

MEASURES TO ENSURE DIAGNOSTIC RELIABILITY OF THE PROGRAM CLAIMS

The Claims Administrator establishes these Procedures¹ in processing Claims for all Qualifying Diagnoses:²

A. Medical Records and Authorizations:

- (1) As a part of a Claim Package for any Qualifying Diagnosis, each Claimant shall complete and submit a Healthcare Provider History Form (attached as Exhibit A) and provide *all* of the Retired NFL Football Player's medical records related to the Qualifying Diagnosis. This must include medical records relating to doctors' visits (whether in-person or through telemedicine) within The Pertinent Time Period (as defined below) related to the Qualifying Diagnosis, but that did not result in a Qualifying Diagnosis, irrespective of whether those records resulted from Baseline Assessment Program examinations, evaluations with a MAF Physician or Program-approved neuropsychologist, or non-Program visits.
 - a. Pertinent Time Period starts at the earlier of (i) three years before the Qualifying Diagnosis, or (ii) the date of the first medical record submitted in support of the Qualifying Diagnosis. The Pertinent Time Period ends on the date a Claimant submits a claim. In addition, Claimants must disclose and submit the results of any biomarker testing no matter when that testing occurred.³
 - b. These disclosures and records will help to contextualize testing that more immediately results in a Qualifying Diagnosis and is necessary to have a complete and accurate diagnostic picture. Failing to disclose a medical screening visit by a doctor, or any other doctor visit, under such circumstances, would amount to the omission of a material fact.
- (2) For any Claim Package submitted based on a diagnosis by a Qualified MAF Physician that is pending at the time of adoption of these Procedures, the Claims Administrator will issue a Notice of Request for Additional Documents requesting the information needed to make the determination.
- (3) The Claims Administrator will review records and information submitted in support of a Qualifying Diagnosis to assess their reliability and determine if they are suggestive

¹ The Procedures apply to all currently pending claims from Retired NFL Football Players and Representative Claimants, as well as any future submissions. Pending claims are Claim Packages submitted prior to the adoption of these Procedures for which the Claims Administrator has not yet rendered final determination, including an award on an eligible Claim (Notice of Monetary Award Claim Determination or Notice of Supplemental Claimant Award Determination) or a denial on an ineligible Claim (Notice of Denial of Monetary Award Claim or Notice of Denial of Supplemental Claim).

² Pursuant to the directive given by the Special Masters in their 6/8/26 Rule 27 Decision, the Claims Administrator establishes these Procedures for the purpose of deterring the pernicious use of forensic medicine in the Settlement Program and to detect and remedy its harms.

³ Biomarker tests include an alpha-synuclein seed amplification assay (SAA), a DaTscan, a Syn-One Test, and testing for the pathological findings of AD through (i) amyloid PET, (ii) cerebrospinal fluid, (iii) blood based, or (iv) FDG PET.

of prior forensic medicine, as opposed to records created in the course of providing typical clinical care. In doing so, the Claims Administrator will consider factors including but not limited to: (i) the independence of the treating provider(s); (ii) evidence of non-standard referral or compensation arrangements; (iii) evidence of Settlement-driven onset of care, attorney-driven referrals, and/or payments by counsel, whether made directly or indirectly, for consultation(s) or evaluation(s); (iv) provider selection patterns; (v) the provider's licensure, certifications, credentials, experience, and specialties; and (vi) provider practice characteristics inconsistent with clinical treatment. Whether a Claim is marked by potential forensic medicine is a determination that the Claims Administrator will make—within its exclusive discretion—in good faith after reviewing a Player's submitted Claim Package.

B. Additional Anti-Fraud Measures:

If the Claims Administrator determines that documents are suggestive of prior forensic medicine, it shall engage in additional measures to deter fraud, including, without limitation⁴:

- (1) The Claims Administrator may require additional information from Claimants to determine how these visits were funded;
- (2) The Claims Administrator may disclose these funding practices to the relevant Qualified MAF Physicians and ask if this information affects their decision on the Qualifying Diagnosis;
- (3) The Claims Administrator may require that any diagnoses that rely on forensic medicine be sent to an AAP Panel, who will use their independent judgment to assess the validity of Qualifying Diagnoses; and
- (4) Based on the guidance of the Appeals Advisory Panel (AAP), for Qualifying Diagnoses of Parkinson's Disease ("PD") and Alzheimer's Disease ("AD"), Retired Players whose diagnoses are substantiated by objective biomarkers are often more likely to quickly progress through claim review.⁵ However, consistent with the Settlement Agreement, a positive biomarker is not sufficient, on its own, for an Award, but rather is additional evidence in support of these claims.⁶

C. Audit: If the Claims Administrator is not satisfied with the responses to these or any other questions or requests, they shall place the Claim into Audit.

