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2	IN THE SUPREME COURT OF THE STATE OF NEVADA
3	WILLIAM POREMBA ) Electronically Filed
4	) Mar 27 2015 08:46 a.m.
5	Petitioner, ) Tracie K. Lindeman ) Case No.: 66888Clerk of Supreme Court
6	vs. )
7	SOUTHERN NEVADA PAVING; ) S&C CLAIMS SERVICE and )
8	DEPARTMENT OF ADMINISTRATION, ) APPEALS OFFICER, )
9	)
10	Respondent.
11	
12	<u>APPENDIX</u>
13 14	VOLUME III
15	
	MATTHEW S. DUNKLEY, ESQ. Nevada Bar No. 6627
	MARK G. LOSEE, ESQ. Nevada Bar No. 12996
18	DUNKLEY LAW
	2450 St. Rose Parkway, Suite 210 Henderson, Nevada 89074
20	Telephone: (702) 413-6565 Facsimile: (702) 570-5940
21	Attorneys for Appellant William Poremba
22	7 Metalley's for Appendix William Foremou
23	
24	
25	
26	
27	
28	Z:\Files Open\260710 Poremba vs SNP (WC)\AppealSupremeCt\Appendix.wpd

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1   2   3   4   5   6	MATTHEW S. DUNKLEY, ESQ. Nevada Bar No. 6627 DUNKLEY LAW 2450 St. Rose Parkway, Suite 210 Henderson, Nevada 89074 Tel. (702) 413-6565 Fax (702) 570-5940 Attorneys for Claimant				
7					
8		STATE OF NEVADA			
9	DEPART	MENT OF ADMINISTRA HEARINGS DIVISION	TION		
11					
12	In the matter of the Contested Industrial Insurance Claim of:	Claim Number: Appeal Number:	739255 1306201-SL		
13	WILLIAM POREMBA	Hearing Date:	July 22, 2013		
14	Claimant.	Hearing Time:	11:00 a.m.		
15	/				
16 17		'S OPPOSITION TO INS FOR SUMMARY JUDG			
18	Comes now Claimant, WILL	IAM POREMBA, by and	through his counsel, Matthew S.		
19	Dunkley, Esq., of the law firm of Roy	val Jones Miles Dunkley &	Wilson, and files an Opposition to		
20					
21	Insurer's Motion for Summary Judgment regarding Claimant's appeal from the Insurer's November				
22	8, 2012, determination letter which denying the reopening of his claim.				
23	<u>PO1</u>	NTS AND AUTHORITIE	<u>5</u>		
24	I.				
25	<u>S</u> 7	TATEMENT OF FACTS			
26	This case stems from a motor	vehicle accident that occurre	ed on July 22, 2005. At the time of		
27	the accident, Mr. Poremba was working	ng for Southern Nevada Pavin	ng and driving a tractor trailer dump		
28	William Poremba Appeal No. 1306201-SL, OpptoMSJ		APP143		

1	CD U D 1 CC 1 1 1 1 1 2 1 2 1 2 1 2 1 2 1 2 1
1	truck. An employee of Pratte Development Company was driving a backhoe. As Mr. Poremba was
2	driving his truck on a paved road in a neighborhood that was under development, the backhoe ran a
3	stop sign hitting the driver's side of Mr. Poremba's truck.
5	Mr. Poremba treated with Dr. Joseph Nicola, D.C. and Dr. Easton, D.C. at Integrated Health
6	Care of Nevada. Mr. Poremba began treatment on July 25, 2005 and treated until May 1, 2006. The
7	treatment consisted of electrical stimulation, ice/hot packs, spinal manipulations and therapeutic
8	exercises. While at Integrated Health Care, Mr. Poremba was also seen by Teresa T. Charniga, M.D.
9	The original diagnosis at Integrated included the following:
10	1. Cervical Spine Sprain/Strain
11	2. Thoracolumbar Sprain/Strain
12 13	3. Post-Concussive Syndrome
14	4. Possible Bilateral Upper Extremity Radiculopathy
15	5. Left Knee Pain
16	6 Secondary to MVA
17	A CT scan of the Cervical Spine on July 25, 2005 included the following interpretation:
18	Left posterolateral disk osteophyte complex protrusion C5-C6 with additional central
19	disk protrusion at this level.
<ul><li>20</li><li>21</li></ul>	Originally, Mr. Poremba made a worker's compensation claim. As part of that claim he was
22	seen by Concentra and then sent to Mary Angela Thomas, M.D. On August 5, 2005, he was seen by
23	Dr. Thomas and presented with chief complaints of neck, back and knee pain and headaches. Dr
24	Thomas's diagnosis was as follows:
25	///
26	///
27	
28	William Poremba Appeal No. 1306201-SL, OpptoMSJ - 2 -

1	Industrial diagnosis:					
2	1. Cervical sprain/strain					
3	2. Lumbar sprain/strain					
5	3. Left knee sprain					
6	4.	Right trochanteric bursitis; this is all secondary to a	mot	tor vehicle accident.		
7	An MRI of the	e left knee on August 19, 2005, revealed the following	g:			
8	1.	Mild left knee joint effusion				
9	2.	Grade I anterior cruciate ligament and posterior cruc	iate	e ligament strain		
0	3.	Bony structures, tendon structures and menisci of th	e kı	nee are intact.		
11	Due to	continued knee pain, Mr. Poremba was referred to	Ga	ary J. LaTourette, M.D Dr.		
13	LaTourette pr	eformed on Mr. Poremba's left knee a arthroscopic eva	alua	ntion with major synovectomy		
14	and partial medial meniscectomy on May 10, 2006. Dr. LaTourette at his deposition stated that the					
15	treatment provided by his office was related to a reasonable degree of medical probability to the motor					
16	vehicle accide	ent.				
17	A law	vsuit was filed against Pratte Development Compan	ıy iı	n Nevada District Court. A		
18 19	mediation wa	s held with Pratte Development on July 30, 2009. At the	eme	ediation the following medical		
20	bills were cor	ntemplated as part of the settlement:				
21	1.	Integrated Health Care of Nevada Joseph Nicola, D.C./Eric Easton, D.C.	\$	10,385.00		
22	2.	Integrated Health Care of Nevada Theresa Charniga, M.D.	\$	180.00		
23	3.	Lake Mead Radiologists/Nevada Imaging Centers	\$	3,881.00		
24	4.	Gary J. La Tourette, M.D.	\$	25,756.34		
	5.	Mary Angela Thomas, M.D.	ъ \$	2,621.66		
25	٥.	Spine & Orthopedic Rehabilitation Specialists	Φ	۵,041.00		
26	6.	Albert Yeh, M.D. & Ty Weller, M.D. Pain Wellness Center	\$	12,506.80		
27	7.	Harvey Smith, PA	\$	4,822.50		
	II					

1	8.	Anesthesiology Consulting Group, Inc.	\$ 2,400.00
2	9. 10.	Healthsouth Valley Hospital	\$ 1,631.00 \$ 12,880.00
3		Total	\$ 77,064.30
4			
5	The D	District Court case against Pratte Developme	nt settled on July 30, 2009, for 63,500.00.
6	(See Distribu	ntion Letter dated September 25, 2009 attach	ned hereto as Exhibit "1"). Mr. Poremba
7	ended up nett	ting \$34,631.51. (See Id.) Mr. Poremba has l	nad ongoing treatment since the settlement.
8 9	Additionally,	, there were records that were not included in t	ne settlement due to them being unavailable
10	at the time of	f the mediation.	
11	Since	e the settlement, Mr. Poremba has had continu	ious medical treatment for his work related
12	injuries in th	is case. Since 2009, Mr. Porema has treated	with Dr. Aury Nagy, Dr. Eric Easton, Dr.
13	Jeremy Lipsl	nutz, Dr. Roger Metha, Dr. Karl, Dr. Maduka	a, Dr. Ghani and Dr. Gutpa. (See Affidavit
14	of William Po	oremba attached hereto as Exhibit "5"). Mr Po	oremba is currently seeing Dr. Roger Metha,
15 16	from Southw	vest Medical Associates at the Siena Heights	office. (See Id.)
17	Since	e receiving the settlement, Mr. Poremba has sp	pent approximately \$14,000.00 for medical
18	insurance pay	yments, prescriptions, and co-pays in medical	expenses for injuries relating to my accident
19	of July 22, 2	2005. (See Id.) The medical bills incurred h	have exceeded the total net he received of
20	\$34,631.51.	(See Id.) A small amount of the bills inc	curred since the settlement are included in
21	Exhibits "2"	and "3", and show a bill from Las Vegas Pair	n institute for \$4,520.90 and from Dr. Nagy
22	for \$23,580.0	00.	
23	Since	e the accident of July 22, 2005, Mr. Porembal	has not been able to work due to the injuries
24 25	he suffered i	n the subject accident. He tried to go back to	work but suffered severe pain to his spine.
26	Dr. Aury Na	agy told Mr. Poremba not to go back to wor	k due to his injuries and symptoms. (See
27	Exhibit "5").	. Since the settlement, Mr. Poremba has ave	eraged an annual income of only \$5,197.55.

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V.

#### **ARGUMENT**

#### A. Claimant Has Exhausted the Third Party Settlement Funds

The Insurer is relying on *Employers Ins. Co. of Nevada v. Chandler*, 23 P.3d 255 (Nev. 2001) for the argument that a claimant must exhaust third party settlement funds before the insurer is responsible for reopening the case. *Employers Ins. Co. Of Nevada v. Chandler* stated that "the contemplated purpose of NRS 616C.215 is to make the insurer whole and to prevent an employee from receiving an impermissible double recovery." Id. at 258.

In this case, it is clear that Poremba has exhausted the third party settlement proceeds and is not receiving a double recovery. Since the date of the mediation, July 30, 2009, Poremba has incurred well over \$34,631.51 in medical expenses including a surgery that was done and one that is needed. (See E.P.2 showing some of the bills, and note from Dr. Nagy attached at E.P. 3). Mr. Poremba has had to come out of pocket approximately \$14,000.00 for medical insurance payments, prescriptions, and co-pays.

Additionally, Mr. Poremba has not been able to work due to his injuries since the date of the mediation. This means that he no longer has the income he was making prior to the accident. His average annual income since the mediation has been approximately \$5,000.00. Mr. Poremba was the sole provider in the home. The money received in the settlement has long been exhausted by expense related to medical care, mortgage payments, and living expense for himself and his family. Accordingly, we would ask that the Insurer's motion for summary judgment be denied at this time and that the matter proceed to the hearing that is currently set for July 22, 2013.

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1	By the hearing, Mr. Poremba will have had more time to obtain his recent medical bills and
2	provide them to the Appeal's Officer and will have had time to provide more specifics on how the
3	settlement money from 2009 was exhausted.
4	B. <u>Claimant's Claim Should Be Reopened</u>
5	NRS 616C.390(1) provides as follows:
7	Except as otherwise provided in NRS 616C.392:
8	
9	1. If an application to reopen a claim to increase or rearrange compensation is made in
10	writing more than 1 year after the date on which the claim was closed, the insurer shall
11	reopen the claim if:
12	(a) A change of circumstances warrants an increase or rearrangement of
13	compensation during the life of the claimant;
14	(b) The primary cause of the change of circumstances is the injury for
15	which the claim was originally made; and
16	which the claim was originary made, and
17	(c) The application is accompanied by the certificate of a physician or
18	a chiropractor showing a change of circumstances which would warrant
19	an increase or rearrangement of compensation.
<ul><li>20</li><li>21</li></ul>	The letter from Sudhir Khemka, M.D. satisfies the requirements for reopening the claim in this matter.
22	(See Exhibit "4"). Dr. Khemka states that "new MRI's show that the patient's Cervical, Thoracic,
23	Lumbar and Left Knee show that the patient's pain has progressed " Dr. Khemka then requests that
24	the claim be reopened.
25	///
26	///
27	
28	William Poremba Appeal No. 1306201-St. OpptoMSI - 6 -

1	Based on the foregoing, the Claimant requests that the Motion for Summary Judgment be
2	denied and that the matter be allowed to go forward to the Appeal's Hearing set for July 22, 2013.
3	Dated this day of April, 2013.
4	DUNKLEY LAW
5	
6	By MATTHEW S. DUNKLEY, ESQ.
7   8	Nevada Bar No. 6627 2450 St. Rose Parkway, Suite 210
9	Henderson, Nevada 89074 Attorneys for Claimant
10	Attorneys for Claimain
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<ul><li>21</li><li>22</li></ul>	
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1	CERTIFICATE OF SERVICE				
2	I certify that on this 11 <sup>th</sup> day of April, 2013, the foregoing <b>CLAIMANT'S OPPOSITION TO</b>				
3	INSURER'S MOTION FOR SUMMARY JUDGMENT was served on the following by				
4 5	[ ] hand delivery [ ] Facsimile				
6	Facsimile and U.S. Mail first class postage prepaid U.S. Mail first class postage prepaid				
7	addressed as follows:				
8   9	Alyssa M. Fischer, Esq. (Facsimile: 702-366-9563)				
10	LEWIS BRISBOIS BISGAAARD & SMITH LLP 2300 West Sahara, Suite 300, Box 28 Las Vegas, NV 89102-4375				
11	Las vegas, 11 v 69102-4373				
12					
13	1 Hours				
14	An Employee of Dunkley Law				
15					
16					
17					
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19					
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22					
<ul><li>23</li><li>24</li></ul>					
25					
26					
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28					

# EXHIBIT 1

Michael A. Royal\* Cory M. Jones Gregory A. Miles\* Matthew S. Dunkley\* Justin L. Wilson

Taylor J. Turner

\*Also Admitted in Utals

# ROYAL JONES MILES DUNKLEY & WILSON

1522 W. Warm Springs Road Henderson, NV 89014

Telephone: 702.471.6777

Pacsimile: 702.531.6777

www.royaljoneslaw.com

LAWYERS

September 25, 2009

William Poremba 168 Red Arches Court Henderson, Nevada 89012

De.

