#### IN THE COURT OF COMMON PLEAS SUMMIT COUNTY, OHIO

MEMBER WILLIAMS, et al.,

Plaintiffs,

vs.

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

Defendants.

Case No. CV-2016-09-3928

Judge James A. Brogan

Notice of Filing Volume IV of Exhibits to the Deposition of Defendant Sam Ghoubrial

Plaintiffs hereby give notice of filing Volume IV of exhibits to the deposition of Defendant Sam Ghoubrial, taken on April 9, 2019.

Respectfully submitted,

/s/ Rachel Hazelet

Peter Pattakos (0082884) Rachel Hazelet (0097855)

THE PATTAKOS LAW FIRM LLC

101 Ghent Road

Fairlawn, Ohio 44333

Phone: 330.836.8533

Fax: 330.836.8536 peter@pattakoslaw.com

rhazelet@pattakoslaw.com

Joshua R. Cohen (0032368)

Ellen Kramer (0055552)

COHEN ROSENTHAL & KRAMER LLP

The Hoyt Block Building, Suite 400

Cleveland, Ohio 44113

Phone: 216.781.7956

Fax: 216.781.8061 jcohen@crklaw.com

Attorneys for Plaintiffs

#### **Certificate of Service**

The foregoing document was filed on May 15, 2019, using the Court's electronic-filing system, which will serve copies on all necessary parties.

/s/ Rachel Hazelet	
Attorney for Plaintiffs	

33CNo. 161667

Sam N. Ghoubrial M.D. Richard H. Gunning M.D. Joshua M. Jones M.D. Lisa M. Esterle D.O. MEDICAL LIEN

Re: First date of service:

I hereby direct you to pay to Clearwater Billing Services, LLC from the net proceeds of any settlement, claim, judgment, verdict or award, for any and all services rendered as a result of an injury that I received on 10-60-15

Said amount being fair and reasonable price of medical services provided by Hanchrist Medical Professionals for me at the direction of my doctor or doctors. I authorize you to withhold said sums from the net proceeds of any settlement, claim, judgment, verdict, or awards as may be necessary to pay Clearwater Billing Services, LLC

I fully understand that I am directly and fully responsible to Clearwater Billing Services, LLC for the aforementioned account submitted to me by Clearwater Billing Services, LLC for services rendered me, and that this agreement is made solely for its additional protection and in consideration of its awaiting payment. I further understand that such payment is not contingent on any settlement, claim, judgment, verdict or award by which I may eventually recover said fee.

16-14-15

The undersigned being attorney of record for the appec patient does hereby agree to observe all terms of the above and agrees to withhold such claims from the net proceeds of any settlement, claim, judgment, verdict, or award as may be necessary to adequately profect Clearwater Billing Services, LLC provided that said lien is subordinate to attorney's lien herein.

Dated:

Slater and Eurz/LLP Attorneys at Law

Slater and Zurz LLP One Cascade Plaza, Suite 2210 Akron, Ohio 44308-1135 (330) 762-0700 (330) 762-3923 (fax)

> 1419 South Arlington Street, Akron, Ohio 44306 Phone: (330) 331-7207

Fax: (330) 331-7567

PLAINTIFF'S **EXHIBIT** Ø

Ghoubrial - 000647

Sam N. Ghoubrial M.D., Inc. PHONE 330-331-7207

FAX 330-331-7567

October 14, 2015 Taijuan Carter

CV-2016-09-3928

The patient is a 40-year-old gentleman who states he is a renter of a house and fell through the basement steps. Apparently one of the steps gave out and he fell through it and injured his right knee, right ankle, neck and back. He went to the emergency room at Summa Western Reserve where he was treated and released. Unfortunately, he continues to have pain in his neck and lower back. On a scale of 1 to 10, his pain is 10. He has difficulty twisting, turning and bending. He has been walking with the aid of a crutch since the day of the accident, October 6, 2015.

Past Medical History: Unremarkable.

Past Surgical History: Unremarkable.

Social History: No history of illicit drug use. Unremarkable. He is engaged to be married.

MEDICATIONS: None.

ALLERGIES: Statins.

#### PHYSICAL EXAM:

HEENT: Normocephalic and atraumatic. PERRLA. Mucous membranes are moist. The nose is patent and non-deviated.

NECK: Thyroid gland could not be palpated. No evidence of any cervical lymphadenopathy. No JVD is noted.

SPINE/BACK: No scars are present. He has loss of lordosis of the lumbar spine with severe pain and guarding. He has guarding and tenderness of the periscapular region bilaterally.

GRASP/MANIPULATION: Pincer movements and fine coordination appear to be WNL.

UPPER EXTREMITIES: Shoulders, wrists and elbows: demonstrate no scars or gross deformities. +2 radial pulses throughout.

LOWER EXTREMITIES: No venous insufficiency. He has swelling to the medial and lateral malleoli of the right ankle. He is wearing an ankle splint. He has severe decreased range of motion on flexion to his right knee. He has marked effusion.

MUSCULOSKELETAL: The patient's gait is antalgic. He is walking with a crutch.

Patient Name: Taijuan Carter

Page Two

**NEUROLOGICAL:** The patient is alert and oriented x 3. Cranial nerves II-XII are grossly intact throughout. Reflexes are 2/4 throughout. Tactile sensation is WNL. There is a negative Romberg test. Cerebellar testing is within normal limits. There is a negative straight leg raise and negative bowstring sign.

#### ASSESSMENT:

- 1. Periscapular strain, thoracic region.
- 2. Lumbar strain.
- 3. Right knee injury.
- 4. Right ankle injury.

**PROCEDURE:** I identified eight trigger points, two at T2, two at T4, two at T5, and two at T6. I injected each with 1/2 cc of methylprednisolone and Marcaine mixture under sterile technique.

SPECIAL NOTE: I provided the patient with an Ultima 3t TENS unit. I gave instructions on its use and recommended the normal mode setting (30 microseconds pulse width and 2 Hz pulse rate) for 30 minutes, two times daily.

PLAN: I prescribed Norco 5/325 mg, #30, one PO b.i.d.; Zanaflex 4 mg, #30, one at night; and Naprosyn 500 mg, #60, one PO b.i.d. I will see the patient back in one week for follow-up.

I want the patient to continue therapy. The patient understands he/she needs to participate in therapy, and is actively participating in therapy.

Sam N. Ghoubrial M.D./rtd

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	FOLLOW MP (NS)			
	Taijuan Carter October 21, 2015			
	The patient is here for a follow-up visit. He received Norco Zanafley Narvosyn and trigger			
	point injections along with a TENS unit. He states his condition is minimally better.  EXAM: He is still having pain in his neck and back. He is still ambulating with a crutch.			
	PLAN: I will see him back in one week. If he still has issues, we will make some changes.  SNG/rtd			
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4	TAIMAN CARGER			
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	Taijuan Carter October 28, 2015  The patient is here for a follow-up visit. He is still ambulating with a crutch. Unfortunately, he still has difficulty petting appears.			
	exial has difficulty getting around.  EXAM: The patient still has difficulty twisting, turning and having. He is ambulating with a crutch. He has discomfort in the left transition.			
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	PROCEDURE: I identified four trigger points, one at C7, T1, T2, T3, left side: I injected each with 1/2 cc of methylprednisolone and Marcaine mixture under sterile technique. He tolerated the injections well.			
	PLAN: I prescribed Percocet 5/325 mg, #42, one PO t.i.d			
	SNG/rtd Soc values			
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	Progress Notes	
Name	: Tajjuan Corter	
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	Taijuan Carter November 11, 2015	
	The patient is here for follow-up.	
	EXAM: He has discomfort in his trapezius complex on the right side.  PLAN: I will give him another prescription for Percocet 5/325 mg, #60, one PO t.i.d.; I will	
	write for Zanaflex 4 mg, #60, one b.i.d.; and Naprosyn 500 mg, #60, one PO b.i.d. Hopefully this will help. I will see him back in four weeks.	
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# Clearwater Billing Services, LLC

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Invoice for Medical Services

Re: Tai Juan Carter Date of Accident: 10/6/15

Date of Birth:

Medical services for the above-named client.

Amount

10/14/15-10/28/15

See detailed HCFA 1500

\$1980.00

10/28/15-11/11/15

See detailed HCFA 1500

\$1030.00

12/1/15 .

Document preparation fee

\$50.00

Total amount due:

\$3060.00

Please make checks payable to:

Clearwater Billing Service, LLC P.O. Box 1243 Bath, Ohio 44210-1243

Tax ID: 27-0796590





SLATE & ZURZ LLP ONE CADE PLAZA #2210 AKRON, OH 44308

### HEALTH INSURANCE CLAIM FORM

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### HEALTH INSURANCE CLAIM FORM

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	, ОН 44306	P.O BOX 1243 BATH, OH 44210
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236538 / Taijuan Carter

#### **Settlement Memorandum**

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CV-2016-09-3928

REC MP REC	American Family Insurance* Electric Insurance Company Preferred Capital Funding	\$ 6,000.00 \$ 1,000.00 \$ 500.00
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\$7,500.00

\$688.00

### DEDUCT AND RETAIN TO PAY: Kisling, Nestico & Redick 11 C

rusing, nestico & Redick, LLC	
Clearwater Billing Services, LLC; Floros, Dr. Minas; MZ P & G Reporting, LLC; inv # 4150 Summit County filing fee AMC Investigations;	\$ 50.00 \$ 200.00 \$ 27.50 \$ 360.50 \$ 50.00
Total Due	

**DEDUCT AND RETAIN TO PAY TO OTHERS:** 

Clearwater Billing Services, LLC Kisling, Nestico & Redick, LLC National Diagnostic Imaging Consultants Preferred Capital Funding
---

Total Due Others \$ 4,732.50

#### **Total Deductions**

Total Amount Due to Client	\$ 5,420.50
Less Previously Paid to Client	\$ 2,079.50
	\$500.00
Net Amount Due to Client	\$ 1 579 50

I hereby approve the above settlement and distribution of proceeds. I have reviewed the above information and I acknowledge that it accurately reflects all outstanding expenses associated with my injury claim. I further understand that the itemized bills listed above will be deducted and paid from the gross amount of my settlement except as otherwise indicated. Finally, I understand that any bills not listed above, including but not limited to Health Insurance or Medical Payments Subrogation and/or those initialed by me to indicate that they are not being paid from the settlement are my responsibility and not the responsibility of Kisling, Nestico & Redick, LLC.

Name:

Nestico & Redick, LLC

Zaijuan Carter

American Family Insurance\*

05/15/2019 20:51:02 PM

NFIL

Page 13 of 75

1/8/2015 08:39 AM

Page 1 of 1

#### 236538 / Carter, Mr. Taijuan

#### Settlement Memorandum

Recovery:

MP **Electric Insurance Company REC** Preferred Capital Funding REC

\$ 1,000.00 \$ 500.00

\$6,000.00

\$7,500.00

#### **DEDUCT AND RETAIN TO PAY:**

Kisling Legal Group

AMC Investigations; \$ 50.00 Clearwater Billing Services, LLC; prep fee-MZ \$ 50.00 Floros, Dr. Minas: MZ \$ 200.00

P & G Reporting, LLC; inv # 4150/bjd split cost with campanion. ck \$ 27.50

Summit County filing fee/bid \$ 360.50 Pd w/ Credit Card

Total due Kisling Legal Group \$688.00

**DEDUCT AND RETAIN TO PAY TO OTHERS:** 

Akron Square Chiropractic Clearwater Billing Services, LLC \$ 2,480.00 (1,300) Kisling, Nestico & Redick, LLC \$ 2,333,33 ( 1, 35 C National Diagnostic Imaging Consultants \$ 110.00 Preferred Capital Funding

\$622.50

**Total due Others** 

**Total Deductions Total Amount Due To Client** Less Previously Paid To Client

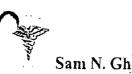
**Net Amount Due Client** 

\$ 10,385.83

\$ 11,073.83 \$ -3,573.83 \$ 0.00 \$ -3,573.83

I hereby approve the above settlement and distribution of proceeds. I have reviewed the above information and I acknowledge that it accurately reflects all outstanding expenses associated with my injury claim. I further understand that the itemized bills listed above will be deducted and paid from the gross amount of my settlement except as otherwise indicated. Finally, I understand that any bills not listed above, including but not limited to Health Insurance or Medical Payments Subrogation and/or those initialed by me to indicate that they are not being paid from the settlement are my responsibility and not the responsibility of Kisling, Nestico & Redick, LLC.

Date:	Name:
•	



Sam N. Ghoubrial M.D.
Richard H. Gunning M.D.
Lisa M. Esterle D.O.
MEDICAL LIEN

Re: Patient Kunber by FIElds

First date of service: / / - / -

I hereby direct you to pay to Clearwater Billing Services, LLC from the net proceeds of any settlement, claim, judgment, verdict or award, for any and all medical services rendered as a result of an injury that I received on 9:001

Said amount being fair and reasonable price of medical services provided by our medical providers for me at the direction of my doctor or doctors. I authorize you to withhold said sums from the net proceeds of any settlement, claim, judgment, verdict, or awards as may be necessary to pay Clearwater Billing Services, LLC. Furthermore, I also request that you forward all my records and bills to my attorney.

I fully understand that I am directly/fully responsible and guarantee payment to Clearwater Billing Services, LLC for the aforementioned account submitted to me by Clearwater Billing Services, LLC for services rendered me, and that this agreement is made solely for its additional protection and in consideration of its awaiting payment. I further understand that such payment is not contingent on any settlement, claim, judgment, verdict or award by which I may eventually recover said fee.

Dated: 10-11-17

The undersigned being attorney of record for the above patient does hereby agree to observe all terms of the above and agrees to withhold such claims from the net proceeds of any settlement, claim, judgment, verdict, or award as may be necessary to adequately protect Clearwater Billing Services, LLC provided that said lien is subordinate to attorney's lien herein.

Datado

Kisling, Nestico & Redick, LLC

Attorneys at Law

Kisling, Nestico & Redick, LLC 3412 W. Market St. Akron, Ohio 44333 (330) 869-9007 (330) 869-9008 (fax)

10-13-17

1419 South Arlington Street, Akron, Ohio 44306 Phone: (330) 331-7207 Fax: (330) 331-7567

Revised June 2017

PLAINTIFF'S
EXHIBIT

O

Sam N. Ghoubrial, M.D. PHONE 330-331-7207 FAX 330-331-7567

October 11, 2017 Kimberly Fields

CV-2016-09-3928

Kimberly is a 47-year-old very pleasant woman involved in a motor vehicle accident on September 20, 2017. She was the restrained front seat passenger of a vehicle when the driver apparently T-boned a parked car. Unfortunately, Kimberly injured her neck and back during the collision. On a scale of 1 to 10, her pain is 10. She has difficulty twisting, turning and bending. She has difficulty performing her activities of daily living. She has been in pain since the accident. She has been receiving chiropractic care.

Past Medical History: 1. Atonic bladder with catheterization.

Past Surgical History: 1. Bladder surgery.

Social History: No history of illicit drug use. Positive for tobacco use.

MEDICATIONS: Prophozol for bladder.

ALLERGIES: Motrin.

#### PHYSICAL EXAM:

HEENT: Normocephalic and atraumatic. PERRLA. Mucous membranes are moist. The nose is patent and non-deviated.

NECK: Thyroid gland could not be palpated. No evidence of any cervical lymphadenopathy. No JVD is noted.

SPINE/BACK: No scars are present. She has guarding and tenderness of the cervical trapezius complex.

GRASP/MANIPULATION: Pincer movements and fine coordination appear to be WNL.

UPPER EXTREMITIES: Shoulders, wrists and elbows: demonstrate no scars or gross deformities. +2 radial pulses throughout.

