DEEPWATER HORIZON
CLAIMS CENTER
ECONOMIC & PROPERTY DAMAGE CLAIMS

APPEAL PANEL DECISION FORM

I. CLAIMANT AND CLAIM INFORMATION

Claimant Name	Last/Name of Business [redacted]	First	Middle
Claimant ID	[redacted]	**Claim ID**	[redacted]
Claim Type	Business Economic Loss		
Law Firm	[redacted]		

II. DECISION

Select the Compensation Amount set forth in either BP's Final Proposal or the Claimant's Final Proposal as the final outcome on the claim and check the appropriate box to signify your decision.

☐ **BP's Final Proposal**	**Compensation Amount**	**$89,200.13**
	Risk Transfer Premium	**.25**
	Prior Payment Offset	**$0**
☒ **Claimant's Final Proposal**	**Compensation Amount**	**$121,937.13**
	Risk Transfer Premium	**.25**
	Prior Payment Offset	**$0**

III. PRIMARY BASIS FOR PANELIST DECISION

Please select the primary basis for your decision. You may also write a comment describing the basis for your decision.

☐ **Error in documentation review.**

☐ **Error in calculation.**

☐ **Error in RTP multiplier.**

☐ **Error in Prior Spill-Related Payment Amount.**

☒ **No error.**

Comment *(optional)*:

Reasons uploaded

CLAIMANT: [redacted]

Claim ID: [redacted]

The Claims Administrator awarded this [redacted] Louisiana dental practice, on a BEL claim, the sum of $121,937.13 (pre .25 RTP). BP appeals asserting:

1) The Settlement Program did not correct mismatches of Revenue and Expenses as required by Policy 495; and,

2) The Settlement Program should have applied the Professional Services Methodology to this claim.

These are the same assertions made by BP on numerous appeals involving doctors, dentists and real estate agents.

As to assertion No. 1, a fellow Appeal Panelist wrote in a similar appeal of an award to a surgery center:

> "BP asserts that the Claims Administrator committed a threshold mistake in the analysis of Claimant's P&L's because Claimant performs services in certain months but may not be paid for those services (ostensibly by a health insurer or other third party payer) until several months later. According to BP, this has the potential to skew the matching of revenue with expenses.
>
> Policy 495 has been approved by the U.S. District Court and is binding on BP, the Claimants, the Claims Administrator and the Appeal Panelists. Under the "Underlying Issues/Principles" of Policy 495 it states:
>
> > "5. If a claimant's contemporaneous P&L's submitted to the CAO are deemed to be sufficiently matched based on an assessment by the CSSP Accounting Vendors, such P&L's will be utilized in calculating compensation under the Settlement Agreement. In utilizing such contemporaneous P&L's corrections will be made for any accounting "errors" identified in the ordinary course, by the CSSP Accounting Vendors."

> Policy 495 requires sufficient matching not exact matching. To require the Claims Administrator to match each procedure in a surgical center to when it was paid for by the patient or a third party payer would be prohibitive in terms of time, effort and expense, as noted in Policy 495."

This Panelist agrees with that opinion and adopts it here.

On BP's second assertion, the Claims Administrator determined that application of this claim to the AVM Methodology was appropriate as opposed to the Professional Services Methodology. The decision by the Claims Administrator to apply the AVM Methodology was correct.

For the foregoing reasons, Claimant's Final Proposal is the correct result.