

NON-NAS PI CLAIM FORM FOR PURDUE PI TRUST DISTRIBUTION PROCEDURES

Eligibility and Claim Requirements:

In order to be eligible for a Distribution¹ from the Purdue PI Trust (the “**PI Trust**”) for a Non-NAS PI Channeled Claim, a claimant will, among other things, be required to:

- a) Hold such Non-NAS PI Channeled Claim against one or more Debtors;
- b) Provide proof demonstrating usage prior to the September 15, 2019, Petition Date of a qualifying prescribed opioid listed in Exhibit C to the TDP and also listed here on Pages 9 and 10 of this Form (a “**Qualifying Opioid**”); and
- c) Have timely filed an individual personal injury Proof of Claim for such Non-NAS PI Channeled Claim against one or more Debtors in the Chapter 11 Cases.

Each Holder of a Non-NAS PI Claim seeking an Award from the PI Trust must complete, sign, and submit the following documents so that they are **received on or before July 28, 2025, at 11:59 p.m. (Eastern Time)** (the “**PI Claims Deadline**”):

- a) This Non-NAS PI Claim Form;
- b) The applicable HIPAA consent form on Pages 11 and 12 of this Form; and
- c) To the extent the Non-NAS PI Channeled Claim concerns the injuries of a decedent of the Holder of such Claim, the Heirship Declaration, which can be found on the Purdue PI Trust website at <https://www.purduepitrust.com>, or valid estate documents authorizing the Holder of the Claim to act on behalf of the decedent’s estate.

FAILURE TO SUBMIT THIS NON-NAS PI CLAIM FORM ALONG WITH THE REQUIRED INFORMATION OUTLINED UNDER THE ELIGIBILITY SECTION ABOVE BY JULY 28, 2025, AT 11:59 P.M. (EASTERN TIME) MAY RESULT IN THE NON-NAS PI CLAIM POTENTIALLY BEING THE SUBJECT OF AN OBJECTION, DISALLOWANCE, OR DENIAL AND NOT RECEIVING ANY DISTRIBUTION.

THE NON-NAS PI TDP AND ANY FORMS REFERENCED IN THIS NON-NAS PI CLAIM FORM CAN BE REVIEWED, DOWNLOADED AND PRINTED ON THE PI TRUST WEBSITE AT [HTTPS://WWW.PURDUEPITRUST.COM](https://www.purduepitrust.com).²

¹ Capitalized terms used but not defined herein have the meanings ascribed to them in Thirteenth Amended Joint Chapter 11 Plan of Reorganization of Purdue Pharma L.P. and Its Affiliated Debtors [ECF No. 7306] (the “**Plan**”), the Purdue PI Trust Distribution Procedures for Non-NAS PI Channeled Claims (the “**Non-NAS PI TDP**”), or the PI Trust Agreement, as applicable.

² The Non-NAS PI TDP that is currently on the PI Trust Website is substantially complete but may have minor revisions. The Non-NAS PI TDP will be filed with the Bankruptcy Court as part of the Plan Supplement and will be considered by the Bankruptcy Court for approval at the hearing to consider confirmation of the Debtors’ Plan on a date to be scheduled.

Instructions for Non-NAS PI Claim Form Submission:

Only one Non-NAS PI Claim Form in addition to the Required Information should be submitted by or on behalf of a Holder of a Non-NAS PI Claim, even if the Claim of such Holder is for multiple injuries to that same Holder (for example, addiction, overdose, jail, etc.).

If the Holder of a Non-NAS PI Claim holds Non-NAS PI Claims for or on behalf of more than one opioid user, then a separate PI Claim Form for each opioid user in addition to the Required Information should be submitted.

Follow the instructions in each section carefully to ensure that this Non-NAS PI Claim Form is submitted correctly. Any section of the Non-NAS PI Claim Form that does not pertain to your Claim should be left blank.

Submitting this Non-NAS PI Claim Form does not guarantee that your Non-NAS PI Claim will be Allowed or that you will receive payment from the PI Trust.

