

Jeffrey Reed,

Petitioner,

vs.

The Eighth Judicial District Court of the
State of Nevada, in and for the County of
Clark, and the Department “H” District
Court Judge T. Arthur Ritchie, Jr.,

Respondents,

Alecia Reed nka Draper, and Alecia
Draper, as Conservator of Emily Reed,

Real Parties in Interest.

VOLUME II OF V

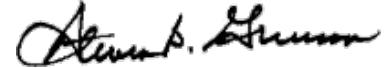
Docket 81581 Document 2020-28538

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8/24/2017	Defendant's Reply in Support of Motion to Reset Child Support Based Upon Emancipation of a Child and for Attorney s Fees and Costs and Opposition to Plaintiff's Countermotion for Child Support for Disabled Child Et Al	II	0378 – 0392

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7/21/2017 4:43 PM
Steven D. Grierson
CLERK OF THE COURT



DISTRICT COURT – FAMILY DIVISION
CLARK COUNTY, NEVADA

Alecia Ann Draper,

Plaintiff

vs.

Jeffery Allen Reed,

Defendant

Case No.: 05D338668

Dept No.: S

Date of Hearing: August 28, 2017

Time of Hearing: 3:00 PM

ORAL ARGUMENT REQUESTED

**PLAINTIFF'S OPPOSITION TO DEFENDANT'S MOTION TO RESET CHILD SUPPORT
BASED UPON EMANCIPATION OF A CHILD ET AL AND COUNTERMOTION FOR
CHILD SUPPORT FOR DISABLED CHILD ET AL**

Plaintiff, Alecia Ann Draper, opposes Defendant's Motion to Reset Child Support Based on
Emancipation of a Child Et Al ("Dad's Motion") for the reasons set forth in the attached
memorandum of points and authorities and countermoves for the following relief:

- 1) Child Support to be calculated based on two children, the parties' minor son Adam Reed ("Adam") and the parties disabled daughter, Emily Reed ("Emily") (*See Exhibits A & E*);
- 2) The parties should be ordered to split the cost of Adam's therapy (*See Exhibit G*);
- 3) Child Support should be based on Dad's true annual income of \$95,256/year as stated on Dad's 2016 Tax Return (*See Exhibit F*);
- 4) A rule to show cause should issue and require Dad to show cause why he should not be held in contempt of court for failing to pay his share of the children's medical expenses pursuant to the 30/30 rule (*See Exhibits B, C and D*);

1 5) An order compelling Dad to immediately pay all overdue medical bills submitted to him
2 pursuant to the 30/30 Rule(See Exhibits B, C and D);

3 6) An order requiring Dad to pay Mom's attorneys' fees and costs related to Dad's failure to
4 pay his share of the medical bills pursuant to the 30/30 rule; and

5 7) Any further relief in Mom's favor that the Court deems to be just and equitable.

6 This motion is brought in good faith and is based on the attached Memorandum of Points and
7 Authorities, the pleadings on file herein, and such further evidence and oral argument of this matter
8 at the hearing.

9
10 Respectfully Submitted:

11 BRENNAN LAW FIRM

12 /s/ Elizabeth Brennan

13 ELIZABETH BRENNAN, ESQ.

14 Attorney for Plaintiff

15 **NOTICE OF COUNTERMOTION**

16 **PLEASE TAKE NOTICE** that undersigned will bring the above and forgoing
17 COUNTERMOTION on for hearing before this Court in Department S on the 28 day of
18 August, 2017, at the hour of 3:00 PM .m. of said day, or as soon thereafter as counsel
19 may be heard.

20 BRENNAN LAW FIRM

21 /s/ Elizabeth Brennan

MEMORANDUM OF POINTS & AUTHORITIES

Plaintiff Alecia Draper ("Mom") provides the following point and authorities in opposition to Dad's Motion and in support of Mom's Countermotion:

I. Pertinent Facts

The parties have three children: Anthony (born 5/26/1999); Adam (born 01/23/2001); and Emily (born 11/16/1996). Anthony is now 18 years old and has graduated from high school; thus, the only two children at issue for child support purposes are Adam, who is still a minor, and Emily, who is disabled and has been since she was a minor.

Emily was sexually abused as a minor for over 8 years by Dad's caretaker/roommate, Allen Richard Gorry, during visitation with Dad from 2005 until February of 2014. Adam also suffered mental, emotional and physical abuse by Gorry which was reported to Adam's therapist back in 2014 and resulted in a CPS investigation and the subsequent arrest of Gorry. The abuse against these children by Gorry is horrific, with lasting traumatic impact and damage to the children! Gorry is awaiting trial for the following **10 felonies related to his sexual abuse of Emily**:

Charge #1, Felony NRS 200.3663c – Sexual Assault against child < 14

Charge #2, Felony NRS 201.230.2 – Lewdness with child < 14

Charge #3, Felony NRS 201.230.2 -Lewdness with child < 14

Charge #4 Felony NRS 201.230.2 – Lewdness with child < 14

Charge #5, Felony NRS 200.366.3b – Sexual Assault against child < 16

Charge #6, Felony NRS 200.366.3b – Sexual Assault against child < 16

Charge #7, Felony NRS 200.366.3b – Sexual Assault against child < 16

Charge #8, Felony NRS 200.508 – Child Abuse / Endangerment

Charge #9, Felony NRS 201.230.2 - Lewdness with child < 14

Charge #10 Felony NRS 201.230.2 – Lewdness with child < 14

Both Emily and Adam were hospitalized in 2014 and have continuously required treatment for the issues related to the above abuse. Emily has remained disabled since prior to her 18th birthday and is unable to care for herself. See Exhibit A. Mom has had to quit her job to stay at home to care for Emily full time. Adam continues to require weekly therapy. See Exhibit G.

II. Child Support Should Be Ordered For Emily Pursuant To 125B.110.

Child support should be calculated by this Court based on two children, Adam and Emily, including Mom's request that Dad pay 50% of Emily's care and special needs given her disability. NRS 125B.110 provides that a parent shall support their child beyond the age of majority with a handicap until the child is no longer handicapped or until the child becomes self-supporting.

Dr. Jennifer Love Farrell is Emily's treating psychiatrist. As can be seen by Dr. Farrell's letter, attached hereto as Exhibit A ("Dr. Farrell's Report"), it is her professional opinion that Emily was disabled prior to age 18 and remains disabled to this date. A detailed summary of Emily's medical treatment is contained in Dr. Farrell's Report including Emily's continued Chronic Post Traumatic Stress Disorder and depression, with multiple hospitalizations and suicidal ideations. Emily's behavior has become so erratic and potentially dangerous that Dr. Farrell has recently placed Mom on FMLA leave in order to stay with Emily 24/7. It is Dr. Farrell's professional opinion that Emily has been disabled under NRS 125B.110 before the age of majority; is handicapped under the statute; and is unable to be self-supporting. In short, "Emily is unable to engage in any substantial gainful activity by reason of her significant and chronic mental impairment, which has lasted for many years and is expected to last for a period of over 12 months." See Exhibit A, last page.

Attached as Exhibit E is a summary of Emily's medical history and future medical needs, which Dad should be ordered to pay 50% of in addition to paying to child support for Emily in addition to Adam. See Exhibit E.

1 III. **Therapy For Adam Should Be Split Between The Parties.**

2 As a result of the mental, emotional and physical abuse by Gorry, Adam spent 30 days in a
3 treatment facility in 2014 for depression and anger issues. Adam has continued to suffer from
4 depression and anger issues since that time. See Exhibit G. In fact, Adam has seen 5 different
5 therapists since 2010! Adam is currently seeing a therapist by the name of Kyle Keffer, who is
6 making tremendous progress with Adam. See Exhibit G. Despite this progress, Dad refuses to pay
7 for ½ of the therapist bills. See Exhibit G. Mom requests that the parties be ordered to split the cost
8 of Adam's continued therapy, which is necessary for Adam to overcome the damage caused by the
9 abuse caused by Gorry.

10 IV. **Child Support Should Be Set Based On Dad's Annual Income of \$95,256 As Stated**
11 **On Dad's 2016 Tax Return.**

12 As can be seen by reference to Exhibit F, based on Dad's 2016 Tax Return, Dad's annual
13 income is \$95,256/year. See Exhibit F. Child support should be set based on Dad's 2016 Tax Return
14 rather than the self-serving, clearly false Financial Disclosure Form recently filed by Dad.

15 V. **Order To Show Cause For Contempt & To Order Immediate Payment Of Past-Due**
16 **Reimbursements for Medical Bills & To Pay Mom's Attorneys' Fees**

17 The refusal to obey a lawful order issued by the Court is an act of contempt. NRS 22.010(3).
18 A person found guilty of contempt may be fined up to \$500 for each act of contempt, imprisoned for
19 up to 25 days, or both. In addition, a person found guilty of contempt may also be required to pay
20 the reasonable expenses, including attorney's fees, of the party seeking to enforce the order. NRS
21 22.100.

22 Pursuant to the Stipulation and Order agreed to by both parties and filed in the captioned
23 matter on March 18, 2015, the parties agreed to follow the 30/30 Rule for unreimbursed medical
24 expenses. Dad has failed to pay reimbursements which were properly submitted to him by Mom for
25 various medical bills as shown by the following exhibits:

26 . . .

<u>Exhibit B</u>	\$1,745.00	For Emily
<u>Exhibit C</u>	\$ 253.71	For Anthony
<u>Exhibit D</u>	\$ 815.00	For Adam
<hr/>		
TOTAL	\$2,813.71	
DAD OWES		

Despite repeated requests, Dad has refused to pay his ½ of the unreimbursed medical expenses, all of which were timely and properly submitted to him pursuant to the 30/30 Rule as can be seen by reference to Exhibits B, C, and D.

In addition to setting a rule to show cause and finding Dad in contempt of Court, Dad should be ordered to immediately pay the overdue reimbursements totaling \$2,813.71. Furthermore, pursuant to EDCR 7.60(b)(1) and NRS. 22.100, Dad should be ordered to pay Mom's reasonable attorneys' fees and costs for having to file this motion, which are clearly warranted based on analysis of the factors set forth in *Brunzell v. Golden Gate National Bank*, 85 Nev. 345, 455 P.2d 31 (1969). Mom's counsel is an experienced litigator with 29 years of experience; AV Preeminent Rating from her peers; and significant experience in complicated family law matters. Mom's counsel will prepare, upon request, a billing statement addressing the attorneys' fee issue in more detail, if deemed necessary.

VI. **Conclusion**

For all the reasons set forth herein, Mom prays for the following:

That Dad's Motion be DENIED.

That Mom's Countermotion be GRANTED with the Court entering the following orders:

- 1) Child Support to be calculated based on two children, the parties' minor son Adam Reed ("Adam") and the parties disabled daughter, Emily Reed ("Emily")(See Exhibits A & E);

- 2) The parties should be ordered to split the cost of Adam's therapy (*See Exhibit G*);
- 3) Child Support should be based on Dad's true annual income of \$95,256/year as stated on Dad's 2016 Tax Return (*See Exhibit F*);
- 4) A rule to show cause should issue and require Dad to show cause why he should not be held in contempt of court for failing to pay his share of the children's medical expenses pursuant to the 30/30 rule (*See Exhibits B, C and D*);
- 5) An order compelling Dad to immediately pay all overdue medical bills submitted to him pursuant to the 30/30 Rule (*See Exhibits B, C and D*);
- 6) An order requiring Dad to pay Mom's attorneys' fees and costs related to Dad's failure to pay his share of the medical bills pursuant to the 30/30 rule; and
- 7) Any further relief in Mom's favor that the Court deems to be just and equitable.

Respectfully Submitted:

BRENNAN LAW FIRM

/s/ Elizabeth Brennan

ELIZABETH BRENNAN, ESQ.
Attorney for Plaintiff

DECLARATION IN SUPPORT OF OPPOSITION AND COUNTERMOTION

I, ALECIA DRAPER, under penalties of perjury, being first duly sworn, depose and say:

That I am the Plaintiff in the above-entitled action;

That I have read the Opposition and Countermotion and know the contents thereof; that the same is true of my own knowledge, except for those matters therein contained stated upon information and belief, and as to those matters, I believe them to be true;

That I am familiar with all facts stated in this declaration and I am competent to testify to these facts of my own knowledge, except as to those matters stated herein on information and belief, and, as to such matters, I believe them to be true.

DATED this 21st day of July, 2017.

/s/ Alecia Draper

CERTIFICATE OF SERVICE

Pursuant to Nevada Rule of Civil of Procedure 5(b), I certify that on the 21st day of July, 2017, I served the above and foregoing document entitled:

**PLAINTIFF'S OPPOSITION TO DEFENDANT'S MOTION TO RESET CHILD SUPPORT
BASED UPON EMANCIPATION OF A CHILD ET AL AND COUNTERMOTION FOR
CHILD SUPPORT FOR DISABLED CHILD ET AL**

by the following method:

- ☒ Pursuant to EDCR 8.05(a), EDCR 8.05(f), NRCP 5(b)(2)(D) and Administrative Order 14-2 captioned "In the Administrative Matter of Mandatory Electronic Service in Eighth Judicial District Court," by mandatory electronic service through the Eighth Judicial District Court's electronic filing system;
- ☐ by placing same to be deposited for mailing in the United States Mail, in a sealed envelope upon which first class postage was prepaid in Las Vegas, Nevada;
- ☐ by hand delivery with signed Receipt of Copy;
- ☐ pursuant to EDCR 7.26, to be sent via facsimile, by duly executed consent for service by electronic means;

To the parties listed at the address, email, and/or facsimile number below:

Amanda Roberts
Roberts Stoffel Family Law Group
Attorneys for Defendant Jeffrey Reed

/s/ Elizabeth Brennan
An Employee of Brennan Law Firm

EXHIBIT “A”

EXHIBIT “A”

EXHIBIT “A”



To whom it may concern:

July 13, 2017

Re: Ms. Emily Reed

DOB: November 16, 1996

I have been asked to write this letter on behalf of Ms. Reed to provide expert opinion on whether Ms. Reed could reasonably be considered disabled prior to the age of 18. I have reviewed an annotated version of Nevada Revised Statute 125B.110 provided by her attorney. Ms. Reed (Emily) has been under my care since March 2016. I have reviewed her medical records dating back to 2014, including emergency room visits, psychiatric hospitalizations, and residential treatment records in preparation of this opinion.

Emily was first brought to the emergency room in March 2014, at age 17. She was suicidal, hadn't slept well the week prior, was crying uncontrollably, refusing to eat, stating she wanted to starve to death. She was brought to the emergency department after an episode at school in which she was crying in class, laying on the floor in the fetal position. Of note from these records, her parents divorced in 2006 and behavior changes started in 2007, around the time her brother was reportedly abused. An IEP (Individual Education Program) was put in place when Emily was in the fifth grade, and a psychologist was included in her IEP at age 15. It was also noted developmentally she had failed multiple hearing tests, but her hearing was eventually found to be normal and tests indicated possible malingering. She was admitted to the UCI psychiatric hospital adolescent unit for three weeks, March 18-April 7, 2014. Review of the three weeks of hospital medical records reveals one episode of auditory hallucinations, and regressed, self-injurious behavior, including her request to sleep in her closet. She disclosed sexual abuse by her father's roommate of 11 years' duration wherein she was forced to watch pornography and engage in oral sex. The doctor notes "prolonged abuse, decline in social and academic function, complex family dynamics," and she was placed on five psychotropic medications to try to help stabilize her. Her diagnoses given after that lengthy hospital stay for evaluation and treatment were: Major Depressive Disorder, Chronic Post Traumatic Stress

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PET0153



Disorder, and Social Anxiety Disorder. She was not stable enough to discharge home, and so was sent to a residential treatment program, Center For Discovery.

Emily had a lengthy (35 day) stay at Center for Discovery (CFD) between April 7-May 12, 2014, and was discharged not by physician recommendation, but because insurance denied further residential treatment. The psychiatrist recommended the partial hospital program, but due to "scheduling conflicts," Emily was transitioned to an intensive outpatient program. Notes from CFD indicate "depression off and on for several years," much worse secondary to the abuse. She experienced "multiple panic attacks a day" while in the program.

In March 2015, when Emily was 18 but still in the 12th grade, she was admitted to Del Amo hospital on a 5150 (California statute of involuntary hospitalization) for suicidal ideation after she tried to strangle herself with the sleeves of a sweater. She was reportedly there for one month, but a discharge summary from Del Amo has not been made available for review.

In April 2015 Emily was again hospitalized. She was agitated, rolling around on the asphalt in the fetal position for 35 minutes and screaming, according to her school psychologist. Leading to this episode her records indicate she had been doing some trauma therapy, was dissociating, had auditory hallucinations, and an upcoming court case involving the perpetrator of her abuse. She was diagnosed with Major Depressive Disorder with Psychotic Features, and Post Traumatic Stress Disorder.

Emily came to see me after a dissociative episode at her therapist's office wherein she was crying, shaking, in the fetal position on her therapist's floor, and EMS had to be called to transport her to the hospital. She was in such a state that EMS made a report to the CA DMV and her license was taken away, and she had to undergo extensive clearance from a neurologist and psychiatrist in order for her to regain the ability to drive. To this day she continues to experience dissociative episodes, high anxiety, depression, suicidal ideation,



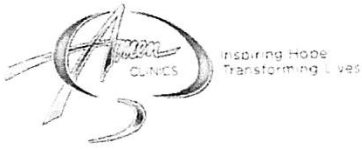
and an inability to participate in gainful employment. In order to attempt to support her into a healthy life, she is undergoing intensive therapies, included but not limited to equine therapy, intensive psychotherapy, trauma therapy, group therapy, and she has an emotional support dog. Her behavior became so erratic and potentially dangerous that I had to put her mother on FMLA leave in order to stay with Emily 24/7. Unfortunately her court case still has not been heard, and she repeatedly must prepare to testify, just to have the trial continued over and over again.

The legal question at hand is whether Emily was disabled prior to age 18. Although I was not her psychiatrist at the time, the medical record clearly uses the qualifier "chronic" for her diagnosis of Post Traumatic Stress Disorder (PTSD) when she was 17 years old. In psychiatry, trauma diagnoses are placed into one of two categories: Acute Stress Disorder, or PTSD. Any trauma with symptoms lasting under one month is designated Acute Stress Disorder. With symptoms lasting over one month, a diagnosis of PTSD is given, qualified by "acute" (symptoms last one to three months), "chronic" (symptoms last three months or more), or "with delayed onset" (symptoms first appear at least six months after the event). It is clear Emily was diagnosed with Chronic PTSD at age 17, and the behaviors outlined in her chart are consistent with longstanding symptoms of abuse prior to it being discovered during this hospitalization. Notably, as far back as 2007, Emily was hiding possessions (wallets, keys, shoes of multiple family members). This is around the time her brother was reportedly abused (there was reportedly a deposition wherein a family friend "admitted he tied Emily's brother's hands in a long sleeved shirt behind his back and duct taped his hands and locked him in a room.") It is not uncommon for children to start hiding things when they are being forced to keep secrets. The record also indicates Emily started having nightmares in 2009, which is a frequent symptom of PTSD. Physicians in her medical records have also frequently referenced "years of depression," even pre-dating her first hospitalization at age 17.

It is clear Emily met diagnostic criteria for Chronic PTSD when she was 17 years old, and had suffered years of depression and abuse prior to this, as well as nightmares and behavioral issues (from hiding things to possibly malingering hearing issues) dating back to as early as 2007.

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It is also my professional opinion Emily is not able to support herself. We tried to have her work part time at one point, and she was unable to tolerate it, even though she was with family and had her emotional support dog with her. I am unsure whether she is receiving disability assistance, but certainly think she would qualify.

In short, Emily is unable to engage in any substantial gainful activity by reason of her significant and chronic mental impairment, which has lasted for many years and is expected to last for a period of over 12 months.

Please do not hesitate to contact me should you require further information in this matter.

Sincerely,

Jennifer Love Farrell, MD

Diplomate, American Board of Psychiatry and Neurology

Diplomate, American Board of Addiction Medicine

Board Certified in Psychiatry, Addiction Psychiatry and Addiction Medicine

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PET0156

EXHIBIT “B”

EXHIBIT “B”

EXHIBIT “B”

Child	Treatment	Date of Service	Amount Alecia paid	Date Emailed to jeff	50% Owed Following the 30/30 Rule	Due Date Following the 30/30 Rule	Amount Jeff Paid	Balance Due	Date Jeff Paid	Check #
Emily	Chiropractic	1/15/2015	\$50.00	1/15/2015	\$25.00	2/14/2015	\$25.00	\$0.00	1/13/2015	#896
Emily	Therapy	1/23/2015	\$250.00	1/23/2015	\$125.00	2/22/2015	\$125.00	\$0.00	1/13/2015	#896
Emily	Therapy	2/2/2015	\$150.00	2/2/2015	\$75.00	3/4/2015	\$75.00	\$0.00	1/13/2015	#896
Emily	Therapy	2/9/2015	\$150.00	2/9/2015	\$75.00	3/11/2015	\$75.00	\$0.00	1/13/2015	#896
Emily	Chiropractic	2/11/2015	\$50.00	2/11/2015	\$25.00	3/13/2015	\$25.00	\$0.00	2/25/2015	#906
Emily	Therapy	2/16/2015	\$150.00	2/19/2015	\$75.00	3/21/2015	\$75.00	\$0.00	2/25/2015	#906
Emily	Therapy	2/19/2015	\$150.00	2/19/2017	\$75.00	3/21/2017	\$0.00	\$75.00		
Emily	Therapy	2/23/2015	\$250.00	2/25/2015	\$125.00	3/27/2015	\$0.00	\$125.00		
Emily	Dentist	2/27/2015	\$35.00	3/4/2015	\$17.50	4/3/2015	\$0.00	\$17.50		
Emily	Medication	3/30/2015	\$55.00	4/14/2015	\$27.50	5/14/2015	\$0.00	\$27.50		
Emily	Psychologist	3/31/2015	\$50.00	4/14/2015	\$25.00	5/14/2015	\$0.00	\$25.00		
Emily	Therapy	4/13/2015	\$100.00	4/13/2015	\$50.00	5/13/2015	\$0.00	\$50.00		
Emily	Medical records	4/13/2015	\$10.00	4/13/2015	\$5.00	5/13/2015	\$0.00	\$5.00		
Emily	Dentist	4/14/2015	\$110.00	4/14/2015	\$55.00	5/14/2015	\$0.00	\$55.00		
Emily	Therapy	4/17/2015	\$100.00	4/29/2015	\$50.00	5/29/2015	\$0.00	\$50.00		
Emily	Therapy	4/20/2015	\$100.00	4/29/2015	\$50.00	5/29/2015	\$0.00	\$50.00		
Emily	Medication	4/21/2015	\$30.00	4/29/2015	\$15.00	5/29/2015	\$0.00	\$15.00		
Emily	Therapy	4/22/2015	\$100.00	4/29/2015	\$50.00	5/29/2015	\$0.00	\$50.00		
Emily	Psychologist	4/23/2015	\$50.00	4/29/2015	\$25.00	5/29/2015	\$0.00	\$25.00		
Emily	Medication	4/23/2015	\$45.00	4/29/2015	\$22.50	5/29/2015	\$0.00	\$22.50		
Emily	Therapy	4/27/2015	\$100.00	4/29/2015	\$50.00	5/29/2015	\$0.00	\$50.00		
Emily	Center for Discovery	4/28/2015	\$1,200.00	4/29/2015	\$600.00	5/29/2015	\$0.00	\$600.00		
Emily	Therapy	4/29/2015	\$100.00	4/29/2015	\$50.00	5/29/2015	\$0.00	\$50.00		
Emily	Therapy	5/6/2015	\$100.00	5/6/2015	\$50.00	6/5/2015	\$0.00	\$50.00		
Emily	Therapy	5/11/2015	\$100.00	5/11/2015	\$50.00	6/10/2015	\$0.00	\$50.00		
Emily	Psychologist	5/12/2015	\$50.00	5/21/2015	\$25.00	6/20/2015	\$0.00	\$25.00		
Emily	Dentist	5/12/2015	\$155.00	5/21/2015	\$77.50	6/20/2015	\$0.00	\$77.50		
Emily	Therapy	5/13/2015	\$100.00	5/13/2015	\$50.00	6/12/2015	\$0.00	\$50.00		
Emily	Therapy	5/18/2015	\$100.00	5/21/2015	\$50.00	6/20/2015	\$0.00	\$50.00		
Emily	Therapy	5/20/2015	\$100.00	5/21/2015	\$50.00	6/20/2015	\$0.00	\$50.00		

Emily	Therapy	5/27/2015	\$100.00	6/1/2015	\$50.00	7/1/2015	\$0.00	\$50.00		
Emily	Therapy	6/3/2015	\$100.00	6/4/2015	\$50.00	7/4/2015	\$0.00	\$50.00		
			\$4,290.00		\$2,145.00		\$400.00	\$1,745.00		

U.S. Bank Confidential Communication



Requested by: Lynette Miramontes

This check image contains confidential information. If you print this image, please store it in a secure place to avoid unauthorized usage of this information. Increased security awareness when discarding or destroying this document is recommended.

Item #6
Account No.: 3171214443
Amount: \$100.00
Front:

Check No.: 0
Routing No.: 32227162

Sequence No.: 008057320059
Date: 03/02/2015

JEFFREY A. REED
10809 GARDEN MIST DR., # 2103
LAS VEGAS, NV 89135

90-7182
3222 40965

906

PAID FEB 25, 15

Pay to the Order of Alecia Kremidas \$ 100 -
One Hundred dollars and 00/100 DOLLARS

CHASE
JPMorgan Chase Bank, N.A.
www.Chase.com

\$ 50.00 \$ 50.00

⑆322271627⑆ 3171214443⑈0906

Back:

FEDERAL RESERVE BOARD OF GOVERNORS REG. CC.

DO NOT WRITE, STAMP OR SIGN BELOW THIS LINE
PENALTY FOR FRAUD \$100

12345678901234567890
E 8418 ID 385 PKT 01
7578743789

ENCLOSURE HERE

For deposit only

Pirmann Chiropractic, Inc

1400 Reynolds Ave Ste 102
Irvine, CA 92614
(949) 251-0154



Sent photo picture



to Jeff on 1/15/15

Dr. Joel Pirmann Registration # DC27510

01/15/15 05:14 PM

Sold to: Anthony Reed & Emily

3518

Payment	100.00		
Total Due:	100.00		
Amount Tendered:	100.00	Paid by	MasterCard
Change:	0.00		03749Z

50 Anthony

50 Emily

PD cl # 896



PET0162



pd ct # 896



Alecia Draper <aleciadraper@gmail.com>

You sent a payment

2 messages

service@paypal.com <service@paypal.com>
To: alecia kremidas <aleciakremidas2@gmail.com>

Fri, Jan 23, 2015 at 4:03 AM



Transaction ID: 1J969492UB762981L

You sent a payment

Dear alecia kremidas,

You sent a payment for \$250.00 USD to The Relationship Warehouse.

Please note that it may take a little while for this payment to appear in the Recent Activity list on your Account Overview.

View the details of this transaction online

Your monthly account statement is available anytime; just log in to your account at https://www.paypal.com/us/cgi-bin/webscr?cmd=_history. To correct any errors, please contact us through our Help Center at https://www.paypal.com/us/cgi-bin/webscr?cmd=_contact_us.

Amount you have sent: \$250.00 USD

Your total charge: \$250.00 USD

The Relationship Warehouse will receive: \$250.00 USD

Sent on: January 23, 2015

Subject line of your payment email: The Relationship Warehouse

Sincerely,
PayPal

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RIGHT TO REFUND

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PayPal Email ID PP118 - fa4cacd65ea6

Alecia Draper <aleciadraper@gmail.com>
To: Jeff Reed <lvjeffreed@yahoo.com>

Fri, Jan 23, 2015 at 7:07 AM

Proof of payment for therapy-
Check you sent in Jan covered your 50%
For your records.
Sent from my iPhone

Begin forwarded message:

From: "service@paypal.com" <service@paypal.com>
Date: January 23, 2015 at 4:03:57 AM PST
To: alecia kremidas <aleciakremidas2@gmail.com>
Subject: You sent a payment

[Quoted text hidden]



Alecia Draper <aleciadraper@gmail.com>

Confirmation - 2015 Winter Camp Registration

Alecia Draper <aleciadraper@gmail.com>

Mon, Jan 26, 2015 at 10:16 PM

To: Jeff Reed <lvjeffreed@yahoo.com>

FYI. -

Emily, Anthony, and Adam will be at winter camp weekend of Feb. 20th

Upcoming medical appointments in February 2015-

Emily, Anthony, Adam will have a dental exam and check up

Anthony and Adam will have an eye exam

Anthony will see a specialist for cyst under his gums

Emily will be seeing a new therapist along with Roxanna. She will sit in on the therapy to help deal with the flashbacks and panic attacks Emily is having at school each week. I am waiting for an appointment. Roxanna thinks she will need to have 5-10 visits with him. Cost should be around \$50 per session. \$25 each. This is an estimate only. I will send copy of bill after I pay it.

Alecia

[Quoted text hidden]



Alecia Draper <aleciadraper@gmail.com>

Child support for January 2015/ Medical

1 message

Alecia Draper <aleciadraper@gmail.com>
To: Jeff Reed <lvjeffreed@yahoo.com>
Cc: Alecia Draper <aleciakremidas2@gmail.com>

Mon, Jan 26, 2015 at 10:51 PM

Jeff,

Per our text messages today you are aware that \$725 was due on January 20th, 2015. This was court ordered at our hearing on 1/12/2015. You agreed to the following dates for child support because you needed to break the payment up.

5th of the month- \$725
20th of the month- \$725

I have not received January payment of \$725 that was due on the 1/20/15

I have offered for you to pay the \$725 in a few payments but it needs to be caught up to date by the end of February. I would need to see dates and amounts that you will send payment before Thursday 1/29/15. I will move forward with all necessary action with my attorney if I do not get a response from you on payment details.

Medical is \$66 a month due on the 5th of the month.

All other Bills will follow the 30/30 rule for medical-
You know what the amount is for the monthly SET bills-

\$125- Therapy
\$50- Chiropractic

You can pay this together on a set day or I will be sending the bills the day I pay them and we can follow the 30/30 rule. However works best for you. I will email you all copies of proof of payment.

\$241 is the combined medical due every month. Any additional medical will be sent and I will let you know about the appointments as they come up. I just sent an email on upcoming appointments.

