

ATTORNEY PROGRAM GUIDE

MASS TORT CLINICAL INTELLIGENCE PROGRAM

How the program works in four layered steps

MATTER

Portfolio setup, claimant reports and shared records

OPTIONAL AGGREGATE REVIEW

A comparative synthesis of completed claimant reviews

PREPARED FOR

Mass tort firms managing drug and device litigation

REPORT DATE

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A structured program for a complex docket

The Mass Tort Clinical Intelligence Program gives your firm a consistent way to organize medical evidence across a drug or device litigation while preserving the differences that determine the strength of each claimant's clinical presentation.

The program begins with a shared portfolio structure. Your firm then orders the appropriate report for each claimant. Common records are handled at the portfolio level, and an optional aggregate review brings completed claimant analyses together for portfolio decisions.

Layer	What your firm purchases	Fee structure
01 Portfolio activation	The common structure for the litigation and its initial claimant files.	\$25,000 one-time activation fee.
02 Claimant reports	The report selected for each claimant, based on the firm's questions.	Priced by report type; funded-batch discounts apply.
03 Shared records	One portfolio-level treatment of records common to the litigation.	Common records are not charged again to every claimant; shared scope is confirmed in the quote.
04 Optional aggregate review	A synthesis of up to 25 completed claimant reviews.	\$35,000 for the Mass Tort Clinical Intelligence Review.

The minimum engagement

The entry point is the one-time Portfolio Activation Fee plus at least 10 claimant reports. For example, 10 Attorney Case Briefs at the stated \$4,500 base price qualify for a 10% report-fee discount. With activation, the initial engagement totals \$65,500.

What makes the layers useful

Your firm can establish the portfolio, obtain individual analyses and decide when a broader synthesis would add value. The activation fee buys the shared structure. Claimant report fees buy the individual analytical deliverables. The optional aggregate fee buys the comparison across completed reviews. Each layer has a distinct purpose.

Attorney program guide • October 3, 2026. Pricing examples use the stated base report fees. Any additional scope or applicable charges must be identified in the written quote before work begins.

01 Activate the portfolio

One-time Portfolio Activation Fee: \$25,000. Activation establishes the common framework for one litigation portfolio before claimant report production begins.

Included component	What it establishes
Master portfolio	A central matter structure connecting common issues, claimant files and the work ordered by your firm.
Common allegations and clinical issues	An organized statement of the questions to test, the alleged injury pathways and the evidence needed to evaluate them. Allegations remain distinct from findings.
Portfolio dashboard	A central view for organizing the portfolio and tracking claimant work. Specific fields and access arrangements are confirmed during implementation.
Claimant-management structure	Consistent claimant identifiers, file organization and links between individual records and common portfolio material.
Up to 25 claimant file shells	The initial organized file spaces for claimant-specific material and reports. A file shell does not include a completed clinical review.
Intake and document rules	Requirements for submissions, record identification, common versus individual materials, scope and handling of missing or additional records.
Implementation meeting	A working meeting to align the portfolio structure, initial batch, firm contacts and submission requirements.

What your firm supplies

Bring the litigation description, the principal clinical questions, an approximate claimant count, available record types and the firm's priorities. Identify the attorney and operational contacts who will coordinate submissions and review the work. Any court-driven priorities should be discussed when scope is established.

What activation does not purchase

Activation does not include 25 claimant reports or the optional aggregate review. The initial file shells create the structure for work; the reports themselves are separately ordered. If the portfolio requires more than 25 shells or additional implementation scope, that need should be defined in the quote rather than assumed to be included.

02 Order the report each claimant needs

Each claimant receives the report your firm orders. The choice should follow the decision counsel needs to make and the records available to support it. The program does not require treating every file as clinically identical simply because the claimants share a litigation.

Example Attorney Case Brief

The Attorney Case Brief has a stated base price of \$4,500 per claimant. It provides a focused clinical assessment for case screening and strategic review. In the mass tort program, the brief remains an individual claimant deliverable; a portfolio category or dashboard entry does not replace it.

Define the question before the batch begins

For each report, identify the relevant exposure, alleged injury and principal clinical question. Examples include whether the record supports the reported event, whether the chronology is coherent, which baseline conditions complicate attribution, and which missing records prevent a reliable conclusion. The selected report and agreed scope determine the depth of the answer.

