UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF MICHIGAN
SOUTHERN DIVISION

UNITED STATES OF AMERICA

v. **No. 13-cr-20600**
Hon. Paul D. Borman

FARID FATA, M.D.

Defendant.
________________________________/

NOTICE OF REPORT ON RESTITUTION

The Court has ordered a hearing on the status of the restitution proceedings pursuant to the Order Establishing a Restitution Plan and Review of Claims for Restitution entered on April 11, 2016.[1] The Final Report of the Claims Facilitator, attached hereto as Exhibit 1, sets forth in detail the status of the claims process and review of the 741 claims submitted to the Facilitator.

The Claims Facilitator, Ms. Randi Ilyse Roth, will be in attendance at the November 21, 2017, status hearing to brief the Court regarding the claims process. Ms. Roth will report, *inter alia*, that "Final Recommendation Letters" were mailed

[1] The history of restitution proceedings and public hearings on this matter are set forth in greater detail in previous Orders of the Court.

by the Facilitator to each claimant and that she has transmitted to the Department of Justice a "Proposed Restitution List" containing her recommendations regarding the eligibility of each claim. The "Proposed Restitution List" provided by Ms. Roth will be submitted to the Court prior to November 21, 2017.

This Court has instituted a process for claimants to request Court review of the recommendations made by the Facilitator. Each claimant has been provided notice and instructions regarding the process: every claimant received, with their Final Recommendation letter, a "Notice of Facilitator's Final Recommendation and Notice of Right to Court Review" and a form entitled "Request for Review of Denial of Claim." As stated on the notice, any claimant who believes the Facilitator has made a mistake, based upon the information on their claim form and documentation provided during the claims process, may request review by Magistrate Judge David R. Grand if a request is timely filed with the Clerk of the Court for the Eastern District of Michigan. To be timely, requests must be postmarked on or before December 11, 2017.

After December 11, 2017, when the number of requests for review are known and the review process is in progress, the claimants will be provided with further updates regarding the timing of a final restitution order by the Court and the timing of payments.

Respectfully submitted,

DANIEL L. LEMISCH
Acting United States Attorney

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CERTIFICATE OF SERVICE

I hereby certify that on November 14, 2017, I electronically filed the foregoing document with the Clerk of the Court using the ECF system which will send notification of such filing to the following:

Mark J. Kriger

/s/ Sarah Resnick Cohen
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Exhibit 1

COMPLEX SETTLEMENTS, P.C.

Randi Ilyse Roth
Attorney at Law

rroth@complexsettlements.com

November 7, 2017

Ms. Catherine K. Dick
Trial Attorney
U.S. Department of Justice
1301 New York Ave. N.W.
Washington, DC 20005

Ms. Linda Aouate
Ms. Sarah Resnick Cohen
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Detroit, MI 48226

Dear Ms. Dick, Ms. Aouate, Ms. Cohen, and Ms. Hotz:

Claims Facilitator's Final Report to the Department of Justice Regarding the Restitution Process: Steps Taken, Remaining Steps, Statistics, Issues of Note, Questions for the Court, and Transmission of Final Recommendations.

I. INTRODUCTION

The Claims Facilitator's Report to the Department of Justice dated January 9, 2017, provided detailed background about the context of this case and about the mechanics of the restitution process. The report explained:

- Legal Basis. The legal basis for the restitution process.
- Categories of Claims. The four categories of claims in this restitution process.
- Claims Facilitator. The responsibilities of the Claims Facilitator.
- Progress to Date. The steps taken in the restitution process from March 2016—January 2017, including extensive steps that were taken to assist claimants in their efforts to complete their Claim Forms.
- Statistics. Key statistics as of January 2017.
- Next Steps. The additional steps necessary to complete the claims process.

The material covered in the January 2017 report will not be repeated in this report. However, for your convenience, the January 2017 report is attached as Appendix A.

This report will explain the steps taken in the restitution process since January 9, 2017; the remaining steps to complete the process; key statistics; issues of note; questions for the Court, and the transmission of final recommendations.

II. STEPS TAKEN

A. Completed the Process of Curing Errors in Clam Forms

In January 2017, when the last report was filed, the restitution process was in the phase that focused on curing errors in Claim Forms. Letters were being sent out to each claimant who had submitted a Claim Form that contained errors. The error(s) consisted of, *inter alia,* missing information, internally contradictory information, or missing documentation. The claimants were given approximately 45 days to cure the errors in their Claim Forms.

Several types of assistance were offered to the claimants during this "cure" process, including in-person assistance from volunteer Certified Public Accountants (CPAs) and Victim Advocates (VAs),[1] and assistance from phone agents on-call during business hours at the Facilitator's toll-free line.

The process that allowed claimants to submit information to cure errors concluded in early April 2017. In the weeks that followed the claimants' submissions of cure information, the Claims Facilitator's office processed the information and began formulating provisional decisions regarding all claims (see section II.C. below).

B. Processed All Claims

The Claims Facilitator and her team spent February through mid-July reviewing claimant submissions in detail and formulating provisional decisions. The Claims Facilitator and her team had several conference calls with the Department of Justice in this timeframe to come to an understanding of exactly what outcomes were required in different fact scenarios in light of the governing laws and court orders.

C. Issued Provisional Decisions

The Claims Facilitator issued a Provisional Decision Letter to each claimant on or about July 24, 2017. The Provisional Decision Letter explained to each claimant the Claims Facilitator's tentative decision on the claim. A template of a provisional decision letter is attached as Appendix B. The letter explained that, if the claimant believed the decision was wrong, the claimant could request Reconsideration. This Reconsideration process allowed for

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[1] Three CPAs and one VA assisted claimants during the process of curing errors in Claim Forms. These four individuals scheduled at least 17 separate sessions with claimants through the Claims Facilitator's office. Additional sessions may have been scheduled directly between CPAs and/or VAs who had come to know each other through the process of filling out Claim Forms.

the submission of additional information and documentation for any claims that had been raised in the earlier stages of the process.

D. Reconsideration Process

The Reconsideration process gave the claimant one last chance to explain to the Claims Facilitator why the decision is wrong and to provide additional documentation to support the claim before the issuance of a final recommendation.

1. Assistance in the Reconsideration Process

Claimants working through the Reconsideration process had at least three types of assistance available to them. First, the Claims Facilitator's website, fataclaims.com, had forms and updated information available to claimants. Second, the Claims Facilitator's live phone agents were available during business hours to give claimants personal assistance. And, third, the Claims Facilitator's phone agents made outgoing calls to claimants whose claims had certain categories of technical defects, offering claimants assistance in understanding how to cure the errors.

2. Results of Reconsideration Process

The Reconsideration Process resulted in more claims being found eligible and, in some cases, dollar amounts of eligibility increasing. The results of the Reconsideration process are summarized in the following table.

Table 1: Results of Reconsideration Process

	After Process of Curing Errors in Claim Forms but Before Reconsideration Process	**After Reconsideration Process**
Cumulative Total Number of Claims Found Eligible Re: Table 1 (Fata Expenses)	423	451
Cumulative Total Dollar Amount Found Eligible Re: Table 1 (Fata Expenses)	$1,628,118.69	$1,711,866.88
Cumulative Total Number of Claims Found Eligible Re: Table 2 (Remedial Medical & Dental)	76	83
Cumulative Total Dollar Amount Found Eligible Re: Table 2 (Remedial Medical & Dental)	$370,762.16	$401,339.69
Cumulative Total Number of Claims Found Eligible Re: Table 3 (Mental Health)	10	11
Cumulative Total Dollar Amount Found Eligible Re: Table 3 (Mental Health)	$8,843.41	$10,543.72
Cumulative Total Number of Claims Found Eligible Re: Funeral Expenses	270	303

Table 1: Results of Reconsideration Process		
	After Process of Curing Errors in Claim Forms but Before Reconsideration Process	**After Reconsideration Process**
Cumulative Total Dollar Amount Found Eligible Re: Funeral Expenses	$1,767,811.30	$2,001,290.78
TOTAL	**$3,775,535.56**	**$4,125,041.07**

E. Issued Final Recommendation Letters

After the Reconsideration process was completed, the Claims Facilitator and her team reviewed all of the claims information that had been submitted and formulated final recommendations for the claims. The Claims Facilitator and her team continued to have conference calls with the Department of Justice to consult about what outcomes were required in different fact scenarios in light of the governing laws and court orders. Final recommendation letters were mailed to all claimants on November 3, 2017. A template of a final recommendation letter is attached as Appendix C.

F. Transmitted Eligibility List to Department of Justice

On November 3, 2017, the Claims Facilitator transmitted to the Department of Justice a Proposed Restitution List containing the Claims Facilitator's recommendations regarding each claim's eligibility for restitution.

G. Summary of All Steps Taken in Restitution Process

The following table summarizes the steps in the restitution process.

Table 2: Steps in Restitution Process			
	Step	**Timing**	**Notes**
1.	**Preparation.** Develop claims process, forms, documents. Victim focus groups review claim form.	Mar. – June 2016	
2.	**Launch.** Send out claims packages to known potential claimants, post on fataclaims.com and USAO webpage, otherwise disseminate information about process.	June 9, 2016	

Table 2: Steps in Restitution Process			
	Step	**Timing**	**Notes**
3.	**Communications.** Communications to former patients and their families in nine different ways (including mailing, websites, phone agent assistance, assistance by CPAs and Victim Advocates, in-person large-group meetings, mailing of flyers, outgoing phone calls, ongoing communications with Victim Witness Coordinator, and extensive public communications efforts)	June 2016 – Nov. 14, 2016	Variety of communications efforts designed to help potential claimants understand exactly how to submit claims.
4.	**Claim Form Deadline (extended from October 5, 2016)**	Nov. 14, 2016	
5.	**Process Claims, Notify Re: Errors.** Notify each claimant of any errors in their Claim Form submissions.	Dec. 2016 – Feb. 2017	First time that errors in Claim Form submissions are explained to claimants, and they are given an opportunity to submit missing information and/or correct errors. Assistance provided to help claimants understand what information is needed.
6.	**Provisional Decisions.** Process all information submitted, prepare provisional decision for each claim, issue provisional decision letter to each claimant explaining process for requesting Reconsideration.	Feb. – July 2017	Notified claimants of what claim outcome would be if no further submissions are made.
7.	**Reconsideration Process.** Process all Reconsideration requests.	July – Oct. 2017	Second time that claimants are given an opportunity to submit missing information and/or correct errors in Claim Forms. Assistance provided to help claimants understand what information is needed.

Table 2: Steps in Restitution Process			
	Step	**Timing**	**Notes**
8.	**Prepare Final Recommendations.** Review claim information as necessary, prepare and issue final recommendation letter for each claim.	Final Recommendation Letters Mailed November 3, 2017	
9.	**Transmit Recommendations to Court.** The Claims Facilitator transmitted her final recommendations on each claim to the Department of Justice (DOJ), and the DOJ transmitted them to the Court.	November 2017	
10.	**Transmit Data to Department of Justice.** Claims Facilitator's data regarding each claim to be transmitted to Department of Justice.	November – December 2017	
11.	**Court Review Process.** Claimants may request Court Review by Magistrate Judge. Magistrate Judge reviews claims timely submitted for review.	TBD	
12.	**Court Determination of Approved Amounts in Each Claim.** The Court will examine the Claims Facilitator's final recommendations, as well as the findings and recommendations of the Magistrate Judge, and issue an Order addressing the amount to be approved on each claim.	TBD	
13.	**Payment Process.** The Court will oversee the process of making payments on approved claims.	TBD	

III. REMAINING STEPS TO COMPLETE PROCESS

The Claims Facilitator's work is now largely complete. However, the following steps remain to be completed in the claims process.

