Must be received by
April 23, 2021

Stryker Modular Hip 2020 Settlement
c/o Epiq
Claims Processor
PO Box 10130
Dublin, OH 43017-3130
www.StrykerModularHipSettlement.com

ST2

MAGENTA APPLICATION

ENHANCEMENTS BENEFIT PROGRAM APPLICATION
STRYKER ABG II/REJUVENATE MODULAR-NECK HIP STEM SETTLEMENT PROGRAM

In order to apply for non-Qualified Revision Surgery (QRS)-related Enhancements under the Stryker ABG II/Rejuvenate Modular-Neck Hip Stem Settlement Program, you **must** submit this Enhancements Benefit Program (EBP) Application by the following deadlines:

- For Covered Events that Occurred **Prior to Your Enrollment into the Qualified Revision Surgery Settlement Program** (Past Matrix) you must submit this Application **no later than April 23, 2021**.
- For Covered Events that Occurred **After Your Enrollment into the Qualified Revision Surgery Settlement Program but before April 23, 2021** (Future Matrix) you must submit this Application **either** within **90 days of your claim's accrual** (e.g. date of Additional Surgery) **or no later than April 23, 2021**, whichever date is later.

***** For Covered Events that Occurred **On or After April 23, 2021** (Future Matrix) you must submit this Application within **90 days of your claim's accrual** (e.g. date of Additional Surgery). You may submit more than one Application for events that occurred **on or after April 23, 2021**.

This application is intended only for non-QRS-Related Enhancements. You **cannot** apply for QRS-Related Enhancements at this time. The deadline to apply for QRS-Related Enhancements was December 7, 2020 with your Enrollment Claim Form. **Any application for QRS-Related Enhancements at this time will be rejected.** If you are Counsel for a Patient or if you are an Unrepresented Patient (or his/her unrepresented Legal Representative) seeking to apply for the EBP, then you must submit this Application along with all necessary documentation. To be eligible to receive an Enhancement under the EBP, you must have previously enrolled in the Settlement Program and been deemed a Qualified Patient under the **Qualified Revision Surgery Program**.

If you have any questions or need assistance completing this form, you may contact the Claims Processor by email at:
claimsprocessor@StrykerModularHipSettlement.com
or by calling its toll-free hotline at 1-855-382-6404.

INSTRUCTIONS FOR ENHANCEMENTS BENEFIT PROGRAM APPLICATION

1. Counsel for Patients and all Unrepresented Patients (or unrepresented Legal Representatives) who seek compensation for a Covered Event specified in the EBP Award Schedule must submit a completed EBP Application bearing the Personal Signatures of the Eligible Patient and his/her Principal Responsible Attorney, if applicable.
2. Where applicable, a Matrix Level Section will contain a "Summary of Claim" question. In the space provided, explain the basis of the claim and include any information that will assist the Claims Processor's review of the claim.
3. To complete an application for Enhancements under the EBP Award Schedule, a Patient must complete this EBP Application including all designated sections for the requested Matrix Level and Matrix Type. **All Past Matrix Enhancements for each matrix level must be included on the same application** (e.g., if you underwent two Re-Revision Surgeries before you enrolled in the Settlement Program, you **must** include both Re-Revisions in the **same** EBP Application Form; however, if you also experienced a dislocation before you enrolled in the Settlement Program, you may include that claim in a subsequent application). Additionally, a Patient must have already completed the Enrollment Application for the Qualified Revision Surgery Program (along with all necessary Required Submissions).
4. This application is intended **only** for non-QRS-Related Enhancements. You cannot apply for QRS-Related Enhancements at this time. The deadline to apply for QRS-Related Enhancements was December 7, 2020 with your Enrollment Claim Form. **Any application for QRS-Related Enhancements at this time will be rejected.**
5. Each Matrix Level section contains specific Required Submissions. **To the extent not already properly annotated and submitted with the Teal Claim Form,** Counsel or Unrepresented Patients (or unrepresented Legal Representatives) must only provide those documents requested within that section and shall not submit all medical records in Counsel's and/or Patient's possession. Per Section 3.2.1, no affidavits, expert reports, depositions, transcripts, or medical articles may be submitted in connection with a claim. Submitting all documents in your possession will result in the Claims Processor returning your EBP Application thereby delaying the review of your claim.
6. If a Patient previously submitted an EBP Application for Enhancements, the Patient is entitled to file a subsequent EBP Application for additional compensation under the **Future Matrix** if the Patient subsequently develops a medical condition or a change in medical condition that occurs after the Patient's enrollment and within two (2) years of the Patient's Qualified Revision Surgery or the Patient's last pre-enrollment Covered Open Surgical Procedure Under General Anesthesia, whichever is later, that qualifies the Patient for additional Enhancements.
7. As set forth in Section 4.5 of the Master Settlement Agreement, Patients are reminded that there will be no discovery in connection with the filing of an EBP Application or the evaluation or determination of any Enhancements, including but not limited to depositions, written discovery, expert reports, affidavits, hearings or trials. Patients have the burden of proof and burden of production with respect to the contemporaneous Medical Records submitted in the Claim Package and any additional contemporaneous Medical Records of such Patients submitted for establishing that the criteria have been met for any Enhancements.
8. The Claims Processor shall make all determinations regarding the awarding of Enhancements through the application of the express terms and requirements of the Master Settlement Agreement and any applicable decisions of the Claims Administrator.
9. If this EBP Application is used to supplement a prior EBP Application, the entire EBP Application need not be completed again in full. Only changes to information previously provided need to be submitted.

DEFINITIONS FOR ENHANCEMENTS BENEFIT PROGRAM APPLICATION

1. "Additional Surgery" means the specific procedures set forth in Enhancements Past Matrix Level II(a) in Schedule 1 of the Master Settlement Agreement (See Sections G - K).
2. "Affected Product" means the ABG II Modular-Neck hip stem or the Rejuvenate Modular-Neck hip stem.
3. "Covered Event" means any one of the specific events set forth in the Enhancements Benefit Program (Schedule 1) of the Master Settlement Agreement.
4. "Covered Open Surgical Procedure Under General Anesthesia" means a Re-Revision Surgery, Additional Surgery, open reduction, open reduction with conversion to constrained component, or Infection-related open surgical procedure (See Sections E - M) as set forth in each procedure's respective Past Matrix Level in Schedule 1 of the Master Settlement Agreement.
5. "Enhancement" means the specific benefit that may be available to Qualified Patients under the Enhancements Benefit Program.
6. "Enhancements Benefit Cap" means the cap placed on Enhancements available under the Enhancements Benefit Program as set forth in Section 6.2.2 of the Master Settlement Agreement.
7. "Enhancements Benefit Program" ("EBP") means the supplemental benefits program available to Qualified Patients pursuant to the Master Settlement Agreement, if applicable.
8. "Enrolled Patient" means a person who has enrolled in the Settlement Program but has not yet been deemed a Qualified Patient.
9. "Enrollment Date" means the date that a Patient enrolls in the Stryker ABG II/Rejuvenate Modular-Neck Hip Stem Settlement Program.
10. "Future Matrix" means the Enhancements available to Qualified Patients for specific post-Enrollment Date events during the time period and pursuant to the restrictions and limitations as set forth in the Enhancements Benefit Program (Schedule 1) of the Master Settlement Agreement.
11. "Index Surgery" means the implantation of an Affected Product in a surgery occurring in the United States.
12. "Infection" means, for purposes of determining qualification for an Enhancement, any Infection that does not form the basis for an Excluded Infection-Related Revision Surgery as set forth in the Master Settlement Agreement and also satisfies the eligibility requirements set forth in Past Matrix Level II(c) in Schedule 1 of the Master Settlement Agreement (See Sections M - N).
13. "Intra-Operative Fracture" means the unintentional fracturing of the femur bone during the course of an operation.
14. "Osteotomy" means a surgical procedure in which the surgeon intentionally cuts or splits the femur for some length down the femoral shaft to remove the stem of a well fixed femoral component.
15. "Past Matrix" means the Enhancements available to Qualified Patients for specific pre-Enrollment Date events during the time period and pursuant to the restrictions and limitations as set forth in the Enhancements Benefit Program (Schedule 1) of the Master Settlement Agreement.
16. "Patient" means the natural person (including the deceased natural person) who was implanted with an Affected Product during an Index Surgery (as opposed to any Legal Representative in respect of such natural person).
17. "Principal Responsible Attorney" means the single attorney identified by the Primary Law Firm by name, state bar number, business address, phone number and email address who will be primarily responsible to provide notice to the applicable court for obligations of the Primary Law Firm relating to the Master Settlement Agreement and for compliance with any court orders entered in the jurisdiction in which the case or claim is pending and shall fulfill the other responsibilities described in the Master Settlement Agreement.
18. "Qualified Patient" means each Enrolled Patient who has demonstrated by the submission of his/her Required Submissions to meet the eligibility requirements of the Qualified Revision Surgery Program and the Claims Processor has made a determination of eligibility for such Enrolled Patient or the Enrolled Patient has been deemed to be a Qualified Patient pursuant to Section 4.1 of the Master Settlement Agreement.

DEFINITIONS FOR ENHANCEMENTS BENEFIT PROGRAM APPLICATION

19. "Qualified Revision Surgery" means (i) the Patient underwent a revision surgery of an Affected Product, which is defined as the explantation of both the femoral stem and neck components of the Affected Product; (ii) the revision surgery occurred at least 181 days after the Index Surgery, but before September 9, 2020; (iii) the Revision Surgery occurred within 10 years of the Index Surgery; (iv) the Revision Surgery occurred in the United States; and (v) the Revision Surgery involved one (1) or more of the following: (a) an elevated cobalt level, (b) an abnormal diagnostic scan associated with the tissue around the femoral implant related to the reasons underlying the Voluntary Recall, or (c) intra-operative or pathologic confirmation of adverse local tissue reaction ("ALTR"), aseptic lymphocyte-dominated vasculitis-associated lesion ("ALVAL") or tissue damage related to the reasons underlying the Voluntary Recall.

20. "QRS-Related Enhancements" means those Enhancements specifically identified in matrix level I(b) of the EBP Award Schedule that took place **during** the Qualified Revision Surgery, specifically controlled osteotomy, intra-operative femur fracture with osteotomy, intra-operative femur fracture without osteotomy, and surgical repair/reattachment of a damaged abductor muscle complex **only**.

21. "Re-Revision Surgery" means a surgery that (i) was determined to be medically necessary, (ii) required removal of the revision femoral stem component, and (iii) was made necessary by the Qualified Revision Surgery.

22. "Revision Surgery" means the explantation of both the femoral stem and neck components of the Affected Product.

23. "Settlement Award Payment" means any payment pursuant to the Stryker ABG II/Rejuvenate Modular-Neck Hip Stem Settlement Program.

24. "Net Enhancements Benefit" means the aggregate amount of all Enhancements for a given Qualified Patient under the EBP following the application of any and all applicable reductions or limitations to such Enhancements.

25. "United States" means the United States of America, its 50 states, the District of Columbia, any Commonwealth or Territory of the United States, and any United States Military Hospital wherever located.

26. "Voluntary Recall" means the June 28, 2012 voluntary recall of the Affected Products from the market issued by Stryker.

