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Koyal, Jones

702-227-4386

3/10

Las Vegas Pain Institute & Med Cntr, LLC

Patient Ledger November 10, 2009

WILLIAM POREMBA 168 RED ARCHES COURT HENDERSON, NV 89012

Electronically Filed
Mar 27 2015 08:46 a.m. **்க்கிற்கு இதிழ்த்து Hand Clerk ் இதித்திரை** Court

Date	Patient	Bill No.	Description	Amount
04/17/2009	WILLIAM.	4233301	89204 - OFFICE/OP VISIT, NEW PT, 3 KEY COMPO	
10/20/2009	WILLIAM	4233301	INSPAYMENT - PRIMARY INSURANCE PAYMENT	\$450,00
10/30/2009	WILLIAM	4233301	INSADJUST - PRIMARY INSURANCE ADJUSTMENT	(\$62,24)
04/17/2009	WILLIAM	4233301	COCREDIT - CREDIT CARD COPAY	(\$367,76)
			- TO THE COLAT	(\$20,00)
			Total for Bill No. 4233301	\$0.00
04/17/2009 05/26/2009	WILLIAM	4233545	96365 - IV INFUSION THERAPY	\$270.00
	WILLIAM	4233545	INSPAYMENT - PRIMARY INSURANCE PAYMENT	(\$189.00)
05/26/2009	WILLIAM	4233545	INSADJUST - PRIMARY INSURANCE ADJUSTMENT	(\$81,00)
04/17/2009	WILLIAM	4233545	J1885 - 2 ML	\$B0.00
05/26/2009	WILLIAM	4233545	INSPAYMENT - PRIMARY INSURANCE PAYMENT	(\$6.80)
D5/26/2009	WILLIAM	4233645	INSADJUST - PRIMARY INSURANCE ADJUSTMENT	(\$73,20)
04/17/2009	WILLIAM	4233545	J2001 - 5 ML	\$80.00
05/26/2009	WILLIAM	4233545	INSPAYMENT - PRIMARY INSURANCE PAYMENT	\$50.00 (\$1.56)
05/28/2009	WILLIAM	4233545	INSADJUST - PRIMARY INSURANCE ADJUSTMENT	(\$78.44)
04/17/2009	WILLIAM	4233545	J3420 - 1ML	\$16.00
05/26/2009	WILLIAM	4233545	INSADJUST - FRIMARY INSURANCE ADJUSTMENT	(\$14.14)
			Total for Bill No. 4233545	\$0,86
04/02/000	£840			φ υ, 00
04/23/2009 10/30/2009	WILLIAM	4233537	89213 - OFFICE/OP VISIT, EST PT, 2 KEY COMPON	\$180.00
	WILLIAM	4233637	INSPAYMENT - PRIMARY INSURANCE PAYMENT	(\$10.72)
10/30/2009	WILLIAM	4233637	INSADJUST - PRIMARY INSURANCE ADJUSTMENT	(\$149.28)
04/23/2009	WILLIAM	4233637	CREDIT - PATIENT COPAYMENT CREDIT CARD	(\$20.00)
			Total for Bill No. 4233637	\$0.00
04/28/2009	WILLIAM	4233965	21400 DUPOTION AND TO	
06/06/2009	WILLIAM	4233965	64483 - INJECTION, ANESTHETIC/STEROID, TRANS	\$1,450,00
04/28/2009	WILLIAM	4233965	INSPAYMENT - PRIMARY INSURANCE PAYMENT	(\$52.45)
08/06/2009	WILLIAM	4233965	64483 - INJECTION, ANESTHETIC/STEROID, TRANS	\$1,450.00
04/28/2009	WILLIAM	4233965	INSPAYMENT - PRIMARY INSURANCE PAYMENT	(\$102.45)
06/06/2009	WILLIAM	4233965	64484 - INJECTION, ANESTHETIC/STEROID, TRANS	\$700.00
04/28/2009	WILLIAM	4233965	INSPAYMENT - PRIMARY INSURANCE PAYMENT	(\$82,19)
06/06/2009	WILLIAM	4233965	64484 - INJECTION, ANESTHETIC/STEROID, TRANS	\$700.00
04/28/2009	WILLIAM	4233965	INSPAYMENT - FRIMARY INSURANCE PAYMENT	(\$82.19)
06/06/2009	WILLIAM	4233965	64484 - INJECTION, ANESTHETIC/STEROID, TRANS	\$700.00
04/28/2009	WILLIAM	4233965	INSPAYMENT - PRIMARY INSURANCE PAYMENT	(\$82,19)
96/06/2009	WILLIAM	4233965	64484 - INJECTION, ANESTHETIC/STEROID, TRANS	\$700.00
04/28/2009	WILLIAM	4233965	INSPAYMENT - PRIMARY INSURANCE PAYMENT	(\$82.19)
06/06/2009	WILLIAM	4233965	77003 - FLUOROSCOPIC GUIDE & LOCALIZATION,	\$500.00
06/06/2009	WILLIAM	4233965	INSPAYMENT - PRIMARY INSURANCE PAYMENT	(\$26.14)
		,	INSADJUST - PRIMARY INSURANCE ADJUSTMENT	(\$473.86)
		,	Total for Bill No. 4233965	\$5,216.34

Integrated Medical Billing LLC



Las Vegas Pain Institute & Med Cntr, LLC

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Patient Ledger November 10, 2009

Date	Pationt	Bill No.	Description	Amount
04/29/2009	WILLIAM	4234081	CATE INTEGRAL	
06/06/2009	WILLIAM	4234081	64479 - INJECTION, ANESTHETIC/STEROID, TRANS	\$1,750.00
10/30/2009	WILLIAM	4234081	INSPAYMENT - PRIMARY INSURANCE PAYMENT	(\$33.77)
10/30/2009	WILLIAM	4234081	INSPAYMENT - PRIMARY INSURANCE PAYMENT	(\$33.77)
04/29/2009	WILLIAM	4234081	INSADJUST - PRIMARY INSURANCE ADJUSTMENT	(\$1.632.46)
06/06/2009	WILLIAM	4234081	84480 - INJECTION, ANESTHETIC/STEROID, TRANS	\$900.00
10/30/2009	WILLIAM		INSPAYMENT - PRIMARY INSURANCE PAYMENT	(\$105.93)
10/30/2009	WILLIAM	4234081 4234081	INSPAYMENT - PRIMARY INSURANCE PAYMENT	(\$105.93)
04/29/2009	WILLIAM		INSADJUST - PRIMARY INSURANCE ADJUSTMENT	(\$688.14)
08/08/2009	WILLIAM	4234081	77003 - FLUOROSCOPIC GUIDE & LOCALIZATION,	\$500.00
10/30/2009	WILLIAM	4234081	INSPAYMENT - PRIMARY INSURANCE PAYMENT	(\$26.14)
10/30/2009		4234081	INSPAYMENT - PRIMARY INSURANCE PAYMENT	(\$65,35)
10/00/2008	WILLIAM	4234081	INSADJUST - PRIMARY INSURANCE ADJUSTMENT	(\$408.51)
			Total for Bill No. 4234081	\$50.00
04/30/2009	WILLIAM	4234142	99214 - OFFICE/OP VISIT, EST PT, 2 KEY COMPON	ETTO DA
09/02/2009	WILLIAM	4234142	INSPAYMENT - PRIMARY INSURANCE PAYMENT	\$270.00
09/02/2009	WILLIAM .	4234142	INSADJUST - PRIMARY INSURANCE ADJUSTMENT	(\$27.36)
04/20/2009	. WILLIAM	4234142	CHECKCOPAY - Patient copayment by personal chec	(\$222.64)
, ,				(\$20.00)
			Total for Bill No. 4234142	\$0.00
05/05/2009	WILLIAM	4234487	98214 - OFFICE/OP VIBIT, EST PT, 2 KEY COMPON	\$270.00
10/30/2009	WILLIAM	4234487	INSPAYMENT - PRIMARY INSURANCE PAYMENT	
10/30/2009	WILLIAM	4234487	INSADJUST - PRIMARY INSURANCE ADJUSTMENT	(\$27.36)
			***************************************	(\$222.54)
			Total for Bill No. 4234487	\$20.00
05/12/2009	WILLIAM	4234902	99214 - OFFICE/OP VISIT, EST PT, 2 KEY COMPON	\$270.00
10/30/2009	WILLIAM	4234802	INSPAYMENT - PRIMARY INSURANCE PAYMENT	(\$27.36)
10/30/2009	WILLIAM	4234902	INSADJUST - PRIMARY INSURANCE ADJUSTMENT	
05/12/2009	WILLIAM	4234902	GHECKCOPAY - Patient copayment by personal chec	(\$222.64) (\$20.00)
			Total for Bill No. 4234902	\$0.00
06/15/2009	WILLIAM	4235232	PAATO NUMBERON OF THE PARTY OF	
08/04/2009	WILLIAM	4235232	64479 - INJECTION, ANESTHETIC/STEROID, TRANS	\$1,750.00
08/04/2009	WILLIAM	4235232	INSPAYMENT - PRIMARY INSURANCE PAYMENT	(\$33.77)
05/16/2009	WILLIAM	4235232	INSADJUST - PRIMARY INSURANCE ADJUSTMENT	(\$1,666.23)
06/04/2009	WILLIAM	4235232	64480 - INJECTION, ANESTHETIC/STEROID, TRANS	00,000
08/04/2009	WILLIAM	4295232	INSPAYMENT - PRIMARY INSURANCE PAYMENT	(\$105,93)
05/16/2009	WILLIAM		INSADJUST - PRIMARY INSURANCE ADJUSTMENT	(\$794.07)
06/04/2009	WILLIAM	4235232	64480 - INJECTION, ANESTHETIC/STEROID, TRANS	00,008
06/04/2009	WILLIAM	4235232	INSPAYMENT - PRIMARY INSURANCE PAYMENT	(\$105.93)
05/15/2009		4235232	INSADJUST - PRIMARY INGURANCE ADJUSTMENT	(\$794.07)
05/15/2009	WILLIAM	4235232	20010 - ARTHROCENTESIS, ASPIRATION WOR INJ	\$260.00
06/04/2009	WILLIAM WILLIAM	4235232	77003 - FLUOROSCOPIC GUIDE & LOCALIZATION,	\$500.00
06/04/2009		4285232	INSPAYMENT - PRIMARY INSURANCE PAYMENT	(\$26,14)
4410412UU3	WILLIAM	4235232	INSADJUST - PRIMARY INSURANCE ADJUSTMENT	(\$473.86)
			Total for Bill No. 4235232	\$310,00

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Date	Patient	Bill No.	Description	Amount
05/21/2009	WILLIAM	4 235586	99214 - OFFICE/OP VISIT, EST PT, 2 KEY COMPON	
10/30/2009	WILLIAM .	4235586	INSPAYMENT - PRIMARY INSURANCE PAYMENT	\$270.00
10/30/2009	WILLIAM	4235586	INSADJUST - PRIMARY INSURANCE ADJUSTMENT	(\$27.36)
05/21/2009	WILLIAM	4235588	CREDIT - PATIENT COPAYMENT CREDIT CARD	(\$222.64)
			Monance	(\$20.00)
•			Total for Bill No. 4235586	\$0.00
05/28/2009	WILLIAM	4236084	99214 - OFFICE/OP VISIT, EST PT, 2 KEY COMPON	\$270.00
06/22/2009	WILLIAM	4236084	INSPAYMENT - PRIMARY INSURANCE PAYMENT	(\$27.36)
06/22/2009	WILLIAM	4236084	INSADJUST - PRIMARY INSURANCE ADJUSTMENT	
05/28/2009	WILLIAM	4236084	CHECKCOPAY - Patient copayment by personal chec	(\$222,64) (\$20.00)
			Total for Bill No. 4236084	\$0.00
06/29/2009	WILLIAM	4236241	64488 - INJECTION, ANESTHETIC/STEROID, TRANS	6
10/30/2009	WILLIAM	4236241	INSPAYMENT - PRIMARY INSURANCE PAYMENT	\$1,450.00
10/30/2009	WILLIAM	4236241	INSADJUST - PRIMARY INSURANCE PAYMENT	(\$16.30)
05/29/2009	WILLIAM	4236241	64484 INTECTION ANTICIPIET OF THE ANTICE OF THE ANTIC OF T	(\$1,381,70)
10/30/2009	WILLIAM	4236241	64484 - INJECTION, ANESTHETIC/STEROID, TRANS	\$700.00
10/30/2009	WILLIAM	4236241	INSPAYMENT - PRIMARY INSURANCE PAYMENT	(\$82.19)
05/29/2009	WILLIAM	4236241	INSADJUST - PRIMARY INSURANCE ADJUSTMENT	(\$617,81)
10/30/2009	WILLIAM	4236241	64484 - INJECTION, ANESTHETIC/STEROID, TRANS	\$700.00
10/30/2009	WILLIAM	4236241	INSPAYMENT - FRIMARY INSURANCE PAYMENT	(\$82.19)
05/29/2009	WILLIAM	4236241	INSADJUST - PRIMARY INSURANCE ADJUSTMENT	(\$617.81)
10/30/2009	WILLIAM	4236241	77003 - FLUOROSCOPIC GUIDE & LOCALIZATION,	\$500.00
10/30/2009	WILLIAM	4236241	INSPAYMENT - PRIMARY INSURANCE PAYMENT	(\$26.14)
05/29/2009	WILLIAM	4236241	INSADJUST - PRIMARY INSURANCE ADJUSTMENT	(\$473.86)
10/30/2009	WILLIAM	• •	99144 - CONSCIOUS SEDATION W/WO ANALGEST/	\$200.00
10/30/2009	WILLIAM	4238241	INSPAYMENT - PRIMARY INSURANCE PAYMENT	(\$38,08)
TOULEGUE	A A I CHITILLIAN	4236241	INSADJUST - PRIMARY INSURANCE ADJUSTMENT	(\$161.92)
			Total for Bill No. 4236241	\$50.00
06/01/2009	WILLIAM	4236256	99214 - OFFICE/OP VISIT, EST PT, 2 KEY COMPON	\$270,00
06/29/2009	WILLIAM	4236256	INSPAYMENT - PRIMARY INSURANCE PAYMENT	(\$27.38)
06/29/2009	WILLIAM	4236256	INSADJUST - PRIMARY INSURANCE ADJUSTMENT	(\$222.64)
06/01/2009	WILLIAM	4236256	CREDIT - PATIENT COPAYMENT CREDIT CARD	(\$20.00)
	•	,	Total for Bill No. 4236256	\$0,00
06/08/2009	WILLIAM	4236692	89214 - OFFICE/OP VISIT, EST PT, 2 KEY COMPON	
06/29/2008	WILLIAM	4236692	INSPAYMENT - PRIMARY INSURANCE PAYMENT	\$270.00
06/29/2009	WILLIAM	4236692	INSADJUST - PRIMARY INSURANCE ADJUSTMENT	(\$27.38)
06/06/2009	WILLIAM	4236692	CHECKCOPAY - Patient copayment by personal chec	(\$222.64)
			STANDARD TO A STANDARD OF PERSONAL CHEC	(\$20.00)
			Total for Bill No. 4236692	\$0.00
06/09/2009 09/08/2009	WILLIAM	4236827	20610 - ARTHROCENTESIS, ASPIRATION &/OR INJ	\$260.00
09/08/2009	WILLIAM	4236827	INSPAYMENT - PRIMARY INSURANCE PAYMENT	(\$34.87)
	WILLIAM	4236827	INSADJUST - PRIMARY INSURANCE ADJUSTMENT	(\$225.13)
06/09/2009	MILLIAM	4236827	64479 - INJECTION, ANESTHETIC/STEROID, TRANS	\$1.750.00
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Integrated Medical Billing LLC



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702-227-4386



Patient Ledger

November 10, 2009

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Amount	Description	Bill No.	Patient	Date
(\$33,77)	INSPAYMENT - PRIMARY INSURANCE PAYMENT	4236827	WILLIAM .	06/29/2009
(\$1,666.23)	INSADJUST - PRIMARY INSURANCE ADJUSTMENT	4236827	VVILLIAM	06/29/2009
\$900.00	64480 - INJECTION, ANESTHETIC/STEROID, TRANS	4236827	WILLIAM	06/09/2009
(\$105,93)	INSPAYMENT - PRIMARY INSURANCE PAYMENT	4236827	WILLIAM	06/29/2009
(\$794.07)	INSADJUST - PRIMARY INSURANCE ADJUSTMENT	4236827	WILLIAM .	06/29/2009
(10.4g14) 00.00e 8	64480 - INJECTION, ANESTHETIC/STEROID, TRANS	4236827	WILLIAM	08/09/2009
	INSPAYMENT - PRIMARY INSURANCE PAYMENT	4236827	WILLIAM	06/29/2009
(\$105.93)	INSADJUST - PRIMARY INSURANCE ADJUSTMENT	4236827	WILLIAM	08/29/2009
(\$794.07)	77003 - FLUOROSCOPIC GUIDE & LOCALIZATION,	4236827	WILLIAM	06/09/2009
\$500.00	INSPAYMENT - PRIMARY INSURANCE PAYMENT	4236827	WILLIAM	06/29/2009
(\$28,14)	INSADJUST - PRIMARY INSURANCE ADJUSTMENT	4236827	WILLIAM	06/29/2009
(\$473.86)	99144 - CONSCIOUS SEDATION WWO ANALGES!	4236827	WILLIAM	08/09/2009
\$200,00	INSPAYMENT - PRIMARY INSURANCE PAYMENT	4236627	WILLIAM	06/29/2009
(\$38.08)	INSADJUST - PRIMARY INSURANCE ADJUSTMENT	4236827	WILLIAM	06/29/2009
(\$161.92)	MONDOOT - PRIMARY INSURANCE ADJUSTMENT	1200027		
\$50.0 0	Total for Bill No. 4239827	•		
\$270.00	99214 - OFFICE/OF VISIT, EST PT, 2 KEY COMPON	4236941	WILLIAM	06/11/2009
(\$108.00)	INSPAYMENT - PRIMARY INSURANCE PAYMENT	4236941	WILLIAM	08/07/2009
(\$54.00)	INSADJUST - PRIMARY INSURANCE ADJUSTMENT	4236941	WILLIAM	08/07/2009
(\$88,00)	INA - IN-NETWORK ADJUSTMENT	4236841	WILLIAM	08/07/2009
(\$20.00)	CHECKCOPAY - Patient copayment by personal chec	4236941	WILLIAM	06/11/2009
\$0.0D	Total for Bill No. 4236941			
\$270.00	99214 - OFFICE/OP VISIT, EST PT, 2 KEY COMPON	4237607	WILLIAM	06/23/2009
(\$27. 3 6)	INSPAYMENT - PRIMARY INSURANCE PAYMENT	4237607	WILLIAM	08/10/2009
(\$222.84)	INSADJUST - PRIMARY INSURANCE ADJUSTMENT	4237607	WILLIAM	08/10/2009
(\$20.00)	CHECKCOPAY - Patient copayment by personal chec	4237607	WILLIAM	06/23/2009
(420.00)				
\$0,00	Total for BIII No. 4237607			•
\$270.00	99214 - OFFICE/OP VISIT, EST PT, 2 KEY COMPON	5167142	WILLIAM	07/27/2009
(\$27.36)	INSPAYMENT - PRIMARY INSURANCE PAYMENT	5107142	WILLIAM	09/21/2009
(\$222.54)	INSADJUST - PRIMARY INSURANCE ADJUSTMENT	5167142	WILLIAM	09/21/2009
\$20.00	Total for Bill No. 5167142			
\$270.00	96365 - IV INFUSION THERAPY	5167172	WILLIAM	27/27/2009
(\$52.27)	INSPAYMENT - PRIMARY INSURANCE PAYMENT	5167172	WILLIAM	09/05/2009
(\$217,73)	INSADJUST - PRIMARY INSURANCE ADJUSTMENT	5167172	WILLIAM	09/05/2009
80,08	Total for Bill No. 5167172			
\$270.00	98214 - OFFICE/OP VISIT, EST PT, 2 KEY COMPON	5167508	WILLIAM	08/03 <i>1</i> 2009
\$270.00	Total for Bill No. 5167508			
		5198562	WILLIAM	08/24/2009
\$270.00	99214 - OFFICE/OP VISIT, EST PT, 2 KEY COMPON	5198552	WILLIAM	0/23/2009
(\$216.00)	INSPAYMENT - PRIMARY INSURANCE PAYMENT	5198552	WILLIAM	10/23/200B
(\$54.00)	INSADJUST - PRIMARY INSURANÇE ADJUSTMENT	7 1 200027	4.4 trumus[, /[A]	

Integrated Medical Billing LLC



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Las Vegas Pain Institute & Med Cntr, LLC

