

Voting Deadline:
5:00 P.M., New York City Time
March 13, 2006

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK

In re:

CURATIVE HEALTH SERVICES, INC., *et al.*,

Debtors.

Chapter 11
Case No. 06-_____ ()

(Jointly Administered)

CLASS 18 BALLOT
EBIOCARE GENERAL UNSECURED CLAIMS

Curative Health Services, Inc, CHS Services, Inc., Hemophilia Access, Inc., Infinity Infusion, LLC, Infinity Infusion II, LLC, Infinity Infusion Care, Ltd., Curative Health Services of New York, Inc., Optimal Care Plus, Inc., MedCare, Inc., Critical Care Systems, Inc., Curative Health Services Co., Curative Health Services III Co., Curative Pharmacy Services, Inc., eBioCare.com, Inc. and eBioCare Therapeutic Care, Inc. (collectively, "**Curative**") are soliciting prepetition votes on their proposed Prepackaged Joint Plan of Reorganization Pursuant to Chapter 11 of the Bankruptcy Code (the "**Plan**"), annexed as **Exhibit A** to the accompanying Disclosure Statement, dated February 6, 2006 (the "**Disclosure Statement**"). This ballot (the "**Class 18 Ballot**") is to be used by you, as a general unsecured claimant of eBioCare.com, Inc. ("**eBioCare**") as of February 8, 2006, which the Plan designates as Class 18 eBioCare General Unsecured Claims, to vote to accept or reject the Plan. Capitalized terms used but not defined herein shall have the meaning given to such terms in the Plan.

Curative has not yet commenced chapter 11 bankruptcy cases. If Curative receives the necessary acceptances to obtain confirmation of the Plan, it intends to promptly commence chapter 11 cases and to seek the Plan's prompt confirmation by the bankruptcy court. **If the bankruptcy court confirms the Plan, it will be binding on you, whether or not you vote.**

Please review carefully the Disclosure Statement (which describes the Plan), the Plan and this Class 18 Ballot before you vote to accept or reject the Plan. You may wish to seek legal advice concerning the Plan, as well as concerning the classification and treatment of the eBioCare General Unsecured Claims in Class 18 pursuant to the Plan.

Questions: If you have any questions regarding the Class 18 Ballot or the voting procedures, if you believe that you have received the wrong ballot, or if you do not have a copy of the Disclosure Statement, please contact the following voting agent: Curative Ballot Processing, c/o Kurtzman Carson Consultants LLC ("**KCC**" or the "**Voting Agent**"). 12910 Culver Boulevard, Suite I, Los Angeles, California 90066 (Tel.: 866-381-9100 (toll free)).

VOTING DEADLINE

The voting deadline is 5:00 p.m. (prevailing New York City Time), March 13, 2006 (the "**Voting Deadline**"). **You should promptly return the Class 18 Ballot to KCC, as specified on the enclosed pre-addressed, postage-paid envelope. If KCC does not receive your executed Class 18 Ballot before the Voting Deadline, the vote(s) represented by your Class 18 Ballot will not count. Do not fax this Class 18 Ballot to KCC. Class 18 Ballots faxed to KCC will not be counted. KCC reserves its right, however, to count the votes represented by certain faxed Class 18 Ballots, if any, at the sole discretion of Curative and if circumstances so warrant.**

HOW TO VOTE

(ALSO, YOU MUST REFER TO THE DETAILED INSTRUCTIONS BELOW)

1. COMPLETE ITEM 1.
2. COMPLETE ITEM 2..
3. REVIEW AND COMPLETE THE CERTIFICATION IN ITEM 3.
4. PROVIDE REMAINING INFORMATION REQUESTED IN ITEM 3.
5. SIGN THE BALLOT.
6. RETURN THE BALLOT IN THE ENCLOSED PRE-ADDRESSED, POSTAGE-PAID ENVELOPE.

Item 1. Class 18 eBioCare General Unsecured Claims. The undersigned, a holder of a Class 18 eBioCare General Unsecured Claim against eBioCare in the amount set forth below, votes to (check one box; if you fail to check one of the boxes below, but the ballot is otherwise properly completed and returned, you will be deemed to have voted to accept the Plan):

- ACCEPT** (vote FOR) the Plan **REJECT** (vote AGAINST) the Plan.

Voting Amount: \$ _____

Item 2. Voluntary Election to Receive eBioCare Discounted Cash Payment. If the box below is **NOT** checked and the undersigned holder votes to accept the Plan in Item 1 above, such holder of a Class 18 eBioCare General Unsecured Claim will receive the unsecured note specified in Section 6.4(b)(ii)¹ of the Plan. By checking the box below, the undersigned holder of a Class 18 eBioCare General Unsecured Claim elects to receive, in accordance with Section 6.4(b)(ii)² of the Plan, a discounted cash payment equal to fifty percent (50%) of the face amount of the unsecured note referenced above.

- ELECT** to receive the eBioCare Discounted Cash Payment.

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¹ Section 6.4(b)(i) provides that a holder of an eBioCare General Unsecured Claim shall receive an eBioCare Unsecured Note on the later of (1) thirty (30) days after such claim is Allowed or (2) the Effective Date.

² Section 6.4(b)(ii) provides that a holder of an eBioCare General Unsecured Claim shall receive an eBioCare Discounted Cash Payment on the later of (1) thirty (30) days after such claim is Allowed or (2) the Effective Date.