All combined medical/out of pocket medical for February- Total =\$182

Check # 896 for \$300 covered Chiropractic(\$50) and \$9 off of therapy for the month of February. This is what you agreed to when I asked you how you want me to apply this payment.

\$66- medical/Dental
\$116- Therapy
TOTAL=\$182- February

Alecia



Alecia Draper <aleciadraper@gmail.com>

Moriah Freedom Ministry

3 messages

moriahscheduling@gmail.com <moriahscheduling@gmail.com>
To: "aleciadraper@gmail.com" <aleciadraper@gmail.com>

Tue, Jan 27, 2015 at 10:01 PM

Hello Alecia,

Pastor Jim & I finally found some time to go over his schedule and we have an opening next Monday, 2/2, at 4:00 pm for your daughter.

I am sending you a few things she will need to fill out as best she can along with some prayers.

Feel free to call me if you have any questions at 714-402-7162.

Blessings,
Kathy
Moriah Schduler

Sent from Windows Mail

7 attachments

 **Personal Inventory .pdf**
171K

 **Prayer for Spiritual Cleansing of Home.docx**
13K

 **Affirming Your Spirit.docx**
484K

 **Authority prayer.docx**
9K

 **Daily prayer.docx**
13K

 **Moriah Fees Doc.docx**
13K

 **Session Time Accepted Email at OC.docx**
18K

Alecia Draper <aleciadraper@gmail.com>

Tue, Jan 27, 2015 at 11:09 PM

To: Roxanna Grimes <Roxannagrimes10@msn.com>, Geoffrey Draper <geoffrey@legrandmarketing.com>

Here is the email from Moriah. Monday at 4pm wi be the scheduled appointment. Let me know if you can be there at this time. I am happy they will see Emily this quickly.

Alecia








Sent from my iPhone

Begin forwarded message:

From: <moriahscheduling@gmail.com>
Date: January 27, 2015 at 10:01:29 PM PST
To: "aleciadraper@gmail.com" <aleciadraper@gmail.com>
Subject: Moriah Freedom Ministry

[Quoted text hidden]

7 attachments

-  **Personal Inventory .pdf**
171K
-  **Prayer for Spiritual Cleansing of Home.docx**
13K
-  **Affirming Your Spirit.docx**
484K
-  **Authority prayer.docx**
9K
-  **Daily prayer.docx**
13K
-  **Moriah Fees Doc.docx**
13K
-  **Session Time Accepted Email at OC.docx**
18K

Alecia Draper <aleciadraper@gmail.com>

Tue, Jan 27, 2015 at 11:40 PM

To: Jeff Reed <lvjeffreed@yahoo.com>, Alecia Draper <aleciadraper@gmail.com>

Please confirm you are receiving my emails. This is the second attempt to ask if you are receiving them. You have not been responding back after I forward you medical info and proof of payment. This is the way we are to be communicating per our hearing on 1/12/15.

Here is the information on the therapy Emily will be doing for as long as needed. The cost is \$150 per session. 50% will be \$75.00 each. Roxanna believes Emily will need 4-6 sessions with Jim. Her

appointment is on Monday from 4-6pm. I will be sending proof of payment on Monday February 2nd, after I pay for this on my credit card. If you have any questions you can call paster Jim directly.

Alecia

[Quoted text hidden]

7 attachments



Personal Inventory .pdf

171K



Prayer for Spiritual Cleansing of Home.docx

13K



Affirming Your Spirit.docx

484K



Authority prayer.docx

9K



Daily prayer.docx

13K



Moriah Fees Doc.docx

13K



Session Time Accepted Email at OC.docx

18K



Alecia Draper <aleciadraper@gmail.com>

Child support for January 2015/ Medical

Alecia Draper <aleciadraper@gmail.com>

Tue, Jan 27, 2015 at 9:57 AM

To: Jeff Reed <lvjeffreed@yahoo.com>, Alecia Draper <aleciadraper@gmail.com>

Please send confirmation that you recieved this email for my records. Also that you recieved medical bill from Relationship Warehouse that I forwarded to you on 1/23/15.

[Quoted text hidden]



Alecia Draper <aleciadraper@gmail.com>

Receipt from Moriah Bible Fellowship for \$150.00 USD

2 messages

service@paypal.com <service@paypal.com>
To: "aleciadraper@gmail.com" <aleciadraper@gmail.com>

Mon, Feb 9, 2015 at 5:35 PM

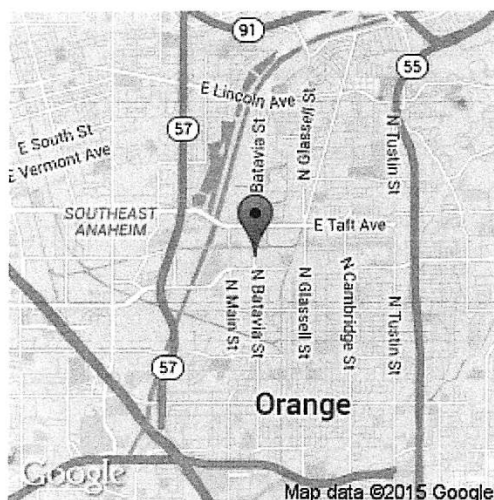


Moriah Bible Fellowship

1411 N Batavia #103
Orange, CA
92867
US

Feb 9, 2015 17:34:04 PST
View your receipt

\$150.00 USD



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PayPal Email ID PP1709 - 0f1586473f6eb

Alecia Draper <aleciadraper@gmail.com>

Mon, Feb 9, 2015 at 8:01 PM

To: Jeff Reed <1968jareed@gmail.com>, Alecia Draper <aleciadraper@gmail.com>

Receipt of payment \$150 - therapy for Emily on 2/9/15. 50% due on or before 3/9/15- \$75.00. If you check email within the week then on or before 3/15/15.

Alecia

----- Forwarded message -----

From: **service@paypal.com** <service@paypal.com>

Date: Mon, Feb 9, 2015 at 5:35 PM

Subject: Receipt from Moriah Bible Fellowship for \$150.00 USD

To: "aleciadraper@gmail.com" <aleciadraper@gmail.com>



Moriah Bible Fellowship

1411 N Batavia #103

Orange, CA

92867

US

Feb 9, 2015 17:34:04 PST

[View your receipt](#)

\$150.00 USD

Pirmann Chiropractic, Inc

1400 Reynolds Ave Ste 102

Irvine, CA 92614

(949) 251-0154

Dr. Joel Pirmann Registration # DC27510

02/11/15 05:27 PM

Sold to: Emily Reed

3517

Payment	100.00		
Total Due:	100.00		
Amount Tendered:	100.00	Paid by	MasterCard
Change:	0.00		04344Z

50⁰⁰ Emily

50⁰⁰ Anthony

PET0173



Alecia Draper <aleciadraper@gmail.com>

February payment

Alecia Draper <aleciadraper@gmail.com>

Wed, Feb 11, 2015 at 8:10 PM

To: Jeff Reed <1968jareed@gmail.com>, aleciadraper@gmail.com

Here is the payment for February chiropractic for Anthony and Emily.

Emailed on 2/11/15

50%=\$50

Alecia

Sent from my iPhone

Begin forwarded message:

From: Jennifer Pirmann <pirmannchiropractic@gmail.com>

Date: February 11, 2015 at 5:30:27 PM PST

To: Alecia Draper <aleciakremidas2@gmail.com>

Subject: February payment



REED FEBRUARY 2015 STATEMENT.PDF
4K

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PayPal Email ID PP1709 - cfe01c49e216b

Alecia Draper <aleciadraper@gmail.com>
To: **Jeff Reed** <1968jareed@gmail.com>
Cc: aleciadraper@gmail.com

Mon, Feb 2, 2015 at 9:49 PM

Here is the email receipt I received today. 50% is \$75.00

I am forwarding from Emily's new therapy treatment. I will email you receipt of payment after I pay. She will be seen every Monday from 4-6. I will keep you posted on how long she will be seeing Jim. You can contact him at any time. He is happy to share anything with you about her treatment. I forwarded all paperwork to you last week.

Alecia

Sent from my iPhone

Begin forwarded message:

From: "service@paypal.com" <service@paypal.com>
Date: February 2, 2015 at 6:05:33 PM PST
To: "aleciadraper@gmail.com" <aleciadraper@gmail.com>
Subject: Receipt from Moriah Bible Fellowship for \$150.00 USD

[Quoted text hidden]



Alecia Draper <aleciadraper@gmail.com>

Receipt from Moriah Bible Fellowship for \$150.00 USD

2 messages

service@paypal.com <service@paypal.com>
To: "aleciadraper@gmail.com" <aleciadraper@gmail.com>

Mon, Feb 2, 2015 at 6:05 PM



*Pay
ck No 919*

Moriah Bible Fellowship

1411 N Batavia #103
Orange, CA
92867
US

Feb 2, 2015 18:04:16 PST
View your receipt

\$150.00 USD



[Help Center](#) | [Resolution Center](#) | [Security Center](#)

Great to see you!

\$150.00 USD

Amount	\$150.00
Subtotal	\$150.00
TOTAL	\$150.00 USD

Created on Feb 2, 2015 6:19:42 PM PST
Order ID: 0282

Payment Method

SALE (Swiped)
MasterCard *****7454
Transaction ID: 2EJ324419K721620F
This transaction will appear on your credit card
statement as 'PP*MORIAHBIBLE'

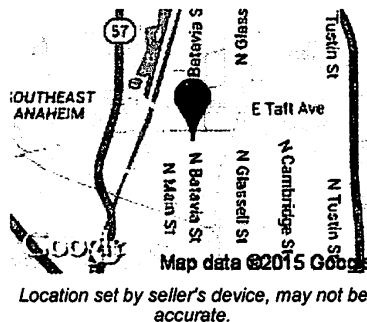
Additional Details

Authorization Code: 02467Z
Terminal ID: ****00E9

Business Information

Moriah Bible Fellowship
Merchant ID: 36PE7RZXNSBLG
1411 N Batavia #103
Orange CA 92867, US
moriahfreedomministry@gmail.com

Purchase Location



Please retain your receipt as proof of transaction.

Leave your wallet at home, pay with the PayPal app.

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PayPal Email ID PP1709 - d2286ebba1453

Alecia Draper <aleciadraper@gmail.com>
To: Jeff Reed <1968jareed@gmail.com>, aleciadraper@gmail.com

Thu, Feb 19, 2015 at 8:19 PM

Here is the emailed receipt copy for therapy. Emily was seen 2 times this week but for now I have just payed Jim the one time.
She was seen on Monday 2/16 and 2/19. She also saw Roxanna on 2/18 this week.

Alecia

Sent from my iPhone

Begin forwarded message:

From: "service@paypal.com" <service@paypal.com>
Date: February 19, 2015 at 4:14:35 PM PST
To: "aleciadraper@gmail.com" <aleciadraper@gmail.com>
Subject: Receipt from Moriah Bible Fellowship for \$150.00 USD

[Quoted text hidden]



Emailed on 2-19-15
therapy Emily
Alecia Draper <aleciadraper@gmail.com>

Receipt from Moriah Bible Fellowship for \$150.00 USD

2 messages

service@paypal.com <service@paypal.com>
To: "aleciadraper@gmail.com" <aleciadraper@gmail.com>

Thu, Feb 19, 2015 at 4:14 PM



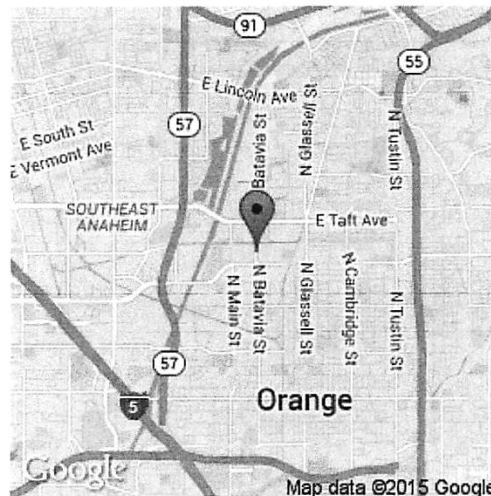
*Not
paid*

Moriah Bible Fellowship

1411 N Batavia #103
Orange, CA
92867
US

Feb 19, 2015 16:13:54 PST
View your receipt

\$150.00 USD



[Help Center](#) | [Resolution Center](#) | [Security Center](#)

Great to see you!

\$150.00 USD

Not Pd

Amount

\$150.00

Subtotal

\$150.00

TOTAL

\$150.00 USD

Created on Feb 17, 2015 11:14:01 AM PST
Order ID: 0291

Payment Method

SALE (Swiped)

MasterCard *****7454

Transaction ID: 3P292477DX5488310

This transaction will appear on your credit card
statement as 'PP*MORIAHBIBLE'

Additional Details

Authorization Code: 00642Z

Terminal ID: ****00F4

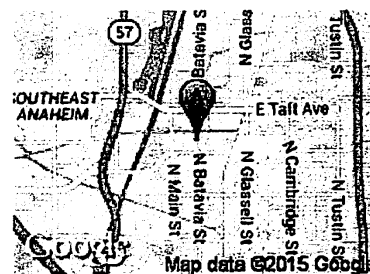
Business Information

Moriah Bible Fellowship
Merchant ID: 36PE7RZXNSBLG

1411 N Batavia #103
Orange CA 92867, US

moriahfreedomministry@gmail.com

Purchase Location



Location set by seller's device, may not be accurate.

Please retain your receipt as proof of transaction.

Leave your wallet at home, pay with the PayPal app.



Alecia Draper <aleciadraper@gmail.com>

You sent an automatic payment of \$250.00 USD

2 messages

service@paypal.com <service@paypal.com>
To: alecia kremidas <aleciakremidas2@gmail.com>

Mon, Feb 23, 2015 at 4:38 AM



NOT Pd.

You sent an automatic payment

Feb 23, 2015 04:38:11 PST
Transaction ID: 3T392240EA0270149

Hello alecia kremidas,

You sent an automatic payment to The Relationship Warehouse. Here are the details:

Amount: \$250.00 USD

To: The Relationship Warehouse

For: The Relationship Warehouse

Customer service URL: <http://www.TheRelationshipWarehouse.com>

Automatic payment details

Automatic payment number: I-XU8XLF1DD5JJ

Amount to be paid each time: \$250.00 USD

Billing cycle: Monthly

Payments start: Jul 23, 2014

Pay with money from: Visa Credit Card XXXX-XXXX-XXXX-6992

Next payment detail

Next payment due: Mar 23, 2015

To change or cancel your agreement with The Relationship Warehouse, log in to your PayPal account, go to your Profile, and click **My money**. Update your agreement in the "My preapproved payments" section.

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RIGHT TO REFUND

You, the customer, are entitled to a refund of the money to be transmitted as a result of this agreement if PayPal does not forward the money received from you within 10 days of the date of its receipt, or does not give instructions committing an equivalent amount of money to the person designated by you within 10 days of the date of the receipt of the funds from you unless otherwise instructed by you.

If your instructions as to when the money shall be forwarded or transmitted are not complied with and the money has not yet been forwarded or transmitted, you have a right to a refund of your money.

If you want a refund, you must mail or deliver your written request to PayPal at P.O. Box 45950, Omaha, NE 68145-0950. If you do not receive your refund, you may be entitled to your money back plus a penalty of up to \$1000 and attorney's fees pursuant to Section 2102 of the California Financial Code.

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PayPal Email ID PP1204 - e2e6306dcbb0c

Alecia Draper <aleciadraper@gmail.com>
To: Jeff Reed <1968jareed@gmail.com>

Wed, Feb 25, 2015 at 7:13 AM

Payment receipt for Emily and Adam therapy with Roxanne and Guy.

50%= \$125 (following 30/30 rule)

Sent from my iPhone

Begin forwarded message:

From: "service@paypal.com" <service@paypal.com>
Date: February 23, 2015 at 4:38:12 AM PST
To: alecia kremidas <aleciakremidas2@gmail.com>
Subject: You sent an automatic payment of \$250.00 USD

[Quoted text hidden]



Alecia Draper <aleciadraper@gmail.com>

Medical/Dental Bills1 message

Alecia Draper <aleciadraper@gmail.com>

Wed, Mar 4, 2015 at 6:24 PM

To: Jeff Reed <1968jareed@gmail.com>, Alecia Draper <aleciadraper@gmail.com>

Attached are 2 bills

1) Anthony needed to see the primary doctor for a referral to the ENT and Oral surgeon. This is one of more appointments that will follow for his cyst evaluation and removal.

Total \$50.00- 50% = \$ 25.00 on or before April 10th

2) Emily had a second opinion and we changed dentist because of the 10 cavities the other dentist said Emily and Adam had.

Total \$35.00- 50% = \$17.50 on or before April 10th

Emily has 2 cavities

Adam has 4 cavities

Anthony has appointment next week.

I will send bills for the cavities after I pay them. I was told they are \$45.00 each this may change but is an estimate. Its 4 less cavities then the other dentist and a bit less for fillings.

Please also include an invoice # with all of the medical payments that you send in the future. You sent \$100 and indicated \$50 was for therapy. This does not match any of the therapy bills.

Alecia

 **Anthony and Emily bills 3-4-15.pdf**
296K

Thuha T Vinh, D.M.D., Inc. D.D.S.
18120 Brookhurst St. Suite 13
Fountain Valley, CA 92708

Emailed on
3/4/15

Date: 2/27/2015

Walkout Statement

714-962-6669

Account Key	Patient Key	Invoice Date	Invoice No.
REEEM00	REEEM00	02-27-2015	0024413

Account Name
Emily Reed 2217 Florida St. Apt. #3 Huntington Beach, CA 92648

Patient Name
Emily Reed 2217 Florida St. Apt. #3 Huntington Beach, CA 92648

Form PAT-10

Date	Procedure	Description	Tooth	Surface	Qty	Amount
02-27-2015	D0120	Periodic Oral Evaluation			1	\$0.00
02-27-2015	D0274	Bite wings - Four Films			1	\$35.00
02-27-2015	MC	Payment - Master Card			1	(\$35.00)

NOT Pd

Provider of Services
Thuha T Vinh, D.M.D., Inc. , D.D.S.

Insurance Balance	Tax Amount
\$0.00	\$0.00
Patient Balance	Invoice Balance
0.00	0.00

Remarks
Thank you for choosing our office for your dental health care needs.

Acct	Current	30 Days	60 Days	90 Days	120 + Days	Due From Patient	Total Balance
Account	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Patient	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Invoice	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

PET0184

Thuha T Vinh, D.M.D., Inc. D.D.S.
18120 Brookhurst St. Suite 13
Fountain Valley, CA 92708

Walkout Statement

Date: 2/27/2015

714-962-6669

Account Key	Patient Key	Invoice Date	Invoice No.
REEEM00	REEEM00	02-27-2015	0024413

Account Name

Emily Reed
2217 Florida St. Apt. #3
Huntington Beach, CA 92648

Patient Name

Emily Reed
2217 Florida St. Apt. #3
Huntington Beach, CA 92648

Form PAT-10

Date	Procedure	Description	Tooth	Surface	Qty	Amount
02-27-2015	D0120	Periodic Oral Evaluation			1	\$0.00
02-27-2015	D0274	Bitewings - Four Films			1	\$35.00
02-27-2015	MC	Payment - Master Card			1	(\$35.00)

THUHA TONNU VINH DENTA
18120 BROOKHURST STE 13
FOUNTAIN VALL, CA 92708

02/27/2015 12:14:21
MD: 00000003586756 TID: 05459804

CARD # XXXXXXXXXXXX7154
INVOICE 0006
SEQ #: 0006
Batch #: 000241
Approval Code: 026552
Entry Method: Shipped
Mode: Online

MC SALE
CREDIT CARD

SALE AMOUNT \$35.00

CUSTOMER COPY

Provider of Services

Thuha T Vinh, D.M.D., Inc. , D.D.S.

Insurance Balance	Tax Amount
\$0.00	\$0.00
Patient Balance	Invoice Balance
0.00	0.00

Remarks

Thank you for choosing our office for your dental health care needs.

ed Acct	Current	30 Days	60 Days	90 Days	120 + Days	Due From Patient	Total Balance
Account	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Patient	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Invoice	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

PET0185



Alecia Draper <aleciadraper@gmail.com>

Child support/ Medical Bills

2 messages

Alecia Draper <aleciadraper@gmail.com>

Mon, Mar 9, 2015 at 6:29 PM

To: Jeff Reed <1968jareed@gmail.com>, Alecia Draper <aleciadraper@gmail.com>

I have not received child support \$725.00 due on or before March 5th. I have not received the \$66.00 for medical due on March 5th
Did you send this?

I have not received information on how you would like the \$100 applied to the medical bills.

Medical bills I emailed you that are past due-

\$152.99 sent email 1/31/15 Vision and glasses for Anthony and Adam
\$75.00 sent 2/2 Emily
\$75.00 sent 2/9 Emily
\$50.00 sent 2/11- Chiropractic

Please let me know if you are going to be late with medical and child support payments.

Alecia

Alecia Draper <aleciadraper@gmail.com>

Wed, Mar 18, 2015 at 6:52 PM

To: Jeff Reed <1968jareed@gmail.com>, Alecia Draper <aleciadraper@gmail.com>

Jeff,

I have marked payed on the email below and will use the other \$50 dollars from check # 906 for the following-

Anthony- \$25-Doctor appointment co pay- Payed check #906
Adam -\$25-Doctor appointment co pay- Payed Check #906

The following bills are still outstanding from month of February- Due dates are listed
emails were sent on the dates listed- I can resend bills if needed.

\$75-	2/2- Emily-	Due 3/2
\$75-	2/9- Emily-	Due 3/9
\$75-	2/19- Emily-	Due 3/19
\$125-	2/23- Emily and Adam-	Due 3/23

Bills sent in March

3/4-	\$17.50- Emily dentist	Due 4/4
3/9-	\$25.00- Anthony Doctor	Due 4/9

Bills sent today 3/18

Adam- Dentist -	\$45 - (2 cavities)	Due 4/18
Anthony- Medication from surgery	\$20	Due 4/18

Attached bills are at the bottom of the email.

Thanks,
Alecia

----- Forwarded message -----

From: **Alecia Draper** <aleciadraper@gmail.com>

Date: Mon, Mar 9, 2015 at 6:29 PM

Subject: Child support/ Medical Bills

To: Jeff Reed <1968jareed@gmail.com>, Alecia Draper <aleciadraper@gmail.com>

I have not received child support \$725.00 due on or before March 5th. I have not received the \$66.00 for medical due on March 5th
Did you send this?

I have not received information on how you would like the \$100 applied to the medical bills.

Medical bills I emailed you that are past due-

\$152.99 sent email 1/31/15 Vision and glasses for Anthony and Adam- Payed

\$75.00 sent 2/2 Emily

\$75.00 sent 2/9 Emily

\$50.00 sent 2/11- Chiropractic- Payed check # 906 (100)

Please let me know if you are going to be late with medical and child support payments.

Alecia

2 attachments

 **Adam 2 cavities.pdf**
183K

 **Anthony medication from surgery.pdf**
146K

text_0.txt

Open with

I have sent you an email on 3/26/15 about Emily's mental health and possible discharge that will be happening nex
Please respond that you received it and get back to me on some solutions that you think can be agreed apron befor
returning to court. Going back to court is more money that we both do not have.

<  >



Alecia Draper <aleciadraper@gmail.com>

Emily/Medical

3 messages

Alecia Draper <aleciadraper@gmail.com>

Thu, Mar 26, 2015 at 11:34 PM

To: Jeff Reed <1968jareed@gmail.com>

Cc: Elizabeth Brennan <Elizabeth@brennanlawfirm.com>, Alecia Draper <aleciadraper@gmail.com>

Emily may be discharged next week from Del Amo Mental hospital.

I am asking the question-(Your attorney said I made NO attempt to discuss a resolution before court so I want to be clear now that " I am asking.")

Are you willing to come to a written mutual agreement that can be written by my attorney, signed and notarized, or do we need to go back to court in front of the judge?

Emily's diagnosis and treatment plan will be determined in the weeks ahead.

She will be 100% disabled based on the medical records that will be provided by the doctors at this time. This means she will not be able to obtain a job and take care of herself financially. She is still in high school and living at home. She may be able to graduate within a medical treatment plan that will include the credits needed to graduate. This has not yet been determined.

I will not expect her to pay for treatment and care for herself because she is 18 years old with this diagnosis. Parents take care of their children for a lifetime if necessary with disabilities. She is unable to do this at this time, and maybe for her lifetime, without the correct treatment that is needed now for the Psychosis, PTSD, Suicide, and Depression.

Max out of pocket for the current mental health medical plan is \$5,750.00 per year. This is under the current medical plan.

I believe the hospital bill Emily will receive for this stay at Del Amo will be close to \$10,000. So any way you look at it the max out of pocket needs to get payed. The bill will come to Emily but she is still under our care and responsibility.

I am asking you pay 50% of this \$2,875. (This is going to happen after discharge in the next several months because the cost of her treatment at this time) It will continue every year if treatments are needed and insurance costs stay the same.

I am asking that child support will stay in affect for Emily based on your income until she is no longer deemed disabled and has a clear medical diagnosis to return to work and support herself.

I will ask you pay 50% of all medical, vision, dental until she is healthy enough to provide and take care of herself. You will have a copy of the bills and know when they are due. We can follow the 30/30 rule or you can pay providers directly if you choose. The goal is she is well enough to get a job and support herself. Emily would stay on my medical insurance indefinitely if needed. We will both need to provide for her unless something changes and she recovers.

Center For Discovery Outpatient program, if she qualifies..... (they want her to be in the overnight program based on where she is and step down discharge).

The Out Patient Program at Center for Discovery is Mon-Fri 3:30-6:30 PM. This is therapy and group classes for trauma and mental health.

The cost WITH insurance is \$3,000.00 a month- \$150 a day would be our out of pocket expense. Emily will need many months of out patient treatment so within 2 months the max out of pocket is covered then the insurance pays 100% for the year. This may go on for several years along with medication for her lifetime and psychologist/ psychiatrist appointments. I am not sure if you still pay co payments if you meet the max out of pocket but I will always send the bills if I have to pay them.

Hospitalization and relapses are very common and may happen again if Emily attempts, writes a suicide letter, or talks about having a plan to hurt herself or another person. This will be immediate hospitalization, no questions asked. She will be a danger to herself and others.

Please let me know how you feel about what I am asking. You can also let me know what you think is best and we can come to an agreement that works before returning to court.

Your response needs to be immediate as this has to do with Emily's medical care. I will pursue all court proceedings if I do not get any response and we can not agree through written communication. Please respond no later than April 10th, 2015. This gives you 2 week to come up with a plan for Emily's care.

Emily will also sign up for disability and Medicaid but most places do not take government payments for medical. Center for Discovery does not take Medicaid. This will also not be enough for Emily to support herself if she does qualify, but I will keep you informed if she is excepted. She did not want to apply for this when it was mentioned by the hospital. I will also talk to her and explain it when she comes home. She may be willing to at least try after I explain it.

Alecia

jeffrey Reed <1968jareed@gmail.com>
To: Alecia Draper <aleciadraper@gmail.com>

Sat, Mar 28, 2015 at 9:54 AM

Ok I received everthing I will look at into my options.

Jeff

[Quoted text hidden]

jeffrey Reed <1968jareed@gmail.com>
To: Alecia Draper <aleciadraper@gmail.com>

Sat, Mar 28, 2015 at 9:54 AM

Got all of the information.

Jeff

On Thursday, March 26, 2015, Alecia Draper <aleciadraper@gmail.com> wrote:

[Quoted text hidden]



Alecia Draper <aleciadraper@gmail.com>

Adam dentist Bill & Past Due Medical

1 message

Alecia Draper <aleciadraper@gmail.com>

Sun, Mar 29, 2015 at 9:44 PM

To: Jeff Reed <1968jareed@gmail.com>

Cc: Alecia Draper <aleciadraper@gmail.com>

Here is the bill for Adams dentist.

Your 50% share is \$45.00- due in 30 days-

Past due medical total is- \$350.00 these are bills that were emailed on the following dates February 2nd, Feb. 9, Feb. 19, & Feb. 23rd. They are all therapy bills for Emily and Adam.

This is over the 30/30 court order that you are to be following and no other arrangements have been made to pay them on a different date. This is the second email notifying you that the payments are late. Please let me know when you are sending these medical payments.

Alecia

 **MH IOP Los Alamitos Schedule.docx**
14K

 **MASTER ROI - CFD.pdf**
147K

Alecia Draper <aleciadraper@gmail.com>
To: Jeff Reed <1968jareed@gmail.com>
Cc: Alecia Draper <aleciadraper@gmail.com>

Sun, Mar 29, 2015 at 10:16 PM

Read over this email and the documents attached. This will be the medical treatment Emily will be needing after her hospitalization.

This is part of Emily's discharge paperwork for step down treatment. She will also do Pathways, which is a mental health supported educational program to see if she can finish her credits in order to graduate with her class of 2015. We have an IEP meeting on Friday to discuss the options of care they can give her. Emily will be discharged tomorrow. My mom is coming out Tuesday to spend time with her and then she will go to Arizona with my mom for spring break to relax. When she returns she will be registered for the outpatient therapy at Center For Discovery, Pathways, and counseling.

She will see a psychiatrist on Tuesday to review medication. She will meet with a new therapist the hospital lined up on Tuesday as well. All co-payments will be \$50.00 (\$25.00each) so I will be sending bills after I pay them.

I will talk with Center for Discovery on the payment options. You will need to call in your credit card payment along with mine because I do not have this total available to pay up front. I will see how they can divide it out so that the payments can work.

Please let me know that you received this information.

Alecia
[Quoted text hidden]

4 attachments

 **MH IOP Info.docx**
13K

 **Mental Health IOP Pamphlet.pdf**
1073K

 **MH IOP Los Alamitos Schedule.docx**
14K

 **MASTER ROI - CFD.pdf**
147K



Alecia Draper <aleciadraper@gmail.com>

MH IOP Admission Information2 messages

Cindi Krouse <cindi.krouse@centerfordiscovery.com>

Thu, Mar 26, 2015 at 12:57 PM

To: aleciadraper@gmail.com

Dear Alecia,

Thank you for inquiring about our Intensive Outpatient Program for Mental Health in Los Alamitos, CA. I have attached the IOP schedule and some additional information on our program in hopes you can view this as an opportunity toward Emily's recovery.

Monday-Friday from 3:30pm-6:30pm (Wednesdays are from 3:30pm-7:30pm)

****This does NOT include the individual, family sessions-those will be scheduled with the treatment team****

It begins with a 5 day a week commitment until the treatment team working with Kelli titrates down the amount of days per week based on insurance review and the progression in her recovery.