It is the responsibility of the Holder of the Non-NAS PI Claim or its representative to submit this Non-NAS PI Claim Form along with the Required Information (i.e., the HIPAA Form AND the required proof demonstrating usage of a Qualifying Opioid prior to the September 15, 2019 Petition Date as outlined in the Non-NAS PI TDP and below) by the PI Claims Deadline.

If the Non-NAS PI Claim arises from the use of opioids by a deceased Person, then a Death Certificate along with either the Heirship Declaration or valid estate documents (for example, letters testamentary or letters of administration) authorizing the Holder of such Claim to act on behalf of the Decedent's estate must be submitted as well.

This Non-NAS PI Claim Form along with the Required Information can be completed and submitted online at <https://www.purduepitrust.com> or by sending such completed Form and Required Information by:

- (i) e-mail to purduepitrust@purduepitrust.com,**
- (ii) mail to Purdue PI Trust, P.O. Box 361930, Hoover, Alabama, 35236-1930, or**
- (iii) fax to 205-716-2364.**

Law firms representing more than one PI Claimant, should visit the Law Firm Bulk Submittal tab on the <https://www.purduepitrust.com> website for additional information regarding submittal of claims for multiple, represented PI Claimants.

**PLEASE PRINT ALL INFORMATION CLEARLY AS
THE INFORMATION PROVIDED WILL BE USED TO BOTH EVALUATE
YOUR CLAIM AND CONTACT YOU.**

PART ONE: PERSONAL INFORMATION OF PI CLAIMANT

Please fill out only one of the following sections (Section 1.A or 1.B).

Section 1.A – Claim for a Living Injured Party

Complete this Section **only** if you are (i) the Holder of a Non-NAS PI Claim arising from **your own use of opioids** or (ii) the representative of **another living Person who used opioids**.

Name of PI Claimant:

First

Middle

Last

Date of Birth of PI Claimant:

_____/_____/_____
DD MM YYYY

Current Address of PI
Claimant:

Street Address

City

State

Zip

Full Social Security Number
of PI Claimant:
(or Taxpayer ID or Social
Insurance Number)

Kroll/Prime Clerk Proof of
Claim Number(s) in Purdue's
Chapter 11 Cases:

Name of Representative:
(if applicable, i.e., if you are the
representative of the opioid user)

First

Middle

Last

Legal Authority for
Representative:
(if applicable)

(e.g., Power of Attorney, Legal Guardian, Conservator, etc.)

Address of Representative:

Street Address

City

State

Zip

Section 1.B – Claim for a Deceased Injured Party

Complete this Section **only** if you are (i) the Holder of a Non-NAS PI Claim arising from the **use of opioids by a deceased Person that is your Decedent** or (ii) completing this Non-NAS PI Claim Form as such Holder's representative.

Name of Deceased Person
Who Used Opioids:

First

Middle

Last

Date of Birth of Deceased
Person Who Used Opioids:

DD

MM

YYYY

Date of Death:

DD

MM

YYYY

Full Social Security Number
of Deceased Person Who
Used Opioids: (or Taxpayer ID
or Social Insurance Number)

Kroll/Prime Clerk Proof of
Claim Number(s) in Purdue's
Chapter 11 Cases:

Name of PI Claimant
Submitting This PI Claim
Form on Behalf of Deceased
Person Who Used Opioids:

First

Middle

Last

Address of PI Claimant
Submitting This PI Claim
Form on Behalf of Deceased
Person Who Used Opioids:

Street Address

City

State

Zip

Relationship to Deceased
Person Who Used Opioids:

(must be the court appointed representative of the deceased Person's estate or the Decedent's legal heir as per the intestate statute of the state or domicile of the Decedent at the time of the Decedent's death, i.e. parent, sibling, child, spouse, etc.)

Name of Representative:
(if applicable)

First

Middle

Last

Legal Authority for
Representative: (if applicable)

(e.g., Power of Attorney, Legal Guardian, Conservator, etc.)