LOWER EXTREMITIES: No venous insufficiency or edema. +2 pulses throughout. Ankles and hips demonstrate no gross abnormalities on exam.

MUSCULOSKELETAL: The patient is able to get on and off the exam table without difficulty. The patient is able to do heel to toe walking. The patient doesn't walk with a cane or walker.

Patient Name: Kimberly Fields

Page Two

**NEUROLOGICAL:** The patient is alert and oriented x 3. Cranial nerves II-XII are grossly intact throughout. Reflexes are 2/4 throughout. Tactile sensation is WNL. There is a negative Romberg test. Cerebellar testing is within normal limits. There is a negative straight leg raise and negative bowstring sign.

#### ASSESSMENT:

- 1. Cervical strain.
- 2. Trapezius muscle strain.

PLAN: I prescribed Zanatlex 4 mg, #30, one at night; and Mobic 15 mg, #30, one a day.

SPECIAL NOTE: I provided the patient with an Ultima 3t TENS unit. I gave instructions on its use and recommended the normal mode setting (30 microseconds pulse width and 2 Hz pulse rate) for 30 minutes, two times daily.

I want the patient to continue therapy. The patient understands he/she needs to participate in therapy, and is actively participating in therapy.

Sam N. Ghoubrial M.D./rtd

. 1.	Progress Notes	
Name:	Kimber N Fierds	• ;
In II 14	111X E-1/10	
MALT	L'Emtields	
	IMITAL VISIT. (NS)	
10/18/17	16	-
Halistin	FOUNDAL LIP CAR	_
	1 011000 04 (1/3)	
-		_
	Kimberly Fields October 18, 2017 She is here for a follow-up visit.	
	<b>EXAM:</b> The patient still has some residual tenderness in her back. She has quarding and	
	tenderness of the right trapezius complex which is fairly significant.  PROCEDURE: 1 identified four trigger points, one at C6, C7, T1, T2, right side. I injected a	
	total of 1 cc methylprednisolone and 3 cc of Marcaine.	7
	ADDENDUM: After the trigger point injections, she became a little lightheaded. She hadn't	1
	eaten all day. We did get some food for her. Her symptoms are completely resolved at this time.  SPECIAL NOTE: I gave the patient more soft touch pads for her TENS unit.	-
	- SNG/rtd	4
		1
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		1
·	Ghoubrial - 000528	
	Giluubilai - 000526	ĺ

## Clearwater Billing Services, LLC

Sam N. Ghoubrial M.D. Richard H. Gunning M.D. Joshua M. Jones M.D. Lisa M. Esterle D.O.

Re: Tens Unit Instruction & Confirmation

unit on [V[1]] \( \psi\) and instructed	how to use this device and given a
manual on a 3t Ultima Lot No.	170228 At the
time of instruction, I can confirm that	t the Tens Unit I was instructed on
and received was in great working or	der. I can affirm that this unit was
tested in front of me at my visit and t	that the unit turned on after the
battery was placed in the unit with th	ne setting functions properly
working during instruction. In addition	n, I was directed to use my manual
or contact the medical office at (330)	331-7207, if you have any
questions related to this Tens Unit.	
· · · · · · · · · · · · · · · · · · ·	
X	IN/II/I-
Patients Signature	Data /
Kimperly Pields	
Please print mame	
Authorized Representative for Clearwate Billing Services, LLC	

CV-2016-09-3928 MICHAEL, KATHRYN 05/15/2019 20:51:02 PM NFIL Page 19 of 75

**CLIENT:** Kimberly Fields

**INSURANCE CO:** Allstate

**DEFENDANT:** Dierre Spaulding

ADJUSTER: Cathy Muczynski

**ATE OF LOSS:** 09/20/2017

**CLAIM NO: 0475724340 6CL** 

PHYSICIANS: MEDICAL SPECIALS AMOUNT

Akron Square Chiropractic (09/27/2017 - 10/18/2017)

\$ 1,135.00

Clearwater Billing Services, LLC

(10/11/2017 - 10/18/2017)

\$<u>2,160.00</u>

**TOTAL MEDICAL SPECIALS:** 

\$ 3,295.00

Invoice for Medical Services

Re: Kimberly Fields
Date of Accident: 9/20/17
Date of Birth:

Medical services for the above- named client.				
10/11/17	See detailed HCFA 1500	\$2160.00		
10/26/17	Document preparation fee	\$50.00		

Total amount due: \$2210.00

Please make checks payable to:

Clearwater Billing Service, LLC P.O. Box 1243 Bath, Ohio 44210-1243

Tax ID: 27-0796590



KIMBERLY FIELDS

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

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

¹PICA			PICA ·
1. MEDICARE MEDICAID TRICARE CHAMPV.	- HEALTH PLAN - BUKLUNG -	1a. INSURED'S I.D. NUMBER	(For Program in Item 1)
(Medicald#) (Medicald#) (ID#/DoD#) (Member IL 2. PA) IENT'S NAME (Last Name, First Name, Middle Initial)	3. PATIENT'S BIRTH DATE SEX	4. INSURED'S NAME (Last Name, First Name	Adjulle Jestinti
FIELDS, KIMBERLY	M FX	FIELDS, KIMBERLY	o, waddio arraiga
5. PATIENT'S ADDRESS (No., Street)	6. PATIENT RELATIONSHIP TO INSURED	7. INSURED'S ADDRESS (No., Street)	
	Sell X Spouse Child Other		
CITY	8. RESERVED FOR NUCC USE	TOPE	STATE
ZIP CODE TELEPHONE (Include Area Code)		ZIP CODE TELEPHO	NE (Include Area Code)
	,		NE INCIDDE MES COMS
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)	19. IS PATIENT'S CONDITION RELATED TO:	11. INSURED'S POLICY GROUP OR FECA	
a. OTHER INSURED'S POLICY OR GROUP NUMBER	a. EMPLOYMENT? (Current or Previous)	a. INSURED'S DATE OF BIRTH	SEX
a. S.	YES X		SEX A
b. RESERVED FOR NUCC USE	b. AUTO ACCIDENT?  PLACE (State)	b. OTHER CLAIM ID (Designated by NUCC)	
	☐ 'E3 ☐ '''O ☐ ☐		
c. RESERVED FOR NUCC USE	c. OTHER ACCIDENT?  YES  NO	c. insurance plan name of program KIMBERLY FIELDS	NAME
d. INSURANCE PLAN NAME OR PROGRAM NAME	10d. CLAIM CODES (Designated by NUCC)	d. IS THERE ANOTHER HEALTH BENEFIT F	PLAN?
		YES NO If yes, comp	lete items 9, 9a, and 9d.
READ BACK OF FORM BEFORE COMPLETING 12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the r	elease of any medical or other information necessary	<ol> <li>INSURED'S OR AUTHORIZED PERSON' payment of medical benefits to the undersi</li> </ol>	
to process this claim. I also request payment of government benefits either to	· •	services described below.	
SIGNATURE ON FILE	10 26 2017	SIGNATURE ON	FILE
14 TATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) 15.0	THE SATE NO.9, 20, 174	16. DATES PATIENT UNABLE TO WORK IN	CURRENT OCCUPATION
QUAL, 431	L. 20 20 17	FROM ! ! T	0 : ;
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE 17a.	NPI	18. HOSPITALIZATION DATES RELATED TO MM DD YY	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)	[Nr]		CHARGES
		YES X NO	0.00
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to serving S 1 6 . 1 XXA S 2 3 3 X X A S 2	1:43 (5/1)	22. RESUBMISSION CODE , ORIGINAL	REF. NO.
A. L B. L C. L.	16.1XXD S23.3XXD	23. PRIOR AUTHORIZATION NUMBER	
E.	H. L.	23. PRIOR AUTHORIZATION HOMBER	
24. A. DATE(S) OF SERVICE B. C. D. PROCEI	DURES, SERVICES, OR SUPPLIES E.	F. G. H. I.	J.
MM DD YY MM DD YY SERVICE EMG CPT/HCPC		S CHARGES UNITS Pair QUAL	
10 11 17 10 11 17 11 99203	A, B	300.00 1	1003892217
10 11 17 10 11 17 11 E0730	A, B	500.00 1. NPI	1003892217
		NPI	1003092217
10 18 17 10 18 17 11 99213	C, D	150.00 1	1003892217
-10-18-17-10-18-17-11-20553	C, D	1000.00 1 NPI	
10 10 17 10 10 17 11 2000		, , , , , , , , , , , , , , , , , , , ,	1003892217
-10-18-17-10-18-17-11	C,D	50.00 1 NPI	1003892217
10-18-17-10-18-17-11		1.60 00 1 NPI	
10181-71018 <del>1-711</del>		160.00 1	1003892217
25. FEDERAL TAX I.D. NUMBER SSN EIN '26. PATIENT'S AI	COUNT NO 27 ACCEPT ASSIGNMENT?	28. TOTAL CHARGE 29, AMOUNT P	1
270796590	27. ACCEPT ASSIGNMENT?  (For gover chains, see back)  YES NO	s 2160.00 s	00). (
3NATURE OF PHYSICIAN OR SUPPLIER 32 SERVICE FACTOR SUPPLIER SUPPLI	THY ROPRAINFORTION	33. BILLING PROVIDER INFO & PH # CLEARWATER BILLING	3 <del>0-331-7207</del> SERVICES LLC
the life that the state was as a life and a	NGTON ST	P.O BOX 1243	טחעגזכקט זוור
AKRON,	ОН 44306	BATH, OH 44210	
SAM N. GHOUBRIAL, MD 10 26 1 1 66970	2 <del>841 <sub> b.</sub></del>	1-487982112 b	
SIGNED DATE   NUCC Instruction Manual available at: www.nucc.org	PLEASE PRINT OR TYPE	APPROVED OMB-0938	-1197 FORM 1500 (02-12)

Akron Square Chiropractic 1419 South Arlington Rd. Akron, OH 44306 330-773-3882 ID#: 31-1528200 Minas Floros DC NPI#: 1306928650 Wednesday November 1, 2017

: KIMBERLY FIELDS

Itemized Statement: DOB

<u>- 11/01/201</u>7

Onset date

: 09/20/2017

Mail to:

KIMBERLY FIELDS

Insured

Insurance Carrier (primary)

DOB:

Policy#:

Attorney

KNR

3412 WEST MARKET ST

AKRON OH 44333

Current Diagnosis

S13.4XXA Sprain of ligaments of cervical spine, initial encounte `.3XXA Sprain of ligaments of thoracic spine, initial encounte

Headache (facial pain NOS)

M62.830 Muscle spasm of back

Date	Description		Amount	
09/27/17	72050 X-RAY, SPINE, CERVICAL; 4+ VIEWS	\$	200.00	
09/27/17	97014 ELECTRIC STIMULATION THERAPY	.\$	45.00	
9/27/17	97010 APPLICATION, AREAS; HOT/COLD PACKS	\$	30.00	
0/02/17	98940 (CMT); SPINAL, 1-2 REGIONS	\$	85.00	
0/02/17	97014 ELECTRIC STIMULATION THERAPY	\$	45.00	
.0/02/17	97010 APPLICATION, AREAS; HOT/COLD PACKS	\$	30.00	
0/02/17	97140 59, 52 MANUAL THERAPY, EACH 15 MIN	\$	55.00	
10/10/17	98940 (CMT); SPINAL, 1-2 REGIONS	\$	85.00	
0/10/17	97014 ELECTRIC STIMULATION THERAPY	ş	45.00	
10/10/17	97010 APPLICATION, AREAS; HOT/COLD PACKS	ş	30.00	
0/10/17	97140 59, 52 MANUAL THERAPY, EACH 15 MIN	\$	55.00	
.0/11/17	98940 (CMT); SPINAL, 1-2 REGIONS	\$	85.00	
.0/11/17	97014 ELECTRIC STIMULATION THERAPY	\$	45.00	
.0/11/17	97010 APPLICATION, AREAS; HOT/COLD PACKS	\$	30.00	
.0/11/17	97140 59, 52 MANUAL THERAPY, EACH 15 MIN	\$	55.00	
.0/18/17	98940 (CMT); SPINAL, 1-2 REGIONS	\$	85.00	
.0/18/17	97014 ELECTRIC STIMULATION THERAPY	\$	45.00	
0/18/17	97010 APPLICATION, AREAS; HOT/COLD PACKS	\$	30.00	
10/18/17	97140 59, 52 MANUAL THERAPY, EACH 15 MIN	ş	55.00	

Employer

Total Sales Tax	:	\$ 0.00
Total Late Charges	:	\$ 0.00
Total Interest Charges	:	\$ 0.00
Patients-Cash Rcvd	:	\$ 0.00
Patients-Chks Rcvd	:	\$ 0.00
Patients-Crdt Crd	:	\$ 0.00
Payer Payments	:	\$ 0.00
Total Charges	:	\$ 1135.00
al Received	:	\$ 0.00
al Adjustment	:	\$ 0.00

Balance (based on search) : \$ 1135.00

3/20/2018 10:51 AM

Page 1 of 1

### **Summary of Check Requests**

Party Name	Case Number	Value Code	Amount		
Memo	Debit Account		From		
Payee	Requestor		То		
Address			Report?		
Fields, Ms. Kimberly	274303	ATT	\$ 464.00		
Attorney Fees / KMZ	Cost Account		Us		
Kisling, Nestico & Redick	STOETZER		Provider		
3412 West Market Street, Akron, OH 44333			No		
Fields, Ms. Kimberly	274303	CAR	\$ 250.00		
Cost Reimbursement / KMZ	Cost Account		Us		
Kisling, Nestico & Redick	STOETZER		Provider		
3412 West Market Street, Akron, OH 44333			No		
Fields, Ms. Kimberly	274303	DR.	\$ 500.00		
22442	Cost Account		Us		
Clearwater Billing Services, LLC	STOETZER		Provider		
P.O. Box 1243, Bath, OH 44210-1243	·		No		
Fields, Ms. Kimberly	274303	DR.	\$ 500.00		
3970	Cost Account		Us		
Akron Square Chiropractic	STOETZER		Provider		
1419 S. Arlington St., Akron, OH 44306			No		
Fields, Ms. Kimberly	274303	PIP	\$ 500.00		
PI Final Proceeds	Cost Account		Us		
Fields, Ms. Kimberly	STOETZER		Provider		
			No		
Fields, Ms. Kimberly	274303	RAD	\$ 100.00		
5003	Cost Account		Us		
National Diagnostic Imaging Consultants	STOETZER		Provider		
3414 West Tuscarawas Street, Canton, OH 44708			No		

#### 274303 / Kimberly Fields

#### Settlement Memorandum

#### Recovery:

**REC** 

Alistate Insurance

#### **DEDUCT AND RETAIN TO PAY:**

#### Kisling, Nestico & Redick

Clearwater Billing Services, LLC Floros, Dr. Minas; narrative report **AMC Investigations** 

**Total Due** 

### \$ 50.00 \$ 150.00 \$50.00 \$ 250.00

#### **DEDUCT AND RETAIN TO PAY TO OTHERS:**

Akron Square Chiropractic Clearwater Billing Services, LLC Kisling, Nestico & Redick National Diagnostic Imaging Consultants

**Total Due Others** 

(\$1,135.00)	\$ 500.00	//
(\$2,160.00)	\$ 500.00	_/
(\$771.33)	\$ 464.00	<i>"</i>
(\$110.00)	\$ 100.00	
,	\$ 1.564.00	

**Total Deductions** 

**Total Amount Due to Client** 

Less Previously Paid to Client

**Net Amount Due to Client** 

\$ 1,814.00

\$ 2,314.00

\$ 500.00

\$\_0.<del>00</del>

\$ 500.00

I hereby approve the above settlement and distribution of proceeds. I have reviewed the above information and attorney's fees with Kisling, Nestico & Redick. I acknowledge that it accurately reflects all costs, including but not limited to, the investigation fee, and all outstanding expenses associated with my injury claim. I further understand that the itemized bills listed above will be deducted and paid from the gross amount of my settlement except as otherwise indicated. If any amount was withheld from the settlement for potential subrogation interests, any balance due after the subrogation interest is satisfied may be subject to Attorney Fees not to exceed the contractually agreed amount. Finally, I understand that any bills not listed above, including but not limited to Health Insurance or Medical Payments Subrogation and/or those initialed by me to indicate that they are not being paid from the settlement are my responsibility and not the responsibility of Kisling, Nestico & Redick.

