

VIOXX

CONSUMER SETTLEMENT

MDL 1657



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ONLINE FILING INSTRUCTIONS

<http://vioxxsettlement.com>

A. Introduction.

The Vioxx Consumer Settlement Claims Administrator has established an online filing process. This process does not replace the process for establishing login credentials for the Secure Claims Portal and filing a claim using that method. **If you have already filed a claim, either in the Secure Claims Portal or by mailing a paper Claim Form and supporting documents to the Claims Administrator, you do not need to file an additional claim online.**

B. Getting started.

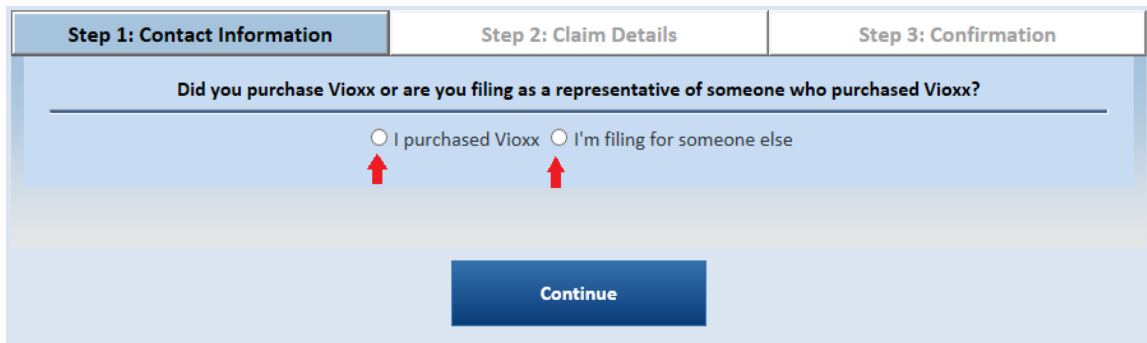
1. Go to www.vioxxsettlement.com.
2. Click the “File a Claim Online” button available on the home page.



The screenshot shows the Vioxx Consumer Settlement website. The header features the VIOXX logo, 'CONSUMER SETTLEMENT MDL 1657', and the BrownGreer Claims Administrator logo. A left sidebar contains navigation links: HOME PAGE, SECURE CLAIMS PORTAL, IMPORTANT DOCUMENTS, INSTRUCTIONS, FREQUENTLY ASKED QUESTIONS, and CONTACT THE CLAIMS ADMINISTRATOR. The main content area is titled 'Vioxx Consumers Could Get Up to \$50 or More From a Settlement'. It states that users can get \$50 or more if they purchased Vioxx before October 1, 2004. A bulleted list includes: 'If you don't have records, you can get up to \$50.', 'If you have records you can be reimbursed for all that you spent out-of-pocket for Vioxx.', and 'You may also be paid up to \$75 for visiting with a doctor to discuss alternatives to Vioxx.' Below this, it says 'You can file a claim online or print and mail in a claim form.' There are three buttons: 'FILE A CLAIM ONLINE' (with a red arrow icon), 'DOWNLOAD A CLAIM FORM', and 'MAIL ME A CLAIM FORM'. At the bottom, it says 'If you still have questions about qualifying for a payment please follow the instructions here:' with a 'DO I QUALIFY FOR PAYMENT?' button. A footer note mentions Adobe Reader requirements.