Poremba vs. Pratte Construction, District Court Case No. A-544177

Our File No.

1135-05

#### Dear Bill:

Your settlement with the at fault driver has been finalized and the settlement check of \$63,500.00 has been received, deposited and cleared. As we discussed, Las Vegas Pain Institute and Valley Surgery Center has submitted their invoice to your insurance company and is pending their approval at which time we will request a lien reduction from the balance due, at this time, we will disburse part of the settlement funds, retaining enough to cover the health care providers with liens. The partial settlement funds are distributed as follows:

William Poremba	\$ 19,667.61 *
Integrated Health Care of Nevada -	
Dr. Eric Easton	\$ 8,325.50 (reduced \$8,325.00)
Lake Mead Radiology	\$ 1,515.75
Gary J. LaTourette, M.D.	\$ 15,441.76 (reduced \$15,441.82)
Amount Withheld Pending	\$ 14,963.90
Insurance Payment & Liens Reductions	
Costs to date	\$ 3,585.48
Attorney Fees	\$ 00.00 (waived \$25,400.00)
Total Settlement	\$ 63,500.00

<sup>\*</sup> Advancements of settlement proceeds were disbursed on August 27, 2009 in the amount of \$1,000.00 and September 18, 2009 in the amount of \$10,000.00.

We have deducted from your settlement only those bills for which we have liens. Other bills may exist for which we do not have liens. You will be responsible for any unpaid medical bills.

William Poremba September 25, 2009 Page Two

Please sign this letter below acknowledging your understanding of the foregoing terms and receipt of your partial settlement draft pending any liens reductions obtained. I want to thank you for allowing me to assist you with your case. I wish you all the best for a healthy and happy future.

Very truly yours,

ROYAL JONES MILES DUNKLEY & WILSON

Matthew S. Dunkley, Esq.

MSD/jl

I agree with the above outlined settlement and distribution and acknowledge receipt of n	ny portion of
the distribution.	

WILLIAM POREMBA

DATE

# EXHIBIT 2

# Las Vegas Pain Institute & Med Cntr, LLC

Page 1

Patient Ledger November 10, 2009

WILLIAM POREMBA 168 RED ARCHES COURT HENDERSON, NV 89012

Account Number: LVPO000052

Work Phone:

Home Phone: (702)263-2936

Date Pati	ent Bill No.	Description	Атоцп
04/17/2009 WILI	IAM 4233301	99204 - OFFICE/OP VISIT, NEW PT, 3 KEY COMPOI	\$450.00
10/30/2009 WILI	JAM 4233301	INSPAYMENT - PRIMARY INSURANCE PAYMENT	(\$62.24)
10/30/2009 WILI	JAM 4233301	INSADJUST - PRIMARY INSURANCE ADJUSTMENT	(\$367.76)
04/17/2009 WILI	JAM 4233301	COCREDIT - CREDIT CARD COPAY	(\$20.00)
		Total for Bill No. 4233301	\$0.00
04/17/2009 WILI		96365 - IV INFUSION THERAPY	\$270.00
05/26/2009 VVILI		INSPAYMENT - PRIMARY INSURANCE PAYMENT	(\$189.00)
05/26/2009 WILI		INSADJUST - PRIMARY INSURANCE ADJUSTMENT	(\$81,00)
)4/17/2009 WILL		J1885 - 2 ML	\$80.00
05/26/2009 WILL		INSPAYMENT - PRIMARY INSURANCE PAYMENT	(\$6.80)
)5/26/2009 WILL	1-0-0 10	INSADJUST - PRIMARY INSURANCE ADJUSTMENT	(\$73,20)
04/17/2009 WILL		J2001 - 5 ML	\$80.00
05/26/2009 WILL		INSPAYMENT - PRIMARY INSURANCE PAYMENT	(\$1.56)
05/26/2009 WILI		INSADJUST - PRIMARY INSURANCE ADJUSTMENT	(\$78.44)
14/17/2009 WILL		J3420 - 1ML	\$15.00
05/26/2009 WILL	JAM 4233545	INSADJUST - PRIMARY INSURANCE ADJUSTMENT	(\$14.14)
		Total for Bill No. 4233545	\$0.86
04/23/2009 WILI		99213 - OFFICE/OP VISIT, EST PT, 2 KEY COMPON	\$180.00
0/30/2009 WILL		INSPAYMENT - PRIMARY INSURANCE PAYMENT	(\$10.72)
10/30/2009 WILL		INSADJUST - PRÍMARY INSURANCE ADJUSTMENT	(\$149.28)
14/23/2009 WILI	IAM 4233637	CREDIT - PATIENT COPAYMENT CREDIT CARD	(\$20.00)
		Total for Bill Na. 4233637	\$0.00
4/28/2009 WILL		64483 - INJECTION, ANESTHETIC/STEROID, TRANS	\$1,450.00
6/06/2009 WILL		INSPAYMENT - PRIMARY INSURANCE PAYMENT	(\$62.45)
4/28/2009 WILL		64483 - INJECTION, ANESTHETIC/STEROID, TRAN:	\$1,450.00
16/06/2009 WILL		INSPAYMENT - PRIMARY INSURANCE PAYMENT	(\$102.45)
4/28/2009 WILL		64484 - INJECTION, ANESTHETIC/STEROID, TRANS	\$700.00
6/06/2009 WILL 4/28/2009 WILL		INSPAYMENT - PRIMARY INSURANCE PAYMENT	<b>(</b> \$82.19)
		64484 - INJECTION, ANESTHETIC/STEROID, TRANS	\$700.00
16/06/2009 WILL 14/28/2009 WILL		INSPAYMENT - PRIMARY INSURANCE PAYMENT	(\$82.19)
		64484 - INJECTION, ANESTHETIC/STEROID, TRANS	\$700.00
6/06/2009 WILL 4/28/2009 WILL	1-2400	INSPAYMENT - PRIMARY INSURANCE PAYMENT	<b>(</b> \$82.19)
6/06/2009 WILL		64484 - INJECTION, ANESTHETIC/STEROID, TRANS	\$700.00
4/28/2009 WILL		INSPAYMENT - PRIMARY INSURANCE PAYMENT	(\$82.19)
6/06/2009 WILL		77003 - FLUOROSCOPIC GUIDE & LOCALIZATION,	\$500.00
6/06/2009 WILL		INSPAYMENT - PRIMARY INSURANCE PAYMENT INSADJUST - PRIMARY INSURANCE ADJUSTMENT	(\$26,14) (\$473,86)
		Total for Bill No. 4233965	\$5,216.34

# Las Vegas Pain Institute & Med Cntr, LLC

# Patient Ledger November 10, 2009

Date	Patient	Bill No.	Description	Amount
04/29/2009	WILLIAM	4234081	64479 - INJECTION, ANESTHETIC/STEROID, TRANS	\$1,760.00
06/06/2009	WILLIAM	4234081	INSPAYMENT - PRIMARY INSURANCE PAYMENT	(\$33.77)
10/30/2009	WILLIAM	4234081	INSPAYMENT - PRIMARY INSURANCE PAYMENT	(\$33.77)
10/30/2009	WILLIAM	4234081	INSADJUST - PRIMARY INSURANCE ADJUSTMENT	(\$1,632.46)
04/29/2009	WILLIAM	4234081	64480 - INJECTION, ANESTHETIC/STEROID, TRANS	\$900.00
06/06/2009	WILLIAM	4234081	INSPAYMENT - PRIMARY INSURANCE PAYMENT	<b>(</b> \$105.93)
10/30/2009	WILLIAM	4234081	INSPAYMENT - PRIMARY INSURANCE PAYMENT	(\$105.93)
10/30/2009	WILLIAM	4234081	INSADJUST - PRIMARY INSURANCE ADJUSTMENT	(\$588.14)
04/29/2009	WILLIAM	4234081	77003 - FLUOROSCOPIC GUIDE & LOCALIZATION,	\$500,00
06/06/2009	WILLIAM	4234081	INSPAYMENT - PRIMARY INSURANCE PAYMENT	(\$26,14)
10/30/2009	WILLIAM	4234081	INSPAYMENT - PRIMARY INSURANCE PAYMENT	(\$65.36)
10/30/2009	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	\$270,00
09/02/2009	WILLIAM	4234142	INSPAYMENT - PRIMARY INSURANCE PAYMENT	
09/02/2009	WILLIAM	4234142	INSADJUST - PRIMARY INSURANCE ADJUSTMENT	(\$27.36)
04/29/2009	WILLIAM	4234142	CHECKGOPAY - Pallent copayment by personal chec	(\$222,64)
		1201112	one of the standard copayment by persund chief	(\$20.00)
			Total for Bill No. 4234142	\$0.00
05/05/2009	WILLIAM	4234487	99214 - OFFICE/OP VIBIT, EST PT, 2 KEY COMPON	\$270.00
10/30/2009	WILLIAM	4234487	INSPAYMENT - PRIMARY INSURANCE PAYMENT	(\$27.36)
10/30/2009	WILLIAM	<b>4</b> 234487	INSADJUST - PRIMARY INSURANCE ADJUSTMENT	(\$222.64)
			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	4234902	INSPAYMENT - PRIMARY INSURANCE PAYMENT	(\$27.36)
10/30/2009	WILLIAM	4234902	INSADJUST - PRIMARY INSURANCE ADJUSTMENT	(\$222.64)
05/12/2009	WILLIAM	4234902	CHECKCOPAY - Patient copayment by personal chec	(\$20.00)
		,142	<del></del>	(420.00)
			Total for Bill No. 4234902	\$0.00
05/15/2009	WILLIAM	4235232	64479 - INJECTION, ANESTHETIC/STEROID, TRANS	\$1,750.00
06/04/2009	WILLIAM	4235232	INSPAYMENT - PRIMARY INSURANCE PAYMENT	(\$33.77)
06/04/2009	WILLIAM	4235232	INSADJUST - PRIMARY INSURANCE ADJUSTMENT	(\$1,686.23)
05/15/2009	WILLIAM	4235232	64480 - INJECTION, ANESTHETIC/STEROID, TRANS	\$900.00
06/04/2009	WILLIAM	4236232	INSPAYMENT - PRIMARY INSURANCE PAYMENT	(\$105.93)
06/04/2009	WILLIAM	4235232	INSADJUST - PRIMARY INSURANCE ADJUSTMENT	(\$794.07)
05/15/2009	WILLIAM	4235232	64480 - INJECTION, ANESTHETIC/STEROID, TRANS	\$900.00
06/04/2009	WILLIAM	4235232	INSPAYMENT - PRIMARY INSURANCE PAYMENT	(\$105,93)
06/04/2009	WILLIAM	4235232	INSADJUST - PRIMARY INSURANCE ADJUSTMENT	(\$7B4.07)
05/15/2009	WILLIAM	4235232	20610 - ARTHROCENTESIS, ASPIRATION &/OR INJ	\$260.00
05/15/2009	WILLIAM	4235232	77003 - FLUOROSCOPIC GUIDE & LOCALIZATION,	\$500.00
06/04/2009	WILLIAM	4235232	INSPAYMENT - PRIMARY INSURANCE PAYMENT	(\$26.14)
06/04/2009	WILLIAM	4235232	INSADJUST - PRIMARY INSURANCE ADJUSTMENT	(\$473.86)
			Total for Bill No. 4235232	\$310.00