Date: 3-20-/8

Name

Firm:

Kisling, Nestico & Redick

3/14/2018 02:40 PM

MICHAEL, KATHRYN

05/15/2019 20:51:02 PM

NFIL

Page 25 of 75
Page 1 of 1

27/202 / Fields Ms Kimber

#### 274303 / Fields, Ms. Kimberly

#### Settlement Memorandum

Recovery:

REC

Allstate Insurance

\$ 2,314.00

\$ 2,314.00

**DEDUCT AND RETAIN TO PAY:** 

**Kisling Legal Group** 

AMC Investigations;

Clearwater Billing Services, LLC; 22442/lml

Floros, Dr. Minas; narrative report

\$ 50.00 \$ 150.00

\$50.00

Total due Kisling Legal Group

\$ 250.00

**DEDUCT AND RETAIN TO PAY TO OTHERS:** 

Akron Square Chiropractic
Clearwater Billing Services, LLC
Kisling, Nestico & Redick

National Diagnostic Imaging Consultants

\$ 1,135.00

\$ 771.33

\$ 110.00

\$ 2,160.00

, c =

Total due Others \$ 4,176.33

**Total Deductions** 

**Total Amount Due To Client** 

**Less Previously Paid To Client** 

**Net Amount Due Client** 

<u>\$ 4,426.33</u>

\$ -2,112.33

\$ 0.00

\$ -2,112.33

I hereby approve the above settlement and distribution of proceeds. I have reviewed the above information and I acknowledge that it accurately reflects all outstanding expenses associated with my injury claim. I further understand that the itemized bills listed above will be deducted and paid from the gross amount of my settlement except as otherwise indicated. If any amount was witheld from the settlement for potential subrogation interests, any balance due after the subrogation interest is satisfied may be subject to Attorney Fees not to exceed the contractually agreed amount. Finally, I understand that any bills not listed above, including but not limited to Health Insurance or Medical Payments Subrogation and/or those initialed by me to indicate that they are not being paid from the settlement are my responsibility and not the responsibility of Kisling, Nestico & Redick.

Date:

Ref by fermulation Devin

PD WAS # SZO repair, NO MT

CV-2016-09-3928 MICHAEL, KATHRYN 05/15/2019 20:51:02 PM

3/15/2018 07:54 AM

05/15/2019 20:51:02 PM NFIL Page 26 of 75

3/13/2010 07:317:11

274303 / Fields, Ms. Kimberly

#### **Settlement Memorandum**

Recovery:

REC Allstate Insurance \$ 2,314.00

\$ 2,314.00

Page 1 of 1

**DEDUCT AND RETAIN TO PAY:** 

**Kisling Legal Group** 

AMC Investigations; \$ 50.00 Clearwater Billing Services, LLC; 22442/Iml \$ 50.00

Floros, Dr. Minas; narrative report \$ 150.00

Total due Kisling Legal Group \$ 250.00

**DEDUCT AND RETAIN TO PAY TO OTHERS:** 

Akron Square Chiropractic \$ 500.00
Clearwater Billing Services, LLC \$ 500.00
Kisling, Nestico & Redick \$ 464.00
National Diagnostic Imaging Consultants \$ 100.00

Total due Others \$ 1,564.00

Total Deductions\$ 1,814.00Total Amount Due To Client\$ 500.00Less Previously Paid To Client\$ 0.00Net Amount Due Client\$ 500.00

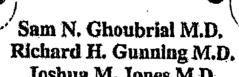
I hereby approve the above settlement and distribution of proceeds. I have reviewed the above information and I acknowledge that it accurately reflects all outstanding expenses associated with my injury claim. I further understand that the itemized bills listed above will be deducted and paid from the gross amount of my settlement except as otherwise indicated. If any amount was witheld from the settlement for potential subrogation interests, any balance due after the subrogation interest is satisfied may be subject to Attorney Fees not to exceed the contractually agreed amount. Finally, I understand that any bills not listed above, including but not limited to Health Insurance or Medical Payments Subrogation and/or those initialed by me to indicate that they are not being paid from the settlement are my responsibility and not the responsibility of Kisling, Nestico & Redick.

Date:	Name:		
Date:	Name:		
		•	

08/02/2013 2:53:29 PM -0400 Kisling, Nestico & Redick

MICHAEL, KATHRYN

PAGE 3 OF 5



			KIC	nard h	. Gunni	ng ww.u	•	
			J	oshua N	A. Jones	M.D.	•	
				MEDICA	l assignn	MENT		
			**					••
	Re:	Patient_	Monique	Nocris				
		First date	e of service:	8/2/13				4
	I here	by direct ye	u to pay to Clea	rwater Billin	ng Services, i	LLC from th	e net procee	is of any
	SCINCI	nent, claim	, judgment, verd	ict or award	for any and	all services	rendered as a	result of an
	unury	mai i recei	ved on 7/89	112.				
	Said a	mount bein	g falr and reason	able price o	f medical se	rvices provi	ded by Hancr	ist. LLC for me
	at the	anechon o	t my doctor or di	octors. I auti	iorize vou to	withhold sa	ld sums from	i the net
	Clean	eds of any s valer Billin	ettlement, claim g Services, LLC	, judgment,	verdict, or a	wards as ma	y be necessar	y to pay
		Extends	B GOLLIGOS PINC	•				
	Ifully	understand	that I am direct	ly and fully	responsible i	o Clearwate	r Billing Ser	vices, LLC for
	tende	premention red me, and	ed account subm that this agreen	ulled to me i	by Clearwate	r Billing Se	rvices, LLC 1	or services
	consid	eration of	ils awaiting payr	nent. I furib	er understand	that such o	avment is no	t contingent on
	any se	itiemont, c	laim, judgment,	verdict or av	vard by which	h I may eve	ntually recov	er said fee:
		8/2	(13	•	100	<b>1</b> -	1 .	•
•	Dated	:Ola	1 3	<del></del>			· //~	
						V		
	The u	ndersigned	being altorney c	f record for	the above po	tiont does h	ereby agree to	o observe all
	temis	of the abov	e and agrees to	withhold su	th claims fro	m the net pr	oceeds of any	/ seltiement,
	Service	ces, LLC pi	verdict, or awar ovided that said	lien is subo	rdinate to att	omey's lien	protect Cieur herein.	water mining
		- •			•	٠٠٠ - ١٠٠ - ١٠٠ - ١٠٠٠ - ١٠٠٠ - ١٠٠٠ - ١٠٠ - ١٠٠ - ١٠٠٠ - ١٠٠٠ - ١٠٠٠ - ١٠٠٠ - ١٠٠٠ - ١٠٠٠ - ١٠٠	5	1-
	Dated	);	\$	**********		1	1	
					Kisi	Ing. Nestler	& Redick.	LIC

Attorneys at Law

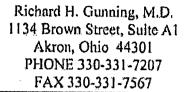
Kisting, Nestigo & Redick, LLC 3412 W. Market St. Akron, Ohio 44333 (330) 869-9007 (330) 869-9008 (fax)

1134 Brown Street Suite 1A Akron, Ohio 44301 Phone: (330) 331-7207

Fax: (330) 331-7567



@ 8-2-13 73



August 2, 2013 Monique Norris

CV-2016-09-3928

Monique is a 26-year-old African-American female who was involved in a motor vehicle accident on July 29, 2013. She was the seat-belted driver who broadsided a vehicle running through a red light. EMS came on the scene and took her to Akron General where x-rays were done of her left shoulder and left hip and no findings were noted. She was discharged on no medications. She saw the chiropractor who did x-rays and told her she had loss of the normal lordotic curve in her neck. She had sciatica and decreased disc spaces in her lower spine as well as uneven hips.

Past Medical History: 1. Endometriosis for which she will have a hysterectomy on August 12. If she starts any antiinflammatories she will have to stop them on August 5 and start them back up after she is cleared following surgery.

Social History: Unremarkable.

MEDICATIONS: None.

ALLERGIES: Percocet allergy. She cannot tolerate Vicodin.

#### PHYSICAL EXAM:

INTEGUMENTARY: The skin is without any cyanosis. No evidence of nail fungus, rash or abnormality. Elasticity appears to be WNL.

**HEENT:** Normocephalic and atraumatic. PERRLA. Mucous membranes are moist. The nose is patent and non-deviated tympunic membranes WNL.

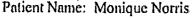
NECK: Thyroid gland could not be palpated. No evidence of any cervical lymphadenopathy. No JVD is noted. She has reproducible pain in the right side of her neck when she turns her head away from it.

CARDIOVASCULAR: RRR normal \$1 \$2, no murmurs rubs or gallops. No carotid bruits could be appreciated.

LUNGS: Clear to auscultation. No wheezes, rales, or rhonchi could be appreciated on exam.

ABDOMEN: Soft and non-tender with positive bowel sounds. No evidence of any ascites or hepatosplenomegaly. No guarding or rebound tenderness. Negative for hernias.





Page Two

GRASP/MANIPULATION: Pincer movements and fine coordination appear to be WNL.

BACK: No scars are present. She has pain in the lower back.

UPPER EXTREMITIES: Shoulders, wrists and elbows: demonstrate no scars or gross deformities. +2 radial pulses throughout. She has tenderness about her left shoulder joint, lateral, posterior and anterior. There is reproducible pain with movement of her shoulder in all directions. This is less so in the right shoulder.

LOWER EXTREMITIES: No venous insufficiency or edema. +2 pulses throughout. Ankles and hips demonstrate no gross abnormalities on exam. Her hip is nontender.

MUSCULOSKELETAL: The patient is able to get on and off the exam table without difficulty. The patient is able to do heel to toe walking. The patient doesn't walk with a cane or walker.

**NEUROLOGICAL:** The patient is alert and oriented x 3. Cranial nerves II-XII are grossly intact throughout. Reflexes are 2/4 throughout. Tactile sensation is WNL. There is a negative Romberg test. Cerebellar testing is within normal limits. There is a negative straight leg raise and negative bowstring sign.

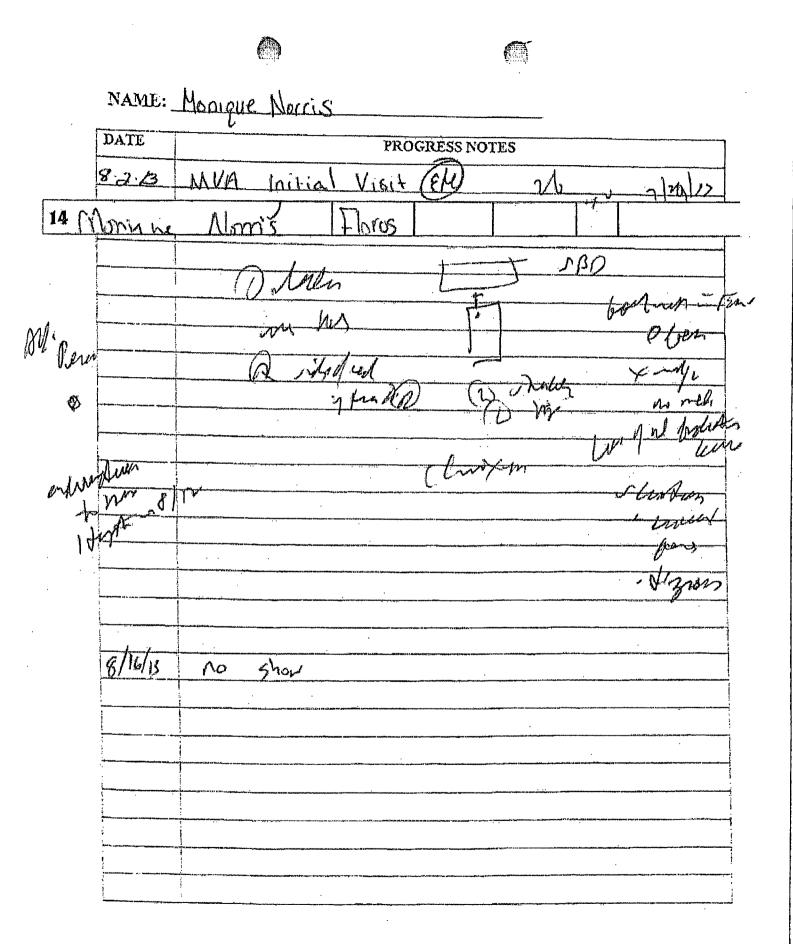
#### ASSESSMENT:

- 1. Lumbosacral strain.
- 2. Cervical strain.
- 3. Left shoulder sprain.

**PLAN:** She declined shots. I prescribed Flexeril 10 mg, #30, one PO b.i.d. with no refills; and ibuprofen 800 mg, one PO b.i.d. #30. She is to stop the ibuprofen on August 5 and not take any until after her gynecologist has cleared her following the hysterectomy on August 12. I will see the patient back in two weeks.

SPECIAL NOTE: I provided the patient with a TENS unit. I gave instructions on its use.

Richard H. Gunning, M.D./rtd



NFIL

#### Invoice for Medical Services

Re: Monique Norris Date of Accident: 7/29/13 Date of Birth:

Medical services for the above-named client.