Patient Ledger

November 10, 2009

Amou		Description	BIII No.	В	Patient	Date :
	·					•
\$0.0	Total for Bill No. 5198552					
\$270.0	VISIT, EST PT, 2 KEY COMPON	99214 - OFFICE/0	199386	-	WILLIAM	
(\$20.0	flent copayment by personal chec	CHECKCOPAY -	5199986	1 5 ⁻	WILLIAM	J9/07/2009 V
\$250,0	Total for Bill No. 6199386					,
\$26,4	CORDS CHARGES				WILLIAM	
(\$26.4	AL RECORDS PAYMENT	RECORDS - MED	200103	1 52	WILLIAM	08/28/2009 V
\$0.0	Total for Bill No. 5200103				,	
\$270.0	VISIT, EST PT, 2 KEY COMPON	99214 - OFFICE/C	201824		WILLIAM	
(\$20.0)	ient copayment by personal chec	CHECKCOPAY - I	201824	52	WILLIAM	10/07/2009 V
\$250.0	Total for Bill No. 5201824				,	
\$270.0	VISIT, EST PT, 2 KEY COMPON	99214 - OFFICE/C	203106		VILLIAM	
(\$20.00	ient copayment by personal chec	CHECKGOPAY - F	203106	52	MLLIAM	0/26/2009 V
\$250.0	Total for Bill No. 5203106					
\$270.0	99214 - OFFICE/OP VISIT, EST PT, 2 KEY COMPON		203543		MILLIAM	
(\$20.00	copayment from patient	CASHCOPAY - ca	203543	52	NILLIAM	1/02/2009 V
\$250.0	Total for Bill No. 5203843			٠		
\$270.0	VISIT. EST PT, 2 KEY COMPON	99214 - OFFICE/C	203695	52	VILLIAM	1/04/2009 V
\$270.0	Total for Bill No. 5203695				,	
\$270.0	VISIT, EST PT, 2 KEY COMPON	99214 - OFFICE/C	203994		VILLIAM	
(\$20.00	copayment from patient	CASHCOPAY - ca	203994	52	VILLIAM	1/09/2009 v
\$250.0	Total for Bill No. 5203994					
\$7,256.3	- Ilmated Insurance Reeponsibility					
\$250.8	Estimated Patient Responsibility			-		
Balanc	> 120 Days	•	> 60 Days	30 Days		Сигтепt \$1,080.00
\$7,507.2	\$5,275.17 =	\$369.63	\$512,40	\$270.00	,	00.000pr
						eport Totals
Report Balance	> 120 Days	> 90 Days	. > 60 Days	30 Days .		Current
\$7,507,20	\$5,275.17	\$369,63	\$512.40	\$270.00	,	\$1,080,00

Koyal, Jones

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Spring Valley Surgery Center, LLC

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Patient Ledger November 10, 2009

WILLIAM FOREMBA 168 ROD ARCHES STREET HENDERSON, NV 89012

Account Number: SVPO000039

Work Phone:

Home Phone: (702)263-2936

Date	Patient	BIII No.	Description	Amount
04/28/2009	WILLIAM	4211679	64483 - INJECTION, ANESTHETIC/STEROID, TRANS	\$1,500.00
04/28/2009	WILLIAM	4211679	64483 - INJECTION, ANESTHETIC/STEROID, TRANS	\$1,500.00
04/28/2009	WILLIAM	4211679	64484 - INJECTION, ANESTHETIC/STEROID, TRANS	\$1,500.00
04/28/2009	WILLIAM	4211670	84484 - INJECTION, ANESTHETIC/STEROID, TRANS	\$1,500.00
04/28/2009	WILLIAM	4211679	64484 - INJECTION, ANESTHETIC/STEROID, TRANS	\$1,500.00
04/28/2009	WILLIAM	4211679	64484 - INJECTION, ANESTHETIC/STEROID, TRAN!	\$1,500.00
05/18/2009	WILLIAM	4211679	INSP - INSURANCE PAYMENT	(\$3,200.00)
05/18/2009	WILLIAM	4211679	INSA - INSURANCE ADJUSTMENT	(\$5,950.00)
04/28/2009	WILLIAM	4211679	77003 - FLUOROSCOPIC GUIDE & LOCALIZATION,	\$250.00
	•		Total for Bill No. 4211679	\$100.00
04/29/2009	WILLIAM	4211706	84479 - INJECTION, ANESTHETIC/STEROID, TRANS	\$1,500,00
05/21/2009	WILLIAM	4211706	INSP - INSURANCE PAYMENT	(\$850.00)
05/21/2009	WILLIAM	4211706	INSA - INSURANCE ADJUSTMENT	(\$600.00)
04/29/2009	WILLIAM	4211706	64480 - INJECTION, ANESTHETIC/STEROID, TRANS	\$1,500.00
05/21/2008	WILLIAM	4211706	INBP - INSURANCE PAYMENT	(\$450.00)
05/25/2008	WILLIAM	4211708	INSA - INSURANCE ADJUSTMENT	(\$1,050.00)
04/29/2009	WILLIAM	4211706	77003 - FLUOROSCOPIC GUIDE & LOCALIZATION,	\$250.00
05/21/2009	WILLIAM	4211706	INSP - INSURANCE PAYMENT	(\$150.00)
05/21/2009	WILLIAM	4211706	INSA - INSURANCE ADJUSTMENT	(\$100.00)
			Total for Bill No. 4211706	\$50,00
05/15/2009	WILLIAM	4211991	64479 - INJECTION, ANESTHETIC/STEROID, TRANS	\$1,500:00
05/15/2009	WILLIAM	4211981	64480 - INJECTION, ANESTHETIC/STEROID, TRANS	\$1,500.00
05/15/2009	WILLIAM	4211991	04480 - INJECTION, ANESTHETIC/STEROID, TRANS	\$1,500.00
05/15/2009	WILLIAM	4211991	20610 - INJECTION (S) MAJOR JOINT	\$1,000.00
05/15/2009	WILLIAM	4211991 .	77003 - FLUOROSCOPIC GUIDE & LOCALIZATION,	\$250.00
08/04/2009	WILLIAM	4 211991	INSP - INSURANCE PAYMENT	(\$2,350.00)
06/04/2009	WILLIAM	4211991	INSA - INSURÁNCE ADJUSTMENT	(\$3,350.00)
			Total for Bill No. 4211991	\$50.00
05/29/2009	WILLIAM	4212252	64483 - INJECTION, ANESTHETIC/STEROID, TRANS	\$1,500.00
06/11/2009	MILLIAM	4212252	INSP - INSURANCE PAYMENT	(\$850.00)
06/11/2009	WILLIAM	4212252	INSA - INSURANCE ADJUSTMENT	(\$600,00)
05/29/2009	WILLIAM	4212252	64484 - INJECTION, ANESTHETIC/STEROID, TRANS	\$1,500.00
06/11/2009	WILLIAM	4212252	INSP - INSURANCE PAYMENT	(\$450.00)
06/11/2009	WILLIAM	4212252	INSA - INSURANCE ADJUSTMENT	(\$1,050.00)
05/29/2009	WILLIAM	4212252	64484 - INJECTION, ANESTHETIC/STEROID, TRANS	\$1,500.00
06/11/2009	MALLIN	4212252	INSP - INSURANCE PAYMENT	(\$450.00)
06/11/2009	WILLIAM	4212252	INSA - INSURANCE ADJUSTMENT	(\$1,050,00)
05/29/2009	WILLIAM	4212252	77003 - FLUOROSCOPIC GUIDE & LOCALIZATION,	\$250.00
06/11/2009	WILLIAM	4212252	INSP - INSURANCE PAYMENT	(\$150.00)

Integrated Medical Billing LLC



FAX No. 702-531-6777

Spring Valley Surgery Center, LLC

Page 2

Patient Ledger November 10, 2009

Атош	Description	Bill No.	Patient	Date
(\$100,00	INSA - INSURANCE ADJUSTMENT	4212252	WILLIAM	00/11/2009
10.02	99144 - CONSCIOUS SEDATION W/WO ANALGES!/	4212252	WILLIAM	05/29/2009
\$50,00	Total for Bill No. 4212252			
\$1,000.00	20810 - INJECTION (5) MAJOR JOINT	4212438	WILLIAM	08/09/2009
(\$850.00)	INSP - INSURANCE PAYMENT	4 212438	WILLIAM	06/29/2008
(\$100.00)	INSA - INSURANCE ADJUSTMENT	4212438	WILLIAM	06/29/2009
\$1,500.00	64479 - INJECTION, ANESTHETIC/STEROID, TRANS	4212438	WILLIAM	06/09/2009
(\$450.00)	INSP - INSURANCE PAYMENT	4212438	WILLIAM	6/29/2009
(\$1,050.00)	INSA - INSURANCE ADJUSTMENT	4212438	WILLIAM	06/28/2009
\$1,500.00	64480 - INJECTION, ANESTHETIC/STEROID, TRANS	4212438	WILLIAM	6/09/2009
(\$450,00)	INSP - INSURANCE PAYMENT	4212438	WILLIAM	06/28/2009
(\$1,050,00) (\$1,050,00)	INSA - INSURANCE ADJUSTMENT	4212438	WILLIAM	6/29/2009
\$1,500,00	64480 - INJECTION, ANESTHETIC/STEROID, TRANS	4212438	WILLIAM	6/09/2009
\$1,500,00 (\$450.00)	INSP - INSURANCE PAYMENT	4212438	WILLIAM	6/29/2009
(\$1,050.00) (\$1,050.00)	INSA - INSURANCE ADJUSTMENT	4212438	WILLIAM	6/29/2009
\$250.00	77003 - FLUOROSCOPIC GUIDE & LOCALIZATION,	4212438	WILLIAM	6/09/2009
	INBA - INSURANCE ADJUSTMENT	4212438	WILLIAM	8/29/2009
(\$250.00) \$0.00	98144 - CONSCIOUS SEDATION W/WO ANALGESI/	421243B	WILLIAM	6/09/2009
	Total for Bill No. 4212438			
\$50.00	10tal (D) \$311 NO, 42 (2450			
\$1,500,00	96365 - IV THERAPY INFUSION	4213195	WILLIAM	7/27/2009
(\$850.00)	INSP - INSURANCE PAYMENT	4213195	WILLIAM	8/19/2009
(\$600.00)	INSA - INSURANCE ADJUSTMENT	4213196	WILLIAM	8/19/2009
\$0.00	J1885 - 2 ML KETOROLAC TROMETHAMINE	4213195	WILLIAM	7/27/2009
\$0.00 \$0.00	J2001 - LIDOCAINE 4 ML	4213195	WILLIAM	7/27/2009
\$0.00	J3475 - 4 ML MAGNESIUM	4213195	WILLIAM	7/27/2000
\$0.00 \$0.00	J342D - 1 ML VIT B-12 CYANOCOBALAMIN	4213195	WILLIAM	7/27/2009
\$0.00	J2175 - INJ. DEMEROL (MEPERIDINE HCL) PER 50	4213195	WILLIAM	7/27/2009
- AD, UU			•	
\$50.00	Total for Blli No. 4213195			
\$50.DO	Estimated Insurance Responsibility			
\$300.00	Estimated Patient Responsibility			
\$350.00	Balance			

Report Totals

					
Report Balance \$350.00	> 120 Days	> 90 Days \$350.00	> 60 Days	> 30 Days	Current



Las Vegas Pain Institute CHIRO

Page 1

Patient Ledger November 10, 2009

WILLIAM POREMBA 168 RED ARCHES COURT HENDERSON, NV 89012

JAN/U4/2011/TUE 11:37 AM 2009-Nov-10 02:14 PM

Account Number: CHPO000012

Work Phone:

Home Phone: (702)263-2936

ь: (702)263-293						 ,
Amoun		Description	Bill No.	atient	Patie	Date
\$450.0	DNSULTATION, 3 KEY COMPONE	99243 - OFFICE CO	5186277			04/29/2009
(\$61,28	SURANCE PAYMENT	NS - PRIMARY INS	5166277			06/29/2009
(\$388.72	INSADJUST - PRIMARY INSURANCE ADJUSTMEN		5166277			06/29/2009
\$40.0	(Moare OK) (Moaid OK)	17035 - Ultrasound	5166277			04/29/2009
(\$29.44	ARY INSURANCE ADJUSTMENT	NGADJUST - PRIM	51662 7 7			06/29/2009
\$50.0	rapy MFR (Moare OK) Per 15 Min	17140 - Manual The	5166277			04/29/2009
(\$10.72	URANCE PAYMENT	NS - PRIMARY INS	51662 7 7			06/29/2009
(\$29.84	ARY INSURANCE ADJUSTMENT	NSADJUST - PRIM	5166277	/ILLIAM	WILL	06/29/2009
\$40.00	- Total for Bill No. 5166277					•
\$40.00	(Mcare OK) (Mcaid OK)	7035 - Ultresound	5166624			05/15/2009
(\$29.44		DJ - adjustment	5166624	/ILLIAM	WILL	09/09/2009
\$10.56	Total for Bill No. 5166024					
\$40.00	(Mcare OK) (Mcaid OK)	7035 - Ultrasound	5167196			06/09/2009
(\$16.00	URANCE PAYMEMT	VS - PRIMARY INS	5167196			08/07/2009
(\$8.00	ARY INSURANCE ADJUSTMENT	VSADJUST - PRIM	5167196			08/07/2009
\$0.00	S ENTERED IN ERROR DO NOT	RROR - CHARGE	5167196	ILLIAM :	WILL	Ö8/0 7/200 9
\$16.00	Tatal for Bill No. 5167196					
0.40.00	 вümated Insurance Responsibility	=				
\$10.56 \$56.00	Estimated Patient Responsibility	<u></u>				
Balance	> 120 Days	> 90 Days	> 60 Days	> 30 Days	ent	Сигге
\$66.66	\$66.56 =			,		
-1-1-1	•					Papart Tatala
			~~~~~~ <u>~</u>			Report Totals
Report Balance	> 120 Days	> 80 Days	> 60 Days	> 30 Days	ren(	Сцте
\$66.56	\$66.58					



### HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

MATTHE.. DUNKLEY, ATTORNEY 2920 N. GREEN VALLEY PKWY SUITE 424 HENDERSON NV 89104

PICA	,		•
1. MEDICARE MEDICAID TRICARE CHAMPI	/A GROUP FECA OTHE	R 1a. INSURED'S I.O. NUMBE	PICA TT
(Member	OTHE  SROUP HEALTH PLAN BLK LUNG (SSN or ID) (SSN) (ID)	R 18. INSURED'S I.D. NUMBE	R (For Program in Item 1)
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)	3 PATIENT'S BIRTH DATE SEX	4 INBLIDED'S MAUE (L.	
POREMBA WILLIAM M	06 30 64 M X F		lame, First Name, Middle Initial;
6. PATIENT'S ADDRESS (No., Street)	6. PATIENT RELATIONSHIP TO INSURED	POREMBA WI	LLIAM M
168 RED ARCHES COURT	Self X Spouse   Child Other	1	•
CITY STATE		168 RED ARCH	-
HENDERSON NV	Single Married X Other	1	STATE
TELEPHONE findlude Area Code;		HENDERSON 2IF CODE	TELEGRANE (Inches A L. C.
89012 ((702)263-2936	Employed Student Sugent	89012	TELEPHONE (Include Area Code)
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)	10. IS PATIENT'S CONDITION RELATED TO:	11. INSURED'S POLICY GRO	(702)263-2936
POREMBA WILLIAM M			DUP OR PECA NUMBER
a. OTHER INSURED'S POLICY OR GROUP NUMBER	B. EMPLOYMENT? (Current or Prévious)	a. INSURED'S DATE OF BIR	TU Similar
D. OTHER INSURED'S DATE OF BIRTH	YES . KNO	MM DD Y	Υ
00 20 01	D. AUTO ACCIDENT? PLACE (SING)	b. EMPLOYER'S NAME OR S	64 M X F
M X	YES TWO	- Sim Co Temp To Mine Off S	
C. EMPLOYER'S NAME OR SCHOOL NAME	C. OTHER ACCIDENT?	C. INSURANCE PLAN NAME	OB PROGRAM NAVATI
A INCUCATION OF COMMENT	YES WO	1	
U. INSURANCE PLAN NAME OR PROBRAM NAME	10U. RESERVED FOR LOCAL USE	d. IS THERE ANOTHER HEAL	KLEY, ATTORNEY
TEAMSTER LOCAL 631		X YES NO	
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE 1 Authorize the to process this claim. I also request payment of government penetics wants.	& SIGNING THIS FORM.	13. INSURED'S OR AUTHORI	If yes, return to and complete sem 3 and. ZEO PERSON'S SIGNAYURE ( authorize
to process this claim. I also request payment of government benefits eather below.	o mysoli or to tris party who accepts sestimmed	payment of medical benefit services described below	ZEO PERSON'S SIGNATURE I authorize a to the undersigned physician or supplier by:
		spirices descubed pelom	
signed Signature on file	DATE03/4-1/2040	SIGNET	
14. DATE OF CURRENT: ILLNESS (First symptom) OR 15. I	F PATIENT HAS HAD SAME OR SIMILAR ILLNESS. BIVE FIRST DATE MM DD YY	15 DATES PATIENT WAR E	lature-on-file —
	SIVE FIRST DATE MM DD . YY	FROM	TO WORK IN CURRENT OCCUPATION TO MM DD
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE. 17a.			
19. RESERVED FOR LOCAL USE	NPI	FROM DD	PRELATED TO CURRENT SERVICES MM DD YY
THE SERVED FOR COCAE USE		20. OUTSIDE LAB?	\$ CHARGES
21 DIAGNOSIS OF MATURE OF THE	_	YES XNO	1
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3	or 4 to Item 24E by Line)	22. MEDICAID RESURMISSIO	N
1. [723.4]	L *	CODE	ORIGINAL REF. NO
794 4		23. PRIOR AUTHORIZATION I	NUMBER
2 724.4 24. A. DATE(S) OF SERVICE R C 10 000055			
From To PLACE OF / From	DURES, SERVICES, OR SUPPLIES E. DIAGNOSIS	F.   G.	H.   !
MM DD YY MM DD YY SEAVICE EMG CPT/HCPC	S ; MODIFIER POINTER	3 CHARGES UNITS	Favor ID REMDERING
12 31 09		S STANTIGES TORRES	PROVIDER ID. #
12 31 09 11 99214		270 00 1	NPI 4070
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			NE TO THE TOTAL THE TOTAL TO TH
		.	NPI
			NPI
			i i
S. FEDERAL TAX LO. NUMBER SSN EIN . 26. PATIENT'S 40			I NPI
RROADAGE?	COUNT NC. 27. ACCEPT ASSIGNMENTS.	22 TOTAL CHARGE   26	AMOUNT PAIS   30. BALANCE DUE
I. SIGNATURE OF PHYSICIAN OR PUROLIST	12/20 late	270:00	
A CERTILY TO STATE TO	LITY LOCATION INFORMATION	270 : 00   35. BILLING PROVIDER INFO &	PH = / 270 00
AUDIV (0 this bill and are made a part thereof.)	AS PAIN INSTITUTE		(702)880-4193
3835 S J	ONES #104	Acte M. C.	in Institute & Med Cntr, L
LAS VEG	AS NV 89103	4616 W. Saha	
GNED 03/11/2010 DATE " 1650/21/	43 ^{[5.}	Las Vegas N\ 1679675060	/ <del>ชยาป2-3627</del>
ICC instruction Manual available at: www.nucc.org	PLEASE PRINT OF TYPE	49990V50 OV5 0	938-0999 FORM TWO IFOC 102 OF

#### HEALTH INSURANCE CLAIM FORM

ROYAL TS DUNKLEY AND WILSON 2920 N. GREEN VALLEY PARKWAY SUITE 424 LAS VEGAS 89014

AFPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05						
	A GROUP FECA OTHER	1a.'INSURED'S I.D. NUMBER (For Pr	PICA []			
1. MEDICARE MEDICAID TRICARE CHAMPV.  (Medicare *) (Medicard *) (Sponsor's SSN) (Member III	- HEALTH PLAN - BUKLUNG -	IR. INSOURD S FD. MOMBER .(FOLK)	rogram in Item 1)			
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)	3. PATIENT'S BIRTH DATE SEX	4. INSUREO'S NAME (Last Name, First Name, Middle in	itiafi			
POREMBA WILLIAM M	06 30 64 M K F	POREMBA WILLIAM M				
5. PATIENT'S ADDRESS (No., Street)	6. PATIENT RELATIONSHIP TO INSURED	7. INSURED'S ADDRESS (No., Street)				
168 RED ARCHES COURT	Sell X Spouse Child Other	168 RED ARCHES COURT				
CITY STATE	8. PATIENT STATUS	CITY	STATE			
HENDERSON NV	Single Married X Other	HENDERSON	NV			
ZIP CODE TELEPHONE (include Area Code)		ZIP CODE TELEPHONE (include	Area Code)			
89012 (702)263-2936	Employed Student Student	89012 ((702)263-	2936			
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)	10, IS PATIENT'S CONDITION RELATED TO:	11. INSUAED'S POLICY GROUP OF FECA NUMBER				
POREMBA WILLIAM M						
8. OTHER INSURED'S POLICY OR GROUP NUMBER	a. EMPLOYMENT? (Current or Pravious)	MM ; QD : YY	9EX			
b. OTHER INSURED'S DATE OF BIRTH	b AUTD ACCIDENT?	06 30 64 M X	F [ ]			
06 : 30 : 64 : MX F	PLACE (State)	b. EMPLOYER'S NAME OR SCHOOL NAME				
c. EMPLOYER'S NAME OR SCHOOL NAME	YES XNO .	C. INSURANCE PLAN NAME OR PROGRAM NAME				
	YES YNO	ROYAL JONES DUNKLEY AND	NIII CÓU			
d. INSURANCE PLAN NAME OR PROGRAM NAME	10d. RESERVED FOR LOCAL USE	d, IS THERE ANOTHER HEALTH BENEFIT PLAN?	AAIFOON			
TEAMSTER LOCAL 631		X YES NO If yes, return to and con	nolela sam 9 a.d			
READ BACK OF FORM BEFORE COMPLETING	G & SIGNING THIS FORM.	13. INSURED'S OR AUTHORIZED PERSON'S SIGNATI				
<ol> <li>PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the to process this claim. I also request payment of government benefits either</li> </ol>	release of any medical or other information necessary to myself or to the party who accepts assignment	payment of medical benefits to the undersigned physical described below.	rcian or supplier for			
below.						
signed. Signature on file	DATED4/26/2010	Signature on file				
14. DATE OF CURRENT: ILLNESS (First symptom) OR IS.	IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. BIVE FIRST DATE MM : DD : YY	16. DATES PATIENT UNABLE TO WORK IN CURRENT	OCCUPATION			
PREGNANCY(LMP)		FROM : TO :				
		16. HOSPITALIZATION DATES RELATED TO CURRIEN MM , DD , YY	T SERVICES DD , YY			
19. RESERVED FOR LOCAL USE	o. NPI	FROM TO  20. OUTSIDE LAB? \$ CHARGES				
CORRECTED CLAIM		YES XNO	, ! ,			
21. DIAGNOSIS OF NATURE OF ILLNESS OF INJURY (Relate Items 1. 2.	.3 or 4 to Item 24E by Line)	22. MEDICAID REBURMISSION				
1. <u>724.4</u>	· .	ORIGINAL REF. NO.				
5.	1	23. PRIOR AUTHORIZATION NUMBER				
2						
	EDURES, SERVICES, OR SUPPLIES E. DIAGNOSIS	F. G. H. I.	J.			
MM DD YY MM DD YY SERVICE EMG CPT/HCF		DAYS EPSOT ID. OR FAMEY S CHARGES LINTS FAM OUAL	AENDERING PROVIDER ID, #			
02 24 10 11   99214	. [	, , , , , , , , , , , , , , , , , , , ,				
02 24 10 11 99214	1	270: 00 1 NPI	1548363583			
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	·	. NPI				
		,     Nei				
		I INC.				
		NPI NPI				
		, NPI				
25. FEDERAL TAX I.D. NUMBER SSN EIN : 26. PATIENT'S		NPI-				
000.00.00	(For poyl, cisims, see back)		30. BALANCE DUE			
880404982 X 5210980 31. SIGNATURE OF PHYSICIAN OR SUPPLIER 32. SERVICE F		·	s 270 01			
INCLUDING DEGREES OF CREDENTIALS .	INCLUDING DEGREES OF CREDENTIALS (702)880-4193					
apply to this bill and are made a neg thereof.	AIN INSTITUTE & MEDICAL CEN		Med Cntr, L			
2705 W HORIZON RIDGE PKWY 4616 W. Sahara # 337 Godwin O. Maduka, MD, Pharmi HENDERSON NV 89052 Las Vegas NV 89102-3627						
SIGNED 04/26/2010 DATE 1 165943	1-	as Vegas NV 89102-3627				
NUCC instruction Manual available at; www.nucc.org	PLEASE PRINT OF TYPE	1548363583 ^b	THE CONTRACTOR OF THE PARTY OF			

### HEALTH INSURANCE CLAIM FORM

S DUNKLEY AND WILSON 2920 N. GREEN VALLEY PARKWAY SUITE 424 LAS VEGAS 89014

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 05/05							
	PICA TITLE						
CHAMPUS	HEALTH BLAN BLK LING	18. INBURED'S I.D. NUMBER (For Program in Item 1)					
(Sponsor's SSN)  2. PATIENT'S NAME (Last Name, First Name, Middle Infilat)	(Milamber IDII) X (SSN 67 ID) (SSN) (ID)						
POREMBA WILLIAM M	WW DD : 17	4. INSURED'S NAME (Last Name, First Name, Middle Infilat)					
5. FATIENT'S ADDRESS (No., Street)	06 30 64 M X F	POREMBA WILLIAM M					
168 RED ARCHES COURT		7. INSURED'S ADDRESS (No., Street)					
GITY GITY	1 0 - 1 - 1	168 RED ARCHES COURT					
HENDERSON		CITY					
ZIP GODE TELEPHONE (Include Area Co		HENDERSON NV ZIP CODE TELEPHONE (Include Area Code)					
89012 (702)263-2936	Full-Time Part-Time	, , , , , ,					
9. OTHER INSURED'S NAME (Last Name. First Name. Middle Init	C CHACK	89012 (702)263-2936					
POREMBA WILLIAM M	THE PARTY OF CONTRACT TO THE PARTY OF THE PA	TO MADDIED S FOLICT GROUP OR FECK NOMBER					
a. OTHER INSURED'S POLICY OR GROUP NUMBER	a. EMPLOYMENT? (Current or Preylous)	£. INSUREO'S DATE OF BIATH SEX.					
347669782	YES X NO	MM DD YY					
b. OTHER INSUREO'S DATE OF BIRTH SEX	L AUTO ACCIOCUTA	b. EMPLOYER'S NAME OR SCHOOL NAME					
06 30 164 MX F	YES X NO .	The second of th					
C. EMPLOYER'S NAME OR SCHOOL NAME		C, INSURANCE PLAN NAME OR PROGRAM NAME					
		ROYAL JONES DUNKLEY AND WILSON.					
d. INSURANCE PLAN NAME OF PROGRAM NAME	10d. RESERVED FOR LOCAL USE	IS THERE ANOTHER HEALTH BENEFIT PLANS					
TEAMSTER LOCAL 631		X YES NO If yes, return to and complete item 8 x-d.					
READ BACK OF FORM BEFORE COM 12. PATIENT'S OF AUTHORIZED PERSON'S SIGNATURE 1 July	MPLETING & SIGNING THIS FORM.	13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE LAUROGEA					
to process this claim. I also request payment of government bene- below.	elits either to mysoil or to the party who accepts assignment	payment of medical benefits to the undersigned physician or supplier for services described below					
	,						
SIGNED Signature on file	DATE05/1-7/2040	signedSignature on file					
14. DATE OF CURRENT: ILLNESS (First symptom) OR MM; DD YY INJURY (Accident) OR		16. DATES PATIENT UNABLE TO WORK IN QUARENT OCCUPATION					
PREGNANCY(LMP,		FROM TO					
17. NAME OF ACFERRING PROVIDER OR OTHER SOURCE	[	16. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY					
19. RESERVED FOR LOCAL USE	17b. NPI	FROM TO					
		20. OUTSIDE LAB? \$ CHARGES					
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (REDIAL)	Home I to Dec to the Off S	YES X NO					
1	Turns 1, 2, 3 (0 + 10 ftem 24E by time)	22. MEDICAID RESUBMISSION ORIGINAL REF. NO.					
1. L.722.4	3	23. PRIOR AUTHORIZATION NUMBER					
2   722.52	•	23. FAICH NOTHORIZATION NUMBER					
	D PROCEDURES, SERVICES, OR SUPPLIES   E	f G. H. L. L.					
From To FLACE OF	(Explain Unusual Circumstances) DIAGNOSIS	DAYS SEPSOT ID RENDERING					
MIND BD 11 DERVECTIONS	CPT/HCPCS   MGOIFIER   POINTER	5 CHARGES UNITS PRINT OUAL PROVIDER ID. F					
03 24 10 11 9	99214 12						
	12	270 :00 1 NPI 1548363583					
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25 PEDERAL TAX LD NUMBER SSN EIN 26 PA	<u>i</u>	NP:					
00040400	170' QO'L CIAMA, See CACK	26. TOTAL CHARGE 29. AMOUNT PAID 30. BALANCE DUE					
	Z4VV	270 00   3   5 270 00					
INCLUDING DEGREES OR CREDENTIALS		31. BILLING PROVIDER INFO & PH # (702)880-4193					
	AS PAIN INSTITUTE & MEDICAL CEN	Las Vegas Pain Institute & Med Cntr. L					
270	2705 W HORIZON RIDGE PKWY 4646 W Sabara # 337						
Godwin O. Maduka, MD, Pharml HE	NDERSON NV 89052	Las Vegas NV 89102-3627					
SIGNED 05/17/2010 DATE 16	100401440	1548363583					
NUCC instruction Manual available at: www.nucc.d	org FLEABS PRINT OF TYPE	APPROVED OMEI-0835-0999 FORM OME-1500 104-05					

### HEALTH INSURANCE CLAIM FORM

ROYAL JOS DUNKLEY AND WILSON 2920 N. GR_N VALLEY PARKWAY SUITE 424 LAS VEGAS NV 89014

1500	293	20 N. GR_N VALLEY PARI S VEGAS NV 89014	(WAY SUITE 424
HEALTH INSURANCE CLAIM FORM APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05	LA	9 VEGAS IVV 0301#	2 Y C
PICA			
1. MEDICARE MEDICAID TRICARE CHAMPUS (Medicare #) (Medicald #) (Sponsor's SSN) (Mamber	HEALTH PLAN BIKLING	1a. INSURED'S I.D. NUMBER	(For Program in Item 1)
2, PATIENT'S NAME (Last Name, First Name, Middle Initial)	S. PATIENT'S BIRTH DATE SEX	4. INSURED'S NAME (Last Name, First Name) POREMBA WILLIAM M	. Middle Initial)
5. PATIENT'S ADDRESS (No., Street)	6. PATIENT RELATIONSHIP TO INSURED	7. INSURED'S ADDRESS (No., Street)	
168 RED ARCHES COURT	Self X Spouse Child Other  8. PATIENT STATUS	168 RED ARCHES COURT	
HENDERSON NV 2/P CODE TELEPHONE (Include Area Code)	Single Married X Other	HENDERSON	NV E
89012 ((02)263-2936	Employed Studen: Pad-Time		15 (Include Area Code)
9, OTHER INSURED'S NAME (Lest Name, First Name, Middle Initial)  POREMBA WILLIAM M	10. IS PATIENT'S CONDITION RELATED TO	11. INSURED'S POLICY GROUP OR FECAN	UMBER I
a. OTHER INSURED'S POLICY OR GROUP NUMBER	a. EMPLOYMENT? (Current or Previous)	a. INSURED'S DATE OF BIRTH	STATE NV STATE OF STA
DOTHER INSURED'S DATE OF BIRTH SEX	h. AUTO ACCIDENT" PLACE (State)	D. EMPLOYER'S NAME OR SCHOOL NAME	<u>'                                    </u>
06 30 64 MX F	C. OTHER ACCIDENTS	C INSURANCE PLAN HAME OR PROGRAM	NAME
d. INSURANCE PLAN NAME OR PROGRAM NAME	YES X NO	ROYAL JONES DUNKLEY	AND WILSON
TEAMSTER LOCAL 631	C.E. SIGNING THE CODE	YES NO If yes, return	to and complete item 9 a-d
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the to process this claim. I also request payment of government benefits either below.	MIGGOR AT After transfer of attention intermedian accounts.	13. INSURED'S OR AUTHORIZED PERSON'S payment of medical banefite to the university services described below.	ESIGNATURE ( authorize uned physician or supplier for
SIGNED Signature-on-file  14. DATE OF CURRENT: A ILLNESS (First symptom) OR 1.15		SIGNED Signature on	****
MM DD , YY (INJURY (Accident) OR PREGNANCY(LMP)	IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE MM DD YV	I FROM . TO	)
17. NAME OF REFERRING PROVIDER OR OTHER SOLIRCE 176	a. NPI	18. HOSPITALIZATION DATES RELATED TO	CURRENT SERVICES MM OD YY
19. RESERVED FOR LOCAL USE  CORRECTED CLAIM		20, OUTSIDE LAB?	CHARGES
21. DIAGNOSIS OR NATURE OF ILLNESS OF IMJURY (Relate tioms 1, 2		22. MEDICAID RESUBMISSION ORIGINAL F	REE NO
1	<u>723.4</u> Ÿ	23 PRIOR AUTHORIZATION NUMBER	101.170.
2. L 721.3 4. 24. A. DATE(S) OF SERVICE 8 C.   D. PROCE	T24.4  FDURÉS, BERVICES, OR SUPPLIES	F. 1 G. 1 H. 1	
	ain Unusual Circumstances   DIAGNOSIS		BENDEHING C
04 22 10 11 99214	1234	270 00 1 NPI	#ENDEHING PROVIDER ID. # 11 W B C C C C C C C C C C C C C C C C C C
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			374
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,		i NPI	!   NA
	:	NP.	75157A
28. FEDERALTAX I.D NUMBER SSN EIN 28. PATIENT'S	ACCOUNT INC 27. ACCEPT ASSIGNMENT?	NP!	D 190 Par ANCE DIE
880404982	XES NO	5 270 00 s	s 270 00
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SUDHIR KHEMKA, MDHENDE	ERSON NV 89052	Las Vegas NV 89102	
SIGNED 07/12/2010 DATE 5 165943	31443 0.	1326115429	V

instruction Manual available at www.hucc.org

PLEASE PRINT OF TYPE

APPROVED OME-0938-0999 FOR

#### HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

ROYAL JUIN DUNKLEY AND WILSON 2920 N. GREEN VALLEY PARKWAY SUITE 424 LAS VEGAS 89014

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— CHAMPUS —	- HEALTH FLAN - RIKLING	Ya, INSURED'S LD, NUMBER (For Program in II	iem 1) 个
(Medicare #) [Medicald #) [Sponsor's SSN] [Medicare #) [Medicald #) [Sponsor's SSN] [Medicare #) [Medicare #]	ember ID#) X (SSN or ID) (SSN) (ID)  3. PATIENT'S BIRTH DATE SEX	4. INSURED'S NAME (Last Name, First Name, Middle Initial)	
POREMBA WILLIAM M	2. PATIENT'S BIRTH DATE SEX	POREMBA WILLIAM M	
5, PATIENT'S ADDRESS (No., Street)	6. PATIENT RELATIONSHIP TO INSURED	7. INSURED'S ADDRESS (No., Street)	
168 RED ARCHES COURT	Self X Spouse Child Oiner	168 RED ARCHES COURT	
	STATE 6. PATIENT STATUS	CITY	ATE S
HENDERSON  21P CODE TELEPHONE (Include Area Code	NV Single Married X Cliner	HENDERSON ZIP CODE TELEPHONE (Include Area Cod	NV E
89012 (702)253-2936	Factorial Full-Time Fact-Time	/	· .
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POREMBA WILLIAM M	·	·	0
a. OTHER INSURED'S POLICY OF GROUP NUMBER	a. EMPLOYMENT? (Current or Previous)	A. INSURED'S DATE OF BIRTH SEX	
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C. EMPLOYER'S NAME OF SCHOOL NAME	c. OTHER ACCIDENT?	C. INSURANCE PLAN NAME OR PROGRAM NAME	
	YES X NO	ROYAL JONES DUNKLEY AND WILSO	ON II
d, INSURANCE PLAN NAME OR PROGRAM NAME	10d. RESERVED FOR LOCAL USE	d is there another health benefit Plan"	\C_
TEAMSTER LOCAL 631	PLETING & SIGNING TURE FORM	YES NO If yee, roturn to and complete item	· · · · · · · · · · · · · · · · · · ·
12. PATIENT'S OR AUTMORIZED PERSON'S SIGNATURE I author to process this claim. I also request payment of government benefit below.	ridge the release of any medical or other information necessary	Driving of medical Cenefits to the undersigned physician or su services described below	
signed Signature-on-file-	. DATE07/05/2010	Signature on file	1
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17. NAME OF REFERRING PROVIDER OR OTHER SQUACE	176.	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICE	Έξ _ν
	17b. NPI	FROM TO	
19. RESERVED FOR LOCAL USE		20. OUTSIDE LAB? S CHARGES	
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24 A. DATE(S) OF SERVICE E. C. D.	PROCEDURES, SERVICES, OF SUPPLIES 5.	F G. In J. J.	12
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270 Godwin O. Maduka, MD, Pharml <i>⊶</i> HE	NOTE SON NIV SONES	4616 W. Sahara # 337	: • .
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NUCC Instruction Manual available at www.nucc.		PPROVED AND COOLERCH AND COLORS	ENG ING DET

#### HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

ROYAL J. IS DUNKLEY AND WILSON 2920 N. GREEN VALLEY PARKWAY SUITE 424 LAS VEGAS 89014

PICA								PICA TITLE
1. MEDICARE MEDICAID	TRICARE C	HAMPVA GROUP	ĘĘÇ,	A OTHER	1a, INSURED'S	I.D. NUMBER	(	For Program in Item 1)
(Medicare #) (Medicald A	(A) CHAMFUS (Sponsor's SSN) (N	HAMPVA GROUP HEALTH (SSN or I	D) BLK	LUNG (ID)				
2, PATIENT'S NAME (Last Name,	·	3. PATIENT'S AI	RTH DATE	SEX	4. INSURED'S	NAME (Last Nam	e. First Name. Mic	dle Inilial)
POREMBA WILLIAM		06 30	<b>64</b> M		7 / / / / / / / / / / / / / / / / / / /	BA WILLIA		
5. PATIENT'S ADDRESS (No., Str	•	i	ATIONSHIP TO			ADDRESS (No., S	· •	· .
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		STATE 6. PATIENT STA	· · ·	· _, [	CITY			STATE
HENDERSON ZIP COOE	TELEPHONE (Include Area Cod	NV Single	. Watuea X	Other	HENDER ZIP CODE	RSON	TELEPHONE (I	NV
89012	(702)263-2936	Employed (	Full-Time	Parl-Time			! / \	,
S. OTHER INSURED'S NAME (La	(1 1		Student S CONDITION P.	Bluden(	11. INSUREO'S	POLICY GROUP	( <b>702)2</b> 6	
POREMBA WILLIAN						•		
A, OTHER INSURED'S POLICY O		a, EMPLOYMEN	IT? (Current or Pr	revious)	a. INSURED'S	DATE OF BIRTH		SEX
347669782			YES X	NO	мм 06	30 64	м.[]	F
b. OTHER INSURED'S DATE OF MM DD YY	BIATH	b. AUTO ACCID	ENT?	PLACE (State)	b. EMPLOYER	'S NAME OR SCH	HOOL NAME	
06 30 64	MX F		YES X	но ;			~~ <u>·</u>	1
C. EMPLOYER'S NAME OR SCH	DOL NAME	c. OTHER ACCI	¬ '	· }	c. INSURANCE	PLAN NAME OF	HAN MARDORY	Œ