## Las Vegas Pain Institute & Med Cntr, LLC

#### Patient Ledger November 10, 2009

ite	Patient	Bill No.	Description	Amount
f/21/2009	WILLIAM	4235586	99214 - OFFICE/OP V(SIT, EST PT, 2 KEY COMPON	\$270.00
/30/2009	WILLIAM	4235586	INSPAYMENT - PRIMARY INSURANCE PAYMENT	(\$27.36)
/30/2009	WILLIAM	4235586	INSADJUST - PRIMARY INSURANCE ADJUSTMENT	(\$222.64)
/21/2009	WILLIAM	4235586	CREDIT - PATIENT COPAYMENT CREDIT CARD	(\$20.00)
			Total for Bill No. 4235586	\$0,00
6/28/2009	WILLIAM	4236084	DOME, OFFICE OF MOST FOR DELEVISION OF THE PROPERTY OF THE PRO	
1/22/2009	WILLIAM	4236084	99214 - OFFICE/OP VISIT, EST PT, 2 KEY COMPON	\$270.00
/22/2009	WILLIAM	4236084	INSPAYMENT - PRIMARY INSURANCE PAYMENT	(\$27.36)
128/2009	WILLIAM	, ,	INSADJUST - PRIMARY INSURANCE ADJUSTMENT	(\$222.64)
112012003	4 A 11*[**!A)	4236084	CHECKCOPAY - Patient copayment by personal chec	(\$20.00)
			Total for Bill No. 4235084	\$0,00
/29/2009	WILLIAM	4236241	64483 - INJECTION, ANESTHETIC/STEROID, TRANS	\$1,450,00
/30/2009	WILLIAM	4236241	INSPAYMENT - PRIMARY INSURANCE PAYMENT	(\$18.30)
/30/2009	WILLIAM	4236241	INSADJUST - PRIMARY INSURANCE ADJUSTMENT	(\$1,381.70)
/29/2009	WILLIAM	4236241	64484 - INJECTION, ANESTHETIC/STEROID, TRANS	\$700.00
/30/2009	WILLIAM	4236241	INSPAYMENT - PRIMARY INSURANCE PAYMENT	(\$82.19)
//30/2009	WILLIAM	4236241	INSADJUST - PRIMARY INSURANCE ADJUSTMENT	(\$517,81)
129/2009	WILLIAM	4236241	64484 - INJECTION, ANESTHETIC/STEROID, TRANS	\$700.00
/30/2009	WILLIAM	4236241	INSPAYMENT - PRIMARY INSURANCE PAYMENT	(\$82.19)
/30/2009	WILLIAM	4236241	INSADJUST - PRIMARY INSURANCE ADJUSTMENT	(\$617.81)
7/29/2009	WILLIAM	4236241	77003 - FLUOROSCOPIC GUIDE & LOCALIZATION,	\$500.00
)/30/2009	WILLIAM	4236241	INSPAYMENT - PRIMARY INSURANCE PAYMENT	(\$26.14)
1/30/2009	WILLIAM	4236241	INSADJUST - PRIMARY INSURANCE ADJUSTMENT	(\$473.86)
729/2009	WILLIAM	4236241	99144 - CONSCIOUS SEDATION W/WO ANALGES!/	\$200.00
)/30/2009	WILLIAM	4236241	INSPAYMENT - PRIMARY INSURANCE PAYMENT	(\$36.08)
1/30/2009	WILLIAM	4236241	INSADJUST - PRIMARY INSURANCE ADJUSTMENT	(\$161.92)
			Total for B® No. 4236241	\$50.00
3/01/2009	WILLIAM	4236256	99214 - OFFICE/OP VISIT, EST PT, 2 KEY COMPON	\$270.00
3/29/2009	WILLIAM	4235256	INSPAYMENT - PRIMARY INSURANCE PAYMENT	(\$27.36)
3/29/2009	WILLIAM	4236256	INSADJUST - PRIMARY INSURANCE ADJUSTMENT	(\$222.64)
3/01/2009	WILLIAM	4235256	CREDIT - PATIENT COPAYMENT CREDIT CARD	(\$20.00)
			Total for Bill No. 4236256	\$0.00
5/08/2009	WILLIAM	4236692	99214 - OFFICE/OP VISIT, EST PT, 2 KEY COMPON	\$270.00
3/29/2009	WILLIAM	4236692	INSPAYMENT - PRIMARY INSURANCE PAYMENT	φ270.00 (\$27,36)
6/29/2009	WILLIAM	4236692	INSADJUST - PRIMARY INSURANCE ADJUSTMENT	(\$222,64)
3/08/2009	WILLIAM	4236692	CHECKCOPAY - Patient copayment by personal chec	(\$20.00)
			Total for Bill No. 4236692	\$D.00
5/09/2009	WILLIAM	4236827	20610 - ARTHROCENTESIS, ASPIRATION &/OR INJ	\$260.00
9/08/2009	WILLIAM	4236827	INSPAYMENT - PRIMARY INSURANCE PAYMENT	
9/08/2009	WILLIAM	4236827	INSADJUST - PRIMARY INSURANCE PAYWENT	(\$34.87) (\$225.13)
3/09/2009	WILLIAM	4236827	64479 - INJECTION, ANESTHETIC/STEROID, TRANS	\$1,750.00
	F E Standing ( / "] \$PY	-JEOMUS I	OFFIRE TROUGHTON, AND STREET IN TOTAL TRAIN	φ1,/30.00

## Las Vegas Pain Institute & Med Cntr, LLC

### Patient Ledger

November 10, 2009

Date	Patient	Bill No.	Description	Amount
06/29/2009	WILLIAM	4236827	INSPAYMENT - PRIMARY INSURANCE PAYMENT	<b>(</b> \$33.77)
06/29/2009	WILLIAM	4238827	INSADJUST - PRIMARY INSURANCE ADJUSTMENT	(\$1,686.23)
06/09/2009	WILLIAM	4236827	64480 - INJECTION, ANESTHETIC/STEROID, TRANS	.\$900.00
06/29/2009	WILLIAM	4236827	INSPAYMENT - PRIMARY INSURANCE PAYMENT	(\$105,93)
06/29/2009	WILLIAM	4230827	INSADJUST - PRIMARY INSURANCE ADJUSTMENT	(\$794.07)
06/09/2009	WILLIAM	4236827	64480 - INJECTION, ANESTHETIC/STEROID, TRANS	\$900,00
06/29/2009	WILLIAM	4236827	INSPAYMENT - PRIMARY INSURANCE PAYMENT	(\$105.93)
08/29/2009	WILLIAM	4236827	INSADJUST - PRIMARY INSURANCE ADJUSTMENT	(\$794.07)
06/09/2009 06/29/2009	WILLIAM	4236827	77003 - FLUOROSCOPIC GUIDE & LOCALIZATION,	\$500.00
06/29/2009	WILLIAM WILLIAM	4236827 4236827	INSPAYMENT - PRIMARY INSURANCE PAYMENT	<b>(</b> \$26.14)
06/09/2009	WILLIAM	4236827 4236827	INSADJUST - PRIMARY INSURANCE ADJUSTMENT	(\$473.88)
06/29/2009	WILLIAM	4236827	99144 - CONSCIOUS SEDATION WWO ANALGES!/	\$200.00
06/29/2009	WILLIAM	4236827	INSPAYMENT - PRIMARY INSURANCE PAYMENT	(\$38.05)
ddizaizqqq	VVILLIMIVI	4200027	INSADJUST - FRIMARY INSURANCE ADJUSTMENT	(\$161.92)
			Total for Bil) No. 4236827	\$50,00
06/11/2009	WILLIAM	4236941	99214 - OFFICE/OP VISIT, EST PT, 2 KEY COMPON	\$270.00
08/07/2009	WILLIAM	4236941	INSPAYMENT - PRIMARY INSURANCE PAYMENT	<b>(</b> \$108.00)
08/07/2009	WILLIAM	4236941	INSADJUST - PRIMARY INSURANCE ADJUSTMENT	(\$54.00)
08/07/2009	WILLIAM	4235941	INA - IN-NETWORK ADJUSTMENT	(\$88.00)
06/11/2009	WILLIAM	4236941	CHECKCOPAY - Patient copayment by personal chec	(\$20.00)
			Total for Bill No. 4236941	\$0.00
09/23/2009	WILLIAM	4237607	99214 - OFFICE/OP VISIT, EST PT, 2 KEY COMPON	\$270.00
08/10/2009	WILLIAM	4237607	INSPAYMENT - PRIMARY INSURANCE PAYMENT	(\$27.36)
08/10/2009	WILLIAM	4237607	INSADJUST - PRIMARY INSURANCE ADJUSTMENT	(\$222.64)
06/23/2009	WILLIAM	4237607	CHECKCOPAY - Patient copayment by personal chec	(\$20.00)
			Total for Bill No. 4237607	\$0.00
07/27/2009	WILLIAM	5167142	99214 - OFFICE/OP VISIT, EST PT, 2 KEY COMPON	\$270.00
09/21/2009	WILLIAM	5167142	INSPAYMENT - PRIMARY INSURANCE PAYMENT	<b>(</b> \$27.36)
09/21/2009	WILLIAM	5167142	INSADJUST - PRIMARY INSURANCE ADJUSTMENT	(\$222.64)
			Total for Bill No. 5167142	
			1 dtal for bill 190, 5167142	\$20.00
07/27/2009	WILLIAM	5167172	96365 - IV INFUSION THERAPY	\$270.00
09/05/2009	WILLIAM	5167172	INSPAYMENT - PRIMARY INSURANÇE PAYMENT	(\$52.27)
09/05/2009	WILLIAM	5167172	INSADJUST - PRIMARY INSURANCE ADJUSTMENT	(\$217.73)
			Total for Bill No. 5167172	\$0,00
08/03/2009	WILLIAM	5167508	99214 - OFFICE/OP VISIT, EST PT, 2 KEY COMPON	\$270.00
			Total for Bill No. 5167508	\$270.00
08/24/2009	WILLIAM	5198552	99214 - OFFICE/OF VISIT, EST PT, 2 KEY COMPON	\$270.00
10/23/2009	WILLIAM	5198552	INSPAYMENT - PRIMARY INSURANCE PAYMENT	(\$216.00)
10/23/2009	WILLIAM	5198552	INSADJUST - PRIMARY INSURANCE ADJUSTMENT	(\$54.00)
	* *   January   41 #	41000E	them maked to extransit of manufather there is the filler of the state	(410-8-00)

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

#### Patient Ledger November 10, 2009

Date Patient Bill No. Description Amount Total for Bill No. 5198552 \$0.00 09/07/2009 WILLIAM 5199386 99214 - OFFICE/OP VISIT, EST PT, 2 KEY COMPON \$270.00 09/07/2009 WILLIAM 5199386 CHECKCOPAY - Patient copayment by personal chec (\$20.00) Total for Bill No. 5199386 \$260,00 08/24/2009 WILLIAM 5200103 MED - MEDICAL RECORDS CHARGES \$26,40 08/28/2009 WILLIAM 5200103 RECORDS - MEDICAL RECORDS PAYMENT (\$26.40)Total for Bill No. 5200103 \$0.00 10/07/2009 WILLIAM 5201824 99214 - OFFICE/OP VISIT, EST PT, 2 KEY COMPON \$270,00 10/07/2009 WILLIAM 5201824 CHECKCOPAY - Patient copayment by personal chec (\$20.00)Total for Bill No. 5201824 \$250,00 10/26/2009 WILLIAM 5203109 99214 - OFFICE/OP VISIT, EST PT, 2 KEY COMPON \$270.00 10/26/2009 WILLIAM 5203106 CHECKCOPAY - Patient copayment by personal chec (\$20,00) Total for Bill No. 5203106 \$250.00 11/02/2009 WILLIAM 99214 - OFFICE/OP VISIT, EST PT, 2 KEY COMPON 5203543 \$270.00 11/02/2009 WILLIAM 5203543 CASHCOPAY - oash copayment from patient (\$20.00)Total for Bill No. 5203543 \$250,00 11/04/2009 WILLIAM 5203695 99214 - OFFICE/OP VISIT, EST PT, 2 KEY COMPON \$270.00 Total for Bill No. 6203695 \$270.00 11/09/2009 WILLIAM 5203994 99214 - OFFICE/OP VISIT, EST PT, 2 KEY COMPON \$270,00 11/09/2009 WILLIAM 5203994 CASHCOPAY - cash copayment from patient (\$20.00)Total for Bill No. 5203994 \$250.00 Estimated Insurance Responsibility \$7,256.34 Estimated Patient Responsibility \$250.86 Current > 30 Days > 60 Days > 90 Days > 120 Days Balance \$1,080.00 \$270,00 \$512.40 \$369,63 \$5,275.17 \$7,507.20 Report Totals Current > 30 Days > 60 Days > 90 Days > 120 Days Report Balance \$1,080.00 \$270.00 \$512.40 . \$5,275.17 \$7,507,20 \$369.63

## Spring Valley Surgery Center, LLC

Page 1

Patient Ledger November 10, 2009

WILLIAM POREMBA 168 ROD ARCHES STREET HENDERSON, NV 89012

Account Number: 6VP0000039

Work Phone:

Home Phone: (702)263-2936

ΑπισιαΑ	Description	BIII No.	Patient	Date
\$1,500.00	64483 - INJECTION, ANESTHETIC/STEROID, TRANS	4211679	WILLIAM	04/28/2009
\$1,500.00	64483 - INJECTION, ANESTHETIC/STEROID, TRANS	4211679	WILLIAM	04/28/2009
\$1,500.00	64484 - INJECTION, ANESTHETIC/STEROID, TRANS	4211679	WILLIAM	04/28/2009
\$1,500.00	64484 - INJECTION, ANESTHETIC/STEROID, TRAN!	4211679	WILLIAM	04/28/2009
\$1,500.00	64484 - INJECTION, ANESTHETIC/STEROID, TRANS	4211678	WILLIAM	04/28/2009
\$1,500,00	64484 - INJECTION, ANESTHETIC/STEROID, TRAN!	4211679	WILLIAM	04/28/2009
(\$3,200,00)	INSP - INSURANCE PAYMENT	4211679	WILLIAM	05/18/2009
(\$5,950.00)	INSA - INSURANCE ADJUSTMENT	4211679	WILLIAM	05/18/2009
\$250.00	77003 - FLUOROSCOPIC GUIDE & LOCALIZATION,	<b>4</b> 211679	WILLIAM	04/28/2009
\$100.00	Total for Bill No. 4211679			
\$1,500.00	64479 - INJECTION, ANESTHETIC/STEROID, TRANS	4211706	WILLIAM	04/29/2009
(\$850.00)	INSP - INSURANCE PAYMENT	4211706	WILLIAM	05/21/2009
(\$600,00)	INSA - INSURANCE ADJUSTMENT	4211706	WILLIAM	06/21/2009
\$1,500.00	64480 - INJECTION, ANESTHETIC/STEROID, TRANS	4211706	WILLIAM	04/29/2009
(\$450,00)	INSP - INSURANCE PAYMENT	4211706	WILLIAM	05/21/2009
(\$1,050,00)	INSA - INSURANCE ADJUSTMENT	4211706	WILLIAM	05/25/2009
\$250.00	77003 - FLUOROSCOPIC GUIDE & LOCALIZATION,	4211706	WILLIAM	04/29/2009
(\$150.00)	INSP - INSURANCE PAYMENT	4211706	WILLIAM	05/21/2009
(\$100.00)	INSA - INSURANCE ADJUSTMENT	<b>4</b> 211 <b>70</b> 6	WILLIAM	05/21/2009
\$50,00	Total for Bill No. 4211708			
\$1,500,00	64479 - INJECTION, ANESTHETIC/STEROID, TRANS	4211991	WILLIAM	05/15/2009
\$1,500.00	64480 - INJECTION, ANESTHETIC/STEROID, TRANS	4211991	WILLIAM	05/15/2009
\$1,500.00	84480 - INJECTION, ANESTHETIC/STEROID, TRANS	4211991	WILLIAM	05/15/2009
\$1,000.00	20610 - INJECTION (S) MAJOR JOINT	4211991	WILLIAM	05/15/2009
\$250.00	77003 - FLUOROSCOPIC GUIDE & LOCALIZATION,	4211991	WILLIAM	05/15/2009
(\$2,350.0D)	INSP - INSURANCE PAYMENT	4211991	WILLIAM	06/04/2009
(\$3,350.00)	INSA - INSURANCE ADJUSTMENT	4211991	WILLIAM	06/04/2009
\$50.00	Total for Bill No. 4211991			
\$1,500.00	84483 - INJECTION, ANESTHETIC/STEROID, TRANS	4212252	WILLIAM	05/29/2009
(\$850.00)	INSP - INSURANCE PAYMENT	4212252	MILLIAM	06/11/2009
(\$600.00)	INSA - INSURANCE ADJUSTMENT	4212252	WILLIAM	06/11/2009
\$1,500.00	64484 - INJECTION, ANESTHETIC/STEROID, TRANK	4212252	WILLIAM	06/29/2009
(\$450.00)	INSP - INSURANCE PAYMENT	4212252	WILLIAM	06/11/2009
(\$1,050.00)	INSA - INSURANCE ADJUSTMENT	4212252	WILLIAM	06/11/2009
\$1,500.00	64484 - INJECTION, ANESTHETIC/STEROID, TRAN:	4212252	WILLIAM	05/29/2009
(\$450.00)	INSP - INSURANCE PAYMENT	4212252	WILLIAM	06/11/2009
(\$1,050.00)	INSA - INSURANCE ADJUSTMENT	4212252	WILLIAM	06/11/2009
\$250.00	77003 - FLUOROSCOPIC GUIDE & LOCALIZATION,	4212252	WILLIAM	05/29/2009
(\$150,00)	INSP - INSURANCE PAYMENT	4212252	WILLIAM	06/11/2009