Amount

8/2/13

See detailed HCFA 1500

\$850.00

9/23/13

Document preparation fee

\$50.00

Total amount due:

\$900.00

Please make checks payable to:

Clearwater Billing Service, LLC P.O. Box 1243 Bath, Ohio 44210-1243

Tax ID: 27-0796590

**CLIENT:** Monique Norris

INSURANCE CO: Nationwide Insurance Company

**PEFENDANT:** Branson Price

**ADJUSTER:** Michael Starr

DATE OF LOSS: 7/29/2013

**CLAIM NO:** 99913011473

PHYSICIANS	MEDICAL SPECIALS	AMOUNT
Sam N. Ghoubrial, M.D.	(8/2/2013)	\$ 850.00
CNS Center for Neuro and Spine	(10/30/2013)	\$ 260.00
HOSPITALS:  Akron General Medical Center	(7/29/2013)	\$ 2,084.13
General Emergency Medical Specialists Radiology & Imaging Services American Medical Response OH	(7/29/2013) (7/29/2013) (7/29/2013)	\$ 230.00 \$ 58.00 \$ 927.68
PHYSICAL THERAPY:		
Akron Square Chiropractic National Diagnostic Imaging	(7/31/2013 - 9/4/2013) (8/16/2013)	\$ 724.00 \$ 110.00
TOTAL MEDICAL SPECIALS:		\$ 5,243.81

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

KISL	ING,	NESTICO	&	REDICK
3412	WEST	MARKET	ST	REET
AKRON	1, он	44333		

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05			PICA CTC
1(EDICARE MEDICAID TRICARE CHAMP\ (Medicare 4) (Medicaid #) (Sponsor's SSN) (Member)	HEALTH PLAN BLK LUNG	1a. INSURED'S LD. NUMBER	(For Progrem in Item 1)
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) NORRIS, MONIQUE	3. PATIENT'S BIRTH DATE SEX	4. INSONEDS NAME (CAST NAME, FUSI NAME) NORRIS, MONIQUE	
5. PATIENT'S ADDRESS (No. Street)	6. PATIENT RELATIONSHIP TO INSURED  Self Spouse Child Other	7. INSURED'S ADDRESS (No., Street)	
CITY	8. PATIENT STATUS	CITY	STATE
ZIP CODE TELEPHONE (Installa Asso Code)		ZIP CODE TELEPH	NUMBER  SEX  M F X  E  W NAME  I CO & REDICK  PLAN?
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)	10. IS PATIENT'S CONDITION RELATED TO:	11. INSURED'S POLICY GROUP OR FECA	NUMBER
a. OTHER INSURED'S POLICY OR GROUP NUMBER	a. EMPLOYMENT? (Current or Previous)	6. INSURED'S DATE OF BIRTH	SEX - TY
b. OTHER INSURED'S DATE OF BIRTH SEX	b. AUTO ACCIDENT?  PLACE (State)	b. EMPLOYER'S NAME OR SCHOOL NAM	м FX Е
c. EMPLOYER'S NAME OR SCHOOL NAME	c. OTHER ACCIDENT?	C. INSURANCE PLAN NAME OR PROGRAI	M NAME
d. INSURANCE PLAN NAME OR PROGRAM NAME	YES NO 10d. RESERVED FOR LOCAL USE	KISLING, NEST	PLAN?
READ BACK OF FORM BEFORE COMPLETING 12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the		13. INSURED'S OR AUTHORIZED PERSON	
to process this claim. I also request payment of government benefits either lielow.  SIGNATURE ON FILE		payment of medical benefits to the under services described below.	E ON FILE
SIGNED  14. DATE OF CURRENT:     ILLNESS (First symptom) OR   15.	DATE	SIGNED SIGNATION OF THE SIGNED SIGNED SIGNED TO WORK II	
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE 176	SIVE FIRST DATE 33	FROM 18. HOSPITALIZATION DATES RELATED 1	то
171 19. RESERVED FOR LOCAL USE	FROM TO 20. OUTSIDE LAB? \$ CHARGES		
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2,	YES YO 22. MEDICAID RESUBMISSION ORIGINAL	L REF. NO.	
1. 846.0	840.9	23. PRIOR AUTHORIZATION NUMBER	L HEF. NO.
24. A. DATE(S) OF SERVICE B. C. D. PROCE	DURES, SERVICES, OR SUPPLIES E.	F. G. H. I	. J.
	n Unusual Circumstances)  DIAGNOSIS  MODIFIER  POINTER	S CHARGES UNITS Plan QU	D. RENDERING AL. PROVIDER ID. #
08/02/13 08/02/13 11   99	204   1,2,	3 \$350 00 1 N	<del>,</del> 150 <del>88</del> 5691
0 8/0 2/1 3 0 8/0 2/1 3 11   E0	730     1,2,	3 \$500 00 1 N	<u>-</u> 150885691
		l   NI	PROVIDER 10. #
		NI	
		N	PI
25. FEDERAL TAX I.D. NUMBER SSN EIN 26. PATIENTS.	CCOUNT NO. 127 ACCENT ASSIGNMENTS	NI TOTAL CHARGE   29 AMOUNT	
270796590	(For govt, claims, see back)	28. TOTAL CHARGE 29. AMOUNT \$ 850.	<u> </u>
LUDING DEGREES OR CREDENTIALS LOCALITY that the statements on the reverse  HANC	CILITY LOCATION INFORMATION  RIST LLC  BROWN ST	P.O BOX 1243	LLING SERVICES
RICHARD H. GUNNING AKRO	N, OH 44301	ватн, он 44210	
SIGNED DATE a. 1669	0284‡	a 1487982112	

Akron Square Chiropractic 1419 South Arlington Rd. Akron, OH 44306 (330)773-3882

Tax I.D.31-1528200

Statement Date 11/6/2013

Page 1

Monique Norris % KISLING NESTICO & REDICK 3412 WEST MARKET ST AKRON, OH 44333 Diagnosis 847.0 847.2 847.1 728.85 Chart Number NORMO002

Les Sant de Les Anton de Les An	Description	Procedure Code	Amount
Date of Loss: 7/29/2013	Previous Balance		0.00
Patient: Monique Norris	Chart #: NORMO002 Case Desc	cription: mva	
7/31/2013	TEN POINT EXAM	10 PT	0.00
7/31/2013	X-ray Cervical AP& LAT, 2 or 3 views	72040	120.00
7/31/2013	X-ray Lumbosacral, AP & Lat	72100	80.00
8/1/2013	Spinal Manipulation 3-4 regions	98941	77.00
8/1/2013	Electrical Muscle Stimulation	97014	45.00
<b>ಪ/1/2013</b>	Hot/Cold Packs to one or more areas	97010	20.00
8/1/2013	TrlggerPoInt/Massage(Distinct/Reduced)	97124-5952	40.00
8/8/2013	Electrical Muscle Stimulation	97014	45.00
8/8/2013	Traction, Mechanical	97012	45.00
8/8/2013	TriggerPoint/Massage(Distinct/Reduced)	97124-5952	40.00
9/4/2013	Spinal Manipulation 3-4 regions	98941	77.00
9/4/2013	Electrical Muscle Stimulation	97014	45.00
9/4/2013	Unlisted Modality	97039	50.00
9/4/2013	TriggerPoint/Massage(Distinct/Reduced)	97124-5952	40.00

Total Charges	Total Payments	Total Adjustments	Balance Due
\$724.00	\$0.00	\$0.00	724.00

KNR004301

I hereby approve the above settlement and distribution of proceeds. I have reviewed the above information and I acknowledge that it accurately reflects all outstanding expenses associated with my injury claim. I further understand that the itemized bills listed above will be deducted and paid from the gross amount of my settlement except as otherwise indicated. Finally, I understand that any bills not listed above, including but not limited to Health Insurance or Medical Payments Subrogation and/or those initialed by me to indicate that they are not being paid from the settlement are my responsibility and not the responsibility of Kisling, Nestico & Redick, LLC.

Date:	Name:

232154 / Monique Norris

#### Settlement Memorandum

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REC	Motorists Mutual Insurance Company	\$ 250.00
MP	Motorists Insurance Group	\$ 1,000.00
REC	Nationwide Insurance*	\$ 4,982.55
REC	Liberty Capital Funding LLC	\$ <u>500.00</u>
		\$ 6,732.55

\$ 6.00
\$ 50.00
\$ 12.00
\$ 200.00
\$ 15.00
\$ 50.00
\$ 16.00
\$ 40.89
\$ 389.89

#### **DEDUCT AND RETAIN TO PAY TO OTHERS:**

Akron Square Chiropractic	\$ 500.00
Clearwater Billing Services, LLC	\$ 600.00 \$ 600.00
CNS Center for Neuro and Spine	\$ 260.00
Kisling, Nestico & Redick, LLC	(\$2,077.51) \$ 1,750.00
Liberty Capital Funding LLC	\$ 800.00
National Diagnostic Imaging Consultants	\$ 80.00
Ohio Tort Recovery Unit*	\$ <u>506.75</u>
Total Due Others	\$ 4.496.75

Total Deductions	\$ 4,886.64
Total Amount Due to Client	\$ 1,845.91
Less Previously Paid to Client	\$ 1,500.00
Net Amount Due to Client	\$ 345.91

I hereby approve the above settlement and distribution of proceeds. I have reviewed the above information and I acknowledge that it accurately reflects all outstanding expenses associated with my injury claim. I further understand that the itemized bills listed above will be deducted and paid from the gross amount of my settlement except as otherwise indicated. Finally, I understand that any bills not listed above, including but not limited to Health Insurance or Medical Payments Subrogation and/or those initialed by me to indicate that they are not being paid from the settlement are my responsibility and not the responsibility of Kisling, Nestico & Redick, LLC.

Firm:

Kisling, Nestico & Redick, LLC

Monique Norris

232154 / Monique Norris

CV-2016-09-3928

## Settlement Memorandum

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Recovery:			
REC	Motorists Mutual Insurance Comp	any	\$ 250.00
MP	Motorists Insurance Group		\$ 1,000.00
REC	Nationwide Insurance*		\$ 4,982.55
REC	Liberty Capital Funding LLC		\$ <u>500.00</u>
			\$ 6,732.5
DEDUCT AND RET			
	o & Redick, LLC		
	neral Medical Center	\$ 6.00	
Clearwate	r Billing Services, LLC	\$ 50.00	
First Healt	hcare	\$ 12.00	
Floros, Dr.	Minas	\$ 200.00	
Mercy Hea	alth Partners	<b>\$ 15.00</b>	
MRS Inves	tigations, Inc.	\$ 50.00	
Profession	al Receivables Control, Inc.	\$ 16.00	
Akron Gen	eral Medical Center	\$ <u>40.89</u>	
Total Due		\$ 389.89	
	AIN TO PAY TO OTHERS:		
Akron Square	•	\$ 500.00	
	illing Services, LLC	\$ 600.00	
	or Neuro and Spine	\$ 260.00	
	co & Redick, LLC	(\$2,077.51) \$ 1,750.00	
	al Funding LLC	\$ 800.00	
	nostic Imaging Consultants	\$ 80.00	
Ohio Tort Rec	•	\$ <u>506.75</u>	
Total Due Other	rs .	\$ 4,496.75	
otal Deductions			\$ 4.886.64
otal Amount Due to	Client	•	\$ 1,845.91
ess Previously Paid			
let Amount Due to			\$ 500.00
	·		\$ 1,345.91
acknowledge that it a understand that the i except as otherwise Health Insurance or I	above settlement and distribution of proc accurately reflects all outstanding expense temized bills listed above will be deducted indicated. Finally, I understand that any bi Medical Payments Subrogation and/or the settlement are my responsibility and not the	es associated with my injury claim. I fur I and paid from the gross amount of my Ils not listed above, including but not lin se initialed by me to indicate that they a	nation and ther settlemented to
			, == 31
Date:	Name:		-
		Monique Norris	

Firm:

Kisling, Nestico & Redick, LLC

KNR004237

5/13/2014 03:45 PM

## 232154 / Norris, Ms. Monique

# Settlement Memorandum

Page 1 of 1

R	ecovery:	

MP	Motorists Insurance Group *
REC	Nationwide Insurance*
REC	Liberty Capital Funding LLC

\$ 1,000.00 \$4,982.55 \$ 500.00

\$6,482.55

## **DEDUCT AND RETAIN TO PAY:**

Kisling	Legal	Group
---------	-------	-------

Akron General Medical Center; 412140	\$ 40.89
Akron General Medical Center; Billing Fee /jks	\$ 6.00
Clearwater Billing Services, LLC; # 5299 /jks	\$ 50.00
First Healthcare; #000412140-jks	\$ 12.00
Floros, Dr. Minas;	\$ 200.00
Mercy Health Partners*; /bc	· \$ 15.00
MRS Investigations, Inc.;	\$ 50.00
Professional Receivables Control, Inc.*; 336474	\$ 16.00

honey

Total due Kisling Legal Group

\$389.89

### **DEDUCT AND RETAIN TO PAY TO OTHERS:**

***************************************	A TO THE	· · · · · · · · · · · · · · · · · · ·
	Akron Square Chiropractic $\bigvee \bigvee i$	\$724.00 500 M
who	CNS Center for Neuro and Spine  Ghoubriat, M.D., Dr. Sam N.	<b>ድ</b> ኃድስ ሰለ
Laston	Ghoubriat, M.D., Dr. Sam N.	\$ 850.00 Gao.
•	Kisling, Nestico & Redick, LLC	\$ 1,660.85
	Liberty Capital Funding LLC	\$ 800.00
	National Diagnostic Imaging Consultants	\$-110.00 80,00
	Ohio Tort Recovery Unit*	\$ 506.75
	Radiology & Imaging Services*	<b>50</b> \$ 58.00

**Total due Others** 

**Total Deductions** 

**Total Amount Due To Client Less Previously Paid To Client** 

**Net Amount Due Client** 

\$ 500.00

\$ 623.06

I hereby approve the above settlement and distribution of proceeds. I have reviewed the above information and I acknowledge that it accurately reflects all outstanding expenses associated with my injury claim. I further understand that the itemized bills listed above will be deducted and paid from the gross amount of my settlement except as otherwise indicated. Finally, I understand that any bills not listed above, including but not limited to Health Insurance or Medical Payments Subrogation and/or those initialed by me to indicate that they are not being paid from the settlement are my responsibility and not the responsibility of Kisling, Nestico & Redick, LLC.

KNR004321

05/15/2019 20:51:02 PM

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Page 39 of 75

5/16/2014 02:05 PM

Page 1 of 1

## 232154 / Norris, Ms. Monique

## Settlement Memorandum

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-	_							-

MP Motorists Insurance Group \*

**REC** Motorists Mutual Insurance Company

**REC** Nationwide Insurance\*

REC Liberty Capital Funding LLC \$1,000.00

\$ 250.00

\$4,982.55

\$ 500.00

\$6,732.55

### **DEDUCT AND RETAIN TO PAY:**

#### **Kisling Legal Group**

Akron General Medical Center; 412140	\$ 40.89
Akron General Medical Center; Billing Fee /jks	\$ 6.00
Clearwater Billing Services, LLC; # 5299 /jks	\$ 50.00
First Healthcare; #000412140-jks	\$ 12.00
Floros, Dr. Minas;	\$ 200.00
Mercy Health Partners*; /bc	\$ 15.00
MRS Investigations, Inc.;	\$ 50.00
Professional Receivables Control, Inc.*; 336474	\$ 16.00

Total due Kisling Legal Group

\$389.89

## **DEDUCT AND RETAIN TO PAY TO OTHERS:**

Akron Square Chiropractic \$500.00 \$-850.00 GOO, 54 Clearwater Billing Services, LLC CNS Center for Neuro and Spine Kisling, Nestico & Redick, LLC \$2,077.54 Liberty Capital Funding LLC \$ 800.00

\$ 110.00-80. National Diagnostic Imaging Consultants \$ 506.75

Ohio Tort Recovery Unit\* Radiology & Imaging Services\*

**Total due Others** 

\$c1,554,75

**Total Deductions** 

**Total Amount Due To Client** 

**Less Previously Paid To Client** 

**Net Amount Due Client** 

\$ 58.00

\$ 500.00

<u>\$=680:40</u>

I hereby approve the above settlement and distribution of proceeds. I have reviewed the above information and I acknowledge that it accurately reflects all outstanding expenses associated with my injury claim. I further understand that the itemized bills listed above will be deducted and paid from the gross amount of my settlement except as otherwise indicated. Finally, I understand that any bills not listed above, including but not limited to Health Insurance or Medical Payments Subrogation and/or those initialed by me to indicate that they are not being paid from the settlement are my responsibility and not the responsibility of Kisling, Nestico & Redick, LLC.

Date:	Name:
-------	-------

Total Deductions

Total Amount Due To Client

Less Previously Paid To Client

Net Amount Due Client

\$ 1,203.06

\$ 0.00

\$ 1,203.06

I hereby approve the above settlement and distribution of proceeds. I have reviewed the above information and I acknowledge that it accurately reflects all outstanding expenses associated with my injury claim. I further understand that the itemized bills listed above will be deducted and paid from the gross amount of my settlement except as otherwise indicated. Finally, I understand that any bills not listed above, including but not limited to Health Insurance or Medical Payments Subrogation and/or those initialed by me to indicate that they are not being paid from the settlement are my responsibility and not the responsibility of Kisling, Nestico & Redick, LLC.

