

# ATTORNEY PORTAL

<http://vioxxsettlement.com>

## USER MANUAL

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### ACCESSING AND USING THE ATTORNEY PORTAL

#### A. Introduction

Welcome to the Nationwide Vioxx Consumer Settlement Program. The Secure Claims Attorney Portal allows attorneys to file claims and exchange information with the Claims Administrator on behalf of their client-claimants. These instructions explain and illustrate how to access and use the Portal.

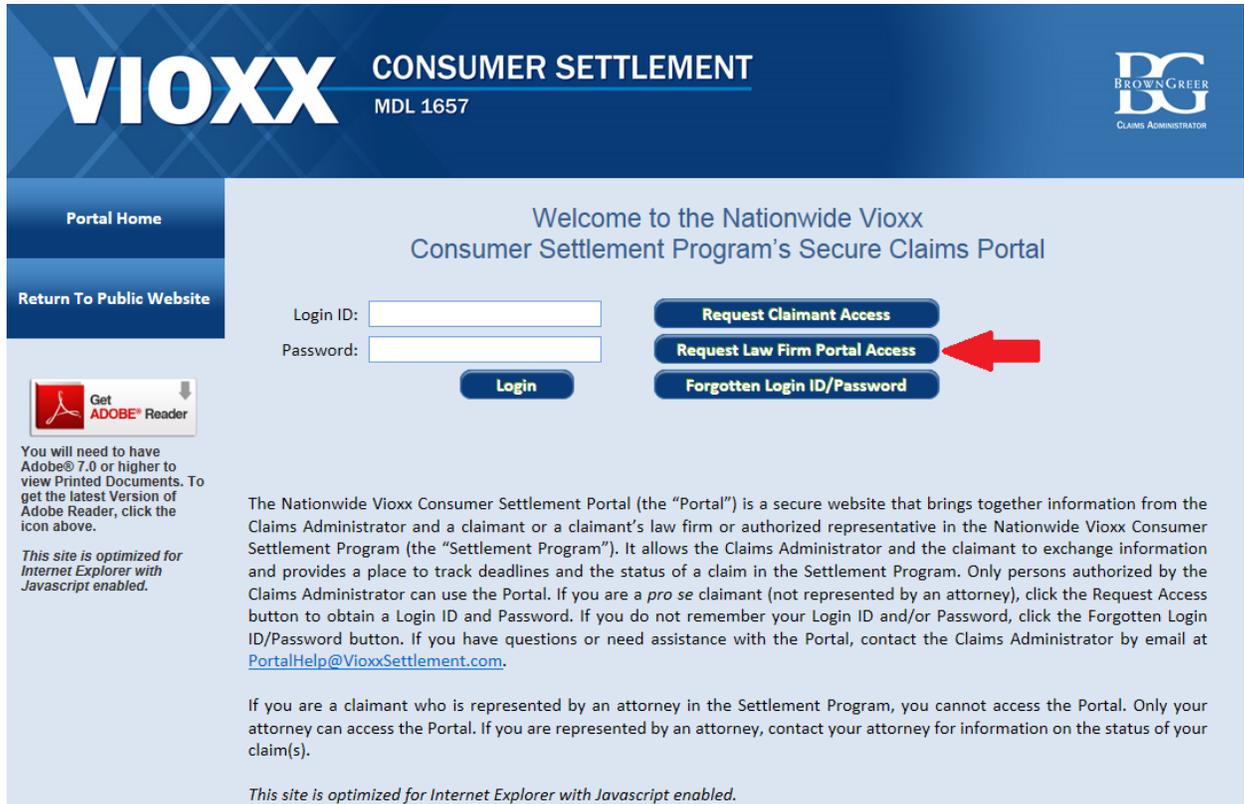
#### B. Accessing the Attorney Portal

1. From your web browser, go to <http://www.vioxxsettlement.com>. Click on the link "Secure Claims Portal." You will then be taken to the Portal Home Page where you may request access to the Portal and login.