A. Complete Court Review Process

The final recommendation letters that were sent to the claimants on November 3, 2017, included papers regarding the claimants' right to Court Review. The papers, examples of which are included in this report at Appendix D, provide that any claimants seeking Court review of the final recommendation must file a request postmarked by December 11, 2017. The next step in the process, then, is for the Court to review and decide any requests for Court Review that may be filed.

B. Court Ruling on Approval of Claims

Once the Court Review process is complete, the Court will be in a position to consider the Claims Facilitator's recommendations about the claimants who are eligible for restitution, the Claims Facilitator's recommendations as to the amounts for which they are eligible, and any proposed amendments to those recommendations made by the Magistrate Judge in the Court Review process. With all this information in hand, the Department of Justice will request that the Court issue a restitution order. This order will identify each person or entity that has been awarded restitution, as well as the amount due each person or entity.

C. Payment Process

Payment of the amounts that are ultimately ordered due as restitution remains dependent upon a number of factors that are outside the scope of the duties of the Facilitator. The Department of Justice will continue with its efforts to timely resolve issues so that funds can be distributed to the approved claimants as promptly as possible.

1. Adjust for Any Additional Reports of Compensation from Other Sources

It is important to note that throughout the claims process—up to and including the time of payment—the claimants have an obligation to report any compensation they may receive from other sources for the expenses for which they seek restitution.

2. Complete Paperwork in Some Estate and Legal Representation Claims

It is important to note that many of the claims relate to estates of deceased patients, and to patients who are minors and/or are incapacitated and who therefore are represented in the claims process by guardians or other legal representatives. Where claims involved estates or legal representatives, the Claims Facilitator asked the claimants to submit the paperwork needed to determine with certainty to whom any payment should be made. For surviving spouses of deceased patients, a procedure was developed to allow the surviving spouse to submit an Affidavit of Surviving Spouse to ease the paperwork burden. (A copy of this form is attached as Appendix E.) In many of the estate and legal representative cases, that work to determine the correct payee has been completed. But in some of the cases, it is not complete. The proposed restitution list that the Claims Facilitator forwarded to the Department of Justice indicates which estate and legal representative cases have incomplete paperwork and therefore need more attention before payment can be issued.

IV. STATISTICS

There are many aspects of the work in this restitution process that can be illuminated by reviewing the statistics.

The overall results of the process are reflected in Table 3, below.

Table 3: Total Amounts Recommended as Eligible (by Table)		
Category of Claim[2]	**Claims with a Recommended Eligible Amount**	**Total Final Recommended Eligible Amount**
Table 1 (Fata Expenses)	451	$1,711,866.88
Table 2 (Remedial Medical and Dental Expenses)	83	$401,339.69
Table 3 (Remedial Mental Health Expenses)	11	$10,543.72
Funeral Expenses	303	$2,001,290.78
Total	**605**	**$4,125,041.07**

Table 4, below, provides more detail about activity within the restitution process. It provides some general statistics about the number of timely claims, number of late claims, details of activity involving the live phone agents, details regarding various types of assistance provided to the claimants, details regarding usage of the fataclaims.com website, and details regarding mailings to claimants and their responses to and the results of the mailings.

Table 4: General Statistics as of October 31, 2017		
1	Timely Claims	
1(a).	Overall number of timely claims received (Deadline November 14, 2016)	721
1(b).	Number of timely claims requesting restitution for funeral only	154
2	Late Claims	
2(a).	Overall number of late claims	20
2(a)(1).	Number received 1-14 days late	11
2(a)(2).	Number received 14-28 days late	5
2(a)(3).	Number received 28-42 days late	1
2(a)(4).	Number received 42 plus days late	3
2(b).	Number of late claims requesting restitution for funeral only	3

2 See Claims Facilitator's Report, January 9, 2017 (attached here as Appendix A) at page 2 for an explanation of the categories of claims.

Table 4: General Statistics as of October 31, 2017		
3	Phone Activity	
3(a).	Total number of calls	5,056
3(b).	Average number of calls per month	297
3(c).	Average number of minutes/month	1,509
3(d).	Average number of minutes/call	5
3(e)(1).	Number of calls in June 2016	134
3(e)(2).	Number of calls in July 2016	178
3(e)(3).	Number of calls in August 2016	175
3(e)(4).	Number of calls in September 2016	634
3(e)(5).	Number of calls in October 2016	1,354
3(e)(6).	Number of calls in November 2016	415
3(e)(7).	Number of calls in December 2016	61
3(e)(8).	Number of calls in January 2017	24
3(e)(9).	Number of calls in February 2017	1,563
3(e)(10).	Number of calls in March 2017	199
3(e)(11).	Number of calls in April 2017	31
3(e)(12).	Number of calls in May 2017	22
3(e)(13).	Number of calls in June 2017	23
3(e)(14).	Number of calls in July 2017	46
3(e)(15).	Number of calls in August 2017	149
3(e)(16).	Number of calls in September 2017	34
3(e)(17).	Number of calls in October 2017	14
4	In-Person Assistance Sessions with CPA or VA	
4(a).	Number of in-person assistance sessions scheduled by Epiq with CPA or VA (additional follow-up sessions were scheduled without assistance by Epiq)	239
4(b).	Number of CPAs who provided at least one session	17
4(c.)	Number of VAs who provided at least one session	35
5	Website: fataclaims.com	
5(a).	Page Hits	21,814
5(b).	Unique Visitors	5,994
5(c).	Sessions	10,711

Table 4: General Statistics as of October 31, 2017		
6	Letters Requesting that Claimants Cure Errors in Claim Forms, and Responses	
6(a).	Letters Mailed Requesting that Claimants Cure Errors	681
6(b).	Total Cure Responses Received	592
6(b)(1).	- Cured Claim Errors in Full	162
6(b)(2).	- Cured Claim Errors in Part	430
7	Provisional Decision Letters and Requests for Reconsideration	
7(a).	Provisional Decision Letters Mailed	734
7(b).	Total Reconsideration Requests Received	248
7(b)(1).	- Cured Outstanding Claim Defects in Full	77
7(b)(2).	- Cured Outstanding Claim Defects in Part	171
7(c).	Total Surviving Spouse Affidavit Forms Received	170
7(d).	Substitution of Claimant Form Received	8
8	Assistance in Reconsideration Process	
8(a).	Outgoing Calls Made	114
8(b).	Contact Made	64
8(c).	Left Message	37
8(d).	Invalid Phone Number or No Answer After 3 Attempts	13
9	Final Recommendation Letters	
9(a).	Final Recommendation Letters Mailed	736

V. THEMES AND ISSUES OF NOTE

A. Inherent Tension in Claims Process

There is an inherent tension in this claims process between wishing to be fully responsive to the victims' and the victims' families, and adhering to the requirements of the law. On the one hand, the victims and the families of the victims of the Defendant's horrific crimes have suffered terribly. Their physical and emotional lives have been assaulted and, in many cases, badly damaged by the Defendant's actions. Their pain and suffering are plain to see. Everyone wishes to give the victims every kind of assistance that it is possible to give.

On the other hand, the federal restitution statute and regulations that govern this process together with the applicable court orders creates a set of rules that are strict and detailed. Only certain categories of expenses can be compensated, and then only if certain types of documentation are provided.

The Claims Facilitator and her team and the Department of Justice have designed and implemented this restitution process to be responsive and helpful to the victims and their families in every way possible consistent with the requirements of the law, as set forth below.

B. Extensive Efforts to Assist Claimants

As noted above, the Claims Facilitator and her team and the Department of Justice provided many types of assistance to the claimants throughout the process. They are described in the January 2017 report (at Appendix A, pages 4 -8) and described in this report. When we learned that claimants were having trouble with different types of paperwork or forms, in several situations we amended procedures to make them more user-friendly.[3] At every turn we tried to help as much as we could.

C. Technical Issues

1. Proof of Out-of-Pocket Expenses

The claims process allowed claimants to prove the amount of their out-of-pocket expenses either by providing receipts regarding the expenses or by providing proof of the amount that was owed combined with swearing under oath that the amounts owed were paid in full. The latter method was useful to claimants who no longer had their receipts. In many cases claimants asked their medical providers and/or their health care insurance provider for records of amounts owed. The insurance providers produced that information on forms called, "Explanation of Benefits" (EOBs) (private insurers) or "Medicare Summary Notices" (MSNs) (Medicare). If the claimant's record was voluminous, the insurance provider produced a spreadsheet for the claimant in lieu of the EOBs and/or MSNs. Some confusion and some errors in claims submissions resulted from situations in which claimants initially misunderstood the information provided in their EOBs, MSNs, or spreadsheets.

2. Remedial Provider Forms

The categories of claims related to remedial medical, dental, and mental health care required that the claimant submit a form signed by the remedial treatment provider attesting that it is "possible, probable, or definite" that the condition being treated was caused by the Defendant.[4] Many claimants reported difficulties in obtaining completed forms from their remedial providers.

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3 For example, see notice of change in procedures to simplify provision of proof: "How to Prove What Victim Paid or Owed," Appendix F and at http://fataclaims.com/Content/Documents/How%20to%20Prove%20What%20Victim%20Paid.pdf, and notice of change in procedure for filling out voluminous tables, "Listing Multiple Expenses," Appendix G and at http://fataclaims.com/Content/Documents/Listing%20Multiple%20Expenses.pdf , and "Affidavit of Surviving Spouse," Appendix E and at http://fataclaims.com/Content/Documents/Spouse%20Affidavit.pdf.

4 See remedial medical and dental provider form at Appendix H and at http://fataclaims.com/Content/Documents/Physician%20and%20Dentist%20Form.pdf , and remedial mental health provider form at Appendix I and at http://fataclaims.com/Content/Documents/Mental%20Health%20Treatment%20Provider%20Form.pdf.

3. Compensation from Other Sources

One section of the Claim Form required claimants to report any compensation from other sources for the expenses for which restitution was being sought. In many cases this inquiry proved confusing. Some claimants reported that they had sought compensation for injuries caused by the Defendant, but it was unclear whether they obtained the compensation, and it was unclear whether what they sought was compensation for pain and suffering (which is not compensated in this restitution process), or compensation for out-of-pocket medical expenses (which is compensated in this restitution process). In many cases clarification of the exact nature of compensation from other sources required several pieces of correspondence or phone calls or both.

4. Liens

Liens turned out to be a confusing issue for many claimants. In many cases, insurance companies filed liens against claimants' potential recovery from lawsuits and/or from this restitution process. Claimants filed restitution claims listing the liens as expenses, but the liens were not compensable in this process pursuant to the Court's Order dated August 31, 2016.

