Office of the Claims Administrator

Sulzer Settlement Trust
P.O. Box 94558
Cleveland, Ohio 44101-4558
Telephone: (800) 683-1861

January 24, 2003

Frances Bryant
c/o Brian Connelly, Esquire
979 Beachland Boulevard
Vero Beach, FL 32963

Re: Preliminary Determination of Settlement Benefits
Claim Number: 567424047

Dear Frances Bryant,

Section 4.6(d) of the Settlement Agreement in *In re: Sulzer Hip Prosthesis and Knee Prosthesis Product Liability Litigation*, MDL No. 1401, provides that the Claims Administrator shall provide to Class Members a Preliminary Determination of Settlement benefits. Your Preliminary Determination notice is enclosed. The notice reports the benefits for which you have applied, the benefits for which you are entitled to payment, and the amount, if any, of your benefit award.

If you are in agreement with this Preliminary Determination, you may waive your right to file supplemental information and to appeal so that you may expedite payment of your Settlement benefits. If you disagree with your Preliminary Determination, the enclosed notice explains how to supplement your Claim or contest the Preliminary Determination.

If you have any questions about your Claim or about this Preliminary Determination, you may contact this office at the address and telephone number above.

Sincerely,

Claims Administrator

Enclosure

NOTICE OF CLAIMS ADMINISTRATOR'S PRELIMINARY DETERMINATION

In re: Sulzer Hip Prosthesis and Knee Prosthesis Product Liability Litigation, MDL No. 1401

1. Identifying Information

To: **Frances Bryant**
c/o Brian Connelly, Esquire
979 Beachland Boulevard
Vero Beach, FL 32963
Claim Number: 567424047

Date: January 24, 2003

2. Preliminary Determination

The Claims Administrator has reviewed your Claim(s) for benefits under the Class Action Settlement Agreement *In re: Sulzer Hip Prosthesis and Knee Prosthesis Product Liability Litigation*, MDL No. 1401, and makes the following Preliminary Determination under Section 4.6(c) of the Settlement Agreement.

You submitted at least one Orange Form seeking APRS Fund benefits but you did not submit sufficient evidence to prove that APRS Claim. Your Claim did, however, contain sufficient evidence to prove your entitlement to Unrevised APR benefits. Therefore, as indicated below, the Claims Administrator has awarded you in this Preliminary Determination Unrevised APR benefits and denied your Claim for APRS benefits.

Below is a cumulative list of all Claim Forms that have been submitted and reviewed for this Preliminary Determination letter.

Unrevised Affected Product Recipient Benefits (BLUE Form)

Form No.	Eligible	Complete Claim	Affected Product	Benefit Amount
99013	Y	Y	Y	$1,000.00

Affected Product Revision Surgery Benefits (ORANGE Form)

Form No.	GPO Elected	Eligible	Complete Claim	Affected Product	Revision Surgery	Absence of Trauma	Attorney Fee Benefit Amount	Benefit Amount
8308	Y	N	Y	Y	N	Y	$0.00	$0.00

NOTICE OF CLAIMS ADMINISTRATOR'S PRELIMINARY DETERMINATION
In re: Sulzer Hip Prosthesis and Knee Prosthesis Product Liability Litigation, MDL No. 1401

Payment Information:	**Gross Benefit Amount:**	**$1,000.00**
	Less Settlement Amount(s) Previously Paid (if any)	
	Less Advance Amount(s) Paid by Sulzer (if any)	
	Net Benefit Amount to be Paid:	**$1,000.00**

3. Right to Contest Preliminary Determination

If you wish to contest this Preliminary Determination, you may submit to the Claims Administrator any additional information supporting your position. Any such supplemental information and/or documentation shall be submitted with a cover letter, specifying your Claim Number. Your submission must be postmarked within forty-five (45) days from the date of this Preliminary Determination, or it will not be considered by the Claims Administrator in making his Final Determination or during any appeal of the Claims Administrator's Final Determination. Send all materials to: Claims Administrator, P.O. Box 94558, Cleveland, OH 44101-4558.

