

Alert No. 2014 – 2

U.S. ASR Hip Settlement Alert – 3/11/14

Updates to the Blue Claim Form

1. ***Introduction.*** The Claims Processor implemented changes to the Blue Claim Form on 2/28/14. The updated Blue Claim Form is available on the Portal for law firms and *pro se* claimants. This Alert describes these changes in detail, which include revised instructions for identifying all insurers and third party payors of medical expenses, providing information about the Product User's employer(s), background on lien correspondence, and information about the Product User's states and duration of residency since the date of implant. In addition to these changes, the Blue Claim Form now has signature sections for both the claimant and the attorney, if the claimant is represented. The Claims Processor will accept a Blue Claim Form that is signed by either the claimant or the claimant's attorney, and will not require both signatures.
2. ***Previous Submissions of the Blue Claim Form.*** You are not required to resubmit the Blue Claim Form if you submitted it before 2/28/14. If the Claims Processor needs additional information to process submissions of the original version of the Blue Claim Form, we will notify you. If you did not complete the Blue Claim Form before 2/28/14, you should complete and submit the new version of the form. If you are an attorney who prepared a Blue Claim Form previously and you have received updates from your client since then, you should make the changes on the Portal version of the Blue Claim Form.
3. ***Insurance Identification.*** The Blue Claim Form requires claimants to provide information about all insurers and third party payors of the Product User's medical expenses since the date of implant. Claimants should provide copies of insurance cards that are available to facilitate accurate and timely lien resolution. Additionally, this section of the Blue Claim Form permits claimants to identify the nature of the insurer or third party payor to describe more accurately the insurer or plan listed in this section. Finally, this section of the Blue Form requests information about the Product User's employer(s) and dates of employment.
4. ***Lien Correspondence.*** The Blue Claim Form requires claimants to provide information about all alleged liens, claims or reimbursement interests related to a Product User's Qualified Device, Revision Surgery or Settlement. The updated version of the Blue Claim Form has additional questions about alleged liens and correspondence concerning reimbursement or liens. The Claims Processor updated the instructions for this section to clarify the type of correspondence claimants should submit to document alleged liens, claims and reimbursement interests.
5. ***Residence.*** The Blue Claim Form requires claimants to provide information about the Product User's state(s) of residence since the date of implant and the dates of duration of such residence. The previous version of the Blue Claim Form required claimants to provide the day, month and year for each duration of residence. The updated version of the Blue Claim Form permits claimants to provide only the month and year for the duration of residence. The updated version also allows claimants to specify whether the location and

duration of residence relate to the Product User or the Policyholder, if the location or dates of residence differ.

6. ***Certification by Claimant.*** The Blue Claim Form now includes separate signature sections for the claimant and the claimant's attorney, if applicable. The Claims Processor will accept a Blue Claim Form that is signed by either the claimant or the claimant's attorney, if applicable. We do not require both signatures.
7. ***Questions.*** If you have any questions about this Alert or these changes to the Blue Claim Form, please call or email your assigned Claims Processor contact. You may also email us at claimsprocessor@usasrhipsettlement.com or call us toll-free at 1(877) 391-3169.