The screenshot shows the Vioxx Consumer Settlement website. The header includes the Vioxx logo, 'CONSUMER SETTLEMENT MDL 1657', and the BrownGreer Claims Administrator logo. A navigation menu on the left lists: HOME PAGE, SECURE CLAIMS PORTAL (highlighted with a red arrow), IMPORTANT DOCUMENTS, INSTRUCTIONS, FREQUENTLY ASKED QUESTIONS, and CONTACT THE CLAIMS ADMINISTRATOR. The main content area features a heading 'Vioxx Consumers Could Get Up to \$50 or More From a Settlement' and a sub-heading 'You can get \$50 or more if you purchased Vioxx before October 1, 2004 for yourself or a family member.' Below this are three bullet points: '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.' There are four buttons: 'FILE A CLAIM ONLINE', 'DOWNLOAD A CLAIM FORM', 'MAIL ME A CLAIM FORM', and 'DO I QUALIFY FOR PAYMENT?'. At the bottom right, there are links for 'Attorneys Click Here' and 'Español'. A footer note mentions the need for Adobe Reader 7.0 or higher to view printed documents.

2. If you are a member of a law firm that has not been granted access, select “Request Law Firm Portal Access.”



Portal Home

Return To Public Website

Get ADOBE® Reader

You will need to have Adobe® 7.0 or higher to view Printed Documents. To get the latest Version of Adobe Reader, click the icon above.

This site is optimized for Internet Explorer with Javascript enabled.

Welcome to the Nationwide Vioxx Consumer Settlement Program's Secure Claims Portal

Login ID:

Password:

Login

Request Claimant Access

Request Law Firm Portal Access

Forgotten Login ID/Password

The Nationwide Vioxx Consumer Settlement Portal (the “Portal”) is a secure website that brings together information from the Claims Administrator and a claimant or a claimant’s law firm or authorized representative in the Nationwide Vioxx Consumer Settlement Program (the “Settlement Program”). It allows the Claims Administrator and the claimant to exchange information and provides a place to track deadlines and the status of a claim in the Settlement Program. Only persons authorized by the Claims Administrator can use the Portal. If you are a *pro se* claimant (not represented by an attorney), click the Request Access button to obtain a Login ID and Password. If you do not remember your Login ID and/or Password, click the Forgotten Login ID/Password button. If you have questions or need assistance with the Portal, contact the Claims Administrator by email at [PortalHelp@VioxxSettlement.com](mailto:PortalHelp@VioxxSettlement.com).

If you are a claimant who is represented by an attorney in the Settlement Program, you cannot access the Portal. Only your attorney can access the Portal. If you are represented by an attorney, contact your attorney for information on the status of your claim(s).

This site is optimized for Internet Explorer with Javascript enabled.

Only one person from each law firm needs to request Portal Access. If a member of your law firm has been granted access to the Portal, that person, as Law Firm Administrator for your law firm, can add new users on the Firm Administration tab of the Portal. See Section F.2 for more information on adding firm users.

3. After selecting “Request Law Firm Portal Access,” complete all required fields and select “Request Access.”

[Portal Home](#)

[Return To Public Website](#)



You will need to have Adobe® 7.0 or higher to view Printed Documents. To get the latest Version of Adobe Reader, click the icon above.

This site is optimized for Internet Explorer with Javascript enabled.

### Request Law Firm Portal Access

If you are an attorney requesting access to the Portal and you are a member of a law firm that has not been granted access, fill out the required fields below and click Request Access. We will contact you once your account is activated. If a member of your law firm has been granted access to the Portal, that person, as Law Firm Administrator for your law firm, can add new users on the Firm Administration tab of the Portal. If you have any questions, email [AttorneyAccess@VioxxSettlement.com](mailto:AttorneyAccess@VioxxSettlement.com).

[Back](#)

#### Firm Name

Firm Name: \*   
Primary Attorney: \*     
Login ID: \*   
Password: \*   
Confirm Password: \*

#### Mailing Address

Address1: \*   
Address2:   
City: \*  State: \*    
Zip Code: \*   
Main Telephone: \*  -  -   
Fax:  -  -   
Firm Email: \*

#### Physical Address

Address1: \*   
Address2:   
City: \*  State: \*    
Zip Code: \*

\* Indicates required information



[Request Access](#)

The Claims Administrator will review your credentials and establish access for your firm. You will receive an email within one business day confirming your successful registration. You will also receive further instructions for logging in to the Secure Claims Portal.

