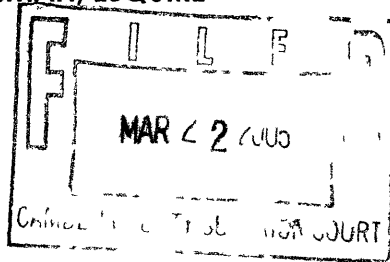


UNITED STATES BANKRUPTCY COURT <u>Southern</u> DISTRICT OF <u>New York</u>		PROOF OF CLAIM
Name of Debtor Allegiance Telecom, Inc		Case Number 03-13057(RDD)
NOTE This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed FILED U.S. DISTRICT COURT SOUTHERN DISTRICT OF NEW YORK ALLEGIANCE TELECOM, INC 03-13057 (RDD) RECEIVED JUL 26 2005		
Name of Creditor (The person or other entity to whom the debtor owes money or property) Maryann Teti	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input checked="" type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
Name and address where notices should be sent Joseph T. Walsh Esquire Law Office of Michael J. Glassman Glendale Executive Campus #914 1000 White Horse Road Voorhees NJ 08043 Telephone number 856-772 0040	THIS SPACE IS FOR COURT USE ONLY	
Account or other number by which creditor identifies debtor	Check here <input type="checkbox"/> replaces if this claim a previously filed claim dated REC'D JUL 29 2005 <input type="checkbox"/> amends	
1 Basis for Claim <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input checked="" type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____ <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of SS # _____ Unpaid compensation for services performed from _____ to _____ (date) (date)		
2 Date debt was incurred May 5 2003	3 If court judgment, date obtained	
4 Total Amount of Claim at Time Case Filed \$ <u>150,000.00</u> <u>xxx</u> <u>xxx</u> <u>\$150,000.00</u> (unsecured) (secured) (priority) (Total) If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		
5 Secured Claim <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ _____ Amount of arrearage and other charges at time case filed included in secured claim if any \$ _____		7 Unsecured Priority Claim <input type="checkbox"/> Check this box if you have an unsecured priority claim. Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$4,650)* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier 11 U.S.C. § 507(a)(3) <input type="checkbox"/> Contributions to an employee benefit plan 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Up to \$2,100* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6) <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse former spouse, or child 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____) *Amounts are subject to adjustment on 4/1/04 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.
6 Unsecured Nonpriority Claim \$ <u>150,000.00</u> <input checked="" type="checkbox"/> Check this box if a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.		THIS SPACE IS FOR COURT USE ONLY <div style="border: 1px solid black; padding: 10px; text-align: center;"> RECEIVED JUL 26 2005 U.S. BANKRUPTCY COURT SO. DIST. OF NEW YORK </div>
8 Credits The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		
9 Supporting Documents Attach copies of supporting documents such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.		
10 Date-Stamped Copy To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		
Date 07/22/05	Sign and print the name and title if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney if any). Joseph T. Walsh, Esquire, Att. for Maryann Teti	



LAW OFFICE OF MICHAEL J GLASSMAN, ESQUIRE

By Joseph T Walsh, Esquire
Glendale Executive Campus
1000 White Horse Road, Suite 914
Voorhees, New Jersey 08043
856 772 0040
ATTORNEYS FOR PLAINTIFF



MARYANN TETI,

Plaintiff,

v

MARTIN J LUCKIE, JOHN DOE(S), (1-100),
ALLEGIANCE TELECOM, XO
COMMUNICATIONS, ELRAC, INC , and,
ABC CORPORATION(S), (1-100),

Defendants

SUPERIOR COURT OF NEW JERSEY
LAW DIVISION
CAMDEN COUNTY

DOCKET NO CAM-L-_____

Civil Action

2433 05
COMPLAINT, JURY DEMAND,
AND DISCOVERY DEMANDS

PLAINTIFF MARYANN TETI, residing at 1210 Broadacres Drive, Clementon,
Camden County, New Jersey, 08021, by way of Complaint against the DEFENDANTS,
says as follows

COUNT ONE

1 On or about May 5, 2003, PLAINTIFF MARYANN TETI was operating a
motor vehicle on Route 42 in Bellmawr, Camden County, New Jersey

2 At the aforesaid time and place, DEFENDANT MARTIN J LUCKIE was the
operator of a motor vehicle, individually, and/or as the agent, servant, employee,
bailee, or the like, for the owner(s) of the vehicle he was driving, DEFENDANTS
ALLEGIANCE TELECOM, XO COMMUNICATIONS, ELRAC, INC JOHN DOE(S),(1-100), a
fictitious name for presently unknown and/or unidentified individuals, and/or ABC

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MICHAEL J
GLASSMAN

CORPORATION(S), (1-100), a fictitious name for presently unknown and/or unidentified partnership(s), corporation(s) or unincorporated association(s)

3 At the aforesaid time and place, a collision occurred between the aforesaid vehicles when the vehicle driven DEFENDANT MARTIN J LUCKIE struck the vehicle driven by Plaintiff MARYANN TETI in the rear while the vehicles were in the same lane of travel

4 The aforesaid accident was caused by the negligence, carelessness and/or recklessness of the DEFENDANTS individually, jointly, severally and in the alternative and is predicated on individual acts and/or *respondeat superior*

