

IN THE COURT OF COMMON PLEAS
SUMMIT COUNTY, OHIO

MEMBER WILLIAMS, et al.,

Plaintiffs,

v.

KISLING, NESTICO & REDICK, LLC,
et al.,

Defendants.

Case No. CV-2016-09-3928

Judge James Brogan

**Dr. Sam Ghoubril's Notice of Filing
Affidavit**

Now comes Defendant, Dr. Sam Ghoubril, by and through his undersigned counsel, and hereby gives notice of filing the Affidavit of Dr. Douglas Chonko. The Affidavit is attached hereto as Exhibit A.

Respectfully Submitted,

/s/ Bradley J. Barmen

Bradley J. Barmen (0076515)
LEWIS BRISBOIS BISGAARD & SMITH LLP
1375 East 9th Street, Suite 2250
Cleveland, Ohio 44114
Phone: 216-344-9422
Fax: 216-344-9421
Brad.Barmen@lewisbrisbois.com
Counsel for Defendant Dr. Sam Ghoubril

CERTIFICATE OF SERVICE

The undersigned certifies that on the 10th day of May, 2019, I electronically filed the foregoing with the Clerk of Courts using the CM/ECF system which will send notification of this filing to all attorneys of record.

/s/ Bradley J. Barmen _____

Bradley J. Barmen

Counsel for Defendant

Sam N. Ghoubrial, M.D.

STATE OF OHIO) PRIVATE
) SS: AFFIDAVIT
 COUNTY OF SUMMIT)

I, Douglas J. Coenen, being first duly sworn, have personal and firsthand knowledge of all facts contained herein and am competent to testify to the following:

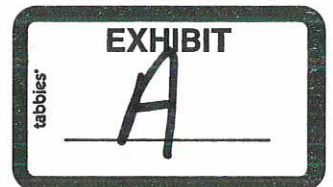
1. I am a licensed physician in the state of Ohio and was duly licensed at all times relevant herein.
2. I have reviewed the invoices and charges for TENS Units and for Trigger Point Injections.
3. The charges reflected in the invoices reviewed are standard in the industry in Summit County area.
4. I am familiar with what Dr. Sam Ghoubril's practice charges for TENS Units and for Trigger Point Injections. Dr. Ghoubril's charges for these treatments are not artificially inflated and they fall within the standard range charged in the Summit County area.
5. I know there are practitioners in the area that charge more for both TENS Units and Trigger Point Injections than Dr. Ghoubril
6. Further affiant sayeth naught.

Douglas J. Coenen MD, DO
 HL

SWORN TO BEFORE ME and subscribed in my presence this 7 day of May, 2019.

[Signature]
 NOTARY PUBLIC

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Statement

Chiropractic Associates of New Albany

10/26/2018

1015 South Court Street
Suite A
Circleville, OH 43113-2108
(740) 474-2921

Make Checks Payable To:
Columbus Chiro & Phy Therapy Ctr West
4810 W Broad St
Columbus, OH 43228-1602
(740) 474-2921

Tax ID : 45-2767955

Patient

| Date Of Service | Code | Description | Amount | Allowed | Ins 1 Paid | Ins 2 Paid | Other Payment | Patient Paid | Adj Amount | Ins Balance | Patient Balance |
|-----------------|------|-------------|--------|---------|------------|------------|---------------|--------------|------------|-------------|-----------------|
|-----------------|------|-------------|--------|---------|------------|------------|---------------|--------------|------------|-------------|-----------------|

Claim: Primary Carrier: Self-Pay

Dx Codes: S23.3XXA, S33.5XXA, S33.8XXA, S39.012A, S29.012A, V43.52XA

| | | | | | | | | | | | |
|-----------|-------|--------------------------|--------|------|------|------|------|------|------|------|--------|
| 9/28/2018 | 97012 | Mechanical Traction | 30.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 30.00 |
| 9/28/2018 | 97014 | Electrical Stimulation-2 | 30.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 30.00 |
| 9/28/2018 | E0720 | Tens unit | 495.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 495.00 |
| 9/28/2018 | 99204 | Level 4 | 210.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 210.00 |