5. Heirs and Legal Representatives

There were more than 400 claims in which the claimant filed on behalf of a deceased patient of the Defendant, or on behalf of an incapacitated or minor patient of the Defendant. In those cases, the Claims Facilitator determined eligibility without regard to whether proper paperwork was on file to establish the name of the person or entity who would have the right to receive the payment should the claim be approved. However, once the Court issues an order approving payment of a certain claim, then it will become necessary to determine whether the proper paperwork is in place to allow payment to the estate or legal representative. The Claims Facilitator is transmitting to the Department of Justice a listing of which cases have completed the necessary paperwork and which cases need further documentation.

VI. QUESTIONS FOR COURT

There are two questions for the Court that involve late submissions.

There are three circumstances in which some claimants submitted paperwork late (past the stated deadline).

1. Late Claims. One circumstance involves late claims—claimants who submitted their Claim Forms with a postmark date that was later than November 14, 2017. These were processed but marked "late."

2. Late Submissions to Cure Errors. Another circumstance involves late responses to the letters that asked claimants to cure errors in Claim Forms. Most of these were processed despite being late, or were deemed timely requests for Reconsideration and were processed in that context.

3. Late Reconsideration Requests. The final circumstance involves late Reconsideration requests—claimants who submitted their Reconsideration requests postmarked after August 21, 2017. To date, all of these were processed but marked "late."

The following table provides data about late submissions.

Table 5: Late Filings	
Number of Claims Filed Late (postmarked after November 14, 2016 deadline)	20
Number of Cure Defect Letters filed late and processed	46
Number of Cure Defect Letters Filed Late and Deemed to Be Timely Reconsideration Requests	11
Number of Reconsideration Requests filed late (postmarked after August 25) and processed	68
Number of Reconsideration Requests filed late and not processed because received after processing deadline (received after October 31, 2017)	0

The two questions for the Court to address regarding late submissions are:

1. **Treatment of Late Submissions?** Should the late claims and the late Reconsideration requests that were otherwise found to be eligible be processed and paid in the same manner as the timely filed claims?[5] And,

2. **Further Processing?** Should any late claims and/or late Reconsideration requests that may be submitted after the date of this report be processed by the Claims Facilitator or processed by the Court?

VII. TRANSMISSION OF FINAL RECOMMENDATIONS

With this Final Report, the Claims Facilitator is transmitting to the Department of Justice a Proposed Restitution List which contains a detailed accounting of the Claims Facilitator's recommendations regarding eligibility of each claim.

Respectfully submitted,

s/Randi Ilyse Roth

Randi Ilyse Roth
Claims Facilitator
Complex Settlements, P.C.

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5 The total number of late claims that were filed late and otherwise found to be eligible for some amount of restitution is seven. Four Reconsideration requests contained new bases for for restitution that had not been raised in previous submissions; these new requests for restitution were deemed to be newly filed late claims (because these claims were not postmarked by the November 14, 2016 claims deadline).

Appendices:

Appendix A: Claims Facilitator's Report to the Department of Justice, January 9, 2017

Appendix B: Provisional decision letter template

Appendix C: Final recommendation letter template

Appendix D: Notice of Facilitator's Final Recommendation and Notice of Right to Court Review, and, Request for Review of Denial of Claim

Appendix E: Affidavit of Surviving Spouse

Appendix F: Facilitator Fact Sheet: "How to Prove What Victim Paid or Owed"

Appendix G: Facilitator Fact Sheet: "Listing Multiple Expenses"

Appendix H: Physician and Dentist Form

Appendix I: Mental Health Treatment Provider Form

Appendix A

**UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF MICHIGAN
SOUTHERN DIVISION**

UNITED STATES OF AMERICA

v.

**No. 13-cr-20600
Hon. Paul D. Borman**

FARID FATA, M.D.

Defendant.

______________________________/

NOTICE OF REPORT ON RESTITUTION

The Court has ordered a hearing on the status of the restitution proceedings pursuant to an Order Establishing a Restitution Plan and Review of Claims for Restitution ("Restitution Order") entered on April 11, 2016.[1] The Report of the Claims Facilitator, attached hereto as Exhibit 1, sets forth in detail the status of the claims process and review of the 763 claims submitted to the Facilitator as of January 5, 2017.[2] The Claims Facilitator will be in attendance at the January 17, 2017, status hearing to brief the Court regarding the claims process.

The government anticipates that a final Report and Recommendation to the Court shall be completed within the next 6-8 months. At such time, the victim

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1 The history of restitution proceedings and public hearings on this matter are set forth in greater detail in previous Orders of the Court.

2 This number includes both the timely-filed claims, postmarked as of November 14, 2016, and untimely-filed claims filed thereafter. The government will process both sets of claims but distinguish them in the final Report and Recommendation to the Court.

claimants have the right to be heard by the Court to address any disputes they have with the government's recommended restitution amount. This Court may institute a process either before it or before a magistrate judge to review and finalize the restitution award. As the venue and process for review will likely be based on the volume of claimants seeking review, the government will update the Court in or around June 2017 regarding the total number of claims in which the government anticipates the restitution amount sought by the claimant exceeds the amount recommended by the government. When the Court has finalized a method of appeal by victim claimants to this Court, a magistrate judge or other designee at the court's discretion, the government will provide notice to the claimants of how to appeal the government's recommendation.

Respectfully submitted,

BARBARA L. MCQUADE

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CERTIFICATE OF SERVICE

I hereby certify that on January 12, 2017, I electronically filed the foregoing document with the Clerk of the Court using the ECF system,` which will send notification of such filing to counsel for the defendant.

s/Catherine K. Dick
Trial Attorney
Organized Crime and Gang Section
U.S. Department of Justice
1301 New York Ave., N.W., Suite 701
Washington, D.C. 20005
Phone: (202) 538-4049
E-Mail: catherine.dick@usdoj.gov

COMPLEX SETTLEMENTS, P.C.

Randi Ilyse Roth
Attorney at Law

rroth@complexsettlements.com

January 10, 2017

Ms. Catherine K. Dick
Trial Attorney
U.S. Department of Justice
1301 New York Ave. N.W.
Washington, DC 20005

Ms. Linda Aouate
Assistant United States Attorney
Chief, Asset Forfeiture Unit
211 W. Fort St., Ste 2001
Detroit, MI 48226

Ms. Sarah Resnick Cohen
Assistant United States Attorney
211 W. Fort St., Ste 2001
Detroit, MI 48226

Dear Ms. Dick, Ms. Aouate, and Ms. Cohen:

Claims Facilitator's Report to the Department of Justice Regarding the Restitution Process: Progress Made to Date, Statistics, and Additional Steps Necessary to Complete the Claims Process

I. INTRODUCTION

The Department of Justice (DOJ) entered a contract with the Claims Facilitator on March 7, 2016. The Claims Facilitator's role is to aid the DOJ in determining the identity of potential victims, as well as the amount and nature of loss suffered by each potential victim that may qualify as restitution in the case of *United States v. Fata*.

This report explains the progress made to date in the claims process and gives an outline of the likely next steps.

A. Legal Basis for Restitution Process

The rules governing this restitution process (also called the "claims process") are set forth in a series of Court Orders.

On April 11, 2016, this Court issued an Order Establishing Restitution Plan and Review of Claims for Restitution (April 2016 Order). That Order set forth the statutory basis for this claims process:

Pursuant to the Mandatory Victim Restitution Act of 1996 (MVRA), Pub. L. No. 104-132, § 204(a), 110 Stat. 1227 (1996) (codified as amended at 18 U.S.C. § 3663A), a United States District Court shall order that a defendant make restitution to the victim(s) of certain offenses, including offenses involving fraud or deceit. 18 U.S.C. § 3663A(c)(1)(A)(ii).

The Court ordered restitution for defined categories of loss for former patients of Farid Fata or their legal representatives. The Court also set forth the parameters of the Claims Facilitator's role. The April 2016 Order is available on the website of the U.S. Attorney's Office, E.D. of Michigan: https://www.justice.gov/usao-edmi/file/840176/download.

B. Categories of Claims

There are four categories of permissible claims. The details regarding each category are explained in the claims package documents (http://fataclaims.com/Home/Documents). The four categories are:

1. Fata Expenses. This category includes all non-reimbursed, out-of-pocket medical expenses paid by a former patient for medical services provided by Farid Fata or at his direction from April 11, 2005 until August 6, 2013.

2. Remedial Medical Expenses. This category includes all non-reimbursed, out-of-pocket medical expenses for remedial measures that were incurred as a result of any inappropriate or unnecessary treatments ordered or provided by Farid Fata. These expenses relate to services provided by other medical providers after leaving the care of Fata, up to and including September 6, 2016.

3. Remedial Mental Health Expenses. This category includes all non-reimbursed, out-of-pocket psychological and psychiatric mental health expenses for remedial measures that were incurred as a result of any inappropriate or unnecessary treatments ordered or provided by Farid Fata. These expenses relate to services provided by mental health providers after leaving the care of Fata, up to and including September 6, 2016.

4. Funeral Expenses. This category includes partial contributions to expenses incurred by family members for the funeral expenses of former patients of Farid Fata.

C. Claims Facilitator

1. Responsibilities of Claims Facilitator

The April 2016 Order provides that the Claims Facilitator shall:

> [R]eview and evaluate the claims and supporting documents submitted by former patients. The facilitator shall make a recommendation as to whether a former patient

has met the requirements to be identified as a victim and the amount due each such victim for purposes of restitution in this case.

2. *Background About Claims Facilitator and Epiq Systems*

The Claims Facilitator in this case is Randi Ilyse Roth, through her law firm, Complex Settlements, P.C. ("Complex"). Ms. Roth previously served as the independent court-appointed Monitor in the *Pigford v. Vilsack* case, a large civil rights race discrimination class action that involved a very complex claims process. Epiq Systems ("Epiq") contracts with Complex to provide claims administration services in this case. Epiq has substantial experience with all aspects of administering claims processes. The Claims Facilitator and Epiq have been in close contact with DOJ as this claims process has developed.

II. PROGRESS MADE TO DATE: STEPS TAKEN FROM MARCH 2016 TO JANUARY 2017

A. DOJ Provided Draft of Claim Forms Package

The Department of Justice (DOJ) prepared the first draft of a package of claims documents ("claims package").

B. Claims Facilitator and DOJ Worked Together to Further Develop Claim Form Documents

When the Claims Facilitator ("Facilitator") began her work in this case in March, 2016, the first tasks involved working with DOJ to finalize the claims package. The Facilitator, Epiq, and DOJ worked together to anticipate legal and practical issues that might arise in the claims process and to refine the draft claims package as required by those issues. The team produced a draft of the claims package in May 2016.

The Facilitator recommended that the draft claims package be tested in a series of victim focus group meetings. DOJ arranged for two focus groups which were held on May 17, 2016. Each group included five former patients (and/or family members of former patients). In each focus group meeting, participants reviewed every page of and every question in the draft claims package. The participants made many comments that led to improvements in the package. The comments touched on substance, tone, and ease of use. The claims package was significantly improved due to these participants' willingness to give of their time to help improve the process.