5 As a direct and proximate result of the accident, the PLAINTIFF has incurred, is incurring and/or shall incur severe, consequential, significant and/or permanent personal injuries, pain and suffering, emotional distress, medical bills, costs and expenses, and/or economic loss

6 In addition, the PLAINTIFF has and shall be restricted and/or prevented from pursuing her usual activities

7 The PLAINTIFF has met any and all requirements for proceeding with this action including any qualifying injuries and/or conditions and thresholds as may be required under the New Jersey law

WHEREFORE, PLAINTIFF MARYANN TETI hereby demands judgment against DEFENDANTS MARTIN J LUCKIE, ALLEGIANCE TELECOM, XO COMMUNICATIONS, ELRAC, INC , JOHN DOE(S),(1-100), and, ABC CORPORATION(S), (1-100), individually, jointly, severally and in the alternative, for damages, interest, costs and such other legal and equitable relief as may seem just and proper to the Court

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JURY DEMAND

The PLAINTIFF hereby demands a trial by jury

DESIGNATION OF TRIAL COUNSEL

Pursuant to the provision of R 4 25-4, notice is given that JOSEPH T WALSH, ESQUIRE, is hereby designated as trial counsel

DEMAND FOR DISCOVERY

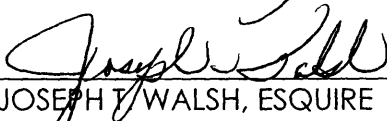
Pursuant to R 4 17-1(b), demand is hereby made for each DEFENDANT to provide answers to Form C and Form C(1) Uniform Interrogatories of Appendix II of the New Jersey Court Rules and to the attached Supplemental Interrogatories and Demand for Production of Documents

RULE 4 5-1 CERTIFICATION

This is to certify that this matter is not the subject of any other pending action in any court, or of any pending arbitration proceeding and that none is contemplated There are no other presently known parties who should be joined as parties to this action

LAW OFFICES OF MICHAEL J GLASSMAN
ATTORNEYS FOR PLAINTIFF

By


JOSEPH T WALSH, ESQUIRE

AW OFFICE OF
MICHAEL J
GLASSMAN

Dated MARCH 17, 2005

LAW OFFICE OF MICHAEL J GLASSMAN

By Joseph T Walsh, Esquire
Glendale Executive Campus
1000 White Horse Road, Suite 914
Voorhees, New Jersey 08043
856 772 0040
ATTORNEYS FOR PLAINTIFFS

MARYANN TETI,

Plaintiff,

v

MARTIN J LUCKIE, JOHN DOE(S), (1-100),
ALLEGIANCE TELECOM, XO
COMMUNICATIONS, ELRAC, INC , and,
ABC CORPORATION(S), (1-100),

Defendants

SUPERIOR COURT OF NEW JERSEY
LAW DIVISION
CAMDENCOUNTY

DOCKET NO CAM-L-_____

Civil Action

**PLAINTIFFS' DEMAND FOR PRODUCTION
OF DOCUMENTS AND THINGS**

**To MARTIN J LUCKIE, JOHN DOE (S) (1-100), ALLEGIANCE TELECOM, XO
COMMUNICATIONS, ELRAC, INC**

PLEASE TAKE NOTICE THAT the undersigned attorney for the PLAINTIFFS, MARYANN TETI, pursuant to New Jersey Court Rule 4:18-1, *et seq* , demands that the DEFENDANTS produce the following documents for inspection and copying at the Law Office of Michael J Glassman, Esquire, at 10 00 a m within 60 days of service of the Summons and Complaint filed in the within action

If any privilege is asserted in response to any paragraph of this Demand for Production of Documents and Things, then demand is hereby made for strict compliance by the objecting party with the requirements of R 4:10-2(e) which provides as follows

R 4:10-2(e) Claims of Privilege or Protection of Trial Materials When a party withholds information otherwise discoverable under these rules by claiming that it is privileged or subject to protection as trial preparation material, the party shall make the claim expressly and shall describe the nature of the documents, communications, or things not produced or disclosed in a manner that, without revealing information itself privileged or protected, will

enable other parties to assess the applicability of the
privilege or protection

DEMAND FOR PRODUCTION OF DOCUMENTS AND THINGS

- 1 Any and all documents or writings, other than privileged communications,
in the possession of the Defendant, which in any way relate to the
incident occurrence or the damages claimed
- 2 Any and all documents or writings, other than privileged communications,
in the possession of the Defendant, which in any way relate to the
incident occurrence or the damages claimed, which Defendant intends
to utilize or rely upon at depositions or at time of trial
- 3 Any and all documents, including writings, drawings, graphs, charts,
photographs, phono-records, recordings, videos, or any other data
compilations from which information can be obtained and translated
concerning the issues of liability and damages in this matter *including, but
not limited to, photographs of vehicles involved in this matter as well as
damage estimates*
- 4 Any and all medical records, reports, and bills including treatment,
progress and office notes and any diagnostic tests including films, which in
any way relate to the Plaintiff(s) or the underlying subject matter of this
litigation, which has not been provided to you by the Plaintiff(s)
- 5 Any and all documents, including writings, drawings, graphs, charts, slides,
photographs, phono-records, recordings, videos, or any other data
compilations from which information can be obtained and translated,
forwarded to Defendant's expert, whether or not such expert is expected
to testify at the time of trial
- 6 Any and all expert reports, including notes, memoranda, and any other
documents or writings prepared or utilized by Defendant's experts,
retained or consulted by Defendant
- 7 Any and all reports or other documents prepared by police or other
public officers, agencies or officials
- 8 Any and all models, mock-ups, charts, demonstrative evidence or other
tangible items which Defendant, Defendant's representatives or witnesses,
including expert witnesses, plan to display, utilize or introduce at
depositions or at the time of trial
- 9 Any and all statements or admissions of any party, witness, or other
persons with knowledge of facts relevant to this case