### C. Portal Usage

1. When you log into the Portal for the first time, you will need to agree to the Conditions of Use. You will only need to do this once.

**16. Choice of Forum.** The United States District Court for the Eastern District of Louisiana shall have exclusive jurisdiction over all disputes or proceedings arising from or relating to the Vioxx Portal and/or these Conditions of Use.

Agree  Disagree

**Submit** 

2. Click “Submit” and you will be taken to the Home Page of the Attorney Portal.

### D. Portal Home.

The Portal Home Page displays basic instructions for beginning claims, updates on the Settlement Program and a link to download the Attorney Portal User Manual.



The screenshot shows the Vioxx Consumer Settlement Portal Home page. The header includes the Vioxx logo, 'CONSUMER SETTLEMENT MDL 1657', and the BrownGreer Claims Administrator logo. A left-hand navigation menu contains the following items: Portal Home, Claimant Search, Firm Administration, Establish New Claimant, Change Password / Email, and Log Off. The main content area, titled 'Home', displays a welcome message for 'JOHN SMITH' as a member of 'SAMPLE LAW FIRM'. It provides instructions on how to add claimants and a link to the Portal User Manual. At the bottom, there is a download icon for Adobe Reader and a note about the site's optimization for Internet Explorer with JavaScript enabled.

1. **Portal sections.** The left side of the Home screen lists the following options.

- (a) Portal Home
- (b) Claimant Search
- (c) Firm Administration
- (d) Establish New Claimant
- (e) Change Password / Email
- (f) Log Off

You can navigate between these sections by left clicking on the section you wish to access. Each section (except Home) is described below.

### E. Claimant Search.

The Claimant Search tab allows you to access information on your claimant(s), add new claimants and determine the status of your claimants through all phases of the Settlement Program. The Search feature allows you to search by Claimant ID, Last Name and/or Social Security Number. Click the “Search All” radio button for a listing of all of your active Claimants.

#### Claimant Search

Search

Specific Search     Search All

[Establish New Claimant](#)

Claimant ID:

Last Name:

SSN:  -  -

[Search](#)

1. **Establish New Claimant.** For ease of use, you can establish a new claimant within the Claimant Search feature or you can go straight to the “Establish New Claimant” feature in the left hand navigational column. To establish a new claimant within the “Claimant Search” feature, click the Establish New Claimant button to add a new Claimant to your Portal.

### Claimant Search

#### Search

Specific Search    Search All

**Claimant ID:**

**Last Name:**

**SSN:**  -  -



Provide the requested information and click “Establish Claimant.”

# VIOXX

## CONSUMER SETTLEMENT

MDL 1657



Portal Home

Claimant Search

Firm Administration

Establish New Claimant

Change Password / Email

Log Off

### Establishing Claimant

#### Establishing Claimant

**Claimant Name:** \* Jones  Robert  Middle Name

**Suffix:**

**Country:** \* United States

**Address 1:** \* 123 Any St

**Address 2:**

**City:** \* Richmond

**State:** \* VA

**Zip Code:** \* 23221

**Telephone Number:** 555 - 555 - 5555

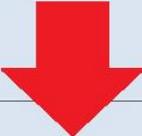
**Email Address:** rjones@gmail.com

**Date of Birth:** \* 0101/1950

**Social Security Number:** \* 555 - 55 - 5555

**Confirm Social Security Number:** \* 555 - 55 - 5555

\* Indicates required information



 Get ADOBE® Reader

You will need to have Adobe® 7.0 or higher to view Printed Documents. To get the latest Version of Adobe Reader, click the icon above.

*This site is optimized for Internet Explorer with Javascript enabled.*

The Claimant Activity screen for the new Claimant will then appear, allowing you immediately to complete the Claim Form and upload any documents on behalf of the new Claimant (see section C.3 below).