A. PERSONAL INFORMATION OF PATIENT

1. Patient ID:

2. Name:

First M.I. Last

3. Social Security Number:

4. Date of Birth:

(mm/dd/yyyy)

5. Current Address:

Street

City State Zip

6. Telephone Number (If Not Represented by an Attorney):

7. Email Address (If Not Represented by an Attorney):

B. PRIMARY LAW FIRM INFORMATION (IF REPRESENTED BY AN ATTORNEY)

1. Principal Responsible Attorney:

First M.I. Last

2. Firm Name:

3. Current Address:

Street

City State Zip

4. Telephone Number:

5. Email Address:

C. LEGAL REPRESENTATIVE'S INFORMATION FOR DECEASED OR INCAPACITATED PATIENTS *

1. Does the Patient have a Legal Representative? ☐ Yes ☐ No

If Yes, complete items below. If No, skip to Section D.

2. Reason for Legal Representative? ☐ Patient is Deceased ☐ Patient is Incapacitated

3. Legal Representative's Relationship to Patient:
☐ Estate ☐ Executor ☐ Administrator ☐ Guardian ☐ Conservator ☐ Other _____ (specify)

4. Legal Representative's Name:

First M.I. Last

5. Legal Representative's Address:

Street

City State Zip Country

6. Legal Representative's Telephone Number:

7. Legal Representative's Email Address (If Available):

8. Legal Representative's Social Security Number:

*__DOCUMENTATION REQUIREMENT__: COURT APPROVAL OR OTHER LEGAL AUTHORIZATION TO REPRESENT THE PATIENT MUST BE ATTACHED IF NOT ALREADY PROVIDED DURING ENROLLMENT.

D. EBP MATRIX LEVELS

The EBP is divided into two parts - a Past Matrix and a Future Matrix. The **Past Matrix** is for Covered Events that occurred **before** you enrolled in the Settlement Program. The **Future Matrix** is for Covered Events that occurred **after** you enrolled in the Settlement Program. You may apply for an Enhancement under the Future Matrix for Covered Events that occurred after you enrolled **and** within two (2) years of your Qualified Revision Surgery **or** your last pre-enrollment Covered Open Surgical Procedure Under General Anesthesia, whichever is later. An award under the Future Matrix shall be calculated in the same manner and subject to the same limitations and reductions as an award under the Past Matrix **except** that an award for a Covered Event that occurred during the second (2nd) year following your Enrollment Date will be subject to a thirty percent (30%) reduction.

Pursuant to the Enhancements Benefit Cap, in no instance will your Net Enhancements Benefit (including any QRS-Related Enhancements) exceed for each hip that underwent a Qualified Revision Surgery, including those Enhancements issued under the Future Matrix, unless you qualify for an Enhancement for a related Infection (see Sections M & N) in which case your Net Enhancements Benefit (including any QRS-Related Enhancements) will not exceed $550,000 for each hip that underwent a Qualified Revision Surgery, including Enhancements issued under the Future Matrix. Enhancements associated with myocardial infarction, stroke, and death (see Sections Q - S) are **not** subject to the Enhancements Benefit Cap if the underlying Covered Events occurred **prior to** your Enrollment Date; however, such Enhancements are subject to the Enhancements Benefit Cap (including any QRS-Related Enhancements) if the underlying Covered Events occurred **after** your Enrollment Date.

D. EBP MATRIX LEVELS (CONTINUED)

Check each Matrix Level for which the Patient believes s/he is entitled to compensation and for which s/he is submitting an application at this time:

NOTE: All Past Matrix Enhancements for each Matrix Level **must** be included on the **same** application.

Indicate below whether this is an original EBP Application (i.e., the first EBP Application that has been submitted on behalf of a Patient) or an additional EBP Application (i.e., an EBP Application that a Patient is submitting to apply for additional benefits from the EBP Matrices).

☐ This is my First EBP Application.

☐ This is an Additional EBP Application.

Claimed Enhancements		
I(a).	**Re-Revision Surgery**	☐
I(b).	**Events Associated with Covered Re-Revision Surgery**	
	Controlled Osteotomy	☐
	Intra-Operative Femur Fracture *with* Osteotomy	☐
	Intra-Operative Femur Fracture *without* Osteotomy	☐
	Surgical Repair/Reattachment of a Damaged Abductor Muscle Complex	☐
II(a).	**Additional Surgery**	
	Removal of Hardware	☐
	Debridement and/or Removal of Pseudotumors	☐
	Reattachment/Repair of a Damaged Abductor Muscle Complex	☐
	Placement of a Constrained Component Due to Dislocation	☐
	Post-Revision Femur Fracture	☐
II(b).	**Dislocation**	
	Closed Reduction	☐
	Open Reduction *without* Conversion to a Constrained Component	☐
	Open Reduction *with* Conversion to a Constrained Component	☐
II(c).	**Infection-Related Open Surgical Procedures**	
	Irrigation and Debridement Under General Anesthesia	☐
	Two-Stage Procedure Under General Anesthesia	☐
	Infection-Related Non-Surgical Treatment	
	Intravenous Antibiotic Treatment Lasting Six (6) Weeks or Longer	☐
	Placement and Continuous Use of a Wound Vac	☐
	Confinement in a Skilled Nursing Facility for greater than 15 days	☐
	Confinement in a Skilled Nursing Facility for greater than 30 days	☐
	Confinement in a Skilled Nursing Facility for greater than 45 days	☐
	Confinement in a Skilled Nursing Facility for greater than 60 days	☐
II(d).	**Foot Drop**	
	Existing more than 90 days but less than 365 days	☐
	Existing 365 days or more	☐
II(e).	**Pulmonary Embolism or Deep Vein Thrombosis**	☐
III.	**Myocardial Infarction**	☐
IV.	**Stroke**	☐
V.	**Related Death**	☐

E. MATRIX LEVEL I(a): RE-REVISION SURGERY

This section relates only to **Matrix Level I(a) - Re-Revision Surgery** and should be completed only if a Patient has undergone a Re-Revision Surgery that meets the following criteria:

1. The Re-Revision Surgery (i) was determined to be medically necessary, (ii) required removal of the revision femoral stem component, and (iii) was made necessary by the Qualified Revision Surgery or Re-Revision Surgery; and

2. The Re-Revision Surgery was not necessitated by Trauma (as defined in Section 1.2.35.2 of the Master Settlement Agreement).

If the Patient is submitting a claim for more than one (1) Re-Revision Surgery, click below for additional sections. The **maximum** number of compensable Re-Revisions under **Matrix Level I(a)** shall be **three (3)** per hip in which an Affected Product has been removed. In the event the femoral stem component implanted during your Qualified Revision Surgery or a Re-Revision Surgery is removed during the first stage of a covered Infection-related two-stage procedure, your Enhancement will issue under this Matrix Level. You will **only** receive **one** Enhancement for both stages of a covered Infection-related two-stage procedure. This Enhancement **excludes** surgeries in which **only** the **proximal body** of a revision femoral stem is removed and replaced. This Enhancement also **does not apply** to the second stage of a two-stage procedure when the Qualified Revision Surgery is the first stage of the two-stage procedure.

Number of Re-Revision Surgeries for the Affected Hip for which you are submitting claims: 1 ☐ 2 ☐ 3 ☐

Click here to add an additional Section E to your form: **Add Section**

1. Matrix Type: ☐ **Past** ☐ **Future**

2. Affected Hip: ☐ **Left** ☐ **Right**

3. Re-Revision Surgery Date:

(mm/dd/yyyy)

4. Name of Hospital where Re-Revision Surgery Occurred:

5. Hospital Address:

Street

City State Zip

6. Surgeon Name:

First M.I. Last

7. Surgeon Address:

Street

City State Zip

E. MATRIX LEVEL I(a): RE-REVISION SURGERY (CONTINUED)

REQUIRED SUBMISSIONS

When submitting an EBP Application for Enhancements that includes a Claim for Matrix Level I(a), a Qualified Patient must submit these documents if not already properly annotated and submitted with the Teal Enrollment Claim Form:

- ☐ Manufacturer/product stickers identifying the devices and hardware implanted during the Qualified Revision Surgery. Only in the event product stickers are not available, please submit the electronic implant log from your Qualified Revision Surgery.
- ☐ Manufacturer/product stickers identifying the devices and hardware implanted during the Re-Revision Surgery. Only in the event product stickers are not available, please submit the electronic implant log from your Re-Revision Surgery.
- ☐ Re-Revision Surgery admission history, operative report, pathology reports, radiology or imaging reports, and discharge summary.
- ☐ Contemporaneous progress notes, lab results, and/or radiology or imaging reports from the treating orthopedic surgeon(s) relating to the hip(s) at issue for the time period from the Qualified Revision Surgery and up to, including and following the Re-Revision Surgery.

Notwithstanding the above description, the Claims Processor shall make all determinations regarding the awarding of Enhancements through the application of the express terms and requirements of the Master Settlement Agreement and any applicable decisions of the Claims Administrator. Medical Records must be annotated in a manner that will aid the Claims Processor in reviewing your claim (e.g. highlighting, flagging, bookmarking etc.). Pursuant to Section 3.3 of the Master Settlement Agreement, the Claims Processor has the ability to request additional information and/or documents as needed, including, but not limited to, medical authorizations. Per Section 3.2.1, no affidavits, expert reports, depositions, transcripts, or medical articles may be submitted in connection with a claim.

F. MATRIX LEVEL I(b): EVENTS ASSOCIATED WITH COVERED RE-REVISION SURGERY

This section relates only to **Matrix Level I(b) - Events Associated with Covered Re-Revision Surgery** and should be completed only if a Patient has undergone a Covered Re-Revision Surgery that involves one, or more, of the associated events listed in item 8.

If the Patient is submitting claims for associated events from multiple surgeries, click below for additional sections.

The **maximum** number of compensable associated events under Section F shall be **two (2)** for **each** associated event per hip in which an Affected Product has been removed.

Number of Events Associated with Covered Re-Revision Surgery for the Affected Hip for which you are submitting claims:

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐

Click here to add an additional Section F to your form: **Add Section**

1. Matrix Type: ☐ **Past** ☐ **Future**

2. Affected Hip: ☐ **Left** ☐ **Right**

3. Coverd Re-Revision Surgery Date:

(mm/dd/yyyy)

4. Name of Hospital where the Covered Re-Revision Surgery Occurred:

5. Hospital Address:

Street

City State Zip

6. Surgeon Name:

First M.I. Last

7. Surgeon Address:

Street

City State Zip

8. Covered Re-Revision Surgery Included (check all Associated Events that apply):

☐ Controlled Osteotomy
☐ Intra-Operative Femur Fracture *with* Osteotomy
☐ Intra-Operative Femur Fracture *without* Osteotomy
☐ Surgical Repair/Reattachment of a Damaged Abductor Muscle Complex

F. MATRIX LEVEL I(b): EVENTS ASSOCIATED WITH QUALIFIED REVISION SURGERY OR COVERED RE-REVISION SURGERY (CONTINUED)

REQUIRED SUBMISSIONS

When submitting an EBP Application for Enhancements that includes a Claim for Matrix Level I (b), a Qualified Patient must submit these documents if not already properly annotated and submitted with the Teal Enrollment Claim Form:

- ☐ Manufacturer/product stickers identifying the devices and hardware implanted during the Covered Re-Revision Surgery. Only in the event product stickers are not available, please submit the electronic implant log from your Covered Re-Revision Surgery.
- ☐ Operative report **and** discharge summary from the Covered Re-Revision Surgery.
- ☐ Contemporaneous progress notes from the treating orthopedic surgeon(s) relating to the hip(s) at issue for the time period from Index Surgery to the Covered Re-Revision Surgery.