Claim: Primary Carrier: Self-Pay

Dx Codes: S23.3XXA, S33.5XXA, S33.8XXA, S39.012A, S29.012A, V43.52XA

| | | | | | | | | | | | |
|------------|-------|-----------------------------------|-------|------|------|------|------|------|------|------|-------|
| 10/10/2018 | 98941 | CMT 3-4 Regions | 60.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 60.00 |
| 10/10/2018 | 97012 | Mechanical Traction | 30.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 30.00 |
| 10/10/2018 | 97140 | Manual Therapy (Ea 15 Min) | 80.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 80.00 |
| 10/10/2018 | 97110 | Therapeutic Exercise (Ea. 15 Min) | 45.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 45.00 |

Claim: Primary Carrier: Self-Pay

Dx Codes: S23.3XXA, S33.5XXA, S33.8XXA, S39.012A, S29.012A, V43.52XA

| | | | | | | | | | | | |
|------------|-------|----------------------------|-------|------|------|------|------|------|------|------|-------|
| 10/12/2018 | 98941 | CMT 3-4 Regions | 60.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 60.00 |
| 10/12/2018 | 97012 | Mechanical Traction | 30.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 30.00 |
| 10/12/2018 | 97140 | Manual Therapy (Ea 15 Min) | 80.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 80.00 |

Total Balance Due: 1150.00

Remainder Aging

| Past 30 Days | Past 60 Days | Past 90 Days | Past 120 Days | Total |
|--------------|--------------|--------------|---------------|---------|
| 1150.00 | 0.00 | 0.00 | 0.00 | 1150.00 |

Alok Bhaiji M.D.
 7255 Old Oak Blvd. C-111
 Middleburg, Ohio 44130

Invoice

| |
|---|
| MAKE CHECKS PAYABLE TO THE HURT DOCTORS |
| Bill To |
| |

| | |
|----------------|-----------|
| Invoice Date - | 5/21/2015 |
| Invoice # | 4355 |

Please return this portion of statement with payment

| | | |
|----------|-----------|----------|
| Location | DIAGNOSIS | ATTORNEY |
| EO | 844.9 | KNR |