**2. Claimant Search.** You can search for your claimants in two different ways.

- (a) **Specific Search.** Click Specific Search to search for a Claimant by Claimant ID, Last Name, or Social Security Number. Fill in the information in the search criteria you choose to use and click Search. The Last Name search request is not case-sensitive but you must enter at least the first two characters of the Claimant’s last name. You can search using more than one search criteria. The Search Results will appear on screen.

### Claimant Search

Search

Specific Search     Search All
 Establish New Claimant

Claimant ID:   
 Last Name:   
 SSN:  -  -

**Search Results:** Page 1 of 1 (1 records)

Claimant ID	Name	Claim Status	Total Amount Claims	Payment Option
<a href="#">100230</a>	Jones, Robert A	Claim Form Not Yet Begun		

1

You will see the Claimant ID, Claimant Name, Claim Status, the Total Amount Claimed, and the Payment Options selected. Click the Claimant ID hyperlink to access the Claimant.

### Claimant Search

Search

Specific Search     Search All
 Establish New Claimant

Claimant ID:   
 Last Name:   
 SSN:  -  -

**Search Results:** Page 1 of 1 (1 records)

Claimant ID	Name	Claim Status	Total Amount Claims	Payment Option
<a href="#">100230</a>	Jones, Robert A	Claim Form Not Yet Begun		

1

(b) **Search All.** Click Search All to view a list of all Claimants in your Portal. Find the Claimant whose information you wish to access. Click the Claimant ID hyperlink to access that Claimant.

After selecting the hyperlink, you will be taken to the “Claimant Activity Screen.”

3. **Claimant Activity.** The Claimant Activity screen allows you to view pertinent information for the selected Claimant and manage the Claimant’s claim. On the Claimant Activity screen, you can submit a Claim Form, upload documents, view documents, and view Notices.

Claimant Activity

View Documents & Notices
Upload Files
Save Claim Form

Claimant ID: 100048

Step 1: Contact Information
Step 2: Claim Details
Step 3: Confirmation

**Did you purchase Vioxx or are you filing as the legal representative of someone who purchased Vioxx?**

I purchased Vioxx   
  I am filing for someone else

---

**Vioxx Purchaser Personal Information**

Name: \*    Suffix:

Country: \*

Address 1: \*

Address 2:

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

Phone: \*  -  -

Email:

---

Date of Birth: \*  MM/DD/YYYY

\*\*Social Security Number : \*  -  -

Confirm Social Security Number: \*  -  -

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

(a) **View Documents & Notices.** Click this button to view any documents or Notices associated with your client.

- (b) **Upload Files.** Click this button to upload documents to the claimant’s file. You can use this feature at any time. Choose the type of document you are uploading, then click “Browse” to locate the file on your computer. Then select “Upload.”

### F. Filing a Claim.

#### 1. Contact Information

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

- a. If your client is submitting a Claim because he or she 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.”

Did you purchase Vioxx or are you filing as a representative of someone who purchased Vioxx?

I purchased Vioxx     I'm filing for someone else

---

**Vioxx Purchaser Personal Information**

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

Email: johnsmith@test.com

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Date of Birth: \* 01/01/1950    MM/DD/YYYY

\*\*Social Security Number : \* 123 - 45 - 6789

Confirm Social Security Number: 123 - 45 - 6789

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



- b. If your client is 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 client's demographic information. You will also need to indicate your client's relationship to the Vioxx purchaser. Complete all required fields. Select "Continue" when you are finished.

## 2. Claim Details

- a. **Claim Payment Options.** You must indicate whether you are submitting an Option 1 claim or an Option 2 claim on behalf of your client.

