

IN THE COURT OF COMMON PLEAS
SUMMIT COUNTY, OHIO

<p>MEMBER WILLIAMS, et al.,</p> <p>Plaintiffs,</p> <p>vs.</p> <p>KISLING, NESTICO & REDICK, LLC, et al.,</p> <p>Defendants.</p>	<p>Case No. CV-2016-09-3928</p> <p>Judge James A. Brogan</p> <p>Notice of Filing Volume II of Exhibits to the Deposition of Defendant Sam Ghoubrial</p>
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Plaintiffs hereby give notice of filing Volume II of exhibits to the deposition of Defendant Sam Ghoubrial, taken on April 9, 2019.

Respectfully submitted,

/s/ Rachel Hazelet

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Rachel Hazelet (0097855)
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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

FOR ATTORNEY EYES ONLY-CONFIDENTIAL SUBJECT TO PROTECTIVE ORDER

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PAYMENTS - Main Report Separated by Payment/Adjustment Type (ATTORNEY'S CHECKS)

Ins ID	Name	Adjusted	Deductible	Paid
Acct	Name	Adjusted	Deductible	Paid
		0.00	0.00	1000.00
		0.00	0.00	1500.00
		0.00	0.00	500.00
		0.00	0.00	2300.00
		0.00	0.00	1550.00
		0.00	0.00	350.00
		0.00	0.00	2000.00
		0.00	0.00	500.00
		0.00	0.00	120.00
		0.00	0.00	700.00
		0.00	0.00	900.00
		0.00	0.00	1000.00
		0.00	0.00	1400.00
		0.00	0.00	1500.00
		0.00	0.00	1500.00
		0.00	0.00	500.00
		0.00	0.00	1200.00
		0.00	0.00	1550.00
		0.00	0.00	50.00
		0.00	0.00	300.00
		0.00	0.00	1000.00
		0.00	0.00	3500.00
		0.00	0.00	1700.00
		0.00	0.00	1000.00
		0.00	0.00	700.00
		0.00	0.00	700.00
		0.00	0.00	3500.00
		0.00	0.00	850.00
		0.00	0.00	1300.00
		0.00	0.00	2000.00
		0.00	0.00	2500.00
		0.00	0.00	700.00
		0.00	0.00	600.00
		0.00	0.00	1000.00
		0.00	0.00	650.00
		0.00	0.00	800.00
		0.00	0.00	400.00
		0.00	0.00	1530.00
		0.00	0.00	1400.00
		0.00	0.00	1500.00
		0.00	0.00	830.00
		0.00	0.00	1000.00
		0.00	0.00	1500.00
		0.00	0.00	1000.00
		0.00	0.00	300.00
		0.00	0.00	700.00
		0.00	0.00	978.06
		0.00	0.00	1730.00
		0.00	0.00	500.00
		0.00	0.00	3500.00
		0.00	0.00	250.00
		0.00	0.00	1550.00
		0.00	0.00	500.00

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PAYMENTS - Main Report Separated by Payment/Adjustment Type (ATTORNEY'S CHECKS)

<u>Ins ID</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
<u>Acct</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
		0.00	0.00	650.00
		0.00	0.00	2000.00
		0.00	0.00	1200.00
		0.00	0.00	2000.00
		0.00	0.00	1350.00
		0.00	0.00	2000.00
		0.00	0.00	1150.00
		0.00	0.00	1450.00
		0.00	0.00	1000.00
		0.00	0.00	1050.00
		0.00	0.00	600.00
		0.00	0.00	1000.00
		0.00	0.00	4000.00
		0.00	0.00	1750.00
		0.00	0.00	1000.00
		0.00	0.00	2500.00
		0.00	0.00	500.00
		0.00	0.00	1000.00
		0.00	0.00	1200.00
		0.00	0.00	600.00
		0.00	0.00	1500.00
		0.00	0.00	1500.00
		0.00	0.00	750.00
		0.00	0.00	550.00
		0.00	0.00	750.00
		0.00	0.00	500.00
		0.00	0.00	1000.00
		0.00	0.00	1200.00
		0.00	0.00	1100.00
		0.00	0.00	2816.97
		0.00	0.00	500.00
		0.00	0.00	400.00
		0.00	0.00	1500.00
		0.00	0.00	1200.00
		0.00	0.00	2000.00
		0.00	0.00	1000.00
		0.00	0.00	1000.00
		0.00	0.00	830.00
		0.00	0.00	500.00
		0.00	0.00	1600.00
		0.00	0.00	1000.00
		0.00	0.00	2100.00
		0.00	0.00	1000.00
		0.00	0.00	1400.00
		0.00	0.00	1300.00
		0.00	0.00	1500.00
		0.00	0.00	500.00
		0.00	0.00	1050.00
		0.00	0.00	1510.00
		0.00	0.00	450.00
		0.00	0.00	2200.00
		0.00	0.00	1000.00
		0.00	0.00	700.00

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PAYMENTS - Main Report Separated by Payment/Adjustment Type (ATTORNEY'S CHECKS)

Ins ID	Name	Adjusted	Deductible	Paid
Acct	Name	Adjusted	Deductible	Paid
		0.00	0.00	4750.00
		0.00	0.00	2000.00
		0.00	0.00	850.00
		0.00	0.00	2000.00
		0.00	0.00	800.00
		0.00	0.00	600.00
		0.00	0.00	1800.00
		0.00	0.00	1000.00
		0.00	0.00	700.00
		0.00	0.00	750.00
		0.00	0.00	1500.00
		0.00	0.00	500.00
		0.00	0.00	0.00
		0.00	0.00	1000.00
		0.00	0.00	300.00
		0.00	0.00	1000.00
		0.00	0.00	1000.00
		0.00	0.00	1350.00
		0.00	0.00	1300.00
		0.00	0.00	1500.00
		0.00	0.00	350.00
		0.00	0.00	2600.00
		0.00	0.00	2000.00
		0.00	0.00	1000.00
		0.00	0.00	800.00
		0.00	0.00	1500.00
		0.00	0.00	1200.00
		0.00	0.00	180.00
		0.00	0.00	1500.00
		0.00	0.00	1970.00
		0.00	0.00	900.00
		0.00	0.00	2490.00
		0.00	0.00	600.00
		0.00	0.00	500.00
		0.00	0.00	1300.00
		0.00	0.00	600.00
		0.00	0.00	800.00
		0.00	0.00	0.00
		0.00	0.00	700.00
		0.00	0.00	1010.00
		0.00	0.00	1200.00
		0.00	0.00	1200.00
		0.00	0.00	500.00
		0.00	0.00	1000.00
		0.00	0.00	668.00
		0.00	0.00	1500.00
		0.00	0.00	500.00
		0.00	0.00	1600.00
		0.00	0.00	800.00
		0.00	0.00	2200.00
		0.00	0.00	550.00
		0.00	0.00	2000.00
		0.00	0.00	1000.00

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PAYMENTS - Main Report Separated by Payment/Adjustment Type (ATTORNEY'S CHECKS)

<u>Ins ID</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
<u>Acct</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
		0.00	0.00	500.00
		0.00	0.00	2500.00
		0.00	0.00	700.00
		0.00	0.00	500.00
		0.00	0.00	700.00
		0.00	0.00	415.00
		0.00	0.00	1200.00
		0.00	0.00	850.00
		0.00	0.00	1380.00
		0.00	0.00	1000.00
		0.00	0.00	500.00
		0.00	0.00	700.00
		0.00	0.00	2100.00
		0.00	0.00	300.00
		0.00	0.00	1000.00
		0.00	0.00	500.00
		0.00	0.00	1050.00
		0.00	0.00	2000.00
		0.00	0.00	1000.00
		0.00	0.00	1250.00
		0.00	0.00	1200.00
		0.00	0.00	500.00
		0.00	0.00	1000.00
		0.00	0.00	200.00
		0.00	0.00	550.00
		0.00	0.00	500.00
		0.00	0.00	350.00
		0.00	0.00	1030.00
		0.00	0.00	100.00
		0.00	0.00	1500.00
		0.00	0.00	950.00
		0.00	0.00	250.00
		0.00	0.00	2000.00
		0.00	0.00	1500.00
		0.00	0.00	2300.00
		0.00	0.00	750.00
		0.00	0.00	2700.00
		0.00	0.00	2000.00
		0.00	0.00	2000.00
		0.00	0.00	600.00
		0.00	0.00	1200.00
		0.00	0.00	3000.00
		0.00	0.00	1250.00
		0.00	0.00	1500.00
		0.00	0.00	1800.00
		0.00	0.00	500.00
		0.00	0.00	1200.00
		0.00	0.00	800.00
		0.00	0.00	2260.00
		0.00	0.00	1000.00
		0.00	0.00	3000.00
		0.00	0.00	700.00
		0.00	0.00	1025.00

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PAYMENTS - Main Report Separated by Payment/Adjustment Type (ATTORNEY'S CHECKS)

Ins ID	Name	Adjusted	Deductible	Paid
Acct	Name	Adjusted	Deductible	Paid
		0.00	0.00	700.00
		0.00	0.00	1500.00
		0.00	0.00	1300.00
		0.00	0.00	1200.00
		0.00	0.00	2000.00
		0.00	0.00	450.00
		0.00	0.00	1800.00
		0.00	0.00	1230.00
		0.00	0.00	1400.00
		0.00	0.00	2000.00
		0.00	0.00	0.00
		0.00	0.00	1500.00
		0.00	0.00	1500.00
		0.00	0.00	300.00
		0.00	0.00	1700.00
		0.00	0.00	1500.00
		0.00	0.00	250.00
		0.00	0.00	1200.00
		0.00	0.00	1800.00
		0.00	0.00	2500.00
		0.00	0.00	1400.00
		0.00	0.00	800.00
		0.00	0.00	900.00
		0.00	0.00	1000.00
		0.00	0.00	2350.00
		0.00	0.00	750.00
		0.00	0.00	500.00
		0.00	0.00	1350.00
		0.00	0.00	500.00
		0.00	0.00	500.00
		0.00	0.00	400.00
		0.00	0.00	1000.00
		0.00	0.00	2000.00
		0.00	0.00	2000.00
		0.00	0.00	1500.00
		0.00	0.00	1400.00
		0.00	0.00	1250.00
		0.00	0.00	1500.00
		0.00	0.00	400.00
		0.00	0.00	200.00
		0.00	0.00	600.00
		0.00	0.00	1000.00
		0.00	0.00	200.00
		0.00	0.00	1000.00
		0.00	0.00	700.00
		0.00	0.00	700.00
		0.00	0.00	1200.00
		0.00	0.00	2000.00
		0.00	0.00	750.00
		0.00	0.00	1200.00
		0.00	0.00	275.00
		0.00	0.00	600.00
		0.00	0.00	2000.00

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PAYMENTS - Main Report Separated by Payment/Adjustment Type (ATTORNEY'S CHECKS)

Ins ID	Name	Adjusted	Deductible	Paid
Acct	Name	Adjusted	Deductible	Paid
		0.00	0.00	500.00
		0.00	0.00	800.00
		0.00	0.00	900.00
		0.00	0.00	550.00
		0.00	0.00	1300.00
		0.00	0.00	1000.00
		0.00	0.00	1000.00
		0.00	0.00	1200.00
		0.00	0.00	500.00
		0.00	0.00	1000.00
		0.00	0.00	2500.00
		0.00	0.00	700.00
		0.00	0.00	2000.00
		0.00	0.00	900.00
		0.00	0.00	1400.00
		0.00	0.00	1000.00
		0.00	0.00	500.00
		0.00	0.00	2000.00
		0.00	0.00	1500.00
		0.00	0.00	1000.00
		0.00	0.00	1200.00
		0.00	0.00	1000.00
		0.00	0.00	2410.00
		0.00	0.00	1150.00
		0.00	0.00	1510.00
		0.00	0.00	1067.47
		0.00	0.00	1200.00
		0.00	0.00	800.00
		0.00	0.00	1100.00
		0.00	0.00	1480.00
		0.00	0.00	650.00
		0.00	0.00	1750.00
		0.00	0.00	1000.00
		0.00	0.00	1500.00
		0.00	0.00	850.00
		0.00	0.00	1000.00
		0.00	0.00	1275.00
		0.00	0.00	1700.00
		0.00	0.00	2200.00
		0.00	0.00	1000.00
		0.00	0.00	1200.00
		0.00	0.00	700.00
		0.00	0.00	1000.00
		0.00	0.00	2500.00
		0.00	0.00	1700.00
		0.00	0.00	1000.00
		0.00	0.00	1300.00
		0.00	0.00	600.00
		0.00	0.00	1750.00
		0.00	0.00	1200.00
		0.00	0.00	800.00
		0.00	0.00	300.00
		0.00	0.00	1000.00

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PAYMENTS - Main Report Separated by Payment/Adjustment Type (ATTORNEY'S CHECKS)

<u>Ins ID</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
<u>Acct</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
[REDACTED]	[REDACTED]	0.00	0.00	2500.00
[REDACTED]	[REDACTED]	0.00	0.00	1700.00
[REDACTED]	[REDACTED]	0.00	0.00	1000.00
[REDACTED]	[REDACTED]	0.00	0.00	1500.00
[REDACTED]	[REDACTED]	0.00	0.00	900.00
[REDACTED]	[REDACTED]	0.00	0.00	500.00
[REDACTED]	[REDACTED]	0.00	0.00	3000.00
[REDACTED]	[REDACTED]	0.00	0.00	2400.00
[REDACTED]	[REDACTED]	0.00	0.00	3100.00
[REDACTED]	[REDACTED]	0.00	0.00	2460.00
[REDACTED]	[REDACTED]	0.00	0.00	1300.00
[REDACTED]	[REDACTED]	0.00	0.00	1000.00
[REDACTED]	[REDACTED]	0.00	0.00	1000.00
[REDACTED]	[REDACTED]	0.00	0.00	300.00
[REDACTED]	[REDACTED]	0.00	0.00	1230.00
[REDACTED]	[REDACTED]	0.00	0.00	2000.00
[REDACTED]	[REDACTED]	0.00	0.00	1300.00
[REDACTED]	[REDACTED]	0.00	0.00	87.10
[REDACTED]	[REDACTED]	0.00	0.00	1500.00
[REDACTED]	[REDACTED]	0.00	0.00	1800.00
[REDACTED]	[REDACTED]	0.00	0.00	1800.00
[REDACTED]	[REDACTED]	0.00	0.00	1000.00
[REDACTED]	[REDACTED]	0.00	0.00	1600.00
[REDACTED]	[REDACTED]	0.00	0.00	1500.00
[REDACTED]	[REDACTED]	0.00	0.00	1000.00
[REDACTED]	[REDACTED]	0.00	0.00	2100.00
[REDACTED]	[REDACTED]	0.00	0.00	2300.00
[REDACTED]	[REDACTED]	0.00	0.00	1000.00
[REDACTED]	[REDACTED]	0.00	0.00	500.00
[REDACTED]	[REDACTED]	0.00	0.00	1650.00
[REDACTED]	[REDACTED]	0.00	0.00	1000.00
[REDACTED]	[REDACTED]	0.00	0.00	750.00
[REDACTED]	[REDACTED]	0.00	0.00	2000.00
[REDACTED]	[REDACTED]	0.00	0.00	3000.00
[REDACTED]	[REDACTED]	0.00	0.00	1050.00
[REDACTED]	[REDACTED]	0.00	0.00	1700.00
[REDACTED]	[REDACTED]	0.00	0.00	1000.00
[REDACTED]	[REDACTED]	0.00	0.00	2200.00
[REDACTED]	[REDACTED]	0.00	0.00	1000.00
[REDACTED]	[REDACTED]	0.00	0.00	300.00
[REDACTED]	[REDACTED]	0.00	0.00	2000.00
[REDACTED]	[REDACTED]	0.00	0.00	1000.00
[REDACTED]	[REDACTED]	0.00	0.00	300.00
[REDACTED]	[REDACTED]	0.00	0.00	1600.00
[REDACTED]	[REDACTED]	0.00	0.00	650.00
[REDACTED]	[REDACTED]	0.00	0.00	500.00
[REDACTED]	[REDACTED]	0.00	0.00	2000.00
[REDACTED]	[REDACTED]	0.00	0.00	850.00
[REDACTED]	[REDACTED]	0.00	0.00	1800.00
[REDACTED]	[REDACTED]	0.00	0.00	1100.00
[REDACTED]	[REDACTED]	0.00	0.00	700.00
[REDACTED]	[REDACTED]	0.00	0.00	200.00
[REDACTED]	[REDACTED]	0.00	0.00	1000.00

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PAYMENTS - Main Report Separated by Payment/Adjustment Type (ATTORNEY'S CHECKS)

<u>Ins ID</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
<u>Acct</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
		0.00	0.00	500.00
		0.00	0.00	800.00
		0.00	0.00	3000.00
		0.00	0.00	2500.00
		0.00	0.00	1200.00
		0.00	0.00	1000.00
		0.00	0.00	850.00
		0.00	0.00	2500.00
		0.00	0.00	2260.00
		0.00	0.00	1000.00
		0.00	0.00	600.00
		0.00	0.00	690.00
		0.00	0.00	1000.00
		0.00	0.00	350.00
		0.00	0.00	2700.00
		0.00	0.00	1800.00
		0.00	0.00	2500.00
		0.00	0.00	1400.00
		0.00	0.00	750.00
		0.00	0.00	600.00
		0.00	0.00	2000.00
		0.00	0.00	200.00
		0.00	0.00	1500.00
		0.00	0.00	1250.00
		0.00	0.00	500.00
		0.00	0.00	500.00
		0.00	0.00	2360.00
		0.00	0.00	350.00
		0.00	0.00	650.00
		0.00	0.00	1500.00
		0.00	0.00	1050.00
		0.00	0.00	1000.00
		0.00	0.00	1000.00
		0.00	0.00	2500.00
		0.00	0.00	2200.00
		0.00	0.00	650.00
		0.00	0.00	1100.00
		0.00	0.00	1000.00
		0.00	0.00	700.00
		0.00	0.00	1000.00
		0.00	0.00	1400.00
		0.00	0.00	600.00
		0.00	0.00	1000.00
		0.00	0.00	550.00
		0.00	0.00	250.00
		0.00	0.00	350.00
		0.00	0.00	500.00
		0.00	0.00	1100.00
		0.00	0.00	850.00
		0.00	0.00	1380.00
		0.00	0.00	1000.00
		0.00	0.00	1200.00
		0.00	0.00	2200.00

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PAYMENTS - Main Report Separated by Payment/Adjustment Type (ATTORNEY'S CHECKS)

Ins ID	Name	Adjusted	Deductible	Paid
Acct	Name	Adjusted	Deductible	Paid
		0.00	0.00	900.00
		0.00	0.00	500.00
		0.00	0.00	350.00
		0.00	0.00	550.00
		0.00	0.00	1000.00
		0.00	0.00	830.00
		0.00	0.00	1030.00
		0.00	0.00	1650.00
		0.00	0.00	1600.00
		0.00	0.00	1200.00
		0.00	0.00	2000.00
		0.00	0.00	250.00
		0.00	0.00	350.00
		0.00	0.00	1800.00
		0.00	0.00	3793.86
		0.00	0.00	1550.00
		0.00	0.00	700.00
		0.00	0.00	1500.00
		0.00	0.00	1000.00
		0.00	0.00	800.00
		0.00	0.00	500.00
		0.00	0.00	700.00
		0.00	0.00	1500.00
		0.00	0.00	1000.00
		0.00	0.00	500.00
		0.00	0.00	2000.00
		0.00	0.00	1240.00
		0.00	0.00	700.00
		0.00	0.00	600.00
		0.00	0.00	750.00
		0.00	0.00	1500.00
		0.00	0.00	650.00
		0.00	0.00	1000.00
		0.00	0.00	1100.00
		0.00	0.00	800.00
		0.00	0.00	600.00
		0.00	0.00	1650.00
		0.00	0.00	2000.00
		0.00	0.00	3500.00
		0.00	0.00	1200.00
		0.00	0.00	850.00
		0.00	0.00	1650.00
		0.00	0.00	300.00
		0.00	0.00	500.00
		0.00	0.00	1000.00
		0.00	0.00	1200.00
		0.00	0.00	2000.00
		0.00	0.00	700.00
		0.00	0.00	700.00
		0.00	0.00	1500.00
		0.00	0.00	1500.00
		0.00	0.00	1700.00
		0.00	0.00	750.00

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PAYMENTS - Main Report Separated by Payment/Adjustment Type (ATTORNEY'S CHECKS)

<u>Ins ID</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
<u>Acct</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
		0.00	0.00	350.00
		0.00	0.00	1250.00
		0.00	0.00	1500.00
		0.00	0.00	250.00
		0.00	0.00	800.00
		0.00	0.00	750.00
		0.00	0.00	3000.00
		0.00	0.00	300.00
		0.00	0.00	600.00
		0.00	0.00	900.00
		0.00	0.00	740.00
		0.00	0.00	500.00
		0.00	0.00	500.00
		0.00	0.00	500.00
		0.00	0.00	2500.00
		0.00	0.00	350.00
		0.00	0.00	1000.00
		0.00	0.00	800.00
		0.00	0.00	1800.00
		0.00	0.00	800.00
		0.00	0.00	1346.00
		0.00	0.00	500.00
		0.00	0.00	500.00
		0.00	0.00	800.00
		0.00	0.00	1500.00
		0.00	0.00	1750.00
		0.00	0.00	1550.00
		0.00	0.00	350.00
		0.00	0.00	1230.00
		0.00	0.00	1800.00
		0.00	0.00	1200.00
		0.00	0.00	1200.00
		0.00	0.00	875.00
		0.00	0.00	1900.00
		0.00	0.00	600.00
		0.00	0.00	1129.00
		0.00	0.00	700.00
		0.00	0.00	1500.00
		0.00	0.00	500.00
		0.00	0.00	1300.00
		0.00	0.00	500.00
		0.00	0.00	2500.00
		0.00	0.00	500.00
		0.00	0.00	0.00
		0.00	0.00	400.00
		0.00	0.00	1850.00
		0.00	0.00	800.00
		0.00	0.00	1230.00
		0.00	0.00	1900.00
		0.00	0.00	1860.00
		0.00	0.00	2310.00
		0.00	0.00	550.00
		0.00	0.00	749.30

FOR ATTORNEY EYES ONLY-CONFIDENTIAL SUBJECT TO PROTECTIVE ORDER
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PAYMENTS - Main Report Separated by Payment/Adjustment Type (ATTORNEY'S CHECKS)

<u>Ins ID</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
<u>Acct</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
		0.00	0.00	1290.00
		0.00	0.00	2050.00
		0.00	0.00	1000.00
		0.00	0.00	800.00
		0.00	0.00	1000.00
		0.00	0.00	500.00
		0.00	0.00	800.00
		0.00	0.00	1200.00
		0.00	0.00	1000.00
		0.00	0.00	1500.00
		0.00	0.00	300.00
		0.00	0.00	4000.00
		0.00	0.00	1000.00
		0.00	0.00	350.00
		0.00	0.00	350.00
		0.00	0.00	1480.00
		0.00	0.00	1000.00
		0.00	0.00	1200.00
		0.00	0.00	750.00
		0.00	0.00	1500.00
		0.00	0.00	600.00
		0.00	0.00	1000.00
		0.00	0.00	1000.00
		0.00	0.00	550.00
		0.00	0.00	0.00
		0.00	0.00	600.00
		0.00	0.00	1000.00
		0.00	0.00	2700.00
		0.00	0.00	1000.00
		0.00	0.00	900.00
		0.00	0.00	2050.00
		0.00	0.00	1000.00
		0.00	0.00	300.00
		0.00	0.00	1000.00
		0.00	0.00	500.00
		0.00	0.00	1000.00
		0.00	0.00	1000.00
		0.00	0.00	319.00
		0.00	0.00	1200.00
		0.00	0.00	1000.00
		0.00	0.00	500.00
		0.00	0.00	0.00
		0.00	0.00	275.00
		0.00	0.00	1100.00
		0.00	0.00	1287.75
		0.00	0.00	300.00
		0.00	0.00	300.00
		0.00	0.00	1395.00
		0.00	0.00	1000.00
		0.00	0.00	2135.00
		0.00	0.00	2000.00
		0.00	0.00	700.00
		0.00	0.00	2000.00

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PAYMENTS - Main Report Separated by Payment/Adjustment Type (ATTORNEY'S CHECKS)

Ins ID	Name	Adjusted	Deductible	Paid
Acci	Name	Adjusted	Deductible	Paid
[REDACTED]	[REDACTED]	0.00	0.00	700.00
[REDACTED]	[REDACTED]	0.00	0.00	2000.00
[REDACTED]	[REDACTED]	0.00	0.00	1500.00
[REDACTED]	[REDACTED]	0.00	0.00	1300.00
[REDACTED]	[REDACTED]	0.00	0.00	500.00
[REDACTED]	[REDACTED]	0.00	0.00	2000.00
[REDACTED]	[REDACTED]	0.00	0.00	1000.00
[REDACTED]	[REDACTED]	0.00	0.00	500.00
[REDACTED]	[REDACTED]	0.00	0.00	1000.00
[REDACTED]	[REDACTED]	0.00	0.00	1500.00
[REDACTED]	[REDACTED]	0.00	0.00	500.00
[REDACTED]	[REDACTED]	0.00	0.00	1000.00
[REDACTED]	[REDACTED]	0.00	0.00	900.00
[REDACTED]	[REDACTED]	0.00	0.00	650.00
[REDACTED]	[REDACTED]	0.00	0.00	1535.00
[REDACTED]	[REDACTED]	0.00	0.00	1500.00
[REDACTED]	[REDACTED]	0.00	0.00	1380.00
[REDACTED]	[REDACTED]	0.00	0.00	2250.00
[REDACTED]	[REDACTED]	0.00	0.00	1000.00
[REDACTED]	[REDACTED]	0.00	0.00	1000.00
[REDACTED]	[REDACTED]	0.00	0.00	3950.00
[REDACTED]	[REDACTED]	0.00	0.00	1200.00
[REDACTED]	[REDACTED]	0.00	0.00	50.00
[REDACTED]	[REDACTED]	0.00	0.00	800.00
[REDACTED]	[REDACTED]	0.00	0.00	900.00
[REDACTED]	[REDACTED]	0.00	0.00	800.00
[REDACTED]	[REDACTED]	0.00	0.00	1400.00
[REDACTED]	[REDACTED]	0.00	0.00	1500.00
[REDACTED]	[REDACTED]	0.00	0.00	1900.00
[REDACTED]	[REDACTED]	0.00	0.00	800.00
[REDACTED]	[REDACTED]	0.00	0.00	1200.00
[REDACTED]	[REDACTED]	0.00	0.00	1000.00
[REDACTED]	[REDACTED]	0.00	0.00	1500.00
[REDACTED]	[REDACTED]	0.00	0.00	1000.00
[REDACTED]	[REDACTED]	0.00	0.00	425.00
[REDACTED]	[REDACTED]	0.00	0.00	700.00
[REDACTED]	[REDACTED]	0.00	0.00	500.00
[REDACTED]	[REDACTED]	0.00	0.00	1000.00
[REDACTED]	[REDACTED]	0.00	0.00	580.00
[REDACTED]	[REDACTED]	0.00	0.00	2250.00
[REDACTED]	[REDACTED]	0.00	0.00	700.00
[REDACTED]	[REDACTED]	0.00	0.00	1700.00
[REDACTED]	[REDACTED]	0.00	0.00	500.00
[REDACTED]	[REDACTED]	0.00	0.00	1000.00
[REDACTED]	[REDACTED]	0.00	0.00	3500.00
[REDACTED]	[REDACTED]	0.00	0.00	250.00
[REDACTED]	[REDACTED]	0.00	0.00	1600.00
[REDACTED]	[REDACTED]	0.00	0.00	200.00
[REDACTED]	[REDACTED]	0.00	0.00	500.00
[REDACTED]	[REDACTED]	0.00	0.00	200.00
[REDACTED]	[REDACTED]	0.00	0.00	750.00
[REDACTED]	[REDACTED]	0.00	0.00	750.00
[REDACTED]	[REDACTED]	0.00	0.00	900.00

FOR ATTORNEY EYES ONLY-CONFIDENTIAL SUBJECT TO PROTECTIVE ORDER

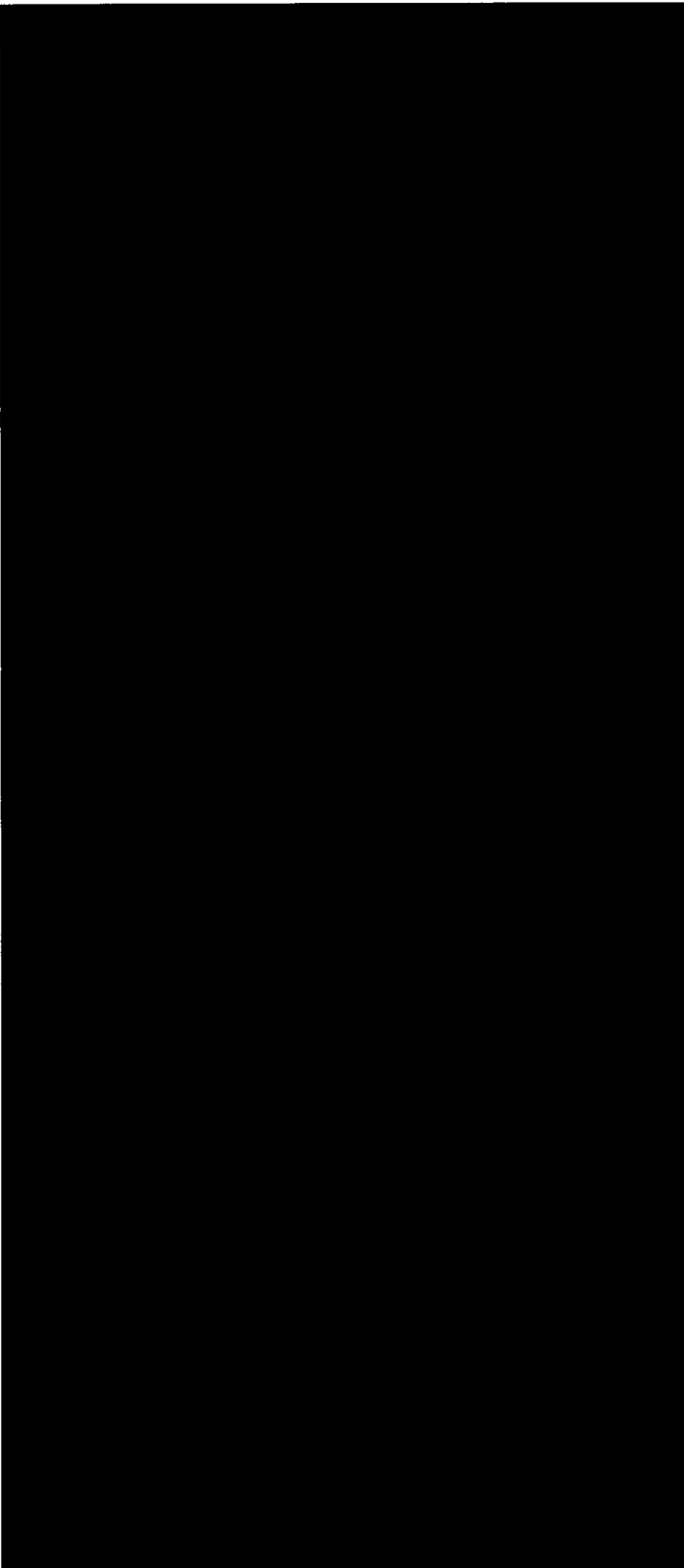
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PAYMENTS - Main Report Separated by Payment/Adjustment Type (ATTORNEY'S CHECKS)

Ins ID	Name	Adjusted	Deductible	Paid
Acct	Name	Adjusted	Deductible	Paid
		0.00	0.00	1000.00
		0.00	0.00	750.00
		0.00	0.00	1620.00
		0.00	0.00	1100.00
		0.00	0.00	2000.00
		0.00	0.00	700.00
		0.00	0.00	400.00
		0.00	0.00	1500.00
		0.00	0.00	1300.00
		0.00	0.00	823.56
		0.00	0.00	400.00
		0.00	0.00	1400.00
		0.00	0.00	2700.00
		0.00	0.00	1500.00
		0.00	0.00	1700.00
		0.00	0.00	1535.00
		0.00	0.00	1000.00
		0.00	0.00	1000.00
		0.00	0.00	190.00
		0.00	0.00	200.00
		0.00	0.00	1300.00
		0.00	0.00	1000.00
		0.00	0.00	300.00
		0.00	0.00	1200.00
		0.00	0.00	1750.00
		0.00	0.00	1600.00
		0.00	0.00	1500.00
		0.00	0.00	700.00
		0.00	0.00	650.00
		0.00	0.00	2610.00
		0.00	0.00	2360.00
		0.00	0.00	500.00
		0.00	0.00	1000.00
		0.00	0.00	1500.00
		0.00	0.00	250.00
		0.00	0.00	830.00
		0.00	0.00	600.00
		0.00	0.00	1300.00
		0.00	0.00	500.00
		0.00	0.00	865.93
		0.00	0.00	1700.00
		0.00	0.00	300.00
		0.00	0.00	1800.00
		0.00	0.00	3000.00
		0.00	0.00	900.00
		0.00	0.00	2000.00
		0.00	0.00	1050.00
		0.00	0.00	1000.00
		0.00	0.00	500.00
		0.00	0.00	150.00
		0.00	0.00	1430.00
		0.00	0.00	1700.00
		0.00	0.00	1000.00



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PAYMENTS - Main Report Separated by Payment/Adjustment Type (ATTORNEY'S CHECKS)

Ins ID	Name	Adjusted	Deductible	Paid
Acct	Name	Adjusted	Deductible	Paid
		0.00	0.00	1000.00
		0.00	0.00	1000.00
		0.00	0.00	1000.00
		0.00	0.00	1100.00
		0.00	0.00	2500.00
		0.00	0.00	1500.00
		0.00	0.00	400.00
		0.00	0.00	2200.00
		0.00	0.00	50.00
		0.00	0.00	1000.00
		0.00	0.00	2220.00
		0.00	0.00	1664.00
		0.00	0.00	1000.00
		0.00	0.00	1000.00
		0.00	0.00	1200.00
		0.00	0.00	800.00
		0.00	0.00	500.00
		0.00	0.00	1400.00
		0.00	0.00	1100.00
		0.00	0.00	800.00
		0.00	0.00	2500.00
		0.00	0.00	1500.00
		0.00	0.00	700.00
		0.00	0.00	800.00
		0.00	0.00	750.00
		0.00	0.00	750.00
		0.00	0.00	1000.00
		0.00	0.00	800.00
		0.00	0.00	1600.00
		0.00	0.00	500.00
		0.00	0.00	2600.00
		0.00	0.00	240.00
		0.00	0.00	1580.00
		0.00	0.00	1000.00
		0.00	0.00	2000.00
		0.00	0.00	500.00
		0.00	0.00	4180.00
		0.00	0.00	1000.00
		0.00	0.00	400.00
		0.00	0.00	1000.00
		0.00	0.00	50.00
		0.00	0.00	1000.00
		0.00	0.00	500.00
		0.00	0.00	500.00
		0.00	0.00	1000.00
		0.00	0.00	850.00
		0.00	0.00	1000.00
		0.00	0.00	800.00
		0.00	0.00	1404.47
		0.00	0.00	810.00
		0.00	0.00	1000.00
		0.00	0.00	700.00
		0.00	0.00	800.00

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PAYMENTS - Main Report Separated by Payment/Adjustment Type (ATTORNEY'S CHECKS)

Ins ID	Name	Adjusted	Deductible	Paid
Acct	Name	Adjusted	Deductible	Paid
		0.00	0.00	850.00
		0.00	0.00	1100.00
		0.00	0.00	2500.00
		0.00	0.00	350.00
		0.00	0.00	700.00
		0.00	0.00	1280.00
		0.00	0.00	1850.00
		0.00	0.00	800.00
		0.00	0.00	1230.00
		0.00	0.00	700.00
		0.00	0.00	500.00
		0.00	0.00	1200.00
		0.00	0.00	1500.00
		0.00	0.00	600.00
		0.00	0.00	550.00
		0.00	0.00	1120.00
		0.00	0.00	1500.00
		0.00	0.00	1150.00
		0.00	0.00	750.00
		0.00	0.00	350.00
		0.00	0.00	1300.00
		0.00	0.00	2500.00
		0.00	0.00	1400.00
		0.00	0.00	900.00
		0.00	0.00	950.00
		0.00	0.00	2000.00
		0.00	0.00	300.00
		0.00	0.00	1000.00
		0.00	0.00	350.00
		0.00	0.00	1600.00
		0.00	0.00	450.00
		0.00	0.00	1000.00
		0.00	0.00	1230.00
		0.00	0.00	1500.00
		0.00	0.00	2700.00
		0.00	0.00	300.00
		0.00	0.00	874.61
		0.00	0.00	1500.00
		0.00	0.00	2300.00
		0.00	0.00	800.00
		0.00	0.00	1550.00
		0.00	0.00	1000.00
		0.00	0.00	1400.00
		0.00	0.00	1400.00
		0.00	0.00	1500.00
		0.00	0.00	500.00
		0.00	0.00	2500.00
		0.00	0.00	1230.00
		0.00	0.00	500.00
		0.00	0.00	1180.00
		0.00	0.00	100.00
		0.00	0.00	0.00
		0.00	0.00	800.00

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PAYMENTS - Main Report Separated by Payment/Adjustment Type (ATTORNEY'S CHECKS)

Ins ID	Name	Adjusted	Deductible	Paid
Acct	Name	Adjusted	Deductible	Paid
[REDACTED]	[REDACTED]	0.00	0.00	800.00
[REDACTED]	[REDACTED]	0.00	0.00	1700.00
[REDACTED]	[REDACTED]	0.00	0.00	870.00
[REDACTED]	[REDACTED]	0.00	0.00	1000.00
[REDACTED]	[REDACTED]	0.00	0.00	2050.00
[REDACTED]	[REDACTED]	0.00	0.00	1000.00
[REDACTED]	[REDACTED]	0.00	0.00	500.00
[REDACTED]	[REDACTED]	0.00	0.00	900.00
[REDACTED]	[REDACTED]	0.00	0.00	1500.00
[REDACTED]	[REDACTED]	0.00	0.00	800.00
[REDACTED]	[REDACTED]	0.00	0.00	1500.00
[REDACTED]	[REDACTED]	0.00	0.00	1500.00
[REDACTED]	[REDACTED]	0.00	0.00	1200.00
[REDACTED]	[REDACTED]	0.00	0.00	1500.00
[REDACTED]	[REDACTED]	0.00	0.00	1000.00
[REDACTED]	[REDACTED]	0.00	0.00	1000.00
[REDACTED]	[REDACTED]	0.00	0.00	900.00
[REDACTED]	[REDACTED]	0.00	0.00	250.00
[REDACTED]	[REDACTED]	0.00	0.00	1050.00
[REDACTED]	[REDACTED]	0.00	0.00	1300.00
[REDACTED]	[REDACTED]	0.00	0.00	1767.50
[REDACTED]	[REDACTED]	0.00	0.00	1000.00
[REDACTED]	[REDACTED]	0.00	0.00	1200.00
[REDACTED]	[REDACTED]	0.00	0.00	600.00
[REDACTED]	[REDACTED]	0.00	0.00	850.00
[REDACTED]	[REDACTED]	0.00	0.00	950.00
[REDACTED]	[REDACTED]	0.00	0.00	500.00
[REDACTED]	[REDACTED]	0.00	0.00	1200.00
[REDACTED]	[REDACTED]	0.00	0.00	4000.00
[REDACTED]	[REDACTED]	0.00	0.00	550.00
[REDACTED]	[REDACTED]	0.00	0.00	1750.00
[REDACTED]	[REDACTED]	0.00	0.00	350.00
[REDACTED]	[REDACTED]	0.00	0.00	1000.00
[REDACTED]	[REDACTED]	0.00	0.00	1200.00
[REDACTED]	[REDACTED]	0.00	0.00	700.00
[REDACTED]	[REDACTED]	0.00	0.00	550.00
[REDACTED]	[REDACTED]	0.00	0.00	350.00
[REDACTED]	[REDACTED]	0.00	0.00	1100.00
[REDACTED]	[REDACTED]	0.00	0.00	2350.00
[REDACTED]	[REDACTED]	0.00	0.00	500.00
[REDACTED]	[REDACTED]	0.00	0.00	500.00
[REDACTED]	[REDACTED]	0.00	0.00	1000.00
[REDACTED]	[REDACTED]	0.00	0.00	1200.00
[REDACTED]	[REDACTED]	0.00	0.00	0.00
[REDACTED]	[REDACTED]	0.00	0.00	1280.00
[REDACTED]	[REDACTED]	0.00	0.00	2300.00
[REDACTED]	[REDACTED]	0.00	0.00	1600.00
[REDACTED]	[REDACTED]	0.00	0.00	1400.00
[REDACTED]	[REDACTED]	0.00	0.00	1500.00
[REDACTED]	[REDACTED]	0.00	0.00	350.00
[REDACTED]	[REDACTED]	0.00	0.00	350.00
[REDACTED]	[REDACTED]	0.00	0.00	800.00
[REDACTED]	[REDACTED]	0.00	0.00	750.00

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PAYMENTS - Main Report Separated by Payment/Adjustment Type (ATTORNEY'S CHECKS)

Ins ID	Name	Adjusted	Deductible	Paid
Acct	Name	Adjusted	Deductible	Paid
		0.00	0.00	1000.00
		0.00	0.00	1050.00
		0.00	0.00	1300.00
		0.00	0.00	2000.00
		0.00	0.00	425.00
		0.00	0.00	2000.00
		0.00	0.00	350.00
		0.00	0.00	1650.00
		0.00	0.00	500.00
		0.00	0.00	1000.00
		0.00	0.00	750.00
		0.00	0.00	1300.00
		0.00	0.00	1500.00
		0.00	0.00	1500.00
		0.00	0.00	1700.00
		0.00	0.00	1200.00
		0.00	0.00	2500.00
		0.00	0.00	1000.00
		0.00	0.00	375.00
		0.00	0.00	2000.00
		0.00	0.00	500.00
		0.00	0.00	1550.00
		0.00	0.00	980.00
		0.00	0.00	500.00
		0.00	0.00	800.00
		0.00	0.00	1000.00
		0.00	0.00	2080.00
		0.00	0.00	800.00
		0.00	0.00	1000.00
		0.00	0.00	1250.00
		0.00	0.00	800.00
		0.00	0.00	1000.00
		0.00	0.00	350.00
		0.00	0.00	900.00
		0.00	0.00	1200.00
		0.00	0.00	50.66
		0.00	0.00	1400.00
		0.00	0.00	1050.00
		0.00	0.00	1200.00
		0.00	0.00	600.00
		0.00	0.00	350.00
		0.00	0.00	400.00
		0.00	0.00	1000.00
		0.00	0.00	500.00
		0.00	0.00	400.00
		0.00	0.00	500.00
		0.00	0.00	1700.00
		0.00	0.00	800.00
		0.00	0.00	3600.00
		0.00	0.00	2000.00
		0.00	0.00	1400.00
		0.00	0.00	500.00
		0.00	0.00	1500.00

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PAYMENTS - Main Report Separated by Payment/Adjustment Type (ATTORNEY'S CHECKS)

Ins ID	Name	Adjusted	Deductible	Paid
Acct	Name	Adjusted	Deductible	Paid
		0.00	0.00	2700.00
		0.00	0.00	1000.00
		0.00	0.00	3000.00
		0.00	0.00	790.00
		0.00	0.00	1000.00
		0.00	0.00	2000.00
		0.00	0.00	1500.00
		0.00	0.00	1500.00
		0.00	0.00	600.00
		0.00	0.00	2000.00
		0.00	0.00	1000.00
		0.00	0.00	700.00
		0.00	0.00	850.00
		0.00	0.00	1000.00
		0.00	0.00	1367.11
		0.00	0.00	600.00
		0.00	0.00	1000.00
		0.00	0.00	300.00
		0.00	0.00	1000.00
		0.00	0.00	450.00
		0.00	0.00	1000.00
		0.00	0.00	900.00
		0.00	0.00	350.00
		0.00	0.00	1500.00
		0.00	0.00	1000.00
		0.00	0.00	1700.00
		0.00	0.00	1350.00
		0.00	0.00	1500.00
		0.00	0.00	600.00
		0.00	0.00	1000.00
		0.00	0.00	1200.00
		0.00	0.00	1300.00
		0.00	0.00	675.00
		0.00	0.00	350.00
		0.00	0.00	1000.00
		0.00	0.00	400.00
		0.00	0.00	1000.00
		0.00	0.00	736.74
		0.00	0.00	3000.00
		0.00	0.00	700.00
		0.00	0.00	1500.00
		0.00	0.00	650.00
		0.00	0.00	240.00
		0.00	0.00	300.00
		0.00	0.00	1000.00
		0.00	0.00	18040.00
		0.00	0.00	1000.00
		0.00	0.00	1500.00
		0.00	0.00	2000.00
		0.00	0.00	350.00
		0.00	0.00	1100.00
		0.00	0.00	1500.00
		0.00	0.00	750.00

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PAYMENTS - Main Report Separated by Payment/Adjustment Type:(ATTORNEY'S CHECKS)

Ins ID	Name	Adjusted	Deductible	Paid
Acct	Name	Adjusted	Deductible	Paid
		0.00	0.00	500.00
		0.00	0.00	700.00
		0.00	0.00	500.00
		0.00	0.00	2170.00
		0.00	0.00	1000.00
		0.00	0.00	800.00
		0.00	0.00	2000.00
		0.00	0.00	3000.00
		0.00	0.00	800.00
		0.00	0.00	0.00
		0.00	0.00	1000.00
		0.00	0.00	1230.00
		0.00	0.00	1000.00
		0.00	0.00	500.00
		0.00	0.00	400.00
		0.00	0.00	1050.00
		0.00	0.00	500.00
		0.00	0.00	1800.00
		0.00	0.00	1500.00
		0.00	0.00	2000.00
		0.00	0.00	1600.00
		0.00	0.00	798.25
		0.00	0.00	1750.00
		0.00	0.00	1910.00
		0.00	0.00	3000.00
		0.00	0.00	2500.00
		0.00	0.00	1100.00
		0.00	0.00	1500.00
		0.00	0.00	700.00
		0.00	0.00	500.00
		0.00	0.00	0.00
		0.00	0.00	830.00
		0.00	0.00	3000.00
		0.00	0.00	2500.00
		0.00	0.00	1000.00
		0.00	0.00	1000.00
		0.00	0.00	2000.00
		0.00	0.00	4000.00
		0.00	0.00	200.00
		0.00	0.00	2000.00
		0.00	0.00	1500.00
		0.00	0.00	350.00
		0.00	0.00	1200.00
		0.00	0.00	2000.00
		0.00	0.00	1000.00
		0.00	0.00	1100.00
		0.00	0.00	1000.00
		0.00	0.00	1500.00
		0.00	0.00	1000.00
		0.00	0.00	1500.00
		0.00	0.00	1500.00
		0.00	0.00	150.00
		0.00	0.00	1450.00

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PAYMENTS - Main Report Separated by Payment/Adjustment Type (ATTORNEY'S CHECKS)

<u>Ins ID</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
<u>Acct</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
		0.00	0.00	350.00
		0.00	0.00	1200.00
		0.00	0.00	2000.00
		0.00	0.00	2000.00
		0.00	0.00	350.00
		0.00	0.00	2000.00
		0.00	0.00	950.00
		0.00	0.00	600.00
		0.00	0.00	800.00
		0.00	0.00	500.00
		0.00	0.00	1000.00
		0.00	0.00	700.00
		0.00	0.00	750.00
		0.00	0.00	1000.00
		0.00	0.00	1500.00
		0.00	0.00	1000.00
		0.00	0.00	700.00
		0.00	0.00	600.00
		0.00	0.00	2000.00
		0.00	0.00	1450.00
		0.00	0.00	1700.00
		0.00	0.00	2000.00
		0.00	0.00	650.00
		0.00	0.00	1500.00
		0.00	0.00	1500.00
		0.00	0.00	2800.00
		0.00	0.00	800.00
		0.00	0.00	800.00
		0.00	0.00	600.00
		0.00	0.00	1000.00
		0.00	0.00	1000.00
		0.00	0.00	344.40
		0.00	0.00	2000.00
		0.00	0.00	1200.00
		0.00	0.00	1200.00
		0.00	0.00	1000.00
		0.00	0.00	350.00
		0.00	0.00	500.00
		0.00	0.00	1500.00
		0.00	0.00	1000.00
		0.00	0.00	2000.00
		0.00	0.00	700.00
		0.00	0.00	700.00
		0.00	0.00	300.00
		0.00	0.00	1430.00
		0.00	0.00	300.00
		0.00	0.00	1900.00
		0.00	0.00	500.00
		0.00	0.00	1706.66
		0.00	0.00	250.00
		0.00	0.00	400.00
		0.00	0.00	500.00
		0.00	0.00	2500.00

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PAYMENTS - Main Report Separated by Payment/Adjustment Type (ATTORNEY'S CHECKS)

Ins ID	Name	Adjusted	Deductible	Paid
Acct	Name	Adjusted	Deductible	Paid
[REDACTED]	[REDACTED]	0.00	0.00	1000.00
[REDACTED]	[REDACTED]	0.00	0.00	2000.00
[REDACTED]	[REDACTED]	0.00	0.00	800.00
[REDACTED]	[REDACTED]	0.00	0.00	2500.00
[REDACTED]	[REDACTED]	0.00	0.00	1700.00
[REDACTED]	[REDACTED]	0.00	0.00	1853.00
[REDACTED]	[REDACTED]	0.00	0.00	1200.00
[REDACTED]	[REDACTED]	0.00	0.00	400.00
[REDACTED]	[REDACTED]	0.00	0.00	1200.00
[REDACTED]	[REDACTED]	0.00	0.00	2000.00
[REDACTED]	[REDACTED]	0.00	0.00	500.00
[REDACTED]	[REDACTED]	0.00	0.00	1200.00
[REDACTED]	[REDACTED]	0.00	0.00	2000.00
[REDACTED]	[REDACTED]	0.00	0.00	1000.00
[REDACTED]	[REDACTED]	0.00	0.00	2500.00
[REDACTED]	[REDACTED]	0.00	0.00	300.00
[REDACTED]	[REDACTED]	0.00	0.00	1000.00
[REDACTED]	[REDACTED]	0.00	0.00	1880.00
[REDACTED]	[REDACTED]	0.00	0.00	100.00
[REDACTED]	[REDACTED]	0.00	0.00	900.00
[REDACTED]	[REDACTED]	0.00	0.00	500.00
[REDACTED]	[REDACTED]	0.00	0.00	650.00
[REDACTED]	[REDACTED]	0.00	0.00	700.00
[REDACTED]	[REDACTED]	0.00	0.00	2050.00
[REDACTED]	[REDACTED]	0.00	0.00	1000.00
[REDACTED]	[REDACTED]	0.00	0.00	1100.00
[REDACTED]	[REDACTED]	0.00	0.00	350.00
[REDACTED]	[REDACTED]	0.00	0.00	1300.00
[REDACTED]	[REDACTED]	0.00	0.00	1100.00
[REDACTED]	[REDACTED]	0.00	0.00	500.00
[REDACTED]	[REDACTED]	0.00	0.00	500.00
[REDACTED]	[REDACTED]	0.00	0.00	600.00
[REDACTED]	[REDACTED]	0.00	0.00	2000.00
[REDACTED]	[REDACTED]	0.00	0.00	1000.00
[REDACTED]	[REDACTED]	0.00	0.00	900.00
[REDACTED]	[REDACTED]	0.00	0.00	1530.00
[REDACTED]	[REDACTED]	0.00	0.00	2000.00
[REDACTED]	[REDACTED]	0.00	0.00	1000.00
[REDACTED]	[REDACTED]	0.00	0.00	1000.00
[REDACTED]	[REDACTED]	0.00	0.00	500.00
[REDACTED]	[REDACTED]	0.00	0.00	600.00
[REDACTED]	[REDACTED]	0.00	0.00	900.00
[REDACTED]	[REDACTED]	0.00	0.00	850.00
[REDACTED]	[REDACTED]	0.00	0.00	4000.00
[REDACTED]	[REDACTED]	0.00	0.00	1000.00
[REDACTED]	[REDACTED]	0.00	0.00	350.00
[REDACTED]	[REDACTED]	0.00	0.00	1000.00
[REDACTED]	[REDACTED]	0.00	0.00	400.00
[REDACTED]	[REDACTED]	0.00	0.00	800.00
[REDACTED]	[REDACTED]	0.00	0.00	1500.00
[REDACTED]	[REDACTED]	0.00	0.00	1200.00
[REDACTED]	[REDACTED]	0.00	0.00	200.00
[REDACTED]	[REDACTED]	0.00	0.00	1497.77