Our Admission process is broken down into two steps; financial and clinical. We provide a complimentary benefits check in which we obtain your insurance information and see what cost treatment would be to you, if any. Once it has been verified, I will contact you to review the cost. I have a broken the IOP Benefit below for you:

Aetna is not currently contracted with our Los Alamitos Facility. We are in the contracting process. However, upon admission, your therapist will request a Single Case Agreement in which we can utilize these in network benefits. We are extremely confident in obtaining the agreement. With that said, your IOP benefit with Aetna covers (as authorized by):

You have a \$0.00 Deductible, with a remaining balance of \$0.00

You have a \$5,750.00 Maximum Out of Pocket (MOOP), with a remaining balance of \$5,750.00

50% Coverage with a 50% Co Insurance (your financial responsibility)

Unlimited amount of days based on Medical Necessity

With your MOOP remaining of \$5,750.00, treatment would be covered at 100%. We generally collect the first 30 visits, which totals \$4,500.00.

The Release of Information form I attached for you to complete and return to us must include the Doctors name/facility and their telephone number (Del Amo and her Therapist that can provide insight to Emily's situation). This is so that we may obtain clinical on your behalf to expedite the process quickly for you. This form also serves for consent to speak with Outpatient therapists, dieticians, and previous or current treatment centers. This is so we may obtain clinical criteria to present to our Clinical Advisors in part for Clinical clearance.

Please contact me with any questions before then with the information provided below, thank you.

Sincerely,

Cindi Krouse

Admissions Coordinator

Office: (800) 760-3934 ext.356

Direct Line: (714) 947-7369

Fax: (714) 388-3894

Cell: (714) 270-8175

 cid:image001.gif@01CD7B9E.335D3C90

Center For Discovery

www.centerfordiscovery.com/blog/share

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4 attachments

 **MH IOP Info.docx**
13K

 **Mental Health IOP Pamphlet.pdf**
1073K



Alecia Draper <aleciadraper@gmail.com>

Medical payed invoices/ Records

1 message

Alecia Draper <aleciadraper@gmail.com>

Tue, Apr 14, 2015 at 5:14 PM

To: Jeff Reed <1968jareed@gmail.com>, Alecia Draper <aleciadraper@gmail.com>

Attached are the following proof of payed bills and Emily's medical record from Del Amo Hospital-

Adam therapy- \$100- I already emailed to you but her it is again	\$50.00
Emily dentist 2 cavities- \$110	\$55.00
Emily therapy- \$100	\$50.00
Emily medication- \$55.00	\$27.50
Emily psychologist- \$50.00	\$25.00
Emily medical records- \$10.00	\$5.00
Emily and Anthony Chiropractic-\$125.00	\$62.50

Your total that is due= \$275.00 in 30-35 days**Please confirm you received the medical records for Emily's hospitalization.****8 attachments**

- Del Amo medical report041315.pdf**
6369K
- Emily dentist041415.pdf**
132K
- Medication-psychiatrist0414.pdf**
144K
- Adam therapy 040815.pdf**
103K
- Emily new therapist041314.pdf**
78K
- Medication-psychiatrist0414.pdf**
144K
- Del Amo.pdf**
177K
- chiropractic for Anthony and Emily 040115.pdf**
68K



Alecia Draper <aleciadraper@gmail.com>

Past Due medical/all bills sent to date

1 message

Alecia Draper <aleciadraper@gmail.com>

Tue, Apr 14, 2015 at 5:26 PM

To: Jeff Reed <1968jareed@gmail.com>, Alecia Draper <aleciadraper@gmail.com>

Past Due Medical in RED-

Bills from February= \$275

Bills sent in March= \$152.50 (\$42.50 is Past Due)

Bills sent in April= \$275.00

Total 50% medical= \$702.50

Please send the past due amount asap.

Alecia

April 14th 2015

OCPS
16152 BEACH BLVD #200
HUNTINGTON BE, CA 92647

TERMINAL ID: 004775524
MERCHANT #: 367767030888

UTSA
XXXXXXXXXXXX4767

SALE
BATCH: 008314 INVOICE: 014844
DATE: MAR 31, 15 TIME: 12:24
SQ: 005 AUTH NO: 015365

TOTAL \$50.00

CUSTOMER COPY

office visit
50% \$ 25.00

OCPS
Orange County Psychological Services

NAYANA SHAH M.D.
Psychiatrist

> Emily Psychiatrist

16152 Beach Blvd. #200
Huntington Beach, CA 92647
714-841-6772 Tel
714-841-6775 Fax

24551 Raymond Way #140
Lake Forest, Ca 92630
949-583-0975 Tel
949-583-7973 Fax

- Medication
50% = \$ 27.50

Walgreens
#05881 19501 BEACH BLVD
HUNTINGTON BEACH, CA 92648
714-989-1368

801 8111 0091 03/30/2015 6:39 PM

FSA RX 1727522 40.00
CLM RF# 150896822030099998
FSA RX 1727523 15.00
CLM RF# 150896832132169997

TOTAL 55.00
VISA ACCT 4767 55.00
CHANGE .00

TOTAL FSA ITEMS 0.00
TOTAL RX ITEMS 55.00
TOTAL FSA AND RX ITEMS 55.00
APPROVED FSA/HRA AMOUNT 0.00

THANK YOU FOR SHOPPING AT WALGREENS!

GET MORE WITH BALANCE REWARDS,
REDEEM POINTS FOR SOMETHING EXTRA
IN A FUTURE PURCHASE. RESTRICTIONS
APPLY. FOR TERMS AND CONDITIONS,
VISIT WALGREENS.COM/BALANCE.

RFN# C588-1918-1112-1503-3003

PET0197

Reply to this email to leave feedback for Pure
Light Counseling



Pure Light Counseling

NOT Pd

How was your experience?



\$100.00

Custom Amount \$100.00

Total \$100.00

on Km

Pure Light Counseling
562-335-9552

Visa 4767
VISA

4/13/2015,
1:37 PM
#XvqM

ALECIA A KREMIDAS

NOT Pd

medical Records

RECEIPT

date 4 / 13 / 15 No. 067889

received from Business of \$10.00

amount Ten dollars

for payment of Medical Records

☒ cash ☐ money order ☐ credit card ☐ check # _____

amount due	
amount paid	<u>10</u>
balance	

signature [Signature]

SC1152WS

50%
\$5.00



Alecia Draper <aleciadraper@gmail.com>

Reminder - Please complete your initial survey

3 messages

Rick Tansey <rick@maxmybrain.com>
To: aleciadraper@gmail.com

Sun, Apr 12, 2015 at 5:00 AM

Having trouble viewing this email? [Click here](#)



Dear Emily,

This is a friendly reminder asking you to please complete your surveys from Max My Brain. These surveys will provide us with information that is essential to ensure that we identify the correct protocol for you. It is required that all clients complete the surveys before sessions begin. The information is shared only with those individuals who are directly involved in providing your Brainwave Optimization experience.

We appreciate your cooperation.

Brainwave Optimization Schedule:

Assessment
Appointment:
2015/04/13
(Monday) at 7:30
AM - 9:00 AM;

1. Please **click here** to take your surveys or copy the following URL into your browser:
<https://survey.maxmybrain.com:8443/optimization/public/Logon.do>
2. Enter your Username and Password:

Username: emily reed961116
Password: bst
3. Click on "Surveys"
4. Take the Subjective Survey

5. Take the Objective Survey

Please note that the server will time out after about 60 minutes of the survey sitting idle to protect your privacy. You will not be able to save your progress, so if you are timed out, you will simply need to take the survey over again.

Regards,



Rick Tansey
Owner - Max My Brain
901 Dove St #145
Newport Beach, CA 92660
(949) 636-2788
rick@maxmybrain.com
maxmybrain.com

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Unsubscribe

Max My Brain 901 Dove St #145 Newport Beach, California 92660 United States

Delivered by:
Infusionsoft.

Alecia Draper <aleciadraper@gmail.com>
To: Rick Tansey <rick@maxmybrain.com>

Sun, Apr 12, 2015 at 9:21 AM

We will complete this today around 5pm. We are driving back from Arizona

Thanks

Sent from my iPhone

[Quoted text hidden]

Alecia Draper <aleciadraper@gmail.com>
To: Jeff Reed <1968jareed@gmail.com>

Mon, Apr 13, 2015 at 9:30 PM

Emily had the initial evaluation today at Max my Brain. You can look this up on line and watch the video to better understand the treatment. Emily will begin this in May.

Cost is \$1,800.00 and I will pay this on May 11th. I will send receipt after its payed, 50% will be \$900.00

Therapy started today with Emily's new therapist. I will be sending receipt of payment. Cost is \$100.00 a session. She will see Emily 2 days a week for now. If the Victim Witness starts to pay this at some point I will not be sending proof of payment. Emily should have \$5,000.00 that will pay this but for now we will need to pay up front.

I have not received any information on the questions I have asked about Emily's care and medical after she graduates. I DO NOT want to have to go back to court to get a response from you.

I am prepared to do so if you tell me you will not help support her. I will get all medical and school records and submit for proof of her inability to move out, get a job, or provide for herself at this time. Until she is able to work and can get some recovery from the PTSD, and depression she is our responsibility financially.

I have held off sending payments because you are behind. I will be sending all proof of payments on bills I have payed tomorrow. Please keep for your records. I will not keep reminding you of all bills past due, I will send you a total after I do receive a payment.

I have asked that you indicate the bill you are paying for my records. Please do this.

Thanks,
Alecia

[Quoted text hidden]

Nora Vinh, DMD
18120 Brookhurst Street
Suite 13
Fountain Valley, CA 92708
(962-6669

STATEMENT
04/14/2015
Account Number 1916

NOT Pd.

Emily Reed
2217 Florida St. Apt. #3
Huntington Beach, CA 92648

Total: \$0.00
-Ins Estimate: \$88.00
=Balance: (\$88.00)

Date	Patient	Code	Tooth	Description	Charges	Credits	Balance
				Balance Forward			0.00
04/14/2015	Emily	D2392	2	OL resin-based composite - two surfaces, posterior	55.00		55.00
04/14/2015	Emily	D2392	3	MO resin-based composite - two surfaces, posterior	55.00		110.00
04/14/2015	Emily	Claim		Pri Claim \$110.00 Delta Usa Waiting to Send Estimated Payment Pending: \$88.00 Est. Patient Portion: \$22.00			
04/14/2015	Emily	Pay		Credit Card \$110.00		110.00	0.00

PET0203



Alecia Draper <aleciadraper@gmail.com>

Emily's note1 message

Alecia Draper <aleciadraper@gmail.com>

Tue, Apr 14, 2015 at 5:56 PM

To: Jeff Reed <1968jareed@gmail.com>, Alecia Draper <aleciadraper@gmail.com>

Here is a copy of Emily's suicide note for your records.

I am going to be forwarding all of the medical records and school psychological reports to my attorney next week.

If I do not here back from you on a plan to help support her after graduation we will have to return to court. I will ask you pay all attorneys fees because you refuse to come up with something that works.

It could be - \$300 a month for medical. A \$\$\$ amount.... you see what kind of bills are required for her care. The payment can go directly to Emily so she can pay these expenses for her treatment and medication.

It could be child support until she is able to get a job and a set \$\$\$ for medical.

Whatever you can figure out. Emily needs our support and care until she can take care of herself. She is unable to do this and I have all documentation that supports this.

My attorney can draw up the agreement that we can both sign. Otherwise the judge will need to decide.

I have given you time to get back to me so this is my last attempt to here from you before court.

Alecia

 **Emily's note before she left for hospital 0315.pdf**
888K



Rick Tansey
Owner & Advanced Provider

901 Dove Street
Suite #145
Newport Beach, CA 92660

949.636.2788
rick@maxmybrain.com
maxmybrain.com

Elise Collier MS-MFT

Individual, Couples, Family & Group Counseling

Contact: (562) 335-9552
elisecollier@gmail.com



901 Dove Street,
Suite 145
Newport Beach, CA
92660

Specializing in PTSD, Addiction, Depression & Anxiety,
Innerchild work, EMDR, Psychodrama, DBT
MFT #78451

Date. . .

I want everyone to know how grateful I am to have lived this life. I can't go on like this. I am ~~soon~~ so sorry it has to be this way. I want all my family, teacher, friends and acquaintances to know I don't blame them. I want to thank all the people in my life for what they have given me. I know it is so selfish of me. I told myself I would wait and I have it's time to say goodbye. Please understand that I love everyone very much.

Date. . .

And I hope to see
everyone again, I

Emily Reed

P.S. Take care of each other.



Alecia Draper <aleciadraper@gmail.com>

medical bills payed

1 message

Alecia Draper <aleciadraper@gmail.com>

Mon, May 4, 2015 at 9:04 PM

To: Jeff Reed <1968jareed@gmail.com>, Alecia Draper <aleciadraper@gmail.com>

Total payed for Emily's treatment, hospitalization, medication, and therapy. \$2,125.00 your 50% is
\$1,062.50

Your 50% due

Bills **past due** from February 2015- **\$275.00**

Bills sent in March 2015- **\$205.00**

Bills sent in April- **\$222.50**

Bills sent as of May 4th- **\$1,062.50**

I have begun the paperwork for Emily and SSI. It will take up to 6 months to see if she qualifys based on all the information that still needs to be sent in. Start with February medical and let me know what you can send so I can do my best with paying the \$800 a month for therapy. Center for discovery ends in 3 weeks and I will not be able to do this again unless you can pay back some of this money I have spent. I will work with you on this without returning to court as long as you continue to send payments towards medical to cover your 50%.

Alecia



Alecia Draper <aleciadraper@gmail.com>

medical bills payed

1 message

Alecia Draper <aleciadraper@gmail.com>

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Alecia

Reply to this email to leave feedback for Pure
Light Counseling

Emailed 4/29/15



Pure Light Counseling

How was your experience?



\$100.00

Custom Amount \$100.00

Total \$100.00

phone

Visa 4767
VISA

4/17/2015,
10:30 AM
#LBS1

© 2015 Square, Inc. All rights reserved.
1455 Market Street, Suite 600, San Francisco,
CA 94103

Reply to this email to leave feedback for Pure
Light Counseling

emailed 4/29/15



Pure Light Counseling

How was your experience?



\$100.00

Custom Amount \$100.00

Total \$100.00

Phone

Visa 4767
VISA

4/20/2015,
7:34 PM
#aEwV

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1455 Market Street, Suite 600, San Francisco,
CA 94103

emailed 4/29/15

Reply to this email to leave feedback for Pure
Light Counseling



Pure Light Counseling

How was your experience?



\$100.00

Custom Amount \$100.00

Total \$100.00

Phon

Visa 4767
VISA

4/22/2015,
6:44 PM
#TXup

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1455 Market Street, Suite 600, San Francisco,
CA 94103

emailed 4/29/15

Reply to this email to leave feedback for Pure
Light Counseling



Pure Light Counseling

How was your experience?



\$100.00

Custom Amount \$100.00

Total \$100.00

Phone

Visa 4767
VISA

4/27/2015,
4:26 PM
#5eoV

© 2015 Square, Inc. All rights reserved.
1455 Market Street, Suite 600, San Francisco,
CA 94103

Reply to this email to leave feedback for Pure
Light Counseling



Pure Light Counseling

How was your experience?



\$100.00

Custom Amount \$100.00

Total \$100.00



Pure Light Counseling
562-335-9552

Visa 4097
VISA

4/29/2015,
1:22 PM
#pUeH

GIFT CARD RECIPIENT

CFS
 16152 BEACH BLVD #708
 HUNTING CR. DE. CA 92647
 08/17/5524
 367670388888
 #
 #XXXXXXXXXXXX7454
 SALE
 BATCH: 080830
 DATE: APR 23. 15
 SGT. 886
 INVOICE: 030909
 TIME: 12:05
 RUTH NO: 050612
 TOTAL \$50.00
 CUSTOMER COPY

RECEIPT No. 589733

DATE 4/23/15

FROM Emily Reed \$50.00

CC# 7454 DOLLARS

FOR RENT Dr. Bahran

FOR

ACCT.	<input type="radio"/> CASH
PAYD 50.00	<input type="radio"/> CHECK
DUE	<input type="radio"/> MONEY ORDER
	<input checked="" type="radio"/> CREDIT CARD

BY

PSYCHOLOGICAL SERVICES
16163 BROADWAY, SUITE 4200
HUNTINGTON BEACH, CA 92647
(714) 471-6772

T-4161

PET0215

807 0721 0042 04/23/2015 7:34 PM

HUNTINGTON BEACH, CA 92648
714-969-1368

Emailed 4/29/15

FSA RX 1736192 15.00
CLM RF# 151135543338160999
FSA RX 1736188 15.00
CLM RF# 151135618337202999
FSA RX 1736190 15.00
CLM RF# 151135535261211999

TOTAL 45.00
MASTERCARD ACCT 7454 45.00
CHANGE .00

TOTAL FSA ITEMS 0.00
TOTAL RX ITEMS 45.00
TOTAL FSA AND RX ITEMS 45.00

APPROVED FSA/HRA AMOUNT 0.00

THANK YOU FOR SHOPPING AT WALGREENS

GET MORE WITH BALANCE REWARDS,
REDEEM POINTS FOR SOMETHING EXTRA
IN A FUTURE PURCHASE. RESTRICTIONS
APPLY. FOR TERMS AND CONDITIONS,
VISIT WALGREENS.COM/BALANCE.

RFN# 0588-1420-7210-1504-2303





POINT BALANCE 2500
POINTS TO \$5 REWARD 2500

BALANCE REWARDS ACCT # *****6533

OPENING BALANCE 1000
EARNED THIS VISIT 1500
CLOSING BALANCE 2500

How are we doing?
Enter our monthly sweepstakes for
\$3,000 cash

Visit
WWW.WAGCARES.COM

or call toll free

1-800-658-1584

within 72 hours to take a short
survey about this Walgreens visit

SURVEY#

0588-1420-721

PASSWORD

0150-4230-321

For contest rules, see store or
WWW.WAGCARES.COM

805 2843 0041 04/21/2015 8:55 PM

FSA RX 1735220 15.00
CLM RF# 151115269408102999
FSA RX 1735221 15.00
CLM RF# 151115271732088999

TOTAL 30.00
VISA ACCT 4767 30.00
CHANGE .00

TOTAL FSA ITEMS 0.00
TOTAL RX ITEMS 30.00
TOTAL FSA AND RX ITEMS 30.00

APPROVED FSA/HRA AMOUNT 0.00

THANK YOU FOR SHOPPING AT WALGREENS

GET MORE WITH BALANCE REWARDS,
REDEEM POINTS FOR SOMETHING EXTRA
IN A FUTURE PURCHASE. RESTRICTIONS
APPLY. FOR TERMS AND CONDITIONS,
VISIT WALGREENS.COM/BALANCE.

RFN# 0588-1412-8434-1504-2103





POINT BALANCE 1000
POINTS TO \$5 REWARD 4000

BALANCE REWARDS ACCT # *****6533

OPENING BALANCE 0
EARNED THIS VISIT 1000
CLOSING BALANCE 1000

How are we doing?
Enter our monthly sweepstakes for
\$3,000 cash

Visit
WWW.WAGCARES.COM

or call toll free

1-800-658-1584

within 72 hours to take a short
survey about this Walgreens visit

SURVEY#

0588-1412-843

PASSWORD

4150-4210-321

For contest rules, see store or
WWW.WAGCARES.COM

PET0216

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Alecia Draper <aleciadraper@gmail.com>

Wed, Apr 29, 2015 at 10:55 AM

To: Jeff Reed <1968jareed@gmail.com>, Alecia Draper <aleciadraper@gmail.com>

Here is the info on Center for Discovery

Alecia

[Quoted text hidden]

Emailed 4/29/15

ALECIA A KREMIDAS
2217 FLORIDA ST. APT 3
HUNTINGTON BEACH, CA 92648-2983

94-169/1212

566

DATE April 28, 2015

PAY TO THE
ORDER OF Center For Discovery \$ 1,200.00
One Thousand Two Hundred dollars and 00/100 ~~DOLLARS~~ Security Features Details on Back

usbank. All of **us** serving you®

MEMO Emily Reed Alecia Kremidas RP

⑆121201694⑆ 153753904983⑈0566

PET0218



Emailed 4/29/15

Alecia Draper <aleciadraper@gmail.com>

Admission Confirmation Email

4 messages

Cindi Krouse <cindi.krouse@centerfordiscovery.com>
To: aleciadraper@gmail.com

Wed, Apr 22, 2015 at 8:24 AM

Dear Alecia,

This email serves to confirm that your daughter, Emily, is scheduled to admit to Center for Discovery's Intensive Outpatient Program for Mental Health on Monday, April 27, 2015 at 3:00 PM.

****Please bring your Insurance Card and payment- you must be present to sign consents, and Emily will begin program at 3:30pm****

The facility is located at 4281 Katella Ave. Suite 131 Los Alamitos, CA 90720. The Program Director is Ali Akhtar, and he will be your point of contact for all questions and concerns following admission. The telephone number to the facility is 714-828-1800 xt: 369.

On the day of admission Center for Discovery will contact your insurance company and present all criteria to support your child's admission in an effort to receive authorization for care. Authorization is not guaranteed.

As we discussed, your insurance with MHN covers:

- Intensive Out Patient Treatment (IOP) at 50% for unlimited days per calendar year, as *authorized*.
- Your Deductible of \$0, all of which has been met.
- Your Max Out of Pocket (MOOP) of \$5,750.00 has been not been met; the remaining balance is \$5,750.00.

After your \$5,750.00 MOOP has been met, treatment will be covered at 100% as authorized by insurance.

On, or before, the day of admission you will be responsible to pay \$1,200.00

This will cover the first 4 weeks of this treatment episode. In the event your daughter needs additional care, Yvette Love from the Business Office will contact you regarding payment. You may also reach her at 714-828-1800 ext. 354.

You can make this payment any time up until the scheduled admission time by going to www.centerfordiscoverypayments.com. In the box labeled **account/customer ID**, enter your last name followed by your first initial, "ReedE." In the following box labeled **facility location** please chose "Los Alamitos, CA." Once you have made this payment please forward me via email a copy of the confirmation email.

Please note that we have a healthcare funding resource available if you require assistance in this area for treatment costs. You are welcome to contact them in the event funding either personal or insurance becomes an issue. You can contact them by going to centerfordiscovery.com and accessing the link in the lower right hand corner

 AHL Button

If you should have any questions or require assistance please do not hesitate to call. I am here to assist you. It has been a privilege to work with your family, and I wish you all the best on this road to recovery.

Sincerely,

Cindi Krouse

Admissions Coordinator

Office, (800) 760-3934 ext.356

Direct Line, (714) 947-7369

Fax, (714) 388-3894

Cell, (714) 270-8175

 cid:image001.gif@01CD7B9E.335D3C90

Center For Discovery

www.centerfordiscovery.com/blog/share

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Cindi Krouse <cindi.krouse@centerfordiscovery.com>
To: aleciadraper@gmail.com

Wed, Apr 22, 2015 at 8:56 AM

My apologies, it is Suite 101, not 131.

Cindi Krouse

Admissions Coordinator

Office. (800) 760-3934 ext.356

Direct Line. (714) 947-7369

Fax. (714) 388-3894

Cell. (714) 270-8175

 cid:image001.gif@01CD7B9E.335D3C90

Center For Discovery

www.centerfordiscovery.com/blog/share

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From: Cindi Krouse [mailto:cindi.krouse@centerfordiscovery.com]
Sent: Wednesday, April 22, 2015 8:24 AM
To: 'aleciadraper@gmail.com'
Subject: Admission Confirmation Email

[Quoted text hidden]

Alecia Draper <aleciadraper@gmail.com>
To: Cindi Krouse <cindi.krouse@centerfordiscovery.com>

Mon, Apr 27, 2015 at 4:50 PM

Ali was unsure about the check so I will need to go online and make the payment.

Thanks Cindi

Sent from my iPhone

On Apr 22, 2015, at 8:56 AM, Cindi Krouse <cindi.krouse@centerfordiscovery.com> wrote:

My apologies, it is Suite 101, not 131.

Cindi Krouse

Admissions Coordinator

Office. (800) 760-3934 ext.356

Direct Line. (714) 947-7369

Fax. (714) 388-3894

Cell. (714) 270-8175

<image003.gif>

Center For Discovery

www.centerfordiscovery.com/blog/share

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From: Cindi Krouse [mailto:cindi.krouse@centerfordiscovery.com]

Sent: Wednesday, April 22, 2015 8:24 AM

To: 'aleciadraper@gmail.com'

Subject: Admission Confirmation Email

Dear Alecia,

This email serves to confirm that your daughter, Emily, is scheduled to admit to Center for Discovery's Intensive Outpatient Program for Mental Health on Monday, April 27, 2015 at 3:00 PM.

****Please bring your Insurance Card and payment- you must be present to sign consents, and Emily will begin program at 3:30pm****

The facility is located at 4281 Katella Ave. Suite 131 Los Alamitos, CA 90720. The Program Director is Ali Akhtar, and he will be your point of contact for all questions and concerns following admission. The telephone number to the facility is 714-828-1800 xt: 369.

On the day of admission Center for Discovery will contact your insurance company and present all criteria to support your child's admission in an effort to receive authorization for care. Authorization is not guaranteed.

As we discussed, your insurance with MHN covers:

- Intensive Out Patient Treatment (IOP) at 50% for unlimited days per calendar year, as *authorized*.
- Your Deductible of \$0, all of which has been met.

- Your Max Out of Pocket (MOOP) of \$5,750.00 has been not been met; the remaining balance is \$5,750.00.

After your \$5,750.00 MOOP has been met, treatment will be covered at 100% as authorized by insurance.

On, or before, the day of admission you will be responsible to pay \$1,200.00

This will cover the first 4 weeks of this treatment episode. In the event your daughter needs additional care, Yvette Love from the Business Office will contact you regarding payment. You may also reach her at 714-828-1800 ext. 354.

You can make this payment any time up until the scheduled admission time by going to www.centerfordiscoverypayments.com. In the box labeled **account/customer ID**, enter your last name followed by your first initial, "ReedE." In the following box labeled **facility location** please chose "Los Alamitos, CA." Once you have made this payment please forward me via email a copy of the confirmation email.

Please note that we have a healthcare funding resource available if you require assistance in this area for treatment costs. You are welcome to contact them in the event funding either personal or insurance becomes an issue. You can contact them by going to centerfordiscovery.com and accessing the link in the lower right hand corner

<image004.png>

If you should have any questions or require assistance please do not hesitate to call. I am here to assist you. It has been a privilege to work with your family, and I wish you all the best on this road to recovery.

Sincerely,

Cindi Krouse

Admissions Coordinator

Office. (800) 760-3934 ext.356

Direct Line. (714) 947-7369

Fax. (714) 388-3894

Cell. (714) 270-8175

<image003.gif>

Center For Discovery

www.centerfordiscovery.com/blog/share



Alecia Draper <aleciadraper@gmail.com>
To: Jeff Reed <1968jareed@gmail.com>, Contacts <aleciadraper@gmail.com>

Wed, May 6, 2015 at 6:19 PM

Sent from my iPhone

Begin forwarded message:

From: Pure Light Counseling via Square <receipts@messaging.squareup.com>
Date: May 6, 2015 at 3:32:28 PM PDT
To: aleciadraper@gmail.com
Subject: Receipt from Pure Light Counseling
Reply-To: Pure Light Counseling via Square
<r_oi2daqrie2ugncili3eemcf.rYUZ.1WWWzUmHuASRJ6h.23865e509995435b910a44f96b5b326c211ccf9a@reply.squareup.com>

[Quoted text hidden]



Alecia Draper <aleciadraper@gmail.com>

Receipt from Pure Light Counseling

2 messages

Pure Light Counseling via Square <receipts@messaging.squareup.com>

Wed, May 6, 2015 at 3:32 PM

Reply-To: Pure Light Counseling via Square

<r_oi2daqjrie2ugncili3eemcf.rYUZ.1WWWzUrnHuASRJ6h.23865e509995435b910a44f96b5b326c211ccf9a@reply.squareup.com>

To: aleciadraper@gmail.com

Things just got easier.
Now when you shop at sellers who use Square,
your receipts will be delivered automatically.
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Pure Light Counseling

How was your experience?

**\$100.00**

Custom Amount \$100.00

Total \$100.00

50% = \$50.00

Visa 4767
VISA5/6/2015, 3:31 PM
#NonU

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Alecia Draper <aleciadraper@gmail.com>

Mon, May 11, 2015 at 10:32 PM

To: Jeff Reed <1968jareed@gmail.com>, Alecia Draper <aleciadraper@gmail.com>

Here is payment for therapy for 5/11/15

Alecia

[Quoted text hidden]



Alecia Draper <aleciadraper@gmail.com>

Receipt from Pure Light Counseling

2 messages

Pure Light Counseling via Square <receipts@messaging.squareup.com>

Mon, May 11, 2015 at 1:36 PM

Reply-To: Pure Light Counseling via Square

<r_oiyugm2uivkdqg2xjzmtousg.rYUZ.hw0vMGt8SXniERRk.92c966420064cdaaa92e049ebaef352a2972b38d@reply.squareup.com>

To: aleciadraper@gmail.com

Reply to this email to leave feedback for Pure Light Counseling



Pure Light Counseling

How was your experience?

**\$100.00**

Custom Amount \$100.00

Total \$100.00

*Phone**50% = 50.00*Visa 4767
VISA5/11/2015, 1:36 PM
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Alecia Draper <aleciadraper@gmail.com>

Fwd: Receipt from Pure Light Counseling

1 message

Alecia Draper <aleciadraper@gmail.com>

To: Jeff Reed <1968jareed@gmail.com>, Contacts <aleciadraper@gmail.com>

Wed, May 13, 2015 at 4:41 PM

Sent from my iPhone

Begin forwarded message:

From: Pure Light Counseling via Square <receipts@messaging.squareup.com>

Date: May 13, 2015 at 4:27:21 PM PDT

To: aleciadraper@gmail.com

Subject: Receipt from Pure Light Counseling

Reply-To: Pure Light Counseling via Square

<r_ojduorxi5ldgobsjytoncd.rYUZ.zlWBvCCtVZvdQXqE.6ee2f3a5aba7f7d8e1337dda5a733680efeb1e71@reply.squareup.com>

Reply to this email to leave feedback for Pure Light Counseling



Pure Light Counseling

How was your experience?