Ordering decision	What should be confirmed
Report type	The analytical deliverable ordered for each claimant.
Funded batch	The number of reports purchased together and the applicable discount tier.
Record scope	The supplied record set, included page allowance and any additional work.
Priority	The firm's decision needs and any agreed sequencing requirements.
Delivery expectations	The agreed deliverable, review requirements and authorized recipients.

Minimum and volume pricing

The minimum engagement is 10 claimant reports. Discounts are calculated for each funded batch: 10% for 10–24 reports, 15% for 25–49, 20% for 50–99, and 25% for 100 or more. A report fee remains separate from the one-time activation fee.

What your firm receives

Your firm receives the selected report for each claimant in the batch. The analysis should make the supporting record, limitations and unresolved questions clear. A completed report may identify that the available evidence is insufficient; completion does not mean that an allegation has been established.

03 Process shared records once

Some records address the litigation as a whole. Processing those materials separately for every claimant would repeat the same work. The program handles qualifying common records once at the portfolio level and connects their relevance to the individual files.

Portfolio-level material	Claimant-specific material
Common product information and applicable labeling supplied for the litigation.	The record identifying the product or drug exposure for a particular claimant.
Shared technical, regulatory or other common-source documents included in the agreed scope.	The claimant's medical history, imaging reports, treatment and follow-up.
A common allegation or clinical issue that the firm wants examined across files.	The evidence supporting or contradicting that allegation in the individual case.

How the shared work is applied

Common sources are organized under the master portfolio so they can be referenced consistently. The individual analysis still asks whether the material applies to that claimant's product, exposure period, clinical course and alleged injury. A document relevant to one version of a device or one period of drug use may not apply to every file.

What the pricing commitment means

Records common to the litigation are not charged again to every claimant. The scope and cost treatment of the shared work should be stated in the written quote. "Processed once" does not mean that every possible common-source project is automatically included in activation or that there is no charge for shared analysis.

What shared records cannot establish

Common information does not replace individual proof of exposure, injury, timing or outcome. It also does not eliminate the need to assess baseline conditions and alternative causes. Every claimant benefits from the controlled common source set, while the clinical conclusion remains specific to the evidence in that file.

When common records change

A new or corrected common document should be identified by version and applicability. Its effect can then be assessed across the relevant claimant files. The scope of any additional review is confirmed before that work begins.

04 Add the aggregate review when useful

Optional Mass Tort Clinical Intelligence Review: \$35,000. This report synthesizes up to 25 completed claimant reviews. It gives counsel a comparative view of the reviewed cohort after the individual analytical work has been completed.

Aggregate output	Decision it supports
Common causation patterns	Which exposure, timing, injury and treatment sequences recur, and which causal links remain unresolved?
Stronger and weaker claimant groups	Which files have a more coherent documented clinical presentation, and which require development or a separate analytical approach?
Bellwether development candidates	Which files warrant closer consideration for a representative clinical issue, subject to specialist review and counsel's criteria?
Alternative-cause concerns	Where do baseline disease, other exposures, treatment history or intervening events provide competing explanations?
Portfolio gaps and priorities	Which missing sources or specialist questions could materially change the assessment?

How it differs from the individual reports

An individual report explains one claimant's record. The aggregate review examines relationships across completed reviews: whether apparent similarities hold up, whether some claimants belong in a different clinical group, and which findings should influence the firm's next investment of time and resources.

When to consider ordering it

Consider the aggregate review when your firm needs to compare completed files, develop a provisional bellwether shortlist, test whether a common clinical theory fits the reviewed claimants, or decide which gaps to address first. The value comes from the comparative analysis, not simply from combining individual reports into one PDF.

Scope and limits

The \$35,000 fee covers a synthesis of up to 25 completed claimant reviews; it does not purchase those individual reviews. A larger cohort or additional aggregate work requires an agreed scope. Bellwether recommendations support counsel's judgment; they do not establish trial eligibility, legal liability, a final expert causal opinion or a predicted outcome.

Volume discounts and batch pricing

The discount is determined by the number of reports in the funded batch. The table shows the applicable tiers and their effect on an Attorney Case Brief with a \$4,500 base fee.

Reports in funded batch	Report discount	Brief fee per claimant	Savings per brief
10-24	10%	\$4,050	\$450
25-49	15%	\$3,825	\$675
50-99	20%	\$3,600	\$900
100 or more	25%	\$3,375	\$1,125

The discount applies to claimant report fees

The Portfolio Activation Fee remains \$25,000. The optional aggregate review remains \$35,000. Those fees are separate from the volume discount on claimant reports. For a different report type, the stated percentage is applied to the applicable report fee in the quote.

