


UNITED STATES BANKRUPTCY COURT		District of Delaware	PROOF OF CLAIM						
Name of Debtor: Graceway Pharmaceuticals, LLC, et. al.		Case Number: 11-13036-PJW	<p style="font-size: 24pt; margin: 0;">RECEIVED</p> <p style="font-size: 24pt; margin: 0;">FEB 03 2012</p> <p style="font-size: 24pt; margin: 0;">BMC GROUP</p> <p style="margin: 5px 0;">COURT USE ONLY</p> <p><input type="checkbox"/> Check this box if this claim amends a previously filed claim.</p> <p>Court Claim Number: _____ (If known)</p> <p>Filed on: _____</p> <p><input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.</p>						
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.									
Name of Creditor (the person or other entity to whom the debtor owes money or property): Florida Agency for Health Care Administration									
Name and address where notices should be sent: Debora E. Fridie, Assistant General Counsel, Office of the General Counsel, Florida Agency for Health Care Administration, 2727 Mahan Drive, MS #3, Tallahassee, Florida 32308									
Telephone number: (850) 412-3641 email: Debora.fridie@ahca.myflorida.com									
Name and address where payment should be sent (if different from above): Florida Agency for Health Care Administration, Bureau of Finance and Accounting, ATTN: Paula Shirley, Bureau Chief, 2727 Mahan Drive, MS #14, Tallahassee, Florida 32308									
Telephone number: (850) 412-3858 email:									
<p>1. Amount of Claim as of Date Case Filed: \$ <u>137,743.28</u></p> <p>If all or part of the claim is secured, complete item 4.</p> <p>If all or part of the claim is entitled to priority, complete item 5.</p> <p><input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.</p>									
<p>2. Basis for Claim: <u>Medicaid pharmaceutical rebates</u> (See instruction #2)</p>									
<p>3. Last four digits of any number by which creditor identifies debtor: <u>5 3 8 5</u></p>		<p>3a. Debtor may have scheduled account as: _____ (See instruction #3a)</p>							
		<p>3b. Uniform Claim Identifier (optional): _____</p>							
<p>4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.</p> <p>Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe:</p> <p>Value of Property: \$ _____</p> <p>Annual Interest Rate _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)</p>		<p>Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____</p> <p>Basis for perfection: _____</p> <p>Amount of Secured Claim: \$ _____</p> <p>Amount Unsecured: \$ _____</p>							
<p>5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.</p> <table style="width:100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B). </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Wages, salaries, or commissions (up to \$11,725*) earned within 180 days before the case was filed or the debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4). </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5). </td> </tr> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> Up to \$2,600* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7). </td> <td style="vertical-align: top;"> <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8). </td> <td style="vertical-align: top;"> <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)(____). </td> </tr> </table> <p style="text-align: right;">Amount entitled to priority: \$ _____</p> <p style="text-align: right;">Graceway Pharmaceuticals LLC</p> <div style="text-align: right;">  00216 </div>				<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).	<input type="checkbox"/> Wages, salaries, or commissions (up to \$11,725*) earned within 180 days before the case was filed or the debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4).	<input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5).	<input type="checkbox"/> Up to \$2,600* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7).	<input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).	<input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)(____).
<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).	<input type="checkbox"/> Wages, salaries, or commissions (up to \$11,725*) earned within 180 days before the case was filed or the debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4).	<input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5).							
<input type="checkbox"/> Up to \$2,600* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7).	<input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).	<input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)(____).							
<p>*Amounts are subject to adjustment on 4/1/13 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</p>									
<p>6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)</p>									

7. Documents: Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. (See instruction #7, and the definition of "redacted".)

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:


8. Signature: (See instruction #8)

Check the appropriate box.

- I am the creditor. I am the creditor's authorized agent. I am the trustee, or the debtor, or their authorized agent. I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.)
(Attach copy of power of attorney, if any.) (See Bankruptcy Rule 3004.)

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print Name: Anne Wells
Title: Bureau Chief, Bureau of Pharmacy Services
Company: Florida Agency for Health Care Administration
Address and telephone number (if different from notice address above):
2727 Mahan Drive, MS #38
Tallahassee, Florida 32308

 1/31/2012
(Signature) (Date)

Telephone number: (850) 412-4166 email:

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, exceptions to these general rules may apply.

Items to be completed in Proof of Claim form

Court, Name of Debtor, and Case Number:

Fill in the federal judicial district in which the bankruptcy case was filed (for example, Central District of California), the debtor's full name, and the case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is at the top of the notice.

Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

1. Amount of Claim as of Date Case Filed:

State the total amount owed to the creditor on the date of the bankruptcy filing. Follow the instructions concerning whether to complete items 4 and 5. Check the box if interest or other charges are included in the claim.

2. Basis for Claim:

State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on delivering health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if an interested party objects to the claim.

3. Last Four Digits of Any Number by Which Creditor Identifies Debtor:

State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

3a. Debtor May Have Scheduled Account As:

Report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.

3b. Uniform Claim Identifier:

If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

4. Secured Claim:

Check whether the claim is fully or partially secured. Skip this section if the claim is entirely unsecured. (See Definitions.) If the claim is secured, check the box for the nature and value of property that secures the claim, attach copies of lien documentation, and state, as of the date of the bankruptcy filing, the annual interest rate (and whether it is fixed or variable), and the amount past due on the claim.

5. Amount of Claim Entitled to Priority Under 11 U.S.C. § 507 (a).

If any portion of the claim falls into any category shown, check the appropriate box(es) and state the amount entitled to priority. (See Definitions.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

6. Credits:

An authorized signature on this proof of claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

7. Documents:

Attach redacted copies of any documents that show the debt exists and a lien secures the debt. You must also attach copies of documents that evidence perfection of any security interest. You may also attach a summary in addition to the documents themselves. FRBP 3001(c) and (d). If the claim is based on delivering health care goods or services, limit disclosing confidential health care information. Do not send original documents, as attachments may be destroyed after scanning.

8. Date and Signature:

The individual completing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what constitutes a signature. If you sign this form, you declare under penalty of perjury that the information provided is true and correct to the best of your knowledge, information, and reasonable belief. Your signature is also a certification that the claim meets the requirements of FRBP 9011(b). Whether the claim is filed electronically or in person, if your name is on the signature line, you are responsible for the declaration. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. If the claim is filed by an authorized agent, attach a complete copy of any power of attorney, and provide both the name of the individual filing the claim and the name of the agent. If the authorized agent is a servicer, identify the corporate servicer as the company. Criminal penalties apply for making a false statement on a proof of claim.

DEFINITIONS

INFORMATION

<p>Debtor A debtor is the person, corporation, or other entity that has filed a bankruptcy case.</p>	<p>A claim also may be secured if the creditor owes the debtor money (has a right to setoff).</p>	<p>Acknowledgment of Filing of Claim To receive acknowledgment of your filing, you may either enclose a stamped self-addressed envelope and a copy of this proof of claim or you may access the court's PACER system (www.pacer.psc.uscourts.gov) for a small fee to view your filed proof of claim.</p>
<p>Creditor A creditor is a person, corporation, or other entity to whom debtor owes a debt that was incurred before the date of the bankruptcy filing. See 11 U.S.C. §101 (10).</p>	<p>Unsecured Claim An unsecured claim is one that does not meet the requirements of a secured claim. A claim may be partly unsecured if the amount of the claim exceeds the value of the property on which the creditor has a lien.</p>	<p>Offers to Purchase a Claim Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 <i>et seq.</i>), and any applicable orders of the bankruptcy court.</p>
<p>Claim A claim is the creditor's right to receive payment for a debt owed by the debtor on the date of the bankruptcy filing. See 11 U.S.C. §101 (5). A claim may be secured or unsecured.</p>	<p>Claim Entitled to Priority Under 11 U.S.C. § 507 (a) Priority claims are certain categories of unsecured claims that are paid from the available money or property in a bankruptcy case before other unsecured claims.</p>	
<p>Proof of Claim A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the debtor on the date of the bankruptcy filing. The creditor must file the form with the clerk of the same bankruptcy court in which the bankruptcy case was filed.</p>	<p>Redacted A document has been redacted when the person filing it has masked, edited out, or otherwise deleted, certain information. A creditor must show only the last four digits of any social-security, individual's tax-identification, or financial-account number, only the initials of a minor's name, and only the year of any person's date of birth. If the claim is based on the delivery of health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information.</p>	
<p>Secured Claim Under 11 U.S.C. § 506 (a) A secured claim is one backed by a lien on property of the debtor. The claim is secured so long as the creditor has the right to be paid from the property prior to other creditors. The amount of the secured claim cannot exceed the value of the property. Any amount owed to the creditor in excess of the value of the property is an unsecured claim. Examples of liens on property include a mortgage on real estate or a security interest in a car. A lien may be voluntarily granted by a debtor or may be obtained through a court proceeding. In some states, a court judgment is a lien.</p>	<p>Evidence of Perfection Evidence of perfection may include a mortgage, lien, certificate of title, financing statement, or other document showing that the lien has been filed or recorded.</p>	

