

**IN THE SUPREME COURT OF THE
STATE OF NEVADA**

KIMBERLY TAYLOR,

Appellant,

v.

KEITH BRILL, M.D. and WOMEN'S
HEALTH ASSOCIATES OF
SOUTHERN NEVADA-MARTIN,
PLLC,

Respondents

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SUPREME COURT CASE NO. 83847

Dist. Court Case No. A-18-773472-C

APPELLANT'S APPENDIX

VOLUME III

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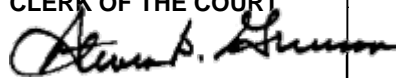
CERTIFICATE OF SERVICE

Pursuant to Nev. R. App. 25, I hereby certify that on the 10th day of March, 2022, a copy of the foregoing **APPELLANT’S APPENDIX, VOLUME III** via the method indicated below:

X	Pursuant to NRAP 25(c), by electronically serving all counsel and e-mails registered to this matter on the Supreme Court Electronic Filing System.
	Pursuant to NRCP 5, by placing a copy in the US mail, postage pre-paid to the following counsel of record or parties in proper person:
	Via receipt of copy (proof of service to follow)

An Attorney or Employee of the firm:

/s/ Sarah Daniels
BREEDEN & ASSOCIATES PLLC



1 **MLIM**

2 ROBERT C. McBRIDE, ESQ.

3 Nevada Bar No. 7082

4 HEATHER S. HALL, ESQ.

5 Nevada Bar No. 10608

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13 Attorneys for Defendants,

14 *Keith Brill, M.D., FACOG and*

15 *Women's Health Associates of Southern Nevada –*

16 *MARTIN, PLLC*

DISTRICT COURT

CLARK COUNTY, NEVADA

17 KIMBERLY D. TAYLOR, an Individual,

18 Plaintiff,

19 vs.

20 KEITH BRILL, MD, FACOG, FACS, an
21 Individual; WOMEN'S HEALTH
22 ASSOCIATES OF SOUTHERN NEVADA –
23 MARTIN, PLLC, a Nevada Professional
24 Limited Liability Company; TODD W.
25 CHRISTENSEN, MD, an Individual; DOES I
26 through XXX, inclusive; and ROE
27 CORPORATIONS I through XXX, inclusive;

28 Defendants.

CASE NO.: A-18-773472-C

DEPT: III

**DEFENDANTS' MOTION IN LIMINE
NO. 3 TO EXCLUDE DEFENDANTS'
INSURANCE COVERAGE**

HEARING REQUESTED

29 COMES NOW, Defendants, KEITH BRILL, MD, FACOG and WOMEN'S HEALTH
30 ASSOCIATES OF SOUTHERN NEVADA – MARTIN, PLLC, by and through their counsel of
31 record, ROBERT C. McBRIDE, ESQ. and HEATHER S. HALL, ESQ. of the law firm of
32 McBRIDE HALL, and hereby submit their Motion in Limine No. 3 to Exclude Defendants'

1 Insurance Coverage.

2 This Motion is made and based upon the attached Memorandum of Points and
3 Authorities, the Affidavit of Heather S. Hall, Esq., the papers and pleadings on file herein, and
4 any oral argument made at the time of the hearing of this matter.

5
6 DATED this 20th day of August 2021.

McBRIDE HALL

7
8 */s/ Heather S. Hall*

9 ROBERT C. McBRIDE, ESQ.

Nevada Bar No.: 7082

10 HEATHER S. HALL, ESQ.

Nevada Bar No.: 10608

11 8329 W. Sunset Road, Suite 260

12 Las Vegas, Nevada 89113

Attorneys For Defendants,

13 *Keith Brill, M.D., FACOG and*

14 *Women's Health Associates of Southern*
Nevada – Martin, PLLC

1 **AFFIDAVIT OF HEATHER S. HALL, ESQ. PURSUANT TO EDCR 2.47**

2 STATE OF NEVADA)
3 COUNTY OF CLARK)ss.

4 HEATHER S. HALL, ESQ., being first duly sworn, deposes and states:

5 1. I am an attorney licensed to practice law in the State of Nevada and am a partner
6 with the law firm of McBRIDE HALL, counsel for these moving Defendants in the above-
7 entitled case. This Affidavit is made and based upon my personal knowledge and I am
8 competent to testify to the matters contained herein;

9 2. On August 5, 2021, I personally spoke to Plaintiff's counsel, Adam Breeden,
10 Esq., regarding the motions in limine the parties intend to file in this action. During this
11 discussion, I informed Plaintiff's counsel that I intended to file the instant Motion in Limine to
12 Exclude Defendants' Insurance Coverage.

13 3. Plaintiff's counsel stated that he generally agreed that Defendants' insurance
14 coverage should be excluded but wanted to question potential jurors on matters of insurance. I
15 could not stipulate to that as it would be improper to allow carte blanche questioning of the jury
16 about matters of insurance.

17 4. We subsequently exchanged proposed language for a stipulation but could not
18 come to an agreement.

19 5. Despite good-faith efforts to confer, counsel for the parties have been unable to
20 resolve this matter satisfactorily and the Court's intervention is necessary.

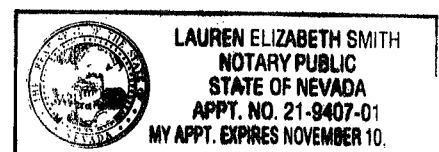
21 6. This Motion is brought in good faith and not for purposes of delay.

22 FURTHER YOUR AFFIANT SAYETH NAUGHT.

23
24
25 SUBSCRIBED AND SWORN to before
26 me this 20th day of August, 2021.

27 Lauren Smith
28 Notary Public in and for said
County and State

Heather S. Hall
HEATHER S. HALL, ESQ.



1 **MEMORANDUM OF POINTS AND AUTHORITIES**

2 **I.**

3 **STATEMENT OF FACTS**

4 This is a medical malpractice case filed on April 25, 2018, related to care and treatment
5 Plaintiff Kimberly Taylor received on April 26, 2017 and thereafter. *See* Plf's Comp. Trial is
6 scheduled to commence on October 11, 2021. Discovery in this case has shown that Defendants
7 carry professional liability/medical malpractice insurance.

8 Defendants seek to prevent Plaintiff from introducing evidence of Defendants'
9 malpractice insurance pursuant to NRS 48.135. The existence of medical malpractice insurance
10 is not relevant to any issue in this case and would only serve to prejudice Defendants by
11 wrongfully presenting evidence thereof to the jury. In attempting to stipulate to this Motion, a
12 disagreement arose as to whether Plaintiff's counsel may question the jury about insurance.

13 Defendants respectfully request that the Court enter an order precluding Plaintiff and her
14 counsel from introducing any evidence suggesting the existence of such malpractice insurance.

15 **II.**

16 **LEGAL ARGUMENT**

17 **A. EVIDENCE RELATING TO THE EXISTENCE OF MEDICAL**
18 **MALPRACTICE INSURANCE COVERAGE IS NOT RELEVANT TO**
19 **ANY ISSUE IN THIS CASE AND, AS SUCH, SHOULD BE EXCLUDED.**

20 Discovery in this case has revealed that Defendants have malpractice insurance coverage
21 to indemnify them for this action. Pursuant to NRS 48, 135, "[e]vidence that a person was or
22 was not insured against liability is not admissible upon the issue whether the person acted
23 negligently or otherwise wrongfully." While Nevada courts have permitted *voir dire* questioning
24 regarding insurance coverage in personal injury cases, the same has not been held in relation to
25 medical malpractice cases. In striking the balance between "the potential for prejudice to
26 plaintiffs if someone sympathetic to insurance companies remains on the jury and the possible
27 prejudice to defendants resulting from considerations of insurance coverage rather than a fair
28 assessment of liability," the Nevada Supreme Court held that "the proper approach in *voir dire*
involving personal injury cases is to allow 'good faith' questioning of the *venire* concerning

1 interests in, or connections with, casualty insurance companies.” *Silver State Disposal Co. v.*
2 *Shelley*, 105 Nev. 309, 312-13, 774 P.2d 1044, 1046-47 (1989) [Emphasis added]. The
3 questioning must be “for the purpose of ascertaining the qualifications of prospective jurors and
4 for ferreting out bias and prejudice, and **not for the purpose of informing them that there is**
5 **insurance in the case.**” *Id.* at 313, 1047 [Emphasis added].

6 Notably, this is a medical malpractice case, not a personal injury case. Thus, there is no
7 basis for counsel for either side to introduce questioning regarding insurance coverage during
8 *voir dire*. Defendants anticipate that, during *voir dire*, a prospective juror may pose a question
9 regarding insurance coverage, which would need to be addressed accordingly. However, there is
10 no reason to pose questions or introduce evidence concerning insurance coverage in the presence
11 of the jurors, either during *voir dire* or at trial. If Plaintiff intends to ask questions regarding
12 insurance during *voir dire*, that should be addressed prior to questioning the venire but does not
13 require introduction of evidence of Defendants’ professional liability insurance.

14 Additionally, these Defendants seek to avoid any attempt to infer other medical
15 professionals are biased in their testimony based upon their affiliation with either Defendants’
16 insurer or some other insurance company. Discovery in this case has not revealed any evidence
17 of such bias. Any attempt to introduce evidence concerning other physicians’ malpractice
18 insurance would only tend to imply that these Defendants have malpractice insurance as well,
19 thus, wrongfully placing evidence of insurance before the jury. Any reference to malpractice
20 insurance matters would be improper and highly prejudicial. Thus, evidence of malpractice
21 insurance coverage should be excluded.

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III.

CONCLUSION

Based upon the foregoing, Defendants respectfully request that the Court enter an order precluding any reference to or testimony concerning the existence of Defendants' medical malpractice insurance coverage.

DATED this 20th day of August 2021.

McBRIDE HALL

/s/ Heather S. Hall

ROBERT C. McBRIDE, ESQ.
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Attorneys For Defendants,
Keith Brill, M.D., FACOG and
Women's Health Associates of Southern
Nevada – Martin, PLLC

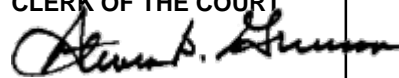
1 **CERTIFICATE OF SERVICE**

2 I HEREBY CERTIFY that on the 20th day of August 2021, I served a true and correct
3 copy of the foregoing **DEFENDANTS' MOTION IN LIMINE NO. 3 TO EXCLUDE**
4 **DEFENDANTS' INSURANCE COVERAGE** addressed to the following counsel of record at
5 the following address(es):
6

- 7 ☒ **VIA ELECTRONIC SERVICE:** By mandatory electronic service (e-service), proof of
8 e-service attached to any copy filed with the Court; or
9 ☐ **VIA U.S. MAIL:** By placing a true copy thereof enclosed in a sealed envelope with
10 postage thereon fully prepaid, addressed as indicated on the service list below in the
11 United States mail at Las Vegas, Nevada
12 ☐ **VIA FACSIMILE:** By causing a true copy thereof to be telecopied to the number
13 indicated on the service list below.

14 Adam J. Breeden, Esq.
15 BREEDEN & ASSOCIATES, PLLC
16 376 E. Warm Springs Road, Suite 120
17 Las Vegas, Nevada 89119
18 *Attorneys for Plaintiff*

21 /s/ Lauren E. Smith
22 An Employee of McBRIDE HALL
23
24
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26
27
28



1 **MLIM**

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13 Attorneys for Defendants,

14 *Keith Brill, M.D., FACOG and*

15 *Women's Health Associates of Southern Nevada –*

16 *MARTIN, PLLC*

DISTRICT COURT

CLARK COUNTY, NEVADA

17 KIMBERLY D. TAYLOR, an Individual,

18 Plaintiff,

19 vs.

20 KEITH BRILL, MD, FACOG, FACS, an

21 Individual; WOMEN'S HEALTH

22 ASSOCIATES OF SOUTHERN NEVADA –

23 MARTIN, PLLC, a Nevada Professional

24 Limited Liability Company; TODD W.

25 CHRISTENSEN, MD, an Individual; DOES I

26 through XXX, inclusive; and ROE

27 CORPORATIONS I through XXX, inclusive;

28 Defendants.

CASE NO.: A-18-773472-C

DEPT: III

**DEFENDANTS' MOTION IN LIMINE
NO. 1 TO INCLUDE OTHERS ON THE
VERDICT FORM**

HEARING REQUESTED

29 COMES NOW, Defendants, KEITH BRILL, MD, FACOG and WOMEN'S HEALTH
30 ASSOCIATES OF SOUTHERN NEVADA – MARTIN, PLLC, by and through their counsel of
31 record, ROBERT C. McBRIDE, ESQ. and HEATHER S. HALL, ESQ. of the law firm of
32 McBRIDE HALL, and hereby submit their Motion in Limine No. 1 to Include Others on the

1 Verdict Form.

2 This Motion is made and based upon the attached Memorandum of Points and Authorities,
3 the Affidavit of Heather S. Hall, Esq., the papers and pleadings on file herein, and any oral
4 argument made at the time of the hearing of this matter.

5
6 DATED this 20th day of August 2021.

McBRIDE HALL

7
8 */s/ Heather S. Hall*

9 ROBERT C. McBRIDE, ESQ.

Nevada Bar No.: 7082

10 HEATHER S. HALL, ESQ.

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11 8329 W. Sunset Road, Suite 260

12 Las Vegas, Nevada 89113

Attorneys For Defendants,

13 *Keith Brill, M.D., FACOG and*

14 *Women's Health Associates of Southern*
Nevada – Martin, PLLC

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- 6. As a result, Plaintiff's counsel was not willing to stipulate to this defense motion.
- 7. Despite good-faith efforts to confer, counsel for the parties have been unable to resolve this matter satisfactorily and the Court's intervention is necessary.
- 8. This Motion is brought in good faith and not for purposes of delay.

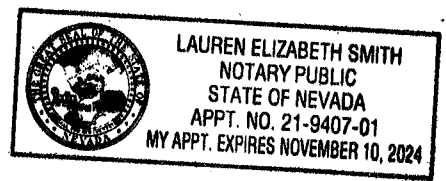
FURTHER YOUR AFFIANT SAYETH NAUGHT.


HEATHER S. HALL, ESQ.

SUBSCRIBED AND SWORN to before
me this 20th day of August, 2021.



Notary Public in and for said
County and State



1 **MEMORANDUM OF POINTS AND AUTHORITIES**

2 **I.**

3 **STATEMENT OF FACTS & INTRODUCTION**

4 **A. OVERVIEW OF MEDICAL CARE**

5 Plaintiff Kimberly Taylor treated with Dr. Brill for several years prior to the incident in
6 question. She had a history of menorrhagia (which is abnormally heavy bleeding at menstruation)
7 and a retroverted, bicornuate uterus with a fibroid. Of relevance to the Complaint, Ms. Taylor had
8 visits with Dr. Brill in February and March of 2017 for treatment. On March 6, 2017, Dr. Brill
9 performed an endometrial biopsy on March 6, 2017 for evaluation of her complaint of
10 dysfunctional uterine bleeding.

11 On March 9, 2017, Dr. Brill performed a colposcopy for further evaluation. He reviewed
12 the results of colposcopy and ultrasound with Ms. Taylor on April 4, 2017. He also discussed my
13 recommendation for hysteroscopy with fibroid resection, hydrothermal ablation and dilation and
14 curettage (D&C). After consulting with Dr. Brill, Ms. Taylor agreed to dilation and curettage
15 (D&C) with hysteroscopy with fibroid removal and hydrothermal ablation, all to be performed by
16 Dr. Brill.

17 On April 26, 2017, Ms. Taylor presented to Henderson Hospital for the referenced surgical
18 procedure. During the resection portion of procedure Dr. Brill noted a uterine perforation while
19 advancing the camera. Uterine perforation is a known risk and complication of this surgery and
20 explicitly stated in the consent forms signed by the patient. Upon identifying the perforation, Dr.
21 Brill stopped the procedure to investigate the extent of the damage by direct visualization with a
22 diagnostic hysteroscope. He found an anterior perforation of the uterus but no evidence of bowel
23 injury or injury to other organs. He removed a small sample of endometrial tissue and terminated
24 the remaining portions of the surgery due to the complication.

25 Ms. Taylor was taken to the recovery area in the care of Bruce Hutchins, RN where she
26 remained for approximately 7 hours. During her postoperative stay, she was medicated for
27 ongoing abdominal pain and nausea and thereafter discharged. Neither Dr. Brill nor the
28 anesthesiologist involved in her care were ever notified the patient was in recovery longer than

1 expected.

2 Approximately 7.5 hours after being discharged from Henderson Hospital (on 4/27/17
3 around 12:30 a.m.), Ms. Taylor was transported by ambulance to St. Rose Dominican Hospital –
4 Siena Campus, where she was treated by Dr. Todd Christiansen. She was treated for nausea, CT
5 of her abdomen and pelvis were performed and she was sent home by Dr. Christensen without
6 being admitted.

7 Approximately 6 hours after leaving the St. Rose Dominican – Siena Campus emergency
8 room, Ms. Taylor returned to St. Rose Hospital via ambulance complaining of worsening
9 abdominal pain. She arrived at approximately 1:30 p.m. on April 27, 2017. Ms. Taylor was
10 admitted and taken for an exploratory surgery on April 28, 2017. At that time, the surgeon noted
11 a perforation of the bowel which was successfully repaired. After a 9-day hospital stay, Ms. Taylor
12 was discharged home.

13 **B. INTRODUCTION**

14 This is a medical malpractice action. NRS 41A.045 abrogates joint and several liability
15 and creates purely several liability in medical malpractice cases. This means that a defendant can
16 only be held responsible for his or her share of liability, as determined by the jury. In order for
17 that statute to be given its full effect, the jury must be permitted to apportion fault among all
18 negligent actors, regardless of whether the actor was ever named as a defendant and regardless of
19 whether the actor was a named party who settled out of the litigation.

20 On December 31, 2015, the Nevada Supreme Court issued an opinion in *Piroozi v. Eighth*
21 *Judicial District Court*, which made clear that “defendants can be held responsible only for their
22 share of an injured plaintiff’s damages.” *Piroozi v. Eighth Jud. Dist. Ct.*, 131 Nev. 1004, 363 P.3d
23 1168 (2015), attached hereto as **Exhibit “B”**. The Nevada Supreme Court *explicitly* recognized
24 that in order to effectuate the intent of NRS 41A.045, Defendants must be permitted to argue the
25 comparative fault of settled defendants and include them on the verdict form.

26 Plaintiff’s Complaint was filed on April 25, 2018 and originally included numerous
27 Defendants. See **Exhibit “C”**, Plaintiff’s Complaint. Plaintiff’s Complaint originally alleged
28 negligence against former Defendants Bruce Hutchins, RN, Henderson Hospital, Dr. Christensen

1 and St. Rose, in addition to the remaining Defendants Dr. Brill and Women's Health Associates
2 of Southern Nevada (hereinafter "WHASN"). See **Exhibit "C"**, Plaintiff's Complaint. Plaintiff's
3 Complaint made various allegations against the former Defendants Bruce Hutchins, RN,
4 Henderson Hospital, Dr. Christensen and St. Rose Hospital.

5 Plaintiff attached a declaration from David Berke, D.O. dated April 25, 2018. *Id.* at Exhibit
6 1. In that declaration, Dr. Berke opined that the care and treatment provided by Bruce Hutchins,
7 RN, Henderson Hospital, Dr. Christensen, and St. Rose Hospital was "grossly deficient, negligent
8 and below the standard of care . . ." *Id.* at para. 12. Dr. Berke goes on to state that Bruce Hutchins,
9 RN and Henderson Hospital's failures include failing to contact Dr. Brill or obtain a GYN consult
10 despite the excessive pain medications being given to Ms. Taylor in the PACU, failing to contact
11 Dr. Brill prior to releasing Ms. Taylor from the PACU on April 26, 2017, and releasing Ms. Taylor
12 from the hospital despite her ongoing severe abdominal pain. *Id.* at para. 12(b).

13 With respect to Dr. Christensen and St. Rose Hospital, Dr. Berke opined that their failures
14 included not obtaining a consult with an OB/GYN or surgeon for possible bowel injury and
15 sending Ms. Taylor home without admitting her when she presented to the emergency room many
16 hours after leaving Henderson Hospital. *Id.* at para. 12(c).

17 On February 16, 2021, Plaintiff served her Initial Expert Disclosure designating Dr. Berke
18 as her retained expert and disclosing a supplemental report from him. See **Exhibit "D"**, February
19 10, 2021 report of Dr. Berke. By this time, only Dr. Brill/WHASN and Dr. Christensen remained
20 as Defendants in this case. In this report, Dr. Berke again opines that Dr. Christensen's care fell
21 below the standard of care by "(1) failing to consult with Dr. Brill or any other OB/GYN or surgeon
22 based on the CT report, (2) failing to conduct a proper differential diagnosis to rule in/out
23 perforation and instead simply releasing Ms. Taylor, and (3) failing to properly diagnose and treat
24 the perforation." *Id.* at TAYLOR001759. He also opines that Dr. Christensen's "breaches of the
25 standard of care led to additional pain and suffering for Ms. Taylor during her delay in diagnosis."
26 *Id.*

27 On July 19, 2021, Dr. Berke's deposition was completed in this case. See **Exhibit "E"**,
28 portions of Dr. Berke's deposition. At that time, he confirmed that he still holds all of those same

1 opinions and criticisms regarding the care and treatment provided by Bruce Hutchins, RN,
2 Henderson Hospital, Dr. Christensen and St. Rose Hospital. Plaintiff's own expert has repeatedly
3 expressed criticisms of the care and treatment provided by these former Defendants. Excluding
4 these potentially responsible parties from the verdict form may subject Defendants to joint and
5 several liability in direct contravention of NRS 41A.045 as affirmed in *Piroozi*.

6 Further, in *Bhatia v. Eighth Judicial Dist.*, 2018 Nev. Unpub. LEXIS 394, 417 P.3d 352
7 (May 9, 2018), the Nevada Supreme Court indicated that Defendants may rely on the testimony of
8 Plaintiff's own expert in order to establish negligence of others.¹ Under Nevada law, Defendants
9 should be permitted to elicit Dr. Berke's full and complete opinions and include others on the
10 verdict form if evidence is presented at trial establishing other negligent actors.

11 II.

12 LEGAL ARGUMENT

13 A. INCLUDING ALL NEGLIGENT PARTIES ON THE SPECIAL 14 VERDICT FORM IS NECESSARY TO ALLOW THE JURY TO 15 APPORTION FAULT PURSUANT TO NRS 41A.045.

16 Nevada Revised Statute 41A.045 abrogates joint and several liability for medical
17 malpractice defendants as the statute provides:

18 In an action for injury or death against a provider of health care based upon
19 professional negligence, each defendant is liable to the plaintiff for economic
20 damages and noneconomic damages severally only, and not jointly, for that
portion of the judgment which represents the percentage of negligence
attributable to the defendant.

21 This section is intended to abrogate joint and several liability of a provider of
22 health care in an action for injury or death against the provider of health care based
upon professional negligence.

23 (Emphasis added).

24 A defendant in a medical malpractice case cannot be liable for his/her/its "percentage of
25 negligence" if all reasonable parties who could be responsible for the alleged negligence are not
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27
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¹ While unpublished, *Bhatia* is cited for its persuasive value. See NRAP 36(2)-(3).

1 considered in the jury's analysis. In order to ascertain Defendants' "percentage of negligence," if
2 any, the jury must necessarily consider the alleged negligence of all potentially liable parties.

3 In *Banks v. Sunrise Hospital*, the Nevada Supreme Court determined that a defendant is
4 not precluded "from pointing the blame at another defendant or from arguing that it was not
5 responsible for the plaintiff's injury." *Banks*, 120 Nev. 822, 845, 102 P.3d 52, 68 (2004).
6 Defendants are not precluded from putting on the facts of this case and attempting to establish
7 either that Dr. Abanonu did not commit negligence, or that the responsibility for Plaintiffs' injuries
8 rests with a non-party, "including those who have separately settled their liabilities with the
9 plaintiff." *Id.* at 843-845, 67-68.

10 In the recent Nevada Supreme Court decision of *Piroozi v. Eighth Jud. Dist. Ct.*, 131 Nev.
11 1004, 363 P.3d 1168 (2015), the Court considered this very issue and concluded that settled
12 defendants should be included on the verdict form. See **Exhibit "A"**. In *Piroozi*, Plaintiffs
13 originally named several healthcare providers as Defendants. Prior to the time of trial, all
14 Defendants settled except for Dr. Piroozi and Dr. Blahnik. *Piroozi*, 131 Nev. at 1006, 363 P.3d at
15 1169. The district court granted Plaintiffs' motion precluding Defendants from arguing that the
16 settled defendants were comparatively negligent and including them on the verdict form. In
17 reversing the district court's decision, the Nevada Supreme Court held that:

18 [I]f defendants can be held responsible only for their share of an injured plaintiff's
19 damages, it follows that defendants must be allowed to argue the comparative fault
20 of the settled defendants and the jury verdict forms must account for the settled
defendants' percentage of fault.

21 *Id.* at 1008, 1171.

22 The Nevada Supreme Court looked to, and cited with approval, *Le'Gall v. Lewis County*,
23 which reasoned that "if the jury could conclude, based on the evidence, that an actor negligently
24 contributed to the plaintiff's injury, then the actor must be included on the special verdict form."
25 *Piroozi*, 131 Nev. at 1008 - 1009, 363 P.3d at 1171, citing *Le'Gall v. Lewis Cnty.*, 923 P.2d 427,
26 430 (Idaho 1993).

27 Following *Piroozi*, the Nevada Supreme Court considered a Petition for Writ of Mandamus
28 challenging district court orders precluding the defense from including parties who were never

1 named as defendants on the verdict form. *Bhatia v. Eighth Judicial Dist.*, 2018 Nev. Unpub. LEXIS
2 394, 417 P.3d 352 (May 9, 2018), **Exhibit “B”**. The Nevada Supreme Court held that the district
3 court misapplied the law and abused its discretion in prohibiting defendants from presenting
4 evidence of fault of non-parties and having non-parties placed on the verdict form. *Id.* In so
5 holding, the Court addressed the lower court’s error in concluding that the defense was required
6 to produce their own expert to criticize a provider in order to place that medical provider on the
7 verdict form. The Court noted that the defense could rely on the testimony of *Plaintiff’s experts*
8 at the time of trial to establish negligence of other medical providers. *Id.* at 4 – 5.

9 The Nevada Supreme Court stated that both *Piroozi* and *Banks* (cited above) “support the
10 conclusion the names of non-parties, not just settling defendants, may be placed on the jury verdict
11 form so the jury may apportion a percentage of fault to non-parties, as well as to settling
12 defendants. This conclusion is consistent with the concept of several liability.” *Id.* at 9. The
13 Nevada Supreme Court further stated that, in addition to arguing comparative fault of settled
14 defendants and including them on the verdict form, the “rationale applies with equal force to non-
15 parties who may also bear responsibility for a medical malpractice plaintiff’s injuries”. *Id.*

16 In this case, Plaintiff’s own expert, Dr. Berke, has repeatedly criticized Bruce Hutchins,
17 RN, Henderson Hospital, Dr. Christensen and St. Rose Hospital. When Dr. Berke was deposed
18 on July 19, 2021, he was asked several questions about his criticisms of those providers. With
19 respect to Bruce Hutchins and Henderson Hospital, Dr. Berke testified as follows:

20 Q. And then you list 12-B, you have Bruce Hutchins, R.N. and Henderson
21 Hospital. And at the time you wrote this report you felt that Bruce Hutchins
22 and Henderson Hospital had violated the standard of care by not contacting
23 Dr. Brill or some other OB/GYN regarding the excessive pain medication
24 that had been given to Ms. Taylor, correct?

25 A. Correct.

26 Q. You also felt that Bruce Hutchins and Henderson Hospital had violated the
27 standard of care by failing to contact Dr. Brill prior to releasing Ms. Taylor,
28 correct?

1 A. Correct.

2 Q. And lastly, you noted that it was a violation of the standard of care by Bruce
3 Hutchins and Henderson Hospital to release Ms. Taylor despite her ongoing
4 severe abdominal pain, correct?

5 A. Correct.

6 **Q. Do you still hold those opinions today?**

7 **A. Yes**

8 See Exhibit "E", 19:14 – 20:6 (Emphasis added).

9 With respect to Dr. Christensen and St. Rose Hospital and Ms. Taylor's subsequent ER
10 visit, Dr. Berke testified as follows:

11 Q. And for Dr. Christensen and St. Rose, you found that there was a violation of
12 the standard of care for failing to obtain a consult with an OB/GYN and/or
13 surgeon based upon the CT report?

14 A. In relation to the recent surgery she had, yes.

15 ...

16 **Q. But those opinions, do you still hold those today?**

17 **A. Yes.**

18 See Exhibit "E", 20:17 – 21; 20:25 – 21:2 (Emphasis added).

19 He went on to confirm his opinion that those "violations of the standard of care by Dr.
20 Christensen, Bruce Hutchins, St. Rose, Henderson Hospital" contributed to what he views as a
21 delay in treating Ms. Taylor's surgical complication. *Id.* at 21: 19 – 23.

22 Plaintiff's own expert provides the evidence demonstrating that Bruce Hutchins',
23 Henderson Hospital's, Dr. Christensen's and St. Rose Hospital's comparative negligence must be
24 considered by the jury in evaluating liability and causation. Presumably, Plaintiff intends to call
25 Dr. Berke (Plaintiff's only retained expert) at the time of trial. Should Plaintiff do so, Defendants
26 should be permitted to elicit his previously disclosed opinions regarding the negligence of others.
27 A defendant in a medical malpractice case cannot be liable for his/her/its "percentage of
28

1 negligence” if all reasonable parties who could be responsible for the negligence are not considered
2 in the jury's analysis.

3 **III.**

4 **CONCLUSION**

5 A jury must be able to allocate fault in order to effectuate the purpose of NRS 41A.045's
6 abolition of joint and several liability. Plaintiff's expert establishes liability and causation on
7 behalf of other parties. Accordingly, Defendants must be permitted to include those other actors
8 on the jury verdict form if proper foundation is laid at trial.
9

10 DATED this 20th day of August 2021.

McBRIDE HALL

11
12 */s/ Heather S. Hall*

13
14

ROBERT C. McBRIDE, ESQ.

Nevada Bar No.: 7082

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Attorneys For Defendants,

Keith Brill, M.D., FACOG and

Women's Health Associates of Southern
19 *Nevada – Martin, PLLC*

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22 Las Vegas, Nevada 89117
23 Attorneys for Defendant,
24 *Todd W. Christensen, M.D.*

25 */s/ Lauren E. Smith*
26 An Employee of McBRIDE HALL
27
28

EXHIBIT “A”

EXHIBIT “A”



Positive

As of: August 20, 2021 1:23 PM Z

Piroozi v. Eighth Judicial Dist. Court

Supreme Court of Nevada

December 31, 2015, Filed

No. 64946

Reporter

131 Nev. 1004 *; 363 P.3d 1168 **; 2015 Nev. LEXIS 119 ***; 131 Nev. Adv. Rep. 100

ALI PIROOZI, M.D., AND MARTIN BLAHNIK, M.D.,
Petitioners, vs. THE EIGHTH JUDICIAL DISTRICT
COURT OF THE STATE OF NEVADA, IN AND FOR
THE COUNTY OF CLARK; AND THE HONORABLE
JAMES M. BIXLER, DISTRICT JUDGE, Respondents,
and TIFFANI D. HURST; AND BRIAN ABBINGTON,
JOINTLY AND ON BEHALF OF THEIR MINOR CHILD,
MAYROSE LILI-ABBINGTON HURST, Real Parties in
Interest.

Outcome

Petition granted.

LexisNexis® Headnotes

Subsequent History: As Amended March 21, 2016.

Civil Procedure > ... > Writs > Common Law
Writs > Mandamus

Prior History: [***1] Original petition for a writ of
mandamus in a medical malpractice action.

HN1 **Common Law Writs, Mandamus**

Disposition: Petition granted.

A writ of mandamus is available to compel the performance of an act that the law requires or to control an arbitrary or capricious exercise of discretion, *Nev. Rev. Stat. § 34.160*. The Nevada Supreme Court exercises its discretion to consider a petition for a writ of mandamus only when there is no plain, speedy and adequate remedy in the ordinary course of law or there are either urgent circumstances or important legal issues that need clarification in order to promote judicial economy and administration. Generally, an appeal from a final judgment or order is an adequate remedy precluding such writ relief.

Core Terms

several liability, district court, comparative negligence, defendants', damages, professional negligence, jury verdict, settlement, fault, healthcare provider, ballot, action for professional negligence, health-care, tortfeasors, ambiguity, provider, voters, non economic damages, legislative history, comparative fault

Case Summary

Overview

HOLDINGS: [1]-If defendants could be held responsible only for their share of an injured plaintiff's damages, it followed that defendants had to be allowed to argue the comparative fault of the settled defendants and the jury verdict forms had to account for the settled defendants' percentage of fault; [2]-The district court was required to permit the doctors the opportunity to argue the comparative fault of the settled defendants and include those defendants' names and an assignment of their percentage of fault on the jury verdict forms.

Civil Procedure > Appeals > Standards of
Review > De Novo Review

Governments > Legislation > Interpretation

HN2 **Standards of Review, De Novo Review**

Issues of statutory interpretation, even when raised in a writ petition, are reviewed de novo.

Torts > ... > Defenses > Comparative

Heather Hall

III APPX000417

131 Nev. 1004, *1004; 363 P.3d 1168, **1168; 2015 Nev. LEXIS 119, ***1

Fault > Procedural Matters

HN3[↓] Comparative Fault, Procedural Matters

Notwithstanding its other limitations, Nev. Rev. Stat. § 41.141 applies only to actions where a defendant asserts comparative negligence as a defense. When § 41.141 does apply, a settling defendant's comparative negligence cannot be admitted into evidence or considered by the jury, § 41.141(3).

Torts > Procedural Matters > Multiple Defendants > Joint & Several Liability

Torts > ... > Healthcare Providers > Types of Liability > Negligence

HN4[↓] Multiple Defendants, Joint & Several Liability

See Nev. Rev. Stat. § 41A.045.

Governments > Legislation > Interpretation

Torts > Procedural Matters > Multiple Defendants > Joint & Several Liability

Torts > ... > Healthcare Providers > Types of Liability > Negligence

HN5[↓] Legislation, Interpretation

If the plain language of a statute is clear on its face, the Nevada Supreme Court will not look beyond that language when construing the provision, unless it is clear that this meaning was not intended. Nev. Rev. Stat. § 41A.045(1) unequivocally provides that defendants in professional negligence actions are severally liable for economic and noneconomic damages. This means that an injured person may recover only the severally liable person's comparative-responsibility share of the injured person's damages, which is the portion of the judgment which represents the percentage of negligence attributable to the defendant, 41A.045(1). Therefore, pursuant to § 41A.045, an injured plaintiff in a health-care provider professional negligence action can recover only the defendant's share of the injured plaintiffs damages.

Governments > Legislation > Types of Statutes > Special Legislative Acts

Torts > Procedural Matters > Multiple Defendants > Joint & Several Liability

Torts > ... > Defenses > Comparative Fault > Procedural Matters

HN6[↓] Types of Statutes, Special Legislative Acts

Nev. Rev. Stat. §§ 41.141 and 41A.045, when applied in cases where the comparative negligence defense is raised, conflict. Nev. Rev. Stat. § 41.141 precludes admitting a settling defendant's comparative negligence into evidence, whereas Nev. Rev. Stat. § 41A.045 presumes admission of evidence allocating damages based on proportionate liability. Where a general and a special statute, each relating to the same subject, are in conflict and they cannot be read together, the special statute controls. Because § 41A.045 is a special statute focusing specifically on professional negligence of a provider of health care, it governs here. Thus, when applicable, § 41A.045 displaces § 41.141.

Counsel: Cotton, Driggs, Walch, Holley, Woloson & Thompson and John H. Cotton and Christopher G. Rigler, Las Vegas, for Petitioner Ali Piroozi, M.D.

Carroll, Kelly, Trotter, Franzen, McKenna & Peabody and Robert C. McBride and Heather S. Hall, Henderson, for Petitioner Martin Blahnik, M.D.

Eglet Prince and Dennis M. Prince, Las Vegas; Eisenberg Gilchrist & Cutt and Jacquelynn D. Carmichael, Robert G. Gilchrist, and Jeff M. Sbaih, Salt Lake City, Utah, for Real Parties In Interest.

Judges: Hardesty, C.J., Parraguirre, J., Pickering, J., Saitta, J. DOUGLAS, J., with whom CHERRY and GIBBONS, JJ., agree, dissenting.

Opinion by: HARDESTY

Opinion

[*1005] [*1169] BEFORE THE COURT EN BANC.

By the Court, HARDESTY, C.J.:

On November 2, 2004, Nevada voters approved the Keep Our Doctors in Nevada (KODIN) ballot initiative. KODIN included the adoption of NRS 41A.045, which

Heather Hall

makes health-care provider defendants severally liable in professional negligence actions for economic and noneconomic damages. In this opinion, we address [*1006] whether, in a health-care provider professional negligence action, NRS 41A.045 allows a defendant to argue the percentage of fault of settled defendants and to include [***2] those settled defendants' names on [**1170] applicable jury verdict forms. Based on the plain language of the statute, we hold that the provision of several liability found in NRS 41A.045 entitles a defendant in a qualifying action to argue the percentage of fault of settled defendants and to include the settled defendants' names on the jury verdict form where the jury could conclude that the settled defendants' negligence caused some or all of the plaintiff's injury.

BACKGROUND

This petition arises out of a professional negligence action. Real parties in interest, Tiffani Hurst and Brian Abbington, jointly and on behalf of their infant daughter MayRose, filed a complaint against several health-care providers, alleging that the providers' professional negligence caused MayRose to suffer permanent brain damage. All defendants settled with Hurst and Abbington, except for petitioners Dr. Ali Piroozi and Dr. Martin Blahnik.

During pretrial proceedings below, Hurst and Abbington filed a motion in limine to bar petitioners from arguing the comparative fault of the settled defendants at trial and including those defendants' names on jury verdict forms. Relying on NRS 41.141¹ and Banks ex rel. Banks v. Sunrise Hospital, 120 Nev. 822, 102 P.3d 52 (2004), which interprets NRS 41.141, the district court granted [***3] the motion. Petitioners now ask this court to issue a writ of mandamus ordering the district court to allow petitioners to argue the comparative fault of the settled defendants and to place those defendants' names on the jury verdict forms.

DISCUSSION

Consideration of the writ petition

HN1[↑] A writ of mandamus is available to compel the performance of an act that the law requires or to control

¹ NRS 41.141 is a comparative negligence statute that governs the liability of multiple defendants in actions asserting a comparative negligence defense.

an arbitrary or capricious exercise of discretion. NRS 34.160; Int'l Game Tech., Inc. v. Second Judicial Dist. Court, 124 Nev. 193, 197, 179 P.3d 556, 558 (2008). This court exercises its discretion to consider a petition for a writ of mandamus only "when there is no plain, speedy and adequate remedy in the ordinary course of law or there are either urgent circumstances or important legal issues that need clarification in order [**1007] to promote judicial economy and administration." Cheung v. Eighth Judicial Dist. Court, 121 Nev. 867, 869, 124 P.3d 550, 552 (2005) (internal quotation marks omitted). Generally, an appeal from a final judgment or order is an adequate remedy precluding such writ relief. Int'l Game Tech., 124 Nev. at 197, 179 P.3d at 558.

We exercise our discretion to consider this writ petition in light of the important legal issues raised concerning whether NRS 41.141 or NRS 41A.045 applies and the corresponding [***4] effect on trials involving professional negligence by a health-care provider. We believe that consideration of this petition will promote judicial economy and administration in this case and other health-care provider professional negligence cases pending before the Nevada district courts because the resolution of the issues presented will promote settlements and reduce the time and expense of professional negligence trials involving comparative defense or other settling defendants. Accordingly, we conclude that this writ petition warrants our consideration.

Merits of the writ petition

HN2[↑] Issues of statutory interpretation, even when raised in a writ petition, are reviewed de novo. Int'l Game Tech., 124 Nev. at 198, 179 P.3d at 559. Petitioners contend that the district court abused its discretion by relying on NRS 41.141(3), which prohibits a jury from considering the comparative negligence of settled defendants and the settlement amounts, when a remaining defendant asserts a comparative negligence defense. Petitioners argue that NRS 41.141 does not apply in professional negligence actions because it invalidates NRS 41A.045's abrogation of joint and several liability by preventing petitioners from arguing the liability of settled defendants. We must resolve the [**1171] conflict [***5] created when these separate statutes are read together.

The district court began its analysis with NRS 41.141. HN3[↑] Notwithstanding its other limitations, NRS

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41.141 applies only to actions where a defendant asserts comparative negligence as a defense. NRS 41.141(1); see Café Moda, LLC v. Palma, 128 Nev. 78, 272 P.3d 137, 139 (2012). When NRS 41.141 does apply, a settling defendant's comparative negligence cannot be admitted into evidence or considered by the jury. NRS 41.141(3). Here, although a comparative negligence defense asserted against minor plaintiff MayRose would not be a bona fide issue, see Buck by Buck v. Greyhound Lines, Inc., 105 Nev. 756, 764, 783 P.2d 437, 442 (1989), petitioners' comparative negligence assertions against plaintiffs Hurst and Abbington are bona fide issues triggering the application [*1008] of NRS 41.141. See NRS 41.141(1). Thus, initially, NRS 41.141(3) appears to apply to Hurst and Abbington's claims.

We now turn to the application of NRS 41A.045. NRS 41A.045 states:

HN4 [↑] 1. In an action for injury or death against a provider of health care based upon professional negligence, each defendant is liable to the plaintiff for economic damages and noneconomic damages severally only, and not jointly, for that portion of the judgment which represents the percentage of negligence attributable to the defendant.

2. This section is intended to abrogate joint and several liability of a provider of health care in an action for injury [*6] or death against the provider of health care based upon professional negligence.

We have repeatedly stated that **HN5** [↑] if the plain language of a statute is clear on its face, we will not look beyond that language when construing the provision, "unless it is clear that this meaning was not intended." See Szydel v. Markman, 121 Nev. 453, 456-57, 117 P.3d 200, 202 (2005) (internal quotation omitted). NRS 41A.045(1) unequivocally provides that defendants in professional negligence actions are severally liable for economic and noneconomic damages. This means that an "injured person may recover only the severally liable person's comparative-responsibility share of the injured person's damages," Restatement (Third) of Torts: Apportionment of Liab. § 11 (2000), which is "the portion of the judgment which represents the percentage of negligence attributable to the defendant." NRS 41A.045(1). Therefore, pursuant to NRS 41A.045, we hold that an injured plaintiff in a health-care provider professional negligence action can recover only the defendant's share of the injured plaintiff's damages.

Although the aforementioned approach places the risk of an insolvent or immune defendant on the plaintiff, several liability schemes are designed to protect individual defendants from liability exceeding the defendant's fault. See Sowinski v. Walker, 198 P.3d 1134, 1151 (Alaska 2008). That the voters of Nevada intended this [*7] meaning is evident not only by the plain language of NRS 41A.045, but also by the ballot initiative's explanation section, stating that the provision "imposes the risk of nonpayment to the injured party if a defendant is not able to pay his percentage of damages." Statewide Ballot Questions 2004, Question No. 3, Explanation.


Based on these conclusions, if defendants can be held responsible only for their share of an injured plaintiff's damages, it follows that defendants must be allowed to argue the comparative fault of the settled defendants and the jury verdict forms must account for the settled defendants' percentage of fault. See Le'Gall v. Lewis Cnty., 129 Idaho 182, 923 P.2d 427, 430 (Idaho 1996) (explaining that "[i]f the jury could [*1009] conclude, based on the evidence, that an actor negligently contributed to the plaintiff's injury, then the actor must be included on the special verdict form"); Restatement (Third) of Torts: Apportionment of Liab. § B19 (2000).²

² Section B19 of the Restatement (Third) of Torts: Apportionment of Liability (2000), provides as follows:

If one or more defendants may be held severally liable for an indivisible injury, and at least one defendant and one other party, settling tortfeasor, or identified person may be found by the factfinder to have engaged in tortious conduct that was a legal cause of the plaintiff's injury, each such party, settling tortfeasor, and other identified [*8] person is submitted to the factfinder for an assignment of a percentage of comparative responsibility.

See also id. § 11 cmt. a (2000) ("[B]ecause liability is limited to defendants' several share of damages, other nonparties may be submitted to the factfinder for an assignment of a percentage of comparative responsibility . . . [1] not to adjudicate their liability, but to enable defendants' comparative share of responsibility to be determined."); id. § B19 cmt. h (2000) ("If a jury is the factfinder, the court submits a verdict form seeking a determination of the total damages suffered by the plaintiff and the responsibility assigned to each party and each other person having legal responsibility for plaintiff's damages."); DeBenedetto v. CLD Consulting Engrs, Inc., 153 N.H. 793, 903 A.2d 969, 980 (N.H. 2006) ("[A] rule of law limiting a jury or court to consideration of the fault of only the parties to an action would directly undermine the New

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Consequently, HNG  NRS 41.141 and NRS 41A.045, when applied in cases where **[**1172]** the comparative negligence defense is raised, conflict. NRS 41.141 precludes admitting a settling defendant's comparative negligence into evidence, whereas NRS 41A.045 presumes admission of evidence allocating damages based on proportionate liability. "Where **[***9]** a general and a special statute, each relating to the same subject, are in conflict and they cannot be read together, the special statute controls." *Laird v. State Pub. Emps. Ret. Bd.*, 98 Nev. 42, 45, 639 P.2d 1171, 1173 (1982); see also *State, Dep't of Taxation v. Masco Builder Cabinet Grp.*, 129 Nev. Adv. Op. 83, 129 Nev. 775, 312 P.3d 475, 478 (2013) ("A specific statute controls over a general statute." (internal quotation omitted)). Because NRS 41A.045 is a special statute focusing specifically on professional negligence of a provider of health care, it governs here.³ Thus, when applicable, NRS 41A.045 displaces NRS 41.141.

Based on the foregoing analysis, the district court was required to permit petitioners the opportunity to argue the comparative fault of the settled defendants and include those defendants' names and an assignment of their percentage of fault on the jury verdict forms. Thus, we grant the petition and order the clerk of this court to issue a **[*1010]** writ of mandamus directing the district court to vacate the portion of its pretrial order that conflicts with this decision and to enter a new order holding that **[***10]** petitioners may argue to the jury that a portion of Hurst and AbbingLon's damages was caused by the settled defendants and include those defendants' names on the jury verdict form for the purpose of allocating liability among all defendants.⁴

Hampshire legislature's decision to assign only several liability").

³ Furthermore, "when statutes are in conflict, the one more recent in time controls over the provisions of an earlier enactment." *Laird*, 98 Nev. at 45, 639 P.2d at 1173. The Legislature added section 3 of NRS 41.141 to the statute in 1987; Nevada voters adopted NRS 41A.045 in 2004.

⁴ We note that the dissent appears to rely on NRS 17.245, yet NRS 17.245 was not argued at the district court, was not discussed in the district court's order, and was not argued on appeal by the parties. Indeed, the district court based the settlement offset on NRS 41.141—not NRS 17.245—which was in itself an error. NRS 41.141(3) provides for a settlement offset in cases where the defendant raised comparative negligence as a defense, not in cases where the defendants' liability is several. Further, our dissenting colleague incorrectly states that NRS 17.245, which offsets a defendant's judgment

/s/ Hardesty, C.J.

Hardesty

We concur:

/s/ Parraguirre, J.

Parraguirre

/s/ Pickering, J.

Pickering

/s/ Saltta, J.

Saltta

Dissent by: DOUGLAS

Dissent

[1173]** DOUGLAS, J., with whom CHERRY and GIBBONS, JJ., agree, dissenting:

I respectfully disagree with the majority's analysis as to the application of NRS 41A.045. NRS 41A.045 is ambiguous and does not abrogate NRS 17.245's offset provision, making it improper to introduce any evidence of settlement into the proceedings.

by the settlement amount, would create a windfall. However, because the petitioners are only severally liable for their portion of the apportioned negligence damages, they are not entitled to an offset. See NRS 17.225(2) ("The right of contribution exists only in favor of a tortfeasor who has paid more than his or her equitable share of the common liability . . ."). NRS 17.225(2) is taken almost verbatim from the Uniform Contribution Among Tortfeasors **[***11]** Act § 1(b) (2008), and the purpose of this act was to make each tortfeasor liable for "his or her percentage of fault and no more." *John Munic Enters., Inc. v. Laos*, 235 Ariz. 12, 326 P.3d 279, 283 (Ariz. Ct. App. 2014) (internal quotation marks omitted); see *Restatement (Third) of Torts: Apportionment of Liab.* § 23(b) (2000) ("A person entitled to recover contribution may recover no more than the amount paid to the plaintiff in excess of the person's comparative share of responsibility."); *id.* § 11 cmt. c (2000) ("[S]everally liable defendants will not have any right to assert a contribution claim."); see also *Target Stores v. Automated Maintenance Servs.*, 492 N.W.2d 899, 904 (N.D. 1992) (holding that defendant was only severally liable for its negligence, so it did not have a contribution claim). Finally, the dissent makes a conclusory statement that NRS 41A.045 is discordant with NRS 17.245 but offers no legislative history to support this argument.

