## Account Activity for Enrique Rodriguez Printed on August 19, 2008

00024014	03/26/2008	Robert Govind	C Gutierrez MD Koka	11		\$300.00	\$0.00	\$0.00	\$300.0	00
99213	03/26/2008	lorrie	OFFICE/OP VIS COMPONENTS:	IT, EST PT, 2 KEY EXPAND PROB H D DECISION LOV	X; EXPAND	\$300.00	\$0.00	\$0.00	\$300.	00
	04/01/2008	lorrie		than Weber Aty						Closed
-misc-	08/19/2008	Robert	C Gutierrez MD			\$41.40	\$0.00	\$0.00	\$41.4	10
RecCopy	08/19/2008	lorrie	Copy Medical R	ecords		\$41.40	\$0.00	\$0.00	\$41.	40
					Totals:	Charges \$3,362.40	Payments \$10.20	Adj \$0.00	Balan \$3,352.2	
	0	)-30:	31-60	61-90	91-120	121	- Balance		Total Balance	Pending Insurance
Patient Insurance		1.40 0.00	\$0.00 \$0.00	\$0,00 \$0.00	\$0.00 \$0.00	\$3,310.80 \$0.00		-	3,352.20	\$0.00
Notes										
Date	User		Miscellaneou	ıs Notes						
08/19/2008	Mrs. Lo Owen	orretto E	Records releas	sed to Prodox						
12/04/2007	7 Mrs. Lo Owen	orretto E	Released print	ed records to M	lorgan Law I	Firm with Sub	poena			
10/23/2007	7 Mrs. Lo Owen	orretto E	records releas	ed to Benson						
10/10/2006	Mrs. Lo Owen	orretto E	Records Relea	se to benson, E	ertoldo					
Date	User		Statement N	otes						
07/31/2008	3 Lorrett	o Owen	Statement Pri Report Date R	ntch Run nerated: 07/31/ nted: 07/31/200 ange: 01/01/20 Due By Patient	08 03:03:53 106 thru 07/3	PM	chine: CPS			
01/29/2008	3 Lorrett	o Owen	Statement Prin Report Date R	itch Run nerated: 01/29/ nted: 01/29/200 ange: 01/01/20 Due By Patient:	)8 12:45:35 106 thru 01/3	PM	chine: CPS			
12/10/2007	' Lorrett	o Owen	Statement Prin Report Date R	itch Run nerated: 12/10/ nted: 12/10/200 ange: 01/01/20 Due By Patient:	)7 05:52:16 106 thru 12/3	PM	chine: CPS			
11/06/2007	' Lorrett	n Owen	Included in Ba	tah Dun						

Account Activity for Enrique Rodriguez -- August 19, 2008 Requested by Mrs. Lorretto E Owen

Page 3 of 4

ROBERT GUTIERREZ MD-00004

16331
1500

#### BENSON BERTOLDO BAKER AN 7408 WEST SAHARA AVE

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

DEPONIES DIVINE TOUR DESIGNATION OF A PARTICULAR DEPONIES DE CONTRACTOR DE LA PARTICULAR DE	las vegas nv	89117
PROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05		PICA [
<u> </u>	A CROUR SECA OTHEO	1a. INSURED'S I.D. NUMBER (For Program in Item 1)
MEDICARE MEDICAID TRICARE CHAMPUS  (Medicare #) (Medicaid #) (Sponsor's SSN) (Member, i	- HEALTH PLAN - BLK LUNG -	( or region in terms 1)
	<u> </u>	4. INSURED'S NAME (Last Name, First Name, Middle Initial)
PAT(ENT'S NAME (Last Name, First Name, Middle Initial)	3. PATIENT'S BIRTH DATE SEX	
ODRIGUEZ ENRIQUE J		RODRIGUEZ ENRIQUE J
PATIENT'S ADDRESS (No., Street)	6. PATIENT REVAILUNSHIP TO INSURED	7, INSURED S ADDRESS (No., Street)
	Sett Spouse Child Other	• • • • • • • • • • • • • • • • • • •
TY	8. PATIENT STATUS	CITY STATE
	Single Married Other	
P CODE TELEPHONE (Include Area Code)	5 H T	ZIP CODE TELEPHONE (Include Area Code)
1	Employed Student Student	
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
		1
OTHER INSURED'S POLICY OR GROUP NUMBER	a. EMPLOYMENT? (Current or Previous)	a. INSURED'S DATE OF BIRTH SEX
	TYES - NO	MM · DD · YY
OTHER INSURED'S DATE OF BIRTH SEX	h NUTO ACCIDENTS	5, EMPLOYER'S NAME OH SCHOOL NAME
MM DD YY	PLACE (State)	
EMPLOYER'S NAME OR SCHOOL NAME	c, OTHER ACCIDENT?	C. INSURANCE PLAN NAME OR PROGRAM NAME
TAIL FO. LELIO MUNICE OU COLLOGE MUNICE	YES INO	
NO IDANOS OL LIVANIAS OD DDOCCO		STEVE BAKER d. IS THERE ANOTHER HEALTH BENEFIT PLAN?
NSURANCE PLAN NAME OR PROGRAM NAME	10d. RESERVED FOR LOCAL USE	
		YES X NO If yes, return to and complete Item 9 a-d.
READ BACK OF FORM BEFORE COMPLETING PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the	G & SIGNING THIS FORM. release of any medical or other information necessary	<ol> <li>Insured's or authorized person's signature I authorize payment of medical benefits to the undersigned physician or supplier for</li> </ol>
to process this claim. I also request payment of government benefits either	to myself or to the party who accepts assignment	services described below.
pelaw.		
SIGNED SIGNATURE ON FILE	DATE 10/8/2008	SIGNED SIGNATURE ON FILE
DATE OF CURRENT: ILLNESS (First symptom) OR IS.	IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE MM   DD   YY	16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION
PREGNANCY(LMP)	diversity by	FROM TO
NAME OF REFERRING PROVIDER OR OTHER SOURCE 178	s.	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM , DD , YY
178	), NPI	FROM TO
RESERVED FOR LOCAL USE		20, OUTSIDE LAB? \$ CHARGES
		YES X NO
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.
<b>5.69_3</b> 3.	, **	S. Hallo I. Fried .
<del>509</del> 5		23. PRIOR AUTHORIZATION NUMBER
564_00	1	
	DURES, SERVICES, OR SUPPLIES E.	F. G. H. I. J.
From To PLACEOF (Expla	ain Unusual Circumstances) DIAGNOSIS	F. G. H. I. J. J. DAYS PROTI ID. RENDERING OR Family ID. RENDERING OR Family ID. PROVIDER ID. #
DD YY MM DD YY SERVICE EMG CPT/HCF	CS   MODIFIER   POINTER	\$ CHARGES   UNITS   Plan QUAL PROVIDER ID. #
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FEDERAL TAX I.D. NUMBER SSN EIN 26. PATIENT'S	ACCOUNT NO.   27, ACCEPT, ASSIGNMENT?	NPI NPI NPI 28. TOTAL CHARGE 29. AMOUNT PAID 30. BALANCE DU
	IF or govt, claims, see backt	NPI NPI
)3502995 <b>K</b> 16331P140	575 X YES NO	NPI NPI NPI 26. TOTAL CHARGE 29. AMOUNT PAID 30. BALANCE DU \$ 239 00
03502995 X 16331P140 signature of Physician or supplier including degrees or crecentials ADV URGI	575 X YES NO	NPI NPI NPI 28. TOTAL CHARGE 29. AMOUNT PAID 30. BALANCE DU
03502995 X 16331P140 SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse	575 X YES NO CILITY LOCATION INFORMATION ENT CARE - PRIMARY FACTORINA AVE. 110	NPI  NPI  NPI  NPI  S 239 00 \$ \$ 239 00  S 239 00
D3502995 X 16331P140 SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)  9975 S I	575 M YES NO CILITY LOCATION INFORMATION ENT CARE - PRIMARY EASTERN AVE 110	NPI  NPI  NPI  NPI  28. TOTAL CHARGE 29. AMOUNT PAID 30. BALANCE DU \$ 239 00 \$ \$ 239 00 \$ \$ 239 00 \$ \$ 239 00 \$ \$ 239 00 \$ \$ \$ 239 00 \$ \$ \$ 200 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
D3502995 X 16331P140 SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)  AIG JORGENSON MD  16331P140 32 SERVICE FA ADV URGI	575 M YES NO CILITY LOCATION INFORMATION ENT CARE - PRIMARY EASTERN AVE 110 S NV 891830010	NPI  26. TOTAL CHARGE 29. AMOUNT PAID 30. BALANCE DU \$ 239 00 \$ \$ 239 00 \$ \$ 239 00 \$ \$ 239 00 \$ \$ 239 00 \$ \$ 239 00 \$ \$ \$ 239 00 \$ \$ \$ 239 00 \$ \$ \$ 239 00 \$ \$ \$ 239 00 \$ \$ \$ 239 00 \$ \$ \$ 239 00 \$ \$ \$ 239 00 \$ \$ \$ 239 00 \$ \$ \$ \$ \$ 239 00 \$ \$ \$ \$ \$ \$ 239 00 \$ \$ \$ \$ \$ \$ 239 00 \$ \$ \$ \$ \$ \$ 239 00 \$ \$ \$ \$ \$ 239 00 \$ \$ \$ \$ \$ 239 00 \$ \$ \$ \$ \$ 239 00 \$ \$ \$ \$ \$ 239 00 \$ \$ \$ \$ \$ 239 00 \$ \$ \$ \$ \$ 239 00 \$ \$ \$ \$ \$ 239 00 \$ \$ \$ \$ \$ 239 00 \$ \$ \$ \$ 239 00 \$ \$ \$ \$ 239 00 \$ \$ \$ \$ 239 00 \$ \$ \$ \$ \$ 239 00 \$ \$ \$ \$ \$ 239 00 \$ \$ \$ \$ \$ 239 00 \$ \$ \$ \$ \$ 239 00 \$ \$ \$ \$ \$ 239 00 \$ \$ \$ \$ \$ 239 00 \$ \$ \$ \$ \$ 239 00 \$ \$ \$ \$ \$ 239 00 \$ \$ \$ \$ \$ 239 00 \$ \$ \$ \$ 239 00 \$ \$ \$ \$ \$ 239 00 \$ \$ \$ \$ \$ 239 00 \$ \$ \$ \$ \$ 239 00 \$ \$ \$ \$ 239 00 \$ \$ \$ \$ 239 00 \$ \$ \$ \$ \$ 239 00 \$ \$ \$ \$ 239 00 \$ \$ \$ \$ 239 00 \$ \$ \$ \$ \$ 239 00 \$ \$ \$ \$ \$ 239 00 \$ \$ \$ \$ \$ 239 00 \$ \$ \$ \$ 239 00 \$ \$ \$ \$ 239 00 \$ \$ \$ \$ 239 00 \$ \$ \$ \$ \$ 239 00 \$ \$ \$ \$ \$ 239 00 \$ \$ \$ \$ \$ 239 00 \$ \$ \$ \$ \$ 239 00 \$ \$ \$ \$ \$ 239 00 \$ \$ \$ \$ \$ 239 00 \$ \$ \$ \$ \$ 239 00 \$ \$ \$ \$ \$ 239 00 \$ \$ \$ \$ \$ 239 00 \$ \$ \$ \$ \$ 239 00 \$ \$ \$ \$ \$ 239 00 \$ \$ \$ \$ \$ 239 00 \$ \$ \$ \$ \$ 239 00 \$ \$ \$ \$ \$ 239 00 \$ \$ \$ \$ \$ \$ 239 00 \$ \$ \$ \$ \$ 239 00 \$ \$ \$ \$ 239 00 \$ \$ \$ \$ 239 00 \$ \$ \$ \$ \$ 239 00 \$ \$ \$ \$ \$ 239 00 \$
D3502995 X 16331P140 SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)  9975 S I	575 M YES NO CILITY LOCATION INFORMATION ENT CARE - PRIMARY EASTERN AVE 110 S NV 891830010	NPI  NPI  NPI  NPI  28. TOTAL CHARGE 29. AMOUNT PAID 30. BALANCE DU \$ 239 00 \$ \$ 239 00 \$ \$ 239 00 \$ \$ 239 00 \$ \$ 239 00 \$ \$ \$ 239 00 \$ \$ \$ 200 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$

#### 6655 BENSON BERTOLDO BAKER AN 7408 WEST SAHARA AVE 1500 **HEALTH INSURANCE CLAIM FORM** LAS VEGAS NV 89117 APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05 PICA T OTHER 1a. INSURED'S I.D. NUMBER MEDICAID CHAMPVA GROUP HEALTH PLAN BLK LUNG KSSN or ID) (SSN) (For Program in Item 1) MEDICARE MEDICAID TRICARE CHAMPUS (Sponsor's SSN) (פו) (Member ID#) 3. PATIENT'S BIRTH DATE 07 15 1963 X 4. INSURED'S NAME (Last Name, First Name, Middle Initial) 2. PATIENT'S NAME (Last Name, First Name, Middle Initial) SEX RODRIGUEZ ENRIQUE J RODRIGUEZ ENRIQUE J 7. INSURED'S ADDRESS (No., Street) 5, PATIENT'S ADDRESS (No., Street) 6. PATIENT RELATIONSHIP TO INSURED Self XSpouse Child CITY STATE 8. PATIENT STATUS CITY STATE Single Married Other 🔀 CA ZIP CODE TELEPHONE findude Area Code) TELEPHONE (Include Area Code) ZIP CODE Employed Full-Time Part-Time Student ECA NUMBER 10, IS PATIENT'S CONDITION RELATED TO: 9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) a. OTHER INSURED'S POLICY OR GROUP NUMBER a. EMPLOYMENT? (Current or Previous) a. INSURED'S DATE OF BIRTH SEX X F YES **≱**Mo D. OTHER INSURED'S DATE OF BIRTH SEX: b. AUTO ACCIDENT? b. EMPLOYER'S NAME OR SCHOOL NAME. · PLACE (State) **1**00 leikiteiti kalentaa kalentaa k YES C. INSURANCE PLAN NAME OR PROGRAM NAME c. DTHER ACCIDENT? c. EMPLOYER'S NAME OR SCHOOL NAME YES XNO STEVE BAKER d. INSURANCE PLAN NAME OR PROGRAM NAME 10d. RESERVED FOR LOCAL USE IS THERE ANOTHER HEALTH BENEFIT PLAN? 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 necess to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment SIGNED SIGNATURE ON FILE SIGNATURE ON FILE 4/17/2009 DATE SIGNED 15, IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS GIVE FIRST DATE MM | DD | YY ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY(LMP) 14. DATE OF CURRENT FROM TO 17, NAME OF REFERRING PROVIDER OR OTHER SOURCE 17a. 17b. NPI FROM Τ'n 20. OUTSIDE LAB? S CHARGES 19. RESERVED FOR LOCAL USE YES XNO 22. MEDICAID RESUBMISSION 21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line) ORIGINAL REF. NO. 1. 1 VO1 89 3. I 23. PRIOR AUTHORIZATION NUMBER D. PROCEDURES, SERVICES, OR SUPPLIES 1ACE O (Explain Unusual Circumstances) CPT/HCPCS | MODIFIE MODIFIER POINTER S CHARGES 54 00 1 99211 04 02 08 11 NPI 10 00 1 04 02 08 04 02 08 11 36415 NPI 08 99000 1 10 00 1 11 04 02 08 NPI

AND TENT If yes, return to and complete item 9 a-d. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefilis to the undersigned physician or supplier for services described below. 16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM | DD | YY IS, HOSPITALIZATION DATES RELATED TO CURRENT SERVICES RENDERING PROVIDER ID. 1588646830 1588646830 1588646830 NPI 5 NPI 6 ignaz. NPI 26. PATIENT'S ACCOUNT NO. 27. ACCEPT ASSIGNMENT?
[For govt. claims, see back)
YES NO 25. FEDERAL TAX I.D. NUMBER SSN EIN 28. TOTAL CHARGE 29. AMOUNT PAID 30. BALANCE DUE 74 00 s 74 OC 203502995 6655P140575 <del>361-2273</del> 31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS 35 %PACCLEGERALCGERFECOMALISTMARY 33. BILLING PROVIDER INFO & PH # ( /UZ-JORGENSON AND KOKA LLP (I certify that the statements on the reverse apply to this bill and are made a part thereof.) 9975 S EASTERN AVE 110 PO BOX 530010 LAS VEGAS NV 891830010 CRAIG JORGENSON MD HENDERSON NV 890530010 4/17/2009 a. 1457382863 a.1457382863 \$2.00 \( \text{Pick} \) \( \text{Pi PLEASE PRINT OR TYPE APPROVED OMB-0938-0999 FORM CMS-1500 (08-05) NUCC Instruction Manual available at: www.nucc.org Printed on Recycled Paper

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CARRIER

INFORMATION

NSURED

MAR/30/2008/	SUN 11:52 PM BON	E & JOINT INST. FAX No.	. 702 990 2297
75206		CANYON MED	ICAL BILLING
1500		7435 S. EA	STERN AVE.
	RANCE CLAIM FOR	STE. A5-27	<u> </u>
	UNIFORM CLAIM COMMITTEE 08/0	HIND AMORED	NA 83153
PICA			· Pica []
<u> </u>	cald #) CHAMPUS (Sponsor's SSN)	CHAMPVA GROUP PLAN ECCLUMG (ID)	1
RODRIGUEZ E	Name, First Name, Middle Initial)	SEX	4. INSURED'S NAME (Last Name, First Name, Middle Initial) RODRIGUEZ ENRIQUE
6. PATIENTE ANNOCCE /N	n Cimath	B. PATIENT RELATIONSHIP TO INGURED	7. INGURED'S ADDRESS (No., Street)
LCITY		8elf X Spores Child Other	
A S		Bingle X Marriad Other	TELEPHONE (Include Area Code)  TIT, INSURED'S POLICY GROUP OR PECA NUMBER  A INSURED'S DATE OF BIRTH  BY  BY  BY  CANYON MEDICAL BILLING  III IST THERE ANOTHER HEALTH BENEFIT PLAN?
I sin cour	TELEPHONE (Include Area C	Full-Time Frant-Time	7IP CORF TELEPHONE (Include Area Code)
8. OTHER INSURED'S NAM	IE (Lest Name, First Name, Middle in	Employed   Student   Stu	11, INSURED'S POLICY GROUP OR PECA NUMBER
B. OTHER INSURED'S POL	ICY OR GROUP NUMBER .	a. EMPLOYMENT? (Current or Previous)  YES X NO	■ INSURED'S DATE OF BIRTH SEX
b. OTHER INSURED'S DAT	E OF BIRTH SEX	b. AUTO ACCIDENT? PLACE (Sib)	b, EMPLOYER'S NAME OR SCHOOL NAME
- 5100 OV5015 ATTACA	M F	YES X NO	A
△ EMPLOYER'S NAME OR	BUMOOL NAME	o. OTHER ACCIDENT?	CANYON MEDICAL BILLING
& INSURANCE PLAN NAM	E OR PROGRAM NAME	10d, RESERVED FOR LOCAL UBE	·
,	ead back of form before co	MBI ETING & CIGNING THIS KODA	YE8 X NO If yes, return to and complete item 9 s-d.  19. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize
12. PATIENTS OR AUTHO to process this daim. I al	RIZEO PERSONS SIGNATURE   RU	ivorize the release of any medical or other information necessar effic aither to myself or to the party who accepts assignment	y payment of medical benefits to the undersigned physician or supplier for sorvices described below.
balow.	URE ON FILE	DATE 3/17/2008	STONATORE ON ETTE
			- BIGNED 1
\	ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY(LMP)	15. IF PATIENT HAS HAD SAME OF SIMILAR ILLNES	FROM
17, NAME OF REFERRING	PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES
19. REBERVED FOR LOGA	LUSE	170. [PP]	25, OUTSIDE LAB? S OHARGES
			YES NO
71.9 46	RE OF ILLNESS OF INJURY (Fields	items 1, 2, 3 or 4 to liem 24E by Line)	22. MEDICATO RESUBMISSION ORIGINAL REF. NO.
T		3,	23, PRIOR AUTHORIZATION NUMBER
<u> </u>	avior D o	4. L	
24. A. DATE(S) OF SE From MM DD YY MX	FIVICE B. C. FLACEOF C. TO YY SERVICE EMG.	(Explain Unutual Circumstances) DIAGNO OPTHOPOS ( MODIFIER POINTE	
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25. FEDERAL TAX 1.D. NU 880454760	MBER 98N EN 126.P	ATJENT 8 ACCOUNT NO. 27 ACCEPT ABBIONMENT	29, AMOUNT PAID 99, BALANCE DUE 700 00 \$ 700 00 \$
31. SIGNATURE OF PHYS INCLUDING DEGREES	OR CREDENTIALS	IBNCKNOTA OCTALEN KARAFIRALE	Bonk Nation Carling Control Co
(I certify that the state of apply to this bill and are MICHAEL J CR	الا الله (الله taveral a game) الله الله الله الله الله الله الله الل	DERSON NV 89052	880 SEVEN HILLS DR STE 140
The Court of CR	3/17/2008		HENDERSON NV 89052
BIGNED	DATE 811-4	87788873	12 8778 8873 b
NUCC Instruction Ma Mid. by Medical Arts Press Gall toll-free; 1-800-328-217	nual availabļe at: www.nucc e	org PLEASE PRINT OR TYPE Printed on Recycled Paper	APPROVED OMB-0938-0999 FORM CMS-1500 (08-05) #14710 - Medical Arts Press Use with Envelope #14145 (guitated) or #14146 (scil-seal)

CENTER FOR DISEASES & SURGERY OF THE SPINE 600 S. RANCHO DR. STE 107 LAS VEGAS NV 89106-4806 702-878-9396 Printed 13:45:37 24 JUL 2008 By: 892 THALGOTT.MB JJF

TaxID#: 88-0340195

ENRIQUE "HENRY" RODRIGUEZ (57217)

###. 1	647	596.1	*57217	ENRIQUE	"HENRY" EW LEVEL	RODRIGUEZ	:	. Original *Private* 400.00 400.00		
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Prim	arys	0.00	Sei	condary:	0.00	Personal:	0.00	Adjust	ments: 0.0	21
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4					LOWER L			*Private* 272.50 272.50	031006NER	607568.
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Prima	ary:	0.00	Sec	condary:	0.00	Personal:	0.00	Adjust	ments: 0.0	7)
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		3 / C) 1 3	vezo17		811571571	RODRIGUEZ		y During to L		

JOHN S THALGOTT MD-00002

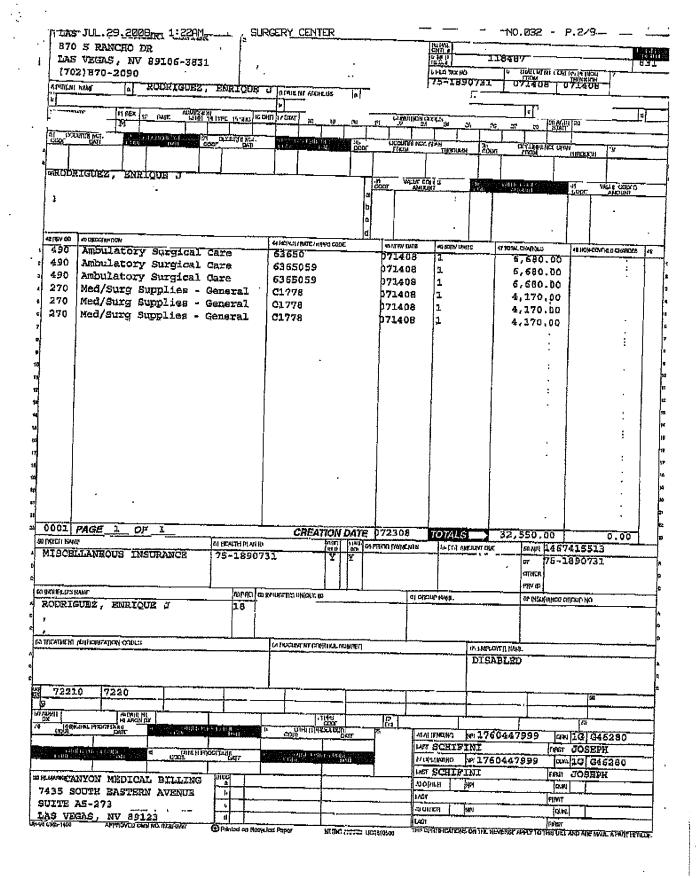
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Prim		Ø Secondar			Adjustments: 0.00
	656814.	1*57217 ENRIQ 5 99214 OV	JE "HENRY"	RODRIGUEZ	
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12	658990. 01/18/0	L*57217 ENRIQ 7 99213 OV Ba	OLD LEVEL	RODRIGUEZ	
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13		7 99213 OV		RODRIGUEZ 31.16 722.0	*Private*   145.00 04120070F 662212.   145.00
Prim					Adjustments: 0.00
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				Personal: 0.00	Adjustments: 0.00
18	660735.1 02/20/08	*57217 ENRIQ 8 \$9982 CO	JE "HENRY" PY MEDICAL 198 BBBC P	RODRIGUEZ 31.16 788.0	*Closed* 46.20 022008MAI 660735. -46.20 022008MAI 660735. 0.00
Prim	ary: 0.00	Secondary	v: 0.00	Personal: -46.	20 Adjustments: 0.00

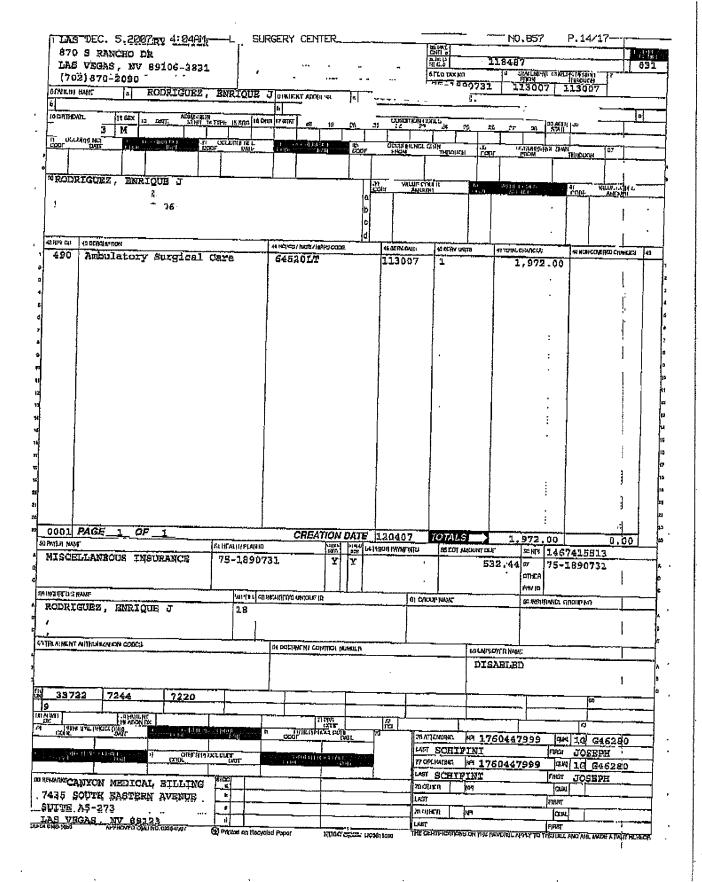
JOHN S THALGOTT MD-00003

###. Date... Code... Description. DrFc1. Dx... Original Batch... Ref... 671329.1\*57217 ENRIQUE "HENRY" RODRIGUEZ \*Private\*
20 05/13/08 99213 OV OLD LEVEL 31.16 722.0 145.00 0513080FF 671329.
Balance: 145.00
Primary: 0.00 Secondary: 0.00 Personal: 0.00 Adjustments: 0.00

TOTAL : 4154.50

JOHN S THALGOTT MD-00004





# LV Surgery Center 0000003



8170 S. Eastern Ave Ste 4-273 Las Vegas, NV 89123

Bill To:			
Enrique Rodriguez C/O Benson Bertold 7408 W Sahara Ave Las Vegas, NV 8911			
Patient Name:	Enrique Rodrigue	)Z	
Claim #	Social Security #		
lien			
		5	

Canyon Medical Billing, LLC has purchased the accounts receivable/lien from Las

Vegas Surgery Center.

### Invoice

Date	Invoice#				
07/15/2008	2343				
Terms					
Due Upon Settlement					

	Decription	Amount
Rodriguez, Enrique a	nbu surg 63650/6365059/6365059/c1778/c1778/c1778/ Las Vegas	Surgery Center 7.14.08 \$32,550.00
Canyon Medical Billin	g, LLC has purchased the accounts receivable/lien from Las Vegas	Surgery Center.
Attorney:		
Procedure Date:	07/14/08	
Diagnosis 1	722.10	
Diagnosis 2	722.0	
CPT Code	63650/6365059/6365059/c1778/c	

Please Make Checks payable to Canyon Medical Billing, Inc. Taxpayer ID #16-1648699

Total:

\$32,550.00

# LV Surgery Center 0000004

Invoice

Invoice #

1651

Date

12/01/2007

Terms



#### 8170 S. Eastern Ave Ste 4-273 Las Vegas, NV 89123

Bill To:	· · · · · · · · · · · · · · · · · · ·				Due on receipt
Enrique Rodriguez C/O Benson Bertold 7408 W Sahara Ave Las Vegas, NV 8911					
Patient Name:	Enrique Rodrigue	z			
Claim#	Social Security #				
lien					
		Decription			Amount
Canyon Medical Billin	ng, LLC has purchased the a	occounts receiv	/able/lien from Las Vegas Surge	ry Center.	
Attorney:	## UNIVERSITY OF THE PROPERTY				
Procedure Date:	11/30/2007				
Diagnosis 1	337,22				
Diagnosis 2	724.4				
CPT Code	64520LT				
Canyon Medical Billin Vegas Surgery Cente	ig, LLC has purchased the a	ccounts receiv	/able/lien from Las	Tota	l: \$1,972.00

Please Make Checks payable to Canyon Medical Billing, Inc. Taxpayer ID #16-1648699

Joseph J. Schifini, MD

### Patient Ledger Sorted By: Case Number

Entry	Date .	POS	Descript	ion	Case Procedur	e Document	Provider	Amount
RODENO		e J Ro Payme	odriguez ent: 0.00		•			
203228	11/26/2007	t1			35449	0711260000	JJSMD	1500.00
203514	11/30/2007	24			35453	0712030000	JJSMD	600.00
203515	11/30/2007	24			35453	0712030000	JJSMD	150.00
203516	11/30/2007	24			35453	0712030000	JJSMD	75.00
204129	12/6/2007	11			35453	0712060000	JJSMD	150.00
206476	1/10/2008	11			35453	0801100000	JJSMD	150.00
220976	7/1/2008	11			35453	0807020000	JJSMD	150.00
221847	7/14/2008	24			38179	0807140000	JJSMD	1950.00
221848	7/14/2008	24			38179	0807140000	JJSMD	1950.00
221849	7/14/2008	24			38179	0807140000	JJSMD	1950.00
221850	7/14/2008	24			38179	0807140000	JJSMD	150.00
221851	7/14/2008	24			38179	0807140000	JJSMD	75.00
221852	7/14/2008	24			38179	0807140000	JJSMD	150.00
							Patient Total	\$9,000.00

Printed on 8/8/2008 9:30:44 AM

Page 1

JOSEPH J SCHIFINI MD-00002

Cal.Hand Surg & Orthop Spec Med Clinic, Inc P O Box 515110

4724131 FED. Tax. ے4724131

Los Angeles CA, 900515110 (818) 700-1250

To:

Law offices of Jonathon Weber

7408 W. Sahara Ave

Medical Record #: 0703070017

Patient

Rodriguez, Enrique

Las Vegas NV, 89117

7022282600

SSN: Date Of Injury: 11/22/2004

Adjuster:

Claim Number(s):

Employer:

Jonathan Weber

WCAB #:

Diagnosis

1) 337.22 2) 3) 4)

1) 337.22

DOS Description
07/17/2008 OFFICE OR OTHER OUTPATIENT VISIT FO
07/17/2008 REPORT PREPARATION

 Code
 DX
 Charge
 Unit
 Payment
 Adj

 99214
 I
 134.36
 1.0
 0.00
 0.00

 99080
 I
 80.00
 2.0
 0.00
 0.00

Balance

134.36

80.00

TOTAL CHARGE TOTAL PAYMENT TOTAL ADJUSTMENT BALANCE NOW DUE 214.36 0.00 0.00 214,36

Cal. Hand 0000001

Cal Hand Surg & Orthop Spec Med Clinic, two P O Box 515110

FED. Tax: > 34724131

Los Angeles CA, 900515110 (818) 700-1250

To:

Law offices of Jonathon Weber

7408 W. Sahara Ave

Medical Record #: 0703070017

Las Vegas NV, 89117 7022282600 Patient

Rodriguez, Enrique

SSN:

Date Of Injury: 11/22/2004

Adjuster:

Claim Number(s):

Employer:

WCAB#:

Diagnosis

1) 337.22 2) 3) 4)

1) 337.22

DOS Description
04/23/2008 OFFICE OR OTHER OUTPATIENT VISIT FO
04/23/2008 REPORT PREPARATION

 Code
 DX
 Charge
 Unit
 Payment
 Adj

 99214
 1
 134.36
 1.0
 0.00
 0.00

 99080
 1
 80.00
 2.0
 0.00
 0.00

Balance

134.36

80.00

TOTAL CHARGE TOTAL PAYMENT TOTAL ADJUSTMENT BALANCE NOW DUE 214.36 0.00 0.00 214.36

Cal. Hand 0000002

Cal Hand Surg & Orthop Spec Med Co. . , inc P O Box 515110

FED. Ta 54724131

Los Angeles CA, 900515110 (818) 700-1250

To:

Law offices of Jonathon Weber

7408 W. Sahara Ave

Medical Record #: 0703070017

Patient

Rodriguez, Enrique

Las Vegas NV, 89117

7022282600

Date Of Injury: 11/22/2004

Adjuster:

Claim Number(s):

Employer:

WCAB#:

Diagnosis

337.22

1) 337.22

DOS Description
01/09/2008 OFFICE OR OTHER OUTPATIENT VISIT FO

Code DX Charge 99214 1 134.36 Payment

Balance 1.0 0.00 0.00 134.36

TOTAL CHARGE TOTAL PAYMENT TOTAL ADJUSTMENT BALANCE NOW DUE 134.36 0.00 0.00

134.36

Cal Hand Surg & Orthop Spec Med Clinic, Inc P O Box 515110

FED. Tax: y54724131

Los Angeles CA, 900515110 (818) 700-1250

To:

Law offices of Jonathon Weber

7408 W. Sahara Ave

Medical Record #: 0703070017

Patient

Rodriguez. Enrique

Las Vegas NV, 89117 SSN:

7022282600

Date Of Injury: 11/22/2004

Adjuster:

Claim Number(s):

Employer:

WCAB#:

Diagnosis

1) 337.22 2) 3) 4)

1) 337.22

DOS Description
05/03/2007 OFFICE OR OTHER OUTPATIENT VISIT FO
05/03/2007 SUPPLEMENTAL REPORT

 Code
 DX
 Charge
 Unit

 99214
 1
 134.36
 1.0

 99080
 1
 80.00
 2.0

Payment Adj E 0.00 0.00 1 0.00 0.00 8

Balance 134.36 80.00

TOTAL CHARGE TOTAL PAYMENT TOTAL ADJUSTMENT BALANCE NOW DUE 214.36 0.00 0.00 214,36 Cal Hand Surg & Orthop Spec Med Clinic, Inc. P O Box 515110

FED. Tax: . +724131

Los Angeles CA, 900515110 (818) 700-1250

To:

Law offices of Jonathon Weber

7408 W. Sahara Ave

Medical Record #: 0703070017

Las Vegas NV, 89117 7022282600

Patient

Rodriguez, Enrique

SSN:

Date Of Injury: 11/22/2004

Adjuster:

Claim Number(s):

Employer:

WCAB #:

Diagnosis

1) 337.22 3) 4)

1) 337.22

DOS Description

04/18/2007 LUMBAR OR THORACIC (PARAVERTEBRAL 04/18/2007 FLUOROSCOPY UP TO ONE HOUR

Code DX Charge 64520-LT 1 300.00 76000-26 70.00

Unit Payment 1.0 0.001.0 0.00

Adj Balance 300.00 70.00 0.00 0.00

TOTAL CHARGE TOTAL PAYMENT TOTAL ADJUSTMENT BALANCE NOW DUE

370.00 0.00 0.00 370.00

Cal Hand Surg & Orthop Spec Med Clinic, Inc. P O Box 515110

FED. Tax: 954724131

Los Angeles CA, 900515110 (818) 700-1250

To:

Law offices of Jonathon Weber

7408 W. Sahara Ave

Medical Record #: 0703070017

Patient

Rodriguez. Enrique

SSN: Las Vegas NV, 89117

7022282600

Date Of Injury: 11/22/2004

Adjuster:

Claim Number(s):

Employer:

WCAB #:

Diagnosis

1) 337.22 2)

1) 337.22

DOS Description

04/05/2007 OFFICE OR OTHER OUTPATIENT VISIT FO 04/05/2007 SUPPLEMENTAL REPORT

Code DX Charge 9214 1 134.36 99214 99080 1 150.00

Unit 1.0 1.0

Payment 0.00 0.00 0.00 0.00

Adj

Balance

134.36 150.00

TOTAL CHARGE TOTAL PAYMENT TOTAL ADJUSTMENT BALANCE NOW DUE

284.36 0.00 0.00 284.36

Cal Hand Surg & Orthop Spec Med Clinic, In-P O Box 515110

Payment

0.00

0.00

0.00

Adj

0.00

0.00

0.00

Balance 300.00

80.00

70.00

Los Angeles CA, 900515110 (818) 700-1250

To:

Jonathan Weber, Esq

2029 Century Park E Ste 2100

Medical Record #: 0703070017

Patient

Rodriguez, Enrique

Los Angeles CA, 90067

3102267570

Date Of Injury: 11/22/2004

Adjuster:

Claim Number(s):

Employer:

WCAB#:

SSN:

Diagnosis

337.22 2) 727.04 3) 4)

1) 337.22

2) 727.04

DOS Description 03/14/2007 LUMBAR OR THORACIC (PARAVERTEBRAL 03/14/2007 INJECTION(S); TENDON SHEATH, LIGAME 03/14/2007 FLUOROSCOPY UP TO ONE HOUR

Code DX Charge Unit 64520-LT 1 300.00 1.0 20550-51-LT 80.00 1.0 76000-26 1 70.00 1.0

450.00 0,00 0.00 450.00

TOTAL CHARGE TOTAL PAYMENT TOTAL ADJUSTMENT BALANCE NOW DUE

Cal. Hand 0000007

Account 0703070017 01

Episode Rodriguez, Enrique

Charge Number DOS CM

Charge Number		DOS	СРТ	Charges	Payments
Company	COHS				
Insurance	PI		Jonathan Weber, Esq		
0018182800-00 0018182800-00	-		99245P-CONSULT COMPLEX	600.00	0.00
0018182800-00	-		P199080-PI REPORT 95851-RANGE OF MOTION MEASUREMENTS AND REPORT (SEPARATE PROCEDUR)	350.00	0.00
0018426100-00	_	03/14/07	64520-LUMBAR OR THORACIC (PARAVERTEBRAL SYMPATHETIC)	70.11 300.00 カット	0.00 0.00
0018426100-00 0018426100-00	_	03/14/07	20550-INJECTION(S); TENDON SHEATH, LIGAMENT	80.00 ''	0.00
0010-120105-00	O.	03/14/07	76000-FLUOROSCOPY UP TO ONE HOUR Jonathan Weber, Esa	70.00 - 4	0.00
			COHS	1,470.11	0.00
			P.Ineck,Rt upper extrm,back,Lt lower extrm	1,470.11	0.00
			The standard and short standard constitution of the standard constitution	1,470.11	0,00
				1,470.11	0.00

```
Balance
```

500.00 350.00 70.11 300.00 80.00 70.00 1,470.11 1,470.11 1,470.11

41\8 .9 3\14

Apr. 19. 2007 11:11AM GR MEDICAL MGMT

#### MEDICAL ASSOCIATES SOUTHERN NV P.O. Box 778195 HENDERSON, NV 89077-8195 (702)492-7208

Statement Date 3/16/2010



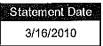
Enrique J. Rodriguez

Chart Number RODEN000

DATE	PROCEDURE	UNITS	DESCRIPTION		CASE NUMBER	R AMOUNT	
	rique J. Rodriguez cription: LN- Jonatha	n Weber	DX 1: 723.1	DX 2: 847.0	DX 3: 784.0	DX 4: 724.1	
1/26/2006	99204	1	New Patient Com	prehensive	1876	300.00	
2/1/2006	99214	1	Office Visit Detail	ed	1876	165.00	
2/20/2006	99214	1	Office Visit Detail	ed	1876	165.00	
3/6/2006	99214	1	Office Visit Detail	ed	1876	165.00	
3/6/2006	73110	1	X-Ray Wrist Com	plete	1876	110.00	
3/22/2006	99214	1	Office Visit Detail	ed	1876	165.00	
4/3/2006	99214	1	Office Visit Detail	ed	1876	165.00	
4/26/2006	99214	1	Office Visit Detail	ed	1876	165.00	
5/10/2006	99214	1	Office Visit Detail	ed	1876	165,00	
5/22/2006	99214	1	Office Visit Detaile	эd	1876	165.00	
5/31/2006	99214	1	Office Visit Detaile	эd	1876	165.00	
5/31/2006	99080	1	Special Reports F	orm	1876	60.00	
6/22/2006	99214	1	Office Visit Detaile	ed	1876	165.00	
3/30/2006	99214	1	Office Visit Detaile	ed	1876	165.00	
7/17/2006	99214	1	Office Visit Details	ed	1876	165.00	
3/16/2006	99214	1	Office VIsit Details	ed	1876	165.00	
0/23/2007	PC000	88	Medical Records	PC Charge	1876	52.80	
2/25/2008	BEN .	1	Benicorp payment	for medical records	1876	-52.80	
7/29/2008	RECBILL	1	Records and BIII		1876	0.00	
3/29/2009	STATUS	1	STATUS		1876	0.00	
			Dovemble	Total Adjustmer	Bal	ance Due	
erviori in operatione.	Charges	iotai	Payments	alija ini pini para para para paga paga paga paga paga	gia dina di binggana ya kwa		
\$2667.80		-\$52.80	\$0.00		2,615.00		

Koka 0000157

Primary Care Consultants P.O. Box 778195 Henderson, NV 89077-8195 (702)492-7208





Enrique J. Rodriguez

Chart Number RODEN000

DATE	PROCEDURE	UNITS	DESCRIPTION	CASE NUMBER	AMOUNT
	rique J. Rodriquez cription: MVA/LN/Jo	nn Weber/M	<u>DX 1:</u> <u>847,1</u> <u>DX 2:</u> IASN	847.2 DX 3: 840.8	DX 4:E812.9
10/25/2006	99211	1	SUTURE REMOVAL	159	45.00
11/9/2006	99214	1	OFFICE VISIT DETAILED	159	230.00
11/30/2006	99214	1 .	OFFICE VISIT DETAILED	159	230,00
2/9/2007	99214	1	OFFICE VISIT DETAILED	159	239.00
3/20/2007	99214	1	OFFICE VISIT DETAILED	159	239.00
5/10/2007	99214	1	OFFICE VISIT DETAILED	159	239.00
6/11/2007	99214	1	OFFICE VISIT DETAILED	159	239.00
10/12/2007	99214	1	OFFICE VISIT DETAILED	159	239.00
0/23/2007	PC	17	Medical Records Photo Copy	Char 159	10,20
1/5/2007	99214	1	OFFICE VISIT DETAILED	159	239.00
2/3/2007	99214	1	OFFICE VISIT DETAILED	159	239.00
1/4/2008	99214	1	OFFICE VISIT DETAILED	159	239.00
2/25/2008	COPYFEES	1	Photocopy Fees	159	-10.20
/21/2008	99214	1	OFFICE VISIT DETAILED	159	239.00
1/9/2008	99214	1	OFFICE VISIT DETAILED	159	239.00
1/9/2008	85025	1	CBC W/DIFF	159	16.60
7/21/2008	STAT	1	Status	169	0.00
3/13/2008	99214	1	OFFICE VISIT DETAILED	159	239.00
/23/2008	99214	1	OFFICE VISIT DETAILED	159	239.00
7/29/2008	PC	89	Medical Records Photo Copy	Char 159	53.40
Total	Charges	Total	Payments Total A	djustments	Balance Due
	ontinued			ontinued	Continued

Koka 0000158

Primary Care Consultants P.O. Box 778195 Henderson, NV 89077-8195 (702)492-7208

Statement Date 3/16/2010



Enrique J. Rodriquez

Chart Number RODEN000

DATE	PROCEDURE	UNITS	DESCRIPTION	CASE NUMBER	AMOUNT
7/29/2008	RECBILLS	1	Records & Bills	159	0.00
8/8/2008	COPYFEES	1	Photocopy Fees	159	-53.40
8/20/2008	99214	1	OFFICE VISIT DETAILED	159	239.00
9/17/2008	99214	1	OFFICE VISIT DETAILED	159	239.00
10/1/2008	99214	1	OFFICE VISIT DETAILED	159	239.00
10/22/2008	99214	1	OFFICE VISIT DETAILED	159	239.00
11/19/2008	99214	1	OFFICE VISIT DETAILED	159	239.00
12/17/2008	99214	1	OFFICE VISIT DETAILED	159	239.00
2/2/2009	99214	1	OFFICE VISIT DETAILED	159	200.00
3/2/2009	99214	1	OFFICE VISIT DETAILED	159	200.00
3/30/2009	99214	1	OFFICE VISIT DETAILED	159	200.00
5/6/2009	99214	1	OFFICE VISIT DETAILED	159	200.00
6/15/2009	99214	1	OFFICE VISIT DETAILED	159	225.00
7/20/2009	99214	1	OFFICE VISIT DETAILED	159	225.00
8/7/2009	BALCON	1	Balance Confirmation	159	0.00
11/4/2009	99214	1	OFFICE VISIT DETAILED	159	225.00
12/16/2009	99214	1	OFFICE VISIT DETAILED	159	225.00
12/17/2009	99244	1	CONSULTATION INITIAL	159	560.43
12/17/2009	82055	1	Breathalyzer	159	30.00
12/17/2009	80101	1	UDS (5)	159	40.00
1/13/2010	99214	1	OFFICE VISIT DETAILED	159	225.00
3/3/2010	99214	1	OFFICE VISIT DETAILED	159	239.00

Total Charges	Total Payments	Total Adjustments	Balance Due
\$7681.63	-\$63.60	\$0.00	7,618.03
<u>-</u> ,			

Koka 0000159

MATT SMITH PHYSICAL THERAPY 848 N RAINBOW BLVD 357	[CQFMAIN] Inquiry Date 08/13/2009 Time 7:21a
LAS VEGAS, NV 89107-1103 702 804 0026	User eek001 Page 1
Patient #: 18843 Bill To #: 18843 DOB: Age: 46 Sex: M SSN: H/Ph #: W/Ph #:	Patient Name: ENRIQUE J RODRIQUEZ   Resp Party: ENRIQUE J RODRIQUEZ   Dr #: 15 LORI M SKOPHAMMER PT   RDr #: 37 JOHN S THALGOTT MD   Patient Type: 40 LIENS/LITIGATION   Bill Cycle: 4 SAA-ZZZ   Credit Status: 28   Date Registered: 02/22/2006
Patient E-mail: Responsible Party E-mail:	
Balances 0 - 30: .00 31 - 60: .00 61 - 90: .00 91 - 120: .00 121 - 150: .00 151+ : 29,330.00	Responsible Party Address:
Total Balance: 29,330.00 - Pending: .00 = Patient Balance: 29,330.00	
included burnings and	Last Transactions:   Charge: 06/14/2007 130.00   Personal: 05/23/2008 154.80   Insurance: 00/00/0000 .00
	Location: 2 RANCHO OFFICE   Diagnosis: 847.0 SPRAIN OF NECK   Billing History: 06/30/2008 05/31/2008   04/30/2008 03/31/2008
Current	Coverages
** No Current Insurance found **	·
Archived	Coverages
** No Archived Insurance found **	ge vir e
** No Collection Information found **	
Posted Type Description 02/22/2006 8000001 RX 2-21-06 3X4 DX 847.0	
Posted Time Initials Description 08/01/2008 2:10p DRL THIS PT HAS TWO ACC 08/01/2008 2:11p DRL 23591. PLEASE CHECK	COMIS LOW TITEM BYTHINCE 10045 &
** No On-bill notes found **	
** No Collection notes found **	
To annual Makas	

Valley Rehab. 0000007

PLEASE REMIT TO:

RANCHO PHYSICAL THERAPY, INC. P.O. BOX 870

MURRIETA, CA 92564 (951) 696-9353

FED TAX ID # 33-0493339

SERVICES RENDERED AT:

RANCHO PHYSICAL THERAPY, INC.

630 E. LATHAM AVENUE HEMET, CA 92543

STATEMENT DATE: 11/13/2009

PATIENT: ENRIQUE RODRIGUEZ INJURED: 11/22/2004

BENSON, BERTOLDO, BAKER, AA PHYSICIAN: NORK MD, JOHN G

7408 WEST SAHARA AVENUE LAS VEGAS NV 89117

EMPLOYER: SELF

ACCT N20022 AL N2 DIAGNOSIS: PAIN IN JOINT INVOLVING LOWER LEG

STIFFNESS OF JOINT, NOT ELSEWHERE CLASSIFIED, INVOLVING LOWE

OTHER JOINT DERANGEMENT, NOT ELSEWHERE CLASSIFIED SPRAIN OF OTHER SPECIFIED SITES OF KNEE AND LEG

			n	ISURANCE		PATIENT
DATE	DESCRIPTION		Charges	PAID	adjusts	PAID
M	BALANCE FORWARD	n nn		~~~~~		
12/08/04	PHYSICAL THERAPY EVALUATION 1 UNIT		120.00		:	
12/08/04	THERAPEUTIC EXERCISE 1 UNIT		45.00		! ; !	
	ELECTRICAL STIMULATION 1 UNIT		25.001		! ; ! :	
	HOT PACK/COLD PACK		25.001		;	
	ELECTRODES		8.00		1	
• •	POOL THERAPY 3 UNITS		210.00		:	
	WHIRLPOOL 1 UNIT		30.001		:	
	ELECTRICAL STIMULATION 1 UNIT		25.001			
• • •	HOT PACK/COLD PACK		25.001			
	POOL THERAPY 3 UNITS		210.00		i	
	97140- MANUAL THERAPY 1 UNIT		45.00			
	WHIRLPOOL 1 UNIT		30.001		i	
12/13/04	ELECTRICAL STIMULATION 1 UNIT		1 25.00!	i	i	
	POOL THERAPY 3 UNITS		1 210.00	ì	ì	
12/15/04	97140- MANUAL THERAPY 1 UNIT		45.00	i	i	
12/15/04	WHIRLPOOL 1 UNIT		30.00	i	i	
12/15/04	ELECTRICAL STIMULATION 1 UNIT		25.00	i	i	
12/17/04	POOL THERAPY 3 UNITS		210.001	ĺ	ì	
12/17/04	97140- MANUAL THERAPY 1 UNIT		45.00	Ī	i	
12/17/04	WHIRLPOOL 1 UNIT		1 30.001	i	i	
12/17/04	ELECTRICAL STIMULATION 1 UNIT		25,001	ĺ	i	
12/20/04	POOL THERAPY 3 UNITS		210.001	i	i	
12/20/04	97140- MANUAL THERAPY 1 UNIT		45.00	j	j	
12/20/04	WHIRLPOOL 1 UNIT		[ 30.00]	1	į	
12/22/04	POOL THERAPY 4 UNITS		[ 280.00]	i	i	
12/22/04	97140- MANUAL THERAPY 1 UNIT		45.00	i	ì	
12/22/04	ELECTRICAL STIMULATION 1 UNIT		25.00	Ì	į	
12/23/04	POOL THERAPY 4 UNITS		280.00	į	į	

CONTINUED ON NEXT PAGE

Rancho PT 0000139

REI O T P

PLEASE REMIT TO:

RANGHO-PHYSICAL THERAPY, INC. P.O. BOX 870

MURRIETA, CA 92564 (951) 696-9353

FED TAX ID # 33-0493339

SERVICES RENDERED AT:

------

RANCHO PHYSICAL THERAPY, INC.