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MICHAEL J
GLASSMAN

- 10 Any and all accident, incident, or investigatory reports in the possession of the Defendant regardless of who prepared such report
- 11 Any and all employee manuals or handbooks
- 12 Any and all safety manuals, pamphlets, books, and/or documents or writings in the possession of the Defendants
- 13 The curriculum vitae or resume of any expert whom you intend to produce or rely upon at time of trial
- 14 The addresses of any and all eyewitnesses and any persons with relevant knowledge to and of the incident complained
- 15 The address of any witness who may or will be called by Defendant at time of trial
- 16 All documents, writings, and/or other tangible things that may relate to the subject matter of this action
- 17 All documents, writings, and any other materials supplied to any experts who will be called as witnesses on behalf of the Defendant at time of trial
- 18 The written reports and records, including but not limited to notes and marked-up copies of medical records and depositions, of all experts who may or will be called as witnesses on behalf of Defendant at time of trial
- 19 All texts, treatises, articles, books, and other literature or documentation that any expert witness on behalf of any of the Defendants will refer to or utilize during testimony at depositions or trial as supporting expert's conclusions and opinions or as tending to refute any of the opinions or conclusions of any of the Plaintiff's experts and/or which Defendant intends on using in cross-examination of any of the Plaintiff's experts
- 20 All diaries, notes, files, and other writings made by the Defendant(s), which purport to record any events relevant to the subject matter of this action
- 21 The transcripts of all depositions given by any of the Defendants, Defendant's expert witnesses and Plaintiff's expert witnesses in any other actions
- 22 All records pertaining to criminal convictions of any person who may be called to testify at trial
- 23 Any and all photographs, recordings, videos, or any other data compilations of any surveillance of the Plaintiff or any party or witness to this action

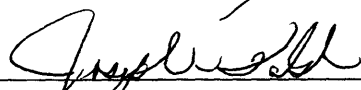
AW OFFICE OF
MICHAEL J
GLASSMAN

- 24 Any and all demonstrative evidence that Defendant, Defendant's representatives, or Defendant's witnesses, including experts, may utilize or rely upon at depositions, trial, or any other proceeding in this matter
- 25 A copy of any and all medical records and reports, office, treatment or progress notes, or other medical documents which Defendant received by way of authorization or subpoena, and which Defendant intends on using to cross-examine or as part of any questioning of any of the Plaintiff's medical experts

Pursuant to R 418-1(b), the foregoing demands are deemed continuing such that if the responding party "obtains additional documents that are responsive to the request, an amended written response and production of documents, as appropriate, shall be served promptly"

LAW OFFICE OF MICHAEL J GLASSMAN
ATTORNEYS FOR THE PLAINTIFF

By


JOSEPH WALSH, ESQUIRE

Dated MARCH 17, 2005

LAW OFFICE OF
MICHAEL J
GLASSMAN

LAW OFFICE OF MICHAEL J GLASSMAN

By Joseph T Walsh, Esquire
Glendale Executive Campus
1000 White Horse Road, Suite 914
Voorhees, New Jersey 08043
856 772 0040
ATTORNEYS FOR PLAINTIFFS

MARYANN TETI,

Plaintiff,

v

MARTIN J LUCKIE, JOHN DOE(S), (1-100),
ALLEGIANCE TELECOM, XO
COMMUNICATIONS, ELRAC, INC , and,
ABC CORPORATION(S), (1-100),

Defendants

SUPERIOR COURT OF NEW JERSEY
LAW DIVISION
CAMDEN COUNTY

DOCKET NO CAM-L-_____

Civil Action

**PLAINTIFF'S
SUPPLEMENTAL INTERROGATORIES**

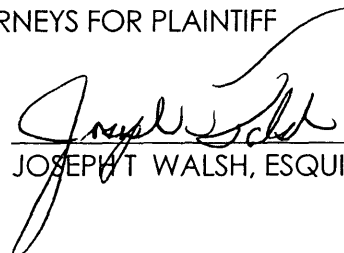
To **MARTIN J LUCKIE, JOHN DOE (S) (1-100), ALLEGIANCE TELECOM, XO
COMMUNICATIONS, ELRAC, INC**

DEAR SIR/MADAM

PLEASE TAKE NOTICE THAT Plaintiffs MARYANN TETI demand that you, or if you are a corporation, partnership or association, your officer or agent who is cognizant with the information sought, in each instance shall furnish and serve answers to the annexed Supplemental Interrogatories within 60 days from the date of service hereof upon you or your attorney

LAW OFFICE OF MICHAEL J GLASSMAN
ATTORNEYS FOR PLAINTIFF

By


JOSEPH T WALSH, ESQUIRE

Dated MARCH 17, 2005

LAW OFFICE OF
MICHAEL J
GLASSMAN

SUPPLEMENTAL INTERROGATORIES

1 With respect to all expert witnesses who are expected to testify at trial, and with respect to any person who has conducted an examination pursuant to Rule 419 who may testify, state each such witness's name, address and area of expertise and attach a true copy of all written reports provided to you. If a report is not written, supply a summary of any oral report provided to you.