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PAYMENTS - Main Report Separated by Payment/Adjustment Type (ATTORNEY'S CHECKS)

<u>Ins ID</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
<u>Acct</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
		0.00	0.00	800.00
		0.00	0.00	1000.00
		0.00	0.00	0.00
		0.00	0.00	1600.00
		0.00	0.00	2106.00
		0.00	0.00	1430.00
		0.00	0.00	1000.00
		0.00	0.00	2645.00
		0.00	0.00	3000.00
		0.00	0.00	750.00
		0.00	0.00	2500.00
		0.00	0.00	1550.00
		0.00	0.00	2050.00
		0.00	0.00	1000.00
		0.00	0.00	500.00
		0.00	0.00	700.00
		0.00	0.00	700.00
		0.00	0.00	3000.00
		0.00	0.00	1500.00
		0.00	0.00	1500.00
		0.00	0.00	2000.00
		0.00	0.00	1000.00
		0.00	0.00	1000.00
		0.00	0.00	650.00
		0.00	0.00	0.00
		0.00	0.00	1100.00
		0.00	0.00	1800.00
		0.00	0.00	800.00
		0.00	0.00	1000.00
		0.00	0.00	500.00
		0.00	0.00	2000.00
		0.00	0.00	1100.00
		0.00	0.00	2000.00
		0.00	0.00	400.00
		0.00	0.00	1500.00
		0.00	0.00	1230.00
		0.00	0.00	1500.00
		0.00	0.00	1275.00
		0.00	0.00	1900.00
		0.00	0.00	350.00
		0.00	0.00	350.00
		0.00	0.00	500.00
		0.00	0.00	1000.00
		0.00	0.00	2000.00
		0.00	0.00	1500.00
		0.00	0.00	1400.00
		0.00	0.00	1300.00
		0.00	0.00	1000.00
		0.00	0.00	2069.82
		0.00	0.00	2000.00
		0.00	0.00	1200.00
		0.00	0.00	2500.00
		0.00	0.00	1100.00

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PAYMENTS - Main Report Separated by Payment/Adjustment Type (ATTORNEY'S CHECKS)

<u>Ins ID</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
<u>Acct</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
		0.00	0.00	1000.00
		0.00	0.00	1200.00
		0.00	0.00	450.00
		0.00	0.00	2380.00
		0.00	0.00	2000.00
		0.00	0.00	1300.00
		0.00	0.00	1200.00
		0.00	0.00	850.00
		0.00	0.00	1000.00
		0.00	0.00	2377.06
		0.00	0.00	600.00
		0.00	0.00	550.00
		0.00	0.00	1200.00
		0.00	0.00	1700.00
		0.00	0.00	1500.00
		0.00	0.00	1450.00
		0.00	0.00	700.00
		0.00	0.00	1000.00
		0.00	0.00	2000.00
		0.00	0.00	1710.00
		0.00	0.00	1230.00
		0.00	0.00	1230.00
		0.00	0.00	1000.00
		0.00	0.00	2000.00
		0.00	0.00	700.00
		0.00	0.00	1000.00
		0.00	0.00	1200.00
		0.00	0.00	3000.00
		0.00	0.00	800.00
		0.00	0.00	1000.00
		0.00	0.00	600.00
		0.00	0.00	1000.00
		0.00	0.00	2000.00
		0.00	0.00	227.00
		0.00	0.00	1400.00
		0.00	0.00	1000.00
		0.00	0.00	790.00
		0.00	0.00	1200.00
		0.00	0.00	1000.00
		0.00	0.00	1000.00
		0.00	0.00	1525.00
		0.00	0.00	3000.00
		0.00	0.00	1400.00
		0.00	0.00	1250.00
		0.00	0.00	700.00
		0.00	0.00	850.00
		0.00	0.00	1000.00
		0.00	0.00	2500.00
		0.00	0.00	700.00
		0.00	0.00	2500.00
		0.00	0.00	1262.50
		0.00	0.00	2000.00
		0.00	0.00	1700.00

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PAYMENTS - Main Report Separated by Payment/Adjustment Type (ATTORNEY'S CHECKS)

Ins ID	Name	Adjusted	Deductible	Paid
Accl	Name	Adjusted	Deductible	Paid
		0.00	0.00	2000.00
		0.00	0.00	830.00
		0.00	0.00	1600.00
		0.00	0.00	800.00
		0.00	0.00	720.00
		0.00	0.00	1000.00
		0.00	0.00	1000.00
		0.00	0.00	350.00
		0.00	0.00	1000.00
		0.00	0.00	1600.00
		0.00	0.00	1500.00
		0.00	0.00	1026.67
		0.00	0.00	50.00
		0.00	0.00	917.50
		0.00	0.00	350.00
		0.00	0.00	1000.00
		0.00	0.00	600.00
		0.00	0.00	1400.00
		0.00	0.00	500.00
		0.00	0.00	1500.00
		0.00	0.00	1900.00
		0.00	0.00	250.00
		0.00	0.00	150.00
		0.00	0.00	1000.00
		0.00	0.00	300.00
		0.00	0.00	2000.00
		0.00	0.00	1800.00
		0.00	0.00	1280.00
		0.00	0.00	800.00
		0.00	0.00	2060.00
		0.00	0.00	1800.00
		0.00	0.00	350.00
		0.00	0.00	500.00
		0.00	0.00	300.00
		0.00	0.00	1000.00
		0.00	0.00	2000.00
		0.00	0.00	1230.00
		0.00	0.00	2010.00
		0.00	0.00	1500.00
		0.00	0.00	1000.00
		0.00	0.00	1500.00
		0.00	0.00	50.00
		0.00	0.00	3000.00
		0.00	0.00	2100.00
		0.00	0.00	400.00
		0.00	0.00	300.00
		0.00	0.00	500.00
		0.00	0.00	1750.00
		0.00	0.00	300.00
		0.00	0.00	1115.00
		0.00	0.00	1200.00
		0.00	0.00	100.00
		0.00	0.00	1200.00

FOR ATTORNEY EYES ONLY-CONFIDENTIAL SUBJECT TO PROTECTIVE ORDER

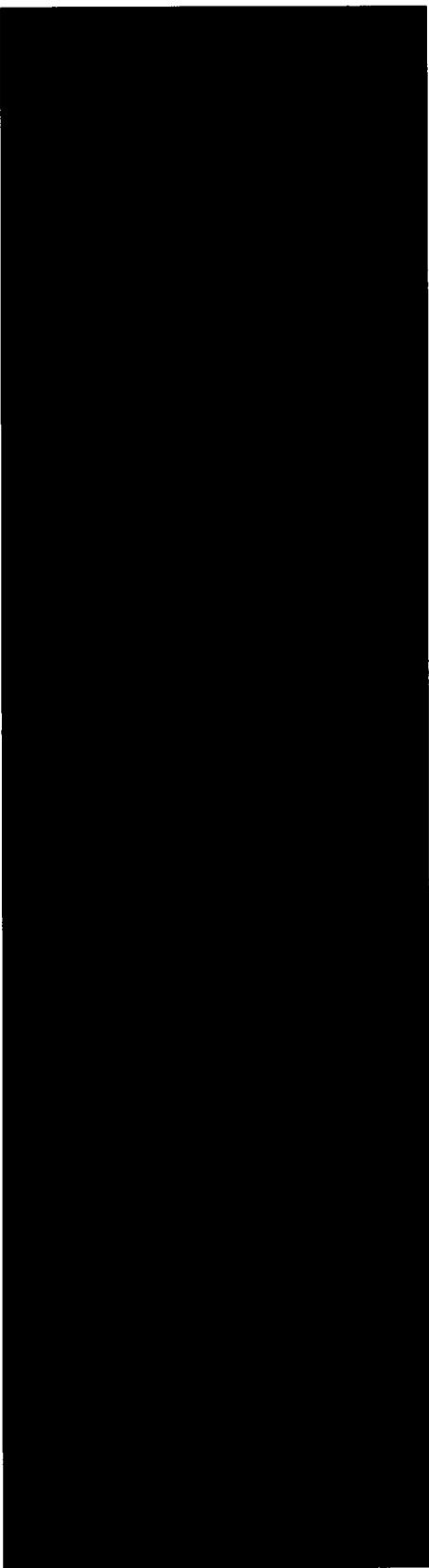
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CLEARWATER

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PAYMENTS - Main Report Separated by Payment/Adjustment Type (ATTORNEY'S CHECKS)

Ins ID	Name	Adjusted	Deductible	Paid
Acct	Name	Adjusted	Deductible	Paid
		0.00	0.00	300.00
		0.00	0.00	200.00
		0.00	0.00	1000.00
		0.00	0.00	200.00
		0.00	0.00	500.00
		0.00	0.00	2000.00
		0.00	0.00	2000.00
		0.00	0.00	800.00
		0.00	0.00	2500.00
		0.00	0.00	1000.00
		0.00	0.00	300.00
		0.00	0.00	1000.00
		0.00	0.00	2100.00
		0.00	0.00	250.00
		0.00	0.00	1000.00
		0.00	0.00	700.00
		0.00	0.00	1600.00
		0.00	0.00	750.00
		0.00	0.00	1649.85
		0.00	0.00	1000.00
		0.00	0.00	1500.00
		0.00	0.00	1650.00
		0.00	0.00	800.00
		0.00	0.00	1000.00
		0.00	0.00	800.00
		0.00	0.00	1200.00
		0.00	0.00	2400.00
		0.00	0.00	800.00
		0.00	0.00	300.00
		0.00	0.00	1500.00
		0.00	0.00	2500.00
		0.00	0.00	550.00
		0.00	0.00	1000.00
		0.00	0.00	800.00
		0.00	0.00	830.00
		0.00	0.00	1000.00
		0.00	0.00	1230.00
		0.00	0.00	1500.00
		0.00	0.00	700.00
		0.00	0.00	1200.00
		0.00	0.00	575.00
		0.00	0.00	1000.00
		0.00	0.00	700.00
		0.00	0.00	1700.00
		0.00	0.00	1200.00
		0.00	0.00	550.00
		0.00	0.00	1000.00
		0.00	0.00	750.00
		0.00	0.00	1000.00
		0.00	0.00	2900.00
		0.00	0.00	600.00
		0.00	0.00	200.00
		0.00	0.00	1000.00



FOR ATTORNEY EYES ONLY-CONFIDENTIAL SUBJECT TO PROTECTIVE ORDER

Ghoubrial - 000218

FOR ATTORNEY EYES ONLY-CONFIDENTIAL SUBJECT TO PROTECTIVE ORDER

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PAYMENTS - Main Report Separated by Payment/Adjustment Type (ATTORNEY'S CHECKS)

<u>Ins ID</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
<u>Acct</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
[REDACTED]	[REDACTED]	0.00	0.00	350.00
[REDACTED]	[REDACTED]	0.00	0.00	1500.00
[REDACTED]	[REDACTED]	0.00	0.00	1829.96
[REDACTED]	[REDACTED]	0.00	0.00	1200.00
[REDACTED]	[REDACTED]	0.00	0.00	1200.00
[REDACTED]	[REDACTED]	0.00	0.00	800.00
[REDACTED]	[REDACTED]	0.00	0.00	150.00
[REDACTED]	[REDACTED]	0.00	0.00	1750.00
[REDACTED]	[REDACTED]	0.00	0.00	700.00
[REDACTED]	[REDACTED]	0.00	0.00	1100.00
[REDACTED]	[REDACTED]	0.00	0.00	800.00
[REDACTED]	[REDACTED]	0.00	0.00	500.00
[REDACTED]	[REDACTED]	0.00	0.00	1000.00
[REDACTED]	[REDACTED]	0.00	0.00	500.00
[REDACTED]	[REDACTED]	0.00	0.00	200.00
[REDACTED]	[REDACTED]	0.00	0.00	1050.00
[REDACTED]	[REDACTED]	0.00	0.00	350.00
[REDACTED]	[REDACTED]	0.00	0.00	275.00
[REDACTED]	[REDACTED]	0.00	0.00	1000.00
[REDACTED]	[REDACTED]	0.00	0.00	1000.00
[REDACTED]	[REDACTED]	0.00	0.00	1350.00
[REDACTED]	[REDACTED]	0.00	0.00	1400.00
[REDACTED]	[REDACTED]	0.00	0.00	450.00
[REDACTED]	[REDACTED]	0.00	0.00	2000.00
[REDACTED]	[REDACTED]	0.00	0.00	550.00
[REDACTED]	[REDACTED]	0.00	0.00	500.00
[REDACTED]	[REDACTED]	0.00	0.00	1300.00
[REDACTED]	[REDACTED]	0.00	0.00	1000.00
[REDACTED]	[REDACTED]	0.00	0.00	1000.00
[REDACTED]	[REDACTED]	0.00	0.00	700.00
[REDACTED]	[REDACTED]	0.00	0.00	900.00
[REDACTED]	[REDACTED]	0.00	0.00	1300.00
[REDACTED]	[REDACTED]	0.00	0.00	2276.66
[REDACTED]	[REDACTED]	0.00	0.00	800.00
[REDACTED]	[REDACTED]	0.00	0.00	450.00
[REDACTED]	[REDACTED]	0.00	0.00	2000.00
[REDACTED]	[REDACTED]	0.00	0.00	500.00
[REDACTED]	[REDACTED]	0.00	0.00	3500.00
[REDACTED]	[REDACTED]	0.00	0.00	2500.00
[REDACTED]	[REDACTED]	0.00	0.00	850.00
[REDACTED]	[REDACTED]	0.00	0.00	800.00
[REDACTED]	[REDACTED]	0.00	0.00	1000.00
[REDACTED]	[REDACTED]	0.00	0.00	500.00
[REDACTED]	[REDACTED]	0.00	0.00	2700.00
[REDACTED]	[REDACTED]	0.00	0.00	1200.00
[REDACTED]	[REDACTED]	0.00	0.00	1400.00
[REDACTED]	[REDACTED]	0.00	0.00	1600.00
[REDACTED]	[REDACTED]	0.00	0.00	2000.00
[REDACTED]	[REDACTED]	0.00	0.00	1200.00
[REDACTED]	[REDACTED]	0.00	0.00	1250.00
[REDACTED]	[REDACTED]	0.00	0.00	500.00
[REDACTED]	[REDACTED]	0.00	0.00	1500.00
[REDACTED]	[REDACTED]	0.00	0.00	600.00

FOR ATTORNEY EYES ONLY-CONFIDENTIAL SUBJECT TO PROTECTIVE ORDER

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PAYMENTS - Main Report Separated by Payment/Adjustment Type (ATTORNEY'S CHECKS)

<u>Ins ID</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
<u>Acct</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
		0.00	0.00	1000.00
		0.00	0.00	3000.00
		0.00	0.00	1500.00
		0.00	0.00	1000.00
		0.00	0.00	800.00
		0.00	0.00	1200.00
		0.00	0.00	800.00
		0.00	0.00	300.00
		0.00	0.00	600.00
		0.00	0.00	2000.00
		0.00	0.00	1000.00
		0.00	0.00	1000.00
		0.00	0.00	1250.00
		0.00	0.00	2400.00
		0.00	0.00	1200.00
		0.00	0.00	2000.00
		0.00	0.00	500.00
		0.00	0.00	0.00
		0.00	0.00	450.00
		0.00	0.00	1500.00
		0.00	0.00	700.00
		0.00	0.00	1800.00
		0.00	0.00	3000.00
		0.00	0.00	1200.00
		0.00	0.00	1000.00
		0.00	0.00	1230.00
		0.00	0.00	1800.00
		0.00	0.00	3000.00
		0.00	0.00	400.00
		0.00	0.00	1230.00
		0.00	0.00	500.00
		0.00	0.00	2000.00
		0.00	0.00	350.00
		0.00	0.00	750.00
		0.00	0.00	2000.00
		0.00	0.00	800.00
		0.00	0.00	1200.00
		0.00	0.00	1300.00
		0.00	0.00	1050.00
		0.00	0.00	650.00
		0.00	0.00	200.00
		0.00	0.00	980.00
		0.00	0.00	1100.00
		0.00	0.00	1100.00
		0.00	0.00	615.00
		0.00	0.00	1800.00
		0.00	0.00	800.00
		0.00	0.00	300.00
		0.00	0.00	1900.00
		0.00	0.00	800.00
		0.00	0.00	1180.00
		0.00	0.00	1000.00
		0.00	0.00	1350.00

FOR ATTORNEY EYES ONLY-CONFIDENTIAL SUBJECT TO PROTECTIVE ORDER

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PAYMENTS - Main Report Separated by Payment/Adjustment Type (ATTORNEY'S CHECKS)

Ins ID	Name	Adjusted	Deductible	Paid
Acct	Name	Adjusted	Deductible	Paid
		0.00	0.00	2050.00
		0.00	0.00	900.00
		0.00	0.00	2500.00
		0.00	0.00	2010.00
		0.00	0.00	400.00
		0.00	0.00	1450.00
		0.00	0.00	1900.00
		0.00	0.00	1000.00
		0.00	0.00	700.00
		0.00	0.00	1560.00
		0.00	0.00	1000.00
		0.00	0.00	1100.00
		0.00	0.00	1430.00
		0.00	0.00	400.00
		0.00	0.00	1200.00
		0.00	0.00	1500.00
		0.00	0.00	1000.00
		0.00	0.00	1250.00
		0.00	0.00	400.00
		0.00	0.00	1040.00
		0.00	0.00	1500.00
		0.00	0.00	0.00
		0.00	0.00	1400.00
		0.00	0.00	3000.00
		0.00	0.00	900.00
		0.00	0.00	1400.00
		0.00	0.00	800.00
		0.00	0.00	1183.33
		0.00	0.00	900.00
		0.00	0.00	2000.00
		0.00	0.00	2500.00
		0.00	0.00	1000.00
		0.00	0.00	750.00
		0.00	0.00	1650.00
		0.00	0.00	2200.00
		0.00	0.00	1000.00
		0.00	0.00	1500.00
		0.00	0.00	0.00
		0.00	0.00	2000.00
		0.00	0.00	1000.00
		0.00	0.00	950.00
		0.00	0.00	1200.00
		0.00	0.00	886.66
		0.00	0.00	1200.00
		0.00	0.00	1000.00
		0.00	0.00	150.00
		0.00	0.00	500.00
		0.00	0.00	1500.00
		0.00	0.00	2000.00
		0.00	0.00	1500.00
		0.00	0.00	1000.00
		0.00	0.00	2000.00
		0.00	0.00	600.00

FOR ATTORNEY EYES ONLY-CONFIDENTIAL SUBJECT TO PROTECTIVE ORDER

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PAYMENTS - Main Report Separated by Payment/Adjustment Type (ATTORNEY'S CHECKS)

Ins ID	Name	Adjusted	Deductible	Paid
Acct	Name	Adjusted	Deductible	Paid
		0.00	0.00	200.00
		0.00	0.00	2500.00
		0.00	0.00	1550.00
		0.00	0.00	250.00
		0.00	0.00	1475.00
		0.00	0.00	2000.00
		0.00	0.00	700.00
		0.00	0.00	800.00
		0.00	0.00	1500.00
		0.00	0.00	800.00
		0.00	0.00	2000.00
		0.00	0.00	700.00
		0.00	0.00	500.00
		0.00	0.00	1300.00
		0.00	0.00	1300.00
		0.00	0.00	1000.00
		0.00	0.00	858.56
		0.00	0.00	835.00
		0.00	0.00	1000.00
		0.00	0.00	500.00
		0.00	0.00	1000.00
		0.00	0.00	250.00
		0.00	0.00	1000.00
		0.00	0.00	2400.00
		0.00	0.00	1500.00
		0.00	0.00	1000.00
		0.00	0.00	1000.00
		0.00	0.00	1400.00
		0.00	0.00	400.00
		0.00	0.00	1860.00
		0.00	0.00	900.00
		0.00	0.00	650.00
		0.00	0.00	1250.00
		0.00	0.00	1500.00
		0.00	0.00	500.00
		0.00	0.00	1000.00
		0.00	0.00	1200.00
		0.00	0.00	0.00
		0.00	0.00	900.00
		0.00	0.00	1400.00
		0.00	0.00	300.00
		0.00	0.00	750.00
		0.00	0.00	2500.00
		0.00	0.00	50.00
		0.00	0.00	2000.00
		0.00	0.00	1500.00
		0.00	0.00	2000.00
		0.00	0.00	1400.00
		0.00	0.00	1000.00
		0.00	0.00	1400.00
		0.00	0.00	900.00
		0.00	0.00	1500.00
		0.00	0.00	1500.00

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PAYMENTS - Main Report Separated by Payment/Adjustment Type (ATTORNEY'S CHECKS)

Ins ID	Name	Adjusted	Deductible	Paid
Acct	Name	Adjusted	Deductible	Paid
		0.00	0.00	500.00
		0.00	0.00	0.00
		0.00	0.00	2500.00
		0.00	0.00	1400.00
		0.00	0.00	1100.00
		0.00	0.00	1000.00
		0.00	0.00	1600.00
		0.00	0.00	500.00
		0.00	0.00	1400.00
		0.00	0.00	300.00
		0.00	0.00	2000.00
		0.00	0.00	1606.66
		0.00	0.00	2200.00
		0.00	0.00	250.00
		0.00	0.00	200.00
		0.00	0.00	780.00
		0.00	0.00	4170.00
		0.00	0.00	450.00
		0.00	0.00	1000.00
		0.00	0.00	1396.16
		0.00	0.00	1400.00
		0.00	0.00	350.00
		0.00	0.00	1800.00
		0.00	0.00	59.00
		0.00	0.00	2000.00
		0.00	0.00	1500.00
		0.00	0.00	800.00
		0.00	0.00	1300.00
		0.00	0.00	600.00
		0.00	0.00	300.00
		0.00	0.00	3350.00
		0.00	0.00	1600.00
		0.00	0.00	2000.00
		0.00	0.00	2500.00
		0.00	0.00	1000.00
		0.00	0.00	1200.00
		0.00	0.00	900.00
		0.00	0.00	1200.00
		0.00	0.00	600.00
		0.00	0.00	1000.00
		0.00	0.00	1500.00
		0.00	0.00	500.00
		0.00	0.00	1200.00
		0.00	0.00	2500.00
		0.00	0.00	1000.00
		0.00	0.00	1500.00
		0.00	0.00	400.00
		0.00	0.00	1000.00
		0.00	0.00	840.00
		0.00	0.00	1200.00
		0.00	0.00	1725.00
		0.00	0.00	850.00
		0.00	0.00	950.00

FOR ATTORNEY EYES ONLY-CONFIDENTIAL SUBJECT TO PROTECTIVE ORDER

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PAYMENTS - Main Report Separated by Payment/Adjustment Type (ATTORNEY'S CHECKS)

<u>Ins ID</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
<u>Acct</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
		0.00	0.00	1250.00
		0.00	0.00	2000.00
		0.00	0.00	500.00
		0.00	0.00	700.00
		0.00	0.00	830.00
		0.00	0.00	1500.00
		0.00	0.00	1730.00
		0.00	0.00	750.00
		0.00	0.00	1300.00
		0.00	0.00	450.00
		0.00	0.00	1000.00
		0.00	0.00	350.00
		0.00	0.00	2500.00
		0.00	0.00	1500.00
		0.00	0.00	300.00
		0.00	0.00	1500.00
		0.00	0.00	1000.00
		0.00	0.00	1200.00
		0.00	0.00	750.00
		0.00	0.00	1000.00
		0.00	0.00	800.00
		0.00	0.00	1200.00
		0.00	0.00	200.00
		0.00	0.00	350.00
		0.00	0.00	800.00
		0.00	0.00	1000.00
		0.00	0.00	1000.00
		0.00	0.00	111.00
		0.00	0.00	1800.00
		0.00	0.00	400.00
		0.00	0.00	900.00
		0.00	0.00	350.00
		0.00	0.00	1100.00
		0.00	0.00	650.00
		0.00	0.00	1600.00
		0.00	0.00	400.00
		0.00	0.00	2455.64
		0.00	0.00	1000.00
		0.00	0.00	1500.00
		0.00	0.00	800.00
		0.00	0.00	1650.00
		0.00	0.00	0.00
		0.00	0.00	1595.13
		0.00	0.00	2850.00
		0.00	0.00	850.00
		0.00	0.00	750.00
		0.00	0.00	1500.00
		0.00	0.00	800.00
		0.00	0.00	1100.00
		0.00	0.00	900.00
		0.00	0.00	1000.00
		0.00	0.00	900.00
		0.00	0.00	447.00

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PAYMENTS - Main Report Separated by Payment/Adjustment Type (ATTORNEY'S CHECKS)

<u>Ins ID</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
<u>Acct</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
		0.00	0.00	1350.00
		0.00	0.00	750.00
		0.00	0.00	1000.00
		0.00	0.00	800.00
		0.00	0.00	1533.71
		0.00	0.00	300.00
		0.00	0.00	3000.00
		0.00	0.00	1000.00
		0.00	0.00	1000.00
		0.00	0.00	700.00
		0.00	0.00	1000.00
		0.00	0.00	650.00
		0.00	0.00	1300.00
		0.00	0.00	1000.00
		0.00	0.00	700.00
		0.00	0.00	2000.00
		0.00	0.00	1000.00
		0.00	0.00	1500.00
		0.00	0.00	250.00
		0.00	0.00	2800.00
		0.00	0.00	500.00
		0.00	0.00	1150.00
		0.00	0.00	650.00
		0.00	0.00	350.00
		0.00	0.00	350.00
		0.00	0.00	400.00
		0.00	0.00	891.11
		0.00	0.00	2000.00
		0.00	0.00	700.00
		0.00	0.00	1000.00
		0.00	0.00	1200.00
		0.00	0.00	1800.00
		0.00	0.00	1000.00
		0.00	0.00	2400.00
		0.00	0.00	1400.00
		0.00	0.00	3050.00
		0.00	0.00	400.00
		0.00	0.00	1000.00
		0.00	0.00	250.00
		0.00	0.00	1000.00
		0.00	0.00	200.00
		0.00	0.00	250.00
		0.00	0.00	700.00
		0.00	0.00	300.00
		0.00	0.00	1000.00
		0.00	0.00	1500.00
		0.00	0.00	1500.00
		0.00	0.00	1590.00
		0.00	0.00	500.00
		0.00	0.00	1000.00
		0.00	0.00	300.00
		0.00	0.00	1390.00
		0.00	0.00	800.00

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PAYMENTS - Main Report Separated by Payment/Adjustment Type (ATTORNEY'S CHECKS)

<u>Ins ID</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
<u>Acct</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
		0.00	0.00	1500.00
		0.00	0.00	1280.00
		0.00	0.00	1580.00
		0.00	0.00	1500.00
		0.00	0.00	300.00
		0.00	0.00	1000.00
		0.00	0.00	1000.00
		0.00	0.00	700.00
		0.00	0.00	600.00
		0.00	0.00	200.00
		0.00	0.00	750.00
		0.00	0.00	400.00
		0.00	0.00	1500.00
		0.00	0.00	2170.00
		0.00	0.00	300.00
		0.00	0.00	600.00
		0.00	0.00	1500.00
		0.00	0.00	2500.00
		0.00	0.00	900.00
		0.00	0.00	2000.00
		0.00	0.00	700.00
		0.00	0.00	2000.00
		0.00	0.00	1000.00
		0.00	0.00	1009.85
		0.00	0.00	100.00
		0.00	0.00	500.00
		0.00	0.00	2000.00
		0.00	0.00	1000.00
		0.00	0.00	250.00
		0.00	0.00	350.00
		0.00	0.00	300.00
		0.00	0.00	1787.00
		0.00	0.00	450.00
		0.00	0.00	1000.00
		0.00	0.00	500.00
		0.00	0.00	750.00
		0.00	0.00	30.00
		0.00	0.00	500.00
		0.00	0.00	900.00
		0.00	0.00	1150.00
		0.00	0.00	1200.00
		0.00	0.00	1200.00
		0.00	0.00	300.00
		0.00	0.00	1500.00
		0.00	0.00	1000.00
		0.00	0.00	800.00
		0.00	0.00	1000.00
		0.00	0.00	1550.00
		0.00	0.00	300.00
		0.00	0.00	1800.00
		0.00	0.00	8000.00
		0.00	0.00	1400.00
		0.00	0.00	500.00

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PAYMENTS - Main Report Separated by Payment/Adjustment Type (ATTORNEY'S CHECKS)

<u>Ins ID</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
<u>Acct</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
		0.00	0.00	800.00
		0.00	0.00	3100.00
		0.00	0.00	550.00
		0.00	0.00	650.00
		0.00	0.00	1580.00
		0.00	0.00	1462.72
		0.00	0.00	300.00
		0.00	0.00	800.00
		0.00	0.00	1000.00
		0.00	0.00	1300.00
		0.00	0.00	1000.00
		0.00	0.00	250.00
		0.00	0.00	700.00
		0.00	0.00	800.00
		0.00	0.00	2250.00
		0.00	0.00	1000.00
		0.00	0.00	1000.00
		0.00	0.00	400.00
		0.00	0.00	2400.00
		0.00	0.00	2200.00
		0.00	0.00	850.00
		0.00	0.00	1140.00
		0.00	0.00	2200.00
		0.00	0.00	650.00
		0.00	0.00	500.00
		0.00	0.00	1700.00
		0.00	0.00	500.00
		0.00	0.00	300.00
		0.00	0.00	1300.00
		0.00	0.00	1000.00
		0.00	0.00	350.00
		0.00	0.00	550.00
		0.00	0.00	1000.00
		0.00	0.00	1200.00
		0.00	0.00	2493.27
		0.00	0.00	405.00
		0.00	0.00	1000.00
		0.00	0.00	2500.00
		0.00	0.00	1800.00
		0.00	0.00	680.00
		0.00	0.00	400.00
		0.00	0.00	2500.00
		0.00	0.00	800.00
		0.00	0.00	350.00
		0.00	0.00	1650.00
		0.00	0.00	700.00
		0.00	0.00	4500.00
		0.00	0.00	1500.00
		0.00	0.00	300.00
		0.00	0.00	1700.00
		0.00	0.00	2000.00
		0.00	0.00	1000.00
		0.00	0.00	610.00

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PAYMENTS - Main Report Separated by Payment/Adjustment Type (ATTORNEY'S CHECKS)

<u>Ins ID</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
<u>Acct</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
		0.00	0.00	1400.00
		0.00	0.00	500.00
		0.00	0.00	650.00
		0.00	0.00	1500.00
		0.00	0.00	600.00
		0.00	0.00	1400.00
		0.00	0.00	1000.00
		0.00	0.00	700.00
		0.00	0.00	1500.00
		0.00	0.00	800.00
		0.00	0.00	500.00
		0.00	0.00	500.00
		0.00	0.00	2000.00
		0.00	0.00	400.00
		0.00	0.00	600.00
		0.00	0.00	330.00
		0.00	0.00	650.00
		0.00	0.00	1800.00
		0.00	0.00	1000.00
		0.00	0.00	2200.00
		0.00	0.00	1400.00
		0.00	0.00	500.00
		0.00	0.00	1000.00
		0.00	0.00	1500.00
		0.00	0.00	1100.00
		0.00	0.00	350.00
		0.00	0.00	500.00
		0.00	0.00	200.00
		0.00	0.00	1000.00
		0.00	0.00	500.00
		0.00	0.00	2550.00
		0.00	0.00	500.00
		0.00	0.00	1250.00
		0.00	0.00	2050.00
		0.00	0.00	550.00
		0.00	0.00	800.00
		0.00	0.00	1550.00
		0.00	0.00	1000.00
		0.00	0.00	1000.00
		0.00	0.00	1000.00
		0.00	0.00	1500.00
		0.00	0.00	900.00
		0.00	0.00	1500.00
		0.00	0.00	1000.00
		0.00	0.00	500.00
		0.00	0.00	300.00
		0.00	0.00	2500.00
		0.00	0.00	1000.00
		0.00	0.00	2450.00
		0.00	0.00	450.00
		0.00	0.00	750.00
		0.00	0.00	1050.00
		0.00	0.00	1000.00

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PAYMENTS - Main Report Separated by Payment/Adjustment Type (ATTORNEY'S CHECKS)

<u>Irs ID</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
<u>Acct</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
[REDACTED]	[REDACTED]	0.00	0.00	1000.00
[REDACTED]	[REDACTED]	0.00	0.00	500.00
[REDACTED]	[REDACTED]	0.00	0.00	1000.00
[REDACTED]	[REDACTED]	0.00	0.00	1000.00
[REDACTED]	[REDACTED]	0.00	0.00	2710.00
[REDACTED]	[REDACTED]	0.00	0.00	400.00
[REDACTED]	[REDACTED]	0.00	0.00	750.00
[REDACTED]	[REDACTED]	0.00	0.00	1700.00
[REDACTED]	[REDACTED]	0.00	0.00	2050.00
[REDACTED]	[REDACTED]	0.00	0.00	200.00
[REDACTED]	[REDACTED]	0.00	0.00	1000.00
[REDACTED]	[REDACTED]	0.00	0.00	1600.00
[REDACTED]	[REDACTED]	0.00	0.00	900.00
[REDACTED]	[REDACTED]	0.00	0.00	2190.00
[REDACTED]	[REDACTED]	0.00	0.00	1300.00
[REDACTED]	[REDACTED]	0.00	0.00	600.00
[REDACTED]	[REDACTED]	0.00	0.00	900.00
[REDACTED]	[REDACTED]	0.00	0.00	1000.00
[REDACTED]	[REDACTED]	0.00	0.00	800.00
[REDACTED]	[REDACTED]	0.00	0.00	480.00
[REDACTED]	[REDACTED]	0.00	0.00	1000.00
[REDACTED]	[REDACTED]	0.00	0.00	1280.00
[REDACTED]	[REDACTED]	0.00	0.00	1400.00
[REDACTED]	[REDACTED]	0.00	0.00	500.00
[REDACTED]	[REDACTED]	0.00	0.00	3010.00
[REDACTED]	[REDACTED]	0.00	0.00	1500.00
[REDACTED]	[REDACTED]	0.00	0.00	300.00
[REDACTED]	[REDACTED]	0.00	0.00	1000.00
[REDACTED]	[REDACTED]	0.00	0.00	1500.00
[REDACTED]	[REDACTED]	0.00	0.00	1000.00
[REDACTED]	[REDACTED]	0.00	0.00	300.00
[REDACTED]	[REDACTED]	0.00	0.00	940.00
[REDACTED]	[REDACTED]	0.00	0.00	107.06
[REDACTED]	[REDACTED]	0.00	0.00	2000.00
[REDACTED]	[REDACTED]	0.00	0.00	800.00
[REDACTED]	[REDACTED]	0.00	0.00	1500.00
[REDACTED]	[REDACTED]	0.00	0.00	800.00
[REDACTED]	[REDACTED]	0.00	0.00	1230.00
[REDACTED]	[REDACTED]	0.00	0.00	900.00
[REDACTED]	[REDACTED]	0.00	0.00	700.00
[REDACTED]	[REDACTED]	0.00	0.00	3087.44
[REDACTED]	[REDACTED]	0.00	0.00	1000.00
[REDACTED]	[REDACTED]	0.00	0.00	500.00
[REDACTED]	[REDACTED]	0.00	0.00	1000.00
[REDACTED]	[REDACTED]	0.00	0.00	500.00
[REDACTED]	[REDACTED]	0.00	0.00	400.00
[REDACTED]	[REDACTED]	0.00	0.00	1500.00
[REDACTED]	[REDACTED]	0.00	0.00	2000.00
[REDACTED]	[REDACTED]	0.00	0.00	900.00
[REDACTED]	[REDACTED]	0.00	0.00	1000.00
[REDACTED]	[REDACTED]	0.00	0.00	1000.00
[REDACTED]	[REDACTED]	0.00	0.00	1200.00
[REDACTED]	[REDACTED]	0.00	0.00	1500.00

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PAYMENTS - Main Report Separated by Payment/Adjustment Type (ATTORNEY'S CHECKS)

<u>Ins ID</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
<u>Acct</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
		0.00	0.00	2679.00
		0.00	0.00	300.00
		0.00	0.00	350.00
		0.00	0.00	2000.00
		0.00	0.00	200.00
		0.00	0.00	800.00
		0.00	0.00	1500.00
		0.00	0.00	700.00
		0.00	0.00	1400.00
		0.00	0.00	1230.00
		0.00	0.00	1250.00
		0.00	0.00	1200.00
		0.00	0.00	350.00
		0.00	0.00	2500.00
		0.00	0.00	1500.00
		0.00	0.00	1000.00
		0.00	0.00	900.00
		0.00	0.00	1200.00
		0.00	0.00	2000.00
		0.00	0.00	625.00
		0.00	0.00	1230.00
		0.00	0.00	400.00
		0.00	0.00	3300.00
		0.00	0.00	360.00
		0.00	0.00	2300.00
		0.00	0.00	400.00
		0.00	0.00	1800.00
		0.00	0.00	1500.00
		0.00	0.00	1000.00
		0.00	0.00	1500.00
		0.00	0.00	1500.00
		0.00	0.00	1100.00
		0.00	0.00	1425.00
		0.00	0.00	1500.00
		0.00	0.00	1300.00
		0.00	0.00	2000.00
		0.00	0.00	1000.00
		0.00	0.00	1000.00
		0.00	0.00	1230.00
		0.00	0.00	1300.00
		0.00	0.00	4000.00
		0.00	0.00	1230.00
		0.00	0.00	600.00
		0.00	0.00	2012.50
		0.00	0.00	3000.00
		0.00	0.00	1900.00
		0.00	0.00	1050.00
		0.00	0.00	3400.00
		0.00	0.00	320.00
		0.00	0.00	1000.00
		0.00	0.00	0.00
		0.00	0.00	1000.00
		0.00	0.00	400.00

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PAYMENTS - Main Report Separated by Payment/Adjustment Type (ATTORNEY'S CHECKS)

<u>Ins ID</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
<u>Acct</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
		0.00	0.00	2500.00
		0.00	0.00	1500.00
		0.00	0.00	1000.00
		0.00	0.00	900.00
		0.00	0.00	450.00
		0.00	0.00	1000.00
		0.00	0.00	2000.00
		0.00	0.00	1000.00
		0.00	0.00	350.00
		0.00	0.00	132.00
		0.00	0.00	750.00
		0.00	0.00	1500.00
		0.00	0.00	1000.00
		0.00	0.00	500.00
		0.00	0.00	750.00
		0.00	0.00	1000.00
		0.00	0.00	1200.00
		0.00	0.00	700.00
		0.00	0.00	650.00
		0.00	0.00	2805.00
		0.00	0.00	1075.00
		0.00	0.00	1000.00
		0.00	0.00	1000.00
		0.00	0.00	1500.00
		0.00	0.00	625.00
		0.00	0.00	600.00
		0.00	0.00	1590.00
		0.00	0.00	250.00
		0.00	0.00	2150.00
		0.00	0.00	500.00
		0.00	0.00	1500.00
		0.00	0.00	2180.00
		0.00	0.00	400.00
		0.00	0.00	1500.00
		0.00	0.00	1500.00
		0.00	0.00	2000.00
		0.00	0.00	1500.00
		0.00	0.00	1800.00
		0.00	0.00	1000.00
		0.00	0.00	750.00
		0.00	0.00	2500.00
		0.00	0.00	1810.00
		0.00	0.00	250.00
		0.00	0.00	1690.00
		0.00	0.00	800.00
		0.00	0.00	350.00
		0.00	0.00	350.00
		0.00	0.00	1700.00
		0.00	0.00	850.00
		0.00	0.00	300.00
		0.00	0.00	1000.00
		0.00	0.00	1500.00

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PAYMENTS - Main Report Separated by Payment/Adjustment Type (ATTORNEY'S CHECKS)

Ins ID	Name	Adjusted	Deductible	Paid
Acct	Name	Adjusted	Deductible	Paid
		0.00	0.00	1200.00
		0.00	0.00	920.00
		0.00	0.00	800.00
		0.00	0.00	2217.55
		0.00	0.00	2000.00
		0.00	0.00	3500.00
		0.00	0.00	700.00
		0.00	0.00	1000.00
		0.00	0.00	600.00
		0.00	0.00	1050.00
		0.00	0.00	1720.00
		0.00	0.00	1000.00
		0.00	0.00	2000.00
		0.00	0.00	1910.00
		0.00	0.00	600.00
		0.00	0.00	1300.00
		0.00	0.00	1000.00
		0.00	0.00	3340.00
		0.00	0.00	2500.00
		0.00	0.00	250.00
		0.00	0.00	800.00
		0.00	0.00	1000.00
		0.00	0.00	1000.00
		0.00	0.00	1584.63
		0.00	0.00	1200.00
		0.00	0.00	2000.00
		0.00	0.00	539.22
		0.00	0.00	1000.00
		0.00	0.00	1380.00
		0.00	0.00	1000.00
		0.00	0.00	350.00
		0.00	0.00	1161.85
		0.00	0.00	1300.00
		0.00	0.00	350.00
		0.00	0.00	1000.00
		0.00	0.00	900.00
		0.00	0.00	700.00
		0.00	0.00	1500.00
		0.00	0.00	1500.00
		0.00	0.00	950.00
		0.00	0.00	450.00
		0.00	0.00	650.00
		0.00	0.00	1700.00
		0.00	0.00	3000.00
		0.00	0.00	300.00
		0.00	0.00	2200.00
		0.00	0.00	1500.00
		0.00	0.00	1600.00
		0.00	0.00	1000.00
		0.00	0.00	1900.00
		0.00	0.00	1000.00
		0.00	0.00	1000.00
		0.00	0.00	1200.00

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PAYMENTS - Main Report Separated by Payment/Adjustment Type (ATTORNEY'S CHECKS)

<u>Ins ID</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
<u>Acct</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
		0.00	0.00	1300.00
		0.00	0.00	1000.00
		0.00	0.00	1000.00
		0.00	0.00	1400.00
		0.00	0.00	200.00
		0.00	0.00	1500.00
		0.00	0.00	800.00
		0.00	0.00	1050.00
		0.00	0.00	2000.00
		0.00	0.00	600.00
		0.00	0.00	500.00
		0.00	0.00	1750.00
		0.00	0.00	1300.00
		0.00	0.00	1500.00
		0.00	0.00	850.00
		0.00	0.00	1200.00
		0.00	0.00	1230.00
		0.00	0.00	800.00
		0.00	0.00	1500.00
		0.00	0.00	2600.00
		0.00	0.00	1225.00
		0.00	0.00	1300.00
		0.00	0.00	1180.00
		0.00	0.00	1250.00
		0.00	0.00	6890.00
		0.00	0.00	2500.00
		0.00	0.00	956.10
		0.00	0.00	1200.00
		0.00	0.00	800.00
		0.00	0.00	1230.00
		0.00	0.00	2000.00
		0.00	0.00	1700.00
		0.00	0.00	1200.00
		0.00	0.00	750.00
		0.00	0.00	1300.00
		0.00	0.00	1500.00
		0.00	0.00	525.81
		0.00	0.00	1000.00
		0.00	0.00	1000.00
		0.00	0.00	500.00
		0.00	0.00	2000.00
		0.00	0.00	1500.00
		0.00	0.00	950.00
		0.00	0.00	1500.00
		0.00	0.00	1400.00
		0.00	0.00	1000.00
		0.00	0.00	2050.00
		0.00	0.00	900.00
		0.00	0.00	2500.00
		0.00	0.00	2408.42
		0.00	0.00	2650.00
		0.00	0.00	1000.00
		0.00	0.00	1500.00

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PAYMENTS - Main Report Separated by Payment/Adjustment Type (ATTORNEY'S CHECKS)

Ins ID	Name	Adjusted	Deductible	Paid
Acct	Name	Adjusted	Deductible	Paid
		0.00	0.00	250.00
		0.00	0.00	800.00
		0.00	0.00	900.00
		0.00	0.00	2750.00
		0.00	0.00	1000.00
		0.00	0.00	1650.00
		0.00	0.00	2000.00
		0.00	0.00	600.00
		0.00	0.00	1183.16
		0.00	0.00	1000.00
		0.00	0.00	1410.93
		0.00	0.00	1250.00
		0.00	0.00	1600.00
		0.00	0.00	2000.00
		0.00	0.00	1200.00
		0.00	0.00	950.00
		0.00	0.00	625.00
		0.00	0.00	1550.00
		0.00	0.00	3000.00
		0.00	0.00	250.00
		0.00	0.00	1000.00
		0.00	0.00	475.00
		0.00	0.00	830.00
		0.00	0.00	1000.00
		0.00	0.00	50.00
		0.00	0.00	2560.00
		0.00	0.00	1000.00
		0.00	0.00	1000.00
		0.00	0.00	750.00
		0.00	0.00	1170.82
		0.00	0.00	2000.00
		0.00	0.00	400.00
		0.00	0.00	1000.00
		0.00	0.00	1500.00
		0.00	0.00	1000.00
		0.00	0.00	1500.00
		0.00	0.00	2500.00
		0.00	0.00	550.00
		0.00	0.00	1993.84
		0.00	0.00	300.00
		0.00	0.00	1500.00
		0.00	0.00	1230.00
		0.00	0.00	500.00
		0.00	0.00	903.01
		0.00	0.00	350.00
		0.00	0.00	1000.00
		0.00	0.00	1000.00
		0.00	0.00	400.00
		0.00	0.00	550.00
		0.00	0.00	1321.25
		0.00	0.00	2220.00
		0.00	0.00	200.00
		0.00	0.00	1000.00

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PAYMENTS - Main Report Separated by Payment/Adjustment Type (ATTORNEY'S CHECKS)

Ins ID	Name	Adjusted	Deductible	Paid
Acct	Name	Adjusted	Deductible	Paid
		0.00	0.00	3200.00
		0.00	0.00	1000.00
		0.00	0.00	1000.00
		0.00	0.00	800.00
		0.00	0.00	1300.00
		0.00	0.00	1000.00
		0.00	0.00	1500.00
		0.00	0.00	400.00
		0.00	0.00	2000.00
		0.00	0.00	1000.00
		0.00	0.00	2000.00
		0.00	0.00	1800.00
		0.00	0.00	1000.00
		0.00	0.00	1000.00
		0.00	0.00	1000.00
		0.00	0.00	980.00
		0.00	0.00	2000.00
		0.00	0.00	1000.00
		0.00	0.00	1180.00
		0.00	0.00	800.00
		0.00	0.00	3000.00
		0.00	0.00	1200.00
		0.00	0.00	1500.00
		0.00	0.00	1000.00
		0.00	0.00	3260.00
		0.00	0.00	850.00
		0.00	0.00	700.00
		0.00	0.00	2000.00
		0.00	0.00	162.50
		0.00	0.00	1000.00
		0.00	0.00	1000.00
		0.00	0.00	450.00
		0.00	0.00	500.00
		0.00	0.00	2400.00
		0.00	0.00	2500.00
		0.00	0.00	1675.00
		0.00	0.00	1500.00
		0.00	0.00	1100.00
		0.00	0.00	1900.00
		0.00	0.00	600.00
		0.00	0.00	2400.00
		0.00	0.00	350.00
		0.00	0.00	2780.00
		0.00	0.00	450.00
		0.00	0.00	1000.00
		0.00	0.00	600.00
		0.00	0.00	2000.00
		0.00	0.00	2500.00
		0.00	0.00	800.00
		0.00	0.00	400.00
		0.00	0.00	1980.00
		0.00	0.00	1500.00
		0.00	0.00	1085.00

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PAYMENTS - Main Report Separated by Payment/Adjustment Type (ATTORNEY'S CHECKS)

<u>Ins ID</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
<u>Acct</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
		0.00	0.00	350.00
		0.00	0.00	3450.00
		0.00	0.00	500.00
		0.00	0.00	700.00
		0.00	0.00	689.70
		0.00	0.00	1150.00
		0.00	0.00	1200.00
		0.00	0.00	500.00
		0.00	0.00	1200.00
		0.00	0.00	350.00
		0.00	0.00	1050.00
		0.00	0.00	2000.00
		0.00	0.00	1900.00
		0.00	0.00	800.00
		0.00	0.00	450.00
		0.00	0.00	400.00
		0.00	0.00	1000.00
		0.00	0.00	1000.00
		0.00	0.00	350.00
		0.00	0.00	1000.00
		0.00	0.00	1000.00
		0.00	0.00	500.00
		0.00	0.00	3500.00
		0.00	0.00	1000.00
		0.00	0.00	1000.00
		0.00	0.00	2000.00
		0.00	0.00	2000.00
		0.00	0.00	1210.00
		0.00	0.00	2000.00
		0.00	0.00	3000.00
		0.00	0.00	1000.00
		0.00	0.00	1600.00
		0.00	0.00	1000.00
		0.00	0.00	1500.00
		0.00	0.00	1800.00
		0.00	0.00	800.00
		0.00	0.00	175.00
		0.00	0.00	1500.00
		0.00	0.00	755.00
		0.00	0.00	1000.00
		0.00	0.00	1400.00
		0.00	0.00	1000.00
		0.00	0.00	400.00
		0.00	0.00	1000.00
		0.00	0.00	1500.00
		0.00	0.00	486.33
		0.00	0.00	600.00
		0.00	0.00	2000.00
		0.00	0.00	1000.00
		0.00	0.00	3680.00
		0.00	0.00	300.00
		0.00	0.00	1369.00
		0.00	0.00	2300.00

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PAYMENTS - Main Report Separated by Payment/Adjustment Type (ATTORNEY'S CHECKS)