630 E. LATHAM AVENUE HEMET, CA 92543

STATEMENT DATE: 11/13/2009

PATIENT: ENRIQUE RODRIGUEZ

INJURED: 11/22/2004

PHYSICIAN: NORK MD, JOHN G

EMPLOYER: SELF

ACCT N20022

LAS VEGAS

BENSON, BERTOLDO, BAKER, AA

NV 89117

7408 WEST SAHARA AVENUE

'AL N2 DIAGNOSIS: PAIN IN JOINT INVOLVING LOWER LEG

STIFFNESS OF JOINT, NOT ELSEWHERE CLASSIFIED, INVOLVING LOWE

OTHER JOINT DERANGEMENT, NOT ELSEWHERE CLASSIFIED SPRAIN OF OTHER SPECIFIED SITES OF KNEE AND LEG

N. N. mars		I	INSURANCE		
DATE	DESCRIPTION	CHARGES	PAID	Adjusts	Patient Paid
	BALANCE FORWARD 2358.00	1			
12/23/04	ELECTRICAL STIMULATION 1 UNIT	25.00		! !	
	HOT PACK/COLD PACK	1 25.001		[ ] [ ]	
	THERAPEUTIC EXERCISE 2 UNITS	90.00		1 <u>1</u>	
	MANUAL THERAPY 1 UNIT	45.00			
01/03/05	ELECTRICAL STIMULATION 1 UNIT	25.00			
	HOT PACK/COLD PACK	25.00		i i	
01/05/05	POOL THERAPY 4 UNITS	1 280,001	i		
01/05/05	WHIRLPOOL 1 UNIT	30.00		i	
01/07/05	P.T. RE-EVALUATION	45,00	i i	i	
01/07/05	POOL THERAPY 4 UNITS	280.001	i	i	
01/07/05	MANUAL THERAPY 1 UNIT	45.00	i	i	
01/07/05	WHIRLPOOL 1 UNIT	30.001	i	i	
01/07/05	HOT PACK/COLD PACK	25.00	í	i	
01/10/05	POOL THERAPY 4 UNITS	280,001	i	i	
01/10/05	THERAPEUTIC EXERCISE 2 UNITS	90.00	į	i	
	MANUAL THERAPY 1 UNIT	45.00	ì	i	
01/10/05	ELECTRICAL STIMULATION 1 UNIT	25,001	1	í	
	HOT PACK/COLD PACK	25.00	Í	i	
01/12/05	CORY JONES, billed 2408.00 for 12/08-12/23/4	i i	1	i	
	POOL THERAPY 4 UNITS	1 280.00	i	ĺ	
	THERAPEUTIC EXERCISE 2 UNITS	[ 90.00]	ì	i	
	Manual Therapy 1 Unit	45.00	1	i	
	ELECTRICAL STIMULATION 1 UNIT	25.00	İ	i	
	HOT PACK/COLD PACK	25.00	į	1	
01/13/05	CORY JONES, AA Billed 2,408.00 for 12/08-01/12/	1	1	1	
01/13/05	CORY JONES, billed 920.00 for 01/03-01/07/5	1 1	4	Ì	•
	POOL THERAPY 4 UNITS	280.00	1	i	
01/13/05	THERAPEUTIC EXERCISE 2 UNITS	1 90.001	Í	İ	
*** *** *** *** *** *** *** ***				<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	

CONTINUED ON NEXT PAGE

PLEASE REMIT TO:
RANCHO PHYSICAL THERAPY, INC.
P.O. BOX 870
MURRIETA, CA 92564
(951) 696-9353

FED TAX ID # 33-0493339

SERVICES RENDERED AT: RANCHO PHYSICAL THERAPY, INC. 630 E. LATHAM AVENUE HEMET, CA 92543

STATEMENT DATE: 11/13/2009

BENSON, BERTOLDO, BAKER, AA 7408 WEST SAHARA AVENUE LAS VEGAS NV 89117 PATIENT: ENRIQUE RODRIGUEZ INJURED: 11/22/2004 PHYSICIAN: NORK MD, JOHN G

duicadiin ←

EMPLOYER: SELF

ACCT N20022 AL N2 DIAGNOSIS: PAIN IN TOTHE THYOLKE

AL N2 DIAGNOSIS: PAIN IN JOINT INVOLVING LOWER LEG STIFFNESS OF JOINT, NOT ELSEWHERE CLASSIFIED, INVOLVING LOWE

OTHER JOINT DERANGEMENT, NOT ELSEWHERE CLASSIFIED SPRAIN OF OTHER SPECIFIED SITES OF KNEE AND LEG

		I	NEURANCE		PATIENT
DATE	DESCRIPTION	CHARGES	PAID	adjusts	PAID
	BALANCE FORWARD 4628.00				
01/13/05	WHIRLPOOL 1 UNIT	30.00			
01/13/05	ELECTRICAL STIMULATION 1 UNIT	25.001			
	HOT PACK/COLD FACK	25.00		<u> </u>	
01/17/05	POOL THERAPY 4 UNITS	280.00		1	
	THERAPEUTIC EXERCISE 2 UNITS	90.001		1	
	MANUAL THERAPY 1 UNIT	45.001	,	1	
	ELECTRICAL STIMULATION 1 UNIT	25.00	; 1	1	
01/17/05	HOT PACK/COLD PACK	25.00	1	<u>'</u>	
	NO SHOW APPT FEE	25.001	1	!	
	CORY JONES, billed 1380.00 for 01/10-01/13/5	1 20.001	;		
	POOL THERAPY 4 UNITS	280.00	i	1	
01/21/05	THERAPEUTIC EXERCISE 2 UNITS	90.001	;	i	
	MANUAL THERAPY I UNIT	45.00	i	i	
01/21/05	WEIRLPOOL 1 UNIT	30.001	i	i	
01/21/05	ELECTRICAL STIMULATION 1 UNIT	25.001	i	i	
	POOL THERAPY 4 UNITS	280.001	i	1	
01/24/05	THERAPEUTIC EXERCISE 1 UNIT	45.001	- :	i	
	WHIRLPOOL 1 UNIT	30.001	i	1	
01/24/05	ELECTRICAL STIMULATION 1 UNIT	25.00	i		
	HOT PACK/COLD PACK	25.00	i	i	
01/27/05	POOL THERAPY 4 UNITS	280.001	1	ì	
	THERAPEUTIC EXERCISE 1 UNIT	45.00	i	ì	
	ELECTRICAL STIMULATION 1 UNIT	25.00	i	i	
01/27/05	HOT PACK/COLD PACK	25.00	i	;	
01/31/05	CORY JONES, billed 935.00 for 01/17-01/21/5	1 23.00	i		
01/31/05	POOL THERAPY 3 UNITS	210.00	i	i	
	MANUAL THERAPY 1 UNIT	1 45.001	i	1	
	WHIRLPOOL 1 UNIT	30.001	i	,	

CONTINUED ON NEXT PAGE

PLEASE REMIT TO:
RANCHO PHYSICAL THERAPY, INC.
P.O. BOX 870
MURRIETA, CA 92564
(951) 696-9353
FED TAX ID # 33-0493339

SERVICES RENDERED AT: RANCHO PHYSICAL THERAPY, INC. 630 E. LATHAM AVENUE HEMET, CA 92543

STATEMENT DATE: 11/13/2009

PATIENT: ENRIQUE RODRIGUEZ INJURED: 11/22/2004

PHYSICIAN: NORK MD, JOHN G

EMPLOYER: SELF

7408 West Sahara avenue Las vegas nv 89117

BENSON, BERTOLDO, BAKER, AA

ACCT N20022

AL M2 DIAGNOSIS: PAIN IN JOINT INVOLVING LOWER LEG

STIFFNESS OF JOINT, NOT ELSEWHERE CLASSIFIED, INVOLVING LOWE

OTHER JOINT DERANGEMENT, NOT ELSEWHERE CLASSIFIED SPRAIN OF OTHER SPECIFIED SITES OF KNEE AND LEG

DATE DESC	RIPTION	IN CHARGES	isurançe Paid	Adjusts	PATIENT
	·			AMOUSTS	PAID
	BALANCE FORWARD 6733.00	1 1	1	1	
01/31/05 ELECTRICAL STIMUL	ATION 1 UNIT	25.00	1	1	
01/31/05 HOT PACK/COLD PAC	К .	25.00	1	]	
02/03/05 CORY JONES, bill	ed 780.00 for 01/24-01/27/5	1 20100,	,		
02/07/05 CORY JONES, bill	ed 335.00 for 01/31-01/31/5	i i	ì	<u> </u>	
02/18/05 CORY JONES, AA Bi	lled 6,783.00 for 12/08-02/07/	<u> </u>		!	
02/18/05 ENRIQUE RODRIG Bi	lled 6,783.00 for 12/08-02/18/	, 1 [ [	:	Į.	
U2/18/05 CORY JONES, AA Bi	lled 6,783.00 for 12/08-02/18/	i i	;	į.	
03/14/05 CORY JONES, AA Bi	lled 6,783.00 for 12/08-02/18/			!	
03/14/05 ENRIQUE RODRIG Bi;	lled 6,783.00 for 12/08-03/14/	! !	- 1	:	
04/14/05 CORY JONES, AA Bi	llad 6,783.00 for 12/08-03/14/		ļ	!	
04/14/05 CORY JONES, AA Bi	Lled 6,783.00 for 12/08-04/14/	· · · · · · · · · · · · · · · · · · ·		1	
04/14/05 CORY JONES, AA Bij	lled 6,783.00 for 12/08-04/14/		:	į.	
05/19/05 CORY JONES, AA Bil	lled 6,783.00 for 12/08-04/14/		j	Į.	
05/19/05 ENRIQUE RODRIG Bil	led 6,783.00 for 12/08-05/19/	!	!	Į.	
06/14/05 CORY JONES, AA Bil	led 6,783.00 for 12/08-05/19/	!	:	!	
07/05/05 CORY JONES, AA Bil	led 6,783.00 for 12/08-06/14/	!	!	<u> </u>	
07/05/05 CORY JONES, AA Bil	.led 6,783.00 for 12/08-07/05/	ļ	!	!	
07/20/05 CORY JONES, AA Bil	Lad 6,783.00 for 12/08-07/05/	Į.	!	ļ	
08/10/05 BENSON, BERTOL Bil	led 6,783.00 for 12/08-07/20/	i	ļ	1	
08/15/05 BENSON, BERTOT, Bil	led 6,783.00 for 12/08-08/10/	!	Į.	J	
09/15/05 BENSON, BERTOL Bil	led 6,783.00 for 12/08-08/15/	!	1	1	
09/16/05 ENRYOUE RODRIC Bil	led 6,783.00 for 12/08-08/15/		1	1	
09/16/05 ENRIQUE RODRIG Bil	led 6,783.00 for 12/08-09/16/	į	1	1	
09/26/05 BENSON BERTOL BIL	led 6,783.00 for 12/08-09/16/	1	Į.	l l	
10/17/05 RENSON BERTOT Bil	led 6,783.00 for 12/08-09/16/		- 1	ĺ	
10/17/05 EXPLOSE BONDEC DEL	1ed 6,763.00 for 12/08-09/26/	1	1		
10/24/05 POOL THERAPY 3 UNI	led 6,783.00 for 12/08-10/17/	1		3	
10/24/05 MANUAL THERAPY 1 U	10	210.00	ſ	1	
	MAT.	45.00	1	1	

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Rancho PT 0000142

PLEASE REMIT TO:

SERVICES RENDERED AT:

RANCHO-PHYSICAL THERAPY, INC. P.O. BOX 870

RANCHO PHYSICAL THERAPY, INC. 630 E. LATHAM AVENUE

MURRIETA, CA 92564 (951) 696-9353

HEMET, CA 92543

FED TAX ID # 33-0493339

STATEMENT DATE: 11/13/2009

PATIENT: ENRIQUE RODRIGUEZ

→ KIYEKSIDK

BENSON, BERTOLDO, BAKER, AA 7408 WEST SAHARA AVENUE

INJURED: 11/22/2004 PHYSICIAN: NORK MD, JOHN G

LAS VEGAS

NV 89117

EMPLOYER: SELF

ACCT N20022

AL N2 DIAGNOSIS: FAIN IN JOINT INVOLVING LOWER LEG

STIFFNESS OF JOINT, NOT ELSEWHERE CLASSIFIED, INVOLVING LOWE

OTHER JOINT DERANGEMENT, NOT ELSEWHERE CLASSIFIED SPRAIN OF OTHER SPECIFIED SITES OF KNEE AND LEG

INSURANCE PATIENT DATE DESCRIPTION CHARGES PAID ADJUSTS PAID BALANCE FORWARD 7038.00 1 10/24/05 WHIRLPOOL 1 UNIT [ 30.00] 10/24/05 ELECTRICAL STIMULATION 1 UNIT 25.00 10/26/05 POOL THERAPY 3 UNITS [ 210.00] 10/26/05 MANUAL THERAPY 1 UNIT 45.00 10/26/05 WHIRLPOOL 1 UNIT 30.001 10/26/05 ELECTRICAL STIMULATION 1 UNIT 25.001 10/26/05 HOT PACK/COLD PACK 25.00 10/27/05 POOL THERAPY 3 UNITS 210,00| 10/27/05 MANUAL THERAPY I UNIT 45.00 10/27/05 WHIRLPOOL 1 UNIT 30.00[ 10/27/05 ELECTRICAL STIMULATION 1 UNIT 25.00 10/27/05 HOT PACK/COLD PACK 25.001 11/03/05 POOL THERAPY 2 UNITS | 140.00| 11/03/05 MANUAL THERAPY 1 UNIT 45.001 11/03/05 THERAPEUTIC EXERCISE 1 UNIT 45.001 11/03/05 NEUROMUSCULAR RE-EDUCATION 1 UNIT 45,001 11/03/05 ELECTRICAL STIMULATION 1 UNIT 25.00 11/03/05 HOT PACK/COLD PACK 25.001 11/04/05 P.T. RE-EVALUATION 45.001 11/04/05 POOL THERAPY 2 UNITS 1 140.001 11/04/05 MANUAL THERAPY 1 UNIT 45.00 11/04/05 THERAPEUTIC EXERCISE 1 UNIT 45.001 11/04/05 NEUROMUSCULAR RE-EDUCATION 1 UNIT 45.00| 11/04/05 WHIRLPOOL 1 UNIT 30.001 11/04/05 ELECTRICAL STIMULATION 1 UNIT 25.00 11/04/05 HOT PACK/COLD PACK 25.001 11/14/05 BENSON, BERTOL Billed 8,488.00 for 12/08-11/04/ | 11/14/05 ENRIQUE RODRIG Billed 8,488.00 for 12/08-11/14/ |

CONTINUED ON NEXT PAGE

PLEASE REMIT TO:

RANCHO PHYSICAL THERAPY, ING.

LAS VEGAS

SERVICES RENDERED AT:

P.O. BOX 870

RANCHO PHYSICAL THERAPY, INC.

MURRIETA, CA 92564 (951) 696-9353

630 E. LATHAM AVENUE HEMET, CA 92543

FED TAX ID # 33-0493339

STATEMENT DATE: 11/13/2009

PATIENT: ENRIQUE RODRIGUEZ

BENSON, BERTOLDO, BAKER, AA INJURED: 11/22/2004 7408 WEST SAHARA AVENUE

PHYSICIAN: NORK MD, JOHN G

EMPLOYER: SELF

ACCT N20022

NV 89117

AL NZ DIAGNOSIS: PAIN IN JOINT INVOLVING LOWER LEG

STIFFNESS OF JOINT, NOT ELSEWHERE CLASSIFIED, INVOLVING LOWE

OTHER JOINT DERANGEMENT, NOT ELSEWHERE CLASSIFIED SPRAIN OF OTHER SPECIFIED SITES OF KNEE AND LEG

DATE	DESCRIPT	COM	i) Charges	nburance Paid	adjusts	Patient Paid
12/01/05 12/01/05 12/01/05 12/01/05 12/01/05 12/01/05 12/02/05 12/02/05 12/02/05 12/05/05 12/05/05 12/05/05 12/06/05 12/06/05 12/06/05 12/06/05 12/06/05 12/07/05 12/07/05 12/07/05 12/07/05 12/07/05 12/07/05 12/07/05 12/07/05 12/07/05 12/07/05 12/07/05 12/07/05 12/07/05 12/07/05 12/07/05 12/07/05 12/07/05 12/07/05 12/07/05	ENRIQUE RODRIG Billed POOL THERAPY 3 UNITS MANUAL THERAPY 1 UNIT THERAPEUTIC EXERCISE 1 ULTRASOUND 1 UNIT WHIRLPOOL 1 UNIT ELECTRICAL STIMULATION HOT PACK/COLD PACK POOL THERAPY 3 UNITS WHIRLPOOL 1 UNIT ELECTRICAL STIMULATION HOT PACK/COLD PACK POOL THERAPY 3 UNITS WHIRLPOOL 1 UNIT ELECTRICAL STIMULATION HOT PACK/COLD PACK BENSON, BERTOL BILLED POOL THERAPY 3 UNITS WHIRLPOOL 1 UNIT ELECTRICAL STIMULATION HOT PACK/COLD PACK HERAPY 3 UNITS WHIRLPOOL 1 UNIT ELECTRICAL STIMULATION HOT PACK/COLD PACK	1 UNIT  1 UNIT  1 UNIT  8,488.00 for 12/08-11/14/  1 UNIT  8,488.00 for 12/08-12/06/				
COMM TARRES	ON MARK PART	· · · · · · · · · · · · · · · · · · ·		! **		

CONTINUED ON NEXT PAGE

PLEASE REMIT TO: RANCHO PHYSICAL THERAPY, INC. P.O. BOX 870 MURRIETA, CA 92564 (951) 696-9353 FED TAX ID # 33-0493339

SERVICES RENDERED AT: RANCHO PHYSICAL THERAPY, INC. 630 E. LATHAM AVENUE HEMET, CA 92543

BENSON, BERTOLDO, BAKER, AA 7408 WEST SAHARA AVENUE LAS VEGAS NV 89117

STATEMENT DATE: 11/13/2009 PATIENT: ENRIQUE RODRIGUEZ INJURED: 11/22/2004 PHYSICIAN: NORK MD, JOHN G

EMPLOYER: SELF

ACCT N20022

AL N2 DIAGNOSIS: PAIN IN JOINT INVOLVING LOWER LEG

STIFFNESS OF JOINT, NOT ELSEWHERE CLASSIFIED, INVOLVING LOWE OTHER JOINT DERANGEMENT, NOT ELSEWHERE CLASSIFIED

SPRAIN OF OTHER SPECIFIED SITES OF KNEE AND LEG

ntinued on next page

PLEASE REMIT TO:

RANCHO PHYSICAL THERAPY, INC. P.O. BOX 870

LAS VEGAS

SERVICES RENDERED AT:

RANCHO PHYSICAL THERAPY, INC.

MURRIETA, CA 92564

(951) 696-9353

630 E. LATHAM AVENUE HEMET, CA 92543

FED TAX ID # 33-0493339

STATEMENT DATE: 11/13/2009

PATIENT: ENRIQUE RODRIGUEZ

ᄣᅜᅩᆂ

BENSON, BERTOLDO, BAKER, AA INJURED: 11/22/2004 7408 WEST SAHARA AVENUE

PHYSICIAN: NORK MD, JOHN G

EMPLOYER: SELF

ACCT N20022

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AL N2 DIAGNOSIS: PAIN IN JOINT INVOLVING LOWER LEG

NV 89117

STIFFNESS OF JOINT, NOT ELSEWHERE CLASSIFIED, INVOLVING LOWE

OTHER JOINT DERANGEMENT, NOT ELSEWHERE CLASSIFIED SPRAIN OF OTHER SPECIFIED SITES OF KNEE AND LEG

DATE	DESCRIPTION		SURANCE PAID	PATIENT ADJUSTS PAID
04/29/09 BENSON 04/29/09 BENSON 06/29/09 BENSON 06/29/09 BENSON	BALANCE FORWARD 10128.00 , BERTOL Billed 10,128.00 for 12/08-10/20/ , BERTOL Billed 10,128.00 for 12/08-03/19/ , BERTOL Billed 10,128.00 for 12/08-04/29/ , BERTOL Billed 10,128.00 for 12/08-04/29/ , BERTOL Billed 10,128.00 for 12/08-06/29/ , BERTOL Billed 10,128.00 for 12/08-06/29/			
	TOTALS	10128.00 PLEASE	0.00 PAY	0.00 0.00 10128.00

THIS BALANCE REFLECTS YOUR CHARGES AS OF THE DATE OF THIS STATEMENT. ALL CHARGES ARE YOUR RESPONSIBILITY AND ARE DUE UPON SETTLEMENT OF YOUR LAW SUIT. BILLING QUESTIONS? CALL 951-696-9353

Rancho PT 0000146

Patient History - Summary

CENTENNIAL MEDICAL GROUP

Chart #:

Date ranges 09/17/2008 to 09/17/2008

By Date of Service

All Providers

Show last billed date Open Items Only Home Phone: 3860

Patient Name:		SOD	RODRIGUEZ,ENRIQUE			ğ	Office Phone:					
Address:				ш.,		Re	Resp. Party:	2	RODRIGUEZ, ENRIQUE	QUE		
City, State, Zip:	, Zip:					Re	Resp. Acct#	4	43236			
U Code	Source		Source I B Service Date	Prov	Visit#/ Check#	Charge Amount	Paid/ Applied	Patient Balance	Insurance Balance	Total Last Billed Date Billed Balance Carrier	Date Billed	Resp Party This Charge
72141		<u>,</u>	Y Y 9/17/2008 120	120	84419	\$2,500.00	\$0.00	\$0.00	\$2,500.00	\$2,500.00 BENS1	11/25/2008	43236
72146	-	<b>≻</b>	9/17/2008 120	120	84419	\$2,500.00	\$0.00	\$0.00	\$2,500.00	\$2,500.00 BENS1	11/25/2008	43236
72148	_ر	<b>≻</b>	Y Y 9/17/2008 120	120	84419	\$2,500.00	\$0.00	\$0.00	\$2,500.00	\$2,500.00 BENS1	11/25/2008	43236
Grand Total:						\$7,500.00	\$0.00	\$0.00	\$7,500.00	\$7,500.00		

\* U = Unapplied \* I = Bill Insurance \* B = Insurance Bilied

Generated 12/19/2008 3:20:49 PM

The William College

CENTENNIAL UPRIGHT MRI CENTER-00016

#### 1500

SIGNED

NUCC Instruction Manual available at: www.nucc.org

ATTY BENSON & BERTOLDO MEDICAL CLAIMS 7408 W. SAHARA AVE LAS VEGAS NV 89117

CARRIER HEALTH INSURANCE CLAIM FORM APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05 PICA FECA BLKLUNG (S\$N) OTHER 1a. INSURED'S I.D. NUMBER CHAMPVA GROUP HEALTH PLAN (SSN or ID) (For Program in Item 1) 1. MEDICARE MEDICAID TRICARE CHAMPUS (Sponsor's SSN) (D) (Medicare #) (Medicaid #) (Member ID#) 4. INSURED'S NAME (Last Name, First Name, Middle Initial) 2. PAT/ENT'S NAME (Last Name, First Name, Middle Initial) 3. PATIENT'S BIRTH DATE SEX МΧ SAME RODRIGUEZ ENRIQUE 7 INSUBED'S ADDRESS (No., Street) 5. PATIENT'S ADDRESS (No., Street) 6. PATIENT RELATIONSHIP TO INSURED Self X Spouse SAME STATE CITY STATE 8. PATIENT STATUS CITY INSURED INFORMATION Single Married Other ZIP CODE TELEPHONE (Include Area Code) ZIP CODE TELEPHONE (Include Area Code) Employed Full-Time Student Part-Tim Student 10, IS PATIENT'S CONDITION RELATED TO 11. INSURED'S POLICY GROUP OR FECA NUMBER 9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) N/Aa. OTHER INSURED'S POLICY OR GROUP NUMBER a, EMPLOYMENT? (Current or Previous) a. INSURED'S DATE OF BIRTH SEX мХ YES 3 b. AUTO ACCIDENT? b. OTHER INSURED'S DATE OF BIRTH b. EMPLOYER'S NAME OR SCHOOL NAME AND SEX PLACE (State) YES DISABLED M X NO PATIENT c. OTHER ACCIDENT? O. INSURANCE PLAN NAME OR PROGRAM NAME C. EMPLOYER'S NAME OR SCHOOL NAME YES NO d. IS THERE ANOTHER HEALTH BENEFIT PLAN? d. INSURANCE PLAN NAME OR PROGRAM NAME 10d, RESERVED FOR LOCAL USE YES X NO If yes, return to and complete item 9 a.d. READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE: I authorize the roloase 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 13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below. 09/16/08 SIGNATURE ON FILE SIGNATURE ON FILE DATE ILLNESS (First symptom) OF INJURY (Accident) OR PREGNANCY(LMP) 15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS GIVE FIRST DATE MM , DO , YY 16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION 14. DATE OF C FROM то 18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES 17. NAME OF REFERRING PROVIDER OR OTHER SOURCE 17al G G46280 17b. NPI FROM ۲o JOSEPH J SCHIFINI 19. RESERVED FOR LOCAL USE 20. OUTSIDE LAB? \$ CHARGES .00 lyes i Ino 22. MEDICAID RESUBMISSION 21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line) ORIGINAL REF. NO. 3722.52 DEGENERATI 1722.10 HERNIATED DISK 23. PRIOR AUTHORIZATION NUMBER LUMBAGO CERVICALGIA 4.724.2 D. PROCEOURES, SERVICES, OR SUPPLIES DATE(S) OF SERVICE R C. H. EPSO Family Pan OAYS SUPPLIER INFORMATION RENDERING DIAGNOSIS ID. From LACEOF (Explain Unusual Circumstances) \$ CHARGES PROVIDER ID. MODIFIER POINTER DD SERVICE EMG CPT/HCPCS CONSULTATION COMPREHENSIV 1G H84814 <u>09/</u>02/08 1437148442 570 00 NPI 11 99245 1234 H84814 X-RAY L-SPINE 5 VIEW 1G 215 0.0 1437148442 09/02/08 11 72110 1234 NPI NPI PHYSICIAN OR NPI NPI NPI 30. BALANCE DUE 28. TOTAL CHARGE 29. AMOUNT PAID 26. PATIENT'S ACCOUNT NO. 27. ACCEPT ASSIGNMENT? 25, FEDERAL TAX I.D. NUMBER SSN EIN X YES 785.00 \$ 0.00 \$ 880218251 69721 31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS 32. SERVICE FACILITY LOCATION INFORMATION 33. BILLOMPROMERENTO & EFLEKANICH MD 2680 CRIMSON CANYON DRIVE (I certify that th apply to this LAS VEGAS NV 89128-9995 1841229762 LG H84814 16<sub>0</sub>44008

APPROVED OMB-0938-0999 FORM CMS-1500 (08/05)

#### [1500]

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

#### ATTY BENSON & BERTOLDO MEDICAL CLAIMS 7408 W. SAHARA AVE LAS VEGAS NV 89117

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTÉE 08/05	LAS	VEGAS NV 89117	
TTT-PICA	2012		PICA [
1. MEDICARE MEDICAID TRICARE CHAMPUS (Medicare #) (Medicaid #) (Sponsor's SSN) (Member	HEALTH PLAN BLK LUNG	1a. INSURED'S I.D. NUMBER (For Prog	gram in Item 1)
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)	3. PATIENT'S BIRTH DATE SEX	4. INSURED'S NAME (Last Name, First Name, Middle initia	al)
RODRIGUEZ ENRIOUE J	MM , DD , YY	SAME	•
5. PATIENT'S ADDRESS (No., Street)	6. PATIENT RELATIONSHIP TO INSURED	7. INSURED'S ADDRESS (No., Street)	
	Self X Spouse Child Other	SAME	
CITY	B. PATIENT STATUS	CITY	STATE
	Single Married Other		
ZIP CODE TELEPHONE (Include Area Code)	Employed Student Student	ZIP CODE TELEPHONE (Include A	rea Code)
9. 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	
N/A		,	
a. OTHER INSURED'S POLICY OR GROUP NUMBER	a. EMPLOYMENT? (Current or Previous)	a. INSURED'S DATE OF BIRTH SE	X
	YES NO	MX	F
b. OTHER INSURED'S DATE OF BIRTH SEX	b. AUTO ACCIDENT? PLACE (State)	b. EMPLOYER'S NAME OR SCHOOL NAME	
M F	YES NO ,	DISABLED	
c. EMPLOYER'S NAME OR SCHOOL NAME	c. OTHER ACCIDENT?	C. INSURANCE PLAN NAME OR PROGRAM NAME	
	YES NO		
d. INSURANCE PLAN NAME OR PROGRAM NAME	10d. RESERVED FOR LOCAL USE	d. IS THERE ANOTHER HEALTH BENEFIT PLAN?	
NELS DIAM AS SASTI BASANG ATTER STORY	O A CIOUNIO THIS FORM	YES X NO If yes, return to and compl	
READ BACK OF FORM BEFORE COMPLETIN  12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the to process this claim. I also request payment of government benefits either below.	release of any medical or other information necessary	<ol> <li>INSURED'S OR AUTHORIZED PERSON'S SIGNATUR payment of medical benefits to the undersigned physicis services described below.</li> </ol>	
SIGNED SIGNATURE ON FILE	DATE 10/03/08	signed_SIGNATURE_ON_FILE	æ
4 DATE OF CURRENT: 4 ILLNESS (First symptom) OR 15	IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS.	16. DATES PATIENT UNABLE TO WORK IN CURRENT O	
PREGNANCY(LMP)		FROM TO	İ
77. NAME OF REPERMING PROVIDER ON OTHER SOURCE	역G   b. NPI	18. HOSPITALIZATION DATES RELATED TO CURRENT S MM   DD YY MM   C	DE ( AA
9. RESERVED FOR LOCAL USE	J.) 14F1	20. OUTSIDE LAB? \$ CHARGES	
		TYES NO I	
1. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2	, 3 or 4 to Item 24E by Line)	22. MEDICAID RESUBMISSION	
·	722.10 HERNIATED \	ORIGINAL REF. NO.	
1. Whiteholder V	1 mm 1 mm 2	23. PRIOR AUTHORIZATION NUMBER	<del> </del>
2723.0 CERVICAL SPINA 4	723.1 CERVICALGI		
24. A. DATE(S) OF SERVICE B. C. D. PROC	DURES, SERVICES, OR SUPPLIES E. pin Unusual Circumstances) DIAGNOSIS	F. G. H. I.	J. RENDERING
MM DD YY MM DD YY SERVICE EMG CPT/HC		\$ CHARGES UNITS Plan QUAL. PR	OVIDER ID. #
	abi <sub>l</sub> ished patjent deta	1 }	~
09/30/08   11   9921	<u>4                                       </u>	240 00   1   NPI   1437	148442
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	and the second s		
		NPI NPI	
FEDERAL TAX I.D. NUMBER SSN EIN 26. PATIENT'S	(For gov1. claims, see back)	28. TOTAL CHARGE 29, AMOUNT PAID 30.	BALANCE DUE
880218251 <b>P</b> 69721	X YES NO	\$ 240.00 \$ 0.00 \$	240.00
	CILITY LOCATION INFORMATION	33. BILLEMTOTHERETP & ETIKA(NIC) M	D
(I certify that the statements on the giverse apply to this this statements on the giverse apply to this this statements on the giverse		2680 CRIMSON CANYON	DRIVE
apply to this pall and as made a non thereof.)		LAS VEGAS NV 89128-	9995
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igned 10 01 dag 08 a	þ.	1841229762 FG H84814	
JCC Instruction Manual available at: www.nucc.org	PLEASE PRINT OR TYPE	APPROVED OMB-0938-0999 FORM CN	AS-1500 (08-05

NUCC Instruction Manual available at: www.nucc.org Mid. by Medical Arts Press Call toll-free: 1-800-328-2179

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Confidential Patient Information Prescription Profile

01/16/2007 through 11/28/2008

Store Info: 8350 S RIVER FKWY TEMPE, AZ 85284 -

Page = 4

Report date/time: 11/28/2008 01:07 I

All the Difference Control	M
	Patient Rhone: Date of Birth: Gendor:

ENRIQUE RODRIGUEZ

Patient Info:

		1	0.00	
	Quantity	1 1 1 1 1	30.000	
Date of	Service	1	11/27/08	
Ins. Plan(s)	Claim Ref#(s)		TEHP /	A0087326718241
	Prescriber		KOKA, G.	
	RPh	1 1 1	TBM	
	MDC	.,	59746-0177-10	
	Medication		1038957-04854 CYCLOBENZAPRINE 10MG TABLETS	Your insurance saved you \$14.99
Prescription	Number		1038957-04854	

0.00

Subtotal: 30.000

Total Fillings: 1

1111111111111	282.98	00.0	0.00	25138.86	0.00
	Total Saripts: 243 Total Price:	Using generics saved you a total of	Using more generics could have saved you a total of	Your insurance saved you a total of	Your cash quantity discount saved you a total of

The Manager and Staff at Walgreens Thank You For Your Patronage

For your convenience, this information is available online at www.walgreens.com. Ask our pharmacy staff for more information.

### HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

WEBER JONATHON ESQ 7408 W SAHARA AVE LAS VEGAS NV 89117 PΙ

PICA	LAS VEGA	AS NV 89117				
1. MEDICARE MEDICAID CHAMPUS CHAMPV	VA GROUP FECA OTHER BLK LUNG OTHER	1a. INSURED'S I.D. NUMBER (FOR PROGRAM IN ITEM 1)				
(Medicare #) (Medicald #) (Sponsor's SSN) (Memb	ber ID#) (SSN or ID) (SSN) X (ID)					
2 PATIENT'S NAME (Last Name, First Name, Middle Initial)	3. PATIENT'S BIRTHDATE SEX	4. INSURED'S NAME (Last Name, First Name, Middle Initial)				
RODRIGUEZ ENRIQ	MX F					
5 PATIENT'S ADDRESS (No., Street)	6. PATIENT RELATIONSHIP TO INSURED	7. INSURED'S ADDRESS (No. Street)				
6657 ENDIANT FVE ART ZEA	Self X Spause Child Other					
CITY	B, PATIENT STATUS	CITY STATE				
ZIP CODE TELEPHONE (Include Area Code)	Employed Full-Time Pert-Time Student	ZIP CODE 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 GROUP OR FECA NUMBER				
a. OTHER INSURED'S POLICY OR GROUP NUMBER	e. EMPLOYMENT? (Current or Previous)	a. INSURED'S DATE OF BIRTI! SEX  MM · DD · YY M F				
b. OTHER INSURED'S DATE OF BIRTH	b. AUTO ACCIDENT PLACE (State)	b. EMPLOYER'S NAME OR SCHOOL NAME				
MM . DD . YY   M   F	YES X NO	as the agran of white are spinor				
c. EMPLOYER'S NAME OR SCHOOL NAME		c. INSURANCE PLAN NAME OR PROGRAM NAME				
	X YES NO					
d, INSURANCE PLAN NAME OR PROGRAM NAME	10d. RESERVED FOR LOCAL USE	d. IS THERE ANOTHER REALTH BENEFIT PLAN?				
		YES NO If yes, return to and complete item 9 a-d				
READ BACK OF FORM BEFORE COMPLE  12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I substitute the re to process this claim. I sake request payment of soverment bearflis allows below.  SIGNATURE ON FILE	rigage of any medical or other information accesses	13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE 1 authorize payment of medical benefits to the undersigned physician or supplier for services described below.  SIGNATURE ON FILE				
SIGNED		SIGNED				
14. DATE OF CURRENT: ILLNESS (First symptom) OR 1	15. IF PATIENT HAD SAME OR SIMILAR ILLNESS.	16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION				
M11: 22: 12004 PREGNANCY (LMP)		FROM TO TY				
	78 H51767	18. HOSPITALIZATION DATES RECATED TO CURRENT SERVICES MM OD YY MM OD YY				
KOKA GOVIND	134434400	FROM TO 20. OUTSIDE LAB? \$ CHARGES				
19. RESERVED FOR LOCAL USE		YES X NO NO PURCH. SVC.				
O 1 3 21.DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. (Relate ftems 1,	2.3 or 4 to Item 24E by Line)	22 MEDICAID RESIRMISSION				
8470	8409	CODE ORIGINAL REF. NO.				
1.		23. PRIOR AUTHORIZATION NUMBER				
2. 3540 4.	8472					
DIADE	CEDURES, SERVICES, OR SUPPLIES E.	F. G. H. I. J. DAYS EPSDT ID. HENDERING				
FROM DB YY MM DD YY SERY EMG CPT//IC	lain Unusual Circumstancos) DIAGNOSIS CPCS MODIFIER POINTER	S CHARGES DAYS EPSOT IB. RENDERING DR Family QUAL. PROVIDER ID. #				
, and the state of	ARRIAN OF	275 an 1 NP 1346324092				
	3214   1234	275·00 1   NP  1346324092				
	PECIAL REPORT CHARG	150 00 3 NPI 1346324092				
		130.00				
		; NPI				
		· NPI				
		: NPI				
		: NPI				
25. FEDERAL TAX J.D. NUMBER SSN EIN [28. PATIENT'	S ACCOUNT NO. 27. ACCEPT ASSIGNMENT? (For govi. claims, see back)	28, TOTAL CHARGE   29. AMOUNT PAID   30. BALANCE DUE				
	(For gov). claims, see back)	\$ 425.00 \$ 0.00 \$ 425.00				
31. SIGNATURE OF PHYSICIAN OR SUPPLIER 32. SERVICE I	1	33. BILLING PROVIDER INFO &PR # (702)6440500				
including degrees on gredentials is certify that the statements on the reverse CHARI	LESTON OFFI	RUSSEL J SHAH MD LTD				
apply to this bill and are made a part mereor.	W CHARLESTON AVE	10624 S EASTERN AVE A425				
	/EGAS NV 89102	HENDERSON NV 89052				
210150	i.	a. 1346324092				

### HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

WEBER JONATHON ESQ 7408 W SAHARA AVE LAS VEGAS NV 89117 PΙ

PICA	LAS VEGAS NV 8	9117 PICA					
1. MEDICARE MEDICAID CHAMPUS	CHAMPVA GROUP FECA OTHER 13. INSURED'S 1.D. 1	NUMBER (FOR PROGRAM IN ITEM 1)					
(Medicare #) (Medicaid #) (Sponsor's SSN)	CHAMPVA GROUP FECA OTHER 13. INSURED'S 1.0.    (Member ID#) (SSN or ID) (SSN) X (ID)						
2 PATIENT'S NAME (Last Name, First Name, Middle Inlift		(Lost Name, First Name, Middle Initial)					
RODRIGUEZ ENRIQUE J	MX F						
6 PATIENT'S ADDRESS (No., Street)	6. PATIENT RELATIONSHIP TO INSURED 7. INSURED'S ADDRE	SS (No, Street)					
CCCV CARNIDA AND AND CARNER OF	Self X Spouse Child Other						
CITY	STATE 8. PATIENT STATUS CITY	STATE					
Corolly Asset Maria	Single X Married Other						
ZIP CODE TELEPHONE (Include Area	Employed   Full-Time   Part-Time   ZIP CODE	TELEPHONE (Include Area Code)					
S. OTHER INSURED'S NAME (Last Name, First Name, Mide	He Initial) 10. IS PATIENT'S CONDITION RELATED TO: II. INSURED'S POLIC	Y GROUP OR FECA NUMBER					
a. OTHER INSURED'S POLICY OR GROUP NUMBER	a. EMPLOYMENT? (Current or Previous)  n. INSURED'S DATE  MM · OD	OF BIRTH SEX					
	YES X NO	·					
b. DTHER INSURED'S DATE OF BIRTH SEX	b. AUTO ACCIDENT PLACE (State) b. EMPLOYER'S NAM	E OR SCHOOL NAME					
M F	YES X NO	NAME OF COURSES AND DARK					
C. EMPLOYER'S NAME OR SCHOOL NAME		NAME OR PROGRAM NAME					
d. INSURANCE PLAN NAME OR PROGRAM NAME	X YES NO 10d. RESERVED FOR LOCAL USE d. IS THERE ANOTHE	R HEALTH BENEFIT PLAN?					
The state of the s		If yes, return to and complete item 9 a-d					
READ BACK OF FORM BEFORE C	Limited Limite	UTHORIZED PERSON'S SIGNATURE 1 authorize					
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE 1 at 15 process this claim. I also request payment of government benefit below.		ical benefits to the undersigned physician er vices described below.					
SIGNATURE ON FILE	12 22 2008 SIG	NATURE ON FILE					
SIGNED	DATE SIGNED	SIGNED					
14. DATE OF CURRENT: ILLNESS (First symptom) OR	15. IF PATIENT HAD SAME OR SIMILAR ILLNESS. 16. DATES PATIENT GIVE FIRST DATE MM. DD YY MM DD	16. DATES PATIENT UNABLE TO WORK IN CURRENT DECUPATION					
MM 1: 22: YZ 0 0 4 PREGNANCY (LMP)	GIVE FIRST NATE MM. DO YY MM DO FROM						
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	175 April MM BD	Y DATES RELATED TO CURRENT SERVICES YY MM DD YY					
KOKA GOVIND	1942322466 FRDM	FRDM TO					
19. RESERVED FOR LOCAL USE	20. DUTSIDE LAB?	\$ CHARGES					
013		YES X NO NO PURCH. SVC.					
21. BIAGNOSIS OF HATURE OF ILLNESS OR INJURY. (Re)aid	7244	ORIGINAL REF. NO.					
1.	3. 23. PRIOR AUTHORIZ.	ATION NIIMBED					
2. 3540	4. 8409	ATTOM NUMBER					
	. D. PROCEDURES. SERVICES. OR SUPPLIES E. F.	6. Hi. j.					
FROM UD YY MM TO DD YY SERY EMG	(Explain Unusual Circumstances) DIAGNOSIS \$ CHARGES UNICEPT/I/CPCS MODUFIER POINTER \$ CHARGES	AYS FPSDT ID. RENDERING OUAL. PROVIDER ID. #					
10272008 10272008 11	FOILOW UP 1234 250:00	1 NPI 1346324092					
10272008 10272008 11	SPECIAL REPORT CHARG	1 NPI 1346324092					
10272008 10272008 11	99080 1234 150:00	3 NPI 1346324092					
		NPI					
		NPI					
		7 1					
		NPI					
		NPI NPI					
25. FEDERAL TAX I.D. NUMBER SSN EIN 26.	PATIENT'S ACCOUNT NO. 27. ACCEPT ASSIGNMENT? 28. TOTAL CHARGE	29. AMDUNT PAID 30. BALANCE BUE					
770637238	1958   X YES NO   \$ 400.0						
		1 INFO &PH # 170216440500					
	CHARLESTON OFFI RUSSEL J	SHAH MD LTD					
SHAH MD RUSSEL J 2	1	EASTERN AVE A425					
12 22 08 1	I	N NV 89052					
SIGNED DATE 0.	a. 1346324	092 <b>)</b> .					

### HEALTH INSULANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

WEBER JONATHON ESQ 7408 W SAHARA AVE LAS VEGAS NV 89117 PI

PICA		LAS VEG	AS NV 891:	17			
1. MEDICARE MEDICAID CHAMPUS	la. INSURED'S J.D. NUMBS	R (FOR PROGRAM IN ITEM 1)					
(Medicare #) (Medicaid #) (Sponsor's SSN)	CHAMPVA GROUP HEALTH PLAT (Member ID#) (SSN or I	N FECA OTHER O) (SSN) (X) (10)					
2 PATIENT'S NAME (Last Name, First Name, Middle Initial	3. PATIENT'S BIRTH	IDATE SEY		Name, First Name, Middle Initial)			
RODRIGUEZ ENRIQUE J	_MM	MX F		·			
5 PATIENT'S ADDRESS (No., Street)	6. PATIENT RELATIO		7. INSURED'S ADDRESS (N	o, Street)			
16667 INDIANA AVE APT 2	Sell X Spatts	ie Chifd Other					
CITY	STATE 8. PATIENT STATUS		CITY	STATE			
92774748774577599	Single X	Married Other					
ZIP CODE TELEPHONE (Include Area			ZIP CODE	TELEPHONE (Include Area Code)			
92506) (\$028.13902	Employed X	Full-Time Parl-Time Student Student		(7/07/24/2/39/07/24/2			
9. OTHER INSUREO'S NAME (Last Name, First Name, Midd)	le Initial) 10. IS PATIENT'S C	OND)TION RELATED TO:	11. INSURED'S POLICY GRO	DUP OR FECA NUMBER			
s. OTHER INSURED'S POLICY OR GROUP NUMBER	a. EMPLOYMENT? (C	urrent or Previous)	a. INSURED'S DATE OF BI MM · DO · YY				
	X	t		M F			
b. OTHER INSURED'S DATE OF BIRTH  MM . DD . YY 1 SEX	b. AUTO ACCIDENT	PLACE (State)	b. EMPLOYER'S NAME OR	SCHOOL NAME			
	<u> </u>	(					
c. EMPLOYER'S NAME OR SCHOOL NAME	c. OTHER ACCIDENT		c. INSURANCE PLAN NAME	OR PROGRAM NAME			
		YES X NO					
8. INSURANCE PLAN NAME OR PROGRAM NAME	10d. RESERVEO FOR	LUCAL USE	d. IS THERE ANOTHER HE	ALTH BENEFIT PLAN?			
				es, roturn to and complete item 9 a-d			
READ BACK OF FORM BEFORE CO				RIZED PERSON'S SIGNATURE I suthorize penefits to the undersigned physician or			
to process this claim. I also request payment of government benefits all	liker to myself or to the party who accepts	* assignment	supplier for services				
signature on file	i	08 19 2008		TURE ON FILE			
SIGNED  14. DATE OF CUBRENT: ILLNESS (First symptom) OR	DATEDATE	AME OR SIMILAR ILLNESS.	SIGNED  16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION				
14. DATE OF CURRENT: ILLNESS (First symptom) OR MM 1: 022: Y2004 PREGNANCY (LMP)	GIVE FIRST DATE	MM 60 YY	MM ' DD ' YY MM ' DD ' YY				
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	## H517	PER SECTION OF THE PROPERTY OF		TO TES RELATED TO CURRENT SERVICES			
KOKA GOVIND	the colonial contract the contr	322466	1 MM DD YY MM DD YY				
19. RESERVED FOR LOCAL USE		000100	PRUM TB  20. DUTSIDE LAB? S CHARGES				
013			YES X NO ]	NO PURCH. SVC.			
21.DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. (Relate	Items 1,2,3 or 4 to Item 24E I	by Line)	22. MEDICAID RESUBMISSION ORIGINAL REF. NO.				
8470	7244		UNIGHTAL HEF. Mu.				
1.	3,		23. PRIOR AUTHORIZATION	NUMBER			
2. 3540	4. 71946						
24. A. DATE(S) OF SERVICE B. C.	D. PROCEDURES, SERVICES, OR	SUPPLIES E.	F. G.	H.   _I.   J.			
FROM DD YY MM TO DD YY SFRY EMG	(Explain Unasual Circumstan CPT/HCPCS MODIFIE	ices) DIAGNOSIS POINTER	S CHARGES DAYS OF UNITS	EPSOT ID. RENDERING Family QUAL. PROVIDER ID. #			
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	SPECIAL REP	ORT CHARG					
07222008 07222008 11	99080	1234	150 00 3	NPI 1346324092			
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			:	NPI			
25. FEDERAL TAX 1.D. NUMBER SSN EIN 25. 1	PATIENT'S ACCOUNT NO.	27. ACCEPT ASSIGNMENT? (For govi. claims, see back)	28. TOTAL CHARGE 29	AMOUNT PAID 30. BALANCE DUE			
770637238	1958	X YES NO	\$ 400 00 \$	0 00 \$ 400.00			
31. SIGNATURE OF PHYSICIAN OR SUPPLIER 32. S INCLUDING DEGREES ON CREDENTIALS	SERVICE FACILITY LOCATION INF	ORMATION	33. BILLING PROVIDER INFO	0 &PH # (702)6440500			
frogerity that the statements on the reverse spply to this bill and are made a part thereof)	HARLESTON OFF	I	RUSSEL J SI	HAH MD LTD			
	628 W CHARLES	TON AVE	10624 S EAS	STERN AVE A425			
08 19 08 Li	AS VEGAS NV 8		HENDERSON I				
SIGNED DATE 3.	b.		a. 1346324092	Z a.			

### HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

WEBER JONATHON ESQ 7408 W SAHARA AVE LAS VEGAS NV 89117 ΡI

PICA		LAS VEGAS	NV 89117	PSCACETT		
I. MEDICARE MEDICAID CHAMPUS	CHAMPYA GROUP HEALTH PLAN	FECA OTHER 1a, D	NSURED'S I.D. NUMBER	(FOR PROGRAM IN ITEM I)		
(Medicare #) (Medicaid #) (Sponsor's S	SN) (Member 10#) (SSN or 10)	(SSN) (ID)				
2 PATIENT'S NAME (Last Name, First Name, Middle 1	nissai) 3. PATIENT'S BIRTHDATE MM . DD . YY	SEX 4. IN	ISURED'S NAME (Last Name, Fir	rsi Name, Middle Initial)		
RODRIGUEZ ENRIQUE J	(C.V. J.E. 11.9)	53 X F				
6 PATIENT'S ADDRESS (No., Street)	6. PATIENT RELATIONSHI	P TO INSURED 7. IN	ISUREO'S ADORESS (No, Street)			
COGOTA INDITANA AVE APT	247 Self X Spouse	Child Other				
CITY	STATE B. PATIENT STATUS	CITY		STATE		
\$200 (858) (\$2) (80 t).	Single X Mar	ried Other				
ZIP CODE TELEPHONE (Include		ZIP C	CODE TELEPHI	ONE (Include Area Code)		
\$57,5050 (37,07A)4743.9	Employed X Stude	Ime Part-Time				
9. DTHER INSURED'S NAME (Last Name, First Name,	Middle Initial) 10. IS PATIENT'S CONDIT	TION RELATED TO: 11. II	NSURED'S POLICY GROUP OR F	ECA NUMBER		
a. DTHER INSURED'S POLICY OR GROUP NUMBER	a. EMPLDYMENT? (Curren	t or Previous) a. iN	ISUREO'S DATE OF BIRTH MM DD YY	SEX		
	X YES	NO		M f		
b. OTHER INSURED'S DATE OF BIRTH SEX	b. AUTO ACCIDENT	PLACE (State) b. EN	MPLOYER'S NAME OR SCHOOL ?	NAME		
	F X YES	JNO <sub>2</sub>				
C. EMPLOYER'S NAME OR SCHOOL NAME	c. OTHER ACCIDENT?		SURANCE PLAN NAME OR PRO	GRAM NAME		
	YES	X NO				
d. INSURANCE PLAN NAME OR PROGRAM NAME	104. RESERVED FOR LOCA	L USE d. is	THERE ANOTHER HEALTH BEN	EFIT PLAN?		
				to and complete item 9 s-d		
	COMPLETING & SIGNING TH	,		RSON'S SIGNATURE I authorize of the undersigned physician or		
to process this claim. I also request payment of government ber	elite either to mycelf or to the party who accepts easig	nnerd S	supplier for services described	d below.		
SIGNATURE ON FI	LE 05	28 2008	SIGNATURE	ON FILE		
SIGNED		SIGNED		POL IN GUIDENT GERUDATION		
14. DATE OF CURRENT: ILLNESS (First symptom) MM. 1. DR 0. YX 0.0 (INJURY (Accident) OR	OR 15. IF PATIENT HAD SAME GIVE FIRST DATE MM.	JR SIMILAN REINESS, TB. DI	ATES PATIENT UNABLE TO WO	MM DO YY		
11. 22. 2004 PREGNANCY (LMP)	11/	Oliverant Control of the Control of	FRUM TO 18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES			
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	E 974 H51767	A 100 CO CO CO CO CO CO CO CO CO CO CO CO CO	MM ; OD ; YY	WW DD AA		
KOKA DO GOVIND		FROM 20 D	20. OUTSIDE LAB? S CHARGES			
19. RESERVED FOR LOCAL USE		20, 0				
013 21.DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. (F	talata Dama 120 ms 4 to tram 245 bu 11	2 or 4 to Now 246 by Line) 22 MEDICAID RESUBMISSION				
8470	•	S 67 4 10 Refs. 24e by Lise)  ORIGINAL REF. NO.				
1.	3.	00.00	23. PRIOR AUTHORIZATION NUMBER			
2 7234	4. 72402	23. Pi	THOM AUTHORIZATION NUMBER			
2. 7234  24. A. DATE(S) DF SERVICE   B.	C. D. PROCEDURES, SERVICES, OR SUPP	IIFS E.	f. G. H.			
PIACE		DIAGNOSIS & CH	DAYS EPSDT	ID. RENDERING		
MM DD YY MM TO DD YY SERV	EMG CPT/HCPCS   MODIFIER  FOLILIOW UP	POINTER 7 5"	IARGES OR Family UNITS Plan	GOAL, PROVIDER ID. #		
05192008 05192008 11	99214	12345 2	275 00 1	NPI 1346324092		
	SPECIAL REPOR					
05192008 05192008 11	99080		200:00 4	NPI 1346324092		
0022000 0022000 0						
				NPI		
				NPI		
				NPI		
			:	NPI .		
25. FEDERAL TAX 1.D. HUMBER SSN EIN	26. PATIENT'S ACCOUNT NO. 27.	ACCEPT ASSIGNMENT? 28. govt. claims, see back)	TOTAL CHARGE 29. AMOUN			
770637238	1958	YES NO \$	475 00 \$	0 00 \$ 475 00		
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES ON TREDENTIALS	32. SERVICE FACILITY LOCATION INFORMA	TION 33. B	IILLING PROVIDER INFO &PH #	7026440500		
including becames on thebeninks if earthy that the statements on the severas apply to (his bill and are made a part lierant)	CHARLESTON OFFI	RU	ISSEL J SHAH	MD LTD		
SHAH MD RUSSEL J	2628 W CHARLESTO	n ave   10	624 S EASTER	N AVE A425		
05 28 08	LAS VEGAS NV 891		ENDERSON NV 8			
SIGNED DATE	a. 0.	a. 1	.346324092			

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PICA		Н	EAL	TH IN:	SUR.	ANCE CL	AIM FORM	egas nv I	89	117			PICALL	$\neg \neg$
1. MEDICARE MEDICAID	CHA	MPUS		CHAMPYA	CRA	UP FI	CA OTHER	te. INSURED'S I	.D. NUMBE	}	(FO	R PROG	RAM IN ITEM 1)	<u></u> -
(Medicare #) (Medica	id #)       (Spo	onsar's S	SN)	(VA File #)		SN or IO	LX LUNG (SSN) (ID)							
2 PATIENT'S NAME (Last Nam	e, First Name,	Middle i	Initial)	3.	PATIENT	'S BIRTHDATE	SEX	4. INSURED'S NA	ME (Last N	ame, Fi	st Nami	e, Midd	le Initial	$\neg$
RODRIGUEZ	ENRIQ	UE J	J				M x f	)						į
5 PATIENT'S ADDRESS (No., 5	treet).			6.	PATIEN	HECKTIONSHIP T	O INSURED	7. INSURED'S AD	DRESS (No,	Street)			<del>)                                    </del>	
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			W.	2	Employ	- Totacett	Student	]			1/4/2			
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A THE STATE OF THE					d									
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b. OTHER INSURED'S DATE OF	RIRTH				A OTUA	COURSET YES	PLACE (State)	L CHIRLIDALINE	,		M	<u>'L</u>	F	1
MM , DO , YY	1 -	ŞEX		-, l"	HDIO H	r, ,		b. EMPLOYER'S )	IAME UH S	LHUUL F	YAME			
c. EMPLOYER'S NAME OR SCHO	M L		F		UARES !	X YES (	но	c. INSURANCE PL	AU DANC I	an open	U LEAD?	ABIE.		<b>—</b> İ
C. EMPEDIEN S NAME ON SOM	OL IMINE			"	D11/12/1 /	YES	Lun	E. INSUNANCE FE	AA IIANE I	za r not	mmm n	AMIL		
d. INSURANCE PLAN HAME OF	PRUGHAM NA	ME		100	I. RESER	VED FOR LOCAL US	<u>≭</u> ] NO	d, IS THERE AND	THER HEAT	TH RENE	FIT PL	ΔN?		$\dashv$
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(APPROVED BY AMA COUNCIL APPROVED OMB-0938-0008	ON MEDICAL S FORM NO.		9/88) 94		PLE	ASE PRINT (	OR TYPE				HCFA-1 DWCP-1		12-90) FORM BR8-150	00

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PICA HE	ALTH INSURANCE CLA	LAS VI AIM FORM	EGAS NV 891:	17			
1. MEDICARE MEDICAID CHAMPUS				(FOR PROGR	PICALL!		
(Medicare #) (Medicald #) (Sponsor's SSI	(VA File #) (SSN of (D)	CA OTHER X LUNG SSN) (10)	(25,600,001,257,658)				
2 PATIENT'S NAME (Lust Name, First Hame, Middle Inf	3. PATIENT'S BIRTHDATE  MM . DD . YY	SEX	4. INSURED'S NAME (Last Nam	e, First Name, Middie	Initial		
RODRIGUEZ ENRIQUE J	07159350	M X F	]				
5 PATIENT'S ADDRESS (No., Street).	G. PATIENT RELATIONSHIP TO	INSURED	7. INSURED'S ADDRESS (No. S	treet)			
GERRO, CANDICA NASCANDO A BUIL		ld Other					
CITY	STATE 8. PATIENT STATUS		CITY		STATE		
ZIP CODE TELEPHONE (laclude Ar	Single X Married	Other		·			
20.2 2.4 (20.2 2.4 )		Pari-Time	ZIP CODE	TELEPHONE (Include	dis management		
9. OTHER INSURED'S NAME (Lost Name, First Name, MI		Student	11. INSURED'S POLICY GROUP	The State of the Control of the State of the			
	, , , , , , , , , , , , , , , , , , , ,	HELWICE TO.	יון אינטארט א רטביני טאנטר	ON FECA NUMBER	į		
a. OTHER INSURED'S POLICY OR GROUP HUMBER	a. EMPLOYMENT? (CURRENT OF	R PREVIOUS)	a. INSURED'S DATE OF BIRTH	SE	Y		
	X YES	NO	MM ; DD ; YY	м[	^ F [ ]		
b. OTHER INSURED'S DATE OF BIRTH  MM , DD , YY SEX	b. AUTO ACCIDENT	PLACE (State)	b. EMPLOYER'S NAME OR SCHO	DOL NAME			
	X YES	KO;					
C. EMPLOYER'S NAME OR SCHOOL NAME	c. OTHER ACCIDENT?		c. INSURANCE PLAN NAME OR	PROGRAM NAME			
d. INSURANCE PLAN HAME OF PROGRAM HAME		X NO					
C. MISSIANCE FLAN HAME ON FROMBAM HAME	104. RESERVED FOR LOCAL USE		d. IS THERE ANOTHER REALTH	BENEFIT PLAN?			
DEAD BACK OF FORM REFORE O				s, return to and compl			
READ BACK OF FORM BEFORE C  12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE 1  **Redessary to process this claim. 1 also request pu  who accepts designment below.	NVIPLETAVG & SIGNING THIS FOR	(V) er inlormation	<ol> <li>tNSURED'S OR AUTHORIZED payment of medical benefit</li> </ol>	ts to the understaned	l authorize		
who accepts SIGNATURE ON FIL	ment of government benefits either to myse L109:	or to the party		ribed below.	1		
SIGNED		2007	SIGNAT SIGNED	URE ON FI	TE [		
14. DATE OF CURRENT: ILLNESS (First symptom) OR	IS. IF PATIENT HAD SAME OR SIN	MILAR ILLNESS.	16. DATES PATIENT UNABLE TO	D WORK IN CURRENT	OCCUPATION A		
MM 1.222.004 THOURY (Accident) OR PREGNANCY (LIMP)	GIVE FIRST DATE MM DD N/A	; YY	FROM TO YY MM DO YY				
17. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE	17a. I.D. NUMPPSOI DEGRATING P	HYSICIAN	18. HOSPITALIZATION DATES R	ELATED TO CURRENT :	SERVICES		
KOKA DO GOVIND			FROM DD YY	TO :	DD : YY		
19. RESERVED FOR LOCAL USE			20. DUTSIDE LAB7 \$ CHARGES				
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2. 7234	4. 72402	ľ	23. PRIOR AUTHORIZATION NUN	ABER			
24. A B C		E -	F. G	H			
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vients tale t			PIN#	GRP# 1095	a L		
(APPROVED BY AMA COUNCIL ON MEDICAL SERVICE 8/8	PLEASE PRINT OR			RM HCFA=1500 (12-	······································		