2 Set forth each and every act performed by you in an effort to avoid the collision.

3 State the location, speed and direction of travel of the vehicle you were in when you first observed the other vehicle(s) that were involved in the collision.

4 State the location, speed and direction of travel of the other vehicle(s) involved in the collision when you first observed it/them.

5 State with regard to your vehicle, the distance from the point of impact where you first applied your brakes.

6 State what part of your vehicle came into contact with what part of the other vehicle(s) involved in the collision.

7 State whether there was any damage to your vehicle as a result of the collision and, if so, where.

8 State whether you had consumed any alcoholic beverages within twelve (12) hours prior to the collision.

9 State whether there were any photographs of your vehicle taken following the collision and if so, by whom, and whether there are any repair orders or estimates of damage to your vehicle. Attach a copy of any such photographs or repair order or estimates.

10 State the substance of any conversations you had with any person(s) at the scene of the collision.

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MICHAEL J
GLASSMAN

CERTIFICATION

I hereby certify that the copies of the reports annexed hereto provided by either treating physicians or proposed expert witnesses are exact copies of the entire report or reports provided by them, that the existence of other reports of said doctors or experts, either written or oral, are unknown to me, and if such become later known or available, I shall serve them promptly on the propounding party

I further certify that the foregoing statements made by me are true I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment

DATED _____

LAW OFFICE OF
MICHAEL J
GLASSMAN



CIVIL CASE INFORMATION STATEMENT

(CIS)

Use for initial Law Division – Civil Part pleadings (not motions) under Rule 4 5-1

Pleading will be rejected for filing, under Rule 1 5-6(c), if information above the black bar is not completed or if attorney's signature is not affixed

FOR USE BY CLERK'S OFFICE ONLY

PAYMENT TYPE CK CG CA

CHG/CK NO

AMOUNT

OVERPAYMENT

BATCH NUMBER

ATTORNEY/PRO SE NAME

Joseph T Walsh, Esquire

TELEPHONE NUMBER

(856) 772-0040

COUNTY OF VENUE

Camden

FIRM NAME (if applicable)

Law Office of Michael J Glassman

DOCKET NUMBER (When available)

OFFICE ADDRESS

Glendale Executive Campus, #914
1000 White Horse Road
Voorhees, NJ 08043

DOCUMENT TYPE

Complaint

JURY DEMAND

☒ YES ☐ NO

NAME OF PARTY (e.g. John Doe Plaintiff)

Maryann Teti, Plaintiff

CAPTION

Teti v Mark J Luckie et als

L 2433 05

CASE TYPE NUMBER

(See reverse side for listing)

603

IS THIS A PROFESSIONAL MALPRACTICE CASE? ☐ YES ☒ NO

IF YOU HAVE CHECKED YES SEE N.J.S.A. 2A:53A-27 AND APPLICABLE CASE LAW REGARDING YOUR OBLIGATION TO FILE AN AFFIDAVIT OF MERIT

RELATED CASES PENDING? ☐ YES ☒ NO

IF YES LIST DOCKET NUMBERS

DO YOU ANTICIPATE ADDING ANY PARTIES (answering out of same transaction or occurrence)? ☐ YES ☒ NO

NAME OF DEFENDANT'S PRIMARY INSURANCE COMPANY IF KNOWN

☐ NONE ☐ UNKNOWN

Specialty Risk Services

THE INFORMATION PROVIDED ON THIS FORM CANNOT BE INTRODUCED INTO EVIDENCE.

CASE CHARACTERISTICS FOR PURPOSES OF DETERMINING IF CASE IS APPROPRIATE FOR MEDIATION

A DO PARTIES HAVE A CURRENT PAST OR RECURRENT RELATIONSHIP? ☐ YES ☒ NO

IF YES IS THAT RELATIONSHIP

☐ EMPLOYER EMPLOYEE

☐ FRIEND/NEIGHBOR

☐ OTHER (explain) _____

☐ FAMILIAL

☐ BUSINESS

B DOES THE STATUTE GOVERNING THIS CASE PROVIDE FOR PAYMENT OF FEES BY THE LOSING PARTY? ☐ YES ☒ NO

USE THIS SPACE TO ALERT THE COURT TO ANY SPECIAL CASE CHARACTERISTICS THAT MAY WARRANT INDIVIDUAL MANAGEMENT OR ACCELERATED DISPOSITION

