Notes 00028_HILL_0000002896 to 00028_HILL_0000008609			
6/15/2010	$	690.31			$	690.31	$ 407.46
			Y	Hematology/Oncology Visits 00028_HILL_0000000183 to 00028_HILL_0000013769 Chemotherapy/Chemo pharmacy Notes 00028_HILL_0000002896 to 00028_HILL_0000008612			
11/2/2010	$	556.32			$	556.32	$ 208.15
			Y	Hematology/Oncology Visits 00028_HILL_0000000183 to 00028_HILL_0000013769 Chemotherapy/Chemo pharmacy Notes 00028_HILL_0000002896 to 00028_HILL_0000008592			
12/21/2010	$	556.32			$	556.32	$ 208.15

			Y	Hematology/Oncology Visits 00028_HILL_0000000183 to 00028_HILL_0000013769 Chemotherapy/Chemo pharmacy Notes 00028_HILL_0000002896 to 00028_HILL_0000008613			
1/11/2011	$	556.32			$	556.32	$ 208.15
			Y	Hematology/Oncology Visits 00028_HILL_0000000183 to 00028_HILL_0000013769 Chemotherapy/Chemo pharmacy Notes 00028_HILL_0000002896 to 00028_HILL_0000008594			
1/25/2011	$	208.84			$	208.84	$ 130.57
			Y	Hematology/Oncology Visits 00028_HILL_0000000183 to 00028_HILL_0000013769 Chemotherapy/Chemo pharmacy Notes 00028_HILL_0000002896 to 00028_HILL_0000008595			
4/12/2011	$	208.84			$	208.84	$ 130.57
			Y	Hematology/Oncology Visits 00028_HILL_0000000183 to 00028_HILL_0000013769 Chemotherapy/Chemo pharmacy Notes 00028_HILL_0000002896 to 00028_HILL_0000008596			
5/31/2011	$	208.84			$	208.84	$ 130.57
			Y	Hematology/Oncology Visits 00028_HILL_0000000183 to 00028_HILL_0000013769 Chemotherapy/Chemo pharmacy Notes 00028_HILL_0000002896 to 00028_HILL_0000008597			
6/21/2011	$	208.84			$	208.84	$ 130.57
			Y	Hematology/Oncology Visits 00028_HILL_0000000183 to 00028_HILL_0000013769 Chemotherapy/Chemo pharmacy Notes 00028_HILL_0000002896 to 00028_HILL_0000008598			
8/23/2011	$	208.84			$	208.84	$ 130.57
			Y	Hematology/Oncology Visits 00028_HILL_0000000183 to 00028_HILL_0000013769 Chemotherapy/Chemo pharmacy Notes 00028_HILL_0000002896 to 00028_HILL_0000008599			
9/13/2011	$	208.84			$	208.84	$ 130.57
			Y	Hematology/Oncology Visits 00028_HILL_0000000183 to 00028_HILL_0000013769 Chemotherapy/Chemo pharmacy Notes 00028_HILL_0000002896 to 00028_HILL_0000008600			
10/11/2011	$	272.28			$	272.28	$ 157.32
			Y	Hematology/Oncology Visits 00028_HILL_0000000183 to 00028_HILL_0000013769 Chemotherapy/Chemo pharmacy Notes 00028_HILL_0000002896 to 00028_HILL_0000008601			
10/24/2011	$	976.34			$	976.34	$ 609.71
			Y	Hematology/Oncology Visits 00028_HILL_0000000183 to 00028_HILL_0000013769 Chemotherapy/Chemo pharmacy Notes 00028_HILL_0000002896 to 00028_HILL_0000008602			
11/8/2011	$	272.28			$	272.28	$ 157.32
			Y	Hematology/Oncology Visits 00028_HILL_0000000183 to 00028_HILL_0000013769 Chemotherapy/Chemo pharmacy Notes 00028_HILL_0000002896 to 00028_HILL_0000008603			
2/14/2012	$	272.28			$	272.28	$ 157.32
			Y	Hematology/Oncology Visits 00028_HILL_0000000183 to 00028_HILL_0000013769 Chemotherapy/Chemo pharmacy Notes 00028_HILL_0000002896 to 00028_HILL_0000008604			
4/3/2012	$	272.28			$	272.28	$ 157.32
			Y	Hematology/Oncology Visits 00028_HILL_0000000183 to 00028_HILL_0000013769 Chemotherapy/Chemo pharmacy Notes 00028_HILL_0000002896 to 00028_HILL_0000008605			
5/1/2012	$	272.28			$	272.28	$ 157.32
			Y	Hematology/Oncology Visits 00028_HILL_0000000183 to 00028_HILL_0000013769 Chemotherapy/Chemo pharmacy Notes 00028_HILL_0000002896 to 00028_HILL_0000008606			
5/29/2012	$	272.28			$	272.28	$ 157.32
			Y	Hematology/Oncology Visits 00028_HILL_0000000183 to 00028_HILL_0000013769 Chemotherapy/Chemo pharmacy Notes 00028_HILL_0000002896 to 00028_HILL_0000008607			
7/10/2012	$	102.08			$	102.08	$ 41.34
			Y	Hematology/Oncology Visits 00028_HILL_0000000183 to 00028_HILL_0000013769 Chemotherapy/Chemo pharmacy Notes 00028_HILL_0000002896 to 00028_HILL_0000008608			
7/31/2012	$	102.08			$	102.08	$ 41.34
			Y	Hematology/Oncology Visits 00028_HILL_0000000183 to 00028_HILL_0000013769 Chemotherapy/Chemo pharmacy Notes 00028_HILL_0000002896 to 00028_HILL_0000008609			
9/11/2012	$	102.08			$	102.08	$ 41.34
			Y	Hematology/Oncology Visits 00028_HILL_0000000183 to 00028_HILL_0000013769 Chemotherapy/Chemo pharmacy Notes 00028_HILL_0000002896 to 00028_HILL_0000008633			
10/2/2012	$	331.49			$	331.49	$ 185.40
			Y	Hematology/Oncology Visits 00028_HILL_0000000183 to 00028_HILL_0000013769 Chemotherapy/Chemo pharmacy Notes 00028_HILL_0000002896 to 00028_HILL_0000008634			
11/13/2012	$	331.49			$	331.49	$ 185.40
			Y	Hematology/Oncology Visits 00028_HILL_0000000183 to 00028_HILL_0000013769 Chemotherapy/Chemo pharmacy Notes 00028_HILL_0000002896 to 00028_HILL_0000008612			
2/19/2013	$	331.49			$	331.49	$ 185.40
			Y	Hematology/Oncology Visits 00028_HILL_0000000183 to 00028_HILL_0000013769 Chemotherapy/Chemo pharmacy Notes 00028_HILL_0000002896 to 00028_HILL_0000008613			
4/30/2013	$	331.49			$	331.49	$ 185.40
			Y	Hematology/Oncology Visits 00028_HILL_0000000183 to 00028_HILL_0000013769 Chemotherapy/Chemo pharmacy Notes 00028_HILL_0000002896 to 00028_HILL_0000008614			
5/14/2013	$	331.49			$	331.49	$ 185.40
			Y	Hematology/Oncology Visits 00028_HILL_0000000183 to 00028_HILL_0000013769 Chemotherapy/Chemo pharmacy Notes 00028_HILL_0000002896 to 00028_HILL_0000008640			
5/29/2013	$	263.99			$	263.99	$ 149.26

6/6/2013	$	263.99	Y	Veteran was recently hospitalized at GNV-VAMC un 06-11, 2013; referenced in 00028_HILL_000000236	$	263.99	$ 149.26
6/18/2013	$	331.49	Y	Hematology/Oncology Visits 00028_HILL_0000000183 to 00028_HILL_0000013769 Chemotherapy/Chemo pharmacy Notes 00028_HILL_0000002896 to 00028_HILL_0000008617	$	331.49	$ 185.40
7/2/2013	$	331.49	Y	Hematology/Oncology Visits 00028_HILL_0000000183 to 00028_HILL_0000013769 Chemotherapy/Chemo pharmacy Notes 00028_HILL_0000002896 to 00028_HILL_0000008618	$	331.49	$ 185.40
7/16/2013	$	331.49	Y	Hematology/Oncology Visits 00028_HILL_0000000183 to 00028_HILL_0000013769 Chemotherapy/Chemo pharmacy Notes 00028_HILL_0000002896 to 00028_HILL_0000008642	$	331.49	$ 185.40
8/15/2013	$	263.99	Y	Hematology/Oncology Visits 00028_HILL_0000000183 to 00028_HILL_0000013769 Chemotherapy/Chemo pharmacy Notes 00028_HILL_0000002896 to 00028_HILL_0000008643	$	263.99	$ 149.26
9/12/2013	$	263.99	Y	Hematology/Oncology Visits 00028_HILL_0000000183 to 00028_HILL_0000013769 Chemotherapy/Chemo pharmacy Notes 00028_HILL_0000002896 to 00028_HILL_0000008644	$	263.99	$ 149.26
9/17/2013	$	331.49	Y	Hematology/Oncology Visits 00028_HILL_0000000183 to 00028_HILL_0000013769 Chemotherapy/Chemo pharmacy Notes 00028_HILL_0000002896 to 00028_HILL_0000008646	$	331.49	$ 185.40
10/8/2013	$	192.04	Y	Hematology/Oncology Visits 00028_HILL_0000000183 to 00028_HILL_0000013769 Chemotherapy/Chemo pharmacy Notes 00028_HILL_0000002896 to 00028_HILL_0000008623	$	192.04	$ 107.74
11/12/2013	$	192.04	Y	Hematology/Oncology Visits 00028_HILL_0000000183 to 00028_HILL_0000013769 Chemotherapy/Chemo pharmacy Notes 00028_HILL_0000002896 to 00028_HILL_0000008624	$	192.04	$ 107.74
12/17/2013	$	192.04	Y	Hematology/Oncology Visits 00028_HILL_0000000183 to 00028_HILL_0000013769 Chemotherapy/Chemo pharmacy Notes 00028_HILL_0000002896 to 00028_HILL_0000008649	$	192.04	$ 107.74
1/14/2014	$	192.04	Y	Hematology/Oncology Visits 00028_HILL_0000000183 to 00028_HILL_0000013769 Chemotherapy/Chemo pharmacy Notes 00028_HILL_0000002896 to 00028_HILL_0000008626	$	192.04	$ 107.74
3/18/2014	$	192.04	Y	Hematology/Oncology Visits 00028_HILL_0000000183 to 00028_HILL_0000013769 Chemotherapy/Chemo pharmacy Notes 00028_HILL_0000002896 to 00028_HILL_0000008627	$	192.04	$ 107.74
4/22/2014	$	192.04	Y	Hematology/Oncology Visits 00028_HILL_0000000183 to 00028_HILL_0000013769 Chemotherapy/Chemo pharmacy Notes 00028_HILL_0000002896 to 00028_HILL_0000008628	$	192.04	$ 107.74
5/13/2014	$	192.04	Y	Hematology/Oncology Visits 00028_HILL_0000000183 to 00028_HILL_0000013769 Chemotherapy/Chemo pharmacy Notes 00028_HILL_0000002896 to 00028_HILL_0000008629	$	192.04	$ 107.74
5/27/2014	$	192.04	Y	Hematology/Oncology Visits 00028_HILL_0000000183 to 00028_HILL_0000013769 Chemotherapy/Chemo pharmacy Notes 00028_HILL_0000002896 to 00028_HILL_0000008630	$	192.04	$ 107.74
6/10/2014	$	192.04	Y	00028_HILL_0000002896 to 00028_HILL_0000008640	$	192.04	$ 107.74
7/8/2014	$	192.04	Y	Hematology/Oncology Visits 00028_HILL_0000000183 to 00028_HILL_0000013769 Chemotherapy/Chemo pharmacy Notes 00028_HILL_0000002896 to 00028_HILL_0000008653	$	192.04	$ 107.74
8/5/2014	$	192.04	Y	Hematology/Oncology Visits 00028_HILL_0000000183 to 00028_HILL_0000013769 Chemotherapy/Chemo pharmacy Notes 00028_HILL_0000002896 to 00028_HILL_0000008654	$	192.04	$ 107.74
9/2/2014	$	192.04	Y	Hematology/Oncology Visits 00028_HILL_0000000183 to 00028_HILL_0000013769 Chemotherapy/Chemo pharmacy Notes 00028_HILL_0000002896 to 00028_HILL_0000008655	$	192.04	$ 107.74
10/28/2014	$	198.06	Y	Hematology/Oncology Visits 00028_HILL_0000000183 to 00028_HILL_0000013769 Chemotherapy/Chemo pharmacy Notes 00028_HILL_0000002896 to 00028_HILL_0000008635	$	198.06	$ 116.25
11/25/2014	$	154.75	Y	Hematology/Oncology Visits 00028_HILL_0000000183 to 00028_HILL_0000013769 Chemotherapy/Chemo pharmacy Notes 00028_HILL_0000002896 to 00028_HILL_0000008636	$	154.75	$ 91.59
12/23/2014	$	198.06	Y	Hematology/Oncology Visits 00028_HILL_0000000183 to 00028_HILL_0000013769 Chemotherapy/Chemo pharmacy Notes 00028_HILL_0000002896 to 00028_HILL_0000008657	$	198.06	$ 116.25
1/21/2015	$	197.58	Y	Hematology/Oncology Visits 00028_HILL_0000000183 to 00028_HILL_0000013769 Chemotherapy/Chemo pharmacy Notes 00028_HILL_0000002896 to 00028_HILL_0000008658	$	197.58	$ 115.93
2/17/2015	$	198.06	Y	Hematology/Oncology Visits 00028_HILL_0000000183 to 00028_HILL_0000013769 Chemotherapy/Chemo pharmacy Notes 00028_HILL_0000002896 to 00028_HILL_0000008639	$	198.06	$ 116.25

			Y	Hematology/Oncology Visits 00028_HILL_0000000183 to 00028_HILL_0000013769 Chemotherapy/Chemo pharmacy Notes 00028_HILL_0000002896 to 00028_HILL_0000008659			
3/16/2015	$	154.75			$	154.75	$ 91.59
			Y	Hematology/Oncology Visits 00028_HILL_0000000183 to 00028_HILL_0000013769 Chemotherapy/Chemo pharmacy Notes 00028_HILL_0000002896 to 00028_HILL_0000008660			
4/14/2015	$	198.06			$	198.06	$ 116.25
			Y	Hematology/Oncology Visits 00028_HILL_0000000183 to 00028_HILL_0000013769 Chemotherapy/Chemo pharmacy Notes 00028_HILL_0000002896 to 00028_HILL_0000008661			
5/12/2015	$	198.06			$	198.06	$ 116.25
			Y	Hematology/Oncology Visits 00028_HILL_0000000183 to 00028_HILL_0000013769 Chemotherapy/Chemo pharmacy Notes 00028_HILL_0000002896 to 00028_HILL_0000008643			
7/7/2015	$	255.95			$	255.95	$ 145.55
			Y	Hematology/Oncology Visits 00028_HILL_0000000183 to 00028_HILL_0000013769 Chemotherapy/Chemo pharmacy Notes 00028_HILL_0000002896 to 00028_HILL_0000008663			
8/5/2015	$	154.75			$	154.75	$ 91.59
			Y	Hematology/Oncology Visits 00028_HILL_0000000183 to 00028_HILL_0000013769 Chemotherapy/Chemo pharmacy Notes 00028_HILL_0000002896 to 00028_HILL_0000008645			
9/29/2015	$	255.95			$	255.95	$ 145.55
			Y	Hematology/Oncology Visits 00028_HILL_0000000183 to 00028_HILL_0000013769 Chemotherapy/Chemo pharmacy Notes 00028_HILL_0000002896 to 00028_HILL_0000008645			
10/28/2015	$	233.87			$	233.87	$ 135.62
			Y	Hematology/Oncology Visits 00028_HILL_0000000183 to 00028_HILL_0000013769 Chemotherapy/Chemo pharmacy Notes 00028_HILL_0000002896 to 00028_HILL_0000008645			
11/24/2015	$	352.22			$	352.22	$ 204.25
			Y	Hematology/Oncology Visits 00028_HILL_0000000183 to 00028_HILL_0000013769 Chemotherapy/Chemo pharmacy Notes 00028_HILL_0000002896 to 00028_HILL_0000008648			
3/1/2016	$	352.22			$	352.22	$ 204.25
			Y	Hematology/Oncology Visits 00028_HILL_0000000183 to 00028_HILL_0000013769 Chemotherapy/Chemo pharmacy Notes 00028_HILL_0000002896 to 00028_HILL_0000008649			
6/21/2016	$	352.22			$	352.22	$ 204.25
			Y	Hematology/Oncology Visits 00028_HILL_0000000183 to 00028_HILL_0000013769 Chemotherapy/Chemo pharmacy Notes 00028_HILL_0000002896 to 00028_HILL_0000008650			
8/23/2016	$	352.22			$	352.22	$ 204.25
			Y	Hematology/Oncology Visits 00028_HILL_0000000183 to 00028_HILL_0000013769 Chemotherapy/Chemo pharmacy Notes 00028_HILL_0000002896 to 00028_HILL_0000008651			
11/29/2016	$	433.22			$	433.22	$ 246.45
			Y	Hematology/Oncology Visits 00028_HILL_0000000183 to 00028_HILL_0000013769 Chemotherapy/Chemo pharmacy Notes 00028_HILL_0000002896 to 00028_HILL_0000008652			
2/28/2017	$	433.22			$	433.22	$ 246.45
			Y	Hematology/Oncology Visits 00028_HILL_0000000183 to 00028_HILL_0000013769 Chemotherapy/Chemo pharmacy Notes 00028_HILL_0000002896 to 00028_HILL_0000008653			
5/23/2017	$	433.22			$	433.22	$ 246.45
			Y	Hematology/Oncology Visits 00028_HILL_0000000183 to 00028_HILL_0000013769 Chemotherapy/Chemo pharmacy Notes 00028_HILL_0000002896 to 00028_HILL_0000008654			
8/16/2017	$	439.15			$	439.15	$ 249.68
			Y	Hematology/Oncology Visits 00028_HILL_0000000183 to 00028_HILL_0000013769 Chemotherapy/Chemo pharmacy Notes 00028_HILL_0000002896 to 00028_HILL_0000008655			
11/14/2017	$	337.71			$	337.71	$ 199.63
			Y	Hematology/Oncology Visits 00028_HILL_0000000183 to 00028_HILL_0000013769 Chemotherapy/Chemo pharmacy Notes 00028_HILL_0000002896 to 00028_HILL_0000008656			
2/26/2018	$	11,319.74			$	11,319.74	$ 7,860.62
			Y	Hematology/Oncology Visits 00028_HILL_0000000183 to 00028_HILL_0000013769 Chemotherapy/Chemo pharmacy Notes 00028_HILL_0000002896 to 00028_HILL_0000008657			
5/22/2018	$	11,393.09			$	11,393.09	$ 7,903.98
			Y	Hematology/Oncology Visits 00028_HILL_0000000183 to 00028_HILL_0000013769 Chemotherapy/Chemo pharmacy Notes 00028_HILL_0000002896 to 00028_HILL_0000008658			
8/14/2018	$	11,408.07			$	11,408.07	$ 7,914.42
			Y	Hematology/Oncology Visits 00028_HILL_0000000183 to 00028_HILL_0000013769 Chemotherapy/Chemo pharmacy Notes 00028_HILL_0000002896 to 00028_HILL_0000008659			
11/13/2018	$	439.66			$	439.66	$ 266.93
			Y	Hematology/Oncology Visits 00028_HILL_0000000183 to 00028_HILL_0000013769 Chemotherapy/Chemo pharmacy Notes 00028_HILL_0000002896 to 00028_HILL_0000008660			
3/12/2019	$	8,491.04			$	8,491.04	$ 5,868.52
			Y	Hematology/Oncology Visits 00028_HILL_0000000183 to 00028_HILL_0000013769 Chemotherapy/Chemo pharmacy Notes 00028_HILL_0000002896 to 00028_HILL_0000008661			
7/17/2019	$	300.89			$	300.89	$ 182.68
			Y	Hematology/Oncology Visits 00028_HILL_0000000183 to 00028_HILL_0000013769 Chemotherapy/Chemo pharmacy Notes 00028_HILL_0000002896 to 00028_HILL_0000008662			
11/14/2019	$	377.29			$	377.29	$ 204.07

			Y	Hematology/Oncology Visits 00028_HILL_0000000183 to 00028 _HILL_0000013769			
2/13/2020	$	377.29		Chemotherapy/Chemo pharmacy Notes 00028_HILL_0000002896 to 00028_HILL_0000008663	$	377.29	$ 204.07
			Y	Hematology/Oncology Visits 00028_HILL_0000000183 to 00028 _HILL_0000013769			
2/10/2021	$	533.49		Chemotherapy/Chemo pharmacy Notes 00028_HILL_0000002896 to 00028_HILL_0000008664	$	533.49	$ 248.50
			Y	Hematology/Oncology Visits 00028_HILL_0000000183 to 00028 _HILL_0000013769			
8/11/2021	$	533.49		Chemotherapy/Chemo pharmacy Notes 00028_HILL_0000002896 to 00028_HILL_0000008665	$	533.49	$ 248.50
			Y	Hematology/Oncology Visits 00028_HILL_0000000183 to 00028 _HILL_0000013769			
2/9/2022	$	449.04		Chemotherapy/Chemo pharmacy Notes 00028_HILL_0000002896 to 00028_HILL_0000008666	$	449.04	$ 272.94
			Y	Hematology/Oncology Visits 00028_HILL_0000000183 to 00028 _HILL_0000013769			
2/8/2023	$	669.80		Chemotherapy/Chemo pharmacy Notes 00028_HILL_0000002896 to 00028_HILL_0000008667	$	669.80	$ 458.79
			Y	Hematology/Oncology Visits 00028_HILL_0000000183 to 00028 _HILL_0000013769			
7/26/2023	$	867.35		Chemotherapy/Chemo pharmacy Notes 00028_HILL_0000002896 to 00028_HILL_0000008668	$	867.35	$ 594.10
			Y	Hematology/Oncology Visits 00028_HILL_0000000183 to 00028 _HILL_0000013769			
8/10/2023	$	669.80		Chemotherapy/Chemo pharmacy Notes 00028_HILL_0000002896 to 00028_HILL_0000008669	$	669.80	$ 458.79
			Y	Hematology/Oncology Visits 00028_HILL_0000000183 to 00028 _HILL_0000013769			
8/23/2023	$	867.35		Chemotherapy/Chemo pharmacy Notes 00028_HILL_0000002896 to 00028_HILL_0000008670	$	867.35	$ 594.10
			Y	Hematology/Oncology Visits 00028_HILL_0000000183 to 00028 _HILL_0000013769			
9/20/2023	$	867.35		Chemotherapy/Chemo pharmacy Notes 00028_HILL_0000002896 to 00028_HILL_0000008671	$	867.35	$ 594.10
			Y	Hematology/Oncology Visits 00028_HILL_0000000183 to 00028 _HILL_0000013769			
10/25/2023	$	575.18		Chemotherapy/Chemo pharmacy Notes 00028_HILL_0000002896 to 00028_HILL_0000008672	$	575.18	$ 284.86
1/17/2024	$	575.18	Y	CT for CLL/SLL surveillance, referenced in 00028 _HILL_0000013772	$	575.18	$ 284.86
			Y	Hematology/Oncology Visits 00028_HILL_0000000183 to 00028 _HILL_0000013769			
4/10/2024	$	575.18		Chemotherapy/Chemo pharmacy Notes 00028_HILL_0000002896 to 00028_HILL_0000008674	$	575.18	$ 284.86
			Y	Hematology/Oncology Visits 00028_HILL_0000000183 to 00028 _HILL_0000013769			
7/10/2024	$	575.18		Chemotherapy/Chemo pharmacy Notes 00028_HILL_0000002896 to 00028_HILL_0000008675	$	575.18	$ 284.86
(105) -Ray Fluoroscopy (R RF)	**$**	**8,758.98**					
2/15/2005	$	106.14	N	No records			
6/27/2005	$	76.97	Y	Chemo port insertion under fluoroscopy - 00028_HILL_0000006595	$	76.97	$ 40.09
5/8/2006	$	1.04	Y	Chemo infusaport removal - 00028_HILL_0000006505	$	1.04	$ 0.68
8/24/2006	$	89.53	N	Spine rays for bac pain			
10/19/2006	$	149.43	N	Visit for lipoma, lymphadenoapthy and nee pain			
1/18/2007	$	90.19	N	Spine rays for bac pain			
2/12/2008	$	115.41	N	Chest -ray for "flu" URI			
8/8/2008	$	192.25	Y	ER visit for abdominal pain with elevated WBC and night sweats found with CLL symptoms - 00028_HILL_0000003676 to 3680	$	192.25	$ 113.01
12/11/2009	$	231.73	N	Chest -ray, no records			
2/5/2010	$	87.17	N	ER visit for chest wall pain, muscular - 00028_HILL_0000003503			
2/8/2011	$	76.78	Y	ER visit for sinusitis and pharyngitis - 00028_HILL_0000003213	$	76.78	$ 38.23
5/6/2011	$	76.78	Y	ER visit for sinus symptoms - 00028_HILL_0000007560	$	76.78	$ 38.23
11/21/2011	$	1,213.76	Y	Port (chemo) removal under fluoroscopy - 00028_HILL_0000003109	$	1,213.76	$ 737.57
2/13/2012	$	81.76	Y	ER visit for sinus symptoms - 00028_HILL_0000003085	$	81.76	$ 45.89
6/18/2012	$	2,120.14	Y	Port placement for chemotherapy - 00028_HILL_0000003026	$	2,120.14	$ 1,276.31
7/26/2012	$	81.76	Y	ER visit for sinus symptoms - 00028_HILL_0000008543	$	81.76	$ 45.89
12/27/2012	$	91.23	Y	ER visit for sinusitis symptoms - 00028_HILL_0000011124	$	91.23	$ 55.91
2/4/2013	$	80.88	Y	ER visit for sinus symptoms - 00028_HILL_0000007381	$	80.88	$ 49.07
6/4/2013	$	72.30	Y	ER visit for fever and abdominal pain after ritu imab (cancer and chemo related fever) - 00028_HILL_0000002564	$	72.30	$ 44.21
6/23/2013	$	80.88	Y	ER visit for fever and wea ness 3 days after chemo - 00028_HILL_0000005936	$	80.88	$ 49.07
10/4/2013	$	123.38	N	Finger -ray for de uervains			
3/25/2014	$	163.04	N	Chest -ray for URI, stuffy nose			
9/17/2014	$	558.90	N	ER visit for hand/wrist pain after mechnical wor - 00028_HILL_0000007632			
8/7/2015	$	86.84	N	ER visit for diarrhea - li ely viral - 00028 _HILL_0000011434			
10/28/2015	$	458.72	N	Rheumatology note for de uervain s tenosynovitis			
11/19/2015	$	53.30	N	ER visit for low bac pain - 00028_HILL_0000007103			
11/24/2015	$	106.73	N	Wrist X-ray			
3/15/2016	$	46.42	N	ER visit for stepped off curb, hyper-e tended leg - 00028 _HILL_0000011250			
5/2/2017	$	134.75	N	Chest -ray for URI, stuffy nose			
6/2/2017	$	134.75	Y	ER visit for sinus symptoms cough and congestion - 00028_HILL_0000006741	$	134.75	$ 90.06
9/20/2017	$	119.49	N	Hand X-ray			
10/30/2018	$	119.59	N	ER visit for L nee pain and swelling - 00028_HILL_0000007202			
6/13/2019	$	33.77	Y	ER visit for sinus symptoms and headache - 00028_HILL_VHA_0000000020 to 23	$	33.77	$ 23.42
6/13/2022	$	123.96	N	ER visit for foot pain from jumping - 00028_HILL_0000008787			
8/12/2022	$	325.30	N	Spine rays for bac pain			
7/5/2023	$	127.20	N	No records			
7/11/2023	$	55.61	N	Fluroscopy for urology procedure			

10/6/2023	$	329.64	N	No records			
6/30/2024	$	329.64	Y	Hospitalization for Salmonella colitis on 6/30/24 to 7/6/24 with bacteremia treated with antibiotics - 00028 _HILL_0000013653 to 13662	$	329.64	$ 152.06
9/20/2024	$	211.84	Y	ER visit for URI symptoms - 00028_HILL_VHA_0000000889 to 893	$	211.84	$ 98.57
(330) Chemotherapy Procedures Unit Medicine	**$**	**25,087.47**					
4/13/2010	$	184.76	Y	Chemotherapy/Port management and chemo nursing - 00028_HILL_VBA_0000000929 to 930	$	184.76	$ 85.67
7/5/2005	$	164.17	Y	Chemotherapy/Port management and chemo nursing - 00028_HILL_VBA_0000001328	$	164.17	$ 57.83
7/6/2005	$	164.17	Y	Chemotherapy/Port management and chemo nursing - 00028_HILL_VBA_0000001327	$	164.17	$ 57.83
7/7/2005	$	164.17	Y	Chemotherapy/Port management and chemo nursing - 00028_HILL_VBA_0000001326	$	164.17	$ 57.83
7/8/2005	$	164.17	Y	Chemotherapy/Port management and chemo nursing - 00028_HILL_VBA_0000001324	$	164.17	$ 57.83
7/9/2005	$	164.17	Y	Chemotherapy/Port management and chemo nursing - 00028_HILL_VBA_0000001323	$	164.17	$ 57.83
8/1/2005	$	164.17	Y	Chemotherapy/Port management and chemo nursing - 00028_HILL_VBA_0000007184 to 7185	$	164.17	$ 57.83
8/8/2005	$	328.34	Y	Chemotherapy/Port management and chemo nursing - 00028_HILL_VBA_0000001309	$	328.34	$ 115.66
8/9/2005	$	164.17	Y	Chemotherapy/Port management and chemo nursing - 00028_HILL_VBA_0000001307 to 1308	$	164.17	$ 57.83
8/10/2005	$	164.17	Y	Chemotherapy/Port management and chemo nursing - 00028_HILL_VBA_0000001306	$	164.17	$ 57.83
8/11/2005	$	164.17	Y	Chemotherapy/Port management and chemo nursing - 00028_HILL_VBA_0000001304	$	164.17	$ 57.83
8/12/2005	$	164.17	Y	Chemotherapy/Port management and chemo nursing - 00028_HILL_VBA_0000001303	$	164.17	$ 57.83
8/23/2005	$	164.17	Y	Chemotherapy/Port management and chemo nursing - 00028_HILL_VBA_0000001303 to 1304	$	164.17	$ 57.83
9/6/2005	$	164.17	Y	Chemotherapy/Port management and chemo nursing - 00028_HILL_VBA_0000001298 to 1299	$	164.17	$ 57.83
9/12/2005	$	164.17	Y	Chemotherapy/Port management and chemo nursing - 00028_HILL_VBA_0000001290	$	164.17	$ 57.83
9/13/2005	$	328.34	Y	Chemotherapy/Port management and chemo nursing - 00028-HILL_VBA_0000001289	$	328.34	$ 115.66
9/14/2005	$	164.17	Y	Chemotherapy/Port management and chemo nursing - 00028_HILL_VBA_0000001287	$	164.17	$ 57.83
9/15/2005	$	164.17	Y	Chemotherapy/Port management and chemo nursing - 00028_HILL_VBA_0000007154	$	164.17	$ 57.83
9/16/2005	$	164.17	Y	Chemotherapy/Port management and chemo nursing - 00028_HILL_VBA_0000007153	$	164.17	$ 57.83
9/29/2005	$	164.17	Y	Chemotherapy/Port management and chemo nursing - 00028_HILL_VBA_0000001284 to 1285	$	164.17	$ 57.83
10/4/2005	$	252.17	Y	Chemotherapy/Port management and chemo nursing - 00028_HILL_0000006543 to 6544	$	252.17	$ 98.97
10/11/2005	$	252.17	Y	Chemotherapy/Port management and chemo nursing - 00028-HILL_VBA_0000007148 to 7149	$	252.17	$ 98.97
10/19/2005	$	252.17	Y	Chemotherapy/Port management and chemo nursing - 00028-HILL_VBA_0000001270 to 1271	$	252.17	$ 98.97
11/18/2005	$	504.34	Y	Chemotherapy/Port management and chemo nursing - 00028-HILL_VBA_0000001264	$	504.34	$ 197.94
12/8/2005	$	252.17	Y	Chemotherapy/Port management and chemo nursing - 00028-HILL_VBA_0000001264	$	252.17	$ 98.97
1/3/2006	$	252.17	Y	Chemotherapy/Port management and chemo nursing - 00028_HILL_VBA_0000007131 to 7132	$	252.17	$ 98.97
1/31/2006	$	252.17	Y	Chemotherapy/Port management and chemo nursing - 00028_HILL_VBA_0000001259	$	252.17	$ 98.97
3/8/2006	$	252.17	Y	Chemotherapy/Port management and chemo nursing - 00028_HILL_VBA_0000001254	$	252.17	$ 98.97
4/18/2006	$	252.17	Y	Chemotherapy/Port management and chemo nursing - 00028_HILL_VBA_0000007116	$	252.17	$ 98.97
1/26/2009	$	128.05	Y	Chemotherapy/Port management and chemo nursing - 00028_HILL_VBA_0000000097 to 98	$	128.05	$ 71.59
1/27/2009	$	128.05	Y	Chemotherapy/Port management and chemo nursing - 00028_HILL_VBA_0000000090 to 91	$	128.05	$ 71.59
2/24/2009	$	128.05	Y	Chemotherapy/Port management and chemo nursing - 00028_HILL_VBA_0000000076	$	128.05	$ 71.59
3/24/2009	$	128.05	Y	Chemotherapy/Port management and chemo nursing - 00028-HILL_VBA_0000000073	$	128.05	$ 71.59
4/21/2009	$	128.05	Y	Chemotherapy/Port management and chemo nursing - 00028_HILL_VBA_0000000065	$	128.05	$ 71.59
5/26/2009	$	128.05	Y	Chemotherapy/Port management and chemo nursing - 00028_HILL_VBA_0000000054 to 55	$	128.05	$ 71.59
7/24/2009	$	128.05	Y	Chemotherapy/Port management and chemo nursing - 00028-HILL_VBA_0000005916 to 5920	$	128.05	$ 71.59
9/18/2009	$	128.05	Y	Chemotherapy/Port management and chemo nursing - 00028-HILL_VBA_0000000034 to 35	$	128.05	$ 71.59
10/30/2009	$	184.76	Y	Chemotherapy/Port management and chemo nursing - 00028_HILL_VBA_0000000033 to 34	$	184.76	$ 85.67
1/4/2010	$	184.76	Y	Chemotherapy/Port management and chemo nursing - 00028_HILL_VBA_0000001023	$	184.76	$ 85.67
2/18/2010	$	184.76	Y	Chemotherapy/Port management and chemo nursing - 00028_HILL_VBA_0000001009	$	184.76	$ 85.67
2/19/2010	$	184.76	Y	Chemotherapy/Port management and chemo nursing - 00028_HILL_VBA_0000001007	$	184.76	$ 85.67
2/22/2010	$	184.76	Y	Chemotherapy/Port management and chemo nursing - 00028_HILL_0000003486	$	184.76	$ 85.67
3/23/2010	$	184.76	Y	Chemotherapy/Port management and chemo nursing - 00028_HILL_VBA_0000006810	$	184.76	$ 85.67

4/14/2010	$	184.76	Y	Chemotherapy/Port management and chemo nursing - 00028_HILL_0000003379	$	184.76	$ 85.67
5/11/2010	$	184.76	Y	Chemotherapy/Port management and chemo nursing - 00028-HILL_VBA_0000000921 to 922	$	184.76	$ 85.67
6/15/2010	$	184.76	Y	Chemotherapy/Port management and chemo nursing - 00028_HILL_VBA_0000002785 to 2790	$	184.76	$ 85.67
8/2/2010	$	184.76	Y	Chemotherapy/Port management and chemo nursing - 00028-HILL_VBA_0000002780	$	184.76	$ 85.67
9/13/2010	$	92.38	Y	Chemotherapy/Port management and chemo nursing - 00028-HILL_VBA_0000002779 to 2780	$	92.38	$ 42.83
11/2/2010	$	276.33	Y	Chemotherapy/Port management and chemo nursing - 00028-HILL_VBA_0000002767 to 2771	$	276.33	$ 98.47
1/11/2011	$	276.33	Y	Chemotherapy/Port management and chemo nursing - 00028-HILL_VBA_0000002735 to 2741	$	276.33	$ 98.47
1/13/2011	$	276.33	Y	Chemotherapy/Port management and chemo nursing - 00028-HILL_VBA_0000002734 to 2740	$	276.33	$ 98.47
2/10/2011	$	832.65	Y	Chemotherapy/Port management and chemo nursing - 00028_HILL_VBA_0000008196 to 8197	$	832.65	$ 306.62
2/17/2011	$	276.33	Y	Chemotherapy/Port management and chemo nursing - 00028_HILL_VBA_0000002321	$	276.33	$ 98.47
2/18/2011	$	276.33	Y	Chemotherapy/Port management and chemo nursing - 00028_HILL_VBA_0000002319	$	276.33	$ 98.47
3/17/2011	$	832.65	Y	Chemotherapy/Port management and chemo nursing - 00028_HILL_VBA_0000002312	$	832.65	$ 306.62
3/18/2011	$	276.33	Y	Chemotherapy/Port management and chemo nursing - 00028_HILL_VBA_0000002311	$	276.33	$ 98.47
4/14/2011	$	276.33	Y	Chemotherapy/Port management and chemo nursing - 00028_HILL_VBA_0000002304 to 2305	$	276.33	$ 98.47
4/15/2011	$	276.33	Y	Chemotherapy/Port management and chemo nursing - 00028_HILL_VBA_0000002302 to 2303	$	276.33	$ 98.47
5/19/2011	$	832.65	Y	Chemotherapy/Port management and chemo nursing - 00028_HILL_VBA_0000002290 to 2296	$	832.65	$ 306.62
6/9/2011	$	276.33	Y	Chemotherapy/Port management and chemo nursing - 00028_HILL_VBA_0000002271 to 2274	$	276.33	$ 98.47
8/22/2011	$	276.33	Y	Chemotherapy/Port management and chemo nursing - 00028-HILL_VBA_0000002266 to 2269	$	276.33	$ 98.47
7/16/2012	$	175.12	Y	Chemotherapy/Port management and chemo nursing - 00028-HILL_VBA_0000003292	$	175.12	$ 85.13
7/17/2012	$	175.12	Y	Chemotherapy/Port management and chemo nursing - 00028_HILL_VBA_0000003289	$	175.12	$ 85.13
7/18/2012	$	175.12	Y	Chemotherapy/Port management and chemo nursing - 00028_HILL_VBA_0000003287	$	175.12	$ 85.13
7/19/2012	$	175.12	Y	Chemotherapy/Port management and chemo nursing - 00028_HILL_VBA_0000003285	$	175.12	$ 85.13
8/13/2012	$	663.99	Y	Chemotherapy/Port management and chemo nursing - 00028-HILL_VBA_0000003268 to 3270, 00028HILL0000008530 to 8531	$	663.99	$ 390.68
8/20/2012	$	175.12	Y	Chemotherapy/Port management and chemo nursing - 00028_HILL_VBA_0000009134 to 9135	$	175.12	$ 85.13
8/23/2012	$	175.12	Y	Chemotherapy/Port management and chemo nursing - 00028-HILL_VBA_0000003263 to 3264	$	175.12	$ 85.13
8/27/2012	$	663.99	Y	Chemotherapy/Port management and chemo nursing - 00028_HILL_0000010662 to 10663	$	663.99	$ 390.68
10/2/2012	$	112.39	Y	Chemotherapy/Port management and chemo nursing - 00028_HILL_VBA_0000003247 248	$	112.39	$ 66.72
11/13/2012	$	112.39	Y	Chemotherapy/Port management and chemo nursing - 00028_HILL_0000002840	$	112.39	$ 66.72
1/3/2013	$	112.39	Y	Chemotherapy/Port management and chemo nursing - 00028_HILL_VBA_0000002123	$	112.39	$ 66.72
3/1/2013	$	112.39	Y	Chemotherapy/Port management and chemo nursing - 00028_HILL_VBA_0000002104	$	112.39	$ 66.72
3/25/2013	$	112.39	Y	Chemotherapy/Port management and chemo nursing - 00028_HILL_VBA_0000002631 to 2633	$	112.39	$ 66.72
5/8/2013	$	112.39	Y	Chemotherapy/Port management and chemo nursing - 00028_HILL_VBA_0000002621 to 2622	$	112.39	$ 66.72
5/22/2013	$	112.39	Y	Chemotherapy/Port management and chemo nursing - 00028_HILL_VBA_0000002605 to 2606	$	112.39	$ 66.72
5/29/2013	$	112.39	Y	Chemotherapy/Port management and chemo nursing - 00028_HILL_VBA_0000002598 to 2599	$	112.39	$ 66.72
6/20/2013	$	112.39	Y	Chemotherapy/Port management and chemo nursing - 00028_HILL_VBA_0000000578 to 579	$	112.39	$ 66.72
7/16/2013	$	112.39	Y	Chemotherapy/Port management and chemo nursing - 00028_HILL_VBA_0000000485 to 486	$	112.39	$ 66.72
8/15/2013	$	112.39	Y	Chemotherapy/Port management and chemo nursing - 00028_HILL_VBA_0000000478 to 479	$	112.39	$ 66.72
9/12/2013	$	366.84	Y	Chemotherapy/Port management and chemo nursing - 00028_HILL_VBA_0000001130 to 1131	$	366.84	$ 206.76
9/16/2013	$	112.39	Y	Chemotherapy/Port management and chemo nursing - 00028_HILL_VBA_0000001128	$	112.39	$ 66.72
9/17/2013	$	583.92	Y	Chemotherapy/Port management and chemo nursing - 00028_HILL_VBA_0000001120 to 1121	$	583.92	$ 327.98
10/21/2013	$	322.36	Y	Chemotherapy/Port management and chemo nursing - 00028_HILL_VBA_0000001097 to 1098	$	322.36	$ 161.15
11/18/2013	$	428.10	Y	Chemotherapy/Port management and chemo nursing - 00028_HILL_VBA_0000001084 to 1085	$	428.10	$ 214.01
12/17/2013	$	428.10	Y	Chemotherapy/Port management and chemo nursing - 00028_HILL_VBA_0000001076 to 1077	$	428.10	$ 214.01
2/13/2014	$	110.87	Y	Chemotherapy/Port management and chemo nursing - 00028-HILL_VBA_0000003201 to 3202	$	110.87	$ 55.45
4/7/2014	$	428.10	Y	Chemotherapy/Port management and chemo nursing - 00028_HILL_VBA_0000003178 to 3179	$	428.10	$ 214.01
6/3/2014	$	322.36	Y	Chemotherapy/Port management and chemo nursing - 00028-HILL_VBA_0000003152 to 3153	$	322.36	$ 161.15

7/8/2014	$	428.10	Y	Chemotherapy/Port management and chemo nursing - 00028_HILL_VBA_0000002422 to 2423	$	428.10	$ 214.01
8/5/2014	$	591.49	Y	Chemotherapy/Port management and chemo nursing - 00028_HILL_VBA_0000002412 to 2413	$	591.49	$ 336.75
9/2/2014	$	428.10	Y	Chemotherapy/Port management and chemo nursing - 00028_HILL_VBA_0000002411 to 2412	$	428.10	$ 214.01
11/4/2014	$	299.61	Y	Chemotherapy/Port management and chemo nursing - 00028_HILL_VBA_0000000682 to 683	$	299.61	$ 177.22
12/23/2014	$	319.61	Y	Chemotherapy/Port management and chemo nursing - 00028_HILL_VBA_0000000643 to 644	$	319.61	$ 181.31
1/21/2015	$	299.61	Y	Chemotherapy/Port management and chemo nursing - 00028_HILL_VBA_0000000636 to 637	$	299.61	$ 177.22
3/16/2015	$	299.61	Y	Chemotherapy/Port management and chemo nursing - 00028_HILL_VBA_0000000601 to 602	$	299.61	$ 177.22
4/14/2015	$	299.61	Y	Chemotherapy/Port management and chemo nursing - 00028_HILL_VBA_0000000592 to 594	$	299.61	$ 177.22
5/12/2015	$	227.92	Y	Chemotherapy/Port management and chemo nursing - 00028_HILL_0000001748 to 1750	$	227.92	$ 135.58
5/14/2015	$	227.92	Y	Chemotherapy/Port management and chemo nursing - 00028_HILL_VBA_0000001906 to 1907	$	227.92	$ 135.58
8/5/2015	$	299.61	Y	Chemotherapy/Port management and chemo nursing - 00028_HILL_VBA_0000001878 to 1879	$	299.61	$ 177.22
10/30/2015	$	268.59	Y	Chemotherapy/Port management and chemo nursing - 00028_HILL_VBA_0000001853 to 1854	$	268.59	$ 155.75
(151) Magnetic Resonance Imaging (MRI)	**$**	**299.20**					
8/7/2007	$	299.20	N	MRI lumbar spine for bac pain			
(109) Nuclear Medicine and PET (NM PET)	**$**	**2,270.12**					
2/18/2010	$	529.23	Y	PET CT for cancer screening - referenced in 00028_HILL_0000003490	$	529.23	$ 311.12
7/6/2023	$	1,740.89	Y	PET/CT scan for SLL surveillance - referenced in 00028_HILL_0000013113	$	1,740.89	$ 1,324.43
(290) Obser ation Medicine	**$**	**4,622.02**					
6/11/2017	$	2,032.44	Y	Hospital Observation for odynophagia, CT for nec and ma ilofacial for sinusitis, rule out abscess and reviewed by oncology - 00028_HILL_0000007193, 00028_HILL_0000008739	$	2,032.44	$ 1,234.77
12/28/2020	$	2,589.59	N	Hospitalization for abdominal pain found with Cholecystitis, found on ERCP with multiple bleeding ulcers - no CLL related - 12/28/20 to 12/29/20 - 00028_HILL_0000000035, 00028_HILL_0000005581			
(316) Oncology/Tumor	**$**	**698.66**					
11/22/2023	$	204.15	N	No records			
12/20/2023	$	204.15	N	No records			
11/15/2024	$	290.36	Y	Oncology E-consult for CLL - IVIG, 00028 _HILL_0000013356	$	290.36	$ 168.46
				Total Related Charges	**$**	**147,885.26**	**$ 87,557.11**

VHA Payments - Howard, Allan Wayne

Patient Last Name	HOWARD
Fiscal Year	(All)
Years (Date of Visit)	(All)

Row Labels	Sum of Outpatient Total Cost
(115) Ultrasound (US)	$ 521.35
5/2/2018	$ 246.86
5/23/2019	$ 274.49
(130) Emergency Department	$ 561.32
4/18/2019	$ 561.32
(150) Computerized Tomography (CT)	$ 735.77
4/18/2019	$ 450.82
7/26/2020	$ 284.95
(301) General Internal Medicine	$ 3,051.71
10/30/2014	$ 950.86
4/5/2017	$ 1,871.31
3/23/2018	$ 229.55
(414) Urology Clinic	$ 1,383.82
4/24/2017	$ 652.81
4/24/2018	$ 462.58
4/23/2019	$ 268.42

Related to Claimed Conditions? (Y/N)	Description	Total Cost Payments Related to Claimed Conditions	Direct Cost Payments to Claimed Conditions
Y	Surveillance renal US for RCC - no record but referenced in 00490_HOWARD_0000000007	$ 246.86	146.499998
Y	Surveillance renal US for RCC - 00490_HOWARD_0000000007	$ 274.49	165.357996
N	ER Visit with CT Head for fall and head injury		
N	ER Visit with CT Head for fall and head injury		
Y	CT chest for RCC surveillance - referenced in 00490_HOWARD_0000000121	$ 284.95	169.311916
N	COMPENSATION AND PENSION EXAMINATION REPORT		
N	Routine health exam PCP + labs		
N	PCP visit for URI		
Y	Urology visit with Dr. Hakim (RCC followup) - 00490_HOWARD_0000001977	$ 652.81	401.109646
Y	Urology visit with PA Rice (RCC followup) - 00490_HOWARD_0000000185	$ 462.58	291.45339
Y	Urology visit with PA Long (RCC followup) - 00490_HOWARD_0000000154	$ 268.42	170.350489
	Total Related Charges	**$ 2,190.12**	**$ 1,344.08**

CCN Payments - Keller, Scott

Patient Name	KELLER,SCOTT RICHARD
Years (Serice Start Date)	(All)

Row Labels	Sum of Claim Paid Amount	CCN Reimbursement (duplicate payment?)	Related to Lymphoma? (Y/N)	Related to Cardiomyopathy? (Y/N)	Related to CKD? (Y/N)	Description	Payments Related to Lymphoma	Payments Related to Cardiomyopathy not Lymphoma	Payments Related to CKD not Lymphoma	Payments Related to Lymphoma or Cardiomyopathy or CKD ($)
ASCULAR	25379.55									
3/13/2024	166.28	DUPLICATE				PMGSE - no details or records				
3/19/2024	4203.4				Y	Admission for AV fistula creation with vascular surgery (Providence St. Mary) - 01501 KELLER PSMMC 0000000473 to 475		$ 4,203	$ 4,203	
3/20/2024	8.04					No Records				
5/6/2024	120.1					PROVIDENCE ST MARY MEDICAL CE - no notes				
5/28/2024	7015.62	DUPLICATE			Y	Hospitalization for the superficialization of AV fistula - referenced in 01501 KELLER KRMC 0000000592, 595, 597				
6/25/2024	120.1					No Records				
7/29/2024	6086.35				Y	Admission for AV fistula bleeding complications and required fistulogram (01501_KELLER_0000004286 to 4336)		$ 6,086	$ 6,086	
8/1/2024	122.46					No Records				
8/8/2024	188.87				Y	Removal of temporary dialysis catheter (referenced in IR notes on 8/13/24) - 01501 KELLER KRMC 0000000746 to 748		$ 189	$ 189	
8/22/2024	94.2					General labs (no indication)				
9/11/2024	874.65			Y		Echocardiogram at Providence - 01501 KELLERS PHI 00000779-780	$ 875		$ 875	
9/30/2024	293.13					No Records				
12/30/2024	6086.35				Y	Left arm AV fistula (dialysis) revision with angioplasty - 01501 KELLER 0000004108 - 4185		$ 6,086	$ 6,086	
CARDIOLOGY	46547.1									
3/27/2023	1320.9			Y		Exercise physiology - Stevie L Noble, Exercise Physiologist (01501 KELLER SSA 0000005088)	$ 1,321		$ 1,321	
3/31/2023	53.02	DUPLICATE		Y		Cardiac interrogation - Dr Wongsuwan - 01501 KELLER VHA 0000000610				
4/4/2023	46.45	DUPLICATE		Y		Echocardiogram - 01501 KELLER PSMMC 0000001023 to 1026				
4/11/2023	129.13	DUPLICATE				No Records				
4/26/2023	1648.07				Y	Labs for cardiology, cardiac rehab - 01501_KELLER_SSA_0000002529, 01501 KELLER PHI 0000000365	$ 1,648		$ 1,648	
6/1/2023	924.63			Y		Cardiology visit and rehab - 01501 KELLER SSA 0000005029, 01501 KELLER SSA 0000003311	$ 925		$ 925	
6/12/2023	35224.31	DUPLICATE			Y	AICD placement at Sacred Heart Medical Center (BiV upgrade) - 01501 KELLER PSHMC 0000000038 to 39				
6/13/2023	117.35	DUPLICATE		Y		AICD Device Check - 01501 KELLER SSA 0000005020				
6/20/2023	10.52	DUPLICATE			Y	Cardiac rehab and workup for possible lead displacement with interrogation - 01501 KELLER SSA 0000003177 to 3178				
6/26/2023	1452.99			Y		Cardiac rehab visit - 01501 KELLER SSA 0000005012, 01501 KELLER SSA 0000003108	$ 1,453		$ 1,453	
7/5/2023	153.68			Y		Cardiology followup Visit - Evelyn Martindale, APRN - 01501 KELLER VHA 0000000587 to 3897				
9/30/2023	53.02	DUPLICATE			Y	Cardiac remote interrogation - Suwong Wongsuwan, MD - 01501 KELLER SSA 0000005857, 01501 KELLER SSA 0000005910				
10/5/2023	621.92	DUPLICATE		Y		Echocardiogram - 01501 KELLER PHI 0000000029				
10/11/2023	161.55	DUPLICATE		Y		Cardiology followup visit - Providence Dr. Mudd - 01501 KELLER PHI 0000000221 to 231				
12/19/2023	168.33	DUPLICATE		Y		Cardiology followup Visit - Evelyn Martindale, APRN - 01501 KELLER SSA 0000000971 to 977				
3/30/2024	58.26	DUPLICATE				No Records				
4/11/2024	8.04					No Records				
4/16/2024	106.94			Y		AICD device interrgation - 01501 KELLER PHI 0000000116	$ 107		$ 107	
6/30/2024	58.26					No Records				
8/21/2024	3579.47				Y	Admission to Providence Sacred Heart Medical Center for right heart catheterization (Heart failure) - 01501 KELLER PSHMC 0000001542 to 1548	$ 3,579		$ 3,579	
9/11/2024	79.28			Y		Echocardiogram at Providence - 01501 KELLERS PHI 00000779-780	$ 79		$ 79	
9/30/2024	58.26					No Records				
2/10/2025	512.72			Y		MUGA cardiac scan (referenced in 01501 KELLER 0000002560)	$ 513		$ 513	
CARDIOLOGY REHAB	4231.56									
1/23/2024	144.35	DUPLICATE				No Records				
3/18/2024	433.05					No Records				
3/27/2024	1732.2					No Records				
4/29/2024	1587.84					No Records				
5/6/2024	22.71					No Records				
5/30/2024	288.7					No Records				
6/25/2024	22.71					No Records				
DIALYSIS	55684.4									
2/8/2024	5412.5				Y	IR permacath dialysis catheter insertion - 01501 KELLER 0000004442 to 4443		$ 5,413	$ 5,413	
3/1/2024	31.81	DUPLICATE			Y	Vascular US exam for dialysis - VAS Upper Extremity Vein Mapping Bilateral - 01501 KELLER PSMMC 0000000590 to 591				
3/2/2024	7067.84					No Records				
3/19/2024	280.26				Y	Admission for AV fistula creation with vascular surgery (Providence St. Mary) - 01501 KELLER PSMMC 0000000473 to 475		$ 280	$ 280	
4/2/2024	5438.7					No Records				
5/4/2024	4360					No Records				
5/21/2024	9.71	DUPLICATE				No Records				
6/1/2024	3944.46					No Records				
7/2/2024	3673.08					No Records				
8/3/2024	2866.08					No Records				
8/6/2024	9.71					No Records				
8/16/2024	382.09					No Records				
8/20/2024	420.55					No Records				
9/2/2024	409.16					No Records				
9/7/2024	3275.52					No Records				
10/5/2024	3277.68					No Records				
10/31/2024	202.75					No Records				
11/2/2024	3691.8					No Records				
11/5/2024	9.71					No Records				
11/30/2024	202.75					No Records				
12/3/2024	3283.76					No Records				
12/31/2024	202.75					No Records				
1/2/2025	3832.38					No Records				
1/31/2025	199.11					No Records				
2/1/2025	850.58					No Records				
2/4/2025	9.71					No Records				
2/8/2025	1701.16					No Records				
2/19/2025	439.68					No Records				
2/28/2025	199.11					No Records				
EMERGENCY CARE	45216.7									
8/11/2023	8353.54	DUPLICATE				ER and hospitalization for Sepsis (POA) due to Enterocolitis (diarrhea)				
8/12/2023	287.25					ER and hospitalization for Sepsis (POA) due to Enterocolitis (diarrhea)				
4/10/2024	17144.38				Y	Hospitalization - Cellulitis of the AV fistula after dialysis - 4/10/24 - 4/12/24 - 01501 KELLER VHA 0000000875 to 884		$ 17,144	$ 17,144	
4/11/2024	231.96				Y	Hospitalization - Cellulitis of the AV fistula after dialysis - 4/10/24 - 4/12/24 - 01501 KELLER VHA 0000000875 to 884		$ 232	$ 232	
4/19/2024	603.24				Y	ER visit for swelling and concern for abscess over the left arm AV fistula (dialysis) - 01501 KELLER 0000004373 to 4415		$ 603	$ 603	
8/13/2024	18396.33				Y	ER visit for clotted AV fistula - 01501 KELLER 0000004213 to 4286		$ 18,396	$ 18,396	
INTERENTIONAL RADIOLOGY	3543.53									
2/7/2024	3543.53	DUPLICATE			Y	IR tunnelled dialysis catheter insertion - 01501 KELLER 0000004428 to 4435				
NEPHROLOGY	2198.76									
4/10/2023	101.82				Y	Renal function labs from nephrology - 01501 KELLER SSA 0000005257 to 5258		$ 102	$ 102	
4/28/2023	289.03	DUPLICATE				No Records				
7/6/2023	180.8				Y	Nephrology visit Dr. Leach - 01501 KELLER SSA 0000001282 to 1287		$ 181	$ 181	
2/8/2024	203.72					No Records				
3/1/2024	267.67	DUPLICATE			Y	Vascular US exam for dialysis - VAS Upper Extremity Vein Mapping Bilateral (1192776989)				
3/31/2024	293.13	DUPLICATE				No Records				
4/1/2024	84.78					No Records				
4/13/2024	169.56					No Records				
5/31/2024	202.75	DUPLICATE				No Records				
6/30/2024	202.75					No Records				
7/31/2024	202.75					No Records				
PRIMARY CARE	264.74									
9/7/2023	79.37	DUPLICATE				PCP Labs for diabetes				
9/20/2023	68.03	DUPLICATE				PCP routine labs				
12/4/2023	56.01	DUPLICATE			Y	Labs with CKD - claimed by Plaintiff				
1/9/2024	61.33	DUPLICATE			Y	Labs with CKD - claimed by Plaintiff				
						Total Related Payments	**$ -**	**$ 10,500**	**$ 59,116**	**$ 69,616**

TRIWEST PAYMENTS - Keller, Scott

Veteran Name	KELLER, SCOTT

Row Labels	Sum of Line Paid Amount	Related to Lymphoma? (Y/N)	Related to Cardiomyopathy? (Y/N)	Related to CKD? (Y/N)	Description	Payments Related to Lymphoma	Payments Related to Cardiomyopathy not Lymphoma	Payments Related to CKD not Lymphoma	Payments Related to Lymphoma or Cardiomyopathy or CKD ($)
INLAND IMAGING ASSOCIATES PS	**$324.92**								
2/7/2024	$292.41			Y	IR tunnelled dialysis catheter insertion - 01501_KELLER_0000004428 to 4435			$ 292	$ 292
4/19/2024	$32.51			Y	ER visit for swelling and concern for abscess over the left arm AV fistula (dialysis) - 01501_KELLER_0000004373 to 4415			$ 33	$ 33
INLAND IMAGING PS	**$157.55**								
6/12/2023	$8.82		Y		AICD placement at Sacred Heart Medical Center (BiV upgrade) - 01501 KELLER PSHMC 0000000038 to 39	$ 9			$ 9
6/20/2023	$10.52		Y		Cardiac rehab and workup for possible lead displacement with interrogation	$ 11			$ 11
8/11/2023	$83.69				ER and hospitalization for Sepsis (POA) due to Enterocolitis (diarrhea)				
3/1/2024	$31.81			Y	Vascular US exam for dialysis - VAS Upper Extremity Vein Mapping Bilateral - 01501_KELLER_PSMMC_0000000590 to 591			$ 32	$ 32
5/6/2024	$22.71				No Records				
KADLEC REGIONAL MEDICAL C	**$451.75**								
4/19/2024	$451.75			Y	ER visit for swelling and concern for abscess over the left arm AV fistula (dialysis) - 01501_KELLER_0000004373 to 4415			$ 452	$ 452
KADLEC REGIONAL MEDICAL CENTER	**$17,119.12**								
5/6/2023	$13,868.00				Hospitalization for GI bleed due to diverticular source (01501_KELLER_0000004499 to 4709), 5/6-5/8/2023 with hemorrhoids (no changes to cardiac meds aspirin or effient)				
2/7/2024	$3,251.12			Y	IR tunnelled dialysis catheter insertion - 01501_KELLER_0000004428 to 4435			$ 3,251	$ 3,251
NORTHWEST EMERGENCY PHYSICIANS	**$118.98**								
4/19/2024	$118.98			Y	ER visit for swelling and concern for abscess over the left arm AV fistula (dialysis) - 01501_KELLER_0000004373 to 4415			$ 119	$ 119
PMG SE WA	**$4,180.68**								
3/31/2023	$53.02		Y		Cardiac interrogation - Dr Wongsuwan - 01501 KELLER VHA 0000000610	$ 53			$ 53
4/4/2023	$46.45		Y		Echocardiogram - 01501_KELLER_PSMMC_0000001025 to 1026	$ 46			$ 46
7/5/2023	$153.68		Y		Cardiology followup Visit - Evelyn Martindale, APRN - 01501_KELLER_VHA_0000000587 to 5897	$ 154			$ 154
7/6/2023	$180.80			Y	Nephrology visit Dr. Leach - 01501_KELLER_SSA_0000001282 to 1287			$ 181	$ 181
8/11/2023	$173.45				ER and hospitalization for Sepsis (POA) due to Enterocolitis (diarrhea)				
8/12/2023	$127.13				ER and hospitalization for Sepsis (POA) due to Enterocolitis (diarrhea)				
8/13/2023	$79.11				ER and hospitalization for Sepsis (POA) due to Enterocolitis (diarrhea)				
8/14/2023	$81.01				ER and hospitalization for Sepsis (POA) due to Enterocolitis (diarrhea)				
9/30/2023	$53.02		Y		Cardiac remote interrogation - Suwong Wongsuwan, MD - 01501 KELLER SSA 0000005857, 01501 KELLER SSA 0000005910	$ 53			$ 53
10/5/2023	$68.42		Y		Echocardiogram - 01501_KELLER_PHI_0000000029	$ 68			$ 68
12/19/2023	$168.33		Y		Cardiology followup Visit - Evelyn Martindale, APRN - 01501_KELLER_SSA_0000000971 to 977	$ 168			$ 168
2/8/2024	$9.26			Y	IR permacath diaysis catheter insertion - 01501_KELLER_0000004442 to 4443			$ 9	$ 9
2/9/2024	$9.26				No Records				
2/10/2024	$9.26				No Records				
2/11/2024	$9.26				No Records				
2/12/2024	$9.26				No Records				
2/13/2024	$9.26				No Records				
2/14/2024	$9.26				No Records				
2/15/2024	$9.26				No Records				
2/16/2024	$9.26				No Records				
2/17/2024	$9.26				No Records				
2/18/2024	$9.26				No Records				
2/19/2024	$9.26				No Records				
2/20/2024	$9.26				No Records				
2/21/2024	$9.26				No Records				
2/22/2024	$9.26				No Records				
2/23/2024	$9.26				No Records				
2/24/2024	$9.26				No Records				
2/25/2024	$9.26				No Records				
2/26/2024	$9.26				No Records				
2/27/2024	$9.26				No Records				
2/28/2024	$9.26				No Records				
2/29/2024	$9.26				No Records				
3/13/2024	$166.28				No Records				
3/19/2024	$635.08			Y	Admission for AV fistula creation with vascular surgery (Providence St. Mary) - 01501_KELLER_PSMMC_0000000473 to 475			$ 635	$ 635
3/20/2024	$8.04				EKG unclear indication				
3/30/2024	$58.26				No Records				
3/31/2024	$293.13				No Records				
4/1/2024	$9.42				No Records				
4/2/2024	$9.42				No Records				
4/3/2024	$9.42				No Records				
4/4/2024	$9.42				No Records				
4/5/2024	$9.42				No Records				
4/6/2024	$9.42				No Records				
4/7/2024	$9.42				No Records				
4/8/2024	$9.42				No Records				
4/9/2024	$9.42				No Records				
4/10/2024	$172.05			Y	Hospitalization - Cellulitis of the AV fistula after dialysis - 4/10/24 - 4/12/24 - 01501_KELLER_VHA_0000000875 to 884			$ 172	$ 172
4/11/2024	$117.80			Y	Hospitalization - Cellulitis of the AV fistula after dialysis - 4/10/24 - 4/12/24 - 01501_KELLER_VHA_0000000875 to 884			$ 118	$ 118
4/12/2024	$114.16			Y	Hospitalization - Cellulitis of the AV fistula after dialysis - 4/10/24 - 4/12/24 - 01501_KELLER_VHA_0000000875 to 884			$ 114	$ 114
4/13/2024	$9.42				No Records				
4/14/2024	$9.42				No Records				

4/15/2024	$9.42			No Records			
4/16/2024	$116.36			No Records			
4/17/2024	$9.42			No Records			
4/18/2024	$9.42			No Records			
4/19/2024	$9.42		Y	ER visit for swelling and concern for abscess over the left arm AV fistula (dialysis) - 01501_KELLER_0000004373 to 4415		$ 9	$ 9
4/20/2024	$9.42			No Records			
4/21/2024	$9.42			No Records			
4/22/2024	$9.42			No Records			
4/23/2024	$9.42			No Records			
4/24/2024	$9.42			No Records			
4/25/2024	$9.42			No Records			
4/26/2024	$9.42			No Records			
4/27/2024	$9.42			No Records			
4/28/2024	$9.42			No Records			
4/29/2024	$9.42			No Records			
4/30/2024	$9.42			No Records			
5/28/2024	$663.71		Y	Hospitalization for the superficialization of AV fistula - referenced in 01501_KELLER_KRMC_0000000592, 595, 597		$ 664	$ 664
5/31/2024	$202.75			No Records			
PROVIDENCE ANESTHESIA SERVICES	**$962.19**						
6/12/2023	$337.62	Y		AICD placement at Sacred Heart Medical Center (BiV upgrade) - 01501 KELLER PSHMC 0000000038 to 39	$ 338		$ 338
3/19/2024	$275.67		Y	Admission for AV fistula creation with vascular surgery (Providence St. Mary) - 01501_KELLER_PSMMC_0000000473 to 475		$ 276	$ 276
5/28/2024	$348.90		Y	Hospitalization for the superficialization of AV fistula - referenced in 01501_KELLER_KRMC_0000000592, 595, 597		$ 349	$ 349
PROVIDENCE SACRED HEART MEDICA	**$33,393.09**						
4/28/2023	$289.03	Y		Cardiopulmonary e ercise testing - 01501_KELLER_PSHMC_0000000178 to 179	$ 289		$ 289
6/12/2023	$33,104.06	Y		AICD placement at Sacred Heart Medical Center (BiV upgrade) - 01501 KELLER PSHMC 0000000038 to 39	$ 33,104		$ 33,104
PROVIDENCE SPOKANE HEART INSTI	**$2,061.53**						
6/12/2023	$1,782.63	Y		AICD placement at Sacred Heart Medical Center (BiV upgrade) - 01501 KELLER PSHMC 0000000038 to 39	$ 1,783		$ 1,783
6/13/2023	$117.35	Y		Cardiology Visit - Spo ane Cardiology downtown - 1. Fitting and adjustment of automatic implantable cardiac defibrillator 45.02 V53.32 Device Interrogation	$ 117		$ 117
10/11/2023	$161.55	Y		Cardiology followup visit - Providence Dr. Wongsuwan	$ 162		$ 162
PROVIDENCE ST MARY MEDICA	**$3,013.55**						
4/10/2023	$68.03						
6/1/2023	$132.09	Y		Cardiac rehab (daily phasse II recordings for telemetry) - 01501_KELLER_SSA_0000005029, 3311	$ 132		$ 132
6/5/2023	$132.09	Y		Cardiac Rehab (Daily Report - Cardiac Phase II) - 01501_KELLER_SSA_0000003303	$ 132		$ 132
6/7/2023	$132.09	Y		Cardiac Rehab (Daily Report - Cardiac Phase II) - 01501_KELLER_SSA_0000003269	$ 132		$ 132
6/8/2023	$132.09	Y		Cardiac Rehab (Daily Report - Cardiac Phase II) - 01501_KELLER_SSA_0000003262	$ 132		$ 132
6/19/2023	$132.09	Y		Cardiac Rehab (Daily Report - Cardiac Phase II) - 01501_KELLER_SSA_0000005583	$ 132		$ 132
6/21/2023	$132.09			No Records			
6/22/2023	$132.09	Y		Cardiac Rehab (Daily Report - Cardiac Phase II) - 01501 KELLER SSA 0000003117	$ 132		$ 132
3/18/2024	$144.35			No Records			
3/20/2024	$144.35			No Records			
3/25/2024	$144.35			No Records			
4/29/2024	$144.35			No Records			
5/1/2024	$288.69			No Records			
5/2/2024	$144.35			No Records			
5/6/2024	$144.35			No Records			
5/8/2024	$144.35			No Records			
5/13/2024	$144.35			No Records			
5/15/2024	$144.35			No Records			
5/20/2024	$144.35			No Records			
5/22/2024	$144.35			No Records			
5/23/2024	$144.35			No Records			
PROVIDENCE ST MARY MEDICAL CEN	**$42,657.71**						
3/27/2023	$132.09	Y		E ercise physiology - Stevie L Noble, E ercise Physiologist (01501_KELLER_SSA_0000005088)	$ 132		$ 132
3/29/2023	$132.09	Y		Cardiac Rehab (Daily Report - Cardiac Phase II) - 01501_KELLER_SSA_0000005699	$ 132		$ 132
3/30/2023	$132.09	Y		Cardiac Rehab (Daily Report - Cardiac Phase II) - 01501_KELLER_SSA_0000003650	$ 132		$ 132
4/3/2023	$132.09	Y		Cardiac Rehab (Daily Report - Cardiac Phase II) - 01501_KELLER_SSA_0000003648	$ 132		$ 132
4/5/2023	$132.09	Y		Cardiac Rehab (Daily Report - Cardiac Phase II) - 01501_KELLER_SSA_0000003633	$ 132		$ 132
4/6/2023	$132.09	Y		Cardiac Rehab (Daily Report - Cardiac Phase II) - 01501_KELLER_SSA_0000003620	$ 132		$ 132
4/10/2023	$165.88		Y	Renal function labs from nephrology - 01501_KELLER_SSA_0000005257 to 5258 -		$ 166	$ 166
4/12/2023	$132.09	Y		Cardiac Rehab (Daily Report - Cardiac Phase II) - 01501_KELLER_SSA_0000003603	$ 132		$ 132
4/13/2023	$132.09	Y		Cardiac Rehab (Daily Report - Cardiac Phase II) - 01501_KELLER_SSA_0000003594	$ 132		$ 132
4/24/2023	$132.09			No Records -			
4/26/2023	$195.08	Y		Cardiac rehab (daily phasse II recordings for telemetry) - 01501_KELLER_SSA_0000003544	$ 195		$ 195
4/27/2023	$132.09	Y		Cardiac Rehab (Daily Report - Cardiac Phase II) - 01501_KELLER_SSA_0000003524	$ 132		$ 132
5/1/2023	$132.09	Y		Cardiac Rehab (Daily Report - Cardiac Phase II) - 01501 KELLER SSA 0000003515	$ 132		$ 132
5/3/2023	$132.09	Y		Cardiac Rehab (Daily Report - Cardiac Phase II) - 01501_KELLER_SSA_0000003507	$ 132		$ 132
5/4/2023	$132.09	Y		Cardiac Rehab (Daily Report - Cardiac Phase II) - 01501_KELLER_SSA_0000003500	$ 132		$ 132
5/10/2023	$132.09	Y		Cardiac Rehab (Daily Report - Cardiac Phase II) - 01501_KELLER_SSA_0000003465	$ 132		$ 132
5/11/2023	$132.09	Y		Cardiac Rehab (Daily Report - Cardiac Phase II) - 01501_KELLER_SSA_0000003415	$ 132		$ 132
5/15/2023	$132.09	Y		Cardiac Rehab (Daily Report - Cardiac Phase II) - 01501_KELLER_SSA_0000003405	$ 132		$ 132
5/17/2023	$132.09	Y		Cardiac Rehab (Daily Report - Cardiac Phase II) - 01501_KELLER_SSA_0000003345	$ 132		$ 132
5/18/2023	$132.09	Y		Cardiac Rehab (Daily Report - Cardiac Phase II) - 01501 KELLER SSA 0000003344	$ 132		$ 132
5/22/2023	$132.09	Y		Cardiac Rehab (Daily Report - Cardiac Phase II) - 01501 KELLER SSA 0000003341	$ 132		$ 132
5/25/2023	$132.09	Y		Cardiac Rehab (Daily Report - Cardiac Phase II) - 01501 KELLER SSA 0000003318	$ 132		$ 132
6/20/2023	$95.58	Y		ICD interrogation - 01501_KELLER_SSA_0000005015 -	$ 96		$ 96
6/26/2023	$132.09	Y		Cardiac rehab visit - and Visit with Dr. Linfoot endocrinology - 01501_KELLER_SSA_0000003108	$ 132		$ 132
6/28/2023	$132.09	Y		Cardiac Rehab (Daily Report - Cardiac Phase II) - 01501 KELLER SSA 0000003091	$ 132		$ 132
6/29/2023	$132.09	Y		Cardiac Rehab (Daily Report - Cardiac Phase II) - 01501_KELLER_SSA_0000003083	$ 132		$ 132
7/3/2023	$193.42	Y		Cardiac Rehab (Daily Report - Cardiac Phase II) - 01501_KELLER_SSA_0000003050	$ 193		$ 193

