

IN THE SUPREME COURT OF THE STATE OF NEVADA

KEVIN DANIEL ADRIANZEN,

Appellant,

v.

PAIGE ELIZABETH PETIT,

Respondent.

Electronically Filed
Sep 23 2019 04:56 p.m.
Elizabeth A. Brown
Clerk of Supreme Court

Supreme Court No.: 78966

District Court No.: D489542

**APPEAL FROM ORDER DENYING REQUEST TO SET EVIDENTIARY
HEARING ON MOTION FOR MODIFICATION OF PHYSICAL
CUSTODY**

Eighth Judicial District Court of the State of Nevada

In and for the County of Clark

THE HONORABLE T. ARTHUR RITCHIE JR.

DISTRICT COURT JUDGE

APPELLANT'S APPENDIX – VOL. 2

Michael Burton, Esq.

Nevada Bar Number 14351

McFarling Law Group

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Attorney for Appellant, Kevin Adrianzen

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2	09/17/18	Court Minutes	AA000291
1	08/18/14	Decree of Divorce	AA000001-6
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3	06/04/19	Notice of Appeal	AA000554-555
3	05/28/19	Notice of Entry of Order	AA000548-553
2	02/14/19	Notice of Entry of Order from September 17, 2018 Hearing	AA000295-299
3	05/28/19	Order From April 9th 2019 Hearing	AA000544-547
2	02/11/19	Order from September 17, 2018 Hearing	AA000292-294
1-2	09/14/18	Plaintiff's Exhibit Appendix	AA000122-290
2	02/28/19	Plaintiff's Exhibit Appendix	AA000324-333
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1	08/23/18	Plaintiff's Opposition to Defendant's Motion for Modification of Timeshare Schedule and Countermotion for Modification of Physical Custody to Joint; Holiday and Vacation Schedule and Week On/Week Off Timeshare, & Modification of Child Support	AA000020-43
2	04/05/19	Plaintiff's Reply and Opposition to Countermotion for Attorney's Fees and Costs	AA000462-473
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2-3	04/09/19	Transcript Re: All Pending Motions	AA000492-543

CERTIFICATE OF SERVICE

I, an employee of McFarling Law Group, hereby certify that on the 23rd day of September, 2019, I served a true and correct copy of Appellant's Appendix as follows:

 X by United States mail in Las Vegas, Nevada, with First-Class postage prepaid and addressed as follows:

Mel Grimes, Esq.
808 South 7th Street
Las Vegas NV 89101

 X via the Supreme Court's electronic filing and service system (eFlex):

Mel Grimes, Esq.

/s/Maria Rios Landin
Maria Rios Landin

HM Note 01 Month Established

Patient: RYDER B. PETIT ADRIANZEN
DOS: Oct 23 2013 10:20AM

EMRN: 80-1492995

Chest - Symmetric. Lungs clear to auscultation bilaterally, no wheezing, no rales, no stridor, no respiratory distress.
Cardiovascular - Precordium quiet, no thrills, regular rate and rythm, no murmurs, femoral pulses present bilaterally and equal.
Abdomen - Symmetric, nondistended, soft all quadrants, nonrigid, no apparent tenderness, no hepatosplenomegaly, no masses.
Lymphatic Palpation of lymph nodes in neck: No lymphadenopathy.
Genitourinary - Normal male external genitalia, testes descended bilaterally, no hernia, normally positioned anus.
Hips - Symmetric anterior and buttock creases, no hip clicks or clunks, normal range of motion.
Extremities - Symmetric.
Back: Spine intact and appears aligned.
Neurologic - Intact without deficits, normal tone.
Skin - Pink with no abnormal lesions or rashes.

Assessment

1. Infant Feeding Problems 783.3

Discussion/Summary

Cont gas drops. watch diet. good exam. call if problems. f/u 2mo well check but if can't come due to insurance reasons - will at least get shots at health dept...

Immunizations

Children through 18 years of age who meet at least one of the following criteria are eligible for a VFC vaccine.
2=Uninsured condition.

Signatures

Electronically signed by : Joanna Elliott, CMA; Oct 23 2013 10:28AM (Co-author)
Electronically signed by : PRASHANT DANI, M.D.; Nov 15 2013 4:15AM (Author)



HealthCare Partners

Nevada

HealthCare Partners Medical Group -
700 Building
700 E Warm Springs Rd Ste 110
Las Vegas, NV 89119-4311
(702) 318-2400

Patient: RYDER B. PETIT ADRIANZEN
7645 STETSON BLUFF AVE
LAS VEGAS, NV 89148
Home: (702) 767-7283

MRN: 80-1492995
DOB: Sep 22, 2013
DOS: 10/09/2013 9:40AM

Reason For Visit

HCPN Reason For Visit: Well Child Checkup.

Vitals

NV Note Vitals Signs [Data Includes: Current Encounter]

09Oct2013 10:21AM

Temperature: 99.8 F, Temporal

Heart Rate: 162

O2 Saturation: 100

BMI Calculated: 13.22

BSA Calculated: 0.24

Height: 1 ft 9.5 in

Weight: 8 lb 13 oz

Vitals Comment: 4.1kg

Head Circumference: 15 in

Accompanied By: Parents

Accompanied By Phone Number: Kevin Adrianzen Paige Petit 702-499-8895 702-767-7283

Allergies

1. No Known Drug Allergies
No Known Drug Allergies

History of Present Illness

RYDER PETIT presents today for routine health maintenance with his parents and Paige and Kevin.

The infant weighed 8 pounds and 10 ounces at birth. The mother of the child is 19 years of age. The infant was born at 40 weeks gestation by primary cesarean section. The infant was given Hepatitis B vaccination on , given Vitamin K and given metabolic testing. He was given a hearing screen on . He passed the hearing screen. This is the mother's 1 child. The mother's blood type is AB+.

There were no pregnancy complications. The infant was delivered at Spring Valley hospital.

Caregiver concerns:

Diet: breast feeding.

Sleep:

Behavior:

Breastfeeding...well. d/c'd from NICU 1 week ago...

Past Medical History

1. History of Birth History
in NICU for r/o sepsis - was in for 10 days -b/c elevated crp (and maternal gbs). blood cx negative

Family History

1. Family history of Denial Of Any Significant Medical History

Physical Exam

AA000252

HM Note 02 Weeks New

Patient: RYDER B. PETIT ADRIANZEN
DOS: Oct 9 2013 9:40AM

EMRN: 80-1492995

General: Alert and active, well nourished and developed, and in no acute distress.
Head: Normocephalic and symmetric. Anterior fontanelle open, soft and flat. No skull flattening.
Eyes: External structures intact with no abnormalities. Red reflexes present bilaterally and pupils equally round and reactive to light. Eyes aligned. No discharge. Conjunctiva are not injected.
Ears: Normally formed pinna and external canals. No periauricular pits or skin tags. Tympanic membranes no redness.
Nose: Intact with no abnormalities. Patent nares with no discharge.
Mouth/Palate: Lips normally formed. Palate intact, mucous membranes moist without lesions. Oropharynx normal with no lesions.
Neck: Symmetric, free range of motion, no masses or malformations.
Chest: Symmetric. Lungs clear to auscultation bilaterally, no wheezing, rales, stridor, or respiratory distress.
Cardiovascular: Precordium quiet, no thrills. Regular rate and rhythm. No murmurs. Femoral pulses present bilaterally and equal.
Abdomen: Symmetric, nondistended, soft all quadrants, nonrigid, no apparent tenderness, no hepatosplenomegaly or masses.
Genitourinary: Normal male external genitalia. Testes descended bilaterally. No hernia, normally positioned anus.
Hips: Symmetric anterior and buttock creases with no hip clicks or clunks and normal range of motion.
Extremities: Symmetric upper and lower extremities with no malformations. Legs and feet normal alignment and formation. Clavicles intact. Spine intact and appears aligned. No lesions or defects.
Neurologic: Intact without deficits, normal tone.
Skin: Pink with no abnormal lesions or rashes.

Assessment

1. Health Maintenance V20.2

Plan

antic guidance given. f/u prn

Immunizations

Children through 18 years of age who meet at least one of the following criteria are eligible for a VFC vaccine.
4=Underinsured condition. Aetna.

Signatures

Electronically signed by : Keya Vanhook, MA; Oct 9 2013 10:27AM (Co-author)

Electronically signed by : PRASHANT DANI, M.D.; Nov 5 2013 6:00AM (Author)

HealthCare Partners Medical Group - 700 Building

700 E Warm Springs Rd Ste 110
Las Vegas, NV 89119-4311
(702) 318-2400

Patient: PETIT ADRIANZEN, RYDER B
7645 STETSON BLUFF AVE
LAS VEGAS, NV 89148

Age/Sex/DOB: 4 yrs M 22-Sep-2013
EMRN: 80-1492995
OMRN: 80-1492995
Home: (702) 767-7283
Work:

Results

Lab Accession # QUEST_31866427_20150213
Ordering Provider: DANI, PRASHANT
Performing Location: Quest Diagnostics
4230 Burnham Ave.
Las Vegas, NV 89119

Collected: 02/13/2015 12:00:00AM
Resulted: 02/13/2015 10:46:00AM
Verified By: DANI, PRASHANT
Auto Verify: N

QuestOnly-RSV ANTIGEN

Stage: Final

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>Flag Reference Range</u>
RSV	NEGATIVE		NEGATIVE

SOURCE: NASAL
(NASAL)

SOURCE ENTERED PER SPECIMEN

Report called on 02/13/15 at 10:53AM by TAA152 to: JUDARI C/LPN

This test is approved for nasopharyngeal washes, aspirates or swabs in viral transport medium. The reliability from other sources has not been established.

This test is approved for nasopharyngeal washes, aspirates or swabs in viral transport medium. The reliability of testing from other sources has not been established.

PATIENT COMMENTS:

Ordering Physician: DANI, PRASHANT

SPECIMEN SAYS RYDER PETIT

HealthCare Partners Medical Group - 700 Building

700 E Warm Springs Rd Ste 110
Las Vegas, NV 89119-4311
(702) 318-2400

Patient: PETIT ADRIANZEN, RYDER B
7645 STETSON BLUFF AVE
LAS VEGAS, NV 89148

Age/Sex/DOB: 4 yrs M 22-Sep-2013
EMRN: 80-1492995
OMRN: 80-1492995
Home: (702) 767-7283
Work:

Results

Lab Accession # 0001
Ordering Provider: DANI, PRASHANT
Performing Location: In Office

Collected: 06/10/2014 11:26:00AM
Resulted: 06/10/2014 11:26:00AM
Verified By: <Verification Not Required>
Auto Verify: N

-O-HEMOGLOBIN

Stage: Final

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>Flag Reference Range</u>
HEMOGLOBIN	11.5		

NEWBORN SCREENING TEST RESULTS

DANI, PRASHANT MD
HEALTHCARE PARTNERS CHILDRENS CL
5575 S DURANGO STE 103
LAS VEGAS, NV 89113

Lab #: 20132730813
Specimen Type: Second
Date Received: 9/27/2013
Kit#: 124446157
TPN:
Race: White
Hospital #: NV6042
SPRING VALLEY HOSPIT
Submitter#: NV7595
DANI, PRASHANT MD
Report Date: 10/2/2013
Print Date: 10/2/2013

Patient: PETIT, *Ryder*
DOB: 9/22/2013 @ 15:56
Chart ID#: 905392668
Collected: 9/25/2013 @ 04:00

Gender: Male
Birth Order:
Birth Weight: 3910 gms
Age @Collection: 2 day(s) 12 hour(s)

Not Transfused
Mother: PETIT, PAIGE
DOB: 11/30/1993

20132730813

<u>Screening Test</u>	<u>Analyte Result</u>	<u>Disorder Evaluation</u>	<u>Reference</u>
Congenital Hypothyroidism	T4= 18.27 µg/dL	Normal	T4= 5 - 35 µg/dL, TSH range age adjusted
Congenital Adrenal Hyperplasia	17OHP=6.42 ng/mL	Normal	<= 40 ng/mL
Biotinidase	Has color	Normal	Normal Has Color
Galactosemia	GALT >= 3.5 U/dL	Normal	>= 3.5 U/dL
Amino Acid Profile (Includes PKU)	Normal	Normal	Normal
Fatty Acid Oxidation Profile	Normal	Normal	Normal
Organic Acidemias	Normal	Normal	Normal

20

Note: If the infant was transfused, the results should be interpreted with caution. Screening is to detect classic disorders. Variants may not be detected. CF (IRT) false negatives can occur in infants born with meconium ileus. The CF (IRT) test can not rule out cystic fibrosis.

HealthCare Partners Medical Group - 700 Building

700 E Warm Springs Rd Ste 110
Las Vegas, NV 89119-4311
(702) 318-2400



Patient: PETIT ADRIANZEN, RYDER B
EMRN: 80-1492995
OMRN: 80-1492995

Age: 4 years
DOB: 09/22/2013
Home: (702) 767-7283

Immunization Series Record

Immunization	Brand Name	Series #	Date (Age)	Status Type	Annotations
DTP/DTaP	Pediarix	1	11.18.2013 (57 dy.)	Recorded	
DTP/DTaP	Pediarix	2	(4 mo.)	Recorded	
DTP/DTaP	Pediarix	3	19-Mar-2014 (5 mo.)	Recorded	
DTP/DTaP		4	23-Dec-2014 (15 mo.)	Admin	
DTP/DTaP	Kinrix	5	03-Oct-2017 (4 yr.)	Admin	
Hepatitis A		1	23-Sep-2014 (12 mo.)	Admin	
Hepatitis A		2	25-Mar-2015 (18 mo.)	Admin	
Hepatitis B		1	09.22.2013 (0 dy.)	Recorded	
Hepatitis B	Pediarix	2	11.18.2013 (57 dy.)	Recorded	
Hepatitis B	Pediarix	3	(4 mo.)	Recorded	
Hepatitis B	Pediarix	4	19-Mar-2014 (5 mo.)	Recorded	
HIB		1	11.18.2013 (57 dy.)	Recorded	
HIB		2	(4 mo.)	Recorded	
HIB		3	19-Mar-2014 (5 mo.)	Recorded	
HIB	PedvaxHIB	4	23-Dec-2014 (15 mo.)	Admin	

Patient: PETIT ADRIANZEN, RYDER B

EMRN: 80-1492995

Immunization	Brand Name	Series #	Date (Age)	Status Type	Annotations
Influenza		1	19-Mar-2014 (5 mo.)	Recorded	
Influenza		2	21-May-2014 (7 mo.)	Recorded	
Influenza	Split PF	3	23-Sep-2014 (12 mo.)	Admin	
Influenza	Split PF	4	23-Sep-2015 (2 yr.)	Admin	
Influenza		5	04-Oct-2016 (3 yr.)	Admin	
Influenza		6	08-Nov-2017 (4 yr.)	Admin	
MMR		1	23-Sep-2014 (12 mo.)	Admin	
MMR		2	03-Oct-2017 (4 yr.)	Admin	
PCV		1	11.18.2013 (57 dy.)	Recorded	
PCV		2	(4 mo.)	Recorded	
PCV		3	19-Mar-2014 (5 mo.)	Recorded	
PCV		4	23-Dec-2014 (15 mo.)	Admin	
Polio	Pediarix	1	11.18.2013 (57 dy.)	Recorded	
Polio	Pediarix	2	(4 mo.)	Recorded	
Polio	Pediarix	3	19-Mar-2014 (5 mo.)	Recorded	
Polio	Kinrix	4	03-Oct-2017 (4 yr.)	Admin	
Rotavirus		1	11.18.2013 (57 dy.)	Recorded	
Rotavirus		2	(4 mo.)	Recorded	

Patient: PETIT ADRIANZEN, RYDER B

EMRN: 80-1492995

Immunization	Brand Name	Series #	Date (Age)	Status Type	Annotations
Varicella		1	23-Sep-2014 (12 mo.)	Admin	
Varicella		2	03-Oct-2017 (4 yr.)	Admin	

EXHIBIT 9

AA000260



Administrative

Location 6875 W WINDMILL LN Las Vegas, NV
Occurred On (Date / Time) Saturday 12/30/2017 8:00:00 PM
Reporting Officer 06803 - Horner, Denise L
Entered By 06803 - Horner, Denise L
Related Cases

Or Between Date Time
Reported On 12/30/2017
Entered On 1/25/2018 10:23:02 PM
Jurisdiction Clark County

Section 02

Traffic Report Place Type Accident Involved

Offenses:

Assault, W/Dw(F)-MRS 200 471.28

Completed Yes Domestic Violence

Entry Premises Entered

Weapons Motor Vehicle (When Used As Weapon)

Criminal Activities

Hate/Bias Unknown (Offenders Motivation Not Known)
Type Security
Location Type Parking Lot/Garage

Victims:

Name: ADRIANZEN, MARTA ELENA

Transmittal and Dissemination of this
Report is hereby Secondary
of any and all prohibited
information to Criminal

Adrianzen Release
B. 1/9/18 10:23 AM
L. Las Vegas Metro Police Dept.

Name: PETIT, PAIGE

Arrests:

Witnesses:

Other Entities:

Properties: ()

Narrative

Marta Adrianzen is present at EAC to report her ex-daughter in law attempted to hit her with her vehicle.

Adrianzen arrived at the parking lot at Enterprise Area Command on 12/30/17 @ 1805 to pick up her grandson per court order for visitation. Her ex-daughter-in-law, Paige Petit was already parked prior to Adrianzen's arrival. Adrianzen could see her grandson in the car, but Petit made no move to let the child out of the car or get out of the car herself. At 1815, Petit backed out of her parking spot and left.

01/02/2018 10:45 AM

LLV171230004081

Page 1 of 2

AA000261

After phone calls between Kevin Adrianzen and Petit, another attempt was made to exchange custody of the child, Ryder. The parties met again at Enterprise Area Command @ 2000. Petit texted Kevin Adrianzen, the child's father, saying she was waiting for someone to come get the child. Adrianzen got out of her car and walked toward Petit's car, and she noticed an unknown party in the front passenger side of Petit's car videoing her. Adrianzen pulled her phone out to also video, and at that point Petit pulled her car out of the parking spot and sped toward Adrianzen, who moved out of the way, but the car passed very close to her. Adrianzen was able to get only a "live" photo of the car coming toward her.

911 was called and all parties met at Petit's father's house with responding patrol over the child custody issue.

Adrianzen would like to press charges for Petit's attempt to harm her via automobile

***** 1/18/18 D6863H Correction at request of Ms. Adrianzen. In 3rd paragraph, "Reversed" her car changed to "Pulled" her car.. *****

EXHIBIT 10

AA000263

**PLAINTIFF'S
2019
CUSTODIAL SCHEDULE
UNDER
CURRENT ORDER**

January 2019

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
30	31	1	2	3	4	5 Dad Current Schedule
6 Dad Current Schedule	7	8	9	10	11	12 Dad Current Schedule
13 Dad Current Schedule	14	15	16	17	18	19 Dad Current Schedule
20 Dad Current Schedule	21	22	23	24	25	26 Dad Current Schedule
27 Dad Current Schedule	28	29	30	31	1	2
3	4	NOTES				
						Total Days this Month= 8

February 2019

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
27	28	29	30	31	1	2 Dad Current Schedule
3 Dad Current Schedule	4	5	6	7	8	9 Dad Current Schedule
10 Dad Current Schedule	11	12	13	14	15	16 Dad Current Schedule
17 Dad Current Schedule	18	19	20	21	22	23 Dad Current Schedule
24 Dad Current Schedule	25	26	27	28	1	2
3	4	NOTES				
Total Days this Month= 8						

March 2019

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
24	25	26	27	28	1	2 Dad Current Schedule
3 Dad Current Schedule	4	5	6	7	8	9 Dad Current Schedule
10 Dad Current Schedule	11	12	13	14	15	16 Dad Current Schedule
17 Dad Current Schedule	18	19	20	21	22	23 Dad Current Schedule
24 Dad Current Schedule	25	26	27	28	29	30 Dad Current Schedule
31 Dad Current Schedule	1	NOTES	Total Days this Month- 10			

April 2019

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
31	1	2	3	4	5	6 Dad Current Schedule
7	8 Dad Current Schedule	9	10	11	12	13 Dad Current Schedule
14	15 Dad Current Schedule	16	17	18	19	20 Dad Current Schedule
21	22 Dad Current Schedule	23	24	25	26	27 Dad Current Schedule
28	29 Dad Current Schedule	30	1	2	3	4
5	6	NOTES	Total Days this Month = 8			

May 2019

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
28	29	30	1	2	3	4 Dad Current Schedule
5 Dad Current Schedule	6	7	8	9	10	11 Dad Current Schedule
12 Mother's Day to Mom	13	14	15	16	17	18 Dad Current Schedule
19 Dad Current Schedule	20	21	22	23	24	25 Dad Current Schedule
26 Dad Current Schedule	27	28	29	30	31	1
2	3	NOTES	Total Days this Month = 7			

June 2019

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
26	27	28	29	30	31	1 Dad Current Schedule
2 Dad Current Schedule	3	4	5	6	7	8 Dad Current Schedule
9 Dad Current Schedule	10	11	12	13	14	15 Dad Current Schedule
16 Dad Current Schedule	17	18	19	20	21	22 Dad Current Schedule
23 Dad Current Schedule	24	25	26	27	28	29 Dad Current Schedule
30 Dad Current Schedule	NOTES Total Days This Month= 10					

July 2019

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
30	1	2	3	4	5	6 Dad Current Schedule
7	8 Dad Current Schedule	9	10	11	12	13 Dad Current Schedule
14	15 Dad Current Schedule	16	17	18	19	20 Dad Current Schedule
21	22 Dad Current Schedule	23	24	25	26	27 Dad Current Schedule
28	29 Dad Current Schedule	30	31	1	2	3
4	5	NOTES				
		Total Days this Month= 8				

August 2019

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
28	29	30	31	1	2	3 Dad Current Schedule
4 Dad Current Schedule	5	6	7	8	9	10 Dad Current Schedule
11 Dad Current Schedule	12	13	14	15	16	17 Dad Current Schedule
18 Dad Current Schedule	19	20	21	22	23	24 Dad Current Schedule
25 Dad Current Schedule	26	27	28	29	30	31 Dad Current Schedule
1	2	NOTES	Total days this Month - 9			

September 2019

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
1 Dad Current Schedule	2	3	4	5	6	7 Dad Current Schedule
8 Dad Current Schedule	9	10	11	12	13	14 Dad Current Schedule
15 Dad Current Schedule	16	17	18	19	20	21 Dad Current Schedule
22 Dad Current Schedule	23	24	25	26	27	28 Dad Current Schedule
29 Dad Current Schedule	30	1	2	3	4	5
6	7	NOTES				
Total Days this Month= 9						

October 2019

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
29	30	1	2	3	4	5 Dad Current Schedule
6	7 Dad Current Schedule	8	9	10	11	12 Dad Current Schedule
13	14 Dad Current Schedule	15	16	17	18	19 Dad Current Schedule
20	21 Dad Current Schedule	22	23	24	25	26 Dad Current Schedule
27	28 Dad Current Schedule	29	30	31	1	2
3	4	NOTES	Total Days this Month= 8			

November 2019

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
27	28	29	30	31	1	2 Dad Current Schedule
3 Dad Current Schedule	4	5	6	7	8	9 Dad Current Schedule
10 Dad Current Schedule	11	12	13	14	15	16 Dad Current Schedule
17 Dad Current Schedule	18	19	20	21	22	23 Dad Current Schedule
24 Dad Current Schedule	25	26	27	28	29	30 Dad Current Schedule
1	2	NOTES	Total Days this Month = 9			

December 2019

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
1 Dad Current Schedule	2	3	4	5	6	7 Dad Current Schedule
8 Dad Current Schedule	9	10	11	12	13	14 Dad Current Schedule
15 Dad Current Schedule	16	17	18	19	20	21 Dad Current Schedule
22 Dad Current Schedule	23	24 Dad's Xmas	25 Dad's Xmas	26	27	28 Dad Current Schedule
29 Dad Current Schedule	30	31	1	2	3	4
5	6	NOTES				
Total Days this Month= 11						

EXHIBIT 11

AA000277

**PLAINTIFF'S
2019
CUSTODIAL SCHEDULE
UNDER
DEFENDANT'S
PROPOSED SCHEDULE**

January 2019

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
30	31	1	2	3	4	5
					Dad New Schedule Proposed by Mom	
6	7	8	9	10	11	12
Dad New Schedule Proposed by Mom						
13	14	15	16	17	18	19
					Dad New Schedule Proposed by Mom	
20	21	22	23	24	25	26
Dad New Schedule Proposed by Mom						
27	28	29	30	31	1	2

Total Days this Month= 6

NOTES

4

3

February 2019

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
27	28	29	30	31	1	2
					Dad New Schedule Proposed by Mom	Dad New Schedule Proposed by Mom
3	4	5	6	7	8	9
Dad New Schedule Proposed by Mom						
10	11	12	13	14	15	16
					Dad New Schedule Proposed by Mom	Dad New Schedule Proposed by Mom
17	18	19	20	21	22	23
Dad New Schedule Proposed by Mom						
24	25	26	27	28	1	2
3	4	NOTES				
		Total Days this Month= 6				

March 2019

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
24	25	26	27	28	1 Dad New Schedule Proposed by Mom	2 Dad New Schedule Proposed by Mom
3 Dad New Schedule Proposed by Mom	4	5	6	7	8	9
10	11	12	13	14	15 Dad New Schedule Proposed by Mom	16 Dad New Schedule Proposed by Mom
17 Dad New Schedule Proposed by Mom	18	19	20	21	22	23
24	25	26	27	28	29 Dad New Schedule Proposed by Mom	30 Dad New Schedule Proposed by Mom
31 Dad New Schedule Proposed by Mom	NOTES			Total Days this Month= 9		

April 2019

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
31	1	2	3	4	5	6
					Dad New Schedule Proposed by Mom	
7	8	9	10	11	12	13
Dad New Schedule Proposed by Mom						
14	15	16	17	18	19	20
					Mom's Easter	
21	22	23	24	25	26	27
Mom's Easter						
28	29	30	1	2	3	4
5	6	NOTES				
		Total Days this Month= 3				

May 2019

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
28	29	30	1	2	3	4
					Dad New Schedule Proposed by Mom	Dad New Schedule Proposed by Mom
5	6	7	8	9	10	11
Dad New Schedule Proposed by Mom						
12	13	14	15	16	17	18
					Dad New Schedule Proposed by Mom	Dad New Schedule Proposed by Mom
19	20	21	22	23	24	25
Dad New Schedule Proposed by Mom						
26	27	28	29	30	31	1

Total Days this Month= 6

NOTES

3

June 2019

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
26	27	28	29	30	31	1
2	3	4	5	6	7	8
					Dad New Schedule Proposed by Mom	Dad New Schedule Proposed by Mom
9	10	11	12	13	14	15
Dad New Schedule Proposed by Mom						
16	17	18	19	20	21	22
					Dad New Schedule Proposed by Mom	Dad New Schedule Proposed by Mom
Father's Day to Dad						
23	24	25	26	27	28	29
Dad New Schedule Proposed by Mom						
30	1					
		NOTES	Total Days This Month= 7			

July 2019

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
30	1	2	3	4	5	6
					Dad New Schedule Proposed by Mom	Dad New Schedule Proposed by Mom
7	8	9	10	11	12	13
Dad New Schedule Proposed by Mom	Dad's 2 weeks Vacation for Purposes of Calculating time	Dad's 2 weeks Vacation for Purposes of Calculating time	Dad's 2 weeks Vacation for Purposes of Calculating time	Dad's 2 weeks Vacation for Purposes of Calculating time	Dad's 2 weeks Vacation for Purposes of Calculating time	Dad's 2 weeks Vacation for Purposes of Calculating time
14	15	16	17	18	19	20
Dad's 2 weeks Vacation for Purposes of Calculating time	Dad's 2 weeks Vacation for Purposes of Calculating time	Dad's 2 weeks Vacation for Purposes of Calculating time	Dad's 2 weeks Vacation for Purposes of Calculating time	Dad's 2 weeks Vacation for Purposes of Calculating time	Dad New Schedule Proposed by Mom	Dad New Schedule Proposed by Mom
21	22	23	24	25	26	27
Dad Current Schedule	Dad's 2 weeks Vacation for Purposes of Calculating time	Dad's 2 weeks Vacation for Purposes of Calculating time	Dad's 2 weeks Vacation for Purposes of Calculating time	Dad's 2 weeks Vacation for Purposes of Calculating time		
28	29	30	31	1	2	3

NOTES	Total Days this Month= 21
5	

August 2019

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
28	29	30	31	1	2	3
					Dad New Schedule Proposed by Mom	Dad New Schedule Proposed by Mom
4	5	6	7	8	9	10
Dad New Schedule Proposed by Mom						
11	12	13	14	15	16	17
					Dad New Schedule Proposed by Mom	Dad New Schedule Proposed by Mom
18	19	20	21	22	23	24
Dad New Schedule Proposed by Mom						
25	26	27	28	29	30	31
					Dad New Schedule Proposed by Mom	Dad New Schedule Proposed by Mom

NOTES Total days this Month= 8

2

September 2019

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
1 Dad New Schedule Proposed by Mom	2	3	4	5	6 Dad New Schedule Proposed by Mom	7 Dad New Schedule Proposed by Mom
8 Dad New Schedule Proposed by Mom	9	10	11	12	13	14
15	16	17	18	19	20 Dad New Schedule Proposed by Mom	21 Dad New Schedule Proposed by Mom
22 Dad New Schedule Proposed by Mom	23	24	25	26	27	28
29	30	1	2	3	4	5

Total Days this Month= 7

NOTES

7

6

October 2019

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
29	30	1	2	3	4	5
					Dad New Schedule Proposed by Mom	Dad New Schedule Proposed by Mom
6	7	8	9	10	11	12
Dad New Schedule Proposed by Mom						
13	14	15	16	17	18	19
					Dad New Schedule Proposed by Mom	Dad New Schedule Proposed by Mom
20	21	22	23	24	25	26
Dad New Schedule Proposed by Mom						
27	28	29	30	31	1	2

3	4	NOTES	Total Days this Month= 8
---	---	-------	--------------------------

November 2019

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
27	28	29	30	31	1	2
					Dad New Schedule Proposed by Mom	Dad New Schedule Proposed by Mom
3	4	5	6	7	8	9
Dad New Schedule Proposed by Mom						
10	11	12	13	14	15	16
					Dad New Schedule Proposed by Mom	Dad New Schedule Proposed by Mom
17	18	19	20	21	22	23
Dad New Schedule Proposed by Mom						
24	25	26	27	28	29	30
					Dad New Schedule Proposed by Mom	Dad New Schedule Proposed by Mom
1	2	NOTES				
		Total Days this Month= 8				

December 2019

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
1 Dad New Schedule Proposed by Mom	2	3	4	5	6 Dad New Schedule Proposed by Mom	7 Dad New Schedule Proposed by Mom
8 Dad New Schedule Proposed by Mom	9	10	11	12	13	14
15	16	17	18	19	20 Dad New Schedule Proposed by Mom	21 Dad New Schedule Proposed by Mom
22 Dad New Schedule Proposed by Mom	23	24 Dad's Xmas	25 Dad's Xmas	26	27	28
29	30	31	1	2	3	4

Total Days this Month= 9

NOTES

5

6

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REGISTER OF ACTIONS

CASE NO. D-13-489542-D

Kevin Daniel Adrianzen, Plaintiff vs. Paige Elizabeth Petit, Defendant.

§
§
§
§
§
§

Case Type: **Divorce - Complaint**
Subtype: **Complaint Subject Minor(s)**
Date Filed: **12/16/2013**
Location: **Department H**
Cross-Reference Case Number: **D489542**

RELATED CASE INFORMATION

Related Cases

D-13-489540-N (Consolidated)

PARTY INFORMATION

Defendant	Petit, Paige Elizabeth 7645 Stetson Bluff Las Vegas, NV 89113	Female 5' 6", 135 lbs	Lead Attorneys Melvin Grimes <i>Retained</i> 702-347-4357(W)
Plaintiff	Adrianzen, Kevin Daniel 9145 W Richmar AVE Las Vegas, NV 89178	Male 5' 6", 170 lbs	Michael James Burton <i>Retained</i> 702-565-4335(W)

Subject Minor Petit, Ryder Blake

EVENTS & ORDERS OF THE COURT

09/17/2018 [All Pending Motions](#) (10:00 AM) (Judicial Officer Ritchie, T. Arthur, Jr.)

Minutes

09/17/2018 10:00 AM

- DEFENDANT'S MOTION FOR MODIFICATION OF TIMESHARE SCHEDULE...PLAINTIFF'S OPPOSITION TO DEFENDANT'S MOTION FOR MODIFICATION OF TIMESHARE SCHEDULE AND COUNTERMOTION FOR MODIFICATION OF PHYSICAL CUSTODY TO JOINT; HOLIDAY AND VACATION SCHEDULE AND WEEK ON/WEEK OFF TIMESHARE, AND MODIFICATION OF CHILD SUPPORT...DEFENDANT'S REPLY TO PLAINTIFF'S OPPOSITION

Court reviewed the history of the case. Counsel stated no matters are resolved. Attorney Burton stated the parties have been following a Saturday to Monday time share for Plaintiff. Attorney Grimes stated Defendant only gets the child during school time. Argument regarding time share. Attorney Burton alleged Defendant's new boyfriend has a serious drug problem and stated he has served time in jail, he has other numerous arrests, the boyfriend has been in jail while they lived together, and this is ongoing. Further, when Plaintiff went to pick up the child, the child had a black eye, and the child stated the boyfriend put tape on his face and pulled his cheeks. Defendant stated her fiance' is the father of her other two children. Attorney Grimes stated he had concerns and sent the Defendant and her boyfriend for drug testing, and they both were negative. Defendant stated they co-habitate and plan to get married. COURT FINDS, there is no adequate cause to re-litigate custody. COURT FURTHER FINDS, the actions of Defendant's boyfriend have not cause any neglect on the part of Defendant. COURT ORDERED, the following: Defendant's MOTION shall be DENIED. Plaintiff's TIME SHARE shall REMAIN STATUS QUO. There shall be a LIMITED WINDOW of SIXTY DAYS for Attorney Burton to CONDUCT DISCOVERY, if they have additional information, he shall prepare Plaintiff's AFFIDAVIT, and is to RE-NOTICE the matter. Attorney Burton shall prepare the Order and Attorney Grimes will approve as to form and content.

[Parties Present](#)

[Return to Register of Actions](#)



1 **ORDR**

2 Michael Burton, Esq.
3 Nevada Bar Number 14351
4 **MC FARLING LAW GROUP**
5 6230 W. Desert Inn Road
6 Las Vegas, NV 89146
7 (702) 565-4335 phone
8 (702) 732-9385 fax
9 eservice@mcfarlinglaw.com
10 Attorney for Plaintiff,
11 Kevin Adrianzen

7 **EIGHTH JUDICIAL DISTRICT COURT**

8 **FAMILY DIVISION**

9 **CLARK COUNTY, NEVADA**

10 **KEVIN ADRIANZEN,**

11 Plaintiff,

12 vs.

13 **PAIGE PETIT,**

14 Defendant.

Case Number: D-13-489542-D

Department: H

15 **ORDER FROM SEPTEMBER 17, 2018 HEARING**

16 THIS MATTER came before the Honorable Arthur Ritchie, on September 17, 2018 at
17 10:00 a.m. Present at the hearing were Plaintiff, Kevin Adrianzen, represented by his attorney of
18 record, Michael Burton, Esq. and Defendant Paige Petit, represented by her attorney of record,
19 Melvin Grimes, Esq.

20 THE COURT NOTED the parties have been following a Saturday to Monday time share
21 for Plaintiff and Defendant only gets the minor child during school days.

22 THE COURT NOTED Defendant's boyfriend has a serious drug problem, numerous
23 arrests, and served time in jail while they have lived together with minor child.

24 **Non-Trial Dispositions:**

- | | |
|--|--|
| <input type="checkbox"/> Other | <input type="checkbox"/> Settled/Withdrawn: |
| <input type="checkbox"/> Dismissed - Want of Prosecution | <input type="checkbox"/> Without Judicial Conf/Hrg |
| <input type="checkbox"/> Involuntary (Statutory) Dismissal | <input checked="" type="checkbox"/> With Judicial Conf/Hrg |
| <input type="checkbox"/> Default Judgment | <input type="checkbox"/> By ADR |
| <input type="checkbox"/> Transferred | |
| <input type="checkbox"/> Disposed After Trial Start | |

1 OF 3

Trial Dispositions:

AA000292

1 THE COURT NOTED minor child had a black eye when Plaintiff picked him up and the
2 child stated that Defendant's boyfriend put tape on his face and pulled his cheeks.

3 THE COURT NOTED that the boyfriend in question is actually Defendant's fiancé and
4 the father of her two other children. Defendant and her fiancé live together.

5 THE COURT FINDS there is no adequate cause to re-litigate custody.

6 THE COURT FURTHER FINDS the actions of Defendant's fiancé have not caused any
7 neglect on the part of Defendant.

8 The Court, having reviewed the papers and pleadings on file herein, and having taken
9 argument from counsel, and being duly and fully advised in the premises, issues the following
10 orders:

11 IT IS HEREBY ORDERED Defendant's motion for modification of timeshare schedule is
12 denied.

13 IT IS FURTHER ORDERED Plaintiff's timeshare shall remain status quo.

14 IT IS FURTHER ORDERED there shall be a limited window of sixty (60) days for Plaintiff
15 to conduct discovery.

16 IT IS FURTHER ORDERED if Plaintiff acquires additional information, he shall prepare
17 an affidavit and re-notice the matter.

18 ///

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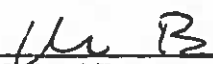
1 IT IS FURTHER ORDERED Attorney Burton shall prepare the Order from today's
2 hearing. Attorney Grimes will approve as to form and content.

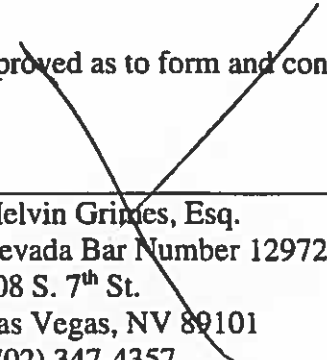
3 IT IS SO ORDERED this 11 day of Feb., 2019.

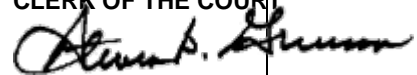
4 
5 THE HONORABLE ARTHUR RITCHIE ~~X~~
6 T ART RITCHIE, JR.

7 Submitted by:
8 **MCFARLING LAW GROUP**

Approved as to form and content:

9 
10 Michael Burton, Esq.
11 Nevada Bar Number 14351
12 6230 W. Desert Inn Road
13 Las Vegas, NV 89146
14 (702) 565-4335
15 Attorney for Plaintiff,
16 Kevin Adrianzen

17 ~~~~
18 Melvin Grimes, Esq.
19 Nevada Bar Number 12972
20 808 S. 7th St.
21 Las Vegas, NV 89101
22 (702) 347-4357
23 Attorney for Defendant,
24 Paige Petit



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Attorney for Plaintiff,
Kevin Adrianzen

EIGHTH JUDICIAL DISTRICT COURT

FAMILY DIVISION

CLARK COUNTY, NEVADA

KEVIN ADRIANZEN,

Plaintiff,

vs.

