



THERA REID

## HEALTH INSURANCE CLAIM FORM

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

PICA <input type="checkbox"/>		PICA <input type="checkbox"/>	
1. MEDICARE <input type="checkbox"/> (Medicare#)		MEDICAID <input type="checkbox"/> (Medicaid#)	
TRICARE <input type="checkbox"/> (ID#/DoD#)		CHAMPVA <input type="checkbox"/> (Member ID#)	
GROUP HEALTH PLAN <input type="checkbox"/> (ID#)		FECA BLK LUNG <input type="checkbox"/> (ID#)	
OTHER <input checked="" type="checkbox"/> (ID#)		1a. INSURED'S I.D. NUMBER (For Program in Item 1)	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) REID, THERA		3. PATIENT'S BIRTH DATE MM DD YY M <input type="checkbox"/> F <input checked="" type="checkbox"/>	
4. INSURED'S NAME (Last Name, First Name, Middle Initial) REID, THERA		5. PATIENT'S ADDRESS (No., Street) [REDACTED]	
6. PATIENT RELATIONSHIP TO INSURED Self <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>		7. INSURED'S ADDRESS (No., Street) [REDACTED]	
8. RESERVED FOR NUCC USE		8. RESERVED FOR NUCC USE	
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)		10. IS PATIENT'S CONDITION RELATED TO:	
a. OTHER INSURED'S POLICY OR GROUP NUMBER		a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
b. RESERVED FOR NUCC USE		b. AUTO ACCIDENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO OH	
c. RESERVED FOR NUCC USE		c. OTHER ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
d. INSURANCE PLAN NAME OR PROGRAM NAME		10d. CLAIM CODES (Designated by NUCC)	
11. INSURED'S POLICY GROUP OR FECA NUMBER		11. INSURED'S DATE OF BIRTH MM DD YY M <input type="checkbox"/> F <input checked="" type="checkbox"/>	
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.		12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.	
SIGNATURE ON FILE SIGNED _____ DATE 06 16 2016		SIGNATURE ON FILE SIGNED _____ DATE 06 16 2016	
13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.		13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.	
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) 04 20 16 QUAL: 431		15. OTHER DATE MM DD YY 04 20 16 QUAL: 439	
16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY		17. NAME OF REFERRING PROVIDER OR OTHER SOURCE 17a. _____ 17b. NPI _____	
18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY		19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)	
20. OUTSIDE LAB? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO \$ CHARGES 0.00		21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) A. S16.1XXA B. S23.3XXA C. S39.012A D. S16.1XXD E. S23.3XXD F. S39.012D G. _____ H. _____ I. _____ J. _____ K. _____ L. _____	
22. RESUBMISSION CODE ORIGINAL REF. NO.		23. PRIOR AUTHORIZATION NUMBER	
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY B. PLACE OF SERVICE C. EMG D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER E. DIAGNOSIS POINTER F. \$ CHARGES G. DAYS OR UNITS H. EPSDT Family Plan I. ID QUAL J. RENDERING PROVIDER ID. #		24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY B. PLACE OF SERVICE C. EMG D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER E. DIAGNOSIS POINTER F. \$ CHARGES G. DAYS OR UNITS H. EPSDT Family Plan I. ID QUAL J. RENDERING PROVIDER ID. #	
25. FEDERAL TAX I.D. NUMBER SSN EIN 270796590 <input type="checkbox"/> <input checked="" type="checkbox"/>		26. PATIENT'S ACCOUNT NO. [REDACTED]	
27. ACCEPT ASSIGNMENT? (For govt. claims, see back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		28. TOTAL CHARGE \$ 2170.00	
29. AMOUNT PAID \$ 0.00		30. Rsvd for NUCC Use	
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) SAM N. GHOBRIAL, MD SIGNED _____ DATE 06 16 16		32. SERVICE FACILITY LOCATION INFORMATION AKRON CHIROPRACTOR S ARLINGTON ST AKRON, OH 44306 1669702841	
33. BILLING PROVIDER INFO & PH # (330) 331-7207 CLEARWATER BILLING SERVICES LLC P.O. BOX 1243 BATH, OH 44210 1487982112		33. BILLING PROVIDER INFO & PH # (330) 331-7207 CLEARWATER BILLING SERVICES LLC P.O. BOX 1243 BATH, OH 44210 1487982112	

NUCC Instruction Manual available at: www.nucc.org

PLEASE PRINT OR TYPE

APPROVED OMB-0938-1197 FORM 1500 (02-12)

EXHIBIT 32 (CONTINUED)

Sandra Kurt, Summit County Clerk of Courts



THERA REID

## HEALTH INSURANCE CLAIM FORM

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

PICA

PICA

1. MEDICARE <input type="checkbox"/> (Medicare#)		MEDICAID <input type="checkbox"/> (Medicaid#)		TRICARE <input type="checkbox"/> (ID#/DoD#)		CHAMPVA <input type="checkbox"/> (Member ID#)		GROUP HEALTH PLAN <input type="checkbox"/> (ID#)		FECA BLK LUNG <input type="checkbox"/> (ID#)		OTHER <input checked="" type="checkbox"/> (ID#)		1a. INSURED'S I.D. NUMBER (For Program in Item 1)	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) REID, THERA								3. PATIENT'S BIRTH DATE MM DD YY [REDACTED]				SEX M <input type="checkbox"/> F <input checked="" type="checkbox"/>			
5. PATIENT'S ADDRESS (No., Street) [REDACTED]								6. PATIENT RELATIONSHIP TO INSURED Self <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>				4. INSURED'S NAME (Last Name, First Name, Middle Initial) REID, THERA			
CITY [REDACTED]				STATE OH				7. INSURED'S ADDRESS (No., Street) [REDACTED]				CITY [REDACTED]			
ZIP CODE [REDACTED]				TELEPHONE (Include Area Code) [REDACTED]				ZIP CODE [REDACTED]				TELEPHONE (Include Area Code) [REDACTED]			
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) [REDACTED]								10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO b. AUTO ACCIDENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO c. OTHER ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				11. INSURED'S POLICY GROUP OR FECA NUMBER [REDACTED]			
a. OTHER INSURED'S POLICY OR GROUP NUMBER [REDACTED]								b. AUTO ACCIDENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				a. INSURED'S DATE OF BIRTH MM DD YY [REDACTED]			
b. RESERVED FOR NUCC USE								c. OTHER ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				b. OTHER CLAIM ID (Designated by NUCC) [REDACTED]			
c. RESERVED FOR NUCC USE								10d. CLAIM CODES (Designated by NUCC) [REDACTED]				c. INSURANCE PLAN NAME OR PROGRAM NAME THERA REID			
d. INSURANCE PLAN NAME OR PROGRAM NAME [REDACTED]								11. INSURED'S DATE OF BIRTH MM DD YY [REDACTED]				d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, complete items 9, 9a, and 9d.			
READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.															
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.															
SIGNED SIGNATURE ON FILE DATE 06 16 2016															
13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.															
SIGNED SIGNATURE ON FILE															
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL 04 20 16 431															
15. OTHER DATE QUAL 439 MM DD YY 04 20 16															
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE 17a. [REDACTED] 17b. NPI [REDACTED]															
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC) [REDACTED]															
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) A. S16.1XXD B. S23.3XXD C. S39.012D D. [REDACTED] E. [REDACTED] F. [REDACTED] G. [REDACTED] H. [REDACTED] I. [REDACTED] J. [REDACTED] K. [REDACTED] L. [REDACTED]															
16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY [REDACTED]															
18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY [REDACTED]															
20. OUTSIDE LAB? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO \$ CHARGES 0.00															
22. RESUBMISSION CODE ORIGINAL REF. NO. [REDACTED]															
23. PRIOR AUTHORIZATION NUMBER [REDACTED]															
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY B. PLACE OF SERVICE C. EMG D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER E. DIAGNOSIS POINTER F. \$ CHARGES G. DAYS OH UNITS H. EPSDT Family Plan I. ID. QUAL J. RENDERING PROVIDER ID. #															
1 05 18 16 05 18 16 11 99213 A 150.00 1 NPI 1003892217															
2 05 25 16 05 25 16 11 99213 A,B,C 150.00 1 NPI 1003892217															
3 05 25 16 05 25 16 11 20553 A,B 800.00 1 NPI 1003892217															
4 05 25 16 05 25 16 11 J1030 A,B 40.00 1 NPI 1003892217															
5 06 01 16 06 01 16 11 99213 A,B,C 150.00 1 NPI 1003892217															
6 [REDACTED] NPI [REDACTED]															
25. FEDERAL TAX I.D. NUMBER 270796590 SSN EIN [REDACTED]															
26. PATIENT'S ACCOUNT NO. [REDACTED]															
27. ACCEPT ASSIGNMENT? (For gov. claims, see back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO															
28. TOTAL CHARGE \$ 1290.00 29. AMOUNT PAID \$ 0.00 30. Rsvd for NUCC Use															
31. SIGNATURE OF PHYSICIAN OR SUPPLIER (I certify that the statements on the reverse apply to this bill and are made a part thereof.) SAM N. GHOUBRIAL, MD DATE 06 16 16															
32. SERVICE FACILITY LOCATION INFORMATION AKRON CHIROPRACTOR S ARLINGTON ST AKRON, OH 44306															
33. BILLING PROVIDER INFO & PH # (330) 331 7207 CLEARWATER BILLING SERVICES LLC P.O BOX 1243 BATH, OH 44210															
a. 487982112 b. [REDACTED]															