7/5/2023	$132.09	Y		Cardiology followup Visit - Evelyn Martindale, APRN - 01501_KELLER_VHA_0000000587 to 5897 -	$	132		$	132
7/6/2023	$132.09	Y		Cardiac Rehab (Daily Report - Cardiac Phase II) - 01501_KELLER_SSA_0000003023	$	132		$	132
7/12/2023	$132.09	Y		Cardiac Rehab - reference in - 01501_KELLER_SSA_0000004992	$	132		$	132
7/13/2023	$132.09	Y		Cardiac Rehab (Daily Report - Cardiac Phase II) - 01501_KELLER_SSA_0000002993	$	132		$	132
7/17/2023	$132.09	Y		Cardiac Rehab (Daily Report - Cardiac Phase II) - 01501_KELLER_SSA_0000002984	$	132		$	132
7/19/2023	$132.09	Y		Cardiac Rehab (Daily Report - Cardiac Phase II) - referenced in 01501_KELLER_SSA_0000004991	$	132		$	132
7/20/2023	$132.09	Y		Cardiac Rehab (Daily Report - Cardiac Phase II) - 01501 KELLER SSA 0000002930	$	132		$	132
8/11/2023	$8,096.40			ER and hospitalization for Sepsis (POA) due to Enterocolitis (diarrhea)					
9/7/2023	$79.37			PCP Labs for diabetes					
9/20/2023	$68.03								
10/5/2023	$553.50	Y		Echocardiogram - 01501_KELLER_PHI_0000000029	$	554		$	554
12/4/2023	$56.01		Y	Labs with CKD - claimed by Plaintiff (referenced 01501_KELLER_SSA_0000001036)			$ 56	$	56
1/9/2024	$61.33		Y	Labs with CKD - claimed by Plaintiff (01501_KELLER_SSA_0000000988)			$ 61	$	61
1/23/2024	$144.35			No Records					
1/29/2024	$0.00			No payment					
3/1/2024	$267.67		Y	Vascular US e am for dialysis - VAS Upper E tremity Vein Mapping Bilateral - 01501_KELLER_PSMMC_0000000590 to 591			$ 268	$	268
3/19/2024	$3,481.95		Y	Admission for AV fistula creation with vascular surgery (Providence St. Mary) - 01501_KELLER_PSMMC_0000000473 to 475			$ 3,482	$	3,482
3/27/2024	$144.35			No Records					
3/28/2024	$144.35			No Records					
4/1/2024	$144.35			No Records					
4/3/2024	$144.35			No Records					
4/4/2024	$144.35			No Records					
4/8/2024	$144.35			No Records					
4/10/2024	$17,116.68		Y	Hospitalization - Cellulitis of the AV fistula after dialysis - 4/10/24 - 4/12/24 - 01501_KELLER_VHA_0000000875 to 884			$ 17,117	$	17,117
4/17/2024	$144.35			No Records					
4/18/2024	$144.35			No Records					
4/22/2024	$144.35			No Records					
4/24/2024	$144.35			No Records					
4/25/2024	$144.35			No Records					
5/6/2024	$120.10			No Records					
5/28/2024	$6,003.01		Y	Hospitalization for the superficialization of AV fistula - referenced in 01501_KELLER_KRMC_0000000592, 595, 597			$ 6,003	$	6,003
5/30/2024	$144.35			No Records					
6/5/2024	$144.35			No Records					
6/25/2024	$120.10			No notes					
SPECTRA LABORATORIES INC	**$9.71**								
5/21/2024	$9.71			No Records					
(blan)	**$129.13**								
4/11/2023	$129.13								
				Total Related Payments	**$ -**	**$ 42,015**	**$ 33,858**	**$**	**75,873**

CCN Payments - Kidd, Robert

Patient Name	KIDD,ROBERT ARNOLD
Years (Serice Start Date)	(All)

Row Labels	Sum of Claim Paid Amount	Related to Claimed Conditions? (Y/N)	Description	Payments Related to Claimed Conditions
CARDIOLOGY REHAB	**1485.36**			
8/5/2024	1361.58	N	Cardiac Rehab post NSTEMI (no records)	
9/6/2024	123.78	N	Cardiac Rehab post NSTEMI (no records)	
EMERGENCY CARE	**30130.67**			
7/2/2024	23338.68	N	ER/Hospital visit 7/2/24 to 7/4/24 for NSTEMI which required cardiac catheterization, found with diffuse OM1 disease and stents placed	
7/3/2024	729.46	N	ER/Hospital visit 7/2/24 to 7/4/24 for NSTEMI which required cardiac catheterization, found with diffuse OM1 disease and stents placed	
7/5/2024	5821.21	N	ER/Hospital visit 7/5/24 to 7/6/24 for readmission chest pain, managed with heparin drip and observation - also PCP visit prior	
7/6/2024	241.32	N	ER/Hospital visit 7/5/24 to 7/6/24 for readmission chest pain, managed with heparin drip and observation	
Inpatient	**610.07**			
1/16/2015	610.07	N	Hospital visit for screening colonoscopy - 01489_KIDD_SJH_0000008385	
(blank)	**15353.09**			
8/26/2010	993.62	Y	PET/CT scan for lymphoma - 01489_KIDD_0000000055	993.62
9/7/2010	170.54	Y	Radiotherapy consultation for lymphoma - 01489_KIDD_LC_0000000003	170.54
1/18/2011	2319.74	Y	Radiotherapy consultation for lymphoma and PET/CT scan - 01489_KIDD_LC_0000000005	2319.74
1/19/2011	4502.95	Y	Radiation treatment - 01489_KIDD_LC_0000000009 to 10 (no written notes but the radiation images are included)	4502.95
1/20/2011	201.44	Y	Radiation treatment - 01489_KIDD_LC_0000000009, 20, 1175	201.44
1/21/2011	201.44	Y	Radiation treatment - 01489_KIDD_LC_0000000009, 20, 1175	201.44
1/24/2011	477.6	Y	Radiation treatment - 01489_KIDD_LC_0000000009, 20, 1175	477.6
1/25/2011	1709.44	Y	Radiation treatment - 01489_KIDD_LC_0000000009, 20, 1175	1709.44
1/31/2011	854.72	Y	Radiation treatment - 01489_KIDD_LC_0000000009, 20, 1175	854.72
2/1/2011	854.72	Y	Radiation treatment - 01489_KIDD_LC_0000000009, 20, 1175	854.72
2/3/2011	75.36	Y	Radiation treatment - 01489_KIDD_LC_0000000009, 20, 1175	75.36
2/7/2011	2136.8	Y	Radiation treatment and PCP visit for sinus congestion - 01489_KIDD_LC_0000000009, 20, 1175; PCP 01489_KIDD_0000001173	2136.8
2/8/2011	854.72	Y	Radiation treatment - 01489_KIDD_LC_0000000009, 20, 1175	854.72
			Total Related Charges	**$ 15,353.09**

VHA Outpatient - Kidd, Robert

Patient Last Name	KIDD
Fiscal Year	(Multiple Items)

Row Labels	Sum of Outpatient Total Cost	Related to Claimed Conditions? (Y/N)	Description	Total Cost Payments Related to Claimed Conditions	Direct Cost Payments to Claimed Conditions
(103) Telephone Triage	$ 939.16				
7/9/2024	$ 40.39	N	BP med adjustments - 01489_KIDD_VHA_0000001694		
7/10/2024	$ 40.39	N	Arranging stress test - 01489_KIDD_0000003008		
5/29/2017	$ 156.07	N	Med reorders - 01489_KIDD_VHA_0000000760		
1/25/2024	$ 40.39	N	No records		
7/5/2024	$ 40.39	N	ER/Hospital visit 7/5/24 to 7/6/24 for readmission chest pain, managed with heparin drip and observation - also PCP visit prior		
7/15/2024	$ 80.78	N	Telephone visit - CP and dyspnea - 01489_KIDD_VHA_0000001791		
7/23/2024	$ 40.39	N	Routine PCP visit - 01489_KIDD_VHA_0000001766		
7/25/2024	$ 166.00	N	Follow up for cardiac procedure in morehead - 01489 KIDD VHA 0000001775		
8/6/2024	$ 40.39	N	Cardiac followup, refer to cardiac rehab - 01489_KIDD_0000001813		
9/16/2024	$ 40.39	N	No records found		
9/19/2024	$ 40.39	N	BP telephonic - 01489_KIDD_VHA_0000001740		
10/23/2024	$ 25.27	N	No records found		
11/4/2024	$ 187.89	N	Visit for influenza B+ - 01489_KIDD_0000002940		
(108) Laboratory	$ 4,622.34				
12/2/2010	$ 69.07	Y	Labs for Chemotherapy administration - 01489 KIDD 0000000549	$ 69.07	$ 37.95
2/9/2011	$ 15.27	N	No lab records		
2/16/2011	$ 15.27	N	No lab records		
2/24/2012	$ 55.24	N	Adult well exam - 01489_KIDD_0000000479		
5/8/2014	$ 64.66	N	Adult well exam - 01489 KIDD 000000041		
9/23/2014	$ 63.39	Y	Labs for Oncology visit for lymphoma 01489_KIDD_0000000377	$ 63.39	$ 35.55
3/24/2015	$ 17.59	Y	Labs for Oncology visit for lymphoma 01489_KIDD_0000000064	$ 17.59	$ 10.32
5/23/2019	$ 96.93	N	routine eval, fasting labs - 01489 KIDD 0000000261		
10/20/2022	$ 4.24	N	No lab records		
11/9/2022	$ 47.69	N	Viral infection 01489_KIDD_0000001567		
3/15/2023	$ 50.42	N	No lab records		
10/22/2024	$ 22.12	N	No lab records		
11/30/2009	$ 75.65	N	Adult well exam - 01489_KIDD_0000000707		
6/7/2010	$ 75.65	Y	Labs during PCP visit for scrotal swelling, found to be due to lymphaedenopathy from lymphoma - 01489_KIDD_0000000229 to 231	$ 75.65	$ 43.41
7/12/2010	$ 31.66	Y	Labs for CT for lymphadenopathy - 01489 KIDD VHA 0000000025	$ 31.66	$ 18.31
7/26/2010	$ 15.57	N	No lab records		
7/29/2010	$ 33.38	N	No lab records		
8/11/2010	$ 674.59	Y	Labs for Bone marrow biopsy pre-procedure - 01489_KIDD_0000000666	$ 674.59	$ 392.88
8/12/2010	$ 185.03	N	No lab records		
8/31/2010	$ 40.24	Y	Labs for Oncology visit for lymphoma 01489_KIDD_VHA_0000000074	$ 40.24	$ 22.96
9/30/2010	$ 61.44	Y	Labs for Chemotherapy administration - 01489_KIDD_0000000577	$ 61.44	$ 35.22
10/21/2010	$ 69.07	Y	Labs for Chemotherapy administration - 01489_KIDD_0000000571	$ 69.07	$ 37.95
11/4/2010	$ 69.07	Y	Labs for CT followup for lymphoma - 01489 KIDD VHA 0000000016	$ 69.07	$ 37.95
11/12/2010	$ 69.07	Y	Labs for Chemotherapy administration - 1489_KIDD_0000000557	$ 69.07	$ 37.95
12/23/2010	$ 69.07	Y	Labs for Chemotherapy administration - 01489_KIDD_0000001085	$ 69.07	$ 37.95
1/4/2011	$ 69.07	Y	Labs for CT followup for lymphoma - 01489 KIDD 0000000014	$ 69.07	$ 37.95
2/2/2011	$ 85.41	N	Lipids, fasting labs PCP visit 01489_KIDD_0000000525		
5/11/2011	$ 61.65	Y	Labs for CT followup for lymphoma - 01489_KIDD_VHA_0000000014	$ 61.65	$ 33.14
8/12/2011	$ 70.14	N	PCP - Adult well exam - 01489_KIDD_0000000501		
8/15/2011	$ 61.65	Y	Labs for CT followup for lymphoma - 01489 KIDD VHA 0000000012	$ 61.65	$ 33.14
11/22/2011	$ 48.24	Y	Oncology visit for lymphoma with lab orders 01489_KIDD_0000000486	$ 48.24	$ 26.82
2/28/2012	$ 69.42	Y	Oncology visit for lymphoma with lab orders 01489_KIDD_0000000471	$ 69.42	$ 38.51
6/12/2012	$ 0.34	N	PCP - Skin rash 01489 KIDD 0000000469		
8/28/2012	$ 69.42	Y	Oncology visit for lymphoma with labs - 01489_KIDD_0000000065	$ 69.42	$ 38.51
1/9/2013	$ 44.61	N	Labs for PCP - Hip pain and skin rash - 01489_KIDD_VHA_0000000949		
2/12/2013	$ 48.98	Y	Oncology visit for lymphoma with labs - 01489_KIDD_0000000442	$ 48.98	$ 29.33
8/9/2013	$ 8.24	N	PCP - Well visit, minimal mention lymphoma - 01489 KIDD 0000000411		
8/13/2013	$ 55.89	Y	Oncology visit for lymphoma with labs - 01489_KIDD_0000000425	$ 55.89	$ 33.44
7/1/2014	$ 150.78	N	ER visit for palpitations - not related to lymphoma		
1/22/2015	$ 59.09	N	PCP - Vaccine visit		
7/24/2015	$ 59.09	N	PCP - Itching, hip pain - 01489 KIDD 0000000244		
1/26/2016	$ 98.70	N	PCP - Adult well visit - 01489_KIDD_VHA_0000000820		
3/29/2016	$ 49.70	N	PCP - Hip pain, TMJ - 01 489_KIDD_0000000335		
4/15/2016	$ 20.87	N	PCP - BP visit - 01489 KIDD 0000000330		
9/13/2016	$ 51.91	N	PCP - Routine visit, lab check - 01489_KIDD_0000000317		
9/27/2016	$ 220.27	N	No lab records		
6/13/2017	$ 96.59	N	PCP - HTN, cholesterol visit - 01489_KIDD_0000001058		
5/3/2018	$ 12.15	N	No lab records		
5/14/2018	$ 75.89	N	PCP - HTN, A1c - 01489_KIDD_0000000277		
6/18/2019	$ 44.66	N	No lab records		
5/22/2020	$ 135.38	N	PCP - Labs, PSA check - 01489 KIDD 0000001035		
5/27/2020	$ 22.61	N	No lab records		
6/16/2020	$ 44.11	N	Urology visit for elevated PSA - screening		
9/14/2020	$ 13.24	N	No lab records		
4/22/2021	$ 119.82	N	PCP - HTN, PSA - 01489 KIDD 0000001574		
4/7/2022	$ 112.69	N	PCP - A1c, PSA check - 01489_KIDD_VHA_0000000631		
4/14/2022	$ 51.68	N	No lab records		
5/5/2022	$ 22.93	N	No lab records		
3/9/2023	$ 119.63	N	PSA Test		
2/12/2024	$ 88.96	N	PCP - HTN, PSA - 01489_KIDD_0000000984		
2/14/2024	$ 55.67	N	No lab records		
7/7/2024	$ 202.64	N	ER/hospital admission for chest palpitations found with Vtach - 01489 KIDD 0000003065		
11/4/2024	$ 8.85	N	Visit for influenza B+ - 01489_KIDD_0000002940		
(115) Ultrasound (US)	$ 63.93				
7/27/2010	$ 63.93	Y	Scrotal US for lymphadenopathy concerning for lymphoma - 01489 KIDD VHA 0000000090, 01489 KIDD VHA 0000000023	$ 63.93	$ 31.97
(130) Emergency Department	$ 2,013.85				
8/12/2010	$ 512.85	N	Admission for L facial and L arm paresthesia, diagnosed as TIA referable to RIGHT carotid circulation, - 01489_KIDD_0000001693, 01489 KIDD 0000001689		
7/1/2014	$ 526.42	N	ER visit for palpitations - not related to lymphoma		
7/6/2024	$ 974.58	N	ER/Hospital visit 7/5/24 to 7/6/24 for readmission chest pain, managed with heparin drip and observation		
(150) Computerized Tomography (CT)	$ 3,836.79				
7/12/2010	$ 646.83	Y	CT for lymphadenopathy - 01489_KIDD_VHA_0000000025	$ 646.83	$ 368.40
8/11/2010	$ 498.67	Y	Bone marrow biopsy (CT guided) and labs for pre-procedure - 01489 KIDD 0000000666	$ 498.67	$ 286.15
11/4/2010	$ 672.82	Y	CT followup for lymphoma - 01489 KIDD VHA 0000000016	$ 672.82	$ 376.61
1/4/2011	$ 672.82	Y	CT followup for lymphoma - 01489_KIDD_0000000014	$ 672.82	$ 376.61
5/11/2011	$ 672.82	Y	CT followup for lymphoma - 01489_KIDD_VHA_0000000014	$ 672.82	$ 376.61
8/15/2011	$ 672.82	Y	CT followup for lymphoma - 01489 KIDD VHA 0000000012	$ 672.82	$ 376.61
(301) General Internal	$ 150.00				
1/27/2021	$ 75.00	N	COVID vaccine		
2/17/2021	$ 75.00	N	COVID vaccine		
(323) Primary Care Medicine	$ 16,421.41				
12/30/2009	$ 373.65	N	Visit for low back pain - x-ray done 01489_KIDD_0000001357		
3/5/2010	$ 594.95	N	Visit for bug bites - 01489_KIDD_0000000697		
2/10/2011	$ 60.54	N	Ear irrigation visit - 01489 KIDD 0000000516		
2/24/2012	$ 283.37	N	Adult well exam - 01489_KIDD_0000000479		
5/8/2014	$ 463.82	N	Adult well exam - 01489_KIDD_000000041		
11/12/2014	$ 262.51	N	Skin itching eval - 01489_KIDD_VHA_0000000863		
5/23/2019	$ 368.58	N	routine eval, fasting labs - 01489 KIDD 0000000261		
11/9/2022	$ 602.28	N	Viral infection 01489_KIDD_0000001567		
11/30/2009	$ 373.65	N	Adult well exam - 01489_KIDD_0000000707		
3/12/2010	$ 373.65	N	Hip pain, only recommended NSAIDs - 01489 KIDD 0000000695		
4/23/2010	$ 373.65	N	Hip pain diagnosed as trochanteric bursitis - 01489_KIDD_0000000690		
6/7/2010	$ 373.65	N	PCP visit for scrotal swelling, found to be due to lymphaedenopathy for lymphoma - 01489_KIDD_0000000229 to 231		
7/13/2010	$ 373.65	Y	PCP visit for left buttock pain, labs, and review of CT scan which found destrictive lytic lesions of the iliac crest (found to be lymphoma) - 01489_KIDD_0000000681	$ 373.65	$ 242.37

8/12/2010	$ 221.30	N	PCP visit and ER referral/admission for L facial and L arm paresthesia, diagnosed as TIA referable to RIGHT carotid circulation, - 01489 KIDD 0000001693, 01489 KIDD 0000001689			
8/18/2010	$ 373.65	N	PCP visit for vaccines - 01489_KIDD_VHA_0000001150			
2/2/2011	$ 322.05	N	Lipids, fasting labs PCP visit 01489_KIDD_0000000525			
2/7/2011	$ 509.78	N	PCP visit for sinus infection - 01489_KIDD_0000001173			
3/11/2011	$ 207.17	N	PCP - PCP visit sinus infection - 01489 KIDD 0000000513			
8/12/2011	$ 322.05	N	PCP - Adult well e am - 01489_KIDD_0000000501			
1/30/2012	$ 126.31	N	PCP - BP chec - 01489_KIDD_0000000484			
2/17/2012	$ 126.31	N	PCP - Cough and URI, hip pain - 01489 KIDD 0000000037			
6/12/2012	$ 126.31	N	PCP - S in rash 01489_KIDD_0000000469			
1/9/2013	$ 367.77	N	PCP - Hip pain and s in rash - 01489_KIDD_VHA_0000000949			
1/29/2013	$ 138.86	N	PCP - Viral symptoms - 01489 KIDD 0000000446			
3/20/2013	$ 367.77	N	PCP - TM pain - 01489 KIDD 0000000436			
8/9/2013	$ 367.77	N	PCP - Well visit, minimal mention lypmhoma - 01489_KIDD_0000000411			
10/20/2014	$ 268.99	N	PCP - BP, colonoscopy followup - 01489_KIDD_0000000375			
1/22/2015	$ 481.66	N	PCP - Vaccine visit			
7/24/2015	$ 481.66	N	PCP - Itching, hip pain - 01489 KIDD 0000000244			
1/26/2016	$ 313.84	N	PCP - Adult well visit - 01489_KIDD_VHA_0000000820			
3/29/2016	$ 456.10	N	PCP - Hip pain, TM - 01 489_KIDD_0000000335			
4/15/2016	$ 291.98	N	PCP - BP visit - 01489 KIDD 0000000330			
5/25/2016	$ 291.98	N	PCP - BP visit - 01489_KIDD_0000001601			
5/26/2016	$ 456.10	N	PCP - Routine visit, flue vaccine			
9/13/2016	$ 456.10	N	PCP - Routine visit, lab chec - 01489_KIDD_0000000317			
2/6/2017	$ 294.01	N	PCP - Admin visit - 01489 KIDD VHA 0000000764			
6/13/2017	$ 373.03	N	PCP - HTN, cholesterol visit - 01489_KIDD_0000001058			
5/14/2018	$ 351.99	N	PCP - HTN, A1c - 01489_KIDD_0000000277			
5/22/2020	$ 278.26	N	PCP - Labs, PSA chec - 01489 KIDD 0000001035			
8/19/2020	$ 218.63	N	PCP - BP visit - 01489_KIDD_VHA_0000000678			
4/22/2021	$ 456.71	N	PCP - HTN, PSA - 01489_KIDD_0000001574			
4/7/2022	$ 726.01	N	PCP - A1c, PSA chec - 01489_KIDD_VHA_0000000631			
3/9/2023	$ 602.28	N	PSA Test			
2/12/2024	$ 583.54	N	PCP - HTN, PSA - 01489_KIDD_0000000984			
7/5/2024	$ 583.54	N	ER/Hospital visit 7/5/24 to 7/6/24 for readmission chest pain, managed with heparin drip and observation - also PCP visit prior			
(338) Telephone Primary Care	**$ 3,024.10**					
3/25/2016	$ 165.37	N	Dizziness - telephonic - 01489_KIDD_0000000338			
5/26/2020	$ 196.49	N	Lab review PSA telephonic - 01489_KIDD_VHA_0000000685			
3/15/2023	$ 233.39	N	No lab records			
6/12/2012	$ 114.77	N	PCP - S in rash 01489 KIDD 0000000469			
3/11/2013	$ 110.05	N	PCP - TM Pain - 01489 KIDD 0000000428			
10/19/2022	$ 233.39	N	Telephone - COVID screen			
11/8/2022	$ 233.39	N	Cough runny nose - telephonic			
4/7/2023	$ 233.39	N	BP med adjustments			
3/12/2024	$ 220.03	N	med adjustments, BP chec - 01489_KIDD_0000001555			
7/15/2024	$ 220.03	N	Telephone visit - CP and dyspnea - 01489_KIDD_VHA_0000001791			
7/25/2024	$ 220.03	N	Follow up for cardiac procedure in morehead - 01489 KIDD VHA 0000001775			
8/7/2024	$ 220.03	N	Brillenta renewal			
9/24/2024	$ 220.03	N	BP followup - 01489_KIDD_VHA_0000001740			
10/24/2024	$ 201.87	N	Telephone - BP med adjust - 01489_KIDD_VHA_0000001735			
11/4/2024	$ 201.87	N	Visit for influenza B+ - 01489 KIDD 0000002940			
(414) Urology Clinic	**$ 1,062.62**					
7/27/2010	$ 360.07	Y	Urology visit for scrotal swelling and it was found to be due to lymphoma (adenopathy) - so lymphoma related - 01489_KIDD_VHA_0000000090	$ 360.07	$	199.74
6/16/2020	$ 259.48	N	Urology visit for elevated PSA - screening			
6/7/2022	$ 443.07	N	Urology visit for elevated PSA - screening			
(160) Clinical Pharmacy	**$ 347.33**					
3/9/2023	$ 347.33	N	PSA Test			
(308) Hematology	**$ 4,882.07**					
1/11/2011	$ 407.66	Y	Oncology visit for lymphoma 01489 KIDD 0000000026	$ 407.66	$	179.75
5/17/2011	$ 407.66	Y	Oncology visit for lymphoma 01489 KIDD 0000001162	$ 407.66	$	179.75
8/23/2011	$ 407.66	Y	Oncology visit for lymphoma 01489_KIDD_VHA_0000001013 to 1016	$ 407.66	$	179.75
3/18/2014	$ 402.99	Y	Oncology visit for lymphoma 01489_KIDD_0000000415 to 418	$ 402.99	$	232.92
9/23/2014	$ 402.99	Y	Oncology visit for lymphoma 01489 KIDD 0000000377 to 380	$ 402.99	$	232.92
3/24/2015	$ 392.15	Y	Oncology visit for lymphoma 01489_KIDD_0000000064 to 66	$ 392.15	$	211.82
8/31/2010	$ 328.33	Y	Oncology visit for lymphoma 01489_KIDD_VHA_0000000074 to 78	$ 328.33	$	151.79
11/9/2010	$ 407.66	Y	Oncology visit for lymphoma 01489_KIDD_0000000559 to 562	$ 407.66	$	179.75
11/22/2011	$ 321.15	Y	Oncology visit for lymphoma 01489 KIDD 0000000486 to 489	$ 321.15	$	179.47
2/28/2012	$ 321.15	Y	Oncology visit for lymphoma 01489_KIDD_0000000471 to 474	$ 321.15	$	179.47
8/28/2012	$ 321.15	Y	Oncology visit for lymphoma 01489_KIDD_0000000065 to 68	$ 321.15	$	179.47
2/12/2013	$ 380.77	Y	Oncology visit for lymphoma 01489 KIDD 0000000442 to 446	$ 380.77	$	211.67
8/13/2013	$ 380.77	Y	Oncology visit for lymphoma 01489_KIDD_0000000425 to 428	$ 380.77	$	211.67
(105) -Ray Fluoroscopy (R RF)	**$ 709.27**					
12/30/2009	$ 62.35	N	Visit for low bac pain - -ray done 01489_KIDD_0000001357			
8/12/2010	$ 259.38	N	Admission for L facial and L arm paresthesia, diagnosed as TIA referable to RIGHT carotid circulation, - 01489_KIDD_0000001693, 01489 KIDD 0000001689			
7/1/2014	$ 77.03	N	ER visit for palpitations - not related to lymphoma			
7/7/2024	$ 310.51	N	ER/hospital admission for chest palpitations found with Vtach - 01489_KIDD_0000003065			
(330) Chemotherapy Procedures Unit Medicine	**$ 2,111.93**					
12/2/2010	$ 319.84	Y	Chemotherapy administration - 01489_KIDD_0000000549	$ 319.84	$	182.57
9/9/2010	$ 416.30	Y	Chemotherapy administration - 01489 KIDD VHA 0000000987	$ 416.30	$	181.03
9/30/2010	$ 416.30	Y	Chemotherapy administration - 01489_KIDD_0000000577	$ 416.30	$	181.03
10/21/2010	$ 319.84	Y	Chemotherapy administration - 01489_KIDD_0000000571	$ 319.84	$	182.57
11/12/2010	$ 319.84	Y	Chemotherapy administration - 1489 KIDD 0000000557	$ 319.84	$	182.57
12/23/2010	$ 319.84	Y	Chemotherapy administration - 01489 KIDD 0000001085	$ 319.84	$	182.57
(328) Medical/Surgical Day Unit (MSDU)	**$ 557.05**					
8/11/2010	$ 557.05	Y	Bone marrow biopsy and labs for pre-procedure - 01489_KIDD_0000000666	$ 557.05	$	251.50
(303) Cardiology	**$ 1,583.98**					
9/9/2024	$ 1,009.31	N	Cardiology follow up eval - 01489_KIDD_0000002965			
7/23/2024	$ 574.67	N	No cardiac records (PCP visit)			
(109) Nuclear Medicine and PET (NM PET)	**$ 389.91**					
7/16/2010	$ 388.75	Y	NM bone scan for lymphoma metastasis - 01489 KIDD VHA 0000000023	$ 388.75	$	173.91
1/18/2011	$ 1.16	Y	Radiotherapy consultation for lymphoma and PET/CT scan - 01489_KIDD_LC_0000000005	$ 1.16	$	1.16
(324) Telephone Medicine	**$ 153.22**					
4/22/2010	$ 153.22	N	Hip pain, concern for septic arthritis/bursitis - 01489 KIDD VHA 0000001271			
(116) Respiratory Therapy	**$ 595.19**					
11/20/2021	$ 595.19	N	No records			
(416) Pre-Surgery E aluation by Non-MD	**$ 113.10**					
8/11/2010	$ 113.10	Y	Bone marrow biopsy and labs for pre-procedure - 01489_KIDD_0000000666	$ 113.10	$	49.58
(412) Proctology	**$ 1,119.43**					
6/22/2012	$ 559.72	N	Rectal itching, anoscopy, unrelated			
7/13/2012	$ 559.72	N	Rectal itching, anoscopy, unrelated 01489_KIDD_0000000463			
(392) Ambulatory ECG Monitoring	**$ 226.56**					
7/29/2024	$ 226.56	N	Holter Monitor testing			
			Total Related Charges	**$ 14,482.73**	**$**	**7,732.97**

CCN Payments - Laramore, Jimmy Carroll

Patient Name	LARAMORE,JIMMY CARROLL
Years (Serice Start Date)	(Multiple Items)

Row Labels	Sum of Claim Paid Amount	CCN Reimbursement (duplicate payment?)	Related to Claimed Conditions? (Y/N)	Description	Payments Related to Claimed Conditions
ONCOLOGY	**4163.76**				
2/2/2024	1690.26		Y	Hospital visit for intravesicular BCG for bladder cancer - 00594_LARAMORE_0000005042 to 5043	$ 1,690.26
3/1/2024	1690.31		Y	Hospital visit for intravesicular BCG for bladder cancer - 00594_LARAMORE_0000005069 to 5070	$ 1,690.31
5/2/2024	783.19		Y	Cystoscopy with bilateral retrograde pyelograms - 00594_LARAMORE_0000006966	$ 783.19
RADIOLOGY MRI/MRA	**390.29**				
6/1/2020	218.91		N	MRI brain for R hand and face numbness	
6/23/2020	171.38		Y	Urology cystoscopy with biopsy -- 00594_LARAMORE_0000006767	$ 171.38
UROLOGY	**29091.15**				
3/11/2019	100.97		N	Preop Evaluation for Nesbit corporal plication	
3/21/2019	3503.08		N	Peyronie's disease - Bilateral Nesbit corporal plication.	
6/5/2019	129.88		N	Ofiice Visit Dr. Anzaldua - low testosterone and lab tests	
9/5/2019	59.59		N	Ofiice Visit Dr. Anzaldua - low testosterone and lab tests	
3/26/2020	59.72		N	Ofiice Visit Dr. Anzaldua - low testosterone and lab tests	
3/30/2020	3606.59		Y	Urology Visit Dr. Alonzo + cystoscopy procedure - 00594_LARAMORE_0000007177 to 7180	$ 3,606.59
3/31/2020	10.92		N	Radiology CXR referenced in 00594_LARAMORE_0000006621 by urology	
4/3/2020	747.31		Y	Urology Visit Dr. Alonzo - TURBT - 00594_LARAMORE_0000007194 to 7195	747.31
4/13/2020	99.27		Y	Urology Visit Dr. Alonzo - bladder cancer followup telemedicine - 00594_LARAMORE_DHRH_0000000064	99.27
4/16/2020	505.36		Y	CT Abdomen / Pelvis for cancer surveillance - 00594_LARAMORE_0000002656	505.36
4/24/2020	70.25		Y	Urology Visit Dr. Alonzo - bladder cancer followup - CT chest/Abd/Pelvis ordered - 00594_LARAMORE_0000007210	70.25
6/17/2020	213.62		Y	Urology followup visit - 00594_LARAMORE_0000007405	213.62
6/23/2020	1384.7		Y	Urology cystoscopy with biopsy -- 00594_LARAMORE_0000006767	1384.7
6/26/2020	65.53		N	Urology labs PSA and testosterone	
6/29/2020	112.35		N	Urology visit - testosterone levels, not cancer	
8/25/2020	225.16		Y	Urology visit - bladder cancer w/ BCG - 00594_LARAMORE_0000007387 to 7389	225.16
9/1/2020	225.16		Y	Urology visit - bladder cancer w/ BCG - 00594_LARAMORE_0000007385 to 7386	225.16
9/8/2020	225.16		Y	Urology visit - bladder cancer w/ BCG - 00594_LARAMORE_0000007383 to 7384	225.16
9/15/2020	225.16		Y	Urology visit - bladder cancer w/ BCG - 00594_LARAMORE_0000007381 to 7382	225.16
9/22/2020	225.16		Y	Urology visit - bladder cancer w/ BCG - 00594_LARAMORE_0000007379 to 7380	225.16
9/29/2020	225.16		Y	Urology visit - bladder cancer w/ BCG - 00594_LARAMORE_0000007377 to 7378	225.16
11/10/2020	840.37		Y	Cystoscopy - 00594_LARAMORE_0000007369	840.37
11/12/2020	1398.5		Y	PET scan for bladder cancer - 00594_LARAMORE_0000004270	1398.5
11/20/2020	148.93		Y	Urology visit - followup for bladder cancer - 00594_LARAMORE_0000007354	148.93
2/4/2021	97.38		Y	Urology Visit Dr. Alonzo - 00594_LARAMORE_0000007219	97.38
2/9/2021	594.54		Y	Urology Visit Dr. Alonzo - bladder cancer followup + cystoscopy procedure - 00594_LARAMORE_DHRH_0000000083 to 86	594.54
3/9/2021	65.93		Y	Urology Visit Dr. Alonzo - bladder cancer followup - 00594_LARAMORE_0000007232 to 7235	65.93
6/8/2021	594.52	DUPLICATE	Y	Cystoscopy procedure for bladder cancer - 00594_LARAMORE_0000007238 to 7239	
9/7/2021	594.52	DUPLICATE	Y	Cystoscopy procedure for bladder cancer - 00594_LARAMORE_0000007244 to 7246	
12/9/2021	426.87	DUPLICATE	Y	CT urogram for bladder cancer - 00594_LARAMORE_DHRH_0000000116 (result referenced in 00594_LARAMORE_0000006620)	
12/28/2021	594.52	DUPLICATE	Y	Urology visit and cystoscopy - 00594_LARAMORE_DHRH_0000000095	
3/22/2022	632.91	DUPLICATE	Y	Cystoscopy procedure for bladder cancer - 00594_LARAMORE_DHRH_0000000100	
6/21/2022	632.91	DUPLICATE	Y	Cystoscopy procedure for bladder cancer - 00594_LARAMORE_DHRH_0000000105	
9/20/2022	765.45	DUPLICATE	Y	Cystoscopy procedure for bladder cancer - 00594_LARAMORE_0000007274 to 7275	
3/23/2023	203.95		Y	Urology office followup for bladder CA - 00594_LARAMORE_0000007008	$ 203.95
3/30/2023	899.73		Y	Cystoscopy - 00594_LARAMORE_0000007013	$ 899.73
4/25/2023	118.13		Y	Urology office followup for bladder CA - 00594_LARAMORE_0000006959	$ 118.13
10/26/2023	166.07		Y	Urology office followup for bladder CA - 00594_LARAMORE_0000007037	$ 166.07
11/2/2023	337.91		Y	Cystoscopy - 00594_LARAMORE_0000007052	$ 337.91
11/8/2023	262.45		Y	Bladder pathology - 00594_LARAMORE_0000007054	$ 262.45
12/5/2023	118.13		Y	Cystoscopy - reference 00594_LARAMORE_0000006749	$ 118.13
12/14/2023	868.47		Y	Urology f/u - 00594_LARAMORE_0000006730	$ 868.47
12/20/2023	479.26		Y	Cystoscopy - 00594_LARAMORE_0000006730	$ 479.26
1/4/2024	252.03		Y	Urology f/u - 00594_LARAMORE_0000006701	$ 252.03
4/4/2024	166.9		Y	Urology f/u - 00594_LARAMORE_0000006698	$ 166.90
5/2/2024	145.82		Y	Cystoscopy with bilateral retrograde pyslograms - 00594_LARAMORE_0000006966	$ 145.82
5/20/2024	166.9		Y	Urology visit and HPI with cystoscopy - 00594_LARAMORE_0000006695 to 6699	$ 166.90
8/5/2024	201.26	DUPLICATE	Y	Urology visit followup and labs - 00594_LARAMORE_0000007290	
9/4/2024	339.11	DUPLICATE	Y	CT abdomen/pelvis (urogram) - 00594_LARAMORE_0000007292	
9/9/2024	736.55	DUPLICATE	Y	Cystoscopy - 00594_LARAMORE_0000006616	
9/24/2024	154.53	DUPLICATE	N	GI office	
10/15/2024	3084.21	DUPLICATE	N	No notes	
11/1/2024	588.82		Y	TURBT with pathology - 00594_LARAMORE_0000006788	$ 588.82
11/25/2024	157.01		N	No notes	
1/10/2025	8.09		N	No notes	
1/13/2025	228.37		N	No notes	
				Total Related Charges	**$ 20,233.42**

Triwest Payments (Triwest_0000000006) - Laramore, Jimmy Carroll

Veteran Name	LARAMORE, JIMMY
Provider Billed Amt	(Multiple Items)

Row Labels	Sum of Provider Paid Amt	Related to Claimed Conditions? (Y/N)	Description	Payments Related to Claimed Conditions
ALONZO, DAVID G.	**809.89**			
02/04/2021	97.38	Y	Urology Visit Dr. Alonzo - 00594_LARAMORE_0000007219	$ 97.38
02/09/2021	77.84	Y	Urology Visit Dr. Alonzo - bladder cancer followup + cystoscopy procedure - 00594_LARAMORE_0000007225 to 7229	$ 77.84
03/09/2021	65.93	Y	Urology Visit Dr. Alonzo - bladder cancer followup - 00594_LARAMORE_0000007232 to 7234	$ 65.93
03/30/2020	45.6	Y	Urology Visit Dr. Alonzo + cystoscopy procedure - 00594_LARAMORE_0000007177 to 7180	$ 45.60
04/03/2020	353.62	Y	Urology Visit Dr. Alonzo - TURBT - 00594_LARAMORE_0000007196	$ 353.62
04/13/2020	99.27	Y	Urology Visit Dr. Alonzo - bladder cancer followup - 00594_LARAMORE_0000007199 to 7201	$ 99.27
04/24/2020	70.25	Y	Urology Visit Dr. Alonzo - bladder cancer followup - CT chest/Abd/Pelvis ordered - 00594_LARAMORE_0000007210	$ 70.25
ANESTHESIA UNLIMITED INC	**85.69**			
06/23/2020	85.69	Y	Anesthesia services for urology cystoscopy with biopsy -- 00594_LARAMORE_0000006767, referenced in 00594_LARAMORE_0000007219	$ 85.69
DOCTORS HOSPITAL AT RENAISSANCE	**15517.96**			
01/18/2019	70.29	N	Urology Visit for Peyronie's disease (not cancer)	
02/04/2021	0	Y	Urology Visit Dr. Alonzo - 00594_LARAMORE_0000007219 to 7222	$ -
02/09/2021	516.7	Y	Urology Visit Dr. Alonzo - bladder cancer followup + cystoscopy procedure - 00594_LARAMORE_0000007225 to 7229	$ 516.70
03/03/2017	1358.45	N	Cardiac stress testing (SPECT)	
03/09/2021	0	Y	Urology Visit Dr. Alonzo - bladder cancer followup - 00594_LARAMORE_0000007232 to 7234	$ -
03/14/2017	5416.93	N	GI procedures EGD w/ biopsy	
03/21/2019	2536.52	N	Peyronie's disease - Bilateral Nesbit corporal plication.	
03/26/2020	0	N	Ofiice Visit Dr. Anzaldua - low testosterone and lab tests	
03/30/2020	3488.19	Y	Urology Visit Dr. Alonzo + cystoscopy procedure - 00594_LARAMORE_0000007177 to 7180	$ 3,488.19
04/09/2021	106.74	N	GI office visit - plan surveillance colonoscopy	
04/13/2020	0	Y	Urology Visit Dr. Alonzo - bladder cancer followup	$ -
04/16/2020	405.29	Y	CT Abdomen / Pelvis for cancer surveillance - 00594_LARAMORE_0000002656	$ 405.29
04/24/2020	0	Y	Urology Visit Dr. Alonzo - bladder cancer followup - CT chest/Abd/Pelvis ordered - 00594_LARAMORE_0000007210	$ -
05/06/2021	1449.6	N	Preop for Colon cancer screening - colonoscopy COVID testing	
06/05/2019	70.29	N	Ofiice Visit Dr. Anzaldua - low testosterone and lab tests	
09/05/2019	0	N	Ofiice Visit Dr. Anzaldua - low testosterone and lab tests	
12/03/2018	98.96	N	Urology Visit for Peyronie's disease (not cancer)	
MCALLEN ANESTHESIA CONSULTANTS PA	**397.47**			
04/03/2020	276.48	Y	Anesthesia services for TURBT surgery with Dr. Alonzo - 00594_LARAMORE_AUI_0000000003	$ 276.48
05/11/2021	120.99	N	Colon cancer screening - colonoscopy	
MILLENIUM DME SALES LLC	**0**			
06/23/2020	0	Y	Urology cystoscopy with biopsy -- 00594_LARAMORE_0000006767	$ -
MOYA, MARIO	**100.07**			
04/16/2020	100.07	Y	CT Abdomen / Pelvis for cancer surveillance - 00594_LARAMORE_0000002656	$ 100.07
PANAMA CITY SURGERY CENTER LLC	**715**			
06/23/2020	715	Y	Urology cystoscopy with biopsy -- 00594_LARAMORE_0000006767	$ 715.00
RENAISSANCE RADIOLOGY ASSOCIATES PLLC	**62.31**			
04/16/2020	62.31	Y	CT Abdomen / Pelvis for cancer surveillance - 00594_LARAMORE_0000002656	$ 62.31
RUIZ, HENRY E.	**940.02**			
01/18/2019	98.78	N	Urology Visit for Peyronie's disease (not cancer)	
03/21/2019	653.34	N	Peyronie's disease - Bilateral Nesbit corporal plication.	
03/30/2020	72.8	Y	Urology Visit Dr. Alonzo + cystoscopy procedure - 00594_LARAMORE_0000007177 to 7180	$ 72.80
12/03/2018	115.1	N	Urology Visit for Peyronie's disease (not cancer)	
SIMMONS, WILLIAM	**85.69**			
06/23/2020	85.69	Y	Urology cystoscopy with biopsy -- 00594_LARAMORE_0000006767	$ 85.69
VALLEY PATHOLOGY PA	**190.85**			
03/21/2019	73.64	N	Peyronie's disease - Bilateral Nesbit corporal plication.	
04/03/2020	117.21	Y	Urology Visit Dr. Alonzo - TURBT - 00594_LARAMORE_0000007196	$ 117.21
			Total Payment	**$ 6,735.32**

Triwest Payments (Triwest_0000000007) - Laramore, Jimmy Carroll

Veteran Name	(All)
Years (Date Of Service Begin)	(All)

Row Labels	Sum of Line Paid Amount			
General Acute Care Hospital	$22,192.05			
DOCTORS HOSPITAL AT RENAI	$71.27			
6/8/2021	$0.00	Y	Urology visit and cystoscopy procedure for bladder cancer - 00594_LARAMORE_0000007238 to 7240	$ -
6/9/2021	$0.00	N	Hip x-rays/hip pain	
10/25/2021	$27.02	N	Orthopedic office visit	
8/5/2024	$44.25	Y	Urology visit followup and labs - 00594_LARAMORE_0000007290 to 7292	$ 44.25
DOCTORS HOSPITAL AT RENAISSANC	$22,120.78			
7/14/2021	$106.74	N	Orthopedic office visit	
8/26/2021	$106.74	N	No notes	
9/7/2021	$516.68	Y	Cystoscopy procedure for bladder cancer - 00594_LARAMORE_0000007244 to 7247	$ 516.68
9/13/2021	$106.74	N	Neurosurgery Office/Clinic Note	
10/22/2021	$93.08	N	Labs for routine care (testosterone)	
10/25/2021	$106.74	N	Orthopedic office visit	
11/16/2021	$106.74	N	Pain management visit Dr. Sannichie	
12/9/2021	$330.91	Y	CT urogram for bladder cancer - 00594_LARAMORE_DHRH_0000000116 (result referenced in 00594_LARAMORE_0000006620)	$ 330.91
12/28/2021	$516.68	Y	Urology visit and cystoscopy - 00594_LARAMORE_0000007254 to 7257	$ 516.68
1/10/2022	$15,344.82	N	Admission for hip replacement surgery	
1/18/2022	$114.69	N	Ortho followup	
2/22/2022	$114.69	N	No notes	
3/22/2022	$555.30	Y	Urology visit and cystoscopy procedure for bladder cancer - 00594_LARAMORE_0000007260 to 7270	$ 555.30
3/31/2022	$114.69	N	No notes	
6/7/2022	$114.69	N	GI office visit - colonoscopy	
6/21/2022	$555.30	Y	Cystoscopy procedure for bladder cancer - 00594_LARAMORE_0000007268 to 7272	$ 555.30
9/1/2022	$416.78	N	COVID screening before colonoscopy	
9/6/2022	$1,891.89	N	Colonoscopy pathology	
9/20/2022	$555.30	Y	Cystoscopy procedure for bladder cancer - 00594_LARAMORE_0000007274 to 7277	$ 555.30
10/6/2022	$73.70	N	No notes	
10/11/2022	$114.69	N	No notes	
8/5/2024	$46.63	Y	Urology visit followup and labs ordered by urology - 00594_LARAMORE_0000007290	$ 46.63
9/24/2024	$116.56	N	GI office	
Pathology, Anatomic Pathology and Clinical Pathology	$295.15			
DOCTORS HOSP AT RENAISSANCE	$0.00			
12/28/2021	$0.00			
DOCTORS HOSP AT RENAISSANCE LA	$56.59			
9/9/2024	$56.59	Y	Urine Cytology - 00594_LARAMORE_0000006618	$ 56.59
DOCTORS HOSP RENAISSANCE	$132.54			
2/25/2021	$0.00			
9/7/2021	$0.00			
6/21/2022	$0.00			
9/20/2022	$132.54	Y	Urine Cytology - 00594_LARAMORE_0000007273	$ 132.54
VALLEY PATHOLOGY PA	$106.02			
10/8/2024	$106.02	N	Colon pathology	
Pathology, Clinical Pathology/Laboratory Medicine	$282.94			
DOCTORS HOSP AT RENAISSANCE	$0.00			
1/10/2022	$0.00			
DOCTORS HOSP AT RENAISSANCE LA	$282.94			
9/6/2022	$282.94	N	Colonoscopy pathology	
DOCTORS HOSP RENAISSANCE	$0.00			
6/8/2021	$0.00	Y	Urine pathology 00594_LARAMORE_0000007237	$ -
VALLEY PATHOLOGY PA	$0.00			
1/10/2022	$0.00			
Physician Assistant, Medical	$177.21			
RENAISSANCE PROVIDERS	$177.21			
1/10/2022	$168.04	N	Admission for hip replacement surgery	
1/18/2022	$9.17	N	Ortho followup	
Radiology, Diagnostic Radiology	$206.55			
RENAISSANCE MEDICAL FOUNDATION	$102.19			
9/4/2024	$92.04	Y	CT abdomen/pelvis (urogram) - 00594_LARAMORE_0000007292	$ 92.04
10/15/2024	$10.15	N	No notes	
RENAISSANCE RADIOLOGY ASSOCIAT	$104.36			
12/9/2021	$95.96	Y	CT urogram for bladder cancer (referenced in 00594_LARAMORE_0000006620)	$ 95.96
1/10/2022	$8.40	N	Admission for hip replacement surgery	
Urology	$668.52			
RENAISSANCE SURGERY GROUP	$388.51			
9/7/2021	$77.84	Y	Cystoscopy procedure for bladder cancer - 00594_LARAMORE_0000007244 to 7247	$ 77.84
12/28/2021	$77.84	Y	Urology visit and cystoscopy - 00594_LARAMORE_0000007254 to 7257	$ 77.84
3/22/2022	$77.61	Y	Urology visit and cystoscopy procedure for bladder cancer - 00594_LARAMORE_0000007260 to 7270	$ 77.61
6/21/2022	$77.61	Y	Cystoscopy procedure for bladder cancer - 00594_LARAMORE_0000007268 to 7272	$ 77.61
9/20/2022	$77.61	Y	Cystoscopy procedure for bladder cancer - 00594_LARAMORE_0000007274 to 7277	$ 77.61

UROLOGY INSTI EDINBURG	**$77.84**				
6/8/2021	$77.84	Y	Cystoscopy procedure for bladder cancer - reference in 00594_LARAMORE_0000007255	$	77.84
UROLOGY INSTITUTE AT RENAISSAN	**$202.17**				
9/9/2024	$77.60	Y	Cystoscopy - 00594_LARAMORE_0000006612 to 6616	$	77.60
9/24/2024	$124.57	N	GI office		
			Total Payment	**$**	**4,042.13**

VHA Payments - Laramore, Jimmy Carroll

Patient Last Name	LARAMORE
Fiscal Year	(Multiple Items)

Row Labels	Sum of Outpatient Total Cost
(115) Ultrasound (US)	$ 670.40
2/18/2020	$ 670.40
(130) Emergency Department	$ 1,482.83
1/27/2023	$ 1,482.83
(105) X-Ray & Fluoroscopy (XR & RF)	$ 568.97
3/12/2019	$ 163.23
6/17/2021	$ 296.45
2/13/2023	$ 109.28
(151) Magnetic Resonance Imaging (MRI)	$ 1,054.71
6/25/2019	$ 169.22
4/14/2021	$ 285.47
9/18/2024	$ 600.01
(321) Gastrointestinal (GI) Endoscopy	$ 4,050.35
6/2/2023	$ 4,050.35
(401) General Surgery	$ 1,550.24
6/1/2023	$ 1,550.24
(435) Surgical Procedure Unit	$ 356.49
6/2/2023	$ 356.49

Related to Claimed Conditions? (Y/N)	Description	Total Cost Payments Related to Claimed Conditions	Direct Cost Payments to Claimed Conditions
Y	Renal ultrasound ordered by PCP/nephrologist, identified bladder lesions and recommended cystoscopy - 00594_LARAMORE_0000002579, referenced in urology notes - 00594_LARAMORE_0000006621	$ 670.40	$ 304.39
N	ER visit for refills of ozempic		
N	Chest x-ray for unclear indication		
N	Hip x-ray		
N	Spine x-ray - 00594_LARAMORE_0000007602		
N	MRI lumbar spine		
N	MRI lumbar spine		
N	MRI lumbar spine		
N	Screening colonoscopy (diverticulosis and hemorrhoids)		
N	Pre-colonoscopy note for 6/2/23		
N	Screening colonoscopy (diverticulosis and hemorrhoids)		
	Total Related Charges	$ 670.40	$ 304.39

VHA Outpatient Payments - Mousser, Frank

Patient Last Name	MOUSSER
Fiscal Year	(All)

Row Labels	Sum of Outpatient Total Cost
(115) Ultrasound (US)	$ 106.41
9/7/2020	$ 106.41
(130) Emergency Department	$ 1,914.58
9/7/2020	$ 1,094.96
12/25/2022	$ 819.62
(150) Computerized Tomography (CT)	$ 680.39
8/25/2020	$ 288.61
4/28/2021	$ 87.82
7/27/2023	$ 303.95
(414) Urology Clinic	$ 4,464.67
8/31/2020	$ 289.21
9/16/2020	$ 289.21
10/28/2024	$ 608.97
8/26/2020	$ 375.61
10/8/2020	$ 290.79
10/27/2020	$ 313.41
11/4/2020	$ 367.44
9/20/2021	$ 422.20
3/21/2022	$ 427.08
7/15/2022	$ 653.68
9/19/2022	$ 427.08
(105) X-Ray & Fluoroscopy (XR & RF)	$ 484.09
9/3/2020	$ 232.47
10/8/2020	$ 158.93
7/27/2023	$ 92.69
(419) Anesthesia Consult, including pre-procedure and expanded post-procedure assessment	$ 895.43
9/3/2020	$ 895.43
(429) Patient Care in Operating Room (OR)	$ 9,955.05
9/3/2020	$ 9,955.05
(430) Cysto Room in Urology Clinic	$ 834.18
2/3/2021	$ 417.09
5/5/2021	$ 417.09

Related to Claimed Conditions? (Y/N)	Description	Total Cost Payments Related to Claimed Conditions	Direct Cost Payments to Claimed Conditions
Y	ER Visit for dysuria, concern for RCC disease/hematuria - 00667 MOUSSER 0000003988 to 3989.	$ 106.41	$ 65.52
Y	ER Visit for dysuria, concern for RCC disease/hematuria - 00667 MOUSSER 0000003362 to 3366	$ 1,094.96	$ 675.04
N	ER visit for cough, dyspnea, not RCC related - 00667 MOUSSER 0000000116		
Y	CT Urogram 8/25/2020 - 00667 MOUSSER 0000005524	$ 288.61	$ 151.19
Y	CT Urogram followup for cancer - 00667 MOUSSER 0000003813	$ 87.82	$ 45.61
N	CT for LLQ pain not related to RCC - 00667 MOUSSER 0000005862		
Y	Urology/cystoscopy - 00667 MOUSSER 0000001470	$ 289.21	$ 185.01
Y	Urology eval - 00667 MOUSSER 0000003352	$ 289.21	$ 185.01
Y	Urology followup and cystoscopy - 00667 MOUSSER 0000009595 to 9598	$ 608.97	$ 407.22
Y	Urology f/u - 00667 MOUSSER 0000002227 to 2229	$ 375.61	$ 230.29
Y	Urology presurgical eval and CXR for nephroureterectomy 10/20 - 00667_MOUSSER_0000009719 to 9720	$ 290.79	$ 184.69
Y	Urology f/u for voiding trial - 00667 MOUSSER 0000002543	$ 313.41	$ 199.06
Y	Urology f/u referenced in 00667 MOUSSER 0000009701	$ 367.44	$ 233.38
Y	Cystoscopy/urology referenced in 00667 MOUSSER 0000008609	$ 422.20	$ 263.14
Y	Urology TCC followup - 00667 MOUSSER 0000001017	$ 427.08	$ 262.36
Y	Urology telephonic contact for bladder symptoms and bladder US - 00667 MOUSSER 0000008092	$ 653.68	$ 401.57
Y	Urology followup and cystoscopy - 00667 MOUSSER 0000000171 to 173	$ 427.08	$ 262.36
Y	Flouro/imaging for cystocopy RPG with bladder cytology - 00667 MOUSSER 0000005496	$ 232.47	$ 131.05
Y	Urology presurgical eval and CXR for nephroureterectomy 10/20 - 00667_MOUSSER_0000009719 to 9720	$ 158.93	$ 107.92
N	Xray and CT for LLQ pain not related to RCC - 00667 MOUSSER 0000005862		
Y	Flouro/imaging for cystocopy RPG with bladder cytology - 00667 MOUSSER 0000005496	$ 895.43	$ 611.84
Y	Urology OR for pyelogram - 00667_MOUSSER_0000009736 to 9738	$ 9,955.05	$ 7,017.06
Y	Cystoscopy procedure - 00667 MOUSSER 0000003004 to 3005	$ 417.09	$ 264.91
Y	Cystoscopy procedure - 00667 MOUSSER 0000003162 to 3163	$ 417.09	$ 264.91
	Total Related Charges	**$ 18,118.53**	**$ 12,149.16**

VHA Inpatient Payments - Mousser, Frank

Patient Last Name	MOUSSER

Row Labels	Sum of Inpatient Total Cost
UROLOGY	44734.90
10/23/2020	44734.90

Related to Claimed Conditions? (Y/N)	Description	Total Cost Payments Related to Claimed Conditions	Direct Cost (Fixed + Variable) Payments to Claimed Conditions
Y	Urology Hospitalization 10/20/20 to 10/23/20 for Right robotic nephroureterectomy - 00667_MOUSSER_0000000640 to 645	$ 44,734.90	$ 31,651.82
	Total Related Charges	**$ 44,734.90**	**$ 31,651.82**

Medicare Payments - Tukes, Jacqueline

Bene Name	TUKES, JACQUELINE Y
Years (From Date)	(Multiple Items)

Row Labels	Sum of Reimbursed Amount	Related to Claimed Conditions? (Y/N)	Description	Payments Related to Claimed Conditions
ARDHANARI, SIVAKUMAR	**$6.50**			
4/24/2024	$6.50	Y	EKG (cardiologist) for Hospitalization for Renal Transplant 4/23/24 - 01553_TUKES_ECUH_0000000886	$ 6.50
ASSISTEDCARE HOME HEALTH INC	**$374.71**			
5/1/2024	$374.71	Y	Home Health after Renal Transplant - 01553_TUKES_0000008247	$ 374.71
AZIZI, GHOBAD	**$231.48**			
11/28/2023	$85.30	N	Endocrinology visit Dr. Azziz (no notes) - for thyroid cancer eval - 01553_TUKES_0000002340	
4/9/2025	$146.18	N	No notes	
BERRY, MICHAEL B	**$107.19**			
1/11/2024	$7.72	Y	Pre transplant xray - 01553_TUKES_ECUH_0000001251	$ 7.72
4/26/2024	$99.47	Y	Hickman catheter removal (radiology) - 01553_TUKES_0000008189	$ 99.47
BLACK, MATTHEW	**$2,047.14**			
4/23/2024	$2,047.14	Y	Renal Transplant 4/23/24 - Dr. Black surgeon - 01553_TUKES_0000007961 to 7968	$ 2,047.14
BODNER, JASON K	**$116.47**			
11/7/2023	$116.47	Y	Transplant Nephrology visit - PA Bodner - 01553_TUKES_MEDRECS_0000000464 to 465	$ 116.47
COAN, MICHAEL R	**$25.88**			
4/7/2025	$25.88	Y	Read of renal US, surveillance renal transplant - 01553_TUKES_0000008385	$ 25.88
CROWDER, THOMAS D	**$260.54**			
4/23/2024	$260.54	Y	Anesthesia for Renal Transplant 4/23/24 - 01553_TUKES_0000007979 to 7980	$ 260.54
DONNER, BRIAN	**$105.25**			
7/2/2025	$105.25	N	No records	
DONNER, BRIAN L	**$321.28**			
2/19/2024	$95.63	Y	Inpatient nephrology consult - 01553_TUKES_NH_0000000031 to 37	$ 95.63
2/20/2024	$57.84	Y	Inpatient nephrology consult - 01553_TUKES_NH_0000000086 to 90	$ 57.84
2/21/2024	$57.84	Y	Inpatient nephrology consult - 01553_TUKES_NH_0000000100 to 103	$ 57.84
2/22/2024	$57.84	Y	Inpatient nephrology consult - 01553_TUKES_NH_0000000110 to 113	$ 57.84
2/23/2024	$52.13	Y	Inpatient nephrology consult - 01553_TUKES_NH_0000000115 to 118	$ 52.13
DUKE UNIVERSITY HOSPITAL	**$62.91**			
4/15/2024	$62.91	N	No records for duke (only new river dialysis)	
DUNCAN, ROBERT A	**$36.21**			
5/13/2024	$36.21	Y	Anesthesia for transplant surgery Dr. Duncan - 01553_TUKES_ECUH_0000000227 to 230	$ 36.21
ECU HEALTH MEDICAL CENTER	**$24,173.30**			
4/23/2024	$21,479.07	Y	Hospitalization for Renal Transplant 4/23/24 - 01553_TUKES_0000007961 to 7964	$ 21,479.07
4/29/2024	$91.65	Y	Post transplant clinic visit - 01553_TUKES_0000007899 to 7907	$ 91.65
5/6/2024	$91.65	Y	Post transplant clinic visit - 01553_TUKES_ECUH_0000000210 to 216	$ 91.65
5/13/2024	$1,412.20	Y	Ureteral stent removal post transplant - 01553_TUKES_ECUH_0000000218 to 219	$ 1,412.20
5/20/2024	$91.65	Y	Post transplant clinic visit - 01553_TUKES_ECUH_0000000147 to 153	$ 91.65
6/3/2024	$91.65	Y	Post transplant clinic visit - 01553_TUKES_ECUH_0000000081 to 87	$ 91.65
7/1/2024	$91.65	Y	Post transplant clinic visit - 01553_TUKES_ECUH_0000000040 to 47	$ 91.65
7/29/2024	$91.65	Y	Post transplant clinic visit - 01553_TUKES_ECUH_0000000002 to 10	$ 91.65
8/26/2024	$91.65	Y	Post transplant clinic visit - 01553_TUKES_ECUH_0000001528 to 1535	$ 91.65
9/23/2024	$91.65	Y	Post transplant clinic visit - 01553_TUKES_ECUH_0000001482 to 1488	$ 91.65
10/7/2024	$91.65	Y	Post transplant clinic visit - 01553_TUKES_ECUH_0000001436 to 1443	$ 91.65
11/18/2024	$91.65	Y	Post transplant clinic visit - 01553_TUKES_0000008431 to 8438	$ 91.65
1/13/2025	$94.78	Y	Post transplant clinic visit - 01553_TUKES_0000008415 to 8421	$ 94.78
3/10/2025	$94.78	Y	Post transplant clinic visit - 01553_TUKES_0000008389 to 8398	$ 94.78
4/7/2025	$175.97	Y	Post transplant clinic visit - 01553_TUKES_0000008369 to 8377	$ 175.97
GRADY, JUSTIN D	**$303.56**			
4/23/2024	$303.56	Y	CRNA for Renal Transplant 4/23/24 - 01553_TUKES_0000007983	$ 303.56
HANSBERRY, ERIC S	**$286.62**			
2/20/2024	$87.03	Y	Hospitalist during admission 2/19-23, 2024 - 01553_TUKES_NH_0000000089 to 94	$ 87.03
2/21/2024	$57.84	Y	Hospitalist during admission 2/19-23, 2024 - 01553_TUKES_NH_0000000096 to 99	$ 57.84
2/22/2024	$57.84	Y	Hospitalist during admission 2/19-23, 2024 - 01553_TUKES_NH_0000000105 to 108	$ 57.84
2/23/2024	$83.91	Y	Hospitalist during admission 2/19-23, 2024 - 01553_TUKES_NH_0000000067 to 71	$ 83.91
HARRIS, JAMES A	**$292.48**			
12/5/2023	$16.43	Y	Consult for placement of peritoneal cathteter for PD - 01553_TUKES_NH_0000000352 to 354	$ 16.43
1/2/2024	$276.05	Y	Procedure: Laparoscopic Placement of Peritoneal Dialysis Catheter - 01553_TUKES_NH_0000000357	$ 276.05
HASYN, MICHAL J	**$127.10**			
2/18/2024	$127.10	N	ER admission for cough, chest pain, and HTN	
HUMRICKHOUSE, JOHN W	**$87.03**			
2/19/2024	$87.03	Y	Hospitalist during admission 2/19-23, 2024 - 01553_TUKES_NH_0000000076 to 79	$ 87.03
JAYARAM, NAGESH H	**$237.27**			
5/10/2024	$103.70	N	No notes	
5/15/2025	$133.57	N	No notes	
JONES, HEATHER H	**$626.48**			
4/24/2024	$36.84	Y	Post transplant clinic visit - 01553_TUKES_0000007903 to 7907	$ 36.84
4/29/2024	$84.94	Y	Post transplant clinic visit - 01553_TUKES_0000008033 to 8039	$ 84.94
5/6/2024	$84.94	Y	Post transplant clinic visit - 01553_TUKES_ECUH_0000000210 to 216	$ 84.94
7/1/2024	$84.94	Y	Post transplant clinic visit - 01553_TUKES_ECUH_0000000040 to 47	$ 84.94
8/26/2024	$84.94	Y	Post transplant clinic visit - 01553_TUKES_ECUH_0000001528 to 1535	$ 84.94
10/21/2024	$84.94	Y	Post transplant clinic visit - 01553_TUKES_ECUH_0000001400 to 1406	$ 84.94
2/10/2025	$82.47	Y	Post transplant clinic visit - 01553_TUKES_0000008408 to 8411	$ 82.47
3/10/2025	$82.47	Y	Post transplant clinic visit - 01553_TUKES_0000008394 to 8399	$ 82.47
KENDRICK, SCOTT A	**$206.72**			
4/25/2024	$36.84	Y	Post transplant nephrology visit - 01553_TUKES_0000008046 to 8049	$ 36.84
7/29/2024	$84.94	Y	Post transplant clinic visit - 01553_TUKES_ECUH_0000000002 to 10	$ 84.94
12/16/2024	$84.94	Y	Post transplant nephrology visit - 01553_TUKES_0000008420 to 8426	$ 84.94
LEESER, DAVID B	**$315.16**			
4/23/2024	$315.16	Y	Transplant surgeon - for Renal Transplant 4/23/24 - 01553_TUKES_0000007961 to 7964	$ 315.16
LEITZ, EVAN M	**$26.81**			
4/24/2024	$26.81	Y	Radiology - Renal US - 01553_TUKES_0000008038 to 8039	$ 26.81
MARROQUIN, CARLOS	**$111.31**			
5/13/2024	$111.31	Y	Stent removal procedure post surgery for renal transplant - 01553_TUKES_ECUH_0000000247	$ 111.31
MCCARTHY, ROC A	**$100.03**			
8/6/2024	$100.03	N	No records	
MCLAWHORN, KRISTEL J	**$337.29**			
5/20/2024	$84.94	Y	Post transplant clinic visit - 01553_TUKES_ECUH_0000000147 to 153	$ 84.94
6/3/2024	$84.94	Y	Post transplant clinic visit - 01553_TUKES_ECUH_0000000081 to 87	$ 84.94
11/18/2024	$84.94	Y	Post transplant clinic visit - 01553_TUKES_0000008431 to 8435	$ 84.94
4/7/2025	$82.47	Y	Post transplant clinic visit - 01553_TUKES_0000008369 to 8372	$ 82.47
MORRIS, JESSICA D	**$145.20**			
9/23/2024	$72.60	Y	Post transplant clinic visit - 01553_TUKES_ECUH_0000001482 to 1488	$ 72.60
10/7/2024	$72.60	Y	Post transplant clinic visit - 01553_TUKES_ECUH_0000001436 to 1443	$ 72.60
NEILL, MATTHEW A	**$6.32**			
4/23/2024	$6.32	Y	CXR during Renal Transplant 4/23/24 - 01553_TUKES_0000008184	$ 6.32
NEW RIVER DIALYSIS	**$20,202.89**			

9/1/2023	$3,282.11	Y	Dialysis Session at Davita - 01553_TUKES_0000001338	$	3,282.11
10/2/2023	$2,886.45	Y	Dialysis Session at Davita - 01553_TUKES_0000001217	$	2,886.45
11/1/2023	$2,444.26	Y	Dialysis Session at Davita - 01553_TUKES_0000001310	$	2,444.26
12/1/2023	$2,432.82	Y	Dialysis Session at Davita - 01553_TUKES_0000001316	$	2,432.82
1/1/2024	$2,335.71	Y	Dialysis Session at Davita - 01553_TUKES_0000001305	$	2,335.71
2/2/2024	$1,249.15	Y	Dialysis Session at Davita - 01553_TUKES_0000001295	$	1,249.15
2/26/2024	$932.84	Y	Dialysis Session at Davita - 01553_TUKES_0000001092	$	932.84
3/1/2024	$175.77	Y	Dialysis Session at Davita - 01553_TUKES_0000001203	$	175.77
3/4/2024	$691.59	Y	Dialysis Session at Davita - 01553_TUKES_0000001553	$	691.59
3/7/2024	$230.53	Y	Dialysis Session at Davita - 01553_TUKES_0000001371	$	230.53
3/8/2024	$1,807.92	Y	Dialysis Session at Davita - 01553_TUKES_0000001163	$	1,807.92
4/1/2024	$1,733.74	Y	Dialysis Session at Davita (Peritoneal dialysis CCPD) - 01553_TUKES_0000001166	$	1,733.74
NOVANT HEALTH NEW HANOVER REGIONAL MEDICAL CENTER	**$13,821.19**				
1/2/2024	$4,270.40	Y	Procedure Laparoscopic Placement of Peritoneal Dialysis Catheter - 01553_TUKES_NH_0000000357	$	4,270.40
2/18/2024	$8,506.08	N	ER admission for cough, chest pain, and HTN		
1/2/2025	$162.40	N	No records - radiology charge		
6/13/2025	$882.31	N	No records - radiology charge		
PHILLIPS, DANIEL J	**$36.21**				
5/13/2024	$36.21	Y	Anesthesia for surgery for ureteral stent procedure (CRNA Phillips) - 01553_TUKES_ECUH_0000000220	$	36.21
SWIGER, K J	**$50.46**				
2/19/2024	$50.46	Y	Echocardiogram for fluid overload admission on 2/18/24 - 01553_TUKES_NH_0000000138 to 140	$	50.46
THOMAS, K G	**$2,161.60**				
10/31/2023	$275.90	Y	Dialysis Treatment - 01553_TUKES_MEDRECS_0000000284	$	275.90
11/30/2023	$275.90	Y	Dialysis Treatment (PA for Dr. Koithara) - 01553_TUKES_MEDRECS_0000000281	$	275.90
12/31/2023	$275.90	Y	Dialysis Treatment - 01553_TUKES_MEDRECS_0000000275	$	275.90
1/31/2024	$267.83	Y	Dialysis Treatment - 01553_TUKES_MEDRECS_0000000273	$	267.83
2/29/2024	$222.23	Y	Dialysis Treatment - 01553_TUKES_MEDRECS_0000000257	$	222.23
3/31/2024	$225.92	Y	Dialysis Treatment - 01553_TUKES_MEDRECS_0000000255	$	225.92
4/22/2024	$392.00	Y	Dialysis Treatment - 01553_TUKES_MEDRECS_0000000253	$	392.00
4/30/2024	$225.92	Y	Dialysis Treatment - 01553_TUKES_MEDRECS_0000000251	$	225.92
TOTAL RENAL LABORATORIES INC	**$25.95**				
9/18/2023	$5.19	Y	Nephrology/Dialysis Labs - 01553 TUKES 0000000824 to 825	$	5.19
10/18/2023	$5.19	Y	Nephrology/Dialysis Labs - 01553 TUKES 0000000824 to 825	$	5.19
11/21/2023	$5.19	Y	Nephrology/Dialysis Labs - 01553 TUKES 0000000810 to 811	$	5.19
12/18/2023	$5.19	Y	Nephrology/Dialysis Labs - 01553_TUKES_0000001202	$	5.19
1/15/2024	$5.19	Y	Nephrology/Dialysis Labs - 01553 TUKES 0000000810 to 811	$	5.19
TRISLER, DAVID N	**$63.07**				
4/24/2024	$63.07	Y	Surgery progress eval - Hospitalization for Renal Transplant 4/23/24 - 01553_TUKES_0000008026	$	63.07
VENUTI, ANTHONY	**$84.39**				
1/2/2024	$84.39	Y	Anesthesia for Laparoscopic Placement of Peritoneal Dialysis Catheter (CRNA Venuti) - 01553_TUKES_NH_0000000360	$	84.39
WALKER, DAVID	**$43.84**				
1/18/2024	$43.84	Y	Pre transplant liver elastography study - 01553_TUKES_ECUH_0000001221 to 1222	$	43.84
WALTERS, BOBBY C	**$8.48**				
4/7/2025	$8.48	Y	DEXA scan, ordered for "Clinical History Kidney transplant, ta ing prednisone" - 01553_TUKES_0000008387	$	8.48
			Total Related Charges	**$**	**57,161.49**

Tricare Institutional Payments - Tukes, Jacqueline

Provided Name	TUKES JACQUELINE
Years (Begin Date of Care)	(All)

Row Labels	Sum of Amount Paid by Government	Related to Claimed Conditions? (Y/N)	Description	Payments Related to Claimed Conditions
COLUMBUS REGIONAL HEALTHCARE SYSTEM	**25205.15**			
5/23/2022	11604.51	Y	Hospitalization for Robotic lap nephrectomy on 5/23/22 - 01553_TUKES_0000000097	$ 11,604.51
6/12/2023	13600.64	Y	Hopsital admission for radical total nephrectomy Robot Assisted, Left - 6/12/23 to 6/16/23 - 01553_TUKES_0000000773	$ 13,600.64
NEW HANOVER REGIONAL MEDICAL CENTER	**23693.52**			
4/26/2018	12374.04	Y	Hospitalization for L partial nephrectomy - 01553_TUKES_NH_0000000720 to 722	$ 12,374.04
3/14/2019	11319.48	Y	Hospitalization for L partial nephrectomy - 01553_TUKES_0000007686 to 7687	$ 11,319.48
NOVANT HEALTH NEW HANOVER REGIONAL MEDICAL CENTER LLC	**12968.9**			
5/20/2021	11336.9	N	Knee steroid injection for arthritis - 01553_TUKES_0000007573	
2/18/2024	1632	Y	Hospitalization for fluid overload related to ESRD requiring transition to Peritoneal Dialysis 6/18-6/23/24 - 01553_TUKES_NH_0000000067 to 71	$ 1,632.00
ONSLOW MEMORIAL HOSPITAL INC	**16841.04**			
9/8/2011	16841.04	N	Hospitalization for hysterectomy - 01553 TUKES 0000007806	
PITT COUNTY MEMORIAL HOSPITAL, INC	**1632**			
4/23/2024	1632	Y	Renal Transplant 4/23/24 - Dr. Black surgeon - 01553_TUKES_0000007961 to 7968, 01553_TUKES_0000008062	$ 1,632.00
UNIVERSITY OF NORTH CAROLINA HOSPITALS AT CHAPEL HILL	**17037.51**			
8/20/2010	12120.14	Y	Hospitalization for partial nephrectomy procedure - 01553_TUKES_0000000674	$ 12,120.14
3/16/2011	4917.37	N	ER visit and neurology admission for headache and transient visual loss - this is unrelated to the claimed conditions - 01553_TUKES_0000000602	
			Total Payment	**$ 64,282.81**