\$100.00

Custom Amount \$100.00

Total \$100.00

phon

Visa 4767
VISA

5/13/2015, 4:27 PM
#h8Ow

From: **Alecia Draper** aleciadraper@gmail.com
Subject: Fwd: Receipt from Pure Light Counseling
Date: May 21, 2015 at 5:21 PM
To: Liz Olden liz.olden@alconsulting.bz



----- Forwarded message -----

From: **Pure Light Counseling via Square** <receipts@messaging.squareup.com>
Date: Wed, May 13, 2015 at 4:27 PM
Subject: Receipt from Pure Light Counseling
To: aleciadraper@gmail.com

Reply to this email to leave feedback for Pure Light Counseling



Pure Light Counseling

How was your experience?



\$100.00

Custom Amount

\$100.00

PET0229

Dr. Martin Doll, OD & Associates Optometry
Martin Doll, OD
Lic. #10687T
7562 Center Ave.
Huntington Beach, CA 92647
Phone (714) 372-7525

Patient: Adam Reed

Exam Date: 1/30/15
Eyeglass Expire Date: 2 year

Eyeglass Prescription

RX	Sphere	Cylinder	Axis	Prism/Base	Add
OD (Right)	+0.50	-0.50	063		
OS (Left)	+0.25	0.25			

Suggestions:

Lens Style

- ☒ Single Vision
☐ Bifocal
☐ Trifocal
☐ Progressive
☐ Aspheric

Lens Material

- ☐ Plastic
☐ Hi-Index
☒ Polycarbonate
☐ Photochromatic
☐ Polarized
☐ Transitions

Lens Treatments

- ☐ Anti-Reflection
☐ Tint
☒ Ultra Violet Coat
☒ Scratch Coat

Eyeglass Types

- ☐ Sports
☒ Reading near
☐ Sunglasses
☐ Safety
☐ Computer

Note: _____

Contact Prescription

Exam Date: _____ Expire Date: _____

RX	Sphere	Cylinder	Axis	B. Curve	Diam.	Brand	MFG
OD (Right)							
OS (Left)							

New Wearer _____ Previous Wearer _____ Flex Wear _____ Daily Wear _____

Replace Lenses Every _____ Days Maximum Wearing Time _____ Hours

_____ Back up eyeglasses recommended

Lens Care: _____

Next follow-up visit: _____ Note: _____

Special Instructions: _____

Doctor Signature: _____ License: 12201

Remove your contact lenses immediately if: 1) You develop pain or redness 2) You develop foggy or cloudy vision
3) You experience a decrease in vision that does not clear up 4) You suspect something is wrong.

#1110 HUNTINGTON BEACH

Form # OPRXPADS/99

Dr. Martin Doll, OD & Associates Optometry
Martin Doll, OD
Lic. #10687T
7562 Center Ave.
Huntington Beach, CA 92647
Phone (714) 372-7525

Patient: Anthony Reed

Exam Date: 1/30/15

Eyeglass Expire Date: 2 years

Eyeglass Prescription

RX	Sphere	Cylinder	Axis	Prism/Base	Add
OD (Right)	-0.75	0.5			
OS (Left)	-0.50	0.5			

Suggestions:

Lens Style

- ☒ Single Vision
- ☐ Bifocal
- ☐ Trifocal
- ☐ Progressive
- ☐ Aspheric

Lens Material

- ☐ Plastic
- ☒ Hi-Index
- ☐ Polycarbonate
- ☐ Photochromatic
- ☐ Polarized
- ☐ Transitions

Lens Treatments

- ☐ Anti-Reflection
- ☐ Tint
- ☐ Ultra Violet Coat
- ☒ Scratch Coat

Eyeglass Types

- ☐ Sports
- ☐ Reading
- ☐ Sunglasses
- ☐ Safety
- ☐ Computer

Note: _____

Contact Prescription

Exam Date: _____ Expire Date: _____

RX	Sphere	Cylinder	Axis	B. Curve	Diam.	Brand	MFG
OD (Right)							
OS (Left)							

New Wearer _____ Previous Wearer _____ Flex Wear _____ Daily Wear _____

Replace Lenses Every _____ Days Maximum Wearing Time _____ Hours

Back up eyeglasses recommended

Lens Care: _____

Next follow-up visit: _____ Note: _____

Special Instructions: _____

Doctor Signature: _____

License#: 12501

Remove your contact lenses immediately if: 1) You develop pain or redness 2) You develop foggy or cloudy vision
3) You experience a decrease in vision that does not clear up 4) You suspect something is wrong.

#1110 HUNTINGTON BEACH

Form # OPRXPADS/99

PET0231

Total

\$100.00

phon

Visa 4767

5/13/2015, 4:27 PM

VISA

#h8Ow

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PET0232



Alecia Draper <aleciadraper@gmail.com>

Fwd: Receipt from Pure Light Counseling

1 message

Alecia Draper <aleciadraper@gmail.com>

Thu, May 21, 2015 at 5:12 PM

To: Jeff Reed <1968jareed@gmail.com>, Alecia Draper <aleciadraper@gmail.com>

Here is the receipt for therapy. Emily has a set schedule Monday & Wednesday at 12:30 1:30 I will forward all payments.

Alecia

On Mon, May 18, 2015 at 1:30 PM, Pure Light Counseling via Square <receipts@messaging.squareup.com> wrote:

Reply to this email to leave feedback for Pure Light Counseling



Pure Light Counseling



How was your experience?



\$100.00

Custom Amount	\$100.00
Total	\$100.00

Phone

Visa 4767
VISA

5/18/2015, 1:30 PM
#uowH

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From: **Alecia Draper** aleciadraper@gmail.com
Subject: Fwd: Receipt from Pure Light Counseling
Date: May 21, 2015 at 5:21 PM
To: Liz Olden liz.olden@alconsulting.bz



----- Forwarded message -----

From: **Pure Light Counseling via Square** <receipts@messaging.squareup.com>
Date: Mon, May 18, 2015 at 1:30 PM
Subject: Receipt from Pure Light Counseling
To: aleciadraper@gmail.com

Reply to this email to leave feedback for Pure Light Counseling



Pure Light Counseling

How was your experience?



\$100.00

Custom Amount

\$100.00

PET0235

Total

\$100.00

Phone

Visa 4767

5/18/2015, 1:30 PM

VISA

#uowH

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PET0236

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Alecia Draper <aleciadraper@gmail.com>

Thu, May 21, 2015 at 5:13 PM

To: Jeff Reed <1968jareed@gmail.com>, Alecia Draper <aleciadraper@gmail.com>

Payment receipt

Alecia

[Quoted text hidden]



Alecia Draper <aleciadraper@gmail.com>

Receipt from Pure Light Counseling

2 messages

Pure Light Counseling via Square <receipts@messaging.squareup.com>

Wed, May 20, 2015 at 3:23 PM

Reply-To: Pure Light Counseling via Square

<r_ojdfqukxiu2furbzjbkditsg.rYUZ.LuSXuqFRbYEQRCt8.b689430d4ea2700ec0fab0dc617c86f25deaec61@reply.squareup.com>

To: aleciadraper@gmail.com

Reply to this email to leave feedback for Pure Light Counseling



Pure Light Counseling

How was your experience?



\$100.00

Custom Amount	\$100.00
---------------	----------

Total	\$100.00
-------	----------

Visa 4767
VISA

5/20/2015, 3:23 PM
#HMO4

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1455 Market Street, Suite 600, San Francisco, CA 94103



Alecia Draper <aleciadraper@gmail.com>

Medical/dental bills for Anthony and Emily

1 message

Alecia Draper <aleciadraper@gmail.com>

Thu, May 21, 2015 at 5:48 PM

To: Jeff Reed <1968jareed@gmail.com>, Alecia Draper <aleciadraper@gmail.com>

Bills payed in May for Emily and Anthony

Dentist Emily- 50%= \$77.50

Dentist Anthony 50% = \$10.00

Emily psychologist 50% = \$25.00

Total= \$112.50

Emily's therapy weekly bills are sent separately. Your 50% = \$400.00 a month. Therapy is \$100 a session at 2 times a week.

Please send any \$\$ amount and I will keep applying to the past due medical payments.

OCPS
16152 BEACH BLVD #200
HUNTINGTON BE, CA 92647

TERMINAL ID: 00477524
MERCHANT #: 36776703088

XXXXXXXXXXXX7454

SALE

BATCH: 000343
DATE: MAY 12, 15
SQ: 003

INVOICE: 043065
TIME: 12:40
AUTH NO: 000782

TOTAL \$50.00

CUSTOMER COPY

FOR Emily

THERAPIST Dr. Shah

Orange County Psychological Services

16152 Beach Blvd #200 • Huntington Beach, CA 92647 (714) 841-6772

24551 Raymond Way #140 • Lake Forest, CA 92630 (949) 583-0975

ment

DATE 6.9.15 AT 12:45 O'CLOCK

WE HAVE RESERVED THIS TIME FOR YOU. PLEASE GIVE US
24 HOURS NOTICE IF YOU CANNOT KEEP THIS APPOINTMENT

OCPS

Orange County Psychological Services

Pgr:

NAYANA SHAH M.D.
Psychiatrist

949-489-6309

16152 Beach Blvd. #200
Huntington Beach, CA 92647

714-841-6772 Tel
714-841-6775 Fax

24551 Raymond Way #140
Lake Forest, Ca 92630

949-583-0975 Tel
949-583-7973 Fax

OCPS
16152 BEACH BLVD #200
HUNTINGTON BE, CA 92647
TERMINAL ID: 004775524
MERCHANT #: 36776703088

MC
XXXXXXXXXXXX7454

SALE

BATCH: 000343
DATE: MAY 12, 15
SQ: 003

INVOICE: 043065
TIME: 12:40
AUTH NO: 000782

May 12th →

TOTAL \$50.00

CUSTOMER COPY

50% = \$ 25.00

PET0240

Nora Vinh, DMD
18120 Brookhurst Street
Suite 13
Fountain Valley, CA 92708
(4)962-6669

STATEMENT
05/12/2015
Account Number 1916

Amount Due	Date Due	Amount Enclosed
0.00	Upon Receipt	

CREDIT CARD TYPE _____

3 DIGIT CSV _____

EXPIRES _____

AMOUNT APPROVED _____

NAME _____

SIGNATURE _____

Emily Reed
2217 Florida St. Apt. #3
Huntington Beach, CA 92648

PLEASE DETACH AND RETURN THE UPPER PORTION WITH YOUR PAYMENT

0-30	31-60	61-90	over 90
0.00	0.00	0.00	0.00

Total: \$0.00
-Ins Estimate: \$0.00
=Balance: \$0.00

Date	Patient	Code	Tooth	Description	Charges	Credits	Balance
02/27/2015	Emily	D0120		periodic oral evaluation - established patient	0.00		0.00
02/27/2015	Emily	D0274		bitewings - four radiographic images	35.00		35.00
02/27/2015	Emily	Txfr				35.00	0.00
04/14/2015	Emily	D2392	2	OL resin-based composite - two surfaces, posterior (unsent)	55.00		55.00
04/14/2015	Emily	D2392	3	MO resin-based composite - two surfaces, posterior (unsent)	55.00		110.00
04/14/2015	Emily	Pay		Credit Card \$110.00		110.00	0.00
04/14/2015	Emily	Stmt		Statement-InPerson			
05/05/2015	Emily	NIGHT		Night Guard (unsent)	100.00		100.00
05/05/2015	Emily	D2392	15	OL resin-based composite - two surfaces, posterior (unsent)	55.00		155.00
05/05/2015	Emily	Pay		Check \$155.00		155.00	0.00
05/12/2015	Emily	Stmt		Statement-InPerson			

50% = \$77.50

Scheduled Appointments:
Emily Reed: Thursday, 05/21/2015, 12:30 PM,

PET0241

Alecia Draper <aleciadraper@gmail.com>
To: Jeff Reed <1968jareed@gmail.com>

Mon, Jun 1, 2015 at 12:39 PM

Sent from my iPhone

Begin forwarded message:

From: Pure Light Counseling via Square <receipts@messaging.squareup.com>
Date: May 27, 2015 at 1:23:17 PM PDT
To: aleciadraper@gmail.com
Subject: Receipt from Pure Light Counseling
Reply-To: Pure Light Counseling via Square
<r_ojkdoujxkrbtewrvzgbe2rsx.rYUZ.ljQ5XfoQZJ7PXXa0.e527c82748bc70f010939f98d8772e8103a2f0a6@reply.squareup.com>

[Quoted text hidden]



Alecia Draper <aleciadraper@gmail.com>

Receipt from Pure Light Counseling

2 messages

Pure Light Counseling via Square <receipts@messaging.squareup.com>

Wed, May 27, 2015 at 1:23 PM

Reply-To: Pure Light Counseling via Square

<r_ojkdoujxkrbtewrvvgzbe2rsx.rYUZ.ljQ5XfoQZJ7PXXa0.e527c82748bc70f010939f98d8772e8103a2f0a6@reply.squareup.com>

To: aleciadraper@gmail.com

Reply to this email to leave feedback for Pure Light Counseling



Pure Light Counseling

How was your experience?

**\$100.00**

Custom Amount	\$100.00
Total	\$100.00

*Phone*Visa 4767
VISA5/27/2015, 1:23 PM
#Ta40© 2015 Square, Inc. All rights reserved.
1455 Market Street, Suite 600, San Francisco, CA 94103[Square Privacy Policy](#)
[Not your receipt?](#)[Manage preferences](#) for digital receipts

Alecia Draper <aleciadraper@gmail.com>
To: Jeff Reed <1968jareed@gmail.com>

Thu, Jun 4, 2015 at 8:15 AM

Sent from my iPhone

Begin forwarded message:

From: Pure Light Counseling via Square <receipts@messaging.squareup.com>
Date: June 3, 2015 at 6:02:17 PM PDT
To: aleciadraper@gmail.com
Subject: Receipt from Pure Light Counseling
Reply-To: Pure Light Counseling via Square
<r_ojldgnzqjnatssxiifmuknbs.rYUZ.cNmZfl6obiUXRNiS.48e0578e54961d1f9fe185d16f9b434dd343916e@reply.squareup.com>

[Quoted text hidden]



Alecia Draper <aleciadraper@gmail.com>

Receipt from Pure Light Counseling

2 messages

Pure Light Counseling via Square <receipts@messaging.squareup.com>

Wed, Jun 3, 2015 at 6:02 PM

Reply-To: Pure Light Counseling via Square

<r_ojldgnzqjnatssxifmuknbs.rYUZ.cNmZfl6oblUXRNiS.48e0578e54961d1f9fe185d16f9b434dd343916e@reply.squareup.com>

To: aleciadraper@gmail.com

Reply to this email to leave feedback for Pure Light Counseling



Pure Light Counseling

How was your experience?

**\$100.00**

Custom Amount \$100.00

Total \$100.00

Visa 4767
VISA6/3/2015, 6:02 PM
#AlnN© 2015 Square, Inc. All rights reserved.
1455 Market Street, Suite 600, San Francisco, CA 94103[Square Privacy Policy](#)[Not your receipt?](#)[Manage preferences](#) for digital receipts

EXHIBIT “C”

EXHIBIT “C”

EXHIBIT “C”

Child	Treatment	Date of Service	Amount Alecia paid	Date Emailed to Jeff	50% Owed Following the 30/30 Rule	Due Date Following the 30/30 Rule	Amount Jeff Paid	Balance Due	Date Jeff Paid	Check #
Anthony	Chiropractic	1/15/2015	\$50.00	1/15/2015	\$25.00	2/14/2015	\$0.00	\$25.00		
Anthony	Eye Exam	1/30/2015	\$49.00	1/31/2015	\$24.50	3/2/2015	\$24.50	\$0.00	3/15/2015	#914
Anthony	Glasses	1/30/2015	\$108.99	1/31/2015	\$54.49	3/2/2015	\$54.49	\$0.00	3/15/2015	#914
Anthony	Chiropractic	2/11/2015	\$50.00	2/11/2015	\$25.00	3/13/2015	\$25.00	\$0.00	3/27/2015	#919
Anthony	physical	3/2/2015	\$50.00	3/4/2015	\$25.00	4/3/2015	\$25.00	\$0.00	3/27/2015	#919
Anthony	Oral Surgen	3/6/2015	\$50.00	3/6/2015	\$25.00	4/5/2015	\$25.00	\$0.00	3/27/2015	#919
Anthony	Chiropractic	3/11/2015	\$50.00	3/12/2017	\$25.00	4/11/2017	\$25.00	\$0.00	3/27/2015	#919
Anthony	Oral Surgen	3/16/2015	\$40.00	3/18/2015	\$20.00	4/17/2015	\$0.00	\$20.00		
Anthony	Chiropractic	4/1/2015	\$125.00	4/14/2015	\$62.50	5/14/2015	\$0.00	\$62.50		
Anthony	Dentist	5/12/2015	\$20.00	6/8/2015	\$10.00	7/8/2015	\$0.00	\$10.00		
Anthony	Chiropractic	5/14/2015	\$50.00	6/8/2015	\$25.00	7/8/2015	\$0.00	\$25.00		
Anthony	Dentist	6/2/2015	\$20.00	6/8/2015	\$10.00	7/8/2015	\$0.00	\$10.00		
Anthony	Wisdom Teeth	8/4/2016	\$710.00	8/6/2016	\$355.00	9/5/2016	\$335.00	\$0.00	9/8/2016	#1014
Anthony	Medication	8/4/2016	\$81.17	8/6/2016	\$40.58	9/5/2016	\$40.58	\$0.00	9/8/2016	#1014
Anthony	Medical	4/1/2017	\$25.00	4/26/2017	\$12.50	5/26/2017	\$0.00	\$12.50		
Anthony	Retainer	4/5/2017	\$395.00	4/25/2017	\$197.50	5/25/2017	\$197.50	\$0.00	6/10/2017	#1020
Anthony	Medical	4/7/2017	\$17.43	4/26/2017	\$8.71	5/26/2017	\$0.00	\$8.71		
Anthony	Medical	4/7/2017	\$10.00	4/26/2017	\$5.00	5/26/2017	\$0.00	\$5.00		
Anthony	Medical	4/7/2017	\$25.00	4/26/2017	\$12.50	5/26/2017	\$0.00	\$12.50		
Anthony	Medical	4/10/2017	\$100.00	4/26/2017	\$50.00	5/26/2017	\$0.00	\$50.00		
Anthony	Medical	4/11/2017	\$25.00	4/26/2017	\$12.50	5/26/2017	\$0.00	\$12.50		
			\$2,051.59		\$1,025.78		\$752.07	\$253.71		

U.S. Bank Confidential Communication




Requested by: Lynette Miramontes

This check image contains confidential information. If you print this image, please store it in a secure place to avoid unauthorized usage of this information. Increased security awareness when discarding or destroying this document is recommended.

Item #2	Check No.: 0	Sequence No.: 008953787778
Account No.: 3171214443	Routing No.: 32227162	Date: 03/19/2015
Amount: \$152.99		

Front:

**JEFFREY A. REED**
10809 GARDEN MIST DR., # 2103
LAS VEGAS, NV 89135

90-7182
3222 40865

914

March 15, 15

Pay to the order of Akara Karmidas \$ 152.99

One Hundred Fifty-two dollars and 99/100 DOLLARS

CHASE
JPMorgan Chase Bank, N.A.
www.Chase.com

322271627 3171214443 0914

Back:

DO NOT WRITE, STAMP OR SIGN BELOW THIS LINE

153753964983

1234567890123456789015
E 6002 ID 385 PKT 01
757 1632892

* FURTHER REGISTRATION OF GOVERNORS REG. CC

U.S. Bank Confidential Communication




Requested by: Lynette Miramontes

This check image contains confidential information. If you print this image, please store it in a secure place to avoid unauthorized usage of this information. Increased security awareness when discarding or destroying this document is recommended.

Item #2	Account No.: 3171214443	Check No.: 0	Sequence No.: 008058479107
Amount: \$100.00	Routing No.: 32227162	Date: 04/13/2015	

Front:



JEFFREY A. REED
10809 GARDEN MIST DR., # 2103
LAS VEGAS, NV 89135

90-7162 40966
3222

919

March 27, 15

Pay to the order of Alecia Kremidas \$ 100 -

One Hundred dollars and ⁰⁰/₁₀₀ DOLLARS

CHASE
JPMorgan Chase Bank, N.A.
www.Chase.com

For medical

⑆322271627⑆ 3171214443⑈0919

Back:

DO NOT WRITE, STAMP OR SIGN BELOW THIS LINE

1230000220494132015
E 5993 ID 305 PKT 01
7574032602

END OF FRONT

Alecia Kremidas

FEDERAL RESERVE BOARD OF GOVERNORS REG. CO.

JEFFREY A. REED
5099 PENNSIER ST.
LAS VEGAS, NV 89135

90-7162
3222 40965

1014

DATE Sept 8, 16

PAY TO THE
ORDER OF

Alecia

\$ 438 -

Four Hundred thirty-eight and no/100

DOLLARS

11

Security Features
Included
On Back of Card

CHASE

JPMorgan Chase Bank, N.A.
www.Chase.com

Adam Dr / medication

MEMO Anthony - wisdom teeth

⑆322271627⑆

3171214443 1014

MP

PAUSE LINE

PET0250

JEFFREY A. REED
5099 PENNSIER ST.
LAS VEGAS, NV 89135

90-7182
3222 40985

1020

DATE JUNE 10, 17

PAY TO THE
ORDER OF

ALECIA

\$ 197⁵⁰

ONE HUNDRED NINTY - SEVEN DOLLARS ⁵⁰/₁₀₀ DOLLARS



Security Features
Include
Drawing on Back

CHASE

JPMorgan Chase Bank, N.A.
www.Chase.com

MEMO

Anthony RE 105 (RETAINER) Gabby & Phil

MP

⑆32227⑆627⑆

3171214443⑈1020

FINE LINE

PET0251

Pirmann Chiropractic, Inc

1400 Reynolds Ave Ste 102
Irvine, CA 92614
(949) 251-0154

Sent photo picture

to Jeff on 1/15/15

Dr. Joel Pirmann Registration # DC27510

01/15/15 05:14 PM

Sold to: Anthony Reed

3518

Payment	100.00		
Total Due:	100.00		
Amount Tendered:	100.00	Paid by	MasterCard
Change:	0.00		03749Z

50 Anthony

50 Emily

4.00

100.00

100.00

PET0252



Alecia Draper <aleciadraper@gmail.com>

Oral specialist for Anthony

1 message

Alecia Draper <aleciadraper@gmail.com>

Mon, Jan 26, 2015 at 11:00 PM

To: Jeff Reed <lvjeffreed@yahoo.com>

Cc: "aleciadraper@gmail.com" <aleciadraper@gmail.com>

Here is the doctor and contact
Info for the specialist Anthony
Will see for the cyst they found
On Xray. If you need to contact
Them you can after he is seen.
I am waiting for appointment.

Sent from my iPhone

Ocean Oral & Maxillofacial Surgery
DR. RICK E. REED
10000 Highway 101, Suite 100, San Diego, CA 92121
310-455-1111
www.oceanoral.com

Appointment: *Anthony Reed*

REMOVE: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16
Right 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32
Left 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48

INSTRUCTIONS/REMARKS: *possible cyst in the anterior*
of the mandible

CONSULTATIONS: ☒ Orthodontic Surgery ☒ Endodontics ☐ TMJ ☐ Periodontics
☐ Prosthetics ☐ Radiology ☐ Trauma ☐ Craniofacial &

X-RAYS: ☒ Patient X-Ray ☐ Cone Beam ☐ Molar OX

Dr. Rick E. Reed 1/26/15

FullSizeRender.jpg
40K

DR MARTIN DOLL, OD & ASSOCIATES
7562 CENTER AVE
HUNTINGTON BEACH, CA 92647

Invoice

Bill To:

Anthony Reed

✓
Pd
CK No 9/14
for 152.99

Date	Invoice No.	P.O. Number	Terms	Project
01/30/15	5781			

Item	Description	Quantity	Rate	Amount
S0621	Basic Eye Exam		49.00	49.00
	Sales Tax		0.00%	0.00
			Total	\$49.00

PAID

PET0254

Dr. Martin Doll, OD & Associates Optometry
Martin Doll, OD
Lic. #10687T
7562 Center Ave.
Huntington Beach, CA 92647
Phone (714) 372-7525

Patient: Anthony Reed

Exam Date: 1/30/15

Eyeglass Expire Date: 2 years

Eyeglass Prescription

RX	Sphere	Cylinder	Axis	Prism/Base	Add
OD (Right)	-0.75	Δ5			
OS (Left)	-0.50	Δ7			

Suggestions:

Lens Style

- ☒ Single Vision
- ☐ Bifocal
- ☐ Trifocal
- ☐ Progressive
- ☐ Aspheric

Lens Material

- ☐ Plastic
- ☐ Hi-Index
- ☒ Polycarbonate
- ☐ Photochromatic
- ☐ Polarized
- ☐ Transitions

Lens Treatments

- ☐ Anti-Reflection
- ☐ Tint
- ☐ Ultra Violet Coat
- ☒ Scratch Coat

Eyeglass Types

- ☐ Sports
- ☐ Reading
- ☐ Sunglasses
- ☐ Safety
- ☐ Computer

Note: _____

Contact Prescription Exam Date: _____ Expire Date: _____

RX	Sphere	Cylinder	Axis	B. Curve	Diam.	Brand	MFG
OD (Right)							
OS (Left)							

New Wearer _____ Previous Wearer _____ Flex Wear _____ Daily Wear _____

Replace Lenses Every _____ Days Maximum Wearing Time _____ Hours

Back up eyeglasses recommended

Lens Care: _____

Next follow-up visit: _____ Note: _____

Special Instructions: _____

Doctor Signature: _____ License#: 12901

Remove your contact lenses immediately if: 1) You develop pain or redness 2) You develop foggy or cloudy vision 3) You experience a decrease in vision that does not clear up 4) You suspect something is wrong.

Dr. Martin Doll, OD & Associates Optometry
Martin Doll, OD
Lic. #10687T
7562 Center Ave.
Huntington Beach, CA 92647
Phone (714) 372-7525

Patient: Adam Reed

Exam Date: 1/30/15

Eyeglass Expire Date: 2 year

Eyeglass Prescription

RX	Sphere	Cylinder	Axis	Prism/Base	Add
OD (Right)	+0.50	-0.50	063		
OS (Left)	+0.25	Δ7			

Suggestions:

Lens Style

- ☒ Single Vision
- ☐ Bifocal
- ☐ Trifocal
- ☐ Progressive
- ☐ Aspheric

Lens Material

- ☐ Plastic
- ☐ Hi-Index
- ☒ Polycarbonate
- ☐ Photochromatic
- ☐ Polarized
- ☐ Transitions

Lens Treatments

- ☐ Anti-Reflection
- ☐ Tint
- ☐ Ultra Violet Coat
- ☒ Scratch Coat

Eyeglass Types

- ☐ Sports
- ☒ Reading
- ☐ Sunglasses
- ☐ Safety
- ☐ Computer

Note: _____

Contact Prescription Exam Date: _____ Expire Date: _____

RX	Sphere	Cylinder	Axis	B. Curve	Diam.	Brand	MFG
OD (Right)							
OS (Left)							

New Wearer _____ Previous Wearer _____ Flex Wear _____ Daily Wear _____

Replace Lenses Every _____ Days Maximum Wearing Time _____ Hours

Back up eyeglasses recommended

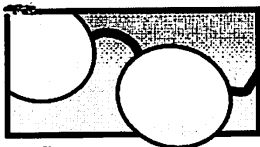
Lens Care: _____

Next follow-up visit: _____ Note: _____

Special Instructions: _____

Doctor Signature: _____ License#: 12901

Remove your contact lenses immediately if: 1) You develop pain or redness 2) You develop foggy or cloudy vision 3) You experience a decrease in vision that does not clear up 4) You suspect something is wrong.



FASHION FRAMES * CONTACT LENSES
PRESCRIPTION LENSES

ONLINE SHOPPING: COSTCO.COM

Tax ID#: 91-1223280. Costco Wholesale does not accept assignment.
Please forward reimbursements directly to the Costco member at address below.

INVOICE DATE
1/30/15

INVOICE NO.
3109801 2015

PROFILE NO.
20168608

MEMBER NO.
111839016872

OPTICAL DEPT.
1110 HUNT BEACH
7562 CENTER AVE.
HUNTINGTON BCH, CA 92648
714 372-7523

PATIENT
REED, ANTHONY
2217 FLORIDA ST
APT 3
HUNTINGTON BEACH, CA 92648-298
714 916-1524

*Ref No 914
152.99*

PRESCRIBING DOCTOR		Rx WRITTEN	Rx EXPIRES	OPTICIAN	CASE
Doll/doud		1/30/15	1/30/17	MR	
EYEGLASSES					
DIST. R L	SPHERE				
	-750 -500				
ADD R L	DIST P.D.				
	30.5 30.0				
SPECIAL INSTRUCTIONS					
					Frame Source SUPPLIED
QTY	ITEM	DESCRIPTION		UNIT PRICE	EXTENSION
1	437751	Sv Poly Asph Youth Ar Single Vision Aspheric		49.00	49.00
1	896162	Converse A060 50/16/140 Dark Gunmetal		59.99	59.99
TOTAL:					108.99

SLIP PRINT

* MEMBER #111839016872
*OPTICAL ORDER # 0007764884801
*F 437751 SVPLY KDS AR 49.00
*PRICE OVRD
*F 605071 PERRY ELLIS 49.99
*PRICE OVRD
*
*OPTICAL ORDER # 0007764877501
*F 437751 SVPLY KDS AR 49.00
*PRICE OVRD
*F 896162 A060 59.99
*PRICE OVRD
* TOTAL 207.98
*VF American Express 207.98
*
* CHANGE .00
*TOTAL NUMBER OF ITEMS SOLD = 4
*CASHIER: MEGAN R. REG# 71
* 1/30/2015 17:16 1110 71 0080 236



PATIENT COPY

PET0256

Pirmann Chiropractic, Inc

1400 Reynolds Ave Ste 102

Irvine, CA 92614

(949) 251-0154

Dr. Joel Pirmann Registration # DC27510

02/11/15 05:27 PM

Sold to: Emily Reed

3517

Payment	100.00		
Total Due:	100.00		
Amount Tendered:	100.00	Paid by	MasterCard
Change:	0.00		04344Z

50⁰⁰ Emily

50⁰⁰ Anthony

PET0257



Alecia Draper <aleciadraper@gmail.com>

February payment

Alecia Draper <aleciadraper@gmail.com>

Wed, Feb 11, 2015 at 8:10 PM

To: Jeff Reed <1968jareed@gmail.com>, aleciadraper@gmail.com

Here is the payment for February chiropractic for Anthony and Emily.