<u>Ins ID</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
<u>Acct</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
		0.00	0.00	1400.00
		0.00	0.00	800.00
		0.00	0.00	1180.00
		0.00	0.00	400.00
		0.00	0.00	1500.00
		0.00	0.00	800.00
		0.00	0.00	1000.00
		0.00	0.00	1910.00
		0.00	0.00	976.80
		0.00	0.00	3050.00
		0.00	0.00	1353.16
		0.00	0.00	1500.00
		0.00	0.00	550.00
		0.00	0.00	500.00
		0.00	0.00	1100.00
		0.00	0.00	600.00
		0.00	0.00	850.00
		0.00	0.00	1615.00
		0.00	0.00	605.70
		0.00	0.00	750.00
		0.00	0.00	1000.00
		0.00	0.00	800.00
		0.00	0.00	1500.00
		0.00	0.00	1000.00
		0.00	0.00	800.00
		0.00	0.00	1500.00
		0.00	0.00	1900.00
		0.00	0.00	1200.00
		0.00	0.00	1500.00
		0.00	0.00	0.00
		0.00	0.00	1200.00
		0.00	0.00	2000.00
		0.00	0.00	2230.00
		0.00	0.00	750.00
		0.00	0.00	2310.00
		0.00	0.00	550.00
		0.00	0.00	550.00
		0.00	0.00	975.00
		0.00	0.00	1540.00
		0.00	0.00	500.00
		0.00	0.00	400.00
		0.00	0.00	2100.00
		0.00	0.00	2700.00
		0.00	0.00	1000.00
		0.00	0.00	925.00
		0.00	0.00	1000.00
		0.00	0.00	350.00
		0.00	0.00	0.00
		0.00	0.00	1099.50
		0.00	0.00	1800.00
		0.00	0.00	1500.00
		0.00	0.00	2000.00
		0.00	0.00	1300.00

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PAYMENTS - Main Report Separated by Payment/Adjustment Type (ATTORNEY'S CHECKS)

<u>Ins ID</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
<u>Acct</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
		0.00	0.00	1000.00
		0.00	0.00	3000.00
		0.00	0.00	2000.00
		0.00	0.00	1000.00
		0.00	0.00	2500.00
		0.00	0.00	500.00
		0.00	0.00	1000.00
		0.00	0.00	800.00
		0.00	0.00	1700.00
		0.00	0.00	400.00
		0.00	0.00	1480.00
		0.00	0.00	4050.00
		0.00	0.00	2100.00
		0.00	0.00	1000.00
		0.00	0.00	750.00
		0.00	0.00	500.00
		0.00	0.00	800.00
		0.00	0.00	1430.00
		0.00	0.00	300.00
		0.00	0.00	1000.00
		0.00	0.00	2000.00
		0.00	0.00	3000.00
		0.00	0.00	2300.00
		0.00	0.00	1300.00
		0.00	0.00	850.00
		0.00	0.00	500.00
		0.00	0.00	2500.00
		0.00	0.00	1000.00
		0.00	0.00	550.00
		0.00	0.00	850.00
		0.00	0.00	1800.00
		0.00	0.00	1500.00
		0.00	0.00	650.00
		0.00	0.00	650.00
		0.00	0.00	900.00
		0.00	0.00	1000.00
		0.00	0.00	600.00
		0.00	0.00	430.00
		0.00	0.00	1000.00
		0.00	0.00	2000.00
		0.00	0.00	250.00
		0.00	0.00	800.00
		0.00	0.00	300.00
		0.00	0.00	2850.00
		0.00	0.00	1000.00
		0.00	0.00	750.00
		0.00	0.00	870.00
		0.00	0.00	250.00
		0.00	0.00	4000.00
		0.00	0.00	3380.00
		0.00	0.00	2000.00
		0.00	0.00	1000.00
		0.00	0.00	900.00

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PAYMENTS - Main Report Separated by Payment/Adjustment Type (ATTORNEY'S CHECKS)

<u>Ins ID</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
<u>Acct</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
		0.00	0.00	950.00
		0.00	0.00	1850.00
		0.00	0.00	1000.00
		0.00	0.00	0.00
		0.00	0.00	1000.00
		0.00	0.00	1750.00
		0.00	0.00	500.00
		0.00	0.00	1350.00
		0.00	0.00	1000.00
		0.00	0.00	250.00
		0.00	0.00	1750.00
		0.00	0.00	1800.00
		0.00	0.00	700.00
		0.00	0.00	2100.00
		0.00	0.00	1700.00
		0.00	0.00	700.00
		0.00	0.00	1000.00
		0.00	0.00	2000.00
		0.00	0.00	1250.00
		0.00	0.00	1400.00
		0.00	0.00	500.00
		0.00	0.00	3000.00
		0.00	0.00	1750.00
		0.00	0.00	1200.00
		0.00	0.00	620.00
		0.00	0.00	1200.00
		0.00	0.00	300.00
		0.00	0.00	2000.00
		0.00	0.00	1000.00
		0.00	0.00	300.00
		0.00	0.00	1750.00
		0.00	0.00	350.00
		0.00	0.00	1500.00
		0.00	0.00	250.00
		0.00	0.00	700.00
		0.00	0.00	900.00
		0.00	0.00	800.00
		0.00	0.00	765.00
		0.00	0.00	2000.00
		0.00	0.00	800.00
		0.00	0.00	250.00
		0.00	0.00	1500.00
		0.00	0.00	1000.00
		0.00	0.00	350.00
		0.00	0.00	400.00
		0.00	0.00	750.00
		0.00	0.00	476.00
		0.00	0.00	2000.00
		0.00	0.00	1000.00
		0.00	0.00	1000.00
		0.00	0.00	450.00
		0.00	0.00	550.00
		0.00	0.00	1690.00

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PAYMENTS - Main Report Separated by Payment/Adjustment Type (ATTORNEY'S CHECKS)

Ins ID	Name	Adjusted	Deductible	Paid
Accl	Name	Adjusted	Deductible	Paid
		0.00	0.00	1000.00
		0.00	0.00	1500.00
		0.00	0.00	2450.00
		0.00	0.00	1025.00
		0.00	0.00	350.00
		0.00	0.00	750.00
		0.00	0.00	500.00
		0.00	0.00	600.00
		0.00	0.00	3500.00
		0.00	0.00	1000.00
		0.00	0.00	200.00
		0.00	0.00	900.00
		0.00	0.00	1800.00
		0.00	0.00	1248.00
		0.00	0.00	1500.00
		0.00	0.00	1900.00
		0.00	0.00	0.00
		0.00	0.00	300.00
		0.00	0.00	1000.00
		0.00	0.00	1300.00
		0.00	0.00	1500.00
		0.00	0.00	1450.00
		0.00	0.00	650.00
		0.00	0.00	800.00
		0.00	0.00	1500.00
		0.00	0.00	1500.00
		0.00	0.00	550.00
		0.00	0.00	3200.00
		0.00	0.00	2000.00
		0.00	0.00	750.00
		0.00	0.00	1300.00
		0.00	0.00	500.00
		0.00	0.00	500.00
		0.00	0.00	2000.00
		0.00	0.00	2000.00
		0.00	0.00	700.00
		0.00	0.00	2000.00
		0.00	0.00	740.00
		0.00	0.00	700.00
		0.00	0.00	2700.00
		0.00	0.00	1000.00
		0.00	0.00	350.00
		0.00	0.00	1000.00
		0.00	0.00	1500.00
		0.00	0.00	2000.00
		0.00	0.00	750.00
		0.00	0.00	1000.00
		0.00	0.00	1500.00
		0.00	0.00	1000.00
		0.00	0.00	1500.00
		0.00	0.00	950.00
		0.00	0.00	1200.00
		0.00	0.00	2000.00

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PAYMENTS - Main Report Separated by Payment/Adjustment Type (ATTORNEY'S CHECKS)

Ins ID	Name	Adjusted	Deductible	Paid
Acct	Name	Adjusted	Deductible	Paid
		0.00	0.00	800.00
		0.00	0.00	500.00
		0.00	0.00	2700.00
		0.00	0.00	1000.00
		0.00	0.00	1000.00
		0.00	0.00	500.00
		0.00	0.00	750.00
		0.00	0.00	3000.00
		0.00	0.00	600.00
		0.00	0.00	650.00
		0.00	0.00	1300.00
		0.00	0.00	1500.00
		0.00	0.00	961.00
		0.00	0.00	2410.00
		0.00	0.00	900.00
		0.00	0.00	1000.00
		0.00	0.00	500.00
		0.00	0.00	2000.00
		0.00	0.00	2500.00
		0.00	0.00	140.00
		0.00	0.00	800.00
		0.00	0.00	700.00
		0.00	0.00	670.00
		0.00	0.00	750.00
		0.00	0.00	1600.00
		0.00	0.00	1500.00
		0.00	0.00	1000.00
		0.00	0.00	400.00
		0.00	0.00	1800.00
		0.00	0.00	240.00
		0.00	0.00	900.00
		0.00	0.00	1000.00
		0.00	0.00	700.00
		0.00	0.00	1200.00
		0.00	0.00	2500.00
		0.00	0.00	900.00
		0.00	0.00	2600.00
		0.00	0.00	1500.00
		0.00	0.00	1200.00
		0.00	0.00	850.00
		0.00	0.00	2000.00
		0.00	0.00	800.00
		0.00	0.00	1000.00
		0.00	0.00	500.00
		0.00	0.00	1500.00
		0.00	0.00	2000.00
		0.00	0.00	500.00
		0.00	0.00	820.00
		0.00	0.00	1200.00
		0.00	0.00	400.00
		0.00	0.00	900.00
		0.00	0.00	500.00
		0.00	0.00	800.00

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PAYMENTS - Main Report Separated by Payment/Adjustment Type (ATTORNEY'S CHECKS)

Ins ID	Name	Adjusted	Deductible	Paid
Acct	Name	Adjusted	Deductible	Paid
		0.00	0.00	200.00
		0.00	0.00	1500.00
		0.00	0.00	2000.00
		0.00	0.00	750.00
		0.00	0.00	1550.00
		0.00	0.00	400.00
		0.00	0.00	1200.00
		0.00	0.00	1400.00
		0.00	0.00	500.00
		0.00	0.00	1000.00
		0.00	0.00	1000.00
		0.00	0.00	575.00
		0.00	0.00	2000.00
		0.00	0.00	400.00
		0.00	0.00	950.00
		0.00	0.00	1200.00
		0.00	0.00	2200.00
		0.00	0.00	1750.00
		0.00	0.00	800.00
		0.00	0.00	1500.00
		0.00	0.00	1800.00
		0.00	0.00	1000.00
		0.00	0.00	3500.00
		0.00	0.00	300.00
		0.00	0.00	460.00
		0.00	0.00	2000.00
		0.00	0.00	1100.00
		0.00	0.00	700.00
		0.00	0.00	600.00
		0.00	0.00	500.00
		0.00	0.00	500.00
		0.00	0.00	900.00
		0.00	0.00	400.00
		0.00	0.00	1000.00
		0.00	0.00	500.00
		0.00	0.00	1230.00
		0.00	0.00	400.00
		0.00	0.00	1000.00
		0.00	0.00	1500.00
		0.00	0.00	1000.00
		0.00	0.00	2000.00
		0.00	0.00	800.00
		0.00	0.00	2000.00
		0.00	0.00	1500.00
		0.00	0.00	1500.00
		0.00	0.00	1700.00
		0.00	0.00	1800.00
		0.00	0.00	250.00
		0.00	0.00	500.00
		0.00	0.00	2000.00
		0.00	0.00	350.00
		0.00	0.00	2060.00
		0.00	0.00	1500.00

FOR ATTORNEY EYES ONLY-CONFIDENTIAL SUBJECT TO PROTECTIVE ORDER

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PAYMENTS - Main Report Separated by Payment/Adjustment Type (ATTORNEY'S CHECKS)

<u>Ins ID</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
<u>Acct</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
		0.00	0.00	1500.00
		0.00	0.00	0.00
		0.00	0.00	500.00
		0.00	0.00	2050.00
		0.00	0.00	400.00
		0.00	0.00	250.00
		0.00	0.00	1000.00
		0.00	0.00	750.00
		0.00	0.00	1800.00
		0.00	0.00	1000.00
		0.00	0.00	1800.00
		0.00	0.00	1000.00
		0.00	0.00	2000.00
		0.00	0.00	820.00
		0.00	0.00	750.00
		0.00	0.00	1500.00
		0.00	0.00	1000.00
		0.00	0.00	750.00
		0.00	0.00	1000.00
		0.00	0.00	2480.00
		0.00	0.00	1500.00
		0.00	0.00	600.00
		0.00	0.00	1700.00
		0.00	0.00	750.00
		0.00	0.00	3000.00
		0.00	0.00	1100.00
		0.00	0.00	900.00
		0.00	0.00	3480.00
		0.00	0.00	1800.00
		0.00	0.00	570.00
		0.00	0.00	1000.00
		0.00	0.00	2000.00
		0.00	0.00	900.00
		0.00	0.00	1800.00
		0.00	0.00	700.00
		0.00	0.00	1300.00
		0.00	0.00	1000.00
		0.00	0.00	1300.00
		0.00	0.00	1100.00
		0.00	0.00	1750.00
		0.00	0.00	1500.00
		0.00	0.00	500.00
		0.00	0.00	1500.00
		0.00	0.00	1000.00
		0.00	0.00	1000.00
		0.00	0.00	250.00
		0.00	0.00	133.33
		0.00	0.00	500.00
		0.00	0.00	1300.00
		0.00	0.00	675.00
		0.00	0.00	2000.00
		0.00	0.00	350.00
		0.00	0.00	1500.00

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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PAYMENTS - Main Report Separated by Payment/Adjustment Type (ATTORNEY'S CHECKS)

Ins ID	Name	Adjusted	Deductible	Paid
Acct	Name	Adjusted	Deductible	Paid
		0.00	0.00	1400.00
		0.00	0.00	1000.00
		0.00	0.00	250.00
		0.00	0.00	350.00
		0.00	0.00	500.00
		0.00	0.00	800.00
		0.00	0.00	1000.00
		0.00	0.00	1035.00
		0.00	0.00	400.00
		0.00	0.00	1000.00
		0.00	0.00	2500.00
		0.00	0.00	1000.00
		0.00	0.00	1000.00
		0.00	0.00	600.00
		0.00	0.00	400.00
		0.00	0.00	500.00
		0.00	0.00	1000.00
		0.00	0.00	425.00
		0.00	0.00	1390.00
		0.00	0.00	300.00
		0.00	0.00	2500.00
		0.00	0.00	1280.00
		0.00	0.00	1500.00
		0.00	0.00	2300.00
		0.00	0.00	750.00
		0.00	0.00	700.00
		0.00	0.00	350.00
		0.00	0.00	1450.00
		0.00	0.00	1400.00
		0.00	0.00	300.00
		0.00	0.00	1100.00
		0.00	0.00	1000.00
		0.00	0.00	850.00
		0.00	0.00	350.00
		0.00	0.00	500.00
		0.00	0.00	500.00
		0.00	0.00	1000.00
		0.00	0.00	2000.00
		0.00	0.00	2500.00
		0.00	0.00	1900.00
		0.00	0.00	1500.00
		0.00	0.00	600.00
		0.00	0.00	3000.00
		0.00	0.00	500.00
		0.00	0.00	2500.00
		0.00	0.00	4000.00
		0.00	0.00	1700.00
		0.00	0.00	826.42
		0.00	0.00	200.00
		0.00	0.00	3165.00
		0.00	0.00	700.00
		0.00	0.00	600.00
		0.00	0.00	2000.00

FOR ATTORNEY EYES ONLY-CONFIDENTIAL SUBJECT TO PROTECTIVE ORDER

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PAYMENTS - Main Report Separated by Payment/Adjustment Type (ATTORNEY'S CHECKS)

<u>Ins ID</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
<u>Acct</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
[REDACTED]	[REDACTED]	0.00	0.00	1300.00
[REDACTED]	[REDACTED]	0.00	0.00	1000.00
[REDACTED]	[REDACTED]	0.00	0.00	880.00
[REDACTED]	[REDACTED]	0.00	0.00	600.00
[REDACTED]	[REDACTED]	0.00	0.00	1180.00
[REDACTED]	[REDACTED]	0.00	0.00	1000.00
[REDACTED]	[REDACTED]	0.00	0.00	1000.00
[REDACTED]	[REDACTED]	0.00	0.00	2400.00
[REDACTED]	[REDACTED]	0.00	0.00	1200.00
[REDACTED]	[REDACTED]	0.00	0.00	2500.00
[REDACTED]	[REDACTED]	0.00	0.00	800.00
[REDACTED]	[REDACTED]	0.00	0.00	1180.00
[REDACTED]	[REDACTED]	0.00	0.00	800.00
[REDACTED]	[REDACTED]	0.00	0.00	500.00
[REDACTED]	[REDACTED]	0.00	0.00	350.00
[REDACTED]	[REDACTED]	0.00	0.00	1000.00
[REDACTED]	[REDACTED]	0.00	0.00	1415.00
[REDACTED]	[REDACTED]	0.00	0.00	500.00
[REDACTED]	[REDACTED]	0.00	0.00	500.00
[REDACTED]	[REDACTED]	0.00	0.00	1000.00
[REDACTED]	[REDACTED]	0.00	0.00	4375.00
[REDACTED]	[REDACTED]	0.00	0.00	500.00
[REDACTED]	[REDACTED]	0.00	0.00	1000.00
[REDACTED]	[REDACTED]	0.00	0.00	1200.00
[REDACTED]	[REDACTED]	0.00	0.00	1200.00
[REDACTED]	[REDACTED]	0.00	0.00	600.00
[REDACTED]	[REDACTED]	0.00	0.00	2000.00
[REDACTED]	[REDACTED]	0.00	0.00	1000.00
[REDACTED]	[REDACTED]	0.00	0.00	500.00
[REDACTED]	[REDACTED]	0.00	0.00	1000.00
[REDACTED]	[REDACTED]	0.00	0.00	2234.00
[REDACTED]	[REDACTED]	0.00	0.00	3000.00
[REDACTED]	[REDACTED]	0.00	0.00	3500.00
[REDACTED]	[REDACTED]	0.00	0.00	500.00
[REDACTED]	[REDACTED]	0.00	0.00	2000.00
[REDACTED]	[REDACTED]	0.00	0.00	1400.00
[REDACTED]	[REDACTED]	0.00	0.00	200.00
[REDACTED]	[REDACTED]	0.00	0.00	1800.00
[REDACTED]	[REDACTED]	0.00	0.00	700.00
[REDACTED]	[REDACTED]	0.00	0.00	2000.00
[REDACTED]	[REDACTED]	0.00	0.00	1000.00
[REDACTED]	[REDACTED]	0.00	0.00	800.00
[REDACTED]	[REDACTED]	0.00	0.00	4000.00
[REDACTED]	[REDACTED]	0.00	0.00	1600.00
[REDACTED]	[REDACTED]	0.00	0.00	1000.00
[REDACTED]	[REDACTED]	0.00	0.00	300.00
[REDACTED]	[REDACTED]	0.00	0.00	1800.00
[REDACTED]	[REDACTED]	0.00	0.00	1000.00
[REDACTED]	[REDACTED]	0.00	0.00	250.00
[REDACTED]	[REDACTED]	0.00	0.00	750.00
[REDACTED]	[REDACTED]	0.00	0.00	300.00
[REDACTED]	[REDACTED]	0.00	0.00	500.00
[REDACTED]	[REDACTED]	0.00	0.00	740.00

FOR ATTORNEY EYES ONLY-CONFIDENTIAL SUBJECT TO PROTECTIVE ORDER

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PAYMENTS - Main Report Separated by Payment/Adjustment Type (ATTORNEY'S CHECKS)

Ins ID	Name	Adjusted	Deductible	Paid
Acct	Name	Adjusted	Deductible	Paid
		0.00	0.00	300.00
		0.00	0.00	1200.00
		0.00	0.00	1400.00
		0.00	0.00	1500.00
		0.00	0.00	500.00
		0.00	0.00	2000.00
		0.00	0.00	2000.00
		0.00	0.00	3000.00
		0.00	0.00	400.00
		0.00	0.00	350.00
		0.00	0.00	2500.00
		0.00	0.00	265.00
		0.00	0.00	300.00
		0.00	0.00	700.00
		0.00	0.00	650.00
		0.00	0.00	700.00
		0.00	0.00	1500.00
		0.00	0.00	1380.00
		0.00	0.00	800.00
		0.00	0.00	750.00
		0.00	0.00	1500.00
		0.00	0.00	850.00
		0.00	0.00	1000.00
		0.00	0.00	500.00
		0.00	0.00	2000.00
		0.00	0.00	1200.00
		0.00	0.00	200.00
		0.00	0.00	2000.00
		0.00	0.00	600.00
		0.00	0.00	1500.00
		0.00	0.00	350.00
		0.00	0.00	1000.00
		0.00	0.00	750.00
		0.00	0.00	1225.00
		0.00	0.00	1000.00
		0.00	0.00	1250.00
		0.00	0.00	2000.00
		0.00	0.00	1000.00
		0.00	0.00	900.00
		0.00	0.00	2800.00
		0.00	0.00	1000.00
		0.00	0.00	600.00
		0.00	0.00	1200.00
		0.00	0.00	2000.00
		0.00	0.00	1000.00
		0.00	0.00	200.00
		0.00	0.00	1500.00
		0.00	0.00	1000.00
		0.00	0.00	600.00
		0.00	0.00	2810.00
		0.00	0.00	1750.00
		0.00	0.00	2100.00
		0.00	0.00	1000.00

FOR ATTORNEY EYES ONLY-CONFIDENTIAL SUBJECT TO PROTECTIVE ORDER

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PAYMENTS - Main Report Separated by Payment/Adjustment Type (ATTORNEY'S CHECKS)

<u>Ins ID</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
<u>Acct</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
		0.00	0.00	2000.00
		0.00	0.00	2205.00
		0.00	0.00	1375.00
		0.00	0.00	650.00
		0.00	0.00	1000.00
		0.00	0.00	700.00
		0.00	0.00	500.00
		0.00	0.00	300.00
		0.00	0.00	1530.31
		0.00	0.00	650.00
		0.00	0.00	400.00
		0.00	0.00	350.00
		0.00	0.00	1000.00
		0.00	0.00	1200.00
		0.00	0.00	1000.00
		0.00	0.00	2000.00
		0.00	0.00	600.00
		0.00	0.00	700.00
		0.00	0.00	700.00
		0.00	0.00	1350.00
		0.00	0.00	1500.00
		0.00	0.00	1000.00
		0.00	0.00	3700.00
		0.00	0.00	900.00
		0.00	0.00	1405.46
		0.00	0.00	862.15
		0.00	0.00	200.00
		0.00	0.00	1500.00
		0.00	0.00	1280.00
		0.00	0.00	1700.00
		0.00	0.00	2000.00
		0.00	0.00	1200.00
		0.00	0.00	1800.00
		0.00	0.00	1700.00
		0.00	0.00	500.00
		0.00	0.00	400.00
		0.00	0.00	1500.00
		0.00	0.00	1000.00
		0.00	0.00	1200.00
		0.00	0.00	1000.00
		0.00	0.00	1000.00
		0.00	0.00	.800.00
		0.00	0.00	2000.00
		0.00	0.00	1500.00
		0.00	0.00	500.00
		0.00	0.00	1000.00
		0.00	0.00	700.00
		0.00	0.00	1500.00
		0.00	0.00	1500.00
		0.00	0.00	2300.00
		0.00	0.00	590.00
		0.00	0.00	1100.00
		0.00	0.00	2500.00

FOR ATTORNEY EYES ONLY-CONFIDENTIAL SUBJECT TO PROTECTIVE ORDER

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PAYMENTS - Main Report Separated by Payment/Adjustment Type (ATTORNEY'S CHECKS)

Ins ID	Name	Adjusted	Deductible	Paid
Acct	Name	Adjusted	Deductible	Paid
		0.00	0.00	1000.00
		0.00	0.00	1400.00
		0.00	0.00	603.98
		0.00	0.00	1000.00
		0.00	0.00	500.00
		0.00	0.00	1000.00
		0.00	0.00	3000.00
		0.00	0.00	1000.00
		0.00	0.00	2000.00
		0.00	0.00	2500.00
		0.00	0.00	600.00
		0.00	0.00	350.00
		0.00	0.00	620.00
		0.00	0.00	1400.00
		0.00	0.00	800.00
		0.00	0.00	1400.00
		0.00	0.00	623.00
		0.00	0.00	2000.00
		0.00	0.00	1500.00
		0.00	0.00	1200.00
		0.00	0.00	500.00
		0.00	0.00	1000.00
		0.00	0.00	1000.00
		0.00	0.00	800.00
		0.00	0.00	3500.00
		0.00	0.00	1000.00
		0.00	0.00	1100.00
		0.00	0.00	600.00
		0.00	0.00	800.00
		0.00	0.00	3000.00
		0.00	0.00	2000.00
		0.00	0.00	1000.00
		0.00	0.00	1500.00
		0.00	0.00	2200.00
		0.00	0.00	1100.00
		0.00	0.00	1200.00
		0.00	0.00	2120.00
		0.00	0.00	1200.00
		0.00	0.00	1900.00
		0.00	0.00	800.00
		0.00	0.00	700.00
		0.00	0.00	800.00
		0.00	0.00	425.00
		0.00	0.00	500.00
		0.00	0.00	2000.00
		0.00	0.00	1500.00
		0.00	0.00	1800.00
		0.00	0.00	750.00
		0.00	0.00	500.00
		0.00	0.00	3400.00
		0.00	0.00	1000.00
		0.00	0.00	1500.00
		0.00	0.00	1150.00

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PAYMENTS - Main Report Separated by Payment/Adjustment Type (ATTORNEY'S CHECKS)

Ins ID	Name	Adjusted	Deductible	Paid
Acct	Name	Adjusted	Deductible	Paid
		0.00	0.00	2330.00
		0.00	0.00	1800.00
		0.00	0.00	2500.00
		0.00	0.00	2000.00
		0.00	0.00	1750.00
		0.00	0.00	3500.00
		0.00	0.00	1400.00
		0.00	0.00	1700.00
		0.00	0.00	1000.00
		0.00	0.00	1100.00
		0.00	0.00	600.00
		0.00	0.00	1500.00
		0.00	0.00	1000.00
		0.00	0.00	1000.00
		0.00	0.00	1546.40
		0.00	0.00	1100.00
		0.00	0.00	1230.00
		0.00	0.00	1500.00
		0.00	0.00	800.00
		0.00	0.00	2000.00
		0.00	0.00	350.00
		0.00	0.00	500.00
		0.00	0.00	1000.00
		0.00	0.00	1000.00
		0.00	0.00	1000.00
		0.00	0.00	450.00
		0.00	0.00	1000.00
		0.00	0.00	1980.00
		0.00	0.00	800.00
		0.00	0.00	1500.00
		0.00	0.00	1000.00
		0.00	0.00	700.00
		0.00	0.00	1500.00
		0.00	0.00	1400.00
		0.00	0.00	1180.00
		0.00	0.00	2000.00
		0.00	0.00	1500.00
		0.00	0.00	0.00
		0.00	0.00	1500.00
		0.00	0.00	1000.00
		0.00	0.00	1800.00
		0.00	0.00	800.00
		0.00	0.00	900.00
		0.00	0.00	1000.00
		0.00	0.00	900.00
		0.00	0.00	2000.00
		0.00	0.00	1000.00
		0.00	0.00	1000.00
		0.00	0.00	300.00
		0.00	0.00	1500.00
		0.00	0.00	1500.00
		0.00	0.00	2000.00
		0.00	0.00	500.00

FOR ATTORNEY EYES ONLY-CONFIDENTIAL SUBJECT TO PROTECTIVE ORDER

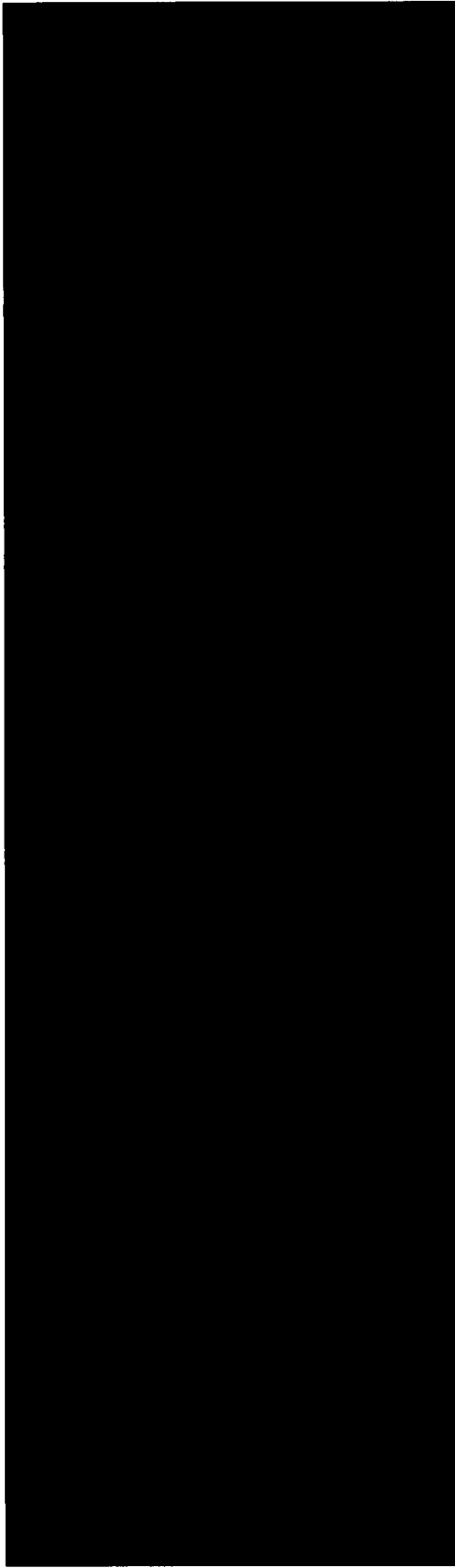
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PAYMENTS - Main Report Separated by Payment/Adjustment Type (ATTORNEY'S CHECKS)

<u>Ins ID</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
<u>Acct</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
		0.00	0.00	1500.00
		0.00	0.00	500.00
		0.00	0.00	2000.00
		0.00	0.00	2000.00
		0.00	0.00	1000.00
		0.00	0.00	300.00
		0.00	0.00	1000.00
		0.00	0.00	420.00
		0.00	0.00	2050.00
		0.00	0.00	500.00
		0.00	0.00	900.00
		0.00	0.00	1200.00
		0.00	0.00	500.00
		0.00	0.00	500.00
		0.00	0.00	1030.00
		0.00	0.00	2400.00
		0.00	0.00	350.00
		0.00	0.00	1300.00
		0.00	0.00	1000.00
		0.00	0.00	800.00
		0.00	0.00	1412.69
		0.00	0.00	1000.00
		0.00	0.00	1750.00
		0.00	0.00	1000.00
		0.00	0.00	1000.00
		0.00	0.00	1800.00
		0.00	0.00	2060.00
		0.00	0.00	1200.00
		0.00	0.00	2050.00
		0.00	0.00	1000.00
		0.00	0.00	1000.00
		0.00	0.00	600.00
		0.00	0.00	1700.00
		0.00	0.00	650.00
		0.00	0.00	1000.00
		0.00	0.00	800.00
		0.00	0.00	800.00
		0.00	0.00	1000.00
		0.00	0.00	400.00
		0.00	0.00	1200.00
		0.00	0.00	2000.00
		0.00	0.00	830.00
		0.00	0.00	1200.00
		0.00	0.00	200.00
		0.00	0.00	500.00
		0.00	0.00	300.00
		0.00	0.00	735.00
		0.00	0.00	300.00
		0.00	0.00	1000.00
		0.00	0.00	1230.00
		0.00	0.00	1450.00
		0.00	0.00	1200.00
		0.00	0.00	1500.00



FOR ATTORNEY EYES ONLY-CONFIDENTIAL SUBJECT TO PROTECTIVE ORDER

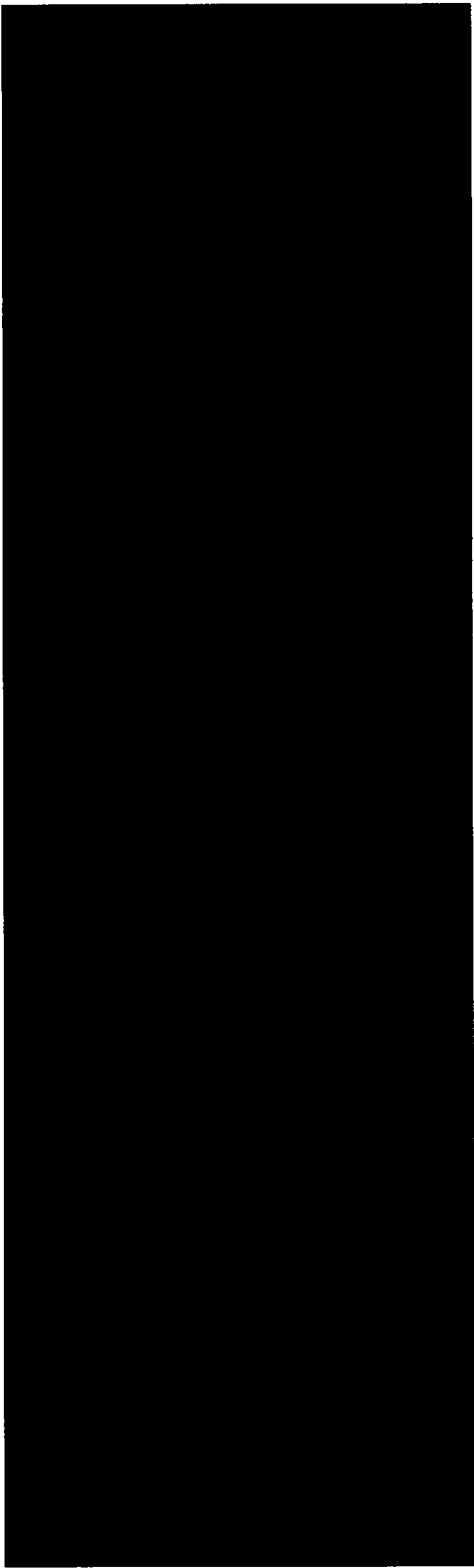
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PAYMENTS - Main Report Separated by Payment/Adjustment Type (ATTORNEY'S CHECKS)

Ins ID	Name	Adjusted	Deductible	Paid
Acct	Name	Adjusted	Deductible	Paid
		0.00	0.00	1599.15
		0.00	0.00	1230.00
		0.00	0.00	1600.00
		0.00	0.00	2000.00
		0.00	0.00	1500.00
		0.00	0.00	580.00
		0.00	0.00	2200.00
		0.00	0.00	2900.00
		0.00	0.00	700.00
		0.00	0.00	3000.00
		0.00	0.00	2410.00
		0.00	0.00	3000.00
		0.00	0.00	1100.00
		0.00	0.00	2000.00
		0.00	0.00	1750.00
		0.00	0.00	2000.00
		0.00	0.00	500.00
		0.00	0.00	1100.00
		0.00	0.00	1500.00
		0.00	0.00	400.00
		0.00	0.00	800.00
		0.00	0.00	1000.00
		0.00	0.00	1000.00
		0.00	0.00	800.00
		0.00	0.00	2000.00
		0.00	0.00	2250.00
		0.00	0.00	1460.00
		0.00	0.00	400.00
		0.00	0.00	1500.00
		0.00	0.00	200.00
		0.00	0.00	2500.00
		0.00	0.00	2000.00
		0.00	0.00	1600.00
		0.00	0.00	2200.00
		0.00	0.00	150.00
		0.00	0.00	2000.00
		0.00	0.00	600.00
		0.00	0.00	2500.00
		0.00	0.00	1000.00
		0.00	0.00	350.00
		0.00	0.00	1000.00
		0.00	0.00	2000.00
		0.00	0.00	1000.00
		0.00	0.00	500.00
		0.00	0.00	1000.00
		0.00	0.00	2100.00
		0.00	0.00	1500.00
		0.00	0.00	900.00
		0.00	0.00	1500.00
		0.00	0.00	1200.00
		0.00	0.00	500.00
		0.00	0.00	1650.00
		0.00	0.00	450.00



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PAYMENTS - Main Report Separated by Payment/Adjustment Type (ATTORNEY'S CHECKS)

<u>Ins ID</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
<u>Acct</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
		0.00	0.00	1000.00
		0.00	0.00	900.00
		0.00	0.00	500.00
		0.00	0.00	2000.00
		0.00	0.00	1200.00
		0.00	0.00	550.00
		0.00	0.00	850.00
		0.00	0.00	645.00
		0.00	0.00	1200.00
		0.00	0.00	1600.00
		0.00	0.00	1400.00
		0.00	0.00	2000.00
		0.00	0.00	1250.00
		0.00	0.00	1250.00
		0.00	0.00	700.00
		0.00	0.00	1200.00
		0.00	0.00	700.00
		0.00	0.00	150.00
		0.00	0.00	1000.00
		0.00	0.00	2000.00
		0.00	0.00	350.00
		0.00	0.00	600.00
		0.00	0.00	225.00
		0.00	0.00	1000.00
		0.00	0.00	1500.00
		0.00	0.00	350.00
		0.00	0.00	2000.00
		0.00	0.00	1000.00
		0.00	0.00	2000.00
		0.00	0.00	2200.00
		0.00	0.00	500.00
		0.00	0.00	1000.00
		0.00	0.00	750.00
		0.00	0.00	1000.00
		0.00	0.00	1140.00
		0.00	0.00	2000.00
		0.00	0.00	2000.00
		0.00	0.00	1000.00
		0.00	0.00	1000.00
		0.00	0.00	400.00
		0.00	0.00	900.00
		0.00	0.00	1349.75
		0.00	0.00	1040.00
		0.00	0.00	1000.00
		0.00	0.00	200.00
		0.00	0.00	700.00
		0.00	0.00	1000.00
		0.00	0.00	350.00
		0.00	0.00	300.00
		0.00	0.00	300.00
		0.00	0.00	800.00
		0.00	0.00	500.00
		0.00	0.00	900.00

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PAYMENTS - Main Report Separated by Payment/Adjustment Type (ATTORNEY'S CHECKS)

Ins ID	Name	Adjusted	Deductible	Paid
Accl	Name	Adjusted	Deductible	Paid
		0.00	0.00	3500.00
		0.00	0.00	1600.00
		0.00	0.00	750.00
		0.00	0.00	500.00
		0.00	0.00	350.00
		0.00	0.00	1000.00
		0.00	0.00	650.00
		0.00	0.00	1200.00
		0.00	0.00	1200.00
		0.00	0.00	700.00
		0.00	0.00	1500.00
		0.00	0.00	850.00
		0.00	0.00	600.00
		0.00	0.00	300.00
		0.00	0.00	1300.00
		0.00	0.00	1000.00
		0.00	0.00	600.00
		0.00	0.00	1500.00
		0.00	0.00	1000.00
		0.00	0.00	400.00
		0.00	0.00	800.00
		0.00	0.00	9550.00
		0.00	0.00	830.00
		0.00	0.00	1000.00
		0.00	0.00	1880.00
		0.00	0.00	1500.00
		0.00	0.00	800.00
		0.00	0.00	1400.00
		0.00	0.00	1530.00
		0.00	0.00	1000.00
		0.00	0.00	1500.00
		0.00	0.00	2500.00
		0.00	0.00	1300.00
		0.00	0.00	800.00
		0.00	0.00	1500.00
		0.00	0.00	700.00
		0.00	0.00	1300.00
		0.00	0.00	500.00
		0.00	0.00	1100.00
		0.00	0.00	700.00
		0.00	0.00	900.00
		0.00	0.00	750.00
		0.00	0.00	1670.00
		0.00	0.00	400.00
		0.00	0.00	500.00
		0.00	0.00	800.00
		0.00	0.00	1100.00
		0.00	0.00	0.00
		0.00	0.00	300.00
		0.00	0.00	1000.00
		0.00	0.00	1500.00
		0.00	0.00	2000.00
		0.00	0.00	1500.00

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PAYMENTS - Main Report Separated by Payment/Adjustment Type (ATTORNEY'S CHECKS)

<u>Ins ID</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
<u>Acct</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
		0.00	0.00	1650.00
		0.00	0.00	650.00
		0.00	0.00	4000.00
		0.00	0.00	600.00
		0.00	0.00	1000.00
		0.00	0.00	1800.00
		0.00	0.00	350.00
		0.00	0.00	1318.25
		0.00	0.00	1000.00
		0.00	0.00	350.00
		0.00	0.00	1510.00
		0.00	0.00	500.00
		0.00	0.00	750.00
		0.00	0.00	2000.00
		0.00	0.00	1600.00
		0.00	0.00	1500.00
		0.00	0.00	200.00
		0.00	0.00	800.00
		0.00	0.00	1000.00
		0.00	0.00	1800.00
		0.00	0.00	2000.00
		0.00	0.00	800.00
		0.00	0.00	500.00
		0.00	0.00	0.00
		0.00	0.00	1000.00
		0.00	0.00	2300.00
		0.00	0.00	1000.00
		0.00	0.00	400.00
		0.00	0.00	800.00
		0.00	0.00	900.00
		0.00	0.00	1500.00
		0.00	0.00	1000.00
		0.00	0.00	1300.00
		0.00	0.00	350.00
		0.00	0.00	1180.00
		0.00	0.00	500.00
		0.00	0.00	700.00
		0.00	0.00	3000.00
		0.00	0.00	1250.00
		0.00	0.00	300.00
		0.00	0.00	800.00
		0.00	0.00	450.00
		0.00	0.00	1150.00
		0.00	0.00	600.00
		0.00	0.00	2000.00
		0.00	0.00	800.00
		0.00	0.00	830.00
		0.00	0.00	1000.00
		0.00	0.00	1500.00
		0.00	0.00	500.00
		0.00	0.00	400.00
		0.00	0.00	1500.00
		0.00	0.00	1570.00

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PAYMENTS - Main Report Separated by Payment/Adjustment Type (ATTORNEY'S CHECKS)

Ins ID	Name	Adjusted	Deductible	Paid
Acct	Name	Adjusted	Deductible	Paid
		0.00	0.00	1000.00
		0.00	0.00	1000.00
		0.00	0.00	300.00
		0.00	0.00	800.00
		0.00	0.00	1000.00
		0.00	0.00	620.00
		0.00	0.00	2146.25
		0.00	0.00	650.00
		0.00	0.00	1500.00
		0.00	0.00	1000.00
		0.00	0.00	1000.00
		0.00	0.00	1200.00
		0.00	0.00	1700.00
		0.00	0.00	1300.00
		0.00	0.00	350.00
		0.00	0.00	450.00
		0.00	0.00	500.00
		0.00	0.00	550.00
		0.00	0.00	600.00
		0.00	0.00	1480.00
		0.00	0.00	1500.00
		0.00	0.00	2500.00
		0.00	0.00	550.00
		0.00	0.00	800.00
		0.00	0.00	1500.00
		0.00	0.00	1050.00
		0.00	0.00	650.00
		0.00	0.00	1200.00
		0.00	0.00	900.00
		0.00	0.00	750.00
		0.00	0.00	700.00
		0.00	0.00	2740.00
		0.00	0.00	2010.00
		0.00	0.00	1000.00
		0.00	0.00	1000.00
		0.00	0.00	1200.00
		0.00	0.00	2000.00
		0.00	0.00	1000.00
		0.00	0.00	800.00
		0.00	0.00	1400.00
		0.00	0.00	1250.00
		0.00	0.00	1500.00
		0.00	0.00	1200.00
		0.00	0.00	450.00
		0.00	0.00	500.00
		0.00	0.00	2000.00
		0.00	0.00	1100.00
		0.00	0.00	500.00
		0.00	0.00	300.00
		0.00	0.00	250.00
		0.00	0.00	4000.00
		0.00	0.00	990.00

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PAYMENTS - Main Report Separated by Payment/Adjustment Type (ATTORNEY'S CHECKS)

<u>Ins ID</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
<u>Acct</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
		0.00	0.00	250.00
		0.00	0.00	1500.00
		0.00	0.00	1400.00
		0.00	0.00	1000.00
		0.00	0.00	600.00
		0.00	0.00	1000.00
		0.00	0.00	600.00
		0.00	0.00	2055.36
		0.00	0.00	500.00
		0.00	0.00	1000.00
		0.00	0.00	1140.00
		0.00	0.00	2000.00
		0.00	0.00	600.00
		0.00	0.00	800.00
		0.00	0.00	1700.00
		0.00	0.00	550.00
		0.00	0.00	2500.00
		0.00	0.00	1000.00
		0.00	0.00	1630.00
		0.00	0.00	2200.00
		0.00	0.00	800.00
		0.00	0.00	3000.00
		0.00	0.00	1850.00
		0.00	0.00	940.00
		0.00	0.00	900.00
		0.00	0.00	1100.00
		0.00	0.00	500.00
		0.00	0.00	1400.00
		0.00	0.00	1118.17
		0.00	0.00	3000.00
		0.00	0.00	420.00
		0.00	0.00	1200.00
		0.00	0.00	2000.00
		0.00	0.00	800.00
		0.00	0.00	700.00
		0.00	0.00	1000.00
		0.00	0.00	1200.00
		0.00	0.00	2200.00
		0.00	0.00	750.00
		0.00	0.00	500.00
		0.00	0.00	2000.00
		0.00	0.00	350.00
		0.00	0.00	1500.00
		0.00	0.00	1400.00
		0.00	0.00	1300.00
		0.00	0.00	2000.00
		0.00	0.00	800.00
		0.00	0.00	1500.00
		0.00	0.00	1000.00
		0.00	0.00	1500.00
		0.00	0.00	350.00
		0.00	0.00	800.00
		0.00	0.00	350.00

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PAYMENTS - Main Report Separated by Payment/Adjustment Type (ATTORNEY'S CHECKS)

<u>Ins ID</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
<u>Acct</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
		0.00	0.00	200.00
		0.00	0.00	1000.00
		0.00	0.00	2000.00
		0.00	0.00	750.00
		0.00	0.00	1099.44
		0.00	0.00	4000.00
		0.00	0.00	750.00
		0.00	0.00	700.00
		0.00	0.00	714.25
		0.00	0.00	1800.00
		0.00	0.00	1000.00
		0.00	0.00	800.00
		0.00	0.00	200.00
		0.00	0.00	1000.00
		0.00	0.00	750.00
		0.00	0.00	880.00
		0.00	0.00	1500.00
		0.00	0.00	1400.00
		0.00	0.00	1700.00
		0.00	0.00	1500.00
		0.00	0.00	771.01
		0.00	0.00	2500.00
		0.00	0.00	1000.00
		0.00	0.00	1900.00
		0.00	0.00	750.00
		0.00	0.00	1000.00
		0.00	0.00	800.00
		0.00	0.00	700.00
		0.00	0.00	300.00
		0.00	0.00	1000.00
		0.00	0.00	1530.00
		0.00	0.00	650.00
		0.00	0.00	1000.00
		0.00	0.00	1500.00
		0.00	0.00	725.00
		0.00	0.00	1000.00
		0.00	0.00	2500.00
		0.00	0.00	500.00
		0.00	0.00	250.00
		0.00	0.00	750.00
		0.00	0.00	500.00
		0.00	0.00	900.00
		0.00	0.00	2080.00
		0.00	0.00	500.00
		0.00	0.00	400.00
		0.00	0.00	500.00
		0.00	0.00	1000.00
		0.00	0.00	1100.00
		0.00	0.00	1161.97
		0.00	0.00	750.00
		0.00	0.00	850.00
		0.00	0.00	350.00
		0.00	0.00	1000.00

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PAYMENTS - Main Report Separated by Payment/Adjustment Type (ATTORNEY'S CHECKS)

Ins ID	Name	Adjusted	Deductible	Paid
Acct	Name	Adjusted	Deductible	Paid
		0.00	0.00	750.00
		0.00	0.00	500.00
		0.00	0.00	750.00
		0.00	0.00	1200.00
		0.00	0.00	700.00
		0.00	0.00	1850.00
		0.00	0.00	790.00
		0.00	0.00	1750.00
		0.00	0.00	400.00
		0.00	0.00	353.50
		0.00	0.00	1000.00
		0.00	0.00	1000.00
		0.00	0.00	1500.00
		0.00	0.00	0.00
		0.00	0.00	1250.00
		0.00	0.00	1200.00
		0.00	0.00	1700.00
		0.00	0.00	0.00
		0.00	0.00	1500.00
		0.00	0.00	1300.00
		0.00	0.00	1000.00
		0.00	0.00	2260.00
		0.00	0.00	400.00
		0.00	0.00	1880.00
		0.00	0.00	0.00
		0.00	0.00	1500.00
		0.00	0.00	1000.00
		0.00	0.00	2800.00
		0.00	0.00	2500.00
		0.00	0.00	2000.00
		0.00	0.00	700.00
		0.00	0.00	550.00
		0.00	0.00	350.00
		0.00	0.00	200.00
		0.00	0.00	550.00
		0.00	0.00	1000.00
		0.00	0.00	900.00
		0.00	0.00	300.00
		0.00	0.00	1100.00
		0.00	0.00	500.00
		0.00	0.00	1000.00
		0.00	0.00	1100.00
		0.00	0.00	500.00
		0.00	0.00	800.00
		0.00	0.00	3000.00
		0.00	0.00	3000.00
		0.00	0.00	1000.00
		0.00	0.00	1100.00
		0.00	0.00	800.00
		0.00	0.00	1625.00
		0.00	0.00	400.00
		0.00	0.00	1000.00
		0.00	0.00	1000.00

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PAYMENTS - Main Report Separated by Payment/Adjustment Type (ATTORNEY'S CHECKS)

Ins ID	Name	Adjusted	Deductible	Paid
Acct	Name	Adjusted	Deductible	Paid
		0.00	0.00	1500.00
		0.00	0.00	3000.00
		0.00	0.00	400.00
		0.00	0.00	800.00
		0.00	0.00	350.00
		0.00	0.00	1300.00
		0.00	0.00	1500.00
		0.00	0.00	1200.00
		0.00	0.00	750.00
		0.00	0.00	980.00
		0.00	0.00	700.00
		0.00	0.00	1500.00
		0.00	0.00	850.00
		0.00	0.00	300.00
		0.00	0.00	350.00
		0.00	0.00	2000.00
		0.00	0.00	500.00
		0.00	0.00	550.00
		0.00	0.00	350.00
		0.00	0.00	1000.00
		0.00	0.00	550.00
		0.00	0.00	1000.00
		0.00	0.00	1000.00
		0.00	0.00	1200.00
		0.00	0.00	730.00
		0.00	0.00	1000.00
		0.00	0.00	1000.00
		0.00	0.00	1000.00
		0.00	0.00	300.00
		0.00	0.00	388.18
		0.00	0.00	700.00
		0.00	0.00	650.00
		0.00	0.00	500.00
		0.00	0.00	1200.00
		0.00	0.00	500.00
		0.00	0.00	1200.00
		0.00	0.00	1600.00
		0.00	0.00	0.00
		0.00	0.00	2400.00
		0.00	0.00	600.00
		0.00	0.00	750.00
		0.00	0.00	1080.00
		0.00	0.00	500.00
		0.00	0.00	800.00
		0.00	0.00	1800.00
		0.00	0.00	1380.00
		0.00	0.00	700.00
		0.00	0.00	1800.00
		0.00	0.00	2160.00
		0.00	0.00	700.00
		0.00	0.00	350.00
		0.00	0.00	750.00
		0.00	0.00	1200.00