SHARDE PERKINS

## HEALTH INSURANCE CLAIM FORM

PRODUCED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) (08/17)

PATIENT'S NAME (Last, First, Middle Initial) **PERKINS, SHARDE** SEX **F** DATE OF BIRTH **05 05 16** (For Program in Item 3)

PATIENT'S ADDRESS (Mailing Address) **PERKINS, SHARDE** (For Program in Item 3)

OTHER INSURED'S POLICY OR GROUP NUMBER **RESERVED FOR FUTURE USE**

INSURANCE PLAN NAME OR PROGRAM NAME **SHARDE PERKINS**

SIGNATURE ON FILE **09 29 2016**

DATE OF CURRENT ILLNESS INJURY, OR PRESENTATION (MM/DD/YY) **04 27 16** IS OTHER DATE **04 27 16**

NAME OF REFERRING PROVIDER OR OTHER SOURCE **DR. 431**

ADDITIONAL CLAIM INFORMATION (Assigned by NUCC)

DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (ICD-9-CM) **633.5XXA** **639.012A** **633.5XXD** **639.012D**

LINE	DATE OF SERVICE	PROCEDURE	REASON FOR REFUSAL	AMOUNT	PAID	REMARKS
1	05 05 16	05 05 16 11	99203	A,B	300.00	1
2	05 05 16	05 05 16 11	L0631	A,B	1500.00	1
3	05 05 16	05 05 16 11	E0730	A,B	500.00	1
4	05 05 16	05 05 16 11	20552	B	400.00	1
5	05 05 16	05 05 16 11	J1030	B	40.00	1
6	06 02 16	06 02 16 11	99213	C,D	150.00	1

PERSONAL TAX ID NUMBER **270796590** PATIENT'S SIGNATURE **9917** ACCEPTANCE SIGNATURE **2890.00** AMOUNT PAID **0.00**

SIGNATURE OF PHYSICIAN OR SUPPLIER **CANTON CHIROPRACTOR** TUSCARAWAS ST CANTON, OH 44708

BILLING PROVIDER NAME & ADDRESS **CLEARWATER BILLING SERVICES LLC** P.O. BOX 1243 BATH, OH 44210

APPROVED DATE **08-08-19** FORM **1500 (02-12)**

CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

FOR ATTORNEY EYES ONLY - CONFIDENTIAL SUBJECT TO PROTECTIVE ORDER

1500

## HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

KISLING NESTICO & REDICK  
3412 WEST MARKET STREET  
AKRON, OH 44333

1. MEDICARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> TRICARE <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN <input type="checkbox"/> FECA BLK LUNG <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> (ID)		PICA <input type="checkbox"/>	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) DYSON, RONNIA			
3. PATIENT STATUS Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Other <input type="checkbox"/>		4. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
5. OTHER INSURED'S DATE OF BIRTH MM DD YY		6. AUTO ACCIDENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
7. EMPLOYER'S NAME OR SCHOOL NAME		8. OTHER ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
9. INSURANCE PLAN NAME OR PROGRAM NAME		10. RESERVED FOR LOCAL USE	
11. READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.		12. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process the claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.	
SIGNED SIGNATURE ON FILE DATE 08/31/11		SIGNED SIGNATURE ON FILE	
13. DATE OF CURRENT ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY (LMP) MM DD YY 04 16 2011		14. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS, GIVE FIRST DATE MM DD YY	
15. NAME OF REFERRING PROVIDER OR OTHER SOURCE		16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY	
17. RESERVED FOR LOCAL USE		18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY	
19. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line) 1. 847.0 3. 847.1		20. OUTSIDE LAB? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO \$ CHARGES	
21. 846.0		22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.	
23. PRIOR AUTHORIZATION NUMBER		24. A. DATE(S) OF SERVICE From To B. PLACE OF SERVICE C. EMG D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) E. DIAGNOSIS POINTER F. \$ CHARGES G. DAYS OR UNITS H. ICD-9-CM I. ID. QUAL J. RENDERING PROVIDER ID. #	
1 04/22/11 04/22/11 11 99204 1,2,3 \$350.00 1 NPI 1508856915		2 04/29/11 04/29/11 11 99213 1,2,3 \$150.00 1 NPI 1508856915	
3 04/29/11 04/29/11 11 20553 3,2 \$800.00 1 NPI 1508856915		4 05/13/11 05/13/11 11 99213 1,2,3 \$150.00 1 NPI 1508856915	
5 05/13/11 05/13/11 11 20553 1,2 \$800.00 1 NPI 1508856915		6 05/13/11 05/13/11 11 J1040 1,2 \$80.00 1 NPI 1508856915	
25. FEDERAL TAX I.D. NUMBER 270845852		26. PATIENT'S ACCOUNT NO. 2086	
27. ACCEPT ASSIGNMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		28. TOTAL CHARGE \$4,400.00	
29. AMOUNT PAID \$0.00		30. BALANCE DUE \$4,400.00	
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREE OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) RICHARD H. GUNNING 08/31/11		32. SERVICE FACILITY LOCATION INFORMATION HANCHRIST LLC 1134 BROWN ST AKRON, OH 44301	
33. BILLING PROVIDER INFO & PHONE # (330) 331-7207 CLEARWATER BILLING SERVICES P.O. BOX 1243 BATH, OH 44210		34. 1487982112	

NUCC Instruction Manual available at: www.nucc.org

PLEASE PRINT OR TYPE

Printed on Recycled Paper

APPROVED OMB-0938-0999 FORM CMS-1500 (08-05)

FOR ATTORNEY EYES ONLY - CONFIDENTIAL SUBJECT TO PROTECTIVE ORDER

1500

KISLING NESTICO & REDICK  
3412 WEST MARKET STREET  
AKRON, OH 44333

## HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

PICA

1. MEDICARE ☐ MEDICAID ☐ TRICARE ☐ CHAMPVA ☐ GROUP ☐ FECA ☐ OTHER ☒  
(Medicare #) (Medicaid #) (Sponsor's SSN) (Member ID#) (SSN or ID) (SSN) (ID)

2. PATIENT'S NAME (Last Name, First Name, Middle Initial)  
DYSON, RONNIA

Employed ☐ Full-Time Student ☐ Part-Time Student ☐

10. IS PATIENT'S CONDITION RELATED TO:

a. OTHER INSURED'S POLICY OR GROUP NUMBER

a. EMPLOYMENT? (Current or Previous)

☐ YES ☒ NO

b. OTHER INSURED'S DATE OF BIRTH MM DD YY SEX M ☐ F ☐

b. AUTO ACCIDENT? ☒ YES ☐ NO PLACE (State) OH

c. EMPLOYER'S NAME OR SCHOOL NAME

c. OTHER ACCIDENT? ☐ YES ☒ NO

d. INSURANCE PLAN NAME OR PROGRAM NAME

10d. RESERVED FOR LOCAL USE

d. INSURANCE PLAN NAME OR PROGRAM NAME

KISLING, NESTICO & REDICK

d. IS THERE ANOTHER HEALTH BENEFIT PLAN?

☐ YES ☒ NO If yes, return to and complete item 9 a-d.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.