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PICA HEALTH I	NSURANCE CLAIM FORM	EGAS NV 891: 1					
I. MEDICARE MEDICAID CHAMPUS CHAMPVA			(FCB PROGRAM IN ETEM 1)				
(Medicare #) (Medicald #) (Sponsor's SSN) (VA FIL	#) (SSN or 10) (SSH) (10)	College Service Conference	• • • •				
2 PATIENT'S NAME (Last Name, First Name, Middle Initial)	3. PATIENT'S BIRTHDATE SEX	4. INSURED'S NAME (Last Name	e, First Hame, Middle Initial				
RODRIGUEZ ENRIQUE J	Max F		·				
5 PATIENT'S ADORESS (No., Street).	B. PATIENT RELATIONSHIP TO INSURED	7. INSURED'S ADDRESS (No. St	treet)				
CHY STATE	Sell 🔀 Spouse Child Other	1					
JACK TO THE PARTY OF THE PARTY	B. PATIENT STATUS	CITY	STATE				
ZIP CODE TELEPHONE (Include Area Code)	Single X Married Other						
	Employee Full-Time	ZIP CODE	TELEPHONE (Include Area Code)				
9. OTHER INSURED'S NAME (Last Name, First Name, Middlo Inlifal)	Student Student		SEAPERA TOPAZA				
the state of the s	10. IS PATIENT'S CONDITION RELATED TO:	11. INSURED'S POLICY GROUP (	OR FECA NUMBER				
F. OTHER INSURED'S POLICY OR GROUP NUMBER	a. EMPLOYMENT? (CURRENT OR PREVIOUS)	. Melinible pare of the					
		B. INSURED'S DATE OF BIRTH MM DD YY	SEX				
D. OTHER INSURED'S DATE OF BIRTH MM DR YY SEX	5. AUTO ACCIDENT PLACE (State)	P EMBIONEDIC HAME OD SOME	M F				
MM . DB . YY SEX	X YES NO. 1	b. EMPLOYER'S NAME OR SCHO	DBL NAME				
C. EMPLOYER'S HAME OR SCHOOL NAME	c. OTHER ACCIDENT?	c. INSURANCE PLAN NAME OR I	SDOCHAM NAME				
	YES X NO	S. WARNING LEGIN HAIRE ON	FROUNAM NAME				
d. INSURANCE PLAN NAME OR PROGRAM NAME	A.L. BEAFFILM	d. IS THERE ANOTHER HEALTH	RENEELT PLAN?				
			, Fatura to and complete item 9 a-d				
READ BACK OF FORM BEFORE COMPLETING	& SIGNING THIS FORM	13. INSURED'S DE AITTHORIZED	DEDCOMIC CICHATURE 1				
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the necessary to process this claim. I also request payment of gove who accepts estimated the necessary to process the claim.	releaso of eny medical or other information coment benefits oither to myself or to the party	payment of medical benefit: supplies for services descri	S to the understance obvolutes or				
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SIGNED  14. DATE OF CURRENT: 4 NUNESS (First symptom) DR   15.	DATE	SIGNED					
MM DD YY INJURY (Accident) DR	IF PATIENT HAD SAME OR SIMILAR ILLNESS.  GIVE FIRST DATE MM, DD YY	16. DATES PATIENT UNABLE TO	WORK IN CURRENT OCCUPATION				
	N/A	FROM	TO BE YY				
KOKA DO GOVIND	1.0. NUMBERSOT DESENDING PHYSICIAN	18. HOSPITALIZATION DATES RE	LATED TO CURRENT SERVICES MM · DO · YY				
19. RESERVED FOR LOCAL USE		FROM 20. OUTSIDE LAB?	то ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;				
013			S CHARGES				
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. (RELATE ITEMS 1,2,	3 OR 4 TO /TEM 24F BY LINE	YES X NO NO 22. MEDICAID RESUBMISSION	O PURCH. SVC.				
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1. 3,		23. PRIDE AUTHORIZATION NUM	DEO				
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2 PATIENT'S HAME	Cost Name, First Na			Lancard	1. PATIENT'S	·	]	4. INSURED'S ?	A fAC (Fee)	Nemx 1	First Same	(2)331	Cu lobut	
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5 PATIENT'S AGEN	ESS (No., Street),			annan a	8. PATIENT HE	LATTONSHIP	TO INSURED	7. (MSBRED'S /	OURESS (N	n, Stree	el	•••••	····	
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ZIP COOK	TSLEPHO	NE fint	lude Are	a Code)	engis[	W. watti	ed Other	71P 685E		- Tren	LEPHONE	Production &		
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S. OTHER INSURED.	S NAME (Loss Name,	flist He	કાર્યા કારાય	die isktali	10. IS PATIENT	s conditio	ON RELATED TO:	11. INSUREU'S	POLICY CR	RU SUC	PEEA NUN	18 E R		
a. DYHER INSURED'S	POLICY OR GROUP	NUMBER	·····		e. EMPEGYMENT	r Burnani	OR OUTSIGNED	Language p					***************************************	
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d INSERANCE PLAN	NAME OR PROGRAM	NAME			od. HESENVED I	j tes Dr Tocal T	[ <u>X</u> ] kB	d. IS THERE AN	veites nes	Tamava	anu um	~~~~~	*******************************	
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	A PREGNANCY II				A140: 3.1623 H2	" M/A	10 14	FRGM	80 1	Ŷ	10 %	\$4 . OK	X1	jî.
17. NAME OF REFERR		THER SC	NACE	374.	i.u. nu <b>mny</b> sog	Je Baline	PHYSICIAN	18. HOSPITALIZA	TION DATE	S RELAT	TED TO EX	HRENT SE	RVICES	
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RICA HEALTH [	NSURANCE CLAIM FOR	M
1. MEDICARE MEDICAID CHAMPUS CHAMPVA	GROUP FECA OTHE	R 10. INSUREO'S I.D. NUMBER (FOR PROGRAM IN ITEM 1)
[2 PATIENT'S NAME (Last Name, First Name, Middle Initial)	e #) (SSN or ID) (SSN) (ID)  3. PATIENT'S BIRTHDATE	E 52.74-745 / G
RODRIGUEZ ENRIQUE J	MM DD YY SEX	4. INSURED'S NAME (Last Name, First Name, Middle Initial
6 PATIENT'S ADDRESS (No., Street).	6. PATIENT HELATIONSHIP TO INSURED	7. INSURED'S ADDRESS (No. Street)
5667 INDIANA AVE APT 247	Self X Spouse Child Citier	
TO THE WAY THE TOTAL PROPERTY OF THE PARTY O	8. PATIENT STATUS	CITY STATE
ZIP CODE TELEPHONE (Include Area Code)	Single X Married Olber	
7525066 0702222530259A	Employee X Student Student	ZIP CODE TELEPHONE (Include Area Code)
9. OTHER INSURED'S NAME (Last Heme, First Neme, Middle Initial)	10. IS PATIENT'S CONDITION RELATED TO:	17. INSURED'S POLICY GROUP OR FECA NUMBER
a. OTHER INSURED'S POLICY OR GROUP NUMBER		VIII LUN MUNICIN
STATE INSOLICE S POLICE LIK GREEF NAMBER	2. EMPLOYMENT? (CURRENT OR PREVIOUS)	a. INSURED'S DATE OF BIRTH  MM · DD · YY  SEX
b. OTHER INSURED'S DATE OF BIRTH MM. DD. YY SEX	b. AUTO ACCIDENT PLACE (State)	M T
M F	X YES NO	b. EMPLOYER'S NAME OR SCHOOL NAME
C. EMPLOYER'S NAME OR SCHOOL NAME	C. OTHER ACCIDENT?	C. INSURANCE PLAN NAME OR PROGRAM NAME
d. INSURANCE PLAN NAME OR PROGRAM NAME	YES X NO	
- The State of the	lod, RESERVED FOR LOCAL USE	d. IS THERE ANOTHER HEALTH BENEFIT PLAN?
READ BACK OF FORM BEFORE COMPLETING	3 & SIGNING THIS FORM	YES NO If yes, return to and complete item 9 a-d
Becessary to proceed this claim I stand the I authorize the I	release of any medical or other information	13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.
who accepts seignMATURE ON FILE	12062007	SIGNATURE ON FILE
	JE PATIENT HAD SAME OR SIAM AS HAUTON	SIGNED
14. DATE OF CURRENT: ALLNESS (First symptom) OR 15.  11.22.2.004   ILLNESS (First symptom) OR 15.	IF PATIENT HAD SAME OR SIMILAR ILLNESS.  GIVE FIRST DATE MM. DO YY $N/A$	16. DATES PATIENT UNABLE TO WORK IN CURRENT DCCUPATION MM : DD : YY MM : DD : YY
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013		20. OUTSIDE LAB? S CHARGES
21.DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. (RELATE ITEMS 1,2,5	3 OR 4 TO ITEM 24E BY 1(NE)	YES X NO NO PURCH. SVC.
, 8470	8472	CODE ORIGINAL REF. NO.
• 7724		23. PRIOR AUTHORIZATION NUMBER
	72402	
MM DATE(S) OF SERVICE PLACE TYPE PROTEDURES  MM DD YY MM OD YY SERV SERV CPT/HCPCS	S. SERVICES, DA SUPPLIES UNUSUAL CIrcumstances) MODIFIER CODE	F G H J J K  S CHARGES DAYS EPSDY OR FRONTY FMG COD RESERVED FOR
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5. FEDERAL TAX I.D. NUMBER SS EIN 26. PATIENT'S ACC	COUNT NO. 107 107	
THO CORDON	For govi. claims, see back)	29. TOTAL CHARGE 29. AMOUNT PAID 30. BALANCE DUE
. SIGNATURE OF PHYSICIAN OR SUPPLIER 32. HAME AND ADD	URESS OF FACILITY WHERE SERVICES WERE	5200;00° 0:00° 5200:00
(I certify that the statements on the courses	ACH OFFI	KONDET OF BHAH WITH COME
SHAH MD RUSSEL J 2777 PA	CIFIC AVE	HENDERSON NV 89052
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(APPROVED BY AMA COUNCIL ON MEDICAL SERVICE 8/88)		PIN#   GRP# 10954
APPROVED OMB-0938-0008 FORM ND. 5118 C4	PLEASE PRINT OR TYPE	FORM NCFA-1500 (12-90) FORM OWCP-1500 FORM RR8-1500

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PICA HEALTH	NSURANCE CLAIM FORM	Λ
1. MEDICARE MEDICAID CHAMPUS CHAMPY.	GROUP FECA OTHER	
(Medicare #) (Medicald #) (Sponsor's SSN) (YA Fil	e #) (SSN ar ID) (SSN) (SSN)	C. C. S. S. C. S. J. S. S. S. S. S. S. S. S. S. S. S. S. S.
2 PATIENT'S NAME (Last Name, First Name, Middle Initial)	3. PATIENT'S BIRTHDATE SEX	4. INSURED'S NAME (Last Name, First Name, Middle Initial
RODRIGUEZ ENRIQUE J	O A SILEGER MIX F	
5 PATIENT'S ADDRESS (No., Street).	6. PATIENT RELATIONSHIP TO INSURED	7. INSURED'S ADDRESS (No. Street)
6557 INDUANA AVE APR 247	Sell X Spouse Child Other	
CITY STATE	8. PATIENT STATUS	CITY STATE
0140041111111111	Single X Married Other	-\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
ZIP CODE TELEPHONE (Include Area Code)	- LEE	ZIP CODE TELEPHONE (Include Area Code)
(57,0,274,27,07,07,07	Employee Student Part-Time Student	
9. OTHER INSURED'S NAME Clast Name, First Name, Middle Initial)	10. IS PATIENT'S CONDITION RELATED TO:	11. INSURED'S POLICY GROUP OR FECA RUMBER
		THE MODILE OF TALKET SHOOL ON FELA RAMSER
a. OTHER INSURED'S POLICY OR GROUP NUMBER	. EMPLOYMENT? (CURRENT OR PREVIOUS)	a. INSURED'S DATE OF BIRTH SEV
	X YES NO	MM · DD · YY
b. OTHER INSURED'S DATE OF BIRTH MM . DD . YY . SEX	b. AUTO ACCIDENT PLACE (State)	b. EMPLOYER'S NAME OR SCHOOL NAME
M F	XC YES NOI	S. LING COVERS HAME DA SCHOOL HAME
C. EMPLOYER'S NAME OR SCHOOL NAME	c. OTHER ACCIDENT?	C. INSURANCE PLAN NAME OR PROGRAM NAME
	YES X NO	S SOUNANCE FEAR HAME ON PROBRAM HAME
E. INSURANCE PLAN NAME OR PHUGRAM HAME	10d. RESERVED FOR LOCAL USE	c. IS THERE ANOTHER HEALTH BENEFIT PLAN?
	<u>!</u>	, , , , , , , , , , , , , , , , , , ,
READ BACK OF FORM BEFORE COMPLETIN	G & SIGNING THIS EODM	YES NO If yes, return to and complete item 3 a-d
PROPERTY TO PROCESS THE STREET THE STREET THE STREET	release of any medical or other information	13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE 1 authorize payment of medical benefits to the undersigned physiciae or
who accepts SIGNATURE ON FILE	elament benefits either to myself or to the penty  11092007	
SIGNED.		SIGNATURE ON FILE
14. DATE OF CURRENT:   ILLNESS (First symptom) OR   15.	IF PATIENT HAD SAME OR SIMILAR HANGES	SIGNED.
MM 1200 27 INJURY (Accident) OR PREGNANCY (LMP)	F PATIENT HAD SAME OR SIMILAR ILLNESS. SIVE FIRST DATE MM DD YY N/A	16. DATES PATIENT UNABLE TO WORK IN CUBRENT OCCUPATION MM DD YY MM BD YY
	1.D. NUMBEROT PERMING PHYSICIAN	FROM
KOKA DO GOVIND	11517-6-7	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DO TY MM DO YY
19. RESERVED FOR LOCAL USE		FROM : TD
013		<del></del>
21.DIAGNOSIS OR NATURE OF ILLNESS OR INJURY, (RELATE ITEMS 1,2	3 OR 4 TO ITEM 24F BY LINE	YES X MO NO PURCH. SVC.
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1. 3.		22 PRIOR AUTHORITATION WHO TO
2. 7234 4.	72402	23. PRIOR AUTHORIZATION NUMBER
24. A B C		E L C L U L L L L L L L L L L L L L L L L
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5. FEDERAL TAX I.D. NUMBER SS EIN 26. PATIENT'S A	CCOUNT NO. 27. ACCEPT ASSIGNMENT? 2 (For govt. claims, see back)	28. TOTAL CHARGE   29. AMOUNT PAID   30. BALANCE DUE
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If certify that the statements on the reverse TYPATTYTO	SON OFFIC	3 5 7 5 4 G 4 1
	ORIZON RIDGE PKWY120	HENDERSON NV 89052
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SIGNED. DATE		PIN#   GRP# 10954
(APPROVED BY AMA COUNCIL ON MEDICAL SERVICE 8/88)	DI EACE POINT OF THE	FORM HCFA-1500 (12-90)
APPROVED DM8-0938-0008 FORM NO. 511B 04	PLEASE PRINT OR TYPE	FORM OWCP-1500 FORM RRB-1500

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Z PATIENT'S NAME	(Lest Name, First Nam	ne, MJđ	dle Initi	a1)	3. PATIEN	IT'S BIRTHE	DATE	<u> </u>		4. INSURED'S NAM	E (Last	Neine, F	irsi Na	me, Mic	ldfe Initial	
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5 PATIENT'S ADDRE	SS (No., Street).				6. PATIE	₹T RELATIO	NSHIP	TO INSURED		7. INSURED'S ADDR	ESS (No	, Street	t)			
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CITY	-			STATE	8. PATIEN	T STATUS			7	CITY					STATE	7
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necessary to pro	cess this claim. I al	SIGNAT SO FOOI	uke I at Jest payl	thorize the nent of gov	stument per	any medici nefits althe	a; or o	ther information /solf or to the part	y	payment of med	ical be:	ietits to	the u	Bderstan	ied physician er	- li
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5 PATIENT'S ADDRE	SS (Ho., Straet).	Marine and	ont in		6. PATE	U HELATIONSHIP		7. INSURED'S ADDR	ESS (No, S	Street)		
Maria 1	tdiana av		PТ	777	Self	X Spouse	Child Ditter	<b>-</b>				
CITY				STATE	B. PATIE	IT STATUS		CITY		***************************************		STATE
EASTE VERY		·			. 51	ngle X Marrie	ed Diker	]				
ZIP CODE	TELEPHON		Section .	_	ŀ			ZIP CODE		TELEPHO	NE (Inch	Ida Area Code)
	1 673(673)(673)	nes rancourses			Emple	yee Kodeni	ne Part-Time Student			C T	1507	de very opposition
9. OTHER INSURED'S	NAME (Last Name, F	Irst Na	me, Mido	lle Isitlat)	10. IS PA	TIENT'S CONDITIO	ON RELATED TO:	11. INSURED'S POLI	CY GROUP	OR FECA	NUMBER	and the arguments of the state
* OTHER MEMBERS	POLICY OR GROUP N			·								
a. CINCK INSURED'S	PURCELLY OR GROUP N	IUMBER			u. EMPLO	rment? (Curaent	OR PREVIOUS)	a. INSURED'S DATE	OF BIRTH			SEX
b. OTHER INSURED'S	DATE DE BIDTU					X YES	NO NO	<u> </u>	<u>;</u>		M	]
MM . DD . YY	1	SE			b. AUTO	ACCIDENT	PLACE (State)	b. EMPLOYER'S NAM	IE OR SCH	JODL NAME		
c. EMPLOYER'S NAME	M NAME	Ш,	F		- 071150	X YES	NO					
C. CHILEDICH 3 MAMI	ON SCHOOL NAME				с. ОТИЕН	STRIBEISSA		c. INSURANCE PLAN	NAME OR	PROGRAM	NAME	
d. INSURANCE PLAN	NAME OR PROGRAM	NAME			tod bress	YES IVED FOR LOCAL I	_xc_l №0					
					rue. nest;	IVEO FOS LOCAL I	n2£	d. IS THERE ANDTHE	HEALTH	BENEFIT	PLAN?	
DEAD E	MON OF FORM	DECO			0 0 010			YES	NO II ye	s, coturn l	p and co	Omplete Item 9 a-6
12. PATIENT'S OR AL secessary to pro-	BACK OF FORM OTHORIZED PERSON'S	SIGNAT	URE 1 at	INPLETIN	ट & SIG release of	NING THIS FO	DRM other information	13. INSURED'S OR A	UTHORIZEI Ical benel	D PERSON': its to the	S SIGNAT	TURE I authoriza ned physician ar
who accepts es	Cess this claim, I all CNATURE (	isa requ Tanta	iesi paya マブヤ か	mentalgov •	arament be	neilis either to m	syself or to the part		vices desc	ribed belo	w.	
SIGNED	GIVAL OKE (	)IA 1	3. T T II	1	_	· ·	92007	l .	IGNA:	TURE	ON	FILE
14. DATE OF CURRENT		symate	m) OR	15		T HAD SAME OR	SIMILAR ILLNESS,	SEGNED				
M1122200	4 INJURY (Accid	ent) OA	,	1	GIVE FIR	SI DALE MM. I	UU . YY	18. DATES PATIENT	D ; YY Owarte i	IU WURK ;	MM MM	NT DECUPATION
17. NAME OF REFERRI			URCE	17a	I.D. NUM	N/A PFOLTERMIN		FROM 18. HOSPITALIZATION	•	TI	3	
KOKA DO	GOVIND			ĺ		117-17-7-0-7		f uwa : na	Y DAIES I	MELAIED I	MM	AL SERVICES
19. RESERVED FOR LO		177.0						FROM ;	<u> </u>	TO \$ CHA		<u> </u>
013								l — —	- boll w			1 4224
21.DIAGNOSIS OR NAT	URE OF ILLNESS OR	INJURY.	RELATI	ITEMS 1,2	9 OR 4 TO	ITEM 24E BY LI	INE)	22. MEDICAID RESUB		TO PU		
, 8470					847			CODE	1	ORIGIN	AL REF.	NO.
				3.				23. PRIOR AUTHORIZ	ATION NIG	MRER		
2. 7234				4.	724	02						
24. A DATE(S) OF MM DD YY	SERVICE	PLACE	C TYPE	PROCESSE	e eraber	S, OR SUPPLIES	TE	F	G	H. [ ]	J	Т к
FROM DO YY	MM TO DD YY	DF SERV	OF	(Explain	Unusuat C	ircumstances) MODIFIER	DIAGNOSIS	\$ CHARGES	DAYS EI DR Fa UNITS F	PSOT IMMY EMO	СОВ	RESERVED FOR LOCAL USE
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5. FEDERAL TAX (.D.	иимэёя	SS EJ	N 26. P	ATIENT'S A	COUNT NO	. 27. ACCE	II	28. TOTAL CHARGE	20	THEOMA	AID	30, BALANCE DUE
77063723	88 [	$\mathbf{x}$	1	195		Teor gave	PT ASSIGNMENT? - claims, see back) S   NO					l. · //
1. SIGNATURE OF PHY	SICIAN OR SUPPLIER		32. N	ame and a	JURESS OF	FACILITY WHERE	SERVICES WERE	/150:	UU .		0:00	
INCLUDING DEGREES	statements on the rev	92184	H TTT	ENDERED (11 ENDER:	other than	hame or office)		33. PHYSICISTER 18	בובר ייט ייז אימי	HAMILIANIA TATAL	7°***	TD:" ****
SHAH MD	RUSSEL	thereof.					E PKWY120	10624 S				
	1109		•	INDER		NV 890		HENDERS 7026440		NV	8905	·4
SIGNED	DATE							702044U.	J 0 0	rona	109	154
(APPROVED BY AMA	COUNCIL ON MEDICAL					ACE DOUG	20.00	. 1212	Σr	BRP# BRI HCFA-		_
APPROVED OMB-0938	-000B FORM NO	. 511B	04		PLE	ASE PRINT C	JH TYPE			ORM OWCP.		FORM RRB-1500

### **HEALTH INSURANCE CLAIM FORM**

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

WEBER JONATHON ESQ 7408 W SAHARA AVE LAS VEGAS NV 89117

PI

PICA			AS VEGAS N	/ 89117
1. MEDICARE MEDICAID	CHAMPUS CHAI	IPVA GROUP FECA HEALTH PLAN BLK LUNG		'S 1.D. NUMBER (FOR PROSRAM IN ITEM 1)
(Medicare #) (Medicald	#) (Sponsor's SSN) (M	IPVA GROUP FECA HEALTH PLAN BLK LUNG HIMBOR 10#) (SSN or ID) (SSN)	X (m)	4722
2 PATIENT'S NAME (Last Name,	•	3. PATIENT'S BIRTHDATE SEX	4. INSURED'	S NAME (Last Name, First Name, Middla (zitisi)
	NRIQUE J	X X	F	
6 PATIENT'S ADDRESS (No., Stre	Selection of the second select	6. PATIENT RELATIONSHIP TO INSURE	.	S ADDRESS (No. Street)
CITY	— 11 - 12 ST. Glad the LEE RAP and Well the Control for the Control for the	Self X Spouse Child	Other CITY	STATE
			Other City	NV
Grand Company	TELEPHONE (Include Area Code)	Jingio 22 marros	ZIP CODE	TELEPHONE (Include Area Code)
52866		Employed Student Stud	-Time	
9. OTHER INSURED'S NAME (Last	Name, First Name, Middle Initi			'S POLICY GROUP OR FECA NUMBER
//				
a. OTHER INSURED'S POLICY OR	GROUP NUMBER	a. EMPLOYMENT? (Current or Previous		S DATE OF BIRTH SEX
b. OTHER INSURED'S DATE OF B	RTK	YES X NO  b. AUTO ACCIDENT PLAC	E (State) b. EMPLOYE	M F
MM , DD , YY	SEX F	YES X HO	C TOTALET O. EIMPLUIES	TO NAME OR SCHOOL NAME
C. EMPLOYER'S NAME OR SCHOOL		c. OTHER ACCIDENT?	c. INSURANC	E PLAN NAME OR PROGRAM NAME
		X YES NO		
d. INSURANCE PLAN NAME OR P)	IDGRAM NAME	10d. RESERVED FOR LOCAL USE	d. 15 THERE	ANDTHER HEALTH BENEFIT PLAN?
,			YES [	
		ETING & SIGNING THIS FORM release of any medical or other (eformation secretary	13. INSUREO	'S OR AUTHORIZED PERSON'S SIGNATURE ( authorize of medical benefits to the undersigned physician or
to process this cities, I also request ;	sayment of government bestills either to s	yealf or to the party who excepts assignment	reilqquz	for services described below.
1	RE ON FILE	12 07 20		SIGNATURE ON FILE
SIGNEO : SIGNEO : SILINI	ESS (First symptom) DR	16. IF PATIENT HAD SAME OR SIMILAR I	BIGNEO 16. DATES P	ATIENT UNABLE TO WORK IN CURRENT OCCUPATION
14. DATE OF CURRENT: ILINI MM1: 22: 2004 PREG	RY (Accident) DR NANCY (LMP)	GIVE FIRST DATE MM DO YY		OB YY MM OB YY
17. NAME OF REFERRING PROVIDE	transfer and the second second	1/4.1 H51767	18. HOSPITA	LIZATION DATES RELATED TO CURRENT SERVICES
KOKA GOVIND		17b. NPI 1942322466	FROM	DD YY MM DD YY
19. RESERVED FOR LOCAL USE			20. OUTSIDE	
013 21.DIAGNOSIS OR NATURE OF ILLE	UCCO OD IN HIDY ID-I I	100 1 h 017 b 111	YES NEDICAL	X NO NO PURCH. SVC.
7244	asoo ny taonatr' (verato items	1,2,3 or 4 to item 24£ by Line) 8409	CODE	ORIGINAL REF. NO.
1.	3.	0403	23 PRIOR AL	JTHORIZATION NUMBER
2. 8470	4.	8449	100 / 1100 8	THE TOTAL TOTAL PLANTS
24. A. DATE(S) OF SERVICE		ICEOURES, SERVICES, OR SUPPLIES	E. F.	G. H. I. J. DAYS FPSDT 19. PENDERNIC
FROM YY MM TO B	PLACE OF (E OF EMG CPT)		AGNOSIS S CHARGES	DAYS EPSDT IO. RENDERING ON FIND ON FIND ON FRONT ID. #
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11042009 1104		9080	1234 150	00 3 NPI 1346324092
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			:	NP1
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				NPI NPI
				NPI NPI
25. FEDERAL TAX I.D. NUMBER	SSN EIN 26. PATIEN	r'S ACCOUNT NO. 27. ACCEPT ASSIGN	MENT? 28. TOTAL D	
770637238			see Dack) 10 \$ 42	5 00 \$ 0 00 \$ 425 00
31. SIGNATURE OF PHYSICIAN OR INCLUDING DEGREES OR CREDENTIALS		FACILITY ECCATION INFORMATION		PROVIDER INFO APH # 170216440500
(I certify that the existements on the rever apply to this bill and are made a part th	enest) Clark	LESTON OFFI		L J SHAH MD LTD
	i	W CHARLESTON BLVD		S EASTERN AVE A425
	<del></del>	VEGAS NV 89102		RSON NV 89052
SIGNED	DATE 8.	l.	a. 1346	324092 1

Shah 0000082

# HEALTH INSURANCE CLAIM FORM APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

WEBER JONATHON ESQ 7408 W SAHARA AVE

ΡI

PICA PICA	LAS VEG	AS NV 89117
1. MEDICARE MEDICAID CHAMPUS CHAMPVA	NEALTH PLAN RIVILING	1a. INSURED'S t.O. NUMBER (FOR PROSRAM IN ITEM 1)
(Medicare #) (Medicaid #) (Spansor's SSN) (Membe		
2 PATIENT'S NAME (Last Name, First Name, Middle Initial)	3. PATIENT'S BIRTHDATE SEX	4. INSURED'S NAME (Last Name, First Name, Middle (nitial)
RODRIGUEZ ENRIQUE J	X 1	
5 PATIENT'S ADDRESS (No., Street)	5. PATIENT RELATIONSHIP TO INSURED	7. INSURED'S ADDRESS (No. Street)
CITY STATE	Self X Spouse Child Chor	a service and a
RIVERSTER	Single X Married Other	CITY
ZIP CODE TELEPHONE (Include Area Code)		ZIP CODE TELEPHONE (Include Area Code)
(29.571,61,53.56.25)	Employed Full-Time Part-Time Student Student	
9. 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
a. OTHER INSURED'S POLICY OR GROUP NUMBER	a. EMPLDYMENT? (Carrent or Previous)	a. INSURED'S DATE OF BIRTH SEX
	YES X NO	MM · DD · YY
b. OTHER INSURED'S DATE OF BIRTH SEX	b. AUTO ACCIDENT PLACE (State)	b. EMPLOYER'S NAME OR SCHOOL NAME
MM . DD . YY SEA .	YES X NO	
c. EMPLOYER'S NAME OR SCHOOL NAME	c. OTHER ACCIDENT?	c. INSURANCE PLAN NAME OR PROGRAM NAME
	X YES NO	
G. INSURANCE PLAN NAME OR PROGRAM NAME	10d, RESERVED FOR LOCAL USE	d. IS THERE ANOTHER HEALTH BENEFIT PLAN?
DEAD DAMY OF FORM DEFONE COMPLET		YES NO If yes, return to and complete item 9 a-d
READ BACK OF FORM BEFORE COMPLET  12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I AUTHORIZED the rates		13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or
to process this claim. I also request payment of government benefits after to myeath	or to the party who accepts assignment  08 18 2010	supplier for services described below. SIGNATURE ON FILE
SIGNED		SIGNED.
	. IF PATIENT HAD SAME OR SIMILAR HINESS.	16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION
14. DATE OF CURRENT: ILLNESS (First symptom) OR 15.  MAI 1: 022: Y2004 PREGNANCY (LMP)	GIVE FIRST DATE MM, DO YY	FROM OD YY MM OD YY
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	LIB.	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY MM DD YY
RORA GOVIND	1942322466	FROM TO
19. RESERVED FOR LOCAL USE		20. DUTSIDE LAB? S CHARGES
013 21.DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. (Relate Items 1,2,	2 as A to Sam 245 by Hard	YES X NO NO PURCH. SVC.
72402	8470	CODE ORIGINAL REF, NO.
1, 3.	0470	23. PRIOR AUTHORIZATION NUMBER
2, 71946 4.	V493	20. Then Adjustification indirects
24. A. DATE(S) OF SERVICE B. C. D. PADCES	DURES, SERVICES, OR SUPPLIES E.	F. G. H. J. J.
MM DD YY MM TO DD YY SERV EMG CPT/HCP	(# Unusual Circumstances) BIAGNOSIS CS	S CHARGES UNITS PLAN DAYS FROM DUAL. PROVIDER ID. #
	anaw.as	
08102010  08102010  11            992		275·00 1 NPI 1346324092
08102010 08102010 11 990	ECTAL REPORT CHARG	100:00 2 NP: 1346324092
08102010 08102010 11 330		100:00 2 NP: 1346324092
	***************************************	, NPI
		NPI
		; NPI
		: NPI
25. FEDERAL TAX I.D. NUMBER SSN EIN 26. PATIENT'S	ACCOUNT NO. 27. ACCEPT ASSIGNMENT? (For gove, claims, see back)	28. TOTAL CHARGE 29. AMOUNT PAID 30. BALANCE DUE
770637238	58 X YES NO	\$ 375:00 \$ 0:00 \$ 375:00
	CILITY LOCATION INFORMATION	33. BILLING PROVIDER INFO &PH # (702)6440500
	ESTON OFFI	RUSSEL J SHAH MD LTD
SHAH MD RUSSEL J 2628 V	V CHARLESTON BLVD	10624 S EASTERN AVE A425
08 18 10 LAS VI	EGAS NV 89102	HENDERSON NV 89052
SIGNED DATE 8.	b	a. 1346324092

CHYNOWETH, HILL AND LEAVIT T 3831 W. CHARLESTON BLVD LAS VEGAS, NV 89102



RETURN SERVICE REQUESTED

16466-3AN5

LAST PMT:

0.00 AMOUNT:

Please check box if address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

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STEVE BAKER ATTY. 7408 W.SAHARA AVE. LAS VEGAS, NV 89117-2740

	FCK CARD USING FOR PAYE	SMILINGING
CARD NUMBER		SIGNATURE CODE
SIGNATURE		EXP. DATE
	T	
STATEMENT DATE	PAY THIS AMOUNT	ACCT.#
STATEMENT DATE 05/31/2009	PAY THIS AMOUNT  Continued	ACCT.#

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CHYNOWETH, HILL AND LEAVITT LLC 3831 W. CHARLESTON BLVD LAS VEGAS, NV 89102-1859

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT STATEMENT

					7	
Date	Patient	Description	Charges	Pat. Pmt.	Adjust.	Balance
10/22/08	Rodriguez, Enrique	Initial Evaluation	95.00	0.00	0.00	95.00
10/22/08	Rodriguez, Enrique	Aqua Therapy	100.00	0.00	0.00	100.00
10/22/08	Rodriguez, Enrique	Manual Therapy Technique	45.00	0.00	0.00	45.00
10/22/08	Rodriguez, Enrique	Ultrasound	28.00	0.00	0.00	28.00
10/22/08	Rodriguez, Enrique	Electrical Stimulation	28.00	0.00	0.00	28.00
10/23/08	Rodriguez, Enrique	Aqua Therapy	100.00	0.00	0.00	100.00
10/23/08	Rodriguez, Enrique	Ultrasound	28.00	0.00	0.00	28.00
10/23/08	Rodriguez, Enrique	Electrical Stimulation	28.00	0.00	0.00	28.00
10/24/08	Rodriguez, Enrique	Aqua Therapy	100.00	0.00	0.00	100.00
10/24/08	Rodriguez, Enrique	Ultrasound	28.00	0.00	0.00	28.00
10/24/08	Rodriguez, Enrique	Electrodes	12.00	0.00	0.00	12.00
10/27/08	Rodriguez, Enrique	Aqua Therapy	100.00	0.00	0.00	100.00
10/27/08	Rodriguez, Enrique	Massage	35.00	0.00	0.00	35.00
10/27/08	Rodriguez, Enrique	Ultrasound	28.00	0.00	0.00	28.00
10/27/08	Rodriguez, Enrique	Electrical Stimulation	28.00	0.00	0.00	28.00

** B	** Balance is overdue. Contact us or be referred to a collection agency. **											
Current	30 Days	60 Days	90 Days	120 Days	Total Balance	Now Due						
0.00	0.00	1,376.00	1,387.00	5,464.00	\$ 8,227.00	Continued						

Messages

Account Number 1855

**Statement Date** 05/31/2009

Make Checks Payable To:

CHYNOWETH, HILL AND LEAVITT LLC 3831 W. CHARLESTON BLVD LAS VEGAS, NV 89102

**Billing Questions** (877) 325-2776 144

16466-3AN5\*TO310C2GG000140

Bill To:

### THOMAS VATER DO 7326 W Cheyenne Ave LAS VEGAS NV 891296201

Enrique J Rodriguez Get : Natawa RVF) 9 047 F RIVERSIDE CA 92586 Amount Remitted:

Account Number: 4381

Statement Dute: 11/10/2009 Patient's Balance Duc: \$330.00

Page: 1 of 1

Dute	vlder-	(CD9	Reference	Description of S		SEPTOTE VENEZ	SyAmount St.	JWK6VTVC	TOTAL SALES	Vanave
0/13/08 0/13/08 1/19/08	TV TV		99204 99243	OV-NEW LEV 4 OFFC CONSULT WRONG CHARGES	(45 MIN)		300.00 330.00	300.00	Insurance	Nour Salance S
			,							
										a
ount Balance	(18	efer to	Chrone							
30.00	71 Pa	cfer to Jue From theat" For mount to Pay)	Current Balance	Over 30 \$0.00 \$0	. 00	\$0.00	Over 90 \$0.	Over 120	1	e From
viders			, A	count Number	IN	nie	Y V 1	001 9	330.00	\$330.00
omas v	ATER	DQ		4381	1	ENRIQUE	J RODRIGE	EZ Tele	phone for Que	itions
				11/10/2009	4	nke check Pa VATER SP			***************************************	

Dr. Vater 0000010

501 S RANCHO DRIVE STE F37 LAS VEGAS NV 89106-4828 702-256-1330

09-07-2010

JONATHAN WEBER, ESQ. 7408 W SAHARA AVE LAS VEGAS NV 89117

Patient:

RODRIGUEZ, ENRIQUE

Account#: 2483

### Statement

Svc Date	Code	MD	Description	Charges	Credits	Insurance Status	Payable Now
08-31-05	96100	0	PSYCHOLOGICAL TESTING	750.00			750,00
09-01-05	90801	0	PSYCH, DIAGNOSTIC EXAM	252.00			252.00
09-26-05	90806	0	INDIVIDUAL PSYCHOTHERAPY	175.00			175.00
09-26-05	90901	0	BIOFEEDBACK TRAINING	135,00			135.00
09-27-05	90901	٥	BIOFEEDBACK TRAINING	135.00			135.00
10-03-05	90806	36	INDIVIDUAL PSYCHOTHERAPY	175.00			175.00
10-03-05	90901	0	BIOFEEDBACK TRAINING	135.00			135.00
10-05-05	90901	0	BIOFEEDBACK TRAINING	135.00			135.00
10-10-05	90806	36	INDIVIDUAL PSYCHOTHERAPY	175.00			175.00
10-10-05	90901	0	BIOFEEDBACK TRAINING	135,00			135.00
11-07-05	90806	36	INDIVIDUAL PSYCHOTHERAPY	175.00			175.00
11-07-05	90901	0	BIOFEEDBACK TRAINING	135.00			135.00
11-08-05	90901	0	BIOFEEDBACK TRAINING	135.00			135.00
11-09-05	90806	36	INDIVIDUAL PSYCHOTHERAPY	175.00			175.00
11-09-05	90901	0	BIOFEEDBACK TRAINING	135.00			135.00
11-10-05	90901	0	BIOFEEDBACK TRAINING	135.00			135.00
11-14-05	90901	0	BIOFEEDBACK TRAINING	135.00			135.00
11-15-05	90901	0	BIOFEEDBACK TRAINING	135.00			135.00
12-13-05	90901	0	BIOFEEDBACK TRAINING	135.00			135.00
12-14-05	90806	36	INDIVIDUAL PSYCHOTHERAPY	175.00			175.00
12-14-05	90901	0	BIOFEEDBACK TRAINING	135.00			135.00
12-19-05	90901	0	BIOFEEDBACK TRAINING	135.00			135.00
01-03-06	90806	36	INDIVIDUAL PSYCHOTHERAPY	175.00			175.00
01-03-06	90901	0	BIOFEEDBACK TRAINING	135.00			135.00
01-04-06	90901	0	BIOFEEDBACK TRAINING	135,00			135.00
01-05-06	90901	0	BIOFEEDBACK TRAINING	135,00			135.00
01-11-06	90806	36	INDIVIDUAL PSYCHOTHERAPY	175.00			175.00
01-11-06	90901	0	BIOFEEDBACK TRAINING	135,00			135.00
01-17-06	90806	36	INDIVIDUAL PSYCHOTHERAPY	175,00			175.00
01-17-06	90901	0	BIOFEEDBACK TRAINING	135.00			135.00
01-18-06	90806	36	INDIVIDUAL PSYCHOTHERAPY	175.00			175.00
01-18-06	90901	0	BIOFEEDBACK TRAINING	135.00			135.00
01-30-06	90806	36	INDIVIDUAL PSYCHOTHERAPY	175.00			175.00
01-30-06	90901	0	BIOFEEDBACK TRAINING	135.00			135.00
02-23-06	90806	36	INDIVIDUAL PSYCHOTHERAPY	175.00			175.00
02-24-06	90901	0	BIOFEEDBACK TRAINING	135.00			135.00

Page 1 of 5

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501 S RANCHO DRIVE STE F37 LAS VEGAS NV 89106-4828 702-256-1330

09-07-2010

JONATHAN WEBER, ESQ. 7408 W SAHARA AVE LAS VEGAS NV 89117

Patient:

RODRIGUEZ, ENRIQUE

Account #: 2483

### Statement

Svc Date	Code	MĐ	Description	Charges	Credits	Insurance Status	Payable Now
03-09-06	90806	36	INDIVIDUAL PSYCHOTHERAPY	175.00			175.00
03-09-06	90901	0	SIOFEEDBACK TRAINING	135.00			135.00
03-17-06	90901	0	BIOFEEDBACK TRAINING	135.00			135,00
03-21-06	90901	0	BIOFEEDBACK TRAINING	135,00			135.00
03-27-06	90901	0	BIOFEEDBACK TRAINING	135.00			135.00
04-03-06	90806	36	INDIVIDUAL PSYCHOTHERAPY	175.00			175.00
04-03-06	90901	0	BIOFEEDBACK TRAINING	135.00			135.00
04-26-06	90901	0	BIOFEEDBACK TRAINING	135.00			135.00
05-10-06	90806	36	INDIVIDUAL PSYCHOTHERAPY	175.00			175.00
05-10-06	90901	0	BIOFEEDBACK TRAINING	135.00			135.00
05-18-06	90901	0	BIOFEEDBACK TRAINING	135.00			135.00
06-01-06	90806	36	INDIVIDUAL PSYCHOTHERAPY	175.00			175.00
06-21-06	90901	0	BIOFEEDBACK TRAINING	135.00			135.00
06-28-06	90806	38	INDIVIDUAL PSYCHOTHERAPY	175.00			175.00
06-28-06	90901	0	BIOFEEDBACK TRAINING	135.00			135.00
07-27-06	90806	36	INDIVIDUAL PSYCHOTHERAPY	175.00			175.00
07-27-06	90901	JM	BIOFEEDBACK TRAINING	135.00			135.00
08-07-06	90901	JM	BIOFEEDBACK TRAINING	135.00			135.00
08-10-06	90806	36	INDIVIDUAL PSYCHOTHERAPY	175.00			175.00
08-10-06	90901	JM	BIOFEEDBACK TRAINING	135.00			135.00
08-14-06	90901	JM	BIOFEEDBACK TRAINING	135.00			135.00
08-17-06	90806	36	INDIVIDUAL PSYCHOTHERAPY	175.00			175.00
08-17-06	90901	JM	BIOFEEDBACK TRAINING	135.00			135.00
08-18-06	90901	JM	BIOFEEDBACK TRAINING	135.00			135.00
08-24-06	90806	36	INDIVIDUAL PSYCHOTHERAPY	175.00			175,00
08-24-06	90901	JM	BIOFEEDBACK TRAINING	135.00			135.00
09-11-06	90806	36	INDIVIDUAL PSYCHOTHERAPY	175.00			175.00
09-11-06	90901	JM	BIOFEEDBACK TRAINING	135.00			135.00
09-26-06	90806	36	INDIVIDUAL PSYCHOTHERAPY	175.00			175.00
09-26-06	90901	JM	BIOFEEDBACK TRAINING	135.00			135.00
10-12-06	90806	36	INDIVIDUAL PSYCHOTHERAPY	175.00			175.00
10-12-06	90901	JM	BIOFEEDBACK TRAINING	135.00			135.00
10-25-06	90806	36	INDIVIDUAL PSYCHOTHERAPY	175.00			175.00
10-25-06	90901	JM	BIOFEEDBACK TRAINING	135.00			135.00
11-08-06	90901	JM	BIOFEEDBACK TRAINING	135.00			135.00
11-08-06	90806	36	INDIVIDUAL PSYCHOTHERAPY	175.00			175.00

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Mortillaro 0000240 Rodriguez

501 S RANCHO DRIVE STE F37 LAS VEGAS NV 89106-4828 702-256-1330

09-07-2010

JONATHAN WEBER, ESQ. 7408 W SAHARA AVE LAS VEGAS NV 89117

Patient:

RODRIGUEZ, ENRIQUE

Account #: 2483

### Statement

Svc Date	Code	MD	Description	Charges	Credits	Insurance Status	Payable Now
11-22-06	99049	0	NO CALL NO SHOW	175.00			175.00
11-28-06	90806	36	INDIVIDUAL PSYCHOTHERAPY	175.00			175.00
1-28-06	90901	JM	BIOFEEDBACK TRAINING	135.00			135.00
12-12-06	90806	36	INDIVIDUAL PSYCHOTHERAPY	175.00			175.00
12-12-06	90901	JM	BIOFEEDBACK TRAINING	135.00			135,00
1-17-07	90806	36	INDIVIDUAL PSYCHOTHERAPY	175.00			175,00
01-17-07	90901	JM	BIOFEEDBACK TRAINING	135.00			135.00
1-30-07	90806	36	INDIVIDUAL PSYCHOTHERAPY	175.00			175.00
1-30-07	90901	JM	BIOFEEDBACK TRAINING	135.00			135,00
3-01-07	90806	36	INDIVIDUAL PSYCHOTHERAPY	175.00			175.00
3-01-07	90901	JM	BIOFEEDBACK TRAINING	135.00			135.00
3-20-07	90806	36	INDIVIDUAL PSYCHOTHERAPY	175.00			175.00
3-20-07	90901	JM	BIOFEEDBACK TRAINING	135.00			135.00
4-25-07	90806	36	INDIVIDUAL PSYCHOTHERAPY	175.00			175.00
4-25-07	90901	JM	BIOFEEDBACK TRAINING	135.00			135.00
5-10-07	90806	36	INDIVIDUAL PSYCHOTHERAPY	175.00			175.00
5-10-07	90901	JM	BIOFEEDBACK TRAINING	135.00			135.00
5-24-07	90901	JM	BIOFEEDBACK TRAINING	135.00			135.00
5-31-07	90806	36	INDIVIDUAL PSYCHOTHERAPY	175.00			175.00
5-31-07	90901	JM	BIOFEEDBACK TRAINING	135.00			135.00
07-26-07	90806	36	INDIVIDUAL PSYCHOTHERAPY	175.00			175.00
7-26-07	90901	JM	BIOFEEDBACK TRAINING	135.00			135.00
8-14-07	90806	36	INDIVIDUAL PSYCHOTHERAPY	175.00			175.00
8-14-07	90901	JM	BIOFEEDBACK TRAINING	135.00			135.00
9-25-07	90804	36	PSYCHOTHERAPY, 20-30 MINUTI	130.00			130,00
9-25-07	90901	JM	BIOFEEDBACK TRAINING	135.00			135,00
1-08-07	90806	36	INDIVIDUAL PSYCHOTHERAPY	200.00			200.00
11-08-07	90901	JM	BIOFEEDBACK TRAINING	135.00			135.00
2-03-07	99049	36	MISSED APPT	200.00			200.00
2-03-07	99049	ML	MISSED APPT	135.00			135.00
2-11-07	90806	36	INDIVIDUAL PSYCHOTHERAPY	200.00			200.00
2-11-07	90901	JM	BIOFEEDBACK TRAINING	135.00			135.00
12-17-07	99049	36	MISSED APPT	200.00			200.00
12-18-07	96101	0	PSYCH TESTING COMPLETE BY	900.00			900.00
2-19-07	90801	0	PSYCH. DIAGNOSTIC EXAM	300.00			300.00
2-19-07	90901	ML	BIOFEEDBACK TRAINING	135.00			135.00

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Mortillaro 0000241 Rodriguez

#### LOUIS MORTILLARO, PH D 501 S RANCHO DRIVE STE F37 LAS VEGAS NV 89106-4828 702-256-1330

09-07-2010

JONATHAN WEBER, ESQ. 7408 W SAHARA AVE LAS VEGAS NV 89117

Patient:

RODRIGUEZ, ENRIQUE

Account #: 2483

### Statement

Svc Date	Code	MD	Description	Charges	Credits	Insurance Status	Payable Now
01-24-08	90806	36	INDIVIDUAL PSYCHOTHERAPY	200.00			200.00
01-24-08	90901	JM	BIOFEEDBACK TRAINING	135.00			135.00
03-12-08	90806	36	INDIVIDUAL PSYCHOTHERAPY	200.00			200.00
03-12-08	90901	JM	BIOFEEDBACK TRAINING	135.00			135,00
03-31-08	90806	36	INDIVIDUAL PSYCHOTHERAPY	200.00			200.00
03-31-08	90901	JM	BIOFEEDBACK TRAINING	135,00			135.00
05-01-08	90806	36	INDIVIDUAL PSYCHOTHERAPY	200.00			200.00
05-01-08	90901	JM	BIOFEEDBACK TRAINING	135.00			135.00
06-11-08	90806	36	INDIVIDUAL PSYCHOTHERAPY	200.00			200.00
06-11-08	90901	JM	BIOFEEDBACK TRAINING	135.00			135,00
08-13-08	90806	36	INDIVIDUAL PSYCHOTHERAPY	200.00			200.00
08-13-08	90901	JM	BIOFEEDBACK TRAINING	135.00			135.00
09-18-08	90806	36	INDIVIDUAL PSYCHOTHERAPY	200.00			200.00
09-18-08	90901	JM	BIOFEEDBACK TRAINING	135.00			135.00
10-23-08	99049	36	MISSED APPT	200.00			200.00
10-23-08	99049	JM	MISSED APPT	135.00			135.00
10-28-08	90806	36	INDIVIDUAL PSYCHOTHERAPY	200.00			200.00
10-28-08	90901	JM	BIOFEEDBACK TRAINING	135.00			135.00
12-17-08	90806	36	INDIVIDUAL PSYCHOTHERAPY	200.00			200.00
12-17-08	90901	JM	BIOFEEDBACK TRAINING	135.00			135.00
02-05-09	90806	36	INDIVIDUAL PSYCHOTHERAPY	200.00			200.00
02-05-09	90901	JM	BIOFEEDBACK TRAINING	135.00			135.00
03-31-09	90806	36	INDIVIDUAL PSYCHOTHERAPY	200.00			200.00
05-06-09	90806	36	INDIVIDUAL PSYCHOTHERAPY	200.00			200.00
08-20-09	90806	36	INDIVIDUAL PSYCHOTHERAPY	200.00			200.00
11-05-09	90806	36	INDIVIDUAL PSYCHOTHERAPY	200.00			200.00
12-17-09	90806	36	INDIVIDUAL PSYCHOTHERAPY	200.00			200.00
01-14-10	90806	36	INDIVIDUAL PSYCHOTHERAPY	225.00			225.00
02-18-10	90806	36	INDIVIDUAL PSYCHOTHERAPY	225,00			225.00
03-03-10	90806	36	INDIVIDUAL PSYCHOTHERAPY	225.00			225.00
05-13-10	99049	36	MISSED APPT	225.00			225.00
05-18-10	90806	36	INDIVIDUAL PSYCHOTHERAPY	225.00			225.00
06-15-10	90806	36	INDIVIDUAL PSYCHOTHERAPY	225.00			225.00
08-09-10	99049	36	LATE CX	225.00			225.00

Page 4 of 5 Printed by VersaForm 3.144 09/07/2010 3:47 PM

Mortillaro 0000242 Rodriguez

501 S RANCHO DRIVE STE F37 LAS VEGAS NV 89106-4828 702-256-1330

09-07-2010

JONATHAN WEBER, ESQ. 7408 W SAHARA AVE LAS VEGAS NV 89117

Patient:

RODRIGUEZ, ENRIQUE

Account #: 2483

### Statement

Svc Date	Code	MD	Description	Charges	Credits	Insurance Status	Payable Now
08-10-10	90806	36	INDIVIDUAL PSYCHOTHERAPY	225.00			225.00

PLEASE CALL 256-1330 IF THERE ARE QUESTIONS.

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### [1500]

### BENSON BERTOLDO BAKER & CARTER

### **HEALTH INSURANCE CLAIM FORM**

7408 W SAHARA AVE LAS VEGAS, NV 89117

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05		PICA [TT
j. L. L. L	/A GROUP FECA OTHER	
1. MEDICARE MEDICAID TRICARE CHAMPUS (Medicare #) (Medicaid #) (Sponsor's SSN) (Member	- HEALTH PLAN - BLK LUNG -	N/A
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)	3. PATIENT'S BIRTH DATE SEX	4. INSURED'S NAME (Last Name, First Name, Middle Initial)
RODRIGUEZ, ENRIQUE	MX F	RODRIGUEZ, ENRIQUE
5. PATIENT'S ADDRESS (No., Street)	6. PATIENT RELATIONSHIP TO INSURED	7. INSURED'S ADDRESS (No., Street)
72.072 ARELINGRONES AVE	Sell Spouse Child Other	7207 ARLINSTON AVE
CITY	8. PATIENT STATUS	CITY STATE
CONTRACTOR (CA)	Single Married OtheX	
ZIP CODE TELEPHONE (Include Area Code)	Full-Time Parl-Time	ZIP CODE TELEPHONE (Include Area Code)
(25.24.31.28)	Employed Student Student	
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
a. OTHER INSURED'S POLICY OR GROUP NUMBER	. a. EMPLOYMENT? (Current or Previous)	A MANUSCRIPTOR DATE OF PIOTU
a. OTHER INSURED'S POLICY OR GROUP NUMBER		a, INSURED'S DATE OF BIRTH  MM _ DD _ YY  MX F
b. OTHER INSURED'S DATE OF BIRTH SEX	h AUTO ACCIDENT?	
MM DD YY	PLACE (State)	b. EMPLOYER'S NAME OR SCHOOL NAME
c. ÉMPLOYER'S NAME OR SCHOOL NAME	c. OTHER ACCIDENT?	c. INSURANCE PLAN NAME OR PROGRAM NAME
	Tyes X NO	STATE OF STA
d. INSURANCE PLAN NAME OR PROGRAM NAME	10d. RESERVED FOR LOCAL USE	d. IS THERE ANOTHER HEALTH BENEFIT PLAN?
··· · · · · · · -		YES X NO If yes, return to and complete item 9 a-d.
READ BACK OF FORM BEFORE COMPLETIN	G & SIGNING THIS FORM.	13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize
<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>		payment of medical benefits to the undersigned physician or supplier for services described below.
below. SIGNATURE ON FILE	09242010	SIGNATURE ON FILE
SIGNED	DATE	SIGNED
14. DATE OF CURRENT: ILLNESS (First symptom) OR 15	IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE MM 1 DO 1 YY	16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM   DD   YY
▼ PREGNANCY(LMP)	1	FROM !! TO !!
		18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES
19. RESERVED FOR LOCAL USE	b. NPI	FROM TO 20. OUTSIDE LAB? S CHARGES
19. NEGERYED FOR LOOKE OBE		
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2	3 or 4 to item 24F by Line)	YES X NO
337 20	· · · · · · · · · · · · · · · · · · ·	22. MEDICAID RESUBMISSION ORIGINAL REF. NO.
1. [ ] 7 ] 7 ] 3	· L	23, PRIOR AUTHORIZATION NUMBER
2,4	ŧ	
24. A. DATE(S) OF SERVICE B. C. D. PROC	EDURES, SERVICES, OR SUPPLIES E.	F. G. H. I. J. DAYS ESST ID RENDERING
From To PLACE OF (Expl MM DD YY MM DD YY SERVICE EMG CPT/HCI	ain Unusual Circumsiances) DIAGNOSIS PCS   MODIFIER POINTER	DAYS EFSDT ID. RENDERING OR Family S CHARGES UNITS Plan OUAL PROVIDER ID. #
time so the man so the factoring and the factoring	SS   MOST IET   TOTALET	T SCHANGES ONES FOR OUAC PROVIDER ID. II
9222010 09222010 11   9711	3 }	264.00 #   NPT
And the supplier of the suppli		U
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OF FORDAL TANKO NUMBER	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	NP3
25. FEDERAL TAX I.O. NUMBER SSN EIN 26. PATIENT'S 721567165 M 462811	(For gov). claims, see back!	29. TOTAL CHARGE 29. AMCUNT PAID 30. BALANCE DUE 5 264 00 9 0.00 9 264 00
	YES NO	
INCLUDING DEGREES OR CREDENTIALS アクマスチ、 W	ELLNESS-RIVERSIDE	33. BILLING PROVIDER INFO & PH # 9516842874 TOTAL WELLNESS INC
II certify that the statements on the reverse		3191 B MISSION INN-AVE
KIVEKSI	DE, CA 92507	RIVERSIDE, CA 92507
09242010	lb.	
SIGNED DATE 4"		a. b.