Heather Hall

Ambiguity

"A statute is ambiguous when it is capable of [***12] being understood in two or more senses by reasonably informed persons or it does not otherwise speak to the issue before the court." *Chanos v. Nev. Tax Comm'n*, 124 Nev. 232, 240, 181 P.3d 675, 680-81 (2008) (internal quotation marks omitted).

[*1011] *NRS 41A.045* states:

1. In an action for injury or death against a provider of health care based upon professional negligence, each defendant is liable to the plaintiff for economic damages and noneconomic damages severally only, and not jointly, for that portion of the judgment which represents the percentage of negligence attributable to the defendant.
2. This section is intended to abrogate joint and several liability of a provider of health care in an action for injury or death against the provider of health care based upon professional negligence.

NRS 41A.045 contains at least two meaningful points of ambiguity. First, the use of "each defendant" could be read to either limit several liability to actions with multiple defendants or permit several liability, even when there is only one defendant. Second, when *NRS 41A.045* applies, "each defendant is liable . . . severally only . . . for that portion of the judgment which represents the percentage of negligence attributable to the defendant." It is unclear whether the percentage of negligence attributable [***13] to the defendant for which she is liable is based only in relation to other defendants in the action, if there are any, or in relation to all persons at fault, including settled defendants. Based on these two points of ambiguity, it is necessary to consider legislative history, public policy, and reason in construing *NRS 41A.045*.

Single or multiple defendants

To determine the voter intent of a law that was enacted by a ballot initiative, this court has considered that ballot's explanation and argument sections.¹ See

¹ Examining the ballot materials to determine voter intent is appropriate because "[t]hose materials are the only information to which all voters unquestionably had equal access." Patrick C. McDonnell, *Note, Nevada's Medical Malpractice Damages Cap: One for All Heirs or One for Each*,

Sustainable Growth Initiative Comm. v. Jumpers, LLC, 122 Nev. 53, 63, 65-66, 128 P.3d 452, 460-61 (2006); see also *Guinn v. Legislature of State of Nev.*, 119 Nev. 460, 467, 76 P.3d 22, 26 (2003). The explanation section of the ballot questionnaire relevant to *NRS 41A.045* states that "[c]urrent law provides that each one of multiple defendants in medical malpractice actions is severally, but not jointly liable for noneconomic damages," and that the proposed law would extend several liability to economic damages. Statewide Ballot Questions 2004, Question No. 3, Explanation. Thus, voters understood that the then current law, [*1012] *NRS 41A.041*,² applied only to actions with multiple defendants, and that *NRS 41A.045* did not propose to change this aspect of the law. Accordingly, this court can reasonably conclude that Nevada voters intended *NRS 41A.045* to apply only to medical malpractice actions with multiple defendants. As evident [***14] in the next subsection, such an interpretation comports with canons of statutory construction, public policy, and reason.

Several liability in relation to whom

Requiring multiple defendants for *NRS 41A.045* to apply allows the court to resolve the second ambiguity with a canon of statutory interpretation. Specifically, "[w]hen a legislature adopts language that has a particular meaning or history, rules of statutory construction . . . indicate that a court may [***174] presume that the legislature intended the language to have meaning consistent with previous interpretations of the language." *Beazer Homes Nev., Inc. v. Eighth Judicial Dist. Court*, 120 Nev. 575, 580-81, 97 P.3d 1132, 1135-36 (2004). To the extent that this court applies this canon to voters adopting language that has a particular meaning, *NRS 41A.045* arguably imposes several liability only in relation to remaining defendants, and not settled defendants.

As to settled defendants, one must harmonize [***15] *NRS 17.245* (effects of release or covenant not to sue) with *NRS 41A.045*. Allowing for several liability as between all tortfeasors, including settled defendants, would be discordant with *NRS 17.245(1)(a)*, which requires a district court to reduce any judgment against tortfeasors by all amounts paid by settled defendants

² 13 Nev. L.J. 983, 1009 (2013).

² Repealed by Statewide Ballot Questions 2004, Question No. 3, effective November 23, 2004.

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that were liable in tort for the same injury or wrongful death. Specifically, if a defendant could argue a theory of comparative negligence as to settled defendants, then she would only be liable for her proportional fault in relation to them. Because the judgment issued against this defendant would amount to her exact liability, she would then receive a windfall when NRS 17.245(1)(a) reduced that judgment by all settlement amounts. Such an interpretation should be avoided because it would conflict with NRS 17.245(1)(a)'s function and lead to absurd results. See Szydel v. Markman, 121 Nev. 453, 457, 117 P.3d 200, 202-03 (2005) (explaining that when two statutes conflict, this court will attempt to read the conflicting provisions in harmony to the extent that it does not violate legislative intent); Gallagher v. City of Las Vegas, 114 Nev. 595, 599-600, 959 P.2d 519, 521 (1998) (stating that statutory interpretation should avoid absurd results).³

[*1013] NRS 41A.041 and NRS 41A.045's legislative history also supports this interpretation. NRS 41A.041's legislative history warrants consideration because NRS 41A.045 was written in response to and borrowed language from NRS 41A.041. NRS 41A.041's legislative history indicates that the Legislature did not intend for the statute to displace NRS 17.245(1)(a)'s provision for offsetting a judgment against a defendant by any settlement amounts from joint tortfeasors. NRS 41A.041's legislative history also suggests that its purpose was to allow for the same several liability found in NRS 41.141(4) in all medical malpractice actions, regardless of whether comparative negligence was asserted as a defense.⁴ Given NRS 41A.045's narrow purpose of extending existing law⁵ to include several

liability for economic damages, any legislative intent behind NRS 41A.041 unrelated to that purpose arguably transfers into the new statute.⁶

Based on the foregoing, it should be construed that NRS 41A.045 prohibits a defendant from arguing the comparative negligence of settled defendants. That interpretation would not preclude a defendant from arguing that a settled defendant [*1175] was 100 percent at fault.⁷ Banks ex rel. Banks v. Sunrise Hosp., 120 Nev. 822, 844-45, 102 P.3d 52, 67 (2004). With this in mind, I submit that the district court [*1014] did not abuse its discretion in its order granting the Hursts' motion in limine.

NRS 17.245

As to NRS 17.245 (effects of release or covenant not to sue), it states:

1. When a release or a covenant not to sue or not to enforce judgment is given in good faith to one of two or more persons liable in tort for the same injury or the same wrongful death:

(a) It does not discharge any of the other tortfeasors from liability for the injury or wrongful death unless its terms so provide, but it reduces the claim against the others to the extent of any amount stipulated by the release or the covenant, or in the

apportionment of fault to settled defendants because that would undermine NRS 17.245(1)(a). See Nev. Attorney for Injured Workers v. Nev. Self-Insurers Ass'n, 126 Nev. 74, 85, 225 P.3d 1265, 1271 (2010) (stating that this court presumes that, when enacting statutes, the Legislature has a "full knowledge of existing statutes relating to the same subject" (internal citations omitted)). Thus, it likely follows that the voters' intent in enacting NRS 41A.045 would be similar.

⁶ Although "KODIN stops 'double-dipping' by informing juries if plaintiffs are receiving money from other sources for the same injury," this provision does not appear to include individual settlement amounts; it may include organizational and corporate settlements. See NRS 42.021.

⁷ Although comporting with [*118] existing law, this seems counterintuitive. A defendant cannot assert comparative negligence against a settled defendant, but she can argue that a settled defendant is 100 percent negligent. Any unsuccessful effort made by a defendant to show that a settled defendant is 100 percent at fault is essentially an argument of comparative negligence. While this only becomes relevant if settled defendants' names are on the jury verdict forms and the jury is directed to apportion fault, it is likely that this leads to some jury, speculation and affects judgments.

³ When statutes are in conflict and cannot be read harmoniously, "the one more recent in time controls over the provisions of an earlier [*16] enactment." Laird v. State of Nev. Pub. Emp. Ret. Bd., 98 Nev. 42, 45, 639 P.2d 1171, 1173 (1982). Thus, if the court determines that NRS 41A.045 was intended to allow for several liability as between all tortfeasors, including settled defendants, then NRS 17.245(1)(a) would likely not apply in situations when NRS 41A.045 applied.

⁴ The Legislature and voters were silent as to whether a defendant could introduce evidence of the comparative negligence of a settled defendant and the settlement amount.

⁵ What existing law was at that [*17] time is unclear because this court never construed NRS 41A.041. However, relying on NRS 41A.041's legislative history, it seems likely that the Legislature did not intend to create a system allowing

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amount of the consideration paid for it, whichever is the greater; and

(b) It discharges the tortfeasor to whom it is given from all liability [***19] for contribution and for equitable indemnity to any other tortfeasor.

2. As used in this section, "equitable indemnity" means a right of indemnity that is created by the court rather than expressly provided for in a written agreement.

In association with NRS 17.245(1)(a), this court has stated that "to prevent improper speculation by the jury, the parties may not inform the jury as to either the existence of a settlement or the sum paid." Banks ex rel. Banks v. Sunrise Hosp., 120 Nev. at 843-44, 102 P.3d at 67 (citing Moore v. Bannen, 106 Nev. 679, 680-81, 799 P.2d 564, 565 (1990)).⁸ NRS 41A.045 does not allow for comparative fault theories as to settled defendants and has no effect on NRS 17.245, thus, the district court properly applied the law and did not abuse its discretion by forbidding any discussion as to a settlement occurring and the settlement amount.⁹

Therefore, I would sustain the district court as to the non-inclusion of settled defendants.

/s/ Douglas, J.

Douglas

We concur:

/s/ Cherry, J.

Cherry

/s/ Gibbons, J.

Gibbons

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Defendants' names on jury verdict forms

Lastly, "[t]his court reviews a district court's decision to give a jury instruction for abuse of discretion." See FGA, Inc. v. Giglio, 128 Nev. Adv. Op. 26, 128 Nev. 271, 278 P.3d 490, 496 (2012).¹⁰ Here, the district [*1015] court did not abuse its [***20] discretion by refusing to place settled defendants' names on the jury verdict forms because that decision is consistent with the law that the jury may not be informed of settlement or the sum paid. Moore, 106 Nev. at 681-82, 799 P.2d. at 566.

⁸ Note that while this rule was mentioned in the context of NRS 41.141, the court expressly stated that this rule was not based on that statute. Moore, 106 Nev. at 681 n.2, 799 P.2d at 566 n.2.

⁹ As stated above, if the settlement was with an organization or corporation, it is possible that NRS 42.021 might dictate a different outcome.

¹⁰ Nevada has no law regarding the standard of review for jury verdict forms; however, the Fifth Circuit has stated that, like jury instructions, it reviews verdict forms for an abuse of discretion. Baisden v. I'm Ready Prods., Inc., 693 F.3d 491, 506 (5th Cir. 2012).

EXHIBIT “B”

EXHIBIT “B”



Neutral

As of: August 20, 2021 1:24 PM Z

Bhatia v. Eighth Judicial Dist. Court of Nev.

Supreme Court of Nevada

May 9, 2018, Filed

No. 75730

Reporter

2018 Nev. Unpub. LEXIS 394 *; 417 P.3d 352; 134 Nev. 915; 2018 WL 2149726

SHALINI BHATIA, D.O.; JESSICA GORDON, D.O.; NERIE JAMISON, DNP; INPATIENT CONSULTANTS OF NEVADA, INC., A MEDICAL CORPORATION; SCOTT SELCO, M.D.; DIGNITY HEALTH D/B/A ST. ROSE DOMINICAN HOSPITAL — SIENA CAMPUS; BRIAN LIPMAN, M.D.; AND SYED AKBARULLAH, M.D., Petitioners, vs. THE EIGHTH JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA, IN AND FOR THE COUNTY OF CLARK; AND THE HONORABLE DAVID M. JONES, DISTRICT JUDGE, Respondents, and WILLIAM NATHAN BAXTER, Real Party in Interest.

Notice: NOT DESIGNATED FOR PUBLICATION. PLEASE CONSULT THE NEVADA RULES OF APPELLATE PROCEDURE FOR CITATION OF UNPUBLISHED OPINIONS.

PUBLISHED IN TABLE FORMAT IN THE PACIFIC REPORTER.

Subsequent History: Reported at *Bhatia v. Dist. Court*, 2018 Nev. LEXIS 563 (Nev., May 9, 2018)

Prior History: *Baxter v. Dignity Health*, 131 Nev. 759, 357 P.3d 927, 2015 Nev. LEXIS 92 (Sept. 24, 2015)

Core Terms

non-parties, motion in limine, district court, fault, mandamus

Judges: [*1] Douglas, C.J., Pickering, J., Hardesty, J.

Opinion

ORDER GRANTING PETITION FOR WRIT OF MANDAMUS

This original petition for a writ of mandamus or other extraordinary relief challenges district court orders ruling on two related motions in limine and precluding the parties from including non-parties on the verdict form in this professional negligence case. The first order, which was entered on May 1, 2018, denied certain petitioners' motion in limine no. 24, which sought to add non-party Scripps Green Hospital to the verdict form, on the basis that this court, in *Piroozi v. Eighth Judicial District Court*, 131 Nev., Adv. Op. 100, 363 P.3d 1168 (2015), allowed only defendants who had settled their cases to be added to the remaining defendants' names on the verdict form. The second order, entered on May 7, 2018, granted real party in interest (plaintiff) William Nathan Baxter's motion in limine no. 1 to prohibit petitioners (defendants) from blaming non-parties. For this ruling, the court reasoned that petitioners did not present any defense experts who opined, to a reasonable degree of medical probability, that the non-parties breached the standard of care or proximately caused Baxter's medical condition, and that despite [*2] the testimony of Baxter's experts, petitioners were unable to produce admissible evidence meeting the applicable standard sufficient to show the liability of any other persons. The court again declined to expand *Piroozi* to include on the jury verdict persons besides the defendants and "settled Defendants or identifiable person[s] . . . who have engaged in tortious conduct."

In addition to the petitioners named in the caption, defendant Syed Akbarullah, M.D., has moved for leave to join the petition, which motion we grant. The clerk of this court shall modify the caption of this docket to conform with the caption of this order including Dr. Akbarullah as a petitioner. Baxter has filed an answer to the petition, as directed, and petitioners have filed replies.

Discussion

Heather Hall

III APPX000426

A writ of mandamus is available to compel the performance of an act that the law requires or to control an arbitrary or capricious exercise of discretion. NRS 34.160; Piroozi v. Eighth Judicial Dist. Court, 131 Nev., Adv. Op. 100, 363 P.3d 1168, 1170 (2015). As we believe that our extraordinary intervention will promote, judicial economy and administration in this case, given the clear misapplication of our legal holding in *Piroozi*, we exercise our discretion [*3] to consider this writ petition. See NRS 34.170; Piroozi, 131 Nev., Adv. Op. 100, 363 P.3d at 1170.

In *Piroozi*, we discussed whether a jury could consider the comparative negligence of settling defendants in a professional negligence action, where defendants can be held only severally, not jointly, liable for their own percentage of fault. After reviewing the Nevada statutory scheme abrogating joint and several liability in professional negligence actions, caselaw from other jurisdictions with similar statutory schemes, and other legal authorities, we recognized that, despite the existence of a contradictory statute, "if defendants can be held responsible only for their share of an injured plaintiff's damages, it follows that defendants must be allowed to argue the comparative fault of the settled defendants and the jury verdict forms must account for the settled defendants' percentage of fault." Piroozi, 131 Nev., Adv. Op. 100, 363 P.3d at 1171. In so holding, we relied in part on the Restatement (Third) of Torts: Apportionment of Liab. § B19 (2000), which explains that when defendants may be held severally and a defendant "and one other party, settling tortfeasor, or identified person may be found by the factfinder to have engaged in tortious conduct that was a legal cause of the [*4] plaintiff's injury, each such party, settling tortfeasor, and other identified person is submitted to the factfinder for an assignment of a percentage of comparative responsibility." Id. at 1171 n.2.

Although *Piroozi* involved a question concerning settling defendants, nothing in that case limits our holding to only settling defendants, and our explanation expressly applies to other "identified persons." Accordingly, we conclude that the district court legally erred to the extent that the court refused to allow petitioners to "blame non-parties" and to exclude them from the verdict form based on *Piroozi* alone. We therefore conclude that the May 1 order denying motion in limine no. 24 must be vacated.

With regard to the court's decision on motion in limine no. 1, the court provided two additional bases for precluding petitioners from pursuing principles of

comparative fault and adding non-party names to the jury verdict. First, the court pointed out that petitioners had no experts who opined on others' potential fault. But petitioners are entitled to rely on Baxter's experts' testimony at trial. See Kerns v. Pro-Foam of S. Alabama, Inc., 572 F. Supp. 2d 1303, 1311 (S.D. Ala. 2007) "[C]ourts have repeatedly observed that once a party has given testimony through deposition or expert [*5] reports, those opinions do not 'belong' to one party or another, but rather are available for all parties to use at trial."); cf. Expert Witnesses—Discovery as to Specially—Retained Experts Who Will Not Be Called, 8A Fed. Prac. & Proc. Civ. § 2032 (3d ed.) (contrasting an opposing party's use of trial experts and consulting experts under the federal rule similar to NRCP 26(b)(4)).

Second, the court indicated that Baxter's experts' testimony is insufficient to prove that a non-party's negligence contributed to Baxter's medical condition. But a motion in limine is merely a preliminary tool designed to avoid prejudicial matters coming before the jury and "clutter," when it is possible to rule definitively to do so. See Richmond v. State, 118 Nev. 924, 931, 931 n. 36, 59 P.3d 1249, 1254, 1254 n.36 (2002) (citing to American Home Assur. v. Sunshine Supermarket, 753 F.2d 321, 324 (3d Cir.1985) ("[I]f an issue is fully briefed and the trial court is able to make a definitive ruling, then the motion in limine provides a useful tool for eliminating unnecessary trial interruptions.")). Here, petitioners pointed to evidence indicating that non-parties may have breached the standard of care and contributed to Baxter's medical condition. This appears to involve contested issues of fact, however, and whether the evidence was sufficient to support non-party responsibility was [*6] not argued or adequately developed below, meaning that the district court was unable to make a definitive ruling at that time. Because the district court ruled prematurely on this issue, we also conclude that the May 7 order granting motion in limine no. 1 must be vacated.

As the district court misinterpreted our legal holding in *Piroozi* and prematurely ruled on the sufficiency of the evidence to be presented at trial when deciding the motion in limine, we conclude that a writ of mandamus directing the district court to vacate its orders is warranted. Petitioners may attempt to prove that some or all of the fault lies with non-parties, and the verdict may include the names of non-parties if, when viewed in light of the evidence produced at trial, including such names is warranted. Therefore, we

ORDER the petition GRANTED AND DIRECT THE CLERK OF THIS COURT TO ISSUE A WRIT OF MANDAMUS instructing the district court to vacate its May 1 and 7 orders ruling on motions in limine no. 1 and 24. The motion for stay and joinder thereto, filed in this case on May 4 and May 7, 2018, respectively, are denied as moot.

/s/ Douglas, C.J.

Douglas

/s/ Pickering, J.

Pickering

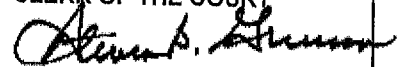
/s/ Hardesty, J.

Hardesty

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EXHIBIT “C”

EXHIBIT “C”



1 **COMP**
2 **JAMES S. KENT, ESQ.**
3 Nevada Bar No. 5034
4 9480 S. Eastern Ave.
5 Suite 228
6 Las Vegas, Nevada 89123
7 (702) 385-1100
8 Attorney for Plaintiff

9
10 **DISTRICT COURT**
11 **CLARK COUNTY, NEVADA**

12 **KIMBERLY D. TAYLOR, an Individual,**
13 **Plaintiff,**

14 **vs.**

15 **KEITH BRILL, MD, FACOG, FACS, an**
16 **Individual; WOMEN'S HEALTH ASSOCIATES**
17 **OF SOUTHERN NEVADA - MARTIN, PLLC, a**
18 **Nevada Professional Limited Liability Company;**
19 **BRUCE HUTCHINS, RN, an Individual;**
20 **HENDERSON HOSPITAL and/or VALLEY**
21 **HEALTH SYSTEM, LLC, a Foreign LLC dba**
22 **HENDERSON HOSPITAL, and/or HENDERSON**
23 **HOSPITAL, a subsidiary of UNITED HEALTH**
24 **SERVICES, a Foreign LLC; TODD W.**
25 **CHRISTENSEN, MD, an Individual; DIGNITY**
26 **HEALTH d/b/a ST. ROSE DOMINICAN**
27 **HOSPITAL; DOES I through XXX, inclusive;**
28 **and ROE CORPORATIONS I through XXX,**
inclusive;

29 **Defendants.**

CASE NO.: A-18-773472-C

DEPT. NO.: Department 10

EXEMPT FROM ARBITRATION:
COMPLAINT FOR MEDICAL
MALPRACTICE

30 **COMPLAINT**

31 COMES NOW Plaintiff, **KIMBERLY D. TAYLOR (Kimberly)**, an individual, by and through
32 his counsel, **JAMES S. KENT, ESQ.**, and for his causes of action against Defendants, and each of them,
33 alleges and complains as follows:

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GENERAL ALLEGATIONS

1. That the Plaintiff, KIMBERLY D. TAYLOR (Kimberly), an individual, was at all times mentioned herein a resident of the State of Nevada.

2. Upon information and belief, Defendant, KEITH BRILL, MD, FACOG, FACS (Dr. Brill), an individual, was at all times mentioned herein a resident of Clark County, State of Nevada.

3. Upon information and belief, Defendant WOMEN'S HEALTH ASSOCIATES OF SOUTHERN NEVADA - MARTIN, PLLC, (WHASN) was a Nevada Professional Limited Liability Company and was licensed to do business in, and at all relevant times was doing business in, Clark County, Nevada.

4. Upon information and belief, Defendant, BRUCE HUTCHINS, RN (Hutchins), an individual, was at all times mentioned herein a resident of Clark County, State of Nevada.

5. Upon information and belief, Defendant HENDERSON HOSPITAL and/or VALLEY HEALTH SYSTEM, LLC, dba HENDERSON HOSPITAL, and/or HENDERSON HOSPITAL, a subsidiary of UNITED HEALTH SERVICES (HH), was a Foreign LLC and was licensed to do business in, and at all relevant times was doing business in, Clark County, Nevada.

6. Upon information and belief, Defendant, TODD W. CHRISTENSEN, MD, (Dr. Christensen), an individual, was at all times mentioned herein a resident of Clark County, State of Nevada.

7. Upon information and belief, Defendant DIGNITY HEALTH d/b/a ST. ROSE DOMINICAN HOSPITAL (St. Rose) was a Foreign Non-Profit Corporation and was licensed to do business in, and at all relevant times was doing business in, Clark County, Nevada.

8. That at all relevant times mentioned herein, Defendant Dr. Brill was a licensed physician pursuant to NRS §630.014, and was duly admitted and authorized to practice medicine in the State of Nevada.

9. That at all relevant times mentioned herein, Defendant Hutchins was a registered nurse licensed to practice as a nurse in the State of Nevada.

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1 10. That at all relevant times mentioned herein, Defendant Dr. Christensen was a licensed
2 physician pursuant to NRS §630.014, and was duly admitted and authorized to practice medicine in the
3 State of Nevada.

4 11. That at all relevant times mentioned herein, Defendant WHASN was the employer for
5 some or all of the other Defendants herein, all of whom were acting within the scope of their
6 employment with full authority.

7 12. That at all relevant times mentioned herein, Defendant HH was the employer for some
8 or all of the other Defendants herein, all of whom were acting within the scope of their employment with
9 full authority.

10 13. That at all relevant times mentioned herein, Defendant St. Rose Dominican was the
11 employer for some or all of the other Defendants herein, all of whom were acting within the scope of
12 their employment with full authority.

13 14. That at all relevant times mentioned herein, Roe Corporation I was the employer for some
14 or all of the other Defendants herein, all of whom were acting within the scope of their employment with
15 full authority.

16 15. That at all times relevant herein, Defendants designated as DOES I through XXX and
17 ROE CORPORATIONS I through XXX, in their true capacities, whether individual, corporate, associate
18 or otherwise of the Defendants named herein are unknown to Plaintiff who, therefore, sues said
19 Defendants by said fictitious names; Plaintiff is informed and believes and thereon alleges that each of
20 the Defendants designated as a DOES I through XXX and ROE CORPORATIONS I through XXX are
21 responsible in some manner for the events and happenings referred to herein, and caused damages
22 proximately to Plaintiff as herein alleged, and Plaintiff will ask leave of this court to amend this
23 Complaint to insert the true names and capacities of DOES I through XXX and ROE CORPORATIONS
24 I through XXX, when the same have been ascertained and to join such Defendants in this action.

25 16. That all events mentioned herein occurred in Clark County, Nevada.

26 17. On or about April 26, 2017 Plaintiff Kimberly Taylor appeared at Henderson Hospital
27 to undergo a dilation and curettage with hysteroscopy with fibroid removal and hydrothermal ablation.

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- 1 18. That Dr. Brill was to perform, and did partially perform, the surgery referenced in
2 Paragraph 17.
- 3 19. During the procedure, Dr. Brill perforated Kimberly's uterine wall and her small bowel.
- 4 20. Dr. Brill only confirmed the perforation with the hysteroscope and did not perform
5 laparoscopy to evaluate for bowel or other injury to Kimberly.
- 6 21. Dr. Brill continued with the surgical procedure, but ultimately terminated it before
7 completion.
- 8 22. Dr. Brill never informed Kimberly of the complication of perforating her uterine wall.
- 9 23. Dr. Brill did not inform the anesthesiologist of the complication of perforating Kimberly's
10 uterine wall.
- 11 24. Dr. Brill informed the PACU that there were no complications as a result of the surgery.
- 12 25. After the surgery, Kimberly was transferred to the care of HH and Hutchins.
- 13 26. Kimberly was in the care of Hutchins and HH for approximately 7 hours, despite normal
14 recovery for this procedure being 1-2 hours or less due to the failure to complete the surgical procedure.
- 15 27. While in post-operative care, Kimberly complained of severe abdominal pain and nausea.
- 16 28. Hutchins gave Kimberly significant amounts and types of medications to address her
17 concerns.
- 18 29. Hutchins and HH never communicated with Dr. Brill, WHASN, or any other physician
19 during the time Kimberly was in their care.
- 20 30. Hutchins and HH released Kimberly without contacting Dr. Brill despite her still having
21 continuing abdominal pains and nausea.
- 22 31. On the evening of April 25/early morning of April 26, 2017, Kimberly was transported
23 to the St. Rose emergency department via ambulance.
- 24 32. Dr. Christensen treated Kimberly at St. Rose for the visit referenced in Paragraph 32.
- 25 33. Kimberly appeared at St. Rose with complaints of extreme abdominal pain and diffuse
26 torso pain.

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1 34. Dr. Christensen and St. Rose had a CT Abdomen and Pelvis performed, which noted
2 postoperative pneumoperitoneum and small to moderate ascites.

3 35. Dr. Christensen was aware of the surgical procedure Kimberly underwent by Dr. Brill.

4 36. Dr. Christensen did not seek a consult with an OB/GYN and/or surgeon.

5 37. Dr. Christensen did not rule out a more serious injury despite the CT findings consistent
6 with visceral perforation and injury.

7 38. Despite the forgoing, as well as Kimberly still having ongoing severe abdominal pain,
8 she was treated for nausea and released after approximately three hours.

9 39. Later on April 27, 2017, Kimberly appeared yet again at St. Rose, where she was
10 eventually admitted.

11 40. Kimberly underwent a surgical consult, which included examination and review of the
12 previously taken CT scan.

13 41. Based upon the surgical consults examination findings, the clinical significant pain of
14 Kimberly, and the CT findings (which findings were consistent with visceral perforation and injury),
15 Kimberly underwent a diagnostic laparoscopy which was then converted to an exploratory laparotomy
16 with a small bowel resection.

17 42. During the surgical procedure referenced in Paragraph 41, a 3 cm perforation of the small
18 bowel was discovered and a resection was performed; Kimberly was also discovered to have suffered
19 gross peritonitis in all 4 quadrants.

20 43. Kimberly thereafter suffered a prolonged, critical, post-operative course, and was
21 discharged on May 5, 2017.

22 44. Kimberly continues to suffer ongoing repercussions from the aforementioned treatment
23 and care.

24 45. Each of the Defendants were responsible for safely and properly following the standards
25 of care for the medical treatment rendered to Kimberly for the periods referenced above.

26 46. As a result of the actions and inactions listed herein, Kimberly has incurred significant
27 injury to her person and special damages by way of past and future lost personal services, past and future
28 medical costs for treatment, and other losses that are ongoing and not fully calculated at this time.

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FIRST CLAIM FOR RELIEF
(Medical Malpractice/Professional Negligence of Defendant Dr. Brill (41A.100))

47. Plaintiff repeats and re-alleges each and every above paragraph as though fully set forth hereunder and incorporate the same by reference.

48. At all times pertinent hereto, Defendant Dr. Brill had a duty to adequately and properly provide competent and reasonably safe medical care within the accepted standard of care to Kimberly, as well as properly supervise, monitor, communicate with others, and otherwise ensure her health and safety while she was under his care and recovering from his treatment.

49. Dr. David Berke, DO, FACOOG, has opined in his report attached as Exhibit 1 that Defendant Dr. Brill's care and treatment of Kimberly, to a reasonable degree of medical probability and certainty, fell below the accepted standards of care as follows:

- a. Not properly performing the surgical procedure, causing perforations of Kimberly's uterine wall and small bowel with use of a thermal instrument;
- b. Continuing the surgery, including use of the curettage, after noting the perforation of the uterine wall;
- c. Failing to properly evaluate and diagnose the extent of damage to Kimberly after the perforation of the uterine wall was noted;
- d. Failing to inform and instruct PACU of the uterine perforation and to look for specific concerns which could evidence additional damage and require additional examination; and
- e. Failing to inform Kimberly of the complications resulting from the surgical procedure.

50. As a direct and proximate result of the medical malpractice, professional negligence and failures to meet the standard of care by Defendant Dr. Brill, Plaintiff Kimberly Taylor suffered injuries and damages, including but not limited to perforation of her uterus, perforation of her small bowel and burn injury to her small bowel, removal of a section of her small bowel, gross peritonitis, and a prolonged, critical, post-operative course, all within a reasonable degree of medical probability and certainty as per Dr. Berke, and all to Plaintiff's damages in an amount in excess of TEN THOUSAND DOLLARS (\$10,000).

51. As a direct and proximate result of the medical malpractice, professional negligence and failures to meet the standard of care by Defendant Dr. Brill, Plaintiff Kimberly Taylor has sustained physical and mental injuries, which have caused and will continue to cause physical and mental pain and suffering with loss of enjoyment of life. For these damages, Plaintiff is entitled to be compensated in an amount to be determined at the time of trial in this matter and which is in excess of TEN THOUSAND DOLLARS (\$10,000).

52. As a direct, proximate, and legal result of the medical malpractice, professional negligence and failures to meet the standard of care by Defendant Dr. Brill, Plaintiff Kimberly Taylor has incurred and will continue to incur medical expenses and other special damages for which Plaintiff Kimberly Taylor is entitled to be compensated in an amount to be determined at the time of trial in this matter and which is in excess of TEN THOUSAND DOLLARS (\$10,000).

53. As a direct, proximate, and legal result of the medical malpractice, professional negligence and failures to meet the standard of care by Defendant Dr. Brill, it has been necessary for Plaintiff Kimberly Taylor to retain the law firm of James S. Kent, Ltd., to prosecute this action, and Plaintiff is entitled to recover reasonable attorney's fees and costs.

SECOND CLAIM FOR RELIEF
(Medical Malpractice/Professional Negligence of Defendant Hutchins (41A.100))

54. Plaintiff repeats and re-alleges each and every above paragraph as though fully set forth hereunder and incorporate the same by reference.

55. At all times pertinent hereto, Defendant Hutchinsl had a duty to adequately and properly provide competent and reasonably safe medical care with the accepted standard of care to Kimberly, as well as properly supervise, monitor, communicate with others, and otherwise ensure her health and safety while she was under his care and recovering from his treatment.

56. Dr. David Berke, DO, FACOOG, has opined in his report attached as Exhibit 1 that Defendant Hutchin's care and treatment of Kimberly, to a reasonable degree of medical probability and certainty, fell below the accepted standards of care as follows:

a. Failure to contact Dr. Brill or obtain a GYN consult despite the excessive pain medications being given to Ms. Taylor;

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b. Failure to contact Dr. Brill prior to releasing Ms. Taylor; and

c. Releasing Ms. Taylor despite her ongoing severe abdominal pain.

57. As a direct and proximate result of the medical malpractice, professional negligence and failures to meet the standard of care by Defendant Hutchins, Plaintiff Kimberly Taylor suffered injuries and damages, including but not limited to gross peritonitis and a prolonged, critical, post-operative course, all within a reasonable degree of medical probability and certainty as per Dr. Berke, and all to Plaintiff's damages in an amount in excess of TEN THOUSAND DOLLARS (\$10,000).

58. As a direct and proximate result of the medical malpractice, professional negligence and failures to meet the standard of care by Defendant Hutchins, Plaintiff Kimberly Taylor has sustained physical and mental injuries, which have caused and will continue to cause physical and mental pain and suffering with loss of enjoyment of life. For these damages, Plaintiff is entitled to be compensated in an amount to be determined at the time of trial in this matter and which is in excess of TEN THOUSAND DOLLARS (\$10,000).

59. As a direct, proximate, and legal result of the medical malpractice, professional negligence and failures to meet the standard of care by Defendant Hutchins, Plaintiff Kimberly Taylor has incurred and will continue to incur medical expenses and other special damages for which Plaintiff Kimberly Taylor is entitled to be compensated in an amount to be determined at the time of trial in this matter and which is in excess of TEN THOUSAND DOLLARS (\$10,000).

60. As a direct, proximate, and legal result of the medical malpractice, professional negligence and failures to meet the standard of care by Defendant Hutchins, it has been necessary for Plaintiff Kimberly Taylor to retain the law firm of James S. Kent, Ltd., to prosecute this action, and Plaintiff is entitled to recover reasonable attorney's fees and costs.

THIRD CLAIM FOR RELIEF
(Medical Malpractice/Professional Negligence of Defendant Dr. Christensen (41A.100))

61. Plaintiff repeats and re-alleges each and every above paragraph as though fully set forth hereunder and incorporate the same by reference.

62. At all times pertinent hereto, Defendant Dr. Christensen had a duty to adequately and properly provide competent and reasonably safe medical care with the accepted standard of care to

1 Kimberly, as well as properly supervise, monitor, communicate with others, and otherwise ensure her
2 health and safety while she was under his care and recovering from his treatment.

3 63. Dr. David Berke, DO, FACOOG, has opined in his report attached as Exhibit 1 that
4 Defendant Dr. Christensen's care and treatment of Kimberly, to a reasonable degree of medical
5 probability and certainty, fell below the accepted standards of care as follows:

- 6 a. Failure to obtain a consult with OB/GYN and/or surgeon based upon the CT
7 report; and
8 b. Release of Ms. Taylor despite the CT report and ongoing severe abdominal pain
9 without ruling out a more serious injury with CT findings consistent with visceral
10 perforation and injury.

11 64. As a direct and proximate result of the medical malpractice, professional negligence and
12 failures to meet the standard of care by Defendant Dr. Christensen, Plaintiff Kimberly Taylor suffered
13 injuries and damages, including but not limited to gross peritonitis and a prolonged, critical, post-
14 operative course, all within a reasonable degree of medical probability and certainty as per Dr. Berke,
15 and all to Plaintiff's damages in an amount in excess of TEN THOUSAND DOLLARS (\$10,000).

16 65. As a direct and proximate result of the medical malpractice, professional negligence and
17 failures to meet the standard of care by Defendant Dr. Christensen, Plaintiff Kimberly Taylor has
18 sustained physical and mental injuries, which have caused and will continue to cause physical and
19 mental pain and suffering with loss of enjoyment of life. For these damages, Plaintiff is entitled to be
20 compensated in an amount to be determined at the time of trial in this matter and which is in excess of
21 TEN THOUSAND DOLLARS (\$10,000).

22 66. As a direct, proximate, and legal result of the medical malpractice, professional
23 negligence and failures to meet the standard of care by Defendant Dr. Christensen, Plaintiff Kimberly
24 Taylor has incurred and will continue to incur medical expenses and other special damages for which
25 Plaintiff Kimberly Taylor is entitled to be compensated in an amount to be determined at the time of trial
26 in this matter and which is in excess of TEN THOUSAND DOLLARS (\$10,000).

27 67. As a direct, proximate, and legal result of the medical malpractice, professional
28 negligence and failures to meet the standard of care by Defendant Dr. Christensen, it has been necessary

1 for Plaintiff Kimberly Taylor to retain the law firm of James S. Kent, Ltd., to prosecute this action, and
2 Plaintiff is entitled to recover reasonable attorney's fees and costs.

3 **FOURTH CLAIM FOR RELIEF**
4 **(Res Ipsa Loquitur - NRS 41A.100; Medical Malpractice/Professional Negligence of Defendant**
5 **Dr. Brill)**

6 68. Plaintiff repeats and re-alleges each and every above paragraph as though fully set forth
7 hereunder and incorporate the same by reference.

8 69. At all times pertinent hereto, Defendant Dr. Brill was the physician performing
9 Kimberly's dilation and curettage with hysteroscopy with fibroid removal and hydrothermal ablation.

10 70. During the course of his medical care, in particular his surgery, Defendant Dr. Brill
11 unintentionally caused burn injuries by heat, radiation, or chemicals to Kimberly's uterus and bowel.

12 71. These injuries do not normally occur in the absence of negligence and a failure to meet
13 the standard of care.

14 72. Kimberly could not and does not have comparative negligence as she was under general
15 anesthesia, completely dependent, and under the total control of Dr. Brill during the entire period in
16 which she sustained these injuries, which caused the intestinal contents to leak into the abdominal and
17 pelvis cavities and directly result in infection and gross peritonitis.

18 73. Pursuant to Nevada Revised Statute 41A.100, Dr. Brill is therefore presumed
19 professionally negligent (i.e. to have fallen below the standard of care).

20 74. As a direct and proximate result of Defendant Dr. Brill's negligent acts and omissions,
21 including, but not limited to, the above-stated res ipsa, presumption of professional negligence, Plaintiff
22 Kimberly suffered injuries and damages, all to Plaintiff Kimberly Taylor's detriment, in an amount in
23 excess of TEN THOUSAND DOLLARS (\$10,000).

24 75. As a direct and proximate result of Defendant Dr. Brill's negligent acts and omissions,
25 including, but not limited to, the above-stated res ipsa, presumption of professional negligence, Plaintiff
26 Kimberly Taylor has sustained physical and mental injuries, which have caused and will continue to
27 cause physical and mental pain and suffering with loss of enjoyment of life. For these damages, Plaintiff
28 is entitled to be compensated in an amount to be determined at the time of trial in this matter and which
is in excess of TEN THOUSAND DOLLARS (\$10,000).

76. As a direct and proximate result of Defendant Dr. Brill's negligent acts and omissions, including, but not limited to, the above-stated *res ipsa*, presumption of professional negligence, Plaintiff Kimberly Taylor has incurred and will continue to incur medical expenses and other special damages for which Plaintiff Kimberly Taylor is entitled to be compensated in an amount to be determined at the time of trial in this matter and which is in excess of TEN THOUSAND DOLLARS (\$10,000).

77. As a direct and proximate result of Defendant Dr. Brill's negligent acts and omissions, including, but not limited to, the above-stated res ipsa, presumption of professional negligence, it has been necessary for Plaintiff Kimberly Taylor to retain the law firm of James S. Kent, Ltd., to prosecute this action, and Plaintiff is entitled to recover reasonable attorney's fees and costs.

FIFTH CLAIM FOR RELIEF
(Res Ipsa Loquitur - NRS 41A.100; Medical Malpractice/Professional Negligence of Defendant Henderson Hospital et al)

78. Plaintiff repeats and re-alleges each and every above paragraph as though fully set forth hereunder and incorporate the same by reference.

79. At all times pertinent hereto, Defendants Henderson Hospital et al were the owners, managers, distributors, retailers and/or otherwise providers of Henderson Hospital, its operating facility and surgical equipment, including but not limited to the facility used for and equipment used during Kimberly's surgery by Dr. Brill on April 26, 2017.

80. During the use of this equipment in Defendant Henderson Hospital's facility, Kimberly received multiple unintentional burn injuries caused by heat, radiation, or chemicals to Kimberly's uterus and bowel.

81. These injuries do not normally occur in the absence of negligence and a failure to meet the standard of care.

82. Kimberly could not and does not have comparative negligence as she was under general anesthesia, completely dependent, and under the defendants' control during the entire period in which she sustained these injuries, which caused the intestinal contents to leak into the abdominal and pelvis cavities and directly result in infection and gross peritonitis.

83. Pursuant to Nevada Revised Statute 41A.100, Dr. Brill is therefore presumed professionally negligent (i.e. to have fallen below the standard of care).

1 84. As a direct and proximate result of Defendant Henderson Hospital et al's negligent acts
2 and omissions, including, but not limited to, the above-stated res ipsa, presumption of professional
3 negligence, Plaintiff Kimberly Taylor suffered injuries and damages, all to Plaintiff Kimberly Taylor's
4 detriment, in an amount in excess of TEN THOUSAND DOLLARS (\$10,000).

5 85. As a direct and proximate result of Defendant Henderson Hospital et al's negligent acts
6 and omissions, including, but not limited to, the above-stated res ipsa, presumption of professional
7 negligence, Plaintiff Kimberly Taylor has sustained physical and mental injuries, which have caused and
8 will continue to cause physical and mental pain and suffering with loss of enjoyment of life. For these
9 damages, Plaintiff is entitled to be compensated in an amount to be determined at the time of trial in this
10 matter and which is in excess of TEN THOUSAND DOLLARS (\$10,000).

11 86. As a direct and proximate result of Defendant Henderson Hospital et al's negligent acts
12 and omissions, including, but not limited to, the above-stated res ipsa, presumption of professional
13 negligence, Plaintiff Kimberly Taylor has incurred and will continue to incur medical expenses and other
14 special damages for which Plaintiff Kimberly Taylor is entitled to be compensated in an amount to be
15 determined at the time of trial in this matter and which is in excess of TEN THOUSAND DOLLARS
16 (\$10,000).

17 87. As a direct and proximate result of Defendant Henderson Hospital et al's negligent acts
18 and omissions, including, but not limited to, the above-stated res ipsa, presumption of professional
19 negligence, it has been necessary for Plaintiff Kimberly Taylor to retain the law firm of James S. Kent,
20 Ltd., to prosecute this action, and Plaintiff is entitled to recover reasonable attorney's fees and costs.

21 **SIXTH CLAIM FOR RELIEF**
22 **(Vicarious Liability of Defendant Women's Health Associates of Southern Nevada)**

23 88. Plaintiff repeats and re-alleges each and every above paragraph as though fully set forth
24 hereunder and incorporate the same by reference.

25 89. Defendant Dr. Brill was an agent and/or employee of Defendant WHASN, and was acting
26 in the scope of his employment, under WHASN's control, and in furtherance of WHASN's interests at
27 the time their actions caused Plaintiff's injuries.
28

90. Defendant WHASN is vicariously liable for damages resulting from their employees', agents', and/or independent contractors' negligent actions against Kimberly during the scope of their employment.

91. That Kimberly entrusted to Defendants Dr. Brill's and WHASN's care and treatment.

92. That as a direct and proximate result of the negligence and failures to meet the standard of care by Defendants Dr. Brill and WHASN, Plaintiff Kimberly Taylor suffered injuries and damages, including but not limited to gross peritonitis and a prolonged, critical, post-operative course, and all to Plaintiff's damages in an amount in excess of TEN THOUSAND DOLLARS (\$10,000).

93. That as a direct and proximate result of the negligence and failures to meet the standard of care by Defendants Dr. Brill and WHASN, Plaintiff Kimberly Taylor has sustained physical and mental injuries, which have caused and will continue to cause physical and mental pain and suffering with loss of enjoyment of life. For these damages, Plaintiff is entitled to be compensated in an amount to be determined at the time of trial in this matter and which is in excess of TEN THOUSAND DOLLARS (\$10,000).

94. That as a direct and proximate result of the negligence and failures to meet the standard of care by Defendants Dr. Brill and WHASN, Plaintiff Kimberly Taylor has incurred and will continue to incur medical expenses and other special damages for which Plaintiff Kimberly Taylor is entitled to be compensated in an amount to be determined at the time of trial in this matter and which is in excess of TEN THOUSAND DOLLARS (\$10,000).

95. As That as a direct and proximate result of the negligence and failures to meet the standard of care by Defendants Dr. Brill and WHASN, it has been necessary for Plaintiff Kimberly Taylor to retain the law firm of James S. Kent, Ltd., to prosecute this action, and Plaintiff is entitled to recover reasonable attorney's fees and costs.

SIXTH CLAIM FOR RELIEF
(Vicarious Liability of Defendant Henderson Hospital et al)

96. Plaintiff repeats and re-alleges each and every above paragraph as though fully set forth hereunder and incorporate the same by reference.

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1 97. Defendant Hutchins was an agent and/or employee of Defendant Henderson Hospital and
2 was acting in the scope of his employment, under HH's control, and in furtherance of HH's interests at
3 the time their actions caused Plaintiff's injuries.

4 98. Defendant HH is vicariously liable for damages resulting from their employees', agents',
5 and/or independent contractors' negligent actions against Kimberly during the scope of their
6 employment.

7 99. That Kimberly entrusted to HH's care and treatment.

8 100. That HH selected the medical care providers who rendered care to Kimberly.

9 101. That Kimberly reasonably believed that the medical care providers selected by HH were
10 the agents, employees, or servants of HH.

11 102. That as a direct and proximate result of the negligence and failures to meet the standard
12 of care by Hutchins and/or other employees, agents, or servants of HH, Plaintiff Kimberly Taylor
13 suffered injuries and damages, including but not limited to gross peritonitis and a prolonged, critical,
14 post-operative course, and all to Plaintiff's damages in an amount in excess of TEN THOUSAND
15 DOLLARS (\$10,000).

16 103. That as a direct and proximate result of the negligence and failures to meet the standard
17 of care by Hutchins and/or other employees, agents, or servants of HH, Plaintiff Kimberly Taylor has
18 sustained physical and mental injuries, which have caused and will continue to cause physical and
19 mental pain and suffering with loss of enjoyment of life. For these damages, Plaintiff is entitled to be
20 compensated in an amount to be determined at the time of trial in this matter and which is in excess of
21 TEN THOUSAND DOLLARS (\$10,000).

22 104. That as a direct and proximate result of the negligence and failures to meet the standard
23 of care by Hutchins and/or other employees, agents, or servants of HH, Plaintiff Kimberly Taylor has
24 incurred and will continue to incur medical expenses and other special damages for which Plaintiff
25 Kimberly Taylor is entitled to be compensated in an amount to be determined at the time of trial in this
26 matter and which is in excess of TEN THOUSAND DOLLARS (\$10,000).

27 105. That as a direct and proximate result of the negligence and failures to meet the standard
28 of care by Hutchins and/or other employees, agents, or servants of HH, it has been necessary for Plaintiff

1 Kimberly Taylor to retain the law firm of James S. Kent, Ltd., to prosecute this action, and Plaintiff is
2 entitled to recover reasonable attorney's fees and costs.

3 **EIGHTH CLAIM FOR RELIEF**
4 **(Vicarious Liability of Defendant St. Rose)**

5 106. Plaintiff repeats and re-alleges each and every above paragraph as though fully set forth
6 hereunder and incorporate the same by reference.

7 107. Defendant Dr. Christensen was an agent and/or employee and/or independent contractor
8 of Defendant St. Rose and was acting in the scope of his employment and/or agency and/or contract,
9 under St. Rose's control, and in furtherance of St. Rose's interests at the time their actions caused
10 Plaintiff's injuries.

11 108. Defendant St. Rose is vicariously liable for damages resulting from their employees',
12 agents', and/or independent contractors' negligent actions against Kimberly during the scope of their
13 employment, agency, appointment, or other similar relationship.

14 109. That Kimberly entrusted to St. Rose's care and treatment.

15 110. That St. Rose selected the doctor, doctors, and/or medical care providers who rendered
16 care to Kimberly.

17 111. That Kimberly reasonably believed that the doctor, doctors, and/or medical care providers
18 selected by St. Rose were the agents, employees, or servants of St. Rose.

19 112. That as a direct and proximate result of the negligence and failures to meet the standard
20 of care by Dr. Christensen and/or other employees, agents, or servants of St. Rose, Plaintiff Kimberly
21 Taylor suffered injuries and damages, including but not limited to gross peritonitis and a prolonged,
22 critical, post-operative course, and all to Plaintiff's damages in an amount in excess of TEN
23 THOUSAND DOLLARS (\$10,000).