## Spring Valley Surgery Center, LLC

Page 2

Patient Ledger November 10, 2009

Аптоц	Description	Bill No.	Patient	Date
<b>(</b> \$100.0	INSA - INSURANCE ADJUSTMENT	4212252	WILLIAM	06/11/2009
\$0.0	99144 - CONSCIOUS SEDATION W/WO ANALGES!/	4212252	WILLIAM	05/29/2009
\$50.0	Total for Bill No. 4212252			
\$1,000,0	20810 - INJECTION (S) MAJOR JOINT	4212438	WILLIAM	06/09/2009
<b>(</b> \$850.0	INSP - INSURANCE PAYMENT	4212438	WILLIAM	0 <del>6</del> /29/2009
<b>(</b> \$100.0	INSA - INSURANCE ADJUSTMENT	4212438	WILLIAM	08/29/2009
\$1,500.0	64479 - INJECTION, ANESTHETIC/STEROID, TRANS	4212438	WILLIAM	06/09/2009
(\$450.0	INSP - INSURANCE PAYMENT	4212438	WILLIAM	06/29/2009
(\$1,050.0	INSA - INSURANCE ADJUSTMENT	4212438	WILLIAM	06/29/2009
\$1,500.1	64480 - INJECTION, ANESTHETIC/STEROID, TRANS	4212438	WILLIAM	06/09/2009
(\$450,0	INSP - INSURANCE PAYMENT	4212438	WILLIAM	06/29/2009
(\$1,050.0	INSA - INSURANCE ADJUSTMENT	4212438	WILLIAM	06/29/2009
\$1,500.0	64480 - INJECTION, ANESTHETIC/STEROID, TRANS	4212438	WILLIAM	06/09/2009
(\$450.0	INSP - INSURANCE PAYMENT	4212438	WILL!AM	06/29/2009
(\$1,050.0	INSA - INSURANCE ADJUSTMENT	4212438	WILLIAM	06/29/2009
\$250.0	77003 - FLUOROSCOPIC GUIDE & LOCALIZATION,	4212438	WILLIAM	06/09/2009
(\$250.0	INSA - INSURANCE ADJUSTMENT	4212438	WILLIAM	08/29/2009
\$0.0	99144 - CONSCIOUS SEDATION W/WO ANALGES!/	4212438	WILLIAM	06/09/2009
\$50,0	Total for Bill No. 4212438			
\$1,500.0	96365 - IV THERAPY INFUSION	4213105	WILLIAM	07/27/2009
(\$850.0	INSP - INSURANCE PAYMENT	4213195	WILLIAM	08/19/2009
(\$600.0	INSA - INSURANCE ADJUSTMENT	4213195	WILLIAM	08/19/2009
\$0.	J1885 - 2 ML KETOROLAC TROMETHAMINE	4213195	WILLIAM	07/27/2009
\$0.	J2001 - LIDOCAINE 4 ML	4213195	WILLIAM	07/27/2009
\$0.	J3475 - 4 ML MAGNESIUM	4213195	WILLIAM	07/27/2009
\$0,	J3420 - 1 ML VIT B-12 CYANOCOBALAMIN	4213195	WILLIAM	07/27/2009
\$0.	J2175 - INJ, DEMEROL (MEPERIDINE HCL) PER 50	4213195	WILLIAM	07/27/2009
\$50.	Total for Bill No. 4213195			
<b>\$</b> 50.1	Estimated Insurance Responsibility			
\$300.	Estimated Patient Responsibility			
\$350.	Balance			

\$350.00

\$350.00

702-227-4386

### Las Vegas Pain Institute CHIRO

Page 1

# Patient Ledger November 10, 2009

·WILLIAM POREMBA 168 RED ARCHES COURT HENDERSON, NV 89012

Account Number: CHPO000012

Work Phone:

Home Phone: (702)263-2936

Amoun		scription	No. D	Bill No	tient	ate Pa
\$450,00	NSULTATION, 3 KEY COMPONE	M3 - DEFICE CO		516627	LLIAM	(/29/2009 W)
(\$61.28	URANCE PAYMEMT			516627	LLIAM	
(\$308.72	ARY INSURANCE ADJUSTMENT			516627	LLIAM	
\$40,0	(Moare OK) (Moaid OK)			516627	ILLIAM	1/29/2009 WI
(\$29.44	ARY INSURANCE ADJUSTMENT			516627	ILLIAM	
\$50.0	rapy MFR (Moare OK) Per 15 Min	40 - Manual The	<b>527</b> 7 9	516627	ILLIAM	1/29/2009 WI
(\$10.72	URANCE PAYMEMT	- PRIMARY INS	3277   11	516627	ILLIAM	5/29/2009 WI
(\$29.84	ARY INSURANCE ADJUSTMENT	SADJUST - PRIM	5277 II	516627	ILLIAM	3/29/2009 WI
\$40.0	Total for Bill No. 5188277					
\$40.0	(Moare OK) (Moaid OK)	035 - Ultrasound	3624 9	516662	ILLIAM	5/15/2009 WI
(\$29.44		J - adjustment	3624 A	516662	ILLIAM	9/09/2009 Wi
\$10,5	Total for Bill No. 6168824					
\$40.0	(Moare OK) (Moaid OK)	035 - Ultrasound	7196 9	516719	ILLIAM	5/09/2009 W
(\$16.00	URANCE PAYMEMT	S - PRIMARY IN	7196 1	516719	ILLIAM	8/07/2009 W
(\$8.00	ARY INSURANCE ADJUSTMENT	BADJUST - PRIN	7196 [	51671	ILLIAM	8/07/2009 W
\$0.0	S ENTERED IN ERROR DO NOT	ROR - CHARGE	7196 E	51671	ILLIAM	8/07/2009 W
\$16.0	Total for Bill No. 5167196					
\$10.5		ŗ				
\$56.0	Estimated Patient Responsibility	í				
Balanc	> 120 Days	> 90 Days	> 60 Days	0 Days	> 30	Current
\$66.5	\$66,56					
						han and Takake
						teport Totals
Report Balance \$66.5	> 120 Days \$66.56	> 90 Days	> 60 Days	Days	> 30	Current

#### [1500]

### 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

PIGA	PICA TITE
1. MEDICARE MEDICAID TR.CARE CHAMPVA GROUP FECA OTHER	1s INSURED'S I.D. NUMBER (For Program in Item 1)
[Member IDI] (Interior ID) (Sponsor's SSN) (Member IDII) X(SSN or ID) (SSN) (ID)	(ro riogidatis nent 1)
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)  3. PATIENT'S BIRTH DATE  SEX  MM DD Y	4 INSURED'S NAME (Lest Name, First Name, Middle Initial)
LOVEIMON ANITTIAM IN	POREMBA WILLIAM M
5 PATIENT'S ADDRESS (No., Street) G PATIENT RELATIONSHIP TO INSURED	7. INSURED'S ADDRESS (No., Street)
168 RED ARCHES COURT Self X Spouse Child Other	168 RED ARCHES COURT
CITY STATE 8. PATIENT STATUS	CITY STATE
HENDERSON NV Single Married X Other	HENDEDON
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 (Lest Name, First Name, Middle Initial) 10. IS PATIENT'S CONDITION BELATED TO	11. INSURED'S POLIGY GROUP OR FECA NUMBER
POREMBA WILLIAM M	
B. OTHER INSURED'S POLICY OR GROUP NUMBER a. EMPLOYMENT? (Current or Previous)	n INSURED'S DATE OF BIRTH SEX
347669782 YES X10	0.6 30 64 M X F
b. OTHER INSURED'S DATE OF BIRTH SEX D. AUTO ACCIDENT? PLACE (State)	b EMPLOYER'S NAME OR SCHOOL HAME
UB 3U 64 M X F	· <del>· ·</del>
C EMPLOYER'S NAME OR SCHOOL NAME COTHER ACCIDENT?	c INSURANCE PLAN NAME OR PROGRAM DAME
YES XIO	MATTHEW DUNKLEY, ATTORNEY
d. INSURANCE PLAN NAME OR PROGRAM NAME 10d RESERVED FOR LOCAL USE	d IS THERE ANOTHER HEALTH BENEFIT PLAN?
TEAMSTER LOCAL 631	YES NO If yes return to and complete item 9 and
READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.  12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information pocessary.	13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE Limit plans.
to process this claim. It also request payment of government benefits either to myself or to the pany who accepts assignment below.	paymont of medical benefits to the undersigned physician or supplier to sorvices described below
SIGNED Signature on file DATE 03/11/2010	signature_on-file
14. DATE OF CURRENT.  MM : DD , YY  INJURY JACOBOD OR  15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS.	16 DATES PATIENT UNABLE TO WORK IN CHIRDENT OCCUPATION
. THEGINARYOT (ENIT)	FROM DD YY MM DD YY
17. NAME OF REFERRING PROVIDER OF OTHER SOURCE 17a	18 HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM : DD , YY MIY DD , YY
19 RESERVED FOR LOCAL USE	FROM TO
TO TIESE TVEST ON LOCAL OSE	20 OUTSIDE LAB? \$ CHARGES
21 DIAGNOSIS OF NATURE OF ILLNESS OF INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line)	YES XNO
723.4	22 MEDICAID RESUBMISSION CODE ORIGINAL HEF. NO
3.	
2   724.4	23 FRIOR AUTHORIZATION NUMBER
4.	
From To FLACEOF (Explain Unusual Circumstances) DIAGNOSIS	F. G. H. I. J. J. DAY'S EPOUT ID RENDERING
MM DD YY MM DD YY SERVCE EMG CPT/HCPCS   MODIFIER POINTER	I CHARGES UNITS PER QUAL PROVIDER ID #
12 31 09 11 100014	
12 31 09 11 99214 12	270 00 1 NP 1679675060
	NP:
	NE!
	NP)
	NF:
25 FEDERAL TAX LD NUMBER SSN EIN 26 PATIENT'S ACCOUNT NC . 27. ACCEPT ASSIGNMENT?	20 TOTAL CHARGE   29 AMOUNT PAID   30 BALANCE DUF
880404982 X 5207119 VES NO	Co Brance But
31. SIGNATURE OF PHYSICIAN OF SUPPLIED 32. SERVICE FOR THE COLUMN AND THE COLUMN	33 BILLING PROVIDER INFO 8 PH 4 / 270 00
() certify that the statements on the reverse	(702)880-4193
apoly to this bill and are made a part thereot.  3835 S JONES #104	Las Vegas Pain Institute & Med Cntr, L
JEREMY M LIPSHUTZ, MD LAS VEGAS NV 89103	4616 W. Sahara # 337
Ania de la composición dela composición de la composición de la composición de la composición dela composición dela composición dela composición de la composición de la composición dela composición de la composición dela composición del	Las-Vegas NV-89102-3627
UCC Instruction Manual available at: www.nucc.org PLEASE PRINT OF TYPE	1679675060: APPROVED OME 1098 0000 EODIN CMS 1505 (02 05

#### 1500)

#### HEALTH INSURANCE CLAIM FORM

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

PPROVED BY NATIONAL UNIFO	RM CLAIM COMMITTEE 08/05			PICA ETT
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MEDICARE MEDICAID (Medicare #) (Medicald #	CHAMPUS	IAMPVA GROUP HEALTH PLAN BLK LUNG (SSN or ID) (SSN) (ID)	Tallysuneus I.D. Nowben (For regiand	THEM I)
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INSURANCE PLAN NAME OF	PROGRAM NAVE	10d. RESERVED FOR LOCAL USE	d. IS THERE ANOTHER HEALTH BENEFIT PLAN?	
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31. SIGNATURE OF PHYSICI		ERVICE FACILITY LOCATION INFORMATION	33. BILLING PROVIDER INFO & PH # (702)880-41	193
INCLUDING DEGREES O (I certify that the statement	RI CREDENTIALS	AS PAIN INSTITUTE & MEDICAL C		
apply to this bill and are ma		705 W HORIZON RIDGE PKWY	4616 W. Sahara # 337	Ja Jilu,
Cadenda C ** :				
Godwin O. Mad		IENDERSON NV 89052	Las Vegas NV 89102-3627	
	2010 DATE 1 1	659431443 <sup>b.</sup>	<sup>6</sup> 1548363583 <sup>b</sup>	