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PAYMENTS - Main Report Separated by Payment/Adjustment Type (ATTORNEY'S CHECKS)

Ins ID	Name	Adjusted	Deductible	Paid
Acct	Name	Adjusted	Deductible	Paid
		0.00	0.00	800.00
		0.00	0.00	344.54
		0.00	0.00	1250.00
		0.00	0.00	400.00
		0.00	0.00	450.00
		0.00	0.00	1000.00
		0.00	0.00	1100.00
		0.00	0.00	500.00
		0.00	0.00	350.00
		0.00	0.00	2000.00
		0.00	0.00	850.00
		0.00	0.00	1000.00
		0.00	0.00	400.00
		0.00	0.00	350.00
		0.00	0.00	300.00
		0.00	0.00	1000.00
		0.00	0.00	1500.00
		0.00	0.00	600.00
		0.00	0.00	750.00
		0.00	0.00	1000.00
		0.00	0.00	1000.00
		0.00	0.00	1000.00
		0.00	0.00	1500.00
		0.00	0.00	1050.00
		0.00	0.00	2000.00
		0.00	0.00	850.00
		0.00	0.00	1500.00
		0.00	0.00	1000.00
		0.00	0.00	0.00
		0.00	0.00	1000.00
		0.00	0.00	2500.00
		0.00	0.00	1000.00
		0.00	0.00	1500.00
		0.00	0.00	2000.00
		0.00	0.00	2050.00
		0.00	0.00	350.00
		0.00	0.00	1200.00
		0.00	0.00	500.00
		0.00	0.00	700.00
		0.00	0.00	350.00
		0.00	0.00	1500.00
		0.00	0.00	1000.00
		0.00	0.00	800.00
		0.00	0.00	2000.00
		0.00	0.00	0.00
		0.00	0.00	350.00
		0.00	0.00	1699.00
		0.00	0.00	1000.00
		0.00	0.00	800.00
		0.00	0.00	1000.00
		0.00	0.00	4000.00
		0.00	0.00	1000.00
		0.00	0.00	1300.00

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PAYMENTS - Main Report Separated by Payment/Adjustment Type (ATTORNEY'S CHECKS)

<u>Ins ID</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
<u>Acct</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
		0.00	0.00	1000.00
		0.00	0.00	1000.00
		0.00	0.00	340.00
		0.00	0.00	2205.00
		0.00	0.00	1200.00
		0.00	0.00	700.00
		0.00	0.00	1131.50
		0.00	0.00	3000.00
		0.00	0.00	400.00
		0.00	0.00	978.00
		0.00	0.00	1500.00
		0.00	0.00	800.00
		0.00	0.00	50.00
		0.00	0.00	600.00
		0.00	0.00	2100.00
		0.00	0.00	1200.00
		0.00	0.00	400.00
		0.00	0.00	2000.00
		0.00	0.00	2080.00
		0.00	0.00	1500.00
		0.00	0.00	3500.00
		0.00	0.00	1500.00
		0.00	0.00	1000.00
		0.00	0.00	2400.00
		0.00	0.00	3000.00
		0.00	0.00	800.00
		0.00	0.00	1000.00
		0.00	0.00	1500.00
		0.00	0.00	1200.00
		0.00	0.00	500.00
		0.00	0.00	3700.00
		0.00	0.00	600.00
		0.00	0.00	2000.00
		0.00	0.00	650.00
		0.00	0.00	1500.00
		0.00	0.00	1100.00
		0.00	0.00	750.00
		0.00	0.00	1660.00
		0.00	0.00	1250.00
		0.00	0.00	880.00
		0.00	0.00	1500.00
		0.00	0.00	500.00
		0.00	0.00	1600.00
		0.00	0.00	1000.00
		0.00	0.00	2000.00
		0.00	0.00	1500.00
		0.00	0.00	700.00
		0.00	0.00	3050.00
		0.00	0.00	1000.00
		0.00	0.00	300.00
		0.00	0.00	300.00
		0.00	0.00	500.00
		0.00	0.00	2600.00

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PAYMENTS - Main Report Separated by Payment/Adjustment Type (ATTORNEY'S CHECKS)

Ins ID	Name	Adjusted	Deductible	Paid
Acct	Name	Adjusted	Deductible	Paid
		0.00	0.00	1300.00
		0.00	0.00	2000.00
		0.00	0.00	1500.00
		0.00	0.00	1000.00
		0.00	0.00	1250.00
		0.00	0.00	2000.00
		0.00	0.00	1500.00
		0.00	0.00	700.00
		0.00	0.00	1167.96
		0.00	0.00	1200.00
		0.00	0.00	1000.00
		0.00	0.00	0.00
		0.00	0.00	1000.00
		0.00	0.00	600.00
		0.00	0.00	450.00
		0.00	0.00	500.00
		0.00	0.00	1000.00
		0.00	0.00	1000.00
		0.00	0.00	2000.00
		0.00	0.00	250.00
		0.00	0.00	980.00
		0.00	0.00	1000.00
		0.00	0.00	1450.00
		0.00	0.00	1554.00
		0.00	0.00	1900.00
		0.00	0.00	1300.00
		0.00	0.00	1000.00
		0.00	0.00	661.00
		0.00	0.00	583.00
		0.00	0.00	1650.00
		0.00	0.00	1000.00
		0.00	0.00	1000.00
		0.00	0.00	1200.00
		0.00	0.00	1200.00
		0.00	0.00	1500.00
		0.00	0.00	1400.00
		0.00	0.00	1800.00
		0.00	0.00	0.00
		0.00	0.00	2500.00
		0.00	0.00	1120.00
		0.00	0.00	1160.00
		0.00	0.00	1000.00
		0.00	0.00	800.00
		0.00	0.00	2200.00
		0.00	0.00	1615.40
		0.00	0.00	1600.00
		0.00	0.00	600.00
		0.00	0.00	700.00
		0.00	0.00	500.00
		0.00	0.00	2000.00
		0.00	0.00	800.00
		0.00	0.00	1650.00
		0.00	0.00	1500.00

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PAYMENTS - Main Report Separated by Payment/Adjustment Type (ATTORNEY'S CHECKS)

<u>Ins ID</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
<u>Acct</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
[REDACTED]	[REDACTED]	0.00	0.00	600.00
[REDACTED]	[REDACTED]	0.00	0.00	1180.00
[REDACTED]	[REDACTED]	0.00	0.00	2000.00
[REDACTED]	[REDACTED]	0.00	0.00	2000.00
[REDACTED]	[REDACTED]	0.00	0.00	1000.00
[REDACTED]	[REDACTED]	0.00	0.00	715.00
[REDACTED]	[REDACTED]	0.00	0.00	780.00
[REDACTED]	[REDACTED]	0.00	0.00	700.00
[REDACTED]	[REDACTED]	0.00	0.00	2000.00
[REDACTED]	[REDACTED]	0.00	0.00	500.00
[REDACTED]	[REDACTED]	0.00	0.00	1000.00
[REDACTED]	[REDACTED]	0.00	0.00	2900.00
[REDACTED]	[REDACTED]	0.00	0.00	800.00
[REDACTED]	[REDACTED]	0.00	0.00	350.00
[REDACTED]	[REDACTED]	0.00	0.00	1500.00
[REDACTED]	[REDACTED]	0.00	0.00	1500.00
[REDACTED]	[REDACTED]	0.00	0.00	300.00
[REDACTED]	[REDACTED]	0.00	0.00	1600.00
[REDACTED]	[REDACTED]	0.00	0.00	1500.00
[REDACTED]	[REDACTED]	0.00	0.00	1000.00
[REDACTED]	[REDACTED]	0.00	0.00	1800.00
[REDACTED]	[REDACTED]	0.00	0.00	750.00
[REDACTED]	[REDACTED]	0.00	0.00	600.00
[REDACTED]	[REDACTED]	0.00	0.00	1280.00
[REDACTED]	[REDACTED]	0.00	0.00	1000.00
[REDACTED]	[REDACTED]	0.00	0.00	1200.00
[REDACTED]	[REDACTED]	0.00	0.00	1000.00
[REDACTED]	[REDACTED]	0.00	0.00	611.91
[REDACTED]	[REDACTED]	0.00	0.00	1600.00
[REDACTED]	[REDACTED]	0.00	0.00	450.00
[REDACTED]	[REDACTED]	0.00	0.00	1000.00
[REDACTED]	[REDACTED]	0.00	0.00	1700.00
[REDACTED]	[REDACTED]	0.00	0.00	700.00
[REDACTED]	[REDACTED]	0.00	0.00	2500.00
[REDACTED]	[REDACTED]	0.00	0.00	2500.00
[REDACTED]	[REDACTED]	0.00	0.00	1905.00
[REDACTED]	[REDACTED]	0.00	0.00	1500.00
[REDACTED]	[REDACTED]	0.00	0.00	1800.00
[REDACTED]	[REDACTED]	0.00	0.00	1000.00
[REDACTED]	[REDACTED]	0.00	0.00	1550.00
[REDACTED]	[REDACTED]	0.00	0.00	750.00
[REDACTED]	[REDACTED]	0.00	0.00	900.00
[REDACTED]	[REDACTED]	0.00	0.00	1000.00
[REDACTED]	[REDACTED]	0.00	0.00	850.00
[REDACTED]	[REDACTED]	0.00	0.00	1000.00
[REDACTED]	[REDACTED]	0.00	0.00	1600.00
[REDACTED]	[REDACTED]	0.00	0.00	350.00
[REDACTED]	[REDACTED]	0.00	0.00	300.00
[REDACTED]	[REDACTED]	0.00	0.00	1610.00
[REDACTED]	[REDACTED]	0.00	0.00	650.00
[REDACTED]	[REDACTED]	0.00	0.00	1500.00
[REDACTED]	[REDACTED]	0.00	0.00	800.00
[REDACTED]	[REDACTED]	0.00	0.00	250.00

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PAYMENTS - Main Report Separated by Payment/Adjustment Type (ATTORNEY'S CHECKS)

Ins ID	Name	Adjusted	Deductible	Paid
Acct	Name	Adjusted	Deductible	Paid
[REDACTED]	[REDACTED]	0.00	0.00	830.00
[REDACTED]	[REDACTED]	0.00	0.00	4000.00
[REDACTED]	[REDACTED]	0.00	0.00	2750.00
[REDACTED]	[REDACTED]	0.00	0.00	1000.00
[REDACTED]	[REDACTED]	0.00	0.00	2550.00
[REDACTED]	[REDACTED]	0.00	0.00	1000.00
[REDACTED]	[REDACTED]	0.00	0.00	300.00
[REDACTED]	[REDACTED]	0.00	0.00	350.00
[REDACTED]	[REDACTED]	0.00	0.00	175.00
[REDACTED]	[REDACTED]	0.00	0.00	3500.00
[REDACTED]	[REDACTED]	0.00	0.00	750.00
[REDACTED]	[REDACTED]	0.00	0.00	1500.00
[REDACTED]	[REDACTED]	0.00	0.00	929.96
[REDACTED]	[REDACTED]	0.00	0.00	1500.00
[REDACTED]	[REDACTED]	0.00	0.00	600.00
[REDACTED]	[REDACTED]	0.00	0.00	850.00
[REDACTED]	[REDACTED]	0.00	0.00	250.00
[REDACTED]	[REDACTED]	0.00	0.00	1500.00
[REDACTED]	[REDACTED]	0.00	0.00	850.00
[REDACTED]	[REDACTED]	0.00	0.00	1450.00
[REDACTED]	[REDACTED]	0.00	0.00	500.00
[REDACTED]	[REDACTED]	0.00	0.00	300.00
[REDACTED]	[REDACTED]	0.00	0.00	2000.00
[REDACTED]	[REDACTED]	0.00	0.00	350.00
[REDACTED]	[REDACTED]	0.00	0.00	1000.00
[REDACTED]	[REDACTED]	0.00	0.00	700.00
[REDACTED]	[REDACTED]	0.00	0.00	700.00
[REDACTED]	[REDACTED]	0.00	0.00	500.00
[REDACTED]	[REDACTED]	0.00	0.00	308.09
[REDACTED]	[REDACTED]	0.00	0.00	878.25
[REDACTED]	[REDACTED]	0.00	0.00	2000.00
[REDACTED]	[REDACTED]	0.00	0.00	2800.00
[REDACTED]	[REDACTED]	0.00	0.00	800.00
[REDACTED]	[REDACTED]	0.00	0.00	475.00
[REDACTED]	[REDACTED]	0.00	0.00	1500.00
[REDACTED]	[REDACTED]	0.00	0.00	1400.00
[REDACTED]	[REDACTED]	0.00	0.00	700.00
[REDACTED]	[REDACTED]	0.00	0.00	1180.00
[REDACTED]	[REDACTED]	0.00	0.00	1200.00
[REDACTED]	[REDACTED]	0.00	0.00	800.00
[REDACTED]	[REDACTED]	0.00	0.00	2500.00
[REDACTED]	[REDACTED]	0.00	0.00	1000.00
[REDACTED]	[REDACTED]	0.00	0.00	500.00
[REDACTED]	[REDACTED]	0.00	0.00	800.00
[REDACTED]	[REDACTED]	0.00	0.00	1000.00
[REDACTED]	[REDACTED]	0.00	0.00	2020.00
[REDACTED]	[REDACTED]	0.00	0.00	500.00
[REDACTED]	[REDACTED]	0.00	0.00	750.00
[REDACTED]	[REDACTED]	0.00	0.00	2800.00
[REDACTED]	[REDACTED]	0.00	0.00	1250.00
[REDACTED]	[REDACTED]	0.00	0.00	2000.00
[REDACTED]	[REDACTED]	0.00	0.00	1400.00
[REDACTED]	[REDACTED]	0.00	0.00	400.00

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PAYMENTS - Main Report Separated by Payment/Adjustment Type (ATTORNEY'S CHECKS)

Ins ID	Name	Adjusted	Deductible	Paid
Acct	Name	Adjusted	Deductible	Paid
		0.00	0.00	350.00
		0.00	0.00	1800.00
		0.00	0.00	200.00
		0.00	0.00	1000.00
		0.00	0.00	1100.00
		0.00	0.00	1300.00
		0.00	0.00	1580.00
		0.00	0.00	2000.00
		0.00	0.00	1400.00
		0.00	0.00	0.00
		0.00	0.00	1000.00
		0.00	0.00	350.00
		0.00	0.00	950.00
		0.00	0.00	500.00
		0.00	0.00	1000.00
		0.00	0.00	8115.00
		0.00	0.00	1500.00
		0.00	0.00	800.00
		0.00	0.00	1000.00
		0.00	0.00	800.00
		0.00	0.00	1500.00
		0.00	0.00	500.00
		0.00	0.00	350.00
		0.00	0.00	0.00
		0.00	0.00	1000.00
		0.00	0.00	2500.00
		0.00	0.00	1500.00
		0.00	0.00	350.00
		0.00	0.00	1500.00
		0.00	0.00	830.00
		0.00	0.00	600.00
		0.00	0.00	750.00
		0.00	0.00	1500.00
		0.00	0.00	300.00
		0.00	0.00	1300.00
		0.00	0.00	900.00
		0.00	0.00	1000.00
		0.00	0.00	500.00
		0.00	0.00	600.00
		0.00	0.00	2500.00
		0.00	0.00	1500.00
		0.00	0.00	700.00
		0.00	0.00	700.00
		0.00	0.00	1000.00
		0.00	0.00	900.00
		0.00	0.00	300.00
		0.00	0.00	1130.00
		0.00	0.00	3200.00
		0.00	0.00	1200.00
		0.00	0.00	1500.00
		0.00	0.00	700.00
		0.00	0.00	916.00
		0.00	0.00	2000.00

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PAYMENTS - Main Report Separated by Payment/Adjustment Type (ATTORNEY'S CHECKS)

<u>Ins ID</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
<u>Acct</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
		0.00	0.00	950.00
		0.00	0.00	1500.00
		0.00	0.00	2200.00
		0.00	0.00	500.00
		0.00	0.00	1400.00
		0.00	0.00	500.00
		0.00	0.00	2050.00
		0.00	0.00	550.00
		0.00	0.00	350.00
		0.00	0.00	1500.00
		0.00	0.00	1600.00
		0.00	0.00	3500.00
		0.00	0.00	1150.00
		0.00	0.00	2000.00
		0.00	0.00	1000.00
		0.00	0.00	500.00
		0.00	0.00	744.24
		0.00	0.00	908.19
		0.00	0.00	163.75
		0.00	0.00	200.00
		0.00	0.00	400.00
		0.00	0.00	800.00
		0.00	0.00	1950.00
		0.00	0.00	2000.00
		0.00	0.00	2000.00
		0.00	0.00	1100.00
		0.00	0.00	800.00
		0.00	0.00	500.00
		0.00	0.00	1300.00
		0.00	0.00	1000.00
		0.00	0.00	1400.00
		0.00	0.00	1300.00
		0.00	0.00	1000.00
		0.00	0.00	600.00
		0.00	0.00	600.00
		0.00	0.00	3500.00
		0.00	0.00	2500.00
		0.00	0.00	2000.00
		0.00	0.00	1000.00
		0.00	0.00	1500.00
		0.00	0.00	2300.00
		0.00	0.00	1000.00
		0.00	0.00	2000.00
		0.00	0.00	1000.00
		0.00	0.00	1500.00
		0.00	0.00	800.00
		0.00	0.00	2500.00
		0.00	0.00	1400.00
		0.00	0.00	300.00
		0.00	0.00	1000.00
		0.00	0.00	1000.00
		0.00	0.00	600.00
		0.00	0.00	1600.00

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PAYMENTS - Main Report Separated by Payment/Adjustment Type (ATTORNEY'S CHECKS)

<u>Ins ID</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
<u>Acct</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
[REDACTED]	[REDACTED]	0.00	0.00	700.00
[REDACTED]	[REDACTED]	0.00	0.00	500.00
[REDACTED]	[REDACTED]	0.00	0.00	1000.00
[REDACTED]	[REDACTED]	0.00	0.00	1350.00
[REDACTED]	[REDACTED]	0.00	0.00	2700.00
[REDACTED]	[REDACTED]	0.00	0.00	200.00
[REDACTED]	[REDACTED]	0.00	0.00	800.00
[REDACTED]	[REDACTED]	0.00	0.00	1000.00
[REDACTED]	[REDACTED]	0.00	0.00	1300.00
[REDACTED]	[REDACTED]	0.00	0.00	1240.00
[REDACTED]	[REDACTED]	0.00	0.00	350.00
[REDACTED]	[REDACTED]	0.00	0.00	2300.00
[REDACTED]	[REDACTED]	0.00	0.00	1000.00
[REDACTED]	[REDACTED]	0.00	0.00	550.00
[REDACTED]	[REDACTED]	0.00	0.00	1800.00
[REDACTED]	[REDACTED]	0.00	0.00	2000.00
[REDACTED]	[REDACTED]	0.00	0.00	2100.00
[REDACTED]	[REDACTED]	0.00	0.00	1280.00
[REDACTED]	[REDACTED]	0.00	0.00	1500.00
[REDACTED]	[REDACTED]	0.00	0.00	350.00
[REDACTED]	[REDACTED]	0.00	0.00	400.00
[REDACTED]	[REDACTED]	0.00	0.00	1000.00
[REDACTED]	[REDACTED]	0.00	0.00	500.00
[REDACTED]	[REDACTED]	0.00	0.00	1500.00
[REDACTED]	[REDACTED]	0.00	0.00	1035.00
[REDACTED]	[REDACTED]	0.00	0.00	400.00
[REDACTED]	[REDACTED]	0.00	0.00	1500.00
[REDACTED]	[REDACTED]	0.00	0.00	1000.00
[REDACTED]	[REDACTED]	0.00	0.00	1430.00
[REDACTED]	[REDACTED]	0.00	0.00	700.00
[REDACTED]	[REDACTED]	0.00	0.00	2000.00
[REDACTED]	[REDACTED]	0.00	0.00	1500.00
[REDACTED]	[REDACTED]	0.00	0.00	1200.00
[REDACTED]	[REDACTED]	0.00	0.00	1800.00
[REDACTED]	[REDACTED]	0.00	0.00	250.00
[REDACTED]	[REDACTED]	0.00	0.00	800.00
[REDACTED]	[REDACTED]	0.00	0.00	1072.00
[REDACTED]	[REDACTED]	0.00	0.00	2000.00
[REDACTED]	[REDACTED]	0.00	0.00	1800.00
[REDACTED]	[REDACTED]	0.00	0.00	500.00
[REDACTED]	[REDACTED]	0.00	0.00	400.00
[REDACTED]	[REDACTED]	0.00	0.00	1150.00
[REDACTED]	[REDACTED]	0.00	0.00	2000.00
[REDACTED]	[REDACTED]	0.00	0.00	2050.00
[REDACTED]	[REDACTED]	0.00	0.00	1200.00
[REDACTED]	[REDACTED]	0.00	0.00	300.00
[REDACTED]	[REDACTED]	0.00	0.00	500.00
[REDACTED]	[REDACTED]	0.00	0.00	1400.00
[REDACTED]	[REDACTED]	0.00	0.00	0.00
[REDACTED]	[REDACTED]	0.00	0.00	975.00
[REDACTED]	[REDACTED]	0.00	0.00	750.00
[REDACTED]	[REDACTED]	0.00	0.00	1200.00
[REDACTED]	[REDACTED]	0.00	0.00	600.00

FOR ATTORNEY EYES ONLY-CONFIDENTIAL SUBJECT TO PROTECTIVE ORDER

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PAYMENTS - Main Report Separated by Payment/Adjustment Type (ATTORNEY'S CHECKS)

Ins ID	Name	Adjusted	Deductible	Paid
Acct	Name	Adjusted	Deductible	Paid
		0.00	0.00	2000.00
		0.00	0.00	1300.00
		0.00	0.00	2000.00
		0.00	0.00	1180.00
		0.00	0.00	2050.00
		0.00	0.00	1000.00
		0.00	0.00	1500.00
		0.00	0.00	1550.00
		0.00	0.00	2500.00
		0.00	0.00	1750.00
		0.00	0.00	350.00
		0.00	0.00	2000.00
		0.00	0.00	800.00
		0.00	0.00	1090.00
		0.00	0.00	800.00
		0.00	0.00	1500.00
		0.00	0.00	643.80
		0.00	0.00	575.00
		0.00	0.00	1200.00
		0.00	0.00	800.00
		0.00	0.00	1700.00
		0.00	0.00	2000.00
		0.00	0.00	1800.00
		0.00	0.00	1000.00
		0.00	0.00	800.00
		0.00	0.00	830.00
		0.00	0.00	600.00
		0.00	0.00	1500.00
		0.00	0.00	1000.00
		0.00	0.00	900.00
		0.00	0.00	1280.00
		0.00	0.00	2874.25
		0.00	0.00	1000.00
		0.00	0.00	1180.00
		0.00	0.00	1560.00
		0.00	0.00	700.00
		0.00	0.00	3000.00
		0.00	0.00	500.00
		0.00	0.00	1000.00
		0.00	0.00	1500.00
		0.00	0.00	2550.00
		0.00	0.00	1500.00
		0.00	0.00	1850.00
		0.00	0.00	1750.00
		0.00	0.00	3800.00
		0.00	0.00	800.00
		0.00	0.00	2000.00
		0.00	0.00	1250.00
		0.00	0.00	700.00
		0.00	0.00	1100.00
		0.00	0.00	1230.00
		0.00	0.00	700.00
		0.00	0.00	2550.00

FOR ATTORNEY EYES ONLY-CONFIDENTIAL SUBJECT TO PROTECTIVE ORDER

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PAYMENTS - Main Report Separated by Payment/Adjustment Type (ATTORNEY'S CHECKS)

Ins ID	Name	Adjusted	Deductible	Paid
Acct	Name	Adjusted	Deductible	Paid
		0.00	0.00	350.00
		0.00	0.00	1100.00
		0.00	0.00	3061.68
		0.00	0.00	800.00
		0.00	0.00	2500.00
		0.00	0.00	800.00
		0.00	0.00	200.00
		0.00	0.00	1575.00
		0.00	0.00	2000.00
		0.00	0.00	500.00
		0.00	0.00	1500.00
		0.00	0.00	350.00
		0.00	0.00	400.00
		0.00	0.00	1500.00
		0.00	0.00	1200.00
		0.00	0.00	1100.00
		0.00	0.00	2000.00
		0.00	0.00	1000.00
		0.00	0.00	1200.00
		0.00	0.00	950.00
		0.00	0.00	450.00
		0.00	0.00	550.00
		0.00	0.00	680.00
		0.00	0.00	1100.00
		0.00	0.00	2000.00
		0.00	0.00	1200.00
		0.00	0.00	1000.00
		0.00	0.00	5000.00
		0.00	0.00	300.00
		0.00	0.00	500.00
		0.00	0.00	300.00
		0.00	0.00	1200.00
		0.00	0.00	1500.00
		0.00	0.00	800.00
		0.00	0.00	2000.00
		0.00	0.00	650.00
		0.00	0.00	1000.00
		0.00	0.00	500.00
		0.00	0.00	800.00
		0.00	0.00	1000.00
		0.00	0.00	2000.00
		0.00	0.00	800.00
		0.00	0.00	50.00
		0.00	0.00	1150.00
		0.00	0.00	1200.00
		0.00	0.00	700.00
		0.00	0.00	2000.00
		0.00	0.00	1500.00
		0.00	0.00	1500.00
		0.00	0.00	600.00
		0.00	0.00	1250.00
		0.00	0.00	2900.00
		0.00	0.00	50.00

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PAYMENTS - Main Report Separated by Payment/Adjustment Type (ATTORNEY'S CHECKS)

<u>Ins ID</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
<u>Acct</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
		0.00	0.00	750.00
		0.00	0.00	1500.00
		0.00	0.00	1600.00
		0.00	0.00	200.00
		0.00	0.00	950.00
		0.00	0.00	300.00
		0.00	0.00	1250.00
		0.00	0.00	2000.00
		0.00	0.00	1200.00
		0.00	0.00	426.66
		0.00	0.00	1208.38
		0.00	0.00	820.00
		0.00	0.00	2000.00
		0.00	0.00	2550.00
		0.00	0.00	1000.00
		0.00	0.00	1500.00
		0.00	0.00	600.00
		0.00	0.00	1000.00
		0.00	0.00	1400.00
		0.00	0.00	1000.00
		0.00	0.00	2250.00
		0.00	0.00	750.00
		0.00	0.00	1000.00
		0.00	0.00	1100.00
		0.00	0.00	1000.00
		0.00	0.00	150.00
		0.00	0.00	2000.00
		0.00	0.00	1500.00
		0.00	0.00	3050.00
		0.00	0.00	1500.00
		0.00	0.00	2000.00
		0.00	0.00	1000.00
		0.00	0.00	1200.00
		0.00	0.00	800.00
		0.00	0.00	1000.00
		0.00	0.00	1000.00
		0.00	0.00	400.00
		0.00	0.00	1200.00
		0.00	0.00	1000.00
		0.00	0.00	897.00
		0.00	0.00	600.00
		0.00	0.00	1000.00
		0.00	0.00	1500.00
		0.00	0.00	0.00
		0.00	0.00	2000.00
		0.00	0.00	1000.00
		0.00	0.00	500.00
		0.00	0.00	900.00
		0.00	0.00	3000.00
		0.00	0.00	1500.00
		0.00	0.00	700.00
		0.00	0.00	1000.00
		0.00	0.00	1200.00

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PAYMENTS - Main Report Separated by Payment/Adjustment Type (ATTORNEY'S CHECKS)

<u>Ins ID</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
<u>Acct</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
		0.00	0.00	1200.00
		0.00	0.00	325.00
		0.00	0.00	300.00
		0.00	0.00	3200.00
		0.00	0.00	150.00
		0.00	0.00	1000.00
		0.00	0.00	2000.00
		0.00	0.00	350.00
		0.00	0.00	1300.00
		0.00	0.00	500.00
		0.00	0.00	650.00
		0.00	0.00	500.00
		0.00	0.00	400.00
		0.00	0.00	1000.00
		0.00	0.00	1000.00
		0.00	0.00	2000.00
		0.00	0.00	800.00
		0.00	0.00	1700.00
		0.00	0.00	1000.00
		0.00	0.00	1300.00
		0.00	0.00	272.95
		0.00	0.00	1000.00
		0.00	0.00	1700.00
		0.00	0.00	1200.00
		0.00	0.00	1200.00
		0.00	0.00	350.00
		0.00	0.00	2354.12
		0.00	0.00	750.00
		0.00	0.00	900.00
		0.00	0.00	750.00
		0.00	0.00	1000.00
		0.00	0.00	800.00
		0.00	0.00	600.00
		0.00	0.00	1500.00
		0.00	0.00	447.00
		0.00	0.00	1700.00
		0.00	0.00	2000.00
		0.00	0.00	1000.00
		0.00	0.00	300.00
		0.00	0.00	1000.00
		0.00	0.00	1180.00
		0.00	0.00	1000.00
		0.00	0.00	2600.00
		0.00	0.00	450.00
		0.00	0.00	870.00
		0.00	0.00	1000.00
		0.00	0.00	1000.00
		0.00	0.00	1400.00
		0.00	0.00	500.00
		0.00	0.00	1000.00
		0.00	0.00	500.00
		0.00	0.00	600.00
		0.00	0.00	2920.00

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PAYMENTS - Main Report Separated by Payment/Adjustment Type (ATTORNEY'S CHECKS)

Ins ID	Name	Adjusted	Deductible	Paid
Acct	Name	Adjusted	Deductible	Paid
[REDACTED]	[REDACTED]	0.00	0.00	1110.00
[REDACTED]	[REDACTED]	0.00	0.00	600.00
[REDACTED]	[REDACTED]	0.00	0.00	800.00
[REDACTED]	[REDACTED]	0.00	0.00	850.00
[REDACTED]	[REDACTED]	0.00	0.00	1150.00
[REDACTED]	[REDACTED]	0.00	0.00	1500.00
[REDACTED]	[REDACTED]	0.00	0.00	1050.00
[REDACTED]	[REDACTED]	0.00	0.00	350.00
[REDACTED]	[REDACTED]	0.00	0.00	1038.34
[REDACTED]	[REDACTED]	0.00	0.00	450.00
[REDACTED]	[REDACTED]	0.00	0.00	1000.00
[REDACTED]	[REDACTED]	0.00	0.00	2000.00
[REDACTED]	[REDACTED]	0.00	0.00	1900.00
[REDACTED]	[REDACTED]	0.00	0.00	1900.00
[REDACTED]	[REDACTED]	0.00	0.00	1400.00
[REDACTED]	[REDACTED]	0.00	0.00	500.00
[REDACTED]	[REDACTED]	0.00	0.00	1000.00
[REDACTED]	[REDACTED]	0.00	0.00	500.00
[REDACTED]	[REDACTED]	0.00	0.00	1000.00
[REDACTED]	[REDACTED]	0.00	0.00	2000.00
[REDACTED]	[REDACTED]	0.00	0.00	2730.00
[REDACTED]	[REDACTED]	0.00	0.00	350.00
[REDACTED]	[REDACTED]	0.00	0.00	1100.00
[REDACTED]	[REDACTED]	0.00	0.00	1000.00
[REDACTED]	[REDACTED]	0.00	0.00	2490.00
[REDACTED]	[REDACTED]	0.00	0.00	366.30
[REDACTED]	[REDACTED]	0.00	0.00	1000.00
[REDACTED]	[REDACTED]	0.00	0.00	300.00
[REDACTED]	[REDACTED]	0.00	0.00	500.00
[REDACTED]	[REDACTED]	0.00	0.00	700.00
[REDACTED]	[REDACTED]	0.00	0.00	800.00
[REDACTED]	[REDACTED]	0.00	0.00	800.00
[REDACTED]	[REDACTED]	0.00	0.00	300.00
[REDACTED]	[REDACTED]	0.00	0.00	750.00
[REDACTED]	[REDACTED]	0.00	0.00	800.00
[REDACTED]	[REDACTED]	0.00	0.00	350.00
[REDACTED]	[REDACTED]	0.00	0.00	2000.00
[REDACTED]	[REDACTED]	0.00	0.00	1200.00
[REDACTED]	[REDACTED]	0.00	0.00	2500.00
[REDACTED]	[REDACTED]	0.00	0.00	1000.00
[REDACTED]	[REDACTED]	0.00	0.00	750.00
[REDACTED]	[REDACTED]	0.00	0.00	300.00
[REDACTED]	[REDACTED]	0.00	0.00	1000.00
[REDACTED]	[REDACTED]	0.00	0.00	1000.00
[REDACTED]	[REDACTED]	0.00	0.00	2000.00
[REDACTED]	[REDACTED]	0.00	0.00	700.00
[REDACTED]	[REDACTED]	0.00	0.00	1200.00
[REDACTED]	[REDACTED]	0.00	0.00	3000.00
[REDACTED]	[REDACTED]	0.00	0.00	2920.00
[REDACTED]	[REDACTED]	0.00	0.00	800.00
[REDACTED]	[REDACTED]	0.00	0.00	1000.00
[REDACTED]	[REDACTED]	0.00	0.00	3040.00
[REDACTED]	[REDACTED]	0.00	0.00	1000.00

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PAYMENTS - Main Report Separated by Payment/Adjustment Type (ATTORNEY'S CHECKS)

Ins ID	Name	Adjusted	Deductible	Paid
Accl	Name	Adjusted	Deductible	Paid
		0.00	0.00	650.00
		0.00	0.00	1000.00
		0.00	0.00	1000.00
		0.00	0.00	1450.00
		0.00	0.00	1000.00
		0.00	0.00	730.00
		0.00	0.00	1000.00
		0.00	0.00	1500.00
		0.00	0.00	600.00
		0.00	0.00	400.00
		0.00	0.00	1000.00
		0.00	0.00	1200.00
		0.00	0.00	2010.00
		0.00	0.00	1000.00
		0.00	0.00	500.00
		0.00	0.00	1000.00
		0.00	0.00	2000.00
		0.00	0.00	1500.00
		0.00	0.00	2500.00
		0.00	0.00	250.00
		0.00	0.00	1000.00
		0.00	0.00	500.00
		0.00	0.00	1550.00
		0.00	0.00	1000.00
		0.00	0.00	700.00
		0.00	0.00	1050.00
		0.00	0.00	300.00
		0.00	0.00	1000.00
		0.00	0.00	1360.00
		0.00	0.00	1600.00
		0.00	0.00	1500.00
		0.00	0.00	700.00
		0.00	0.00	600.00
		0.00	0.00	1000.00
		0.00	0.00	1600.00
		0.00	0.00	900.00
		0.00	0.00	350.00
		0.00	0.00	800.00
		0.00	0.00	600.00
		0.00	0.00	1200.00
		0.00	0.00	900.00
		0.00	0.00	1700.00
		0.00	0.00	800.00
		0.00	0.00	1380.00
		0.00	0.00	1480.00
		0.00	0.00	2500.00
		0.00	0.00	600.00
		0.00	0.00	300.00
		0.00	0.00	1500.00
		0.00	0.00	350.00
		0.00	0.00	400.00
		0.00	0.00	900.00
		0.00	0.00	1000.00

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PAYMENTS - Main Report Separated by Payment/Adjustment Type (ATTORNEY'S CHECKS)

<u>Ins ID</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
<u>Acct</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
		0.00	0.00	500.00
		0.00	0.00	500.00
		0.00	0.00	1750.00
		0.00	0.00	1000.00
		0.00	0.00	750.00
		0.00	0.00	2500.00
		0.00	0.00	1000.00
		0.00	0.00	1000.00
		0.00	0.00	1400.00
		0.00	0.00	1000.00
		0.00	0.00	1100.00
		0.00	0.00	2050.00
		0.00	0.00	3500.00
		0.00	0.00	800.00
		0.00	0.00	500.00
		0.00	0.00	0.00
		0.00	0.00	350.00
		0.00	0.00	2500.00
		0.00	0.00	900.00
		0.00	0.00	950.00
		0.00	0.00	1000.00
		0.00	0.00	450.00
		0.00	0.00	1000.00
		0.00	0.00	1200.00
		0.00	0.00	1144.75
		0.00	0.00	700.00
		0.00	0.00	800.00
		0.00	0.00	2500.00
		0.00	0.00	1450.00
		0.00	0.00	1108.00
		0.00	0.00	1400.00
		0.00	0.00	3000.00
		0.00	0.00	1500.00
		0.00	0.00	1500.00
		0.00	0.00	1000.00
		0.00	0.00	1500.00
		0.00	0.00	800.00
		0.00	0.00	1000.00
		0.00	0.00	1500.00
		0.00	0.00	1000.00
		0.00	0.00	665.00
		0.00	0.00	2700.00
		0.00	0.00	3290.00
		0.00	0.00	1325.78
		0.00	0.00	1500.00
		0.00	0.00	800.00
		0.00	0.00	2000.00
		0.00	0.00	900.00
		0.00	0.00	403.74
		0.00	0.00	1800.00
		0.00	0.00	2000.00
		0.00	0.00	600.00
		0.00	0.00	1800.00

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PAYMENTS - Main Report Separated by Payment/Adjustment Type (ATTORNEY'S CHECKS)

Ins ID	Name	Adjusted	Deductible	Paid
Acct	Name	Adjusted	Deductible	Paid
		0.00	0.00	500.00
		0.00	0.00	1500.00
		0.00	0.00	1000.00
		0.00	0.00	1280.00
		0.00	0.00	400.00
		0.00	0.00	273.10
		0.00	0.00	1140.00
		0.00	0.00	1500.00
		0.00	0.00	781.50
		0.00	0.00	1000.00
		0.00	0.00	275.00
		0.00	0.00	1000.00
		0.00	0.00	1000.00
		0.00	0.00	2550.00
		0.00	0.00	200.00
		0.00	0.00	500.00
		0.00	0.00	1150.00
		0.00	0.00	2500.00
		0.00	0.00	1700.00
		0.00	0.00	880.00
		0.00	0.00	800.00
		0.00	0.00	1475.00
		0.00	0.00	1500.00
		0.00	0.00	1000.00
		0.00	0.00	600.00
		0.00	0.00	2000.00
		0.00	0.00	1000.00
		0.00	0.00	800.00
		0.00	0.00	2500.00
		0.00	0.00	1000.00
		0.00	0.00	1375.00
		0.00	0.00	2000.00
		0.00	0.00	3500.00
		0.00	0.00	900.00
		0.00	0.00	400.00
		0.00	0.00	350.00
		0.00	0.00	700.00
		0.00	0.00	900.00
		0.00	0.00	1200.00
		0.00	0.00	940.00
		0.00	0.00	500.00
		0.00	0.00	950.00
		0.00	0.00	625.00
		0.00	0.00	1000.00
		0.00	0.00	800.00
		0.00	0.00	1000.00
		0.00	0.00	300.00
		0.00	0.00	500.00
		0.00	0.00	1600.00
		0.00	0.00	900.00
		0.00	0.00	1100.00
		0.00	0.00	700.00
		0.00	0.00	400.00

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PAYMENTS - Main Report Separated by Payment/Adjustment Type (ATTORNEY'S CHECKS)

<u>Ins ID</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
<u>Acct</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
		0.00	0.00	1500.00
		0.00	0.00	2000.00
		0.00	0.00	1126.11
		0.00	0.00	1700.00
		0.00	0.00	1080.00
		0.00	0.00	1700.00
		0.00	0.00	1000.00
		0.00	0.00	900.00
		0.00	0.00	2000.00
		0.00	0.00	600.00
		0.00	0.00	500.00
		0.00	0.00	1000.00
		0.00	0.00	1000.00
		0.00	0.00	3450.00
		0.00	0.00	400.00
		0.00	0.00	1465.76
		0.00	0.00	1500.00
		0.00	0.00	1100.00
		0.00	0.00	1305.31
		0.00	0.00	1500.00
		0.00	0.00	900.00
		0.00	0.00	1000.00
		0.00	0.00	500.00
		0.00	0.00	300.00
		0.00	0.00	1200.00
		0.00	0.00	300.00
		0.00	0.00	600.00
		0.00	0.00	1500.00
		0.00	0.00	1100.00
		0.00	0.00	1100.00
		0.00	0.00	590.00
		0.00	0.00	1000.00
		0.00	0.00	1380.00
		0.00	0.00	1000.00
		0.00	0.00	750.00
		0.00	0.00	1000.00
		0.00	0.00	500.00
		0.00	0.00	600.00
		0.00	0.00	1000.00
		0.00	0.00	200.00
		0.00	0.00	700.00
		0.00	0.00	2000.00
		0.00	0.00	1000.00
		0.00	0.00	1400.00
		0.00	0.00	950.00
		0.00	0.00	2000.00
		0.00	0.00	1700.00
		0.00	0.00	500.00
		0.00	0.00	3000.00
		0.00	0.00	1000.00
		0.00	0.00	800.00
		0.00	0.00	2000.00
		0.00	0.00	2000.00

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PAYMENTS - Main Report Separated by Payment/Adjustment Type (ATTORNEY'S CHECKS)

<u>Ins ID</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
<u>Acct</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
		0.00	0.00	2280.00
		0.00	0.00	800.00
		0.00	0.00	650.00
		0.00	0.00	600.00
		0.00	0.00	485.00
		0.00	0.00	200.00
		0.00	0.00	750.00
		0.00	0.00	1000.00
		0.00	0.00	1250.00
		0.00	0.00	1000.00
		0.00	0.00	400.00
		0.00	0.00	0.00
		0.00	0.00	1350.00
		0.00	0.00	1500.00
		0.00	0.00	1000.00
		0.00	0.00	1100.00
		0.00	0.00	350.00
		0.00	0.00	850.00
		0.00	0.00	1800.00
		0.00	0.00	1910.00
		0.00	0.00	1000.00
		0.00	0.00	1200.00
		0.00	0.00	1300.00
		0.00	0.00	1400.00
		0.00	0.00	1000.00
		0.00	0.00	1300.00
		0.00	0.00	1500.00
		0.00	0.00	1000.00
		0.00	0.00	3000.00
		0.00	0.00	300.00
		0.00	0.00	700.00
		0.00	0.00	400.00
		0.00	0.00	830.00
		0.00	0.00	1500.00
		0.00	0.00	350.00
		0.00	0.00	300.00
		0.00	0.00	1822.00
		0.00	0.00	1200.00
		0.00	0.00	2900.00
		0.00	0.00	1200.00
		0.00	0.00	1800.00
		0.00	0.00	2057.07
		0.00	0.00	1000.00
		0.00	0.00	800.00
		0.00	0.00	550.00
		0.00	0.00	350.00
		0.00	0.00	800.00
		0.00	0.00	1500.00
		0.00	0.00	2000.00
		0.00	0.00	600.00
		0.00	0.00	550.00
		0.00	0.00	2000.00
		0.00	0.00	880.00

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PAYMENTS - Main Report Separated by Payment/Adjustment Type (ATTORNEY'S CHECKS)

<u>Ins ID</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
<u>Acct</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
		0.00	0.00	800.00
		0.00	0.00	700.00
		0.00	0.00	750.00
		0.00	0.00	1500.00
		0.00	0.00	500.00
		0.00	0.00	500.00
		0.00	0.00	2000.00
		0.00	0.00	1400.00
		0.00	0.00	800.00
		0.00	0.00	2500.00
		0.00	0.00	900.00
		0.00	0.00	2200.00
		0.00	0.00	1300.00
		0.00	0.00	450.00
		0.00	0.00	500.00
		0.00	0.00	250.00
		0.00	0.00	1400.00
		0.00	0.00	1600.00
		0.00	0.00	2000.00
		0.00	0.00	2200.00
		0.00	0.00	1900.00
		0.00	0.00	2000.00
		0.00	0.00	2000.00
		0.00	0.00	1550.00
		0.00	0.00	1380.00
		0.00	0.00	700.00
		0.00	0.00	1500.00
		0.00	0.00	700.00
		0.00	0.00	750.00
		0.00	0.00	1096.84
		0.00	0.00	700.00
		0.00	0.00	200.00
		0.00	0.00	200.00
		0.00	0.00	600.00
		0.00	0.00	450.00
		0.00	0.00	400.00
		0.00	0.00	1300.00
		0.00	0.00	350.00
		0.00	0.00	1400.00
		0.00	0.00	850.00
		0.00	0.00	1376.83
		0.00	0.00	1400.00
		0.00	0.00	285.00
		0.00	0.00	1860.00
		0.00	0.00	2000.00
		0.00	0.00	1500.00
		0.00	0.00	2000.00
		0.00	0.00	900.00
		0.00	0.00	1500.00
		0.00	0.00	3060.00
		0.00	0.00	1500.00
		0.00	0.00	1300.00
		0.00	0.00	1500.00

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PAYMENTS - Main Report Separated by Payment/Adjustment Type (ATTORNEY'S CHECKS)

Ins ID	Name	Adjusted	Deductible	Paid
Acct	Name	Adjusted	Deductible	Paid
		0.00	0.00	1000.00
		0.00	0.00	800.00
		0.00	0.00	500.00
		0.00	0.00	1600.00
		0.00	0.00	1200.00
		0.00	0.00	350.00
		0.00	0.00	1000.00
		0.00	0.00	1746.51
		0.00	0.00	300.00
		0.00	0.00	550.00
		0.00	0.00	1550.00
		0.00	0.00	600.00
		0.00	0.00	1280.00
		0.00	0.00	200.00
		0.00	0.00	600.00
		0.00	0.00	500.00
		0.00	0.00	1800.00
		0.00	0.00	1000.00
		0.00	0.00	1500.00
		0.00	0.00	750.00
		0.00	0.00	2000.00
		0.00	0.00	1750.00
		0.00	0.00	1000.00
		0.00	0.00	700.00
		0.00	0.00	650.00
		0.00	0.00	698.26
		0.00	0.00	1250.00
		0.00	0.00	500.00
		0.00	0.00	450.00
		0.00	0.00	575.00
		0.00	0.00	1600.00
		0.00	0.00	1500.00
		0.00	0.00	1500.00
		0.00	0.00	1100.00
		0.00	0.00	2500.00
		0.00	0.00	1600.00
		0.00	0.00	500.00
		0.00	0.00	4000.00
		0.00	0.00	400.00
		0.00	0.00	0.00
		0.00	0.00	2500.00
		0.00	0.00	500.00
		0.00	0.00	950.00
		0.00	0.00	600.00
		0.00	0.00	1200.00
		0.00	0.00	1000.00
		0.00	0.00	1000.00
		0.00	0.00	1500.00
		0.00	0.00	1000.00
		0.00	0.00	650.00
		0.00	0.00	800.00
		0.00	0.00	500.00
		0.00	0.00	750.00

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PAYMENTS - Main Report Separated by Payment/Adjustment Type (ATTORNEY'S CHECKS)

<u>Ins ID</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
<u>Acct</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
		0.00	0.00	2750.00
		0.00	0.00	1000.00
		0.00	0.00	850.00
		0.00	0.00	1000.00
		0.00	0.00	1200.00
		0.00	0.00	1200.00
		0.00	0.00	400.00
		0.00	0.00	650.00
		0.00	0.00	2000.00
		0.00	0.00	1300.00
		0.00	0.00	1100.00
		0.00	0.00	740.00
		0.00	0.00	1100.00
		0.00	0.00	900.00
		0.00	0.00	1000.00
		0.00	0.00	1000.00
		0.00	0.00	1000.00
		0.00	0.00	2410.00
		0.00	0.00	1300.00
		0.00	0.00	2000.00
		0.00	0.00	2600.00
		0.00	0.00	500.00
		0.00	0.00	1820.00
		0.00	0.00	1500.00
		0.00	0.00	1000.00
		0.00	0.00	700.00
		0.00	0.00	1800.00
		0.00	0.00	350.00
		0.00	0.00	1750.00
		0.00	0.00	930.00
		0.00	0.00	500.00
		0.00	0.00	700.00
		0.00	0.00	1000.00
		0.00	0.00	750.00
		0.00	0.00	2500.00
		0.00	0.00	1300.00
		0.00	0.00	1980.00
		0.00	0.00	1400.00
		0.00	0.00	350.00
		0.00	0.00	850.00
		0.00	0.00	1000.00
		0.00	0.00	1500.00
		0.00	0.00	750.00
		0.00	0.00	2500.00
		0.00	0.00	1140.00
		0.00	0.00	2550.00
		0.00	0.00	1000.00
		0.00	0.00	500.00
		0.00	0.00	1050.00
		0.00	0.00	3000.00
		0.00	0.00	1000.00
		0.00	0.00	1100.00
		0.00	0.00	1200.00

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PAYMENTS - Main Report Separated by Payment/Adjustment Type (ATTORNEY'S CHECKS)

Ins ID	Name	Adjusted	Deductible	Paid
Acct	Name	Adjusted	Deductible	Paid
[REDACTED]	[REDACTED]	0.00	0.00	1000.00
[REDACTED]	[REDACTED]	0.00	0.00	200.00
[REDACTED]	[REDACTED]	0.00	0.00	1000.00
[REDACTED]	[REDACTED]	0.00	0.00	1600.00
[REDACTED]	[REDACTED]	0.00	0.00	900.00
[REDACTED]	[REDACTED]	0.00	0.00	1000.00
[REDACTED]	[REDACTED]	0.00	0.00	550.00
[REDACTED]	[REDACTED]	0.00	0.00	2500.00
[REDACTED]	[REDACTED]	0.00	0.00	2500.00
[REDACTED]	[REDACTED]	0.00	0.00	850.00
[REDACTED]	[REDACTED]	0.00	0.00	1400.00
[REDACTED]	[REDACTED]	0.00	0.00	2600.00
[REDACTED]	[REDACTED]	0.00	0.00	1023.75
[REDACTED]	[REDACTED]	0.00	0.00	1300.00
[REDACTED]	[REDACTED]	0.00	0.00	800.00
[REDACTED]	[REDACTED]	0.00	0.00	500.00
[REDACTED]	[REDACTED]	0.00	0.00	600.00
[REDACTED]	[REDACTED]	0.00	0.00	1076.30
[REDACTED]	[REDACTED]	0.00	0.00	1800.00
[REDACTED]	[REDACTED]	0.00	0.00	800.00
[REDACTED]	[REDACTED]	0.00	0.00	500.00
[REDACTED]	[REDACTED]	0.00	0.00	705.00
[REDACTED]	[REDACTED]	0.00	0.00	400.00
[REDACTED]	[REDACTED]	0.00	0.00	700.00
[REDACTED]	[REDACTED]	0.00	0.00	1300.00
[REDACTED]	[REDACTED]	0.00	0.00	1000.00
[REDACTED]	[REDACTED]	0.00	0.00	500.00
[REDACTED]	[REDACTED]	0.00	0.00	1500.00
[REDACTED]	[REDACTED]	0.00	0.00	1000.00
[REDACTED]	[REDACTED]	0.00	0.00	1500.00
[REDACTED]	[REDACTED]	0.00	0.00	1500.00
[REDACTED]	[REDACTED]	0.00	0.00	1300.00
[REDACTED]	[REDACTED]	0.00	0.00	1100.00
[REDACTED]	[REDACTED]	0.00	0.00	815.00
[REDACTED]	[REDACTED]	0.00	0.00	1000.00
[REDACTED]	[REDACTED]	0.00	0.00	1200.00
[REDACTED]	[REDACTED]	0.00	0.00	605.93
[REDACTED]	[REDACTED]	0.00	0.00	700.00
[REDACTED]	[REDACTED]	0.00	0.00	500.00
[REDACTED]	[REDACTED]	0.00	0.00	2300.00
[REDACTED]	[REDACTED]	0.00	0.00	750.00
[REDACTED]	[REDACTED]	0.00	0.00	1000.00
[REDACTED]	[REDACTED]	0.00	0.00	162.87
[REDACTED]	[REDACTED]	0.00	0.00	300.00
[REDACTED]	[REDACTED]	0.00	0.00	200.00
[REDACTED]	[REDACTED]	0.00	0.00	750.00
[REDACTED]	[REDACTED]	0.00	0.00	1000.00
[REDACTED]	[REDACTED]	0.00	0.00	1800.00
[REDACTED]	[REDACTED]	0.00	0.00	1900.00
[REDACTED]	[REDACTED]	0.00	0.00	3600.00
[REDACTED]	[REDACTED]	0.00	0.00	300.00
[REDACTED]	[REDACTED]	0.00	0.00	300.00
[REDACTED]	[REDACTED]	0.00	0.00	1100.00