24 113. That as a direct and proximate result of the negligence and failures to meet the standard
25 of care by Dr. Christensen and/or other employees, agents, or servants of St. Rose, Plaintiff Kimberly
26 Taylor has sustained physical and mental injuries, which have caused and will continue to cause physical
27 and mental pain and suffering with loss of enjoyment of life. For these damages, Plaintiff is entitled to
28 be compensated in an amount to be determined at the time of trial in this matter and which is in excess
of TEN THOUSAND DOLLARS (\$10,000).

1 114. That as a direct and proximate result of the negligence and failures to meet the standard
2 of care by Dr. Christensen and/or other employees, agents, or servants of St. Rose, Plaintiff Kimberly
3 Taylor has incurred and will continue to incur medical expenses and other special damages for which
4 Plaintiff Kimberly Taylor is entitled to be compensated in an amount to be determined at the time of trial
5 in this matter and which is in excess of TEN THOUSAND DOLLARS (\$10,000).

6 115. That as a direct and proximate result of the negligence and failures to meet the standard
7 of care by Hutchins and/or other employees, agents, or servants of St. Rose, it has been necessary for
8 Plaintiff Kimberly Taylor to retain the law firm of James S. Kent, Ltd., to prosecute this action, and
9 Plaintiff is entitled to recover reasonable attorney's fees and costs.

10 **NINTH CLAIM FOR RELIEF**
11 **(Negligent Hiring, Training, and Supervision of Defendants Women's Health Associates of**
12 **Southern Nevada, Henderson Hospital et al, and St. Rose)**

13 116. Plaintiff repeats and re-alleges each and every allegation and fact contained herein and
14 incorporate the same by reference.

15 117. Defendants had a duty to hire, properly train, properly supervise, and properly retain
16 competent employees, agents, independent contractors, and representatives.

17 118. Defendants breached their duty by improperly hiring, improperly training, improperly
18 supervising, and improperly retaining incompetent persons regarding their examination, diagnosis, and
19 treatment of Kimberly during the times referenced herein.

20 119. Defendants breached the applicable standard of care directly resulting in Kimberly
21 sustaining significant injuries including but not limited to perforation of her uterus, perforation of her
22 small bowel and burn injury to her small bowel, removal of a section of her small bowel, gross
23 peritonitis, and a prolonged, critical, post-operative course.

24 120. As a direct and proximate result of the Defendants' negligence, medical malpractice, and
25 carelessness, Plaintiff Kimberly Taylor suffered injuries and damages, including but not limited to
26 perforation of her uterus, perforation of her small bowel and thermal injury to her small bowel, removal
27 of a section of her small bowel, gross peritonitis, and a prolonged, critical, post-operative course, all to
28 Plaintiff's damages in an amount in excess of TEN THOUSAND DOLLARS (\$10,000).

29 ///

121. As a direct and proximate result of the Defendants' negligence, medical malpractice, and carelessness, Plaintiff Kimberly Taylor has sustained physical and mental injuries, which have caused and will continue to cause physical and mental pain and suffering with loss of enjoyment of life. For these damages, Plaintiff is entitled to be compensated in an amount to be determined at the time of trial in this matter and which is in excess of TEN THOUSAND DOLLARS (\$10,000).

122. As a direct and proximate result of the Defendants' negligence, medical malpractice, and carelessness, Plaintiff Kimberly Taylor has incurred and will continue to incur medical expenses and other special damages for which Plaintiff Kimberly Taylor is entitled to be compensated in an amount to be determined at the time of trial in this matter and which is in excess of TEN THOUSAND DOLLARS (\$10,000).

123. As a direct and proximate result of the Defendants' negligence, medical malpractice, and carelessness, it has been necessary for Plaintiff Kimberly Taylor to retain the law firm of James S. Kent, Ltd., to prosecute this action, and Plaintiff is entitled to recover reasonable attorney's fees and costs.

WHEREFORE, Plaintiff Kimberly Taylor, reserving the right to amend this Complaint at the time of trial to include all items of damages not yet ascertained, prays for judgment against the Defendants, and each of them, as follows:

1. FOR EACH AND EVERY CAUSE OF ACTION:

- a. For past and future general damages in a sum in excess of \$10,000.00;
- b. For past and future special damages in a sum in excess of \$10,000.00;
- c. For Plaintiff's Court costs and attorney's fees; and,
- d. For such other and further relief as to the Court may seem proper.

DATED this 25th day of April, 2018.

JAMES S. KENT, LTD.

T-54

JAMES S. KENT, ESQ.
Nevada Bar No. 5034
9480 S. Eastern Ave., Suite 228
Las Vegas, Nevada 89123
(702) 385-1100
Attorney for Plaintiff

EXHIBIT 1

III APPX000447

1 DECLARATION OF DAVID BERKE, DO, FACOOG

2 STATE OF CALIFORNIA }

3 COUNTY OF RIVERSIDE }

ss:

4 DAVID BERKE, having been duly sworn, deposes and says:

5 1. I am a board certified Obstetrician and Gynecologist. I am currently in full-time
6 practice in Riverside, California. All of my licenses are on file with the appropriate authorities in
7 California. My additional qualifications and training are further set forth in my Curriculum Vitae,
8 which is attached hereto and incorporated herein by reference. Based upon my training, background,
9 knowledge, and experience in gynecology and obstetrics, I am familiar with the applicable standards
10 of care for the treatment of individuals demonstrating the symptoms and conditions presented by the
11 Plaintiff in this action. Further, I am qualified on the basis of my training, background, knowledge
12 and experience to offer expert medical care, the breaches thereof in this case, and any resulting
13 injuries and damages arising therefrom. The opinions I give are within the reasonable medical
14 probability and certainty.

15 2. I have reviewed the physician and hospital records pertaining to this matter:

- 16 a. Medical records from the office of Keith Brill, M.D./Women's Health
17 Associates of Southern Nevada;
18 b. Medical records from Henderson Hospital; and
19 c. Medical records from Dignity Health D/b/a St. Rose Dominican Hospital.

20 3. My opinions below pertaining to the care of Kimberly D. Taylor are based upon my
21 review of the aforementioned records, photographs, etc., from the referenced parties.

22 4. Ms. Taylor was a 45 year old woman who had been treated by Dr. Brill for several
23 years prior to the incident in question. She had a history of menorrhagia, and had a bicornuate uterus
24 with a fibroid. After counseling with Dr. Brill, she agreed to dilation and curettage with
25 hysteroscopy with fibroid removal and hydrothermal ablation, all to be performed by Dr. Brill.

26 5. On April 26, 2017, Ms. Taylor appeared at Henderson Hospital for the referenced
27 surgical procedure. During the procedure, Dr. Brill was using a symphion hysteroscope to begin
28 resecting an apparent uterine septum when he noted a uterine perforation. Despite experiencing a



1 uterine perforation during the use of a device that cuts with energy, Dr. Brill only confirmed the
2 perforation with the hysteroscope and did not perform laparoscopy to evaluate for bowel or other
3 injury. He continued with the procedure, thereafter using a #2 sharp curette to remove a small
4 amount of endometrial tissue, but thereafter terminated the procedure. Ms. Taylor was thereafter
5 removed to recovery. There was no record of Ms. Taylor being informed of the perforation by Dr.
6 Brill.

7 6. During a procedure such as the one performed herein, once the perforation of the
8 uterine wall was noted, the proper standard of care is to identify and locate the extent of the injury,
9 and cease all further invasive procedures which may cause injury to adjacent structures. Since a
10 thermal instrument was being used at the time of the injury, a laparoscopy should have been
11 performed immediately to determine if any further damage occurred, and/or obtain a surgical consult.
12 The surgeon then has a duty to inform the patient about the condition and what occurred during
13 surgery. The doctor is also obligated to inform current and subsequent providers of the concern to
14 insure proper and appropriate treatment to the patient.

15 7. Ms. Taylor was thereafter in recovery at Henderson Hospital under the care of Bruce
16 Hutchins, RN, where she remained for approximately 7 hours. It appears Ms. Taylor was discharged
17 despite still complaining of severe abdominal pain. The PACU notes state that per surgeon, there
18 were no complications. No complications were noted by the anesthesiologist. During her post
19 operative stay, Ms. Taylor was medicated for ongoing pain and nausea. No communications to Dr.
20 Brill were noted.

21 8. The normal recovery for the type of procedure performed in this instance would be
22 an hour or two, and generally with minimal pain medications, and the PACU nurse should know this.
23 If a patient is in recovery for 7 hours, and having been given significant pain medications to alleviate
24 the pain being expressed, the proper standard of care is for the PACU nurse to contact the surgeon
25 and inform the surgeon of the patient's condition so the surgeon may determine if alternative or
26 additional treatment should be provided.

27 9. Approximately 7.5 hours after being released from Henderson Hospital, Ms. Taylor
28 appeared via ambulance at St. Rose Dominican ER where she was received by Dr. Todd Christensen.

1 Her complaints at that time were extreme abdominal pain and diffuse torso pain. A CT Abdomen
2 and Pelvis was performed, noting postoperative pneumoperitoneum and small to moderate ascites.
3 Despite these findings, she was treated for nausea and released after approximately three hours
4 without further workup or consultation regarding a possible bowel injury.

5 10. When the CT Abdomen and Pelvis showed "postoperative pneumoperitoneum and
6 small to moderate ascites" following the procedure noted herein, the proper standard of care would
7 be to seek a surgical consult to rule out any possible bowel or other injury.


8 11. Ms. Taylor subsequently appeared at St. Rose ER approximately 6 hours later, again
9 via ambulance, complaining of worsening abdominal pain. A call was placed to Dr. Brill, who was
10 unavailable. Samantha Schoenhouse, DO, OB-GYN, covering for Dr. Brill, admitted Ms. Taylor,
11 but despite her condition, there was still no indication any person associated with the matter had any
12 knowledge that Ms. Taylor's uterine wall had been perforated during the surgery the day before.
13 Elizabeth Hamilton, M.D., was eventually consulted and was eventually informed by report that a
14 uterine perforation had occurred during the prior surgery. Based upon her examination findings,
15 clinical significant pain, and the CT findings (which suggested evidence of perforation), Dr.
16 Hamilton felt it was highly likely Ms. Taylor had a bowel perforation. Dr. Hamilton performed a
17 diagnostic laparoscopy which was then converted to an exploratory laparotomy with a small bowel
18 resection. A 3 cm perforation of the small bowel was discovered and a resection was performed.
19 Ms. Taylor also suffered gross peritonitis in all 4 quadrants. She was eventually discharged nine
20 days later.

21 12. It is my professional opinion, to a reasonable degree of medical certainty, that the care
22 and treatment provided by Dr. Brill, Bruce Hutchins RN, Henderson Hospital, Dr. Christensen, and
23 St. Rose was grossly deficient, negligent, and below the standard of care, including but not limited
24 to the following:

25 a. Dr. Brill

26 i. Not properly performing surgical procedure causing perforations of
27 Ms. Taylor's uterine wall and small bowel with use of a thermal
28 instrument;



- 1 ii. Continuing the surgery, including use of the curettage, after noting
2 the perforation of the uterine wall;
3 iii. Failing to properly evaluate and diagnose the extent of damage to Ms.
4 Taylor after the perforation of the uterine wall was noted;
5 iv. Failing to inform and instruct PACU of the uterine perforation and to
6 look for specific concerns which could evidence additional damage
7 and require additional examination;
8 v. Failing to inform Ms. Taylor of the complications resulting from the
9 surgical procedure;
10 b. Bruce Hutchins, RN, and Henderson Hospital
11 i. Failure to contact Dr. Brill or obtain a GYN consult despite the
12 excessive pain medications being given to Ms. Taylor;
13 ii. Failure to contact Dr. Brill prior to releasing Ms. Taylor;
14 iii. Releasing Ms. Taylor despite her ongoing severe abdominal pain;
15 c. Dr. Christensen and St. Rose (first visit to ER)
16 i. Failure to obtain a consult with OB/GYN and/or surgeon based upon
17 the CT report;
18 ii. Release of Ms. Taylor despite the CT report and ongoing severe
19 abdominal pain without ruling out a more serious injury with CT
20 findings consistent with visceral perforation and injury..
21 13. The actions of Keith Brill, MD, FACOG, FACS; Women's Health Associates of
22 Southern Nevada - Martin, PLLC; Bruce Hutchins, RN; Henderson Hospital and/or Valley Health
23 System, LLC and/or Henderson Hospital; Todd W. Christensen, MD; and Dignity Health d/b/a St.
24 Rose Dominican Hospital, and their employees, agents and/or contractors, fell below the standard
25 of care and were the direct cause of the injuries sustained by Ms. Taylor, including but not limited
26 ///
27 ///
28 ///
- 

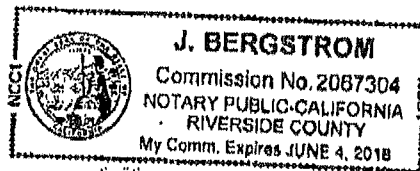
1 to uterine perforation, bowel perforation, bowel resection, gross peritonitis in all 4 quadrants, and
2 a prolonged, critical, post-operative course.

3 14. I reserve the rights to amend my findings upon the presentation of additional facts
4 and/or records related to this matter.

5
6
7
8 
DAVID BERKE, DO, FACOG

9 SUBSCRIBED AND SWORN to before me
10 this 25 day of April, 2018.

11
12 
13 NOTARY PUBLIC



242 EAGLE GROVE AVE • CLAREMONT, CA 91711
PHONE (909) 910-8364 • E-MAIL DAVID.BERKE108@GMAIL.COM

DAVID BERKE, DO, FACOOG

EDUCATION

Western University of Health Sciences 6/2003 - 5/2007 Pomona, CA
Doctor of Osteopathic Medicine

The George Washington University 8/1992 - 8/1994 Washington, DC
Bachelor of Science – Physician Assistant

San Diego State University 8/1987 - 6/1992 San Diego, CA
Bachelor of Arts – With Distinction in Psychology

PROFESSIONAL EXPERIENCE

Riverside Medical Clinic 6/2013 – present Riverside, CA
Obstetrician and Gynecologist

- Full spectrum OB/GYN care, with emphasis on minimally invasive Gynecologic procedures, in large multi-specialty Medical Group
- Assistant Clinical Professor, Department of Obstetrics and Gynecology, University of California, Riverside, School of Medicine
- Medical Director of Ambulatory Surgery Center
- Member of Medical Practice and Peer Review Committees

Magnolia Women's Center 7/2011 – 6/2013 Riverside, CA
Obstetrician and Gynecologist

Arrowhead Regional Medical Center 7/2008 – 6/2011 Colton, CA
Resident in Obstetrics and Gynecology

- Training at both San Bernardino and Riverside's County Hospitals
- Chief Resident 2010-2011

Arrowhead Regional Medical Center 6/2007 – 6/2008 Colton, CA
Internship – Specialty Track for Obstetrics and Gynecology

City of Hope National Medical Center 12/1996 – 6/2003 Duarte, CA
Physician Assistant

- Department of Medical Oncology and
Therapeutics Research

Behrooz Tohidi, MD 8/1994 – 12/1996
Physician Assistant

Oceanside, CA

- Orthopedic Surgery

RESEARCH

Tyrosine Kinase Receptor Inhibition and ET-743 for the Ewing Family of Tumors, presented at Western Student Medical Research Forum 2005

Incidence of Umbilical pH < 7.0 in Elective Cesarean Section at Term, presented at Society for Gynecologic Investigation 2007

CURRENT LICENSURE/CERTIFICATION

Board Certified in Obstetrics and Gynecology

Licensed to practice Medicine in the State of California

PROFESSIONAL MEMBERSHIPS

Fellow, American College of Osteopathic Obstetricians and Gynecologists

American Osteopathic Association

California Medical Association

Riverside County Medical Society

EXHIBIT “D”

EXHIBIT “D”



Riverside Medical Clinic

6405 Day Street - Riverside, CA 92507 - (951) 607-5500 - Fax (951) 697-5475

INTRODUCTION

I have been retained to review the care administered to Kimberly Taylor during and following her dilation and curettage with hysteroscopy and fibroid removal procedure performed on April 26, 2017. I have been asked by counsel for Ms. Taylor to provide opinions as to the standard of care and medical causation which may be used in litigation. This report is intended to state my opinions in this matter to a reasonable degree of medical probability.

QUALIFICATIONS

I am a board-certified Obstetrician and Gynecologist, having received my Doctor of Osteopathic Medicine (D.O.) degree from Western University of Health Sciences in 2007. I am licensed to practice medicine in the state of California and am a Fellow of the American College of Osteopathic Obstetricians and Gynecologists, and a member of the American Osteopathic Association, California Medical Association and the Riverside County Medical Society. I am currently in full-time clinical practice as an OB/GYN in Riverside, California at the Riverside Medical Clinic having practiced in various medical centers and women's clinics during my career. I have performed hundreds of dilation and curettage, hysteroscopy and fibroid tumor removal procedures during my career. My additional qualifications and training are further set forth in my Curriculum Vitae, which is attached hereto and incorporated herein by reference. Based upon my training, background, knowledge, and experience in gynecology and obstetrics, I am familiar with the applicable standards of care for the treatment of individuals demonstrating the symptoms and conditions presented by the Plaintiff in this action. Further, I am qualified on the basis of my training, background, knowledge and experience to offer expert opinions regarding the medical standard of care, the breaches thereof in this case, and any resulting injuries and damages arising therefrom.

DOCUMENTS REVIEWED

To form my opinions I have primarily reviewed the following: (1) Medical records from Keith Brill, M.D./Women's Health Associates of Southern Nevada, (2) Medical records from

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Henderson Hospital, (3) Medical records from Dignity Health/St. Rose Dominican Hospital, (4) deposition of Kimberly Taylor, Plaintiff. A complete chart of what has been provided to me is attached as *Exhibit 1* to this Report.

OPINIONS

At the time of the incident in this case, Ms. Taylor was a 45 year old woman (DOB 10/25/1971) who had been treated by Dr. Brill for several years prior to the incident in question. She had a history of menorrhagia,¹ and had a bicornuate uterus with a fibroid tumor. After counseling with Dr. Brill, she agreed to dilation and curettage with hysteroscopy with fibroid removal and hydrothermal ablation, all to be performed by Dr. Brill at Henderson Hospital.

On April 26, 2017, Ms. Taylor appeared at Henderson Hospital for the referenced surgical procedure.² During the procedure,³ Dr. Brill was using a symphion hysteroscope to begin resecting an apparent uterine septum when he noted a uterine perforation. I note that Dr. Brill's operative report is full of qualifiers such as he saw "what *appear[ed]* to be a white uterine septum..." and he was able to later visualize "what *appeared* to be the septum" when cutting. This indicates to me that Dr. Brill was uncertain as to where he was in the uterus, yet he proceeded regardless. He noticed the perforation immediately after use of the "yellow pedal" which operates the hydrothermal ablation instrument and the perforation occurred at that time in my opinion. Despite experiencing a uterine perforation during the use of a device that cuts with energy, Dr. Brill only confirmed the perforation with the hysteroscope and did not perform laparoscopy to evaluate for bowel or other injury. He continued with the procedure, thereafter using a #2 sharp curette to remove a small amount of endometrial tissue, but thereafter terminated the procedure. Ms. Taylor was thereafter removed to recovery. There was no record of Ms. Taylor or other providers being informed of the perforation by Dr. Brill and she denied being told of the perforation during her deposition. Moreover, Dr. Brill failed at that time to recognize that he had actually perforated the small bowel as well during surgery.

Ms. Taylor was thereafter in post op recovery at Henderson Hospital under the care of Bruce Hutchins, RN, where she remained for approximately 7 hours, despite that normal recovery prior to discharge would be 1-2 hours for this procedure. It appears Ms. Taylor was discharged despite still complaining of severe abdominal pain. The PACU notes state that per surgeon, there were no complications⁴ which would be incorrect since the operative note states the procedure was aborted due to perforation. No complications were noted by the

¹ Menorrhagia is the medical term for menstrual periods with abnormally heavy or prolonged bleeding.

² A retroverted uterus means the uterus is tipped backwards so that it aims towards the rectum instead of forward towards the belly button. This was well known to Dr. Brill prior to the surgery and is a condition present in 20-30% of women. I do not believe the retroverted uterus complicated the April 26th procedures or significantly contributed to the perforations.

³ The procedure operative note is at TAYLOR 0154-0155.

⁴ The record states "Complication(s) None per Surgeon" TAYLOR 00150. Thus we know this information came directly from Dr. Brill but is inaccurate, the complication of the perforation actually caused the termination of the procedure.

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anesthesiologist. During her postoperative stay, Ms. Taylor was medicated for ongoing pain and nausea then released.

Approximately 7.5 hours after being released from Henderson Hospital, Ms. Taylor appeared via ambulance at St. Rose Dominican ER where she was received by Dr. Todd Christensen. Her complaints at that time were extreme abdominal pain and diffuse torso pain. Her deposition further states her "pain started getting extremely, extremely severe" she started "sweating profusely" and "vomiting" or "dry heaving."⁵ A CT Abdomen and Pelvis was performed, noting postoperative pneumoperitoneum and small to moderate ascites.⁶ Despite these findings, she was treated for nausea and released after approximately three hours without further workup, differential diagnosis or consultation regarding a possible bowel injury. When the CT Abdomen and Pelvis showed "postoperative pneumoperitoneum and small to moderate ascites" following the procedure noted herein, the proper standard of care would be to seek a surgical consult to rule out any possible bowel or other injury.

Ms. Taylor subsequently appeared at St. Rose ER approximately 6 hours later, again via ambulance, complaining of worsening abdominal pain. A call was placed to Dr. Brill, who was unavailable. Samantha Schoenhause, DO, OB-GYN, covering for Dr. Brill, admitted Ms. Taylor, but despite her condition there was still no indication any person associated with the matter had any knowledge that Ms. Taylor's uterine wall had been perforated during the surgery the day before. Elizabeth Hamilton, M.D., was eventually consulted and was eventually informed by report that a uterine perforation had occurred during the prior surgery. Based upon her examination findings, clinically significant pain, and the CT findings (which suggested perforation), Dr. Hamilton felt it was highly likely Ms. Taylor had a bowel perforation. Dr. Hamilton performed a diagnostic laparoscopy which was then converted to an exploratory laparotomy with a small bowel resection. A 3 cm perforation of the small bowel was discovered, and a resection was performed. Ms. Taylor also suffered gross peritonitis⁷ in all four abdominal quadrants. The resected portion of her small bowel measured 7.0 x 2.6 x 1.2 cm with exposed mucosa being focally tan-brown and edematous with a "moderate" amount of yellow-green exudate also present, which is indicative of infection.⁸ She was hospitalized and underwent diagnostic laparoscopy, exploratory laparotomy, resection of ileum, reanastomosis and washout of pelvic contamination. She was eventually discharged nine days later but underwent outpatient administration of antibiotics even after discharge.

My opinion is that Dr. Brill breached the standard of care in a number of respects. These include: (1) failing to use proper care and caution in use of the hydrothermal ablation instrument, (2) failing to properly identify the body part upon which he was operating, to the extent that he actually perforated completely through the uterus and into the small bowel, (3) failing to immediately terminate the procedure after identifying a uterine perforation and instead continuing surgery, including use of the curettage, (4) failing to properly evaluate and diagnose

⁵ Deposition of Ms. Taylor at pg. 46.

⁶ CT Report at Taylor 00323.

⁷ Peritonitis is the inflammation of the peritoneum, the membrane that lines the inner abdominal wall and covers the organs within your abdomen, in Ms. Taylor's case due to bacterial infection from the bowel perforation.

⁸ Surgical pathology report at TAYLOR 00336.

the extent of damage to Ms. Taylor after uterine perforation was noted, including failing to explore the patient laparoscopically after identifying the perforation to assure no other internal damage was caused,⁹ and (5) failing to advise both the patient and other medical providers such as the PACU that a uterine perforation had occurred.

I would comment that a simple perforation of the uterus is a known complication of the procedures performed by Dr. Brill and, in some cases, can occur without negligence on the part of the physician. However, the perforation injury in this case is so severe that it exceeds a mere complication of a properly performed procedure and instead crosses a line into carelessness and a breach of the standard of care in my opinion. The size of the uterine perforation was large (1 cm) and the size of the bowel perforation was even larger (3 cm). This was not a small pinhole type perforation. Dr. Brill simply did not use proper caution and technique when using the hydrothermal ablation instrument and he failed to assure that he was operating on the intended body part. The perforation and the extent of it was avoidable in this case in my opinion.

In terms of medical causation, the failure of the original procedure, Ms. Taylor's subsequent pain and discomfort, her two emergency room visits, her hospitalization with the resection surgery and related care as well as her course of antibiotics post-op are all related to the perforations caused by Dr. Brill.

I also believe that Dr. Christensen's care fell below the standard of care. I am familiar with the standard of care for patients presenting to the Emergency Room following uterine surgery both from my specific practice and my general education as a physician. In my practice, I do on occasion interact with Emergency Room physicians for my patients. Ms. Taylor presented to the ER and Dr. Christensen shortly following a dilation and curettage procedure. She presented with extreme abdominal pain and diffuse torso pain and nausea. A CT Abdomen and Pelvis was performed, noting postoperative pneumoperitoneum and small to moderate ascites. All of this is suspicious for perforation, especially since dilation and curettage does not require an open entry into the abdomen that might otherwise cause these findings unlike, for example, an appendicitis. Dr. Christensen breached the standard of care by (1) failing to consult with Dr. Brill or any other OB/GYN or surgeon based on the CT report, (2) failing to conduct a proper differential diagnosis to rule in/out perforation and instead simply releasing Ms. Taylor, and (3) failing to properly diagnose and treat the perforation. I do believe Dr. Christensen's breaches of the standard of care led to additional pain and suffering for Ms. Taylor during her delay in diagnosis.

⁹ The standard of care per medical literature requires further exploration to determine the extent of the perforation and possible damage to adjacent structures when the perforation occurs while cutting with heat. ***"Uterine perforation" in TeLinde's Operative Gynecology (page 366-367, 10th edition, 2008) that clearly states when resecting a uterine septum often it is done with simultaneous laparoscopy to prevent perforation. As well it states that laparotomy or laparoscopy should be done if a perforation is experienced while using an energy device. Another book "Diagnostic and operative hysteroscopy" (written by one of the current leading experts in minimally invasive GYN surgery) states simultaneous laparoscopy should be done with septum resection and that if perforation occurs with electrosurgical devices structures anatomically close to the uterus should be explored to rule out an associated injury.***

Regarding Ms. Taylor's prognosis, she appears to have made a nearly complete recovery from the perforation. She complains of mild abdominal pain symptoms on occasion which I do think are related to the perforations but will require no future treatment.

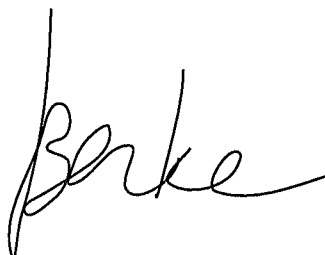
STATEMENT OF COMPENSATION

My fee for expert review and reports is \$350.00/hour with a \$2,000 non-refundable engagement fee/retainer. To date, I have charged \$2,465.00 for my work on this matter, which has been paid.

CONCLUSION

My opinions set forth herein are stated to a reasonable degree of medical probability based on the information and documents I have reviewed to date. A summary of my opinions is that Dr. Brill fell beneath the standard of care during the procedures performed, resulting in perforation of the uterus and small bowel, causing the patient extreme pain and discomfort and resulting in nine days of hospitalization, bowel resection and other post-operative medical care that should not have been necessary. Similarly, Dr. Christensen's failure to properly diagnose and treat Ms. Taylor led to increased pain and suffering and a worsening of her condition while proper diagnosis was delayed.

I reserve the right to amend my findings upon the presentation of additional fact and/or records related to this matter.



2/10/2021
David Berke, D.O., FACOOG

Date

TAYLOR001760

III APPX000460

EXHIBIT “E”

EXHIBIT “E”

In the Matter Of:

Taylor, Kimberly vs Brill, M.D.

DAVID BERKE, D.O.

July 19, 2021

Job Number: 775800

1 this document, and specifically 12-A, you list out -- first in
2 the introductory paragraph for Paragraph 12, you talk about
3 that the care and treatment provided by Dr. Brill, Bruce
4 Hutchins, R.N., Henderson Hospital, Dr. Christensen and St.
5 Rose was grossly deficient, negligent and below the standard
6 of care. And then you go on to give specifics as to your
7 opinions as to how the standard of care was violated by
8 different providers, correct?

9 A. Correct.

10 Q. And first you list out Dr. Brill's violation of the
11 standard of care that you found in reviewing those medical
12 records, right?

13 A. Yes.

14 Q. And then you list 12-B, you have Bruce Hutchins,
15 R.N. and Henderson Hospital. And at the time you wrote this
16 report you felt that Bruce Hutchins and Henderson Hospital had
17 violated the standard of care by not contacting Dr. Brill or
18 some other OB/GYN regarding the excessive pain medication that
19 had been given to Ms. Taylor, correct?

20 A. Correct.

21 Q. You also felt that Bruce Hutchins and Henderson
22 Hospital had violated the standard of care by failing to
23 contact Dr. Brill prior to releasing Ms. Taylor, correct?

24 A. Correct.

25 Q. And lastly, you noted that it was a violation of

1 the standard of care by Bruce Hutchins and Henderson Hospital
2 to release Ms. Taylor despite her ongoing severe abdominal
3 pain, correct?

4 A. Correct.

5 Q. Do you still hold those opinions today?

6 A. Yes.

7 Q. If I could direct your attention to 12-C, you list
8 violations of the standard of care that you found for Dr.
9 Christensen and St. Rose regarding that E.R. visit. First,
10 Doctor, you understand that Dr. Brill was uninvolved in that
11 E.R. visit?

12 A. Yes.

13 Q. And in fact, nothing in the documentation from that
14 E.R. visit indicates that Dr. Brill was ever contacted; is
15 that your understanding?

16 A. Yes.

17 Q. And for Dr. Christensen and St. Rose, you found
18 that there was a violation of the standard of care for failing
19 to obtain a consult with an OB/GYN and/or surgeon based upon
20 the CT report?

21 A. In relation to the recent surgery she had, yes.

22 Q. And then you go on to explain what it was about the
23 CT report and the severe abdominal pain that she was
24 continuing to experience. And I will go into it in a moment
25 when we get to your February report. But those opinions, do

1 you still hold those opinions today?

2 A. Yes.

3 Q. And in fact, in your February report you do list
4 violation of the standard of care by Dr. Christensen, correct?

5 A. Yes.

6 Q. And the findings on the CT scan that you feel were
7 suspicious for injury, what were those?

8 A. The free pelvic fluid and the free air.

9 Q. And free pelvic fluid --

10 A. Just pelvic fluid, but increase in the pelvic fluid
11 and the free air.

12 Q. For those of us who are not medical doctors, the
13 free fluid or the pelvic air, I think one of the words that is
14 used in the CT report or at least Dr. Christensen's
15 documentation is pneumoperitoneum. What does that mean?

16 A. That means air within the peritoneal cavity.

17 Q. So they're interchangeable?

18 A. Yes.

19 Q. And in your opinion, those violations of the
20 standard of care by Dr. Christensen, Bruce Hutchins, St. Rose,
21 Henderson Hospital, did those all contribute to what you view
22 as the delay in treating this patient's complication?

23 A. Yes.

24 Q. I will take that back from you, Doctor. Thank you.
25 So I only have one copy of your February report so if we do

1 A. That would be much less than the other. I would
2 imagine 1 to 2 percent, uncommon.

3 Q. In this particular case, was Dr. Brill aware of
4 those conditions of Ms. Taylor before he began the
5 hysteroscopy?

6 A. Yes.

7 MR. BREEDEN: Those are all the questions that I
8 have.

9 BY MS. HALL:

10 Q. Just a few follow-up, Dr. Berke. The opinions that
11 Mr. Breeden just covered with you regarding let's start with
12 Bruce Hutchins and Henderson Hospital. Overall, one of the
13 opinions that you've offered in this case is that there was a
14 delay in identifying and treating Ms. Taylor's bowel
15 perforation, correct?

16 A. Correct.

17 Q. And the standard of care violations that you
18 identify in this affidavit for Bruce Hutchins and Henderson
19 Hospital, the standard of care violation by those two
20 individuals or entities, you do believe those actions did
21 contribute to a delay in diagnosing and treating her bowel
22 perforation?

23 A. I do.

24 Q. And same questions with respect to Dr. Christensen
25 and St. Rose Hospital, and the decision not to admit

1 Ms. Taylor when she presented to the E.R., do you believe
2 those violations of the standard of care which you identified
3 did contribute to a delay in diagnosing and treating her bowel
4 perforation?

5 A. I do.

6 Q. In fact, and I'm happy to show it to you, but in
7 that February report that you authored in this case, you noted
8 that the violation of standard of care by Dr. Christensen led
9 to increased pain and suffering and a worsening of the
10 patient's condition when diagnosis was delayed. Is that still
11 your opinion today?

12 A. Yes.

13 MS. HALL: Okay. That's all I have, Dr. Berke.

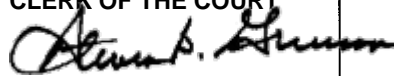
14 BY MR. BREEDEN:

15 Q. Just a quick follow-up to that. So during Dr.
16 Brill's procedure, there is an injury or perforation to the
17 uterus and the bowel of Ms. Taylor. At that point will
18 Ms. Taylor require a bowel resection procedure regardless of
19 when this is diagnosed, or in your opinion, was it the delay
20 in diagnosis that caused the need for the resection surgery?

21 MS. HALL: Form, foundation. It's beyond the scope
22 and it asks for a new opinion which has never been disclosed
23 before.

24 Q. You can answer.

25 A. The delay did not cause -- the initial injury was



1 **MLIM**

2 ROBERT C. McBRIDE, ESQ.

3 Nevada Bar No. 7082

4 HEATHER S. HALL, ESQ.

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12 E-mail: hshall@mcbridehall.com

13 Attorneys for Defendants,

14 *Keith Brill, M.D., FACOG and*

15 *Women's Health Associates of Southern Nevada –*

16 *MARTIN, PLLC*

17 DISTRICT COURT

18 CLARK COUNTY, NEVADA

19 KIMBERLY D. TAYLOR, an Individual,

20 Plaintiff,

21 vs.

22 KEITH BRILL, MD, FACOG, FACS, an
23 Individual; WOMEN'S HEALTH
24 ASSOCIATES OF SOUTHERN NEVADA –
25 MARTIN, PLLC, a Nevada Professional
26 Limited Liability Company;

27 Defendants.

CASE NO.: A-18-773472-C

DEPT: III

DEFENDANTS' MOTION IN LIMINE
NO. 2 TO ALLOW DEFENDANTS TO
INTRODUCE EVIDENCE OF
COLLATERAL SOURCES PURSUANT
TO NRS 42.021

HEARING REQUESTED

28 COMES NOW, Defendants, KEITH BRILL, MD, FACOG and WOMEN'S HEALTH
ASSOCIATES OF SOUTHERN NEVADA – MARTIN, PLLC, by and through their counsel of
record, ROBERT C. McBRIDE, ESQ. and HEATHER S. HALL, ESQ. of the law firm of
McBRIDE HALL, and hereby submit their Motion in Limine No. 2 to Allow Defendants to
Introduce Collateral Sources Pursuant to NRS 42.021.

This Motion is made and based upon the attached Memorandum of Points and

1 Authorities, the Affidavit of Heather S. Hall, Esq., the papers and pleadings on file herein, and
2 any oral argument made at the time of the hearing of this matter.

3
4 DATED this 20th day of August 2021.

McBRIDE HALL

5
6 */s/ Heather S. Hall*

7 ROBERT C. McBRIDE, ESQ.

Nevada Bar No.: 7082

8 HEATHER S. HALL, ESQ.

Nevada Bar No.: 10608

9 8329 W. Sunset Road, Suite 260

Las Vegas, Nevada 89113

10 Attorneys For Defendants,

11 *Keith Brill, M.D., FACOG and*

12 *Women's Health Associates of Southern*
13 *Nevada – Martin, PLLC*

1 **AFFIDAVIT OF HEATHER S. HALL, ESQ. PURSUANT TO EDCR 2.47**

2 STATE OF NEVADA)
3 COUNTY OF CLARK)ss.

4 HEATHER S. HALL, ESQ., being first duly sworn, deposes and states:

5 1. I am an attorney licensed to practice law in the State of Nevada and am a partner
6 with the law firm of McBRIDE HALL, counsel for these moving Defendants in the above-
7 entitled case. This Affidavit is made and based upon my personal knowledge and I am
8 competent to testify to the matters contained herein;

9 2. On August 5, 2021, I personally spoke to Plaintiff's counsel, Adam Breeden,
10 Esq., regarding the motions in limine the parties intend to file in this action. During this
11 discussion, I informed Plaintiff's counsel that I intended to file the instant Motion in Limine to
12 Include Others on the Verdict Form.

13 3. During the conference, I explained that NRS 42.021 is applicable to this medical
14 malpractice action and that Defendants intend to exercise their right to introduce evidence of
15 payments made by Ms. Taylor's private health insurance for the claimed medical bills.

16 4. Plaintiff's counsel stated that he agreed NRS 42.021 applies to this action.
17 However, he disagrees that application of NRS 42.021 limits past medical bills to amounts
18 actually paid.

19 5. Further, Plaintiff's counsel indicated he could not stipulate to this defense Motion
20 because he wanted to challenge the constitutionality of NRS 42.021. We discussed that the
21 Nevada Supreme Court has declined to declare NRS 42.021 unconstitutional.

22 6. Because I believe Plaintiff's position is an incorrect statement of the law and NRS
23 42.021 is constitutional, we were not able to stipulate to this Motion and these issues need to be
24 addressed by the Court.

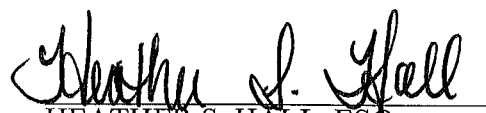
25 7. Despite good-faith efforts to confer, counsel for the parties have been unable to
26 resolve this matter satisfactorily and the Court's intervention is necessary.

27 ///


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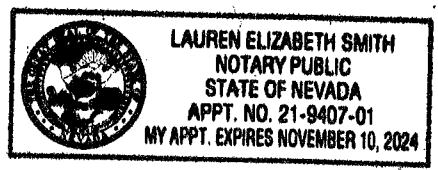
1 8. This Motion is brought in good faith and not for purposes of delay.
2 FURTHER YOUR AFFIANT SAYETH NAUGHT.
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HEATHER S. HALL, ESQ.

SUBSCRIBED AND SWORN to before
me this 20th day of August, 2021.


Notary Public in and for said
County and State



1 **MEMORANDUM OF POINTS AND AUTHORITIES**

2 **I.**

3 **STATEMENT OF FACTS & INTRODUCTION**

4 This is a medical malpractice action related to a surgical procedure Kimberly Taylor
5 underwent on April 26, 2017. Ms. Taylor was scheduled for dilation and curettage (D&C) with
6 hysteroscopy with fibroid removal and hydrothermal ablation due to a history of abnormal
7 uterine bleeding at Henderson Hospital. During the surgery, Ms. Taylor experienced a known
8 risk and complication – uterine perforation which was recognized and repaired. Less than 2 days
9 later, she was taken for exploratory surgery at another hospital and a bowel perforation was
10 discovered and repaired.

11 Plaintiff alleges that Dr. Brill fell below the standard of care in performing Ms. Taylor's
12 surgery and causing a uterine and bowel perforation. Further, Plaintiff alleges that it was below
13 the standard of care for Dr. Brill not to recognize the bowel perforation intraoperatively.
14 Defendants deny these allegations and maintain that Dr. Brill acted appropriately and within the
15 standard of care at all times. The known risks and complications Ms. Taylor experienced are the
16 result of her unusual anatomy and not indicative of negligence.

17 Plaintiff seeks \$225,620.07 in past medical expenses for care she received from April 26,
18 2017 through June 2, 2017.¹ See **Exhibit "A"**, Plaintiff's Ninth Early Case Conference
19 Supplement, pages 9 – 10. This number represents the gross medical bills, not the amount that
20 was actually paid in full satisfaction of these medical bills. At all times in question, Ms. Taylor
21 had private insurance through Aetna which paid most of her medical bills. The amounts
22 submitted to Aetna for Ms. Taylor's April 26, 2017 and care she and expert state was needed as a
23 result of the alleged negligence, \$241,176.40 was submitted, but Aetna only paid \$63,315.23.
24 See Aetna claims records, attached as **Exhibit "B"**. Ms. Taylor paid \$2,634.12 in deductibles
25

26
27
28 ¹ No medical expert has opined that the need for the original surgery of April 26, 2017 was caused by Dr. Brill's
alleged negligence and Defendants do not concede that bills related to that surgery are recoverable as part of
Plaintiff's medical specials.

1 and \$540.95 in co-pays during that period. *Id.* There was a contractual write off of approximately
2 \$172,989.35. In discovery, Plaintiff produced a spreadsheet showing that for the period of
3 2/14/17 to 6/13/17, \$229,697.90 in billing was submitted to Aetna and \$67,320.87 was paid by
4 Aetna; Ms. Taylor paid \$11,058.91 out of pocket. *See* Spreadsheet, **Exhibit “C”**.

5 NRS 42.021 provides for and allows introduction of evidence relating to collateral source
6 payments and contractual write offs in actions based upon professional negligence of provider of
7 healthcare. Specifically, NRS 42.021 is a statutory exception to the general collateral source rule
8 for professional negligence litigation. The sole purpose of this Motion in Limine is to allow
9 evidence before the jury of the insurance payments and contractual write offs of Kimberly
10 Taylor’s medical bills for the jury’s consideration

11 **II.**

12 **LEGAL ARGUMENT**

13 **A. STANDARD OF REVIEW.**

14 Nevada Revised Statute Section 47.080 vests this Court with the authority to grant a
15 motion in limine as follows:

16 In jury cases, hearings on preliminary questions of admissibility, offers of proof in
17 narrative or question and answer form, and statements of the judge showing the
18 character of the evidence shall to the extent practicable, unless further restricted
19 by NRS 47.090, be conducted out of the hearing of the jury, to prevent the
suggestion of inadmissible evidence.

20 Nevada has historically recognized that the trial court has “wide discretion in determining
21 the admissibility of evidence.” *State ex rel. Dept. of Highways v. Nevada Aggregates & Asphalt*
22 *Co.*, 92 Nev. 370, 551 P. 2d 1095 (1976). The Court has authority to issue a preliminary ruling
23 on the admissibility of evidence, and the decision to do so is vested in the sound discretion of the
24 Court. *See Prabhu v. Levine*, 112 Nev. 1538, 1547, 930 P.2d 103 (1996); *Cheyenne*
25 *Construction, Inc. v. Hozz*, 102 Nev. 308, 311, 720 P.2d 1224 (1986).

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1 **B. IN MEDICAL MALPRACTICE CASES IN NEVADA, DEFENDANTS MAY**
2 **ELECT TO INTRODUCE COLLATERAL SOURCES PURSUANT TO NRS**
3 **42.021.**

4 In 2004, by ballot initiative, NRS 42.021 was enacted. This statute is an explicit
5 exception to the general collateral source rule that evidence of a Plaintiff's insurance and write
6 downs or write offs of bills are not permitted. NRS 42.021 allows them to be introduced by
7 Defendants at trial in a medical malpractice case.

8 The clear language of NRS 42.021 authorizes defendants in a medical malpractice case to
9 introduce evidence of payments from collateral sources. NRS 42.021 was part of an Act
10 proposed by Initiative Petition and approved by the Nevada voters in the 2004 general election.
11 The Initiative – Ballot Question No. 3, entitled “Keep our Doctors in Nevada” (“KODIN”) –
12 contained several sections that made various changes to the statutory framework of medical
13 malpractice actions in Nevada. The Nevada Supreme Court has acknowledged that the purpose
14 of NRS 42.021 and other medical malpractice and professional negligence reforms in Nevada
15 was to extend the legislative shield that protects doctors and keeps doctors practicing medicine
16 this state. *See Fierle v. Perez*, 125 Nev. 728 (2009) (overruled on other grounds by *Egan v.*
17 *Chambers*, 299 P.3d 367 (Nev. 2013).

18 More recently, in *McCrosky v. Carson Tahoe Regional Medical Center*, 133 Nev. 930,
19 408 P.3d 149 (2017), the Nevada Supreme Court recognized that NRS 42.021(1) creates an
20 exception to the per se rule barring admission of collateral source payments **in the context of a**
21 **medical malpractice action**. The Supreme Court specifically acknowledged that the purpose of
22 NRS 42.021 was to prevent “double dipping” – that is the practice of a plaintiff receiving
23 payments from both healthcare providers and collateral sources for the same damages. Per
24 *McCrosky* and NRS 42.021, evidence of the insurance payments and contractual write offs are
25 admissible into evidence in this case.

26 NRS 42.021(1) specifically provides as follows:

27 1. In an action for injury or death against a provider of health care based upon
28 professional negligence, if the defendant so elects, the **defendant may introduce**
 evidence of any amount payable as a benefit to the plaintiff as a result of the
 injury or death pursuant to the United States Social Security Act, any state or
 federal income disability or worker's compensation act, any health, sickness or
 income-disability insurance, accident insurance that provides health benefits or

1 income-disability coverage, and **any contract or agreement of any group,**
2 **organization, partnership or corporation to provide, pay for or reimburse the**
3 **cost of medical, hospital, dental or other health care services.** If the defendant
4 elects to introduce such evidence, the plaintiff may introduce evidence of any
5 amount that the plaintiff has paid or contributed to secure the plaintiff's right to
6 any insurance benefits concerning which the defendant has introduced evidence.

7 NRS 42.021(1) [Emphasis added].

8 The specific purpose of NRS 42.021 is to prevent "double dipping". Here, Plaintiff's
9 medical bills were either paid her insurer, Aetna, or were written off by contract. In either case,
10 to allow the gross medical bills as may be offered by Plaintiff into evidence, without
11 corresponding evidence of insurance payments and/or contractual write-offs would be to allow
12 that exact "double dipping" that NRS 42.021 was specifically designed to prevent in medical
13 malpractice actions. Defendants are entitled to introduce evidence demonstrating that Plaintiff's
14 medical bills were paid by private insurance and/or written off per her insurance contractual
15 agreements.

16 III.

17 CONCLUSION

18 Based upon the foregoing, Defendant respectfully requests that the Court enter an order
19 permitting Defendant to offer evidence of Plaintiff's collateral source payments and contractual
20 write offs, and for any other relief the Court deems just and proper.

21 DATED this 20th day of August 2021.

McBRIDE HALL

22 /s/ Heather S. Hall

23 ROBERT C. McBRIDE, ESQ.

Nevada Bar No.: 7082

HEATHER S. HALL, ESQ.

Nevada Bar No.: 10608

8329 W. Sunset Road, Suite 260

Las Vegas, Nevada 89113

Attorneys For Defendants,

Keith Brill, M.D., FACOG and

Women's Health Associates of Southern
Nevada – Martin, PLLC

1
2 **CERTIFICATE OF SERVICE**

3 I HEREBY CERTIFY that on the 20th day of August 2021, I served a true and correct
4 copy of the foregoing **DEFENDANTS' MOTION IN LIMINE NO. 2 TO ALLOW**
5 **DEFENDANTS TO INTRODUCE EVIDENCE OF COLLATERAL SOURCES**
6 **PURSUANT TO NRS 42.021** addressed to the following counsel of record at the following
7 address(es):
8

- 9 ☒ **VIA ELECTRONIC SERVICE:** By mandatory electronic service (e-service), proof of
10 e-service attached to any copy filed with the Court; or
11 ☐ **VIA U.S. MAIL:** By placing a true copy thereof enclosed in a sealed envelope with
12 postage thereon fully prepaid, addressed as indicated on the service list below in the
13 United States mail at Las Vegas, Nevada
14 ☐ **VIA FACSIMILE:** By causing a true copy thereof to be telecopied to the number
15 indicated on the service list below.

16 Adam J. Breeden, Esq.
17 BREEDEN & ASSOCIATES, PLLC
18 376 E. Warm Springs Road, Suite 120
19 Las Vegas, Nevada 89119
20 *Attorneys for Plaintiff*

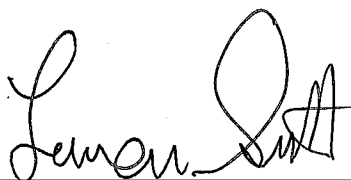
21
22 
23 _____
24 An Employee of McBRIDE HALL

EXHIBIT “A”

EXHIBIT “A”

LWLD
ADAM J. BREEDEN, ESQ.
Nevada Bar No. 008768
BREEDEN & ASSOCIATES, PLLC
376 E. Warm Springs Road, Suite 120
Las Vegas, Nevada 89119
Phone: (702) 819-7770
Fax: (702) 819-7771
Adam@Breedendassociates.com
Attorneys for Plaintiff

EIGHTH JUDICIAL DISTRICT COURT
CLARK COUNTY, NEVADA

KIMBERLY TAYLOR, an individual,
Plaintiff,
v.