#### HEALTH INCURANCE OLAIM FORM

NUCC Instruction Manual available at: www.nucc.org

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

PROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05			
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INSURANCE FLAN NAME OF PROGRAM NAME 10d RESERVED FOR LOCAL USE	d IS THERE ANOTHER HEALTH		
EAMSTER LOCAL 631		If yes, return to and complete item 9	
READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.  PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE Lauthorize the release of any medical or other information necessary to process this claim. Lateo request payment of government benefits either to myself or to the party who accepts assignment below.	13 INSURED'S OR AUTHORIZED payment of medical henefils to services described below	D PERSON'S SIGNATURE Faultion of the undersigned physicish or suppl	ze lier for
SIGNED Signature-on-file DATE 05/17/2010	signedSignati	ure-on-file -	
DATE OF CURRENT (ILLNESS (First symptom) OF INJURY (Accident) OF GIVE FIRST DATE MM . DD . YY	16 DATES PATIENT UNABLE TO MM   DD	O WORK IN CURRENT OCCUPATION TO	ON YY
7. NAME OF REFERRING PROVIDER OR OTHER SOURCE 17a.	18. HOSPITALIZATION DATES F	RELATED TO CURRENT SERVICES	 3 YY
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31. SIGNATURE OF PHYSICIAN OR SUPPLIED INCLUDING DEGREES OR CREDENTIALS (I collify that the statements on the reverse apply to this bill and are made a part thereof.)  32. SERVICE FACILITY LOCATION INFORMATION:  LAS PAIN INSTITUTE & MEDICAL CEN 2705 W HORIZON RIDGE PKWY	133. BILLING PROVIDER INFO 8	1 PH " (702)880-4193 in Institute & Med Cr	
Godwin O. Maduka, MD, Pharml HENDERSON NV 89052	Las Vogas N	/-89102-3627	
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#### HEALTH INSURANCE CLAIM FORM

ROYAL JO! S	DUNKLEY AND WILSON
2920 N. GRL_N	DUNKLEY AND WILSON VALLEY PARKWAY SUITE 42
LAS VEGAS NV	

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#### HEALTH INSURANCE CLAIM FORM

ROYAL JO, B DUNKLEY AND WILSON 2920 N. GREEN VALLEY PARKWAY SUITE 424 LAS VEGAS 89014

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#### HEALTH INISHBANCE OF AIM FORM

NUCC Instruction Manual available at: www.nucc.org

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

PROVED BY NATIONAL UNIFORM CLAIM COMMITT						
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1. MEDICARE MEDICAID TRICARE CHAMPUS	CHAMPV/	GROUP HEALTH PLAN	FECA OTHER	1a INSURED'S I.D. NUMBER	(Fi	or Program in Item 1)
(Medicare #) (Medicaid #) (Sponsor's SS	v) [] (Member IC	O#) X (SSN or 1D)	(SSN) (ID)			
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POREMBA WILLIAMM		06 30 .64	MX F	POREMBA WILLI		
5 PATIENT'S ADDRESS (No., Street)		6. PATIENT RELATIONSH		7 INSURED'S ADDRESS (No.,		
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e, OTHER INSURED'S NAME (Last Name, First Name	Middle Initial)	10. IS PATIENT'S CONDIT	ION RELATED TO	11. INSURED S PULICY GROD	- ON FEGA NOVE	.nn ·
POREMBA WILLIAM M  2. OTHER INSURED'S POLICY OR GROUP NUMBER		a. EMPLOYMENT? (Curre	et or Browings	a INSURED'S DATE OF BIRTH		SEX
		YES	X NO	MM DD YY	MX	
347669782  O OTHER INSURED'S DATE OF BIRTH SEX		b AUTO ACCIDENT?	1.5.21	D6 30 64 b EMPLOYER'S NAME OR SO		<u> </u>
MM DD YY	F [ ]	TYES	PLACE (State)	S THE PAIRT O HANGE GU SO		
06 30 64 MX	<u> </u>	C OTHER ACCIDENT?	[X]	c INSURANCE PLAN NAME O	R PROGRAM NAME	
, Livil ECT OF WARRE OF SUROUL NAME		YES	X NO	ROYAL JONES D		
II. INSURANCE PLAN NAME OF PROGRAM NAME		100 RESERVED FOR LO	LAY	d. IS THERE ANOTHER HEAL		
FEAMSTER LOCAL 631				Y YES NO	If yes return to as	d completa item 9 a.d.
READ BACK OF FORM BEF	ORE COMPLETIN	G & SIGNING THIS FORM		13. INSURED'S OR AUTHORIZ		
12 PATIENT'S OR AUTHORIZED PERSON'S SIGNAT to process this claim. Lalso request payment of govern	URE Tauthorize the	release of any medical or oit:	er information recessary accepts assignment	payment of modical benefits services described below	to the undersigned	physicanior supplier for
below	MIGHT DELEMS ON IN	TO BYSER OF 15 LTS JUNEY 1776	THOUGH S GOOGLESS			
signed Signature on file		DATE <b>07/</b>	05/2010	SIGNEDSigna	ture-on-file-	
A DATE OF CURRENT A ILLNESS (Pirst sympto	om) OR 15	IF PATIENT HAS HAD SAM	E OR SIMILAR ILLNESS.	16. DATES PATIENT UNABLE		
MM DD YY (NJURY (Accident) OF PREGNANCY(LMP)	3	GIVE FIRST DATE MM	DD YY	FROM	TO	
17 NAME OF REFERRING PROVIDER OR OTHER S	OURCE 17	7a		18 HOSPITALIZATION DATES	RELATED TO CUI	RENT SERVICES
	17	7b NPI		FROM	ТО	: :
19 RESERVED FOR LOCAL USE				20 OUTSIDE LAB?	⊈ CHA	RGES
				YES X NO		
21 DIAGNOSIS OR NATURE OF ILLNESS OF INJUR	Y (Relate liems 1,	2, 3 or 4 to from 24E by Line)	The state of the s	22. MEDICAID FIESUBMISSIC	ORIGINAL REF	NO
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2 <u>721.3</u>		4 724.4				
24 A DATE(S) OF SERVICE E		DEDURES, SERVICES, OR Splain Unusual Circumstances	1	F G DAY	EPSDT II	J RENDERING
MAL DO YY MM DO YY SERVICE					Fine OUAL	PROVIDER ID #
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INCLUDING DEGREES OF CREDENTIALS					(102)0	80-4193
fi certify that the statements on the reverse apply to this bill and are made a part thereof;		AIN INSTITUTE &				& Med Cntr, L
Coduin O BA-III- BED DI		HORIZON RIDG		4616 W. Sah		7
Godwin O. Maduka, MD, Phari				Las Vegas N 1548363583	<del>ν-ου+υ∡-30</del> , Ε	<u> </u>
SIGNED 07/05/2010 DATE	*165943	LICEPOE EI	WHIT OF TYPE		-0935-0999 FC	DAM CMS-1500 (05-0
NUCC Instruction Manual available at: w	www.mudd.org		recommendate of the contraction	- 1000 mm 1000		

### [1500]

#### **HEALTH INSURANCE CLAIM FORM**

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

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

PICA			PIGA FTT
I. MEDICARE MEDIGAID TRICARE CHAMPVA  (Medicare #) (Medicaid #) (Sponsor's SSN) (Meniter #D	HEALTH PLAN	ta. INSURED'S I.D. NUMBER	(For Program In Item, 1)
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)	the second second	4. INSURED'S NAME (Last Name,	Free blane 1850 to 1850
POREMBA WILLIAM M	3. PATIENT'S BIRTH DATE SEX 06 80 64 M X F		•
5 PATIENT'S ADDRESS (No., Street)	6 PATIENT RELATIONSHIP TO INSURED	POREMBA WILLIA	
		A 15	•
168 RED ARCHES COURT	Self X Spouse Ctyld Other	168 RED ARCHES	
1 1	8 PATIENT STATUS	CITY	STATE
HENDERSON NV	Single: Memed X Other Other	HENDERSON	NV_
ZIP CODE TELEPHONE (Include Area Code;	Full-Time Part-Time	ZIP CODE	TELEPHONE (Include Area Code)
89012 ((702)253-2936	Employed Student Student	89012	(702)263-2936
9 OTHER INSURED'S NAME (Last Name, First Name, Midd'e Initial)	16 IS PATIENT'S CONDITION RELATED TO	11 INSURED'S POLICY GROUP	OR FEGA NUMBER
POREMBA WILLIAM M			
OTHER INSURED'S POLICY OR GROUP NUMBER	a. EMPLOYMENT? (Current or Previous)	a INSURED'S DATE OF BIRTH	SE7
347669782	YES X NO	06 30 64	MXF
OTHER INSURED'S DATE OF BIRTH SEX	N AUTO ACCIDENTY	D EMPLOYER'S NAME OR SCHO	
06 30 64 MX F	PLACE (State)	Emilioter of think of took	TOTAL TOTAL
E EMPLOYER'S NAME OR SCHOOL NAME	YES X NO : :	c. INSURANCE PLAN NAME OR I	DDOCD ASSESSED
23 ET GRAND GROOT HAYE	·		
	YES X NO		NKLEY AND WILSON
d INSURANCE PLAN NAME OR PROGRAM NAME	10d RESERVED FOR LOCAL USE	d. IS THERE ANOTHER HEALTH	BENEFIT PLAN?
TEAMSTER LOCAL 631		X YES NO II	f yes, return to and complete item 9 a-d
READ BACK OF FORM BEFORE COMPLETING  12 PATIENT'S OH AUTHORIZED PERSON'S SIGNATURE. Lauthorize the to process this claim. Later request payment of government benefits either below.	release of any medical or other information necessary		D PERSON'S SIGNATURE Leuthorize The undersigned physician or supplier for
SIGNED Signature on file	. DATE 07/22/2010	signed <b>Signat</b> u	ıre.on.file.
14. DATE OF CURRENT ALLNESS (First sympton) OR 15. INJURY (Accident) OR PREGNANCY(LMP)	IF PATIENT HAS HAD SAME OR SIMILAR ILL NESS GIVE FIRST DATE MM DD YY	16. DATES PATIENT UNABLE TO MM DD YY FROM	D WORK IN CURRENT OCCUPATION MM DD YY TO
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE 178		18 HOSPITALIZATION DATES R	ELATED TO CURRENT SERVICES MM DD YY
175	NPI NPI	FROM	TO TO
18. RESERVED FOH LOCAL USF	- Lander	20 OUTSIDE LAB?	\$ CHARGES
CORRECTED CLAIM		YES X NO	l E
21. DIAGNOSIS OF NATURE OF ILLNESS OR INJURY Inciale Items 1-2.	3 or 4 to from 24E by Line;	22 MEDICAID RESUBMISSION	
, , 729.5	<b>↓</b>	CODE	ORIGINAL REF. NO
1 Landerson Commencer	and the state of t	23 PRIOR AUTHORIZATION NU	MARE
		123 THOMAS TO THE TRANSPORTED	error part t
24 A DATE(S) OF SERVICE B C D PROCE	DUDGE CODUCE OF OUR PARTY OF		
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	and the control of th		1020110720
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in the second se	1		,
05 25 10 11 A6220		- 2 00 1	1326115429
25 FEDERAL TAX I.D. NUMBEF SSH EIN 26 PATIENTS	ACCOUNTING 27 ACCEPT ASSIGNMENT?	126 TOTAL CHARGE   29	AMOUNT PAID 30. BALANCE DUE
1880404982	X YES NO	1 5 453 90 S	s 453 ¦90
	ACILITY LOCATION INFORMATION	133 BILLING PROVIDER INFO &	
INCLUDING DEGREES OF CREDENTIALS Of certify that the statements on the reverse LAS VEC	GAS PAIN INSTITUTE	.   Jac Venac Pair	n Institute & Med Cntr. L
apply to this hill earliere marte a part theract.	HORIZON RIDGE PKWY	4616 W. Sahar	
A PART A STATE OF A PART A PAR	RSON NV 89052		
	RSON INV 89052	Las Vegas NV	D3.107-2071
SIGNED 07/22/2010 DATE 40			

