

**Stryker Modular Hip Settlement**  
c/o GCG

**Claims Processor**  
P.O. Box 10130

Dublin, OH 43017-3130

Toll Free: 1-855-382-6404

[www.StrykerModularHipSettlement.com](http://www.StrykerModularHipSettlement.com)

**STRYKER**



### **NOTICE OF APPEAL**

To appeal an Enrollment Award Determination or Notice of Denial, this Notice of Appeal form must be filed with the Claims Processor by the Settlement Program Claimant or his/her Legal Representative (if unrepresented) or the Settlement Program Claimant's Principal Responsible Attorney (if represented). Pursuant to Section 5.1.4.1 of the Master Settlement Agreement, you cannot submit any new or additional evidence in connection with an appeal. If a Settlement Program Claimant or Principle Responsible Attorney does not file an appeal within thirty (30) days of the date of the Enrollment Award Determination or Notice of Denial, the determination is **final, binding, and Non-Appealable** pursuant to Section 5.2.6 of the Master Settlement Agreement.

**THIS COMPLETED NOTICE OF APPEAL FORM MUST BE FILED WITH THE CLAIMS PROCESSOR WITHIN THIRTY (30) DAYS OF EITHER THE ENROLLMENT AWARD DETERMINATION OR NOTICE OF DENIAL.**

#### **A. Settlement Program Claimant Information**

**1. Patient ID:**

**2. Program Type:**

- Qualified Revision Surgery
- Covered Unrevised, Infirm Patient
- Enhancements Benefit Program

**3. Name:**

First

M.I.

Last

**4. Current Address:**

Street

City

State

Zip

**5. Telephone Number**

(If Not Represented by an Attorney):

**6. Email Address**

(If Not Represented by an Attorney):



7. Does the Settlement Program Claimant have a Legal Representative?  Yes  No

8. Reason for Legal Representative?  Claimant is Deceased  Claimant is Incapacitated

9. Legal Representative's Relationship to Claimant\*:

Estate  Executor  Administrator  Guardian  Conservator  Other

(specify)

\*Unless previously provided to the Claims Processor, Court Approval or Other Legal Authorization to represent the Settlement Program Claimant must be attached to this Notice of Appeal.

10. Legal Representative's Name:

First

M.I.

Last

11. Current Address:

Street

City

State

Zip

Country

12. Legal Representative's Telephone Number  
(If Not Represented by an Attorney):

13. Legal Representative's Email Address  
(If Not Represented by an Attorney):

**B. Principal Responsible Attorney Information**

14. Is this Notice of Appeal being filed by the Settlement Program Claimant's Principal Responsible Attorney?

Yes  No

15. Principal Responsible Attorney:

First

M.I.

Last

Firm Name

16. Current Address:

Street

City

State

Zip

Country

17. Telephone Number:

18. Fax Number:

19. Email Address:



20. Date of Enrollment Award Determination or Notice of Denial:

21. Please provide a brief explanation for the basis of your appeal (2000 Character Limit):

You must submit the completed Notice of Appeal to the Claims Processor **within thirty (30) days of the date of the Enrollment Award Determination or Notice of Denial.** along with a copy of the Enrollment Award Determination or Notice of Denial, in one of the following ways:

1. Upload the Notice of Appeal on the Online Portal on the Settlement Program's website, [www.StrykerModularHipSettlement.com](http://www.StrykerModularHipSettlement.com). In order to login, you will need your Registration ID Number and the password created when you initially logged on to the Online Portal. Once you login, follow the directions on how to upload the Notice of Appeal.
2. Send the Notice of Appeal to:

Stryker Modular Hip Settlement  
c/o GCG  
Claims Processor  
P.O. Box 10130  
Dublin, OH 43017-3130