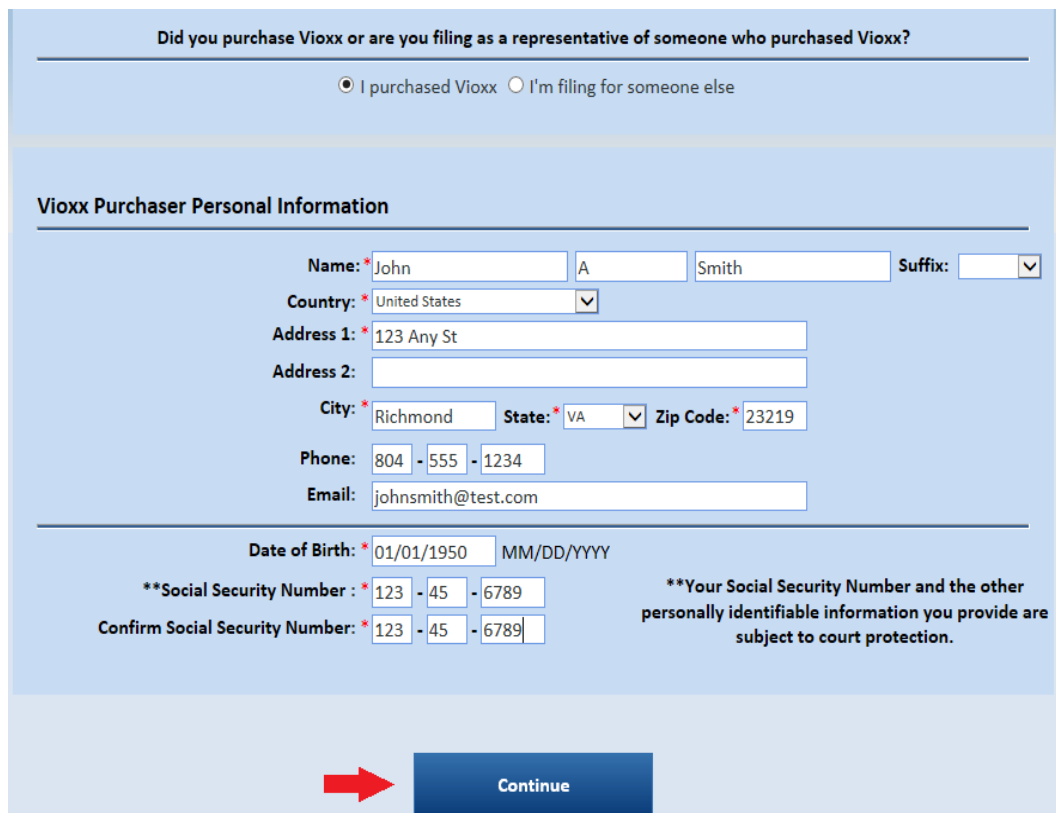
C. Contact Information.

You will need to indicate whether you are submitting a Claim for Vioxx you purchased or submitting a Claim as the legal representative of someone else who purchased Vioxx. If you are assisting a Vioxx purchaser in filing their Claim, select “I purchased Vioxx.” **Only select “I’m filing for someone else” if you are the legal guardian or representative of a deceased, incapacitated or minor Vioxx purchaser.**



The screenshot shows a three-step process bar at the top: Step 1: Contact Information (highlighted), Step 2: Claim Details, and Step 3: Confirmation. Below the bar is the question: "Did you purchase Vioxx or are you filing as a representative of someone who purchased Vioxx?". There are two radio button options: "I purchased Vioxx" and "I'm filing for someone else". Red arrows point to both radio buttons. A "Continue" button is located at the bottom center.

1. If you are submitting a Claim because you purchased Vioxx or you are assisting a Vioxx purchase, you will need to enter the demographic information of the Vioxx purchaser on the screen below. You must complete all fields marked with a red asterisk. When you are finished, click “Continue.”



The screenshot shows the "Vioxx Purchaser Personal Information" form. At the top, it asks "Did you purchase Vioxx or are you filing as a representative of someone who purchased Vioxx?" with radio buttons for "I purchased Vioxx" (selected) and "I'm filing for someone else". The form fields include: Name (John, A, Smith, Suffix), Country (United States), Address 1 (123 Any St), Address 2, City (Richmond), State (VA), Zip Code (23219), Phone (804 - 555 - 1234), and Email (johnsmith@test.com). Below these are Date of Birth (01/01/1950), Social Security Number (123 - 45 - 6789), and a confirmation field for the Social Security Number. A red arrow points to the "Continue" button at the bottom.