#### HEALTH INSURANCE CLAIM FORM

NUCC Instruction Manuel available at: www.nucc.org

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

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POREMBA WILLIAM M
168 RED ARCHES COURT
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Second   S
0 THER INSURED'S NAME 628 htms, From Name And N
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12 PATIENTS ON A JUNE DESCRIPTION & SIGNARD REFORE COMPLETING & SIGNARD THE FROM STATURE I authorize the retended of any mode of an another information in control and physical or supplied to process this clean in also impacts payment of government benefits either to my well or in the party with a cooper assignment of mode of description or supplied to process this clean in also impacts payment of government benefits either to my well or in the party with a cooper assignment of the
12 PATEENTS ON AUTHORIZED PERSON'S SIGNATURE. I authorize the release of any medical brainers in extraction or process has clear in also request, payment of government benefits either to myself or in the party who accepts assignment.    Signature on file
MATERIAL OF CURRENT   ALLESS (First symptom) OR   STATEST PATENT HAS MAD SAME OR SIMILAR ILLNESS   16. DATES (FAIR SYMPTOM)   17. NAVE OF REFERRING PROVIDER OR OTHER SOURCE   170
17   NAME OF REFERRING PROVIDER ON OTHER SOURCE   17a   17b   18   19   18   19   18   19   18   19   19
17 NAME OF REFERRING PROVIDER OF OTHER SOURCE   178
17b, NP    FROM   TO
19 RESERVED FOR LOCAL USE   20. OUTSIDE LAB?   S CHARGES
CORRECTED CLAIM  21 DIAGNOSIS OR NATURE OF ILLNESS OH INJURY (Felate Items 1 2 3 or 4 to Item 24E by Line)  1
21. DIAGNOSIS OR NATURE OF ILLNESS OH INJURY (Fields Items 1 2 3 or 4 to Item 24E by Line)  1. T29.5  22. MEDICAID RESUBMISSION ORIGINAL REF NO  23. PRIOR AUTHORIZATION NUMBER  24. A. DATE(S) OF SERVICE  TO PLUCEO (Explan Uniqual Circumstances) MM DD YY MM DD YY SSIVCE EMG (PTA-ICPCS   MODIFIEF POINTER S CHARGES   Linits   Res   Color   Results   Res   Color   Res
1   729.5   3   23   PRIOR AUTHORIZATION NUMBER
1   729.5   3   23   PRIOR AUTHORIZATION NUMBER
2. L
24 A. DATE(S) OF SERVICE   B. PLACEOF   CEXPLE IN UNUSUAL CIRCUMSTANCES]   DIAGNOSIS   SCHARGES   CR. FERDI   D. PROVIDER ID. FERDING
24 A.   DATE(S) OF SERVICE   B.   C   PROCEDURES, SERVICES OR SUPPLIES   DIAGNOSIS   CR   FED   ID   RENDERING   PROVIDER ID #
MM   DD   VY   MM   DD   VY   SERVICE   EMG   CPTA-ICPCS   MODIFIEF   POINTER   S CHARGES   CR   FROVIDER ID #
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25 FEDERAL TAX I.D. NUMBER: SSN EIN 26. PATIENT'S ACCOUNT NO. 27. ACCEPT ASSIGNMENT? 28 TOTAL CHARGE 29 AMOUNT PAID 30. BALANCE DE For port claims, sen paid.
880404982   X   5219836   X   YES   NG   5   17 00   5   17 17
31. SIGNATURE OF PHYSICIAN OR SUPPLIER 32. SERVICE FACILITY LOCATION INFORMATION 23 BILLING PROVIDER INFO & PH # (702)880-4193
INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse LAS VEGAS PAIN INSTITUTE Las Vegas Pain Institute & Med Cntr,
apply to this bilt and are made a part thereof:  2705 W HORIZON RIDGE PKWY  4616 W. Sahara # 337
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SUDHIR KHEMKA, MD

#### [1500]

#### **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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1. MEDICARE MEDI	CAID TRICARI	E 10	CHAMPV	GF	ROUP ALTH PLA	FEC	A LUNG -	OTHER	a. INSURED'S I.D. NU	ABER	***************************************	()	For Program	nin item 1)
(Medicare #) (Medic	raid #) (Sponsor	's SSN)	[Member ID	(#) X (S	SN or ID)		W)	(ID)						
2. PATIENT'S NAME (Lest N	ame, First Name, Midd	die Initial)		3 PATIEN	IT'S BIATH	DATE	SE)	×	1. INSURED'S NAME (L	ast Name	, First I	Vame, Mid	ldle Inillal)	
POREMBA WIL				06	30  6	4 M	<u> </u>	F L	POREMBA V			Л		
5 PATIENTS ADDRESS (N	o., Street)			6. PATIEN	T RELATI	ONSHIP TO	SFUZNIC	ED _	7. INSURED'S ADDRES	S (No., S)	(reet)			
168 RED ARCHE	SCOURT			Sel!	Spouse	Child	0	her	168 RED ARC	HES	COL	JRT		_
CITY			STATE	8 PATIEN	T STATU	5		_	CITY					STATE
HENDERSON			NV	Sing	i'e	Married X	<u>(</u> ] OI	her	HENDERSON	]				NV
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9. OTHER INSURED'S NAV	•	lame, Middle	Initial)	10. IS PA	TIENT'S CO	I MOITIDHO	RELATE	O TO.	11 INSURED'S POLICY	'GROUP	OR FE	CA NUME	BER	
POREMBA WILL								]-	JUNIONA DATE OF	- Dipy.			OFV	.,
a OTHER INSURED'S POL	ICY OR GROUP NUM	IBER		B. EMPLO		(Current or F	~າ	'	a. INSURED'S DATE OF	YY		мГ.	SEX []	F
347669782 b OTHER INSURED'S DAT	E DE BIDTU			h AUTO	ACCIDENT		<b>₫</b> ио		06 30			ML	<u>X</u> ;	<u>'LJ</u>
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06 30 64	MX	F		- Drug	L		ζ NO		c. INSURANCE PLAN	IAUE OD	nnnn	DANA BIAK	(r	
c. EMPLOYER'S NAME OR	DOMUGE NAME:			C. OTHER	R ACCIDEN		ZNO	1						I COL
A MOUDING OF THE PARTY	r or program ""	VIII-		1104 555		DR LOCAL I	√ NO		ROYAL JONE					LSUN
d INSURANCE PLAN NAM		VIE:		100 HES	ERVEDI	UM LUGAL I	Jon:			.,				o dom () a d
TEAMSTER LO	EAD BACK OF FOR	M BEEODE :	COMPLETIM	C R CICNIA	IC THIS E	OBM			X YES 13 INSURED'S OR AU					e ilem 9 a-d Lauthorize
12. PATIENT'S OR AUTHO to process this claim. I at below.	RIZED PERSON'S SI	GNATURE I	authorize the	refease of a	any medical	t or other info			payment of medical services described b	benefits to				
sigNEDSigna				· -	DATE	07/22/			MATERIAL CONTRACTOR SPACE SPACE CONTRACTOR SPACE SPACE SPACE	the second second				
14. DATE OF CURRENT	ILLNESS (First a	nt) OR	15	GIVE FIRS	IT HAS HA BT DATE	D SAME OF MM DE	SIMILA ) i Y	R ILLNESS.	16 DATES PATIENT U MM 1 DD	NABLE I	O WUF	IK IN CUI TO	NW DE	OPATION YY
17. NAME OF REFERRING	PREGNANCY(L PROVIDER OR OTH		E 17	a					18 HOSPITALIZATION	DATES	ELATI	ED TO CL	IRRENT S	ERVICES
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19 RESERVED FOR LOC	AL USE			LL_			~~~		20 OUTS:DE LAB?	<del></del>		s CH/	RGES	
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24. A. DATE(S) OF S		B C.		EDURES, plain Unusu		OR SUPPI	LIES	E. DIAGNOSIS	F	G DAYS	H. EPSOT	ID OI	tit.	j ENDERING
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25 FEDERAL TAX LD N	UMBER SSN	<u> </u>	6. PATIENT		IT NO			GNMENT? see back	128 TOTAL CHARGE			UNT PAIL	- 1	BALANCE DUE
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31. SIGNATURE OF PH' INCLUDING DEGRE			SC. SERVICE						133. BILLING PROVIDE			(NUZ)	880-41	
Il certify that the state		1						AL CEN					e & Me	ed Cntr, L
1			2705 W				PKWY	,	4616 W.					
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NUCC Instruction N	tanual available	at: www.r	iucc.off,		PLEAS	SE PRINT	OP T	VP5	APPROVED	OME-(	0938-	U999 F	ORM CN	4S-1500 (08-

#### HEALTH INSURANCE CLAIM FORM

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

APP	ROYED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05	Ů,
П	T Pica .	PICA TT
1.	MEDICARE MEDICAID TRIGARE CHAMPVA GROUP FECA OTHER	1E. INSURED'S LD, NUMBER (For Program in Item 1)
	(Medicare #) (Medicald #) (Sponsor's SSN) (Hember ID#) XSSN or (D) (SSN)	347669782 4 INSURED'S NAME (Last Name, First Name, Middle Initial)
1	ATIENT'S NAME (Last Name, First Name, Middle Initial)  3. PATIENT'S BIRTH DATE SEX MV   DD   YY	
1	OREMBA WILLIAM M 06   30   64 M X F STEEL	POREMBA WILLIAM M 7. (NSURED'S ADDRESS (No., Street)
		168 RED ARCHES COURT
CIT	BO NED AROTHE COUNT	OT AT F
	IENDERSON NV Single Warried X Other	HENDERSON NV S
1 -	CODE TELEPHONE (Include Area Code)	ZIP CODE TELEPHONE (Include Area Code)
1	9012 ((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. INSURED'S POLICY GROUP OF FECA NUMBER
تساة	POREMBA WILLIAM M	HENDERSON  ZIP CODE  B9012  (702)263-2936  11. INSURED'S POLICY GROUP OF FECA NUMBER  a INSURED'S OATE OF BIRTH  MM   DD   YY  06 30 64  b. EMPLOYER'S NAME OR SCHOOL NAME
ž	OTHER INSURED'S POLICY OR GROUP NUMBER  A 7669782	MM 1 DD 1 YY
<u>ب لـــا به</u>	147669782 LYES LYCO OTHER INSURED'S DATE OF BIRTH SEX II. AUTO ACCIDENT? PLACE (State)	b. EMPLOYER'S NAME OR SCHOOL NAME
1	MM   DD   YY   M   X   F   YES   XYO   J	
C.	EMPLOYER'S NAME OR SCHOOL NAME C OTHER ACCIDENT?	C INSURANCE PLAN NAME OR PROGRAM NAME
	YES XO	C INSURANCE PLAN NAME OF PROGRAM NAME  ROYAL JONES MILES DUNKLEY & WILSON OF US THERE ANOTHER HEALTH BENEFIT PLANS
-	INSURANCE PLAN NAME OR PROGRAM NAME 10d RESERVED FOR LOCAL USE	
-	TEAMSTER LOCAL 631  READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.	12 INCLIDENCE OF ALCHOPIZED PERSON'S SIGNATURE Lauthorize
j 1	HEAD BACK OF PORK BEFORE COMPLETING & SURING THIS FORM PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process 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 undersigned physician or supplier for services described below
S	DEGAN.	
D.Ele	SIGNED Signature on file DATE 09/28/2010	Signed Signature on file
SS-ME-DI-HOHM		3, 16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM   DD   YY MM   DD   YY
1	PREGNANCY (LMP)	FROM TO  18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES
21	7. NAME OF REFERRING PROVIDER OR OTHER SOURCE 17a. 1G	MM DD YY MM DD YY  FROM 1 TO 1
무노	BRANDON NGUYEN 17th NPI 150BB82564 9. RESERVED FOR LOCAL USE	20 OUTSIDE LAB? \$ CHARGES
FOLD	e, hederyed for looke doe	YES XNO
ST FC	DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. (Relate Items 1,2:3 or 4 to Item 24E by Line)	22. MEDICAID RESUBMISSION ORIGINAL REF. NO.
E	723.1 3 <u>721.3</u>	
		23. PRIOR AUTHORIZATION NUMBER
-	721.0	F. G. H. L. J
	A. A. DATE(S) OF SERVICE B. C D PROCEDURES, SERVICES, DR SUPPLIES E. From To PLACE OF (Explain Urusual Circumstancea) DIAGNOS	F. G. H. I. D. G. H. G. H. S. CHARGES UNITS FEATURE UNITS FOR PROVIDER ID. #
-	MM ED YY MM DD YY SERVICE EMG <u>CPT/HCPCS ( MODIFIER</u> POINTE	F. G. H. I. J  DAYS ESSIT ID. RENDERING OR FROM QUAL PROVIDER ID. #
1	05  26  40	10 00 1 NPI 1326115429
t		
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	25 FEDERAL TAX LD. NUMBER SSN EIN 26. PATIENT'S ACCOUNT NO. 27. ACCEPT ASSIGNMENT: For gov. claims, see back:	7 28. TOTAL CHARGE 29. AMOUNT PAID 30 BALANCE DUE 5 17 00 5 6 80 5 10 20
	880464982 X 5219836 XYES NO 21. SIGNATURE OF BHYSIONN OR SUPPLIEF 32. SERVICE FACILITY LOCATION INFORMATION	s 17 00 s 6 80 s 10 20 33. BILLING PROVIDER INFO & PH. 5 (702)880-4193
	INCLUDING DEGREED ORIGHEDENTIALS If certify that the statements for part thereof.  LAS PAIN INSTITUTE & MEDICAL CE apply to this bit and a final part thereof.  2705 W HORIZON RIDGE PKWY	(1 0 m/ope 1 100
	apply to this bit and and the part theireof.]  2705 W HORIZON RIDGE PKWY	4616 W. Sahara # 337
:	SUDHIR KHEMKAMO HENDERSON NV 89052	Las Vegas NV 89102-3627
	SIGNEL: 09/28/2010 DATE 4.1653431443 D.	i 1326115429 b
	NUCC Instruction Manual available at www.nucc.org	APPROVED OMÉ 0938-0999 FORM CMS-1500 (08/05)