Each funded batch stands on its own

A first funded batch of 10 reports receives the 10% discount. A later, separately funded batch of 15 reports also receives the 10% discount. The combined history of 25 reports does not turn those two separate orders into a single 25-report batch qualifying for 15%.

For comparison, a single funded batch of 25 Attorney Case Briefs would be \$95,625 in report fees at \$3,825 each. Adding the one-time \$25,000 activation fee produces an initial total of \$120,625, before any separately quoted additional scope or applicable charges.

Later batches in the same portfolio

The one-time activation fee is not charged again for later batches in the same activated litigation portfolio. New report orders are priced according to their own batch size and scope. A separate litigation should not be assumed to fall within the original portfolio activation.

These examples illustrate the stated program pricing. They do not establish page allowances, rush terms, taxes, payment-method charges or additional-scope fees; any applicable items belong in the written quote.

Worked example Ten claimant reports

A firm activates one litigation portfolio and orders 10 Attorney Case Briefs as its first funded batch. At the stated \$4,500 base fee, the batch qualifies for a 10% discount.

Line item	Calculation	Amount
Portfolio activation	One-time fee	\$25,000
Attorney Case Briefs	$10 \times \$4,500$	\$45,000
Funded-batch discount	10% of \$45,000	–\$4,500
Net claimant report fees	$\$45,000 - \$4,500$	\$40,500
Total initial engagement	$\$25,000 + \$40,500$	\$65,500
Average initial cost per claimant	$\$65,500 \div 10$	\$6,550

What the \$65,500 purchases

The initial engagement includes the portfolio activation components and 10 Attorney Case Briefs at the discounted report price. The activation scope includes up to 25 claimant file shells, but only the 10 ordered reports are included in this example. Unused shells do not represent prepaid reports.

What happens with a later batch

If the firm later orders another funded batch of 10 Attorney Case Briefs for the same activated portfolio, the stated report fees would be \$40,500 at the 10% tier. There is no new \$25,000 activation fee. The first batch's \$6,550 average therefore should not be described as the permanent per-claimant report price.

If the firm orders the optional aggregate review

Adding the \$35,000 aggregate review to the illustrated initial engagement brings those stated fees to \$100,500. The individual reviews must be completed before they are synthesized. The aggregate scope should identify the completed reviews included, up to 25; the aggregate fee does not include additional individual reports.

Base-price illustration only. The written quote must identify any additional record scope or applicable charges.

How the work moves from intake to delivery

The program is organized around a defined record set, a clear report order and review before release. Your firm remains involved where a decision about scope, priorities or additional evidence is required.

Stage	Lexcura Summit work	Firm participation
Establish scope	Define the portfolio, selected report types, first funded batch and quote.	Identify litigation priorities, available records and decision needs.
Activate	Set up the master structure, initial shells and document rules; conduct the implementation meeting.	Confirm contacts, claimant identifiers and submission requirements.
Receive and organize	Separate common materials from claimant-specific records and identify submission gaps.	Provide the agreed records and resolve identity or missing-document requests.
Prepare and review	Analyze the ordered claimant work through the applicable clinical, specialist and QA review process.	Respond to targeted requests that could affect scope or findings.
Deliver individual reports	Release the approved reports to the authorized recipients.	Use findings to decide on further record development or next report orders.
Synthesize if ordered	Compare the completed claimant reviews within the agreed aggregate scope.	Confirm the cohort and the portfolio decisions the report should support.

Record readiness affects the analysis

Missing implant records, incomplete exposure history, absent imaging or conflicting dates may limit what can be concluded. The appropriate response is to identify the limitation and its effect. Additional pages are useful when they answer a specific unresolved question, not merely because they make a file larger.

Delivery timing

The schedule should be confirmed against batch size, record readiness, the report types ordered and any required specialist work. This guide does not promise a universal turnaround for a mass tort portfolio.

Firm decisions remain with counsel

Lexcura Summit supplies clinical analysis to inform the firm's work. Counsel determines legal strategy, formal discovery, claimant representation and final bellwether selection.

The seven pillars behind the work

The Lexcura Clinical Intelligence Model™ provides the framework for examining the medical record. The same seven questions can organize individual claimant work and the comparison across completed reviews.