I of INCOLUMNATION OF ANY INCOME.	000000000000000000000000000000000000000			NC). ·.				VD WILSON
d. INSURANCE PLAN NAME OR		10d. RESERVED	D FOR LOCAL U	2E	i —		H BENEFIT PLAN	
TEAMSTER LOCAL	637 . BACK OF FORM BEFORE COM	PLETING & RIGNING TIME	S EOBM		X YES	NO NUMBER		NA complete from (a a-d).
: 12. PATIENT'S OR AUTHORIZED	DACK OF FORM BEFORE LAWN FERSON'S SIGNATURE 1 Each Lost payment of government benet	onze the release of any men	lical or other intori	manon necessary	payment of	medical benefits (		physician or supplier for
below.	onst by Attiers of Government pares	us entire to myself of to tile	party who accord	s addigningni	Selvices de	scribed below.		
SIGNED Signature	\n_file	DATE		040	SIGNED	Diamet	ure on-file	
14. DATE OF CURRENT: AL	LLNESS (Firsi symptom) OR	15, IF PATIENT HAS GIVE FIRST DATE	MAD SAME OR	SIMILAR ILLNESS.	16. DATES PA	TIENT UNABLE T	O WORK IN CUR	FIENT OCCUPATION
MM DD , YY	NJURY (Accident) OR PREGNANCY (LMP;	GIVE FIRST DATE	g MM DD	, YY	FROM	, DD Y	Y TO	IM DD YY
17. NAME OF REFERRING PRO	VIDER OR OTHER SOURCE	17a.			18. HOSPITAL	ZATION DATES	RELATED TO CU	RRENT SERVICES
		17b. NPI	- , ,		PROM		TO	;
18 RESERVED FOR LOCAL US	E				20. OUTSIDE		5 CHA	RGES
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### HEALTH INSURANCE CLAIM FORM

ROYAL JC IS DUNKLEY AND WILSON 2920 N. GREEN VALLEY PARKWAY SUITE 424 LAS VEGAS NV 89014

(1500)		OYAL JO IS DUNKLEY AND	
1500		20 N. GREEN VALLEY PARK AS VEGAS NV 89014	WAY SUITE 424
HEALTH INSURANCE CLAIM FORM		,	CARPIER CARPIER
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05			<b>∀</b>
1. MEDICARE MEDICAID TRICARE CHAMPY	A G80UP FECA OTHER		PICA TTT
(Medicare #) (Medicaid #) (Sponaor's SSN; (Member III	- HEALTH PLAN - BIKLING	1 12. INSURED'S I.D. NUMBER	(For Program in Item 1)
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)	3. PATIENT'S BIRTH DATE SEX	4. INSUREO'S NAME (Lest Name, First Name, I	Midale Initiary
POREMBA WILLIAM M  5. PATIENT'S ADDRESS INC., Streets	06 80 64 M X F	POREMBA WILLIAM M	
168 RED ARCHES COURT	6. PATIENT RELATIONSHIP TO INSURED Self X Spouse Child Other	7. INSURED'S ADDRESS (No., Street)	
CITY STATE	Self X Spouse Child Other  8 PATIENT STATUS	168 RED ARCHES COURT	STATE =
HENDERSON NV	Single Married X Other	HENDERSON	NV OF
ZIP CODE TELEPHONE (Include Area Code;	full Tong - Start Target		(Include Alga Code)
89012 (702)263-2936  9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)	Emoloyed   Full-Time   Part-Time   Student	1 , , ,	2 <b>6</b> 3-2936
POREMBA WILLIAM M	10. IS PATIENT'S CONDITION RELATED TO:	11. INSURED'S POLICY GROUP OR FECANUL	NO N
a. OTHER INSURED'S POLICY OR GROUP NUMBER	a. EMPLOYMENT? (Current or Previous)	a. INSURED'S DATE OF BIRTH	SEX U
347669782	YES X NO	06 30 64 M	X F INS
D. OTHER INSURED'S DATE OF BIRTH SEX	D. AUTO ACCIDENTY PLACE (Siste)	D. EMPLOYER'S NAME OR SCHOOL NAME	
C. EMPLOYER'S NAME OR SCHOOL NAME	C. OTHER ACCIDENT?		MA MA
	YES X NO	C. INSURANCE PLAN NAME OR PROGRAM NA	AME   E
d. INSURANCE PLAN NAME OR PROGRAM HAME	190. RESERVED FOR LOCAL USE	ROYAL JONES DUNKLEY A	AND WILSON
TEAMSTER LOCAL 631			and complete term 9 a-c
READ BACK OF FORM BEFORE COMPLETING	O(OOO) of your me disal as an array of a contract of	13. INSURED'S OR AUTHORIZED PERSON'S S	SIGNATURE I SUIDOIIZE
to precess this claim. I also request payment of government benefits entirer better	to myself or to the party who accepts assignment	payment of medical penelits to the undersign services described below	ed bulkarday by sobbilot to:
SIGNED. Signature on file	DATE07/22/2010	SIGNED PIRACTURE + FIL	
	F PATIENT HAS HAD SAME OF SIMILAR ILLINESS. BIVF FIRST DATE MM DD YY	SIGNED Signature on file  10. DATES PATIENT UNABLE TO WORK IN CU	
PREGNANCY(LMP)	,	FROM YO	i!
[	INPL	18. HOSPITALIZATION DATES RELATED TO C	URRENT SERVICES MIX DD YY
19, RESERVED FOR LOCAL USE	1971	FROM TO 20. QUTSIDE LABY 5 CH	ARGES
CORRECTED CLAIM		YES X NO	1
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2,	Sor 4 to Nem 24E by Line)	22. MEDICAID RESUBMISSION ORIGINAL RE	E NO
1 729,5	<u>*************************************</u>		r. NO.
2 !	ŧ .	23. PRIOR AUTHORIZATION NUMBER	
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		133. BILLING PROVIDER INFO & PH # (702)	453 90
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SIGNED 07/22/2010 DATE	SON NV 89052	Las Vegas NV 89102-36	27
NUICO instruction Manual available at: www.nucc.ero	PLEASE PRINT OF TYPE	1326115429 E	14.

#### HEALTH INSURANCE CLAIM FORM.

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05 .

ROYAL J S DUNKLEY AND WILSON
2920 N. GREEN VALLEY PARKWAY SUITE 424
LAS VEGAS NV 89014

PICA	•			PICA
1. MEDICARE MEDICAL	TRICARE CHAMPS	A GROUP FECA OTHER	1a, INSURED'S I.D. NUMBER	(For Program in Item 1)
(Medicare #) (Medicaid	#) (Sponsor'e SSN) (Member	(Dr) X HEALTH PLAN SLK LUNG (IP)		
2. PATIENT'S NAME (Lest Name		3. FATIENT'S BIRTH DATE SEX	4. INSURED'S NAME (Last Name	, First Name. Middle Initial)
POREMBA WILLIA		06 30 64 MX F	POREMBA WILLIA	MM
5. PATIENT'S ADDRESS (No., 9	· ·	6. PATIENT RELATIONSHIP TO INSURED	7. INSURED'S ADDRESS (No., S	treet)
168 RED ARCHES	COURT	Sell X Spouse Child Other .	168 RED ARCHES	COURT
CITY	STATE	6. PATIENT STATUS	CITY	STATE
HENDERSON	NV	Single Merned X Olrier	HENDERSON	NV
ŽIP CODE	TELEPHONE (Include Area Code)		ZIP CODE	TELEPHONE (Include Area Code)
89012	(702)263-2936	Employed Student Student	89012	(702)2 <del>6</del> 3-2936
9. OTHER INSUREO'S NAME (I	ast Name, First Name, Middle Initial)	10. IS PATIENT'S CONDITION HELATED TO:	11. INSURED'S POLICY GROUP	17
POREMBA WILLIA	M M			
a. OTHER INSURED'S POLICY	OR GROUP NUMBER	E. EMPLOYMENT? (Curmot or Previous)	a. INSURED'S DATE OF BIRTH	SEX
347669782		YES X NO	· 06 30 64	M X F
D. OTHER INSURED'S DATE O	FBIRTH SEX	b. AUTO ACCIDENT? PLACE (State)	b. EMPLOYER'S NAME OR SCHO	<u> </u>
06 30 64	MX F	YES X NO .		<del></del>
C. EMPLOYER'S NAME OR SCI	HOOL NAME	c. OTHER ACCIDENT?	C. INSURANCE PLAN NAME OR	PROGRAM NAME
		YES X NO		NKLEY AND WILSON
d. INSURANÇE PLAN NAME O	R PROGRAM NAME	10u. RESERVED FOR LOCAL USE	d. IS THERE ANOTHER HEALTH	
TEAMSTER LOCAL	_ 631			if yes, return to and complete tiem 9 a-d.
REAL	BACK OF FORM BEFORE COMPLETIN	G & SIGNING THIS FORM.		PERSON'S SIGNATURE Lauthorize
12. PATIENT'S OR AUTHORIZE	D PERSON'S SIGNATURE I authorize the	r release of any medical or other information necessery r to myself or to the party who accepts assignment	payment of medical benefits to	the undersigned physician or supplier for
below.	десек <mark>Байшенга о делянияни пяняня</mark> вине	r m mysen on in me thony who accedit assignment	services described below.	
SIGNED_Signatur	e on file	DATE 07/22/2010	A.A.L.	f!l _
			SIGNED Signatu	
MM DD YY 🍕	ILLNESS (First symptom) OR 15 INJURY (Accident) OF	IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE MM DD YY	MM DO YY	WORK IN CURRENT OCCUPATION MM DO ; YY
17. NAME OF REFERRING PR	PREGNANCY(LMP)		FROM	TO ::
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	OF ILLNESS OR INJURY IRelate Items 1, :	2, 3 of 4 to Item; 24E by Line)	22. MEDICAID RESUBMISSION	ORIGINAL REF. NO.
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			23. PRIOR AUTHORIZATION NU	MBER
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24. A. DATE(S) OF SERVI		EDURES, SERVICES OR SUPPLIES E. Isin Unusual Circumstançae) DIAGNOSIS	F. G. DAYE	H. I. DENDEDING
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25. FEDERAL TAX I.D. NUMBI	R SSN EW 26. PATIENT'S	ACCOUNT NO. 27. ACCEPT ASSIGNMENT?	28. TOTAL CHARGE 25.	AMOUNT PAID   30, BALANCE DUE
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31. SIGNATURE OF PHYSICIA		FACILITY LOCATION INFORMATION:		
INCLUDING DEGREES OF	CREDENTIALS		23. BILLING PROVIDER INFO &	
i certify that the statements apply to this bit; and are me		GAS PAIN INSTITUTE		n Institute & Med Cntr, L
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### HEALTH INSURANCE CLAIM FORM

ROYAL J. S DUNKLEY AND WILSON 2920 N. GREEN VALLEY PARKWAY SUITE 424 LAS VEGAS NV 89014

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1500)							20 N. GREEN			RKW	AY SUITE 42	:4 <u>e</u>
HEALTH INSURA	NOF CLA	MV EO	PΜ			LA	S VEGAS NV	89014	4			4 01 00 0
APPROVED BY NATIONAL UNIF												4
PICA		WWW. LEE CO	.05								, plat	
1. MEDICARE MEDICAL	) TRICAL	ac	CHAMPVA	COOLIE	EECA	OTHER	1a, INSURED'S I.D. N	11050			·	1
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2. PATIENT'S NAME (Last Name		ddie iniliai)	3.	PATIENT'S B	IRTH DATE	SEX	4. INSURED'S NAME (	Last Name	. First Na	me. Mída	le Initial)	
POREMBA WILLIA				<u>ວຣື</u> ສດັ້	164 MX	F	POREMBA	WILLIA	AM M			
5. PATIENT'S ADDRESS (No. 'S	•		6.	PATIENT RE	LATIONSHIP TO INS	UREO .	7. INSURED'S ADDRE					
168 RED ARCHES	COURT			Sell X Sp	<u> </u>	Other	168 RED AR	CHES	COU	RT		
CITY			1: 1	PATIENT 8T	ATUS		CITY .				STATE	3
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9. OTHER INSURED'S NAME (L	(702)263			Employed	Student 9	thebur	89012				3-2936	
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SIGNED Signatur				DATE	07/22/20:			ignati				4
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#### HEALTH INSURANCE CLAIM FORM

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STATE   PAINTENT STATE   PAINTENT STATES   PAI	CITY HENDERSON  ZIP CODE TELEPHONE (Include Area Code)  89012  9. OTHER INSURED'S NAME (Lest Name. First Name, Middle Initial) POREMBA WILLIAM M  a. OTHER INSURED'S POLICY OF GROUP NUMBER 347669782  b. OTHER INSURED'S DATE OF BIRTH SEX DO 16 30 64  C. EMPLOYER'S NAME OR SCHOOL NAME  C. INSURANCE PLAN NAME OR PROGRAM NAME  10. INSURANCE PLAN NAME OR PROGRAM NAME  11. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the rolesse of any medical or other information necessary to proceed this cipim. It also request payment of government benefits bitner to mysell or to the party who accepts assignment  14. DATE OF CURRENT: A part of CURRENT: A part of Signature on file  DATE 09/28/2010  SIGNED SIGNATURE TO WORK IN CURRENT OCCUPATION  15. IF PATIENT'S HAD SAME OR SIGNAL ILLNESS, If Its algorithm to GURRENT OCCUPATION  16. DATE SPATIENT INVALE TO WORK IN CURRENT OCCUPATION  17. IF PATIENT HAS HAD SAME OR SIGNAL ILLNESS, If Its algorithm to Undersor Indicated Intention of Current or Signature on file  18. PATIENT HAS HAD SAME OR SIGNAL ILLNESS, If Its algorithm to Current or Signature or file  19. AUTO ACCIDENT: A LINESS FATENT UNABLE TO WORK IN CURRENT OCCUPATION  A CIDENT STATE  HENDERSON  2IP CODE  HENDERSON				
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CONTROL ACCIDENTS   CONTROL NAME OF PROGRAM NAME   CONTROL N	S. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)  POREMBA WILLIAM M  a. OTHER INSURED'S POLICY OR GROUP NUMBER  347669782  D. OTHER INSURED'S DATE OF BIRTH SEX:  MM DD YY  D6 30 64 M X F  C. EMPLOYER'S NAME OR SCHOOL NAME  C. EMPLOYER'S NAME OR SCHOOL NAME  d. INSURANCE PLAN NAME OR PROGRAM NAME  TEAMSTER LOCAL 631  12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the rolease of any medical or other information necessary to proceed this claim. I also request payment of government benefits either to mysell or to the party who accepts assignment  14. DATE OF CURRENT:  A ILLNESS (First symptom) OR  15. IF PATIENT HAS HAD SAME QR SIMILAR ILLNESS, (First symptom) OR  15. IF PATIENT HAS HAD SAME QR SIMILAR ILLNESS, (First symptom) OR  16. OTHER ACCIDENT?  17. INSURED'S DATE OF BIRTH SEX  MM DD YY  MM DD YY  OR 30 64 M X F  OR 30 64 M X F  D. EMPLOYER'S NAME OR SCHOOL NAME  C. INSURANCE PLAN NAME OR PROGRAM NAME  C. INSURANCE PLAN NAME OR PROGRAM NAME  OR SCHOOL NAME  C. INSURANCE PLAN NAME OR PROGRAM NAME  OR SCHOOL NAME  C. INSURANCE PLAN NAME OR PROGRAM NAME  OR SCHOOL NAME  OR SIGNED SIGNATURE I authorize the rolease of any medical or other information necessary by the party who accepts assignment  OR SIGNED SIGNATURE TO MORK IN CURRENT OCCUPATION  14. DATE OF CURRENT:  A ILLNESS (First symptom) OR  15. IF PATIENT HAS HAD SAME QR SIMILAR ILLNESS, (15. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION				
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HEALTH INSURANCE CLAIM FUHIM	
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05	

ROYAL S MILES DUNKLEY & WILSON 1522 WES I WARM SPRINGS ROAD HENDERSON NV 89014

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1. MEDICARE MEDICAID TRICARE CHAMPUS	CHAMPVA GROUP	FECA OTHER AN BLK LUNG (10)	1a. INSURED'S I.D. NUMBER	(For Program in Item 1) 本
(Medicare #) (Medicaid #) (Sponsor's SSN)	(Member ID#) (SSN or ID)	(SSN)	347669782	
2. PATIENT'S NAME (Lest Name, First Name, Middle Initia	MM i DD i	YY	4. INSURED'S NAME (Last Name, Fi	11
POREMBA WILLIAM M 5. PATIENT'S ADDRESS (No., Street)	06 30 !	64 M X F	POREMBA WILLIA  7. INSURED'S ADDRESS (No., Street	
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CITY	STATE 8. PATIENT SYATE		168 RED ARCHES (	ELVLE
HENDERSON	NV Single	Married X Other	HENDERSON	NV E
ZIP CODE TELEPHONE (Include A	rea Code)	_		LEPHONE (Include Area Code)
89012 ((702)263-29:		Student Part-Time Student	89012	LEPHONE (Include Area Code)  (702)263-2936
9. OTHER INSURED'S NAME (Last Name, First Name, Mi	Idle-Initial) 10, IS PATIENT'S	CONDITION RELATED TO:	11. INSURED'S POLICY GROUP OF	FECA NUMBER
POREMBA WILLIAM M  1. OTHER INSURED'S POLICY OR GROUP NUMBER	A FINELOVIATION	7 (Current or Previous)	a. INSURED'S DATE OF BIRTH	
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b. OTHER INSURED'S DATE OF BIRTH SEX	b. AUTO ACCIDEN		b. EMPLOYER'S NAME OR SCHOOL	
06 30 64 MX	F	(ES XIO		CR
c. EMPLOYER'S NAME OR SCHOOL NAME	c. OTHER ACCIDE		c. INSURANCE PLAN NAME OR PR	
		res (40	ROYAL JONES MIL	ES DUNKLEY & WILSON
d. INSURANCE PLAN NAME OF PROGRAM NAME	10d. RESERVED I	FOR LOCAL USE	d. IS THERE ANOTHER HEALTH BE	NEFIT PLAN?
TEAMSTER LOCAL 631	RE COMPLETING & SIGNING THIS I	-OPM		s, return to and complete item 9 a-d.
10 process this cizin). I also request payment of govern	E I authorize the release of any medics	al or other information necessary. I	<ol> <li>INSURED'S OR AUTHORIZED PE payment of medical benefits to the services described below.</li> </ol>	s undersigned physician or supplier for
below.		party in a second weetgrandin	doiving bracked below.	
. SIGNED Signature on file	DATE	09/28/2010	SIGNED Signatu	re on tile
14. DATE OF CURRENT: ILLNESS (First symptom)  MM , DD , YY INJURY (Accident) OR	OR 15. IF PATIENT HAS HA	AD SAME OR SIMILAR ILLNESS,	16. PATES PATIENT UNABLE TO W	ORK IN CURRENT OCCUPATION
PREGNANCY (LMP)		MINI	FROM MM   DD   YY	TO MM   DD   YY   ]
17. NAME OF REFERRING PROVIDER OR OTHER SOU	174. 1G		18. HOSPITALIZATION DATES RELA	TED TO CURRENT SERVICES
BRANDON NGUYEN  19. RESERVED FOR LOCAL USE	17b. NPI 15088	82564	FROM !	ТО
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21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY.	(Relate Items 1.2.3 or 4 to Item 24E b	y Line)	22. MEDICAID RESUBMISSION	
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NUCC Instruction-Manual available at: www	r.nuce.org			88-0999 FORM CMS-1500 (08/05)

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### HEALTH INSURANCE CLAIM FORM

ROYAL J.	SMILES	DUNKLE	EY &	WILSON
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<b>HENDERSO</b>	N NV 890	14		

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(I cartify that the statements on the reverse LAS PAIN INSTITUTE & MEDICAL CEN	Las Vegas Pain Institute & Med Cnfr, L
31. BIGINATURE OF PHYSICIAN OR SUPPLIER   122. SERVICE FACILITY LOCATION INFORMATION	23. BILLING PROVIDER INFO & PH. # (702)880-4193
880404982   X 6224934   XYES NO	s 270 00 s s s 270 00
25. FEDERAL TAX I.C. NUMBER SSN EIN 26. PATIENT'S ACCOUNT NO. 27. ACCEPT ASSIGNMENT? [For govi. claims, see back]	28. TOTAL CHARGE   29. AMOUNT PAID   30. BALANCE DUE
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From To PLACE OF (Explain Unusual Circumstances) DIAGNOSIS  MM DD YY MM DD YY SERVICE EMG CPT/HCPCS I MODIFIER POINTER	S CHARGES UNITE FRONT OUAL. PROVIDER ID, #
24. A. DATE(S) OF SERVICE B. C. D. PROCEDURES, SERVICES, OR SUPPLIES E.	F. G. H. I. J.
2 721.0 4 724.2	
1	23. PRIOR AUTHORIZATION NUMBER
723.1	CODE ORIGINAL REF. NO.
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. (Relate items 1,2,3 or 4 to Item 24E by Line)	22. MEDICAID RESUBMISSION
· · · · · · · · · · · · · · · · · · ·	Tyes Xno
19. RESERVED FOR LOCAL USE	20. OUTSIDE LAB? \$ CHARGES
BRANDON NGUYEN 176. NPI 1508882564	FROM DD YY MM DD YY
	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES
14. DATE OF CURRENT: ILLNESS (First symptom) OR 15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS, DD , YY SINJURY (Accident) OR GIVE FIRST DATE MM , DD , YY PREGNANCY (LMP)	FROM   TO   YY MM   DD   YY
	SIGNED SIGNATURE ON FIJC  16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION
SIGNED Signature on file DATE 09/28/2010	SIGNED Signature on file
below.	
12. PATTENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to proceed this claim. I also request payment of government benefits either to myself or to the party who accepts assignment.	payment of medical benefits to the undereigned physician or supplier for services described below.
READ BACK OF FORM BEFORE COMPLETING & BIGNING THIS FORM	13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I puthorize
TEAMSTER LOCAL 631	YES NO If yas, return to and complete item 9 a-d,
d. INSURANCE PLAN NAME OR PROGRAM NAME 10d. RESERVED FOR LOCAL USE	I d. IS THERE ANOTHER HEALTH BENEFIT PLAN?
TYES TOWO	ROYAL JONES MILES DUNKLEY & WILSON
c. EMPLOYER'S NAME OR SCHOOL NAME  c. OTHER ACCIDENT?	
06 30 64 MX F YES (State)	B. EMPLOTER O NAME OR SCHOOL NAME
b. OTHER INSURED'S DATE OF BIRTH SEY b. AUTO ACCIDENT?	b. EMPLOYER'S NAME OR SCHOOL NAME
347669782 YES 1400	06 30 64 M X
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9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) 10. IS PATIENT'S CONDITION RELATED TO:	89012 (702)263-2936 2
89012 ((702) 963.2036 Employed Full-Time Part-Time	20043
ZIP CODE TELEPHONE (Include Area Code)	HENDERSON  ZIP CODE  89012  (702)263-2936  11. INSURED'S POLICY GROUP OR FECA NUMBER  a. INSURED'S DATE OF BIRTH  MM   DD   YY   Q6 30 64 M X F   CODE    LEVEL OF THE CONTROL OF THE CONT
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POREMBA WILLIAM M 06 30 64 M X F  5. PATIENT'S ADDRESS ING., Street) 6. PATIENT RELATIONSHIP TO INSURED	POREMBA WILLIAM M  7. INSUREO'S ADORESS (No., Street)
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)  3. PATIENT'S BIRTH DATE SEX  MM   DD   YY	4. INSURED'S NAME (Last Name, First Name, Middle Initial)
(Medical a) (Medical a) (Sponsore SSN) (Member 10#) X(SSN or 10) (SSN)	347669782
1. MEDICARE MEDICAID TRICARE CHAMPVA GROUP FECA OTHER CHAMPUS HEALTH PLAN SILK LUNG (ID)	1a. INSURED'S I.D. NUMBER (For Program in Item 1)
PICA	PICA
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05	0.0.

ROYAL JONES DU. EY AND WILSON 2920 N GREEN VALLEY PARKWAY SUI

75318

#### HEALTH INSURANCE CLAIM FORM

AFPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

LAS VEGAS 89014

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OR ORDINAR	Z. PATIENT'S NAME (Last Name, First Name, Middle Initial)		
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### **SCHREINER & COMPANY**

3380 West Sahara Avenue Suite 100 Las Vegas, NV 89102 (702) 873-5115 (800) 362-5198 FAX (702) 876-5584

### SUPERIOR & COMPREHENSIVE CLAIMS ADMINISTRATION

December 2, 2010

Matthew S. Dunkley, Esq. 1522 W. Warm Springs Rd. Henderson, NV 89014

RE:

Poremba, William

DOI:

7/22/2005

CL:

739255

EMP:

Southern Nevada Paving

Dear Mr. Dunkley:

We received your letter of 12/1/10, which was probably in response to the Bar complaint I previously submitted. I find your letter of 3/10/10 suspect at best as we had never seen this document. In addition the letter of 9/25/09 to Mr. Poremba was never sent to our office and there is no reference that it was copied to us timely in accord with NRS 616C.215.

Whether March 2010 or December 2010 it is still obvious that we were not notified timely. In addition there is still no excuse for failure to follow-up with the claim supervisor's contact with Josie in your office in June 2010 or Norma in your office failure to get us the information in October 2010 after a conversation with the claims examiner.

We also requested a copy of the settlement documents. We appreciate the information that you relayed to your client but we'd really like a copy of the actual settlement documents from the carrier or their attorney. We like to verify everything that involves a law office that has withheld required information.

The full lien at this juncture totals \$9085.21. Based on the letter to the client it appears that you retained \$14,963.90 to cover our lien. Please forward the full amount of the lien. If there are any questions regarding the lien amount please call me at 873-5115, ext. 11.

Sincerely,

David Oakden Operations Manager

cc: Daniel Schwartz, Esq.
Nevada State Bar

04:48:06 p.m.

04-07-2011

14 /21

#### Patient Visit Record Las Vegas Pain Institute & Med Cntr, LLC

4616 W. Sahara # 337 Las Vegas, NV 89102-3627 (702)880-4193