Once the package was re-drafted with the victim focus group input, the package was submitted to a plain-language expert at Epiq. The plain-language expert's input resulted in further improvements to the claims package.

C. Launch of Claim Package: June 9, 2016

The claims package was finalized, and was then made available to the public on June 9, 2016. The final claims package is posted on the Claims Facilitator's website for this case: http://fataclaims.com/Home/Documents. The documents include: Cover Letter, Definitions, Claim Instructions, Checklist, Claim Form, Physician and Dentist Form, and Mental Health Treatment Provider Form.

D. Communications to Former Patients and their Families

The team of DOJ, Epiq, and the Claims Facilitator ("the team") worked together diligently to use many different approaches to communicate with former patients and their families about the claims process. The goal of these communications was to provide timely and relevant information about the claims process to the greatest number of potential claimants.

1. *Communication Effort #1: Mailing to Known Victims*

The team started the communications effort by mailing the complete claims package to more than 500 people previously identified by the DOJ in its sentencing memoranda as victims of unnecessary treatment by Farid Fata.

2. *Communication Effort #2: Websites*

The Claims Facilitator launched a website for the case as of June 9, 2016: www.fataclaims.com. The website includes:

(a) Important Dates (deadlines, meeting dates, etc.)

(b) Documents (including the full claims package and PDF-fillable versions of the form)

(c) Frequently Asked Questions (FAQs)

(d) Claims Process Assistance (details re: assistance efforts that will be explained below)

(e) Medicare and Insurance Information

(f) Contact Information (how to reach phone agents for assistance, address for mailing documents, etc.)

To ensure that patients and family members who were most familiar with the website maintained by the U.S. Attorney's Office remained fully informed, the U.S. Attorney's Office continued to update its *U.S. v. Fata* webpage with new developments and important announcements regarding the claims process.

3. *Communication Effort #3: Insurance Information*

Claimants are required to provide proof of costs incurred which may require proof of a significant number of medical transactions. For many of those victims, the easiest way to find that proof was by ordering documents from their insurance companies. In the private insurance company context, the documents are called Explanation of Benefit forms (EOBs); in the Medicare program, the documents are called Medicare Summary Notices (MSNs). DOJ contacted most of the major insurance companies that had insured Fata's patients. The insurance companies agreed to provide the EOB or MSN forms quickly and at no cost to the requestor. The Claims Facilitator website includes a "Medicare and Insurance Info" page that gives contact information and notes about how to order EOBs or MSNs from each insurance company.

4. *Communication Effort #4: Phone Agent Assistance*

On June 9, 2016, the Claims Facilitator established a toll-free line that former patients and their families could call for information about the claims process. The phone number is 877-202-3282. Professional phone agents who have been trained regarding this claims process are available from 9:00 a.m. to 8:00 p.m. Eastern time on Mondays through Fridays (except holidays). As of January 5, 2017, the phone operators have assisted former patients and their families in 2,960 calls which spanned a total of 18,049 minutes. The phone agents rely on detailed scripting provided by the Claims Facilitator and on their ability to "escalate" complicated issues to trained project managers and attorneys on their staff.

Phone agents also assisted by ensuring that Claim Forms were easily accessible and available to anyone without access to a computer. The phone agents mailed a full claims package via U.S. Mail when requested by a former patient or family member of a former patient.

5. *Communication Effort #5: In-Person Meetings in Detroit Area*

The Claims Facilitator and DOJ hosted in-person meetings in the Detroit area on July 31, 2016 (at the New Hope Bible Church) and on August 1, 2016 (at the Rochester Hills Public Library). Each was attended by approximately forty to fifty individuals. The meetings were specifically mentioned by the phone agents in their conversations with potential claimants; they were advertised on the Claim Facilitator's website; and they were advertised on the U.S. Attorney's Office website. In these meetings, which each lasted more than two hours, the Claims Facilitator, DOJ lawyers, and the U.S. Attorney's Office Victim Witness Coordinator listened closely to the victims' concerns about the claims process and answered victims' and family members' questions.

6. *Communication Effort #6: Mailing of More than 5,000 Flyers*

Between September 30 and October 3, 2016, the U.S. Attorney's Office and the Claims Facilitator sent an explanatory flyer to 5,334 potentially eligible victims and family members. The flyer explained that the claims deadline had been extended (see below), and explained the basic eligibility rules for the claims process, how to obtain a Claim Form, and how to obtain assistance in completing the Claim Form. A copy of the flyer is included with this report as Appendix A.

7. *Communication Effort #7: Outgoing Phone Call Effort*

On October 11, 2016, Epiq phone agents made outgoing phone calls to 326 potentially eligible claimants who had previously contacted Epiq, but had not yet filed a claim. In these calls, the phone agents reminded the claimant of the claim filing deadline and offered to schedule an appointment for in-person assistance.

8. *Communication Effort #8: Ongoing Communications With Victim Witness Coordinator*

The Victim Witness Coordinator for the United States Attorney's Office for the Eastern District of Michigan, Sandy Palazzolo, maintained ongoing telephone and written communication with former patients and their family members during the period between the launch of the claims process and the ultimate deadline for the claims process (June 9 – November 14, 2016).

9. *Communication Effort #9: Extensive Public Communications Effort*

During the period between the launch of the claims process and the ultimate deadline for the claims process (June 9–November 14, 2016), the Department of Justice mounted an extensive and effective effort to encourage the press to publicize the claims process to the public. The efforts included:

(a) U.S. Attorney Media Roundtables. Media Roundtables were held by the United States Attorney, Barbara L. McQuade, and her staff from DOJ on June 9 and on August 29, 2016. These roundtables with the press included time for the press to learn about the claims process in detail. The August 29 roundtable highlighted the availability of in-person assistance for claimants from trained volunteer Certified Public Accountants (CPAs) and Victim Advocates (VAs).

(b) Press Releases. The United States Attorney issued press releases to encourage media to get information out to potential eligible claimants about the claims process, the deadline, and opportunities for assistance in the claims process. One such press release is on the DOJ website: https://www.justice.gov/usao-edmi/pr/united-states-attorneys-office-assembles-team-specialists-assist-former-patientsfamily. Another is included in this report as Appendix B.

(c) Cumulative Impact. Additionally, DOJ reached out to the press through its media spokesperson, Gina Balaya. A simple Google search for "Fata restitution process" reveals that a significant amount of coverage resulted from these and other efforts. The coverage spanned at least three aspects of the restitution effort: the launch of the claims process on June 9, 2016; the availability of in-person assistance from the volunteer CPAs and VAs; and the extension of the deadline from October 5 to November 14, 2016. The coverage included newspaper stories, radio stories, radio public service announcements (PSAs), television stories, television PSA banners, and "tweets."

E. Court Order Extended Claims Deadline from October 5 to November 14

The original claims deadline was October 5, 2016. As of September 15, fewer than 200 claims had been filed. On September 26, 2016, this Court issued an Order extending the deadline for approximately six weeks, to November 14, 2016 ("September 2016 Order"). The September 2016 Order said in part:

> The Court has been informed by the United States that due to the complexity and nature of the claims being submitted and the necessity that former patients obtain medical and financial documentation supporting these claims, additional time is required to ensure that the maximum number of eligible claims will be submitted by former patients.

> Accordingly, and to ensure that former patients have sufficient time and ability to submit claims for restitution, the Court hereby extends the deadline for filing such claims from October 5, 2016 to November 14, 2016.

The purpose of the extension was to give sufficient time to allow potential claimants to obtain their supporting materials and file claims. In the end, 737 timely claims were filed.

F. Assistance to Individuals Interested in Filing Claims

The team of DOJ, Epiq, and the Claims Facilitator took many additional steps to provide assistance to individuals who wished to file claims.

First, based on input from victims at the July 31 and August 1 meetings (see above), the team provided victims and their families with additional information about how to obtain the proof that is necessary to support a claim and made adjustments as to how claimants could transmit the information submitted as proof. The Facilitator published two information sheets regarding the changes: "How to Prove What Victim Paid or Owed" and "Listing Multiple Expenses." (See http://fataclaims.com/Home/Documents.)

Second, the team made arrangements for trained, skilled volunteers to provide significant in-person assistance in the claims process. The team reached out to Mark Davidoff, Michigan managing partner at Deloitte, LLP, the Accounting Aid Society, and the Michigan Association of CPAs and asked them to invite area CPAs to volunteer to provide one-on-one, in-person assistance to individuals who were attempting to file claims. The team also reached out to Director James McCurtis and Program Specialist Leslie O'Reilly of the Crime Services Commission for the State of Michigan and asked them to invite trained Victim Advocates (VAs) to work with CPAs to assist in this effort. In addition to inviting VAs from around the state to assist, the Crime Services Commission secured a location for the assistance: Common Ground in Pontiac, Michigan.

On August 31, 2016, the U.S. Attorney's Office and the Claims Facilitator (via videoconference) provided a four-hour training session to approximately 70 volunteer CPAs and VAs. In preparation for this training session, the CPAs and VAs reviewed key documents regarding the case and the claims process.

Once they were trained, these CPAs and VAs provided to DOJ and Epiq the dates and times they could be available to assist claimants. Epiq took calls from claimants who wished to have in-person assistance and matched the claimants with available CPAs and VAs. The volunteers filled out detailed "intake forms" regarding each claimant's situation. The volunteers generally assisted the claimant until the Claim Form was complete. The in-person assistance meetings were held at Common Ground in Pontiac, Michigan and then later at the State of Michigan Department of Health and Human Services Office in Pontiac, Michigan. Overall, CPAs and VAs provided in-person assistance to more than 230 claimants, spanning a total of more than 339 hours of assistance.

G. Progress Made Since the November 14 Deadline

To be timely, claims had to be postmarked by November 14, 2016. Statistics about the number of timely filed claims and the number of late claims appear in Table # 1, below.

Since November 14, the team has made much progress in the next phase of the claims process, which concerns curing errors in Claim Forms.

1. *Curing Errors in Claim Forms*

Claims that were filed on time are now being processed. In some of those claims, the Claims Facilitator has determined or will determine that there are errors in the Claim Form: sometimes important information is missing, or the Claim Form contains pieces of information that contradict each other. In those cases, the Claims Facilitator sends the claimant a letter explaining the errors or defects in the Claim Form. The claimant has 45 days from the date of that letter to submit the missing or corrected information. These letters will be sent on a rolling basis. The first batch of 38 letters was mailed on December 20, 2016. The second batch of approximately 563 letters is scheduled to be mailed on February 3, 2017. A redacted sample letter is included with this report as Appendix C.

2. *Assistance With Curing Errors*

Several of the CPAs and VAs who assisted claimants with filing Claim Forms have agreed to extend their volunteer service for a few more months so they can assist claimants who are in the process of curing errors in their Claim Forms. Additionally, the phone agents are trained and ready to assist claimants by helping the claimants to understand exactly what they need to do to cure defects in their Claim Forms.

III. STATISTICS

This section of the report provides some basic statistics about the claims process to date.

All statistics listed here are as of January 5, 2017.