Tricare Non-Institutional Payments - Tukes, Jacqueline

Provided Name	TUKES JACQUELINE
Provider Individual Name	(All)
Years (Begin Date of Care)	(Multiple Items)
Procedure Code Description	(Multiple Items)

Row Labels	Sum of Amount Paid by Government (Procedure)				
	$ 4,237.21				
6/14/2011	$ 995.77	N	No records - sleep apnea supplies		
12/19/2011	$ 92.89	Y	Nephrology visit Dr. Cailing (after nephrectomy renal disease) - 01553_TUKES_0000007297	$	92.89
1/12/2012	$ 46.81	N	No records		
7/11/2013	$ 77.73	Y	Nephrology Visit (Dr. Cailing)	$	77.73
8/5/2013	$ 49.03	Y	Nephrology Visit (Dr. Cailing), reviewed renal US, hydronephrosis - 01553_TUKES_0000007170	$	49.03
9/19/2013	$ 49.03	N	Nephrology Visit (Dr. Cailing), mainly hypertension - 01553_TUKES_0000007161		
10/15/2013	$ 111.09	N	Podiatry Visit		
11/21/2013	$ 49.03	N	No records		
12/16/2013	$ 49.03	N	No records		
1/6/2014	$ 219.33	N	Orthopedic Visit		
1/13/2014	$ 44.00	N	Orthopedic Visit		
1/17/2014	$ 49.03	N	No records		
2/5/2014	$ 83.25	N	Orthopedics Visit		
3/4/2014	$ 930.63	N	Orthopedics Visit		
5/9/2014	$ 41.41	N	Orthopedic Visit		
7/7/2014	$ 102.10	N	Orthopedic Visit		
9/15/2014	$ 127.13	N	Pulmonology Visit		
11/16/2015	$ 157.34	N	Orthopedic Visit		
1/6/2016	$ 54.75	N	Orthopedics Visit		
1/20/2016	$ 102.17	N	Orthopedic Visit		
2/24/2016	$ 86.46	N	Orthopedic Visit		
4/4/2016	$ 44.75	N	Orthopedic Visit		
4/20/2016	$ 86.55	N	Orthopedics Visit		
5/3/2016	$ 521.43	N	Orthopedics Visit		
4/23/2024	$ 66.47	Y	Renal Transplant 4/23/24 - Dr. Black surgeon - 01553_TUKES_0000007961 to 7968	$	66.47
ASSOCIATED PATHOLOGISTS, LLC	$ 162.85				
5/23/2022	$ 162.85	Y	Pathology for Robotic lap nephrectomy on 5/23/22 - 01553_TUKES_0000000212 to 213	$	162.85
ATLANTIC MEDICAL GROUP	$ 1,978.58				
10/24/2012	$ 95.45	N	Pathology (unknown)		
10/31/2012	$ 297.97	N	EGD / GI with pathology		
11/2/2012	$ 429.79	N	Pathology (unknown)		
11/20/2012	$ 51.14	N	Pathology (unknown)		
7/2/2013	$ 53.19	N	Pathology (unknown)		
5/16/2018	$ 120.42	N	EGD / GI with pathology		
5/23/2018	$ 894.01	N	EGD with biopsy and Pathology - GI pathology unrelated		
6/14/2018	$ 36.61	N	EGD / GI with pathology		
CAROLINA ANESTHESIA ASSOCIATES PA	$ 297.37				
10/31/2012	$ 144.97	N	EGD / GI with pathology - 01553_TUKES_0000007821 to 7825		
5/23/2018	$ 129.24	N	No records		
3/13/2025	$ 23.16	N	No records		
CAROLINA HEALTHCARE ASSOCIATES INC	$ 2,138.00				
1/25/2017	$ 61.38	Y	Urology visit Dr. McCarthy - 01553_TUKES_0000000350	$	61.38
3/1/2017	$ 61.84	Y	Urology visit Dr. McCarthy - 01553_TUKES_0000000355	$	61.84
3/21/2018	$ 73.41	Y	Urology consult for RCC and renal cyst - 01553_TUKES_0000000361 to 364	$	73.41
4/26/2018	$ 1,488.04	Y	Hospitalization for L partial nephrectomy (01553_TUKES_NH_0000000723 to 724, path 01553_TUKES_0000007741)	$	1,488.04
10/16/2019	$ 77.99	Y	Urology consult for RCC and renal cyst - 01553_TUKES_0000007638 to 7641	$	77.99
10/7/2020	$ 77.00	Y	Urology consult for RCC and renal cyst - 01553_TUKES_0000000391 to 395	$	77.00
5/12/2021	$ 101.00	Y	Periop medicine consult (claimed by plaintiff) - 01553_TUKES_0000007599	$	101.00
5/19/2021	$ 57.70	Y	Urology consult for RCC and renal cyst - 01553_TUKES_0000000399 to 402	$	57.70
5/20/2021	$ 69.82	N	Orthopedic Visit (knee)		
5/21/2021	$ 69.82	N	Orthopedic Visit (knee)		
CAROLINA HEALTHCARE ASSOCIATES, INC.	$ 157.10				
3/18/2016	$ 95.72	Y	Urology consult for RCC and renal cyst - 01553_TUKES_0000000340 to 345	$	95.72
6/29/2016	$ 61.38	Y	Urology consult for RCC and renal cyst - 01553_TUKES_0000000345 to 350	$	61.38
CAROLINAEAST PHYSICIANS	$ 275.66				
1/9/2012	$ 105.66	Y	No records - Urology care (claimed by plaintiff)	$	105.66
2/8/2012	$ 57.90	Y	No records - Urology care (claimed by plaintiff)	$	57.90
8/20/2012	$ 58.27	Y	No records - Urology care (claimed by plaintiff)	$	58.27
9/12/2012	$ 53.83	Y	No records - Urology care (claimed by plaintiff)	$	53.83
COASTAL ANESTHESIA ASSOCIATES, PA	$ 740.55				
5/3/2016	$ 192.96	N	EGD / GI with pathology - 01553_TUKES_0000007821 to 7825		
3/7/2017	$ 150.15	N	Rotator cuff anesthesia		
4/25/2017	$ 397.44	N	Rotator cuff anesthesia		
COASTAL RADIOLOGY ASSOCIATES, PLLC	$ 395.39				
2/13/2012	$ 107.31	Y	MRI abdomen for renal mass 7 mm - 01553_TUKES_0000004616 (claimed by plaintiff)	$	107.31
8/28/2012	$ 106.27	N	No records		
4/25/2013	$ 56.62	N	US duplex - Eval for renal artery stenosis		
7/23/2013	$ -				
11/13/2018	$ 56.76	N	CT chest for chest pain		

1/28/2019	$	68.43	Y	MRI abdomen for post nephrectomy screening (8.5 mm enhancing lesion off the posterior lower pole left idney) - 01553_ TUKES_SMO_0000000063 to 64 (claimed by plaintiff)	$ 68.43
COASTAL UROLOGY PLLC	**$**	**86.78**			
3/16/2019	$	86.78	Y	Hospitalization for L partial nephrectomy - 01553_TUKES_0000007686 to 7690	$ 86.78
COASTAL VASCULAR INSTITUTE, PA	**$**	**1,666.87**			
11/5/2020	$	213.53	N	No records	
11/12/2020	$	550.78	N	No records	
11/30/2022	$	207.95	Y	AV fistula creation/vein mapping - 01553_TUKES_0000000250	$ 207.95
1/5/2023	$	643.83	Y	AV fistula creation - 01553_TUKES_NH_0000000461 to 462	$ 643.83
4/18/2023	$	50.78	N	No records	
COLUMBUS REGIONAL DIAGNOSTICS	**$**	**184.31**			
8/25/2022	$	-			
1/25/2023	$	-			
5/3/2023	$	184.31	Y	CT abdomen for renal lesions - Lesion at the interpolar region of the left idney - 01553_TUKES_0000000760	$ 184.31
COLUMBUS REGIONAL HEALTH NETWORK	**$**	**3,474.91**			
5/5/2022	$	93.96	Y	Urology office visit - 01553_TUKES_0000000739	$ 93.96
5/18/2022	$	140.93	Y	Preop visit for nephrectomy (cardiac clearance for surgery) - 01553_TUKES_0000000054	$ 140.93
5/23/2022	$	1,256.36	Y	Hospitalization for Robotic lap nephrectomy on 5/23/22 - 01553_TUKES_0000000097	$ 1,256.36
5/24/2022	$	69.24	Y	Hospitalization for Robotic lap nephrectomy on 5/23/22 - 01553_TUKES_0000000097	$ 69.24
6/6/2022	$	-			
9/7/2022	$	55.24	Y	Urology Visit, renal mass - 01553_TUKES_0000000228 to 230	$ 55.24
2/7/2023	$	-			
5/11/2023	$	86.93	Y	Urology office note - 01553_TUKES_0000000764	$ 86.93
5/31/2023	$	67.37	Y	Preop PCP visit for Nephrectomy (Obrecht, William F MD) - 01553_TUKES_AU_0000000121 to 123	$ 67.37
6/12/2023	$	1,229.64	Y	Hopsital admission for radical total nephrectomy Robot Assisted, Left - 6/12/23 to 6/16/23 - 01553_TUKES_0000000773 to 778	$ 1,229.64
6/13/2023	$	76.69	Y	Hopsital admission for radical total nephrectomy Robot Assisted, Left - 6/12/23 to 6/16/23 - 01553_TUKES_0000000773 to 778	$ 76.69
6/14/2023	$	76.69	Y	Hopsital admission for radical total nephrectomy Robot Assisted, Left - 6/12/23 to 6/16/23 - 01553_TUKES_0000000773 to 778	$ 76.69
6/15/2023	$	76.69	Y	Hopsital admission for radical total nephrectomy Robot Assisted, Left - 6/12/23 to 6/16/23 - 01553_TUKES_0000000773 to 778	$ 76.69
6/16/2023	$	76.69	Y	Hopsital admission for radical total nephrectomy Robot Assisted, Left - 6/12/23 to 6/16/23 - 01553_TUKES_0000000773 to 778	$ 76.69
6/22/2023	$	-			
1/9/2024	$	120.19	Y	Urology office note - 01553_TUKES_0000000794	$ 120.19
8/6/2024	$	24.44	N	No records	
8/7/2025	$	23.85	N	No records	
COLUMBUS REGIONAL HEALTHCARE SYSTEM	**$**	**766.56**			
4/28/2022	$	186.18	Y	CT Abdomen w/ + w/o Contrast for RCC Renal mass - 01553_TUKES_0000000200 to 201	$ 186.18
5/5/2022	$	93.13	Y	Urology planning type and screen for surgery - 01553_TUKES_0000000739	$ 93.13
5/23/2022	$	199.21	Y	Anesthesia services for robotic lap nephrectomy on 5/23/22 - 01553_TUKES_0000000097	$ 199.21
5/11/2023	$	47.72	Y	Labs re uested by Urology - 01553_TUKES_0000000764	$ 47.72
6/12/2023	$	147.89	Y	Anesthesia for radical total nephrectomy Robot Assisted, Left - 6/12/23 to 6/16/23 - 01553_TUKES_0000000773	$ 147.89
6/14/2023	$	92.43	Y	Anesthesia for radical total nephrectomy Robot Assisted, Left - 6/12/23 to 6/16/23 - 01553_TUKES_0000000773	$ 92.43
DELANEY RADIOLOGISTS PA	**$**	**767.29**			
6/20/2016	$	98.96	Y	MRI of the abdomen with and without contrast (for RCC) - no record but referrenced in 01553_TUKES_0000007651	$ 98.96
1/31/2017	$	32.19	N	Psychology visit	
3/2/2018	$	31.70	N	No record	
3/9/2018	$	74.83	Y	CT Abdomen pelvis prior to L partial nephrectomy (mentioned in 01553_TUKES_0000007739)	$ 74.83
3/14/2018	$	86.04	Y	CT abdomen for planning for Partial L nephrectomy on 3/14/18 - record not available but referenced in 01553_TUKES_0000002387	$ 86.04
8/9/2018	$	61.45	Y	CT with renal mass - 01553_TUKES_0000002324	$ 61.45
2/27/2019	$	96.16	Y	MRI of the abdomen with and without contrast - 01553_TUKES_0000002384	$ 96.16
9/30/2019	$	61.22	Y	CT abdomen and pelvis (claimed by plaintiff and referenced by urology) - records pending	$ 61.22
9/22/2020	$	95.96	Y	MRI for post nephrectomy - idney cysts - mentioned in 01553_TUKES_0000000305	$ 95.96
5/6/2021	$	92.58	Y	MRI abdomen for surveillance, no records but mentioned in - 01553_TUKES_0000000299	$ 92.58
5/20/2021	$	7.15	N	Orthopedic Visit (nee)	
2/18/2024	$	1.59	N	ER admission for cough, chest pain, and HTN	
1/2/2025	$	9.73	N	No records	
6/13/2025	$	17.73	N	No records	
DONNER, BRIAN	**$**	**279.56**			
6/12/2018	$	172.95	Y	Visit with Dr. Donner - nephrology - 01553_TUKES_MEDRECS_0000000111 to 114	$ 172.95
7/16/2018	$	106.61	Y	Lab orders by Dr. Donner - nephrology - 01553_TUKES_0000000322 to 323	$ 106.61
DUKE HEALTH INTEGRATED PRACTICE, INC.	**$**	**29.71**			
11/7/2023	$	29.71	Y	Transplant Nephrology visit - 01553_TUKES_MEDRECS_0000000452 to 459	$ 29.71
EAST CAROLINA ANESTHESIA ASSOCIATES, PLLC	**$**	**264.56**			
10/11/2022	$	168.64	N	Orthopedic Visit	
4/23/2024	$	77.44	Y	Anesthesia for Renal Transplant 4/23/24 - Dr. Blac surgeon - 01553_TUKES_0000007961 to 7968	$ 77.44

5/13/2024	$	18.48	Y	Anesthesia for transplant surgery Dr. Duncan - 01553_TUKES_ECUH_0000000227 to 230	$ 18.48
EAST CAROLINA UNIVERSITY	**$**	**15.00**			
4/24/2024	$	15.00	Y	Followup for Renal Transplant 4/23/24 - Dr. Blac surgeon - 01553_TUKES_0000007961 to 7968, 01553_TUKES_0000008062	$ 15.00
EASTERN NEPHROLOGY ASSOCIATES PLLC	**$**	**2,829.02**			
11/11/2019	$	105.68	Y	Office visit for Renal insufficiency after nephrectomy with labs - 01553_TUKES_MEDRECS_0000000100 to 108	$ 105.68
5/13/2020	$	6.62	N	Nephrology visit post nephrectomy with labs - 01553_TUKES_MEDRECS_0000000334	
8/19/2020	$	14.47	Y	Nephrology visit post nephrectomy with labs - 01553_TUKES_MEDRECS_0000000332	$ 14.47
9/23/2020	$	24.80	Y	Nephrology visit post nephrectomy with labs - 01553_TUKES_MEDRECS_0000000330	$ 24.80
9/28/2020	$	64.64	Y	Office visit for Renal insufficiency after nephrectomy with labs - 01553_TUKES_0000000304	$ 64.64
9/23/2021	$	50.63	Y	Nephrology visit post nephrectomy with labs - 01553_TUKES_MEDRECS_0000000326	$ 50.63
9/28/2021	$	69.83	Y	Office Visit for Renal insufficiency after nephrectomy with labs - 01553_TUKES_0000000298	$ 69.83
7/21/2022	$	66.81	Y	Nephrology Office Visit - 01553_TUKES_0000000290 to 294	$ 66.81
9/7/2022	$	25.10	Y	Nephrology visit post nephrectomy with labs - 01553_TUKES_MEDRECS_0000000318	$ 25.10
11/9/2022	$	107.39	Y	Renal insufficiency after nephrectomy with labs - 01553_TUKES_0000000283	$ 107.39
2/1/2023	$	80.57		Nephrology visit post nephrectomy with labs - 01553_TUKES_MEDRECS_0000000312	
2/10/2023	$	63.81	Y	Renal insufficiency after nephrectomy with labs with labs - 01553_TUKES_0000000273	$ 63.81
3/13/2023	$	77.75	Y	Office visit for Renal insufficiency after nephrectomy and now possible end stage idney disease with labs - 015563_TUKES_0000000266	$ 77.75
3/15/2023	$	62.34	Y	Renal insufficiency after nephrectomy and now possible end stage idney disease with labs - 015563_TUKES_0000000266 to 268	$ 62.34
6/12/2023	$	134.54	Y	Hopsital admission for radical total nephrectomy Robot Assisted, Left - 6/12/23 to 6/16/23 - 01553_TUKES_0000000773	$ 134.54
6/13/2023	$	61.35	Y	Hopsital admission for radical total nephrectomy Robot Assisted, Left - 6/12/23 to 6/16/23 - 01553_TUKES_0000000773	$ 61.35
6/14/2023	$	55.45	Y	Hopsital admission for radical total nephrectomy Robot Assisted, Left - 6/12/23 to 6/16/23 - 01553_TUKES_0000000773	$ 55.45
6/15/2023	$	61.35	Y	Hopsital admission for radical total nephrectomy Robot Assisted, Left - 6/12/23 to 6/16/23 - 01553_TUKES_0000000773	$ 61.35
6/16/2023	$	38.42	Y	Hopsital admission for radical total nephrectomy Robot Assisted, Left - 6/12/23 to 6/16/23 - 01553_TUKES_0000000773	$ 38.42
6/30/2023	$	237.01	Y	Nephrology visit on HD and with HD session - 01553_TUKES_MEDRECS_0000000293	$ 237.01
7/31/2023	$	249.01	Y	Nephrology visit on HD and with HD session - 01553_TUKES_MEDRECS_0000000291	$ 249.01
8/31/2023	$	249.01	Y	Nephrology visit on HD and with HD session - 01553_TUKES_MEDRECS_0000000289	$ 249.01
9/30/2023	$	249.01	Y	Nephrology visit on HD and with HD session - 01553_TUKES_MEDRECS_0000000287	$ 249.01
10/31/2023	$	68.25	Y	Nephrology visit on HD and with HD session - 01553_TUKES_MEDRECS_0000000284	$ 68.25
11/29/2023	$	-			
11/30/2023	$	68.25	Y	Nephrology visit on HD and with HD session - 01553_TUKES_MEDRECS_0000000278	$ 68.25
12/31/2023	$	68.25	Y	Nephrology visit on HD and with HD session - 01553_TUKES_MEDRECS_0000000275	$ 68.25
1/31/2024	$	66.25	Y	Nephrology visit on HD and with HD session - 01553_TUKES_MEDRECS_0000000273	$ 66.25
2/19/2024	$	24.40	Y	Nephrology visit on HD and with HD session - 01553_TUKES_MEDRECS_0000000270	$ 24.40
2/20/2024	$	14.76	Y	Nephrology visit on HD and with HD session - 01553_TUKES_MEDRECS_0000000267	$ 14.76
2/21/2024	$	14.76	Y	Nephrology visit on HD and with HD session - 01553_TUKES_MEDRECS_0000000264	$ 14.76
2/22/2024	$	14.76	Y	Nephrology visit on HD and with HD session - 01553_TUKES_MEDRECS_0000000261	$ 14.76
2/23/2024	$	13.30	Y	Nephrology visit on HD and with HD session - 01553_TUKES_MEDRECS_0000000259	$ 13.30
2/29/2024	$	54.97	Y	Nephrology visit on HD and with HD session - 01553_TUKES_MEDRECS_0000000257	$ 54.97
3/31/2024	$	55.89	Y	Nephrology visit on HD and with HD session - 01553_TUKES_MEDRECS_0000000255	$ 55.89
4/22/2024	$	100.00	Y	Nephrology visit on HD and with HD session - 01553_TUKES_MEDRECS_0000000253	$ 100.00
4/30/2024	$	55.89	Y	Nephrology visit on HD and with HD session - 01553_TUKES_MEDRECS_0000000251	$ 55.89
7/2/2025	$	26.85	N	No records	
11/7/2025	$	26.85	N	No records	
EASTERN RADIOLOGISTS INC	**$**	**53.05**			
1/11/2024	$	1.97	Y	Pre transplant ray - 01553_TUKES_0000008038	$ 1.97
1/18/2024	$	10.54	Y	Pre transplant liver elastography study - 01553_TUKES_ECUH_0000001221 to 1222	$ 10.54
4/23/2024	$	1.61	Y	Radiology Services for renal Transplant 4/23/24 - Dr. Blac surgeon - 01553_TUKES_0000007961 to 7968	$ 1.61
4/24/2024	$	6.84	Y	Radiology Services for renal Transplant 4/23/24 - Dr. Blac surgeon - 01553_TUKES_0000007961 to 7968	$ 6.84
4/26/2024	$	25.38	Y	Radiology Services for renal Transplant 4/23/24 - Dr. Blac surgeon - 01553_TUKES_0000007961 to 7968	$ 25.38
4/7/2025	$	6.71	Y	Renal ultrasound for idney post transplant - 01553_TUKES_0000008384 to 8385	$ 6.71

GREENSBORO RADIOLOGY, PA	**$**	**172.83**				
10/28/2020	$	52.32	Y	NM WHOLE BODY BONE SCAN for cancer metastasis - 01553_TUKES_SMO_0000000089	$	52.32
11/8/2021	$	65.77	Y	CT nec ordered by oncology for rule out metastasis - 01553_TUKES_SMO_0000000003	$	65.77
11/12/2021	$	27.48	Y	Thyroid testing (nodule) concerning for RCC metastasis - 01553_TUKES_SMO_0000000002	$	27.48
12/5/2022	$	27.26	Y	Follow up ultrasound nec for thyroid nodule ordered by oncology for rule out metastasis - 01553_TUKES_SMO_0000000005	$	27.26
INVITAE CORPORATION	**$**	**315.00**				
8/8/2018	$	315.00	Y	Invitae Genetic testing for RCC and cancers ("renal urinary tract cancers") - 01553_TUKES_0000000478 to 480	$	315.00
LABORATORY CORPORATION OF AMERICA HOLDINGS	**$**	**277.66**				
10/11/2011	$	83.59	N	Labs - no record		
12/10/2014	$	15.03	N	Labs - no record		
6/12/2018	$	18.98	Y	Nephrology labs (Dr. Donner) - 01553_TUKES_0000008510	$	18.98
9/28/2018	$	55.86	Y	Labs for iron and vitamin D, ordered by Dr. ayaram (oncology) - 01553_TUKES_0000008512	$	55.86
8/19/2020	$	21.47	Y	Nephrology labs (Dr. Donner) - 01553_TUKES_0000008444	$	21.47
10/29/2021	$	7.54	Y	Labs from oncology - 01553_TUKES_0000008445	$	7.54
6/16/2022	$	70.54	Y	Labs from oncology - 01553_TUKES_0000008447	$	70.54
9/7/2022	$	4.65	Y	Urology labs (CK) - 01553_TUKES_0000008449	$	4.65
6/28/2024	$	-				
NEW HANOVER REGIONAL MEDICAL CENTER	**$**	**4,185.27**				
3/4/2014	$	1,934.06	N	Orthopedics Visit		
6/20/2016	$	392.64	Y	MRI of the abdomen with and without contrast (for RCC) - no record but referrenced in 01553_TUKES_0000007651	$	392.64
1/31/2017	$	97.65	N	Psychology visit		
3/2/2018	$	103.12	N	No record		
3/9/2018	$	209.29	Y	CT Abdomen pelvis prior to L partial nephrectomy (mentioned in 01553_TUKES_0000007739)	$	209.29
3/14/2018	$	227.69	Y	CT abdomen for planning for Partial L nephrectomy on 3/14/18 - record not available but referenced in 01553_TUKES_0000002387	$	227.69
8/9/2018	$	227.69	Y	CT with renal mass - 01553_TUKES_0000002324	$	227.69
2/27/2019	$	350.82	Y	MRI of the abdomen with and without contrast - 01553_TUKES_0000002384	$	350.82
3/7/2019	$	105.36	Y	Anesthesia Preprocedure Evaluation for nephrectomy - 01553_TUKES_NH_0000000607 to 608	$	105.36
9/30/2019	$	183.49	Y	CT abdomen and pelvis (claimed by plaintiff, records pending)	$	183.49
9/22/2020	$	353.46	Y	MRI for post nephrectomy - idney cysts - mentioned in 01553_TUKES_0000000305	$	353.46
NOVANT HEALTH MEDICAL GROUP COASTAL REGION, LLC	**$**	**140.61**				
2/18/2024	$	32.42	N	ER admission for cough, chest pain, and HTN		
2/19/2024	$	35.07	Y	Hospitalist during admission 2/19-23, 2024 for fluid overload due to ESRD - 01553_TUKES_NH_0000000067 to 79	$	35.07
2/20/2024	$	22.20	Y	Hospitalist during admission 2/19-23, 2024 for fluid overload due to ESRD - 01553_TUKES_NH_0000000067 to 79	$	22.20
2/21/2024	$	14.76	Y	Hospitalist during admission 2/19-23, 2024 for fluid overload due to ESRD - 01553_TUKES_NH_0000000067 to 79	$	14.76
2/22/2024	$	14.76	Y	Hospitalist during admission 2/19-23, 2024 for fluid overload due to ESRD - 01553_TUKES_NH_0000000067 to 79	$	14.76
2/23/2024	$	21.40	Y	Hospitalist during admission 2/19-23, 2024 for fluid overload due to ESRD - 01553_TUKES_NH_0000000067 to 79	$	21.40
NOVANT HEALTH NEW HANOVER REGIONAL MEDICAL CENTER LLC	**$**	**4,774.72**				
5/6/2021	$	339.48	Y	MRI abdomen for surveillance, no records but mentioned in - 01553_TUKES_0000000299	$	339.48
5/12/2021	$	109.50	N	Periop medicine consult for a nee replacement surgery		
12/19/2022	$	105.57	N	ER admission for cough, chest pain, and HTN (ED Provider Notes by oshua B Ellis, PA-C at 2/18/2024 1657)		
1/5/2023	$	2,676.56	Y	AV fistula creation - 01553_TUKES_NH_0000000461 to 462	$	2,676.56
1/2/2024	$	1,132.96	Y	Procedure Laparoscopic Placement of Peritoneal Dialysis Catheter - 01553_TUKES_NH_0000000357	$	1,132.96
2/18/2024	$	97.03	N	ER admission for cough, chest pain, and HTN (ambulance fees)		
1/2/2025	$	88.37	N	No records		
6/13/2025	$	225.25	N	No records		
ONSLOW MEMORIAL HOSPITAL INC	**$**	**4,133.83**				
6/22/2010	$	615.91	N	GI Visit		
7/16/2010	$	612.52	N	Routine colon cancer screening with colonoscopy - found with diverticulosis without evidence of any cancer (not indicated for RCC, routine screening) - 01553_TUKES_0000007332		
9/9/2011	$	74.18				
1/3/2012	$	144.04	N	No records - lab orders		
2/13/2012	$	455.68	Y	MRI abdomen for renal mass 7 mm - 01553_TUKES_0000004616 (claimed by plaintiff)	$	455.68
8/28/2012	$	456.08	N	No records		
4/25/2013	$	124.22	N	US duple - Eval for renal artery stenosis		
7/23/2013	$	211.65	N	No records		
8/1/2013	$	14.02	N	No records		
1/6/2014	$	81.87	N	Orthopedic Visit		
5/9/2014	$	44.86	N	Orthopedic Visit		
11/13/2018	$	96.78	N	CT chest for chest pain		
1/28/2019	$	325.75	Y	MRI abdomen for post nephrectomy screening (8.5 mm enhancing lesion off the posterior lower pole left idney) - 01553_ TUKES_SMO_0000000063 to 64 (claimed by plaintiff)	$	325.75
10/28/2020	$	415.96	Y	NM WHOLE BODY BONE SCAN for cancer metastasis - 01553_TUKES_SMO_0000000089	$	415.96

11/8/2021	$	151.76	Y	CT nec ordered by oncology for rule out metastasis - 01553_TUKES_SMO_0000000003	$ 151.76
11/12/2021	$	92.62	Y	Thyroid testing (nodule) concerning for RCC metastasis - 01553_TUKES_SMO_0000000002	$ 92.62
7/14/2022	$	100.20	Y	Labs for renal/urine - 01553_TUKES_0000000296 (claimed by plaintiff)	$ 100.20
10/6/2022	$	17.94	N	No records	
12/5/2022	$	97.79	Y	Follow up ultrasound nec for thyroid nodule ordered by oncology for rule out metastasis - 01553_TUKES_SMO_0000000005	$ 97.79
PITT COUNTY MEMORIAL HOSPITAL, INC	**$**	**662.39**			
4/29/2024	$	23.38	N	Orthopedic followup	
5/6/2024	$	23.38	Y	Post transplant clinic visit - 01553_TUKES_ECUH_0000000210 to 216	$ 23.38
5/13/2024	$	360.26	Y	Stent removal procedure post surgery for renal transplant - 01553_TUKES_ECUH_0000000247	$ 360.26
5/20/2024	$	23.38	Y	Post transplant clinic visit - 01553_TUKES_ECUH_0000000147 to 153	$ 23.38
6/3/2024	$	23.38	Y	Post transplant clinic visit - 01553_TUKES_ECUH_0000000081 to 87	$ 23.38
7/1/2024	$	23.38	Y	Post transplant clinic visit - 01553_TUKES_ECUH_0000000040 to 47	$ 23.38
7/29/2024	$	23.38	Y	Post transplant clinic visit - 01553_TUKES_ECUH_0000000002 to 10	$ 23.38
8/26/2024	$	23.38	Y	Post transplant clinic visit - 01553_TUKES_ECUH_0000001528 to 1535	$ 23.38
9/23/2024	$	23.38	Y	Post transplant clinic visit - 01553_TUKES_ECUH_0000001482 to 1488	$ 23.38
10/7/2024	$	23.38	Y	Post transplant clinic visit - 01553_TUKES_ECUH_0000001436 to 1443	$ 23.38
11/18/2024	$	23.38	Y	Post transplant clinic visit - 01553_TUKES_0000008431 to 8438	$ 23.38
1/13/2025	$	24.19	Y	Post transplant clinic visit - 01553_TUKES_0000008414 to 8418	$ 24.19
3/10/2025	$	24.19	Y	Post transplant clinic visit - 01553_TUKES_0000008388 to 8393	$ 24.19
4/7/2025	$	19.95	Y	Post transplant clinic visit - 01553_TUKES_0000008369 to 8373	$ 19.95
ROBERT S. SMITH MD, INC	**$**	**238.48**			
5/23/2018	$	238.48	Y	RCC Pathology (Dr. Smith pathologist) - 01553_TUKES_0000007743	$ 238.48
SOUTHEAST ANESTHESIOLOGY CONSULTANTS, PLLC	**$**	**1,340.44**			
3/4/2014	$	105.45	N	Orthopedics Visit	
4/26/2018	$	172.32	Y	Anesthesia for L partial nephrectomy (01553_TUKES_NH_0000000723 to 724, path 01553_TUKES_0000007741)	$ 172.32
3/14/2019	$	162.15	Y	Hospitalization for L partial nephrectomy - 01553_ TUKES_SMO_0000000056 - 0000000057	$ 162.15
5/20/2021	$	241.06	N	Orthopedic Visit (nee)	
5/23/2022	$	200.26	Y	Hospitalization for Robotic lap nephrectomy on 5/23/22 - 01553_TUKES_0000000097	$ 200.26
1/5/2023	$	115.94	Y	Anesthesia for AV fistula creation - 01553_TUKES_NH_0000000461 to 462	$ 115.94
6/12/2023	$	143.78	Y	Hopsital admission for radical total nephrectomy Robot Assisted, Left - 6/12/23 to 6/16/23 - 01553_TUKES_0000000773	$ 143.78
6/14/2023	$	102.70	Y	Hopsital admission for radical total nephrectomy Robot Assisted, Left - 6/12/23 to 6/16/23 - 01553_TUKES_0000000773	$ 102.70
1/2/2024	$	96.78	Y	Procedure Laparoscopic Placement of Peritoneal Dialysis Catheter - 01553_TUKES_NH_0000000357	$ 96.78
SOUTHEASTERN MEDICAL ONCOLOGY CENTER	**$**	**1,523.97**			
9/5/2018	$	183.94	Y	Outpatient oncology visit - 01553_TUKES_0000002373	$ 183.94
9/28/2018	$	9.19	Y	Labs for iron and vitamin D, ordered by Dr. ayaram (oncology) - 01553_TUKES_0000008512	$ 9.19
11/8/2018	$	130.24	Y	Outpatient oncology visit - 01553_TUKES_0000007716	$ 130.24
1/30/2019	$	72.66	Y	Outpatient oncology visit - 01553_TUKES_0000007712	$ 72.66
4/4/2019	$	92.97	Y	Outpatient oncology visit - 01553_TUKES_0000007662	$ 92.97
9/4/2019	$	8.27	Y	Outpatient oncology visit - 01553_TUKES_0000002373	$ 8.27
10/23/2019	$	60.03	Y	Outpatient oncology visit - 01553_TUKES_0000002359	$ 60.03
10/22/2020	$	126.06	Y	Outpatient oncology visit - 01553_TUKES_0000002356	$ 126.06
10/30/2020	$	103.68	Y	Outpatient oncology visit - 01553_TUKES 0000000422	$ 103.68
10/29/2021	$	99.97	Y	Outpatient oncology visit - 01553_TUKES_0000002295	$ 99.97
11/16/2021	$	123.52	Y	Outpatient oncology visit - 01553_TUKES_0000002291	$ 123.52
6/16/2022	$	147.00	Y	Outpatient oncology visit - 01553_TUKES 0000000413	$ 147.00
12/15/2022	$	139.55	Y	Outpatient oncology visit - 01553 TUKES 0000000410	$ 139.55
4/26/2023	$	84.47	Y	Outpatient oncology visit - 01553_TUKES_0000000406	$ 84.47
6/28/2023	$	84.47	Y	Outpatient oncology visit - 01553_TUKES_0000002373	$ 84.47
5/10/2024	$	24.44	Y	Outpatient procedure for fle ible ureteral stent removal	$ 24.44
5/15/2025	$	33.51	N	No records	
SOUTHEASTERN NEPHROLOGY ASSOCIATES, PLLC	**$**	**136.28**			
2/28/2019	$	68.63	Y	Lab testing ordered by nephrology for chronic idney disease - 01553_TUKES_0000000324	$ 68.63
4/10/2019	$	67.65	Y	Lab testing ordered by nephrology for chronic idney disease - 01553_TUKES_0000000326	$ 67.65
TOTAL RENAL CARE OF NORTH CAROLINA LLC	**$**	**11,750.40**			
6/19/2023	$	222.75	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$ 222.75
6/21/2023	$	222.75	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$ 222.75
6/23/2023	$	222.75	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$ 222.75
6/26/2023	$	222.75	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$ 222.75
6/28/2023	$	-			
6/30/2023	$	222.75	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$ 222.75
7/3/2023	$	222.75	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$ 222.75
7/5/2023	$	222.75	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$ 222.75
7/7/2023	$	222.75	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$ 222.75

7/10/2023	$	222.75	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	222.75
7/12/2023	$	222.75	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	222.75
7/14/2023	$	222.75	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	222.75
7/17/2023	$	222.75	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	222.75
7/19/2023	$	222.75	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	222.75
7/21/2023	$	222.75	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	222.75
7/24/2023	$	222.75	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	222.75
7/26/2023	$	222.75	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	222.75
7/28/2023	$	222.75	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	222.75
7/31/2023	$	222.75	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	222.75
8/2/2023	$	222.75	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	222.75
8/4/2023	$	222.75	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	222.75
8/7/2023	$	222.75	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	222.75
8/9/2023	$	222.75	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	222.75
8/11/2023	$	222.75	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	222.75
8/14/2023	$	222.75	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	222.75
8/16/2023	$	222.75	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	222.75
8/18/2023	$	222.75	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	222.75
8/21/2023	$	222.75	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	222.75
8/23/2023	$	222.75	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	222.75
8/25/2023	$	222.75	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	222.75
8/28/2023	$	222.75	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	222.75
8/30/2023	$	222.75	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	222.75
9/1/2023	$	62.58	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	62.58
9/4/2023	$	62.58	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	62.58
9/6/2023	$	62.58	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	62.58
9/8/2023	$	62.58	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	62.58
9/11/2023	$	62.58	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	62.58
9/13/2023	$	62.58	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	62.58
9/15/2023	$	62.58	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	62.58
9/18/2023	$	62.58	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	62.58
9/20/2023	$	62.58	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	62.58
9/22/2023	$	62.58	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	62.58
9/25/2023	$	62.58	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	62.58
9/27/2023	$	62.58	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	62.58
9/29/2023	$	62.58	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	62.58
10/2/2023	$	62.11	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	62.11
10/4/2023	$	62.11	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	62.11
10/6/2023	$	62.11	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	62.11
10/9/2023	$	62.11	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	62.11
10/12/2023	$	62.11	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	62.11
10/13/2023	$	62.11	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	62.11
10/16/2023	$	62.11	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	62.11
10/18/2023	$	46.80	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	46.80
10/20/2023	$	46.80	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	46.80

10/23/2023	$	46.80	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	46.80
10/25/2023	$	46.80	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	46.80
10/27/2023	$	46.80	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	46.80
10/30/2023	$	46.80	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	46.80
11/1/2023	$	46.64	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	46.64
11/3/2023	$	46.64	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	46.64
11/6/2023	$	46.64	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	46.64
11/8/2023	$	46.64	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	46.64
11/10/2023	$	46.64	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	46.64
11/13/2023	$	46.64	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	46.64
11/15/2023	$	46.64	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	46.64
11/17/2023	$	46.64	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	46.64
11/19/2023	$	46.64	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	46.64
11/21/2023	$	46.64	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	46.64
11/24/2023	$	46.64	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	46.64
11/27/2023	$	46.64	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	46.64
11/29/2023	$	46.64	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	46.64
12/1/2023	$	46.41	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	46.41
12/4/2023	$	46.41	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	46.41
12/6/2023	$	46.41	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	46.41
12/8/2023	$	46.41	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	46.41
12/11/2023	$	46.41	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	46.41
12/13/2023	$	46.41	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	46.41
12/15/2023	$	46.41	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	46.41
12/18/2023	$	46.41	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	46.41
12/20/2023	$	46.41	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	46.41
12/22/2023	$	46.41	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	46.41
12/24/2023	$	46.41	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	46.41
12/27/2023	$	46.41	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	46.41
12/29/2023	$	46.41	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	46.41
1/1/2024	$	45.96	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	45.96
1/3/2024	$	45.96	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	45.96
1/5/2024	$	45.96	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	45.96
1/8/2024	$	45.96	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	45.96
1/10/2024	$	45.96	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	45.96
1/12/2024	$	45.96	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	45.96
1/15/2024	$	45.96	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	45.96
1/17/2024	$	45.96	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	45.96
1/19/2024	$	45.96	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	45.96
1/22/2024	$	45.96	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	45.96
1/24/2024	$	45.96	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	45.96
1/29/2024	$	45.96	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	45.96
1/31/2024	$	45.96	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	45.96
2/2/2024	$	45.65	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	45.65
2/5/2024	$	45.65	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	45.65

2/7/2024	$	45.65	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	45.65
2/9/2024	$	45.65	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	45.65
2/12/2024	$	45.65	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	45.65
2/14/2024	$	45.65	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	45.65
2/16/2024	$	45.65	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	45.65
2/26/2024	$	54.88	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	54.88
2/27/2024	$	73.84	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	73.84
2/28/2024	$	54.88	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	54.88
2/29/2024	$	54.88	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	54.88
3/1/2024	$	44.96	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	44.96
3/4/2024	$	-				
3/5/2024	$	-				
3/6/2024	$	-				
3/7/2024	$	-				
3/8/2024	$	19.27	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	19.27
3/9/2024	$	19.27	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	19.27
3/10/2024	$	19.27	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	19.27
3/11/2024	$	19.27	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	19.27
3/12/2024	$	19.27	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	19.27
3/13/2024	$	19.27	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	19.27
3/14/2024	$	19.27	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	19.27
3/15/2024	$	19.27	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	19.27
3/16/2024	$	19.27	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	19.27
3/17/2024	$	19.27	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	19.27
3/18/2024	$	19.27	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	19.27
3/19/2024	$	19.27	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	19.27
3/20/2024	$	19.27	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	19.27
3/21/2024	$	19.27	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	19.27
3/22/2024	$	19.27	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	19.27
3/23/2024	$	19.27	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	19.27
3/24/2024	$	19.27	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	19.27
3/25/2024	$	19.27	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	19.27
3/26/2024	$	19.27	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	19.27
3/27/2024	$	19.27	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	19.27
3/28/2024	$	19.27	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	19.27
3/29/2024	$	19.27	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	19.27
3/30/2024	$	19.27	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	19.27
3/31/2024	$	19.27	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	19.27
4/1/2024	$	19.28	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	19.28
4/2/2024	$	19.28	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	19.28
4/3/2024	$	19.28	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	19.28
4/4/2024	$	19.28	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	19.28
4/5/2024	$	19.28	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	19.28
4/6/2024	$	19.28	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	19.28
4/7/2024	$	19.28	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	19.28
4/8/2024	$	19.28	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	19.28
4/9/2024	$	19.28	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	19.28

4/10/2024	$	19.28	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	19.28
4/11/2024	$	19.28	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	19.28
4/12/2024	$	19.28	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	19.28
4/13/2024	$	19.28	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	19.28
4/14/2024	$	19.28	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	19.28
4/15/2024	$	19.28	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	19.28
4/16/2024	$	19.28	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	19.28
4/17/2024	$	19.28	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	19.28
4/18/2024	$	19.28	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	19.28
4/19/2024	$	19.28	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	19.28
4/20/2024	$	19.28	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	19.28
4/21/2024	$	19.28	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	19.28
4/22/2024	$	19.28	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	19.28
4/23/2024	$	19.28	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita) - 01553_TUKES_0000001203 to 2188	$	19.28
TOTAL RENAL LABORATORIES INC	**$**	**323.32**				
6/19/2023	$	154.95	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita renamed TRL) - 01553_TUKES_0000001203 to 2188	$	154.95
6/21/2023	$	13.33	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita renamed TRL) - 01553_TUKES_0000001203 to 2188	$	13.33
7/5/2023	$	38.57	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita renamed TRL) - 01553_TUKES_0000001203 to 2188	$	38.57
7/17/2023	$	68.25	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita renamed TRL) - 01553_TUKES_0000001203 to 2188	$	68.25
8/7/2023	$	38.57	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita renamed TRL) - 01553_TUKES_0000001203 to 2188	$	38.57
8/25/2023	$	9.65	Y	TOTAL RENAL CARE OF NORTH CAROLINA LLC - Dialysis Care (Davita renamed TRL) - 01553_TUKES_0000001203 to 2188	$	9.65
9/6/2023	$	-				
9/18/2023	$	-				
10/2/2023	$	-				
10/18/2023	$	-				
11/6/2023	$	-				
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL	**$**	**4,858.08**				
2/8/2010	$	224.00	N	Solitary pulmonary nodule		
3/1/2010	$	132.33	N	Solitary pulmonary nodule - CT chest - 01553_TUKES_0000000704		
7/29/2010	$	236.74	Y	Preop for partial nephrectomy - 01553_TUKES_0000000682	$	236.74
8/20/2010	$	1,717.47	Y	Hospitalization for partial nephrectomy procedure - 01553_TUKES_0000000674	$	1,717.47
9/1/2010	$	144.71	Y	CT for metastasis eval - 01553_TUKES_0000000489	$	144.71
12/1/2010	$	117.04	Y	Follow up for RCC and CT scan - 01553_TUKES_0000000629	$	117.04
3/16/2011	$	676.99	N	ER visit and neurology admission for headache and transient visual loss - this is unrelated to the claimed conditions - 01553_TUKES_0000000602		
3/17/2011	$	96.71	N	ER visit and neurology admission for headache and transient visual loss - this is unrelated to the claimed conditions - 01553_TUKES_0000000602		
4/5/2011	$	120.30	N	Sleep testing - 01553_TUKES_0000000578		
4/6/2011	$	66.39	N	Pulmonary nodule office visit		
4/8/2011	$	69.21	N	No notes		
4/25/2011	$	142.86	N	Sleep testing		
5/4/2011	$	125.76	N	Sleep testing		
5/23/2011	$	238.21	N	Neurology eval for TIA		
7/30/2012	$	175.15	N	Rheumatology eval for dermatomyositis		
1/11/2013	$	-				
5/24/2018	$	83.77	Y	Pathology for renal mass - 01553_TUKES_0000000505	$	83.77
6/7/2018	$	94.30	Y	Cancer genetics visit for RCC - 01553_TUKES_0000000498	$	94.30
7/3/2018	$	167.65	Y	CT surveillance for RCC - 01553_TUKES_0000000489	$	167.65
8/8/2018	$	77.03	Y	Invitae Genetic testing for RCC and cancers ("renal urinary tract cancers") at UNC - 01553_TUKES_0000000471	$	77.03
10/24/2018	$	151.46	Y	Oncology urology visit for RCC - 01553_TUKES_0000000445	$	151.46
UNIVERSITY OF NORTH CAROLINA HOSPITALS AT CHAPEL HILL	**$**	**6,916.89**				
2/8/2010	$	474.96	N	Solitary pulmonary nodule		
3/1/2010	$	299.93	N	Solitary pulmonary nodule - CT chest - 01553_TUKES_0000000704		
7/29/2010	$	667.12	Y	Preop for partial nephrectomy with CT and CXR - 01553_TUKES_0000000682, 4784	$	667.12
8/31/2010	$	98.65	Y	Outpatient followup for partial nephrectomy post op - 01553_TUKES_0000000647	$	98.65
9/1/2010	$	378.99	Y	CT for metastasis eval - 01553_TUKES_0000000489	$	378.99
12/1/2010	$	413.43	Y	Follow up for RCC and CT scan - 01553_TUKES_0000000629	$	413.43
3/16/2011	$	369.10	N	ER visit and neurology admission for headache and transient visual loss - this is unrelated to the claimed conditions - 01553_TUKES_0000000602		
4/5/2011	$	739.85	N	Sleep testing - 01553_TUKES_0000000578		
4/6/2011	$	106.79	N	Pulmonary nodule office visit		
4/25/2011	$	111.10	N	Sleep testing		
5/4/2011	$	739.85	N	Sleep testing		
5/23/2011	$	124.01	N	Neurology eval for TIA		
7/30/2012	$	329.63	N	Rheumatology eval for dermatomyositis		
1/11/2013	$	1,165.25	N	Sleep testing		
6/7/2018	$	108.60	Y	Cancer genetics visit for RCC - 01553_TUKES_0000000498	$	108.60

7/3/2018	$	242.21	Y	CT surveillance for RCC - 01553_TUKES_0000000489	$	242.21
8/8/2018	$	2.91	Y	Invitae Genetic testing for RCC and cancers ("renal urinary tract cancers")	$	2.91
10/24/2018	$	544.51	Y	Oncology urology visit for RCC - 01553_TUKES_0000000445	$	544.51
VALLEY RADIOLOGY, P A	**$**	**299.78**				
4/28/2022	$	66.10	Y	(CT Abdomen w/ + w/o Contrast) RCC Renal mass - 01553_TUKES_0000000200 to 201	$	66.10
8/25/2022	$	37.73	Y	CT surveillance for RCC - 01553_TUKES_0000000135	$	37.73
1/25/2023	$	94.28	Y	CT abdomen for renal lesions - 13 11 mm solid or comple cystic lesion in the upper anterior left idney - 01553_TUKES_0000000016	$	94.28
5/3/2023	$	64.26	Y	CT abdomen for renal lesions - Lesion at the interpolar region of the left idney - 01553_TUKES_0000000760	$	64.26
6/14/2023	$	12.36	Y	Hopsital admission for radical total nephrectomy Robot Assisted, Left - 6/12/23 to 6/16/23 - 01553_TUKES_0000000773	$	12.36
8/1/2024	$	25.05	N	No notes (radiology visit)		
VIDANT MEDICAL GROUP LLC	**$**	**1,047.16**				
4/23/2024	$	576.37	Y	Renal Transplant 4/23/24 - Dr. Blac surgeon - 01553_TUKES_0000007961 to 7968, 01553_TUKES_0000008062	$	576.37
4/24/2024	$	10.95	Y	Renal Transplant 4/23/24 - Dr. Blac surgeon - 01553_TUKES_0000007961 to 7968, 01553_TUKES_0000008062	$	10.95
4/25/2024	$	9.40	Y	Cardiology care for Renal Transplant 4/23/24 - Dr. Blac surgeon - 01553_TUKES_0000007961 to 7968, 01553_TUKES_0000008062	$	9.40
4/29/2024	$	21.67	Y	Post transplant clinic visit - 01553_TUKES_0000008033 to 8039	$	21.67
5/6/2024	$	21.67	Y	Post transplant clinic visit - 01553_TUKES_ECUH_0000000210 to 216	$	21.67
5/13/2024	$	28.39	Y	Stent removal procedure post surgery for renal transplant - 01553_TUKES_ECUH_0000000247	$	28.39
5/20/2024	$	21.67	Y	Post transplant clinic visit - 01553_TUKES_ECUH_0000000147 to 153	$	21.67
6/3/2024	$	21.67	Y	Post transplant clinic visit - 01553_TUKES_ECUH_0000000081 to 87	$	21.67
7/1/2024	$	21.67	Y	Post transplant clinic visit - 01553_TUKES_ECUH_0000000040 to 47	$	21.67
7/29/2024	$	21.67	Y	Post transplant clinic visit - 01553_TUKES_ECUH_0000000002 to 10	$	21.67
8/26/2024	$	21.67	Y	Post transplant clinic visit - 01553_TUKES_ECUH_0000001528 to 1535	$	21.67
9/23/2024	$	18.52	Y	Post transplant clinic visit - 01553_TUKES_ECUH_0000001482 to 1488	$	18.52
10/7/2024	$	18.52	Y	Post transplant clinic visit - 01553_TUKES_ECUH_0000001436 to 1443	$	18.52
10/21/2024	$	21.67	Y	Post transplant clinic visit - 01553_TUKES_ECUH_0000001400 to 1406	$	21.67
11/18/2024	$	21.67	Y	Post transplant clinic visit - 01553_TUKES_0000008431 to 8435	$	21.67
12/16/2024	$	21.67	Y	Post transplant clinic visit - 01553_TUKES_0000008420 to 8423	$	21.67
1/13/2025	$	105.19	Y	Post transplant clinic visit - 01553_TUKES_0000008414 to 8418	$	105.19
2/10/2025	$	21.04	Y	Post transplant clinic visit - 01553_TUKES_0000008401 to 8405	$	21.04
3/10/2025	$	21.04	Y	Post transplant clinic visit - 01553_TUKES_0000008389 to 8393	$	21.04
4/7/2025	$	21.04	Y	Post transplant clinic visit - 01553_TUKES_0000008369 to 8373	$	21.04
WALTERS SURGICAL ASSOC PA	**$**	**415.09**				
6/13/2023	$	98.07	Y	Hopsital admission for radical total nephrectomy Robot Assisted, Left - 6/12/23 to 6/16/23 - 01553_TUKES_0000000773	$	98.07
6/14/2023	$	317.02	Y	Hopsital admission for radical total nephrectomy Robot Assisted, Left - 6/12/23 to 6/16/23 - 01553_TUKES_0000000773	$	317.02
WILMINGTON PATHOLOGY ASSOCIATES PA	**$**	**643.79**				
7/7/2011	$	76.13	N	OB Gyn		
4/26/2018	$	379.96	Y	Hospitalization for L partial nephrectomy (01553_TUKES_NH_0000000723 to 724, path 01553_TUKES_0000007741)	$	379.96
3/14/2019	$	84.47	Y	Pathology for L partial nephrectomy - 01553_ TUKES_SMO_0000000056 - 0000000057	$	84.47
11/12/2020	$	103.23	N	MRI elbow		
WILMINGTON SURGICAL ASSOCIATES PA	**$**	**214.28**				
12/5/2023	$	143.41	Y	Consult for placement of peritoneal cathteter for PD - 01553_TUKES_NH_0000000352 to 354	$	143.41
1/2/2024	$	70.87	Y	Procedure Laparoscopic Placement of Peritoneal Dialysis Catheter - 01553_TUKES_NH_0000000357	$	70.87
				Total Payment	**$**	**44,048.87**

Appendix B

Curriculum Vitae of James Wang Ji, MD

MD Board Certified and Licensed for Internal Medicine for the states of California

Experienced medical director with both clinical and supervisory/management experience over clinical care and quality management, payer and provider experience and dispute management. Current and previous experience include the following

CURRENT EMPLOYMENT

Healing Care Hospice 1/2024 – present

Associate medical director for the Los Angeles area

Hospitalist at Verdugo Hills Hospital 1/2024 – present

Clinical physician at LA department of Public Health 1/2024 – present

Independent Clinical Reviewer for Commence.ai and Acentra - 8/2021 to present

PRIOR WORK EXPERIENCE

Regal Medical Group (Heritage Provider Network) 10/2020 – 8/2024

Medical director for Glendale and co-director for Los Angeles. Approximately 50,000 lives under management across 3 hospital hubs and high-risk clinic management. Market consists of Medicare/Duals, Medi-Cal, commercial, and exchange lines of business.

Clinical Oversight and Leadership Responsibilities/Experience:

Oversight of 11 outpatient Care Centers, 13 managed and partnered hospitals, and a team of over 11 doctors, 16 nurse practitioners, case managers, social workers in an organized structure. Includes high risk management of population (inpatient and outpatient), bed day management, inpatient/observation determination, and out-of-network and patient transfer management and denials. Includes utilization management and pharmacy collaboration, business development

Strategic and Administrative Responsibilities/Experience:

Oversight of every aspect of value-based product management both clinical and financial including local growth, PCP/specialist and hospital contracting, HCC/RAF coding, STARS/HEDIS, outreach, pharmacy, dashboard design and implementation, as well as partnership on national strategies

Caremore Medical Group 2016 - 10/2020

Regional Medical Officer at Caremore Health – 2018 - 10/2020 Medical director for North Los Angeles (Montebello, East LA, Downtown LA, Glendale, West LA, Torrance, Whittier, West Covina, and San Fernando Valley) representing half of Los Angeles/Orange County Market, ~20% of total national membership and ~30% of national profit/loss of the Caremore group. Market consists of Medicare/Duals patients.

Associate Regional Medical Director of Downey, Long Beach, Torrance 2017 - 2018

Extensivist (Hospitalist with outpatient and SNF responsibilities) 2016 - 2017 Extensivist of the year in 2016

Assistant Professor of Clinical Medicine and Hospitalist 2013 - 2016 University of Southern California/Keck Hospital

Primary responsibility for hospital-based rounding, CPT coding, co-management of surgical services

Projects included:

USC Transfusion Free Service. Internal Medicine Liaison.

USC Hospitalist Service Qlikview Data Developer and Analyst

USC Antibiotics Stewardship Committee

EXPERT WITNESS WORK (DE-IDENTIFIED WHEN APPLICABLE)

Major Health System v. Major Payer. Expert report regarding the clinical accuracy of diagnosis coding as this related to DRG coding of inpatient care, primarily for adults. Deposition completed on September 11, 2024. Arbitration was concluded in October 2024, and the case settled

RELLAFORD v HOAG MEMORIAL HOSPITAL CASE NO. 30-2023-01331203-CU-MM-CJC. Case was dropped prior to deposition.

BANDA v PROVIDENCE MISSION HOSPITAL CASE NO: 30-2023-01362370-CU-MM-CJC. Case was dropped prior to deposition.

RESIDENCY

Internal Medicine 2010 - 2013 Columbia University/New York Presbyterian Hospital, New York, NY

EDUCATION

Medical School 2006 - 2010 Columbia University College of Physicians and Surgeons, New York, NY

Undergraduate: BS in biomedical engineering with honors 2001 - 2005 The Johns Hopkins University, Baltimore, MD

PUBLICATIONS

Ji JW, Ye S, Haythe J, Schulze C, and Shimbo D. Safety and Feasibility of Atropine during Dobutamine Stress Echocardiography in Cardiac Transplant Patients: A 28-year Single-center Experience. J Card Fail. 2013 Nov; 19(11): 762–767.

Ji JW, Mac Gabhann F, Popel AS. Skeletal muscle VEGF gradients in peripheral arterial disease: simulations of rest and exercise. Am J Physiol Heart Circ Physiol. 2007 Dec;293(6):H3740-9.

Mac Gabhann F, Ji JW, Popel AS. Multi-scale computational models of pro-angiogenic treatments in peripheral arterial disease. Ann Biomed Eng. 2007 Jun;35(6):982-94.

Mac Gabhann F, Ji JW, Popel AS. VEGF gradients, receptor activation, and sprout guidance in resting and exercising skeletal muscle. 2007 Feb;102(2):722-34.

Mac Gabhann F, Ji JW, Popel AS. Computational model of vascular endothelial growth factor spatial distribution in muscle and pro-angiogenic cell therapy. PLoS Comput Biol. 2006 Sep 22;2(9):e127.

Ji JW, Tsoukias NM, Goldman D, Popel AS. A computational model of oxygen transport in skeletal muscle for sprouting and splitting modes of angiogenesis. J Theor Biol. 2006 Jul 7;241(1):94 108. (Featured in Faculty 1000 of Biology: http://www.f1000biology.com/article/id/1030419)

Appendix C

Lymphoma versus RCC Charges for Howard, Allan Wayne

Date	Description	Charges ($)	RCC Related?	Lymphoma Related?	Bates
Dayton Oncology Hematology					
2/7/2012	Initial office visit with Dr. Sabiers (oncology) for RCC on 2/7/12 including CT scans and labs	337	Y		00490_HOWARD_MEDRECS_0000000252
2/7/2012	Initial office visit with Dr. Sabiers (oncology) for RCC on 2/7/12 including CT scans and labs	629	Y		00490_HOWARD_MEDRECS_0000000256
Kettering Health					
3/21/2011	Office visit - for HYPERLIPIDEMIA with labs, NOT RCC or LYMPHOMA - 3/21/11	184			00490_HOWARD_0000000956
6/6/2023	1. Outpatient office visit for Dr. Neal for enlarged lymph nodes - 6/6/2023 - This record could not be found but based on this provider and diagnosis, this is related to the claimed conditions	188		Y	00490_HOWARD_MEDRECS_0000000292 - 00490_HOWARD_0000000344
6/7/2023	3. Professional charges for ER/hospital admission 6/7/2023 for enlarged lymph nodes with concern for lymphoma - 00490_HOWARD_0000000327. This was related to the claimed conditions	12,483		Y	00490_HOWARD_0000000334 -00490_HOWARD_0000000345
6/12/2023	2. Outpatient office visit for Dr. Neal for enlarged lymph nodes - 6/12/2023 - 00490_HOWARD_0000000324	279		Y	00490_HOWARD_0000000324 -00490_HOWARD_0000000326
7/24/2023	4. Outpatient office visit for enlarged lymph nodes - 7/24/2023 - 00490_HOWARD_0000000321	188		Y	00490_HOWARD_0000000321 -00490_HOWARD_0000000323
8/7/2023	6. Outpatient office visit for oncology for enlarged lymph nodes and associated labs - 8/7/2023 - 00490_HOWARD_0000000291	1,025		Y	00490_HOWARD_0000000303 -00490_HOWARD_0000000314
8/7/2023	6. Outpatient office visit for oncology for enlarged lymph nodes and associated labs - 8/7/2023 - 00490_HOWARD_0000000291	8,803		Y	00490_HOWARD_0000000310
8/7/2023	6. Outpatient office visit for oncology for enlarged lymph nodes and associated labs - 8/7/2023 - 00490_HOWARD_0000000291	427		Y	00490_HOWARD_0000000303 -00490_HOWARD_0000000314
8/7/2023	6. Outpatient office visit for oncology for enlarged lymph nodes and associated labs - 8/7/2023 - 00490_HOWARD_0000000291	247		Y	00490_HOWARD_0000000315
8/14/2023	7. Outpatient office visit for oncology for lymphoma and associated labs and imaging - 00490_HOWARD_0000000290 - 8/14/2023	3,339		Y	00490_HOWARD_0000000297 -00490_HOWARD_0000000298
8/23/2023	7. Outpatient office visit for oncology for lymphoma and associated labs and imaging - 00490_HOWARD_0000000290 - 8/14/2023	247		Y	00490_HOWARD_0000000290
8/23/2023	7. Outpatient office visit for oncology for lymphoma and associated labs and imaging - 00490_HOWARD_0000000290 - 8/14/2023	279		Y	00490_HOWARD_0000000290
9/6/2023	7. Outpatient office visit for oncology for lymphoma and associated labs and imaging - 00490_HOWARD_0000000290 - 8/14/2023	1,029		Y	00490_HOWARD_0000000279 -00490_HOWARD_0000000288
9/6/2023	7. Outpatient office visit for oncology for lymphoma and associated labs and imaging - 00490_HOWARD_0000000290 - 8/14/2023	756		Y	00490_HOWARD_0000000284
9/6/2023	8. Outpatient office visit for oncology for lymphoma and associated labs and imaging - 00490_HOWARD_0000000285	279		Y	00490_HOWARD_0000000279 -00490_HOWARD_0000000288
9/22/2023	8. Outpatient office visit for oncology for lymphoma and associated labs and imaging - 00490_HOWARD_0000000285	363		Y	00490_HOWARD_0000000260
9/22/2023	8. Outpatient office visit for oncology for lymphoma and associated labs and imaging - 00490_HOWARD_0000000285	279		Y	00490_HOWARD_0000000260
9/25/2023	PET scan ordered for lymphoma on 11/22/2023	8,239		Y	00490_HOWARD_MEDRECS_0000000192
9/29/2023	8. Outpatient office visit for oncology for lymphoma and associated labs and imaging - 00490_HOWARD_0000000285	279		Y	00490_HOWARD_0000000255
10/9/2023	9. Outpatient office visit for oncology for lymphoma and associated labs and imaging, and biopsy 10/9/23 - 00490_HOWARD_0000000255	33,140		Y	00490_HOWARD_MEDRECS_0000000186 - 00490_HOWARD_MEDRECS_0000000191
10/11/2023	10. Chemotherapy administration (RCHOP) 10/16/23 + post chemo echocardiogram and visit	275		Y	00490HOWARDKH0000000415 -00490HOWARDKH0000000422
10/11/2023	9. Outpatient office visit for oncology for lymphoma and associated labs and imaging, and biopsy 10/9/23 - 00490_HOWARD_0000000255	3,753		Y	00490HOWARDKH0000000014
10/16/2023	5. Outpatient office visit for oncology for enlarged lymph nodes - 10/16/2023	375		Y	00490HOWARDKH0000000378
10/24/2023	10. Chemotherapy administration (RCHOP) 10/16/23 + post chemo echocardiogram and visit	188		Y	00490HOWARDKH0000000334 -00490HOWARDKH0000000338
11/6/2023	8. Outpatient office visit for oncology for lymphoma and associated labs and imaging - 00490_HOWARD_0000000285	279		Y	00490HOWARDKH0000000282
11/22/2023	8. Outpatient office visit for oncology for lymphoma and associated labs and imaging - 00490_HOWARD_0000000285	8,239		Y	00490HOWARDKH0000000259 -00490HOWARDKH0000000260
11/27/2023	11. Outpatient office visit for oncology for lymphoma 11/6/23	279		Y	00490HOWARDKH0000000233
10/16/2023 - 10/31/2023	10. Chemotherapy administration (RCHOP) 10/16/23 + post chemo echocardiogram and visit	98,770		Y	00490HOWARDKH0000000374 - 00490HOWARDKH0000000409
OSU Billing (Internal and Urology) - Multiple Providers					
11/18/2008	Office Visit Dr. Olencki (Urology) for RCC	305	Y		00490_HOWARD_0000004338 -00490_HOWARD_0000004339
11/18/2008	Office Visit Dr. Olencki (Urology) for RCC, CT scan	2,485	Y		00490_HOWARD_0000004339 -00490_HOWARD_0000004347
12/03/2008 - 12/06/2008	R Radical Nephrectomy	28,034	Y		00490_HOWARD_0000004279
12/3/2008	R Radical Nephrectomy	4,065	Y		00490_HOWARD_0000004298 -00490_HOWARD_0000004299
12/9/2008 - 12/21/2008	MRI brain, CT chest for RCC Staging	12,235	Y		00490_HOWARD_0000004253
12/9/2008	Office Visit Dr. Olencki (Urology) for RCC	144	Y		00490_HOWARD_0000004253
12/23/2008	MRI brain, CT chest for RCC Staging	122	Y		00490_HOWARD_0000004226
12/23/2008	MRI brain, CT chest for RCC Staging	93	Y		00490_HOWARD_0000004226
2/2/2009	CT Chest for RCC surveillance (metastasis eval)	4,083	Y		00490_HOWARD_0000004209 -00490_HOWARD_0000004215
2/2/2009	Office Visit Dr. Olencki (Urology) for RCC	144	Y		00490_HOWARD_0000004216
04/01/2009 - 04/17/2009	CT Chest for RCC surveillance (metastasis eval) + IR mediport removal	5,729	Y		00490_HOWARD_0000004192 -00490_HOWARD_0000004204
4/6/2009	Office visit and labs for Dr. Shabsigh (Urology)	144	Y		00490_HOWARD_0000004192
4/6/2009	Office visit and labs for Dr. Shabsigh (Urology)	105	Y		00490_HOWARD_0000004192
07/20/2009 - 07/27/2009	CT Abdomen and Pelvis for RCC surveillance	3,104	Y		00490_HOWARD_0000004159 -00490_HOWARD_0000004187
7/27/2009	Office Visit Dr. Olencki (Urology) for RCC	144	Y		00490_HOWARD_0000004159
11/20/2009	CT Abdomen and Pelvis for RCC surveillance	7,675	Y		00490_HOWARD_0000004152 -00490_HOWARD_0000004157
12/10/2009	Office Visit Dr. Olencki (Urology) for RCC	127	Y		00490_HOWARD_0000004133
12/10/2009	Office Visit Dr. Olencki (Urology) for RCC	144	Y		00490_HOWARD_0000004140 -00490_HOWARD_0000004141
6/7/2010 - 06/10/2010	CT Chest for RCC surveillance (metastasis eval)	3,200	Y		00490_HOWARD_0000004125 -00490_HOWARD_0000004131
6/10/2010	Office Visit Dr. Olencki (Urology) for RCC	165	Y		00490_HOWARD_0000004121
12/09/2010 - 12/16/2010	CT Chest for RCC surveillance (metastasis eval)	3,262	Y		00490_HOWARD_0000004093 -00490_HOWARD_0000004109
12/16/2010	Office Visit Dr. Olencki (Urology) for RCC	165	Y		00490_HOWARD_0000004101
7/26/2011	CT Abdomen and Pelvis for RCC surveillance	3,065	Y		00490_HOWARD_0000004086 -00490_HOWARD_0000004090
8/4/2011	CT Chest for RCC surveillance (metastasis eval)	140	Y		00490_HOWARD_0000004081 -00490_HOWARD_0000004083
8/4/2011	Office Visit Dr. Olencki (Urology) for RCC	175	Y		00490_HOWARD_0000004081 -00490_HOWARD_0000004083
8/30/2012	Office Visit Dr. Olencki (Urology) for RCC	175	Y		00490_HOWARD_0000004065 -00490_HOWARD_0000004067
2/18/2013	X-ray chest and labs for RCC	1,159	Y		00490_HOWARD_0000004047 -00490_HOWARD_0000004053
2/28/2013	Office Visit Dr. Olencki (Urology) for RCC	175	Y		00490_HOWARD_0000004044 -00490_HOWARD_0000004046
2/28/2013	Office Visit Dr. Olencki (Urology) for RCC	140	Y		00490_HOWARD_0000004044 -00490_HOWARD_0000004046

8/23/2013	CT Chest for RCC surveillance (metastasis eval) + labs	6,587	Y		00490_HOWARD_0000004020 -00490_HOWARD_0000004021
8/26/2013	Office Visit Dr. Olencki (Urology) for RCC	354	Y		00490_HOWARD_0000004019 -00490_HOWARD_0000004021
8/26/2013	Office Visit Dr. Olencki (Urology) for RCC	170	Y		00490_HOWARD_0000004019 -00490_HOWARD_0000004021
2/14/2014	CT Chest for RCC surveillance (metastasis eval)	6,643	Y		00490_HOWARD_0000003986 -00490_HOWARD_0000003992
2/24/2014	Office Visit Dr. Olencki (Urology) for RCC	140	Y		00490_HOWARD_0000003981 -00490_HOWARD_0000003984
8/18/2014	Office Visit Dr. Olencki (Urology) for RCC	1,077	Y		00490_HOWARD_0000003960 -00490_HOWARD_0000003963
8/28/2014	Office Visit Dr. Olencki (Urology) for RCC	496	Y		00490_HOWARD_0000003945 -00490_HOWARD_0000003956
8/28/2014	Office Visit Dr. Olencki (Urology) for RCC	170	Y		00490_HOWARD_0000003939 -00490_HOWARD_0000003945
2/20/2015	CT Chest for RCC surveillance (metastasis eval)	3,065	Y		00490_HOWARD_0000003931 -00490_HOWARD_0000003932
2/26/2015	Medical oncology visit for RCC (no lymphoma) - Muetzel	140	Y		00490_HOWARD_0000003926 -0490_HOWARD_0000003929
2/26/2015	Medical oncology visit for RCC (no lymphoma) - Muetzel	165	Y		00490_HOWARD_0000003928
10/5/2015	Office Visit Dr. Olencki (Urology) for RCC	832	Y		00490_HOWARD_0000003888 -00490_HOWARD_0000003908
10/5/2015	Office Visit Dr. Olencki (Urology) for RCC	165	Y		00490_HOWARD_0000003888 -00490_HOWARD_0000003908
3/28/2016	CXR for RCC "restaging"	1,255	Y		00490_HOWARD_0000003875 -00490_HOWARD_0000003885
4/4/2016	Medical oncology visit for RCC (no lymphoma) - Krouse	1,273	Y		00490_HOWARD_0000003860 -00490_HOWARD_0000003871
4/4/2016	Medical oncology visit for RCC (no lymphoma) - Krouse	170	Y		00490_HOWARD_0000003860 -00490_HOWARD_0000003871
10/6/2016	Medical oncology visit for RCC (no lymphoma) - Krouse	1,106	Y		00490_HOWARD_0000003824-00490_HOWARD_0000003833
10/6/2016	Medical oncology visit for RCC (no lymphoma) - Krouse	170	Y		00490_HOWARD_0000003819 -00490_HOWARD_0000003822
11/10/2016	Office Visit Dr. Olencki (Urology) for RCC	280	Y		00490_HOWARD_0000003790 -00490_HOWARD_0000003794
11/17/2016	Cystourethroscopy with Dr. Shabsigh	80	Y		00490_HOWARD_0000003772 -00490_HOWARD_0000003777
11/17/2016	Cystourethroscopy with Dr. Shabsigh	420	Y		00490_HOWARD_0000003772 -00490_HOWARD_0000003773
11/10/2016 - 11/30/2016	Cystourethroscopy with Dr. Shabsigh + MRI Urography exam	11,869	Y		00490_HOWARD_0000003757 -00490_HOWARD_0000003761
11/30/2016	MRI abdomen and pelvis	780	Y		00490_HOWARD_0000003759 -00490_HOWARD_0000003761
12/15/2016	Cystourethroscopy with Dr. Shabsigh	168	Y		00490_HOWARD_0000003752 -00490_HOWARD_0000003754
12/15/2016	Cystourethroscopy with Dr. Shabsigh	55	Y		00490_HOWARD_0000003752 -00490_HOWARD_0000003754
OSU Wexner Medical Center					
8/21/2012	CT scan of the chest for RCC surveillance is supported	3,065	Y		00490_HOWARD_0000001391 -00490_HOWARD_0000001393
8/30/2012	RCC labs	160	Y		00490_HOWARD_0000001379 -00490_HOWARD_0000001383
8/18/2014	RCC labs	40	Y		00490_HOWARD_0000001285 -00490_HOWARD_0000001291
2/20/2015	read for CT chest (RCC)	175	Y		00490_HOWARD_0000001260 -00490_HOWARD_0000001266
3/28/2016	x-ray chest for surveillance RCC	40	Y		00490_HOWARD_0000001205 -00490_HOWARD_0000001206
10/6/2016	x-ray chest for surveillance RCC	40	Y		00490_HOWARD_0000001147 -00490_HOWARD_0000001161
Barry Fisher, MD (Kettering Health)					
11/6/2023-11/30/2023	RCHOP chemotherapy dose 2 on 11/6/23 and dose 3 on 11/27/23	194,817		Y	00490HOWARDKH0000000228 -00490HOWARDKH0000000314
12/18/2023	Oncology office visit for chemotherapy 12/18/24	247		Y	00490HOWARDKH0000000187 -00490HOWARDKH0000000216
12/18/2023	Oncology office visit for chemotherapy 12/18/23	188		Y	00490HOWARDKH0000000187 -00490HOWARDKH0000000216
01/08/2024 - 01/31/2024	RCHOP chemotherapy dose 5 on 1/8/24 and dose 6 of 6 on 1/29/24	194,924		Y	00490HOWARDKH0000000096 -00490HOWARDKH0000000169
1/8/2024	Oncology office visit for chemotherapy 1/8/24	273		Y	00490HOWARDKH0000000140 -00490HOWARDKH0000000169
1/8/2024	Oncology office visit for chemotherapy 1/8/24	279		Y	00490HOWARDKH0000000140 -00490HOWARDKH0000000169
1/29/2024	Oncology office visit for chemotherapy 1/29/24	279		Y	00490HOWARDKH0000000100
2/8/2024	PET scan for lymphoma 2/8/24	8,257		Y	00490_HOWARD_MEDRECS_0000000178 - 00490_HOWARD_MEDRECS_0000000179
2/19/2024	Oncology office visit for chemotherapy 2/19/24	273		Y	00490HOWARDKH0000000069 -00490HOWARDKH0000000073
2/19/2024	Oncology office visit for chemotherapy 2/29/24	279		Y	00490HOWARDKH0000000069 -00490HOWARDKH0000000073
Kettering Health Medical Center					
12/18/2023	RCHOP chemotherapy dose 4 on 12/18/23	96,976		Y	00490_HOWARDKH_0000000187 - 00490_HOWARDKH_0000000216
8/7/2024	PET scan for lymphoma 8/7/24	8,257		Y	00490_HOWARDKH_0000000639 - 00490_HOWARDKH_0000000657
8/12/2024	Labs ordered for lymphoma (LDH, CBC, PSA) 8/12/24	1,027		Y	00490_HOWARDKH_0000000597 - 00490_HOWARDKH_0000000606
10/29/2024	IR visit for port removal after completion of chemotherapy 10/29/24	7,371		Y	00490_HOWARDKH_0000000512 - 00490_HOWARDKH_0000000513
11/12/2024	Labs ordered for lymphoma (LDH, CBC, CMP) 2/12/25	499		Y	00490_HOWARDKH_0000000474 - 00490_HOWARDKH_0000000478
2/4/2025	PET scan for lymphoma 2/4/25	792		Y	00490_HOWARDKH_0000017123 - 00490_HOWARDKH_0000017125
2/12/2025	Labs ordered for lymphoma (LDH, CBC, CMP) 2/12/25	8,257		Y	00490_HOWARDKH_0000017088 - 00490_HOWARDKH_0000017101
2/19/2025	Labs ordered for lymphoma (CMP) 2/19/25	201		Y	00490_HOWARDKH_0000017072 - 00490_HOWARDKH_0000017074
Neogenonomics					
10/9/2023	Pathology for post RCHOP - 10/9/23	2,052		Y	00490_HOWARD_0000026323 -00490_HOWARD_0000026324
8/30/2023	8/30/23 Lymph node biopsy (Dr. McCalip) for lymphoma - pathology	832		Y	00490_HOWARD_0000026319 -00490_HOWARD_0000026322
8/30/2023	8/30/23 Lymph node biopsy (Dr. McCalip) for lymphoma - pathology	1,904		Y	00490_HOWARD_0000026319 -00490_HOWARD_0000026322
8/30/2023	8/30/23 Lymph node biopsy (Dr. McCalip) for lymphoma - pathology	2,696		Y	00490_HOWARD_0000026319 -00490_HOWARD_0000026322
8/30/2023	8/30/23 Lymph node biopsy (Dr. McCalip) for lymphoma - pathology	153		Y	00490_HOWARD_0000026319 -00490_HOWARD_0000026322
8/30/2023	8/30/23 Lymph node biopsy (Dr. McCalip) for lymphoma - pathology	1,729		Y	00490_HOWARD_0000026319 -00490_HOWARD_0000026322
Quest Diagnostics					
10/7/2015	Urinalysis and Urine culture for RCC	46	Y		00490_HOWARD_ VHA_0000000803