Page 1

**WILLIAM M. POREMBA** 

168 RED ARCHES COURT HENDERSON, NV 89012

Date/Time in: 12/11/2010 - 03:27PM

Patient ID:

LVPO000052

Birth Date: Age: 6/30/1964

Sex:

46 Years, 5 Months Male

Attending Provider:

DZUNG MD, HO VIET HOLLIS, TERI

Vitals Recorded By: Accompanied By:

Chief Complaint:

RIGHT SHOULDER, LOWER BACK AND BILATERAL LEG PAIN.

Vitals:

Height:

72in, 182.88cm (79%)

Blood Pressure:

112 / 94

Weight: 193 lbs, 87.54 kgs (88%) Respirations: Pulse:

(Not Recorded) 103

BMI: 26.2

Temperature: (Not Recorded)

Pain Management Follow-

HISTORY OF CHIEF COMPLAINT Patient's pain is located in the lower back bilateral legs and right shoulder. The

patient describes current pain as an intermluttent throbbing, aching, sharp shooting, dull tingling, burning numbness. Average pain is 6/10 The pain has been 6/10 during the last week. Sleeping pattern is good, Patient gets an average of 7-8 hours of jsleep per night. Appetite is good. Bowel movements are good. The patient does exercise on a regular basis. The patient does not feel tense, nervous, depressed or suicidal. The patient states the pain does interfere with activities of daily life.

Review of Systems Follow

Current Visit

Unchanged since prior visit

Physical Exam Follow Up:

GENERAL:

Well developed, well nourished, pleasant male who appears stated age, alert and

orientated times three.

PALPATION:

Positive for lumbar spine tenderness

IMPRESSION:

Lumbar facet arthropathy

Lumbar radiculopathy

Cervicalgia

Cervical radiculopathy

left knee pain status post arthropathy

S & C OLATIA

RECEIVED

Problem List:

LUMBAGO

**CERVICALGIA** 

BRACHIAL NEURITIS/RADICULITIS NOS

UNS THORACIC/LUMB NEURITIS/RADICUL

CERVICALGIA

BRACHIAL NEURITIS/RADICULITIS NOS

UNS THORACIC/LUMB NEURITIS/RADICUL

BRACHIAL NEURITIS/RADICULITIS NOS

UNS THORACIC/LUMB NEURITIS/RADICUL

DYSFUNCTION, SACRAL REGION

PAIN IN JOINT SHOULDER

CERVICALGIA

BRACHIAL NEURITIS/RADICULITIS NOS

UNS THORACIC/LUMB NEURITIS/RADICUL

CERVICAL SPONDYLOSIS WO MYELOPATHY

LUMBOSACRAL SPONDYLOSIS

BRACHIAL NEURITIS/RADICULITIS NOS

UNS THORACIC/LUMB NEURITIS/RADICUL



#### Patient Visit Record

Page 2

### Las Vegas Pain Institute & Med Cntr, LLC

4616 W. Sahara # 337 Las Vegas, NV 89102-3627 (702)880-4193

WILLIAM M. POREMBA

168 RED ARCHES COURT HENDERSON, NV 89012

Date/Time In: 12/11/2010 - 03:27PM

Patient ID:

LVPO000052

Birth Date: Age: 6/30/1964

Sex:

46 Years, 5 Months

Male

OTH/ DISC DIS CERVICAL REGION OTH/ DISC DIS THORACIC REGION CERVICAL SPONDYLOSIS WO MYELOPATHY BRACHIAL NEURITIS/RADICULITIS NOS DYSFUNCTION, SACRAL REGION LUMBOSACRAL SPONDYLOSIS BRACHIAL NEURITIS/RADICULITIS NOS UNS THORACIC/LUMB NEURITIS/RADICUL DEGENERATION CERVICAL IV DISC DEGENER LUMBAR/LUMBOSACRAL IV DISC CERVICAL SPONDYLOSIS WO MYELOPATHY LUMBOSACRAL SPONDYLOSIS BRACHIAL NEURITIS/RADICULITIS NOS DEGENERATION CERVICAL IV DISC DEGENER LUMBAR/LUMBOSACRAL IV DISC CERVICAL SPONDYLOSIS WO MYELOPATHY LUMBOSACRAL SPONDYLOSIS BRACHIAL NEURITIS/RADICULITIS NOS DYSFUNCTION, SACRAL REGION BRACHIAL NEURITIS/RADICULITIS NOS UNS THORACIC/LUMB NEURITIS/RADICUL BRACHIAL NEURITIS/RADICULITIS NOS UNS THORACIC/LUMB NEURITIS/RADICUL BRACHIAL NEURITIS/RADICULITIS NOS UNS THORACIC/LUMB NEURITIS/RADICUL BRACHIAL NEURITIS/RADICULITIS NOS UNS THORACIC/LUMB NEURITIS/RADICUL

#### Diagnostic Studies:

Assessments:

Lumbar facet arthropathy Lumbar radiculopathy Cervicalgia

Cervical radiculopathy

left knee pain status post arthropathy

723.4

BRACHIAL NEURITIS/RADICULITIS NOS

724.2

LUMBAGO

Plan:

Continue home exercise Medication management MS Contin 15mg t po bid #60 Lyrica 75mg t po q12 #60 Follow up 1 month or sooner as needed

Discussed medications risks, benefits, product information, and narcotic agreement, in addition the benefits and risks of the procedures were discussed with the patent. The Patient verbalized understanding of all these risks and benefits and wishes to

Discussed narcotics. Discussed NSAIDS. Discussed steroids.

Procedures:

S&CCLAIMS

J/N : 1 74



#### **Patient Visit Record**

Page 3

#### Las Vegas Pain Institute & Med Cntr, LLC 4616 W. Sahara # 337 Las Vegas, NV 89102-3627

(702)880-4193

#### WILLIAM M. POREMBA

168 RED ARCHES COURT HENDERSON, NV 89012

Date/Time in: 12/11/2010 - 03:27PM

Patient ID:

LVP0000052

Birth Date: Age:

6/30/1964 46 Years, 5 Months

Sex:

99214

OFFICE/OP VISIT, EST PT, 2 KEY COMPONENT

#### Chronic Medications:

MS Contin Start Date: 2/24/2010

Dose: 15, Frequency: 2x Daily, Dispense: 45 Tablets, Refill: 0

Oxycodone Start Date: 2/24/2010

Dose: 30, Frequency: Every 6 hrs., Dispense: 120 Tablets, Refill: 0

Lyrica Start Date: 2/24/2010

Dose: 75, Frequency: 2x Daily, Dispense: 60 Tablets, Refili: 0

Lyrica Start Date: 1/27/2010

Dose: 75, Frequency: 2x Daily, Dispense: 60 Tablets, Refill: 0

MS Contin Start Date: 1/27/2010

Dose: 15, Frequency: 2x Daily, Dispense: 45 Tablets, Refill: 0

Oxycodone Start Date: 1/27/2010

Dose: 30, Frequency: Every 6 hrs., Dispense: 120 Tablets, Refill: 0

Lyrica Start Date: 12/31/2009

Dose: 75, Frequency: 2x Daily, Dispense: 60 Tablets, Refill: 0

MS Contin Start Date: 12/31/2009

Dose: 15, Frequency: 2x Daily, Dispense: 45 Tablets, Refill: 0

Oxycodone Start Date: 12/31/2009

Dose: 30, Frequency: Every 6 hrs., Dispense: 120 Tablets, Refili: 0

MS Contin Start Date: 12/8/2009

Dose: 15, Frequency: 2x Daily, Dispense: 45 Tablets, Refill: 0

Lyrica Start Date: 12/8/2009

Dose: 75, Frequency: 2x Daily, Dispense: 45 Tablets, Refill: 0

Oxycodone Start Date: 12/2/2009

Dose: 30, Frequency: Every 6 hrs., Dispense: 120 Tablets, Refill: 0

MS Contin Start Date: 11/9/2009

Dose: 15, Frequency: 2x Daily, Dispense: 60 Tablets, Refill: 0

Lyrica Start Date: 11/9/2009 Dose: 50, Frequency: 2x Daily, Dispense: 60 Tablets, Refill: 0

Lyrica Start Date: 11/9/2009

Dose: 50, Frequency: 2x Daily, Dispense: 60 Tablets, Refill: 0

Oxycodone Start Date: 10/7/2009

Dose: 30, Frequency: Every 6 hrs., Dispense: 120 Tablets, Refill: 0

Oxycodone Start Date: 9/7/2009

Dose: 30, Frequency: Every 6 hrs., Dispense: 120 Tablets. Refill: 0

Oxycodone Start Date: 8/24/2009 Dose: 30, Frequency: Every 6 hrs., Dispense: 60 Tablets, Refill: 0

Oxycodone Start Date: 8/3/2009 Dose: 15, Frequency: Every 6 hrs., Dispense: 120 Tablets, Refill: 0

MS Contin Start Date: 8/3/2009

Dose: 15, Frequency: 2x Daily, Dispense: 60 Tablets, Refill: 0

Lyrica Start Date: 8/3/2009

Dose: 50, Frequency: 2x Daily, Dispense: 60 Tablets, Refill: 0

Lyrica Start Date: 6/23/2009

Dose: 50, Frequency: 2x Daily, Dispense: 30 Tablets, Refill: 0

MS Contin Start Date: 6/23/2009

Dose: 15, Frequency: 2x Daily, Dispense: 60 Tablets, Refill: 0

Oxycodone Start Date: 6/23/2009

Dose: 15, Frequency: Every 6 hrs., Dispense: 120 Tablets, Refill: 0

MS Contin Start Date: 6/11/2009

Dose: 15, Frequency: 2x Daily, Dispense: 30 Tablets, Refill: 0

Oxycodone Start Date: 6/8/2009

S & C CLAIMS J/H 5 1 / H



### Las Vegas Pain Institute & Med Cntr, LLC

4616 W. Sahara # 337 Las Vegas, NV 89102-3627 (702)880-4193

Patient Visit Record

Page 4

**WILLIAM M. POREMBA** 

168 RED ARCHES COURT HENDERSON, NV 89012

Date/Time In: 12/11/2010 - 03:27PM

Patient ID:

LVPO000052

Birth Date: Age:

6/30/1964

Sex:

46 Years, 5 Months Male

Dose: 15, Frequency: Every 6 hrs., Dispense: 60 Tablets, Refill: 0

MS Contin Start Date: 6/1/2009

Dose: 15, Frequency: 2x Daily, Dispense: 30 Tablets, Refill: 0

Gabapentin Start Date: 5/28/2009

Dose: 800, Frequency: 3x Daily, Dispense: 45 Tablets, Refill: 0

Gabapentin Start Date: 5/12/2009

Dose: 300, Frequency: 3x Daily, Dispense: 90 Tablets, Refill: 0

Percocet Start Date: 5/5/2009

Dose: 10/325, Frequency: Every 6 hrs., Dispense: 120 Tablets, Refill: 0

Acute Medications:

Lyrica Date: 11/9/2009

Dose: 50, Frequency: 2x Daily, Dispense: 60 Tablets, Refill: 0

Signature:

Date: 12 11 2010

S & C OLAMAS

1114 5 1 211



## Las Vegas Pain Institute & Med Cntr, LLC

4616 W. Sahara # 337 Las Vegas, NV 89102-3627 (702)880-4193

Patient Visit Record

Page 1

WILLIAM M. POREMBA

168 RED ARCHES COURT HENDERSON, NV 89012

Date/Time In: 1/11/2011 - 11:25AM

Patient ID:

LVPO000052

Birth Date:

6/30/1964

Age: Sex:

46 Years, 6 Months Male

Attending Provider: Vitals Recorded By: KHEMKA, MD, SUDHIR

Accompanied By:

HOOKER, SONJA J.

Chief Complaint:

LEFT KNEE, NECK AND LOW BACK PAIN

27.7

Vitals:

Height: Weight:

BMI:

70in, 177.8cm (54%) 193 lbs, 87.54 kgs (88%)

(Not Recorded)

Blood Pressure:

118 / 79

Respirations: (Not Recorded)

Pulse: 95

Temperature: Pain Management Follow-I

HISTORY OF CHIEF COMPLAINT The patient returns to the clinic today for a follow up. Patient's pain is located in the

above ilsted areas. The patient describes current pain as throbbing, burning, aching, numbnesss, sharp, duli, shooting, continuous, tingling and intermittent. Current pain level is 5/10. Sleeping pattern is good. Patient states he gets about 7-8 hours of sleep per night. Appetite is good. Bowel movements are poor. Patient states he feels constipated. The patient was counseled on laxatives. Patient has no bowel or bladd incontinence. No new neurological symptoms. The patient does exercise on a regular basis. The patient does not feel tense, nervous, depressed or sulcidal. The patient states the pain does interfere with activities of daily life.

Review of Systems Follow Current Visit

Negative except for constipation

Physical Exam Follow Up:

GENERAL:

Well developed, well nourished, pleasant male who appears stated age, alert and

orientated times three.

PALPATION:

MECHANICAL:

MUSCULOSKELETAL:

Positive for cervical spine and lumbar spine tenderness

Lumbar spine with decreased range of motion with bilateral facet loading signs Normal curvature of the spine. Normal relexes patella right and left 2+ bilaterally,

biceps 2+ bilaterally, right upper extremity flexion and extension 2+, left upper extremity flexion and extension 2+, right lower extremity flexion 2+, left lower extremity flexion 2+, Fabre's right and left is negative, Right straight leg raising and

left straight leg raising negative bilaterally,

-JOINT EXAM:

Full ROM without tenderness, heat, erythema, or swelling.

Free from crepitus

SENSORY:

Lumbar sensory dermatomes intact and symmetrical to light touch. Cervical sensory dermatomes intact and symmetrical to light touch. Thorasic sensory dermatomes

intact and symmetrical to light touch.

Problem List:

LUMBAGO CERVICALGIA BRACHIAL NEURITIS/RADICULITIS NOS UNS THORACIC/LUMB NEURITIS/RADICUL **CERVICALGIA** BRACHIAL NEURITIS/RADICULITIS NOS UNS THORACIC/LUMB NEURITIS/RADICUL BRACHIAL NEURITIS/RADICULITIS NOS UNS THORACIC/LUMB NEURITIS/RADICUL

DYSFUNCTION, SACRAL REGION

S & C OLAMAS

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4

### Las Vegas Pain Institute & Med Cntr, LLC

4616 W. Sahara # 337 Las Vegas, NV 89102-3627 (7,02)880-4193

Patient Visit Record

Page 2

WILLIAM M. POREMBA

168 RED ARCHES COURT HENDERSON, NV 89012

Date/Time In: 1/11/2011 - 11:25AM

LVPO000052

Birth Date: Age: 6/30/1964

46 Years, 6 Months Male

PAIN IN JOINT SHOULDER

CERVICALGIA

CERVICAL SPONDYLOSIS WO MYELOPATHY

LUMBOSACRAL SPONDYLOSIS

UNS THORACIC/LUMB NEURITIS/RADICUL

OTH/ DISC DIS CERVICAL REGION

DYSFUNCTION, SACRAL REGION

LUMBOSACRAL SPONDYLOSIS

BRACHIAL NEURITIS/RADICULITIS NOS

UNS THORACIC/LUMB NEURITIS/RADICUL

DEGENERATION CERVICAL IV DISC

DEGENER LUMBAR/LUMBOSACRAL IV DISC

CERVICAL SPONDYLOSIS WO MYELOPATHY

LUMBOSACRAL SPONDYLOSIS

BRACHIAL NEURITIS/RADICULITIS NOS

DEGENERATION CERVICAL IV DISC

CERVICAL SPONDYLOSIS WO MYELOPATHY

DYSFUNCTION, SACRAL REGION

UNS THORACIC/LUMB NEURITIS/RADICUL

BRACHIAL NEURITIS/RADICULITIS NOS

UNS THORACIC/LUMB NEURITIS/RADICUL

BRACHIAL NEURITIS/RADICULITIS NOS

UNS THORACIC/LUMB NEURITIS/RADICUL

BRACHIAL NEURITIS/RADICULITIS NOS

Patient ID:

Sex:

BRACHIAL NEURITIS/RADICULITIS NOS

UNS THORACIC/LUMB NEURITIS/RADICUL

BRACHIAL NEURITIS/RADICULITIS NOS

OTH/ DISC DIS THORACIC REGION

CERVICAL SPONDYLOSIS WO MYELOPATHY

BRACHIAL NEURITIS/RADICULITIS NOS

DEGENER LUMBAR/LUMBOSACRAL IV DISC

LUMBOSACRAL SPONDYLOSIS

BRACHIAL NEURITIS/RADICULITIS NOS

BRACHIAL NEURITIS/RADICULITIS NOS

UNS THORACIC/LUMB NEURITIS/RADICUL

\$ & C CL/ 1// 5

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#### Diagnostic Studies:

#### Assessments:

Lumbar facet arthropathy

Lumbar radiculopathy

Cervicalgia

Cervical radiculopathy

Left knee, status post arthropathy

721.3 724.2

LUMBOSACRAL SPONDYLOSIS

723 4

BRACHIAL NEURITIS/RADICULITIS NOS UNS THORACIC/LUMB NEURITIS/RADICUL

724.4

Plan:

Continue home exercises/physical therapy Follow up 1 month or sooner as needed

#### Patient Visit Record

Page 3

### Las Vegas Pain Institute & Med Cntr, LLC

4616 W. Sahara # 337 Las Vegas, NV 89102-3627 (702)880-4193

#### WILLIAM M. POREMBA

168 RED ARCHES COURT HENDERSON, NV 89012

Date/Time In: 1/11/2011 - 11:25AM

Patient ID:

LVPO000052

Birth Date:

6/30/1964

Age:

46 Years, 6 Months

Sex:

Male

Oxycodone 30mg 1 tablet every 6 hours as needed for pain #120 Lidoderm patch 5% 1 patch every 12 hours as needed #30 MS Contin 15mg 1 tablet every 12 hours #60 Lyrica 75mg 1 tablet every 12 hours #60 Discussed medications risks, benefits, product information, and narcotic agreement,

in addition the benefits and risks of the procedures were discussed with the patent. The Patient verbalized understanding of all these risks and benefits and wishes to proceed.

Discussed narcotics. Discussed NSAIDS. Discussed steroids.

Seen by Lynda Le, PA-C with Sudhir S. Khemka, MD

#### Procedures:

99214

OFFICE/OP VISIT, EST PT, 2 KEY COMPONENT

#### Chronic Medications:

MS Contin Start Date: 2/24/2010

Dose: 15, Frequency: 2x Daily, Dispense: 45 Tablets, Refill: 0

Oxycodone Start Date: 2/24/2010

Dose: 30, Frequency: Every 6 hrs., Dispense: 120 Tablets, Refill: 0

Lyrica Start Date: 2/24/2010

Dose: 75, Frequency: 2x Daily, Dispense: 60 Tablets, Refill: 0

Lyrica Start Date: 1/27/2010

Dose: 75, Frequency: 2x Daily, Dispense: 60 Tablets, Refill: 0

MS Contin Start Date: 1/27/2010

Dose: 15, Frequency: 2x Daily, Dispense: 45 Tablets, Refill: 0 Oxycodone Start Date: 1/27/2010

Dose: 30, Frequency: Every 6 hrs., Dispense: 120 Tablets, Refill: 0

Lyrica Start Date: 12/31/2009

Dose: 75, Frequency: 2x Daily, Dispense: 60 Tablets, Refill: 0

MS Contin Start Date: 12/31/2009

Dose: 15, Frequency: 2x Daily, Dispense: 45 Tablets, Refill: 0

Oxycodone Start Date: 12/31/2009 Dose: 30, Frequency: Every 6 hrs., Dispense: 120 Tablets, Refill: 0

MS Contin Start Date: 12/8/2009 Dose: 15, Frequency: 2x Daily, Dispense: 45 Tablets, Refill: 0

Lyrica Start Date: 12/8/2009

Dose: 75, Frequency: 2x Daily, Dispense: 45 Tablets, Refill: 0

Oxycodone Start Date: 12/2/2009

Dose: 30, Frequency: Every 6 hrs., Dispense: 120 Tablets, Refill: 0

MS Contin Start Date: 11/9/2009

Dose: 15, Frequency: 2x Daily, Dispense: 60 Tablets, Refill: 0

Lyrica Start Date: 11/9/2009

Dose: 50, Frequency: 2x Daily, Dispense: 60 Tablets, Refill: 0

Lyrica Start Date: 11/9/2009

Dose: 50, Frequency: 2x Daily, Dispense: 60 Tablets, Refill: 0

Oxycodone Start Date: 10/7/2009

Dose: 30, Frequency: Every 6 hrs., Dispense: 120 Tablets, Refill: 0 Oxycodone Start Date: 9/7/2009

Dose: 30, Frequency: Every 6 hrs., Dispense: 120 Tablets, Refill: 0

Oxycodone Start Date: 8/24/2009 Dose: 30, Frequency: Every 6 hrs., Dispense: 60 Tablets, Refill: 0

Oxycodone Start Date: 8/3/2009

Dose: 15, Frequency: Every 6 hrs., Dispense: 120 Tablets, Refill: 0

S & C CLAIMS

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### Las Vegas Pain Institute & Med Cntr, LLC

Patient Visit Record

Page 4

4616 W. Sahara # 337 Las Vegas, NV 89102-3627 (702)880-4193

WILLIAM M. POREMBA

168 RED ARCHES COURT HENDERSON, NV 89012

Date/Time In: 1/11/2011 - 11:25AM

Patient ID:

LVPO000052

Birth Date:

6/30/1964

Age: Sex: 46 Years, 6 Months Male

MS Contin Start Date: 8/3/2009

Dose: 15, Frequency: 2x Daily, Dispense: 60 Tablets, Refill: 0

Lyrica Start Date: 8/3/2009

Dose: 50, Frequency: 2x Daily, Dispense: 60 Tablets, Refill: 0

Lyrica Start Date: 6/23/2009

Dose: 50, Frequency: 2x Daily, Dispense: 30 Tablets, Refill: 0

MS Contin Start Date: 6/23/2009

Dose: 15, Frequency: 2x Daily, Dispense: 60 Tablets, Refill: 0

Oxycodone Start Date: 6/23/2009

Dose: 15, Frequency: Every 6 hrs., Dispense: 120 Tablets, Refill: 0

MS Contin Start Date: 6/11/2009

Dose: 15, Frequency: 2x Daily, Dispense: 30 Tablets, Refill: 0

Oxycodone Start Date: 6/8/2009

Dose: 15, Frequency: Every 6 hrs., Dispense: 60 Tablets, Refill: 0

MS Contin Start Date: 6/1/2009

Dose: 15, Frequency: 2x Daily, Dispense: 30 Tablets, Refill: 0

Gabapentin Start Date: 5/28/2009

Dose: 800, Frequency: 3x Daily, Dispense: 45 Tablets, Refill: 0

Gabapentin Start Date: 5/12/2009

Dose: 300, Frequency: 3x Daily, Dispense: 90 Tablets, Refill: 0

Percocet Start Date: 5/5/2009

Dose: 10/325, Frequency: Every 6 hrs., Dispense: 120 Tablets, Refill: 0

Acute Medications:

Signature:

Lyrica Date: 11/9/2009

Dose: 50, Frequency: 2x Daily, Dispense: 60 Tablets, Refill: 0

S&CCLAMS

JAN : I

# STATE OF NEVADA DEPARTMENT OF ADMINISTRATION HEARINGS DIVISION

In the matter of the Contested Industrial Insurance Claim of:

Hearing Number:

82071-DH

Claim Number:

739255

WILLIAM POREMBA 168 RED ARCHES CT HENDERSON, NV 89012-6004

SOUTHERN NEVADA PAVING

3101 CRAIG RD

N LAS VEGAS, NV 89030

The Claimant's request for hearing was filed on December 16, 2010 and a hearing was scheduled for January 4, 2011. The hearing was continued, rescheduled and heard on February 24, 2011, in accordance with Chapters 616 and 617 of the Nevada Revised Statutes.

The Claimant was present. The Claimant was represented by SCOTT PETTIT ESQ. The Employer was not present. The Self Insured Employer (SIE) was represented by ALYSSA M FISCHER ESQ.

#### ISSUE

The Claimant appealed the determination of S & C CLAIMS SERVICES INC dated November 8, 2010.

The issue before the Hearing Officer is REOPENING.

### DECISION AND ORDER

Based on information presented the determination is proper and hereby AFFIRMED.

NRS 616C.390(1) {NRS 616.545(1)} provides if application to reopen a claim to increase or rearrange compensation is made in writing more than 1 year after the date of claim closure, the insurer shall reopen the claim if a change of circumstances warrants an increase or rearrangement of compensation during the life of an injured employee, the primary cause of the change of circumstances is the injury for which the claim was originally made, and the application is accompanied by the certificate of a physician or chiropractor showing a change of circumstances which would warrant an increase or rearrangement of compensation.

NRS 616C.215 Actions and proceedings to recover damages in tort or from proceeds of vehicle insurance: Reduction of compensation by amount of recovery; rights of injured employee or dependents and of insurer or Administrator; notification and payment of insurer or Administrator; instructions to jury; calculation of employer's premium.



- 1. If an injured employee or, in the event of his or her death, the dependents of the employee, bring an action in tort against his or her employer to recover payment for an injury which is compensable pursuant to the provisions of chapters 616A to 616D, inclusive, or chapter 617 of NRS and, notwithstanding the provisions of NRS 616A.020, receive payment from the employer for that injury:
- (a) The amount of compensation the injured employee or the dependents of the employee are entitled to receive pursuant to the provisions of chapters 616A to 616D, inclusive, or chapter 617 of NRS, including any future compensation, must be reduced by the amount paid by the employer.
- (b) The insurer, or in the case of claims involving the Uninsured Employers' Claim Account or a subsequent injury account the Administrator, has a lien upon the total amount paid by the employer if the injured employee or the dependents of the employee receive compensation pursuant to the provisions of chapters 616A to 616D, inclusive, or chapter 617 of NRS.
- This subsection is applicable whether the money paid to the employee or the dependents of the employee by the employer is classified as a gift, a settlement or otherwise. The provisions of this subsection do not grant to an injured employee any right of action in tort to recover damages from the employer for the injury.
- 2. When an employee receives an injury for which compensation is payable pursuant to the provisions of chapters 616A to 616D, inclusive, or chapter 617 of NRS and which was caused under circumstances creating a legal liability in some person, other than the employer or a person in the same employ, to pay damages in respect thereof:
- (a) The injured employee, or in case of death the dependents of the employee, may take proceedings against that person to recover damages, but the amount of the compensation the injured employee or the dependents of the employee are entitled to receive pursuant to the provisions of chapters 616A to 616D, inclusive, or chapter 617 of NRS, including any future compensation, must be reduced by the amount of the damages recovered, notwithstanding any act or omission of the employer or a person in the same employ which was a direct or proximate cause of the employee's injury.
- (b) If the injured employee, or in case of death the dependents of the employee, receive (b) If the injured employee, of in case of death the definition of chapters 616A to 616D, inclusive, or chapter \$18.00 CLAIM NRS, the insurer, or in case of claims involving the Uninsured Employers' Claim Account or a subsequent injury account the Administrator, has a right of action against the person so liable to 0 6 2011 pay damages and is subrogated to the rights of the injured employee or of the employee's
- 3. When an injured employee incurs an injury for which compensation is payable pursuant to the provisions of chapters 616A to 616D, inclusive, or chapter 617 of NRS and which was caused under circumstances entitling the employee, or in the case of death the dependents of the employee, to receive proceeds under his or her employer's policy of uninsured or underinsured vehicle
- (a) The injured employee, or in the case of death the dependents of the employee, may take proceedings to recover those proceeds, but the amount of compensation the injured employee or the dependents of the employee are entitled to receive pursuant to the provisions of chapters 616A to 616D, inclusive, or chapter 617 of NRS, including any future compensation, must be reduced by the amount of proceeds received.
- (b) If an injured employee, or in the case of death the dependents of the employee, receive compensation pursuant to the provisions of chapters 616A to 616D, inclusive, or chapter 617 of



NRS, the insurer, or in the case of claims involving the Uninsured Employers' Claim Account or a subsequent injury account the Administrator, is subrogated to the rights of the injured employee or the dependents of the employee to recover proceeds under the employer's policy of uninsured or underinsured vehicle coverage. The insurer and the Administrator are not subrogated to the rights of an injured employee or the dependents of the employee under a policy of uninsured or underinsured vehicle coverage purchased by the employee.

- (c) Any provision in the employer's policy of uninsured or underinsured vehicle coverage which has the effect of:
- (1) Limiting the rights of the injured employee or the dependents of the employee to recover proceeds under the policy because of the receipt of any compensation pursuant to the provisions of chapters 616A to 616D, inclusive, or chapter 617 of NRS;
- (2) Limiting the rights of subrogation of the insurer or Administrator provided by paragraph (b); or
- (3) Excluding coverage which inures to the direct or indirect benefit of the insurer or Administrator,

is void.

- 4. In any action or proceedings taken by the insurer or the Administrator pursuant to this section, evidence of the amount of compensation, accident benefits and other expenditures which the insurer, the Uninsured Employers' Claim Account or a subsequent injury account have paid or become obligated to pay by reason of the injury or death of the employee is admissible. If in such action or proceedings the insurer or the Administrator recovers more than those amounts, the excess must be paid to the injured employee or the dependents of the employee.
- 5. In any case where the insurer or the Administrator is subrogated to the rights of the injured employee or of the employee's dependents as provided in subsection 2 or 3, the insurer or the Administrator has a lien upon the total proceeds of any recovery from some person other than the employer, whether the proceeds of such recovery are by way of judgment, settlement or otherwise. The injured employee, or in the case of his or her death the dependents of the employee, are not entitled to double recovery for the same injury, notwithstanding any act or omission of the employer or a person in the same employ which was a direct or proximate cause of the employee's injury.
- 6. The lien provided for pursuant to subsection 1 or 5 includes the total compensation expenditure incurred by the insurer, the Uninsured Employers' Claim Account or a subsequent injury account for the injured employee and the dependents of the employee.
- 7. An injured employee, or in the case of death the dependents of the employee, or the attorney or representative of the injured employee or the dependents of the employee, shall notify the insurer, or in the case of claims involving the Uninsured Employers' Claim Account or a subsequent injury account the Administrator, in writing before initiating a proceeding or action pursuant to this section.
- 8. Within 15 days after the date of recovery by way of actual receipt of the proceeds of the judgment, settlement or otherwise:
- (a) The injured employee or the dependents of the employee, or the attorney or representative of the injured employee or the dependents of the employee; and
  - (b) The third-party insurer,
- → shall notify the insurer, or in the case of claims involving the Uninsured Employers' Claim Account or a subsequent injury account the Administrator, of the recovery and pay to the insurer

SEC CLAIMS

or the Administrator, respectively, the amount due pursuant to this section together with an itemized statement showing the distribution of the total recovery. The attorney or representative of the injured employee or the dependents of the employee and the third-party insurer are jointly and severally liable for any amount to which an insurer is entitled pursuant to this section if the attorney, representative or third-party insurer has knowledge of the lien provided for in this

- 9. An insurer shall not sell its lien to a third-party insurer unless the injured employee or the dependents of the employee, or the attorney or representative of the injured employee or the dependents of the employee, refuses to provide to the insurer information concerning the action against the third party.
- 10. In any trial of an action by the injured employee, or in the case of his or her death by the dependents of the employee, against a person other than the employer or a person in the same employ, the jury must receive proof of the amount of all payments made or to be made by the insurer or the Administrator. The court shall instruct the jury substantially as follows:

Payment of workmen's compensation benefits by the insurer, or in the case of claims involving the Uninsured Employers' Claim Account or a subsequent injury account the Administrator, is based upon the fact that a compensable industrial accident occurred, and does not depend upon blame or fault. If the plaintiff does not obtain a judgment in his or her favor in this case, the plaintiff is not required to repay his or her employer, the insurer or the Administrator any amount paid to the plaintiff or paid on the behalf of the plaintiff by the plaintiff's employer, the insurer or the Administrator.

If you decide that the plaintiff is entitled to judgment against the defendant, you shall find damages for the plaintiff in accordance with the court's instructions on damages and return your verdict in the plaintiff's favor in the amount so found without deducting the amount of any compensation benefits paid to or for the plaintiff. The law provides a means by which any compensation benefits will be repaid from your award.

- 11. To calculate an employer's premium, the employer's account with the private carrier must be credited with an amount equal to that recovered by the private carrier from a third party-AIMS pursuant to this section, less the private carrier's share of the expenses of litigation incumending 2011 obtaining the recovery, except that the total credit must not exceed the amount of compensation actually paid or reserved by the private carrier on the injured employee's claim.
- 12. As used in this section, "third-party insurer" means an insurer that issued to a third party who is liable for damages pursuant to subsection 2, a policy of liability insurance the proceeds of

which are recoverable pursuant to this section. The term includes an insurer that issued to an employer a policy of uninsured or underinsured vehicle coverage.

IT IS SO ORDERED this ____ day of March, 2011.

Daphne L Hodge Hearing Officer

#### APPEAL RIGHTS

Pursuant to NRS 616C.345(1), should any party desire to appeal this final decision of the Hearing Officer, a request for appeal must be filed with Appeals Officer within thirty (30) days after the date of the decision by the Hearing Officer.

### **CERTIFICATE OF MAILING**

The undersigned, an employee of the State of Nevada, Department of Administration, Hearings Division, does hereby certify that on the date shown below, a true and correct copy of the foregoing <u>DECISION AND ORDER</u> was duly mailed, postage prepaid OR placed in the appropriate addressee runner file at the Department of Administration, Hearings Division, 2200 S. Rancho Drive., #210, Las Vegas, Nevada, to the following:

WILLIAM POREMBA 168 RED ARCHES CT HENDERSON NV 89012-6004

SOUTHERN NEVADA PAVING 3101 CRAIG RD N LAS VEGAS NV 89030 MATTHEW S DUNKLEY ESQ 1322 W WARM SPRINGS RD HENDERSON NV 89014

S & C CLAIMS SERVICES INC 3380 W SAHARA AVE STE 100 LAS VEGAS NV 89102

ALYSSA M FISCHER ESQ, LEWIS BRISBOIS BISGAARD & SMITH LLP 400 S FOURTH ST STE 500 LAS VEGAS NV 89101

Dated this 1 day of March, 2011.

Ava B. Tucker

Employee of the State of Nevada

#### 23 P.3d 255 117 Nev. 421

# EMPLOYERS INSURANCE COMPANY OF NEVADA, a Mutual Company, f/k/a Employers Insurance Company of Nevada, an Agency of the State of Nevada, Appellant,

v. Harry CHANDLER, Respondent.

> No. 35079. Supreme Court of Nevada. May 24, 2001.

[23 P.3d 256]

Shirley D. Lindsey, Associate General Counsel, Employers Insurance Company of Nevada, Las Vegas, for Appellant.

Nancyann Leeder, Nevada Attorney for Injured Workers, and Gary T. Watson, Deputy Nevada Attorney for Injured Workers, Carson City, for Respondent.

Before YOUNG, LEAVITT and BECKER, JJ.

#### **OPINION**

#### PER CURIAM:

Respondent Harry Chandler sustained injuries in a motor vehicle accident that occurred during the course of his employment. Appellant Employers Insurance Company of Nevada (EICON) paid Chandler workers' compensation benefits and eventually closed his claim. After third-party settlement receiving a reimbursing EICON for benefits paid, Chandler later requested EICON to reopen his workers' compensation claim. EICON denied Chandler's request on the basis that he was required to exhaust the third-party settlement proceeds before it could reopen his claim. EICON's denial was upheld by a hearing officer, but reversed by appeals officer. The district court subsequently denied EICON's petition for judicial review. On appeal, EICON contends that Chandler is not entitled to receive further workers' compensation benefits, including medical benefits, without first exhausting the entire amount of his third-party settlement proceeds because the term "compensation" in NRS 616C.215 includes payment of medical expenses. We agree and reverse the order of the district court denying the petition for judicial review.

#### **FACTS**

Chandler, an employee of Greyhound Lines, Inc., was injured in the course of his employment when the bus he was driving was involved in a motor vehicle accident. The accident was caused by a third-party driver whose vehicle collided head-on with the bus in Kingman, Arizona. Chandler sustained injuries to his left knee and right toe. He also suffered post-traumatic stress disorder

[23 P.3d 257]

as a result of the collision, which killed the third-party driver and his passenger. EICON paid Chandler workers' compensation benefits amounting to \$3,267.46 before closing his claim.

Chandler also pursued a claim against the third-party driver's insurer. That case was settled for \$7,267.46, and Chandler received \$4,000.00 in damages after reimbursing EICON the \$3,267.46 in benefits out of the settlement proceeds.

Thereafter, Chandler requested EICON to reopen his claim for further psychological therapy because he continued to experience symptoms of post-traumatic stress disorder following the accident. EICON advised Chandler that he would have to exhaust the third-party settlement proceeds before it would





reopen his workers' compensation claim. Chandler challenged EICON's decision, and the hearing officer affirmed. Chandler appealed. The appeals officer concluded that Chandler was entitled to receive medical benefits without first exhausting the entire amount of the third-party settlement proceeds because the term "compensation" in NRS 616C.215 includes wage replacement benefits but does not include medical benefits. The district court subsequently denied EICON's petition for judicial review after concluding that substantial evidence supported the appeals officer's decision.

#### DISCUSSION

The question before this court is one of statutory construction, namely, whether the appeals officer properly interpreted the workers' compensation statutes applicable to this case. Questions of law are reviewed de novo.¹ "[A] reviewing court may undertake independent review of the administrative construction of a statute."²

NRS 616C.215 grants subrogation rights to workers' compensation insurers and allows them to place liens upon the proceeds recovered by employees from third-party tortfeasors.³ In particular, subsection 2 provides in relevant part:

- 2. When an employee receives injury for which an payable compensation is pursuant to the provisions of 616A 616D. chapters to inclusive, or chapter 617 of NRS and which was caused under circumstances creating a legal liability in some person, other than the employer or a person in the same employ, to pay damages in respect thereof:
- (a) The injured employee, or in case of death his dependents, may take proceedings against that person to recover damages, but the amount of the compensation the injured

employee or his dependents are entitled to receive pursuant to the provisions of chapters 616A to 616D, inclusive, or chapter 617 of NRS, including any future compensation, must be reduced by the amount of the damages recovered, notwithstanding any act or omission of the employer or a person in the same employ which was a direct or proximate cause of the employee's injury.4

EICON contends that the plain language of NRS 616C.215(2)(a) entitles it to deny Chandler further medical benefits for his work-related injury until he has exhausted his third-party settlement proceeds because, for purposes of NRS 616C.215(2)(a), NRS 616A.090 defines "compensation" to include accident benefits which, according to the express language of NRS 616A.035, includes medical benefits.⁵ Chandler contends,

[23 P.3d 258]

however, that the term "compensation" in NRS 616C.215(2)(a) does not include medical benefits because the phrase "money which is payable to an employee or to his dependents" in NRS 616A.090 limits the statutory definition of "compensation" to wage replacement benefits.

When more than one interpretation of a statute can reasonably be drawn from its language, it is ambiguous and the plain meaning rule has no application. However, when the language of a statute is plain and unambiguous, a court should give that language its ordinary meaning and not go beyond it.2 "Under long established principles of statutory construction, when a statute is susceptible to but one natural or honest construction, that alone is the construction that can be given."8 Additionally, courts must construe statutes to give meaning to all of their parts and language, and this court will read each sentence, phrase, and word to render it meaningful within the context of the purpose of the legislation.⁹



We do not read the phrase "payable to an employee or to his dependents" in NRS 616A.090 as Chandler reads it. To the contrary, the word "payable" simply means "due" and does not limit the definition of compensation in NRS 616C,215 to money disbursed directly to an employee or to his dependents. 10 In fact, when read within the context of NRS 616A.035, NRS 616A.090, and NRS 617.130, the term "compensation" in NRS 616C.215 clearly and unambiguously includes medical benefits. Further, the contemplated purpose of NRS 616C.215 is to make the insurer whole and to prevent an employee from receiving an impermissible double recovery. 11 Defining the term "compensation" in NRS 616C.215 to include medical benefits prevents an employee from receiving a double recovery. Thus, the plain meaning of NRS 616C.215(2)(a) is consistent with the purpose of the statute.

#### CONCLUSION

We conclude that an insurer is entitled to withhold payment of medical benefits for a work-related injury until an employee has exhausted any third-party settlement proceeds because the plain meaning of the term "compensation" in NRS 616C.215 includes medical benefits. Accordingly, we reverse the district court's order denying the petition for judicial review and remand this matter to the district court. On remand, the district court shall grant the petition and reverse the appeals officer's decision that Chandler is not required to exhaust his settlement proceeds before receiving medical benefits.

#### Notes:

- 1. SIIS v. United Exposition Services Co., 109 Nev. 28, 30, 846 P.2d 294, 295 (1993).
- American Int'l Vacations v. MacBride, 99
   Nev. 324, 326, 661 P.2d 1301, 1302 (1983).

- 3. See NRS 616C.215.
- 4. NRS 616C.215(2)(a).
- 5. NRS 616A.090 provides:

"Compensation" means the money which is payable to an employee or to his dependents as provided for in chapters 616A to 616D, inclusive, of NRS, and includes benefits for funerals, accident benefits and money for rehabilitative services.

#### NRS 616A.035 provides in relevant part:

- 1. "Accident benefits" means medical, surgical, hospital or other treatments, nursing, medicine, medical and surgical supplies, crutches and apparatuses, including prosthetic devices.
  - 2. The term includes:
  - (a) Medical benefits as defined by NRS 617.130.

#### NRS 617.130 provides in relevant part:

- 1. "Medical benefits" means medical, surgical, hospital or other treatments, nursing, medicine, medical and surgical supplies, crutches and apparatus, including prosthetic devices.
- <u>6.</u> Hotel Employees v. State, Gaming Control Bd., 103 Nev. 588, 591, 747 P.2d 878, 880 (1987).
- 7. See City Council of Reno v. Reno Newspapers, 105 Nev. 886, 891, 784 P.2d 974, 977 (1989).
- 8. Randono v. CUNA Mutual Ins. Group, 106 Nev. 371, 374, 793 P.2d 1324, 1326 (1990) (citations omitted).
- 9. Bd. of County Comm'rs v. CMC of Nevada, 99 Nev. 739, 744, 670 P.2d 102, 105 (1983).
- 10. See Random House Webster's College Dictionary 957 (2d ed.1997).
- 11. See NRS 616C.215; see also Breen v. Caesars Palace, 102 Nev. 79, 82, 715 P.2d 1070, 1072 (1986).



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13	2.	The <b>INSURER</b> Claimant's file	shall comply relating to the r	with NAC 616 natter on appe	6C.300 for the al.	provision c	f documents i	in the
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18	5.	Pursuant to NRS subject to the A	S 616C.282, an ppeals Officer'	y party failing s orders as are	to comply with necessary to di	n NAC 6160 rect the cou	C.274336 sharse of the Hea	all be
19	6.	subject to the Appeals Officer's orders as are necessary to direct the course of the Hear  In the event that all parties to this action agree to have the matter RE-SCHEDULED A				AND		
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#### **CERTIFICATE OF MAILING**

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The undersigned, an employee of the State of Nevada, Department of Administration, Hearings Division, does hereby certify that on the date shown below, a true and correct copy of the foregoing **NOTICE OF APPEAL AND ORDER TO APPEAR** was duly mailed, postage prepaid **OR** placed in the appropriate addressee runner file at the Department of Administration, Hearings Division, 2200 S. Rancho Drive, #220, Las Vegas, Nevada, to the following:

WILLIAM POREMBA 168 RED ARCHES CT HENDERSON NV 89012-6004

MATTHEW S DUNKLEY ESQ ROYAL JONES DUNKLEY & WILSON 1522 W WARM SPRINGS RD HENDERSON NV 89014

SOUTHERN NEVADA PAVING 3101 E CRAIG RD N LAS VEGAS NV 89030

S & C CLAIMS SERVICES INC 3380 W SAHARA AVE STE 100 LAS VEGAS NV 89102

ALYSSA M FISCHER ESQ LEWIS BRISBOIS BISGAARD & SMITH LLP 400 S FOURTH ST STE 500 LAS VEGAS NV 89101

Dated this  $5^{\text{N}}$  day of April, 2011.

Estela Pinedo, Legal Secretary II Employee of the State of Nevada