### (1500)

#### HEALTH INSURANCE CLAIM FORM

ROYAL J(FS MILES DUNKLEY & WILSON 1522 WES: WARM SPRINGS ROAD HENDERSON NV 89014

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 00/05	PICA
1 MEDICARE MEDICARD TRICARE CHAMPVA GROUP FECA OTHER	100
1. MEDICARE MEDICAID TRICARE CHAMPVA GROUP FECA OTHER CHAMPUS (CHAMPUS) (Medicare II) (Member III) (Membe	347669782  4 INSURED'S NAME (Last Name, First Name, Middle Initial)
POREMBA WILLIAM M  POREMBA WILLIAM M  DO 1 YY  06 30 64 M X F	POREMBA WILLIAM M
5. PATIENT'S ADDRESS (No., Street)  6. PATIENT RELATIONSHIP TO INSURED	7. INSURED'S ADDRESS (No., Straet)
168 RED ARCHES COURT Self X6pouse Child Other	168 RED ARCHES COURT
CITY STATE 8 PATIENT STATUS	CITY
HENDERSON   NV   Single   Married   X Other	HENDERSON NV F
CODAD /(700)DCD DDDC Full-Time Parl-Time	89012 (702)263-2936
9 OTHER INSURED'S NAME (Lest Name, First Name, Middle Initial) 10. IS PATIENT'S CONDITION RELATED TO	11. INSURED'S POLICY GROUP OR FEGA NUMBER
PORENIBA WILLIAM M	
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b OTHER INSURED'S DATE OF BIRTH   SEX   b AUTO ACCIDENT!   PLACE (State)   MM   DD   YY   PLACE (State)   YES   XIO	S. EMILEOTERS TYMILE BY COURSE THANK
c EMPLOYER'S NAME OF SCHOOL NAME c OTHER ACCIDENT?	C. INSURANCE PLAN NAME OR PROGRAM NAME
YES Xio	HENDERSON  ZIP CODE  89012  (702)263-2936  11. INSURED'S POLICY GROUP OR FEGA NUMBER  a INSURED'S DATE OF BIRTH  MM   DD   YY  Q6 30 64  b. EMPLOYER'S NAME OR SCHOOL NAME  c. INSURANCE PLAN NAME OR PROGRAM NAME  ROYAL JONES MILES DUNKLEY & WILSON  of IS THERE ANOTHER HEALTH BENEFIT PLANS
d INSURANCE PLAN NAVE OR PROGRAM NAME 10d RESERVED FOR LCCAL USE	
TEAMSTER LOCAL 631 READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.	XYES NO II yes, return to and complete item 9 and 13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize
12. PATIENT'S OR AUTHORIZED PERSON'S SIGMATURE I authorize that reliase of airy madical or other information recessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.	payment of medical benefits to the undersigned physician or suspiter for services described below.
signed Signature on file DATE 09/28/2010	Signature on file
14. OATE OF CURRENT: ILLNESS (First symptom) OR MM   DD   YY   ILLNESS (First symptom) OR GIVE FIRST DATE MM   DD   YY   PREGNANCY (LMP)	MM, DO, YY MM, DO, YY [
	FROM TO TO THE HELATED TO CUHRENT SERVICES
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE 178. 1G  BRANDON NGUYEN 175. NPI 1508882564	
BRANDON NGUYEN	20. OUTSIDE LAB? \$ CHARGES
	YES XNO
, 21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY, IRelate thans 1,2,3 or 4 to firm 245 by Line)	22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO
1 723.1 3 721.3	23. PRIOR AUTHORIZATION NUMBER
721.0	25, FRIOR AUTRURIZATION NUMBER
24. A. DATE(S) OF SERVICE B. C. D. PROCEDURES, SERVICES, OR SUPPLIES E	F. G. H. I. J DAYS IEPSTI ID RENDERING
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880404982 X 5219836 XYES NO	s 453 90 s 144 56 s 309 34
32 SIGNATURE OF PROVICEN OF SUPPLIES 32 SERVICE FACILITY LOCATION INFORMATION	33 BILLING PROVIDER INFO & PH. # (702)880-4193
INCLUDING DECIFIED OF PREDENTIALS If certify that the safety has in the deverse apply to this bill and applifully part thereof:)  LAS PAIN INSTITUTE & MEDICAL C	
	4616 W. Sahara # 337
COUNCIDE OF THE PROPERTY OF THE STATE OF THE	i lac Madae NW 89107-7677
SUDHIR KHEMKA-MD   HENDERSON NV 89052   SIGNED 0972842010 DATE   0 1659431443   0	Las Vegas NV 89102-3627

#### 1500)

#### HEALTH INSURANCE CLAIM FORM

ROYAL JU S MILES DUNKLEY & WILSON 1522 WEST WARM SPRINGS ROAD HENDERSON NV 89014

PROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05	PICA CT T
TIPICA	and the same of th
CHAMPUS — HEALTH PLAN BLK LUNG — W	11
(Medicare #) (Medicaid #) (Sponsor's SSN) (Member ID#) X(SSN or ID) (SSN)	347669782 4. INSURED'S NAME (Last Name, First Name, Middle Initial)
PATIENT'S NAME (Last Name, First Name, Middle Initial)  3. PATIENT'S BIRTH DATE SEX MM   DD   YY	
POREMBA WILLIAM IV         06   30   64 M   X FL           PATIENT'S ADDRESS (No. Shael)         6 PATIENT RELATIONSHIP TO INSURED	POREMBA WILLIAM M 7. INSURED'S ADORESS (No., Street)
TAILLY & ADDITION (NO. COLOR)	168 RED ARCHES COURT
IN IN THE PROPERTY OF THE PROP	CITY STATE
	HENDERSON NV
TENDERSON NV Single Married X Other PCODE TELEPHONE (Include Area Code)	ZIP CODE TELEPHONE (Include Area Code)
/cron/ban page Full-Time Part-Time	89012 (702)263-2936
OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)  10. IS PATIENT'S CONDITION RELATED TO:	11. INSURED'S POLICY GROUP OR FECA NUMBER
POREMBA WILLIAM M	·
OTHER INSURED'S POLICY OR GROUP NUMBER  a. EMPLOYMENT? (Gurrent or Previous)	a. INSURED'S DATE OF BIRTH SEX
347669782 YES X10	06 30 64 M X
OTHER INSURED'S DATE OF BIRTH SEX b. AUTO ACCIDENT? PLACE (	State) b. EMPLOYER'S NAME OR SCHOOL NAME
MY DD 164 M X F YES X(10)	J
EMPLOYER'S NAME OR SCHOOL NAME C. OTHER ACCIDENT?	c INSURANCE PLAN NAME OR PROGRAM NAME
YES KO	ROYAL JONES MILES DUNKLEY & WILSOI
. INSURANCE PLAN NAME OF PROGRAM NAME 103 RESERVED FOR LOCAL USE	d. IS THERE ANOTHER HEALTH BENEFIT PLAN?
TEAMSTER LOCAL 631	X YES NO If yes, return to and complete Item 9 a-d
READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.  2. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessitions.	13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I sulhorize payment of medical banalits to the undersigned physician or supplier for
to process this claim. It also request payment of government behalfts either to myself or to the pany who accepts assigning	cent services described below
below.	
SIGNED Signature on file DATE 09/28/2010	signature on file
M. DATE OF CURRENT: ILINESS (First symptom) OR 15. IF PATIENT HAS HAD SAME OR SIMILAR ILL  MM   DD   YY   INJURY (Accident) OR   GIVE FIRST DATE   MW   DD   YY	MM   DD   11
MM DD YY ARGJERIJOH GIVE FIRST DATE WAY DD TO	FROM TO TO TO THE HOSPITALIZATION DATES RELATED TO CURRENT SERVICES
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE 17a. 1G	MM   DD   YY MM   DD   TT
BRANDON NGUYEN   176 NPI   1508882564	FROM TO !!
19. RESERVED FOR LOCAL USE	
	YES XNO 22. MEDICAID RESUBMISSION
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. (Ralate Items 1,2.3 or 4 to Item 24E by Line)	CODE CRIGINAL REF. NO.
1. \[ \frac{723.1}{3} \]	23. PRIOR AUTHORIZATION NUMBER
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PAGE TO THE PAGE T	SNOSIS DAYS PROVIDER IN RENDERING OR Family QUAL PROVIDER ID. #
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TO LOCALITY ACCOUNT NO. 102 ACCOUNT ACCIONS.	
25. FEDERAL TAX I.D. NUMBER SSN EIN 26. PATIENT'S ACCOUNT NO. 27. ACCEPT ASSIGNM For good dealine, seet	pack)
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S. Biotra of Tittochart	CEN! I se Venas Pain Institute & Med Cott
INCLUDING DEGREES OF CREDENTIALS (I certify that the statements on the reverse  LAS PAIN INSTITUTE & MEDICAL	CEN Las Vegas Pain Instituté & Med Cntr, L
INCLUDING DEGREES OF CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a peri thereof.)  LAS PAIN INSTITUTE & MEDICAL 2705 W HORIZON RIDGE PKWY	4616 W. Sahara # 337
INCLUDING DEGREES OF CREDENTIALS (I certify that the statements on the reverse  LAS PAIN INSTITUTE & MEDICAL	

ROYAL JONES DUN MEY AND WILSON 2920 N GREEN VALLEY PARKWAY SUI

75318

.300	2920 N GRE	NA AMPREL TAN	TOC TEAMI	
EALTH INSURANCE CLAIM FORM	LAS VEGAS	39014		
PROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/35				
TIPICA TTM 22513465  MEDICARE MEDICAID TRICARE CHAMPVA G	BROUP FECA OTHER	1a. INSURED'S I.D. NUMBER	/Car Proc	PICA 1 1 ram in IIom 1)
- CHAMPUS - H	EALTH PLAN - BUK LUNG -	347669782	(1011105	permitten ij
PATIENT'S NAME (Last Name, First Name Middle Initial) 3 PATIE	INT'S BIATH DATE SEX	4. INSURED'S NAME (Last Name	e First Name Middle Initio	<b>3</b> I,
DREMBA, WILLIAM M 06	30 1964 MX F	POREMBA, WILL		
	HT RELATIONSHIP TO INSURED  T Spouse Child Other	7. INSURED'S ADDRESS ING . 8 168 RED ARCHE		
58 RED ARCHES COURT STATE & PATIE		CULA KED AKCUE	2 COOKI	STATE
INDERROOM INV	ngle Married Other	HENDERSON		NV
P CODE TELEPHONE (Include Area Code)	Full-Time   Parl-Time	ZIP CODE	TELEPHONE (include A	•
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	ER ACCIDENT	c INSUBANCE PLAN NAME OF	PROGRAM NAME	
	TAES Y NO	ROYAL JONES D		
	SERVED FOR LOCAL USE	d IS THERE ANOTHER HEALT		
7 MEDICAID  READ BACK OF FORM BEFORE COMPLETING & SIGNI	ING THIS FORM.	YES NO	If yes, return to and comp ED PERSON'S SIGNATURE.	
PATIENT'S Of AUTHORIZED PERSON'S SIGNATURE I authorize the release of to process this claim. I also request payment of government benefits either to myself or	any medical or other information necessary	payment of medical bandlits sorvices described balow.	o the undersigned physic	an or supplier for
SIGNATURE ON FILE	12/06/2010	1	JRE ON FIL	E
SIGNED	DATE	SIGNED		COURT PROPE
1. DATE OF CURRENT (ILLNESS (First symptom) OR 15 IF PATLE) MM : DD : YY HAUBRY (Accident) OR GIVE FIR. PRESNANCY(LIMP)	NT HAS HAD SAME OF SIMILAR ILLNESS. IST DATE MM DO YY	16. DATES PATIENT UNABLE T MM DD Y	Y MM TO	DD YY
7. NAME OF REFERRING PROVIDER OR OTHER SOURCE 17a.	and a second control of the second control o	18 HOSPITALIZATION DATES	RELATED TO CURREIT	SERVICES DL YV
	1508882564	FROM:	TO	
9 RESERVED FOR LOCAL USE		20. OUTSIDE LAB?	9 CHARGES	
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2 721 () 4 724 24 A DATE(S) OF SERVICE B C D PROCEDURES.	SERVICES OR SUPFLIES ! E	F   G.	TH. 1 :	.1
	Jel Circumstances) DIAGNOSIS MODIFIER: POINTER	'I   OF	Franty ID	RENDERING ROVIDER ID 1
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SIGNED 12/06/2010 DATE a1659431443 DATE NUCC Instruction Manual available at: www.nucc.org PLEA

If certify that the statements on the reverse apply to this bill and are made a part thereof.

BRANDON NGUYEN, DO

PLEASE PRINT OF TYPE

LAS PAIN INSTITUTE & MEDI

2705 W HORIZON RIDGE PKWY

HENDERSON, NV 89052

1\*1508882564 PAPPROVED DMB-0936-0995 FORM CM3-1500/03-05:

LAS VEGAS PAIN INSTITUTE

4616 W SAHARA AVE # 337 LAS VEGAS, NV 89102-3654

# EXHIBIT 3

# Patient History - Detail

LAS YEGAS NEUROSURGERY & SPINE CARE

By Date of Service Date ranges 08/04/2009 to 05/16/2011

Date ranges 08/04/2009 to 05/16/2011
All Providers
Show last billed date

つ ブット *・	AAAA					-					All Items
C 81	7000				7	Home Phone:		(702) 263-2936			
Patient Name:	PORE	POREMBA, WILLIAM			0	Office Phone:	7	702			
Address:	168 RE	163 RED ARCHES CT			77	Resp. Party:	4	POREMBA, WILLIAM			
City, State, Zip:	HENDE	HENDERSON, NV 89012	12		<del>2</del> 2	Resp. Acct#	<b></b>	115867			
U Code Source	ce I B	Service Date	Prov	Vísit#/ Check#	Charge Antount	Paid/ Applied	Patient Balance	Insurance Balance	Total Last Billed Balance Салтег	Date Billed	Resp Party This Charge
99024	N	11/3/2009	NAGAU	430064	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		115867
99024	z	9/22/2009	NAGAU	429296	\$0.00	\$0,00	\$0,00	\$0.00	\$0.00		115867
99024	z	8,/26/2009	NAGAU	416246	\$0.00	\$0.00	\$0.00	\$0.00	\$0 <b>.</b> 00		115867
63075	۲ ۲	8/13/2009	NAGAU	415864	\$5,600.00	\$5,600.00	\$0.00	\$0.00	\$0.00 TEAM2	10/08/2009	115867
14	۲ ۲	10/23/2009	NAGAU	1962147		(\$1,915,59)					
I SPUIOAR	<b>∀</b>	10/23/2009	NAGAU			(\$3,634,41)					
WOCOLL P	<b>∀</b>	5/6/2010	NAGAU			(\$50.00)					
69990	۲ ۲	8/13/2009	NAGAU	415864	\$3,125.00	\$3,125.00	\$0.00	\$0.00	\$0.00 TEAM2	10/08/2009	115867
I DNIOM	<b>≺</b>	11/4/2009	NAGAU			(\$3,125.00)					
22554	<b>≺</b>	8/13/2009	NAGAU	415864	\$5,600.00	\$5,600.00	\$0.00	\$0.00	\$0.00 TEANS	10/08/2009	115867
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I SNIOM	ү ү	10/23/2009	NAGAU			(\$4,681.43)		•			
22845	۲ ۲	8/13/2009	NAGAU	415864	\$6,000.00	\$6,000.00	\$0.00	\$0.00	\$0.00 TEAM2	10/08/2009	115867
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22851	۲ ۲	8/13/2009	NAGAU	415864	\$1,995.00	\$1,995.00	\$0.00	\$0.00	\$0.00 TEAM2	10/08/2009	115867
PI I	<b>≺</b>	10/23/2009	NAGAU	1962147		(\$610.35)					

<sup>\*</sup> U = U napplied \* I = Bill Insurance \* B = I nsurance Billed

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Primerolly Advanceding

Page 1 of 2

# Patient History - Detail

LAS VEGAS NEUROSURGERY & SPINE CARE

Date ranges 08/04/2009 to 05/16/2011 By Date of Service

All Providers

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Page 2 of 2

FAX NO. :8185047203

APP178 WON

<sup>\*</sup> U = Unapplied \* I = BIII Insurance \* B = Insurance Billed

Aury N. Nagy, M.D.