Exhibit 654

Materials Considered of Dr. Wang Ji – December 22, 2025

Expert Reports and Materials Considered Lists

Kidney Cancer

Forensic Psychology Evaluation, Roger B. Moore, Jr., PhD, in the case of Frank Wayne Mousser, Feb. 7, 2025

Specific Causation Expert Report: Frank Mousser, Matthew Cooper, MD, Feb. 2, 2025

Specific Causation Expert Report for Frank Mousser, Armine K Smith, MD, Feb. 7, 2025

Specific Causation Expert Report: Frank W. Mousser, Joseph J. Del Pizzo, MD, Feb. 7, 2025

Specific Causation Expert Report: David Fancher, Yair Lotan MD, Feb. 5, 2025

Specific Causation Expert Report: David Fancher, Joseph J. Del Pizzo, MD, Feb. 7, 2025

Specific Causation Expert Report for David Fancher, Matthew John Weiss, MD, MBA, FACS, Feb. 5, 2025

Specific Causation Expert Report for Patient Jacqueline Tukes, Armine K Smith, MD, Feb. 7, 2025

Expert Report on the Review of Genetic Testing Records for Jacqueline Tukes – Renal Cell Carcinoma, Dr. Irving C. Allen, M.S., M.B.A., Ph.D, Feb. 7, 2025

Specific Causation Expert Witness Report: Jacqueline Tukes, David Y. Josephson, MD, FACS, Feb. 7, 2025

Specific Causation Expert Report: Jacqueline Tukes, Matthew Cooper, MD, Feb. 2, 2025

Specific Causation Report of Timothy M. Mallon, M.D., M.P.H., MS for Ms. Jacqueline Tukes, Feb. 7, 2025

Specific Causation Expert Report for Allan Howard, Armine K Smith, MD, Feb. 7, 2025

Specific Causation Expert Witness Report: Allan Howard, David Y. Josephson, MD, FACS, Feb. 7, 2025

Specific Causation Expert Report: Allan Wayne Howard, Joseph J. Del Pizzo, MD, Feb. 3, 2025

Report of Richard T. Hoppe, MD, FACR, FASTRO, FARS, *Allan Howard vs. United States of America*, Feb. 3, 2025

Specific Causation Report of Timothy M. Mallon, M.D., M.P.H., MS for Mr. David Downs, Feb. 7, 2025

Specific Causation Expert Report: David Downs, Vitaly Margulis, MD, Feb. 7, 2025

Specific Causation Expert Report: David Downs, Yair Lotan, MD, Feb. 6, 2025

Camp Lejeune Act Litigation, *Frank Mousser v. United States*, Report of Harold J. Bursztajn, MD, Apr. 8, 2025

Report of Duncan B. Johnstone, MD, PhD, FACP, re: Frank Mousser, Apr. 8, 2025

Report of Duncan B. Johnston, MD, PhD, FACP, re: Jacqueline Tukes, Apr. 8, 2025

Report of Walter Stadler, M.D., FACP, *Downs v. United States*, 7:23-cv-01145 (E.D.N.C. Apr. 7, 2025)

Report of Walter Stadler, M.D., FACP, *Fancher v. United States*, 7:23-cv-00275 (E.D.N.C. Apr. 7, 2025)

Report of Walter Stadler, M.D., FACP, *Howard v. United States*, 7:23-cv-00490 (E.D.N.C. Apr. 7, 2025)

Report of Walter Stadler, M.D., FACP, *Mousser v. United States*, 7:23-cv-00667 (E.D.N.C. Apr. 7, 2025)

Report of Walter Stadler, M.D., FACP, *Tukes v. United States*, 7:23-cv-01553 (E.D.N.C. Apr. 8, 2025)

Expert Report on the Case of Jacqueline Y. Tukes for the Department of Justice, Gail H. Vance, M.D., Apr. 7, 2025

Supplemental Report of Walter Stadler, M.D., FACP, in *Mousser v. United States*, 7:23-cv-06667 (E.D.N.C. May 15, 2025)

Supplemental Forensic Neuropsychiatric Examination of Frank Mousser, Harold J. Bursztajn, MD, *Frank Mousser v. United States*, Case No. 7:23-cv-00667 (May 23, 2025)

Bladder Cancer

Expert Report for Jefferson Criswell, Haresh Tharwani, M.D., Feb. 7, 2025

Specific Causation Expert Report for Jefferson Criswell, Thomas Longo, M.D., Feb. 7, 2025

Specific Causation Expert Report for Jimmy Laramore, John P. Sfakianos, M.D., Feb. 7, 2025

Specific Causation Expert Report for Mark Cagiano, John P. Sfakianos, M.D., Feb. 7, 2025

Expert Report for Terry Dyer, Haresh Tharwani, M.D., Feb. 7, 2025

Specific Causation Expert Report for Terry Dyer, Thomas Longo, M.D., Feb. 7, 2025

Camp Lejeune Act Litigation, *Criswell v. United States* (Case No. 7:23-cv-01482), Report of Harold J. Bursztajn, MD, Apr. 8, 2025

Camp Lejeune Act Litigation, *Dyer v. United States* (Case No. 7:23-cv-00357), Report of Harold J. Bursztajn, MD, Apr. 8, 2025

Report of Max Kates, M.D., *Cagiano v. United States* (Case No. 7:23-cv-00569), Apr. 8, 2025

Report of Max Kates, M.D., *Criswell v. United States* (Case No. 7:23-cv-01482), Apr. 8, 2025

Report of Max Kates, M.D., *Dyer v. United States* (Case No. 7:23-cv-00357), Apr. 8, 2025

Report of Max Kates, M.D., *Laramore v. United States* (Case No. 7:23-cv-00594), Apr. 8, 2025

Leukemia

Specific Causation Expert Report of Dean W. Felsher, M.D., Ph.D, *Bruce Hill v. United States of America*, Case No. 7:23-cv-28, Feb. 7, 2025

Amended Specific Causation Expert Report of Dean W. Felsher, M.D., Ph.D, *Bruce Hill v. United States of America*, Case No. 7:23-cv-28, July 1, 2025

Additional Materials Considered, Dean W. Felsher, M.D., Ph.D, *Bruce Hill v. United States of America*, Case No. 7:23-cv-28 (July 1, 2025)

Additional Materials Considered, Dean W. Felsher, M.D., Ph.D, *Bruce Hill v. United States of America*, Case No. 7:23-cv-28, (Apr. 22, 2025)

Additional Materials Considered, Dean W. Felsher, M.D., Ph.D, *Bruce Hill v. United States of America*, Case No. 7:23-cv-28 (Apr. 24, 2025)

Specific Causation Expert Report of Damian A. Laber, M.D., F.A.C.P., *Joseph Gleesing v. United States of America*, Case No. 7:23-cv-1486, Feb. 7, 2025

Supplemental Materials Considered List of Damian A. Laber, M.D., F.A.C.P. – *Joseph Gleesing v. United States*, Case No. 7:23-cv-1486, July 3, 2025

Specific Causation Expert Report of Lukasz P. Gondek, MD, PhD, *Karen Marie Amsler v. United States of America*, Case No. 7:23-cv-00284, Feb. 7, 2025

Specific Causation Expert Report of Lukasz P. Gondek, MD, PhD, *Vivian Connard (for the Estate of Stephen Matthew Connard) v. United States of America*, Case No. 7:23-cv-01557, Feb. 7, 2025

Supplemental Materials Considered List of Lukasz P. Gondek, MD, PhD, *Vivian Connard (for the Estate of Stephen Matthew Connard) v. United States of America*, Case No. 7:23-cv-01557

Supplemental Materials Considered List of Lukasz P. Gondek, MD, PhD, *Karen Marie Amsler v. United States of America*, Case No. 7:23-cv-00284

Expert Report of Harry Paul Erba, M.D., Ph.D, *Bruce Hill v. United States*, 7:23-cv-00028, Apr. 8, 2025

Expert Report of Harry Paul Erba, M.D., Ph.D, *Karen Marie Amsler v. United States*, 7:23-cv-00284, Apr. 8, 2025

Expert Report of Harry Paul Erba, M.D., Ph.D, *Vivian Connard, Representative of Stephen Matthew Connard, deceased v. United States*, 7:23-cv-01557, Apr. 8, 2025

Expert Report of Harry Paul Erba, M.D., Ph.D, *Joseph Gleesing v. United States*, 7:23-cv-01486, Apr. 8, 2025

1st Supplemental Materials Considered List of Harry Paul Erba, M.D., Ph.D, Apr. 16, 2025

2nd Supplemental Materials Considered List of Harry Paul Erba, M.D., Ph.D, July 14, 2025

3rd Supplemental Materials Considered List of Harry Paul Erba, M.D., Ph.D, July 21, 2025

Non-Hodgkin's Lymphoma

Specific Causation Expert Report of Dean W. Felsher, M.D., Ph.D, *Scott Richard Keller v. United States of America*, Case No. 7:23-cv-01501 (Feb. 7, 2025)

Additional Materials Considered, Dean W. Felsher, M.D., Ph.D, *Scott Richard Keller v. United States of America*, Case No. 7:23-cv-01501 (July 1, 2025)

Additional Materials Considered, Dean W. Felsher, M.D., Ph.D, *Scott Richard Keller v. United States of America*, Case No. 7:23-cv-01501 (Apr. 22, 2025)

Additional Materials Considered, Dean W. Felsher, M.D., Ph.D, *Scott Richard Keller v. United States of America*, Case No. 7:23-cv-01501 (Apr. 24, 2025)

Specific Causation Expert Report of Richard T. Hoppe, MD, FACR, FASTRO, FARS, *Cometto J. Davis v. United States of America*, Case No. 7:23-cv-00043 (Feb. 7, 2025)

Additional Materials Considered, Richard Hoppe, MD, FACR, FASTRO, FARS, *Cometto J. Davis v. United States of America*, Case No. 7:23-cv-00043 (July 24, 2025)

Additional Materials Considered, Richard Hoppe, MD, FACR, FASTRO, FARS, *Cometto J. Davis v. United States of America*, Case No. 7:23-cv-00043 (Feb. 14, 2025)

Additional Materials Considered, Richard Hoppe, MD, FACR, FASTRO, FARS, *Cometto J. Davis v. United States of America*, Case No. 7:23-cv-00043 (June 3, 2025)

Specific Causation Expert Report of Howard Hu, MD, MPH, ScD, *Frances Carter (for the Estate of Ronald Lee Carter) v. United States of America*, 7:23-cv-01565 (Feb. 7, 2025)

Specific Causation Expert Report of Howard Hu, MD, MPH, ScD, *Robert Kidd v. United States of America*, 7:23-cv-01489 (Feb. 7, 2025)

Rebuttal to Report of Dr. Lisa A. Bailey, Robert Arnold Kidd, Howard Hu, MD, MPH, ScD, May 16, 2025

Rebuttal to Report of Dr. Richard F. Ambinder, Robert Arnold Kidd, Howard Hu, MD, MPH, ScD, May 16, 2025

Rebuttal to Report of Dr. Lisa A. Bailey, Ronald Lee Carter, Howard Hu, MD, MPH, ScD, May 16, 2025

Rebuttal to Report of Dr. Richard F. Ambinder, Ronald Lee Carter, Howard Hu, MD, MPH, ScD, May 16, 2025

Additional Materials Considered, Howard Hu, MD, MPH, ScD, Ronald Carter, February 14, 2025

1st Additional Materials Considered, Howard Hu, MD, MPH, ScD, Ronald Carter, April 24, 2025

2nd Additional Materials Considered, Howard Hu, MD, MPH, ScD, Ronald Carter, April 29, 2025

Additional Materials Considered, Howard Hu, MD, MPH, ScD, Robert Kidd, February 14, 2025

1st Additional Materials Considered, Howard Hu, MD, MPH, ScD, Robert Kidd, April 24, 2025

2nd Additional Materials Considered, Howard Hu, MD, MPH, ScD, Robert Kidd, April 29, 2025

Expert Report of David A. D'Alessio, M.D., *Scott Keller v. United States*, 7:23-cv-01501, Apr. 8, 2025

Expert Report of Richard F. Ambinder, M.D., Ph.D, *Robert Kidd v. United States*, 7:23-cv-01489, Apr. 8, 2025

Expert Report of Richard F. Ambinder, M.D., Ph.D, *Allan Howard v. United States*, 7:23-cv-00490, Apr. 8, 2025

Expert Report of Richard F. Ambinder, M.D., Ph.D, *Cometto Davis v. United States*, 7:23-cv-00043, Apr. 8, 2025

Expert Report of Richard F. Ambinder, M.D., Ph.D, *Scott Keller v. United States*, 7:23-cv-01501, Apr. 8, 2025

Expert Report of Richard F. Ambinder, M.D., Ph.D, *Estate of Ronald Carter v. United States*, 7:23-cv-01565, Apr. 8, 2025

Damages

Expert Opinion Report, Marjorie Hackett-Wallace, RHIA, CHC, CFE, CPMA, CPC, CDEO, CPIP, *In Re: Camp Lejeune Water Litig.*, Oct. 29, 2025

- PLG-EXPERT_HACKETT-WALLACE_0000000001-66 (natives and PDFs)
- Appendices dated Oct. 29, 2025 for Plaintiffs Allan Howard, Bruce Hill, Cometto Davis, David Downs, David Fancher, Frank Mousser, Jacqueline Tukes, Jefferson Mike Criswell, Jimmy Laramore, Joseph Gleesing, Karen Amsler, Mark Cagiano, Robert Kidd, Ronald Carter, Scott Keller, Stephen Connard, and Terry Dyer
- Materials Considered List – Expert Report of Marjorie Hackett-Wallace, Nov. 5, 2025
- 1st Amended Materials Considered List – Expert Report of Marjorie Hackett-Wallace, Dec. 2, 2025

Materials Considered Lists for the Reports of Chad Staller for Plaintiffs Allan Howard, Frank Mousser, Jacqueline Tukes, Terry Dyer, Jimmy Laramore, Karen Amsler, Stephen Connard, and Joseph Gleesing, and Bruce Hill, dated Oct. 29, 2025

Materials Considered List for the Omnibus Report of Chad Staller, dated Oct. 29, 2025

Reports of Gregory Russo dated Dec. 15, 2025 for Plaintiffs Allan Howard, David Downs, David Fancher, Jacqueline Tukes, Jefferson Mike Criswell, Joseph Gleesing, Karen Amsler, Mark Cagiano, Ronald Carter, Scott Keller, Stephen Connard, and Terry Dyer (including Appendix C thereto concerning each plaintiff)

Deposition Transcripts

Transcript of the Deposition of Kyle Westerlind and exhibits thereto (Sept. 18, 2025)

Transcript of the Deposition of Daniel Clarke and exhibits thereto (Sept. 3, 2025)

Transcript of the Deposition of Kathleen Hunter and exhibits thereto (Sept. 8, 2025)

Transcript of the Deposition of Andrea Hartwell and exhibits thereto (Sept. 9, 2025)

Transcript of the Deposition of Carla Ryan and exhibits thereto (Aug. 29, 2025)

Transcript of the Deposition of Kimberly Rivas and exhibits thereto (Aug. 26, 2025)

Transcript of the Deposition of Nicholas Thackaberry and exhibits thereto (Aug. 27, 2025)

Transcript of the Deposition of Diana Zakaryan and exhibits thereto (Aug. 28, 2025)

Transcript of the Deposition of Dean Felsher and exhibits thereto (July 10, 2025)

Transcript of the Deposition of Damian Laber and exhibits thereto (July 9, 2025)

Transcript of the Deposition of Lukasz Gondek and exhibits thereto (June 12, 2025)

Transcript of the Deposition of Harry P. Erba and exhibits thereto (July 23, 2025)

Transcript of the Deposition of David A. D'Alessio and exhibits thereto (June 25, 2025)

Transcript of the Deposition of Richard Hoppe and exhibits thereto (June 9, 2025)

Transcript of the Deposition of Howard Hu and exhibits thereto (July 23, 2025)

Transcript of the Deposition of Harold Bursztajn and exhibits thereto (July 17, 2025)

Transcript of the Deposition of Walter Stadler and exhibits thereto (July 16, 2025)

Transcript of the Deposition of Duncan Johnstone and exhibits thereto (June 20, 2025)

Transcript of the Deposition of Gail Vance and exhibits thereto (July 8, 2025)

Transcript of the Deposition of Vitaly Margulis and exhibits thereto (July 11, 2025)

Transcript of the Deposition of Timothy Mallon and exhibits thereto (June 24, 2025)

Transcript of the Deposition of Yair Lotan and exhibits thereto (July 14, 2025)

Transcript of the Deposition of Irving Allen and exhibits thereto (June 17, 2025)

Transcript of the Deposition of David Josephson and exhibits thereto (June 18, 2025)

Transcript of the Deposition of Matthew Weiss and exhibits thereto (June 30, 2025)

Transcript of the Deposition of Joseph Del Pizzo and exhibits thereto (July 30, 2025)

Transcript of the Deposition of Armine Smith and exhibits thereto (July 2, 2025)

Transcript of the Deposition of Matthew Cooper and exhibits thereto (July 10, 2025)

Transcript of the Deposition of Roger Moore, Jr., and exhibits thereto (May 28, 2025)

Transcript of the Deposition of Thomas Longo and exhibits thereto (June 16, 2025)

Transcript of the Deposition of Haresh Tharwani and exhibits thereto (June 30, 2025)

Transcript of the Deposition of John Sfakianos and exhibits thereto (July 2, 2025)

Transcript of the Deposition of Max Kates and exhibits thereto (July 11, 2025)

Damages Assessment Forms

1st Amended Damages Assessment Form for Plaintiff Frank Mousser (Sept. 26, 2024)

Damages Assessment Form for Plaintiff Jacqueline Tukes (Aug. 12, 2024)

1st Amended Damages Assessment Form for Plaintiff Terry Dyer (Sept. 20, 2024)

1st Amended Damages Assessment Form for Plaintiff Jimmy Laramore (Sept. 26, 2024)

1st Amended Damages Assessment Form for Plaintiff Jacqueline Tukes (Oct. 29, 2025)

2nd Amended Damages Assessment Form for Plaintiff Frank Mousser (Oct. 29, 2025)

2nd Amended Damages Assessment Form for Plaintiff Jimmy Laramore (Oct. 29, 2025)

1st Amended Damages Assessment Form for Plaintiff Allan Howard (Oct. 29, 2025)

1st Amended Damages Assessment Form for Plaintiff David Fancher (Oct. 29, 2025)

2nd Amended Damages Assessment Form for Plaintiff Jefferson Criswell (Oct. 29, 2025)

1st Amended Damages Assessment Form for Plaintiff Mark Cagiano (Oct. 29, 2025)

2nd Amended Damages Assessment Form for Plaintiff Terry Dyer (Oct. 29, 2025)

1st Amended Damages Assessment Form for Plaintiff David Downs (Oct. 29, 2025)

2nd Amended Damages Assessment Form for Plaintiff Bruce Hill (Oct. 29, 2025)

2nd Amended Damages Assessment Form for Plaintiff Karen Amsler (Oct. 29, 2025)

1st Amended Damages Assessment Form for Plaintiff Joseph Gleesing (Oct. 29, 2025)

1st Amended Damages Assessment Form for Plaintiff Stephen Connard (Oct. 29, 2025)

1st Amended Damages Assessment Form for Plaintiff Robert Kidd (Oct. 29, 2025)

3rd Amended Damages Assessment Form for Plaintiff Ronald Carter (Oct. 29, 2025)

1st Amended Damages Assessment Form for Plaintiff Cometto Davis (Oct. 29, 2025)

1st Amended Damages Assessment Form for Plaintiff Scott Keller (Oct. 29, 2025)

Document Productions

CLJA_TRICARE_0000000001-55

CLJA_TRICARE_0000000056 (produced natively as DraftDeliverable_CampLeJeune_all_20251203_pw)

CLJA_CMS_0000000001-134

CLJA_TRIWEST_0000000001-10

CLJA_VBA_0000000001-22

CLJA_VHA_0000000001-8

CLJA_CCN_0000000001-8

Plaintiff-specific productions:

Plaintiff Allan Howard

Beginning Bates	End Bates
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00490_HOWARD_KH_0000000001	00490_HOWARD_KH_0000017312
00490_HOWARD_MEDRECS_0000000001	00490_HOWARD_MEDRECS_0000020817
00490_HOWARD_NARA_0000000001	00490_HOWARD_NARA_0000000179
00490_HOWARD_NAVY_0000000001	00490_HOWARD_NAVY_0000000012
00490_HOWARD_OPERS_0000000001	00490_HOWARD_OPERS_0000000036
00490_HOWARD_OWMC_0000000001	00490_HOWARD_OWMC_0000000625
00490_HOWARD_SSA_0000000001	00490_HOWARD_SSA_0000000032
00490_HOWARD_VBA_0000000001	00490_HOWARD_VBA_0000003712
00490_HOWARD_VHA_0000000001	00490_HOWARD_VHA_0000001683
00490_HOWARD_0000000001	00490_HOWARD_0000026353
00490_HOWARD_0000026355	00490_HOWARD_0000026355
00490_HOWARD_DPPF_0000000001	00490_HOWARD_DPPF_0000000030

Plaintiff Bruce Hill

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00028_HILL_DPRIS_0000000001	00028_HILL_DPRIS_0000000346
00028_HILL_FDC_0000000001	00028_HILL_FDC_0000000149
00028_HILL_FLETCHER_0000000001	00028_HILL_FLETCHER_0000000014
00028_HILL_MEDRECS_0000000001	00028_HILL_MEDRECS_0000000085
00028_HILL_NARA_0000000001	00028_HILL_NARA_0000000004
00028_HILL_NAVY_0000000001	00028_HILL_NAVY_0000000012
00028_HILL_NB_0000000001	00028_HILL_NB_0000000019
00028_HILL_SIM_0000000001	00028_HILL_SIM_0000000164
00028_HILL_SSA_0000000001	00028_HILL_SSA_0000000501
00028_HILL_VBA_0000000001	00028_HILL_VBA_0000011947
00028_HILL_VHA_0000000001	00028_HILL_VHA_0000001411
00028_HILL_DPPF_0000000001	00028_HILL_DPPF_0000000031

Plaintiff Cometto Davis

Beginning Bates	End Bates
00043_DAVIS_APT_0000000001	00043_DAVIS_APT_0000000114
00043_DAVIS_CFM_0000000001	00043_DAVIS_CFM_0000000225
00043_DAVIS_DHA_0000000001	00043_DAVIS_DHA_0000000115
00043_DAVIS_DPRIS_0000000001	00043_DAVIS_DPRIS_0000000003
00043_DAVIS_JPD_0000000001	00043_DAVIS_JPD_0000000348
00043_DAVIS_JPM_0000000001	00043_DAVIS_JPM_0000000111
00043_DAVIS_KJ_0000000001	00043_DAVIS_KJ_0000000101
00043_DAVIS_MEDRECS_0000000001	00043_DAVIS_MEDRECS_0000000164
00043_DAVIS_NARA_0000000001	00043_DAVIS_NARA_0000000317
00043_DAVIS_NCDA_0000000001	00043_DAVIS_NCDA_0000000051

00043_DAVIS_NHU_0000000001	00043_DAVIS_NHU_0000000048
00043_DAVIS_NJ_0000000001	00043_DAVIS_NJ_0000000006
00043_DAVIS_NJSMOC_0000000001	00043_DAVIS_NJSMOC_0000000032
00043_DAVIS_PUGNH_0000000001	00043_DAVIS_PUGNH_0000000013
00043_DAVIS_SM_0000000001	00043_DAVIS_SM_0000000065
00043_DAVIS_SMOC_0000000001	00043_DAVIS_SMOC_0000000229
00043_DAVIS_SSA_0000000001	00043_DAVIS_SSA_0000000447
00043_DAVIS_UNCH_0000000001	00043_DAVIS_UNCH_0000000137
00043_DAVIS_VBA_0000000001	00043_DAVIS_VBA_0000006922
00043_DAVIS_VC_0000000001	00043_DAVIS_VC_0000000457
00043_DAVIS_VHA_0000000001	00043_DAVIS_VHA_0000001378
00043_DAVIS_0000000001	00043_DAVIS_0000001903
00043_DAVIS_DPPF_0000000001	00043_DAVIS_DPPF_0000000022

Plaintiff David Downs

Beginning Bates	End Bates
01145_DOWNS_AHT_0000000001	01145_DOWNS_AHT_0000000736
01145_DOWNS_MEDRECS_0000000001	01145_DOWNS_MEDRECS_0000006452
01145_DOWNS_NARA_0000000001	01145_DOWNS_NARA_0000000634
01145_DOWNS_NAVY_0000000001	01145_DOWNS_NAVY_0000000001
01145_DOWNS_OC_0000000001	01145_DOWNS_OC_0000000136
01145_DOWNS_PCC_0000000001	01145_DOWNS_PCC_0000000360
01145_DOWNS_PHS_0000000001	01145_DOWNS_PHS_0000006180
01145_DOWNS_PMG_0000000001	01145_DOWNS_PMG_0000000004
01145_DOWNS_SSA_0000000001	01145_DOWNS_SSA_0000000002
01145_DOWNS_TK_0000000001	01145_DOWNS_TK_0000000074
01145_DOWNS_VBA_0000000001	01145_DOWNS_VBA_0000008969
01145_DOWNS_VHA_0000000001	01145_DOWNS_VHA_0000001284
01145_DOWNS_0000000001	01145_DOWNS_0000004878
01145_DOWNS_DPPF_0000000001	01145_DOWNS_DPPF_0000000022

Plaintiff David Fancher

Beginning Bates	End Bates
00275_FANCHER_MEDRECS_0000000001	00275_FANCHER_MEDRECS_0000000119
00275_FANCHER_MMC_0000000001	00275_FANCHER_MMC_0000001900
00275_FANCHER_NARA_0000000001	00275_FANCHER_NARA_0000000157
00275_FANCHER_NAVY_0000000001	00275_FANCHER_NAVY_0000000012
00275_FANCHER_SSA_0000000001	00275_FANCHER_SSA_0000000006
00275_FANCHER_UGH_0000000001	00275_FANCHER_UGH_0000000022
00275_FANCHER_VBA_0000000001	00275_FANCHER_VBA_0000007207
00275_FANCHER_VCSD_0000000001	00275_FANCHER_VCSD_0000000109
00275_FANCHER_VHA_0000000001	00275_FANCHER_VHA_0000001196
00275_FANCHER_0000000001	00275_FANCHER_0000007621
00275_FANCHER_DPPF_0000000001	00275_FANCHER_DPPF_0000000024

Plaintiff Frank Mousser

Beginning Bates	End Bates
00667_MOUSSER_CAM_0000000001	00667_MOUSSER_CAM_0000000231
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00667_MOUSSER_MEDRECS_0000000001	00667_MOUSSER_MEDRECS_0000000012
00667_MOUSSER_MM_0000000001	00667_MOUSSER_MM_0000000028
00667_MOUSSER_NARA_0000000001	00667_MOUSSER_NARA_0000000228
00667_MOUSSER_NAVY_0000000001	00667_MOUSSER_NAVY_0000000002
00667_MOUSSER_SSA_0000000001	00667_MOUSSER_SSA_0000000453
00667_MOUSSER_STCC_0000000001	00667_MOUSSER_STCC_0000000116
00667_MOUSSER_VBA_0000000001	00667_MOUSSER_VBA_0000031909
00667_MOUSSER_VHA_0000000001	00667_MOUSSER_VHA_0000001857
00667_MOUSSER_0000000001	00667_MOUSSER_0000009771
00667_MOUSSER_DPPF_0000000001	00667_MOUSSER_DPPF_0000000023

Plaintiff Jacqueline Tukes

Beginning Bates	End Bates
01553_TUKES_AU_0000000001	01553_TUKES_AU_0000000249
01553_TUKES_DPRIS_0000000001	01553_TUKES_DPRIS_0000000416
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01553_TUKES_ECUH_0000000001	01553_TUKES_ECUH_0000002790
01553_TUKES_ENA_0000000001	01553_TUKES_ENA_0000000002
01553_TUKES_KG_0000000001	01553_TUKES_KG_0000000002
01553_TUKES_MEDRECS_0000000001	01553_TUKES_MEDRECS_0000002063
01553_TUKES_NARA_0000000001	01553_TUKES_NARA_0000000004
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01553_TUKES_NH_0000000001	01553_TUKES_NH_0000000850
01553_TUKES_SMO_0000000001	01553_TUKES_SMO_0000000099
01553_TUKES_SSA_0000000001	01553_TUKES_SSA_0000000014
01553_TUKES_VBA_0000000001	01553_TUKES_VBA_0000000003
01553_TUKES_VHA_0000000001	01553_TUKES_VHA_0000002352
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Plaintiff Jefferson Mike Criswell

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01482_CRISWELL_GSCSD_0000000001	01482_CRISWELL_GSCSD_0000000031
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01482_CRISWELL_NAVY_0000000001	01482_CRISWELL_NAVY_0000000006
01482_CRISWELL_SSA_0000000001	01482_CRISWELL_SSA_0000000017
01482_CRISWELL_VBA_0000000001	01482_CRISWELL_VBA_0000011223
01482_CRISWELL_VHA_0000000001	01482_CRISWELL_VHA_0000000727
01482_CRISWELL_0000000001	01482_CRISWELL_0000005427
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Plaintiff Jimmy Laramore

Beginning Bates	End Bates
000594_LARAMORE_NARA-0000000001	000594_LARAMORE_NARA-0000000480
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000594_LARAMORE_VHA-0000000001	00594_LARAMORE_VHA_0000004904
00594_LARAMORE_AUI_0000000001	00594_LARAMORE_AUI_0000000078
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00594_LARAMORE_KBR_0000000001	00594_LARAMORE_KBR_0000000223
00594_LARAMORE_NAVY_0000000001	00594_LARAMORE_NAVY_0000000002
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Plaintiff Joseph Gleesing

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Plaintiff Karen Amsler

Beginning Bates	End Bates
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00284_AMSLER_MHUMC_0000000001	00284_AMSLER_MHUMC_0000003673
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00284_AMSLER_SJ_0000000001	00284_AMSLER_SJ_0000000220
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Plaintiff Mark Cagiano

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00569_CAGIANO_EUH_0000000001	00569_CAGIANO_EUH_0000000384
00569_CAGIANO_FBCD_0000000001	00569_CAGIANO_FBCD_0000000059
00569_CAGIANO_MEDRECS_0000000001	00569_CAGIANO_MEDRECS_0000000575
00569_CAGIANO_NARA_0000000001	00569_CAGIANO_NARA_0000000520
00569_CAGIANO_NAVY_0000000001	00569_CAGIANO_NAVY_0000000001
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00569_CAGIANO_SSA_0000000001	00569_CAGIANO_SSA_0000000019
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00569_CAGIANO_WSU_0000000001	00569_CAGIANO_WSU_0000000807
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00569_CAGIANO_DPPF_0000000001	00569_CAGIANO_DPPF_0000000040

Plaintiff Robert Kidd

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01489_KIDD_NAVY_0000000001	01489_KIDD_NAVY_0000000006
01489_KIDD_RC_0000000001	01489_KIDD_RC_0000000009
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01489_KIDD_VHA_0000000001	01489_KIDD_VHA_0000002129
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Plaintiff Ronald Carter

Beginning Bates	End Bates
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01565_CARTER_DHA_0000000001	01565_CARTER_DHA_0000000021
01565_CARTER_DRDAVIS_0000000001	01565_CARTER_DRDAVIS_0000000001
01565_CARTER_DRWTAYLOR_0000000001	01565_CARTER_DRWTAYLOR_0000000001
01565_CARTER_ECUH_0000000001	01565_CARTER_ECUH_0000000430
01565_CARTER_MEDRECS_0000000001	01565_CARTER_MEDRECS_0000000297
01565_CARTER_NARA_0000000001	01565_CARTER_NARA_0000000136

01565_CARTER_NAVY_0000000001	01565_CARTER_NAVY_0000000001
01565_CARTER_NCVR_0000000001	01565_CARTER_NCVR_0000000006
01565_CARTER_NPRC_0000000001	01565_CARTER_NPRC_0000000134
01565_CARTER_SSA_0000000001	01565_CARTER_SSA_0000000006
01565_CARTER_UNC_0000000001	01565_CARTER_UNC_0000000835
01565_CARTER_UNCH_0000000001	01565_CARTER_UNCH_0000005809
01565_CARTER_VBA_0000000001	01565_CARTER_VBA_0000000003
01565_CARTER_0000000001	01565_CARTER_0000009405
01565_CARTER_DPPF_0000000001	01565_CARTER_DPPF_0000000021

Plaintiff Scott Keller

Beginning Bates	End Bates
CLJA_1258538_KellerS-0000000001	CLJA_1258538_KellerS-0000002186
01501_KELLER_DPRIS_0000000001	01501_KELLER_DPRIS_0000000158
01501_KELLER_HCOS_0000000001	01501_KELLER_HCOS_0000000025
01501_KELLER_KRMC_0000000001	01501_KELLER_KRMC_0000000953
01501_KELLER_KT_0000000001	01501_KELLER_KT_0000000135
01501_KELLER_NARA_0000000001	01501_KELLER_NARA_0000000164
01501_KELLER_NAVY_0000000001	01501_KELLER_NAVY_0000000001
01501_KELLER_OPM_0000000001	01501_KELLER_OPM_0000000402
01501_KELLER_PCC_0000000001	01501_KELLER_PCC_0000001333
01501_KELLER_PHI_0000000001	01501_KELLER_PHI_0000000616
01501_KELLER_PIM_0000000001	01501_KELLER_PIM_0000000003
01501_KELLER_PSHMC_0000000001	01501_KELLER_PSHMC_0000001659
01501_KELLER_PSMMC_0000000001	01501_KELLER_PSMMC_0000004700
01501_KELLER_SEWAN_0000000001	01501_KELLER_SEWAN_0000001416
01501_KELLER_SSA_0000000001	01501_KELLER_SSA_0000006107
01501_KELLER_TRIWEST_0000000001	01501_KELLER_TRIWEST_0000000014
01501_KELLER_USACE_0000000001	01501_KELLER_USACE_0000000390
01501_KELLER_USBCEDW_0000000001	01501_KELLER_USBCEDW_0000000038
01501_KELLER_UWMC_0000000001	01501_KELLER_UWMC_0000000752
01501_KELLER_VBA_0000000001	01501_KELLER_VBA_0000004538
01501_KELLER_VHA_0000000001	01501_KELLER_VHA_0000000924
01501_KELLER_WWC_0000000001	01501_KELLER_WWC_0000000566
01501_KELLER_0000000001	01501_KELLER_0000001856
01501_KELLER_0000001858	01501_KELLER_0000005401
01501_KELLER_DPPF_0000000001	01501_KELLER_DPPF_0000000039

Plaintiff Stephen Connard

Beginning Bates	End Bates
01557_CONNARD_AKPEK_0000000001	01557_CONNARD_AKPEK_0000000032
01557_CONNARD_DOJ_0000000001	01557_CONNARD_DOJ_0000000007
01557_CONNARD_DPRIS_0000000001	01557_CONNARD_DPRIS_0000000014
01557_CONNARD_HHH_0000000001	01557_CONNARD_HHH_0000000116
01557_CONNARD_NARA_0000000001	01557_CONNARD_NARA_0000000152
01557_CONNARD_NAVY_0000000001	01557_CONNARD_NAVY_0000000013
01557_CONNARD_PP_0000000001	01557_CONNARD_PP_0000000097
01557_CONNARD_SSA_0000000001	01557_CONNARD_SSA_0000000005

01557_CONNARD_UMMS_0000000001	01557_CONNARD_UMMS_0000003351
01557_CONNARD_USHR_0000000001	01557_CONNARD_USHR_0000000397
01557_CONNARD_VA_0000000001	01557_CONNARD_VA_0000000001
01557_CONNARD_VBA_0000000001	01557_CONNARD_VBA_0000000360
01557_CONNARD_WP_0000000001	01557_CONNARD_WP_0000000056
01557_CONNARD_0000000001	01557_CONNARD_0000001686
01557_CONNARD_DPPF_0000000001	01557_CONNARD_DPPF_0000000049

Plaintiff Terry Dyer

Beginning Bates	End Bates
00357_DYER_CAA_0000000001	00357_DYER_CAA_0000000013
00357_DYER_CAP_0000000001	00357_DYER_CAP_0000001289
00357_DYER_CRH_0000000001	00357_DYER_CRH_0000000428
00357_DYER_DA_0000000001	00357_DYER_DA_0000000091
00357_DYER_DH_0000000001	00357_DYER_DH_0000002477
00357_DYER_DODEA_0000000001	00357_DYER_DODEA_0000000017
00357_DYER_EDNC_0000000001	00357_DYER_EDNC_0000000173
00357_DYER_EDUDIRNC_0000000001	00357_DYER_EDUDIRNC_0000002332
00357_DYER_EO_0000000001	00357_DYER_EO_0000015006
00357_DYER_FB_0000000001	00357_DYER_FB_0000000001
00357_DYER_GSR_0000000001	00357_DYER_GSR_0000000142
00357_DYER_JL_0000000001	00357_DYER_JL_0000007759
00357_DYER_MEDRECS_0000000001	00357_DYER_MEDRECS_0000000651
00357_DYER_NARA_0000000001	00357_DYER_NARA_0000000099
00357_DYER_NAVY_0000000001	00357_DYER_NAVY_0000000039
00357_DYER_NEWS_0000000001	00357_DYER_NEWS_0000000171
00357_DYER_NH_0000000001	00357_DYER_NH_0000014139
00357_DYER_NHSC_0000000001	00357_DYER_NHSC_0000000048
00357_DYER_NHSC11_0000000001	00357_DYER_NHSC11_0000000062
00357_DYER_NHSC13_0000000001	00357_DYER_NHSC13_0000001412
00357_DYER_OC_0000000001	00357_DYER_OC_0000000015
00357_DYER_PTW_0000000001	00357_DYER_PTW_0000000001
00357_DYER_RM_0000000001	00357_DYER_RM_0000000002
00357_DYER_SECURITAS_0000000001	00357_DYER_SECURITAS_0000000039
00357_DYER_SH_0000000001	00357_DYER_SH_0000000033
00357_DYER_SSA_0000000001	00357_DYER_SSA_0000000670
00357_DYER_UASNC_0000000001	00357_DYER_UASNC_0000000133
00357_DYER_UCSERVICES_0000000001	00357_DYER_UCSERVICES_0000000036
00357_DYER_UNCCH_0000000001	00357_DYER_UNCCH_0000000040
00357_DYER_UNCCHATHAM_0000000001	00357_DYER_UNCCHATHAM_0000000004
00357_DYER_UNITEDHC_0000000001	00357_DYER_UNITEDHC_0000002325
00357_DYER_VBA_0000000001	00357_DYER_VBA_0000000004
00357_DYER_WE_0000000001	00357_DYER_WE_0000000136
00357_DYER_WGA_0000000001	00357_DYER_WGA_0000000056
00357_DYER_WS_0000000001	00357_DYER_WS_0000000240
00357_DYER_0000000001	00357_DYER_0000010620
00357_DYER_DPPF_0000000001	00357_DYER_DPPF_0000000028

For the avoidance of doubt, Dr. Ji relies on all Bates-stamped documents cited in the body of his Report of December 15, 2025, or in any of the appendices to the same.

Miscellaneous

Dr. Ji relies on all materials cited in his Report of December 15, 2025, or in any of the appendices to the same. Materials cited in Dr. Ji's Report that have not been produced in this litigation but are publicly available are listed below for convenience:

ICD-9-CM Official Guidelines for Coding and Reporting (Effective Oct. 1, 2011), accessible at https://www.cdc.gov/nchs/data/icd/icd9cm_guidelines_2011.pdf

ICD-10-CM Official Guidelines for Coding and Reporting FY 2025 (UPDATED Oct. 1, 2024), accessible at https://www.cms.gov/files/document/fy-2025-icd-10-cm-coding-guidelines.pdf

AMA J Ethics. 2015;17(11):1046-1052. doi: 10.1001/journalofethics.2015.17.11.stas1-1511.

Linde S, Egede LE. Do Chargemaster Prices Matter?: An Examination of Acute Care Hospital Profitability. Med Care. 2022 Aug 1;60(8):623-630. doi: 10.1097/MLR.0000000000001734. Epub 2022 Jun 1. PMID: 35647741; PMCID: PMC9262858.

Parsons, Matthew W., et al. "Secondary malignancies in non-Hodgkin lymphoma survivors: 40 years of follow-up assessed by treatment modality." *Cancer Medicine* 12.3 (2023): 2624-2636.

Right to Supplement

To the extent that any materials are cited in Dr. Ji's Report of December 15, 2025, or in any of the appendices to the same but are inadvertently not listed here, Dr. Ji relies on such documents. Dr. Ji further reserves the right to supplement this Materials Considered List as additional materials may be provided to him in the future.

Exhibit 655

BRUCE HILL V. UNITED STATES OF AMERICA
CAMP LEJEUNE WATER LITIGATION
NO. 7:23-CV-00028

EXPERT REPORT OF DR. HENRY MILLER

DECEMBER 15, 2025

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1. INTRODUCTION

My name is Henry Miller, Ph.D. I am a Managing Director in the Health Analytics practice of Berkeley Research Group, LLC. I have been working on health care cost and health insurance issues for more than fifty years. I have conducted studies on these issues for the federal Medicare program, several state Medicaid programs and more than forty health insurers. I have testified on these issues in the U.S. Congress, several State legislatures and in federal, state and local courts and in arbitrations. My curriculum vita is attached to this report as Appendix A. My firm is compensated at $825 per hour for my time on this matter and payments are not contingent upon the outcome of the matter.

2. BACKGROUND OF THE CASE

This case relates to the injury of Bruce Wayne Hill ("Mr. Hill"). Mr. Hill suffers from Chronic Lymphocytic Leukemia ("Mr. Hill's condition") allegedly due to water contamination at the Marine Corps Base Camp Lejeune.[1] I offer no opinion on whether water at Camp Lejeune may have led to Mr. Hill's development of any disease. Mr. Hill currently resides in Lake City, Florida.[2] A Life Care Plan has been prepared for Mr. Hill by Michael A. Fryar, M.S., RN, CRC, CCM, CLCP, QRP that describes the services that Mr. Fryar believes will be needed for Mr. Hill throughout his life expectancy. A Life Care Plan was also prepared by Deborah Navarro, MA, CRC, CLCP, CVE that includes modifications to Mr. Fryar's Life Care Plan and services that Ms. Navarro believes will be needed for Mr. Hill throughout his life expectancy.

3. SCOPE OF REPORT

I was asked by the United States Department of Justice to apply my expertise in health care costs to the matter of *Bruce Hill v. United States of America*, which is part of the Camp Lejeune Water Litigation in the United States District Court for the Eastern District of North Carolina. I was specifically asked to address the following issues related to Mr. Hill:

- Analyze the projected health care costs identified by Michael A. Fryar, M.S., RN, CRC, CCM, CLCP, QRP,[3] ("Mr. Fryar's Life Care Plan") and identify the amount that would be paid by Medicare and the Veterans Health Administration for Mr. Hill, and
- Analyze the projected health care costs identified by Deborah Navarro, MA, CRC, CLCP, CVE,[4] ("Ms. Navarro's Life Care Plan") and identify the amount that would be paid by Medicare and the Veterans Health Administration for Mr. Hill.

[1] Cost Analysis for Mr. Bruce Hill, prepared by Michael A. Fryar, M.S., RN, CRC, CCM, CLCP QRP, dated February 6th, 2025.
[2] Cost Analysis for Mr. Bruce Hill, prepared by Michael A. Fryar, M.S., RN, CRC, CCM, CLCP QRP, dated February 6th, 2025.
[3] Cost Analysis for Mr. Bruce Hill, prepared by Michael A. Fryar, M.S., RN, CRC, CCM, CLCP QRP, dated February 6th, 2025.
[4] Life Care Plan for Bruce Wayne Hill, prepared by Deborah Navarro, MA, CRC, CLCP CVE, dated April 8th, 2025.

4. MEDICARE COVERAGE

Based on information received from counsel, Mr. Hill receives coverage for healthcare services through the Medicare program (Part A and Part B).

Medicare Part A, which covers institutional services (e.g., hospital services), has no cost. There is a premium for Part B (e.g., physician and other professional services). The standard Part B premium amount in 2025 is $185 per month ($2,220 annually).[5] In addition, beneficiaries can elect to enroll in optional Medicare Part D coverage, which covers brand-name and generic prescription drugs.

As of August 2025, the Centers for Medicare & Medicaid Services ("CMS") reported 69.3 million Medicare beneficiaries, of which 49 percent were enrolled in traditional Medicare Fee-for-Service coverage (Part A and B).[6] CMS, the federal agency that runs the Medicare Program, is a branch of the Department of Health and Human Services ("HHS"), making it an integral part of the executive branch.[7] On July 30, 1965, President Lyndon B. Johnson signed legislation establishing the Medicare Program in response to a lack of support for older Americans' healthcare expenses within existing social safety net programs.[8] In 1972, Medicare was expanded to cover disabled individuals, people with end-stage renal disease ("ESRD") requiring dialysis or kidney transplant, and people ages 65 or older that selected Medicare coverage.[9] Coverage and benefits under the Medicare program have been expanded several times including under the Medicare Prescription Drug Improvement and Modernization Act of 2003 ("MMA"), which altered the Medicare+Choice plans into what we know today as Medicare Advantage plans. Additionally, the MMA created optional prescription drug benefits, known as Part D.[10] Through its different parts, the Medicare program covers most medically necessary services and supplies in a variety of healthcare settings, making it a reliable source of medical coverage for millions of Americans across the country.[11]

According to U.S. Treasury data, as of November 30, 2025, the U.S. federal government has spent $176 billion on the Medicare program in fiscal year 2026, which constitutes the third largest single portion of

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[5] Centers for Medicare & Medicaid Services, *2025 Medicare Parts A & B Premiums and Deductibles*, November 8, 2024. [https://www.cms.gov/newsroom/fact-sheets/2025-medicare-parts-b-premiums-and-deductibles].
[6] Centers for Medicare & Medicaid Services, *Medicare Enrollment Dashboard*, August 2025. [https://data.cms.gov/tools/medicare-enrollment-dashboard].
[7] "How is Medicare Funded?", Centers for Medicare & Medicaid Services. [https://www.medicare.gov/about-us/how-is-medicare-funded].
[8] Social Security Administration, *History of SSA During the Johnson Administration 1963-1968*. [https://www.ssa.gov/history/ssa/lbjmedicare1.html].
[9] "History: CMS' Program History," Centers for Medicare & Medicaid Services, modified August 13, 2025. [https://www.cms.gov/about-cms/who-we-are/history].
[10] "History: CMS' Program History," Centers for Medicare & Medicaid Services, modified August 13, 2025. [https://www.cms.gov/about-cms/who-we-are/history].
[11] "Compare Original Medicare & Medicare Advantage," Centers for Medicare & Medicaid Services. [https://www.medicare.gov/basics/get-started-with-medicare/get-more-coverage/your-coverage-options/compare-original-medicare-medicare-advantage].

the federal budget at 15%.[12] The federal government funds Medicare through mandatory or direct spending, which does not require annual Congressional approval. Medicare is primarily funded through payroll taxes paid by working adults and their employers in addition to smaller sources of funding such as income taxes on social security benefits.[13] Funding for Medicare is entrenched in U.S tax law and support for the program is widespread across the political spectrum.[14] These factors, among others previously described, support my opinion that the Medicare program will continue to exist and play a pivotal role in the United States' healthcare system.

Medicare rates, which are published by CMS, determine how much the Medicare program will reimburse a provider for a specific medical service.[15] CMS updates rates at least annually and rates can be expected to increase over time, even amid limits on Medicare spending such as budget neutrality requirements under the Medicare Access and CHIP Reauthorization Act of 2015 ("MACRA").[16] Increases in rates occur because Medicare rates for most medical services are based on the costs that providers incur to provide services, which increase over time.[17,18,19] In addition to increasing costs leading to higher physician payments, Congressional action and other policies have historically resulted in physician payment reduction suspensions and/or increases in physician payments.[20]

5. VETERANS HEALTH ADMINISTRATION COVERAGE

Based on information received from counsel, Mr. Hill also receives coverage for healthcare services through the Veterans Health Administration ("VHA"). Eligibility for VHA healthcare benefits is based on military service for a certain period of time. Other requirements must also be met, such as service in

[12] U.S. Department of the Treasury, FiscalData, *How Much has the U.S. Government Spent this Year?,* Updated November 30, 2025. [https://fiscaldata.treasury.gov/americas-finance-guide/federal-spending/].
[13] "How is Medicare Funded?", Centers for Medicare & Medicaid Services. [https://www.medicare.gov/about-us/how-is-medicare-funded].
[14] David Lazer, "Democrats and Republicans Disapprove of Medicare, Medicaid Cuts, Research Finds," *Northeastern University*, September 11, 2025. [https://cssh.northeastern.edu/democrats-and-republicans-disapprove-of-medicare-medicaid-cuts-research-finds/#:~:text=Most%20Americans%20disapprove%20of%20cuts,reading%20at%20Northeastern%20Global%20News].
[15] Centers for Medicare & Medicaid Services, *Fee Schedules – General Information*, modified November 19, 2025. [https://www.cms.gov/medicare/payment/fee-schedules].
[16] Alex Cottrill, Juliette Cubanski, and Tricia Neuman, "What to Know about how Medicare Pays Physicians", *KFF*, October 7, 2025. [https://www.kff.org/medicare/what-to-know-about-how-medicare-pays-physicians/].
[17] Medicare Payment Advisory Commission, *Outpatient Hospital Services Payment System*, Revised October 2024. [https://www.medpac.gov/wp-content/uploads/2024/10/MedPAC_Payment_Basics_24_OPD_FINAL_SEC.pdf].
[18] Medicare Payment Advisory Commission, *Hospital Inpatient Services Payment System*, Revised October 2024. [https://www.medpac.gov/wp-content/uploads/2024/10/MedPAC_Payment_Basics_25_hospital_FINAL_SEC.pdf].
[19] Federal Reserve Bank of St. Louis (FRED). *Consumer Price Index for All Urban Consumers: Medical Care in U.S. City Average (CPIMEDSL),* Updated October 24, 2025. [https://fred.stlouisfed.org/series/CPIMEDSL].
[20] Alex Cottrill, Juliette Cubanski, and Tricia Neuman, "What to Know about how Medicare Pays Physicians", *KFF*, October 7, 2025. [https://www.kff.org/medicare/what-to-know-about-how-medicare-pays-physicians/].

certain geographic areas, military conflicts, wars and/or exposure to toxins or other hazards while serving.[21]

Basic VHA health benefits cover preventive care, such as health exams and immunization, inpatient hospital services, urgent and emergency care, long term and home health care, and prescriptions. Some veterans may receive additional benefits such as dental care.[22]

As referenced in the deposition of Daniel Clarke, "The VHA is the largest health care system in the United States providing health care at 1,380 health care facilities, including 170 VA Medical Centers and 1,193 outpatient sites of care of varying complexity to over 9.1 million veterans enrolled in the VA health care program."[23] The VHA is one branch of the Department of Veterans Affairs, which has been a Cabinet-level executive department since 1988, although its roots go much further back. It began when President Lincoln established a National Soldiers and Sailors Asylum in March 1865 before the end of the Civil War. The scope and complexity of the VHA have grown over time as more facilities have been opened and Veterans treated. Since its inception, VHA health care services and coverage have proven to be foundational to providing millions of individuals across the U.S. with vital health care services.[24] VHA funding is routinely approved on a bipartisan basis and coverage has expanded over time, as evidenced by the recent passage of the PACT Act in 2022 and the steady increase in the VA's budget throughout both Democratic and Republican administrations and congressional majorities.[25,26] Therefore, the VHA health care system and coverage are expected to continue for the foreseeable future.

Many VHA health care maximum allowable rates correspond to Medicare rates which can be expected to increase over time as previously described. The VHA also sets its own rates, often for services not covered by Medicare, using a variety of different methodologies that include the following: historic VHA claims data, Medicare relative value units, Medicare Administrative Contractors ("MAC") rates, provider billed charges, and "industry-proven and respected data comprised of Medicare, Medicaid, and commercial health insurance claims."[27] This ensures that VHA rates will continue to keep pace with rising costs in the healthcare marketplace and, therefore, increase over time.

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[21] "Eligibility for VHA Health Care," U.S. Department of Veterans Affairs. [https://www.va.gov/health-care/eligibility/].
[22] "How to Get Veterans Health Benefits," U.S. General Services Administration, August 27, 2025. [https://www.usa.gov/get-veterans-health-benefits#:~:text=What%20do%20VA%20health%20benefits,Prescriptions].
[23] Daniel Clarke, Deposition, Bruce Hill v. United States of America Camp Lejeune Water Litigation. No. 7:23-CV-00028, September 3, 2025, at 27:3-27:9.
[24] "VA History Summary," U.S. Department of Veterans Affairs. [https://department.va.gov/history/history-overview/].
[25] Library of Congress, Actions - H.R.3967 - 117th Congress (2021–2022): Honoring our PACT Act of 2022, June 16, 2022. [https://www.congress.gov/bill/117th-congress/house-bill/3967/all-actions].
[26] Bureau of the Fiscal Services, U.S. Department of Veterans Affairs, *Department of Veterans Affairs – FY2025 Agency Profile*, September 29, 2025. [https://www.usaspending.gov/agency/department-of-veterans-affairs?fy=2025].
[27] National Archives, Federal Register, *Methodology for Reimbursing Medical Services, Extended Care Services, Pharmaceuticals, and Durable Medical Equipment Not on Medicare Fee Schedules*, March 27, 2024.

6. METHODOLOGY FOR CALCULATION OF COSTS

To determine the rates paid by Medicare, I first identified whether each service/supply, included in the life care plans submitted by Mr. Fryar and Ms. Navarro, were covered by Medicare. Some services/supplies such as home cleaning services are not covered by Medicare. Next, I identified the rate that would be paid by Medicare for a service/supply. Medicare rates exclude any patient responsibility, including coinsurance.

To determine the rates paid by the VHA, I first identified whether each service/supply, included in the life care plans submitted by Mr. Fryar and Ms. Navarro, were covered by the VHA. The VHA pays providers at a rate equal to the Medicare rate if a Medicare rate exists. For those services not covered by Medicare and without a Medicare rate, I followed the methodologies outlined on the VHA's website to identify the rate paid.[28] Sources for Medicare and VHA rates are listed in Appendix B of this report.

Mr. Hill can elect to use either Medicare or the VHA for the coverage of his healthcare services (depending on the provider's participation in those programs).[29] For most general medical services and outpatient care, Medicare will pay 80% of the approved Medicare rate and a patient will pay the remaining 20% as coinsurance.[30] According to the VA fee schedule ("VAFS"), the "VA reimburses hospital, medical, and extended care services up to the maximum allowable rate which for most services is the Medicare rate."[31] Two (2) rates have been provided in Tables 1 and 2 to identify the difference between what Medicare and the VHA would pay. The amount that will be paid will be determined based on where Mr. Hill seeks medical care.

6.1 Methodology for Services and Supplies with a Medicare Rate

Medicare rates are generally available for the following types of services and supplies included in the life care plans: physician services, radiology services, laboratory services, durable medical equipment, medications, home health services, and skilled nursing facility services.

Medicare rates for physician services and radiology services rely on the Medicare Physician Fee Schedule ("MPFS"), which identifies a rate for each Current Procedural Terminology ("CPT") code based on the CPT

[https://www.federalregister.gov/documents/2024/03/27/2024-06431/methodology-for-reimbursing-medical-services-extended-care-services-pharmaceuticals-and-durable].

[28] U.S. Department of Veterans Affairs, *VA Fee Schedule for Authorized Community Care*. [https://www.va.gov/COMMUNITYCARE/revenue-ops/Fee-Schedule.asp].

[29] "VA Health Care and Other Insurance," U.S. Department of Veterans Affairs. [https://www.va.gov/health-care/about-va-health-benefits/va-health-care-and-other-insurance/].

[30] "Costs," Centers for Medicare & Medicaid Services. [https://www.medicare.gov/basics/costs/medicare-costs].

[31] U.S. Department of Veterans Affairs, *VA Fee Schedule for Authorized Community Care*. [https://www.va.gov/COMMUNITYCARE/revenue-ops/Fee-Schedule.asp].

code's relative value units ("RVUs").[32] CMS generally identifies three RVUs for each CPT code: a work RVU, a practice expense RVU, and a professional liability RVU. To determine Medicare's reimbursement, I geographically adjusted the RVUs for the provider's location[33] and then used a Congressionally mandated conversion factor[34] to translate the RVUs into dollars. Applying this methodology, I was able to determine the Medicare reimbursement rate for each CPT code.[35]

Medicare rates for laboratory services are available from Medicare's Clinical Laboratory Fee Schedule ("CLFS"), which is based on the weighted median of private payor rates.[36]

Medicare rates for DME rely on the Durable Medical Equipment Prosthetic Devices, Orthotics, & Supplies Fee Schedule ("DMEPOS").[37] The DMEPOS fee schedule includes rates for Healthcare Common Procedure Coding System ("HCPCS") codes associated with equipment and are adjusted at the state level based on the provider's location.

To identify Medicare rates for medications, I relied on the Medicare Part D Drug Spending Dashboard.[38] While Part D Medicare coverage is optional and both the federal government and beneficiaries do not pay directly for specific medications,[39] the dashboard provides information on the estimated average spending per dosage unit paid by the Medicare Program and, therefore, offers the best insight into what Medicare Part D would cover for specific medications identified in Mr. Hill's life care plans. While I do not have knowledge of coverage under Medicare Part D for Mr. Hill, I identified the average spending per dosage unit for a medication from the dashboard and used spending rates for generic versions of medications if they existed.

Specific requirements must first be met to establish Medicare coverage for home health services. Medicare requires the following: 1) A beneficiary must require only part-time care, which is defined as

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[32] Centers for Medicare & Medicaid Services, *Medicare Physician Fee Schedule* [https://www.cms.gov/medicare/physician-fee-schedule/search/overview].

[33] For the purposes of my calculations here, I have assumed the providers would be located in Lake City, Florida, which is Mr. Hill's current residence.

[34] The conversion factor is mandated by Congress and calculated by CMS using an established formula. The conversion factor is published in the Federal Register (see https://www.federalregister.gov/documents/2024/12/09/2024-25382/medicare-and-medicaid-programs-cy-2025-payment-policies-under-the-physician-fee-schedule-and-other). The American Medical Association has provided a summary of the conversation factors over the years (see https://www.ama-assn.org/system/files/cf-history.pdf).

[35] Medicare Payment Advisory Commission. "Payment Basics Physician and Other Health Professional Payment System. November 2021.[https://www.medpac.gov/wp-content/uploads/2021/11/medpac_payment_basics_21_physician_final_sec.pdf].

[36] Centers for Medicare & Medicaid Services, *Clinical Laboratory Fee Schedule*. [https://www.cms.gov/medicare/payment/fee-schedules/clinical-laboratory-fee-schedule-clfs].

[37] Centers for Medicare & Medicaid Services, *Durable Medical Equipment Prosthetic Devices, Orthotics & Supplies Fee Schedule*. [https://www.cms.gov/medicare/payment/fee-schedules/dmepos].

[38] Centers for Medicare & Medicaid Services, *Medicare Part D Drug Spending Dashboard.* [https://data.cms.gov/tools/medicare-part-d-drug-spending-dashboard].

[39] "*Medicare Part D – Direct and Indirect Remuneration (DIR),"* Centers for Medicare & Medicaid Services, *January 19, 2017. [*https://www.cms.gov/newsroom/fact-sheets/medicare-part-d-direct-and-indirect-remuneration-dir].

skilled nursing and home health aide services for up to eight (8) hours a day, combined, with a maximum of 28 hours per week and 2) A beneficiary must receive home health aide services in tandem with services from another professional such as a skilled nurse, physical or occupational therapist, or a speech-language pathologist.[40] If a beneficiary meets these two (2) criteria, Medicare will cover home health services using a standardized 30-day period payment. Medicare updates this standardized payment on an annual basis.[41] Medicare has also established a national per-visit rate if the number of visits in a period of care does not meet the low-utilization payment adjustment ("LUPA") threshold. These rates have been adjusted to Mr. Hill's geographic location.

Medicare rates for long term care are calculated using the Skilled Nursing Facility ("SNF") Prospective Payment System ("PPS") for the first 100 days in a skilled nursing facility.[42] Medicare does not cover assisted living facilities services and does not cover SNFs beyond 100 days.[43,44] A per diem rate was calculated by adding the per diem rates for physical therapy, occupational therapy, speech-language therapy, nursing, and non-case mix components. The SNF PPS indicates that 71.9% of the per diem rate is geographically adjusted using the hospital wage index for specific Core-Based Statistical Areas ("CBSA"), which are the labor market geographic areas defined by the Office of Management and Budget.

6.2 Methodology for Services and Supplies with a VHA Rate

While the absence of a Medicare rate does not definitively imply that Medicare will not cover a service, I have chosen to assume that Medicare coverage will not extend to a service or item if a rate cannot be identified.[45] For those services without a Medicare rate, I followed the methodologies outlined on the VHA's website to identify the rate paid by the VHA.[46] This effort included identification of geographically adjusted rates from the VAFS that are associated with CPT codes identified by life care planners or CPT codes that I identified as representative of services described in Mr. Hill's life care plans.[47]

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[40] Centers for Medicare & Medicaid Services, *Home Health Services*. [https://www.medicare.gov/coverage/home-health-services#coverage-content-costs].
[41] Centers for Medicare & Medicaid Services, *CMS-1828-F*, November 28, 2025. [https://www.cms.gov/medicare/payment/prospective-payment-systems/home-health/home-health-prospective-payment-system-regulations-and-notices/cms-1828-f].
[42] Centers for Medicare & Medicaid Services, *Skilled Nursing Facility PPS.* [https://www.cms.gov/medicare/payment/prospective-payment-systems/skilled-nursing-facility-snf].
[43] "Medicare Long-term Care," Centers for Medicare & Medicaid Services. [https://www.medicare.gov/coverage/long-term-care].
[44] "Skilled Nursing Facility Care," Centers for Medicare & Medicaid Services. [https://www.medicare.gov/coverage/skilled-nursing-facility-care].
[45] "What's not Covered?," Centers for Medicare & Medicaid Services, [https://www.medicare.gov/providers-services/original-medicare/not-covered].
[46]U.S. Department of Veterans Affairs, *VA Fee Schedule for Authorized Community Care*. [https://www.va.gov/COMMUNITYCARE/revenue-ops/Fee-Schedule.asp].
[47] If a CPT code was provided in Navarro's Life Care Plan and an analogous service did not have a code in Mr. Fryar's Life Care Plan, the code in the Ms. Navarro's Life Care Plan was applied to both.

I incorporated the exceptions to Medicare coverage and methodology used by the VHA, including the Community Nursing Home ("CNH") Fee Schedule and home health services. According to the VHA, the CNH Fee Schedule "follows the Prospective Payment System (PPS) billing requirements found in Chapter 6 – Skilled Nursing Facility (SNF) Inpatient Part A Billing and SNF Consolidated Billing of the Medicare Claims Processing Manual, with some exceptions." These exceptions involve adjustments to the components included in SNF daily rate calculations and VHA-specific adjustment factors.

In addition, the VHA offers broader home health coverage than Medicare. Unlike Medicare, VHA home health services are not subject to the same weekly hour limits, and rates were calculated using the Medicare Home Health methodology for services that Medicare would not cover. In addition, the VHA also covers services such as attendant care, with rates identified using the VAFS and adjusted to Mr. Hill's geographic location.

7. SUMMARY OF COSTS BASED ON MEDICARE AND VHA COVERAGE FOR MR. FRYAR'S LIFE CARE PLAN

Mr. Hill's future service unit costs based on Medicare and VHA coverage for Mr. Fryar's Life Care Plan are summarized in Table 1 below. Medicare rates reflect what Medicare would pay for a service, and VHA rates reflect standardized rates for what the VHA would pay for a service, removing patient responsibility amounts such as copayments. According to Mr. Hill's Veterans Benefits Administration ("VBA") documentation, Mr. Hill has a service-connected disability rating of over 70%, meaning that copayments do not apply for many services, such as care related to a service-connected injury, inpatient and outpatient care.[48]

[48] "Current VA Health Care Copay Rates for 2025," U.S. Department of Veterans Affairs, updated July 15, 2025. [https://www.va.gov/health-care/copay-rates/#:~:text=in%20a%20hospital)-,If%20you%20have%20a%20service-connected%20disability%20rating%20of%2010,a%20copay%20for%20inpatient%20care].

Table 1

Medicare and VHA Coverage and Costs for Mr. Fryar's Life Care Plan

Description*	Frequency as Described in LCP	Unit Defined	CPT Code	Medicare Rate	VHA Rate
SUPPORT SERVICES (RESIDENTIAL):					
Housekeeping Services	One service visit every 2 weeks (24 service visits a year)	Per Visit		$0.00	$0.00
Landscaping Services - 4.5-Acre Lot	One service visit every 2 weeks for 8 months each year (16 service visits a year)	Per Visit		$0.00	$0.00
ATTENDANT CARE SERVICES (RESIDENTIAL):					
Attendant Care Services (Home Health Aide/Certified Nursing Assistant)	Provide an attendant 3 to 4 days each week for 4 to 6 hours during each visit (12 to 24 hours of attendant care services each week) (624 to 1,248 hours each year)	Hourly Rate	S5125	$0.00	$36.00
FACILTY CARE SERVICES:					
Option 1:					
SNF 1- 100 days	Monthly Provision	Daily Rate		$395.07	$456.40
SNF 101+ days				$0.00	$376.82

*Based on Mr. Fryar's Life Care Plan.[49]

[49] Cost Analysis for Mr. Bruce Hill, prepared by Michael A. Fryar, M.S., RN, CRC, CCM, CLCP QRP, dated February 6th, 2025.

8. SUMMARY OF COSTS BASED ON MEDICARE AND VHA COVERAGE FOR MS. NAVARRO'S LIFE CARE PLAN

Mr. Hill's future service unit costs based on Medicare and VHA coverage for Ms. Navarro's Life Care Plan are summarized in Table 2 below. Medicare rates reflect what Medicare would pay for a service, and VHA rates reflect standardized rates for what the VHA would pay for a service, removing patient responsibility amounts such as copayments. According to Mr. Hill's VBA documentation, Mr. Hill has a service-connected disability rating of over 70%, meaning that copayments do not apply for many services, such as care related to a service-connected injury, inpatient and outpatient care.[50]

[50] "Current VA Health Care Copay Rates for 2025," U.S. Department of Veterans Affairs, updated July 15, 2025. [https://www.va.gov/health-care/copay-rates/#:~:text=in%20a%20hospital)-,If%20you%20have%20a%20service-connected%20disability%20rating%20of%2010,a%20copay%20for%20inpatient%20care].

Table 2

Medicare and VHA Coverage and Costs for Ms. Navarro's Life Care Plan

Description*	Frequency as Described in LCP	Unit Defined	CPT Code**	Medicare Rate	VHA Rate
THERAPEUTIC NEEDS					
Oncologist Follow-Up	1 visit every 3 months	Per Visit	99214	$99.16	$123.95
Infectious Disease Follow-Up	2 visits per year	Per Visit	99213	$70.27	$87.84
DIAGNOSTIC TESTS					
Bone Marrow Biopsy	1 - 2 times total	Per Visit	38221	$120.59	$150.74
Blood Analysis	Every 2 months	Per Visit	SUM(85025, 80053, 36415)	$27.42	$27.42
PET Scan	To Be Determined	Per Visit	78813	$1,166.80	$1,458.50
CT Scan Abdomen	2 - 4 times per year	Per Visit	74150	$103.62	$129.52
AIDS FOR INDEPENDENT LIVING					
Compression Stockings (2)	Replace every 2 - 3 months	Per Pair	A6530 x 2	$60.86	$76.08
Cane	Replace every 3 - 5 years	Per Item	E0100	$23.56	$29.45
Miscellaneous Adaptive Aids	Annually			$0.00	$0.00
DRUGS AND SUPPLY NEEDS					
Antibiotics	PRN			$0.66***	$0.66***
Zanubrutinib (Brukinsa) 80mg or Venetoclax (Venclexta) 100mg	1 tablet per day	Per Tablet		$118.55	$118.55
Obinutuzumab (Gazyva) IV Therapy	To Be Determined			$208.75	$208.75
HOME FACILITY CARE					
Personal Care Attendant	To Be Determined	Hourly Rate	S5125	$0.00	$36.00
Lawn Maintenance Services	PRN			$0.00	$0.00
PROCEDURES/HOSPITALIZATIONS					
SNF 1- 100 days	1 - 2 admissions total; Each admission 2 weeks to 1 month total	Daily Rate		$395.07	$456.40

Description*	Frequency as Described in LCP	Unit Defined	CPT Code**	Medicare Rate	VHA Rate
SNF 101+ days				$0.00	$376.82

*Based on Ms. Navarro's Life Care Plan.[51]

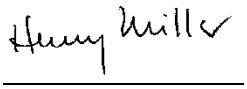
**Functions denote how rates for included CPT codes should be combined.