PAIGE PETIT,

Defendant.

Case Number: D-13489542-D
Department: H

NOTICE OF ENTRY OF ORDER FROM SEPTEMBER 17, 2018 HEARING

PLEASE TAKE NOTICE that on February 11, 2019, Order from September 17, 2018
Hearing was entered, a copy of which is attached hereto and by reference fully incorporated herein.

DATED this 14th day of February, 2019.

MC FARLING LAW GROUP

/s/ Michael Burton

Michael Burton, Esq.
Nevada Bar Number 14351
6230 W. Desert Inn Road
Las Vegas, NV 89146
(702) 565-4335
Attorney for Plaintiff

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- 24

 X via mandatory electronic service by using the Eighth Judicial District Court's E-file and E-service System to the following:

melg@grimes-law.com
olivian@grimes-law.com

Crystal Beville



1 **ORDR**

2 Michael Burton, Esq.
3 Nevada Bar Number 14351
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10 Attorney for Plaintiff,
11 Kevin Adrianzen

7 **EIGHTH JUDICIAL DISTRICT COURT**

8 **FAMILY DIVISION**

9 **CLARK COUNTY, NEVADA**

10 **KEVIN ADRIANZEN,**

11 Plaintiff,

12 vs.

13 **PAIGE PETIT,**

14 Defendant.

Case Number: D-13-489542-D

Department: H

15 **ORDER FROM SEPTEMBER 17, 2018 HEARING**

16 THIS MATTER came before the Honorable Arthur Ritchie, on September 17, 2018 at
17 10:00 a.m. Present at the hearing were Plaintiff, Kevin Adrianzen, represented by his attorney of
18 record, Michael Burton, Esq. and Defendant Paige Petit, represented by her attorney of record,
19 Melvin Grimes, Esq.

20 THE COURT NOTED the parties have been following a Saturday to Monday time share
21 for Plaintiff and Defendant only gets the minor child during school days.

22 THE COURT NOTED Defendant's boyfriend has a serious drug problem, numerous
23 arrests, and served time in jail while they have lived together with minor child.

24 1 OF 3

Non-Trial Dispositions:
☐ Other
☐ Dismissed - Want of Prosecution
☐ Involuntary (Statutory) Dismissal
☐ Default Judgment
☐ Transferred
☐ Disposed After Trial Start
Settled/Withdrawn:
☐ Without Judicial Conf/Hrg
☒ With Judicial Conf/Hrg
☐ By ADR
Trial Dispositions:
☐ Verdict
☐ Judgment by Trial

AA000297

FFR 01 2019

1 THE COURT NOTED minor child had a black eye when Plaintiff picked him up and the
2 child stated that Defendant's boyfriend put tape on his face and pulled his cheeks.

3 THE COURT NOTED that the boyfriend in question is actually Defendant's fiancé and
4 the father of her two other children. Defendant and her fiancé live together.

5 THE COURT FINDS there is no adequate cause to re-litigate custody.

6 THE COURT FURTHER FINDS the actions of Defendant's fiancé have not caused any
7 neglect on the part of Defendant.

8 The Court, having reviewed the papers and pleadings on file herein, and having taken
9 argument from counsel, and being duly and fully advised in the premises, issues the following
10 orders:

11 IT IS HEREBY ORDERED Defendant's motion for modification of timeshare schedule is
12 denied.

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15 to conduct discovery.

16 IT IS FURTHER ORDERED if Plaintiff acquires additional information, he shall prepare
17 an affidavit and re-notice the matter.

18 ///

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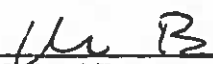
1 IT IS FURTHER ORDERED Attorney Burton shall prepare the Order from today's
2 hearing. Attorney Grimes will approve as to form and content.

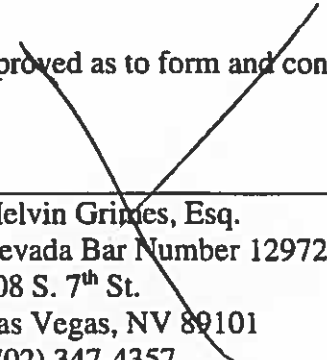
3 IT IS SO ORDERED this 11 day of Feb., 2019.

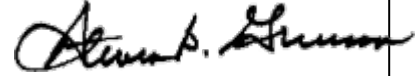
4 
5 THE HONORABLE ARTHUR RITCHIE 
6 T ART RITCHIE, JR.

7 Submitted by:
8 **MCFARLING LAW GROUP**

Approved as to form and content:

9 
10 Michael Burton, Esq.
11 Nevada Bar Number 14351
12 6230 W. Desert Inn Road
13 Las Vegas, NV 89146
14 (702) 565-4335
15 Attorney for Plaintiff,
16 Kevin Adrianzen

17 
18 Melvin Grimes, Esq.
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21 Las Vegas, NV 89101
22 (702) 347-4357
23 Attorney for Defendant,
24 Paige Petit



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Attorney for Plaintiff,
Kevin Adrianzen

EIGHTH JUDICIAL DISTRICT COURT

FAMILY DIVISION

CLARK COUNTY, NEVADA

KEVIN ADRIANZEN,

Plaintiff,

vs.

PAIGE PETIT,

Defendant.

Case Number: D-13-489542-D

Department: H

Date of Hearing: April 3, 2019

Time of Hearing: 10:00 a.m.

Oral Argument Requested: ☒ Yes ☐ No

PLAINTIFF'S NOTICE OF MOTION AND MOTION FOR
RECONSIDERATION OF DENIAL OF EVIDENTIARY PROCEEDINGS
ON PLAINTIFF'S MOTION TO MODIFY CUSTODY AND CHILD
SUPPORT FROM SEPTEMBER 17, 2018 ORDER ENTERED FEBRUARY
14, 2019

TO: Defendant, Paige Petit, and her attorney, Melvin, Grimes, Esq.

NOTICE: YOU ARE REQUIRED TO FILE A WRITTEN RESPONSE TO THIS
MOTION WITH THE CLERK OF THE COURT AND TO PROVIDE THE
UNDERSIGNED WITH A COPY OF YOUR RESPONSE WITHIN TEN (10)

1 DAYS OF YOUR RECEIPT OF THIS MOTION. FAILURE TO FILE A
2 WRITTEN RESPONSE WITH THE CLERK OF THE COURT WITHIN TEN (10)
3 DAYS OF YOUR RECEIPT OF THIS MOTION MAY RESULT IN THE
REQUESTED RELIEF BEING GRANTED BY THE COURT WITHOUT
HEARING PRIOR TO THE SCHEDULED HEARING DATE.

4 PLEASE TAKE NOTICE that a hearing will be held on this Motion before
5 the Court, located at the Regional Justice Center, 200 Lewis Ave., Las Vegas,
6 Nevada 89101 in Department H, courtroom 3G at the following date and time:

7 _____.

8 COMES NOW Plaintiff, Kevin Adrianzen, by and through his attorney,
9 Michael Burton, Esq. of McFarling Law Group, and hereby moves the Court for an
10 Order:

11 1. Reconsidering the denial of modification of physical custody to
12 primary physical custody to Plaintiff from the September 17, 2018
13 hearing entered February 14, 2019 without trial and an Order setting
14 this matter for trial;

15 2. For any other relief this Court deems fair and appropriate.

16 //

17 //

18 //

19 //

20 //

This Motion is made and based on the Memorandum of Points and Authorities set forth below, the Declaration of Kevin Adrianzen attached hereto, all papers and pleadings on file herein, and evidence presented by counsel, if any, at the hearing.

DATED this 28th day of February, 2019.

McFARLING LAW GROUP

/s/Michael Burton

Michael Burton, Esq.
Nevada Bar Number 14351
6230 W. Desert Inn Road
Las Vegas, NV 89146
(702) 565-4335
Attorney for Plaintiff,
Kevin Adrianzen

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1 **MEMORANDUM OF POINTS AND AUTHORITIES**

2

3 **I. STATEMENT OF FACTS**

4 History of the Case

5 Plaintiff Kevin Adrianzen and Defendant Paige Petit have one child together:

6 Ryder (aged 5). Ryder just started kindergarten in the fall of 2018. The parties had a

7 custody trial in June of 2014 with this court granting Mom primary physical custody

8 and joint legal custody to the parties.

9 The court's custody order contains not a single required finding under the

10 NRS 1245C.0035(4) best interest factors¹ nor does the order contain any substantive

11 findings of fact that support the court's decision to give Mom primary physical

12 custody.

13 After trial, Mom filed a motion to alter/amend findings which was heard on

14 October 27, 2014. The court treated this motion as a motion to modify based on the

15 facts and allegations contained therein as they had almost exclusively occurred after

16 the evidentiary proceedings.

17 At that hearing, the court re-affirmed the parties have joint legal custody and

18 that Mom needs to include Dad in on these decisions and appointments, as Dad was

19

20 _____

.. ¹ Including this statutes predecessor.

1 already raising the issue of Mom's non-communication on joint legal custody issues
2 a mere four months after trial. At the conclusion of the hearing, the court stated:

3 It is possible under the continuing jurisdiction of this court that it might be
4 determined to be in the best interest of the child to alter or amend the
5 timeshare if things like work schedules, or the age of the child, warrants a
6 change.²

7 Dad filed this case less than three months after Ryder was born. The court's
8 initial custody schedule had Dad's visitation at 24 hours a week until Ryder reached
9 age 1. Since then, Dad's custodial timeshare is two days a week—every weekend.
10 Dad has consistently exercised this timeshare the past four years.

11 Latest Round of Motions

12 Mom filed a motion to modify timeshare on July 31, 2018. Dad filed his
13 Opposition and Countermotion to modify custody on August 23, 2018.

14 Of note, prior to filing the motions, the parties had been talking through their
15 attorneys. As was noted in Dad's motion, a deposition had occurred wherein Dad's
16 counsel deposed Mom in a separate case. Dad was dealing with a separate custody
17 case wherein the Mom in this case was a witness.

18 As Dad's other case wrapped up, he was ready to file a stand-alone motion to
19 modify custody in this case, but Mom filed her motion first. Dad is concerned that

20 ² See October 27, 2014 hearing video at 10:39:20.

1 the court may have felt his countermotion to modify custody was only brought in
2 response to Mom's motion—making it less genuine. But this was not the case.

3 The Allegations Contained in Dad's Motion

4 On August 23, 2018 Dad filed a Motion to modify custody outlining that:

- 5 1. Mom is cohabitating and engaged to a person with a serious drug problem
6 who has multiple recent DUI's (with dugs), numerous recent arrests for
7 drug behavior and probation violations;
- 8 2. Mom violated Dad's joint legal custody rights *numerous* times based on
9 Mom's sworn deposition testimony, by failing to tell Dad about their
10 child's medical and dental appointments. This court has already informed
11 Mom at the October 27, 2014 hearing shortly after trial that Dad has joint
12 legal custody and she needs to include him on these issues;
- 13 3. Mom consenting to flu shots for their son without discussing or informing
14 with Dad;
- 15 4. Mom has blocked Dad's number on her phone;
- 16 5. Mom has moved multiple times (including again recently) without telling
17 Dad where their son is living;
- 18 6. Mom failed to tell Dad about their son being in a car accident which
19 resulted in Mom taking their son to the hospital which she didn't inform
20 Dad of either;

7. Mom failed to provide their son's full legal name on official records, omitting Dad's last name, and omitted Dad altogether on hospital and dental paperwork;
8. Mom fails and continues to fail to respond to direct questions regarding their son such as asking about injuries;
9. Mom has failed to accommodate any and all requests for additional time by Dad when he has family in town or other events because "the court did not order it";
10. Mom took their son out of state without Dad's knowledge;
11. Mom enrolled their son in school without informing Dad which school or discussing which school their son should attend;
12. Mom allowed their son to contract scabies in her home;
13. Mom fails to properly brush Ryder's teeth, causing numerous dental problems which are excessive for a then-four-year-old;
14. Dad has another child who he has joint physical custody of, and Dad would like to be able to plan activities with the siblings jointly; and
15. Mom struck Dad during one exchange.

The Court denied Dad's motion to modify custody, stating all of the above, if true, was not a substantial change in circumstances since the last custodial order.

Events Since Dad's Motion and the Court's Denial

- 1 1. Mom dictates exchange location, threatens Dad with police if he
2 tries exchanging at her house, claims she has no phone and states
3 Dad must use Talking Parent to communicate with her—despite no
4 order for this; and Mom moved again

5 Mom continues to dictate exchange terms, including location, and demanding
6 that the exchange must occur at an agreed upon exchange location, or there will be
7 no exchange, Mom further threatens that if Dad were to come to her and her
8 boyfriend's house to facilitate the exchanges, she will be calling the police. Mom
9 suggests inappropriate exchange locations such as saloons/bar and marijuana
10 dispensaries. There is no court order for this; and there is no history of domestic
11 violence between the parties.

12 Mom now claims she has NO PHONE and Dad must set up a Talking Parent
13 account if he wishes to communicate with her.³ Dad already has a talking Parent
14 account for his other child and cannot have two apps running simultaneously at the
15 same time. There is no order for Talking Parent. Mom has unilaterally imposed this
16 on Dad. When Dad's counsel reached out to Mom's counsel to inquire about contact
17 information for Mom (after weeks' worth of text messages and numerous emails
18 from Dad to Mom went unanswered), Mom's counsel responded that Mom does not

20
.. ³ See email from Mom to Dad re: no phone listed as Exhibit 1.

1 have a phone and suggested Talking Parents. This is just not believable, and another
2 example of the games Mom plays to try and make Dad's life difficult. Mom's
3 counsel then offered Mom's new address, which was news to Dad. Dad's counsel
4 had requested Mom's contact information in mid-February and the new address
5 received from Mom's counsel for Mom was from her move in mid-December. The
6 numerous texts and emails Dad sent to Mom also included requests for confirmation
7 that she had moved, yet Mom never responded.

8 2. Ryder's dental situation is tantamount to neglect; Ryder's
9 overall hygiene is also deficient

10 Dad raised in his motion issues about Ryder's dental care while with Mom.
11 Mom's response was that Ryder had "never had a cavity." This is completely untrue,
12 and his dental situation has gone from bad to worse.

13 Ryder has been to the dentist *at least* in September and again just this February.
14 In September, the records state: "patient has history of incipient or active caries or
15 lesions. Socioeconomic status of family."⁴ This means 5-year-old Ryder's teeth are
16 starting to decay; and the dentist is citing the "socioeconomic status of family"
17 (Mom) as a contributing factor. The Dentist is inferring Mom either lacks the
18 resources to properly care for Ryder's teeth, or they are saying Mom's household

20
..⁴ See Patient Progress Dental Notes Listed as Exhibit 2.

1 does not place a high priority on dental hygiene. Poor oral hygiene can be linked to
2 health/organ issues.

3 On the February 13, 2019 appointment notes, all sorts of issues are noted.
4 Tons of decay and even a crown is recommended. Mom reports “patient has a
5 difficult time at home brushing and flossing.”⁵ He’s five.

6 Based on Dad’s personal knowledge, Ryder has *at least* seven cavities at age
7 five. Mom had the cavity procedures performed by the dentist without informing or
8 discussing with Dad. Dad arranged for the crown to be done for Ryder after
9 obtaining Mom’s agreement.

10 In addition to the dental concerns, Dad has other hygiene concerns about
11 Ryder while with Mom. Dad has communicated his concerns to Mom about Ryder’s
12 hygiene issues since the onset of Dad’s visits with Ryder. As stated in the prior
13 motion, Ryder contracted scabies in Mom’s home. Ryder also had a large stye
14 approximately two (2) years ago and has had numerous since that time. Styes are
15 caused by bacteria infections of the eye. Every visitation for Dad starts with a bath
16 for Ryder as his finger and toe nails are full of black dirt which likely are a breeding
17 ground for the styes when Ryder touches his face. All of Ryder’s styes linger for
18
19
20

⁵ *Id.*

1 months at a time. Ryder has had one stye since mid-November and another one
2 develop just a month ago.

3 On Saturday February 9th, 2019, Mom asked Dad via email if she could do the
4 exchange an hour later that same day. Dad agreed despite only getting 48 hours a
5 week already and because Ryder was at a party and Dad did not want him to miss
6 any of the party. The email came 30 minutes before the exchange. Then Mom
7 *emailed* (again, no phone?) Dad to say she would be at least 60 minutes late. A short
8 while later, Dad heard his dog barking. Dad's doorbell does not work, and his outside
9 lights were off. He went to the door to see what the commotion was. Upon opening
10 the door Dad saw 5-year-old Ryder standing there in the dark. Mom was gone.
11 Ryder appeared petrified.

12 3. Dad is unable to do extracurricular activities with Ryder

13 Being that Dad only has 48 hours a week of visitation, doing extracurricular
14 activities with Ryder has been difficult. As far as Dad knows, Ryder is in no
15 extracurricular activities with Mom.

16 Since last summer, Dad has been doing soccer with Ryder on Sundays. For
17 months, Dad has asked Mom if he can take Ryder to special clinics on Fridays as
18 most of Ryder's teammates have eclipsed him in skill-level because they all
19 participate more than one day a week. Mom refused every single time. At Sunday
20 soccer, the coaches and other parents regularly ask Ryder if he will be participating

1 on other days and Dad has to tell the coaches, “sorry, he can’t come on other days
2 as I only have visitation on the weekends.” Ryder wants to be doing this.

3 In April, Dad will need to move soccer to Mondays because Ryder’s Sunday
4 class will go up in level and Ryder cannot move up with his teammates due to lack
5 of practice. Monday soccer will also allow Ryder to attend Sunday church. The
6 parties exchange on Mondays at 6:00 p.m. Monday soccer would require the
7 exchange to be at 7:00 p.m. Since Mom was not agreeable to losing one (1) hour a
8 week of her time with Ryder, to attend Monday soccer starting in April, Dad then
9 offered they could keep the same 48- hour block and just move the Saturday
10 exchange to 7:00 p.m. too. Mom refused.

11 4. Recent Domestic Incident at Mom’s Home with her fiancé

12 On or around November 12, 2018, Kevin got a Facebook message from
13 Mom’s fiancé Shawn. The message stated: “Hey Kevin I’m not with Paige anymore
14 and I want to see you win this shit you got going on so if there is anything you need
15 from me just let me know because she fucked me too.”⁶

16 This message made sense to Dad because that weekend Ryder had told him
17 that Mom and Shawn had gotten in a fight and the police were called. This was being
18 relayed by a five-year-old, thus Dad always considers this when Ryder tells him
19

20
.. ⁶ See Facebook message from Shawn to Kevin listed as Exhibit 3.

1 something. But Ryder's statement of a fight, and police; and then the Facebook
2 message, strongly indicated to Dad that something happened at Mom's house—in
3 front of Ryder that caused the relationship to end, the police to come, and Shawn to
4 send Dad this message.

5 Apparently, Mom and Shawn reconciled because the Facebook message
6 disappeared shortly thereafter.

7 5. Injuries on Ryder

8 One occasion where Dad noticed a bruise on Ryder's face (that appeared
9 a day or so before the last court hearing) and Mom did admit to Dad that Mom's
10 boyfriend caused the bruise on Ryder's face.

11 6. Holiday and Vacation timeshare

12 Dad has suggested, on multiple occasions, that they divide the four (4) weeks
13 of holiday time Ryder has off from school and to also discuss vacation time for both
14 parents during the summer months. Mom refuses to consider or discuss.

15 7. Ryder's insurance coverage

16 Ryder's medical insurance lapsed and Mom was not aware until Dad took
17 Ryder to a therapy appointment and was declined due to no insurance.

18 8. School issues since Ryder started kindergarten

19 Ryder started kindergarten in fall 2018. Mom does not send any school flyers
20 or information to Dad. Dad missed Open House because he was not informed or

1 given the information Mom received from the school. Mom has not updated her
2 current contact information with the school which would be needed for emergency
3 purposes. Mom will not allow Dad extra time in order to take Ryder to tutoring.
4 Ryder is in need of tutoring since he is behind in academics in comparison to the
5 other kindergarteners in his class.

6 *This motion follows.*

7 **II. LEGAL ARGUMENT**

8 The Court Should Reconsider its Prior Order and Set an Evidentiary
9 Hearing on Custody Modification

10 The court may reconsider a prior ruling with the moving party filing a motion
11 within 14 calendar days after service of the notice of entry of order.⁷

12 **1. The Court's Custody Order is Legally Deficient**

13 A custody order must tie the child's best interest, as informed by
14 specific, relevant findings respecting the NRS 125.480(4) and any other relevant
15 factors, to the custody determination made.⁸ Specific findings and an adequate
16

17 ⁷ EDCR 5.512(a).

18 ⁸ *Davis v. Ewalefo*, 352 P.3d 1139, 1143 (2015)(citing *Bluestein v. Bluestein*, — Nev. —, —
19 —, 345 P.3d 1044, 1049 (2015) (reversing and remanding a custody modification order for
20 further proceedings because “the district court abused its discretion by failing to set forth specific
findings that modifying the parties' custodial agreement to designate [mother] as primary
physical custodian was in the best interest of the child”); see NRS 125.510(5) (“Any order
awarding a party a limited right of custody to a child must define that right with sufficient
particularity to ensure that the rights of the parties can be properly enforced and that the best
interest of the child is achieved.”) (emphasis added); NRS 125C.010(1)(a) (identical, except it

1 explanation of the reasons for the custody determination “are crucial to enforce or
2 modify a custody order and for appellate review.”⁹ More is at stake than facilitating
3 appellate review.¹⁰ A child custody determination, once made, controls the child's
4 and the parents' lives until the child ages out or the decree is judicially modified.¹¹

5 A parent cannot reasonably be expected to show that “a substantial change in
6 circumstances” as to the child's best interest warrants modification of an existing
7 child custody determination unless the determination at least minimally explains the
8 circumstances that account for its limitations and terms.¹²

9 Here, the parties’ custody order contains *no* required statutory findings; nor
10 does it offer any factual explanations as to why Mom got primary custody. Dad
11 therefore cannot legally prevail on custody modification as he has no basis for the
12 starting point. This is *exactly* what the *Davis* court was talking about. And this court
13

14
15 substitutes “a right of visitation of a minor child” for “a limited right of custody”); *Smith v.*
Smith, 726 P.2d 423, 426 (Utah 1986) (deeming it “essential” that a custody determination set
16 forth “the basic facts which show why that ultimate conclusion is justified”).

⁹ *Id.* (citing *Rivero*, 125 Nev. at 430, 216 P.3d at 227.)

¹⁰ *Id.*

17 ¹¹ Compare *Rennels v. Rennels*, — Nev. —, —, 257 P.3d 396, 398 (2011) (holding that a
18 stipulated order according nonparents visitation can only be modified “upon a showing of a
substantial change in circumstances that affects [the] child's welfare such that it is in the child's
19 best interest to modify the existing visitation arrangement”), and *Ellis v. Carucci*, 123 Nev. at
150, 161 P.3d at 242 (to similar effect), with Uniform Child Custody Jurisdiction and
20 Enforcement Act (UCCJEA) § 303, adopted in Nevada as NRS 125A.445(1) (under the
UCCJEA, a child custody determination carries nationwide effect; a court “shall recognize and
enforce a child custody determination of a court of another state if the latter court exercised
jurisdiction in substantial conformity with the provisions of” the UCCJEA).

¹² *Id.* at 1144.

1 denying Dad's motion on this basis is the exact outcome the Nevada Supreme Court
2 cautioned against.

3 **2. Dad has established a prima facie case for custody modification,**
4 **thus the court must set trial**

5 The Nevada Supreme Court has weighed in on whether a trial court must
6 conduct an evidentiary hearing on a motion to modify custody, or whether a district
7 court may decide such a motion on affidavits and points and authorities alone.¹³

8 The Nevada Supreme Court adopted an "adequate cause" standard and held
9 that a district court has the discretion to deny a motion to modify custody without
10 holding a hearing unless the moving party demonstrates "adequate cause" for
11 holding a hearing.¹⁴ "Adequate cause" arises where the moving party presents a
12 prima facie case for modification.¹⁵ To constitute a prima facie case it must be shown
13 that: (1) the facts alleged in the affidavits are relevant to the grounds for
14 modification; and (2) the evidence is not merely cumulative or impeaching.¹⁶

15
16 ¹³ *Rooney v. Rooney*, 109 Nev. 540 (1993).

17 ¹⁴ *Id.* at 542-543. (See *Pridgeon v. Superior Court*, 134 Ariz. 177, 655 P.2d 1 (1982) (court shall
18 deny a motion to modify custody unless it finds that the pleadings establish **125 adequate
19 cause for hearing the motion); *Betzer v. Betzer*, 749 S.W.2d 694 (Ky.Ct.App.1988) (if the trial
20 court determines that the affidavits fail to establish adequate cause for a hearing, the motion for
modification of custody shall be denied without a hearing); *Lutzi v. Lutzi*, 485 N.W.2d 311
(Minn.Ct.App.1992) (court did not wrongfully deny an evidentiary hearing on a proposal to
modify custody where the moving party failed to demonstrate a prima facie case for the
modification); *Roorda v. Roorda*, 25 Wash.App. 849, 611 P.2d 794 (1980) (court shall deny a
motion to modify custody unless the affidavits establish adequate cause for hearing the motion).

¹⁵ *Id.*

¹⁶ *Id.*

1 The Nevada Supreme Court has also weighed in on what the moving party
2 must show to modify custody. The moving party must show that: (1) there has been
3 a substantial change in circumstances affecting the welfare of the child, and (2) the
4 child's best interest is served by the modification.¹⁷

5 The Nevada Supreme Court held that the “change in circumstances” involves
6 the parents, the child, and family unit as a whole; and while stability is important
7 and the court should not take this prong lightly, “unless circumstances have changed
8 to such an extent that modification is appropriate.”¹⁸

9 Facts matter. In *Ellis*, the non-custodial parent filed a motion to modify
10 custody, stating “the circumstances warranted a change in custody because, among
11 other things, Geena's school performance was in decline.”¹⁹ In its order, the court
12 determined that joint physical custody was in Geena's best interest and thus modified
13 the custody arrangement so that Carucci and Ellis would alternate week-long
14 custody of their daughter. The district court stated that Geena's school performance
15 was the key substantial issue litigated and concluded that Banta's testimony that
16 Geena's academic achievement had significantly slipped constituted sufficient
17 evidence of changed circumstances to warrant a modification.²⁰ That is the entirety

18
19 ¹⁷ *Ellis v. Carucci*, 123 Nev. 145, 150 (2007).

20 ¹⁸ *Id.* at 151.

¹⁹ *Id.*

²⁰ *Id.*

1 of the “changed circumstances” in Nevada’s polestar case on custody modification
2 threshold.

3 Here, Dad has averred *way more* significant and troubling facts and
4 circumstances relevant to child custody.

5 *Ellis*: Dad alleges via motion that the child’s grades have deteriorated. Court
6 sets evidentiary hearing. Testimony supported Dad was more involved than Mom
7 with school, thus a modification to joint physical custody was in the child’s best
8 interest. Decision upheld.

9 Here, Dad alleges via motion that:

- 10 1. Mom is cohabitating and engaged to a person with a serious
11 drug problem who has multiple recent DUI’s (with dugs), and
12 numerous recent arrests for drug behavior and probation
13 violations;
- 14 2. Mom violated Dad’s joint legal custody rights *numerous*
15 times based on Mom’s sworn deposition testimony, by failing
16 to tell Dad about their child’s medical and dental
17 appointments. This court has already informed Mom at the
18 October 27, 2014 hearing shortly after trial that Dad has joint
19 legal custody and she needs to include him on these issues;
- 20 3. Mom has blocked Dad’s number on her phone;

4. Mom has moved multiple times (including again recently) without telling Dad where their son is living;
5. Mom failed to tell Dad about their son being in a car accident which required a hospital emergency room visit;
6. Mom failed to provide their son's full legal name on official records, omitting Dad's last name and omitting Dad as Ryder's parent on same forms/records;
7. Mom fails and continues to fail to respond to direct questions regarding their son such as asking about injuries;
8. Mom has failed to accommodate any and all requests for additional time by Dad when he has family in town or other events because she has plans or ignores me and "the court did not order it";
9. Mom allowed their son to contract scabies in her home;
10. Mom fails to properly brush Ryder's teeth, causing numerous dental problems which are excessive for a then-four-year-old;
11. Dad has another child who he has joint physical custody of, and Dad would like to be able to plan activities with the siblings jointly;
12. Mom struck Dad during one exchange; and

1 13. Mom took Ryder out of state without informing Dad.

2 When the court denied Dad's motion without an evidentiary hearing, it is
3 saying that even if everything above is true, it does not warrant modifying custody.
4 Additionally, as stated, Dad cannot hit a target he cannot see. The Court's prior
5 custody order is so legally deficient that Dad has no idea what he'd even need to
6 prove to establish a change in circumstances as there's zero findings to support the
7 court's custodial order.

8 The court should therefore reconsider its prior order denying Dad's motion to
9 modify without an evidentiary hearing and set this matter for trial so the court can
10 take evidence and set custody in Ryder's best interest.

11 //

12 //

13 //

14 //

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19 //

20 //

//

III. CONCLUSION

BASED ON THE FOREGOING, Kevin Adrianzen requests this Court issue an Order:

1. Reconsidering the denial of modification of physical custody to primary physical custody to Plaintiff from the September 17, 2018 hearing entered February 14, 2019 without trial and an Order setting this matter for trial;
2. For any other relief this Court deems fair and appropriate.

DATED this 28th day of February, 2019.

MCFARLING LAW GROUP

/s/Michael Burton

Michael Burton, Esq.
Nevada Bar Number 14351
6230 W. Desert Inn Road
Las Vegas, NV 89146
(702) 565-4335
Attorney for Plaintiff
Kevin Adrianzen

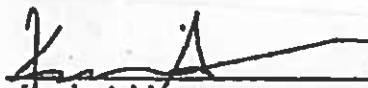
AA000321

1
2 **DECLARATION OF KEVIN ADRIANZEN**
3

- 4 1. I, Kevin Adrianzen, declare that I am competent to testify to the facts
5 contained in the preceding filing.
6 2. I have read the preceding document, and I have personal knowledge of the
7 facts contained therein, unless stated otherwise. Further, the factual
8 averments contained therein are true and correct to the best of my
9 knowledge, except those matters based on information and belief, and as
10 to those matters, I believe them to be true.
11 3. The factual averments contained in the preceding filing are incorporated
12 herein as if set forth in full.

13 I declare under penalty of perjury, under the laws of the State of Nevada and
14 the United States (NRS 53.045 and 28 USC § 1746), that the foregoing is true
15 and correct.

16 EXECUTED this 28th day of February, 2019.

17 
Kevin Adrianzen
18
19
20

AA000322

DISTRICT COURT
FAMILY DIVISION
CLARK COUNTY, NEVADA

Kevin Adrianzen

Plaintiff/Petitioner

v.

Raige Petit

Defendant/Respondent

Case No.

0-13-489542-0

Dept.

H

**MOTION/OPPOSITION
FEE INFORMATION SHEET**

Notice: Motions and Oppositions filed after entry of a final order issued pursuant to NRS 125, 125B or 125C are subject to the reopen filing fee of \$25, unless specifically excluded by NRS 19.0312. Additionally, Motions and Oppositions filed in cases initiated by joint petition may be subject to an additional filing fee of \$129 or \$57 in accordance with Senate Bill 388 of the 2015 Legislative Session.

Step 1. Select either the \$25 or \$0 filing fee in the box below.

- ☐ **\$25** The Motion/Opposition being filed with this form is subject to the \$25 reopen fee.
- OR-
- ☒ **\$0** The Motion/Opposition being filed with this form is not subject to the \$25 reopen fee because:
- ☐ The Motion/Opposition is being filed before a Divorce/Custody Decree has been entered.
 - ☐ The Motion/Opposition is being filed solely to adjust the amount of child support established in a final order.
 - ☒ The Motion/Opposition is for reconsideration or for a new trial, and is being filed within 10 days after a final judgment or decree was entered. The final order was entered on 2-14-19.
 - ☐ Other Excluded Motion (must specify) _____.

Step 2. Select the \$0, \$129 or \$57 filing fee in the box below.

- ☒ **\$0** The Motion/Opposition being filed with this form is not subject to the \$129 or the \$57 fee because:
- ☒ The Motion/Opposition is being filed in a case that was not initiated by joint petition.
 - ☐ The party filing the Motion/Opposition previously paid a fee of \$129 or \$57.
- OR-
- ☐ **\$129** The Motion being filed with this form is subject to the \$129 fee because it is a motion to modify, adjust or enforce a final order.
- OR-
- ☐ **\$57** The Motion/Opposition being filing with this form is subject to the \$57 fee because it is an opposition to a motion to modify, adjust or enforce a final order, or it is a motion and the opposing party has already paid a fee of \$129.

Step 3. Add the filing fees from Step 1 and Step 2.

The total filing fee for the motion/opposition I am filing with this form is:

☒ \$0 ☐ \$25 ☐ \$57 ☐ \$82 ☐ \$129 ☐ \$154

Party filing Motion/Opposition:

Pltff. K. Adrianzen

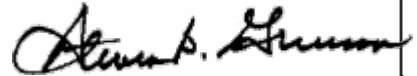
Date

2-28-19

Signature of Party or Preparer

Cynthia Gerville

AA000323



1 **EXHS**

2 Michael Burton, Esq.

3 Nevada Bar Number 14351

4 **McFARLING LAW GROUP**

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10 Attorney for Plaintiff,

11 Kevin Adrianzen

12 **EIGHTH JUDICIAL DISTRICT COURT**

13 **FAMILY DIVISION**

14 **CLARK COUNTY, NEVADA**

15 **KEVIN ADRIANZEN,**

16 Plaintiff,

17 vs.

18 **PAIGE PETIT,**

19 Defendant.

Case Number: D-13-489542-D

Department: H

20 **PLAINTIFF'S EXHIBIT APPENDIX**

21 COMES NOW Plaintiff, Kevin Adrianzen, by and through his attorney,
22 Michael Burton, Esq. of McFarling Law Group, and hereby submits the following
23 exhibits in support of his Motion for Reconsideration of Denial of Evidentiary
24 Proceedings on Plaintiff's Motion to Modify Custody and Child Support from
September 17, 2018 Order Entered February 14, 2019. Plaintiff understands that

1 these are not considered substantive evidence in my case until formally admitted into
2 evidence.

3
4 **TABLE OF CONTENTS**

5 **EXHIBIT 1:** Email from Defendant to Plaintiff re: no phone.

6 **EXHIBIT 2:** Dental Patient Progress Notes for minor child dated
7 February 18, 2019.

8 **EXHIBIT 3:** Facebook message from Shawn Masonry to Plaintiff from
9 approximately November 12, 2018.

10 DATED this 28th day of February, 2019.

11
12 **MCFARLING LAW GROUP**

13 /s/ Michael Burton

14 Michael Burton, Esq.
15 Nevada Bar Number 14351
16 6230 W. Desert Inn Road
17 Las Vegas, NV 89146
18 (702) 565-4335
19 Attorney for Plaintiff,
20 Kevin Adrianzen
21
22
23
24

EXHIBIT 1

AA000326

This is Paige. I will not have my phone until further notice and if you have tried to contact me the past few days I did not receive it. I made an account through Talking Parents and if you need to get a hold of me you'll need to create a secondary account using a secondary email. Exchanges will resume as usual. I'll be picking Ryder up at 6pm Monday and will not have a phone to let you that I'm out front so if you could please have him ready and waiting for me it would be appreciated. Otherwise I'll be ringing the doorbell. If you need to contact me going forward, you'll need to go through Talking Parents until I have my phone again. Thanks.

EXHIBIT 2

AA000328

Patient Progress Notes

Patient: **Ryder B. Petit-Adrianzen**
 Provider: **Sandra M. Thompson, DMD**
 Phone: **(702)658-6700**
 Office: **6169 S Rainbow Blvd Ste 100**
Las Vegas, NV 89118

Date: **2/18/2019**
 Chart #: **019236**
 Birthdate: **9/22/2013**

• • • A B C D E F G H I J • • •



• • • T S R Q 25 24 N M L K • • •

■ Treatment Plan ■ Completed ■ Conditions ■ Existing-This Prov ■ Existing-Other Prov

Date	Tooth	Surface	Proc	Prov	Description	Stat	Amount
9/5/2018			D0150	DRST	Comprehensive oral evaluation	C	33 24
Exam type: Comprehensive 5yr male presents to clinic with "NO CC" went over OHI and the importance of flossing Upon Dr. Thompson's exam she stated no decay present RMH, Nkda, No Meds -Healthy Weight: 45 X-RAYS TAKEN: yes 2bwx , no caries or other pathology E/O exam: WNL TMJ: WNL I/O exam: WNL OB:75 % & OJ:1 mm Midline: even Crossbite: NSF Left side occlusion - Class 1 Right side occlusion - Class 1 Tonsils - 25 % Caries: n/a Oral cancer screening: NSF Periodontal status: NSF Referrals: NSF Oral Hygiene: fair Caries Risk Assessment:high Parents accept treatment plan: yes Consequences of refusing treatment explained up to and including caries progression, infection, infection spreading to brain, hospitalization and death. Parents state they understand. Behavior: cooperative Assistant Name:kristen NV:Recall w/o x-ray's Dr. Sandra Thompson							
9/5/2018			D0272	DRST	Bitewing Two Image	C	18 00

AA000329

Patient Progress Notes

Patient: Ryder B. Petit-Adrianzen
 Provider: Sandra M. Thompson, DMD
 Phone: (702)658-6700
 Office: 6169 S Rainbow Blvd Ste 100
 Las Vegas, NV 89118

Date: 2/18/2019
 Chart #: 019236
 Birthdate: 9/22/2013

Date	Tooth	Surface	Proc	Prov	Description	Stat	Amount
For growth and development, as well as the diagnosis of interproximal contacts.							
9/5/2018			D0603	DRST	Caries risk assessment - High	C	0.00
Patient has history of incipient or active caries or lesions. Socioeconomic status of family.							
9/5/2018			D10001	DRST	HIROAD	C	0.00
Hospitalization -n/a Illness -n/a Review of System -n/a Operations -n/a Allergies -n/a Drugs/Medications -n/a							
9/5/2018			D1120	DRST	Prophylaxis-child	C	45.00
Prophy performed to control local irritating factors that are present on the patient's tooth surface. Prophy with fine paste. All contacts flossed. All plaque and calculus removed.							
DA kt							
Dr. Sandra Thompson							
9/5/2018			D1206	DRST	Topical Applic Fluoride Varnish	C	35.00
Applied topical varnish 5 % sodium Fluoride							
2/13/2019			D0140	DRST	Limited oral evaluation	C	33.24
5 yo male presents to clinic with CC of "pain on upper front teeth when pt is in school." Xrays in doc center from other office. Dr. Thompson evaluated patient and advised that teeth E and F are mobile and ready to exfoliate. Advised pain is from the loose front teeth, recommend patient work on wiggling teeth at home. Mom also reports pt was seen recently at another office and a crown was recommended. Dr. Thompson evaluated xrays from the other office and advised there is large DO decay on #S- SSC indicated. Possible mesial decay on #T, difficult to tell due to slight overlap on the xrays. Recommend SSC #S, and then direct evaluation of #T to determine if there is mesial decay. If there is mesial decay on #T, then an SSC would be recommended on #T as well. Mom reports that she would prefer doing tx at this office. Discussed tx options, IOS or nitrous. Pt seems cooperative, advised that nitrous alone should be fine as long as patient is cooperative. Recommend mom discuss tx with patient's dad so that they can agree upon location and route of treatment. Mom also reports pt has a difficult time at home with brushing and flossing. Recommend helping patient with the brushing and flossing. Also recommended either a fluoride mouthrinse or a color indicating rinse to turn plaque a different color to help pt out with the brushing. Mom will talk to dad and let us know what they decide. Weight: 45 lbs DA SN Dr. Sandra Thompson							
2/13/2019			D9215	DRST	Local anesthesia	TP	0.00
2/13/2019			D9230	DRST	Analgesia-inhal of nitrous oxid	TP	18.44
2/13/2019			D9248	DRST	Non IV conscious sedation	TP	91.22
2/13/2019	S		D2930	DRST	Prefab stain steel crn-primary	TP	72.00

SINGLE PATIENT LEDGER

Little Smiles LLC

Date: 02/18/2019

Page: 1

Patient Name: Ryder B Petit-Adrianzen
6191 Alpine Tree Ave
Las Vegas, NV 89139

Chart Number: 019236

Billing Type: 1

DATE	TEETH	DESCRIPTION	PATIENT	CHARGE	PAYMENT	BALANCE
09/04/2018		Patient Balance Forward		0.00		0.00
09/05/2018		HIROAD	Ryder	0.00		0.00
09/05/2018		Comprehensive oral evaluation	Ryder	33.24		33.24
09/05/2018		Bitewing Two Image	Ryder	18.00		51.24
09/05/2018		Prophylaxis-child	Ryder	45.00		96.24
09/05/2018		Topical Applic Fluoride Varnish	Ryder	35.00		131.24
09/05/2018		Caries risk assessment - High	Ryder	0.00		131.24
09/10/2018		Dental Ins Payment - LIBERTY DENTAL NV MEDIC	Ryder		-131.24	0.00
02/13/2019		Limited oral evaluation	Ryder	33.24		33.24

TOTAL PATIENT BALANCE AS OF 02/18/2019:

33.24

EXHIBIT 3

AA000332



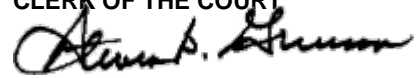
Shawn Masonry

Using Messenger without Facebook

MON AT 2:34 PM

Hey Kevin I'm not with Paige anymore and I want to see you win this shit you got going on so if there is anything you need from me just let me know because she fucked me too

You can't reply to this conversation. [Learn More](#)



NOTC

Michael Burton, Esq.