Address of Representative:

Street Address

City

State

Zip

PART TWO: PRESCRIBED MEDICATIONS

Identify the name brand and/or generic Qualifying Opioid(s) listed below that was **prescribed** and used by you or the opioid user on whose behalf you are submitting this Non-NAS PI Claim. *A list of Qualifying Opioids along with their NDC Labeler and Drug Prefix can be found on pages 9 and 10 of this Form.*

OxyContin <input type="checkbox"/>	MS Contin <input type="checkbox"/>	DHC Plus <input type="checkbox"/>	Morphine Sulfate <input type="checkbox"/>
OxyFast <input type="checkbox"/>	Dilaudid <input type="checkbox"/>	MSIR <input type="checkbox"/>	Hydromorphone <input type="checkbox"/>
OxyIR <input type="checkbox"/>	Hysingla ER <input type="checkbox"/>	Palladone <input type="checkbox"/>	Oxycodone CR/ER <input type="checkbox"/>
	Butrans <input type="checkbox"/>	Ryzolt <input type="checkbox"/>	

Other Brand Name or Generic Opioid - list name(s) below:

Date of first use of the Qualifying Opioid(s) identified above: _____

Evidence of the prescription(s) demonstrating usage of a Qualifying Opioid prior to the September 15, 2019 Petition Date as outlined below and in the Non-NAS PI TDP MUST be submitted with this Non-NAS PI Claim Form by the PI Claims Deadline, unless you previously submitted such evidence as part of your Proof of Claim in the Debtors' Chapter 11 Cases. Failure to do so will result in the Non-NAS PI Claim being deficient as outlined in the Non-NAS PI TDP and may be the subject of an objection, disallowance, or denial.

TYPES OF EVIDENCE REQUIRED FOR QUALIFYING OPIOIDS

Each Holder of a Non-NAS PI Channeled Claim must provide any of the following documentation listed below in (a) – (e) demonstrating (i) a prescription that sets forth the name of the Holder of the Non-NAS PI Channeled Claim (or its decedent, if applicable), for (ii) an opioid that is a Qualifying Opioid by providing one of the following pieces of evidence with its Non-NAS PI Claim Form so as to be received by the Claims Administrator on or before the PI Claims Deadline, unless such documentation was previously submitted with a Proof of Claim that was timely filed by the Holder of the Non-NAS PI Channeled Claim in the Debtors' Chapter 11 Cases:

- a) Pharmacy prescription records;
- b) Other prescription records, including without limitation:
 - (i) A visit note in which the prescribing physician listed a prescription for a Qualifying Opioid; or
 - (ii) A signed prescription from a doctor for a prescribed Qualifying Opioid;
- c) A historical reference to a prescribed Qualifying Opioid, including but not limited to:³
 - (i) A reference in contemporaneous medical records to historical use of a prescribed Qualifying Opioid;
 - (ii) A reference in contemporaneous substance abuse/rehabilitation/mental health records to historical use of a prescribed Qualifying Opioid;
 - (iii) A reference in contemporaneous law enforcement records to historical use of a prescribed Qualifying Opioid; or
 - (iv) A reference in contemporaneous family law or other legal proceeding records to historical use of a prescribed Qualifying Opioid;

³ The record containing the historical reference must have been created prior to September 15, 2019.

PART TWO: PRESCRIBED MEDICATIONS (CONTINUED)

- d) A photograph of the prescription bottle or packaging of a Qualified Opioid with the date of the prescription as well as the name of Holder of the Non-NAS PI Channeled Claim (or its Decedent, if applicable), listed as the patient on the prescription bottle or packaging.
- e) Documentation indicating that the Holder of the Non-NAS PI Channeled Claim (of its decedent, if applicable) had at least one prescription for a Qualifying Opioid supplied prior to the September 15, 2019 Petition Date through customer loyalty programs, patient assistance programs ("PAPs") or copay assistance programs provided by the Debtors or one of their successors.