***This is the average per unit dose cost for Ciprofloxacin.

[51] Life Care Plan for Bruce Wayne Hill, prepared by Deborah Navarro, MA, CRC, CLCP CVE, dated April 8th, 2025.

9. SUMMARY OF OPINIONS

This report is based on information known to me as of this date. I have analyzed the information provided to me for Mr. Hill and assessed publicly available data to arrive at my opinion as to the rates for care covered by Mr. Hill's insurers. If additional information is made available, I may modify my report. I may also be asked to present opinions on additional issues in this case.



Henry Miller, Ph.D.
December 15, 2025

APPENDIX A
DR. HENRY MILLER
CURRICULUM VITAE

HENRY MILLER, Ph.D.
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SUMMARY

Henry Miller is Managing Director, Health Analytics in the Phoenix, AZ office of the Berkeley Research Group. He has more than 50 years of experience as a healthcare consultant and researcher specializing in health care finance, public policy, regulatory analysis, and strategic planning. In addition, he has provided expert testimony to the U.S. Congress, several state legislatures, in Federal, State, and local courts and in arbitration proceedings.

Dr. Miller has worked with more than 50 health plans, including some of the largest plans in the U.S., Blue Cross and Blue Shield plans and regional health plans on varied aspects of their operations, including evaluation of premium rate setting strategies, medical loss ratios, administrative issues, organizational structure, community relations, network management, provider payment systems, operating systems, and strategic planning.

Dr. Miller has worked on provider payment systems and network management issues for more than forty years. He was a member of the Medicare oversight committee for the effort to develop the practice expense component of the RBRVS physician fee schedule. He assisted CMS on several projects related to the development of the Medicare Hospital Outpatient Prospective Payment System and directed a project to assess opportunities to improve the Medicare Inpatient Prospective Payment System (IPPS) based on DRGs. Dr. Miller also directed the Medicare program's evaluation of the appropriateness of paying a facility fee to ambulatory surgery centers and has prepared reports on reimbursement issues for the Medicare program that were responses to Congressional requests.

He has designed hospital, physician, and pharmaceutical payment systems for seven Medicaid programs and more than thirty Blue Cross and Blue Shield plans and other health plans. This work has included both in network and out of network payment. In several instances, Dr. Miller negotiated provider contracts on behalf of health plans.

Dr. Miller has worked with various entities on developing competitive bidding programs, including design of Requests for Proposals, and bid evaluation formats. This work focuses on bids for health coverage submitted to employers by health insurers. He has also assisted health insurers who submitted bids for health coverage to private sector and government entities.

Dr. Miller has provided expert testimony on the reasonable costs of medical care, medical payments and network management issues in worker's compensation and personal injury cases. This testimony was based on the methods to measure reasonable value of medical care that Dr. Miller developed. Methods have been accepted in state and Federal courts.

Dr. Miller's work for health plans includes several assignments relating to the operation of Medicare Advantage plans, including issues relating to data submission to the Medicare program, provider contracting, and the development of provider payment approaches and rates. He has also worked for the Medicare program on these issues, especially as related to the quality and availability of data that is submitted by MA plans to the Federal government.

Dr. Miller has directed several public policy and regulatory analysis projects. He has directed evaluations of several programs for the Department of Health and Human Services, including programs managed by the Office of Women's Health, the Health Resources and Services Administration (HRSA), the National Center for Health Statistics, the Agency for Healthcare Research and Quality (AHRQ) and the National Institutes of Health. Much of this work focused on delivery and financing alternatives for improving care to vulnerable populations. He directed a project that investigated innovative approaches to care management initiated by Federally Qualified Health Centers. This project examined programs in nine U.S. communities. He directed studies of research on access to care for disadvantaged, minority, and disabled populations for AHRQ. In other work, he developed a strategic plan for a managed care plan for the uninsured and low-income populations in Hillsborough County, Florida and designed an innovative delivery system for low-income populations in Rochester, New York. His work for HRSA includes evaluations of health care for the homeless programs as well as several federally funded women's and maternal and child health programs. He has conducted similar projects for New York State. Dr. Miller directed an evaluation of the Medicare clinical laboratory payment system for the National Academy of Medicine. He conducted an evaluation of the impact of Medicare regulations on clinical laboratories for the American Clinical Laboratory Association as well as national laboratory chains and hospital-based laboratories.

Dr. Miller directed key elements of the work conducted by the Governor's Commission for Rationalizing Healthcare in New Jersey. He was the lead consultant to the Commission on analyzing the financial status of the State's hospitals as well as measuring the impact of potential hospital closings. He also served as the economic advisor to the Alaska Department of Insurance in its review of the application by Premera Blue Cross to convert to for-profit status. He assisted several Primary Care Trusts and Strategic Health Authorities in the U.K. as they addressed changes in National Health Service requirements.

Dr. Miller has directed several technology related projects, including work in which he presented new technologies to the Centers for Medicare and Medicaid Services (CMS) to obtain their approval and payment. This work included analysis of a radiotherapy for non-Hodgkins lymphoma, a new device for the treatment of posterior uveitis and a cryogenic stent. In addition, he prepared the strategic plan for a Regional Health Information Organization (RHIO) for the Maryland and Virginia area. This work included

an assessment of the feasibility of linking electronic medical records across hospitals and physicians' offices.

Dr. Miller developed resource costing, a tool for the measurement of costs in healthcare settings in a series of projects completed for the Office of the Assistant Secretary for planning and Evaluation of the Department of Health and Human Services. He applied resource costing to a project for the Medicare Payment Advisory Commission (MedPAC) in which he used the approach to assess the accuracy of Medicare Cost Reports as a research and policy analysis tool and to another project to measure the costs of more than 300 hospital outpatient procedures to support efforts by the Centers for Medicare and Medicaid Services (CMS) to develop the Medicare Hospital Outpatient Prospective Payment System (HOPPS) based on APCs.

PROFESSIONAL EXPERIENCE

Provider Payment System Design and Evaluation

Dr. Miller played a key role in the development of the Medicare Hospital Outpatient Prospective Payment System (HOPPS). In this work for CMS, he conducted a major pricing study, analyzed the impact of key aspects of the APC approach and assisted in drafting regulations. Subsequently, he conducted a study of the impact of the HOPPS on the quality of care provided to Medicare beneficiaries for MedPAC. Dr. Miller also designed hospital outpatient payment systems for Medicaid programs in New York, New Jersey, North Dakota, and the District of Columbia. He has developed hospital outpatient payment approaches for Blue Cross and Blue Shield plans in New York, New Jersey, Virginia, Georgia, Arkansas, Minnesota, and California.

Dr. Miller also directed an assessment of opportunities to improve the Medicare Inpatient Prospective Payment System (IPPS), based on DRGs. He has designed or evaluated hospital inpatient payment systems for Medicaid programs in Virginia, Pennsylvania, Iowa, New York, and West Virginia. His inpatient payment system design work for health plans includes projects conducted for Blue Cross and Blue Shield plans in Virginia, Pennsylvania, Florida, Texas, North Dakota, Illinois, Colorado, Kansas City and Tennessee. Dr. Miller also evaluated the method used by the Federal government to pay children's hospitals for their investment in medical education.

Dr. Miller completed a study to update the payment system used by the Medicare program to pay Federally Qualified Health Centers (FQHCs). This work was undertaken to address payment issues that arose because payment levels had not been adjusted other than for inflation for more than fifteen years. Recommendations were made to the Health Resources and Services Administration and the Centers for Medicare and Medicaid Services.

Dr. Miller has worked with several State Medicaid programs on home health agency payment systems. He reviewed licensing criteria for home health agencies and other providers in Vermont and New York. He led the design of nursing home reimbursement systems for the Medicaid programs in Virginia, Pennsylvania, Vermont, and Iowa. He directed a study of the Medicare laboratory fee schedule for the National Institute of Medicine. His reimbursement system design work for health plans includes design

of systems to pay hospitals, ambulatory surgery centers, physicians, nursing homes, home healthcare agencies, dialysis centers and other providers. He has also developed fee schedules used for out of network payment for several large health plans. He has worked with more than two-thirds of the nation's Blue Cross and Blue Shield plans as well as national health plans on reimbursement issues.

In other work, Dr. Miller evaluated and made recommendations to improve the payment methods used by worker's compensation programs in Ohio and California. He completed a study of access to healthcare for injured workers in California. Dr. Miller has also worked with personal injury insurers on methods used to pay medical claims.

Public Policy and Regulatory Analysis

Dr. Miller has directed several major studies of key public policy issues for the Federal government as well as for states and private sector clients. Examples of this work include:

- Economic advisor to the Alaska Insurance Department on the application by Premera Blue Cross to convert to for-profit status,
- Financial advisor to the Governor's Commission for the Rationalization of Healthcare in New Jersey,
- Consultant to several U.K agencies on development of responses to changes in the National Health Service, including Yorkshire and the Humber Strategic Health Authority, North Lincolnshire Primary Care Trust, Calderdale Primary Care Trust, and the Swansea Primary Care Trust,
- Analysis of the Highmark Blue Cross and Blue Shield and Independence Blue Cross proposal to merge,
- Validation of the diagnostic information used in the CMS-RCC risk adjustment formula used by the Medicare program to develop payment rates for Medicare Advantage plans,
- Analysis and recommendation of innovative approaches to improve access to primary care services for low-income populations for the Greater Rochester Health Foundation,
- Evaluation of the Rural and Frontier Coordinating Center program of the Federal Office of Women's Health,
- Evaluation of the costs and use of case management in a home health care program funded by the Federal government,
- Evaluation of the impact of the New York State All-Payer Case-Based Prospective Hospital Reimbursement System (NYPHRM) for the Council on Health Care Financing and the New York State legislature,
- Evaluation of several Federal and New York State programs to provide services to people with HIV/AIDS,
- Development and evaluation of community-based healthcare data systems, including a data system to collect and manage data that describe health care markets for the Agency for Healthcare Research and Quality, the Maryland Medical Care Database for the Maryland Health Care Commission and the database used to support hospital quality initiatives by the American Data Network,

- Evaluation of the Healthcare Community Access Program (HCAP), a national effort to reduce uncompensated care in over 150 communities for the Health Resources and Services Administration,
- Evaluation of the Federal Government's Black Lung Clinics program, and
- Completion of several projects for the National Center for Health Statistics including an assessment of the impact of using ICD-10 for diagnosis coding, an evaluation of the uses of provider surveys including the National Hospital Discharge Survey and the National Ambulatory Medical Care Survey and the design of a national survey of ambulatory surgery.

Strategic planning

Dr. Miller's strategic planning work includes assignments completed for hospitals, managed care companies, major employers, and government agencies. These projects include:

- Support on strategic issues for several hospital systems, including Johns Hopkins Medicine, University of Rochester Health System, University of Maryland Medical System, The Christ Hospital, Sutter Health System, and Memorial Hermann Health System.
- Evaluation of health benefits options for major employers including AT&T and Verizon,
- Preparation of a strategic and operational plan for an innovative managed care plan for the uninsured in Hillsborough County, Florida,
- Support for the preparation of the initial Vermont Health Resources Allocation plan for the Vermont Bureau of Insurance, Securities and Health Care Administration,
- Support to the State of New York for the development of a Global Budgeting program, and
- Several studies of the comparative value of health care benefit programs provided by health plans in efforts to identify optimal arrays of benefits.

Expert Testimony

Dr. Miller has served as an expert witness in several health care cases in recent years and has testified in federal and state courts, in arbitrations and in administrative hearings. His testimony addressed:

- Hospital/health plan contract disputes,
- Role of the Affordable Care Act in measuring medical costs in personal injury cases,
- Reasonable costs of medical care in personal injury cases,
- Class action certification,
- Out of network provider payment,
- Rates paid to health care providers by worker's compensation insurers and personal injury insurers,
- Medicare and Medicaid managed care contracts,
- Health plan operations and health plan/provider relationships,
- Health care competition issues,
- Applications by non-profit health insurers seeking to convert to for-profit status, and
- Efforts to obtain certificates of need for health care services.

EDUCATION

Ph.D., (Accounting and Economics), University of Illinois
M.B.A., City College of New York
B.B.A., City College of New York

PRESENT POSITION

Berkeley Research Group, Managing Director, Health Analytics, 2010 to present

FULL-TIME TEACHING EXPERIENCE

University of Baltimore, Associate Professor
State University of New York at Binghamton, Assistant Professor
University of Illinois, Instructor

OTHER POSITIONS HELD

LECG, LLC, Managing Director, 2008-2010
Navigant Consulting, Inc., Managing Director, 2002-2008
Center for Health Policy Studies, President, 1979-2002
Miller & Byrne, Inc., President, 1975-1979

SELECTED COMMUNITY ACTIVITIES

United Cerebral Palsy of Central Maryland, Chairman, Board of Directors, 2007 to 2011
Heifetz International Music Institute, Treasurer, Board of Directors, 2010 to 2013
Glenelg Country School, Treasurer, Board of Trustees, 1991-2000
Howard County General Hospital, Chairman, Board of Trustees, 1987-1989

SELECTED PUBLICATIONS

1. C. Turck, W. Marsh, J. Stevenson, J. York, H. Miller and S. Patel, "Pharmacoeconomics of Surgical Interventions vs. Cyclooxygenase Inhibitors for the Treatment of Patent Ductus Arteriosus," The Journal of Pediatric Pharmacology and Therapeutics, Vol. 12, No. 3, July-September 2007
2. H. Miller, "Outpatient Payment in the Private Sector," in N. Goldfield and W. Kelly, Outpatient Prospective Payment, (Gaithersburg, MD, Aspen Publishing, 1999)
3. H. Miller, B. Cassidy, and D. Karr, "Resource Costing for Healthcare Services," in N. Goldfield and W. Kelly, Outpatient Prospective Payment, (Gaithersburg, MD, Aspen Publishing, 1999)
4. D. Karr, H. Miller, and S. McCue, "the Effect of Instrument Type on the Cost of Laparoscopic Surgery," Surgical Endoscopy, 1996
5. H. Miller and W. Kelly, "Prospective Per Case Payment in New York State: An Analysis," in N. Goldfield and P. Boland, Physician Profiling and Risk Adjustment, (Gaithersburg, MD Aspen Publishing, 1996)
6. B. Balicki, H. Miller, W. Kelly, "Benchmarks and Tools for Evaluating Ambulatory Surgery: A Model for Examining Cost Competitiveness," Healthcare Financial Management, Spring, 1995
7. W. Kelly, H. Miller, T. Parciak, "The Need for Alternatives to Capitation Under Managed Care," Managed Care Quarterly, Summer, 1994

8. H. Miller, "Outpatient Prospective Payment Approaches for Use by Insurers," Journal of Ambulatory Care Management, Spring, 1993
9. B. Balicki, H. Miller, W. Kelly, T. Yates, "Guidelines for Managing Ambulatory Surgery Programs in the 1990's, Journal of Ambulatory Care Management, Winter, 1991
10. H. Miller, et.al., "Costs of Ambulatory Care: Implications for Outpatient Prospective Payment Systems," Journal of Ambulatory Care Management, Winter, 1991
11. W. Kelly, P. Tenan, H. Fillmore, H. Miller, "Products of Ambulatory Care Patient Classification System," Journal of Ambulatory Care Management, Winter, 1990

TESTIMONY (2016 – Present)

2025

- *Demia Thomas and George Lowery v. Medstar Washington Hospital Center Corporation,* Superior Court for the District of Columbia, Case No. 2022-CAB-005443, (Deposition).

2024

- *Cipla, USA, Inc. v. Ipsen Biopharmaceuticals, Inc.,* United States District Court for the District of Delaware, Case No. 22-cv-00552 GBW, *(Deposition).*
- *Scripps Health v. Blue Shield of California,* American Arbitration Association, Case No. 01-23-0000-9314, *(Deposition).*
- *Leslie J. Gelber v. Caithness Services, LLC,* American Arbitration Association, Case 01-23-0002-7637, *(Deposition).*
- *Jonathan Mendoza and Maria Mendoza, on behalf of their minor son, Jazziel Mendoza Oliveros v. Hospital Development of West Phoenix, Inc. d/b/a/ Abrazo West Campus,* Superior Court of the State of Arizona, County of Maricopa, Case No. CV2021-094672, *(Deposition).*
- *Anjil Jeter v. Comanche Construction of Georgia, LLC.,* State Court of DeKalb County, State of Georgia, Civil Action 21A03631, *(Deposition).*
- *Farid Almasri v. Target Corporation,* Superior Court of the State of California, County of Los Angeles, Case No.: 22STCV08524, *(Deposition).*

2023

- *Fitzgerald, Kloess & Pope Advisors, LLC v. Premier Parking of Tennessee, LLC, Premier Parking Management Company, LLC*, Chancery Court for Davidson County, Tennessee, Case No. 21-1299-BC, *(Deposition).*
- *Dr. Timothy Munderloh, et al. v. Biegler GMBH, Solace Advancement, LLC, et al.*, United States District Court, District of Arizona, Case No. 3:21–CV-08004-GMS, *(Deposition).*
- *Anthony Azzinaro and Kathryn Lindsay v. The Shyft Group, Inc. and the Shyft Group, USA, Inc.,* U.S District Court, District of Arizona, Case No. 2:21-CV-01990-JJT, *(Deposition).*

2022

- *Alpha Omega Lanier Edwards II v. Fast Lane Transportation, Inc.,* Superior Court of the State of California, County of Los Angeles, Case No. 21STCV09757, *(Deposition).*
- *David Wayne Edwards, Jr.; Lyinda Gillman v. Queen of the Valley Medical Center; Shea Pribyl, D.O.,* Superior Court of the State of California, County of Sacramento, Case No. 34-2019-00248337, *(Deposition)*.

- *Jafar Roubakhshyengejeh v. Beatrice Montanez*, Superior Court of the State of California, County of Los Angeles. Case No. 19STCV30292, *(Deposition).*
- Gloria Banda v. Food 4 Less of California, Inc., Superior Court of the State of California, County of Los Angeles, Case No. BC663290, *(Deposition).*
- *Beau Towne v. Multicare Health System d/b/a Mary Bridge Children's Hospital,* Superior Court of the State of Washington for Pierce County, Case No. 20-2-04518-2, *(Testimony).*
- *Medical Society of the State of New York v. United Health Group*, United States District Court, Southern District of New York, Civil Action No. 16-CV-5265 (JPO), (*Testimony*).
- *Lori Bush v. Dignity Health,* Superior Court of the State of California for the County of San Bernadino, Case No. CIVDS-1613161, *(Deposition and Testimony).*

2021

- *Adventist Health System/Sunbelt, Inc. v. Humana Medical Plan, Inc.* (Arbitration – American Arbitration Association Case No. 01-19-0002-6864) *(Deposition).*
- *Christopher Bentley v. Scott Gragson,* District Court, Clark County, Nevada, Case No. A-19-796424-C, *(Deposition).*
- *Kaweah Delta Medical Center v. Kaiser Foundation Hospitals*, Superior Court of the State of California for Tulare County, Case No. AH015680 *(Deposition and Trial Testimony)*
- *Medical Mutual of Ohio v. FrontPath Health Coalition*, Court of Common Pleas, Lucas County, Ohio, Case No. CI201703154 *(Deposition)*
- *Kaiser Foundation Hospitals v. Palomar Health F/K/A Palomar Pomerado Health,* Arbitration, JAMS Reference Number 1220063770, *(Deposition).*
- *Perry David Maxwell v. The Boeing Company and Paris Edward Cooper,* United States District Court, Central District of California, Case No. 2:19-cv-05204-DSF-KS *(Deposition).*
- *Baptist Memorial Health Care Corp. v. CIGNA Health Care of Tennessee,* Arbitration, *Deposition and Testimony).*

APPENDIX B
MATERIALS RELIED UPON

Materials Relied Upon
Anesthesiologists Center. Center for Medicare & Medicaid Services.
Clinical Laboratory Fee Schedule. Centers for Medicare & Medicaid Services.
CMS-1828-F. Centers for Medicare & Medicaid Services. November 28, 2025.
Compare Original Medicare & Medicare Advantage. Centers for Medicare & Medicaid Services.
Complaint. Bruce Hill v. United States of America Camp Lejeune Water Litigation. No. 7:23-CV-00028. August 16, 2024.
Consumer Price Index for All Urban Consumers: Medical Care in U.S. City Average (CPIMEDSL). Federal Reserve Bank of St. Louis (FRED). October 24, 2025.
Costs. Centers for Medicare & Medicaid Services.
Cost Analysis for Mr. Bruce Hill, prepared by Michael A. Fryar, M.S., RN, CRC, CCM, CLCP QRP, dated February 6th, 2025.
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Exhibit 656

DIANE ROTHCHILD V. UNITED STATES OF AMERICA
CAMP LEJEUNE WATER LITIGATION
NO. 7:23-CV-00858

EXPERT REPORT OF DR. HENRY MILLER

DECEMBER 15, 2025

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1. INTRODUCTION

My name is Henry Miller, Ph.D. I am a Managing Director in the Health Analytics practice of Berkeley Research Group, LLC. I have been working on health care cost and health insurance issues for more than fifty years. I have conducted studies on these issues for the federal Medicare program, several state Medicaid programs and more than forty health insurers. I have testified on these issues in the U.S. Congress, several State legislatures and in federal, state and local courts and in arbitrations. My curriculum vita is attached to this report as Appendix A. My firm is compensated at $825 per hour for my time on this matter and payments are not contingent upon the outcome of the matter.

2. BACKGROUND OF THE CASE

This case relates to the injury of Diane Rothchild ("Ms. Rothchild"). Ms. Rothchild suffers from Parkinson's disease ("Ms. Rothchild's condition") allegedly due to water contamination at the Marine Corps Base Camp Lejeune.[1] I offer no opinion on whether water at Camp Lejeune may have led to Ms. Rothchild's development of any disease. Ms. Rothchild currently resides in St. Louis, Missouri.[2] A Life Care Plan has been prepared for Ms. Rothchild by Michael A. Fryar, M.S., RN, CRC, CCM, CLCP, QRP, that describes the services that Mr. Fryar believes will be needed for Ms. Rothchild throughout her life expectancy. A Life Care Plan was also prepared by Michael Shahnasarian, PhD, that includes modifications to Mr. Fryar's Life Care Plan and services that Dr. Shahnasarian believes will be needed for Ms. Rothchild throughout her life expectancy.

3. SCOPE OF REPORT

I was asked by the United States Department of Justice to apply my expertise in health care costs to the matter of *Diane Rothchild v. United States of America*, which is part of the Camp Lejeune Water Litigation in the United States District Court for the Eastern District of North Carolina. I was specifically asked to address the following issues related to Ms. Rothchild:

- Analyze the projected health care costs identified by Michael A. Fryar, M.S., RN, CRC, CCM, CLCP, QRP,[3] ("Mr. Fryar's Life Care Plan") and identify the amount that would be paid by Medicare for Ms. Rothchild; and
- Analyze the projected health care costs identified by Michael Shahnasarian, PhD,[4] ("Dr. Shahnasarian's Life Care Plan") and identify the amount that would be paid by Medicare for Ms. Rothchild.

[1] Life Care Plan for Ms. Diane Rothchild, prepared by Michael A. Fryar, M.S., RN, CRC, CCM, CLCP, QRP, dated February 5th, 2025.
[2] Life Care Plan for Diane Lynn Rothchild, prepared by Michael Shahnasarian, PhD, dated May 8th, 2025.
[3] Life Care Plan for Ms. Diane Rothchild, prepared by Michael A. Fryar, M.S., RN, CRC, CCM, CLCP, QRP, dated February 5th, 2025.
[4] Life Care Plan for Diane Lynn Rothchild, prepared by Michael Shahnasarian, PhD, dated May 8th, 2025.

4. MEDICARE COVERAGE

Based on information received from counsel, Ms. Rothchild receives coverage for healthcare services through the Medicare program (Part A and Part B).

Medicare Part A, which covers institutional services (e.g., hospital services), has no cost. There is a premium for Part B (e.g., physician and other professional services). The standard Part B premium amount in 2025 is $185 per month ($2,220 annually).[5] In addition, beneficiaries can elect to enroll in optional Medicare Part D coverage, which covers brand-name and generic prescription drugs.

As of August 2025, the Centers for Medicare & Medicaid Services ("CMS") reported 69.3 million Medicare beneficiaries, of which 49 percent were enrolled in traditional Medicare Fee-for-Service coverage (Part A and B).[6] CMS, the federal agency that runs the Medicare Program, is a branch of the Department of Health and Human Services ("HHS"), making it an integral part of the executive branch.[7] On July 30, 1965, President Lyndon B. Johnson signed legislation establishing the Medicare Program in response to a lack of support for older Americans' healthcare expenses within existing social safety net programs.[8] In 1972, Medicare was expanded to cover disabled individuals, people with end-stage renal disease ("ESRD") requiring dialysis or kidney transplant, and people ages 65 or older that selected Medicare coverage.[9] Coverage and benefits under the Medicare program have been expanded several times including under the Medicare Prescription Drug Improvement and Modernization Act of 2003 ("MMA"), which altered the Medicare+Choice plans into what we know today as Medicare Advantage plans. Additionally, the MMA created optional prescription drug benefits, known as Part D.[10] Through its different parts, the Medicare program covers most medically necessary services and supplies in a variety of healthcare settings, making it a reliable source of medical coverage for millions of Americans across the country.[11]

According to U.S. Treasury data, as of November 30, 2025, the U.S. federal government has spent $176 billion on the Medicare program in fiscal year 2026, which constitutes the third largest single portion of

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[5] Centers for Medicare & Medicaid Services, *2025 Medicare Parts A & B Premiums and Deductibles*, November 8, 2024. [https://www.cms.gov/newsroom/fact-sheets/2025-medicare-parts-b-premiums-and-deductibles].
[6] Centers for Medicare & Medicaid Services, *Medicare Enrollment Dashboard*, August 2025. [https://data.cms.gov/tools/medicare-enrollment-dashboard].
[7] "How is Medicare Funded?", Centers for Medicare & Medicaid Services. [https://www.medicare.gov/about-us/how-is-medicare-funded].
[8] Social Security Administration, *History of SSA During the Johnson Administration 1963-1968*. [https://www.ssa.gov/history/ssa/lbjmedicare1.html].
[9] "History: CMS' Program History," Centers for Medicare & Medicaid Services, modified August 13, 2025. [https://www.cms.gov/about-cms/who-we-are/history].
[10] "History: CMS' Program History," Centers for Medicare & Medicaid Services, modified August 13, 2025. [https://www.cms.gov/about-cms/who-we-are/history].
[11] "Compare Original Medicare & Medicare Advantage," Centers for Medicare & Medicaid Services. [https://www.medicare.gov/basics/get-started-with-medicare/get-more-coverage/your-coverage-options/compare-original-medicare-medicare-advantage].

the federal budget at 15%.[12] The federal government funds Medicare through mandatory or direct spending, which does not require annual Congressional approval. Medicare is primarily funded through payroll taxes paid by working adults and their employers in addition to smaller sources of funding such as income taxes on social security benefits.[13] Funding for Medicare is entrenched in U.S tax law and support for the program is widespread across the political spectrum.[14] These factors, among others previously described, support my opinion that the Medicare program will continue to exist and play a pivotal role in the United States' healthcare system.

Medicare rates, which are published by CMS, determine how much the Medicare program will reimburse a provider for a specific medical service.[15] CMS updates rates at least annually and rates can be expected to increase over time, even amid limits on Medicare spending such as budget neutrality requirements under the Medicare Access and CHIP Reauthorization Act of 2015 ("MACRA").[16] Increases in rates occur because Medicare rates for most medical services are based on the costs that providers incur to provide services, which increase over time.[17,18,19] In addition to increasing costs leading to higher physician payments, Congressional action and other policies have historically resulted in physician payment reduction suspensions and/or increases in physician payments.[20]

5. METHODOLOGY FOR CALCULATION OF COSTS

To determine the rates paid by Medicare, I first identified whether each service/supply, included in the life care plans submitted by Mr. Fryar and Dr. Shahnasarian, were covered under the benefits offered by Medicare. Some services/supplies such as home cleaning services are not covered by Medicare. Next, I identified the rate that would be paid by Medicare for a service/supply. Medicare rates exclude any

[12] U.S. Department of the Treasury, FiscalData, *How Much has the U.S. Government Spent this Year?,* Updated November 30, 2025. [https://fiscaldata.treasury.gov/americas-finance-guide/federal-spending/].
[13] "How is Medicare Funded?", Centers for Medicare & Medicaid Services. [https://www.medicare.gov/about-us/how-is-medicare-funded].
[14] David Lazer, "Democrats and Republicans Disapprove of Medicare, Medicaid Cuts, Research Finds," *Northeastern University*, September 11, 2025. [https://cssh.northeastern.edu/democrats-and-republicans-disapprove-of-medicare-medicaid-cuts-research-finds/#:~:text=Most%20Americans%20disapprove%20of%20cuts,reading%20at%20Northeastern%20Global%20News].
[15] Centers for Medicare & Medicaid Services, *Fee Schedules – General Information*, modified November 19, 2025. [https://www.cms.gov/medicare/payment/fee-schedules].
[16] Alex Cottrill, Juliette Cubanski, and Tricia Neuman, "What to Know about how Medicare Pays Physicians", *KFF*, October 7, 2025. [https://www.kff.org/medicare/what-to-know-about-how-medicare-pays-physicians/].
[17] Medicare Payment Advisory Commission, *Outpatient Hospital Services Payment System*, Revised October 2024. [https://www.medpac.gov/wp-content/uploads/2024/10/MedPAC_Payment_Basics_24_OPD_FINAL_SEC.pdf].
[18] Medicare Payment Advisory Commission, *Hospital Inpatient Services Payment System*, Revised October 2024. [https://www.medpac.gov/wp-content/uploads/2024/10/MedPAC_Payment_Basics_25_hospital_FINAL_SEC.pdf].
[19] Federal Reserve Bank of St. Louis (FRED). *Consumer Price Index for All Urban Consumers: Medical Care in U.S. City Average (CPIMEDSL),* Updated October 24, 2025. [https://fred.stlouisfed.org/series/CPIMEDSL].
[20] Alex Cottrill, Juliette Cubanski, and Tricia Neuman, "What to Know about how Medicare Pays Physicians", *KFF*, October 7, 2025. [https://www.kff.org/medicare/what-to-know-about-how-medicare-pays-physicians/].

patient responsibility, including coinsurance. A rate has been provided in Tables 1 and 2 to identify what Medicare would pay. Sources for Medicare rates are listed in Appendix B of this report.

5.1 Methodology for Services and Supplies with a Medicare Rate

Medicare rates are generally available for the following types of services and supplies included in the life care plans: physician services, radiology services, durable medical equipment ("DME"), medications, home health services, inpatient hospital services, and skilled nursing facility services.

Medicare rates for physician services and radiology services rely on the Medicare Physician Fee Schedule ("MPFS"), which identifies a rate for each Current Procedural Terminology ("CPT") code based on the CPT code's relative value units ("RVUs").[21] CMS generally identifies three RVUs for each CPT code: a work RVU, a practice expense RVU, and a professional liability RVU. To determine Medicare's reimbursement, I geographically adjusted the RVUs for the provider's location[22] and then used a Congressionally mandated conversion factor[23] to translate the RVUs into dollars. Applying this methodology, I was able to determine the Medicare reimbursement rate for each CPT code.[24]

Medicare rates for DME rely on the Durable Medical Equipment Prosthetic Devices, Orthotics, & Supplies Fee Schedule ("DMEPOS").[25] The DMEPOS fee schedule includes rates for Healthcare Common Procedure Coding System ("HCPCS") codes associated with equipment and are adjusted at the state level based on the provider's location.

To identify Medicare rates for medications, I relied on the Medicare Part D Drug Spending Dashboard.[26] While Part D Medicare coverage is optional and both the federal government and beneficiaries do not pay directly for specific medications,[27] the dashboard provides information on the estimated average spending per dosage unit paid by the Medicare Program and, therefore, offers the best insight into what

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[21] Centers for Medicare & Medicaid Services, *Medicare Physician Fee Schedule*. [https://www.cms.gov/medicare/physician-fee-schedule/search/overview].

[22] For the purposes of my calculations here, I have assumed the providers would be located in St. Louis, Missouri, which is Ms. Rothchild's current residence.

[23] The conversion factor is mandated by Congress and calculated by CMS using an established formula. The conversion factor is published in the Federal Register (see https://www.federalregister.gov/documents/2024/12/09/2024-25382/medicare-and-medicaid-programs-cy-2025-payment-policies-under-the-physician-fee-schedule-and-other). The American Medical Association has provided a summary of the conversation factors over the years (see https://www.ama-assn.org/system/files/cf-history.pdf).

[24] Medicare Payment Advisory Commission, *Payment Basics Physician and Other Health Professional Payment System*, November 2021. [https://www.medpac.gov/wp-content/uploads/2021/11/medpac_payment_basics_21_physician_final_sec.pdf].

[25] Centers for Medicare & Medicaid Services, *Durable Medical Equipment Prosthetic Devices, Orthotics & Supplies Fee Schedule*. [https://www.cms.gov/medicare/payment/fee-schedules/dmepos].

[26] Centers for Medicare & Medicaid Services, *Medicare Part D Drug Spending Dashboard.* [https://data.cms.gov/tools/medicare-part-d-drug-spending-dashboard].

[27] "Medicare Part D – Direct and Indirect Remuneration (DIR)," Centers for Medicare & Medicaid Services, January 19, 2017. [https://www.cms.gov/newsroom/fact-sheets/medicare-part-d-direct-and-indirect-remuneration-dir].

Medicare Part D would cover for specific medications identified in Ms. Rothchild's life care plans. While I do not have knowledge of coverage under Medicare Part D for Ms. Rothchild, I identified the average spending per dosage unit for each medication included in the life care plans when they included an adequate amount of information to identify a medication, such as the required dosage. I used spending rates for generic versions of medications if they existed in the dashboard.

Specific requirements must first be met to establish Medicare coverage for home health services. Medicare requires the following: 1) A beneficiary must require only part-time care, which is defined as skilled nursing and home health aide services for up to eight (8) hours a day, combined, with a maximum of 28 hours per week and 2) A beneficiary must receive home health aide services in tandem with services from another professional such as a skilled nurse, physical or occupational therapist, or a speech-language pathologist.[28] If a beneficiary meets these two (2) criteria, Medicare will cover home health services using a standardized 30-day period payment. Medicare updates this standardized payment on an annual basis.[29] Medicare has also established a national per-visit rate if the number of visits in a period of care does not meet the low-utilization payment adjustment ("LUPA") threshold. These rates have been adjusted to Ms. Rothchild's geographic location.

To identify Medicare rates for inpatient hospital services, I considered three components that may be applicable to an inpatient discharge: the facility fee, the physician or surgeon fee, and an anesthesia fee. For the facility fee, I selected three (3) hospitals of varying sizes in Ms. Rothchild's geographic area. Using the Medicare Inpatient Prospective Payment System ("IPPS") online web pricer,[30] I determined a payment rate for a specific hospital using a procedure's diagnostic-related group ("DRG") code and corresponding length of stay, both defined by a life care plan or using IPPS average length of stay data.[31] I then calculated an average rate using the three hospital-specific rates to determine an average Medicare rate. If a DRG was not identified in a life care plan, I did not calculate the Medicare rate. The physician fee was determined using the MPFS, following the same methodology as physician services. The facility rate was used since services would be performed in a facility such as a hospital. To calculate the Medicare rate for an anesthesia fee, I relied on several resources published annually by CMS.[32] I multiplied the geographically applicable conversion factor by the sum of time and base units for the surgical procedure

[28] Centers for Medicare & Medicaid Services, *Home Health Services*. [https://www.medicare.gov/coverage/home-health-services#coverage-content-costs].
[29] Centers for Medicare & Medicaid Services, *CMS-1828-F*, November 28, 2025. [https://www.cms.gov/medicare/payment/prospective-payment-systems/home-health/home-health-prospective-payment-system-regulations-and-notices/cms-1828-f].
[30] Centers for Medicare & Medicaid Services, *Web Price Inpatient IPPS*. [https://webpricer.cms.gov/#/pricer/ipps].
[31] Centers for Medicare & Medicaid Services, *FY 2026 IPPS Final Rule,* September 19, 2025. [https://www.cms.gov/medicare/payment/prospective-payment-systems/acute-inpatient-pps/fy-2026-ipps-final-rule-home-page].
[32] Centers for Medicare & Medicaid Services, *Anesthesiologists Center*. [https://www.cms.gov/medicare/payment/fee-schedules/physician/anesthesiologists-center].

and anesthesia code, which are published by HHS on an annual basis.[33,34] One time unit is equal to 15 minutes, and each surgical CPT code and anesthesia CPT code are assigned specific time and base units, respectively.

Medicare rates for skilled nursing facility services are calculated using the Skilled Nursing Facility ("SNF") Prospective Payment System ("PPS") for the first 100 days in a skilled nursing facility.[35] Medicare does not cover assisted living facilities services and does not cover SNFs beyond 100 days.[36,37] A per diem rate was calculated by adding the per diem rates for physical therapy, occupational therapy, speech-language therapy, nursing, and non-case mix components. The SNF PPS indicates that 71.9% of the per diem rate is geographically adjusted using the hospital wage index for specific Core-Based Statistical Areas ("CBSA"), which are the labor market geographic areas defined by the Office of Management and Budget.

6. SUMMARY OF COSTS BASED ON MEDICARE COVERAGE FOR MR. FRYAR'S LIFE CARE PLAN

Ms. Rothchild's future service unit costs based on Medicare coverage for Mr. Fryar's Life Care Plan are summarized in Table 1 below. Rates reflect standardized rates for what Medicare would pay for a service, removing patient responsibility amounts such as copayments and coinsurance.

[33] Centers for Medicare & Medicaid Services, *CMS-1807-F,* December 9, 2024. [https://www.cms.gov/medicare/payment/fee-schedules/physician/federal-regulation-notices/cms-1807-f].
[34] Centers for Medicare & Medicaid Services, *Anesthesiologists Center*. [https://www.cms.gov/Center/Provider-Type/Anesthesiologists-Center.html].
[35] Centers for Medicare & Medicaid Services, *Skilled Nursing Facility PPS.* [https://www.cms.gov/medicare/payment/prospective-payment-systems/skilled-nursing-facility-snf].
[36] "Medicare Long-term Care," Centers for Medicare & Medicaid Services. [https://www.medicare.gov/coverage/long-term-care].
[37] "Skilled Nursing Facility Care," Centers for Medicare & Medicaid Services. [https://www.medicare.gov/coverage/skilled-nursing-facility-care].

Table 1

Medicare Coverage and Costs for Mr. Fryar's Life Care Plan

Description*	Frequency as Described in LCP	Unit Defined	CPT Code**	Medicare Rate
PHYSICIAN & CLINICAL CARE				
Neurology/Movement Disorder Clinic Visits	1 time every 3 months	Per visit	AVG(99213, 99214)	$83.68
Nutritionist	1 time visit every 4-6 months for life span or 1 time only	Per visit	97802	$27.77
Urologist	1 time every 6 months	Per visit	AVG(99213, 99214)	$83.68
Dermatologist	1 time every year	Per visit	AVG(99213, 99214)	$83.68
EVALUATIONS/THERAPIES				
Neuropsychological Testing/Evaluation	Annual	Per visit	SUM(96116, 96132, 96136)	$200.26
Counseling Sessions	1 time each month	Per visit	90834	$82.42
Sleep Study Evaluation	2 times in lifespan	Per visit	95810-26	$88.67
Speech-Language Pathologist Services				
Option 1: Swallowing Speech Evaluation	1 evaluation every 1 to 2 years throughout lifespan	Per visit	92610	$65.22
Option 1: Swallowing Speech Treatment	3-4 treatment sessions (in total during lifespan)	Per visit	92526	$64.76
Option 2: Speech Evaluation: [Swallow/Voice/Cognitive Issues]	1 evaluation each year pertaining to swallowing issues, voice issues and/or cognitive issues	Per visit	AVG(92610, 92523)	$120.16
Option 2: Speech Treatment Session [Swallowing, Voice and Processing Issues]	5-10 treatment sessions each year throughout life span	Per visit	AVG(92526, 92507)	$61.78
Modified Barium Swallow Study	2 times during life span	Per visit	SUM(92611, 74230-26)	$88.63
OT Home Evaluation (Moderate Complexity)	1 time every 4 to 5 years throughout life span	Per visit	97166	$78.57

Description*	Frequency as Described in LCP	Unit Defined	CPT Code**	Medicare Rate
	_____ One- Time Provision			
Occupational Therapy Evaluation (Safety, ADLs & Adaptive Equipment) (Moderate Complexity)	1 time each year	Per visit	97166	$78.57
Physical Therapy Evaluation	1 time each year throughout lifespan	Per visit	97162	$76.60
Physical Therapy Visits	12 sessions in first year; then at least 3-4 sessions each year thereafter and throughout life span. 12 sessions each year	Per visit	SUM(97110, 97530, 97112, 97535)	$99.40
MEDICATIONS				
Carbidopa-Levodopa (Sinemet) 25/100 mg tablet	4 tablets taken 4 times each day	Per tablet		$0.20
Primidone 250 mg tablet	1 tablet taken twice each day	Per tablet		$0.23
PROCEDURE: DEEP BRAIN STIMULATOR (DBS) PLACEMENT (POTENTIAL)				
Neurologist Evaluation	1 time (Potential Care)	Per visit	AVG(99203, 99204)	$106.54
Neurologist Visits	1 time per month for 1st year, then 1 time every 4-6 months for life span (Potential Care)	Per visit	AVG(99213, 99214)	$83.68
Neurosurgeon Evaluation	1 time (Potential Care)	Per visit	AVG(99203, 99204)	$106.54
Deep Brain Stimulation Device Placement	After any potential initial placement of the DBS device expect the battery to require subsequent surgical			

Description*	Frequency as Described in LCP	Unit Defined	CPT Code**	Medicare Rate
	replacement once every 3 years (Potential Care)			
MD/Assistant Surgeon Fees:	^	Per visit	SUM(61867, 61868, 61886)	$2,842.54
Cortical Mapping Fees:	^	Per visit	SUM(95961-26, 95962-26)	$250.70
Anesthesia Fees:	^	Per visit	00210	$940.06
Facility Fees:	^	Per visit	DRG 00024	$29,759.36
Deep Brain Stimulation Device Electronic Analysis and Programming	12 visits during first year following BS placement and then once very 4 to 6 months throughout life span. (Potential Care)			
Option 1: Analysis without programming required	^	Per visit	95970	$14.26
Option 2: Analysis with programming required, first 15 minutes	^	Per visit	95983	$37.68
Option 3: Analysis with programming required, each additional 15 minutes	^	Per visit	95984	$32.85
DURABLE MEDICAL EQUIPMENT (DME)				
Rolling Walker with Seat and Laser	Every two years	Per item	SUM(E0147, E0156)	$420.58
Manual Wheelchair	Every 5 years	Per item	K0001	$292.34
Power Wheelchair	Every 5 years	Per item	K0010	$5,964.50
Lift Recliner	One Time Provision	Per item	AVG(E0627, E0629)	$264.31
Shower Chair	Every 3 to 4 years			$0.00
Raised Toilet Seat	Every 3 to 4 years			$0.00
Adaptive Eating Utensils	Every 2-3 years			$0.00
Bed Positioning Pillows	Every 1-2 years			$0.00

Description*	Frequency as Described in LCP	Unit Defined	CPT Code**	Medicare Rate
Bed Cane	One Time Provision	Per item	E0100	$23.56
Handheld Shower	Every 3-5 years			$0.00
Queen Size Sleep Number Bed with Moveable Base	One time provision			$0.00
Digital Blood Pressure Cuff	Every 4 years			$0.00
Automatic Pill Dispenser	One Time Provision			$0.00
Adult Diapers	Daily use and replacement adult diaper and pad			$0.00
Absorbent Bed Pads	Daily use and replacement adult diaper and pad			$0.00
HEALTH & STRENGTH MAINTENANCE				
Fitness/Exercise Programs	Monthly Provision _____ At least 3 times weekly complete regular exercise			$0.00
TRANSPORTATION				
Driver Evaluation	1 time now (If determined safe to continue driving now, then complete one evaluation every 2-3 years while continues to drive.)	Per visit	97166	$78.57
HOME CARE & SUPPORT SERVICES				
Housekeeping Services	Every other week while residing at home			$0.00
Accountant - Bookkeeping	1-2 hours each month			$0.00
Accountant - CPA Services	1-2 hours each month			$0.00
Financial Planner	4 times each year			$0.00
Parkinson's Support Group	No cost applied			$0.00

Description*	Frequency as Described in LCP	Unit Defined	CPT Code**	Medicare Rate
Attendant Home Care Services (Certified Nursing Assistant [CNA] services)	Up to 3 hours of daily attendant care services for 2 to 3 days each week and continue with the same until last 2 to 3 years of life. During last 2 to 3 years of life, increase attendant care services to 24 hours each day and continue with the same throughout her remaining life span. Up to 3 hours daily, 3 to 4 days each week for the next two years 2 years from now, increase services to 4 to 8 hours every day 4 years from now, increase services to 12 to 24 hours every day throughout her remaining life span	Not covered without presence of skilled nursing		$0.00
FACILITY CARE				
Skilled Nursing Facility (SNF) Placement (Option in lieu of residential home care)	Monthly Provision (Option in lieu of residential attendant care)	Daily rate (only first 100 days covered)		$416.59
RESIDENTIAL MODIFICATIONS & ACCOMODATIONS				
Home Modifications (i.e. ramping, widening of doorways to accommodate wheelchair, walk-in shower, grab bars)	One Time Provision			$0.00

*Based on Mr. Fryar's Life Care Plan.[38]

**Functions denote how rates for included CPT codes should be combined.

[38] Life Care Plan for Ms. Diane Rothchild, prepared by Michael A. Fryar, M.S., RN, CRC, CCM, CLCP, QRP, dated February 1st, 2025.

7. SUMMARY OF COSTS BASED ON MEDICARE COVERAGE FOR DR. SHAHNASARIAN'S LIFE CARE PLAN

Ms. Rothchild's future service unit costs based on Medicare coverage for Dr. Shahnasarian's Life Care Plan are summarized in Table 2 below. Rates reflect standardized rates for what Medicare would pay for a service, removing patient responsibility amounts such as copayments and coinsurance.

Table 2

Medicare Coverage and Costs for Dr. Shahnasarian's Life Care Plan

Description*	Frequency as Described in LCP	Unit Defined	CPT Code**	Medicare Rate
RESIDENTIAL OPTIONS				
Skilled Nursing Facility (SNF) Placement	To be determined	Daily rate (only first 100 days covered)		$416.59
EVALUATIONS				
Nutritionist Evaluation	Every 4-6 months	Per visit	97802 x 4	$111.07
Neuropsychological Evaluation	To be determined	Per visit	SUM(96116, 96121 x 2, 96132, 96133 x 4.5)	$615.24
Sleep Study Evaluation	2 times total	Per visit	95810	$466.75
Physical Therapy Evaluation	1 time per year	Per visit	97161	$76.60
Occupational Therapy Evaluation	1 time per year	Per visit	97165	$78.57
Occupational Therapy Home Evaluation	Every 4-5 years	Per visit	97165	$78.57
Speech Therapy Evaluation	Every 1-2 years	Per visit	92522	$85.22
THERAPEUTIC NEEDS				
Neurologist /Movement Disorder Office Visit	4 visits per year	Per visit	99214	$97.89
Urologist Office Visit	2 visits per year	Per visit	99214	$97.89
Dermatologist Office Visit	1 visit per year	Per visit	99213	$69.47
Psychological Counseling	10-20 sessions	Per visit	90837	$122.10
Parkinson's Disease Support Group	As needed			$0.00
Physical Therapy	12 sessions total	Per visit	97110 x 2	$44.99
Physical Therapy	3 - 12 sessions per year	Per visit	97110 x 2	$44.99
Speech Therapy	3-4 sessions total	Per visit	92507	$58.80
DIAGNOSTIC TESTS				
Modified Barium Swallow	2 times total	Per visit	74230	$90.62

Description*	Frequency as Described in LCP	Unit Defined	CPT Code**	Medicare Rate
WHEELCHAIR NEEDS				
Manual Wheelchair	Replace every 5-7 years	Per item	K0001	$292.34
Manual Wheelchair Maintenance	Annually			$0.00
Power Wheelchair	Replace every 5-7 years	Per item	K0010	$5,964.50
Power Wheelchair Maintenance	Annually			$0.00
AIDS FOR INDEPENDENT LIVING				
Adjustable bed	Replace every 7-10 years	Per item	E0265	$1,863.37
Positioning Pillows	Replace every 2-3 years			$0.00
Bed Cane	Replace every 5-7 years	Per item	E0100	$23.56
Lift Recliner	Replace every 5-7 years	Per item	AVG(E0627, E0629)	$264.31
Rollator	Replace every 5-7 years	Per item	SUM(E0147, E0156)	$420.58
Stationary Walker	Replace every 5-7 years	Per item	E0148	$82.86
Shower Chair	Replace every 5-7 years			$0.00
Elevated Toilet Seat	Replace every 5-7 years			$0.00
Hand Held Shower Nozzle	Replace every 5-7 years			$0.00
Digital Blood Pressure Cuff	Replace every 3-5 years			$0.00
Automatic Pill Dispenser	Replace every 3-5 years			$0.00
Miscellaneous Adaptive Aids	Annually			$0.00
DRUGS AND SUPPLY NEEDS				
Incontinence Supplies	Monthly			$0.00
Carbidopa-Levodopa (Sinemet) 25/100 mg	4 tablets per day	Per tablet		$0.20
Primidone (Mysoline) 250 mg	2 tablets per day	Per tablet		$0.23
HOME FACILITY CARE				
Personal Care Attendant/Certified Nursing Assistant (CNA)	12 hours per week		Not covered without presence of skilled nursing	$0.00

Description*	Frequency as Described in LCP	Unit Defined	CPT Code**	Medicare Rate
Personal Care Attendant/Certified Nursing Assistant (CNA)	3 hours per day		Not covered without presence of skilled nursing	$0.00
Housekeeper Services	Every 2 weeks; 3-4 hours per visit			$0.00
Financial Planner	One time			$0.00
Accountant	1-2 hours per month			$0.00
PERSONAL FITNESS				
Fitness Center Membership	Weekly			$0.00
ARCHITECTURAL RENOVATIONS				
Home Environmental Analysis	One time			$0.00

*Based on Dr. Shahnasarian's Life Care Plan.[39]

**Functions denote how rates for included CPT codes should be combined

[39] Life Care Plan for Diane Lynn Rothchild, prepared by Michael Shahnasarian, PhD, dated May 8th, 2025.

8. SUMMARY OF OPINIONS

This report is based on information known to me as of this date. I have analyzed the information provided to me for Ms. Rothchild and assessed publicly available data to arrive at my opinion as to the rates for care covered by Ms. Rothchild's insurer. If additional information is made available, I may modify my report. I may also be asked to present opinions on additional issues in this case.



Henry Miller, Ph.D.
December 15, 2025

APPENDIX A
DR. HENRY MILLER
CURRICULUM VITAE

HENRY MILLER, Ph.D.
BERKELEY RESEARCH GROUP, LLC
2 N. Central Avenue
Suite 1700
Phoenix, AZ 85004

Direct: 602.388.1116
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SUMMARY

Henry Miller is Managing Director, Health Analytics in the Phoenix, AZ office of the Berkeley Research Group. He has more than 50 years of experience as a healthcare consultant and researcher specializing in health care finance, public policy, regulatory analysis, and strategic planning. In addition, he has provided expert testimony to the U.S. Congress, several state legislatures, in Federal, State, and local courts and in arbitration proceedings.

Dr. Miller has worked with more than 50 health plans, including some of the largest plans in the U.S., Blue Cross and Blue Shield plans and regional health plans on varied aspects of their operations, including evaluation of premium rate setting strategies, medical loss ratios, administrative issues, organizational structure, community relations, network management, provider payment systems, operating systems, and strategic planning.

Dr. Miller has worked on provider payment systems and network management issues for more than forty years. He was a member of the Medicare oversight committee for the effort to develop the practice expense component of the RBRVS physician fee schedule. He assisted CMS on several projects related to the development of the Medicare Hospital Outpatient Prospective Payment System and directed a project to assess opportunities to improve the Medicare Inpatient Prospective Payment System (IPPS) based on DRGs. Dr. Miller also directed the Medicare program's evaluation of the appropriateness of paying a facility fee to ambulatory surgery centers and has prepared reports on reimbursement issues for the Medicare program that were responses to Congressional requests.

He has designed hospital, physician, and pharmaceutical payment systems for seven Medicaid programs and more than thirty Blue Cross and Blue Shield plans and other health plans. This work has included both in network and out of network payment. In several instances, Dr. Miller negotiated provider contracts on behalf of health plans.

Dr. Miller has worked with various entities on developing competitive bidding programs, including design of Requests for Proposals, and bid evaluation formats. This work focuses on bids for health coverage submitted to employers by health insurers. He has also assisted health insurers who submitted bids for health coverage to private sector and government entities.

Dr. Miller has provided expert testimony on the reasonable costs of medical care, medical payments and network management issues in worker's compensation and personal injury cases. This testimony was based on the methods to measure reasonable value of medical care that Dr. Miller developed. Methods have been accepted in state and Federal courts.

Dr. Miller's work for health plans includes several assignments relating to the operation of Medicare Advantage plans, including issues relating to data submission to the Medicare program, provider contracting, and the development of provider payment approaches and rates. He has also worked for the Medicare program on these issues, especially as related to the quality and availability of data that is submitted by MA plans to the Federal government.

Dr. Miller has directed several public policy and regulatory analysis projects. He has directed evaluations of several programs for the Department of Health and Human Services, including programs managed by the Office of Women's Health, the Health Resources and Services Administration (HRSA), the National Center for Health Statistics, the Agency for Healthcare Research and Quality (AHRQ) and the National Institutes of Health. Much of this work focused on delivery and financing alternatives for improving care to vulnerable populations. He directed a project that investigated innovative approaches to care management initiated by Federally Qualified Health Centers. This project examined programs in nine U.S. communities. He directed studies of research on access to care for disadvantaged, minority, and disabled populations for AHRQ. In other work, he developed a strategic plan for a managed care plan for the uninsured and low-income populations in Hillsborough County, Florida and designed an innovative delivery system for low-income populations in Rochester, New York. His work for HRSA includes evaluations of health care for the homeless programs as well as several federally funded women's and maternal and child health programs. He has conducted similar projects for New York State. Dr. Miller directed an evaluation of the Medicare clinical laboratory payment system for the National Academy of Medicine. He conducted an evaluation of the impact of Medicare regulations on clinical laboratories for the American Clinical Laboratory Association as well as national laboratory chains and hospital-based laboratories.

Dr. Miller directed key elements of the work conducted by the Governor's Commission for Rationalizing Healthcare in New Jersey. He was the lead consultant to the Commission on analyzing the financial status of the State's hospitals as well as measuring the impact of potential hospital closings. He also served as the economic advisor to the Alaska Department of Insurance in its review of the application by Premera Blue Cross to convert to for-profit status. He assisted several Primary Care Trusts and Strategic Health Authorities in the U.K. as they addressed changes in National Health Service requirements.

Dr. Miller has directed several technology related projects, including work in which he presented new technologies to the Centers for Medicare and Medicaid Services (CMS) to obtain their approval and payment. This work included analysis of a radiotherapy for non-Hodgkins lymphoma, a new device for the treatment of posterior uveitis and a cryogenic stent. In addition, he prepared the strategic plan for a Regional Health Information Organization (RHIO) for the Maryland and Virginia area. This work included

an assessment of the feasibility of linking electronic medical records across hospitals and physicians' offices.

Dr. Miller developed resource costing, a tool for the measurement of costs in healthcare settings in a series of projects completed for the Office of the Assistant Secretary for planning and Evaluation of the Department of Health and Human Services. He applied resource costing to a project for the Medicare Payment Advisory Commission (MedPAC) in which he used the approach to assess the accuracy of Medicare Cost Reports as a research and policy analysis tool and to another project to measure the costs of more than 300 hospital outpatient procedures to support efforts by the Centers for Medicare and Medicaid Services (CMS) to develop the Medicare Hospital Outpatient Prospective Payment System (HOPPS) based on APCs.

PROFESSIONAL EXPERIENCE

Provider Payment System Design and Evaluation

Dr. Miller played a key role in the development of the Medicare Hospital Outpatient Prospective Payment System (HOPPS). In this work for CMS, he conducted a major pricing study, analyzed the impact of key aspects of the APC approach and assisted in drafting regulations. Subsequently, he conducted a study of the impact of the HOPPS on the quality of care provided to Medicare beneficiaries for MedPAC. Dr. Miller also designed hospital outpatient payment systems for Medicaid programs in New York, New Jersey, North Dakota, and the District of Columbia. He has developed hospital outpatient payment approaches for Blue Cross and Blue Shield plans in New York, New Jersey, Virginia, Georgia, Arkansas, Minnesota, and California.

Dr. Miller also directed an assessment of opportunities to improve the Medicare Inpatient Prospective Payment System (IPPS), based on DRGs. He has designed or evaluated hospital inpatient payment systems for Medicaid programs in Virginia, Pennsylvania, Iowa, New York, and West Virginia. His inpatient payment system design work for health plans includes projects conducted for Blue Cross and Blue Shield plans in Virginia, Pennsylvania, Florida, Texas, North Dakota, Illinois, Colorado, Kansas City and Tennessee. Dr. Miller also evaluated the method used by the Federal government to pay children's hospitals for their investment in medical education.

Dr. Miller completed a study to update the payment system used by the Medicare program to pay Federally Qualified Health Centers (FQHCs). This work was undertaken to address payment issues that arose because payment levels had not been adjusted other than for inflation for more than fifteen years. Recommendations were made to the Health Resources and Services Administration and the Centers for Medicare and Medicaid Services.

Dr. Miller has worked with several State Medicaid programs on home health agency payment systems. He reviewed licensing criteria for home health agencies and other providers in Vermont and New York. He led the design of nursing home reimbursement systems for the Medicaid programs in Virginia, Pennsylvania, Vermont, and Iowa. He directed a study of the Medicare laboratory fee schedule for the National Institute of Medicine. His reimbursement system design work for health plans includes design

of systems to pay hospitals, ambulatory surgery centers, physicians, nursing homes, home healthcare agencies, dialysis centers and other providers. He has also developed fee schedules used for out of network payment for several large health plans. He has worked with more than two-thirds of the nation's Blue Cross and Blue Shield plans as well as national health plans on reimbursement issues.

In other work, Dr. Miller evaluated and made recommendations to improve the payment methods used by worker's compensation programs in Ohio and California. He completed a study of access to healthcare for injured workers in California. Dr. Miller has also worked with personal injury insurers on methods used to pay medical claims.

Public Policy and Regulatory Analysis

Dr. Miller has directed several major studies of key public policy issues for the Federal government as well as for states and private sector clients. Examples of this work include:

- Economic advisor to the Alaska Insurance Department on the application by Premera Blue Cross to convert to for-profit status,
- Financial advisor to the Governor's Commission for the Rationalization of Healthcare in New Jersey,
- Consultant to several U.K agencies on development of responses to changes in the National Health Service, including Yorkshire and the Humber Strategic Health Authority, North Lincolnshire Primary Care Trust, Calderdale Primary Care Trust, and the Swansea Primary Care Trust,
- Analysis of the Highmark Blue Cross and Blue Shield and Independence Blue Cross proposal to merge,
- Validation of the diagnostic information used in the CMS-RCC risk adjustment formula used by the Medicare program to develop payment rates for Medicare Advantage plans,
- Analysis and recommendation of innovative approaches to improve access to primary care services for low-income populations for the Greater Rochester Health Foundation,
- Evaluation of the Rural and Frontier Coordinating Center program of the Federal Office of Women's Health,
- Evaluation of the costs and use of case management in a home health care program funded by the Federal government,
- Evaluation of the impact of the New York State All-Payer Case-Based Prospective Hospital Reimbursement System (NYPHRM) for the Council on Health Care Financing and the New York State legislature,
- Evaluation of several Federal and New York State programs to provide services to people with HIV/AIDS,
- Development and evaluation of community-based healthcare data systems, including a data system to collect and manage data that describe health care markets for the Agency for Healthcare Research and Quality, the Maryland Medical Care Database for the Maryland Health Care Commission and the database used to support hospital quality initiatives by the American Data Network,

- Evaluation of the Healthcare Community Access Program (HCAP), a national effort to reduce uncompensated care in over 150 communities for the Health Resources and Services Administration,
- Evaluation of the Federal Government's Black Lung Clinics program, and
- Completion of several projects for the National Center for Health Statistics including an assessment of the impact of using ICD-10 for diagnosis coding, an evaluation of the uses of provider surveys including the National Hospital Discharge Survey and the National Ambulatory Medical Care Survey and the design of a national survey of ambulatory surgery.

Strategic planning

Dr. Miller's strategic planning work includes assignments completed for hospitals, managed care companies, major employers, and government agencies. These projects include:

- Support on strategic issues for several hospital systems, including Johns Hopkins Medicine, University of Rochester Health System, University of Maryland Medical System, The Christ Hospital, Sutter Health System, and Memorial Hermann Health System.
- Evaluation of health benefits options for major employers including AT&T and Verizon,
- Preparation of a strategic and operational plan for an innovative managed care plan for the uninsured in Hillsborough County, Florida,
- Support for the preparation of the initial Vermont Health Resources Allocation plan for the Vermont Bureau of Insurance, Securities and Health Care Administration,
- Support to the State of New York for the development of a Global Budgeting program, and
- Several studies of the comparative value of health care benefit programs provided by health plans in efforts to identify optimal arrays of benefits.

Expert Testimony

Dr. Miller has served as an expert witness in several health care cases in recent years and has testified in federal and state courts, in arbitrations and in administrative hearings. His testimony addressed:

- Hospital/health plan contract disputes,
- Role of the Affordable Care Act in measuring medical costs in personal injury cases,
- Reasonable costs of medical care in personal injury cases,
- Class action certification,
- Out of network provider payment,
- Rates paid to health care providers by worker's compensation insurers and personal injury insurers,
- Medicare and Medicaid managed care contracts,
- Health plan operations and health plan/provider relationships,
- Health care competition issues,
- Applications by non-profit health insurers seeking to convert to for-profit status, and
- Efforts to obtain certificates of need for health care services.

EDUCATION

Ph.D., (Accounting and Economics), University of Illinois
M.B.A., City College of New York
B.B.A., City College of New York

PRESENT POSITION

Berkeley Research Group, Managing Director, Health Analytics, 2010 to present

FULL-TIME TEACHING EXPERIENCE

University of Baltimore, Associate Professor
State University of New York at Binghamton, Assistant Professor
University of Illinois, Instructor

OTHER POSITIONS HELD

LECG, LLC, Managing Director, 2008-2010
Navigant Consulting, Inc., Managing Director, 2002-2008
Center for Health Policy Studies, President, 1979-2002
Miller & Byrne, Inc., President, 1975-1979

SELECTED COMMUNITY ACTIVITIES

United Cerebral Palsy of Central Maryland, Chairman, Board of Directors, 2007 to 2011
Heifetz International Music Institute, Treasurer, Board of Directors, 2010 to 2013
Glenelg Country School, Treasurer, Board of Trustees, 1991-2000
Howard County General Hospital, Chairman, Board of Trustees, 1987-1989

SELECTED PUBLICATIONS

1. C. Turck, W. Marsh, J. Stevenson, J. York, H. Miller and S. Patel, "Pharmacoeconomics of Surgical Interventions vs. Cyclooxygenase Inhibitors for the Treatment of Patent Ductus Arteriosus," The Journal of Pediatric Pharmacology and Therapeutics, Vol. 12, No. 3, July-September 2007
2. H. Miller, "Outpatient Payment in the Private Sector," in N. Goldfield and W. Kelly, Outpatient Prospective Payment, (Gaithersburg, MD, Aspen Publishing, 1999)
3. H. Miller, B. Cassidy, and D. Karr, "Resource Costing for Healthcare Services," in N. Goldfield and W. Kelly, Outpatient Prospective Payment, (Gaithersburg, MD, Aspen Publishing, 1999)
4. D. Karr, H. Miller, and S. McCue, "the Effect of Instrument Type on the Cost of Laparoscopic Surgery," Surgical Endoscopy, 1996
5. H. Miller and W. Kelly, "Prospective Per Case Payment in New York State: An Analysis," in N. Goldfield and P. Boland, Physician Profiling and Risk Adjustment, (Gaithersburg, MD Aspen Publishing, 1996)
6. B. Balicki, H. Miller, W. Kelly, "Benchmarks and Tools for Evaluating Ambulatory Surgery: A Model for Examining Cost Competitiveness," Healthcare Financial Management, Spring, 1995
7. W. Kelly, H. Miller, T. Parciak, "The Need for Alternatives to Capitation Under Managed Care," Managed Care Quarterly, Summer, 1994

8. H. Miller, "Outpatient Prospective Payment Approaches for Use by Insurers," Journal of Ambulatory Care Management, Spring, 1993
9. B. Balicki, H. Miller, W. Kelly, T. Yates, "Guidelines for Managing Ambulatory Surgery Programs in the 1990's, Journal of Ambulatory Care Management, Winter, 1991
10. H. Miller, et.al., "Costs of Ambulatory Care: Implications for Outpatient Prospective Payment Systems," Journal of Ambulatory Care Management, Winter, 1991
11. W. Kelly, P. Tenan, H. Fillmore, H. Miller, "Products of Ambulatory Care Patient Classification System," Journal of Ambulatory Care Management, Winter, 1990

TESTIMONY (2016 – Present)

2025

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2024

- *Cipla, USA, Inc. v. Ipsen Biopharmaceuticals, Inc.,* United States District Court for the District of Delaware, Case No. 22-cv-00552 GBW, *(Deposition).*
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- *Jonathan Mendoza and Maria Mendoza, on behalf of their minor son, Jazziel Mendoza Oliveros v. Hospital Development of West Phoenix, Inc. d/b/a/ Abrazo West Campus,* Superior Court of the State of Arizona, County of Maricopa, Case No. CV2021-094672, *(Deposition).*
- *Anjil Jeter v. Comanche Construction of Georgia, LLC.,* State Court of DeKalb County, State of Georgia, Civil Action 21A03631, *(Deposition).*
- *Farid Almasri v. Target Corporation,* Superior Court of the State of California, County of Los Angeles, Case No.: 22STCV08524, *(Deposition).*

2023

- *Fitzgerald, Kloess & Pope Advisors, LLC v. Premier Parking of Tennessee, LLC, Premier Parking Management Company, LLC*, Chancery Court for Davidson County, Tennessee, Case No. 21-1299-BC, *(Deposition).*
- *Dr. Timothy Munderloh, et al. v. Biegler GMBH, Solace Advancement, LLC, et al.*, United States District Court, District of Arizona, Case No. 3:21–CV-08004-GMS, *(Deposition).*
- *Anthony Azzinaro and Kathryn Lindsay v. The Shyft Group, Inc. and the Shyft Group, USA, Inc.,* U.S District Court, District of Arizona, Case No. 2:21-CV-01990-JJT, *(Deposition).*

2022

- *Alpha Omega Lanier Edwards II v. Fast Lane Transportation, Inc.,* Superior Court of the State of California, County of Los Angeles, Case No. 21STCV09757, *(Deposition).*
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- Gloria Banda v. Food 4 Less of California, Inc., Superior Court of the State of California, County of Los Angeles, Case No. BC663290, *(Deposition).*
- *Beau Towne v. Multicare Health System d/b/a Mary Bridge Children's Hospital,* Superior Court of the State of Washington for Pierce County, Case No. 20-2-04518-2, *(Testimony).*
- *Medical Society of the State of New York v. United Health Group*, United States District Court, Southern District of New York, Civil Action No. 16-CV-5265 (JPO), (*Testimony*).
- *Lori Bush v. Dignity Health,* Superior Court of the State of California for the County of San Bernadino, Case No. CIVDS-1613161, *(Deposition and Testimony).*

2021

- *Adventist Health System/Sunbelt, Inc. v. Humana Medical Plan, Inc.* (Arbitration – American Arbitration Association Case No. 01-19-0002-6864) *(Deposition).*
- *Christopher Bentley v. Scott Gragson,* District Court, Clark County, Nevada, Case No. A-19-796424-C, *(Deposition).*
- *Kaweah Delta Medical Center v. Kaiser Foundation Hospitals*, Superior Court of the State of California for Tulare County, Case No. AH015680 *(Deposition and Trial Testimony)*
- *Medical Mutual of Ohio v. FrontPath Health Coalition*, Court of Common Pleas, Lucas County, Ohio, Case No. CI201703154 *(Deposition)*
- *Kaiser Foundation Hospitals v. Palomar Health F/K/A Palomar Pomerado Health,* Arbitration, JAMS Reference Number 1220063770, *(Deposition).*
- *Perry David Maxwell v. The Boeing Company and Paris Edward Cooper,* United States District Court, Central District of California, Case No. 2:19-cv-05204-DSF-KS *(Deposition).*
- *Baptist Memorial Health Care Corp. v. CIGNA Health Care of Tennessee,* Arbitration, *Deposition and Testimony).*

APPENDIX B
MATERIALS RELIED UPON

Materials Relied Upon
Anesthesiologists Center. Center for Medicare & Medicaid Services.
Clinical Laboratory Fee Schedule. Centers for Medicare & Medicaid Services.
CMS-1807-F. Centers for Medicare & Medicaid Services. December 9, 2024.
CMS-1828-F. Centers for Medicare & Medicaid Services. November 28, 2025.
Compare Original Medicare & Medicare Advantage. Centers for Medicare & Medicaid Services.
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Democrats and Republicans Disapprove of Medicare, Medicaid Cuts. Research Finds. David Lazer. September 11, 2025.
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Durable Medical Equipment Prosthetic Devices, Orthotics & Supplies Fee Schedule. Centers for Medicare & Medicaid Services.
Fee Schedules – General Information. Centers for Medicare & Medicaid Services. November 19, 2025.
FY 2026 IPPS Final Rule. Centers for Medicare & Medicaid Services. September 19, 2025.
History: CMS' Program History. Centers for Medicare & Medicaid Services. August 13, 2025.
History of Medicare Conversion Factors. American Medical Association.
History of SSA During the Johnson Administration 1963-1968. Social Security Administration.
Home Health Services. Centers for Medicare & Medicaid Services.
Home Health Prospective Payment System (HH PPS) Rate Update; Requirements for the HH Quality Reporting Program and the HH Value-Based Purchasing Expanded Model; Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Competitive Bidding Program Updates; DMEPOS Accreditation Requirements; and Other Medicare and Medicaid Policies. Centers for Medicare & Medicaid Services. November 28, 2025.
Hospital Inpatient Services Payment System. Medicare Payment Advisory Commission. October 2024.
How is Medicare Funded?. Centers for Medicare & Medicaid Services.
How much has the U.S. Government Spent this Year? U.S. Department of the Treasury. FiscalData. November 30, 2025.
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Life Care Plan for Ms. Diane Rothchild, prepared by Michael A. Fryar, M.S., RN, CRC, CCM, CLCP, QRP, dated February 1st, 2025.
Life Care Plan for Ms. Diane Rothchild, prepared by Michael A. Fryar, M.S., RN, CRC, CCM, CLCP, QRP, dated February 5th, 2025.
Medicare and Medicaid Programs; CY 2025 Payment Policies Under the Physician Fee Schedule and Other Changes to Part B Payment and Coverage Policies; Medicare Shared Savings Program Requirements; Medicare Prescription Drug Inflation Rebate Program; and Medicare Overpayments. Centers for Medicare & Medicaid Services. December 9, 2024.
Medicare Enrollment Dashboard. Centers for Medicare & Medicaid Services. August 2025.
Medicare Long-Term Care. Centers for Medicare & Medicaid Services.
Medicare Part D – Direct and Indirect Remuneration (DIR). Centers for Medicare & Medicaid Services. January 19, 2017.
Medicare Part D Drug Spending Dashboard. Centers for Medicare & Medicaid Services.
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Skilled Nursing Facility Care. Centers for Medicare & Medicaid Services.

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Skilled Nursing Facility PPS. Centers for Medicare & Medicaid Services.
VA Fee Schedule for Authorized Community Care. U.S. Department of Veterans Affairs.
What to Know About How Medicare Pays Physicians. Alex Cottrill, Juliette Cubanski, and Tricia Neuman. October 7, 2025.
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2025 Medicare Parts A & B Premiums and Deductibles. Centers for Medicare & Medicaid Services. November 8, 2024.

Exhibit 657

EDGAR PETERSON V. UNITED STATES OF AMERICA
CAMP LEJEUNE WATER LITIGATION
NO. 7:23-CV-01576

EXPERT REPORT OF DR. HENRY MILLER

DECEMBER 15, 2025

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1. INTRODUCTION

My name is Henry Miller, Ph.D. I am a Managing Director in the Health Analytics practice of Berkeley Research Group, LLC. I have been working on health care cost and health insurance issues for more than fifty years. I have conducted studies on these issues for the federal Medicare program, several state Medicaid programs and more than forty health insurers. I have testified on these issues in the U.S. Congress, several State legislatures and in federal, state and local courts and in arbitrations. My curriculum vita is attached to this report as Appendix A. My firm is compensated at $825 per hour for my time on this matter and payments are not contingent upon the outcome of the matter.