Nevada Bar Number 14351

McFARLING LAW GROUP

6230 W. Desert Inn Road

Las Vegas, NV 89146

(702) 565-4335 phone

(702) 732-9385 fax

eservice@mcfarlinglaw.com

Attorney for Plaintiff,

Kevin Adrianzen

EIGHTH JUDICIAL DISTRICT COURT

FAMILY DIVISION

CLARK COUNTY, NEVADA

KEVIN ADRIANZEN,

Plaintiff,

vs.

PAIGE PETIT,

Defendant.

Case Number: D-13-489542-D

Department: H

Date of Hearing: April 9, 2019

Time of Hearing: 10:00 AM

Oral Argument Requested: ☐ Yes ☒ No

**PLAINTIFF'S RE-NOTICE OF MOTION FOR RECONSIDERATION OF
DENIAL OF EVIDENTIARY PROCEEDINGS ON PLAINTIFF'S MOTION
TO MODIFY CUSTODY AND CHILD SUPPORT FROM SEPTEMBER 17,
2018 ORDER ENTERED FEBRUARY 14, 2019**

TO: Defendant, Paige Petit, and her attorney, Melvin, Grimes, Esq.

NOTICE: YOU ARE REQUIRED TO FILE A WRITTEN RESPONSE TO THIS MOTION WITH THE CLERK OF THE COURT AND TO PROVIDE THE UNDERSIGNED WITH A COPY OF YOUR RESPONSE WITHIN TEN (10) DAYS OF YOUR RECEIPT OF THIS MOTION. FAILURE TO FILE A

AA000334

WRITTEN RESPONSE WITH THE CLERK OF THE COURT WITHIN TEN (10) DAYS OF YOUR RECEIPT OF THIS MOTION MAY RESULT IN THE REQUESTED RELIEF BEING GRANTED BY THE COURT WITHOUT HEARING PRIOR TO THE SCHEDULED HEARING DATE.

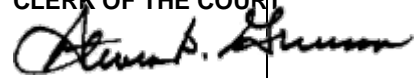
PLEASE TAKE NOTICE that a chamber hearing will be held on this Motion before the Court, located at the Regional Justice Center, 200 Lewis Ave., Las Vegas, Nevada 89101 in Department H, at the following date and time:
April 9, 2019 at 10:00 AM .

McFARLING LAW GROUP

/s/ Michael Burton

Michael Burton, Esq.
Nevada Bar Number 14351
6230 W. Desert Inn Road
Las Vegas, NV 89146
(702) 565-4335
Attorney for Plaintiff,
Kevin Adrianzen

AA000335



CSERV
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eservice@mcfarlinglaw.com
Attorney for Plaintiff,
Kevin Adrianzen

EIGHTH JUDICIAL DISTRICT COURT

FAMILY DIVISION

CLARK COUNTY, NEVADA

KEVIN ADRIANZEN,

Plaintiff,

vs.

PAIGE PETIT,

Defendant.

Case Number: D-13-489542-D
Department: H

Date of Hearing: April 9, 2019
Time of Hearing: 10:00 a.m.

CERTIFICATE OF SERVICE

The undersigned, an employee of McFarling Law Group, hereby certifies that on this 5th day of March, 2019, served a true and correct copy of:

//

//

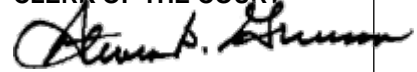
//

1. Plaintiff's Motion for Reconsideration of Denial of Evidentiary Proceedings on Plaintiff's Motion to Modify Custody and Child Support from September 17, 2018 Order Entered February 14, 2019 filed February 28, 2019;
2. Plaintiff's Exhibit Appendix; and
3. Plaintiff's Re-Notice of Motion.

 X via mandatory electronic service by using the Eighth Judicial District Court's E-file and E-service System to the following:

Melvin Grimes, Esq.
melg@grimes-law.com

/s/ Crystal Beville
Crystal Beville



OPPC (FAM)
MELVIN R GRIMES, ESQ.
Nevada Bar No. 12972
THE GRIMES LAW OFFICE
8540 S. Eastern Ave., Suite 100
Las Vegas, NV 89123
Tel: (702) 347-4357
Fax: (702) 224-2160
Attorney for Defendant

**DISTRICT COURT
CLARK COUNTY, NEVADA**

KEVIN ADRIANZEN,
Plaintiff,

CASE NO.: D-13-489542-D

DEPT: H

Vs.

HEARING DATE: APRIL 3, 2019

HEARING TIME: 10:00 AM

PAIGE PETIT,
Defendant.

**DEFENDANT'S OPPOSITION TO MOTION FOR
RECONSIDERATION OF DENIAL OF EVIDENTIARY PROCEEDINGS
ON PLAINTIFF'S MOTION TO MODIFY CUSTODY AND CHILD
SUPPORT FROM SEPTEMBER 17, 2018 ORDER ENTERED FEBRUARY 14,
2019
AND
COUNTERCLAIM FOR ATTORNEY'S FEES AND COSTS**

COMES NOW, the Defendant, PAIGE PETIT, by and through her attorney,
MELVIN R. GRIMES, ESQ., of THE GRIMES LAW OFFICE, and submits this
Defendant's Opposition to Motion for Reconsideration of Denial of Evidentiary
Proceedings on Plaintiff's Motion to Modify Custody and Child Support from
September 17, 2018 Order Entered February 14, 2019 and Counterclaim for
Attorney's Fees and Costs.

///

///

1 This Opposition is based on the papers and pleadings on file with this court,
2 the Memorandum of Points and Authorities attached hereto, and such argument as
3 this Court may permit.

4 Respectfully submitted this 21st day of March 2019.

5 THE GRIMES LAW OFFICE

6 /s/ Melvin R. Grimes

7 MELVIN R. GRIMES, ESQ.

8 Nevada Bar No: 12972

9 Melg@grimes-law.com

10 THE GRIMES LAW OFFICE

11 8540 S. Eastern Ave., Suite 100

12 Las Vegas, NV 89123

13 p: (702) 347-4357

14 f: (702) 224-2160

15 *Attorney for Defendant*

MEMORANDUM OF POINTS AND AUTHORITIES

I. Statement of Facts

As the court has been briefed on this matter ad nauseum, Defendant will refrain from providing a rote recitation of the facts as the history of the case along with the entirety of the Plaintiff's motion is little more than an attempt to relitigate already ruled upon matters.

II. Legal Argument

A. The Court's Order is Not Legally Deficient

A custody order must tie in the child's best interest accompanied by finding of fact with regards to the factors set forth by NRS 125C.0035(4) and any other factors that the Court deems relevant to the custody determination. *Davis v. Ewalefo*, 352 P.3d 1139, 1143 (2015) (citing *Bluestein v. Bluestein*, ___ Nev. ___, ___, 345 P.3d 1044, 1049 (2015)).

Here, the court entered findings of fact, in its order, stating "THE COURT FINDS the actions of Defendant's fiancé have not caused any neglect on the part of the Defendant." That the Plaintiff is dissatisfied with such a finding, does not amount to a legally deficient finding of fact on the part of the Court.

The Plaintiff continues to argue that due to the drafting of the original custody order, he is unable to prevail on a motion to modify custody as there is no starting point. Plaintiff should have argued this matter at the time of the original custody order. As such, any argument would clearly be excluded by the doctrine of laches.

B. Plaintiff Failed to Establish a Prima Facie Case for Custody Modification

The Nevada Supreme Court has adopted the "adequate cause" standard which empowers the district court to deny a motion to modify custody without holding a hearing unless the moving party demonstrates "adequate cause" for holding a hearing. *Rooney v. Rooney*, 109 Nev. 540, 542-3 (1993). "Adequate cause" requires that the moving party present a prima facie case for modification. *Id.* In order to

1 show a prima facie case, the moving party must show: 1) that the facts alleged in the
2 affidavits are relevant to the grounds for modification; and 2) the evidence is not
3 merely cumulative or impeaching. *Id.*

4 The standard to modify physical custody was set forth in *Ellis v. Carucci*
5 requiring that the moving party show that: 1) there has been a substantial change in
6 circumstances affecting the welfare of the minor child; and 2) the child's best
7 interest is served by the modification. 123 Nev 145, 150 (2007).

8 Here, the Plaintiff failed to present a prima facie case. The Plaintiff attempts
9 to compare this court's decision to that in *Ellis* but fails to take into account the
10 necessity of the court to see each case in its unique totality.

11 Plaintiff attempts to apply a line of logic which is designed only to mislead the
12 court in that "When the court denied Dad's motion without an evidentiary hearing, it
13 is saying that even if everything above is true, it does not warrant modifying
14 custody." What the Court explicitly said is that "there is no adequate cause to re-
15 litigate custody."

16 Further, the Plaintiff is so concerned with simply winning a custody battle that
17 he has resorted to using terms such as "dad cannot hit a target he cannot see." This
18 isn't a competition, this is matter regarding the welfare of a minor child. The fact
19 that the Plaintiff cannot see the target may be an indicator that his fictitious target
20 simply doesn't exist. The Court's prior custody order was very clear. Plaintiff
21 appears to be confused as he states that "he has no idea what he'd even need to prove
22 to establish a change in circumstances..." What the Plaintiff appears to be missing is
23 that there simply has not been a change in circumstances.

24 That the Plaintiff feels his argument constitutes circumstances affecting the
25 welfare of the child is not important. What is important is that he failed to plead
26 evidence sufficient enough to convince this court.

27 The Plaintiff's absurd reasoning aside, the Defendant is not opposed to a
28 reevaluation of child support. Any order moving forward should be based on the

parties' current financial disclosure forms, actual earning capacity, and with a full understanding of the financial needs of the minor child.

III. Counterclaim

A. The Defendant is entitled to an Award for Past Medical Expenses

The Parties stipulated and agreed that medical expenses would be evenly split by the parties.¹ The parties Decree of Divorce does not make such division pursuant to the 30/30 rule. However, Paige has submitted each of the following to Plaintiff and he has failed to reimburse her any of the costs.² Plaintiff owes Paige \$6650.99 before the application of appropriate interest.

B. The Defendant is Entitled to an Award of Attorney's Fees and Costs

Chapter 18 of the Nevada Revised Statutes grants courts discretion to award attorney fees "when the court finds that the claim...was brought or maintained without reasonable ground" and permits courts to "punish for and deter frivolous or vexatious claims and defenses because such claims and defenses overburden limited judicial resources, hinder the timely resolution of meritorious claims and increase" costs. NRS 18.010(2)(b). To justify an award of attorney's fees, the district court must determine whether there were reasonable grounds for the claims asserted. *Bergmann v. Boyce*, 109 Nev. 670, 675, 856 P.2d 560, 563 (1993). The proper inquiry evaluates the frivolousness of the suit at the time it was initiated. *Barozzi v. Benna*, 112 Nev. 635, 639, 918 P.2d 301, 303 (1996).

Further, the Plaintiff has failed to present facts and legal analysis that would enable this court to provide him the relief sought. The Plaintiff's countermotion was doomed from the onset and have done little more than create a financial burden upon the Defendant and served only to further inflame litigation in a case that has been ruled upon.

¹ See the Decree of Divorce filed on August 18, 2014, page 3, lines 11-14.

² See Exhibit A – Copy of schedule and related billings and receipts.

1 The court should therefore award the Defendant attorney's fees and costs
2 related to the defense of the present motion. The Defendant seeks leave of the court
3 to submit an affidavit of fees and costs, and a *Brunzell* affidavit in support of an award
4 of fees and cost.

5 **IV. Conclusion**

6 Defendant, PAIGE PETIT, therefore, prays that this Court:

- 7 1. Deny the Plaintiff's Motion;
- 8 2. Grant Defendant an Award of Attorney's Fees and Costs; and
- 9 3. Any further relief this court deems just and equitable.

10 Respectfully submitted this 21st day of March 2019.

11
12 THE GRIMES LAW OFFICE

13 /s/ Melvin R. Grimes

14 MELVIN R. GRIMES, ESQ.

15 Nevada Bar No: 12972

16 Melg@grimes-law.com

17 THE GRIMES LAW OFFICE

18 8540 S. Eastern Ave., Suite 100

19 Las Vegas, NV 89123

20 p: (702) 347-4357

21 f: (702) 224-2160

22 *Attorney for Defendant*

MOFI

DISTRICT COURT
FAMILY DIVISION
CLARK COUNTY, NEVADA

Kevin Adrianzen

Plaintiff/Petitioner

v.
Paige Petit

Defendant/Respondent

Case No. **D-13-489542-D**

Dept. **H**

**MOTION/OPPOSITION
FEE INFORMATION SHEET**

Notice: Motions and Oppositions filed after entry of a final order issued pursuant to NRS 125, 125B or 125C are subject to the reopen filing fee of \$25, unless specifically excluded by NRS 19.0312. Additionally, Motions and Oppositions filed in cases initiated by joint petition may be subject to an additional filing fee of \$129 or \$57 in accordance with Senate Bill 388 of the 2015 Legislative Session.

Step 1. Select either the \$25 or \$0 filing fee in the box below.

<input type="checkbox"/> \$25	The Motion/Opposition being filed with this form is subject to the \$25 reopen fee.
-OR-	
<input checked="" type="checkbox"/> \$0	The Motion/Opposition being filed with this form is not subject to the \$25 reopen fee because:
<input type="checkbox"/>	The Motion/Opposition is being filed before a Divorce/Custody Decree has been entered.
<input type="checkbox"/>	The Motion/Opposition is being filed solely to adjust the amount of child support established in a final order.
<input type="checkbox"/>	The Motion/Opposition is for reconsideration or for a new trial, and is being filed within 10 days after a final judgment or decree was entered. The final order was entered on _____.
<input type="checkbox"/>	Other Excluded Motion (must specify) _____.

Step 2. Select the \$0, \$129 or \$57 filing fee in the box below.

<input checked="" type="checkbox"/> \$0	The Motion/Opposition being filed with this form is not subject to the \$129 or the \$57 fee because:
<input checked="" type="checkbox"/>	The Motion/Opposition is being filed in a case that was not initiated by joint petition.
<input type="checkbox"/>	The party filing the Motion/Opposition previously paid a fee of \$129 or \$57.
-OR-	
<input type="checkbox"/> \$129	The Motion being filed with this form is subject to the \$129 fee because it is a motion to modify, adjust or enforce a final order.
-OR-	
<input type="checkbox"/> \$57	The Motion/Opposition being filing with this form is subject to the \$57 fee because it is an opposition to a motion to modify, adjust or enforce a final order, or it is a motion and the opposing party has already paid a fee of \$129.

Step 3. Add the filing fees from Step 1 and Step 2.

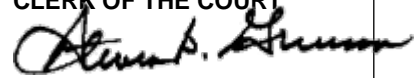
The total filing fee for the motion/opposition I am filing with this form is:

☒ **\$0** ☐ **\$25** ☐ **\$57** ☐ **\$82** ☐ **\$129** ☐ **\$154**

Party filing Motion/Opposition: **The Grimes Law Office for Defendant** Date **03/21/19**

Signature of Party or Preparer **/s/ Katherine Mendoza**

AA000344



1 APP
2 MELVIN R. GRIMES, ESQ.
3 Nevada Bar No: 12972
4 Melg@grimes-law.com
5 THE GRIMES LAW OFFICE
6 8540 S. Eastern Avenue Suite 100
7 Las Vegas, NV 89123
8 p: (702) 347-4357
9 f: (702) 224-2160
10 *Attorney for Defendant*

**DISTRICT COURT
CLARK COUNTY, NEVADA**

11 KEVIN ADRIANZEN,
12 Plaintiff,

13 vs.

14 PAIGE PETIT,
15 Defendant.

CASE NO.: D-13-489542-D
DEPT NO.: H

HEARING DATE: April 3, 2019
TIME: 10:00 AM

**APPENDIX OF EXHIBITS TO DEFENDANT'S OPPOSITION TO MOTION
FOR RECONSIDERATION OF DENIAL OF EVIDENTIARY
PROCEEDINGS ON PLAINTIFF'S MOTION TO MODIFY CUSTODY AND
CHILD SUPPORT FROM SEPTEMBER 17, 2018 ORDER ENTERED
FEBRUARY 14, 2019 AND COUNTERCLAIM FOR ATTORNEY'S FES AND
COSTS**

21 //

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//

COMES NOW, Defendant, PAIGE PETIT, by and through her Attorney of Record, Melvin R. Grimes, ESQ of The Grimes Law Office and Submits this Appendix of Exhibits to Defendant's Opposition to Motion for Reconsideration of Denial of Evidentiary Proceedings on Plaintiff's Motion to Modify Custody and Child Support from September 17, 2018 Order Entered February 14, 2019 and Counterclaim for Attorney's Fees and Costs.

Dated this 21st day of March, 2019.

THE GRIMES LAW OFFICE

/s/ Melvin R. Grimes
Melvin R. Grimes, Esq.
Nevada Bar No.12972
8540 S. Eastern Avenue Suite 100
Las Vegas, NV 89123
(702) 347-4357

EXHIBITS

<u>Exhibit</u>	<u>Title of Document(s)</u>	<u>Bates Stamped No.</u>
A	Defendant's Medical Bills	DEF0001-DEF0114

AA000346

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EXHIBIT A

OUTSTANDING BALANCE IN MEDICAL BILLS IN REGARDS TO RYDER TO DATE OF 02/19/17

DATE	SERVICE	ACCOUNT / INVOICE NUMBER	TYPE	OPENING BILL	INSURANCE DISCOUNT/PAID	CO-PAY OWED	PAID TO DATE	REMAINING BALANCE	PAID TO DATE BY PAIGE	PAID TO DATE BY KEVIN	PAIGES PORTION OWED FOR AMOUNT PAID TO DATE	KEVINS PORTION OWED FOR AMOUNT PAID TO DATE	PAIGES PORTION OF ALL BILLS	KEVINS PORTION OF ALL BILLS	PAGE #
03/21/13	Babys First Image	N/A	Prenatal	\$102.00	N/A	\$102.00	\$102.00	\$0.00	\$102.00	\$0.00	\$0.00	\$0.00	\$51.00	\$51.00	1
04/09/13	Quest Diagnostics	A46371147	Prenatal	\$83.71	\$83.71	\$25.00	\$25.00	\$0.00	\$25.00	\$0.00	\$0.00	\$0.00	\$12.50	\$12.50	2
04/09/13	Dr Scarff	N/A	Prenatal	UNK	UNK	\$20.00	\$20.00	\$0.00	\$20.00	\$0.00	\$0.00	\$0.00	\$10.00	\$10.00	3
04/19/13	Radiology Associates of NV	RAN38655	Prenatal	\$174.00	\$162.38	\$11.62	\$11.62	\$0.00	\$11.62	\$0.00	\$0.00	\$0.00	\$5.81	\$5.81	4 - 5
04/19/13	Saint Rose Hospital	106018A6385	Prenatal	\$451.95	\$412.85	\$42.10	\$42.10	\$0.00	\$42.10	\$0.00	\$0.00	\$0.00	\$21.05	\$21.05	6 - 7
04/19/13	Saint Rose Hospital	33364100	Prenatal	\$2,858.00	\$1,267.84	\$466.97	\$466.97	\$0.00	\$466.97	\$0.00	\$0.00	\$0.00	\$233.485	\$233.485	8 - 9
05/15/13	Dr Scarff	N/A	Prenatal	UNK	UNK	\$50.00	\$50.00	\$0.00	\$50.00	\$0.00	\$0.00	\$0.00	\$25.00	\$25.00	10
06/17/13	Desert Perinatal Associates	N/A	Prenatal	\$59.45	N/A	\$30.00	\$30.00	\$0.00	\$30.00	\$0.00	\$0.00	\$0.00	\$15.00	\$15.00	11
06/21/13	Quest Diagnostics	A4747155	Prenatal	\$59.45	\$53.07	\$6.38	\$6.38	\$0.00	\$6.38	\$0.00	\$0.00	\$0.00	\$3.19	\$3.19	12 - 13
09/22/13	Anesthesiology Consultants	AC216729	Birth	\$1,285.00	\$425.00	\$862.60	\$862.60	\$0.00	\$862.60	\$0.00	\$0.00	\$0.00	\$431.30	\$431.30	14 - 16
09/22/13	Healthcare Partners	C439523	Birth	\$1,079	\$660.62	\$518.38	\$518.38	\$0.00	\$518.38	\$0.00	\$0.00	\$0.00	\$259.19	\$259.19	17 - 18
09/22/13	Spring Valley Hospital	905392668	Birth	\$37,633.00	\$35,264.80	\$2,368.20	\$2,368.20	\$0.00	\$2,368.20	\$0.00	\$0.00	\$0.00	\$1,184.10	\$1,184.10	19 - 38
09/22/13	Spring Valley Hospital	905391751	Birth	\$32,281.00	\$30,571.63	\$1,709.37	\$1,709.37	\$0.00	\$1,709.37	\$0.00	\$0.00	\$0.00	\$879.685	\$879.685	39 - 60
09/26/13	Pediatric Medical Group	PE0909249075	Birth	\$7,251.00	\$2,997.16	\$4,253.84	\$4,253.84	\$0.00	\$4,253.84	\$0.00	\$0.00	\$0.00	\$2,126.92	\$2,126.92	61 - 65
09/26/13	Spring Valley Hospital	905391751	Birth	\$500.00	N/A	\$500.00	\$500.00	\$0.00	\$500.00	\$0.00	\$0.00	\$0.00	\$250.00	\$250.00	66
09/29/13	Spring Valley Hospital	905405742	Birth	\$5,993.80	\$5,813.80	\$150.00	\$150.00	\$0.00	\$150.00	\$0.00	\$0.00	\$0.00	\$75.00	\$75.00	67 - 68
09/29/13	Desert Radiology Solutions	1344659-QDSRT-1-D:	Birth	\$129.09	\$121.75	\$7.34	\$7.34	\$0.00	\$7.34	\$0.00	\$0.00	\$0.00	\$3.67	\$3.67	69 - 70
10/09/13	Healthcare Partners	N/A	Doctor Visit (Checkup Doctor Visit)	\$65.00	\$40.00	\$25.00	\$25.00	\$0.00	\$25.00	\$0.00	\$0.00	\$0.00	\$12.50	\$12.50	71
10/23/13	Healthcare Partners	N/A	(Checkup)	\$65.00	N/A	\$65.00	\$65.00	\$0.00	\$65.00	\$0.00	\$0.00	\$0.00	\$32.50	\$32.50	72
11/12/13	Health District	N/A	Shots	\$25.00	N/A	\$25.00	\$25.00	\$0.00	\$25.00	\$0.00	\$0.00	\$0.00	\$12.50	\$12.50	73
01/05/14	Healthcare Partners	N/A	Doctor Visit (Checkup)	\$69.00	N/A	\$69.00	\$69.00	\$0.00	\$69.00	\$0.00	\$0.00	\$0.00	\$34.50	\$34.50	74
01/22/14	Health District	N/A	Shots	\$25.00	N/A	\$25.00	\$25.00	\$0.00	\$25.00	\$0.00	\$0.00	\$0.00	\$12.50	\$12.50	75
03/19/14	Health District	N/A	Shots	\$25.00	N/A	\$25.00	\$25.00	\$0.00	\$25.00	\$0.00	\$0.00	\$0.00	\$12.50	\$12.50	76
04/18/14	Healthcare Partners	N/A	Doctor Visit (Sick)	\$100.00	N/A	\$100.00	\$100.00	\$0.00	\$100.00	\$0.00	\$0.00	\$0.00	\$50.00	\$50.00	77
04/18/14	Wal-Mart Pharmacy	N/A	Medication	UNK	UNK	\$4.00	\$4.00	\$0.00	\$4.00	\$0.00	\$0.00	\$0.00	\$2.00	\$2.00	78
05/13/14	Child Support	N/A	May Child Support	\$25.00	N/A	\$25.00	\$25.00	\$0.00	\$25.00	\$0.00	N/A	N/A	N/A	N/A	N/A
09/09/14	Healthcare Partners	N/A	Doctor Visit (Sick)	\$100.00	\$65.00	\$15.00	\$15.00	\$0.00	\$15.00	\$0.00	\$0.00	\$0.00	\$7.50	\$7.50	79
12/08/14	Walgreens Pharmacy	N/A	Medication	\$57.89	\$42.89	\$15.00	\$15.00	\$0.00	\$15.00	\$0.00	\$0.00	\$0.00	\$7.50	\$7.50	80 - 81
12/08/14	Walgreens Pharmacy	N/A	Medication	\$20.00	\$17.24	\$3.75	\$3.75	\$0.00	\$3.75	\$0.00	\$0.00	\$0.00	\$1.875	\$1.875	80 - 81
12/08/14	Preferred Homecare	OE234	Nebulizer Machine	UNK	UNK	\$40.54	\$40.54	\$0.00	\$40.54	\$0.00	\$0.00	\$0.00	\$20.27	\$20.27	82 - 83
12/08/14	Preferred Homecare	OE234	Nebulizer Machine	UNK	UNK	\$163.84	\$163.84	\$0.00	\$163.84	\$0.00	\$0.00	\$0.00	\$81.92	\$81.92	84 - 85
01/08/15	Healthcare Partners	N/A	Doctor Visit (Sick)	\$100.00	\$65.00	\$15.00	\$15.00	\$0.00	\$15.00	\$0.00	\$0.00	\$0.00	\$7.50	\$7.50	86
01/08/15	Walgreens Pharmacy	N/A	Medication	\$37.99	\$31.99	\$6.00	\$6.00	\$0.00	\$6.00	\$0.00	\$0.00	\$0.00	\$3.00	\$3.00	86
01/09/15	Walgreens Pharmacy	N/A	Medication	\$25.99	\$21.49	\$4.50	\$4.50	\$0.00	\$4.50	\$0.00	\$0.00	\$0.00	\$2.25	\$2.25	87
02/13/15	Healthcare Partners	N/A	Doctor Visit (Sick) nurse hospital	\$100.00	\$65.00	\$15.00	\$15.00	\$0.00	\$15.00	\$0.00	\$0.00	\$0.00	\$7.50	\$7.50	88
02/22/15	Radiology Specialists	364218	Visit (CPS)	\$137.00	\$115.76	\$21.24	\$21.24	\$0.00	\$21.24	\$0.00	\$0.00	\$0.00	\$10.62	\$10.62	89 - 90
02/22/15	Pediatric Medical Group	6707698	Visit (CPS)	\$783.00	\$744.19	\$38.81	\$38.81	\$0.00	\$38.81	\$0.00	\$0.00	\$0.00	\$19.405	\$19.405	91 - 93
02/22/15	Sunrise Hospital	1105803259	Visit (CPS)	\$5,990.00	\$4,768.39	\$1,221.61	\$1,221.61	\$0.00	\$1,221.61	\$0.00	\$0.00	\$0.00	\$610.805	\$610.805	94 - 96
03/03/15	Healthcare Partners	N/A	Doctor Visit (Sick)	\$100.00	\$65.00	\$15.00	\$15.00	\$0.00	\$15.00	\$0.00	\$0.00	\$0.00	\$7.50	\$7.50	97
03/03/15	Walgreens Pharmacy	N/A	Medication	\$20.99	\$17.24	\$3.75	\$3.75	\$0.00	\$3.75	\$0.00	\$0.00	\$0.00	\$1.875	\$1.875	97
03/03/15	Walgreens Pharmacy	N/A	Medication	\$16.99	\$14.33	\$2.66	\$2.66	\$0.00	\$2.66	\$0.00	\$0.00	\$0.00	\$1.33	\$1.33	97
03/03/15	Quest Diagnostics	3119187023	Doctor Visit Test	\$152.63	\$136.31	\$16.32	\$16.32	\$0.00	\$16.32	\$0.00	\$0.00	\$0.00	\$8.16	\$8.16	98 - 99
03/05/15	Walgreens Pharmacy	N/A	Medication	\$91.99	\$76.99	\$15.00	\$15.00	\$0.00	\$15.00	\$0.00	\$0.00	\$0.00	\$7.50	\$7.50	100
03/07/15	Healthcare Partners	N/A	Doctor Visit (Sick)	\$100.00	\$65.00	\$15.00	\$15.00	\$0.00	\$15.00	\$0.00	\$0.00	\$0.00	\$7.50	\$7.50	101
03/13/15	Healthcare Partners	N/A	Doctor Visit (Sick)	\$100.00	\$65.00	\$15.00	\$15.00	\$0.00	\$15.00	\$0.00	\$0.00	\$0.00	\$7.50	\$7.50	101
03/13/15	Walgreens Pharmacy	N/A	Medication	\$19.99	\$13.85	\$6.14	\$6.14	\$0.00	\$6.14	\$0.00	\$0.00	\$0.00	\$3.07	\$3.07	101
03/13/15	Healthcare Partners	N/A	Doctor Visit (Sick)	\$100.00	\$65.00	\$15.00	\$15.00	\$0.00	\$15.00	\$0.00	\$0.00	\$0.00	\$7.50	\$7.50	101
03/17/15	Walgreens Pharmacy	N/A	Medication	\$89.99	\$56.81	\$33.18	\$33.18	\$0.00	\$33.18	\$0.00	\$0.00	\$0.00	\$16.59	\$16.59	101
03/17/15	Walgreens Pharmacy	N/A	Medication	\$20.99	\$15.74	\$5.25	\$5.25	\$0.00	\$5.25	\$0.00	\$0.00	\$0.00	\$2.62	\$2.62	101
03/17/15	Healthcare Partners	N/A	Doctor Visit (Sick)	\$100.00	\$60.00	\$20.00	\$20.00	\$0.00	\$20.00	\$0.00	\$0.00	\$0.00	\$10.00	\$10.00	101
03/17/16	Walgreens Pharmacy	N/A	Medication	\$181.99	\$176.99	\$5.00	\$5.00	\$0.00	\$5.00	\$0.00	\$0.00	\$0.00	\$2.50	\$2.50	101
03/17/17	Walgreens Pharmacy	N/A	Medication	\$185.99	\$180.99	\$5.00	\$5.00	\$0.00	\$5.00	\$0.00	\$0.00	\$0.00	\$2.50	\$2.50	101

TOTALS:

\$99,721.45 \$85,601.25 \$13,276.96 \$13,251.98 \$25.00 \$13,251.98 \$0.00 \$6,650.99 \$6,625.99 \$6,650.99

AA000348

Select Activity Type

Search Options

Current Transactions for: *****6822

There has been no recent activity.

Transaction History for: *****6822

BABYS FIRST IMAGE LAS VEGAS NV US
Miscellaneous General Services
03/21/13 2:21 AM
~~-102.00~~

Download to CSV

Responsive View

English

Cardholder Agreement and Disclosure / Privacy and Error Resolution Policy ([index.cfm?view=accounts.cardholder_agreement&bin=EDB618E05AE44B8A83A11AB8691217F1](#))
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(<https://www.facebook.com/GlobalCashCard>)



(<https://twitter.com/Paycards>)



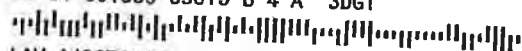
(<http://www.linkedin.com/company/global-cash-card>)

Ultrasound
\$ 102.00



Do not use address below:
PO Box 7302
Hollister, MO 65073-7302

AT 01 001559 39615 B 4 A**3DGT



LAV A46371147

PAIGE PETIT

7645 STETSON BLUFF AVE

LAS VEGAS, NV 89113-3065

Laboratory Invoice

Page 1 of 2

For services not included in your physician's bill

Invoice Date:	Amount Due:	Due Date:
May. 02, 2013	\$25.00	Jun. 01, 2013
Invoice Number	Lab Code	Bill Code
A46371147	LAV	
Patient Name:	PETIT, PAIGE	
Responsible Party:	PAIGE PETIT	
Date of Service:	April 9, 2013	

Lab Results and Diagnosis Questions Must Be Answered By Your Physician.

Customer Service
LOG ON NOW at www.QuestDiagnostics.com/bill to conveniently pay your invoice, provide updated insurance information, or take a patient survey.

Phone 1-800-433-2750 1-702-733-3720 Fax 1-702-733-6910
Weekdays 8AM - 4:00PM PST Se Habla Espanol
To check your balance, last payment made, or to make a credit card payment 24 hours a day, please call 702-358-0474.
Please have your invoice available for reference.

Laboratory Tests Were Requested By:

Referring Physician: GLASSMAN/KRAMER/SCARFF/HERRERO
Physician Address: 1934 E SAHARA AVE
LAS VEGAS, NV 89104

Most Recent Insurance Claim Filed To:

Insurance Name: AETNA POS
Insurance ID: W196774700
Group Number: 529684

These charges are for tests ordered by the referring physician listed and are separate from the physician's fees. Your insurance carrier has processed the claim and the amount due is your financial responsibility. Please remit payment promptly. Thank you for using Quest Diagnostics.

Date	CPT Code *	Test Description	Charge	Insurance Discount	Insurance Paid	Medicare/Medicaid Paid	Patient Paid	Patient Owes
04/09/13	82105	AFP						
04/09/13	82397	CHEMILUMINESCENT ASSAY	\$175.23					
04/09/13	82677	ESTRIOL	\$147.88					
04/09/13	84702	HCG	\$253.14					
04/09/13	86336	INHIBIN A	\$146.97					
05/01/13		PRIVATE INSURANCE DISALLOWED	\$135.52					
05/01/13		PRIVATE INSURANCE PAYMENT		(\$120.52)				
05/01/13		PRIVATE INSURANCE DISALLOWED		(\$132.49)	(\$13.27)			
05/01/13		PRIVATE INSURANCE PAYMENT			(\$14.48)			
05/01/13		PRIVATE INSURANCE DISALLOWED		(\$229.87)				
05/01/13		PRIVATE INSURANCE DISALLOWED		(\$134.28)				
05/01/13		PRIVATE INSURANCE PAYMENT			(\$13.60)			

Tax ID: 88-0099333 ICD-9 Codes: V28.9

Services Performed by: QUEST DIAGNOSTICS SAN JUAN CAP. CA 92875-2042

* The CPT codes provided are based on AMA guidelines and without regard to specific payor requirements



Please fold and tear along perforation and remit with payment in the envelope provided.

LOG ON NOW. Pay your bill securely at
www.QuestDiagnostics.com/bill
or call 1-800-433-2750 or 1-702-733-3720.
Quest Diagnostics also accepts:



Amount Due: \$25.00
Due Date: Jun. 01, 2013
Lab Code: LAV
Invoice Number: A46371147

Patient Name: PETIT, PAIGE

Amount Enclosed: \$

If you received an explanation of benefits showing your responsibility is less than the amount shown on this bill, please pay the lesser amount. To fully resolve your invoice, please provide a copy of your explanation of benefits.

MAIL PAYMENTS ONLY TO:

QUEST DIAGNOSTICS
PO BOX 31001-1542
PASADENA, CA 91110-1542

COPY

Please make your checks payable to QUEST DIAGNOSTICS.
Be sure to include invoice number on your check.

☐ Check here if address has changed.
Please provide your new address information on the back.
Quest Diagnostics reserves the right to assign this receivable to any of its affiliates.

01LAV3501A46371147X00002500105020891850629025XXXXXX9

AA000350

Glassman, Kramer and Scarf
Patient Ledger
 Sorted By: Case Number

Entry	Date	PCS Description	Case	Procedure	Document	Provider	Amount
00004005	PAIGE PETIT	(702)767-7283					
	Last Payment:	-1,850.00	Crt	11/07/2013			
1817764	04/09/2013	11	68646	99885	1304090000	SI	185.00
1817765	04/09/2013	11	68646	81025	1304090000	SI	15.00
1817766	04/09/2013	11	68646	87491	1304090000	SI	95.00
1817767	04/09/2013	11	68646	87591	1304090000	SI	95.00
1817768	04/09/2013	11	68646	CASH	1304090000	SI	-20.00
1826876	05/15/2013	AEINA HEALTHPLAN	68646	PAEINA	1304090000	SI	-102.73
1826877	05/15/2013	Adjustment	68646	AAEINA	1304090000	SI	-68.06
1826878	05/15/2013	AEINA HEALTHPLAN	68646	PAEINA	1304090000	SI	0.00
1826879	05/15/2013	Adjustment	68646	AAEINA	1304090000	SI	-9.21
1826880	05/15/2013	AEINA HEALTHPLAN	68646	PAEINA	1304090000	SI	-32.10
1826881	05/15/2013	Adjustment	68646	AAEINA	1304090000	SI	-62.90
1826882	05/15/2013	AEINA HEALTHPLAN	68646	PAEINA	1304090000	SI	-32.10
1826883	05/15/2013	Adjustment	68646	AAEINA	1304090000	SI	-62.90
1827842	05/15/2013	11	68646	100	1305150000	SI	0.00
1827843	05/15/2013	11	68646	76805	1305150000	SI	245.00
1827844	05/15/2013	11	68646	CASH	1305150000	SI	-50.00
1837011	05/12/2013	11	68646	100	1305120000	SI	0.00
1837012	05/12/2013	11	68646	81008	1305120000	SI	6.00
1838034	05/19/2013	AEINA HEALTHPLAN	68646	PAEINA	1305150000	SI	-84.91
1838035	05/19/2013	Adjustment	68646	AAEINA	1305150000	SI	-110.09
1841894	07/05/2013	AEINA HEALTHPLAN	68646	PAEINA	1305120000	SI	0.00
1841895	07/05/2013	Adjustment	68646	AAEINA	1305120000	SI	-6.00
1844307	07/10/2013	11	68646	100	1307100000	SI	0.00
1850758	07/31/2013	11	68646	100	1307310000	SI	0.00
1857334	08/21/2013	11	68646	100	1308210000	SI	0.00
1861292	09/04/2013	11	68646	100	1308040000	SI	0.00
1864294	09/12/2013	11	68646	100	1309120000	SI	0.00
1865612	09/19/2013	11	68646	100	1309190000	SI	0.00
1871402	10/09/2013	11	68646	107	1310090000	SI	0.00
187519	09/22/2013	21	70830	59510	1310080000	SI	400.00
1875317	11/07/2013	AEINA HEALTHPLAN	70830	PPPO	1310080000	SI	-1850.00
1875318	11/07/2013	Adjustment	70830	APPO	1310080000	SI	-2150.00
Patient Total							\$0.00

STATEMENT

0001



AMOUNT

Radiology Associates of Nevada
 PO Box 30077 Dept 305
 Salt Lake City UT 84130-0077

Note: Remit address may be different.

