

## Claim Instructions

### Introduction

Defendant Farid Fata (hereinafter, “the defendant”) committed crimes that caused traumatic physical harm to individual patients and significant economic losses and emotional harm to individual patients and their families; however, the claims process in this case can compensate victims for only a portion of their losses. That is because restitution in a criminal case is limited to a narrow range of economic losses. The Honorable Judge Paul D. Borman entered an order in the defendant’s criminal case setting forth the types of economic losses that may be considered for restitution. The terms of that order are the basis for this Claim Form.

These limitations prevent this process from providing compensation for all the types of economic losses the victims suffered. The amounts of compensation provided in this process may seem very small in the context of the physical and emotional pain suffered by individual patients and their families.

Moreover, the rules incorporated into this form regarding documentation of economic losses may seem burdensome. However, the law requires that claimed economic losses must have supporting documentation that shows both the amount of and the nature of the claimed loss.

**Please read this form carefully.** There are a number of categories of possible reimbursement. In addition, there are a number of deadlines that must be met. If you have questions or concerns about how to complete this form, please call the staff working with the Facilitator (the phone number is on the top, right-hand corner of every page) or the Victim Witness Coordinator at the United States Attorney’s Office (Sandy Palazzolo, 1-313-226-9633).

In the first stage of this process, the Facilitator will recommend and the Court will determine the amount each Claimant is *eligible* to receive as restitution. However, the Court must make this determination without regard to whether the defendant has the ability to pay the full amount of the losses. The United States Attorney’s Office will continue to work to recover assets to pay the restitution amount ordered by the Court; however, patients and their authorized representatives should be aware that it is possible that all the losses claimed in this process and included in the restitution order will not be paid in full.

Finally, please be aware that **this claims process will be the only opportunity in this federal criminal case** for individual patients or their authorized representatives to submit information and documents to request compensation for economic losses incurred as a result of being a patient of the defendant.

### **Deadline**

The Claim Form must be **postmarked before or on November 14, 2016.**

### **How Is the Claim Form Organized?**

There are five sections of the Claim Form.

This Claim Form is color-coded. The color coding can help direct you to fill out the sections that apply to your situation and to skip the sections that do not apply to your situation. Everyone who files a claim must fill out all sections with blue borders (sections 1, 3, and 5). Claimants should choose the other sections that apply to their situations and may skip the ones that do not apply.

Section 1 asks for background information. This section has a BLUE BORDER. Everyone must fill out all of the sections with blue borders.

Section 2 is about listing the losses for which the Claimant is requesting compensation. There are four categories of eligible losses.

Section 2(a) is for requesting compensation for money paid to the defendant, money paid for treatments and/or services ordered by the defendant, and money paid for prescriptions prescribed by the defendant. This section has a GRAY BORDER. Claimants who are not requesting compensation for out-of-pocket costs paid to the defendant, treatments and/or services ordered by the defendant, or for prescriptions prescribed by the defendant should skip this section.

Section 2(b) is for requesting compensation for money paid for medical and dental remedial treatment to help the patient heal from or otherwise respond to harm done by the defendant. This section has a GREEN BORDER. Claimants who are not requesting compensation for out-of-pocket costs paid for medical or dental remedial treatment should skip this section.

Section 2(c) is for requesting compensation for money paid for mental health remedial treatment to help the patient heal from or otherwise respond to harm done by the defendant. This section has a PURPLE BORDER. Claimants who are not requesting compensation for out-of-pocket costs paid for mental health remedial treatment should skip this section.

Section 2(d) is for family members of deceased patients who are requesting compensation for their unreimbursed contributions to the deceased patients' funeral costs. This section has a RED BORDER. Claimants who are not requesting compensation for unreimbursed funeral costs should skip this section.

Section 3 asks the Claimant to explain any compensation received from other sources. This section has a BLUE BORDER. Everyone must fill out all sections with blue borders.

Section 4 asks whether the Claimant would like to authorize anyone else to communicate for them in the claims process. This section has a YELLOW BORDER. Claimants who are not authorizing someone else to speak for the Claimant in this process should skip this section.

Section 5 asks the Claimant to swear under oath that everything in the Claim Form is true. This section has a BLUE BORDER. Everyone must fill out all sections with blue borders.