SIGNATURE ON FILE

DATE 08/31/11

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

SIGNATURE ON FILE

14. DATE OF CURRENT ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY (LMP)

04/16/2011

15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE MM DD YY

04/16/2011

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE

17a. NPI

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION

FROM MM DD YY TO MM DD YY

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES

FROM MM DD YY TO MM DD YY

20. OUTSIDE LAB? \$ CHARGES

☐ YES ☒ NO

22. MEDICARE RESUBMISSION CODE ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate items 1, 2, 3 or 4 to item 21E by line)

847.0

847.1

1. 846.0

24. A. DATE(S) OF SERVICE From To B. PLACE OF SERVICE C. D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) E. DIAGNOSIS POINTER

	From	To	Place of Service	EMG	PROCEDURES, SERVICES, OR SUPPLIES	DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OR UNITS	H. SPECIAL PAYMENT PLAN	I. ID. QUAL	J. REFERRING PROVIDER ID. #
1	05/27/11	05/27/11	11		99213	1,2,3	\$150.00	1		NPI	1508856915
2	06/24/11	06/24/11	11		99213	1,2,3	\$150.00	1		NPI	1508856915
3	06/24/11	06/24/11	11		20552	2	\$400.00	1		NPI	1508856915
4	06/24/11	06/24/11	11		J1030	2	\$40.00	1		NPI	1508856915
5	07/08/11	07/08/11	11		99213	1,2,3	\$150.00	1		NPI	1508856915
6	07/29/11	07/29/11	11		99213	1,2,3	\$150.00	1		NPI	1508856915

25. FEDERAL TAX ID NUMBER

270845852

26. PATIENT'S ACCOUNT NO.

2086

27. ACCEPT ASSIGNMENT? (For gov't claims, see back)

☒ YES ☐ NO

28. TOTAL CHARGE

\$4,400.00

29. AMOUNT PAID

\$0.00

30. BALANCE DUE

\$4,400.00

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)

RICHARD H. GUNNING

08/31/11

32. SERVICE FACILITY LOCATION INFORMATION

HANCHRIST LLC  
1134 BROWN ST  
AKRON, OH 44301

33. BILLING PROVIDER INFO & PHONE #

330 331-7207  
P.O BOX 1243  
BATH, OH 44210

SIGNED

DATE

1669702841

1487982112

FOR ATTORNEY EYES ONLY - CONFIDENTIAL SUBJECT TO PROTECTIVE ORDER

1500

KISLING NESTICO & REDICK  
3412 WEST MARKET STREET  
AKRON, OH 44333

## HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

PICA

1. MEDICARE ☐ (Medicare #) MEDICAID ☐ (Medicaid #) TRICARE ☐ (Sponsor's SSN) CHAMPVA ☐ (Member ID#) GROUP HEALTH PLAN ☐ (SSN or ID) FECA ☐ (SSN) OTHER ☒ (ID)

2. PATIENT'S NAME (Last Name, First Name, Middle Initial)  
DYSON, RONNIA

IS PATIENT'S CONDITION RELATED TO:

a. OTHER INSURED'S POLICY OR GROUP NUMBER

a. EMPLOYMENT? (Current or Previous)

☐ YES☒ NO

b. OTHER INSURED'S DATE OF BIRTH

MM DD YY

SEX

M ☐F ☐

b. AUTO ACCIDENT?

☒ YES☐ NO

PLACE (State)

OH

c. EMPLOYER'S NAME OR SCHOOL NAME

c. OTHER ACCIDENT?

☐ YES☒ NO

d. INSURANCE PLAN NAME OR PROGRAM NAME

10d. RESERVED FOR LOCAL USE

e. INSURANCE PLAN NAME OR PROGRAM NAME

KISLING, NESTICO &amp; REDICK

d. IS THERE ANOTHER HEALTH BENEFIT PLAN?

☐ YES☒ NO

If yes, return to and complete item 9 a-d.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.

SIGNATURE ON FILE

DATE 08/31/11

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

SIGNATURE ON FILE

14. DATE OF CURRENT:

08/19/2011

ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY (LMP)

15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS, GIVE FIRST DATE MM DD YY

847.1

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE

17a.

17b. NPI

18. RESERVED FOR LOCAL USE

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate items 1, 2, 3 or 4 to item 24E by Line)

846.0

847.1

2. 847.0

24. A. DATE(S) OF SERVICE

From To

MM DD YY MM DD YY

B. PLACE OF SERVICE

EMG

C.

EMG

D. PROCEDURES, SERVICES, OR SUPPLIES

(Explain Unusual Circumstances)

CPT/HCPCS MODIFIER

E. DIAGNOSIS

POINTER

F. \$ CHARGES

G. DAYS OR UNITS

H. SPOT Family Plan

I. ID. QUAL.

J. RENDERING

PROVIDER ID. #

1	07/29/11	07/29/11	11		20552		1	\$400.00	1		NPI	1508856915
2	07/29/11	07/29/11	11		J1030		1	\$40.00	1		NPI	1508856915
3	08/19/11	08/19/11	11		99213		2, 1, 3	\$150.00	1		NPI	1508856915
4	08/19/11	08/19/11	11		20552		1	\$400.00	1		NPI	1508856915
5	08/19/11	08/19/11	11		J1030		1	\$40.00	1		NPI	1508856915
6												

25. FEDERAL TAX ID NUMBER

270845852

SSN EIN

26. PATIENT'S ACCOUNT NO.

2086

27. ACCEPT ASSIGNMENT?

☒ YES ☐ NO

28. TOTAL CHARGE

\$4,400.00

29. AMOUNT PAID

\$0.00

30. BALANCE DUE

\$4,400.00

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)

RICHARD H. GUNNING

08/31/11

SIGNED

DATE

32. SERVICE FACILITY LOCATION INFORMATION

HANCHRIST LLC

1134 BROWN ST

AKRON, OH 44301

1669702841

33. BILLING PROVIDER INFO &amp; PH #

CLEARWATER BILLING SERVICES

P.O BOX 1243

BATH, OH 44210

1487982112



FOR ATTORNEY EYES ONLY - CONFIDENTIAL SUBJECT TO PROTECTIVE ORDER

1500

KISLING NESTICO & REDICK  
3412 WEST MARKET STREET  
AKRON, OH 44333

## HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

PICA

PICA

1. MEDICARE <input type="checkbox"/> (Medicare #)		MEDICAID <input type="checkbox"/> (Medicaid #)		TRICARE CHAMPUS (Sponsor's SSN)		CHAMPVA <input type="checkbox"/> (Member ID#)		GROUP HEALTH PLAN (SSN or ID)		FECA BLK LUNG (SSN)		OTHER <input checked="" type="checkbox"/> (ID)			
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) DYSON, RONNIA															
IS PATIENT'S CONDITION RELATED TO: EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO															
b. OTHER INSURED'S DATE OF BIRTH MM DD YY				SEX M <input type="checkbox"/> F <input type="checkbox"/>		b. AUTO ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				PLACE (State) OH		b. EMPLOYER'S NAME OR SCHOOL NAME			
c. EMPLOYER'S NAME OR SCHOOL NAME				c. OTHER ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				c. INSURANCE PLAN NAME OR PROGRAM NAME KISLING, NESTICO & REDICK							
d. INSURANCE PLAN NAME OR PROGRAM NAME				10d. RESERVED FOR LOCAL USE				d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, return to and complete item 9 a-d.							
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. also request payment of government benefits either to myself or to the entity who accepts assignment SIGNATURE ON FILE SIGNED: 08/31/11															
13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below. SIGNATURE ON FILE SIGNED:															
14. DATE OF CURRENT ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY(LMP) 04 16 2011				15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE MM DD YY				16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY							
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE				17a. NPI				18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY							
19. RESERVED FOR LOCAL USE				20. OUTSIDE LAB? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO \$ CHARGES				22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.							
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line) 847.0 846.0				23. PRIOR AUTHORIZATION NUMBER				24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY 06/15/11 06/15/11 11 B. PLACE OF SERVICE C. EMG D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) OPT-HCPCS MODIFIER 99213 E. DIAGNOSIS POINTER 1,2,3 F. \$ CHARGES \$150.00 G. DAYS OR UNITS 1 H. EPSDT Family Plan I. ID. QUAL NPI J. RENOVATING PROVIDER ID # 1003892217							
25. FEDERAL TAX ID NUMBER 270845852				26. PATIENT'S ACCOUNT NO. 2086				27. ACCEPT ASSIGNMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				28. TOTAL CHARGE \$150.00			
29. AMOUNT PAID \$0.00				30. BALANCE DUE \$150.00				31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREE OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) SAM N. GHOUBRIAL, MD 08/31/11							
32. SERVICE FACILITY LOCATION INFORMATION HANCHRIST LLC 1134 BROWN ST AKRON, OH 44301				33. BILLING PROVIDER NAME & ADDRESS CLEARWATER BILLING SERVICES P.O BOX 1243 BATH, OH 44210				34. BILLING PROVIDER ID # 1487982112							
35. GHOUBRIAL-000539				36. 1669702841				37. 330 331-7207							