Notwithstanding the above description, the Claims Processor shall make all determinations regarding the awarding of Enhancements through the application of the express terms and requirements of the Master Settlement Agreement and any applicable decisions of the Claims Administrator. Medical Records must be annotated in a manner that will aid the Claims Processor in reviewing your claim (e.g. highlighting, flagging, bookmarking etc.). Pursuant to Section 3.3 of the Master Settlement Agreement, the Claims Processor has the ability to request additional information and/or documents as needed, including, but not limited to, medical authorizations. Per Section 3.2.1, no affidavits, expert reports, depositions, transcripts, or medical articles may be submitted in connection with a claim.

G. MATRIX LEVEL II(a): ADDITIONAL SURGERY - REMOVAL OF HARDWARE

This section relates only to **Matrix Level II(a) - Additional Surgery - Removal of Hardware** and should be completed only if a Patient has undergone an Additional Surgery that meets the following criterion:

1. Following a Qualified Revision Surgery or Re-Revision Surgery, a Qualified Patient undergoes an additional surgery to remove hardware that was implanted during a compensable osteotomy or repair of an intra-operative femur fracture in the hip in which the Affected Product was removed.

If the Patient is submitting claims for more than one (1) Additional Surgery - Removal of Hardware, click below for additional sections. The **maximum** number of compensable Additional Surgeries - Removal of Hardware under **Matrix Level II(a)** shall be **two (2)** per hip in which an Affected Product has been removed.

A Qualified Patient **shall receive only one (1) Enhancement** under Past Matrix Level II(a) **per Additional Surgery** (the greater of which applies), regardless of the number of Enhancements under Matrix Level II(a) that apply to that surgery.

A Qualified Patient who undergoes a surgical procedure that would qualify as a dislocation, Additional Surgery, and/or an Infection-related open surgical procedure may only receive **one (1)** Enhancement for that surgery, the greater of which applies.

Number of Additional Surgeries - Removal of Hardware for the Affected Hip for which you are submitting claims: 1 ☐ 2 ☐

Click here to add an additional Section G to your form: **Add Section**

1. Matrix Type: ☐ **Past** ☐ **Future**
2. Affected Hip: ☐ **Left** ☐ **Right**

3. Date of the Qualified Revision Surgery or the last Re-Revision Surgery that preceded the Additional Surgery:

(mm/dd/yyyy)

4. Date of Additional Surgery at Issue:

(mm/dd/yyyy)

5. Date Hardware was Implanted:

(mm/dd/yyyy)

6. Reason Hardware was Implanted (check one):

☐ **Controlled Osteotomy**
☐ **Intraoperative Femur Fracture**
☐ **Other**

7. Name of Hospital where Additional Surgery Occurred:

8. Hospital Address:

Street

City State Zip

9. Surgeon Name:

First M.I. Last

10. Surgeon Address:

Street

City State Zip

G. MATRIX LEVEL II(a): ADDITIONAL SURGERY - REMOVAL OF HARDWARE (CONTINUED)

REQUIRED SUBMISSIONS

When submitting an EBP Application for Enhancements that includes a Claim for Matrix Level II(a): Additional Surgery - Removal of Hardware, a Qualified Patient must submit these documents if not already properly annotated and submitted with the Teal Enrollment Claim Form:

- ☐ Manufacturer/product stickers identifying the devices and hardware implanted during the Qualified Revision Surgery and/or Re-Revision Surgery(ies). Only in the event product stickers are not available, please submit the electronic implant log from your Qualified Revision Surgery and/or Re-Revision Surgery(ies).
- ☐ Manufacturer/product stickers identifying the devices and hardware implanted during the Additional Surgery. Only in the event product stickers are not available, please submit the electronic implant log from your Additional Surgery.
- ☐ Additional Surgery admission history, operative report, pathology reports, radiology or imaging reports, and discharge summary.
- ☐ Contemporaneous progress notes, lab results, and/or radiology or imaging reports from the treating orthopedic surgeon(s) relating to the hip(s) at issue for the time period from the Qualified Revision Surgery and/or Re-Revision Surgery and up to, including and following the subject Additional Surgery.

Notwithstanding the above description, the Claims Processor shall make all determinations regarding the awarding of Enhancements through the application of the express terms and requirements of the Master Settlement Agreement and any applicable decisions of the Claims Administrator. Medical Records must be annotated in a manner that will aid the Claims Processor in reviewing your claim (e.g. highlighting, flagging, bookmarking etc.). Pursuant to Section 3.3 of the Master Settlement Agreement, the Claims Processor has the ability to request additional information and/or documents as needed, including, but not limited to, medical authorizations. Per Section 3.2.1, no affidavits, expert reports, depositions, transcripts, or medical articles may be submitted in connection with a claim.

H. MATRIX LEVEL II(a): ADDITIONAL SURGERY - DEBRIDEMENT AND/OR REMOVAL OF PSEUDOTUMORS

This section relates only to **Matrix Level II(a) - Additional Surgery - Debridement and/or Removal of Pseudotumors** and should be completed only if a Patient has undergone an Additional Surgery that meets the following criteria:

1. Following a Qualified Revision Surgery or Re-Revision Surgery, a Qualified Patient undergoes an additional surgery in the hip in which the Affected Product was removed that requires debridement; and
2. The Additional Surgery is preceded by objective documented evidence through preoperative imaging or supported by intra-operative findings or pathology that demonstrates the presence of tissue damage related to the reasons underlying the Voluntary Recall.
3. Enhancement **excludes** exploratory surgeries, the debridement of scar tissue, and the debridement of hematomas and/or seromas.

If the Patient is submitting claims for more than one (1) Additional Surgery - Debridement and/or Removal of Pseudotumors, click below for additional sections. The **maximum** number of compensable Additional Surgeries - Debridement and/or Removal of Pseudotumors under **Matrix Level II(a)** shall be **two (2)** per hip in which an Affected Product has been removed.

A Qualified Patient **shall receive only one (1) Enhancement** under Past Matrix Level II(a) **per Additional Surgery** (the greater of which applies), regardless of the number of Enhancements under Matrix Level II(a) that apply to that surgery.

A Qualified Patient who undergoes a surgical procedure that would qualify as a dislocation, Additional Surgery, and/or an Infection-related open surgical procedure may only receive **one (1)** Enhancement for that surgery, the greater of which applies.

Number of Additional Surgeries - Debridement and/or Removal of Pseudotumors for the Affected Hip for which you are submitting claims: 1 ☐ 2 ☐

Click here to add an additional Section H to your form: **Add Section**

1. Matrix Type: ☐ **Past** ☐ **Future** **2. Affected Hip:** ☐ **Left** ☐ **Right**

3. Date of the Qualified Revision Surgery or the last Re-Revision Surgery that preceded the Additional Surgery:

(mm/dd/yyyy)

4. Date of Additional Surgery at Issue:

(mm/dd/yyyy)

5. Name of Hospital where Additional Surgery Occurred:

6. Hospital Address:

Street

City State Zip

7. Surgeon Name:

First M.I. Last

8. Surgeon Address:

Street

City State Zip

H. MATRIX LEVEL II(a): ADDITIONAL SURGERY - DEBRIDEMENT AND/OR REMOVAL OF PSEUDOTUMORS (CONTINUED)

REQUIRED SUBMISSIONS

When submitting an EBP Application for Enhancements that includes a Claim for Matrix Level II(a): Additional Surgery - Debridement and/or Removal of Pseudotumors, a Qualified Patient must submit these documents if not already properly annotated and submitted with the Teal Enrollment Claim Form:

- ☐ Additional Surgery admission history, operative report, pathology reports, radiology or imaging reports, and discharge summary.
- ☐ Contemporaneous progress notes, lab results, and/or radiology or imaging reports from the treating orthopedic surgeon(s) relating to the hip(s) at issue for the time period from the Qualified Revision Surgery and/or Re-Revision Surgery and up to, including and following the subject Additional Surgery.

Notwithstanding the above description, the Claims Processor shall make all determinations regarding the awarding of Enhancements through the application of the express terms and requirements of the Master Settlement Agreement and any applicable decisions of the Claims Administrator. Medical Records must be annotated in a manner that will aid the Claims Processor in reviewing your claim (e.g. highlighting, flagging, bookmarking etc.). Pursuant to Section 3.3 of the Master Settlement Agreement, the Claims Processor has the ability to request additional information and/or documents as needed, including, but not limited to, medical authorizations. Per Section 3.2.1, no affidavits, expert reports, depositions, transcripts, or medical articles may be submitted in connection with a claim.

I. MATRIX LEVEL II(a): ADDITIONAL SURGERY - REATTACHMENT/REPAIR OF DAMAGED ABDUCTOR MUSCLE COMPLEX

This section relates only to **Matrix Level II(a) - Additional Surgery - Reattachment/Repair of Damaged Abductor Muscle Complex** and should be completed only if a Patient has undergone an Additional Surgery that meets the following criteria:

1. Following a Qualified Revision Surgery or Re-Revision Surgery, a Qualified Patient undergoes an additional surgery in the hip in which the Affected Product was removed that requires reattachment or repair of a damaged abductor muscle complex; and
2. There exists evidence of damage to the abductor muscle complex related to the reasons underlying the Voluntary Recall.
3. The "abductor muscle complex" includes the Gluteus Medius, Gluteus Minimus, and Tensor Fascia Lata muscles only.
4. This Enhancement is **not available** for mere debridement of tissue, including necrotic tissue and/or scar tissue, and **excludes** exploratory surgeries, and/or the closure and/or suture reattachment of the abductor muscle complex as part of the ordinary course of surgery.

If the Patient is submitting claims for more than one (1) Additional Surgery - Reattachment/Repair of Damaged Abductor Muscle Complex, click below for additional sections. The **maximum** number of compensable Additional Surgeries - Reattachment/Repair of Damaged Abductor Muscle Complex under **Matrix Level II(a)** shall be **two (2)** per hip in which an Affected Product has been removed.

A Qualified Patient **shall receive only one (1) Enhancement** under Past Matrix Level II(a) **per Additional Surgery** (the greater of which applies), regardless of the number of Enhancements under Matrix Level II(a) that apply to that surgery.

A Qualified Patient who undergoes a surgical procedure that would qualify as a dislocation, Additional Surgery, and/or an Infection-related open surgical procedure may only receive **one (1)** Enhancement for that surgery, the greater of which applies.