Emailed on 2/11/15
50%=\$50

Alecia

Sent from my iPhone

Begin forwarded message:

From: Jennifer Pirmann <pirmannchiropractic@gmail.com>
Date: February 11, 2015 at 5:30:27 PM PST
To: Alecia Draper <aleciakremidas2@gmail.com>
Subject: February payment

 REED FEBRUARY 2015 STATEMENT.PDF
4K



Alecia Draper <aleciadraper@gmail.com>

Medical/vision

2 messages

Alecia Draper <aleciadraper@gmail.com>

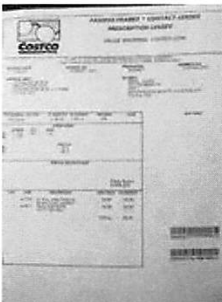
Sat, Jan 31, 2015 at 10:10 AM

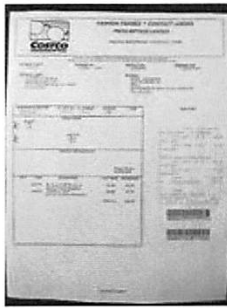
To: Jeff Reed <lvjeffreed@yahoo.com>, aleciadraper@gmail.com

Here are copy of all invoices/ prescriptions/ proof of payment. Please email that you received this sent in February 1st. 2015.

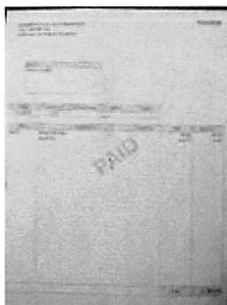
*Pd ok #
914*

Sent from my iPhone

5 attachments**FullSizeRender.jpg**
28K**FullSizeRender.jpg**
28K



FullSizeRender.jpg
35K



FullSizeRender.jpg
21K



FullSizeRender.jpg
20K

Alecia Draper <aleciadraper@gmail.com>
To: Jeff Reed <lvjeffreed@yahoo.com>, aleciadraper@gmail.com

Sat, Jan 31, 2015 at 10:16 AM

Here are the other photos of receipts
Total eye exam-\$98
Glasses Adam-\$ 98.99
Glasses Anthony -\$108.99
Total \$305.98
50% due on or before March 1st 2015 is
\$152.99.
Confirm you are in receipt of this payment due.

✓ Pd. ch # 914

Alecia

Sent from my iPhone

3 attachments



FullSizeRender.jpg
24K



FullSizeRender.jpg
33K



FullSizeRender.jpg
35K

text_0.txt

Open

Gmail

COMPOSE

Inbox (6)

Starred

Sent Mail

Drafts (3)

Notes

More

Alecia

Enabling "last seen" lets your contacts see you're online. [Learn more](#)

Re-enable

(no subject) Inbox x

7149161524@vzwpx.com

to me

10:19 AM (1 hour ago) ☆

text_0.txt

No recent chats

Start a new one

Click here to [Reply](#) or [Forward](#)

From: Alecia Draper aleciadraper@gmail.com
Subject: Dental exam
Date: February 7, 2015 at 8:32 AM
To: Jeff Reed 1968jareed@gmail.com
Cc: aleciadraper@gmail.com

Adam and Anthony had a dentist exam last Thursday.

Adam-6 cavities- possible root canal/crown- may be needed on one tooth? He will decide after he does the filling.

Adam also has the start of 3 cavities in between his teeth.

Cavities are \$55 each and he has an appointment middle of the month to start the fillings.

Anthony- no cavities but can't tell because of braces in between teeth.

He needs to see the hygienist for deep cleaning and got referral for oral surgeon.

☾
I was told by the dentist that insurance does not cover tumor or cyst under 90% of insurance policies.

I will scan/email all payment receipts after I pay them.

No cost for this check up.

☾
Emily will be seen on Friday.

Alecia

Sent from my iPhone



Alecia Draper <aleciadraper@gmail.com>

(no subject)

1 message

jeffrey Reed <1968jareed@gmail.com>
To: Alecia Draper <aleciadraper@gmail.com>

Mon, Feb 9, 2015 at 1:49 PM

Got it thanks.

Jeff



Alecia Draper <aleciadraper@gmail.com>

Medical/Dental Bills

1 message

Alecia Draper <aleciadraper@gmail.com>

Wed, Mar 4, 2015 at 6:24 PM

To: Jeff Reed <1968jareed@gmail.com>, Alecia Draper <aleciadraper@gmail.com>

Attached are 2 bills

1) Anthony needed to see the primary doctor for a referral to the ENT and Oral surgeon. This is one of more appointments that will follow for his cyst evaluation and removal.

Total \$50.00- 50% = \$ 25.00 on or before April 10th

2) Emily had a second opinion and we changed dentist because of the 10 cavities the other dentist said Emily and Adam had.

Total \$35.00- 50% = \$17.50 on or before April 10th

Emily has 2 cavities

Adam has 4 cavities

Anthony has appointment next week.

I will send bills for the cavities after I pay them. I was told they are \$45.00 each this may change but is an estimate. Its 4 less cavities then the other dentist and a bit less for fillings.

Please also include an invoice # with all of the medical payments that you send in the future. You sent \$100 and indicated \$50 was for therapy. This does not match any of the therapy bills.

Alecia

**Anthony and Emily bills 3-4-15.pdf**

296K

Emailed on
3/4/15

HEALTHCARE PARTNERS MEDICAL GROUP

TMG - FOUNTAIN VALLEY
9930 TALBERT AVE
FOUNTAIN VALLEY, CA 92708-5153

Tel:

REED, ANTHONY J
2217 florida st apt3

HUNTINGTON BEACH, CA

92648

Acct #: 28-1797381

Visit #: 45591039

Date	Description of Service	Amount
-----	-----	-----
03/02/2015	Payment for Medical Services	\$50.00

Payment Type: CREDIT CARD

Co-pays are collected for office visits at the time of check-in. Office visit co-pays do not include any co-pays or coinsurance payments that may be due for the actual services rendered during the office visits. If you have received a service that requires an additional co-pay or coinsurance, you will receive a bill for charges not collected at the time of your appointment. Please pay your account balance promptly upon receipt of your bill.

Register for the Patient Portal today. Ask your doctor's office for more details

PET0267

HEALTHCARE PARTNERS MEDICAL GROUP

TMG - FOUNTAIN VALLEY
9930 TALBERT AVE
FOUNTAIN VALLEY, CA 92708-5153

Tel:

REED, ANTHONY J
2217 florida st apt3

Acct #: 28-1797381

Visit #: 45591039

HUNTINGTON BEACH, CA 92648

Date	Description of Service	Amount
03/02/2015	Payment for Medical Services	\$50.00

Payment Type: CREDIT

Co-pays are collected
co-pays do not include
the actual services :
service that require:
bill for charges not
account balance prom

Register for the Pat

03/02/2015

CARD #
INVOICE

SEQ #:
Batch #:

Approval Code:
Entry Method:
Mode:

SALE AMOUNT

TALBERT MEDICAL-FV
9930 TALBERT AVE
FOUNTAIN VLLY, CA 92708

CREDIT CARD
VISA SALE

XXXXXXXXXXXX4767

11:10:15

0001
0001
000536
023829
Swiped
Online

\$50.00

ck-in. Office visit
that may be due for
you have received a
you will receive a
ment. Please pay your

office for more details

CUSTOMER COPY

PET0268

STATEMENT

Dr Daniel Levin
Oral and Maxillofacial Surgery
 7891 Talbert Ave.
 Ste. 101
 Huntington Beach, CA 92648-13

Page	1
Statement Date	03/06/20
Patient ID	32796

Mr Geoffrey Draper
 2516 Branch Lane
 Brea, CA 92821

Due Now \$ 100.00
Amount Enclosed \$ _____

Detach Stub and Return with Payment
 Keep this portion for your records

Date	Patient	Patient ID	Description	Amount
03/06/15	Anthony J. Reed	32796	Starting Balance	0.00
03/06/15	Anthony J. Reed	32796	Credit Card/CG/Visa	-50.00
			OV - New Pt. Exam 30	150.00
			Ending Balance	100.00

DANIEL E LEVIN DDS INC
 7891 TALBERT AVE #101
 HUNTINGTON BE, CA 92648

3/06/2015 11:14:34

CREDIT CARD

VISA SALE

CARD # XXXXXXXXXXXX4767
 INVOICE 0003
 SEQ #: 0003
 Batch #: 000090
 Approval Code: 023489
 Entry Method: Swiped
 Mode: Online
 SALE AMOUNT \$50.00

CUSTOMER COPY

150.00	0.00	01-90	91-120	121-1	Unapplied	Total	Due Now \$	100.00
		0.00	0.00	0.00	50.00	100.00		

Dr Daniel Levin
Oral and Maxillofacial Surgery
 For billing inquiries call 842-2521

PET0269

STATEMENT

Dr Daniel Levin
Oral and Maxillofacial Surgery
 7891 Talbert Ave.
 Ste. 101
 Huntington Beach, CA 92648-13

Page	1
Statement Date	03/16/20
Patient ID	32796

Mr Geoffrey Draper
 2516 Branch Lane
 Brea, CA 92821

Due Now \$ 2,500.00
Amount Enclosed \$ _____

Detach Stub and Return with Payment
 Keep this portion for your records

Date	Patient	Patient ID	Description	Amount
			Starting Balance	0.00
03/06/15	Anthony J. Reed	32796	Credit Card/CG/Visa	-50.00
03/06/15	Anthony J. Reed	32796	OV - New Pt. Exam 30	150.00
03/16/15	Anthony J. Reed	32796	Large cyst	1,200.00
03/16/15	Anthony J. Reed	32796	Bone graft, mandible	1,200.00
03/16/15	Anthony J. Reed	32796	Norco/Amoxicillin	40.00
03/16/15	Anthony J. Reed	32796	Credit Card/CG/Visa	-40.00
			Ending Balance	2,500.00

Current	31-60	61-90	91-120	121-180	Unapplied	Total	Due Now \$	2,500.00
500.00	0.00	0.00	0.00	0.00	0.00	2,500.00		

Dr Daniel Levin
 Oral and Maxillofacial Surgery
 For billing inquiries call 842-2521 Insurance Last Billed on Mar 16, 2015

PET0270



Alecia Draper <aleciadraper@gmail.com>

Receipt for payment

4 messages

Jennifer Pirmann <pirmannchiropractic@gmail.com>
To: Alecia Draper <aleciakremidas2@gmail.com>

Thu, Mar 12, 2015 at 9:43 AM

Hi Alecia,

We are praying for Emily. Let us know how she is doing.

Jennifer

 **REED STATEMENT.PDF**
4K

Alecia Draper <aleciadraper@gmail.com>
To: Jeff Reed <1968jareed@gmail.com>

Thu, Mar 12, 2015 at 9:52 AM

FYI... Anthony chiropractic invoice

Sent from my iPhone

Begin forwarded message:

From: Jennifer Pirmann <pirmannchiropractic@gmail.com>
Date: March 12, 2015 at 9:43:51 AM PDT
To: Alecia Draper <aleciakremidas2@gmail.com>
Subject: Receipt for payment

Hi Alecia,

We are praying for Emily. Let us know how she is doing.

Jennifer

 **REED STATEMENT.PDF**
4K

Alecia Draper <aleciadraper@gmail.com>
To: Jennifer Pirmann <pirmannchiropractic@gmail.com>

Thu, Mar 12, 2015 at 2:11 PM

Thank you. I want her home but she needs more then I can provide her at this time.

Pray she will learn and have a better understanding of what she needs to do to become a survivor. She is strong and God is with her.

Pirmann Chiropractic, Inc

1400 Reynolds Ave Ste 102
Irvine, CA 92614
(949) 251-0154

Dr. Joel Pirmann Registration # DC27510

03/11/15 04:55 PM

Sold to: Anthony Reed

HUNTINGTON BEACH, CA 92648

3518

Payment	50.00		
Total Due:	50.00		
Amount Tendered:	50.00	Paid by	Visa
Change:	0.00		013827

PET0272

REED PAYMENT ON 4012015.PDF

Open with

Not Paid +

Gmail

Pirmann Chiropractic, Inc

1

COMPOSE

February

1400 Reynolds Ave Ste 102

Irvine, CA 92614

(949) 251-0154

Dr. Joel Pirmann Registration # DC27510

04/01/15 05:49 PM

Inbox (162)

Jenn

Starred

Sent Mail

Drafts (8)

Junk E-mail

Notes

More

Jenn

to me

Hi Al-

\$100

Sold to: Anthony Reed

HUNTINGTON BEACH, CA 92648

3518

Payment 125.00

Total Due: 125.00

Amount Tendered: 125.00

Change: 0.00

Paid by Visa
001754

 Alecia



No recent chats

Start a new one

Aleci

to Je

Than

1 of 1



Alecia Draper <aleciadraper@gmail.com>

Medical bills

1 message

Alecia Draper <aleciadraper@gmail.com>

Mon, Jun 8, 2015 at 10:41 PM

To: Jeff Reed <1968jareed@gmail.com>, Alecia Draper <aleciadraper@gmail.com>

I also email Emily's therapy bills on the day of service after Elise sends me the receipt.

Chiropractic- 50% = \$50.00

Anthony Dentist- 50% = \$10.00

2 attachments

Anthony Chiropractic 05 1415.pdf
61K

Anthony dentist 060215.pdf
193K

Pirmann Chiropractic, Inc

1400 Reynolds Ave Ste 102
Irvine, CA 92614
(949) 251-0154

Dr. Joel Pirmann Registration # DC27510

05/14/15 03:58 PM

Sold to: Anthony Reed

3518

HUNTINGTON BEACH, CA 92648

Payment	100.00		
Total Due:	100.00		
Amount Tendered:	100.00	Paid by	Visa
Change:	0.00		014559

PET0275

Nora Vinh, DMD
 18120 Brookhurst Street
 Suite 13
 Fountain Valley, CA 92708
 (4)962-6669

STATEMENT

06/02/2015
 Account Number 2621

Amount Due	Date Due	Amount Enclosed
40.00	Upon Receipt	

Anthony Reed
 2217 florida st. apt. #3
 Huntington Beach, CA 92648

CREDIT CARD TYPE _____
 # _____
 3 DIGIT CSV _____
 EXPIRES _____
 AMOUNT APPROVED _____
 NAME _____
 SIGNATURE _____

PLEASE DETACH AND RETURN THE UPPER PORTION WITH YOUR PAYMENT

0-30	31-60	61-90	over 90
40.00	0.00	0.00	0.00

Total: \$40.00
 -Ins Estimate: \$0.00
 =Balance: \$40.00

Date	Patient	Code	Tooth	Description	Charges	Credits	Balance
04/15/2015	Anthony	D0120		periodic oral evaluation - established patient (unsent)	3.00		3.00
04/15/2015	Anthony	D0220		intraoral - periapical first radiographic image (unsent)	0.00		3.00
04/15/2015	Anthony	D0230		intraoral - periapical each additional radiographic image (unsent)	0.00		3.00
04/15/2015	Anthony	D0274		bitewings - four radiographic images (unsent)	0.00		3.00
04/28/2015	Anthony	Pay		Check #1001026427 \$3.00		3.00	0.00
05/12/2015	Anthony	D4341		UR- periodontal scaling and root planing - four or more teeth per quadrant (unsent)	20.00		20.00
05/12/2015	Anthony	D4341		LR- periodontal scaling and root planing - four or more teeth per quadrant (unsent)	20.00		40.00
05/12/2015	Anthony	Stmt		Statement-InPerson			
05/12/2015	Anthony	Pay		Credit Card \$20.00		20.00	20.00
06/02/2015	Anthony	D4341		UL- periodontal scaling and root planing - four or more teeth per quadrant (unsent)	20.00		40.00
06/02/2015	Anthony	D4341		LL- periodontal scaling and root planing - four or more teeth per quadrant (unsent)	20.00		60.00
06/02/2015	Anthony	Stmt		Statement-InPerson			
06/02/2015	Anthony	Pay		Credit Card \$20.00		20.00	40.00

PET0276

Nora Vinh, DMD
18120 Brookhurst Street
Suite 13
Fountain Valley, CA 92708
(4)962-6669

STATEMENT
06/02/2015
Account Number 2621

Anthony Reed
2217 florida st. apt. #3
Huntington Beach, CA 92648

Total: \$40.00
-Ins Estimate: \$0.00
=Balance: \$40.00

Date	Patient	Code	Tooth	Description	Charges	Credits	Balance
				Balance Forward			20.00
06/02/2015	Anthony	D4341		UL- periodontal scaling and root planing - four or more teeth per quadrant (unsent)	20.00		40.00
06/02/2015	Anthony	D4341		LL- periodontal scaling and root planing - four or more teeth per quadrant (unsent)	20.00		60.00
06/02/2015	Anthony	Pay		Credit Card \$20.00		20.00	40.00

PET0277

Nora Vinh, DMD
18120 Brookhurst Street
Suite 13
Fountain Valley, CA 92708
14)962-6669

STATEMENT
05/12/2015
Account Number 2621

Amount Due	Date Due	Amount Enclosed
20.00	Upon Receipt	

Anthony Reed
2217 florida st. apt. #3
Huntington Beach, CA 92648

CREDIT CARD TYPE _____

3 DIGIT CSV _____

EXPIRES _____

AMOUNT APPROVED _____

NAME _____

SIGNATURE _____

PLEASE DETACH AND RETURN THE UPPER PORTION WITH YOUR PAYMENT

0-30	31-60	61-90	over 90
20.00	0.00	0.00	0.00

Total: \$20.00
-Ins Estimate: \$0.00
=Balance: \$20.00

Date	Patient	Code	Tooth	Description	Charges	Credits	Balance
04/15/2015	Anthony	D0120		periodic oral evaluation - established patient (unsent)	3.00		3.00
04/15/2015	Anthony	D0220		intraoral - periapical first radiographic image (unsent)	0.00		3.00
04/15/2015	Anthony	D0230		intraoral - periapical each additional radiographic image (unsent)	0.00		3.00
04/15/2015	Anthony	D0274		bitewings - four radiographic images (unsent)	0.00		3.00
04/28/2015	Anthony	Pay		Check #1001026427 \$3.00		3.00	0.00
05/12/2015	Anthony	D4341		LR- periodontal scaling and root planing - four or more teeth per quadrant (unsent)	20.00		20.00
05/12/2015	Anthony	D4341		UL- periodontal scaling and root planing - four or more teeth per quadrant (unsent)	20.00		40.00
05/12/2015	Anthony	Pay		Credit Card \$20.00		20.00	20.00

50% = \$ 10.00

PET0278

STAPLES

Make More Happen

Low prices. Every item. Every day.

Store No: 1302

7131 Yorktown Ave.

Huntington Beach, CA 92648

714-374-6725

262626 00 026 00583

Receipt #: 00583 08/06/2016 16:35

Rewards Number 3571745235

Qty	Description	Amount
4	X BW SS LTR - 233548	0.44
3	X BW SS EMAIL LTR - 233549	1.50
	SubTotal	1.94
	Taxes	0.16
	Total	2.10

VISA #:*****4767

The Cardholder agrees to pay the Issuer of
the charge card in accordance with the
agreement between the Issuer and the
Cardholder.

Compare and Save

With Staples-brand products.

THANK YOU FOR SHOPPING AT STAPLES!



13020806160058326

Scanned & sent to Joff
8/6/16
Anthony and wisdom teen
Adam-medical
PD check 438 1014

PET0279

HAMID HAJARIAN M.D

TRANSACTION APPROVED - THAI

Payment Details

Transaction Type: SALE

Transaction Amount: \$710.00 USD

Order ID: mvt7032746064

Card Num: **** * 4767

Card Type: VISA

Response Code: 001

Auth Code: 031900

Reference Num: 641153890016370010 M

Date/Time: Aug 04 2016 09:17AM

CVD Result: CVD Match. (Code: 1M)

AVS Result: AVS check was not performed. (Code: n/a)

Walgreens

#05881 19501 BEACH BLVD
HUNTINGTON BEACH, CA 92648
714-969-1368

802 7385 0041 08/04/2016 10:57 AM

FSA RX 1914475	11.99
FSA RX 1914480	43.99
FSA RX 1914476	25.19

TOTAL	81.17
VISA ACCT 4767	81.17
CHANGE	.00

AID A0000000980840
US DEBIT
Integrated chip card

TOTAL FSA ITEMS	0.00
TOTAL RX ITEMS	81.17
TOTAL FSA AND RX ITEMS	81.17

APPROVED FSA/HRA AMOUNT 0.00

THANK YOU FOR SHOPPING AT WALGREENS

YOU COULD HAVE EARNED AN ADDITIONAL 300
POINTS BY USING YOUR BALANCE REWARDS
CARD TODAY. RESTRICTIONS APPLY. FOR
TERMS AND CONDITIONS, VISIT
WALGREENS.COM/BALANCE.

NOT A MEMBER? JOIN NOW AT ANY REGISTER,
OR GO TO WALGREENS.COM/BALANCE.
ENROLLING IS QUICK, EASY AND FREE!
REDEEM POINTS FOR DOLLARS OFF FUTURE
PURCHASES.

RFN# 0588-1417-3852-1608-0403



How are we doing?
Enter our monthly sweepstakes for
\$3,000 cash

Visit
WWW.WAGCARES.COM

or call toll free
1-800-658-1584
within 72 hours to take a short
survey about this Walgreens visit

SURVEY#
0588-1417-385

PASSWORD
2160-8040-321

For contest rules, see store or
WWW.WAGCARES.COM

PET0280

Self PD Check
1014
438.00

Geoffrey Draper

From: Alecia Draper [aleciadraper@gmail.com]
Sent: Friday, May 05, 2017 7:41 PM
To: Geoffrey Draper
Subject: Fwd: Emailing - TempDoc76000512.pdf
Attachments: TempDoc76000512.pdf

please print email and attachment

----- Forwarded message -----

From: Alecia Draper <aleciadraper@gmail.com>
Date: Tue, Apr 25, 2017 at 11:33 AM
Subject: Fwd: Emailing - TempDoc76000512.pdf
To: Jeff Reed <1968jareed@gmail.com>, "aleciadraper@gmail.com" <aleciadraper@gmail.com>, Jeff Reed <lvjeffreed@yahoo.com>

Jeff,

Attached is the receipt for Anthony's retainer. Paid on 4/5/2017.

50% = \$197.50 ✕

You can send payment to my home address shown below

Alecia Draper
20762 Crestview Lane
Huntington Beach, CA 92646

Thank you,

Alecia

----- Forwarded message -----

From: Penny Sutherland <penny@manfredorthodontics.com>
Date: Tue, Apr 25, 2017 at 11:24 AM
Subject: Emailing - TempDoc76000512.pdf
To: aleciadraper@gmail.com

Hi Alecia,

Here is the receipt for Anthony's retainer.

5/5/2017

PET0281

VTReceipt

Anthony Reed RE105

Page 1 of 1

LAUREN MANFRED DDS
9092 TALBERT AVE
FOUNTAIN VALLEY, CA 92708
714-963-8934

Date: 4/5/2017 Time: 1:45 PM PDT

Trans Type: Sale
Customer ID:

Transaction #: 299721011

Name:

Account: *****9092

Exp Date: ****

Card Type: VISA

Entry: Manual

AuthCode: 01005D

Result: APPROVED

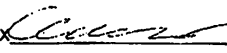
Message: APPROVAL

Batch Number: 668

Subtotal: \$395.00

Total Amt: \$395.00

I Agree to Pay Above Total
Amount According to Card
Issuer Agreement (Merchant
Agreement if Credit Voucher)

Signature X 

https://reports.secureexchange.net/admin/VTReceipt.aspx?VTResult_Date=4%2f5%2f2017&VTResult_Time=... 4/5/2017

PET0282

Penny Sutherland ☺

Manfred Orthodontics

(714) 963-8931

penny@manfredorthodontics.com



MANFRED
ORTHODONTICS

5/5/2017

PET0283

STAPLES

Make More Happen

Low prices. Every item. Every day.

Store No: 1302
7131 Yorktown Ave.
Huntington Beach, CA 92648
714-374-6725

262626 00 026 09363
Receipt #: 09363 04/26/2017 15:05

Qty	Description	Amount
6	X BW SS EMAIL LTR - 233549 (aleciadraper@gmail.com)	3.00
3	X BW SS EMAIL LTR - 233549 (aleciadraper@gmail.com)	1.50
1	X CLR SS EMAIL LTR - 233587 (aleciadraper@gmail.com)	0.50
1	X BW SS EMAIL LTR - 233549 (aleciadraper@gmail.com)	0.50
6	X BW SS EMAIL LTR - 233549 (1968jareed@gmail.com)	3.00
SubTotal		8.50
Taxes		0.66
Total		USD \$9.16

VISA #:*****7754 [S]

Swipe

Auth No.: 021737

The Cardholder agrees to pay the Issuer of the charge card in accordance with the agreement between the Issuer and the Cardholder.

Please be aware that you are providing us with email addresses in order for Staples to provide the service you have requested. We will not be responsible for the mail or the attachments once they leave our own servers. We do not guarantee delivery, nor are we responsible for typographical errors.

New!

A fast and easy way to print from your mobile device.

Step 1

Email your document to Staples@printme.com and look out for a confirmation email.

Step 2

Select "print" then "email" on any one of our in-store self-serve copier touch screens.

Step 3

Enter or scan your 8-digit confirmation barcode from your email and start printing.

**Free shredding,
first 2 lb.**

Please see associate for details.

Expires 6/24/17.

Coupon code:
81469



Offer valid through 6/24/17 in store only. Discount applies exclusively to shredding service. Cannot be combined with any other discount or coupon. While supplies last. Limit one coupon per customer, nontransferable. Each item purchased can only be discounted by one coupon, applied by cashier in the order received and prior to tax. Coupon not valid if purchased or sold and must be surrendered. No cash/credit back. Not valid on prior purchases or purchases made with Staples® Procurement or Convenience Cards. Coupon value does not include tax.

STAPLES

20% off

select Print & Marketing Services orders
of \$50 or more.

Expires 4/30/17.

Coupon code:
35093



Valid online at design.staples.com and documents.staples.com, by phone at 1-888-333-3199 or in Staples® U.S. stores. Offer valid on shredding and shipping services in Staples® U.S. stores. Discount applies to regular-priced items and services only. Cannot be combined with any other discount or coupon. Excludes Daily Deals, Auto Restock orders, Staples Promotional Products, custom quoted work, and self-serve transactions. Not valid on Postage Stamps, prior purchases, shipping fees, express fees, or purchases made with Staples® Procurement or Convenience Cards. While supplies last. Limit one coupon per customer, nontransferable. Each item or service purchased can only be discounted by one coupon, applied by cashier in the order received. Coupon not valid if purchased or sold and must be surrendered. No cash/credit back. Coupon value applied pre-tax. Expires 4/30/17.

STAPLES

See an associate to learn more.

PF06756

PET0284

STAPLES

Make More Happen

Low prices. Every item. Every day.

Store No: 1302

7131 Yorktown Ave.

Huntington Beach, CA 92648

714-374-6725

262626 00 026 09363

Receipt #: 09363 04/26/2017 15:05

Compare and Save
With Staples-brand products.
THANK YOU FOR SHOPPING AT STAPLES!



13020426170936326

New!

A fast and easy way to print
from your mobile device.

Step 1

Email your document to Staples@printme.com
and look out for a confirmation email.

Step 2

Select "print" then "email" on any one of our
in-store self-serve copier touch screens.

Step 3

Enter or scan your 8-digit confirmation
barcode from your email and start printing.

Free shredding, first 2 lb.

Please see associate for details.

Expires 6/24/17.

Coupon code:
81469



Offer valid through 6/24/17 in store only. Discount applies exclusively to shredding service. Cannot be combined with any other discount or coupon. While supplies last. Limit one coupon per customer, nontransferable. Each item purchased can only be discounted by one coupon, applied by cashier in the order received and prior to tax. Coupon not valid if purchased or sold and must be surrendered. No cash/credit back. Not valid on prior purchases or purchases made with Staples® Procurement or Convenience Cards. Coupon value does not include tax.

STAPLES

20% off

select Print & Marketing Services orders
of \$50 or more.

Expires 4/30/17.

Coupon code:
35093



Valid online at design.staples.com and documents.staples.com, by phone at 1-888-333-3199 or in Staples® U.S. stores. Offer valid on shredding and shipping services in Staples® U.S. stores. Discount applies to regular-priced items and services only. Cannot be combined with any other discount or coupon. Excludes Daily Deals, Auto Restock orders, Staples Promotional Products, custom quoted work, and self-serve transactions. Not valid on Postage Stamps, prior purchases, shipping fees, express fees, or purchases made with Staples® Procurement or Convenience Cards. While supplies last. Limit one coupon per customer, nontransferable. Each item or service purchased can only be discounted by one coupon, applied by cashier in the order received. Coupon not valid if purchased or sold and must be surrendered. No cash/credit back. Coupon value applied pre-tax. Expires 4/30/17.

STAPLES

See an associate to learn more.

PR06756



**KAISER
PERMANENTE®**

Huntington Beach Pharmacy
18081 Beach Blvd.
Huntington Beach, California 92648
866-353-5003

4/7/17

Trans.: 0169
Reg.: 033
Cashier: C149607

9:01
Store: 0107
Till: nrs0
Sales: C14960

SALE

RX 1072J3032532	10.00	N
RX 1072J3032533	7.43	N
Subtotal	17.43	
Total Sales Tax	0.00	
Total	17.43	
Debit	17.43	
Card: Visa		
Account: 7754		
Auth: 571522 (A)		
Entry: Swipe		
Total Tender	17.43	
Change Due	0.00	

50% = \$8.70



01072003013920170407

V=Health Care Eligible
Healthcare Eligible Amount 17.43

Healthcare summary above includes items
(and tax) that may be eligible for plan
reimbursement. Restrictions may apply.

Customer Copy

More People Turn To Us For Good Health.
Thanks for choosing Kaiser Permanente.

Health Care begins at home.

Make the most of your medicine cabinet
and stock up on essential OTC products
available at Kaiser Permanente pharmacies.

THRIVE.