BENSON BERTOLDO BAKER & CARTER 1500 CARRIER 7408 W SAHARA AVE HEALTH INSURANCE CLAIM FORM LAS VEGAS, NV 89117 APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05 PICA PICA I GROUP HEALTH PLAN (SSN or ID) OTHER 16. INSURED'S I.D. NUMBER 1. MEDICARE MEDICARE MEDICAID TRICARE CHAMPUS
(Medicale #) (Medicald #) (Sponsor's SSN) MEDICAID CHAMPVA FECA BLK LUNG (SSN) (For Program in Item 1) (ID) (MemberiDn) M/A 4, INSURED'S NAME (Last Name, First Name, Middle Initial) 3. PATIENT'S BIRTH DATE 2. PATIENT'S NAME (Last Namo, First Name, Middle Initial) SEX RODRIGUEZ, ENRIQUE RODRIGUEZ, ENRIQUE 5. PATIENT'S ADDRESS (No., Street) 8. PATIENT RELATIONSHIP TO INSUREO 7, INSUREO'S ADDRESS (No., Street) Sely Spouse Child Other Wanternamen(cutol) STATE 8. PATIENT STATUS STATE CITY AND INSURED INFORMATION Single Manied OthoX Mangoliticana) TELEPHONE (include Area Code) ZIP CODE TELEPHONE (Include Area Code) ZIP CODE Employed Full-Time Student Student 11. INSURED'S POLICY GROUP OR FECA NUMBER 9. OTHER INSUREO'S NAME (Last Namo, First Namo, Middle Initial) 10. (S PATIENT'S CONDITION RELATED TO: a, OTHER INSURED'S POLICY OR GROUP NUMBER a. EMPLOYMENT? (Current or Previous) B. INSURED'S DATE OF BIRTH YES Х∏ио M b. AUTO ACCIDENT? 5. OTHER INSUREO'S DATE OF BIRTH b. EMPLOYER'S NAME OR SCHOOL NAME PLACE (State) ] NO [\_\_] M rl . YES PATIENT C. INSURANCE PLAN NAME OR PROGRAM NAME e, EMPLOYER'S NAME OR SCHOOL NAME c. OTHER ACCIDENT? YES ON K d IS THERE ANOTHER HEALTH BENEFIT PLAN? d. INSURANCE PLAN NAME OR PROGRAM NAME 10d. RESERVED FOR LOCAL USE YES X NO If yes, return to and complete item 0 a-d. 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 necessary to process live claim. Lelise request payment of government benefits either to myself or to the party who accepts assignment below. 13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE Lauthorizo payment of medical benefits to the understaned physician or supplier for services described below. SIGNATURE ON FILE SIGNATURE ON FILE 09032010 SIGNED DATE ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY(LMP) 15. IF PATIENT HAS HAD SAME OF SIMILAR ILLNESS. GIVE FIRST DATE MM | DD | YY 16, DATES PATIENT UNABLE TO WORK IN CURRENT FROM TO 17. NAME OF REFERRING PROVIDER OR OTHER SOURCE 18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES
MM DD YY
YY 17a FROM TO OVIND KOKA DO 17b. MPI 19. RESERVED FOR LOCAL USE 20. OUTSIDE LAB? \$ CHARGES YES XINO 22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO. 21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line) 1.337.20 a. I... 23. PRIOR AUTHORIZATION NUMBER D. PROCEDURES, SERVICES, OR SUPPLIES 24. A DATE(S) OF SERVICE В r: F. SUPPLIER INFORMATION RENDERING (Explain Unusual Circumstances)
THCPCS | MODIFIER DIAGNOSIS ID. S CHARGES OD POINTER QUA 06282010 06282010 11 97001 122.00 NPI 406282010 06282010 11 97110 59.00 NPI 36282010 97140 45.00 06282010 11.1 NPI Ğ 6282010 06282010 μ1 97140 45.00 NPI CAN 6282010 06282010 11 97014 28.14 NPI õ 6 NPI 30, BALANCE DUE 28. TOTAL CHARGE 20. AMOUNT PAID 26. FEDERAL TAX I.D. NUMBER SSN EIN 26, PATIENT'S ACCOUNT NO. 27. ACCEPT ASSIGNMENT? 721567165 415273C 299.14 0.00 s 299.14 s X YES 33. BILLING PROVIDER INFO & PH# 9516842874 32. SERVICE FACILITY LOCATION INFORMATION 31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I cortily that the statements on the reverse TOTAL WELLNESS-RIVERSIDE TOTAL WELLNESS INC 3191 B MISSION INN AVE apply to this bill and are made a part thereof.)
STEVEN S NIETO 3191 B. MISSION INN AVE RIVERSIDE, CA 92507 RIVERSIDE, CA 92507 09032010 0 721567165 1922299338 1922299338 DATE APPROVED OMB-0938-0999 FORM CMS-1500 (08-05)
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BENSON BERTOLDO BAKER & CARTER 1500 CARRIER 7408 W SAHARA AVE HEALTH INSURANCE CLAIM FORM LAS VEGAS, NV 89117 APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05 PICA I. MEDICARE | MEDICARE MEDICAID TRICARE CHAMPVA | (Madicaro #) (Madicaid #) (Spansor's SSN) (Member (D9) MEDICAID CHAMPVA RECY (SSN) X (ID) OTHER 1a. INSUREO'S I.D. NUMBER (For Program in Item 1) 3. PATIENT'S BIRTH OATE 2. PATIENT'S NAME (Last Name, Flist Name, Middle Initial) 4. INSURED'S NAME (Last Name, First Name, Middle Initial) RODRIGUEZ, ENRIQUE RODRIGUEZ, ENRIQUE 7. INSURED'S ADDRESS (No., Street) 5. PATIENT'S ADDRESS (No., Street) 6. PATIENT RELATIONSHIP TO INSURED Self Spouse Child ar (deigh (euleach 7201 AKLTNENOK 1 Olher 8. PATIENT STATUS STATE STATE CITY CITY AND INSURED INFORMATION zvienskoj skala (da) s Single Married OthoX ZIP CODE TELEPHONE (Include Area Code) ZIP CODE TELEPHONE (include Area Code Employed \_\_\_\_ Full-Time \_\_\_\_ Parl-Time Student 10. IS PATIENT'S CONDITION RELATED TO: 11. INSURED'S POLICY GROUP OR FECA NUMBER 9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) SEX a OTHER INSURED'S POLICY OR GROUP NUMBER a. EMPLOYMENT? (Current or Previous) a. INSURED'S DATE OF BIRTH YES MX МО b. OTHER INSUREO'S DATE OF BIRTH D. AUTO ACCIDENT? b. EMPLOYER'S NAME OR SCHOOL NAME PLACE (State) YES X\_\_\_ ои \_\_\_ М PATIENT c. OTHER ACCIDENT? C, INSUNANCE PLAN NAME OR PROGRAM NAME EMPLOYER'S NAME OR SCHOOL NAME YES d, INSURANCE PLAN NAME OR PROGRAM NAME 10J. RESERVED FOR LOCAL USE IL IS THERE ANOTHER HEALTH BENEFIT PLAN? YES X NO If yes, return to and complete item 9 a.d. READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE 1 authorize the release of any medical or other information necessary to process this chim. I also request payment of government benefits either to myself or to the party who accepts assignment. 13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of muritical benefits to the undersigned physician or supplier for services described below. SIGNATURE ON FILE SIGNATURE ON FILE 09032010 SIGNED DATE SIGNED 16, DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY(LMP) 15, IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS GIVE FIRST DATE MM | DD | YY FROM TO IS, HOSPITALIZATION DATES RELATED TO CURRENT SERVICES 17. NAME OF REFERRING PROVIDER OR OTHER SOURCE GOVIND KOKA DO то 17b. FROM NP 19. RESERVED FOR LOCAL USE 20. OUTSIDE LAB? YES X NO 22. MEDICAID RESUBMISSION 21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate flores 1, 2, 3 or 4 to flore 24E by Line) ORIGINAL REF. NO. 1,337.20 L 23, PRIOR AUTHORIZATION NUMBER D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Umusual Circumstances) CPTMICPCS | MODIFIER DATE(S) OF SERVICE 24. A. DIAGNOSIS RENDERING From VACE OF **S CHARGES** POINTER PROVIDER ID. MM ΟĎ DD **SERVICE** 264.00 7022010 07022010 L1 97113 NPI 2 SUPPLIER NPI 3 NPI 8 NPI SICIAN NPI NPI 30, BALANCE DUE 25, FEDERAL TAX J.D. NUMBER SSN EIN 26. PATIENT'S ACCOUNT NO. 27. ACCEPT ASSIGNMENT? 28. TOTAL CHARGE 29. AMOUNT PAID YES NO \$ 264.00 721567165 417579C 264.00 0.00 s 33. BILLING PROVIDER INFO & PH # 9516842874 TOTAL WELLNESS INC 34. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the severso 32. SERVICE FACILITY LOCATION INFORMATION TOTAL WELLNESS-RIVERSIDE 3191 B. MISSION INN AVE 3191 B MISSION INN AVE STEVEN S NIETO RIVERSIDE, CA 92507 RIVERSIDE, CA 92507 09032010 1922299338 1922299338 b. 721567165 PLEASE PRINT OR TYPE APPROVED OMB-0938-0999 FORM CMS-1500 (08-05) NUCC Instruction Manual available at: www.nucc.org Mild, by Medical Arts Press Carl toll-free: 1-800-328-2179 #14710 - Medical Arts Press Use with Envelope #14145 (gummed) or #14146 (self-seal)

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BENSON BERTOLDO BAKER & CARTER CARRIER --1500 7408 W SAHARA AVE HEALTH INSURANCE CLAIM FORM LAS VEGAS, NV 89117 APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05 PICA [] PICA CHAMPVA (SSN) X (ID) OTHER 1a. INSURED'S I.D. NUMBER (For Program in Item 1) 1. MEDICARE MEDICARE MEDICAID TRICARE CHAMPVA

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Spouse Child

Child Other #PARTA PARTO TINIS (EO)N - AN a. PATIENT STATUS STATE CITY STATE CITY PATIENT AND INSURED INFORMATION Single Married WANTED AND (469453453496) OtheXi TELEPHONE (Include Area Code) ZIP CODE TELEPHONE (Include Area Code) ZIP CODE \_\_\_ Student 10. IS PATIENT'S CONDITION RELATED TO: 11, INSURED'S POLICY GROUP OR FECA NUMBER 9, OTHER INSURED'S NAME (Lost Name, Flist Name, Middle Initial) SEX a. EMPLOYMENT? (Current or Provious) a. INSUREO'S DATE OF BIRTH a. OTHER INSURED'S POLICY OR GROUP NUMBER kry. YES b. OTHER INSURED'S DATE OF BIRTH b. AUTO ACCIDENT? b. FMPLOYER'S NAME OR SCHOOL NAME PLACE (State) Yes **₹**∏ко ( .\_\_\_\_) C. INSURANCE PLAN NAME OR PROGRAM NAME c, OTHER ACCIDENT? EMPLOYER'S NAME OR SCHOOL NAME YES 10d. RESERVED FOR LOCAL USE d. IS THERE ANOTHER HEALTH BENEFIT PLAN? d, INSURANCE PLAN NAME OR PROGRAM NAME OM K SIY If yes, roturn to and complete item 9 a.d. READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE 1 authorized the release of any medical or other information necessary to process this claim. I also request payment of government benefits differ to myself or to the party who eccepts assignment 13. INSUREO'S OR AUTHORIZED PERSON'S SIGNATURE Lauthorize payment of medical benefits to the undersigned physician or supplier for services described below. SIGNATURE ON FILE SIGNATURE ON FILE 09032010 SIGNED DATE SIGNED 15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS GIVE FIRST DATE MAL 1 00 1 YY 16. DAYES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION
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BENSON BERTOLDO BAKER & CARTER CARRIER — 1500 7408 W SAHARA AVE HEALTH INSURANCE CLAIM FORM LAS VEGAS, NV 89117 APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05 PICA T TITPICA OTHER 1a. INSURED'S I.D. NUMBER I, MEDICARE , MEDICARE MEDICAID TRICARE CHAMPUS (Modicaro #) (Medicaid #) (Sponsor's SSN) MEDICAID CHAMPVA FECA BLX LUNG (SSN) X (ID) (For Pregrem in Item 1) (Member IDX) N/A 3. PATIENT'S BIRTH DATE 2. PATIENT'S NAME (Lost Name, First Name, Middle Initial) 4, INSURED'S NAME (Lest Name, First Name, Middle Initial) RODRIGUEZ, ENRIQUE RODRIGUEZ, ENRIQUE 5. PATIENT'S ADDRESS (No., Street) 6. PATIENT RELATIONSHIP TO INSURED 7. INSURED'S ADDRESS (No., Sireal) Soli Spouse Child Other 8. PATIENT STATUS CITY STATE STATE CITY INSURED INFORMATION Singla Mauled OtheX TELEPHONE (Includo Area Code) ZIP CODE TELEPHONE (Include Area Code) ZIP CODE Employed Student Student 10. IS PATIENT'S CONDITION RELATED TO 11. INSURED'S POLICY GROUP OR FECA NUMBER 9. OTHER INSURED'S NAME (Last Name, Fliet Name, Middle Inilial) a. EMPLOYMENT? (Current or Previous) SEX a. OTHER INSURED'S POLICY OR GROUP NUMBER a. INSURED'S DATE OF BIRTH YES 1.2 Х∏ио b. OTHER INSURED'S DATE OF BIRTH 6. AUTO ACCIDENT? b. EMPLOYER'S NAME OR SCHOOL NAME AND PLACE (State) ۴ſ YES X NO L 1.5 PATIENT G. OTHER ACCIDENT? c. INSURANCE PLAN NAME OR PROGRAM NAME o, EMPLOYER'S NAME OR SCHOOL NAME J, INSURANCE PLAN NAME OR PROGRAM NAME IOU. RESERVED FOR LOCAL USE d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES X NO If yes, return to and complete item 9 a.d. READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE 1 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. 13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I culhorize payment of medical benefits to the undersigned physician of supplier for services described below. SIGNATURE ON FILE SIGNATURE ON FILE 09032010 SIGNED DATE ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY(LMP) 15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS GIVE FIRST DATE MM | DD | YY 16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION
MM / DD | YY 14. DATE OF CURRENT PROM TO B. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES 17, NAME OF REFERRING PROVIDER OR OTHER SOURCE FROM TO OVIND KOKA DO 17b MPI 19, RESERVED FOR LOCAL USE 20. OUTSIDE LAB? YES X NO 22. MEDICAID RESUBMISSION 21. DIAGNOSIS OR NATURE OF ICLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line) ORIGINAL REF. NO. 1. 337.20 3. L... 23. PRIOR AUTHORIZATION NUMBER D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) DATE(S) OF SERVICE INFORMATION DINGNOSIS RENDERING From PLACÉ O S CHARGES PROVIDER ID. ga POINTER CUAI 264.00 97113 NPI 2 NPI SUPPLIER 3 NΡ S NPI SICIAN NPI 6 NPI 25. FEDERAL TAX I.D. NUMBER 28. TOTAL CHARGE 29. AMOUNT PAID 30. BALANCE DUE SSN EIN 26, PATIENT'S ACCOUNT NO. 27. ACCEPT ASSIGNMENT? 420699C YES 264.00 0.00 s 264.00 721567165 s 33. BILLING PROVIDER INFO & PH# 9516842874 TOTAL WELLNESS INC 31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CHEDENTIALS (I carify that the statements on like reverse 32. SERVICE FACILITY LOCATION INFORMATION TOTAL WELLNESS-RIVERSIDE 3191 B. MISSION INN AVE 3191 B MISSION INN AVE apply to this bill and are made a part thereof.) RIVERSIDE, CA 92507 RIVERSIDE, CA 92507 09032010 1922299338 4922299338 b.721567165 PLEASE PRINT OR TYPE APPROVED OMB-0938-0999 FORM CMS-1500 (08-05) NUCC Instruction Manual available at: www.nucc.org Mtd. by Medical Ails Press Cart foll-free: 1-800-328-2179 #14710 - Medical Arts Press Uso viilli Savolope #14145 (gummed) or #14146 (self-seal)

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CARRIER -BENSON BERTOLDO BAKER & CARTER [ 1500 ] 7408 W SAHARA AVE **HEALTH INSURANCE CLAIM FORM** LAS VEGAS, NV 89117 APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05 TIPICA PICA 1. MEDICARE MEDICARE MEDICAID TRICARE CHAMPUS (Mod'card II) (Mod'cald II) (Sponsor's SSN) MEDICAID CHAMPVA GROUP HEALTH PLAN (SSN or IO) FECA DUCHUNG X (ID) OTHER 1a. INSURED'S LD. NUMBER (For Program In Item 1) N/A (Member ID#) 3. PATIENT'S BIRTH DATE 2. PATIENT'S NAME (Lost Name, First Name, Middle Initial) 4. INSURED'S NAME (Last Name, First Name, Middle Initial) SEX RODRIGUEZ, ENRIQUE RODRIGUEZ, ENRIQUE S. PATIENT'S ADDRESS (No., Street) 6. PATIENT RELATIONSHIP TO INSURED 7. INSURED'S ADDRESS (No., Simpl) agiz arejneren ave Self Spouse Child Other CITY STATE 8, PATIENT STATUS STATE INFORMATION Single Married Olho ZIE CODE ZIP CODE TELEPHONE (Include Area Code) FELEPHONE (include Area Code) Employed Full-Time Pert-Time Student Student 11. INSURED'S POLICY GROUP OR FECA NUMBER 9. OTHER INSUREO'S NAME (East Name, First Name, Middle Initial) 10. IS PATIENT'S CONDITION RELATED TO: PATIENT AND INSURED a. INSURED'S DATE OF BIRTH a. OTHER INSURED'S POLICY OR GROUP NUMBER a, EMPLOYMENT? (Current or Previous) \X YES ₩О b. OTHER INSURED'S DATE OF BIRTH b, AUTO ACCIDENT? b. EMPLOYER'S NAME OR SCHOOL NAME SEX PLACE (State) YES М rf NO .... C. EMPLOYER'S NAME OR SCHOOL NAME c. OTHER ACCIDENT? C. INSURANCE PLAN NAME OR PROGRAM NAME X NO YES d. IS THERE ANOTHER HEALTH BENEFIT PLAN? d, INSURANCE PLAN NAME OR PROGRAM NAME 10d. RESERVED FOR LOCAL USE YES X NO If yes, return to and complete item 9 a-d. READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

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Student Student Employed \_\_\_\_ Full-Time Student 11. INSURED'S POLICY GROUP OR FECA NUMBER 9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) 10. IS PATIENT'S CONDITION RELATED TO: AND INSURED n. INSURED'S DATE OF BIRTH a. OTHER INSURED'S POLICY OR GROUP NUMBER a. EMPLOYMENT? (Current or Previous) YES X NO b. AUTO ACCIDENT? b. OTHER INSURED'S DATE OF BIRTH b. EMPLOYER'S NAME OR SCHOOL NAME SEX PLACE (State) YES ] אס נ\_\_\_\_\_ М PATIENT o. OTHER ACCIDENT? c. EMPLOYER'S NAME OR SCHOOL NAME c. INSURANCE PLAN NAME OR PROGRAM NAME X № YES (I IS THERE ANOTHER HEALTH BENEFIT PLAN? d. INSURANCE PLAN NAME OR PROGRAM NAME 10d, RESERVED FOR LOCAL USE YES X NO If yas, reluin to end complete item 9 a-d. READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.
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27. ACCEPT ASSIGNMENT?

YES

PLEASE PRINT OR TYPE

28. TOTAL CHARGE

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264.00

33. BILLING PROVIDER INFO & PH# 95 TOTAL WELLNESS INC

RIVERSIDE, CA 92507

3191 B MISSION INN AVE

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25. FEDERAL TAX I.O. NUMBER

31. SIGNATURE OF PHYSICIAN OR SUPPLIER

INCLUDING DEGREES OR CREDENTIALS (I confily that the statements on the reverse

STEVEN SENGREPAGO part thereof.)

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SSN EM

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NUCC Instruction Manual available at; www.nucc.org

DATE

26. PATIENT'S ACCOUNT NO.

32. SERVICE FACILITY LOCATION INFORMATION TOTAL WELLNESS-RIVERSIDE

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RIVERSIDE, CA 92507

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Total Wellness 0000008

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APPROVED OMB-0938-0999 FORM CMS-1500 (08-05)

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30. BALANCE DUE

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ATTY: BENSON/BERTOF '/BAKER/CART PLEASE DO NOT 7408 W SAHARA AVE STAPLE IN THIS LAS VEGAS, NV AREA 891172740 HEALTH INSURANCE CLAIM FORM PICA FECA OTHE BLK LUNG (SSN) (X) (ID) (FOR PROGRAM IN ITEM 1) OTHER 1a, INSURED'S I.D. NUMBER 1. MEDICARE MEDICAID CHAMPUS HEALTH PLAN (SSN or ID) (Modicaro #) (Modicald #) (Sponsor's SSN) (VA File #) S. PATIENT'S BIRTH ONTE 2. PATIENT'S NAME (Last Name, First Name, Middle Initial) 4. INSUREO'S NAME (Last Name, First Name, Middle Initial) SEX RODRIGUEZ, ENRIQUE X RODRIGUEZ, ENRIQUE 6. PATIENT RELATIONSHIP TO INSURED 5. PATIENT'S ADDRESS (No., Street) 7. INSURED'S ADDRESS (No., Sireol) Sel Spouse Child 6667 INDIANA AVE APT 247F Other 8. PATIENT STATUS STATE STATE ORIVERSIDE, CA AND INSURED INFORMATION Single Marded Other ZIPCODE TELEPHONE (INCLUDE AREA CODE) TELEPHONE (Include Area Code) ZIP CODE Employed X Full-Time Student Part-Timer Student 925060000 9519610805 925060000 10. 18 PATIENT'S CONDITION RELATED TO 9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) 11. INSURED'S POLICY GROUP OR FECA NUMBER a, OTHER INSUREO'S POLICY OR GROUP NUMBER EMPLOYMENT? (CURRENT OR PREVIOUS) a. INSURED'S DATE OF BIRTH MX F 🗀 XNO YES b. AUTO ACCIDENT? PLACE (State) b. EMPLOYER'S NAME OR SCHUOL NAME b. OTHER INSURED'S DATE OF BIRTH MM | DD + YY X No SELF EMPLOYED YES F L.....J C. EMPLOYER'S NAME OR SCHOOL NAME c. OTHER ACCIDENT? c. INSURANCE PLAN NAME OR PROGRAM NAME ATTY: BENSON/BERTOLDO/BAKER/dar XNO YES 10d. RESERVED FOR LOCAL USE d. IS THERE ANOTHER HEALTH BENEFIT PLAN? d. INSURANCE PLAN NAME OR PROGRAM NAME If yes, teluin to and complete item 9 a.d. READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE | authorize the rotesse of any medical or cliner information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below. SIGNATURE ON FILE 072005 SIGNED SIGNATURE ON FILE 14. DATE OF CURRENT: ILLNESS (First symptom) OR
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TO DD YY 15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS GIVE FIRST DATE MM | DD | YY 18, HOSPITALIZATION DATES RELATED TO CURRENT SERVICES 17a. I.D. NUMBER OF REFERRING PHYSICIAN 17. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE FROM 11 22 04 то NATHAN HEAPS H95537 20. OUTSIDE LAB? S CHARGES 19. RESERVED FOR LOCAL USE YES X NO 22. MEDICAID RESUBMISSION CODE 21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. (RELATE ITEMS 1,2,3 OR 4 TO ITEM 24E BY LINE) ORIGINAL REF. NO. 844.9 23. PRIOR AUTHORIZATION NUMBER D PROCEDURES, SERVICES, OR SUPPLIES SUPPLIER INFORMATION DAYS EPSOT DATE(S) OF SERVICE Place Type RESERVED FOR DIAGNOSIS (Explain Unusual Circumstances)
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Desert Radiologist 0000002

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SPRING VALLEY HOSP MED CNTR LOS ANGELES, CA 90074

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SPRING VALLEY HOSPITAL MEDICAL CENTER BILLING-00003

SHADOW EMERGENCY PHYSICIANS PO BOX 13917

**VSD** 

PHILADELPHIA, PA 19101-3917

TAY ID# 75.0907727

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Account Number:	per: VSD900343948				
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Patient Name: ENRIQUE RODRIGUEZ					
Guarantor	· · · · · · · · · · · · · · · · · · ·				

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#BWNJFDB #00000VSD10419988# **FNRIQUE RODRIGUEZ** 

STATEMENT OF AC	COUNT (4)
Statement Date: 10/03/09	Paymonts received after this date w sppear on your next statement

Account	Summary
4 <i>CCOUII</i> L	<i><b>Summary</b></i>

Account Balance:	0.00		
Amount Pending Insurance:	0.00		
Amount Due from Patient (Current):	0.00		
Amount Due from Patient (Past Due):	0.00		

Page 1

YOUR ACCOUNT IS NOW SERIOUSLY PAST DUE, AND A DELINQUENCY REVIEW IS BEING CONDUCTED.

Pay this amount:	0.00

Please refer to the coupon below for payment instructions.

Account Detail			Pleas	Please refer to the coupon below for payment instructions.					
DATE	#	DESCRIPTION	CHARGE	PAID BY FIRST INS.	PAID BY OTHER INS.	PAID BY PATIENT	AMOUNT ADJUSTED	DUE FROM INSURANÇE	PATIENT BALANCE
11/22/04 12/21/05	7	99283 EMERG INJURY EVAL & MGMT-LVL 3 DX:844.9 DR. HEAPS/SPRING VALLEY MEDICAL CENTER COLLECTION BAD DEBT	275.00				275.00 ~		0.00
11/22/04 12/21/05	2	99052 SERVICES REQUESTED 10PM-8AM DX:844.9 DR. HEAPS:SPRING VALLEY MEDICAL CENTER COLLECTION BAD DEBT	25.00				25.00 -		0.00
		THIS STATEMENT MAY NOT REFLECT ANY PAYMENTS YOU MADE AT TIME OF SERVICE.							
Im	po	rtant Messages: Totals	300.00	0.00	0,00	0.00	300.00 -	0.00	0,00

This statement is for the direct treatment and/or supervision of care you recently received from an Emergency Physician at Spring Valley Medical Center. The feas for this private physician are billed separately from any hospital charges or other professional fees for which you may also be responsible. Therefore, should you receive a bill from the hospital or other physicians for charges in connection with this visit, it will not Include the items listed on this statement.

#### "Payment Plans" Accepted

Question about this statement? / Llame de Lunes a Viernes? Call 1-800-355-2470 Monday through Friday 7:00AM - 3:00PM. Your automated system access code is 0203-900343948, or you can send email to billing\_questions@emcare.com.

PLEASE DETACH AND RETURN BOTTOM PORTION WITH YOUR REMITTANCE.

Statement Date: 10/03/09	(4)
Account Number:	VSD900343948
Patient Name: ENRIQUE ROD	PRIGUEZ

Guarantor:

**ENRIQUE RODRIGUEZ** 6667 INDIANA AVE APT 247F RIVERSIDE, CA 92506

Payment Due By /	PAST DUE	Insuranco information nebon file
Amount Due /	0.00	
Amount Enclosed /	1	
The insurance information in our the right. Please make any corroud distinct on the reverse side of the think to us. Thank you.	ctions and/or	

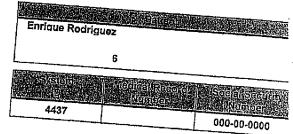
YOU MAY PAY THIS BILL WITH YOUR CREDIT CARD PLEASE SEE REVERSE SIDE.

Make Check/Money Order payable to:

SHADOW EMERGENCY PHYSICIANS VSD PO BOX 13917 PHILADELPHIA, PA 19101-3917 Shadow Emergency 0000001

# Patient Account Le jur

Physicians Management Solution 6700 Indiana Ave., Suite 145 Riverside, CA, 92506 (909) 788-9502 Fax: (909) 788-9632 Fed Tax ID # 573-92-2282



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REDHAWK IMAGING

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Date	Description	Prov	Dept	Responsibility/Payor	Amount	Left/Used	Balance
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)1/28/05	73721 - MRI JOINT OF LWR EXTRE W	1	1	1-CORY JONES ATTY	1800.00	1000,00	1000010
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02/03/05	Billed to CORY JONES ATTY						

Computedic® Licensed to REDHAWK IMAGING

REPLY TO / MAILING ADDRESS:	PATIENT INFORMATION:
Eric E. Campbell,DC QME P.O. Box 639	Enrique (Henry) Rodriguez
Wildomar, CA 92595 Ph# (951) 245-5130 Lic # DC22977 Tax ID: 33-0967757	RE: Enrique (Henry) Rodriguez GRP/CLM # ATTY: JONATHAN WEBER
RECORDS LOCATION:	BILLING INFORMATION:
The Wellness Group 34740 Via Carnaghi Wildomar, Ca. 92595 (951) 245-5130 (951) 674-1111 fax	Benson,Bertoldo,Baker&Carter 7408 W. Sahara Ave. Las Vegas, NV 89117
DATE OF INJURY/ILLNESS : 11-22-04	DATE OF FIRST CONSULTATION: 01-24-05

## DIAGNOSIS :

- 1. E886 Fall after collision with other person
- 2. 726.60 Bursitis, knee -L
- 3. 716.66 Inflammation of the Knee -L
- 4. 924.11 Contusion, Knee -L 5. 719.56 Stiffness, Knee -L
- 6. 844.9 Sprain/Strain, Knee or Leg -L

Date	RVS/CPT	Description	Amount
01 -24 - 05 02 - 01 - 05 02 - 01 - 05 02 - 01 - 05 02 - 01 - 05	99204 97530 97139 97014 11830	Initial O.V., Moderate Therapeutic Activities Cold Laser Therapy Electrical Stim. (unattended) Knee Support/Brace	150.00 55.00 25.00 25.00 17.00
			272.00

272.00 TOTAL BALANCE DUE : =======

From: 8684135678 Page: 6/10 . Pate: 3/21/2008 1:04:18 PM

Page 1

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ITEMIZ	ED 8	та	TEM	( ) ( )

10-18-07

REPLY TO / MAILING ADDRESS:	PATIENT INFORMATION:
William E. Simpson, M.D. 21504 S. Avalon Blvd.,#200 Carson, CA 90746 Ph# (310) 518-1300 Lic # G43101 Tax ID: 56-2494623	Enrique (Henry) Rodriguez 7F 5. KE: Enrique (Henry) Rodriguez GRP/CLM # ATTY: JONATHAN WEBER
RECORDS LOCATION:	BILLING INFORMATION:
William Simpson, M.D 21504 S. Avalon Blvd.,#200 Carson, CA 90746 (310)518-1300	Benson, Bertoldo, Baker&Carter 7408 W. Sahara Ave. Las Vegas, NV 89117

DATE OF INJURY/ILLNESS : 11-22-04

DATE OF FIRST CONSULTATION : 02-01-04

COMMENTS:

REFERRED BY DR ERIC CAMPBELL

#### DIAGNOSIS :

- 1. E886 Fall after collision with other person 2. 726.60 Bursitis, knee Left 3. 716.66 Inflammation of the Knee Left 4. 924.11 Contusion, Knee Left 5. 719.56 Stiffness, Knee Left 6. 844.9 Sprain/Strain, Knee Left

Dațe	RVS/CPT	Description	Amount
02-01-05 02-15-05	99204 99214	Initial O.V., Moderate Follow-up O.V., Complex	150.00 65.00
			21,5.00

TOTAL BALANCE DUE : 215.00

This fex was received by GFI FAXmaker fax server. For more information, visit: http://www.gfi.com

FP1398

#### ITEMIZED STATEMENT

W JONATHAN WEBER ESO BENSON BERTOLDO BAKER & CARTER 7408 WEST SAHARA AVE

CLAIM NO: ADJUSTER:

LAS VEGAS NV 89117

EMPLOYER:

	_		~~~		-
PA	Т	Ι	$\mathbf{E}\mathbf{N}$	$^{1T}$	:

ENRIQUE RODRIGUEZ 589 PI INSURED:

SEX:M

BIRTHDAY:

I.D.#

RELATIONSHIP:

GROUP:

OTHER INSURANCE:

WORK INJURY: NO

INSUREDS ADDRESS:

AUTO ACCIDENT: NO

RELEASE OF INFORMATION: ON FILE

ASSIGNMENT OF BENEFITS: ON FILE

ILLNESS/ACC DATE:11 22 2004

FIRST TREATMENT:02-19-2005

### DIAGNOSIS:

844 8 SPRAIN/STRAIN KNEE/LEG

924 11 CONTUSION OF THE LOWER LIMB KNEE

716 96 INFLAMMATION KNEE/LEG

726 60 BURSITIS KNEE

DATE DESCRIPTION \*MRI/CT 2nd Opinion 02-19-2005

PROC CODE 76140

AMOUNT 500.00

TOTAL

**北** 500.00

DATE:09 06 05

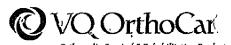
Employer ID No 88-0498593 Social Sec No

Vision Radiology Consultants 2600 Associated Rd A 50 Fullerton, CA 92835

714-529-6924

Steven L. Weiner, DC, DACBR

Vision Radiology Consultants 0000001



AdvaMed

9FHO Peliberge

Bil<sup>r</sup> g/Lien Statement

nent L#: Date

10/24/2005

18011 Mitchell South Irvine, CA 92614-6007

Tel: (949) - 261 3000 Fax: (949) - 261 - 3010

Tax ID #: 33-0350172 VQ Acct #: 95013

BIII To: CURRY M JONES ESQ

ENRIQUEZ RODRIGUEZ

4475 S PECOS DR LAS VEGAS NV, 89144

ATTN:

SS: Claim DOI:

Claimant:

DOI: 11/24/2004 Employer: LPI

Invoice	1	Billing Code		Description
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O1062570	04/19/2005	L1858	1	BRACE KNEE EAGLE

BRACE KNEE EAGLE LEFT
NON-ROUTINE SERV REQ TECH SKILL

Payment/ Balance Adjustment

1,495.00 93.75

O1062570 04/19/2005 A9901 1 NON-ROUTINE SERV REQ T O1062570 ALLOWABLE ADJUSTMENT

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0.00

Totals:

\$1,588.75 \$0.00 Charge Payment/ \$1,588.75

Charge

Charge

1,495.00

93.75

Payment/ Adjustment Balance

Billings over 60 days old have been previously submitted with Proof of Service. Our records indicate you have either submitted no objection to the bills and the time for objections has expired; or your objection is invalid, unmeritorious, and/or frivolous. Labor code requires late payments include self-assessed penalties and interest.

PLEASE Include the VQ account number 95013 on checks and correspondence

VQ Orthocare 0000001

9-5013

Page 1 of 1

IV LEAGUE, INC.

6076 BRISTOL PKWY. SUITE 104 CULVER CITY, CA 90230 (310) 645-1500

Date 9/28/2005 Invoice #

22918

Bill To

RODRIQUEZ, ENRIQUE

P.O. No.

Terms

Project

Quantity

Description

Rate

Amount

49.00 100.00 686.0 200.0

14 LOVENOX 40MG 9/22-10/5/05 2 NURSING VISIT

YOUR PROMPT PAYMENT IS GREATLY APPRECIATED. WE ACCEPT VISA/MASTERCARD FOR YOUR CONVENIENCE.

**Total** 

\$886

PLEASE PRINT OR TYPE

(APPROVED BY AMA COUNCIL ON MEDICAL SERVICE \$(88)

APPROVED ON BOUN-OCCUPATIONS FOR APPROVED ON B-1215-0355 F

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Type Date Legend: Charges - Service Date, Credits - Post Date

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Integrated Healthcare of Nevada 4517 W. Sahara Ave. Las Vegas , NV 89102 (702) 252-7246

Name : Enrique Rodriguez Statement Date : 11/ 8/05 - 11/30/07 ID#: 2797

Mail To: Enrique Rodriguez

F

Joseph Nicola D.C. TAX ID: 33-1010872

## **Current Diagnosis**

Cervical Sprain/Strain Whiplash
Thoraclo Sprain/Strain
Lumbar Sprain/Strain
Brachial Neuritis or Radiculitis NOS
Cervicothoracic disc disease
Struck accidentally by objects or persons 847.0 847.0 847.1 847.2 723.4 722.91 E917

						Adjust/	
Date	Code	Description ·	<u>Units</u>	<u>Charges</u>	<u>Payments</u>	Credits	<u>Total</u>
11/8/05	97014	Electric Stimulation	1	\$35.00	\$0,00	\$0.00	\$35,00
11/8/05	97010	Ice/Hot Pack	1	\$25.00	\$0.00	\$0.00	\$60.00
11/8/05	99070	Supplies-Electrodes	1	\$10.00	\$0.00	\$0.00	\$70.00
11/8/05	97140	Myofascial Release Technique	1	\$50.00	\$0.00	\$0.00	\$120.00
11/8/05	99203	New Patient Intermediate	1	\$140.00	\$0.00	\$0.00	\$260.00
11/9/05	97014	Electric Stimulation	1	\$35.00	\$0.00	\$0.00	\$295.00
11/9/05	97010	ice/Hot Pack	1	\$25.00	\$0.00	\$0.00	\$320.00
11/9/05	98941	Manipulation 3-4 Areas	1	\$50.00	\$0.00	\$0.00	\$370.00
11/9/05	97140	Myofascial Release Technique	1	\$50.00	\$0.00	\$0.00	\$420.00
11/10/05	97014	Electric Stimulation	1	\$35.00	\$0.00	\$0.00	\$455.00
11/10/05	97010	ice/Hot Pack	1	\$25.00	\$0.00	\$0.00	\$480.00
11/10/05	97140	Myofascial Release Technique	1	\$50.00	\$0.00	\$0.00	\$530.00
11/11/05		Electric Stimulation	1	\$35.00	\$0.00	\$0.00	\$565.00
11/11/05	97010	Ice/Hot Pack	1	\$25.00	\$0.00	\$0.00	\$590.00
11/11/05		Myofascial Release Technique	1	\$50.00	\$0.00	\$0,00	\$640.00
11/14/05		Electric Stimulation	1	\$35.00	\$0.00	\$0.00	\$675,00
11/14/05		ice/Hot Pack	1	\$25,00	\$0.00	\$0.00	\$700.00
11/14/05		Myofascial Release Technique	1	\$50,00	\$0.00	\$0.00	\$750,00
11/14/05		Manipulation 3-4 Areas	1	\$50,00	\$0.00	\$0.00	\$800.00
11/15/05		Electric Stimulation	1.	\$35.00	\$0.00	\$0.00	\$835.00
11/15/05		Ice/Hot Pack	1	\$25.00	\$0.00	\$0.00	\$860.00
11/15/05		Manipulation 3-4 Areas	1	\$50.00	\$0.00	\$0,00	\$910.00
11/15/05		Myofascial Release Technique	1	\$50.00	\$0.00	\$0.00	\$960.00
11/16/05		Manipulation 3-4 Areas	1	\$50.00	\$0.00	\$0.00	\$1,010.00
11/16/05	97014	Electric Stimulation	1	\$35.00	\$0.00	\$0.00	\$1,045.00
11/16/05		Ice/Hot Pack	1	\$25.00	\$0.00	\$0.00	\$1,070.00
11/16/05		Myofascial Release Technique	1	\$50.00	\$0.00	\$0.00	\$1,120.00
11/17/05		Electric Stimulation	1	\$35.00	\$0.00	\$0,00	\$1,155.00
11/17/05		ice/Hot Pack	1	\$25.00	\$0.00	\$0,00	\$1,180.00
11/17/05		Myofascial Release Technique	1	\$50.00	\$0.00	\$0.00	\$1,230.00
11/17/05		Manipulation 3-4 Areas	1	\$50.00	\$0.00	\$0.00	\$1,280.00
12/16/05		Manipulation 3-4 Areas	1	\$50.00	\$0.00	\$0.00	\$1,330.00
12/15/05		Electric Stimulation	1	\$35.00	\$0.00	\$0.00	\$1,365.00
12/15/05		Myofascial Release Technique	2	\$100.00	\$0.00	\$0.00	\$1,465.00
12/16/05		Electric Stimulation	1	\$35.00	\$0.00	\$0,00	\$1,500.00

Wednesday, November 28, 2007

FP1300

Joseph Nicola D.C. ID#: 2797 Name : Enrique Rodriguez TAX ID: 33-1010872 Statement Date : 11/8/05 - 11/30/07 \$0.00 \$1,600.00 \$100,00 \$0.00 2 Myofascial Release Technique 12/16/05 97140 \$1,650.00 \$0.00 \$0.00 \$50.00 12/16/05 98941 Manipulation 3-4 Areas \$1,700.00 \$0.00 \$0.00 \$50.00 1 Manipulation 3-4 Areas 12/19/05 98941 \$1,725.00 \$0.00 \$0.00 \$25.00 Ice/Hot Pack 12/19/05 97010 \$1,825.00 \$0.00 \$0.00 2 \$100.00 Myofascial Release Technique 12/19/05 97140 \$0.00 \$1,850.00 \$0.00 \$25.00 1 1/3/06 97010 Ice/Hot Pack \$0.00 \$1,950.00 2 \$100.00 \$0.00 Myofascial Release Technique 1/3/08 97140 \$1,985.00 \$0.00 \$35,00 \$0.00 1 97014 Electric Stimulation 1/3/06 \$0.00 \$2,035.00 \$0.00 \$50.00 Manipulation 3-4 Areas 1/3/06 98941 \$2,095.00 \$60.00 \$0.00 \$0.00 1 99212 Office Visit Focused 1/3/06 \$0.00 \$2,145.00 \$0.00 \$50.00 Manipulation 3-4 Areas 1/4/06 98941 \$2,170.00 \$25.00 \$0.00 \$0.00 1 Ice/Hot Pack 1/4/06 97010 \$0.00 \$0.00 \$2,270.00 \$100.00 2 Myofascial Release Technique 1/4/06 97140 \$2,320.00 \$50.00 \$0.00 \$0.00 1 1/5/06 98941 Manipulation 3-4 Areas \$0.00 \$2,345.00 \$0.00 \$25.00 1/5/06 97010 ice/Hot Pack \$0.00 \$2,445,00 2 \$100.00 \$0.00 Myofascial Release Technique 1/5/06 97140 \$0.00 \$2,495.00 \$0.00 \$50.00 Manipulation 3-4 Areas 1/6/06 98941 \$2,520.00 \$0.00 1 \$25.00 \$0.00 97010 Ice/Hot Pack 1/6/06 \$0.00 \$0.00 \$2,555.00 \$35.00 1/6/06 97014 Electric Stimulation \$2,605.00 1 \$50.00 \$0.00 \$0.00 Myofascial Release Technique 97140 1/6/06 \$0.00 \$0.00 \$2,705.00 2 \$100.00 Myofascial Release Technique 1/12/06 97140 \$2,755.00 \$50.00 \$0.00 \$0.00 1 1/13/06 98941 Manipulation 3-4 Areas \$0,00 \$0.00 \$2,790.00 \$35.00 1/13/06 97014 Electric Stimulation \$2,815.00 \$0.00 \$0.00 1 \$25,00 1/13/06 97010 Ice/Hot Pack \$2,915.00 \$0,00 \$0.00 2 \$100.00 1/13/06 97140 Myofascial Release Technique 2 \$100.00 \$0.00 \$0.00 \$3,015.00 Myofascial Release Technique 1/17/06 97140 \$3,065.00 \$0.00 \$0.00 \$50.00 1/18/06 98941 Manipulation 3-4 Areas \$0.00 \$3,100.00 \$35.00 \$0.00 1 Electric Stimulation 1/18/08 97014 \$3,125.00 \$25.00 \$0.00 \$0.00 1/18/06 97010 Ice/Hot Pack \$3,175.00 \$50.00 \$0.00 \$0.00 Myofasciai Release Technique 1 97140 1/18/06 \$3,210.00 \$0.00 \$35.00 \$0.00 1/18/06 99070 Cervical pillow

Wednesday, November 28, 2007

\$0.00 \$3,210.00

\$3,210.00

\$0,00

Integrated HealthCare of Nevada 4517 West Sahara Las Vegas, NV 89120 (702) 252-7246

Dr. Teresa Chamiga TAX ID: 20-1303536

Enrique Rodriguez

Code Description Date Opened Date Closed

Dute	Code	CPT	Description	Charges	Payments	Adj/Credits	Balance
11/17/05	99212	99212	Office Visit Focused	\$60.00	-,-	-,-	\$60.00
	99204	99204	New Patient Extended	\$200.00		-,-	\$260,00
1/31/06	99215	99215	Office Visit Comprehensive	\$180.00	-,-	-,-	\$440.00
				\$440.00	\$0.00	\$0.00	

Your balance is \$440.00

Thursday, March 16, 2006

Page 1

Nevada Sleep Diagnostics 62 N. Pecos Suite B Henderson, NV 89074 (702)990-7660

Statement Date	
11/21/2007	

Pag	е
	1

Enrique Rodriguez

Chart Number RODEN000

\*\*\*\*\*\*\*\*\*Please Return Upper Portion with Payment\*\*

Date	Document	Description	Case Nun	nber	Amount
			Previo	us Balance:	0,00
	nique Rodriguez cription: PSG	Chart #: RODEN000 Date of Last Payment:	Amount:	. 0.00	
1/30/2006	0602080000	POLYSOMNOGRAM	9208		1,675.00
	rique Rodriguez cription: CPAP	Chart #: RODEN000 Date of Last Payment:	Amount:	0.00	
2/2/2006	0602080000	SPLIT/CPAP/BI-PAP	9251		1,675.00

Total Charges Total Payments Total Adjustments Balance Due \$3350.00 \$0.00 \$0.00 3,350.00

NEVADA SLEEP DIAGNOSTICS-00002

EXPENSES MED CAL

RODREN1 ENRIGUE J. RespPty:

Pharmacy: VILLAGE EAST DRUGS - SUNSET

2301 E. SUNSET RD.

LAS VEGAS NV 89119

RPh: MILLER, BETTY NCPDP#: 2903296

Birth:

Prescriptions:

Date: 06/01/2006 TO 06/30/2006

LastFill Rx # Drug Name	Qty Physician Name	T/P	Price
06/01/06 6735358 FLUOXETINE 20MG 06/01/06 4718799 DIAZEPAM 10MG 06/01/06 4718800 HYDROCO/APAP 10/660	30 Dr.KOKA 30 Dr.KOKA 45 Dr.KOKA	LAWAA LAWAA LAWAA	112.95 33.95 55.95
Report Date: 07/03/2006			\$202.85

EXPENSES ( CAL MED

RODREN1 ENRIGUE J.

Pharmacy: VILLAGE EAST DRUGS - SUNSET

2301 E. SUNSET RD.

NV 89119 LAS VEGAS

RPh: MILLER, BETTY NCPDP#: 2903296

Birth:

Resp₽ty:

Prescriptions:

Date: 05/01/2006 TO 05/31/2006

LastFill Rx # Drug Name	Qty Physician Name	T/P	Price
05/08/06 6732917 BUSPIRONE 10MG 05/08/06 6735358 FLUOXETINE 20MG 05/18/06 6732917 BUSPIRONE 10MG 05/18/06 6734949 FLUOXETINE 20MG 05/20/06 4718600 HYDROCO/APAP 7.5-75 05/22/06 6736826 AMITRIPTYLIN 25MG 05/31/06 6737071 BUSPIRONE 10MG	30 Dr.SHANNON 30 Dr.KOKA 30 Dr.SHANNON 30 Dr.KOKA 60 Dr.KOKA 60 Dr.KOKA 60 Dr.KOKA	LAWAA LAWAA LAWAA LAWAA LAWAA LAWAA	69.95 112.95 69.95 112.95 51.95 48.95 113.95
Report Date: 06/05/2006			\$580.65

EXPENSES( ME ( CAL

RODREN1

Patient: MODRIGUEZ, ENRIGUE J.

RespPty:

Pharmacy: VILLAGE EAST DRUGS - SUNSET

2301 E. SUNSET RD.

LAS VEGAS NV 89119

RPh: MILLER, BETTY NCPDP#: 2903296

Birth:

Prescriptions:

Date: 04/01/2006 TO 04/30/2006

LastFill	Rx #	Drug Name	Qty	Physician Name	T/P	Price
04/04/06 04/18/06 04/18/06 04/29/06 04/29/06	6735358 6734949 6732917 6732917 4718243	BUSPIRONE 10MG FLUOXETINE 20MG FLUOXETINE 20MG BUSPIRONE 10MG BUSPIRONE 10MG HYDROCO/APAP 7.5-75 IBUPROFEN 800MG	30 30 30 30 60	Dr.KOKA Dr.KOKA Dr.KOKA Dr.SHANNON Dr.SHANNON Dr.KOKA Dr.KOKA	LAWAA LAWAA LAWAA LAWAA LAWAA LAWAA	113.95 112.95 112.95 69.95 69.95 51.95 55.95
Report Da	ate: 05/	01/2006				\$587.65

EXPENSES( CAL ME (

RODREN1

Patient: RODRIGUEZ, ENRIGUE J. RespPty:

Pharmacy: VILLAGE EAST DRUGS - SUNSET

2301 E. SUNSET RD.

NV 89119

LAS VEGAS NV RPh: MILLER, BETTY NCPDP#: 2903296

Birth:

Prescriptions:

Date: 03/01/2006 TO 03/31/2006

LastFill Rx #	Drug Name	Qty	Physician Name	T/P	Price
03/06/06 67334 03/06/06 67333 03/22/06 47175 03/22/06 67349	50 BUSPIRONE 10MG 24 FLUOXETINE 20MG 50 BUSPIRONE 10MG 81 HYDROCO/APAP 7.5-75 49 FLUOXETINE 20MG 17 BUSPIRONE 10MG	30 60 60 30	Dr.KOKA Dr.KOKA Dr.KOKA Dr.KOKA Dr.KOKA Dr.SHANNON	LAWAA LAWAA LAWAA LAWAA LAWAA	113.95 112.95 113.95 51.95 112.95 69.95
Report Date: 0	4/03/2006				\$575.70

EXPENSES MEI CAL

RODRFVI ENRIGUE J. RespPty:

Pharmacy: VILLAGE EAST DRUGS - SUNSET 2301 E. SUNSET RD.

LAS VEGAS NV 89119

RPh: MILLER, BETTY NCPDP#: 2903296

Birth:

Prescriptions:

Date: 02/01/2006 TO 02/28/2006

LastFill Rx # Drug Name	Qty Physician Name	T/P	Price
02/02/06 6733424 FLUOXETINE 20MG 02/20/06 4716361 HYDROCOD/IBU 7.5-20 02/20/06 6732695 AMITRIPTYLIN 50MG 02/20/06 6732917 BUSPIRONE 10MG	30 Dr.KOKA 60 Dr.SHANNON 30 Dr.SHANNON 30 Dr.SHANNON	LAWAA LAWAA LAWAA LAWAA	112.95 100.95 44.95 69.95
Report Date: 03/01/2006			\$328.80

Page: 1

EXPENSES ( MED ·CAL

, RODREN1

Patient: RODRIGUEZ, ENRIGUE J.

RespPty:

Pharmacy: VILLAGE EAST DRUGS - SUNSET 2301 E. SUNSET RD.