Number of Additional Surgeries - Reattachment/Repair of Damaged Abductor Muscle Complex for the Affected Hip for which you are submitting claims: 1 ☐ 2 ☐

Click here to add an additional Section I to your form: **Add Section**

1. Matrix Type: ☐ **Past** ☐ **Future**

2. Affected Hip: ☐ **Left** ☐ **Right**

3. Date of the Qualified Revision Surgery or the last Re-Revision Surgery that preceded the Additional Surgery:

(mm/dd/yyyy)

4. Date of Additional Surgery at Issue:

(mm/dd/yyyy)

5. Name of Hospital where Additional Surgery Occurred:

6. Hospital Address:

Street

City | State | Zip

7. Surgeon Name:

First | M.I. | Last

8. Surgeon Address:

Street

City | State | Zip

I. MATRIX LEVEL II(a): ADDITIONAL SURGERY - REATTACHMENT/REPAIR OF DAMAGED ABDUCTOR MUSCLE COMPLEX (CONTINUED)

REQUIRED SUBMISSIONS

When submitting an EBP Application for Enhancements that includes a Claim for Matrix Level II(a): Additional Surgery - Reattachment/Repair of Damaged Abductor Muscle Complex, a Qualified Patient must submit these documents if not already properly annotated and submitted with the Teal Enrollment Claim Form:

- ☐ Additional Surgery admission history, operative report, pathology reports, radiology or imaging reports, and discharge summary.
- ☐ Contemporaneous progress notes, lab results, and/or radiology or imaging reports from the treating orthopedic surgeon(s) relating to the hip(s) at issue for the time period from the Qualified Revision Surgery and/or Re-Revision Surgery and up to, including and following the subject Additional Surgery.

Notwithstanding the above description, the Claims Processor shall make all determinations regarding the awarding of Enhancements through the application of the express terms and requirements of the Master Settlement Agreement and any applicable decisions of the Claims Administrator. Medical Records must be annotated in a manner that will aid the Claims Processor in reviewing your claim (e.g. highlighting, flagging, bookmarking etc.). Pursuant to Section 3.3 of the Master Settlement Agreement, the Claims Processor has the ability to request additional information and/or documents as needed, including, but not limited to, medical authorizations. Per Section 3.2.1, no affidavits, expert reports, depositions, transcripts, or medical articles may be submitted in connection with a claim.

J. MATRIX LEVEL II(a): ADDITIONAL SURGERY - PLACEMENT OF CONSTRAINED COMPONENT DUE TO DISLOCATION

This section relates only to **Matrix Level II(a) - Additional Surgery - Placement of Constrained Component Due to Dislocation** and should be completed only if a Patient has undergone an Additional Surgery that meets the following criterion:

1. Following a Qualified Revision Surgery or Re-Revision Surgery, a Qualified Patient undergoes an additional surgery in the hip in which the Affected Product was removed to place a constrained acetabular liner/insert due to dislocation.

If the Patient is submitting claims for more than one (1) Additional Surgery - Placement of Constrained Component Due to Dislocation, click below for additional sections. The **maximum** number of compensable Additional Surgeries - Placement of Constrained Component Due to Dislocation under **Matrix Level II(a)** shall be **two (2)** per hip in which an Affected Product has been removed. If a constrained component is placed during an open reduction you must complete Section L, not this Section.

A Qualified Patient **shall receive only one (1) Enhancement** under Past Matrix Level II(a) **per Additional Surgery** (the greater of which applies), regardless of the number of Enhancements under Matrix Level II(a) that apply to that surgery.

A Qualified Patient who undergoes a surgical procedure that would qualify as a dislocation, Additional Surgery, and/or an Infection-related open surgical procedure may only receive **one (1)** Enhancement for that surgery, the greater of which applies.

Number of Additional Surgeries - Placement of a Constrained Component Due to Dislocation for the Affected Hip for which you are submitting claims: 1 ☐ 2 ☐

Click here to add an additional Section J to your form: **Add Section**

1. Matrix Type: ☐ **Past** ☐ **Future**

2. Affected Hip: ☐ **Left** ☐ **Right**

3. Date of the Qualified Revision Surgery or the last Re-Revision Surgery that preceded the Additional Surgery:

(mm/dd/yyyy)

4. Date of Additional Surgery at Issue:

(mm/dd/yyyy)

5. Name of Hospital where Additional Surgery Occurred:

6. Hospital Address:

Street

City | State | Zip

7. Surgeon Name:

First | M.I. | Last

8. Surgeon Address:

Street

City | State | Zip

J. MATRIX LEVEL II(a): ADDITIONAL SURGERY - PLACEMENT OF CONSTRAINED COMPONENT DUE TO DISLOCATION (CONTINUED)

REQUIRED SUBMISSIONS

When submitting an EBP Application for Enhancements that includes a Claim for Matrix Level II(a): Additional Surgery - Placement of Constrained Component Due to Dislocation, a Qualified Patient must submit these documents if not already properly annotated and submitted with the Teal Enrollment Claim Form:

- ☐ Manufacturer/product stickers identifying the devices and hardware implanted during the Qualified Revision Surgery and/or Re-Revision Surgery(ies). Only in the event product stickers are not available, please submit the electronic implant log from your Qualified Revision Surgery and/or Re-Revision Surgery(ies).
- ☐ Manufacturer/product stickers identifying the devices and hardware implanted during the Additional Surgery. Only in the event product stickers are not available, please submit the electronic implant log from your Additional Surgery.
- ☐ Additional Surgery admission history, operative report, pathology reports, radiology or imaging reports, and discharge summary.
- ☐ Contemporaneous progress notes, lab results, and/or radiology or imaging reports from the treating orthopedic surgeon(s) relating to the hip(s) at issue for the time period from the Qualified Revision Surgery and/or Re-Revision Surgery and up to, including and following the subject Additional Surgery.

Notwithstanding the above description, the Claims Processor shall make all determinations regarding the awarding of Enhancements through the application of the express terms and requirements of the Master Settlement Agreement and any applicable decisions of the Claims Administrator. Medical Records must be annotated in a manner that will aid the Claims Processor in reviewing your claim (e.g. highlighting, flagging, bookmarking etc.). Pursuant to Section 3.3 of the Master Settlement Agreement, the Claims Processor has the ability to request additional information and/or documents as needed, including, but not limited to, medical authorizations. Per Section 3.2.1, no affidavits, expert reports, depositions, transcripts, or medical articles may be submitted in connection with a claim.

K. MATRIX LEVEL II(a): ADDITIONAL SURGERY - POST-REVISION FEMUR FRACTURE

This section relates only to **Matrix Level II(a) - Additional Surgery - Post-Revision Femur Fracture** and should be completed only if a Qualified Patient has undergone an Additional Surgery that meets the following criteria:

1. Following a Qualified Revision Surgery or Re-Revision Surgery, a Qualified Patient undergoes an additional surgery in the hip in which the Affected Product was removed to repair a femur fracture; and
2. The femur fracture **occurred within ninety (90) days** of a Qualified Revision Surgery or Re-Revision Surgery.
3. There will be a ten percent (10%) reduction to your Enhancement if you had a BMI of forty (40) or greater at the time of your Qualified Revision Surgery and a fifteen percent (15%) reduction if you had a BMI of fifty (50) or greater at the time of your Qualified Revision Surgery.
4. This Enhancement specifically **excludes** a surgery to repair an osteotomy created during a Qualified Revision Surgery or Re-Revision Surgery or an intra-operative femur fracture that was repaired (including with fixation as defined in Past Matrix Level I(b)) during a Qualified Revision Surgery or Re-Revision Surgery.

If the Patient is submitting claims for more than one (1) Additional Surgery - Post-Revision Femur Fracture, click below for additional sections. The **maximum** number of compensable Additional Surgeries - Post-Revision Femur Fracture under **Matrix Level II(a)** shall be **two (2)** per hip in which an Affected Product has been removed.

A Qualified Patient **shall receive only one (1) Enhancement** under Past Matrix Level II(a) **per Additional Surgery** (the greater of which applies), regardless of the number of Enhancements under Matrix Level II(a) that apply to that surgery.

A Qualified Patient who undergoes a surgical procedure that would qualify as a dislocation, Additional Surgery, and/or an Infection-related open surgical procedure may only receive **one (1)** Enhancement for that surgery, the greater of which applies.

Number of Additional Surgeries - Post Revision Femur Fractures for the Affected Hip for which you are submitting claims: 1 ☐ 2 ☐

Click here to add an additional Section K to your form: **Add Section**

1. Matrix Type: ☐ **Past** ☐ **Future** **2. Affected Hip:** ☐ **Left** ☐ **Right**

3. Date of the Qualified Revision Surgery or the last Re-Revision Surgery that preceded the Additional Surgery:

(mm/dd/yyyy)

4. Date of Additional Surgery at Issue:

(mm/dd/yyyy)

5. Date of Post-Revision Femur Fracture:

(mm/dd/yyyy)

6. Name of Hospital where Additional Surgery Occurred:

7. Hospital Address:

Street

City State Zip

8. Surgeon Name:

First M.I. Last

9. Surgeon Address:

Street

City State Zip

K. MATRIX LEVEL II(a): ADDITIONAL SURGERY - POST-REVISION FEMUR FRACTURE (CONTINUED)

REQUIRED SUBMISSIONS

When submitting an EBP Application for Enhancements that includes a Claim for Matrix Level II(a): Additional Surgery - Post-Revision Femur Fracture, a Qualified Patient must submit these documents if not already properly annotated and submitted with the Teal Enrollment Claim Form:

- ☐ Manufacturer/product stickers identifying the devices and hardware implanted during the Qualified Revision Surgery and/or Re-Revision Surgery(ies). Only in the event product stickers are not available, please submit the electronic implant log from your Revision Surgery and/or Re-Revision Surgery(ies).
- ☐ Manufacturer/product stickers identifying the devices and hardware implanted during the Additional Surgery. Only in the event product stickers are not available, please submit the electronic implant log from your Additional Surgery.
- ☐ Additional Surgery admission history, operative report, pathology reports, radiology or imaging reports, and discharge summary.
- ☐ Contemporaneous progress notes, lab results, and/or radiology or imaging reports from the treating orthopedic surgeon(s) relating to the hip(s) at issue for the time period from the Qualified Revision Surgery and/or Re-Revision Surgery and up to, including and following the subject Additional Surgery.
- ☐ Contemporaneous medical records establishing the date on which the post-revision femur fracture occurred and/or was diagnosed.
- ☐ Contemporaneous medical records demonstrating the patient's height, weight and/or BMI at or around the time of the Qualified Revision Surgery.

Notwithstanding the above description, the Claims Processor shall make all determinations regarding the awarding of Enhancements through the application of the express terms and requirements of the Master Settlement Agreement and any applicable decisions of the Claims Administrator. Medical Records must be annotated in a manner that will aid the Claims Processor in reviewing your claim (e.g. highlighting, flagging, bookmarking etc.). Pursuant to Section 3.3 of the Master Settlement Agreement, the Claims Processor has the ability to request additional information and/or documents as needed, including, but not limited to, medical authorizations. Per Section 3.2.1, no affidavits, expert reports, depositions, transcripts, or medical articles may be submitted in connection with a claim.

L. MATRIX LEVEL II(b): DISLOCATION

This section relates only to **Matrix Level II(b) - Dislocation** and should be completed only if a Qualified Patient meets the following criteria:

1. Experiences a dislocation of the prosthetic femoral head of the hip that underwent a Qualified Revision Surgery or Re-Revision Surgery; and
2. The dislocation is documented in contemporaneous medical records; and
3. First dislocation occurred **within 9 months** of the Qualified Revision Surgery or Re-Revision Surgery (whichever is later); and
4. The patient underwent a closed reduction, open reduction or an open reduction with conversion to a constrained component in a hospital as a result of the dislocation.
5. There will be a ten percent (10%) reduction to your Enhancement if you had a BMI of forty (40) or greater at the time of your Qualified Revision Surgery and a fifteen percent (15%) reduction if you had a BMI of fifty (50) or greater at the time of your Qualified Revision Surgery.