MAR 9 8 /005



DO YOU OR YOUR CLIENT NEED ANY DISABILITY ACCOMMODATIONS? ☐ YES ☒ NO

IF YES PLEASE IDENTIFY THE REQUESTED ACCOMMODATION _____

WILL AN INTERPRETER BE NEEDED? ☐ YES ☒ NO

IF YES FOR WHAT LANGUAGE _____

ATTORNEY SIGNATURE

Joseph T Walsh Esquire

SELECTED DETAIL DATA

SVC FAC KOHA

02/24/04 1627

PT NO 46883625 TETI ,MARYANN MR NO 0895298 ACCT TYPE O
REG 05/06/03 DSCH FC P PT E EXP IND ACCT BAL 24 59

PAGE NO 1

ACCT BAL N06 V
24 59 00

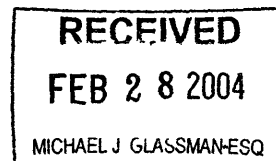
PT BAL
24 59 *copy*

SVC	POST	SVC CD	INS	CD-DESCRIPTION/COMMENT-REF	DATE	AMOUNT
050603	051203	83	00	SIGNED NOTICE PRIVACY ON FILE		00
050603	051203	45000064	45	LEVEL 2 VISIT (BRIEF)		201 00
050903	050903	53983	00	INS INFO RECD ACCT UPDATE/REBL		00
051903	051903	53926	00	BILLED WITH MEDICAL RECORDS		00
080703	080703	53660	00	WC/MVA LEFT MESSAGE FOR ADJUST		00
081503	081503	53694	00	MVA CLAIM PENDING PIP APP		00
081503	081503	53975	00	PATIENT INSURANCE LETTER SENT		00
091803	091803	53694	00	MVA CLAIM PENDING PIP APP		00
091803	091803	53975	00	PATIENT INSURANCE LETTER SENT		00

' (PF14) SEL PT ' (PF3) SELECT DTL ' (PF11) ACCT CASH
' (PF15) RETURN TO PT OVERVIEW ' (PF10) ACCT CMNTS PF16 D/E _____

PAQDTL01

KENNEDY HEALTH SYSTEM
P.O. BOX 48023
NEWARK, NJ 07107-48023



AKRON BILLING CENTER
2620 RIDGEWOOD RD
AKRON, OH 44313-3527

**DETACH AND RETURN THIS COUPON WITH THE
REVERSE SIDE COMPLETED TO PAY BY CREDIT
CARD, TO PROVIDE INSURANCE INFORMATION
OR FOR CHANGE OF ADDRESS.**

PATIENT
NAME MARYANN TETI

AMT DUE
\$37 00

PHYSICIAN SERVICES RENDERED AT KENNEDY MEMORIAL HOSPITAL STRATFORD DIVI



13290288 411-4607
MARYANN TETI
1210 BROADACRES DR
CLEMENTON NJ 08021-5650

3684/T15 P1

411
EMRG PHY ASSOC OF S JERSEY,PC
DEPT A ☐ B ☐ C ☐ (check one - see reverse)
2620 RIDGEWOOD RD
AKRON, OH 44313-3527



018000132902883018411312320460790000370029

↑ Detach Here ↑

DATE	INVOICE#	DESCRIPTION	PROVIDER	DEBITS	CREDITS
05/06/03	38836852	EMERGENCY DEPT VISIT		\$268 00	
10/25/03	38836852	AUTOMOBILE PAYMENT			\$148 02
10/25/03	38836852	AUTOMOBILE INSURANCE ADJUSTMENT			\$82 98

PHYSICIAN CHARGES ARE NOT INCLUDED IN THE FACILITY BILL

ACCOUNT NUMBER 13290288-411-4607 STATEMENT DATE 12/15/03 TOTAL NOW DUE \$37.00

HAVE YOU OVERLOOKED YOUR PAYMENT? YOUR ACCOUNT IS PAST DUE. PLEASE MAIL YOUR PAYMENT TODAY OR VISIT OUR WEBSITE AT
[HTTP://HCFS.TEAMHEALTH.COM](http://HCFS.TEAMHEALTH.COM) TO PAY BY CREDIT CARD

For Billing Inquiries, call 1-888-952-6772 on Monday through Friday, from 8am to 8pm and Saturday from 10am to 3pm Eastern Time

SEND US YOUR INFORMATION OVER THE WEB!

You may now provide insurance information and make credit card payments at www.teamhealth.com/billing

↓ Detach Here ↓

PAYMENT COUPON - RETURN WHEN PAYING BY CHECK OR MONEY ORDER

PATIENT NAME MARYANN TETI ACCT # 13290288-411-4607

CHECK # AMT PAID

PHYSICIAN SERVICES RENDERED AT KENNEDY MEMORIAL HOSPITAL-STRATFORD DIVI

DO NOT STAPLE OR TAPE YOUR CHECK
OR MONEY ORDER TO THIS COUPON

☐ CHECK HERE FOR CHANGE OF ADDRESS

MAKE CHECKS PAYABLE TO

13290288-411-4607
MARYANN TETI
1210 BROADACRES DR
CLEMENTON NJ 08021-5650

411
EMRG PHY ASSOC OF S JERSEY,PC
P O BOX 850001
ORLANDO FL 32885-1004



018000132902883018411312320460790000370029

STYLE FAMILY MEDICINE ASSOC., P.A.