Pillar	What counsel gains
1 Record Integrity	A clearer view of whether records belong to the right claimant, cover the relevant period and support the statements being made.
2 Baseline Profiling	An account of preexisting health, symptoms and function against which the alleged change can be evaluated.
3 Imaging Analysis	Analysis of reported findings, timing, communication and response, with original-image interpretation referred to appropriate specialists.
4 Timeline Reconstruction	A sequence linking exposure, symptoms, objective findings, clinical decisions, treatment and outcome.
5 Standard of Care Review	Identification of relevant clinical decision points and questions requiring a qualified, time-specific standards assessment.
6 Regulatory and Compliance Overlay	An organized assessment of relevant verified requirements and common materials as they apply to the actual record and period.
7 Causation Mapping	A structured examination of the proposed injury pathway, missing links and credible alternative explanations.

Consistency without flattening the differences

A common method makes comparison more useful, but it does not require identical conclusions. Two claimants may share a product yet differ in baseline disease, exposure, treatment response or documented injury. Those distinctions can determine whether the files support the same clinical account.

What the method is intended to support

The objective is a documented basis for better litigation decisions: what the record supports, what it contradicts, what remains uncertain and which next action is most likely to resolve a material issue. It is not a substitute for legal judgment or a guarantee that every reviewed claim will be strong.

Frequently asked questions

Does activation include claimant reports?

No. The \$25,000 activation fee establishes the portfolio and includes up to 25 claimant file shells. Each claimant report is separately ordered. The minimum engagement includes at least 10 claimant reports.

Can we add claimants later?

Yes. Later batches within the same activated litigation portfolio do not require a new activation fee. Each funded batch receives the discount applicable to its own size. Any setup beyond the included initial shells should be addressed in the agreed scope.

What are the page allowances?

Allowances depend on the report type and are confirmed in the written quote before work begins. The quote should identify the included record scope and how any excess or newly submitted pages will be handled. Common litigation records are processed at portfolio level rather than charged again to every claimant.

How does prepayment work?

The activation fee is paid before portfolio setup begins. Claimant reports are ordered in funded batches and prepaid at order, with the applicable batch discount reflected in the quote. Payment terms for the optional aggregate review are confirmed when that service is ordered.

Is the aggregate review required?

No. Your firm can order the individual reports without purchasing the \$35,000 aggregate review. The additional review is useful when counsel wants a synthesis across completed claimant analyses, rather than a separate account of each file.

How are our records secured?

Before your firm submits records, the transfer, storage, authorized-access, retention and deletion arrangements should be reviewed with you and documented during activation. Your firm can assess those arrangements before confidential claimant information is shared. Specific security controls should be confirmed directly rather than inferred from this guide.

Can the aggregate review establish causation or choose our bellwethers?

It organizes the clinical evidence, identifies patterns and alternatives, and supports development of potential candidates. Final expert opinions, procedural eligibility and the firm's litigation decisions require the relevant professional review. A repeated pattern alone does not prove causation.

Prepare for your portfolio review

A portfolio review is a working discussion about the litigation, the available records and the decisions your firm needs to make. The aim is to define a useful initial scope and a quote that separates setup, claimant reports and any optional aggregate work.

Bring the following information

Litigation: the drug or device, the principal allegations and the clinical issues your firm wants examined.

Claimant volume: the approximate total docket and the number proposed for the first funded batch.

Record readiness: what is already available, what is missing and which materials are common to the litigation.

Decision priorities: intake assessment, claimant development, comparison of completed reviews or potential bellwether support.

Firm contacts: the attorney and operational lead who will coordinate the engagement.

What to confirm in the written scope

Confirm the activated portfolio, initial setup, report types, funded-batch size, discount, page allowances, shared-record treatment, payment terms, delivery expectations and any additional charges. If the aggregate review is ordered, identify the completed claimant reviews to be included and the questions the synthesis should address.

About Lexcura Summit

Lexcura Summit created the Lexcura Clinical Intelligence Model™, a seven-pillar method for analyzing medical records. Its work helps attorneys examine the clinical facts behind a claim and the differences that matter across a larger portfolio.

Michelle Carroll, Founder and Chief Clinical Strategist, is the author of Clinical Intelligence for Mass Tort Litigation. Her work focuses on translating complex medical records into structured clinical analysis that supports litigation decisions.

Schedule a Portfolio Review

Visit lexcurasummit.com to contact Lexcura Summit about the Mass Tort Clinical Intelligence Program. Provide your name, firm, litigation and approximate claimant count. Do not include claimant names, medical records or other confidential case details in an initial public inquiry.

Lexcura Summit is not a law firm and has no attorneys on staff. This guide explains the program; the executed engagement and written scope govern the services purchased.

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Clinical Intelligence for Better Litigation Decisions

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