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PAYMENTS - Main Report Separated by Payment/Adjustment Type (ATTORNEY'S CHECKS)

<u>Ins ID</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
<u>Acct</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
		0.00	0.00	3000.00
		0.00	0.00	2300.00
		0.00	0.00	500.00
		0.00	0.00	1800.00
		0.00	0.00	2100.00
		0.00	0.00	1200.00
		0.00	0.00	1500.00
		0.00	0.00	1100.00
		0.00	0.00	360.00
		0.00	0.00	1500.00
		0.00	0.00	1800.00
		0.00	0.00	3000.00
		0.00	0.00	500.00
		0.00	0.00	2000.00
		0.00	0.00	1205.00
		0.00	0.00	2500.00
		0.00	0.00	1500.00
		0.00	0.00	200.00
		0.00	0.00	2310.00
		0.00	0.00	1500.00
		0.00	0.00	1200.00
		0.00	0.00	1500.00
		0.00	0.00	1500.00
		0.00	0.00	250.00
		0.00	0.00	500.00
		0.00	0.00	2100.00
		0.00	0.00	300.00
		0.00	0.00	650.00
		0.00	0.00	1200.00
		0.00	0.00	1860.00
		0.00	0.00	500.00
		0.00	0.00	1000.00
		0.00	0.00	1000.00
		0.00	0.00	490.00
		0.00	0.00	1000.00
		0.00	0.00	1200.00
		0.00	0.00	600.00
		0.00	0.00	1000.00
		0.00	0.00	1250.00
		0.00	0.00	1000.00
		0.00	0.00	600.00
		0.00	0.00	2000.00
		0.00	0.00	1300.00
		0.00	0.00	1500.00
		0.00	0.00	750.00
		0.00	0.00	800.00
		0.00	0.00	650.00
		0.00	0.00	800.00
		0.00	0.00	1500.00
		0.00	0.00	1133.00
		0.00	0.00	750.00
		0.00	0.00	350.00
		0.00	0.00	2060.00

FOR ATTORNEY EYES ONLY-CONFIDENTIAL SUBJECT TO PROTECTIVE ORDER

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PAYMENTS - Main Report Separated by Payment/Adjustment Type (ATTORNEY'S CHECKS)

<u>Ins ID</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
<u>Acct</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
		0.00	0.00	750.00
		0.00	0.00	1000.00
		0.00	0.00	1000.00
		0.00	0.00	1000.00
		0.00	0.00	1600.00
		0.00	0.00	1500.00
		0.00	0.00	1500.00
		0.00	0.00	500.00
		0.00	0.00	1500.00
		0.00	0.00	1000.00
		0.00	0.00	370.00
		0.00	0.00	800.00
		0.00	0.00	500.00
		0.00	0.00	1232.50
		0.00	0.00	1000.00
		0.00	0.00	600.00
		0.00	0.00	450.00
		0.00	0.00	1930.00
		0.00	0.00	500.00
		0.00	0.00	1500.00
		0.00	0.00	350.00
		0.00	0.00	3290.00
		0.00	0.00	850.00
		0.00	0.00	600.00
		0.00	0.00	400.00
		0.00	0.00	3200.00
		0.00	0.00	2500.00
		0.00	0.00	1000.00
		0.00	0.00	700.00
		0.00	0.00	1500.00
		0.00	0.00	1400.00
		0.00	0.00	800.00
		0.00	0.00	825.00
		0.00	0.00	380.00
		0.00	0.00	2000.00
		0.00	0.00	300.00
		0.00	0.00	2000.00
		0.00	0.00	975.75
		0.00	0.00	1000.00
		0.00	0.00	300.00
		0.00	0.00	1000.00
		0.00	0.00	1000.00
		0.00	0.00	900.00
		0.00	0.00	400.00
		0.00	0.00	350.00
		0.00	0.00	980.00
		0.00	0.00	800.00
		0.00	0.00	0.00
		0.00	0.00	900.00
		0.00	0.00	2000.00
		0.00	0.00	1550.00
		0.00	0.00	1500.00
		0.00	0.00	1700.00

FOR ATTORNEY EYES ONLY-CONFIDENTIAL SUBJECT TO PROTECTIVE ORDER

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PAYMENTS - Main Report Separated by Payment/Adjustment Type (ATTORNEY'S CHECKS)

<u>Ins ID</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
<u>Acct</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
		0.00	0.00	800.00
		0.00	0.00	1500.00
		0.00	0.00	1700.00
		0.00	0.00	3000.00
		0.00	0.00	1000.00
		0.00	0.00	1000.00
		0.00	0.00	1200.00
		0.00	0.00	1000.00
		0.00	0.00	1000.00
		0.00	0.00	1000.00
		0.00	0.00	1500.00
		0.00	0.00	1200.00
		0.00	0.00	350.00
		0.00	0.00	1000.00
		0.00	0.00	1425.00
		0.00	0.00	1000.00
		0.00	0.00	1700.00
		0.00	0.00	900.00
		0.00	0.00	1000.00
		0.00	0.00	1680.00
		0.00	0.00	1500.00
		0.00	0.00	920.00
		0.00	0.00	1000.00
		0.00	0.00	1000.00
		0.00	0.00	500.00
		0.00	0.00	1500.00
		0.00	0.00	500.00
		0.00	0.00	1000.00
		0.00	0.00	1000.00
		0.00	0.00	700.00
		0.00	0.00	1200.00
		0.00	0.00	1100.00
		0.00	0.00	1000.00
		0.00	0.00	250.00
		0.00	0.00	700.00
		0.00	0.00	400.00
		0.00	0.00	1500.00
		0.00	0.00	1000.00
		0.00	0.00	1250.00
		0.00	0.00	1500.00
		0.00	0.00	1000.00
		0.00	0.00	2000.00
		0.00	0.00	2000.00
		0.00	0.00	400.00
		0.00	0.00	900.00
		0.00	0.00	1500.00
		0.00	0.00	700.00
		0.00	0.00	800.00
		0.00	0.00	1000.00
		0.00	0.00	300.00
		0.00	0.00	2000.00
		0.00	0.00	1000.00
		0.00	0.00	100.00

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PAYMENTS - Main Report Separated by Payment/Adjustment Type (ATTORNEY'S CHECKS)

<u>Ins ID</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
<u>Acct</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
[REDACTED]	[REDACTED]	0.00	0.00	1800.00
[REDACTED]	[REDACTED]	0.00	0.00	1400.00
[REDACTED]	[REDACTED]	0.00	0.00	400.00
[REDACTED]	[REDACTED]	0.00	0.00	1400.00
[REDACTED]	[REDACTED]	0.00	0.00	2600.00
[REDACTED]	[REDACTED]	0.00	0.00	1750.00
[REDACTED]	[REDACTED]	0.00	0.00	1000.00
[REDACTED]	[REDACTED]	0.00	0.00	1750.00
[REDACTED]	[REDACTED]	0.00	0.00	2000.00
[REDACTED]	[REDACTED]	0.00	0.00	1300.00
[REDACTED]	[REDACTED]	0.00	0.00	1200.00
[REDACTED]	[REDACTED]	0.00	0.00	900.00
[REDACTED]	[REDACTED]	0.00	0.00	550.00
[REDACTED]	[REDACTED]	0.00	0.00	500.00
[REDACTED]	[REDACTED]	0.00	0.00	400.00
[REDACTED]	[REDACTED]	0.00	0.00	900.00
[REDACTED]	[REDACTED]	0.00	0.00	1400.00
[REDACTED]	[REDACTED]	0.00	0.00	500.00
[REDACTED]	[REDACTED]	0.00	0.00	1300.00
[REDACTED]	[REDACTED]	0.00	0.00	900.00
[REDACTED]	[REDACTED]	0.00	0.00	750.00
[REDACTED]	[REDACTED]	0.00	0.00	1100.00
[REDACTED]	[REDACTED]	0.00	0.00	1000.00
[REDACTED]	[REDACTED]	0.00	0.00	350.00
[REDACTED]	[REDACTED]	0.00	0.00	1200.00
[REDACTED]	[REDACTED]	0.00	0.00	1400.00
[REDACTED]	[REDACTED]	0.00	0.00	1000.00
[REDACTED]	[REDACTED]	0.00	0.00	2000.00
[REDACTED]	[REDACTED]	0.00	0.00	1532.92
[REDACTED]	[REDACTED]	0.00	0.00	3500.00
[REDACTED]	[REDACTED]	0.00	0.00	350.00
[REDACTED]	[REDACTED]	0.00	0.00	1400.00
[REDACTED]	[REDACTED]	0.00	0.00	1200.00
[REDACTED]	[REDACTED]	0.00	0.00	700.00
[REDACTED]	[REDACTED]	0.00	0.00	200.00
[REDACTED]	[REDACTED]	0.00	0.00	1600.00
[REDACTED]	[REDACTED]	0.00	0.00	1380.00
[REDACTED]	[REDACTED]	0.00	0.00	450.00
[REDACTED]	[REDACTED]	0.00	0.00	1000.00
[REDACTED]	[REDACTED]	0.00	0.00	1100.00
[REDACTED]	[REDACTED]	0.00	0.00	5000.00
[REDACTED]	[REDACTED]	0.00	0.00	1280.00
[REDACTED]	[REDACTED]	0.00	0.00	1000.00
[REDACTED]	[REDACTED]	0.00	0.00	800.00
[REDACTED]	[REDACTED]	0.00	0.00	250.00
[REDACTED]	[REDACTED]	0.00	0.00	600.00
[REDACTED]	[REDACTED]	0.00	0.00	1000.00
[REDACTED]	[REDACTED]	0.00	0.00	600.00
[REDACTED]	[REDACTED]	0.00	0.00	1500.00
[REDACTED]	[REDACTED]	0.00	0.00	1000.00
[REDACTED]	[REDACTED]	0.00	0.00	1000.00
[REDACTED]	[REDACTED]	0.00	0.00	1200.00
[REDACTED]	[REDACTED]	0.00	0.00	1500.00

FOR ATTORNEY EYES ONLY-CONFIDENTIAL SUBJECT TO PROTECTIVE ORDER

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PAYMENTS - Main Report Separated by Payment/Adjustment Type (ATTORNEY'S CHECKS)

Ins ID	Name	Adjusted	Deductible	Paid
Accl	Name	Adjusted	Deductible	Paid
		0.00	0.00	700.00
		0.00	0.00	3500.00
		0.00	0.00	1750.00
		0.00	0.00	1280.00
		0.00	0.00	1200.00
		0.00	0.00	900.00
		0.00	0.00	1100.00
		0.00	0.00	1400.00
		0.00	0.00	500.00
		0.00	0.00	450.00
		0.00	0.00	625.00
		0.00	0.00	1200.00
		0.00	0.00	2000.00
		0.00	0.00	800.00
		0.00	0.00	1000.00
		0.00	0.00	700.00
		0.00	0.00	1000.00
		0.00	0.00	700.00
		0.00	0.00	1200.00
		0.00	0.00	600.00
		0.00	0.00	400.00
		0.00	0.00	2000.00
		0.00	0.00	2000.00
		0.00	0.00	1000.00
		0.00	0.00	1230.00
		0.00	0.00	1900.00
		0.00	0.00	712.50
		0.00	0.00	1870.00
		0.00	0.00	1500.00
		0.00	0.00	1500.00
		0.00	0.00	1500.00
		0.00	0.00	400.00
		0.00	0.00	1100.00
		0.00	0.00	600.00
		0.00	0.00	1500.00
		0.00	0.00	1000.00
		0.00	0.00	2410.00
		0.00	0.00	500.00
		0.00	0.00	1900.00
		0.00	0.00	0.00
		0.00	0.00	1000.00
		0.00	0.00	2000.00
		0.00	0.00	1200.00
		0.00	0.00	2000.00
		0.00	0.00	1500.00
		0.00	0.00	700.00
		0.00	0.00	1500.00
		0.00	0.00	1230.00
		0.00	0.00	462.50
		0.00	0.00	1000.00
		0.00	0.00	1500.00
		0.00	0.00	1400.00
		0.00	0.00	500.00

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PAYMENTS - Main Report Separated by Payment/Adjustment Type (ATTORNEY'S CHECKS)

Ins ID	Name	Adjusted	Deductible	Paid
Acct	Name	Adjusted	Deductible	Paid
		0.00	0.00	1000.00
		0.00	0.00	750.00
		0.00	0.00	153.00
		0.00	0.00	1550.00
		0.00	0.00	1000.00
		0.00	0.00	2100.00
		0.00	0.00	1500.00
		0.00	0.00	900.00
		0.00	0.00	500.00
		0.00	0.00	350.00
		0.00	0.00	1800.00
		0.00	0.00	2200.00
		0.00	0.00	1500.00
		0.00	0.00	1200.00
		0.00	0.00	2000.00
		0.00	0.00	2000.00
		0.00	0.00	500.00
		0.00	0.00	2050.00
		0.00	0.00	500.00
		0.00	0.00	850.00
		0.00	0.00	500.00
		0.00	0.00	1200.00
		0.00	0.00	1000.00
		0.00	0.00	1000.00
		0.00	0.00	1500.00
		0.00	0.00	1500.00
		0.00	0.00	998.06
		0.00	0.00	1200.00
		0.00	0.00	1000.00
		0.00	0.00	1400.00
		0.00	0.00	400.00
		0.00	0.00	1800.00
		0.00	0.00	1000.00
		0.00	0.00	880.00
		0.00	0.00	800.00
		0.00	0.00	700.00
		0.00	0.00	1000.00
		0.00	0.00	800.00
		0.00	0.00	730.00
		0.00	0.00	700.00
		0.00	0.00	2000.00
		0.00	0.00	1200.00
		0.00	0.00	1000.00
		0.00	0.00	1500.00
		0.00	0.00	300.00
		0.00	0.00	2850.00
		0.00	0.00	300.00
		0.00	0.00	300.00
		0.00	0.00	750.00
		0.00	0.00	1300.00
		0.00	0.00	1500.00
		0.00	0.00	2250.00
		0.00	0.00	2050.00

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PAYMENTS - Main Report Separated by Payment/Adjustment Type (ATTORNEY'S CHECKS)

Ins ID	Name	Adjusted	Deductible	Paid
Acct	Name	Adjusted	Deductible	Paid
		0.00	0.00	1000.00
		0.00	0.00	400.00
		0.00	0.00	355.00
		0.00	0.00	1000.00
		0.00	0.00	650.00
		0.00	0.00	1500.00
		0.00	0.00	1250.00
		0.00	0.00	1500.00
		0.00	0.00	1880.00
		0.00	0.00	950.00
		0.00	0.00	1105.60
		0.00	0.00	2000.00
		0.00	0.00	800.00
		0.00	0.00	700.00
		0.00	0.00	2200.00
		0.00	0.00	1600.00
		0.00	0.00	3250.00
		0.00	0.00	1150.00
		0.00	0.00	1000.00
		0.00	0.00	1000.00
		0.00	0.00	5000.00
		0.00	0.00	1500.00
		0.00	0.00	1500.00
		0.00	0.00	600.00
		0.00	0.00	600.00
		0.00	0.00	300.00
		0.00	0.00	2000.00
		0.00	0.00	900.00
		0.00	0.00	500.00
		0.00	0.00	600.00
		0.00	0.00	2000.00
		0.00	0.00	1400.00
		0.00	0.00	1370.00
		0.00	0.00	1500.00
		0.00	0.00	2000.00
		0.00	0.00	1800.00
		0.00	0.00	1700.00
		0.00	0.00	500.00
		0.00	0.00	600.00
		0.00	0.00	450.00
		0.00	0.00	1900.00
		0.00	0.00	350.00
		0.00	0.00	2000.00
		0.00	0.00	1250.00
		0.00	0.00	1000.00
		0.00	0.00	1800.00
		0.00	0.00	1530.00
		0.00	0.00	700.00
		0.00	0.00	200.00
		0.00	0.00	1140.00
		0.00	0.00	1200.00
		0.00	0.00	400.00
		0.00	0.00	1175.00

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PAYMENTS - Main Report Separated by Payment/Adjustment Type (ATTORNEY'S CHECKS)

Ins ID	Name	Adjusted	Deductible	Paid
Accl	Name	Adjusted	Deductible	Paid
		0.00	0.00	1850.00
		0.00	0.00	1500.00
		0.00	0.00	1200.00
		0.00	0.00	1050.00
		0.00	0.00	1500.00
		0.00	0.00	1000.00
		0.00	0.00	2365.00
		0.00	0.00	2050.00
		0.00	0.00	1000.00
		0.00	0.00	3000.00
		0.00	0.00	1500.00
		0.00	0.00	250.00
		0.00	0.00	1300.00
		0.00	0.00	1200.00
		0.00	0.00	2500.00
		0.00	0.00	1500.00
		0.00	0.00	1000.00
		0.00	0.00	300.00
		0.00	0.00	1300.00
		0.00	0.00	1000.00
		0.00	0.00	200.00
		0.00	0.00	1150.00
		0.00	0.00	0.00
		0.00	0.00	1500.00
		0.00	0.00	350.00
		0.00	0.00	350.00
		0.00	0.00	1212.70
		0.00	0.00	350.00
		0.00	0.00	300.00
		0.00	0.00	1000.00
		0.00	0.00	1100.00
		0.00	0.00	300.00
		0.00	0.00	250.00
		0.00	0.00	1050.00
		0.00	0.00	1000.00
		0.00	0.00	1500.00
		0.00	0.00	1000.00
		0.00	0.00	250.00
		0.00	0.00	650.00
		0.00	0.00	1000.00
		0.00	0.00	800.00
		0.00	0.00	275.00
		0.00	0.00	1500.00
		0.00	0.00	1600.00
		0.00	0.00	500.00
		0.00	0.00	325.00
		0.00	0.00	825.00
		0.00	0.00	1000.00
		0.00	0.00	2200.00
		0.00	0.00	750.00
		0.00	0.00	600.00
		0.00	0.00	1500.00
		0.00	0.00	1000.00

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PAYMENTS - Main Report Separated by Payment/Adjustment Type (ATTORNEY'S CHECKS)

<u>Ins ID</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
<u>Acct</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
[REDACTED]	[REDACTED]	0.00	0.00	1500.00
[REDACTED]	[REDACTED]	0.00	0.00	800.00
[REDACTED]	[REDACTED]	0.00	0.00	1500.00
[REDACTED]	[REDACTED]	0.00	0.00	1000.00
[REDACTED]	[REDACTED]	0.00	0.00	1000.00
[REDACTED]	[REDACTED]	0.00	0.00	1000.00
[REDACTED]	[REDACTED]	0.00	0.00	1000.00
[REDACTED]	[REDACTED]	0.00	0.00	2500.00
[REDACTED]	[REDACTED]	0.00	0.00	2500.00
[REDACTED]	[REDACTED]	0.00	0.00	800.00
[REDACTED]	[REDACTED]	0.00	0.00	1000.00
[REDACTED]	[REDACTED]	0.00	0.00	1600.00
[REDACTED]	[REDACTED]	0.00	0.00	1500.00
[REDACTED]	[REDACTED]	0.00	0.00	1550.00
[REDACTED]	[REDACTED]	0.00	0.00	350.00
[REDACTED]	[REDACTED]	0.00	0.00	750.00
[REDACTED]	[REDACTED]	0.00	0.00	1300.00
[REDACTED]	[REDACTED]	0.00	0.00	1800.00
[REDACTED]	[REDACTED]	0.00	0.00	1500.00
[REDACTED]	[REDACTED]	0.00	0.00	800.00
[REDACTED]	[REDACTED]	0.00	0.00	750.00
[REDACTED]	[REDACTED]	0.00	0.00	1122.03
[REDACTED]	[REDACTED]	0.00	0.00	2000.00
[REDACTED]	[REDACTED]	0.00	0.00	0.00
[REDACTED]	[REDACTED]	0.00	0.00	2000.00
[REDACTED]	[REDACTED]	0.00	0.00	1000.00
[REDACTED]	[REDACTED]	0.00	0.00	1000.00
[REDACTED]	[REDACTED]	0.00	0.00	1000.00
[REDACTED]	[REDACTED]	0.00	0.00	1200.00
[REDACTED]	[REDACTED]	0.00	0.00	2500.00
[REDACTED]	[REDACTED]	0.00	0.00	950.00
[REDACTED]	[REDACTED]	0.00	0.00	2670.00
[REDACTED]	[REDACTED]	0.00	0.00	200.00
[REDACTED]	[REDACTED]	0.00	0.00	3000.00
[REDACTED]	[REDACTED]	0.00	0.00	2000.00
[REDACTED]	[REDACTED]	0.00	0.00	1000.00
[REDACTED]	[REDACTED]	0.00	0.00	250.00
[REDACTED]	[REDACTED]	0.00	0.00	457.50
[REDACTED]	[REDACTED]	0.00	0.00	750.00
[REDACTED]	[REDACTED]	0.00	0.00	1000.00
[REDACTED]	[REDACTED]	0.00	0.00	750.00
[REDACTED]	[REDACTED]	0.00	0.00	1550.00
[REDACTED]	[REDACTED]	0.00	0.00	200.00
[REDACTED]	[REDACTED]	0.00	0.00	1000.00
[REDACTED]	[REDACTED]	0.00	0.00	1500.00
[REDACTED]	[REDACTED]	0.00	0.00	650.00
[REDACTED]	[REDACTED]	0.00	0.00	2000.00
[REDACTED]	[REDACTED]	0.00	0.00	858.70
[REDACTED]	[REDACTED]	0.00	0.00	950.00
[REDACTED]	[REDACTED]	0.00	0.00	500.00
[REDACTED]	[REDACTED]	0.00	0.00	2000.00
[REDACTED]	[REDACTED]	0.00	0.00	1140.00
[REDACTED]	[REDACTED]	0.00	0.00	1109.00

FOR ATTORNEY EYES ONLY-CONFIDENTIAL SUBJECT TO PROTECTIVE ORDER

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PAYMENTS - Main Report Separated by Payment/Adjustment Type (ATTORNEY'S CHECKS)

Ins ID	Name	Adjusted	Deductible	Paid
Acct	Name	Adjusted	Deductible	Paid
		0.00	0.00	4500.00
		0.00	0.00	500.00
		0.00	0.00	500.00
		0.00	0.00	1700.00
		0.00	0.00	800.00
		0.00	0.00	650.00
		0.00	0.00	1600.00
		0.00	0.00	1450.00
		0.00	0.00	300.00
		0.00	0.00	750.00
		0.00	0.00	800.00
		0.00	0.00	500.00
		0.00	0.00	1800.00
		0.00	0.00	700.00
		0.00	0.00	2000.00
		0.00	0.00	1250.00
		0.00	0.00	650.00
		0.00	0.00	2884.00
		0.00	0.00	1500.00
		0.00	0.00	1900.00
		0.00	0.00	1100.00
		0.00	0.00	1500.00
		0.00	0.00	1200.00
		0.00	0.00	0.00
		0.00	0.00	900.00
		0.00	0.00	1500.00
		0.00	0.00	1000.00
		0.00	0.00	1000.00
		0.00	0.00	500.00
		0.00	0.00	1000.00
		0.00	0.00	3000.00
		0.00	0.00	50.00
		0.00	0.00	1500.00
		0.00	0.00	2180.00
		0.00	0.00	1350.00
		0.00	0.00	200.00
		0.00	0.00	1000.00
		0.00	0.00	2310.00
		0.00	0.00	100.00
		0.00	0.00	300.00
		0.00	0.00	1050.00
		0.00	0.00	1000.00
		0.00	0.00	633.95
		0.00	0.00	2000.00
		0.00	0.00	800.00
		0.00	0.00	2000.00
		0.00	0.00	500.00
		0.00	0.00	1130.00
		0.00	0.00	2000.00
		0.00	0.00	350.00
		0.00	0.00	1400.00
		0.00	0.00	430.75
		0.00	0.00	2000.00

FOR ATTORNEY EYES ONLY-CONFIDENTIAL SUBJECT TO PROTECTIVE ORDER

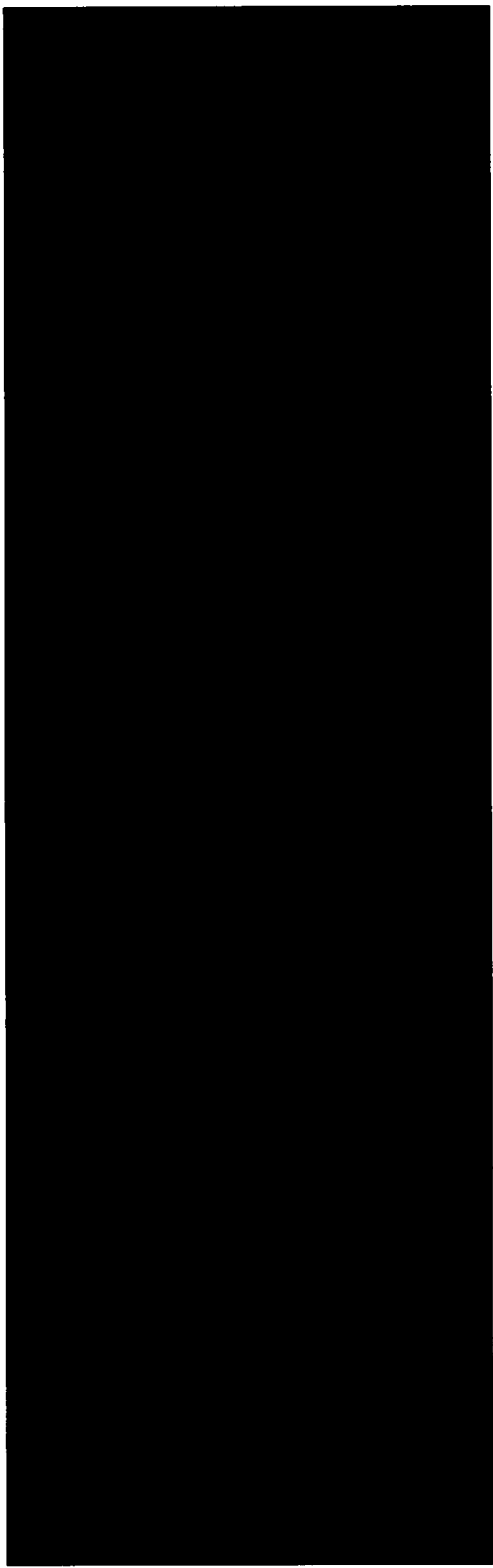
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PAYMENTS - Main Report Separated by Payment/Adjustment Type (ATTORNEY'S CHECKS)

Ins ID	Name	Adjusted	Deductible	Paid
Acct	Name	Adjusted	Deductible	Paid
		0.00	0.00	2700.00
		0.00	0.00	700.00
		0.00	0.00	5000.00
		0.00	0.00	1000.00
		0.00	0.00	1100.00
		0.00	0.00	1500.00
		0.00	0.00	1700.00
		0.00	0.00	813.26
		0.00	0.00	500.00
		0.00	0.00	750.00
		0.00	0.00	582.13
		0.00	0.00	800.00
		0.00	0.00	1280.00
		0.00	0.00	1000.00
		0.00	0.00	500.00
		0.00	0.00	350.00
		0.00	0.00	1500.00
		0.00	0.00	2000.00
		0.00	0.00	1000.00
		0.00	0.00	1600.00
		0.00	0.00	1900.00
		0.00	0.00	1400.00
		0.00	0.00	500.00
		0.00	0.00	700.00
		0.00	0.00	1000.00
		0.00	0.00	1300.00
		0.00	0.00	1300.00
		0.00	0.00	1400.00
		0.00	0.00	1000.00
		0.00	0.00	500.00
		0.00	0.00	1000.00
		0.00	0.00	1045.00
		0.00	0.00	850.00
		0.00	0.00	1200.00
		0.00	0.00	1000.00
		0.00	0.00	2600.00
		0.00	0.00	1360.00
		0.00	0.00	900.00
		0.00	0.00	750.00
		0.00	0.00	800.00
		0.00	0.00	1400.00
		0.00	0.00	1230.00
		0.00	0.00	800.00
		0.00	0.00	1000.00
		0.00	0.00	1750.00
		0.00	0.00	2500.00
		0.00	0.00	1200.00
		0.00	0.00	500.00
		0.00	0.00	2000.00
		0.00	0.00	600.00
		0.00	0.00	1700.00
		0.00	0.00	260.00
		0.00	0.00	800.00



FOR ATTORNEY EYES ONLY-CONFIDENTIAL SUBJECT TO PROTECTIVE ORDER

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PAYMENTS - Main Report Separated by Payment/Adjustment Type (ATTORNEY'S CHECKS)

<u>Ins ID</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
<u>Acct</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
		0.00	0.00	1300.00
		0.00	0.00	2000.00
		0.00	0.00	300.00
		0.00	0.00	2300.00
		0.00	0.00	2000.00
		0.00	0.00	2000.00
		0.00	0.00	1600.00
		0.00	0.00	800.00
		0.00	0.00	1600.00
		0.00	0.00	800.00
		0.00	0.00	600.00
		0.00	0.00	450.00
		0.00	0.00	785.00
		0.00	0.00	1490.00
		0.00	0.00	650.00
		0.00	0.00	1800.00
		0.00	0.00	1500.00
		0.00	0.00	2000.00
		0.00	0.00	400.00
		0.00	0.00	700.00
		0.00	0.00	1750.00
		0.00	0.00	1380.00
		0.00	0.00	800.00
		0.00	0.00	900.00
		0.00	0.00	1000.00
		0.00	0.00	900.00
		0.00	0.00	1550.00
		0.00	0.00	500.00
		0.00	0.00	700.00
		0.00	0.00	550.00
		0.00	0.00	1000.00
		0.00	0.00	300.00
		0.00	0.00	500.00
		0.00	0.00	1250.00
		0.00	0.00	1230.00
		0.00	0.00	500.00
		0.00	0.00	1000.00
		0.00	0.00	2000.00
		0.00	0.00	1200.00
		0.00	0.00	900.00
		0.00	0.00	3130.00
		0.00	0.00	1700.00
		0.00	0.00	400.00
		0.00	0.00	1500.00
		0.00	0.00	747.77
		0.00	0.00	1400.00
		0.00	0.00	350.00
		0.00	0.00	350.00
		0.00	0.00	800.00
		0.00	0.00	1500.00
		0.00	0.00	700.00
		0.00	0.00	900.00
		0.00	0.00	1000.00

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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PAYMENTS - Main Report Separated by Payment/Adjustment Type (ATTORNEY'S CHECKS)

Ins ID	Name	Adjusted	Deductible	Paid
Acct	Name	Adjusted	Deductible	Paid
		0.00	0.00	350.00
		0.00	0.00	800.00
		0.00	0.00	790.00
		0.00	0.00	1000.00
		0.00	0.00	1000.00
		0.00	0.00	2330.40
		0.00	0.00	1100.00
		0.00	0.00	1280.00
		0.00	0.00	900.00
		0.00	0.00	1000.00
		0.00	0.00	700.00
		0.00	0.00	1000.00
		0.00	0.00	1100.00
		0.00	0.00	1000.00
		0.00	0.00	700.00
		0.00	0.00	1300.00
		0.00	0.00	1000.00
		0.00	0.00	1600.00
		0.00	0.00	500.00
		0.00	0.00	1500.00
		0.00	0.00	2700.00
		0.00	0.00	500.00
		0.00	0.00	600.00
		0.00	0.00	1500.00
		0.00	0.00	0.00
		0.00	0.00	1130.00
		0.00	0.00	500.00
		0.00	0.00	1550.00
		0.00	0.00	1500.00
		0.00	0.00	1193.19
		0.00	0.00	1000.00
		0.00	0.00	750.00
		0.00	0.00	875.00
		0.00	0.00	900.00
		0.00	0.00	300.00
		0.00	0.00	800.00
		0.00	0.00	1000.00
		0.00	0.00	2000.00
		0.00	0.00	1090.00
		0.00	0.00	750.00
		0.00	0.00	800.00
		0.00	0.00	600.00
		0.00	0.00	2220.00
		0.00	0.00	1000.00
		0.00	0.00	700.00
		0.00	0.00	1530.00
		0.00	0.00	2000.00
		0.00	0.00	1970.00
		0.00	0.00	2160.00
		0.00	0.00	1000.00
		0.00	0.00	2000.00
		0.00	0.00	300.00
		0.00	0.00	2350.00

FOR ATTORNEY EYES ONLY-CONFIDENTIAL SUBJECT TO PROTECTIVE ORDER

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PAYMENTS - Main Report Separated by Payment/Adjustment Type (ATTORNEY'S CHECKS)

Ins ID	Name	Adjusted	Deductible	Paid
Acct	Name	Adjusted	Deductible	Paid
		0.00	0.00	1000.00
		0.00	0.00	2500.00
		0.00	0.00	980.00
		0.00	0.00	1350.00
		0.00	0.00	4000.00
		0.00	0.00	1000.00
		0.00	0.00	500.00
		0.00	0.00	200.00
		0.00	0.00	1950.00
		0.00	0.00	800.00
		0.00	0.00	1500.00
		0.00	0.00	1700.00
		0.00	0.00	1400.00
		0.00	0.00	1300.00
		0.00	0.00	750.00
		0.00	0.00	648.68
		0.00	0.00	1000.00
		0.00	0.00	2700.00
		0.00	0.00	189.20
		0.00	0.00	1500.00
		0.00	0.00	1400.00
		0.00	0.00	700.00
		0.00	0.00	800.00
		0.00	0.00	450.00
		0.00	0.00	1250.00
		0.00	0.00	800.00
		0.00	0.00	1500.00
		0.00	0.00	1300.00
		0.00	0.00	1500.00
		0.00	0.00	1000.00
		0.00	0.00	1220.00
		0.00	0.00	1250.00
		0.00	0.00	1500.00
		0.00	0.00	700.00
		0.00	0.00	1000.00
		0.00	0.00	1000.00
		0.00	0.00	1400.00
		0.00	0.00	1000.00
		0.00	0.00	800.00
		0.00	0.00	3000.00
		0.00	0.00	1000.00
		0.00	0.00	500.00
		0.00	0.00	1000.00
		0.00	0.00	1610.00
TOTAL :		\$0.00	\$0.00	\$7910153.16

FOR ATTORNEY EYES ONLY-CONFIDENTIAL SUBJECT TO PROTECTIVE ORDER

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PAYMENTS - Main Report Separated by Payment/Adjustment Type (AUTO INSURANCE ADJUSTMENT)

Level of Detail: One row per Patient; Transaction Date: Performed/Paid; Sorted By: Name; Date Range: All Dates; Include Crossover Charges; Use Parent Insurance Co: No; Include Adjustments: Yes; Include Description Only: No; Include Refunds: Yes; Transaction Selections: Insurance Plan ID Equal to 14

<u>Ins ID</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
<u>Acct</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
[REDACTED]	[REDACTED]	1300.00	0.00	0.00
[REDACTED]	[REDACTED]	1300.00	0.00	0.00
TOTAL:		\$1300.00	\$0.00	\$0.00

FOR ATTORNEY EYES ONLY-CONFIDENTIAL SUBJECT TO PROTECTIVE ORDER

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Page 1

PAYMENTS - Main Report Separated by Payment/Adjustment Type (AUTO INSURANCE PAYMENT)

Level of Detail: One row per Patient; Transaction Date: Performed/Paid; Sorted By: Name; Date Range: All Dates; Include Crossover Charges; Use Parent Insurance Co: No; Include Adjustments: Yes; Include Description Only: No; Include Refunds: Yes; Transaction Selections: Insurance Plan ID Equal to 14

<u>Ins ID</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
<u>Acct</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
		0.00	0.00	1500.00
		0.00	0.00	1500.00
TOTAL :		\$0.00	\$0.00	\$1500.00

FOR ATTORNEY EYES ONLY-CONFIDENTIAL SUBJECT TO PROTECTIVE ORDER

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Page 1

PAYMENTS - Main Report Separated by Payment/Adjustment Type (DECEASED)

Level of Detail: One row per Patient; Transaction Date: Performed/Paid; Sorted By: Name; Date Range: All Dates; Include Crossover Charges; Use Parent Insurance Co: No; Include Adjustments: Yes; Include Description Only: No; Include Refunds: Yes; Transaction Selections: Insurance Plan ID Equal to 14

<u>Ins ID</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
<u>Acct</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
		5780.00	0.00	0.00
		3030.00	0.00	0.00
		2750.00	0.00	0.00
TOTAL :		\$5780.00	\$0.00	\$0.00

FOR ATTORNEY EYES ONLY-CONFIDENTIAL SUBJECT TO PROTECTIVE ORDER

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PAYMENTS - Main Report Separated by Payment/Adjustment Type (BAD DEBT W/O)

Level of Detail: One row per Patient; Transaction Date: Performed/Paid; Sorted By: Name; Date Range: All Dates; Include Crossover Charges; Use Parent Insurance Co: No; Include Adjustments: Yes; Include Description Only: No; Include Refunds: Yes; Transaction Selections: Insurance Plan ID Equal to 14

Ins ID	Name	Adjusted	Deductible	Paid
Acct	Name	Adjusted	Deductible	Paid
		2219416.00	0.00	0.00
		3060.00	0.00	0.00
		250.00	0.00	0.00
		2215.00	0.00	0.00
		1840.00	0.00	0.00
		2765.00	0.00	0.00
		3050.00	0.00	0.00
		2170.00	0.00	0.00
		650.00	0.00	0.00
		1940.00	0.00	0.00
		2810.00	0.00	0.00
		3565.00	0.00	0.00
		2605.00	0.00	0.00
		2350.00	0.00	0.00
		950.00	0.00	0.00
		325.00	0.00	0.00
		3416.00	0.00	0.00
		350.00	0.00	0.00
		2160.00	0.00	0.00
		350.00	0.00	0.00
		350.00	0.00	0.00
		3530.00	0.00	0.00
		350.00	0.00	0.00
		350.00	0.00	0.00
		1230.00	0.00	0.00
		350.00	0.00	0.00
		1280.00	0.00	0.00
		3960.00	0.00	0.00
		830.00	0.00	0.00
		350.00	0.00	0.00
		790.00	0.00	0.00
		940.00	0.00	0.00
		940.00	0.00	0.00
		500.00	0.00	0.00
		1850.00	0.00	0.00
		830.00	0.00	0.00
		350.00	0.00	0.00
		3440.00	0.00	0.00
		2740.00	0.00	0.00
		3630.00	0.00	0.00
		2440.00	0.00	0.00
		980.00	0.00	0.00
		830.00	0.00	0.00
		830.00	0.00	0.00
		2260.00	0.00	0.00
		1850.00	0.00	0.00
		350.00	0.00	0.00
		1460.00	0.00	0.00
		350.00	0.00	0.00

FOR ATTORNEY EYES ONLY-CONFIDENTIAL SUBJECT TO PROTECTIVE ORDER

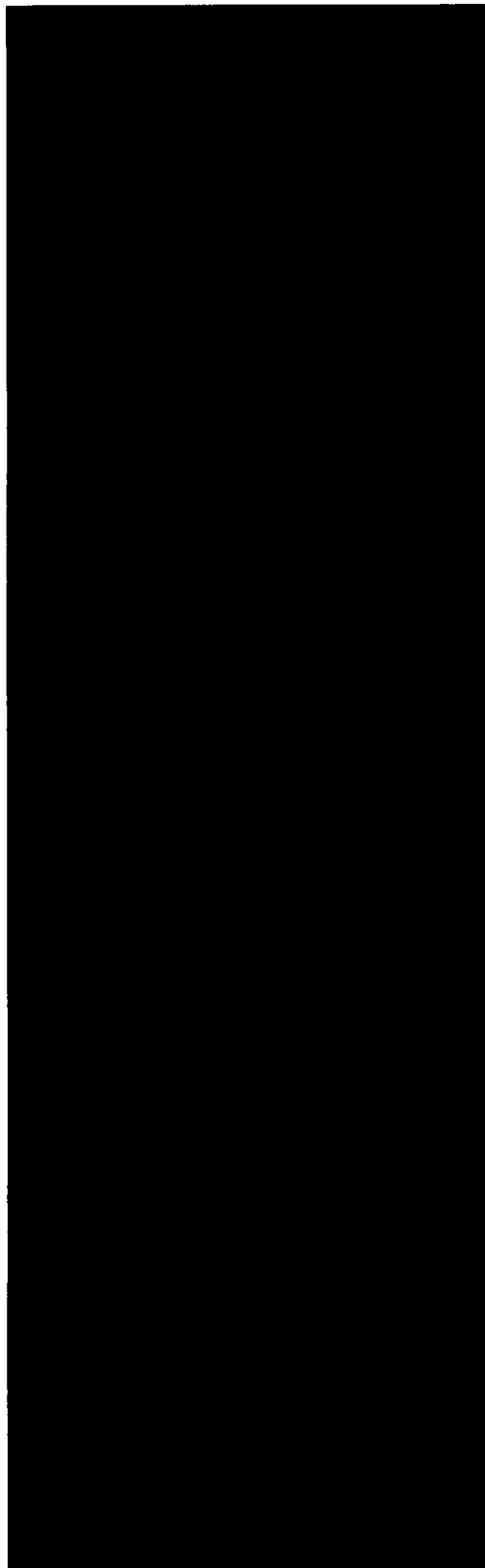
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PAYMENTS - Main Report Separated by Payment/Adjustment Type (BAD DEBT W/O)

<u>Ins ID</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
<u>Acct</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
		350.00	0.00	0.00
		1760.00	0.00	0.00
		2410.00	0.00	0.00
		3480.00	0.00	0.00
		2640.00	0.00	0.00
		2330.00	0.00	0.00
		350.00	0.00	0.00
		350.00	0.00	0.00
		1000.00	0.00	0.00
		350.00	0.00	0.00
		1230.00	0.00	0.00
		1230.00	0.00	0.00
		1230.00	0.00	0.00
		830.00	0.00	0.00
		2260.00	0.00	0.00
		1420.00	0.00	0.00
		3290.00	0.00	0.00
		1230.00	0.00	0.00
		4270.00	0.00	0.00
		11220.00	0.00	0.00
		1380.00	0.00	0.00
		2260.00	0.00	0.00
		2410.00	0.00	0.00
		2010.00	0.00	0.00
		1390.00	0.00	0.00
		1230.00	0.00	0.00
		1655.00	0.00	0.00
		980.00	0.00	0.00
		1150.00	0.00	0.00
		2900.00	0.00	0.00
		3910.00	0.00	0.00
		1380.00	0.00	0.00
		950.00	0.00	0.00
		5240.00	0.00	0.00
		2730.00	0.00	0.00
		2390.00	0.00	0.00
		830.00	0.00	0.00
		2010.00	0.00	0.00
		5760.00	0.00	0.00
		350.00	0.00	0.00
		850.00	0.00	0.00
		1230.00	0.00	0.00
		350.00	0.00	0.00
		1150.00	0.00	0.00
		2730.00	0.00	0.00
		350.00	0.00	0.00
		790.00	0.00	0.00
		1820.00	0.00	0.00
		830.00	0.00	0.00
		650.00	0.00	0.00
		4510.00	0.00	0.00
		2150.00	0.00	0.00
		3890.00	0.00	0.00



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PAYMENTS - Main Report Separated by Payment/Adjustment Type (BAD DEBT W/O)

Ins ID	Name	Adjusted	Deductible	Paid
Accl	Name	Adjusted	Deductible	Paid
		1930.00	0.00	0.00
		4360.00	0.00	0.00
		350.00	0.00	0.00
		1980.00	0.00	0.00
		2440.00	0.00	0.00
		1100.00	0.00	0.00
		800.00	0.00	0.00
		1530.00	0.00	0.00
		1680.00	0.00	0.00
		830.00	0.00	0.00
		3440.00	0.00	0.00
		1550.00	0.00	0.00
		1610.00	0.00	0.00
		1330.00	0.00	0.00
		1230.00	0.00	0.00
		5250.00	0.00	0.00
		1300.00	0.00	0.00
		3440.00	0.00	0.00
		2890.00	0.00	0.00
		2410.00	0.00	0.00
		350.00	0.00	0.00
		5950.00	0.00	0.00
		2810.00	0.00	0.00
		3590.00	0.00	0.00
		830.00	0.00	0.00
		830.00	0.00	0.00
		2450.00	0.00	0.00
		1460.00	0.00	0.00
		830.00	0.00	0.00
		2160.00	0.00	0.00
		1230.00	0.00	0.00
		2030.00	0.00	0.00
		1420.00	0.00	0.00
		2260.00	0.00	0.00
		2410.00	0.00	0.00
		1860.00	0.00	0.00
		2260.00	0.00	0.00
		800.00	0.00	0.00
		830.00	0.00	0.00
		1380.00	0.00	0.00
		3430.00	0.00	0.00
		500.00	0.00	0.00
		1230.00	0.00	0.00
		1000.00	0.00	0.00
		2140.00	0.00	0.00
		2780.00	0.00	0.00
		2030.00	0.00	0.00
		1780.00	0.00	0.00
		830.00	0.00	0.00
		2790.00	0.00	0.00
		3230.00	0.00	0.00
		350.00	0.00	0.00
		1000.00	0.00	0.00

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PAYMENTS - Main Report Separated by Payment/Adjustment Type (BAD DEBT W/O)

<u>Ins ID</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
<u>Acct</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
		1730.00	0.00	0.00
		1300.00	0.00	0.00
		1800.00	0.00	0.00
		1530.00	0.00	0.00
		850.00	0.00	0.00
		2450.00	0.00	0.00
		850.00	0.00	0.00
		2950.00	0.00	0.00
		2800.00	0.00	0.00
		4560.00	0.00	0.00
		3110.00	0.00	0.00
		5560.00	0.00	0.00
		1430.00	0.00	0.00
		1730.00	0.00	0.00
		1150.00	0.00	0.00
		3360.00	0.00	0.00
		3290.00	0.00	0.00
		350.00	0.00	0.00
		1460.00	0.00	0.00
		1300.00	0.00	0.00
		1230.00	0.00	0.00
		830.00	0.00	0.00
		950.00	0.00	0.00
		3410.00	0.00	0.00
		350.00	0.00	0.00
		350.00	0.00	0.00
		350.00	0.00	0.00
		4730.00	0.00	0.00
		1300.00	0.00	0.00
		1740.00	0.00	0.00
		2750.00	0.00	0.00
		2800.00	0.00	0.00
		1380.00	0.00	0.00
		500.00	0.00	0.00
		3940.00	0.00	0.00
		1230.00	0.00	0.00
		3530.00	0.00	0.00
		850.00	0.00	0.00
		2080.00	0.00	0.00
		1300.00	0.00	0.00
		3830.00	0.00	0.00
		1880.00	0.00	0.00
		1000.00	0.00	0.00
		5280.00	0.00	0.00
		3910.00	0.00	0.00
		980.00	0.00	0.00
		5350.00	0.00	0.00
		2800.00	0.00	0.00
		1880.00	0.00	0.00
		350.00	0.00	0.00
		1000.00	0.00	0.00
		2630.00	0.00	0.00
		3060.00	0.00	0.00

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PAYMENTS - Main Report Separated by Payment/Adjustment Type (BAD DEBT W/O)

<u>Ins ID</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
<u>Acct</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
		950.00	0.00	0.00
		500.00	0.00	0.00
		1430.00	0.00	0.00
		2560.00	0.00	0.00
		1100.00	0.00	0.00
		350.00	0.00	0.00
		770.00	0.00	0.00
		790.00	0.00	0.00
		1460.00	0.00	0.00
		350.00	0.00	0.00
		1150.00	0.00	0.00
		1150.00	0.00	0.00
		1330.00	0.00	0.00
		2260.00	0.00	0.00
		1150.00	0.00	0.00
		2580.00	0.00	0.00
		4050.00	0.00	0.00
		2220.00	0.00	0.00
		2350.00	0.00	0.00
		500.00	0.00	0.00
		800.00	0.00	0.00
		2280.00	0.00	0.00
		1230.00	0.00	0.00
		830.00	0.00	0.00
		3910.00	0.00	0.00
		1860.00	0.00	0.00
		1760.00	0.00	0.00
		2700.00	0.00	0.00
		1030.00	0.00	0.00
		1230.00	0.00	0.00
		950.00	0.00	0.00
		500.00	0.00	0.00
		500.00	0.00	0.00
		1230.00	0.00	0.00
		3010.00	0.00	0.00
		350.00	0.00	0.00
		1130.00	0.00	0.00
		3590.00	0.00	0.00
		1130.00	0.00	0.00
		3190.00	0.00	0.00
		950.00	0.00	0.00
		4040.00	0.00	0.00
		5570.00	0.00	0.00
		3140.00	0.00	0.00
		350.00	0.00	0.00
		4140.00	0.00	0.00
		2890.00	0.00	0.00
		4320.00	0.00	0.00
		3030.00	0.00	0.00
		3360.00	0.00	0.00
		830.00	0.00	0.00
		830.00	0.00	0.00
		830.00	0.00	0.00

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PAYMENTS - Main Report Separated by Payment/Adjustment Type (BAD DEBT W/O)

<u>Ins ID</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
<u>Acct</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
		1230.00	0.00	0.00
		1980.00	0.00	0.00
		3920.00	0.00	0.00
		1530.00	0.00	0.00
		1780.00	0.00	0.00
		830.00	0.00	0.00
		980.00	0.00	0.00
		1130.00	0.00	0.00
		850.00	0.00	0.00
		1460.00	0.00	0.00
		1450.00	0.00	0.00
		1230.00	0.00	0.00
		500.00	0.00	0.00
		350.00	0.00	0.00
		3290.00	0.00	0.00
		3150.00	0.00	0.00
		1300.00	0.00	0.00
		350.00	0.00	0.00
		2260.00	0.00	0.00
		1230.00	0.00	0.00
		850.00	0.00	0.00
		1730.00	0.00	0.00
		1130.00	0.00	0.00
		2710.00	0.00	0.00
		1380.00	0.00	0.00
		1130.00	0.00	0.00
		950.00	0.00	0.00
		350.00	0.00	0.00
		3100.00	0.00	0.00
		3140.00	0.00	0.00
		2810.00	0.00	0.00
		2010.00	0.00	0.00
		1230.00	0.00	0.00
		2010.00	0.00	0.00
		3540.00	0.00	0.00
		890.00	0.00	0.00
		2740.00	0.00	0.00
		3580.00	0.00	0.00
		2760.00	0.00	0.00
		3440.00	0.00	0.00
		650.00	0.00	0.00
		650.00	0.00	0.00
		450.00	0.00	0.00
		450.00	0.00	0.00
		4340.00	0.00	0.00
		830.00	0.00	0.00
		1230.00	0.00	0.00
		2410.00	0.00	0.00
		1150.00	0.00	0.00
		830.00	0.00	0.00
		830.00	0.00	0.00
		1230.00	0.00	0.00
		1460.00	0.00	0.00