•DANIEL J STYLE, D O
•STUART D STYLE, D O
•Board Certified In Family Medicine



INITIAL OFFICE EVALUATION

Re Mary Ann Teti
1210 Broadacres Drive
Clementon, NJ 08021

D/A May 3, 2003

Mary Ann Teti presented to our office on May 14, 2003 for evaluation of injuries sustained in a motor vehicle accident. She related that on May 3, 2003 she was the restrained driver of a car which was stopped at a stop sign when struck from behind by a truck. The patient stated that she was thrown forward and back and jostled about on impact.

Mary Ann was seen the following day at Kennedy Memorial Hospital, Stratford Division. She states that x-rays were not performed, she was given prescriptions for Motrin and a muscle relaxant and released. She presents to us complaining of persistent neck and back pain.

Pertinent medical history reveals **ALLERGIES:** Sulfa; **MEDICATIONS** Levoxyl, antihypertensives, **PAST MEDICAL HISTORY.** noncontributory, **PREVIOUS SURGICAL HISTORY** denied, **PREVIOUS INJURIES.** prior motor vehicle accident ten years ago. Mary Ann states she sustained injury to her lower back at that time which has resolved with no sequelae. **OCCUPATION** Part time work with the mentally challenged. Mary Ann states she missed two days from work following the accident due to her pain.

The physical examination revealed a 51 year old right handed female. There was tenderness with palpable spasm of the paravertebral muscles of the cervical spine, C5-7. This was noted.

Please respond to the Voorhees Office

☐ ECHELON PROFESSIONAL CENTER
1 BRITTON PLACE - SUITE 12
VOORHEES, NJ 08043-2516
(856) 772-1880
FAX (856) 770 0718

☐ RIVER ROAD MEDICAL CENTER
502 HILLSIDE TERRACE
PENNSAUKEN, NJ 08110-4111
(856) 663-7874
FAX (856) 665 5728

Mary Ann Teti
D/A May 3, 2003

Page Two

to be greater on the left than the right. There was decreased flexion, left rotation and right sidebending to 50% of normal, extension and left sidebending to 40% of normal, and right rotation to 60% of normal. There was tenderness with palpable spasm of the paravertebral muscles of the bilateral lumbosacral spine. Forward bending was restricted to 70% of normal. There were negative straight leg raising and sitting root tests bilaterally. The deep tendon reflexes of the upper and lower extremities were present and equal bilaterally. There were no focal neurological findings.

Our impressions following the examination were.

1. Post traumatic cervical strain and sprain.
2. Left cervical radiculitis.
3. Post traumatic lumbar strain and sprain.

The patient was advised to continue her medications as prescribed. Her records were requested from Kennedy Memorial Hospital, Stratford Division. Mary Ann was advised to rest at home, utilizing moist heat on the affected areas four times daily. She will return to our office in two or three days for reevaluation at which time further treatment will be considered.

Stuart D. Style, D.O.

/pmf
05/15/03

Case No 03268 Patient's Name Maryann Teti
Address 1210 Broadacres Drive Clementon 08021 Date 5/14/03
Tel No 784-6089 Referred By _____ Occupation resid tech. DOB 9/29/51 Sex F SMLTP VD

Insurance Co _____
Mail Claim To _____
Policy No _____
☐ HMO Copay \$ _____
☐ PPO Copay \$ _____

Allergies	
<u>Sulfur</u>	
Current Medications	
1	<u>Levothy</u>
2	<u>HTN med's</u>
3	
4	

Chief Complaint 5/14/03 on 5/3/03 pt was driver of the car. Pt was stopped at stop sign when she was hit from behind by truck. Upon impact pt was thrown forwards Complaint

Family History Father _____ Mother _____
Brothers _____ Sisters _____
Cancer _____ Mental Illness _____ Diabetes _____ Heart Disease _____ Arthritis _____
Gout _____ Thyroid _____ Obesity _____ Renal _____ Tuberculosis _____ Epilepsy _____ Other _____

Past History Diphtheria _____ Measles _____ Mumps _____ Chicken Pox _____ Scarlet Fever _____ Small Pox _____
Polio _____ Typhoid _____ Malaria _____ Pneumonia _____ HIV _____ Dysentery _____ Jaundice _____ Bot's _____
Rheumatic Fever _____ Tuberculosis _____ Asthma _____ Heart Disease _____ Hypertension _____ Diabetes _____
Infections _____ Gonorrhea _____ Syphilis _____ Tonsillitis _____ Chronic Fatigue Syndrome _____ Nephritis _____ Operations _____

Menstrual Onset _____ Periodicity _____ Type _____ Duration _____ Pain _____ LMP _____

Obstetric Miscarriages _____ Abortions _____ Children _____ Birth Control _____

Social History Alcohol _____ Tobacco _____ Drugs _____ Coffee _____ Tea _____ Meals _____ Water _____
Sleep _____ Bowel Movements _____ Exercise _____ Amusements _____