PET0286

KAISER PERMANENTE
SOUTHERN CALIFORNIA REGION
HARBOR MAC ARTHUR MED OFFICES U
3401 SOUTH HARBOR BLVD.
SANTA ANA, CA 92704-7933

Patient Name: REED, ANTHONY J
Acct Name: DRAPER, ALECIA ANN
Account ID: 214900702727

Pymt Date: 04/01/2017
Service Date: 04/01/2017
Provider: KRISHNAMOORTHY, BHUV

Amount Paid: \$25.00
Source: Credit Card
Reference #: 7754
Receipt #: 25728737

50% = \$12.50

You have paid the above amount toward your total charges for services you will receive today or during this hospital admission. If this does not cover your full financial liability, you will receive a bill for additional charges based on the specifics of your health coverage plan, your included benefits and the actual services you receive. If you have questions or want more information about your benefits, limitations, exclusions and charges, please call the telephone number on your identification card.

Please keep this receipt for your records.
Thank you for choosing KAISER PERMANENTE as your healthcare provider.

PET0287

KAISER PERMANENTE
SOUTHERN CALIFORNIA REGION
HUNTINGTON BEACH MED OFFICES U
18081 BEACH BLVD.
HUNTINGTON BEACH, CA 92648-1304

Patient Name: REED, ANTHONY J
Acct Name: DRAPER, ALECIA ANN
Account ID: 214900702727

Pymt Date: 04/07/2017
Service Date: 04/07/2017
Provider: HNB LAB WALK IN

Amount Paid: \$10.00
Source: Credit Card
Reference #: 7754
Receipt #: 25769471

50% = \$5.00

You have paid the above amount toward your total charges for services you will receive today or during this hospital admission. If this does not cover your full financial liability, you will receive a bill for additional charges based on the specifics of your health coverage plan, your included benefits and the actual services you receive. If you have questions or want more information about your benefits, limitations, exclusions and charges, please call the telephone number on your identification card.

Please keep this receipt for your records.
Thank you for choosing KAISER PERMANENTE as your healthcare provider.

PET0288

KAISER PERMANENTE
SOUTHERN CALIFORNIA REGION
HUNTINGTON BEACH MED OFFICES U
18081 BEACH BLVD.
HUNTINGTON BEACH, CA 92648-1304

Still

Patient Name: REED, ANTHONY J
Acct Name: DRAPER, ALECIA ANN
Account ID: 214900702727

Pymt Date: 04/07/2017
Service Date: 04/07/2017
Provider: WONG, PATTY CHEN (M.)

Amount Paid: \$25.00
Source: Credit Card
Reference #: 7754
Receipt #: 25768912

50% = \$12.50

You have paid the above amount toward your total charges for services you will receive today or during this hospital admission. If this does not cover your full financial liability, you will receive a bill for additional charges based on the specifics of your health coverage plan, your included benefits and the actual services you receive. If you have questions or want more information about your benefits, limitations, exclusions and charges, please call the telephone number on your identification card.

Please keep this receipt for your records.
Thank you for choosing KAISER PERMANENTE as your healthcare provider.

PET0289

KAISER PERMANENTE
SOUTHERN CALIFORNIA REGION
OC ANAHEIM MEDICAL CENTER L
3440 E. LA PALMA AVENUE
ANAHEIM, CA 92806-2020

Patient Name: REED, ANTHONY J
Acct Name: DRAPER, ALECIA ANN
Account ID: 21417197964

Pymt Date: 04/10/2017

Amount Paid: \$100.00
Source: Credit Card
Reference #: 7754
Receipt #: 00071020

50% = \$ 50.00

You have paid the above amount toward your total charges for services you will receive today or during this hospital admission. If this does not cover your full financial liability, you will receive a bill for additional charges based on the specifics of your health coverage plan, your included benefits and the actual services you receive. If you have questions or want more information about your benefits, limitations, exclusions and charges, please call the telephone number on your identification card.

Please keep this receipt for your records.
Thank you for choosing KAISER PERMANENTE as your healthcare provider.

PET0290

KAISER PERMANENTE
SOUTHERN CALIFORNIA REGION
ANAHEIM KRAEMER MED OFFICE 1
3460 E. LA PALMA AVENUE .
ANAHEIM, CA 92806-2020

Patient Name: REED, ANTHONY J
Acct Name: DRAPER, ALECIA ANN
Account ID: 214900702727

Pymt Date: 04/11/2017
Service Date: 04/11/2017
Provider: TRIPATHI, PREM (M.D.)

Amount Paid: \$25.00
Source: Credit Card
Reference #: 7754
Receipt #: 25796384

50% = \$12.50

You have paid the above amount toward your total charges for services you will receive today or during this hospital admission. If this does not cover your full financial liability, you will receive a bill for additional charges based on the specifics of your health coverage plan, your included benefits and the actual services you receive. If you have questions or want more information about your benefits, limitations, exclusions and charges, please call the telephone number on your identification card.

Please keep this receipt for your records.
Thank you for choosing KAISER PERMANENTE as your healthcare provider.

PET0291

EXHIBIT “D”

EXHIBIT “D”

EXHIBIT “D”

Child	Treatment	Date of Service	Amount Alecia paid	Date Emailed to Jeff	50% Owed Following the 30/30 Rule	Due Date Following the 30/30 Rule	Amount Jeff Paid	Balance Due	Date Jeff Paid	Check #
Adam	Eye Exam	1/30/2015	\$49.00	1/31/2015	\$24.50	3/2/2015	\$24.50	\$0.00	3/15/2015	#914
Adam	Glasses	1/30/2015	\$98.99	1/31/2015	\$49.50	3/2/2015	\$49.50	\$0.00	3/15/2015	#914
Adam	Medical	2/16/2015	\$50.00	2/18/2015	\$25.00	3/20/2015	\$0.00	\$25.00		
Adam	Dentist	3/11/2015	\$90.00	3/18/2015	\$45.00	4/17/2015	\$0.00	\$45.00		
Adam	Dentist	3/19/2015	\$90.00	3/29/2015	\$45.00	4/28/2015	\$0.00	\$45.00		
Adam	Therapy	4/8/2015	\$100.00	4/9/2015	\$50.00	5/9/2015	\$0.00	\$50.00		
Adam	Medical	6/2/2016	\$35.00	8/6/2016	\$17.50	9/5/2016	\$17.50	\$0.00	9/8/2016	#1014
Adam	Medical	7/2/2016	\$50.00	8/6/2016	\$25.00	9/5/2016	\$25.00	\$0.00	9/8/2016	#1014
Adam	Therapy	4/25/2017	\$130.00	5/5/2017	\$65.00	6/4/2017	\$0.00	\$65.00		
Adam	Therapy	5/2/2017	\$130.00	5/2/2017	\$65.00	6/1/2017	\$0.00	\$65.00		
Adam	Therapy	5/9/2017	\$130.00	5/9/2017	\$65.00	6/8/2017	\$0.00	\$65.00		
Adam	Therapy	5/16/2017	\$130.00	5/17/2017	\$65.00	6/16/2017	\$0.00	\$65.00		
Adam	Therapy	5/23/2017	\$130.00	5/24/2017	\$65.00	6/23/2017	\$0.00	\$65.00		
Adam	Therapy	5/30/2017	\$130.00	5/30/2017	\$65.00	6/29/2017	\$0.00	\$65.00		
Adam	Therapy	6/6/2017	\$130.00	6/6/2017	\$65.00	7/6/2017	\$0.00	\$65.00		
Adam	Therapy	6/13/2017	\$130.00	6/14/2017	\$65.00	7/14/2017	\$0.00	\$65.00		
Adam	Therapy	6/20/2017	\$130.00	6/28/2017	\$65.00	7/28/2017	\$0.00	\$65.00		
Adam	Therapy	7/11/2017	\$130.00	7/11/2017	\$65.00	8/10/2017	\$0.00	\$65.00		
			\$1,862.99		\$931.50		\$116.50	\$815.00		

U.S. Bank Confidential Communication




Requested by: Lynette Miramontes

This check image contains confidential information. If you print this image, please store it in a secure place to avoid unauthorized usage of this information. Increased security awareness when discarding or destroying this document is recommended.

Item #2	Account No.: 3171214443	Check No.: 0	Sequence No.: 008953787778
Amount: \$152.99	Routing No.: 32227162	Date: 03/19/2015	

Front:



JEFFREY A. REED
10809 GARDEN MIST DR., # 2103
LAS VEGAS, NV 89135

914

March 15, 15

Pay to the order of Alexa Kremidas \$ 152.99

One Hundred Fifty-two dollars and 99/100 DOLLARS

CHASE
JPMorgan Chase Bank, N.A.
www.Chase.com

⑆322271627⑆ 3171214443⑈0914

Back:

DO NOT WRITE, STAMP OR SIGN BELOW THIS LINE

153753964983

Alexa Kremidas

⑆123006220403192015⑆
E 6902 ID 365 PKT 01
757 1632092

A FURTHER RESERVE LOAN OF GOVERNORS REG. CO

JEFFREY A. REED
5099 PENNSIER ST.
LAS VEGAS, NV 89135

90-7162
3222 40865

1014

DATE Sept 8, 16

PAY TO THE
ORDER OF Alecia

\$ 438 -

Four Hundred thirty-eight and no/100

DOLLARS



Security Features
Include on Back.

CHASE

JPMorgan Chase Bank, N.A.
www.Chase.com

Adam Dr / medication
MEMO Anthony - wisdom teeth

⑆322271627⑆

3171214443⑈1014

MP

FINE LINE

PET0295

DR MARTIN DOLL, OD & ASSOCIATES
7562 CENTER AVE
HUNTINGTON BEACH, CA 92647

Invoice

✓
Pg # 914
Ch # 152.99

Bill To:
Adam Reed

Date	Invoice No.	P.O. Number	Terms	Project
01/30/15	5782			

Item	Description	Quantity	Rate	Amount
S0621	Basic Eye Exam		49.00	49.00
	Sales Tax		0.00%	0.00
Total				\$49.00

PAID

PET0296

HUNTINGTON BEACH CITY SCHOOL DISTRICT
HEALTH SERVICES

REPORT OF EYE EXAMINATION

Name of child Adam Rud School Dwyer Date 1-27-15

Dear Parent:

As a result of a recent vision screening program at school, we believe that your child should have a complete eye examination. We urge you to give this your prompt attention. Please take this form to your eye examiner and ask him to complete it and return it to the school. If you desire additional information, our school nurse will be glad to help you.

Nurse: Ginger Skinner RN Principal: Dr. Morgan Smith
Address: 1502 Palm Ave H.B 9
Street City State, Zip

Note to the examiner:

We have directed the parents' attention to the need for complete examination because of:

Performance on Snellen Test R.20/40 L.20/20

Signs and Symptoms _____

The school will appreciate a report from you and any recommendations you desire to make. This information will be of help in planning the educational program for this child.

REPORT OF EXAMINER TO THE SCHOOL

Visual Acuity

Without lenses	With lenses
R.20/ L.20/	R.20/ L.20/
Both 20/	Both 20/

Glasses

- ☐ Not prescribed
- ☐ Prescribed
- ☐ To be worn all the time
- ☐ To be worn for close work
- ☐ To be worn for distance only
- ☐ Safety lenses

Diagnosis:

Preferential seating recommended _____

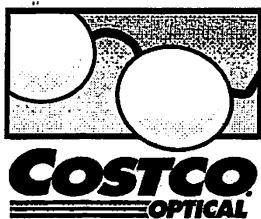
Special materials that would be helpful _____

Other recommendations or suggestions _____

Date patient should return for further examination _____

Signature _____ Address _____

Note to Examiner: Please mail completed form to school indicated above.



FASHION FRAMES * CONTACT LENSES
PRESCRIPTION LENSES

ONLINE SHOPPING: COSTCO.COM

Tax ID#: 91-1223280. Costco Wholesale does not accept assignment.
Please forward reimbursements directly to the Costco member at address below.

INVOICE DATE
1/30/15

INVOICE NO.
3109923 2015

PROFILE NO.
20168637

MEMBER NO.
111839016872

OPTICAL DEPT.
1110 HUNT BEACH
7562 CENTER AVE.
HUNTINGTON BCH, CA 92648
714 372-7523

PATIENT
REED, ADAM
2217 FLORIDA ST
APT 3
HUNTINGTON BEACH, CA 92648-298
714 916-1524

PRESCRIBING DOCTOR		Rx WRITTEN	Rx EXPIRES	OPTICIAN	CASE
Doll/doud		1/30/15	1/30/17	MR	
EYEGLASSES					
DIST. R L	SPHERE	CYL.	AXIS		
	+ .500 + .250	-.500	63		
ADD R L	DIST P.D.				
	29.5 29.5				
SPECIAL INSTRUCTIONS					
					Frame Source SUPPLIED
QTY	ITEM	DESCRIPTION		UNIT PRICE	EXTENSION
1	437751	Sv Poly Asph Youth Ar		49.00	49.00
1	605071	Single Vision Aspheric Perry Ellis Pe300 52/17/135 Olive		49.99	49.99
TOTAL:					98.99

*Pl
ck No 914
152.99*

SLIP PRINT



PATIENT COPY

PET0298

MASTIN DOLL OD
7562 CENTER AVE
HUNTINGTON BE, CA 92647
01/30/2015 17 00 47

CREDIT CARD
AMEX SALE

CARD #	XXXXXXXXXXXX1011
INVOICE	0010
SEQ #:	0010
Batch #:	000729
Approval Code:	594295
Entry Method:	Swiped
Mode:	Online
SALE AMOUNT	\$98.00

CUSTOMER COPY



Alecia Draper <aleciadraper@gmail.com>

Visitation1 message

Alecia Draper <aleciadraper@gmail.com>

Sat, Jan 31, 2015 at 10:41 PM

To: 1968jareed@gmail.com

When do you plan on visiting? I need 30 days notice. This is the second request for dates you would be come out to see the kids. I have had no response.

Emily will decide what she can and can't handle when that day and time comes that you are here. She is dealing with her own feelings and recovery.

The boys have no problems with spending time with you and welcome your visits. You didn't see them for Christmas or New Years. Adam had a birthday in January and he will be starting baseball soon. Anthony will be in track again. The weekends are full of games, dances, surfing, and races starting the end of Feb. and beginning in March.

Alecia

Emailed on 2/18

HEALTHCARE PARTNERS MEDICAL GROU

TMG - FOUNTAIN VALLEY
9930 TALBERT AVE
FOUNTAIN VALLEY, CA 92708-5153

Tel:

*✓
Pd
ch # 906*

REED, ADAM
2217 FLORIDA ST. APT.3
APT 3
HUNTINGTON BEACH, CA 92648

Acct #: 28-1789270

Visit #: 45476304

Date	Description of Service	Amount
-----	-----	-----
02/16/2015	Payment for Medical Services	\$50.00

Payment Type: CREDIT CARD

Co-pays are collected for office visits at the time of check-in. Office visit co-pays do not include any co-pays or coinsurance payments that may be due for the actual services rendered during the office visits. If you have received a service that requires an additional co-pay or coinsurance, you will receive a bill for charges not collected at the time of your appointment. Please pay your account balance promptly upon receipt of your bill.

Register for the Patient Portal today. Ask your doctor's office for more details

PET0301

Nora Vinh, DMD
18120 Brookhurst Street
Suite 13
Fountain Valley, CA 92708
962-6669

STATEMENT
03/19/2015
Account Number 1914

Adam Reed
2217 Florida St. Apt. #3
Huntington Beach, CA 92648

Total: \$10.00
-Ins Estimate: \$144.00
=Balance: (\$134.00)

Date	Patient	Code	Tooth	Description	Charges	Credits	Balance
				Balance Forward			10.00
03/19/2015	Adam	D2391	2	O resin-based composite - one surface, posterior	45.00		55.00
03/19/2015	Adam	D2391	31	O resin-based composite - one surface, posterior	45.00		100.00
03/19/2015	Adam	Pay		Credit Card \$90.00		90.00	10.00
03/19/2015	Adam	Claim		Pri Claim \$90.00 Delta Usa Waiting to Send Estimated Payment Pending: \$72.00 Est. Patient Portion: \$18.00			

PET0302

Nora Vinh, DMD
 18120 Brookhurst Street
 Suite 13
 Fountain Valley, CA 92708
 (4)962-6669

STATEMENT

05/12/2015
 Account Number 1914

Amount Due	Date Due	Amount Enclosed
10.00	Upon Receipt	

CREDIT CARD TYPE _____

3 DIGIT CSV _____

EXPIRES _____

AMOUNT APPROVED _____

NAME _____

SIGNATURE _____

Adam Reed
 2217 Florida St. Apt. #3
 Huntington Beach, CA 92648

PLEASE DETACH AND RETURN THE UPPER PORTION WITH YOUR PAYMENT

0-30	31-60	61-90	over 90
0.00	10.00	0.00	0.00

Total: \$10.00
 -Ins Estimate: \$0.00
 =Balance: \$10.00

Date	Patient	Code	Tooth	Description	Charges	Credits	Balance
03/04/2015	Adam	D0120		periodic oral evaluation - established patient	3.00		3.00
03/04/2015	Adam	D0220		intraoral - periapical first radiographic image	0.00		3.00
03/04/2015	Adam	D0230		intraoral - periapical each additional radiographic image	0.00		3.00
03/04/2015	Adam	D0274		bitewings - four radiographic images	0.00		3.00
03/04/2015	Adam	D1120		prophylaxis - child	10.00		13.00
03/11/2015	Adam	D2391	15	O resin-based composite - one surface, posterior (unsent)	45.00		58.00
03/11/2015	Adam	D2391	18	O resin-based composite - one surface, posterior (unsent)	45.00		103.00
03/11/2015	Adam	Pay		Credit Card \$90.00		90.00	13.00
03/11/2015	Adam	Stmt		Statement-InPerson			
03/17/2015	Adam	Pay		Check #1001019966 \$3.00		3.00	10.00
03/19/2015	Adam	D2391	2	O resin-based composite - one surface, posterior (unsent)	45.00		55.00
03/19/2015	Adam	D2391	31	O resin-based composite - one surface, posterior (unsent)	45.00		100.00
03/19/2015	Adam	Stmt		Statement-InPerson			
03/19/2015	Adam	Stmt		Statement-InPerson			
03/19/2015	Adam	Pay		Credit Card \$90.00		90.00	10.00

PET0303

Nora Vinh, DMD
 18120 Brookhurst Street
 Suite 13
 Fountain Valley, CA 92708
 4)962-6669

STATEMENT
 03/11/2015
 Account Number 1914

Amount Due	Date Due	Amount Enclosed
-59.00	Upon Receipt	

CREDIT CARD TYPE _____

3 DIGIT CSV _____

EXPIRES _____

AMOUNT APPROVED _____

NAME _____

SIGNATURE _____

Adam Reed
 2217 Florida St. Apt. #3
 Huntington Beach, CA 92648

PLEASE DETACH AND RETURN THE UPPER PORTION WITH YOUR PAYMENT

0-30	31-60	61-90	over 90
13.00	0.00	0.00	0.00

Total: \$13.00
 -Ins Estimate: \$72.00
 =Balance: (\$59.00)

Date	Patient	Code	Tooth	Description	Charges	Credits	Balance
03/04/2015	Adam	D0120		periodic oral evaluation - established patient	3.00		3.00
03/04/2015	Adam	D0220		intraoral - periapical first radiographic image	0.00		3.00
03/04/2015	Adam	D0230		intraoral - periapical each additional radiographic image	0.00		3.00
03/04/2015	Adam	D0274		bitewings - four radiographic images	0.00		3.00
03/04/2015	Adam	D1120		prophylaxis - child	10.00		13.00
03/11/2015	Adam	D2391	15	O resin-based composite - one surface, posterior	45.00		58.00
03/11/2015	Adam	D2391	18	O resin-based composite - one surface, posterior	45.00		103.00
03/11/2015	Adam	Claim		Pri Claim \$90.00 Delta Usa Waiting to Send Estimated Payment Pending: \$72.00 Est. Patient Portion: \$18.00			
03/11/2015	Adam	Pay		Credit Card \$90.00		90.00	13.00

Adam 2 cavities

Scheduled Appointments:
 Adam Reed: Friday, 03/13/2015, 4:15 PM,

PET0304



Alecia Draper <aleciadraper@gmail.com>

Adam therapy bill

1 message

Alecia Draper <aleciadraper@gmail.com>

Thu, Apr 9, 2015 at 4:22 PM

To: Jeff Reed <1968jareed@gmail.com>, aleciadraper@gmail.com

\$100 payed Adam therapy

Sent from my iPhone

 **text_0.txt**
1K



NOT PAID

Great to see you!**\$100.00 USD**

Amount	\$100.00
Subtotal	\$100.00
TOTAL	\$100.00 USD

Created on Apr 8, 2015 5:15:22 PM PDT
Order ID: 0023

Payment Method**SALE (Keyed)**

MasterCard *****7454

Transaction ID: 4U0927706N319844C

This transaction will appear on your credit card
statement as 'PP*RELATIONSHI'

Additional Details

Authorization Code: 02349Z

Terminal ID: ****0001

Business Information

The Relationship Warehouse

Merchant ID: BGGAJFRCG42D8

151 Kalmus Driv, M3

Costa Mesa CA 92626, US

guy@therelationshipwarehouse.com

therelationshipwarehouse.com

Purchase Location



Alecia Draper <aleciadraper@gmail.com>

PayPal/ Adam therapy

1 message

Alecia Draper <aleciadraper@gmail.com>

Thu, Apr 9, 2015 at 4:18 PM

To: Jeff Reed <1968jareed@gmail.com>, aleciadraper@gmail.com

Here is Adams therapy for the last 4 appointments. I am going to have him go every other week. This will cut payment \$50 a month.

As you send medical payments I will be keeping a total and send to you.

If we can avoid going back to court this would be my first choice.

I have not received child support as of 4/9/15. I will let you know when I receive it.

Alecia

<https://www.paypal.com/us/webapps/userexperienceweb/page/ireceipt/get?id=INV2-AFKS-5P23-N4LE-52XG>

Sent from my iPhone



**KAISER
PERMANENTE®**

ALECIA A DRAPER
20762 CRESTVIEW LANE
HUNTINGTON BEACH, CA 92646

Emailed to Jeff 8/6/2016 "Staples"

PAGE 1 OF 6

PROFESSIONAL BILL ACTIVITY

Guarantor Account #: 214900702727

Bill Date: 06/02/2016
Amount You Owe: \$35.00
Due Date: 07/02/2016

Adam Reed

Professional Bill Summary

Charges.....	\$387.00
Paid by Insurance / Adjustments / Discount.....	-\$342.00
Paid by You.....	-\$10.00
Amount You Owe.....	\$35.00

Please Pay This Amount..... \$35.00
Due Date..... 07/02/2016

Billing Que
Contact:
Hours of C
Phone:
Pay Online

214900702727
ALECIA A KREMIDAS-DRAPER
2217 FLORIDA ST. APT 3
HUNTINGTN BCH, CA 92648-2983

06-189/1212

588

DATE *July 28, 16*

PAY TO THE
ORDER OF

Kaiser Permanente

\$ **35.00**

Thirty Five dollars and 00/100

DOLLARS A



All of us serving you®

Alecia Draper MP

MEMO *Medical*

⑆121201694⑆ 153753904983⑈0588

ment for
nicado.

Please review

Please make check or money order payable to Kaiser Foundation Health Plan. Detach coupon and return with your payment in the envelope provided



**KAISER
PERMANENTE.**

(Please do not send payment to this address)
PO Box 629024
El Dorado Hills CA 95762-9024

P S

ADDRESSEE:

AB 01 005800 96963 B 24 A



ALECIA A DRAPER
20762 CRESTVIEW LANE
HUNTINGTON BEACH, CA 92646-5929

WRITE THIS GUARANTOR NUMBER ON YOUR CHECK 214900702727		AMOUNT DUE \$35.00
GUARANTOR NAME ALECIA A DRAPER		DUE BY 07/02/2016
CREDIT CARD USED FOR PAYMENT		
<input checked="" type="checkbox"/> MASTERCARD <input type="checkbox"/> DISCOVER <input type="checkbox"/> VISA <input type="checkbox"/> AMERICAN EXPRESS		
CARD NUMBER	EXP. DATE	
CARDHOLDER NAME		
SIGNATURE	AMOUNT PAID	
	\$	

Submit Payment To:



KAISER FOUNDATION HEALTH PLAN, INC.
FILE 50445
LOS ANGELES, CA. 90074-0445

208000214900702727000003500000001

PET0308



**KAISER
PERMANENTE®**

ALECIA A DRAPER
20762 CRESTVIEW LANE
HUNTINGTON BEACH, CA 92646

Emailed to Jeff on 8/6/16 "Staples"

PAGE 1 OF 4

PROFESSIONAL BILL ACTIVITY

Guarantor Account #: 214900702727

Bill Date: 07/02/2016

Amount You Owe: \$50.00

Due Date: 08/01/2016

Adam Reed

Professional Bill Summary

Charges.....	\$677.00
Paid by Insurance / Adjustments / Discount.....	-\$592.00
Paid by You.....	-\$35.00
Amount You Owe.....	\$50.00

Please Pay This Amount..... \$50.00

⇒ Current Due..... \$25.00

⇒ Past Due..... \$25.00

Due Date..... 08/01/2016

Billing Questions?

Contact:
Hours of Op:
Phone:
Pay Online:

Member Reading Call Center

214900702727
ALECIA A KREMIDAS-DRAPER
2217 FLORIDA ST. APT 3
HUNTINGTN BCH, CA 92648-2983

Please see back of statement for

icado.

PAY TO THE
ORDER OF

Kaiser Permanente

\$ *50.00*

According to
made a full p

Fifty dollars and 00/100

DOLLARS

full. If you have



All of us serving you®

MEMO

medical

Alecia Draper

NP

⑆121201694⑆ 153753904983⑆0589

Please make check or money order payable to Kaiser Foundation Health Plan. Detach coupon and return with your payment in the envelope provided.



**KAISER
PERMANENTE.**

(Please do not send payment to this address)

PO Box 829024
El Dorado Hills CA 95762-9024

ADDRESSEE:

AB 01 005026 25759 B 23 B



ALECIA A DRAPER
20762 CRESTVIEW LANE
HUNTINGTON BEACH, CA 92646-5929

P S

WRITE THIS GUARANTOR NUMBER ON YOUR CHECK 214900702727		AMOUNT DUE \$50.00
GUARANTOR NAME ALECIA A DRAPER		DUE BY 08/01/2016
CREDIT CARD USED FOR PAYMENT		
<input checked="" type="checkbox"/> MASTERCARD <input type="checkbox"/> DISCOVER <input type="checkbox"/> VISA <input type="checkbox"/> AMERICAN EXPRESS		
CARD NUMBER		EXP. DATE
CARDHOLDER NAME		
SIGNATURE		AMOUNT PAID \$

Submit Payment To:



KAISER FOUNDATION HEALTH PLAN, INC.
FILE 50445
LOS ANGELES, CA. 90074-0445

005026 1/2

6

KPS:TM11 63268 SN208 070316170808 DAT01

2080002149007027270000050000000001

PET0309

Geoffrey Draper

From: Alecia Draper [aleciadraper@gmail.com]
Sent: Friday, May 05, 2017 8:27 PM
To: Geoffrey Draper
Subject: Fwd: Receipt from Kyle Keffer Counseling

----- Forwarded message -----

From: Alecia Draper <aleciadraper@gmail.com>
Date: Wed, Apr 26, 2017 at 9:49 AM
Subject: Fwd: Receipt from Kyle Keffer Counseling
To: Jeff Reed <1968jareed@gmail.com>, Jeff Reed <lvjeffreed@yahoo.com>, "aleciadraper@gmail.com" <aleciadraper@gmail.com>

Jeff,

The email I am forwarding is a copy of the counseling receipt that I payed for Adam. I will be sending this to you after each payed session.

Kyle Keffer will be seeing Adam every Tuesday at 5pm. Counseling will continue until Adam decides he is feeling better about himself. His primary doctor and school counselor have recommended that Adam see a therapist for depression and low self esteem.

Kyle's phone number is- (949) 742-2665

Feel free to reach out to him directly with any questions.

Alecia

----- Forwarded message -----

From: Kyle Keffer Counseling via SwipeSimple <noreply@swipesimple.com>
Date: Tue, Apr 25, 2017 at 5:22 PM
Subject: Receipt from Kyle Keffer Counseling
To: aleciadraper@gmail.com

Kyle Keffer Counseling

901 Dove Street Suite 140
Newport Beach, CA 92660

Order Date: 04/25/2017 20:21:34

Order #: 1060935340

Transaction Type: Sale

Transaction Status: Approved

5/5/2017

PET0310

Transaction Method: Dipped

Card: Visa XXXX-XXXX-XXXX-7754

Therapy 50 Min. - \$125 x 1

\$125.00

CC x 1

\$5.00

Sub-Total

\$130.00

Tax

\$0.00

Total

\$130.00

Visa XXXX-XXXX-XXXX-7754

\$130.00

50% = \$65.00

A large, stylized handwritten signature in black ink, consisting of several loops and a long horizontal stroke.

Thank you! If you have any questions or would like to schedule your next appointment, please call me at 949-742-2665.

Receipt sent via SwipeSimple, powered by CardFlight
© CardFlight, Inc. 2017

5/5/2017

PET0311

Geoffrey Draper

From: Alecia Draper [aleciadraper@gmail.com]
Sent: Friday, May 05, 2017 8:28 PM
To: Geoffrey Draper
Subject: Fwd: Receipt from Kyle Keffer Counseling

----- Forwarded message -----

From: Alecia Draper <aleciadraper@gmail.com>
Date: Tue, May 2, 2017 at 5:18 PM
Subject: Fwd: Receipt from Kyle Keffer Counseling
To: Jeff Reed <1968jareed@gmail.com>, Alecia Draper <aleciadraper@gmail.com>, amanda@lvfamilylaw.com, Holli Miller <holli@lvfamilylaw.com>

Jeff,

Payment for Adam is shown below.

Please follow the 30/30 rule for all out of pocket medical.

Please confirm you have received all medical bills sent week of 4/24/2017 and this current receipt sent on 5/2/17.

I have included your attorney on this email since I do not receive any communication back from you when I send information regarding Adam or Anthony.

Alecia

Sent from my iPhone

Begin forwarded message:

From: Kyle Keffer Counseling via SwipeSimple <noreply@swipesimple.com>
Date: May 2, 2017 at 5:07:54 PM PDT
To: aleciadraper@gmail.com
Subject: Receipt from Kyle Keffer Counseling

Kyle Keffer Counseling

901 Dove Street Suite 140
Newport Beach, CA 92660

Order Date: 05/02/2017 20:06:42

Order #: 1030561279

Transaction Type: Sale

Transaction Status: Approved

Transaction Method: Dipped

Card: Visa XXXX-XXXX-XXXX-7754

CC x 1

\$5.00

Therapy 50 Min. - \$125 x 1

\$125.00

5/5/2017

PET0312

Sub-Total \$130.00

Tax \$0.00

Total **\$130.00**

Visa XXXX-XXXX-XXXX-7754 \$130.00

50% = \$65.00 *

A large, stylized handwritten signature in black ink, consisting of several loops and a long horizontal stroke.