PART THREE: TIER DESIGNATION

Please check the tier that applies to the Non-NAS PI Claim. **ONLY CHECK ONE.** Please refer to the Non-NAS PI TDP for full definitions and qualifying criteria.

- ☐ **Tier 1:** You can demonstrate use of a Qualifying Opioid **equal to or greater than six (6) months** (does not have to be consecutive use) for a period prior to September 15, 2019.

OR

- ☐ **Tier 2:** You can demonstrate use of a Qualifying Opioid for **less than six (6) months** for a period prior to September 15, 2019.

PART FOUR: MEDICAL LIENS

Section 4.A: Did any insurance company pay for medical treatment for the opioid-related personal injuries that gave rise to the Non-NAS PI Claim? Yes: _____ No: _____

Section 4.B: In the last twenty (20) years, were you or the opioid user on whose behalf you are submitting this Non-NAS PI Claim Form eligible for coverage by any of the following?

Please answer the question by writing "Yes" or "No" next to each insurance provider name and provide the requested information as to each. If any insurance carrier who provided coverage is not listed below, please fill in that carrier's information at the bottom of the chart. You may submit the information on additional paper, if needed, in order to provide all of the information requested.

Insurance Provider	Yes or No	Address, Phone & Policy Number	Policy Holder and Dates of Coverage
Medicare		Address: _____ _____ _____ Phone #: _____ Policy #: _____	Policy Holder Name: _____ _____ Dates of Coverage: _____ _____
Medicaid		Address: _____ _____ _____ Phone #: _____ Policy #: _____	Policy Holder Name: _____ _____ Dates of Coverage: _____ _____

PART FOUR: MEDICAL LIENS (CONTINUED)

Tricare		Address: _____ _____ _____ Phone #: _____ Policy #: _____	Policy Holder Name: _____ _____ Dates of Coverage: _____ _____
VA		Address: _____ _____ _____ Phone #: _____ Policy #: _____	Policy Holder Name: _____ _____ Dates of Coverage: _____ _____
Champus		Address: _____ _____ _____ Phone #: _____ Policy #: _____	Policy Holder Name: _____ _____ Dates of Coverage: _____ _____
Private (1) List insurance provider name below: _____ _____		Address: _____ _____ _____ Phone #: _____ Policy #: _____	Policy Holder Name: _____ _____ Dates of Coverage: _____ _____
Private (2) List insurance provider name below: _____ _____		Address: _____ _____ _____ Phone #: _____ Policy #: _____	Policy Holder Name: _____ _____ Dates of Coverage: _____ _____

PART FIVE: SIGNATURE

This Non-NAS PI Claim Form must be signed by the Holder of the Non-NAS PI Claim or its Representative or Counsel of Record.

Name of person who is signing this Form: _____

E-mail address of person who is signing this Form: _____

Phone Number of person who is signing this Form: _____

IF SIGNING AS THE HOLDER OF THE NON-NAS PI CLAIM OR AS HIS/HER REPRESENTATIVE:

I declare under penalty of perjury that the representations made, and the information provided, on this Non-NAS PI Claim Form, are true, correct, and complete to the best of my knowledge.

Signature of Holder of Non-NAS PI Claim

(or signature of Representative Completing This Form on Behalf of Such Holder)

IF SIGNING AS COUNSEL OF RECORD:

I, _____, Counsel for the Holder of the Non-NAS PI Claim or its representative PI Claimant, hereby swear under penalty of perjury that the information contained herein is true and accurate to the best of my knowledge made after conducting due diligence, and that this Non-NAS PI Claim Form is being filed with the consent of my client, or the authority to file on my client's behalf under applicable law, and/or with appropriate power of attorney.