CASE NO.: A-18-773472-C

DEPT NO.: III

KEITH BRILL, M.D., FACOG, FACS, an
individual; WOMEN'S HEALTH
ASSOCIATES OF SOUTHERN NEVADA –
MARTIN, PLLC, a Nevada Professional
Limited Liability Company; BRUCE
HUTCHINS, RN, an individual;
HENDERSON HOSPITAL and/or VALLEY
HEALTH SYSTEMS, LLC, a Foreign LLC
d/b/a HENDERSON HOSPITAL, a subsidiary
of UNITED HEALTH SERVICES, a Foreign
LLC; TODD W. CHRISTENSEN, M.D., an
individual; DIGNITY HEALTH d/b/a ST.
ROSE DOMINICAN HOSPITAL; DOES I
through XXX, inclusive; and ROE
CORPORATIONS I through XXX, inclusive,
Defendants.

**PLAINTIFF'S NINTH SUPPLEMENTAL
LIST OF WITNESSES AND
DOCUMENTS PURSUANT TO NRCP 16.1**

Plaintiff, KIMBERLY TAYLOR, by and through her attorney of record Adam J. Breeden,
Esq. of BREEDEN AND ASSOCIATES, PLLC, hereby submits her ninth supplemental disclosure
of witnesses and documents pursuant to NRCP 16.1 as follows (**supplemental information
provided in bold**):

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I.

DOCUMENTS AND TANGIBLE THINGS

#	Document Description	Bates Range
Initial Production		
1.	Dr. Brill and WHASN's Medical Records	TAYLOR000001 – TAYLOR000113
2.	Henderson Hospital Medical Records	TAYLOR000114 – TAYLOR000311
3.	Dignity Health d/b/a St. Rose Dominican Hospital Medical Billing	TAYLOR000312 – TAYLOR001661
1st Supplement		
4.	Henderson Hospital Billing Records	TAYLOR001662 – TAYLOR001664
5.	Dignity Health d/b/a St. Rose Dominican Hospital Billing Records	TAYLOR001665 – TAYLOR001666
6.	Dignity Health d/b/a St. Rose Dominican Hospital Additional Billing Records	TAYLOR001667 – TAYLOR001668
7.	Henderson Hospital Additional Billing Records	TAYLOR001669 – TAYLOR001681
8.	Associated Pathologists Chartered Billing Records	TAYLOR001682
9.	Radiology Associates of Nevada Billing Records	TAYLOR001683
10.	Quest Diagnostics Billing Records	TAYLOR001684 – TAYLOR001685
11.	Valley Anesthesiology Consultations Billing Records	TAYLOR001686
12.	City of Henderson Ambulance Billing Records	TAYLOR001687
13.	Women's Health Associates of Southern Nevada Billing Records	TAYLOR001688
14.	Brian J. Lipman, M.D. Billing Records	TAYLOR001689
15.	Sahara West Urgent Care Billing Records	TAYLOR001690 – TAYLOR001691
16.	Breakdown of Plaintiff's Prescription List	TAYLOR001692 – TAYLOR001694
17.	Copy of Plaintiff's Current Insurance Card	TAYLOR001695 – TAYLOR001696
18.	Copy of Plaintiff's Previous Insurance Card	TAYLOR001697 – TAYLOR001698
19.	Plaintiff's List of Health Professionals	TAYLOR001699 – TAYLOR001712
20.	Curriculum Vitae of David Berke, DO, FACOOG	TAYLOR001713 – TAYLOR001714

21.	Communications between Plaintiff's Counsel and Plaintiff's Expert David Berke, DO, FACOOG *Please be advised that due to a change in court rules, see NRCP 26(b)(4), said communications are attorney work product exempt from discovery and Plaintiff intends to claw back said disclosures and reserves the right to object to their use at trial	TAYLOR001715 – TAYLOR001740
22.	Invoice from David Berke, DO, FACOOG	TAYLOR001741
2nd Supplement		
23.	Excel Spreadsheet with breakdown of medical billing charges, insurance payments, and Plaintiff responsibility	TAYLOR001741 – TAYLOR001749
24.	Summary of Care Discharge documents from Henderson Hospital	TAYLOR001750 – TAYLOR001755
3rd Supplement – No Additional Documents Produced		
4th Supplement		
25.	David Berke, DO, FACOOG Expert Report and Fee Schedule	TAYLOR001756 – TAYLOR001763
5th Supplement		
26.	Symphion Manual & Brochure	TAYLOR001764 – TAYLOR001800
27.	Video explaining Symphion system [available online at: https://youtu.be/bT_X9SW_kKU]	NO BATES
6th Supplement		
28.	David Berke, DO, FACOOG Rebuttal Expert Report	TAYLOR001801 – TAYLOR001802
7th Supplement		
29.	Litigation Invoices from Expert David Berke, DO FACOOG	TAYLOR001803 – TAYLOR001805
30.	Images of Operative Procedure and Resectoscope Tool	TAYLOR001806 – TAYLOR001815
31.	Imaging from St. Rose Hospital	Via Dropbox Link
8th Supplement – No New Records Produced		
9th Supplement		
32.	David Berke, DO, FACOOG Supplemental Initial and Rebuttal Expert Report	TAYLOR001816 – TAYLOR001818

In addition to the foregoing, Plaintiff discloses the following:

- i. Any and all x-rays, MRI films, CT scans, and any other diagnostic films that are in any way related to the care and treatment of Plaintiff.
- ii. Any and all pathology slides, tissue blocks, or other pathology specimens, reports, or records relating to Plaintiff.

- iii. All pleadings in this action.
- iv. All disclosure statements submitted by any party to this action.
- v. All present and future discovery propounded to, and all present and future discovery responses from any party to this action.
- vi. All documents/exhibits disclosed by any other party to this action.
- vii. All depositions taken in this action.
- viii. Illustrative exhibits of the human anatomy particular to this action.

II.

DEMONSTRATIVE EXHIBITS

Plaintiff reserves the right to use the following evidence and visual aids at trial. The same may be used as demonstrative exhibits at trial and/or sought to be introduced into evidence:

- i. National Vital Statistics Reports, United States Life Tables from the United States Dept. of Health and Human Services;
- ii. Images of any radiology (X-ray, CT, MRI) or similar tests, including arrows, callouts and other labels for the jury. These may include the Plaintiff's radiology images and normal or exemplar images of other persons for comparison;
- iii. Illustrations and anatomical models of areas of the body that Plaintiff claims have been injured.
- iv. Illustrations of medical procedures that Plaintiff has undergone or is expected to undergo in the future.
- v. Samples of surgical hardware and tools, including needles, implants, etc.;
- vi. Diagrams, drawings, pictures, photos, film, video, DVD, and CD ROM of various parts of the human body, diagnostic tests and surgical procedures;
- vii. Timelines, graphs and charts which visually display various other records, such as lost income or medical treatment;
- viii. PowerPoint Slides which contain reference to evidence counsel reasonably expects to be admitted at trial.

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III.

WITNESSES

#	Witness Information	Description of Testimony
1.	Kimberly Taylor c/o BREEDEN & ASSOCIATES, PLLC 376 E. Warm Springs Road, Ste. 120 Las Vegas, Nevada 89119 Phone: (702) 819-7770	Ms. Taylor is the Plaintiff in the above-captioned matter and is expected to testify as to the facts and circumstances arising out of the negligence of the Defendants, medical treatment received, and all other matters of which she has knowledge.
2.	Keith Brill, M.D. c/o CARROLL KELLY TROTTER FRANZEN McBRIDE & PEABODY 8329 W. Sunset Road, Suite 260 Las Vegas, Nevada 89113 Phone: (702) 792-5855	Dr. Brill is the Defendant in the above-captioned matter and is expected to testify as to the facts and circumstances arising out of the negligence as claimed by Plaintiff, medical treatment provided to Plaintiff, and all other matters of which he has knowledge.
3.	Women's Health Associates of Southern Nevada-Marin PLLC Person(s) Most Knowledgeable Custodian of Records c/o CARROLL KELLY TROTTER FRANZEN McBRIDE & PEABODY 8329 W. Sunset Road, Suite 260 Las Vegas, Nevada 89113 Phone: (702) 792-5855	Women's Health Associates of Southern Nevada-Marin PLLC is the Defendant in the above-captioned matter and the Person(s) Most Knowledgeable is expected to testify as to the facts and circumstances arising out of the negligence as claimed by Plaintiff, medical treatment provided to Plaintiff, and all other matters of which he/she has knowledge.
4.	Bruce Hutchins, R.N. c/o HALL PRANGLE & SCHOONVELD 1160 N. Town Center Drive, Suite 200 Las Vegas, Nevada 89144 Phone: (702) 889-6400	Mr. Hutchins is the Defendant in the above-captioned matter and is expected to testify as to the facts and circumstances arising out of the negligence as claimed by Plaintiff, medical treatment provided to Plaintiff, and all other matters of which he has knowledge.
5.	Henderson Hospital Person(s) Most Knowledgeable Custodian of Records c/o HALL PRANGLE & SCHOONVELD 1160 N. Town Center Drive, Suite 200 Las Vegas, Nevada 89144 Phone: (702) 889-6400	Henderson Hospital is the Defendant in the above-captioned matter and the Person(s) Most Knowledgeable is expected to testify as to the facts and circumstances arising out of the negligence as claimed by Plaintiff, medical treatment provided to Plaintiff, and all other matters of which he/she has knowledge.

#	Witness Information	Description of Testimony
6.	Todd W. Christensen, M.D. c/o MANDELBAUM ELLERTON & McBRIDE 2012 Hamilton Lane Las Vegas, Nevada 89106 Phone: (702) 367-1234	Dr. Christensen is the Defendant in the above-captioned matter and is expected to testify as to the facts and circumstances arising out of the negligence as claimed by Plaintiff, medical treatment provided to Plaintiff, and all other matters of which he has knowledge.
7.	Dignity Health d/b/a St. Rose Dominican Hospital Person(s) Most Knowledgeable Custodian of Records c/o LEWIS BRISBOIS BISGAARD & SMITH 6385 S. Rainbow Boulevard, Suite 600 Las Vegas, Nevada 89118 Phone: (702) 893-3383	Dignity Health d/b/a St. Rose Dominican Hospital is the Defendant in the above-captioned matter and the Person(s) Most Knowledgeable is expected to testify as to the facts and circumstances arising out of the negligence as claimed by Plaintiff, medical treatment provided to Plaintiff, and all other matters of which he/she has knowledge.
8.	Elizabeth C. Hamilton, M.D. Person(s) Most Knowledgeable Custodian of Records Alison Kowalski – Billing Custodian SOUTHERN NEVADA SURGERY SPECIALISTS 10001 S. Eastern Avenue Henderson, Nevada 89052 Phone: (702) 914-2420	This medical care provider and its representatives are expected to testify as to the facts and circumstances of this case, including but not limited to, the care and treatment Plaintiff received, that the costs incurred to date are usual, customary, and reasonable and all other matters of which he/she has knowledge.
9.	Syed F. Rahman, M.D. Person(s) Most Knowledgeable Custodian of Records 10410 S. Eastern Avenue, Suite 100 Las Vegas, Nevada 89123 Phone: (702) 914-7150	This medical care provider and its representatives are expected to testify as to the facts and circumstances of this case, including but not limited to, the care and treatment Plaintiff received, that the costs incurred to date are usual, customary, and reasonable and all other matters of which he/she has knowledge.
10.	Jocelyn Ivie, M.D. Person(s) Most Knowledgeable Custodian of Records 2580 St. Rose Parkway, Suite 140 Henderson, Nevada 89074 Phone: (702) 862-8862	This medical care provider and its representatives are expected to testify as to the facts and circumstances of this case, including but not limited to, the care and treatment Plaintiff received, that the costs incurred to date are usual, customary, and reasonable and all other matters of which he/she has knowledge.

#	Witness Information	Description of Testimony
11.	Michael J. Eisenberg, M.D. Person(s) Most Knowledgeable Custodian of Records 2945 Mondavi Court Las Vegas, Nevada 89117 Phone: (702) 360-4233	This medical care provider and its representatives are expected to testify as to the facts and circumstances of this case, including but not limited to, the care and treatment Plaintiff received, that the costs incurred to date are usual, customary, and reasonable and all other matters of which he/she has knowledge.
12.	Patrick Frank, DO Person(s) Most Knowledgeable Custodian of Records 7391 W. Charleston Boulevard, Suite 140 Las Vegas, Nevada 89117 Phone: (702) 823-4255	This medical care provider and its representatives are expected to testify as to the facts and circumstances of this case, including but not limited to, the care and treatment Plaintiff received, that the costs incurred to date are usual, customary, and reasonable and all other matters of which he/she has knowledge.
13.	Brian Lipman, M.D. Person(s) Most Knowledgeable Custodian of Records Traci Taber – Billing Custodian 10001 S. Eastern Avenue, Suite 370 Henderson, Nevada 89052 Phone: (702) 909-7170	This medical care provider and its representatives are expected to testify as to the facts and circumstances of this case, including but not limited to, the care and treatment Plaintiff received, that the costs incurred to date are usual, customary, and reasonable and all other matters of which he/she has knowledge.
14.	Barbara and Clyde Olson 8445 S. Las Vegas Boulevard, Apt. 1081 Las Vegas, Nevada 89123	These witnesses were present with Plaintiff during the initial surgery which is the subject of Plaintiff's Complaint and is expected to testify as to the facts and circumstances arising out of the negligence of the Defendants, medical treatment Plaintiff received, and all other matters of which they have knowledge.
12.	Elizabeth Laca 989 Upper Meadow Place Henderson, Nevada 89052	This witness picked Plaintiff up following her initial Emergency Room visit and is expected to testify as to the facts and circumstances arising out of the negligence of the Defendants, medical treatment Plaintiff received, and all other matters of which she has knowledge.

#	Witness Information	Description of Testimony
13.	Timothy Gundersen, EMT Christopher Fitch, EMT Person(s) Most Knowledgeable Custodian of Records Terrie Knell – Billing Custodian CITY OF HENDERSON PO Box 95007 Henderson, Nevada 89009 Phone: (702) 267-1740	This medical care provider and its representatives are expected to testify as to the facts and circumstances of this case, including but not limited to, the care and treatment Plaintiff received, that the costs incurred to date are usual, customary, and reasonable and all other matters of which he/she has knowledge.
14.	Person Most Knowledgeable Minerva Surgical, Inc./Symphon 4255 Burton Dr. Santa Clara, CA 95054	This witness is expected to testify regarding proper use of the Symphon device, how the device works and how it cuts, and all other matters of which they have knowledge.
15.	Maria Garcia – Billing Custodian Tina Burch – Billing Department Mgr. HENDERSON HOSPITAL 1050 W. Galleria Drive Henderson, Nevada 89011 Phone: (866) 823-4250	This witness is the Custodian of Records for the Billing Department and are expected to testify that the costs Plaintiff incurred to date are usual, customary, and reasonable and all other matters of which she has knowledge.
16.	Charlene Bradford – Billing Custodian ST. ROSE HOSPITAL – SIENA CAMPUS c/o Dignity Health 3001 St. Rose Parkway Henderson, Nevada 89052 Phone: (877) 877-8345	This witness is the Custodian of Records for the Billing Department and are expected to testify that the costs Plaintiff incurred to date are usual, customary, and reasonable and all other matters of which she has knowledge.

Plaintiff specifically reserves the right to designate as an exhibit any documents and/or any witnesses designated by any party. Plaintiff further reserves the right to supplement this list as any documents or witnesses become known throughout the course of discovery. This list shall be interpreted to be pre-trial disclosures under NRCP 16.1(a)(3) as well. Any medical provider disclosed or a representative from that provider's billing department, may be called to testify regarding the usual, customary and reasonable nature of medical billing charges.

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IV.

COMPUTATION OF DAMAGES

Medical Specials:

PROVIDER	DATES OF SERVICE	COSTS
Brian Lipman, M.D. (Infectious Disease)	5/3/2017	575.23
	5/4/2017	208.95
	5/5/2017	208.95
	5/7/2017	564.75
	5/12/2017	712.77
	5/13/2017	664.26
	5/14/2017	623.01
	5/15/2017	623.01
	5/16/2017	623.01
	5/17/2017	623.01
	5/18/2017	623.01
	5/19/2017	1,029.25
	5/20/2017	911.76
	5/21/2017	623.01
	5/22/2017	623.01
	5/23/2017	623.01
	5/24/2017	623.01
	5/25/2017	623.01
	5/26/2017	829.36
	5/27/2017	911.76
	5/28/2017	623.01
	5/29/2017	623.01
	5/30/2017	623.01
	5/31/2017	623.01
	6/1/2017	623.01
	6/2/2017	822.93
	Total:	\$16,785.12
City of Henderson Ambulance	4/26/2017	1,196.41
	4/27/2017	1,134.15
	Total:	\$2,330.56
Dana Murakami, M.D. (Diagnostic Radiology)	5/6/2017	\$33.00
Djordje Hristic, M.D. (Radiology)	4/27/2017	\$427.00
Elizabeth Hamilton, M.D. (General Surgery)	4/27/2017	\$4,215.00
Henderson Hospital	4/26/2017	\$39,422.00
Jaswinder Samra, M.D. (Anesthesiology)	4/27/2017	\$7,500.00
Joseph Adashek, M.D., FACOG (ObGyn)	6/13/1017	\$897.00
Keith Brill, M.D.	4/26/2017	\$761.78
Micah Nielsen, M.D. (Diagnostic Radiology)	4/27/2017	\$99.00
Nader Beheshti, M.D. (Radiology)	5/2/2017	\$33.00
Patrick Frank, M.D. (ER Physician)	4/27/2017	\$1,233.00
Quest Diagnostics	4/27/2017	195.14

	5/12/2017	277.64
	5/19/2017	230.05
	5/26/2017	277.64
	6/8/2017	155.02
	Total:	\$1,135.49
Radiology Associates of Nevada	5/4/2017	\$558.00
Steinberg Diagnostic Medical Imaging	5/22/2017	\$800.00
Syed Akbarullah, M.D. (Pulmonology)	5/5/2017	\$364.00
Syed Rahman, M.D. (Palliative Specialist)	4/28/2017	638.00
	5/1/2017	1,259.00
	5/4/2017	638.00
	Total:	\$2,535.00
Todd Murry, M.D. (Pathology)	4/26/2017	\$335.00
St. Rose Dominican Hospital – Siena Campus	4/26/2017	17,552.00
	4/27/2017	127,442.12
	Total:	\$144,994.12
Szu-Nien Yeh, M.D. (Anesthesiology)	4/26/2017	\$1,162.00
TOTAL MEDICAL SPECIALS:		\$225,620.07

Pre-Judgment Interest..... To be determined
Attorney's Fees To be determined
Litigation Costs (Breedon firm) \$12,696.00 (as of 8/19/2021)
Litigation Costs (Kent firm)..... \$3,170.60

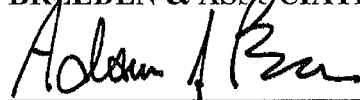
V.

INSURANCE AGREEMENTS

None applicable (liability) insuring the Plaintiff, Kimberly Taylor.

DATED this 19th day of August, 2021.

BREEDON & ASSOCIATES, PLLC



ADAM J. BREEDON, ESQ.

Nevada Bar No. 008768
376 E. Warm Springs Road, Suite 120
Las Vegas, Nevada 89119
Phone: (702) 819-7770
Fax: (702) 819-7771
Adam@Breedonandassociates.com
Attorneys for Plaintiff

CERTIFICATE OF SERVICE

I hereby certify that on the 19th day of August, 2021, I served a copy of the foregoing legal document **PLAINTIFF'S NINTH SUPPLEMENTAL LIST OF WITNESSES AND DOCUMENTS PURSUANT TO NRCP 16.1** via the method indicated below:

X	Pursuant to NRCP 5 and NEFCR 9, by electronically serving all counsel and e-mails registered to this matter on the Court's official service, Wiznet system.
	<p>Pursuant to NRCP 5, by email using a Dropbox link and/or by placing a copy in the US mail, postage pre-paid to the following counsel of record or parties in proper person:</p> <p>Robert C. McBride, Esq. Heather S. Hall, Esq. McBRIDE HALL 8329 W. Sunset Road, Suite 260 Las Vegas, Nevada 89113 <i>Attorneys for Defendants Keith Brill, M.D. and Women's Health Associates</i></p> <p>John H. Cotton, Esq. Adam A. Schneider, Esq. JOHN H. COTTON & ASSOCIATES, LTD. 7900 W. Sahara Avenue, Suite 200 Las Vegas, Nevada 89117 <i>Attorneys for Todd W. Christensen, M.D.</i></p> <p>Keith A. Weaver, Esq. Danielle Woodrum, Esq. LEWIS BRISBOIS BISGAARD & SMITH 6385 S. Rainbow Boulevard, Suite 600 Las Vegas, Nevada 89118 <i>Attorneys for Dignity Health dba St. Rose Dominican Hospital</i></p> <p>Ian M. Houston, Esq. HALL PRANGLE & SCHOONVELD, LLC 1140 N. Town Center Drive, Suite 350 Las Vegas, Nevada 89144 <i>Attorneys for Henderson Hospital & Bruce Hutchins, RN</i></p>
	Via receipt of copy (proof of service to follow)

An Attorney or Employee of the following firm:

/s/ Kristy Johnson
BREEDEN & ASSOCIATES, PLLC

EXHIBIT “B”

EXHIBIT “B”

Name: TAYLOR KIMBERLY

DOB: [REDACTED]

Report Run Date: 07/23/2019

Health - Dental

Our records show the following history of your medical and / or dental claim submissions and the detail of those claims:

Date of Service: 04/21/2017		Date Processed	Assignment of Benefits	Control / Member Group Number ID				
		05/05/2017	Assigned to Provider	00512271 00512271				
Claim ID: ELFBY2Q1T01		Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna		05/02/2017		Outpatient	Hospital Ancillary	D25.0	1	87086
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name	
1	\$92.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	434215609 Henderson Hospital	
Diagnosis Code	D25.0 N92.0 Q51.3 F32.9 F41.9 Z86.19	POA Code	1 SUBMUCOUS LEIOMYOMA OF UTERUS 1 EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE 1 BICORNATE UTERUS 1 MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED 1 ANXIETY DISORDER, UNSPECIFIED 1 PERSONAL HISTORY OF OTHER INFECTIOUS AND PARASITIC DISEASES					
Claim ID: ELFBY2Q1T01		Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna		05/02/2017		Outpatient	Hospital Ancillary	D25.0	1	36415
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name	
1	\$46.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	484215609 Henderson Hospital	
Diagnosis Code	D25.0 N92.0 Q51.3 F32.9 F41.9 Z86.19	POA Code	1 SUBMUCOUS LEIOMYOMA OF UTERUS 1 EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE 1 BICORNATE UTERUS 1 MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED 1 ANXIETY DISORDER, UNSPECIFIED 1 PERSONAL HISTORY OF OTHER INFECTIOUS AND PARASITIC DISEASES					

DCN# 190725056007
PRODOX 7-25-2019

190725056007
'000296' J1XC091'D02593'

Name: TAYLOR KIMBERLY

DOB: [REDACTED]

Report Run Date: 07/23/2019

Health - Dental

Our records show the following history of your medical and / or dental claim submissions and the detail of those claims:

Claim ID: ELFBY2Q1TD1	Received Date	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna	05/02/2017		Outpatient	Hospital Ancillary	D25.0	1	84702
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
1	\$429.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	484215609 Henderson Hospital
Diagnosis Code	D25.0	POA Code	1	SUBMUCOUS LEIOMYOMA OF UTERUS			
	N92.0		1	EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE			
	Q51.3		1	BICORNATE UTERUS			
	F32.9		1	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED			
	F41.9		1	ANXIETY DISORDER, UNSPECIFIED			
	Z86.19		1	PERSONAL HISTORY OF OTHER INFECTIOUS AND PARASITIC DISEASES			
Claim ID: ELFBY2Q1TD1	Received Date	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna	05/02/2017		Outpatient	Hospital Ancillary	D25.0	1	81001
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
1	\$57.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	484215609 Henderson Hospital
Diagnosis Code	D25.0	POA Code	1	SUBMUCOUS LEIOMYOMA OF UTERUS			
	N92.0		1	EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE			
	Q51.3		1	BICORNATE UTERUS			
	F32.9		1	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED			
	F41.9		1	ANXIETY DISORDER, UNSPECIFIED			
	Z86.19		1	PERSONAL HISTORY OF OTHER INFECTIOUS AND PARASITIC DISEASES			

20190725056007 J5F6
Env [13] 13 of 92



J1XC091
20190725 000296

Health/Dental - Page 17

DCN# 190725056007
PRODOX 7-25-2019

190725056007
*000255*J1XCDB1*002593*

Name: TAYLOR KIMBERLY

DOB: [REDACTED]

Report Run Date: 07/23/2019

Health - Dental

Our records show the following history of your medical and / or dental claim submissions and the detail of those claims:

Claim ID:	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna	05/02/2017		Outpatient	Hospital Ancillary	D25.0	1	85025
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
1	\$419.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	484215609 Henderson Hospital
Diagnosis Code	D25.0	POA Code	1	SUBMUCOUS LEIOMYOMA OF UTERUS			
	N92.0		1	EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE			
	Q51.3		1	BICORNATE UTERUS			
	F32.9		1	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED			
	F41.9		1	ANXIETY DISORDER, UNSPECIFIED			
	Z86.19		1	PERSONAL HISTORY OF OTHER INFECTIOUS AND PARASITIC DISEASES			
Claim ID:	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna	04/27/2017		Office	Medical Care	D25.9	1	99213
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
1	\$120.00	\$4.96	\$0.00	\$0.00	\$60.00	\$0.00	716462909 Keith Robert Brilli
Diagnosis Code	D25.9	POA Code	1	LEIOMYOMA OF UTERUS, UNSPECIFIED			
	N92.0		1	EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE			
	N94.6		1	DYSMENORRHEA, UNSPECIFIED			

Health/Dental - Page 18

DCN# 190725056007
PRODOX 7-25-2019

190725056007
'000298'J1XC091'002594'

Name: TAYLOR KIMBERLY

DOB: [REDACTED]

Report Run Date: 07/23/2019

Health - Dental

Our records show the following history of your medical and / or dental claim submissions and the detail of those claims:

Claim ID: E4Y0YBBZD00	Received Date	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna	05/16/2017		Outpatient	Xray & Lab	D25.0	1	84702-26
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
1	\$29.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	739824209 Todd Murry
Diagnosis Code	D25.0	POA Code	1	SUBMUCOUS LEIOMYOMA OF UTERUS			
	N92.0		1	EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE			
	Q51.3		1	BICORNATE UTERUS			
	F32.9		1	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED			
	F41.9		1	ANXIETY DISORDER, UNSPECIFIED			
	Z86.19		1	PERSONAL HISTORY OF OTHER INFECTIOUS AND PARASITIC DISEASES			
Claim ID: E4Y0YBBZD00	Received Date	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna	05/16/2017		Outpatient	Xray & Lab	D25.0	1	85025-26
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
1	\$27.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	739824209 Todd Murry
Diagnosis Code	D25.0	POA Code	1	SUBMUCOUS LEIOMYOMA OF UTERUS			
	N92.0		1	EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE			
	Q51.3		1	BICORNATE UTERUS			
	F32.9		1	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED			
	F41.9		1	ANXIETY DISORDER, UNSPECIFIED			
	Z86.19		1	PERSONAL HISTORY OF OTHER INFECTIOUS AND PARASITIC DISEASES			

20190725056007 J5F8
Env 113 14 of 38



J1XC091
20190725 000298

Health/Dental - Page 19

Name: TAYLOR KIMBERLY

DOB: [REDACTED]

Report Run Date: 07/23/2019

Health - Dental

Our records show the following history of your medical and / or dental claim submissions and the detail of those claims:

Claim ID: E4Y0YBBZD00	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna	05/16/2017		Outpatient	Xray & Lab	D25.0	1	81001-26
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
1	\$11.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	739824209 Todd Murry
Diagnosis Code	D25.0	POA Code	1 SUBMUCOUS LEIOMYOMA OF UTERUS				
	N92.0		1 EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE				
	Q51.3		1 BICORNATE UTERUS				
	F32.9		1 MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED				
	F41.9		1 ANXIETY DISORDER, UNSPECIFIED				
	Z86.19		1 PERSONAL HISTORY OF OTHER INFECTIOUS AND PARASITIC DISEASES				
Claim ID: E4Y0YBBZD00	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna	05/16/2017		Outpatient	Xray & Lab	D25.0	1	87086-26
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
1	\$17.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	739824209 Todd Murry
Diagnosis Code	D25.0	POA Code	1 SUBMUCOUS LEIOMYOMA OF UTERUS				
	N92.0		1 EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE				
	Q51.3		1 BICORNATE UTERUS				
	F32.9		1 MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED				
	F41.9		1 ANXIETY DISORDER, UNSPECIFIED				
	Z86.19		1 PERSONAL HISTORY OF OTHER INFECTIOUS AND PARASITIC DISEASES				

DCN# 190725056007
PRODOX 7-25-2019

190725056007
*000295*J1XC091*002595*

Name: TAYLOR KIMBERLY

DOB: [REDACTED]

Report Run Date: 07/23/2019

Health - Dental

Our records show the following history of your medical and / or dental claim submissions and the detail of those claims:

Date of Service: 04/26/2017	Date Processed	Assignment of Benefits	Control / Member Group Number ID					
	06/21/2017	Assigned to Provider	00512271 00512271					
Claim ID: E2PBYSGN800	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code	
Source: Aetna	06/19/2017		Outpatient	Ambulance	R10.84	1	A0433-RH	
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name	
1	\$1,121.09	\$765.20	\$0.00	\$0.00	\$0.00	\$0.00	454009509 City of Henderson	
Diagnosis Code	R10.84 R11.2 N89.8 M25.519	POA Code	1 GENERALIZED ABDOMINAL PAIN 1 NAUSEA WITH VOMITING, UNSPECIFIED 1 OTHER SPECIFIED NONINFLAMMATORY DISORDERS OF VAGINA 1 PAIN IN UNSPECIFIED SHOULDER					
Claim ID: E2PBYSGN800	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code	
Source: Aetna	06/19/2017		Outpatient	Ambulance	R10.84	1	A0425-RH	
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name	
3	\$75.32	\$17.19	\$0.00	\$0.00	\$0.00	\$0.00	454009509 City of Henderson	
Diagnosis Code	R10.84 R11.2 N89.8 M25.519	POA Code	1 GENERALIZED ABDOMINAL PAIN 1 NAUSEA WITH VOMITING, UNSPECIFIED 1 OTHER SPECIFIED NONINFLAMMATORY DISORDERS OF VAGINA 1 PAIN IN UNSPECIFIED SHOULDER					

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20190725 000295



DCN# 190725056007
PRODOX 7-25-2019

190725056007
*000296*J1XC091*002585*

Name: TAYLOR KIMBERLY

DOB: [REDACTED]

Report Run Date: 07/23/2019

Health - Dental

Our records show the following history of your medical and / or dental claim submissions and the detail of those claims:

Claim ID: ELFBY2Q1T01	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna	05/02/2017		Outpatient	Hospital Ancillary	D25.0	1	A
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
368	\$13,961.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	484215609 Henderson Hospital
Diagnosis Code	D25.0	POA Code	1	SUBMUCOUS LEIOMYOMA OF UTERUS			
	N92.0		1	EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE			
	Q51.3		1	BICORNATE UTERUS			
	F32.9		1	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED			
	F41.9		1	ANXIETY DISORDER, UNSPECIFIED			
	Z86.19		1	PERSONAL HISTORY OF OTHER INFECTIOUS AND PARASITIC DISEASES			
Claim ID: ELFBY2Q1T02	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna	05/02/2017		Outpatient	Hospital Ancillary	D25.0	1	A
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
5	\$532.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	484215609 Henderson Hospital
Diagnosis Code	D25.0	POA Code	1	SUBMUCOUS LEIOMYOMA OF UTERUS			
	N92.0		1	EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE			
	Q51.3		1	BICORNATE UTERUS			
	F32.9		1	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED			
	F41.9		1	ANXIETY DISORDER, UNSPECIFIED			
	Z86.19		1	PERSONAL HISTORY OF OTHER INFECTIOUS AND PARASITIC DISEASES			

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DCN# 190725056007
PRODOX 7-25-2019

190725056007
000296*J1XC091*002596*

Name: TAYLOR KIMBERLY

DOB: [REDACTED]

Report Run Date: 07/23/2019

Health - Dental

Our records show the following history of your medical and / or dental claim submissions and the detail of those claims:

Claim ID: ELFBY2Q1T02	Received Date	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna	05/02/2017		Outpatient	Hospital Ancillary	D25.0	1	00378710401
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
1	\$75.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	484215609 Henderson Hospital
Diagnosis Code	D25.0	POA Code	1	SUBMUCOUS LEIOMYOMA OF UTERUS			
	N92.0		1	EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE			
	Q51.3		1	BICORNATE UTERUS			
	F32.9		1	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED			
	F41.9		1	ANXIETY DISORDER, UNSPECIFIED			
	Z86.19		1	PERSONAL HISTORY OF OTHER INFECTIOUS AND PARASITIC DISEASES			
Claim ID: ELFBY2Q1T02	Received Date	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna	05/02/2017		Outpatient	Hospital Ancillary	D25.0	1	63323048626
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
4	\$54.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	484215609 Henderson Hospital
Diagnosis Code	D25.0	POA Code	1	SUBMUCOUS LEIOMYOMA OF UTERUS			
	N92.0		1	EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE			
	Q51.3		1	BICORNATE UTERUS			
	F32.9		1	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED			
	F41.9		1	ANXIETY DISORDER, UNSPECIFIED			
	Z86.19		1	PERSONAL HISTORY OF OTHER INFECTIOUS AND PARASITIC DISEASES			

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Name: TAYLOR KIMBERLY

DOB: [REDACTED]

Report Run Date: 07/23/2019

Health - Dental

Our records show the following history of your medical and / or dental claim submissions and the detail of those claims:

Claim ID: ELFBY2Q1T02	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna	05/02/2017		Outpatient	Hospital Ancillary	D25.0	1	42023021625
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
4	\$624.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	484215609 Henderson Hospital
Diagnosis Code	D25.0	POA Code	1	SUBMUCOUS LEIOMYOMA OF UTERUS			
	N92.0		1	EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE			
	Q51.3		1	BICORNATE UTERUS			
	F32.9		1	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED			
	F41.9		1	ANXIETY DISORDER, UNSPECIFIED			
	Z86.19		1	PERSONAL HISTORY OF OTHER INFECTIOUS AND PARASITIC DISEASES			
Claim ID: ELFBY2Q1T02	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna	05/02/2017		Outpatient	Hospital Ancillary	D25.0	1	J0131
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
100	\$89.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	484215609 Henderson Hospital
Diagnosis Code	D25.0	POA Code	1	SUBMUCOUS LEIOMYOMA OF UTERUS			
	N92.0		1	EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE			
	Q51.3		1	BICORNATE UTERUS			
	F32.9		1	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED			
	F41.9		1	ANXIETY DISORDER, UNSPECIFIED			
	Z86.19		1	PERSONAL HISTORY OF OTHER INFECTIOUS AND PARASITIC DISEASES			

DCN# 190725056007
PRODOX 7-25-2019

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Name: TAYLOR KIMBERLY

DOB: [REDACTED]

Report Run Date: 07/23/2019

Health - Dental

Our records show the following history of your medical and / or dental claim submissions and the detail of those claims:

Claim ID: ELFBY2Q1T02	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna	05/02/2017		Outpatient	Hospital Ancillary	D25.0	1	00409117630
Number of Services	Charge Submitted	Amnt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
20	\$539.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	484215609 Henderson Hospital
Diagnosis Code	D25.0	POA Code	1	SUBMUCOUS LEIOMYOMA OF UTERUS			
	N92.0		1	EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE			
	Q51.3		1	BICORNATE UTERUS			
	F32.9		1	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED			
	F41.9		1	ANXIETY DISORDER, UNSPECIFIED			
	Z86.19		1	PERSONAL HISTORY OF OTHER INFECTIOUS AND PARASITIC DISEASES			
Claim ID: ELFBY2Q1T02	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna	05/02/2017		Outpatient	Hospital Ancillary	D25.0	1	J2270
Number of Services	Charge Submitted	Amnt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
1	\$33.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	484215609 Henderson Hospital
Diagnosis Code	D25.0	POA Code	1	SUBMUCOUS LEIOMYOMA OF UTERUS			
	N92.0		1	EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE			
	Q51.3		1	BICORNATE UTERUS			
	F32.9		1	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED			
	F41.9		1	ANXIETY DISORDER, UNSPECIFIED			
	Z86.19		1	PERSONAL HISTORY OF OTHER INFECTIOUS AND PARASITIC DISEASES			

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Health/Dental - Page 25

Name: TAYLOR KIMBERLY

DOB: [REDACTED]

Report Run Date: 07/23/2019

Health - Dental

Our records show the following history of your medical and / or dental claim submissions and the detail of those claims:

Claim ID: ELFBY2Q1T02	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna	05/02/2017		Outpatient	Hospital Ancillary	D25.0	1	J1170
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
2	\$82.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	484215609 Henderson Hospital
Diagnosis Code	D25.0 N92.0 Q51.3 F32.9 F41.9 Z86.19	POA Code	1 SUBMUCOUS LEIOMYOMA OF UTERUS 1 EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE 1 BICORNATE UTERUS 1 MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED 1 ANXIETY DISORDER, UNSPECIFIED 1 PERSONAL HISTORY OF OTHER INFECTIOUS AND PARASITIC DISEASES				
Claim ID: ELFBY2Q1T02	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna	05/02/2017		Outpatient	Hospital Ancillary	D25.0	1	00409904217
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
1	\$171.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	484215609 Henderson Hospital
Diagnosis Code	D25.0 N92.0 Q51.3 F32.9 F41.9 Z86.19	POA Code	1 SUBMUCOUS LEIOMYOMA OF UTERUS 1 EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE 1 BICORNATE UTERUS 1 MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED 1 ANXIETY DISORDER, UNSPECIFIED 1 PERSONAL HISTORY OF OTHER INFECTIOUS AND PARASITIC DISEASES				

DCN# 190725056007
PRODOX 7-25-2019

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Name: TAYLOR KIMBERLY

DOB: [REDACTED]

Report Run Date: 07/23/2019

Health - Dental

Our records show the following history of your medical and / or dental claim submissions and the detail of those claims:

Claim ID: ELFBY2Q1TD2	Received Date	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna	05/02/2017		Outpatient	Hospital Ancillary	D25.0	1	A
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
1	\$41.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	484215609 Henderson Hospital
Diagnosis Code	D25.0 N92.0 Q51.3 F32.9 F41.9 Z86.19	POA Code	1 1 1 1 1 1	SUBMUCOUS LEIOMYOMA OF UTERUS EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE BICORNATE UTERUS MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED ANXIETY DISORDER, UNSPECIFIED PERSONAL HISTORY OF OTHER INFECTIOUS AND PARASITIC DISEASES			
Claim ID: ELFBY2Q1TD2	Received Date	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna	05/02/2017		Outpatient	Hospital Ancillary	D25.0	1	58558
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
1	\$8,010.00	\$686.98	\$842.00	\$226.50	\$0.00	\$0.00	484215609 Henderson Hospital
Diagnosis Code	D25.0 N92.0 Q51.3 F32.9 F41.9 Z86.19	POA Code	1 1 1 1 1 1	SUBMUCOUS LEIOMYOMA OF UTERUS EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE BICORNATE UTERUS MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED ANXIETY DISORDER, UNSPECIFIED PERSONAL HISTORY OF OTHER INFECTIOUS AND PARASITIC DISEASES			

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Health/Dental - Page 27

Name: TAYLOR KIMBERLY

DOB: [REDACTED]

Report Run Date: 07/23/2019

Health - Dental

Our records show the following history of your medical and / or dental claim submissions and the detail of those claims:

Claim ID: ELFBY2Q1T02	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna	05/02/2017		Outpatient	Hospital Ancillary	D25.0	1	58560
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
1	\$8,010.00	\$707.93	\$0.00	\$173.50	\$0.00	\$0.00	484215609 Henderson Hospital
Diagnosis Code	D25.0	POA Code	1	SUBMUCOUS LEIOMYOMA OF UTERUS			
	N92.0		1	EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE			
	Q51.3		1	BICORNATE UTERUS			
	F32.9		1	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED			
	F41.9		1	ANXIETY DISORDER, UNSPECIFIED			
	Z86.19		1	PERSONAL HISTORY OF OTHER INFECTIOUS AND PARASITIC DISEASES			
Claim ID: ELFBY2Q1T02	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna	05/02/2017		Outpatient	Hospital Ancillary	D25.0	1	J2405
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
4	\$30.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	484215609 Henderson Hospital
Diagnosis Code	D25.0	POA Code	1	SUBMUCOUS LEIOMYOMA OF UTERUS			
	N92.0		1	EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE			
	Q51.3		1	BICORNATE UTERUS			
	F32.9		1	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED			
	F41.9		1	ANXIETY DISORDER, UNSPECIFIED			
	Z86.19		1	PERSONAL HISTORY OF OTHER INFECTIOUS AND PARASITIC DISEASES			

DCN# 190725056007
PRODOX 7-25-2019

190725056007
*000296*J1XC091*002595*

Name: TAYLOR KIMBERLY

DOB: [REDACTED]

Report Run Date: 07/23/2019

Health - Dental

Our records show the following history of your medical and / or dental claim submissions and the detail of those claims:

Claim ID: ELF8Y2Q1TD2	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna	05/02/2017		Outpatient	Hospital Ancillary	D25.0	1	A
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
25	\$7,171.00	\$1.40	\$0.00	\$0.00	\$0.00	\$0.00	484215609 Henderson Hospital
Diagnosis Code	Q25.0	POA Code	1	SUBMUCOUS LEIOMYOMA OF UTERUS			
	N92.0		1	EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE			
	Q51.3		1	BICORNATE UTERUS			
	F32.9		1	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED			
	F41.9		1	ANXIETY DISORDER, UNSPECIFIED			
	Z86.19		1	PERSONAL HISTORY OF OTHER INFECTIOUS AND PARASITIC DISEASES			
Claim ID: EAJLYDLCT00	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna	04/28/2017		Outpatient	Surgery	N92.0	1	58560
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
1	\$761.78	\$0.00	\$397.03	\$0.00	\$0.00	\$0.00	716452909 Keith Robert Brill
Diagnosis Code	N92.0	POA Code	1	EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE			
	Q51.2		1	OTHER DOUBLING OF UTERUS			
	Q25.9		1	LEIOMYOMA OF UTERUS, UNSPECIFIED			
Claim ID: EK35YDMT901	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna	05/02/2017		Emergency Room	Hospital Ancillary	K91.89	1	99284-25
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
1	\$2,791.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	795610509 St. Rose Dominican Hospital-Siena Campus
Diagnosis Code	K91.89	POA Code	1	OTH POSTPROCEDURAL COMPLICATIONS AND DISORDERS OF DGSTV SYS			
	R11.10		1	VOMITING, UNSPECIFIED			
	K66.8		1	OTHER SPECIFIED DISORDERS OF PERITONEUM			
	R18.8		1	OTHER ASCITES			
	Q51.3		1	BICORNATE UTERUS			

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J1XC091
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Name: TAYLOR KIMBERLY

DOB: [REDACTED]

Report Run Date: 07/23/2019

Health - Dental

Our records show the following history of your medical and / or dental claim submissions and the detail of those claims:

Claim ID: EK35Y0MT901	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna	05/02/2017		Emergency Room	Hospital Ancillary	K91.89	1	96361
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
1	\$211.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	795610509 St. Rose Dominican Hospital-Siena Campus
Diagnosis Code	K91.89	POA Code	1	OTH POSTPROCEDURAL COMPLICATIONS AND DISORDERS OF DGSTV SYS			
	R11.10		1	VOMITING, UNSPECIFIED			
	K66.8		1	OTHER SPECIFIED DISORDERS OF PERITONEUM			
	R18.8		1	OTHER ASCITES			
	Q51.3		1	BICORNATE UTERUS			
Claim ID: EK35Y0MT901	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna	05/02/2017		Emergency Room	Hospital Ancillary	K91.89	1	96374
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
1	\$389.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	795610509 St. Rose Dominican Hospital-Siena Campus
Diagnosis Code	K91.89	POA Code	1	OTH POSTPROCEDURAL COMPLICATIONS AND DISORDERS OF DGSTV SYS			
	R11.10		1	VOMITING, UNSPECIFIED			
	K66.8		1	OTHER SPECIFIED DISORDERS OF PERITONEUM			
	R18.8		1	OTHER ASCITES			
	Q51.3		1	BICORNATE UTERUS			

DCN# 190725058007
PRODOX 7-25-2019

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Name: TAYLOR KIMBERLY

DOB: [REDACTED]

Report Run Date: 07/23/2019

Health - Dental

Our records show the following history of your medical and / or dental claim submissions and the detail of those claims:

Claim ID	Received Date	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Claim ID: EK3SYDMT901	05/02/2017						
Source: Aetna	05/02/2017		Emergency Room	Hospital Ancillary	K91.89	1	90375
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
1	\$389.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	795610509 St. Rose Dominican Hospital-Siena Campus
Diagnosis Code	K91.89 R11.10 K68.8 R18.8 Q61.3	POA Code	1 1 1 1 1	OTH POSTPROCEDURAL COMPLICATIONS AND DISORDERS OF DGSTV SYS VOMITING, UNSPECIFIED OTHER SPECIFIED DISORDERS OF PERITONEUM OTHER ASCITES BICORNATE UTERUS			
Claim ID	Received Date	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Claim ID: EFPBZSCHS00	06/20/2017						
Source: Aetna	06/20/2017		Outpatient	Anesthesia	D25.0	1	00952-AA
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
4	\$1,182.00	\$655.70	\$0.00	\$0.00	\$0.00	\$0.00	587859909 Szu-Nien Yeh
Diagnosis Code	D25.0	POA Code	1	SUBMUCOUS LEIOMYOMA OF UTERUS			
Claim ID	Received Date	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Claim ID: EYFBX8P8D00	05/12/2017						
Source: Aetna	05/12/2017		Emergency Room	Medical Care	R11.2	1	99053
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
1	\$40.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	543612909 Todd Christensen
Diagnosis Code	R11.2 I10	POA Code	1 1	NAUSEA WITH VOMITING, UNSPECIFIED ESSENTIAL (PRIMARY) HYPERTENSION			

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Name: TAYLOR KIMBERLY

DOB: [REDACTED]

Report Run Date: 07/23/2019

Health - Dental

Our records show the following history of your medical and / or dental claim submissions and the detail of those claims:

Claim ID: EYFBX8P8000	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna	05/12/2017		Emergency Room	Xray & Lab	R11.2	1	93010
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
1	\$61.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	543612909 Todd Christensen
Diagnosis Code R11.2 I10	POA Code 1	NAUSEA WITH VOMITING, UNSPECIFIED 1 ESSENTIAL (PRIMARY) HYPERTENSION					
Claim ID: EYFBX8P8000	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna	05/12/2017		Emergency Room	Medical Care	R11.2	1	99285
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
1	\$1,233.00	\$294.50	\$0.00	\$0.00	\$0.00	\$0.00	543612909 Todd Christensen
Diagnosis Code R11.2 I10	POA Code 1	NAUSEA WITH VOMITING, UNSPECIFIED 1 ESSENTIAL (PRIMARY) HYPERTENSION					
Claim ID: ENFBZFLKQ00	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna	05/31/2017		Outpatient	Xray & Lab	D25.9	1	88305-26
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
1	\$335.00	\$42.77	\$0.00	\$0.00	\$0.00	\$0.00	739524209 Todd Murry
Diagnosis Code D25.9 N92.0	POA Code 1	LEIOMYOMA OF UTERUS, UNSPECIFIED 1 EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE					

DCN# 190725056007
PRODOX 7-25-2019

190725056007
*000295*J1XC091*002601*

Name: TAYLOR KIMBERLY

DOB: [REDACTED]

Report Run Date: 07/23/2019

Health - Dental

Our records show the following history of your medical and / or dental claim submissions and the detail of those claims:

Date of Service: 04/27/2017		Date Processed	Assignment of Benefits	Control / Member Group Number ID				
		06/21/2017	Assigned to Provider	00512271 00512271				
Claim ID: E2Y0YSQXJ00		Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna		06/19/2017		Outpatient	Ambulance	R10.84	1	A0425-RH
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name	
4	\$110.09	\$22.92	\$0.00	\$0.00	\$0.00	\$0.00	454009509 City of Henderson	
Diagnosis Code	R10.84 R10.2 R07.89 M25.519	POA Code	1 GENERALIZED ABDOMINAL PAIN 1 PELVIC AND PERINEAL PAIN 1 OTHER CHEST PAIN 1 PAIN IN UNSPECIFIED SHOULDER					
Claim ID: E2Y0YSQXJ00		Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna		06/19/2017		Outpatient	Ambulance	R10.84	1	A0427-RH
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name	
1	\$1,024.06	\$308.99	\$0.00	\$0.00	\$0.00	\$0.00	454009509 City of Henderson	
Diagnosis Code	R10.84 R10.2 R07.89 M25.519	POA Code	1 GENERALIZED ABDOMINAL PAIN 1 PELVIC AND PERINEAL PAIN 1 OTHER CHEST PAIN 1 PAIN IN UNSPECIFIED SHOULDER					