The statistics distinguish between claims that request restitution for funerals only and all other claims because the former claims are far less complex than the latter claims. Data regarding phone activity is provided because it gives a sense of the extent to which assistance is being provided in the claims process. The most frequent topics of conversation on the phone calls include:

- General questions about how to fill out the Claim Form
- Scheduling an appointment for assistance with filling out the Claim Form
- Verifying receipt of Claim Form
- Asking whether it is permissible to file a Claim Form after the deadline
- Asking questions about the letter requesting that errors in the Claim Form be corrected

Table #1: General Statistics as of January 5, 2017		
1.	Timely Claims	
1(a).	Overall number of timely claims received	737
1(b).	Number of claims requesting restitution for funeral only	117
2.	Late Claims	
2(a).	Overall number of late claims	26
2(a)(1).	Number received 1-14 days late	14
2(a)(2).	Number received 14-28 days late	11
2(a)(3).	Number received 28-42 days late	1
2(b).	Number of late claims requesting restitution for funeral only	1
3.	Phone Activity	
3(a).	Total number of calls (June 9 - January 5, 2017)	2,960
3(b)	Average number of calls per month	423
3(c)	Average number of minutes/month	2,578
3(d)	Average number of minutes/call	6
3(e)(1).	Number of calls in June	134
3(e)(2).	Number of calls in July	178
3(e)(3).	Number of calls in August	175
3(e)(4).	Number of calls in September	634
3(e)(5).	Number of calls in October	1,354
3(e)(6).	Number of calls in November	415
3(e)(7).	Number of calls in December	61
4.	In-Person Assistance Sessions with CPA or VA	
4(a).	Number of in-person assistance sessions scheduled by Epiq with CPA or VA (additional follow-up sessions were scheduled without assistance by Epiq)	222
4(b).	Number of CPAs who provided at least one session	17
4(c).	Number of VAs who provided at least one session	35

IV. ADDITIONAL STEPS NECESSARY TO COMPLETE THE CLAIMS PROCESS

The following steps are necessary to complete the claims process:

A. Cure Errors in Claim Sheets. The process described above to cure errors in Claim Forms needs to be completed. Letters need to be sent out to all claimants whose Claim Forms contained errors, and claimants need to return the corrected Claim Forms within the 45-day period specified in the letter.

B. Late Claims. Once the team obtains guidance from the Court regarding how to handle late claims (claims postmarked after November 14, 2016), the team will comply with that guidance.

C. Process All Claims, Including Corrected Claims. The Claims Facilitator will process all claims, including the corrected claims, to determine the Claims Facilitator's recommendation in response to each claim.

D. Issue Provisional Decisions. The Claims Facilitator will send a letter to each claimant explaining the provisional decision in response to the claim. The letter will explain that the claimant may request reconsideration of the Claims Facilitator's recommendation. This reconsideration process will require a relatively short response time and will involve a limited scope of review.

   Provisional decision letters are scheduled to be issued in approximately late Spring of 2017.

E. Reconsideration Process. The Claims Facilitator will review any requests for reconsideration received in response to provisional decisions.

F. Submit Final Recommendations. The Claims Facilitator will submit to DOJ her final recommendations regarding each claim in summer 2017. Additionally, she will send a letter to each claimant informing the claimant of the Claims Facilitator's final recommendation to DOJ regarding the claim. The DOJ will provide the Court with its recommendations as to the identity of each victim, as well as the nature and amount of loss for each victim. The DOJ will propose to the Court an approach to priority of payment at that time. DOJ will request that the Court establish a process for finalizing the order of restitution. DOJ's request will be filed on the public record and will be provided to all interested parties.

Respectfully submitted,

s/Randi Ilyse Roth

Randi Ilyse Roth
Claims Facilitator
Complex Settlements, P.C.

Appendices:

Appendix A: Flyer Mailed to More Than 5,000 Potentially Eligible Claimants

Appendix B: Press Release from United States Attorney

Appendix C: Redacted Sample Letter Notifying Claimant of Errors in Claim Form

Appendix A

Flyer Mailed to More Than 5,000 Potentially Eligible Claimants

United States v. Farid Fata

Claim-Filing Deadline Extended to November 14, 2016

On September 26, 2016, Judge Paul D. Borman extended the deadline for filing a restitution claim in the federal criminal case of *United States v. Farid Fata*. The new deadline is November 14, 2016. As a result of this order, ***all claim forms must be postmarked on or before Monday, November 14, 2016.***

The Government Encourages Eligible Victims and Their Heirs to File Claims

The government seized Fata's assets to create a restitution fund for the benefit of Fata's victims and their heirs. Many people have already filed claims. We encourage all qualified patients and authorized representatives of patients to file their claims for restitution before the November 14, 2016 deadline.

Who Is Eligible for Restitution?

Any person who was a patient of Fata between 2005 and 2013 and who incurred out-of-pocket expenses (such as co-pays and deductibles) is eligible to file a claim for restitution funds. In addition, authorized representatives of deceased patients may file claims to be reimbursed for the deceased patient's out-of-pocket expenses, as well as for a portion of funeral expenses. Those patients who were harmed physically and/or emotionally by Fata may also request restitution for the out-of-pocket expenses they incurred to remediate the harm. Please read the claim form for more details about the eligibility rules (see "How to get a claim form" below).

How to Get a Claim Form

If you have not already requested or received a claim form, you can download and print the claim form from **www.fataclaims.com** or you can call 1-877-202-3282 to ask that the form be mailed to you.

How to Get Help Completing a Claim Form

We currently have volunteers offering in-person claim filing assistance. Some people have found this assistance very helpful. You can call our phone agents at 1-877-202-3282 to find out whether volunteer help is still available, and, if it is, to schedule an appointment for assistance.

www.fataclaims.com
1-877-202-3282

Appendix B

Press Release from United States Attorney

United States Attorney's Office
Eastern District of Michigan

Barbara L. McQuade
United States Attorney

PRESS RELEASE

FOR IMMEDIATE RELEASE
November 7, 2016

Contact: Gina Balaya - (313) 226-9758
www.justice.gov/usao/mie/index.html

Last Week to File Restitution Claims in the case of U.S. v. Farid Fata

The deadline to file claims for restitution in the case of United States v. Farid Fata is in one week. United States District Judge Paul D. Borman extended the deadline for filing a restitution claim to November 14, 2016. As a result, all claim forms must be postmarked on or before Monday, November 14, 2016.

The Government Encourages Eligible Victims and Their Heirs to File Claims

Fata was sentenced to 45 years in federal prison for providing medically unnecessary chemotherapy treatments to patients. The government has seized approximately $11.9 million. The government seized Fata's assets to create a restitution fund for the benefit of Fata's victims and their heirs. Many people have already filed claims. We encourage all qualified patients and authorized representatives of patients to postmark their claims for restitution on or before the November 14, 2016 deadline.

Who Is Eligible for Restitution?

Any person who was a patient of Fata between 2005 and 2013 and who incurred out-of-pocket expenses (such as co-pays and deductibles) is eligible to file a claim for restitution funds. In addition, authorized representatives of deceased patients may file claims to be reimbursed for the deceased patient's out-of-pocket expenses, as well as for a portion of funeral expenses. Those patients who were harmed physically and/or emotionally by Fata may also request restitution for the out-of-pocket expenses they incurred to remediate the harm. Please read the claim form for more details about the eligibility rules (see "How to get a claim form" below).

How to Get a Claim Form

If you have not already requested or received a claim form, you can download and print the claim form from www.fataclaims.com

Visitors to the website will find two information sheets to help claimants understand how to complete the Claim Forms as efficiently as possible and to make the filing process easier. Those can be accessed through the website www.fataclaims.com on the homepage. The two documents are:

- How to Prove What Victim Paid or Owed
- Listing Multiple Expenses

Questions about the Claim Form

Please call 1-877-202-3282 or visit www.fataclaims.com for answers to questions about the Restitution Claim Form.

United States Attorney McQuade stated, "We recognize that the process of filling out a restitution claim form can be a difficult process both emotionally and physically for victims and their families. While no amount of money can restore what has been taken away by the actions of Fata, we hope that all eligible patients and family members file claims for restitution so that we can return Fata's assets to his patients."

Appendix C

Redacted Sample Letter Notifying Claimant of Errors in Claim Form

Fata Claims Facilitator
P.O. Box 2730
Portland, OR 97208-2730

Randi Ilyse Roth
Claims Facilitator
Complex Settlements, PC

Return Postmarked on or before
February 03, 2017

United States vs. Fata
Case No. 13-CR-20600

887800024762

[redacted]

Tracking Number: 5816

December 20, 2016

Dear [redacted],

Thank you for submitting your claim. We have conducted a preliminary review of your claim but need some additional information from you that will help us in understanding and evaluating your claim. Please refer to the enclosed copy of your Claim Form and provide the additional information requested below, postmarked on or before February 03, 2017.

Section 1: Background

Section 1(b): Contact Information for Patient's Authorized Representative or Representative of Patient's Estate

- You have indicated that you are filing on behalf of a deceased patient, but in Section 1(b) you did not provide the estate's Taxpayer Identification Number. This information is not required at this time; however, it may be required if your claim is approved.

Section 3: Compensation From Other Sources

Section 3(a): Lawsuits

- In Section 3(a), we requested information as to whether the patient applied for Crime Victim Compensation from the Michigan Department of Community Health. However, you did not provide a response. Please provide a response.
- In Section 3(a), we asked if the patient or the patient's representative applied for and/or received compensation from any other source not already identified on the Claim Form. However, you did not provide a response. Please provide a response.

Section 5: Swearing That Contents of the Claim Form Are True

- In Section 5, we require that you sign the Claim Form; however, you did not sign. Please sign the Claim Form.

For us to fully understand and evaluate your claim for restitution, you must provide the additional information requested below postmarked on or before February 03, 2017. If we do not receive the information from you, we may be required to deny the portions of your claim that relate to that information.

We understand that some of the information we are requesting in this letter may be complex or difficult to obtain. Our phone agents can explain any aspects of this letter that may be confusing to you. Do not hesitate to call us toll-free at 1-877-202-3282 to see how we can help or check the website at www.fataclaims.com. Please be advised that the Victim Witness Coordinator for the Eastern District of Michigan, Sandy Palazzolo, will not be able to answer questions about this letter or provide further assistance in the claims process.

Sincerely,

Randi Ilyse Roth

Randi Ilyse Roth
Attorney at Law
Claims Facilitator

Appendix B

United States v. Farid Fata
Claims Facilitator
P.O. Box 2730
Portland, OR 97208-2730

Randi Ilyse Roth
Claims Facilitator
Complex Settlements, PC

United States v. Fata
Case No. 13-CR-20600

<<Mail ID>>
<<Name 1 or Estate>>
<<Name 2 or Rep>>
<<Address 2>>
<<Address 1>>
<<City>><<State>><<Zip>>
<<Foreign Country>>

Tracking Number: <<TN>>

This Is Your Decision Letter:
Any Responses and/or Requests for Reconsideration
Must Be Postmarked on or Before
<<+30 Days From Mailing Date>>.