Date:	Name:	

5/4/2011 12:13 PM FROM: Fax TO: 8 330 925 9030 PAGE 202 OF 004

MAY-02-2011 09:13AM FROM-Sain Joubrial MD 3309258030

T-000 P.002/009



Patient Richie A Harbour

First date of service:

I hereby direct you to pay to Clearwater Billing Services, LLC from the net proceeds of any settlement, claim, judgment, verdict or award, for any and all services rendered as a result of an injury that I received on 4/15/2011

Said amount being fair and reasonable price of medical services provided by Hancrist, LLC for me at the direction of my doctor or doctors. I authorize you to withhold said sums from the net proceeds of any settlement, claim, judgment, verdict, or awards as may be necessary to pay Clearwater Billing Services, LLC

I fully understand that I am directly and fully responsible to Clearwater Billing Services, LLC for the aforementioned account submitted to me by Clearwater Billing Services, LLC for services rendered the, and that this agreement is made solely for its additional protection and in consideration of its awaiting payment. I further understand that such payment is not contingent on any settlement, claim, judgment, verdict or award by which I may eventually recover said fee.

The undersigned being attorney of record for the above patient does hereby agree to observe all terms of the above and agrees to withhold such claims from the net proceeds of any settlement, claim, judgment, verdict, or award as may be necessary to adequately protect Clearwater Billing Services, LLC provided that said lien is subordinate to attorney's lien herein.

Kirling, Nestico & Redick, LLC

Attorneys at Law

Kisling Nestico & Redick LLC 3200 W. Market St., Suite 300 Akron, Ohio 44333 (330) 869-9007 (330) 869-9008 (fax)

1134 Brown Street Suite 1A Akron, Ohio 44301 (330) 925-1500

PLAINTIFF'S **EXHIBIT** 

NFIL

CLIENT: Richard A Harbour INSURANCE CO: Erie Insurance Group

**DEFENDANT:** Ray A Kalamets **ADJUSTER:** Jeanne Sprout

**DATE OF LOSS:** 4/15/2011 **CLAIM NO:** 010710306304

PHYSICIANS	MEDICAL SPECIALS	<u>AMOUNT</u>	
Rolling Acres Chiropractic Inc	(4/18/2011 - 10/6/2011)	\$ 5,386.00	
Sam N. Ghoubrial, M.D.	(4/27/2011 - 6/22/2011)	\$ 3,110.00	

## **HOSPITALS**:

 Akron General Medical Center
 (4/16/2011 - 4/16/2011)
 \$ 342.00

 General Emergency Medical
 (4/16/2011 - 4/16/2011)
 \$ 130.00

 Specialists, Inc.
 \* 130.00

## OTHERS:

\$ 2,470.00 Akron General Medical Center (6/28/2011 - 6/28/2011)

TOTAL MEDICAL SPECIALS: \$11,438.00

KNR04592

DME

L0631

E0730





Clearwater Billing Services, LLC Patient Name: Attorney: Diagnosis: \*Initial Visit: 99204 DOS: \*Follow- Up Visit: 99213 DOS SNG FDL **Procedure SNG** FDL 20552 20553 97032 97010 Procedure **Medication** 20552 97032 97010 J1020 J1030 J1040 Medication DME L0631 E0730 J1020 J1030 \*Follow- Up Visit: 99213 DOS DME L0631 E0730 DX: \*Follow- Up Visit: 99213 DOS: RHG FDL DX: **Procedure** SNG FDL 20552 20553 97032 97010 **Procedure** Medication 20552 20553 97032 97010 J1020 J1030 J1040 Medication DME E0730 J1020 J1030 J1040 99213 DOS DME L0631 E0730 DX: \*Follow- Up Visit: 99213 DOS: SNG FDL SNG RHG FDL 97032 97010 **Procedure** Medication 20552 20553 97032 97010 J1020 J1030 Medication J1020 J1030 J1040

DME

L0631

E0730





Sam N. Ghoubrial M.D., Inc. 1134 Brown Street, Suite A1 Akron, Ohio 44301 330-925-1500 330-925-9030

April 27, 2011 Richie Harbour

Richie is a 30-year-old gentleman who was involved in a motor vehicle accident on April 15, 2011. He was the seat-belted driver of a vehicle that was struck by another vehicle adjacent to him. He states the vehicle next to him was in the right hand lane and abruptly turned left, striking the passenger side of his vehicle. As a result of the impact, he injured his back and neck. He went to the emergency room at Akron General where he was treated and released. On a scale of 1 to 10, his pain is a 6/10. He suffers from cerebral palsy and already has considerable problems with movement and spasm. This has made things considerably worse. He has difficulty with range of motion and walks with the aid of a walker. Since the accident, he is unable to perform his routine ADLs and work as a security officer. He has been experiencing headaches since the accident.

Past Medical History: 1. Cerebral palsy.

Social History: Unremarkable.

MEDICATIONS: Flexeril.

ALLERGIES: NKDA.

#### **PHYSICAL EXAM:**

**INTEGUMENTARY:** The skin is without any cyanosis. No evidence of nail fungus, rash or abnormality. Elasticity appears to be WNL.

**HEENT:** Normocephalic and atraumatic. PERRLA. Mucous membranes are moist. The nose is patent and non-deviated. Tympanic membranes WNL.

**NECK:** Soft and supple. Thyroid gland could not be palpated. No evidence of any cervical lymphadenopathy. No JVD is noted. He has some guarding and spasm of the cervical spine with decreased range of motion on flexion and extension.

**CARDIOVASCULAR:** RRR normal S1 S2, no murmurs rubs or gallops. No carotid bruits could be appreciated.

LUNGS: Clear to auscultation. No wheezes, rales, or rhonchi could be appreciated on exam.

**ABDOMEN:** Soft and non-tender with positive bowel sounds. No evidence of any ascites or hepatosplenomegaly. No guarding or rebound tenderness. Negative for hernias.





Patient Name: Richie Harbour

Page Two

GRASP/MANIPULATION: Pincer movements and fine coordination appear to be WNL.

**BACK:** No scars are present. He has severe decreased range of motion of the lumbar spine. He has some guarding and spasm of the right paraspinal musculature. He also has some spasm on the left side with reproducible pain and tenderness.

**UPPER EXTREMITIES:** Shoulders, wrists and elbows: demonstrate no scars. +2 radial pulses throughout. He has some rigidity and decreased range of motion at the upper extremities bilaterally secondary to cerebral palsy. He has difficulty with fine manipulation of his hands.

LOWER EXTREMITIES: No venous insufficiency or edema. +2 pulses throughout. Ankles and hips demonstrate no gross abnormalities on exam. He has decreased range of motion of the lower extremities secondary to cerebral palsy. He has significant decreased range of motion at the hips and knees secondary to cerebral palsy with dystonia noted.

MUSCULOSKELETAL: The patient is unable to get on and off the exam table. The patient has an unsteady gait and walks with the aid of a walker. He has an antalgic gait with considerable bowing at the knees. He has some rigidity to his range of motion of the upper and lower extremities. He has some dystonia. He has some atrophy of the major muscle groups of the lower extremities.

**NEUROLOGICAL:** The patient is alert and oriented x 3. Cranial nerves II-XII are grossly intact throughout. Reflexes are 2/4 throughout. Tactile sensation is WNL. There is a negative Romberg test. Cerebellar testing is within normal limits. There is a negative straight leg raise and negative bowstring sign.

#### ASSESSMENT:

- 1. Cerebral palsy.
- 2. History of dystonia.
- 3. Cervical strain.
- 4. Acute lumbar strain.
- 5. Exacerbation of dystonia.

PLAN: I put him on Flexeril #30, one b.i.d. to t.i.d.; ibuprofen 800 mg, one b.i.d. with food PRN, #30; and Vicodin #60, one pill 3 times daily PRN. I cautioned him that the medications can make him drowsy.

Sam N. Ghaubrial M.D./rtd

NAME: Richie H

	DATE	PROGRESS NOTES					
1 Rich	ie A	Harbour	230	245			
	4-27-11	MUA Ini	Arol Vi	sit (	49)		
6 B	ichie	A Harbour	230	245			
	5.11.11	MVA foll		<b>@</b>			

Richie Harbour

May 11, 2011

He comes in for a follow-up visit. He continues to have tightness in his lower back and neck.

EXAM: He has persistent discomfort on flexion and extension. He has loss of lordosis to his

lumbar spine with significant pain.

PLAN: He tells me that the Flexeril is working, the ibuprofen is working but the Vicodin isn't really killing his pain. I will give him a prescription for Percocet 5/325 mg, #60, one pill four times a day as needed. He will continue the Flexeril and ibuprofen as before. I cautioned him about sedation while taking Percocet. He knows about this. If he continues to have pain, I will SNG/rtd probably give him some trigger point injections.

Richie Harbour

May 25, 2011

He comes in today for a follow-up visit.

EXAM: He still has guarding and tenderness of the right cervical and right lower lumbar region

with significant spasm.

PROCEDURE: I talked with him about the risks and benefits of trigger point injections. I identified two trigger points, one at C7 and one at L3, right side, and injected each with 1 cc of methylprednisolone and Marcaine under sterile technique.

PLAN: I refilled his Percocet 5/325 mg, #60, one pill four times a day; Flexeril 10 mg, #14, one

at night; and Motrin 800 mg, #30, one b.i.d. No refills.

SNG/rtd

Sumo





	NAME: _	Richie	Harbou	<u>'V</u>			
	DATE	· · · · · · · · · · · · · · · · · · ·		ROGRESS	NOTES		
20 R	ichie	Harbou	v 220	215.			
	4/8/11		ILOW-UD I	ÓN.			
] ; ; ; ; ; ; t	njections but un the trigger poing and to the procedure out trigger poing of the injections of the injection of the injections of the injections of the injection of the injectio	nday for a follow- infortunately has int injection in his enderness to his le E: I identified two ints with 1/2 cc of jections well.	up visit. He got tro had a recurrence of s neck was very be	over the past eneficial. Unformal L2 and two tone and Marc	couple of day fortunately, he trigger points caine under sto	in his love has a lot at L5. I in erile techn	ver back of ijected all iique. He
Rich	ije Hari	bour	135	145			
	EXAM: He considerably PLAN: I re	n today for a follone. I think an MRI astill has some guy better based on afilled his meds a l.d.; and Flexeril	2, 2011 ow-up visit. His net is probably warrated and tender my exam. His rans before: Percoce 10 mg, #14, one at	nnted. Dr. Au ness of the lu ge of motion t #60, one pil night. I also	ich is going to imbar spine a is still somev Il four times a	order this though the what limited day; Mot	s. iis is ed. rin 800 mg,

4/25/2012

214858 / Richard A Harbour

#### Settlement Memorandum

### Recovery:

**REC** 

Erie Insurance

\$20,000.00

\$ 20,000.00

## **DEDUCT AND RETAIN TO PAY:**

Kisling,	Nestico	& Redick,	LLC
----------	---------	-----------	-----

Akron General Medical Center **;	\$ 31.23
Akron General Medical Center **; Records/KN	\$ 34.38
AMC Investigations;	\$ 50.00
Clearwater Billing Services, LLC;	\$ 50.00
Akron General Health System;	\$ 1.50
·	

\$ 167.11 **Total Due** 

#### **DEDUCT AND RETAIN TO PAY TO OTHERS:**

Akron General Medical Center **	RAH \$2,470.00
Akron General Medical Center **	<u>RAH</u> \$ 342.00
General Emergency Medical Specialists, Inc.*	<u>RAH</u> \$ 130.00
Ghoubrial, M.D., Dr. Sam N.	\$ 2,000.00
Kisling, Nestico & Redick, LLC	\$ 4,700.00
Rolling Acres Chiropractic Inc	\$ 3,700.00
Total Due Others	<b>\$ 13,342.00</b>

**Total Deductions** 

\$ 13,509.11

**Total Amount Due to Client** 

\$6,490.89

I hereby approve the above settlement and distribution of proceeds. I have reviewed the above information and I acknowledge that it accurately reflects all outstanding expenses associated with my injury claim. I further understand that the itemized bills listed above will be deducted and paid from the gross amount of my settlement except as otherwise indicated. Finally, I understand that any bills not listed above, including but not limited to Health Insurance or Medical Payments Subrogation and/or those initialed by me to indicate that they are not being paid from the settlement are my responsibility and not the responsibility of Kisling, Nestico & Redick, LLC.

Date: 4]25 12

Firm:

Kisling, Nestico & Redick, LLC

KNR04589

NFIL

3/20/2019

214858 / Richard A Harbour

#### **Settlement Memorandum**

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			_	_

REC

\$ 20,000.00

\$ 20,000.00

#### **DEDUCT AND RETAIN TO PAY:**

Kisling,	Nestico	&	Redick,	LLC
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Erie Insurance

Akron General Medical Center **;	\$ 31.23
Akron General Medical Center **; Records/KN	\$ 34.38
AMC Investigations;	\$ 50.00
Clearwater Billing Services, LLC;	\$ 50.00
Akron General Health System;	\$ 1.50

Total Due \$ 167.11

#### **DEDUCT AND RETAIN TO PAY TO OTHERS:**

Akron General Medical Center **	\$ 2,470.00
Akron General Medical Center **	\$ 342.00
General Emergency Medical Specialists, Inc.*	\$ 130.00
Ghoubrial, M.D., Dr. Sam N.	\$ 2,000.00
Kisling, Nestico & Redick, LLC	\$ 4,700.00
Rolling Acres Chiropractic Inc	\$ 3,700.00
Total Due Others	\$ 13,342.00

**Total Deductions** \$ 13,509.11

Total Amount Due to Client \$ 6,490.89

I hereby approve the above settlement and distribution of proceeds. I have reviewed the above information and I acknowledge that it accurately reflects all outstanding expenses associated with my injury claim. I further understand that the itemized bills listed above will be deducted and paid from the gross amount of my settlement except as otherwise indicated. Finally, I understand that any bills not listed above, including but not limited to Health Insurance or Medical Payments Subrogation and/or those initialed by me to indicate that they are not being paid from the settlement are my responsibility and not the responsibility of Kisling, Nestico & Redick, LLC.