4. Final Determination and Appeal Rights

If you do not contest this Preliminary Determination pursuant to section 3 above, it will automatically become the Claims Administrator's Final Determination. If you contest this Preliminary Determination, the Claims Administrator will issue his Final Determination within ninety (90) days of receiving any additional information. Within thirty (30) days after the date of the Claims Administrator's Final Determination, you may appeal the Final Determination by filing a notice of appeal with th Federal District Court and serving a copy on the Claims Administrator pursuant to Section 4.6(f) of the Settlement Agreement.

5. Accelerated Payments and Waiver of Rights

If you agree with this Preliminary Determination and wish to bypass your right to contest and appeal, you may accelerate the payment of your claim by completing and returning the attached Acceptance of Preliminary Determination and Waiver of Appeal Rights. By completing and submitting this form, you waive all rights to contest and appeal your claim. See the attached form for details regarding its proper execution and submission.

6. Contact Information

If you have any questions regarding this Preliminary Determination, put them in writing to:
Claims Administrator, P.O. Box 94558, Cleveland, OH 44101-4558

Remember to advise the Claims Administrator in writing if there are any changes in your name and/or mailing address.

ACCEPTANCE OF PRELIMINARY DETERMINATION AND WAIVER OF APPEAL RIGHTS

Claimant: Frances Bryant

Claim Number: 567424047

I hereby acknowledge that I have received a Preliminary Determination of my Claim for Settlement benefits from the Claims Administrator dated January 24, 2003. I agree with the Claims Administrator's Preliminary Determination of my eligibility for Settlement benefits. I do not desire to submit any supplemental material for the Claim Administrator's consideration related to this claim. I expressly waive any right I may have pursuant to the Settlement Agreement to appeal the Claims Administrator's determination of my Settlement benefits. I request by this notification that my Preliminary Determination be deemed a Final Determination with respect to the Claims decided by the Preliminary Determination.

Class Member Signature Date

Attorney Signature (if represented) Date

Return this form to:

Sulzer Settlement Trust
Claims Administrator
P.O. Box 94558
Cleveland, Ohio 44101-4558

Please retain a copy for your records.

LAW OFFICES OF
GOULD, COOKSEY, FENNELL,
O'NEILL, MARINE, CARTER & HAFNER, P.A.

JOHN R. GOULD (1921-1988)
BYRON T. COOKSEY
DARRELL FENNELL
EUGENE J. O'NEILL*
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OF COUNSEL
SAMUEL A. BLOCK

**FL. BOARD CERTIFIED
WILLS, TRUSTS AND ESTATES

February 13, 2003

CLAIMS ADMINISTRATOR
Sulzer Settlement Trust
P.O. Box 94558
Cleveland, OH 44101-4558

RE: Claimant Name : Frances Bryant
Claimant Number : 567424047

OBJECTION TO PRELIMINARY DETERMINATION

Dear Claims Administrator:

On September 24, 2002, the CA sent my office a letter advising that additional information was required to determine entitlement to benefits for an affected product revision. My office complied with that request by sending the CA via certified mail on September 27, 2002, documentary evidence showing that Ms. Bryant underwent the revision surgery.

On January 24, 2003, the CA issued a preliminary determination advising that Mrs. Bryant was entitled only to a $1000.00 payment for an unrevised affected product. This determination is in error and must be corrected.

Please find enclosed the medical records of Dr. David Griffin, one of Sulzer's contractual surgical doctors, who practices in Vero Beach, Florida. Dr. David Griffin performed a left total hip revision due to failure on July 11, 2001 upon Mrs. Bryant. Dr. Griffin also executed a statement on June 16, 2002, confirming that the revision surgery was not necessitated as a result of trauma.