Statement Date: 05/29/2013

Account Number: RAN38855

Amount Due: \$11.62

0000314927495000007247600000011620102

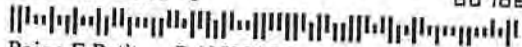
Office Hours: 6:00am-5:00pm Mon-Fri PST
 Toll Free: 877-243-8416 IRS# 88-0307447

Patient: PAIGE E PETIT
 Primary Ins.: AETNA US HEALTHCARE
 MAKE CHECK PAYABLE & REMIT TO:

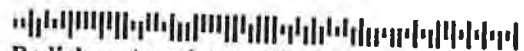
PAGE 1 OF 1

986 1 AT 0.381 *6

00986



Paige E Petit RAN38855
 7645 Stetson Bluff Avenue
 Las Vegas NV 89113-3065



Radiology Associates of Nevada
 PO Box 30077 Dept 305
 Salt Lake City UT 84130-0077

PLEASE CHECK BOX IF ABOVE ADDRESS IS INCORRECT AND INDICATE CHANGES ON BACK.

DETACH HERE

AND RETURN THIS TOP PORTION WITH YOUR PAYMENT
 USING THE RETURN ENVELOPE ENCLOSED

Patient Name: PAIGE E PETIT

Account #: RAN38855

DATE	POST DATE	CODE	DESCRIPTION	CHARGE	PAYMENT	ADJUST	BALANCE	PENDING
04/19/13		76801	OB US < 14 WKS, SINGLE FE	\$174.00			\$11.62	Patient
	05/29/13		AETNA US HEALTHCARE		\$46.50	\$115.88		
			Coinurance amount					

PAYMENT DUE ON: 06/19/2013

PAID
 6-8-13

COPY

Statement Message:

To pay by credit card go to www.myzpay.com/ranevada

Please be aware that we may not be able to accept insurance information after 90 days from the date of your service due to insurance filing guidelines.

For Questions or to Provide Insurance Information:

* Please call 877-243-8416

* Office Hours: 6:00am-5:00pm Mon-Fri PST

Total Balance:	\$11.62
Insurance Pending:	\$0.00
Patient Balance:	\$11.62
TOTAL BALANCE DUE:	\$11.62

Make Checks Payable To:
 Radiology Associates of Nevada
 PO Box 30077 Dept 305
 Salt Lake City UT 84130-0077

RAN00001-0348314-0000986-3189320-001-000220-#001196-0004



AA000352


Payment Receipt

[Help](#)

RADIOLOGY ASSOCIATES OF NEVADA
2400 S. Cimarron Road Suite 100
Las Vegas, NV 89117
702-228-7338

Date: 06/08/2013 Time: 11:02 AM PDT

Card Type: 
Last 4 Digits of Card: 
Authorization Code: 40852D
Amount: \$11.62

Patient Account Number: RAN38855
Patient Name: PAIGE PETIT
Cardholder Name: 

Thank you for your payment.

Authorization
I agree to pay the above total amount according to the card
issuer agreement.

ACCOUNTS PAYABLE TO:
MARK SAINT ROSE (MCCOURT)
7637379
ANNATI, OH 45263-7379

FOR ACCOUNT QUESTIONS CALL:
855-687-0618
PAYMENT DUE UPON RECEIPT
PAGE: 1 of 1

DATE DESCRIPTION CHGS/CREDITS OUTSTANDING
PATIENT: PAIGE PETIT

04/19/2013 EMERGENCY DEPARTMENT VISIT, EVAL/MANA \$ 454.95
PROVIDER: GARCIA DO, CHARLES
05/22/2013 CREDIT INSURANCE ADJUSTMENT \$ -244.44
05/22/2013 CREDIT INSURANCE PAYMENT \$ -168.41
ACCORDING TO YOUR INSURANCE, PATIENT BALANCE DUE IS:
PER YOUR INSURANCE, YOUR COINSURANCE WAS \$42.10
PATIENT BALANCE DUE - COINSURANCE \$ 42.10

THE AMOUNT DUE IS FOR THE PHYSICIAN/CLINICIAN SERVICES PROVIDED. PLEASE SEND
PAYMENT IN FULL FOR THE AMOUNT DUE. PLEASE DISREGARD THIS NOTICE IN THE EVENT
THAT YOU HAVE ALREADY MADE PAYMENT. IF YOU HAVE ANY QUESTIONS, WOULD LIKE TO
MAKE A PAYMENT, SETUP A PAYMENT PLAN, OR HAVE INSURANCE COVERAGE, PLEASE CALL
US AT (855)687-0618. UNINSURED OR HIGH MEDICAL BILL? CALL REGARDING POSSIBLE
DISCOUNT.

PAIGE PAID.
Meadows #.1046
6-8-13

THANK YOU FOR YOUR PROMPT PAYMENT.

CURRENT	OVER 30 DAYS	OVER 60 DAYS	OVER 90 DAYS	OVER 120 DAYS	TOTAL ACCOUNT BALANCE	INSURANCE PENDING	CURRENT BALANCE DUE
42.10	0.00	0.00	0.00	0.00	42.10	0.00	42.10

CLOSING DATE: 05/22/2013 ACCOUNT NUMBER: 106018A6385 7890



Billing Summary: PETIT, PAIGE E #106018 (E#106018)
EMP OF CLARK SAINT ROSE
(MCCOURT), PLLC

printed 05/21/2015 07:41 PM

EMP OF CLARK SAINT ROSE
(MCCOURT), PLLC
PO BOX 637379
CINCINNATI, OH 45263-7379
billing phone: (855) 687-0618

GUARANTOR NAME AND ADDRESS

PAIGE PETIT
7645 STETSON BLUFF
LAS VEGAS, NV 89113

PATIENT # 106018 **PATIENT NAME** PAIGE E PETIT
DOB 11/30/1993 **HOME TELEPHONE** (702) 767-7283

Billing Summary

Claim ID	Procedure ID	Date of Service	Post Date	Type	Reason	Plan	Supervising Provider	Ins. 1	Ins. 2	Patient
Claim ID 104039										
104039	99053	04/19/2013	04/26/2013	CHARGE	99053	AETNA - OPEN CHOICE (HMO)	CHARLES GARCIA	\$50.00		
104039	99053	04/19/2013	05/22/2013	ADJUSTMENT	GLOBAL (34886)	AETNA - OPEN CHOICE (HMO)	CHARLES GARCIA	\$-50.00		
104039	99284	04/19/2013	04/26/2013	CHARGE	99284	AETNA - OPEN CHOICE (HMO)	CHARLES GARCIA	\$454.95	\$0.00	\$0.00
104039	99284	04/19/2013	05/22/2013	PAYMENT	*****ACH *****2014	AETNA - OPEN CHOICE (HMO)	CHARLES GARCIA	\$-168.41		
104039	99284	04/19/2013	05/22/2013	ADJUSTMENT	CONTRACTUAL (18242)	AETNA - OPEN CHOICE (HMO)	CHARLES GARCIA	\$-244.44		
104039	99284	04/19/2013	05/22/2013	TRANSFERIN	COINSURANCE	PATIENT	CHARLES GARCIA	\$-42.10		\$42.10
104039	99284	04/19/2013	05/18/2013	PAYMENT	CHECK 1046	PATIENT	CHARLES GARCIA			\$-42.10
OUTSTANDING								\$0.00	\$0.00	\$0.00
TOTAL CHARGE OUTSTANDING AS OF 05/21/2015								\$0.00	\$0.00	\$0.00

<https://athenanet.athenahealth.com/6385/2/client/clientstatement.esp?PRINTVIEW=1&DE...> 5/21/2015

AA000355

St. Rose Dominican Hospitals
San Martin Campus
 A Dignity Health Member

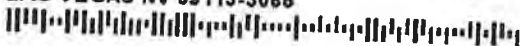
UNDELIVERABLE MAIL ONLY
 417 BRIDGE ST
 DANVILLE VA 24541



Please do not send payments or correspondence to the above address.

ACS101.A4DDGC004114.J0ECVD.020449 010225

PAIGE PETIT
 7648 STETSON BLUFF AVE
 LAS VEGAS NV 89113-3086



WID Number K27859188

Account Summary

Total Charges	\$2,858.00
Amount Paid By Your Insurance	\$-1,267.84
Your Insurance Discount	\$-1,123.19
Amount You Paid	\$0.00
Past Due Amount	\$466.97
Total Amount You Owe	\$466.97

Insurance Information

Primary Insurance	AETNA PPO
Policy Number	XXXXX774700
Group Number	Not on File
Secondary Insurance	Not on File
Policy Number	Not on File

If this information is incorrect, please call us.

Questions - Please Call (800) 644-0864

St. Rose Dominican Hospitals
San Martin Campus
 A Dignity Health Member

Guarantor Name	WID Number	Total Balance Due
PETT, PAIGE	K27859188	\$466.97

Please make checks payable to: **St Rose Dominican - San Martin**
 If you would like to pay less than the amount owed, contact our Customer Service representatives at (800) 644-0864 to set up a payment plan.

ST ROSE DOMINICAN - SAN MARTIN
 P.O. BOX 101072
 PASADENA CA 91189-1072

52490000027859188000466977

Balance Due Notice - Insured

06/10/13

Important Message

Thank you for choosing St Rose Dominican - San Martin for your healthcare needs. Quality of patient care and dedication to patient satisfaction are our highest priorities.

Our records indicate that there is a balance due on your account. This statement contains hospital related charges (such as supplies, room charges, pharmaceuticals, etc.) for your visit(s) to our facility. Fees for physician time, pathology, x-ray and/or anesthesiology are billed separately by the physicians.

Please make your payment on your account(s). You may mail in your check, logon to www.Dignity credit card payments.

For account detail

Questions/Contact

If you have questions co-payments, you may

We want to be sure that the billing process was explained clearly to you. If you have any billing related questions, you may visit us online at www.stroschospitals.org/businessoffice or call our Customer Service Representatives at (800) 644-0864 Monday - Thursday 8:00 am - 7:00 pm, Friday 8:00 am - 5:00 pm. Our representatives will be happy to assist you.

Check Meadows Paid off

mailed 6-20-13

Reference #: VRFPB790DCFE

Visit www.DignityHealth.org/billpay to access, manage and pay your account online. To access your account, you will need your WID Number K27859188 and the last four digits of your social security number.

COPY

Date of Service	Account Number	Amount Owed	Due Date
04/19/13	33364100	\$466.97	05/29/13
Payment Amount \$		Billing Zip Code	
VISA <input type="checkbox"/>		MasterCard <input type="checkbox"/>	
American Express <input type="checkbox"/>		Discover <input type="checkbox"/>	
Credit Card Number		Exp. Date	
Credit Card Holders Signature (Cannot be processed without Signature)			

☐ Please check box and see reverse side to change your card type

AA000356

A

ST ROSE DOMINICAN SAN MAR
8280 WEST WARM SPRINGS RD
LAS VEGAS, NV
877 877-8345
FEI # 383730230

89015-5575

PAGE NO.	1
HOSP. NO.	NV00020

TYPE OF BILL	DATE OF BILL	DATE OF PREV. BILL
CYCLE	04/23/13	
OUTP.		

H	O	PATIENT NAME	PATIENT NUMBER	SEX	AGE	ADMISSION DATE	DISCHARGE DATE	DAYS
		PETIT, PAIGE	33364100	F		04/19/13		

GUARANTOR NAME AND ADDRESS	PAIGE E PETIT 7645 STETSON BLUFF LAS VEGAS NV 89113	U.O.B.	INSURANCE COMPANY NAME	GROUP NUMBER	POLICY NUMBER
		1	AETNA PPO		W196774700
		GARCIA, CHARLES			

AMOUNT OF PAYMENT	\$
-------------------	----

DATE OF SERVICE	DESCRIPTION OF HOSPITAL SERVICES	SERVICE CODE	TOTAL CHARGES	EST. COVERAGE INS.CO. NO. 1	EST. COVERAGE INS.CO. NO. 2	EST. COVERAGE INS.CO. NO. 3	EST. COVERAGE INS.CO. NO. 4	PATIENT AMOUNT
DETAIL OF CURRENT CHARGES, PAYMENTS AND ADJUSTMENTS								
04/19	001US PREG=>14WK	42100248	647.00	647.00				
04/19	001HCG QN	50102961	170.00	170.00				
04/19	001HCG PREG QL S	50103399	291.00	291.00				
04/19	001UA AUTO WO MI	50200344	245.00	245.00				
04/19	003ER BED STATIS	60000874						
04/19	001ER LEVEL 3 W	60001757	1130.00	1130.00				
04/19	001URINE PREGNAN	60002151	192.00	192.00				
04/19	001BLOOD TYPING	53000089	183.00	183.00				
	BALANCE FORWARD		0.00					
	SUMMARY OF CURRENT CHARGES							
	ULTRASOUND		647.00	647.00				
	BLOOD BANK/TRANF		183.00	183.00				
	CLINIC LAB.		706.00	706.00				
	EMERGENCY DEPT.		1322.00	1322.00				
	SUB-TOTAL OF CURR. CHARGES		2858.00	2858.00				
	ACC DATE:	TYPE: N	TIME:	PLACE:	EMPL REL:			
TOTALS			2858.00	2858.00				

PATIENT NUMBER	33364100	PLEASE REFER TO PATIENT NUMBER ON ALL INQUIRIES AND CORRESPONDENCE.	ADDITIONAL PATIENT BILLING MAY BE NECESSARY FOR ANY CHARGES NOT POSTED WHEN THIS STATEMENT WAS PREPARED. OR IF INSURANCE CARRIERS DO NOT PAY ANY PART OF THE AMOUNTS SHOWN UNDER ESTIMATED INSURANCE COVERAGE.	PAY THIS AMOUNT	0.00
----------------	----------	---	--	-----------------	------

ST ROSE DOMINICAN SAN MAR
LAS VEGAS, NV

AA000357

Glassman, Kramer and Scarff
Patient Ledger
 Sorted By: Case Number

Entry	Date	POS Description	Case	Procedure	Document	Provider	Amount
00004005	PAIGE PETT						
	Last Payment:	-1,850.00	(702)767-7283				
			On 11/07/2013				
181764	04/09/2013	11	68646	99885	1304090000	SI	185.00
181765	04/09/2013	11	68646	81025	1304090000	SI	15.00
181766	04/09/2013	11	68646	87491	1304090000	SI	95.00
181767	04/09/2013	11	68646	87591	1304090000	SI	95.00
181768	04/09/2013	11	68646	PCAST	1304090000	SI	20.00
1826876	05/15/2013	AEINA HEALTHPLAN	68646	PAEINA	1304090000	SI	-102.73
1826877	05/15/2013	Adjustment	68646	AAEINA	1304090000	SI	-68.06
1826878	05/15/2013	AEINA HEALTHPLAN	68646	PAEINA	1304090000	SI	0.00
1826879	05/15/2013	Adjustment	68646	AAEINA	1304090000	SI	-9.21
1826880	05/15/2013	AEINA HEALTHPLAN	68646	PAEINA	1304090000	SI	-32.10
1826881	05/15/2013	Adjustment	68646	AAEINA	1304090000	SI	-62.90
1826882	05/15/2013	AEINA HEALTHPLAN	68646	PAEINA	1304090000	SI	-32.10
1826883	05/15/2013	Adjustment	68646	AAEINA	1304090000	SI	-62.90
1827842	05/15/2013	11	68646	100	1305150000	SI	0.00
1827843	05/15/2013	11	68646	76805	1305150000	SI	245.00
1827844	05/15/2013	11	68646	PCAST	1305150000	SI	50.00
1837011	05/12/2013	11	68646	100	1305120000	SI	0.00
1837012	05/12/2013	11	68646	81003	1305120000	SI	6.00
1838034	05/19/2013	AEINA HEALTHPLAN	68646	PAEINA	1305150000	SI	-84.91
1838035	05/19/2013	Adjustment	68646	AAEINA	1305150000	SI	-110.09
1841894	07/05/2013	AEINA HEALTHPLAN	68646	PAEINA	1305120000	SI	0.00
1841895	07/05/2013	Adjustment	68646	AAEINA	1305120000	SI	-6.00
1844307	07/10/2013	11	68646	100	1307100000	SI	0.00
1850758	07/31/2013	11	68646	100	1307310000	SI	0.00
1857334	08/21/2013	11	68646	100	1308210000	SI	0.00
1861292	09/04/2013	11	68646	100	1309040000	SI	0.00
1864294	09/12/2013	11	68646	100	1309120000	SI	0.00
1866612	09/19/2013	11	68646	100	1309190000	SI	0.00
1871402	10/09/2013	11	68646	107	1310090000	SI	0.00
1867519	09/22/2013	21	70830	59510	1310080000	SI	400.00
1875317	11/07/2013	AEINA HEALTHPLAN	70830	PFPO	1310080000	SI	-1850.00
1875318	11/07/2013	Adjustment	70830	APPO	1310080000	SI	-2150.00
Patient Total							\$0.00

Wall
Pha

BK 1223

If you have any questions, please feel free to call your doctor for medical advice about

PETIT, RYDER
7645 STETSON BLUFF AVE
LAS VEGAS, NV 89113
DATE: 04/18/14 17021270-2523
RX: 6811068
Cash
TOTAL: \$4.00

79316 21383
OC# 485 923 881 076 58
Priority: IN STORE
04/18/14 09:20 AM
04/18/14 09:41 AM

4-18-14
Medicine

Desert Prenatal Assoc.
1 South Fort Apache
Vegas, NV 89148
(702) 597-5158
Fax # 1000446492
Invoice: 0018824

August 17, 2013 10:45 AM

01 PETIT, PAIGE

Employee: Gina B.
Breastfeeding Class
2 @ \$15.00

\$30.00

Subtotal \$30.00
Tax \$0.00
Total \$30.00

Amount Due

Approved - Thank you for your purchase.
Betsy Bliss
amounts accounted within 30 days
for merchandise purchased.
Unopened and unused merchandise
may be returned for a refund or credit.
Thank you, Maryanne

For more information, please call
1-800-848-8484

8-17-13

Pre-natal

AA000359



Quest
Diagnostics

Do not use address below:
PO Box 7302
Hollister, MO 65073-7302

AT 01 005264 42189B 24 A**3DGT
LAV A47477155
PAIGE PETIT
7645 STETSON BLUFF AVE
LAS VEGAS, NV 89113-3065

QUEST 3

Laboratory Invoice

Page 1 of 1

For services not included in your physician's bill

Invoice Date:	Amount Due:	Due Date:
Sep. 20, 2013	\$6.38	Oct. 20, 2013
Invoice Number	Lab Code	Bill Code
A47477155	LAV	
Patient Name:	PETIT, PAIGE	
Responsible Party:	PAIGE PETIT	
Date of Service:	August 21, 2013	

Lab Results and Diagnosis Questions Must Be Answered By Your Physician.

Customer Service
LOG ON NOW at www.QuestDiagnostics.com/bill to conveniently pay your invoice, provide updated insurance information, or take a patient survey.

Phone 1-800-433-2750 1-702-733-3720 Fax 1-702-733-6910
Weekdays 8AM - 4:00PM PST Se Habla Espanol
To check your balance, last payment made, or to make a credit card payment 24 hours a day, please call 702-358-0474.
Please have your invoice available for reference.

Laboratory Tests Were Requested By:

Referring Physician: GLASSMAN/KRAMER/SCARFF/COR
Physician Address: 1934 E SAHARA AVE
LAS VEGAS, NV 89104

Most Recent Insurance Claim Filed To:

Insurance Name: AETNA POS
Insurance ID: W196774700
Group Number: 529684

These charges are for tests ordered by the referring physician listed and are separate from the physician's fees. Your insurance carrier has processed the claim and the amount due is your financial responsibility. Please remit payment promptly. Thank you for using Quest Diagnostics.

Date	CPT Code*	Test Description	Charge	Insurance Discount	Insurance Paid	Medicare/Medicaid Paid	Patient Paid	Patient Owes
08/21/13	87081	STREP GROUP B CULTURE	\$59.45					
09/12/13		PRIVATE INSURANCE DISALLOWED		(\$53.07)				
Tax ID: 88-0099333 ICD-9 Codes: V28.9, V28.8			\$59.45	(\$53.07)				\$6.38

Services Performed by: QUEST DIAGNOSTICS, INC. LAS VEGAS, NV 89119-5406
* The CPT codes provided are based on AMA guidelines and without regard to specific payer requirements

Paige's AMEX

0 owing

PAID 11-16-13
ON LINE



Quest
Diagnostics

Please fold and tear along perforation and remit with payment in the envelope provided.

LOG ON NOW. Pay your bill securely at
www.QuestDiagnostics.com/bill
or call 1-800-433-2750 or 1-702-733-3720.
Quest Diagnostics also accepts:



Please make your checks payable to QUEST DIAGNOSTICS.
Be sure to include invoice number on your check.

☐ Check here if address has changed.
Please provide your new address information on the back.
Quest Diagnostics reserves the right to assign this receivable to any of its affiliates.

Lab Code: LAV

Amount Due: \$6.38

Due Date: Oct. 20, 2013 Invoice Number: A47477155

Patient Name: PETIT, PAIGE

Amount Enclosed: \$

If you received an explanation of benefits showing your responsibility is less than the amount shown on this bill, please pay the lesser amount. To fully resolve your invoice, please provide a copy of your explanation of benefits.

MAIL PAYMENTS ONLY TO:

QUEST DIAGNOSTICS
PO BOX 31001-1542
PASADENA, CA 91110-1542



01LAV3501A47477155X00000638009200891850629025XXXXXX7

COPY
AA000360



Quest
Diagnostics

Payment Confirmation

Thank you for your payment.

Please print this page for your receipt. You will receive an acknowledgement by e-mail shortly. Your payment date will be within the next two business days. Payments will be processed separately for each invoice listed below.

Invoices

Lab Code	Tracking Number	Invoice Number	Amount
LAV	121743321	A47477155	\$6.38
Total of Submitted Payments			\$6.38

Payment Method

Card Holder Name	PAIGE E PETIT
Credit Card Type	[REDACTED]
Credit Card Number	[REDACTED]
Phone Number	[REDACTED]
Email Address	[REDACTED]
Submitted Date	11/16/2013

PLEASE CHECK BOX IF ABOVE

IN THIS
SING THE RETURN ENVELOPE ENCLOSED

Date	Ref #	Description	Charges and Credits	Insurance Pending	Guarantor Balance
09/22/13	59510	Patient: PETIT, PAIGE			
10/07/13		Anes service separate from the hosp	\$1,285.00		\$257.00
10/30/13		Claim to AETNA US HEALTHCARE			
10/30/13		Ref # 813297570001698 from AETNA US	\$1,028.00-		
10/30/13	59510	CoInsurance 257.00			
10/30/13		Guarantor Responsibility			
09/22/13		Anes service separate from the hosp	\$1,028.00		\$605.60
10/07/13		Claim to AETNA US HEALTHCARE			
10/30/13	59510	Ref # 813297570001698 from AETNA US	\$422.40-		
10/30/13		Deductible 500.00			
10/30/13		CoInsurance 105.60			
10/30/13		Guarantor Responsibility			
Total for Patient: PETIT, PAIGE			\$862.60		

To pay this statement electronically go to
<http://immilv.com/paybill> or scan the barcode
to the right with your mobile device or tablet

SCAN FOR
MOBILE
PAYMENT



* 62.60 check mailed 11-16-13, BofA #6819
* 300.00 Due - Cell for Pmt Plan

AMOUNT DUE: \$862.60

Patient: PAIGE PETIT

Account Number: AC216729

Statement Date: 10/31/2013

WE HAVE PROCESSED YOUR CLAIM AND THE ABOVE AMOUNT IS YOUR
RESPONSIBILITY. **FEES OF \$10.00 PER MONTH WILL BE ADDED TO THE
BALANCE IF NOT PAID IN FULL.

Anesthesiology Consultants, Inc.
PO Box 50209
Henderson NV 89016-0209

702-878-0070

IMMINC01-0384184-0002797-3494571-001-000182-#003445-0001

877-304-8405

ANESTHESIOLOGY CONSULTANTS, INC.
PO BOX 50209
HENDERSON, NV 89016-0209

Business Phone (702) 878-0070
Office Hours 8:00 AM TO 4:30 PM

PAIGE PETIT
7645 STETSON BLUFF AVE
LAS VEGAS, NV 89113-3065

Credit Card Using For Payment		
<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard	
Card Number	CSC Num	Amount
Signature		Exp. Date
Statement Date	Balance Due	Account #
05/21/2015	0.00	AC216729
Minimum Payment	0.00	Show Amount Paid Here \$

Remit To
ANESTHESIOLOGY CONSULTANTS, INC.
PO BOX 50209
HENDERSON, NV 89016-0209

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

STATEMENT

Please detach and return top
portion with your payment

Date	Ref #	Description	Charges and credits	Insurance pending	Guarantor balance
09/22/2013	59510	Patient: PETIT, PAIGE			
10/07/2013		Anes service separate from the hospital	1,285.00		
10/30/2013		Claim to AETNA US HEALTHCARE			
10/30/2013		Ref # 813297570001698 from AETNA US HEALTHCARE			
10/30/2013		Coinsurance 257.00	-1,028.00		
11/21/2013		Guarantor Responsibility			
01/06/2014		Ref # 6819 from PETIT, PAIGE			
01/30/2014		Ref # V4205 from PAIGE PETIT	-62.60		
03/03/2014		Ref # V9871 from PAIGE PETIT	-25.00		
04/02/2014		Ref # V8704 from PAIGE PETIT	-25.00		
05/22/2014		Ref # V8704 from PAIGE PETIT	-25.00		
07/02/2014		Ref # V8704 from PAIGE PETIT	-25.00		
08/08/2014		Ref # V1566 from PAIGE PETIT	-50.00		
09/22/2013		Ref # V1566 from PAIGE PETIT	-25.00		
10/07/2013		Ref # V1566 from PAIGE PETIT	-19.40		
10/30/2013	59510	Anes service separate from the hospital	1,028.00		
10/30/2013		Claim to AETNA US HEALTHCARE			
10/30/2013		Ref # 813297570001698 from AETNA US HEALTHCARE			
10/30/2013		Deductible 500.00	-422.40		
10/30/2013		Coinsurance 105.60			
10/30/2013		Guarantor Responsibility			
08/08/2014		Ref # V1566 from PAIGE PETIT			
08/30/2014		Ref # VISA from PETIT, PAIGE	-5.60		
10/14/2014		Ref # V1566 from PAIGE PETIT	-25.00		
11/03/2014		Ref # V1566 from PAIGE PETIT	-25.00		
12/04/2014		Ref # V1566 from PAIGE PETIT	-25.00		
01/16/2015		Ref # V1566 from PAIGE PETIT	-25.00		
02/09/2015		Ref # V1566 from PAIGE PETIT	-25.00		
09/22/2013		Ref # V1566 from PAIGE PETIT	-475.00		
10/07/2013	96NC	01996 NC	330.00		
10/30/2013		Claim to AETNA US HEALTHCARE			
10/30/2013		Ref # 813297570001698 from AETNA US HEALTHCARE			
10/30/2013		Contractual write off			
10/30/2013		Guarantor Responsibility	-330.00		

ANESTHESIOLOGY CONSULTANTS, INC.
PO BOX 50209
HENDERSON, NV 89016-0209

Business Phone (702) 878-0070
Office Hours 8:00 AM TO 4:30 PM

PAIGE PETIT
7645 STETSON BLUFF AVE
LAS VEGAS, NV 89113-3065

Credit Card Using For Payment		
<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard		
Card Number	CSC Num	Amount
Signature		Exp. Date
Statement Date	Balance Due	Account #
05/21/2015	0.00	AC216729
Minimum Payment	0.00	Show Amount Paid Here \$

Remit To
ANESTHESIOLOGY CONSULTANTS, INC.
PO BOX 50209
HENDERSON, NV 89016-0209

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

STATEMENT

Please detach and return top portion with your payment

Date	Ref #	Description	Charges and credits	Insurance pending	Guarantor balance
09/22/2013	4048F	Doc antibio given b/4 surg			
09/22/2013	4250F	Wrmng 4 surg normothermia			
09/22/2013	4255F	Anesth 60 min/> as docd			
		Total for patient: PETIT, PAIGE	0.00		
			Total due		0.00

	Current	over 22 days	over 44 days	over 90 days	over 99 days	Total
Insurance Pending	0.00	0.00	0.00	0.00	0.00	0.00
Guarantor Responsibility	0.00	0.00	0.00	0.00	0.00	0.00

Account # AC216729
ANESTHESIOLOGY CONSULTANTS, INC.

Please Pay This Amount

>>>> 0.00

HEALTHCARE PARTNERS NEVADA
PO BOX 1737
LAS VEGAS, NV 89125



RETURN SERVICE REQUESTED

000695 0101

574 01

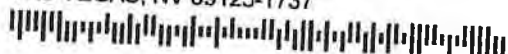
PAIGE PETIT
7645 STETSON BLUFF
LAS VEGAS, NV 89113

IF PAYING BY CREDIT CARD, COMPLETE ALL REQUESTED INFORMATION BE

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CARD NUMBER		AMOUNT
SIGNATURE		EXP. DATE
STATEMENT DATE	ACCOUNT NO.	AMOUNT DUE
11/21/13	G4379523	518.3

PLEASE PUT ACCOUNT # ON YOUR CHECK AND REMIT TO THE ADDRESS BEI

HEALTHCARE PARTNERS NEVADA
PO BOX 1737
LAS VEGAS, NV 89125-1737



PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

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

SHOW AMOUNT PAID HERE \$

655015

CHARGE ACTIVITY

PAYMENT ACTIVITY

AMOUNT DUE

PT: RYDER B PETIT

INV #: 45582985

PROV: DANI MD, PRASHANT S

09/22/13 PROFESSIONAL VISIT
09/23/13 PROFESSIONAL VISIT
09/24/13 PROFESSIONAL VISIT
09/25/13 PROFESSIONAL VISIT

396.00
240.00
240.00
203.00

11/21/13

NV AETNA PAYMENT
Contractual Adjustment

-73.54
-487.08

TOTAL DUE THIS INVOICE:

518.3

POSTED

11/21/13

PATIENT NAME

ACCOUNT NO.

G4379523

AMOUNT DUE

518.38

↑ PAYMENTS RECEIVED AFTER THIS DATE
WILL APPEAR ON YOUR NEXT STATEMENT

FOR BILLING INQUIRIES PLEASE CALL: 702-369-0142

MAKE CHECK
PAYABLE TO:

HEALTHCARE PARTNERS

PAGE #: 1

IMPORTANT MESSAGE REGARDING YOUR ACCOUNT

There is a balance on your account. Please make payment or contact the Billing Division if you have questions. Thank you.
Office Hours: 8:00 am to 4:00 pm PST Monday thru Friday
Phone Number: 702.369.0142 / 800.925.3966

SEE REVERSE SIDE FOR IMPORTANT INFORMATION

743-BSMHCPSTM-1925575-1558559272-P; 8079423-2-574; 33895098-1; 1

AA000365

HEALTHCARE PARTNERS MEDICAL GROUP
PO BOX 1737
LAS VEGAS, NV 89125

PAGE #: 1

05/14/15 G4379523

0.00

PAIGE PETIT
7645 STATSON BLUFF
LAS VEGAS, NV 89113

HEALTHCARE PARTNERS MEDICAL GROUP
PO BOX 748356
LOS ANGELES, CA 90074-8356

DOB: 11/30/93

PT: RYDER B PETIT ADRIANZEN
PROV: DANI MD, PRASHANT S

INV #: 45582985

09/22/13	99223	PROFESSIONAL VISIT	
09/23/13	99480	PROFESSIONAL VISIT	396.00
09/24/13	99480	PROFESSIONAL VISIT	240.00
09/25/13	99233	PROFESSIONAL VISIT	240.00
10/14/13	287	PROFESSIONAL VISIT	203.00
11/21/13	842	ECOM COMMERCIAL 837P CLAIM FORM PRE	0.00CR
		NV AETNA PAYMENT	73.54CR
		Contractual Adjustment	487.08CR
12/18/13	8011	NV PATIENT PAYMENT	25.00CR
01/29/14	8011	NV PATIENT PAYMENT	25.00CR
01/31/14	11	PAYMENT	25.00CR
03/07/14	8011	NV PATIENT PAYMENT	25.00CR
05/23/14	11	PAYMENT	25.00CR
07/10/14	8011	NV PATIENT PAYMENT	50.00CR
08/04/14	8011	NV PATIENT PAYMENT	25.00CR
09/03/14	8011	NV PATIENT PAYMENT	25.00CR
10/02/14	8011	NV PATIENT PAYMENT	25.00CR
11/04/14	8011	NV PATIENT PAYMENT	25.00CR
12/09/14	8011	NV PATIENT PAYMENT	25.00CR
12/23/14	8011	NV PATIENT PAYMENT	43.38CR
01/21/15	8011	NV PATIENT PAYMENT	25.38CR
			174.62CR

05/14/15

G4379523

0.00

HEALTHCARE PARTNERS NEVADA

702-369-0142

AA000366

SERVICES PROVIDED:

PREVIOUS BALANCE
3/13 AETNA PPO ADJ I06 AETNA US HEAL
09/13 AETNA PPO ADJ I06 AETNA US HEAL
11/06/13 AETNA INS PMT I06 AETNA US HEAL

Page 1 of 1

37,633.00
-29,955.87
20,498.87
-9,472.80

ACCOUNT SUMMARY:

Patient Name	PETIT, RYDER BLAKE
Account Number	905392668
Due Date	11/26/13
Admit Date	09/22/13
Discharge Date	10/02/13
Statement Date	11/08/13
Balance Forward	\$2,368.20

MESSAGE:

WE HAVE BILLED YOUR INSURANCE AND ARE STILL WAITING PAYMENT. PLEASE CONTACT YOUR INSURANCE ABOUT PAYMENT.

PAID 6820
11-16-13

#1

CONTACT US:

For questions concerning this statement, please contact us at 866-823-4250 between the hours of 8:00AM and 4:30PM PST, Monday-Friday, or email us at NVCBO@uhsinc.com.

GO GREEN! PAY ON-LINE AND PAPERLESS OPTIONS:

If you would like to make an on-line payment to your account, visit us at <http://www.springvalleyhospital.com> and follow the instructions to pay on-line. You will need your enrollment number 619276287 and account number to register. If you have previously registered, you do not need to register again. Use your login and password created during the initial registration to login to site above.

IMPORTANT:

Please Note: The Remit Address Below is for Payments Only. Billing Error or Patient Care Complaints, Bankruptcy Notices, and any other Correspondence should be addressed to:

The Valley Health System
Customer Service
Suite 100
8801 W Sahara Ave.
Las Vegas, NV 89117

PLEASE PAY THIS AMOUNT

\$2,368.20



FOR RETURN MAIL ONLY:

22639 N 17th Ave Phoenix, AZ 85027-1303

STATEMENT DATE: 11/08/13

DUE DATE: 11/26/13

☐ Please check box if address or insurance information has changed and indicate changes on reverse side.