NOTE: If the Patient is submitting claims for more than one (1) dislocation or if the patient has multiple treating and diagnosing physicians and/or hospitals related to dislocation, click below for additional sections. The **maximum** number of compensable dislocations under **Matrix Level II(b)** shall be **three (3)** per hip in which an Affected Product has been removed, regardless of the method by which the dislocation events are managed. This Enhancement excludes those dislocations that were caused or precipitated by trauma as defined in Section 1.2.35.2 of the Master Settlement Agreement. If you underwent a separate surgery for conversion to a constrained component, you must complete Section J, not this Section. Additional limitations are listed in EBP Section II.b.iv.

A Qualified Patient who undergoes a surgical procedure that would qualify as a dislocation, Additional Surgery, and/or an Infection-related open surgical procedure may only receive **one (1)** Enhancement for that surgery, the greater of which applies.

Number of Dislocations for the Affected Hip for which you are submitting claims: 1 ☐ 2 ☐ 3 ☐

Click here to add an additional Section L to your form: **Add Section**

1. Matrix Type: ☐ **Past** ☐ **Future** **2. Affected Hip:** ☐ **Left** ☐ **Right**

3. Treatment Type (check one):

☐ **Closed Reduction**
☐ **Open Reduction *without* Conversion to a Constrained Component**
☐ **Open Reduction *with* Conversion to a Constrained Component**

4. Date of the Qualified Revision Surgery or the last Re-Revision Surgery that preceded the Subject Dislocation:

(mm/dd/yyyy)

5. Date of Dislocation at Issue:

(mm/dd/yyyy)

6. Date of Subject Dislocation-Related Procedure/Surgery:

(mm/dd/yyyy)

7. Did the Patient experience any trauma to the hip at issue after the Qualified Revision Surgery and before this dislocation?

☐ **Yes** ☐ **No**

If Yes, complete Item 8. If No, skip to Item 9.

8. If Yes, provide a brief explanation:

L. MATRIX LEVEL II(b): DISLOCATION (CONTINUED)

9. Name of Hospital where Dislocation was Diagnosed or Treated:

10. Hospital Address:

Street

City | State | Zip

11. Name of Diagnosing/ Treating Physician:

First | M.I. | Last

12. Diagnosing/ Treating Physician Address:

Street

City | State | Zip

REQUIRED SUBMISSIONS

When submitting an EBP Application for Enhancements that includes a Claim for Matrix Level II(b) - Dislocation, a Qualified Patient must submit these documents if not already properly annotated and submitted with the Teal Enrollment Claim Form:

- ☐ Qualified Revision Surgery and/or Re-Revision Surgery operative report and discharge summary.
- ☐ Manufacturer/product stickers identifying the devices and hardware implanted during the dislocation procedure. Only in the event product stickers are not available, please submit the electronic implant log from your dislocation procedure (if applicable).
- ☐ Admission history records, emergency room records, operative report, radiology or imaging reports, and discharge summary related to each dislocation.
- ☐ Contemporaneous progress notes, lab results, and/or radiology or imaging reports from the treating orthopedic surgeon(s) relating to the hip(s) at issue for the time period from the Qualified Revision Surgery and/or Re-Revision Surgery and up to, including and following the subject dislocation.
- ☐ Contemporaneous medical records demonstrating the patient's height, weight and/or BMI at or around the time of the Qualified Revision Surgery.

Notwithstanding the above description, the Claims Processor shall make all determinations regarding the awarding of Enhancements through the application of the express terms and requirements of the Master Settlement Agreement and any applicable decisions of the Claims Administrator. Medical Records must be annotated in a manner that will aid the Claims Processor in reviewing your claim (e.g. highlighting, flagging, bookmarking etc.). Pursuant to Section 3.3 of the Master Settlement Agreement, the Claims Processor has the ability to request additional information and/or documents as needed, including, but not limited to, medical authorizations. Per Section 3.2.1, no affidavits, expert reports, depositions, transcripts, or medical articles may be submitted in connection with a claim.

M. MATRIX LEVEL II(c): INFECTION-RELATED OPEN SURGICAL PROCEDURES

This section relates only to **Matrix Level II(c) - Infection-Related Open Surgical Procedures** and should be completed only if a Qualified Patient (i) was diagnosed with an Infection of the hip in which the Affected Product was removed **within nine (9) months** of a Qualified Revision Surgery, Re-Revision Surgery or Additional Surgery (as set forth in Past Matrix Level II(b)); (ii) provides contemporaneous Medical Records of same; and (iii) underwent one (1) or more of the following treatments for Infection that meet the following criteria:

1. **Irrigation & Debridement:** A surgery for irrigation and debridement of an infected surgical wound in the affected hip under general anesthesia that occurs **within ninety (90) days** of the diagnosis of the subject Infection; or

2. **Two-Stage Procedure:** Infection-related treatment commences **within ninety (90) days** of the diagnosis of the subject Infection and requires a two-stage procedure requiring removal of the **femoral head, acetabular shell and/or acetabular liner** of the affected hip under general anesthesia and subsequently returns to surgery for replacement of any previously removed components. In the event the **femoral stem** component implanted during your Qualified Revision Surgery or a Re-Revision Surgery is removed during the first stage of a covered Infection-related two-stage procedure, your Enhancement will issue under Matrix Level I(a) and **not** this matrix level.

NOTE: If the Patient is submitting claims for more than one (1) Infection-related open surgical procedure or if the patient has multiple treating and diagnosing physicians and/or hospitals, click below for additional sections. A Qualified Patient shall receive only **one (1)** Enhancement under **Matrix Level II(c) per covered Infection-Related Open Surgical Procedure** (the greater of which applies), regardless of the number of Enhancements under **Matrix Level II(c)** that apply to that surgery. A Qualified Patient can only receive **two (2) Matrix Level II(c) Enhancements for an Infection-Related Open Surgical Procedure**, regardless of the number of procedures claimed. **This Enhancement excludes infections that were diagnosed or suspected prior to or at the time of the Qualified Revision Surgery.** A Qualified Patient who undergoes a surgical procedure that would qualify as a dislocation, Additional Surgery, and/or an Infection-related open surgical procedure may only receive **one (1)** Enhancement for that surgery, the greater of which applies.

Number of Infection-Related Open Surgical Procedures for which you are submitting claims: 1 ☐ 2 ☐

Click here to add an additional Section M to your form: **Add Section**

1. Matrix Type: ☐ **Past** ☐ **Future**

PRIOR INFECTION HISTORY IN SUBJECT HIP

2. Have You Been Diagnosed with a Prior Infection in the Subject Hip? ☐ **Yes** ☐ **No**

3. Date of Prior Infection-Related Surgery and/or Treatment in the Subject Hip (if applicable):

(mm/dd/yyyy)

4. Name of Hospital where Prior Infection-Related Surgery and/or Treatment in the Subject Hip Took Place (if applicable):

5. Prior Hospital Address:

Street

City | State | Zip

6. Name of Prior Diagnosing/ Treating Physician:

First | M.I. | Last

M. MATRIX LEVEL II(c): INFECTION-RELATED OPEN SURGICAL PROCEDURES (CONTINUED)

7. Prior Diagnosing/ Treating Physician Address:

Street

City | State | Zip

EBP INFECTION CLAIM-RELATED INFORMATION

8. Type of Subject Infection-Related Open Surgical Procedure:

☐ **Irrigation & Debridement Under General Anesthesia**

Date of Subject Infection-Related Open Surgical Procedure:

(mm/dd/yyyy)

☐ **Two-Stage Procedure Under General Anesthesia**

Date of Subject First Stage Procedure: (mm/dd/yyyy)

Date of Subject Second Stage Procedure: (mm/dd/yyyy)

9. Date of the Qualified Revision Surgery or the last Re-Revision Surgery or Additional Surgery that immediately preceded the Subject Infection-Related Open Surgical Procedure:

(mm/dd/yyyy)

10. Date of Subject Infection Diagnosis:

(mm/dd/yyyy)

11. Was the Patient treated for or diagnosed with an Infection in the hip at issue between the time of the Index Surgery and the first Qualified Revision Surgery?

☐ **Yes** ☐ **No**

12. If you answered Yes to Question 11, provide the date(s) of treatment or diagnosis:

(mm/dd/yyyy) (mm/dd/yyyy) (mm/dd/yyyy)

13. Name of Hospital where Subject Infection-Related Open Surgical Procedure Took Place:

14. Subject Hospital Address:

Street

City | State | Zip

15. Name of Subject Diagnosing Physician:

First | M.I. | Last

M. MATRIX LEVEL II(c): INFECTION-RELATED OPEN SURGICAL PROCEDURES (CONTINUED)

16. Subject Diagnosing Physician Address:

Street

City | State | Zip

17. Name of Subject Surgeon:

First | M.I. | Last

18. Subject Surgeon Address:

Street

City | State | Zip

REQUIRED SUBMISSIONS

When submitting an EBP Application for Enhancements that includes a Claim for Matrix Level II(c) - Infection-Related Open Surgical Procedures, a Qualified Patient must submit these documents if not already properly annotated and submitted with the Teal Enrollment Claim Form:

- ☐ Manufacturer/product stickers identifying the devices and hardware implanted in the hip(s) at issue during the infection-related open surgical procedures. Only in the event product stickers are not available, please submit the electronic implant log from your infection-related open surgical procedures (if applicable).
- ☐ Admission history, operative report, pathology reports, emergency room records, radiology or imaging reports, and discharge summary related to each infection-related open surgical procedure for the hip(s) at issue, including all documents related to consultations by Infectious Disease.
- ☐ Contemporaneous progress notes, lab results, and/or radiology or imaging reports from the treating orthopedic surgeon(s) relating to the hip(s) at issue for the time period from the Qualified Revision Surgery and up to, including and following the subject infection-related open surgical procedure.
- ☐ Contemporaneous progress notes, lab results, and/or radiology or imaging reports from any other physician who treated the patient for an infection relating to the hip(s) at issue for the time period from the Qualified Revision Surgery and up to, including and following the subject infection-related open surgical procedure.
- ☐ Contemporaneous progress notes, lab results, and/or radiology or imaging reports, admission history, as well as any operative report, pathology or imaging report and discharge summary related to any infection-related treatment or diagnosis for the hip(s) at issue for the time period between the Index Surgery and the Qualified Revision Surgery.

Notwithstanding the above description, the Claims Processor shall make all determinations regarding the awarding of Enhancements through the application of the express terms and requirements of the Master Settlement Agreement and any applicable decisions of the Claims Administrator. Medical Records must be annotated in a manner that will aid the Claims Processor in reviewing your claim (e.g. highlighting, flagging, bookmarking etc.). Pursuant to Section 3.3 of the Master Settlement Agreement, the Claims Processor has the ability to request additional information and/or documents as needed, including, but not limited to, medical authorizations. Per Section 3.2.1, no affidavits, expert reports, depositions, transcripts, or medical articles may be submitted in connection with a claim.

