

IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE SOUTHERN DISTRICT OF NEW YORK

**PLEASE READ THIS NOTICE CAREFULLY**

**Your rights to a potential recovery from the "Healthcare Provider Trust" established under the CONFIRMED Chapter 11 Plan of Reorganization for Purdue Pharma L.P., et al. are affected.**

**NOTICE OF OPPORTUNITY TO RECEIVE HEALTHCARE  
PROVIDER TRUST DISTRIBUTIONS FROM THE  
PURDUE PHARMA L.P. PLAN OF REORGANIZATION**

Capitalized terms used herein, and not otherwise defined, shall have the meanings ascribed to them in the *Eighteenth Amended Joint Plan of Reorganization of Purdue Pharma L.P. and its Affiliated Debtors* under Chapter 11 of the Bankruptcy Code [D.I. 8233] (as modified, amended or supplemented from time to time, the "Plan") or the Healthcare Provider Trust Distribution Procedures (as modified, amended or supplemented from time to time, the "Healthcare Provider TDP").

If you are filing a claim on behalf of a Healthcare Provider Authorized Recipient, which is defined immediately below, it may be entitled to receive Distributions from the Healthcare Provider Trust that can only be used for Authorized Purposes, which are described in detail in the full Healthcare Provider TDP. The submission of a claim to the Healthcare Provider Trust does not guarantee that it will receive a Distribution. All claim submissions are reviewed for eligibility as set forth in the Healthcare Provider TDP.

Holders of a Healthcare Provider Channeled Claim eligible to participate are defined

as (i) all Healthcare Provider Claims<sup>1</sup> and (ii) all Released Claims held by providers of healthcare treatment services or any social services, in their capacity as such, that are not Domestic Governmental Entities.

Please note that establishing your eligibility to receive any Distribution under the Healthcare Provider TDP requires particularized and important effort on your part to provide support for your Claim.

A Holder of a Healthcare Provider Channeled Claim must do each of the following, according to the guidelines set forth below:

1. Complete the Registration Form electronically, which is a fillable PDF that can be downloaded from [www.purduehospitalsettlement.com](http://www.purduehospitalsettlement.com), and email to [info@purduehospitalsettlement.com](mailto:info@purduehospitalsettlement.com);
2. Once the Registration Form is received, the Trustee (or its agents or representatives) will communicate instructions to you for accessing a secure file transfer protocol ("SFTP");
3. Complete the Business Associate and Confidentiality Agreement (the "BAA") electronically, which is a fillable PDF that can be downloaded from [www.purduehospitalsettlement.com](http://www.purduehospitalsettlement.com), and submit to the SFTP;
4. The Trustee (or its agents or representatives) will provide you with an executed BAA via the SFTP to download for your records;
5. Complete the Distribution Form (the "Claim Form") electronically, which is a fillable PDF that can be downloaded from the same website:

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<sup>1</sup> A Healthcare Provider Claim as defined in the Plan includes, without limitation, (i) the Claims set forth in the approximately 1,030 Proofs of Claim filed by hospitals and the approximately 445 Proofs of Claim filed by other treatment providers (listed in Exhibit "C" of the Plan) and (ii) Claims against the Debtors held by Non-Federal Acute Care Hospitals.

[www.purduehospitalsettlement.com](http://www.purduehospitalsettlement.com); and

6. Submit that Claim Form and any supporting documents and information requested therein, along with the Requisite Claims Data as described in Section D.7 of the Claim Form, to the SFTP.

**PLEASE NOTE THAT ITEMS 3, 5 AND 6 ABOVE SHALL NOT BE SUBMITTED**

**VIA EMAIL.** Instead, by submitting the Registration Form described in Item 1 above, you will receive instructions for accessing a SFTP to which the BAA, the Claim Form and accompanying Requisite Claims Data must be submitted.

A "plain language" summary of the TDPs for the Healthcare Provider Trust is set forth below.

**DEADLINE**

The deadline for submitting the Registration Form, the BAA, the Claim Form and accompanying Requisite Claims Data is **5:00 P.M. Central Prevailing Time on Wednesday, September 30, 2026.**

**DISTRIBUTIONS**

At this time, no estimates can be provided as to the dollar amount of any Healthcare Provider Authorized Recipient's recovery. The net distributions from the Purdue Pharma bankruptcy estate to the Healthcare Provider Trust currently total approximately \$71.5 million, however, that sum will be reduced by certain additional court-approved legal fees allocated for the Ad Hoc Group of Hospitals that negotiated this settlement and its inclusion in the confirmed Plan, a common benefit assessment, as well as certain other associated Healthcare Provider Trust expenses. The Distributions from the Healthcare Provider Trust are also dependent on the number of eligible Claims ultimately approved to receive a Distribution.

## **Summary of Trust Distribution Procedures Purdue Pharma Healthcare Provider Trust**

### **A. Overview**

The Healthcare Provider Trust was established to (i) assume all of the Debtors' liability for the Healthcare Provider Channeled Claims, (ii) hold the MDT Healthcare Provider Claim and collect the Initial Healthcare Provider Trust Distribution, (iii) establish the Class 7 Non-Participating Claims Reserve and the Class 7 Released Claims Reserve, (iv) administer Healthcare Provider Channeled Claims, (v) hold and administer the Class 7 Non-Participating Claims Reserve on and after the Effective Date, (vi) hold the Class 7 Released Claims Reserve on and after the Effective Date, and (vii) make Distributions in accordance with the Healthcare Provider TDP. The Healthcare Provider Trust will evaluate the Healthcare Provider Channeled Claims and be in a financial position to make Distributions to eligible Healthcare Provider Authorized Recipients in accordance with the terms of the Healthcare Provider Trust Agreement and the Healthcare Provider TDP.