2. BACKGROUND OF THE CASE

This case relates to the injury of Edgar Peterson ("Mr. Peterson"). Mr. Peterson suffers from Parkinson's disease ("Mr. Peterson's condition") allegedly due to water contamination at the Marine Corps Base Camp Lejeune.[1] I offer no opinion on whether water at Camp Lejeune may have led to Mr. Peterson's development of any disease. Mr. Peterson currently resides in Memphis, Tennessee.[2] A Life Care Plan has been prepared for Mr. Peterson by Kay Hairston, BSN, RN, CCM, CNLCP, that describes the services that Ms. Hairston believes will be needed for Mr. Peterson throughout his life expectancy. A Life Care Plan was also prepared by Michael Shahnasarian, PhD, that includes modifications to Ms. Hairston's Life Care Plan and services that Dr. Shahnasarian believes will be needed for Mr. Peterson throughout his life expectancy.

3. SCOPE OF REPORT

I was asked by the United States Department of Justice to apply my expertise in health care costs to the matter of *Edgar Peterson v. United States of America*, which is part of the Camp Lejeune Water Litigation in the United States District Court for the Eastern District of North Carolina. I was specifically asked to address the following issues related to Mr. Peterson:

- Analyze the projected health care costs identified by Kay Hairston, BSN, RN, CCM, CNLCP,[3] ("Ms. Hairston's Life Care Plan") and identify the amount that would be paid by Medicare and the Veterans Health Administration for Mr. Peterson; and
- Analyze the projected health care costs identified by Michael Shahnasarian, PhD,[4] ("Dr. Shahnasarian's Life Care Plan") and identify the amount that would be paid by Medicare and the Veterans Health Administration for Mr. Peterson.

[1] Evaluation on behalf of Edgar Peterson, prepared by Kay Hairston, BSN, RN, CCM, CNLCP, dated February 5th, 2025.
[2] Life Care Plan for Edgar Allen Peterson IV, prepared by Michael Shahnasarian, PhD, dated May 8th, 2025.
[3] Evaluation on behalf of Edgar Peterson, prepared by Kay Hairston, BSN, RN, CCM, CNLCP, dated February 5th, 2025.
[4] Life Care Plan for Edgar Allen Peterson IV, prepared by Michael Shahnasarian, PhD, dated May 8th, 2025.

4. MEDICARE COVERAGE

Based on information received from counsel, Mr. Peterson receives coverage for healthcare services through the Medicare program (Part A and Part B).

Medicare Part A, which covers institutional services (e.g., hospital services), has no cost. There is a premium for Part B (e.g., physician and other professional services). The standard Part B premium amount in 2025 is $185 per month ($2,220 annually).[5] In addition, beneficiaries can elect to enroll in optional Medicare Part D coverage, which covers brand-name and generic prescription drugs.

As of August 2025, the Centers for Medicare & Medicaid Services ("CMS") reported 69.3 million Medicare beneficiaries, of which 49 percent were enrolled in traditional Medicare Fee-for-Service coverage (Part A and B).[6] CMS, the federal agency that runs the Medicare Program, is a branch of the Department of Health and Human Services ("HHS"), making it an integral part of the executive branch.[7] On July 30, 1965, President Lyndon B. Johnson signed legislation establishing the Medicare Program in response to a lack of support for older Americans' healthcare expenses within existing social safety net programs.[8] In 1972, Medicare was expanded to cover disabled individuals, people with end-stage renal disease ("ESRD") requiring dialysis or kidney transplant, and people ages 65 or older that selected Medicare coverage.[9] Coverage and benefits under the Medicare program have been expanded several times including under the Medicare Prescription Drug Improvement and Modernization Act of 2003 ("MMA"), which altered the Medicare+Choice plans into what we know today as Medicare Advantage plans. Additionally, the MMA created optional prescription drug benefits, known as Part D.[10] Through its different parts, the Medicare program covers most medically necessary services and supplies in a variety of healthcare settings, making it a reliable source of medical coverage for millions of Americans across the country.[11]

According to U.S. Treasury data, as of November 30, 2025, the U.S. federal government has spent $176 billion on the Medicare program in fiscal year 2026, which constitutes the third largest single portion of

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[5] Centers for Medicare & Medicaid Services, *2025 Medicare Parts A & B Premiums and Deductibles*, November 8, 2024. [https://www.cms.gov/newsroom/fact-sheets/2025-medicare-parts-b-premiums-and-deductibles].
[6] Centers for Medicare & Medicaid Services, *Medicare Enrollment Dashboard*, August 2025. [https://data.cms.gov/tools/medicare-enrollment-dashboard].
[7] "How is Medicare Funded?", Centers for Medicare & Medicaid Services. [https://www.medicare.gov/about-us/how-is-medicare-funded].
[8] Social Security Administration, *History of SSA During the Johnson Administration 1963-1968*. [https://www.ssa.gov/history/ssa/lbjmedicare1.html].
[9] "History: CMS' Program History," Centers for Medicare & Medicaid Services, modified August 13, 2025. [https://www.cms.gov/about-cms/who-we-are/history].
[10] "History: CMS' Program History," Centers for Medicare & Medicaid Services, modified August 13, 2025. [https://www.cms.gov/about-cms/who-we-are/history].
[11] "Compare Original Medicare & Medicare Advantage," Centers for Medicare & Medicaid Services. [https://www.medicare.gov/basics/get-started-with-medicare/get-more-coverage/your-coverage-options/compare-original-medicare-medicare-advantage].

the federal budget at 15%.[12] The federal government funds Medicare through mandatory or direct spending, which does not require annual Congressional approval. Medicare is primarily funded through payroll taxes paid by working adults and their employers in addition to smaller sources of funding such as income taxes on social security benefits.[13] Funding for Medicare is entrenched in U.S tax law and support for the program is widespread across the political spectrum.[14] These factors, among others previously described, support my opinion that the Medicare program will continue to exist and play a pivotal role in the United States' healthcare system.

Medicare rates, which are published by CMS, determine how much the Medicare program will reimburse a provider for a specific medical service.[15] CMS updates rates at least annually and rates can be expected to increase over time, even amid limits on Medicare spending such as budget neutrality requirements under the Medicare Access and CHIP Reauthorization Act of 2015 ("MACRA").[16] Increases in rates occur because Medicare rates for most medical services are based on the costs that providers incur to provide services, which increase over time.[17,18,19] In addition to increasing costs leading to higher physician payments, Congressional action and other policies have historically resulted in physician payment reduction suspensions and/or increases in physician payments.[20]

5. VETERANS HEALTH ADMINISTRATION COVERAGE

Based on information received from counsel, Mr. Peterson also receives coverage for healthcare services through the Veterans Health Administration ("VHA"). Eligibility for VHA healthcare benefits is based on military service for a certain period of time. Other requirements must also be met, such as service in

[12] U.S. Department of the Treasury, FiscalData, *How Much has the U.S. Government Spent this Year?,* Updated November 30, 2025. [https://fiscaldata.treasury.gov/americas-finance-guide/federal-spending/].
[13] "How is Medicare Funded?", Centers for Medicare & Medicaid Services. [https://www.medicare.gov/about-us/how-is-medicare-funded].
[14] David Lazer, "Democrats and Republicans Disapprove of Medicare, Medicaid Cuts, Research Finds," *Northeastern University*, September 11, 2025. [https://cssh.northeastern.edu/democrats-and-republicans-disapprove-of-medicare-medicaid-cuts-research-finds/#:~:text=Most%20Americans%20disapprove%20of%20cuts,reading%20at%20Northeastern%20Global%20News].
[15] Centers for Medicare & Medicaid Services, *Fee Schedules – General Information*, modified November 19, 2025. [https://www.cms.gov/medicare/payment/fee-schedules].
[16] Alex Cottrill, Juliette Cubanski, and Tricia Neuman, "What to Know about how Medicare Pays Physicians", *KFF*, October 7, 2025. [https://www.kff.org/medicare/what-to-know-about-how-medicare-pays-physicians/].
[17] Medicare Payment Advisory Commission, *Outpatient Hospital Services Payment System*, Revised October 2024. [https://www.medpac.gov/wp-content/uploads/2024/10/MedPAC_Payment_Basics_24_OPD_FINAL_SEC.pdf].
[18] Medicare Payment Advisory Commission, *Hospital Inpatient Services Payment System*, Revised October 2024. [https://www.medpac.gov/wp-content/uploads/2024/10/MedPAC_Payment_Basics_25_hospital_FINAL_SEC.pdf].
[19] Federal Reserve Bank of St. Louis (FRED). *Consumer Price Index for All Urban Consumers: Medical Care in U.S. City Average (CPIMEDSL),* Updated October 24, 2025. [https://fred.stlouisfed.org/series/CPIMEDSL].
[20] Alex Cottrill, Juliette Cubanski, and Tricia Neuman, "What to Know about how Medicare Pays Physicians", *KFF*, October 7, 2025. [https://www.kff.org/medicare/what-to-know-about-how-medicare-pays-physicians/].

certain geographic areas, military conflicts, wars and/or exposure to toxins or other hazards while serving.[21]

Basic VHA health benefits cover preventive care, such as health exams and immunization, inpatient hospital services, urgent and emergency care, long term and home health care, and prescriptions. Some veterans may receive additional benefits such as dental care.[22]

As referenced in the deposition of Daniel Clarke, "The VHA is the largest health care system in the United States providing health care at 1,380 health care facilities, including 170 VA Medical Centers and 1,193 outpatient sites of care of varying complexity to over 9.1 million veterans enrolled in the VA health care program."[23] The VHA is one branch of the Department of Veterans Affairs, which has been a Cabinet-level executive department since 1988, although its roots go much further back. It began when President Lincoln established a National Soldiers and Sailors Asylum in March 1865 before the end of the Civil War. The scope and complexity of the VHA have grown over time as more facilities have been opened and Veterans treated. Since its inception, VHA health care services and coverage have proven to be foundational to providing millions of individuals across the U.S. with vital health care services.[24] VHA funding is routinely approved on a bipartisan basis and coverage has expanded over time, as evidenced by the recent passage of the PACT Act in 2022 and the steady increase in the VA's budget throughout both Democratic and Republican administrations and congressional majorities.[25],[26] Therefore, the VHA health care system and coverage are expected to continue for the foreseeable future.

Many VHA health care maximum allowable rates correspond to Medicare rates which can be expected to increase over time as previously described. The VHA also sets its own rates, often for services not covered by Medicare, using a variety of different methodologies that include the following: historic VHA claims data, Medicare relative value units, Medicare Administrative Contractors ("MAC") rates, provider billed charges, and "industry-proven and respected data comprised of Medicare, Medicaid, and commercial health insurance claims."[27] This ensures that VHA rates will continue to keep pace with rising costs in the healthcare marketplace and, therefore, increase over time.

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[21] "Eligibility for VHA Health Care," U.S. Department of Veterans Affairs. [https://www.va.gov/health-care/eligibility/].
[22] "How to get Veterans Health Benefits," U.S. General Services Administration, August 27, 2025. [https://www.usa.gov/get-veterans-health-benefits#:~:text=What%20do%20VA%20health%20benefits,Prescriptions].
[23] Daniel Clarke, Deposition, Edgar Peterson v. United States of America Camp Lejeune Water Litigation. No. 7:23-CV-01576, September 3, 2025, at 27:3-27:9.
[24] "VA History Summary," U.S. Department of Veterans Affairs. [https://department.va.gov/history/history-overview/].
[25] Library of Congress, Actions - H.R.3967 - 117th Congress (2021–2022): Honoring our PACT Act of 2022, June 16, 2022. [https://www.congress.gov/bill/117th-congress/house-bill/3967/all-actions].
[26] Bureau of the Fiscal Services, U.S. Department of Veterans Affairs, *Department of Veterans Affairs – FY2025 Agency Profile*, September 29, 2025. [https://www.usaspending.gov/agency/department-of-veterans-affairs?fy=2025].
[27] National Archives, Federal Register, *Methodology for Reimbursing Medical Services, Extended Care Services, Pharmaceuticals, and Durable Medical Equipment Not on Medicare Fee Schedules*, March 27, 2024.

6. METHODOLOGY FOR CALCULATION OF COSTS

To determine the rates paid by Medicare, I first identified whether each service/supply, included in the life care plans submitted by Ms. Hairston and Dr. Shahnasarian, were covered by Medicare. Some services/supplies such as home cleaning services are not covered by Medicare. Next, I identified the rate that would be paid by Medicare for a service/supply. Medicare rates exclude any patient responsibility, including coinsurance.

To determine the rates paid by the VHA, I first identified whether each service/supply, included in the life care plans submitted by Ms. Hairston and Dr. Shahnasarian, were covered by the VHA. The VHA pays providers at a rate equal to the Medicare rate if a Medicare rate exists. For those services not covered by Medicare and without a Medicare rate, I followed the methodologies outlined on the VHA's website to identify the rate paid.[28] Sources for Medicare and VHA rates are listed in Appendix B of this report.

Mr. Peterson can elect to use either Medicare or the VHA for the coverage of his healthcare services (depending on the provider's participation in those programs).[29] For most general medical services and outpatient care, Medicare will pay 80% of the approved Medicare rate and a patient will pay the remaining 20% as coinsurance.[30] According to the VA fee schedule ("VAFS"), the "VA reimburses hospital, medical, and extended care services up to the maximum allowable rate which for most services is the Medicare rate."[31] Two rates have been provided in Tables 1 and 2 to identify the difference between what Medicare and the VHA would pay. The amount that will be paid will be determined based on where Mr. Peterson seeks medical care.

6.1 Methodology for Services and Supplies with a Medicare Rate

Medicare rates are generally available for the following types of services and supplies included in the life care plans: physician services, durable medical equipment ("DME"), medications, home health services, and outpatient hospital services.

Medicare rates for physician services rely on the Medicare Physician Fee Schedule ("MPFS"), which identifies a rate for each Current Procedural Terminology ("CPT") code based on the CPT code's relative

[https://www.federalregister.gov/documents/2024/03/27/2024-06431/methodology-for-reimbursing-medical-services-extended-care-services-pharmaceuticals-and-durable].

[28] U.S. Department of Veterans Affairs, *VA Fee Schedule for Authorized Community Care*. [https://www.va.gov/COMMUNITYCARE/revenue-ops/Fee-Schedule.asp].

[29] "VA Health Care and Other Insurance," U.S. Department of Veterans Affairs. [https://www.va.gov/health-care/about-va-health-benefits/va-health-care-and-other-insurance/].

[30] "Costs," Centers for Medicare & Medicaid Services. [https://www.medicare.gov/basics/costs/medicare-costs].

[31] U.S. Department of Veterans Affairs, *VA Fee Schedule for Authorized Community Care*. [https://www.va.gov/COMMUNITYCARE/revenue-ops/Fee-Schedule.asp].

value units ("RVUs").[32] CMS generally identifies three RVUs for each CPT code: a work RVU, a practice expense RVU, and a professional liability RVU. To determine Medicare's reimbursement, I geographically adjusted the RVUs for the provider's location[33] and then used a Congressionally mandated conversion factor[34] to translate the RVUs into dollars. Applying this methodology, I was able to determine the Medicare reimbursement rate for each CPT code.[35]

Medicare rates for DME rely on the Durable Medical Equipment Prosthetic Devices, Orthotics, & Supplies Fee Schedule ("DMEPOS").[36] The DMEPOS fee schedule includes rates for Healthcare Common Procedure Coding System ("HCPCS") codes associated with equipment and are adjusted at the state level based on the provider's location.

To identify Medicare rates for medications, I relied on the Medicare Part D Drug Spending Dashboard.[37] While Part D Medicare coverage is optional and both the federal government and beneficiaries do not pay directly for specific medications,[38] the dashboard provides information on the estimated average spending per dosage unit paid by the Medicare Program and, therefore, offers the best insight into what Medicare Part D would cover for specific medications identified in Mr. Peterson's life care plans. While I do not have knowledge of coverage under Medicare Part D for Mr. Peterson, I identified the average spending per dosage unit for each medication included in the life care plans when they included an adequate amount of information to identify a medication, such as the required dosage. I used spending rates for generic versions of medications if they existed in the dashboard.

Specific requirements must first be met to establish Medicare coverage for home health services. Medicare requires the following: 1) A beneficiary must require only part-time care, which is defined as skilled nursing and home health aide services for up to eight (8) hours a day, combined, with a maximum of 28 hours per week and 2) A beneficiary must receive home health aide services in tandem with services from another professional such as a skilled nurse, physical or occupational therapist, or a speech-language

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[32] Centers for Medicare & Medicaid Services, *Medicare Physician Fee Schedule*. [https://www.cms.gov/medicare/physician-fee-schedule/search/overview].

[33] For the purposes of my calculations here, I have assumed the providers would be located in Memphis, Tennessee, which is Mr. Peterson's current residence.

[34] The conversion factor is mandated by Congress and calculated by CMS using an established formula. The conversion factor is published in the Federal Register (see https://www.federalregister.gov/documents/2024/12/09/2024-25382/medicare-and-medicaid-programs-cy-2025-payment-policies-under-the-physician-fee-schedule-and-other). The American Medical Association has provided a summary of the conversation factors over the years (see https://www.ama-assn.org/system/files/cf-history.pdf).

[35] Medicare Payment Advisory Commission, *Payment Basics Physician and Other Health Professional Payment System*, November 2021. [https://www.medpac.gov/wp-content/uploads/2021/11/medpac_payment_basics_21_physician_final_sec.pdf].

[36] Centers for Medicare & Medicaid Services, *Durable Medical Equipment Prosthetic Devices, Orthotics & Supplies Fee Schedule*. [https://www.cms.gov/medicare/payment/fee-schedules/dmepos].

[37] Centers for Medicare & Medicaid Services, *Medicare Part D Drug Spending Dashboard.* [https://data.cms.gov/tools/medicare-part-d-drug-spending-dashboard].

[38] "Medicare Part D – Direct and Indirect Remuneration (DIR)," Centers for Medicare & Medicaid Services, January 19, 2017. [https://www.cms.gov/newsroom/fact-sheets/medicare-part-d-direct-and-indirect-remuneration-dir].

pathologist.[39] If a beneficiary meets these two (2) criteria, Medicare will cover home health services using a standardized 30-day period payment. Medicare updates this standardized payment on an annual basis.[40] Medicare has also established a national per-visit rate if the number of visits in a period of care does not meet the low-utilization payment adjustment ("LUPA") threshold. These rates have been adjusted to Mr. Peterson's geographic location.

To identify Medicare rates for outpatient hospital services, I considered three components that may be applicable to an outpatient visit: the facility fee, the physician or surgeon fee, and an anesthesia fee. For the facility fee, I identified the CPT code and the payment rate from the Medicare hospital Outpatient Prospective Payment System ("OPPS") National Addendum B.[41] OPPS regulations require that 60 percent of the national rates be adjusted to reflect the labor costs in the geographic area where the hospital is located.[42] Therefore, I adjusted 60 percent of the Medicare rate by the relevant wage index for Mr. Peterson's geographic area. For the physician fee, I used the MPFS which provides rates that are CPT and locality specific. The facility rate is used since the services would be performed in a facility such as a hospital. To calculate the Medicare rate for an anesthesia fee, I relied on several resources published annually by CMS.[43] I multiplied the geographically applicable conversion factor by the sum of time and base units for the surgical procedure and anesthesia code, which are published by HHS on an annual basis.[44,45] One time unit is equal to 15 minutes, and each surgical CPT code and anesthesia CPT code are assigned specific time and base units, respectively.

6.2 Methodology for Services and Supplies with a VHA Rate

While the absence of a Medicare rate does not definitively imply that Medicare will not cover a service, I have chosen to assume that Medicare coverage will not extend to a service or item if a rate cannot be identified.[46] For those services without a Medicare rate, I followed the methodologies outlined on the

[39] Centers for Medicare & Medicaid Services, *Home Health Services*. [https://www.medicare.gov/coverage/home-health-services#coverage-content-costs].
[40] Centers for Medicare & Medicaid Services, *CMS-1828-F*, November 28, 2025. [https://www.cms.gov/medicare/payment/prospective-payment-systems/home-health/home-health-prospective-payment-system-regulations-and-notices/cms-1828-f].
[41] Centers for Medicare & Medicaid Services, *Hospital Outpatient PPS.* [https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/].
[42] Centers for Medicare & Medicaid Services, *Medicare Claims Processing Manual*, Chapter 4, Section 10.8, November 22, 2024. [https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/clm104c04.pdf].
[43] Centers for Medicare & Medicaid Services, *Anesthesiologists Center*. [https://www.cms.gov/medicare/payment/fee-schedules/physician/anesthesiologists-center].
[44] Centers for Medicare & Medicaid Services, *CMS-1807-F*, December 9. 2024. [https://www.cms.gov/medicare/payment/fee-schedules/physician/federal-regulation-notices/cms-1807-f].
[45] Centers for Medicare & Medicaid Services, *Medicare Anesthesia Conversion Factors*. [https://www.cms.gov/Center/Provider-Type/Anesthesiologists-Center.html].
[46] "What's not Covered?," Centers for Medicare & Medicaid Services, [https://www.medicare.gov/providers-services/original-medicare/not-covered].

VHA's website to identify the rate paid by the VHA.[47] This effort included identification of geographically adjusted rates from the VAFS that are associated with CPT codes identified by life care planners or CPT codes that I identified as representative of services described in Mr. Peterson's life care plans.[48]

I incorporated exceptions to Medicare coverage and methodology used by the VHA, including housing and vehicle modifications and home health services. The VHA covers some services not included under Medicare, such as housing and vehicle modifications, for which I have provided rates when applicable.

In addition, the VHA offers broader home health coverage than Medicare. Unlike Medicare, VHA home health services are not subject to the same weekly hour limits, and rates were calculated using the Medicare Home Health methodology for services that Medicare would not cover. In addition, the VHA also covers services such as companion care and replacement services, with rates identified using the VAFS and adjusted to Mr. Peterson's geographic location.

7. SUMMARY OF COSTS BASED ON MEDICARE AND VHA COVERAGE FOR MS. HAIRSTON'S LIFE CARE PLAN

Mr. Peterson's future service unit costs based on Medicare and VHA coverage for Ms. Hairston's Life Care Plan are summarized in Table 1 below. Rates reflect standardized rates for what Medicare and VHA would pay for a service, removing patient responsibility amounts such as copayments and coinsurance. According to Mr. Peterson's Veterans Benefits Administration ("VBA") documentation, Mr. Peterson has a service-connected disability rating of over 70%, meaning that copayments do not apply for many services through the VHA, such as care related to a service-connected injury.[49]

[47]U.S. Department of Veterans Affairs, *VA Fee Schedule for Authorized Community Care*. [https://www.va.gov/COMMUNITYCARE/revenue-ops/Fee-Schedule.asp].

[48] If a CPT code was provided in Dr. Shahnasarian's Life Care Plan and an analogous service did not have a code in Ms. Hairston's Life Care Plan, the code in the Dr. Shahnasarian's Life Care Plan was applied to both.

[49] "Current VA Health Care Copay Rates for 2025," U.S. Department of Veterans Affairs, updated July 15, 2025. [https://www.va.gov/health-care/copay-rates/#:~:text=in%20a%20hospital)-,If%20you%20have%20a%20service-connected%20disability%20rating%20of%2010,a%20copay%20for%20inpatient%20care].

Table 1

Medicare and VHA Coverage and Costs for Ms. Hairston's Life Care Plan

Description*	Frequency as Described in LCP	Unit Defined	CPT Code**	Medicare Rate	VHA Rate
PHYSICIAN/MEDICAL					
Primary Care	As indicated	Per Visit	99213	$66.35	$82.94
Neurology	Every 6 months	Per Visit	99214	$93.53	$116.91
Functional Neurosurgery	Every 4-5 years	Per Visit	99214	$93.53	$116.91
Analysis and Programming of the DBS	Annually	Per Visit	SUM(95983, 95984 x 3)	$130.30	$162.88
Battery Replacement for DBS	Every 4-5 years	Per Visit			
Battery Replacement for DBS - Physician Fee	Every 4-5 years	Per Visit	61886	$620.40	$775.50
Facility		Per Visit	61886	$21,716.70	$27,145.87
Anesthesia		Per Visit	00300	$259.20	$324.00
Neuropsychological Evaluation	TBD	Per Visit	SUM(96116, 96121 x 2, 96132, 96133 x 4.5)	$600.06	$750.08
Counseling	12 visits per year	Per Visit	90837	$119.64	$149.55
Case Management	2-3 hours per month	Per Visit	99487	$98.06	$122.57
MEDICATIONS/SUPPLIES					
Carbidopa-Levodopa 25/100	2 tabs, 6 times daily	Per Tablet		$0.20	$0.20
Ropinirole 4mg	6 times daily	Per Tablet		$0.22	$0.22
Azilect 1mg	1 time daily	Per Tablet		$5.34	$5.34
Sertraline 50mg	1 time daily	Per Tablet		$0.19	$0.19
Omeprazole, Triamterene, Loratadine	As directed			Not enough information to price	
Vit D, Citrucel with Vit D3	As directed			Not enough information to price	
Orgovyx	As directed			Not enough information to price	

Description*	Frequency as Described in LCP	Unit Defined	CPT Code**	Medicare Rate	VHA Rate
Adult Diapers	4 per day	Per Item	T4523	$0.00	$0.91
Reusable Bedpads	1 per month	Per Item	T4537	$0.00	$11.83
Disposable Bedpads	2 per day	Per Item	T4541	$0.00	$0.35
XL Flushable Wipes	1 package per week	Per Item		$0.00	$0.00
Gloves	2 boxes per week	Per Item		$0.00	$0.00
REHABILITATION					
Physical Therapy Evaluation	3 times per year	Per Visit	97162	$74.03	$92.54
Physical Therapy	24 to 30 visits per year	Per Visit	97110 x 3	$65.26	$81.57
Occupational Therapy Evaluation	Annually	Per Visit	97166	$75.89	$94.86
Occupational Therapy	4 to 8 visits per year	Per Visit	97110 x 3	$65.26	$81.57
Speech Therapy Evaluation	Annually	Per Visit	92523	$169.64	$212.05
Speech Therapy	16 to 18 visits per year	Per Visit	92507	$57.02	$71.27
Access to Adaptive Gym	Monthly Fee	Per Month		$0.00	$0.00
THERAPEUTIC/ADAPTIVE EQUIPMENT					
Power Wheelchair with Cushion	Every 7-10 years	Per Item	SUM(K0010, E2601)	$5,299.82	$6,624.78
Battery Replacement (2)	Annually	Per Pair	E2363 x 2	$280.86	$351.08
Manual Lightweight Wheelchair (2)	Every 5 years	Per Item	K0003	$475.90	$594.88
U-Step Walker with Laser Module (purchased 2024)	Every 5 years	Per Item	SUM(E0147, E0156)	$410.76	$513.45
Straight or Quad Cane	Every 5 years	Per Item	E0105	$53.89	$67.36
Joerns Electric Hospital Bed	One time only	Per Item	E0265	$1,863.37	$2,329.21
Mattress for Hospital Bed	Every 5 years	Per Item	Included in code above		
Gait Belt (2)	Every 2 years	Per Item	E0945	$42.10	$52.63
Slings for Installed Lift (2)	Annually	Per Item	E0621	$77.71	$97.14
Reachers (2)	Every 2 years	Per Item	A9281	$0.00	$16.16

Description*	Frequency as Described in LCP	Unit Defined	CPT Code**	Medicare Rate	VHA Rate
Automatic Pill Dispenser	Monthly	Per Item		$0.00	$0.00
Therapeutic Recliner	One time only	Per Item	AVG(E0627, E0629)	$251.93	$314.92
DAILY CARE					
Certified Nursing Assistant	24 hours per day	30-day Rate, cannot exceed 28 hours per week for Medicare coverage (combined with skilled nursing)		$0.00	$1,836.09
Skilled Nursing	1-2 times per month	30-day Rate, cannot exceed 28 hours per week for Medicare coverage (combined with CNA)		$0.00	
Companion Care	3-4, 4-hour trips per week	Hourly Rate	S5125	$0.00	$41.00
Replacement Services	19.36 hours weekly	Hourly Rate	S5125	$0.00	$41.00
HOUSING/TRANSPORTATION					
Home Adaptations	One time only			$0.00	$6,800.00
Van Adaptations	Every 7-10 years			$0.00	$27,074.99
Maintenance, adapt. only	Every 6 months			$0.00	$0.00

*Based on Ms. Hairston's Life Care Plan.[50]

**Functions denote how rates for included CPT codes should be combined.

[50] Evaluation on behalf of Edgar Peterson, prepared by Kay Hairston, BSN, RN, CCM, CNLCP, dated February 5th, 2025.

8. SUMMARY OF COSTS BASED ON MEDICARE AND VHA COVERAGE FOR DR. SHAHNASARIAN'S LIFE CARE PLAN

Mr. Peterson's future service unit costs based on Medicare and VHA coverage for Dr. Shahnasarian's Life Care Plan are summarized in Table 2 below. Rates reflect standardized rates for what Medicare and VHA would pay for a service, removing patient responsibility amounts such as copayments and coinsurance. According to Mr. Peterson's VBA documentation, Mr. Peterson has a service-connected disability rating of over 70%, meaning that copayments do not apply for many services through the VHA, such as care related to a service-connected injury.[51]

[51] "Current VA Health Care Copay Rates for 2025," U.S. Department of Veterans Affairs, updated July 15, 2025. [https://www.va.gov/health-care/copay-rates/#:~:text=in%20a%20hospital)-,If%20you%20have%20a%20service-connected%20disability%20rating%20of%2010,a%20copay%20for%20inpatient%20care].

Table 2

Medicare and VHA Coverage and Costs for Dr. Shahnasarian's Life Care Plan

Description*	Frequency as Described in LCP	Unit Defined	CPT Code**	Medicare Rate	VHA Rate
EVALUATIONS					
Neuropsychological Evaluation	TBD	Per Visit	SUM(96116, 96121 x 2, 96132, 96133 x 4.5)	$600.06	$750.08
Physical Therapy Evaluation	1 time per year	Per Visit	97161	$74.03	$92.54
Occupational Therapy Evaluation	1 time per year	Per Visit	97165	$75.89	$94.86
Speech Therapy Evaluation	1 time per year	Per Visit	92522	$82.53	$103.16
THERAPUETIC NEEDS					
Primary Care Physician Follow-Up	1 visit per year	Per Visit	99213	$66.35	$82.94
Functional Neurosurgeon Follow-Up	Every 4 - 5 years	Per Visit	99214	$93.53	$116.91
Neurologist Follow-Up	2 visits per year	Per Visit	99214	$93.53	$116.91
Physical Therapy	24 - 30 sessions per year	Per Visit	97110 x 2	$43.50	$54.38
Occupational Therapy	4 - 8 sessions per year	Per Visit	97110 x 2	$43.50	$54.38
Speech Therapy	16 - 18 sessions per year	Per Visit	92507	$57.02	$71.27
WHEELCHAIR NEEDS					
Custom Power Wheelchair with Cushion	Replace every 7-10 years	Per Item	SUM(K0010, E2601)	$5,299.82	$6,624.78
Power Wheelchair Maintenance	Annually			$0.00	$0.00
Portable Manual Wheelchair	Replace every 5 years	Per Item	K0001	$314.60	$393.25
Manual Wheelchair Maintenance	Annually			$0.00	$0.00
AIDS FOR INDEPENDENT LIVING					
Hospital Bed with Mattress	One time	Per Item	E0265	$1,863.37	$2,329.21
Hoyer Lift or Overhead Transfer System	Replace every 7-10 years	Per Item	E0635	$1,467.44	$1,834.30

Description*	Frequency as Described in LCP	Unit Defined	CPT Code**	Medicare Rate	VHA Rate
Hoyer Lift Sling Replacement	Every 2-3 years	Per Item	E0621	$77.71	$97.14
Therapeutic Recliner	One time	Per Item	AVG(E0627, E0629)	$251.93	$314.92
U-Step Walker with Laser	Replace every 5 years	Per Item	SUM(E0147, E0156)	$410.76	$513.45
Automatic Pill Dispenser	Replace every 3 - 5 years			$0.00	$0.00
Reachers (2)	Replace every 2 - 3 years	Per Item	A9281	$0.00	$16.16
Single Point or Quad Cane	Replace every 3 - 5 years	Per Item	E0105	$53.89	$67.36
Gait Belt	Replace every 2 years	Per Item	E0945	$42.10	$52.63
DRUGS AND SUPPLY NEEDS					
Carbidopa-Levodopa (Sinemet) 25/100 MG	12 tablets per day	Per Tablet		$0.20	$0.20
Ropinirole (Requip) 4mg	6 tablets per day	Per Tablet		$0.22	$0.22
Rasagiline (Azilect) 1mg	1 tablet per day	Per Tablet		$5.34	$5.34
Sertraline (Zoloft) 50mg	1 tablet per day	Per Tablet		$0.19	$0.19
Citracal with Vitamin D3	1 caplet per day	Per Tablet		$0.00	$0.00
Adult Briefs	3 - 4 per day	Per Item	T4527	$0.00	$0.91
Incontinence Supplies	Monthly			$0.00	$0.00
HOME FACILITY CARE					
LPN Home Visit	1 - 2 visits per month	30-day Rate, cannot exceed 28 hours per week for Medicare coverage (combined with PCA or CNA)		$0.00	$1,836.09
Model I and II: Personal Care Attendant	Live-in	30-day Rate, cannot exceed 28 hours per week for Medicare		$0.00	

Description*	Frequency as Described in LCP	Unit Defined	CPT Code**	Medicare Rate	VHA Rate
		coverage (combined with skilled nursing)			
Model I: Certified Nursing Assistant	One 8-hour shift per day	30-day Rate, cannot exceed 28 hours per week for Medicare coverage (combined with skilled nursing)		$0.00	
Housekeeping Services	1 visit every 2 weeks; 2 - 3 hours per visit			$0.00	$0.00
Lawn Maintenance	40 weeks per year			$0.00	$0.00
Case Manager	2 hours per month	Hourly Rate	99487	$98.06	$122.57
TRANSPORTATION NEEDS					
Adapted Van	Replace every 7 - 10 years	Per Adaptation		$0.00	$27,074.99
Adapted Van Maintenance	Annually			$0.00	$0.00
PERSONAL FITNESS					
Fitness Center Membership	Monthly			$0.00	$0.00
ARCHITECTURAL RENOVATIONS					
Home Modifications	One time	Per Adaptation		$0.00	$6,800.00
PROCEDURES/HOSPITALIZATIONS					
Deep Brain Stimulator Battery Replacement	Every 4 - 5 years				
Physician		Per Visit	61886	$620.40	$775.50
Facility		Per Visit	61886	$21,716.70	$27,145.87
Anesthesia		Per Visit	00300	$259.20	$324.00

*Based on Dr. Shahnasarian's Life Care Plan.[52]

**Functions denote how rates for included CPT codes should be combined.

[52] Life Care Plan for Edgar Allen Peterson IV, prepared by Michael Shahnasarian, PhD, dated May 8th, 2025.

9. SUMMARY OF OPINIONS

This report is based on information known to me as of this date. I have analyzed the information provided to me for Mr. Peterson and assessed publicly available data to arrive at my opinion as to the rates for care covered by Mr. Peterson's insurers. If additional information is made available, I may modify my report. I may also be asked to present opinions on additional issues in this case.



Henry Miller, Ph.D.
December 15, 2025

APPENDIX A
DR. HENRY MILLER
CURRICULUM VITAE

HENRY MILLER, Ph.D.
BERKELEY RESEARCH GROUP, LLC
2 N. Central Avenue
Suite 1700
Phoenix, AZ 85004

Direct: 602.388.1116
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SUMMARY

Henry Miller is Managing Director, Health Analytics in the Phoenix, AZ office of the Berkeley Research Group. He has more than 50 years of experience as a healthcare consultant and researcher specializing in health care finance, public policy, regulatory analysis, and strategic planning. In addition, he has provided expert testimony to the U.S. Congress, several state legislatures, in Federal, State, and local courts and in arbitration proceedings.

Dr. Miller has worked with more than 50 health plans, including some of the largest plans in the U.S., Blue Cross and Blue Shield plans and regional health plans on varied aspects of their operations, including evaluation of premium rate setting strategies, medical loss ratios, administrative issues, organizational structure, community relations, network management, provider payment systems, operating systems, and strategic planning.

Dr. Miller has worked on provider payment systems and network management issues for more than forty years. He was a member of the Medicare oversight committee for the effort to develop the practice expense component of the RBRVS physician fee schedule. He assisted CMS on several projects related to the development of the Medicare Hospital Outpatient Prospective Payment System and directed a project to assess opportunities to improve the Medicare Inpatient Prospective Payment System (IPPS) based on DRGs. Dr. Miller also directed the Medicare program's evaluation of the appropriateness of paying a facility fee to ambulatory surgery centers and has prepared reports on reimbursement issues for the Medicare program that were responses to Congressional requests.
He has designed hospital, physician, and pharmaceutical payment systems for seven Medicaid programs and more than thirty Blue Cross and Blue Shield plans and other health plans. This work has included both in network and out of network payment. In several instances, Dr. Miller negotiated provider contracts on behalf of health plans.

Dr. Miller has worked with various entities on developing competitive bidding programs, including design of Requests for Proposals, and bid evaluation formats. This work focuses on bids for health coverage submitted to employers by health insurers. He has also assisted health insurers who submitted bids for health coverage to private sector and government entities.

Dr. Miller has provided expert testimony on the reasonable costs of medical care, medical payments and network management issues in worker's compensation and personal injury cases. This testimony was based on the methods to measure reasonable value of medical care that Dr. Miller developed. Methods have been accepted in state and Federal courts.

Dr. Miller's work for health plans includes several assignments relating to the operation of Medicare Advantage plans, including issues relating to data submission to the Medicare program, provider contracting, and the development of provider payment approaches and rates. He has also worked for the Medicare program on these issues, especially as related to the quality and availability of data that is submitted by MA plans to the Federal government.

Dr. Miller has directed several public policy and regulatory analysis projects. He has directed evaluations of several programs for the Department of Health and Human Services, including programs managed by the Office of Women's Health, the Health Resources and Services Administration (HRSA), the National Center for Health Statistics, the Agency for Healthcare Research and Quality (AHRQ) and the National Institutes of Health. Much of this work focused on delivery and financing alternatives for improving care to vulnerable populations. He directed a project that investigated innovative approaches to care management initiated by Federally Qualified Health Centers. This project examined programs in nine U.S. communities. He directed studies of research on access to care for disadvantaged, minority, and disabled populations for AHRQ. In other work, he developed a strategic plan for a managed care plan for the uninsured and low-income populations in Hillsborough County, Florida and designed an innovative delivery system for low-income populations in Rochester, New York. His work for HRSA includes evaluations of health care for the homeless programs as well as several federally funded women's and maternal and child health programs. He has conducted similar projects for New York State. Dr. Miller directed an evaluation of the Medicare clinical laboratory payment system for the National Academy of Medicine. He conducted an evaluation of the impact of Medicare regulations on clinical laboratories for the American Clinical Laboratory Association as well as national laboratory chains and hospital-based laboratories.

Dr. Miller directed key elements of the work conducted by the Governor's Commission for Rationalizing Healthcare in New Jersey. He was the lead consultant to the Commission on analyzing the financial status of the State's hospitals as well as measuring the impact of potential hospital closings. He also served as the economic advisor to the Alaska Department of Insurance in its review of the application by Premera Blue Cross to convert to for-profit status. He assisted several Primary Care Trusts and Strategic Health Authorities in the U.K. as they addressed changes in National Health Service requirements.
Dr. Miller has directed several technology related projects, including work in which he presented new technologies to the Centers for Medicare and Medicaid Services (CMS) to obtain their approval and payment. This work included analysis of a radiotherapy for non-Hodgkins lymphoma, a new device for the treatment of posterior uveitis and a cryogenic stent. In addition, he prepared the strategic plan for a Regional Health Information Organization (RHIO) for the Maryland and Virginia area. This work included an assessment of the feasibility of linking electronic medical records across hospitals and physicians' offices.

Dr. Miller developed resource costing, a tool for the measurement of costs in healthcare settings in a series of projects completed for the Office of the Assistant Secretary for planning and Evaluation of the Department of Health and Human Services. He applied resource costing to a project for the Medicare Payment Advisory Commission (MedPAC) in which he used the approach to assess the accuracy of Medicare Cost Reports as a research and policy analysis tool and to another project to measure the costs of more than 300 hospital outpatient procedures to support efforts by the Centers for Medicare and Medicaid Services (CMS) to develop the Medicare Hospital Outpatient Prospective Payment System (HOPPS) based on APCs.

PROFESSIONAL EXPERIENCE

Provider Payment System Design and Evaluation

Dr. Miller played a key role in the development of the Medicare Hospital Outpatient Prospective Payment System (HOPPS). In this work for CMS, he conducted a major pricing study, analyzed the impact of key aspects of the APC approach and assisted in drafting regulations. Subsequently, he conducted a study of the impact of the HOPPS on the quality of care provided to Medicare beneficiaries for MedPAC. Dr. Miller also designed hospital outpatient payment systems for Medicaid programs in New York, New Jersey, North Dakota, and the District of Columbia. He has developed hospital outpatient payment approaches for Blue Cross and Blue Shield plans in New York, New Jersey, Virginia, Georgia, Arkansas, Minnesota, and California.

Dr. Miller also directed an assessment of opportunities to improve the Medicare Inpatient Prospective Payment System (IPPS), based on DRGs. He has designed or evaluated hospital inpatient payment systems for Medicaid programs in Virginia, Pennsylvania, Iowa, New York, and West Virginia. His inpatient payment system design work for health plans includes projects conducted for Blue Cross and Blue Shield plans in Virginia, Pennsylvania, Florida, Texas, North Dakota, Illinois, Colorado, Kansas City and Tennessee. Dr. Miller also evaluated the method used by the Federal government to pay children's hospitals for their investment in medical education.

Dr. Miller completed a study to update the payment system used by the Medicare program to pay Federally Qualified Health Centers (FQHCs). This work was undertaken to address payment issues that arose because payment levels had not been adjusted other than for inflation for more than fifteen years. Recommendations were made to the Health Resources and Services Administration and the Centers for Medicare and Medicaid Services.

Dr. Miller has worked with several State Medicaid programs on home health agency payment systems. He reviewed licensing criteria for home health agencies and other providers in Vermont and New York. He led the design of nursing home reimbursement systems for the Medicaid programs in Virginia, Pennsylvania, Vermont, and Iowa. He directed a study of the Medicare laboratory fee schedule for the National Institute of Medicine. His reimbursement system design work for health plans includes design of systems to pay hospitals, ambulatory surgery centers, physicians, nursing homes, home healthcare agencies, dialysis centers and other providers. He has also developed fee schedules used for out of

network payment for several large health plans. He has worked with more than two-thirds of the nation's Blue Cross and Blue Shield plans as well as national health plans on reimbursement issues. In other work, Dr. Miller evaluated and made recommendations to improve the payment methods used by worker's compensation programs in Ohio and California. He completed a study of access to healthcare for injured workers in California. Dr. Miller has also worked with personal injury insurers on methods used to pay medical claims.

Public Policy and Regulatory Analysis

Dr. Miller has directed several major studies of key public policy issues for the Federal government as well as for states and private sector clients. Examples of this work include:

- Economic advisor to the Alaska Insurance Department on the application by Premera Blue Cross to convert to for-profit status,
- Financial advisor to the Governor's Commission for the Rationalization of Healthcare in New Jersey,
- Consultant to several U.K agencies on development of responses to changes in the National Health Service, including Yorkshire and the Humber Strategic Health Authority, North Lincolnshire Primary Care Trust, Calderdale Primary Care Trust, and the Swansea Primary Care Trust,
- Analysis of the Highmark Blue Cross and Blue Shield and Independence Blue Cross proposal to merge,
- Validation of the diagnostic information used in the CMS-RCC risk adjustment formula used by the Medicare program to develop payment rates for Medicare Advantage plans,
- Analysis and recommendation of innovative approaches to improve access to primary care services for low-income populations for the Greater Rochester Health Foundation,
- Evaluation of the Rural and Frontier Coordinating Center program of the Federal Office of Women's Health,
- Evaluation of the costs and use of case management in a home health care program funded by the Federal government,
- Evaluation of the impact of the New York State All-Payer Case-Based Prospective Hospital Reimbursement System (NYPHRM) for the Council on Health Care Financing and the New York State legislature,
- Evaluation of several Federal and New York State programs to provide services to people with HIV/AIDS,
- Development and evaluation of community-based healthcare data systems, including a data system to collect and manage data that describe health care markets for the Agency for Healthcare Research and Quality, the Maryland Medical Care Database for the Maryland Health Care Commission and the database used to support hospital quality initiatives by the American Data Network,
- Evaluation of the Healthcare Community Access Program (HCAP), a national effort to reduce uncompensated care in over 150 communities for the Health Resources and Services Administration,

- Evaluation of the Federal Government's Black Lung Clinics program, and
- Completion of several projects for the National Center for Health Statistics including an assessment of the impact of using ICD-10 for diagnosis coding, an evaluation of the uses of provider surveys including the National Hospital Discharge Survey and the National Ambulatory Medical Care Survey and the design of a national survey of ambulatory surgery.

Strategic planning

Dr. Miller's strategic planning work includes assignments completed for hospitals, managed care companies, major employers, and government agencies. These projects include:

- Support on strategic issues for several hospital systems, including Johns Hopkins Medicine, University of Rochester Health System, University of Maryland Medical System, The Christ Hospital, Sutter Health System, and Memorial Hermann Health System.
- Evaluation of health benefits options for major employers including AT&T and Verizon,
- Preparation of a strategic and operational plan for an innovative managed care plan for the uninsured in Hillsborough County, Florida,
- Support for the preparation of the initial Vermont Health Resources Allocation plan for the Vermont Bureau of Insurance, Securities and Health Care Administration,
- Support to the State of New York for the development of a Global Budgeting program, and
- Several studies of the comparative value of health care benefit programs provided by health plans in efforts to identify optimal arrays of benefits.

Expert Testimony

Dr. Miller has served as an expert witness in several health care cases in recent years and has testified in federal and state courts, in arbitrations and in administrative hearings. His testimony addressed:

- Hospital/health plan contract disputes,
- Role of the Affordable Care Act in measuring medical costs in personal injury cases,
- Reasonable costs of medical care in personal injury cases,
- Class action certification,
- Out of network provider payment,
- Rates paid to health care providers by worker's compensation insurers and personal injury insurers,
- Medicare and Medicaid managed care contracts,
- Health plan operations and health plan/provider relationships,
- Health care competition issues,
- Applications by non-profit health insurers seeking to convert to for-profit status, and
- Efforts to obtain certificates of need for health care services.

EDUCATION

Ph.D., (Accounting and Economics), University of Illinois
M.B.A., City College of New York
B.B.A., City College of New York

PRESENT POSITION

Berkeley Research Group, Managing Director, Health Analytics, 2010 to present

FULL-TIME TEACHING EXPERIENCE

University of Baltimore, Associate Professor
State University of New York at Binghamton, Assistant Professor
University of Illinois, Instructor

OTHER POSITIONS HELD

LECG, LLC, Managing Director, 2008-2010
Navigant Consulting, Inc., Managing Director, 2002-2008
Center for Health Policy Studies, President, 1979-2002
Miller & Byrne, Inc., President, 1975-1979

SELECTED COMMUNITY ACTIVITIES

United Cerebral Palsy of Central Maryland, Chairman, Board of Directors, 2007 to 2011
Heifetz International Music Institute, Treasurer, Board of Directors, 2010 to 2013
Glenelg Country School, Treasurer, Board of Trustees, 1991-2000
Howard County General Hospital, Chairman, Board of Trustees, 1987-1989

SELECTED PUBLICATIONS

1. C. Turck, W. Marsh, J. Stevenson, J. York, H. Miller and S. Patel, "Pharmacoeconomics of Surgical Interventions vs. Cyclooxygenase Inhibitors for the Treatment of Patent Ductus Arteriosus," The Journal of Pediatric Pharmacology and Therapeutics, Vol. 12, No. 3, July-September 2007
2. H. Miller, "Outpatient Payment in the Private Sector," in N. Goldfield and W. Kelly, Outpatient Prospective Payment, (Gaithersburg, MD, Aspen Publishing, 1999)
3. H. Miller, B. Cassidy, and D. Karr, "Resource Costing for Healthcare Services," in N. Goldfield and W. Kelly, Outpatient Prospective Payment, (Gaithersburg, MD, Aspen Publishing, 1999)
4. D. Karr, H. Miller, and S. McCue, "the Effect of Instrument Type on the Cost of Laparoscopic Surgery," Surgical Endoscopy, 1996
5. H. Miller and W. Kelly, "Prospective Per Case Payment in New York State: An Analysis," in N. Goldfield and P. Boland, Physician Profiling and Risk Adjustment, (Gaithersburg, MD Aspen Publishing, 1996)
6. B. Balicki, H. Miller, W. Kelly, "Benchmarks and Tools for Evaluating Ambulatory Surgery: A Model for Examining Cost Competitiveness," Healthcare Financial Management, Spring, 1995
7. W. Kelly, H. Miller, T. Parciak, "The Need for Alternatives to Capitation Under Managed Care," Managed Care Quarterly, Summer, 1994
8. H. Miller, "Outpatient Prospective Payment Approaches for Use by Insurers," Journal of Ambulatory Care Management, Spring, 1993
9. B. Balicki, H. Miller, W. Kelly, T. Yates, "Guidelines for Managing Ambulatory Surgery Programs in the 1990's, Journal of Ambulatory Care Management, Winter, 1991

10. H. Miller, et.al., "Costs of Ambulatory Care: Implications for Outpatient Prospective Payment Systems," Journal of Ambulatory Care Management, Winter, 1991
11. W. Kelly, P. Tenan, H. Fillmore, H. Miller, "Products of Ambulatory Care Patient Classification System," Journal of Ambulatory Care Management, Winter, 1990

TESTIMONY (2016 – Present)

2025

- *Demia Thomas and George Lowery v. Medstar Washington Hospital Center Corporation,* Superior Court for the District of Columbia, Case No. 2022-CAB-005443, (Deposition).

2024

- *Cipla, USA, Inc. v. Ipsen Biopharmaceuticals, Inc.,* United States District Court for the District of Delaware, Case No. 22-cv-00552 GBW, *(Deposition).*
- *Scripps Health v. Blue Shield of California,* American Arbitration Association, Case No. 01-23-0000-9314, *(Deposition).*
- *Leslie J. Gelber v. Caithness Services, LLC,* American Arbitration Association, Case 01-23-0002-7637, *(Deposition).*
- *Jonathan Mendoza and Maria Mendoza, on behalf of their minor son, Jazziel Mendoza Oliveros v. Hospital Development of West Phoenix, Inc. d/b/a/ Abrazo West Campus,* Superior Court of the State of Arizona, County of Maricopa, Case No. CV2021-094672, *(Deposition).*
- *Anjil Jeter v. Comanche Construction of Georgia, LLC.,* State Court of DeKalb County, State of Georgia, Civil Action 21A03631, *(Deposition).*
- *Farid Almasri v. Target Corporation,* Superior Court of the State of California, County of Los Angeles, Case No.: 22STCV08524, *(Deposition).*

2023

- *Fitzgerald, Kloess & Pope Advisors, LLC v. Premier Parking of Tennessee, LLC, Premier Parking Management Company, LLC*, Chancery Court for Davidson County, Tennessee, Case No. 21-1299-BC, *(Deposition).*
- *Dr. Timothy Munderloh, et al. v. Biegler GMBH, Solace Advancement, LLC, et al.*, United States District Court, District of Arizona, Case No. 3:21–CV-08004-GMS, *(Deposition).*
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2022

- *Alpha Omega Lanier Edwards II v. Fast Lane Transportation, Inc.,* Superior Court of the State of California, County of Los Angeles, Case No. 21STCV09757, *(Deposition).*
- *David Wayne Edwards, Jr.; Lyinda Gillman v. Queen of the Valley Medical Center; Shea Pribyl, D.O.,* Superior Court of the State of California, County of Sacramento, Case No. 34-2019-00248337, *(Deposition)*.
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- *Beau Towne v. Multicare Health System d/b/a Mary Bridge Children's Hospital,* Superior Court of the State of Washington for Pierce County, Case No. 20-2-04518-2, *(Testimony).*
- *Medical Society of the State of New York v. United Health Group*, United States District Court, Southern District of New York, Civil Action No. 16-CV-5265 (JPO), (*Testimony*).
- *Lori Bush v. Dignity Health,* Superior Court of the State of California for the County of San Bernadino, Case No. CIVDS-1613161, *(Deposition and Testimony).*

2021

- *Adventist Health System/Sunbelt, Inc. v. Humana Medical Plan, Inc.* (Arbitration – American Arbitration Association Case No. 01-19-0002-6864) *(Deposition).*
- *Christopher Bentley v. Scott Gragson,* District Court, Clark County, Nevada, Case No. A-19-796424-C, *(Deposition).*
- *Kaweah Delta Medical Center v. Kaiser Foundation Hospitals*, Superior Court of the State of California for Tulare County, Case No. AH015680 *(Deposition and Trial Testimony)*
- *Medical Mutual of Ohio v. FrontPath Health Coalition*, Court of Common Pleas, Lucas County, Ohio, Case No. CI201703154 *(Deposition)*
- *Kaiser Foundation Hospitals v. Palomar Health F/K/A Palomar Pomerado Health,* Arbitration, JAMS Reference Number 1220063770, *(Deposition).*
- *Perry David Maxwell v. The Boeing Company and Paris Edward Cooper,* United States District Court, Central District of California, Case No. 2:19-cv-05204-DSF-KS *(Deposition).*
- *Baptist Memorial Health Care Corp. v. CIGNA Health Care of Tennessee,* Arbitration, *Deposition and Testimony).*

APPENDIX B
MATERIALS RELIED UPON

Materials Relied Upon
Anesthesiologists Center. Center for Medicare & Medicaid Services.
CMS-1807-F. Centers for Medicare & Medicaid Services. December 9. 2024.
CMS-1828-F. Centers for Medicare & Medicaid Services. November 28, 2025.
Compare Original Medicare & Medicare Advantage. Centers for Medicare & Medicaid Services.
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Eligibility for VHA Health Care. U.S. Department of Veterans Affairs.
Evaluation on behalf of Edgar Peterson, prepared by Kay Hairston, BSN, RN, CCM, CNLCP, dated February 5th, 2025.
Fee Schedules – General Information. Centers for Medicare & Medicaid Services. November 19, 2025.
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History of SSA During the Johnson Administration 1963-1968. Social Security Administration.
Home Health Services. Centers for Medicare & Medicaid Services.
Home Health Prospective Payment System (HH PPS) Rate Update; Requirements for the HH Quality Reporting Program and the HH Value-Based Purchasing Expanded Model; Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Competitive Bidding Program Updates; DMEPOS Accreditation Requirements; and Other Medicare and Medicaid Policies. Centers for Medicare & Medicaid Services. November 28, 2025.
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Life Care Plan for Edgar Allen Peterson IV, prepared by Michael Shahnasarian, PhD, dated May 8th, 2025.
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Medicare Anesthesia Conversion Factors. Centers for Medicare & Medicaid Services.
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Medicare Part D – Direct and Indirect Remuneration (DIR). Centers for Medicare & Medicaid Services. January 19, 2017.
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What's not Covered? Centers for Medicare & Medicaid Services.
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Exhibit 658

FRANK MOUSSER V. UNITED STATES OF AMERICA
CAMP LEJEUNE WATER LITIGATION
NO. 7:23-CV-0667

EXPERT REPORT OF DR. HENRY MILLER

DECEMBER 15, 2025

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1. INTRODUCTION

My name is Henry Miller, Ph.D. I am a Managing Director in the Health Analytics practice of Berkeley Research Group, LLC. I have been working on health care cost and health insurance issues for more than fifty years. I have conducted studies on these issues for the federal Medicare program, several state Medicaid programs and more than forty health insurers. I have testified on these issues in the U.S. Congress, several State legislatures and in federal, state and local courts and in arbitrations. My curriculum vita is attached to this report as Appendix A. My firm is compensated at $825 per hour for my time on this matter and payments are not contingent upon the outcome of the matter.

2. BACKGROUND OF THE CASE

This case relates to the injury of Frank Mousser ("Mr. Mousser"). Mr. Mousser suffers from kidney cancer ("Mr. Mousser's Condition") allegedly due to water contamination at the Marine Corps Base Camp Lejeune.[1] I offer no opinion on whether water at Camp Lejeune may have led to Mr. Mousser's development of any disease. Mr. Mousser currently resides in San Antonio, Texas.[2] A Life Care Plan has been prepared for Mr. Mousser by Michael A. Fryar, M.S., RN, CRC, CCM, CLCP, QRP that describes the services that Mr. Fryar believes will be needed for Mr. Mousser throughout his life expectancy. A Life Care Plan was also prepared by Michael Shahnasarian, PhD that includes modifications to Mr. Fryar's Life Care Plan and services that Dr. Shahnasarian believes will be needed for Mr. Mousser throughout his life expectancy.

3. SCOPE OF REPORT

I was asked by the United States Department of Justice to apply my expertise in health care costs to the matter of *Frank Mousser v. United States of America*, which is part of the Camp Lejeune Water Litigation in the United States District Court for the Eastern District of North Carolina. I was specifically asked to address the following issues related to Mr. Mousser:

- Analyze the projected health care costs identified by Michael A. Fryar, M.S., RN, CRC, CCM, CLCP, QRP,[3] ("Mr. Fryar's Life Care Plan") and identify the amount that would be paid by the Veterans Health Administration for Mr. Mousser; and
- Analyze the projected health care costs identified by Michael Shahnasarian, PhD,[4] ("Dr. Shahnasarian's Life Care Plan") and identify the amount that would be paid by the Veterans Health Administration for Mr. Mousser.

[1] Cost Analysis for Mr. Frank Mousser, prepared by Michael A. Fryar, M.S., RN, CRC, CCM, CLCP QRP, dated January 28th, 2025.
[2] Cost Analysis for Mr. Frank Mousser, prepared by Michael A. Fryar, M.S., RN, CRC, CCM, CLCP QRP, dated January 28th, 2025.
[3] Cost Analysis for Mr. Frank Mousser, prepared by Michael A. Fryar, M.S., RN, CRC, CCM, CLCP QRP, dated January 28th, 2025.
[4] Life Care Plan for Frank Mousser, prepared by Michael Shahnasarian, PhD, dated May 20th, 2025.

4. VETERANS HEALTH ADMINISTRATION COVERAGE

Based on information received from counsel, Mr. Mousser receives coverage for healthcare services through the Veterans Health Administration ("VHA"). Eligibility for VHA healthcare benefits is based on military service for a certain period of time. Other requirements must also be met, such as service in certain geographic areas, military conflicts, wars and/or exposure to toxins or other hazards while serving.[5]

Basic VHA health benefits cover preventive care, such as health exams and immunization, inpatient hospital services, urgent and emergency care, long term and home health care, and prescriptions. Some veterans may receive additional benefits such as dental care.[6]

As referenced in the deposition of Daniel Clarke, "The VHA is the largest health care system in the United States providing health care at 1,380 health care facilities, including 170 VA Medical Centers and 1,193 outpatient sites of care of varying complexity to over 9.1 million veterans enrolled in the VA health care program."[7] The VHA is one branch of the Department of Veterans Affairs, which has been a Cabinet-level executive department since 1988, although its roots go much further back. It began when President Lincoln established a National Soldiers and Sailors Asylum in March 1865 before the end of the Civil War. The scope and complexity of the VHA have grown over time as more facilities have been opened and Veterans treated. Since its inception, VHA health care services and coverage have proven to be foundational to providing millions of individuals across the U.S. with vital health care services.[8] VHA funding is routinely approved on a bipartisan basis and coverage has expanded over time, as evidenced by the recent passage of the PACT Act in 2022 and the steady increase in the VA's budget throughout both Democratic and Republican administrations and congressional majorities.[9],[10] Therefore, the VHA health care system and coverage are expected to continue for the foreseeable future.

Many VHA health care maximum allowable rates correspond to Medicare rates, which can be expected to increase over time. Medicare rates, which are published by CMS, determine how much the Medicare

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[5] "Eligibility for VHA Health Care," U.S. Department of Veterans Affairs. [https://www.va.gov/health-care/eligibility/].

[6] "How to get Veterans Health Benefits," U.S. General Services Administration, August 27, 2025. [https://www.usa.gov/get-veterans-health-benefits#:~:text=What%20do%20VA%20health%20benefits,Prescriptions].

[7] Daniel Clarke, Deposition, Frank Mousser v. United States of America Camp Lejeune Water Litigation. No. 7:23-CV-0667, September 3, 2025, at 27:3-27:9.

[8] "VA History Summary," U.S. Department of Veterans Affairs. [https://department.va.gov/history/history-overview/].

[9] Library of Congress, Actions - H.R.3967 - 117th Congress (2021–2022): Honoring our PACT Act of 2022, June 16, 2022. [https://www.congress.gov/bill/117th-congress/house-bill/3967/all-actions].

[10] Bureau of the Fiscal Services, U.S. Department of Veterans Affairs, *Department of Veterans Affairs – FY2025 Agency Profile*, September 29, 2025. [https://www.usaspending.gov/agency/department-of-veterans-affairs?fy=2025].

program will reimburse a provider for a specific medical service.[11] CMS updates rates at least annually and rates can be expected to increase over time, even amid limits on Medicare spending such as budget neutrality requirements under the Medicare Access and CHIP Reauthorization Act of 2015 ("MACRA").[12] Increases in rates occur because Medicare rates for most medical services are based on the costs that providers incur to provide services, which increase over time.[13,14,15] In addition to increasing costs leading to higher physician payments, Congressional action and other policies have historically resulted in physician payment reduction suspensions and/or increases in physician payments.[16]

The VHA also sets its own rates, often for services not covered by Medicare, using a variety of different methodologies that include the following: historic VHA claims data, Medicare relative value units, Medicare Administrative Contractors ("MAC") rates, provider billed charges, and "industry-proven and respected data comprised of Medicare, Medicaid, and commercial health insurance claims."[17] This ensures that VHA rates will continue to keep pace with rising costs in the healthcare marketplace and, therefore, increase over time.

5. METHODOLOGY FOR CALCULATION OF COSTS

To determine the rates paid by the VHA, I first identified whether each service/supply, included in the life care plans submitted by Mr. Fryar and Dr. Shahnasarian, were covered by the VHA. Some services/supplies such as home cleaning services are not covered by the VHA. According to the VA fee schedule ("VAFS"), the "VA reimburses hospital, medical, and extended care services up to the maximum allowable rate which for most services is the Medicare rate."[18] Based on this, I next identified the Medicare rate for a service/supply. For those services without a Medicare rate, I followed the methodologies outlined on the VHA's website to identify the rate paid.[19] VHA rates have been provided in Tables 1 and 2 to identify what the VHA would pay. Sources for Medicare and VHA rates are listed in Appendix B of this report.

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[11] Centers for Medicare & Medicaid Services, *Fee Schedules – General Information*, modified November 19, 2025. [https://www.cms.gov/medicare/payment/fee-schedules].
[12] Alex Cottrill, Juliette Cubanski, and Tricia Neuman, "What to Know about how Medicare Pays Physicians", *KFF*, October 7, 2025. [https://www.kff.org/medicare/what-to-know-about-how-medicare-pays-physicians/].
[13] Medicare Payment Advisory Commission, *Outpatient Hospital Services Payment System*, Revised October 2024. [https://www.medpac.gov/wp-content/uploads/2024/10/MedPAC_Payment_Basics_24_OPD_FINAL_SEC.pdf].
[14] Medicare Payment Advisory Commission, *Hospital Inpatient Services Payment System*, Revised October 2024. [https://www.medpac.gov/wp-content/uploads/2024/10/MedPAC_Payment_Basics_25_hospital_FINAL_SEC.pdf].
[15] Federal Reserve Bank of St. Louis (FRED). *Consumer Price Index for All Urban Consumers: Medical Care in U.S. City Average (CPIMEDSL),* Updated October 24, 2025. [https://fred.stlouisfed.org/series/CPIMEDSL].
[16] Alex Cottrill, Juliette Cubanski, and Tricia Neuman, "What to Know about how Medicare Pays Physicians", *KFF*, October 7, 2025. [https://www.kff.org/medicare/what-to-know-about-how-medicare-pays-physicians/].
[17] National Archives, Federal Register, *Methodology for Reimbursing Medical Services, Extended Care Services, Pharmaceuticals, and Durable Medical Equipment Not on Medicare Fee Schedules*, March 27, 2024. [https://www.federalregister.gov/documents/2024/03/27/2024-06431/methodology-for-reimbursing-medical-services-extended-care-services-pharmaceuticals-and-durable].
[18] U.S. Department of Veterans Affairs, *VA Fee Schedule for Authorized Community Care*. [https://www.va.gov/COMMUNITYCARE/revenue-ops/Fee-Schedule.asp].
[19] U.S. Department of Veterans Affairs, *VA Fee Schedule for Authorized Community Care*. [https://www.va.gov/COMMUNITYCARE/revenue-ops/Fee-Schedule.asp].

5.1. Methodology for Services and Supplies with a Medicare and VHA Rate

Medicare rates are generally available for the following types of services and supplies included in the life care plans: physician services, radiology services, laboratory services, home health services, inpatient hospital services, skilled nursing facility care, and end-stage renal disease services.

Medicare rates for physician services and radiology services rely on the Medicare Physician Fee Schedule ("MPFS"), which identifies a rate for each Current Procedural Terminology ("CPT") code based on the CPT code's relative value units ("RVUs").[20] CMS generally identifies three RVUs for each CPT code: a work RVU, a practice expense RVU, and a professional liability RVU. To determine Medicare's reimbursement, I geographically adjusted the RVUs for the provider's location[21] and then used a Congressionally mandated conversion factor[22] to translate the RVUs into dollars. Applying this methodology, I was able to determine the Medicare reimbursement rate for each CPT code.[23]

Medicare rates for laboratory services are available from Medicare's Clinical Laboratory Fee Schedule ("CLFS"), which is based on the weighted median of private payor rates.[24]

Specific requirements must first be met to establish Medicare coverage for home health services. Medicare requires the following: 1) A beneficiary must require only part-time care, which is defined as skilled nursing and home health aide services for up to eight (8) hours a day, combined, with a maximum of 28 hours per week and 2) A beneficiary must receive home health aide services in tandem with services from another professional such as a skilled nurse, physical or occupational therapist, or a speech-language pathologist.[25] If a beneficiary meets these two (2) criteria, Medicare will cover home health services using a standardized 30-day period payment. Medicare updates this standardized payment on an annual basis.[26] Medicare has also established a national per-visit rate if the number of visits in a period of care does not

[20] Centers for Medicare & Medicaid Services, *Medicare Physician Fee Schedule*. [https://www.cms.gov/medicare/physician-fee-schedule/search/overview].

[21] For the purposes of my calculations here, I have assumed the providers would be located in San Antonio, Texas, which is Mr. Mousser's current residence.

[22] The conversion factor is mandated by Congress and calculated by CMS using an established formula. The conversion factor is published in the Federal Register (see https://www.federalregister.gov/documents/2024/12/09/2024-25382/medicare-and-medicaid-programs-cy-2025-payment-policies-under-the-physician-fee-schedule-and-other). The American Medical Association has provided a summary of the conversation factors over the years (see https://www.ama-assn.org/system/files/cf-history.pdf).

[23] Medicare Payment Advisory Commission, *Payment Basics Physician and Other Health Professional Payment System*, November 2021. [https://www.medpac.gov/wp-content/uploads/2021/11/medpac_payment_basics_21_physician_final_sec.pdf].

[24] Centers for Medicare & Medicaid Services, *Clinical Laboratory Fee Schedule*. [https://www.cms.gov/medicare/payment/fee-schedules/clinical-laboratory-fee-schedule-clfs].

[25] Centers for Medicare & Medicaid Services, *Home Health Services*. [https://www.medicare.gov/coverage/home-health-services#coverage-content-costs].

[26] Centers for Medicare & Medicaid Services, *CMS-1828-F*, November 28, 2025. [https://www.cms.gov/medicare/payment/prospective-payment-systems/home-health/home-health-prospective-payment-system-regulations-and-notices/cms-1828-f].

meet the low-utilization payment adjustment ("LUPA") threshold. These rates have been adjusted to Mr. Mousser's geographic location.

To identify Medicare rates for inpatient hospital services, I considered three components that may be applicable to an inpatient discharge: the facility fee, the physician or surgeon fee, and an anesthesia fee. For the facility fee, I selected three (3) hospitals of varying sizes in Mr. Mousser's geographic area. Using the Medicare Inpatient Prospective Payment System ("IPPS") online web pricer,[27] I determined a payment rate for a specific hospital using a procedure's diagnostic-related group ("DRG") code and corresponding length of stay, both defined by a life care plan or using IPPS average length of stay data.[28] I then calculated an average rate using the three hospital-specific rates to determine an average Medicare rate. If a DRG was not identified in a life care plan, I did not calculate the Medicare rate. The physician fee was determined using the MPFS, following the same methodology as physician services. The facility rate was used since services would be performed in a facility such as a hospital. To calculate the Medicare rate for an anesthesia fee, I relied on several resources published annually by CMS.[29] I multiplied the geographically applicable conversion factor by the sum of time and base units for the surgical procedure and anesthesia code, which are published by HHS on an annual basis.[30,31] One time unit is equal to 15 minutes, and each surgical CPT code and anesthesia CPT code are assigned specific time and base units, respectively.

Medicare rates for skilled nursing facility care are calculated using the Skilled Nursing Facility ("SNF") Prospective Payment System ("PPS") for the first 100 days in a skilled nursing facility.[32] Medicare does not cover assisted living facilities services and does not cover SNFs beyond 100 days.[33,34] A per diem rate was calculated by adding the per diem rates for physical therapy, occupational therapy, speech-language therapy, nursing, and non-case mix components. The SNF PPS indicates that 71.9% of the per diem rate is geographically adjusted using the hospital wage index for specific Core-Based Statistical Areas ("CBSA"), which are the labor market geographic areas defined by the Office of Management and Budget.

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[27] Centers for Medicare & Medicaid Services, *Web Price Inpatient IPPS*. [https://webpricer.cms.gov/#/pricer/ipps].
[28] Centers for Medicare & Medicaid Services*, FY 2026 IPPS Final Rule,* September 19, 2025. [https://www.cms.gov/medicare/payment/prospective-payment-systems/acute-inpatient-pps/fy-2026-ipps-final-rule-home-page].
[29] Centers for Medicare & Medicaid Services, *Anesthesiologists Center*. [https://www.cms.gov/medicare/payment/fee-schedules/physician/anesthesiologists-center].
[30] Centers for Medicare & Medicaid Services, *CMS-1807-F,* December 9, 2024. [https://www.cms.gov/medicare/payment/fee-schedules/physician/federal-regulation-notices/cms-1807-f].
[31] Centers for Medicare & Medicaid Services, *Anesthesiologists Center*. [https://www.cms.gov/Center/Provider-Type/Anesthesiologists-Center.html].
[32] Centers for Medicare & Medicaid Services, *Skilled Nursing Facility PPS.* [https://www.cms.gov/medicare/payment/prospective-payment-systems/skilled-nursing-facility-snf].
[33] "Medicare Long-term Care," Centers for Medicare & Medicaid Services*.* [https://www.medicare.gov/coverage/long-term-care].
[34] "Skilled Nursing Facility Care," Centers for Medicare & Medicaid Services. [https://www.medicare.gov/coverage/skilled-nursing-facility-care].

Medicare rates for renal dialysis services rely on End-Stage Renal Disease ("ESRD") Prospective Payment System ("PPS") to provide a bundled, per-treatment payment to ESRD facilities.[35] The ESRD PPS has a base rate of $281.71 in 2026, and I adjusted the base rate by the locality-specific wage index for Mr. Mousser to account for geographic differences.

5.2. Methodology for Services and Supplies with a VHA Rate

For those services without a Medicare rate, I followed the methodologies outlined on the VHA's website to identify the rate paid by the VHA.[36] This effort included identification of geographically adjusted rates from the VAFS that are associated with CPT codes identified by life care planners or CPT codes that I identified as representative of services described in Mr. Mousser's life care plans.[37]

I incorporated the exceptions to Medicare coverage and methodology used by the VHA, including the Community Nursing Home ("CNH") Fee Schedule and home health services. According to the VHA, the CNH Fee Schedule "follows the Prospective Payment System (PPS) billing requirements found in Chapter 6 – Skilled Nursing Facility (SNF) Inpatient Part A Billing and SNF Consolidated Billing of the Medicare Claims Processing Manual, with some exceptions." These exceptions involve adjustments to the components included in SNF daily rate calculations and VHA-specific adjustment factors.

In addition, the VHA offers broader home health coverage than Medicare. Unlike Medicare, VHA home health services are not subject to the same weekly hour limits. In addition, the VHA also covers services such as attendant home health care services performed without another professional present, with rates identified using the VAFS and adjusted to Mr. Mousser's geographic location.