20190725056007 J5F8
Env [19] 21 of 98



J1XC091
20190725 000295

Health/Dental - Page 33

Name: TAYLOR KIMBERLY

DOB: [REDACTED]

Report Run Date: 07/23/2019

Health - Dental

Our records show the following history of your medical and / or dental claim submissions and the detail of those claims:

Claim ID	Received Date	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna	05/06/2017		Emergency Room	Xray & Lab	Z48.89	1	74177-26
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
1	\$427.00	\$110.99	\$0.00	\$0.00	\$0.00	\$0.00	592871709 Djordje George Hristic
Diagnosis Code	Z48.89 K66.8	POA Code	1 1	ENCOUNTER FOR OTHER SPECIFIED SURGICAL AFTERCARE OTHER SPECIFIED DISORDERS OF PERITONEUM			
Claim ID	Received Date	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna	05/26/2017		Emergency Room	Surgery	K63.1	1	44120-22
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
1	\$4,215.00	\$1,150.56	\$0.00	\$0.00	\$0.00	\$0.00	773861909 Elizabeth Costa Hamilton
Diagnosis Code	K63.1 K65.9 Z53.31	POA Code	1 1 1	PERFORATION OF INTESTINE (NONTRAUMATIC) PERITONITIS, UNSPECIFIED LAPAROSCOPIC SURGICAL PROCEDURE CONVERTED TO OPEN PROCEDURE			
Claim ID	Received Date	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna	06/08/2017		Inpatient	Xray & Lab	K56.60	1	95955-59
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
1	\$300.00	\$51.34	\$0.00	\$0.00	\$0.00	\$0.00	584158509 Jaswinder Singh Samra
Diagnosis Code	K56.60	POA Code	1	UNSPECIFIED INTESTINAL OBSTRUCTION			

Health/Dental - Page 34

DCN# 190725058007
PRODOX 7-25-2019

"190725058007"
"000293"J1XC091"002802"

Name: TAYLOR KIMBERLY

DOB: [REDACTED]

Report Run Date: 07/23/2019

Health - Dental

Our records show the following history of your medical and / or dental claim submissions and the detail of those claims:

Claim ID: EFY0ZL4RB00	Received Date	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna	08/08/2017		Inpatient	Xray & Lab	K56.60	1	95955-26
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
1	\$300.00	\$51.34	\$0.00	\$0.00	\$0.00	\$0.00	584158509 Jaswinder Singh Samra
Diagnosis Code	K56.60	POA Code	1	UNSPECIFIED INTESTINAL OBSTRUCTION			
Claim ID: EFY0ZL4RB00	Received Date	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna	08/08/2017		Inpatient	Anesthesia	K56.60	1	00790-AA
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
7	\$6,000.00	\$1,001.00	\$0.00	\$0.00	\$0.00	\$0.00	584158509 Jaswinder Singh Samra
Diagnosis Code	K56.60	POA Code	1	UNSPECIFIED INTESTINAL OBSTRUCTION			
Claim ID: EFY0ZL4RB00	Received Date	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna	08/08/2017		Inpatient	Anesthesia	K56.60	1	99140
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
1	\$800.00	\$140.00	\$0.00	\$0.00	\$0.00	\$0.00	584158509 Jaswinder Singh Samra
Diagnosis Code	K56.60	POA Code	1	UNSPECIFIED INTESTINAL OBSTRUCTION			

20190725058007 J5F8
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J1XC091
20190725 000296

Health/Dental - Page 35

Name: TAYLOR KIMBERLY

DOB: [REDACTED]

Report Run Date: 07/23/2019

Health - Dental

Our records show the following history of your medical and / or dental claim submissions and the detail of those claims:

Claim ID:	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna	08/08/2017		Inpatient	Medical Care	K56.00	1	94770-26
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
1	\$400.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	564158509 Jaswinder Singh Samra
Diagnosis Code	K56.00	POA Code	1	UNSPECIFIED INTESTINAL OBSTRUCTION			
Claim ID:	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna	05/06/2017		Inpatient	Xray & Lab	Z09	1	74000-26
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
1	\$33.00	\$8.22	\$0.00	\$2.74	\$0.00	\$0.00	573380609 Micah K Nielsen
Diagnosis Code	Z09 K56.7	POA Code	1	ENCNTR FOR F/U EXAM AFT TRTMT FOR COND OTH THAN MALIG NEOPLM 1 ILEUS, UNSPECIFIED			
Claim ID:	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna	05/12/2017		Emergency Room	Medical Care	N99.89	1	99285
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
1	\$1,233.00	\$294.50	\$0.00	\$0.00	\$0.00	\$0.00	591086309 Patrick Frank
Diagnosis Code	N99.89 K68.8 R10.84	POA Code	1	OTH POSTPROCEDURAL COMPLICATIONS AND DISORDERS OF GU SYS 1 OTHER SPECIFIED DISORDERS OF PERITONEUM 1 GENERALIZED ABDOMINAL PAIN			

DCN# 190725056007
PRODOX 7-25-2019

"190725056007"
"000298"J1XC091"002603"

Name: TAYLOR KIMBERLY

DOB: [REDACTED]

Report Run Date: 07/23/2019

Health - Dental

Our records show the following history of your medical and / or dental claim submissions and the detail of those claims:

Claim ID:	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna	05/24/2017		Outpatient	Xray & Lab	Z00.8	1	88305-26
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
1	\$195.14	\$145.20	\$0.00	\$0.00	\$0.00	\$0.00	552594609 Quest Diagnostics
Diagnosis Code	Z00.8	POA Code	1	ENCOUNTER FOR OTHER GENERAL EXAMINATION			
Claim ID:	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna	05/11/2017		Inpatient	Hospital Ancillary	K91.72	1	A
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
15	\$5,171.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	795610509 St. Rose Dominican Hospital-Siena Campus
Procedure Code	0DB80ZZ	EXCISION OF SMALL INTESTINE, OPEN APPROACH					
	0WJJ4ZZ	INSPECTION OF PELVIC CAVITY, PERCUTANEOUS ENDOSCOPIC APPROACH					
	02HV33Z	INSERTION OF INFUSION DEVICE INTO SUPERIOR VENA CAVA, PERCUTANEOUS APPROACH					
Diagnosis Code	K91.72	POA Code	1	ACC PNCTR & LAC OF A DGSTV SYS ORG DURING OTH PROCEDURE			
	K65.9		1	PERITONITIS, UNSPECIFIED			
	K56.7		1	ILEUS, UNSPECIFIED			
	J90		1	PLEURAL EFFUSION, NOT ELSEWHERE CLASSIFIED			
	J98.11		1	ATELECTASIS			
	S37.69XA		1	OTHER INJURY OF UTERUS, INITIAL ENCOUNTER			
	I10		1	ESSENTIAL (PRIMARY) HYPERTENSION			
	D25.9		1	LEIOMYOMA OF UTERUS, UNSPECIFIED			
	N92.0		1	EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE			
	N32.89		1	OTHER SPECIFIED DISORDERS OF BLADDER			
	G47.00		1	INSOMNIA, UNSPECIFIED			
	Z53.31		1	LAPAROSCOPIC SURGICAL PROCEDURE CONVERTED TO OPEN PROCEDURE			

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J1XC091
20190725 000298

DCN# 190725056007
PRODOX 7-25-2019

190725056007
*000296*J1XC091*002803*

Name: TAYLOR KIMBERLY

DOB: [REDACTED]

Report Run Date, 07/23/2019

Health - Dental

Our records show the following history of your medical and / or dental claim submissions and the detail of those claims:

Claim ID: EKABY6HILZ00	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna	05/11/2017		Inpatient	Hospital Ancillary	K91.72	1	A
Number of Services	Charge Submitted	Ami Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
1	\$62.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	795610509 St. Rose Dominican Hospital-Siena Campus
Procedure Code	00B80ZZ	EXCISION OF SMALL INTESTINE, OPEN APPROACH					
	0WJJ4ZZ	INSPECTION OF PELVIC CAVITY, PERCUTANEOUS ENDOSCOPIC APPROACH					
	02HV33Z	INSERTION OF INFUSION DEVICE INTO SUPERIOR VENA CAVA, PERCUTANEOUS APPROACH					
Diagnosis Code	K91.72	POA Code	1	ACC PNCTR & LAC OF A DGSTV SYS DRG DURING OTH PROCEDURE			
	K65.9		1	PERITONITIS, UNSPECIFIED			
	K56.7		1	ILEUS, UNSPECIFIED			
	J90		1	PLEURAL EFFUSION, NOT ELSEWHERE CLASSIFIED			
	J98.11		1	ATELECTASIS			
	S37.89XA		1	OTHER INJURY OF UTERUS, INITIAL ENCOUNTER			
	I10		1	ESSENTIAL (PRIMARY) HYPERTENSION			
	D25.9		1	LEIOMYOMA OF UTERUS, UNSPECIFIED			
	N92.0		1	EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE			
	N32.89		1	OTHER SPECIFIED DISORDERS OF BLADDER			
	G47.00		1	INSOMNIA, UNSPECIFIED			
	Z53.31		1	LAPAROSCOPIC SURGICAL PROCEDURE CONVERTED TO OPEN PROCEDURE			

Health/Dental - Page 38

DCN# 190725056007
PRODOX 7-25-2019

190725056007
*000295*J1XC091*002604*

Name: TAYLOR KIMBERLY

DOB: [REDACTED]

Report Run Date: 07/23/2019

Health - Dental

Our records show the following history of your medical and / or dental claim submissions and the detail of those claims:

Claim ID: EKABY6HLZ00	Received Date	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna	05/11/2017		Inpatient	Hospital Ancillary	K91.72	1	A
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
1	\$4,131.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	795610509 St. Rose Dominican Hospital-Siena Campus
Procedure Code		0DB80ZZ	EXCISION OF SMALL INTESTINE, OPEN APPROACH				
		0WJJ4ZZ	INSPECTION OF PELVIC CAVITY, PERCUTANEOUS ENDOSCOPIC APPROACH				
		02HV33Z	INSERTION OF INFUSION DEVICE INTO SUPERIOR VENA CAVA, PERCUTANEOUS APPROACH				
Diagnosis Code	K91.72	POA Code	1	ACC PNCTR & LAC OF A DGSTV SYS ORG DURING OTH PROCEDURE			
	K65.9		1	PERITONITIS, UNSPECIFIED			
	K56.7		1	ILEUS, UNSPECIFIED			
	J90		1	PLEURAL EFFUSION, NOT ELSEWHERE CLASSIFIED			
	J98.11		1	ATELECTASIS			
	S37.69XA		1	OTHER INJURY OF UTERUS, INITIAL ENCOUNTER			
	I10		1	ESSENTIAL (PRIMARY) HYPERTENSION			
	D25.9		1	LEIOMYOMA OF UTERUS, UNSPECIFIED			
	N92.0		1	EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE			
	N32.89		1	OTHER SPECIFIED DISORDERS OF BLADDER			
	G47.00		1	INSOMNIA, UNSPECIFIED			
	Z53.31		1	LAPAROSCOPIC SURGICAL PROCEDURE CONVERTED TO OPEN PROCEDURE			

2019072507 J5F8
Env [13] 24 of 58



J1XC091
20190725 000296

Health/Dental - Page 39

DCN# 190725056007
PRODOX 7-25-2019

190725056007
*000296*J1XGD81*0026C4*

Name: TAYLOR KIMBERLY

DOB: [REDACTED]

Report Run Date: 07/23/2019

Health - Dental

Our records show the following history of your medical and / or dental claim submissions and the detail of those claims:

Claim ID: EKABY6HLZ00	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna	05/11/2017		Inpatient	Hospital Ancillary	K91.72	1	A
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
5	\$7,867.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	795610509 St. Rose Dominican Hospital-Siena Campus
Procedure Code	0DB80ZZ	EXCISION OF SMALL INTESTINE, OPEN APPROACH					
	0WJJ4ZZ	INSPECTION OF PELVIC CAVITY, PERCUTANEOUS ENDOSCOPIC APPROACH					
	02HV33Z	INSERTION OF INFUSION DEVICE INTO SUPERIOR VENA CAVA, PERCUTANEOUS APPROACH					
Diagnosis Code	K91.72	POA Code	1	ACC PNCTR & LAC OF A DGSTV SYS ORG DURING OTH PROCEDURE			
	K65.9		1	PERITONITIS, UNSPECIFIED			
	K56.7		1	ILEUS, UNSPECIFIED			
	J80		1	PLEURAL EFFUSION, NOT ELSEWHERE CLASSIFIED			
	J98.11		1	ATELECTASIS			
	S37.69XA		1	OTHER INJURY OF UTERUS, INITIAL ENCOUNTER			
	I10		1	ESSENTIAL (PRIMARY) HYPERTENSION			
	D25.9		1	LEIOMYOMA OF UTERUS, UNSPECIFIED			
	N92.0		1	EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE			
	N32.89		1	OTHER SPECIFIED DISORDERS OF BLADDER			
	G47.00		1	INSOMNIA, UNSPECIFIED			
	Z53.31		1	LAPAROSCOPIC SURGICAL PROCEDURE CONVERTED TO OPEN PROCEDURE			

Health/Dental - Page 40

DCN# 190725056007
PRODOX 7-25-2019

190725056007
*000298*J1XC091*002605*

Name: TAYLOR KIMBERLY

DOB: [REDACTED]

Report Run Date: 07/23/2019

Health - Dental

Our records show the following history of your medical and / or dental claim submissions and the detail of those claims:

Claim ID: EKABY6HLZ00	Received Date	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna	05/11/2017		Inpatient	Hospital And/In	K91.72	1	A
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
67	\$807.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	795810509 St. Rose Dominican Hospital-Siena Campus
Procedure Code	0DB80ZZ	EXCISION OF SMALL INTESTINE, OPEN APPROACH					
	0WJ4ZZ	INSPECTION OF PELVIC CAVITY, PERCUTANEOUS ENDOSCOPIC APPROACH					
	02HV33Z	INSERTION OF INFUSION DEVICE INTO SUPERIOR VENA CAVA, PERCUTANEOUS APPROACH					
Diagnosis Code	K91.72	POA Code	1	ACC PNCTR & LAC OF A DGSTV SYS ORG DURING OTH PROCEDURE			
	K85.9		1	PERITONITIS, UNSPECIFIED			
	K56.7		1	ILEUS, UNSPECIFIED			
	J90		1	PLEURAL EFFUSION, NOT ELSEWHERE CLASSIFIED			
	J98.11		1	ATELECTASIS			
	S37.69XA		1	OTHER INJURY OF UTERUS, INITIAL ENCOUNTER			
	I10		1	ESSENTIAL (PRIMARY) HYPERTENSION			
	D25.9		1	LEIOMYOMA OF UTERUS, UNSPECIFIED			
	N92.0		1	EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE			
	N32.89		1	OTHER SPECIFIED DISORDERS OF BLADDER			
	G47.00		1	INSOMNIA, UNSPECIFIED			
	Z53.31		1	LAPAROSCOPIC SURGICAL PROCEDURE CONVERTED TO OPEN PROCEDURE			

20190725056007 J5F8
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J1XC091
20190725 000298

Health/Dental - Page 41

DCN# 190725056007
 PRODOX 7-25-2019

190725056007
 *000296*J1XC091*002605*

Name: TAYLOR KIMBERLY

DOB: [REDACTED]

Report Run Date: 07/23/2019

Health - Dental

Our records show the following history of your medical and / or dental claim submissions and the detail of those claims:

Claim ID: EKASY6HLZ00	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna	05/11/2017		Inpatient	Hospital Ancillary	K91.72	1	A
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
1	\$10,367.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	795810509 St. Rose Dominican Hospital-Siena Campus
Procedure Code	0DB80ZZ	EXCISION OF SMALL INTESTINE, OPEN APPROACH					
	0WJJ4ZZ	INSPECTION OF PELVIC CAVITY, PERCUTANEOUS ENDOSCOPIC APPROACH					
	02HV33Z	INSERTION OF INFUSION DEVICE INTO SUPERIOR VENA CAVA, PERCUTANEOUS APPROACH					
Diagnosis Code	K91.72	POA Code	1	ACC PNCTR & LAG OF A DGSTV SYS ORG DURING OTH PROCEDURE			
	K65.9		1	PERITONITIS, UNSPECIFIED			
	K56.7		1	ILEUS, UNSPECIFIED			
	J90		1	PLEURAL EFFUSION, NOT ELSEWHERE CLASSIFIED			
	J98.11		1	ATELECTASIS			
	S37.69XA		1	OTHER INJURY OF UTERUS, INITIAL ENCOUNTER			
	I10		1	ESSENTIAL (PRIMARY) HYPERTENSION			
	D25.9		1	LEIOMYOMA OF UTERUS, UNSPECIFIED			
	N92.0		1	EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE			
	N32.89		1	OTHER SPECIFIED DISORDERS OF BLADDER			
	G47.00		1	INSOMNIA, UNSPECIFIED			
	Z53.31		1	LAPAROSCOPIC SURGICAL PROCEDURE CONVERTED TO OPEN PROCEDURE			

DCN# 190725056007
PRODOX 7-25-2019

190725056007
*UC0298*J1XC091*002606*

Name: TAYLOR KIMBERLY

DOB: [REDACTED]

Report Run Date: 07/23/2019

Health - Dental

Our records show the following history of your medical and / or dental claim submissions and the detail of those claims:

Claim ID: EKABY6HLZ00	Received Date	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna	05/11/2017		Inpatient	Hospital Ancillary	K91.72	1	A
Number of Services	Charge Submitted	Am't Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
2	\$2,919.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	795610509 St. Rose Dominican Hospital-Siena Campus
Procedure Code		0DB80ZZ	EXCISION OF SMALL INTESTINE, OPEN APPROACH				
		0WJ14ZZ	INSPECTION OF PELVIC CAVITY, PERCUTANEOUS ENDOSCOPIC APPROACH				
		02HV33Z	INSERTION OF INFUSION DEVICE INTO SUPERIOR VENA CAVA, PERCUTANEOUS APPROACH				
Diagnosis Code	K91.72	POA Code	1	ACC PNCTR & LAC OF A DGSTV SYS ORG DURING OTH PROCEDURE			
	K85.9		1	PERITONITIS, UNSPECIFIED			
	K56.7		1	ILEUS, UNSPECIFIED			
	J90		1	PLEURAL EFFUSION, NOT ELSEWHERE CLASSIFIED			
	J98.11		1	ATELECTASIS			
	S37.69XA		1	OTHER INJURY OF UTERUS, INITIAL ENCOUNTER			
	I10		1	ESSENTIAL (PRIMARY) HYPERTENSION			
	D25.9		1	LEIOMYOMA OF UTERUS, UNSPECIFIED			
	N92.0		1	EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE			
	N32.89		1	OTHER SPECIFIED DISORDERS OF BLADDER			
	G47.00		1	INSOMNIA, UNSPECIFIED			
	Z53.31		1	LAPAROSCOPIC SURGICAL PROCEDURE CONVERTED TO OPEN PROCEDURE			

20190725056007 JSF8
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J1XC091
20190725 000296

DCN# 190725056007
PRODOX 7-25-2019

190725056007
*000296*J1X0091*002806*

Name: TAYLOR KIMBERLY

DOB: [REDACTED]

Report Run Date: 07/23/2019

Health - Dental

Our records show the following history of your medical and / or dental claim submissions and the detail of those claims:

Claim ID: EKABY6HLZ00	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna	05/11/2017		Inpatient	Hospital Ancillary	K91.72	1	A
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
11	\$594.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	795610509 St. Rose Dominican Hospital-Siena Campus
Procedure Code	00B80ZZ	EXCISION OF SMALL INTESTINE, OPEN APPROACH					
	0WJJ4ZZ	INSPECTION OF PELVIC CAVITY, PERCUTANEOUS ENDOSCOPIC APPROACH					
	02HV33Z	INSERTION OF INFUSION DEVICE INTO SUPERIOR VENA CAVA, PERCUTANEOUS APPROACH					
Diagnosis Code	K91.72	POA Code	1	ACC PNCTR & LAC OF A DGSTV SYS ORG DURING OTH PROCEDURE			
	K65.9		1	PERITONITIS, UNSPECIFIED			
	K56.7		1	ILEUS, UNSPECIFIED			
	J90		1	PLEURAL EFFUSION, NOT ELSEWHERE CLASSIFIED			
	J98.11		1	ATELECTASIS			
	S37.69XA		1	OTHER INJURY OF UTERUS, INITIAL ENCOUNTER			
	I10		1	ESSENTIAL (PRIMARY) HYPERTENSION			
	D25.9		1	LEIOMYOMA OF UTERUS, UNSPECIFIED			
	N92.0		1	EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE			
	N32.89		1	OTHER SPECIFIED DISORDERS OF BLADDER			
	G47.00		1	INSOMNIA, UNSPECIFIED			
	Z53.31		1	LAPAROSCOPIC SURGICAL PROCEDURE CONVERTED TO OPEN PROCEDURE			

Health/Dental - Page 44

DCN# 190725056007
PRODOX 7-25-2019

190725056007
'000286-J1XC091'002607'

Name: TAYLOR KIMBERLY

DOB: [REDACTED]

Report Run Date: 07/23/2019

Health - Dental

Our records show the following history of your medical and / or dental claim submissions and the detail of those claims:

Claim ID: EKABY6HLZ00	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna	05/11/2017		Inpatient	Hospital Ancillary	K91.72	1	A
Number of Services	Charge Submitted	Amnt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
2	\$1,227.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	795810509 St. Rose Dominican Hospital-Siena Campus
Procedure Code	0DB80ZZ	EXCISION OF SMALL INTESTINE, OPEN APPROACH					
	0WJJ4ZZ	INSPECTION OF PELVIC CAVITY, PERCUTANEOUS ENDOSCOPIC APPROACH					
	02HV33Z	INSERTION OF INFUSION DEVICE INTO SUPERIOR VENA CAVA, PERCUTANEOUS APPROACH					
Diagnosis Code	K91.72	POA Code	1	ACC PNCTR & LAC OF A DGSTV SYS ORG DURING OTH PROCEDURE			
	K65.9		1	PERITONITIS, UNSPECIFIED			
	K56.7		1	ILEUS, UNSPECIFIED			
	J90		1	PLEURAL EFFUSION, NOT ELSEWHERE CLASSIFIED			
	J98.11		1	ATELECTASIS			
	S37.09XA		1	OTHER INJURY OF UTERUS, INITIAL ENCOUNTER			
	I10		1	ESSENTIAL (PRIMARY) HYPERTENSION			
	D25.9		1	LEIOMYOMA OF UTERUS, UNSPECIFIED			
	N92.0		1	EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE			
	N32.89		1	OTHER SPECIFIED DISORDERS OF BLADDER			
	G47.00		1	INSOMNIA, UNSPECIFIED			
	Z53.31		1	LAPAROSCOPIC SURGICAL PROCEDURE CONVERTED TO OPEN PROCEDURE			

20190725056007 J5F8
Enr 11/13/27 at 98



J1XC091
20190725 000286

Health/Dental - Page 45

Name: TAYLOR KIMBERLY

DOB: [REDACTED]

Report Run Date: 07/23/2019

Health - Dental

Our records show the following history of your medical and / or dental claim submissions and the detail of those claims:

Claim ID: EKABY6HLZ00	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna	05/11/2017		Inpatient	Hospital Ancillary	K91.72	1	43113
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
5	\$20,949.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	795610509 St. Rose Dominican Hospital-Siena Campus
Procedure Code	0DB80ZZ 0WJ4ZZ 02HV33Z		EXCISION OF SMALL INTESTINE, OPEN APPROACH INSPECTION OF PELVIC CAVITY, PERCUTANEOUS ENDOSCOPIC APPROACH INSERTION OF INFUSION DEVICE INTO SUPERIOR VENA CAVA, PERCUTANEOUS APPROACH				
Diagnosis Code	K91.72 K65.9 K56.7 J90 J98.11 S37.69XA I10 D25.9 N92.0 N32.89 G47.00 Z53.31	POA Code	1 ACC PNCTR & LAC OF A DGSTV SYS ORG DURING OTH PROCEDURE 1 PERITONITIS, UNSPECIFIED 1 ILEUS, UNSPECIFIED 1 PLEURAL EFFUSION, NOT ELSEWHERE CLASSIFIED 1 ATELECTASIS 1 OTHER INJURY OF UTERUS, INITIAL ENCOUNTER 1 ESSENTIAL (PRIMARY) HYPERTENSION 1 LEIOMYOMA OF UTERUS, UNSPECIFIED 1 EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE 1 OTHER SPECIFIED DISORDERS OF BLADDER 1 INSOMNIA, UNSPECIFIED 1 LAPAROSCOPIC SURGICAL PROCEDURE CONVERTED TO OPEN PROCEDURE				

DCN# 190725058007
PRODOX 7-25-2019

190725058007
*000296*J1XC091*002608*

Name: TAYLOR KIMBERLY

DOB: [REDACTED]

Report Run Date: 07/23/2019

Health - Dental

Our records show the following history of your medical and / or dental claim submissions and the detail of those claims:

Claim ID: EKABY6HLZ00	Received Date	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna	05/11/2017		Inpatient	Hospital Ancillary	K91.72	1	A
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
1	\$1,883.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	795810509 St. Rose Dominican Hospital-Siena Campus
Procedure Code	0DB80ZZ	EXCISION OF SMALL INTESTINE, OPEN APPROACH					
	0WJJ4ZZ	INSPECTION OF PELVIC CAVITY, PERCUTANEOUS ENDOSCOPIC APPROACH					
	02HV33Z	INSERTION OF INFUSION DEVICE INTO SUPERIOR VENA CAVA, PERCUTANEOUS APPROACH					
Diagnosis Code	K91.72	POA Code	1	ACC PNCTR & LAC OF A DGSTV SYS ORG DURING OTH PROCEDURE			
	K65.9		1	PERITONITIS, UNSPECIFIED			
	K56.7		1	ILEUS, UNSPECIFIED			
	J90		1	PLEURAL EFFUSION, NOT ELSEWHERE CLASSIFIED			
	J98.11		1	ATELECTASIS			
	S37.09XA		1	OTHER INJURY OF UTERUS, INITIAL ENCOUNTER			
	I10		1	ESSENTIAL (PRIMARY) HYPERTENSION			
	O25.9		1	LEIOMYOMA OF UTERUS, UNSPECIFIED			
	N92.0		1	EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE			
	N32.89		1	OTHER SPECIFIED DISORDERS OF BLADDER			
	G47.00		1	INSOMNIA, UNSPECIFIED			
	Z53.31		1	LAPAROSCOPIC SURGICAL PROCEDURE CONVERTED TO OPEN PROCEDURE			

20190725058007 JEF8
Env [13] 23 of 98



J1XC091
20190725 000296

Health/Dental - Page 47

Name: TAYLOR KIMBERLY

DOB: [REDACTED]

Report Run Date: 07/23/2019

Health - Dental

Our records show the following history of your medical and / or dental claim submissions and the detail of those claims:

Claim ID: EKABY6HLZ00	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna	05/11/2017		Inpatient	Hospital Ancillary	K91.72	1	A
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
2	\$906.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	795610509 St. Rose Dominican Hospital-Siena Campus
Procedure Code	0DB80ZZ 0WJJ4ZZ 02HV33Z		EXCISION OF SMALL INTESTINE, OPEN APPROACH INSPECTION OF PELVIC CAVITY, PERCUTANEOUS ENDOSCOPIC APPROACH INSERTION OF INFUSION DEVICE INTO SUPERIOR VENA CAVA, PERCUTANEOUS APPROACH				
Diagnosis Code	K91.72 K65.9 K56.7 J60 J98.11 S37.69XA I10 D25.9 N92.0 N32.89 G47.00 Z53.31	POA Code	1 ACC PNCTR & LAC OF A DGSTV SYS ORG DURING OTH PROCEDURE 1 PERITONITIS, UNSPECIFIED 1 ILEUS, UNSPECIFIED 1 PLEURAL EFFUSION, NOT ELSEWHERE CLASSIFIED 1 ATELECTASIS 1 OTHER INJURY OF UTERUS, INITIAL ENCOUNTER 1 ESSENTIAL (PRIMARY) HYPERTENSION 1 LEIOMYOMA OF UTERUS, UNSPECIFIED 1 EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE 1 OTHER SPECIFIED DISORDERS OF BLADDER 1 INSOMNIA, UNSPECIFIED 1 LAPAROSCOPIC SURGICAL PROCEDURE CONVERTED TO OPEN PROCEDURE				

DCN# 190725056007
PRODOX 7-25-2019

190725056007
'000296'J1XC091'002608'

Name: TAYLOR KIMBERLY

DOB: [REDACTED]

Report Run Date: 07/23/2019

Health - Dental

Our records show the following history of your medical and / or dental claim submissions and the detail of those claims:

Claim ID: EKABY6HLZ00	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna	05/11/2017		Inpatient	Room & Board	K91.72	1	A
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
9	\$19,728.00	\$46,212.29	\$0.00	\$3,753.71	\$0.00	\$0.00	795810509 St. Rose Dominican Hospital-Siena Campus
Procedure Code	0DB80ZZ	EXCISION OF SMALL INTESTINE, OPEN APPROACH					
	0WJJ4ZZ	INSPECTION OF PELVIC CAVITY, PERCUTANEOUS ENDOSCOPIC APPROACH					
	02HV33Z	INSERTION OF INFUSION DEVICE INTO SUPERIOR VENA CAVA, PERCUTANEOUS APPROACH					
Diagnosis Code	K91.72	POA Code	1	ACC PNCTR & LAC OF A DGSTV SYS ORG DURING OTH PROCEDURE			
	K85.9		1	PERITONITIS, UNSPECIFIED			
	K56.7		1	ILEUS, UNSPECIFIED			
	J90		1	PLEURAL EFFUSION, NOT ELSEWHERE CLASSIFIED			
	J98.11		1	ATELECTASIS			
	S37.69XA		1	OTHER INJURY OF UTERUS, INITIAL ENCOUNTER			
	I10		1	ESSENTIAL (PRIMARY) HYPERTENSION			
	O25.9		1	LEIOMYOMA OF UTERUS, UNSPECIFIED			
	N92.0		1	EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE			
	N32.89		1	OTHER SPECIFIED DISORDERS OF BLADDER			
	G47.00		1	INSOMNIA, UNSPECIFIED			
	Z53.31		1	LAPAROSCOPIC SURGICAL PROCEDURE CONVERTED TO OPEN PROCEDURE			

20190725056007 J5F8
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J1XC091
20190725 000296

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DCN# 190725056007
PRODOX 7-25-2019

190725056007
*000298*J1XCD91*002609*

Name: TAYLOR KIMBERLY

DOB: [REDACTED]

Report Run Date: 07/23/2019

Health - Dental

Our records show the following history of your medical and / or dental claim submissions and the detail of those claims:

Claim ID: EKABY0HLZ01	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna	05/11/2017		Inpatient	Hospital Ancillary	K91.72	1	A
Number of Services	Charge Submitted	Am't Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
2	\$1,481.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	795810509 St. Rose Dominican Hospital-Siena Campus
Procedure Code	0DB80ZZ	EXCISION OF SMALL INTESTINE, OPEN APPROACH					
	0WJJ4ZZ	INSPECTION OF PELVIC CAVITY, PERCUTANEOUS ENDOSCOPIC APPROACH					
	02HV33Z	INSERTION OF INFUSION DEVICE INTO SUPERIOR VENA CAVA, PERCUTANEOUS APPROACH					
Diagnosis Code	K91.72	POA Code	1	ACC FNCTR & LAC OF A DGSTV SYS ORG DURING OTH PROCEDURE			
	K65.9		1	PERITONITIS, UNSPECIFIED			
	K56.7		1	ILEUS, UNSPECIFIED			
	J90		1	PLEURAL EFFUSION, NOT ELSEWHERE CLASSIFIED			
	J98.11		1	ATELECTASIS			
	S37.69XA		1	OTHER INJURY OF UTERUS, INITIAL ENCOUNTER			
	I10		1	ESSENTIAL (PRIMARY) HYPERTENSION			
	D25.9		1	LEIOMYOMA OF UTERUS, UNSPECIFIED			
	N92.0		1	EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE			
	N32.89		1	OTHER SPECIFIED DISORDERS OF BLADDER			
	G47.00		1	INSOMNIA, UNSPECIFIED			
	Z53.31		1	LAPAROSCOPIC SURGICAL PROCEDURE CONVERTED TO OPEN PROCEDURE			

Health/Dental - Page 50

DCN# 190725056007
PRODOX 7-25-2019

190725056007
000296 J1XC081*002910*

Name: TAYLOR KIMBERLY

DOB: [REDACTED]

Report Run Date: 07/23/2019

Health - Dental

Our records show the following history of your medical and / or dental claim submissions and the detail of those claims:

Claim ID: EKABY6HLZ01	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna	05/11/2017		Inpatient	Hospital Ancillary	K91.72	1	A
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
14	\$1,043.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	795610509 St. Rose Dominican Hospital-Siena Campus
Procedure Code	0DB80Z2	EXCISION OF SMALL INTESTINE, OPEN APPROACH					
	0WJJ4ZZ	INSPECTION OF PELVIC CAVITY, PERCUTANEOUS ENDOSCOPIC APPROACH					
	02HV33Z	INSERTION OF INFUSION DEVICE INTO SUPERIOR VENA CAVA, PERCUTANEOUS APPROACH					
Diagnosis Code	K91.72	POA Code	1	ACC PNCTR & LAC OF A DGSTV SYS ORG DURING OTH PROCEDURE			
	K66.0		1	PERITONITIS, UNSPECIFIED			
	K56.7		1	ILEUS, UNSPECIFIED			
	J90		1	PLEURAL EFFUSION, NOT ELSEWHERE CLASSIFIED			
	J98.11		1	ATELECTASIS			
	S37.69XA		1	OTHER INJURY OF UTERUS, INITIAL ENCOUNTER			
	I10		1	ESSENTIAL (PRIMARY) HYPERTENSION			
	D25.0		1	LEIOMYOMA OF UTERUS, UNSPECIFIED			
	N92.0		1	EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE			
	N32.89		1	OTHER SPECIFIED DISORDERS OF BLADDER			
	G47.00		1	INSOMNIA, UNSPECIFIED			
	Z53.31		1	LAPAROSCOPIC SURGICAL PROCEDURE CONVERTED TO OPEN PROCEDURE			

20190725056007 J5F8
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J1XC081
20190725 000296

Health/Dental - Page 51

DCN# 190725056007
PRODOX 7-25-2019

190725056007
*000296*J1XC091*002810*

Name: TAYLOR KIMBERLY

DOB: [REDACTED]

Report Run Date: 07/23/2019

Health - Dental

Our records show the following history of your medical and / or dental claim submissions and the detail of those claims:

Claim ID: EKABY6HLZ01	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna	05/11/2017		Inpatient	Hospital Ancillary	K91.72	I	A
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
5	\$5,396.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	795610509 St. Rose Dominican Hospital-Siena Campus
Procedure Code		0DB0ZZ	EXCISION OF SMALL INTESTINE, OPEN APPROACH				
		0WJJ4ZZ	INSPECTION OF PELVIC CAVITY, PERCUTANEOUS ENDOSCOPIC APPROACH				
		02HV33Z	INSERTION OF INFUSION DEVICE INTO SUPERIOR VENA CAVA, PERCUTANEOUS APPROACH				
Diagnosis Code	K91.72	POA Code	1	ACC PNCTR & LAC OF A DGSTV SYS ORG DURING OTH PROCEDURE			
	K65.9		1	PERITONITIS, UNSPECIFIED			
	K56.7		1	ILEUS, UNSPECIFIED			
	J90		1	PLEURAL EFFUSION, NOT ELSEWHERE CLASSIFIED			
	J98.11		1	ATELECTASIS			
	\$37.69XA		1	OTHER INJURY OF UTERUS, INITIAL ENCOUNTER			
	I10		1	ESSENTIAL (PRIMARY) HYPERTENSION			
	D25.9		1	LEIOMYOMA OF UTERUS, UNSPECIFIED			
	N92.0		1	EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE			
	N32.69		1	OTHER SPECIFIED DISORDERS OF BLADDER			
	G47.00		1	INSOMNIA, UNSPECIFIED			
	Z53.31		1	LAPAROSCOPIC SURGICAL PROCEDURE CONVERTED TO OPEN PROCEDURE			

Health/Dental - Page 52

DCN# 190725056007
PRODOX 7-25-2019

190725056007
*000296*J1XC091*002911*

Name: TAYLOR KIMBERLY

DOB: [REDACTED]

Report Run Date: 07/23/2019

Health - Dental

Our records show the following history of your medical and / or dental claim submissions and the detail of those claims:

Claim ID: EKABY6HL201	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna	05/11/2017		Inpatient	Hospital Ancillary	K91.72	1	A
Number of Services	Charge Submitted	Am't Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
1	\$940.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	795810509 St. Rose Dominican Hospital-Siena Campus
Procedure Code	0DB80ZZ	EXCISION OF SMALL INTESTINE, OPEN APPROACH					
	0WJJ4ZZ	INSPECTION OF PELVIC CAVITY, PERCUTANEOUS ENDOSCOPIC APPROACH					
	02HV33Z	INSERTION OF INFUSION DEVICE INTO SUPERIOR VENA CAVA, PERCUTANEOUS APPROACH					
Diagnosis Code	K91.72	POA Code	1	ACC PNCTR & LAC OF A DGSTV SYS ORG DURING OTH PROCEDURE			
	K85.9		1	PERITONITIS, UNSPECIFIED			
	K56.7		1	ILEUS, UNSPECIFIED			
	J90		1	PLEURAL EFFUSION, NOT ELSEWHERE CLASSIFIED			
	J98.11		1	ATELECTASIS			
	S37.69XA		1	OTHER INJURY OF UTERUS, INITIAL ENCOUNTER			
	I10		1	ESSENTIAL (PRIMARY) HYPERTENSION			
	D25.9		1	LEIOMYOMA OF UTERUS, UNSPECIFIED			
	N82.0		1	EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE			
	N32.89		1	OTHER SPECIFIED DISORDERS OF BLADDER			
	G47.00		1	INSOMNIA, UNSPECIFIED			
	Z53.31		1	LAPAROSCOPIC SURGICAL PROCEDURE CONVERTED TO OPEN PROCEDURE			

2019072507 J5F8
Err: [10] 31 of 98



J1XC091
20190725 00295

HealthDental - Page 53

DCN# 190725056007
PRODOX 7-25-2019

190725056007
*000296*J1XC081*002611*

Name: TAYLOR KIMBERLY

DOB: [REDACTED]

Report Run Date: 07/23/2019

Health - Dental

Our records show the following history of your medical and / or dental claim submissions and the detail of those claims:

Claim ID: EKABY6HLZ01	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna	05/11/2017		Inpatient	Hospital Ancillary	K91.72	1	A
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
1	\$147.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	795610509 St. Rose Dominican Hospital-Siena Campus
Procedure Code	0DB80ZZ	EXCISION OF SMALL INTESTINE, OPEN APPROACH					
	0WJJ4ZZ	INSPECTION OF PELVIC CAVITY, PERCUTANEOUS ENDOSCOPIC APPROACH					
	02HV33Z	INSERTION OF INFUSION DEVICE INTO SUPERIOR VENA CAVA, PERCUTANEOUS APPROACH					
Diagnosis Code	K91.72	POA Code	1	ACC PNCTR & LAC OF A DGSTV SYS ORG DURING OTH PROCEDURE			
	K65.9		1	PERITONITIS, UNSPECIFIED			
	K56.7		1	ILEUS, UNSPECIFIED			
	J90		1	PLEURAL EFFUSION, NOT ELSEWHERE CLASSIFIED			
	J98.11		1	ATELECTASIS			
	S37.69XA		1	OTHER INJURY OF UTERUS, INITIAL ENCOUNTER			
	I10		1	ESSENTIAL (PRIMARY) HYPERTENSION			
	D25.9		1	LEIOMYOMA OF UTERUS, UNSPECIFIED			
	N92.0		1	EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE			
	N32.89		1	OTHER SPECIFIED DISORDERS OF BLADDER			
	G47.00		1	INSOMNIA, UNSPECIFIED			
	Z53.31		1	LAPAROSCOPIC SURGICAL PROCEDURE CONVERTED TO OPEN PROCEDURE			

Health/Dental - Page 54

DCN# 190725056007
PRODOX 7-25-2019

190725056007
*000296*J1XC091*002612*

Name: TAYLOR KIMBERLY

DOB: [REDACTED]

Report Run Date: 07/23/2019

Health - Dental

Our records show the following history of your medical and / or dental claim submissions and the detail of those claims:

Claim ID: EKABY6HLZ00	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna	05/11/2017		Inpatient	Hospital Ancillary	K91.72	1	A
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
140	\$9,190.00	\$1,415.26	\$0.00	\$0.00	\$0.00	\$0.00	795810509 St. Rose Dominican Hospital-Siena Campus
Procedure Code	00B80ZZ	EXCISION OF SMALL INTESTINE, OPEN APPROACH					
	0WJ4ZZ	INSPECTION OF PELVIC CAVITY, PERCUTANEOUS ENDOSCOPIC APPROACH					
	02HV33Z	INSERTION OF INFUSION DEVICE INTO SUPERIOR VENA CAVA, PERCUTANEOUS APPROACH					
Diagnosis Code	K91.72	POA Code	1	ACC PNCTR & LAC OF A DGSTV SYS ORG DURING DTH PROCEDURE			
	K85.9		1	PERITONITIS, UNSPECIFIED			
	K56.7		1	ILEUS, UNSPECIFIED			
	J90		1	PLEURAL EFFUSION, NOT ELSEWHERE CLASSIFIED			
	J98.11		1	ATELECTASIS			
	S37.69XA		1	OTHER INJURY OF UTERUS, INITIAL ENCOUNTER			
	I10		1	ESSENTIAL (PRIMARY) HYPERTENSION			
	D25.9		1	LEIOMYOMA OF UTERUS, UNSPECIFIED			
	N92.0		1	EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE			
	N32.89		1	OTHER SPECIFIED DISORDERS OF BLADDER			
	G47.00		1	INSOMNIA, UNSPECIFIED			
	Z53.31		1	LAPAROSCOPIC SURGICAL PROCEDURE CONVERTED TO OPEN PROCEDURE			

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2019072607 J5F8
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J1XC091
20190725 000296

DCN# 190725056007
PRODOX 7-25-2019

190725056007
*000256*JIX0091*002612*

Name: TAYLOR KIMBERLY

DOB: [REDACTED]

Report Run Date: 07/23/2019

Health - Dental

Our records show the following history of your medical and / or dental claim submissions and the detail of those claims:

Claim ID: EKABY6HLZ00	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna	05/11/2017		Inpatient	Hospital Ancillary	K91.72	I	A
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
1	\$4,271.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	795610509 St. Rose Dominican Hospital-Siena Campus
Procedure Code	0DB80ZZ	EXCISION OF SMALL INTESTINE, OPEN APPROACH					
	0WJJ4ZZ	INSPECTION OF PELVIC CAVITY, PERCUTANEOUS ENDOSCOPIC APPROACH					
	02HV33Z	INSERTION OF INFUSION DEVICE INTO SUPERIOR VENA CAVA, PERCUTANEOUS APPROACH					
Diagnosis Code	K91.72	POA Code	1	ACC FNCTR & LAC OF A DGSTV SYS ORG DURING OTH PROCEDURE			
	K85.9		1	PERITONITIS, UNSPECIFIED			
	K56.7		1	ILEUS, UNSPECIFIED			
	J90		1	PLEURAL EFFUSION, NOT ELSEWHERE CLASSIFIED			
	J98.11		1	ATELECTASIS			
	S37.69XA		1	OTHER INJURY OF UTERUS, INITIAL ENCOUNTER			
	I10		1	ESSENTIAL (PRIMARY) HYPERTENSION			
	D25.9		1	LEIOMYOMA OF UTERUS, UNSPECIFIED			
	N92.0		1	EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE			
	N32.89		1	OTHER SPECIFIED DISORDERS OF BLADDER			
	G47.00		1	INSOMNIA, UNSPECIFIED			
	Z53.31		1	LAPAROSCOPIC SURGICAL PROCEDURE CONVERTED TO OPEN PROCEDURE			

Health/Dental - Page 66

DCN# 190725056007
PRODOX 7-25-2019

190725056007
*000296-J1XC091*002613*

Name: TAYLOR KIMBERLY

DOB: [REDACTED]

Report Run Date: 07/23/2019

Health - Dental

Our records show the following history of your medical and / or dental claim submissions and the detail of those claims:

Claim ID: EKABY6HLZ00	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna	05/11/2017		Inpatient	Hospital Ancillary	K91.72	1	A
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
2	\$906.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	795810509 St. Rose Dominican Hospital-Siena Campus
Procedure Code		0DB80ZZ 0WJ4ZZ 02HV33Z	EXCISION OF SMALL INTESTINE, OPEN APPROACH INSPECTION OF PELVIC CAVITY, PERCUTANEOUS ENDOSCOPIC APPROACH INSERTION OF INFUSION DEVICE INTO SUPERIOR VENA CAVA, PERCUTANEOUS APPROACH				
Diagnosis Code	K91.72	POA Code	1	ACC PNCTR & LAC OF A DGSTV SYS ORG DURING OTH PROCEDURE			
	K86.9		1	PERITONITIS, UNSPECIFIED			
	K56.7		1	ILEUS, UNSPECIFIED			
	J90		1	PLEURAL EFFUSION, NOT ELSEWHERE CLASSIFIED			
	J98.11		1	ATELECTASIS			
	S37.69XA		1	OTHER INJURY OF UTERUS, INITIAL ENCOUNTER			
	I10		1	ESSENTIAL (PRIMARY) HYPERTENSION			
	O26.0		1	LEIOMYOMA OF UTERUS, UNSPECIFIED			
	N92.0		1	EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE			
	N32.89		1	OTHER SPECIFIED DISORDERS OF BLADDER			
	G47.00		1	INSOMNIA, UNSPECIFIED			
	Z53.31		1	LAPAROSCOPIC SURGICAL PROCEDURE CONVERTED TO OPEN PROCEDURE			

20190726B07 J5F8
Erw [13] 53 of 98



J1XC091
20190725 000296

Health/Dental - Page 57

DCN# 190725056007
PRODOX 7-25-2019

190725056007
*000256*J1XG091*002613*

Name: TAYLOR KIMBERLY

DOB: [REDACTED]

Report Run Date: 07/23/2019

Health - Dental

Our records show the following history of your medical and / or dental claim submissions and the detail of those claims:

Claim ID: EKASY0HLZ01	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna	05/11/2017		Inpatient	Hospital Ancillary	K91.72	1	A
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
14	\$5,105.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	795610509 St. Rose Dominican Hospital-Siena Campus
Procedure Code	0DB80ZZ 0WJ4ZZ 02HV33Z		EXCISION OF SMALL INTESTINE, OPEN APPROACH INSPECTION OF PELVIC CAVITY, PERCUTANEOUS ENDOSCOPIC APPROACH INSERTION OF INFUSION DEVICE INTO SUPERIOR VENA CAVA, PERCUTANEOUS APPROACH				
Diagnosis Code	K91.72 K65.9 K56.7 J90 J98.11 S37.69XA I10 D25.9 N92.0 N32.89 G47.00 Z53.31	POA Code	1 ACC PNCTR & LAC OF A DGSTV SYS ORG DURING OTH PROCEDURE 1 PERITONITIS, UNSPECIFIED 1 ILEUS, UNSPECIFIED 1 PLEURAL EFFUSION, NOT ELSEWHERE CLASSIFIED 1 ATELECTASIS 1 OTHER INJURY OF UTERUS, INITIAL ENCOUNTER 1 ESSENTIAL (PRIMARY) HYPERTENSION 1 LEIOMYOMA OF UTERUS, UNSPECIFIED 1 EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE 1 OTHER SPECIFIED DISORDERS OF BLADDER 1 INSOMNIA, UNSPECIFIED 1 LAPAROSCOPIC SURGICAL PROCEDURE CONVERTED TO OPEN PROCEDURE				

Health/Dental - Page 56

DCN# 190725056007
PRODOX 7-25-2019

190725056007
*000296*J1XC091*002614*

Name: TAYLOR KIMBERLY

DOB: [REDACTED]

Report Run Date: 07/23/2019

Health - Dental

Our records show the following history of your medical and / or dental claim submissions and the detail of those claims:

Claim ID: EKABY6HLZ01	Received Date	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna	05/11/2017		Inpatient	Hospital Ancillary	K91.72	1	A
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
23	\$15,713.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	795610509 St. Rose Dominican Hospital-Siena Campus
Procedure Code		0DB80Z2	EXCISION OF SMALL INTESTINE, OPEN APPROACH				
		0WJJ4Z2	INSPECTION OF PELVIC CAVITY, PERCUTANEOUS ENDOSCOPIC APPROACH				
		02HV33Z	INSERTION OF INFUSION DEVICE INTO SUPERIOR VENA CAVA, PERCUTANEOUS APPROACH				
Diagnosis Code	K91.72	POA Code	1	ACC PNCTR & LAC OF A DGSTV SYS ORG DURING OTH PROCEDURE			
	K85.9		1	PERITONITIS, UNSPECIFIED			
	K56.7		1	ILEUS, UNSPECIFIED			
	J90		1	PLEURAL EFFUSION, NOT ELSEWHERE CLASSIFIED			
	J98.11		1	ATELECTASIS			
	S37.69XA		1	OTHER INJURY OF UTERUS, INITIAL ENCOUNTER			
	I10		1	ESSENTIAL (PRIMARY) HYPERTENSION			
	D25.9		1	LEIOMYOMA OF UTERUS, UNSPECIFIED			
	N92.0		1	EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE			
	N32.89		1	OTHER SPECIFIED DISORDERS OF BLADDER			
	G47.00		1	INSOMNIA, UNSPECIFIED			
	Z53.31		1	LAPAROSCOPIC SURGICAL PROCEDURE CONVERTED TO OPEN PROCEDURE			

2019072607 J5F8
Env [13] 34 of 96



J1XC091
20190725 000296

Health/Dental - Page 59

Name: TAYLOR KIMBERLY

DOB: [REDACTED]

Report Run Date: 07/23/2019

Health - Dental

Our records show the following history of your medical and / or dental claim submissions and the detail of those claims:

Claim ID: EKABY0HL200	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna	05/11/2017		Inpatient	Hospital Ancillary	K91.72	1	A
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
7	\$1,871.06	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	795610509 St. Rose Dominican Hospital-Siena Campus
Procedure Code	0DB80ZZ	EXCISION OF SMALL INTESTINE, OPEN APPROACH					
	0WJJ4ZZ	INSPECTION OF PELVIC CAVITY, PERCUTANEOUS ENDOSCOPIC APPROACH					
	02HV33Z	INSERTION OF INFUSION DEVICE INTO SUPERIOR VENA CAVA, PERCUTANEOUS APPROACH					
Diagnosis Code	K91.72	POA Code	1	ACC PNCTR & LAC OF A DGSTV SYS ORG DURING OTH PROCEDURE			
	K85.9		1	PERITONITIS, UNSPECIFIED			
	K56.7		1	ILEUS, UNSPECIFIED			
	J90		1	PLEURAL EFFUSION, NOT ELSEWHERE CLASSIFIED			
	J98.11		1	ATELECTASIS			
	S37.69XA		1	OTHER INJURY OF UTERUS, INITIAL ENCOUNTER			
	I10		1	ESSENTIAL (PRIMARY) HYPERTENSION			
	D25.9		1	LEIOMYOMA OF UTERUS, UNSPECIFIED			
	N92.0		1	EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE			
	N32.89		1	OTHER SPECIFIED DISORDERS OF BLADDER			
	G47.00		1	INSOMNIA, UNSPECIFIED			
	Z53.31		1	LAPAROSCOPIC SURGICAL PROCEDURE CONVERTED TO OPEN PROCEDURE			

DCN# 190725056007
PRODOX 7-25-2019

190725056007
'000298'J1XC091'002615'

Name: TAYLOR KIMBERLY

DOB: [REDACTED]

Report Run Date: 07/23/2019

Health - Dental

Our records show the following history of your medical and / or dental claim submissions and the detail of those claims:

Claim ID: EKABY8HLZ01	Received Date	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna	05/11/2017		Inpatient	Hospital Ancillary	K91.72	1	A
Number of Services	Charge Submitted	Amt Paid	Oeductible	Co Ins	Copay	COB	Provider Number / Provider Name
4	\$2,087.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	795610509 St. Rose Dominican Hospital-Siena Campus
Procedure Code	0DB80ZZ 0WJJ4ZZ 02HV33Z						EXCISION OF SMALL INTESTINE, OPEN APPROACH INSPECTION OF PELVIC CAVITY, PERCUTANEOUS ENDOSCOPIC APPROACH INSERTION OF INFUSION DEVICE INTO SUPERIOR VENA CAVA, PERCUTANEOUS APPROACH
Diagnosis Code	K91.72 K65.9 K56.7 J90 J98.11 S37.69XA I10 O25.0 N92.0 N32.89 G47.00 Z53.31	POA Code	1 1 1 1 1 1 1 1 1 1 1 1				ACC PNCTR & LAC OF A DGSTV SYS ORG DURING OTH PROCEDURE PERITONITIS, UNSPECIFIED ILEUS, UNSPECIFIED PLEURAL EFFUSION, NOT ELSEWHERE CLASSIFIED ATELECTASIS OTHER INJURY OF UTERUS, INITIAL ENCOUNTER ESSENTIAL (PRIMARY) HYPERTENSION LEIOMYOMA OF UTERUS, UNSPECIFIED EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE OTHER SPECIFIED DISORDERS OF BLADDER INSOMNIA, UNSPECIFIED LAPAROSCOPIC SURGICAL PROCEDURE CONVERTED TO OPEN PROCEDURE

2019072607 J5F8
Env: [13] 35 of 58



J1XC091
20190725 000298

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DCN# 190725056007
PRODOX 7-25-2019

190725056007
*000296*J1XC091*002615*

Name: TAYLOR KIMBERLY

DOB: [REDACTED]

Report Run Date: 07/23/2019

Health - Dental

Our records show the following history of your medical and / or dental claim submissions and the detail of those claims:

Claim ID: EKABY6HLZD1	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna	05/11/2017		Inpatient	Hospital Ancillary	K91.72	1	A
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
2	\$624.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	795610509 St. Rose Dominican Hospital-Siena Campus
Procedure Code	0DB80ZZ	EXCISION OF SMALL INTESTINE, OPEN APPROACH					
	0WJ4ZZ	INSPECTION OF PELVIC CAVITY, PERCUTANEOUS ENDOSCOPIC APPROACH					
	02HV33Z	INSERTION OF INFUSION DEVICE INTO SUPERIOR VENA CAVA, PERCUTANEOUS APPROACH					
Diagnosis Code	K91.72	POA Code	1	ACC PNCTR & LAC OF A DGSTV SYS ORG DURING OTH PROCEDURE			
	K65.9		1	PERITONITIS, UNSPECIFIED			
	K56.7		1	ILEUS, UNSPECIFIED			
	J90		1	PLEURAL EFFUSION, NOT ELSEWHERE CLASSIFIED			
	J98.11		1	ATELECTASIS			
	S37.69XA		1	OTHER INJURY OF UTERUS, INITIAL ENCOUNTER			
	I10		1	ESSENTIAL (PRIMARY) HYPERTENSION			
	D25.9		1	LEIOMYOMA OF UTERUS, UNSPECIFIED			
	N92.0		1	EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE			
	N32.89		1	OTHER SPECIFIED DISORDERS OF BLADDER			
	G47.00		1	INSOMNIA, UNSPECIFIED			
	Z53.31		1	LAPAROSCOPIC SURGICAL PROCEDURE CONVERTED TO OPEN PROCEDURE			

Health/Dental - Page 62

DCN# 190725056007
PRODOX 7-25-2019

190725056007
*00206-J1XC091*002816*

Name: TAYLOR KIMBERLY

DOB: [REDACTED]

Report Run Date: 07/23/2019

Health - Dental

Our records show the following history of your medical and / or dental claim submissions and the detail of those claims:

Claim ID: EKABY6HLZ01	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna	05/11/2017		Inpatient	Hospital Ancillary	K91.72	1	A
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
6	\$1,777.06	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	795610509 St. Rose Dominican Hospital-Siena Campus
Procedure Code	0DB60ZZ 0WJJ4ZZ 02HV33Z						EXCISION OF SMALL INTESTINE, OPEN APPROACH INSPECTION OF PELVIC CAVITY, PERCUTANEOUS ENDOSCOPIC APPROACH INSERTION OF INFUSION DEVICE INTO SUPERIOR VENA CAVA, PERCUTANEOUS APPROACH
Diagnosis Code	K91.72 K65.9 K56.7 J90 J98.11 S37.69XA I10 D25.9 N92.0 N32.69 G47.00 Z53.31	POA Code	1 1 1 1 1 1 1 1 1 1 1 1	ACC PNCTR & LAC OF A DGSTV SYS ORG DURING OTH PROCEDURE PERITONITIS, UNSPECIFIED ILEUS, UNSPECIFIED PLEURAL EFFUSION, NOT ELSEWHERE CLASSIFIED ATELECTASIS OTHER INJURY OF UTERUS, INITIAL ENCOUNTER ESSENTIAL (PRIMARY) HYPERTENSION LEIOMYOMA OF UTERUS, UNSPECIFIED EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE OTHER SPECIFIED DISORDERS OF BLADDER INSOMNIA, UNSPECIFIED LAPAROSCOPIC SURGICAL PROCEDURE CONVERTED TO OPEN PROCEDURE			
Claim ID: EK35Y0MT801	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna	05/02/2017		Emergency Room	Hospital Ancillary	K91.89	1	23155054841
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
4	\$26.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	795610509 St. Rose Dominican Hospital-Siena Campus
Diagnosis Code	K91.89 R11.10 K66.8 R18.8 Q51.3	POA Code	1 1 1 1 1	OTH POSTPROCEDURAL COMPLICATIONS AND DISORDERS OF DGSTV SYS VOMITING, UNSPECIFIED OTHER SPECIFIED DISORDERS OF PERITONEUM OTHER ASCITES BICORNATE UTERUS			

Health/Dental - Page 63

DCN# 190725056007
PRODOX 7-25-2019

190725056007
*000296*J1XG091*002616*

Name: TAYLOR KIMBERLY

DOB: [REDACTED]

Report Run Date: 07/23/2019

Health - Dental

Our records show the following history of your medical and / or dental claim submissions and the detail of those claims:

Claim ID: EK35Y0MT901	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna	05/02/2017		Emergency Room	Hospital Ancillary	K91.89	1	74177
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
1	\$9,599.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	795610509 St. Rose Dominican Hospital-Siena Campus
Diagnosis Code	K91.89 R11.10 K66.8 R18.8 Q51.3	POA Code	1 OTH POSTPROCEDURAL COMPLICATIONS AND DISORDERS OF DGSTV SYS 1 VOMITING, UNSPECIFIED 1 OTHER SPECIFIED DISORDERS OF PERITONEUM 1 OTHER ASCITES 1 BICORNATE UTERUS				
Claim ID: EK35Y0MT901	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna	05/02/2017		Emergency Room	Hospital Ancillary	K91.89	1	00270131535
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
100	\$475.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	795610509 St. Rose Dominican Hospital-Siena Campus
Diagnosis Code	K91.89 R11.10 K66.8 R18.8 Q51.3	POA Code	1 OTH POSTPROCEDURAL COMPLICATIONS AND DISORDERS OF DGSTV SYS 1 VOMITING, UNSPECIFIED 1 OTHER SPECIFIED DISORDERS OF PERITONEUM 1 OTHER ASCITES 1 BICORNATE UTERUS				

Health/Dental - Page 64

DCN# 190725056007
PRODOX 7-25-2019

190725056007
*000298*J1XC091*002617*

Name: TAYLOR KIMBERLY

DOB: [REDACTED]

Report Run Date: 07/23/2019

Health - Dental

Our records show the following history of your medical and / or dental claim submissions and the detail of those claims:

Claim ID: EK35Y0MT901	Received Date	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna	05/02/2017		Emergency Room	Hospital Ancillary	K91.89	1	83690
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
1	\$340.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	795610509 St. Rose Dominican Hospital-Siena Campus
Diagnosis Code	K91.89	POA Code	1	OTH POSTPROCEDURAL COMPLICATIONS AND DISORDERS OF DGSTV SYS			
	R11.10		1	VOMITING, UNSPECIFIED			
	K66.8		1	OTHER SPECIFIED DISORDERS OF PERITONEUM			
	R18.8		1	OTHER ASCITES			
	Q51.3		1	BICORNATE UTERUS			
Claim ID: EK35Y0MT901	Received Date	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna	05/02/2017		Emergency Room	Hospital Ancillary	K91.89	1	80053
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
1	\$764.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	795610509 St. Rose Dominican Hospital-Siena Campus
Diagnosis Code	K91.89	POA Code	1	OTH POSTPROCEDURAL COMPLICATIONS AND DISORDERS OF DGSTV SYS			
	R11.10		1	VOMITING, UNSPECIFIED			
	K66.8		1	OTHER SPECIFIED DISORDERS OF PERITONEUM			
	R18.8		1	OTHER ASCITES			
	Q51.3		1	BICORNATE UTERUS			

DCN# 190725056007
PRODOX 7-25-2019

190725056007
*000296*J1XC091*002617*

Name: TAYLOR KIMBERLY

DOB: [REDACTED]

Report Run Date: 07/23/2019

Health - Dental

Our records show the following history of your medical and / or dental claim submissions and the detail of those claims:

Claim ID: EK35Y0MT901	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna	05/02/2017		Emergency Room	Hospital Ancillary	K91.89	1	36415
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
1	\$69.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	795610509 St. Rose Dominican Hospital-Siena Campus
Diagnosis Code	K91.89 R11.10 K66.8 R16.8 Q51.3	POA Code	1 OTH POSTPROCEDURAL COMPLICATIONS AND DISORDERS OF DGSTV SYS 1 VOMITING, UNSPECIFIED 1 OTHER SPECIFIED DISORDERS OF PERITONEUM 1 OTHER ASCITES 1 BICORNATE UTERUS				
Claim ID: EK35Y0MT901	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna	05/02/2017		Emergency Room	Hospital Ancillary	K91.89	1	31001
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
1	\$412.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	795610509 St. Rose Dominican Hospital-Siena Campus
Diagnosis Code	K91.89 R11.10 K66.8 R16.8 Q51.3	POA Code	1 OTH POSTPROCEDURAL COMPLICATIONS AND DISORDERS OF DGSTV SYS 1 VOMITING, UNSPECIFIED 1 OTHER SPECIFIED DISORDERS OF PERITONEUM 1 OTHER ASCITES 1 BICORNATE UTERUS				

Health/Dental - Page 66

DCN# 190725056007
PRODOX 7-25-2019

190725056007
*000296*J1XC051*000296*

Name: TAYLOR KIMBERLY

DOB: [REDACTED]

Report Run Date: 07/23/2019

Health - Dental

Our records show the following history of your medical and / or dental claim submissions and the detail of those claims:

Claim ID: EK3SYDMT9D1	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna	05/02/2017		Emergency Room	Hospital Ancillary	K91.89	1	00264780000
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
1	\$54.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	795610509 St. Rose Dominican Hospital-Siena Campus
Diagnosis Code	K91.89 R11.10 K66.8 R18.8 Q51.3	POA Code	1 1 1 1 1	OTH POSTPROCEDURAL COMPLICATIONS AND DISORDERS OF DGSTV SYS VOMITING, UNSPECIFIED OTHER SPECIFIED DISORDERS OF PERITONEUM OTHER ASCITES BICORNATE UTERUS			
Claim ID: EK35Y0MT901	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna	05/02/2017		Emergency Room	Hospital Ancillary	K91.89	1	84703
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
1	\$296.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	795610509 St. Rose Dominican Hospital-Siena Campus
Diagnosis Code	K91.89 R11.10 K66.8 R18.8 Q51.3	POA Code	1 1 1 1 1	OTH POSTPROCEDURAL COMPLICATIONS AND DISORDERS OF DGSTV SYS VOMITING, UNSPECIFIED OTHER SPECIFIED DISORDERS OF PERITONEUM OTHER ASCITES BICORNATE UTERUS			

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Env [13] 38 of 58



J1XC051
20190725 000296

Health/Dental - Page 67

DCN# 190725056007
PRODOX 7-25-2019

190725056007
*000295*J1XC091*002610*

Name: TAYLOR KIMBERLY

DOB: [REDACTED]

Report Run Date: 07/23/2019

Health - Dental

Our records show the following history of your medical and / or dental claim submissions and the detail of those claims:

Claim ID:	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna	05/02/2017		Emergency Room	Hospital Ancillary	K91.89	1	85810
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
1	\$301.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	795610509 St. Rose Dominican Hospital-Siena Campus
Diagnosis Code	K91.89	POA Code	1	OTH POSTPROCEDURAL COMPLICATIONS AND DISORDERS OF DGSTV SYS			
	R11.10		1	VOMITING, UNSPECIFIED			
	K66.8		1	OTHER SPECIFIED DISORDERS OF PERITONEUM			
	R18.8		1	OTHER ASCITES			
	Q51.3		1	BICORNATE UTERUS			
Claim ID:	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna	05/02/2017		Emergency Room	Hospital Ancillary	K91.89	1	00489126331
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
1	\$26.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	795610509 St. Rose Dominican Hospital-Siena Campus
Diagnosis Code	K91.89	POA Code	1	OTH POSTPROCEDURAL COMPLICATIONS AND DISORDERS OF DGSTV SYS			
	R11.10		1	VOMITING, UNSPECIFIED			
	K66.8		1	OTHER SPECIFIED DISORDERS OF PERITONEUM			
	R18.8		1	OTHER ASCITES			
	Q51.3		1	BICORNATE UTERUS			

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DCN# 190725056007
PRODOX 7-25-2019

"190725056007"
"000296"J1XC091"002619"

Name: TAYLOR KIMBERLY

DOB: [REDACTED]

Report Run Date: 07/23/2019

Health - Dental

Our records show the following history of your medical and / or dental claim submissions and the detail of those claims:

Claim ID: EK35YDMT901	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna	05/02/2017		Emergency Room	Hospital Ancillary	K91.89	1	93005
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
1	\$986.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	795610509 St. Rose Dominican Hospital-Siena Campus
Diagnosis Code	K91.89 R11.10 K66.8 R18.8 Q51.3	POA Code	1 OTH POSTPROCEDURAL COMPLICATIONS AND DISORDERS OF DGSTV SYS 1 VOMITING, UNSPECIFIED 1 OTHER SPECIFIED DISORDERS OF PERITONEUM 1 OTHER ASCITES 1 BICORNATE UTERUS				
Claim ID: EK35YDMT901	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna	05/02/2017		Emergency Room	Hospital Ancillary	K91.89	1	85025
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
1	\$424.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	795610509 St. Rose Dominican Hospital-Siena Campus
Diagnosis Code	K91.89 R11.10 K66.8 R18.8 Q51.3	POA Code	1 OTH POSTPROCEDURAL COMPLICATIONS AND DISORDERS OF DGSTV SYS 1 VOMITING, UNSPECIFIED 1 OTHER SPECIFIED DISORDERS OF PERITONEUM 1 OTHER ASCITES 1 BICORNATE UTERUS				

2019072507 J5F8
Env [13] 35 d 53



J1XC091
20190725 000296

Health/Dental - Page 69

Name: TAYLOR KIMBERLY

DOB: [REDACTED]

Report Run Date: 07/23/2019

Health - Dental

Our records show the following history of your medical and / or dental claim submissions and the detail of those claims:

Date of Service: 04/28/2017	Date Processed: 07/03/2017	Assignment of Benefits: Assigned to Provider	Control / Member Group Number ID: 00512271 00512271					
Claim ID: ESY0Y0YSN00	Received Date: 07/03/2017	Place of Service: Inpatient	Derived Place of Service: Inpatient	Type of Service: Medical Care	Diagnosis Code: S37.69XD	POA Code: 1	Procedure Code: 99233	Source: Aetna
Number of Services: 1	Charge Submitted: \$319.00	Amt Paid: \$89.16	Deductible: \$0.00	Co Ins: \$0.00	Copay: \$0.00	COB: \$0.00	Provider Number / Provider Name: 747536609 Syed Faiz Rahman	
Diagnosis Code: S37.69XD K63.1 R11.2	POA Code:	1 OTHER INJURY OF UTERUS, SUBSEQUENT ENCOUNTER 1 PERFORATION OF INTESTINE (NONTRAUMATIC) 1 NAUSEA WITH VOMITING, UNSPECIFIED						
Date of Service: 04/29/2017	Date Processed: 05/15/2017	Assignment of Benefits: Assigned to Provider	Control / Member Group Number ID: 00512271 00512271					
Claim ID: EGTWY4R2L00	Received Date: 05/06/2017	Place of Service: Inpatient	Derived Place of Service: Inpatient	Type of Service: Xray & Lab	Diagnosis Code: Z09	POA Code: 1	Procedure Code: 74000-26	Source: Aetna
Number of Services: 1	Charge Submitted: \$33.00	Amt Paid: \$8.22	Deductible: \$0.00	Co Ins: \$2.74	Copay: \$0.00	COB: \$0.00	Provider Number / Provider Name: 573380609 Micah K Nielsen	
Diagnosis Code: Z09 K56.7	POA Code:	1 ENCNT FOR F/U EXAM AFT TRTMT FOR COND OTH THAN MALIG NEOPLM 1 ILEUS, UNSPECIFIED						

Health/Dental - Page 70

DCN# 190725056007
PRODOX 7-25-2019

190725056007
000295 J1XC091*002620*

Name: TAYLOR KIMBERLY

DOB: [REDACTED]

Report Run Date: 07/23/2019

Health - Dental

Our records show the following history of your medical and / or dental claim submissions and the detail of those claims:

Date of Service:	04/30/2017	Date Processed	Assignment of Benefits	Control / Member Group Number ID				
		05/15/2017	Assigned to Provider	00512271 00512271				
Claim ID:	EGTWY4R2L00	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source:	Aetna	05/06/2017		Inpatient	Xray & Lab	Z09	1	74000-26
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name	
1	\$33.00	\$6.22	\$0.00	\$2.74	\$0.00	\$0.00	573380609 Micah K Nielsen	
Diagnosis Code	Z09 K56.7	POA Code	1 ENCNT FOR F/U EXAM APT TRTMT FOR COND OTH THAN MALIG NEOPLM 1 ILEUS, UNSPECIFIED					
Claim ID:	ESY0Y0YSN00	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source:	Aetna	07/03/2017		Inpatient	Medical Care	S37.69XD	1	99233
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name	
1	\$319.00	\$89.16	\$0.00	\$0.00	\$0.00	\$0.00	747536609 Syed Faiz Rahman	
Diagnosis Code	S37.69XD K63.1 R11.2	POA Code	1 OTHER INJURY OF UTERUS, SUBSEQUENT ENCOUNTER 1 PERFORATION OF INTESTINE (NONTRAUMATIC) 1 NAUSEA WITH VOMITING, UNSPECIFIED					

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J1XC091
20190725 000296

Health/Dental - Page 71

DCN# 190725056007
PRODOX 7-25-2019

190725056007
*000295*J1XG091*002620*

Name: TAYLOR KIMBERLY

DOB: [REDACTED]

Report Run Date: 07/23/2019

Health - Dental

Our records show the following history of your medical and / or dental claim submissions and the detail of those claims:

Date of Service: 05/01/2017	Date Processed	Assignment of Benefits	Control / Member Group Number ID				
	07/03/2017	Assigned to Provider	00512271 00512271				
Claim ID: EWPBY034H00	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna	07/03/2017		Inpatient	Medical Care	S37.69XD	1	99233
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
1	\$319.00	\$89.15	\$0.00	\$0.00	\$0.00	\$0.00	747536600 Syed Faiz Rahman
Diagnosis Code	S37.69XD K83.1 R11.2	POA Code	1 OTHER INJURY OF UTERUS, SUBSEQUENT ENCOUNTER 1 PERFORATION OF INTESTINE (NONTRAUMATIC) 1 NAUSEA WITH VOMITING, UNSPECIFIED				

Health/Dental - Page 72

DCN# 190725056007
PRODOX 7-25-2019

190725056007
*000296*J1XC091*002621*

Name: TAYLOR KIMBERLY

DOB: [REDACTED]

Report Run Date: 07/23/2019

Health - Dental

Our records show the following history of your medical and / or dental claim submissions and the detail of those claims:

Date of Service: 05/02/2017	Date Processed	Assignment of Benefits	Control / Member Group Number ID					
	05/09/2017	Assigned to Provider	00512271 00512271					
Claim ID: EYYOX58X800	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code	
Source: Aetna	05/06/2017		Inpatient	Xray & Lab	K56.7	1	74000-28	
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name	
1	\$33.00	\$6.22	\$0.00	\$2.74	\$0.00	\$0.00	747908408 Nader H. Beheshti	
Diagnosis Code	K56.7	POA Code	1	ILEUS, UNSPECIFIED				
Claim ID: EWPBY034H00	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code	
Source: Aetna	07/03/2017		Inpatient	Medical Care	S37.69XD	1	99232	
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name	
1	\$221.00	\$81.82	\$0.00	\$0.00	\$0.00	\$0.00	747536608 Syed Faiz Rahman	
Diagnosis Code	S37.69XD K63.1 R11.2	POA Code	1	OTHER INJURY OF UTERUS, SUBSEQUENT ENCOUNTER PERFORATION OF INTESTINE (NONTRAUMATIC) NAUSEA WITH VOMITING, UNSPECIFIED				

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Em [3] 41 of 96



J1XC091
20190725 000296

Health/Dental - Page 73

DCN# 190725056007
PRODOX 7-25-2019

190725056007
*000295*J1XC081*002621*

Name: TAYLOR KIMBERLY

DOB: [REDACTED]

Report Run Date: 07/23/2019

Health - Dental

Our records show the following history of your medical and / or dental claim submissions and the detail of those claims:

Date of Service: 05/03/2017	Date Processed	Assignment of Benefits	Control / Member Group Number ID				
	01/20/2018	Assigned to Provider	00512271 00512271				
Claim ID: E5ABX98RY01	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna	09/20/2017		Inpatient	Medical Care	K65.9	1	99223
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
1	\$575.23	\$179.98	\$0.00	\$0.00	\$0.00	\$0.00	460683609 Brian Jonathan Lipman
Diagnosis Code	K65.9 S37.69XA	POA Code	1 PERITONITIS, UNSPECIFIED 1 OTHER INJURY OF UTERUS, INITIAL ENCOUNTER				
Claim ID: EWPHY034H00	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna	07/03/2017		Inpatient	Medical Care	S37.69XD	1	99233
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
1	\$319.00	\$89.18	\$0.00	\$0.00	\$0.00	\$0.00	747536609 Syed Faiz Rahman
Diagnosis Code	S37.69XD K63.1 R11.2	POA Code	1 OTHER INJURY OF UTERUS, SUBSEQUENT ENCOUNTER 1 PERFORATION OF INTESTINE (NONTRAUMATIC) 1 NAUSEA WITH VOMITING, UNSPECIFIED				

Health/Dental - Page 74

DCN# 190725056007
PRODOX 7-25-2019

190725056007
*000298*J1XC091*002622*

Name: TAYLOR KIMBERLY

DOB: [REDACTED]

Report Run Date: 07/23/2019

Health - Dental

Our records show the following history of your medical and / or dental claim submissions and the detail of those claims:

Date of Service: 05/04/2017	Date Processed	Assignment of Benefits	Control / Member Group Number ID				
	01/20/2018	Assigned to Provider	00512271 00512271				
Claim ID: EPFBY83V501	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna	09/20/2017		Inpatient	Medical Care	K85.9	1	99232
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
1	\$208.95	\$63.55	\$0.00	\$0.00	\$0.00	\$0.00	460683609 Brian Jonathan Lipman
Diagnosis Code	K85.9	POA Code	1	PERITONITIS, UNSPECIFIED			
	S37.69XA		1	OTHER INJURY OF UTERUS, INITIAL ENCOUNTER			
Claim ID: E2Y0X7K3900	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna	05/09/2017		Inpatient	Xray & Lab	R10.9	1	74177-26
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
1	\$427.00	\$83.24	\$0.00	\$27.75	\$0.00	\$0.00	844038909 Radiology Associates of Nevada
Diagnosis Code	R10.9	POA Code	1	UNSPECIFIED ABDOMINAL PAIN			
	K63.89		1	OTHER SPECIFIED DISEASES OF INTESTINE			
	K82.8		1	OTHER SPECIFIED DISEASES OF GALLBLADDER			
	K56.7		1	ILEUS, UNSPECIFIED			
	J90		1	PLEURAL EFFUSION, NOT ELSEWHERE CLASSIFIED			

Health/Dental - Page 75

DCN# 190725056007
PRODOX 7-25-2019

190725056007
*000299*J1XC091*002622*

Name: TAYLOR KIMBERLY

DOB: [REDACTED]

Report Run Date: 07/23/2019

Health - Dental

Our records show the following history of your medical and / or dental claim submissions and the detail of those claims:

Claim ID:	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna	05/09/2017		Inpatient	Xray & Lab	R10.9	1	74000-26
Number of Services	Charge Submitted	Amount Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
1	\$33.00	\$6.22	\$0.00	\$2.74	\$0.00	\$0.00	044038009 Radiology Associates of Nevada
Diagnosis Code	R10.9 K83.89 K82.8 K56.7 J90	POA Code	1 UNSPECIFIED ABDOMINAL PAIN 1 OTHER SPECIFIED DISEASES OF INTESTINE 1 OTHER SPECIFIED DISEASES OF GALLBLADDER 1 ILEUS, UNSPECIFIED 1 PLEURAL EFFUSION, NOT ELSEWHERE CLASSIFIED				
Claim ID:	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna	07/03/2017		Inpatient	Medical Care	K63.1	1	99233
Number of Services	Charge Submitted	Amount Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
1	\$319.00	\$99.16	\$0.00	\$0.00	\$0.00	\$0.00	747536809 Syed Faiz Rahman
Diagnosis Code	K63.1 K85.9	POA Code	1 PERFORATION OF INTESTINE (NONTRAUMATIC) 1 PERITONITIS, UNSPECIFIED				

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DCN# 190725056007
PRODOX 7-25-2019

190725056007
00256 J1XC091 002623

Name: TAYLOR KIMBERLY

DOB: [REDACTED]

Report Run Date: 07/23/2019

Health - Dental

Our records show the following history of your medical and / or dental claim submissions and the detail of those claims:

Date of Service:	05/05/2017	Date Processed	Assignment of Benefits	Control / Member Group Number ID				
		07/26/2018	Assigned to Provider	00512271 00512271				
Claim ID: EBY0ZCN7C01	Received Date:	Place of Service		Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna	07/25/2018			Inpatient	Medical Care	K65.9	1	99232
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name	
1	\$208.95	\$73.92	\$0.00	\$0.00	\$0.00	\$0.00	460663609 Brian Jonathan Lipman	
Diagnosis Code	K65.9	POA Code	1	PERITONITIS, UNSPECIFIED				
	S37.69XA		1	OTHER INJURY OF UTERUS, INITIAL ENCOUNTER				
Claim ID: E2Y0X7K3900	Received Date:	Place of Service		Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna	05/09/2017			Inpatient	Xray & Lab	R10.9	1	76604-26
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name	
1	\$98.00	\$24.64	\$0.00	\$8.21	\$0.00	\$0.00	844038909 Radiology Associates of Nevada	
Diagnosis Code	R10.9	POA Code	1	UNSPECIFIED ABDOMINAL PAIN				
	K63.89		1	OTHER SPECIFIED DISEASES OF INTESTINE				
	K82.8		1	OTHER SPECIFIED DISEASES OF GALLBLADDER				
	K58.7		1	ILEUS, UNSPECIFIED				
	J80		1	PLEURAL EFFUSION, NOT ELSEWHERE CLASSIFIED				

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J1XC091
20190725 000296

DCN# 190725056007
PRODOX 7-25-2019

190725056007
*000298*J1XC091*002623*

Name: TAYLOR KIMBERLY

DOB: [REDACTED]

Report Run Date: 07/23/2019

Health - Dental

Our records show the following history of your medical and / or dental claim submissions and the detail of those claims:

Claim ID: EAABZHJWX00	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna	06/05/2017		Inpatient	Medical Care	J90	1	99223
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
1	\$364.00	\$175.09	\$0.00	\$0.00	\$0.00	\$0.00	542860409 Syed Akbarullah
Diagnosis Code J90	POA Code 1	PLEURAL EFFUSION, NOT ELSEWHERE CLASSIFIED					
Claim ID: EXABYY92M00	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna	07/03/2017		Inpatient	Medical Care	K63.1	1	99233
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
1	\$319.00	\$89.18	\$0.00	\$0.00	\$0.00	\$0.00	747536609 Syed Falz Rahman
Diagnosis Code K63.1 K65.9	POA Code 1	PERFORATION OF INTESTINE (NONTRAUMATIC) 1 PERITONITIS, UNSPECIFIED					

Health/Dental - Page 78

DCN# 190725058007
PRODOX 7-25-2019

180725058007
^000296^J1XC081^00296

Name: TAYLOR KIMBERLY

DOB: [REDACTED]

Report Run Date: 07/23/2019

Health - Dental

Our records show the following history of your medical and / or dental claim submissions and the detail of those claims:

Date of Service: 05/06/2017		Date Processed	Assignment of Benefits	Control / Member Group Number ID				
		05/10/2017	Assigned to Provider	00512271 00512271				
Claim ID: E9RTX3DP000		Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna		05/10/2017		Inpatient	Xray & Lab	J96.90	1	71010-26
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name	
1	\$33.00	\$0.22	\$0.00	\$2.74	\$0.00	\$0.00	458965409 Dana M. Murakami	
Diagnosis Code	J96.90 J90 Z45.2	POA Code	1 RESPIRATORY FAILURE, UNSP, UNSP W HYPOXIA OR HYPERCAPNIA 1 PLEURAL EFFUSION, NOT ELSEWHERE CLASSIFIED 1 ENCOUNTER FOR ADJUSTMENT AND MANAGEMENT OF VAD					
Claim ID: EWPHY034H00		Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna		07/03/2017		Inpatient	Medical Care	S37.69XD	1	99239
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name	
1	\$400.00	\$92.68	\$0.00	\$0.00	\$0.00	\$0.00	747536609 Syed Faiz Rahman	
Diagnosis Code	S37.69XD K63.1 R11.2	POA Code	1 OTHER INJURY OF UTERUS, SUBSEQUENT ENCOUNTER 1 PERFORATION OF INTESTINE (NONTRAUMATIC) 1 NAUSEA WITH VOMITING, UNSPECIFIED					

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Err 113 44 of 98



J1XC081
20190725 000296

Health/Dental - Page 79

DCN# 190725056007
PRODOX 7-25-2019

190725056007
*000296*J1XC091*002624*

Name: TAYLOR KIMBERLY

DOB: [REDACTED]

Report Run Date: 07/23/2019

Health - Dental

Our records show the following history of your medical and / or dental claim submissions and the detail of those claims:

Date of Service: 05/07/2017	Date Processed: 12/04/2017	Assignment of Benefits: Assigned to Provider	Control / Member Group Number ID: 00512271 00512271				
Claim ID: PLY01YP9S00	Received Date: 06/29/2017	Place of Service: Office	Derived Place of Service: Office	Type of Service: Prescription Drugs	Diagnosis Code: K67.01	POA Code: 1	Procedure Code: J1642
Source: Aetna							
Number of Services: 1	Charge Submitted: \$3.63	Amt Paid: \$0.00	Deductible: \$0.00	Co Ins: \$0.00	Copay: \$0.00	COB: \$0.00	Provider Number / Provider Name: 460683609 Brian Jonathan Lipman
Diagnosis Code: K57.01 S37.69XA	POA Code: 1	DVTROCI OF SM INT W PERFORATION AND ABSCESS W BLEEDING 1 OTHER INJURY OF UTERUS, INITIAL ENCOUNTER					
Claim ID: PLY01YP9S00	Received Date: 06/29/2017	Place of Service: Office	Derived Place of Service: Office	Type of Service: Prescription Drugs	Diagnosis Code: K57.01	POA Code: 1	Procedure Code: J1335
Source: Aetna							
Number of Services: 2	Charge Submitted: \$229.76	Amt Paid: \$102.28	Deductible: \$0.00	Co Ins: \$0.00	Copay: \$0.00	COB: \$0.00	Provider Number / Provider Name: 460683609 Brian Jonathan Lipman
Diagnosis Code: K57.01 S37.69XA	POA Code: 1	DVTROCI OF SM INT W PERFORATION AND ABSCESS W BLEEDING 1 OTHER INJURY OF UTERUS, INITIAL ENCOUNTER					
Claim ID: PLY01YP9S00	Received Date: 06/29/2017	Place of Service: Office	Derived Place of Service: Office	Type of Service: Medical Care	Diagnosis Code: K57.01	POA Code: 1	Procedure Code: 96365
Source: Aetna							
Number of Services: 1	Charge Submitted: \$291.92	Amt Paid: \$75.69	Deductible: \$0.00	Co Ins: \$0.00	Copay: \$0.00	COB: \$0.00	Provider Number / Provider Name: 460683609 Brian Jonathan Lipman
Diagnosis Code: K57.01 S37.69XA	POA Code: 1	DVTROCI OF SM INT W PERFORATION AND ABSCESS W BLEEDING 1 OTHER INJURY OF UTERUS, INITIAL ENCOUNTER					

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DCN# 190725056007
PRODOX 7-25-2019

*190726058007'
*000296*J1XC091*002625'

Name: TAYLOR KIMBERLY

DOB: [REDACTED]

Report Run Date: 07/23/2019

Health - Dental

Our records show the following history of your medical and / or dental claim submissions and the detail of those claims:

Claim ID: PLY01YP9S00	Received Date	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna	06/29/2017		Office	Prescription Drugs	K57.01	1	J7030
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
1	\$39.44	\$2.20	\$0.00	\$0.00	\$0.00	\$0.00	460683609 Brian Jonathan Lipman
Diagnosis Code	K57.01 S37.69XA	POA Code	1 DVTRCLI OF SM INT W PERFORATION AND ABSCESS W BLEEDING 1 OTHER INJURY OF UTERUS, INITIAL ENCOUNTER				

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Env [13] 45 d/s8



J1XC091
20190725 000296

Name: TAYLOR KIMBERLY

DOB: [REDACTED]

Report Run Date: 07/23/2019

Health - Dental

Our records show the following history of your medical and / or dental claim submissions and the detail of those claims:

Date of Service: 05/08/2017		Date Processed	Assignment of Benefits	Control / Member Group Number ID				
		12/04/2017	Assigned to Provider	00512271 00512271				
Claim ID: PKJL1YR4700		Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna		08/16/2017		Home	Prescription Drugs	K57.01	1	J1642
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name	
1	\$700.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	460683609 Brian Jonathan Lipman	
Diagnosis Code K57.01 S37.69XA		POA Code 1	DVTRCLI OF SM INT W PERFORATION AND ABSCESS W BLEEDING 1 OTHER INJURY OF UTERUS, INITIAL ENCOUNTER					
Claim ID: PKJL1YR4700		Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna		08/16/2017		Home	Medical Care	K57.01	1	99199
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name	
1	\$393.25	\$6.76	\$0.00	\$0.00	\$0.00	\$0.00	460683609 Brian Jonathan Lipman	
Diagnosis Code K57.01 S37.69XA		POA Code 1	DVTRCLI OF SM INT W PERFORATION AND ABSCESS W BLEEDING 1 OTHER INJURY OF UTERUS, INITIAL ENCOUNTER					
Claim ID: PKJL1YR4700		Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna		08/16/2017		Home	Used DME	K57.01	1	A4305
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name	
5	\$208.25	\$0.08	\$0.00	\$0.00	\$0.00	\$0.00	460683609 Brian Jonathan Lipman	
Diagnosis Code K57.01 S37.69XA		POA Code 1	DVTRCLI OF SM INT W PERFORATION AND ABSCESS W BLEEDING 1 OTHER INJURY OF UTERUS, INITIAL ENCOUNTER					

Health/Dental - Page 82

DCN# 190725056007
PRODOX 7-25-2019

190725056007
000296 J1XC091*002628*

Name: TAYLOR KIMBERLY

DOB: [REDACTED]

Report Run Date: 07/23/2019

Health - Dental

Our records show the following history of your medical and / or dental claim submissions and the detail of those claims:

Claim ID: PKJL1YR4700	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna	08/16/2017		Home	Prescription Drugs	K57.01	1	J1335
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
2	\$229.76	\$80.90	\$0.00	\$0.00	\$0.00	\$0.00	460683809 Brian Jonathan Lipman
Diagnosis Code	K57.01 S37.69XA	POA Code	1	DVT/CLI OF SM INT W PERFORATION AND ABSCESS W BLEEDING 1 OTHER INJURY OF UTERUS, INITIAL ENCOUNTER			
Date of Service:	05/09/2017	Date Processed	Assignment of Benefits	Control / Member Group Number ID			
		12/04/2017	Assigned to Provider	00512271 00512271			
Claim ID: PLFB1Y19T00	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna	08/16/2017		Home	Prescription Drugs	K57.01	1	J1335
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
2	\$229.76	\$80.98	\$0.00	\$0.00	\$0.00	\$0.00	460683809 Brian Jonathan Lipman
Diagnosis Code	K57.01 S37.69XA	POA Code	1	DVT/CLI OF SM INT W PERFORATION AND ABSCESS W BLEEDING 1 OTHER INJURY OF UTERUS, INITIAL ENCOUNTER			
Claim ID: PLFB1Y19T00	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna	08/16/2017		Home	Medical Care	K57.01	1	99199
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
1	\$393.25	\$8.76	\$0.00	\$0.00	\$0.00	\$0.00	460683809 Brian Jonathan Lipman
Diagnosis Code	K57.01 S37.69XA	POA Code	1	DVT/CLI OF SM INT W PERFORATION AND ABSCESS W BLEEDING 1 OTHER INJURY OF UTERUS, INITIAL ENCOUNTER			

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J1XC091
20190725 000296

DCN# 190725056007
PRODOX 7-25-2019

190725056007
*000288*J1XC091*002626*

Name: TAYLOR KIMBERLY

DOB: [REDACTED]

Report Run Date: 07/23/2019

Health - Dental

Our records show the following history of your medical and / or dental claim submissions and the detail of those claims:

Date of Service: 05/10/2017	Date Processed	Assignment of Benefits	Control / Member Group Number ID				
	12/04/2017	Assigned to Provider	00512271 00512271				
Claim ID: P8Y00ZQZ600	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna	08/16/2017		Home	Medical Care	K57.01	1	99199
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
1	\$393.25	\$5.76	\$0.00	\$0.00	\$0.00	\$0.00	460683609 Brian Jonathan Lipman
Diagnosis Code	K57.01 S37.69XA	POA Code	1	DVTROLI OF SM INT W PERFORATION AND ABSCESS W BLEEDING 1 OTHER INJURY OF UTERUS, INITIAL ENCOUNTER			
Claim ID: P8Y00ZQZ600	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna	08/16/2017		Home	Prescription Drugs	K57.01	1	J1335
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
2	\$229.76	\$80.98	\$0.00	\$0.00	\$0.00	\$0.00	460683609 Brian Jonathan Lipman
Diagnosis Code	K57.01 S37.69XA	POA Code	1	DVTROLI OF SM INT W PERFORATION AND ABSCESS W BLEEDING 1 OTHER INJURY OF UTERUS, INITIAL ENCOUNTER			

Health/Dental - Page 04

DCN# 190725056007
PRODOX 7-25-2019

190725056007
*000296*J1XC091*002627*

Name: TAYLOR KIMBERLY

DOB: [REDACTED]

Report Run Date: 07/23/2019

Health - Dental

Our records show the following history of your medical and / or dental claim submissions and the detail of those claims:

Date of Service: 05/11/2017	Date Processed	Assignment of Benefits	Control / Member Group Number ID					
	12/04/2017	Assigned to Provider	00512271 00512271					
Claim ID: PHYD1YG5500	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code	
Source: Aetna	08/16/2017		Home	Prescription Drugs	K57.01	1	J1335	
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name	
2	\$229.76	\$80.98	\$0.00	\$0.00	\$0.00	\$0.00	460683609 Brian Jonathan Lipman	
Diagnosis Code	K57.01 \$37.68XA	POA Code	1	DVT/CL OF SM INT W PERFORATION AND ABSCESS W BLEEDING 1 OTHER INJURY OF UTERUS, INITIAL ENCOUNTER				
Claim ID: PHYD1YG5500	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code	
Source: Aetna	08/16/2017		Home	Medical Care	K57.01	1	99199	
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name	
1	\$393.25	\$6.76	\$0.00	\$0.00	\$0.00	\$0.00	480683609 Brian Jonathan Lipman	
Diagnosis Code	K57.01 \$37.68XA	POA Code	1	DVT/CL OF SM INT W PERFORATION AND ABSCESS W BLEEDING 1 OTHER INJURY OF UTERUS, INITIAL ENCOUNTER				

20190725056007 J5F8
Env [13] 47 of 58



J1XC091
20190725 000296

Health/Dental - Page 85

DCN# 190725056007
 PRODOX 7-25-2019

190725056007
 *000295*J1XG091*002627*

Name: TAYLOR KIMBERLY

DOB: [REDACTED]

Report Run Date: 07/23/2019

Health - Dental

Our records show the following history of your medical and / or dental claim submissions and the detail of those claims:

Date of Service: 05/12/2017	Date Processed	Assignment of Benefits	Control / Member Group Number ID					
	05/16/2017	Assigned to Provider	00512271 00512271					
Claim ID: EJY0Y8Z0Y00	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code	
Source: Aetna	05/16/2017		Office	Medical Care	K57.01	1	99211-25	
Number of Services	Charge Submitted	Am't Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name	
1	\$117.46	\$0.00	\$94.00	\$0.00	\$0.00	\$0.00	460683609 Brian Jonathan Lipman	
Diagnosis Code	K57.01 S37.69XA	POA Code	1	DVT/CLI OF SM INT W PERFORATION AND ABSCESS W BLEEDING 1 OTHER INJURY OF UTERUS, INITIAL ENCOUNTER				
Claim ID: EJY0Y8Z0Y00	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code	
Source: Aetna	05/16/2017		Office	Medical Care	K57.01	1	36592-59	
Number of Services	Charge Submitted	Am't Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name	
1	\$88.89	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	460683609 Brian Jonathan Lipman	
Diagnosis Code	K57.01 S37.69XA	POA Code	1	DVT/CLI OF SM INT W PERFORATION AND ABSCESS W BLEEDING 1 OTHER INJURY OF UTERUS, INITIAL ENCOUNTER				
Claim ID: PXABOYL3V00	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code	
Source: Aetna	08/16/2017		Home	Prescription Drugs	K57.01	1	J1335	
Number of Services	Charge Submitted	Am't Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name	
2	\$229.78	\$80.98	\$0.00	\$0.00	\$0.00	\$0.00	460683609 Brian Jonathan Lipman	
Diagnosis Code	K57.01 S37.69XA	POA Code	1	DVT/CLI OF SM INT W PERFORATION AND ABSCESS W BLEEDING 1 OTHER INJURY OF UTERUS, INITIAL ENCOUNTER				

Health/Dental - Page 86

Name: TAYLOR KIMBERLY

DOB: [REDACTED]

Report Run Date: 07/23/2019

Health - Dental

Our records show the following history of your medical and / or dental claim submissions and the detail of those claims:

Claim ID:	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Claim ID: PXAB0YL3V00	08/16/2017	Home	Home	Medical Care	K57.01	1	99199
Source: Aetna							
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
1	\$393.25	\$6.78	\$0.00	\$0.00	\$0.00	\$0.00	460683609 Brian Jonathan Lipman
Diagnosis Code	K57.01 S37.69XA	POA Code	1	DVT/CL OF SM INT W PERFORATION AND ABSCESS W BLEEDING 1 OTHER INJURY OF UTERUS, INITIAL ENCOUNTER			
Claim ID:	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Claim ID: EHY0Y8LL401	03/16/2018	Office	Office	Medical Care	K65.9	1	99496-25
Source: Aetna							
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
1	\$506.42	\$206.35	\$0.00	\$0.00	\$0.00	\$0.00	460683609 Brian Jonathan Lipman
Diagnosis Code	K65.9 S37.69XA	POA Code	1	PERITONITIS, UNSPECIFIED 1 OTHER INJURY OF UTERUS, INITIAL ENCOUNTER			
Claim ID:	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Claim ID: EATWY9PDB00	06/17/2017	Outpatient	Outpatient	Xray & Lab	N39.0	1	81001
Source: Aetna							
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
1	\$47.59	\$0.00	\$0.00	\$0.00	\$2.82	\$0.00	552594609 Quest Diagnostics
Diagnosis Code	N39.0	POA Code	1	URINARY TRACT INFECTION, SITE NOT SPECIFIED			

20190725 07:55:58
Err [1] 46 of 99



J1XC091
20190725 000296

DCN# 190725056007
PRODOX 7-25-2019

190725056007
000293 J1XC091 *002826*

Name: TAYLOR KIMBERLY

DOB: [REDACTED]

Report Run Date: 07/23/2019

Health - Dental

Our records show the following history of your medical and / or dental claim submissions and the detail of those claims:

Claim ID: EQJLY96MY00	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna	05/18/2017		Outpatient	Xray & Lab	K57.01	1	80053
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
1	\$68.20	\$0.00	\$0.00	\$0.00	\$8.41	\$0.00	552594609 Quest Diagnostics
Diagnosis Code	K57.01	POA Code	1	DVTRCLI OF SM INT W PERFORATION AND ABSCESS W BLEEDING			
Claim ID: EQJLY96MY00	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna	05/18/2017		Outpatient	Xray & Lab	K57.01	1	80140
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
1	\$75.03	\$0.00	\$0.00	\$0.00	\$4.61	\$0.00	552594609 Quest Diagnostics
Diagnosis Code	K57.01	POA Code	1	DVTRCLI OF SM INT W PERFORATION AND ABSCESS W BLEEDING			
Claim ID: EQJLY96MY00	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna	05/18/2017		Outpatient	Xray & Lab	K57.01	1	85025
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
1	\$42.18	\$0.00	\$0.00	\$0.00	\$6.19	\$0.00	552594609 Quest Diagnostics
Diagnosis Code	K57.01	POA Code	1	DVTRCLI OF SM INT W PERFORATION AND ABSCESS W BLEEDING			

Health/Dental - Page 88

DCN# 190725056007
PRODOX 7-25-2019

190725056007
*000295*J1XC091*002629*

Name: TAYLOR KIMBERLY

DOB: [REDACTED]

Report Run Date: 07/23/2019

Health - Dental

Our records show the following history of your medical and / or dental claim submissions and the detail of those claims:

Claim ID: EQJLY96MY00	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna	05/18/2017		Outpatient	Xray & Lab	K57.01	1	85652
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
1	\$44.64	\$0.00	\$0.00	\$0.00	\$2.41	\$0.00	552594609 Quest Diagnostics
Diagnosis Code	K57.01	POA Code	1	DVTRCLI OF SM INT W PERFORATION AND ABSCESS W BLEEDING			

20190725056007 J5F8
Emv [13] 4e of 58



J1XC091
20190725 000295

Health/Dental - Page 89

DCN# 190725056007
PRODOX 7-25-2019

190725056007
*000298*J1XG081*002829*

Name: TAYLOR KIMBERLY

DOB: [REDACTED]

Report Run Date: 07/23/2019

Health - Dental

Our records show the following history of your medical and / or dental claim submissions and the detail of those claims:

Date of Service: 05/13/2017	Date Processed	Assignment of Benefits	Control / Member Group Number ID					
	12/04/2017	Assigned to Provider	00512271 00512271					
Claim ID: P7JL00CYK00	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code	
Source: Aetna	05/16/2017		Home	Used DME	K57.01	1	A4305	
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name	
1	\$41.25	\$0.27	\$0.00	\$0.00	\$0.00	\$0.00	460683609 Brian Jonathan Lipman	
Diagnosis Code	K57.01 S37.69XA	POA Code	1	DVTRCLI OF SM INT W PERFORATION AND ABSCESS W BLEEDING 1 OTHER INJURY OF UTERUS, INITIAL ENCOUNTER				
Claim ID: P7JL00CYK00	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code	
Source: Aetna	05/16/2017		Home	Prescription Drugs	K57.01	1	J1335	
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name	
2	\$229.76	\$107.09	\$0.00	\$0.00	\$0.00	\$0.00	460683609 Brian Jonathan Lipman	
Diagnosis Code	K57.01 S37.69XA	POA Code	1	DVTRCLI OF SM INT W PERFORATION AND ABSCESS W BLEEDING 1 OTHER INJURY OF UTERUS, INITIAL ENCOUNTER				
Claim ID: P7JL00CYK00	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code	
Source: Aetna	05/16/2017		Home	Medical Care	K57.01	1	99199	
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name	
1	\$393.25	\$159.04	\$0.00	\$0.00	\$0.00	\$0.00	460683609 Brian Jonathan Lipman	
Diagnosis Code	K57.01 S37.69XA	POA Code	1	DVTRCLI OF SM INT W PERFORATION AND ABSCESS W BLEEDING 1 OTHER INJURY OF UTERUS, INITIAL ENCOUNTER				

Health/Dental - Page 90

DCN# 190725058007
PRODOX 7-25-2019

190725058007
000295 J1XC091 002630

Name: TAYLOR KIMBERLY

DOB: [REDACTED]

Report Run Date: 07/23/2019

Health - Dental

Our records show the following history of your medical and / or dental claim submissions and the detail of those claims:

Date of Service: 05/14/2017	Date Processed	Assignment of Benefits	Control / Member Group Number ID					
	12/04/2017	Assigned to Provider	00512271 00512271					
Claim ID: EJPBY86GX01	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code	
Source: Aetna	05/16/2017		Home	Medical Care	K65.9	1	99199	
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name	
1	\$393.25	\$206.09	\$0.00	\$0.00	\$0.00	\$0.00	460683609 Brian Jonathan Lipman	
Diagnosis Code	K65.9 S37.69XA	POA Code	1 PERITONITIS, UNSPECIFIED 1 OTHER INJURY OF UTERUS, INITIAL ENCOUNTER					
Claim ID: EJPBY86GX01	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code	
Source: Aetna	05/16/2017		Home	Prescription Drugs	K65.9	1	0006384371	
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name	
2	\$229.76	\$107.59	\$0.00	\$0.00	\$0.00	\$0.00	460683609 Brian Jonathan Lipman	
Diagnosis Code	K65.9 S37.69XA	POA Code	1 PERITONITIS, UNSPECIFIED 1 OTHER INJURY OF UTERUS, INITIAL ENCOUNTER					

Health/Dental - Page 91

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J1XC091
20190725 000295

DCN# 190725056007
PRODOX 7-25-2019

190725056007
*000296*J1XC091*002630*

Name: TAYLOR KIMBERLY

DOB: [REDACTED]

Report Run Date: 07/23/2019

Health - Dental

Our records show the following history of your medical and / or dental claim submissions and the detail of those claims:

Date of Service: 05/15/2017	Date Processed	Assignment of Benefits	Control / Member Group Number ID				
	12/04/2017	Assigned to Provider	00512271 00512271				
Claim ID: EDFBY8XB001	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna	05/16/2017		Home	Prescription Drugs	K65.9	1	00006384371
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
2	\$229.76	\$107.59	\$0.00	\$0.00	\$0.00	\$0.00	460683609 Brian Jonathan Lipman
Diagnosis Code	K65.9 S37.69XA	POA Code	1 PERITONITIS, UNSPECIFIED 1 OTHER INJURY OF UTERUS, INITIAL ENCOUNTER				
Claim ID: EDFBY8XB001	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna	05/16/2017		Home	Medical Care	K65.9	1	99189
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
1	\$393.25	\$206.09	\$0.00	\$0.00	\$0.00	\$0.00	460683609 Brian Jonathan Lipman
Diagnosis Code	K65.9 S37.69XA	POA Code	1 PERITONITIS, UNSPECIFIED 1 OTHER INJURY OF UTERUS, INITIAL ENCOUNTER				

Health/Dental - Page 92

DCN# 190725056007
PRODOX 7-25-2019

190725056007
*000298*J1XC091*002831*

Name: TAYLOR KIMBERLY

DOB: [REDACTED]

Report Run Date: 07/23/2019

Health - Dental

Our records show the following history of your medical and / or dental claim submissions and the detail of those claims:

Date of Service: 05/18/2017		Date Processed	Assignment of Benefits	Control / Member Group Number ID				
		12/04/2017	Assigned to Provider	00512271 00612271				
Claim ID: E535YCXYW01		Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna		05/18/2017		Home	Medical Care	K65.9	1	99199
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name	
1	\$393.25	\$206.09	\$0.00	\$0.00	\$0.00	\$0.00	460683809 Brian Jonathan Lipman	
Diagnosis Code K65.9		POA Code		1 PERITONITIS, UNSPECIFIED				
S37.89XA				1 OTHER INJURY OF UTERUS, INITIAL ENCOUNTER				
Claim ID: E535YCXYW01		Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna		05/18/2017		Home	Prescription Drugs	K65.9	1	00006384371
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name	
2	\$229.76	\$107.59	\$0.00	\$0.00	\$0.00	\$0.00	460683809 Brian Jonathan Lipman	
Diagnosis Code K65.9		POA Code		1 PERITONITIS, UNSPECIFIED				
S37.69XA				1 OTHER INJURY OF UTERUS, INITIAL ENCOUNTER				

Health/Dental - Page 93

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Env [13] 31 of 98



J1XC091
20190725 000295

DCN# 190725056007
PRODOX 7-25-2019

190725056007
*000295*J1XC091*002631*

Name: TAYLOR KIMBERLY

DOB: [REDACTED]

Report Run Date: 07/23/2019

Health - Dental

Our records show the following history of your medical and / or dental claim submissions and the detail of those claims:

Date of Service: 05/17/2017	Date Processed	Assignment of Benefits	Control / Member Group Number ID				
	12/04/2017	Assigned to Provider	00512271 00512271				
Claim ID: P2FB00HNG00	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna	05/17/2017		Home	Prescription Drugs	K65.9	1	J1335
Number of Services	Charge Submitted	Amnt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
2	\$229.76	\$83.01	\$0.00	\$0.00	\$0.00	\$0.00	460683609 Brian Jonathan Lipman
Diagnosis Code	K65.9 S37.69XA	POA Code	1 PERITONITIS, UNSPECIFIED 1 OTHER INJURY OF UTERUS, INITIAL ENCOUNTER				
Claim ID: P2FB00HNG00	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna	05/17/2017		Home	Medical Care	K65.9	1	99189
Number of Services	Charge Submitted	Amnt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
1	\$393.25	\$6.92	\$0.00	\$0.00	\$0.00	\$0.00	460683609 Brian Jonathan Lipman
Diagnosis Code	K65.9 S37.69XA	POA Code	1 PERITONITIS, UNSPECIFIED 1 OTHER INJURY OF UTERUS, INITIAL ENCOUNTER				

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DCN# 190725056007
PRODOX 7-25-2019

190725056007
*000296*J1XC091*00256*

Name: TAYLOR KIMBERLY

DOB: [REDACTED]

Report Run Date: 07/23/2019

Health - Dental

Our records show the following history of your medical and / or dental claim submissions and the detail of those claims:

Date of Service: 05/18/2017		Date Processed	Assignment of Benefits	Control / Member Group Number ID					
		12/04/2017	Assigned to Provider	00512271 00512271					
Claim ID: PKJL1YWC500		Received Date:	Place of Service	Derived Place of Service	Type of Service		Diagnosis Code	POA Code	Procedure Code
Source: Aetna		05/18/2017		Home	Prescription Drugs		K65.9	1	J1335
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name		
2	\$229.76	\$82.99	\$0.00	\$0.00	\$0.00	\$0.00	460683609 Brian Jonathan Lipman		
Diagnosis Code	K65.9 S37.69XA	POA Code	1 PERITONITIS, UNSPECIFIED 1 OTHER INJURY OF UTERUS, INITIAL ENCOUNTER						
Claim ID: PKJL1YWC500		Received Date:	Place of Service	Derived Place of Service	Type of Service		Diagnosis Code	POA Code	Procedure Code
Source: Aetna		05/18/2017		Home	Medical Care		K65.9	1	99199
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name		
1	\$393.25	\$6.92	\$0.00	\$0.00	\$0.00	\$0.00	460683609 Brian Jonathan Lipman		
Diagnosis Code	K65.9 S37.69XA	POA Code	1 PERITONITIS, UNSPECIFIED 1 OTHER INJURY OF UTERUS, INITIAL ENCOUNTER						

20190725056007 J5F8
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J1XC091
20190725 000256

Health/Dental - Page 95

DCN# 190725056007
PRODOX 7-25-2019

190725056007
*000295*J1XC091*002632*

Name: TAYLOR KIMBERLY

DOB: [REDACTED]

Report Run Date: 07/23/2019

Health - Dental

Our records show the following history of your medical and / or dental claim submissions and the detail of those claims:

Date of Service: 05/19/2017	Date Processed: 05/24/2017	Assignment of Benefits: Assigned to Provider	Control / Member Group Number ID: 00512271 00512271				
Claim ID: ETJLYH65201	Received Date: 05/24/2017	Place of Service: Office	Derived Place of Service: Office	Type of Service: Medical Care	Diagnosis Code: K57.01	POA Code: 1	Procedure Code: 99211-25
Source: Aetna							
Number of Services: 1	Charge Submitted: \$117.46	Amt Paid: \$0.00	Deductible: \$0.00	Co Ins: \$0.00	Copay: \$0.00	COB: \$0.00	Provider Number / Provider Name: 460683609 Brian Jonathan Lipman
Diagnosis Code: K57.01 S37.69XA	POA Code: 1	1 DVTRCLI OF SM INT W PERFORATION AND ABSCESS W BLEEDING 1 OTHER INJURY OF UTERUS, INITIAL ENCOUNTER					
Claim ID: ETJLYH65201	Received Date: 05/24/2017	Place of Service: Office	Derived Place of Service: Office	Type of Service: Medical Care	Diagnosis Code: K57.01	POA Code: 1	Procedure Code: 36592-59
Source: Aetna							
Number of Services: 1	Charge Submitted: \$88.89	Amt Paid: \$0.00	Deductible: \$0.00	Co Ins: \$0.00	Copay: \$0.00	COB: \$0.00	Provider Number / Provider Name: 460683609 Brian Jonathan Lipman
Diagnosis Code: K57.01 S37.69XA	POA Code: 1	1 DVTRCLI OF SM INT W PERFORATION AND ABSCESS W BLEEDING 1 OTHER INJURY OF UTERUS, INITIAL ENCOUNTER					
Claim ID: EYPBWQK800	Received Date: 11/07/2017	Place of Service: Office	Derived Place of Service: Office	Type of Service: Medical Care	Diagnosis Code: K57.01	POA Code: 1	Procedure Code: 36592-59
Source: Aetna							
Number of Services: 2	Charge Submitted: \$177.78	Amt Paid: \$0.00	Deductible: \$0.00	Co Ins: \$0.00	Copay: \$0.00	COB: \$0.00	Provider Number / Provider Name: 460683609 Brian Jonathan Lipman
Diagnosis Code: K57.01 S37.69XA	POA Code: 1	1 DVTRCLI OF SM INT W PERFORATION AND ABSCESS W BLEEDING 1 OTHER INJURY OF UTERUS, INITIAL ENCOUNTER					

Health/Dental - Page 96

DCN# 190725056007
PRODOX 7-25-2019

190725056007
*000296*J1XC091*002633*

Name: TAYLOR KIMBERLY

DOB: [REDACTED]

Report Run Date: 07/23/2019

Health - Dental

Our records show the following history of your medical and / or dental claim submissions and the detail of those claims:

Claim ID:	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna	11/07/2017		Office	Medical Care	K57.01	1	99211-26
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
2	\$234.92	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	460683609 Brian Jonathan Lipman
Diagnosis Code	K57.01 S37.69XA	POA Code	1 DVTRCL OF SM INT W PERFORATION AND ABSCESS W BLEEDING 1 OTHER INJURY OF UTERUS, INITIAL ENCOUNTER	Derived Place of Service			
Claim ID:	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna	05/19/2017		Home	Prescription Drugs	K65.9	1	J1335
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
2	\$229.76	\$82.96	\$0.00	\$0.00	\$0.00	\$0.00	460683609 Brian Jonathan Lipman
Diagnosis Code	K65.9 S37.69XA	POA Code	1 PERITONITIS, UNSPECIFIED 1 OTHER INJURY OF UTERUS, INITIAL ENCOUNTER	Derived Place of Service			
Claim ID:	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna	05/19/2017		Home	Medical Care	K65.9	1	99199
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
1	\$393.25	\$6.92	\$0.00	\$0.00	\$0.00	\$0.00	460683609 Brian Jonathan Lipman
Diagnosis Code	K65.9 S37.69XA	POA Code	1 PERITONITIS, UNSPECIFIED 1 OTHER INJURY OF UTERUS, INITIAL ENCOUNTER	Derived Place of Service			

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J1XC091
20190725 000296

Health/Dental - Page 97

DCN# 190725056007
PRODOX 7-25-2019

190725056007
*000295*J1XG091*002838*

Name: TAYLOR KIMBERLY

DOB: [REDACTED]

Report Run Date: 07/23/2019

Health - Dental

Our records show the following history of your medical and / or dental claim submissions and the detail of those claims:

Claim ID:	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna	05/24/2017		Office	Medical Care	K57.01	1	99213-25
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
1	\$199.92	\$64.96	\$0.00	\$0.00	\$0.00	\$0.00	460683609 Brian Jonathan Lipman
Diagnosis Code	K57.01	POA Code	1	OVTRCLI OF SM INT W PERFORATION AND ABSCESS W BLEEDING			
	S37.69XA		1	OTHER INJURY OF UTERUS, INITIAL ENCOUNTER			
Claim ID:	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna	05/26/2017		Outpatient	Xray & Lab	K57.01	1	85652
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
1	\$44.64	\$2.41	\$0.00	\$0.00	\$0.00	\$0.00	552594609 Quest Diagnostics
Diagnosis Code	K57.01	POA Code	1	OVTRCLI OF SM INT W PERFORATION AND ABSCESS W BLEEDING			
Claim ID:	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna	05/26/2017		Outpatient	Xray & Lab	K57.01	1	80053
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
1	\$68.20	\$8.41	\$0.00	\$0.00	\$0.00	\$0.00	552594609 Quest Diagnostics
Diagnosis Code	K57.01	POA Code	1	OVTRCLI OF SM INT W PERFORATION AND ABSCESS W BLEEDING			

DCN# 190725056007
PRODOX 7-25-2019

190725056007
000296 J1XC091*002634*

Name: TAYLOR KIMBERLY

DOB: [REDACTED]

Report Run Date: 07/23/2019

Health - Dental

Our records show the following history of your medical and / or dental claim submissions and the detail of those claims:

Claim ID: E2Y0YG03400	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna	05/26/2017		Outpatient	Xray & Lab	K57.01	1	85025
Number of Services	Charge Submitted	Amnt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
1	\$42.18	\$8.19	\$0.00	\$0.00	\$0.00	\$0.00	552594609 Quest Diagnostics

Diagnosis Code K57.01 POA Code 1 DVTRCLI OF SM INT W PERFORATION AND ABSCESS W BLEEDING

Claim ID: E2Y0YG03400	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna	05/26/2017		Outpatient	Xray & Lab	K67.01	1	86140
Number of Services	Charge Submitted	Amnt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
1	\$75.03	\$4.61	\$0.00	\$0.00	\$0.00	\$0.00	552594609 Quest Diagnostics

Diagnosis Code K57.01 POA Code 1 DVTRCLI OF SM INT W PERFORATION AND ABSCESS W BLEEDING

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20190725 000296

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DCN# 190725056007
PRODOX 7-25-2019

190725056007
*000296*J1XC091*002634*

Name: TAYLOR KIMBERLY

DOB: [REDACTED]

Report Run Date: 07/23/2019

Health - Dental

Our records show the following history of your medical and / or dental claim submissions and the detail of those claims:

Date of Service: 05/20/2017	Date Processed: 12/04/2017	Assignment of Benefits: Assigned to Provider	Control / Member Group Number ID: 00512271 00512271				
Claim ID: PDPB1W2GX00	Received Date: 05/23/2017	Place of Service: Home	Derived Place of Service: Home	Type of Service: Medical Care	Diagnosis Code: K57.01	POA Code: 1	Procedure Code: 99199
Source: Aetna							
Number of Services: 1	Charge Submitted: \$383.25	Amount Paid: \$6.91	Deductible: \$0.00	Co Ins: \$0.00	Copay: \$0.00	COB: \$0.00	Provider Number / Provider Name: 480683609 Brian Jonathan Lipman
Diagnosis Code: K57.01 S37.69XA	POA Code: 1	DVT/CL OF SM INT W PERFORATION AND ABSCESS W BLEEDING 1 OTHER INJURY OF UTERUS, INITIAL ENCOUNTER					
Claim ID: PDPB1W2GX00	Received Date: 05/23/2017	Place of Service: Home	Derived Place of Service: Home	Type of Service: Prescription Drugs	Diagnosis Code: K57.01	POA Code: 1	Procedure Code: J1335
Source: Aetna							
Number of Services: 2	Charge Submitted: \$229.76	Amount Paid: \$82.79	Deductible: \$0.00	Co Ins: \$0.00	Copay: \$0.00	COB: \$0.00	Provider Number / Provider Name: 480683609 Brian Jonathan Lipman
Diagnosis Code: K57.01 S37.69XA	POA Code: 1	DVT/CL OF SM INT W PERFORATION AND ABSCESS W BLEEDING 1 OTHER INJURY OF UTERUS, INITIAL ENCOUNTER					
Claim ID: PDPB1W2GX00	Received Date: 05/23/2017	Place of Service: Home	Derived Place of Service: Home	Type of Service: Used DME	Diagnosis Code: K57.01	POA Code: 1	Procedure Code: A4305
Source: Aetna							
Number of Services: 7	Charge Submitted: \$288.75	Amount Paid: \$0.09	Deductible: \$0.00	Co Ins: \$0.00	Copay: \$0.00	COB: \$0.00	Provider Number / Provider Name: 480683609 Brian Jonathan Lipman
Diagnosis Code: K57.01 S37.69XA	POA Code: 1	DVT/CL OF SM INT W PERFORATION AND ABSCESS W BLEEDING 1 OTHER INJURY OF UTERUS, INITIAL ENCOUNTER					

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DCN# 190725056007
PRODOX 7-25-2019

190725056007
000296*J1XC091*002635*

Name: TAYLOR KIMBERLY

DOB: [REDACTED]

Report Run Date: 07/23/2019

Health - Dental

Our records show the following history of your medical and / or dental claim submissions and the detail of those claims:

Date of Service: 05/21/2017		Date Processed	Assignment of Benefits	Control / Member Group Number ID				
		11/08/2017	Assigned to Provider	00512271 00512271				
Claim ID: EDFB1WX9M00		Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna		11/07/2017		Home	Used DME	K57.01	1	A4305
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name	
7	\$288.75	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	460683609 Brian Jonathan Lipman	
Diagnosis Code K57.01 S37.69XA		POA Code	1 DVTRCLI OF SM INT W PERFORATION AND ABSCESS W BLEEDING 1 OTHER INJURY OF UTERUS, INITIAL ENCOUNTER					
Claim ID: P53500D4C00		Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna		05/23/2017		Home	Medical Care	K57.01	1	99199
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name	
1	\$393.25	\$0.58	\$0.00	\$0.00	\$0.00	\$0.00	460683609 Brian Jonathan Lipman	
Diagnosis Code K57.01 S37.69XA		POA Code	1 DVTRCLI OF SM INT W PERFORATION AND ABSCESS W BLEEDING 1 OTHER INJURY OF UTERUS, INITIAL ENCOUNTER					
Claim ID: P53500D4C00		Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna		05/23/2017		Home	Prescription Drugs	K57.01	1	J1335
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name	
2	\$229.76	\$82.92	\$0.00	\$0.00	\$0.00	\$0.00	460683609 Brian Jonathan Lipman	
Diagnosis Code K57.01 S37.69XA		POA Code	1 DVTRCLI OF SM INT W PERFORATION AND ABSCESS W BLEEDING 1 OTHER INJURY OF UTERUS, INITIAL ENCOUNTER					

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Env: 131 35 of 38
J1XC091
20190725 000296

DCN# 190725056007
PRODOX 7-25-2019

190725056007
*000296*J1XC081*002635*

Name: TAYLOR KIMBERLY

DOB: [REDACTED]

Report Run Date: 07/23/2019

Health - Dental

Our records show the following history of your medical and / or dental claim submissions and the detail of those claims:

Date of Service:	05/22/2017	Date Processed	12/04/2017	Assignment of Benefits	Assigned to Provider	Control / Member Group Number ID	00512271 00512271						
Claim ID:	PV3500G1M00	Received Date:	05/23/2017	Place of Service	Home	Type of Service	Prescription Drugs	Diagnosis Code	K57.01	POA Code	1	Procedure Code	J1335
Source:	Aetna												
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name						
2	\$229.76	\$82.88	\$0.00	\$0.00	\$0.00	\$0.00	460683609 Brian Jonathan Lipman						
Diagnosis Code	K57.01 S37.89XA	POA Code	1	DVT/CLI OF SM INT W PERFORATION AND ABSCESS W BLEEDING 1 OTHER INJURY OF UTERUS, INITIAL ENCOUNTER									
Claim ID:	PV3500G1M00	Received Date:	05/23/2017	Place of Service	Home	Type of Service	Medical Care	Diagnosis Code	K57.01	POA Code	1	Procedure Code	99199
Source:	Aetna												
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name						
1	\$393.25	\$6.91	\$0.00	\$0.00	\$0.00	\$0.00	460683609 Brian Jonathan Lipman						
Diagnosis Code	K57.01 S37.89XA	POA Code	1	DVT/CLI OF SM INT W PERFORATION AND ABSCESS W BLEEDING 1 OTHER INJURY OF UTERUS, INITIAL ENCOUNTER									
Claim ID:	E8YQYHDDH00	Received Date:	05/26/2017	Place of Service	Office	Type of Service	Xray & Lab	Diagnosis Code	R10.2	POA Code	1	Procedure Code	74177
Source:	Aetna												
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name						
1	\$800.00	\$348.75	\$0.00	\$0.00	\$0.00	\$0.00	844030509 Steinberg Diagnostic Medical Imaging						
Diagnosis Code	R10.2 Q51.3 Z98.890	POA Code	1	PELVIC AND PERINEAL PAIN 1 BICORNATE UTERUS 1 OTHER SPECIFIED POSTPROCEDURAL STATES									

Health/Dental - Page 102

DCN# 190725056007
PRODOX 7-25-2019

190725056007
*000296*J1XC091*002636*

Name: TAYLOR KIMBERLY

DOB: [REDACTED]

Report Run Date: 07/23/2019

Health - Dental

Our records show the following history of your medical and / or dental claim submissions and the detail of those claims:

Date of Service:	05/23/2017	Date Processed	12/04/2017	Assignment of Benefits	Assigned to Provider	Control / Member Group Number ID	00512271 00512271
Claim ID: PAJL1YZTQ00	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna	05/23/2017		Home	Prescription Drugs	K57.01	1	J1335
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
2	\$229.76	\$82.88	\$0.00	\$0.00	\$0.00	\$0.00	460683606 Brian Jonathan Lipman
Diagnosis Code	K57.01 S37.69XA	POA Code	1	DVT/CLI OF SM INT W PERFORATION AND ABSCESS W BLEEDING 1 OTHER INJURY OF UTERUS, INITIAL ENCOUNTER			
Claim ID: PAJL1YZTQ00	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna	05/23/2017		Home	Medical Care	K57.01	1	99199
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
1	\$393.25	\$6.91	\$0.00	\$0.00	\$0.00	\$0.00	460683606 Brian Jonathan Lipman
Diagnosis Code	K57.01 S37.69XA	POA Code	1	DVT/CLI OF SM INT W PERFORATION AND ABSCESS W BLEEDING 1 OTHER INJURY OF UTERUS, INITIAL ENCOUNTER			

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J1XC091
20190725 000296

DCN# 190725056007
PRODOX 7-25-2019

190725056007
*000295*J1XC091*002636*

Name: TAYLOR KIMBERLY

DOB: [REDACTED]

Report Run Date: 07/23/2019

Health - Dental

Our records show the following history of your medical and / or dental claim submissions and the detail of those claims:

Date of Service: 05/24/2017	Date Processed	Assignment of Benefits	Control / Member Group Number ID
	12/04/2017	Assigned to Provider	00512271 00512271

Claim ID: PPF81YYZ700	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna	05/24/2017		Home	Prescription Drugs	K57.01	1	J1335
Number of Services	Charge Submitted	Amnt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
2	\$229.78	\$82.85	\$0.00	\$0.00	\$0.00	\$0.00	460683609 Brian Jonathan Lipman
Diagnosis Code	K57.01 S37.89XA	POA Code	1	DVT/CL OF SM INT W PERFORATION AND ABSCESS W BLEEDING 1 OTHER INJURY OF UTERUS, INITIAL ENCOUNTER			

Claim ID: PPF81YYZ700	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna	05/24/2017		Home	Medical Care	K57.01	1	99199
Number of Services	Charge Submitted	Amnt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
1	\$393.25	\$6.91	\$0.00	\$0.00	\$0.00	\$0.00	460683609 Brian Jonathan Lipman
Diagnosis Code	K57.01 S37.89XA	POA Code	1	DVT/CL OF SM INT W PERFORATION AND ABSCESS W BLEEDING 1 OTHER INJURY OF UTERUS, INITIAL ENCOUNTER			

Claim ID: E0PBZKCPW00	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna	08/10/2017		Office	Medical Care	K65.9	1	99204
Number of Services	Charge Submitted	Amnt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
1	\$280.00	\$116.88	\$0.00	\$0.00	\$30.00	\$0.00	747536609 Syed Faiz Rahman
Diagnosis Code	K65.9 G47.00	POA Code	1	PERITONITIS, UNSPECIFIED 1 INSOMNIA, UNSPECIFIED			

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DCN# 190725056007
PRODOX 7-25-2019

190725056007
*000296*J1XC091*002637*

Name: TAYLOR,KIMBERLY

DOB: [REDACTED]

Report Run Date: 07/23/2019

Health - Dental

Our records show the following history of your medical and / or dental claim submissions and the detail of those claims:

Date of Service: 05/25/2017		Date Processed	Assignment of Benefits		Control / Member Group Number ID			
		12/04/2017	Assigned to Provider		00512271 00512271			
Claim ID: P7350YL3F00		Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna		05/25/2017		Home	Medical Care	K57.01	1	99199
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name	
1	\$393.25	\$6.91	\$0.00	\$0.00	\$0.00	\$0.00	460683609 Brian Jonathan Lipman	
Diagnosis Code	K57.01 S37.69XA	POA Code	1 DVTRCLI OF SM INT W PERFORATION AND ABSCESS W BLEEDING 1 OTHER INJURY OF UTERUS, INITIAL ENCOUNTER					
Claim ID: P7350YL3F00		Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna		05/25/2017		Home	Prescription Drugs	K57.01	1	J1335
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name	
2	\$229.76	\$82.83	\$0.00	\$0.00	\$0.00	\$0.00	460683609 Brian Jonathan Lipman	
Diagnosis Code	K57.01 S37.69XA	POA Code	1 DVTRCLI OF SM INT W PERFORATION AND ABSCESS W BLEEDING 1 OTHER INJURY OF UTERUS, INITIAL ENCOUNTER					

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J1XC091
20190725 000296



DCN# 190725056007
PRODOX 7-25-2019

180725056007
*000295*J1XC091*002637*

Name: TAYLOR KIMBERLY

DOB: [REDACTED]

Report Run Date: 07/23/2019

Health - Dental

Our records show the following history of your medical and / or dental claim submissions and the detail of those claims:

Date of Service: 05/26/2017	Date Processed	Assignment of Benefits	Control / Member Group Number ID				
	12/04/2017	Assigned to Provider	00512271 00512271				
Claim ID: P2Y0025NQ00	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna	05/26/2017		Home	Medical Care	K57.01	1	99199
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
1	\$393.25	\$6.91	\$0.00	\$0.00	\$0.00	\$0.00	480683609 Brian Jonathan Lipman
Diagnosis Code	K57.01 S37.69XA	POA Code	1 1	DVTRCLI OF SM INT W PERFORATION AND ABSCESS W BLEEDING OTHER INJURY OF UTERUS, INITIAL ENCOUNTER			
Claim ID: P2Y0025NQ00	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna	05/26/2017		Home	Prescription Drugs	K57.01	1	J1335
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
2	\$229.76	\$82.81	\$0.00	\$0.00	\$0.00	\$0.00	480683609 Brian Jonathan Lipman
Diagnosis Code	K57.01 S37.69XA	POA Code	1 1	DVTRCLI OF SM INT W PERFORATION AND ABSCESS W BLEEDING OTHER INJURY OF UTERUS, INITIAL ENCOUNTER			
Claim ID: P4Y002XD400	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna	06/01/2017		Office	Medical Care	K57.01	1	36582-59
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
1	\$88.89	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	480683609 Brian Jonathan Lipman
Diagnosis Code	K57.01 S37.69XA	POA Code	1 1	DVTRCLI OF SM INT W PERFORATION AND ABSCESS W BLEEDING OTHER INJURY OF UTERUS, INITIAL ENCOUNTER			

Health/Dental - Page 106

DCN# 190725056007
PRODOX 7-25-2019

190725056007
000298 J1XC091 000268

Name: TAYLOR KIMBERLY

DOB: [REDACTED]

Report Run Date: 07/23/2019

Health - Dental

Our records show the following history of your medical and / or dental claim submissions and the detail of those claims:

Claim ID: P4Y002XD400	Received Date	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna	06/01/2017		Office	Medical Care	K57.01	1	99211-25
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
1	\$117.46	\$18.32	\$0.00	\$0.00	\$0.00	\$0.00	460683609 Brian Jonathan Lipman
Diagnosis Code	K57.01 S37.69XA	POA Code	1	DVT/CL OF SM INT W PERFORATION AND ABSCESS W BLEEDING 1 OTHER INJURY OF UTERUS, INITIAL ENCOUNTER			
Claim ID: E2PBYJWNC00	Received Date	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna	06/01/2017		Outpatient	Xray & Lab	Z00.8	1	86140
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
1	\$75.03	\$4.61	\$0.00	\$0.00	\$0.00	\$0.00	552594609 Quest Diagnostics
Diagnosis Code	Z00.8	POA Code	1	ENCOUNTER FOR OTHER GENERAL EXAMINATION			
Claim ID: E2PBYJWNC00	Received Date	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna	06/01/2017		Outpatient	Xray & Lab	Z00.8	1	85025
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
1	\$42.18	\$6.18	\$0.00	\$0.00	\$0.00	\$0.00	552594609 Quest Diagnostics
Diagnosis Code	Z00.8	POA Code	1	ENCOUNTER FOR OTHER GENERAL EXAMINATION			

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J1XC091
20190725 000268

DCN# 190725056007
PRODOX 7-25-2019

190725056007
*000296*J1XC091*002638*

Name: TAYLOR KIMBERLY

DOB: [REDACTED]

Report Run Date: 07/23/2019

Health - Dental

Our records show the following history of your medical and / or dental claim submissions and the detail of those claims:

Claim ID: E2PBYJWNC00	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna	06/01/2017		Outpatient	Xray & Lab	Z00.8	1	85652
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
1	\$44.64	\$2.41	\$0.00	\$0.00	\$0.00	\$0.00	652594609 Quest Diagnostics

Diagnosis Code Z00.8 POA Code 1 ENCOUNTER FOR OTHER GENERAL EXAMINATION

Claim ID: E2PBYJWNC00	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna	06/01/2017		Outpatient	Xray & Lab	Z00.8	1	81001
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
1	\$47.59	\$2.82	\$0.00	\$0.00	\$0.00	\$0.00	552594609 Quest Diagnostics

Diagnosis Code Z00.8 POA Code 1 ENCOUNTER FOR OTHER GENERAL EXAMINATION

Claim ID: ENFBZG7YJ00	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna	06/04/2017		Outpatient	Xray & Lab	K57.01	1	80053
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
1	\$88.20	\$8.41	\$0.00	\$0.00	\$0.00	\$0.00	552594609 Quest Diagnostics

Diagnosis Code K57.01 POA Code 1 DVTRCLI OF SM INT W PERFORATION AND ABSCESS W BLEEDING

Name: TAYLOR KIMBERLY

DOB: [REDACTED]

Report Run Date: 07/23/2019

Health - Dental

Our records show the following history of your medical and / or dental claim submissions and the detail of those claims:

Claim ID: PHY012V0200	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna	06/01/2017		Home	Used DME	K57.01	1	A4305
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
7	\$288.75	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	460683609 Brian Jonathan Lipman
Diagnosis Code	K57.01 S37.69XA	POA Code	1	DVT/CL OF SM INT W PERFORATION AND ABSCESS W BLEEDING 1 OTHER INJURY OF UTERUS, INITIAL ENCOUNTER			
Claim ID: PHY012V0200	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna	06/01/2017		Home	Medical Care	K57.01	1	99199
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
1	\$393.25	\$6.90	\$0.00	\$0.00	\$0.00	\$0.00	460683609 Brian Jonathan Lipman
Diagnosis Code	K57.01 S37.69XA	POA Code	1	DVT/CL OF SM INT W PERFORATION AND ABSCESS W BLEEDING 1 OTHER INJURY OF UTERUS, INITIAL ENCOUNTER			
Claim ID: PHY012V0200	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna	06/01/2017		Home	Prescription Drugs	K57.01	1	J1335
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
2	\$229.76	\$82.66	\$0.00	\$0.00	\$0.00	\$0.00	460683609 Brian Jonathan Lipman
Diagnosis Code	K57.01 S37.69XA	POA Code	1	DVT/CL OF SM INT W PERFORATION AND ABSCESS W BLEEDING 1 OTHER INJURY OF UTERUS, INITIAL ENCOUNTER			

DCN# 190725056007
PRODOX 7-25-2019

190725056007
*000295*J1XG091*002639*

Name: TAYLOR KIMBERLY

DOB: [REDACTED]

Report Run Date: 07/23/2019

Health - Dental

Our records show the following history of your medical and / or dental claim submissions and the detail of those claims:

Date of Service: 05/28/2017	Date Processed	Assignment of Benefits	Control / Member Group Number ID					
	12/04/2017	Assigned to Provider	00512271 00512271					
Claim ID: P1AB04MDC00	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code	
Source: Aetna	06/01/2017		Home	Medical Care	K57.01	1	99199	
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name	
1	\$393.25	\$6.90	\$0.00	\$0.00	\$0.00	\$0.00	460683609 Brian Jonathan Lipman	
Diagnosis Code	K57.01 S37.69XA	POA Code	1	OVTROLI OF SM INT W PERFORATION AND ABSCESS W BLEEDING 1 OTHER INJURY OF UTERUS, INITIAL ENCOUNTER				
Claim ID: P1AB04MDC00	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code	
Source: Aetna	06/01/2017		Home	Prescription Drugs	K57.01	1	J1335	
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name	
2	\$229.76	\$82.67	\$0.00	\$0.00	\$0.00	\$0.00	460683609 Brian Jonathan Lipman	
Diagnosis Code	K57.01 S37.69XA	POA Code	1	OVTROLI OF SM INT W PERFORATION AND ABSCESS W BLEEDING 1 OTHER INJURY OF UTERUS, INITIAL ENCOUNTER				

Health/Dental - Page 110

DCN# 190725056007
PRODOX 7-25-2019

190725056007
*000295 J1XC091*002610*

Name: TAYLOR KIMBERLY

DOB: [REDACTED]

Report Run Date: 07/23/2019

Health - Dental

Our records show the following history of your medical and / or dental claim submissions and the detail of those claims:

Date of Service: 05/29/2017	Date Processed	Assignment of Benefits	Control / Member Group Number ID					
	12/04/2017	Assigned to Provider	00512271 00512271					
Claim ID: PMAB13X3R00	Received Date:	Place of Service	Derived Place of Service	Type of Service		Diagnosis Code	POA Code	Procedure Code
Source: Aetna	06/01/2017		Home	Prescription Drugs		K57.01	I	J1335
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name	
2	\$229.76	\$62.67	\$0.00	\$0.00	\$0.00	\$0.00	460583609 Brian Jonathan Lipman	
Diagnosis Code	K57.01	POA Code	1 DVTRCLI OF SM INT W PERFORATION AND ABSCESS W BLEEDING					
	\$37.69XA		1 OTHER INJURY OF UTERUS, INITIAL ENCOUNTER					
Claim ID: PMAB13X3R00	Received Date:	Place of Service	Derived Place of Service	Type of Service		Diagnosis Code	POA Code	Procedure Code
Source: Aetna	06/01/2017		Home	Medical Care		K57.01	1	99199
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name	
1	\$393.25	\$6.90	\$0.00	\$0.00	\$0.00	\$0.00	460683609 Brian Jonathan Lipman	
Diagnosis Code	K57.01	POA Code	1 DVTRCLI OF SM INT W PERFORATION AND ABSCESS W BLEEDING					
	\$37.69XA		1 OTHER INJURY OF UTERUS, INITIAL ENCOUNTER					

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J1XC091
20190725 000295

DCN# 190725056007
PRODOX 7-25-2019

190725056007
*000296*J1XC091*002640*

Name: TAYLOR KIMBERLY

DOB: [REDACTED]

Report Run Date: 07/23/2019

Health - Dental

Our records show the following history of your medical and / or dental claim submissions and the detail of those claims:

Date of Service: 05/30/2017	Date Processed: 12/04/2017	Assignment of Benefits: Assigned to Provider	Control / Member Group Number ID: 00512271 00512271				
Claim ID: PYFB02XGV00	Received Date: 06/01/2017	Place of Service: Home	Derived Place of Service: Home	Type of Service: Prescription Drugs	Diagnosis Code: K57.01	POA Code: 1	Procedure Code: J1335
Source: Aetna							
Number of Services: 2	Charge Submitted: \$229.76	Amt Paid: \$62.67	Deductible: \$0.00	Co Ins: \$0.00	Copay: \$0.00	COB: \$0.00	Provider Number / Provider Name: 460683609 Brian Jonathan Lipman
Diagnosis Code: K57.01 \$37.69XA	POA Code: 1	1 DVTRCLI OF SM INT W PERFORATION AND ABSCESS W BLEEDING 1 OTHER INJURY OF UTERUS, INITIAL ENCOUNTER					
Claim ID: PYFB02XGV00	Received Date: 08/01/2017	Place of Service: Home	Derived Place of Service: Home	Type of Service: Medical Care	Diagnosis Code: K57.01	POA Code: 1	Procedure Code: 99199
Source: Aetna							
Number of Services: 1	Charge Submitted: \$393.25	Amt Paid: \$6.90	Deductible: \$0.00	Co Ins: \$0.00	Copay: \$0.00	COB: \$0.00	Provider Number / Provider Name: 460683609 Brian Jonathan Lipman
Diagnosis Code: K57.01 \$37.69XA	POA Code: 1	1 DVTRCLI OF SM INT W PERFORATION AND ABSCESS W BLEEDING 1 OTHER INJURY OF UTERUS, INITIAL ENCOUNTER					

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DCN# 190725056007
PRODOX 7-25-2019

190725056007
*000286*J1XC091*002841*

Name: TAYLOR KIMBERLY

DOB: [REDACTED]

Report Run Date: 07/23/2019

Health - Dental

Our records show the following history of your medical and / or dental claim submissions and the detail of those claims:

Date of Service:	05/31/2017	Date Processed	12/04/2017	Assignment of Benefits	Assigned to Provider	Control / Member Group Number ID	00512271 00512271
Claim ID: P5TW02XB100	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna	06/01/2017		Home	Medical Care	K57.01	1	99199
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
1	\$393.25	\$6.90	\$0.00	\$0.00	\$0.00	\$0.00	460683609 Brian Jonathan Lipman
Diagnosis Code	K57.01 S37.89XA	POA Code	1	DVT/CL OF SM INT W PERFORATION AND ABSCESS W BLEEDING 1 OTHER INJURY OF UTERUS, INITIAL ENCOUNTER			
Claim ID: P5TW02XB100	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna	08/01/2017		Home	Prescription Drugs	K57.01	1	J1335
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
2	\$229.76	\$82.67	\$0.00	\$0.00	\$0.00	\$0.00	460683609 Brian Jonathan Lipman
Diagnosis Code	K57.01 S37.89XA	POA Code	1	DVT/CL OF SM INT W PERFORATION AND ABSCESS W BLEEDING 1 OTHER INJURY OF UTERUS, INITIAL ENCOUNTER			

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Env: 113 of 55



J1XC091
20190725 000286

Health/Dental - Page 113

DCN# 190725056007
PRODOX 7-25-2019

190725056007
*000208*J1XC091*002641*

Name: TAYLOR KIMBERLY

DOB: [REDACTED]

Report Run Date: 07/23/2019

Health - Dental

Our records show the following history of your medical and / or dental claim submissions and the detail of those claims:

Date of Service: 06/01/2017	Date Processed: 12/04/2017	Assignment of Benefits: Assigned to Provider	Control / Member Group Number ID: 00512271 00512271					
Claim ID: P9J80X70S00	Received Date: 06/01/2017	Place of Service: Home	Derived Place of Service: Home	Type of Service: Prescription Drugs	Diagnosis Code: K57.01	POA Code: 1	Procedure Code: J1335	
Source: Aetna								
Number of Services: 2	Charge Submitted: \$228.76	Amnt Paid: \$62.67	Deductible: \$0.00	Co Ins: \$0.00	Copay: \$0.00	COB: \$0.00	Provider Number / Provider Name: 460683609 Brian Jonathan Lipman	
Diagnosis Code: K57.01 S37.69XA	POA Code: 1	1 DVTRCLI OF SM INT W PERFORATION AND ABSCESS W BLEEDING 1 OTHER INJURY OF UTERUS, INITIAL ENCOUNTER						
Claim ID: P9J80X70S00	Received Date: 06/01/2017	Place of Service: Home	Derived Place of Service: Home	Type of Service: Medical Care	Diagnosis Code: K57.01	POA Code: 1	Procedure Code: 99199	
Source: Aetna								
Number of Services: 1	Charge Submitted: \$393.25	Amnt Paid: \$6.90	Deductible: \$0.00	Co Ins: \$0.00	Copay: \$0.00	COB: \$0.00	Provider Number / Provider Name: 460683609 Brian Jonathan Lipman	
Diagnosis Code: K57.01 S37.69XA	POA Code: 1	1 DVTRCLI OF SM INT W PERFORATION AND ABSCESS W BLEEDING 1 OTHER INJURY OF UTERUS, INITIAL ENCOUNTER						

Health/Dental - Page 114

DCN# 190725056007
PRODOX 7-25-2019

"180726056007"
"000266-J1XC091"002642"

Name: TAYLOR KIMBERLY

DOB: [REDACTED]

Report Run Date: 07/23/2019

Health - Dental

Our records show the following history of your medical and / or dental claim submissions and the detail of those claims:

Date of Service: 06/02/2017		Date Processed	Assignment of Benefits	Control / Member Group Number ID					
		12/04/2017	Assigned to Provider	00512271 00512271					
Claim ID: PPAB1243L00		Received Date:	Place of Service	Derived Place of Service	Type of Service		Diagnosis Code	POA Code	Procedure Code
Source: Aetna		06/02/2017		Home	Prescription Drugs		K57.01	1	J1335
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name		
2	\$229.76	\$82.65	\$0.00	\$0.00	\$0.00	\$0.00	460683608 Brian Jonathan Lipman		
Diagnosis Code	K57.01 S37.69XA	POA Code	1 DVTRCLI OF SM INT W PERFORATION AND ABSCESS W BLEEDING 1 OTHER INJURY OF UTERUS, INITIAL ENCOUNTER						
Claim ID: PPAB1243L00		Received Date:	Place of Service	Derived Place of Service	Type of Service		Diagnosis Code	POA Code	Procedure Code
Source: Aetna		06/02/2017		Home	Medical Care		K57.01	1	99199
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name		
1	\$393.25	\$6.90	\$0.00	\$0.00	\$0.00	\$0.00	460683608 Brian Jonathan Lipman		
Diagnosis Code	K57.01 S37.69XA	POA Code	1 DVTRCLI OF SM INT W PERFORATION AND ABSCESS W BLEEDING 1 OTHER INJURY OF UTERUS, INITIAL ENCOUNTER						
Claim ID: PSY004P3K08		Received Date:	Place of Service	Derived Place of Service	Type of Service		Diagnosis Code	POA Code	Procedure Code
Source: Aetna		06/08/2017		Office	Medical Care		K57.01	1	99213
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name		
1	\$199.92	\$64.96	\$0.00	\$0.00	\$0.00	\$0.00	460683608 Brian Jonathan Lipman		
Diagnosis Code	K57.01 S37.69XA	POA Code	1 DVTRCLI OF SM INT W PERFORATION AND ABSCESS W BLEEDING 1 OTHER INJURY OF UTERUS, INITIAL ENCOUNTER						

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Env [13] 62 of 96
J1XC091
20190725 000295

DCN# 190725056007
 PRODOX 7-25-2019

190725056007
 *000296*J1XC091*002642*

Name: TAYLOR KIMBERLY

DOB: [REDACTED]

Report Run Date: 07/23/2019

Health - Dental

Our records show the following history of your medical and / or dental claim submissions and the detail of those claims:

Date of Service: 06/08/2017	Date Processed	Assignment of Benefits	Control / Member Group Number ID				
	06/13/2017	Assigned to Provider	00612271 00612271				
Claim ID: EMABZPNJX00	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna	06/13/2017		Outpatient	Xray & Lab	K57.01	1	85025
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
1	\$42.18	\$6.19	\$0.00	\$0.00	\$0.00	\$0.00	552594609 Quest Diagnostics
Diagnosis Code K57.01 POA Code 1 DVTRCLI OF SM INT W PERFORATION AND ABSCESS W BLEEDING							
Claim ID: EMABZPNJX00	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna	06/13/2017		Outpatient	Xray & Lab	K57.01	1	85652
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
1	\$44.64	\$2.41	\$0.00	\$0.00	\$0.00	\$0.00	552594609 Quest Diagnostics
Diagnosis Code K57.01 POA Code 1 DVTRCLI OF SM INT W PERFORATION AND ABSCESS W BLEEDING							
Claim ID: EMABZPNJX00	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna	06/13/2017		Outpatient	Xray & Lab	K57.01	1	80053
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
1	\$68.20	\$8.41	\$0.00	\$0.00	\$0.00	\$0.00	552594609 Quest Diagnostics
Diagnosis Code K57.01 POA Code 1 DVTRCLI OF SM INT W PERFORATION AND ABSCESS W BLEEDING							