(1) **Option 1** provides reimbursement for out-of-pocket expenses for purchases of Vioxx. In order to make an Option 1 claim, your client must provide one or more of the following forms of proof:

- Receipts
- Pharmacy Records
- Insurer Explanation of Benefits
- Canceled Checks
- Credit Card Statements

(2) **Option 2** provides a one-time payment of up to \$50 if your client can provide proof of a Vioxx prescription or if your client signs a declaration swearing under penalty of perjury that he or she bought and paid for Vioxx before October 1, 2004. Your client 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
<p><b>1. Claim Payment Option (Select One)</b></p> <hr/> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><b>Option 1</b> 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"> <li>• Receipts</li> <li>• Pharmacy Records</li> <li>• Insurer Explanation of Benefits</li> <li>• Canceled Checks</li> <li>• Credit Card Statements</li> </ul> <p style="text-align: center;"><input type="checkbox"/></p> <p style="text-align: center;"><b>Option 1:</b> Check this box if you select option 1.</p> </div> <div style="width: 45%;"> <p><b>Option 2</b> 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"> <li>• Medical Records</li> <li>• Doctor's Letter</li> <li>• Prescription Bottle</li> <li>• Sworn Statement</li> </ul> <p style="text-align: center;"><input checked="" type="checkbox"/></p> <p style="text-align: center;"><b>Option 2:</b> Check this box if you select option 2.</p> </div> </div>		

**b. Prescriber/Pharmacy Information.** In the next section, you can indicate the physician that prescribed your client Vioxx, as well as the name and address of the pharmacy where your client purchased Vioxx. You are not required to submit this information, so if your client no longer remembers 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

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

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 for your client's 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.*

- c. Payment Option 1.** If you chose Payment Option 1, you will see the screen below. You will need to enter the total amount your client paid out of pocket for Vioxx. You can also indicate which documents you are submitting to support your client's 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:

**Upload**

**Cancel**

**Post-Withdrawal Medical Consultation.** If you chose Payment Option 1, your client can also be reimbursed up to \$75 if he or she 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.

- d. Payment Option 2.** If you chose Payment Option 2, you will see the screen below. You must provide proof that your client was 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:

### 3. Confirmation

In this section, you can review the information you have provided so far. If any of your client's 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 client's 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 client's claim. Type your client's 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:\*  X

Submit



### G. Firm Administration.

Click the Firm Administration tab found on the left side of the screen to change any law firm information, manage law firm users and Claimant logins, and upload law firm documents.

- 1. Editing Law Firm Information.** Click the Edit button to make changes to the Law Firm Information. You may change any information on this screen. Note that a field with an

asterisk before it indicates that it is required. When you have completed making the necessary changes to the Law Firm Information, click the Update button at the top of the screen to save your changes.

### Firm Administration

[Back](#)
[Update](#)

#### Firm Name

Firm Name: \*

Primary Attorney: \*

#### Mailing Address

Address1: \*

Address2:

City: \*  State: \*

Zip Code: \*

Main Telephone: \*  -  -

Fax:  -  -

Firm Email: \*

#### Physical Address

Address1: \*

Address2:

City: \*  State: \*

Zip Code: \*

\* Indicates required information

A confirmation box will appear for you to confirm that you want to save your changes:

### Confirmation

Are you sure you want to save the data?

[Yes](#)
[No](#)

Click the Yes button to save your changes. The following message will appear on the Firm Administration screen: **Your data has been successfully saved.**

- Manage Users.** Click the Manage Users button to add and change the users who can access the information in your Portal.

### Manage Firm Users

Click the Manage Firm Users button to grant, edit or remove access to this portal for attorneys and staff at your firm. For security purposes and proper use of the portal, each person accessing this portal should have his or her own login credentials. A Firm Administrator can create as many accounts as needed, and will have the option to limit the level of access granted to each user.

**Manage Users**



- (a) **Add Users.** Click the Add New User button to provide access to your Portal to a new user in your law firm.

### Manage Firm Users

**<< Back**

To grant access to the Nationwide Vioxx Consumer Settlement Portal to another attorney or employee of your law firm, click the Add New User button and provide the required information. When complete, click the Add button and the new user will have access to the portal.

Use the Search function to find a user for whom you want to edit or remove access to the portal. Select Search All for a complete list of firm users that have access to the portal. Click the Edit button next to the user's name on the user list, make the desired changes and click the Update button. To remove a user's access to this portal, uncheck the Active box and click the Update button.