NV 89119 LAS VEGAS

RPh: MILLER, BETTY NCPDP#: 2903296

Birth:

Prescriptions:

Date: 01/01/2006 TO 01/31/2006

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LastFill Rx #	Drug Name	Qty	Physician Name	T/P	Price
01/11/06 6732695 01/11/06 4716361 01/18/06 6732917 01/31/06 6733350		60 30	Dr.SHANNON Dr.SHANNON Dr.SHANNON Dr.KOKA	LAWAA LAWAA LAWAA	44.95 100.95 69.95 113.95
Report Date: 02/0	01/2006				\$329.80

Patient History - Detail MATT SMITH PHYSICAL THERAPY

By Date of Service All Date ranges

All Providers Show last billed date

Ali Items

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						Re	Resp. Party:		RODRIQUEZ, ENRIQUE J	ueo		
Address:	1					Re	Resp. Acct#	14	142623	•		
City, State, Zip:	, Zip:	L			Vieit#	Charge	Paid/	Patient	Insurance	Total Last Billed	Date Billed	Resp Party This Charge
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Patient History - Detail

By Date of Service
All Date ranges
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Address:		•			Rest	Resp. Acct#	14	142623			
tate,	-	- 1		Vicit# (	Charge	Paid/	Patient	Insurance	Total Last Billed	Date Billed	Resp Party This Charge
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97113	>-	Y 7/8/2008	SKOPH	574144	\$204.00	\$0.00	nn'0\$	00.5034	£84 00 957	02/11/2008	142623
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97113	>	Y 7/7/2008	8 SKOPH	574428	\$204.00	\$0.00	\$0.00	\$204.00	*CC 00:+07*	900075150	147623
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Patient History - Detail

By Date of Service All Date ranges

Show last billed date

All Providers

All Items

MATT SMITH PHYSICAL THERAPY

		Vined man	This Charge	142623	142623	142623	142623												,			Page 3 of 23
			Date Billed	09/04/2008	09/04/2008	09/04/2008	07/18/2008	0//16/2008	0//10/2000	07/18/2008	07/18/2008	07/18/2008	07/18/2008	07/18/2008	07/18/2008	07/18/2008	07/34/70 8000/81/70	0/1/10/2000	07/18/2008	0// 18/ 2000		
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	RODRIQUEZ,ENRIQUE J	142623	Insurance	\$57,00	\$34.00	\$20.00	\$126.00	\$20.00	\$84.00	\$20.00	\$204.00	\$84.00	0. \$20.00	0 \$84.00	10 \$204.00	\$20.00.	30 \$84.00	00 \$20.00	\$0.00 \$60.00	\$0.00 \$51.00	٠	
	ŏ.		Patient	Balance \$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00			00.0\$	00.0\$			,	•
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Hon	E . sa	ă	Charge	Amount	\$57.00	\$84.00	\$20.00	\$20.00	#34 DO	po tot	\$20.00	00.#UZ\$	on to	00.02¢	\$84.00	\$204.00	\$20.00 \$84.00	\$20.00	00 O54	00.000	) }	Billed .
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3	RODRIQUEZ,ENRIQUE J			Service Date	6/27/2008	8002/22/9		6/25/2008	6/25/2008	Y. 6/24/2008	Y 6/24/2008	γ 6/18/2008	γ 6/18/2008	γ 6/18/2008	Y 6/17/2008	γ 6/17/2008	γ 6/17/2008	y 6/10/2008	γ 6/10/2008	Y 6/5/2008	800Z/S/9 A	* I = Bill Insurance
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Chart #:	patient Name:	Address:	City, State, Zip:	U Code Source	97002	97110	97010	97110	97010	97110	97010	97113	97110	97010	97110	97.113	01026	97110	97010	97140	97113	* U = Unapplied

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\* U = Unapplied \* I = Bill Insurance \* B = Insurance Billed

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Patient History - Detail

All Date ranges All Providers

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MATT SMITH PHYSICAL THERAPY

		•	Doen Darty	This Charge	142623	142623	142623	142623	142623	142623	142623	142623	142623	142623	142623	14,2623	142673		·			
				Date Billed	07/18/2008	07/18/2008	07/18/2008	07/18/2008	07/18/2008	07/18/2008	07/18/2008	07/18/2008	07/18/2008	07/18/2008	07/18/2008	07/18/2008	07/18/2008	07/18/2008	07/18/2008	07/18/2000	0//18/2000	
		Ü		Total Last Billed	\$42.00 957	\$20 00 857	\$50.00 957	\$153.00 957	\$20.00 957	\$60.00 957	\$153.00 957	\$20.00 957	\$60.00 957	\$153.00 957	\$42.00 957	\$20.00 957	\$130.00 957	\$60.00 957	\$84.00 957	\$20.00 957	\$130.00 957	
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1				Charge	Amount	\$42.00	\$20.00	\$60.00	\$153.00	\$20.00	\$60.00	\$153.00	\$20.00	\$60.00	\$153.00	\$42.00	00.02¢	OU OSA	764			<u>.</u>
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		RODRIQUEZ, ENRIQUE J			Service Date	8/15/2008	6/5/2008	6/2/2008	6/2/2008	6/2/2008	5/30/2008	5/30/2008	5/30/2008	5/23/2008	5/29/2008	5/29/2008	5/29/2008	5/21/2008	Y 5/21/2008	Y 5/21/2008	γ 5/21/2008	Y 5/21/2008
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	Chart #:	patient Name:	Address	City, State, Zip:	U Code Source		97110	97010	9/140	9/113	97010	97113	97010	97140	97113	97110	97010	97001	97140	97110	97010	97001

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Patient History - Detail

By Date of Service All Date ranges All Providers

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MATT SMITH PHYSICAL THERAPY

Patient Name:		3000	RODRIOUEZ, ENRIQUE J	Ü.		Œ O	Office Phone:					
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				Ľ,		Xex	Resp. Party:	8	RODRIQUEZ, ENRIQUE J	le j		
Address:						Res	Resp. Acct#		142623			
City, State, Zip:		- 1			Vicit#/	Charde	paid/	Patient	Insurance	Total Last Billed	Date Billed	Resp Party This Charge
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		>	ED17008	SKOPH	529524	\$60.00	\$0.00	\$0.00	\$60.00	\$60.00 95/	007/01/0	500
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Patient History - Detail

By Date of Service All Date ranges

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All Items

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Patient History - Detail

By Date of Service
All Date ranges
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MATT SMITH PHYSICAL THERAPY

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				Res	Resp. Party:	장	RODRIQUEZ,ENRIQUE 3	OE 3		
				Res	Resp. Acct#	14	142623			
		***************************************				Diffont	Themestice	Total Last Billed	Date Billed	Resp Party
I B	Service	Prov	Visit#/ Check#	Charge Amount	Pard/ Applied	Balance	Balance	Balance Carrier		This Charge
  -  -	2000	FIGURE	477011	\$84.00	\$0.00	\$0.00	\$84.00	\$84.00 957	07/18/2008	C2024
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>-	Y 4/11/2008	8 SKOPH	465481	\$60.00	\$0.00	\$0.05		750 00 784 120 00 784	02/18/2008	142623
· >-	Y 4/11/2008	8 SKOPH	465481	\$84.00	\$0.00	\$0.00		\$84,00 55,	07/18/2008	142623
>	Y 4/11/2008	.8 SKOPH	465481	\$20.00	\$0.00	\$0.00		\$20.00 53/	07/18/2008	142623
>	Y 4/10/2008	38 SMITHC	464603	\$60.00	\$0.00		•		8002/81/20	142623
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Patient History - Detail

By Date of Service All Date ranges

All Items

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		Resp Party	This Charge	142623			3 142523		142623	38 142623	08 142623	142623	142623	142623		1426.23				Page 8 of 23
		1	Date blued	07/18/2008	07/18/2008 07/18/2008	07/18/2008	07/18/2008	07/18/2008	07/18/2008	07/18/2008	02/18/2008	07/18/2008	07/18/2008	07/18/2008	07/18/2008	03/24/2008	03/24/2008	1		
,	E 3.		Total Last Billed Balance Carrier	\$20.00 957	\$50.00 957	\$20.00 957	\$204.00 957	\$42.00 957	\$34.00 95/	\$20.00 95/	\$60.00 957	\$84.00 95/	\$20.02\$					\$20.00 95/		
	RODRIQUEZ, ENRIQUE J	142623	Insurance	\$20.00	\$60.00	\$84.00	\$204.00	\$42.00	\$34.00					-	584.50 671.00		20 \$84.00	00 \$20.00		
	. 2	14.	Patient	Balance \$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0 \$0.00			00.03		\$0.00 \$0.00		•
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	ž Ö	<u>κ</u> ο	harde	Amount	\$20.00	\$84.00	\$20.00	\$204.00 \$42.00	\$34.00	\$20.00	\$60,00	\$84.00	\$20.00	\$60.00	\$84.00					nce Billed
				Visit#/ Check#	464603	454200	454200	•		•	•	445513			- \	H 440533		HC 438040		* B = Insurance Billed
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:	RP18843 RODRIQUEZ,ENRIQUE J			Service Date	4/10/2008	3/28/2008	3/28/2008	1 3/27/2008	γ 3/27/2008	y 3/27/2008	Y 3/27/2008	γ 3/25/2008	Y 3/25/2008		3/18/12/008		. y 3/14/2008	/ Y 3/14/2008	γ γ 3/14/2008	* I = Bill Insurance
			Zip:	Source I B	\ \ \	>	- >	>	<b>≻</b>	>	<b>&gt;</b> -	>-	<b>≻</b>	<b>&gt;</b>	<b>≻</b> 7	- <b>&gt;</b>	>		_	* U = Unapplied *
	Chart #:	Address:	City, State, Zip:	U Code	97010	97140	97110	97113	97110	97124	97010	97140	97110	97010	97140	97110	97140	97110	97010	11 13 . *

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Patient History - Detail

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All Items

By Date of Service All Date ranges

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Addrage					-	Res	Resp. Party:	RC	RODRIQUEZ, ENRIQUE J	UED		
Humess						Res	Resp. Acct#	14	142623			
City, State, Zip:	Zp:						Daile!	Dationt	Insurance	Total Last Billed	Date Billed	Resp Party
U Code	Source	B	Service Date	Prov	Visit#/ Check#	Charge	Pally Applied	Balance	Bajance	Balance Carrier		This Charg
4		>	3/11/2008	SKOPH	432920	\$60.00	\$0.00	\$0.00	\$60.00	\$60.00 957	03/19/2008	147973
		- ; - ;	2002/11/2	Hack	432920	\$84,00	\$0.00	\$0.00	\$84.00	\$84.00 957	03/19/2008	142623
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\* U = Unapplied \* I = Bill Insurance \* B = Insurance Billed

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Patient History - Detail

By Date of Service Ali Date ranges All Items

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4		FODR	PODRIONEZ ENRIQUE 3	-		Offi	Office Phone:					
Patient Name:		2	יליטורלי בו יוי ביליטו		٠	Res	Resp. Party:	RC S	RODRIQUEZ, ENRIQUE J	JE.)		
Address:				L		2	Besn. Acct#	41	142623			
City, State, Zip:	, Zip:						1	Patront	Toenrance	Total Last Billed	Date Billed	Resp Party
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			Date		770100	620.00	\$0.00	\$0.00	\$20.00	\$20.00 957	03/12/2008	14,043
97010		<b>≻</b> <b>≻</b>	3/4/2008	SKOPH	426300	00.024	5	\$0.00	\$60.00	\$60.00 957	62/27/2008	142623
97140		<b>≻</b>	2/19/2008	SKOPH	414801	nn nes	20 C	\$0 Op	\$84.00	\$84,00 '957	02/27/2008	142623
97110		>	2/19/2008	SKOPH	414801	\$84.00	90.04 00.04	S	\$204.00	\$204.00 957	02/27/2008	142623
97113		<i>≻</i>	2/19/2008	SKOPH	414801	\$204.00	on:n⊱	or of	\$20.00	\$20.00 957	02/27/2008	142623
97010		>	7 2/19/2008	SKOPH	414801	\$20.00	\$0.0¢	00.04	\$60.00	\$60.00 957	02/26/2008	142623
97140		>	4 2/14/2008	3 SKOPH	405890	\$60.00	\$0.00	nn.u.	40000	c84 00 957	02/26/2008	142623
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97113		<i>-</i>	y 2/14/2008	8 SKOPH	405890	\$204.00	\$0.00	\$0.00	00.4024	729 OO 053	02/26/2008	142623
97010	•	>	Y 2/14/2008	8 SKOPH	405890	\$20.00	\$0.00	\$0.00		\$20.00 \$	02/22/2008	142623
97140		>-	Y 2/13/2008	8 SKOPH	411013	\$60.00	\$0.00	\$0.00	\$50.00	4204.00 957	02/22/2008	142623
97113		>	Y 2/13/2008	SKOPH SKOPH	411013	\$2,04,00	\$0.00	90.0¢		\$84.00 957	02/22/20	. 142623
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97010		>-	Y 2/13/2008	DS SKOPH	411013	\$20.00	\$0.00	no oc		\$60.00 957	02/21/2008	142623
97140		>-	Y 2/11/2008	OS SKOPH	409491	\$60.00	\$0.00	00.04 00.04		\$84.00 957	02/21/2008	142623
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Patient History - Detail

MATT SMITH PHYSICAL THERAPY

All Items

Show last billed date All Providers

By Date of Service All Date ranges

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risit# / theck# t06608 406608 406608 406608 401562 401562 400824 400824 400824 400829 396909 396909 396909

Patient History - Detail

Show last billed date

All Providers

By Date of Service All Date ranges All Items

MATT SMITH PHYSICAL THERAPY

	Resp Party This Charge	142623 142623 142623 142623 142623 142623 142623 142623 142623 142623 142623 142623 8 142623 8 142623 8 142623
	Date Billed	01/29/2008 01/31/2008 01/31/2008 01/31/2008 01/24/2008 01/24/2008 01/17/2008 01/17/2008 01/17/2008 01/17/2008 01/14/2008 01/14/2008
ĺ	Total Last Billed	
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RODRIQ	142623 Patient Insu	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00
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		Check# 391201 390541 390541 390541 390541 390541 385813 385813 385813 387297 387297 377713 377713
		KOPH MITHC SMITHC
RP18843 RODRIQUEZ, ENRIQUE J		B Service   Pate   Pa
Chart #:	Address:	Crky, States, Cty.  U Code Source 97010 97140 97110 97110 97110 97110 97110 97110 97110 97110 97110

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\* U = Unapplied \* I = Bill Insurance \* B = Insurance Billed

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Patient History - Detail

MATT SMITH PHYSICAL THERAPY

All Providers Show last billed date

All Items

By Date of Service. All Date ranges

Patient Name:												
Patient Name:		L RICTORD CALLOTTON	ר או נרדסו			gu	Office Phone:					
•	Š	1				Res	Resp. Party:		RODRIQUEZ, ENRIQUE J	UE J		
Address:						R	Resp. Acct#	14	142623			
City, State,	,			Prov	Visit#/	Charge	Paid/	Patient	Insurance	Total Last Billed Balance Carrier	Date Biiled	Resp Party This Charge
U Code Source	a <b>⊣</b>				Check#	Amount	Applied	Dalance	00 ±2.5	\$75.00 957	01/14/2008	142623
97140	>	18/1	1/3/2008 \$	SMITHC	377110	\$75.00	\$0.00	nn'ns	470 00	\$20.00 957	01/14/2008	142623
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97110	>	172/1	1/2/2008	SKOPH	377026	\$160.00	\$0.0¢	00.04	47¥ D0	\$75.00 957	01/14/2008	142623
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97113	, >-	7 1/2	1/2/2008	SKOPH	377026	\$200.00	\$0.00	00.0₹	00.002¢	\$20.00 957	01/14/2008	142623
97010	>	Y 1/2	1/2/2008	SKOPH	377026	\$20.00	\$0.00	50.05 00.05	450.00	\$150.00 957	01/14/2008	142623
97110	>-	7 12/2	12/27/2007	SMITHC	372953	\$160.00	\$0.00	on no	415000	\$150.00 957	01/14/2008	142623
97140	>-	γ 12/2	7002/72/21	SMITHC	372953	\$150.00	\$0.00	on ns	00.0004	. \$200.00 957	01/14/2008	142623
97113	>	7 12/5	7002/72/21	SMITHC	372953	\$200.00	\$0.00	00.03	\$200.00	\$160.00 957	01/14/2008	142623
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97140	>	7 12 <i>l</i>	12/19/2007	SKOPH	370617	\$75.00	00.03	20.00	•	\$200.00 957	01/14/2008	142623
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Patient History - Detail

MATT SMITH PHYSICAL THERAPY

All Providers Show last billed date

By Date of Service All Date ranges All Items

RODRI H A Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Home Phone:	Office Phone:	IQUEZ,ENRAQUE J Resp. Party: RODRIQUEZ,ENRIQUE J	Does And # 142623	Total Last Billed Date Billed	Service Prov Visit#/ Charge Paid/ Patient Insurance Balance Carrier This	Date Check# Allouite App. 20	\$25.00 \$0.00 \$75.00	\$0.00 \$100.00 \$	\$200.00 \$ \$0.00 \$20.00 \$20.00	00.04 00.04 00.04	\$75.00 \$10.04 \$ 00.05 \$ 00.005 \$ 00.00	12/14/2007 SMITHC 367628 \$200.00 \$0.00 \$0.00 \$0.00	00.04 00.04 00.08	\$ 0,000 \$1.00 00.00\$	00.00\$ 00.00\$	\$0.00 \$0.00 \$1.00	50.05 50.05	\$0.00 \$100.00 \$200.00	\$0.00	\$ 00.000	00.05	\$ 0.00\$	20.00TM
	PD18843		RODRIQUEZ,ENKAQUEJ	t.		B Service Prov	Date	SKOPH	SKOPH	SKOPH		SMITHC	SMITHC			٠.							12/7/2007	

\* U = Unapplied \* I = Bill Insurance \* B = Insurance Billed

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patient History - Detail MATT SMITH PHYSICAL THERAPY

By Date of Service All Date ranges

Show last billed date All Providers

All Items

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Date Billed  12/10/2007  12/10/2007  12/10/2007  12/10/2007  12/10/2007  12/10/2007  12/10/2007  12/10/2007  12/10/2007  12/10/2007  12/10/2007  12/10/2007  12/10/2007  11/29/2007  11/29/2007  11/19/2007  11/19/2007
\$75.00 957 \$200.00 957 \$200.00 957 \$200.00 957 \$160.00 957 \$75.00 957 \$75.00 957 \$75.00 957 \$75.00 957 \$75.00 957 \$70.00 957 \$200.00 957 \$200.00 957 \$200.00 957 \$200.00 957 \$200.00 957 \$200.00 957 \$200.00 957
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RP18843  RODRIQUEZ,ENRIQUE 3  T B Service Prov
Chart #: Patient Name: Address: City, State, Zip: U. Code Source 97140 97110 97140 97110 97140 97110 97140 97110 97110 97110 97110 97110 97110

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Patient History - Detail

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All Providers Show last billed date

By Date of Service All Date ranges All Items

			Home Phone:					
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Chart #:	1		Office Phone:					
Patient Name:	RODRIQUEZ, ENRIQUE 3		Resp. Party:	80	RODRIQUEZ, ENRIQUE J	JE.)		
Address:	7.		though and	145	142623			
. Child colonial			Mary's Mary's			Total Last Billed	Date Billed	Resp Party
City, State, Alp.	,	Visit#/		Patient Ralance	Insurance	Balance Carrier		This Charge
u Code Source	I is Service. Date	Check#	₹		\$20.00	\$20.00 957	11/19/2007	142623
0,000	y y 11/8/2007 SKOPH	349667	\$20.00 \$0.00		420 00	£70.00 957	11/19/2007	142623
. 070/6	γ γ 11/7/2007 SKOPH	349431	\$0.00		00.00	\$90.00 957	11/19/2007	142623
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07113	γ γ 11/7/2007 SKOPH	349431		י אַמיטאָ	\$20.00	\$20.00 957	11/19/2007	142623
97010	ү ү 11/7/2007 SKOPH	349431			\$70.00	\$70.00 957	11/19/2007	142623
97140	γ γ 11/5/2007 SKOPH	348580			\$90.00	\$90.00 957	11/19/2007	142623
01170	γ γ 11/5/2007 SKOPH	348580			\$200.00	\$200.00 957	11/19/2007	142623
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92010	γ γ 11/5/2007 SKOPH	348580			\$70,00	\$70.00 957	11/15/2007	142623
97140	Y Y 11/2/2007 SKOPH	348321			\$90.00	\$90.00 957	11/15/2007	142623
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* U = Unapplied	* I = Bill Insurance	* B = Insurance Billed		-				Page 16 of 23
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\* U = Unapplied \* I = Bill Insurance \* B = Insurance Billed

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Patient History - Detail

MATT SMITH PHYSICAL THERAPY

All Providers Show last billed date

By Date of Service All Date ranges All Items

					Resp Party This Charge	142623	142623	143673	14202	142623	142623	142623	142623	142623	142623	142623	142623	142623	142623	142623	142623	142623	142623	
		•			Date Billed	10/22/2007	10/22/2007	land from	10/22/2007	10/22/2007	10/18/2007	10/18/2007	10/18/2007	10/18/2007.	10/22/2007	10/22/2007	10/22/2007	10/22/22007	10/11/2007	10/11/2007	10/11/2007	10/11/2007	10/11/2007	
					Total Last Billed	470.00 957	# 000 cm	Sec no oes	\$200.00 957	\$20.00 957	\$70.00 957	\$90.00 957	\$200.00 957	250.00 957	, o 00 024	, , , , , , , , , , , , , , , , , , , ,	400 00 057	/// 00:05¢	\$20.00 957	\$60.00.957	550 00 00c\$	\$90.00 957	\$20,00 957	
			RODRIQUEZ, ENRIQUE J	142623	Insurance	Balance	00°07\$	\$90.00	\$200.00	\$20.00	\$70.00	490 OD	00 0000	50.002¢	00.02\$	\$/0.00	<b>υ</b>					00 004		
				14	Patient	Balance	\$0.00	\$0.00	\$0.00	Ç <b>Ç</b>	200	מייטלי	00.04	so.uu	\$0.00	\$0.00	\$0.00	\$0.00	00°0\$	•				22.04
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HOA		Offi	Re	Re	Charge	Amount	\$70.00	\$90:00	0000	90.002¢	\$20.00	\$70.00	\$90.00	\$200.00	\$20.00	\$70.00	\$200.00	\$30.00	\$20.00	\$70.00	\$60,00	\$200.00	. \$90.00	\$20.00
					, 4.c	Check#	333839	434839		333839	333839	332212	332212	332212	. 332212	333355	333355	333355	333355	328638	328638	328638	328638	328638
		-				Prov	SKOPH	קטטט	ñ	SKOPH	SKOPH	SKOPH	SKOPH	SKOPH	SKOPH	SKOPH	H4OXS	7 SKOPH	7 SKOPH	, SKOPH	7 SKOPH	7 SKOPH	77 SKOPH	37 SKOPH
		PODRIOUEZ ENRIOUE 3	•			Service Date	10/12/2007	1000	70/7 <i>2/2</i> 007	10/12/2007	10/12/2007 SKO	10/10/2007 SKOPH	10/10/2007 SKOPH	10/10/2007	10/10/2007	10/9/2007	10/9/2007	10/9/2007	10/9/2007	10/3/2007	10/3/2007	10/3/2007	10/3/2007	10/3/2007
	RP18843	LICTACOS				M H	>	- ; -	<b>≻</b> <b>≻</b>	<b>≻</b> <b>≻</b>	<b>≻</b> <b>≻</b>	<b>≻</b>	<b>≻</b> <b>≻</b>	<b>≻</b>	>- >-	<b>&gt;</b>	<b>&gt;</b>	· >	<b>&gt;</b>	<b>≯</b>		<b>≻</b>	>- >-	<b>&gt;</b>
	1:		Padent Name.	;s;	City, State, Zip:	Source			_		_		c	. (*	, c	· 5	3	3 5	}	3 8	£ 6	97113	97110	97010
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patient History - Detail

By Date of Service
All Date ranges
All Providers
Show last billed date

All Items

MATT SMITH PHYSICAL THERAPY

		Resp Party	
		Date Billed	10/09/2007 10/09/2007 10/09/2007 10/09/2007 10/03/2007 10/02/2007 10/02/2007 10/02/2007 10/02/2007 10/02/2007 09/28/2007 09/28/2007
		The Rilled	\$70.00 \$90.00 \$20.00 \$70.0 \$70.0 \$100 \$70 \$100 \$70 \$70 \$70 \$70 \$70 \$70 \$70 \$70 \$70 \$
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	RODR	142623	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00
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	RP18843 RODRIQUEZ,ENRIQUE J		B         Service         Prov           Pate         10/1/2007         SKOPH           Y         10/1/2007         SKOPH           Y         10/1/2007         SKOPH           Y         10/1/2007         SKOPH           Y         9/27/2007         SKOPH           Y         9/24/2007         SKOPH           Y         9/17/2007         SKOPH           Y         9/17/2007         SMITH           X         Y         9/17/2007           X<
	Chart #: Patient Name:	Address:	City, State, Zip:  U Code Source I  97140  97113  97010  97113  97113  97110  97113  97110  97110  97110  97110  97110  97110  97110  97110  97110  97110  97110  97110

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Patient History - Detail

MATT SMITH PHYSICAL THERAPY.

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All Items

By Date of Service All Date ranges All Providers

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		ווטזמכ	PODPIONEZ ENRIOUE 1			Offic	Office Phone:					
Patient Name:		7	· · · · · ·			Res	Resp. Party:	RC	RODRIQUEZ, ENRIQUE J	F3		
Address:						S A	Resn. Acct#	14	142623			
City, State, Zip:	Zip:					- 1	1000	Dationt	Insurance	Total Last Billed	Date Billed	Resp Party
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		_	Date		CHECKE	00 000	\$0.00	\$0.00	\$70.00	\$70.00.957	09/28/2007	142623
97140	,	>-	9/14/2007	SKOPH	317340	On:0/#	2 0	υ (C) (C)	\$200.00	\$200.00 957	09/28/2007	142623
97113	>-	>	9/14/2007	SKOPH	317340	\$200,00	אַרייואַר !	2 4	400.00	\$90,00 957	09/28/2007	142623
97110	<b>&gt;</b> -	>-	9/14/2007	SKOPH	317340	\$90.00	50.00	on of	00 004	\$20.00 957	09/28/2007	142623
97010	>	>	9/14/2007	SKOPH	317340	\$20.00	\$0.00	on'ns	, de constant	\$100.00 957	09/21/2007	142623
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97140	>	>-	9/13/2007	METROS	317456	\$70.00	\$0.00	00.04	70.00	\$200 DD 857	09/21/2007	142623
97113	>-	>-	9/13/2007	METROS	317456	\$200.00.	\$0.00	\$0.00	00.0024	490.00 957	7002/12/60	142623
97110	>	<b>≻</b>	9/13/2007	METROS	317456	\$90,00	\$0.00	\$0.05	20,000	720 00 0C#	7002/12/60	142623
97010	>	<b>&gt;</b> -	9/13/2007	METROS	317456	\$20.00	\$0.00	\$0.00		\$20 00 dS7	7002/18/5007	142623
97140	<b>&gt;</b> -	<b>&gt;</b> -	7002/1/6	SMITHC	313541	\$70.00	\$0.00	\$0.00		\$100.00 957	09/18/2007	142623
97113	>-	<i>&gt;</i> -	7002/1/6	SMITHC	313541	\$100.00	\$0.00	\$0.00	On-DATA	\$45.00 957	09/18/2007	142623
97110	<i>y</i> •	>- >-	7002/1/6	SMITHC	313541	\$45.00	\$0.00			\$20.00 957	. 09/18/2007	142623
97010	,-	>- >-	9/7/2007	SMITHC	313541	\$20.00	\$0.00			\$50.00 957	09/18/2007	142623
97140		.≻	9/6/2007	METROS	311417	\$70.00	\$0.00			\$100.00 957	09/18/2007	142623
97530	•	<b>≻</b>	9/6/2007	METROS	311417	\$100.00	\$0.00		Contract C	\$200.00 957	09/18/2007	142623
97113	-	<b>≻</b>	2002/9/6	, METROS	311417	\$200.00	\$0.00			\$90.00 957	09/18/2007	142623
01110		>	7,007,570	7 METROS	311417	\$90.00	\$0.00	\$0.0¢		<u> </u>		

Patient History - Detail

All Date ranges
All Providers
Show last billed date

By Date of Service

All Items

MATT SMITH PHYSICAL THERAPY

					E C	Home Phone:					
1 00	RP18843					ie Filotte	1			٠,	
æ	ODRIG	RODRIQUEZ, ENRIQUE J			otti	Office Phone:	į		īī.		
					Res	Resp. Party:	⊋	RODRIQUEZ, ENRIQUE 3	1		
					Res	Resp. Acct#	77	142623			
						7000	Datient	Insurance	Total Last Billed	Date Billed	Resp Party This Charge
Source I	£01	9	Prov	Visit#/ Check#	Charge	Applied	Balance	Balance	Balance Carrier	700000000	142623
		Date			50 057	\$0.00	\$0.00	\$20.00	\$20.00 957	19/10/2007	!
>	>	1 2002/9/6	METROS	311417	20.024			\$200.00	\$200.00 957	09/19/2007	142623
>	<b>&gt;</b> -	9/4/2007	SKOPH	309168	\$200.00	on of	200	\$40.00	\$90.00 957	09/19/2007	142623
,-	>	9/4/2007	SKOPH	309168	\$90.00	\$0.00	0000	00 02.2	\$70.00 957	7002/61/60	142623
	>- >-		SKOPH	309168	\$70.00	\$0.00	20.04	00000	. 756 DU UC\$	09/19/2007	142623
·	>		SKOPH	309168	\$20.00	\$0.00	€10.00	מיחיאלי	730 00 05.4	7002/38/2002	142623
			i	703505	\$70,00	\$0.00	\$0.00	\$70.00	/cc no:0/\$	(11)	803071
	≻ ≻	8/30/2007	SKOPH	30/05/		OU 0\$	\$0.00	\$100,00	\$100.00 957	09/18/2007	C7074,T
	<b>≻</b> ≻	8/30/2007	SKOPH	307697	\$100,00	2 6	Ç (2)	\$45,00	\$45.00 957	09/18/2007	142623
•	<b>≻</b>	8/30/2007	SKOPH	307697	\$45.00	\$0.00¢	2 6	\$20.00	\$20.00 957	09/18/2007	142623.
	<b>≻</b>	8/30/2007	SKOPH	307697	\$20.00	\$0.00	00.0¢	0000	\$100 00 057	7002/18/500	142623
	. ;	7000/0000	HdCXV	307097	\$100.00	\$0.00	\$0.00	\$100.00	1000000	7006/81100	142623
	۰ ب	6/23/2007			00 024	\$0.00	\$0.00	\$70.00	\$70.00 957	03/ TO/ 700	
	<b>≻</b>	. 8/29/2007	SKOPH	20/08/	000/6	• 00 00	\$0.00	\$200.00	\$200.00 957	09/18/2007	142623
	<b>≻</b>	7002/22/8	SKOPH	307097	\$200,00	200	\$0.00		\$90.00 957	09/18/2007	142623
	<u>-</u> ح	4 8/29/2007	SKOPH	307097	\$30.0U	point t	(C) (S)		\$20.00 957	09/18/2007	142623
	· >	7002/62/8. Y	SKOPH	307097	\$20.00		00.04	•	\$100.00 957	09/18/2007	142623
	>	Y 8/28/2007	SKOPH	307084	\$100.00				\$70.00 957	09/18/2007	. 142623
	>	7 8/28/2007	7 SKOPH	307084	\$70.00			-NF.	•	09/18/2007	142623
	>-	Y 8/28/2007	7 SKOPH	307084	\$200.00	\$0.0\$	•				

\* U = Unapplied \* I = Bill Insurance \* B = Insurance BilledGenerated 9/18/2009 11:40:30 AM

powered by Advanced M.F.

Patient History - Detail

MATT SMITH PHYSICAL THERAPY

By Date of Service
All Date ranges
All Providers
Show last billed date

All Items

Chart #:		RP18843	83			Ho	Home Phone:					
Patient Name:	me:	RODRI	RODRIQUEZ, ENRIQUE J	ָרָ: ביי		8	Office Phone:					
Address:		_		1L		Re	Resp. Party:	æ	RODRIQUEZ, ENRIQUE J	QUE J		
City, State, Zip:	, Zip:					Re	Resp. Acct#	à	142623			
U Code	Source	1 B	Service Date	Prov	Visit#/ Check#	Charge Amount	Paid/ Applied	Patient Balance	Insurance Balance	Total Last Billed Balance Carrier	Date Billed	Resp Party This Charge
97110		<b>&gt;</b>	8/28/2007	SKOPH	307084	\$90.00	\$0.00	\$0.00	\$90.00	\$90.00 957	09/18/2007	142623
97010		<b>≻</b>	8/28/2007	SKOPH	307084	\$20.00	\$0.00	\$0.00	\$20.00	\$20.00 957	09/18/2007	142623
97530		>- >-	8/15/2007	SKOPH	300349	\$100.00	\$0.00	\$0.00	\$100.00	\$100.00 957	08/30/2007	142623
97140		<b>≻</b>	8/15/2007	SKOPH	300349	\$70.00	\$0.00	\$0.00	\$70.00	\$70.00 957	08/30/2007	142623
97113		· >- >-	8/15/2007	SKOPH	300349	\$200.00	\$0.00	\$0.00	\$200.00	\$200.00 957	7002/02/80	142623
97110		<i>&gt;</i> -	8/15/2007	SKOPH	300349	\$90.00	\$0.00	\$0.00	\$50.00	\$90.00 957	08/30/2007	142623
97010	•	<b>≻</b>	8/15/2007	SKOPH	300349	\$20.00	\$0.00	\$0.00	\$20.00	\$20.00 957	08/30/2007	142623
97530		<b>≻</b>	8/14/2007	SKOPH	299774	\$90.00	\$0.00	\$0.00	\$90.00	\$90.00 957	08/30/2007	142623
97113		<b>≻</b>	8/14/2007	SKOPH	299774	\$200.00	\$0.00	\$0.00	\$200.00	\$200.00 957	08/30/2007	142623
97110		.≻	8/14/2007	SKOPH	299774	\$70.00	\$0.00	\$0.00	\$70.00	\$70.00 957	08/30/2007	142623
97010		<b>≻</b>	8/14/2007	SKOPH	299774	\$20.00	\$0.00	\$0.00	\$20.00	\$20.00 957	08/30/2007	142623
97530		<b>≻</b>	8/13/2007	SKOPH	298090	00'06\$	\$0.00	\$0.00	\$90.00	\$90.00 957	08/30/2007	142623
97140		>- >-	8/13/2007	SKOPH	258090	\$60.00	\$0.00	\$0.00	\$60.00	\$60.00 957	08/30/2007	142623
97113		<b>≻</b>	8/13/2007	SKOPH	. 298090	\$200.00	\$0.00	\$0.00	\$200.00	\$200.00 957	08/30/2007	142623
97110		<b>≻</b>	8/13/2007	SKOPH	298090	\$70.00	\$0.00	\$0.00	\$70.00	\$70.00 957	08/30/2007	142623
97010		<b>≻</b>	8/13/2007	SKOPH	298090	\$20.00	\$0.00	\$0.00	\$20.00	\$20.00 957	08/30/2007	142623
97113		<b>≻</b> ≻	8/7/2007	SKOPH	297201	\$200.00	\$0.00	\$0.00	\$200.00	\$200.00 957	08/30/2007	142623
* U = Unapplied	plied	[] ⊷ *	* I = Bili Insurance	*	B = Insurance Billed	illed						
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Detail
History -
Patient

MATT SMITH PHYSICAL THERAPY

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All Providers
Show last billed date
All Items By Date of Service

Chart #:		RP18843	33			유	Home Phone:		•			
Patient	Patient Name:	RODR	RODRIQUEZ, ENRIQUE J	用)		8	Office Phone:					
Address:	ŭ,					Re	Resp. Party:	ž	RODRIQUEZ,ENRIQUE J	ŲE J		
City, St	City, State, Zip:				•	Re	Resp. Acct#	71	142623			
U Code	Source	H	Service Date	Prov	· Visit#/ Check#	Charge Amount	Paid/ Applied	Patient Balance	Insurance Balance	Total Last Billed Balance Carrier	Date Billed	Resp Party This Charge
97140		<b>≻</b>	8/7/2007	SKOPH	297201	\$40.00	\$0.00	\$0.00	\$40.00	\$40.00 957	08/30/2007	142623
97110		<b>≻</b>	8/7/2007	SKOPM	297201	\$70.00	\$0.00	\$0.00	\$70.00	\$70.00 957	08/30/2007	142623
97530		<b>≻</b>	8/7/2007	SKOPH	297201	\$35.00	\$0.00	\$0.00	\$35.00	\$35.00 957	08/30/2007	142623
97014		<b>≻</b>	8/7/2007	SKOPH	297201	\$30.00	\$0.00	\$0.00	\$30.00	\$30.00 957	08/30/2007	142623
97010		<i>&gt;</i> · ≻	8/7/2007	SKOPH	102262.	\$20.00	\$0.00	\$0.00	\$20.00	\$20.00 957	08/30/2007	142623
97002		<b>≻</b>	8/6/2007	SKOPH	297197	\$60.00	\$0.00	\$0.00	\$60.00	\$60.00 957	08/30/2007	142623
97140		Υ	8/6/2007	SKOPH	297197	\$40.00	\$0.00	\$0.00	\$40.00	\$40.00 957	08/30/2007	142623
97110		<b>≻</b>	8/6/2007	SKOPH	297197	\$70.00	\$0.00	\$0.00	\$70.00	\$70.00 957	08/30/2007	142623
97113		<b>≻</b> ≻	8/6/2007	SKOPH	297197	\$200,00	\$0.00	\$0.00	\$200.00	\$200.00 957	08/30/2007	142623
97530		<b>≻</b> .	8/6/2007	SKOPH	297197	\$35.00	\$0.00	\$0.00	\$35.00	\$35.00 957	08/30/2007	142623
97010		<b>⊹</b>	8/6/2007	SKOPH	297197	\$20.00	\$0.00	. \$0.00	\$20.00	\$20.00 957	08/30/2007	142623
97010	· VOID	ν ≻	7/1/2008	SMITHC	537135		\$0.00				•	142623
97010	VOID	z ≻	6/11/2008	SMITHC	537135		\$0.00					142623
97110	VOID	z ≻	1/1/2008	SMITHC	537135		\$0.00					142623
97110	VOID	<i>z</i> . ≻	6/11/2008	3 SMITHC	537135		\$0.00					142623
97113	VOID	z ≻	1 7/1/2008	SMITHC	537135		\$0.00				-	142623
									,			
		1- ?	,		i I	-						
" U = Unapplied	applied	<b> </b> -∹ ÷	* 1 = bill insurance		* B = Insurance billed	iled						
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Valley Rehab. 0000062

All Items

Date Billed Resp Party
This Charge

142623

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By Date of Service

All Date ranges All Providers Show last billed date

MATT SMITH PHYSICAL THERAPY

Home Phone: Office Phone:

RODRIQUEZ, ENRIQUE J

Patient Name:

RP18843

Chart #:

Total Last Billed Date Billed Balance Carrier \$31,300.00 RODRIQUEZ, ENRIQUE 3 Insurance Balance \$31,300.00 142623 Patient Balance \$0.00 \$0.00 \$0.00 Paid/ Applied Resp. Party: Resp. Acct# Charge Amount \$31,300.00 Powerdby Advanced W.W. \*  $U = Unapplied \cdot * I = Bill Insurance * B = Insurance Billed$ Visit#/ Check# 537135 SMITHC Pro√ 6/11/2008 Generated 9/18/2009 11:40:30 AM Source I B Service Date z > VOID City, State, Zip: Address: Grand Total: U Code 97113

Valley Rehab. 0000063

Page 23 of 23

Medical District Surgery Center 2020 Goldring Avenue Las Vegas, NV 89106 (702) 477-7000 Page: 1 07/17/08 9:29:30 AM

ENRIQUE RODRIGUEZ (106590)

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*188*) 85

, \_ \_ ,2300

Billing message: No message assigned

•	-	-	-					
Trans date	Post date	Facility	Proc/jnl qc	Procedure / journal description	DX1	Provider	Amount	Due
03/30/06	04/04/06	MDSC	64483	INJECTION, ANESTHETIC AGENT	724.4	KIDWELL	4,564.94	4,564.94
03/30/06	04/04/06	MDSC	76005	FLUOROSCOPIC GUIDANCE (ESI,	724.4	KIDWELL	570.35	570.35
04/13/06	04/18/06	MDSC	62310	INJECTION, SINGLE (NOT VIA INI	723.1	KIDWELL	2,100.00	2,100.00
04/13/06	04/18/06	MDSC	76005	FLUOROSCOPIC GUIDANCE (ESI,	723.1	KIDWELL	570.35	570.35
04/27/06	05/02/06	MDSC	64483	INJECTION, ANESTHETIC AGENT	724.2	KIDWELL	4,564.94	4,564.94
04/27/06	05/02/06	MDSC	76005	FLUOROSCOPIC GUIDANCE (ESI,	724.2	KIDWELL	570.35	570.35
05/04/06	05/09/06	MDSC	62310	INJECTION, SINGLE (NOT VIA INI	723.1	KIDWELL	2,100.00	2,100.00
05/04/06	05/09/06	MDSC	76005	FLUOROSCOPIC GUIDANCE (ESI,	723.1	KIDWELL	570.35	570.35
07/20/06	07/26/06	MDSC	64479	INJECTION, ANESTHETIC AGENT	723.1	KIDWELL	4,200.00	4,200.00
07/20/06	07/26/06	MDSC	64483	INJECTION, ANESTHETIC AGENT	724.2	KIDWELL	4,564.94	4,564.94
07/20/06	07/26/06	MDSC	64484	INJECTION, ANESTHETIC AGENT	724.2	KIDWELL	2,076.00	2,076.00
07/20/06	07/26/06	MDSC	76005	FLUOROSCOPIC GUIDANCE (ESI,	724.2	KIDWELL	570.35	570.35
				<u>Totals:</u>	Charge:	27,022.57		
					Payment:	0.00	CP:	0.00
					Writeoff:	0.00	CW:	0.00
					Debit:	0.00	CD:	0.00
				Pa	tient bal:	0		
					ount bal:	27022.57		
				Acc	ount bal:	27022.57		

MEDICAL DISTRICT SURGERY CENTER-00003

04/29/09

YAKOV B TREYZON, M.D. 5901 OLYMPIC BLVD., #203 LOS ANGELES CA 90036

(323) 930-1331

BILLING: JONATHAN WEBER, ESQ 2029 CEONTURY PK E 2100 LOS ANGELES CA 90067 PATIENT: ENRIQUE RODRIGUEZ

DATE	PROC ID	DESCRIPTION	TRUOMA
04/20/06 04/20/06 04/20/06 04/20/06 04/20/06 04/20/06 04/20/06 04/20/06 04/20/06 04/20/06 04/20/06 04/20/06 04/20/06 04/20/06 04/20/06 04/20/06	99243 93000 93010 93040 71020 36415 99000 99080 85021 85007 85650 86610 85730 81000	CONFIRMATORY CONSULTATIO EKG, RESTING EKG INTERPRETATION RHYTHM STRIP CHEST X-RAY, PA & LATERAL VENIPUNCTURE HANDLING INTERPRETATION, MED / LAB COMPLETE BLOOD COUNT DIFFERENTIAL ESR PROTHROMBIN TIME PARTIAL PROTHROMBIN TIME UA & MICRO	285.00 60.00 25.00 35.00 98.00 16.00 10.00 52.00 5.00 10.00 5.40 6.60 8.50
04/20/06	80004	ELECTROLYTE PANEL	52.00

BALANCE DUE: 673.50

INVOICE #: 35305-09040132

CLAIM #:

FEDERAL TAX ID# : 95-4029808

To:17022282333 P.2/10

WAR-24-2010 10:47 From:MIHS/TREYZON/ROBERTS 3239301354

Treyzon, M.D. 0000001

PLEASE	PERSONAL IN	YURY	<b>↑</b>
DO NOT STAPLE	Attended.	<u> </u>	<u> </u>
IN THIS		•	CARRIER
AREA			CAE
PICA	HEALTH INS	SURANCE CLAIM FOR	RM PICA
1. MEDICARE MEDICAID CHAMPUS CHAMPVA	A GROUP FECA OTHER	1a. INSUREO'S I.D. NUMBER	(FOR PROGRAM IN ITEM 1)
(Medicare II) (Medicaid #) (Sponsor's SSN) (VA File	# HEALTH PLAN BLK LUNG (SSN) (10)		Î
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)	3. PATIENT'S BIRTH DATE SEX	4. INSURED'S NAME (Last Name, First	Name, Middle Initial)
RODRIGUEZ ENRIQUE	3x X F	RODRIGUEZ ENRI	QUE
5. PATIENT'S ADDRESS ING Street	6. PATIENT RELATIONSHIP TO INSURED	7. INSURED'S ADDRESS (No., Street)	, in the second
	Self Spouse Child OtherX		
CITY		CITY	STATE
ZIP CODE TELEPHONE (Include Area Code)	Single Married Other X	ZIP CODE TELE	PHONE (INCLUDE AREA CODE)
92506 I	Emproyed Full-Time Parl-Time	92506	)
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)	Student Student 10. IS PATIENT'S CONDITION RELATED TO:	11. INSURED'S POLICY GROUP OR FE	ECA NUMBER
		NA	<u> </u>
a. OTHER INSURED'S POLICY OR GROUP NUMBER	a. EMPLOYMENT? (CURRENT OR PREVIOUS)	a. INSURED'S DATE OF BIRTH	SEX E
	YES X NO		M F
b, OTHER INSURED'S DATE OF BIRTH SEX	1	b, EMPLOYER'S NAME OR SCHOOL N	AME Q
M   F [ ]	Y YES. MO L .		PHONE (INCLUDE AREA CODE)  SEX  M SEX  M SIATE  CA  WHE  WANTE  W
C. EMPLOYER'S NAME OR SCHOOL NAME	c, OTHER ACCIDENT?	6, INSURANCE PLAN NAME OR PROG	BAM NAME
d. INSURANCE PLAN NAME OR PROGRAM NAME	YES NO	DERSONAL INJURY  JULIS THERE ANOTHER HEALTH BENE	¥ ====================================
O. INSURANCE PLAN NAME ON PROGRAM NAME	10d. HESERVED FOR LOCAL USE	r	17.
BEAD BACK OF FORM BEFORE COMPLETING	3 & SIGNING THIS FORM.	YES X NO If yes, I	SON'S SIGNATURE Laichorze
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the to process this claim. I also request payment of government benefits either	release of any medical or other information necessary	payment of medical benefits to the un services described below.	
below SIGNATURE ON FILE	07/25/2006		RE ON FILE
SIGNED	DATE	SIGNED	\*
MM   DD   YY (INJURY (Accident) OR	IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE MM ! DD ! YY	16. DATES PATIENT UNABLE TO WOR	K IN CURRENT OCCUPATION
Y PREGNÁNCY(LMP)  17. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE 17a	L.D. NUMBER OF REFERRING PHYSICIAN	FROM  18. HOSPITALIZATION DATES RELATE	
TAUBER , JACOB	A48578	MM DD YY FROM	MM DD YY
19. RESERVED FOR LOCAL USE		20. OUTSIDE LAB?	\$ CHARGES
		YES X NO	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. (RELATE ITEMS	1,2,3 OR 4 TO ITEM 24E BY LINE)	22. MEDICAID RESUBMISSION ORIGI	MAL REF. NO.
1.726.90	3. L	ļ.	
		23. PRIOR AUTHORIZATION NUMBER	
2 4	1. <u>                                      </u>	LIEN 7/26	
DATE(S) OF SERVICE Place Type PROCEDUR	RES, SERVICES, OR SUPPLIES DIAGNOSIS	DAYS EPSOT	1 J K Z RESERVED FOR D
From To of of (Expla	un Unusuai Cxcumstances) [ coo⊏	\$ CHARGES OR Family UNITS Plan	EMG COB LOCAL USE
07 25 06 07 25 06 114 7372	n Lr la	1430.00 1	doe803920   %
	LOWER EXTREMITY ANY		<u> </u>
, , , , , , ,			PHYSICIAN OR SUPPLIER INFORMA
			<u>                                  </u>
	1		
t			IXI
			_   _   ₹
25. FEDERAL TAX I.D. NUMBER SSN EIN 26. PATIENT'S A	i (For ony), c(aims, see back) i	28. TOTAL CHARGE 29. AMOU	NT PAID 30. BALANCE DUE
95-4651287	676 X YES NO	s 1430. 00 s	s1430, 00
		33. PHYSICIAN'S, SUP图例的BILL图包	
(I certify that the statements on the reverse BEVERL	WRADIOLOGY MED 6		DGY MED GRP - W
	WILSHIRE	PO BOX 240086	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
07 /04 /000 / DELETE	ILSHIRE BLVD # 100	LOS ANGELES, CA	i <u>J</u>
SIGNED 07/31/2006 DATE BEVERL	Y HILLS CA 90211	PIN# 000803920 G	FIP# . Y

(APPROVED BY AMA COUNCIL ON MEDICAL SERVICE 8/88)

PLEASE PRINT OR TYPE

APPROVED OMB-0938-0008 FORM CM9-1500 (12-90), FORM RRB-1500, APPROVED OMB-1215-0055 FORM OWCP-1500, APPROVED OMB-0720-0001 (CHAMPUS)

Beverly Tower Imaging 0000003

347/BCF /P/ 7

1 Co-Pay \$90.00 \$90.00 \$00.00 \$00.00 \$90.00 \$90.00
9 Price F \$06.50 \$05.56 \$05.68 \$13.97 \$11.71 \$71.19 \$54.60
Ins. Billed 7798 Y 7798 Y 7798 Y 7798 Y 7798 Y 7798 Y
# Last DEA# BT5166 BT5166 BT5166 BT5166 BT5166 BT5166
First Prescribe KOKA KOKA KOKA KOKA KOKA KOKA KOKA KOK
c. Address         City         St. Zpi         Prescribor First         Prescribor First         December First         December First         December First         December First         December First         Prescribor First         December First         Prescribor First
St Zte DE CA 923 DE CA 923 DE CA 923 DE CA 923 CC CA 923 DE CA 923
Chy Riversii Riversii Riversii Riversii Riversii
HDE LANE HDE LANE HDE LANE HDE LANE HDE LANE
Address 15980 RAWI 15980 RAWI 15980 RAWI 15980 RAWI 15980 RAWI 15980 RAWI
Filled Cty Birthdate Sei 90 07/15/1953 M 30 07/15/1953 M 30 07/15/1953 M 60 07/15/1953 M 60 07/15/1953 M 30 07/15/1953 M
Filed Date   NUC
Last Nami Soriculez Soriculez Soriculez Soriculez Soriculez Soriculez Soriculez
Stone # Rx # Pt.First Name Pt. 2688 6052041 ENRIQUE RT. 2688 6052042 ENRIQUE RT. 2689 6052043 ENRIQUE RT. 2683 4006830 ENRIQUE RT. 2683 4006830 ENRIQUE RT. 2683 4006830 ENRIQUE RT. 2683 4006830 ENRIQUE RT.

ENRIGUE RODRIQUEZ

# **Statement of Account**

JACOB E TAUBER MD 9033 WILSHIRE BL STE 401 BEVERLY HILLS, CA 90211 Tax ID:953746611

(323) 655-2968

WM. JONATHAN WEBER ESQ BENSON,BERTOLDO,BAKER,CARTER 7408 W SAHARA AVE LAS VEGAS, NV 89117 Page #

Account No. 0000059650

**Date** 06/29/2009

PATIENT ENRIQUE RODRIGUEZ
DATE OF INJURY 11/22/2004

CASE#

VS FILE#

Date	CPT	Description	Ref	Charges	Credits
04/21/2006	29881	ARTHROS KNEE; W/MENISECT (	61114	3500.00	
04/21/2006	29874 51	ARTHROSCOPY KNEE SURG; RE	61114	1450.00	
04/21/2006	29876 51	ARTHROSCOPY KNEE; SYNOVE	61114	1450.00	
04/21/2006	29877 51	ARTHROS KNEE; DEBRID/SHAVI	61114	1450.00	
02/14/2006	99245	OFFIC CONS NEW/ESTAB MOD-I	916220	500.00	
02/14/2006	73600	RAD EXAM ANK; AP & LAT VIEV	916220	75.00	
02/14/2006	99080	SPEC REPORT >INFO IN USUAL !	916220	60.00	L.
02/14/2006	99080	SPEC REPORT >INFO IN USUAL 1	916220	160.00	
05/02/2006	99211	OFFIC/OUTPT E&M ESTAB 5 MIN	916785		0.00
05/02/2006	99080	SPEC REPORT >INFO IN USUAL 1	916785	60.00	
06/06/2006	99244	OFFIC CONS NEW/ESTAB MOD-I	917071	200.00	
06/06/2006	99080	SPEC REPORT >INFO IN USUAL I	917071	60.00	
07/25/2006	99244	OFFIC CONS NEW/ESTAB MOD-I	917424	200.00	
07/25/2006	99080	SPEC REPORT >INFO IN USUAL I	917424	60.00	
08/01/2006	99244	OFFIC CONS NEW/ESTAB MOD-I	917495	200.00	
08/01/2006	99080	SPEC REPORT >INFO IN USUAL 1	917495	60.00	
09/19/2006	99244	OFFIC CONS NEW/ESTAB MOD-I	917874	200.00	

10 - 30 Days 5 Ouned	01 - 60 Days : Past Due	61 - 90 Days Past Due	91 - 120 Days Past Due	> 120 Days Past Due	

Balance Due

**DIAGNOSIS** 

717.9

INT DERANGEMENT KNEE NOS

# **Statement of Account**

JACOB E TAUBER MD 9033 WILSHIRE BL STE 401 BEVERLY HILLS, CA 90211 **Tax ID:953746611** (323) 655-2968

> WM. JONATHAN WEBER ESQ BENSON,BERTOLDO,BAKER,CARTER 7408 W SAHARA AVE LAS VEGAS, NV 89117

Page #

Account No. 2 0000059650 **Date** 06/29/2009

PATIENT ENRIQUE RODRIGUEZ
DATE OF INJURY 11/22/2004
CASE #

VS FILE#

Date	CPT	Description	Ref	Charges	Credits
09/19/2006	99080	SPEC REPORT >INFO IN USUAL 1	917874	60.00	
1					
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.00 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	\$ 120 38ys
▼ Curcent	Past Due		Past Due	Pasi Due
\$0.00	\$0.00	\$0.00	\$0.00	\$9745.00

###nge Due | \$9745.00

**DIAGNOSIS** 

717.9

INT DERANGEMENT KNEE NOS

## UNIVERSITY OF CALIFORNIA, LOS ANGELES

UCLA

BERKELBY + DAVIS + INVINE - LOS ANGELES + RIVERSIDE - SAN DIEGO + SAN FRANCISCO

POSTED

F. Michael Ferrante, M.D. Medicine 1 9 2006 Director, Pain Medicine Center Professor of Clinical Anesthesiology and

Office 310 319-2241 Fax 310 319-2260

B-mail mferrante@mednet.ucla.cdu

PAIN MEDICINE CENTER 1245 16" STREET, SUITE 225 SANTA MONICA, CALIFORNIA 90404

SANTA BARBARA . SANTA CRUZ

October 12, 2006

Jonathan Webber Benson, Bertoldo, Baker & Carter 7408 W. Sahara Ave Las Vegas, NV 89117

RE: Enrique (Henry) Rodriguez

Dear Mr. Webber:

Thank you for the opportunity to review pertinent records, to interview the patient, and to offer opinions in the above referenced case. Below please find an Itemized list of my fees for work regarding this case:

0.75hours

History

0.75 hours@ \$500/hour = \$375

Mick request nan

0.75hours

Physical exam

0.75 hours@ \$500/hour = \$375

1.5 hours

Preparation of report

1.5 hours @ \$500/hour = \$750

Totals

3 hours @ \$500/hour = \$1500

Total = \$1500

My Tax ID # is: 32-0149526.

Please send a check made payable to Ferrante & Associates, Inc. for \$1,500. Please mail to:

528 Pacific Palisades Drive, #713 Pacific Pallsades, CA

90272-1903

Thank you

F. Michael Ferrante, MD

QUALITY RESP SOLUTION 20818 HIGGINS COURT TORRANCE CA 90501 310-533-5414

PO:

12/12/2006

TAX ID: 43-1565704

ACCOUNT: 00000000000A33

ENRIQUE RODRIGUEZ AMOUNT ENCLOSED \$

W JONATHAN WEBER EBD. LAW OFFICE 7408 W SAHARA AVENUE LAS VEGAS NV 89117

\*\*\*\*\*\*\*\*\*\* \*\*\*\*\*\*\*\*

/2/06/06 - 12/06/06 00000008677 1

DESCRIPTION UNIT COST CODE QTY ATE FROM/THRU INVOICE # ¥¥¥

SN:

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CHARGE \*\*\*\*\*\* \*\*\*\*\*\*\* FULL FACE MASK FOR CPAP n in September

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Jackson Letter A. Jackson L. B.