2. If you are submitting a Claim on behalf of someone else who purchased Vioxx, you will need to enter the information for the person who purchased Vioxx (see previous screen), as well as your own demographic information. You will also need to indicate your relationship to the Vioxx purchaser. Complete all required fields. Select “Continue” when you are finished.

Parent/Guardian Information

Indicate your relationship to the claimant: *

Name: * Suffix:

Country: *

Address 1: *

Address 2:

City: * State: * Zip Code: *

Phone: - -

Date of Birth: *

**Social Security Number : * - -

Confirm Social Security Number: * - -

**Your Social Security Number and the other personally identifiable information you provide are subject to court protection.

D. Claim Details.

1. **Claim Payment Options.** You must indicate whether you are submitting an Option 1 claim or an Option 2 claim.
 - a. **Option 1** provides reimbursement for out-of-pocket expenses for purchases of Vioxx. In order to make an Option 1 claim, you must provide one or more of the following forms of proof:
 - Receipts
 - Pharmacy Records
 - Insurer Explanation of Benefits
 - Canceled Checks
 - Credit Card Statements

b. **Option 2** provides a one-time payment of up to \$50 if you can provide proof of a Vioxx prescription or if you sign a declaration swearing under penalty of perjury that you bought and paid for Vioxx before October 1, 2004. You must provide one of the following forms of proof:

- Medical Records
- Doctor's Letter
- Prescription Bottle
- Sworn Statement

Step 1: Contact Information	Step 2: Claim Details	Step 3: Confirmation
1. Claim Payment Option (Select One)		
<p>Option 1 provides reimbursement for out-of-pocket expenses for purchases of Vioxx. In order to make an Option 1 claim, you must provide one or more of the following forms of proof:</p> <ul style="list-style-type: none">• Receipts• Pharmacy Records• Insurer Explanation of Benefits• Canceled Checks• Credit Card Statements		<p>Option 2 provides a one-time payment of up to \$50 if you can provide proof of a Vioxx prescription or if you sign a declaration swearing under penalty of perjury that you bought and paid for Vioxx before October 1, 2004. You must provide one of the following forms of proof:</p> <ul style="list-style-type: none">• Medical Records• Doctor's Letter• Prescription Bottle• Sworn Statement
<input type="checkbox"/>		<input checked="" type="checkbox"/>
Option 1: Check this box if you select option 1.		Option 2: Check this box if you select option 2.

2. **Prescriber/Pharmacy Information.** In the next section, you can indicate the physician that prescribed you Vioxx, as well as the name and address of the pharmacy where you purchased Vioxx. You are not required to submit this information, so if you no longer remember the physician or pharmacy, answer “No” to both of these questions.

2. Prescriber/Pharmacy Information

Do you know the name of the physician who prescribed Vioxx to you? Yes No

Do you know the name and address of the pharmacy where you purchased Vioxx? Yes No

- a. If you answer “Yes” to the physician question, you will need to provide the physician’s name, address, and phone number, as well as the hospital or facility. Required fields are marked with a red asterisk. If you select “Yes” and then no longer wish to provide this information, press “Cancel,” then select “No.”

2. Prescriber/Pharmacy Information

Do you know the name of the physician who prescribed Vioxx to you? Yes No

Physician Name: First Name Middle Initial Last Name

Hospital/Medical Facility:

Address 1: *

Address 2:

City: * State: * Zip Code: *

Country: * United States

Telephone Number: - -

Fax: - -

Add

Cancel

- b. If you answer “Yes” to the Pharmacy question, you will be asked to provide the name of the pharmacy, as well as the address and telephone number. Required fields are marked with a red asterisk. If you select “Yes” and no longer wish to provide this information, press “Cancel,” then select “No.”

2. Prescriber/Pharmacy Information

Do you know the name of the physician who prescribed Vioxx to you? Yes No

Do you know the name and address of the pharmacy where you purchased Vioxx? Yes No

Pharmacy Name:

Address 1: *

Address 2:

City: * State: * Zip Code: *

Country: *

Telephone Number: - -

Fax: - -

The next section will ask you select the forms of proof you are submitting with your Claim. If you selected Option 1, you will be asked to select your proof of purchase. If you selected Option 2, you will be asked to select your proof of Vioxx prescription.