NUCC Instruction Manual available at: www.nucc.org

PLEASE PRINT OR TYPE  
Printed on Recycled Paper

APPROVED OMB-0938-0999 FORM CMS-1500 (08-05)

1500

## HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

KISLING, NESTICO& REDICK LLC  
3200 W MARKET ST #300  
AKRON, OH 44333

1. MEDICARE <input type="checkbox"/> (Medicare #) MEDICAID <input type="checkbox"/> (Medicaid #) TRICARE <input type="checkbox"/> (Sponsor's SSN) CHAMPVA <input type="checkbox"/> (Member ID#) GROUP HEALTH PLAN <input type="checkbox"/> (SSN or ID#) FECA <input type="checkbox"/> (SSN) OTHER <input checked="" type="checkbox"/> (ID#)										1a. INSURED'S I.D. NUMBER (For Program in Item 1)																			
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) BOOKER, MICHAEL E																				[REDACTED]									
3. IS PATIENT'S CONDITION RELATED TO: Single <input type="checkbox"/> Married <input type="checkbox"/> Other <input checked="" type="checkbox"/>																													
4. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO																													
5. AUTO ACCIDENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO PLACE (State) OH																													
6. OTHER INSURED'S POLICY OR GROUP NUMBER										7. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO																			
8. OTHER INSURED'S DATE OF BIRTH MM DD YY M F										9. AUTO ACCIDENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO PLACE (State) OH																			
10. EMPLOYER'S NAME OR SCHOOL NAME										11. OTHER ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO																			
12. INSURANCE PLAN NAME OR PROGRAM NAME										13. RESERVED FOR LOCAL USE																			
14. READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.																													
15. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. SIGNATURE ON FILE DATE 08/17/09																													
16. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below. SIGNATURE ON FILE																													
17. DATE OF CURRENT: 05/09/11 ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY (LMP)										18. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE MM DD YY																			
19. NAME OF REFERRING PROVIDER OR OTHER SOURCE										20. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY																			
21. RESERVED FOR LOCAL USE										22. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY																			
23. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Link)										24. OUTSIDE LAB? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO \$ CHARGES 0.00																			
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215. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY																													
216. OUTSIDE LAB? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO \$ CHARGES 0.00																													
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264. OUTSIDE LAB? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO \$ CHARGES 0.00																													
265. MEDICAID RESUBMISSION CODE																													
266. PRIOR AUTHORIZATION NUMBER																													
267. NAME OF REFERRING PROVIDER OR OTHER SOURCE																													



1500

## HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

KISLING, NESTICO& REDICK LLC  
3200 W MARKET ST #300  
AKRON, OH 44333

PICA		PICA	
1. MEDICARE <input type="checkbox"/> (Medicare #)	MEDICAID <input type="checkbox"/> (Medicaid #)	TRICARE CHAMPUS (Sponsor's SSN)	CHAMPVA <input type="checkbox"/> (Member ID#)
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) BOOKER, MICHAEL E		1a. INSURED'S I.D. NUMBER (For Program in Item 1)	
3. OTHER INSURED'S DATE OF BIRTH MM DD YY		4. EMPLOYER'S NAME OR SCHOOL NAME	
5. EMPLOYER'S NAME OR SCHOOL NAME		6. INSURANCE PLAN NAME OR PROGRAM NAME KISLING, NESTICO& REDICK	
7. INSURANCE PLAN NAME OR PROGRAM NAME		8. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, return to and complete item 9 a-d	
9. READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.			
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. SIGNATURE ON FILE DATE 08/17/09		13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below. SIGNATURE ON FILE SIGNED	
14. DATE OF CURRENT: 05/09 ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY (IMP)		15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE MM DD YY	
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE		18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY	
19. RESERVED FOR LOCAL USE		20. OUTSIDE LAB? \$ CHARGES <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 0.00	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line) 1. 8472 2. 71946 3. 4.		22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO. 23. PRIOR AUTHORIZATION NUMBER	
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY		B. PLACE OF SERVICE C. EMG D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER E. DIAGNOSIS POINTER	
F. \$ CHARGES		G. DAYS OR UNITS	
H. EXPECT Family Plan		I. ID QUAL.	
J. RENDERING PROVIDER ID. #			
1 06/10/09 06/10/09 11 20553 1 800.00 4		G2 341843255 1003892217--	
2 06/10/09 06/10/09 11 J3301 1 160.00 8		G2 341843255 1003892217--	
3		NPI	
4		NPI	
5		NPI	
6		NPI	
25. FEDERAL TAX I.D. NUMBER 341843255		26. PATIENT'S ACCOUNT NO. 7624 1	
27. ACCEPT ASSIGNMENT? (For print claims, see back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		28. TOTAL CHARGE \$ 960.00	
29. AMOUNT PAID \$ 0.00		30. BALANCE DUE \$ 960.00	
NATURE OF PHYSICIAN OR SUPPLIER (Including degrees or credentials (I certify that the statements on the reverse apply to this bill and are made a part thereof.) SAM N GHOUBRIAL, MD SIGNED 08/17/09 DATE		32. SERVICE FACILITY LOCATION INFORMATION SAM N. GHOUBRIAL MD 25 S MAIN STREET RITTMAN, OH 44270 a. b.	
33. BILLING PROVIDER INFO & PH # SAM N GHOUBRIAL MD 25 S MAIN STREET RITTMAN, OH 44270 a. 1821170911 b. 341843255			

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Mtd. by Medical Arts Press  
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#14710 - Medical Arts Press  
Use with Envelope #14145 (gunmed) or #14146 (self-seal)



## HEALTH INSURANCE CLAIM FORM

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

PICA										PICA									
1. MEDICARE <input type="checkbox"/> (Medicare#) MEDICAID <input type="checkbox"/> (Medicaid#) TRICARE <input type="checkbox"/> (ID#/DoD#) CHAMPVA <input type="checkbox"/> (Member ID#) GROUP HEALTH PLAN <input type="checkbox"/> (ID#) FECA BLK LUNG <input type="checkbox"/> (ID#) OTHER <input checked="" type="checkbox"/> (ID#)										1a. INSURED'S I.D. NUMBER (For Program in Item 1) NONE									
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) BEASLEY, CHETOIRI																			
3. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)																			
a. OTHER INSURED'S POLICY OR GROUP NUMBER										10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO									
b. RESERVED FOR NUCC USE										b. AUTO ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO									
c. RESERVED FOR NUCC USE										c. OTHER ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO									
d. INSURANCE PLAN NAME OR PROGRAM NAME										10d. CLAIM CODES (Designated by NUCC)									
READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM. 12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. SIGNATURE ON FILE 12 06 2017																			
13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below. SIGNATURE ON FILE																			
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) 11 08 17										15. OTHER DATE 11 03 17									
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE										18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM 11 08 17 TO 11 08 17									
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)																			
20. OUTSIDE LAB? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO \$ CHARGES 0.00																			
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) A. S16.1XXA B. S23.3XXA C. S39.012A ICD Ind. S16.1XXD E. S23.3XXD F. S39.012D G. H. I. J. K. L.																			
22. RESUBMISSION CODE ORIGINAL REF. NO.																			
23. PRIOR AUTHORIZATION NUMBER																			
24. A. DATE(S) OF SERVICE B. PLACE OF SERVICE C. EMG D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) E. DIAGNOSIS POINTER F. \$ CHARGES G. DAYS OR UNITS H. EP301 Family Plan I. ID. QUAL J. RENDERING PROVIDER ID. #																			
1 11 08 17 11 08 17 11 99203 A,B,C 300.00 1 1003892217																			
2 11 08 17 11 08 17 11 E0730 A,B,C 500.00 1 1003892217																			
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4 11 08 17 11 08 17 11 J1030 A,B,C 50.00 1 1003892217																			
5 11 15 17 11 15 17 11 99213 D,E,F 150.00 1 1003892217																			
6 11 29 17 11 29 17 11 99213 D,E,F 150.00 1 1003892217																			
25. FEDERAL TAX I.D. NUMBER SSN EIN 270796590																			
26. PATIENT'S ACCOUNT NO. 22547																			
27. ACCEPT ASSIGNMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO																			
28. TOTAL CHARGE \$ 2150.00																			
29. AMOUNT PAID \$ 0.00																			
30. Rsvd for NUCC Use 330 331 7207																			
31. NATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS certify that the statements on the reverse apply to this bill and are made a part thereof. AKRON CHIROPRACTOR S ARLINGTON ST AKRON, OH 44306																			
32. PHYSICIAN OR SUPPLIER IDENTIFICATION CLEARWATER BILLING SERVICES LLC P.O BOX 1243 BATH, OH 44210 1487982112																			
SAM N. GHOUBRIAL, MD 12 06 17 1669702841																			
SIGNED DATE																			