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345.42 TOTAL CHARGES = 0.00 PMTS/CRED/DISC = BALANCE DUE = 345, 42

INVOICE

#### QUALITY RESP SOLUTON<KMS>

20816 HIGGINS COURT TORRANCE CA 90501 PHONE: 310-533-8800

000000000833

. 0000002147

DATE: 10/26/2006

PAGE: 1

BILL TO:

ADDITIONAL BILLING INFORMATION

ENRIQUE RODRIGUEZ

W JONATHAN WEBER ESQ

LAW OFFICE 7408 W SAHARA AVENUE

LAS VEGAS NV 89117

DOCTOR INFORMATION

ADDITIONAL INFORMATION

REFERRING DOCTOR: DANIEL H KIN PROVIDER #:

DX1: 780.51 ex2:

OSA OBSTRUCTIVE SLEEP APREA

503.04

503.04

UPIN #: F89258

DX1: DX4:

\*RENT PATIENT DATE CODE IND CHARGE ALLOWABLE PORTION \*\*\*\*\* \*\*\*\* \*\*\*\*\*\*\* 02/17/2006 E0601 1757,80 RR CPAP POLARIS EX W HEAT HUMIDIFER 1757.80 02/17/2006 A7034 Ρ NASAL PILLOW INTERFACE FOR CPAP Р 196.46 196.46 02/17/2006 A7035 ₽ HEADGEAR FOR CPAP DEVICE P 66.38 66.38 02/17/2006 A7036 CHINSTRAP FOR CPAP DEVICE . P p 30.39 30.39 02/17/2006 A7037 P TUBING FOR CPAP DEVICE 68.50 68,50 02/17/2006 A7038 P 1 FILTER FOR CPAP DEVICE Ρ 9.00 9.00 02/17/2006 E0562 HUMIDIFIER HEATED FOR CPAP/BIPAP

NOTE: ReRental P=Purchase O=N/A

TOTALS:

2631.57 2631.57

FP1503

And the second second second second

INVOICE

#### QUALITY RESP SOLUTON<KMS>

20816 HIGGINS COURT TORRANCE CA 90501 PHONE: 310-533-8800

000000000833

0000005376

DATE: 10/26/2006

PAGE: 1

BILL TO:

ADDITIONAL BILLING INFORMATION

ENRIQUE ROORIGUEZ

W JONATHAN WEBER ESQ

LAW OFFICE 7408 W SAHARA AVENUE

LAS VEGAS NV 89117

DOCTOR INFORMATION

ADDITIONAL INFORMATION

REFERRING DOCTOR: DANIEL H KIM

DX1: 780.51 DX2:

OSA OBSTRUCTIVE SLEEP APNEA

PROVIDER #1 UPIN #:

DX1:

F89258

DX4:

					*RENT			PATIENT
DATE	CODE				DKI	CHARGE	ALLOWABLE	PORTION
*****	****				***	******	****	****
07/20/2006	A7034	1	P	NASAL NASK COMFORT LITE II H/L	Р.	196.46	117.64	
07/20/2006	A7035	1	P	HEADGEAR FOR CPAP DEVICE	Р	66.38	39.75	
07/20/2006	A7033	1	P	PILLOWS FOR CPAP	Р	47.44	28.41	
07/26/2006	WA			WRITE-OFF ALLOWABLE	0			

NOTE: R=Rental P=Purchase O=N/A

TOTALS:

310.28 185.80

FP1504

Family Wellness Clinic 10001 S. Eastern Ave #209 Henderson, NV 89052 (702)837-4397

Statement Date 2/14/2007 Page 1

Enrique J. Rodriguez

Chart Number RODEN000

## MasterCard and Visa Accepted

Date of Last Patient Payment:		Payment: /	\mount:	0.00				
Patient:	Enrique J.	Rodriguez	Chart Num	ber RODEN	1000	Case: EMG		
Dates	Procedure	Procedure		Charge	Amount Paid by Insurance	Paid By Guarantor	Adjustments	Remainder
01/18/07	96861	EMG 2 Extremitles		630.00	0.00		0.00	630.00
01/18/07	95900	NRV Conduction Moto	or EA	740.00	0.00		0,00	740.00
01/18/07	95904	Nerve Conduction Mo	tor EA	748.00	0.00		0.00	748.00

Total Charges	Total Payments	Total Adjustments	Balance Due	
2,118,00	0.00	0.00	2,118.00	

Run Date: 8/27/08

ENRIQUE RODRIGUEZ

## **Patient Ledger History**

### WALTER M KIDWELL, P O BOX 80210, LAS VEGAS, NV 89180-0000

702 878-8252 Acct Num: 14939.00

SSN:

Pat Type: 8/LIEN

DOB:

Sex: M

Empl/Sch: NONE

Home Ph:

Work Ph: 000 000-0000

Ins:4816 BENSON, BERTOLDO, Pol #: 562294767 Group:

Date	Patient	Procedure Description Amount Dai	lyTot Balance
		Filed: 7/11/06BENSON, BERTOLDO, BAKER &	
7/10/06	ENRIQUE	/EST. PT OFFICE 4 255.00 2	255.00 6735.00
7/13/06	ENRIQUE	PINSFILE/BENSON, BERTOLDO, BAKER	0.00
		Filed: 7/27/06BENSON, BERTOLDO, BAKER &	
7/20/06	ENRIQUE	/TRANSFORAMINAL EPID CERV/T 850.00 8	350.00 7585.00
7/20/06	ENRIQUE	/ /TRANSFORAMINAL EPID CERV 425.00 12	275.00 8010.00
7/20/06	ENRIQUE	/FLOUROSCOPY 190.00 14	165.00 8200.00
7/20/06	ENRIQUE	CONSCIOUS SEDATION 30 MINS 240.00 17	705.00 8440.00
7/20/06	ENRIQUE	7 7 /TRANSFORAMINAL EPID LUMB/S 680.00 23	385.00 9120.00
7/20/06	ENRIQUE	J 058/TRANSFORAMINAL EPID LU 340.00 27	725.00 9460.00
7/27/06	ENRIQUE	PINSFILE/BENSON, BERTOLDO, BAKER	0.00
		Filed: 8/10/06BENSON, BERTOLDO, BAKER &	
8/07/06	ENRIQUE	/EST. PT OFFICE 4 255.00 2	255.00 9715.00
8/10/06	ENRIQUE	PINSFILE/BENSON, BERTOLDO, BAKER	0.00
		Filed: 9/21/06BENSON, BERTOLDO, BAKER &	
9/12/06	ENRIQUE	/EST. PT OFFICE 4 255.00 2	255.00 9970.00
9/22/06	ENRIQUE	PINSFILE/BENSON, BERTOLDO, BAKER	0.00
		Filed:10/11/06BENSON, BERTOLDO, BAKER &	
0/09/06	ENRIQUE	/EST. PT OFFICE 4 255.00 2	255.00 10225.00
0/12/06	ENRIQUE	PINSFILE/BENSON, BERTOLDO, BAKER	0.00
		Filed:11/15/06BENSON, BERTOLDO, BAKER &	
1/06/06	ENRIQUE	/EST. PT OFFICE 4 255.00 2	255.00 10480.00
1/16/06	ENRIQUE	PINSFILE/BENSON, BERTOLDO, BAKER	0.00
		Filed:12/13/06BENSON, BERTOLDO, BAKER &	
2/04/06	ENRIQUE	/EST. PT OFFICE 4 255.00 2	255.00 10735.00
2/14/06	ENRIQUE	PINSFILE/BENSON, BERTOLDO, BAKER	0.00
		Filed: 1/18/07BENSON, BERTOLDO, BAKER &	
1/03/07	ENRIQUE	/EST. PT OFFICE 4 255.00 2	255.00 10990.00
1/22/07	ENRIQUE	PINSFILE/BENSON, BERTOLDO, BAKER	0.00
		Filed: 2/12/07BENSON, BERTOLDO, BAKER &	
2/05/07	ENRIQUE	/EST. PT OFFICE 4 382.00 3	382.00 11372.00
2/13/07	ENRIQUE	PINSFILE/BENSON, BERTOLDO, BAKER	. 0.00
Curr:	0.00	30: 0.00 60: 0.00 90: 0.00 120	D: 11372.00

Page 2

PAIN INSTITUTE OF NEVADA-00002

Run Date: 8/27/08

## **Patient Ledger History**

#### WALTER M KIDWELL, P O BOX 80210, LAS VEGAS, NV 89180-0000

702 878-8252 Acct Num: 14939.00

SSN:

ENRIQUE RODRIGUEZ Pat Type: 8/LIEN

DOB: Sex: M

Empl/Sch: NONE

Home Ph:

Work Ph: 000 000-0000

Ins:4816 BENSON, BERTOLDO, Pol #: 562294767 Group:

Patient Procedure Description Amount DailyTot Date 0.00 30: 0.00 60: 0.00 90: 0.00 120: 0.00 Curr: --Filed: 3/24/06--BENSON, BERTOLDO, BAKER & 595.00 595.00 595.00 3/20/06 ENRIQUE /CONSULT OFFICE 4 0.00 PINSFILE/BENSON, BERTOLDO, BAKER 3/24/06 ENRIQUE 0.00 6/22/06 ENRIQUE PINSFILE/BENSON, BERTOLDO, BAKER --Filed: 4/03/06--BENSON, BERTOLDO, BAKER & 1275.00 680.00 3/30/06 ENRIQUE /TRANSFORAMINAL EPID LUMB/S 680.00 /TRANSFORAMINAL EPID LUMB 340.00 1020.00 1615.00 3/30/06 ENRIQUE 190.00 1210.00 1805.00 3/30/06 ENRIQUE /FLOUROSCOPY 'CONSCIOUS SEDATION 30 MINS 240.00 1450.00 2045.00 3/30/06 ENRIQUE 4/03/06 ENRIQUE 0.00 PINSFILE/BENSON, BERTOLDO, BAKER 0.00 6/22/06 ENRIQUE PINSFILE/BENSON, BERTOLDO, BAKER --Filed: 4/19/06--BENSON, BERTOLDO, BAKER & 4/13/06 ENRIQUE /EPIDRAL/SUBARACH INJ. CERV 765.00 765.00 2810.00 3000.00 4/13/06 ENRIQUE /FLOUROSCOPY 190,00 955.00 1195.00 3240.00 4/13/06 ENRIQUE /CONSCIOUS SEDATION 30 MINS 240.00 0.00 4/19/06 ENRIQUE PINSFILE/BENSON, BERTOLDO, BAKER 0.00 6/22/06 ENRIQUE PINSFILE/BENSON, BERTOLDO, BAKER --Filed: 5/02/06--BENSON, BERTOLDO, BAKER & 680.00 3920.00 4/27/06 ENRIQUE /TRANSFORAMINAL EPID LUMB/S 680.00 4/27/06 ENRIQUE /TRANSFORAMINAL EPID LUMB 340.00 1020.00 4260.00 4450.00 190.00 1210.00 4/27/06 ENRIQUE \_\_/FLOUROSCOPY 1450.00 4690.00 240.00 4/27/06 ENRIQUE :/CONSCIOUS SEDATION 30 MINS 0.00 PINSFILE/BENSON, BERTOLDO, BAKER 5/03/06 ENRIQUE 0.00 6/22/06 ENRIQUE PINSFILE/BENSON, BERTOLDO, BAKER --Filed: 5/08/06--BENSON, BERTOLDO, BAKER & 765.00 5455.00 5/04/06 ENRIQUE 765.00 )/EPIDRAL/SUBARACH INJ. CERV 955.00 5645.00 5/04/06 ENRIQUE /FLOUROSCOPY 190.00 5885.00 5/04/06 ENRIQUE 'CONSCIOUS SEDATION 30 MINS 240.00 1195.00 0.00 5/08/06 ENRIQUE PINSFILE/BENSON, BERTOLDO, BAKER ENRIQUE PINSFILE/BENSON, BERTOLDO, BAKER 0.00 6/22/06 --Filed: 6/30/06--BENSON, BERTOLDO, BAKER & 6480.00 6/29/06 ENRIQUE /CONSULT OFFICE 4 595.00 595.00 0.00 7/06/06 ENRIQUE PINSFILE/BENSON, BERTOLDO, BAKER

Page 1

PAIN INSTITUTE OF NEVADA-00003

		PATI	ENT STATEMENT	OF ACCOUNT ES RENDERED		100 CO	
		STA				CHARGES / PAY	MENT & ADJ.
SERVICE DATE	CASE NUMBER	CPT CODE	DESCRIPTION O	F PROCEDURE OR SER	AIGE	PATIENT	INSURANCE
03/14/2007	5171380	64520 64520	Anesthesiology Serv Dr. G. MARTINEZ Billed To Patient Anesthesiology Serv Dr. B. PAKULA for	for Dr. L.Miller vices by		700.00 R00.00	
		NOTI	CE BEFO	ORE GO	LLE 5 day	CTION	1
		YOU III	ust respon	VER 120 DAYS	NEW L	PATIENT	INSURANCE
CURRENT \$ 0	OVER 30 PAYS 00 \$ 0.0		OVER 90 DAYS C	\$ 0.00 d BA	LANCE	\$ 1500.0	5 0.00
	NO! STATEME	NT DATE	TIENT IS RESPONSI	DIE EOR "PATIENT	NEW BALA	NCE"	
3967000	00 10/2	P.	AWENT IS DUE MILE	IN 15 DATS OF NEV	-11 1 21		
		OFFICE HOUR	S 8:00AM-7:00PM EST	andretonies Oste 52 vision	hone No:	-800-835-449	
	Tins is a bull for please call our in paymenthas b	Services not inclus office with questic eon made please dis	DED ON YOUR HOSPITAL BILL. DIS CONCERNING YOUR BILL. REGARD THIS BILL. THANK YOU	),		PROC ANESTHESI AUGI	CARD PAYMENTS CESSED BY OLOGY SERVICES USTA, GA **
Should we be r	equired to place this s	account with a collec	ctions agency you may be d	eponsible for all collection	u sud ot lebsi i	es associated wi	III GIECE PARIONI
204	mpic Anesthesia Pa Snott Nixon Memo gusta, GA 30907-2	orial Dr	·	OARD NUMBER	Visa'	DISCON	EXP. DATE
# ACCOUNT	NO C	ODE	TATEMENT DATE	SIGNATURE (REQUIRED)		·····1'	PAY THIS ANDUNT
396700	000	FP456	10/24/2007	PHINT NAME ON ÓARD			\$ 1500.00
· F	av vour bill (	Online at: W	WW.PATIENTA	ACCOUNTS.N	et	SHOW AMOUNT PAID HERE \$	
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	7607******MIXI Unrique Rodrigue 7408 W Sabara A	ED AADC 308 2 Vo	modudahani	Olympin A 804 Scott Augusta, 4	Anesthesia Partri Nixon Memoria GA. 30907-2464	, pr .	
	CO JUNATHAN Las Vegas, NV 8	9117-2740		DETACK AF	TTOR KSTUTER OF	OM PORTION YATH PA	Titaley

OLYMPIC ANESTHESIA PARTNERSHIP-00030

רשערשט שישט דישי

#### Service History Record 11/03/08

WILSHIRE SURGICENTER, INC. 11999 SAN VICENTE BL,#440 LOS ANGELES, CA 90049 310-440-3131

Provider
WILSHIRE SURGICENTER, IN

Dr ID: 954716116

Lic#: ATTYSB8

**ENRIQUE J RODRIGUEZ** 

PL

Rc: ENRIQUE J RODRIGUEZ

Date 04/21/06	<b>CPT</b> 360	Dx 836.0	Description Surgical Room Charges29881		Charges 9,580.00	
04/21/06	270	836.0	Med/Surg Suppl29881		7,308.00	
04/21/06	250	836.0	Medication Chrg29881		1,103.00	
				Total	Charges 17,991.00	
						BALANCE 17,991.00

rsuperb 4.38 09:46

#### Service History Record 11/03/08

WILSHIRE SURGICENTER, INC. 11999 SAN VICENTE BL,#440 LOS ANGELES, CA 90049 310-440-3131

Provider
WILSHIRE SURGICENTER, IN
Dr ID: 954716116
Lic#:

ATTYSB8 PL

ENRIQUE I RODRIGUEZ

Re: ENRIQUE J RODRIGUEZ

<b>Date</b> 03/14/07	CPT 360	Dx 355.8	Description Surgical Room Charges64520		Charges 2,332.00
03/14/07	270	355.8	Med/Surg Suppl64520		1,312.00
03/14/07	250	355.8	Medication Chrg64520		486.00
04/18/07	360	355.8	Surgical Room Charges64520		2,305.00
04/18/07	270	836.0	Med/Surg Suppl64520		1,395.00
04/18/07	250	355.8	Medication Chrg64520		430.00
				Total	Charges 8,260.00

BALANCE 8,260.00

09:46

rsuperb 4.38

TOTAL P.03
WILSHIRE SURGICENTER INC-00083

## NEVADA EAR,NOSE&THROAT CENTER

# Patient Ledger Sorted By: Case Number

Entry	Date	POS	Description		Case	Procedure	Document	Provider	Amount
RODENO	00 ENRIC	UE J	RODRIGUEZ		2		<del></del>		<del></del>
		Paym		On: 6/24/2					
34731	1/4/2006	11			8097	99243	0601060000	DHK	740 N
35170	1/7/2006		Patient statement	was billed	8097	BILLED	0601060000	DHK	360.00
39870	3/1/2006		Patient statement		8097	BILLED	(3601060000)		0.00
91044	10/25/2007		Patient statement	was billed	8097	PTBILLED	0601060000	DHK	0.00
91053	10/25/2007		Patient statement		8097	PTBILLED	0601060000	DHK	0.00
37932	2/8/2006	11			8716	99213	0602090000	DHK	0.00
38027	2/10/2006		Patient statement	was billed	8716	BILLED	0602090000	DHK	155.00
39871	3/1/2006		Patient statement	_	8716	BILLED	0602090000	DHK	0.00
91045	10/25/2007		Patient statement	was billed	8716	PTBILLED	0602090000	DHK	0.00 0.00
64408	11/28/2006	11			12823	99213	0612010000	DHK	
54516	12/3/2006		Patient statement	was hilled	12823	PTBILLED	0612010000	DHK	162,00
91046	10/25/2007		Patient statement v	vas hilled	12823	PTBILLED	0612010000	DHK	0.00 0.00
68187	1/5/2007	11			13305	99213	0701160000	DHK	183.00
68408	1/16/2007		Patient statement v	vas billed	13305	PTBILLED	0701160000	DHK	0.00
91047	10/25/2007		Patient statement v	vas billed	13305	PTBILLED	0701160000	DHK	0.00
79859	5/24/2007	11			15252	99213	0705260000	DHK	183.00
79978	5/28/2007		Patient statement y	vas billed	15252	PTBILLED	0705260000	DHK	0.00
21048	10/25/2007		Patient statement v	vas billed	15252	MBILLED	0705260000	DHK	0.00
79860	5/24/2007	11			15253	SINUS	0705260000	DHK	14.00
79861	5/24/2007	11	COPAYMENT-CA	SH	15253	COPAYÇAŞH		DHK	-14.00
9979	5/28/2007		Patient statement v	ras billed	15253	PIBILLED	0705260000	DHK	0.00
1054	10/25/2007		Patient statement w	as billed	15253	PIBILLED	0705260000	DHK	0.00
02256	2/20/2008	11			18484	99213	0802230000	DHK	183.00
02257	2/20/2008	11			18484	30901	0802230000	DHK	292.00
02889	2/28/2008		Patient statement w	as billed	18484	FIBILLED	0802230000	DHK	0.00
								Patient Total	\$1,518.00

Printed on 8/20/2008 11:36:16 AM

Page 1

FOOT & ANKLE SURGICAL GROUPLLP 129 WEST LAKE MEAD DR BLD B18 HENDERSON NV 89015 702-4563668 BILLING 702-564-8022

10/17/2007 014068

ENRIOUE H RODRIGUEZ

014068 RODRIGUEZ ENRIQUE

	· · · · · · · · · · · · · · · · · · ·				
06/12/2007	NAIL AVULSION SINGLE	703.0	11730	160.00	160.00
06/19/2007	MATRIXECTOMY	703.0	11750	565.00	725.00
06/19/2007	UNCLASSIFIED	703.0	J3490	7.50	732.50
	ESTABLISHED E/M STRAIGH	703.0	99212	50.00	782.50
•	•				

TOTAL AMOUNT PENDING INSURANCE 0.00
TOTAL AMOUNT DUE NOW: 782.50

0.00 0.00 50.00 732.50 782.50 0.00

FINAL NOTICE - THIS ACCOUNT WILL BE SENT TO COLLECTION IF PAYMENT IS NOT RECEIVED IN 15 DAYS.

DOUGLAS S STACEY 129 W LAKE MEAD DR HENDERSON NV 89015 Page: 1 TEL: 702-456-3668

## North Valley Medical Supply 2006 3053 W. Craig Road Suite B North Las Vegas. NV 89032

## Invoice

Date	lηvoice #
3/5/2007	2362

Bill To	Ship To
Desirona Desirona	Enrique Rodriguez

P.O. Number	Terms	Due Date	Rep	Ship	Via	F.O.B.	Project
	Net90	6/3/2007	CR	3/5/2007	Pick up		
Quantity	Item Code		Description			Price Each	Amount
1	FLA-25-120	Thumb Spica Soft Fit Univ				36.95	36.95
		Rx on file					
					Tot	al	\$36.9

By signing above, you agree to the following terms: Return Policy- There will be a 25% restocking fee on any items returned. Any items that are pre-ordered and not purchased are subject to a 25% return fee. No returns after 30 days. Should the above listed customer be placed with a collection agency or attorney to collect the account, the Customer agrees to pay in full all costs and expenses incurred by North Valley Medical Supply to collect monies owed. This includes, but is not limited to, court costs, collection fees, and attorney fees.

Phone #	Fax#
702-638-1190	702-638-1542

E-mail
shelbyr@northvalleymcdicalsupply.com

Web Site			
northvalleymedicalsupply.com			

NORTH VALLEY MEDICAL SUPPLY-00013

### North Valley Medical Supply 2006

## Invoice

3053 W. Craig Road Suite B North Las Vegas, NV 89031

Bill To

Enrique Rodriguez

Date	Invoice #
7/11/2006	757

P.O. Numbe	er Terms	Rep	Ship	Via	F.O.B.		Project
	Nei90	SLR		Delivery			
Quantity	Item Code		Descri	ption	Price	Each	Amount
	FLA-10-231039	Collar Reg Do Sales Tax 7.7.	ins Hi 3" 5%			17.95 7.75%	17.95T 1.39
Thank You for C	Choosing North Valley	Medical Supply	for you Medical n	eds.	Tota	al	\$19.34

Ship To

Enrique Rodriguez

NORTH VALLEY MEDICAL SUPPLY-00014

### North Valley Medical Supply

### Invoice

3053 W. Craig Road Suite B North Las Vegas, NV 89031 (702) 638-1190

Bill To

Date	Invoice #
10/1/2007	627

Enrique I	Rodriguez						
P.O. Number	Terms	Rep	Ship	Via	F.0	.B.	Project
	Net90	SMR	6/12/2006	Delivery			
Quantity	Item Code		Descript	ion		Price Each	Amount
2 (	GAL-Quick GAL-SRYL GAL-MAT Freight NON-INVENTOR	Golden Remote Delivery Charg Misc Sales Tax 7.75%	ing Matress, Visco			3,899.00 1,299.00 429.00 600.00 583.27 7.75%	2,598.00T 429.00T 600.00 583.27T
Thank You for Cho	osing North Valley M	fedical Supply fo	r your Medical nee	ds.		Total	\$8,691.24

Ship To

NORTH VALLEY MEDICAL SUPPLY-00016

### North Valley Medical Supply 3053 W. Craig Road Suite B North Las Vegas, NV 89031 (702) 638-1190

Bill To

Enrique Rodriguez

collection fees, and attorney fees

Fax#

702-638-1542

Phone #

702-638-1190

### **Invoice**

Date	Invoice #
3/6/2008	5491

P.O. Number	Terms	Due Date	Rep	Ship	Via	F.O.B,	Project
	Net90	6/4/2008	SMR	3/6/2008			
Quantity	Item Code		De	scription		Price Each	Amount
Thank You for Choc	NON-INVENTO			al noeds		395.92	395.92
THRIR TOU JOI CHOC	ome mount valiey	viculear supply	or your mredic	ai necus.	Tota	il	\$395.92
By signing above, yo pre-ordered and not	ou agree to the follo purchased are subje	wing terms: Ret ct to a 25% retu	urn Policy- Then n fee, No retur	ere will be a 25% ns after 30 days.	6 restocking fee ANY HYGIEN	on any items returned. A E PRODUCTS ARE N	Any items that are OT

RETURNABLE!! Should the above listed customer be placed with a collection agency or attorney to collect the account, the Customer agrees to pay in full all costs and expenses incurred by North Valley Medical Supply to collect monies owed. This includes, but is not limited to, court costs,

E-mail

shelbyr@northvallcymedicalsupply.com

Ship To

Enrique Rodriguez

NORTH VALLEY MEDICAL SUPPLY-00017

Web Site

www.northvalleymedicalsupply.com

### LAKE MEAD RADIOLOGISTS 5495 S. Rainbow Blvd., Suite 101 Las Vegas NV, 89118 (702) 597-1145

#### INVOICE

To: ATTNY BENSON & BERTOLDO 7408 W SAHARA AVE LAS VEGAS NV, 89117

Statement Date 12-13-2007 Account Number 11878

PATIENT NAME: RODRIGUEZ ENRIQUE J

Date	Description of Transaction	Charges	Receipts
2007-12-04	78315 - BONE SCAN/3 PHASE/FLOW NM	681.15	0.00
2007-12-04	NM: Tc99m HDP PER DOSE	60.00	
			,
			н

\*\*\*PLEASE MAKE CHECK PAYABLE TO - LAKE MEAD RADIOLOGISTS \*\*\* \*\*BILLING INQUIRIES PLEASE CALL (702) 597-1145 \*\*

**Total Due** 

741.15

11/25/09

### FATIRNT FINANCIAL HISTORY BY DT SERVICE LAKE MEAD RADIOLOGISTS GALLER ACCOUNTS 79908 - 79908 ALL Dates

Fage 1

λαφε	Date	De	p#	Name			Dx#	Proc	odure				_,		
J25-	~~~***		n	THE PROPERTY OF		####A	·	*****	755			Ref De	Diag	Unica	Amount
7990R	RODRIG	UER,	SHPI	ous					,	Previous	Balando :	二二甲芥片四式 四面卷的 ~	~~~~		<b>电阻电子电子电阻电阻电子电子电阻</b>
0	01/12/06	0		Rodriguez, e	enr.Tque		3.2	7234	<b>3</b> .	MRI CERVI					0.00
O	31/20/06	0		RODRIGUEZ, E	NRIQUE		11	7214	•	MRI LUMBA			722.0	2,00	1305,50
0	7/13/06	0		RODRIGUEZ, E	RETOUR		2	7322					732.10	4.00	1305.50
٥	9/15/07	0		RODRIGUEZ, E			21.		_		ow the vid		942.02	4.00	1205,50
0	8/28/08	o		RODRIGUEZ, E	-			70553		MRI BRAIN			340,A	1.00	1362.30
	8/28/00			Chook Payma	•	JC1	р.	MEDIC	:AL	MEDICAL R	ECORDS CHA		MBDICAL	1.00	10.20
0	9/12/06	a		ODRIGUEZ, E			1	FILM			GE DUPLICA	06/26/08	8****		-10.20
01	9/12/08		Ç	heck Paymer	nt	JC1				Othes	om 201111,071		PILM	1.00	70.00
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	TOTALS	FOR	ACCO	UNT 79908	PAYMENTS			0.20	<b></b>						********
				7-200	REFUNDS:	•		3.00	יפטנעג	rs ,	0.00	Charges :	5359.00	6.00	5278,80
										, .					**********
							80	05.0			0.00		5359,00		≤278.80

Lakemead Rad. 0000012

### Account Activity for Enrique Rodriguez

Printed on August 19, 2008

**Demographics** 

Sex:

Male

Marital Status:

Single

DOB:

Account Num:

16780

SSN:

Home Address:

Employer:

Disabled

Home Phone:

Work Phone:

Alert:

Patient Balance: \$3,352.20

Lien signed Attn Susan Anderson assist. Medical records 8/19/08 41.40

**Insurance Information** 

Insurance #1 Info:

Insured Info:

Relationship;

Financial Class:

LIEN

Name of Insured:

Carrier:

Jonathan Weber Aty

Contract:

LIEN

ID:

Address:

7408 W Sahara Ave Las Vegas, NV 89117

Group:

Phone:

228-2600

Plan:

Deductible:

\$0.00

Effective Date:

Copay: Patient Percent: \$0.00 0.00% Signature on File:

**Guarantor:** 

Name:

Relationship:

**Attorney** 

Address:

Jonathan Weber, aty

Sex:

**Female** 

Himself

SSN:

Phone:

228-2600

DOB:

### Fee Ticket Information

Fee Ticket	Svc Date	Provider	/ Ref. Provider	Loc	Auth #	Charges	Payments	Adj	Balance S	Status
00016903	08/21/2006	Robert C Govind K	Gutierrez MD oka	11		\$1,296.00	\$0.00	\$0.00	\$1,296.00	
99203-25	08/21/2006	lorrie	OFFICE/OP VISIT, NEW COMPONENTS: DETAIL EXAM; MED DECISION 719.43,354.0	.ED HX; D	ETAILED	\$497.00	\$0.00	\$0.00	\$497.00	
	09/04/2006	lorrie	Ins 1.1(1): Jonathan W	eber Aty					а	losed
20605-lt	08/21/2006	lorrie '	DRAIN/INJECT, JOINT/ 719.43,354.0	BURSA	•	\$300.00	\$0.00	\$0.00	\$300.00	
	09/04/2006	lorrie	Ins 1.1(1): Jonathan W	eber Aty					С	losed
20526-rt	08/21/2006	lorrie	THER INJECTION, CAR	P TUNNEL	354.0	\$400.00	\$0.00	\$0.00	\$400.00	
	09/04/2006	lorrie	Ins 1.1(1): Jonathan W	eber Aty					C	iosed
J1030	08/21/2006	lorrie	Methylprednisolone 40	MG inj	719.43	\$54.00	\$0.00	\$0.00	\$54.00	
	09/04/2006	lorrie	Ins 1.1(1): Jonathan W	eber Aty					С	losed

Account Activity for Enrique Rodriguez -- August 19, 2008 Requested by Mrs. Lorretto E Owen

Page 1 of 4

**ROBERT GUTIERREZ MD-00002** 

## Account Activity for Enrique Rodriguez Printed on August 19, 2008

J2001	08/21/2006	lorrie	Lidocalne injection -	719.43	\$30.00	\$0.00	\$0.00	\$30,00	
	09/04/2006	lorrie	Ins 1.1(1): Jonathar	1 Weber Aty					Closed
A4550	08/21/2006	lorrie	Surgical trays 71	9.43,354.0	\$15.00	\$0.00	\$0.00	\$15.00	
	09/04/2006	lorrie	Ins 1.1(1): Jonathar	ı Weber Aty					Closed
00017418	10/02/2006	Robert C Govind K	Gutierrez MD Koka	11	\$270.00	<b>\$0.</b> 00	\$0.00	\$270.00	
99213	10/02/2006	lorrie		ST PT, 2 KEY AND PROB HX; EXPAND ECISION LOW COMPLEX		\$0.00	\$0.00	\$270.00	
	10/10/2006	lorrle	Ins 1.1(1): Jonathar	n Weber Aty					Closed
-misc-	10/10/2006	Robert C	Gutierrez MD		\$10,20	\$10.20	\$0.00	<b>\$0.</b> 00	
RecCopy	10/10/2006	lorrie	Copy Medical Record	is	\$10.20	\$10,20	\$0.00	\$0.00	
	02/04/2007	lorrie	Patlent Pmt Check 5	0949		\$10.20			
00018684	01/15/2007	Robert C Govind K	: Gutierrez MD (oka	11	\$270.00	\$0.00	\$0.00	\$270.00	
99213	01/15/2007	lorrie		ST PT, 2 KEY AND PROB HX; EXPAND ECISION LOW COMPLEX		\$0.00	\$0.00	\$270.00	
	01/25/2007	lorrie	Ins 1.1(1): Jonathar	ı Weber Aty					Closed
00018879	01/31/2007	Robert C Govind K	: Gutierrez MD Koka	11	\$270.00	\$0.00	\$0.00	\$270.00	
99213	01/31/2007	lorrie		ST PT, 2 KEY AND PROB HX; EXPAND ECISION LOW COMPLEX		\$0.00	\$0.00	\$270.00	
	02/07/2007	lorrie	Ins 1.1(1): Jonathan	ı Weber Aty					Closed
00019724	04/11/2007	Robert C Govind K	: Gutierrez MD (oka	11	\$618.00	\$0.00	\$0.00	\$618.00	
99213	04/11/2007	lorrie		ST PT, 2 KEY AND PROB HX; EXPAND ECISION LOW COMPLEX		\$0.00	\$0.00	\$270.00	
	04/18/2007	lorrie	Ins 1.1(1): Jonathan	ı Weber Aty					Closed
A4550	04/11/2007	lorrie	Surgical trays 727	7.03	\$15.00	\$0.00	\$0.00	\$15.00	
	04/18/2007	lorrie	Ins 1.1(1): Jonathan	Weber Aty					Closed
20550	04/11/2007	lorrie	INJ TENDON SHEAT	H/LIGAMENT 727.03	\$300.00	\$0.00	\$0.00	\$300,00	
	04/18/2007	lorrie	Ins 1.1(1): Jonathan	ı Weber Aty					Closed
J1030	04/11/2007	lorrie	Methylprednisolone 4 719.43,727.03	40 MG inf	\$18.00	\$0.00	\$0.00	\$18.00	
	04/18/2007	lorrie	Ins 1.1(1): Jonathan	ı Weber Aty					Closed
32001	04/11/2007	lorrie	Lidocaine injection	727.03	\$15.00	\$0.00	\$0.00	\$15.00	
	04/18/2007	lorrie	Ins 1.1(1): Jonathan	ı Weber Aty					Closed
00020322	05/23/2007	Robert C Govind K	Gutierrez MD (oka	11	\$270.00	\$0.00	\$0.00	\$270.00	
99213	05/23/2007	·lorrie ·		ST PT, 2 KEY AND PROB HX; EXPAND ECISION LOW COMPLEX	\$270.00	\$0.00	\$0.00	\$270.00	
	06/05/2007	lorrle	Ins 1.1(1): Jonathan	Weber Aty					Closed
-misc-	10/23/2007	Robert C	Gutierrez MD		\$16.80	\$0.00	\$0.00	\$16.80	

Account Activity for Enrique Rodriguez -- August 19, 2008 Requested by Mrs. Lorretto E Owen

Page 2 of 4

ROBERT GUTIERREZ MD-00003

### IN THE SUPREME COURT OF THE STATE OF NEVADA

ENRIQUE RODRIGUEZ, AN INDIVIDUAL,

Appellant,

Case No.:

Electronically Filed Jul 31 2017 11:55 a.m. Elizabeth A. Brown

Clerk of Supreme Court

VS.

FIESTA PALMS, LLC, A NEVADA LIMITED LIABILITY COMPANY, D/B/A PALMS CASINO RESORT, N/K/A FCH1, LLC, A NEVADA LIMITED LIABILITY COMPANY,

Respondents.

Appeal from the Eighth Judicial District Court, The Honorable Joe Hardy Presiding

72098

## APPELLANT'S APPENDIX (Volume 3, Bates Nos. 471–709)

### **Marquis Aurbach Coffing**

Micah S. Echols, Esq.
Nevada Bar No. 8437
Adele V. Karoum, Esq.
Nevada Bar No. 11172
10001 Park Run Drive
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Facsimile: (702) 382-5816
mechols@maclaw.com
akaroum@maclaw.com
Attorneys for Appellant,
Enrique Rodriguez

### **INDEX TO APPELLANT'S APPENDIX**

DOCUMENT DESCRIPTION	LOCATION
Complaint (filed 11/15/06)	Volume 1, Bates Nos. 1–10
Defendant Fiesta Palms, LLC dba Palms Casino Resort's Answer to Plaintiff's Complaint (filed 04/23/07)	Volume 1, Bates Nos. 11–19
Amended Complaint (filed 07/08/09)	Volume 1, Bates Nos. 20–29
Notice of Entry of Order [for Stipulation and Order to Continue Discovery and Trial] with Stipulation and Order (filed 11/25/09)	Volume 1, Bates Nos. 30–35
Plaintiff's Request for Trial Setting (filed 03/03/10)	Volume 1, Bates Nos. 36–38
Amended Order Setting Bench Trial (filed 05/11/10)	Volume 1, Bates Nos. 39–40
Notice of Entry of Order [Denying Defendant's Motion for Mistrial, or in the Alternative, Motion to Strike Plaintiff's Confidential Trial Brief] with Order (filed 03/14/11)	Volume 1, Bates Nos. 41–46
Notice of Entry of Order [Granting Plaintiff's Motion on the Issue of Liability] with Order (filed 03/14/11)	Volume 1, Bates Nos. 48–53
Notice of Entry of Order [Granting Plaintiff's Motion to Strike Defendant Fiesta Palms, LLC's Expert Witnesses] with Order (filed 03/14/11)	Volume 1, Bates Nos. 54–59
Notice of Entry of Order [Granting Plaintiff's Motion to Strike Defendant's Post Trial Brief] with Order (filed 03/14/11)	Volume 1, Bates Nos. 60–64
Notice of Entry of Verdict with Verdict (filed 03/17/11)	Volume 1, Bates Nos. 65–69

DOCUMENT DESCRIPTION	LOCATION
Notice of Entry of Judgment with Judgment (filed 04/15/11)	Volume 1, Bates Nos. 70–75
Notice of Entry of Findings of Fact and Conclusions of Law in Support of Verdict with Findings of Fact and Conclusions of Law and Verdict (filed 04/27/11)	Volume 1, Bates Nos. 76–83
Notice of Entry of Amended Judgment on the Verdict with Amended Judgment (filed 03/09/12)	Volume 1, Bates Nos. 84–89
Notice of Department Reassignment (filed 08/19/14)	Volume 1, Bates Nos. 90–91
Order Setting Hearing Further Proceedings Re: Supreme Court Reversal and Remand (filed 10/13/14)	Volume 1, Bates Nos. 92–93
Peremptory Challenge of Judge (filed 10/23/14)	Volume 1, Bates Nos. 94–96
Notice of Department Reassignment (filed 10/23/14)	Volume 1, Bates No. 97
Nevada Supreme Court Clerk's Certificate and Judgment-Reversed and Remanded (filed 11/04/14)	Volume 1, Bates Nos. 98–117
Notice of Hearing: Benson, Bertoldo, Baker & Carter's Motion to Withdraw as Attorneys for Plaintiff Enrique Rodriguez; and Hearing on Order Shortening Time with Motion (filed 11/24/14)	Volume 1, Bates Nos. 118–126
Notice of Non-Opposition to Benson, Bertoldo, Baker & Carter's Motion to Withdraw as Attorneys for Plaintiff Enrique Rodriguez; and Hearing on Order Shortening Time (filed 12/02/14)	Volume 1, Bates Nos. 127–129
Order Scheduling Status Check: Trial Setting (filed 12/04/14)	Volume 1, Bates No. 130

DOCUMENT DESCRIPTION	LOCATION
Notice of Entry of Order Granting Benson, Bertoldo, Baker & Carter's Motion to Withdraw as Attorneys for Plaintiff Enrique Rodriguez; and Hearing on Order Shortening Time with Order (filed 12/09/14)	Volume 1, Bates Nos. 131–134
Minutes of January 9, 2015 and February 13, 2015 Status Check Hearings	Volume 1, Bates No. 135
Transcript of January 9, 2015 Status Check Hearing (filed 02/24/17)	Volume 1, Bates Nos. 136–141
Transcript of February 13, 2015 Status Check Hearing (filed 02/24/17)	Volume 1, Bates Nos. 142–148
Plaintiff's Peremptory Challenge of Judge (filed 02/19/15)	Volume 1, Bates Nos. 149–150
Notice of Department Reassignment (filed 02/19/15)	Volume 1, Bates Nos. 151–152
Minutes of March 25, 2015, April 1, 2015, and April 29, 2015 Status Check Hearings	Volume 1, Bates Nos. 153–154
Notice of Appearance (filed 05/12/15)	Volume 1, Bates Nos. 155–156
Minutes of May 13, 2015 Hearing—Judge Scotti Recusal	Volume 1, Bates No. 157
Notice of Department Reassignment (filed 05/18/15)	Volume 1, Bates Nos. 158–159
Order Setting Status Check (filed 06/08/15)	Volume 1, Bates Nos. 160–161
Minutes of June 15, 2015 Hearing on All Pending Motions	Volume 1, Bates Nos. 162–163
Transcript of June 15, 2015 Hearing on All Pending Motions (filed 02/21/17)	Volume 1, Bates Nos. 164–177

DOCUMENT DESCRIPTION	LOCATION
Fourth Amended Order Setting Civil Jury Trial, Pre-Trial Conference and Calendar Call (filed 06/23/15)	Volume 1, Bates Nos. 178–180
June 25, 2015 Minute Order on Defendant's Motion to Set Jury Trial	Volume 1, Bates No. 181
Notice of Entry of Order [Granting Defendant's Motion to Set Jury Trial] (filed 07/23/15)	Volume 1, Bates Nos. 182–186
Minutes of September 28, 2015 Status Check Hearing	Volume 1, Bates No. 187
Transcript of September 28, 2015 Status Check Hearing (filed 02/21/17)	Volume 1, Bates Nos. 188–193
Fifth Amended Order Setting Civil Jury Trial, Pre-Trial Conference and Calendar Call (filed 09/29/15)	Volume 1, Bates Nos. 194–196
Motion to Withdraw as Counsel of Record for Plaintiff on Order Shortening Time (filed 01/20/16)	Volume 1, Bates Nos. 197–202
Notice of Filing Motion to Withdraw as Counsel of Record for Plaintiff on Order Shortening Time with Motion (filed 01/20/16)	Volume 1, Bates Nos. 203–211
Minutes of February 1, 2016 Pre-Trial Conference	Volume 1, Bates No. 212
Transcript of February 1, 2016 Pre-Trial Conference (filed 02/21/17)	Volume 1, Bates Nos. 213–218
Sixth Amended Order Setting Civil Jury Trial, Pre-Trial Conference and Calendar Call (filed 02/04/16)	Volume 1, Bates Nos. 219–221
February 9, 2016 Minute Order on Motion to Withdraw as Counsel of Record for Plaintiff	Volume 1, Bates No. 222
Notice of Filing Order Granting Withdrawal of Plaintiff's Counsel with Order (filed 02/16/16)	Volume 1, Bates Nos. 223–227

	DOCUMENT DESCRIPTION	LOCATION
	nt, Fiesta Palms, LLC's Motion to Dismiss to NRCP 16.1 and EDCR 2.67 (filed 03/07/16)	Volume 1, Bates Nos. 228–235
Fuisuaiii	10 NRCF 10.1 and EDCR 2.07 (med 05/07/10)	Dates 1108. 220–233
	For Partial Summary Judgment Regarding Punitive	Volume 2,
Damage	s (filed 03/07/16)	Bates Nos. 236–248
	to Motion for Partial Summary Judgment ng Punitive Damages	
Exhibit	<b>Document Description</b>	
A	Excerpted Deposition Transcript of Brandy L.	Volume 2,
	Beavers (dated 04/17/09)	Bates Nos. 249–252
В	Excerpted Deposition Transcript of Sheri Long	Volume 2,
	(dated 01/09/09)	Bates Nos. 253–257
C	Verdict (filed 03/14/11)	Volume 2,
		Bates Nos. 258–260
D	Amended Judgment on the Verdict (filed	Volume 2,
	02/15/12)	Bates Nos. 261–264
E	Second Amended or Supplemental Notice of	Volume 2,
	Appeal (filed 03/13/12)	Bates Nos. 265–298
Defenda	nt, Fiesta Palms, LLC's Motion in Limine No. 1 to	Volume 2,
	Testimony Regarding Witnesses Vikki Kooinga i Long (filed 03/07/16)	Bates Nos. 299–317
Limine 1	s to Defendant, Fiesta Palms, LLC's Motion in No. 1 to Exclude Testimony Regarding es Vikki Kooinga and Sheri Long	
Exhibit	<b>Document Description</b>	
A	Partial Transcript of October 25, 2010 Bench	Volume 2,
	Trial—Testimony of Vikki Kooinga (filed 11/18/10)	Bates Nos. 318–331

	DOCUMENT DESCRIPTION	LOCATION
Limine 1	to Defendant, Fiesta Palms, LLC's Motion in No. 1 to Exclude Testimony Regarding es Vikki Kooinga and Sheri Long (cont.)	
Exhibit	<b>Document Description</b>	
В	Excerpted Deposition Transcript of Vikki Kooinga (dated 01/09/09)	Volume 2, Bates Nos. 332–347
С	Partial Transcript of October 25, 2010 Bench Trial—Testimony of Sheri Long (filed 11/18/10)	Volume 2, Bates Nos. 348–375
D	Excerpted Deposition Transcript of Sheri Long (dated 01/09/09)	Volume 2, Bates Nos. 376–390
Been File Part of C Implying Jurors in to Exclude	Any Reference that Any Motion in Limine Has ed: that the Court Has Ruled, or May Rule on Any Outside the Presence of the Jury: or Suggesting or to Potential Jurors During Voir Dire or Seated Any Manner Whatsoever that Defendant Moved de Proof in Any Manner or that the Court Has d Proof of Any Manner (filed 03/07/16)	Bates Nos. 391–397
Exclude Previous	nt, Fiesta Palms, LLC's Motion in Limine No. 3 to Any Monetary Damages of the Plaintiff Not ly Disclosed or Based Upon Claims Not ly Asserted (filed 03/07/16)	Volume 2, Bates Nos. 398–404
Exclude	nt, Fiesta Palms, LLC's Motion in Limine No. 4 to Any Reference to Liability Insurance or Some milar Contractor Policy Related to the Defendant (07/16)	Volume 2, Bates Nos. 405–410
Exclude Jury Pan	nt, Fiesta Palms, LLC's Motion in Limine No. 5 to Any Reference that the "Golden Rule" or that the el or the Jury Should Do Unto Others as You em Done Unto You (filed 03/07/16)	Volume 2, Bates Nos. 411–416

DOCUMENT DESCRIPTION	LOCATION
Defendant, Fiesta Palms, LLC's Motion in Limine No. 6 to Exclude All Side Bar Comments Made by Counsel During Depositions that Were Recorded on Videotape or Present in Deposition Transcripts (filed 03/07/16)	Volume 2, Bates Nos. 417–423
Defendant, Fiesta Palms, LLC's Motion in Limine No. 7 to Exclude Any Reference that the Attorneys for Defendant Specialize in the Handling of Insurance Cases (filed 03/07/16)	Volume 2, Bates Nos. 424–430
Defendant, Fiesta Palms, LLC's Motion in Limine No. 8 to Exclude Any Questions that Would Invade the Attorney/Client Privilege (filed 03/07/16)	Volume 2, Bates Nos. 431–436
Defendant, Fiesta Palms, LLC's Motion in Limine No. 9 to Exclude Any Statement or Implication that Defendant Sought to Delay This Trial (filed 03/07/16)	Volume 2, Bates Nos. 437–443
Defendant, Fiesta Palms, LLC's Motion in Limine No. 10 to Exclude Any Comments Regarding the Number of Attorneys Representing the Defendant (filed 03/07/16)	Volume 2, Bates Nos. 444–449
Defendant, Fiesta Palms, LLC's Motion in Limine No. 11 to Exclude Any Testimony Offered by Witnesses Who Have Not Already Been Disclosed and Identified Prior to the Close of Discovery (filed 03/07/16)	Volume 2, Bates Nos. 450–456
Defendant, Fiesta Palms, LLC's Motion in Limine No. 12 to Preclude Any Lay Person from Rendering Opinions as to Any Medical Aspects of the Plaintiffs, Specifically Diagnoses from Any Third-Parties as the Expertise Properly Lies with the Medical Provider and Beyond the Scope of a Lay Person's Experience (filed 03/07/16)	Volume 2, Bates Nos. 457–463
Defendant, Fiesta Palms, LLC's Motion in Limine No. 13 to Exclude Any Evidence or Claims of Mental, Psychological or Emotional Damages (filed 03/07/16)	Volume 2, Bates Nos. 464–470

	DOCUMENT DESCRIPTION	LOCATION
to Preclu	nt, Fiesta Palms, LLC's Motion in Limine No. 14 de Plaintiff's Treating Physicians and Medical rom Testifying at Trial (filed 03/07/16)	Volume 3, Bates Nos. 471–479
Limine 1	to Defendant, Fiesta Palms, LLC's Motion in No. 14 to Preclude Plaintiff's Treating ns and Medical Expert from Testifying at Trial	
Exhibit	<b>Document Description</b>	
A	Plaintiff's 16.1 List of Documents and Witnesses (filed 09/24/07)	Volume 3, Bates Nos. 480–491
В	Plaintiff's Supplemental Expert Disclosure (dated 06/15/10)	Volume 3, Bates Nos. 492–495
to Preclu Exceedir NRCP 10 Exhibits Limine I Medical	nt, Fiesta Palms, LLC's Motion in Limine No. 15 de Plaintiff from Claiming Medical Specials ag Amounts Disclosed by Plaintiff Pursuant to 5.1 (filed 03/07/16)  to Defendant, Fiesta Palms, LLC's Motion in No. 15 to Preclude Plaintiff from Claiming Specials Exceeding Amounts Disclosed by Pursuant to NRCP 16.1	Volume 3, Bates Nos. 496–502
Exhibit	<b>Document Description</b>	
A	Plaintiff's 29th Supplemental Early Case Conference List of Documents and Witnesses (dated 10/04/10)	Volume 3, Bates Nos. 503–524
В	Plaintiff's Second Supplemental Pre-Trial Disclosures (dated 09/14/10)	Volume 3, Bates Nos. 525–534
С	Plaintiff's Confidential Trial Brief (dated 09/27/10)	Volume 3, Bates Nos. 535–556
D	Patient Account Information from Various Providers	Volume 3, Bates Nos. 557–709

	DOCUMENT DESCRIPTION	LOCATION
Defendant, Fiesta Palms, LLC's Motion in Limine No. 16 to Preclude Plaintiff from Arguing that the Violation of Defendant's Internal Policies Constitutes Negligence Per Se (filed 03/07/16)		Volume 4, Bates Nos. 710–717
Limine I	to Defendant, Fiesta Palms, LLC's Motion in No. 16 to Preclude Plaintiff from Arguing that ation of Defendant's Internal Policies Ites Negligence Per Se	
Exhibit	<b>Document Description</b>	
A	Excerpted Deposition Transcript of Sheri Long (filed 01/09/09)	Volume 4, Bates Nos. 718–721
Minutes	of April 7, 2016 Hearing on All Pending Motions	Volume 4, Bates Nos. 722–723
Transcript of April 7, 2016 Hearing on All Pending Motions (filed 02/21/17)		Volume 4, Bates Nos. 724–738
Defendant, Fiesta Palms, LLC's, Individual Pre-Trial Memorandum (filed 04/08/16)		Volume 4, Bates Nos. 739–752
Minutes of April 11, 2016 Pre-Trial Conference		Volume 4, Bates No. 753
Transcript of April 11, 2016 Pre-Trial Conference (filed 02/21/17)		Volume 4, Bates Nos. 754–757
Minutes of April 14, 2016 Hearing on All Pending Motions		Volume 4, Bates No. 758
Transcript of April 14, 2016 Hearing on All Pending Motions (filed 02/21/17)		Volume 4, Bates Nos. 759–768
Notice of Entry of Order [Granting Defendant, Fiesta Palms, LLC's Motions in Limine No[s]. 1–16 with Order (filed 04/15/16)		Volume 4, Bates Nos. 769–775

	DOCUMENT DESCRIPTION	LOCATION
Palms, L	f Entry of Order [Denying Defendant, Fiesta LC's Motion for Partial Summary Judgment on Damages as Moot] with Order (filed 04/21/16)	Volume 4, Bates Nos. 776–779
	f Entry of Order [Granting Defendant, Fiesta LC's Motion to Dismiss] with Order (filed)	Volume 4, Bates Nos. 780–784
Plaintiff	s Substitution of Attorney (filed 10/14/16)	Volume 4, Bates Nos. 785–787
Motion f	for Relief—NRCP 60 (filed 10/14/16)	Volume 4, Bates Nos. 788–809
Exhibits	to Motion for Relief—NRCP 60	
Exhibit	<b>Document Description</b>	
1	Notice of Filing Order Granting Withdrawal of Plaintiff's Counsel with Order (filed 02/16/16)	Volume 4, Bates Nos. 810–817
2	Sixth Amended Order Setting Civil Jury Trial, Pre-Trial Conference and Calendar Call (filed 02/04/16)	Volume 4, Bates Nos. 818–821
3	Minutes of February 1, 2016 Pre-Trial Conference	Volume 4, Bates Nos. 822–823
4	Motion to Withdraw as Counsel of Record for Plaintiff on Order Shortening Time with Notice of Filing (filed 01/20/16) 508	Volume 4, Bates Nos. 824–839
5	February 9, 2016 Minute Order on Motion to Withdraw as Counsel of Record for Plaintiff	Volume 4, Bates Nos. 840–841
6	Defendant, Fiesta Palms, LLC's Motion to Dismiss Pursuant to NRCP 16.1 and EDCR 2.67 (filed 03/07/16)	Volume 4, Bates Nos. 842–850

	DOCUMENT DESCRIPTION	LOCATION
Exhibits	to Motion for Relief—NRCP 60 (cont.)	
Exhibit	<b>Document Description</b>	
7	Order [Granting Defendant, Fiesta Palms, LLC's Motions in Limine No[s]. 1–16] (filed 04/13/16)	Volume 4, Bates Nos. 851–856
8	Certificate of Service for Defendant, Fiesta Palms, LLC's Motion in Limine No. 16 to Preclude Plaintiff from Arguing that the Violation of Defendant's Internal Policies Constitutes Negligence Per Se (filed 03/07/16)	Volume 4, Bates Nos. 857–858
9	Order [Granting Defendant, Fiesta Palms, LLC's Motion to Dismiss] (filed 04/20/16)	Volume 4, Bates Nos. 859–866
10	In-Home Supportive Services Provider Notification (dated 06/01/15)	Volume 4, Bates Nos. 867–871
	nt, Fiesta Palms, LLC's Opposition to Plaintiff's For Relief Under NRCP 60 (filed 10/26/16)	Volume 5, Bates Nos. 872–885
	to Defendant, Fiesta Palms, LLC's Opposition tiff's Motion for Relief Under NRCP 60	
Exhibit	<b>Document Description</b>	
A	Notice of Filing Order Granting Withdrawal of Plaintiff's Counsel with Order (filed 02/16/16)	Volume 5, Bates Nos. 886–890
В	Motion to Withdraw as Counsel of Record for Plaintiff on Order Shortening Time (filed 01/20/16)	Volume 5, Bates Nos. 891–897
C	Notice of Filing Motion to Withdraw as Counsel of Record for Plaintiff on Order Shortening Time with Motion (filed 01/20/16)	Volume 5, Bates Nos. 898–907
D	Minutes of February 1, 2016 Pre-Trial Conference	Volume 5, Bates Nos. 908–909

	DOCUMENT DESCRIPTION	LOCATION
	to Defendant, Fiesta Palms, LLC's Opposition tiff's Motion for Relief Under NRCP 60	
Exhibit	<b>Document Description</b>	
E	Sixth Amended Order Setting Civil Jury Trial, Pre-Trial Conference and Calendar Call (filed 02/04/16)	Volume 5, Bates Nos. 910–913
F	Defendant, Fiesta Palms, LLC's Motion to Dismiss Pursuant to NRCP 16.1 and EDCR 2.67 (filed 03/07/16)	Volume 5, Bates Nos. 914–922
G	Minutes of April 7, 2016 Hearing on All Pending Motions	Volume 5, Bates Nos. 923–925
Н	Minutes of April 14, 2016 Hearing on All Pending Motions	Volume 5, Bates Nos. 926–927
I	Order [Granting Defendant, Fiesta Palms, LLC's Motion to Dismiss] (filed 04/20/16)	Volume 5, Bates Nos. 928–931
J	Notice of Entry of Order [Granting Defendant, Fiesta Palms, LLC's Motion to Dismiss] without Order (dated 04/21/16)	Volume 5, Bates Nos. 932–934
K	Mediation Settlement (dated 05/16/11)	Volume 5, Bates Nos. 935–937
Reply in Support of Plaintiff's Motion for NRCP 60 Relief (filed 11/10/16)		Volume 5, Bates Nos. 938–947
Minutes of November 15, 2016 Hearing on Plaintiff's Motion for Relief—NRCP 60		Volume 5, Bates No. 948
Transcript of November 15, 2016 Hearing on Plaintiff's Motion for Relief—NRCP 60 (filed 02/21/17)		Volume 5, Bates Nos. 949–962
Notice of	f Appearance (filed 12/20/16)	Volume 5, Bates Nos. 963–965

	DOCUMENT DESCRIPTION	LOCATION
Notice of	f Entry of Order [Denying Plaintiff's Motion for	Volume 5,
NRCP 60	O Relief] with Order (filed 12/28/16)	Bates Nos. 966–972
Notice of	f Appeal (filed 01/05/17)	Volume 5, Bates Nos. 973–975
Exhibits	to Notice of Appeal	
Exhibit	<b>Document Description</b>	
1	Order [Denying Plaintiff's Motion for NRCP 60 Relief] (filed 12/23/16)	Volume 5, Bates Nos. 976–981
Case Appeal Statement (filed 01/05/17)		Volume 5, Bates Nos. 982–987
Docket of Case No. A531538		Volume 5, Bates Nos. 988–1004

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**MLIM** 1 LEW BRANDON, JR., ESQ. 2 Nevada Bar No.: 5880 **CLERK OF THE COURT** JUSTIN W. SMERBER, ESO. 3 Nevada Bar No.: 10761 MORAN BRANDON BENDAVID MORAN 4 630 S. Fourth Street 5 Las Vegas, Nevada 89101 (702) 384-8424 6 (702) 384-6568 - facsimile 7 l.brandon@moranlawfirm.com Attorneys for Defendant, 8 FIESTA PALMS, LLC d/b/a PALMS CASINO RESORT 9 ROBERT L. EISENBERG, ESQ. 10 Nevada Bar No. 0950 11 LEMONS, GRUNDY & EISENBERG 6005 Plumas Street, Third Floor 12 Reno, Nevada 89519 Telephone: (775) 786-6868 / Facsimile: (775) 786-9716 13 rle@lge.net 14 Attorneys for Defendant, FIESTA PALMS, LLC d/b/a 15 PALMS CASINO RESORT 16 **DISTRICT COURT** 17 **CLARK COUNTY, NEVADA** 18 ENRIQUE RODRIGUEZ, an individual, 19 20 Plaintiff, CASE NO.: 06A531538 DEPT. NO.: XV 21 DEFENDANT, FIESTA PALMS, 22 FIESTA PALMS, L.L.C., a Nevada Limited LLC'S MOTION IN LIMINE NO. Liability Company, d/b/a PALMS CASINO 23 14 TO PRECLUDE PLAINTIFF'S RESORT; BRANDY L. BEAVERS, individually, TREATING PHYSICIANS AND 24 DOES I through X, and ROE CORPORATIONS I MEDICAL EXPERT FROM through X, inclusive, **TESTIFYING AT TRIAL** 25 Defendants. 26 27 28



630 South 4th Street Las Vegas, Nevada 89101 Phone (702) 384-8424 Fax: (702) 348-6568

## /// ///

## DEFENDANT, FIESTA PALMS, LLC'S MOTION IN LIMINE NO. 14 TO PRECLUDE PLAINTIFF'S TREATING PHYSICIANS AND MEDICAL EXPERT FROM TESTIFYING AT TRIAL

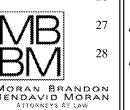
COMES NOW, Defendant, FIESTA PALMS, LLC., by and through its undersigned attorneys, LEW BRANDON, JR., ESQ. and JUSTIN W. SMERBER, ESQ., of MORAN BRANDON BENDAVID MORAN, and ROBERT L. EISENBERG of LEMONS, GRUNDY & EISENBERG, hereby submit the following Motion in Limine No. 14 to Preclude Plaintiff's Treating Physicians and Medical Expert from Testifying at Trial.

