

APPEAL PANEL DECISION FORM

I. CLAIMANT AND CLAIM INFORMATION

Claimant Name	Last/Name of Business ████████████████████	First ██████████	Middle ██████████
Claimant ID	██████████	Claim ID	██████████
Claim Type	Business Economic Loss		
Law Firm	██		

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	\$42,696.82
	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 has a dental practice located in ██████████ FL and was awarded \$42,696.82 pre-RTP on his BEL claim. As BP has in numerous similar cases (unsuccessfully), BP asserts in this appeal that because some dentists receive some payments not when services are rendered (keeping their books on a cash basis), the Settlement Program failed to meet the court ordered matching requirement and Policy 495. BP then contends that if the Settlement Program had reassigned revenue to the months when it was earned in the manner BP advocates,

the Claimant likely would have failed the Exhibit 4B V-test, yet BP goes on to state that [t]he current record does not permit an accurate evaluation of this claim because the necessary documentation and data are not in the record. Pure speculation on the part of BP. Policy 495 does not require matching of P&Ls before they are determined to be unmatched. Under Policy 495, the Settlement Program is initially directed to correct errors and then the P&Ls are subject to a series of seven criteria, and if the claim meets anyone of the criteria the claim is identified for further matching review. Here Claimant met two of the seven criteria, and the claim was processed under the AVM methodology. BP asserts that the Professional Services methodology should have been used here. What BP appears to be arguing is that revenues should have been converted from a cash basis to an accrual basis but expenses be maintained on a cash basis. This panelist agrees with Claimant's labeling of this approach as nonsensical. The AVM methodology moves expenses to match revenue, and the Settlement Program correctly applied this methodology in this instance. Policy 495 directs claimants' P&Ls be sufficiently matched not perfectly or exactly matched. BP's appeal is denied.