NUCC Instruction Manual available at: www.nucc.org

PLEASE PRINT OR TYPE

APPROVED OMB-0938-1197 FORM 1500 (02-12)

IN THE COURT OF COMMON PLEAS  
SUMMIT COUNTY, OHIO

MEMBER WILLIAMS, <i>et al.</i> ,  Plaintiffs,  vs.  KISLING, NESTICO & REDICK, LLC, <i>et al.</i> ,  Defendants.	Case No. CV-2016-09-3928  Judge James A. Brogan  <b>Affidavit of Peter G. Pattakos</b>
--	--

I, Peter G. Pattakos, having been duly sworn, have personal knowledge of the following matters of fact, and testify as follows:

1. I am 40 years old. I am the founding and managing attorney of the Pattakos Law Firm, LLC, in Fairlawn, Ohio. The firm practices exclusively in the area of civil litigation.
2. I serve as lead counsel, along with my law firm, in the lawsuit captioned *Member Williams, et al. v. Kisling, Nestico & Redick, LLC, et al.* Case No. CV-2016-09-3928, currently pending in the Summit County Court of Common Pleas. I execute this Affidavit in connection with the Plaintiffs' Motion for Class Certification and Appointment of Class Counsel in Case No. CV-2016-09-3928.
3. I received my law degree from the Northwestern University School of Law in June of 2007. I was a summer associate in the Cleveland office of the Jones Day firm in 2006, then became a law clerk (in September 2007) and shortly a practicing attorney with that firm as I became a sworn member of the Ohio bar in November 2007. I have been a member of the Ohio bar in good standing since, and for the last eleven and a half years my practice has concentrated in the area of civil litigation: at Jones Day from November 2007 to November 2009, in solo practice until 2011, and as of counsel to Cohen Rosenthal & Kramer LLP and the Chandra Law Firm LLC in Cleveland,

**EXHIBIT 33**

Ohio, under the tutelage of the distinguished partners of those firms, including Joshua Cohen, James Rosenthal, Ellen Kramer, Subodh Chandra, and Donald Screen. I founded and opened the Pattakos Law Firm in September of 2017.

4. At Jones Day I was part of a number of successful representations, including having played a significant supporting role in developing, under the supervision of attorneys Steven Sigalow and Mark Andreini, the legal arguments successfully advanced in support of our client, Brush Wellman, in groundbreaking insurance litigation in the Ottawa County Court of Common Pleas. *See Brush Wellman, Inc. v. Certain Underwriters at Lloyds, London*, C.P. No. 03-CVH-089, 2006 Ohio Misc. LEXIS 387, at \*1 (Aug. 30, 2006) (holding that the insurer's duty to defend survived exhaustion of policy limits in the absence of explicit language, and where the policies contained no limitation or exception terminating the duty to defend upon exhaustion of the limits of liability for settlements and judgment). I also played a significant supporting role—under the supervision of a number of the firm's other distinguished partners including Jack Newman, Michelle Fischer, Tracy Lovitt, Edward Sebold, Geoffrey Ritts, Tracy Stratford, and Jonathan Leiken—in drafting briefs on dispositive motions, conducting witness interviews, and conducting discovery, both in litigation and investigations conducted by the U.S. Department of Justice and Securities and Exchange Commission, on behalf of a number of major financial institutions, hospitals, and large corporations, including some of the largest publicly held corporations in the world.

5. Since having left Jones Day to first found my own practice in November of 2009, my practice has focused largely on representing underserved parties, typically against substantially more powerful corporate or governmental interests. I have had consistent success with these representations, including in the following cases:

*Yane v. Wiland*, 2010-CV-754, Portage County C.P. (sole attorney for plaintiff, obtaining jury verdict of \$289,000 on breach of contract claims for \$289,000 where the defendant claimed the amount owed was a gift);

*Sullins v. Raycom Media, Inc.*, 8th Dist. Cuyahoga No. 99235, 2013-Ohio-4697 (confidential settlement after summary judgment was reversed on plaintiff's defamation claim where plaintiff was wrongfully depicted as a "wanted fugitive" on a television program);

*Cruz v. English Nanny & Governess School, Inc.*, 2017-Ohio-4176, 92 N.E.3d 143 (8th Dist.) (jury verdict for plaintiffs of \$392,750 plus attorney's fees, including \$222,750 in punitive damages on claims for intentional infliction of emotional distress and wrongful discharge in violation of public policy; verdict upheld on appeal, plus successful cross appeals of the trial court's orders on remittitur, attorneys' fees awarded, and an order regarding my communications with the press about the case);

*State ex rel. Langhenry v. Britt*, 2017-Ohio-7172, Supreme Court of Ohio (successfully obtained a writ of mandamus requiring Cleveland City Council to process a petition for referendum on a controversial nine-figure public subsidy for the renovation of Quicken Loans Arena that, with exception of a few mayors of certain inner-ring suburbs and the odd councilperson, was uniformly supported by Cuyahoga County's elected officials and corporate communities).

6. In the *Cruz* case, I served as the lead attorney for the plaintiffs—including, at the outset, as their only attorney—and first-chair trial counsel at a five-week jury trial with approximately 15 witnesses. I spent thousands of hours successfully litigating this extremely contentious case—which involved highly specialized medical evidence and testimony from five experts, and high legal hurdles in the elements for claims of (1) intentional infliction of emotional distress and (2) wrongful termination in violation of public policy under Ohio law—through a 5-week jury trial and successful appeal against distinguished defense counsel from two of Northeast Ohio's most respected law firms.

7. I have additionally successfully represented individuals against corporate or governmental entities in a number of highly publicized and contentious cases involving matters of public concern, obtaining substantial monetary settlements for my clients in these matters. I was recently named to the Ohio Super Lawyers list for 2019, an honor conferred on no more than 5% of attorneys statewide. I was also named a Super Lawyers Rising Star in 2016 and 2017, an honor conferred on

no more than 2.5% of Ohio attorneys 40 years of age or under, or in practice for 10 years or less. A fuller account of my experience and qualifications is available at my law firm's website at <https://www.pattakoslaw.com/peter-pattakos/> -- including an archive of related news reports available at <https://www.pattakoslaw.com/category/news/>

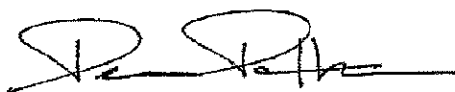
7. I have served as lead counsel in representing the Plaintiffs in this case since its inception. I have developed the theories of recovery, with the assistance of co-counsel Joshua Cohen of Cohen Rosenthal and Kramer and Rachel Hazelet of my firm, and the assistance of previous counsel at the Chandra Law Firm. I signed the Complaint, and have navigated this lawsuit through almost three years of extremely intense litigation, zealously cultivating the asserted claims and preserving them in the face of repeated dispositive motions and continual disputes over discovery. I have taken the lead on drafting all of the substantive briefs filed in this case except for two of them. Additionally, I was primarily responsible for conducting discovery, including conducting or defending 16 of the 18 depositions that have taken place in this case to date (3 of which lasted for two full days). I am committed to seeing the litigation through to its conclusion. I have expended tens of thousands of dollars in fees for court reporter services, deposition transcripts, and expert-witness fees for this case to date. My law firm's billing records reflect that I and the other attorneys of my firm have devoted more than 2,000 hours of combined billable time since September 15, 2017 alone, which does not count the hundreds of hours I devoted to this case while working at the Chandra Law Firm. I have the financial means to do, and will do, whatever becomes reasonably necessary to prosecute the claims of the Plaintiffs and other class members. I have consulted with distinguished experts as to the claims at issue in this suit, five of whom (Nora Freeman Engstrom, Ryan Fisher, Esq., Michael Walls, M.D., David George, D.C., and Larry Lee) have submitted affidavits in support of Plaintiffs' motion for class-certification. I have also associated with distinguished co-counsel from the Cohen



Rosenthal & Kramer firm, who are particularly experienced in class-action litigation and similarly committed to successfully representing the Plaintiffs and the class members.

8. My co-counsel and I are aware of no other litigation that addresses the practices at issue in this lawsuit. Given the effort and resources we have expended on this case to date, it is unlikely that anyone other than the named Plaintiffs will receive any opportunity to press the alleged claims at issue if this case does not proceed as a class action.

I affirm the above to be true and accurate to the best of my knowledge under penalty of perjury.