N. MATRIX LEVEL II(c): INFECTION-RELATED NON-SURGICAL TREATMENT

This section relates only to **Matrix Level II(c) - Infection-Related Non-Surgical Treatment** and should be completed only if a Qualified Patient (i) was diagnosed with an Infection of the hip in which the Affected Product was removed **within nine (9) months** of a Qualified Revision Surgery, Re-Revision Surgery or Additional Surgery (as set forth in Past Matrix Level II(a)); (ii) provides contemporaneous Medical Records of same; and (iii) underwent one (1) or more of the following treatments for Infection that meet the following criteria:

1. **IV Antibiotic Treatment:** A Qualified Patient undergoes continuous intravenous antibiotic treatment for the affected hip at issue lasting at least **six (6) weeks or longer** that begins **within ninety (90) days** of the diagnosis of the subject Infection; **or**
2. **Wound Vac:** A Qualified Patient whose Infection-related treatment commences **within ninety (90) days** of the diagnosis of the subject infection and requires placement and continuous use of a wound vac in the affected hip; **or**
3. **Skilled Nursing:** A Qualified Patient whose Infection-related treatment commences **within ninety (90) days** of the diagnosis of the subject infection and requires continuous confinement in a skilled nursing facility related to Infection of the hip at issue for rehabilitation, wound care and/or intravenous antibiotic administration.

NOTE: If the Patient is submitting claims for more than one (1) Infection-Related Non-Surgical Treatment or if the patient has multiple treating and diagnosing physicians and/or hospitals, click below for additional sections. A Qualified Patient can only receive **two (2) Matrix Level II(c) Enhancements for an Infection-Related Non-Surgical Treatment**, regardless of the number of treatments claimed. **This Enhancement excludes infections that were diagnosed or suspected prior to or at the time of the Qualified Revision Surgery and/or treatment not related to an Infection.** A Qualified Patient who undergoes a surgical procedure that would qualify as a dislocation, Additional Surgery, and/or an Infection-related open surgical procedure may only receive **one (1)** Enhancement for that surgery, the greater of which applies.

Number of Infection-Related Non-Surgical Treatments for which you are submitting claims: 1 ☐ 2 ☐

Click here to add an additional Section N to your form:

Add Section

1. Matrix Type: ☐ **Past** ☐ **Future**

PRIOR INFECTION HISTORY IN SUBJECT HIP

2. Have You Been Diagnosed with a Prior Infection in the Subject Hip? ☐ **Yes** ☐ **No**

3. Date of Prior Infection-Related Non-Surgical Treatment (if applicable):

(mm/dd/yyyy)

4. Name of Prior Hospital where Prior Infection was Diagnosed or Treated:

5. Prior Hospital Address:

Street

City | State | Zip

6. Name of Prior Diagnosing/ Treating Physician:

First | M.I. | Last

N. MATRIX LEVEL II(c): INFECTION-RELATED NON-SURGICAL TREATMENT (CONTINUED)

7. Prior Diagnosing/ Treating Physician Address:

Street

City State Zip

EBP INFECTION CLAIM-RELATED INFORMATION

8. Type of Subject Infection-Related Non-Surgical Treatment:

- ☐ Intravenous antibiotic treatment lasting 6 weeks or longer.
- ☐ Placement and continuous use of a wound vac.

(If applicable, please check one of the below four (4) boxes):

- ☐ Confinement to a skilled nursing facility for greater than 15 days.
- ☐ Confinement to a skilled nursing facility for greater than 30 days.
- ☐ Confinement to a skilled nursing facility for greater than 45 days.
- ☐ Confinement to a skilled nursing facility for greater than 60 days.

9. Date Subject Infection-Related Non-Surgical Treatment commenced:

(mm/dd/yyyy)

10. Date of the Qualified Revision Surgery or the last Re-Revision Surgery or Additional Surgery that immediately preceded the Subject Infection-Related Non-Surgical Treatment:

(mm/dd/yyyy)

11. Date of Subject Infection Diagnosis:

(mm/dd/yyyy)

12. Was the Patient treated for or diagnosed with an Infection in the hip at issue between the time of the Index Surgery and the first Qualified Revision Surgery?

☐ Yes ☐ No

13. If you answered Yes to Question 12, provide the date(s) of treatment or diagnosis:

(mm/dd/yyyy) (mm/dd/yyyy) (mm/dd/yyyy)

14. Name of Hospital where Subject Infection was Diagnosed or Treated:

15. Subject Hospital Address:

Street

City State Zip

16. Name of Subject Diagnosing Physician:

First M.I. Last

N. MATRIX LEVEL II(c): INFECTION-RELATED NON-SURGICAL TREATMENT (CONTINUED)

17. Subject Diagnosing Physician Address:

Street

City State Zip

If you were confined to a skilled nursing facility, please provide the following information:

18. Name of Nursing Facility:

19. Address of Nursing Facility:

Street

City State Zip

REQUIRED SUBMISSIONS

When submitting an EBP Application for Enhancements that includes a Claim for Matrix Level II(c) - Infection-Related Non-Surgical Treatment, a Qualified Patient must submit these documents if not already properly annotated and submitted with the Teal Enrollment Claim Form:

- ☐ Admission history, operative report, pathology reports, radiology or imaging reports, and discharge summary related to each infection-related non-surgical treatment for the hip(s) at issue, including all documents related to consultations by Infectious Disease.
- ☐ Contemporaneous progress notes, lab results, and/or radiology or imaging reports from the treating orthopedic surgeon(s) relating to the hip(s) at issue for the time period from the Qualified Revision Surgery and following the subject infection-related non-surgical treatment.
- ☐ Contemporaneous progress notes, lab results, and/or radiology or imaging reports from any other physician who treated the patient for an infection relating to the hip(s) at issue for the time period from the Qualified Revision Surgery and following the subject infection-related non-surgical treatment.
- ☐ Proof of use and duration of intravenous antibiotics for the hip(s) at issue (if applicable).
- ☐ Proof of placement and continuous use of a wound vac in the hip(s) at issue following a covered infection-related open surgical procedure (if applicable).
- ☐ Contemporaneous admission history, progress notes and discharge summary from skilled nursing facility relating to the hip(s) at issue (if applicable).
- ☐ Contemporaneous progress notes, lab results, and/or radiology or imaging reports, admission history, as well as any operative report, pathology or imaging report and discharge summary related to any infection-related treatment or diagnosis for the hip(s) at issue for the time period between the Index Surgery and the Qualified Revision Surgery.

Notwithstanding the above description, the Claims Processor shall make all determinations regarding the awarding of Enhancements through the application of the express terms and requirements of the Master Settlement Agreement and any applicable decisions of the Claims Administrator. Medical Records must be annotated in a manner that will aid the Claims Processor in reviewing your claim (e.g. highlighting, flagging, bookmarking etc.). Pursuant to Section 3.3 of the Master Settlement Agreement, the Claims Processor has the ability to request additional information and/or documents as needed, including, but not limited to, medical authorizations. Per Section 3.2.1, no affidavits, expert reports, depositions, transcripts, or medical articles may be submitted in connection with a claim.

O. MATRIX LEVEL II(d): FOOT DROP

This section relates only to **Matrix Level II(d) - Foot Drop** and should be completed only if a Qualified Patient has suffered an injury to the peroneal nerve as a result of the Qualified Revision Surgery or a Re-Revision Surgery resulting in the inability to lift the front part of the foot, was diagnosed during the hospitalization for the Qualified Revision Surgery or Re-Revision Surgery and the following criteria have been met:

1. The foot drop is manifested through objective physical examination during the hospitalization for the Qualified Revision Surgery or Re-Revision Surgery, as documented in contemporaneous medical records; and
2. The foot drop is in the hip in which the Affected Product was removed; and
3. The foot drop is ultimately diagnosed as a peroneal nerve injury and persists for more than 90 days but less than 365 days after the Qualified Revision Surgery or a Re-Revision Surgery; **or**
4. The foot drop is ultimately diagnosed as a peroneal nerve injury and persists for 365 days or more after the Qualified Revision Surgery or a Re-Revision Surgery, and you satisfy the additional requirements as set forth in Matrix Level II(d).

NOTE: If the Patient has multiple treating and diagnosing physicians and/or hospitals, click below for additional sections. A Qualified Patient can receive only **one (1) Matrix Level II(d)** Enhancement due to Foot Drop, regardless of the number of instances of Foot Drop. A Qualified Patient who qualifies for two (2) Enhancements under **Matrix Level II(d)** will receive the greater of the two (2) Enhancements. This Enhancement **excludes** foot drops that occur prior to the Index Surgery and/or the Qualified Revision Surgery.

Click here to add an additional Section O to your form: **Add Section**

1. Matrix Type: ☐ **Past** ☐ **Future** **2. Affected Hip:** ☐ **Left** ☐ **Right**

PRIOR FOOT DROP HISTORY IN SUBJECT HIP

3. Have You Been Diagnosed with a Prior Foot Drop in the Subject Hip? ☐ **Yes** ☐ **No**

4. Prior Foot Drop Date of Diagnosis (if applicable):

(mm/dd/yyyy)

5. Name of Hospital where Prior Foot Drop was Diagnosed or Treated:

6. Hospital Address:

Street

City State Zip

7. Name of Prior Foot Drop Diagnosing/ Treating Physician:

8. Diagnosing/ Treating Physician Address:

Street

City State Zip

O. MATRIX LEVEL II(d): FOOT DROP (CONTINUED)

EBP FOOT DROP CLAIM-RELATED INFORMATION

9. Date of Subject Foot Drop Diagnosis:

(mm/dd/yyyy)

10. Does the Subject Foot Drop continue to manifest?

☐ Yes ☐ No

If No, complete Item 11. If Yes, skip to Item 12.

11. If No, Provide the Date of the Last Manifestation:

(mm/dd/yyyy)

12. Does the Subject Foot Drop require continued use of assistive devices? ☐ Yes ☐ No

13. Did the Subect Foot Drop cause you to undergo an amputation? ☐ Yes ☐ No

14. Name of Hospital where the Subject Foot Drop was Diagnosed or Treated:

15. Hospital Address:

Street

City State Zip

16. Name of Diagnosing/ Treating Physician:

First M.I. Last

17. Diagnosing/ Treating Physician Address:

Street

City State Zip

O. MATRIX LEVEL II(d): FOOT DROP (CONTINUED)

REQUIRED SUBMISSIONS

When submitting an EBP Application for Enhancements that includes a Claim for Matrix Level II(d) - Foot Drop, a Qualified Patient must submit these documents if not already properly annotated and submitted with the Teal Enrollment Claim Form:

- ☐ Contemporaneous medical records from the hospitalization of the Qualified Revision Surgery or Re-Revision Surgery that document the manifestation of a foot drop through objective physical examination.
- ☐ Contemporaneous medical records of the treating surgeon and/or physician who diagnosed and/or managed the foot drop and peroneal nerve injury, including proof of use of covered assistive devices as set forth in Matrix Level II(d) (including use of a brace (also known as “ankle foot orthosis” or “AFO”)).
- ☐ Contemporaneous medical records demonstrating that the foot drop continued to manifest for 90 days (or, if applicable, 365 days) after the subject Qualified Revision Surgery or Re-Revision Surgery, including proof of use of covered assistive devices as set forth in Matrix Level II(d) (including use of a brace (also known as “ankle foot orthosis” or “AFO”)).
- ☐ Admission history, operative report, radiology or imaging reports, and discharge summary related to the amputation surgery (if applicable).
- ☐ Contemporaneous medical records, including but not limited to orthopedic progress notes establishing the patient’s mobility before the surgery that preceded the manifestation of the subject foot drop.
- ☐ Contemporaneous medical records, including but not limited to orthopedic progress notes, relating to any foot drop that pre-existed the subject foot drop.