**Here is a table to help make these choices clear:**

Section	Color Coding	Who Completes This Section?
1. Background	Blue	All Claimants
2. Types of Claims		
2(a). Money Paid to the Defendant, Services Ordered by the Defendant, and Rx's Prescribed by the Defendant	Gray	Claimants who seek compensation for patients' unreimbursed out-of-pocket costs for treatment by the defendant, for treatment or services ordered by the defendant, and for filling prescriptions prescribed by the defendant.
2(b). Money Paid for Medical and Dental Remedial Treatment	Green	Claimants who seek compensation for patients' unreimbursed out-of-pocket costs for remedial medical and dental treatment.
2(c). Money Paid for Mental Health Remedial Treatment	Purple	Claimants who seek compensation for patients' unreimbursed out-of-pocket costs for remedial mental health treatment.
2(d). Money Family Members Paid for Funeral Costs	Red	Family members who seek some compensation for unreimbursed funeral costs.
3. Compensation From Other Sources	Blue	All Claimants
4. Who May Communicate For You?	Yellow	Claimants who choose to authorize someone else to speak for them in this claim process.
5. Swear Under Oath	Blue	All Claimants

**What is Compensable and What Proof is Required?**

Out-of-pocket costs in the following categories may be claimed in this process:

**a. Claims for Money Paid to the Defendant, for Treatment or Services Ordered by the Defendant, or for Prescriptions Prescribed by the Defendant.**

**What Can Be Reimbursed?** All non-reimbursed, out-of-pocket medical costs paid by a patient of the defendant for medical services provided by the defendant or at his direction from April 11, 2005, through August 6, 2013.

**What Proof is Required?**

Claimants are required to provide:

- i. Proof of payment by the patient of these costs; OR
- ii. Documentation of costs that were owed AND swear under oath that the costs were paid by the patient and not reimbursed. (Claimants can swear under oath by checking the appropriate box on the Claim Form in section 2(a)(3) and signing the Claim Form in section 5.)

**b. Claims for Money Paid for Remedial Medical or Dental Treatments.**

**What Can Be Reimbursed?** All non-reimbursed, out-of-pocket medical costs for remedial measures that were incurred up to and including September 6, 2016, as a result of receiving inappropriate or unnecessary treatments while under the care of the defendant, which were paid to other medical or dental providers after leaving the care of the defendant.

The following are examples of some of the types of out-of-pocket costs paid by a patient for remedial measures that will be reviewed and considered for reimbursement:

- i. Out-of-pocket medical costs for the surgical removal of an unnecessary chemotherapy port;
- ii. Out-of-pocket medical costs for required subsequent medical or dental treatments or services required due to the defendant's unnecessary or inappropriate treatments;
- iii. Out-of-pocket medical costs for the medical or dental treatment of side effects caused by the defendant's unnecessary or inappropriate treatments;
- iv. Physician or Dentist services billed to the patient for remedial treatments completed prior to September 6, 2016, including payments made after that date;
- v. Out-of-pocket costs for occupational therapy and physical therapy required as a result of unnecessary treatments by the defendant.

**What Proof is Required?**

Requests in this category must be supported by:

- i. A completed "Physician and Dentist Form" (included in these materials); AND EITHER
- ii. Proof of payment of these costs; OR
- iii. Documentation of costs that were owed AND swear under oath that the costs were paid by the patient and not reimbursed. (Claimants can swear under oath by checking the appropriate box on the Claim Form in section 2(b)(4) and signing the Claim Form in section 5.)

**c. Claims for Money Paid for Mental Health Treatment.**

**What Can Be Reimbursed?** All non-reimbursed, out-of-pocket costs for mental health treatment (by a psychologist, psychiatrist, licensed therapist, or licensed social worker) and prescription mental health medications from April 11, 2005 through September 6, 2016, needed as a result of treatment by the defendant.

**What Proof is Required?**

Requests in this category must be supported by:

- i. A completed “Mental Health Treatment Provider Form” (included in these materials); AND  
EITHER
- ii. Proof of payment of these costs; OR
- iii. Documentation of costs that were owed AND swear under oath that the costs were paid by the patient and not reimbursed. (Claimants can swear under oath by checking the appropriate box on the Claim Form in section 2(c)(4) and signing the Claim Form in section 5.)