It is uncontroverted that Mrs. Bryant was implanted with one of the defective hip implants. The revision surgery occurred on July 11, 2001. It is uncontroverted that the revision surgery was not caused by trauma, but rather as a result of chronic instability caused by the defective implant itself.

Mrs. Bryant is an elderly woman who needs the financial security and resources that these settlement benefits represent. Kindly correct her preliminary determination to reflect her entitlement to the full $160,000 as an affected product revision claimant.

These notifications have caused undue stress upon Mrs. Bryant, therefore I request that you respond as soon as possible. Thank you for your attention to this matter and I look forward to your response.

Sincerely yours,

BRIAN J. CONNELLY

Enclosures:

ORTHOPAEDIC CENTER OF VERO BEACH

David W. Griffin, M.D.
B.A.C.S., F.A.A.O.S.
Diplomate, American Board of Orthopaedic Surgery
Member, North American Arthroscopic Association
Member, American Association of Hip and Knee Surgeons

Richard Steinfeld, M.D.
Board Eligible
Orthopaedic Surgery
Adult Hip and Knee Reconstruction
Sports Medicine

Trent S. Brister, PA-C

NAME: | Frances Bryant | **DOB:** | | **SEX:** |

Drug Allergies:

08-14-01

CHIEF COMPLAINT:
Post op revision femoral head.

PRESENT ILLNESS:
She did not have her cup removed we exchanged her for a larger head, at the time of surgery I could not remove her cup without doing extensive bone destruction and removal. She is doing better at this stage.

EXAM:
She has a little trochanteric bursitis on the left side.

X-RAY:
AP and lateral show excellent positioning of the hip. No evidence of cup loosening and she does have a 38mm head.

IMPRESSION:
Post op total hip revision

RECOMMENDATION:
1. Injection left hip with 1cc 1% Xylocaine, 1cc 40mg/ml Depo medrol
2. Recheck in one year. Prescription for physical therapy given.

Medications (Prescribed this visit)	**Dosage**	**Frequency**	**DC'd**

David W. Griffin, MD/br(08-14-01)

X-RAY:
AP and lateral show excellent positioning of the hip. No evidence of cup loosening and she does have a 38mm head.
David W. Griffin, MD/br(08-14-01)

David W Griffin

ORTHOPAEDIC CENTER OF VERO BEACH
David W. Griffin, M.D., P.A., F.A.C.S., F.A.A.O.S.
Diplomate, American Board of Orthopaedic Surgery
Member, North American Arthroscopic Association
Member, American Association of Hip and Knee Surgeons

NAME:	Frances Bryant	DOB:		SEX:	F
Drug Allergies:					

7-10-01

CHIEF COMPLAINT:
She is in for pre op check today.

PRESENT ILLNESS:
She is scheduled for a Sulzer hip revision procedure.

EXAM:
She has been thoroughly counseled.

X-RAY:
Deferred.

IMPRESSION:
She understands risks and complications. She has been seen by Dr. Atamer and is cleared.

RECOMMENDATION:
1. Proceed with revision of her acetabulum.

Medications (Prescribed this visit)	Dosage	Frequency	DC'd
None			

David W. Griffin, MD/mr(7-10-01)

David W Griffin

FAXED

ORTHOPAEDIC CENTER OF VERO BEACH
David W. Griffin, M.D., P.A., F.A.C.S., F.A.A.O.S.
Diplomate, American Board of Orthopaedic Surgery
Member, North American Arthroscopic Association
Member, American Association of Hip and Knee Surgeons

NAME:	Frances Bryant	DOB:		SEX:	F
Drug Allergies:					

6-12-01

CHIEF COMPLAINT:
She was called in today for re-evaluation. She has one of the Sulzer recalled cups and comes in today for follow up upon my request.

PRESENT ILLNESS:
She has had significant problems. I haven't seen her since December 99. She states she has had continued to have pain and discomfort.