- 3. Payment Option 1.** If you chose Payment Option 1, you will see the screen below. You will need to enter the total amount paid out of pocket for Vioxx. You can also indicate which documents you are submitting to support your claim. You can check more than one box.

3. Proof of Payment - Vioxx Purchases

Enter the total amount of out-of-pocket costs and losses that you are claiming.

Total Amount Paid Out-Of-Pocket on Vioxx:* \$.

Proof of out-of-pocket expenses for your Vioxx prescriptions. Check the form(s) of proof you are submitting:

Receipt of Payment.

I am submitting receipt(s), cancelled check(s), or credit card statement(s) showing I paid out-of-pocket for Vioxx for my personal or family use for which I was not reimbursed.

Insurer EOB

I am submitting an explanation of benefits from my insurer, Medicare, or Medicaid that shows Vioxx was prescribed and the amount of co-payments I paid.

Pharmacy Record

I am submitting records from my pharmacy, PBM (pharmacy benefit manager), or similar entity showing I was prescribed Vioxx and the amount of my unreimbursed out-of-pocket costs in buying Vioxx.

Upload Documents

Supporting documents can also be submitted via mail. [Click Here](#) more information.*

You also have the option to upload documents at this time, but it is not required. To upload documents, press the “Upload Documents” button. You will need to select the document on your computer and select “Upload.” Supporting documents can also be submitted by mail. Select the “Click Here” hyperlink for more information on mailing documents.

Upload Document

Click the Browse button to navigate to the file location on your local network. You can upload any file that is an Excel, Adobe PDF or JPEG file.

Upload Document:

- a. **Post-Withdrawal Medical Consultation.** If you chose Payment Option 1, you can also be reimbursed up to \$75 if you visited a doctor between September 30, 2004 and November 30, 2004 in order to receive diagnostic testing or a medical consultation about finding an alternative to Vioxx. If you answer “Yes” to this question, you will need to provide the physician information.

Physician Information

ADD A NEW PHYSICIAN

Physician Name: *

Hospital/Medical Facility:

Address 1: *

Address 2:

City: * State: * Zip Code: *

Total Amount Paid Out-Of-Pocket for a Post-Withdrawal Medical Consultation: * \$.

You must also include: (1) proof of the medical consultation, (2) proof of the amount of the cost of loss claimed (that was out-of-pocket and not reimbursed), and (3) a statement that the medical consultation or diagnostic testing occurring between September 30, 2004 and November 30, 2004 had not been scheduled or recommended before September 30, 2004.

You must also attach: (1) proof of the medical consultation, (2) proof of the amount of the cost of loss claimed (that was out-of-pocket and not reimbursed), and (3) a statement that the medical consultation or diagnostic testing occurring between September 30, 2004 and November 30, 2004 had not been scheduled or recommended before September 30, 2004.

Supporting documents can also be submitted via mail. [Click here](#) for more information.*

To upload documents, press the "Upload Documents" button. You will need to select the document on your computer and select "Upload." Supporting documents can also be submitted by mail. Select the "Click Here" hyperlink for more information on mailing documents.

- 4. Payment Option 2.** If you chose Payment Option 2, you will see the screen below. You must provide proof that you were prescribed Vioxx. You can check all boxes that apply. You do not need to provide any additional proof if you select the "Sworn Statement" checkbox.

3. Proof of Prescription

To make a claim under Option 2 above, you must provide one of the following forms of proof showing you were prescribed Vioxx. Check the form(s) of proof you are submitting:

Medical Record

I am submitting a medical record showing that I was prescribed Vioxx by the health care provider listed in Section 2 above.

Doctor's Letter

I am submitting a letter from my doctor, listed in Section 2 above, saying that he or she prescribed Vioxx to me and the approximate dates of my prescribed usage.