Graceway Pharmaceuticals, LLC

Invoice amounts due for invoice no. 2933620112

JCODE DRUG REBATE INVOICE	\$81.86
MEDICAID DRUG REBATE INVOICE	\$68,034.35
MEDICAID SUPPLEMENTALDRUG REBATE INVOICE	\$2,488.20
MEDICAID DRUG REBATE INVOICE	\$64,659.88
JCODE DRUG REBATE INVOICE	\$177.45
MEDICAID SUPPLEMENTALDRUG REBATE INVOICE	<u>\$2,301.54</u>
TOTAL	\$137,743.28

FL AGENCY FOR HEALTH CARE ADMINISTRATION
JCODE DRUG REBATE INVOICE

LABELER CODE
29336

GRACEWAY PHARMACEUTICALS, LLC
JOHN BLISS
222 VALLEY CREEK BLVD., SUITE 300
EXTON, PA 19341

Invoice Date 08/26/2011
Year 2011
Qtr 2
State FL
Invoice No J 2933620112

NDC NUMBER	DRUG NAME	UNIT REBATE AMT	UNITS REIMBURSED	REBATE AMT CLAIMED	NO OF SCRIPTS	MEDICAID AMT REIMB	NON MED AMT REIMB	TOTAL AMT REIMB
				\$81.86				
				\$81.86				

Remit To: \$81.86
DRUG REBATE

AGENCY FOR HEALTHCARE ADMINISTRATION
FINANCE & ACCTING/DRUG REBATE
2727 MAHAN DRIVE, MAIL STOP #14
TALLAHASSEE, FL 32308

**FL AGENCY FOR HEALTH CARE ADMINISTRATION
MEDICAID DRUG REBATE INVOICE**

LABELER CODE
29336

GRACEWAY PHARMACEUTICALS, LLC
JOHN BLISS
222 VALLEY CREEK BLVD., SUITE 300
EXTON, PA 19341

Invoice Date 08/26/2011
Year 2011
Qtr 2
State FL
Invoice No F 2933620112

NDC NUMBER	DRUG NAME	UNIT REBATE AMT	UNITS REIMBURSED	REBATE AMT CLAIMED	NO OF SCRIPTS	MEDICAID AMT REIMB	NON MED AMT REIMB	TOTAL AMT REIMB
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	\$12.97	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	\$21,420.60	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	\$17,551.36	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	\$29,049.42	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
				\$68,034.35				

INVOICE AMOUNT DUE: \$68,034.35

Remit To:
DRUG REBATE
AGENCY FOR HEALTHCARE ADMINISTRATION
FINANCE & ACCOUNTING
2727 MAHAN DRIVE, MAIL STOP #14
TALLAHASSEE, FL 32308

FL AGENCY FOR HEALTH CARE ADMINISTRATION
MEDICAID SUPPLEMENTAL DRUG REBATE INVOICE

LABELER CODE
 29336

GRACEWAY PHARMACEUTICALS, LLC
 JOHN BLISS
 222 VALLEY CREEK BLVD., SUITE 300
 EXTON, PA 19341

Invoice Date 09/09/2011
 Year 2011
 Qtr 2
 State FL
 Invoice No FS 2933620112

NDC NUMBER	DRUG NAME	UNIT REBATE AMT	UNITS REIMBURSED	REBATE AMT CLAIMED	NO OF SCRIPTS	MEDICAID AMT REIMB	NON MED AMT REIMB	TOTAL AMT REIMB
				\$2,488.20				
				\$2,488.20				

INVOICE AMOUNT DUE: \$2,488.20

Remit To:
 DRUG REBATE
 AGENCY FOR HEALTHCARE ADMINISTRATION
 FINANCE & ACCTING/DRUG REBATE
 2727 MAHAN DRIVE, MAIL STOP #14
 TALLAHASSEE, FL 32308

FL AGENCY FOR HEALTH CARE ADMINISTRATION
 MEDICAID DRUG REBATE INVOICE

LABELER CODE
 29336

GRACEWAY PHARMACEUTICALS, LLC
 JOHN BLISS
 222 VALLEY CREEK BLVD., SUITE 300
 EXTON, PA 19341

Invoice Date 11/23/2011
 Year 2011
 Qtr 3
 State FL
 Invoice No F 2933620113

NDC NUMBER	DRUG NAME	UNIT REBATE AMT	UNITS REIMBURSED	REBATE AMT CLAIMED	NO OF SCRIPTS	MEDICAID AMT REIMB	NON MED AMT REIMB	TOTAL AMT REIMB
confidential	confidential	confidential	confidential	\$24,808.37	confi	confidential	confiden..	confidential
confidential	confidential	confidential	confidential	\$16,008.48	confi...	confidential	confiden...	confidential
confidential	confidential	confidential	confidential	\$23,843.03	co..	confidential	confide...	confidential
			confidential	\$64,659.88	cc	confidential	confident	confidential