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PAYMENTS - Main Report Separated by Payment/Adjustment Type (BAD DEBT W/O)

<u>Ins ID</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
<u>Acct</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
		1230.00	0.00	0.00
		2360.00	0.00	0.00
		4570.00	0.00	0.00
		1380.00	0.00	0.00
		1380.00	0.00	0.00
		2660.00	0.00	0.00
		2260.00	0.00	0.00
		1610.00	0.00	0.00
		2010.00	0.00	0.00
		2370.00	0.00	0.00
		1230.00	0.00	0.00
		350.00	0.00	0.00
		1860.00	0.00	0.00
		3590.00	0.00	0.00
		1100.00	0.00	0.00
		2660.00	0.00	0.00
		350.00	0.00	0.00
		2010.00	0.00	0.00
		1860.00	0.00	0.00
		350.00	0.00	0.00
		1230.00	0.00	0.00
		1860.00	0.00	0.00
		1230.00	0.00	0.00
		1230.00	0.00	0.00
		1980.00	0.00	0.00
		2010.00	0.00	0.00
		1380.00	0.00	0.00
		1730.00	0.00	0.00
		1150.00	0.00	0.00
		1230.00	0.00	0.00
		940.00	0.00	0.00
		3450.00	0.00	0.00
		1730.00	0.00	0.00
		350.00	0.00	0.00
		980.00	0.00	0.00
		1230.00	0.00	0.00
		1730.00	0.00	0.00
		1230.00	0.00	0.00
		350.00	0.00	0.00
		1860.00	0.00	0.00
		1380.00	0.00	0.00
		500.00	0.00	0.00
		830.00	0.00	0.00
		1860.00	0.00	0.00
		2630.00	0.00	0.00
		830.00	0.00	0.00
		3190.00	0.00	0.00
		1230.00	0.00	0.00
		350.00	0.00	0.00
		2660.00	0.00	0.00
		1730.00	0.00	0.00
		2450.00	0.00	0.00
		1380.00	0.00	0.00

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PAYMENTS - Main Report Separated by Payment/Adjustment Type (BAD DEBT W/O)

<u>Ins ID</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
<u>Acct</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
		1380.00	0.00	0.00
		2500.00	0.00	0.00
		1000.00	0.00	0.00
		2010.00	0.00	0.00
		1380.00	0.00	0.00
		2030.00	0.00	0.00
		500.00	0.00	0.00
		800.00	0.00	0.00
		3630.00	0.00	0.00
		1460.00	0.00	0.00
		800.00	0.00	0.00
		950.00	0.00	0.00
		1230.00	0.00	0.00
		1860.00	0.00	0.00
		1230.00	0.00	0.00
		350.00	0.00	0.00
		2790.00	0.00	0.00
		350.00	0.00	0.00
		1730.00	0.00	0.00
		1600.00	0.00	0.00
		850.00	0.00	0.00
		1730.00	0.00	0.00
		500.00	0.00	0.00
		2470.00	0.00	0.00
		2470.00	0.00	0.00
		3390.00	0.00	0.00
		2510.00	0.00	0.00
		850.00	0.00	0.00
		2120.00	0.00	0.00
		830.00	0.00	0.00
		1380.00	0.00	0.00
		1860.00	0.00	0.00
		1530.00	0.00	0.00
		830.00	0.00	0.00
		1230.00	0.00	0.00
		2410.00	0.00	0.00
		350.00	0.00	0.00
		3040.00	0.00	0.00
		350.00	0.00	0.00
		1860.00	0.00	0.00
		1900.00	0.00	0.00
		1730.00	0.00	0.00
		1730.00	0.00	0.00
		2740.00	0.00	0.00
		1680.00	0.00	0.00
		800.00	0.00	0.00
		1230.00	0.00	0.00
		2030.00	0.00	0.00
		1960.00	0.00	0.00
		1730.00	0.00	0.00
		350.00	0.00	0.00
		1230.00	0.00	0.00
		1730.00	0.00	0.00

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PAYMENTS - Main Report Separated by Payment/Adjustment Type (BAD DEBT W/O)

<u>Ins ID</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
<u>Acct</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
		1400.00	0.00	0.00
		1230.00	0.00	0.00
		350.00	0.00	0.00
		1230.00	0.00	0.00
		2510.00	0.00	0.00
		1380.00	0.00	0.00
		1730.00	0.00	0.00
		1230.00	0.00	0.00
		4510.00	0.00	0.00
		2590.00	0.00	0.00
		500.00	0.00	0.00
		1530.00	0.00	0.00
		350.00	0.00	0.00
		350.00	0.00	0.00
		830.00	0.00	0.00
		350.00	0.00	0.00
		350.00	0.00	0.00
		350.00	0.00	0.00
		350.00	0.00	0.00
		5080.00	0.00	0.00
		500.00	0.00	0.00
		3540.00	0.00	0.00
		1230.00	0.00	0.00
		350.00	0.00	0.00
		500.00	0.00	0.00
		830.00	0.00	0.00
		1730.00	0.00	0.00
		1230.00	0.00	0.00
		1230.00	0.00	0.00
		1230.00	0.00	0.00
		1380.00	0.00	0.00
		1150.00	0.00	0.00
		2810.00	0.00	0.00
		2030.00	0.00	0.00
		2260.00	0.00	0.00
		500.00	0.00	0.00
		1860.00	0.00	0.00
		2360.00	0.00	0.00
		1230.00	0.00	0.00
		350.00	0.00	0.00
		1730.00	0.00	0.00
		1230.00	0.00	0.00
		1730.00	0.00	0.00
		1000.00	0.00	0.00
		7230.00	0.00	0.00
		4470.00	0.00	0.00
		3390.00	0.00	0.00
		2010.00	0.00	0.00
		1150.00	0.00	0.00
		2010.00	0.00	0.00
		3040.00	0.00	0.00
		1380.00	0.00	0.00
		1380.00	0.00	0.00

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PAYMENTS - Main Report Separated by Payment/Adjustment Type (BAD DEBT W/O)

<u>Ins ID</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
<u>Accl</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
		500.00	0.00	0.00
		1330.00	0.00	0.00
		2030.00	0.00	0.00
		650.00	0.00	0.00
		500.00	0.00	0.00
		350.00	0.00	0.00
		1230.00	0.00	0.00
		1230.00	0.00	0.00
		1230.00	0.00	0.00
		1230.00	0.00	0.00
		1380.00	0.00	0.00
		2360.00	0.00	0.00
		1330.00	0.00	0.00
		1380.00	0.00	0.00
		1230.00	0.00	0.00
		2260.00	0.00	0.00
		1440.00	0.00	0.00
		1860.00	0.00	0.00
		830.00	0.00	0.00
		350.00	0.00	0.00
		1380.00	0.00	0.00
		2760.00	0.00	0.00
		1150.00	0.00	0.00
		2180.00	0.00	0.00
		350.00	0.00	0.00
		1230.00	0.00	0.00
		350.00	0.00	0.00
		350.00	0.00	0.00
		850.00	0.00	0.00
		790.00	0.00	0.00
		1000.00	0.00	0.00
		2670.00	0.00	0.00
		350.00	0.00	0.00
		1230.00	0.00	0.00
		350.00	0.00	0.00
		1530.00	0.00	0.00
		2670.00	0.00	0.00
		350.00	0.00	0.00
		2340.00	0.00	0.00
		2510.00	0.00	0.00
		650.00	0.00	0.00
		1960.00	0.00	0.00
		1230.00	0.00	0.00
		1860.00	0.00	0.00
		2500.00	0.00	0.00
		1230.00	0.00	0.00
		1880.00	0.00	0.00
		1880.00	0.00	0.00
		1730.00	0.00	0.00
		2760.00	0.00	0.00
		1380.00	0.00	0.00
		4120.00	0.00	0.00
		850.00	0.00	0.00

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PAYMENTS - Main Report Separated by Payment/Adjustment Type (BAD DEBT W/O)

<u>Ins ID</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
<u>Acct</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
		3070.00	0.00	0.00
		4180.00	0.00	0.00
		1730.00	0.00	0.00
		1730.00	0.00	0.00
		1230.00	0.00	0.00
		350.00	0.00	0.00
		2920.00	0.00	0.00
		2190.00	0.00	0.00
		1730.00	0.00	0.00
		1480.00	0.00	0.00
		1230.00	0.00	0.00
		1680.00	0.00	0.00
		1230.00	0.00	0.00
		1230.00	0.00	0.00
		350.00	0.00	0.00
		2360.00	0.00	0.00
		1730.00	0.00	0.00
		350.00	0.00	0.00
		850.00	0.00	0.00
		1230.00	0.00	0.00
		1230.00	0.00	0.00
		1160.00	0.00	0.00
		3070.00	0.00	0.00
		2760.00	0.00	0.00
		3370.00	0.00	0.00
		1230.00	0.00	0.00
		1230.00	0.00	0.00
		350.00	0.00	0.00
		1230.00	0.00	0.00
		350.00	0.00	0.00
		830.00	0.00	0.00
		1230.00	0.00	0.00
		1730.00	0.00	0.00
		1730.00	0.00	0.00
		1860.00	0.00	0.00
		1380.00	0.00	0.00
		350.00	0.00	0.00
		2890.00	0.00	0.00
		500.00	0.00	0.00
		2830.00	0.00	0.00
		2280.00	0.00	0.00
		2500.00	0.00	0.00
		2180.00	0.00	0.00
		350.00	0.00	0.00
		1290.00	0.00	0.00
		1230.00	0.00	0.00
		1230.00	0.00	0.00
		1230.00	0.00	0.00
		4380.00	0.00	0.00
		2910.00	0.00	0.00
		650.00	0.00	0.00
		350.00	0.00	0.00

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PAYMENTS - Main Report Separated by Payment/Adjustment Type (BAD DEBT W/O)

<u>Ins ID</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
<u>Acct</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
		350.00	0.00	0.00
		1850.00	0.00	0.00
		2360.00	0.00	0.00
		1480.00	0.00	0.00
		1230.00	0.00	0.00
		3440.00	0.00	0.00
		2410.00	0.00	0.00
		1730.00	0.00	0.00
		850.00	0.00	0.00
		850.00	0.00	0.00
		2260.00	0.00	0.00
		790.00	0.00	0.00
		3290.00	0.00	0.00
		1730.00	0.00	0.00
		1850.00	0.00	0.00
		3380.00	0.00	0.00
		1730.00	0.00	0.00
		1730.00	0.00	0.00
		2030.00	0.00	0.00
		2410.00	0.00	0.00
		1380.00	0.00	0.00
		650.00	0.00	0.00
		1150.00	0.00	0.00
		2410.00	0.00	0.00
		2320.00	0.00	0.00
		770.00	0.00	0.00
		790.00	0.00	0.00
		1230.00	0.00	0.00
		850.00	0.00	0.00
		1420.00	0.00	0.00
		1230.00	0.00	0.00
		830.00	0.00	0.00
		1730.00	0.00	0.00
		1230.00	0.00	0.00
		1130.00	0.00	0.00
		1230.00	0.00	0.00
		2410.00	0.00	0.00
		5590.00	0.00	0.00
		1820.00	0.00	0.00
		1230.00	0.00	0.00
		1230.00	0.00	0.00
		2220.00	0.00	0.00
		350.00	0.00	0.00
		1230.00	0.00	0.00
		350.00	0.00	0.00
		350.00	0.00	0.00
		2350.00	0.00	0.00
		1880.00	0.00	0.00
		2260.00	0.00	0.00
		850.00	0.00	0.00
		2260.00	0.00	0.00
		1730.00	0.00	0.00
		2410.00	0.00	0.00

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PAYMENTS - Main Report Separated by Payment/Adjustment Type (BAD DEBT W/O)

<u>Ins ID</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
<u>Acct</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
		3940.00	0.00	0.00
		1730.00	0.00	0.00
		350.00	0.00	0.00
		4260.00	0.00	0.00
		2260.00	0.00	0.00
		1860.00	0.00	0.00
		3390.00	0.00	0.00
		1380.00	0.00	0.00
		2180.00	0.00	0.00
		2760.00	0.00	0.00
		3210.00	0.00	0.00
		800.00	0.00	0.00
		1230.00	0.00	0.00
		1230.00	0.00	0.00
		2260.00	0.00	0.00
		790.00	0.00	0.00
		1230.00	0.00	0.00
		1230.00	0.00	0.00
		2850.00	0.00	0.00
		830.00	0.00	0.00
		1860.00	0.00	0.00
		1230.00	0.00	0.00
		350.00	0.00	0.00
		350.00	0.00	0.00
		2260.00	0.00	0.00
		1380.00	0.00	0.00
		2760.00	0.00	0.00
		1530.00	0.00	0.00
		3290.00	0.00	0.00
		2410.00	0.00	0.00
		4720.00	0.00	0.00
		350.00	0.00	0.00
		980.00	0.00	0.00
		1860.00	0.00	0.00
		350.00	0.00	0.00
		3620.00	0.00	0.00
		650.00	0.00	0.00
		3040.00	0.00	0.00
		1380.00	0.00	0.00
		850.00	0.00	0.00
		1130.00	0.00	0.00
		1380.00	0.00	0.00
		1380.00	0.00	0.00
		1380.00	0.00	0.00
		1230.00	0.00	0.00
		1230.00	0.00	0.00
		2220.00	0.00	0.00
		1880.00	0.00	0.00
		1000.00	0.00	0.00
		2260.00	0.00	0.00
		1230.00	0.00	0.00
		350.00	0.00	0.00
		1970.00	0.00	0.00

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PAYMENTS - Main Report Separated by Payment/Adjustment Type (BAD DEBT W/O)

<u>Ins ID</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
<u>Acct</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
		4060.00	0.00	0.00
		1730.00	0.00	0.00
		1730.00	0.00	0.00
		1230.00	0.00	0.00
		1230.00	0.00	0.00
		1230.00	0.00	0.00
		1380.00	0.00	0.00
		2410.00	0.00	0.00
		1530.00	0.00	0.00
		1380.00	0.00	0.00
		1600.00	0.00	0.00
		1880.00	0.00	0.00
		350.00	0.00	0.00
		980.00	0.00	0.00
		350.00	0.00	0.00
		1000.00	0.00	0.00
		4790.00	0.00	0.00
		500.00	0.00	0.00
		2730.00	0.00	0.00
		1860.00	0.00	0.00
		1730.00	0.00	0.00
		1380.00	0.00	0.00
		2500.00	0.00	0.00
		1860.00	0.00	0.00
		350.00	0.00	0.00
		1230.00	0.00	0.00
		1330.00	0.00	0.00
		1680.00	0.00	0.00
		1000.00	0.00	0.00
		1230.00	0.00	0.00
		1880.00	0.00	0.00
		1230.00	0.00	0.00
		1230.00	0.00	0.00
		2010.00	0.00	0.00
		2260.00	0.00	0.00
		1230.00	0.00	0.00
		1380.00	0.00	0.00
		3210.00	0.00	0.00
		3140.00	0.00	0.00
		2480.00	0.00	0.00
		1880.00	0.00	0.00
		3060.00	0.00	0.00
		1230.00	0.00	0.00
		350.00	0.00	0.00
		1380.00	0.00	0.00
		3190.00	0.00	0.00
		3060.00	0.00	0.00
		4090.00	0.00	0.00
		2150.00	0.00	0.00
		1230.00	0.00	0.00
		1230.00	0.00	0.00
		1230.00	0.00	0.00
		1230.00	0.00	0.00

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PAYMENTS - Main Report Separated by Payment/Adjustment Type (BAD DEBT W/O)

<u>Ins ID</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
<u>Acct</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
		1230.00	0.00	0.00
		1230.00	0.00	0.00
		350.00	0.00	0.00
		1820.00	0.00	0.00
		1000.00	0.00	0.00
		1230.00	0.00	0.00
		350.00	0.00	0.00
		350.00	0.00	0.00
		2910.00	0.00	0.00
		1230.00	0.00	0.00
		2150.00	0.00	0.00
		1380.00	0.00	0.00
		350.00	0.00	0.00
		1230.00	0.00	0.00
		2260.00	0.00	0.00
		3240.00	0.00	0.00
		950.00	0.00	0.00
		1180.00	0.00	0.00
		1230.00	0.00	0.00
		2800.00	0.00	0.00
		2800.00	0.00	0.00
		2980.00	0.00	0.00
		1680.00	0.00	0.00
		1180.00	0.00	0.00
		2840.00	0.00	0.00
		1180.00	0.00	0.00
		2910.00	0.00	0.00
		1180.00	0.00	0.00
		2900.00	0.00	0.00
		1100.00	0.00	0.00
		2680.00	0.00	0.00
		1800.00	0.00	0.00
		2280.00	0.00	0.00
		3460.00	0.00	0.00
		2250.00	0.00	0.00
		1180.00	0.00	0.00
		2390.00	0.00	0.00
		1180.00	0.00	0.00
		1180.00	0.00	0.00
		950.00	0.00	0.00
		300.00	0.00	0.00
		2360.00	0.00	0.00
		1180.00	0.00	0.00
		3710.00	0.00	0.00
		300.00	0.00	0.00
		1180.00	0.00	0.00
		1180.00	0.00	0.00
		1330.00	0.00	0.00
		2210.00	0.00	0.00
		1950.00	0.00	0.00
		1810.00	0.00	0.00
		1430.00	0.00	0.00
		1830.00	0.00	0.00

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PAYMENTS - Main Report Separated by Payment/Adjustment Type (BAD DEBT W/O)

<u>Ins ID</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
<u>Acct</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
		300.00	0.00	0.00
		1180.00	0.00	0.00
		1180.00	0.00	0.00
		2450.00	0.00	0.00
		1960.00	0.00	0.00
		2600.00	0.00	0.00
		2970.00	0.00	0.00
		1180.00	0.00	0.00
		1960.00	0.00	0.00
		800.00	0.00	0.00
		800.00	0.00	0.00
		1980.00	0.00	0.00
		6420.00	0.00	0.00
		2680.00	0.00	0.00
		1410.00	0.00	0.00
		1630.00	0.00	0.00
		800.00	0.00	0.00
		1330.00	0.00	0.00
		450.00	0.00	0.00
		1280.00	0.00	0.00
		1910.00	0.00	0.00
		300.00	0.00	0.00
		300.00	0.00	0.00
		2460.00	0.00	0.00
		2860.00	0.00	0.00
		2440.00	0.00	0.00
		3090.00	0.00	0.00
		300.00	0.00	0.00
		300.00	0.00	0.00
		2940.00	0.00	0.00
		1180.00	0.00	0.00
		950.00	0.00	0.00
		2360.00	0.00	0.00
		1330.00	0.00	0.00
		1770.00	0.00	0.00
		1140.00	0.00	0.00
		1200.00	0.00	0.00
		740.00	0.00	0.00
		1880.00	0.00	0.00
		450.00	0.00	0.00
		720.00	0.00	0.00
		1180.00	0.00	0.00
		1180.00	0.00	0.00
		1180.00	0.00	0.00
		930.00	0.00	0.00
		300.00	0.00	0.00
		300.00	0.00	0.00
		3390.00	0.00	0.00
		300.00	0.00	0.00
		300.00	0.00	0.00
		300.00	0.00	0.00
		1250.00	0.00	0.00
		1390.00	0.00	0.00

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PAYMENTS - Main Report Separated by Payment/Adjustment Type (BAD DEBT W/O)

<u>Ins ID</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
<u>Accl</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
		1830.00	0.00	0.00
		1180.00	0.00	0.00
		1180.00	0.00	0.00
		3120.00	0.00	0.00
		780.00	0.00	0.00
		800.00	0.00	0.00
		1330.00	0.00	0.00
		1100.00	0.00	0.00
		1290.00	0.00	0.00
		600.00	0.00	0.00
		2400.00	0.00	0.00
		2060.00	0.00	0.00
		2320.00	0.00	0.00
		300.00	0.00	0.00
		950.00	0.00	0.00
		2420.00	0.00	0.00
		1830.00	0.00	0.00
		2130.00	0.00	0.00
		450.00	0.00	0.00
		1330.00	0.00	0.00
		2570.00	0.00	0.00
		1140.00	0.00	0.00
		1180.00	0.00	0.00
		2390.00	0.00	0.00
		1140.00	0.00	0.00
		740.00	0.00	0.00
		1240.00	0.00	0.00
		1290.00	0.00	0.00
		1680.00	0.00	0.00
		3920.00	0.00	0.00
		1640.00	0.00	0.00
		1640.00	0.00	0.00
		1940.00	0.00	0.00
		1640.00	0.00	0.00
		1100.00	0.00	0.00
		1680.00	0.00	0.00
		1940.00	0.00	0.00
		1290.00	0.00	0.00
		1880.00	0.00	0.00
		300.00	0.00	0.00
		1140.00	0.00	0.00
		1140.00	0.00	0.00
		1290.00	0.00	0.00
		1140.00	0.00	0.00
		300.00	0.00	0.00
		1980.00	0.00	0.00
		1290.00	0.00	0.00
		1180.00	0.00	0.00
		150.00	0.00	0.00
		300.00	0.00	0.00
		1440.00	0.00	0.00
		2280.00	0.00	0.00
		1140.00	0.00	0.00

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PAYMENTS - Main Report Separated by Payment/Adjustment Type (BAD DEBT W/O)

<u>Ins ID</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
<u>Accl</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
		1790.00	0.00	0.00
		2170.00	0.00	0.00
		2470.00	0.00	0.00
		2130.00	0.00	0.00
		2800.00	0.00	0.00
		2100.00	0.00	0.00
		2130.00	0.00	0.00
		1830.00	0.00	0.00
		1940.00	0.00	0.00
		600.00	0.00	0.00
		450.00	0.00	0.00
		300.00	0.00	0.00
		1140.00	0.00	0.00
		1330.00	0.00	0.00
		1330.00	0.00	0.00
		2780.00	0.00	0.00
		1140.00	0.00	0.00
		1640.00	0.00	0.00
		1140.00	0.00	0.00
		1140.00	0.00	0.00
		2630.00	0.00	0.00
		800.00	0.00	0.00
		1400.00	0.00	0.00
		1920.00	0.00	0.00
		3480.00	0.00	0.00
		2820.00	0.00	0.00
		2280.00	0.00	0.00
		1140.00	0.00	0.00
		1640.00	0.00	0.00
		300.00	0.00	0.00
		300.00	0.00	0.00
		800.00	0.00	0.00
		1330.00	0.00	0.00
		1330.00	0.00	0.00
		1290.00	0.00	0.00
		1140.00	0.00	0.00
		800.00	0.00	0.00
		2320.00	0.00	0.00
		3290.00	0.00	0.00
		1180.00	0.00	0.00
		3480.00	0.00	0.00
		1180.00	0.00	0.00
		1180.00	0.00	0.00
		300.00	0.00	0.00
		1800.00	0.00	0.00
		1800.00	0.00	0.00
		1290.00	0.00	0.00
		300.00	0.00	0.00
		1920.00	0.00	0.00
		1140.00	0.00	0.00
		2320.00	0.00	0.00
		1640.00	0.00	0.00
		1830.00	0.00	0.00

FOR ATTORNEY EYES ONLY-CONFIDENTIAL SUBJECT TO PROTECTIVE ORDER

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PAYMENTS - Main Report Separated by Payment/Adjustment Type (BAD DEBT W/O)

<u>Ins ID</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
<u>Acct</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
		1140.00	0.00	0.00
		1140.00	0.00	0.00
		1330.00	0.00	0.00
		4770.00	0.00	0.00
		3290.00	0.00	0.00
		2450.00	0.00	0.00
		3210.00	0.00	0.00
		1790.00	0.00	0.00
		2470.00	0.00	0.00
		1180.00	0.00	0.00
		1140.00	0.00	0.00
		4320.00	0.00	0.00
		1290.00	0.00	0.00
		2380.00	0.00	0.00
		2280.00	0.00	0.00
		2600.00	0.00	0.00
		1100.00	0.00	0.00
		3480.00	0.00	0.00
		800.00	0.00	0.00
		800.00	0.00	0.00
		800.00	0.00	0.00
		2600.00	0.00	0.00
		800.00	0.00	0.00
		1140.00	0.00	0.00
		1290.00	0.00	0.00
		740.00	0.00	0.00
		1140.00	0.00	0.00
		1140.00	0.00	0.00
		1330.00	0.00	0.00
		1180.00	0.00	0.00
		1100.00	0.00	0.00
		1180.00	0.00	0.00
		1180.00	0.00	0.00
		1180.00	0.00	0.00
		1790.00	0.00	0.00
		1640.00	0.00	0.00
		1440.00	0.00	0.00
		1180.00	0.00	0.00
		1240.00	0.00	0.00
		2820.00	0.00	0.00
		1180.00	0.00	0.00
		2450.00	0.00	0.00
		1700.00	0.00	0.00
		1790.00	0.00	0.00
		1800.00	0.00	0.00
		1140.00	0.00	0.00
		1640.00	0.00	0.00
		3140.00	0.00	0.00
		800.00	0.00	0.00
		1140.00	0.00	0.00
		300.00	0.00	0.00
		1240.00	0.00	0.00
		1250.00	0.00	0.00

FOR ATTORNEY EYES ONLY-CONFIDENTIAL SUBJECT TO PROTECTIVE ORDER

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PAYMENTS - Main Report Separated by Payment/Adjustment Type (BAD DEBT W/O)

<u>Ins ID</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
<u>Accl</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
		1330.00	0.00	0.00
		1640.00	0.00	0.00
		2130.00	0.00	0.00
		2430.00	0.00	0.00
		1830.00	0.00	0.00
		450.00	0.00	0.00
		450.00	0.00	0.00
		2170.00	0.00	0.00
		940.00	0.00	0.00
		800.00	0.00	0.00
		1240.00	0.00	0.00
		800.00	0.00	0.00
		800.00	0.00	0.00
		1180.00	0.00	0.00
		1140.00	0.00	0.00
		800.00	0.00	0.00
		1180.00	0.00	0.00
		1330.00	0.00	0.00
		2750.00	0.00	0.00
		1180.00	0.00	0.00
		300.00	0.00	0.00
		2120.00	0.00	0.00
		1730.00	0.00	0.00
		950.00	0.00	0.00
		1790.00	0.00	0.00
		300.00	0.00	0.00
		1730.00	0.00	0.00
		1770.00	0.00	0.00
		1140.00	0.00	0.00
		1140.00	0.00	0.00
		2320.00	0.00	0.00
		1180.00	0.00	0.00
		1390.00	0.00	0.00
		1240.00	0.00	0.00
		1730.00	0.00	0.00
		2170.00	0.00	0.00
		800.00	0.00	0.00
		1770.00	0.00	0.00
		1180.00	0.00	0.00
		1240.00	0.00	0.00
		1330.00	0.00	0.00
		740.00	0.00	0.00
		2000.00	0.00	0.00
		1180.00	0.00	0.00
		1180.00	0.00	0.00
		5120.00	0.00	0.00
		1100.00	0.00	0.00
		1140.00	0.00	0.00
		1140.00	0.00	0.00
		1180.00	0.00	0.00
		800.00	0.00	0.00
		1180.00	0.00	0.00
		800.00	0.00	0.00

FOR ATTORNEY EYES ONLY-CONFIDENTIAL SUBJECT TO PROTECTIVE ORDER

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PAYMENTS - Main Report Separated by Payment/Adjustment Type (BAD DEBT W/O)

Ins ID	Name	Adjusted	Deductible	Paid
Acct	Name	Adjusted	Deductible	Paid
		2360.00	0.00	0.00
		1770.00	0.00	0.00
		1440.00	0.00	0.00
		5860.00	0.00	0.00
		2720.00	0.00	0.00
		1400.00	0.00	0.00
		1940.00	0.00	0.00
		1480.00	0.00	0.00
		2360.00	0.00	0.00
		800.00	0.00	0.00
		2320.00	0.00	0.00
		2130.00	0.00	0.00
		1100.00	0.00	0.00
		2950.00	0.00	0.00
		300.00	0.00	0.00
		800.00	0.00	0.00
		1940.00	0.00	0.00
		2820.00	0.00	0.00
		2710.00	0.00	0.00
		1640.00	0.00	0.00
		2670.00	0.00	0.00
		300.00	0.00	0.00
		450.00	0.00	0.00
		2020.00	0.00	0.00
		1240.00	0.00	0.00
		1180.00	0.00	0.00
		1240.00	0.00	0.00
		1800.00	0.00	0.00
		1140.00	0.00	0.00
		2100.00	0.00	0.00
		1240.00	0.00	0.00
		1800.00	0.00	0.00
		1180.00	0.00	0.00
		2300.00	0.00	0.00
		2300.00	0.00	0.00
		1550.00	0.00	0.00
		2000.00	0.00	0.00
		3750.00	0.00	0.00
		2700.00	0.00	0.00
		1550.00	0.00	0.00
		2600.00	0.00	0.00
		4300.00	0.00	0.00
		2750.00	0.00	0.00
		1150.00	0.00	0.00
		1400.00	0.00	0.00
		1850.00	0.00	0.00
		2000.00	0.00	0.00
		2750.00	0.00	0.00
		2600.00	0.00	0.00
		5000.00	0.00	0.00
		1400.00	0.00	0.00
		1500.00	0.00	0.00
		1350.00	0.00	0.00

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PAYMENTS - Main Report Separated by Payment/Adjustment Type (BAD DEBT W/O)

Ins ID	Name	Adjusted	Deductible	Paid
Acct	Name	Adjusted	Deductible	Paid
		1350.00	0.00	0.00
		3250.00	0.00	0.00
		3050.00	0.00	0.00
		2600.00	0.00	0.00
		950.00	0.00	0.00
		950.00	0.00	0.00
		1550.00	0.00	0.00
		3100.00	0.00	0.00
		3050.00	0.00	0.00
		5050.00	0.00	0.00
		1900.00	0.00	0.00
		1900.00	0.00	0.00
		1850.00	0.00	0.00
		800.00	0.00	0.00
		4300.00	0.00	0.00
		3050.00	0.00	0.00
		1400.00	0.00	0.00
		3000.00	0.00	0.00
		1350.00	0.00	0.00
		1900.00	0.00	0.00
		1850.00	0.00	0.00
		1900.00	0.00	0.00
		1500.00	0.00	0.00
		1350.00	0.00	0.00
		2850.00	0.00	0.00
		1350.00	0.00	0.00
		800.00	0.00	0.00
		6925.00	0.00	0.00
		3250.00	0.00	0.00
		1350.00	0.00	0.00
		800.00	0.00	0.00
		1900.00	0.00	0.00
		2600.00	0.00	0.00
		3050.00	0.00	0.00
		3850.00	0.00	0.00
		5150.00	0.00	0.00
		5500.00	0.00	0.00
		950.00	0.00	0.00
		2200.00	0.00	0.00
		1900.00	0.00	0.00
		3200.00	0.00	0.00
		1900.00	0.00	0.00
		300.00	0.00	0.00
		3050.00	0.00	0.00
		2450.00	0.00	0.00
		3775.00	0.00	0.00
		1850.00	0.00	0.00
		3900.00	0.00	0.00
		1800.00	0.00	0.00
		2850.00	0.00	0.00
		3050.00	0.00	0.00
		300.00	0.00	0.00
		4900.00	0.00	0.00

FOR ATTORNEY EYES ONLY-CONFIDENTIAL SUBJECT TO PROTECTIVE ORDER

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Page 23

PAYMENTS - Main Report Separated by Payment/Adjustment Type (BAD DEBT W/O)

<u>Ins ID</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
<u>Accl</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
		3050.00	0.00	0.00
		2900.00	0.00	0.00
		3350.00	0.00	0.00
		1850.00	0.00	0.00
		4450.00	0.00	0.00
		5450.00	0.00	0.00
		1350.00	0.00	0.00
		2850.00	0.00	0.00
		1800.00	0.00	0.00
		3900.00	0.00	0.00
		3050.00	0.00	0.00
		1350.00	0.00	0.00
		1350.00	0.00	0.00
		1350.00	0.00	0.00
		1900.00	0.00	0.00
		1400.00	0.00	0.00
		1400.00	0.00	0.00
		300.00	0.00	0.00
		2350.00	0.00	0.00
		5500.00	0.00	0.00
		2200.00	0.00	0.00
		2150.00	0.00	0.00
		1100.00	0.00	0.00
		300.00	0.00	0.00
		1350.00	0.00	0.00
		300.00	0.00	0.00
		1350.00	0.00	0.00
		3250.00	0.00	0.00
		2050.00	0.00	0.00
		2600.00	0.00	0.00
		3750.00	0.00	0.00
		1350.00	0.00	0.00
		600.00	0.00	0.00
		3250.00	0.00	0.00
		1350.00	0.00	0.00
		1850.00	0.00	0.00
		2550.00	0.00	0.00
		4250.00	0.00	0.00
		1800.00	0.00	0.00
		4410.00	0.00	0.00
		3800.00	0.00	0.00
		3200.00	0.00	0.00
		1850.00	0.00	0.00
		2300.00	0.00	0.00
		800.00	0.00	0.00
		1400.00	0.00	0.00
		2250.00	0.00	0.00
		1350.00	0.00	0.00
		4250.00	0.00	0.00
		4050.00	0.00	0.00
		3050.00	0.00	0.00
		1350.00	0.00	0.00
		1350.00	0.00	0.00

FOR ATTORNEY EYES ONLY-CONFIDENTIAL SUBJECT TO PROTECTIVE ORDER

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PAYMENTS - Main Report Separated by Payment/Adjustment Type (BAD DEBT W/O)

<u>Ins ID</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
<u>Acct</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
		1350.00	0.00	0.00
		950.00	0.00	0.00
		950.00	0.00	0.00
		800.00	0.00	0.00
		1350.00	0.00	0.00
		300.00	0.00	0.00
		1550.00	0.00	0.00
		800.00	0.00	0.00
		4500.00	0.00	0.00
		3750.00	0.00	0.00
		2200.00	0.00	0.00
		1400.00	0.00	0.00
		1400.00	0.00	0.00
		1350.00	0.00	0.00
		2050.00	0.00	0.00
		5450.00	0.00	0.00
		1400.00	0.00	0.00
		1350.00	0.00	0.00
		4050.00	0.00	0.00
		1000.00	0.00	0.00
		1350.00	0.00	0.00
		3750.00	0.00	0.00
		2000.00	0.00	0.00
		2550.00	0.00	0.00
		3350.00	0.00	0.00
		1400.00	0.00	0.00
		1500.00	0.00	0.00
		800.00	0.00	0.00
		1400.00	0.00	0.00
		300.00	0.00	0.00
		1500.00	0.00	0.00
		4050.00	0.00	0.00
		1500.00	0.00	0.00
		800.00	0.00	0.00
		2000.00	0.00	0.00
		3050.00	0.00	0.00
		1350.00	0.00	0.00
		3100.00	0.00	0.00
		2700.00	0.00	0.00
		4450.00	0.00	0.00
		3250.00	0.00	0.00
		2850.00	0.00	0.00
TOTAL :		\$2219416.	\$0.00	\$0.00

FOR ATTORNEY EYES ONLY-CONFIDENTIAL SUBJECT TO PROTECTIVE ORDER

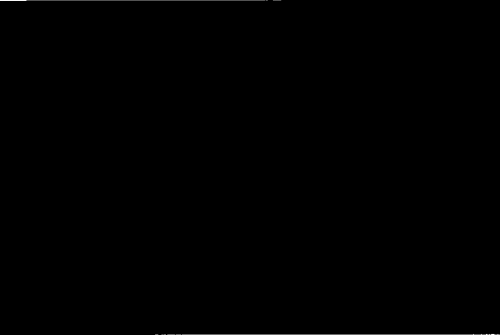
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PAYMENTS - Main Report Separated by Payment/Adjustment Type (POSTING ERROR)

Level of Detail: One row per Patient; Transaction Date: Performed/Paid; Sorted By: Name; Date Range: All Dates; Include Crossover Charges; Use Parent Insurance Co: No; Include Adjustments: Yes; Include Description Only: No; Include Refunds: Yes; Transaction Selections: Insurance Plan ID Equal to 14

Ins ID	Name	Adjusted	Deductible	Paid
Accl	Name	Adjusted	Deductible	Paid
		11160.00	0.00	0.00
		1230.00	0.00	0.00
		1610.00	0.00	0.00
		2180.00	0.00	0.00
		150.00	0.00	0.00
		630.00	0.00	0.00
		1230.00	0.00	0.00
		80.00	0.00	0.00
		2700.00	0.00	0.00
		1350.00	0.00	0.00
TOTAL:		\$11160.00	\$0.00	\$0.00

FOR ATTORNEY EYES ONLY-CONFIDENTIAL SUBJECT TO PROTECTIVE ORDER

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Page 1

PAYMENTS - Main Report Separated by Payment/Adjustment Type (PRIVATE INSURANCE ADJUSTMENT)

Level of Detail: One row per Patient; Transaction Date: Performed/Paid; Sorted By: Name; Date Range: All Dates; Include Crossover Charges; Use Parent Insurance Co: No; Include Adjustments: Yes; Include Description Only: No; Include Refunds: Yes; Transaction Selections: Insurance Plan ID Equal to 14

<u>Ins ID</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
<u>Acct</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
		1200.00	0.00	0.00
		1200.00	0.00	0.00
TOTAL :		\$1200.00	\$0.00	\$0.00

FOR ATTORNEY EYES ONLY-CONFIDENTIAL SUBJECT TO PROTECTIVE ORDER

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PAYMENTS - Main Report Separated by Payment/Adjustment Type (PRIVATE INSURANCE PAYMENT)

Level of Detail: One row per Patient; Transaction Date: Performed/Paid; Sorted By: Name; Date Range: All Dates; Include Crossover Charges; Use Parent Insurance Co: No; Include Adjustments: Yes; Include Description Only: No; Include Refunds: Yes; Transaction Selections: Insurance Plan ID Equal to 14

<u>Ins ID</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
<u>Acct</u>	<u>Name</u>	<u>Adjusted</u>	<u>Deductible</u>	<u>Paid</u>
		0.00	0.00	1830.00
		0.00	0.00	1830.00
TOTAL :		\$0.00	\$0.00	\$1830.00

FOR ATTORNEY EYES ONLY-CONFIDENTIAL SUBJECT TO PROTECTIVE ORDER

March 28, 2019 10:23 AM

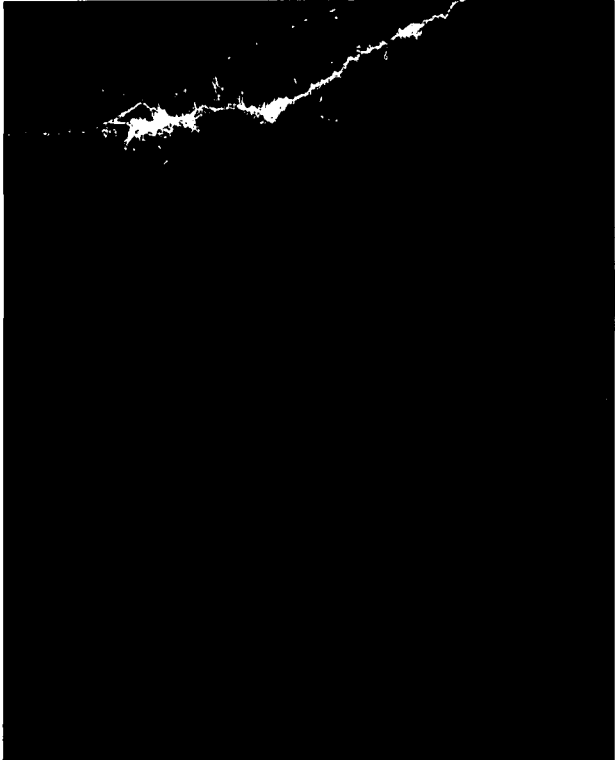
CLEARWATER

Page 1

PAYMENTS - Main Report Separated by Payment/Adjustment Type (WRITE OFF)

Level of Detail: One row per Patient; Transaction Date: Performed/Paid; Sorted By: Name; Date Range: All Dates; Include Crossover Charges; Use Parent Insurance Co: No; Include Adjustments: Yes; Include Description Only: No; Include Refunds: Yes; Transaction Selections: Insurance Plan ID Equal to 14

Ins ID	Name	Adjusted	Deductible	Paid
Acct	Name	Adjusted	Deductible	Paid
		16490.00	0.00	0.00
		1065.00	0.00	0.00
		610.00	0.00	0.00
		50.00	0.00	0.00
		680.00	0.00	0.00
		840.00	0.00	0.00
		1980.00	0.00	0.00
		540.00	0.00	0.00
		510.00	0.00	0.00
		320.00	0.00	0.00
		1320.00	0.00	0.00
		1370.00	0.00	0.00
		770.00	0.00	0.00
		100.00	0.00	0.00
		615.00	0.00	0.00
		440.00	0.00	0.00
		280.00	0.00	0.00
		1680.00	0.00	0.00
		460.00	0.00	0.00
		310.00	0.00	0.00
		130.00	0.00	0.00
		570.00	0.00	0.00
		640.00	0.00	0.00
		1210.00	0.00	0.00
TOTAL :		\$16490.00	\$0.00	\$0.00



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HOME OUR STAFF LOCATIONS SERVED CONTACT US NEW PATIENT REGISTRATION PATIENT PORTAL

PHONE: (330) 331-7207

Located In Founders Hall
195 Wadsworth Rd, Suite
402
Wadsworth, OH 44281

Fax: (330) 331-7567
Email:

info@wadsworthmedicalcenter.com

CONTACT US DIRECTLY:

Name *

First Name Last Name

Email Address *

Phone *

(###) ### -####

Subject *

Message *

Welcome!

Our office, under the guidance of four private practitioners, aims to provide quality medical care to patients in the Wadsworth and surrounding areas. While specializing in adult and geriatric medicine, we offer services to patients in early childhood, adolescence, young adulthood and up! We take pride in being a private, independent office, which allows us to provide the best of care for our patients. We hope to see you soon!



Our Services:

- Sports & work physicals
- Geriatric care
- Nursing home care
- Gynecologic exams
- Well adult physicals/preventative care
- Same day acute visits
- Trigger point injections
- Joint injections
- Minor surgery/skin procedures
- In-house labs
- Bladder scan
- Aorta scan
- Child/adolescent care
- E-Slim Therapy

We accept most major insurance companies, including...

- Aetna
- Anthem
- BCBS
- Cigna
- Hometown - The Health Plan
- Humana
- Medicare
- Medical Mutual
- Summa
- United Healthcare



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✉ info@wadsworthmedicalcenter.com

CONTACT US DIRECTLY:

Name *

First Name Last Name

Email Address *

Phone *

(###) ### -####

Subject *

Message *

Submit

* Please do not email regarding any acute medical concerns as the physicians may not be able to respond immediately. Please call the office at (330) 331-7207 with any acute medical concerns.

adulthood and up! We take pride in being a private, independent office, which allows us to provide the best of care for our patients. We hope to see you soon!

Gyn Services

- Sports & work physicals
- Geriatric care
- Nursing home care
- Gynecologic exams
- Well adult physical/preventative care
- Same day acute visits
- Trigger point injections
- Joint injections
- Minor surgeries/skin procedures
- In-house labs
- Bladder scan
- Aorta scan
- Child/adolescent care
- E-Stim Therapy

We accept most major insurance companies, including...

- Aetna
- Anthem
- BCBS
- Cigna
- Hometown - The Health Plan
- Humana
- Medicare
- Medical Mutual
- Summit
- United Healthcare

...and more!

Our Medical Team:



SAM N. GHOSBRIAR
MD



RICHARD M. GUNNING
MD



LISA ESTERLE
DO



LESLIE YOUNANS
CNP

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[Sam N. Ghosbriar, MD](#) | [Richard M. Gunning, MD](#) | [Leslie Youmans, CNP](#) | [Lisa Esterle, DO](#)

Wadsworth Medical Center | 195 Wadsworth Rd., Suite 402 | 330.331.7207

ADVERTISEMENT

Home > Internal Medicine Doctors > Dr. Sam Ghoubrial, MD



Dr. Sam Ghoubrial, MD

Internal Medicine · Male · Age 53



(6)

Save

Dr. Sam Ghoubrial, MD is an internal medicine specialist in Wadsworth, OH and has been practicing for 23 years. He graduated from Ohio Medical College-Toledo in 1993 and specializes in internal medicine.



Leave A Review

Internal Medicine Specialist Search >

Sam N Ghoubrial MD Inc

195 Wadsworth Rd Ste 402
Wadsworth, OH 44281

Contact Information

Insurance Accepted

- Aetna
- Anthem Blue Cross Blue Shield
- Blue Cross Blue Shield
- Cigna
- Coventry Health Care
- First Health (Coventry Health Care)
- Humana
- MultiPlan

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extended release · 11 mg tablets
Available by prescription only

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IS RIGHT FOR YOU.†

GET TO KNOW
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†For patients in which methotrexate or other similar medicines did not work well enough.

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IMPORTANT SAFETY INFORMATION AND INDICATION

XELJANZ/XELJANZ XR may cause serious side effects, including:

Serious infections. XELJANZ/XELJANZ XR can lower the ability of your immune system to fight infections. Some people can have serious infections while taking XELJANZ/XELJANZ XR, including tuberculosis (TB), and infections caused by bacteria, fungi, or viruses that can spread throughout the body. Some people have died from these

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**PLAINTIFF'S
EXHIBIT**
9



Wadsworth Medical Center

Richard H. Gunning, MD—Sam N. Ghoubrial, MD—Joshua M. Jones, MD

www.WadsworthMedicalCenter.com

Today's Date: ___/___/___
Birth Date: ___/___/___

Name: _____

Please fill out on every page

Patient Information— Please Print

Last Name: _____ First Name: _____

Middle Name: _____ Date of Birth: _____ Gender M F

Social Security #: _____ Maiden or Nickname: _____

Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

Home Phone Number: _____ OK to leave message? Yes No

Work Phone Number: _____ OK to leave message? Yes No

Email Address: _____ OK to leave message? Yes No

Marital Status: Single Married Divorced Widowed Partner

Race: American Indian/ Alaskan Native Asian African American Native Hawaiian or other Pacific Islander
 Caucasian Other

Patient's Employer Information

Patient's Employer: _____ Full Time Part Time

Employer's Address: _____ Suite: _____

City: _____ State: _____ Zip: _____

If Student, School Name: _____ Full Time Part Time

Insurance Information— Primary, Secondary, Other

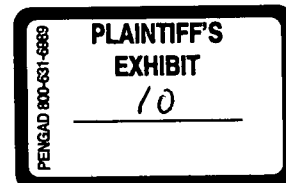
Do you have health insurance? Yes Please give insurance card(s) to the receptionist No

Primary Insurance Company Name: _____

Please indicate the policyholder for the primary insurance: Self Parent Spouse Other: _____

Secondary Insurance Company Name: _____

Please indicate the policyholder for the secondary insurance: Self Parent Spouse Other: _____





Wadsworth Medical Center

Richard H. Gunning, MD—Sam N. Ghoubril, MD—Joshua M. Jones, MD

www.WadsworthMedicalCenter.com

Today's Date: ___/___/___
Birth Date: ___/___/___

Name: _____

Please fill out on every page

Spouse or Parent's Information— If patient is covered by spouse or parent

Spouse/ Parent's Name: _____ Spouse/ Parent's Birth Date: _____

Spouse/ Parent's SSN: _____ Employer's Phone: _____

Spouse/ Parent's Employer's Address: _____

City: _____ State: _____ Zip: _____

Emergency Information

In case of emergency, please list the nearest living relative/ friend (other than your spouse/ parent) we may contact:

Name: _____

Phone: _____

Relationship: _____

May we talk to them about your medical concerns?

Yes No

Preferred Pharmacy

Unless otherwise specified, we will electronically send prescriptions to the following pharmacy:

Name: _____

Location: _____

Phone: _____

How did you hear of us?

Current Patient • Name: _____ Physician Referral • Name: _____

Health Plan/ Insurance Directory

Advertising— Please specify

Yellow pages Internet Newspaper Other _____



Wadsworth Medical Center

Richard H. Gunning, MD—Sam N. Ghoubril, MD—Joshua M. Jones, MD

www.WadsworthMedicalCenter.com

Today's Date: ____/____/____
Birth Date: ____/____/____

Name: _____

Please fill out on every page

Important Office Policies

Release of Medical Information: I authorize Sam N. Ghoubril M.D. Inc. (d.b.a. Wadsworth Medical Center) to release my medical records to any physician, hospital, or agency involved in the care of the patient listed.

Assignment of Medical Benefits: I authorize my insurance carrier to assign all medical benefits, if applicable, to Sam N. Ghoubril M.D. Inc. (d.b.a. Wadsworth Medical Center). I also authorize release of medical information necessary to process all medical insurance claims.

Payment Policy: Co-payments are to be collected at the time services are received. We accept cash, check and credit. All medical services are directly charged to the patient or responsible party. If our physicians are contracted with your insurance carrier, we will accept their negotiated rate for the charges billed. However, you will be responsible for any balance deemed patient responsibility/ non- payable/ non-covered by your insurance and billed accordingly. Payment is expected in upon receipt of statement or payment arrangements must be made with our billing office.

Cancellation Policy: Our office reserves the right to cancel your appointment if you are more than ten minutes late. Our office requests that if an appointment needs to be cancelled that we receive notice no later than 4 hours prior to the appointment.

Drug Screening Policy: Our office reserves the right to randomly drug test any individual, without their individual consent and/or knowledge, if the physician feels that it is necessary. Random screenings may be done if narcotics are prescribed.

I HAVE READ, UNDERSTAND, AND AGREE TO ABIDE BY THE ABOVE OFFICE POLICIES.