PAIGE PETIT
7645 STETSON BLUFF AVE
LAS VEGAS, NV 89113-3065

IF PAYING BY MASTERCARD, DISCOVER, VISA, OR AMERICAN EXPRESS, FILL OUT BELOW		
CHECK CARD USING FOR PAYMENT		
<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> DISCOVER	<input type="checkbox"/> VISA
<input type="checkbox"/> AMERICAN EXPRESS	<input type="checkbox"/> DISCOVER	<input type="checkbox"/> VISA
PATIENT		
PETIT, RYDER BLAKE D		
ACCOUNT NUMBER	AMOUNT DUE NOW	AMOUNT PAID
905392668	\$2,368.20	

REMIT AND MAKE PAYMENT TO:

SPRING VALLEY HOSPITAL
P.O. BOX 31001-0827
PASADENA, CA 91110-0827

00090539266800000000236820999999700000000280A2

AA000367

- Balance

Payment Receipt - Welcome, PAIGE PETIT

Valley Health CBO Payment Receipt

This is the receipt for your payment transaction. If you would like to print a copy for your records, you can view the [Printer Friendly Version](#)

Payment Result

Name PAIGE PETIT

Amount \$68.20

Confirmation # 166882

Date 11/16/2013 12:34 PM

Payee Spring Valley

Account Type american_express

Account Number XXXXXXXXXXXX1042

Status **Approved**

Details

Account Number 905392668

Guarantor Name PAIGE PETIT

Patient Name RYDER BLAKE PETIT

Billing Info

Address 7645 Stetson Bluff Ave

City Las Vegas

State Nv

Postal Code 89113-3065

- Balance

Documents
Payment Receipt - Welcome, PAIGE PETIT
Valley Health CBO Payment Receipt

Contact Us
Profile
This is the receipt for your payment transaction. If you would like to print a copy for your records, you can view the [Printer Friendly Version](#)

Payment Result

Name PAIGE PETIT

Amount \$25.00

Confirmation # 120435

Date 01/05/2014 12:18 PM

Payee Spring Valley

Account Type american_express

Account Number XXXXXXXXXXXX1042

Status Approved

Details

Account Number 905392668

Guarantor Name PAIGE PETIT

Patient Name RYDER BLAKE PETIT

Billing Info

Address 7645 Stetson Bluff Ave

City Las Vegas

State Nv

Postal Code 89113-3065

Payment Receipt - Welcome, PAIGE PETIT

Your Valley Health CBO Payment Receipt

This is the receipt for your payment transaction. If you would like to print a copy for your records, you can view the **Printer Friendly Version**

Payment Result

Name	PAIGE PETIT
Amount	\$25.00
Confirmation #	161172
Date	01/28/2014 11:33 AM
Payee	Spring Valley
Account Type	american_express
Account Number	XXXXXXXXXX1042
Status	Approved

Details

Account Number	905392668
Guarantor Name	PAIGE PETIT
Patient Name	RYDER BLAKE PETIT

Billing Info

Address	7645 Stetson Bluff Ave
City	Las Vegas
State	Nv
Postal Code	89113-3065

Payment Receipt - Welcome, PAIGE PETIT

Your Valley Health CBO Payment Receipt

This is the receipt for your payment transaction. If you would like to print a copy for your records, you can view the **Printer Friendly Version**

Payment Result

Name	PAIGE PETIT
Amount	\$25.00
Confirmation #	802534
Date	04/01/2014 04:37 PM
Payee	Spring Valley
Account Type	visa
Account Number	XXXXXXXXXXXX8704
Status	Approved

Details

Account Number	905392668
Guarantor Name	PAIGE PETIT
Patient Name	RYDER BLAKE PETIT

Billing Info

Address	7645 Stetson Bluff Ave
City	Las Vegas
State	Nv
Postal Code	89113-3065

Payment Receipt - Welcome, PAIGE PETIT

Your Valley Health CBO Payment Receipt

This is the receipt for your payment transaction. If you would like to print a copy for your records, you can view the Printer Friendly Version

Payment Result

Name	PAIGE PETIT
Amount	\$25.00
Confirmation #	992341
Date	03/02/2014 10:32 AM
Payee	Spring Valley
Account Type	visa
Account Number	XXXXXXXXXXXX8704
Status	Approved

Details

Account Number	905392668
Guarantor Name	PAIGE PETIT
Patient Name	RYDER BLAKE PETIT

Billing Info

Address	7645 Stetson Bluff Ave
City	Las Vegas
State	Nv
Postal Code	89113-3065

Payment Receipt - Welcome, PAIGE PETIT

Your Valley Health CBO Payment Receipt

This is the receipt for your payment transaction. If you would like to print a copy for your records, you can view the **Printer Friendly Version**

Payment Result

Name	PAIGE PETIT
Amount	\$25.00
Confirmation #	723036
Date	05/21/2014 01:15 PM
Payee	Spring Valley
Account Type	visa
Account Number	XXXXXXXXXXXX8704
Status	Approved

Details

Account Number	905392668
Guarantor Name	PAIGE PETIT
Patient Name	RYDER BLAKE PETIT

Billing Info

Address	7645 Stetson Bluff Ave
City	Las Vegas
State	Nv
Postal Code	89113-3065

Payment Receipt - Welcome, PAIGE PETIT
Your Valley Health CBO Payment Receipt

This is the receipt for your payment transaction. If you would like to print a copy for your records, you can view the **Printer Friendly Version**

Payment Result	
Name	PAIGE PETIT
Amount	\$25.00
Confirmation #	990463
Date	08/01/2014 12:42 PM
Payee	Spring Valley
Account Type	visa
Account Number	XXXXXXXXXXXX1566
Status	Approved

Details	
Account Number	905392668
Guarantor Name	PAIGE PETIT
Patient Name	RYDER BLAKE PETIT

Billing Info	
Address	7645 Stetson Bluff Ave
City	Las Vegas
State	Nv
Postal Code	89113-3065

Payment Receipt - Welcome, PAIGE PETIT**Your Valley Health CBO Payment Receipt**

This is the receipt for your payment transaction. If you would like to print a copy for your records, you can view the **Printer Friendly Version**

Payment Result

Name	PAIGE PETIT
Amount	\$25.00
Confirmation #	651774
Date	06/30/2014 11:25 PM
Payee	Spring Valley
Account Type	visa
Account Number	XXXXXXXXXXXX1566
Status	Approved

Details

Account Number	905392668
Guarantor Name	PAIGE PETIT
Patient Name	RYDER BLAKE PETIT

Billing Info

Address	7645 Stetson Bluff Ave
City	Las Vegas
State	Nv
Postal Code	89113-3065

Payment Receipt - Welcome, PAIGE PETIT

Your Valley Health CBO Payment ReceiptThis is the receipt for your payment transaction. If you would like to print a copy for your records, you can view the **Printer Friendly Version****Payment Result**

Name	PAIGE PETIT
Amount	\$25.00
Confirmation #	448175
Date	08/29/2014 01:12 PM
Payee	Spring Valley
Account Type	visa
Account Number	XXXXXXXXXXXX1566
Status	Approved

Details

Account Number	905392668
Guarantor Name	PAIGE PETIT
Patient Name	RYDER BLAKE PETIT

Billing Info

Address	7645 Stetson Bluff Ave
City	Las Vegas
State	Nv
Postal Code	89113-3065

Payment Receipt - Welcome, PAIGE PETIT**Your Valley Health CBO Payment Receipt**

This is the receipt for your payment transaction. If you would like to print a copy for your records, you can view the **Printer Friendly Version**

Payment Result

Name	PAIGE PETIT
Amount	\$25.00
Confirmation #	381129
Date	10/01/2014 03:09 PM
Payee	Spring Valley
Account Type	visa
Account Number	XXXXXXXXXXXX1566
Status	Approved

Details

Account Number	905392668
Guarantor Name	PAIGE PETIT
Patient Name	RYDER BLAKE PETIT

Billing Info

Address	7645 Stetson Bluff Ave
City	Las Vegas
State	Nv
Postal Code	89113-3065

Payment Receipt - Welcome, PAIGE PETIT
Your Valley Health CBO Payment Receipt

This is the receipt for your payment transaction. If you would like to print a copy for your records, you can view the **Printer Friendly Version**

Payment Result	
Name	PAIGE PETIT
Amount	\$25.00
Confirmation #	360800
Date	11/02/2014 11:49 AM
Payee	Spring Valley
Account Type	visa
Account Number	XXXXXXXXXXXX1566
Status	Approved

Details	
Account Number	905392668
Guarantor Name	PAIGE PETIT
Patient Name	RYDER BLAKE PETIT

Billing Info	
Address	7645 Stetson Bluff Ave
City	Las Vegas
State	Nv
Postal Code	89113-3065

Payment Receipt - Welcome, PAIGE PETIT

Your Valley Health CBO Payment Receipt

This is the receipt for your payment transaction. If you would like to print a copy for your records, you can view the **Printer Friendly Version**

Payment Result

Name	PAIGE PETIT
Amount	\$25.00
Confirmation #	093216
Date	12/01/2014 08:32 PM
Payee	Spring Valley
Account Type	visa
Account Number	XXXXXXXXXXXX1566
Status	Approved

Details

Account Number	905392668
Guarantor Name	PAIGE PETIT
Patient Name	RYDER BLAKE PETIT

Billing Info

Address	7645 Stetson Bluff Ave
City	Las Vegas
State	Nv
Postal Code	89113-3065

Payment Receipt - Welcome, PAIGE PETIT

Your Valley Health CBO Payment Receipt

This is the receipt for your payment transaction. If you would like to print a copy for your records, you can view the **Printer Friendly Version**

Payment Result

Name	PAIGE PETIT
Amount	\$25.00
Confirmation #	848579
Date	01/14/2015 07:34 PM
Payee	Spring Valley
Account Type	visa
Account Number	XXXXXXXXXXXX1566
Status	Approved

Details

Account Number	905392668
Guarantor Name	PAIGE PETIT
Patient Name	RYDER BLAKE PETIT

Billing Info

Address	7645 Stetson Bluff Ave
City	Las Vegas
State	Nv
Postal Code	89113-3065

Payment Receipt - Welcome, PAIGE PETIT

Your Valley Health CBO Payment Receipt

This is the receipt for your payment transaction. If you would like to print a copy for your records, you can view the [Printer Friendly Version](#)

Payment Result

Name	PAIGE PETIT
Amount	\$25.00
Confirmation #	023344
Date	03/10/2015 03:50 PM
Payee	Spring Valley
Account Type	visa
Account Number	XXXXXXXXXXXX1566
Status	Approved

Details

Account Number	905392668
Guarantor Name	PAIGE PETIT
Patient Name	RYDER BLAKE PETIT

Billing Info

Address	7645 Stetson Bluff Ave
City	Las Vegas
State	Nv
Postal Code	89113-3065

Payment Receipt - Welcome, PAIGE PETIT

Your Valley Health CBO Payment Receipt

This is the receipt for your payment transaction. If you would like to print a copy for your records, you can view the **Printer Friendly Version**

Payment Result

Name	PAIGE PETIT
Amount	\$25.00
Confirmation #	931656
Date	03/26/2015 03:42 PM
Payee	Spring Valley
Account Type	visa
Account Number	XXXXXXXXXXXX1566
Status	Approved

Details

Account Number	905392668
Guarantor Name	PAIGE PETIT
Patient Name	RYDER BLAKE PETIT

Billing Info

Address	7645 Stetson Bluff Ave
City	Las Vegas
State	Nv
Postal Code	89113-3065

Payment Receipt - Welcome, PAIGE PETIT**Your Valley Health CBO Payment Receipt**

This is the receipt for your payment transaction. If you would like to print a copy for your records, you can view the **Printer Friendly Version**

Payment Result

Name	PAIGE PETIT
Amount	\$50.00
Confirmation #	030520
Date	05/02/2015 08:46 AM
Payee	Spring Valley
Account Type	visa
Account Number	XXXXXXXXXXXX1566
Status	Approved

Details

Account Number	905392668
Guarantor Name	PAIGE PETIT
Patient Name	RYDER BLAKE PETIT

Billing Info

Address	7645 Stetson Bluff Ave
City	Las Vegas
State	Nv
Postal Code	89113-3065

- Balance

Don't miss
 Payment Receipt - Welcome, PAIGE PETIT
 Your Valley Health CBO Payment Receipt

This is the receipt for your payment transaction. If you would like to print a copy for your records,
 you can view the [Printer Friendly Version](#)

Payment Result

Name PAIGE PETIT

Amount \$50.00

Confirmation #622386

Date 06/03/2015 04:19 PM

Payee Spring Valley

Account Type visa

Account Number XXXXXXXXXXXX1566

Status **Approved**

Details

Account Number 905392668

Guarantor Name PAIGE PETIT

Patient Name RYDER BLAKE PETIT

Billing Info

Address 7645 Stetson Bluff Ave

City Las Vegas

State Nv

Postal Code 89113-3065



Menu



Home

Statements & Activity

Payments

Profile

Benefits

AMERICAN EXPRESS

Log Out

My Cards (1)

Recent Activity

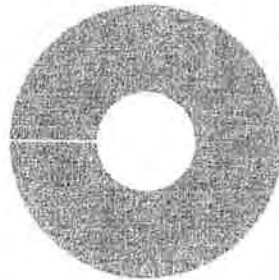
spring valley

Spend By: Category

Filtered By: All Categories

Table View

Business Services \$1,850.00



SHOWING YOUR CATEGORIES

Note: Data shown does not include Pending Charges or Payments.

TOTAL: \$1,850.00

Posted Transactions

Pending Charges

Billing Statements

DATE

DESCRIPTION

CARD MEMBER

AMOUNT

JUN 12 2015 SPRING VALLEY HOSPITAL MEDICAL CENTER

Paige E. Pettit #

\$1,850.00

Doing business as:

SPRING VALLEY HOSPITAL MEDICAL CENTER

5400 S RAINBOW BLVD

LAS VEGAS

AMERICAN EXPRESS

Payments

Profile

Benefits

spring valley

Log Out

My Cards (1)

Enter a Tag Name

Add

☐ Make This Tag Private

CREATE RULE

PRINT

1 - 1 of 1 Transaction

Payments	\$0.00
Charges	\$1,850.00
Credits	\$0.00
Total	\$1,850.00

Total of Charges and Credits, does not include Previous Balance or Payments

Pay Bill

DISPUTE / INQUIRE ABOUT ACCOUNT ACTIVITY

AA000386

PATIENT SERVICES PROVIDED:

	PREVIOUS BALANCE	32,281.00
10/01/13	AETNA PPO ADJ I06 AETNA US HEAL	-26,093.68
10/02/13	AETNA PPO ADJ I06 AETNA US HEAL	5,652.68
10/17/13	AETNA INS PMT I06 AETNA US HEAL	-10,080.63

Page 1 of 1

ACCOUNT SUMMARY:

Patient Name	PETIT, PAIGE
Account Number	905391751
Due Date	11/06/13
Admit Date	09/22/13
Discharge Date	09/26/13
Statement Date	10/19/13
Balance Forward	\$1,759.37

MESSAGE:

ANY INSURANCE BALANCES HAVE BEEN RESOLVED AND THE REMAINING BALANCE IS NOW DUE FROM YOU.

#2

59.37 PAID 11-16-13

1,700 DUE

\$25 payment plan - due 1st of each month

CONTACT US:

For questions concerning this statement, please contact us at 866-823-4250 between the hours of 8:00AM and 4:30PM PST, Monday-Friday, or email us at NVCBO@uhsinc.com.

GO GREEN! PAY ON-LINE AND PAPERLESS OPTIONS:

If you would like to make an on-line payment to your account, visit us at <http://www.springvalleyhospital.com> and follow the instructions to pay on-line. You will need your enrollment number 604934397 and account number to register. If you have previously registered, you do not need to register again. Use your login and password created during the initial registration to login to site above.

IMPORTANT:

Please Note: The Remit Address Below is for Payments Only. Billing Error or Patient Care Complaints, Bankruptcy Notices, and any other Correspondence should be addressed to:

The Valley Health System
Customer Service
Suite 100
8801 W Sahara Ave.
Las Vegas, NV 89117

PLEASE PAY THIS AMOUNT

\$1,759.37



FOR RETURN MAIL ONLY:
22639 N 17th Ave Phoenix, AZ 85027-1303

STATEMENT DATE: 10/19/13

DUE DATE: 11/06/13

☐ Please check box if address or insurance information has changed and indicate changes on reverse side.

IF PAYING BY MASTERCARD, DISCOVER, VISA, OR AMERICAN EXPRESS, FILL OUT BELOW. CHECK CARD USING FOR PAYMENT.		
<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> DISCOVER	<input type="checkbox"/> VISA
PATIENT NAME		PATIENT
SIGNATURE		EXP. DATE
PATIENT		
PETIT, PAIGE		
ACCOUNT NUMBER	AMOUNT DUE NOW	AMOUNT PAID
905391751	\$1,759.37	\$

REMIT AND MAKE PAYMENT TO:

SPRING VALLEY HOSPITAL
P.O. BOX 31001-0827
PASADENA, CA 91110-0827

696 38



PAIGE PETIT
7645 STETSON BLUFF AVE
LAS VEGAS, NV 89113-3065

000905391751000000001759379999997000000028082

AA000387

- Balance

Payment Receipt - Welcome, PAIGE PETIT

Spring Valley Health CBO Payment Receipt

This is the receipt for your payment transaction. If you would like to print a copy for your records, you can view the [Printer Friendly Version](#)

Payment Result

Name PAIGE PETIT

Amount \$59.37

Confirmation # 104741

Date 11/16/2013 12:30 PM

Payee Spring Valley

Account Type american_express

Account Number XXXXXXXXXXXX1042

Status **Approved**

Details

Account Number 905391751

Guarantor Name PAIGE PETIT

Patient Name PAIGE PETIT

Billing Info

Address 7645 Stetson Bluff Ave

City Las Vegas

State Nv

Postal Code 89113-3065

Payment Receipt - Welcome, PAIGE PETIT**Your Valley Health CBO Payment Receipt**

This is the receipt for your payment transaction. If you would like to print a copy for your records, you can view the **Printer Friendly Version**

Payment Result

Name	PAIGE PETIT
Amount	\$25.00
Confirmation #	106916
Date	01/05/2014 12:20 PM
Payee	Spring Valley
Account Type	american_express
Account Number	XXXXXXXXXX1042
Status	Approved

Details

Account Number	905391751
Guarantor Name	PAIGE PETIT
Patient Name	PAIGE PETIT

Billing Info

Address	7645 Stetson Bluff Ave
City	Las Vegas
State	Nv
Postal Code	89113-3065

Payment Receipt - Welcome, PAIGE PETIT

Your Valley Health CBO Payment Receipt

This is the receipt for your payment transaction. If you would like to print a copy for your records, you can view the **Printer Friendly Version**

Payment Result

Name	PAIGE PETIT
Amount	\$25.00
Confirmation #	164118
Date	01/28/2014 11:30 AM
Payee	Spring Valley
Account Type	american_express
Account Number	XXXXXXXXXX1042
Status	Approved

Details

Account Number	905391751
Guarantor Name	PAIGE PETIT
Patient Name	PAIGE PETIT

Billing Info

Address	7645 Stetson Bluff Ave
City	Las Vegas
State	Nv
Postal Code	89113-3065

Payment Receipt - Welcome, PAIGE PETIT

Your Valley Health CBO Payment Receipt

This is the receipt for your payment transaction. If you would like to print a copy for your records, you can view the **Printer Friendly Version**

Payment Result

Name	PAIGE PETIT
Amount	\$25.00
Confirmation #	583885
Date	03/02/2014 10:29 AM
Payee	Spring Valley
Account Type	visa
Account Number	XXXXXXXXXXXX8704
Status	Approved

Details

Account Number	905391751
Guarantor Name	PAIGE PETIT
Patient Name	PAIGE PETIT

Billing Info

Address	7645 Stetson Bluff Ave
City	Las Vegas
State	Nv
Postal Code	89113-3065

Payment Receipt - Welcome, PAIGE PETIT

Your Valley Health CBO Payment Receipt

This is the receipt for your payment transaction. If you would like to print a copy for your records, you can view the **Printer Friendly Version**

Payment Result

Name	PAIGE PETIT
Amount	\$25.00
Confirmation #	708755
Date	04/01/2014 04:35 PM
Payee	Spring Valley
Account Type	visa
Account Number	XXXXXXXXXXXX8704
Status	Approved

Details

Account Number	905391751
Guarantor Name	PAIGE PETIT
Patient Name	PAIGE PETIT

Billing Info

Address	7645 Stetson Bluff Ave
City	Las Vegas
State	Nv
Postal Code	89113-3065

Payment Receipt - Welcome, PAIGE PETIT

Your Valley Health CBO Payment Receipt

This is the receipt for your payment transaction. If you would like to print a copy for your records, you can view the **Printer Friendly Version**

Payment Result

Name	PAIGE PETIT
Amount	\$25.00
Confirmation #	751812
Date	01/14/2015 07:32 PM
Payee	Spring Valley
Account Type	visa
Account Number	XXXXXXXXXXXX1566
Status	Approved

Details

Account Number	905391751
Guarantor Name	PAIGE PETIT
Patient Name	PAIGE PETIT

Billing Info

Address	7645 Stetson Bluff Ave
City	Las Vegas
State	Nv
Postal Code	89113-3065

Payment Receipt - Welcome, PAIGE PETIT

Your Valley Health CBO Payment Receipt

This is the receipt for your payment transaction. If you would like to print a copy for your records, you can view the **Printer Friendly Version**

Payment Result

Name	PAIGE PETIT
Amount	\$25.00
Confirmation #	280936
Date	12/01/2014 08:33 PM
Payee	Spring Valley
Account Type	visa
Account Number	XXXXXXXXXXXX1566
Status	Approved

Details

Account Number	905391751
Guarantor Name	PAIGE PETIT
Patient Name	PAIGE PETIT

Billing Info

Address	7645 Stetson Bluff Ave
City	Las Vegas
State	Nv
Postal Code	89113-3065

Payment Receipt - Welcome, PAIGE PETIT

Your Valley Health CBO Payment Receipt

This is the receipt for your payment transaction. If you would like to print a copy for your records, you can view the **Printer Friendly Version**

Payment Result

Name	PAIGE PETIT
Amount	\$25.00
Confirmation #	484560
Date	11/02/2014 11:50 AM
Payee	Spring Valley
Account Type	visa
Account Number	XXXXXXXXXXXX1566
Status	Approved

Details

Account Number	905391751
Guarantor Name	PAIGE PETIT
Patient Name	PAIGE PETIT

Billing Info

Address	7645 Stetson Bluff Ave
City	Las Vegas
State	Nv
Postal Code	89113-3065

Payment Receipt - Welcome, PAIGE PETIT
Your Valley Health CBO Payment Receipt

This is the receipt for your payment transaction. If you would like to print a copy for your records, you can view the **Printer Friendly Version**

Payment Result	
Name	PAIGE PETIT
Amount	\$25.00
Confirmation #	450222
Date	10/01/2014 03:10 PM
Payee	Spring Valley
Account Type	visa
Account Number	XXXXXXXXXXXX1566
Status	Approved

Details	
Account Number	905391751
Guarantor Name	PAIGE PETIT
Patient Name	PAIGE PETIT

Billing Info	
Address	7645 Stetson Bluff Ave
City	Las Vegas
State	Nv
Postal Code	89113-3065

Payment Receipt - Welcome, PAIGE PETIT

Your Valley Health CBO Payment Receipt

This is the receipt for your payment transaction. If you would like to print a copy for your records, you can view the **Printer Friendly Version**

Payment Result

Name	PAIGE PETIT
Amount	\$25.00
Confirmation #	296691
Date	08/29/2014 01:12 PM
Payee	Spring Valley
Account Type	visa
Account Number	XXXXXXXXXXXX1566
Status	Approved

Details

Account Number	905391751
Guarantor Name	PAIGE PETIT
Patient Name	PAIGE PETIT

Billing Info

Address	7645 Stetson Bluff Ave
City	Las Vegas
State	Nv
Postal Code	89113-3065

Payment Receipt - Welcome, PAIGE PETIT

Your Valley Health CBO Payment Receipt

This is the receipt for your payment transaction. If you would like to print a copy for your records, you can view the **Printer Friendly Version**

Payment Result

Name	PAIGE PETIT
Amount	\$25.00
Confirmation #	735202
Date	08/01/2014 12:42 PM
Payee	Spring Valley
Account Type	visa
Account Number	XXXXXXXXXXXX1566
Status	Approved

Details

Account Number	905391751
Guarantor Name	PAIGE PETIT
Patient Name	PAIGE PETIT

Billing Info

Address	7645 Stetson Bluff Ave
City	Las Vegas
State	Nv
Postal Code	89113-3065

Payment Receipt - Welcome, PAIGE PETIT**Your Valley Health CBO Payment Receipt**

This is the receipt for your payment transaction. If you would like to print a copy for your records, you can view the **Printer Friendly Version**

Payment Result

Name	PAIGE PETIT
Amount	\$25.00
Confirmation #	693608
Date	06/30/2014 11:24 PM
Payee	Spring Valley
Account Type	visa
Account Number	XXXXXXXXXXXX1566
Status	Approved

Details

Account Number	905391751
Guarantor Name	PAIGE PETIT
Patient Name	PAIGE PETIT

Billing Info

Address	7645 Stetson Bluff Ave
City	Las Vegas
State	Nv
Postal Code	89113-3065

Payment Receipt - Welcome, PAIGE PETIT
Your Valley Health CBO Payment Receipt
This is the receipt for your payment transaction. If you would like to print a copy for your records, you can view the **Printer Friendly Version**

Payment Result	
Name	PAIGE PETIT
Amount	\$25.00
Confirmation #	876924
Date	05/21/2014 01:14 PM
Payee	Spring Valley
Account Type	visa
Account Number	XXXXXXXXXXXX8704
Status	Approved

Details	
Account Number	905391751
Guarantor Name	PAIGE PETIT
Patient Name	PAIGE PETIT

Billing Info	
Address	7645 Stetson Bluff Ave
City	Las Vegas
State	Nv
Postal Code	89113-3065

Payment Receipt - Welcome, PAIGE PETIT**Your Valley Health CBO Payment Receipt**

This is the receipt for your payment transaction. If you would like to print a copy for your records, you can view the **Printer Friendly Version**

Payment Result

Name	PAIGE PETIT
Amount	\$25.00
Confirmation #	040502
Date	03/10/2015 03:51 PM
Payee	Spring Valley
Account Type	visa
Account Number	XXXXXXXXXXXX1566
Status	Approved

Details

Account Number	905391751
Guarantor Name	PAIGE PETIT
Patient Name	PAIGE PETIT

Billing Info

Address	7645 Stetson Bluff Ave
City	Las Vegas
State	Nv
Postal Code	89113-3065

Payment Receipt - Welcome, PAIGE PETIT

Your Valley Health CBO Payment Receipt

This is the receipt for your payment transaction. If you would like to print a copy for your records, you can view the **Printer Friendly Version**

Payment Result

Name	PAIGE PETIT
Amount	\$25.00
Confirmation #	707391
Date	03/26/2015 03:41 PM
Payee	Spring Valley
Account Type	visa
Account Number	XXXXXXXXXXXX1566
Status	Approved

Details

Account Number	905391751
Guarantor Name	PAIGE PETIT
Patient Name	PAIGE PETIT

Billing Info

Address	7645 Stetson Bluff Ave
City	Las Vegas
State	Nv
Postal Code	89113-3065

Payment Receipt - Welcome, PAIGE PETIT**Your Valley Health CBO Payment Receipt**

This is the receipt for your payment transaction. If you would like to print a copy for your records, you can view the **Printer Friendly Version**

Payment Result

Name	PAIGE PETIT
Amount	\$50.00
Confirmation #	247944
Date	05/02/2015 08:48 AM
Payee	Spring Valley
Account Type	visa
Account Number	XXXXXXXXXXXX1566
Status	Approved

Details

Account Number	905391751
Guarantor Name	PAIGE PETIT
Patient Name	PAIGE PETIT

Billing Info

Address	7645 Stetson Bluff Ave
City	Las Vegas
State	Nv
Postal Code	89113-3065

Payment Receipt - Welcome, PAIGE PETIT**Your Valley Health CBO Payment Receipt**

This is the receipt for your payment transaction. If you would like to print a copy for your records, you can view the **Printer Friendly Version**

Payment Result

Name	PAIGE PETIT
Amount	\$50.00
Confirmation #	808879
Date	06/03/2015 04:21 PM
Payee	Spring Valley
Account Type	visa
Account Number	XXXXXXXXXXXX1566
Status	Approved

Details

Account Number	905391751
Guarantor Name	PAIGE PETIT
Patient Name	PAIGE PETIT

Billing Info

Address	7645 Stetson Bluff Ave
City	Las Vegas
State	Nv
Postal Code	89113-3065

Payment Receipt - Welcome, PAIGE PETIT**Your Valley Health CBO Payment Receipt**

This is the receipt for your payment transaction. If you would like to print a copy for your records, you can view the **Printer Friendly Version**

Payment Result

Name	PAIGE PETIT
Amount	\$50.00
Confirmation #	077891
Date	06/26/2015 05:11 PM
Payee	Spring Valley
Account Type	visa
Account Number	XXXXXXXXXXXX1566
Status	Approved

Details

Account Number	905391751
Guarantor Name	PAIGE PETIT
Patient Name	PAIGE PETIT

Billing Info

Address	7645 Stetson Bluff Ave
City	Las Vegas
State	Nv
Postal Code	89113-3065

Payment Receipt - Welcome, PAIGE PETIT

Your Valley Health CBO Payment Receipt

This is the receipt for your payment transaction. If you would like to print a copy for your records, you can view the **Printer Friendly Version**

Payment Result

Name	PAIGE PETIT
Amount	\$200.00
Confirmation #	612410
Date	07/06/2015 04:58 PM
Payee	Spring Valley
Account Type	visa
Account Number	XXXXXXXXXXXX1566
Status	Approved

Details

Account Number	905391751
Guarantor Name	PAIGE PETIT
Patient Name	PAIGE PETIT

Billing Info

Address	7645 Stetson Bluff Ave
City	Las Vegas
State	Nv
Postal Code	89113-3065

Payment Receipt - Welcome, PAIGE PETIT

Your Valley Health CBO Payment Receipt

This is the receipt for your payment transaction. If you would like to print a copy for your records, you can view the **Printer Friendly Version**

Payment Result

Name	PAIGE PETIT
Amount	\$50.00
Confirmation #	599296
Date	07/30/2015 06:26 PM
Payee	Spring Valley
Account Type	visa
Account Number	XXXXXXXXXXXX1566
Status	Approved

Details

Account Number	905391751
Guarantor Name	PAIGE PETIT
Patient Name	PAIGE PETIT

Billing Info

Address	7645 Stetson Bluff Ave
City	Las Vegas
State	Nv
Postal Code	89113-3065

Payment Receipt - Welcome, PAIGE PETIT
Your Valley Health CBO Payment Receipt

This is the receipt for your payment transaction. If you would like to print a copy for your records, you can view the [Printer Friendly Version](#)

Payment Result

Name	PAIGE PETIT
Amount	\$50.00
Confirmation #	012442
Date	08/18/2015 12:31 PM
Payee	Spring Valley
Account Type	visa
Account Number	XXXXXXXXXXXX1566
Status	Approved

Details

Account Number	905391751
Guarantor Name	PAIGE PETIT
Patient Name	PAIGE PETIT

Billing Info

Address	7645 Stetson Bluff Ave
City	Las Vegas
State	Nv
Postal Code	89113-3065

Payment Receipt - Welcome, PAIGE PETIT
Your Valley Health CBO Payment Receipt

This is the receipt for your payment transaction. If you would like to print a copy for your records, you can view the [Printer Friendly Version](#)

Payment Result

Name	PAIGE PETIT
Amount	\$50.00
Confirmation #	351112
Date	09/01/2015 11:21 PM
Payee	Spring Valley
Account Type	visa
Account Number	XXXXXXXXXXXX1566
Status	Approved

Details

Account Number	905391751
Guarantor Name	PAIGE PETIT
Patient Name	PAIGE PETIT

Billing Info

Address	7645 Stetson Bluff Ave
City	Las Vegas
State	Nv
Postal Code	89113-3065

AA000409

Payment Receipt - Welcome, PAIGE PETIT

Your Valley Health CBO Payment Receipt

This is the receipt for your payment transaction. If you would like to print a copy for your records, you can view the [Printer Friendly Version](#)

Payment Result

Name	PAIGE PETIT
Amount	\$50.00
Confirmation #	776468
Date	10/02/2015 07:58 PM
Payee	Spring Valley
Account Type	visa
Account Number	XXXXXXXXXXXX1566
Status	Approved

Details

Account Number	905391751
Guarantor Name	PAIGE PETIT
Patient Name	PAIGE PETIT

Billing Info

Address	7645 Stetson Bluff Ave
City	Las Vegas
State	Nv
Postal Code	89113-3065

AA000410

Payment Receipt - Welcome, PAIGE PETIT

Your Valley Health CBO Payment Receipt

This is the receipt for your payment transaction. If you would like to print a copy for your records, you can view the [Printer Friendly Version](#)

Payment Result

Name	PAIGE PETIT
Amount	\$100.00
Confirmation #	W51506
Date	11/03/2015 12:35 PM
Payee	Spring Valley
Account Type	visa
Account Number	XXXXXXXXXXXX2961
Status	Approved

Details

Account Number	905391751
Guarantor Name	PAIGE PETIT
Patient Name	PAIGE PETIT

Billing Info

Address	7645 Stetson Bluff Ave
City	Las Vegas
State	Nv
Postal Code	89113-3065

AA000411

Payment Receipt - Welcome, PAIGE PETIT

Your Valley Health CBO Payment Receipt

This is the receipt for your payment transaction. If you would like to print a copy for your records, you can view the [Printer Friendly](#)

Version

Payment Result

Name	PAIGE PETIT
Amount	\$50.00
Confirmation #	227092
Date	11/17/2015 02:15 PM
Payee	Spring Valley
Account Type	visa
Account Number	XXXXXXXXXXXX1566
Status	Approved

Details

Account Number	905391751
Guarantor Name	PAIGE PETIT
Patient Name	PAIGE PETIT

Billing Info

Address	7645 Stetson Bluff Ave
City	Las Vegas
State	Nv
Postal Code	89113-3065

AA000412

Payment Receipt - Welcome, PAIGE PETIT

Your Valley Health CBO Payment Receipt

This is the receipt for your payment transaction. If you would like to print a copy for your records, you can view the [Printer Friendly](#)

Version

Payment Result

Name	PAIGE PETIT
Amount	\$50.00
Confirmation #	F67667
Date	11/17/2015 02:18 PM
Payee	Spring Valley
Account Type	visa
Account Number	XXXXXXXXXXXX2961
Status	Approved

Details

Account Number	905391751
Guarantor Name	PAIGE PETIT
Patient Name	PAIGE PETIT

Billing Info

Address	7645 Stetson Bluff Ave
City	Las Vegas
State	Nv
Postal Code	89113-3065

AA000413

Payment Receipt - Welcome, PAIGE PETIT
Your Valley Health CBO Payment Receipt

This is the receipt for your payment transaction. If you would like to print a copy for your records, you can view the **Printer Friendly** Version

Payment Result

Name	PAIGE PETIT
Amount	\$200.00
Confirmation #	W59803
Date	12/22/2015 07:14 PM
Payee	Spring Valley
Account Type	visa
Account Number	XXXXXXXXXXXX2961
Status	Approved

Details

Account Number	905391751
Guarantor Name	PAIGE PETIT
Patient Name	PAIGE PETIT

Billing Info

Address	7645 Stetson Bluff Ave
City	Las Vegas
State	Nv
Postal Code	89113-3065

AA000414

Payment Receipt - Welcome, PAIGE PETIT

Your Valley Health CBO Payment Receipt

This is the receipt for your payment transaction. If you would like to print a copy for your records, you can view the [Printer Friendly Version](#)

Payment Result

Name	PAIGE PETIT
Amount	\$400.00
Confirmation #	422748
Date	12/22/2015 07:17 PM
Payee	Spring Valley
Account Type	visa
Account Number	XXXXXXXXXXXX1566
Status	Approved

Details

Account Number	905391751
Guarantor Name	PAIGE PETIT
Patient Name	PAIGE PETIT

Billing Info

Address	7645 Stetson Bluff Ave
City	Las Vegas
State	Nv
Postal Code	89113-3065

AA000415

MAKE CHECKS PAYABLE TO:

PEDIATRIX. OBSTETRIX.
MEDICAL GROUP MEDICAL GROUP - 1 - RI

P.O. Box 504464
St. Louis, MO 63150-4464

BUSINESS OFFICE HOURS

To pay on-line, please visit us at www.Pediatric.com/payonline.
Or, call toll free: 1-866-315-4058, M-F, 8:00 AM to 8:00 PM, EST

STATEMENT
DATE

PERSONAL
BALANCE DUE

ACCOUNT #

05/28/2015

\$4700.00

PED 909249075

Page 1

ADDRESSEE:

MARK PETIT
7645 STETSON BLUFF AVE
LAS VEGAS, NV 89113-0000

REMIT TO:

PEDIATRIX. OBSTETRIX.
MEDICAL GROUP MEDICAL GROUP - 1 - RI

P.O. Box 504464
St. Louis, MO 63150-4464

PATIENT NAME:

RYDER

B. PETIT

SERVICE DATE	DESCRIPTION	PROVIDER	CHARGES	INSURANCE PAYMENTS	PATIENT PAYMENTS	ADJUSTMENTS	BALANCE DUE
Insurance consideration pending.							
09/26/13	Patient Payment	Edmonds	\$0.00	\$0.00	(\$50.00)	\$50.00	\$0.00
		Section Summary	\$0.00	\$0.00	(\$50.00)	\$50.00	\$0.00
Balance is patient responsibility. If there was insurance, all charges have been considered.							
09/26/13	Auditory evoked potentials for evoked	Cruz	\$239.00	(\$79.57)	\$0.00	(\$0.00)	\$159.43
09/26/13	Initial intensive care, per day; <= 28	Edmonds	\$2,211.00	(\$294.46)	(\$125.00)	(\$0.00)	\$1791.54
09/27/13	Subs intensive care, per day, recovering	Cruz	\$875.00	(\$100.53)	\$0.00	(\$0.00)	\$774.47
09/28/13	Subs intensive care, per day, recovering	Vaughn	\$875.00	(\$630.00)	(\$157.50)	(\$87.50)	\$0.00
09/29/13	Subs intensive care, per day, recovering	Masalunga	\$875.00	(\$100.53)	\$0.00	(\$0.00)	\$774.47
09/30/13	Subs intensive care, per day, recovering	Cruz	\$875.00	(\$100.53)	\$0.00	(\$0.00)	\$774.47
10/01/13	Subs intensive care, per day, recovering	Perlin	\$875.00	(\$630.00)	(\$46.77)	(\$0.00)	\$110.73
10/02/13	Hosp inpatient discharge <= 30 minutes	Cruz	\$426.00	(\$61.11)	\$0.00	(\$0.00)	\$364.89
		Section Summary	\$7,251.00	(\$1,996.73)	(\$329.27)	(\$87.50)	\$4,750.00

CURRENT 0-30
DAYS

PAST DUE
OVER 30 DAYS

ACCOUNT #

PATIENT
TOTAL

INS URANCE
BALANCE

PLEASE PAY
THIS AMOUNT

\$0.00

\$0.00

PED 909249075

\$4,700.00

\$0.00

\$4,700.00

Your insurance carrier advises that the balance is your responsibility. This may include deductible, co-pay, coinsurance, UCR or non-covered services according to your plan provisions. Please remit payment in full today.

Charges appearing under "Insurance consideration pending" have been submitted to your insurance company. Additional monies may be due after your insurance company reviews your claim. If you have any question, please call us immediately at 1-866-315-4058.

AA000417



Paid off on
01/25/16

FOR INQUIRIES PLEASE CALL TOLL FREE: 1-800-880-2056
OFFICE HOURS 8am - 9pm Central Time Monday - Thursday
8am - 7pm Central Time Friday / 8am - 3pm Central Time Saturday

January 11, 2016

Ryder Petit
Mark Petit
7645 Stetson Bluff Ave
Las Vegas, NV 89113-3065

ACCOUNT IDENTIFICATION

Re: Pediatrix Medical Group
Outstanding Account Balance : \$3,600.00
Reference Number : 32641949
Account Number : 909249075
Patient Name : Ryder Petit

Dear Mr./Mrs./ Ms. Mark Petit:

In an effort to assist you in resolving your account with Pediatrix Medical Group, we have been authorized to extend you a one-time offer to settle your account as follows:

1. Pay the settlement amount of \$2,520.00 by 02-11-16. This settlement has been calculated as follows:
Outstanding Account Balance : \$3,600.00
Adjustment : \$1,080.00
Settlement Amount : \$2,520.00
2. If you choose to accept this one-time offer to settle your account, please return your payment with the stub below.

If you would like to pay by credit card, complete the detachable coupon below or contact a representative. This settlement offer only applies to the account listed above and does not apply to any other accounts you may have. In the event you elect not to accept this offer our normal collection efforts will continue. Please call 800-880-2056 if you have any questions regarding this letter and the one-time settlement offer. Thank you for your attention to this matter and we sincerely hope you will take advantage of this offer. **Please note that we are not required to make this offer to you in the future.**

When you provide a check as payment, you authorize us to use information from your check to make a one-time electronic funds transfer from your account. In certain circumstances, such as for technical or processing reasons, we may process your payment as a check transaction. When we use information from your check to make an electronic funds transfer, funds may be withdrawn from your account as soon as the same day we receive your payment and you will not receive your check back from your financial institution.