6. SUMMARY OF COSTS BASED ON VHA COVERAGE FOR MR. FRYAR'S LIFE CARE PLAN

Mr. Mousser's future service unit costs based on VHA coverage for Mr. Fryar's Life Care Plan are summarized in Table 1 below. VHA rates reflect standardized rates for what the VHA would pay for a service, removing patient responsibility amounts such as copayments. According to Mr. Mousser's Veterans Benefits Administration ("VBA") documentation, Mr. Mousser has a service-connected disability rating of over 70%, meaning that copayments do not apply for many services, such as care related to a service-connected injury.[38]

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[35] Centers for Medicare & Medicaid Services, *Calendar Year (CY) 2026 End-Stage Renal Disease (ESRD) Prospective Payment System Final Rule,* November 20, 2025. [https://www.cms.gov/newsroom/fact-sheets/calendar-year-cy-2026-end-stage-renal-disease-esrd-prospective-payment-system-final-rule].

[36] U.S. Department of Veterans Affairs, *VA Fee Schedule for Authorized Community Care*. [https://www.va.gov/COMMUNITYCARE/revenue-ops/Fee-Schedule.asp].

[37] If a CPT code was provided in Dr. Shahnasarian's Life Care Plan and an analogous service did not have a code in Mr. Fryar's Life Care Plan, the code in Dr. Shahnasarian's Life Care Plan was applied to both.

[38] "Current VA Health Care Copay Rates for 2025," U.S. Department of Veterans Affairs, updated July 15, 2025. [https://www.va.gov/health-care/copay-rates/#:~:text=in%20a%20hospital)-,If%20you%20have%20a%20service-connected%20disability%20rating%20of%2010,a%20copay%20for%20inpatient%20care].

Table 1

VHA Coverage and Costs for Mr. Fryar's Life Care Plan

Description*	Frequency as Described in LCP	Unit Defined	CPT Code**	VHA Rate
PHYSICIAN CARE				
Nephrologist or Physician Transplant Specialist	13 outpatient clinic visits, in total, with Nephrologist and Transplant Physician during the first year after kidney transplant. After the first year, decrease outpatient clinic visits to once every six months with the Nephrologist and also the same with the Transplant Physician and continue with this pattern of care throughout remaining lifespan	Per Visit	AVG(99213, 99214)	$104.00
LABORATORY & DIAGNOSTIC STUDIES				
Complete Blood Count (CBC)	20 studies first year after transplant. Then monthly throughout remaining lifespan.	Per Visit	85025	$7.77
Complete Metabolic Panel (CMP)	20 studies first year after transplant. Then monthly throughout remaining lifespan.	Per Visit	80053	$10.56
Urinalysis (UA)	20 studies first year after transplant. Then monthly throughout remaining lifespan.	Per Visit	81001	$3.17
Cytomegalovirus Quantitative (CMEV-Q)	20 studies first year after transplant. Then monthly throughout remaining lifespan.	Per Visit	87497	$42.84
Ultrasound	4-5 times throughout lifespan	Per Visit	76770-26	$33.09

Description*	Frequency as Described in LCP	Unit Defined	CPT Code**	VHA Rate
PROCEDURE: TRANSPLANT (DONOR)				
Kidney Transplant	One-time occurrence	Per Visit	50323	$134.28
PROCEDURE: TRANSPLANT (RECIPIENT)				
Surgeon's Fees	1 time provision anticipated	Per Visit	50360	$2,317.55
Anesthesia Fees	1 time provision anticipated	Per Visit	00868	$696.54
Facility Fees - Five-to-Seven-Day Inpatient Stay	1 time provision anticipated	Per Visit	DRG 652	$40,991.58
DIALYSIS				
Hemodialysis	3 visits for dialysis each week (4 hours of treatment each visit)	Per Visit	90937	$271.76
SUPPORT SERVICES & HOME CARE				
Home Cleaning Service	Twice monthly during last 3 years of life, if remaining in residence			$0.00
Attendant Care Home Health, Certified Nursing Assistant (CNA)	Year 1: 3-4 hours per day Year 2: 6-8 hours per day Year 3: 8-12 hours per day	Hourly Rate	S5125	$38.00
FACILITY CARE (POTENTIAL)				
SNF 1-100 days	Monthly Provision (Potential)	Daily Rate		$447.50
SNF 101+ days	Monthly Provision (Potential)	Daily Rate		$390.91

*Based on Mr. Fryar's Life Care Plan.[39]

**Functions denote how rates for included CPT codes should be combined.

[39] Cost Analysis for Mr. Frank Mousser, prepared by Michael A. Fryar, M.S., RN, CRC, CCM, CLCP QRP, dated January 28th, 2025.

7. SUMMARY OF COSTS BASED ON VHA COVERAGE FOR DR. SHAHNASARIAN'S LIFE CARE PLAN

Mr. Mousser's future service unit costs based on VHA coverage for Dr. Shahnasarian's Life Care Plan are summarized in Table 2 below. VHA rates reflect standardized rates for what the VHA would pay for a service, removing patient responsibility amounts such as copayments. According to Mr. Mousser's VBA documentation, Mr. Mousser has a service-connected disability rating of over 70%, meaning that copayments do not apply for many services, such as care related to a service-connected injury.[40]

[40] "Current VA Health Care Copay Rates for 2025," U.S. Department of Veterans Affairs, updated July 15, 2025. [https://www.va.gov/health-care/copay-rates/#:~:text=in%20a%20hospital)-,If%20you%20have%20a%20service-connected%20disability%20rating%20of%2010,a%20copay%20for%20inpatient%20care].

Table 2

VHA Coverage and Costs for Dr. Shahnasarian's Life Care Plan

Description*	Frequency as Described in LCP	Unit Defined	CPT Code	VHA Rate
THERAPEUTIC NEEDS				
Urologist Follow-Up	One time	Per Visit	99213	$86.34
DIAGNOSTIC TESTS				
Cystoscopy	One time Every 6-12 Months Annually	Per Visit	52000	$204.10
CT Scan Bladder	One time	Per Visit	74176	$173.93

*Based on Dr. Shahnasarian's Life Care Plan.[41]

[41] Life Care Plan for Frank Mousser, prepared by Michael Shahnasarian, PhD, dated May 20th, 2025.

8. SUMMARY OF OPINIONS

This report is based on information known to me as of this date. I have analyzed the information provided to me for Mr. Mousser and assessed publicly available data to arrive at my opinion as to the rates for care covered by Mr. Mousser's insurer. If additional information is made available, I may modify my report. I may also be asked to present opinions on additional issues in this case.



Henry Miller, Ph.D.
December 15, 2025

APPENDIX A
DR. HENRY MILLER
CURRICULUM VITAE

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SUMMARY

Henry Miller is Managing Director, Health Analytics in the Phoenix, AZ office of the Berkeley Research Group. He has more than 50 years of experience as a healthcare consultant and researcher specializing in health care finance, public policy, regulatory analysis, and strategic planning. In addition, he has provided expert testimony to the U.S. Congress, several state legislatures, in Federal, State, and local courts and in arbitration proceedings.

Dr. Miller has worked with more than 50 health plans, including some of the largest plans in the U.S., Blue Cross and Blue Shield plans and regional health plans on varied aspects of their operations, including evaluation of premium rate setting strategies, medical loss ratios, administrative issues, organizational structure, community relations, network management, provider payment systems, operating systems, and strategic planning.

Dr. Miller has worked on provider payment systems and network management issues for more than forty years. He was a member of the Medicare oversight committee for the effort to develop the practice expense component of the RBRVS physician fee schedule. He assisted CMS on several projects related to the development of the Medicare Hospital Outpatient Prospective Payment System and directed a project to assess opportunities to improve the Medicare Inpatient Prospective Payment System (IPPS) based on DRGs. Dr. Miller also directed the Medicare program's evaluation of the appropriateness of paying a facility fee to ambulatory surgery centers and has prepared reports on reimbursement issues for the Medicare program that were responses to Congressional requests.

He has designed hospital, physician, and pharmaceutical payment systems for seven Medicaid programs and more than thirty Blue Cross and Blue Shield plans and other health plans. This work has included both in network and out of network payment. In several instances, Dr. Miller negotiated provider contracts on behalf of health plans.

Dr. Miller has worked with various entities on developing competitive bidding programs, including design of Requests for Proposals, and bid evaluation formats. This work focuses on bids for health coverage submitted to employers by health insurers. He has also assisted health insurers who submitted bids for health coverage to private sector and government entities.

Dr. Miller has provided expert testimony on the reasonable costs of medical care, medical payments and network management issues in worker's compensation and personal injury cases. This testimony was based on the methods to measure reasonable value of medical care that Dr. Miller developed. Methods have been accepted in state and Federal courts.

Dr. Miller's work for health plans includes several assignments relating to the operation of Medicare Advantage plans, including issues relating to data submission to the Medicare program, provider contracting, and the development of provider payment approaches and rates. He has also worked for the Medicare program on these issues, especially as related to the quality and availability of data that is submitted by MA plans to the Federal government.

Dr. Miller has directed several public policy and regulatory analysis projects. He has directed evaluations of several programs for the Department of Health and Human Services, including programs managed by the Office of Women's Health, the Health Resources and Services Administration (HRSA), the National Center for Health Statistics, the Agency for Healthcare Research and Quality (AHRQ) and the National Institutes of Health. Much of this work focused on delivery and financing alternatives for improving care to vulnerable populations. He directed a project that investigated innovative approaches to care management initiated by Federally Qualified Health Centers. This project examined programs in nine U.S. communities. He directed studies of research on access to care for disadvantaged, minority, and disabled populations for AHRQ. In other work, he developed a strategic plan for a managed care plan for the uninsured and low-income populations in Hillsborough County, Florida and designed an innovative delivery system for low-income populations in Rochester, New York. His work for HRSA includes evaluations of health care for the homeless programs as well as several federally funded women's and maternal and child health programs. He has conducted similar projects for New York State. Dr. Miller directed an evaluation of the Medicare clinical laboratory payment system for the National Academy of Medicine. He conducted an evaluation of the impact of Medicare regulations on clinical laboratories for the American Clinical Laboratory Association as well as national laboratory chains and hospital-based laboratories.

Dr. Miller directed key elements of the work conducted by the Governor's Commission for Rationalizing Healthcare in New Jersey. He was the lead consultant to the Commission on analyzing the financial status of the State's hospitals as well as measuring the impact of potential hospital closings. He also served as the economic advisor to the Alaska Department of Insurance in its review of the application by Premera Blue Cross to convert to for-profit status. He assisted several Primary Care Trusts and Strategic Health Authorities in the U.K. as they addressed changes in National Health Service requirements.

Dr. Miller has directed several technology related projects, including work in which he presented new technologies to the Centers for Medicare and Medicaid Services (CMS) to obtain their approval and payment. This work included analysis of a radiotherapy for non-Hodgkins lymphoma, a new device for the treatment of posterior uveitis and a cryogenic stent. In addition, he prepared the strategic plan for a Regional Health Information Organization (RHIO) for the Maryland and Virginia area. This work included

an assessment of the feasibility of linking electronic medical records across hospitals and physicians' offices.

Dr. Miller developed resource costing, a tool for the measurement of costs in healthcare settings in a series of projects completed for the Office of the Assistant Secretary for planning and Evaluation of the Department of Health and Human Services. He applied resource costing to a project for the Medicare Payment Advisory Commission (MedPAC) in which he used the approach to assess the accuracy of Medicare Cost Reports as a research and policy analysis tool and to another project to measure the costs of more than 300 hospital outpatient procedures to support efforts by the Centers for Medicare and Medicaid Services (CMS) to develop the Medicare Hospital Outpatient Prospective Payment System (HOPPS) based on APCs.

PROFESSIONAL EXPERIENCE

Provider Payment System Design and Evaluation

Dr. Miller played a key role in the development of the Medicare Hospital Outpatient Prospective Payment System (HOPPS). In this work for CMS, he conducted a major pricing study, analyzed the impact of key aspects of the APC approach and assisted in drafting regulations. Subsequently, he conducted a study of the impact of the HOPPS on the quality of care provided to Medicare beneficiaries for MedPAC. Dr. Miller also designed hospital outpatient payment systems for Medicaid programs in New York, New Jersey, North Dakota, and the District of Columbia. He has developed hospital outpatient payment approaches for Blue Cross and Blue Shield plans in New York, New Jersey, Virginia, Georgia, Arkansas, Minnesota, and California.

Dr. Miller also directed an assessment of opportunities to improve the Medicare Inpatient Prospective Payment System (IPPS), based on DRGs. He has designed or evaluated hospital inpatient payment systems for Medicaid programs in Virginia, Pennsylvania, Iowa, New York, and West Virginia. His inpatient payment system design work for health plans includes projects conducted for Blue Cross and Blue Shield plans in Virginia, Pennsylvania, Florida, Texas, North Dakota, Illinois, Colorado, Kansas City and Tennessee. Dr. Miller also evaluated the method used by the Federal government to pay children's hospitals for their investment in medical education.

Dr. Miller completed a study to update the payment system used by the Medicare program to pay Federally Qualified Health Centers (FQHCs). This work was undertaken to address payment issues that arose because payment levels had not been adjusted other than for inflation for more than fifteen years. Recommendations were made to the Health Resources and Services Administration and the Centers for Medicare and Medicaid Services.

Dr. Miller has worked with several State Medicaid programs on home health agency payment systems. He reviewed licensing criteria for home health agencies and other providers in Vermont and New York. He led the design of nursing home reimbursement systems for the Medicaid programs in Virginia, Pennsylvania, Vermont, and Iowa. He directed a study of the Medicare laboratory fee schedule for the National Institute of Medicine. His reimbursement system design work for health plans includes design

of systems to pay hospitals, ambulatory surgery centers, physicians, nursing homes, home healthcare agencies, dialysis centers and other providers. He has also developed fee schedules used for out of network payment for several large health plans. He has worked with more than two-thirds of the nation's Blue Cross and Blue Shield plans as well as national health plans on reimbursement issues.

In other work, Dr. Miller evaluated and made recommendations to improve the payment methods used by worker's compensation programs in Ohio and California. He completed a study of access to healthcare for injured workers in California. Dr. Miller has also worked with personal injury insurers on methods used to pay medical claims.

Public Policy and Regulatory Analysis

Dr. Miller has directed several major studies of key public policy issues for the Federal government as well as for states and private sector clients. Examples of this work include:

- Economic advisor to the Alaska Insurance Department on the application by Premera Blue Cross to convert to for-profit status,
- Financial advisor to the Governor's Commission for the Rationalization of Healthcare in New Jersey,
- Consultant to several U.K agencies on development of responses to changes in the National Health Service, including Yorkshire and the Humber Strategic Health Authority, North Lincolnshire Primary Care Trust, Calderdale Primary Care Trust, and the Swansea Primary Care Trust,
- Analysis of the Highmark Blue Cross and Blue Shield and Independence Blue Cross proposal to merge,
- Validation of the diagnostic information used in the CMS-RCC risk adjustment formula used by the Medicare program to develop payment rates for Medicare Advantage plans,
- Analysis and recommendation of innovative approaches to improve access to primary care services for low-income populations for the Greater Rochester Health Foundation,
- Evaluation of the Rural and Frontier Coordinating Center program of the Federal Office of Women's Health,
- Evaluation of the costs and use of case management in a home health care program funded by the Federal government,
- Evaluation of the impact of the New York State All-Payer Case-Based Prospective Hospital Reimbursement System (NYPHRM) for the Council on Health Care Financing and the New York State legislature,
- Evaluation of several Federal and New York State programs to provide services to people with HIV/AIDS,
- Development and evaluation of community-based healthcare data systems, including a data system to collect and manage data that describe health care markets for the Agency for Healthcare Research and Quality, the Maryland Medical Care Database for the Maryland Health Care Commission and the database used to support hospital quality initiatives by the American Data Network,

- Evaluation of the Healthcare Community Access Program (HCAP), a national effort to reduce uncompensated care in over 150 communities for the Health Resources and Services Administration,
- Evaluation of the Federal Government's Black Lung Clinics program, and
- Completion of several projects for the National Center for Health Statistics including an assessment of the impact of using ICD-10 for diagnosis coding, an evaluation of the uses of provider surveys including the National Hospital Discharge Survey and the National Ambulatory Medical Care Survey and the design of a national survey of ambulatory surgery.

Strategic planning

Dr. Miller's strategic planning work includes assignments completed for hospitals, managed care companies, major employers, and government agencies. These projects include:

- Support on strategic issues for several hospital systems, including Johns Hopkins Medicine, University of Rochester Health System, University of Maryland Medical System, The Christ Hospital, Sutter Health System, and Memorial Hermann Health System.
- Evaluation of health benefits options for major employers including AT&T and Verizon,
- Preparation of a strategic and operational plan for an innovative managed care plan for the uninsured in Hillsborough County, Florida,
- Support for the preparation of the initial Vermont Health Resources Allocation plan for the Vermont Bureau of Insurance, Securities and Health Care Administration,
- Support to the State of New York for the development of a Global Budgeting program, and
- Several studies of the comparative value of health care benefit programs provided by health plans in efforts to identify optimal arrays of benefits.

Expert Testimony

Dr. Miller has served as an expert witness in several health care cases in recent years and has testified in federal and state courts, in arbitrations and in administrative hearings. His testimony addressed:

- Hospital/health plan contract disputes,
- Role of the Affordable Care Act in measuring medical costs in personal injury cases,
- Reasonable costs of medical care in personal injury cases,
- Class action certification,
- Out of network provider payment,
- Rates paid to health care providers by worker's compensation insurers and personal injury insurers,
- Medicare and Medicaid managed care contracts,
- Health plan operations and health plan/provider relationships,
- Health care competition issues,
- Applications by non-profit health insurers seeking to convert to for-profit status, and
- Efforts to obtain certificates of need for health care services.

EDUCATION

Ph.D., (Accounting and Economics), University of Illinois
M.B.A., City College of New York
B.B.A., City College of New York

PRESENT POSITION

Berkeley Research Group, Managing Director, Health Analytics, 2010 to present

FULL-TIME TEACHING EXPERIENCE

University of Baltimore, Associate Professor
State University of New York at Binghamton, Assistant Professor
University of Illinois, Instructor

OTHER POSITIONS HELD

LECG, LLC, Managing Director, 2008-2010
Navigant Consulting, Inc., Managing Director, 2002-2008
Center for Health Policy Studies, President, 1979-2002
Miller & Byrne, Inc., President, 1975-1979

SELECTED COMMUNITY ACTIVITIES

United Cerebral Palsy of Central Maryland, Chairman, Board of Directors, 2007 to 2011
Heifetz International Music Institute, Treasurer, Board of Directors, 2010 to 2013
Glenelg Country School, Treasurer, Board of Trustees, 1991-2000
Howard County General Hospital, Chairman, Board of Trustees, 1987-1989

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2. H. Miller, "Outpatient Payment in the Private Sector," in N. Goldfield and W. Kelly, Outpatient Prospective Payment, (Gaithersburg, MD, Aspen Publishing, 1999)
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4. D. Karr, H. Miller, and S. McCue, "the Effect of Instrument Type on the Cost of Laparoscopic Surgery," Surgical Endoscopy, 1996
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6. B. Balicki, H. Miller, W. Kelly, "Benchmarks and Tools for Evaluating Ambulatory Surgery: A Model for Examining Cost Competitiveness," Healthcare Financial Management, Spring, 1995
7. W. Kelly, H. Miller, T. Parciak, "The Need for Alternatives to Capitation Under Managed Care," Managed Care Quarterly, Summer, 1994

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2024

- *Cipla, USA, Inc. v. Ipsen Biopharmaceuticals, Inc.,* United States District Court for the District of Delaware, Case No. 22-cv-00552 GBW, *(Deposition).*
- *Scripps Health v. Blue Shield of California,* American Arbitration Association, Case No. 01-23-0000-9314, *(Deposition).*
- *Leslie J. Gelber v. Caithness Services, LLC,* American Arbitration Association, Case 01-23-0002-7637, *(Deposition).*
- *Jonathan Mendoza and Maria Mendoza, on behalf of their minor son, Jazziel Mendoza Oliveros v. Hospital Development of West Phoenix, Inc. d/b/a/ Abrazo West Campus,* Superior Court of the State of Arizona, County of Maricopa, Case No. CV2021-094672, *(Deposition).*
- *Anjil Jeter v. Comanche Construction of Georgia, LLC.,* State Court of DeKalb County, State of Georgia, Civil Action 21A03631, *(Deposition).*
- *Farid Almasri v. Target Corporation,* Superior Court of the State of California, County of Los Angeles, Case No.: 22STCV08524, *(Deposition).*

2023

- *Fitzgerald, Kloess & Pope Advisors, LLC v. Premier Parking of Tennessee, LLC, Premier Parking Management Company, LLC*, Chancery Court for Davidson County, Tennessee, Case No. 21-1299-BC, *(Deposition).*
- *Dr. Timothy Munderloh, et al. v. Biegler GMBH, Solace Advancement, LLC, et al.*, United States District Court, District of Arizona, Case No. 3:21–CV-08004-GMS, *(Deposition).*
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2022

- *Alpha Omega Lanier Edwards II v. Fast Lane Transportation, Inc.,* Superior Court of the State of California, County of Los Angeles, Case No. 21STCV09757, *(Deposition).*
- *David Wayne Edwards, Jr.; Lyinda Gillman v. Queen of the Valley Medical Center; Shea Pribyl, D.O.,* Superior Court of the State of California, County of Sacramento, Case No. 34-2019-00248337, *(Deposition)*.

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- Gloria Banda v. Food 4 Less of California, Inc., Superior Court of the State of California, County of Los Angeles, Case No. BC663290, *(Deposition).*
- *Beau Towne v. Multicare Health System d/b/a Mary Bridge Children's Hospital,* Superior Court of the State of Washington for Pierce County, Case No. 20-2-04518-2, *(Testimony).*
- *Medical Society of the State of New York v. United Health Group*, United States District Court, Southern District of New York, Civil Action No. 16-CV-5265 (JPO), (*Testimony*).
- *Lori Bush v. Dignity Health,* Superior Court of the State of California for the County of San Bernadino, Case No. CIVDS-1613161, *(Deposition and Testimony).*

2021

- *Adventist Health System/Sunbelt, Inc. v. Humana Medical Plan, Inc.* (Arbitration – American Arbitration Association Case No. 01-19-0002-6864) *(Deposition).*
- *Christopher Bentley v. Scott Gragson,* District Court, Clark County, Nevada, Case No. A-19-796424-C, *(Deposition).*
- *Kaweah Delta Medical Center v. Kaiser Foundation Hospitals*, Superior Court of the State of California for Tulare County, Case No. AH015680 *(Deposition and Trial Testimony)*
- *Medical Mutual of Ohio v. FrontPath Health Coalition*, Court of Common Pleas, Lucas County, Ohio, Case No. CI201703154 *(Deposition)*
- *Kaiser Foundation Hospitals v. Palomar Health F/K/A Palomar Pomerado Health,* Arbitration, JAMS Reference Number 1220063770, *(Deposition).*
- *Perry David Maxwell v. The Boeing Company and Paris Edward Cooper,* United States District Court, Central District of California, Case No. 2:19-cv-05204-DSF-KS *(Deposition).*
- *Baptist Memorial Health Care Corp. v. CIGNA Health Care of Tennessee,* Arbitration, *Deposition and Testimony).*

APPENDIX B
MATERIALS RELIED UPON

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CMS-1807-F. Centers for Medicare & Medicaid Services. December 9, 2024.
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Cost Analysis for Mr. Frank Mousser, prepared by Michael A. Fryar, M.S., RN, CRC, CCM, CLCP QRP, dated January 28th, 2025.
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What's not Covered? Centers for Medicare & Medicaid Services.

Exhibit 659

GARY MCELHINEY V. UNITED STATES OF AMERICA
CAMP LEJEUNE WATER LITIGATION
NO. 7:23-CV-01368

EXPERT REPORT OF DR. HENRY MILLER

DECEMBER 15, 2025

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1. INTRODUCTION

My name is Henry Miller, Ph.D. I am a Managing Director in the Health Analytics practice of Berkeley Research Group, LLC. I have been working on health care cost and health insurance issues for more than fifty years. I have conducted studies on these issues for the federal Medicare program, several state Medicaid programs and more than forty health insurers. I have testified on these issues in the U.S. Congress, several State legislatures and in federal, state and local courts and in arbitrations. My curriculum vita is attached to this report as Appendix A. My firm is compensated at $825 per hour for my time on this matter and payments are not contingent upon the outcome of the matter.

2. BACKGROUND OF THE CASE

This case relates to the injury of Gary McElhiney ("Mr. McElhiney"). Mr. McElhiney suffers from Parkinson's disease ("Mr. McElhiney's Condition") allegedly due to water contamination at the Marine Corps Base Camp Lejeune.[1] I offer no opinion on whether water at Camp Lejeune may have led to Mr. McElhiney's development of any disease. Mr. McElhiney currently resides in Fairview, Tennessee.[2] A Life Care Plan has been prepared for Mr. McElhiney by Kay Hairston, BSN, RN, CCM, CNLCP, that describes the services that Ms. Hairston believes will be needed for Mr. McElhiney throughout his life expectancy. A Life Care Plan was also prepared by Michael Shahnasarian, PhD, that includes modifications to Ms. Hairston's Life Care Plan and services that Dr. Shahnasarian believes will be needed for Mr. McElhiney throughout his life expectancy.

3. SCOPE OF REPORT

I was asked by the United States Department of Justice to apply my expertise in health care costs to the matter of *Gary McElhiney v. United States of America*, which is part of the Camp Lejeune Water Litigation in the United States District Court for the Eastern District of North Carolina. I was specifically asked to address the following issues related to Mr. McElhiney:

- Analyze the projected health care costs identified by Kay Hairston, BSN, RN, CCM, CNLCP,[3] ("Ms. Hairston's Life Care Plan") and identify the amount that would be paid by Medicare, the Veterans Health Administration, the Veterans Affairs' Community Care Network, and TRICARE for Mr. McElhiney; and
- Analyze the projected health care costs identified by Michael Shahnasarian, PhD,[4] ("Dr. Shahnasarian's Life Care Plan") and identify the amount that would be paid by Medicare, the

[1] Evaluation on behalf of Gary McElhiney, prepared by Kay Hairston, BSN, RN, CCM, CNLCP, dated February 5th, 2025.
[2] Life Care Plan for Gary Layne McElhiney, prepared by Michael Shahnasarian, PhD, dated May 8th, 2025.
[3] Evaluation on behalf of Gary McElhiney, prepared by Kay Hairston, BSN, RN, CCM, CNLCP, dated February 5th, 2025.
[4] Life Care Plan for Gary Layne McElhiney, prepared by Michael Shahnasarian, PhD, dated May 8th, 2025.

Veterans Health Administration, the Veterans Affairs' Community Care Network, and TRICARE for Mr. McElhiney.

4. MEDICARE COVERAGE

Based on information received from counsel, Mr. McElhiney receives coverage for healthcare services through the Medicare program (Part A and Part B).

Medicare Part A, which covers institutional services (e.g., hospital services), has no cost. There is a premium for Part B (e.g., physician and other professional services). The standard Part B premium amount in 2025 is $185 per month ($2,220 annually).[5] In addition, beneficiaries can elect to enroll in optional Medicare Part D coverage, which covers brand-name and generic prescription drugs.

As of August 2025, the Centers for Medicare & Medicaid Services ("CMS") reported 69.3 million Medicare beneficiaries, of which 49 percent were enrolled in traditional Medicare Fee-for-Service coverage (Part A and B).[6] CMS, the federal agency that runs the Medicare Program, is a branch of the Department of Health and Human Services ("HHS"), making it an integral part of the executive branch.[7] On July 30, 1965, President Lyndon B. Johnson signed legislation establishing the Medicare program in response to a lack of support for older Americans' healthcare expenses within existing social safety net programs.[8] In 1972, Medicare was expanded to cover disabled individuals, people with end-stage renal disease ("ESRD") requiring dialysis or kidney transplant, and people ages 65 or older that selected Medicare coverage.[9] Coverage and benefits under the Medicare program have been expanded several times including under the Medicare Prescription Drug Improvement and Modernization Act of 2003 ("MMA"), which altered the Medicare+Choice plans into what we know today as Medicare Advantage plans. Additionally, the MMA created optional prescription drug benefits, known as Part D.[10] Through its different parts, the Medicare program covers most medically necessary services and supplies in a variety of healthcare settings, making it a reliable source of medical coverage for millions of Americans across the country.[11]

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[5] Centers for Medicare & Medicaid Services, *2025 Medicare Parts A & B Premiums and Deductibles*, November 8, 2024. [https://www.cms.gov/newsroom/fact-sheets/2025-medicare-parts-b-premiums-and-deductibles].
[6] Centers for Medicare & Medicaid Services, *Medicare Enrollment Dashboard*, August 2025. [https://data.cms.gov/tools/medicare-enrollment-dashboard].
[7] "How is Medicare Funded?," Centers for Medicare & Medicaid Services. [https://www.medicare.gov/about-us/how-is-medicare-funded].
[8] Social Security Administration, *History of SSA During the Johnson Administration 1963-1968*. [https://www.ssa.gov/history/ssa/lbjmedicare1.html].
[9] "History: CMS' Program History," Centers for Medicare & Medicaid Services, modified August 13, 2025. [https://www.cms.gov/about-cms/who-we-are/history].
[10] "History: CMS' Program History," Centers for Medicare & Medicaid Services, modified August 13, 2025. [https://www.cms.gov/about-cms/who-we-are/history].
[11] "Compare Original Medicare & Medicare Advantage," Centers for Medicare & Medicaid Services. [https://www.medicare.gov/basics/get-started-with-medicare/get-more-coverage/your-coverage-options/compare-original-medicare-medicare-advantage].

According to U.S. Treasury data, as of November 30, 2025, the U.S. federal government has spent $176 billion on the Medicare program in fiscal year 2026, which constitutes the third largest single portion of the federal budget at 15%.[12] The federal government funds Medicare through mandatory or direct spending, which does not require annual Congressional approval. Medicare is primarily funded through payroll taxes paid by working adults and their employers in addition to smaller sources of funding such as income taxes on social security benefits.[13] Funding for Medicare is entrenched in U.S tax law and support for the program is widespread across the political spectrum.[14] These factors, among others previously described, support my opinion that the Medicare program will continue to exist and play a pivotal role in the United States' healthcare system.

Medicare rates, which are published by CMS, determine how much the Medicare program will reimburse a provider for a specific medical service.[15] CMS updates rates at least annually and rates can be expected to increase over time, even amid limits on Medicare spending such as budget neutrality requirements under the Medicare Access and CHIP Reauthorization Act of 2015 ("MACRA").[16] Increases in rates occur because Medicare rates for most medical services are based on the costs that providers incur to provide services, which increase over time.[17,18,19] In addition to increasing costs leading to higher physician payments, Congressional action and other policies have historically resulted in physician payment reduction suspensions and/or increases in physician payments.[20]

5. VETERANS HEALTH ADMINISTRATION COVERAGE

Based on information received from counsel, Mr. McElhiney also receives coverage for healthcare services through the Veterans Health Administration ("VHA"). Eligibility for VHA healthcare benefits is based on military service for a certain period of time. Other requirements must also be met, such as service in

[12] U.S. Department of the Treasury, FiscalData, *How much has the U.S. Government Spent this Year?*, updated November 30, 2025. [https://fiscaldata.treasury.gov/americas-finance-guide/federal-spending/].
[13] "How is Medicare Funded?", Centers for Medicare & Medicaid Services. [https://www.medicare.gov/about-us/how-is-medicare-funded].
[14] David Lazer, "Democrats and Republicans Disapprove of Medicare, Medicaid Cuts, Research Finds," *Northeastern University*, September 11, 2025. [https://cssh.northeastern.edu/democrats-and-republicans-disapprove-of-medicare-medicaid-cuts-research-finds/#:~:text=Most%20Americans%20disapprove%20of%20cuts,reading%20at%20Northeastern%20Global%20News].
[15] "Fee Schedules – General Information," Centers for Medicare & Medicaid Services, modified November 19, 2025. [https://www.cms.gov/medicare/payment/fee-schedules].
[16] Alex Cottrill, Juliette Cubanski, and Tricia Neuman, "What to Know about How Medicare Pays Physicians", *KFF*, October 7, 2025. [https://www.kff.org/medicare/what-to-know-about-how-medicare-pays-physicians/].
[17] Medicare Payment Advisory Commission, *Outpatient Hospital Services Payment System*, October 2024. [https://www.medpac.gov/wp-content/uploads/2024/10/MedPAC_Payment_Basics_24_OPD_FINAL_SEC.pdf].
[18] Medicare Payment Advisory Commission, *Hospital Inpatient Services Payment System*, October 2024. [https://www.medpac.gov/wp-content/uploads/2024/10/MedPAC_Payment_Basics_25_hospital_FINAL_SEC.pdf].
[19] Federal Reserve Bank of St. Louis (FRED). *Consumer Price Index for All Urban Consumers: Medical Care in U.S. City Average [CPIMEDSL],* October 24, 2025. [https://fred.stlouisfed.org/series/CPIMEDSL].
[20] Alex Cottrill, Juliette Cubanski, and Tricia Neuman, "What to Know about How Medicare Pays Physicians", *KFF*, October 7, 2025. [https://www.kff.org/medicare/what-to-know-about-how-medicare-pays-physicians/].

certain geographic areas, military conflicts, wars and/or exposure to toxins or other hazards while serving.[21]

Basic VHA health benefits cover preventive care, such as health exams and immunization, inpatient hospital services, urgent and emergency care, long term and home health care, and prescriptions. Some veterans may receive additional benefits such as dental care.[22]

As referenced in the deposition of Daniel Clarke, "The VHA is the largest health care system in the United States providing health care at 1,380 health care facilities, including 170 VA Medical Centers and 1,193 outpatient sites of care of varying complexity to over 9.1 million veterans enrolled in the VA health care program."[23] The VHA is one branch of the Department of Veterans Affairs, which has been a Cabinet-level executive department since 1988, although its roots go much further back. It began when President Lincoln established a National Soldiers and Sailors Asylum in March 1865 before the end of the Civil War. The scope and complexity of the VHA have grown over time as more facilities have been opened and Veterans treated. Since its inception, VHA health care services and coverage have proven to be foundational to providing millions of individuals across the U.S. with vital health care services.[24] VHA funding is routinely approved on a bipartisan basis and coverage has expanded over time, as evidenced by the recent passage of the PACT Act in 2022 and the steady increase in the VA's budget throughout both Democratic and Republican administrations and congressional majorities.[25,26] Therefore, the VHA health care system and coverage are expected to continue for the foreseeable future.

Many VHA health care maximum allowable rates correspond to Medicare rates which can be expected to increase over time as previously described. The VHA also sets its own rates, often for services not covered by Medicare, using a variety of different methodologies that include the following: historic VHA claims data, Medicare relative value units, Medicare Administrative Contractors ("MAC") rates, provider billed charges, and "industry-proven and respected data comprised of Medicare, Medicaid, and commercial health insurance claims."[27] This ensures that VHA rates will continue to keep pace with rising costs in the healthcare marketplace and, therefore, increase over time.

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[21] "Eligibility for VHA Health Care," U.S. Department of Veterans Affairs. [https://www.va.gov/health-care/eligibility/].
[22] "How to Get Veterans Health Benefits," U.S. General Services Administration, August 27, 2025. [https://www.usa.gov/get-veterans-health-benefits#:~:text=What%20do%20VA%20health%20benefits,Prescriptions].
[23] Daniel Clarke, Deposition, Gary McElhiney v. United States of America Camp Lejeune Water Litigation. No. 7:23-CV-01368, November 2, 2023, at 27:3-27:9.
[24] "VA History Summary," U.S. Department of Veterans Affairs. [https://department.va.gov/history/history-overview/].
[25] Library of Congress, Actions - H.R.3967 - 117th Congress (2021–2022): Honoring our PACT Act of 2022, June 16, 2022. [https://www.congress.gov/bill/117th-congress/house-bill/3967/all-actions].
[26] Bureau of the Fiscal Services, U.S. Department of Veterans Affairs, *Department of Veterans Affairs – FY2025 Agency Profile*, September 29, 2025. [https://www.usaspending.gov/agency/department-of-veterans-affairs?fy=2025].
[27] National Archives, Federal Register, *Methodology for Reimbursing Medical Services, Extended Care Services, Pharmaceuticals, and Durable Medical Equipment Not on Medicare Fee Schedules*, March 27, 2024.

6. COMMUNITY CARE NETWORK COVERAGE ADMINISTERED BY OPTUM SERVE

Based on information received from counsel, Mr. McElhiney also receives coverage for healthcare services through the Veterans Affairs' ("VA") Community Care Network ("CCN"). VHA established the VA CCN to ensure Veterans receive timely care. The network, which is organized into five smaller regional networks, was created to purchase care for veterans from community providers, helping to expand veteran access to healthcare services.[28] Optum Serve is a Third Party Administrator ("TPA") for regions 1, 2, and 3 for the VA CCN.[29] Optum Serve manages care coordination for veterans and some members of the National Guard and Reserves, but veteran eligibility is determined by the VA.[30] The CCN covers many similar services to the VHA including comprehensive medical care.[31]

7. TRICARE COVERAGE

Based on information received from counsel, Mr. McElhiney also receives coverage for healthcare services through TRICARE, which is a health program for active-duty military service members, retired military service members, and their families, as well as National Guard and Reserve members and their families. TRICARE covers medical, dental and pharmacy services.

The TRICARE program serves a diverse population of approximately 9.5 million beneficiaries, as of 2024.[32] TRICARE's origins trace back to the mid-1960s, when the population of military retirees and dependents significantly increased after the Vietnam War. The military healthcare system that had previously relied mostly on military facilities or sending family members to private facilities for inpatient care became significantly strained.[33] To ensure better access to healthcare services for the growing number of military healthcare beneficiaries, especially those living away from military bases, Congress created the Civilian Health and Medical Program of the United States ("CHAMPUS"). CHAMPUS was a fee-for-service insurance plan with some beneficiary cost-sharing but without the premiums or enrollment fees of traditional insurance. Increased use of CHAMPUS between 1981 and 1990 led to escalating expenses for

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[https://www.federalregister.gov/documents/2024/03/27/2024-06431/methodology-for-reimbursing-medical-services-extended-care-services-pharmaceuticals-and-durable].

[28] "Community-Care Network," U.S. Department of Veterans Affairs, updated May 20, 2025. [https://www.va.gov/COMMUNITYCARE/providers/Community-Care-Network.asp].

[29] Region 3 is comprised of Alabama, Arkansas, Florida, Georgia, Louisiana, Mississippi, Oklahoma, Puerto Rico, South Carolina, Tennessee, and the U.S Virgin Islands (see https://www.va.gov/COMMUNITYCARE/providers/Community-Care-Network.asp).

[30] "Eligibility for Community Care Outside VA," U.S. Department of Veterans Affairs. [https://www.va.gov/resources/eligibility-for-community-care-outside-va/].

[31] "Optum Serve Health Services," Optum for Business. [https://business.optum.com/en/access/federal-health-services.html].

[32] Congressional Research Service. *TRICARE Cost-Sharing Changes in 2025*, November 13, 2024. [https://www.congress.gov/crs_external_products/IN/PDF/IN11532/IN11532.7.pdf].

[33] "MOAA's 2020-21 TRICARE Guide: The History of Your Health Care Benefit," Military Officers Association of America, November 4, 2020. [https://www.moaa.org/content/publications-and-media/news-articles/2020-news-articles/moaas-2020-21-tricare-guide-the-history-of-your-health-care-benefit/].

the Defense Department's health budget.[34] As a result, Congress directed the Department of Defense ("DoD") in the 1990s to consider replacing CHAMPUS with an HMO model, which eventually became TRICARE.[35] Today, TRICARE offers many different plans with different payment structures to best meet the needs of service members and their families.[36]

TRICARE continues to have bipartisan support with bills like the "Health Care Fairness for Military Families Act," introduced in 2025, which sought to extend health coverage to dependents of military families until the age of 26.[37] TRICARE is funded through the annual Defense Appropriations bill and, when considered with other military healthcare-related funds, constituted 7.2 percent of DoD's 2025 budget request.[38] While the TRICARE program may change over time, it is expected to continue providing coverage for the foreseeable future. Approximately ten years ago, some lawmakers promoted eliminating TRICARE and instead funding the purchase of private health insurance by TRICARE enrollees.[39] This proposal failed to gather necessary support, but it highlighted the support for the provision of coverage, while that coverage may take different forms in the future.

8. METHODOLOGY FOR CALCULATION OF COSTS

When applicable, the CCN follows Medicare billing guidelines, fee schedules, and payment methodology for covered services performed by participating providers.[40] Under CCN coverage, the VA reimburses up to 100% of the allowed amount, which is the Medicare rate, depending on whether a Medicare rate is available.[41] For providers participating in the CCN network, the VA determines payment rates based on the VAFS if Medicare rates are not available.[42]

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[34] "MOAA's 2020-21 TRICARE Guide: The History of Your Health Care Benefit," Military Officers Association of America, November 4, 2020. [https://www.moaa.org/content/publications-and-media/news-articles/2020-news-articles/moaas-2020-21-tricare-guide-the-history-of-your-health-care-benefit/].

[35] "MOAA's 2020-21 TRICARE Guide: The History of Your Health Care Benefit," Military Officers Association of America, November 4, 2020. [https://www.moaa.org/content/publications-and-media/news-articles/2020-news-articles/moaas-2020-21-tricare-guide-the-history-of-your-health-care-benefit/].

[36] Congressional Research Service. *TRICARE Cost-Sharing Changes in 2025*, November 13, 2024. [https://www.congress.gov/crs_external_products/IN/PDF/IN11532/IN11532.7.pdf].

[37] Sarah Bennett, "Bipartisan Bill Aims to End Costly Fees for Military Families Covering Adult Dependents," *Veteran News*, July 31, 2025. [https://www.veterannews.org/veteran-news/bipartisan-bill-aims-to-end-costly-fees-for-military-families-covering-adult-dependents].

[38] Congressional Research Service. *Defense Primer: Military Health System*, October 18, 2024. [https://www.congress.gov/crs-product/IF10530].

[39] Martin Matishak, "Lawmakers Debate Scrapping TRICARE," *The Hill*, February 11, 2015. [https://thehill.com/policy/defense/232402-lawmakers-debate-scrapping-tricare/].

[40] Optum, *Veterans Affairs (VA) Community Care Network (CCN),* January 17, 2019. [https://www.myoptumhealthphysicalhealth.com/documents/plansummaries/VA%20CCN_PS2019.pdf].

[41] Optum, *Veterans Affairs (VA) Community Care Network (CCN),* January 17, 2019. [https://www.myoptumhealthphysicalhealth.com/documents/plansummaries/VA%20CCN_PS2019.pdf].

[42] Optum, *Veterans Affairs (VA) Community Care Network (CCN),* January 17, 2019. [https://www.myoptumhealthphysicalhealth.com/documents/plansummaries/VA%20CCN_PS2019.pdf].

To determine the rates paid by Medicare, I first identified whether each service/supply, included in the life care plans submitted by Ms. Hairston and Dr. Shahnasarian, were covered by Medicare. Some services/supplies such as companion care services are not covered by Medicare. Next, I identified the rate that would be paid by Medicare for a service/supply. Medicare rates include coinsurance because TRICARE will cover any patient responsibility as Mr. McElhiney's secondary insurance.[43]

To determine the rates paid by the VHA, I first identified whether each service/supply, included in the life care plans submitted by Ms. Hairston and Dr. Shahnasarian, were covered by the VHA. The VHA pays providers at a rate equal to the Medicare rate if a Medicare rate exists. For those services not covered by Medicare and without a Medicare rate, I followed the methodologies outlined on the VHA's website to identify the rate paid.[44]

For Mr. McElhiney, TRICARE will always be secondary insurance and pay last, after Medicare or the VHA, covering any remaining patient responsibility.[45] Therefore, Mr. McElhiney's coverage will pay the full Medicare-approved amount when applicable. Sources for Medicare, VHA, and TRICARE rates are listed in Appendix B of this report.

Mr. McElhiney can elect to use either VHA or Medicare for the coverage of his healthcare services (depending on the provider's participation in those programs).[46] Two rates have been provided in Tables 1 and 2 to identify the difference between what Medicare and the VHA would pay. The amount that will be paid will be determined based on where Mr. Mr. McElhiney seeks medical care.

[43] "Becoming Medicare-Eligible," TRICARE. [https://tricare.mil/LifeEvents/Medicare].
[44] U.S. Department of Veterans Affairs, *VA Fee Schedule for Authorized Community Care*. [https://www.va.gov/COMMUNITYCARE/revenue-ops/Fee-Schedule.asp].
[45] "Frequently Asked Questions," TRICARE. [https://tricare.mil/FAQs/TFL/TFL_OHI].
[46] "VA Health Care and Other Insurance," U.S. Department of Veterans Affairs. [https://www.va.gov/health-care/about-va-health-benefits/va-health-care-and-other-insurance/].

8.1 Methodology for Services and Supplies with a Medicare Rate

I first identified Medicare rates since the CCN and VHA pay providers at a rate equal to the Medicare rate if a rate exists.[47] Medicare rates are generally available for the following types of services and supplies included in the life care plans: physician services, laboratory services, durable medical equipment ("DME"), medications, home health services, outpatient hospital services, and inpatient hospital services.

Medicare rates for physician services rely on the Medicare Physician Fee Schedule ("MPFS"), which identifies a rate for each Current Procedural Terminology ("CPT") code based on the CPT code's relative value units ("RVUs").[48] CMS generally identifies three RVUs for each CPT code: a work RVU, a practice expense RVU, and a professional liability RVU. To determine Medicare's reimbursement, one would geographically adjust the RVUs for the provider's location[49] and then use a Congressionally mandated conversion factor[50] to translate the RVUs into dollars. Applying this methodology, I was able to determine the Medicare reimbursement rate for each CPT code.[51]

Medicare rates for laboratory services are available from Medicare's Clinical Laboratory Fee Schedule ("CLFS"), which is based on the weighted median of private payor rates.[52]

Medicare rates for DME rely on the Durable Medical Equipment Prosthetic Devices, Orthotics, & Supplies Fee Schedule ("DMEPOS").[53] The DMEPOS fee schedule includes rates for Healthcare Common Procedure Coding System ("HCPCS") codes associated with equipment and are adjusted at the state level based on the provider's location.

To identify Medicare rates for medications, I relied on the Medicare Part D Drug Spending Dashboard.[54] While Part D Medicare coverage is optional and both the federal government and beneficiaries do not pay

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[47] Optum, *Veterans Affairs (VA) Community Care Network (CCN),* January 17, 2019. [https://www.myoptumhealthphysicalhealth.com/documents/plansummaries/VA%20CCN_PS2019.pdf].

[48] Centers for Medicare & Medicaid Services, *Medicare Physician Fee Schedule*. [https://www.cms.gov/medicare/physician-fee-schedule/search/overview].

[49] For the purposes of my calculations here, I have assumed the providers would be located in Fairview, Tennessee, which is Mr. McElhiney's current residence.

[50] The conversion factor is mandated by Congress and calculated by CMS using an established formula. The conversion factor is published in the Federal Register (see https://www.federalregister.gov/documents/2024/12/09/2024-25382/medicare-and-medicaid-programs-cy-2025-payment-policies-under-the-physician-fee-schedule-and-other). The American Medical Association has provided a summary of the conversation factors over the years (see https://www.ama-assn.org/system/files/cf-history.pdf).

[51] Medicare Payment Advisory Commission, *Payment Basics Physician and Other Health Professional Payment System*, November 2021. [https://www.medpac.gov/wp-content/uploads/2021/11/medpac_payment_basics_21_physician_final_sec.pdf].

[52] Centers for Medicare & Medicaid Services, *Clinical Laboratory Fee Schedule*. [https://www.cms.gov/medicare/payment/fee-schedules/clinical-laboratory-fee-schedule-clfs].

[53] Centers for Medicare & Medicaid Services, *Durable Medical Equipment Prosthetic Devices, Orthotics & Supplies Fee Schedule*. [https://www.cms.gov/medicare/payment/fee-schedules/dmepos].

[54] Centers for Medicare & Medicaid Services, *Medicare Part D Drug Spending Dashboard.* [https://data.cms.gov/tools/medicare-part-d-drug-spending-dashboard].

directly for specific medications,[55] the dashboard provides information on the estimated average spending per dosage unit paid by the Medicare Program and, therefore, offers the best insight into what Medicare Part D would cover for specific medications identified in Mr. McElhiney's life care plans. While I do not have knowledge of coverage under Medicare Part D for Mr. McElhiney, I identified the average spending per dosage unit for each medication included in the life care plans when they included an adequate amount of information to identify a medication, such as the required dosage. I used spending rates for generic versions of medications if they existed in the dashboard.

Specific requirements must first be met to establish Medicare coverage for home health services. Medicare requires the following: 1) A beneficiary must require only part-time care, which is defined as skilled nursing and home health aide services for up to eight (8) hours a day, combined, with a maximum of 28 hours per week and 2) A beneficiary must receive home health aide services in tandem with services from another professional such as a skilled nurse, physical or occupational therapist, or a speech-language pathologist.[56] If a beneficiary meets these two (2) criteria, Medicare will cover home health services using a standardized 30-day period payment. Medicare updates this standardized payment on an annual basis.[57] Medicare has also established a national per-visit rate if the number of visits in a period of care does not meet the low-utilization payment adjustment ("LUPA") threshold. These rates have been adjusted to Mr. McElhiney's geographic location.

To identify Medicare rates for outpatient hospital services, I considered three components that may be applicable to an outpatient visit: the facility fee, the physician or surgeon fee, and an anesthesia fee. For the facility fee, I identified the CPT code and the payment rate from the Medicare hospital Outpatient Prospective Payment System ("OPPS") National Addendum B.[58] OPPS regulations require that 60 percent of the national rates be adjusted to reflect the labor costs in the geographic area where the hospital is located.[59] Therefore, I adjusted 60 percent of the Medicare rate by the relevant wage index for Mr. McElhiney's geographic area. For the physician fee, I used the MPFS which provides rates that are CPT and locality specific. The facility rate is used since the services would be performed in a facility such as a hospital. To calculate the Medicare rate for an anesthesia fee, I relied on several resources published annually by CMS.[60] I multiplied the geographically applicable conversion factor by the sum of time and base units for the surgical procedure and anesthesia code, which are published by HHS on an annual

[55] "Medicare Part D – Direct and Indirect Remuneration (DIR)," Centers for Medicare & Medicaid Services, January 19, 2017. [https://www.cms.gov/newsroom/fact-sheets/medicare-part-d-direct-and-indirect-remuneration-dir].
[56] Centers for Medicare & Medicaid Services, *Home Health Services*. [https://www.medicare.gov/coverage/home-health-services#coverage-content-costs].
[57] Centers for Medicare & Medicaid Services, *CMS-1828-F*, November 28, 2025. [https://www.cms.gov/medicare/payment/prospective-payment-systems/home-health/home-health-prospective-payment-system-regulations-and-notices/cms-1828-f].
[58] Centers for Medicare & Medicaid Services, *Hospital Outpatient PPS.* [https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/].
[59] Centers for Medicare & Medicaid Services, *Medicare Claims Processing Manual*, Chapter 4, Section 10.8, November 22, 2024. [https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/clm104c04.pdf].
[60] Centers for Medicare & Medicaid Services, *Anesthesiologists Center*. [https://www.cms.gov/medicare/payment/fee-schedules/physician/anesthesiologists-center].

basis.[61,62] One time unit is equal to 15 minutes, and each surgical CPT code and anesthesia CPT code are assigned specific time and base units, respectively.

To identify Medicare rates for inpatient hospital services, I considered three components that may be applicable to an inpatient discharge: the facility fee, the physician or surgeon fee, and an anesthesia fee. For the facility fee, I selected three (3) hospitals of varying sizes in Mr. McElhiney's geographic area. Using the Medicare Inpatient Prospective Payment System ("IPPS") online web pricer,[63] I determined a payment rate for a specific hospital using a procedure's diagnostic-related group ("DRG") code and corresponding length of stay, both defined by a life care plan or using IPPS average length of stay data.[64] I then calculated an average rate using the three hospital-specific rates to determine an average Medicare rate. If a DRG was not identified in a life care plan, I did not calculate the Medicare rate. The physician fee was determined using the MPFS, following the same methodology as physician services. The facility rate was used since services would be performed in a facility such as a hospital. To calculate the Medicare rate for an anesthesia fee, I relied on several resources published annually by CMS.[65] I multiplied the geographically applicable conversion factor by the sum of time and base units for the surgical procedure and anesthesia code, which are published by HHS on an annual basis.[66,67] One time unit is equal to 15 minutes, and each surgical CPT code and anesthesia CPT code are assigned specific time and base units, respectively.

8.2 Methodology for Services and Supplies with a CCN/VHA Rate

While the absence of a Medicare rate does not definitively imply that Medicare will not cover a service, I have chosen to assume that Medicare coverage will not extend to a service or item if a rate cannot be identified.[68] For those services without a Medicare rate, I followed the methodologies outlined on the VHA's website to identify the rate paid by the VHA.[69] This effort included identification of geographically

[61] Centers for Medicare & Medicaid Services, *CMS-1807-F*, December 9, 2024. [https://www.cms.gov/medicare/payment/fee-schedules/physician/federal-regulation-notices/cms-1807-f].
[62] Centers for Medicare & Medicaid Services, *Medicare Anesthesia Conversion Factors*. [https://www.cms.gov/Center/Provider-Type/Anesthesiologists-Center.html].
[63] Centers for Medicare & Medicaid Services, *Web Price Inpatient IPPS*. [https://webpricer.cms.gov/#/pricer/ipps].
[64] Centers for Medicare & Medicaid Services, *FY 2026 IPPS Final Rule,* September 19, 2025. [https://www.cms.gov/medicare/payment/prospective-payment-systems/acute-inpatient-pps/fy-2026-ipps-final-rule-home-page].
[65] Centers for Medicare & Medicaid Services, *Anesthesiologists Center*. [https://www.cms.gov/medicare/payment/fee-schedules/physician/anesthesiologists-center].
[66] Centers for Medicare & Medicaid Services, *CMS-1807-F,* December 9, 2024. [https://www.cms.gov/medicare/payment/fee-schedules/physician/federal-regulation-notices/cms-1807-f].
[67] Centers for Medicare & Medicaid Services, *Anesthesiologists Center*. [https://www.cms.gov/Center/Provider-Type/Anesthesiologists-Center.html].
[68] "What's not Covered?," Centers for Medicare & Medicaid Services, [https://www.medicare.gov/providers-services/original-medicare/not-covered].
[69]U.S. Department of Veterans Affairs, *VA Fee Schedule for Authorized Community Care*. [https://www.va.gov/COMMUNITYCARE/revenue-ops/Fee-Schedule.asp].

adjusted rates from the VAFS that are associated with CPT codes identified by life care planners or CPT codes that I identified as representative of services described in Mr. McElhiney's life care plans.[70]

I incorporated exceptions to Medicare coverage and methodology used by the VHA, including housing and vehicle modifications and home health services. The VHA covers some services not included under Medicare, such as housing and vehicle modifications, for which I have provided rates when applicable.

In addition, the VHA offers broader home health coverage than Medicare. Unlike Medicare, VHA home health services are not subject to the same weekly hour limits, and rates were calculated using the Medicare Home Health methodology for services that Medicare would not cover. In addition, the VHA also covers services such as respite care, with rates identified using the VAFS and adjusted to Mr. McElhiney's geographic location.

9. SUMMARY OF COSTS BASED ON MEDICARE, VHA, CCN, AND TRICARE COVERAGE FOR MS. HAIRSTON'S LIFE CARE PLAN

Mr. McElhiney's future service unit costs based on Medicare, VHA, CCN, and TRICARE coverage for Ms. Hairston's Life Care Plan are summarized in Table 1 below. Rates reflect standardized rates for what Medicare, the VHA, the CCN, and TRICARE would pay for a service, considering that any patient responsibility will be covered by TRICARE. According to Mr. McElhiney's Veterans Benefits Administration ("VBA") documentation, Mr. McElhiney has a service-connected disability rating of over 70%, meaning that copayments do not apply for many services through the VHA, such as care related to a service-connected injury.[71]

[70] If a CPT code was provided in Dr. Shahnasarian's Life Care Plan and an analogous service did not have a code in Ms. Hairston's Life Care Plan, the code in Dr. Shahnasarian's Life Care Plan was applied to both.
[71] "Current VA Health Care Copay Rates for 2025," U.S. Department of Veterans Affairs, updated July 15, 2025. [https://www.va.gov/health-care/copay-rates/#:~:text=in%20a%20hospital)-,If%20you%20have%20a%20service-connected%20disability%20rating%20of%2010,a%20copay%20for%20inpatient%20care].

Table 1

Medicare, VHA, CCN, and TRICARE Coverage and Costs for Ms. Hairston's Life Care Plan

Description*	Frequency as Described in LCP	Unit Defined	CPT Code**	Medicare Rate with TRICARE as Secondary Coverage	CCN/VHA Rate
PHYSICIAN/MEDICAL					
Primary Care	4 - 8 times per yr	Per Visit	99214	$116.91	$116.91
Hematology and Ophthalmology	As directed	Per Visit	99214	$116.91	$116.91
Cardiology	4 times per yr	Per Visit	99214	$116.91	$116.91
Neurology	1 time per yr	Per Visit	99214	$116.91	$116.91
Neurology	1 - 2 times per yr	Per Visit	99214	$116.91	$116.91
Neurosurgery	TBD	Per Visit	99212	$51.06	$51.06
Analysis and Programming of the DBS	TBD	Per Visit	SUM(95983, 95984 x 3)	$162.88	$162.88
Battery Replacement for DBS	TBD				
Physician		Per Visit	61886	$775.50	$775.50
Facility		Per Visit	61886	$29,184.56	$29,184.56
Anesthesia		Per Visit	00300	$324.00	$324.00
Serum Studies: Includes TSH, Vitamin B1	12 times per yr	Per Visit	SUM(84443, 84425)	$38.03	$38.03
Emergency Room Treatment	1 time per yr	Per Visit	99283	$265.18	$265.18
Associated Physician Fee	1 time per yr	Per Visit	99283	$64.71	$64.71
Podiatry	Every 3 mos	Per Visit	99214	$116.91	$116.91
Counseling	24 to 48 visits per yr	Per Visit	90837	$149.55	$149.55
Case Management	12-24 hrs per yr	Per Visit	99487	$122.57	$122.57
MEDICATIONS/SUPPLIES					
Carbidopa-Levodopa QR 50mg/200mg	1 tab, 4 times per day	Per Tablet		$0.20	$0.20

Description*	Frequency as Described in LCP	Unit Defined	CPT Code**	Medicare Rate with TRICARE as Secondary Coverage	CCN/VHA Rate
Carbidopa-Levodopa ER 25mg/250mg	1 tab, 4 times per day	Per Tablet		$0.51	$0.51
Citalopram 200mg	1 tab at bedtime	Per Tablet		$0.15	$0.15
Entacapone 200mg	1 tab, 4 times per day	Per Tablet		$1.39	$1.39
Midodrine 2.5mg	2 tabs, 3 times per day, 1 tab on 4th dose, 7 tabs per day	Per Tablet		$0.81	$0.81
Sodium Chloride 1g	2 tabs daily	Per Tablet		$0.10	$0.10
Vit B12 300mcg	1 ml, 1 time per day	Per ml		$3.15	$3.15
Metoprolol, Atorvastatin	As directed			Not enough information to price	
Azelastine Nasal Spray	As directed			Not enough information to price	
REHABILITATION					
Physical Therapy Evaluation	Annually	Per Visit	97162	$92.54	$92.54
Physical Therapy	2 times per yr	Per Visit	97110 x 2	$54.38	$54.38
Occupational Therapy Eval	Annually	Per Visit	97166	$94.86	$94.86
Occupational Therapy	2 times per yr	Per Visit	97110 x 2	$54.38	$54.38
Speech Therapy Evaluation	Annually	Per Visit	92523	$212.05	$212.05
Speech Therapy	4 times per yr	Per Visit	92507	$71.27	$71.27
Occupational Therapy	One time only	Per Visit	97110 x 2	$54.38	$54.38
Access to Adaptive Gym	Monthly			$0.00	$0.00
One Time Enrollment Fee	One time only			$0.00	$0.00
THERAPEUTIC/ADAPTIVE EQUIPMENT					
Straight or Quad Cane	Every 5 yrs	Per Item	E0105	$67.36	$67.36
U-Step Walker	Every 5 yrs	Per Item	SUM(E0147, E0156)	$513.45	$513.45

Description*	Frequency as Described in LCP	Unit Defined	CPT Code**	Medicare Rate with TRICARE as Secondary Coverage	CCN/VHA Rate
Manual Lightweight Wheelchair	Every 5 yrs	Per Item	K0003	$594.88	$594.88
Power Wheelchair with Cushion	Every 7-10 yrs	Per Item	SUM(K0010, E2601)	$6,624.78	$6,624.78
Battery Replacement (2)	Annually	Per Pair	E2363 x 2	$351.08	$351.08
Electric Hospital Bed	One time only	Per Item	E0265	$2,329.21	$2,329.21
Mattress for Hospital Bed	Every 5 yrs	Per Item		$0.00	$0.00
Shower Transfer Bench	Every 5 yrs	Per Item	E0245	$0.00	$78.26
Elevated Toilet	Every 5 yrs	Per Item	E0244	$0.00	$55.77
Therapeutic Recliner	Every 10 yrs	Per Item	AVG(E0627, E0629)	$314.92	$314.92
Reachers (3)	Every 5 yrs	Per Item	A9281	$0.00	$16.16
Sit to Stand Lift	Every 5 yrs	Per Item	E0639	$2,026.18	$2,026.18
Gait Belt (2)	Every 2 yrs	Per Item	E0945	$52.63	$52.63
Automatic Pill Dispenser	Monthly	Per Item		$0.00	$0.00
Bedside Commode	One time only	Per Item	E0163	$66.45	$66.45
Specialty Shoes	2 pairs per yr	Per Item		$0.00	$0.00
DAILY CARE					
CNA	8 hrs per day	30-day Rate, cannot exceed 28 hours per week for Medicare coverage (combined with skilled nursing)		$0.00	$1,897.77

Description*	Frequency as Described in LCP	Unit Defined	CPT Code**	Medicare Rate with TRICARE as Secondary Coverage	CCN/VHA Rate
CNA	16 hrs per day	30-day Rate, cannot exceed 28 hours per week for Medicare coverage (combined with skilled nursing)		$0.00	
CNA	24 hrs per day	30-day Rate, cannot exceed 28 hours per week for Medicare coverage (combined with skilled nursing)		$0.00	
Skilled Nursing	1-2 times per mo	30-day Rate, cannot exceed 28 hours per week (combined with CNA)		$0.00	
Respite Care	336 hrs per yr / 24 hrs per day for 14 days, per yr	Hourly Rate	S5125	$0.00	$41.00
Companion Care	3, 4 hr trips per wk	Hourly Rate	S5125	$0.00	$41.00
Replacement Services	21 hrs weekly	Hourly Rate	S5125	$0.00	$41.00
HOUSING/TRANSPORATION					
Home Adaptations	One time only	One-time		$0.00	$6,800.00

Description*	Frequency as Described in LCP	Unit Defined	CPT Code**	Medicare Rate with TRICARE as Secondary Coverage	CCN/VHA Rate
Van Adaptations	Every 7-10 yrs	One-time		$0.00	$27,074.99
Maintenance, adapt. Only	Every 6 mos			$0.00	$0.00
POSSIBLE ADDITIONS					
Inpatient Hospitalizations	TBD	Per Visit		Not enough information to price	

*Based on Ms. Hairston's Life Care Plan.[72]

**Functions denote how rates for included CPT codes should be combined.

[72] Evaluation on behalf of Gary McElhiney, prepared by Kay Hairston, BSN, RN, CCM, CNLCP, dated February 5th, 2025.

10. SUMMARY OF COSTS BASED ON MEDICARE, VHA, CCN, AND TRICARE COVERAGE FOR DR. SHAHNASARIAN'S LIFE CARE PLAN

Mr. McElhiney's future service unit costs based on Medicare, VHA, CCN, and TRICARE coverage for Dr. Shahnasarian's Life Care Plan are summarized in Table 2 below. Rates reflect standardized rates for what Medicare, the VHA, the CCN, and TRICARE would pay for a service, considering that any patient responsibility will be covered by TRICARE. According to Mr. McElhiney's VBA documentation, Mr. McElhiney has a service-connected disability rating of over 70%, meaning that copayments do not apply for many services through the VHA, such as care related to a service-connected injury.[73]

[73] "Current VA Health Care Copay Rates for 2025," U.S. Department of Veterans Affairs, updated July 15, 2025. [https://www.va.gov/health-care/copay-rates/#:~:text=in%20a%20hospital)-,If%20you%20have%20a%20service-connected%20disability%20rating%20of%2010,a%20copay%20for%20inpatient%20care].

Table 2

Medicare, VHA, CCN, and TRICARE Coverage and Costs for Dr. Shahnasarian's Life Care Plan

Description*	Frequency as Described in LCP	Unit Defined	CPT Code**	Medicare Rate with TRICARE as Secondary Coverage	CCN/VHA Rate
EVALUATIONS					
Physical Therapy Evaluation	Every 3 years	Per Visit	97161	$92.54	$92.54
Occupational Therapy Evaluation	Every 3 years	Per Visit	97165	$94.86	$94.86
Speech Therapy Evaluation	Every 3 years	Per Visit	92522	$103.16	$103.16
THERAPUETIC NEEDS					
Primary Care Physician Follow-up	1-2 visits per year	Per Visit	99214	$116.91	$116.91
Cardiologist Follow-up	1-2 visits per year	Per Visit	99214	$116.91	$116.91
Neurologist with Movement Disorder Follow-up	1 visit per year	Per Visit	99214	$116.91	$116.91
Neurologist Follow-up	1-2 visits per year	Per Visit	99214	$116.91	$116.91
Neurosurgery Follow-up	1-2 visits per year	Per Visit	99212	$51.06	$51.06
Neurosurgery Follow-up	2-3 visits total	Per Visit	99212	$51.06	$51.06
Psychological Counseling	10-15 sessions total	Per Visit	90837	$149.55	$149.55
Analysis and Programming of the DBS	As Needed	Per Visit	SUM(95983, 95984 x 3)	$162.88	$162.88
Physical Therapy	2 sessions per year	Per Visit	97110 x 2	$54.38	$54.38
Occupational Therapy	2 sessions per year	Per Visit	97110 x 2	$54.38	$54.38
Speech Therapy	4 sessions per year	Per Visit	92507	$71.27	$71.27
DIAGNOSTIC TESTS					
Blood Analysis	3 times per year	Per Visit	SUM(85025, 80053, 36415)	$27.42	$27.42
WHEELCHAIR NEEDS					
Manual Lightweight Wheelchair	Replace Every 5 - 7 years	Per Item	K0003	$594.88	$594.88
Manual Wheelchair Maintenance	Annually			$0.00	$0.00

Description*	Frequency as Described in LCP	Unit Defined	CPT Code**	Medicare Rate with TRICARE as Secondary Coverage	CCN/VHA Rate
Power Wheelchair with Cushion	Replace Every 5 - 7 years	Per Item	SUM(K0010, E2601)	$6,624.78	$6,624.78
Power Wheelchair Maintenance	Annually			$0.00	$0.00
Electric Hospital Bed	Replace Every 7 - 10 years	Per Item	E0265	$2,329.21	$2,329.21
Hoyer Lift	Replace Every 7 - 10 years	Per Item	E0630	$937.56	$937.56
Hoyer Lift Sling Replacement	Replace Every 2 - 3 years	Per Item	E0621	$97.14	$97.14
Therapeutic Recliner	Replace Every 5 - 7 years	Per Item	AVG(E0627, E0629)	$314.92	$314.92
Shower Chair	Replace Every 5 - 7 years	Per Item	E0245	$0.00	$78.26
Elevated Toilet Seat	Replace Every 5 - 7 years	Per Item	E0244	$0.00	$55.77
Bedside Commode	Replace Every 5 - 7 years	Per Item	E0163	$66.45	$66.45
AIDS FOR INDEPENDENT LIVING					
U-Step Walker	Replace Every 5 - 7 years	Per Item	SUM(E0147, E0156)	$513.45	$513.45
Single Point Cane or Quad Cane	Replace Every 3 - 5 years	Per Item	E0105	$67.36	$67.36
Walking Stick	Replace Every 3 - 5 years	Per Item	E0100	$29.45	$29.45
Reachers (3)	Replace Every 2 - 3 years	Per Item	A9281	$0.00	$16.16
Gait Belt (2)	Replace Every 3 - 5 years	Per Item	E0945	$52.63	$52.63
DRUGS AND SUPPLY NEEDS					
Carbidopa-Levodopa ER 50mg/200mg	4 tablets per day	Per Tablet		$0.51	$0.51
Carbidopa-Levodopa (Sinemet) 25mg/250mg	4 tablets per day	Per Tablet		$0.20	$0.20
Entacapone (COMTAN) 200 MG	4 tablets per day	Per Tablet		$1.39	$1.39
Midodrine (PROAMATINE) 2.5 MG	7 tabs per day	Per Tablet		$0.81	$0.81
Sodium Chloride 1GM	2 tabs daily	Per Tablet		$0.10	$0.10

Description*	Frequency as Described in LCP	Unit Defined	CPT Code**	Medicare Rate with TRICARE as Secondary Coverage	CCN/VHA Rate
HOME FACILITY CARE					
Companion Care	TBD (To be performed by CNA)	Hourly Rate	S5125	$0.00	$41.00
Personal Care Attendant/CNA	4 hours per day	Hourly Rate, cannot exceed 28 hours per week for Medicare coverage (combined with skilled nursing)		$0.00	$1,897.77
Personal Care Attendant/CNA	8 hours per day	Hourly Rate, cannot exceed 28 hours per week for Medicare coverage (combined with skilled nursing)		$0.00	
Personal Care Attendant/CNA	16 hours per day	Hourly Rate, cannot exceed 28 hours per week for Medicare coverage (combined with skilled nursing)		$0.00	

Description*	Frequency as Described in LCP	Unit Defined	CPT Code**	Medicare Rate with TRICARE as Secondary Coverage	CCN/VHA Rate
Nurse or LPN Home Visit	1-2 times per month	Hourly Rate, cannot exceed 28 hours per week (combined with CNA)		$0.00	
Case Management	1 hour per month	Hourly Rate	99487	$122.57	$122.57
Case Management	2 hours per month	Hourly Rate	99487	$122.57	$122.57
Replacement Services	7 hours per week (To be performed by CNA)	Hourly Rate	S5125	$0.00	$41.00
TRANSPORTATION NEEDS					
Disabled Person Parking Placard	Every 2 years			$0.00	$0.00
Adapted Van	One time	One time		$0.00	$27,074.99
Adapted Van Maintenance	Annually			$0.00	$0.00
PERSONAL FITNESS					
Stationary Bicycle	Replace Every 5 - 7 years			$0.00	$0.00
ARCHITECTURAL RENOVATIONS					
Home Environmental Analysis	One time	Per Visit	T1028	$0.00	$54.60
Home Modifications	One time	Per Adaptation		$0.00	$6,800.00
PROCEDURES/ HOSPITALIZATIONS					
Deep Brain Stimulator Battery Replacement					
Physician	Every 3 - 5 years	Per Visit	61886	$775.50	$775.50
Facility	Every 3 - 5 years	Per Visit	61886	$29,184.56	$29,184.56
Anesthesia	Every 3 - 5 years	Per Visit	00300	$324.00	$324.00
Emergency Room Visits	1 time every 2 years				
Physician		Per Visit	99283	$64.71	$64.71

Description*	Frequency as Described in LCP	Unit Defined	CPT Code**	Medicare Rate with TRICARE as Secondary Coverage	CCN/VHA Rate
Facility		Per Visit	99283	$265.18	$265.18
Inpatient Hospitalizations	TBD			Not enough information to price	

*Based on Dr. Shahnasarian's Life Care Plan.[74]

**Functions denote how rates for included CPT codes should be combined.

[74] Life Care Plan for Gary Layne McElhiney, prepared by Michael Shahnasarian, PhD, dated May 8th, 2025.

11. SUMMARY OF OPINIONS

This report is based on information known to me as of this date. I have analyzed the information provided to me for Mr. McElhiney and assessed publicly available data to arrive at my opinion as to the rates for care covered by Mr. McElhiney's insurers. If additional information is made available, I may modify my report. I may also be asked to present opinions on additional issues in this case.



Henry Miller, Ph.D.
December 15, 2025

APPENDIX A
DR. HENRY MILLER
CURRICULUM VITAE

HENRY MILLER, Ph.D.
BERKELEY RESEARCH GROUP, LLC
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Phoenix, AZ 85004

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SUMMARY

Henry Miller is Managing Director, Health Analytics in the Phoenix, AZ office of the Berkeley Research Group. He has more than 50 years of experience as a healthcare consultant and researcher specializing in health care finance, public policy, regulatory analysis, and strategic planning. In addition, he has provided expert testimony to the U.S. Congress, several state legislatures, in Federal, State, and local courts and in arbitration proceedings.

Dr. Miller has worked with more than 50 health plans, including some of the largest plans in the U.S., Blue Cross and Blue Shield plans and regional health plans on varied aspects of their operations, including evaluation of premium rate setting strategies, medical loss ratios, administrative issues, organizational structure, community relations, network management, provider payment systems, operating systems, and strategic planning.