May 15, 2019

Signature of Affiant

Date

Peter G. Pattakos, personally known to me and having been duly sworn via telephonic communication, has confirmed, via telephonic communication, the above testimony and that he has affixed his electronic signature above.



(Signature of Notary Public)



Attorney Rachel L. Hazelet  
Notary Public, State of Ohio  
My Commission  
Has No Expiration Date  
Sec 147.03 RC

STATE OF OHIO                 )  
  ) SS: AFFIDAVIT OF JOSHUA R. COHEN  
COUNTY OF CUYAHOGA       )

**JOSHUA R. COHEN**, being first duly sworn, deposes and states as follows:

## I. INTRODUCTION

1. I am a founding partner of Cohen Rosenthal & Kramer LLP ("CRK"), a law firm with offices in Cleveland, Ohio. The firm practices exclusively in the area of civil litigation. CRK has an "av" rating from Martindale Hubbell.

2. My law firm and I serve as co-counsel in the lawsuit captioned *Member Williams, et al. v. Kisling, Nestico & Redick, LLC, et al.*, Case No. CV-2016-09-3928 currently pending in the Summit County Court of Common Pleas. I execute this Affidavit in connection with the Plaintiffs' Motion for Class Certification and Appointment of Class Counsel in Case No. CV-2016-09-3928.

## II. PERSONAL BACKGROUND

3. A copy of my resume appears as Exhibit A to this Affidavit. As the resume indicates, I received my law degree from the University of Texas in 1984. I became a member of the Ohio bar later that same year. In 35 years of practice, I have concentrated in the area of commercial and complex civil litigation. I personally have an "av" rating with Martindale Hubbell.

### III. CLASS ACTIONS CREDENTIALS

4. Class actions and collective actions represent a significant aspect of CRK'S practice. I personally have extensive experience in serving as plaintiff's counsel in class actions, derivative lawsuits, and comparable litigation.

5. For instance, I served as lead counsel in *Beder v. Cleveland Browns*, Cuyahoga Cty. C. Pl. Case No. 297862, a class action brought on behalf of approximately 13,000 Cleveland Browns season ticket holders against Art Modell when the franchise moved to Baltimore. The case culminated in a multi-million-dollar settlement.

6. I also served as lead counsel in *Lesser v. Burry*, Cuyahoga Cty. C. Pl. Case No. 332396, a derivative action brought on behalf of policyholders in Blue Cross Blue Shield (now Medical Mutual) to contest an effort by insiders to sell the company. The case resulted in settlements that returned more than \$12 million to the insurer.

7. I represented the plaintiff in *Fornshell v. First Merit*, Cuyahoga Cty. C. Pl. Case No. 06-CV-592402, litigation brought by a receiver to obtain recovery for hundreds of aggrieved investors from a bank implicated in a Ponzi scheme. The lawsuit resulted in a settlement of more than \$10 million.

8. Earlier this year, the Eighth District Court of Appeals affirmed certification of the class in a lawsuit brought against Cuyahoga County on behalf of certain of its classified employees. *Binder v. Cuyahoga Cty.*, 8th Dist., No. 10665 and 10666, 2019-Ohio-1236. My law firm and I serve as co-class counsel in the case.

9. Courts have explicitly complimented my background in class-action litigation. For instance, In *In re Revco Securities Litig.*, No. 1:89-cv-00593, FED. SEC. L REP. ¶97,809 (N.D. Ohio 1993), the court stated that it had "become directly familiar with the specialized, highly competent, and effective quality of the legal services

performed by ... Joshua Cohen, Esq." and other attorneys for the certified class.

10. The decision approving the settlement in the Cleveland Browns class action also includes the following passage:

Plaintiffs' class is represented by Joshua R. Cohen, who has zealously represented the class, both in the courtroom, and elsewhere, throughout the five and one-half years of this case. Cohen works exclusively in the field of commercial litigation and is an experienced class action lawyer.

*Beder v. Cleveland Browns*, 114 Ohio Misc. 26,30 (2001).

11. CRK has served as class counsel or lead counsel in multiple class actions or collective actions brought to vindicate the rights of employees. These include the following:

- ***In re RS Legacy Corporation, et al.***, Case No. 1:15-10197 (Bankr. D. Del. August 29, 2016) (Lead Class Counsel) – Obtained final approval of \$41,000,000 class action settlement resulting in allowed general unsecured claim for 7,500 store managers based on improper calculation of overtime compensation.
- ***Brodzinski v. StoneMor Partners, L.P., et al.***, Case No. 1:14-cv-02517 (N.D. Ohio August 26, 2015) (Lead Counsel) – \$2,328,000 settlement of fully-certified nationwide Fair Labor Standards Act ("FLSA") collective action for a class of sales counselors who were allegedly forced to report fewer hours than they actually worked.

- ***Jewell v. Aaron's, Inc.***, Case No. 1:12-cv-563 (N.D. Ga.) (Lead Counsel) – \$1,300,000 settlement of a conditionally certified nationwide collective action for employees who allegedly were not paid for work performed during uncompensated meal periods.
- ***Baldwin v. Forever 21, Inc.***, Case No. 53-160-71-13 (American Arbitration Association) (Lead Counsel)– \$496,500 settlement of a conditionally certified nationwide collective action for retail employees who allegedly were not paid for work performed during uncompensated meal periods.
- ***Jackson v. Maui Sands Resort***, No. 1:08-CV-2972 (N.D. Ohio Sept. 10, 2010) (Lead Counsel) – \$550,000 judgment against individual corporate officer and affiliated corporations for class of hotel employees who allegedly were not paid wages for their last weeks of employment or for on-duty meal periods in violation of the FLSA.
- ***Murphy v. 1-800-Flowers***, Case No. 1:10-cv-2285 (N.D. Ohio) (Lead Counsel) – A conditionally certified collective action for employees who alleged they were misclassified as exempt from the FLSA's overtime requirement and denied overtime compensation.
- ***Dillworth v. Case Farms Processing***, Case No. 5:10-cv-1694 (N.D. Ohio) (Lead Counsel) – A conditionally certified multi-state collective action for meat processing workers who allegedly were not paid for time spent donning and doffing uniforms and protective gear.
- ***McNelley v. Aldi, Inc.***, Case No. 1:09-cv-1868 (N.D. Ohio Nov. 17, 2009) (Lead Counsel) – Conditionally certified nationwide FLSA collective action on behalf of store managers who allegedly were misclassified as exempt from the FLSA's overtime compensation provision.

- ***Jackson v. Papa John's USA, Inc.***, 2009 WL 385580 (N.D. Ohio Feb. 13, 2009) (Lead Counsel) – Conditionally certified nationwide FLSA collective action on behalf of store managers who allegedly were misclassified as exempt from the FLSA's overtime requirement.
- ***Fincham v. Nestle Prepared Foods Company***, Case No. 1:08-cv-0073 (N.D. Ohio) (Lead Counsel) – Conditionally certified collective action for employees who allegedly were not paid for time spent changing into and out of uniforms and protective gear.
- ***Berger v. Cleveland Clinic Foundation***, 2007 WL 2902907 (N.D. Ohio Sept. 29, 2007) (Lead Counsel) – Certified class and collective action for a class of respiratory therapists and respiratory technicians who allegedly were not provided bona fide meal periods in violation of the FLSA and Ohio Minimum Fair Wage Standards Act.
- ***Williams v. Le Chaperon Rouge***, 2007 WL 2344738 (N.D. Ohio Aug. 14, 2007) (Lead Counsel) – Conditionally certified class of day-care employees who allegedly were not paid for all hours worked and were not provided bona fide meal periods in violation of the FLSA and Ohio Minimum Fair Wage Standards Act.

#### IV. OTHER COMPLEX LITIGATION

12. My law firm and I have experience in other complex litigation. For instance, beginning in 2008, I served as lead counsel for the City of Cleveland in two lawsuits brought against more than 20 Wall Street firms relating to their securitization of subprime loans and the resulting epidemic in foreclosures.



**V. ROLE IN CASE NO. CV-2016-09-3928**

13. CRK and I have played a supporting role in representing the Plaintiffs in Case No. CV-2016-09-3928, consulting on class certification and major strategic decisions and assisting with briefing and discovery, as requested by lead counsel, The Pattakos Law Firm. We are committed to seeing the litigation through to its conclusion and will do whatever becomes reasonably necessary to prosecute the claims of the Plaintiffs and other class members.

14. If the Court certifies the class, CRK and I will assume principal responsibility for the administrative aspects of maintaining the case.