The Healthcare Provider TDP sets forth the manner in which the Healthcare Provider Trust shall make Distributions to Holders of Healthcare Provider Channeled Claims (such Distributions, "Distributions") that satisfy the eligibility criteria for Healthcare Provider Authorized Recipients set forth herein. Healthcare Provider Channeled Claims are fully discharged pursuant to the Healthcare Provider TDP. Healthcare Provider Authorized Recipients are required to use all funds distributed to them from the Healthcare Provider Trust solely and exclusively for Authorized Purposes, which are described in detail in the full Healthcare Provider TDP.

### **B. Funding of the Healthcare Provider Trust**

The Plan contemplated that the Healthcare Provider Trust would receive a total of approximately \$88 million on the Effective Date; however, as noted above, the current net balance on hand is approximately \$71.5 million (the "Initial Healthcare Provider Trust Distribution").

### **C. Trust Administration**

So long as he is able to serve as of the Effective Date, the presumptive trustee of the Healthcare Provider Trust is Hon. Thomas Hogan (Ret.) (the "Trustee"). If Judge Hogan is not able to serve, then a new Trustee will be selected in accordance with the Plan in advance of the Effective Date by the Ad Hoc Group of Hospitals with the consent of the Debtors (which consent shall not be unreasonably withheld, delayed or denied).

The Trustee shall have the power and authority to perform all functions on behalf of the Healthcare Provider Trust and shall undertake all administrative responsibilities as are

provided in the Plan and the Healthcare Provider Trust Documents. The Trustee shall be responsible for all decisions and duties with respect to the Healthcare Provider Trust. The Trustee shall have the authority to determine the eligibility of Healthcare Provider Authorized Recipients and the amount of Distributions made by the Healthcare Provider Trust.

#### **D. Eligibility for Distributions**

To qualify as a Healthcare Provider Authorized Recipient, a Holder of a Healthcare Provider Channeled Claim must certify in its Claim Form that:

- a) It adheres to the standard of care for the emergency department, hospital wards and outpatient clinics at the time of any prospective evaluation, diagnosis, and treatment of OUD, including with respect to the applicable standard of care for the treatment of addiction, acute withdrawal and treatment for Opioid Use Disorder ("OUD") with medication assisted treatment; and
- b) It provides discharge planning and post-discharge care coordination for patients with OUD, including information for appropriate OUD treatment services.

To qualify as a Healthcare Provider Authorized Recipient eligible to receive Distributions from the Healthcare Provider Trust, each applicable Holder of a Healthcare Provider Channeled Claim must:

- a) Have timely filed a Proof of Claim in the Debtors' Chapter 11 Cases (that is, on or before July 30, 2020);
- b) Timely submit the Claim Form; and
- c) Provide all of the Requisite Claims Data in connection with submitting a Claim Form.

**FOR AVOIDANCE OF DOUBT, FOR A HOLDER OF A HEALTHCARE PROVIDER CHanneled CLAIM TO QUALIFY AS A HEALTHCARE PROVIDER AUTHORIZED RECIPIENT AND BE ELIGIBLE TO RECEIVE A DISTRIBUTION, SUCH HOLDER OF A HEALTHCARE PROVIDER CHanneled CLAIM MUST TIMELY SUBMIT A FULLY COMPLETED CLAIM FORM ON OR BEFORE THE CLAIM DEADLINE, WHICH IS SEPTEMBER 30, 2026.**

#### **E. Determination of Distributions**

To permit the Trustee to evaluate the amount each Healthcare Provider Authorized Recipient is to receive as a Distribution, and to the extent not already submitted in connection with its Proof of Claim, a Holder of a Healthcare Provider Channeled Claim must submit all of the Requisite Claims Data. The Trustee may request additional information as reasonably necessary in the opinion of the Trustee to determine the amount to be distributed to a Healthcare Provider Authorized Recipient.

The Trustee (or its agents or representatives) shall review the timely submitted Claim Forms. The Trustee shall utilize the proprietary Cherry Bekaert Model and Algorithm (the "Model"), prepared and operated by Cherry Bekaert Advisory, LLC (formerly known as Legier & Company, apac), for determining the amount of each Distribution. The amount of the Distribution to be paid to each Healthcare Provider Authorized Recipient shall be determined within 120 days after the applicable Claim Deadline or in a period of time determined by the Trustee to be most practicable. The Model shall determine the amount distributable to each Healthcare Provider Authorized Recipient based on criteria described in section 6(c) of the Healthcare Provider TDP.

#### **F. Distributions on Account of Allowed Claims**

The Trustee shall make interim Distributions, from time to time in its judgment, to those Healthcare Provider Authorized Recipients that have complied with all of the criteria and procedures described in the Healthcare Provider TDP. Unless otherwise determined by the Trustee, such Healthcare Provider Authorized Recipients may receive one interim and one final distribution. Distributions will be subject to a common benefit assessment and may be subject to certain additional assessments for payment of attorneys' fees and costs of the Ad Hoc Group of Hospitals in accordance with the Plan.

#### **G. Authorized Purposes**

All net funds distributed to Healthcare Provider Authorized Recipients shall be used solely and exclusively for OUD abatement programs, whether currently existing or newly initiated. As a condition of receiving a Distribution, each Healthcare Provider Authorized Recipient must submit to the Trustee on its Claim Form a written statement that all funds will be spent only in the Authorized Recipient's Service Area for one or more of the Healthcare Provider Authorized Purposes described in section 7(a) of the Healthcare Provider TDP.