Thank you! If you have any questions or would like to schedule your next appointment, please call me at 949-742-2665.

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5/5/2017

PET0313

Adam



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Not

kyle keffer

Gmail

Move to Inbox

More

1 of 14

COMPOSE

Fwd: Receipt from Kyle Keffer Counseling Inbox x

Inbox (6,378)

Starred

Sent Mail

Drafts (18)

Junk E-mail (3)

Notes

...

 Alecia

+

Alecia Draper <aleciadraper@gmail.com>

to Jeff, Jeff

Sent from my iPhone

Begin forwarded message:

From: Kyle Keffer Counseling via SwipeSimple <noreply@swipesimple.com>

Date: May 9, 2017 at 6:02:00 PM PDT

To: aleciadraper@gmail.com

Subject: Receipt from Kyle Keffer Counseling

Sent to Jeff on 5/9/17

Kyle Keffer Counseling

No recent chats

Start a new one

901 Dove Street Suite 140

Newport Beach, CA 92660

Order Date: 05/09/2017

Order #: 1057608248

21:01:14

<-----BEGIN PGP MESSAGE-----



Alecia Draper <aleciadraper@gmail.com>

Receipt from Kyle Keffer Counseling

1 message

Kyle Keffer Counseling via SwipeSimple <noreply@swipesimple.com>
To: aleciadraper@gmail.com

Tue, May 9, 2017 at 6:02 PM

Kyle Keffer Counseling

901 Dove Street Suite 140
Newport Beach, CA 92660

Order Date: 05/09/2017 Order #: 1057608248
21:01:14

Transaction Type: Sale Transaction Status:
Approved

Transaction Method: Dipped Card: Visa XXXX-XXXX-XXXX-
7754

Therapy 50 Min. \$125.00
- \$125 x 1

CC x \$5.00
1

Sub- \$130.00
Total

Tax \$0.00

Total \$130.00

Visa XXXX-XXXX- \$130.00
XXXX-7754

Thank you! If you have any questions or would like to schedule your next appointment, please call me at 949-742-2665.

Receipt sent via SwipeSimple, powered by CardFlight
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NO THANK

Gmail

More

11 of 29,317

COMPOSE

Fwd: Receipt from Kyle Keffer Counseling Inbox

Inbox (6,579)

Starred

Sent Mail

Drafts (18)

Junk E-mail (3)

Notes

Alecia

+

No recent chats

Start a new one

Alecia Draper <aleciadraper@gmail.com>
to Jeff, Jeff

Jeff,

Forwarding payed receipt for Adams therapy.

Alecia

Sent from my iPhone

Begin forwarded message:

From: Kyle Keffer Counseling via SwipeSimple <noreply@swipesimple.com>
Date: May 16, 2017 at 6:04:37 PM PDT
To: aleciadraper@gmail.com
Subject: Receipt from Kyle Keffer Counseling

Kyle Keffer Counseling

Payed 130⁰⁰ Emailed receipt

Emailed on 5/17/2017 7:03



Alecia Draper <aleciadraper@gmail.com>

Receipt from Kyle Keffer Counseling

1 message

Kyle Keffer Counseling via SwipeSimple <noreply@swipesimple.com>
To: aleciadraper@gmail.com

Tue, May 16, 2017 at 6:04 PM

Kyle Keffer Counseling

901 Dove Street Suite 140
Newport Beach, CA 92660

Order Date: 05/16/2017 Order #: 1023809709
21:03:55

Transaction Type: Sale Transaction Status:
Approved

Transaction Method: Dipped Card: Visa XXXX-XXXX-XXXX-
7754

Therapy 50 Min. **\$125.00**
- \$125 x 1

CC x **\$5.00**
1

Sub- **\$130.00**
Total

Tax **\$0.00**

Total \$130.00

Visa XXXX-XXXX- **\$130.00**
XXXX-7754

Thank you! If you have any questions or would like to schedule your next appointment, please call me at 949-742-2665.

Receipt sent via SwipeSimple, powered by CardFlight
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NO THANK

Gmail

More

38 of 29,325

COMPOSE

Receipt from Kyle Keffer Counseling Inbox x

Inbox (6,579)

Starred

Sent Mail

Drafts (18)

Junk E-mail (3)

Notes

Alecia

+

Kyle Keffer Counseling via SwipeSimple noreply@swipesimple.com via sendgrid.net
to me

6:04 PM (16 hours :

Kyle Keffer Counseling

901 Dove Street Suite 140
Newport Beach, CA 92660

Order Date: 05/16/2017 Order #: 1023809709
21:03:55

Transaction Type: Sale **Transaction Status:**
Approved

No recent chats

Start a new one

Transaction Method: Dipped Card: Visa XXXX-XXXX-XXXX-7754

◀



Alecia Draper <aleciadraper@gmail.com>

Fwd: Receipt from Kyle Keffer Counseling
1 messageAlecia Draper <aleciadraper@gmail.com>
To: Jeff Reed <1968jareed@gmail.com>, Alecia Draper <aleciadraper@gmail.com>

Wed, May 24, 2017 at 1:31 PM

Payment for Adams therapy. Paid on 5/23- sending you proof of payment on 5/24/2017.

Alecia

Alecia

Sent from my iPhone

Begin forwarded message:

From: Kyle Keffer Counseling via SwipeSimple <noreply@swipesimple.com>
Date: May 23, 2017 at 6:07:00 PM PDT
To: aleciadraper@gmail.com
Subject: Receipt from Kyle Keffer Counseling

Kyle Keffer Counseling901 Dove Street Suite 140
Newport Beach, CA 92660Order Date: 05/23/2017 Order #: 1019879269
21:08:32Transaction Type: Sale Transaction Status:
ApprovedTransaction Method: Dipped Card: Visa XXXX-XXXX-XXXX-
7754Therapy 50 Min. \$125.00
- \$125 x 1CC x \$5.00
1Sub- \$130.00
Total

Tax \$0.00

Total \$130.00Visa XXXX-XXXX- \$130.00
XXXX-7754

Thank you! If you have any questions or would like to schedule your next appointment, please call me at 949-742-2665.

Receipt sent via SwipeSimple, powered by CardFlight
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Alecia Draper <aleciadraper@gmail.com>

Fwd: Receipt from Kyle Keffer Counseling

1 message

Alecia Draper <aleciadraper@gmail.com>

To: Jeff Reed <1968jareed@gmail.com>, Alecia Draper <aleciadraper@gmail.com>

Tue, May 30, 2017 at 6:03 PM

Sent from my iPhone

Begin forwarded message:

From: Kyle Keffer Counseling via SwipeSimple <noreply@swipesimple.com>
Date: May 30, 2017 at 5:15:20 PM PDT
To: aleciadraper@gmail.com
Subject: Receipt from Kyle Keffer Counseling

Kyle Keffer Counseling

901 Dove Street Suite 140
Newport Beach, CA 92660

Order Date: 05/30/2017 Order #: 1042915535
20:14:45

Transaction Type: Sale Transaction Status:
Approved

Transaction Method: Dipped Card: Visa XXXX-XXXX-XXXX-
9092

Therapy 50 Min. \$125.00
- \$125 x 1

CC x \$5.00
1

Sub- \$130.00
Total

Tax \$0.00

Total \$130.00

Visa XXXX-XXXX- \$130.00
XXXX-9092

Thank you! If you have any questions or would like to schedule your next appointment, please call me at 949-742-2665.

Receipt sent via SwipeSimple, powered by CardFlight
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Alecia Draper <aleciadraper@gmail.com>

Fwd: Receipt from Kyle Keffer Counseling
1 messageAlecia Draper <aleciadraper@gmail.com>
To: Jeff Reed <1968jared@gmail.com>, Alecia Draper <aleciadraper@gmail.com>

Tue, May 30, 2017 at 6:03 PM

Sent from my iPhone

Begin forwarded message:

From: Kyle Keffer Counseling via SwipeSimple <noreply@swipesimple.com>
Date: May 30, 2017 at 5:15:20 PM PDT
To: aleciadraper@gmail.com
Subject: Receipt from Kyle Keffer Counseling

Kyle Keffer Counseling901 Dove Street Suite 140
Newport Beach, CA 92660Order Date: 05/30/2017 Order #: 1042915535
20:14:45Transaction Type: Sale Transaction Status:
ApprovedTransaction Method: Dipped Card: Visa XXXX-XXXX-XXXX-
9092Therapy 50 Min. \$125.00
- \$125 x 1CC x \$5.00
1Sub- \$130.00
Total

Tax \$0.00

Total \$130.00Visa XXXX-XXXX- \$130.00
XXXX-9092

Thank you! If you have any questions or would like to schedule your next appointment, please call me at 949-742-2665.

Receipt sent via SwipeSimple, powered by CardFlight
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Geoffrey Draper

From: Alecia Draper [aleciadraper@gmail.com]
Sent: Tuesday, June 06, 2017 10:09 PM
To: Geoffrey Draper
Subject: Fwd: Receipt from Kyle Keffer Counseling

please print

----- Forwarded message -----

From: **Alecia Draper** <aleciadraper@gmail.com>
Date: Tue, Jun 6, 2017 at 10:08 PM
Subject: Fwd: Receipt from Kyle Keffer Counseling
To: Jeff Reed <lvjeffreed@yahoo.com>, "aleciadraper@gmail.com" <aleciadraper@gmail.com>

Jeff,

I will send all medical bills following the 30/30 rule to your attorney per your request.

Alecia

----- Forwarded message -----

From: **Kyle Keffer Counseling via SwipeSimple** <noreply@swipesimple.com>
Date: Tue, Jun 6, 2017 at 5:14 PM
Subject: Receipt from Kyle Keffer Counseling
To: aleciadraper@gmail.com

Kyle Keffer Counseling

901 Dove Street Suite 140
Newport Beach, CA 92660

Order Date: 06/06/2017 20:13:53

Order #: 1027525473

Transaction Type: Sale

Transaction Status: Approved

Transaction Method: Dipped

Card: MasterCard XXXX-XXXX-XXXX-5743

Therapy 50 Min. - \$125 x 1

\$125.00

CC x 1

\$5.00

Sub-Total

\$130.00

Tax

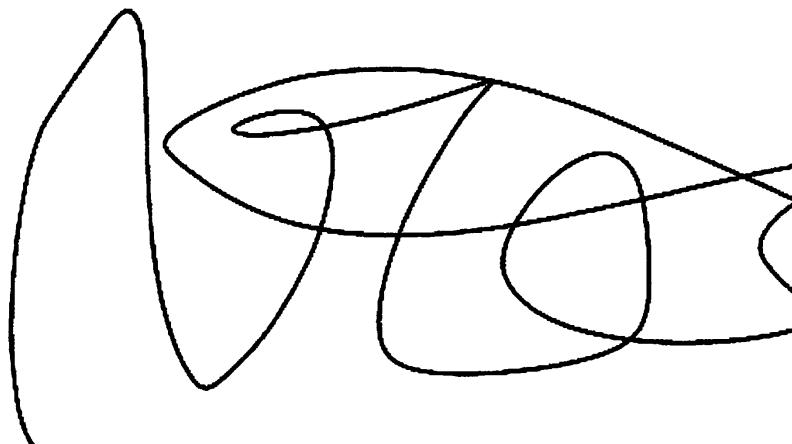
\$0.00

6/6/2017

PET0323

Total **\$130.00**

MasterCard XXXX-XXXX-XXXX-5743 **\$130.00**

A large, stylized handwritten signature in black ink, appearing to read 'Noah'.

Thank you! If you have any questions or would like to schedule your next appointment, please call me at 949-742-2665.

Receipt sent via SwipeSimple, powered by CardFlight
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6/6/2017

PET0324

Geoffrey Draper

From: Alecia Draper [aleciadraper@gmail.com]
Sent: Tuesday, June 06, 2017 10:05 PM
To: Geoffrey Draper
Subject: Fwd: Receipt from Kyle Keffer Counseling

please print bill

----- Forwarded message -----

From: Kyle Keffer Counseling via SwipeSimple <noreply@swipesimple.com>
Date: Tue, Jun 6, 2017 at 5:14 PM
Subject: Receipt from Kyle Keffer Counseling
To: aleciadraper@gmail.com

Kyle Keffer Counseling

901 Dove Street Suite 140
 Newport Beach, CA 92660

Order Date: 06/06/2017 20:13:53

Order #: 1027525473

Transaction Type: Sale

Transaction Status: Approved

Transaction Method: Dipped

Card: MasterCard XXXX-XXXX-XXXX-5743

Therapy 50 Min. - \$125 x 1

\$125.00

CC x 1

\$5.00

Sub-Total

\$130.00

Tax

\$0.00

Total

\$130.00

MasterCard XXXX-XXXX-XXXX-5743

\$130.00



6/6/2017

PET0325

Thank you! If you have any questions or would like to schedule your next appointment, please call me at 949-742-2665.

Receipt sent via SwipeSimple, powered by CardFlight
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6/6/2017

PET0326



Alecia Draper <aleciadraper@gmail.com>

Fwd: Receipt from Kyle Keffer Counseling

Alecia Draper <aleciadraper@gmail.com>

Wed, Jun 14, 2017 at 7:32 AM

To: Jeff Reed <lvjeffreed@yahoo.com>, Jeff Reed <1968jareed@gmail.com>, Alecia Draper <aleciadraper@gmail.com>

Adam's therapy.

Sent from my iPhone

Begin forwarded message:

From: Kyle Keffer Counseling via SwipeSimple <noreply@swipesimple.com>

Date: June 13, 2017 at 5:09:28 PM PDT

To: aleciadraper@gmail.com

Subject: Receipt from Kyle Keffer Counseling

Kyle Keffer Counseling

901 Dove Street Suite 140
Newport Beach, CA 92660

Order Date: 06/13/2017
20:08:30

Order #: 1099230990

Transaction Type: Sale

Transaction Status:
Approved

Transaction Method: Dipped

Card: MasterCard XXXX-XXXX-XXXX-5743

CC x \$5.00
1

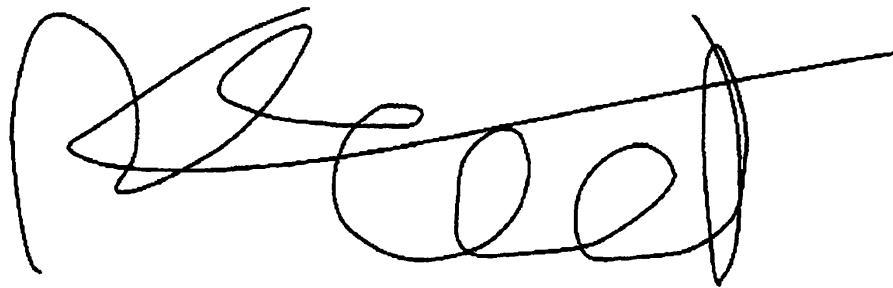
Therapy 50 Min. **\$125.00**
- \$125 x 1

Sub-	\$130.00
Total	

Tax \$0.00

Total \$130.00

MasterCard XXXX-XXXX-XXXX-5743	\$130.00
--------------------------------	----------

A handwritten signature in black ink, appearing to read 'Kyle Keffer', written over a horizontal line.

Thank you! If you have any questions or would like to schedule your next appointment, please call me at 949-742-2665.

Receipt sent via SwipeSimple, powered by CardFlight
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Alecia Draper <aleciadraper@gmail.com>

Fwd: Receipt from Kyle Keffer Counseling

1 message

Alecia Draper <aleciadraper@gmail.com>

Wed, Jun 28, 2017 at 2:59 PM

To: Jeff Reed <lvjeffreed@yahoo.com>, "aleciadraper@gmail.com" <aleciadraper@gmail.com>

Adams therapy receipt for June 20th service.

Alecia

----- Forwarded message -----

From: **Kyle Keffer Counseling** <noreply@swipesimple.com>

Date: Wed, Jun 28, 2017 at 2:46 PM

Subject: Receipt from Kyle Keffer Counseling

To: aleciadraper@gmail.com

**KYLE KEFFER
COUNSELING**901 DOVE STREET SUITE 140, NEWPORT BEACH,
CA 92660

TRANSACTION #	1038285185
DATE	06/20/2017 20:09:26
RESULT	APPROVED
AUTH CODE	07569Z
TRANSACTION METHOD	DIPPED
TRANSACTION TYPE	SALE
CARD	XXXX-XXXX-XXXX-5743
CARD TYPE	MASTERCARD

1 X THERAPY 50 MIN. - \$125	\$125.00
1 X CC	\$5.00
SUBTOTAL	\$130.00
TAX	\$0.00

TOTAL (USD)	\$130.00
-------------	-----------------

APP	CAPITAL ONE
APP	MASTERCARD
LABEL	
METHOD	CHIP
MODE	CONTACT
CVM	SIGN
MID	535353141168906
TID	PCDF1
AID	A0000000041010
TVR	0000008000
IAD	0110A04001220000000000000000000000FF
TSI	E800
ARC	00
AC	0BC6D94BCF2751DB
ATC	001A
SEQ	01
IAC	BC509C0800

Thank you! If you have any questions or would like to schedule your next appointment, please call me at 949-742-2665.

Receipt sent via SwipeSimple, powered by CardFlight
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Alecia Draper <aleciadraper@gmail.com>

Fwd: Receipt from Kyle Keffer Counseling (Transaction #109729438046)

1 message

Alecia Draper <aleciadraper@gmail.com>

Tue, Jul 11, 2017 at 7:32 PM

To: Jeff Reed <lvjeffreed@yahoo.com>, Jeff Reed <1968jareed@gmail.com>, adraper@gelsons.com

Here is the receipt for Adams therapy today 7/11/2017.

Adam said he spoke to you about therapy and you were not opposed to him seeing Kyle.

Adam took two D's up to a B's and a C since he has been seeing Kyle.

He has an improved attitude towards life and seems less depressed.

Adam is taking two classes in summer school for receiving two D's in his first semester.

He was in jeopardy of being dismissed from Avid.

I will continue to have him see Kyle if Adam's schedule permits with band, school, and work. He just got hired at Mimi's Cafe.

He didn't go to therapy the last few weeks and that is why you didn't see a bill.

Adam had asked to continue seeing Kyle because it is helping him.

Please follow the 30/30 medical with the max being \$1,500.00 per year. This is ordered by the court.

Alecia

Sent from my iPhone

Begin forwarded message:

From: Kyle Keffer Counseling <noreply@swipesimple.com>

Date: July 11, 2017 at 4:10:25 PM PDT

To: aleciadraper@gmail.com

Subject: Receipt from Kyle Keffer Counseling (Transaction #109729438046)

Reply-To: Kyle Keffer Counseling <kylekeffercounseling@gmail.com>



KYLE KEFFER COUNSELING

901 DOVE STREET SUITE 140, NEWPORT BEACH,
CA 92660

TRANSACTION #	109729438046
DATE	07/11/2017 19:10:20
RESULT	APPROVED
AUTH CODE	017695
TRANSACTION METHOD	KEYED
TRANSACTION TYPE	SALE
CARD	XXXX-XXXX-XXXX-7754
CARD TYPE	VISA

1 X THERAPY 50 MIN. - \$125	\$125.00
1 X CC	\$5.00
SUBTOTAL	\$130.00
TAX	\$0.00

TOTAL (USD)	\$130.00
-------------	-----------------

METHOD	MANUAL
MODE	CONTACT
MID	535353141168906
TID	1548

Thank you! If you have any questions or would like to schedule your next appointment, please call me at 949-742-2665.

Receipt sent via SwipeSimple, powered by CardFlight
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EXHIBIT “E”

EXHIBIT “E”

EXHIBIT “E”

EMILY REED- History of Medical Bills

Amen Clinic	3/2/2016	\$7,050.00(\$200.00- 30 min, medication)
Elise Collier-Pure Light Counseling	2015-2017 (After Graduation)	\$8,250.00
Horse Play Therapy	6/2/2017	\$150.00
Curtis Rouanzoin, PhD	6/2/17- 6/27/17	\$2,500.00 (\$500.00 per 2 Hours)
Max My Brain	5/11/2015	\$1,800.00
Total Medical Paid		\$19,750.00

Total Medical paid after graduation- **\$19,759.00**

I would ask the court that Jeff Reed pay the following medical-

1. 50% of the monthly Health Net PPO premium (\$295.14) = **\$147.57**
2. 50% of all out of pocket medical following the 30/30 rule up to a max of **\$4,000.00** per year.
The max out of pocket for her plan is **\$8,000.00** per year.

Emily's current monthly medical treatment cost in addition to her insurance premium-

Dr. Farrell- **\$200.00 x (1 session per month)**

Dr. Curtis Rouanzoin- **\$500.00(2HRS) x (4-8 sessions per month)**

Alecia Draper

GROUP INSURANCE ENROLLMENT WORKSHEET



Monthly Deduction (circle one plan only)

Health Off-Exchange Insurance PPO Plans	S	SS	SD 0-20	SD 21+	F
Health Net Platinum 90 PPO 0/20	\$649.30		\$944.44	\$944.44	

Plan costs based on employer contribution of 0% employee / 0% dependents of Health Net Health Net Platinum 90 PPO 0/20

Emily medica \$295.14

Proposed Effective Date: 12/1/2016

Age: 44 - 82646

Consterdine Insurance Service
William Consterdine (License No: 0608972)
Copyright © 2017. Quotit Corporation

Proposal: ID1988-161288459201225

6/20/2017
Page 1 of 2

PET0335

Census

Employee	Gender	Age	Coverage Type	Zip
Alecia Draper	Female	45	Employee + Child	92646

Employer Costs

Insurance Type	Contribution	Amount
Health Off-Exchange	0% employee / 0% dependents of Health Net Health Net Platinum 90 PPO 0/20	\$0.00
Total:		N/A

Coverage Type Legend

(S) Subscriber (Employee) (SD 20+) Subscriber and all Dependents
(SS) Subscriber and Spouse (F) Subscriber, Spouse and all Dependents
(SD 0-20) Subscriber and Dependents age 20 and under

Important Rate Information

It is our goal to provide you with an accurate report based on the information provided. Although we believe the rate and benefit information to be current and correct, keep in mind that final rates and benefits are based upon actual enrollment. We assume no liability for rate or benefit level differences and ask that you not cancel your current group insurance policy until a new policy is approved and you have confirmed the rates and benefits to your satisfaction. This is a summary of plan rates and benefits. For comprehensive details refer to the Master Contract or Benefits Booklet.

Carriers participation guidelines will determine plan eligibility. Rates illustrated on this report are reflective of the carriers "Standard Risk Rates" plus or minus any risk adjustment factor applied to the final rates. Keep in mind that final rates and benefits are based on actual plan selection (including plan riders you may request), the Employee's zip code of residence, the Employer's SIC code, and the assignment of any rate adjustment factors due to the health plan's underwriting guidelines.

Do not cancel your current coverage until a new policy is approved and you have received written confirmation of the policy's rates and benefits by the insurance companies underwriting department. Rates in this report are subject to change without notice.

Important Notice: Coinsurance amounts represented with a "%" are payable after the plan deductibles are reached; Copay amounts represented with a "\$" are not subject to plan deductibles (except where noted). Refer to contract for a detailed explanation of plan benefits, features, exclusions and limitations. Benefits subject to change without notice.

Proposed Effective Date: 12/1/2016

Age: 44 - 92646

Consterdine Insurance Service
William Consterdine (License No: 0608972)
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Proposal: ID1988-151288459201225
6/20/2017
Page 2 of 2

PET0336

**Health Net PPO
A Preferred Provider Organization**

For eligibility, coverage and claims information, please contact:

Health Net Commercial Claims
PO Box 14702
Lexington, KY 40512
For electronic claim submission
information, please call
1-800-977-3568.

Customer Contact Center:
1-800-361-3366 (TTY: 711)
Provider Inquiries:
1-800-641-7761
Website:
www.healthnet.com



PPO

Group Name
**LE GRAND MARKETING (HN
PLATINUM**

Primary Insured Name
ALECIA A DRAPER

Enrollee Name
EMILY C REED

ID Card Issue Date:
06-02-2017

Group #:
DKY26A

Primary/Subscriber ID #:
R11777528

Enrollee #: **FD1**

Type of Product
**PPO WITH
PHARMACY**

To remove card, fold back and forth along perforations.

Welcome to Health Net.

DKY26A
EMILY C. REED
20762 CRESTVIEW LN
HUNTINGTN BCH, CA 92646-5929

Health Net Use Only
Run Date 06/02/2017
47 - 0
G3
ENG-PPO-SBG
2ODL

ORANGE
G
CC4

PET0337

ENROLLEES TRAVELING OUTSIDE THE STATE OF CALIFORNIA, CAN
RECEIVE IN-NETWORK LEVEL OF BENEFITS BY ACCESSING THE FIRST
HEALTH PPO NETWORK. TO LOCATE A PARTICIPATING FIRST HEALTH
PROVIDER, PLEASE CALL 1-800-361-3366 (TTY: 711) OR VISIT
WWW.HEALTHNET.COM



TO LOCATE A HEALTH NET PHARMACY, PLEASE CALL THE CUSTOMER
CONTACT CENTER
Rx BIN #: 004336 Rx PCN: 'HNET' Rx: Caremark
Pharmacist: For assistance, call Pharmacy Help Line at 1-800-600-0180.



This is your Health Net PPO identification card. Carry it with you at all times,
and present it to your health care provider when you or your eligible dependents
receive services. See your plan documents for a description of your benefits.
When submitting inquiries about your coverage, always include your group and
primary insured ID number from the face of this card.

PRE-CERTIFICATION

You, the enrollee, are responsible for obtaining certification for certain services.
Please check your plan certificate for a list of services requiring pre-certification.

For pre-certification, please call 1-800-977-7282.

24-Hour Nurse Advice Line: 1-800-893-5597 or TTY: 711

For non-network negotiation services only



To remove card, fold back and forth along perforations.

Curtis C. Rouanzoin, Ph.D. and Associates, Inc.

16755 Von Karman Ave. • Suite 200 • Irvine, CA 92606 • Phone 949-242-4555

TIN: 260018479

NPI: 1972526382

CALIFORNIA STANDARD NOMENCLATURE

Place of Service: ☒ Irvine Office ☐ Home

Name: Emily Reed

Date of Service: 6/27/17

Date of Next Appointment: Day _____

Time _____ AM PM

Code	Product	Fee
<input type="radio"/> 90832	Psychotherapy 30 min.	
<input checked="" type="radio"/> 90834	Psychotherapy 45 min.	2 (\$250)
<input type="radio"/> 90837	Psychotherapy 60 min.	
<input type="radio"/> 90847	Family Therapy with Patient Present	
<input type="radio"/> 99080	Special Reports	
<input type="radio"/> 96101	Psych Testing	
<input type="radio"/> 90791	Diagnostic Evaluation	
<input type="radio"/> _____		

Diagnosis and Concurrent Conditions

F43.10
F44.89

I hereby authorize _____
to furnish information to insurance carriers concerning my
treatment should information be requested.

Signed (Insured) _____ Date _____



Total Fee \$500
Total Received \$500
Total Owed 0

☒ Curtis C. Rouanzoin, Ph.D.
Lic. No. PSY7809

Signature [Signature]

Curtis C. Rouanzoin, Ph.D. and Associates, Inc.

16755 Von Karman Ave. • Suite 200 • Irvine, CA 92606 • Phone 949-242-4555

TIN: 260018479

NPI: 1972526382

CALIFORNIA STANDARD NOMENCLATURE

Place of Service: ☒ Irvine Office ☐ Home

Name: Emily Reed

Date of Service: 6/20/17

Date of Next Appointment: Day _____

Time _____ AM PM

Code	Product	Fee
<input type="radio"/> 90832	Psychotherapy 30 min.	
<input checked="" type="radio"/> 90834	Psychotherapy 45 min.	2 (\$250)
<input type="radio"/> 90837	Psychotherapy 60 min.	
<input type="radio"/> 90847	Family Therapy with Patient Present	
<input type="radio"/> 99080	Special Reports	
<input type="radio"/> 96101	Psych Testing	
<input type="radio"/> 90791	Diagnostic Evaluation	
<input type="radio"/> _____		

Diagnosis and Concurrent Conditions

F43.10
F44.89

I hereby authorize _____
to furnish information to insurance carriers concerning my
treatment should information be requested.

Signed (Insured) _____ Date _____



Total Fee \$500
Total Received \$500
Total Owed 0

☒ Curtis C. Rouanzoin, Ph.D.
Lic. No. PSY7809

Signature [Signature]

PET0339

Curtis C. Rouanzoin, Ph.D. and Associates, Inc.

16755 Von Karman Ave. • Suite 200 • Irvine, CA 92606 • Phone 949-242-4555

TIN: 260018479

NPI: 1972526382

CALIFORNIA STANDARD NOMENCLATURE

Place of Service: ☒ Irvine Office ☐ Home

Name: Emily Reed

Date of Service: 6/13/17

Date of Next Appointment: Day _____

Time _____ AM PM

Diagnosis and Concurrent Conditions

Code	Product	Fee
<input type="radio"/> 90832	Psychotherapy 30 min.	
<input checked="" type="radio"/> 90834	Psychotherapy 45 min.	2 (\$250)
<input type="radio"/> 90837	Psychotherapy 60 min.	
<input type="radio"/> 90847	Family Therapy with Patient Present	
<input type="radio"/> 99080	Special Reports	
<input type="radio"/> 96101	Psych Testing	
<input type="radio"/> 90791	Diagnostic Evaluation	
<input type="radio"/> _____		

F43.10
F44.89

I hereby authorize _____
to furnish information to insurance carriers concerning my
treatment should information be requested.



Total Fee \$500
Total Received \$500
Total Owed 0

Signed (Insured) _____ Date _____

☒ Curtis C. Rouanzoin, Ph.D.
Lic. No. PSY7809

Signature [Signature]

Curtis C. Rouanzoin, Ph.D. and Associates, Inc.