Date:	Name:	
	Richard A Harbour	
	Firm:	
	Kisling, Nestico & Redick, LLC	

CV-2016-09-3928 MICHAEL, KATHRYN 05/15/2019 20:51:02 PM NFIL Page 50 of 75

214858 / Richard A Harbour

#### Settlement Memorandum

	Settlement Memorandum		
Recovery:			
REC	Erie Insurance		\$ 20,000.00
		<del></del>	\$ 20,000.00
DEDUCT AND RETAIN T	O PAY:		
Kisling, Nestico & Red	dick, LLC		
Akron General M	edical Center	\$ 31.23	
Akron General M	edical Center	\$ 34.38	
AMC Investigatio	ns;	\$ 50.00	
Clearwater Billing	g Services, LLC	\$ 50.00	
Akron General He	ealth System	\$ 1.50	
Total Due		\$ 167.11	
DEDUCT AND RETAIN TO	O PAY TO OTHERS:		
Akron General Med	lical Center	\$ 2,470.00	
Akron General Med	lical Center	\$ 342.00	
General Emergency	y Medical Specialists, Inc.	\$ 130.00	
Dr. Sam N. Ghoubr	ial, M.D.	\$ 2,300.00	
Kisling, Nestico & R	Redick, LLC	\$ 6,666.66	
Rolling Acres Chiro	practic Inc	\$ 4,000.00	
Total Due Others		\$ 15,908.66	
Total Deductions			\$ 16,075.77
Total Amount Due to Clien	nt .		\$ 3,924.23
Less Previously Paid to Cl	ient		\$ 0.00
Net Amount Due to Clien	nt .		\$ 3,924.23
acknowledge that it accura understand that the itemize except as otherwise indica Health Insurance or Medic	re settlement and distribution of proceeds. I hately reflects all outstanding expenses associated bills listed above will be deducted and paidated. Finally, I understand that any bills not list all Payments Subrogation and/or those initiale re my responsibility and not the responsibility	ated with my injury claim. I full I from the gross amount of m ted above, including but not li ed by me to indicate that they	orther by settlement dimited to divare not being

Date:

Name:

Richard A Harbour

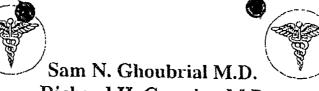
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Kisling, Nestico & Redick, LLC

3/20/2019 214858 / Ray A Kalamets

## **Settlement Memorandum**

Recovery:	<u> </u>	
DEDUCT AND RETAIN TO PAY:		
Kisling, Nestico & Redick, LLC		
AMC Investigations;	\$ 50.00	
Total Due	\$ 50.00	
DEDUCT AND RETAIN TO PAY TO OTHERS:		
Total Due Others		
Total Deductions		\$ 50.00
Total Amount Due to Client		\$ -50.00
Less Previously Paid to Client		\$ 0.00
Net Amount Due to Client		\$ -50.00
I hereby approve the above settlement and distribution above information and I acknowledge that it accurates associated with my injury claim. I further understate be deducted and paid from the gross amount of marked Finally, I understand that any bills not listed above Insurance or Medical Payments Subrogation and/of are not being paid from the settlement are my resp. Kisling, Nestico & Redick, LLC.	ately reflects all outstanding exper nd that the itemized bills listed abo y settlement except as otherwise i , including but not limited to Health or those initialed by me to indicate	nses ove will ndicated n that they
Date: Name	<b>:</b>	
	Ray A Kalamets	
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	Kisling, Nestico & Redick, LLC	



Sam N. Ghoubrial M.D.
Richard H. Gunning M.D.
Joshua M. Jones M.D.
MEDICAL LIEN

Rc:	Patient TALLUAN	CAR TEPR
	First date of service:	2/18/13
		, ,

I hereby direct you to pay to Clearwater Billing Services, LLC from the net proceeds of any settlement, claim, judgment, verdict or award, for any and all services rendered as a result of an injury that I received on \_\_\_\_/\(\frac{7}{5}/\frac{7}{3}\).

Said amount being fair and reasonable price of medical services provided by Hancrist, LLC for me at the direction of my doctor or doctors. I authorize you to withhold said sums from the net proceeds of any settlement, claim, judgment, verdict, or awards as may be necessary to pay Clearwater Billing Services, LLC

I fully understand that I am directly and fully responsible to Clearwater Billing Services, LLC for the aforementioned account submitted to me by Clearwater Billing Services, LLC for services rendered me, and that this agreement is made solely for its additional protection and in consideration of its awaiting payment. I further understand that such payment is not contingent on any settlement, claim, judgment, verdict or award by which I may eventually recover said fee.

Dated:	12/18/13	
	. ,	

The undersigned being attorney of record for the above patient does hereby agree to observe all terms of the above and agrees to withhold such claims from the net proceeds of any settlement, claim, judgment, verdict, or award as may be necessary to adequately protect Clearwater Billing Services, LLC provided that saidslien is subordinate to attorney's lien herein.

Dated:

Kisking, Nestico & Redick, LLC

Attorneys at Law

Kisling, Nestico & Redick, LLC 3412 W. Market St. Akron, Ohio 44333 (330) 869-9007 (330) 869-9008 (fax)

215 East Waterloo Road, Suite 12, Akron, Ohio 44319

Phone: (330) 331-7207 Fax: (330) 331-7567

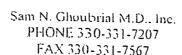
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SE From: CLEARNATER BILLING

CV-2016-09-3928



December 18, 2013 Taijuan Carter

Taijuan is a 38-year-old gentleman who was involved in a motor vehicle accident on December 15, 2013. He was the seat-belted driver of a vehicle struck by a car that pulled out of a parking space and struck the passenger side of his vehicle. As a result of the impact, he injured his neck and back. On a scale of 1 to 10, his pain is 9. He has difficulty twisting, turning and bending, and trouble sleeping. He has difficulty performing his activities of daily living. He has pain on a day to day basis. He has been getting chiropractic care but he continues to be in pain.

Past Medical History: Unremarkable.

Past Surgical History: Unremarkable.

Social History: No history of illicit drug use. He is single.

MEDICATIONS: None.

ALLERGIES: NKDA. Seasonal allergies.

#### PHYSICAL EXAM:

INTEGUMENTARY: The skin is without any cyanosis. No evidence of nail fungus, rash or abnormality. Elasticity appears to be WNL.

HEENT: Normocephalic and atraumatic, PERRLA. Mucous membranes are moist. The nose is patent and non-deviated. Tympanic membranes WNL.

NECK: Thyroid gland could not be palpated. No evidence of any cervical lymphadenopathy. No JVD is noted.

SPINE/BACK: No scars are present. He has guarding and tenderness of the cervical and upper thoracic spine with pain on flexion and extension. He has reproducible pain and discomfort in the lumbar spine with loss of lordosis of the lumbar spine with guarding and tenderness.

CARDIOVASCULAR: RRR normal S1 S2, no murmurs rubs or gallops. No carotid bruits could be appreciated.

LUNGS: Clear to auscultation. No wheezes, rales, or rhonchi could be appreciated on exam.

ABDOMEN: Soft and non-tender with positive bowel sounds. No evidence of any ascites or hepatosplenomegaly. No guarding or rebound tenderness. Negative for hernias.





Patient Name: Taijuan Carter

Page Two

GRASP/MANIPULATION: Pincer movements and fine coordination appear to be WNL.

**UPPER EXTREMITIES:** Shoulders, wrists and elbows: demonstrate no scars or gross deformities. ±2 radial pulses throughout.

LOWER EXTREMITIES: No venous insufficiency or edema. +2 pulses throughout. Ankles and hips demonstrate no gross abnormalities on exam.

MUSCULOSKELETAL: The patient is able to get on and off the exam table without difficulty. The patient is able to do heel to toe walking. The patient doesn't walk with a cane or walker.

**NEUROLOGICAL:** The patient is alert and oriented x 3. Cranial nerves II-XII are grossly intact throughout. Reflexes are 2/4 throughout. Tactile sensation is WNL. There is a negative Romberg test. Cerebellar testing is within normal limits. There is a negative straight leg raise and negative bowstring sign.

#### ASSESSMENT:

- 1. Cervicothoracie strain.
- 2. Lumbar strain.

PROCEDURE: I identified six trigger points, two at C4, two at C7, and two at T2. I injected each with 1/2 cc of methylprednisolone and Marcaine under sterile technique. He tolerated the injections well.

**PLAN:** I prescribed Norco 5/325 mg, #30, one PO b.i.d.: Flexeril 10 mg, #60, one b.i.d.; and Motrin 800 mg, #60, one b.i.d. I will see the patient back in two weeks.

I want the patient to continue therapy. The patient understands he/she needs to participate in therapy, and is actively participating in therapy.

Sam N. Chaubrial M.D. /rtd

MICHAEL, KATHRYN

, -			SS NOTE	~		
NAME:	Taijuan (	Carter				
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and lower improvem him sick. EXAM: I through To the parasp EMPRESS PLAN: Fing, #30, c b.i.d. PRN	arter It is here for a follow-u back. On a scale of 1 to ent over the past few w He had some trigger po The patient has tenderne 4 with trigger points at inal musculature. SION: 1. Cervicothora le said Norco isn't touc one PO b.i.d. PRN with with no refills. I will s ic therapy.	o 10, his pain is a vecks and says the oint injections at less throughout the T4 bilaterally. He acic and lumbar so hing his pain so no refills. I refil	nos exquisite pair rated as 9 out of e Norco doesn't his last visit, e cervical and up le hus some mild strain, we will give a pr led his Motrin ar	10. He said he touch his pair per thoracic retenderness at rescription for ad Flexeril #30. He will continued to the second flexeril #30.	hasn't had any it only makes regions down L3 bilaterally in Percocet 5/325 O of each, one PO	

NAME: MANUAL CR Let  DATE  18 This is a Charter  1-17-14 Mill Lep  Taijuan Carter January The patient is here for a follow-up visit. He sa make things worse rather than better. The Per	17. 2014	ESS NOTES			
Taijuan Carter  The patient is here for a follow-up visit. He sa	17. 2014	ESS NOTES			
Taijuan Carter  The patient is here for a follow-up visit. He sa	17. 2014				
Taijuan Carter The patient is here for a follow-up visit. He sa	17. 2014				
The patient is here for a follow-up visit. He sa	17, 2014				_ }
significant pain, tenderness and tightness in he the roller table at the chiropractor's office just for several reasons. I recommended inching destill using key Hot. It may also help to have so the roller table does not.  PLAN: I refilled his medications: Percocet 1930 of each, a two week supply with no refille continue with the chiropractor.	reocet works his neck and trait doesn't seen lown the table omeone massa	etter than Nor apezius musch i to reach that a bit and tryir ge that area fo seril 10 mg/ai	co. He still hes bilaterally part as well, ig to lie flatter him and resert in the profession of the profession.	as . He says possibly er. He is ach what	
THINKING CARTOR					
1/31/14 MVA Follow up (	<u> </u>				
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Taijuan Carter The patient is here for a follow-up vis declined shots because they really see medications do help. He is still with t SPECIAL NOTE: I provided him/l PLAN: I refilled his medications: Pe two week supply of each. I will see h RHG/rtd	emed to make the chiropracto her with a Lu preocet 5/325 (	quite a bit of things worse r or. He would li x TENS unit, ng, Flexeril 10	ather than be ke a TENS t I gave instr I mg, and ibt	etter. The mit, uctions on it aprofen 800 n	s use.
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## PROGRESS NOTE

NAME:	Dayman Cartel
9 14	James CARKUR
2-14-19	fulluci lip
	Taijuan Carter  February 14, 2014  The patient is here for a follow-up visit. He says the TENS unit is helping. He is scooting down a little bit on the exam table so that it is getting the back of his neck better, and the chiropractor is still working with him. He says the medications help.  EXAM: He has full range of motion of his neck and he can shrug his shoulders without discomfort. He has minimal tenderness.  PLAN: I refilled his Flexeril and ibuprofen but I am changing his Percocet to Tramadol as he declines Norco. I will see the patient back in two weeks.  RHG/rtd  Additional and the can shrug his percocet to Tramadol as he declines Norco. I will see the patient back in two weeks.
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NAME: Layuan Car	<b>4</b> .		
	Till.		All continued to the conjugate places
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Taijuan Carter	Eshenow	y 28, 2014	responsible to Mind (interpreparate types, to )
The patient is here for a follow	v-up visit. He is	y 20, 2014 doing fairl:	y well. He does need refills of
medications today.			some issues of urinary incontinence
which occur when he is on the	road approachi	ino a situati	on where someone is about to borred our
damage as much as I suspect r	ië may have a li	ttle PTSD.	time. I don't suspect he has nerve I recommended he go see a counselor.
PLAN: Pain wise, he is doing	gmuch better. L	think the ch	niropractor may be releasing him soon. I her antiinflammatories if he wishes.
RHG/rld Manual	1	The Styling	ter attributation to the wishes.
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#### FOR ATTORNEY EYES ONLY - CONFIDENTIAL SUBJECT TO PROTECTIVE ORDER





\$2530.00

## Invoice for Medical Services

Re: Taijuan Carter

Date of Accident: 12/15/13

Date of Birth:

Medical services for the	ne above- named client.	Amount
12/18/13	See detailed HCFA 1500	\$1230.00
1/17/14	See detailed HCFA 1500	\$1100.00
1/3/14	See detailed HCFA 1500	\$150.00
3/12/14	Document preparation fee	\$50.00

Total amount due:

Please make checks payable to:

Clearwater Billing Service, LLC P.O. Box 1243 Bath, Ohio 44210-1243

Tax ID: 27-0796590

## FOR ATTORNEY EYES ONLY - CONFIDENTIAL SUBJECT TO PROTECTIVE ORDER

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### FOR ATTORNEY EYES ONLY - CONFIDENTIAL SUBJECT TO PROTECTIVE ORDER

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UCC Instruction Manual available at: www.nucc.org PLEASE PRINT OF TYPE APPROVED OMB-038-0990 FORM CMS-1500 (08-05)	opply to the tall and are made a part thereof.)		· · · · · · · · · · · · · · · · · · ·			
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en we many a warman constraints	No. by Modical Arta Prasa	org PLEASE FIRM	NT OR TYPE	4747713-3	1938-0990 FOR	RM CMS-1500 (08-05)

## FOR ATTORNEY EYES ONLY - CONFIDENTIAL SUBJECT TO PROTECTIVE ORDER

(1500)			TAIJUM CARTER	
(1500) HEALTH INSURANCE CLAIM FOR	ŇA			
APPRIOVED BY NATIONAL UNIFORM (SLAIM COMMITTEE OBJOS				
T PICA  UNDER THE MEDICALD TREATMENT OF THE PICAGE TO THE PICAGE T	CHAMPYA GOOP	COCM I REPORTED BELLEVISION CONTRICTOR	ALLA CONTROL AND C	PICA T
(Medicare e) (Madania e) (Species a asi)	BARROW (DA) (SEN OF 10)	ECA OTHE	A 18. INSURED S I.D. NUMBER	(For Progress In Italia 1)
2. PATIENT'S NAME (Lies) Name: Floridated Middle Initial CARTER, TAIJUAN	3. PATIENT'S BIRTH DATE	SEX F	G INSURED'S NAME (Last Name, First Name, M. CARTER, TAIJUAN	Iddio Inihan
5. PATERTY: APPRICADING	6. PATIENT RELATIONSHIP Sett Brouge Oct	TO INSUITED	7. DESIGNATE ASSOCIATE OF COLOR	and the second s
сп	State 0. PATIENT STATUS	Other ]	Cit	STATE
ZIP CODE TELEPHONE (Include Area Circ	te)		ZEP CODE. TELEPHONE /	riculde Aren Code)
9. OTHER INSURED'S NAME (LIEU NIMPRE, FIRST NAME, MICHIGA INST			1,500,000	
<u></u>		·	11 INSURED'S POLICY GROUP OR FECA NUM	sierk
A. OTHER INSURED'S POLICY OR GROUP NURSER	8. EMPLOYMENT? (Current of	Previous)	A INSUMED'S DATE OF BIRTH	SEX F
b. OTHER INSURED 9 DATE OF BIRTH SEX	P AUTO ACCIDENT?	PLACE (Flate)	U. EMPLOYER'S NAME OR SCHOOL NAME	1 "
C EMPLOYER'S NAME ON SCHOOL NAME	c. OTHER ACCIDENTS	J'''	C INSTRANCE PLAN NAME OR PROGRAM NAM	E
E. INSURANCE PLAN NAME OR PROGRAM NAME	10d. RESERVED FOR LOCAL	NO USE	TAIJUAN CARTER  J. 19 THERE ANOTHER HEALTH BENEFIT PLANT	
HEAD BACK OF FORM BEFORE COMP	ETHEC & SPACE CALLS		YES Kic # yes inum in un	La V mon sengreon s
12. PATIENTS OR ALTHORIZED PERSONS GIGHATORE LIBERTY IN THE PROCESS THE DRIVE, I REPORT TO PROCESS THE DRIVE AND DESIGNATION D		imatión incossáry	13. INSURED 6 OR AUTHORIZED PERSON'S SIG- payment of modical benefits to the undersigned services described below.	NATURE Lauthoisee. Physician or supplier for
SIGNATURE ON FILE	DATE 03/12	2/14	SIGNATURE ON	N FILE
11. DATE OF CUPRENT ALLNESS IT IS PARTITION OF THE TEXT OF THE PROGRAMMY (ACCUMENT)	15. IF PATIENT HAS HAD SANE OF	SIMULAR ILLNESS	16 DATES PATIENT LARGELE TO WORK IN CURR	ENT OCCUPATION
7. NAME OF REFERING PROVIDEN OF OTHER SOURCE		_^	18. HOSPITALIZATION DATES RELATED TO CURR	
19. RESERVED FOR LOCAL USE	FOR HPV		FRCM TO TO SCHARE	<u>'</u> 1
1) DIAGNOBIS ON HATURE OF ILLNESS OR INJURY (Petan Item	8 1. 2 9 or 4 to 16 or 945 or 1	-	OVES MAD	
847,0	3. L	Y	REMEDICALE RESUBMISSION ORIGINAL REF. N	io.
847.1	<b>4</b> 1		23. PRIOR AUTHORIZATION HUMBER	
Promi To PACEOR	HOCEOURES, LERVICER, ON SUPPLIE (Expain Unique) Circimstances)	DIAGRIDAS	F. G. H. L.	A RENDERING
	MODIFIER		S CHARGES CHARLES THE CHALL	PROVIDER ID. #
-14,-11,-1 T		1,2,3	\$150.00 1	RENDERING PROVIDER ID #
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			NPI NPI	
PEDERAL TANJO NIGHBER SSN EIN 28 PATIEN	IS ACCOUNTING 27, ACCEPT	ASSIGNMENT? 2	S. TOTAL SHARIOE O PORTAL STATE TO THE STATE OF THE STATE	30 5214NCE DUE
SIGNATURE OF PHYSICIAN OR SUPPLIER 32 SERVICE	E FACILITY LOCATION INFORMATION	NO NO	5 320	331-7207
INCLUDING DEGREES OF CREDENTIALS HAN (I certify than the statuments on fire reverse apply to find the end are made a part thereof.) 215	CHRIST LLC E WATERLOO #12	.	P.O BOX 1243	SERVICES'
JOSHUA M. JONES, MD AKR			BATH, OH 44210	
03/12/14	***************************************			1