Signature of Patient or Parent of Minor

Date



Wadsworth Medical Center

Richard H. Gunning, MD—Sam N. Ghoubrial, MD—Joshua M. Jones, MD

www.WadsworthMedicalCenter.com

Today's Date: ___/___/___
Birth Date: ___/___/___

Name: _____

Please fill out on every page

Please list dates of your last:

Cholesterol test: _____ Pneumonia vaccine: _____ Tetanus vaccine: _____

Flexible sigmoidoscopy/ Colonoscopy cancer screening: _____ Shingles vaccine: _____

Women

Pap smear: _____

Pelvic exam: _____

Mammogram: _____

Breast Exam: _____

DEXA Bone Density Scan: _____

Men

Prostate cancer screening blood test: _____

Prostate exam: _____

Please list any other physicians, specialists and/or preventative care you are currently seeking:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Lifestyle

Ever use tobacco? Yes No Date stopped if no longer using: _____

Currently using chewing tobacco, snuff, pipe or cigarettes? Yes No How many packs per day? _____

Alcohol use: More than one drink per day Less than one drink per day Never

Caffeine use: More than two drinks per day Two drinks or less per day Never

Recreational drugs (marijuana, cocaine, etc.) Please specify type and frequency. _____

Sexual preference Men Women Both

Live by myself Live with _____

Excessive exposure at work/home to: Fumes Dust Solvent Noise Air-born particles

Do you have any special request due to religious practices/ culture/ values? _____

Education: _____ Occupation: _____



Wadsworth Medical Center

Richard H. Gunning, MD—Sam N. Ghoubrial, MD—Joshua M. Jones, MD

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Today's Date: ___/___/___
Birth Date: ___/___/___

Name: _____

Please fill out on every page

I currently have the follow:

Skin

- Rash
- Sores
- Moles to check

Skeleton

- Pain in joints
- Stiffness in joints
- Swollen joints
- Back problems

Nervous system

- Increase in headaches
- Loss of consciousness or faintness
- Sleep disturbance
- Depressed mood or anxiety
- Trouble with speech, balance, coordination or weakness

Eyes

- Blurry vision
- Drainage from eyes
- Double vision

Digestive

- Change in appetite
- Change in weight
- Problems with swallowing
- Indigestion/ Heartburn
- Food intolerances
- Diarrhea
- Constipation
- Abdominal pain
- Bloody or black stool
- Vomiting
- Nausea

Women

- Heavy or painful periods
- Bleeding between periods
- Vaginal discharge more than usual
- Periods more/less than monthly
- Hot flashes
- Past menopause

Ears

- Loss/ decrease of vision
- Drainage from ears
- Ringing
- Sores in mouth
- Sinus problems/ Hay fever

Last menstrual period: _____

Birth Control: Yes No

If yes, type and name: _____

Lungs/ Breathing

- Cough
- Difficulty breathing
- Coughing up blood
- Wheezing

Urinary

- Difficulty urinating
- Discomfort while urinating
- Incontinence/ Accidents
- Urinating frequently or getting up more than one time at night
- Sexual problem

Number of pregnancies: _____

Children born alive: _____

Miscarriages: _____

Complications with pregnancy: _____

Heart/ Circulation

- Heart murmur
- Chest pain
- Swollen ankles
- Leg pain when walking



Wadsworth Medical Center

Richard H. Gunning, MD—Sam N. Ghoubrial, MD—Joshua M. Jones, MD

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Today's Date: ___/___/___
Birth Date: ___/___/___

Name: _____

Please fill out on every page

Medical History Form

Problems to address today: _____

Previous hospitalizations/ surgeries? Yes No, If yes, please list including dates of occurrence. _____

Medical History: Circle items applying to you

- | | | | | | |
|--------------|---------------|------------------------------|---------------|-------------------|----------------------|
| Allergies | Anemia | Arthritis | Back problems | Blood disorders | Cholesterol disorder |
| Depression | Diabetes | Hearing problems | Heart disease | Heart murmur | HIV/ Hepatitis |
| Hypertension | Lung disease | Kidney disorder | Seizures | Prostate disorder | |
| Skin cancer | Skin problems | Stomach/ digestive disorders | | Stroke | Thyroid problem |

Vision problems Cancer (Specify type) _____

Other/ Additional Information: _____



Sam N. Ghoubrial 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

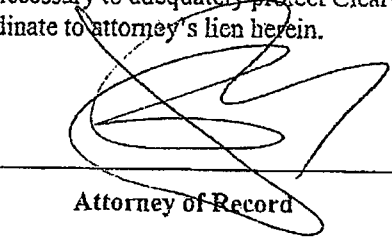
I hereby direct you to pay to Clearwater Billing Services, LLC from the net proceeds of any settlement, claim, judgment, verdict or award, for any and all services rendered as a result of an injury that I received on 4-2-16.

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 

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 
 Attorney of Record

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



CLIENT: Sharde Perkins

INSURANCE CO: Grange Insurance*

DEFENDANT: Wyatt Smith

ADJUSTER: Jocelyn German

DATE OF LOSS: 4/27/2016

CLAIM NO: 002008936

MEDICAL SPECIALS

<u>PROVIDER</u>	<u>DATE OF SERVICE</u>	<u>AMOUNT</u>
Aultman Hospital	(4/27/2016 - 4/27/2016)	\$ 2,223.06
Canton Aultman Emer Phys, Inc.	(4/27/2016 - 4/27/2016)	\$ 364.00
Radiology Associates of Canton Inc.	(4/27/2016 - 4/27/2016)	\$ 415.00
Canton Injury Center	(4/28/2016 - 6/16/2016)	\$ 6,406.00
National Diagnostic Imaging Consultants	(5/2/2016 - 5/2/2016)	\$ 210.00
Clearwater Billing Services, LLC	(5/2/2016 - 5/5/2016)	\$ 2,890.00
TOTAL MEDICAL SPECIALS:		\$ 12,508.06

Joshua M. Jones M.D.
PHONE 330-331-7207
FAX 330-331-7567

May 5, 2016
Sharde Perkins

Sharde is a 26-year-old female who was involved in a motor vehicle accident on April 27, 2016. She was the restrained driver of a vehicle at an intersection trying to make a left hand turn when two vehicles collided up ahead of her to the right in the intersection. Both vehicles were spun around and one hit her on the passenger aspect of her car, the other car spun around and hit her on the driver's side of her car. The airbags in Sharde's car did not deploy. She did hit the right side of her face on the steering wheel. She did not hit her head or lose consciousness. She did go to Aultman's ER where she was evaluated with a CT scan of the neck that was negative. She was discharged with antiinflammatory and a muscle relaxer. She has been taking those. Since then, she has been following with her chiropractor, Dr. Peterson. She presents today due to ongoing pain and discomfort. It is localized to her lower back. On a scale of 1 to 10, she rates her pain level as 10 out of 10. She did initially have some numbness and pain in her right lower extremity but that is resolved as time goes on. She has no bowel or bladder issues.

Past Medical History: 1. Scoliosis with chronic back pain. She said her current pain feels like her normal chronic pain except it was worsened by the accident.

Surgical History: 1. Tonsillectomy.

Social History: She denies tobacco, alcohol or drug use.

Family History: Noncontributory.

Medications: None.

Allergies: NKDA.

Review of Systems: Low back pain.

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 tenderness at L4 bilaterally with trigger points.

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.

Patient Name: Sharde Perkins
Page Two

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. Sprain of ligaments in the lumbar region.
2. Strain of musculature in the lumbar region.

PROCEDURE: I gave one trigger point injection at L4 on the right. I introduced a total of 1 cc methylprednisolone and 3 cc of Marcaine. She tolerated the procedure well.

PLAN: I recommended she continue with chiropractic therapy. I prescribed Flexeril 10 mg and Motrin 800 mg, #30, one PO b.i.d. PRN with no refills. She will follow up in two weeks. I will see the patient back in two weeks.

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.

SPECIAL NOTE: I fit the patient with an Evergreen back brace.



Joshua M. Jones, M.D./rtd/Canton

Progress Notes

Name: Sharde Perkins

5/11/16 Sharde Perkins

Initial Visit (MO)

Order → motrin / flexeril 10 / 10

Scoliosis

PT-5

Acute Back Pain

TEWS Back

36-3111 Evergreen LSS LoPro, ADJUSTABLE



HCPCS: L0B31

5/19/16 PT rescheduled for 5/24/16 (MO)

5/24/16 Sharde Perkins

6/1/16 Follow up (MO)

Sharde Perkins

June 2, 2016

The patient is here for a follow-up visit. She said that she is doing much better overall. She is having more intermittent pain now in her lower back. She is still taking the Motrin and Flexeril on a near daily basis. She has had no pain really in the past week, but did have some last week. She is still following with her chiropractor. She is hoping to finish within the next week or two.

IMPRESSION: 1. Resolving sprain of ligaments in the lumbar region. 2. Resolving strain of musculature in the lumbar region.

PLAN: I have advised her to scale back on the medications and see how she does without them. I did give her refills of Flexeril 10 mg and Motrin 800 mg each #60, one PO b.i.d. pm, zero refills to have on hand in case she needs them going forward. We will plan on releasing her today as she is much improved. If anything changes, she will let us know.

Joshua M. Jones, M.D./em/Canton



SHARDE PERKINS

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL EMPLOYMENT CLAIMS COMMITTEE (NEMCC)

1. MEDICAL HISTORY: Diabetes, Hypertension, Heart Disease, Cancer, Stroke, AIDS, HIV, Other (Specify):

2. PATIENT'S NAME: PERKINS, SHARDE; DATE OF BIRTH: [REDACTED]; SEX: F

3. PATIENT'S ADDRESS: [REDACTED]; CITY: [REDACTED]; STATE: [REDACTED]

4. EMPLOYER'S NAME: [REDACTED]; ADDRESS: [REDACTED]; CITY: [REDACTED]; STATE: [REDACTED]

5. EMPLOYER'S POLICY OR GROUP NUMBER: [REDACTED]

6. SIGNATURE ON FILE: [REDACTED] DATE: 09 29 2016

7. DATE OF ACCIDENT/ILLNESS INJURY: 04 27 16; TIME: 4:31 PM; DATE: 04 27 16

8. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY: S33.5XXA, S39.012A, S33.5XXD, S39.012D

LINE	DATE OF SERVICE FROM	DATE OF SERVICE TO	PROVISIONAL SERVICE OR TREATMENT	REASON FOR DENIAL	AMOUNT	DATE OF SERVICE	REASON FOR DENIAL	AMOUNT
1	05 05 16	05 05 16	11	99203	A,B	300.00	1	1508095803
2	05 05 16	05 05 16	11	10621	A,B	1500.00	1	1508095803
3	05 05 16	05 05 16	11	E0730	A,B	500.00	1	1508095803
4	05 05 16	05 05 16	11	20552	B	400.00	1	1508095803
5	05 05 16	05 05 16	11	J1030	B	40.00	1	1508095803
6	06 02 16	06 02 16	11	99213	C,D	150.00	1	1508095803

9. GENERAL TAX ID NUMBER: 270796590; PATIENT'S SIGNATURE: [REDACTED]; ACCEPT ASSIGNMENT: YES

10. BILLING PROVIDER INFO: CANTON CHIROPRACTOR, TUSCARAWAS ST, CANTON, OH 44708; BILLING PROVIDER INFO: CLEARWATER BILLING SERVICES LLC, P.O. BOX 1243, BATH, OH 44210

PATIENT AND INSURER INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

Canton Injury Center
 3410 Tuscarawas ST. W.
 Canton, OH 44708
 330-454-0400
 ID#: 465658440
 Zach Peterson DC NEI#: 1174911408
 Monday June 20, 2016

Patient : Sharde Perkins #896
 Itemized Statement: - 06/20/2016
 DOB : ██████████
 Onset date : 04/27/2016

Mail to:
 Sharde Perkins
 ██████████

Insured Insurance Carrier (primary)

DOB:
 Policy#:

Attorney Rob Nestico Employer
 3412 West Market Street
 Akron OH 44333

Current Diagnosis
 S13.4XXA Sprain of ligaments of cervical spine, initial encounter
 S16.1XXA Strain of muscle, fascia & tendon neck level, initial encounter
 M4.12 Radiculopathy, cervical region
 S3.3XXA Sprain of ligaments of thoracic spine, initial encounter
 S29.012A Strain of muscle & tendon back wall of thorax, initial encounter
 S33.5XXA Sprain of ligaments of lumbar spine, initial encounter
 S39.012A Strain of muscle, fascia & tendon lower back, initial encounter
 G44.309 Post-traumatic headache, unspecified, not intractable

Thank you for your payment.

Date	Description	Amount
04/28/16	10PT 10 Point Exam	\$ 0.00
04/28/16	72050 TC X-RAY, SPINE, CERVICAL; 4+ VIEWS	\$ 200.00
04/28/16	72100 TC X-RAY, SPINE, LUMBOSACRAL; 2 OR 3 VIEWS	\$ 80.00
04/28/16	97010 APPLICATION, AREAS; HOT/COLD PACKS	\$ 30.00
04/28/16	97012 TRACTION, MECHANICAL TO 1+ AREAS;	\$ 55.00
04/28/16	97014 ELECTRIC STIMULATION THERAPY	\$ 45.00
04/28/16	BIOFREEZE Bio Freeze	\$ 12.00
04/29/16	97010 APPLICATION, AREAS; HOT/COLD PACKS	\$ 30.00
04/29/16	97012 TRACTION, MECHANICAL TO 1+ AREAS;	\$ 55.00
04/29/16	97014 ELECTRIC STIMULATION THERAPY	\$ 45.00
04/29/16	97140 59, 52 MANUAL THERAPY, EACH 15 MIN	\$ 55.00
04/29/16	98941 (CMT); SPINAL, 3-4 REGIONS	\$ 87.00
05/02/16	97010 APPLICATION, AREAS; HOT/COLD PACKS	\$ 30.00
05/02/16	97012 TRACTION, MECHANICAL TO 1+ AREAS;	\$ 55.00
05/02/16	97014 ELECTRIC STIMULATION THERAPY	\$ 45.00
05/02/16	97140 59, 52 MANUAL THERAPY, EACH 15 MIN	\$ 55.00
05/02/16	98941 (CMT); SPINAL, 3-4 REGIONS	\$ 87.00
05/03/16	97010 APPLICATION, AREAS; HOT/COLD PACKS	\$ 30.00
05/03/16	97012 TRACTION, MECHANICAL TO 1+ AREAS;	\$ 55.00
05/03/16	97014 ELECTRIC STIMULATION THERAPY	\$ 45.00
05/03/16	97140 59, 52 MANUAL THERAPY, ERCH 15 MIN	\$ 55.00
05/03/16	98941 (CMT); SPINAL, 3-4 REGIONS	\$ 87.00
05/05/16	97010 APPLICATION, AREAS; HOT/COLD PACKS	\$ 30.00
05/05/16	97012 TRACTION, MECHANICAL TO 1+ AREAS;	\$ 55.00
05/05/16	97014 ELECTRIC STIMULATION THERAPY	\$ 45.00

Page 2 Patient: Sharde Perkins

Date	Description	Amount
05/05/16	97140 59, 52 MANUAL THERAPY, EACH 15 MIN	
05/05/16	98941 (CMT); SPINAL, 3-4 REGIONS	\$ 55.00
05/09/16	97010 APPLICATION, AREAS; HOT/COLD PACKS	\$ 87.00
05/09/16	97012 TRACTION, MECHANICAL TO 1+ AREAS;	\$ 30.00
05/09/16	97014 ELECTRIC STIMULATION THERAPY	\$ 55.00
05/09/16	97140 59, 52 MANUAL THERAPY, EACH 15 MIN	\$ 45.00
05/09/16	98941 (CMT); SPINAL, 3-4 REGIONS	\$ 55.00
05/11/16	97010 APPLICATION, AREAS; HOT/COLD PACKS	\$ 87.00
05/11/16	97012 TRACTION, MECHANICAL TO 1+ AREAS;	\$ 30.00
05/11/16	97014 ELECTRIC STIMULATION THERAPY	\$ 55.00
05/11/16	97140 59, 52 MANUAL THERAPY, EACH 15 MIN	\$ 45.00
05/11/16	98941 (CMT); SPINAL, 3-4 REGIONS	\$ 55.00
05/13/16	97010 APPLICATION, AREAS; HOT/COLD PACKS	\$ 87.00
05/13/16	97012 TRACTION, MECHANICAL TO 1+ AREAS;	\$ 30.00
05/13/16	97014 ELECTRIC STIMULATION THERAPY	\$ 55.00
05/13/16	97140 59, 52 MANUAL THERAPY, EACH 15 MIN	\$ 45.00
05/13/16	98941 (CMT); SPINAL, 3-4 REGIONS	\$ 55.00
05/16/16	97010 APPLICATION, AREAS; HOT/COLD PACKS	\$ 87.00
05/16/16	97012 TRACTION, MECHANICAL TO 1+ AREAS;	\$ 30.00
05/16/16	97014 ELECTRIC STIMULATION THERAPY	\$ 55.00
05/16/16	97140 59, 52 MANUAL THERAPY, EACH 15 MIN	\$ 45.00
05/16/16	98941 (CMT); SPINAL, 3-4 REGIONS	\$ 55.00
05/17/16	97010 APPLICATION, AREAS; HOT/COLD PACKS	\$ 87.00
05/17/16	97012 TRACTION, MECHANICAL TO 1+ AREAS;	\$ 30.00
05/17/16	97014 ELECTRIC STIMULATION THERAPY	\$ 55.00
05/17/16	97140 59, 52 MANUAL THERAPY, EACH 15 MIN	\$ 45.00
05/17/16	98941 (CMT); SPINAL, 3-4 REGIONS	\$ 55.00
05/18/16	97010 APPLICATION, AREAS; HOT/COLD PACKS	\$ 87.00
05/18/16	97012 TRACTION, MECHANICAL TO 1+ AREAS;	\$ 30.00
05/18/16	97014 ELECTRIC STIMULATION THERAPY	\$ 55.00
05/18/16	97140 59, 52 MANUAL THERAPY, EACH 15 MIN	\$ 45.00
05/18/16	98941 (CMT); SPINAL, 3-4 REGIONS	\$ 55.00
05/20/16	97010 APPLICATION, AREAS; HOT/COLD PACKS	\$ 87.00
05/20/16	97012 TRACTION, MECHANICAL TO 1+ AREAS;	\$ 30.00
05/20/16	97014 ELECTRIC STIMULATION THERAPY	\$ 55.00
05/20/16	97140 59, 52 MANUAL THERAPY, EACH 15 MIN	\$ 45.00
05/20/16	98941 (CMT); SPINAL, 3-4 REGIONS	\$ 55.00
05/23/16	97010 APPLICATION, AREAS; HOT/COLD PACKS	\$ 87.00
05/23/16	97012 TRACTION, MECHANICAL TO 1+ AREAS;	\$ 30.00
05/23/16	97014 ELECTRIC STIMULATION THERAPY	\$ 55.00
05/23/16	97140 59, 52 MANUAL THERAPY, EACH 15 MIN	\$ 45.00
05/23/16	98941 (CMT); SPINAL, 3-4 REGIONS	\$ 55.00
05/25/16	97010 APPLICATION, AREAS; HOT/COLD PACKS	\$ 87.00
05/25/16	97012 TRACTION, MECHANICAL TO 1+ AREAS;	\$ 30.00
05/25/16	97014 ELECTRIC STIMULATION THERAPY	\$ 55.00
05/25/16	97140 59, 52 MANUAL THERAPY, EACH 15 MIN	\$ 45.00
05/25/16	98941 (CMT); SPINAL, 3-4 REGIONS	\$ 55.00
05/26/16	97010 APPLICATION, AREAS; HOT/COLD PACKS	\$ 87.00
05/26/16	97012 TRACTION, MECHANICAL TO 1+ AREAS;	\$ 30.00
05/26/16	97014 ELECTRIC STIMULATION THERAPY	\$ 55.00
05/26/16	97140 59, 52 MANUAL THERAPY, EACH 15 MIN	\$ 45.00
05/26/16	98941 (CMT); SPINAL, 3-4 REGIONS	\$ 55.00
05/31/16	97010 APPLICATION, AREAS; HOT/COLD PACKS	\$ 87.00
05/31/16	97012 TRACTION, MECHANICAL TO 1+ AREAS;	\$ 30.00
05/31/16	97014 ELECTRIC STIMULATION THERAPY	\$ 55.00
05/31/16	97140 59, 52 MANUAL THERAPY, EACH 15 MIN	\$ 45.00
05/31/16	98941 (CMT); SPINAL, 3-4 REGIONS	\$ 55.00
06/01/16	97010 APPLICATION, AREAS; HOT/COLD PACKS	\$ 87.00
06/01/16	97012 TRACTION, MECHANICAL TO 1+ AREAS;	\$ 30.00
06/01/16	97014 ELECTRIC STIMULATION THERAPY	\$ 55.00
06/01/16	97140 59, 52 MANUAL THERAPY, EACH 15 MIN	\$ 45.00
06/01/16	98941 (CMT); SPINAL, 3-4 REGIONS	\$ 55.00
06/02/16	97010 APPLICATION, AREAS; HOT/COLD PACKS	\$ 87.00
06/02/16	97012 TRACTION, MECHANICAL TO 1+ AREAS;	\$ 30.00
06/02/16	97014 ELECTRIC STIMULATION THERAPY	\$ 55.00
06/02/16	97140 59, 52 MANUAL THERAPY, EACH 15 MIN	\$ 45.00
06/02/16	98941 (CMT); SPINAL, 3-4 REGIONS	\$ 55.00
06/06/16	97010 APPLICATION, AREAS; HOT/COLD PACKS	\$ 87.00
06/06/16	97012 TRACTION, MECHANICAL TO 1+ AREAS;	\$ 30.00
06/06/16	97014 ELECTRIC STIMULATION THERAPY	\$ 55.00
06/06/16	97140 59, 52 MANUAL THERAPY, EACH 15 MIN	\$ 45.00
06/06/16	98941 (CMT); SPINAL, 3-4 REGIONS	\$ 55.00
06/07/16	97010 APPLICATION, AREAS; HOT/COLD PACKS	\$ 87.00
06/07/16	97012 TRACTION, MECHANICAL TO 1+ AREAS;	\$ 30.00
06/07/16	97014 ELECTRIC STIMULATION THERAPY	\$ 55.00
		\$ 45.00

Page 3 Patient: Sharde Perkins

Date	Description	Amount
5/07/16	97140 59, 52 MANUAL THERAPY, EACH 15 MIN	
06/07/16	98941 (CMT); SPINAL, 3-4 REGIONS	\$ 55.00
06/08/16	97010 APPLICATION, AREAS; HOT/COLD PACKS	\$ 87.00
06/08/16	97012 TRACTION, MECHANICAL TO 1+ AREAS;	\$ 30.00
06/08/16	97014 ELECTRIC STIMULATION THERAPY	\$ 55.00
06/08/16	97140 59, 52 MANUAL THERAPY, EACH 15 MIN	\$ 45.00
06/08/16	98941 (CMT); SPINAL, 3-4 REGIONS	\$ 55.00
06/13/16	97010 APPLICATION, AREAS; HOT/COLD PACKS	\$ 87.00
06/13/16	97012 TRACTION, MECHANICAL TO 1+ AREAS;	\$ 30.00
06/13/16	97014 ELECTRIC STIMULATION THERAPY	\$ 55.00
06/13/16	97140 59, 52 MANUAL THERAPY, EACH 15 MIN	\$ 45.00
06/13/16	98941 (CMT); SPINAL, 3-4 REGIONS	\$ 55.00
06/16/16	97010 APPLICATION, AREAS; HOT/COLD PACKS	\$ 87.00
06/16/16	97012 TRACTION, MECHANICAL TO 1+ AREAS;	\$ 30.00
06/16/16	97014 ELECTRIC STIMULATION THERAPY	\$ 55.00
06/16/16	97140 59, 52 MANUAL THERAPY, EACH 15 MIN	\$ 45.00
06/16/16	98941 (CMT); SPINAL, 3-4 REGIONS	\$ 55.00
		\$ 87.00
<hr/>		
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	: \$	6406.00
Total Received	: \$	0.00
Total Adjustment	: \$	0.00
Balance (based on search)	: \$	6406.00

260630 / Sharde Perkins

Settlement Memorandum

Recovery:

REC	Nationwide Insurance Company	\$ 2,500.00
REC	Grange Insurance*	\$ 9,500.00

\$ 12,000.00

DEDUCT AND RETAIN TO PAY:

Kisling, Nestico & Redick

Kisling, Nestico & Redick; chartswap#1179278	\$ 8.02
Kisling, Nestico & Redick; First Healthcare	\$ 12.00
MRO*; 13135998 pnn	\$ 22.85
MRO*; ID 13120244	\$ 18.93
MRS Investigations, Inc.;	\$ 50.00
Clearwater Billing Services, LLC;	\$ 50.00

Total Due	<u>\$ 161.80</u>
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DEDUCT AND RETAIN TO PAY TO OTHERS:


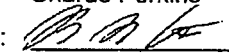
Canton Injury Center	(\$6,406.00)	\$ 3,300.00
Clearwater Billing Services, LLC	(\$2,890.00)	\$ 1,500.00
Kisling, Nestico & Redick	(\$4,000.00)	\$ 3,000.00
National Diagnostic Imaging Consultants	(\$ 210.00)	\$ 100.00
Ohio Tort Recovery Unit*		\$ 650.30

Total Due Others	<u>\$ 8,550.30</u>
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Total Deductions	\$ 8,712.10
Total Amount Due to Client	\$ 3,287.90
Less Previously Paid to Client	\$ 0.00
Net Amount Due to Client	\$ 3,287.90

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: 11-17-17

Name: 
 Sharde Perkins
 Firm: 
 Kisling, Nestico & Redick

Michael Cantu

From: Tim Corbey <tcorbey@crmlaws.com>
Sent: Monday, June 19, 2017 3:54 PM
To: Michael Cantu
Subject: RE: Sharde Perkins, et al vs Wyatt Smith, et al

OH-3 for Perkins please

I do not have permission to consent. To do so, I would need approval from my client which would give them the opportunity to tell me to oppose your Motion. I will not oppose the Motion if you file the Motion for Leave with the Court without having me ask my client.

G. Timothy Corbey III, Esq.
 CURRY, ROBY & MULVEY CO., LLC
 30 Northwoods Blvd., Ste. 300
 Columbus, Ohio 43235
 614.430.8885 X 104
 614.430.8890 (fax)
tcorbey@crmlaws.com

From: Michael Cantu [<mailto:mcantu@knrlegal.com>]
Sent: Monday, June 19, 2017 3:38 PM
To: Tim Corbey
Subject: RE: Sharde Perkins, et al vs Wyatt Smith, et al

15(A) states I may amend with the opposing party's written consent OR with leave from the Court. I know you can't join, but I do have your consent to amend, correct?

From: Tim Corbey [<mailto:tcorbey@crmlaws.com>]
Sent: Monday, June 19, 2017 3:32 PM
To: Michael Cantu <mcantu@knrlegal.com>
Subject: RE: Sharde Perkins, et al vs Wyatt Smith, et al

I can't join the Motion, but I won't oppose.

G. Timothy Corbey III, Esq.
 CURRY, ROBY & MULVEY CO., LLC
 30 Northwoods Blvd., Ste. 300
 Columbus, Ohio 43235
 614.430.8885 X 104
 614.430.8890 (fax)
tcorbey@crmlaws.com

From: Michael Cantu [<mailto:mcantu@knrlegal.com>]
Sent: Monday, June 19, 2017 2:30 PM
To: Tim Corbey
Subject: RE: Sharde Perkins, et al vs Wyatt Smith, et al

Tim,
 Do I have your consent to amend my complaint pursuant to Civil Rule 15?

Thank you

From: Michael Cantu
Sent: Monday, June 19, 2017 1:21 PM
To: 'Tim Corbey' <tcorbey@crmlaws.com>
Subject: RE: Sharde Perkins, et al vs Wyatt Smith, et al

Tim

Can you give me a call on this one when you have a chance? Either the office or my cell (440-364-8652) is fine.

Thank you

From: Tim Corbey [<mailto:tcorbey@crmlaws.com>]
Sent: Friday, June 16, 2017 2:05 PM
To: Michael Cantu <mcantu@knrlegal.com>
Subject: RE: Sharde Perkins, et al vs Wyatt Smith, et al

No problem. You have my consent.

G. Timothy Corbey III, Esq.
CURRY, ROBY & MULVEY CO., LLC
30 Northwoods Blvd., Ste. 300
Columbus, Ohio 43235
614.430.8885 X 104
614.430.8890 (fax)
tcorbey@crmlaws.com

From: Michael Cantu [<mailto:mcantu@knrlegal.com>]
Sent: Friday, June 16, 2017 2:01 PM
To: Tim Corbey
Subject: RE: Sharde Perkins, et al vs Wyatt Smith, et al

Tim,

Would you be agreeable to a joint motion to continue all dates and scheduling a pretrial/status in the upcoming weeks?

Thank you

From: Michael Cantu
Sent: Tuesday, June 13, 2017 12:40 PM
To: 'Tim Corbey' <tcorbey@crmlaws.com>
Subject: RE: Sharde Perkins, et al vs Wyatt Smith, et al

Tim

That she did use them. Also, looking back through the notes, I noticed that the last offer we received for Darius prior to your office taking over was \$500 plus up to \$1,000 for a Medicaid lien.

Thank you

From: Tim Corbey [<mailto:tcorbey@crmlaws.com>]
Sent: Monday, June 12, 2017 10:19 AM
To: Michael Cantu <mcantu@knrlegal.com>
Subject: Sharde Perkins, et al vs Wyatt Smith, et al

Mike,

Can you clarify what you mean by your "notes indicate otherwise as it relates to the brace and TENS unit"? Is that charge for something else that I may have missed?

Tim

G. Timothy Corbey III, Esq.
CURRY, ROBY & MULVEY CO., LLC
30 Northwoods Blvd., Ste. 300
Columbus, Ohio 43235
614.430.8885 X 104
614.430.8890 (fax)
tcorbey@crmlaws.com

From: Michael Cantu [<mailto:mcantu@knrlegal.com>]
Sent: Monday, June 12, 2017 9:38 AM
To: Tim Corbey
Subject: RE: Sharde Perkins, et al vs Wyatt Smith, et al

Tim,

Ms. Perkins is not a qualified medical professional with the capabilities of determining what is and what is not necessary for medical treatment following a motor vehicle accident. A typical sprain/strain resolves in roughly 8 weeks and her treatment was concluded in that time so I would suggest that anything in that timeframe that is not completely ridiculous is par for the course. Also, my notes indicate otherwise as it relates to the brace and TENS unit. My demand remained high because all I received movement-wise was \$250 and \$500. I have room to move as well. Can you make a response offer to my last demand? Let me know once you have official confirmation of his enlistment.

Thank you

From: Tim Corbey [<mailto:tcorbey@crmlaws.com>]
Sent: Friday, June 9, 2017 12:25 PM
To: Michael Cantu <mcantu@knrlegal.com>
Subject: RE: Sharde Perkins, et al vs Wyatt Smith, et al

Mike,

I was told about the Airforce from an uninvolved party, and we've been unsuccessful reaching Mr. Smith. However, we're awaiting confirmation that he is officially enlisted.

Grange is willing to be fair on this matter. You sat in on the deposition of Ms. Perkins. She was untruthful about multiple aspects of the case. Furthermore, her testimony is not entirely consistent with the medical records. Ms. Perkins was given a \$1,500.00 lumbar brace and a \$495.00 TENS unit that she did not ask for or use. Medicaid dropped the *Robinson* numbers on Darious' claim significantly, and dropped the *Robinson* numbers a couple thousand on Ms. Perkins. You were double the *Robinson* numbers on Ms. Perkins after three rounds with very little movement off the initial demand.

I would love to get this resolved. We have more movement, but there wasn't much we could do when the demand was that high.

Tim

G. Timothy Corbey III, Esq.
CURRY, ROBY & MULVEY CO., LLC
30 Northwoods Blvd., Ste. 300
Columbus, Ohio 43235
614.430.8885 X 104
614.430.8890 (fax)
tcorbey@crmlaws.com

From: Michael Cantu [<mailto:mcantu@knrlegal.com>]
Sent: Thursday, June 08, 2017 6:16 PM
To: Tim Corbey
Subject: RE: Sharde Perkins, et al vs Wyatt Smith, et al

Tim

Do we have to put a stay on this case now? Might Grange be more fair on this matter?

From: Tim Corbey [<mailto:tcorbey@crmlaws.com>]
Sent: Wednesday, June 07, 2017 9:43 PM
To: Michael Cantu
Subject: RE: Sharde Perkins, et al vs Wyatt Smith, et al

Hey Mike,

Sorry for the delay but it's my understanding he is in the airforce. It's very difficult to reach him. I'd like to try and get this settled so I dont have to put a stay on the case. I'm waiting for official confirmation of that though.

Sent from my Verizon Wireless 4G LTE smartphone

----- Original message -----

From: Michael Cantu <mcantu@knrlegal.com>
Date: 06/07/2017 9:27 PM (GMT-05:00)
To: Tim Corbey <tcorbey@crmlaws.com>
Cc: Carole Beans <cbcans@knrlegal.com>
Subject: RE: Sharde Perkins, et al vs Wyatt Smith, et al

Hey Tim,

Any update on when we may receive responses? See you tomorrow on this one.

Thank you

7/6/2017 10:44 AM

Page 1 of 3

260630 / Perkins, Ms. Sharde

Settlement Memorandum

Recovery:

REC	Grange Insurance*	\$ 1.00
		<u>\$ 1.00</u>

DEDUCT AND RETAIN TO PAY:

Kisling Legal Group

Clearwater Billing Services, LLC;	\$ 50.00
Kisling, Nestico & Redick; chartswap#1179278	\$ 8.02
Kisling, Nestico & Redick; First Healthcare	\$ 12.00
MRO*; 13135998 pnn	\$ 22.85
MRO*; ID 13120244	\$ 18.93
MRS Investigations, Inc.;	\$ 50.00
Stark County Clerk of Courts; Filing fees	\$ 261.50

Total due Kisling Legal Group	<u>\$ 423.30</u>
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DEDUCT AND RETAIN TO PAY TO OTHERS:

Canton Injury Center	\$ 6,406.00
Clearwater Billing Services, LLC	\$ 2,890.00
Kisling, Nestico & Redick	\$ 1.00
National Diagnostic Imaging Consultants	\$ 210.00
Ohio Tort Recovery Unit*	\$ 650.30
UNKNOWN	\$ 85.23

Total due Others	<u>\$ 10,242.53</u>
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Total Deductions	<u>\$ 10,665.83</u>
Total Amount Due To Client	\$ -10,664.83
Less Previously Paid To Client	<u>\$ 0.00</u>
Net Amount Due Client	<u>\$ -10,664.83</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. 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 initiated 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: _____

FOR ATTORNEY EYES ONLY - CONFIDENTIAL SUBJECT TO PROTECTIVE ORDER

MOST COMMON CODES:	NOTES:
PROCEDURE CODES:	
OFFICE VISITS	
99203 - INITIAL VISIT	
99213 - FOLLOW UP	
PROCEDURES:	
20552 - 1 OR 2 TPI	910372 - IM injection
20553 - 3+ TPI	
97032 - ESTIM	
97010 - HOT/COLD PACK APPLICATION	ALWAYS GOES WITH ESTIM
20600 - SMALL JOINT INJECTION	FINGERS/TOES
20605 - MEDIUM JOINT INJECTION	ELBOW/WRIST/ANKLE
20610 - LARGE JOINT INJECTION	HIP/KNEE/SHOULDER
MEDICATION	DON'T CHARGE MARCAINE
J1020 - 1/2cc KENALOG	KENALOG, METHYL PRED, CORTISONE
J1030 - 1cc KENALOG	ARE ALL THE SAME
J1040 - 2cc KENALOG	
DME:	
L0632 - BACKBRACE	
E0730 - TENS UNIT	
A4556 TENS UNIT SUPPLY KIT	
DIAGNOSIS CODES: ICD-9	CAN ONLY ATTACH 4 DX CODES PER DOS PROCEDURE. MUST CORDINATE!!
SPRAINS/STRAINS:	
847.0 - CERVICAL	
847.1 - THORACIC	
847.2 - LUMBAR	
847.3 - SACRAL	
846.0 LUMBOSACRAL	
840.9 - SHOULDER	
840.8 - TRAPEZIUS/PECTORALIS	
844.9 - LEG/KNEE	
842.0 - WRIST	
845.0 - ANKLE	
843.9 - HIP	
JOINT PAIN	
719.41 - SHOULDER	
719.43 - FOREARM	
719.45 PELVIS/THIGH (HIP)	

PENGAD 800-831-6989
PLAINTIFF'S EXHIBIT
 12

Ghoubrial - 000020

FOR ATTORNEY EYES ONLY - CONFIDENTIAL SUBJECT TO PROTECTIVE ORDER

719.46 - LOWER LEG (KNEE)	
719.47 - ANKLE/FOOT	
719.44 - HAND	
INJURIES	
959.2 - SHOULDER	
959.7 - KNEE/ANKLE	
959.3 - WRIST/ELBOW/FOREARM	
959.6 - HIP/THIGH	
873.40 - LACERATION - FACE/UNSPECIFIED	
CONTUSIONS	
923.00 - SHOULDER	
924.01 - HIP	
924.11 - KNEE	
924.21 - ANKLE	
923.21 - WRIST	
922.1 - CHEST WALL	
924.5 - LEG	
MISC	
V22.2 - PREGNANT	
729.5 - PAIN IN LIMB	
726.1 - ROTATOR CUFF SYNDROME/INJURY	GOES WITH INJ IN SUBCROMIAL SPACE
782.0 - PARESTHESIAS (TINGLING)	
784.0 - HEADACHE	
847.0 - WHIPLASH	
728.85 - MUSCLE SPASM	
724.5 - BACKACHE (POSSIBLE SCIATICA)	
847.9 - BACK PAIN - NONSPECIFIC	
724.3 - SCIATICA	
724.8 PARASPINAL MUSCULATURE PAIN	
724.2 - LUMBAGO-LOW BACK/PARASPINAL	
723.4 CERVICAL RADICULOPATHY, BRACHIAL NEURITIS, RADICULITIS	
724.4 - LUMBAR THORACIC RADICULITIS	

Ghoubrial - 000021

FOR ATTORNEY EYES ONLY - CONFIDENTIAL SUBJECT TO PROTECTIVE ORDER

MOST COMMON DIAGNOSIS	ICD-10	ADDITIONAL NOTES
		7TH CHARACTERS A- INITIAL ENCOUNTER D- SUBSEQUENT ENCOUNTER S- SEQUELA
		SPRAIN/STRAIN CAN'T BE COMBINED. PLEASE GIVE MUSCLE, LIGAMENT, TENDON OR UNKNOWN
CERVICAL SPRAIN		
SPRAIN OF LIGAMENTS, CERVICAL	S13.4XX?	Strain: S16.1xx?
THORACIC SPRAIN		
SPRAIN OF LIGAMENTS, THORACIC	S23.3XX?	
LUMBAR SPRAIN		
SPRAIN OF LIGAMENTS, LUMBAR	S33.5XX?	Strain: S39.012?
SPRAIN LUMBAR SPINE & PELVIS (LUMBOSACRAL)	S33.8XX?	Strain: S39.013? ↳ PELVIS
		PLEASE SPECIFY- R, L, BILATERAL, LIGAMENT OR JOINT
KNEE SPRAIN		
ANKLE SPRAIN		
SPRAIN OF UNSPECIFIED LIGAMENT, RIGHT	S93.401?	
SPRAIN OF UNSPECIFIED LIGAMENT, LEFT	S93.402?	
SPRAIN OF CALCANEOFIBULAR LIGAMENT, RIGHT	S93.411?	
SPRAIN OF CALCANEOFIBULAR LIGAMENT, LEFT	S93.412?	TRAPIZIUS - S46.819?
SPRAIN OF DELTOID LIGAMENT, RIGHT	S93.421?	
SPRAIN OF DELTOID LIGAMENT, LEFT	S93.422?	
SPRAIN OF TIBIOFIBULAR LIGAMENT, RIGHT	S93.431?	
SPRAIN OF TIBIOFIBULAR LIGAMENT, LEFT	S93.432?	
SHOULDER SPRAIN - Unspecified:	S43.499A	
UNSPECIFIED SPRAIN OF R SHOULDER JOINT	S43.401?	
UNSPECIFIED SPRAIN OF L SHOULDER JOINT	S43.402?	S49.80XA - UNPCC (inj)
SPRAIN CORACOHUMERAL, RIGHT	S43.411?	S49.81XA - Right (inj)
SPRAIN CORACOHUMERAL, LEFT	S43.412?	S49.82XA - Left (inj)
SPRAIN, ROTATOR CUFF, RIGHT	S43.421?	
SPRAIN, ROTATOR CUFF, LEFT	S43.422?	
SPRAIN, AC JOINT, RIGHT	S43.51X?	S43.50?? wrist sprains
SPRAIN, AC JOINT, LEFT	S43.52X?	
SPRAIN, STERNOCLAVICULAR JOINT, RIGHT	S43.61X?	
SPRAIN, STERNOCLAVICULAR JOINT, LEFT	S43.62X?	

FOR ATTORNEY EYES ONLY - CONFIDENTIAL SUBJECT TO PROTECTIVE ORDER

		PLEASE SPECIFY- R, L, BILATERAL, JOINT (CARPAL/ RADIOCARPAL)
WRIST SPRAIN		
CONTUSIONS		
FRONT WALL OF THORAX, RIGHT	S20.211?	
FRONT WALL OF THORAX, LEFT	S20.212?	
SHOULDER, RIGHT	S40.011?	
SHOULDER, LEFT	S40.012?	
UPPER ARM, RIGHT	S40.021?	
UPPER ARM, LEFT	S40.022?	
ELBOW, RIGHT	S50.01X?	
ELBOW, LEFT	S50.02X?	
FOREARM, RIGHT	S50.11X?	
FOREARM, LEFT	S50.12X?	
WRIST, RIGHT	S60.211?	
WRIST, LEFT	S60.212?	
HAND, RIGHT	S60.221?	
HAND, LEFT	S60.222?	
		PLEASE SPECIFY- R, L, BIL., WHICH DIGIT AND IF DAMAGE TO THE NAIL
FINGER		
HIP, RIGHT	S70.01X?	
HIP, LEFT	S70.02X?	
THIGH, RIGHT	S70.11X?	
THIGH, LEFT	S70.12X?	
KNEE, RIGHT	S80.01X?	
KNEE, LEFT	S80.02X?	
LOWER LEG, RIGHT	S80.11X?	
LOWER LEG, LEFT	S80.12X?	
ANKLE, RIGHT	S90.01X?	
ANKLE, LEFT	S90.02X?	
		PLEASE SPECIFY- R, L, BIL., TRAUMATIC/NON- TRAUMATIC, COMPLETE/INCOMPLETE TEAR
ROTATOR CUFF TEAR		
RADICULOPATHY		
OCCIPITO-ATLANTO-AXIAL REGION	M54.11	
CERVICAL REGION	M54.12	
CERVICOTHORACIC REGION	M54.13	
THORACIC REGION	M54.14	
THORACOLUMBAR REGION	M54.15	
LUMBAR REGION	M54.16	
LUMBOSACRAL REGION	M54.17	

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FOR ATTORNEY EYES ONLY - CONFIDENTIAL SUBJECT TO PROTECTIVE ORDER

SACRAL & SACROCOCCYGEAL REGION	M54.18	
CERVICALGIA	M54.2	
SCIATICA, RIGHT	M54.31	
SCIATICA, LEFT	M54.32	
LUMBAGO WITH SCIATICA, RIGHT	M54.41	
LUMBAGO WITH SCIATICA, LEFT	M54.42	
LOW BACK PAIN, LUMBAGO	M54.5	
PAIN IN THORACIC SPINE	M54.6	
HEADACHE		
ACUTE POST TRAUMATIC, NOT INTRACTABLE	G44.319	
CHRONIC POST TRAUMATIC, NOT INTRACTABLE	G44.329	
PAIN IN JOINT		
SHOULDER, RIGHT	M25.511	
SHOULDER, LEFT	M25.512	
ELBOW, RIGHT	M25.521	
ELBOW, LEFT	M25.522	(R) Arm: M79.1001
WRIST, RIGHT	M25.531	
WRIST, LEFT	M25.532	
HIP, RIGHT	M25.551	
HIP, LEFT	M25.552	
KNEE, RIGHT	M25.561	General Abd. pain R10.84
KNEE, LEFT	M25.562	
ANKLE & JOINTS OF FOOT, RIGHT	M25.571	
ANKLE & JOINTS OF FOOT, LEFT	M25.572	
CHEST PAIN		Other chest pain R07.89
CHEST PAIN ON BREATHING	R07.1	
PRECORDIAL	R07.2	
PLEURODYNIA	R07.81	
INTERCOSTAL	R07.82	
CONCUSSION		PLEASE SPECIFY W/ OR W/O LOSS OF CONSCIOUSNESS AND LENGTH OF TIME, IF KNOWN
W/O LOSS OF CONSCIOUSNESS	S06.0X0?	
W/ LOSS OF CONSCIOUSNESS 30 MIN OR LESS	S06.0X1?	
W/LOSS OF CONSCIOUSNESS 31-59 MINUTES	S06.0X2?	
STRAIN OF MUSCLE, FASCIA AND TENDON		
CERVICAL	S16.1XX?	
ABDOMEN	S39.011?	
LOWER BACK (LUMBAR)	S39.012?	
PELVIS	S39.013?	

