

DOW CORNING
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P.O. BOX 100 • ARLINGTON, TN 38002

Attorney Work
Product

December 30, 1992


Dear 

As follow-up to your communication, this letter will confirm our willingness to work with you in resolving your claim. To begin, I am enclosing a medical authorization for your signature. This gives me written permission to contact your doctor and obtain the records needed to identify your implants.

Once I have this information, there are two options. We have a Breast Implant Removal Assistance Program which provides up to \$1,200.00 towards the cost of the removal if it is medically necessary and you are financially unable to pay. To apply for this assistance, please call 1-800-442-5442.

The second option is to file a claim with my office. This payment policy is based upon an examination by our laboratory of the removed implants. If it appears your implant failed as a result of our materials or workmanship, we will assume financial responsibility for your reasonable, uninsured out-of-pocket expenses. Prior to making any claim payment, we would require you to sign a release.

To proceed with a claim, please sign the enclosed Medical Authorization and return it to me in the envelope provided. Include the names of the doctors who have treated your breasts. As soon as I receive this information, I will request your records.

I am enclosing a copy of our Patient Information Packet which I hope will be helpful in answering any questions you may have about your implants. Due to the large number of phone calls we are receiving, I know it can be difficult and frustrating trying to reach me on the telephone. I do apologize and want to assure you that we are concerned about your well-being and will make every effort to respond to you as quickly as possible.

If I can answer any questions about our Removal Assistance Program or our claims process, please do not hesitate to call me at 1-800-238-7188.

Sincerely,

Shelley A. Blair
Customer Relations Specialist

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Enclosures

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