



APPEAL PANEL DECISION FORM

2014-570

I. CLAIMANT AND CLAIM INFORMATION

Claimant Name	Last/Name of Business	First	Middle
	[REDACTED]		
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.

<input type="checkbox"/> BP's Final Proposal	Compensation Amount	\$0
	Risk Transfer Premium	.25
	Prior Payment Offset	\$0
<input checked="" type="checkbox"/> Claimant's Final Proposal	Compensation Amount	\$132,273.99
	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):

Claimant provides hospice services and is located in [REDACTED] Mississippi. This is another appeal by BP of a BEL claim involving a healthcare provider where the issues are matching (putting the income and expenses in the right months) and utilizing the proper methodology (AVM vs. Professional Services) pursuant to Policy 495. This appeal is very similar to Claim # [REDACTED] recently decided in Claimant's favor by this panelist, and Claim # [REDACTED] recently decided in Claimant's favor by a fellow panelist. For the relevant reasons set forth in those decisions, the award by the Claims Administrator is affirmed and Claimant's Final Proposal is adopted.