### Search

Specific Search    Search All

First Name:

Last Name:

**Search**

**Add New User**



You will see the screen below:

### Add User

#### 1. User Information

First Name: \*

Last Name: \*

Address1: \*

Address2:

City: \*  State: \*

Zip Code: \*

Contact Phone: \*  -  -

#### 2. Select a Login ID and Password

Login ID: \*

Use 6-16 characters with no spaces.

Password: \*

Capitalization matters. Use 6-16 characters, no spaces. Must contain at least 1 numeric character and 1 alphabet character.

Confirm Password: \*

Email: \*

Confirm Email: \*

Can function as Law Firm Administrator:

Fill in the blanks with the required information on the new user. Choose a Login ID for the new user and click the Verify button to confirm that the Login ID is available. If the Login ID is not available, select another Login ID and provide a password that is between 6-16 characters in length and contains at least one number and one letter. Once you have provided the required information, click the Add button to add the new user. Once the system has added the information, you will see a message on the Firm User Access screen that states that the registration was successful. The new user will receive a confirmation email. The new user must follow the instructions in the confirmation email to gain access to the portal.

- (b) Search For and Manage Users.** Select Specific Search or Search All to search for the user whose information you need to change. You must enter a minimum of the first three characters for the Last Name you need to locate. Search All will provide a complete list of your users. All matches will appear in the Search Results table. Click the “Edit” hyperlink to make changes to the selected user’s information.

**Search**

Specific Search   
  Search All
 
Add New User

**Search Results:** Page 1 of 1 (1 records)

User ID	Status	Login ID	Name	Email	Phone Number	
234	Active	jsmith1	Smith, John	jsmith@samplelaw.com	555-555-5555	<a href="#" style="color: blue; text-decoration: underline;">Edit</a>

1
↑

Make any needed changes and click the Update button to save your changes. Once the system has updated the information, you will see a message on the Firm User Access screen that states that the data was saved successfully. To remove access for a selected user, uncheck the Active checkbox and click the Update button.

### **H. Establish New Claimant.**

As noted previously, you can establish a claimant either through the “Claimant Search” feature or through the direct “Establish New Claimant” feature. To do the latter, click the “Establish New Claimant” button to add a new Claimant to your Portal. Provide the requested information and click “Establish Claimant.”

Portal Home

Claimant Search

Firm Administration

Establish New Claimant

Policy Keeper<sup>SM</sup>

Change Password / Email

Log Off

### Establishing Claimant

#### Establishing Claimant

Claimant Name: \* Jones Robert A

Suffix: \*

Country: \* United States

Address 1: \* 123 Any St

Address 2: \*

City: \* Richmond

State: \* VA

Zip Code: \* 23221

Telephone Number: 555 - 555 - 5555

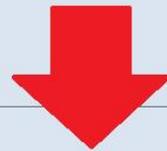
Email Address: rjones@gmail.com

Date of Birth: \* 01/01/1950

Social Security Number: \* 555 - 55 - 5555

Confirm Social Security Number: \* 555 - 55 - 5555

\* Indicates required information



Establish Claimant

Cancel



You will need to have Adobe® 7.0 or higher to view Printed Documents. To get the latest Version of Adobe Reader, click the icon above.

The Claimant Activity screen for the new Claimant will appear so that you can complete the Claim Form and upload any documents on behalf of the Claimant.

### I. Change Password / Email.

Click the Change Password / Email tab to change your Password and/or email address.

### Change Password

Change Password

Current Password: \*

New Password: \*

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

Confirm New Password: \*

\* Indicates required information

Change Email

Current Email: \*

New Email: \*

Confirm New Email: \*

\* Indicates required information

1. **Change Password.** Enter your current Password, your new Password, confirm your new Password and click the Submit button to change your Password.
2. **Change Email.** Enter your current Email, your new Email, confirm your new Email and click the Submit button to change your email address.

### J. Log Off.

When you are finished using the Portal application, click the Log Off tab on the left side of the screen. This will immediately shutdown your connection to your portal. Click the Go to Login Screen link to log in to your portal.