Sandra Kurt, Summit County Clerk of Courts

**CLIENT:** Taijuan Carter

INSURANCE CO: American Family Insurance

**DEFENDANT:** Marry Foshee

**ADJUSTER:** Matthew Boldt

ATE OF LOSS: 12/15/2013

**CLAIM NO: 943208658** 

PHYSICIANS	MEDICAL SPECIALS	<b>AMOUNT</b>
Akron Square Chiropractic	(12/16/2013 - 2/25/2014)	\$ 4,840.00
Clearwater Billing Services, LLC	(12/18/2013 - 1/3/2014)	\$ 2,480.00
National Diagnostic Imaging Consultants	(12/30/2013 - 12/30/2013)	\$ 110.00

**TOTAL SPECIALS** 

\$ 7,430.00

We (KNR) referred Taijun on his 1st MUA.
Wen't to Akron Square day as W Mis MUD.
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Messinge
Adjust
Cover back a Noile area were Still
Mustery while working by coff sitting & standing for long Being unknowfartable
Chico Treatment - helpert.
Or, Cho-Sril - I injection 17 made 17 worse
NECK. I der reck & Shoulders need
S. C.
Low Back > occassional low back traying

Tax I.D.31-1528200

Statement Date
3/12/2014



TaiJuan Carter

Diagnosis 847.0 847.2 847.1 728.85

Chart Number CARTA020

Date of Loss: 12/15/2013         Previous Balance           Patient: TaiJuan Carter         Chart #: CARTA020         Case Description: mva           12/16/2013         TEN POINT EXAM         10 PT           12/16/2013         X-ray Cervical AP& LAT, 2 or 3 views         72040         12           12/16/2013         X-ray Lumbosacral, AP & Lat         72100         8           12/16/2013         Electrical Muscle Stimulation         97014         4           12/16/2013         Hot/Cold Packs to one or more areas         97010         3           J/17/2013         Spinal Manipulation 3-4 regions         98941         8           12/17/2013         Electrical Muscle Stimulation         97014         4           12/17/2013         Unlisted Modality         97039         5           12/18/2013         TriggerPoint/Massage(Distinct/Reduced)         97124-5952         5           12/18/2013         Spinal Manipulation 3-4 regions         98941         8           12/18/2013         Electrical Muscle Stimulation         97014         4           12/18/2013         Hot/Cold Packs to one or more areas         97010         3           12/18/2013         Traction, Mechanical         97012         5           12/27/2013         Spinal Manipulatio	Date	Description	Procedure Code	Amount
Patient: TaiJuan Carter         Chart #: CARTA020         Case Description: mva           12/16/2013         TEN POINT EXAM         10 PT           12/16/2013         X-ray Cervical AP& LAT, 2 or 3 views         72040         12           12/16/2013         X-ray Lumbosacral, AP & Lat         72100         8           12/16/2013         Electrical Muscle Stimulation         97014         4           12/16/2013         Hot/Cold Packs to one or more areas         97010         3           1/17/2013         Spinal Manipulation 3-4 regions         98941         8           12/17/2013         Electrical Muscle Stimulation         97014         4           12/17/2013         Unlisted Modality         97039         5           12/17/2013         TriggerPoint/Massage(Distinct/Reduced)         97124-5952         5           12/18/2013         TriggerPoint/Massage(Distinct/Reduced)         97014         4           12/18/2013         Electrical Muscle Stimulation         97014         4           12/18/2013         TriggerPoint/Massage(Distinct/Reduced)         97124-5952         5           12/18/2013         TriggerPoint/Massage(Distinct/Reduced)         97124-5952         5           12/18/2013         TriggerPoint/Massage(Distinct/Reduced)         97012	Date of Loss: 12/15/2013			0.00
12/16/2013       TEN POINT EXAM       10 PT         12/16/2013       X-ray Cervical AP& LAT, 2 or 3 views       72040       12         12/16/2013       X-ray Lumbosacral, AP & Lat       72100       8         12/16/2013       Electrical Muscle Stimulation       97014       4         12/16/2013       Hot/Cold Packs to one or more areas       97010       3         ./17/2013       Spinal Manipulation 3-4 regions       98941       8         12/17/2013       Electrical Muscle Stimulation       97014       4         12/17/2013       Unlisted Modality       97039       5         12/17/2013       TriggerPoint/Massage(Distinct/Reduced)       97124-5952       5         12/18/2013       Spinal Manipulation 3-4 regions       98941       8         12/18/2013       Electrical Muscle Stimulation       97014       4         12/18/2013       Electrical Muscle Stimulation       97014       4         12/18/2013       TriggerPoint/Massage(Distinct/Reduced)       97124-5952       5         12/18/2013       Traction, Mechanical       97012       5         12/27/2013       Spinal Manipulation 1-2 regions       98940       8         12/27/2013       Electrical Muscle Stimulation       97014       4	Patient: TaiJuan Carter	Chart #: CARTA020 Case Desc	ription: mva	
12/16/2013       X-ray Cervical AP& LAT, 2 or 3 views       72040       12         12/16/2013       X-ray Lumbosacral, AP & Lat       72100       8         12/16/2013       Electrical Muscle Stimulation       97014       4         12/16/2013       Hot/Cold Packs to one or more areas       97010       3         1/17/2013       Spinal Manipulation 3-4 regions       98941       8         12/17/2013       Electrical Muscle Stimulation       97014       4         12/17/2013       Unlisted Modality       97039       5         12/18/2013       TriggerPoint/Massage(Distinct/Reduced)       97124-5952       5         12/18/2013       Electrical Muscle Stimulation       97014       4         12/18/2013       Electrical Muscle Stimulation       97014       4         12/18/2013       Hot/Cold Packs to one or more areas       97010       3         12/18/2013       TriggerPoint/Massage(Distinct/Reduced)       97124-5952       5         12/18/2013       Traction, Mechanical       97012       5         12/27/2013       Spinal Manipulation 1-2 regions       98940       8         12/27/2013       Electrical Muscle Stimulation       97014       4         12/27/2013       Electrical Muscle Stimulation	12/16/2013			0.00
12/16/2013       X-ray Lumbosacral, AP & Lat       72100       8         12/16/2013       Electrical Muscle Stimulation       97014       4         12/16/2013       Hot/Cold Packs to one or more areas       97010       3         12/17/2013       Spinal Manipulation 3-4 regions       98941       8         12/17/2013       Electrical Muscle Stimulation       97014       4         12/17/2013       Unlisted Modality       97039       5         12/17/2013       TriggerPoint/Massage(Distinct/Reduced)       97124-5952       5         12/18/2013       Spinal Manipulation 3-4 regions       98941       8         12/18/2013       Electrical Muscle Stimulation       97014       4         12/18/2013       Hot/Cold Packs to one or more areas       97010       3         12/18/2013       TriggerPoint/Massage(Distinct/Reduced)       97124-5952       5         12/18/2013       Traction, Mechanical       97012       5         12/27/2013       Spinal Manipulation 1-2 regions       98940       8         12/27/2013       Electrical Muscle Stimulation       97014       4         12/27/2013       Traction, Mechanical       97012       5         12/27/2013       TriggerPoint/Massage(Distinct/Reduced)       9	12/16/2013	X-ray Cervical AP& LAT, 2 or 3 views	72040	120.00
12/16/2013       Electrical Muscle Stimulation       97014       4         12/16/2013       Hot/Cold Packs to one or more areas       97010       3         ./17/2013       Spinal Manipulation 3-4 regions       98941       8         12/17/2013       Electrical Muscle Stimulation       97014       4         12/17/2013       Unlisted Modality       97039       5         12/17/2013       TriggerPoint/Massage(Distinct/Reduced)       97124-5952       5         12/18/2013       Spinal Manipulation 3-4 regions       98941       8         12/18/2013       Electrical Muscle Stimulation       97014       4         12/18/2013       Hot/Cold Packs to one or more areas       97010       3         12/18/2013       TriggerPoint/Massage(Distinct/Reduced)       97124-5952       5         12/18/2013       Traction, Mechanical       97012       5         12/27/2013       Spinal Manipulation 1-2 regions       98940       8         12/27/2013       Electrical Muscle Stimulation       97014       4         12/27/2013       Traction, Mechanical       97012       5         12/27/2013       Traction, Mechanical       97012       5         12/27/2013       Traction, Mechanical       97012       5	12/16/2013	X-ray Lumbosacral, AP & Lat	72100	80.00
12/16/2013       Hot/Cold Packs to one or more areas       97010       3         ./17/2013       Spinal Manipulation 3-4 regions       98941       8         12/17/2013       Electrical Muscle Stimulation       97014       4         12/17/2013       Unlisted Modality       97039       5         12/17/2013       TriggerPoint/Massage(Distinct/Reduced)       97124-5952       5         12/18/2013       Spinal Manipulation 3-4 regions       98941       8         12/18/2013       Electrical Muscle Stimulation       97014       4         12/18/2013       Hot/Cold Packs to one or more areas       97010       3         12/18/2013       TriggerPoint/Massage(Distinct/Reduced)       97124-5952       5         12/18/2013       Traction, Mechanical       97012       5         12/27/2013       Spinal Manipulation 1-2 regions       98940       8         12/27/2013       Electrical Muscle Stimulation       97014       4         12/27/2013       Traction, Mechanical       97012       5         12/27/2013       Traction, Mechanical       97012       5         12/27/2013       Traction, Mechanical       97012       5	12/16/2013	Electrical Muscle Stimulation	97014	45.00
J17/2013       Spinal Manipulation 3-4 regions       98941       8         12/17/2013       Electrical Muscle Stimulation       97014       4         12/17/2013       Unlisted Modality       97039       5         12/17/2013       TriggerPoint/Massage(Distinct/Reduced)       97124-5952       5         12/18/2013       Spinal Manipulation 3-4 regions       98941       8         12/18/2013       Electrical Muscle Stimulation       97014       4         12/18/2013       Hot/Cold Packs to one or more areas       97010       3         12/18/2013       TriggerPoint/Massage(Distinct/Reduced)       97124-5952       5         12/18/2013       Traction, Mechanical       97012       5         12/27/2013       Spinal Manipulation 1-2 regions       98940       8         12/27/2013       Electrical Muscle Stimulation       97014       4         12/27/2013       Traction, Mechanical       97012       5         12/27/2013       Traction, Mechanical       97012       5         12/27/2013       TriggerPoint/Massage(Distinct/Reduced)       97012       5         12/27/2013       TriggerPoint/Massage(Distinct/Reduced)       97012       5	12/16/2013	Hot/Cold Packs to one or more areas	97010	30.00
12/17/2013       Electrical Muscle Stimulation       97014       4         12/17/2013       Unlisted Modality       97039       5         12/17/2013       TriggerPoint/Massage(Distinct/Reduced)       97124-5952       5         12/18/2013       Spinal Manipulation 3-4 regions       98941       8         12/18/2013       Electrical Muscle Stimulation       97014       4         12/18/2013       Hot/Cold Packs to one or more areas       97010       3         12/18/2013       TriggerPoint/Massage(Distinct/Reduced)       97124-5952       5         12/18/2013       Traction, Mechanical       97012       5         12/27/2013       Spinal Manipulation 1-2 regions       98940       8         12/27/2013       Electrical Muscle Stimulation       97014       4         12/27/2013       Traction, Mechanical       97012       5         12/27/2013       Traction, Mechanical       97012       5         12/27/2013       TriggerPoint/Massage(Distinct/Reduced)       97012       5         12/27/2013       TriggerPoint/Massage(Distinct/Reduced)       97012       5	./17/2013	Spinal Manipulation 3-4 regions	98941	87.00
12/17/2013       Unlisted Modality       97039       5         12/17/2013       TriggerPoint/Massage(Distinct/Reduced)       97124-5952       5         12/18/2013       Spinal Manipulation 3-4 regions       98941       8         12/18/2013       Electrical Muscle Stimulation       97014       4         12/18/2013       Hot/Cold Packs to one or more areas       97010       3         12/18/2013       TriggerPoint/Massage(Distinct/Reduced)       97124-5952       5         12/18/2013       Traction, Mechanical       97012       5         12/27/2013       Spinal Manipulation 1-2 regions       98940       8         12/27/2013       Electrical Muscle Stimulation       97014       4         12/27/2013       TriggerPoint/Massage(Distinct/Reduced)       97012       5         12/27/2013       TriggerPoint/Massage(Distinct/Reduced)       97014       4         12/27/2013       TriggerPoint/Massage(Distinct/Reduced)       97012       5         12/27/2013       TriggerPoint/Massage(Distinct/Reduced)       97012       5	12/17/2013	Electrical Muscle Stimulation		45.00
12/17/2013       TriggerPoint/Massage(Distinct/Reduced)       97124-5952       5         12/18/2013       Spinal Manipulation 3-4 regions       98941       8         12/18/2013       Electrical Muscle Stimulation       97014       4         12/18/2013       Hot/Cold Packs to one or more areas       97010       3         12/18/2013       TriggerPoint/Massage(Distinct/Reduced)       97124-5952       5         12/18/2013       Traction, Mechanical       97012       5         12/27/2013       Spinal Manipulation 1-2 regions       98940       8         12/27/2013       Electrical Muscle Stimulation       97014       4         12/27/2013       Traction, Mechanical       97012       5         12/27/2013       TriggerPoint/Massage(Distinct/Reduced)       97012       5         12/27/2013       TriggerPoint/Massage(Distinct/Reduced)       97012       5	12/17/2013	Unlisted Modality	97039	50.00
12/18/2013       Spinal Manipulation 3-4 regions       98941       8         12/18/2013       Electrical Muscle Stimulation       97014       4         12/18/2013       Hot/Cold Packs to one or more areas       97010       3         12/18/2013       TriggerPoint/Massage(Distinct/Reduced)       97124-5952       5         12/18/2013       Traction, Mechanical       97012       5         12/27/2013       Spinal Manipulation 1-2 regions       98940       8         12/27/2013       Electrical Muscle Stimulation       97014       4         12/27/2013       Traction, Mechanical       97012       5         12/27/2013       TriggerPoint/Massage(Distinct/Reduced)       97012       5         12/27/2013       TriggerPoint/Massage(Distinct/Reduced)       97012       5	12/17/2013	TriggerPoint/Massage(Distinct/Reduced)		55.00
12/18/2013       Electrical Muscle Stimulation       97014       4         12/18/2013       Hot/Cold Packs to one or more areas       97010       3         12/18/2013       TriggerPoint/Massage(Distinct/Reduced)       97124-5952       5         12/18/2013       Traction, Mechanical       97012       5         12/27/2013       Spinal Manipulation 1-2 regions       98940       8         12/27/2013       Electrical Muscle Stimulation       97014       4         12/27/2013       Traction, Mechanical       97012       5         12/27/2013       TriggerPoint/Massage(Distinct/Reduced)       97012       5	12/18/2013	,		87.00
12/18/2013       Hot/Cold Packs to one or more areas       97010       3         12/18/2013       TriggerPoint/Massage(Distinct/Reduced)       97124-5952       5         12/18/2013       Traction, Mechanical       97012       5         12/27/2013       Spinal Manipulation 1-2 regions       98940       8         12/27/2013       Electrical Muscle Stimulation       97014       4         12/27/2013       Traction, Mechanical       97012       5         12/27/2013       TriggerPoint/Massage(Distinct/Reduced)       97012       5	12/18/2013	Electrical Muscle Stimulation	97014	45.00
12/18/2013       TriggerPoint/Massage(Distinct/Reduced)       97124-5952       5         12/18/2013       Traction, Mechanical       97012       5         12/27/2013       Spinal Manipulation 1-2 regions       98940       8         12/27/2013       Electrical Muscle Stimulation       97014       4         12/27/2013       Traction, Mechanical       97012       5         12/27/2013       TriggerPoint/Massage(Distinct/Reduced)       9712 + 5522	12/18/2013	Hot/Cold Packs to one or more areas		30.00
12/18/2013       Traction, Mechanical       97012       5         12/27/2013       Spinal Manipulation 1-2 regions       98940       8         12/27/2013       Electrical Muscle Stimulation       97014       4         12/27/2013       Traction, Mechanical       97012       5         12/27/2013       Trigger Point (Massage (Distinct / Deduced))       9712 / 5022	12/18/2013	TriggerPoint/Massage(Distinct/Reduced)		55.00
12/27/2013       Spinal Manipulation 1-2 regions       98940       8         12/27/2013       Electrical Muscle Stimulation       97014       4         12/27/2013       Traction, Mechanical       97012       5         12/27/2013       Trigger Point (Massage (Distinct / Deduced)       9712 / 5020	12/18/2013	Traction, Mechanical		55.00
12/27/2013         Electrical Muscle Stimulation         97014         4           12/27/2013         Traction, Mechanical         97012         5           12/27/2013         Trigger Point (Massage (Distinct / Poduced))         97012         5	12/27/2013	Spinal Manipulation 1-2 regions		85.00
12/27/2013 Traction, Mechanical 97012 5:	12/27/2013	Electrical Muscle Stimulation		45.00
12/27/2013 TriggerPoint/Massagg/Distinct/Poduced\ 07494 5059	12/27/2013	Traction, Mechanical		55.00
	12/27/2013	TriggerPoint/Massage(Distinct/Reduced)	97124-5952	55.00
12/30/2013 Spinal Manipulation 3.4 regions	12/30/2013	•		87,00
12/30/2013 Electrical Muscle Stimulation	12/30/2013	Electrical Muscle Stimulation		45.00
12/30/2013 Traction Machanical	12/30/2013	Traction, Mechanical		55.00