<<Date>>

Dear <<Name 1 or Estate>>,

Thank you for submitting your claim. **This is a very important letter about the outcome of your claim: please read it carefully.**

This letter addresses these topics:

1. **Preliminary Decision.** This letter explains the Facilitator's preliminary recommendation for your claim.
2. **How to Request Reconsideration.** This letter explains how you may seek reconsideration of this preliminary decision if you think it is wrong.
3. **Next Steps.** This letter explains the next steps in the claims process.
4. **We Need Information From You.** This letter explains that we need additional information from you.

I. Preliminary Decision

We have reviewed your claim form, and based on the information and documentation that you submitted, the following preliminary determinations have been made about the amounts of restitution for which you are eligible.

Please note that there may be a difference between the amount that you are "eligible" for and the amount that you will be paid. The amounts that you are eligible for may not be paid in full. The Department of Justice will inform the Court about the proposed amounts each claimant is eligible for. At this time, we do not know precisely what portion of each claim will be paid, and we do not know the precise timing of payments. The Court will decide what portion, if any, of each claim will be paid based on the total dollar amounts of approved claims and the total amount of funds available for distribution.

<<MAIL ID>>

<<NAME 1 OR ESTATE>> TRACKING NUMBER: <<TN>>

Amounts Approved

The following amounts have been approved on a preliminary basis:

	Amount Requested	Amount Eligible for Restitution	Amount Approved for Payment
Table 1: Claims for Money Paid to the Defendant, Michigan Hematology Oncology, to Other Providers at the Defendant's Direction, and/or for Medications Prescribed by the Defendant	<<$x,xxx,xxx.xx>>	<<$x,xxx,xxx.xx>>	To be determined by the Court
Table 2: Claims for Money Paid for Remedial Medical and Dental Treatments	<<$x,xxx,xxx.xx>>	<<$x,xxx,xxx.xx>>	To be determined by the Court
Table 3: Claims for Money Paid for Mental Health Treatment	<<$x,xxx,xxx.xx>>	<<$x,xxx,xxx.xx>>	To be determined by the Court
Funeral Expenses: Claims for Money Paid for Funeral Costs	<<$x,xxx,xxx.xx>>	<<$x,xxx,xxx.xx>>	To be determined by the Court
TOTAL	**<<$x,xxx,xxx.xx>>**	**<<$x,xxx,xxx.xx>>**	To be determined by the Court

Amounts Denied

One or more of the expenses that you sought restitution for was denied as detailed below:

Table 1: Your claims for Money Paid to the Defendant, Michigan Hematology Oncology ("MHO"), to Other Providers at the Defendant's Direction, and/or for Medications Prescribed by the Defendant were denied because of the following:

- You did not provide sufficient proof of payment to the Defendant or MHO.
- You did not provide sufficient proof of the treatment or cost.
- You did not provide sufficient proof that the treatment or service provided by another was ordered by the Defendant or another doctor at MHO.
- You did not provide sufficient proof of payment to a provider other than the Defendant or MHO.
- The expense, treatment or service that you seek restitution for is an ineligible expense.
- The treatment or service that you seek restitution for is outside of the relevant time periods.
- You did not provide sufficient proof that the patient was in fact a patient of the Defendant.
- Liens are not eligible for restitution in this process.
- Insert Direct text from "Custom Explanation Text" Field

Table 2: Your claims for Money Paid for Remedial Medical and Dental Treatments were denied because of the following:

- You did not provide sufficient proof of the treatment or cost.
- You did not provide sufficient proof of payment to a provider other than the Defendant or MHO.
- You did not provide proof that the condition being treated was possibly caused by the Defendant.
- The expense, treatment or service that you seek restitution for is an ineligible expense.
- The treatment or service that you seek restitution for is outside of the relevant time periods.
- You did not provide sufficient proof that the patient was in fact a patient of the Defendant.
- Liens are not eligible for restitution in this process.
- Insert Direct text from "Custom Explanation Text" Field

<<MAIL ID>>

<<NAME 1 OR ESTATE>> TRACKING NUMBER: <<TN>>

Table 3: Your claims for Money Paid for Mental Health Treatment were denied because of the following:

- You did not provide sufficient proof of the treatment or cost.
- You did not provide sufficient proof of payment to a provider other than the Defendant or MHO.
- You did not provide proof that the condition being treated was possibly caused by the Defendant.
- The expense, treatment or service that you seek restitution for is an ineligible expense.
- The treatment or service that you seek restitution for is outside of the relevant time periods.
- You did not provide sufficient proof that the patient was in fact a patient of the Defendant.
- Liens are not eligible for restitution in this process.
- Insert Direct text from "Custom Explanation Text" Field

Funeral Expenses: Your claims for Money Paid for Funeral Costs were denied because of the following:

- You did not provide sufficient proof that the patient was in fact a patient of the Defendant.
- You did not establish that you are a family member of the deceased and only family members are eligible to receive restitution for funeral expenses.
- You did not establish that you paid for all or part of the funeral.
- Liens are not eligible for restitution in this process.
- Insert Direct text from "Custom Explanation Text" Field

II. How to Request Reconsideration

If you do not agree with this outcome, you may request reconsideration. **If you wish to request reconsideration, you must submit a letter that explains why you think the outcome set forth above is wrong. Your letter should include any documentation that you have not already submitted to us that helps to show that any denials listed in this letter are wrong. Any such letter and documentation must be submitted to us with a postmark date on or before <<+30 Days From Mailing Date>>.** Any requests for reconsideration received after this time will not be considered.

If you do not request reconsideration with a postmark date on or before <<**+30 Days From Mailing Date**>>, the Facilitator's preliminary recommendation (as explained in this letter) will become final.

There will be a process available for claimants who wish to seek additional Court review of the Facilitator's final recommendation. However, that Court review process may not be available to claimants who did not timely request reconsideration of this preliminary decision.

III. Next Steps

After any requests for reconsideration are received and reviewed, the Facilitator will submit to the Department of Justice a proposed list of eligible claimants and the amounts for which they are eligible. The Department of Justice will review the list and will submit the list to the Court. The Court will make the final decisions about which claims will be paid and the payment amount for each claim.

At this time, we anticipate that the Department of Justice will submit the eligibility list to the Court in or around November 2017. In the meantime, please keep us informed of any changes to your contact information. Also, if you receive compensation from another source relating to any expense for which you sought restitution in this process, you have an ongoing obligation to report that compensation to us.

IV. We Need Additional Information From You

You indicated that you are filing on behalf of an incapacitated person, a minor, or a deceased patient. Because we have determined that you are eligible for restitution, now we need you to provide documentation that you are authorized to represent that patient. This information must be submitted to us with a postmark before or on <<**30 days from mailing**>>. **Any delay in our receipt of this paperwork may jeopardize your payment.**

For an incapacitated person: please submit guardianship papers or power of attorney.

<<MAIL ID>>

<<NAME 1 OR ESTATE>> TRACKING NUMBER: <<TN>>

For a minor patient: please submit guardianship papers or a birth certificate identifying you as the parent.

For a deceased patient: please submit (1) letters testamentary, a small estate affidavit, or other court documentation identifying you as the legal representative of the Estate of the deceased patient AND (2) the Estate's Taxpayer Identification Number ("EIN").

However, if you are a surviving spouse submitting a claim on behalf of a deceased spouse: you do not need to submit letters testamentary, a small estate affidavit, or an EIN. Instead, you may fill out and submit the form called "Affidavit of Surviving Spouse." For your convenience, the form is available on our website at www.fataclaims.com. Please note that this form may only be used by surviving spouses; it may not be used by other family members or other heirs.

The information requested above, showing you are authorized to represent the incapacitated person, minor, or Estate, along with the Estate's Taxpayer Identification Number, must be submitted to us with a postmark date on or before <<+30 Days From Mailing Date>>.

Conclusion

Our phone agents can explain any aspects of this letter that may be confusing to you and they can explain the reconsideration process to you. Do not hesitate to call us toll-free at 1-877-202-3282 to see how we can help or check the website at www.fataclaims.com.

Please be advised that the Victim Witness Coordinator for the Eastern District of Michigan, Sandy Palazzolo, will not be able to answer specific questions about the decision made on your claim or provide detailed assistance in any reconsideration process.

Sincerely,

Randi Ilyse Roth

Randi Ilyse Roth
Attorney at Law
Claims Facilitator

Appendix C

United States v. Farid Fata
Fata Claims Facilitator
P.O. Box 2730
Portland, OR 97208-2730

Randi Ilyse Roth
Claims Facilitator
Complex Settlements, PC

United States v. Fata
Case No. 13-CR-20600

<<Mail ID>>

Tracking Number: <<TN>>

<<Name 1 or Estate>>
<<Name 2 or Rep>>
<<Address 2>>
<<Address 1>>
<<City>><<ST>><<Zip>>
<<Foreign Country>>

FINAL RECOMMENDATION TO COURT:
Any Request for Court Review Must Be Postmarked on or Before December 11, 2017.

<<Date>>

Dear <<Name 1 or Estate>>,

Thank you for submitting your claim. **This is a very important letter about the outcome of your claim. Please read this letter carefully.**

This letter addresses these topics:

1. **Final Recommendation.** This letter explains the Facilitator's final recommendation for your claim.

2. **Next Steps.** This letter explains the next steps in the claims process.

3. **How to Seek Court Review.** This letter explains how you may seek the Court's review of this final recommendation by the Facilitator if you think the Facilitator has made a mistake in reaching the final recommendation for your claim.

I. <u>Final Recommendation</u>

We have reviewed your claim form, including any documentation and/or reconsideration request that you may have submitted. This letter explains the Facilitator's recommendation to the Court regarding your eligibility for restitution.

Please note that there may be a difference between the amount that you are "eligible" for and the amount that you will be paid. The amounts that you are eligible for may not be paid in full. The Department of Justice will inform the Court about the proposed amounts each claimant is eligible for. At this time, we do not know precisely what portion of each claim will be paid, and we do not know the precise timing of payments. The Court will decide what portion, if any, of each claim will be paid.

