



U.S. Food and Drug Administration
Protecting and Promoting Your Health

From:- Peter Williams

Subject: Medical Compensation Approval

Case File No: 12-51-AR-32

Approval Code: CTPN41578659

Compensation Amount: \$8500.00

This letter is to give you confidential proof of medical compensation amount of about \$8500.00 which you are legally eligible for.

According to your information, you took birth control pills or gone through any bladder sling surgery or mesh implantation from 2001 to 2010, suffered from deadly side effect and got diagnosed in hospital.

Total expense you paid to a doctor is around \$3000.00 but for complications which were deadly, company is ready to pay you \$8500.00.

Our company is going to have electronic transaction of compensation amount.

As you know our company made many expense to fight a case against company in your name likewise expense of medical records paper work n also a fee of a lawyer.

Total Expenses:

●Attorney Fees : \$126.00

(Attorney General)