Dr. Miller has worked on provider payment systems and network management issues for more than forty years. He was a member of the Medicare oversight committee for the effort to develop the practice expense component of the RBRVS physician fee schedule. He assisted CMS on several projects related to the development of the Medicare Hospital Outpatient Prospective Payment System and directed a project to assess opportunities to improve the Medicare Inpatient Prospective Payment System (IPPS) based on DRGs. Dr. Miller also directed the Medicare program's evaluation of the appropriateness of paying a facility fee to ambulatory surgery centers and has prepared reports on reimbursement issues for the Medicare program that were responses to Congressional requests.

He has designed hospital, physician, and pharmaceutical payment systems for seven Medicaid programs and more than thirty Blue Cross and Blue Shield plans and other health plans. This work has included both in network and out of network payment. In several instances, Dr. Miller negotiated provider contracts on behalf of health plans.

Dr. Miller has worked with various entities on developing competitive bidding programs, including design of Requests for Proposals, and bid evaluation formats. This work focuses on bids for health coverage submitted to employers by health insurers. He has also assisted health insurers who submitted bids for health coverage to private sector and government entities.

Dr. Miller has provided expert testimony on the reasonable costs of medical care, medical payments and network management issues in worker's compensation and personal injury cases. This testimony was based on the methods to measure reasonable value of medical care that Dr. Miller developed. Methods have been accepted in state and Federal courts.

Dr. Miller's work for health plans includes several assignments relating to the operation of Medicare Advantage plans, including issues relating to data submission to the Medicare program, provider contracting, and the development of provider payment approaches and rates. He has also worked for the Medicare program on these issues, especially as related to the quality and availability of data that is submitted by MA plans to the Federal government.

Dr. Miller has directed several public policy and regulatory analysis projects. He has directed evaluations of several programs for the Department of Health and Human Services, including programs managed by the Office of Women's Health, the Health Resources and Services Administration (HRSA), the National Center for Health Statistics, the Agency for Healthcare Research and Quality (AHRQ) and the National Institutes of Health. Much of this work focused on delivery and financing alternatives for improving care to vulnerable populations. He directed a project that investigated innovative approaches to care management initiated by Federally Qualified Health Centers. This project examined programs in nine U.S. communities. He directed studies of research on access to care for disadvantaged, minority, and disabled populations for AHRQ. In other work, he developed a strategic plan for a managed care plan for the uninsured and low-income populations in Hillsborough County, Florida and designed an innovative delivery system for low-income populations in Rochester, New York. His work for HRSA includes evaluations of health care for the homeless programs as well as several federally funded women's and maternal and child health programs. He has conducted similar projects for New York State. Dr. Miller directed an evaluation of the Medicare clinical laboratory payment system for the National Academy of Medicine. He conducted an evaluation of the impact of Medicare regulations on clinical laboratories for the American Clinical Laboratory Association as well as national laboratory chains and hospital-based laboratories.

Dr. Miller directed key elements of the work conducted by the Governor's Commission for Rationalizing Healthcare in New Jersey. He was the lead consultant to the Commission on analyzing the financial status of the State's hospitals as well as measuring the impact of potential hospital closings. He also served as the economic advisor to the Alaska Department of Insurance in its review of the application by Premera Blue Cross to convert to for-profit status. He assisted several Primary Care Trusts and Strategic Health Authorities in the U.K. as they addressed changes in National Health Service requirements.

Dr. Miller has directed several technology related projects, including work in which he presented new technologies to the Centers for Medicare and Medicaid Services (CMS) to obtain their approval and payment. This work included analysis of a radiotherapy for non-Hodgkins lymphoma, a new device for the treatment of posterior uveitis and a cryogenic stent. In addition, he prepared the strategic plan for a Regional Health Information Organization (RHIO) for the Maryland and Virginia area. This work included

an assessment of the feasibility of linking electronic medical records across hospitals and physicians' offices.

Dr. Miller developed resource costing, a tool for the measurement of costs in healthcare settings in a series of projects completed for the Office of the Assistant Secretary for planning and Evaluation of the Department of Health and Human Services. He applied resource costing to a project for the Medicare Payment Advisory Commission (MedPAC) in which he used the approach to assess the accuracy of Medicare Cost Reports as a research and policy analysis tool and to another project to measure the costs of more than 300 hospital outpatient procedures to support efforts by the Centers for Medicare and Medicaid Services (CMS) to develop the Medicare Hospital Outpatient Prospective Payment System (HOPPS) based on APCs.

PROFESSIONAL EXPERIENCE

Provider Payment System Design and Evaluation

Dr. Miller played a key role in the development of the Medicare Hospital Outpatient Prospective Payment System (HOPPS). In this work for CMS, he conducted a major pricing study, analyzed the impact of key aspects of the APC approach and assisted in drafting regulations. Subsequently, he conducted a study of the impact of the HOPPS on the quality of care provided to Medicare beneficiaries for MedPAC. Dr. Miller also designed hospital outpatient payment systems for Medicaid programs in New York, New Jersey, North Dakota, and the District of Columbia. He has developed hospital outpatient payment approaches for Blue Cross and Blue Shield plans in New York, New Jersey, Virginia, Georgia, Arkansas, Minnesota, and California.

Dr. Miller also directed an assessment of opportunities to improve the Medicare Inpatient Prospective Payment System (IPPS), based on DRGs. He has designed or evaluated hospital inpatient payment systems for Medicaid programs in Virginia, Pennsylvania, Iowa, New York, and West Virginia. His inpatient payment system design work for health plans includes projects conducted for Blue Cross and Blue Shield plans in Virginia, Pennsylvania, Florida, Texas, North Dakota, Illinois, Colorado, Kansas City and Tennessee. Dr. Miller also evaluated the method used by the Federal government to pay children's hospitals for their investment in medical education.

Dr. Miller completed a study to update the payment system used by the Medicare program to pay Federally Qualified Health Centers (FQHCs). This work was undertaken to address payment issues that arose because payment levels had not been adjusted other than for inflation for more than fifteen years. Recommendations were made to the Health Resources and Services Administration and the Centers for Medicare and Medicaid Services.

Dr. Miller has worked with several State Medicaid programs on home health agency payment systems. He reviewed licensing criteria for home health agencies and other providers in Vermont and New York. He led the design of nursing home reimbursement systems for the Medicaid programs in Virginia, Pennsylvania, Vermont, and Iowa. He directed a study of the Medicare laboratory fee schedule for the National Institute of Medicine. His reimbursement system design work for health plans includes design

of systems to pay hospitals, ambulatory surgery centers, physicians, nursing homes, home healthcare agencies, dialysis centers and other providers. He has also developed fee schedules used for out of network payment for several large health plans. He has worked with more than two-thirds of the nation's Blue Cross and Blue Shield plans as well as national health plans on reimbursement issues.

In other work, Dr. Miller evaluated and made recommendations to improve the payment methods used by worker's compensation programs in Ohio and California. He completed a study of access to healthcare for injured workers in California. Dr. Miller has also worked with personal injury insurers on methods used to pay medical claims.

Public Policy and Regulatory Analysis

Dr. Miller has directed several major studies of key public policy issues for the Federal government as well as for states and private sector clients. Examples of this work include:

- Economic advisor to the Alaska Insurance Department on the application by Premera Blue Cross to convert to for-profit status,
- Financial advisor to the Governor's Commission for the Rationalization of Healthcare in New Jersey,
- Consultant to several U.K agencies on development of responses to changes in the National Health Service, including Yorkshire and the Humber Strategic Health Authority, North Lincolnshire Primary Care Trust, Calderdale Primary Care Trust, and the Swansea Primary Care Trust,
- Analysis of the Highmark Blue Cross and Blue Shield and Independence Blue Cross proposal to merge,
- Validation of the diagnostic information used in the CMS-RCC risk adjustment formula used by the Medicare program to develop payment rates for Medicare Advantage plans,
- Analysis and recommendation of innovative approaches to improve access to primary care services for low-income populations for the Greater Rochester Health Foundation,
- Evaluation of the Rural and Frontier Coordinating Center program of the Federal Office of Women's Health,
- Evaluation of the costs and use of case management in a home health care program funded by the Federal government,
- Evaluation of the impact of the New York State All-Payer Case-Based Prospective Hospital Reimbursement System (NYPHRM) for the Council on Health Care Financing and the New York State legislature,
- Evaluation of several Federal and New York State programs to provide services to people with HIV/AIDS,
- Development and evaluation of community-based healthcare data systems, including a data system to collect and manage data that describe health care markets for the Agency for Healthcare Research and Quality, the Maryland Medical Care Database for the Maryland Health Care Commission and the database used to support hospital quality initiatives by the American Data Network,

- Evaluation of the Healthcare Community Access Program (HCAP), a national effort to reduce uncompensated care in over 150 communities for the Health Resources and Services Administration,
- Evaluation of the Federal Government's Black Lung Clinics program, and
- Completion of several projects for the National Center for Health Statistics including an assessment of the impact of using ICD-10 for diagnosis coding, an evaluation of the uses of provider surveys including the National Hospital Discharge Survey and the National Ambulatory Medical Care Survey and the design of a national survey of ambulatory surgery.

Strategic planning

Dr. Miller's strategic planning work includes assignments completed for hospitals, managed care companies, major employers, and government agencies. These projects include:

- Support on strategic issues for several hospital systems, including Johns Hopkins Medicine, University of Rochester Health System, University of Maryland Medical System, The Christ Hospital, Sutter Health System, and Memorial Hermann Health System.
- Evaluation of health benefits options for major employers including AT&T and Verizon,
- Preparation of a strategic and operational plan for an innovative managed care plan for the uninsured in Hillsborough County, Florida,
- Support for the preparation of the initial Vermont Health Resources Allocation plan for the Vermont Bureau of Insurance, Securities and Health Care Administration,
- Support to the State of New York for the development of a Global Budgeting program, and
- Several studies of the comparative value of health care benefit programs provided by health plans in efforts to identify optimal arrays of benefits.

Expert Testimony

Dr. Miller has served as an expert witness in several health care cases in recent years and has testified in federal and state courts, in arbitrations and in administrative hearings. His testimony addressed:

- Hospital/health plan contract disputes,
- Role of the Affordable Care Act in measuring medical costs in personal injury cases,
- Reasonable costs of medical care in personal injury cases,
- Class action certification,
- Out of network provider payment,
- Rates paid to health care providers by worker's compensation insurers and personal injury insurers,
- Medicare and Medicaid managed care contracts,
- Health plan operations and health plan/provider relationships,
- Health care competition issues,
- Applications by non-profit health insurers seeking to convert to for-profit status, and
- Efforts to obtain certificates of need for health care services.

EDUCATION

Ph.D., (Accounting and Economics), University of Illinois
M.B.A., City College of New York
B.B.A., City College of New York

PRESENT POSITION

Berkeley Research Group, Managing Director, Health Analytics, 2010 to present

FULL-TIME TEACHING EXPERIENCE

University of Baltimore, Associate Professor
State University of New York at Binghamton, Assistant Professor
University of Illinois, Instructor

OTHER POSITIONS HELD

LECG, LLC, Managing Director, 2008-2010
Navigant Consulting, Inc., Managing Director, 2002-2008
Center for Health Policy Studies, President, 1979-2002
Miller & Byrne, Inc., President, 1975-1979

SELECTED COMMUNITY ACTIVITIES

United Cerebral Palsy of Central Maryland, Chairman, Board of Directors, 2007 to 2011
Heifetz International Music Institute, Treasurer, Board of Directors, 2010 to 2013
Glenelg Country School, Treasurer, Board of Trustees, 1991-2000
Howard County General Hospital, Chairman, Board of Trustees, 1987-1989

SELECTED PUBLICATIONS

1. C. Turck, W. Marsh, J. Stevenson, J. York, H. Miller and S. Patel, "Pharmacoeconomics of Surgical Interventions vs. Cyclooxygenase Inhibitors for the Treatment of Patent Ductus Arteriosus," The Journal of Pediatric Pharmacology and Therapeutics, Vol. 12, No. 3, July-September 2007
2. H. Miller, "Outpatient Payment in the Private Sector," in N. Goldfield and W. Kelly, Outpatient Prospective Payment, (Gaithersburg, MD, Aspen Publishing, 1999)
3. H. Miller, B. Cassidy, and D. Karr, "Resource Costing for Healthcare Services," in N. Goldfield and W. Kelly, Outpatient Prospective Payment, (Gaithersburg, MD, Aspen Publishing, 1999)
4. D. Karr, H. Miller, and S. McCue, "the Effect of Instrument Type on the Cost of Laparoscopic Surgery," Surgical Endoscopy, 1996
5. H. Miller and W. Kelly, "Prospective Per Case Payment in New York State: An Analysis," in N. Goldfield and P. Boland, Physician Profiling and Risk Adjustment, (Gaithersburg, MD Aspen Publishing, 1996)
6. B. Balicki, H. Miller, W. Kelly, "Benchmarks and Tools for Evaluating Ambulatory Surgery: A Model for Examining Cost Competitiveness," Healthcare Financial Management, Spring, 1995
7. W. Kelly, H. Miller, T. Parciak, "The Need for Alternatives to Capitation Under Managed Care," Managed Care Quarterly, Summer, 1994

8. H. Miller, "Outpatient Prospective Payment Approaches for Use by Insurers," Journal of Ambulatory Care Management, Spring, 1993
9. B. Balicki, H. Miller, W. Kelly, T. Yates, "Guidelines for Managing Ambulatory Surgery Programs in the 1990's, Journal of Ambulatory Care Management, Winter, 1991
10. H. Miller, et.al., "Costs of Ambulatory Care: Implications for Outpatient Prospective Payment Systems," Journal of Ambulatory Care Management, Winter, 1991
11. W. Kelly, P. Tenan, H. Fillmore, H. Miller, "Products of Ambulatory Care Patient Classification System," Journal of Ambulatory Care Management, Winter, 1990

TESTIMONY (2016 – Present)

2025

- *Demia Thomas and George Lowery v. Medstar Washington Hospital Center Corporation,* Superior Court for the District of Columbia, Case No. 2022-CAB-005443, (Deposition).

2024

- *Cipla, USA, Inc. v. Ipsen Biopharmaceuticals, Inc.,* United States District Court for the District of Delaware, Case No. 22-cv-00552 GBW, *(Deposition).*
- *Scripps Health v. Blue Shield of California,* American Arbitration Association, Case No. 01-23-0000-9314, *(Deposition).*
- *Leslie J. Gelber v. Caithness Services, LLC,* American Arbitration Association, Case 01-23-0002-7637, *(Deposition).*
- *Jonathan Mendoza and Maria Mendoza, on behalf of their minor son, Jazziel Mendoza Oliveros v. Hospital Development of West Phoenix, Inc. d/b/a/ Abrazo West Campus,* Superior Court of the State of Arizona, County of Maricopa, Case No. CV2021-094672, *(Deposition).*
- *Anjil Jeter v. Comanche Construction of Georgia, LLC.,* State Court of DeKalb County, State of Georgia, Civil Action 21A03631, *(Deposition).*
- *Farid Almasri v. Target Corporation,* Superior Court of the State of California, County of Los Angeles, Case No.: 22STCV08524, *(Deposition).*

2023

- *Fitzgerald, Kloess & Pope Advisors, LLC v. Premier Parking of Tennessee, LLC, Premier Parking Management Company, LLC*, Chancery Court for Davidson County, Tennessee, Case No. 21-1299-BC, *(Deposition).*
- *Dr. Timothy Munderloh, et al. v. Biegler GMBH, Solace Advancement, LLC, et al.*, United States District Court, District of Arizona, Case No. 3:21–CV-08004-GMS, *(Deposition).*
- *Anthony Azzinaro and Kathryn Lindsay v. The Shyft Group, Inc. and the Shyft Group, USA, Inc.,* U.S District Court, District of Arizona, Case No. 2:21-CV-01990-JJT, *(Deposition).*

2022

- *Alpha Omega Lanier Edwards II v. Fast Lane Transportation, Inc.,* Superior Court of the State of California, County of Los Angeles, Case No. 21STCV09757, *(Deposition).*
- *David Wayne Edwards, Jr.; Lyinda Gillman v. Queen of the Valley Medical Center; Shea Pribyl, D.O.,* Superior Court of the State of California, County of Sacramento, Case No. 34-2019-00248337, *(Deposition)*.

- *Jafar Roubakhshyengejeh v. Beatrice Montanez*, Superior Court of the State of California, County of Los Angeles. Case No. 19STCV30292, *(Deposition).*
- Gloria Banda v. Food 4 Less of California, Inc., Superior Court of the State of California, County of Los Angeles, Case No. BC663290, *(Deposition).*
- *Beau Towne v. Multicare Health System d/b/a Mary Bridge Children's Hospital,* Superior Court of the State of Washington for Pierce County, Case No. 20-2-04518-2, *(Testimony).*
- *Medical Society of the State of New York v. United Health Group*, United States District Court, Southern District of New York, Civil Action No. 16-CV-5265 (JPO), (*Testimony*).
- *Lori Bush v. Dignity Health,* Superior Court of the State of California for the County of San Bernadino, Case No. CIVDS-1613161, *(Deposition and Testimony).*

2021

- *Adventist Health System/Sunbelt, Inc. v. Humana Medical Plan, Inc.* (Arbitration – American Arbitration Association Case No. 01-19-0002-6864) *(Deposition).*
- *Christopher Bentley v. Scott Gragson,* District Court, Clark County, Nevada, Case No. A-19-796424-C, *(Deposition).*
- *Kaweah Delta Medical Center v. Kaiser Foundation Hospitals*, Superior Court of the State of California for Tulare County, Case No. AH015680 *(Deposition and Trial Testimony)*
- *Medical Mutual of Ohio v. FrontPath Health Coalition*, Court of Common Pleas, Lucas County, Ohio, Case No. CI201703154 *(Deposition)*
- *Kaiser Foundation Hospitals v. Palomar Health F/K/A Palomar Pomerado Health,* Arbitration, JAMS Reference Number 1220063770, *(Deposition).*
- *Perry David Maxwell v. The Boeing Company and Paris Edward Cooper,* United States District Court, Central District of California, Case No. 2:19-cv-05204-DSF-KS *(Deposition).*
- *Baptist Memorial Health Care Corp. v. CIGNA Health Care of Tennessee,* Arbitration, *Deposition and Testimony).*

APPENDIX B
MATERIALS RELIED UPON

Materials Relied Upon
Anesthesiologists Center. Centers for Medicare & Medicaid Services.
Becoming Medicare-Eligible. TRICARE.
Bipartisan Bill Aims to End Costly Fees for Military Families Covering Adult Dependents. Veteran News. Sarah Bennett. July 31, 2025.
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Complaint. Gary McElhiney v. United States of America Camp Lejeune Water Litigation. No. 7:23-CV-01368. July 17, 2024.
Consumer Price Index for All Urban Consumers: Medical Care in U.S. City Average (CPIMEDSL). Federal Reserve Bank of St. Louis (FRED). Updated October 24, 2025.
Current VA Health Care Copay Rates for 2025. U.S. Department of Veterans Affairs, July 15, 2025.
Daniel Clarke, Deposition, Gary McElhiney v. United States of America Camp Lejeune Water Litigation. No. 7:23-CV-01368, November 2, 2023, at 27:3-27:9.
Defense Primer: Military Health System. Congressional Research Service. October 18, 2024.
Democrats and Republicans Disapprove of Medicare, Medicaid Cuts, Research Finds. Northeastern University. David Lazer. September 11, 2025.
Durable Medical Equipment Prosthetic Devices, Orthotics & Supplies Fee Schedule. Centers for Medicare & Medicaid Services.
Eligibility for VHA health care. U.S. Department of Veterans Affairs.
Evaluation on behalf of Gary McElhiney, prepared by Kay Hairston, BSN, RN, CCM, CNLCP, dated February 5th, 2025.
Fee Schedules – General Information. Centers for Medicare & Medicaid Services. November 19, 2025.
Frequently Asked Questions. TRICARE.
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Home Health Services. Centers for Medicare & Medicaid Services.
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How much has the U.S. Government Spent this Year?. U.S. Department of the Treasury. FiscalData. November 30, 2025.
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Exhibit 660

JACQUELINE TUKES V. UNITED STATES OF AMERICA
CAMP LEJEUNE WATER LITIGATION
NO. 7:23-CV-01553

EXPERT REPORT OF DR. HENRY MILLER

DECEMBER 15, 2025

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1. INTRODUCTION

My name is Henry Miller, Ph.D. I am a Managing Director in the Health Analytics practice of Berkeley Research Group, LLC. I have been working on health care cost and health insurance issues for more than fifty years. I have conducted studies on these issues for the federal Medicare program, several state Medicaid programs and more than forty health insurers. I have testified on these issues in the U.S. Congress, several State legislatures and in federal, state and local courts and in arbitrations. My curriculum vita is attached to this report as Appendix A. My firm is compensated at $825 per hour for my time on this matter and payments are not contingent upon the outcome of the matter.

2. BACKGROUND OF THE CASE

This case relates to the injury of Jacqueline Tukes ("Ms. Tukes"). Ms. Tukes suffers from kidney cancer ("Ms. Tukes' condition") allegedly due to water contamination at the Marine Corps Base Camp Lejeune.[1] I offer no opinion on whether water at Camp Lejeune may have led to Ms. Tukes' development of any disease. Ms. Tukes currently resides in Jacksonville, North Carolina.[2] A Life Care Plan has been prepared for Ms. Tukes by Michael A. Fryar, M.S., RN, CRC, CCM, CLCP, QRP that describes the services that Mr. Fryar believes will be needed for Ms. Tukes throughout her life expectancy. A Life Care Plan was also prepared by Michael Shahnasarian, PhD that includes modifications to Mr. Fryar's Life Care Plan and services that Dr. Shahnasarian believes will be needed for Ms. Tukes throughout her life expectancy.

3. SCOPE OF REPORT

I was asked by the United States Department of Justice to apply my expertise in health care costs to the matter of *Jacqueline Tukes v. United States of America*, which is part of the Camp Lejeune Water Litigation in the United States District Court for the Eastern District of North Carolina. I was specifically asked to address the following issues related to Ms. Tukes:

- Analyze the projected health care costs identified by Michael A. Fryar, M.S., RN, CRC, CCM, CLCP, QRP,[3] ("Mr. Fryar's Life Care Plan") and identify the amount that would be paid by Medicare and TRICARE for Ms. Tukes; and
- Analyze the projected health care costs identified by Michael Shahnasarian, PhD,[4] ("Dr. Shahnasarian's Life Care Plan") and identify the amount that would be paid by Medicare and TRICARE for Ms. Tukes.

[1] Cost Analysis for Ms. Jacqueline Tukes, prepared by Michael A. Fryar, M.S., RN, CRC, CCM, CLCP QRP, dated January 28th, 2025.
[2] Life Care Plan for Jacqueline Tukes, prepared by Michael Shahnasarian, PhD, dated April 8th, 2025.
[3] Cost Analysis for Ms. Jacqueline Tukes, prepared by Michael A. Fryar, M.S., RN, CRC, CCM, CLCP QRP, dated January 28th, 2025.
[4] Life Care Plan for Jacqueline Tukes, prepared by Michael Shahnasarian, PhD, dated April 8th, 2025.

4. MEDICARE COVERAGE

Based on information received from counsel, Ms. Tukes receives coverage for healthcare services through the Medicare program.

Medicare Part A, which covers institutional services (e.g., hospital services), has no cost. There is a premium for Part B (e.g., physician and other professional services). The standard Part B premium amount in 2025 is $185 per month ($2,220 annually).[5] In addition, beneficiaries can elect to enroll in optional Medicare Part D coverage, which covers brand-name and generic prescription drugs.

As of August 2025, the Centers for Medicare & Medicaid Services ("CMS") reported 69.3 million Medicare beneficiaries, of which 49 percent were enrolled in traditional Medicare Fee-for-Service coverage (Part A and B).[6] CMS, the federal agency that runs the Medicare Program, is a branch of the Department of Health and Human Services ("HHS"), making it an integral part of the executive branch.[7] On July 30, 1965, President Lyndon B. Johnson signed legislation establishing the Medicare program in response to a lack of support for older Americans' healthcare expenses within existing social safety net programs.[8] In 1972, Medicare was expanded to cover disabled individuals, people with end-stage renal disease ("ESRD") requiring dialysis or kidney transplant, and people ages 65 or older that selected Medicare coverage.[9] Coverage and benefits under the Medicare program have been expanded several times including under the Medicare Prescription Drug Improvement and Modernization Act of 2003 ("MMA"), which altered the Medicare+Choice plans into what we know today as Medicare Advantage plans. Additionally, the MMA created optional prescription drug benefits, known as Part D.[10] Through its different parts, the Medicare program covers most medically necessary services and supplies in a variety of healthcare settings, making it a reliable source of medical coverage for millions of Americans across the country.[11]

According to U.S. Treasury data, as of November 30, 2025, the U.S. federal government has spent $176 billion on the Medicare program in fiscal year 2026, which constitutes the third largest single portion of

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[5] Centers for Medicare & Medicaid Services, *2025 Medicare Parts A & B Premiums and Deductibles*, November 8, 2024. [https://www.cms.gov/newsroom/fact-sheets/2025-medicare-parts-b-premiums-and-deductibles].
[6] Centers for Medicare & Medicaid Services, *Medicare Enrollment Dashboard*, August 2025. [https://data.cms.gov/tools/medicare-enrollment-dashboard].
[7] "How is Medicare Funded?," Centers for Medicare & Medicaid Services. [https://www.medicare.gov/about-us/how-is-medicare-funded].
[8] Social Security Administration, *History of SSA During the Johnson Administration 1963-1968*. [https://www.ssa.gov/history/ssa/lbjmedicare1.html].
[9] "History: CMS' Program History," Centers for Medicare & Medicaid Services, modified August 13, 2025. [https://www.cms.gov/about-cms/who-we-are/history].
[10] "History: CMS' Program History," Centers for Medicare & Medicaid Services, modified August 13, 2025. [https://www.cms.gov/about-cms/who-we-are/history].
[11] "Compare Original Medicare & Medicare Advantage," Centers for Medicare & Medicaid Services. [https://www.medicare.gov/basics/get-started-with-medicare/get-more-coverage/your-coverage-options/compare-original-medicare-medicare-advantage].

the federal budget at 15%.[12] The federal government funds Medicare through mandatory or direct spending, which does not require annual Congressional approval. Medicare is primarily funded through payroll taxes paid by working adults and their employers in addition to smaller sources of funding such as income taxes on social security benefits.[13] Funding for Medicare is entrenched in U.S tax law and support for the program is widespread across the political spectrum.[14] These factors, among others previously described, support my opinion that the Medicare program will continue to exist and play a pivotal role in the United States' healthcare system.

Medicare rates, which are published by CMS, determine how much the Medicare program will reimburse a provider for a specific medical service.[15] CMS updates rates at least annually and rates can be expected to increase over time, even amid limits on Medicare spending such as budget neutrality requirements under the Medicare Access and CHIP Reauthorization Act of 2015 ("MACRA").[16] Increases in rates occur because Medicare rates for most medical services are based on the costs that providers incur to provide services, which increase over time.[17,18,19] In addition to increasing costs leading to higher physician payments, Congressional action and other policies have historically resulted in physician payment reduction suspensions and/or increases in physician payments.[20]

5. TRICARE COVERAGE

Based on information received from counsel, Ms. Tukes also receives coverage for healthcare services through TRICARE, which is a health program for active-duty military service members, retired military service members and their families, as well as National Guard and Reserve members and their families. TRICARE covers medical, dental and pharmacy services.

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[12] U.S. Department of the Treasury, FiscalData, *How much has the U.S. Government Spent this Year?*, updated November 30, 2025. [https://fiscaldata.treasury.gov/americas-finance-guide/federal-spending/].
[13] "How is Medicare Funded?", Centers for Medicare & Medicaid Services. [https://www.medicare.gov/about-us/how-is-medicare-funded].
[14] David Lazer, "Democrats and Republicans Disapprove of Medicare, Medicaid Cuts, Research Finds," *Northeastern University*, September 11, 2025. [https://cssh.northeastern.edu/democrats-and-republicans-disapprove-of-medicare-medicaid-cuts-research-finds/#:~:text=Most%20Americans%20disapprove%20of%20cuts,reading%20at%20Northeastern%20Global%20News].
[15] "Fee Schedules – General Information," Centers for Medicare & Medicaid Services, modified November 19, 2025. [https://www.cms.gov/medicare/payment/fee-schedules].
[16] Alex Cottrill, Juliette Cubanski, and Tricia Neuman, "What to Know about How Medicare Pays Physicians", *KFF*, October 7, 2025. [https://www.kff.org/medicare/what-to-know-about-how-medicare-pays-physicians/].
[17] Medicare Payment Advisory Commission, *Outpatient Hospital Services Payment System*, October 2024. [https://www.medpac.gov/wp-content/uploads/2024/10/MedPAC_Payment_Basics_24_OPD_FINAL_SEC.pdf].
[18] Medicare Payment Advisory Commission, *Hospital Inpatient Services Payment System*, October 2024. [https://www.medpac.gov/wp-content/uploads/2024/10/MedPAC_Payment_Basics_25_hospital_FINAL_SEC.pdf].
[19] Federal Reserve Bank of St. Louis (FRED). *Consumer Price Index for All Urban Consumers: Medical Care in U.S. City Average [CPIMEDSL],* October 24, 2025. [https://fred.stlouisfed.org/series/CPIMEDSL].
[20] Alex Cottrill, Juliette Cubanski, and Tricia Neuman, "What to Know about How Medicare Pays Physicians", *KFF*, October 7, 2025. [https://www.kff.org/medicare/what-to-know-about-how-medicare-pays-physicians/].

The TRICARE program serves a diverse population of approximately 9.5 million beneficiaries, as of 2024.[21] TRICARE's origins trace back to the mid-1960s, when the population of military retirees and dependents significantly increased after the Vietnam War. The military healthcare system that had previously relied mostly on military facilities or sending family members to private facilities for inpatient care became significantly strained.[22] To ensure better access to healthcare services for the growing number of military healthcare beneficiaries, especially those living away from military bases, Congress created the Civilian Health and Medical Program of the United States ("CHAMPUS"). CHAMPUS was a fee-for-service insurance plan with some beneficiary cost-sharing but without the premiums or enrollment fees of traditional insurance. Increased use of CHAMPUS between 1981 and 1990 led to escalating expenses for the Defense Department's health budget.[23] As a result, Congress directed the Department of Defense ("DoD") in the 1990s to consider replacing CHAMPUS with an HMO model, which eventually became TRICARE.[24] Today, TRICARE offers many different plans with different payment structures to best meet the needs of service members and their families.[25]

TRICARE continues to have bipartisan support with bills like the "Health Care Fairness for Military Families Act," introduced in 2025, which sought to extend health coverage to dependents of military families until the age of 26.[26] TRICARE is funded through the annual Defense Appropriations bill and, when considered with other military healthcare-related funds, constituted 7.2 percent of DoD's 2025 budget request.[27] While the TRICARE program may change over time, it is expected to continue providing coverage for the foreseeable future. Approximately ten years ago, some lawmakers promoted eliminating TRICARE and instead funding the purchase of private health insurance by TRICARE enrollees.[28] This proposal failed to gather necessary support, but it highlighted the support for the provision of coverage, while that coverage may take different forms in the future.

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[21] Congressional Research Service. *TRICARE Cost-Sharing Changes in 2025*, November 13, 2024. [https://www.congress.gov/crs_external_products/IN/PDF/IN11532/IN11532.7.pdf].

[22] "MOAA's 2020-21 TRICARE Guide: The History of Your Health Care Benefit," Military Officers Association of America, November 4, 2020. [https://www.moaa.org/content/publications-and-media/news-articles/2020-news-articles/moaas-2020-21-tricare-guide-the-history-of-your-health-care-benefit/].

[23] "MOAA's 2020-21 TRICARE Guide: The History of Your Health Care Benefit," Military Officers Association of America, November 4, 2020. [https://www.moaa.org/content/publications-and-media/news-articles/2020-news-articles/moaas-2020-21-tricare-guide-the-history-of-your-health-care-benefit/].

[24] "MOAA's 2020-21 TRICARE Guide: The History of Your Health Care Benefit," Military Officers Association of America, November 4, 2020. [https://www.moaa.org/content/publications-and-media/news-articles/2020-news-articles/moaas-2020-21-tricare-guide-the-history-of-your-health-care-benefit/].

[25] Congressional Research Service. *TRICARE Cost-Sharing Changes in 2025*, November 13, 2024. [https://www.congress.gov/crs_external_products/IN/PDF/IN11532/IN11532.7.pdf].

[26] Sarah Bennett, "Bipartisan Bill Aims to End Costly Fees for Military Families Covering Adult Dependents," *Veteran News*, July 31, 2025. [https://www.veterannews.org/veteran-news/bipartisan-bill-aims-to-end-costly-fees-for-military-families-covering-adult-dependents].

[27] Congressional Research Service. *Defense Primer: Military Health System*, October 18, 2024. [https://www.congress.gov/crs-product/IF10530].

[28] Martin Matishak, "Lawmakers Debate Scrapping TRICARE," *The Hill*, February 11, 2015. [https://thehill.com/policy/defense/232402-lawmakers-debate-scrapping-tricare/].

6. METHODOLOGY FOR CALCULATION OF COSTS

To determine the rates paid by Medicare, I first identified whether each service/supply, included in the life care plans submitted by Mr. Fryar and Dr. Shahnasarian, were covered by Medicare. Some services/supplies such as home cleaning services and custodial care are not covered by Medicare.[29]

To determine the rates paid by TRICARE, I first identified whether each service/supply, included in the life care plans submitted by Mr. Fryar and Dr. Shahnasarian, were covered by TRICARE. Some services/supplies such as home cleaning services and custodial care are not covered by TRICARE.[30] TRICARE has several specific reimbursement resources but often models methodologies and payment rates on Medicare.

Ms. Tukes will always have both Medicare and TRICARE coverage that will act as primary or secondary insurance. Ms. Tukes became eligible for Medicare prior to turning 65 due to her diagnosis of ESRD in June 2023. Medicare is expected to remain her primary insurance until three (3) years after her transplant (transplant on April 23, 2024), at which point TRICARE is expected to become her primary insurance and Medicare will become her secondary insurance. Medicare is expected to become her primary insurance when she turns 65 in February 2030. Rates have been provided in Tables 1 and 2 to identify the difference between what Medicare and TRICARE would pay for each service. The amount that will be paid will be determined based on where Ms. Tukes seeks medical care and which insurance provides primary coverage. Sources for both Medicare rates and TRICARE rates are listed in Appendix B of this report.

6.1 Methodology for Services and Supplies with a Medicare Rate

Medicare rates are generally available for the following types of services and supplies included in the life care plans: physician services, radiology services, laboratory services, medications, skilled nursing facilities, and renal dialysis services.

Medicare rates for physician services and radiology services rely on the Medicare Physician Fee Schedule ("MPFS"), which identifies a rate for each Current Procedural Terminology ("CPT") code based on the CPT code's relative value units ("RVUs").[31] CMS generally identifies three RVUs for each CPT code: a work RVU, a practice expense RVU, and a professional liability RVU. To determine Medicare's reimbursement, one would geographically adjust the RVUs for the provider's location[32] and then use a Congressionally

[29] "Home Health Services," Centers for Medicare & Medicaid Services. [https://www.medicare.gov/coverage/home-health-services].
[30] "Covered Services: Custodial Care," TRICARE, updated September 19, 2024. [https://tricare.mil/CoveredServices/IsItCovered/CustodialCare].
[31] Centers for Medicare & Medicaid Services, *Medicare Physician Fee Schedule*. [https://www.cms.gov/medicare/physician-fee-schedule/search/overview].
[32] For the purposes of my calculations here, I have assumed the providers would be located in Jacksonville, North Carolina, which is Ms. Tukes' current residence.

mandated conversion factor[33] to translate the RVUs into dollars. Applying this methodology, I was able to determine the Medicare reimbursement rate for each CPT code.[34]

Medicare rates for laboratory services are available from Medicare's Clinical Laboratory Fee Schedule ("CLFS"), which is based on the weighted median of private payor rates.[35]

To identify Medicare rates for medications, I relied on the Medicare Part D Drug Spending Dashboard.[36] While Part D Medicare coverage is optional and both the federal government and beneficiaries do not pay directly for specific medications,[37] the dashboard provides information on the estimated average spending per dosage unit paid by the Medicare Program and, therefore, offers the best insight into what Medicare Part D would cover for specific medications identified in Ms. Tukes' life care plans. While I do not have knowledge of coverage under Medicare Part D for Ms. Tukes, I identified the average spending per dosage unit for each medication included in the life care plans when they included an adequate amount of information to identify a medication, such as the required dosage. I used spending rates for generic versions of medications if they existed in the dashboard.

Medicare rates for long term care are calculated using the Skilled Nursing Facility ("SNF") Prospective Payment System ("PPS") for the first 100 days in a skilled nursing facility.[38] Medicare does not cover assisted living facilities services and does not cover SNFs beyond 100 days.[39,40] A per diem rate was calculated by adding the per diem rates for physical therapy, occupational therapy, speech-language therapy, nursing, and non-case mix components. The SNF PPS indicates that 71.9% of the per diem rate is geographically adjusted using the hospital wage index for specific Core-Based Statistical Areas ("CBSA"), which are the labor market geographic areas defined by the Office of Management and Budget.

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[33] The conversion factor is mandated by Congress and calculated by CMS using an established formula. The conversion factor is published in the Federal Register (see https://www.federalregister.gov/documents/2024/12/09/2024-25382/medicare-and-medicaid-programs-cy-2025-payment-policies-under-the-physician-fee-schedule-and-other). The American Medical Association has provided a summary of the conversation factors over the years (see https://www.ama-assn.org/system/files/cf-history.pdf).

[34] Medicare Payment Advisory Commission, *Payment Basics Physician and Other Health Professional Payment System*, November 2021. [https://www.medpac.gov/wp-content/uploads/2021/11/medpac_payment_basics_21_physician_final_sec.pdf].

[35] Centers for Medicare & Medicaid Services, *Clinical Laboratory Fee Schedule*. [https://www.cms.gov/medicare/payment/fee-schedules/clinical-laboratory-fee-schedule-clfs].

[36] Centers for Medicare & Medicaid Services, *Medicare Part D Drug Spending Dashboard.* [https://data.cms.gov/tools/medicare-part-d-drug-spending-dashboard].

[37] Centers for Medicare & Medicaid Services, *Medicare Part D – Direct and Indirect Remuneration (DIR), January 19, 2017. [*https://www.cms.gov/newsroom/fact-sheets/medicare-part-d-direct-and-indirect-remuneration-dir].

[38] Centers for Medicare & Medicaid Services, *Skilled Nursing Facility PPS.* [https://www.cms.gov/medicare/payment/prospective-payment-systems/skilled-nursing-facility-snf].

[39] "Medicare Long-term Care," Centers for Medicare & Medicaid Services. [https://www.medicare.gov/coverage/long-term-care].

[40] "Skilled Nursing Facility Care," Centers for Medicare & Medicaid Services. [https://www.medicare.gov/coverage/skilled-nursing-facility-care].

Medicare rates for renal dialysis services rely on End-Stage Renal Disease ("ESRD") Prospective Payment System to provide a bundled, per-treatment payment to ESRD facilities.[41] The ESRD PPS has a base rate of $281.71 in 2026, and I adjusted the base rate by the locality-specific wage index for Ms. Tukes to account for geographic differences.

6.2 Methodology for Services and Supplies with a TRICARE Rate

TRICARE publishes specific rates for services that include the following: physician services, radiology services, and laboratory services.[42] In my analysis, I have determined geographically adjusted rates based on CPT codes identified by life care planners.[43] For other medical services, TRICARE pays providers using established Medicare rates, which include rates for skilled nursing services and renal dialysis services.[44,45]

I determined TRICARE rates for physician services, radiology services, and laboratory services using TRICARE's CHAMPUS Maximum Allowable Charges ("CMAC") Fee Schedule, which is based on the maximum amounts TRICARE is allowed to pay for each procedure and are tied by law to Medicare's allowable charges. These rates do not represent coverage policy or payment approval; rather, they reflect calculated amounts based on Medicare data or TRICARE claims history which is specific to procedure, locality, and year.[46] TRICARE covers medically necessary services, which I have assumed applies to all services included in the life care plans.

To identify TRICARE rates for medications, I relied on the Express Scripts TRICARE formulary to identify if a medication was covered.[47] Because the formulary only shows coverage, I assumed TRICARE would pay the rates listed in Ms. Tukes' life care plans for medications covered in the formulary. I determined coverage for medications using information specified in the life care plans including drug dosage and beneficiary demographic information. I identified coverage for generic versions of medications when available.

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[41] Centers for Medicare & Medicaid Services, *Calendar Year (CY) 2026 End-Stage Renal Disease (ESRD) Prospective Payment System Final Rule,* November 20, 2025. [https://www.cms.gov/newsroom/fact-sheets/calendar-year-cy-2026-end-stage-renal-disease-esrd-prospective-payment-system-final-rule].

[42] "TRICARE Allowable Charges," Military Health System, updated July 11, 2023. [https://www.health.mil/Military-Health-Topics/Access-Cost-Quality-and-Safety/TRICARE-Health-Plan/Rates-and-Reimbursement/TRICARE-Allowable-Charges].

[43] For the purposes of my calculations here, I have assumed the providers would be located in Jacksonville, North Carolina, which is Ms. Tukes' current residence.

[44] TRICARE. *TRICARE Reimbursement Manual, Chapter 8 Section 2*, revised October 1, 2024. [https://manuals.health.mil/pages/DisplayManualHtmlFile/2025-07-23/AsOf/TRT5/C8S2.html].

[45] TRICARE. *TRICARE Reimbursement Manual, Chapter 19 Section 1*, revised May 13, 2025. [https://manuals.health.mil/pages/DisplayManualHtmlFile/2025-07-23/AsOf/TRT5/C19S1.html].

[46] "TRICARE Allowable Charges," Military Health System, updated July 11, 2023. [https://www.health.mil/Military-Health-Topics/Access-Cost-Quality-and-Safety/TRICARE-Health-Plan/Rates-and-Reimbursement/TRICARE-Allowable-Charges].

[47] "TRICARE Formulary Search," Express Scripts/TRICARE, updated December 8, 2025. [https://www.express-scripts.com/frontend/open-enrollment/tricare/fst/#/formularyPricing/home].

According to the TRICARE reimbursement methodology, TRICARE relies on Medicare's SNF PPS to establish reimbursement rates for skilled nursing services.[48] When Medicare coverage ends after 100 days of care, TRICARE becomes the primary payer for these services.[49] TRICARE's per diem payment rate is the sum of skilled nursing, physical therapy, occupational therapy, speech language therapy, non-therapy ancillary, and non-case mix components.[50] The per diem rate is geographically adjusted in a similar manner to the Medicare rate.

To determine TRICARE rates for renal dialysis and skilled nursing facility services, I first confirmed that TRICARE covers these services and then applied the same methodology used to identify Medicare rates listed above, as described in the TRICARE reimbursement manual.[51] I have not applied any adjustments to base rates other than geographic adjustments.

7. SUMMARY OF COSTS BASED ON MEDICARE AND TRICARE COVERAGE FOR MR. FRYAR'S LIFE CARE PLAN

Ms. Tukes' future service unit costs based on Medicare and TRICARE coverage for Mr. Fryar's Life Care Plan are summarized in Table 1 below. Medicare rates reflect what Medicare would pay for a service, and TRICARE rates reflect what TRICARE would pay for a service if the member was enrolled in TRICARE Prime or TRICARE Select plans. Copayments and coinsurance have not been deducted from rates since Ms. Tukes will have secondary insurance to cover any patient responsibility from her primary insurance.[52]

[48] TRICARE. *TRICARE Reimbursement Manual, Chapter 8 Section 2*, revised October 1, 2024. [https://manuals.health.mil/pages/DisplayManualHtmlFile/2025-07-23/AsOf/TRT5/C8S2.html].
[49] TRICARE. *TRICARE Reimbursement Manual, Chapter 8 Section 2*, revised October 1, 2024. [https://manuals.health.mil/pages/DisplayManualHtmlFile/2025-07-23/AsOf/TRT5/C8S2.html].
[50] TRICARE. *TRICARE Reimbursement Manual, Chapter 8 Section 2*, revised October 1, 2024. [https://manuals.health.mil/pages/DisplayManualHtmlFile/2025-07-23/AsOf/TRT5/C8S2.html].
[51] TRICARE. *TRICARE Reimbursement Manual, Chapter 19 Section 1*, revised May 13, 2025. [https://manuals.health.mil/pages/DisplayManualHtmlFile/2025-07-23/AsOf/TRT5/C19S1.html].
[52] "Life Events: Becoming Medicare-Eligible," TRICARE, updated August 28, 2025. [https://tricare.mil/LifeEvents/Medicare].

Table 1

Medicare and TRICARE Coverage and Costs for Mr. Fryar's Life Care Plan

Description*	Frequency as Described in LCP	Unit Defined	CPT Code**	Medicare Rate	TRICARE Rate
PHYSICIAN CARE					
Nephrologist or Physician Transplant Specialist	13 outpatient clinic visits, in total, with Nephrologist and Transplant Physician during the first year after kidney transplant. After the first year, decrease outpatient clinic visits to once every six months with the Nephrologist and also the same with the Transplant Physician and continue with this pattern of care throughout remaining lifespan.	Per Visit	AVG(99213, 99214, 99215)	$123.82	$123.82
Dermatologist	1 time per year throughout lifespan	Per Visit	AVG(99213, 99214)	$101.95	$101.95
LABORATORY & DIAGNOSTIC STUDIES					
Complete Blood Count (CBC)	20 studies first year after transplant. Then monthly throughout remaining lifespan.	Per Visit	85025	$7.77	$7.60
Complete Metabolic Panel (CMP)	20 studies first year after transplant.	Per Visit	80053	$10.56	$10.33

Description*	Frequency as Described in LCP	Unit Defined	CPT Code**	Medicare Rate	TRICARE Rate
	Then monthly throughout remaining lifespan.				
Urinalysis (UA)	20 studies first year after transplant. Then monthly throughout remaining lifespan.	Per Visit	81001	$3.17	$3.10
Cytomegalovirus Quantitative (CMEV-Q)	20 studies first year after transplant. Then monthly throughout remaining lifespan.	Per Visit	87497	$42.84	$41.91
Ultrasound	4-5 times throughout lifespan	Per Visit	76770-26	$32.58	$32.58
Echocardiogram	Every 3 years throughout lifespan	Per Visit	93350-26	$63.66	$63.66
MEDICATIONS					
Prednisone 5 mg tablet (30 tablets, per each unit cost listed and reflects a 30-day supply)	1 tablet daily	Per Tablet		$0.20	$0.34
Mycophenolate Acid DR 180 mg tablet (240 tablets, per each unit cost listed and reflects a 30-day supply)	4 tablets twice daily (8 tablets each day)	Per Tablet		$2.22	$3.04
Tacrolimus (Envarsus XR) - 4 mg tablet #30 (30 tablets, per each unit cost listed and reflects a 30-day supply)	4 mg tablets plus two 1 mg tablets daily (6 mg in total daily)	Per Tablet		$2.21	$37.29

Description*	Frequency as Described in LCP	Unit Defined	CPT Code**	Medicare Rate	TRICARE Rate
Tacrolimus (Envarsus XR) - 1 mg tablet (60 tablets, per each unit cost listed and reflects a 30-day supply)	4 mg tablets plus two 1 mg tablets daily (6 mg in total daily)	Per Tablet		$2.21	$17.05
Sulfamethoxazole-trimethoprim (Bactrim) 400-80 mg tablet (30 tablets, per each unit cost listed and reflects a 30-day supply)	1 tablet daily 1 time per day	Per Tablet		$0.32	$0.42
Valganciclovir 450 mg tablet (30 tablets, per each unit cost listed and reflects a 30-day supply)	1 tablet daily	Per Tablet		$6.88	$96.78
DIALYSIS					
Hemodialysis	3 visits for dialysis each week (4 hours of treatment each visit)	Per Visit	90937	$253.07	$253.07
SUPPORT SERVICES					
Home Cleaning Service	Twice monthly during last 3 years of life, if remaining in residence			$0.00	$0.00
HOME CARE & FACILITY CARE					
Option 1:					
Attendant Care Home Health, Certified Nursing Assistant (CNA)	Age 70-72: 3-4 hours daily Next to final year of life: 6-8 hours daily Final year of life: 8-12 hours daily	Daily Rate (Medicare covers 100 days)		$346.05***	$427.19***
Option 2:					
Assisted Living Facility	Monthly Provision	100-day Rate		$0.00	$0.00

Description*	Frequency as Described in LCP	Unit Defined	CPT Code**	Medicare Rate	TRICARE Rate
1-time Community Fee	One-time			$0.00	$0.00

*Based on Mr. Fryar's Life Care Plan.[53]

**Functions denote how rates for included CPT codes should be combined.

***Medicare covers 100 days in a skilled nursing facility and does not cover attendant home care and assisted living facility costs. After 100 days, TRICARE will become the primary payer for skilled nursing services. TRICARE also does not cover attendant home care and assisted living facility costs.

[53] Cost Analysis for Ms. Jacqueline Tukes, prepared by Michael A. Fryar, M.S., RN, CRC, CCM, CLCP QRP, dated January 28th, 2025.

8. SUMMARY OF COSTS BASED ON MEDICARE AND TRICARE COVERAGE FOR DR. SHAHNASARIAN'S LIFE CARE PLAN

Ms. Tukes' future service unit costs based on Medicare and TRICARE coverage for Dr. Shahnasarian's Life Care Plan are summarized in Table 2 below. Medicare rates reflect what Medicare would pay for a service, TRICARE rates reflect what TRICARE would pay for a service if the member was enrolled in TRICARE Prime or TRICARE Select plans. Copayments and coinsurance have not been deducted from rates since Ms. Tukes will have secondary insurance to cover any patient responsibility from her primary insurance.[54]

[54] "Life Events: Becoming Medicare-Eligible," TRICARE, updated August 28, 2025. [https://tricare.mil/LifeEvents/Medicare].

Table 2

Medicare and TRICARE Coverage and Costs for Dr. Shahnasarian's Life Care Plan

Description*	Frequency as Described in LCP	Unit Defined	CPT Code**	Medicare Rate	TRICARE Rate
RESIDENTIAL OPTIONS					
Assisted Living Facility	To Be Determined			$0.00	$0.00
THERAPEUTIC NEEDS					
Nephrologist or Physician Transplant Specialist	2 visits per year	Per Visit	99214	$119.25	$119.25
Dermatologist	1 visit per year	Per Visit	99214	$119.25	$119.25
Hemodialysis	To Be Determined	Per Visit		$253.07	$253.07
DIAGNOSTIC TESTS					
Blood Analysis	1 time per month	Per Visit	SUM(85025, 80053, 36415)	$27.42	$27.02
Blood Analysis for Cytomegalovirus Levels (CMEV-Q)	To Be Determined	Per Visit	SUM(87497, 36415)	$51.93	$51.00
Urinalysis (UA)	1 time per month	Per Visit	81001	$3.17	$3.10
Kidney Ultrasound	4-5 times total	Per Visit	76770	$98.01	$98.01
Echocardiogram	To Be Determined	Per Visit	93303	$195.72	$195.71
DRUGS AND SUPPLY NEEDS					
Prednisone (Deltasone) 5 mg	1 tablet per day	Per Tablet		$0.20	$0.58
Mycophenolate Acid DR (Myfortic) 180 mg	6 tablets per day	Per Tablet		$2.22	$2.20
Tacrolimus (Progra) 5 mg	2 capsules per day	Per Tablet		$2.21	$10.62
Sulfamethoxazole/Trimethoprim (Bactrim) 400/80 mg	To Be Determined	Per Tablet		$0.32	$0.72
Valganciclovir (Valcyte) 450 mg	To Be Determined	Per Tablet		$6.88	$30.30
HOME FACILITY CARE					
Personal Care Attendant	To Be Determined			$0.00	$0.00

Description*	Frequency as Described in LCP	Unit Defined	CPT Code**	Medicare Rate	TRICARE Rate
Home Cleaning Service	To Be Determined			$0.00	$0.00

*Based on Dr. Shahnasarian's Life Care Plan.[55]

**Functions denote how rates for included CPT codes should be combined.

[55] Life Care Plan for Jacqueline Tukes, prepared by Michael Shahnasarian, PhD, dated April 8th, 2025.

9. SUMMARY OF OPINIONS

This report is based on information known to me as of this date. I have analyzed the information provided to me for Ms. Tukes and assessed publicly available data to arrive at my opinion as to the rates for care covered by Ms. Tukes' insurers. If additional information is made available, I may modify my report. I may also be asked to present opinions on additional issues in this case.



Henry Miller, Ph.D.
December 15, 2025

APPENDIX A
DR. HENRY MILLER
CURRICULUM VITAE

HENRY MILLER, Ph.D.
BERKELEY RESEARCH GROUP, LLC
2 N. Central Avenue
Suite 1700
Phoenix, AZ 85004

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SUMMARY

Henry Miller is Managing Director, Health Analytics in the Phoenix, AZ office of the Berkeley Research Group. He has more than 50 years of experience as a healthcare consultant and researcher specializing in health care finance, public policy, regulatory analysis, and strategic planning. In addition, he has provided expert testimony to the U.S. Congress, several state legislatures, in Federal, State, and local courts and in arbitration proceedings.

Dr. Miller has worked with more than 50 health plans, including some of the largest plans in the U.S., Blue Cross and Blue Shield plans and regional health plans on varied aspects of their operations, including evaluation of premium rate setting strategies, medical loss ratios, administrative issues, organizational structure, community relations, network management, provider payment systems, operating systems, and strategic planning.

Dr. Miller has worked on provider payment systems and network management issues for more than forty years. He was a member of the Medicare oversight committee for the effort to develop the practice expense component of the RBRVS physician fee schedule. He assisted CMS on several projects related to the development of the Medicare Hospital Outpatient Prospective Payment System and directed a project to assess opportunities to improve the Medicare Inpatient Prospective Payment System (IPPS) based on DRGs. Dr. Miller also directed the Medicare program's evaluation of the appropriateness of paying a facility fee to ambulatory surgery centers and has prepared reports on reimbursement issues for the Medicare program that were responses to Congressional requests.

He has designed hospital, physician, and pharmaceutical payment systems for seven Medicaid programs and more than thirty Blue Cross and Blue Shield plans and other health plans. This work has included both in network and out of network payment. In several instances, Dr. Miller negotiated provider contracts on behalf of health plans.

Dr. Miller has worked with various entities on developing competitive bidding programs, including design of Requests for Proposals, and bid evaluation formats. This work focuses on bids for health coverage submitted to employers by health insurers. He has also assisted health insurers who submitted bids for health coverage to private sector and government entities.

Dr. Miller has provided expert testimony on the reasonable costs of medical care, medical payments and network management issues in worker's compensation and personal injury cases. This testimony was based on the methods to measure reasonable value of medical care that Dr. Miller developed. Methods have been accepted in state and Federal courts.

Dr. Miller's work for health plans includes several assignments relating to the operation of Medicare Advantage plans, including issues relating to data submission to the Medicare program, provider contracting, and the development of provider payment approaches and rates. He has also worked for the Medicare program on these issues, especially as related to the quality and availability of data that is submitted by MA plans to the Federal government.

Dr. Miller has directed several public policy and regulatory analysis projects. He has directed evaluations of several programs for the Department of Health and Human Services, including programs managed by the Office of Women's Health, the Health Resources and Services Administration (HRSA), the National Center for Health Statistics, the Agency for Healthcare Research and Quality (AHRQ) and the National Institutes of Health. Much of this work focused on delivery and financing alternatives for improving care to vulnerable populations. He directed a project that investigated innovative approaches to care management initiated by Federally Qualified Health Centers. This project examined programs in nine U.S. communities. He directed studies of research on access to care for disadvantaged, minority, and disabled populations for AHRQ. In other work, he developed a strategic plan for a managed care plan for the uninsured and low-income populations in Hillsborough County, Florida and designed an innovative delivery system for low-income populations in Rochester, New York. His work for HRSA includes evaluations of health care for the homeless programs as well as several federally funded women's and maternal and child health programs. He has conducted similar projects for New York State. Dr. Miller directed an evaluation of the Medicare clinical laboratory payment system for the National Academy of Medicine. He conducted an evaluation of the impact of Medicare regulations on clinical laboratories for the American Clinical Laboratory Association as well as national laboratory chains and hospital-based laboratories.

Dr. Miller directed key elements of the work conducted by the Governor's Commission for Rationalizing Healthcare in New Jersey. He was the lead consultant to the Commission on analyzing the financial status of the State's hospitals as well as measuring the impact of potential hospital closings. He also served as the economic advisor to the Alaska Department of Insurance in its review of the application by Premera Blue Cross to convert to for-profit status. He assisted several Primary Care Trusts and Strategic Health Authorities in the U.K. as they addressed changes in National Health Service requirements.

Dr. Miller has directed several technology related projects, including work in which he presented new technologies to the Centers for Medicare and Medicaid Services (CMS) to obtain their approval and payment. This work included analysis of a radiotherapy for non-Hodgkins lymphoma, a new device for the treatment of posterior uveitis and a cryogenic stent. In addition, he prepared the strategic plan for a Regional Health Information Organization (RHIO) for the Maryland and Virginia area. This work included

an assessment of the feasibility of linking electronic medical records across hospitals and physicians' offices.

Dr. Miller developed resource costing, a tool for the measurement of costs in healthcare settings in a series of projects completed for the Office of the Assistant Secretary for planning and Evaluation of the Department of Health and Human Services. He applied resource costing to a project for the Medicare Payment Advisory Commission (MedPAC) in which he used the approach to assess the accuracy of Medicare Cost Reports as a research and policy analysis tool and to another project to measure the costs of more than 300 hospital outpatient procedures to support efforts by the Centers for Medicare and Medicaid Services (CMS) to develop the Medicare Hospital Outpatient Prospective Payment System (HOPPS) based on APCs.

PROFESSIONAL EXPERIENCE

Provider Payment System Design and Evaluation

Dr. Miller played a key role in the development of the Medicare Hospital Outpatient Prospective Payment System (HOPPS). In this work for CMS, he conducted a major pricing study, analyzed the impact of key aspects of the APC approach and assisted in drafting regulations. Subsequently, he conducted a study of the impact of the HOPPS on the quality of care provided to Medicare beneficiaries for MedPAC. Dr. Miller also designed hospital outpatient payment systems for Medicaid programs in New York, New Jersey, North Dakota, and the District of Columbia. He has developed hospital outpatient payment approaches for Blue Cross and Blue Shield plans in New York, New Jersey, Virginia, Georgia, Arkansas, Minnesota, and California.

Dr. Miller also directed an assessment of opportunities to improve the Medicare Inpatient Prospective Payment System (IPPS), based on DRGs. He has designed or evaluated hospital inpatient payment systems for Medicaid programs in Virginia, Pennsylvania, Iowa, New York, and West Virginia. His inpatient payment system design work for health plans includes projects conducted for Blue Cross and Blue Shield plans in Virginia, Pennsylvania, Florida, Texas, North Dakota, Illinois, Colorado, Kansas City and Tennessee. Dr. Miller also evaluated the method used by the Federal government to pay children's hospitals for their investment in medical education.

Dr. Miller completed a study to update the payment system used by the Medicare program to pay Federally Qualified Health Centers (FQHCs). This work was undertaken to address payment issues that arose because payment levels had not been adjusted other than for inflation for more than fifteen years. Recommendations were made to the Health Resources and Services Administration and the Centers for Medicare and Medicaid Services.

Dr. Miller has worked with several State Medicaid programs on home health agency payment systems. He reviewed licensing criteria for home health agencies and other providers in Vermont and New York. He led the design of nursing home reimbursement systems for the Medicaid programs in Virginia, Pennsylvania, Vermont, and Iowa. He directed a study of the Medicare laboratory fee schedule for the National Institute of Medicine. His reimbursement system design work for health plans includes design

of systems to pay hospitals, ambulatory surgery centers, physicians, nursing homes, home healthcare agencies, dialysis centers and other providers. He has also developed fee schedules used for out of network payment for several large health plans. He has worked with more than two-thirds of the nation's Blue Cross and Blue Shield plans as well as national health plans on reimbursement issues.

In other work, Dr. Miller evaluated and made recommendations to improve the payment methods used by worker's compensation programs in Ohio and California. He completed a study of access to healthcare for injured workers in California. Dr. Miller has also worked with personal injury insurers on methods used to pay medical claims.

Public Policy and Regulatory Analysis

Dr. Miller has directed several major studies of key public policy issues for the Federal government as well as for states and private sector clients. Examples of this work include:

- Economic advisor to the Alaska Insurance Department on the application by Premera Blue Cross to convert to for-profit status,
- Financial advisor to the Governor's Commission for the Rationalization of Healthcare in New Jersey,
- Consultant to several U.K agencies on development of responses to changes in the National Health Service, including Yorkshire and the Humber Strategic Health Authority, North Lincolnshire Primary Care Trust, Calderdale Primary Care Trust, and the Swansea Primary Care Trust,
- Analysis of the Highmark Blue Cross and Blue Shield and Independence Blue Cross proposal to merge,
- Validation of the diagnostic information used in the CMS-RCC risk adjustment formula used by the Medicare program to develop payment rates for Medicare Advantage plans,
- Analysis and recommendation of innovative approaches to improve access to primary care services for low-income populations for the Greater Rochester Health Foundation,
- Evaluation of the Rural and Frontier Coordinating Center program of the Federal Office of Women's Health,
- Evaluation of the costs and use of case management in a home health care program funded by the Federal government,
- Evaluation of the impact of the New York State All-Payer Case-Based Prospective Hospital Reimbursement System (NYPHRM) for the Council on Health Care Financing and the New York State legislature,
- Evaluation of several Federal and New York State programs to provide services to people with HIV/AIDS,
- Development and evaluation of community-based healthcare data systems, including a data system to collect and manage data that describe health care markets for the Agency for Healthcare Research and Quality, the Maryland Medical Care Database for the Maryland Health Care Commission and the database used to support hospital quality initiatives by the American Data Network,

- Evaluation of the Healthcare Community Access Program (HCAP), a national effort to reduce uncompensated care in over 150 communities for the Health Resources and Services Administration,
- Evaluation of the Federal Government's Black Lung Clinics program, and
- Completion of several projects for the National Center for Health Statistics including an assessment of the impact of using ICD-10 for diagnosis coding, an evaluation of the uses of provider surveys including the National Hospital Discharge Survey and the National Ambulatory Medical Care Survey and the design of a national survey of ambulatory surgery.

Strategic planning

Dr. Miller's strategic planning work includes assignments completed for hospitals, managed care companies, major employers, and government agencies. These projects include:

- Support on strategic issues for several hospital systems, including Johns Hopkins Medicine, University of Rochester Health System, University of Maryland Medical System, The Christ Hospital, Sutter Health System, and Memorial Hermann Health System.
- Evaluation of health benefits options for major employers including AT&T and Verizon,
- Preparation of a strategic and operational plan for an innovative managed care plan for the uninsured in Hillsborough County, Florida,
- Support for the preparation of the initial Vermont Health Resources Allocation plan for the Vermont Bureau of Insurance, Securities and Health Care Administration,
- Support to the State of New York for the development of a Global Budgeting program, and
- Several studies of the comparative value of health care benefit programs provided by health plans in efforts to identify optimal arrays of benefits.

Expert Testimony

Dr. Miller has served as an expert witness in several health care cases in recent years and has testified in federal and state courts, in arbitrations and in administrative hearings. His testimony addressed:

- Hospital/health plan contract disputes,
- Role of the Affordable Care Act in measuring medical costs in personal injury cases,
- Reasonable costs of medical care in personal injury cases,
- Class action certification,
- Out of network provider payment,
- Rates paid to health care providers by worker's compensation insurers and personal injury insurers,
- Medicare and Medicaid managed care contracts,
- Health plan operations and health plan/provider relationships,
- Health care competition issues,
- Applications by non-profit health insurers seeking to convert to for-profit status, and
- Efforts to obtain certificates of need for health care services.

EDUCATION

Ph.D., (Accounting and Economics), University of Illinois
M.B.A., City College of New York
B.B.A., City College of New York

PRESENT POSITION

Berkeley Research Group, Managing Director, Health Analytics, 2010 to present

FULL-TIME TEACHING EXPERIENCE

University of Baltimore, Associate Professor
State University of New York at Binghamton, Assistant Professor
University of Illinois, Instructor

OTHER POSITIONS HELD

LECG, LLC, Managing Director, 2008-2010
Navigant Consulting, Inc., Managing Director, 2002-2008
Center for Health Policy Studies, President, 1979-2002
Miller & Byrne, Inc., President, 1975-1979

SELECTED COMMUNITY ACTIVITIES

United Cerebral Palsy of Central Maryland, Chairman, Board of Directors, 2007 to 2011
Heifetz International Music Institute, Treasurer, Board of Directors, 2010 to 2013
Glenelg Country School, Treasurer, Board of Trustees, 1991-2000
Howard County General Hospital, Chairman, Board of Trustees, 1987-1989

SELECTED PUBLICATIONS

1. C. Turck, W. Marsh, J. Stevenson, J. York, H. Miller and S. Patel, "Pharmacoeconomics of Surgical Interventions vs. Cyclooxygenase Inhibitors for the Treatment of Patent Ductus Arteriosus," The Journal of Pediatric Pharmacology and Therapeutics, Vol. 12, No. 3, July-September 2007
2. H. Miller, "Outpatient Payment in the Private Sector," in N. Goldfield and W. Kelly, Outpatient Prospective Payment, (Gaithersburg, MD, Aspen Publishing, 1999)
3. H. Miller, B. Cassidy, and D. Karr, "Resource Costing for Healthcare Services," in N. Goldfield and W. Kelly, Outpatient Prospective Payment, (Gaithersburg, MD, Aspen Publishing, 1999)
4. D. Karr, H. Miller, and S. McCue, "the Effect of Instrument Type on the Cost of Laparoscopic Surgery," Surgical Endoscopy, 1996
5. H. Miller and W. Kelly, "Prospective Per Case Payment in New York State: An Analysis," in N. Goldfield and P. Boland, Physician Profiling and Risk Adjustment, (Gaithersburg, MD Aspen Publishing, 1996)
6. B. Balicki, H. Miller, W. Kelly, "Benchmarks and Tools for Evaluating Ambulatory Surgery: A Model for Examining Cost Competitiveness," Healthcare Financial Management, Spring, 1995
7. W. Kelly, H. Miller, T. Parciak, "The Need for Alternatives to Capitation Under Managed Care," Managed Care Quarterly, Summer, 1994
8. H. Miller, "Outpatient Prospective Payment Approaches for Use by Insurers," Journal of Ambulatory Care Management, Spring, 1993

9. B. Balicki, H. Miller, W. Kelly, T. Yates, "Guidelines for Managing Ambulatory Surgery Programs in the 1990's, Journal of Ambulatory Care Management, Winter, 1991
10. H. Miller, et.al., "Costs of Ambulatory Care: Implications for Outpatient Prospective Payment Systems," Journal of Ambulatory Care Management, Winter, 1991
11. W. Kelly, P. Tenan, H. Fillmore, H. Miller, "Products of Ambulatory Care Patient Classification System," Journal of Ambulatory Care Management, Winter, 1990

TESTIMONY (2016 – Present)

2025

- *Demia Thomas and George Lowery v. Medstar Washington Hospital Center Corporation,* Superior Court for the District of Columbia, Case No. 2022-CAB-005443, (Deposition).

2024

- *Cipla, USA, Inc. v. Ipsen Biopharmaceuticals, Inc.,* United States District Court for the District of Delaware, Case No. 22-cv-00552 GBW, *(Deposition).*
- *Scripps Health v. Blue Shield of California,* American Arbitration Association, Case No. 01-23-0000-9314, *(Deposition).*
- *Leslie J. Gelber v. Caithness Services, LLC,* American Arbitration Association, Case 01-23-0002-7637, *(Deposition).*
- *Jonathan Mendoza and Maria Mendoza, on behalf of their minor son, Jazziel Mendoza Oliveros v. Hospital Development of West Phoenix, Inc. d/b/a/ Abrazo West Campus,* Superior Court of the State of Arizona, County of Maricopa, Case No. CV2021-094672, *(Deposition).*
- *Anjil Jeter v. Comanche Construction of Georgia, LLC.,* State Court of DeKalb County, State of Georgia, Civil Action 21A03631, *(Deposition).*
- *Farid Almasri v. Target Corporation,* Superior Court of the State of California, County of Los Angeles, Case No.: 22STCV08524, *(Deposition).*

2023

- *Fitzgerald, Kloess & Pope Advisors, LLC v. Premier Parking of Tennessee, LLC, Premier Parking Management Company, LLC*, Chancery Court for Davidson County, Tennessee, Case No. 21-1299-BC, *(Deposition).*
- *Dr. Timothy Munderloh, et al. v. Biegler GMBH, Solace Advancement, LLC, et al.*, United States District Court, District of Arizona, Case No. 3:21–CV-08004-GMS, *(Deposition).*
- *Anthony Azzinaro and Kathryn Lindsay v. The Shyft Group, Inc. and the Shyft Group, USA, Inc.,* U.S District Court, District of Arizona, Case No. 2:21-CV-01990-JJT, *(Deposition).*

2022

- *Alpha Omega Lanier Edwards II v. Fast Lane Transportation, Inc.,* Superior Court of the State of California, County of Los Angeles, Case No. 21STCV09757, *(Deposition).*
- *David Wayne Edwards, Jr.; Lyinda Gillman v. Queen of the Valley Medical Center; Shea Pribyl, D.O.,* Superior Court of the State of California, County of Sacramento, Case No. 34-2019-00248337, *(Deposition)*.
- *Jafar Roubakhshyengejeh v. Beatrice Montanez*, Superior Court of the State of California, County of Los Angeles. Case No. 19STCV30292, *(Deposition).*

- Gloria Banda v. Food 4 Less of California, Inc., Superior Court of the State of California, County of Los Angeles, Case No. BC663290, *(Deposition).*
- *Beau Towne v. Multicare Health System d/b/a Mary Bridge Children's Hospital,* Superior Court of the State of Washington for Pierce County, Case No. 20-2-04518-2, *(Testimony).*
- *Medical Society of the State of New York v. United Health Group*, United States District Court, Southern District of New York, Civil Action No. 16-CV-5265 (JPO), (*Testimony*).
- *Lori Bush v. Dignity Health,* Superior Court of the State of California for the County of San Bernadino, Case No. CIVDS-1613161, *(Deposition and Testimony).*

2021

- *Adventist Health System/Sunbelt, Inc. v. Humana Medical Plan, Inc.* (Arbitration – American Arbitration Association Case No. 01-19-0002-6864) *(Deposition).*
- *Christopher Bentley v. Scott Gragson,* District Court, Clark County, Nevada, Case No. A-19-796424-C, *(Deposition).*
- *Kaweah Delta Medical Center v. Kaiser Foundation Hospitals*, Superior Court of the State of California for Tulare County, Case No. AH015680 *(Deposition and Trial Testimony)*
- *Medical Mutual of Ohio v. FrontPath Health Coalition*, Court of Common Pleas, Lucas County, Ohio, Case No. CI201703154 *(Deposition)*
- *Kaiser Foundation Hospitals v. Palomar Health F/K/A Palomar Pomerado Health,* Arbitration, JAMS Reference Number 1220063770, *(Deposition).*
- *Perry David Maxwell v. The Boeing Company and Paris Edward Cooper,* United States District Court, Central District of California, Case No. 2:19-cv-05204-DSF-KS *(Deposition).*
- *Baptist Memorial Health Care Corp. v. CIGNA Health Care of Tennessee,* Arbitration, *Deposition and Testimony).*

APPENDIX B
MATERIALS RELIED UPON

Materials Relied Upon
2025 Medicare Parts A & B Premiums and Deductibles. Centers for Medicare & Medicaid Services. November 8, 2024.
Bipartisan Bill Aims to End Costly Fees for Military Families Covering Adult Dependents. Veteran News. Sarah Bennett. July 31, 2025.
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Complaint. Jacqueline Tukes v. United States of America Camp Lejeune Water Litigation. No. 7:23-CV-01553. August, 28, 2024.
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Cost Analysis for Ms. Jacqueline Tukes, prepared by Michael A. Fryar, M.S., RN, CRC, CCM, CLCP QRP, dated January 28th, 2025.
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Defense Primer: Military Health System. Congressional Research Service. October 18, 2024.
Democrats and Republicans Disapprove of Medicare, Medicaid Cuts, Research Finds. Northeastern University. David Lazer. September 11, 2025.
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Medicare Long-term Care. Centers for Medicare & Medicaid Services.
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Medicare Part D Drug Spending Dashboard. Centers for Medicare & Medicaid Services.
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Medicare Payment Advisory Commission. Outpatient Hospital Services Payment System. October 2024.
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Payment Basics Physician and Other Health Professional Payment System. Medicare Payment Advisory Commission. November 2021.
Skilled Nursing Facility Care. Centers for Medicare & Medicaid Services.

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TRICARE Allowable Charges. Military Health System. July 11, 2023.
TRICARE Cost-Sharing Changes in 2025. Congressional Research Service. November 13, 2024.
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TRICARE Reimbursement Manual, Chapter 8 Section 2. TRICARE. October 1, 2024.
What to Know About How Medicare Pays Physicians. KFF. Alex Cottrill, Juliette Cubanski, and Tricia Neuman. October 7, 2025.