⁴ The Claims Administrator's authority comes from the Settlement Agreement Section 8.6(b), which grants broad powers to the Claims Administrator to verify the nature and sufficiency of any Claim Package.

⁵ For Parkinson's Disease: appropriate objective biomarkers for PD may include an alpha-synuclein seed amplification assay (SAA), a DaTscan, or a Syn-One Test. For Alzheimer's Disease: appropriate objective biomarker testing for the pathological findings of AD falls into three categories: (i) amyloid PET, (ii) cerebrospinal fluid, and (iii) blood based.

⁶ See Special Master Ruling on Alzheimer's Disease Diagnostic Criteria, at 6 (Mar. 15, 2024), https://www.nflconcussionsettlement.com/ViewDoc.aspx?dp=alz_diagnosis_sm_2.pdf ("The use of biomarkers, common in neurological offices today, is permissible under the Amended Settlement when used as probative, rather than dispositive, evidence in making a Diagnosis.").

IN RE: NATIONAL FOOTBALL LEAGUE PLAYERS' CONCUSSION INJURY LITIGATION
No. 2:12-md-02323 (E.D. Pa.)

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HEALTH CARE PROVIDER HISTORY FORM

3.	Name:				
	Address:	Street			
		City	State	Zip Code	Phone
	Specialty:				
	Date(s) of Service:				
	Who referred you to this Provider:				
	Did your Attorney pay for all or part of this Provider's services, either directly or indirectly:			☐ Yes	☐ No

4.	Name:				
	Address:	Street			
		City	State	Zip Code	Phone
	Specialty:				
	Date(s) of Service:				
	Who referred you to this Provider:				
	Did your Attorney pay for all or part of this Provider's services, either directly or indirectly:			☐ Yes	☐ No

5.	Name:				
	Address:	Street			
		City	State	Zip Code	Phone
	Specialty:				
	Date(s) of Service:				
	Who referred you to this Provider:				
	Did your Attorney pay for all or part of this Provider's services, either directly or indirectly:			☐ Yes	☐ No

HEALTH CARE PROVIDER HISTORY FORM

6.	Name:				
	Address:	Street			
		City	State	Zip Code	Phone
	Specialty:				
	Date(s) of Service:				
	Who referred you to this Provider:				
	Did your Attorney pay for all or part of this Provider's services, either directly or indirectly:			☐ Yes	☐ No

7.	Name:				
	Address:	Street			
		City	State	Zip Code	Phone
	Specialty:				
	Date(s) of Service:				
	Who referred you to this Provider:				
	Did your Attorney pay for all or part of this Provider's services, either directly or indirectly:			☐ Yes	☐ No

8.	Name:				
	Address:	Street			
		City	State	Zip Code	Phone
	Specialty:				
	Date(s) of Service:				
	Who referred you to this Provider:				
	Did your Attorney pay for all or part of this Provider's services, either directly or indirectly:			☐ Yes	☐ No

HEALTH CARE PROVIDER HISTORY FORM

9.	Name:				
	Address:	Street			
		City	State	Zip Code	Phone
	Specialty:				
	Date(s) of Service:				
	Who referred you to this Provider:				
	Did your Attorney pay for all or part of this Provider's services, either directly or indirectly:			☐ Yes	☐ No

10.	Name:				
	Address:	Street			
		City	State	Zip Code	Phone
	Specialty:				
	Date(s) of Service:				
	Who referred you to this Provider:				
	Did your Attorney pay for all or part of this Provider's services, either directly or indirectly:			☐ Yes	☐ No

III. SIGNATURE

By signing below, I declare under penalty of perjury, pursuant to 28 U.S.C. § 1746, that all information provided in this Healthcare Provider History Form is true and correct to the best of my knowledge, information and belief.

Signature				
Printed Name	First	M.I.	Last	Suffix

HEALTH CARE PROVIDER HISTORY FORM

IV. HOW TO SUBMIT THIS FORM

You can use your NFL Settlement Portal to submit this Form. If you do not use the Portal, submit your Form in one of the following ways:

By Mail:

NFL Concussion Settlement
Claims Administrator
P.O. Box 25369
Richmond, VA 23260

By Delivery:

NFL Concussion Settlement
c/o BrownGreer PLC
250 Rocketts Way
Richmond, VA 23231