**d. Claims for Money Paid for Funeral Costs.**

**What Can Be Reimbursed?** A portion (to be determined) of unreimbursed, out-of-pocket funeral costs incurred by a family member for a patient of the defendant.

Family members seeking reimbursement of funeral costs for patients of the defendant should be aware that full payment of these costs is very unlikely.

**What Proof is Required?**

Requests in this category must be supported by:

- i. A copy of the decedent’s death certificate; AND
- ii. Proof that the deceased was a patient of the defendant; AND
- iii. A copy of an obituary if one was published.

**What is Not Compensable?**

The government is aware that other forms of physical, economic, and emotional harm were incurred by patients treated by the defendant. Unfortunately, this claims process will not be able to compensate Claimants for any other types of physical, economic, or emotional harm a patient may have suffered.

The following are examples of several types of losses that cannot be paid through this process:

- (1) Lost wages
- (2) Costs of representation by an attorney
- (3) Costs for travel to obtain medical treatment
- (4) Compensation for pain and suffering

**Is the Amount I Receive in Restitution Affected by Past Compensation?**

Yes. Please note that if a Claimant seeks a monetary remedy in another forum, any amount ordered as restitution in this case must be reduced by any amount recovered for the same loss in any related proceeding. Accordingly, if a Claimant has received or will receive compensation from insurance, disability, a crime victim’s compensation fund, a civil lawsuit, or any other source with respect to a loss, the Claimant must disclose the compensation in this restitution process.

**How Will Claims Be Decided?**

All of the claims that are postmarked before or on November 14, 2016, will be reviewed by the Facilitator, Ms. Randi Ilyse Roth, to determine whether the Claimant has submitted sufficient and accurate documentation for the costs described above.

There will be a procedure established by the Court for an appeal from the denial of any claim.

**How Much Will Claimants Be Paid?**

At this time, the Department of Justice and the Court cannot determine the amount that will be paid on claims.

## **Remedial Treatment Provider Forms**

Two forms are included as the last sections of this Claim Form. One is a Physician and Dentist Form, and one is a Mental Health Treatment Provider Form.

If you are seeking restitution for out-of-pocket payments for remedial treatments by a physician or dentist, you must ask that physician or dentist to complete the Physician and Dentist Form and then include the completed form with your Claim Form.

If you are seeking restitution for out-of-pocket payments for remedial treatments by a mental health provider, you must ask that mental health provider to complete the Mental Health Treatment Provider Form and then include the completed form with your Claim Form.

If your physician, dentist, or mental health provider has any questions about how to fill out the form, they are invited to call 1-877-202-3282 Monday–Friday between 9:00 a.m. and 8:00 p.m. Eastern Time for assistance.

## **What Should I Include When I File?**

To submit a claim for restitution, please complete and return the following, **postmarked** on or before **NOVEMBER 14, 2016** (refer to the Claim Form Checklist for additional guidance):

1. Completed Claim Form;
2. Supporting documentation of incurred out-of-pocket costs (according to the instructions on the Claim Form);
3. Physician and Dentist Form (if seeking reimbursements for physical and/or dental remedial measures);
4. Mental Health Treatment Provider Form (if seeking reimbursements for mental health remedial measures);
5. Supporting documentation of the death of a patient of the defendant (if seeking a contribution toward funeral costs).

## **How Do I Submit My Completed Claim?**

Please return your completed Package by mail to:

Fata Claims Facilitator  
PO Box 2730  
Portland, OR 97208-2730

**Claim Forms will not be accepted via fax or email. Please make a copy of your completed Package for your records before you place it in the mail.**

## **I Still Have Questions. How Do I Get More Information?**

Beginning at 9:00 a.m. Eastern Time on Thursday, June 9, there will be a specialized team available to answer your questions by phone. Accordingly, if you have specific questions about the Claim Form beginning June 9, please call 1-877-202-3282 on Monday-Friday between the hours of 9:00 a.m. and 8:00 p.m. Eastern Time.

For general questions, you may also contact Sandy Palazzolo, the Victim Witness Coordinator for the United States Attorney's Office for the Eastern District of Michigan, at 1-313-226-9633.

## **Let Us Know If Your Contact Information Changes.**

If any of your contact information changes during this claims process, please let us know. To do so, please write to:

Fata Claims Facilitator  
PO Box 2730  
Portland, OR 97208-2730