INVOICE AMOUNT DUE: \$64,659.88

Remit To:
 DRUG REBATE
 AGENCY FOR HEALTHCARE ADMINISTRATION
 FINANCE & ACCOUNTING
 2727 MAHAN DRIVE, MAIL STOP #14
 TALLAHASSEE, FL 32308

FL AGENCY FOR HEALTH CARE ADMINISTRATION
JCODE DRUG REBATE INVOICE

LABELER CODE
29336

GRACEWAY PHARMACEUTICALS, LLC
JOHN BLISS
222 VALLEY CREEK BLVD., SUITE 300
EXTON, PA 19341

Invoice Date 11/23/2011
Year 2011
Qtr 3
State FL
Invoice No J 2933620113

NDC NUMBER	DRUG NAME	UNIT REBATE AMT	UNITS REIMBURSED	REBATE AMT CLAIMED	NO OF SCRIPTS	MEDICAID AMT REIMB	NON MED AMT REIMB	TOTAL AMT REIMB
confidential	confidential	confidential	confi	\$177.45	co	confidential	confi	confidential
			confi	\$177.45	co	confidential	confi	confidential

INVOICE AMOUNT DUE: \$177.45

Remit To:
DRUG REBATE
AGENCY FOR HEALTHCARE ADMINISTRATION
FINANCE & ACCTING/DRUG REBATE
2727 MAHAN DRIVE, MAIL STOP #14
TALLAHASSEE, FL 32308

FL AGENCY FOR HEALTH CARE ADMINISTRATION
 MEDICAID SUPPLEMENTAL DRUG REBATE INVOICE

LABELER CODE
 29336

GRACEWAY PHARMACEUTICALS, LLC
 JOHN BLISS
 222 VALLEY CREEK BLVD., SUITE 300
 EXTON, PA 19341

Invoice Date 12/13/2011
 Year 2011
 Qtr 3
 State FL
 Invoice No FS 2933620113

NDC NUMBER	DRUG NAME	UNIT REBATE AMT	UNITS REIMBURSED	REBATE AMT CLAIMED	NO OF SCRIPTS	MEDICAID AMT REIMB	NON MED AMT REIMB	TOTAL AMT REIMB
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	\$2,301.54	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	\$2,301.54	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

INVOICE AMOUNT DUE: \$2,301.54

Remit To:
 DRUG REBATE
 AGENCY FOR HEALTHCARE ADMINISTRATION
 FINANCE & ACCTING/DRUG REBATE
 2727 MAHAN DRIVE, MAIL STOP #14
 TALLAHASSEE, FL 32308

From: (850) 412-3650
Alicia Ruml
Agency for Health Care
2727 Mahan Drive, MS 3
Tallahassee, FL 32308

Origin ID: TLHA



Ship Date: 01FEB12
ActWgt: 1.0 LB
CAD: 103636054/NET3250

Delivery Address Bar Code



RECEIVED

FEB 03 2012

BMC GROUP

SHIP TO: (312) 423-1400

BILL SENDER

Claims Agent
BMC Group, Inc.
18750 LAKE DR E

CHANHASSEN, MN 55317

Ref # 6810200000
Invoice #
PO #
Dept #

FRI - 03 FEB A1

** 2DAY **

TRK# 7980 1070 7584

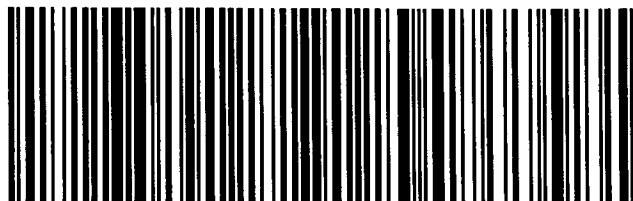
0201

55317

MN-US

MSP

SE FBLA



512G19F59/A278

After printing this label:

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3. Place label in shipping pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.

Warning: Use only the printed original label for shipping. Using a photocopy of this label for shipping purposes is fraudulent and could result in additional billing charges, along with the cancellation of your FedEx account number.

Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide, available on fedex.com. FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$500, e.g. jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits, see current FedEx Service Guide.