*Signature of Counsel of Record to Holder of Non-NAS PI Claim
or Its Representative*

CONFIRMATION OF SUBMISSION OF REQUIRED PROOF OF USAGE OF A PRESCRIBED QUALIFYING OPIOID (Please check one):

- ☐ I am including with my submission of this Non-NAS PI Claim Form the required evidence of a Qualifying Opioid prescription(s) as required under PART TWO above and as required in the Non-NAS PI TDP;

OR

- ☐ I previously submitted with my Proof of Claim filed in the Debtors' Chapter 11 Cases the required evidence of a Qualifying Opioid prescription(s) as required under PART TWO above and as required in the Non-NAS PI TDP.⁴

As stated above in PART TWO, evidence of the prescription(s) demonstrating usage of a Qualifying Opioid prior to the September 15, 2019 Petition Date as outlined in the Non-NAS PI TDP must be submitted WITH THIS NON-NAS PI CLAIM FORM by the PI Claims Deadline unless the PI Claimant previously submitted such evidence with its Proof of Claim filed in the Debtors' Chapter 11 Cases. Failure to do so will result in the Non-NAS PI Claim being deficient as outlined in the Non-NAS PI TDP and may be the subject of an objection, disallowance, or denial.

⁴ The Claims Administrator will verify whether such required evidence is on Kroll's database.

**QUALIFYING OPIOIDS FOR
PURDUE PI TRUST DISTRIBUTION PROCEDURES
FOR NON-NAS PI CHanneled CLAIMS**

Drug Name	NDC Labeler and Drug Prefix	Drug Name	NDC Labeler and Drug Prefix
OxyContin	59011-410- ⁵	Dilaudid	76045-010-
OxyContin	59011-415-	Dilaudid	0074-2414-
OxyContin	59011-420-	Dilaudid	0074-2415-
OxyContin	59011-430-	Dilaudid	0074-2416-
OxyContin	59011-440-	Dilaudid	0074-2426-
OxyContin	59011-460-	Dilaudid	0074-2451-
OxyContin	59011-480-	Dilaudid	0074-2452-
OxyContin	59011-0100-	OxyIR	59011-0201-
OxyContin	59011-0103-	OxyFast	59011-0225-
OxyContin	59011-0105-	MSIR	00034-0518-
OxyContin	59011-0107-	MSIR	00034-0519-
OxyContin	59011-0109-	MSIR	00034-0521-
OxyContin	43063-0244-	MSIR	00034-0522-
OxyContin	43063-0245-	MSIR	00034-0523-
OxyContin	43063-0246-	Palladone	59011-0312-
OxyContin	43063-0354-	Palladone	59011-0313-
Butrans	59011-750-	Palladone	59011-0314-
Butrans	59011-751-	Palladone	59011-0315-
Butrans	59011-752-	Buprenorphine	42858-353-
Butrans	59011-757-	Buprenorphine	42858-493-
Butrans	59011-758-	Buprenorphine	42858-501-
Hysingla ER	59011-271-	Buprenorphine	42858-502-
Hysingla ER	59011-272-	Buprenorphine	42858-586-
Hysingla ER	59011-273-	Buprenorphine	42858-750-
Hysingla ER	59011-274-	Buprenorphine	42858-839-
Hysingla ER	59011-275-	Hydromorphone Hydrochloride	42858-301-
Hysingla ER	59011-276-	Hydromorphone Hydrochloride	42858-302-
Hysingla ER	59011-277-	Hydromorphone Hydrochloride	42858-303-
MS Contin	42858-515-	Hydromorphone Hydrochloride	42858-304-
MS Contin	42858-631-	Morphine Sulfate	42858-801-
MS Contin	42858-760-	Morphine Sulfate	42858-802-
MS Contin	42858-799-	Morphine Sulfate	42858-803-
MS Contin	42858-900-	Morphine Sulfate	42858-804-
MS Contin	00034-0513-	Morphine Sulfate	42858-805-
MS Contin	00034-0514-	Morphine Sulfate	0904-6557-
MS Contin	00034-0515-	Morphine Sulfate	0904-6558-
MS Contin	00034-0516-	Morphine Sulfate	0904-6559-
MS Contin	00034-0517-	Morphine Sulfate	35356-833-
MS Contin	16590-884-	Morphine Sulfate	35356-836-
Dilaudid	42858-122-	Morphine Sulfate	35356-838-
Dilaudid	42858-234-	Morphine Sulfate	42858-801-
Dilaudid	42858-338-	Morphine Sulfate	42858-802-
Dilaudid	42858-416-	Morphine Sulfate	42858-803-
Dilaudid	76045-009-	Morphine Sulfate	42858-810-