# REQUEST FOR HEARING BEFORE THE APPEALS OFFICER NEVADA DEPARTMENT OF ADMINISTRATION HEARINGS DIVISION

In the matter of the Contested Industrial Insurance Claim of:	Hearing Number: Claim Number:	82071-DH
WILLIAM POREMBA 168 RED ARCHES CT HENDERSON, NV 89012-6004	SOUTHERN NEV 3101 CRAIG RD N LAS VEGAS, NV	
I WISH TO APPEAL THE HEARING OFFICER D	ECISION DATED:	73-07-11
(Please attach a copy of	of the Hearing Of	ficer's Decision)
PERSON REQUESTING APPEAL: (circle one)	CLAIMANT/EMPLOYER	/INSURER
REASON FOR APPEAL: DISACROE	NITH HEARING	A OFFICER'S DECISION
If you are represented by an attorney or other a MATTHEW S. DUNKLEY, ESO.  Name of Attorney or Representative  1522 W. WARM SPHINGS K.  Address  HENSERSON, NU 39014  City, State, Zip Code  (707) 471-6777  Telephoné Number	Person requesting the Person requesting the Person requesting the Person requesting the Person requesting the Person requesting the Person requesting the Person requesting the Person requesting the Person requesting the Person requesting the Person requesting the Person requesting the Person requesting the Person requesting the Person requesting the Person requesting the Person requesting the Person requesting the Person requesting the Person requesting the Person requesting the Person requesting the Person requesting the Person requesting the Person requesting the Person requesting the Person requesting the Person requesting the Person requesting the Person requesting the Person requesting the Person requesting the Person requesting the Person requesting the Person requesting the Person requesting the Person requesting the Person requesting the Person requesting the Person requesting the Person requesting the Person requesting the Person requesting the Person requesting the Person requesting the Person requesting the Person requestion requ	name and address below.  S. DUNKLEY his hearing (please print) his hearing (signature)  777 63-36-77  Date
lf the Hearing Officer Decision is appealed, C Nevada Attorney for Injured Workers (NAIW). If	NOTICE  LAIMANTS are entitled you want NAIW to repr	to free legal representation by the esent you, please sign below:
decision at:	Telephone Number sion, file this form no	ater than thirty (30) days after that
NEVADA DEDADE		

NEVADA DEPARTMENT OF ADMINISTRATION APPEALS OFFICE 2200 S RANCHO DRIVE, SUITE 220 LAS VEGAS, NV 89102 (702) 486-2527

85272 APP/1/8/4

## STATE OF NEVADA DEPARTMENT OF ADMINISTRATION HEARINGS DIVISION

In the matter of the Contested

Hearing Number:

82071-DH

Industrial Insurance Claim of:

Claim Number:

739255

WILLIAM POREMBA 168 RED ARCHES CT HENDERSON, NV 89012-6004

SOUTHERN NEVADA PAVING

3101 CRAIG RD

N LAS VEGAS, NV 89030

The Claimant's request for hearing was filed on December 16, 2010 and a hearing was scheduled for January 4, 2011. The hearing was continued, rescheduled and heard on February 24, 2011, in accordance with Chapters 616 and 617 of the Nevada Revised Statutes.

The Claimant was present. The Claimant was represented by SCOTT PETTIT ESQ. The Employer was not present. The Self Insured Employer (SIE) was represented by ALYSSA M FISCHER ESQ.

#### ISSUE

The Claimant appealed the determination of S & C CLAIMS SERVICES INC dated November 8, 2010.

The issue before the Hearing Officer is REOPENING.

#### DECISION AND ORDER

Based on information presented the determination is proper and hereby AFFIRMED.

NRS 616C.390(1) {NRS 616.545(1)} provides if application to reopen a claim to increase or rearrange compensation is made in writing more than 1 year after the date of claim closure, the insurer shall reopen the claim if a change of circumstances warrants an increase or rearrangement of compensation during the life of an injured employee, the primary cause of the change of circumstances is the injury for which the claim was originally made, and the application is accompanied by the certificate of a physician or chiropractor showing a change of circumstances which would warrant an increase or rearrangement of compensation.

NRS 616C.215 Actions and proceedings to recover damages in tort or from proceeds of vehicle insurance: Reduction of compensation by amount of recovery; rights of injured employee or dependents and of insurer or Administrator; notification and payment of insurer or Administrator; instructions to jury; calculation of employer's premium.

- 1. If an injured employee or, in the event of his or her death, the dependents of the employee, bring an action in tort against his or her employer to recover payment for an injury which is compensable pursuant to the provisions of chapters 616A to 616D, inclusive, or chapter 617 of NRS and, notwithstanding the provisions of NRS 616A.020, receive payment from the employer for that injury:
- (a) The amount of compensation the injured employee or the dependents of the employee are entitled to receive pursuant to the provisions of chapters 616A to 616D, inclusive, or chapter 617 of NRS, including any future compensation, must be reduced by the amount paid by the employer.
- (b) The insurer, or in the case of claims involving the Uninsured Employers' Claim Account or a subsequent injury account the Administrator, has a lien upon the total amount paid by the employer if the injured employee or the dependents of the employee receive compensation pursuant to the provisions of chapters 616A to 616D, inclusive, or chapter 617 of NRS.
- This subsection is applicable whether the money paid to the employee or the dependents of the employee by the employer is classified as a gift, a settlement or otherwise. The provisions of this subsection do not grant to an injured employee any right of action in tort to recover damages from the employer for the injury.
- 2. When an employee receives an injury for which compensation is payable pursuant to the provisions of <u>chapters 616A</u> to <u>616D</u>, inclusive, or chapter <u>617</u> of NRS and which was caused under circumstances creating a legal liability in some person, other than the employer or a person in the same employ, to pay damages in respect thereof:
- (a) The injured employee, or in case of death the dependents of the employee, may take proceedings against that person to recover damages, but the amount of the compensation the injured employee or the dependents of the employee are entitled to receive pursuant to the provisions of chapters 616A to 616D, inclusive, or chapter 617 of NRS, including any future compensation, must be reduced by the amount of the damages recovered, notwithstanding any act or omission of the employer or a person in the same employ which was a direct or proximate cause of the employee's injury.
- (b) If the injured employee, or in case of death the dependents of the employee, receive compensation pursuant to the provisions of chapters 616A to 616D, inclusive, or chapter 617 of NRS, the insurer, or in case of claims involving the Uninsured Employers' Claim Account or a subsequent injury account the Administrator, has a right of action against the person so liable to pay damages and is subrogated to the rights of the injured employee or of the employee's dependents to recover therefor.
- 3. When an injured employee incurs an injury for which compensation is payable pursuant to the provisions of chapters 616A to 616D, inclusive, or chapter 617 of NRS and which was caused under circumstances entitling the employee, or in the case of death the dependents of the employee, to receive proceeds under his or her employer's policy of uninsured or underinsured vehicle coverage:
- (a) The injured employee, or in the case of death the dependents of the employee, may take proceedings to recover those proceeds, but the amount of compensation the injured employee or the dependents of the employee are entitled to receive pursuant to the provisions of chapters 616A to 616D, inclusive, or chapter 617 of NRS, including any future compensation, must be reduced by the amount of proceeds received.
- (b) If an injured employee, or in the case of death the dependents of the employee, receive compensation pursuant to the provisions of chapters 616A to 616D, inclusive, or chapter 617 of

NRS, the insurer, or in the case of claims involving the Uninsured Employers' Claim Account or a subsequent injury account the Administrator, is subrogated to the rights of the injured employee or the dependents of the employee to recover proceeds under the employer's policy of uninsured or underinsured vehicle coverage. The insurer and the Administrator are not subrogated to the rights of an injured employee or the dependents of the employee under a policy of uninsured or underinsured vehicle coverage purchased by the employee.

- (c) Any provision in the employer's policy of uninsured or underinsured vehicle coverage which has the effect of:
- (1) Limiting the rights of the injured employee or the dependents of the employee to recover proceeds under the policy because of the receipt of any compensation pursuant to the provisions of chapters 616A to 616D, inclusive, or chapter 617 of NRS;
- (2) Limiting the rights of subrogation of the insurer or Administrator provided by paragraph (b); or
- (3) Excluding coverage which inures to the direct or indirect benefit of the insurer or Administrator, is void.

- 4. In any action or proceedings taken by the insurer or the Administrator pursuant to this section, evidence of the amount of compensation, accident benefits and other expenditures which the insurer, the Uninsured Employers' Claim Account or a subsequent injury account have paid or become obligated to pay by reason of the injury or death of the employee is admissible. If in such action or proceedings the insurer or the Administrator recovers more than those amounts, the excess must be paid to the injured employee or the dependents of the employee.
- 5. In any case where the insurer or the Administrator is subrogated to the rights of the injured employee or of the employee's dependents as provided in subsection 2 or 3, the insurer or the Administrator has a lien upon the total proceeds of any recovery from some person other than the employer, whether the proceeds of such recovery are by way of judgment, settlement or otherwise. The injured employee, or in the case of his or her death the dependents of the employee, are not entitled to double recovery for the same injury, notwithstanding any act or omission of the employer or a person in the same employ which was a direct or proximate cause of the employee's injury.
- 6. The lien provided for pursuant to subsection 1 or 5 includes the total compensation expenditure incurred by the insurer, the Uninsured Employers' Claim Account or a subsequent injury account for the injured employee and the dependents of the employee.
- 7. An injured employee, or in the case of death the dependents of the employee, or the attorney or representative of the injured employee or the dependents of the employee, shall notify the insurer, or in the case of claims involving the Uninsured Employers' Claim Account or a subsequent injury account the Administrator, in writing before initiating a proceeding or action pursuant to this section.
- 8. Within 15 days after the date of recovery by way of actual receipt of the proceeds of the judgment, settlement or otherwise:
- (a) The injured employee or the dependents of the employee, or the attorney or representative of the injured employee or the dependents of the employee; and
  - (b) The third-party insurer,
- → shall notify the insurer, or in the case of claims involving the Uninsured Employers' Claim Account or a subsequent injury account the Administrator, of the recovery and pay to the insurer



or the Administrator, respectively, the amount due pursuant to this section together with an itemized statement showing the distribution of the total recovery. The attorney or representative of the injured employee or the dependents of the employee and the third-party insurer are jointly and severally liable for any amount to which an insurer is entitled pursuant to this section if the attorney, representative or third-party insurer has knowledge of the lien provided for in this section.

- 9. An insurer shall not sell its lien to a third-party insurer unless the injured employee or the dependents of the employee, or the attorney or representative of the injured employee or the dependents of the employee, refuses to provide to the insurer information concerning the action against the third party.
- 10. In any trial of an action by the injured employee, or in the case of his or her death by the dependents of the employee, against a person other than the employer or a person in the same employ, the jury must receive proof of the amount of all payments made or to be made by the insurer or the Administrator. The court shall instruct the jury substantially as follows:

Payment of workmen's compensation benefits by the insurer, or in the case of claims involving the Uninsured Employers' Claim Account or a subsequent injury account the Administrator, is based upon the fact that a compensable industrial accident occurred, and does not depend upon blame or fault. If the plaintiff does not obtain a judgment in his or her favor in this case, the plaintiff is not required to repay his or her employer, the insurer or the Administrator any amount paid to the plaintiff or paid on the behalf of the plaintiff by the plaintiff's employer, the insurer or the Administrator.

If you decide that the plaintiff is entitled to judgment against the defendant, you shall find damages for the plaintiff in accordance with the court's instructions on damages and return your verdict in the plaintiff's favor in the amount so found without deducting the amount of any compensation benefits paid to or for the plaintiff. The law provides a means by which any compensation benefits will be repaid from your award.

- 11. To calculate an employer's premium, the employer's account with the private carrier must be credited with an amount equal to that recovered by the private carrier from a third party pursuant to this section, less the private carrier's share of the expenses of litigation incurred in obtaining the recovery, except that the total credit must not exceed the amount of compensation actually paid or reserved by the private carrier on the injured employee's claim.
- 12. As used in this section, "third-party insurer" means an insurer that issued to a third party who is liable for damages pursuant to subsection 2, a policy of liability insurance the proceeds of

which are recoverable pursuant to this section. The term includes an insurer that issued to an employer a policy of uninsured or underinsured vehicle coverage.

IT IS SO ORDERED this ____ day of March, 2011.

Daphne L Hodge Hearing Officer

#### APPEAL RIGHTS

Pursuant to NRS 616C.345(1), should any party desire to appeal this final decision of the Hearing Officer, a request for appeal must be filed with Appeals Officer within thirty (30) days after the date of the decision by the Hearing Officer.

### CERTIFICATE OF MAILING

The undersigned, an employee of the State of Nevada, Department of Administration, Hearings Division, does hereby certify that on the date shown below, a true and correct copy of the foregoing DECISION AND ORDER was duly mailed, postage prepaid OR placed in the appropriate addressee runner file at the Department of Administration, Hearings Division, 2200 S. Rancho Drive., #210, Las Vegas, Nevada, to the following:

WILLIAM POREMBA 168 RED ARCHES CT **HENDERSON NV 89012-6004** 

SOUTHERN NEVADA PAVING 3101 CRAIGRD N LAS VEGAS NV 89030

MATTHEW S DUNKLEY ESO 1522 W WARM SPRINGS RD HENDERSON NV 89014

S & C CLAIMS SERVICES INC 3380 W SAHARA AVE STE 100 LAS VEGAS NV 89102

ALYSSA M FISCHER ESQ, LEWIS BRISBOIS BISGAARD & SMITH LLP 400 S FOURTH ST STE 500 LAS VEGAS NV 89101

Dated this 1 day of March, 2011.

Ava B. Tucker

Employee of the State of Nevada

#### NEVADA DEPARTMENT OF ADMINISTRATION

#### BEFORE THE APPEALS OFFICER

In the Matter of the Contested Industrial Insurance Claim

Claim No

4 | Industrial Insurance Claim

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Hearing No.: 82071-DH

Appeal No.:

85272-MM

WILLIAM POREMBA 168 RED ARCHES COURT HENDERSON, NV 89012

Employer:

SOUTHERN NEVADA PAVING

3101 E. CRAIG ROAD

N. LAS VEGAS, NV 89030

Claimant.

of

DOH: 5/19/11 at 9:30 A.M.

#### INSURER'S MOTION FOR SUMMARY JUDGMENT

COMES NOW, the Insurer, BUILDERS INSURANCE COMPANY, by and through their attorneys of record, ALYSSA M. FISCHER, ESQ. and LEWIS, BRISBOIS, BISGAARD & SMITH, LLP, and hereby moves this Honorable Court for an Order granting this Motion for Summary Judgment because there are no material facts in dispute the Claimant cannot prevail in reopening his claim. Claimant appealed from a Hearing Officer's Decision and Order, dated March 7, 2011, which affirmed the denial of reopening of his claim.

#### POINTS AND AUTHORITIES

I.

#### UNDISPUTED FACTS

Claimant was involved in a vehicle-heavy equipment accident on or about July 22, 2005. He sought medical treatment and filled out a C-4 three days later on July 25, 2005. He was diagnosed with thoracic, cervical strains; a face contusion and a knee contusion. (Insurer's Document Packet, p. 4).

A follow up appointment at Concentra on July 29, 2005 produced the same diagnosis. (Insurer's Document Packet, p. 9).

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Claimant treated on his own outside of worker's compensation arena on August 2, 2005. (Insurer's Document Packet, p. 11-12).

Claimant was informed by the Insurer that he could not treat with non-preferred providers and could only have one treating physician. (Insurer's Document Packet, p. 13-15).

Care was transferred to Dr. Angela Thomas. (Insurer's Document Packet, p. 16).

On August 12, 2005, the claim was accepted for cervical strain, lumbar strain and left knee sprain. (Insurer's Document Packet, p. 20). The scope of the claim was never appealed.

On August 12, 2005, Dr. Thomas documented that claimant had a non-industrial history of chronic low back pain. (Insurer's Document Packet, p. 22). Physical therapy was recommended.

Claimant and his counsel were informed of the Insurer's lien in August 2005. (Insurer's Document Packet, p. 24). Appropriate treatment was provided and on January 27, 2066 the Insurer sent a claim closure letter. (Insurer's Document Packet, p. 46). There was no appeal and the claim closed.

On October 5, 2010, the Insurer sought recovery of its worker's compensation lien. (Insurer's Document Packet, p. 45).

On November 3, 2010 Claimant sought to reopen his claim, more than one year after it closed. Claimant provided a one page letter from Sudir Khenika MD which does not have ANY medical records attached. The letter purports to say that the doctor compared MRIs but does not provide any of the alleged reports or films. Finally, the doctor's letter asks for reopening since the Claimant has had increased pain complaints. (Insurer's Document Packet, p. 50).

On November 8, 2010 the Insurer denied reopening as the Claimant has not proven that he has exhausted his third party recovery which he must do before the Insurer would be responsible to pay for reopening and future medical treatment. (Insurer's Document Packet, p. 53).

The Claimant received a settlement of \$63,500 from a responsible third party who caused his accident. Claimant received close to \$20,000 personally, there is no evidence that said money has been exhausted prior to this reopening request as is required in Nevada.

Claimant appealed the denial of reopening and the hearing officer affirmed it.

Claimant appealed to create the current appeal hearing.

II.

#### STANDARD OF REVIEW

Summary judgment is appropriate where no genuine issue of fact remains for trial and one party is entitled to judgment as a matter of law. See NRCP 56(c) and Pacific Pools Construction Co. v. McClain's Concrete, Inc., 101 Nev. 557, 706 P.2d 849 (1985).

When a motion for summary judgment is made and supported as required by NRCP 56, the adverse party must, by affidavit or otherwise, set forth facts demonstrating the existence of a genuine issue for trial. See NRCP 56(e) and Bird v. Casa Royale West, 97 Nev. 67, 628 P.2d 17 (1981).

The non-moving party's documents must be admissible evidence and that party "is not entitled to build a case on the gossamer threads of whimsy, speculation and conjecture".

Sprague v. Lucky Stores, Inc., 109 Nev. 247, 250, 849 P.2d 320 (1993) (citation omitted).

The U.S. Supreme Court has held the moving party's burden in such situations is simply to identify the elements of its adversary's case with respect to which it considers there to be a deficiency in proof. If a district court agrees as to the existence of the deficiency, summary judgment should follow as a matter of course.

III.