Notwithstanding the above description, the Claims Processor shall make all determinations regarding the awarding of Enhancements through the application of the express terms and requirements of the Master Settlement Agreement and any applicable decisions of the Claims Administrator. Medical Records must be annotated in a manner that will aid the Claims Processor in reviewing your claim (e.g. highlighting, flagging, bookmarking etc.). Pursuant to Section 3.3 of the Master Settlement Agreement, the Claims Processor has the ability to request additional information and/or documents as needed, including, but not limited to, medical authorizations. Per Section 3.2.1, no affidavits, expert reports, depositions, transcripts, or medical articles may be submitted in connection with a claim.

P. MATRIX LEVEL II(e): PULMONARY EMBOLISM (PE) OR DEEP VEIN THROMBOSIS (DVT)

This section relates only to **Matrix Level II(e) - PE or DVT** and should be completed only if a Qualified Patient suffers either a pulmonary embolism ("PE") (an obstruction of an artery in the lungs caused by a blood clot), or deep vein thrombosis ("DVT") (condition in which a blood clot forms in one (1) or more of the veins in the legs or pelvis) that meets the following criteria:

1. The PE or DVT was diagnosed either (i) during the hospitalization for the Qualified Revision Surgery or Covered Open Surgical Procedure Under General Anesthesia; or (ii) within seventy-two (72) hours of a Qualified Revision Surgery or Covered Open Surgical Procedure Under General Anesthesia, whichever is later; **and**

2. The Qualified Patient required additional hospitalization for treatment of the PE or DVT.

NOTE: If the Patient is submitting claims for more than one (1) PE or DVT or if the Patient has multiple treating and diagnosing physicians and/or hospitals, click below for additional sections. The **maximum** number of compensable PEs and/or DVTs under **Matrix Level II(e)** shall be **two (2)**.

A Qualified Patient shall receive only **one (1)** PE or DVT **per Qualified Revision Surgery or Covered Open Surgical Procedure Under General Anesthesia** (the greater of which applies), regardless of the number of Enhancements under Matrix Level II(e) that apply to that surgery.

Number of PE or DVT for which you are submitting claims: 1 ☐ 2 ☐

Click here to add an additional Section P to your form: **Add Section**

1. Matrix Type: ☐ **Past** ☐ **Future**

2. Complication Type: ☐ **Pulmonary Embolism** ☐ **Deep Vein Thrombosis**

3. Date of the Qualified Revision Surgery or Covered Open Surgical Procedure Under General Anesthesia related to the Subject PE or DVT:

(mm/dd/yyyy)

4. Date of Subject PE or DVT Diagnosis:

(mm/dd/yyyy)

5. Name of Hospital where Subject PE or DVT was Diagnosed or Treated:

6. Hospital Address:

Street

City State Zip

7. Name of Diagnosing/ Treating Physician:

First M.I. Last

P. MATRIX LEVEL II(e): PULMONARY EMBOLISM (PE) OR DEEP VEIN THROMBOSIS (DVT) (CONTINUED)

8. Diagnosing/ Treating Physician Address:

Street

City | State | Zip

REQUIRED SUBMISSIONS

When submitting an EBP Application for Enhancements that includes a Claim for Matrix Level II(e) - PE or DVT, a Qualified Patient must submit these documents if not already properly annotated and submitted with the Teal Enrollment Claim Form:

☐ Contemporaneous medical records of the treating physician who diagnosed and/or treated each PE and/or DVT.

☐ Admission history, operative report, lab reports, radiology or imaging reports, and discharge summary related to the Qualified Revision Surgery or Covered Open Surgical Procedure Under General Anesthesia that precipitated the PE and/or DVT.

Notwithstanding the above description, the Claims Processor shall make all determinations regarding the awarding of Enhancements through the application of the express terms and requirements of the Master Settlement Agreement and any applicable decisions of the Claims Administrator. Medical Records must be annotated in a manner that will aid the Claims Processor in reviewing your claim (e.g. highlighting, flagging, bookmarking etc.). Pursuant to Section 3.3 of the Master Settlement Agreement, the Claims Processor has the ability to request additional information and/or documents as needed, including, but not limited to, medical authorizations. Per Section 3.2.1, no affidavits, expert reports, depositions, transcripts, or medical articles may be submitted in connection with a claim.

Q. MATRIX LEVEL III: MYOCARDIAL INFARCTION

This section relates only to **Matrix Level III - Myocardial Infarction** and should be completed only if a Qualified Patient has suffered a myocardial infarction (i) during the Qualified Revision Surgery or Covered Open Surgical Procedure Under General Anesthesia; (ii) during the hospitalization for the Qualified Revision Surgery or Covered Open Surgical Procedure Under General Anesthesia; or (iii) within seventy-two (72) hours of a Qualified Revision Surgery or Covered Open Surgical Procedure Under General Anesthesia, whichever is later. A Qualified Patient will receive an Enhancement under this section based upon (a) the pre- and post-myocardial infarction change in Functional Classification (as defined by the New York Heart Association) and (b) the Qualified Patient's age on the date of the myocardial infarction.

There will be a ten percent (10%) reduction to your Enhancement if you had a BMI of forty (40) or greater at the time of your Index Surgery and a fifteen percent (15%) reduction if you had a BMI of fifty (50) or greater at the time of your Index Surgery. There will be a five percent (5%) reduction of your Enhancement if you had a current smoker status at the time of the Qualified Revision Surgery.

NOTE: If the Patient has multiple treating and diagnosing physicians and/or hospitals, click below for additional sections. A Qualified Patient can receive only **one (1)** Matrix Level III Enhancement due to Myocardial Infarction.

Click here to add an additional Section Q to your form: **Add Section**

1. Matrix Type: ☐ **Past** ☐ **Future**

PRIOR MYOCARDIAL INFARCTION HISTORY

2. Have You Been Diagnosed with a Myocardial Infarction Prior to the Subject Myocardial Infarction? ☐ **Yes** ☐ **No**

3. Date of the Prior Myocardial Infarction (if applicable):

(mm/dd/yyyy)

4. Name of Hospital where the Prior Myocardial Infarction was Diagnosed and/or Treated:

5. Hospital Address:

Street

City | State | Zip

6. Name of Diagnosing/Treating Cardiologist or Cardiothoracic Surgeon:

First | M.I. | Last

7. Diagnosing/Treating Cardiologist or Cardiothoracic Surgeon Address:

Street

City | State | Zip

Q. MATRIX LEVEL III: MYOCARDIAL INFARCTION (CONTINUED)

EBP MYOCARDIAL INFARCTION CLAIM-RELATED INFORMATION

8. Date of the Subject Myocardial Infarction:

(mm/dd/yyyy)

9. Date of Qualified Revision Surgery or Covered Open Surgical Procedure Under General Anesthesia that Precipitated the Subject Myocardial Infarction:

(mm/dd/yyyy)

10. Date of Discharge from Surgery:

(mm/dd/yyyy)

11. Was the patient a smoker around the time of the Qualified Revision Surgery? ☐ Yes ☐ No

12. New York Heart Association Functional Class Symptoms BEFORE the Subject Myocardial Infarction (check one):

☐ Class I ☐ Class II ☐ Class III ☐ Class IV ☐ N/A

13. New York Heart Association Functional Class Symptoms AFTER the Subject Myocardial Infarction (check one):

☐ Class I ☐ Class II ☐ Class III ☐ Class IV

14. Name of Hospital where the Subject Myocardial Infarction was Diagnosed and/or Treated:

15. Hospital Address:

Street

City State Zip

16. Name of Diagnosing/Treating Cardiologist or Cardiothoracic Surgeon:

First M.I. Last

17. Diagnosing/Treating Cardiologist or Cardiothoracic Surgeon Address:

Street

City State Zip

Q. MATRIX LEVEL III: MYOCARDIAL INFARCTION (CONTINUED)

REQUIRED SUBMISSIONS

When submitting an EBP Application for Enhancements that includes a Claim for Matrix Level III - Myocardial Infarction, a Qualified Patient must submit these documents if not already properly annotated and submitted with the Teal Enrollment Claim Form:

- ☐ Contemporaneous medical records of the treating surgeon(s) who performed each Qualified Revision Surgery and/or Covered Open Surgical Procedure Under General Anesthesia that precipitated the myocardial infarction.
- ☐ Contemporaneous medical records of the physicians, including but not limited to cardiologist(s) and/or cardiothoracic surgeon(s), who diagnosed and treated the myocardial infarction.
- ☐ Contemporaneous medical records of the patient's general practitioner around the time of the subject myocardial infarction.
- ☐ Admission history, operative report, radiology/imaging/diagnostic reports, and discharge summary related to the Qualified Revision Surgery or Covered Open Surgical Procedure Under General Anesthesia that precipitated the myocardial infarction.
- ☐ Admission history, operative report, emergency room records, radiology/imaging/diagnostic reports, and discharge summary related to the myocardial infarction (if different from above).
- ☐ All contemporaneous cardiology records from the Index Surgery to the present.
- ☐ Contemporaneous medical records establishing the patient's pre- and post-myocardial infarction change in Functional Classification (as defined by the New York Heart Association).
- ☐ Contemporaneous medical records demonstrating the patient's height, weight, and/or BMI at or around the time of the Index Surgery.
- ☐ Contemporaneous medical records demonstrating whether the patient had an active smoking status at or around the time of the Qualified Revision Surgery.

Notwithstanding the above description, the Claims Processor shall make all determinations regarding the awarding of Enhancements through the application of the express terms and requirements of the Master Settlement Agreement and any applicable decisions of the Claims Administrator. Medical Records must be annotated in a manner that will aid the Claims Processor in reviewing your claim (e.g. highlighting, flagging, bookmarking etc.). Pursuant to Section 3.3 of the Master Settlement Agreement, the Claims Processor has the ability to request additional information and/or documents as needed, including, but not limited to, medical authorizations. Per Section 3.2.1, no affidavits, expert reports, depositions, transcripts, or medical articles may be submitted in connection with a claim.

R. MATRIX LEVEL IV: STROKE

This section relates only to **Matrix Level IV - Stroke** and should be completed only if a Qualified Patient has suffered a stroke (i) during the Qualified Revision Surgery or Covered Open Surgical Procedure Under General Anesthesia; (ii) during the hospitalization for the Qualified Revision Surgery or Covered Open Surgical Procedure Under General Anesthesia; or (iii) within seventy-two (72) hours of a Qualified Revision Surgery or Covered Open Surgical Procedure Under General Anesthesia. An Enhancement under this section shall be based upon (a) the American Heart Association Stroke Outcome Classification and (b) the age of the patient on the date of the stroke according to the EBP Award Schedule. A transient ischemic attack ("TIA") is not a stroke for purposes of **Matrix Level IV - Stroke**.

There will be a ten percent (10%) reduction to your Enhancement if you had a BMI of forty (40) or greater at the time of your Index Surgery and a fifteen percent (15%) reduction if you had a BMI of fifty (50) or greater at the time of your Index Surgery. There will be a five percent (5%) reduction to your Enhancement if you had a current smoker status at the time of the Qualified Revision Surgery.