⁵ Pharmacies may include an additional “0” in the second segment of NDC Labeler and Drug Prefixes, such that, in respect of eight digit NDC Labeler and Drug Prefixes listed herein (for example, 59011-410-), a pharmacy record may include a “0” as a ninth digit (for example, 59011-0410).

Drug Name	NDC Labeler and Drug Prefix
Morphine Sulfate	42858-811-
Morphine Sulfate	42858-812-
Morphine Sulfate	61919-966-
Morphine Sulfate	67296-1561-
Morphine Sulfate	68084-157-
Morphine Sulfate	68084-158-
Morphine Sulfate	16590-966-
Oxycodone Hydrochloride	0406-0595-
Oxycodone Hydrochloride	0093-0031-
Oxycodone Hydrochloride	0093-0032-
Oxycodone Hydrochloride	0093-0033-
Oxycodone Hydrochloride	0093-5731-
Oxycodone Hydrochloride	0093-5732-
Oxycodone Hydrochloride	0093-5733-
Oxycodone Hydrochloride	0093-5734-
Oxycodone Hydrochloride	0115-1556-
Oxycodone Hydrochloride	0115-1557-
Oxycodone Hydrochloride	0115-1558-
Oxycodone Hydrochloride	0115-1559-
Oxycodone Hydrochloride	0115-1560-
Oxycodone Hydrochloride	0115-1561-
Oxycodone Hydrochloride	0115-1562-
Oxycodone Hydrochloride	0591-2693-
Oxycodone Hydrochloride	0591-2708-
Oxycodone Hydrochloride	0591-3503-
Oxycodone Hydrochloride	0781-5703-
Oxycodone Hydrochloride	0781-5726-
Oxycodone Hydrochloride	0781-5767-
Oxycodone Hydrochloride	0781-5785-
Oxycodone Hydrochloride	10702-801-
Oxycodone Hydrochloride	10702-803-
Oxycodone Hydrochloride	42858-001-
Oxycodone Hydrochloride	42858-002-
Oxycodone Hydrochloride	42858-003-
Oxycodone Hydrochloride	42858-004-
Oxycodone Hydrochloride	42858-005-
Oxycodone Hydrochloride	49884-136-
Oxycodone Hydrochloride	49884-137-
Oxycodone Hydrochloride	49884-138-
Oxycodone Hydrochloride	49884-197-
Oxycodone Hydrochloride	60505-3537-
Oxycodone Hydrochloride	60505-3538-
Oxycodone Hydrochloride	60505-3539-