This Motion is made and based upon the Points and Authorities attached hereto, along with all papers and pleadings on file herein, and oral arguments at the time of hearing.

DATED this 7<sup>th</sup> day of March, 2016.

#### MORAN BRANDON BENDAVID MORAN

/s/ Justin W. Smerber, Esq.
LEW BRANDON, JR., ESQ.
Nevada Bar No. 5880
JUSTIN W. SMERBER, ESQ.
Nevada Bar No.: 10761
630 S. Fourth Street
Las Vegas, Nevada 89101
Attorneys for Defendant,
FIESTA PALMS, LLC d/b/a
PALMS CASINO RESORT



630 South 4th Street Las Vegas, Nevada 89101 Phone (702) 384-8424 Fax: (702) 348-6568

1	NOTICE OF MOTION
2	TO: ALL PARTIES;
3	YOU, AND EACH OF YOU, will please take notice that the foregoing
4	<b>DEFENDANT'S MOTION IN LIMINE NO. 14</b> has been set for Hearing on the day of
5	APRIL, 2015 at the hour of
6 7	Dept. XV.
8	DATED this 7 <sup>th</sup> day of March, 2016.
9	
10	MORAN BRANDON BENDAVID MORAN
11	/s/ Justin W. Smerber, Esq. LEW BRANDON, JR., ESQ.
12	Nevada Bar No. 5880  JUSTIN W. SMERBER, ESQ.
13	Nevada Bar No. 10761
14	630 S. Fourth Street Las Vegas, Nevada 89101
15	Attorneys for Defendant, FIESTA PALMS, LLC d/b/a
16	PALMS CASINO RESORT
17	MEMORANDUM OF POINTS AND AUTHORITIES
18	I.
19	INTRODUCTION
20	Defendant is filing a series of Motions in Limine in compliance with EDCR 2.47. In
21	order to avoid duplicative reading by this court, Defendant directs the Court to its Motion in
22	Limine No. 1 for Defendant's Affidavit required by EDCR 2.47, and its Motion in Limine
23	Standard Section.
24	Standard Section.
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<b>MB</b> 27	
<b>BM</b> 28	
MORAN BRANDON BENDAVID MORAN ATTORNEYS AT LAW	
630 South 4th Street Las Vegas, Nevada 89101	

Page 3 of 9

PHONE (702) 384-8424

FAX: (702) 348-6568

NODARB NAROM NAROM DIVAGNAB WAJ TA BYSAROTTA

630 SOUTH 4TH STREET LAS VEGAS, NEVADA 89101 PHONE (702) 384-8424 FAX: (702) 348-6568

### II. FACTS

Plaintiff in this action is alleging significant medical damages. During the course of discovery, Plaintiff identify approximately 50 medical providers. See *Plaintiff's 16.1* Disclosure, attached hereto as Exhibit "A." Further, Plaintiff identify one retained medical expert pursuant to NRCP 16.1(a)(2). See Plaintiff's Supplemental Expert Disclosure, attached hereto as Exhibit "B." However, Plaintiff's disclosure of his treating physicians and his disclosure of his retained medical expert fail to comply with NRCP 16.1(a)(2). See Id.

With regard to Plaintiff's disclosure of his treating physicians, each provider was disclosed with the same generic description as to their anticipated testimony. Specifically, each provider was disclosed in the following fashion:

"[Provider] will testify as to Mr. Rodriguez' injuries, care, treatment, prognosis, the necessity of that treatment, causation for which that care and treatment was rendered and the reasonableness of the charges thereby. . ."

See *Plaintiff's 16.1 Disclosure*, attached hereto as Exhibit "A." No further information, i.e. Curriculum Vitae (CV), expert reports, records reviewed, fee schedules etc., were received for the doctors disclosed in Plaintiff's 16.1 Disclosures.

With regards to Plaintiff's disclosed retained medical expert, Firooz Mashood, M.D., this disclosure is also incomplete. Plaintiff stated in the disclosure that Dr. Mashood's report would be disclosed once received; however, Plaintiff never disclosed a report generated by Dr. Mashood. *See Plaintiff's Supp*lemental Expert Disclosure, *attached hereto as Exhibit "B."* Nor did Plaintiff disclose Dr. Mashood's CV, fee schedule, list of records reviewed, case testimony list, or any other information aside from the description of his testimony provided in the disclosure. See id. Accordingly, Defendant now files the instant Motion to preclude Plaintiff's medical providers and medical expert from testifying at the time of trial.

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MORAN BRANDON BENDAVID MORAN MAI SA SYSARIA

630 SOUTH 4TH STREET LAS VEGAS, NEVADA 89101 PHONE (702) 384-8424 FAX: (702) 348-6568

### III. LEGAL ARGUMENT

Plaintiff's medical providers and retained medical expert should be precluded from testifying at trial. Plaintiff's medical providers were disclosed with the intent that they would improperly testify as to matters appropriate for retained expert witnesses according to FCH1, LLC v. Rodriguez, 335 P.3d 183 (2014). The medical providers are thus subject to the requirements of NRCP 16.1(a)(2), which Plaintiff failed to comply with. Further, Plaintiff's disclosure of one retained medical expert also failed to comply with NRCP 16(a)(2) because Plaintiff did not disclose the required documentation.

# A. PLAINTIFF'S MEDICAL PROVIDERS SHOULD BE PRECLUDED FROM TESTIFYING BECAUSE, ACCORDING TO FCH1, LLC v. RODRIGUEZ, PLAINTIFF FAILED TO COMPLY WITH NRCP 16.1(a)(2).

Under NRCP 16.1, treating medical providers are generally exempt from the expert report requirements. However, they are only exempt if their testimony is limited to "opinions [that] were formed during the course of treatment." FCH1, LLC v. Rodriguez, 335 P.3d 183, 189 (2014). Thus, if a treating physician or medical provider testifies to opinions that exceed that scope, that person is then subject to the requirements for the disclosure of experts under NRCP 16.1(a)(2)(B). See id. Where treating physicians or medical providers have reviewed Plaintiff's medical records, the physicians may testify as to their review of the materials only as non-retained physicians if they reviewed records during the normal course of treating the Plaintiff. Id. NRCP 37(c) provides that a party that fails to disclose information required by NRCP 16.1 is not permitted to use that witness as evidence at trial. NRCP 37(c)(1).

In this case, Plaintiff has disclosed numerous treating providers and physicians. Further, Plaintiff's 16.1 disclosures do not limit the testimony the providers are expected to give. The language in Plaintiff's 16.1 disclosures is as follows:

"[Provider] will testify as to Mr. Rodriguez' injuries, care, treatment, prognosis, the necessity of that treatment, causation for which that care and treatment was rendered and the reasonableness of the charges thereby. . ."

See Exhibit "A." This language indicates that Plaintiff is attempting to call his treating providers and physicians to testify as to (1) Plaintiff's injuries, treatments, etc., (2) causation for same, and (3) the reasonableness of the treatment. This expected testimony is thus far more broad than that allowable under FCH1, LLC v. Rodriguez for treating physicians and providers. The providers, then, must have been disclosed as retained experts under NRCP 16.1(a)(2)(B). However, no expert reports or materials were disclosed to Defendant as required by NRCP 16.1(a)(2). Therefore, Defendant respectfully requests that Plaintiff's medical providers and physicians be precluded from giving testimony due to Plaintiff's failure to comply with NRCP 16.1(a)(2).

Further, Plaintiff cannot be allowed to call these treating providers to testify as non-retained experts. Under NRCP 16.1(a)(2)(B), a medical provider may be called to provide expert testimony without satisfying the report writing requirements. However, the rule is clear, that if medical experts will be called to testify in such a capacity, the Plaintiff must disclosed the providers and provide a summary of their testimony, a summary of their qualifications (or produce a CV), and their fees associated with their testimony. Here, Plaintiff has not provided any of this information for any of his treating providers. Accordingly, these treating providers should be excluded from testifying at trial in any capacity.<sup>1</sup>

B. PLAINTIFF'S RETAINED MEDICAL EXPERT SHOULD BE PRECLUDED FROM TESTIFYING BECAUSE PLAINTIFF FAILED TO COMPLY WITH NRCP 16.1(a)(2).



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<sup>&</sup>lt;sup>1</sup> The purpose of discovery is to take the surprise out of trials, so that all relevant facts and information is ascertained in advance of trial. FCH1, LLC v. Rodriquez, supra. Here, Defense Counsel cannot possibly be expected to prepare for 50 potential treating physician witnesses called by Plaintiff's counsel at trial. Plaintiff's generic disclosures regarding the treating physicians are worthless in taking the surprise out of trial.

NRCP 16.1(a)(2)(B) contains the requirements for the disclosure of retained experts expected to give testimony. Under this rule, disclosure of such an expert must be accompanied by a written report prepared by the expert containing the expert's opinions, the data or information considered by the expert, qualifications, compensation, publications, and other cases in which the expert testified. See NRCP 16.1(a)(2)(B). As noted above, NRCP 37(c) provides that a party that fails to disclose information required by NRCP 16.1 is not permitted to 8 introduce that witness as evidence at trial. NRCP 37(c)(1). In this case, Plaintiff has disclosed Dr. Mashood as a retained medical expert. Plaintiff 10 also noted that Dr. Mashood's report would be disclosed once received. See Exhibit "B." 11 However, Plaintiff has failed to provide any of the information required by NRCP 16.1(a)(2)(B). 12 Plaintiff has not disclosed Dr. Mashood's report, CV, fee schedule or case testimony list. See 13 14 id. Therefore, Plaintiff has failed to disclose information required by NRCP 16.1 and under 15 NRCP 37(c) should be prevented from presenting Dr. Mashood's testimony as evidence at trial. 16 17 18 /// 19 20 /// 21 /// 22 23 24 25 26



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## IV. CONCLUSION

Based upon the foregoing, Defendant, FIESTA PALMS, LLC D/B/A PALMS CASINO RESORT respectfully requests that this Court grant Defendant's Motion in Limine No. 14 and issue an order precluding Plaintiff's medical providers and retained medical expert from testifying at trial.

DATED this 7<sup>th</sup> day of March, 2016.

### MORAN BRANDON BENDAVID MORAN

/s/ Justin W. Smerber, Esq.
LEW BRANDON, JR., ESQ.
Nevada Bar No. 5880
JUSTIN W. SMERBER, ESQ.
Nevada Bar No.: 10761
630 S. Fourth Street
Las Vegas, Nevada 89101
Attorneys for Defendant,
FIESTA PALMS, LLC d/b/a
PALMS CASINO RESORT



630 South 4th Street Las Vegas, Nevada 89101 Phone (702) 384-8424 Fax: (702) 348-6568

1	CERTIFICATE OF SERVICE
2	Pursuant to NRCP 5(b), I hereby certify that on the day of March, 2016, I served
3	the foregoing <b>DEFENDANT, FIESTA PALMS, LLC'S MOTION IN LIMINE NO. 14 TO</b>
4	PRECLUDE PLAINTIFF'S TREATING PHYSICIANS AND MEDICAL EXPERTS
5	FROM TESTIFYING AT TRIAL via the Court's electronic filing and service systems
6	
7	("Wiznet") to all parties on the current service list.
8	VIA U.S. MAIL
9	ENRIQUE RODRIGUEZ
10	6673 YELLOWSTONE DRIVE RIVERSIDE, CALIFORNIA 92506
11	TELEPHONE: 951-751-1440 Plaintiff, In Proper Person
12	/s/ Angelina M. Martinez
13	An Employee of Moran Brandon Bendavid Moran
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MORAN BRANDON BENDAVID MORAN	
ATTORNEYS AT LAW 630 SOUTH 4TH STREET	



Las Vegas, Nevada 89101 Phone (702) 384-8424

FAX: (702) 348-6568

## EXHIBIT "A"

## EXHIBIT "A"



DIVI Moran Brando

MORAN BRANDON BENDAVID MORAN ATTORNEYS AT LAW 630 SOUTH 4TH STREET

LAS VEGAS, NEVADA 89101 PHONE:(702) 384-8424 FAX: (702) 384-6568

Page 1 of 1

LTWT STEVEN BAKER, ESQ. Nevada Bar No. 4522 BENSON, BERTOLDO, BAKER & CARTER, CHTD. 7408 W. Sahara Avenue Las Vegas, Nevada 89117 (702) 228-2600 Attorneys for Plaintiff **ENRIQUE RODRIGUEZ** 

FILED

SEP 24 11 04 AH 'D7

### DISTRICT COURT

### CLARK COUNTY, NEVADA

ENRIQUE RODRIGUEZ, an individual; CASE NO.: A531538 DEPT. NO.: X Plaintiffs, VS. FIESTA PALMS, L.L.C., a Nevada Limited Liability Company, d/b/a PALMS CASINO RESORT; DOES I through X, inclusive; and ) ROE BUSINESS ENTITIES I through X, inclusive, Defendants.

### PLAINTIFF'S 16.1 LIST OF DOCUMENTS AND WITNESSES

Pursuant to NRCP 16.1, Plaintiff hereby submits the following list of knowledgeable persons and documents with attached materials as follows:

I.

#### LIST OF KNOWLEDGEABLE PERSONS

1. PMK, Custodian of Records American Medical Response 1200 S. Martin Luther King Blvd. Las Vegas, NV 89102

Persons Most Knowledgeable of American Medical Response will testify as to Mr. Rodriguez' injuries, care, treatment, prognosis, the necessity of that treatment, causation for which that care and treatment was rendered and the reasonableness of the charges thereby.

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PMK, Custodian of Records
 Spring Valley Hospital and Medical Center
 \$400 S. Rainbow Blvd.
 Las Vegas, NV 89118

Persons Most Knowledgeable of Spring Valley Hospital and Medical Center will testify as to Mr. Rodriguez' injuries, care, treatment, prognosis, the necessity of that treatment, causation for which that care and treatment was rendered and the reasonableness of the charges thereby. The Custodian of Records will testify regarding the authenticity of medical records and bills.

PMK, Custodian of Records
 Physician's Management Solution
 6700 Indiana Ave., Suite 145
 Riverside, CA 92506

Persons Most Knowledgeable of Physician's Management Solution will testify as to Mr. Rodriguez' injuries, care, treatment, prognosis, the necessity of that treatment, causation for which that care and treatment was rendered and the reasonableness of the charges thereby. The Custodian of Records will testify regarding the authenticity of medical records and bills.

 PMK, Custodian of Records Rancho Physical Therapy, Inc. 630 E. Latham Ave. Hemet, CA 92564

Persons Most Knowledgeable of Rancho Physical Therapy will testify as to Mr. Rodriguez' injuries, care, treatment, prognosis, the necessity of that treatment, causation for which that care and treatment was rendered and the reasonableness of the charges thereby. The Custodian of Records will testify regarding the authenticity of medical records and bills.

 Eric E. Campbell, DC Custodian of Records The Wellness Group 34740 Via Carnaghi Wildomar, CA 92595

Eric E. Campbell, DC will testify regarding Mr. Rodriguez' injuries, care, treatment, prognosis, the necessity of that treatment, causation for which that care and treatment was rendered and the reasonableness of the charges thereby. The Custodian of Records will testify regarding the authenticity of medical records and bills.

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 PMK, Custodian of Records MRI of Inland Valley 44274 George Cushman #108 Temecula, CA 92592

Persons Most Knowledgeable of MRI of Inland Valley will testify as to Mr. Rodriguez' injuries, care, treatment, prognosis, the necessity of that treatment, causation for which that care and treatment was rendered and the reasonableness of the charges thereby. The Custodian of Records will testify regarding the authenticity of medical records and bills.

William Simpson, M.D.
 Custodian of Records
 32395 Clinton Keith Rd. #104
 Wildomar, CA 92595

William Simpson, M.D., will testify regarding Mr. Rodriguez' injuries, care, treatment, prognosis, the necessity of that treatment, causation for which that care and treatment was rendered and the reasonableness of the charges thereby. The Custodian of Records will testify regarding the authenticity of medical records and bills.

PMK, Custodian of Records
 Las Vegas Neurosurgery,
 Orthopaedics & Rehabilitation
 600 S. Rancho Dr., Suite 107
 Las Vegas, NV 89106

Persons Most Knowledgeable of Las Vegas Neurosurgery, Orthopaedics & Rehabilitation will testify regarding Mr. Rodriguez' injuries, care, treatment, prognosis, the necessity of that treatment, causation for which that care and treatment was rendered and the reasonableness of the charges thereby. The Custodian of Records will testify regarding the authenticity of medical records and bills.

 PMK, Custodian of Records Louis Mortillaro, M.D.
 S. Rancho Dr. Suite F37 Las Vegas, NV 89106

Persons Most Knowledgeable will testify regarding Mr. Rodriguez' injuries, care, treatment, prognosis, the necessity of that treatment, causation for which that care and treatment was rendered and the reasonableness of the charges thereby. The Custodian of Records will testify regarding the authenticity of medical records and bills.

PMK, Custodian of Records
 I.V. League Pharmacy, Inc.
 6076 Bristol Pkwy. Suite 104
 Culver City, CA 90230

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Persons Most Knowledgeable of I.V. League Pharmacy will testify regarding Mr. Rodriguez' injuries, care, treatment, prognosis, the necessity of that treatment, causation for which that care and treatment was rendered and the reasonableness of the charges thereby. The Custodian of Records will testify regarding the authenticity of medical records and bills.

PMK, Custodian of Records
 Valley Hospital and Medical Center
 620 Shadow Lane
 Las Vegas, NV 89106

Persons Most Knowledgeable of Valley Hospital and Medical Center will testify regarding Mr. Rodriguez' injuries, care, treatment, prognosis, the necessity of that treatment, causation for which that care and treatment was rendered and the reasonableness of the charges thereby. The Custodian of Records will testify regarding the authenticity of medical records and bills.

 PMK, Custodian of Records Matt Smith, Physical Therapy 600 S. Rancho Dr. Box 357 Las Vegas, NV 89107

Persons Most Knowledgeable of Matt Smith, Physical Therapy will testify regarding Mr. Rodriguez' injuries, care, treatment, prognosis, the necessity of that treatment, causation for which that care and treatment was rendered and the reasonableness of the charges thereby. The Custodian of Records will testify regarding the authenticity of medical records and bills.

 PMK, Custodian of Records Russell J. Shah, M.D., Ltd. 2628 W. Charleston Blvd. Las Vegas, NV 89102

Persons Most Knowledgeable of Russell J. Shah, Ltd. will testify regarding Mr. Rodriguez' injuries, care, treatment, prognosis, the necessity of that treatment, causation for which that care and treatment was rendered and the reasonableness of the charges thereby. The Custodian of Records will testify regarding the authenticity of medical records and bills.

 PMK, Custodian of Records Lawrence R. Miller, M.D.
 8641 Wilshire Blvd. Suite 200 Beverly Hills, CA 90211

Persons Most Knowledgeable of Lawrence R. Miller, M.D. will testify regarding Mr. Rodriguez' injuries, care, treatment, prognosis, the necessity of that treatment, causation for which that care and treatment was rendered and the reasonableness of the

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charges thereby. The Custodian of Records will testify regarding the authenticity of medical records and bills.

 PMK, Custodian of Records North Valley Medical Supply 3053 W. Craig Rd. Suite B North Las Vegas, NV 89032

Persons Most Knowledgeable of Lawrence R. Miller, M.D. will testify regarding Mr. Rodriguez' injuries, care, treatment, prognosis, the necessity of that treatment, causation for which that care and treatment was rendered and the reasonableness of the charges thereby. The Custodian of Records will testify regarding the authenticity of medical records and bills.

PMK, Custodian of RecordsPain Institute of Nevada600 S. Rancho Dr. Suite 113Las Vegas, Nevada 89106

Persons Most Knowledgeable of Pain Institute of Nevada will testify regarding Mr. Rodriguez' injuries, care, treatment, prognosis, the necessity of that treatment, causation for which that care and treatment was rendered and the reasonableness of the charges thereby. The Custodian of Records will testify regarding the authenticity of medical records and bills.

 PMK, Custodian of Records Quality RESP Solutions
 20818 Higgins Court Torrance, CA 90501

Persons Most Knowledgeable of Quality RESP Solutions will testify regarding Mr. Rodriguez' injuries, care, treatment, prognosis, the necessity of that treatment, causation for which that care and treatment was rendered and the reasonableness of the charges thereby. The Custodian of Records will testify regarding the authenticity of medical records and bills.

PMK, Custodian of Records
 California Hand Surgery & Orthopedics
 P.O. Box 515110
 Los Angeles, CA 900515110

Persons Most Knowledgeable of California Hand Surgery & Orthopedics will testify regarding Mr. Rodriguez' injuries, care, treatment, prognosis, the necessity of that treatment, causation for which that care and treatment was rendered and the reasonableness of the charges thereby. The Custodian of Records will testify regarding the authenticity of medical records and bills.

19. PMK, Custodian of Records
Jacob E. Tauber, M.D.
9033 Wilshire Blvd, Suite 401
Beverly Hills, CA 90211

Persons Most Knowledgeable of Jacob E. Tauber, M.D. will testify regarding Mr. Rodriguez' injuries, care, treatment, prognosis, the necessity of that treatment, causation for which that care and treatment was rendered and the reasonableness of the charges thereby. The Custodian of Records will testify regarding the authenticity of medical records and bills.

PMK, Custodian of Records
 Lake Mead Radiology/Nevada Imaging Centers
 5495 S. Rainbow Blvd. #101
 Las Vegas, Nevada 89118

Persons Most Knowledgeable of Lake Mead Radiology / Nevada Imaging testify regarding Mr. Rodriguez' injuries, care, treatment, prognosis, the necessity of that treatment, causation for which that care and treatment was rendered and the reasonableness of the charges thereby. The Custodian of Records will testify regarding the authenticity of medical records and bills.

 PMK, Custodian of Records Wilshire Surgicenter, Inc. 11999 San Vicente BL, #440 Los Angeles, CA 90049

Persons Most Knowledgeable of Wilshire Surgicenter, Inc. will testify regarding Mr. Rodriguez' injuries, care, treatment, prognosis, the necessity of that treatment, causation for which that care and treatment was rendered and the reasonableness of the charges thereby. The Custodian of Records will testify regarding the authenticity of medical records and bills.

 PMK, Custodian of Records Medical District Surgery Center 2020 Goldring, Suite 300 Las Vegas, Nevada 89106

Persons Most Knowledgeable of Medical District Surgery Center will testify regarding Mr. Rodriguez' injuries, care, treatment, prognosis, the necessity of that treatment, causation for which that care and treatment was rendered and the reasonableness of the charges thereby. The Custodian of Records will testify regarding the authenticity of medical records and bills.

PMK, Custodian of Records
 Nevada Sleep Diagnostics
 N. Pecos Rd. Suite B
 Henderson, Nevada 89074

Persons Most Knowledgeable of Nevada Sleep Diagnostics will testify regarding Mr. Rodriguez' injuries, care, treatment, prognosis, the necessity of that treatment, causation for which that care and treatment was rendered and the reasonableness of the charges thereby. The Custodian of Records will testify regarding the authenticity of medical records and bills.

PMK, Custodian of Records
 Nevada ENT Center
 1815 E. Lake Mead Blvd. #307
 Las Vegas, Nevada 89030

Persons Most Knowledgeable of Nevada ENT Center will testify regarding Mr. Rodriguez' injuries, care, treatment, prognosis, the necessity of that treatment, causation for which that care and treatment was rendered and the reasonableness of the charges thereby. The Custodian of Records will testify regarding the authenticity of medical records and bills.

25. PMK, Custodian of RecordsInsight Mountain Diagnostics800 Shadow LaneLas Vegas, Nevada 89106

Persons Most Knowledgeable of Insight Mountain Diagnostics will testify regarding Mr. Rodriguez' injuries, care, treatment, prognosis, the necessity of that treatment, causation for which that care and treatment was rendered and the reasonableness of the charges thereby. The Custodian of Records will testify regarding the authenticity of medical records and bills.

Custodian of Records
 Med-Care Solutions
 10120 W. Flamingo Rd. Suite 412
 Las Vegas, Nevada 89147

The Custodian of Records of Med-Care Solutions will testify regarding the authenticity of medical bills.

 PMK, Custodian of Records Strehlow Radiology
 3742 E. Tropicana Ave. Suite 1 Las Vegas, Nevada 89121

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Rodriguez' injuries, care, treatment, prognosis, the necessity of that treatment, causation for which that care and treatment was rendered and the reasonableness of the charges thereby. The Custodian of Records will testify regarding the authenticity of medical records and 28. PMK, Custodian of Records

Persons Most Knowledgeable of Strehlow Radiology will testify regarding Mr.

Integrated Healthcare of Nevada 4517 W, Sahara Ave. Las Vegas, NV 89120

Persons Most Knowledgeable of Integrated Healthcare of Nevada will testify regarding Mr. Rodriguez' injuries, care, treatment, prognosis, the necessity of that treatment, causation for which that care and treatment was rendered and the reasonableness of the charges thereby. The Custodian of Records will testify regarding the authenticity of medical records and bills.

Plaintiff reserves the right to amend and supplement this list of knowledgeable persons as discovery continues. Plaintiff reserves the right to take the depositions of any and all knowledgeable persons and/or to call any and all knowledgeable persons to testify as witnesses at the time of arbitration and/or trial. Plaintiff reserves the right to call any and all medical providers to testify as expert witnesses at the time of arbitration and/or trial.

II.

#### LIST OF DOCUMENTS

- Medical records and triage reports from American Medical Response; 1.
- Medical records and billing statements from Spring Valley Medical Center; 2.
- Medical records and billing statements from Physician's Management 3. Solution;
- 4. Billing statement from Rancho Physical Therapy, Inc.;
- 5. Billing statement from Eric E. Campbell, D.C.;
- б. Medical records and billing statements from MRI of Inland Valley;
- Medical records from William Simpson, M.D.; 7.

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- Medical records and billing statements from Las Vegas Neurosurgery, 8. Orthopedics and Rehabilitation;
- 9. Medical records and billing statements from Louis Mortillaro, M.D.;
- 10. Billing statements from IV League Pharmacy;
- Medical records and billing statements from Valley Hospital and Medical 11. Center;
- Billing statements from Matt Smith, Physical Therapy; 12.
- Medical records and billing statements from Russell J. Shah, M.D.; 13.
- 14. Medical records from Lawrence R. Miller, M.D.;
- Billing statement from North Valley Medical Supply; 15.
- 16. Medical records from Pain Institute of Nevada;
- 17. Billing statements from Quality Resp Solutions;
- 18. Billing statement from Cal Hand Surgery & Orthopaedics;
- Medical records and billing statements from Jacob E. Tauber, M.D.; 19.
- 20. Reports and billing statements from Lake Mead Radiology/Nevada Imaging Centers;
- Medical records and billing statement from Wilshire Surgicenter, Inc.; 21.
- Medical record and billing statement from Medical District Surgery Center; 22.
- Medical records and billing statement from Nevada Sleep Diagnostics; 23.
- 24. Medical records and billing statements from Nevada ENT Center;
- 25. Medical records and billing statement from Insight Mountain Diagnostics;
- 26. Medical record and billing statement from Strehlow Radiology;
- Medical record and billing statements from Integrated Healthcare of Nevada. 27.

Plaintiff reserves the right to amend the above list of documents and to submit additional documents as discovery continues. Plaintiff reserves the right to submit all

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documents as evidence at the time of arbitration and/or trial.

#### **DAMAGES:**

Plaintiff has incurred the following medical expenses as a result of this incident:

No.	Provider	Amount
1	AMR – Mercy Ambulance	S 534.70
2.	Spring Valley Hospital	\$ 1,202.00
3.	Physicians Management Solution	\$ 1,267.59
4.	Rancho Physical Therapy	\$ 10,933.00
5.	Eric E. Campbell, D.C.	S 272.00
6.	MRI of Inland Valley	\$ 2,350.00
7.	William Simpson, M.D.	\$ UNKNOWN
8.	Las Vegas Neurosurgery, Orthopedics & Rehabilitation	\$ 16,659.50
9.	Louis Mortillaro, M.D.	\$ 13,217.00
10.	1,V. League Pharmacy	\$ 3,155.91
11.	Valley Hospital and Medical Center	S 15,999.00
12.	Matt Smith Physical Therapy	\$ 2,055.00
13.	Russell J. Shah, M.D.	\$ 400.00
14.	Lawrence R. Miller, M.D.	\$ UNKNOWN
15.	North Valley Medical Supply	\$ 36.95
16.	Pain Institute of Nevada	S UNKNOWN
17.	Quality Resp. Solutions	\$ 3,287.27
18.	Cal Hand Surgery & Orthopedics	\$ 2,338.83
19.	Jacob E. Tauber, M.D.	\$ 9,745.00
20.	Lake Mead Radiology/Nevada Imaging Centers	\$ 3,915.00
21.	Wilshire Surgicenter, Inc.	S 17,991.00
22.	Medical District Surgery Center	\$ 5,135.29
23.	Nevada Sleep Diagnostics	\$ 3,350.00
24.	Nevada ENT Center	\$ 1,030.00
25.	Insight Mountain Diagnostics	\$ 2,635.00
26.	Strehlow Radiology	\$ 85.00
27.	integrated Healthcare of Nevada	\$ 3,650.00
	TOTAL CHARGES	\$ 121,245.04

Plaintiff's treatment for his injuries is continuing in nature, and the list of past medical expenses will change. Plaintiff reserves the right to supplement this list accordingly.

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Plaintiff has incurred loss of income and therefore, will supplement these damages. day of September, 2007. Dated this 2 BENSON, BERTOLDO, BAKER & CARTER, CHTD. Nevada Bar No. 4522 7408 West Sahara Avenue Las Vegas, Nevada 89117 (702) 228-2600 Attorneys for Plaintiff RECEIPT OF COPY RECEIPT OF COPY of PLAINTIFF'S EARLY CASE CONFERENCE LIST OF PERSONS MOST KNOWLEDGEABLE AND LIST OF DOCUMENTS PRODUCED is hereby acknowledged: day of September, 2007. Jeffery A. Bendavid, Ksq. 630 S. Fourth St. Las Vegas, NV 89101 Attorneys for Defendant Fiesta Palms, LLC

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## EXHIBIT "B"

## EXHIBIT "B"

MORAN BRANDON BENDAVID MORAN ATTORNEYS AT LAW

I

630 SOUTH 4TH STREET LAS VEGAS, NEVADA 89101 PHONE:(702) 384-8424 FAX: (702) 384-6568

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SUPP STEVEN M. BAKER, ESQ. Nevada Bar No. 4522 Benson, Bertoldo, Baker & Carter 7408 W. Sahara Avenue Las Vegas, Nevada 89117 (702) 228-2600 Attorneys for Plaintiff

#### DISTRICT COURT

#### CLARK COUNTY, NEVADA

ENRIQUE RODRIGUEZ, an individual,

Plaintiffs

vs.

Plaintiffs

)

FIESTA PALMS, L.L.C., a Nevada Limited Liability)

Company, d/b/a PALMS CASINO RESORT;

DOES I through X, inclusive; and ROE BUSINESS

ENTITIES I through X, inclusive,

Defendants.

#### PLAINTIFF'S SUPPLEMENTAL EXPERT DISCLOSURE

COMES NOW, Plaintiff, Enrique Rodriguez, by and through his attorney of record, Steven M. Baker, Esq., of the law firm of Benson, Bertoldo, Baker & Carter, and pursuant to Nevada Rules of Civil Procedure herein submits the following expert witness as follows:

#### **EXPERT WITNESSES**

 Terrance Dinneen, M.S., C.R.C., C.R.E. Kathleen Hartmann, RN, BSN, CCM Devinney & Dinneen 445 Apple Street, Suite 102 Reno, Nevada 89502 775-825-5558 Telephone

It is anticipated that Mr. Dinneen will provide expert testimony consistent with his vocational and economical report, a copy of which is attached hereto. A copy of Mr. Dinneen's

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curriculum vitae and fee schedule is also attached.

2. Firooz Mashood, M.D. 734 East Sahara Avenue Las Vegas, NV 89104

Dr. Mashood is anticipated to testify regarding the reasonable and necessary treatment of Mr. Rodriguez for injuries sustained resultant of the subject fall as well as prognosis and anticipated future treatment. Dr. Mashood will further testify regarding reasonable and customary charges for past and future treatment of Plaintiff. It is anticipated that Dr. Mashhood will provide expert testimony consistent with his report, to be supplemented upon receipt, along with a copy of Dr. Mashhood's curriculum vitae and fee schedule.

Plaintiff reserves the right to call any and all experts designated by other parties in this case to render expert testimony. This plaintiff may ask expert witness questions of any percipient and/or expert witnesses called by any party at trial.

Plaintiff reserves the right to call any and all witnesses necessary for impeachment or rebuttal purposes.

Plaintiff reserves the right to supplement this list of expert witnesses as discovery continues and as new information becomes available.

DATED this / Standard day of June, 2010.

BENSON, BERTOLDO, BAKER & CARTER

STEVEN M. BAKER, ESQ. Nevada Bar No.4522 7408 West Sahara Avenue Las Vegas, Nevada 89117 Attorneys for Plaintiff

Page 2 of 3

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#### CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on this \( \sum\_{\text{day}} \) day of June, 2010, a true and correct copy of the foregoing PLAINTIFF'S SUPPLEMENTAL EXPERT WITNESS DISCLOSURE was mailed in a sealed envelope by U.S. Mail, postage prepaid to the following addressees:

10676-05 Jeffery A. Bendavid, Esq. Moran & Associates 630 S. Fourth St. Las Vegas, NV 89101 Attorneys for Defendant Fiesta Palms	384-8424 Telephone 384-6568 Facsimile
10676-05 Keith Gillette, Esq. Archer Norris 2033 North Main Street, Suite 800 P.O. Box 8035 Walnut Creek, California 94596 Co-counsel for Fiesta Palms	925-930-6600 Telephone 925-930-6620 Facsimile
10676-05 Marsha L. Stephenson, Esq. Stephenson & Dickinson 2820 West Charleston Blvd., Suite 19 Las Vegas, Nevada 89102 Co-counsel for Fiesta Palms	474-7229 Telephone 474-7237 Facsimile

An Employee of Benson, Bertoldo, Baker & Carter

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**MLIM** 1 LEW BRANDON, JR., ESQ. 2 Nevada Bar No.: 5880 **CLERK OF THE COURT** JUSTIN W. SMERBER, ESQ. 3 Nevada Bar No.: 10761 MORAN BRANDON BENDAVID MORAN 4 630 S. Fourth Street 5 Las Vegas, Nevada 89101 (702) 384-8424 6 (702) 384-6568 - facsimile 7 l.brandon@moranlawfirm.com Attorneys for Defendant, 8 FIESTA PALMS, LLC d/b/a PALMS CASINO RESORT 9 ROBERT L. EISENBERG, ESQ. 10 Nevada Bar No. 0950 11 LEMONS, GRUNDY & EISENBERG 6005 Plumas Street, Third Floor 12 Reno, Nevada 89519 Telephone: (775) 786-6868 / Facsimile: (775) 786-9716 13 rle@lge.net 14 Attorneys for Defendant, FIESTA PALMS, LLC d/b/a 15 PALMS CASINO RESORT DISTRICT COURT 16 **CLARK COUNTY, NEVADA** 17 ENRIQUE RODRIGUEZ, an individual, 18 Plaintiff, CASE NO.: 06A531538 19 DEPT. NO.: V 20 21 FIESTA PALMS, L.L.C., a Nevada Limited Liability Company, d/b/a 22 PALMS CASINO RESORT; BRANDY 23 L. BEAVERS, individually, DOES I through X, and ROE CORPORATIONS I 24 through X, inclusive, 25 Defendants. 26



MORAN BRANDON BENDAVID MORAN ATTORNEYS AT 18

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630 South 4th Street Las Vegas, Nevada 89101 Phone (702) 384-8424 Fax: (702) 348-6568 <u>DEFENDANT, FIESTA PALMS, LLC'S MOTION IN LIMINE NO. 15 TO PRECLUDE PLAINTIFF FROM CLAIMING MEDICAL SPECIALS EXCEEDING AMOUNTS DISCLOSED BY PLAINTIFF PURSUANT TO NRCP 16.1</u>

COMES NOW, Defendant, FIESTA PALMS, LLC., by and through its undersigned attorneys, LEW BRANDON, JR., ESQ. and JUSTIN W. SMERBER, ESQ., of MORAN BRANDON BENDAVID MORAN, and and ROBERT L. EISENBERG of LEMONS, GRUNDY & EISENBERG, hereby submit the following Motion in Limine No. 15 to Preclude Plaintiff From Claiming Medical Specials Exceeding Amounts Disclosed by Plaintiff Pursuant to NRCP 16.1.

This Motion is made and based upon the Points and Authorities attached hereto, along with all papers and pleadings on file herein, and oral arguments at the time of hearing.

DATED this 7th day of March, 2016.

#### MORAN BRANDON BENDAVID MORAN

/s/ Justin W. Smerber, Esq.
LEW BRANDON, JR., ESQ.
Nevada Bar No. 5880
JUSTIN W. SMERBER, ESQ.
Nevada Bar No.: 10761
630 S. Fourth Street
Las Vegas, Nevada 89101
Attorneys for Defendant,
FIESTA PALMS, LLC d/b/a
PALMS CASINO RESORT



630 SOUTH 4TH STREET LAS VEGAS, NEVADA 89101 PHONE (702) 384-8424 FAX: (702) 348-6668

1	NOTICE OF MOTION
2	TO: ALL PARTIES;
3	YOU, AND EACH OF YOU, will please take notice that the foregoing
4	<b>DEFENDANT'S MOTION IN LIMINE NO. 15</b> has been set for Hearing on the <u>07</u> day of
5	APRTI. 9:00A
6	, 2015 at the hour of:m., before the Eighth Judicial District Court in
7	Dept. V.
8	DATED this 7 <sup>th</sup> day of March, 2016.
9	MORAN BRANDON BENDAVID MORAN
10	/s/ Justin W. Smerber, Esq.
11	LEW BRANDON, JR., ESQ.
12	Nevada Bar No. 5880
	<b>JUSTIN W. SMERBER, ESQ.</b> Nevada Bar No. 10761
13	630 S. Fourth Street
14	Las Vegas, Nevada 89101
15	Attorneys for Defendant,
	FIESTA PALMS, LLC d/b/a PALMS CASINO RESORT
16	
17	MEMORANDUM OF POINTS AND AUTHORITIES
18	I. <u>INTRODUCTION</u>
19	
20	Defendant is filing a series of Motions in Limine in compliance with EDCR 2.47. In
21	order to avoid duplicative reading by this court, Defendant directs the Court to its Motion in
22	Limine No. 1 for Defendant's Affidavit required by EDCR 2.47, and its Motion in Limine
23	Standard Section.
24	
25	II. <u>FACTS</u>
26	This matter involves negligence claims stemming from an incident on November 22,
<b>VB</b> 27	2004 C PL: 100 C L: 1 O ALL LIE ENDIQUE DODDICUEZ
<b>BM</b> 28	2004. See Plaintiff's Complaint, on file herein. On that date, ENRIQUE RODRIGUEZ
MORAN BRANDON BENDAVID MORAN ATTORNEYS AT LAW	

630 SOUTH 4TH STREET LAS VEGAS, NEVADA 89101 PHONE (702) 384-8424

FAX: (702) 348-6568

MORAN BRANDON BENDAVID MORAN WAJ TA BYSAROTA

630 South 4th Street Las Vegas, Nevada 89101 Phone (702) 384-8424 Fax: (702) 348-6568 (hereinafter "Plaintiff") was watching a televised football at Palms Resort and during half time a "Palms girl" threw a promotional item into the crowd. Id. An unknown patron dove for the item and struck Plaintiff; Plaintiff has since alleged injuries to his left knee, head, and neck. Id. Plaintiff filed suit against FIESTA PALMS, LLC d/b/a PALMS CASINO RESORT (hereinafter "Defendant") as owner of the resort.

The final computation of Plaintiff's damages received by Defendant in this case is from Plaintiff's 29<sup>th</sup> Supplemental Early Case Conference disclosures. *See Plaintiff's 29<sup>th</sup>* Supplemental Early Case Conference List of Documents and Witnesses, attached hereto as *Exhibit "A."* This disclosure indicates that Plaintiff's past medical expenses total "\$543,896.66." Further, the disclosure contains a list showing medical providers, treatment dates, and total bills from those providers. Id.

However, the computation of "\$543,896.66" in this disclosure is incorrect. By adding the figures provided in Plaintiff's computation, it gives a total of \$396,572.84. Id. Further, when actually adding the medical bills produced by Plaintiff in this action, it results in a total of \$392,489.97; not \$543,896.66. *See Plaintiff's Billing Records, attached hereto as Exhibit "D."* Accordingly, Defendant now moves for an order clarifying the total amount of Plaintiff's past medical specials that can be presented as damages at trial.

#### III. <u>LEGAL ARGUMENT</u>

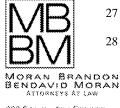
At the time of trial, Plaintiff should be limited to presenting only those medical specials that have previously been disclosed by Plaintiff pursuant to NRCP 16.1. Specifically, Plaintiff should be limited to presenting a total of \$392,489.97. This is the total amount of past medical bills that have been disclosed in this matter. To allow Plaintiff to produce additional medical specials, which have never been disclosed would be highly prejudicial to the Defendant.

Plaintiff was required, under NRCP 16.1(a)(1)(C), to disclose, among other things, the following:

A computation of any category of damages claimed by the disclosing party, making available for inspection and copying as under Rule 34 the documents or other evidentiary matter, not privileged or protected from disclosure, on which such computation is based, including materials bearing on the nature and extent of injuries suffered . . . .

Further, 16.1(a)(3) required Plaintiff to disclose all exhibits Plaintiff would rely upon at trial. NRCP 37(c)(1) provides that "A party that without substantial justification fails to disclose information required by Rule 16.1 . . .is not, unless such failure is harmless, permitted to use as evidence at a trial, at a hearing, or on a motion any witness or information not so disclosed."

In the instant case, Plaintiff provided a final computation of damages indicating that Plaintiff's damages totaled \$543,896.66 on Plaintiff's 29<sup>th</sup> Supplement. *See Exhibit "A."* Upon calculating the amounts Plaintiff provided, Defendant has found that Plaintiff's disclosed past medical specials total only \$396,572.84. Further, after a thorough review of Plaintiff's disclose medical bills, the total amount of medical bills actually disclosed to Defendant totals \$392,489.97. *See Exhibit "D."* Therefore, Plaintiff has failed to provide an accurate computation of damages and has failed to provide a complete disclosure supporting his damages claim. Accordingly, Plaintiff should be precluded from alleging medical damages in excess of \$392,489.97, the actual amount of medical bills disclosed to Defendant during discovery.



636 South 4th Street Las Vegas, Nevada 89101 Phone (702) 384-8424 Fax: (702) 348-6668

## IV. CONCLUSION

Based upon the foregoing, Defendant, Fiesta Palms, LLC d/b/a Palms Casino Resort respectfully requests that this Court grant Defendant's Motion in Limine No. 15 and issue an order precluding Plaintiff from claiming medical specials exceeding the amount actually disclosed by Plaintiff Pursuant to NRCP 16.1.

DATED this 7<sup>th</sup> day of March, 2016.

#### MORAN BRANDON BENDAVID MORAN

/s/ Justin W. Smerber, Esq.
LEW BRANDON, JR., ESQ.
Nevada Bar No. 5880
JUSTIN W. SMERBER, ESQ.
Nevada Bar No.: 10761
630 S. Fourth Street
Las Vegas, Nevada 89101
Attorneys for Defendant,
FIESTA PALMS, LLC d/b/a
PALMS CASINO RESORT



636 SOUTH 4TH STREET LAS VEGAS, NEVADA 89101 PHONE (702) 384-8424 FAX: (702) 348-6568

1	CERTIFICATE OF SERVICE
2	Pursuant to NRCP 5(b), I hereby certify that on the day of March, 2016, I served
3	the foregoing <b>DEFENDANT, FIESTA PALMS, LLC'S MOTION IN LIMINE NO. 15 TO</b>
4	PRECLUDE PLAINTIFF FROM CLAIMING MEDICAL SPECIALS EXCEEDING
5	AMOUNTS DISCLOSED BY PLAINTIFF PURSUANT TO NRCP 16.1 via the Court's
6	
7	electronic filing and service systems ("Wiznet") to all parties on the current service list.
8	VIA U.S. MAIL
9	ENRIQUE RODRIGUEZ
10	6673 YELLOWSTONE DRIVE RIVERSIDE, CALIFORNIA 92506
11	TELEPHONE: 951-751-1440 Plaintiff, In Proper Person
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13	/s/ Angelina M. Martinez An Employee of Moran Brandon Bendavid Moran
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<b>N</b> B 27 28	
DIVI	
MORAN BRANDON BENDAVID MORAN ATTORNEYS AT LAW	
630 South 4th Street Las Vegas, Nevada 89101	

Phone (702) 384-8424

FAX: (702) 348-6568

## EXHIBIT "A"

## EXHIBIT "A"

MORAN BRANDON BENDAVID MORAN ATTORNEYS AT LAW

630 SOUTH 4TH STREET LAS VEGAS, NEVADA 89101 PHONE:(702) 384-8424 FAX: (702) 384-6568

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STEVEN M. BAKER, ESQ. Nevada Bar No. 4522 Benson, Bertoldo, Baker & Carter 7408 W. Sahara Avenue Las Vegas, Nevada 89117 (702) 228-2600 Attorneys for Plaintiff

#### DISTRICT COURT

#### CLARK COUNTY, NEVADA

ENRIQUE RODRIGUEZ, an individual,

Plaintiffs

Vs.

Plaintiffs

)

FIESTA PALMS, L.L.C., a Nevada Limited Liability)

Company, d/b/a PALMS CASINO RESORT;

DOES I through X, inclusive; and ROE BUSINESS

ENTITIES I through X, inclusive,

Defendants.

#### PLAINTIFF'S 29<sup>th</sup> SUPPLEMENTAL EARLY CASE CONFERENCE LIST OF DOCUMENTS AND WITNESSES

COMES NOW, Plaintiff, Enrique Rodriguez, by and through his attorney of record, Steven M. Baker, Esq., of the law firm of Benson, Bertoldo, Baker & Carter, and pursuant to Nevada Rules of Civil Procedure herein submits the following supplement of comprehensive documents pursuant to NRCP 16.1(a)(1) and NRCP 16.1(a)(1)(3):

#### **DOCUMENTS**

- 1. Medical records from Marketplace Physical Therapy
- 2. Billing statement from Total Wellness, Inc.

Page 1 of 6

## ERTOLDO AKER VI CARTER

#### **COMPUTATION OF DAMAGES**

## 1. Past Medical Expenses:

<u>Providers</u> American Medical Response	Dates of Service 11-22-04	<u>Fees</u> \$ 534.70
Desert Radiologists	11-22-04	\$ 43.00
Spring Valley Hospital	11-22-04	\$ 1,202.00
Shadow Emergency Physicians	11-22-04	\$ 300.00
John G. Nork, M.D. (Associated Physicians)	12-06-04 & 01-17-05	\$ 667.59
Open MRI of Inland Valley	01-28-05	\$ 2,350.00
William Simpson, M.D. and Eric E. Campbell, D.C.		
(The Wellness Group)	01-24-05 to 02-15-05	\$ 487.00
Vision Radiology Consultants	02-19-05	\$ 500.00
VQ Ortho Care	04-19-05	\$ 1,588.75
IV League Pharmacy	09-22-05 & 09-28-05	\$ 3,155.91
Valley Hospital Medical Center	10-04-05	\$ 15,999.00
Strehlow Radiology	11-11-05	\$ 85.00
Insight Mountain Diagnostics	11-16-05	\$ 2,635.00
Mary Ann Shannon, M.D. (Las Vegas Neurosurgery)	03-28-05 to 12-12-05	\$ 16,701.50
Joseph R. Nicola, D.C. and Teresa Charniga, M.D. (Integrated Health Care)	11-08-05 to 01-31-06	\$ 3,650.00
Michael Labanowski, M.D. (NV Sleep Diagnostics)	01-30-06 & 02-02-06	\$ 3,350.00
George Graf, M.D.	04-21-06	\$ 720.00

Page 2 of 6

Village East Drugs	01-11-06 to 06-01-06	\$ 2,605.45
Valley Rehab & Sports Therapy	02-22-06 to 02-09-07 08-06-07 08-29-08	\$31,300.00
Medical District Surgery Center	03-30-06 to 07-20-06	\$ 27,022.57
Yakov Treyzon, M.D.	04-22-06	\$ 673.50
Beverly Tower Wilshire Advanced Imaging	07-25-06	\$ 1,430.00
Safeway Pharmacy	08-02-06 to 08-23-06	\$ 167.21
Jacob Tauber, M.D.	02-14-06 to 09-19-06	\$ 9,745.00
F. Michael Ferrante, M.D. (UCLA Pain Medicine Center)	11-14-06	\$ 1,500.00
Quality Respiratory Solutions/ King Medical Supply	02-17-06 to 12-06-06	\$ 3,287.27
Casiano Flaviano, M,D. (Family Wellness Clinic)	01-18-07	\$ 2,118.00
Walter M. Kidwell, M.D. (Pain Institute of NV)	03-20-06 to 02-05-07	\$ 11,372.00
Olympic Anesthesia	03-14-07 & 04-18-07	\$ 1,500.00
Wilshire Surgicenter	04-21-06 to 04-18-07	\$ 26,897.00
Daniel Kim, D.O. (NV Ear, Nose & Throat)	01-04-06 to 05-24-07	\$ 1,043.00
Douglas S. Stacey, D.P.M. (Foot & Ankle Surgical Group)	06-12-07 to 07-26-07	\$ 782.50
North Valley Medical Supply	06-12-06 to 09-11-07	\$ 9,149.33
Nevada Imaging Centers/ Lake Mead Radiologists	01-12-06 to 12-04-07	\$ 6,019.95
Robert Gutierrez, M.D.	08-21-06 to 03-26-08	\$ 3,294.00

Page 3 of 6

Advanced Urgent Care	04-02-08 & 04-07-08	\$ 313.00
Michael J. Crovetti, D.O. (Bone & Joint Institute)	03-13-08 & 05-12-08	\$ 700.00
John Thalgott, M.D. (Center for Diseases & Surgery of the Spine)	02-21-06 to 05-13-08	\$ 4,154.50
Las Vegas Surgery Center	11-30-07 & 07-14-08	\$ 34,522.00
Joseph J. Schifini, M.D.	11-26-07 to 07-14-08	\$ 9,000.00
Lawrence Miller, M.D. (Cal Hand Surgery)	03-04-07 to 07-17-08	\$ 2,901.91
Govind Koka, D.O. (Medical Assocs. of So NV or Primary Care Consultants)	01-26-06 to 07-23-08 08-20-08 to 03-03-10	\$ 6,004.60 \$ 3,989.43
Matt Smith Physical Therapy n/k/a Rancho Physical Therapy	08-23-06 to 08-29-08 12-08-04 to 12-07-05	\$ 29,330.00 \$ 10,933.00
Centennial Upright MRI	09-17-08	\$ 7,500.00
G. Michael Elkanich, M.D. (Bone & Joint Specialists)	09-02-08 & 09-30-08	\$ 1,025.00
Walgreen's Pharmacy	11-23-04 to 11-28-08	\$ 29,483.03
Russell J. Shah, M.D.	07-11-06 to 02-03-09 11-04-09 08-10-10	\$ 27,500.00 425.00 375.00
Chynoweth, Hill & Leavitt (Kelly Hawkins P.T.)	10-22-08 to 04-01-09	\$ 8,227.00
Thomas Vater, D.O.	10-13-08	\$ 300.00
Louis F. Mortillaro, Ph.D.	08-31-05 to 11-05-09 12-17-09 to 03-03-10 05-13-10 to 05-18-10 06-15-10	\$ 22,052.00 875.00 450.00 225.00

Page 4 of 6

Total Wellness Clinic	06-28-10 to 07-30-10 09-22-10	\$	2,147.14 264.00
Marketplace Physical Therapy	06-28-10 to 09-27-10		TBD
PAST MED	ICAL EXPENSES TOTAL	<b>.:</b>	\$543,896.66+
** Plaintiff reserves the right to sup	plement medical records and	l bills.	
2. Past General Damages:			TBD
3. Past Lost Wages/Loss of	f Opportunity:		\$290,000
Please see expert report of Terrence	Dinneen.		
4. Future Medical Expense	es:		\$2,000,000
Plaintiff has been advised t	hat a pain stimulator is ne	eded.	Please see expert report of
Terrence Dinneen.			
5. Future Lost Wages/Loss	s of Opportunity:		\$968,000
Please see expert report of Terrence	Dinneen.		
6. Future General Damage	<u>es</u> :		TBD
DATED thisday of	<u>Oct</u> , 2010		
	BENSON, BERTOLDO,	BAKE	ER & CARTER
		2	_
	BY: V STEVEN M. BAK	ER. E	SO.