<<Also please note that while part or all of your claim is recommended as eligible, your payment may be delayed because the necessary estate or legal representation paperwork has not been received. This will have to be resolved directly with the Court. The Court will notify you as to next steps.>>

<<MAIL ID>>

<<NAME 1 OR ESTATE>> TRACKING NUMBER: <<TN>>

Amounts Approved

The Facilitator recommends that your claim is eligible for restitution as follows:

	Amount Requested	**Amount Recommended as Eligible for Restitution**	**Amount Approved for Payment**
Table 1: Claims for Money Paid to the Defendant, Michigan Hematology Oncology, to Other Providers at the Defendant's Direction, and/or for Medications Prescribed by the Defendant	<<$x,xxx,xxx.xx>>	<<$x,xxx,xxx.xx>>	To be determined by the Court
Table 2: Claims for Money Paid for Remedial Medical and Dental Treatments	<<$x,xxx,xxx.xx>>	<<$x,xxx,xxx.xx>>	To be determined by the Court
Table 3: Claims for Money Paid for Mental Health Treatment	<<$x,xxx,xxx.xx>>	<<$x,xxx,xxx.xx>>	To be determined by the Court
Funeral Expenses: Claims for Money Paid for Funeral Costs	<<$x,xxx,xxx.xx>>	<<$x,xxx,xxx.xx>>	To be determined by the Court
TOTAL	**<<$X,XXX,XXX.XX>>**	**<<$X,XXX,XXX.XX>>**	To be determined by the Court

Amounts Denied

One or more of the expenses that you sought restitution for was denied eligibility as detailed below:

Table 1: Your claims for Money Paid to the Defendant, Michigan Hematology Oncology ("MHO"), to Other Providers at the Defendant's Direction, and/or for Medications Prescribed by the Defendant were denied because of the following:

- <<You did not provide sufficient proof of payment to the Defendant or MHO.>>
- <<You did not provide sufficient proof of the treatment or cost.>>
- <<You did not provide sufficient proof that the treatment or service provided by another was ordered by the Defendant or another doctor at MHO.>>
- <<You did not provide sufficient proof of payment to a provider other than the Defendant or MHO.>>
- <<The expense, treatment or service that you seek restitution for is an ineligible expense.>>
- <<The treatment or service that you seek restitution for is outside of the relevant time periods.>>
- <<You did not provide sufficient proof that the patient was in fact a patient of the Defendant.>>
- <<Liens are not eligible for restitution in this process.>>
- <<Insert Direct text from "Custom Explanation Text" Field>>

Table 2: Your claims for Money Paid for Remedial Medical and Dental Treatments were denied because of the following:

- <<You did not provide sufficient proof of the treatment or cost.>>
- <<You did not provide sufficient proof of payment to a provider other than the Defendant or MHO.>>
- <<You did not provide proof that the condition being treated was possibly caused by the Defendant.>>
- <<The expense, treatment or service that you seek restitution for is an ineligible expense.>>
- <<The treatment or service that you seek restitution for is outside of the relevant time periods.>>
- <<You did not provide sufficient proof that the patient was in fact a patient of the Defendant.>>
- <<Liens are not eligible for restitution in this process.>>
- <<Insert Direct text from "Custom Explanation Text" Field>>

Table 3: Your claims for Money Paid for Mental Health Treatment were denied because of the following:

- <<You did not provide sufficient proof of the treatment or cost.>>
- <<You did not provide sufficient proof of payment to a provider other than the Defendant or MHO.>>
- <<You did not provide proof that the condition being treated was possibly caused by the Defendant.>>
- <<The expense, treatment or service that you seek restitution for is an ineligible expense.>>
- <<The treatment or service that you seek restitution for is outside of the relevant time periods.>>
- <<You did not provide sufficient proof that the patient was in fact a patient of the Defendant.>>
- <<Liens are not eligible for restitution in this process.>>
- <<Insert Direct text from "Custom Explanation Text" Field>>

Funeral Expenses: Your claims for Money Paid for Funeral Costs were denied because of the following:

- <<You did not provide sufficient proof that the patient was in fact a patient of the Defendant.>>
- <<You did not establish that you are a family member of the deceased and only family members are eligible to receive restitution for funeral expenses.>>
- <<You did not establish that you paid for all or part of the funeral.>>
- <<Liens are not eligible for restitution in this process.>>
- <<Insert Direct text from "Custom Explanation Text" Field>>

Late Claims:

- <<Insert Direct text from "Custom Explanation Text" Field>>

II. Next Steps

The Facilitator will submit to the Department of Justice a proposed list of eligible claimants and the amounts for which they are eligible. The Department of Justice will review the list and will submit the list to the Court. The Court will make the final decisions about what claims will be paid and the payment amount for each claim.

At this time, we anticipate that the Department of Justice will submit the eligibility list to the Court in or about November 2017. In the meantime, please keep us informed of any changes to your contact information. Also, if you receive compensation from another source relating to any expense for which you sought restitution in this process, you have an ongoing obligation to report that compensation to us.

III. How to Seek Court Review

If you believe that all or part of the Facilitator's recommendation is mistaken based upon the documentation you have already submitted with your claim, you may ask the Court to review the Facilitator's recommendation. If you wish the Court to review the Facilitator's recommendation, you must complete and submit the enclosed "Request for Review of Denial of Claim" form **directly to the Court** postmarked on or before **December 11, 2017**. **Do not return the form to the Facilitator**.

<<MAIL ID>>

<<NAME 1 OR ESTATE>> TRACKING NUMBER: <<TN>>

Conclusion

Our phone agents can explain any aspects of this letter that may be confusing to you. Do not hesitate to call us toll-free at 1-877-202-3282 to see how we can help, or check the website at www.FataClaims.com.

Please be advised that the Victim Witness Coordinator for the Eastern District of Michigan, Sandy Palazzolo, will not be able to answer specific questions about the recommendation made on your claim.

Sincerely,

Randi Ilyse Roth
Attorney at Law
Claims Facilitator

Appendix D

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF MICHIGAN
SOUTHERN DIVISION

UNITED STATES OF AMERICA,

Plaintiff,

v.

Case No. 2:17-mc-50557
(SEALED MATTER)

FARID FATA, M.D.,

Honorable Paul D. Borman
Magistrate Judge David Grand

Defendant.

_______________________________/

NOTICE OF FACILITATOR'S FINAL RECOMMENDATION AND NOTICE OF RIGHT TO COURT REVIEW

Our records indicate that you filed a Claim for restitution in this case. The Facilitator sent a letter to you explaining the amount of restitution you may be entitled to receive. *If you agree with the Facilitator's recommendation(s), you do not need to take any further action at this time.* Further information and updates regarding the timing and processing of restitution payments will be provided.

If you believe the Facilitator has wrongly denied all or a portion of your Claim, you may request a review by the Court.

If you would like the Court to review the Facilitator's reasons for the denial of all or a portion of your Claim, your request for review by the Court must be postmarked on or before **December 11, 2017**.

Your request must be in writing on the enclosed form. The form asks you to explain what mistake was made by the Facilitator in reviewing the *documents you already submitted in your Claim package to support your Claim.* If you need additional space to explain, you may attach additional pages to the enclosed form. Please print clearly in black ink on the enclosed form and on any additional pages. Please be sure to include your name and tracking number on every additional page submitted.

Mail the completed form and all attachments to:

Clerk of the Court
Attn: *U.S. v. Fata* Restitution Claims
231 W. Lafayette Blvd.
Theodore Levin U.S. Courthouse
Detroit, MI 48226

Please be advised that your written request for review, including all of the details you include on the enclosed form, will be filed **under seal** in the court record by the Clerk of the Court. Therefore, the information will not be publicly available. Please note that the Court will not be providing written confirmation of the receipt of a request for review.

If you request review by the Court according to these instructions, the Court will provide further direction regarding any additional deadlines, court appearances, or other requirements that are necessary to the review of your Claim.

KEEP A COPY OF THE COMPLETE REQUEST FOR REVIEW FOR YOUR RECORDS

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF MICHIGAN
SOUTHERN DIVISION

UNITED STATES OF AMERICA,

Plaintiff,

v.

Case No. 2:17-mc-50557
(SEALED MATTER)

FARID FATA, M.D.,

Honorable Paul D. Borman
Magistrate Judge David Grand

Defendant.

______________________________/

REQUEST FOR REVIEW OF DENIAL OF CLAIM

Explain to the Court, in detail, the error(s) in the Facilitator's decision.

For each error you explain, you must include: (1) the dollar amount deemed eligible by the Facilitator; and (2) the dollar amount you believe you should receive, based upon the documents you already provided in your Claim package.

You may attach extra pages if necessary. Be sure to include your name and tracking number at the top of each additional page.

Please print clearly in black ink on this form and on any additional pages.

(1) Describe and explain the error(s):

____

____

____

____

____

____

____

____

____

____

____

(2) For each error you described above, tell the Court which document(s) *that were included in your Claim package* show(s) that the Facilitator made a mistake:

____

____

____

____

____

____

(3) Tracking Number of your Claim:

I believe the Facilitator made a mistake in denying all or a portion of my Claim in this case, as described above.

I declare under penalty of perjury that I have read the information in this Request for Review of Denial of Claim and that these statements are true and correct.

Dated __ __ – __ __ – __ __
MM DD YY

____
Signature of Claimant/Representative

First Name ______________ MI __ Last Name ______________

Street Address ______________________________

City ____________________ State __ ZIP Code _____

Telephone Number
___ – ___ – ____

Email Address ______________________________

Appendix E

United States v. Farid Fata
Claims Facilitator
P.O. Box 2730
Portland, OR 97208-2730

Case No. 13CR20600

AFFIDAVIT OF SURVIVING SPOUSE

I, ____________________________, make the following statements based upon personal information:

1. I have filed a claim for reimbursement of expenses in this case.
2. My Social Security Number is ___________-__________-_____________.
3. My spouse, ______________________, was a patient of Farid Fata. We were married on ____________, in the County of _______________, State of _________________________.
4. We were married during the time that my spouse, __________________________, was a patient of Farid Fata.
5. My spouse, __________________________, died on ____________________. I have included a copy of the death certificate with my claim for reimbursement, OR a copy of the death certificate is attached to this affidavit.
6. We were married to each other at the time of my spouse's death.
7. No probate estate has been opened in any county for or on behalf of my spouse.
8. Upon information and belief, no one else has made a claim for reimbursement of these expenses, and I am entitled to receive these funds.

I declare under penalty of perjury, 28 U.S.C. § 1746, that the foregoing is true and correct.

Date Signed: ____

Signature: ____

Printed Name: ____

Address: ____

____

Phone Number: ____

Subscribed and sworn before me in the City of ___________________, County of ___________________,

State of ____________________________, on this ________ day of ___________________, 20______.

____
Notary Public

____
Commission Expiration Date

R6531 v.03 07.14.2017

Appendix F

For questions regarding the Claim Form
call toll-free at 1-877-202-3282
or visit the website: www.fataclaims.com

How Do I Prove What I Paid and/or Owed?

This claims process requires that for each out-of-pocket expense, the Claimant must either:

(1) Prove the amount that the Claimant ***paid***; or

(2) Prove the amount that the Claimant ***owed***, and ***swear*** that the Claimant paid that bill.

What are the easiest ways to do this? Let's look at some possibilities for the eligible expenses:

Proof of Expenses While a Patient of Fata:

How do I prove the amount the Claimant paid out-of-pocket to or at the direction of the defendant? Here are some suggestions:

1. **Patient File.** Many patients and family members of deceased patients received the patient's medical file after the defendant's arrest. In some cases, the file may contain records of payments to Michigan Hematology Oncology. Claimants who have those payment records can use them to prove that they made the payments shown in those records.

2. **Bank Statements and/or Cancelled Checks.** Claimants who have bank statements and/or cancelled checks can use those statements and/or checks as proof of payment to the extent that they indicate that payments were made to Michigan Hematology Oncology and other medical providers who treated the patient based upon orders by Fata. (However, please note that a handwritten check register alone is insufficient proof of payments.)

3. **Credit Card Statements.** Claimants who have credit card statements during the time of Fata's treatment can use those statements as proof of payment to the extent that they indicate that payments were made to Michigan Hematology Oncology and other medical providers who treated the patient based upon orders by Fata.