Total Charges	Total Payments	Total Adjustments	Balance Due
Continued	Continued .	Continued	Continued

Tax I.D.31-1528200

Statement Date 3/12/2014





B47.0 847.2 847.1 728.85



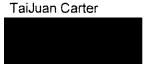
Date	Description Vision	Procedure Code	Amount
12/30/2013	TriggerPoint/Massage(Distinct/Reduced)	97124-5952	55.00
1/3/2014	Spinal Manipulation 1-2 regions	98940	85.00
1/3/2014	Electrical Muscle Stimulation	97014	45.00
1/3/2014	Unlisted Modality	97039	50.00
1/3/2014	TriggerPoint/Massage(Distinct/Reduced)	97124-5952	55.00
1/6/2014	Spinal Manipulation 1-2 regions	98940	85.00
1/6/2014	Electrical Muscle Stimulation	97014	45.00
5/2014	Traction, Mechanical	97012	55.00
1/6/2014	TriggerPoint/Massage(Distinct/Reduced)	97124-5952	55.00
1/7/2014	Spinal Manipulation 3-4 regions	98941	87.00
1/7/2014	<b>Electrical Muscle Stimulation</b>	97014	45.00
1/7/2014	Traction, Mechanical	97012	55.00
1/7/2014	TriggerPoint/Massage(Distinct/Reduced)	97124-5952	55.00
1/9/2014	Spinal Manipulation 1-2 regions	98940	85.00
1/9/2014	Electrical Muscle Stimulation	97014	45.00
1/9/2014	Unlisted Modality	97039	50.00
1/9/2014	TriggerPoint/Massage(Distinct/Reduced)	97124-5952	55.00
1/13/2014	Spinal Manipulation 3-4 regions	98941	87.00
1/13/2014	Electrical Muscle Stimulation	97014	45.00
1/13/2014	Traction, Mechanical	97012	55.00
1/13/2014	TriggerPoint/Massage(Distinct/Reduced)	97124-5952	55.00
1/14/2014	Electrical Muscle Stimulation	97014	45.00
1/14/2014	Traction, Mechanical	97012	55.00

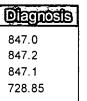
Total Charges	Total Payments	Total Adjustments (1)	Balance Due
Continued	Continued	, Continued	Continued

Tax I.D.31-1528200

Statement Date 3/12/2014









Date	Description	Procedure Code	Amount
1/14/2014	Spinal Manipulation 1-2 regions	98940	85.00
1/15/2014	Spinal Manipulation 1-2 regions	98940	85.00
1/15/2014	Electrical Muscle Stimulation	97014	45.00
1/15/2014	Traction, Mechanical	97012	55.00
1/17/2014	Spinal Manipulation 1-2 regions	98940	85.00
1/17/2014	Electrical Muscle Stimulation	97014	45.00
1/17/2014	Unlisted Modality	97039	50.00
20/2014	Spinal Manipulation 1-2 regions	98940	85.00
1/20/2014	Electrical Muscle Stimulation	97014	45.00
1/20/2014	Traction, Mechanical	97012	55.00
1/22/2014	Spinal Manipulation 1-2 regions	98940	85.00
1/22/2014	Traction, Mechanical	97012	55.00
1/23/2014	Spinal Manipulation 1-2 regions	98940	85.00
1/23/2014	Electrical Muscle Stimulation	97014	45.00
1/27/2014	Spinal Manipulation 1-2 regions	98940	85.00
1/27/2014	Traction, Mechanical	97012	55.00
1/28/2014	Spinal Manipulation 1-2 regions	98940	85.00
1/28/2014	Unlisted Modality	97039	50.00
1/31/2014	Spinal Manipulation 1-2 regions	98940	85.00
1/31/2014	Electrical Muscle Stimulation	97014	45.00
1/31/2014	Traction, Mechanical	97012	55.00
2/3/2014	Spinal Manipulation 1-2 regions	98940	85.00
2/3/2014	Electrical Muscle Stimulation	97014	45.00

**Total Payments** Total Adjustments " % Total Charges Enlance Dije Continued Continued Continued Continued

Tax I.D.31-1528200

Statement Date: 3/12/2014



TaiJuan Carter

Diagnosis

847.0

847.2

847.1

728.85



Date	Description	Procedure Code	Amount
2/3/2014	Traction, Mechanical	97012	55.00
2/5/2014	Spinal Manipulation 1-2 regions	98940	85.00
2/5/2014	Traction, Mechanical	97012	55.00
2/6/2014	Spinal Manipulation 1-2 regions	98940	85.00
2/6/2014	Traction, Mechanical	97012	55.00
2/10/2014	Spinal Manipulation 1-2 regions	98940	85.00
2/10/2014	Traction, Mechanical	97012	55.00
13/2014	Spinal Manipulation 1-2 regions	98940	85.00
2/13/2014	Traction, Mechanical	97012	55.00
2/19/2014	Spinal Manipulation 1-2 regions	98940	85.00
2/25/2014	Spinal Manipulation 1-2 regions	98940	85.00

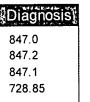
Total Charges Total Payments Total Adjustments Balance Due 4,840.00 \$0.00 \$0.00

Tax I.D.31-1528200

§Statement Date ↓ 3/12/2014



TaiJuan Carter

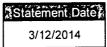




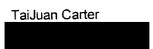
Date of Loss: 12/15/2013	Previous Balance		0.00
Patient: TaiJuan Carter	Chart #: CARTA020 Cas	e Description: mva	··· <del>·····</del>
12/16/2013	TEN POINT EXAM	10 PT	0.00
12/16/2013	X-ray Cervical AP& LAT, 2 or 3 views	72040	120.00
12/16/2013	X-ray Lumbosacral, AP & Lat	72100	80.00
12/16/2013	Electrical Muscle Stimulation	97014	45.00
12/16/2013	Hot/Cold Packs to one or more areas	97010	30.00
/17/2013	Spinal Manipulation 3-4 regions	98941	87.00
12/17/2013	Electrical Muscle Stimulation	97014	45.00
12/17/2013	Unlisted Modality	97039	50.00
12/17/2013	TriggerPoint/Massage(Distinct/Reduc	ed) 97124-5952	55.00
12/18/2013	Spinal Manipulation 3-4 regions	98941	87.00
12/18/2013	Electrical Muscle Stimulation	97014	45.00
12/18/2013	Hot/Cold Packs to one or more areas	97010	30.00
12/18/2013	TriggerPoint/Massage(Distinct/Reduc	ed) 97124-5952	55.00
12/18/2013	Traction, Mechanical	97012	55.00
12/27/2013	Spinal Manipulation 1-2 regions	98940	85.00
12/27/2013	Electrical Muscle Stimulation	97014	45.00
12/27/2013	Traction, Mechanical	97012 ,	55.00
12/27/2013	TriggerPoint/Massage(Distinct/Reduc	ed) 97124-5952	55.00
12/30/2013	Spinal Manipulation 3-4 regions	98941	87.00
12/30/2013	Electrical Muscle Stimulation	97014	45.00
12/30/2013	Traction, Mechanical	97012	55.00

	गुरंपTotal Charges ्र	Total Payments (4)	Total Adjustments	Balance Due
	Continued	Continued	Continued	Continued
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Tax I.D.31-1528200











Date To The Part of the Part o	(CDescription)	Procedure Code	Amount
12/30/2013	TriggerPoint/Massage(Distinct/Reduced)	97124-5952	55.00
1/3/2014	Spinal Manipulation 1-2 regions	98940	85.00
1/3/2014	Electrical Muscle Stimulation	97014	45.00
1/3/2014	Unlisted Modality .	97039	50.00
1/3/2014	TriggerPoint/Massage(Distinct/Reduced)	97124-5952	55.00
1/6/2014	Spinal Manipulation 1-2 regions	98940	85.00
1/6/2014	Electrical Muscle Stimulation	97014	45.00
3/2014	Traction, Mechanical	97012	55.00
1/6/2014	TriggerPoint/Massage(Distinct/Reduced)	97124-5952	55.00
1/7/2014	Spinal Manipulation 3-4 regions	98941	87.00
1/7/2014	Electrical Muscle Stimulation	97014	45.00
1/7/2014	Traction, Mechanical	97012	55.00
1/7/2014	TriggerPoint/Massage(Distinct/Reduced)	97124-5952	55.00
1/9/2014	Spinal Manipulation 1-2 regions	98940	85.00
1/9/2014	Electrical Muscle Stimulation	97014	45.00
1/9/2014	Unlisted Modality	97039	50.00
1/9/2014	TriggerPoint/Massage(Distinct/Reduced)	97124-5952	55.00
1/13/2014	Spinal Manipulation 3-4 regions	98941	87.00
1/13/2014	Electrical Muscle Stimulation	97014	45.00
1/13/2014	Traction, Mechanical	97012	55.00
1/13/2014	TriggerPoint/Massage(Distinct/Reduced)	97124-5952	55.00
1/14/2014	Electrical Muscle Stimulation	97014	45.00
1/14/2014	Traction, Mechanical	97012	55.00



Total Payments Continued



Balance Due Continued

Tax I.D.31-1528200

Statement Date 3/12/2014

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TaiJuan Carter

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847.0
847.2
847.1
728.85

Chart Number CARTA020

Date	Description	Procedure Code	Amount
1/14/2014	Spinal Manipulation 1-2 regions	98940	85.00
1/15/2014	Spinal Manipulation 1-2 regions	98940	85.00
1/15/2014	Electrical Muscle Stimulation	97014	45.00
1/15/2014	Traction, Mechanical	97012	55.00
1/17/2014	Spinal Manipulation 1-2 regions	98940	85.00
1/17/2014	Electrical Muscle Stimulation	97014	45.00
1/17/2014	Unlisted Modality	97039	50.00
20/2014	Spinal Manipulation 1-2 regions	98940	85.00
1/20/2014	Electrical Muscle Stimulation	97014	45.00
1/20/2014	Traction, Mechanical	97012	55.00
1/22/2014	Spinal Manipulation 1-2 regions	98940	85.00
1/22/2014	Traction, Mechanical	97012	55.00
1/23/2014	Spinal Manipulation 1-2 regions	98940	85.00
1/23/2014	Electrical Muscle Stimulation	97014	45.00
1/27/2014	Spinal Manipulation 1-2 regions	98940	85.00
1/27/2014	Traction, Mechanical	97012	55.00
1/28/2014	Spinal Manipulation 1-2 regions	98940	85.00
1/28/2014	Unlisted Modality	97039	50.00
1/31/2014	Spinal Manipulation 1-2 regions	98940	85.00
1/31/2014	Electrical Muscle Stimulation	97014	45.00
1/31/2014	Traction, Mechanical	97012	55.00
2/3/2014	Spinal Manipulation 1-2 regions	98940	85.00
2/3/2014	Electrical Muscle Stimulation	97014	45.00

Total Charges	Total Payments	Total Adjustments	Balance Due
Continued	Continued	Continued	Continued

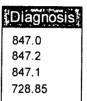
Tax I.D.31-1528200





TaiJuan Carter







Date 16 10 10 10 10 10 10 10 10 10 10 10 10 10	MANAGED SCRIPTION STATES OF THE STATES OF TH	Procedure Code	Amount
2/3/2014	Traction, Mechanical	. 97012	55.00
2/5/2014	Spinal Manipulation 1-2 regions	98940	85.00
2/5/2014	Traction, Mechanical	97012	55.00
2/6/2014	Spinal Manipulation 1-2 regions	98940	85.00
2/6/2014	Traction, Mechanical	97012	55.00
2/10/2014	Spinal Manipulation 1-2 regions	98940	85.00
2/10/2014	Traction, Mechanical	97012	55.00
13/2014	Spinal Manipulation 1-2 regions	98940	85.00
2/13/2014	Traction, Mechanical	97012	55.00
2/19/2014	Spinal Manipulation 1-2 regions	98940	85.00
2/25/2014	Spinal Manipulation 1-2 regions	98940 .	85.00

\$4840.00

\$0.00