Las Vegas Neurosurgery & Spine Care, LLC 8285 W. Arby Avenue, #220 Las Vegas, NV 89113 (702) 737-7753 Fax 407-7066

## FOLLOW-UP OFFICE CONSULTATION REPORT

Patient: POREMBA, WILLIAM

Date: August 4, 2009

Primary Working Diagnosis:

Requested by:

### Interval History

Since I last saw him, his neck pain continues. He has brought in his MRI of his cervical spine again which we went over and we talked about the risks and benefits of the procedure and the exact nature of the operation. He also showed me an older cervical spine MRI and showed me a lumbar spine MRI which shows some annular tears at L4-5 and L5-S1 with darkened discs at these levels without significant central canal stenosis or neuroforaminal stenosis. He reports he has severe back pain and leg pain, worse in the left leg than in the right. The pain that he has in the right is more on the right SI joint but is also in the back. I told him we are going to focus on addressing his neck issues first and then hopefully we will get him feeling better from that standpoint and can start to address his back afterwards. He understands and I will see him then. We will see him on the date of surgery if he clears his prep evaluation.

Aury N. Nagy, M.D. ANN/lp

Dictated but not proofread.

Subject to transcription variance.

CC: Rob Karl

# EXHIBIT 4



# LAS VEGAS PAIN INSTITUTE & MEDICAL CENTER, L.L.C.

3835 S. Jones Blvd., #104 Las Vegas, NV 89103 Fax (702) 880-4197

2705 W. Horizon Ridge Pkwy Henderson, NV 89052 Fax (702) 492-4719

Phone (702) 880-4193

www.lasvegaspaininstitute.com

Godwin O. Maduka, MD, PharmD

To Whom This May Concern:

Date: Oct 22, 2010

Dante Famy, MSN, BSN, FNP-BC

Sudhir Khemka, M.D.

Brandon Nguyen D.O.

George Tsao D.O.

Yo Dzung, M.D.

'.ynda Le, P.A.

ennifer Kawi, VP-BC

This letter is in regards to patient William Poremba patient has been treating at our office since April 17, 2009 when Mr. Poremba first came to us as a patient with Cervical, Thoracic, Lumbar, Left Knee Pain his MRI's then stated that the patient had a Cervical posterior annular tear and disc protrusion at the C5-C6. It also states that his Thoracic spine had no bulging or herniation at any level. Patient's Lumber exhibited a 2mm posterior disc bulge with annular tear at his L4-5 and his MRI of the knee has mild joint effusion with a grade I anterior ligament and posterior ligament strain, But new MRI's show that the patient's Cervical, Thoracic, Lumbar and Left Knee show that the patient's pain has progressed cervical spine has and anterior fusion that has worsened since the last MRI, patient's lumbar spine show that the diffuse signal intensity has increased and that patient has disc dehydration and bulging with bilateral foraminal stenosis and the pain in his knee has worsened his new MRI shows that the knee's effusion has increased comparing to the MRI that was done prior, our patient states that he has been in pain for that last couple of months we are asking on behalf of Mr. Poremba that you review his case for reopening.

Please call my office with any questions that you may have at the number listed above

Sincerely,

Sudhir Khemka M.D.

# EXHIBIT 5

# AFFIDAVIT OF WILLIAM POREMBA

STATE OF NEVADA	)
	) ss
COUNTY OF CLARK	)

WILLIAM POREMBA, being first duly sworn, deposes and says that he has personal knowledge and is competent to testify to the following facts:

- 1. On September 25, 2009, I settled with a third-party, Pratte Development, for \$63,500.00 in regards to the accident of July 22, 2005, that is the subject accident involved in this claim for worker's compensation benefits. I received a total net of \$34,631.51.
- 2. Since receiving the settlement, I have spent approximately \$14,000.00 for medical insurance payments, prescriptions, and co-pays in medical expenses for injuries relating to my accident of July 22, 2005. The bills incurred have exceeded the total net I received of \$34,631.51.
  - 3. I have earned approximately \$5,197.55 per year since the date of the my settlement.
- 4. Since my accident of July 22, 2005, I have worked a total of five and half month until the present. I tried to return to work on November 1, 2008, earning \$15,013.08 for 2008. I worked from January to April 2009 and had to quit my job due to pain in my cervical spine. I was told not to go back to work by my surgeon, Dr. Aury Nagy. I was told my pain is from disc impinging on my spinal cord. Since my accident of 2005 I have three torn discs throughout my spine. I continue to have severe pain to this day in my spine.
- 5. I filed tax returns for 2009, 2010, 2011. I have not filed yet for 2012. In 2009, I earned, \$15,777.00. In 2010 and 2011, I have no wage earnings. I am currently unemployed and cannot work in the field I am trained in due to the injuries suffered in the accident of July 22, 2005.
  - 6. I currently have approximately over \$20,000.00 in unpaid medical bills.
- 7. In 2009, my mortgage was \$2,375.35. In September, 2009, my mortgage adjusted to \$2,814,46. In just nine months, for my mortgage alone, I ran out of money. This is also including

my utilities during the end of the summer months were totaling around \$1,700.00 per month. With my electric bill alone being \$600.00 to \$700.00 a month. Also, the money was spent on expenses required in supporting two children, one in college and the other in middle school at the time.

8. My treating doctors since 2009 are Dr. Aury Nagy, Dr. Eric Easton, Dr. Jeremy Lipshutz, Dr. Roger Metha, Dr. Karl, Dr. Maduka, Dr. Ghani and Dr. Gutpa. Presently I am seeing Dr. Roger Metha, from Southwest Medical Associates at the Siena Heights office. I've been seeing him for the past year since he is the only doctor presently on my insurance, that I can see with regards to my spinal injuries.

FURTHER, AFFIANT SAYETH NAUGHT.

WILLIAM POREMBA

JOSIE LEON Notary Public-State of Nevada APPT. NO. 96-2387-1

SUBSCRIBED and SWORN to before me this \( \frac{1}{4} \text{day of April, 2013.} \)

Notary Public in and for said County and State

# 1 2 3 In the Matter of the Contested Industrial Insurance Claim 5 of 6 WILLIAM POREMBA 168 RED ARCHES COURT HENDERSON, NV 89012 8 Claimant. 9 10 11 12 13 14 reopening his claim. 15 16

### NEVADA DEPARTMENT OF ADMINISTRATION

## BEFORE THE APPEALS OFFICER

Claim No.: 739255

Appeal No.: 1306201-SL

Employer:

SOUTHERN NEVADA PAVING

3101 E. CRAIG ROAD

N. LAS VEGAS, NV 89030

DOH: 4/23/13 at 10:30 A.M. stack

# INSURER'S REPLY BRIEF IN SUPPORT OF ITS 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 files this Reply Brief in support of its Motion for Summary Judgment because there are no material facts in dispute the Claimant cannot prevail in reopening his claim.

# POINTS AND AUTHORITIES

I.

# **UNDISPUTED FACTS**

Claimant was involved in a vehicle-heavy equipment accident on or about July 22, 2005. He treated on his own outside of worker's compensation arena on August 2, 2005. (Insurer's Document Packet, p. 11-12).

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. Appropriate care was provided.

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).

The Insurer informed the Claimant and his counsel of its lien in August 2005. (Insurer's Document Packet, p. 24).

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The claim closed. There was no appeal of claim closure.

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 previously sought to reopen his claim, more than one year after it closed. With that attempt, Claimant provided a one page letter from Sudir Khenika MD seeking reopening based on 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 appealed the denial of reopening and the hearing officer affirmed it. (Exhibit pp. 103-107).

Claimant filed another appeal and an Appeals Officer granted the Insurer's Motion for Summary Judgment on May 17, 2011. (Exhibit pp. 108-116).

A year later, on November 8, 2012 the Claimant, through counsel, sought reopening of his claim for a second time. (Exhibit p. 117). This current request for reopening did not have any medical evidence attached to the letter.

On November 8, 2012, the Insurer denied the request for reopening. (Exhibit p. 118). Claimant appealed and the parties agreed to by-pass the hearing officer. This Appeal follows.

Per the Opposition, Claimant personally netted \$34,631.51 in settlement proceeds. This money has not been spent since claim closure on medical treatment which the Insurer would have been liable for under the claim.

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II.

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# 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).

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).

Here, the Claimant must prove two things and he can prove neither of them: 1) that he has spent his proceeds since claim closure on medical treatment for his industrial injuries and 2) that he meets the requirements of NRS 616C.390 to reopen his claim.

Regarding the first obstacle, the law in Nevada is clear that a Claimant must first prove that he expended any third party settlement proceeds on his own <u>subsequent</u> 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: "<u>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..." Id. at 258.</u>

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, upon information and belief, Claimant hasn't even paid the worker compensation insurer's lien! In Chandler 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 undisputed that the Claimant personally received \$34,631.51 in settlement proceeds. The fact that some of this money was advanced by his personal injury lawyers does not affect the requirements under <u>Chandler</u>. At a minimum, according to <u>Chandler</u> Claimant must prove that SINCE September 2009 when he received his settlement money that he spent in excess of \$34,631.51 on his own related health care for treatment that would have been the responsibility of the Insurer.

The bills he relies upon are for services rendered BEFORE September 2009, not after so they do not count against the offset for future medical benefits. By the Claimant's own ADMISSION he has spent approximately \$15,000 on medical expenses since September 2009. This proves that legally, his request for reopening may not be granted.

When Claimant says that his bills have exceed his \$34,631.51 he is talking about bills incurred BEFORE his settlement, those do not count in the overpayment. He admits that he has only spent \$14,000 on medical treatment since receiving the settlement.

His employment situation and how much or how little he earned has nothing to do with the requirements, by law, for him to expend all of his settlement proceeds on medical treatment ONLY that was incurred SUBSEQUENT to his settlement. He cannot prove this.

He admits that he spent his settlement proceeds on his living expenses, mortgage, utility bills and to support his children. That does not affect the law with regard to reopening.

Thus, there is legally no way that the Claimant can prove reopening, even assuming arguendo that he had new medical evidence to show his need for more treatment on an industrial basis.

Secondly, there was no medical documentation provided with the current request to reopen, NONE. The medical reporting provided with the Opposition to the Motion for Summary Judgment is old and was used in the last attempt to reopen, which failed.

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Therefore based upon all of the evidence in the record the Claimant has neither 1 2 proven that he has expended all of his proceeds from his third party recovery, nor has he submitted 3 any medical evidence to support reopening under NRS 616C.390. 4 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 6 undisputed facts, summary judgment is warranted in favor of the Insurer. 8 **CONCLUSION** 9 For the foregoing reasons, the Insurer respectfully request an Order Granting its 10 Motion for Summary Judgment and vacating the appeal hearing scheduled for April 23, 2013. 11 DATED: April 11, 2013. 12 Respectfully submitted, 13 LEWIS BRISBOIS BISGAARD & SMITH LAT 14 15 Alyssá M. Fischer, Esq. 16 Attorneys for the Insurer **BUILDERS INSURANCE COMPANY** 17 18 19 20 21 22 23 24 25 26 27 28

LEWIS BRISBOIS BISGAARD & SMITH LLP

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1 **CERTIFICATE OF MAILING** Pursuant to Nevada Rules of Civil Procedure 5(b), I hereby certify that, on the 2 day of April, 2013, 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 prepaid thereon, in an envelope to the following: Matthew Dunkley, Esq. Dunkley Law 2450 St. Rose Pkwy, Ste 210 Henderson, NV 89074 Southern NV Paving 3101 E. Craig Road N. Las Vegas, NV 89030 10 11 Julie Wood S & C Claims Services, Inc. 12 9075 W. Diablo Drive, #140 Las Vegas, NV 89148 13 14 15 An employee of LEWIS'BRISBOIS BISGAARD & SMITH LLP 16 17 18 19 20

LEWIS BRISBOIS BISGAARD & SMITH LLP ATTORNEYS AT LAW 21

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