PAY ELECTRONICALLY AT 800-938-3494 OR DETACH AND RETURN WITH PAYMENT

----- Detach and Return -----

P.O. Box 203600
Austin, TX 78720-3600
Change Service Requested

IF PAYING BY MASTERCARD, DISCOVER, VISA, OR AMERICAN EXPRESS, FILL OUT BELOW.		
CHECK CARD USING FOR PAYMENT		
<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> DISCOVER	<input type="checkbox"/> VISA <input type="checkbox"/> AMERICAN EXPRESS
CARD NUMBER		SECURITY CODE
SIGNATURE		EXP. DATE
SETTLEMENT DATE 02-11-16	SETTLEMENT AMOUNT 2,520.00	ACCOUNT NUMBER 909249075
REFERENCE NUMBER 32641949		SHOW AMOUNT PAID HERE \$

PERSONAL & CONFIDENTIAL
RYDER PETIT
MARK PETIT
7645 STETSON BLUFF AVE
LAS VEGAS NV 89113-3065



PEDIATRIX MEDICAL GROUP
PO BOX 203500
AUSTIN TX 78720-3500



PED Pedlatrix Obstetrix**Customer Receipt Number:** 43076088**Merchant ID:** PED**Transaction ID:** bb77f7e2247e4a4b8e680e0b2a813561**Auth Code:** 707532

Account Number	Account Name	Payment Amount	Trans Type
PED909249075	MARK PETIT	\$50.00	Sale
Total Payment Amount:		\$50.00	

Payment Information**Date of Payment:** 6/3/2015 16:34:45 GMT-0700 (Pacific Daylight Time)**Payment Type:** Visa**Credit Card Number:** *****1566**Thank you for your payment**

Please save this receipt for your records.



Wells Fargo Online®

Account Activity

CHECKING XXXXXX0162

Activity Summary

Current Posted Balance	\$155.74
Pending Withdrawals/ Debits	\$0.00
Pending Deposits/ Credits	\$314.63
Available Balance	\$470.37

Transactions**Find Transactions**

Description or Keyword

Dates

Last 18 Months

Amounts or Check Numbers Amount \$175.00

Type

Date	Description	Deposits / Credits	Withdrawals / Debits
Pending Transactions Note: Debit card transaction amounts may change			
No pending transactions meet your criteria above.			
Posted Transactions			
12/15/15	PURCHASE AUTHORIZED ON 12/14 PED PEDIATRIX OBST ORANGE CA S385348567617260 CARD 1566		\$175.00
11/19/15	PURCHASE AUTHORIZED ON 11/18 PED PEDIATRIX OBST ORANGE CA S465322532809742 CARD 1566		\$175.00
10/22/15	PURCHASE AUTHORIZED ON 10/21 PED PEDIATRIX OBST ORANGE CA S305294633899481 CARD 1566		\$175.00
09/25/15	PURCHASE AUTHORIZED ON 09/24 PED PEDIATRIX OBST ORANGE CA S305267713342639 CARD 1566		\$175.00
08/20/15	PURCHASE AUTHORIZED ON 08/19 PED PEDIATRIX OBST ORANGE CA S585231608175723 CARD 1566		\$175.00
07/10/15	PURCHASE AUTHORIZED ON 07/09 PED PEDIATRIX OBST ORANGE CA S385190542863205 CARD 1566		\$175.00
Totals		\$0.00	\$1,050.00

Deposit products offered by Wells Fargo Bank, N.A. Member FDIC. Wells Fargo Bank, N.A. is a banking affiliate of Wells Fargo & Company.

Equal Housing Lender

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up until
settle amount

AA000420



ACCOUNT STATEMENT ESTADO DE CUENTA



PO BOX 30223
TAMPA, FL 33630-3223

ACCOUNT NUMBER / N° MERO DE CUENTA:
PERIOD ENDING / PERÍODO QUE TERMINA EL:

*****13080
02/03/2016

It is very important that you call customer service to report any changes in your address or account status. You may obtain the remaining balance in your account at any time just by calling 866 747 1973.

Es muy importante que llame a Atención al Cliente para informar de cambios de domicilio o del estado de su cuenta. Usted podrá obtener el saldo restante de su cuenta en cualquier momento llamando al 866 747 1973.

>23180 6110281 002 008141
PAIGE PETIT
7645 STETSON BLUFF
LAS VEGAS NV 89113



DATE OF TRANS FECHA DE LA TRANS		TRANSACTIONS TRANSACCIONES		AMOUNT CANTIDAD		
01	05	ACH DEPOSIT	PPD7886000022ST. OF NEVADA	55.85		
01	11	ACH DEPOSIT	PPD7886000022ST. OF NEVADA	55.85		
01	19	ACH DEPOSIT	PPD7886000022ST. OF NEVADA	55.85		
01	25	ACH DEPOSIT	PPD7886000022ST. OF NEVADA	55.85		
01	28	PED PEDIATRIX O PED PEDIATRIX OBSTE	ORANGE CA	-280.47		
02	01	ACH DEPOSIT	PPD7886000022ST. OF NEVADA	55.85		
**** end of statement ****						
Fin de estado de cuenta						
PREVIOUS BALANCE SALDO ANTERIOR		CREDITS (+) CRIDITOS (+)	DEBITS (-) DIBITOS (-)	ADJUSTMENTS (+/-) AJUSTES (+/-)	FEES (-) CARGOS (-)	NEW BALANCE SU NUEVO SALDO
57.07		279.25	280.47	0.00	0.00	55.85

Information about your Account Statement

Your account statement: To protect your rights under the law, you must inform us of any error in writing within sixty (60) days of receipt of this statement. Please address your correspondence to the customer service location listed above.

Lost of Stolen Cards: Please notify Customer Service immediately by calling us toll-free at 866 747 1973.

PRIVACY NOTICE: Federal law requires us to tell you how we collect, share and protect your personal information. Our privacy policy has not changed and you may review our policy and practices with respect to your personal information at ucard.chase.com or we will mail you a free copy upon request if you call the toll-free number at 866 747 1973.

Información sobre su estado de cuenta

Su estado de cuenta: para proteger sus derechos bajo la ley, usted tiene que informarnos cualquier error por escrito en un plazo de sesenta (60) días después de recibir este estado de cuenta. Envíe su correspondencia a la dirección de Atención al Cliente indicada anteriormente.

Targetas extraviadas o robadas: notifique inmediatamente a Atención al Cliente llamándonos sin cargo 866 747 1973.

AVISO DE PRIVACIDAD: La ley federal exige que le digamos a usted cómo recopilamos, compartimos y protegemos su información personal. Nuestra política de privacidad no ha cambiado y usted puede revisar nuestra política y prácticas con respecto a su información personal en ucard.chase.com o nosotros le enviaremos por correo una copia gratuita a solicitud si llama al número sin cargo 866 747 1973.

AA000421

23180 6110281 023183 024351 00001/00001



Wells Fargo Online®

Account Activity

CHECKING XXXXXX9162

Activity Summary

Current Posted Balance	\$155.74
Pending Withdrawals/ Debits	\$0.00
Pending Deposits/ Credits	\$314.63
Available Balance	\$470.37

Transactions**Find Transactions**

Description or Keyword

Dates

Last 12 Months

Amounts or Check Numbers Amount

\$2,239.53

Type

Date ↓	Description	Deposits / Credits	Withdrawals / Debits
Pending Transactions Note: Debit card transaction amounts may change			
No pending transactions meet your criteria above.			
Posted Transactions			
02/09/16	PURCHASE AUTHORIZED ON 02/08 PED PEDIATRIX OBST ORANGE CA S586039630869313 CARD 1566 Category Doctor/Hospital Questions about this transaction? Review your options		\$2,239.53
Totals		\$0.00	\$2,239.53

Deposit products offered by Wells Fargo Bank, N.A. Member FDIC. Wells Fargo Bank, N.A. is a banking affiliate of Wells Fargo & Company.

Equal Housing Lender

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AA000422

SPRING VALLEY MEDICAL CENTER

REGISTRATION PATIENT PAYMENT RECEIPT

RECEIPT NO: 0926137364

PAYMENT DATE: 9/26/13

PATIENT NAME: PETIT, PAIGE

ACCOUNT NUMBER: 905391751

METHOD OF PAYMENT: CASH: X CHECK: CHECK NO:

CREDIT CARD: TYPE: #: EXP DATE: /

ECHECK: ACCOUNT NO:

PAYMENT CODE: 99801193 PAYMENT DESCRIPTION: UPFRONT WOMENS/CHDRN PMT CODE

PAYMENT AMOUNT: \$ 500.00 PAYMENT NOTES: UPFRONT MAT COLLECTIONS

USER ID: BARTHT

HOSP ID: 337

PAYMENT POSTED TO ACCOUNT: N

11:37 09/26/13 FROM 8U9Z,ADRCTBF1

AA000423

PATIENT SERVICES PROVIDED:

	PREVIOUS BALANCE	
09/29/13	1 BMP 300	559.00
09/29/13	1 UA AU W/MICRO 307	42.00
09/29/13	1 HCG QUAN 301	326.00
09/29/13	1 CBC AUTO W/AUTO DIFF 305	304.00
09/29/13	1 PT - PROTHROMBIN TIME	251.00
09/29/13	1 SPEC COLL VENOUS VENIPUNCT 300	34.00
09/29/13	1 US PELVIS NON OB	1,803.00
09/29/13	1 LEVEL 4 ED W/ PROCEDURES 450	1,757.00
09/29/13	1 ER STATISTICAL CHARGE	.00
09/29/13	1 HYDROCODONE/APAP 7.5/325MG TAB	3.00
09/29/13	1 HYDROCODONE/APAP 7.5/325MG TAB	3.00
10/09/13	AETNA PPO ADJ I06 AETNA US HEAL	-4,045.27
10/10/13	AETNA PPO ADJ I06 AETNA US HEAL	911.80
10/23/13	AETNA INS PMT I06 AETNA US HEAL	-1,798.53

Page 1 of 1

ACCOUNT SUMMARY:

Patient Name	PETIT, PAIGE
Account Number	905405742
Due Date	11/12/13
Admit Date	09/29/13
Discharge Date	
Statement Date	10/25/13
Balance Forward	\$150.00

MESSAGE:

ANY INSURANCE BALANCES HAVE BEEN RESOLVED AND THE REMAINING BALANCE IS NOW DUE FROM YOU.

PAID IN FULL

~~#3~~ #3

PAID 11-16-13

Paige's AMEX. - PAID ON LINE

CONTACT US:

For questions concerning this statement, please contact us at 866-823-4250 between the hours of 8:00AM and 4:30PM PST, Monday-Friday, or email us at NVCBO@uhsinc.com.

GO GREEN! PAY ON-LINE AND PAPERLESS OPTIONS:

If you would like to make an on-line payment to your account, visit us at <http://www.springvalleyhospital.com> and follow the instructions to pay on-line. You will need your enrollment number 610837037 and account number to register. If you have previously registered, you do not need to register again. Use your login and password created during the initial registration to login to site above.

IMPORTANT:

Please Note: The Remit Address Below is for Payments Only. Billing Error or Patient Care Complaints, Bankruptcy Notices, and any other Correspondence should be addressed to:

The Valley Health System
Customer Service
Suite 100
8801 W Sahara Ave.
Las Vegas, NV 89117

PLEASE PAY THIS AMOUNT

\$150.00

100 01114 11 11 11

owing - PAID IN FULL

#3

copy

- Balance

Documents
Payment Receipt - Welcome, PAIGE PETIT
You Can Pay Means CBO Payment Receipt

Contact Us
Profile
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Payment Result

Name PAIGE PETIT

Amount \$150.00

Confirmation #185290

Date 11/16/2013 12:36 PM

Payee Spring Valley

Account Type [REDACTED]

Account Number [REDACTED]

Status **Approved**

Details

Account Number 905405742

Guarantor Name PAIGE PETIT

Patient Name PAIGE PETIT

Billing Info

Address 7645 Stetson Bluff Ave

City Las Vegas

State Nv

Postal Code 89113-3065

AA000425

DESERT RADIOLOGY SOLUTIONS LLC
PO BOX 1645
INDIANAPOLIS, IN 46206-1645



EZ Ways To Pay...

PAIGE PETIT
7645 STETSON BLUFF AVE
LAS VEGAS NV 89113-3065



@ Online
www.ezmedinfo.com/drs



Automated Attendant
888.727.1074 (24 hours a day)

For Payments Please Call: 888.965.1730 For Billing Questions Please Call: 888.727.1074

Account Number	Amount Due	Statement Date	Date Due
1344659-QDSRT-D2	\$7.34	11/14/13	Upon Receipt

STATEMENT

Account Summary

Account Number	1344659-QDSRT-D2
Patient Payments in Last 30 Days	0.00
Current Statement Balance	7.34
Charges Pending w/ Insurance	0.00
Total Account Balance	7.34

See Detail on Back

Insurance Information

PLEASE CONFIRM THAT INFORMATION IS CORRECT
TO UPDATE GO TO www.ezmedinfo.com/drs

PRIMARY

Insurance	AETNA CONTRACT
Group/Plan	
ID Number	W19677

SECONDARY

Insurance	
Address	
City/State/Zip	
Group/Plan	
ID Number	

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Attach Your Statement

put on word doc.
page 4



108081-418

DESERT RADIOLOGY SOLUTIONS LLC
PO BOX 1645
INDIANAPOLIS, IN 46206-1645

Patient Name: PAIGE PETIT
Invoice Number: 2968252
Billing Questions: 1.888.727.1074



PAIGE PETIT
7645 STETSON BLUFF AVE
LAS VEGAS NV 89113-3065

108081 - 418

Please Pay!

STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NO.
11/14/13	\$7.34	1344659-QDSRT-D2
CHARGES AND CREDITS MADE AFTER STATEMENT DATE WILL APPEAR ON NEXT STATEMENT.		SHOW AMOUNT PAID HERE \$

MAKE CHECKS PAYABLE / REMIT TO:

DESERT RADIOLOGY SOLUTIONS LLC
PO BOX 1645
INDIANAPOLIS, IN 46206-1645

COPY

0296825200000734000001344659DSRT3

Pay Online: www.ezmedinfo.com/drs AA000426



DESERT RADIOLOGY SOLUTIONS I
PO BOX 1645
INDIANAPOLIS, IN 46206
8887271074

Date of Payment:	1/5/2014
Account #:	1344659-DSRT-D2
Name on Account:	PAIGE PETIT
Confirmation Code:	AA49315-AFD1E737-68E2-427E- 8134-40E4D84C7DCB
Credit Card Charged:	*****4205
Payment Amount:	\$7.34
Remaining Balance:	\$0.00

AA000427

Medical Group

3150 N. Tenaya Way, Ste. 260
Las Vegas, NV 89128
702-870-2099

1505 Wigwam Pkwy., Ste 230
Henderson, NV 89074
702-562-8900

5575 S. Durango, Ste. 103
Las Vegas, NV 89113
702-453-5347

NEW PATIENT	FEE	ESTB PT	FEE	PREV. MED	NEW PT	FEE	ESTB PT	FEE	LABORATORY	CODE
99201		99211		1/p to 1 yrs	99381		99391		Glucose	2962
99202		99212		1 to 4	99382		99392		Hemoglobin	85018
99203		99213		5 to 11	99383		99393		Monospot	85308
99204		99214		12 to 17	99384		99394		Ocalt Blood	82272
99205		99215		18 to 20	99385		99395		PPD/TB shot (Mantoux)	86580
Post-Op Visit		99024		IMMUNIZATIONS					Metabolic Screen	86416
Pre-Natal Consult		NA		Carvartz					Rapid Flu	87804
Hearing Test		92551		Gardasil			90650		Rapid Strep	86403
Vision Test		99173		DTaP (<7yrs)			90700		Rapid RSV	87807
Tympanogram		92567		DT (<7yrs)			90702		Urinalysis (Clp)	81002
				Td (7yrs or older)			90718		Handling Fee/Send Out	99009
PROCEDURES		CODE	FEE	TDap/Boostrix/Adacel			90715			
Spirometry		94010		Hep A			90633		Ortho	
Aerosol/Bronchodilation		94640		Hep B			90744		Long Arm Splint 0-10 yrs	29105/Q4020
Multiple Treatment		94640-76		Hep B (> 11 yrs)			90746		Long Arm Splint 11yrs+	29105/Q4018
Broncho/Demo		94644-59		Hib			90645		Short Arm Splint 0-10 yrs	29125/Q4024
Net Solutions				Provac Hib			90647		Short Arm Splint 11yrs+	29125/Q4022
Albuterol 2.5mg units		J7620		Influenza (>35 mo)			90658		Finger Splint Static	29130/Q4049
Albuterol 1 mg units		J7613		Influenza (6-35 mo)			90657		Long Leg Splint 0-10 yrs	29505/Q4044
Budesonide 25mg units		J7634		Influenza (6-35 mo prev frag)			90655		Long Leg Splint 11yrs+	29505/Q4042
Budesonide 0.5mg units		J7626		Influenza Mist			90650		Short Leg Splint 0-10 yrs	29505/Q4048
Ipratropium Bromide 1mg units		J7644		IPV			90713		Short Leg Splint 11 yrs+	29515/Q4046
Loxalbuterol 0.5mg		J7614		Kinrix			90606		Ankle Strapping	29515/Q4449
Racemic Epinephrine neb. Treatments		J7640		MMR			90734		Toes Strapping	29550/A4452
Supply - O2		E0441		MCV4			90710		Nurse Maid's Elbow	26404
Misty Neb Sets/Tubing		A7015		Pentacel (DTaP-IPV-Hib)			90723		Sling/Arm or Clavicle	A4565
Pulse Oximetry X		94780		PCV13			90698		Splint/Wrist	A4570
Burn 1st Degree		18000		Rotarix			90670		Splint/Clavicle	A4570
Burn 2nd Degree		18020		Rotaloq			90681		LACERATION REPAIR	
Catheterization		91004/009		Vaccella			90716		Simple, Face, Eyelids, Nose, Lips, Mu, Mb	
Chemical Cauterization		17250		IMMUNIZATION ADMIN					Repair Simple, 2.5cm	12011/A4450
Circ Using A Clamp		54150		each additional			90471		Repair Simple, 2.5-5.0cm	12011/A4450
Without Dorsal Block		54150-52		Intranasal or Oral Routes of Admin			90472		Repair Simple 5.1cm-7.5cm	12011/A4450
Cryosurgery up to 14		17110		Imm. Admin. 1st component w/consult			90461		Simple Neck, Scalp, Genitals, Trunk, Extremities	
Cryosurgery 15 or more		17111		each additional			90473		Repair Simple, to 2.5cm	12011/A4450
Foreign Body Removal, Ear		69200					90460		Repair Simple, 2.6-7.5cm	12011/A4450
Foreign Body Removal, Splinter		10120							Suture Removal	A4550
Foreign Body Removal, Earlobe		10121							Suture Removal/other provider	SD630
Foreign Body Removal, Foot		28190		INJECTIONS						
Foreign Body Removal, Nose		30300		Bicillin LA 1.2m Units			J0561		SURGICAL SUPPLIES	
Incision/Drainage		10060		Bicillin LA 800,000 Units X			J0561		Dermabond	A4680
Lumbar/Spinal Puncture		9270/A650		Ceftriaxone 1G X			J0596		Ethilon	A4640
Lysis of Preputial Adhesion		54450		Ceftriaxone 250mg X			J0596		OTHER SUPPLIES	
Removal Impact Cerumen		69210		Ceftriaxone 500mg X			J0596		Ace Wmp <3"	A4448
				Ceftriaxone 750mg X			J0596		Ace Wmp 3" or >	A4449
MEDS		CODE	FEE	Dexamethasone 1 mg X			J1100		Fluoride	D1203
Oral Dexamethasone per 0.25mg		J8540		Epinephrine 1:1000 AQ			J0171		Catheter Kit	A4353
Oral Prednisolone per Tab 5mg X		J7510		Methylprednisolone 1.25mg			J2930		Skin Ointment	A6250
Oral Acetaminophen		A0150		Methylprednisolone up to 1.25mg			J2920		Crutches	E0114
Oral Ibuprofen		A9150		Onclansetron up to 1mg X			J2405		AFTER HOURS	
				Therapeutic Admin			96372		Service when office closed	99050
									Service Sat, Sun, or Holiday	99051
									Walk-in / Emergency	99058

DATE	TIME	PATIENT	REASON	PRIOR BALANCE
3/29/13	11:10AM	JOHN DOE	WOUND	12011/A4450

TICKET NO.	DR#	DOCTOR	LOCATION	D.O.B
12345	12345	JOHN DOE	12345	12345

PATIENT NO.	RESPONSIBLE PARTY	PHONE#	REFERRING DR.
12345	JOHN DOE	12345	12345

S	M	F	ADDRESS	CITY/STATE	ZIP CODE
X			12345	12345	12345

OVER 90	OVER 60	OVER 30	CURRENT	TOTAL DUE	PT	SC	CG	AMOUNT

INSURANCE COMPANY	BA	SC	POLICY ID	RELATIONSHIP TO INSURED
12345				

TOTAL DUE	TODAY'S PAYMENT	DATE
12011/A4450		

DIAGNOSIS
1
2
3

RETURN VISIT
PRN _____ DAYS _____ WEEKS _____ MONTHS

PROVIDER SIGNATURE

SUBJECT TO FINAL AUDIT

1-9-13 \$75

Medical Group

3150 N. Tenaya Way, Ste. 260
Las Vegas, NV 89128
702-870-2099

1505 Wigwam Pkwy, Ste 230
Henderson, NV 89074
702-562-8900

5575 S. Durango, Ste. 103
Las Vegas, NV 89113
702-453-5347

NEW PATIENT	FEE	ESTB PT	FEE	PREV. MED	NEW PT	FEE	ESTB PT	FEE	LABORATORY	CODE
99201		99211		Up to 1 yrs	99381		99391		Glucose	82902
99202		99212		1 to 4	99382		99392		Hemoglobin	85018
99203		99213		5 to 11	99383		99393		Monospot	86308
99204		99214		12 to 17	99384		99394		Occult Blood	82272
99205		99215		18 to 20	99385		99395		PPD/TB skin (Mantoux)	86580
Post-Op Visit		99024		IMMUNIZATIONS					Metabolic Screen	86416
Pre-Natal Consult		NA		Cervix			90650		Rapid Flu	87804
Hearing Test		92551		Gardasil			80649		Rapid Strep	86403
Vision Test		99173		DTaP (<7yrs)			90700		Rapid RSV	87807
Tympanogram		92567		DT (<7yrs)			90702		Urinalysis (Dip)	81082
				Td (7yrs or older)			90718		Handling Fee/Send Out	89000
PROCEDURES				TDap/Boostrix/Adacel			90715			
Spirometry		94010		Hep A			90633		Critch	
Aerosol/Bronchodilation		94640		Hep B			90744		Long Arm Splint 0-10 yrs	29105/O4029
Multiple Treatment		94640-76		Hep B (> 11 years)			90745		Long Arm Splint 11yrs+	29105/O4016
Broncho/Demo		94684-59		Hib			90645		Short Arm Splint 0-10 yrs	29105/O4024
				Padvax Hib			90647		Short Arm Splint 11yrs+	29105/O4022
Albuterol 2.5mg units		J7620		Influenza (>35 mo)			90658		Finger Splint Static	29130/O4049
Albuterol 1 mg units		J7613		Influenza (6-35 mo)			90657		Long Leg Splint 0-10 yrs	29505/O4044
Budesonide 25mg units		J7634		Influenza (6-35 mo pres free)			90655		Long Leg Splint 11yrs+	29505/O4042
Budesonide 0.5mg units		J7626		Influenza Mist			90660		Short Leg Splint 0-10 yrs	29505/O4048
Ipratropium Bromide 1mg units		J7644		IPV			90713		Short Leg Splint 11yrs+	29505/O4046
Lofolbuterol 0.5mg		J7614		Kinix			90696		Ankle Strapping	29540/A6448
Racemic Epinephrine neb Treatments		J7640		MCV4			90734		Toes Strapping	29550/A4452
Supply - O ₂		E0441		MMR			90707		Nurse Maid's Elbow	28040
Misty Neb Sets/Tubing		A7015		Proquad			90710		Sling/Arm or Clavicle	A4565
Pulse Oximetry X		94760		Pediarix (DTaP-HepB-IPV)			90723		Splint/Wrist	A4570
Burn 1 st Degree		16000		Pentacel (DTaP-IPV-Hib)			90668		Splint/Clavicle	A4570
Burn 2 nd Degree		16020		PCV13			90670		LACERATION REPAIR	
Catheterization		51700/A4054		Rotarix			90681		Simple, Face, Eyelids, Nose, Lips, Mu, Mb	
Chemical Cauterization		17250		Rotateq			90680		Repair Simple, 2.5cm	12011/A4450
Circ Using A Clamp		54150		Varicella			90716		Repair Simple, 2.5-5.0cm	12013/A4450
Without Dorsal Block		54150-52		IMMUNIZATION ADMIN					Repair Simple 5.1cm-7.5cm	12014/A4450
Cryosurgery up to 14		17110		Immunization Admin			90471		Simple Neck, Scalp, Genitalia, Trunk, Extremities	
Cryosurgery 15 or more		17111		each additional			90472		Repair Simple, 10-2.5cm	12001/A4450
Foreign Body Removal, Ear		69200		Intranasal or Oral Routes of Admin			90473		Repair Simple, 2.6-7.5cm	12002/A4450
Foreign Body Removal, Splinter		10120		Imm. Admin, 1st component w/council			90460		Suture Removal	A4550
Foreign Body Removal, Earlobe		10121		each additional			90481		Suture Removal/other provider	50630
Foreign Body Removal, Foot		28190		INJECTIONS					SURGICAL SUPPLIES	
Foreign Body Removal, Nose		30300		Bicillin LA 1.2m Units			J0561		Dermabond	A4490
Incision/Drainage		10080		Bicillin LA 600,000 Units X			J0561		Ethilon	A4449
Lumbar/Spinal Puncture		62700/A4050		Ceftriaxone 1G X			J0696		OTHER SUPPLIES	
Lysis of Preputial Adhesion		54450		Ceftriaxone 250mg X			J0696		Aca Wrap <3"	A6448
Removal Impact Cerumen		69210		Ceftriaxone 500mg X			J0696		Aca Wrap 3" or >	A6449
				Ceftriaxone 750mg X			J0696		Fluoride	01203
MEDS				Dexamethasone 1 mg X			J1100		Catheter Kit	A4353
Oral Dexamethasone per 0.25mg		J8540		Epinephrine 1:1000 AQ			J0171		Skin Ointment	A6250
Oral Prednisolone per Tabs 5mg X		J7510		Methylprednisolone 1.25mg			J2930		Crutches	50114
Oral Acetaminophen		A9150		Methylprednisolone up to 1.25mg			J2920		AFTER HOURS	
Oral Ibuprofen		A9150		Ondansetron up to 1mg X			J2405		Service when office closed	90050
				Therapeutic Admin.			96372		Service Sat, Sun, or Holiday	96051

DATE	TIME	PATIENT	REASON	PRIOR BALANCE				
11/12/13	11:58Z	DAVID ELLER D	NO ACUTE					
TICKET NO. OR#	DOCTOR	LOCATION	D.O.B	TODAY'S CHARGE				
1843857	J. J. J.	1505 WIGWAM PKWY STE 230	06/02/1960	11.15				
PATIENT NO.	RESPONSIBLE PARTY	PHONE#	REFERRING DR.	ADJUSTMENTS				
1111111	J. J. J.	702-555-1234	J. J. J.					
S	M	F	ADDRESS	CITY/STATE	ZIP CODE			
X			11111111111111111111	1111111111	1111111111			
OVER 90	OVER 60	OVER 30	CURRENT	TOTAL DUE	FF	SC	CS	PER ORDER
INSURANCE COMPANY	RA	DCI	POLICY ID	RELATIONSHIP TO INURED	BE	SP	CH	U
11111111111111111111								
				TOTAL DUE				
				11.15				
				PRN	DAYS	WEEKS	MONTHS	
				PROVIDER SIGNATURE				

SUBJECT TO FINAL AUDIT

11-13-12

IMMUN
Key Ring 016

TRAVEL
Key Ring 013

RECEIPT A 21516

SOUTHERN NEVADA HEALTH DISTRICT
330 S. Valley View Blvd PO BOX 3902
702-750-1000 Las Vegas, NV 89127

EIN # 88-0151573

NAME:

DATE:

WEB IZ #

CIRCLE CASH CHECK M.O. OTHER		PREPARED BY:			
Quantity	Description	ICD	CPT	Unit	Amount
	IMMUN: ADMIN FEE		90471		
	IMMUN: ADMIN FEE (2 or more vaccines)		90472		
	CPOX	VO5.4	90716		
	DT	VO6.5	90702		
	DTAP	VO6.1	90700		
	HEPATITIS A 1-18 YRS	VO5.3	90633		
	HEPATITIS A 19 + YRS	VO5.3	90632		
	HEPATITIS B 1-18 YRS	VO5.3	90744		
	HEPATITIS B 19+ YRS	VO5.3	90746		
	HIB	VO3.81	90648		
	HIB 19 + YRS	VO3.81	90648		
	HUMAN PAPILLOMA VIRUS	VO5.8	90649		
	INFLUENZA-INJ-CHILD	VO4.81	90657		
	INFLUENZA-INJ-ADULT	VO4.81	90658		
	INFLUENZA-MIST	VO4.81	90660		
	IPV	VO4.0	90713		
	LEAD CAPILLARY TESTING	V20.2	83655		
	MENINGOCOCCAL CONJUGATE	VO3.89	90734		
	MENINGOCOCCAL MENOMUNE	VO5.8	90733		
	MMR	VO6.4	90707		
	PNEUMONIA	VO3.82	90732		
	PREVNAR	VO3.82	90670		
	RABIES	VO4.5	90675		
	ROTAVIRUS	VO4.80	90681		
	SHINGLES	VO5.8	90736		
	TETANUS/DIPHTHERIA: routine	VO6.6	90718		
	TETANUS/DIPHTHERIA: routine	879.8	90718		
	Tdap	VO6.1	90715		
	TWINRIX	VO5.3	90636		
	TYPHOID	VO3.1	90691		
	YELLOW FEVER	VO4.4	90717		
	DTAP-IPV-HEP B (Pudlarix)	VO6.8	90723		
	DTAP-IPV-HIB (Pentacel)	VO6.8	90698		
	DTAP-IPV (Kinrix)	VO6.3	90696		
	NEWBORN SCREENING	V77.3	84030		
	DAYCARE, HEADSTART, OR SPORTS EXAM	V70.3			

MEDICAID
ADOLESCENT \$0
PAID IN FULL Reimbursement should be made directly to patient.

NY CHECKUP
CHILD CARE \$0

MED. B COVERED SERVICE

TOTAL

11-12-13 25.00

CUSTOMER COPY

Medical Group

3150 N. Tenaya Way, Ste 260 Las Vegas, NV 89128 702-870-2099
1505 Wigwam Pkwy., Ste 230 Henderson, NV 89074 702-562-8900
5575 S. Durango, Ste 103 Las Vegas, NV 89113 702-453-5347

NEW PATIENT	FEE	ESTB PT	FEE	PREV. MED	NEW PT	FEE	ESTB PT	FEE	LABORATORY	CODE
99201		99211		Up to 1 yrs	99381		99391		Glucose	32662
99202		99212		1 to 4	99382		99392		Hemoglobin	35018
99203		99213		5 to 11	99383		99393		Monospot	44308
99204		99214		12 to 17	99384		99394		Occult Blood	32272
99205		99215		18 to 20	99385		99395		PPD/TB shot (Mantoux)	48580
Post-Op Visit		99024		IMMUNIZATIONS					Melabolic Screen	35416
Pre-Natal Consult		NA		Cervix			90650		Rapid Flu	87804
Hearing Test		92551		Gardasil			90649		Rapid Strep	96403
Vision Test		99173		DTaP (<7yrs)			90700		Rapid RSV	37807
Tympanogram		92567		DT (<7yrs)			90702		Urinalysis (Dip)	21002
				Td (7yrs or older)			90716		Handling Fee/Send Out	99000
PROCEDURES		CODE	FEE	TDap/Boostrix/Adacel			90715			
Spirometry		94010		Hep A			90633		Otho	CODE
Aerosol/Bronchodilation		94840		Hep B			90744		Long Arm Splint 0-10 yrs	29105/O4020
Multiple Treatment		94840-76		Hep B (> 11 years)			90746		Long Arm Splint 11yrs+	29105/O4018
Broncho-Demo		94664-59		Hib			90645		Short Arm Splint 0-10 yrs	29105/O4024
Neb Solutions				Pedvax Hib			90647		Short Arm Splint 11yrs+	29105/O4022
Albuterol 2.5mg units		J7620		Influenza (6-35 mo)			90658		Finger Splint Static	29105/O4049
Albuterol 1 mg units		J7613		Influenza (6-35 mo)			90657		Long Leg Splint 0-10 yrs	29105/O4044
Budesonide 25mg units		J7634		Influenza (6-35 mo pres free)			90655		Long Leg Splint 11yrs+	29105/O4042
Budesonide 0.5mg units		J7626		Influenza Mist			90660		Short Leg Splint 0-10 yrs	29516/O4048
Ipratropium Bromide 1mg units		J7644		IPV			90713		Short Leg Splint 11 yrs+	29516/O4046
Levalbuterol 0.5mg units		J7614		Knrix			90696		Ankle Strapping	29516/O4449
Racemic Epinephrine neb Treatments		J7640		MCV4			90734		Ties Strapping	29516/O4452
Supply - O ₂		E0441		MMR			90707		Nurse Maid's Elbow	34640
Misty Neb Sets/Tubing		A7015		Proquad			90710		Sling Arm or Clavicle	A1565
Pulse Oximetry X		94760		Pndarix (DtaP+HepB-IPV)			90723		Splint/Wrist	A4570
Burn 1 st Degree		16000		Pentacel (Dtap-IPV-Hib)			90698		Splint/Clavicle	A4570
Burn 2 nd Degree		16020		PCV13			90670			
Catheterization		5170/A454		Rotarix			90681		LACERATION REPAIR	CODE
Chemical Cauterization		17250		Rotateq			90680		Simple, Face, Eyelids, Nose, Lips, Mu, Mb	
Circ Using A Clamp		54150		Varicella			90716		Repair Simple, 2.5cm	12001/A4450
Without Dorsal Block		54150-52		IMMUNIZATION ADMIN.					Repair Simple, 2.5-5.0cm	12001/A4450
Cryosurgery up to 14		17110		Immunization Admin			90471		Repair Simple 5.1cm-7.5cm	12001/A4450
Cryosurgery 15 or more		17111		each additional			90472		Simple Neck, Scalp, Genitalia, Trunk, Extremities	
Foreign Body Removal, Ear		99200		Intranasal or Oral Routes of Admin			90473		Repair Simple, to 2.5cm	12001/A4450
Foreign Body Removal, Splinter		10120		Imm. Admin. 1st component w/counsel			90460		Repair Simple, 2.6-7.5cm	12001/A4450
Foreign Body Removal, Earlobe		10121		each additional			90461		Suture Removal	A4550
Foreign Body Removal, Foot		28190		INJECTIONS					Suture Removal/other provider	50630
Foreign Body Removal, Nose		30300		Bicillin LA 1.2m Units			90561		SURGICAL SUPPLIES	
Incision/Drainage		10060		Bicillin LA 800,000 Units X			90561		Dermabond	A1480
Lumbar/Spinal Puncture		6270/A450		Ceftriaxone 1G X			90696		Ethilon	A4648
Lysis of Preputial Adhesion		54450		Ceftriaxone 250mg X			90696		OTHER SUPPLIES	CODE
Removal Impact Cerumen		69210		Ceftriaxone 500mg X			90696		Aca Wrap <3"	A4448
				Ceftriaxone 750mg X			90696		Aca Wrap 3" or >	A4449
MEOS		CODE	FEE	Dexamethasone 1 mg X			J1100		Fluoride	01203
Oral Dexamethasone per 0.25mg		J8540		Epinephrine 1:1000 AQ			J0171		Catheter Kit	A4353
Oral Prednisolone per Tabs 5mg X		J7510		Methylprednisolone 1.25mg			J2930		Skin Ointment	A4250
Oral Acetaminophen		A9150		Methylprednisolone up to 1.25mg			J2920		Crutches	E0114
Oral Ibuprofen		A0150		Ondansetron up to 1mg X			J2405		AFTER HOURS	CODE
				Therapeutic Admin.			96372		Service when office closed	99050
									Service Sat, Sun, or Holiday	99051
									Walk-in / Emergency	99058

DATE	TIME	PATIENT	REASON	PRIOR BALANCE
11/03/11	10:45 AM	DAVID L. GARCIA	WOUND	

TICKET NO. DR#	DOCTOR	LOCATION	DOB	TODAY'S CHARGE
0078912	10041	201 RD. STAGHART 5	04/28/1988	1712.11

PATIENT NO.	RESPONSIBLE PARTY	PHONE#	REFERRING DR.
0078912	DAVID L. GARCIA	702-417-1111	

S	M	F	ADDRESS	CITY/STATE	ZIP CODE
X			201 RD. STAGHART 5	LAS VEGAS NV	89101

OVER 90	OVER 60	OVER 30	CURRENT	TOTAL DUE	PT	SC	CS	OTHER

INSURANCE COMPANY	DA	SC	POLICY ID.	RELATIONSHIP TO INSURED	SE	SP	CH	OT

TOTAL DUE
1712.11

RETURN VISIT
PRN _____ DAYS _____ WEEKS _____ MONTHS _____
PROVIDER SIGNATURE

IMMUN
Key Ring 016
EIN # 88-0151573

TRAVEL
Key Ring 013

RECEIPT 23836
SOUTHERN NEVADA HEALTH DISTRICT
330 S. Valley View Blvd PO BOX 3902
702-759-1000 Las Vegas, NV 89127

NAME: DATE: WEB IZ #

CIRCLE: CASH CHECK M.O. OTHER PREPARED BY:

Quantity	Description	ICD	CPT	Unit	Amount
	IMMUN. ADMIN FEE		90471		25
	IMMUN. ADMIN FEE (2 or more vaccines)		90472		
	CPOX	VO5.4	90716		
	DT	VO6.5	90702		
	DTAP	VO6.1	90700		
	HEPATITIS A 1-18 YRS	VO5.3	90633		
	HEPATITIS A 19+ YRS	VO5.3	90632		
	HEPATITIS B 1-18 YRS	VO5.3	90744		
	HEPATITIS B 19+ YRS	VO5.3	90746		
	HIB	VO3.81	90648		
	HIB 19+ YRS	VO3.81	90648		
	HUMAN PAPILLOMA VIRUS	VO5.8	90649		
	INFLUENZA-INJ-CHILD	VO4.81	90657		
	INFLUENZA-INJ-ADULT	VO4.81	90658		
	INFLUENZA-MIST	VO4.81	90680		
	IPV	VO4.0	90713		
	LEAD CAPILLARY TESTING	V20.2	83655		
	MENINGOCOCCAL CONJUGATE	VO3.89	90734		
	MENINGOCOCCAL MENOMUNE	VO5.8	90733		
	MMR	VO6.4	90707		
	PNEUMONIA	VO3.82	90732		
	PREVNAR	VO3.82	90670		
	RABIES	VO4.5	90675		
	ROTAVIRUS	VO4.89	90681		
	SHINGLES	VO5.8	90736		
	TETANUS/DIPHTHERIA: routine	VO6.5	90718		
	TETANUS/DIPHTHERIA: routine	879.8	90718		
	Tdap	VO6.1	90715	2	2014
	TWINRIX	VO5.3	90636		
	TYPHOID	VO5.1	90691		
	YELLOW FEVER	VO4.4	90717		
	DTAP-IPV-HEP B (Pediarix)	VO6.8	90723		
	DTAP-IPV-HIB (Pentacel)	VO6.6	90698		
	DTAP-IPV (Kinix)	VO6.3	90686		
	NEWBORN SCREENING	V77.3	84030		
	DAYCARE, HEADSTART, OR SPORTS EXAM	V70.3			

MEDICAID
ADOLESCENT 59
PAID IN FULL Reimbursement should be made directly to patient.