| Service Date | Item Code | Quantity | Description | Price Each | Amount |
|--------------|-----------|----------|----------------------------------|------------|--------|
| 3/19/2015 | 99205 | 1 | FIRST COMPREHENSIVE VISIT | 575.00 | 575.00 |
| 3/19/2015 | 97010 | 1 | HOT/COLD PACKS | 30.00 | 30.00 |
| 3/19/2015 | 97032 | 1 | E-STIM ATTENDED | 40.00 | 40.00 |
| 3/19/2015 | 97035 | 1 | ULTRASOUND THERAPY | 35.00 | 35.00 |
| 3/19/2015 | 97535 | 1 | ACTIVITIES OF DAILY LIVING | 100.00 | 100.00 |
| 3/24/2015 | 97010 | 1 | HOT/COLD PACKS | 30.00 | 30.00 |
| 3/24/2015 | 97032 | 1 | E-STIM ATTENDED | 40.00 | 40.00 |
| 3/24/2015 | 97035 | 1 | ULTRASOUND THERAPY | 35.00 | 35.00 |
| 3/24/2015 | 97535 | 1 | ACTIVITIES OF DAILY LIVING | 100.00 | 100.00 |
| 3/26/2015 | 97010 | 1 | HOT/COLD PACKS | 30.00 | 30.00 |
| 3/26/2015 | 97032 | 1 | E-STIM ATTENDED | 40.00 | 40.00 |
| 3/26/2015 | 97035 | 1 | ULTRASOUND THERAPY | 35.00 | 35.00 |
| 3/31/2015 | 97010 | 1 | HOT/COLD PACKS | 30.00 | 30.00 |
| 3/31/2015 | 97032 | 1 | E-STIM ATTENDED | 40.00 | 40.00 |
| 3/31/2015 | 97035 | 1 | ULTRASOUND THERAPY | 35.00 | 35.00 |
| 4/2/2015 | 99213 | 1 | OFFICE VISIT/ESTABLISHED PATIENT | 275.00 | 275.00 |
| 4/2/2015 | 20553 | 6 | TRIGGER POINT INJECTIONS | 110.00 | 660.00 |
| 4/2/2015 | 97535 | 1 | ACTIVITIES OF DAILY LIVING | 100.00 | 100.00 |
| 4/2/2015 | E0730-NU | 1 | TENS | 500.00 | 500.00 |
| 4/7/2015 | 97010 | 1 | HOT/COLD PACKS | 30.00 | 30.00 |
| 4/7/2015 | 97032 | 1 | E-STIM ATTENDED | 40.00 | 40.00 |
| 4/7/2015 | 97035 | 1 | ULTRASOUND THERAPY | 35.00 | 35.00 |
| 4/9/2015 | 99213 | 1 | OFFICE VISIT/ESTABLISHED PATIENT | 275.00 | 275.00 |
| 4/9/2015 | 20553 | 6 | TRIGGER POINT INJECTIONS | 110.00 | 660.00 |
| 4/9/2015 | 97010 | 1 | HOT/COLD PACKS | 30.00 | 30.00 |
| 4/9/2015 | 97032 | 1 | E-STIM ATTENDED | 40.00 | 40.00 |
| 4/9/2015 | 97035 | 1 | ULTRASOUND THERAPY | 35.00 | 35.00 |
| 4/9/2015 | 97535 | 1 | ACTIVITIES OF DAILY LIVING | 100.00 | 100.00 |
| 4/14/2015 | 99213 | 1 | OFFICE VISIT/ESTABLISHED PATIENT | 275.00 | 275.00 |
| 4/14/2015 | 20553 | 4 | TRIGGER POINT INJECTIONS | 110.00 | 440.00 |
| 4/14/2015 | 97010 | 1 | HOT/COLD PACKS | 30.00 | 30.00 |
| 4/14/2015 | 97032 | 1 | E-STIM ATTENDED | 40.00 | 40.00 |
| 4/14/2015 | 97035 | 1 | ULTRASOUND THERAPY | 35.00 | 35.00 |

For Assistance please call (440) 816-2556

Total

2016R2SP1

1 ANALGESIC HEALTHCARE

Patient AR Inquiry report for

Printed on : 12/29/2016 9:38:27AM

Branch # 1

| Carrier# | Invoice# | Order# | Product | Service Date | Amount | Fin. Ch. | Balance |
|----------|--------------|---------|-------------------|--------------|----------|----------|----------|
| 17218 | 1716701.0001 | 1923198 | 136 INT TENS | 10/14/2016 | \$795.00 | \$0.00 | \$795.00 |
| 17218 | 1716701.0002 | 1923198 | 10 ELECTRODES 2X2 | 10/14/2016 | \$138.00 | \$0.00 | \$198.00 |
| 17218 | 1716702.0001 | 1923199 | 10 ELECTRODES 2X2 | 12/26/2016 | \$552.00 | \$0.00 | \$552.00 |
| 17218 | 1716702.0002 | 1923199 | 38 SKIN COTES | 12/26/2016 | \$37.50 | \$0.00 | \$37.50 |
| 17218 | 1716702.0003 | 1923199 | 40 SHIP/HAND-LRG | 12/26/2016 | \$13.85 | \$0.00 | \$13.85 |

Current: \$1,536.35 Over 30: \$0.00 Over 60: \$0.00 Over 90: \$0.00 Total: \$1,536.35

JAN 17 2017