16755 Von Karman Ave. • Suite 200 • Irvine, CA 92606 • Phone 949-242-4555

TIN: 260018479

NPI: 1972526382

CALIFORNIA STANDARD NOMENCLATURE

Place of Service: ☒ Irvine Office ☐ Home

Name: Emily Reed

Date of Service: 6/8/17

Date of Next Appointment: Day _____

Time _____ AM PM

Diagnosis and Concurrent Conditions

Code	Product	Fee
<input type="radio"/> 90832	Psychotherapy 30 min.	
<input checked="" type="radio"/> 90834	Psychotherapy 45 min.	2 (\$250)
<input type="radio"/> 90837	Psychotherapy 60 min.	
<input type="radio"/> 90847	Family Therapy with Patient Present	
<input type="radio"/> 99080	Special Reports	
<input type="radio"/> 96101	Psych Testing	
<input type="radio"/> 90791	Diagnostic Evaluation	
<input type="radio"/> _____		

F43.10
F44.89

I hereby authorize _____
to furnish information to insurance carriers concerning my
treatment should information be requested.



Total Fee \$500
Total Received \$500
Total Owed 0

Signed (Insured) _____ Date _____

☒ Curtis C. Rouanzoin, Ph.D.
Lic. No. PSY7809

Signature [Signature]

PET0340

Curtis C. Rouanzoin, Ph.D. and Associates, Inc.

16755 Von Karman Ave. • Suite 200 • Irvine, CA 92606 • Phone 949-242-4555

TIN: 260018479

NPI: 1972526382

CALIFORNIA STANDARD NOMENCLATURE

Place of Service: ☒ Irvine Office ☐ Home

Name: Emily Reed

Date of Service: 6/2; 6/7/17

Date of Next Appointment: Day _____

Time _____ AM PM

Diagnosis and Concurrent Conditions

F43.10 w/ Dissociation
Symptoms

F44.89 Other DL
Specific

Code	Product	Fee
<input type="radio"/> 90832	Psychotherapy 30 min.	
<input checked="" type="radio"/> 90834	Psychotherapy 45 min.	<u>2 (\$250)</u>
<input type="radio"/> 90837	Psychotherapy 60 min.	
<input type="radio"/> 90847	Family Therapy with Patient Present	
<input type="radio"/> 99080	Special Reports	
<input type="radio"/> 96101	Psych Testing	
<input type="radio"/> 90791	Diagnostic Evaluation	
<input type="radio"/> _____		

I hereby authorize _____
to furnish information to insurance carriers concerning my
treatment should information be requested.



Total Fee \$500

Total Received \$500

Total Owed 0

Signed (Insured) _____ Date _____

☒ Curtis C. Rouanzoin, Ph.D.
Lic. No. PSY7809

Signature [Signature]

PET0341



Receipt from Pure Light Counseling

1 message

Pure Light Counseling via Square <receipts@messaging.squareup.com>

Mon, Jun 12, 2017 at 1:03 PM

Reply-to: Pure Light Counseling via Square

<r_oitytqscsljdvetstlflvmnko.rYUZ.cllEm4WoCWYddOi9.aa93ca29b1ba984a060cf20f06d731116e388f61@reply.squareup.com>

To: emilyrocks10@gmail.com



\$100.00

Custom Amount	\$100.00
---------------	----------

Total	\$100.00
-------	----------

Newport Beach
Golf Course

PET0342



Pure Light Counseling
562-335-9552

Visa 3039 (Keyed)

Jun 12 2017 at 1:02 PM

1/1/17

#hRBU

Auth code: 016922

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San Francisco, CA 94103

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[Square Privacy Policy](#) · [Not your receipt?](#)



PET0343

Receipt from Pure Light Counseling

Pure Light Counseling via Square <receipts@messaging.squareup.com>

Reply-To: Pure Light Counseling via Square <r_ojfuncugi3lqmkwylbuqobq.rYUZ.OKXRHZj82Pm5vPq4.a3c04098e27a2e76ca832e9de1f39231e23aa168@reply.squareup.com>
To: emilyrocks10@gmail.com

Mon, May 22, 2017 at 4:28 PM

Pure Light Counseling

How was your experience?



\$100.00

Custom Amount \$100.00

Total \$100.00

Mr



Pure Light Counseling
562-335-9552

Visa 3039 (Keyed) May 22 2017 at 4:28 PM

#9qUs

Auth code: 028446

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San Francisco, CA 94103
Map data © OpenStreetMap contributors
Square Privacy Policy Not your receipt?

Receipt from Pure Light Counseling

Pure Light Counseling via Square <receipts@messaging.squareup.com>
 Reply-To: Pure Light Counseling via Square <r_o3eer2iknefirs2im3ukvzq.rYUZ.EV3928D31T1oz23x.384ce963245c941c14ef48594003b/4916b4166b@reply.squareup.com>
 To: emilyrocks10@gmail.com

Fri, May 19, 2017 at 1:18 PM

Pure Light Counseling

How was your experience?



\$100.00

Custom Amount \$100.00

Total \$100.00

Me



Pure Light Counseling
 562-335-9552

Visa 3039 (Keyed) May 19 2017 at 1:18 PM
 #FJ1e
 Auth code: 006117

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PET0345

Receipt from Pure Light Counseling

Pure Light Counseling via Square <receipts@messaging.squareup.com>

Reply-To: Pure Light Counseling via Square <*_o1yvukc1g1vuk1day1ewss.r1YUZ.Gq029mD1f0FTd1PT.e5f08f502e38b80e209e7851ad7460c8ae4faae6@reply.squareup.com>

To: emilyrocks10@gmail.com

Mon, May 15, 2017 at 4:40 PM

Pure Light Counseling

How was your experience?



\$100.00

Custom Amount \$100.00

Total \$100.00

Handwritten signature



Pure Light Counseling
562-335-9552

Visa 3039 (Keyed) May 15 2017 at 4:40 PM

#ohOg

Auth code: 025479

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San Francisco, CA 94103

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Square Privacy Policy Not a receipt?



Receipt from Pure Light Counseling

1 message

Pure Light Counseling via Square <receipts@messaging.squareup.com>

Fri, May 12, 2017 at 12:03 PM

Reply-to: Pure Light Counseling via Square

<r_oiyvivrvkrbdcssugvlfenrr.rYUZ.bqKRMcucVi3IH1Az.7cc5019b839301467a6989a89c20af1804637557@reply.squareup.com>

To: emilyrocks10@gmail.com



Pure Light Counseling

How was your experience?



\$100.00

Custom Amount	\$100.00
---------------	----------

Total	\$100.00
-------	----------



PET0347

MESA DR

Pure Light Counseling
562-335-9552

Visa 3039 (Keyed)

May 12 2017 at 12:01 PM

4314

#dfV7

Auth code: 024402

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15

PET0348



Emily Reed <emilyrocks10@gmail.com>

Receipt from Pure Light Counseling

1 message

Pure Light Counseling via Square <receipts@messaging.squareup.com>

Mon, May 1, 2017 at 7:30 PM

Reply-To: Pure Light Counseling via Square

<r_oi4fgrkriy4danbukrkeomci.rYUZ.JPVFKITYHNdpBL7V.43b17b6d50572c892b3ffa35af3077a11ddfdb11@reply.squareup.com>

To: emilyrocks10@gmail.com

Pure Light Counseling



How was your experience?



\$100.00

Custom Amount \$100.00

Total \$100.00



Pure Light Counseling
562-335-9552

PET0349

Visa 3039 (Keyed)

May 1 2017 at 7:29 PM

#OkLu

Auth code: 002937

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San Francisco, CA 94103

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PET0350

Checking - 4983
Account Balance
Debit Card Authorizations
Available Balance
Transactions

Completed Transactions

\$100.00

05/02/2017	Debit Purchase - visa Sq "epic Skin Newport Beach
05/02/2017	Deposit
05/02/2017	Mobile Banking Transfer Withdrawal 4635
05/01/2017	Debit Purchase - visa Juan's Taco Whittier Ca
05/01/2017	Debit Purchase - visa P'relationship Costa Mesa Ca
05/01/2017	Debit Purchase - visa Sq "keenan Refugium Huntington Bca
05/01/2017	Debit Purchase - visa Sq "pure Light Newport Beach
05/01/2017	Debit Purchase - visa Edwards Lng Beachong Beach Ca
05/01/2017	Debit Purchase - visa Wetzel's Prezelling Beach Ca
05/01/2017	Debit Purchase - visa Edwards Lng Beachong Beach Ca
04/28/2017	Debit Purchase - visa Staples Oohuntington Bca
04/28/2017	Debit Purchase - visa Staples Oohuntington Bca
04/28/2017	Debit Purchase - visa Staples Oohuntington Bca
04/28/2017	Debit Purchase - visa Staples Oohuntington Bca
04/28/2017	Electronic Deposit Getsons Markets
04/27/2017	Electronic Withdrawal Synchrony Bank
04/27/2017	Debit Purchase Wm Supercenter Huntington Bca
04/27/2017	Debit Purchase Staples 1302 Huntington Bca
04/27/2017	Debit Purchase - visa Kyle Ketter Counnewport Beach
04/27/2017	Debit Purchase - visa Starbucks Store Newport Beach
04/26/2017	Phone Authorized Pmt Synchrony Bank
04/26/2017	Debit Purchase - visa Bubbles Dog Groohuntington Bca
04/26/2017	Debit Purchase - visa Banzai Bows - Hhuntington Bca
04/25/2017	

		Acct Balance
	Debit Purchase -visa Joeys Pizza Fountain Valca	
04/25/2017	Debit Purchase 99-cents-only #0huntington Bca	
04/24/2017	Debit Purchase Petco 525 Huntington Bca	
04/24/2017	Debit Purchase Vons Store Huntington Bca	
04/24/2017	Debit Purchase -visa Sq "pure Light Cnewport Beacca	\$160.00
04/24/2017	Debit Purchase -visa Shabu On Fire Huntington Bca	
04/24/2017	Debit Purchase -visa Schat's Dutch Babishop Ca	

Pure Tight Counseling, Elise Collier MFT # 78451

901 Dove Street Suite 145 Newport Beach, Ca 92660



TO

Name: Emily Reed

Tax i.d.#: 46-5629480

NPI: 1710135975

Dx codes: F41.1, F43.11, F44.81

Procedure code: 90837

CLINICIAN: Elise Collier LENGTH OF SESSION : 1 hour PAYMENT TERMS: Paid Due: Immediately

<u>1/02/17</u>	Individual Counseling Session	\$100.00
<u>1/09/17</u>	Individual Counseling Session	\$100.00
<u>1/16/17</u>	Individual Counseling Session	\$100.00
<u>1/23/17</u>	Individual Counseling Session	\$100.00
<u>1/30/17</u>	Individual Counseling Session	\$100.00
<u>2/06/17</u>	Individual Counseling Session	\$100.00
<u>2/13/17</u>	Individual Counseling Session	\$100.00
<u>2/20/17</u>	Individual Counseling Session	\$100.00
<u>2/27/17</u>	Individual Counseling Session	\$100.00
<u>3/06/17</u>	Individual Counseling Session	\$100.00
<u>3/13/17</u>	Individual Counseling Session	\$100.00
<u>3/20/17</u>	Individual Counseling Session	\$100.00
<u>3/27/17</u>	Individual Counseling Session	\$100.00
<u>4/03/17</u>	Individual Counseling Session	\$100.00
<u>4/10/17</u>	Individual Counseling Session	\$100.00
<u>4/17/17</u>	Individual Counseling Session	\$100.00
<u>4/22/17</u>	Family & Family	\$50.00 See back for amount
<u>4/24/17</u>	Individual Counseling Session	\$100.00
<u>4/15/17</u>	Individual Counseling Session	\$100.00
<u>5/1/17</u>		\$100.00 See back for amount

50% of - \$ 2,050.00 = \$ 1,025.00

PET0353

Pure Light Counseling, Elise Collier LMFT # 78451

901 Dove Street Suite 145 Newport Beach, Ca. 92660



TO

Name: Emily Reed

Tax i.d.#: 46-5629480

NPI: 1710135975

Dx codes: F41.1, F43.11, F44.81

Procedure code: 90837

CLINICIAN: Elise Collier LENGTH OF SESSION : 1hour PAYMENT TERMS: Paid Due: Immediately

Date	Description	Fee	Total
01/12/15	Individual Counseling Session	\$100.00	
01/19/15	Individual Counseling Session	\$100.00	
01/26/15	Individual Counseling Session	\$100.00	
02/02/15	Individual Counseling Session	\$100.00	
02/09/15	Individual Counseling Session	\$100.00	
02/23/15	Individual Counseling Session	\$100.00	
03/01/15	Individual Counseling Session	\$100.00	
03/08/15	Individual Counseling Session	\$100.00	
03/15/15	Individual Counseling Session	\$100.00	
03/29/15	Individual Counseling Session	\$100.00	
04/12/15	Individual Counseling Session	\$100.00	
04/19/15	Individual Counseling Session	\$100.00	
04/26/15	Individual Counseling Session	\$100.00	
05/03/15	Individual Counseling Session	\$100.00	
05/10/15	Individual Counseling Session	\$100.00	
05/17/15	Individual Counseling Session	\$100.00	
05/24/15	Individual Counseling Session	\$100.00	

261-12 Emily Reed
High Street
(Det Pals 2nd + 3rd)

PET0354

Start July of 2015 (After graduation)

07/14/15	Individual Counseling Session	\$100.00
07/21/15	Individual Counseling Session	\$100.00
07/18/15	Individual Counseling Session	\$100.00
07/25/15	Individual Counseling Session	\$100.00
<u>08/11/15</u>	Individual Counseling Session	\$100.00
08/19/15	Individual Counseling Session	\$100.00
<u>09/02/15</u>	Individual Counseling Session	\$100.00
<u>09/15/15</u>	Individual Counseling Session	\$100.00
<u>09/16/15</u>	Individual Counseling Session	\$100.00
<u>10/20/15</u>	Individual Counseling Session	\$100.00
<u>10/14/15</u>	Individual Counseling Session	\$100.00
<u>10/27/15</u>	Individual Counseling Session	\$100.00
<u>11/03/15</u>	Individual Counseling Session	\$100.00
<u>11/10/15</u>	Individual Counseling Session	\$100.00
<u>11/17/15</u>	Individual Counseling Session	\$100.00
<u>12/01/15</u>	Individual Counseling Session	\$100.00
<u>12/08/15</u>	Individual Counseling Session	\$100.00
<u>12/15/15</u>	Individual Counseling Session	\$100.00
01/12/16	Individual Counseling Session	\$100.00
01/19/16	Individual Counseling Session	\$100.00
01/26/16	Individual Counseling Session	\$100.00
02/02/16	Individual Counseling Session	\$100.00
02/09/16	Individual Counseling Session	\$100.00
02/23/16	Individual Counseling Session	\$100.00
03/01/16	Individual Counseling Session	\$100.00
03/08/16	Individual Counseling Session	\$100.00
03/15/16	Individual Counseling Session	\$100.00
03/29/16	Individual Counseling Session	\$100.00
04/12/16	Individual Counseling Session	\$100.00
04/19/16	Individual Counseling Session	\$100.00
04/26/16	Individual Counseling Session	\$100.00
05/03/16	Individual Counseling Session	\$100.00
05/10/16	Individual Counseling Session	\$100.00

05/17/16	Individual Counseling Session	\$100.00
05/24/16	Individual Counseling Session	\$100.00
07/14/16	Individual Counseling Session	\$100.00
07/21/16	Individual Counseling Session	\$100.00
07/18/16	Individual Counseling Session	\$100.00
07/25/16	Individual Counseling Session	\$100.00
08/16/16	Individual Counseling Session	\$100.00
08/23/16	Individual Counseling Session	\$100.00
09/13/16	Individual Counseling Session	\$100.00
09/20/16	Individual Counseling Session	\$100.00
09/27/16	Individual Counseling Session	\$100.00
10/04/16	Individual Counseling Session	\$100.00
10/11/16	Individual Counseling Session	\$100.00
10/18/16	Individual Counseling Session	\$100.00
10/25/16	Individual Counseling Session	\$100.00
11/01/16	Individual Counseling Session	\$100.00
11/08/16	Individual Counseling Session	\$100.00
11/15/16	Individual Counseling Session	\$100.00
12/06/16	Individual Counseling Session	\$100.00
12/13/16	Individual Counseling Session	\$100.00
10/27/16	Group Counseling Session	\$50.00
10/4/16	Group Counseling Session	\$50.00
10/11/16	Group Counseling Session	\$50.00
10/18/16	Group Counseling Session	\$50.00
11/01/16	Group Counseling Session	\$50.00
11/08/16	Group Counseling Session	\$50.00
11/15/16	Group Counseling Session	\$50.00
11/29/16	Group Counseling Session	\$50.00

Total \$7400.00

Paid \$7400.00

Balance 0

- 1700.00

\$ 5,700.00

$$50\% \text{ of } 5,700.00 = \$ 2,850.00$$

Amen Clinics, Inc. OC
3150 Bristol St.. Ste 400
Costa Mesa, CA 92626
949-266-3700
<http://www.amenclinics.com/southern-california/>

June 9, 2017 11:47 am
Transaction #: 246537
Customer: Emily Reed
Cashier: Pamela D.

1. OTHER SERVICES	200.00
AC8-1004	
1 @ 200.00	

SUBTOTAL:	200.00
TAX:	0.00
TOTAL:	200.00
AMOUNT TENDERED:	200.00
AMOUNT DUE:	0.00

MASTERCARD: 200.00
Alecia Draper
XXXXXXXXXXXX0036 Keyed
Ref: 1568968390

X _____
Alecia Draper

I AGREE TO PAY ABOVE TOTAL AMOUNT
ACCORDING TO CARD ISSUER AGREEMENT

Please visit our website:
<http://www.amenclinics.com/southern-california/>



We appreciate your business.
Have a wonderful day!



Transaction #246537
June 9, 2017 11:47 am

5/26/2017

BestNotes POS

Amen Clinics, Inc. OC
3150 Bristol St.. Ste 400
Costa Mesa, CA 92626
949-266-3700
<http://www.amenclinics.com/southern-california/>

May 26, 2017 1:29 pm
Transaction #: 242425
Customer: Emily Reed
Cashier: Melina T.

1. OTHER SERVICES	200.00
AC8-1004	
1 @ 200.00	

SUBTOTAL:	200.00
TAX:	0.00
TOTAL:	200.00
AMOUNT TENDERED:	200.00
AMOUNT DUE:	0.00

MASTERCARD:	200.00
Emily Reed	
XXXXXXXXXXXX0036 Keyed	
Ref: 1553805401	

X _____
Emily Reed

I AGREE TO PAY ABOVE TOTAL AMOUNT
ACCORDING TO CARD ISSUER AGREEMENT

Please visit our website:
<http://www.amenclinics.com/southern-california/>



We appreciate your business.
Have a wonderful day!



Transaction #242425
May 26, 2017 1:28 pm

5/12/2017

BestNotes POS

Amen Clinics, Inc. OC
3150 Bristol St.. Ste 400
Costa Mesa, CA 92626
949-266-3700
<http://www.amenclinics.com/southern-california/>

May 12, 2017 2:33 pm
Transaction #: 238117
Customer: Emily Reed
Cashier: Melina T.

1. OTHER SERVICES	200.00
AC8-1004	
1 @ 200.00	

SUBTOTAL:	200.00
TAX:	0.00
TOTAL:	200.00
AMOUNT TENDERED:	200.00
AMOUNT DUE:	0.00

MASTERCARD: 200.00
Alecia Draper
XXXXXXXXXXXX0036 Keyed
Ref: 1537684295

X _____
Alecia Draper

I AGREE TO PAY ABOVE TOTAL AMOUNT
ACCORDING TO CARD ISSUER AGREEMENT

Please visit our website:
<http://www.amenclinics.com/southern-california/>



We appreciate your business.
Have a wonderful day!



Transaction #238117
May 12, 2017 2:32 pm

5/12/2017

BestNotes POS

Amen Clinics, Inc. OC

3150 Bristol St.. Ste 400

Costa Mesa, CA 92626

949-266-3700

<http://www.amenclinics.com/southern-california/>

May 9, 2017 12:29 pm
Transaction #: 236801
Customer: Emily Reed
Cashier: Alex C.

1. OTHER SERVICES	200.00
AC8-1004	
1 @ 200.00	

SUBTOTAL:	200.00
TAX:	0.00
TOTAL:	200.00
AMOUNT TENDERED:	200.00
AMOUNT DUE:	0.00

MASTERCARD:	200.00
Alecia Draper	
XXXXXXXXXXXX0036 Keyed	
Ref: 1533699604	

X _____
Alecia Draper

I AGREE TO PAY ABOVE TOTAL AMOUNT
ACCORDING TO CARD ISSUER AGREEMENT

Please visit our website:
<http://www.amenclinics.com/southern-california/>



We appreciate your business.
Have a wonderful day!



Transaction #236801
May 9, 2017 12:29 pm

5/2/2017

BestNotes POS

Date	CPT	Description	Rend. Provider	Units	Charges	Payments
3/24/2017	99214	Office Visit	Jennifer Farrell, M.D. NPI: 1558577403	1	100.00	
4/14/2017		1. Other Services (#229611)				200.00
4/14/2017	90833	Therapy	Jennifer Farrell, M.D. NPI: 1558577403	1	100.00	
4/14/2017	99214	Office Visit	Jennifer Farrell, M.D. NPI: 1558577403	1	100.00	
4/27/2017		1. Other Services (#233457)				200.00
4/27/2017	90833	Therapy	Jennifer Farrell, M.D. NPI: 1558577403	1	100.00	
4/27/2017	99214	Office Visit	Jennifer Farrell, M.D. NPI: 1558577403	1	100.00	

Total: \$6,250.00**\$6,250.00****Balance Due:****\$0.00**

50% of \$6,250 = \$3,125

PET0362

2/2017

BestNotes POS

Date	CPT	Description	Rend. Provider	Units	Charges	Payments
5/27/2016	99214	Office Visit	Jennifer Farrell, M.D. NPI: 1558577403	1	100.00	
6/2/2016		1. Other Services (#134865)				300.00
6/2/2016	99080	Letter Writing Fee - 30 min	Jennifer Farrell, M.D. NPI: 1558577403	1	200.00	
6/2/2016	99080	Letter Writing Fee - 15 min	Jennifer Farrell, M.D. NPI: 1558577403	1	100.00	
6/24/2016		1. Other Services (#141559)				200.00
6/24/2016	90833	Therapy	Jennifer Farrell, M.D. NPI: 1558577403	1	100.00	
6/24/2016	99214	Office Visit	Jennifer Farrell, M.D. NPI: 1558577403	1	100.00	
7/22/2016		1. Other Services (#149905)				200.00
7/22/2016	90833	Therapy	Jennifer Farrell, M.D. NPI: 1558577403	1	100.00	
7/22/2016	99214	Office Visit	Jennifer Farrell, M.D. NPI: 1558577403	1	100.00	
8/23/2016		1. Other Services (#159387)				200.00
8/23/2016	90833	Therapy	Jennifer Farrell, M.D. NPI: 1558577403	1	100.00	
8/23/2016	99214	Office Visit	Jennifer Farrell, M.D. NPI: 1558577403	1	100.00	
9/22/2016		1. Other Services (#168297)				200.00
9/22/2016	90833	Therapy	Jennifer Farrell, M.D. NPI: 1558577403	1	100.00	
9/22/2016	99214	Office Visit	Jennifer Farrell, M.D. NPI: 1558577403	1	100.00	
11/15/2016		1. Other Services (#183383)				200.00
11/15/2016	90833	Therapy	Jennifer Farrell, M.D. NPI: 1558577403	1	100.00	
11/15/2016	99214	Office Visit	Jennifer Farrell, M.D. NPI: 1558577403	1	100.00	
12/16/2016		1. Other Services (#192907)				200.00
12/16/2016	90833	Therapy	Jennifer Farrell, M.D. NPI: 1558577403	1	100.00	
12/16/2016	99214	Office Visit	Jennifer Farrell, M.D. NPI: 1558577403	1	100.00	
1/23/2017		1. Other Services (#203815)				200.00
1/23/2017	90833	Therapy	Jennifer Farrell, M.D. NPI: 1558577403	1	100.00	
1/23/2017	99214	Office Visit	Jennifer Farrell, M.D. NPI: 1558577403	1	100.00	
3/24/2017		1. Other Services (#223051)				200.00
3/24/2017	90833	Therapy	Jennifer Farrell, M.D. NPI: 1558577403	1	100.00	

PET0363

3/2017

BestNotes POS

PLEASE MAKE CHECKS PAYABLE TO:

Customer Statement

Amen Clinics, Inc. OC

3150 Bristol St., Ste 400
Costa Mesa, CA 92626
949-266-3700

STATEMENT DATE	ACCOUNT NUMBER	AMOUNT DUE
5/2/2017	365847	\$0.00

Federal Tax ID: 91-2055998

Patient: Emily Reed

DOB: 11/16/1996

Diagnosis: F43.12 Post-traumatic stress disorder, chronic
F44.89 Other dissociative and conversion dis..

RESPONSIBLE PARTY:

Emily Reed
20762 Crestview Ln
Huntington Beach, CA 92646

Date	CPT	Description	Render. Provider	Units	Charges	Payments
3/2/2016		2.0 New Patient Eval Deposit (#109573)				500.00
3/23/2016		2.1 New Patient Evaluation (#115589)				3,050.00
3/23/2016	78607	Brain Imaging, Tomographic (SPECT) -		1	800.00	
3/23/2016	96103	Psychological Testing - Eval		1	150.00	
3/23/2016	99205	Initial Comprehensive and Management		1	300.00	
3/23/2016	90889	Preparation of Initial Report-HX		1	100.00	
3/24/2016	78607	Brain Imaging, Tomographic (SPECT)		1	1,200.00	
3/25/2016	90887	Interpretation or Explanation of Results	Jennifer Farrell, M.D. NPI: 1558577403	1	175.00	
3/25/2016	90889	Preparation of Initial Report	Jennifer Farrell, M.D. NPI: 1558577403	1	75.00	
3/25/2016	90885	Psychiatric Eval. of records/reports, tests	Jennifer Farrell, M.D. NPI: 1558577403	1	75.00	
3/25/2016	90792	Psych. Diagnostic Interview	Jennifer Farrell, M.D. NPI: 1558577403	1	375.00	
3/25/2016	96103	Psychological Testing	Jennifer Farrell, M.D. NPI: 1558577403	1	100.00	
4/1/2016	99214	Office Visit - Follow Up Appointment	Jennifer Farrell, M.D. NPI: 1558577403	1	100.00	
4/1/2016	90833	Therapy- Follow Up Appointment	Jennifer Farrell, M.D. NPI: 1558577403	1	100.00	
4/29/2016		1. Other Services (#125539)				200.00
4/29/2016	90833	Therapy	Jennifer Farrell, M.D. NPI: 1558577403	1	100.00	
4/29/2016	99214	Office Visit	Jennifer Farrell, M.D. NPI: 1558577403	1	100.00	
5/27/2016		1. Other Services (#133573)				200.00
5/27/2016	90833	Therapy	Jennifer Farrell, M.D. NPI: 1558577403	1	100.00	

PET0364



Copy of payment receipt from HORSE PLAY THERAPY

1 message

<BusinessServices@intuit.com>

To: emilyrocks10@gmail.com

Fri, Jun 2, 2017 at 4:07 PM

Dear Alecia A. Draper

Below is the sales receipt provided to you by HORSE PLAY THERAPY

HORSE PLAY THERAPY

Receipt

18381 GOLDENWEST STREET, HUNTINGTON BEACH, CA 92648

Transaction Type	Sale	Amount	\$150.00
Cardholder Name	Alecia A. Draper	Credit Card Number	...5743
Card Type	MasterCard		
Date & Time	06/02/2017 - 16:06 PDT	Authorization Code	09166Z
Transaction ID	PG0098097546		

Thank you for your order,
HORSE PLAY THERAPY

Please do not reply to this message as we are unable to respond to questions at this e-mail address.

PET0365

EXHIBIT “F”

EXHIBIT “F”

EXHIBIT “F”



Alecia Draper <aleciadraper@gmail.com>

RE: Reed, J (adv. Draper): Jeff's paycheck stubs

1 message

Holli Miller <holli@lvfamilylaw.com>

Fri, Jun 2, 2017 at 8:19 AM

To: Alecia Draper <aleciadraper@gmail.com>

Cc: Amanda Roberts <amanda@lvfamilylaw.com>, efile <efile@lvfamilylaw.com>

Alecia,

In follow up to your request, please see Jeff's 2016 Tax Return and paycheck stub for pay period ending 4/28/17, which supplement the other paychecks attached to his Financial Disclosure Form and provide year-to-date earnings (fiscal year).

Thank you,

Holli Miller

Paralegal to Amanda M. Roberts, Esq.

Roberts Stoffel Family Law Group

4411 S. Pecos Road

Las Vegas, Nevada 89121

Phone No.: (702) 474-7007

Fax No.: (702) 474-7477

www.lvfamilylaw.com

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From: Alecia Draper [mailto:aleciadraper@gmail.com]

Sent: Tuesday, May 02, 2017 1:14 PM

To: Holli Miller <holli@lvfamilylaw.com>

Cc: Amanda Roberts <amanda@lvfamilylaw.com>; efile <efile@lvfamilylaw.com>

Subject: Re: Reed, J (adv. Draper): Jeff's paycheck stubs

Holli,

In the letter I was sent from Amanda dated 4/25/2017 she says she will include Jeff's (3) most recent paycheck stubs.

The pay check stubs you emailed me today 5/2/2017 were not the most recent.

They are dated over 6 weeks ago and earlier. The last date showing being 03/17/2017.

Please send me the 3 most current pay check stubs along with the 2016 tax return that was due before 5/1/2017 according to the current court order.

Thank you,

Alecia

Sent from my iPhone

On May 2, 2017, at 12:28 PM, Holli Miller <holli@lvfamilylaw.com> wrote:

Alecia,

In follow up to our discussion moments ago, attached are the paycheck stubs which were inadvertently not included in the letter sent to you. I have reviewed the other Order and am following up with our client regarding the tax return.

In the future, if you retain Counsel, please have your attorney provide our office notice and we will communicate with their office directly.

Thank you,

Holli Miller

Paralegal to Amanda M. Roberts, Esq.

Roberts Stoffel Family Law Group

4411 S. Pecos Road

Las Vegas, Nevada 89121

Phone No.: (702) 474-7007

Fax No.: (702) 474-7477

www.lvfamilylaw.com

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<Paystubs Jeff Reed CONFIDENTIAL.pdf>

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2 attachments

 **2016TaxReturn.PDF**
86K

 **Paycheck Period April 15-28 2017.pdf**
338K