EXAM:
She has an antalgic gait on the left leg and is using a cane. She has pain and discomfort with ROM of her left hip with internal and external rotation. Right hip examination is normal.

X-RAY:
Films of her pelvis, AP and lateral of the left hip reveals a well position cemented stem and a well position non-cemented acetabulum. No screws are present. I do not see any problems with the cup itself and I do not see any lucent lines.

IMPRESSION:
Probably painful acetabulum.

RECOMMENDATION:
1. This is a Sulzer recall cup and I think we need to proceed with hip aspiration. Pending the outcome of this, schedule for revision of a left acetabular cup.

Medications (Prescribed this visit)	Dosage	Frequency	DC'd
None			

David W. Griffin, MD/mr(6-12-01)

CC: Dr. Atamer

SURGERY
DATE July 11, 2001
TIME 9:45 L+ THR Rev.

ORTHOPAEDIC CENTER OF VERO BEACH

David W. Griffin, M.D., P.A., F.A.C.S., F.A.A.O.S.
Diplomate, American Board of Orthopaedic Surgery
Member, North American Arthroscopic Association
777 37th Street, Suite D-105
Vero Beach, FL 32960

12-08-99 BRYANT, FRANCES

CHIEF COMPLAINT: Post op left total hip

S: **PERSONAL HISTORY:** This patient is post op left total hip. She is doing extremely well at this stage. Her surgery was 11/10/99.

O: **PHYSICAL EXAMINATION:** Exam reveals her incision is well-healed. She has an excellent gait.

XRAYS: Two views AP & lateral of hips show excellent positioning of a total hip replacement, good alignment.

A: **CLINICAL IMPRESSION:** S/P LEFT TOTAL HIP REPLACEMENT

P: **RECOMMENDATIONS:**
1. Recheck four weeks.
2. No x-rays needed on return.
3. VNA will see the patient twice a week for three weeks.

David W. Griffin, MD/br (12-09-99)

12-08-99 BRYANT, FRANCES

XRAYS: Two views AP & lateral of hips show excellent positioning of a total hip replacement, good alignment.

David W. Griffin, MD/br (12-09-99)

David W Griffin

LAW OFFICES OF
GOULD, COOKSEY, FENNELL,
O'NEILL, MARINE, CARTER & HAFNER, P.A.

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OF COUNSEL
SAMUEL A. BLOCK

**FL. BOARD CERTIFIED
WILLS, TRUSTS AND ESTATES

March 20, 2003

CLAIMS ADMINISTRATOR
Sulzer Settlement Trust
P.O. Box 94558
Cleveland, OH 44101-4558

RE: Claimant Name : Frances Bryant
Claimant Number : 567424047

Dear Claims Administrator:

The purpose of this letter is to request a status update regarding the determination of our client, Frances Bryant's claim. As you are aware, on January 24, 2003 the Claims Administrator issued a preliminary determination advising that Mrs. Bryant was only entitled to $1,000.00 for an unrevised affected product. My office responded to this correspondence on or about February 13, 2003 by again submitting supplemental documentation in support of the revision claim.

It is important that Mrs. Bryant's claim is thoroughly reviewed and the preliminary determination is corrected. Under the Sulzer Settlement Agreement revision surgery receipients are entitled to benefits of $160,000.00 plus attorneys fees. You will note that her revision surgery occurred on July 11, 2001 with Dr. David Griffin.

We look forward to your prompt response so that we may notify Mrs. Byrant as to the status of her claim.