Physical Examination Temp _____ Pulse _____ Resp _____ B P 100/70 64 160
General Appearance IFE - Strained ER 5/4 far neck and
Skin back pain muscle layer for Hitting
Eyes Vision _____ Fundus _____
Ears acute neck and back pain
Nose tenderness palpable spine
Throat Cervical C5-7 50%
Chest CROH Flex 50% Rot 50% side 50%
Heart Ext 40% 50% 40%
Lungs PTE's intact b/l
Abdomen tenderness palpable spine b/l l-sp.
Genitalia FE 20%
Rectum OSLR
Vagina 5th root test
Extremities PTE's intact b/l

Diagnostic Findings	
(Urine - Blood - Sputum - Smears - Exudates Transudates - Feces - Gastric Contents - Wasserman Kahn - Chemistry - Pregnancy Tests - X-Ray Fluoroscopy - Schick - Dick - Etc)	
Date	<u>11/10/03</u> <u>lumbar strain</u> <u>horizontal</u> <u>thoracic</u> <u>thoracic</u>
	<u>Occur</u> <u>perforate eventually</u> <u>challenged</u> <u>Missed 5/4 + 5/5</u>

Lymph Nodes Neck _____ Axilla _____ Inguinal _____ Abdominal _____
Reflexes _____

Remarks _____

Diagnosis ① Post-traumatic Cervical sp. strain/spasm
② C5-C6 cervical radiculitis
Treatment ③ Post-traumatic lumbar sp. strain/spasm
Rest most of day 2-3 days Consider PTH if persists
Histacount* Form #4011 800 645 5220 Symbols ☒ Normal _____ Abnormal (Underline Word)
Degree Of Abnormality X XX XXX

Case No 23268Patient's Name Maryann Teti

Date			Subsequent Visits And Findings
Mo	Day	Yr	
			are neck and back pain
5	15	03	Neck sore into L arm, back sore & stiffness Dxnd / spca Xrays pending Start Hot packs C-sp, L-sp x 10' 3x/wk Brath C-sp x 30% Spinalator x 10'
5	19	03	Neck pain, less radiation to arm Back sore Cont HP / Brath C-sp HP L-sp Spinalator x 10'
5	22	03	Still with neck pain, radiation to arm Back sore Continue HP / Brath C-sp HP L-sp Spinalator x 10'

Case No 23208

Patient's Name Maryann Teti Sheet of

Case No

Date
Mo Day Yr

Subsequent Visits And Findings

5-27-03

1st Neck son
Cervical Artery
Tenderness

Cervical artery C1-C5 spastic

5-29-03

HA 1st day, neck sore
+ LBP 1st day
⊕ tend/spasm
Cont HP/Brath C-5
HP L-5
Spinalator X10'

Hydroxyzine 375mg 5rd pm
#30

6-2-03

Neck sore back "ache"
⊕ tend/spasm
Cont HP/Brath C-5
HP L-5
Spinalator X10'

Xrays pending
AK
AK

Case No 23268

Patient's Name Maryan. Teti



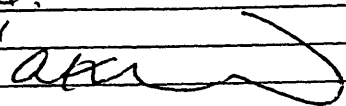
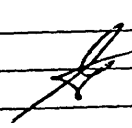
Sheet _____ of _____

☐ HMO Copay \$ _____
☐ PPO Copay \$ _____

Insurance Co _____

Mail Claim To _____

Policy No _____

Date			Subsequent Visits And Findings
Mo	Day	Yr	
6	9	08	Neck slightly improved, back stiffness persists X-rays 6/10/ ① tend/spasm Cont HP/Diath C-sp HP C-sp Spinalator x10' 
6	11	23	Neck "a little stiff" @ radiation today ① tend/spasm Bacterase R & C Cont HP/Diath C-sp HP C-sp Spinalator x10' OTT myofascial 
6	14	03	back stiff today. neck doing better. ① tend/spasm HP L-spine HP/diath C-spine. Spinalator x10' 
6	16	03	L-sp x-ray E spondylitis Cerv x-ray advanced spondylitis reviewed PT OU 

Case No 23268

Patient's Name Maryam Teti Sheet _____ of _____

Date			Subsequent Visits And Findings
Mo	Day	Yr	
6	7	03	Back very sore now Knee stiff Takes pain ortho visit CXR left LS HRC Spinalts /
6	20	03	Pain lower back ortho LS Takes pain CXR left LS HRC Spinalts. /
7		03	Sum pain fairly LS → lower back Takes pain CXR left LS HRC Spinalts / 2d1

Case No _____

Patient's Name

Mary Ann. Uti

Sheet _____ of _____

Insurance Co _____

☐ HMO Copay \$ _____☐ PPO Copay \$ _____

Mail Claim To _____

Policy No _____

Date			Subsequent Visits And Findings
Mo	Day	Yr	
6	21	03	Neck and back sore and stiff, worse E rain ⊕ tend c/palatable spasm Cont. HP/diath C-s HP L-sp OT Temporal L-s Spinalator x 10 ⁶
6	23	03	"back a little stiff" Neck feeling better. ⊕ tend c/palatable spasm cont HP/diath C-s HP L-sp Spinalator x 10 ⁶
7	2	03	back + neck stiff ⊕ tend c/palatable spasm cont HP/diath C-s HP L-sp Spinalator x 10 ⁶
7	9	03	Neck and back s lightly better ⊕ tend c/palatable spasm Cont HP/diath C-s HP L-sp Spinalator x 10 ⁶
7	12	03	Pt didn't show for Appt