**FURTHER AFFIANT SAYETH NAUGHT.**

  
\_\_\_\_\_  
Joshua R. Cohen

Sworn to and subscribed before me this 9<sup>th</sup> day of May, 2019.

  
\_\_\_\_\_  
Notary Public

MARY E. DEFER  
NOTARY PUBLIC  
STATE OF OHIO  
Recorded in  
Cuyahoga County  
My Comm. Exp. 3/7/2021

**JOSHUA R. COHEN**

One Clinton Place  
3208 Clinton Avenue  
Cleveland, Ohio 44113  
(216) 815-9500 (T/F)  
jcohen@crklaw.com

**CURRENT  
EMPLOYMENT:****Cohen Rosenthal & Kramer LLP**

Cleveland, Ohio (December 2002--present)  
Partner (December 2002 – present)  
Practicing in the areas of plaintiff's commercial litigation, complex  
civil litigation, securities brokerage arbitrations, professional negligence,  
and class actions.

**FORMER  
EMPLOYMENT:****Gary, Naegele & Theado**

Cleveland, Ohio  
Principal (March 2001–November 2002)  
Practiced in the areas of plaintiff's commercial litigation, complex  
civil litigation, and class actions.

**Kohrman, Jackson & Krantz P.L.L.**

Cleveland, Ohio  
Associate (August 1984–December 1995)  
Partner (January 1996–February 2001);  
Practiced in the areas of commercial civil litigation, complex civil litigation,  
and class actions.

**BAR  
ADMISSIONS:**

State of Ohio (1984)  
U.S. District Court for the Northern District of Ohio (1985)  
U.S. Sixth Circuit Court of Appeals (1988)  
U.S. Supreme Court (1998)  
U.S. Fifth Circuit Court of Appeals (2004)  
U.S. Second Circuit Court of Appeals (2014)  
U.S. District Court for the Southern District of Ohio (2015)  
U.S. District Court for the Eastern District of Michigan (2016)

**PROFESSIONAL  
HONORS:**

av rating by Martindale Hubbell  
Ohio *Super Lawyers* (2010-12, 2015-19)

**EDUCATION:****UNDERGRADUATE**

1981, B.A.(with high honors)  
University of Texas  
Austin, Texas  
Dean's List; Junior Fellows;  
Phi Beta Kappa

**LEGAL**

1984, J.D. (with honors)  
University of Texas School of Law  
Austin, Texas

**PROFESSIONAL  
ASSOCIATIONS:**

Cleveland Metropolitan Bar Association  
Ohio State Bar Association



## JOSHUA R. COHEN

### NOTABLE CASES:

***Beder v. Cleveland Browns, Inc.*** – Lead plaintiffs' counsel in class action brought by season ticket holders against NFL team after its relocation to another city. Case resulted in \$3-million settlement, the first ever in a class action brought against a professional sports franchise.

***City of Cleveland v. Ameritrust Mtg. Sec.*** – Counsel for City of Cleveland in lawsuit against investment banking firms relating to subprime mortgage foreclosure crisis

***Lesser v. Burry*** – Lead plaintiffs' counsel in litigation brought by policyholders against insurance-company insiders in connection with attempted sale of company. Case included legal malpractice claims against company's attorney relating to the transaction. Litigation resulted in settlements totaling more than \$12 million.

***Ross v. Cafaro*** – Counsel for partner in litigation against majority owner of real estate partnership. Case resulted in settlement of \$11,225,000, the largest civil settlement in Ohio in 2001, according to *Ohio Lawyer's Weekly*

***Coles v. Cleveland Bd. of Educ.*** – Lead plaintiffs' counsel in successful constitutional challenge to Board of Education's practice of opening public meetings with sectarian prayer.

***Fornshell v. FirstMerit Corporation*** – Counsel for Receiver in lawsuit against national bank for its alleged role in \$60 million Ponzi Scheme. Case resulted in settlement of more than \$10 million for aggrieved investors..

### SELECTED DECISIONS:

- *Baker v. BP Am.*, 749 F. Supp. 840 (N.D. Ohio 1990)
- *Beder v. Cleveland Browns*, 114 Ohio Misc. 2d 26 (2001)
- *Beder v. Cleveland Browns*, 129 Ohio App. 3d 188 (1998)
- *Binder v. Cuyahoga Cty.*, 2016 IER Cases 426827, 2016-Ohio-8305
- *Clark v. STRS.*, 2018 Employee Benefit Cases 428159, 2018-Ohio-4680
- *Cole v. Mileti*, 133 F.3d 433 (6<sup>th</sup> Cir.1998)
- *Coles v. Board of Educ.*, 171 F.3d 369 (6<sup>th</sup> Cir. 1999)
- *Figley v. Merrill Lynch*, 1999 NASD Arb. LEXIS 483 (1999)
- *Fine v. America Online*, 139 Ohio App. 3d 133 (2000)
- *First Nat. Supermarkets v. Merrill Lynch*, 104 Ohio App. 3d 289 (1994)
- *Fornshell v. FirstMerit Corporation*, 2006 WL 3545134 (N.D. Ohio 2006)
- *In re Revco Sec. Litig.*, Fed. Sec. L. Rptr., ¶97809 (N.D. Ohio 1993)
- *Ladanyi v. Merrill Lynch*, 2001 NASD Arb. LEXIS 1680 (2001)
- *Lesser v. Burry*, 132 Ohio App. 3d 319 (1999)
- *Mentor Lagoons v. Rubin*, 31 Ohio St. 3d 256 (1987)
- *Merrill Lynch v. Stark*, 65 Ohio St. 3d 312 (1992)
- *Obenauf v. CIDCO Inv.*, 54 Ohio App. 3d 131 (1990)
- *Rockman Trust v. Fahnestock*, 2002 NASD Arb. LEXIS 544 (2002)
- *Simmons-Harris v. Zelman*, 234 F.3d 945 (6<sup>th</sup> Cir. 2000) (*amicus curiae*)
- *State ex rel. Sun Newspapers v. Bd. of Educ.*, 76 Ohio App. 3d 170 (1991)
- *Sullins v. Raycom Media*, 41 Media L. Rptr. 2567, 3023-Ohio-3530

**JOSHUA R. COHEN****MEDIA:**

*Cleveland vs. Wall Street* (2010)  
Documentary film featured at 2010 Cannes International Film Festival

"Cuyahoga County could owe millions of dollars to employees ...,"  
*Cleveland Plain Dealer* (Dec. 1, 2017)

"The lawyer who sued Wall Street,"  
*Cleveland Plain Dealer* (Nov. 16, 2011)

"Gunning for Goliath,"  
*Cleveland Scene* (Nov. 24, 2010)

"Cleveland vs. Wall Street: the subprime scandal ...,"  
*Le Monde* (Aug. 17, 2010)

"Evergreen trust sues attorney, law firm,"  
*Akron Beacon Journal* (Dec. 12, 2009)

"Developer accused of cheating investors blames lawyers' advice,"  
*Cleveland Plain Dealer* (Jul. 19, 2008)

"Cleveland sues 21 banks over subprime mess,"  
*Cleveland Plain Dealer* (Jan. 11, 2008)

"Cleveland sues banks over foreclosures,"  
*USA Today* (Jan. 11, 2008)

"Suit says Laurel School knew former teacher was a danger,"  
*Cleveland Plain Dealer* (Mar. 18, 2003)

"Accounting firm pulled into divorce,"  
*Cleveland Plain Dealer* (Sept. 9, 2002)

"Modell to pay ticket-holders \$3 million,"  
*Cleveland Plain Dealer* (July 21, 2001)

"Deal averts Medical Mutual trial ...,"  
*Cleveland Plain Dealer* (Aug. 5, 1999)

"Every fan meet Howard Beder,"  
*Cleveland Plain Dealer Sunday Magazine* (Mar. 21, 1999)

"Policyholders, Blues officers in settlement,"  
*Cleveland Plain Dealer* (Nov. 14, 1997)

"Mileti owes money for movie loan,"  
*Cleveland Plain Dealer* (Feb. 14, 1996)

**JOSHUA R. COHEN**

**PUBLICATIONS:** *Mortgage and Asset Backed Sec. Litigation Handbook*  
(Co-author of chapter on "Suits by Municipalities")

"Was It *Wuerth* It? – The Supreme Court Restricts  
Legal Malpractice Liability, but at a Potential Cost,"  
*Cleveland Metropolitan Bar Journal* (Nov. 2012)

"City of Cleveland vs. Deutsche Bank Trust Co: A  
Preliminary Overview,"  
*Legal Times* (Feb. 2008)

**SPEAKING** "Stockbroker Malpractice,"  
**ENGAGEMENTS:** Ohio Association of Justice Litigation Seminar

International Municipal Lawyers Association Annual Conference  
(Miami 2009)

"Public Nuisance: Beyond Lead Paint,"  
Northwestern University Third Annual Civil Justice Symposium

ACI National Subprime Litigation and Enforcement Forum  
(New York – October 2008)

"Public Nuisance Litigation – The State's New Regulator,"  
American Bar Association National Meeting  
(New York – August 2008)

"Complex Civil Litigation and Class Actions,"  
New Lawyer Training – Cleveland Bar Association  
(Cleveland – February 2006)



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

Re: Patient Chetoni Beasley  
First date of service: 1-14-15

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 1-11-15.