NV CHECKUP
C/ILDCARE 60

MED. B COVERED SERVICE

TOTAL

1-22-14 \$25.

CUSTOMER COPY

Medical Group

3150 N. Tenaya Way, Ste 260
Las Vegas, NV 89126
702-870-2099

1505 Wigwam Pkwy., Ste 230
Henderson, NV 89074
702-562-8900

5575 S. Durango, Ste 103
Las Vegas, NV 89113
702-453-5347

NEW PATIENT	FEE	ESTB PT	FEE	PREV. MED	NEW PT	FEE	ESTB PT	FEE	LABORATORY	CODE
99201		99211		Up to 1 yrs	99361		99391		Glucose	82962
99202		99212		1 to 4	99362		99392		Hemoglobin	83016
99203		99213		5 to 11	99363		99393		Monospot	86308
99204		99214		12 to 17	99364		99394		Occult Blood	82272
99205		99215		18 to 20	99365		99395		PPD/TB shot (Mantoux)	86581
Post-Op Visit		99024		IMMUNIZATIONS					Metabolic Screen	36416
Pri-Natal Consult		NA		Cervaria			90650		Rapid Flu	87804
Hearing Test		92951		Gerdaal			90649		Rapid Strep	86403
Vision Test		99173		DTaP (<7yrs)			90700		Rapid RSV	87607
Tympanogram		92567		DT (<7yrs)			90702		Urinalysis (Dip)	81002
				Td (7yrs or older)			90718		Handling Fee/Sand Out	99000
				TDap/Boostrix/Adacel			90715			
PROCEDURES	CODE	FEE								
Spirometry	94010			Hep A			90633		Ortho	CODE
Aerosol/Bronchodilation	94640			Hep B			90744		Long Arm Splint 0-10 yrs	29105/Q4020
Multiple Treatment	94640-76			Hep B (> 11 years)			90745		Long Arm Splint 11yrs+	29105/Q4018
Broncho/Demo	94664-69			Hib			90645		Short Arm Splint 0-10 yrs	29125/Q4024
Net Solutions				Pedvax Hib			90647		Short Arm Splint 11yrs+	29125/Q4022
Albuterol 2.5mg units	J7620			Influenza (>35 mo)			90658		Finger Splint Static	29130/Q4049
Albuterol 1 mg units	J7613			Influenza (6-35 mo)			90657		Long Leg Splint 0-10 yrs	29505/Q4044
Budesonide .25mg units	J7634			Influenza (6-35 mo pres free)			90655		Long Leg Splint 11yrs+	29505/Q4042
Budesonide 0.5mg units	J7626			Influenza Mar			90660		Short Leg Splint 0-10 yrs	29515/Q4048
Ipratropium Bromide 1mg units	J7644			IPV			90713		Short Leg Splint 11 yrs+	29515/Q4046
Levalbuterol 0.5mg	J7614			Kinix			90696		Ankle Strapping	29540/A6449
Racemic Epinephrine neb Treatments	J7640			MCV4			90734		Toes Strapping	29550/A4452
Supply - O ₂	E0441			MMR			90707		Nurse Maid's Elbow	24640
Misty Neb Sets/Tubing	A7015			Proquad			90710		Sling/Arm or Cleave	A4565
Pulse Oximetry X	94760			Pentax (DtaP-HepB-IPV)			90723		Splint/Wrist	A4570
Burn 1 st Degree	16000			Pentacel (DtaP-IPV-Hib)			90698		Splint/Cervic	A4570
Burn 2 nd Degree	16020			PCV13			90670		LACERATION REPAIR	CODE
Catheterization	91709/4434			Rotarix			90681		Simple, Face, Eyelids, Nose, Lips, Mu, Mb	
Chemical Cauterization	17250			Rotarix			90680		Repair Simple, 2.5cm	12011/A4450
Circ Using A Clamp	54150			Varicella			90716		Repair Simple, 2.5-5.0cm	12013/A4450
Without Dorsal Block	54150-52			IMMUNIZATION ADMIN.	CODE	FEE			Repair Simple 5.1cm-7.5cm	12014/A4450
Cryosurgery up to 14	17110			Immunization Admin	90471				Simple Neck, Scalp, Genitalia, Trunk, Extremities	
Cryosurgery 15 or more	17111			each additional	90472				Repair Simple, to 2.5cm	12001/A4450
Foreign Body Removal, Ear	09200			Intranasal or Oral Routes of Admin	90473				Repair Simple, 2.6-7.5cm	12002/A4450
Foreign Body Removal, Splinter	10120			Imm. Admin. 1st component w/outout	90460				Suture Removal	A4550
Foreign Body Removal, Earlobe	10121			each additional	90461				Suture Removal/other provider	S0630
Foreign Body Removal, Foot	26180			INJECTIONS	CODE	FEE			SURGICAL SUPPLIES	
Foreign Body Removal, Nose	30300			Bicillin LA 1.2m Units	J0561				Dermabond	A4640D
Incision/Drainage	10060			Bicillin LA 800,000 Units X	J0561				Ephrin	A4649
Lumbar/Spinal Puncture	62760/A4450			Ceftriaxone 1G X	J0696				OTHER SUPPLIES	CODE
Lysis of Preputial Adhesion	54450			Ceftriaxone 250mg X	J0696				Ace Wrap <3"	A6448
Removal Impact Cerumen	69210			Ceftriaxone 500mg X	J0696				Ace Wrap 3" or >	A6449
				Ceftriaxone 750mg X	J0696				Fluoride	D1205
MEDS	CODE	FEE		Dexamethasone 1 mg X	J1100				Catheter Kit	A4353
Oral Dexamethasone per 0.25mg	J8540			Epinephrine 1:1000 AQ	J0171				Skin Ointment	A6250
Oral Prednisolone per Tabs 5mg X	J7510			Methylprednisolone 1.25mg	J2930				Crutches	E0114
Oral Acetaminophen	A9150			Methylprednisolone up to 1.25mg	J2920				AFTER HOURS	CODE
Oral Ibuprofen	A9150			Chondroitin up to 1mg X	J2405				Service when office closed	99050
				Therapeutic Admin	95372				Service Sat, Sun, or Holiday	99051
									Walk-in / Emergency	99058

DATE	TIME	PATIENT	REASON	PRIOR BALANCE
04/18/14	11:55AM	BRUCE, JAMES	CHL, JOINT AND TBS	

TICKET NO. DR#	DOCTOR	LOCATION	DOB	TODAY'S CHARGE
40231 DR#	31007 DR# R. FRANKLIN	BY CHARGE		3.22...

PATIENT NO.	RESPONSIBLE PARTY	PHONE#	REFERRING DR.	ADJUSTMENTS
01 457				

S	M	F	ADDRESS	CITY/STATE	ZIP CODE
			1455 SOUTH 500 E	LAS VEGAS, NV	89101

OVER 90	OVER 60	OVER 30	CURRENT	TOTAL DUE	PT	SC	CS	CHARGE

INSURANCE COMPANY	BA	SC	POLICY ID	RELATIONSHIP TO INSURED	SE	SP	CH	CI

TOTAL DUE	RETURN VISIT	PRN	DAYS	WEEKS	MONTHS	PROVIDER SIGNATURE
18						

4-18-14

4-18-14 #100

Wah
Pha
BK 1223

If you have any questions, please feel free to call your doctor for medical advice about your condition.

PETIT, RYDER
7645 STETSON BLUFF AVE
LAS VEGAS, NV 89113
DATE: 04/18/14 17021270-2523
RX: 6811068
Cash
TOTAL \$4.00

79316 21383
OC# 465 923 881 076 58
Priority: IN STORE
04/18/14 08:20 AM
04/18/14 09:41 AM

4-18-14
Medicine

Desert Regional Assn
1 South Fort Apache
Las Vegas, NV 89148
(702) 597-5158
Fax # 1000446492
Invoice: 0018624
August 17, 2013 10:45 AM

to PETIT, PAIGE
Emprego: Tina B.
Breastfeeding Class
2 @ \$15.00 \$30.00
Subtotal 0.00
Tax 0.00
Total \$30.00

Thank you for your purchase.
We appreciate your business.
We are committed to providing you with the best service possible.
We are committed to providing you with the best service possible.
We are committed to providing you with the best service possible.

8-17-13
Pre-natal

HEALTHCARE PARTNERS MEDICAL GROUP
PO BOX 1737
LAS VEGAS, NV 89125

PAGE #: 1

01/26/15 G4379523 0.00

PAIGE PETIT
7645 STETSON BLUFF
LAS VEGAS, NV 89113

HEALTHCARE PARTNERS MEDICAL GROUP
PO BOX 748356
LOS ANGELES, CA 90074-8356

DOB: 11/30/93

PT: RYDER B PETIT-ADRIANZEN
PROV: DANI MD, PRASHANT S

INV #: 48809763

09/05/14	99213	PROFESSIONAL VISIT	85.00
09/11/14	11	PAYMENT	15.00CR
09/12/14	287	ECOM COMMERCIAL 837P CLAIM FORM PRE	0.00CR
10/16/14	828	NV SIERRA PAYMENT	70.00CR

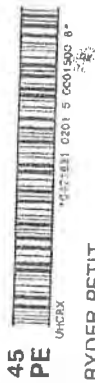
01/26/15 G4379523

0.00

HEALTHCARE PARTNERS NEVADA
702-369-0142

AGREED BUDGET AMOUNT: 0.00 12/16/13

AA000436



45
PE

UNCDX

4521431 0201 5 0001500 8

RYDER PETIT

7645 Stetson Bluff Ave
Las Vegas, NV 89113
(702)767-7283

* Your Insurance Saved You: \$42.89

MON 4:58PM
\$15.00

12/08/14
Now-E

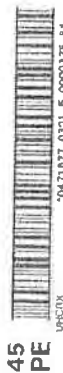
MIX 35.0 ml

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your prescriptions at Walgreens.com/pharmacy.



45
PE

UNCDX

0471827 0301 5 0000378 8

RYDER PETIT

7645 Stetson Bluff Ave
Las Vegas, NV 89113
(702)767-7283

* Your Insurance Saved You: \$17.24

WAITING

MON 6:10PM
\$3.75

12/08/14
Now-E

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your prescriptions at Walgreens.com/pharmacy.

Primary account number: 7640899162 ■ November 22, 2014 - December 18, 2014 ■ Page 3 of 5



Transaction history (continued)

Date	Check Number	Description	Deposits/ Additions	Withdrawals/ Subtractions	Ending daily balance
12/9		Purchase authorized on 12/08 Walgreens 8582 Blue Di Las Vegas		18.75	1,640.81

Preferred Homecare
Returned Mail Only - No Correspondence
PO Box 13150
Overland Park, KS 66282-3150



Preferred
Homecare



LifeCare
Solutions

MSC#235 PO Box 29048
Phoenix, AZ 85038-9048



10144-4663



RYDER PETIT ADRIANZEN
7645 STETSON BLUFF AVE
LAS VEGAS, NV 89113-3065

Account Number
OE234

Patient Name
RYDER PETIT ADRIANZEN

Pay Online:
PreferredHomecare.hmebillpay.com

BILLING QUESTIONS

(888) 446-9858

Monday - Friday
8:00 am - 5:00 pm MST

IMPORTANT MESSAGES

- Back by popular demand! Effective immediately you will once again receive monthly invoices. Visit us online and learn more! FAQ and bill pay enhancements are also in effect.
- Any insurance provided has been applied and the balance shown is your responsibility. Please reference your EOB for further information.
- A \$15 service charge may apply if payments are late.

INVOICE: 07104395

SERVICE DATE	DESCRIPTION	AMOUNT
12/08/2014	1. - NEB KIT REUSABLE	\$5.39
12/08/2014	1. - SVN WITH REUSABLE NEB KIT 6/CS	\$35.15

PATIENT OWES THIS AMOUNT

DUE: 02/04/2015
\$40.54

PLEASE DETACH HERE AND RETURN BOTTOM PORTION WITH YOUR PAYMENT

Pay Online:

PreferredHomecare.hmebillpay.com

<input type="checkbox"/> VISA	<input type="checkbox"/> M/C	<input type="checkbox"/> DISC	<input type="checkbox"/> AMEX
CARD NUMBER		EXPIRATION DATE	
CCV/CVN SECURITY CODE		BILLING ZIP	
CARDHOLDER NAME		SIGNATURE	

Patient: RYDER PETIT ADRIANZEN
Account: OE234
Invoice: 07104395-12/08/2014

PLEASE PAY THIS AMOUNT: **\$40.54**

AMOUNT ENCLOSED: _____

LATE AFTER: **02/04/2015**

Mail Payment to:

Preferred Homecare
MSC#235 PO Box 29048
Phoenix, AZ 85038-9048

10144-4663

PAP-685-A-G



0000RYDER PETIT ADRIA OE2340000000 0004054 011515 8

AA000439

Credit Card Sale:

Preferred Homecare
MSC#235 PO Box 28048
Phoenix, Arizona 85038
(888) 446-8858

Account #: OE234	
Patient name: Ryder Pett	
Invoice #	Payment
07104395	\$40.54

Email address: [REDACTED]
Phone: (702) 767-7283
Payment Details:
Status: *** Approved ***
Approval code: 420789
Reference #: PF201501291722476756
Transaction ID: 1078574510
Card holder name: Paige Pett
Billing address 1: 7846 Stetson Bluff
Billing zip: 85113
Card type: Visa Credit Card
Card #: **** * 1568
Transaction date: 01/29/2015 09:20 PM
Transaction amount: \$40.54

Please allow up to 7 business days for your payment to be reflected in your Preferred Homecare Account balance.

Thank you for your payment

Preferred Homecare
Returned Mail Only - No Correspondence
PO Box 13150
Overland Park, KS 66282-3150



Preferred
Homecare



LifeCare
Solutions

MSC#235 PO Box 29048
Phoenix, AZ 85038-9048

Account Number
OE234
Patient Name
RYDER PETIT ADRIANZEN

Pay Online:
PreferredHomecare.hmebillpay.com

021110



RYDER PETIT ADRIANZEN
7645 STETSON BLUFF AVE
LAS VEGAS, NV 89113-3065

10144-11020

BILLING QUESTIONS

(888) 446-9858

Monday - Friday
8:00 am - 5:00 pm MST

IMPORTANT MESSAGES

- Back by popular demand! Effective immediately you will once again receive monthly invoices. Visit us online and learn more! FAQ and bill pay enhancements are also in effect.
- Any insurance provided has been applied and the balance shown is your responsibility. Please reference your EOB for further information.
- A \$15 service charge may apply if payments are late.

INVOICE: 07104395

SERVICE DATE	DESCRIPTION	AMOUNT
12/08/2014	1. - SVN MASK PED	\$1.65
12/08/2014	1. - NEB KIT REUSABLE	\$21.58
12/08/2014	1. - SVN WITH REUSABLE NEB KIT 6/CS	\$140.61

PATIENT OWES THIS AMOUNT

DUE: 04/06/2015
\$163.84

PLEASE DETACH HERE AND RETURN BOTTOM PORTION WITH YOUR PAYMENT

Pay Online:

PreferredHomecare.hmebillpay.com

<input type="checkbox"/> VISA	<input type="checkbox"/> M/C	<input type="checkbox"/> DISC	<input type="checkbox"/> AMEX
CARD NUMBER		EXPIRATION DATE	
CCV/CVN SECURITY CODE		BILLING ZIP	
CARDHOLDER NAME		SIGNATURE	

Patient: RYDER PETIT ADRIANZEN
Account: OE234
Invoice: 07104395-12/08/2014

PLEASE PAY THIS AMOUNT: \$163.84

AMOUNT ENCLOSED: _____

LATE AFTER: 04/06/2015

Mail Payment to:

Preferred Homecare
MSC#235 PO Box 29048
Phoenix, AZ 85038-9048



10144-11020

FAP-585-A-0

1 of 1



00000RYDER PETIT ADRIA 0E2340000000 0016384 031715 9

AA000441

Credit Card Sale:

Preferred Homecare
MSC#235 PO Box 29048
Phoenix, Arizona 85038
(888) 446-9858

Account #: OE234

Patient name: Ryder Petit Adrianzen

<u>Invoice #</u>	<u>Due Date</u>	<u>Original Amt</u>	<u>Payment</u>
07104395	Apr 06, 2015	\$163.84	\$163.84

Payment Details:

Status: *** Approved ***
Approval code: 392259
Reference #: PP201503251439528636
Transaction ID: 1110600022
Card holder name: Paige E Petit
Billing address 1: 7645 Stetson Bluff Ave
Billing zip: 89113
Card type: Visa Credit Card
Card #: *****1566
Transaction date: 03/25/2015 02:37 PM
Transaction amount: \$163.84

Please allow up to 7 business days for your payment to be reflected in your Preferred Homecare Account balance.

Thank you for your payment

AA000442

CVS
WALGREENS
CLINIC
PHARMACY
LAS VEGAS, NV
702-814-3084



Walgreens

#02598 7685 S RAINBOW BLVD
LAS VEGAS, NV 89139
702-814-3084

869 7909 0042 01/09/2015 8:34 PM

FSA RX 0705458
CLN RF# 150097335502270989 4.50
REWARDS POINTS EARNED 500

TOTAL	4.50
DEBIT CARD	4.50
CHANGE	.00
TOTAL FSA ITEMS	0.00
TOTAL RX ITEMS	4.50
TOTAL FSA AND RX ITEMS	4.50
APPROVED FSA/HRA AMOUNT	0.00

THANK YOU FOR SHOPPING AT WALGREENS

WITH BALANCE REWARDS, YOU CAN SAVE
ON THE THINGS YOU NEED AND TREAT
YOURSELF TO THE THINGS YOU WANT.
RESTRICTIONS APPLY. SEE PROGRAM
RULES FOR DETAILS. PLEASE GO
TO WALGREENS.COM/BALANCE.

RFN# 0259-8427-9050-1501-0903



42
PE



UNCPX *C7064197 0101 1 0000450 3*

WAITING
FRI 8:31PM
\$4.50

RYDER PETIT- ADRIANZEN

7645 Statson Bluff Ave
Las Vegas, NV 89113
(702)767-7283

* Your Insurance Saved You: \$21.49

01/09/15
New

MIX 51.0 ml

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HERITAGE PARTNERS DURA
5575 S DURANGO
LAS VEGAS, NV. 89113
702-671-6850
MID 8622850167

TID 001734000R022850167000

February 13, 2015 08:07:18
Invoice #: 605 Batch #: 545

VISA SALE

Card Number: XXXXXXXXXXXX1566
Approval Code: 581423
TOTAL: \$ 15.00

I AGREE TO PAY ABOVE TOTAL AMOUNT
ACCORDING TO CARD ISSUER AGREEMENT
(MERCHANT AGREEMENT IF CREDIT VOUCHER)

THANK YOU
HAVE A NICE DAY
CUSTOMER COPY

STATEMENT

0001

Radiology Specialists, LTD
PO Box 50709
Henderson NV 89016-0709

Statement Date: 05/01/2015
Account Number: 364218
Client ID: 1001
Amount Due: \$21.24



AMOUNT PAID

Toll Free: (877) 406-2916

Pay online at www.ePayitOnline.com
CodeID: MSN00001 Access #: 4617537-1-8869
Patient: RYDER B PETIT-ADRIANZEN

1001000036421800000021242

MAKE CHECK PAYABLE & REMIT TO:

04493
PAIGE B PETIT 364218
7645 Stetson Bluff Ave
+ Las Vegas NV 89113-3065

Radiology Specialists, LTD
PO Box 50709
Henderson NV 89016-0709

PLEASE CHECK BOX IF ABOVE ADDRESS IS INCORRECT AND INDICATE CHANGES ON BACK.
MSN00001-0423350-0000000-4617537-001-008869-#015236-0001

DETACH HERE

AND RETURN THE TOP PORTION WITH YOUR PAYMENT USING THE RETURN ENVELOPE ENCLOSED

DATE	POST DATE	CODE	DESCRIPTION OF SERVICE	CHARGE	PAYMENT	ADJ	BALANCE
02/22/15		77075	RADIOLOGIC EXAMINA	\$137.00			\$21.24
Location: SUNRISE HOSPITAL AND MEDICAL CENTER							
	05/01/15		HPN SIERRA HEALTH AND LIFE		\$0.00	\$115.76	
BALANCE APPLIED TO DEDUCTIBLE. PLEASE REMIT PAYMENT.							

To pay this statement electronically go to
www.ePayitOnline.com or scan the barcode
to the right with your mobile device or tablet



*** You are responsible for payment in full within 20 days. ***

Primary Insurance: -----7777 - Clark County Social Service
Secondary Insurance: -----467900 - Hpn Sierra Health And Life

Total Balance: \$21.24
Insurance Pending: \$0.00

AMOUNT DUE NOW: \$21.24

Patient: RYDER B PETIT-ADRIANZEN Account Number: 364218

Statement Date: 05/01/2015

Please verify your insurance information above to ensure everything is correct.
Complete the back of this form and return it to our office if there are any
discrepancies.

Estos son servicios proporcionados para usted. Si tiene alguna pregunta con respecto
a esta declaracion, por favor llame a nuestra oficina al Toll Free: (877) 406-2916.

These are charges for services provided to you. If you have any questions with
respect to this statement, please call our office at Toll Free: (877) 406-2916.

Radiology Specialists, LTD
PO Box 50709
Henderson NV 89016-0709

Toll Free: (877) 406-2916

MSN00001-0423350-0000000-4617537-001-008869-#015236-0001

AA000446

Home

Page 1 of 1

Refunds Policies Access Id

Radiology Specialists, L1

Toll Free: (877) 406-2916

PO Box 50709 Henderson, NV 89016-0709

PAYMENT INFORMATION

Transaction Result: APPROVED*

Transaction Amount: 521.24

Order Number: mhp3113173658

Card Holder: Paige E Petit

Card Number: [REDACTED]

Resp Code - Message: APPROVED*

Auth Code: 487416

Reference Number: 641152860016390110

DateTime: 20:36:15 2015-05-08

Account Number: 364218-4617537-1-8869

Transaction Complete [Close Window](#) [Print Receipt](#)

Please Note: Payments made online are only reflected on your billing providers system.
 It can take 24 to 48 hours to post your payment to your billing providers system.
 If your next statement is already in transit, it may not reflect this payment.
 Should you need the most current payment status please contact your billing provider at the phone listed on the statement.

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PEDIATRIX MEDICAL GROUP

Phone: 877-511-2296
 Fax: 616-954-2800
 Website: www.mymedicalme.com
 Hours: Mon - Fri | 8:00am - 10:00pm Eastern
 Sat | 9:00am - 2:00pm Eastern

page 1 of 2



ID Number 4556106
Name PAIGE PETIT
Statement Date 5/27/2015
Statement Number 1

PLEASE SEE PAGE 2 FOR IMPORTANT INFORMATION

Please review the charge detail listed on the second page of this statement. If you have insurance that is not listed or is incorrect, please contact us so that we can update our records.

This statement contains services rendered by PEDIATRIX MEDICAL GROUP.

Statement Summary

		Total Payoff	Min Due
Accounts on Payment Plans	(0)	\$0.00	\$0.00
Accounts Not on Payment Plans	(1)	\$38.81	\$38.81
TOTAL MIN AMOUNT DUE*			\$38.81
6/26/2015			



PLEASE SEE FOLLOWING PAGE(S) FOR ACCOUNT DETAIL

Payment Options

We gladly accept checks and the following major credit cards:



Pay Online
 www.mymedicalme.com



Pay by Mail
 • Include your "ID Number" on your check
 • Make checks payable to:
PEDIATRIX MEDICAL GROUP
 • Include payment stub below in envelope provided



Pay by Phone
 • Call toll free: 877-511-2296

Fee Disclosures: Please note payment is due in full by the due date listed. Your account is not currently in default. Monthly service fees may be assessed after the due date for your balance that is not paid in full. Service fees are waived for auto-debit payment plans. Late fees may apply. Please see the detailed account information on subsequent pages and the "Payment Assistance" section below for more information. If payment is returned for any reason, a \$25.00 fee will be added to your account. Fees are subject to change without notice.

***Payment Assistance:** If you are unable to pay accounts not on payment plans in full, you must contact us toll free at 877-511-2296 to establish terms of a payment plan. Minimal fees may apply. Service fees are waived for auto-debit payment plans. Reasonable monthly payment plans can be arranged, but we must receive communication from you to establish terms. A servicing agent may contact you directly if full payment or payment plan arrangements are not made within the 30 day grace period.

↑ DETACH HERE AND RETURN THIS BOTTOM PORTION WITH YOUR PAYMENT USING THE RETURN ENVELOPE ENCLOSED ↓

PEDIATRIX MEDICAL GROUP
 PO BOX 120153
 GRAND RAPIDS MI 49528-0103

ID Number	Statement Number		
4556106	1		
Min Amt Due	Due Date	Amt Enclosed	
\$38.81	6/26/2015		

Phone: 877-511-2296
 Hours: Mon - Fri | 8:00am - 10:00pm Eastern; Sat | 9:00am - 2:00pm Eastern

000000004556106000190000003881951



13910



PAIGE PETIT
 7645 Stetson Bluff Ave
 Las Vegas NV 89113-3065

MAKE CHECK PAYABLE & REMIT TO:

|||||
 PEDIATRIX MEDICAL GROUP
 PO BOX 88087
 CHICAGO IL 60680-1087

MEDOIR10-0426375-0000000-4657016-001-014511-#028996-7092

AA000448

- Details for services rendered by PEDIATRIX MEDICAL GROUP.



Accounts Not on Payment Plans:

• Account Number: 6707698 - charges associated with account:

Note: This account is current and is due on 6/26/2015. A monthly \$5.00 service fee will be assessed every 30 days from the original statement date until all balances are paid in full. Fees are waived for auto-debit payment plans.

Date of Svc:	2/22/2015	Orig Balance:	783.00
Patient:	RYDER PETIT ADRIANZEN	Pmts/Adj/Fees:	-744.19
Procedure:	99284: E/R INITIAL CONSULT 90	Charge Payoff:	38.81
Location:	SUNRISE HOSPITAL & MEDICAL CENTER: KIMBERLY ZIMMERMAN		
Insurance 1:	SIERRA HEALTH & LIFE - *****7900		

History Detail	Date	Description	Pmts/Adj/Fees
	5/18/2015	INS CHK-MANAGED CARE	-155.25
	5/18/2015	W/O CONTRACTUAL	-588.94

Total Account Payoff:	38.81
Min Amt Due:	38.81
unless a payment plan is established	

myMEDICALme

Guarantor Name
PAIGE PETIT

Healthcare Organization
PEDIATRIX MEDICAL GROUP

ID Number
4556106

✔ YOUR PAYMENT HAS BEEN SUCCESSFULLY PROCESSED!

Your payment has been successfully processed to:
Guarantor ID: 4556106 in the amount of \$38.81. The
authorization code for this payment is
000000051840254. This payment will post to your
account within one business day. Your credit card
statement will show this payment processed by Patient
Pay Services.

STATEMENT OF ACCOUNT

003849L

SUNRISE HOSPITAL AND MC
P.O. BOX 99400
LOUISVILLE, KY 40269

PETIT PAIGE 00011058325901541000001221617

STATEMENT DATE 06/25/15 PAGE 1 OF 1

ACCOUNT NUMBER	PATIENT NAME	STATEMENT PERIOD
110583259	PETIT-ADRIANZEN RYDER B	EMERGENCY 02/22/15 TO 02/22/15

AMOUNT DUE
\$1,221.61

PETIT PAIGE
7645 STETSON BLUFF AVE
LAS VEGAS NV 89113

MAIL PAYMENT TO
SUNRISE HOSPITAL
01541
P.O. BOX 740766
CINCINNATI OH 45274-0766



TO VIEW/PAY YOUR ACCOUNT VIA INTERNET SEE THE WEB ADDRESS BELOW
TO RECEIVE PROPER CREDIT, PLEASE RETURN THIS PORTION WITH YOUR PAYMENT
NOTE: SHOULD YOU WISH TO PAY BY CREDIT CARD, SEE AUTHORIZATION NOTICE ON THE BACK.

SUMMARY OF ACCOUNT

SUNRISE HOSPITAL AND MC
P.O. BOX 99400
LOUISVILLE, KY 40269

STATEMENT DATE 06/25/15

STATEMENT PERIOD	PATIENT NAME	ACCOUNT NUMBER
02/22/15 TO 02/22/15	PETIT-ADRIANZEN RYDER B	110583259

THE INSURANCE CLAIMS OUTSTANDING REPRESENT OUR ESTIMATE OF INSURANCE LIABILITY BASED ON OUR BEST INFORMATION

TOTAL CHARGES	NEW CHARGE ACTIVITY	NEW PAYMENTS OR CREDITS	NEW ACCOUNT ADJUSTMENTS	PREVIOUS TRANSACTIONS	INSURANCE CLAIMS OUTSTANDING	AMOUNT DUE
5,990.00	0.00	2,971.39	1,797.00	0.00	0.00	\$1,221.61

DATE	DESCRIPTION	UNITS	AMOUNT	DATE	DESCRIPTION	UNITS	AMOUNT
*02/22/15	Emergency services			*02/22/15	CBC	1	335.00
*02/22/15	XR BONE SURVEY COMP	1	2,091.00	*02/22/15	EMER DEPT LEVEL 3	1	1,840.00
*02/22/15	PROTIME	1	310.00	*02/22/15	PTT	1	330.00
*02/22/15	COMP METABOLIC PANEL	1	1,084.00		TOTAL CHARGES		5,990.00
*05/18/15	INSURANCE PAYMENT MAIL		2,971.39-	*02/22/15	CONTRACTUAL ADJ		1,797.00-
					ACCOUNT BALANCE		1,221.61
					DUE FROM PATIENT		1,221.61
06/22/15	SIERRA HEALTH AND LIFE P BILLED						

* INDICATES NEW ITEMS SINCE LAST STATEMENT

TO VIEW/PAY YOUR ACCT VIA WEB: www.sunrisehospital.com/bill.asp
IF YOU HAVE QUESTIONS REGARDING YOUR ACCOUNT PLEASE CALL: 800-223-9899
HOURS OF OPERATION MON-FRI 8AM-9PM SAT 9AM-1PM ET

THANK YOU FOR THE OPPORTUNITY TO SERVE YOU. PLEASE PAY THE AMOUNT NOW
DUE INDICATED ABOVE. WE ACCEPT ALL MAJOR CREDIT CARDS.

THIS BILL IS FOR HOSPITAL SERVICES ONLY

AA000451

Healthcare Payment System

provided by



 SUNRISE

 HOSPITAL & MEDICAL CENTER

[Account Summary](#) | [Payment](#) | [Logout](#)

Account Summary

Account Number	Patient Name	Guarantor	Account Balance	Patient Balance
110583259	PETIT-ADRIANZEN RYDER B	PETIT PAIGE	\$0.00*	\$0.00*
Service Location	Admission Date	Discharge Date		
SUNRISE HOSPITAL AND MEDICAL CENTER	02/22/2015	02/22/2015		

The transactions associated with this account are shown below.

	Patient	SIERRA HEALTH AND LIFE PP	Total
Original Balance	\$1,221.61	\$4,768.39	\$5,990.00
Room Charges			\$0.00
Ancillary Charges			\$5,990.00
- Payments	(\$1,221.61)	(\$2,971.39)	(\$4,193.00)
Description	Entry Date	HPS ID	Post Date
¹ HPS VI Payment	11/25/2015	93543515	Pending (\$80.00)
² HPS VI Payment	11/25/2015	93543503	Pending (\$120.00)
³ HPS VI Payment	11/17/2015	93189307	11/17/2015 (\$200.00)
⁴ HPS VI Payment	11/03/2015	92588842	11/03/2015 (\$200.00)
⁵ HPS VI Payment	10/02/2015	91275887	10/03/2015 (\$200.00)
⁶ HPS VI Payment	09/01/2015	89948646	09/02/2015 (\$200.00)
⁷ HPS VI Payment	07/30/2015	88549711	07/31/2015 (\$200.00)
⁸ HPS VI Payment	07/07/2015	87552671	07/07/2015 (\$21.61)
⁹ INSURANCE PAYMENT MAIL	05/17/2015		05/18/2015 (\$2,971.39)
Discounts	\$0.00	(\$1,797.00)	(\$1,797.00)
Balance Due	\$0.00	\$0.00	\$0.00

*Account Balance and Patient Balance include HPS transactions that have not yet posted.

[Make Payment](#)

Healthcare Payment System 1.2.15.62 A 11/26/2015 03:51 AM UTC

AA000452

HEAVY INCORPORATED DURR
5575 S DURNING
LAS VEGAS, NV 89113
702-671-6856
MID 8022630187
TID 001734008022853187000
March 03, 2015 07:52:40
Invoice #: 003 Batch #: 557
VISA SALE
Card #: 4532 1234 5678 9010
Merchant Ref: 645035
TOTAL: \$ 15.00
I AGREE TO PAY ABOVE TOTAL AMOUNT
ACCORDING TO CARD ISSUER AGREEMENT
(MERCHANT AGREEMENT IF CREDIT VOUCHER)
THANK YOU
HAVE A NICE DAY
CUSTOMER COPY



#11206 8582 BLUE DIAMOND RD
LAS VEGAS, NV 89178
702-260-0135
805 5977 0041 03/03/2015 1:22 PM
FSA RX 0498858 2.66
CLM RF# 150616292151257998
FSA RX 0498856 3.75
CLM RF# 150616288343208997
REWARDS BONUS EARNED 1000
TOTAL 6.41
DEBIT CARD 6.41
CHANGE .00
TOTAL FSA ITEMS 0.00
TOTAL RX ITEMS 6.41
TOTAL FSA AND RX ITEMS 6.41



45
PE
UNCRX *0498858 0301 1 0000375 8*
RYDER PETIT- ADRIANZEN
7645 Stetson Bluff Ave
Las Vegas, NV 89113
(702)767-7283
• Your Insurance Saved You: \$17.24

MON 6:54PM
\$3.75

03/02/15
New



TIT- ADRIANZEN
n Bluff Ave
JV 89113
283
e Saved You: \$14.33

MON 6:54PM
\$2.66

03/02/15
New
MIX 73.0 ml



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prescriptions at Walgreens.com/pharmacy.



Do not use address below.

P.O. Box 7308
Holtzler, MO 65873-7308

AT 01 046022 64899B176 B**3DGT
 LVN 88827124 1698243 3119187023 R
 RYDER B PETIT-ADRIANZE
 7645 STETSON BLUFF AVE
 LAS VEGAS, NV 89113-3065

Laboratory Invoice

Page 1 of 1

For services not included in your physician's bill

Invoice Date:	Amount Due:	Due Date:
Mar. 04, 2015	\$16.32	Mar. 25, 2015

Invoice Number	Lab Code
3119187023	LVN

Patient Name: RYDER B PETIT-ADRIANZE
 Responsible Party: RYDER B PETIT-ADRIANZE
 Date of Service: February 13, 2015

Lab Results and Diagnosis Questions Must Be Answered By Your Physician.

Customer Service

LOG ON NOW at www.QuestDiagnostics.com/bill to conveniently pay your invoice, provide updated insurance information, or take a patient survey.

Phone:

1-855-619-4056
 WEEKDAYS 08:00 AM - 05:00 PM PST
 Se Habla Español 08:00AM - 05:00PM Hora Estándar del pacífico

Laboratory Tests Were Requested By:

Referring Physician: DANI, PRASHANT
 Physician Address: 5575 S DURANGO DR STE 103
 LAS VEGAS, NV 89113

Most Recent Insurance Claim Filed To:

Insurance Name: SIERRA HLTH ACA PPO
 Insurance ID: 14007467900
 Group Number: 12454

Please have your invoice available for reference.

This invoice is for laboratory tests performed at the request of the referring physician. These charges are separate from the physician's fees. SIERRA HLTH ACA PPO indicated the balance is your co-payment, co-insurance, or deductible and is your financial responsibility. Prompt payment is appreciated. Thank you for using our laboratory.

Date	CPT Code *	Test Description	Charge	Insurance Discount	Insurance Paid	Medicare/Medicaid Paid	Patient Paid	Patient Owes
02/13/15	87807	DIR OPT OBSERVATION,RSV	\$126.26					
02/13/15	99199	UNLISTED SPECIAL SERVICE	\$26.37					
03/04/15		ADJUSTMENT		(\$136.31)				
			\$152.63	(\$136.31)	\$0.00	\$0.00	\$0.00	\$16.32

Tax ID: 68-0099333 ICD-9 Codes: 465.9

Services Performed by: QUEST DIAGNOSTICS LAS VEGAS - 4230 BURNH LAS VEGAS NV

* The CPT codes provided are for information purposes only, and are based on AMA guidelines without regard to specific payer requirements.

A Please fold and tear along perforation and remit with payment in the envelope provided.



LOG ON NOW, Pay your bill online securely at
www.QuestDiagnostics.com/bill
 or call 1-855-584-6851.
 Quest Diagnostics also accepts:



Please make checks payable to Quest Diagnostics.
 Be sure to include invoice number on your check.

☐ Check here if address has changed.
 Please provide your new address information on the back.
 Quest Diagnostics reserves the right to assign this receivable to any of its affiliates.

Lab Code: LVN

Amount Due: \$16.32

Due Date: Mar. 25, 2015 Invoice Number: 3119187023

Patient Name: RYDER B PETIT-ADRIANZE

Amount Enclosed: \$

If you received an explanation of benefits showing your responsibility is less than the amount shown on this bill, please pay the lesser amount. To fully resolve your invoice, please provide a copy of your explanation of benefits.

MAIL PAYMENTS ONLY TO:

QUEST DIAGNOSTICS
 PO BOX 740351
 CINCINNATI, OH 45274-0351



01LVN67013119187023000016324030418914527403510000000

AA000454

Billing Services



This message is to confirm we have received your credit card payment. It may take up to 3 business days for your payment to be processed and applied to your invoice(s). Please save this message for your records.

The payment(s) will be applied to the credit card you have provided to us. Please see below for details of your payment(s).

[Click here](#) to contact us if you have any additional questions or concerns. Be sure to include your invoice number(s), lab code, and tracking number with all correspondence. Please do not reply directly to this email.

Invoice Number	Tracking Number	Amount
3119187023	147578288	\$16.32
Total of Submitted Payments		\$16.32

Payment Information

Credit Card Type	Visa
Credit Card #	*****1566

Thank you for using Quest Diagnostics. We look forward to serving you in the future.

Please [click here](#) and take a moment to tell us what you think regarding the customer service you received. Your feedback is appreciated!

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Quest Diagnostics provides you with the opportunity to make better decisions about your health with MyQuest™ by Care360, the patient portal and mobile app.