Ghoubrial - 000024

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ABRASION		
SHOULDER, RIGHT	S40.211?	
SHOULDER, LEFT	S40.212?	
UPPER ARM, RIGHT	S40.811?	
UPPER-ARM, LEFT	S40.812?	Abdominal wall S30.811?
ELBOW, RIGHT	S50.311?	
ELBOW, LEFT	S50.312?	
FOREARM, RIGHT	S50.811?	
FOREARM, LEFT	S50.812?	
WRIST, RIGHT	S60.811?	
WRIST, LEFT	S60.812?	
HIP, RIGHT	S70.211?	
HIP, LEFT	S70.212?	
THIGH, RIGHT	S70.311?	
THIGH, LEFT	S70.312?	
KNEE, RIGHT	S80.211?	
KNEE, LEFT	S80.212?	
ANKLE, RIGHT	S90.511?	
ANKLE, LEFT	S90.512?	
FOOT, RIGHT	S90.811?	
FOOT, LEFT	S90.812?	
POSTCONCUSSIONAL SYNDROME	F07.81	
DISC DISPLACEMENT		
UNSPECIFIED CERVICAL REGION	M50.20	
HIGH CERVICAL REGION (C2-C3; C3-C4)	M50.21	
MID- CERVICAL REGION (C4-C5; C5-C6; C6-C7)	M50.22	
CERVICOTHORACIC REGION (C7-T1)	M50.23	
THORACIC REGION	M51.24	
THORACOLUMBAR REGION	M51.25	
LUMBAR REGION	M51.26	
LUMBOSACRAL REGION	M51.27	
SPINAL STENOSIS		
OCCIPITO- ATLANTO- AXIAL REGION	M48.01	
CERVICAL REGION	M48.02	
CERVICOTHORACIC REGION	M48.03	
THORACIC REGION	M48.04	
THORACOLUMBAR REGION	M48.05	
LUMBAR REGION	M48.06	
LUMBOSACRAL REGION	M48.07	
SACRAL AND SACROCCYGEAL REGION	M48.08	

ACCIDENT

V48.5xx_ (ADS) Accident non-collision, Due to loss of control (driver)
V48.6xx_ (ADS) Accident non-collision, due to loss of control (passenger)
W18.49x_ (ADS) Fall from slipping, tripping or stumbling
W10.6xx_ (ADS) Fall on or from steps or stairs
V98.8xxS Late effect of other transport accident
V49.88xA Motor vehicle collision with another vehicle (driver)
V49.59xA Motor vehicle collision w/ another vehicle (passenger)
V03.10xA Motor vehicle collision with pedestrian (pedestrian)

ANKLE/FOOT

G57.50 Tarsal Tunnel Syndrome
M72.2 Plantar Fasciitis
M21.41 Acquired Pes Planus (Pronation) Right
M21.42 Acquired Pes Planus (Pronation) Left
Q66.51 Congenital Pes Plano Valgus (Pronation) Right
Q66.52 Congenital Pes Plano Valgus (Pronation) Left
S93.141_ (ADS) Subluxation of the Right Metatarsophalangeal Great Toe
S93.142_ (ADS) Subluxation of the Left Metatarsophalangeal Great Toe
S93.144_ (ADS) Subluxation of the Right Metatarsophalangeal Lesser Toes
S93.145_ (ADS) Subluxation of the Left Metatarsophalangeal Lesser Toes
S93.02x_ (ADS) Subluxation of Left Ankle Joint
S93.04x_ (ADS) Subluxation/Dislocation of Right Ankle Joint
S93.521_ (ADS) Sprain of the Right Metatarsophalangeal Great Toe
S93.522_ (ADS) Sprain of the Left Metatarsophalangeal Great Toe
S93.524_ (ADS) Sprain of the Right Metatarsophalangeal Lesser Toes
S93.525_ (ADS) Sprain of the Left Metatarsophalangeal Lesser Toes

CERVICAL

G54.2 Irritation of the Cervical Plexus
M53.2 Cervicalgia
M53.0 Cervicocranial Syndrome
M53.1 Cervicobrachial Syndrome
M54.11 Radiculopathy Occipito-Atlantal-Axial
M54.12 Radiculopathy Cervical
M54.13 Radiculopathy Cervico-Thoracic
M79.7 Cervical Myofibrositis
M79.1 Myalgia
Q68.0 Congenital Deformity of the SCM
Q76.5 Vertebral Anomaly, Congenital (cervical rib)
R42 Vertigo (Neuropathic)

CERVICAL DISC

M50.21 Displacement Of Cervical Disc - High Cervical
M50.22 Displacement Of Cervical Disc - Mid Cervical
M50.23 Displacement Of Cervical Disc - Cervico-thoracic
M50.31 Cervical Disc Degeneration - High Cervical
M50.32 Cervical Disc Degeneration - Mid Cervical
M50.33 Cervical Disc Degeneration - Cervico-thoracic
M50.01 Cervical Disc Disorder With Myelopathy - High Cervical
M50.02 Cervical Disc Disorder With Myelopathy - Mid Cervical
M50.03 Cervical Disc Disorder With Myelopathy - Cervico-thoracic
M50.11 Cervical Disc Disorder With Radiculopathy - High Cervical
M50.12 Cervical Disc Disorder With Radiculopathy - Mid Cervical
M50.13 Cervical Disc Disorder With Radiculopathy - Cervico-thoracic
M48.01 Spinal Stenosis Occipito-Atlantal-Axial
M48.02 Spinal Stenosis Cervical
M48.03 Spinal Stenosis Cervico-Thoracic

CERVICAL INJURY

G24.3 Acquired Torticollis
M83.6 Torticollis
G24.0 Thoracic Outlet Syndrome
S13.110_ (ADS) Subluxation of Occiput on Atlas (C1)
S13.120_ (ADS) Subluxation of C1/2
S13.130_ (ADS) Subluxation of C2/3
S13.140_ (ADS) Subluxation of C3/4
S13.150_ (ADS) Subluxation of C4/5
S13.160_ (ADS) Subluxation of C5/6
S13.160_ (ADS) Subluxation of C6/7
S13.180_ (ADS) Subluxation of C7/T1
S13.4xx_ (ADS) Sprain/Strain Injury to Cervical Area

CERVICAL SUBLUXATIONS

M89.00 Occipital/Cervical
M89.01 Cervical
M47.81_ Spondylolysis w/o radiculopathy Occipito-Atlantal-Axial
M47.82_ Spondylolysis w/o radiculopathy Cervical
M47.83_ Spondylolysis w/o radiculopathy Cervico-Thoracic
M47.21 Spondylolysis with radiculopathy Occipito-Atlantal-Axial
M47.22 Spondylolysis with radiculopathy Cervical
M47.23 Spondylolysis with radiculopathy Cervico-Thoracic

CURVATURE

M40.12 Postural Kyphosis, - Cervical
M40.13 Postural Kyphosis, - CervicoThoracic
M40.14 Postural Kyphosis, - Thoracic
M40.15 Postural Kyphosis, - ThoracoLumbar
M40.45 Postural Lordosis, - ThoracoLumbar
M40.46 Postural Lordosis, - Lumbar
M40.47 Postural Lordosis, - LumboSacral
M41.22 Scoliosis-Ideopathic - Cervical
M41.23 Scoliosis-Ideopathic - CervicoThoracic
M41.24 Scoliosis-Ideopathic - Thoracic
M41.25 Scoliosis-Ideopathic - ThoracoLumbar
M41.02 M41.12 M41.22 Idiopathic Scoliosis - Cervical
M41.03 M41.13 M41.23 Idiopathic Scoliosis - CervicoThoracic
M41.04 M41.14 M41.24 Idiopathic Scoliosis - Thoracic
M41.05 M41.15 M41.25 Idiopathic Scoliosis - ThoracoLumbar
M41.06 M41.16 M41.26 Idiopathic Scoliosis - Lumbar
M41.07 M41.17 M41.27 Idiopathic Scoliosis - LumboSacral
Q67.5 Spinal Curvature-Congenital

FOREARM/ELBOW

M25.521 Pain in Right Elbow
M25.522 Pain in Left Elbow
M25.621 Stiffness of Right Elbow
M25.622 Stiffness of Left Elbow
M25.721 Osteophyte Right Elbow
M25.722 Osteophyte Left Elbow
M77.01 Medial Epicondylitis - Right Elbow
M77.02 Medial Epicondylitis - Left Elbow
M77.11 Lateral Epicondylitis - Right Elbow
M77.12 Lateral Epicondylitis - Left Elbow
M99.07 Subluxation of Upper Extremity
S53.431_ (ADS) Radial Collateral Ligament Sprain of Right Elbow
S53.432_ (ADS) Radial Collateral Ligament Sprain of Left Elbow
S53.441_ (ADS) Ulnar Collateral Ligament Sprain of Right Elbow
S53.442_ (ADS) Ulnar Collateral Ligament Sprain of Left Elbow

HEADACHES

G44.211 Episodic Tension Headache - Intractable
G44.219 Episodic Tension Headache - Not Intractable
G43.001 Migraine w/o aura, not intractable w/ status migrainosus
G43.009 Migraine w/o aura, not intractable w/ status migrainosus
G43.011 Migraine w/o aura, intractable w/ status migrainosus
G43.019 Migraine w/o aura, intractable w/ status migrainosus
R51 Headache (unspecified)

HIP JOINT

M16.0 Bilateral PrimaryOsteoarthritis of the Hip
M16.11 Unilateral PrimaryOsteoarthritis of the Right Hip
M16.12 Unilateral PrimaryOsteoarthritis of the Left Hip
M25.551 Pain in Right Hip
M25.552 Pain in Left Hip
Q65.81 Coxa Valga, Congenital
Q65.82 Coxa Vara, Congenital
S73.111_ (ADS)Sprain of Iliofemoral Ligament - Right
S73.112_ (ADS)Sprain of Iliofemoral Ligament - Left
S73.121_ (ADS)Sprain of Iliocapsular Ligament - Right
S73.122_ (ADS)Sprain of Iliocapsular Ligament - Left

JAW

S05.4xx_ (ADS) Sprain of Jaw
M26.63 Articular Disc Disorder of TMJ

KNEE

M22.01 Recurrent Subluxation of Right Patella
M22.02 Recurrent Subluxation of Left Patella
M25.661 Stiffness of Right Knee
M25.662 Stiffness of Left Knee
M70.41 Prepatella Bursitis of the Right Knee
M70.42 Prepatella Bursitis of the Left Knee
M99.06 Subluxation of Lower Extremity
S83.511_ (ADS)Sprain, Anterior Cruciate Ligament - Right
S83.512_ (ADS)Sprain, Anterior Cruciate Ligament - Left
S83.511_ (ADS)Sprain, Posterior Cruciate Ligament - Right
S83.512_ (ADS)Sprain, Posterior Cruciate Ligament - Left
S83.411_ (ADS)Sprain Medial Collateral Right Knee
S83.412_ (ADS)Sprain Medial Collateral Left Knee
S83.421_ (ADS)Sprain Lateral Collateral Right Knee
S83.422_ (ADS)Sprain Lateral Collateral Left Knee

LEG/KNEE

M25.561 Pain in Right Knee
M25.562 Pain in Left Knee
R25.2 Cramps, Leg (general)
M21.061 Genu Valgum Deformity - Right Knee
M21.052 Genu Valgum Deformity - Left Knee

LUMBAR-DISC

M51.16 Lumbar Disc Disorder w/ Radiculopathy
M51.17 LumboSacral Disc Disorder w/ Radiculopathy
M51.25 Lumbar Disc Disorder w/o Radiculopathy
M51.27 LumboSacral Disc Disorder w/o Radiculopathy
M51.46 Schmorl's Nodes Lumbar - Lumbar
M51.47 Schmorl's Nodes Lumbar - LumboSacral
M51.36 Lumbar Intervertebral Disc Degeneration
M51.37 LumboSacral Intervertebral Disc Degeneration
M51.06 Lumbar Intervertebral Disc Degeneration With Myelopathy
M48.06 Lumbar Spinal Stenosis
M48.07 LumboSacral Spinal Stenosis

LUMBAR-PAIN

G57.01 Sciatic Nerve Lesion - Right
G57.02 Sciatic Nerve Lesion - Left
????? Backache Related to Pregnancy
M54.5 Low Back Pain-Lumbago
M54.31 Sciatic Neuritis - Right
M54.32 Sciatic Neuritis - Left
M54.16 Lumbar Radicular Syndrome
M54.17 LumboSacral Radicular Syndrome
M54.41 Lumbago w/Sciatica - Right
M54.42 Lumbago w/Sciatica - Left
M54.9 Backache, Unspecified

LUMBAR-SPRAIN

S33.5xx_ (ADS) Lumbar Sprain
S33.6xx_ (ADS) Sacroiliac Strain
M99.13 Subluxation Complex in Lumbar Spine

LUMBAR-VERTEBRAL DISPLACEMENT

M47.816 Lumbar Spondylolysis Without Myelopathy
M47.817 LumboSacral Spondylolysis Without Myelopathy
M47.16 Lumbar Spondylolysis With Myelopathy
M53.2x6 Instability of Lumbar Region
M53.2x7 Instability of LumboSacral Region
M99.03 Subluxation of the Lumbar Spine
Q76.49 Asymmetrical Facets (Tropism)
Q76.2 Spondylolisthesis [congenital]

MISC

C50.0 Trigeminal Neuralgia
 C51.0 Facial Paralysis (Bell's Palsy)
 J01.00 Acute Maxillary Sinusitis
 J01.10 Acute Frontal Sinusitis
 M96.1 Post Cervical Surgical Syndrome
 M96.1 Post Thoracic Surgical Syndrome
 M96.1 Post Lumbar Surgical Syndrome
 M35.7 Hypermobility Syndrome
 M62.830 Muscle Spasm of Back
 M79.2 Neuralgia; Neuritis Unspecified
 M72.9 Fasciitis, Unspecified
 M79.601 Pain in Right Arm
 M79.602 Pain in Left Arm
 M79.604 Pain in Right Leg
 M79.605 Pain in Left Leg
 M79.69 Polyalgia
 R42 Dizziness
 R20.2 Paresthesia
 R60.0 Localized Edema
 R60.1 Generalized Edema
 R47.01 Aphasia
 R45.0 Nervousness

NERVE DISORDERS

C54.0 BrachioPlexus
 C54.1 Lumbosacra Plexus
 C54.2 Cervical Nerve Root
 C54.3 Thoracic Nerve Root
 C54.4 Lumbar Nerve Root

RADICULOPATHY

M54.11 Radiculopathy Occipito-Atlantal-Axial
 M54.12 Radiculopathy Cervical
 M54.13 Radiculopathy Cervico-Thoracic
 M54.14 Radiculopathy Thoracic
 M54.15 Radiculopathy Thoracolumbar
 M54.16 Radiculopathy Lumbar
 M54.17 Radiculopathy Lumbosacral

SUBLUXATIONS

M99.10 Occipital Cervical
 M99.01 Cervical
 M99.02 Thoracic
 M99.03 Lumbar
 M99.04 Sacral
 M99.05 Pelvis (Pelvic)
 M99.06 Lower Extremity
 M99.07 Upper Extremity
 M99.08 Rib

SACROILIAC/COCCYX

M53.3 Unspecified Disorders Of Coccyx
 M99.05 Sacroiliac Subluxation
 M99.05 Ilium Subluxation
 Q74.2 Deformity of the Sacroiliac Joint, Congenital
 S33.6xx (ADS) Sacroiliac Strain/Sprain
 S33.8xx (ADS) Sprain of Pelvis

SHOULDER/HUMERUS

M24.11 Right Shoulder Dislocation, Chronic Recurring
 M24.12 Left Shoulder Dislocation, Chronic Recurring
 M25.511 Right Shoulder Joint Pain
 M25.512 Left Shoulder Joint Pain
 M25.611 Right Shoulder Stiffness
 M25.612 Left Shoulder Stiffness
 M79.621 Pain in Right Upper Arm
 M79.622 Pain in Left Upper Arm
 M75.01 Adhesive Capsulitis - Right Shoulder
 M75.02 Adhesive Capsulitis - Left Shoulder
 M75.51 Bursitis of the Right Shoulder Joint
 M75.52 Bursitis of the Left Shoulder Joint
 M89.07 Subluxation of the Upper Extremity
 S43111_ (ADS) Separation of Right Acromioclavicular
 S43112_ (ADS) Separation of Left Acromioclavicular
 S43.51x_ (ADS) Right Acromioclavicular Sprain
 S43.52x_ (ADS) Left Acromioclavicular Sprain
 S43.51x_ (ADS) Sprain of Right Rotator Cuff
 S43.52x_ (ADS) Sprain of Right Rotator Cuff

SPASMS

M62.830 Muscle Spasms of Back
 M62.831 Muscle Spasms of Calf
 M62.411 Contracture of Right Shoulder Muscle
 M62.412 Contracture of Left Shoulder Muscle
 M62.421 Contracture of Right Upper Arm Muscle
 M62.422 Contracture of Left Upper Arm Muscle
 M62.431 Contracture of Right Forearm Muscle
 M62.432 Contracture of Left Forearm Muscle
 M62.441 Contracture of Right Hand Muscle
 M62.442 Contracture of Left Hand Muscle
 M62.451 Contracture of Right Thigh Muscle
 M62.452 Contracture of Left Thigh Muscle
 M62.461 Contracture of Right Lower Leg Muscle
 M62.462 Contracture of Left Lower Leg Muscle
 M62.471 Contracture of Right Ankle Muscle
 M62.472 Contracture of Left Ankle Muscle

SPONDYLOSIS (Degenerative Osteoarthritis)

M47.811 Spondylolysis w/o radiculopathy Occipito-Atlantal-Axial
 M47.812 Spondylolysis w/o radiculopathy Cervical
 M47.813 Spondylolysis w/o radiculopathy Cervico-Thoracic
 M47.814 Spondylolysis w/o radiculopathy Thoracic
 M47.815 Spondylolysis w/o radiculopathy Thoracolumbar
 M47.816 Spondylolysis w/o radiculopathy Lumbar
 M47.817 Spondylolysis w/o radiculopathy Lumbosacral
 M47.818 Spondylolysis w/o radiculopathy Sacral
 M47.21 Spondylolysis with radiculopathy Occipito-Atlantal-Axial
 M47.22 Spondylolysis with radiculopathy Cervical
 M47.23 Spondylolysis with radiculopathy Cervico-Thoracic
 M47.24 Spondylolysis with radiculopathy Thoracic
 M47.25 Spondylolysis with radiculopathy Thoracolumbar
 M47.26 Spondylolysis with radiculopathy Lumbar
 M47.27 Spondylolysis with radiculopathy Lumbosacral
 M47.28 Spondylolysis with radiculopathy Sacral

STENOSIS

M48.01 Spinal Stenosis Occipito-Atlantal-Axial
 M48.02 Spinal Stenosis Cervical
 M48.03 Spinal Stenosis Cervico-Thoracic
 M48.04 Spinal Stenosis Thoracic
 M48.05 Spinal Stenosis Thoracolumbar
 M48.06 Spinal Stenosis Lumbar
 M48.07 Spinal Stenosis Lumbosacral
 M48.08 Spinal Stenosis Sacral

THORACIC/RIBS

G54.0 Thoracic Outlet Syndrome
 G54.3 Thoracic Root Disorder
 M45.5 Ankylosing Spondylitis Thoracic Region
 M47.814 Thoracic Spondylolysis w/o Myelopathy
 M47.815 Thoracolumbar Spondylolysis w/o Myelopathy
 M47.14 Thoracic Spondylolysis w/ Myelopathy
 M47.15 Thoracolumbar Spondylolysis w/ Myelopathy
 M51.24 Displacement of Thoracic Intervertebral Disc W/O Myelopathy
 M51.25 Displacement of Thoracolumbar Intervertebral Disc W/O Myelopathy
 M51.44 Schmorl's Nodes Thoracic
 M51.45 Schmorl's Nodes Thoracolumbar
 M51.34 Thoracic Intervertebral Disc Degeneration
 M51.35 Thoracolumbar Intervertebral Disc Degeneration
 M51.04 Thoracic Intervertebral Disc with Myelopathy
 M51.05 Thoracolumbar Intervertebral Disc with Myelopathy
 M54.14 Radiculopathy Thoracic
 M54.15 Radiculopathy Thoracolumbar
 T24.01 Thoracic Neural Canal Stenosis
 M54.6 Pain in Thoracic Spine
 M99.02 Thoracic Subluxation
 M99.08 Rib Subluxation
 R07.1 Chest Pain on Breathing
 R07.82 Intercostal Pain
 S23.3xx (ADS) Sprain of Thoracic Ligaments
 S23.41x_ (ADS) Ribs Sprain

WRIST/HAND/FINGERS

G65.01 Carpal Tunnel Syndrome - Right
 G65.02 Carpal Tunnel Syndrome - Left
 M79.631 Pain in Right Forearm
 M79.632 Pain in Left Forearm
 M79.641 Pain in Right Hand
 M79.642 Pain in Left Hand
 M70.11 Bursitis Right Hand
 M70.12 Bursitis Left Hand
 M65.311 Trigger Finger - Right Thumb
 M65.312 Trigger Finger - Left Thumb
 M65.321 Trigger Finger - Right Index
 M65.322 Trigger Finger - Left Index
 M65.331 Trigger Finger - Right Middle
 M65.332 Trigger Finger - Left Middle
 M65.341 Trigger Finger - Right Ring
 M65.342 Trigger Finger - Left Ring
 M65.351 Trigger Finger - Right Little
 M65.352 Trigger Finger - Left Little
 S63.511_ (ADS) Sprain of Right Wrist (Carpal)
 S63.512_ (ADS) Sprain of Left Wrist (Carpal)
 S63.91x_ Sprain of Right Hand (Unspecified)
 S63.92x_ Sprain of Left Hand (Unspecified)

FOR ATTORNEY EYES ONLY - CONFIDENTIAL SUBJECT TO PROTECTIVE ORDER

4/25/2011 12:12 PM FROM: Fax Kislmg, Nestico_Redick TO: 8 330-925-0030 PAGE: 002 OF 004

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

3308289080

T-829 P.008/012 F-842

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

Re: Patient Rennia 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: 4/22/11 Rennia 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
[Signature]
Kislmg, Nestico & Redick, LLC
Attorneys at Law

Kislmg, 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
13
PENGAD 800-631-6989

Ghoubrlal -000544

CLIENT: Ronnia Dyson

INSURANCE CO: Merchants Insurance Group

INSURED: Taijuan Carter

ADJUSTER: Barbara Milne

DATE OF LOSS: 4/16/2011

CLAIM NO: PA06302901

PHYSICIANS

MEDICAL SPECIALS

AMOUNT

Akron Square Chiropractic
Clearwater Billing Services, LLC

(4/21/2011 - 6/15/2011)
(4/22/2011 - 7/29/2011)

\$ 3,489.00
\$ 4,550.00

HOSPITALS:

St. Thomas Medical Center*
Summa Emergency Associates, Inc.*
Akron Radiology*

(4/16/2011 - 4/16/2011)
(4/16/2011 - 4/16/2011)
(4/16/2011 - 4/16/2011)

\$ 5,524.26
\$ 410.00
\$ 224.00

OTHERS:

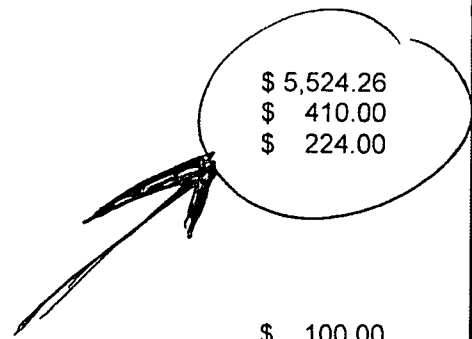
National Diagnostic Imaging
Consultants

(4/29/2011 - 4/29/2011)

\$ 100.00

OTAL SPECIALS

\$ 14,297.26



FOR ATTORNEY EYES ONLY - CONFIDENTIAL SUBJECT TO PROTECTIVE ORDER

Clearwater Billing Services, LLC

Patient Name: Bonnie Dison DOA: 4-10-11

Attorney: KOR

Diagnosis:

1. 817.0

2. 816.0

3. 817.1

4. _____

*Initial Visit: 99204 DOS: 4-22-11

DX: L RHG FDL

Procedure

20552 20563 97032 97010

Medication

J1020 J1030 J1040

DME L0631 E0730

*Follow-Up Visit: 99213 DOS: 4-29-11

DX: L RHG FDL

Procedure

20552 20553 TEL 97032 97010

Medication

J1020 J1030 J1040

DME L0831 E0730

*Follow-Up Visit: 99213 DOS: 5/13/11

DX: L RHG FDL

Procedure

20552 20553 TEL 97032 97010

Medication

J1020 J1030 J1040

DME L0631 E0730

*Follow-Up Visit: 99213 DOS: 5/27/11

DX: L RHG FDL

Procedure

20552 20553 97032 97010

Medication

J1020 J1030 J1040

DME L0631 E0730

*Follow-Up Visit: 99213 DOS: 6/15/11

DX: L RHG FDL

Procedure

20552 20553 97032 97010

Medication

J1020 J1030 J1040

DME L0831 E0730

*Follow-Up Visit: 99213 DOS: 4/24/11

DX: L RHG FDL

Procedure

20552 TEL 20553 97032 97010

Medication J1020 J1030 J1040

DME L0631 E0730

7-8-11 - Rhg 99213

7-29-11 - Rhg 99213

20552 - L J1030

Ghoubrial -000543

FOR ATTORNEY EYES ONLY - CONFIDENTIAL SUBJECT TO PROTECTIVE ORDER

Richard H. Gunning, M.D.
1134 Brown Street, Suite A1
Akron, Ohio 44301
330-925-1500
330-925-9030

April 22, 2011
Ronnia Dyson

Ronnia was involved in a motor vehicle accident on April 16, 2011. She was the seat-belted passenger in the front seat of a vehicle that was rear-ended. EMS came on the scene but she went with a friend to St. Thomas Hospital where x-rays apparently showed some irregularity in the back of her neck so a CT scan was done. Apparently they told her she had something more like a congenital and developmental, not a new injury. Nevertheless, she has been in a lot of pain in the upper, mid, and low back. She is also having headaches. The chiropractor did x-rays yesterday, and she is to go over them with him today.

Past Medical History: 1. Asthma. 2. Fibromyalgia.

Social History: Unremarkable.

MEDICATIONS: Aleve. Inhaler for asthma.

ALLERGIES: She is allergic to Motrin and Iodine but can take Aleve, and she has been taking it for fibromyalgia.

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.

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.

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

Ghoubrial -000557

FOR ATTORNEY EYES ONLY - CONFIDENTIAL SUBJECT TO PROTECTIVE ORDER

Patient Name: Ronnia Dyson
Page Two

BACK: No scars are present. She has a lot of exquisite tenderness throughout the soft tissues of her back, consistent with fibromyalgia in a flare. Her range of motion is otherwise limited by discomfort in all directions.

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. Cervical strain.
2. Lumbosacral strain.
3. Injuries are complicated by fibromyalgia.

PLAN: I gave her a prescription for Percocet 5/325 mg, #45, one pill four times a day, no refills; and Flexeril 10 mg, #11, one at night PRN. She will follow up in 1-1/2 weeks with my partner, Dr. Ghoubrial. She is to continue to see the chiropractor.


Richard H. Gunning, M.D./rtd

Ghoubrial -000558

FOR ATTORNEY EYES ONLY - CONFIDENTIAL SUBJECT TO PROTECTIVE ORDER

NAME: Ronnia Dyson.

DATE	PROGRESS NOTES
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9/16

Ronnia Dyson	8:30					
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4/20/11	NP, MVA removed. 12.11 in KPM - considered at 7:30 says. OT, none.
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Ull: m...
p...
K...
X...
H...
M...

Handy
X-ray
H...
M...
best

F...
P...
A...
I...

Ronnia Dyson						
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4/29/11	follow up with me in 1 1/2 weeks but come early.
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Ronnia Dyson April 29, 2011
 She is back today. She was to follow up in a week and a half but decided she did not want to see the other doctor. She is here today a little early. She also says the medications are just not strong enough, given that her fibromyalgia makes everything worse. She is asking for shots today.
EXAM: She has obvious muscle spasms in her trapezius muscles and in the low back.
PROCEDURE: I identified four trigger points, two at T1 bilaterally and two at L4-5 bilaterally. Each received 1/2 cc of methylprednisolone and 1/2 cc of Marcaine under sterile technique. The patient tolerated this well.
PLAN: I refilled the Percocet 10/325 mg, #60, one pill four times a day and Flexeril 10 mg, #45 pills, one pill three times a day as needed. I will see the patient back in two weeks. She is to continue with the chiropractor.

RHG/rtd
Ghoubrial -000556

FOR ATTORNEY EYES ONLY - CONFIDENTIAL SUBJECT TO PROTECTIVE ORDER

NAME: Ronnia Dyson

DATE	PROGRESS NOTES				
4 Ronnia Dyson	8:15				

5/13/11 MVA Follow Up *MVA set back*

Ronnia Dyson May 13, 2011
 She comes in today for a follow-up visit. She was told by the chiropractor that she had a bit of a setback. The shots helped her the last time, more in the low back than the neck. Her chiropractor encouraged her to get more shots today.
PROCEDURE: I identified four trigger points, two at C7 bilateral and two at L1 bilaterally. I injected each with methylprednisolone and Marcaine under sterile technique. She tolerated the procedure well.
PLAN: I refilled Percocet 10/325 mg, #60, one pill four times a day; and Flexeril 10 mg, #45, one every 8 hours PRN. I will see the patient back in two weeks.
 RHG/rtd

12 Ronnia Dyson (Folx)				
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5/27/11 MVA Follow Up *lots under neck pain
 neck, bad neck, low back*

Ronnia Dyson May 27, 2011
 She comes in today for a follow-up visit. She states the shots she got the last time helped her low back but actually seemed to make her upper shoulders and neck painful and hurt more. She says the chiropractor told her not to get any more shots.
EXAM: She still has a lot of tenderness and tightness in her trapezius muscles. She states she is taking the muscle relaxers.
PLAN: I prescribed Percocet 10/325 mg, #90, since she will be here in three weeks, one pill four times a day. I refilled her Flexeril, as well.
 RHG/rtd

FOR ATTORNEY EYES ONLY - CONFIDENTIAL SUBJECT TO PROTECTIVE ORDER

NAME: Ronnia Dyson

DATE	PROGRESS NOTES
------	----------------

8	Ronnia Dyson
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6-15-11	MVA Follow up (SPS)
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Ronnia Dyson June 15, 2011
 She comes in today for a follow-up visit. She has some discomfort of the cervical spine. She has been seeing Dr. Gunning. The trigger point injections were very beneficial.

EXAM: She has some tightness and guarding of the cervical spine. She has good range of motion of the lumbar spine. It is improved. She has no radiculopathy.

PLAN: I refilled Percocet 5/325 mg, #60, one pill four times a day, and Flexeril 10 mg, #30, one b.i.d.
 SNG/rtd
 MD

10	Ronnia Dyson
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6-24-11	Follow up L
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Ronnia Dyson June 24, 2011
 She comes in today for a follow-up visit. She didn't see me but she did see Dr. Ghoubrial last week. She was released from our care after getting a prescription for Percocet 5/325 mg. That didn't help her; she needs the 10/325 mg so I wrote a prescription for that today. KNR told her to come back here. I examined the patient. She does not want any trigger point injections in her neck, but she does want them in her low back.

PROCEDURE: I identified two trigger points at L4-5, each getting 1/2 cc of methylprednisolone and 1/2 cc of Marcaine under sterile technique.

PLAN: I wrote prescriptions for Percocet 10/325 mg, #60, one pill four times a day as needed; and Flexeril 10 mg, #45, one pill three times a day as needed. I will see the patient back in two weeks. Since her shoulder is bothering her and getting kind of weak, I think I would like to get an x-ray of her right shoulder. I wonder if she stoved her shoulder or somehow suffered some tendinopathy as a result of her injury.
 RHG/rtd

8	Ronnia Dyson
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7-8-11	Follow up I
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Ronnia Dyson July 8, 2011
 She comes in today for a follow-up visit. She is declining any new injections.
PLAN: I refilled Percocet 10/325 mg, #90, one pill four times a day for a three-week supply. She is having surgery in two weeks so I will see her in three weeks. She was not able to get the x-rays yet so I will see if we can give her a prescription for that again. I also wrote for a three-week supply of Flexeril 10 mg, #70.
 RHG/rtd

FOR ATTORNEY EYES ONLY - CONFIDENTIAL SUBJECT TO PROTECTIVE ORDER

NAME: Ronnia Dyson

DATE	PROGRESS NOTES
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18 Ronnia Dyson	
-----------------	--

7-29-11 / 90 / follow-up

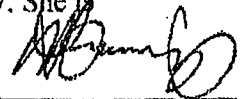
Ronnia Dyson July 29, 2011

She comes in today for a follow-up visit. She just got over some foot surgery and hasn't had a chance to get the x-ray yet. I gave her a new prescription for the x-ray. She is still having pain in the low back. She is about through with the chiropractor at this point. It doesn't sound like he ever really fully adjusted her. She said he had a hard time moving the back.

PROCEDURE: I identified two trigger points in L4 bilaterally and injected each with 1/2 cc of methylprednisolone and 1/2 cc of Marcaine under sterile technique.

PLAN: I will refill the medications. Percocet 10/325 mg, #30; and Flexeril 10 mg, #67. She is going to come back in three weeks.

RHG/rtd



4 Ronnia Dyson	
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8-19-11 / 1p / follow-up

Ronnia Dyson August 19, 2011

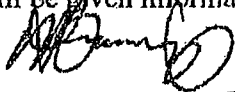
She comes in today for her ninth visit. She has been released from the chiropractor. Her foot is doing better from the surgery. She never did get the shoulder x-ray that I had requested several times. She continues to have pain mostly in her low back.

EXAM: She has full range of motion of her shoulder at this point. It doesn't seem to be bothering her as much.

PROCEDURE: I identified two trigger points at L3 bilaterally, each getting 1/2 cc of methylprednisolone and 1/2 cc of Marcaine under sterile technique. She tolerated the procedure well.

PLAN: I refilled the Percocet for one last time, 10/325 mg, #30, one pill twice a day as needed, and also Flexeril #45 pills, 10 mg, one pill three times a day as needed. I will release her at this point. She will be given information regarding Chronic Pain Management.

RHG/rtd



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

Form with multiple sections: 1. MEDICARE/MEDICAID/TRICARE/CHAMPVA/OTHER; 2. PATIENT'S NAME (DYSON, RONNIA); 3. PATIENT'S BIRTH DATE; 4. INSURED'S NAME (DYSON, RONNIA); 5. PATIENT'S ADDRESS; 6. PATIENT RELATIONSHIP TO INSURED; 7. INSURED'S ADDRESS; 8. PATIENT STATUS; 9. OTHER INSURED'S NAME; 10. IS PATIENT'S CONDITION RELATED TO; 11. INSURED'S POLICY GROUP OR FECA NUMBER; 12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE; 13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE; 14. DATE OF CURRENT ILLNESS; 15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS; 16. DATES PATIENT UNABLE TO WORK; 17. NAME OF REFERRING PROVIDER; 18. HOSPITALIZATION DATES; 19. RESERVED FOR LOCAL USE; 20. OUTSIDE LAB?; 21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY; 22. MEDICAID RESUBMISSION CODE; 23. PRIOR AUTHORIZATION NUMBER; 24. TABLE OF SERVICE; 25. FEDERAL TAX I.D. NUMBER; 26. PATIENT'S ACCOUNT NO.; 27. ACCEPT ASSIGNMENT?; 28. TOTAL CHARGE; 29. AMOUNT PAID; 30. BALANCE DUE; 31. SIGNATURE OF PHYSICIAN OR SUPPLIER; 32. SERVICE FACILITY LOCATION INFORMATION; 33. BILLING PROVIDER INFO.

CARRIER
PATIENT AND INSURED INFORMATION
PHYSICIAN OR SUPPLIER INFORMATION

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 <input type="checkbox"/> (Sponsor's SSN) CHAMPVA <input type="checkbox"/> (Member ID#) GROUP HEALTH PLAN <input type="checkbox"/> (SSN or ID) FECA BLK LUNG <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) DYSON, RONNIA		3. PATIENT'S BIRTH DATE SEX F <input checked="" type="checkbox"/>	
5. PATIENT'S ADDRESS (No. Street) CITY STATE ZIP CODE TELEPHONE (Include Area Code)		4. INSURED'S NAME (Last Name, First Name, Middle Initial) DYSON, RONNIA	
6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>		7. INSURED'S ADDRESS (No. Street) CITY STATE ZIP CODE TELEPHONE (Include Area Code)	
8. PATIENT STATUS		10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (Current or Previous) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> b. AUTO ACCIDENT? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> PLACE (State) OH c. OTHER ACCIDENT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) a. OTHER INSURED'S POLICY OR GROUP NUMBER b. OTHER INSURED'S DATE OF BIRTH MM DD YY SEX M <input type="checkbox"/> F <input type="checkbox"/> c. EMPLOYER'S NAME OR SCHOOL NAME d. INSURANCE PLAN NAME OR PROGRAM NAME		11. INSURED'S POLICY GROUP OR FECA NUMBER a. INSURED'S DATE OF BIRTH MM DD YY SEX M <input type="checkbox"/> F <input checked="" type="checkbox"/> b. EMPLOYER'S NAME OR SCHOOL NAME d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 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 SIGNED 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 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	
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE		16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY	
19. RESERVED FOR LOCAL USE		18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Item 1, 2, 3 or 4 to Item 21E by Line) 1. 847.0 2. 846.0 3. 847.1 4.		20. OUTSIDE LAB? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> \$ CHARGES	
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. EPEN/ Party Fee I. ID. QUAL J. REFERRING PROVIDER ID. #		22. MEDICARD RESUBMISSION CODE ORIGINAL REF. NO. 23. PRIOR AUTHORIZATION NUMBER	

1	2	3	4	5	6	7	8	9	10	11	12
05/27/11	05/27/11	11	99213	1,2,3	\$150.00	1		NPI	1508856915		
06/24/11	06/24/11	11	99213	1,2,3	\$150.00	1		NPI	1508856915		
06/24/11	06/24/11	11	20552	2	\$400.00	1		NPI	1508856915		
06/24/11	06/24/11	11	J1030	2	\$40.00	1		NPI	1508856915		
07/08/11	07/08/11	11	99213	1,2,3	\$150.00	1		NPI	1508856915		
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.	27. ACCEPT ASSIGNMENT? (For gov't claims, see back) YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	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 & PH # 330 331-7207 CLEARWATER BILLING SERVICES P.O BOX 1243 BATH, OH 44210	

SIGNED	DATE	a-1669702841	a-1487982112
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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

3. PATIENT'S BIRTH DATE SEX F M

4. INSURED'S NAME (Last Name, First Name, Middle Initial)
DYSON, RONNIA

5. PATIENT'S ADDRESS (No. Street)
[REDACTED]

6. PATIENT RELATIONSHIP TO INSURED
Self Spouse Child Other

7. INSURED'S ADDRESS (No. Street)
[REDACTED]

8. PATIENT STATUS
[REDACTED]

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)
a. OTHER INSURED'S POLICY OR GROUP NUMBER
b. OTHER INSURED'S DATE OF BIRTH MM DD YY SEX M F
c. EMPLOYER'S NAME OR SCHOOL NAME
d. INSURANCE PLAN NAME OR PROGRAM NAME

10. IS PATIENT'S CONDITION RELATED TO:
a. EMPLOYMENT? (Current or Previous) YES NO
b. AUTO ACCIDENT? YES NO PLACE (State) **OH**
c. OTHER ACCIDENT? YES NO

11. INSURED'S POLICY GROUP OR FECA NUMBER
a. INSURED'S DATE OF BIRTH MM DD YY SEX M F
b. EMPLOYER'S NAME OR SCHOOL NAME
c. 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 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)
08/19/2011

15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS, GIVE FIRST DATE MM DD YY
1. **846.0**
2. **847.0**
3. **847.1**

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. NAME
17b. NPI

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES
FROM MM DD YY TO MM DD YY

19. OUTSIDE LAB? YES NO \$ CHARGES

20. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.
21. PRIOR AUTHORIZATION NUMBER

1	2a. 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. EPOFF Family Plan	I. ID. QUAL.	J. REFERRING 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										

22. FEDERAL TAX ID NUMBER **270845852** SSN EIN

23. PATIENT'S ACCOUNT NO.

24. ACCEPT ASSIGNMENT? YES NO

25. TOTAL CHARGE **\$4,400.00** 26. AMOUNT PAID **\$0.00** 27. BALANCE DUE **\$4,400.00**

28. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (It hereby certifies that the statements on the reverse apply to this bill and are made a part thereof.)
RICHARD H. GUNNING DATE **08/31/11**

29. SERVICE FACILITY LOCATION INFORMATION
HANCHRIST LLC
1134 BROWN ST
AKRON, OH 44301

30. BILLING PROVIDER INFO & PH # **(330) 331-7207**
CLEARWATER BILLING SERVICES
P.O BOX 1243
BATH, OH 44210

31. SIGNATURE DATE **1669702841**

32. SIGNATURE DATE **1487982112**

PATIENT AND INSURED INFORMATION
PHYSICIAN OR SUPPLIER INFORMATION

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

Form with multiple sections: 1. MEDICARE/MEDICAID/TRICARE/CHAMPVA/OTHER; 2. PATIENT'S NAME (DYSON, RONNIA); 3. PATIENT'S BIRTH DATE; 4. INSURED'S NAME (DYSON, RONNIA); 5. PATIENT'S ADDRESS; 6. PATIENT RELATIONSHIP TO INSURED; 7. INSURED'S ADDRESS; 8. PATIENT STATUS; 9. OTHER INSURED'S NAME; 10. IS PATIENT'S CONDITION RELATED TO; 11. INSURED'S POLICY GROUP OR FECA NUMBER; 12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE; 13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE; 14. DATE OF CURRENT ILLNESS; 15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS; 16. DATES PATIENT UNABLE TO WORK; 17. NAME OF REFERRING PROVIDER; 18. HOSPITALIZATION DATES; 19. RESERVED FOR LOCAL USE; 20. OUTSIDE LAB?; 21. DIAGNOSIS OR NATURE OF ILLNESS; 22. MEDICAID RESUBMISSION; 23. PRIOR AUTHORIZATION NUMBER; 24. A. DATE(S) OF SERVICE; 25. FEDERAL TAX ID NUMBER; 26. PATIENT'S ACCOUNT NO.; 27. ACCEPT ASSIGNMENT?; 28. TOTAL CHARGE; 29. AMOUNT PAID; 30. BALANCE DUE; 31. SIGNATURE OF PHYSICIAN OR SUPPLIER; 32. SERVICE FACILITY LOCATION INFORMATION; 33. BILLING PROVIDER NAME & PHONE.

CARRIER
PATIENT AND INSURED INFORMATION
PHYSICIAN OR SUPPLIER INFORMATION

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

Tax I.D.31-1528200

Statement Date

7/20/2011

Page

1

Ronnia Dyson
% KISLING NESTICO & REDICK
3412 WEST MARKET ST
AKRON, OH 44333

Diagnosis

847.0
847.2
847.1
728.85

Chart Number

DYSRO000

Date	Description	Procedure Code	Amount
Date of Loss: 4/16/2011	Previous Balance		0.00
Patient: Ronnia Dyson	Chart #: DYSRO000	Case Description: mva	
4/21/2011	TEN POINT EXAM	10 PT	0.00
4/21/2011	X-ray Cervical AP& LAT, 2 or 3 views	72040	120.00
4/21/2011	X-ray Lumbosacral, AP & Lat	72100	80.00
4/21/2011	Electrical Muscle Stimulation	97014	35.00
4/21/2011	Hot/Cold Packs to one or more areas	97010	20.00
4/22/2011	Electrical Muscle Stimulation	97014	35.00
4/22/2011	Hot/Cold Packs to one or more areas	97010	20.00
4/22/2011	Traction, Mechanical	97012	25.00
4/26/2011	Spinal Manipulation 3-4 regions	98941	77.00
4/26/2011	Electrical Muscle Stimulation	97014	35.00
4/26/2011	Unlisted Modality	97039	50.00
4/26/2011	Massage/TriggerPoint(Distinct/Reduced)	97124-5952	40.00
4/27/2011	Spinal Manipulation 3-4 regions	98941	77.00
4/27/2011	Massage/TriggerPoint(Distinct/Reduced)	97124-5952	40.00
4/28/2011	Spinal Manipulation 3-4 regions	98941	77.00
4/28/2011	Electrical Muscle Stimulation	97014	35.00
4/28/2011	Hot/Cold Packs to one or more areas	97010	20.00
4/28/2011	Traction, Mechanical	97012	25.00
4/28/2011	Massage/TriggerPoint(Distinct/Reduced)	97124-5952	40.00
5/2/2011	Spinal Manipulation 3-4 regions	98941	77.00
5/2/2011	Electrical Muscle Stimulation	97014	35.00

Total Charges

Continued

Total Payments

Continued

Total Adjustments

Continued

Balance Due

Continued

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

Tax I.D.31-1528200

Statement Date

7/20/2011

Page

2

Ronnia Dyson
% KISLING NESTICO & REDICK
3412 WEST MARKET ST
AKRON, OH 44333

Diagnosis

847.0
847.2
847.1
728.85

Chart Number

DYSRO000

Date	Description	Procedure Code	Amount
5/2/2011	Hot/Cold Packs to one or more areas	97010	20.00
5/2/2011	Traction, Mechanical	97012	25.00
5/2/2011	Massage/TriggerPoint(Distinct/Reduced)	97124-5952	40.00
5/4/2011	Spinal Manipulation 3-4 regions	98941	77.00
5/4/2011	Electrical Muscle Stimulation	97014	35.00
5/4/2011	Unlisted Modality	97039	50.00
5/4/2011	Massage/TriggerPoint(Distinct/Reduced)	97124-5952	40.00
5/5/2011	Spinal Manipulation 3-4 regions	98941	77.00
5/5/2011	Electrical Muscle Stimulation	97014	35.00
5/5/2011	Hot/Cold Packs to one or more areas	97010	20.00
5/5/2011	Traction, Mechanical	97012	25.00
5/5/2011	Massage/TriggerPoint(Distinct/Reduced)	97124-5952	40.00
5/9/2011	Spinal Manipulation 3-4 regions	98941	77.00
5/9/2011	Electrical Muscle Stimulation	97014	35.00
5/9/2011	Hot/Cold Packs to one or more areas	97010	20.00
5/9/2011	Traction, Mechanical	97012	25.00
5/9/2011	Massage/TriggerPoint(Distinct/Reduced)	97124-5952	40.00
5/11/2011	Spinal Manipulation 3-4 regions	98941	77.00
5/11/2011	Electrical Muscle Stimulation	97014	35.00
5/11/2011	Unlisted Modality	97039	50.00
5/11/2011	Massage/TriggerPoint(Distinct/Reduced)	97124-5952	40.00
5/12/2011	Spinal Manipulation 3-4 regions	98941	77.00
5/12/2011	Electrical Muscle Stimulation	97014	35.00

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

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

Tax I.D.31-1528200

Statement Date
 7/20/2011

Page
 3

Ronnia Dyson
 % KISLING NESTICO & REDICK
 3412 WEST MARKET ST
 AKRON, OH 44333

Diagnosis
 847.0
 847.2
 847.1
 728.85

Chart Number
 DYSRO000

Date	Description	Procedure Code	Amount
5/12/2011	Hot/Cold Packs to one or more areas	97010	20.00
5/12/2011	Traction, Mechanical	97012	25.00
5/12/2011	Massage/TriggerPoint(Distinct/Reduced)	97124-5952	40.00
5/17/2011	Spinal Manipulation 3-4 regions	98941	77.00
5/17/2011	Electrical Muscle Stimulation	97014	35.00
5/17/2011	Traction, Mechanical	97012	25.00
5/17/2011	Massage/TriggerPoint(Distinct/Reduced)	97124-5952	40.00
5/18/2011	Spinal Manipulation 3-4 regions	98941	77.00
5/18/2011	Electrical Muscle Stimulation	97014	35.00
5/18/2011	Traction, Mechanical	97012	25.00
5/18/2011	Massage/TriggerPoint(Distinct/Reduced)	97124-5952	40.00
5/23/2011	Spinal Manipulation 3-4 regions	98941	77.00
5/23/2011	Electrical Muscle Stimulation	97014	35.00
5/23/2011	Hot/Cold Packs to one or more areas	97010	20.00
5/23/2011	Traction, Mechanical	97012	25.00
5/23/2011	Massage/TriggerPoint(Distinct/Reduced)	97124-5952	40.00
5/25/2011	Spinal Manipulation 3-4 regions	98941	77.00
5/25/2011	Electrical Muscle Stimulation	97014	35.00
5/25/2011	Traction, Mechanical	97012	25.00
6/1/2011	Spinal Manipulation 3-4 regions	98941	77.00
6/1/2011	Electrical Muscle Stimulation	97014	35.00
6/1/2011	Unlisted Modality	97039	50.00
6/2/2011	Spinal Manipulation 3-4 regions	98941	77.00

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

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

Tax I.D.31-1528200

Statement Date
 7/20/2011

Page
 4

Ronnia Dyson
 % KISLING NESTICO & REDICK
 3412 WEST MARKET ST
 AKRON, OH 44333

Diagnosis
 847.0
 847.2
 847.1
 728.85

Chart Number
 DYSRO000

Date	Description	Procedure Code	Amount
6/2/2011	Electrical Muscle Stimulation	97014	35.00
6/2/2011	Unlisted Modality	97039	50.00
6/6/2011	Spinal Manipulation 3-4 regions	98941	77.00
6/6/2011	Electrical Muscle Stimulation	97014	35.00
6/6/2011	Massage/TriggerPoint(Distinct/Reduced)	97124-5952	40.00
6/7/2011	Spinal Manipulation 3-4 regions	98941	77.00
6/7/2011	Electrical Muscle Stimulation	97014	35.00
6/7/2011	Massage/TriggerPoint(Distinct/Reduced)	97124-5952	40.00
6/13/2011	Spinal Manipulation 1-2 regions	98940	65.00
6/15/2011	Spinal Manipulation 1-2 regions	98940	65.00

Total Charges	Total Payments	Total Adjustments	Balance Due
\$3489.00	\$0.00	\$0.00	3,489.00

214893 / Ronnia Dyson

Settlement Memorandum

Recovery:

MP	Merchants Insurance Group	\$ 2,000.00
REC	Merchants Insurance Group	\$ 20,000.00
		<hr/>
		\$ 22,000.00

DEDUCT AND RETAIN TO PAY:

Kisling, Nestico & Redick, LLC	
Clearwater Billing Services, LLC; docs fee	\$ 50.00
Floros, Dr. Minas; narrative fee	\$ 200.00
Summa Health System; invoice 1105-581 mnr 03197621	\$ 39.60
Summa Health System; MRN: 03197621	\$ 18.63
AMC Investigations; 214893	\$ 50.00
<hr/>	
Total Due	\$ 358.23

DEDUCT AND RETAIN TO PAY TO OTHERS:

Akron Square Chiropractic	\$ 3,489.00
Clearwater Billing Services, LLC	\$ 3,000.00
Kisling, Nestico & Redick, LLC	\$ 6,800.00
National-Diagnostic Imaging Consultants	\$ 100.00
Ohio Tort Recovery Unit	\$ 1,226.40
Preferred Capital Funding	\$ 932.51
<hr/>	
Total Due Others	\$ 15,547.91

Total Deductions	\$ 14,679.14
Total Amount Due to Client	\$ 6,093.86
Less Previously Paid to Client	\$ 0.00
Net Amount Due to Client	\$ 6,093.86

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 initiated 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: 11/28/11

Name: Ronnica Tort-Dyson
 Ronnia Dyson
 Firm: Kisling, Nestico & Redick, LLC

12

11/22/2011 10:23 AM

Page 1 of 1

214893 / Dyson , Ms. Ronnia

Settlement Memorandum

Recovery:

MP	Merchants Insurance Group	\$ 2,000.00
REC	Merchants Insurance Group	\$ 20,000.00
		<hr/>
		\$ 22,000.00

DEDUCT AND RETAIN TO PAY:

Kisling Legal Group

AMC Investigations; 214893	\$ 50.00
Clearwater Billing Services, LLC; docs fee	\$ 50.00
Floros, Dr. Minas; narrative fee	\$ 200.00
Summa Health System; invoice 1105-581 mnr 03197621	\$ 39.60
Summa Health System; MRN: 03197621	\$ 18.63

Total due Kisling Legal Group \$ 358.23

DEDUCT AND RETAIN TO PAY TO OTHERS:

Akron Square Chiropractic	\$ 3,489.00	(2262)
Clearwater Billing Services, LLC	\$ 3,000.00	
Kisling, Nestico & Redick, LLC	\$ 6,800.00	
National Diagnostic Imaging Consultants	\$ 100.00	
Ohio Tort Recovery Unit*	\$ 1,226.40	
Preferred Capital Funding	\$ 932.51	

Total due Others \$ 15,547.91

Total Deductions	<u>\$ 15,906.14</u>
Total Amount Due To Client	\$ 6,093.86
Less Previously Paid To Client	<u>\$ 0.00</u>
Net Amount Due Client	<u>\$ 6,093.86</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: _____

11/22/2011 10:23 AM

Page 1 of 1

214893 / Dyson , Ms. Ronnia**Settlement Memorandum****Recovery:**

MP	Merchants Insurance Group	\$ 2,000.00
REC	Merchants Insurance Group	\$ 20,000.00
		<hr/>
		\$ 22,000.00

DEDUCT AND RETAIN TO PAY:**Kisling Legal Group**

AMC Investigations; 214893	\$ 50.00
Clearwater Billing Services, LLC; docs fee	\$ 50.00
Floros, Dr. Minas; narrative fee	\$ 200.00
Summa Health System; invoice 1105-581 mrn 03197621	\$ 39.60
Summa Health System; MRN: 03197621	\$ 18.63

Total due Kisling Legal Group**\$ 358.23****DEDUCT AND RETAIN TO PAY TO OTHERS:**

Akron Square Chiropractic	\$ 3,489.00
Clearwater Billing Services, LLC	\$ 3,000.00
Kisling, Nestico & Redick, LLC	\$ 6,800.00
National Diagnostic Imaging Consultants	\$ 100.00
Ohio Tort Recovery Unit*	\$ 1,226.40
Preferred Capital Funding	\$ 932.51

Total due Others**\$ 15,547.91****Total Deductions****\$ 15,906.14****Total Amount Due To Client****\$ 6,093.86****Less Previously Paid To Client****\$ 0.00****Net Amount Due Client****\$ 6,093.86**

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: _____

05/15/2011 03:37 PM

Page 1 of 1

214893 / Dyson , Ms. Ronnia

Settlement Memorandum

Recovery:

REC Merchants Insurance Group

MP
MP

DEDUCT AND RETAIN TO PAY:

Kisling Legal Group

AMC Investigations; 214893	\$ 50.00
Clearwater Billing Services, LLC; docs fee	\$ 50.00
Floros, Dr. Minas; narrative fee	\$ 200.00
Summa Health System; invoice 1105-581 mrn 03197621	\$ 39.60
Summa Health System; MRN: 03197621	\$ 18.63

Total due Kisling Legal Group

\$ 358.23

DEDUCT AND RETAIN TO PAY TO OTHERS:

Akron Square Chiropractic	\$ 3,400.00
Clearwater Billing Services, LLC	\$ 4,550.00
Kisling, Nestico & Redick, LLC	\$ 7,333.33
National Diagnostic Imaging Consultants	\$ 100.00
Ohio Tort Recovery Unit*	\$ 1,226.40
Preferred Capital Funding	\$ 932.51

Total due Others

\$ 17,631.24

Total Deductions

\$ 17,989.47

Total Amount Due To Client

\$ 4,010.53

Less Previously Paid To Client

\$ 0.00

Net Amount Due Client

\$ 4,010.53

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: _____

7,026.37
 - 932.51 Pref

 6093.86

11/15/2011 02:40 PM

Page 1 of 1

214893 / Dyson , Ms. Ronnia

Settlement Memorandum

Recovery:

REC Merchants Insurance Group

(Includes 2k MP)

20,000
2,000

\$ 22,000.00

We have #773

\$ 22,000.00

ASC Paid \$1227

DEDUCT AND RETAIN TO PAY:

Full charges listed below for AX

Kisling Legal Group

AMC Investigations; 214893	\$ 50.00
Clearwater Billing Services, LLC; docs fee	\$ 50.00
Floros, Dr. Minas; narrative fee	\$ 200.00
Summa Health System; invoice 1105-581 mrn 03197621	\$ 39.60
Summa Health System; MRN: 03197621	\$ 18.63

KA

Total due Kisling Legal Group

\$ 358.23

DEDUCT AND RETAIN TO PAY TO OTHERS:

Akron Square Chiropractic	\$ 3,489.00
Clearwater Billing Services, LLC	\$ 4,550.00
Kisling, Nestico & Redick, LLC	\$ 7,333.33
National Diagnostic Imaging Consultants	\$ 100.00
Ohio Tort Recovery Unit*	\$ 1,226.40
Preferred Capital Funding	\$ 932.51

25021
2262
3300
3000
7333.33

Total due Others

\$ 17,631.24

Total Deductions

\$ 17,989.47

Total Amount Due To Client

\$ 4,010.53

Less Previously Paid To Client

\$ 0.00

Net Amount Due Client

\$ 4,010.53

6760.86

7120.86

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 initiated 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: _____

Refo by
ASC