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: 1-14-15

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.

Dated: 1-19-15

[Signature]  
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)

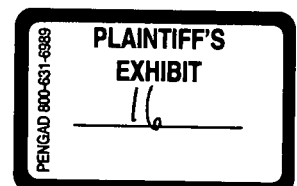
[Signature] 1-16-15 [Signature]

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

Phone: (330) 331-7207

Fax: (330) 331-7567

EXHIBIT 35





APR-25-2011 11:21AM FROM:Sam Ghoubril MD

3309259030

T-828 P.004/012 F-642

Sam N. Ghoubril M.D.  
Richard H. Gunning M.D.  
MEDICAL ASSIGNMENT

Re: Patient Tai Juan CarterFirst date of service: 4/22/11

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 4/16/11.

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: 4/22/11

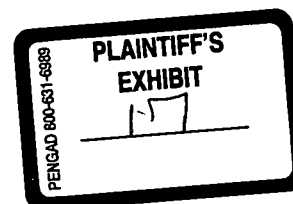
The undersigned being attorney of record for the above patient does hereby agree to observe all terms of the above and agrees to withhold such claims from the net proceeds of any settlement, claim, judgment, verdict, or award as may be necessary to adequately protect Clearwater Billing Services, LLC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

Dated: 4-25-11

Kisling, 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





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



Re: Patient TALLMAN CARTER  
First date of service: 12/18/13

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 12/18/13.

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 said lien is subordinate to attorney's lien herein.

Dated: 1-20-14

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)

215 East Waterloo Road, Suite 12, Akron, Ohio 44319  
Phone: (330) 331-7207  
Fax: (330) 331-7567

Page: 247

To: 3307733884

3303317567

FROM: CLEARWATER BILLING

PENGAD 800-631-6989

PLAINTIFF'S  
EXHIBIT

18

Oct. 29. 2015: 10:25AM FOR ATTORNEY EYES ONLY - CONFIDENTIAL SUBJECT TO PROTECTIVE ORDER

33c No. 161667 P. 1 # 4/ 4



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

Re: Patient Tajuan Carter  
First date of service: 10-14-15

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 10-14-15.

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.

Dated: 10-14-15

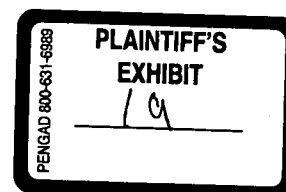
The undersigned being attorney of record for the above patient does hereby agree to observe all terms of the above and agrees to withhold such claims from the net proceeds of any settlement, claim, judgment, verdict, or award as may be necessary to adequately protect Clearwater Billing Services, LLC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

Dated: 10/28/15

[Signature]  
Slater and Zurz, 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



Ghoubril - 000647

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

Re: Patient Kumbarly, F. E. L.  
First date of service: 10-11-17

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 9-20-17.

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.

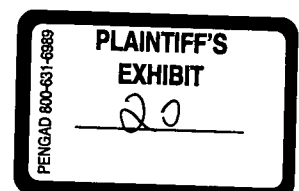
Dated: 10-11-17 [Signature]  
The undersigned being attorney of record for the above patient does hereby agree to observe all terms of the above and agrees to withhold such claims from the net proceeds of any settlement, claim, judgment, verdict, or award as may be necessary to adequately protect Clearwater Billing Services, LLC provided that said lien is subordinate to attorney's lien herein.

Dated: 10-13-17 [Signature]  
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)

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

Revised June 2017



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

PAGE 3 OF 5



**Sam N. Ghoubril M.D.  
Richard H. Gunning M.D.  
Joshua M. Jones M.D.  
MEDICAL ASSIGNMENT**



Re: Patient Monique Norris  
First date of service: 8/2/13

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 7/29/13.

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.

X Dated: 8/2/13 X Monique Norris

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.

Dated: \_\_\_\_\_

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)

1134 Brown Street Suite 1A Akron, Ohio 44301  
Phone: (330) 331-7207  
Fax: (330) 331-7567

Ⓢ 8-2-13 TS

PENGAD 800-631-6889

PLAINTIFF'S  
EXHIBIT

21

5/4/2011 12:13 PM FROM: Fax TO: 8 330 925 9030 PAGE: 002 OF 004

MAY-02-2011 09:13AM FROM: Sam N. Ghoubril MD

3309259030

T-000 P.002/000 F-166

**Sam N. Ghoubril M.D.**  
**Richard H. Gunning M.D.**  
**MEDICAL ASSIGNMENT**

Re: Patient Richie A Harbour

First date of service: 4/27/11

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 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: 4/27/11

X RAA

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.

Dated: \_\_\_\_\_

Kisling, 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

PENGAD 800-631-6389

PLAINTIFF'S  
EXHIBIT22





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

Re: Patient Sharde Perkins  
First date of service: 5-5-16

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 4-2-16.

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. Furthermore, I also request that you forward all my records and bills to my attorney.

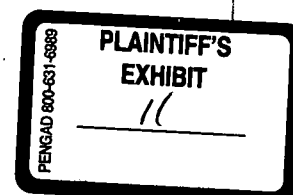
I fully understand that I am directly and fully responsible to Clearwater Billing Services, LLC for the aforementioned account submitted to me by Clearwater Billing Services, LLC for services rendered me, and that this agreement is made solely for its additional protection and in consideration of its 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: 5-4-16 Sharde Perkins

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.

Dated: 5/5/2016 [Signature]  
Attorney of Record

3410 Tuscarawas Street West Canton, Ohio 44708  
Phone: (330) 331-7207  
Fax: (330) 331-7567



FOR ATTORNEY EYES ONLY - CONFIDENTIAL SUBJECT TO PROTECTIVE ORDER

4/25/2011 12:12 PM FROM: Fax Kisting, Nestico &amp; Radick TO: 8 330-925-1500 PAGE: 002 OF 004

APR-28-2011 11:22AM FROM-Sam Ghoubrial MD

3308289080

T-828 P.008/012 F-842

Sam N. Ghoubrial M.D.  
 Richard H. Gunning M.D.  
 MEDICAL ASSIGNMENT

Re: Patient

Ronnie Dyson

First date of service:

4/22/11

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 7/16/11

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:

4/22/11Ronnie Dyson

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.

Dated:

4-25-11

Kisting, Nestico & Radick, LLC  
 Attorneys at Law

Kisting, Nestico & Radick, 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

PENGAD 800-631-6988

PLAINTIFF'S  
 EXHIBIT

13

Ghoubrial -000544

7/6/2009

22 PM FROM: Fax TO: 8 1-330-925-9030 P/

006 OF 009

JUN-30-2008 04:13PM FROM: Sam Ghoubrial MD

3300259030

T-847 P.011/014 F-884



# Sam N. Ghoubrial M.D. Inc.



## Medical Assignment Form

Re: Patient Michael BookerFirst date of service: 6-10-09

I hereby direct you to pay to Sam N. Ghoubrial, M.D. Inc. 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 6-5-09.

Said amount being fair and reasonable price of medical services provided by Sam N. Ghoubrial, M.D. Inc. 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 Sam N. Ghoubrial, M.D. Inc.

I fully understand that I am directly and fully responsible to Sam N. Ghoubrial, M.D. Inc. for the aforementioned account submitted to me by Sam N. Ghoubrial, M.D. Inc. 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: 6-10-09 Michael Booker

Patient Signature

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 Sam N. Ghoubrial, M.D. Inc. provided that said lien is subordinate to attorney's lien herein.

Dated: 7/1/09 [Signature]Kisling, 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)

2517 Embassy Parkway Fairlawn Ohio 44333 (330) 925-1500





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

Re: Patient Chetoi Baskley  
First date of service: 11-08-17

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 11-3-17.

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: 11-07-17

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.

Dated: 11/10/17

Kisling, Nestico & Redick, LLC  
Attorneys at Law

Kisling, Nestico & Redick, LLC  
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