4. **Receipts.** If the Claimant has receipts of the payments made, those serve as proof of payment.

5. **Explanation of Benefits (EOBs) and Medicare Summary Notices (MSNs).** Claimants who do not have any of the types of proof listed for one or more out-of-pocket expense(s) above will need to obtain EOBs or MSNs to show that the patient owed a specific amount. Look at the fataclaims.com website and click on "Medicare and Insurance Information" to learn how to get these forms. Please note that some insurance companies may provide a spreadsheet instead of EOBs. We will accept a spreadsheet generated by the patient's insurance company.

Remedial Treatments until September 6, 2016

What is the easiest way to prove the amount the Claimant paid out-of-pocket for remedial treatment? Here are some possible approaches.

1. **Ask Remedial Treatment Provider for Printout of Payments.** In most cases, the remedial treatment providers are still in practice. Claimants can try asking those providers' business offices to send them a statement showing all amounts they have paid so far. Claimants can use those statements as proof of out-of-pocket expenses if they clearly indicate what the patient paid out-of-pocket.

2. **Bank Statements and/or Cancelled Checks.** Claimants who have the victim's bank statements and/or cancelled checks from these years can use those statements and/or checks as proof of payment to the extent that they clearly indicate that payments were made to the remedial treatment provider. (However, please note that a handwritten check register alone is insufficient proof of payments.)

3. **Credit Card Statements.** Claimants who have the victim's credit card statements from these years can use those statements as proof of payment to the extent that they clearly indicate that payments were made to the remedial treatment provider.

4. **Receipts.** If the Claimant has receipts of the payments made, those serve as proof of payment.

5. **Explanation of Benefits (EOBs) and Medicare Summary Notices (MSNs).** Claimants who do not have any of the types of proof listed for one or more out-of-pocket expense(s) above will need to obtain EOBs and MSNs to show that they owed a specific amount. Look at www.fataclaims.com and click on "Medicare and Insurance Information" to learn how to get these forms. Please note that some insurance companies may provide a spreadsheet instead of EOBs. We will accept a spreadsheet produced by the patient's insurance company.

<u>Proof or Need to Swear?</u>

If the Claimant provided proof of payment, there is no need to swear that the payments were made. If, instead, the Claimant is providing proof of what was owed (by way of EOBs and/or MSNs), the Claimant needs to check the box to swear that the bills were paid.

Appendix G

Do I Have to Fill Out the Tables on the Claim Form? Is There an Easier Way to Complete the Claim Form?

To address the concern that Claimants have too many entries to write into the 3 tables in the Claim Form (on pages 5, 8, and 11 of the Claim Form), we are now offering an ***alternative, slightly streamlined way of completing the tables in the Claim Form.***

Instead of copying every transaction onto a table, the Claimant may instead take these five steps:

Step #1: Divide Proof into Three Categories.

Divide all of the proof into three categories:

- **Defendant.** Payments made to or at the direction of the defendant before August 6, 2013.
- **Remedial Medical and Dental.** Payments made to remedial medical and/or dental providers before or on September 6, 2016.
- **Remedial Mental Health.** Payments made to remedial mental health providers before or on September 6, 2016.

Put each category of papers in a separate, labeled folder or envelope within your mailing envelope. Please do not only clip or rubber band the categories together, and please do not use Post-it notes; these items can lose their designated places during the review process.

Step #2: Circle the Claimed Out-of-Pocket Expenses.

For each category of papers, please **circle** on each document the out-of-pocket expenses the Claimant is submitting in the claim. Please do not only highlight the out-of-pocket expenses. If you have already highlighted, please be sure to circle the expenses as well. Please do not use Post-it notes as they can fall from their designated places during the review process.

Step #3: Compute the Total for Each Category.

The Claim Form must include a request for a specific total amount for each category. So, add the figures together to determine the total amount the Claimant is claiming for each category.

Step #4: Write the Total on Table.

Write onto each table the total amount the Claimant is claiming for that category. In other words:

- On Table #1 page 5 of Claim Form, write the total amount the Claimant is claiming for out-of-pocket expenses for payments to or at the direction of the defendant;
- On Table #2 page 8 of Claim Form, write the total amount the Claimant is claiming for out-of-pocket expenses for remedial medical and/or dental treatment;
- On Table #3 page 11 of Claim Form, write the total amount the Claimant is claiming for out-of-pocket expenses for remedial mental health treatment.

Step #5: Provide Explanation.

The Claimant is welcome to include a letter or note explaining any additional information that will help us to understand the documents provided. Telling the story of the treatments and what was involved can help us to understand the documents submitted. This is not required, but providing more information may help.

Note: Proof or Need to Swear?

If the Claimant provided proof of payment, there is no need to swear that the payments were made. If, instead, the Claimant is providing proof of what was owed (by way of EOBs and/or MSNs), the Claimant needs to check the box to swear that the bills were paid.

Appendix H

Physician and Dentist Form

Note to Patient:

This form must be filled out by doctor(s) and/or dentist(s) who are providing or have provided the patient with remedial treatment. If the patient is asking for compensation for payments to more than one doctor or dentist, please make copies of this form and have it filled out by each of them.

Note to Physicians and Dentists:

Your patient wishes to file a claim in the *United States v. Farid Fata* claims process. He or she cannot seek reimbursement for costs related to the remedial treatment you are currently providing or have already provided unless you complete this form. Thank you for taking the time to assist this patient. If you or your office have any questions about this form, please call 1-877-202-3282 for assistance.

Instructions

1. This Physician and Dentist Form must be completed by the patient's treating physician or dentist.
2. If additional space is needed to complete any section of this form, please attach additional pages and include the patient's name at the top of each additional page.

Section 1: General Information

Patient First Name ☐☐☐☐☐☐☐☐☐☐☐☐☐ MI ☐ Last Name ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

I am a doctor of (check one) ☐ medicine ☐ osteopathy/osteopathic medicine
☐ dentistry

Specialties and AMA Physician Specialty Codes: (if applicable) ______________________________

____

____

Section 2: Medical and/or Dental Condition(s)

I have treated/am treating the patient named above for the following condition(s):

____

____

____

____

Section 3: Likelihood that Farid Fata Caused the Condition(s)

Do you believe that it is possible, probable, or definite that the condition(s) for which you are/were treating the patient was/were caused by Farid Fata? If your belief aligns with any of those three levels of likeliness, please check "yes" below. If not, please check "no."

☐ Yes, I believe that it is possible, probable, or definite that the condition(s) for which I was/am treating this patient was/were caused by Farid Fata.

☐ No, I do not believe that it is possible, probable, or definite that the condition(s) for which I was/am treating this patient was/were caused by Farid Fata.

If your answer is "yes" to some of the conditions listed in Section 2, above, and "no" to others, please indicate by writing "yes" or "no" next to each condition.

Section 4: Treatments

Please list the current and/or past treatments and/or orders and/or services provided to this patient to treat the condition(s) that were possibly, probably, or definitely caused by Farid Fata.

These "treatments, orders, and services" may include:

- Both **past** and **current** treatments
- Both **remedial** treatments and **preventative** treatments
  - Some examples of **remedial** treatments include: office visits to treat a condition, removal of an unnecessary chemotherapy port, medical testing, medical devices (e.g., wheelchairs), prescription medications, dental restoration, physical therapy, and occupational therapy.
  - Some examples of **preventative** treatments include: office visits to monitor for the development of a condition and testing to discern whether a condition is developing.

Section 5: Certification of Accuracy of Information

I understand that by signing this document, I am declaring the information on this form to be true and accurate. I further understand that the United States is relying upon the information contained in this form to make a decision about the claims for reimbursement submitted by the patient to the United States District Court. I am legally authorized to practice in the state identified below and I have provided my professional license number below.

Signature of Physician or Dentist

Date: MM – DD – YYYY

Physician or Dentist First Name | MI | Last Name

Physician or Dentist Address

City | State | ZIP Code

Physician or Dentist Primary Phone | Physician or Dentist Fax

Physician or Dentist Email Address

State Where Legally Authorized to Practice

Professional License Number | NPI Number (if applicable)

Appendix I

Mental Health Treatment Provider Form

Note to Patient/Client:

This form must be filled out by the mental health treatment provider(s) who are providing or have provided the patient/client with remedial treatment. If the patient/client is asking for compensation for payments to more than one mental health treatment provider, please make copies of this form and have it filled out by each of them.

Note to Mental Health Providers:

Your patient/client wishes to file a claim in the *United States v. Farid Fata* claims process. He or she cannot seek reimbursement for costs related to the remedial treatment you are currently providing or have already provided unless you complete this form. Thank you for taking the time to assist this patient/client. If you or your office have any questions about this form, please call 1-877-202-3282 for assistance.

Instructions

1. This Mental Health Treatment Provider Form must be completed by the patient's/client's mental health provider.
2. If additional space is needed to complete any section of this form, please attach additional pages and include the patient's/client's name at the top of each additional page.

Section 1: General Information

Patient/Client First Name	MI	Last Name

Section 2: Mental Health Condition(s)

I have treated/am treating the patient/client named above for the following condition(s):

____

____

____

____

____

Section 3: Likelihood that Farid Fata Caused the Condition(s)

Do you believe that it is possible, probable, or definite that the condition(s) for which you are treating the patient/client was/were attributable in significant part to Farid Fata? If your belief aligns with any of those three levels of likeliness, please check "yes" below. If not, please check "no."

☐ Yes, I believe that it is possible, probable, or definite that the condition(s) for which I was/am treating this patient/client was/were attributable in significant part to Farid Fata.

☐ No, I do not believe that it is possible, probable, or definite that the condition(s) for which I was/am treating this patient/client was/were attributable in significant part to Farid Fata.

If your answer is "yes" to some of the conditions listed in Section 2, above, and "no" to others, please indicate by writing "yes" or "no" in Section 2 next to each condition.

Section 4: Treatments

Please list the current and/or past treatments and/or orders provided to this patient/client to treat the condition(s) that were possibly, probably, or definitely attributable in significant part to Farid Fata.

These "treatments" may include:

- Both **past** and **current** treatments
- Examples of treatments may include (but are not limited to): therapy sessions and prescription medications.

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Section 5: Certification of Accuracy of Information

I certify that in my professional judgment, the patient/client identified above had, or continues to have, mental and/or emotional impairment(s) that possibly, probably, or definitely was/were attributable in significant part to treatment provided by Farid Fata. I understand that, by signing this document, I am declaring the information on this form to be true and accurate. I further understand that the United States is relying upon the information contained in this form to make a decision about the claims for reimbursement submitted by the patient/client to the United States District Court. I am legally authorized to practice in the state identified below, and I have provided my professional license number below.

Signature of Mental Health Provider

Date: MM – DD – YYYY

Mental Health Provider First Name

MI

Last Name

Mental Health Provider Address

City

State

ZIP Code

Mental Health Provider Primary Phone

Mental Health Provider Fax

Mental Health Provider Email Address

State Where Legally Authorized to Practice

Professional License Number

NPI Number (if applicable)

Type of Provider (for example, psychiatrist, psychologist, therapist, licensed social worker, etc.)