

## Hepatitis C Class Action Settlement

Settlement Administrator  
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Ottawa ON K1P 5W5  
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COC

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June 11, 2002

Claim No:

clm.clm\_idno

Dear Claimant:

As you know, your Claim for compensation under the *1986-1990 Hepatitis C Settlement Agreement* was approved at disease level 6. We are writing to advise that since you were approved at disease level 6 you are entitled to claim **supplemental compensation** relating to your “**Costs of Care**”.

### **Treating Physician To Confirm When You First Qualified at Disease Level 6**

In accordance with Section 4.04 of the Settlement Agreement, you are entitled, on the recommendation of your Treating Physician, to be compensated for costs incurred relating to your care as of the date that your Treating Physician confirmed you to be suffering from at least **one of the seven medical conditions associated with disease level 6** (see listing of the seven medical conditions on TRAN 2 or HEMO 2 Form on page 2).

### **Compensation Limits and Restrictions**

As per the Settlement Agreement, this recovery is for the **amount or portion of costs**, if any, that exceed the amount available to you through **public or private insurance**. This would also include any amount that you may have been required to pay as a deductible or co-payment. The amount is limited to **\$50,000** per calendar year in 1999 dollars.

### **Examples of Eligible Costs Relating to Care**

- Personal care provided by relative in the home (Please indicate the number of hours per week and a description of the care provided)

### **You must provide receipts for the following:**

- Nursing care in the home
- Respite care – in the home or outside the home
- Daycare programs
- Long-term care facilities (only the portion not covered by other insurance plans)
- Palliative care

**The examples listed below are eligible costs ONLY if provided by VON:**

- Case management
- Claim preparation

### **VON Canada Assistance and Assessment**

Because the completion of this Costs of Care Form may be complex due to the varying nature of what is covered by public or private health insurance, the Administrator has enlisted the co-operation of representatives of the **Victorian Order of Nurses for Canada** (VON Canada) who understand the requirements for both the Settlement and the claim Forms.

VON Canada are uniquely qualified to assess, deliver and manage any health care you may require that is not covered by public or private insurance. Part of the services they will provide (reimbursable from the Settlement Fund) includes: reviewing your case to assess if you qualify for cost of care and what services you can claim; completing all paperwork and following-up with your physician or the Administrator.

You may choose to **complete the Costs of Care Form** yourself, **OR** have VON Canada **OR** any other similar health care service provider complete it for you. The choice of provider is left at your **discretion**

### **How to Contact the VON**

If you opt to use VON Canada please call them toll-free at **1 866 206-6520** to make an appointment. **Identify yourself** as an Approved Claimant. Kindly state your full name, full address and claim ID number. Be sure to tell them that you are approved under the *1986-1990 Hepatitis C Class Action Settlement*. A VON nurse will follow-up with your request.

Please be advised that VON Canada offers the following services:

- Assessing** “eligible care services” that you may have required in the past and may presently require over and above that provided by public or private health care insurance.
- Consulting with your Treating Physician(s)** to confirm which costs you incurred and may incur due to your HCV infection, which are eligible under the “Cost of Care Compensation program”.
- Making recommendations** to your Treating Physician(s) for “care services” to be provided or coordinated by VON.
- Completing the Costs of Care Form** and ensuring that all signatures have been included (your signature at Section E and your Treating Physician’s at Section C).
- Implementing the “care services”** recommended by the Treating Physician(s), using either your existing care provider or VON staff.

If you have any questions about the above please do not hesitate to call us at 1 877 434-0944.

Yours truly,

The 1986-1990 Hepatitis C Claims Centre