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- Get valuable insights into your personal health
- Learn how to take the right steps forward
- Receive easy-to-understand lab results directly on your mobile device or desktop
- Be prepared for an emergency with critical health information for medical responders
- Schedule and receive medication reminders
- Share medical information directly with physicians and specialists
- Schedule appointments and find nearby Quest Diagnostics Patient Service Centers

Walgreens

#11206 8582 BLUE DIAMOND RD
LAS VEGAS, NV 89178
702-260-0135

865 6396 0041 03/05/2015 3:25 PM

FSA RX 0500062 15.00
CLM RF# 150645441870210998
REWARDS POINTS EARNED 500

TOTAL 15.00
DEBIT CARD 15.00
CHANGE .00

TOTAL FSA ITEMS 0.00
TOTAL RX ITEMS 15.00
TOTAL FSA AND RX ITEMS 15.00

APPROVED FSA/HRA AMOUNT 0.00

THANK YOU FOR SHOPPING AT WALGREENS

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ON THE THINGS YOU NEED AND TREAT
YOURSELF TO THE THINGS YOU WANT.
RESTRICTIONS APPLY, SEE PROGRAM
RULES FOR DETAILS, PLEASE GO
TO WALGREENS.COM/BALANCE.

RFN# 1120-6416-3988-1503-0503



45
PE



WAITING

THU 3:21PM
\$15.00

RYDER PETIT- ADRIANZEN

7645 Stetson Bluff Ave
Las Vegas, NV 89113
(702)767-7283

03/05/15
Copy

- Manufacturer changed
- Your Insurance Saved You: \$76.99

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HEALTHCARE PARTNERS DARR
5275 E DURANGO
LOS VEGAS, NV. 89113
702-671-6650
RID 8622850187
TID 0017340388527650187000
April 10, 2015 08:42:20
Invoice #: 011 Batch #: 585

VISA SALE

Card Number: XXXXXXXXXX1508
Approval Code: 142255
TOTAL: \$ 15.00

I AGREE TO PAY ABOVE TOTAL AMOUNT
ACCORDING TO CARD ISSUER AGREEMENT
(MERCHANT AGREEMENT IF CREDIT VOUCHER)

THANK YOU
HAVE A NICE DAY
CUSTOMER COPY

42
PE



UHC RX

0795170-0201-1-0000814-2

FRI 3:33PM
\$6.14

RYDER PETIT- ADRIANZEN

7645 Stetson Bluff Ave

Las Vegas, NV 89113

(702) 767-7283

• Your Insurance Saved You: \$13.85

11/13/15
New-E

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AA000458

42
PE



UHCRCX

FRI 3:52PM
\$12.84

RYDER PETIT- ADRIANZEN

7645 Stetson Bluff Ave
Las Vegas, NV 89113

(702)767-7283

• Your Insurance Saved You: \$ 8.15

12/11/15
New-E

42
PE



UHCRCX

FRI 3:52PM
\$33.18

RYDER PETIT- ADRIANZEN

7645 Stetson Bluff Ave
Las Vegas, NV 89113

(702)767-7283

• Your Insurance Saved You: \$56.81

12/11/15
New-E

MIX 35.0 ml

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AA000459

Walgreens

#03872 8633 W CHARLESTON BLVD
LAS VEGAS, NV 89117
702-383-9660

830 7132 0041 01/07/2017 12:10 PM

FSA RX 1408376 5.00
TOTAL 5.00
DEBIT CARD 5.00
CHANGE .00

AID: A0000000860040

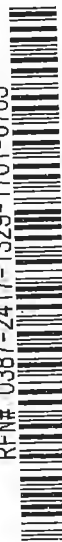
US DEBIT
Integrated chip card
PIN Verified

TOTAL FSA ITEMS 0.00
TOTAL RX ITEMS 5.00
TOTAL FSA AND RX ITEMS 5.00
APPROVED FSA/HRA AMOUNT 0.00

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REDEEM POINTS FOR SOMETHING EXTRA
IN A FUTURE PURCHASE. RESTRICTIONS
APPLY. FOR TERMS AND CONDITIONS,
VISIT WALGREENS.COM/BALANCE.

REF# 0387-2417-1329-1701-0703



52
PE



RXWST

1408376 0401 1 0000500 0

WAITING

SAT 11:36AM

\$5.00

RYDER PETIT- ADRIANZEN

7645 Stetson Bluff Ave

Las Vegas, NV 89113

(702)767-7283

- Manufacturer changed
- Your Insurance Saved You: \$180.99

01/07/17

Copy

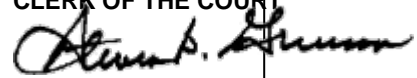
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AA000461



ROPP

Michael Burton, Esq.

Nevada Bar Number 14351

McFARLING LAW GROUP

6230 W. Desert Inn Road

Las Vegas, NV 89146

(702) 565-4335 phone

(702) 732-9385 fax

eservice@mcfarlinglaw.com

Attorney for Plaintiff,

Kevin Adrianzen

EIGHTH JUDICIAL DISTRICT COURT

FAMILY DIVISION

CLARK COUNTY, NEVADA

KEVIN ADRIANZEN,

Plaintiff,

vs.

PAIGE PETIT,

Defendant.

Case Number: D-13-489542-D

Department: H

Date of Hearing: April 9, 2019

Time of Hearing: 10:00 a.m.

**PLAINTIFF'S REPLY AND OPPOSITION TO COUNTERMOTION FOR
ATTORNEY'S FEES AND COSTS**

COMES NOW Plaintiff, Kevin Adrianzen, by and through his attorney,
Michael Burton, Esq. of McFarling Law Group, and hereby submits the following
reply to Defendant's Opposition and opposes Defendant's Countermotion
requesting the Court issue an Order:

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A. The Court Should Grant Dad’s Motion for Reconsideration and Set an Evidentiary Hearing; and Deny Mom’s Request for Reimbursement of Never- Before-Disclosed Medical Bills.....	2
B. The Court Must Deny Mom’s Request for Attorney’s Fees as She Failed to File a Financial Disclosure Form; and Mom’s Request is Meritless.....	5
III. Conclusion	7

1 **MEMORANDUM OF POINTS AND AUTHORITIES**

2 **I. INTRODUCTION**

3 Mom counters Dad’s Motion to reconsider on his custody modification
4 motion by including receipts and bills for allegedly over \$6,600 in unreimbursed
5 medical bills dating back to Ryder’s birth— more than five years ago; and pre-dating
6 the parties’ 2014 divorce. This is the first time Dad has *ever* seen these bills. They
7 have never been remitted to Dad for reimbursement. Mom provided no proof she
8 ever sent these bills to Dad, despite her assertions that she did.

9 Ironically, Mom’s submission and request for reimbursement of these bills
10 proves two of Dad’s points: 1) Mom has failed to include Dad in many of Ryder’s
11 medical appointments as he was unaware of these appointments; and 2) The amount
12 of medical treatment Ryder has received with this amount of out-of-pocket expenses
13 when he is on state Medicaid is astronomical for a five-year-old. What is even more
14 perplexing is why were these “bills” not brought up when the parties were just last
15 in court? Because Mom knows she never told Dad about these bills or appointments
16 and they are a further indication of her exclusion of Dad from Ryder’s life.

17 Some of these bills are *prior* to the parties’ divorce proceedings in 2014.
18
19
20
..

II. STATEMENT OF FACTS & ARGUMENT IN REPLY

A. The Court Should Grant Dad's Motion for Reconsideration and Set an Evidentiary Hearing; and Deny Mom's Request for Reimbursement of Never-Before-Disclosed Medical Bills

Dad has laid out numerous facts in his motion showing there are a litany of serious issues ongoing that affect Ryder's well-being. These were outlined *ad nauseum* in Dad's motion to reconsider as well as his original motion.

The Court felt Dad did not meet his legal burden of "substantial change in circumstances" since the last custodial order—which was prior to Ryder turning a year old. Dad cited an on-point case that specifically provides that a custody order must contain statutory findings of best interest because a litigant in a post-decree proceeding *requires* these findings to make a case for modification. The court denying Dad's motion and stating he failed to make a prima facie case of substantial change in circumstances, with an order with zero findings, puts Dad in a position that he can never modify custody—regardless of Ryder's best interest.

Dad pled numerous issues as to why custody should be changed in this case—far more than the issues which existed in *Ellis*, the polestar case on custody modification burden. And these issues are ongoing every single day.

Since filing his current motion for reconsideration, Ryder came to Dad's with bruises on his arm and both of the calves of his legs. Dad asked what happened?

1 Ryder's response was "Shawn kicked me, and I fell down." Shawn is Mom's "fiancé"
2 and as previously shown, has a plethora of serious personal problems including out-
3 of-control drug use that led to him being arrested for pan-handling drugs outside a
4 recreation center. This is who Ryder lives with in Mom's home 5 days a week. When
5 asked, Mom says Ryder "tripped going both up and downstairs while playing"—
6 which is not what Ryder told Dad. Granted Ryder is five, but this is not even close
7 to the first time he has said disturbing things about Shawn. Notably, he also recently
8 told Dad that there was a "fight" between Mom and Shawn and the police were
9 involved. This was around the same day Shawn briefly reached out to Dad with an
10 offer to "assist" Dad in his case until Mom and he reconciled.

11 And considering Shawn's drug history, Dad has legitimate concerns as to
12 what is going on in Mom's home and what Ryder may be witnessing and being
13 exposed to as far as drug use. Just because Dad cannot *prove* having Shawn in the
14 home has had a direct impact on Ryder, it is logical to assume someone with his
15 recent drug history may be careless as to what he leaves laying around the house for
16 a five-year-old to possibly consume.

17 Additionally, Mom sent Dad an email about a doctor's appointment. She is
18 now taking Ryder to the Ophthalmologist for the recurring stye issue Dad raised in
19 his motion. Mom only acknowledged this issue after Dad brought it forth to the court.
20 Mom initially told Dad the appointment was 10:00 a.m. Then she told him she

1 changed it to 8:00 a.m. Dad went at 8:00 a.m. and was told by the office that the
2 appointment had been moved back to 10:00 a.m. Interestingly, the doctor's office
3 *called* Mom on the phone, right in front of Dad. Mom has maintained the last several
4 months that she does not have a phone, thus Dad has no way to contact her except
5 email. She has a phone. Everyone knows she has a phone. It is just another senseless
6 game.

7 And Mom's submission of over \$6,000 in unpaid out-of-pocket medical
8 expenses (dating back to 2013) is further proof. Seriously? Most people do not have
9 that amount of out-of-pocket medical expenses in their entire life. Ryder is five.
10 Mom never gave Dad *any* of these receipts. Why? Because she was not even telling
11 him she was taking Ryder to the doctor; or that there were issues. Further, the bills
12 submitted are not all for Ryder and include Mom's prenatal care. None of these bills
13 were ever provided by Mom to Dad. Now, in response to Dad's motion, Mom seeks
14 reimbursement. She has waived that claim.

15 Moreover, these medical receipts are just another example of Mom lying. She
16 claims she has "submitted each of the following" to Dad. Yet not a single ounce of
17 proof. No emails. No letters. Nothing. Five years of supposed receipts and five years
18 of supposed submissions to Dad; yet this is the first time this has ever been brought
19 up—despite the parties being in court as recent as August. Fishy.

20 //

1 **B. The Court Must Deny Mom’s Request for Attorney’s Fees as She**
2 **Failed to File a Financial Disclosure Form; and Mom’s Request is**
3 **Meritless**

4 The court may award attorney fees to a prevailing party; or when the court
5 finds a party has brought a claim or maintained a defense without reasonable grounds
6 or to harass the opposing party.¹ The court shall liberally construe this provision in
7 favor of awarding attorney’s fees in appropriate situations.²

8 When deciding attorney’s fees awards in family law matters, four
9 requirements were set forth³: 1) counsel must cite a legal basis for attorney’s fees;
10 2) the Court must evaluate the *Brunzell*⁴ factors; 3) the Court must consider any
11 disparity in income of the parties under *Wright*⁵; and 4) the request must be
12 supported by affidavit or other evidence.

13 All financial requests, including attorney’s fees, require the requesting party
14 file a financial disclosure form within 2 judicial days of filing their motion or
15 countermotion.⁶

16
17
18 _____
¹ NRS 18.010(2)(a)-(b).

19 ² *Id.*

³ *Miller v. Wilfong*, 121 Nev. 619, 119 P.3d 727 (2005).

20 ⁴ *Brunzell v. Golden Gate Nat’l Bank*, 85 Nev. 345 (1969).

⁵ *Wright v. Osburn*, 114 Nev. 1367, 1370 (1998).

⁶ EDCR 5.506(2).

1 Here, the court should deny Mom's request for fees on the merits, as well as
2 based on her failure to file a financial disclosure form as required by court rule.

3 To award Mom attorney's fees, the court must find that Dad's motion is
4 frivolous or meant solely to harass. That is not the case here. Dad cited appropriate
5 legal authority that supports his position and is based on spot-on Nevada Supreme
6 Court precedent.

7 The court should therefore deny Mom's request for attorney's fees.

8 //

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1 **III. CONCLUSION**

2 BASED ON THE FOREGOING, Kevin Adrianzen requests this Court issue
3 an Order:

- 4 1. Reconsidering the denial of modification of physical custody to
5 primary physical custody to Plaintiff from the September 17, 2018
6 hearing entered February 14, 2019 without trial and an Order setting
7 this matter for trial;
- 8 2. Denying Mom's request for reimbursement of years old and never-
9 before-seen medical bills;
- 10 3. Denying Defendant's request for an Award of Attorney's Fees and
11 Costs; and
- 12 4. For any other relief this Court deems fair and appropriate.

13 DATED this 5th day of April, 2019.

14 **McFARLING LAW GROUP**


15 /s/ Michael Burton

16 Michael Burton, Esq.
17 Nevada Bar Number 14351
6230 W. Desert Inn Road
Las Vegas, NV 89146
18 (702) 565-4335
Attorney for Plaintiff,
19 Michael Burton
20

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2. I have read the preceding document, and I have personal knowledge of the facts contained therein, unless stated otherwise. Further, the factual averments contained therein are true and correct to the best of my knowledge, except those matters based on information and belief, and as to those matters, I believe them to be true.

I declare under penalty of perjury, under the laws of the State of Nevada and the United States (NRS 53.045 and 28 USC § 1746), that the foregoing is true and correct.


Kevin Adrianzen

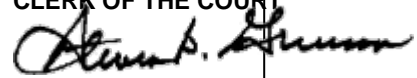
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1 **SUPP**

Michael Burton, Esq.

2 Nevada Bar Number 14351

McFARLING LAW GROUP

3 6230 W. Desert Inn Road

Las Vegas, NV 89146

4 (702) 565-4335 phone

(702) 732-9385 fax

5 eservice@mcfarlinglaw.com

Attorney for Plaintiff,

6 Kevin Adrianzen

7 **EIGHTH JUDICIAL DISTRICT COURT**

8 **FAMILY DIVISION**

9 **CLARK COUNTY, NEVADA**

10 KEVIN ADRIANZEN,

11 Plaintiff,

12 vs.

13 PAIGE PETIT,

14 Defendant.

Case Number: D-13-489542-D

Department: H

Date of Hearing: April 9, 2019

Time of Hearing: 10:00 a.m.

15 **SUPPLEMENTAL EXHIBITS TO PLAINTIFF'S MOTION FOR**
16 **RECONSIDERATION OF DENIAL OF EVIDENTIARY PROCEEDINGS**
17 **ON PLAINTIFF'S MOTION TO MODIFY CUSTODY AND CHILD**
SUPPORT FROM SEPTEMBER 17, 2018 ORDER ENTERED FEBRUARY
18 **14, 2019**

19 COMES NOW Plaintiff, Kevin Adrianzen, by and through his attorney,
20 Michael Burton, Esq. of McFarling Law Group, and hereby submits the following
exhibits to supplement to Plaintiff's Motion for Reconsideration of Denial of

1 Evidentiary Proceedings on Plaintiff's Motion to Modify Custody and Child Support
2 from September 17, 2018 Order Entered February 14, 2019.

3 See attached Exhibit 4 text from Defendant to Plaintiff with explanation of
4 minor son's bruises on arm; Exhibit 5 emails dated March 23, 2019 between parties
5 re: minor son's hygiene issues; Exhibit 6 communications from Defendant to
6 Plaintiff for eye appointment scheduled, rescheduled and Defendant's phone # used
7 by eye doctor and CCSD portal; and Exhibit 7 Letter dated April 3, 2019 from minor
8 son's principal re: individualized reading plan needed

9 DATED this 8th day of April, 2019.

10 **McFARLING LAW GROUP**

11 /s/ Michael Burton

12 Michael Burton, Esq.
13 Nevada Bar Number 14351
14 6230 W. Desert Inn Road
15 Las Vegas, NV 89146
16 (702) 565-4335
17 Attorney for Plaintiff,
18 Kevin Adrianzen
19
20
21

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 X via mandatory electronic service by using the Eighth Judicial District Court's E-file and E-service System to the following:

Melvin Grimes, Esq.
melg@grimes-law.com

/s/ Crystal Beville
Crystal Beville

EXHIBIT 4



Paige Petit



to Kevin Adrianzen

Today at 1:18 PM

Ryder was walking to the couch and tripped over Shawn's leg/foot and fell. Ryder did not fall hard enough for him to receive bruises from this, I know because I saw him fall. The bruises were most likely from Ryder falling on the stairs when he was walking up for bed Wednesday (possibly Thursday) night, he fell hard and complained about hurting his arm when he fell which is where the bruise on his forearm is. Ryder had no bruises on his calves, only one on his knee and one on his forearm. Ryder has never been and never will be abused while in my care.

AA000478

On Mon, Apr 4, 2010 at 4:55 PM Kevin

EXHIBIT 5

AA000479

Subject Re: Miscellaneous
From Kevin Adrianzen
To: Paige Petit <paigeeepetit@gmail.com>
Date Sat, Mar 23 2019 at 7:37 PM

I have not received an email from you since 3/13th. The medicine is not available and won't be available until May according to Walgreens now. The comparable medicine is the lower grade we both already have. I am doing some home remedies with him that are working while he is with me. You choose to not use your medicine regularly and it is worse than when I sent him back to you 5 days ago. He now has puss on it again and he did not have that last week.

Ryder says you only put the medicine right before you brought him to the exchange as well as cleaned his nails. Doing it to "act" like you're caring for him is not going to cut it Paige. Stop neglecting his hygiene and health. If you'd care for him properly he wouldn't have the styes and they surely would have been gone now. If you won't care for him properly then let me.

It's sad he has had the same stye since November. You think that the "procedure" is your answer and I'm telling you that I won't agree. He should not have to go through a procedure because you choose to neglect him. I won't allow you to get away with thinking that's the solution. The solution is for you to take care of him properly. Be proactive rather than reactive to prevent these issues for Ryder!

The shoes are dirty and will be washed and until then those he currently wears will be what he wears back and forth. If you'd like to send him in other shoes until then you may. Believe me he doesn't use them at my house as he has plenty of other shoes to wear if that's what your concern is.

Ryder is making growth, but not sufficient to where he needs to be.

Since he is one of the youngest kindergarteners due to his birthday and

AA000480

Since he is one of the youngest kindergarteners due to his birthday and him not being ready for 1st grade, I would like to keep him in Kindergarten one more year. Sadly, tutoring would have probably prevented this, but you wouldn't allow my mother to tutor him for free based on some story that you'd be taking him to the library for tutoring, never even got the information, was provided to you by me, and you still chose not to even do that which still would not have been the tutoring he would have been receiving from my mother. Again, Ryder loses out...in his care and health, in soccer, and now in school because of your neglect. So sad!

Sent from Yahoo Mail for iPhone

On Saturday, March 23, 2019, 7:04 PM, Paige Petit <paigeeppetit@gmail.com> wrote:

- 1) Please let me know what you're doing about a medicine for Ryder. I asked a week ago and you haven't responded yet.
- 2) Please send Ryder home in the shoes that I bought him. It's been almost a month since you've returned him in them. They are similar to the ones you send him in but they have red/black checkered pattern on the inside of the shoe.

EXHIBIT 6

AA000482



(775) 302-5199



2/7/19

This is Paige. I am asking again that you please drop off Ryders prescribed eye cream some time today to the school. I set up the appointment with the referred ophthalmologist, Lopez Eye Institute for March 29th at 10am. Dentist appointment scheduled for February 13th at 2:40pm. Reminder that exchange is 7pm this Saturday.

Done**Message.pdf****Subject** Re: Soccer**From** Paige Petit**To:** Kevin Adrianzen <adrianzen.kevin@yahoo.com>**Date** Sat, Mar 16 2019 at 10:35 AM

1) Please let me know if I should be emailing your yahoo or gmail account going forward.

2) You never asked about soccer.

3) Please send the schedule for available days/times for soccer clinics.

4) Please do not ask me again to stay out of Ryders medical needs. I was trying to expedite the process since you didn't bother reaching out to me to let me know you decided to do an alternative to what the doctor suggested. I need you to please let me know what your alternative plan of medicine is for him and if you've received it yet. If so, please send it on Monday so he can continue using it.

5) Opthamologist rescheduled for 8am, March 29th.

Thank you.

On Saturday, March 16, 2019, Kevin Adrianzen

<adrianzen.kevin@yahoo.com> wrote:

Another week that you didn't let him attend a Friday clinic. You have had the schedule for over 2 months for this season and not 1 day have you made arrangements to ensure he goes. Please make it more if a priority for Ryder's sake moving forward.

I also wanted to let you know that I need to register him for the next season that starts 4/1. The only option I have is for Monday classes

Person Information

PersonID
2317271

Name
Petit-Adrianzen, Ryder Blake

Gender
M

Nickname

Race Ethnicity

State Race/Ethnicity: H Hispanic
Federal Designation: 1:Hispanic/Latino
Race(s): White
Hispanic/Latino: Y:Yes
Race/Ethnicity Determination: 01:Parent Identified



Birth Date (Age: 5)
09/22/2013

Student Number **State ID**
12217126 9100173302

Person GUID
A8412958-0C18-4108-AFBD-1440F19DB979

Comments

- Modified by: VAN DEWATER, SARA 06/18/2018 11:13

Contact Information

Email Ryder.2317271@nv.ccsd.net

Mailing Addresses

Primary Address 9050 W WARM SPRINGS RD #2164, LAS VEGAS, NV 89148 [Map](#)
2nd Mailing 9145 W RICHMAR AVE , LAS VEGAS, NV 89178 [Map](#)

Petit **Primary

Household Phone (702)767-7283

Address 9050 W WARM SPRINGS RD #2164, LAS VEGAS, NV 89148 [Map](#)

Name	Relationship	Enrollment (grade)	Contact Method	Emergency Priority
Petit, Brooklyn	Sibling			
Petit, Paige E	Mother(guardian)	11-12 Sierra Vista HS (12)	C: (702)767-7283 petitpaige@aol.com	1

Lopez Eye Institute		PETIT-ADRIANZEN, RYDER	
Lopez Eye Institute	105616PA1000008114	DOB	MM0000000515
		09/22/2013	(702) 767-7283
Appointment Date: Friday, March 25, 2019			
Time/Event: 10:00 AM - same day add			
Provider: Nelson Lopez			
Location: Lopez Eye Institute			
Address: 3009 West Charleston Blvd, Suite 110, Las Vegas, NV, 891021943			
Location Phone: (725) 266-4340			

AA000486

EXHIBIT 7

AA000487



April 03, 2019

Dear Parent/Legal Guardian of Ryder Blake Pettit-Adrianzen:

This letter is a requirement of a Nevada law titled *Senate Bill 391 (2015) - Nevada's Read by Grade Three Act* (SB 391 (2015)). This law was passed in 2015. It was designed to improve the literacy skills of all kindergarten through third grade students enrolled in public schools across the entire state. The purpose of this law is to equip Nevada's youngest learners with a strong foundation in literacy skills (with an emphasis in reading) that are critical for their future academic success. SB 391 (2015) also requires all elementary schools to provide additional services for those students who have been identified as struggling in reading. Based on your child's score on the MAP Growth Reading Assessment, your child has been identified as one of our struggling readers. This means that he/she is now able to receive specialized Read by Grade 3 reading interventions specifically designed to meet his/her individual needs.

Several steps have already been taken to begin addressing your child's needs. Members of our school's literacy team have begun developing an individualized reading plan designed just for him/her. This plan outlines the specific interventions that your child will receive as part of Read by Grade 3. These reading interventions will:

- be offered in a small group format;
- emphasize all of the primary elements of reading (phonemic awareness, phonics, reading fluency, and reading comprehension);
- be supported by the other three areas of literacy – writing, listening, and speaking; and
- be provided by a team of highly trained educators at the school.

The actual structure of your child's reading plan will be designed by this team. His/her plan might include a before-school or after-school tutoring program or an extra reading intervention block during the regular school day. Whatever design is ultimately selected, it will be thoroughly described in your child's reading plan. (Know that there will be no additional cost to you for any of these services.)

It is essential that we partner together to ensure your child's success. Please contact your child's teacher to set up a time for a conference or a time to talk when he/she will review your child's reading plan with you. Your approval of this plan is a requirement of the law.

We recognize you might still have questions regarding the *Read by Grade 3 Act*. Therefore, we have provided two documents from the Nevada Department of Education. We are hopeful these resources will assist you in developing an understanding of how the new law aims to assist your child in reaching grade level reading.

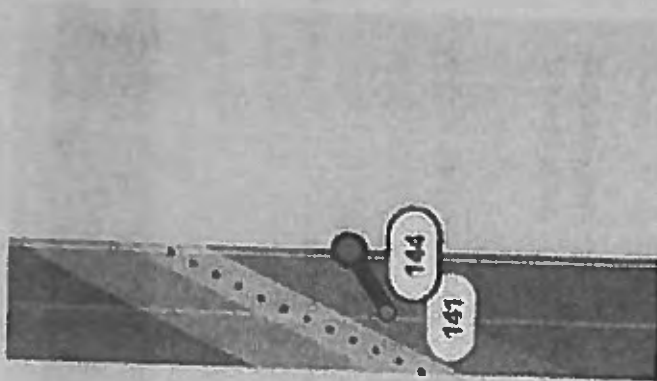
Thank you for being a partner in your child's education. I look forward to working with you and helping your child be more successful in reading and school. Throughout the remainder of the school year, your child's teacher will continue to assess and monitor your child's reading skills and keep you updated on your child's progress.

Sincerely,

Tony J Davis
School Principal

AA000488

GROWTH OVER TIME



- RIT Score: Mathematics
- Average Achievement
- District Grade Level Mean

Some future terms are not yet setup in the system.

Fall 16
Winter 17
Spring 17
Fall 17
Winter 18
Spring 18
Fall 18
Winter 19
Spring 19
Fall 19
Winter 20
Spring 20

Percentile Bands 1-20 21-40 41-60 61-80 81-100

Student Profile

Exported by PETER/OW/CCSS/MS/19/04/2019

Ryder B. Petit-Adrianzen

MATHEMATICS

Standard Error: +/- 3.5
Possible range: 143-148
4/2/2019 - 10 minutes

Percentage of Disengaged Responses: N/A
Est. Impact of Disengagement on SBT: N/A
Growth: Math K-2 CCSS 2010 V2

*Spring 2018-19

144*

COMPARISONS

GROWTH & ACHIEVEMENT MEASURES

Norms Percentile

GROWTH
Below Mean

9TH



ACHIEVEMENT
Below Mean

15TH



Quadrant Chart

Low Growth / Low Achievement

PROJECTIONS

INSTRUCTIONAL AREAS

Number and Operations

130

◇ Suggested Area of Focus

Geometry

135

◇ Suggested Area of Focus

Measurement and Data

153

Operations and Algebraic Thinking

160

◇ Relative Strength

GROWTH GOALS

Because of the student's grade level, there are no terms left to set a goal.

Pass Grade

There are no previous goals for this student.

Student Profile

Grade 1

Student: Peter Adrianzen

140*

*Spring 2018-19

Percentage of Disengaged Responses: N/A
Esc Impact of Disengagement on RTI: N/A
Growth Reading K-2 CCSS 2010

READING

Standard Error: 4.3
Adjusted Range: 137-143
4/3/2019 8 minutes

COMPARISONS

GROWTH & ACHIEVEMENT MEASURES

Norms Percentile



Quadrant Chart

Low Growth / Low Achievement

PROJECTIONS

READABILITY MEASURES

Level: 0
BR400L
BR400L

First Kindergarten Grade Level
2.1 to 1.5

INSTRUCTIONAL AREAS

Vocabulary Use
and Functions

133

Foundational Skills

134

Literature and
Informational Text

146

Language and
Writing

147

GROWTH GOALS

Because of the student's grade level, there are no terms left to set a goal.

Part Goals

There are no previous goals for this student.

for 44 questions

FILED

AUG 02 2019

Ann L. Blum
CLERK OF COURT

1 TRANS

2
3 COPY

4
5 EIGHTH JUDICIAL DISTRICT COURT
6 FAMILY DIVISION
7 CLARK COUNTY, NEVADA

8 KEVIN DANIEL ADRIANZEN,) CASE NO. D-13-489542-D
9 Plaintiff,) DEPT. H
10 vs.) APPEAL NO. 78966
11 PAIGE ELIZABETH PETIT,)
12 Defendant.)

13
14 BEFORE THE HONORABLE T. ARTHUR RITCHIE, JR.

15 TRANSCRIPT RE: ALL PENDING MOTIONS

16 TUESDAY, APRIL 09, 2019

17
18
19 APPEARANCES:

20 The Plaintiff: KEVIN DANIEL ADRIANZEN
21 For the Plaintiff: MICHAEL JAMES BURTON, ESQ.
22 6230 W. Desert Inn Rd.
23 Las Vegas, Nevada 89146

24 The Defendant: PAIGE ELIZABETH PETIT
25 For the Defendant: MELVIN GRIMES, ESQ.
8540 S. Eastern Ave.
Suite 100
Las Vegas, Nevada 89123

1 LAS VEGAS, NEVADA

TUESDAY, APRIL 09, 2019

2 P R O C E E D I N G S

3 (THE PROCEEDING BEGAN AT 09:52:47.)

4 THE COURT: Page one, the Petit and -- and Adrianzen
5 matter, Case D-13-489542.

6 Please confirm appearance for the record when you're
7 ready.

8 MR. BURTON: Michael Burton, McFarling Law Group, Bar
9 Number 14351. I'm here with the plaintiff, Kevin Adrianzen.
10 Who's present to my right.

11 THE COURT: Thank you.

12 MR. GRIMES: Good morning. Melvin Grimes, Bar Number
13 12972, with the defendant, Paige Petit. She's here.

14 THE MARSHAL: Parties have a seat.

15 THE COURT: All right. This matter was heard and decided
16 on September 17th, 2018. The order from that hearing was
17 filed February 11, 2019. And dad reopened this matter with a
18 filing on February 28th. He asked for reconsideration and
19 modification of the orders that were entered on September
20 17th. That motion was opposed with a countermotion regarding
21 financial issues. April 5th the replied opposition is filed.

22 Mr. Burton.

23 MR. BURTON: Yes. So, Your Honor, I'd ask you to
24 reconsider this decision because I believe, based on the --
25 the facts that have been pled, that dad has made a prima facie

1 custody that modification of custody is in this child's best
2 interest.

3 We went through a litany of reasons and concerns
4 that dad has. The first, that he has had a new child since
5 they had this custodial arrangement when the child was an
6 infant. He has joint custody of that child. So that's just
7 one thing that has changed.

8 But in addition to that, there is instability in
9 mom's home. She's moved four times in four years. The child
10 is already on a zone variance for kindergarten. Dad has lived
11 in the same home for years. So that's the kind of instability
12 that dad's concerned about as far as schooling.

13 The child's not doing well in school, in fact, might
14 be held back in kindergarten. Dad has provided me a document
15 that the teachers are recommending that he possibly be held
16 back or retained in kindergarten because he's performing below
17 average.

18 Dad's mom is a dean at a school, has offered to help
19 with tutoring. Mom declines. Mom declines basically all help
20 from dad that he's willing to offer.

21 Child's health and dental are being neglected.
22 There's serious dental issues, as outlined in the documents I
23 provided, for a five-year-old. And the dentist indicates that
24 this is an issue at home. And this is something dad has
25 brought to mom's attention on numerous occasions. The child

1 got scabies in mom's home, repeated styes in his eyes because
2 of unclean- uncleanliness. Mom is now addressing this with a
3 doctor, but only because of dad filing this motion; prior to
4 that, refused to even acknowledge this was an issue.

5 Horrible co-parenting, mom maintains still to this
6 day that she has no phone. That's -- everyone knows that's
7 not true. Dad had went to a doctor's appointment. Mom gave
8 him the wrong time. He -- the doctor's office called mom's
9 phone, got her voicemail. The phone is active. When dad
10 calls it, it basically goes nowhere because he believes he's
11 blocked. But she basically is maintaining the position she
12 doesn't even have a phone. So all communications have to go
13 through e-mail. There's no order for anything like that.

14 As I brought this to attention before, mom's
15 boyfriend is -- this is a completely unstable relationship.
16 The child reports back to dad, fighting in the home; police
17 involvement. The boyfriend actually reached out to dad on
18 Facebook after one of their arguments, offering to help him.

19 And I brought serious -- and several serious drug
20 issues to this Court. And mom, in her deposition said, oh he
21 had a marijuana. Judge, this is way more than marijuana.
22 These are serious drug issues.

23 Dad -- mom's boyfriend was caught, basically,
24 panhandling for drugs in public when he was arrested for that.
25 And to dad, this is an unacceptable risk in this home. And

1 last time, the Court's position was, well, there's no evidence
2 this has affected the child. But he lives in this home. And
3 this is careless, reckless behavior. This is a five-year-old
4 child in the home. Who knows what could be laying around
5 here. This is really concerning to dad.

6 The child's also reporting some physical stuff with
7 the boyfriend. Just last week he came home. He's got bruises
8 on him. Dad asked him what happened. The child says, Sean
9 (ph), the boyfriend, tripped me. Mom -- dad asked mom. Mom
10 says, no, he just fell over his foot.

11 Just last fall when we were here, there was a bruise
12 on his face. He said some- Sean did something to him. Now
13 he's a five-year-old. He gets bruises. We get that. But
14 considering the history of this guy, dad has concerns. This
15 is a person living in mom's home.

16 And lastly, mom produced over 6600 in unreimbursed
17 medical bills. First time dad has ever seen any of these. So
18 dad's position, he's never seen these. Mom provided no proof
19 she's ever given them to dad. Many of these go back pre-
20 birth, when the parties were married. And there was a divorce
21 in this court where that should've been dealt with. We've
22 been in court before. Never has this issue ever been raised.
23 So I would say as to actually reimbursing that these are
24 stale.

25 And, but also, they're telling that this is all

1 going on. And dad knows nothing about this. This is numerous
2 medical appointments that this child is going to. It
3 indicates concerns here. And dad has been kept in the dark
4 completely about all of this, despite repeatedly asking to be
5 involved in these appointments.

6 So in summary, Your Honor, I believe dad has made a
7 prima facie case that custody modification is in the child's
8 best interest. And all he's asking for is an evidentiary
9 hearing. He'll properly present that evidence to the Court so
10 the Court can determine if that is the case.

11 THE COURT: All right. Let's walk through some of the
12 pieces of this. First of all, dad didn't file a motion last
13 fall. He responded to a motion filed by Mr. Grimes in an
14 opposition and a countermotion. That's what was heard last
15 September.

16 Your client filed a financial disclosure form as
17 part of those proceedings. Has anything changed since then?
18 Where is your client employed?

19 MR. BURTON: A company called Internet Solutions.

20 THE COURT: Okay.

21 MR. BURTON: And he goes to school.

22 THE COURT: And what is his work schedule?

23 MR. BURTON: He's working from home. And it's flexible
24 with his other custodial schedule.

25 THE COURT: What's his job description?

1 MR. ADRIANZEN: Internet marketing.
2 THE COURT: Okay. And what is -- what do you make?
3 MR. ADRIANZEN: I make minimum wage right now.
4 THE COURT: Okay. You said that he just had another
5 child. When was that child born?
6 MR. BURTON: 2015.
7 THE COURT: All right. So that's not just now then.
8 MR. BURTON: January.
9 THE COURT: What's the custodial schedule he has with
10 that child?
11 MR. BURTON: Week on, week off.
12 THE COURT: Okay. And the child-support obligation in
13 that case?
14 MR. ADRIANZEN: It's zero, I believe.
15 THE COURT: Okay. The -- his financial disclosure form
16 that was filed October 23rd, 2018, said that he had no job
17 since June 2017. I did not see another financial disclosure
18 form filed since then. Am I wrong, Mr. Burton?
19 MR. BURTON: No, that -- we've had these two cases going.
20 So we had a problem with the other one. But we probably have
21 not updated it since...
22 THE COURT: Okay.
23 MR. BURTON: ...there's been no activity in...
24 THE COURT: So...
25 MR. BURTON: ...this case since.

1 THE COURT: That's why -- that's why these fundamental
2 questions that I should know, marketing jobs, particularly
3 miscellaneous income. He said he received \$350 in food
4 stamps. That's his sole source of earnings. That's what in
5 the record right now. This is his -- so let's continue.

6 MR. BURTON: Okay. So that is...

7 THE COURT: What is the...

8 MR. BURTON: ...(indiscernible) correct.

9 THE COURT: What is the school that he's seeking?

10 MR. BURTON: The...

11 THE COURT: What...

12 MR. BURTON: What is...

13 THE COURT: ...classes?

14 MR. BURTON: ...the schooling he was on? William Wright
15 Elementary.

16 THE COURT: No, no, no. Come on, come on, come on. You
17 said he's a student. What is he studying?

18 MR. BURTON: Oh I -- okay. Okay. Personally. Okay.

19 MR. ADRIANZEN: Oh personally. Okay. I go to CSN.
20 And...

21 THE COURT: Okay. What do you study?

22 MR. ADRIANZEN: I'm doing all my pre-reqs.

23 THE COURT: For what, an associate's degree?

24 MR. ADRIANZEN: Yeah, I haven't decided on what I want to
25 major in because I got into a motorcycle accident. And it

1 did...

2 THE COURT: Well, we'll talk about that in a second.

3 He mentioned that he was in a severe accident. Is
4 he being treated still for that accident?

5 MR. BURTON: No, all the treatment and medical issues are
6 dealt with in that -- there's still some ongoing disability-
7 type issues, but not anything that is being -- that -- that
8 case is basically closed. It was a work -- there was a
9 motorcycle and a work injury that happened roughly around the
10 same time.

11 THE COURT: Okay. Who does he live with?

12 MR. BURTON: His mother.

13 THE COURT: And his mother provides for him a house and
14 -- and...

15 MR. BURTON: Correct.

16 THE COURT: I mean, obviously he's not paying for it, so.
17 Okay. Where does -- where does his mom live in town?

18 MR. ADRIANZEN: Southwest, in Mountain's Edge.

19 THE COURT: Okay. And how long has he lived there?

20 MR. BURTON: Over 15 years, Your Honor.

21 THE COURT: Okay. He's lived with his mom for 15 years?
22 He's 25.

23 MR. BURTON: Some brief absences, I believe. He was in
24 the military briefly and another brief absence, I believe.

25 THE COURT: Okay. Is this -- I mean, obviously he