Prescription Bottle

I am submitting an empty prescription bottle and label showing that I filled a prescription of Vioxx that was prescribed to me by the doctor listed in Section 2 above.

Sworn Statement

By checking this box and signing this Claim Form, I am declaring that I purchased Vioxx using personal or family funds and that the other forms of proof of payment or proof of prescription are not available.

[Upload Documents](#)

Supporting documents can also be submitted via mail. [Click here](#) for more information.*

You also have the option to upload documents at this time, but it is not required. To upload documents, press the "Upload Documents" button. You will need to select the document on your computer and select "Upload." Supporting documents can also be submitted by mail. Select the "Click Here" hyperlink for more information on mailing documents.

Upload Document

Click the Browse button to navigate to the file location on your local network. You can upload any file that is an Excel, Adobe PDF or JPEG file.

Upload Document:

E. Confirmation.

In this section, you can review the information you have provided so far. If any of your demographic information is incorrect, you can select "Edit Contact Info." You will return to the Contact Info section where you can make any additional edits. If any of your claim information is incorrect, you can select

“Edit Claim Details.” You will return to the Claim Details section where you can make any additional edits.

Review Your Claim

Review the information you entered to ensure that it is correct. Use the edit buttons below to edit your claim.

Contact Information:
John Doe
111 Main Street
Anytown, AL 11111
United States

1/1/1950
***.**.9999

[Edit Contact Info](#)

Claim Details:


Claim Payment Option:	Option 2
Form(s) of Proof:	Sworn Statement

[Edit Claim Details](#)

If your information is correct, you can sign and submit your claim. Type your name in the Signature box and select “Submit.”

If all the information above is correct, click “Submit Claim” below to submit your claim. You must click the “Submit Claim” button to complete the process. If you need to correct any of the information above, click the “Back” button.

By typing your name below, you declare under penalty of perjury that the information in this Claim Form and any documentation that you have submitted or will submit are true and correct to the best of your knowledge. The Settlement Agreement requires that a Claim Form be "signed by the submitting Settlement Class Member" to be valid. Thus, the Settlement Class Member must sign below himself or herself.

Signature:* 

F. Additional Steps.

Once you submit your claim, you will be taken to a Confirmation screen. This screen includes your claimant ID. Be sure to make note of your Claimant ID.

Confirmation

You have successfully submitted your claim form. You will receive a Notice of Receipt of claim in the mail. For future reference **your Claimant ID is 100297.**

On the Confirmation screen you have the option to register for access to the Secure Claims Portal. This is recommended because you have the ability to manage your claim and communicate with the Claims Administrator easily and securely online. If you do not register for access, the Claims Administrator will only communicate with you by mail.

To register for access, select “Request Claimant Access.”

Register for Portal Access

To manage your claim securely online, register for access to the Vioxx Consumer Settlement Secure Claims Portal.

[Request Claimant Access](#)



**** The Secure Claim Portal allows you to upload supporting documentation and receive notices from the Claims Administrator electronically.**

You will need to create a Login ID and Password for the Secure Claims Portal. Confirm that the User Information is correct and that you have entered the best email address to contact you. Then select “Submit.”

1. User Information

First Name: *

Last Name: *

Address 1: *

Address 2:

City: * **State:** * **Zip Code:** *

Contact Phone: * - -

Email Address: *


Confirm Email: *

2. Provide a Login ID and Password


Login ID: * Use 6-15 characters with no spaces. Must contain at least one number and one letter.

Password: * Case sensitive. Use 6-15 characters with no spaces. Must contain at least one number and one letter.

Confirm Password: *

Enter the validation code: * × 

* Indicates required information



You will then receive a confirmation email with an activation link. You must click the activation link in that email in order to activate your account. Once you activate your account, you can login using the credentials you created at <https://www.vioxxsettlement.com/VioxxSettlement/Logon.aspx>.

For more instructions on how to use the Secure Claims Portal visit:

<http://www.vioxxsettlement.com/Instructions.aspx>