Drug Name	NDC Labeler and Drug Prefix
Oxycodone Hydrochloride	60505-3540-
Oxycodone Hydrochloride	60951-0702-
Oxycodone Hydrochloride	60951-0703-
Oxycodone Hydrochloride	60951-0705-
Oxycodone Hydrochloride	60951-0710-
Oxycodone Hydrochloride	67296-1376-
Oxycodone Hydrochloride	67296-1560-
Oxycodone Hydrochloride	68774-0161-
Oxycodone Hydrochloride	68774-0162-
Oxycodone Hydrochloride	68774-0163-
Oxycodone Hydrochloride	68774-0164-
Oxycodone Hydrochloride	00093-0024-
Oxycodone Hydrochloride	00093-0031-
Oxycodone Hydrochloride	00093-0032-
Oxycodone Hydrochloride	00093-0033-
Oxycodone Hydrochloride	00115-1644-
Oxycodone Hydrochloride	00172-6354-
Oxycodone Hydrochloride	00172-6355-
Oxycodone Hydrochloride	00172-6356-
Oxycodone Hydrochloride	00172-6357-
Oxycodone Hydrochloride	00591-3501-
Oxycodone Hydrochloride	00591-3502-
Oxycodone Hydrochloride	00591-3503-
Oxycodone Hydrochloride	00591-3504-
Oxycodone Hydrochloride	52152-0408-
Oxycodone Hydrochloride	52152-0409-
Oxycodone Hydrochloride	52152-0410-
Oxycodone Hydrochloride	52152-0411-
Oxycodone Hydrochloride	63304-400-
Oxycodone Hydrochloride	63304-401-
Hydrocodone	42858-040-
Bitartrate/Acetaminophen	
Hydrocodone	42858-139-
Bitartrate/Acetaminophen	
Hydrocodone	42858-201-
Bitartrate/Acetaminophen	
Hydrocodone	42858-202-
Bitartrate/Acetaminophen	
Hydrocodone	42858-203-
Bitartrate/Acetaminophen	
Hydrocodone	42858-238-
Bitartrate/Acetaminophen	
Oxycodone/Acetaminophen	42858-102-
Oxycodone/Acetaminophen	42858-103-
Oxycodone/Acetaminophen	42858-104-

HIPAA RELEASE FORM FOR
PURDUE PI TRUST DISTRIBUTION PROCEDURES

AUTHORIZATION TO DISCLOSE HEALTH INFORMATION

Injured Party Name: _____ Date: _____

Injured Party Date of Birth: _____ Soc Sec #: _____

1. The following individuals or organizations are authorized to disclose my health records to the parties specified below in section #4:

(Note: Please list the names of your medical care providers and your health insurance providers that may have records relevant to the resolution of your PI Claim. If you are unsure of the exact legal name of your medical providers and health insurance providers, you can leave this blank, and we will complete it for you with the understanding that you authorize all relevant parties):

2. The type and amount of information to be used or disclosed is as follows:

The entire record, including but not limited to: any and all medical records, mental health records, psychological records, psychiatric records, problem lists, medication lists, lists of allergies, immunization records, history and physicals, discharge summaries, laboratory results, x-ray and imaging reports, medical images of any kind, video tapes, photographs, consultation reports, correspondence, itemized invoices and billing information, and information pertaining to Medicaid or Medicare eligibility and all payments made by those agencies, for the following dates:

Dates of Services - From: _____ To: _____

(Note: List the date range for which the medical providers and insurance companies above may have records relevant to the resolution of your PI Claim. If you are unsure of the exact dates, then leave this blank, and we will complete this section for you with the understanding that you authorize all relevant date ranges).

3. I understand that the information in my health records may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services, as well as treatment for alcohol and drug abuse.
4. The health information may be disclosed to and used by the following individual and/or organization:
 - a. Purdue Personal Injury Trust
 - b. Edgar C. Gentle, III., of Gentle, Turner & Benson, LLC, as the Trustee and Claims Administrator of the Purdue Personal Injury Trust
 - c. Med Lien Solutions
5. I understand I have the right to revoke this authorization at any time. I understand if I revoke this authorization, I must do so in writing and present my written revocation to the health information management department. I understand the revocation will not apply to information that has already been released in response to this authorization. I understand the revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy. Unless otherwise revoked, this authorization will expire 10 years after the date that I sign it.
6. I understand that authorizing the disclosure of this health information is voluntary. I can refuse to sign this authorization and forego a recovery under the Purdue Pharma L.P. PI Trust Distribution Procedures for Non-NAS or NAS PI Channeled Claims. I understand that no organization may condition treatment, payment, enrollment, or eligibility for benefits on my signing of this authorization. I understand I may inspect or copy the information to be used or disclosed, as provided in CFR 1634.524. I understand any disclosure of information carries with it the potential for an unauthorized re-disclosure and the information may not be protected by federal confidentiality rules or HIPAA. If I have questions about disclosure of my health information, I can contact the parties listed above in section #4.

Patient or Legal Representative

Date

Relationship to Patient (If signed by Legal Representative)