Health/Dental - Page 116

DCN# 190725056007
PRODOX 7-25-2019

190725056007
000296 J1XC091 002643*

Name: TAYLOR KIMBERLY

DOB: [REDACTED]

Report Run Date: 07/23/2019

Health - Dental

Our records show the following history of your medical and / or dental claim submissions and the detail of those claims:

Date of Service: 06/13/2017	Date Processed	Assignment of Benefits	Control / Member Group Number ID					
	06/30/2017	Assigned to Provider	00512271 00512271					
Claim ID: EM35ZXM0J00	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code	
Source: Aetna	06/30/2017		Office	Xray & Lab	Z01.419	1	76030	
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name	
1	\$374.00	\$194.58	\$0.00	\$0.00	\$0.00	\$0.00	437520708 Joseph A. Adashek	
Diagnosis Code	Z01.419	POA Code	1	ENCNTR FOR GYN EXAM (GENERAL) (ROUTINE) W/O ABN FINDINGS				
	Z48.89		1	ENCOUNTER FOR OTHER SPECIFIED SURGICAL AFTERCARE				
Claim ID: EM35ZXM0J00	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code	
Source: Aetna	06/30/2017		Office	Medical Care	Z01.419	1	99204-25	
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name	
1	\$523.00	\$270.66	\$0.00	\$0.00	\$0.00	\$0.00	437820709 Joseph A. Adashek	
Diagnosis Code	Z01.419	POA Code	1	ENCNTR FOR GYN EXAM (GENERAL) (ROUTINE) W/O ABN FINDINGS				
	Z48.89		1	ENCOUNTER FOR OTHER SPECIFIED SURGICAL AFTERCARE				

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J1XC091
20190725 000296

DCN# 190725056007
PRODOX 7-25-2019

190725056007
*000296*J1XC091*002643*

Name: TAYLOR KIMBERLY

DOB: [REDACTED]

Report Run Date: 07/23/2019

Health - Dental

Our records show the following history of your medical and / or dental claim submissions and the detail of those claims:

Date of Service: 08/15/2017	Date Processed	Assignment of Benefits	Control / Member Group Number ID				
	08/22/2017	Assigned to Provider	00512271 00512271				
Claim ID: EPY00PL2000	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna	08/22/2017		Office	Medical Care	R10.9	1	99214
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
1	\$169.00	\$65.17	\$0.00	\$0.00	\$30.00	\$0.00	747536609 Syed Faiz Rahman
Diagnosis Code	R10.9 G47.00	POA Code	1 1	UNSPECIFIED ABDOMINAL PAIN INSOMNIA, UNSPECIFIED			
Date of Service: 09/06/2017	Date Processed	Assignment of Benefits	Control / Member Group Number ID				
	09/19/2017	Assigned to Provider	00512271 00512271				
Claim ID: E3A8Z4ZMM00	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna	09/19/2017		Office	Medical Care	N94.89	1	99203
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
1	\$190.00	\$38.75	\$0.00	\$0.00	\$60.00	\$0.00	518864409 Timothy T Sauter
Diagnosis Code	N94.89	POA Code	1	OTH COND ASSOC W FEMALE GENITAL ORGANS AND MENSTRUAL CYCLE			

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DCN# 190725056007
PRODOX 7-25-2019

190725056007
*000296*J1XC091*002644*

Name: TAYLOR KIMBERLY

DOB: [REDACTED]

Report Run Date: 07/23/2019

Health - Dental

Our records show the following history of your medical and / or dental claim submissions and the detail of those claims:

Date of Service:	09/19/2017	Date Processed	Assignment of Benefits	Control / Member Group Number ID				
		09/20/2017	Assigned to Provider	00512271 00512271				
Claim ID:	ESFBZ5LQF00	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source:	Aetna	09/20/2017		Office	Xray & Lab	D25.9	1	76830
Number of Services	Charge Submitted	Amnt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name	
1	\$199.00	\$13.94	\$0.00	\$0.00	\$60.00	\$0.00	518864409 Timothy T Sauter	
Diagnosis Code	D25.9 R10.84	POA Code	1	LEIOMYOMA OF UTERUS, UNSPECIFIED GENERALIZED ABDOMINAL PAIN				
Date of Service:	10/23/2017	Date Processed	Assignment of Benefits	Control / Member Group Number ID				
		10/26/2017	Assigned to Provider	00512271 00512271				
Claim ID:	ECJL1P2MV00	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source:	Aetna	10/26/2017		Office	Medical Care	R55	1	98214
Number of Services	Charge Submitted	Amnt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name	
1	\$169.00	\$65.17	\$0.00	\$0.00	\$30.00	\$0.00	747536609 Syed Faiz Rahman	
Diagnosis Code	R55 F43.10 F41.9 G47.00	POA Code	1	SYNCOPE AND COLLAPSE POST-TRAUMATIC STRESS DISORDER, UNSPECIFIED ANXIETY DISORDER, UNSPECIFIED INSOMNIA, UNSPECIFIED				

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Env [13] 64 p/93



J1XC091
20190725 000296

Name: TAYLOR KIMBERLY

DOB: [REDACTED]

Report Run Date: 07/23/2019

Health - Dental

Our records show the following history of your medical and / or dental claim submissions and the detail of those claims:

Date of Service: 11/03/2017		Date Processed	Assignment of Benefits	Control / Member Group Number ID					
		11/10/2017	Assigned to Provider	00512271 00512271					
Claim ID: ECAB1YWP000		Received Date:	Place of Service	Derived Place of Service	Type of Service		Diagnosis Code	POA Code	Procedure Code
Source: Aetna		11/10/2017		Outpatient	Xray & Lab		F41.9	1	84443
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name		
1	\$130.49	\$14.69	\$0.00	\$0.00	\$0.00	\$0.00	552594609 Quest Diagnostics		
Diagnosis Code	F41.9 R55	POA Code	1 ANXIETY DISORDER, UNSPECIFIED 1 SYNCOPES AND COLLAPSE						
Claim ID: ECAB1YWP000		Received Date:	Place of Service	Derived Place of Service	Type of Service		Diagnosis Code	POA Code	Procedure Code
Source: Aetna		11/10/2017		Outpatient	Xray & Lab		F41.9	1	82607
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name		
1	\$120.36	\$13.43	\$0.00	\$0.00	\$0.00	\$0.00	552594609 Quest Diagnostics		
Diagnosis Code	F41.9 R55	POA Code	1 ANXIETY DISORDER, UNSPECIFIED 1 SYNCOPES AND COLLAPSE						
Claim ID: ECAB1YWP000		Received Date:	Place of Service	Derived Place of Service	Type of Service		Diagnosis Code	POA Code	Procedure Code
Source: Aetna		11/10/2017		Outpatient	Xray & Lab		F41.9	1	82746
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name		
1	\$118.11	\$13.10	\$0.00	\$0.00	\$0.00	\$0.00	552594609 Quest Diagnostics		
Diagnosis Code	F41.9 R55	POA Code	1 ANXIETY DISORDER, UNSPECIFIED 1 SYNCOPES AND COLLAPSE						

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DCN# 190725056007
PRODOX 7-25-2019

190726056007
*000296*J1XC091*002B45

Name: TAYLOR KIMBERLY

DOB: [REDACTED]

Report Run Date: 07/23/2019

Health - Dental

Our records show the following history of your medical and / or dental claim submissions and the detail of those claims:

Claim ID: ECAB1YWP000	Received Date	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna	11/10/2017		Outpatient	Xray & Lab	F41.9	1	88140
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
1	\$75.37	\$0.00	\$0.00	\$0.00	\$4.61	\$0.00	552594609 Quest Diagnostics
Diagnosis Code	F41.9 R55	POA Code	1 ANXIETY DISORDER, UNSPECIFIED 1 SYNCOPE AND COLLAPSE	Derived Place of Service	Type of Service	Diagnosis Code	POA Code
Claim ID: ECAB1YWP000	Received Date	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna	11/10/2017		Outpatient	Xray & Lab	F41.9	1	81001
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
1	\$47.59	\$2.82	\$0.00	\$0.00	\$0.00	\$0.00	552594609 Quest Diagnostics
Diagnosis Code	F41.9 R55	POA Code	1 ANXIETY DISORDER, UNSPECIFIED 1 SYNCOPE AND COLLAPSE	Derived Place of Service	Type of Service	Diagnosis Code	POA Code
Claim ID: ECAB1YWP001	Received Date	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna	11/10/2017		Outpatient	Xray & Lab	F41.9	1	80053
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
1	\$74.15	\$8.41	\$0.00	\$0.00	\$0.00	\$0.00	552594609 Quest Diagnostics
Diagnosis Code	F41.9 R55	POA Code	1 ANXIETY DISORDER, UNSPECIFIED 1 SYNCOPE AND COLLAPSE	Derived Place of Service	Type of Service	Diagnosis Code	POA Code

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J1XC091
20190725 000296

DCN# 190725056007
PRODOX 7-25-2019

190725056007
*000296*J1XC081*002645*

Name: TAYLOR KIMBERLY

DOB: [REDACTED]

Report Run Date: 07/23/2019

Health - Dental

Our records show the following history of your medical and / or dental claim submissions and the detail of those claims:

Claim ID: ECAB1YWP000	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna	11/10/2017		Outpatient	Xray & Lab	F41.9	1	85852
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
1	\$37.12	\$0.51	\$0.00	\$0.00	\$1.90	\$0.00	552594609 Quest Diagnostics
Diagnosis Code	F41.9 R55	POA Code	1 ANXIETY DISORDER, UNSPECIFIED 1 SYNCOPE AND COLLAPSE				
Date of Service: 11/07/2017	Date Processed	Assignment of Benefits	Control / Member Group Number ID				
	11/13/2017	Assigned to Provider	00512271 00512271				
Claim ID: E6PB004NL00	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna	11/13/2017		Office	Xray & Lab	S09.90XA	1	70460
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
1	\$594.00	\$218.79	\$0.00	\$0.00	\$0.00	\$0.00	844030509 Steinberg Diagnostic Medical Imaging
Diagnosis Code	S09.90XA R55 W19.XXXA	POA Code	1 UNSPECIFIED INJURY OF HEAD, INITIAL ENCOUNTER 1 SYNCOPE AND COLLAPSE 1 UNSPECIFIED FALL, INITIAL ENCOUNTER				

Health/Dental - Page 122

Name: TAYLOR KIMBERLY

DOB: [REDACTED]

Report Run Date: 07/23/2019

Health - Dental

Our records show the following history of your medical and / or dental claim submissions and the detail of those claims:

Date of Service:	11/13/2017	Date Processed		Assignment of Benefits		Control / Member Group Number ID									
		11/21/2017		Assigned to Provider		00512271 00512271									
Claim ID: ESPB0312K00		Received Date:		Place of Service		Derived Place of Service		Type of Service		Diagnosis Code		POA Code		Procedure Code	
Source: Aetna		11/21/2017				Office		Medical Care		J30.9		1		99214	
Number of Services		Charge Submitted		Amt Paid		Deductible		Co Ins		Copay		COB		Provider Number / Provider Name	
1		\$169.00		\$95.17		\$0.00		\$0.00		\$0.00		\$0.00		747538609 Syed Faiz Rahman	
Diagnosis Code	J30.9 K58.9 G47.00	POA Code		1 ALLERGIC RHINITIS, UNSPECIFIED 1 IRRITABLE BOWEL SYNDROME WITHOUT DIARRHEA 1 INSOMNIA, UNSPECIFIED											
Date of Service:	11/14/2017	Date Processed		Assignment of Benefits		Control / Member Group Number ID									
		11/30/2017		Assigned to Provider		00512271 00512271									
Claim ID: ERWY1484100		Received Date:		Place of Service		Derived Place of Service		Type of Service		Diagnosis Code		POA Code		Procedure Code	
Source: Aetna		11/29/2017				Office		Mental / Nervous		F29		1		90792	
Number of Services		Charge Submitted		Amt Paid		Deductible		Co Ins		Copay		COB		Provider Number / Provider Name	
1		\$350.00		\$127.50		\$0.00		\$127.50		\$0.00		\$0.00		982989109 Ivonne Draughon	
Diagnosis Code	F29 F43.10	POA Code		1 UNSP PSYCHOSIS NOT DUE TO A SUBSTANCE OR KNOWN PHYSIOL COND 1 POST-TRAUMATIC STRESS DISORDER, UNSPECIFIED											

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Env: 13166 of 98



J1XC091
20190725 000298

DCN# 190725056007
PRODOX 7-25-2019

190725056007
*000296*J1XC091*002646*

Name: TAYLOR KIMBERLY

DOB: [REDACTED]

Report Run Date: 07/23/2019

Health - Dental

Our records show the following history of your medical and / or dental claim submissions and the detail of those claims:

Date of Service: 12/04/2017	Date Processed	Assignment of Benefits	Control / Member Group Number ID				
	12/18/2017	Assigned to Provider	00512271 00512271				
Claim ID: E6PB1JH1J00	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna	12/15/2017		Office	Mental / Nervous	F43.10	1	99213-25
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
1	\$150.00	\$0.00	\$75.18	\$0.00	\$0.00	\$0.00	982989109 Ivonne Draughton
Diagnosis Code	F43.10	POA Code	1	POST-TRAUMATIC STRESS DISORDER, UNSPECIFIED			
Claim ID: E6PB1JH1J00	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna	12/15/2017		Office	Mental / Nervous	F43.10	1	90833
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
1	\$210.00	\$0.00	\$67.19	\$0.00	\$0.00	\$0.00	982989109 Ivonne Draughton
Diagnosis Code	F43.10	POA Code	1	POST-TRAUMATIC STRESS DISORDER, UNSPECIFIED			

Health/Dental - Page 124

Name: TAYLOR KIMBERLY

DOB: [REDACTED]

Report Run Date: 07/23/2019

Health - Dental

Our records show the following history of your medical and / or dental claim submissions and the detail of those claims:

Date of Service:	01/08/2018	Date Processed	01/18/2018	Assignment of Benefits	Assigned to Provider	Control / Member Group Number ID	00512271 00512271								
Claim ID: E9AB1WNLK00	Received Date:	01/18/2018	Place of Service	Office	Derived Place of Service	Type of Service	Medical Care	Diagnosis Code	K68.9	POA Code	1	Procedure Code	99214		
Source: Aetna															
Number of Services	1	Charge Submitted	\$169.00	Amt Paid	\$65.17	Deductible	\$0.00	Co Ins	\$0.00	Copay	\$30.00	COB	\$0.00	Provider Number / Provider Name	747536609 Syed Faiz Rahman
Diagnosis Code	K58.9 G47.00 F43.10 F41.9	POA Code		1	IRRITABLE BOWEL SYNDROME WITHOUT DIARRHEA	1	INSOMNIA, UNSPECIFIED	1	POST-TRAUMATIC STRESS DISORDER, UNSPECIFIED	1	ANXIETY DISORDER, UNSPECIFIED				
Date of Service:	01/09/2018	Date Processed	01/10/2018	Assignment of Benefits	Assigned to Provider	Control / Member Group Number ID	00512271 00512271								
Claim ID: E9021QRJL00	Received Date:	01/09/2018	Place of Service	Office	Derived Place of Service	Type of Service	Medical Care	Diagnosis Code	K68.0	POA Code	1	Procedure Code	99205		
Source: Aetna															
Number of Services	1	Charge Submitted	\$220.00	Amt Paid	\$121.43	Deductible	\$0.00	Co Ins	\$0.00	Copay	\$60.00	COB	\$0.00	Provider Number / Provider Name	437747709 Desha A. Frankel
Diagnosis Code	K66.0 K68.9 N80.9	POA Code		1	PERITONEAL ADHESIONS (POSTPROCEDURAL) (POSTINFECTION)	1	IRRITABLE BOWEL SYNDROME WITHOUT DIARRHEA	1	ENDOMETRIOSIS, UNSPECIFIED						

Health/Dental - Page 126

Name: TAYLOR KIMBERLY

DOB: [REDACTED]

Report Run Date: 07/23/2019

Health - Dental

Our records show the following history of your medical and / or dental claim submissions and the detail of those claims:

Date of Service: 01/31/2018	Date Processed	Assignment of Benefits	Control / Member Group Number ID					
	05/25/2018	Assigned to Provider	00512271 00512271					
Claim ID: ELPB442KN00	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code	
Source: Aetna	05/24/2018		Outpatient	Surgery	K66.0	1	45375	
Number of Services	Charge Submitted	Am't Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name	
1	\$450.00	\$0.00	\$204.23	\$0.00	\$0.00	\$0.00	437747708 Desha A. Frankel	
Diagnosis Code	K66.0	POA Code	1	PERITONEAL ADHESIONS (POSTPROCEDURAL) (POSTINFECTION)				
Claim ID: EWFB19Z2L00	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code	
Source: Aetna	02/05/2018		Outpatient	Hospital Ancillary	K66.0	1	45378	
Number of Services	Charge Submitted	Am't Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name	
1	\$1,051.80	\$0.00	\$469.00	\$0.00	\$0.00	\$0.00	959025609 Henderson Surgery Center	
Diagnosis Code	K66.0 K64.1 R19.7	POA Code	1	PERITONEAL ADHESIONS (POSTPROCEDURAL) (POSTINFECTION) 1 SECOND DEGREE HEMORRHOIDS 1 DIARRHEA, UNSPECIFIED				
Claim ID: ENPB3CRGF00	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code	
Source: Aetna	02/09/2018		Outpatient	Medical Care	K66.0	1	99199	
Number of Services	Charge Submitted	Am't Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name	
1	\$100.00	\$0.00	\$50.00	\$0.00	\$0.00	\$0.00	906604708 Jeffrey Jude Tordilla	
Diagnosis Code	K66.0 K58.9	POA Code	1	PERITONEAL ADHESIONS (POSTPROCEDURAL) (POSTINFECTION) 1 IRRITABLE BOWEL SYNDROME WITHOUT DIARRHEA				

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DCN# 190725056007
PRODOX 7-25-2019

190725056007
*000286*J1XC091*002846*

Name: TAYLOR KIMBERLY

DOB: [REDACTED]

Report Run Date: 07/23/2019

Health - Dental

Our records show the following history of your medical and / or dental claim submissions and the detail of those claims:

Claim ID: ENPB3CRGF00	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna	02/09/2018		Outpatient	Anesthesia	K66.0	1	00811-AA
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name
1	\$600.00	\$0.00	\$295.00	\$0.00	\$0.00	\$0.00	906604709 Jeffrey Jude Tordilla
Diagnosis Code	K66.0	POA Code	1	PERITONEAL ADHESIONS (POSTPROCEDURAL) (POSTINFECTION)			
	K58.9		1	IRRITABLE BOWEL SYNDROME WITHOUT DIARRHEA			

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DCN# 190725056007
PRODOX 7-25-2019

190725056007
*000296*J1XC091*002649*

Name: TAYLOR KIMBERLY

DOB: [REDACTED]

Report Run Date: 07/23/2019

Health - Dental

Our records show the following history of your medical and / or dental claim submissions and the detail of those claims:

Date of Service: 02/09/2018	Date Processed	Assignment of Benefits	Control / Member Group Number ID					
	02/22/2018	Assigned to Provider	00512271 00512271					
Claim ID: E8FB2LNNG00	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code	
Source: Aetna	02/22/2018		Outpatient	Xray & Lab	Z51.81	1	80307	
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name	
1	\$880.00	\$0.00	\$53.87	\$0.00	\$0.00	\$0.00	780598009 American Specialty Lab LLC	
Diagnosis Code	Z51.81 Z79.899	POA Code	1	ENCOUNTER FOR THERAPEUTIC DRUG LEVEL MONITORING OTHER LONG TERM (CURRENT) DRUG THERAPY				
Claim ID: E8FB2LNNG00	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code	
Source: Aetna	02/22/2018		Outpatient	Xray & Lab	Z51.81	1	G0480	
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name	
1	\$680.00	\$0.00	\$86.82	\$0.00	\$0.00	\$0.00	788598009 American Specialty Lab LLC	
Diagnosis Code	Z51.81 Z79.899	POA Code	1	ENCOUNTER FOR THERAPEUTIC DRUG LEVEL MONITORING OTHER LONG TERM (CURRENT) DRUG THERAPY				
Claim ID: EXAB2FPP400	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code	
Source: Aetna	02/16/2018		Office	Medical Care	K58.9	1	09214	
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name	
1	\$169.00	\$65.17	\$0.00	\$0.00	\$30.00	\$0.00	747536609 Syed Faiz Rahman	
Diagnosis Code	K58.9 G47.00 F43.10 F41.8	POA Code	1	IRRITABLE BOWEL SYNDROME WITHOUT DIARRHEA INSOMNIA, UNSPECIFIED POST-TRAUMATIC STRESS DISORDER, UNSPECIFIED OTHER SPECIFIED ANXIETY DISORDERS				

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J1XC091
20190725 000266

DCN# 19072506007
PRODOX 7-25-2019

19072506007
*000296*JIXC091*002849*

Name: TAYLOR KIMBERLY

DOB: [REDACTED]

Report Run Date: 07/23/2019

Health - Dental

Our records show the following history of your medical and / or dental claim submissions and the detail of those claims:

Date of Service: 04/13/2018		Date Processed	Assignment of Benefits	Control / Member Group Number ID				
		06/01/2018	Assigned to Provider	00512271 00512271				
Claim ID: EFP848P6Z00		Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna		06/01/2018		Office	Medical Care	F43.10	1	99214
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name	
1	\$169.00	\$65.17	\$0.00	\$0.00	\$30.00	\$0.00	747536609 Syed Faiz Rahman	
Diagnosis Code	F43.10 G47.00 F41.8	POA Code	1 POST-TRAUMATIC STRESS DISORDER, UNSPECIFIED 1 INSOMNIA, UNSPECIFIED 1 OTHER SPECIFIED ANXIETY DISORDERS					
Date of Service: 06/26/2018		Date Processed	Assignment of Benefits	Control / Member Group Number ID				
		06/28/2018	Assigned to Provider	00512271 00512271				
Claim ID: E5JL4NHDW00		Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code
Source: Aetna		06/28/2018		Office	Medical Care	K58.1	1	99214
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name	
1	\$169.00	\$65.17	\$0.00	\$0.00	\$30.00	\$0.00	747536609 Syed Faiz Rahman	
Diagnosis Code	K58.1 F43.10 G47.00 F41.8	POA Code	1 IRRITABLE BOWEL SYNDROME WITH CONSTIPATION 1 POST-TRAUMATIC STRESS DISORDER, UNSPECIFIED 1 INSOMNIA, UNSPECIFIED 1 OTHER SPECIFIED ANXIETY DISORDERS					

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DCN# 190725056007
PRODOX 7-25-2019

190725056007
'0002B5'J1XC091'002650'

Name: TAYLOR KIMBERLY

DOB: [REDACTED]

Report Run Date: 07/23/2019

Health - Dental

Our records show the following history of your medical and / or dental claim submissions and the detail of those claims:

Date of Service: 08/29/2018		Date Processed	Assignment of Benefits	Control / Member Group Number ID				
		09/05/2018	Assigned to Provider	00512271 00512271				
Claim ID: ECJL6RWR000	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code	
Source: Aetna	09/05/2018		Office	Medical Care	K58.9	1	99214	
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name	
1	\$169.00	\$65.17	\$0.00	\$0.00	\$30.00	\$0.00	747536609 Syed Faiz Rahman	
Diagnosis Code	K58.9 F43.10 G47.00 F32.9	POA Code	1 IRRITABLE BOWEL SYNDROME WITHOUT DIARRHEA 1 POST-TRAUMATIC STRESS DISORDER, UNSPECIFIED 1 INSOMNIA, UNSPECIFIED 1 MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED					
Date of Service: 08/30/2018		Date Processed	Assignment of Benefits	Control / Member Group Number ID				
		09/05/2018	Assigned to Provider	00512271 00512271				
Claim ID: EFFB6R6X100	Received Date:	Place of Service	Derived Place of Service	Type of Service	Diagnosis Code	POA Code	Procedure Code	
Source: Aetna	09/05/2018		Office	Xray & Lab	N92.0	1	76856	
Number of Services	Charge Submitted	Amt Paid	Deductible	Co Ins	Copay	COB	Provider Number / Provider Name	
1	\$275.00	\$93.82	\$0.00	\$0.00	\$30.00	\$0.00	747536609 Syed Faiz Rahman	
Diagnosis Code	N92.0	POA Code	1 EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE					

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J1XC091
20190725 000235

EXHIBIT “C”

EXHIBIT “C”

Processed By	Date	Member	Provider	Bill Amount	Plan Paid	Your Responsibility	paid	date
Aetna	6/13/2017	KIMBERLY (You)	JOSEPH ADASHEK	\$ 897.00	\$ 465.24	\$ -		
Aetna	6/8/2017	KIMBERLY (You)	QUEST DIAGNOSTICS	\$ 155.02	\$ 17.01	\$ -		
Aetna	6/2/2017	KIMBERLY (You)	BRIAN LIPMAN	\$ 623.01	\$ 213.19	\$ 409.82		
Aetna	6/2/2017	KIMBERLY (You)	BRIAN LIPMAN	\$ 199.92	\$ 75.50	\$ 124.42		
Aetna	6/1/2017	KIMBERLY (You)	BRIAN LIPMAN	\$ 623.01	\$ 213.19	\$ 409.82		
Aetna	5/31/2017	KIMBERLY (You)	BRIAN LIPMAN	\$ 623.01	\$ 213.19	\$ 409.82		
Aetna	5/30/2017	KIMBERLY (You)	BRIAN LIPMAN	\$ 623.01	\$ 213.19	\$ 409.82		
Aetna	5/29/2017	KIMBERLY (You)	BRIAN LIPMAN	\$ 623.01	\$ 213.19	\$ 409.82		
Aetna	5/28/2017	KIMBERLY (You)	BRIAN LIPMAN	\$ 911.76	\$ 213.19	\$ 698.57		
Aetna	5/27/2017	KIMBERLY (You)	BRIAN LIPMAN	\$ 206.35	\$ 47.00	\$ 159.35		
Aetna	5/26/2017	KIMBERLY (You)	BRIAN LIPMAN	\$ 623.01	\$ 213.19	\$ 409.82		
Aetna	5/26/2017	KIMBERLY (You)	BRIAN LIPMAN	\$ 209.44	\$ 16.03	\$ -		
Aetna	5/26/2017	KIMBERLY (You)	QUEST DIAGNOSTICS	\$ 68.20	\$ 8.41	\$ -		
Aetna	5/26/2017	KIMBERLY (You)	QUEST DIAGNOSTICS	\$ 623.01	\$ 213.19	\$ 409.82		
Aetna	5/25/2017	KIMBERLY (You)	BRIAN LIPMAN	\$ 623.01	\$ 213.19	\$ 409.82		
Aetna	5/24/2017	KIMBERLY (You)	BRIAN LIPMAN	\$ 623.01	\$ 213.19	\$ 409.82		
Aetna	5/23/2017	KIMBERLY (You)	BRIAN LIPMAN	\$ 623.01	\$ 213.19	\$ 409.82		
Aetna	5/22/2017	KIMBERLY (You)	BRIAN LIPMAN	\$ 623.01	\$ 213.19	\$ 409.82		
STEINBERG DIAGNOSTIC								
Aetna	5/22/2017	KIMBERLY (You)	MEDICAL IMAGING	\$ 800.00	\$ 348.75	\$ -		
Aetna	5/21/2017	KIMBERLY (You)	BRIAN LIPMAN	\$ 623.01	\$ 213.19	\$ 409.82		
Aetna	5/20/2017	KIMBERLY (You)	BRIAN LIPMAN	\$ 911.76	\$ 213.19	\$ 698.57		
Aetna	5/19/2017	KIMBERLY (You)	BRIAN LIPMAN	\$ 206.35	\$ -	\$ 206.35		
Aetna	5/19/2017	KIMBERLY (You)	QUEST DIAGNOSTICS	\$ 230.05	\$ 21.62	\$ -		
Aetna	5/19/2017	KIMBERLY (You)	BRIAN LIPMAN	\$ 623.01	\$ 213.19	\$ 409.82		
Aetna	5/19/2017	KIMBERLY (You)	BRIAN LIPMAN	\$ 199.92	\$ 75.50	\$ 124.42		
Aetna	5/18/2017	KIMBERLY (You)	BRIAN LIPMAN	\$ 623.01	\$ 213.19	\$ 409.82		
Aetna	5/17/2017	KIMBERLY (You)	BRIAN LIPMAN	\$ 623.01	\$ 213.19	\$ 409.82		
Aetna	5/16/2017	KIMBERLY (You)	BRIAN LIPMAN	\$ 623.01	\$ -	\$ 623.01		
Aetna	5/16/2017	KIMBERLY (You)	BRIAN LIPMAN	\$ 623.01	\$ -	\$ 623.01		
Aetna	5/15/2017	KIMBERLY (You)	BRIAN LIPMAN	\$ 623.01	\$ -	\$ 623.01		
Aetna	5/14/2017	KIMBERLY (You)	BRIAN LIPMAN	\$ 664.26	\$ 45.06	\$ 619.20		
Aetna	5/13/2017	KIMBERLY (You)	BRIAN LIPMAN					

TAYLOR001742

\$	56.00	3/2/2018
\$	56.00	3/16/2018
\$	56.00	3/30/2018
\$	56.00	4/13/2018
\$	56.00	4/27/2018
\$	56.00	5/11/2018
\$	56.00	5/25/2018
\$	56.00	6/8/2018
\$	56.00	6/22/2018
\$	56.00	7/6/2018
\$	56.00	7/20/2018
\$	56.00	8/3/2018
\$	56.00	8/17/2018
\$	56.00	8/31/2018
\$	56.00	9/14/2018
\$	56.00	9/28/2018
\$	56.00	10/12/2018
\$	56.00	10/26/2018
\$	56.00	11/9/2018
\$	56.00	11/23/2018
\$	56.00	12/7/2018
\$	56.00	12/21/2018
\$	56.00	1/4/2019
\$	56.00	1/18/2019
\$	56.00	2/1/2019
\$	56.00	2/15/2019
\$	56.00	3/1/2019
\$	56.00	3/15/2019
\$	56.00	3/29/2019
\$	56.00	4/15/2019
\$	56.00	5/10/2019
\$	56.00	5/24/2019
\$	56.00	6/7/2019
\$	56.00	6/21/2019

TAYLOR001744

9/13/2020

12

\$	56.00	7/5/2019
\$	56.00	7/19/2019
\$	56.00	8/2/2019
\$	56.00	8/16/2016
\$	56.00	8/30/2019
\$	56.00	9/13/2019
\$	56.00	9/27/2019
\$	56.00	10/11/2019
\$	56.00	10/25/2019
\$	56.00	11/8/2019
\$	56.00	11/22/2019
\$	56.00	12/6/2019
\$	56.00	12/20/2019
\$	56.00	1/3/2020
\$	56.00	1/17/2020
\$	56.00	1/31/2020
\$	56.00	2/14/2020
\$	56.00	2/28/2020
\$	56.00	3/13/2020
\$	56.00	3/27/2020
\$	56.00	4/10/2020

\$ 3,840.23

Aetna	4/27/2017	KIMBERLY (You)	QUEST DIAGNOSTICS	\$	195.14	\$	145.20	\$	-
Aetna	4/27/2017	KIMBERLY (You)	PATRICK FRANK	\$	1,233.00	\$	294.50	\$	-
Aetna	4/27/2017	KIMBERLY (You)	ELIZABETH HAMILTON	\$	4,215.00	\$	1,150.56	\$	-
Aetna	4/27/2017	KIMBERLY (You)	JASWINDER SAMRA	\$	7,500.00	\$	1,192.34	\$	-
Aetna	4/27/2017	KIMBERLY (You)	CITY OF HENDERSON	\$	1,134.15	\$	331.91	\$	802.24
									\$ 30.00
									\$ 30.00
									\$ 30.00
									\$ 30.00
									\$ 30.00
									\$ 30.00
									\$ 30.00
									\$ 30.00

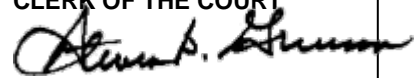
TAYLOR001745

\$	25.00	8/3/2018
\$	25.00	8/17/2018
\$	25.00	8/31/2018
\$	25.00	9/14/2018
\$	25.00	9/28/2018
\$	25.00	10/12/2018
\$	25.00	10/26/2018
\$	25.00	11/9/2018
\$	25.00	11/23/2018
\$	25.00	12/7/2018
\$	25.00	12/21/2018
\$	25.00	1/4/2019
\$	25.00	1/18/2019
\$	25.00	2/1/2019
\$	25.00	2/15/2019
\$	25.00	3/1/2019
\$	25.00	3/15/2019
\$	25.00	3/29/2019
\$	25.00	4/12/2019
\$	25.00	4/26/2019
\$	25.00	5/10/2019
\$	25.00	5/24/2019
\$	25.00	6/7/2019
\$	25.00	6/21/2019
\$	17.00	7/5/2019
\$	1,242.00	

Aetna	4/21/2017	KIMBERLY (You)	TODD	MURRY	\$	84.50	\$	-	\$	-
Aetna	4/21/2017	KIMBERLY (You)	KEITH	BRILL	\$	120.00	\$	4.96	\$	60.00
Aetna	4/4/2017	KIMBERLY (You)	KEITH	BRILL	\$	190.00	\$	35.17	\$	60.00
Aetna	3/31/2017	KIMBERLY (You)	STEINBERG	DIAGNOSTIC	\$	193.00	\$	79.33	\$	-
Aetna	3/31/2017	KIMBERLY (You)	STEINBERG	DIAGNOSTIC	\$	498.00	\$	43.94	\$	30.00

TAYLOR001748

Aetna	3/27/2017	KIMBERLY (You)	ANDREW	MCKNIGHT	\$	155.00	\$	95.00	\$	60.00	
Aetna	3/9/2017	KIMBERLY (You)	KEITH	BRILL	\$	298.78	\$	-	\$	153.54	
Aetna	3/9/2017	KIMBERLY (You)	QUEST DIAGNOSTICS		\$	195.14	\$	145.20	\$	-	
Aetna	3/9/2017	KIMBERLY (You)	QUEST DIAGNOSTICS		\$	186.47	\$	-	\$	22.97	8/18/2017
Aetna	3/6/2017	KIMBERLY (You)	KEITH	BRILL	\$	270.00	\$	-	\$	118.75	
Aetna	3/6/2017	KIMBERLY (You)	QUEST DIAGNOSTICS		\$	195.14	\$	145.20	\$	-	
Aetna	3/6/2017	KIMBERLY (You)	QUEST DIAGNOSTICS		\$	186.47	\$	-	\$	22.97	9/11/2017
Aetna	2/14/2017	KIMBERLY (You)	QUEST DIAGNOSTICS		\$	247.30	\$	54.85	\$	-	
Aetna	2/14/2017	KIMBERLY (You)	KEITH	BRILL	\$	215.00	\$	96.80	\$	-	
					\$	229,697.90	\$	67,320.87	\$	20,065.52	
	8/18/2017	Kim	Radiology associates of NV		\$	99.00	\$	24.66	\$	8.22	8/18/2017
			Allergy Partners / acct #								
	8/18/2017	kim	1077543		\$	155.00	\$	95.00	\$	60.00	8/18/2017
										\$ 11,058.91	



1 **OML**
2 **ADAM J. BREEDEN, ESQ.**
3 Nevada Bar No. 008768
4 **BREEDEN & ASSOCIATES, PLLC**
5 376 E. Warm Springs Road, Suite 120
6 Las Vegas, Nevada 89119
7 Phone: (702) 819-7770
8 Fax: (702) 819-7771
9 Adam@Breedendandassociates.com
10 *Attorneys for Plaintiff*

11 **EIGHTH JUDICIAL DISTRICT COURT**

12 **CLARK COUNTY, NEVADA**

13 KIMBERLY TAYLOR, an individual,
14
15 Plaintiff,

CASE NO.: A-18-773472-C

DEPT NO.: III

16 v.

17 **PLAINTIFF'S OPPOSITION TO**
18 **DEFENDANT'S MOTION IN LIMINE #1:**
19 **INCLUSION OF OTHERS ON VERDICT**
20 **FORM**

21 KEITH BRILL, M.D., FACOG, FACS, an
22 individual; WOMEN'S HEALTH
23 ASSOCIATES OF SOUTHERN NEVADA –
24 MARTIN, PLLC, a Nevada Professional
25 Limited Liability Company; BRUCE
26 HUTCHINS, RN, an individual;
27 HENDERSON HOSPITAL and/or VALLEY
28 HEALTH SYSTEMS, LLC, a Foreign LLC
d/b/a HENDERSON HOSPITAL, a subsidiary
of UNITED HEALTH SERVICES, a Foreign
LLC; TODD W. CHRISTENSEN, M.D., an
individual; DIGNITY HEALTH d/b/a ST.
ROSE DOMINICAN HOSPITAL; DOES I
through XXX, inclusive; and ROE
CORPORATIONS I through XXX, inclusive,

Date of Hearing: September 28, 2021

Time of Hearing: 9:00 a.m.

Defendants.

Plaintiff, KIMBERLY TAYLOR, by and through her attorney of record, ADAM J.
BREEDEN, ESQ. of BREEDEN & ASSOCIATES, PLLC, and hereby submits her Opposition to
Defendants' Motion in Limine #1: Inclusion of Others on the Verdict Form.

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III APPX000614

1 **MEMORANDUM OF OPPOSITION POINTS AND AUTHORITIES**

2 The parties could not agree on application of *Piroozi v. Eighth Judicial Dist. Court*, 131 Nev.
3 1004, 363 P.3d 1168 (2015) and potential apportionment of fault to non-parties in this medical
4 malpractice matter. The issues raised in *Defendants Motion in Limine # 1* are identical to the issues
5 already briefed before the Court in *Plaintiff's Motion in Limine # 3*.

6 It best serves judicial resources for Taylor to simply indicate that her opposition to inclusion
7 of non-party Defendants on the jury verdict form is set forth at length in *Plaintiff's Motion in Limine*
8 *# 3*. Taylor incorporates her arguments in that Motion as her opposition to the Defense motion.
9 However, to summarize Taylor's position she asserts that application of *Piroozi* in this matter would
10 make no sense because Taylor's theory is not that the negligence of several health care providers
11 combined to produce all of her damages. In fact, aside from a period of perhaps 24 hours where a
12 delay in diagnosis occurred, Dr. Brill is faulted for all damages. Therefore, it would be unfair for
13 Dr. Brill to claim a blanket reduction of damages for the fault of non-parties, when no other provider
14 is accused of providing those damages.

15 Frankly, *Piroozi* is an inartful solution to an easy problem. The Court could simply give the
16 following instruction in this trial, and it would eliminate all of these issues:

17 Dr. Brill is not responsible for any proportion of injuries caused by another
18 provider of health care. If you find that Dr. Brill is liable in this action, but
19 you also find that some other provider of health care caused or contributed
20 to Ms. Taylor's injuries, when you determine the damages to be awarded
21 against Dr. Brill you should not award against him any proportion of
22 damages you believe other providers of health care caused. If you find the
negligence of Dr. Brill and another provider of health care combined to
create the same damages, award only the proportion of those damages that
Dr. Brill caused against him in your verdict.

23 Or a plainer instruction could be given:

24 If you believe some other provider of health care caused or contributed to
25 the injuries of the Plaintiff, you should not award that proportion of those
26 damages against Dr. Brill. In awarding damages against Dr. Brill, you
should only award damages he fully or partial caused, not any proportion of
damages caused in whole or in part by another provider of health care.

1 Alternatively, Special Interrogatories would have to be asked in the verdict form asking
2 jurors to break down their damages item-by-item so Dr. Brill would get a reduction of the award for
3 damages *jointly* caused, but not a reduction for damages he did not jointly cause.

4 Because the parties have filed motions in limine on this issue that mirror each other, Plaintiff
5 Taylor believes this issue is well-briefed to the Court and that resolution of *Plaintiff's Motion in*
6 *Limine # 3* will resolve this Defense Motion in Limine as well.

7 DATED this 27th day of August, 2021.

8 BREEDEN & ASSOCIATES, PLLC

9 

10 ADAM J. BREIDEN, ESQ.

11 Nevada Bar No. 008768

12 376 E. Warm Springs Road, Suite 120

13 Las Vegas, Nevada 89119

14 Phone: (702) 819-7770

15 Fax: (702) 819-7771

16 Adam@Breedendassociates.com

17 Attorneys for Plaintiff

CERTIFICATE OF SERVICE

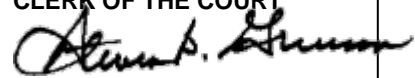
I hereby certify that on the 27th day of August, 2021, I served a copy of the foregoing legal document **PLAINTIFF'S OPPOSITION TO DEFENDANT'S MOTION IN LIMINE #1: INCLUSION OF OTHERS ON VERDICT FORM** via the method indicated below:

X	Pursuant to NRCP 5 and NEFCR 9, by electronically serving all counsel and e-mails registered to this matter on the Court's official service, Wiznet system.
	<p>Pursuant to NRCP 5, by email using a Dropbox link and/or by placing a copy in the US mail, postage pre-paid to the following counsel of record or parties in proper person:</p> <p>Robert C. McBride, Esq. Heather S. Hall, Esq. McBRIDE HALL 8329 W. Sunset Road, Suite 260 Las Vegas, Nevada 89113 <i>Attorneys for Defendants Keith Brill, M.D. and Women's Health Associates</i></p> <p>John H. Cotton, Esq. Adam A. Schneider, Esq. JOHN H. COTTON & ASSOCIATES, LTD. 7900 W. Sahara Avenue, Suite 200 Las Vegas, Nevada 89117 <i>Attorneys for Todd W. Christensen, M.D.</i></p> <p>Keith A. Weaver, Esq. Danielle Woodrum, Esq. LEWIS BRISBOIS BISGAARD & SMITH 6385 S. Rainbow Boulevard, Suite 600 Las Vegas, Nevada 89118 <i>Attorneys for Dignity Health dba St. Rose Dominican Hospital</i></p> <p>Ian M. Houston, Esq. HALL PRANGLE & SCHOONVELD, LLC 1140 N. Town Center Drive, Suite 350 Las Vegas, Nevada 89144 <i>Attorneys for Henderson Hospital & Bruce Hutchins, RN</i></p>
	Via receipt of copy (proof of service to follow)

An Attorney or Employee of the following firm:

/s/ Kristy Johnson

BREEDEN & ASSOCIATES, PLLC



1 **OML**
2 **ADAM J. BREEDEN, ESQ.**
3 Nevada Bar No. 008768
4 **BREEDEN & ASSOCIATES, PLLC**
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8 Fax: (702) 819-7771
9 Adam@Breedendandassociates.com
10 *Attorneys for Plaintiff*

11 **EIGHTH JUDICIAL DISTRICT COURT**

12 **CLARK COUNTY, NEVADA**

13 KIMBERLY TAYLOR, an individual,
14
15 Plaintiff,

CASE NO.: A-18-773472-C

DEPT NO.: III

16 v.

17 **PLAINTIFF'S OPPOSITION TO**
18 **DEFENDANT'S MOTION IN LIMINE #2:**
19 **COLLATERAL SOURCE ISSUES &**
20 **NRS § 42.021**

21 KEITH BRILL, M.D., FACOG, FACS, an
22 individual; WOMEN'S HEALTH
23 ASSOCIATES OF SOUTHERN NEVADA –
24 MARTIN, PLLC, a Nevada Professional
25 Limited Liability Company; BRUCE
26 HUTCHINS, RN, an individual;
27 HENDERSON HOSPITAL and/or VALLEY
28 HEALTH SYSTEMS, LLC, a Foreign LLC
d/b/a HENDERSON HOSPITAL, a subsidiary
of UNITED HEALTH SERVICES, a Foreign
LLC; TODD W. CHRISTENSEN, M.D., an
individual; DIGNITY HEALTH d/b/a ST.
ROSE DOMINICAN HOSPITAL; DOES I
through XXX, inclusive; and ROE
CORPORATIONS I through XXX, inclusive,

Date of Hearing: September 28, 2021

Time of Hearing: 9:00 a.m.

Defendants.

Plaintiff, KIMBERLY TAYLOR, by and through her attorney of record, ADAM J.
BREEDEN, ESQ. of BREEDEN & ASSOCIATES, PLLC, and hereby submits her Opposition to
Defendants' Motion in Limine #2: Application of Collateral Source Rule and NRS § 42.021.

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III APPX000618

1 **MEMORANDUM OF OPPOSITION POINTS AND AUTHORITIES**

2 The parties could not agree on application of the NRS § 42.021 and the collateral source rule
3 to this medical malpractice matter. It is undisputed that Plaintiff incurred over \$200,000 in medical
4 expenses and that her private health insurer paid those bills for a smaller amount. The issues raised
5 in *Defendants Motion in Limine # 2* are identical to the issues already briefed before the Court in
6 *Plaintiff's Motion in Limine # 4*.

7 It best serves judicial resources for Taylor to simply indicate that her opposition to
8 introduction of collateral source evidence in this case is fully briefed in *Plaintiff's Motion in Limine*
9 *# 4*. Taylor incorporates her arguments in that Motion as her opposition to the Defense motion.
10 However, to summarize Taylor's position she asserts first that NRS § 42.021 is an unconstitutional
11 violation of equal protection under the law, an issue that was briefed but left undecided as moot to
12 the Nevada Supreme Court in *Capanna v. Orth*, 134 Nev. 888, 432 P.3d 726 (2018). Alternatively,
13 Taylor asserts that in this particular case introduction of the collateral source payments would be
14 improper because the Defense has disclosed no expert witness who will testify that the collateral
15 source payments (the health insurance reimbursement rates) are the usual, customary and reasonable
16 value of the services. *Khoury v. Seastrand*, 377 P.3d 81, 93 (Nev. 2016). Therefore, even if NRS
17 § 42.021 is generally applicable it could not be used on the facts of this particular case. We also
18 note that the Defense Motion in Limine argues that Taylor should not be allowed "double dipping."
19 That statement of the law is accurate but misplaced here. Barring collateral source payments is not
20 "double dipping" because Taylor is not recovering for the same loss twice. Instead, she is merely
21 once recovering the usual, customary and reasonable value of the medical services provided to her
22 from the Defendants, which is exactly what the law allows.

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25 ///

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28 ///

1 Because the parties have filed motions in limine on this issue that mirror each other, Plaintiff
2 Taylor believes this issue is well-briefed to the Court and that resolution of *Plaintiff's Motion in*
3 *Limine # 4* will resolve this Defense Motion in Limine as well.

4 DATED this 27th day of August, 2021.

5 **BREEDEN & ASSOCIATES, PLLC**

6 

7 **ADAM J. BREEDEN, ESQ.**

8 Nevada Bar No. 008768

9 376 E. Warm Springs Road, Suite 120

10 Las Vegas, Nevada 89119

11 Phone: (702) 819-7770

12 Fax: (702) 819-7771

13 Adam@Breedendassociates.com

14 *Attorneys for Plaintiff*

CERTIFICATE OF SERVICE

I hereby certify that on the 27th day of August, 2021, I served a copy of the foregoing legal document **PLAINTIFF'S OPPOSITION TO DEFENDANT'S MOTION IN LIMINE #2: COLLATERAL SOURCE ISSUES & NRS § 42.021** via the method indicated below:

X	Pursuant to NRCP 5 and NEFCR 9, by electronically serving all counsel and e-mails registered to this matter on the Court's official service, Wiznet system.
	<p>Pursuant to NRCP 5, by email using a Dropbox link and/or by placing a copy in the US mail, postage pre-paid to the following counsel of record or parties in proper person:</p> <p>Robert C. McBride, Esq. Heather S. Hall, Esq. McBRIDE HALL 8329 W. Sunset Road, Suite 260 Las Vegas, Nevada 89113 <i>Attorneys for Defendants Keith Brill, M.D. and Women's Health Associates</i></p> <p>John H. Cotton, Esq. Adam A. Schneider, Esq. JOHN H. COTTON & ASSOCIATES, LTD. 7900 W. Sahara Avenue, Suite 200 Las Vegas, Nevada 89117 <i>Attorneys for Todd W. Christensen, M.D.</i></p> <p>Keith A. Weaver, Esq. Danielle Woodrum, Esq. LEWIS BRISBOIS BISGAARD & SMITH 6385 S. Rainbow Boulevard, Suite 600 Las Vegas, Nevada 89118 <i>Attorneys for Dignity Health dba St. Rose Dominican Hospital</i></p> <p>Ian M. Houston, Esq. HALL PRANGLE & SCHOONVELD, LLC 1140 N. Town Center Drive, Suite 350 Las Vegas, Nevada 89144 <i>Attorneys for Henderson Hospital & Bruce Hutchins, RN</i></p>
	Via receipt of copy (proof of service to follow)

An Attorney or Employee of the following firm:

/s/ Kristy Johnson

BREEDEN & ASSOCIATES, PLLC