STEVEN M. BAKER, ESQ. Nevada Bar No.4522 7408 West Sahara Avenue Las Vegas, Nevada 89117 Attorneys for Plaintiff

Page 5 of 6

#### CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on this \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_, 2010, a true and correct copy of the foregoing PLAINTIFF'S TWENTY-NINTH SUPPLEMENTAL EARLY CASE CONFERENCE LIST OF WITNESSES AND DOCUMENTS was mailed in a sealed envelope by U.S. Mail, postage prepaid to the following addressees:

10676-05	10676-05
Jeffery A. Bendavid, Esq.	Keith Gillette, Esq.
Adam S. Davis, Esq.	Archer, Norris
Moran Law Firm	2033 North Main Street, Suite 800
630 South Fourth Street	P.O. Box 8035
Las Vegas, Nevada 89101	Walnut Creek, California 94596-3728
702-384-8424 Telephone	925-930-6600 Telephone
702-384-6568 Facsimile	925-930-6620 Facsimile
Co-Counsel for Defendant	Attorneys for Defendant
Fiesta Palms, LLC	
10676-05	
Marsha L. Stephenson, Esq.	
Stephenson & Dickinson	
2820 West Charleston Blvd., Suite 19	
Las Vegas, Nevada 89102-1942	
702-474-7229 Telephone	
702-474-7237 Facsimile	
Co-counsel for Defendant	

An Employee of Benson, Bertoldo, Baker & Carter

Page 6 of 6

Date: 9/27/2010



### Serving the Cities of Riverside, Corona, Chino and San Bernardino

To: Steven Baker					
Phone					
Fax	+1 (702) 228-2333				

Pages including cover sheet: 14						
From:	Silvia Valencia					
	Marketplace Physical Therapy					
	3191 B. Mission Inn Ave.					
	Riverside					
	CA 92507					
Phone	+1 (951) 684-2874					
Fax	+1 (951) 684-2980					

FAX

Patient: Rodriguez, Enrique

Hi!

Following are the records that you requested. If you have any questions or concerns feel free to give us a call.

Thank you!:) Silvia Valencia



3191 B. Mission Inn Avenue Riverside, California 92507 +Office: (951) 684-2874 +Fax: (951) 684-2980

#### **Comprehensive Initial Evaluation**

Patient Name: ENRIQUE RODRIGUEZ	Physician: Koka
Evaluation Date: 2010-06-28	Date of Birth: 196 307 1
Diagnosis: CRPS, RSD	Onset: 2004

Subjective: Mr. Rodriguez reports initially injuring his left knee when he was hit from behind while at a nightclub. This caused a knee injury which eventually required surgery. This lead to a scries of setbacks that eventually led to development of CRPS, RSD. He has attended PT for aquatic therapy at another facility with good progress. Currently the patient reports pain to the following locations; C/S, L/S, Knees, wrists. The patient is eager to resume aquatic therapy as he is fearful of gaining weight which would exacerbate all the symptoms.

Medical History: Seizures. No contraindications for PT

Current Status: The patient is currently medically disabled.

#### Objective Findings:

AROM: LIS flexion 20%, extension 20%.

Strength: Quad 3/5, core 24/5

Visual Inspection: The patient ambulates with the use of a knee brace on the left.

Precautions: General

Clinical Impression: Poor core stability

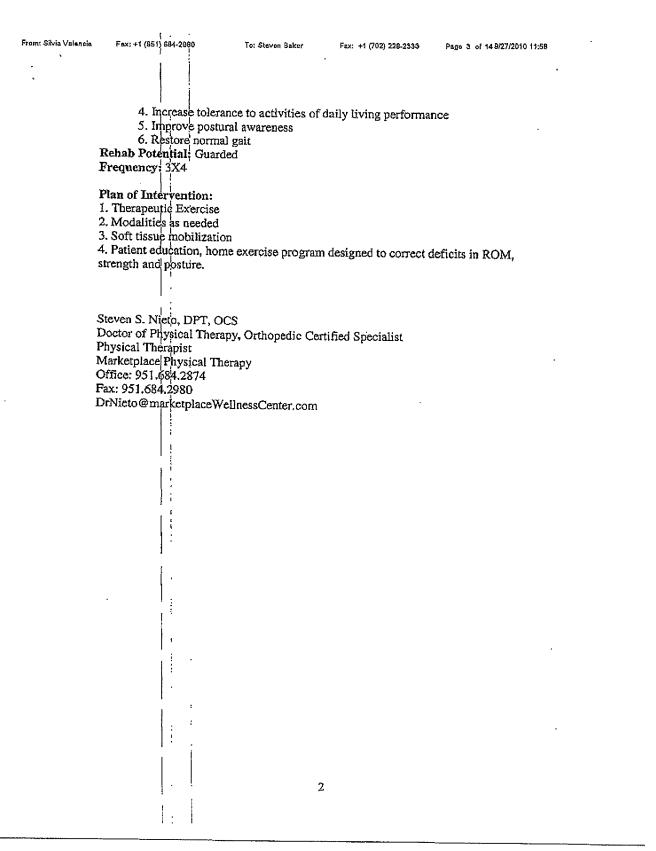
#### Assessment:

#### Problems:

- 1. Dedreased range of motion
- 2. Decreased strength
- 3. Lack of home exercise program
- 4. Decreased tolerance to activities of daily living performance
- 5. Poor postural awareness
- 6. Antalgic gait

#### Goals:

- 1. Increased range of motion to within functional limits
- 2. Increased strength to 5/5
- 3. Patient to perform home exercise program daily





3191 B. Mission Inn Ave • Riverside, CA 92507

4270 Riverwalk Pkwy, Ste 114 Riverside, CA 92505

14682 Central Ave. Chino, CA 91710

Office: (951) 684-2874

Fax: (951) 684-2980

#### **Progress Report**

Patient: ENRIQUE RODRIGUEZ	Physician: Koka
Date of Report: 2010-09-27	Date of Birth:
Dates covered by this report: 6/28/10 to 9/27/10	Total Visits:

Diagnosis: CRPS RSD

Treatment: Treatment has consisted of aquatic therapeutic exercise and soft tissue mobilization.

Subjective: Mr. Rodriguez states that he is please with progress thus far. He feels improvement regarding core strength and stability.

Functional Capacity: The patient is currently medically disabled. He is limited in most ADL's involving prolonged standing.

Assessment: Mr. Rodriguez has made good progress to date. He is now able to tolerate 60 minutes of calculated aquatic therapeutic exercises. There have been no substantial changes regarding AROM. Strength of the core has improved to 3/5. Frequent verbal and tactile cues are necessary to assure proper mechanics during exercise. The patient is highly motivated and demonstrates excellent devotion to all exercises prescribed. Recommendations: Continue PT per MD orders.

Thank you for this referral,

Steven S. Niero, DPT, OCS

Doctor of Physical Therapy, Orthopedic Certified Specialist

Marketplace Physical Therapy

Office: 951.684.2874 Fax: 951.684.2980

DrNieto@MarketplaceWellnessCenter.com

From: Silvia Valencia Fax: +1 (851) 684-2980 To: Steven 6	laker Fax: +1 (702) 228-2333 Page 5 of 14.9/27/2010 11:58
/· · · · · · · · · · · · · · · · · · ·	<b>.</b>
<i> </i> /·	
/	·
Marketpla	ace Physical Therapy
Patient: Kodnquez, Enrique	
Diagnosis: Chronic phin - neck, Wimbar Physician: Dr. Poka	, retlex sympathetic dystrophy
Thysician,	
	y Progress Notes
10:28:10 Eval amplesed.	
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as planned.	May in the courts from
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From: Silvia Valencia	Fax: +1 (951) 68 - 2986	To: Steven Baker	Fax: +1 (702) 228-2333	Page 6 of 14 9/27/2010 11:59
•			•	
•				·
	PROGRESS REPORT		Date	*
	Patient: Report type:	***************************************	Physician: Nun	aber of visits:
	Diagnosis:			
	Treatment:			
	Subjective:			
	Functional Capacity:			
	Assessment:			
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•	Recommendations:			
			-	
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#### Marketplace Physical Therapy Treatment Flow Sheet

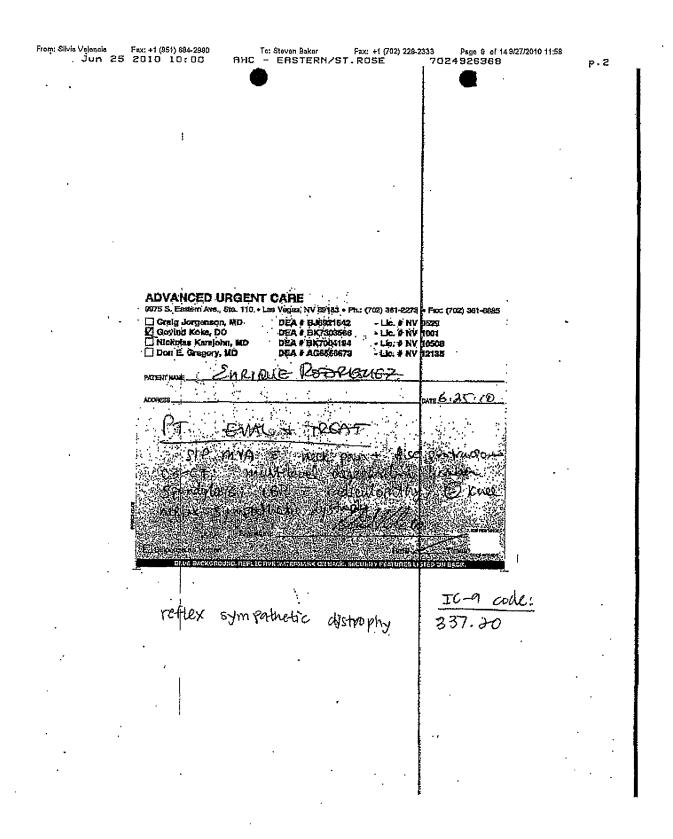
Patient: Rodnywe 2 Ennque

Diagnosis: reflex sympathetic dystrophy

I	ate/Nu	mber of v	isits						
Treatment	7/27/0	7/0/10	7/14/10	7/19/10	7/21/10	9/26/10	7/30/10	8/2/1-	9/22/10
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MPWC2003TFS

Walter Marientons Special Spec



# CVARKETPLACE PHYSICAL THERAPY

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	Patient Infor		
Name EXRIRO		6052 M	ale 🖾 Female 🛚
*Address	N111111111	Last State · State ·	
Phone	Pate of Birth Age 46	Marital Status 5 *Social Security	t e e e e e e e e e e e e e e e e e e e
*Cell E-M	all (Please sign up to receive our monthly a	iewsletters)	
*Date of injury or onset of sy	mptoms: 11-28-2004		
*Describe briefly the history	of your present illness or injury: left	Knee has had	2 Sizraeries
and have CR	PS left seile lavel.	extremetics, reck	blindaine dise.
Laver back ) +Vund *Employer:	phyloging clies left wres	from the ligamist,	right wright carpel
*Address	<u> </u>	City:State:	CA ZIP
*Work Phone	. Occupation	Driver's Licens	e#
*Emergency Contact	<b>\</b>	Relationship to Patient	
Home Phone:	Cell Phone:		
Person Responsible for Charge	ges (if a minor)	Relationship to Patie	ent
Address		tyState_C	CA_ZP
*Referring Physician D	KOKA	Phone	
Address	Ci	tyStateC	ZA ZIP
	Personal Insurance	<u>Information</u>	
*Insurance Company		Phone	
Insurance Address		CityState_	CA ZIP
Name of Policy Holder	Date of Birth	Relationship to	Paticat
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Does the patient have addition	nal insurance coverage? Yes	No 🗆 Policy Holder	
*Required			MWC2003PIF
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How did you hear about M	Iarketplace Physical T	herap	y? Ph	ysician Referral 🕽 Friend 🗖 Yello	ow Pages 🖸 Advertis	rement O
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*Required	* The rapy			stal	EFJ	
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Financial Agreement (Private Insurance Only)

I understand and agree that I am totally responsible and liable for payment of all charges assessed for professional services rendered and will pay any sum due upon demand. I understand that insurance claim forms will be submitted to my insurance company as a matter of convenience only, and that I am primarily responsible for all charges regardless of my existing medical coverage. In the event that my insurance company forwards payment directly to me, instead of Marketplace Physical Therapy, I will immediately deliver such payment directly to Marketplace Physical Therapy. I understand and agree that if it becomes necessary to commence legal action for the collection of any outstanding charges on my account, I will be responsible for any costs and or court fees, in addition to the outstanding balance. There will be a 1.5% late charge of any balance 30 days or over; once the insurance company pays.

Please initial 16.16.

(Worker's Compensation; minus 2nd & 3nd sentences)

I hereby give authorization for payment of insurance benefits to be made directly to Marketplace Physical Therapy for services rendered: I understand that I am financially responsible for all charges not paid by my insurance company. In the event of default, I agree to pay all costs of collection and reasonable attorney's fees. I hereby authorize this health care provider to release all information necessary to secure the payment of benefits. I further agree that a photocopy of the agreement is as valid as the original.

\*Signature (Parent or guardian signature if patient is a minor)

\*Date 6. 12812010

Appointment Policy
I understand my doctor has prescribed therapy for me and physical therapy is an ongoing process which requires regular attendance to be optimally effective.

Co-Payment Policy (Private Insurance Only)

Patients that carry health care insurance should remember that some policies require a co-payment for each visit. Consequently it is your responsibility, as defined by your policy, to make these co-payments. Also important is that you are responsible for any and all supplies, such as braces and exercise equipment, which are provided to you and not covered by your particular plan.

I understand and agree that I am solely responsible for all co-payments and charges incurred which are not covered under my health care plan. I also authorize the release of any medical information necessary to process this claim.

Authorization for Treatment

I hereby consent to and authorize all therapy treatments, which in conjunction with the judgments of the attending physician may be considered necessary or advisable for the diagnosis or treatment for the above named patient at Marketplace Physical Therapy.

\*Signature (Parent of guardian signature if patient is a minor)

\*Date 1 281 200

MWCIOGSPE

Marketplace 0000013



## Authorization to Release Information in File To: (Provider) Address City State \_\_CA I. ENNIQUE KODRIGUEZ request that my records, diagnosis, and any other information needed concerning my accident/injury/illness, Be released to: Marketplace Physical Therapy, Total Wellness, Inc., or personnel, which are approved by the above mentioned person, and to the treating physician for reporting purposes. For the purpose of Physical Therapy, I understand that I have a right to receive a copy of this authorization upon my request. \*DOB: \*DOI: Marketplace Physical Therapy Representative \*Privacy Policy Statement Marketplace Physical Therapy conforms to all HIPAA (Health Insurance Portability and Accountability Act) privacy regulations. Patients' information will only be used for authorization of treatment and reimbursement for services provided. I have received a copy of the Notice of Privacy Practice \* 6-28.2010 Date Patter MWC2003PJP

Marketplace 0000014

BENSON BERTOLDO BAKER & CARTER 1500 CARRIER 7408 W SAHARA AVE **HEALTH INSURANCE CLAIM FORM** LAS VEGAS, NV 89117 APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05 PICA PICA [ 1. MEDICARE MEDICAID CHAMPVA GROUP HEALTH PLAN (SSN or ID) FECA BUX LUNG (SSN) 1a, INSURED'S I.D. NUMBER (For Program in Item 1) (Medicare #) (Medicaid #) (OI) X N/A3. PATIENT'S PIRTH DATE 2. PATIENT'S NAME (Last Name, First Name, Middle Initial) SEX 4. INSURED'S NAME (Last Name, First Name, Middle Initial) RODRIGUEZ, ENRIQUE мХ RODRIGUEZ, ENRIQUE 5. PATIENT'S ADDRESS (No., Street) 6. PATIENT RELATIONSHIP TO INSURED 7. INSURED'S ADDRESS (No., Street) Set Spouse Civild 8. PATIENT STATUS CITY STATE INFORMATION Single Married ZIP CODE TELEPHONE (Include Area Code) ZIP CODE TELEPHONE (Include Area Code) Full-Time Emplayed | 9. 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 PATIENT AND INSURED a. OTHER INSURED'S POLICY OR GROUP NUMBER a. EMPLOYMENT? (Current or Previous) a. INSURED'S DATE OF BIRTH SEX YES MX b. OTHER INSURED'S DATE OF BIRTH b. AUTO ACCIDENT? b. EMPLOYER'S NAME OR SCHOOL NAME PLACE (State) NO L C. EMPLOYER'S NAME OR SCHOOL NAME c. OTHER ACCIDENT? c. INSURANCE PLAN NAME OR PROGRAM NAME YES X NO d. INSURANCE PLAN NAME OR PROGRAM NAME 10d. RESERVED FOR LOCAL USE d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES X NO If yes, return to and complete item 9 a-d. 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 necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. 13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for SIGNATURE ON FILE 09242010 SIGNATURE ON FILE SIGNED DATE SIGNED ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY(LMP) 15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS GIVE FIRST DATE MM ; DO ! YY 16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION 14. DATE OF CURRENT GIVE FIRST DATE FROM то 17. NAME OF REFERRING PROVIDER OR OTHER SOURCE 18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM , DD , YY 17a ĠOVIND KOKA DO 17b. NPI EROM TO 19, RESERVED FOR LOCAL USE 20. OUTSIDE LAB? \$ CHARGES YES X NO 21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line) 22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO. 1, 337.20 23. PRIOR AUTHORIZATION NUMBER D. PROCEDURES, SERVICES, OR SUPPLIES 24. A. DATE(S) OF SERVICE G. DAYS OR UNITS H. EPSD Family Pian SUPPLIER INFORMATION PLACE OF (Explain Unusual Circumstances) DIAGNOSIS RENDERING DĐ DD SERVICE EMG POINTER S CHARGES QUAL 109222010 09222010 97113 264.00 NPI NPI NPI м∌г

2 3 4 SICIAN OR 5 NPI 6 NPL 25. FEDERAL TAX I.D. NUMBER SSN EIN 26. PATIENT'S ACCOUNT NO. 27, ACCEPT ASSIGNMENT? 28. TOTAL CHARGE 29. AMOUNT PAID 30. BALANCE DUE 721567165 462811A YES 264.00 0.00 | 264.00 l NO S s 31. SIGNATURE OF PHYSICIAN OR SUPPLIER 33. BILLING PROVIDER INFO & PH # 9516842874 32. SERVICE FACILITY LOCATION INFORMATION INCLUDING DEGREES OR CREDENTIALS TOTAL WELLNESS-RIVERSIDE TOTAL WELLNESS INC If certify that the statements on the reverse apply to this bill and are made a part thereof.)
STEVEN S NIETO 3191 B. MISSION INN AVE 3191 B MISSION INN-AVE RIVERSIDE, CA 92507 RIVERSIDE, CA 92507 09242010 DATE NUCC Instruction Manual available at: www.nucc.org APPROVED OMB-0938-0999 FORM CMS-1500 (08-05) PLEASE PRINT OR TYPE Mfd. by Medical Arts Press Call toll-free: 1-800-328-2179

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# EXHIBIT "B"

## **EXHIBIT "B"**



630 SOUTH 4TH STREET LAS VEGAS, NEVADA 89101 PHONE:(702) 384-8424 FAX: (702) 384-6568

Page 1 of 1

STEVEN M. BAKER
Nevada Bar No. 4522
BENSON, BERTOLDO, BAKER & CARTER
7408 W. Sahara Avenue
Las Vegas, Nevada 89117
Telephone: (702) 228-2600
Facsimile: (702) 228-2333
monique@bensonlawyers.com

Attorneys for Plaintiff

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### DISTRICT COURT

### CLARK COUNTY, NEVADA

\* \* \*

ENRIQUE RODRIGUEZ, an individual,

Plaintiff,

CASE NO: A531538

DEPT NO: 10

FIESTA PALMS, L.L.C., a Nevada Limited Liability Company, d/b/a PALMS CASINO RESORT, BRANDY L. BEAVERS, individually, DOES 1 through X, inclusive, and ROE BUSINESS ENTITIES I through X, inclusive,

PLAINTIFF'S SECOND SUPPLEMENTAL PRE-TRIAL DISCLOSURES

NON-JURY TRIAL DATE: 10/4/10

Defendants.

COMES NOW, Plaintiff ENRIQUE RODRIGUEZ by and through his attorney of record, Steven M. Baker, Esq. of Benson, Bertoldo, Baker & Carter, Chtd. and pursuant to Nevada Rules of Civil Procedure 16.1(a)(3) herein submits the following disclosures as follows:

### A. WITNESSES EXPECTED TO TESTIFY

- 1. Enrique Rodriguez, c/o Benson, Bertoldo, Baker & Carter, Chtd.
- 2. Maria Perez, c/o Benson, Bertoldo, Baker & Carter, Chtd.
- 3. Chris Poe, Lay Witness
- 4. Josh Gonzalez, Lay Witness
- 5. Joaquin Mendoza, c/o Archer Norris
- 6. Ron Merkerson, c/o Archer Norris
- 7. Steve Ferrero, c/o Archer Norris
- 8. Vikki Kooinga, c/o Archer Norris
- 9. Sherri Long, c/o Archer Norris
- 10. Frank Schiula, c/o Archer Norris

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pert Witness

ating Physician

Treating Physician

ng Physician

R.C., C.R.E., Expert Witness

S.P., P.C.I., Expert Witness

Mr. Tavaglione is arding Mr. Rodriguez's general health, lifestyle, e prior to and following the subject incident.

ikina liivaritti koliitiinin juliin kaym Mr. Ramirez is anticipated to testify regarding Mr. Rodriguez's general health, lifestyle, and business performance prior to and following the subject incident.

20. Dell Roberts, Mr. Roberts is anticipated to testify regarding Mr. Rodriguez's general health, lifestyle, and business performance prior to and following the subject incident.

### B. WITNESSES WHO HAVE BEEN, OR WILL BE, SUBPOENAED FOR TRIAL

- 1. Ron Merkerson, Security, Fiesta Palms
- 2. Joaquin Mendoza, Security, Fiesta Palms
- 3. Josh Gonzalez, Lay Witness
- 4. Chris Poe, Lay Witness

### C. WITNESSES WHO MAY BE CALLED, IF THE NEED ARISES

- 1. Steve Ferrero Sports Book Manager, c/o Archer Norris
- 2. Maureen Holden Marketing Manager, c/o Archer Norris
- 3. PMK, Custodian of Records, Joseph Schifini, M.D., Medical District Surgery Center, 2020 Goldring, Suite 300, Las Vegas, Nevada 89106.
- 4. PMK, Custodian of Records, Michael Labanowski, M.D., Nevada Sleep Diagnostics, 62 N. Pecos Rd. Suite B, Henderson, Nevada 89074.
- 5. PMK, Custodian of Records, Daniel Kim, D.O., Nevada ENT Center. 1815 E. Lake Mead Blvd. #307, Las Vegas, Nevada 89030.
- 6. PMK, Custodian of Records, Amman Strehlow, M.D., Strehlow Radiology, 3742 E. Tropicana Ave. Suite 1, Las Vegas, Nevada 89121.
- 7. PMK, Custodian of Records, Dr. Teresa Charniga, Joseph R. Nicola, D.C., Integrated Healthcare of Nevada, 4517 W. Sahara Ave., Las Vegas, NV 89120.

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8. William Simpson, M.D., Eric Campbell, D.C., PMK, Custodian of Records, The Wellness Group, 34740 Via Carnaghi, Wildomar, CA 92595.

9. Adam Attoun, D.O., PMK, Custodian of Records, Open MRI of Inland Valley, 44274 George Cushman #108, Temecula, CA 92592.

10. William Simpson, M.D., Custodian of Records, 32395 Clinton Keith Rd. #104, Wildomar, CA 92595.

11. Mary Ann Shannon, M.D., PMK, Custodian of Records, Las Vegas Neurosurgery, Orthopaedics & Rehabilitation, 600 S. Rancho Dr., Suite 107, Las Vegas, NV 89106.

12. PMK, Custodian of Records, I.V. League Pharmacy, Inc., 6076 Bristol Pkwy. Suite 104, Culver City, CA 90230.

13. PMK, Custodian of Records, Valley Hospital and Medical Center, 620 Shadow Lane, Las Vegas, NV 89106.

14. PMK, Custodian of Records, Lawrence R. Miller, M.D., 8641 Wilshire Blvd. Suite 200, Beverly Hills, CA 90211.

15. PMK, Custodian of Records, North Valley Medical Supply, 3053 W. Craig Rd. Suite B, North Las Vegas, NV 89032.

16. Walter Kidwell, M.D., PMK, Custodian of Records, Pain Institute of Nevada, 600 S. Rancho Dr. Suite 113, Las Vegas, Nevada 89106.

17. PMK, Custodian of Records, Quality RESP Solutions, 20818 Higgins Court, Torrance, CA 90501.

18. Medical Attendants, PMK, Custodian of Records, American Medical Response, 1200 S. Martin Luther King Blvd., Las Vegas, NV 89102.

19. PMK, Custodian of Records, Spring Valley Hospital and Medical Center, 5400 S. Rainbow Blvd., Las Vegas, NV 89118.

20. PMK, Custodian of Records, Physician's Management Solution, 6700 Indiana Ave., Suite 145, Riverside, CA 92506.

21. Douglas S. Stacey, D.P.M., PMK, Custodian of Records, Foot and Ankle Surgical Group, 10001 S. Eastern Ave. Suite 401, Las Vegas, NV 89052.

22. PMK, Custodian of Records, Olympic Anesthesia Partnership, 804 Scott Nixon Memorial Dr., Augusta, GA 30907-2464.

23. Lake Mead Radiologists, Person Most Knowledgeable and/or Custodian of Records, 5496 South Rainbow Blvd., Suite 101, Las Vegas, Nevada 89118.

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24.	Wilshire Surgicenter,	Inc.,	Person	Most	Know	ledgeable	and/or	Custodian	of Reco	rds
	8641 Wilshire Blvd	Suite	201. B	everly	Hills.	Californi	ia 90211	_		

- Lawrence Miller, M.D., California Hand Surgery & Orthopeadic Specialty Medical Clinic, Person Most Knowledgeable and/or Custodian of Records, 8541 Wilshire Blvd., Suite 200, Beverly Hills, California 90211.
- 26. Joseph J. Schifini, M.D., Person Most Knowledgeable and/or Custodian of Records, 526 South Tonopah Drive, Suite 160, Las Vegas, Nevada 89106.
- Matt Smith Physical Therapy, aka Valley Rehabilitation, Person Most Knowledgeable and/or Custodian of Records, 848 North Rainbow Blvd., Box 357, Las Vegas, Nevada 89107.
- 28. Centennial Upright MRI, Person Most Knowledgeable and/or Custodian of Records, 4640 West Craig Road, North Las Vegas, Nevada 89032.
- 29. Vons Pharmacy / Safeway, Person Most Knowledgeable and/or Custodian of Records, 5918 Stoneridge Mall Road, Pleasanton, California 94588-2339
- 30. Russell J. Shah, M.D., Person Most Knowledgeable and/or Custodian of Records, 10624 South Eastern Avenue, Suite A-425, Las Vegas, Nevada 89102.
- 31. Louis Mortillaro, Ph.D., Person Most Knowledgeable and/or Custodian of Records, 501 South Rancho Drive, Suite F37, Las Vegas, Nevada 89106,
- G. Michael Elkanich, M.D., Bone & Joint Specialists, Person Most Knowledgeable and/or Custodian of Records, 2680 Crimson Canyon Drive, Las Vegas, Nevada 89128-9995.
- 33. Walgreen Pharmacy / Walgreen Company, Person Most Knowledgeable and/or Custodian of Records, P.O. Box 4039, MS #735, Danville, Illinois 61834.
- 34. Robert Gutierrez, M.D., Person Most Knowledgeable and/or Custodian of Records, 5380 South Rainbow, Suite 100, Las Vegas, Nevada 89118.
- 35. Advanced Urgent Care—Primary, Govind Koka, D.O., Craig Jorgenson, M.D., Person Most Knowledgeable and/or Custodian of Records, 9975 South Eastern Avenue, #110, Las Vegas, Nevada 89183.
- 36. Rancho Physical Therapy, John G. Nork, M.D., Person Most Knowledgeable and/or Custodian of Records, 630 East Latham Avenue, Hemet, California 92543.
- 37. Chynoweth, Hill and Leavitt, 3831 West Charleston Blvd., Las Vegas, Nevada 89102, 877-325-2776 Telephone. (Billing for Kelly Hawkins, P.T.)
- 38. Jacob E. Tauber, M.D., 9033 Wilshire Blvd., Suite 401, Beverly Hills, A 90211, (323) 655-2968.

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39.	Yakov Treyzon,	M.D.,	5901 W	. Olympic	Blvd.,	#100,	Los A	ngeles,	CA	90036.	(323)
	930-1331.										

- 40. Wilshire Surgicenter, Inc., 11999 San Vicente Bl., #440, Los Angeles, CA 90049, (310) 440-3131.
- 41. Thomas Vater, D.O., 7200 Cathedral Rock, Suite 210, Las Vegas, NV 89128. (702) 430-5000.
- 42. Michael Crovetti, M.D., 2779 West Horizon Ridge, Suite 200, Henderson, NV 89052 (702) 932-8361.
- 43. Shadow Emergency Physicians, POB 13917, Philadelphia, PA 19101-3917, (800) 355-2470.
- 44. Stephen L. Weiner, D.C., D.A.C.B.R., PMK, COR, Vision Radiology, 2600 Associated Road, # A 50, Fullerton, CA 92835.
- 45. Melinda Hunter, PMK, COR, VQ Orthocare, 18011 Mitchell South, Irvine, CA 92614.

### D. DEPOSITIONS TO BE RELIED UPON

- 1. Enrique Rodriguez
- 2. Brandy Beavers
- 3. Fiesta Palms PMK Ms. Vikki Kooinga
- 4. Fiesta Palms PMK Ms. Sherri Long
- 5. Fiesta Palms PMK Mr. Frank Schiula

### E. EXHIBITS EXPECTED TO BE OFFERED

### \*\* COPIES OF THE FOLLOWING DOCUMENTS HAVE BEEN PROVIDED ON CD:

- 1. Incident Report (FP0118-124) produced by Defendant
- 2. Palms Security Policy Manual produced by Defendant
- 3. Medical records and billing statement from Spring Valley Hospital (SVMC 0000001-11)
- 4. Medical records and billing statement from Desert Radiologists (Desert Radiologist 0000001-2)
- 5. Medical records and billing statement from Shadow Emergency Physicians (Shadow Emergency 0000001-4)
- 6. Medical records and billing statement from Associated Physicians (Associated Physicians 0000001-16)
- 7. Medical records and billing statement from Open MRI of Inland Valley (OPEN MRI 0000001-4)
- 8. Medical records and billing statement from Wellness Group (Wellness Center 0000001-14)

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- 9. Medical records and billing statement from Vision Radiology (Vision Radiology Consultants 0000001-3)
- 10. Medical records and billing statement from VQ Ortho Care (VQ Orthocare 0000001-6)
- 11. Medical records and billing statement from IV League Pharmacy (IV League 0000001-22)
- 12. Medical records and billing statement from Valley Hospital Medical Center (VHMC 0000001-61)
- 13. Medical records and billing statement from Strehlow Radiology (Strehlow 0000001-2)
- 14. Medical records and billing statement from Insight Mountain Diagnostics (INSIGHT 0000001-24)
- 15. Medical records and billing statement from Rancho Physical Therapy (Rancho P.T. 0000001-302)
- 16. Medical records and billing statement from Las Vegas Neurosurgery, Orthopedics & Rehabilitation (LVNORA 0000001-24)
- 17. Medical records and billing statement from Integrated Health Care (Integrated 0000001-33)
- 18. Medical records and billing statement from NV Sleep Diagnostics (NV Sleep 0000001-20)
- 19. Medical records and billing statement from Village East Drugs (Village East Drugs 0000001-11)
- 20. Medical records and billing statement from Medical District Surgery Center (Medical District Surgery Center 0000001-79)
- 21. Medical records and billing statement from Beverly Tower Wilshire Advanced Imaging (Beverly Tower Imaging 0000001-3)
- 22. Pharmacy Record from Safeway Pharmacy (Safeway 0000001)
- 23. Medical records and billing statement from Jacob Tauber, M.D. and George Graf, M.D. (Dr. Tauber 0000001-28)
- 24. Medical records and billing statement from Yakov Treyzon, M.D. (Treyzon, M.D. 0000001-9)
- 25. Medical records and billing statement from F. Michael Ferrante, M.D. (UCLA 0000001-6)
- 26. Medical records and billing statement from Quality Respiratory Solutions/King Medical Supply (Quality Resp. Solu. 0000001-24)
- 27. Medical records and billing statement from Casiano Flaviano, M.D., Family Wellness Center (Family Wellness 0000001-3)
- 28. Medical records and billing statement from Walter Kidwell, M.D., Pain Institute of Nevada (Kidwell 0000001-22)
- 29. Medical records and billing statement from Olympia Anesthesia (Olympic 0000001-10)
- 30. Medical records and billing statement from Wilshire Surgicenter (Wilshire Surgicenter 0000001-121; Wilshire 0000001-3)
- 31. Daniel Kim, D.O., Nevada Ear, Nose & Throat
- 32. Medical records and billing statement from Douglas S. Stacey, D.P.M., Foot & Ankle Surgical Group (Dr. Stacey, D.P.M. 0000001-5)
- 33. Medical records and billing statement from North Valley Medical Supply (0000001-6)

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Consultants KOKA 0000001-330)

38. Medical records and billing statement from Michael J. Crovetti, D.O., Bone & Joint Institute (Crovetti 0000001-38)

39. Medical records and billing statement from John Thalgott, M.D., Center for Disease and Surgery of the Spine (CDSS 0000001-72)

40. Medical records and billing statement from Las Vegas Surgery Center (LV Survery Center 0000001-10)

Gutierrrez, M.D. 0000001-59)

(Advanced Urgent Care 0000001-2)

Mead Radiology (Lake Mead Rad. 0000001-18)

41. Medical records and billing statement from Joseph J. Schifini, M.D. (Schifini 0000001-19)

34. Medical records and billing statement from Nevada Imaging Centers/Lake

35. Medical records and billing statement from Robert Gutierrez, M.D. (Robert

36. Craig Jorgenson, M.D., Govind Koka, D.O., Advanced Urgent Care

37. Medical records and billing statement from Govind Koka, D.O., Medical

Associates of Southern Nevada/Primary Care Consultants (Primary Care

- 42. Medical records and billing statement from Lawrence Miller, M.D., Cal Hand Surgery (Cal. Hand 0000001-86)
- 43. Medical records and billing statement from Matt Smith Physical Therapy (Dr. Matt Smith 0000001-143; Valley Rehab. 0000001-180)
- 44. Medical records and billing statement from Centennial Upright MRI (Centennial Upright MRI 0000001-12)
- 45. Billing statement from G. Michael Elkhanich, M.D., Bone & Joint Institute (Elkhanich 000001-2)
- 46. Pharmacy Statement from Walgreen's Pharmacy (Walgreens 0000001-75)
- 47. Medical records and billing statement from Thomas Vater, D.O. (Dr. Vater 0000001-18)
- 48. Medical records and billing statement from Russell J. Shah, M.D. (Shah 0000001-88)
- 49. Medical records and billing statement from Kelly Hawkins Physical Therapy/ Chynoweth, Hill & Leavitt (KHPT 0000001-44)
- 50. Medical records and billing statement from Louis F. Mortillaro, Ph.D. & Associates (Mortillaro 0000001-243)
- 51. Medical records and billing statement from Quest Diagnostics (Quest Diagnostics 0000001-15)
- 52. 1999 Tax Records (W-2 1999 0000001-8)
- 53. 2001 Tax Records (W-2 2001 0000001-8)
- 54. 2004 Tax Records (W-2 2004 0000001-10)
- 55. Medical bills from Total Wellness Clinic (Total Wellness 000001-8) Records will be supplemented upon receipt
- 56. Expert Report of Terrence Dinneen (provided previously)
- 57. Expert Report of Steven T. Baker (provided previously)
- 58. List of Past Medical Expenses (Plaintiff's Computation of Damages)
- 59. Any exhibits designated by Defendants, and/or items produced pursuant to NRCP 16.1.
- 60. Any and all disclosures by Plaintiff and Defendants
- 61. Any and all responsive documents to Requests for Production of Documents

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### F. DEMONSTRATIVE EXHIBITS TO BE USED AT TRIAL

- Pain Stimulator
- CPAP Machine
- 3. Cane
- Model of Knee
- 5. Poster of R.S.D. explanation

### WHICH MAY BE OFFERED, IF THE NEED ARISES

- 1. Any and all of Defendants' exhibits disclosed pursuant to NRCP 16.1.
- 2. Any and all of Plaintiff's exhibits disclosed pursuant to NRCP 16.1.
- 3. Any and all responses to Discovery.
- 4. Any and all exhibits submitted during depositions.

day of \_ DATED this

BENSON, BERTOLDO, BAKER & CARTER

BY:

STEVEN M. BAKER, ESQ. Nevada Bar No.4522

7408 West Sahara Avenue

Las Vegas, Nevada 89117

Attorneys for Plaintiff 702-228-2600 Telephone

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### CERTIFICATE OF SERVICE

I hereby certify that on the 14th day of September, 2010, I served a copy of the foregoing PLAINTIFF'S SECOND SUPPLEMENTAL PRE-TRIAL DISCLOSURES via 1st Class, U.S. Mail, postage thereon fully prepaid to the following:

10676-05 Kenneth C. Ward, Esq. Archer Norris 2033 North Main Street, Suite 800 P.O. Box 8035 Walnut Creek, California 94596 925-930-6600 Telephone 925-930-6620 Facsimile

Attorneys for Fiesta Palms 10676-05 Jeffery A. Bendavid, Esq. Moran & Associates 630 South Fourth Street Las Vegas, Nevada 89101 702-384-8424 Telephone 702-284-6568 Facsimile

10676-05 Marsha L. Stephenson, Esq. Stephenson & Dickinson 2820 West Charleston Blvd., Suite 19 Las Vegas, Nevada 89102 474-7229 Telephone 474-7237 Facsimile

Co-Counsel for Fiesta Palms

Co-Counsel for Fiesta Palms

An employee of Benson, Bertoldo, Baker & Carter, Chtd.

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# EXHIBIT "C"

## EXHIBIT "C"



MORAN BRANDON BENDAVID MORAN ATTORNEYS AT LAW

630 SOUTH 4TH STREET LAS VEGAS, NEVADA 89101 PHONE:(702) 384-8424 FAX: (702) 384-6568

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STEVEN M. BAKER Nevada Bar No. 4522 BENSON, BERTOLDO, BAKER & CARTER 7408 W. Sahara Ayenue

Las Vegas, Nevada 89117 Telephone: (702) 228-2600 Facsimile: (702) 228-2333

monique@bensonlawyers.com e-mail

Attorneys for Plaintiff

### DISTRICT COURT

### CLARK COUNTY, NEVADA

\* \* \*

ENRIQUE RODRIGUEZ, an individual,

Plaintiff,

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FIESTA PALMS, L.L.C., a Nevada Limited Liability Company, d/b/a PALMS CASINO RESORT, BRANDY L. BEAVERS, individually, DOES I through X, inclusive, and ROE BUSINESS ENTITIES I through X, inclusive,

Defendants.

CASE NO: A531538

DEPT NO: 10

BENCH TRIAL: 10/25/10

PLAINTIFF'S CONFIDENTIAL TRIAL BRIEF

COMES NOW, Plaintiff, ENRIQUE RODRIGUEZ, by and through his counsel, and hereby submits his Trial Brief as allowed and permitted by EDCR 7.27. As permitted further by EDCR 7.27, Plaintiff reserves the right not to serve opposing counsel with a copy of this Brief until after the close of evidence. This Trial Brief is intended to assist the Court in understanding the planned order of the trial as well as to educate the Court regarding Plaintiff's cause of action and the evidence to support that cause of action accordingly.

### I. STATEMENT OF FACTS

This is a premises liability matter that occurred November 22, 2004 at the Palms Sports Bar/Sports Book. Plaintiff ENRIQUE RODRIGUEZ was an invited guest to watch a football game. During half-time, agents, employees and/or assigns of the Palms (hereinafter known as the "PALMS GIRLS") were participating in a promotion wherein they were throwing souvenirs to Sports Bar/Sports Book patrons while blindfolded.

In response to the Palms Girl, Brandy Beavers, throwing souvenirs in the Sports Bar/Sports Book while blind-folded, a customer within the Sports Bar/Sports Book dove for a thrown souvenir and hit Mr. Rodriguez's extended and stationary left knee. Mr. Rodriguez then struck the person next to him, hitting the left side of his head, then falling down, thereby sustaining extensive injuries and damages.

II,

#### PROCEDURAL HISTORY

On or about November 15, 2006, Plaintiff filed the Complaint against Fiesta Palms L.L.C. Fiesta Palms, L.L.C. filed its Answer on April 23, 2007. The Joint Case Conference Report was filed on October 29, 2007 and the parties began discovery pursuant to Nevada Rule of Civil Procedure 26. On or about May 8, 2009, Plaintiff filed his motion for leave to amend Complaint to include Defendant BRANDY BEAVERS.

BRANDY L. BEAVERS, Defendant herein, was duly served with a copy of the Amended Summons and Amended Complaint on the day 11th day of January, 2010. The

Plaintiff's Confidential Trial Brief Page 2 of 19

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default of Defendant BRANDY L. BEAVERS for failing to answer or otherwise plead to Plaintiff's Amended Complaint was entered by this Honorable Court on February 25, 2010.

### M.

### THEORY OF LIABILITY

Plaintiff has sued the Defendant the theory of negligence. This theory will be discussed below:

### A. Negligence

In order to prevail on the issue of negligence, Plaintiff must show: 1) that the Defendant owed a duty of care to Plaintiff; 2) that Defendant breached his duty of care toward Plaintiff; 3) that Defendant's breach was the actual cause of Plaintiff's damages; 4) that Defendant's breach was the proximate cause of Plaintiff's damages; 5) that Plaintiff suffered damages as a result of Defendant's breach. Perez v. Las Vegas Medical Center, 107 Nev. 1, 4, 805 P.2d 589, 590-591 (1996).

Nevada's controlling law on "slip and fall" premises liability can be found in Moody v. Manny's Auto Repair, 110 Nev. 320, 871 P.2d 935 (1994), Sprague v. Lucky Stores, Inc., 109 Nev. 247, 849 P.2d 320 (1993), Asmussen v. New Golden Hotel Company, 392 P.2d 49 (1964), Worth v. Reed, 384 P.2d 1017 (1963), Eldorado Club, Inc. v. Graff, 377 P.2d 174 (1962), and Galloway v. McDonalds Restaurants, 102 Nev. 534, 728 P.2d 826 (1986). Determinations of liability should primarily depend upon whether the owner or occupier of land acted reasonably under the circumstances. Moody v. Manny's Auto Repair, supra. In Asmussen, the Court stated that a proprietor's liability may be found if the

Plaintiff's Confidential Trial Brief Page 3 of 19

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Through the course of discovery, Plaintiff has established that prior to the subject incident, Defendant PALMS was aware that promotional items were thrown into crowds; that Defendant PALMS acknowledged this behavior was inappropriate because it was a safety issue and could foreseeably cause injury to an individual; and that Defendant PALMS failed to implement any written safety standards, procedures and/or policies instructing employees and/or independent contractors not to throw items into crowds.

Further, Defendant PALMS has conceded that they are not sure if they ever instructed employees and/or independent contractors not to throw promotional items into crowds, and have no recollection as to whether they ever specifically instructed Ms. Beavers not to throw items into the crowd.

Specifically, Sheri Long, the Director of Marketing at The Palms testified that she was aware that promotional items were thrown into crowds; that Defendant acknowledged this behavior was inappropriate because it was a safety issue and could foreseeably cause injury to an individual.

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For purposes of this case, the Honorable Court is advised that the Key West Room discussed below is where promotions were held <u>before</u> being moved to the subject sportsbook.

- Q. Was there a custom and practice of bringing pretty girls in to help in the Monday Night Football party as part of the promotion?
- A. Yes.
- Q. Was that routine each Monday night football party?
- A. Yes.
- Q. Okay. And where did they come from?
- A. Usually from outside vendors.
- Q. Third parties?
- A. Yes.
- Q. And, of course, the purpose there is just to create a kind party atmosphere, is that right?
- A. Correct.
- Q. Were you aware -- do you need that?
- A, No.
- Q. Were you of any of these girls throwing promotional items into the crowd while the party was being held in the banquet room?
- A. In the Key West?
- Q. In the Key West.

Plaintiff's Confidential Trial Brief Page 5 of 19

3-2333	-	A Company	
2) 228	1	] A.	I believe that it did happen once.
4X (70	2	Q,	In the Key West room?
90 • E	3	A.	Yes.
7408 WEST SAHARA AVENUE • LAS VEGAS, NEVADA 89117 • (702) 228-2600 • FAX (702) 228-2333	4 5	Q.	And do you know who was throwing those things?
117 • (70	6	А.	No.
DA 89	7 8	Q.	What was your opinion of that conduct?
NEVA	9	A.	That it wasn't appropriate.
EGAS,	10	Q.	Why wasn't it appropriate?
LAS V	.11	A.	Because it definitely is a safety issue.
NUE.	12		And it could foreseeably cause injury to
LAVE	13		somebody, is that right?
HARA	14	A.	Absolutely.1
ST SA	15	Ms, Lo	ng reiterated her safety concerns, but could not even recall if she ever
£08 W.E	16	instructed her s	staff that items should not be thrown into crowds during promotional events.
77	17		
	75 19 18 \$ 18		Okay. And at the time in the Key West room when you discovered someone was throwing promotional
	YKE 20		items out into the crowd, who was it that you spoke to?
	21	A.	I'm sure it was the marketing manager.
	22	Q.	Who was that at that time?
	23	A. :	believe it was Maureen.
	24		Do you remember the substance of your conversation?
	25	,	Conversation
	26	<sup>1</sup> See Exhibit "	1," Long Deposition, 48:1-25; 49:1-9.
	27		
		i	ns there are added to the first of

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- A. Some minor, some not minor.
- Q, Did you feel it was a minor or not minor issue?
- A, I really don't recall at the time. I'm thinking that it would have been more from the security side of things, the safety and security side of things that that concern would have have been addressed. Likely my manager sent an e-mail out.
- Q. To whom?
- A. Within the company to the couple people in my department that it might have involved, just, you know, just a reminder, please don't do this.
- Q. Did you personally contact the security department, do you recall?
- A. No, I wouldn't have.
- Did you bring it up at one of the staff Q. meetings when the different directors from different departments met I think you said monthly?
- A. I really don't recall at the time if I did that. I know I have brought it up for other things with regard to safety, but specifically for that, not necessarily.
- Q. You brought it up -- oh. You've made your safety concerns known --
- A. Correct,
- Q. -- on other issues?
- Α. Correct.
- Q. But you don't recall specifically with this issue?

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- A. I don't recall.
- Q. When you're hiring girls to do the promotions, do you interview them personally?
- A, Did I? No.
- Q. Who did? -
- A. My marketing manager generally did.
- Q. Did you instruct your marketing manager to tell these girls don't throw stuff out in the crowd after you became aware that that was occurring in the Key West room?
- A. I don't recall if we had the conversation.
- Q. Do you know if you maybe you put it in writing to anybody?
- A. I don't recall. That, I have no idea.2

Despite awareness of the foreseeable danger, Ms. Long testified that she cannot even recall if the issue was raised during staff and/or safety meetings.

- Q. At any time during those meetings, did your manager or you or anybody bring up the issue that we shouldn't have girls throwing stuff at these promotional events?
- A. I don't recall.
- Q. You can't say one way or another?
- A. No.<sup>3</sup>

<sup>3</sup> <u>Id.</u>, at 57:20-25; 58:1

Plaintiff's Confidential Trial Brief Page 9 of 19

<sup>&</sup>lt;sup>2</sup> <u>Id.</u>, at 53:17-25; 54-55:1-25; 56:1-9.

Continuing, Ms. Long indicated that she does not know if she instructed Ms. Beavers not to throw promotional items into the crowd, and cannot recall making any departmental procedures to instruct others.

- Q. And it's fair to say that you don't know whether or not Denise specifically instructed Brandy not to throw promotional items into the crowd?
- A. I don't know.
- Q. Did you make it a departmental procedure to instruct these girls not to throw promotional items into the crowd after what happened in the Key West room?
- A. I really don't recali.4

Lastly, Ms. Long acknowledged that there is no formal policy or procedure to prevent promotional items from being thrown into the crowd.

- Q. Is there now a formal policy or procedure to prevent that from happening?
- A. I don't have one in writing.5

Vikki Kooinga, Risk Manager at The Palms has also testified that she is unaware of any regulation against throwing promotional items into crowds. Importantly, she also testified that throwing items into a crowd could foreseeably cause injury to someone in the audience.

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<sup>&</sup>lt;sup>4</sup> <u>Id.</u>, at 69: 8-16.

<sup>&</sup>lt;sup>5</sup> <u>Id</u>., at 72: 3-5.

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Q. And that's one of the reasons why you as the risk manager would instruct employees of the Palms hotel not to throw those objects, is that fair to say?

MR. GILLETTE: Well, that calls for speculation, and it also misstates her prior testimony. You can go ahead and answer.

- Could you repeat it? A.
- Q. Sure. As the risk manager, one of the reasons -using your common sense -- that you would tell your employees not to throw something into a crowd is because that could result in an injury to somebody in that crowd?
- Correct. A.
- And that wouldn't be reasonable in terms of Q. risk management, is that fair to say?
- It's not something --Α.

MR, GILLETTE: That calls for a legal But you can answer that.

- It's not something that I would advise. A.
- Is there a policy or procedure in effect Q. now at the Palms hotel not to throw objects into the audience during a promotional event?
- Α. I don't know if there's a specific policy, a written policy.6

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<sup>&</sup>lt;sup>6</sup> See Exhibit "2," Kooinga Deposition, 30; 23-25; 31: 1-25; 32: 1-25; 33:1-7.

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inappropriate, wrong and beneath the standard of care for the hotel protecting the safety of their patrons upon the premises.

Q. Did you have any thoughts about the appropriateness of Brandy Beavers throwing promotional bottles out into the audience?

Ms. Kooinga has acknowledged that throwing promotional items into the crowd was

- A. My personal opinion?
- Q. Yes.
- A. It is not appropriate.
- Q. So you think that was wrong?
- A. Yes
- Q. If Brandy Beavers was an employee of the Palms hotel at that time –
- A. I'm sorry. Can I clarify something?
- Q. Absolutely.
- A. Based upon the report, he is stating that she threw it. I do not know if it was actually thrown.
- Q. But, hypothetically, if it was thrown, in your opinion, that would be wrong?
- A. Hypothetically, yes.
- Q. Okay. And if Brandy Beavers was an employee of the Palms hotel at the time she threw that water bottle, she would have done something wrong?
- A. I don't believe she was employed.

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- Hypothetically, I believe yes. A.
- Okay. And something that was beneath the Q. standard of care for the hotel protecting the safety of their patrons upon the premises?

MR. GILLETTE: That calls for a legal conclusion.

### BY MR. BAKER:

You can answer. Q. When he makes those objections, later a Judge might read these objections, and the Judge will decide if my question is profoundly stupid or not. MR. BAKER: Would you read the question back, please?

(Thereupon, the requested portion was read back.)

- I think you had asked me in my opinion. A.
- Correct? Q.
- Yes, it would be.7 A.

Lastly, Ms. Kooinga has testified that she would have expected Security to stop anyone from throwing items into the crowd.

- And if a security individual working at the Q. Palms hotel in November of 2004 saw somebody throwing promotional items out into an audience, would you expect that security officer to tell them to stop doing it?
- Yes. Α.

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<sup>&</sup>lt;sup>7</sup> <u>Id.</u>, at 39: 16-25; 40: 1-25; 41: 1-8.

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MR. GILLETTE: Well, there's a relevance objection in there somewhere, Steve, simply because sine doesn't control them. She doesn't supervise the activities of those individuals.

MR. BAKER: I understand.

### BY MR. BAKER:

- Q. You understood my question though?
- A. Repeat it, please.
- Q. Sure.

  The security officers using their common sense, as risk manager, you would expect them to stop the person throwing promotional items out into the audience?

MR. GILLETTE: Incomplete hypothetical.
Go ahead and answer.

- A. I would expect that they would, yes.
- Q. And as the risk manager for the Palms hotel, it's your opinion that the standard of care would require that any security officer in the area would stop an individual from throwing promotional items out into the audience?
- A. That they would if they had prior knowledge it was about to happen, if hypothetically this is exactly what happened is that Brandy Beavers threw a water bottle, once it left her hand, he may have seen it, he's it in no position to stop it at that point. However, he may have gone to her afterwards and said do not do it again.
- Q. However, just to get my question, I understand how you're framing it. But it would be appropriate for a security officer in the area to stop her from throwing those objects into the audience?

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- A. If she had done it more than once, yes.
- Q. And that would be what you would expect of security officers as the risk manager of the Palms hotel?
- A. Yes.8

In this case, Defendant PALMS was aware that promotional items were thrown into crowds. Defendant has acknowledged this behavior was inappropriate because it was a safety issue and could *foreseeably* cause injury to an individual. Defendant acknowledged that the behavior was wrong and fell below the standard of for the hotel protecting the safety of their patrons upon the premises Yet, Defendant failed to implement any written safety standards, procedures and/or policies instructing employees and/or independent contractors *not* to throw items into crowds.

Lastly, Defendant PALMS conceded that they are not sure if they ever instructed employees and/or independent contractors not to throw promotional items into crowds, and have no recollection as to whether they ever specifically instructed Ms. Beavers not to throw items into the crowd.

Under NRS 42.001, implied malice is a discrete basis for assessing punitive damages where conscious disregard can be demonstrated. NRS 42.001(3).

Plaintiff submits that the evidence and testimony elicited to date demonstrate "conscious disregard."

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<sup>8</sup> Id., at 43: 12-25; 44: 1-25; 45: 1-6.

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IV.

### BRIEF STATEMENT OF DAMAGES

Plaintiff's claimed injuries include the following:

- 1. Neck
- 2. Left wrist
- 3. Right hand and right fingers
- 4. Lower back
- 5. Left shoulder
- 6. Right shoulder
- 7. Left knee, shin, ankle, foot, left toe
- 8. Right foot
- 9. Right leg
- 10, Headaches
- 11. Sleep apnea

Plaintiff is permanently disabled and will require extensive future medical treatment.

Plaintiff presented to Dr. Shah, a neurologist, on August 10, 2010 for continued burning sensation in the left knee, pain in the right shoulder, sensory right hand tingling, numbness and decreased strength. Plaintiff awaits surgery for the permanent pain stimulator implant which is anticipated to negate the lower extremity symptoms. Dr. Shah's impression on August 10, 2010 follows:

- 1. Right lumbar radiculopathy
- 2. Right carpal tunnel regional abnormality

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	3.	Left kn	ee pain
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- 4. Cervical strain with sensory right arm radicular complaints
- 5. Right shoulder strain
- 6. Right ankle pain and weakness secondary to asymmetric weight on walking from left knee pain

#### 1. Special Damages:

a.	Past Medical Expenses	\$543,633
ъ.	Future Medical Expenses	\$2,000,000
c.	Past Loss of Earnings	\$290,000
d,	Future Loss of Earnings	\$968,000

#### 2. General Damages:

a.	Past Pain, Suffering, and Loss of	
	Enjoyment of Life	\$ Court's discretion

<b>b</b> .	Future Pain, Suffering and Loss of
	Enjoyment of Life

\$ Courts discretion

\$ Depending on the state Total Damages: of the evidence, Plaintiff will likely ask for total damages in the amount of \$5,000,000.00.

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Attorneys for Plaintiff

DISTRICT COURT

### CLARK COUNTY, NEVADA

\* \* \*

ENRIQUE RODRIGUEZ, an individual,

| CASE NO: A531538

Plaintiff,

DEPT NO: 10

VS.

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FIESTA PALMS, L.L.C., a Nevada Limited Liability Company, d/b/a PALMS CASINO RESORT, BRANDY L. BEAVERS, individually, DOES 1 through X, inclusive, and ROE BUSINESS ENTITIES I through X, inclusive,

Defendants.

### CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on the \_\_\_\_\_day of January, 2011, a true and correct copy of Plaintiff's Confidential Trial Brief was served via 1<sup>st</sup> Class, U.S. Mail, postage thereon fully prepaid to the following interested parties:

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Page 1 of 2

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An Employee of Benson, Bertoldo, Baker & Carter

## EXHIBIT "D"

## EXHIBIT "D"

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ENRIQUE RODRIGUEZ 11/22/2004 534.70 INVOICE

INVOICE DATE

08/20/2000

ENRIQUE RODRIGUEZ

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