NOTE: If the Patient has multiple treating and diagnosing physicians and/or hospitals, click below for additional sections. A Qualified Patient may receive only **one (1) Matrix Level IV** Enhancement, regardless of the number or types of strokes suffered.

Click here to add an additional Section R to your form: **Add Section**

1. Matrix Type: ☐ **Past** ☐ **Future**

PRIOR STROKE HISTORY

2. Have You Been Diagnosed with a Stroke Prior to the Subject Stroke? ☐ **Yes** ☐ **No**

3. Date of the Prior Stroke (if applicable):

(mm/dd/yyyy)

4. Name of Hospital where the Prior Stroke was Diagnosed and/or Treated:

5. Hospital Address:

Street

City State Zip

6. Name of Diagnosing/Treating Cardiologist or Cardiothoracic Surgeon:

First M.I. Last

7. Diagnosing/Treating Cardiologist or Cardiothoracic Surgeon Address:

Street

City State Zip

R. MATRIX LEVEL IV: STROKE (CONTINUED)

EBP STROKE CLAIM-RELATED INFORMATION

8. Date of the Subject Stroke:

(mm/dd/yyyy)

9. Date of Qualified Revision Surgery or Covered Open Surgical Procedure Under General Anesthesia that Precipitated the Subject Stroke:

(mm/dd/yyyy)

10. Date of Discharge from Surgery:

(mm/dd/yyyy)

11. Was the patient a smoker around the time of the Qualified Revision Surgery?

☐ Yes ☐ No

12. American Heart Association Stroke Outcome Classification (check one):

☐ Level I ☐ Level II ☐ Level III ☐ Level IV ☐ Level V

13. Name of Hospital where the Subject Stroke was Diagnosed and/or Treated:

14. Hospital Address:

Street

City State Zip

15. Name of Diagnosing/ Treating Physician:

First M.I. Last

16. Diagnosing/ Treating Physician Address:

Street

City State Zip

R. MATRIX LEVEL IV: STROKE (CONTINUED)

REQUIRED SUBMISSIONS

When submitting an EBP Application for Enhancements that includes a Claim for Matrix Level IV - Stroke, a Qualified Patient must submit these documents if not already properly annotated and submitted with the Teal Enrollment Claim Form:

- ☐ Contemporaneous medical records of the treating surgeon(s) who performed each Qualified Revision Surgery and/or Covered Open Surgical Procedure Under General Anesthesia that precipitated the stroke.
- ☐ Contemporaneous medical records of all physicians, including but not limited to the cardiologist(s), cardiothoracic surgeon(s), pulmonologist(s) and/or neurologist(s) who diagnosed and treated the stroke.
- ☐ Contemporaneous medical records of the patient's general practitioner around the time of the subject stroke.
- ☐ Admission history, operative report, radiology/imaging/diagnostic reports, and discharge summary related to the Qualified Revision Surgery or Covered Open Surgical Procedure Under General Anesthesia that precipitated the stroke.
- ☐ Admission history, operative report, emergency room reports, radiology/imaging/diagnostic reports, and discharge summary related to the stroke (if different from above).
- ☐ All contemporaneous cardiology records from the index surgery to present.
- ☐ Contemporaneous medical records establishing the patient's American Heart Association Stroke Outcome Classification.
- ☐ Contemporaneous medical records demonstrating the patient's height, weight and/or BMI at or around the time of the Index Surgery.
- ☐ Contemporaneous medical records demonstrating whether the patient had an active smoking status at or around the time of the Qualified Revision Surgery.

Notwithstanding the above description, the Claims Processor shall make all determinations regarding the awarding of Enhancements through the application of the express terms and requirements of the Master Settlement Agreement and any applicable decisions of the Claims Administrator. Medical Records must be annotated in a manner that will aid the Claims Processor in reviewing your claim (e.g. highlighting, flagging, bookmarking etc.). Pursuant to Section 3.3 of the Master Settlement Agreement, the Claims Processor has the ability to request additional information and/or documents as needed, including, but not limited to, medical authorizations. Per Section 3.2.1, no affidavits, expert reports, depositions, transcripts, or medical articles may be submitted in connection with a claim.

S. MATRIX LEVEL V: RELATED DEATH

This section relates only to **Matrix Level V - Death** and should be completed only if a Patient has died (i) during the Qualified Revision Surgery or Covered Open Surgical Procedure Under General Anesthesia; or (ii) during the hospitalization for the Qualified Revision Surgery or Covered Open Surgical Procedure Under General Anesthesia.

There will be a ten percent (10%) reduction to your Enhancement if you had a BMI of forty (40) or greater at the time of your Index Surgery and a fifteen percent (15%) reduction if you had a BMI of fifty (50) or greater at the time of your Index Surgery. There will be a five percent (5%) reduction to your Enhancement if you had a current smoker status around the time of the Qualified Revision Surgery.

A Qualified Patient who qualifies for this Enhancement cannot receive any other Enhancement for any other purpose under this Settlement Program. A Qualified Patient who dies after discharge from the Qualified Revision Surgery or Covered Open Surgical Procedure Under General Anesthesia, including but limited to discharge to a rehabilitation and/or a skilled nursing facility, are not eligible for this Enhancement.

1. Matrix Type: ☐ **Past** ☐ **Future**

2. Date of Patient's Death:

(mm/dd/yyyy)

3. Date of the Qualified Revision Surgery or Covered Open Surgical Procedure Under General Anesthesia that Precipitated Patient's Death:

(mm/dd/yyyy)

4. Was the patient a smoker around the time of the Qualified Revision Surgery?

☐ **Yes** ☐ **No**

5. Name of Hospital where the Qualified Revision Surgery or Covered Open Surgical Procedure Under General Anesthesia that Precipitated Patient's Death Occurred:

6. Hospital Address:

Street

City | State | Zip

7. Name of Hospital where Patient's Death Occurred:

8. Hospital Address:

Street

City | State | Zip

9. Cause of Patient's Death as per Death Certificate:

10. Marital Status at the Time of Patient's Death:

☐ **Married** ☐ **Divorced** ☐ **Separated** ☐ **Widowed** ☐ **Single**

If Married, complete Items 11-16, where applicable.
If Separated, Divorced, or Widowed, complete Items 11-12, where applicable.
If Single, skip to Item 17.

S. MATRIX LEVEL V: RELATED DEATH (CONTINUED)

11. Date of Marriage:

(mm/dd/yyyy)

12. Date of Separation or Divorce (if applicable):

(mm/dd/yyyy)

13. Spouse Name:

First M.I. Last

14. Spouse Address:

Street

City State Zip Country

15. Spouse Social Security Number:

16. Spouse Date of Birth:

(mm/dd/yyyy)

17. Did the Patient have biological or adopted children who were living at the time of death?

☐ **Yes** ☐ **No**

If Yes, make a copy of Items 18-21 for each surviving child and answer the necessary questions.
If No, skip to Item 22.

18. Child Name:

First M.I. Last

19. Child Address:

Street

City State Zip Country

20. Child Social Security Number:

21. Child Date of Birth:

(mm/dd/yyyy)

Add Additional Child

Provide the necessary information for the Patient's Biological or Adoptive Parents that were Alive at the Time of the Patient's Death in Questions 22 through 29.
If neither of the Patient's Parents were alive at the time of the Patient's Death, skip to Question 30.

22. Parent 1 Name:

First M.I. Last

23. Parent 1 Address:

Street

City State Zip Country

S. MATRIX LEVEL V: RELATED DEATH (CONTINUED)

24. Parent 1 Social Security Number:

25. Parent 1 Date of Birth:

(mm/dd/yyyy)

26. Parent 2 Name:

First M.I. Last

27. Parent 2 Address:

Street

City State Zip Country

28. Parent 2 Social Security Number:

29. Parent 2 Date of Birth:

(mm/dd/yyyy)

30. Summary of Claim:

S. MATRIX LEVEL V: RELATED DEATH (CONTINUED)

REQUIRED SUBMISSIONS

When submitting an EBP Application for Enhancements that includes a Claim for Matrix Level V - Death, a Qualified Patient must submit these documents if not already properly annotated and submitted with the Teal Enrollment Claim Form:

- ☐ Contemporaneous medical records of the treating surgeon who performed the Qualified Revision Surgery or Covered Open Surgical Procedure Under General Anesthesia that you believe resulted in death.
- ☐ Contemporaneous medical records, including admission history, discharge summaries, operative report, radiology/imaging/diagnostic reports, and pathology reports pertaining to the Qualified Revision Surgery or Covered Open Surgical Procedure Under General Anesthesia that you believe resulted in death.
- ☐ Contemporaneous medical records, including admission history, discharge summaries, operative report, radiology/imaging/diagnostic reports, and pathology reports for the hospitalization (if different from above) leading up to the patient's death.
- ☐ Contemporaneous medical records of the patient's general practitioner around the time of the patient's death.
- ☐ Copy of death certificate.
- ☐ Copy of autopsy findings (if applicable).
- ☐ Documentation confirming spouse (e.g. a photocopy of the marriage certificate, or the spouse's social security card or driver's license)(if applicable).
- ☐ Documentation confirming adult child (e.g. a photocopy of his/her birth certificate, social security card, or driver's license) (if applicable).
- ☐ Documentation confirming a minor child (e.g. a photocopy of his/her birth certificate, social security card, or driver's license) (if applicable).
- ☐ Documentation confirming surviving parent (natural or adoptive).
- ☐ Documentation confirming parent/child adoption (if applicable).
- ☐ Contemporaneous medical records demonstrating the patient's height, weight and/or BMI at or around the time of the Index Surgery.
- ☐ Contemporaneous medical records demonstrating whether the patient had an active smoking status at or around the time of the Qualified Revision Surgery.

Notwithstanding the above description, the Claims Processor shall make all determinations regarding the awarding of Enhancements through the application of the express terms and requirements of the Master Settlement Agreement and any applicable decisions of the Claims Administrator. Medical Records must be annotated in a manner that will aid the Claims Processor in reviewing your claim (e.g. highlighting, flagging, bookmarking etc.). Pursuant to Section 3.3 of the Master Settlement Agreement, the Claims Processor has the ability to request additional information and/or documents as needed, including, but not limited to, medical authorizations. Per Section 3.2.1, no affidavits, expert reports, depositions, transcripts, or medical articles may be submitted in connection with a claim.

T. CERTIFICATION BY CLAIMANT

I certify that all of the information provided in and with this Enhancements Benefit Program Application is true and correct to the best of my knowledge, information and belief. I understand that I have the obligation to update the Claims Processor if any information provided in this Enhancements Benefit Program Application changes after it is submitted. I further certify that by participating in this Stryker ABG II/ Rejuvenate Modular-Neck Hip Stem Settlement Program, I agree to abide by the terms of the Agreement and I agree to provide certain additional information and/or documents that the Claims Processor deems necessary to review my claim. If I qualify for a Settlement Award Payment pursuant to the terms of the Agreement, I authorize such Settlement Award Payment to be made to my Counsel identified as my Primary Law Firm in trust for me in accordance with the Agreement, if applicable.

Claimant's Signature: **Date:** (mm/dd/yyyy)

Printed Name:

First M.I. Last

U. COUNSEL SIGNATURE

Counsel's Signature: **Date:** (mm/dd/yyyy)

Printed Name:

First M.I. Last