## NEVADA CASE LAW IS CLEAR THAT A CLAIMANT MAY NOT REOPEN IS CLAIM UNTIL HE PROVES HE HAS EXHAUSTED HIS THIRD PARTY SETTLEMENT PROCEEDS

It is the <u>claimant</u>, not the Employer who has the burden of proving his case, and that is by a preponderance of all the evidence. <u>State Industrial Insurance System v. Hicks</u>, 100 Nev. 567, 688 P.2d 324 (1984); <u>Holley v. State ex rel. Wyoming Worker's Compensation Div.</u>, 798 P.2d 323 (1990); <u>Hagler v. Micron Technology</u>, Inc., 118 Idaho 596, 798 P.2d 55 (1990).

LEWIS BRISBOIS BISGAARD & SMITH LLP In attempting to prove his case, the claimant has the burden of going beyond speculation and conjecture. That means that the claimant must establish the work connection of his injuries, the causal relationship between the work-related injury and his disability, the extent of his disability, and all facets of the claim by a preponderance of all of the evidence. To prevail, a claimant must present and prove more evidence than an amount which would make his case and his opponent's "evenly balanced." Maxwell v. SIIS, 109 Nev. 327, 849 P.2d 267 (1993); SIIS v. Khweiss, 108 Nev. 123, 825 P.2d 218 (1992); SIIS v. Kelly, 99 Nev. 774, 671 P.2d 29 (1983); 3, A. Larson, The Law of Workmen's Compensation, § 80.33(a).

NRS 616A.010(2) makes it clear that:

A claim for compensation filed pursuant to the provisions of chapters 616A to 616D, inclusive, or chapter 617 of NRS must be decided on its merit and not according to the principle of common law that requires statutes governing workers' compensation to be liberally construed because they are remedial in nature.

Here, the law in Nevada is clear that a Claimant must first prove that he has expended any third party settlement proceeds on his own subsequent medical care and treatment before he can request reopening. The case of <u>EICON v. Chandler</u>, 23 P.3d 255 (Nev. 2001) case clearly stands for this proposition. (Insurer's Document Packet, pp. 96-99). The Nevada Supreme Court held in Chandler that: "An insurer is entitled to withhold payment of medical benefits for a work-related injury until an employee has exhausted any third-party settlement proceeds..." <u>Id.</u> at 258.

The worker's compensation insurer properly asserted its lien in this case.

Regardless, it has never been paid its lien out of the settlement proceeds in spite of the legal obligation to notify it within fifteen days of recovery of those funds. See NRS 616C.215.

In this case, Claimant hasn't even paid the worker compensation insurer's lien! In <u>Chandler</u> that lien was paid back and still benefits were denied until he exhausted the money he received from his third party case. The present facts are even stronger in the Insurer's favor.

//

It is represented that the Claimant has received \$19,667.61 in settlement proceeds to date. (Insurer's Document Packet, p. 59). It is unclear whether this figure could go up since proceeds were withheld pending insurance payments and lien reductions. Id. Thus, at a minimum, according to Chandler Claimant must prove that SINCE September 2009 when he received his settlement money that he spent in excess of \$19,667.71 on his own related health care.

The medical records provided to support reopening date back BEFORE September 2009, so these bills were known and contemplated at the time of settlement of the case. These are NOT bills for medical treatment incurred AFTER settlement occurred. (Insurer's Document Packet, p. 61-68).

The bills that have been submitted with a date AFTER September 2009 are contained in the Insurer's Evidence Packet at pp. 69-81. These bills total approximately \$3,300. this is well less than the \$19,667.71 he received.

Finally, the argument made at the hearing officer hearing on behalf of the Claimant was that a doctor was recommending surgery in the FUTURE. There would be no apportionment until AFTER the surgery took place and the Claimant proved that he paid for the surgery out of his settlement proceeds. A declaration of the need for surgery at some point in the future does not affect the Insurer's apportionment as allowed under Chandler.

Therefore, even taking the facts in a light MOST favorable to the Claimant it is clear that there are no facts in dispute and that the Claimant has failed to prove that he has exhausted the approximately \$20,000 he received as third party settlement funds. Under this set of undisputed facts, summary judgment is warranted in favor of the Insurer.

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#### **CONCLUSION**

For the foregoing reasons, the Insurer respectfully request an Order Granting its

Motion for Summary Judgment and vacating the appeal hearing scheduled for May 19, 2011.

DATED: May ________, 2011.

Respectfully submitted,

LEWIS BRISBOIS BISGAARD & SMIPH LLP

Bv:

Alyssa/M. Fischer, Esq. Attorneys for the Insurer

BUILDERS INSURANCE COMPANY

EWIS RISBOIS ISGAARD

4823-6545-3065.1 6 07800-53/motion for summary judgment william poremba

CERTIFICATE OF MAILING 1 Pursuant to Nevada Rules of Civil Procedure 5(b), I hereby certify that, on the 2 day of May, 2011, service of the foregoing INSURER'S MOTION FOR SUMMARY 3 JUDGMENT was made this date by depositing a true copy of the same for mailing, postage 4 5 prepaid thereon, in an envelope to the following: Matthew Dunkley, Esq. 1522 W. Warm Springs Rd. VIA FACSIMILE (702) 531-6777 Henderson, NV 89014 8 Southern NV Paving 3101 E. Craig Road 9 N. Las Vegas, NV 89030 10 Julie Wood 11 S & C Claims Services, Inc. 3380 West Sahara, Suite 100 12 Las Vegas, NV 89102 13 14 An employee of LEWIS BRISBOIS BISGAARD & 15 SMITH LLP 16 17

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EWIS ISBOIS

4823-6545-3065.1 7 07800-53/motion for summary judgment william poremba

#### NEVADA DEPARTMENT OF ADMINISTRATION

FILED

#### BEFORE THE APPEALS OFFICER

MAY 17 2011

APPEALS OFFICE

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In the Matter of the Contested Industrial Insurance Claim

Claim No.:

ORDER GRANTING INSURER'S MOTION FOR SUMMARY JUDGMENT

After careful review and consideration of the Insurer's Motion for Summary

IT IS HEREBY ORDERED that the Insurer's Motion for Summary Judgment is

Appeals Officer

739255

5

Hearing No.: 82071-DH

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WILLIAM POREMBA

Judgment and good cause appearing,

ALYSSA M. FISCHER, ESQ.

400 S. Fourth Street, Ste. 500

Las Vegas, Nevada 89101 Phone: (702) 893-3383

Nevada Bar No. 5709

Fax: (702) 366-9689

Attorneys for Insurer

of

Claimant.

Appeal No.: 85272-MM

168 RED ARCHES COURT HENDERSON, NV 89014,

Employer:

SOUTHERN NEVADA PAVING

DATED this _______ day of May, 2011.

3101 E. CRAIG ROAD N. LAS VEGAS, NV 89030

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Submitted by:

GRANTED.

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LEWIS BRISBOIS BISGAARD & SMITH LLP

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07800-53/motion for summary judgment william poremba

#### **CERTIFICATE OF MAILING**

2 The undersigned, an employee of the State of Nevada, Department of 3 Administration, Appeals Division, does hereby certify that on the date shown below, a true and 4 correct copy of the foregoing ORDER GRANTING INSURER'S MOTION FOR SUMMARY 5 JUDGMENT was duly mailed, postage prepaid OR placed in the appropriate addressee runner 6 file maintained by the Division, 2200 South Rancho Drive, Suite 220, Las Vegas, Nevada, to the 7 following: 8 Alyssa M. Fischer, Esq. Lewis, Brisbois, Bisgaard & Smith LLP 10 400 S. Fourth Street, Ste. 500 Las Vegas, NV 89101 11 Matthew Dunkley, Esq. 12 1522 W. Warm Springs Road Henderson, NV 89014 13 14 Julie Wood S&C Claims Service 15 3380 W. Sahara Avenue, Ste. 100 Las Vegas, NV 89102 16 17 William Poremba 168 Red Arches Court 18 Henderson, NV 89012 19 Southern Nevada Paving 3101 E. Craig Road 20

DATED this _______ day of May, 2011.

N. Las Vegas, NV 89030

An employee of the State of Nevada

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November 8, 2012

COPY VIA FACSIMILE (702) 876-5584 ORIGINAL VIA U.S. MAIL

S&C Claims Services, Inc.

Attn: Linda Jackson, Claims Examiner

9075 W. Diablo Dr., Suite #140 Las Vegas, Nevada 89102

S & C CLAIMS SERVICES IN

Re:

Our Client

William Poremba

Employer

Southern Nevada Paving

Your Claim No.

739255 07/22/05

Date of Incident
Our File No.

2607-10

Dear Ms. Jackson:

MSD/jl

cc: William Poremba

The above referenced claim was closed on August 17, 2011, Mr. Poremba continues to experience pain and believes that he has not fully recovered from the injuries suffered in the incident of July 22, 2005. We are requesting that Mr. Poremba's industrial claim be considered for reopening. Please send your written determination regarding our request for reopening of our client's claim.

If you have any questions, regarding the contents of this letter, do not hesitate to contact my office.

Sincerely,

**DUNKLEY LAW** 

Matthew S. Dunkley, Esq.

S&C CLARMS

NOV 09 2012

RECEIVED

Office 702-413-6565 • 702-570-5940 Fax • DunkleyInjuryLaw.com 2450 St. Rose Pkwy, Suite 210 • Henderson, Nevada 89074



9075 W. Diablo Drive, Suite 140 Las Vegas, NV 89148

> Main - (702) 873-5115 Toll Free - (800) 362-5198 Fax - (702) 876-5584

November 8, 2012

Matthew Dunkley Esq. 2450 St Rose Pkwy #210 Henderson NV 89074

Re:

Claimant:

William Poremba

Claim No:

739255

DOI:

07/22/2005

Employer:

Aggregate Industries

Dear Mr. Dunkley,

S&C Claims Services, Inc. has reviewed your request for reopening. After review, it appears there is no evidence of an objective change in circumstance to warrant reopening. There was no reporting enclosed from any physician with the request. Therefore, your request for reopening is denied.

If you disagree with this determination, you may request a Hearing before a Hearing Officer. If you wish to appeal, complete the Request for Hearing form and mail it to the address on the top of the form within seventy (70) days of the date of this letter. If you do not appeal within seventy (70) days, you lose your appeal rights.

Enclosures

*ulu Wood* Julie Wood Supervisor

cc:

Aggregate Industries

William Poremba

File



#### STATE OF NEVADA DEPARTMENT OF ADMINISTRATION HEARINGS DIVISION

In the matter of the Contested Industrial Insurance Claim of: Hearing Number: 1305062-TH Claim Number:

739255

WILLIAM PROEMBA 168 RED ARCHES CT HENDERSON, NV 89012

S & C CLAIMS SERVICES IN

SOUTHERN NEVADA PAVING 440 FREHNER RD NORTH LAS VEGAS, NV 89030

#### NOTICE OF HEARING BEFORE THE HEARING OFFICER

Pursuant to the Claimant's request for a Hearing Officer review of the Insurer's Determination under Chapters 616 and 617 of the Nevada Revised Statutes, you are hereby notified a hearing will be held:

DATE:

February 7, 2013

TIME:

10:30AM

PLACE:

Department of Administration, Hearings Division

2200 South Rancho Drive, Suite 210

Las Vegas, NV 89102 Phone (702) 486-2525

The matter to be ascertained from this Hearing shall be whether the determination rendered by the Insurer is proper. Failure of the appealing party to attend this Hearing may result in dismissal of the appeal.

NOTE: The Claimant may be represented at the Hearing by a private attorney or may seek assistance and advice from the Nevada Attorney for Injured Worker's at 486-2830. If you have an attorney or other representative, please confirm with them the date and time for this hearing.

If you would prefer to testify by telephone, please contact this office one week prior to the hearing date at 486-2525 with the appropriate information. Telephone hearings will generally take place within I hour of the time designated for the Hearing (see above).

NOTE: This Hearing will be scheduled on a STACKED calendar.

Dated this 15th day of January, 2013.

Tracey Hagan Hearing Officer



### REQUEST FOR HEARING - CONTESTED CLAIM

(Pursuant to NAC 616C.274)

REPLY TO:

Department of Administration

Hearings Division

S & C CLAIMS SERVICES IN

1050 E. William Street, Ste. 400

Carson City, NV 89701

(775) 687-5966

OR

Department of Administration HEAFINGS DIV

Hearings Division

2200 S. Rancho Drive, Suite 218 JAN 10 PM

Las Vegas, NV 89102

(702) 486-2525

RECEIVEL

EMPLOYEE	INFORMAT	ION	l	
Employee's Name: William Proemba				
Address: 168 Red Arches Court				
			- Deliver	
City: Henderson	State: NV	Zip: 89012		
Employee's Telephone Number	er: (702)263-2	1936		
Claim No.: 739255	Date of Inju	ury: 7/22/2005		
Insurer Information				
Insurer's Name:				
Address:				
City:	State:	Zip:		
Insurer's Telephone Number:				

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EMPLOYER INFORMATION				
Employer's Name: Southern Nevada Paving				
Address: 440 Frehner Road				
		**************************************		
City: North Las Vegas	State: NV	Zip: 89030		
Employer's Telephone Number: (702)649-6250				
THIRD-PARTY ADMINISTRATOR (TPA) INFORMATION				
TPA's Name: Schreiner & Company • 8+C				
Address: 3380 West Sahara Avenue, Suite 100				
City: Las Vegas	State: NV	Zip: 89102		
TPA's Telephone Number: (702) 873-5115				

Do Not Complete or Mail This Form Unless You Disagree With the Insurer's Determination.

YOU MUST INCLUDE A COPY OF THE DETERMINATION LETTER OR A HEARING WILL NOT BE SCHEDULED PURSUANT TO NRS 616C.315.

Briefly explain the basis for this appeal:

DISAGREE WITH DETERMINATION LETTER OF					
NOVEMBER 8, 2012					
		The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s			
This request for hearing is filed by, or on behalf of	•	S & C CLAIMS			
and is dated this day	of, 20	JAN 16 2013 RECEIVED			
Signature of Injured Employee/Employer	Injured Employee's/Employer's R	_			

injured Employee's/Employer's Rep. (Advisor

3050621H D-12a (Rev. 09/04)

702 8765584

#### CERTIFICATE OF MAILING

702 876 5584

The undersigned, an employee of the State of Nevada, Department of Administration, Hearings Division, does hereby certify that on the date shown below, a true and correct copy of the foregoing NOTICE OF HEARING BEFORE THE HEARING OFFICER was duly mailed, postage prepaid OR placed in the appropriate addressee runner file at the Department of Administration, Hearings Division, 2200 S. Rancho Drive., #210, Las Vegas, Nevada, 89102 to the following:

WILLIAM PROEMBA 168 RED ARCHES CT HENDERSON NV 89012

MATTHEW S DUNKLEY ESQ DUNKLEY LAW 2450 ST ROSE PKWY STE 210 HENDERSON NV 89074

SOUTHERN NEVADA PAVING 440 FREHNER RD NORTH LAS VEGAS NV 89030

S & C CLAIMS SERVICES INC 9075 W DIABLO DR STE 140 LAS VEGAS NV 89148

ALYSSA M FISCHER ESQ LEWIS BRISBOIS BISGAARD & SMITH LLP 400 S FOURTH ST STE 500 LAS VEGAS NV 89101

Dated this 15th day of January, 2013.

Carol Tuttle

Employee of the State of Nevada

9075 W. Diablo Drive, Suite 140 Las Vegas, NV 89148

> Main - (702) 873-5115 Toll Free - (800) 362-5198 Fax - (702) 876-5584

November 8, 2012

Matthew Dunkley Esq. 2450 St Rose Pkwy #210 Henderson NV 89074

Re:

Claimant:

William Poremba

Claim No:

739255

DOI:

07/22/2005

Employer:

Aggregate Industries

Dear Mr. Dunkley,

S&C Claims Services, Inc. has reviewed your request for reopening. After review, it appears there is no evidence of an objective change in circumstance to warrant reopening. There was no reporting enclosed from any physician with the request. Therefore, your request for reopening is denied.

If you disagree with this determination, you may request a Hearing before a Hearing Officer. If you wish to appeal, complete the Request for Hearing form and mail it to the address on the top of the form within seventy (70) days of the date of this letter. If you do not appeal within seventy (70) days, you lose your appeal rights.

*ulu lU®0d* Julie Wood Supervisor

Enclosures

cc:

Aggregate Industries

William Poremba

File

MOV 1 3 2017

## STATE OF NEVADA DEPARTMENT OF ADMINISTRATION HEARINGS DIVISION

In the matter of the Contested Industrial Insurance Claim of:

Hearing Number:

1305062-TH

Claim Number:

739255

WILLIAM PROEMBA 168 RED ARCHES CT HENDERSON, NV 89012

SOUTHERN NEVADA PAVING 440 FREHNER RD

NORTH LAS VEGAS, NV 89030

1306201

#### ORDER TRANSFERRING HEARING TO APPEALS OFFICE

The Claimant's Request for Hearing was filed on January 10, 2013 and scheduled for February 7, 2013. The requesting party appealed the Insurer's determination dated November 8, 2012. The hearing was scheduled for February 7, 2013.

The parties have filed a stipulation to waive a hearing at the Hearing Officer level and to proceed directly to the Appeals Officer level.

NRS 616C.315(7) provides that the parties to a contested claim may, if the Claimant is represented by counsel, agree to forego a hearing before a Hearing Officer and submit the contested claim directly to an Appeals Officer.

Therefore, good cause appearing, the Hearing Officer Proceeding shall be and is hereby transferred to the Appeals Officer for further proceedings.

IT IS SO ORDERED this 11th day of February, 2013.

Tracey Hagan

**Hearing Officer** 

NOTICE: If any party objects to this transfer to the Appeals Office, an objection thereto must be filed with the Appeals Office at 2200 South Rancho Drive, Suite 220, Las Vegas, Nevada 89102, within 15 days of this order.

SCHEDULED ON

FEB 1 4 2013

APPEALS DIVISION
APP139

### **CERTIFICATE OF MAILING**

The undersigned, an employee of the State of Nevada, Department of Administration, Hearings Division, does hereby certify that on the date shown below, a true and correct copy of the foregoing ORDER TRANSFERRING HEARING TO APPEALS OFFICE was duly mailed, postage prepaid OR placed in the appropriate addressee runner file at the Department of Administration, Hearings Division, 2200 S. Rancho Drive, #210, Las Vegas, Nevada, to the following:

WILLIAM PROEMBA 168 RED ARCHES CT HENDERSON NV 89012

MATTHEW S DUNKLEY ESQ DUNKLEY LAW 2450 ST ROSE PKWY STE 210 HENDERSON NV 89074

SOUTHERN NEVADA PAVING 440 FREHNER RD NORTH LAS VEGAS NV 89030

S & C CLAIMS SERVICES INC 9075 W DIABLO DR STE 140 LAS VEGAS NV 89148

ALYSSA M FISCHER ESQ LEWIS BRISBOIS BISGAARD & SMITH LLP 400 S FOURTH ST STE 500 LAS VEGAS NV 89101

Dated this ______day of February, 2013.

Carol Tuttle

Employee of the State of Nevada

## REQUEST FOR HEARING - CONTES LD CLAIM

(Pursuant to NAC 616C.274)

REPLY TO:

Department of Administration

Hearings Division

1050 E. William Street, Ste. 400

Carson City, NV 89701

(775) 687-5966

OR

Department of Administration in APARTE

Hearings Division

2200 S. Rancho Drive. Suite 210 JAN 10

AHI FILE

Las Vegas, NV 89102

(702) 486-2525

EMPLOYEE INFORMATION	EMPLOYER INFORMATION		
Employee's Name: William Proemba •	Employer's Name: Southern Nevada Paving		
Address: 168 Red Arches Court	Address: 440 Frehner Road		
City: Henderson State: NV Zip: 89012	City: North Las Vegas State: NV Zip: 89030		
Employee's Telephone Number: (702)263-2936	Employer's Telephone Number: (702)649-6250		
Claim No.: 739255 Date of Injury: 7/22/2005			
Insurer Information	THIRD-PARTY ADMINISTRATOR (TPA) INFORMATION		
Insurer's Name:	TPA's Name: Schreiner & Company • 3+C		
Address:	Address: 3380 West Sahara Avenue, Suite 100		
City: State: Zip:	City: Las Vegas State: NV Zip: 89102		
City: State: Zip:  Insurer's Telephone Number:	TPA's Telephone Number: (702) 873-5115		

Do Not Complete or Mail This Form Unless You Disagree With the Insurer's Determination.

YOU MUST INCLUDE A COPY OF THE DETERMINATION LETTER OR A HEARING WILL NOT BE SCHEDULED PURSUANT TO NRS 616C.315.

Briefly explain the basis for this appeal:

DISAGREE WITH DET	ELMINATION LETTER OF			
NOVEMBER 8, 2012				
This request for hearing is filed by, or on behalf of:	The Injured Employee  The Employer			
and is dated this day of	-) gricon , 20/3.			
Signature of Injured Employee/Employer	Injured Employee's/Employer's Rep. (Advisor)			



9075 W. Diablo Drive, Suite 140 Las Vegas, NV 89148

> Main - (702) 873-5115 Toll Free - (800) 362-5198 Fax - (702) 876-5584

November 8, 2012

Matthew Dunkley Esq. 2450 St Rose Pkwy #210 Henderson NV 89074

Re:

Claimant:

William Poremba

Claim No:

739255

DOI:

07/22/2005

Employer:

Aggregate Industries

Dear Mr. Dunkley,

S&C Claims Services, Inc. has reviewed your request for reopening. After review, it appears there is no evidence of an objective change in circumstance to warrant reopening. There was no reporting enclosed from any physician with the request. Therefore, your request for reopening is denied.

If you disagree with this determination, you may request a Hearing before a Hearing Officer. If you wish to appeal, complete the Request for Hearing form and mail it to the address on the top of the form within seventy (70) days of the date of this letter. If you do not appeal within seventy (70) days, you lose your appeal rights.

Julie Wood Supervisor

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Enclosures

cc:

Aggregate Industries

William Poremba

File

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