Sincerely yours,

BRIAN J. CONNELLY

BJC/alw

cc: Chuck Sullivan

NOTICE OF CLAIMS ADMINISTRATOR'S FINAL DETERMINATION

In re: Sulzer Hip Prosthesis and Knee Prosthesis Product Liability Litigation, MDL No. 1401

1. Identifying Information

Date: May 19, 2003

Frances Bryant
c/o Brian Connelly, Esquire
979 Beachland Boulevard
Vero Beach, FL 32963

Claim Number: 567424047

2. Final Determination

The Claims Administrator has previously reviewed your claim(s) for benefits under the Class Action Settlement Agreement in *In re: Sulzer Hip Prosthesis and Knee Prosthesis Product Liability Litigation*, MDL No. 1401, and previously issued a Preliminary Determination of benefits. You have submitted supplemental information or documentation contesting that Preliminary Determination. The Claims Administrator has reviewed that supplemental information or documentation and now issues this Final Determination pursuant to Section 4.6(e) of the Settlement Agreement.

You submitted at least one Orange Form seeking APRS Fund benefits but you did not submit sufficient evidence to prove that APRS Claim. Your Claim did, however, contain sufficient evidence to prove your entitlement to Unrevised APR benefits. Therefore, as indicated below, the Claims Administrator has awarded you in this Preliminary Determination Unrevised APR benefits and denied your Claim for APRS benefits.

Below is a cumulative list of all Claim Forms that have been submitted and reviewed for this Final Determination letter.

Unrevised Affected Product Recipient Benefits (BLUE Form)

Form No.	Final Benefit Determination Date	Eligible	Complete and Timely Claim	Affected Product	Benefit Amount
99013	05/19/2003	Y	Y	Y	$1,000.00

Affected Product Revision Surgery Benefits (ORANGE Form)

Form No.	Final Benefit Determination Date	GPO Elected	Eligible	Complete and Timely Claim	Affected Product	Revision Surgery	Absence of Trauma	Attorney Fee Benefit Amount	Benefit Amount
8308	05/19/2003	Y	N	Y	Y	N	Y	$0.00	$0.00

NOTICE OF CLAIMS ADMINISTRATOR'S FINAL DETERMINATION
In re: Sulzer Hip Prosthesis and Knee Prosthesis Product Liability Litigation, MDL No. 1401

Payment Information:

Gross Benefit Amount:	**$1,000.00**
Less Settlement Amount(s) Previously Paid (if any)	**$1,000.00**
Less Advance Amount(s) Paid by Sulzer (if any)	
Less Additional Offsets (if any)	
Net Benefit Amount to be Paid:	**$0.00**

3. Notice Regarding Caclulation of Contingent Fees For Contracts with Plaintiffs' Counsel

The United States District Court for the Northern District of Ohio has prescribed the method for calculating attorneys' contingent fees for certain contingent fee contracts between Class Members and Plaintiffs' Counsel consistent with Article 5 of the Settlement Agreement. The process is explained in the Court's Memorandum and Order dated April 2, 2003, a copy of which may be obtained at www.sulzerimplantsettlement.com, or by writing or calling the Claims Administrator at **P.O. Box 94558, Cleveland, Ohio 44101-4558, 1-800-683-1861.** To assist Class Members and Plaintiffs' Counsel, a Fee Calculator incorporting the Court's rules is available at www.sulzerimplantsettlement.com/feecalculator/.

4. Final Determination and Appeal Rights

You may appeal an award reported in this Final Determination by submitting a Notice of Appeal, within 30 days of the Final Benefit Determination Date for the award you wish to contest, to the United States District Court for the Northern District of Ohio and mailing a copy to the Claims Administrator. Your notice of appeal must comply with the terms of Section 4.6(f) of the Settlement Agreement and should state the reasons for your appeal. Such notice shall be written and be no more than ten (10) pages in length. The Claims Administrator shall have thirty (30) days to reply in writing. If you do not appeal this Final Determination, it is binding upon you and forever resolves your Claim for Settlement benefits. If you do not appeal this Final Determination, the Claims Administrator will direct any payment to you consistent with this Final Determination.

5. Contact Information

If you have any questions regarding this Final Determination, put them in writing to:
Claims Administrator, P.O. Box 94558, Cleveland, OH 44101-4558.

Remember to advise the Claims Administrator in writing if there are any changes in your name and/or mailing address.