Case No

Patient's Name _____

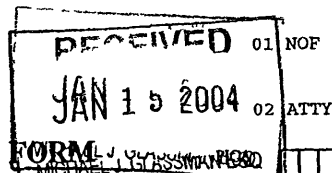
Sheet _____ of _____

Case No

Franchise Value

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NJ SKYLANDS INS
PO BOX 622
BASKING RIDGE, NJ 079



HEALTH INSURANCE CLAIM FORM														
PICA														
1 MEDICARE MEDICAID CHAMPUS CHAMPVA GROUP HEALTH PLAN FECA BLK LUNG OTHER (Medicare #) (Medicaid #) (Sponsor's SSN) (VA File #) (SSN or ID) (SSN) (ID)					1a INSURED'S ID NUMBER (FOR PROGRAM IN ITEM 1)									
2 PATIENT'S NAME (Last Name First Name Middle Initial) TETI, MARYANN					3 PATIENT'S BIRTH DATE MM DD YY 09 29 1951					4 INSURED'S NAME (Last Name First Name Middle Initial) TETI, MARYANN				
5 PATIENT'S ADDRESS (No Street) 1210 HUNTINGDON MEWS					6 PATIENT RELATIONSHIP TO INSURED Self <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>					7 INSURED'S ADDRESS (No Street) 1210 HUNTINGDON MEWS				
CITY LINDENWOLD					STATE NJ					CITY LINDENWOLD				
ZIP CODE 08021					TELEPHONE (Include Area Code) (856) 784-6089					ZIP CODE 08021				
TELEPHONE (INCLUDE AREA CODE) (856) 784-6089														
9 OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) TETI, MARYANN					10 IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (CURRENT OR PREVIOUS) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO b. AUTO ACCIDENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO c. OTHER ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					11 INSURED'S POLICY GROUP OR FECA NUMBER 0110212724				
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 accept assignment below SIGNATURE ON FILE MICHAEL GLASSMAN ESO. DATE 05/14/03					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) MM DD YY 05 03 03					15 IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS GIVE FIRST DATE MM DD YY 101					16 DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY				
17 NAME OF REFERRING PHYSICIAN OR OTHER SOURCE DANIEL J STYLE D.O.					17a. LD NUMBER OR REFERRING PHYSICIAN 101					18 HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY				
19 RESERVED FOR LOCAL USE					20 OUTSIDE LAB? \$ CHARGES <input type="checkbox"/> YES <input type="checkbox"/> NO					22 MEDICAID RESUBMISSION CODE ORIGINAL REF NO				
21 DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (RELATE ITEMS 1,2,3 OR 4 TO ITEM 24E BY LINE) 1 847.0 2 847.2 3 723.4 4					23 PRIOR AUTHORIZATION NUMBER									
24 A B C D E F G H I J K 2 DATES OF SERVICE From To Place of Service Type of Service PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER DIAGNOSIS CODE \$ CHARGES DAYS OR UNITS EPOD Family Plan EMG COB RESERVED FOR LOCAL USE														
05 14 03 : : 11 F 99205 25 1,2,3 155 00 1														
05 15 03 : : 11 F 99211 : : 1,2,3 45 00 1														
05 15 03 : : 11 F 97110 : : 1,2,3 50 00 1														
05 15 03 : : 11 F 97024 : : 1,2,3 23 00 1														
05 19 03 : : 11 F 97024 : : 1,2,3 23 00 1														
05 22 03 : : 11 F 97024 : : 1,2,3 23 00 1														
25 FEDERAL TAX ID NUMBER SSN EIN 22-2270422 <input checked="" type="checkbox"/>					26 PATIENT'S ACCOUNT NO 23268APV					27 ACCEPT ASSIGNMENT? (For govt claims see back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
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) DANIEL STYLE, DO 01/13/04 SIGNED DATE					32 NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED (If other than home or office) STYLE FAMILY MEDICINE ASSO 1 BRITTON PLACE SUITE 12 VOORHEES, NJ 08043					33 PHYSICIAN'S SUPPLIER'S BILLING NAME ADDRESS ZIP CODE STYLE FAMILY MEDICINE ASSO 1 BRITTON PLACE SUITE 12 VOORHEES NJ 08043 (856) 772-1880 PIN # GRP #				

PLEASE
DO NOT
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AREA

NJ SKYLANDS INS
PO BOX 622
BASKING RIDGE, NJ 079

01 NOF

02 ATT

HEALTH INSURANCE CLAIM FORM

1 MEDICARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> CHAMPUS <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN <input type="checkbox"/> FECA <input type="checkbox"/> BLK LUNG <input type="checkbox"/> OTHER <input checked="" type="checkbox"/>		1a INSURED'S ID NUMBER (FOR PROGRAM IN ITEM 1) 70002178	
2 PATIENT'S NAME (Last Name First Name Middle Initial) TETI MARYANN		3 PATIENT'S BIRTH DATE MM DD YY 09 29 1951 M <input type="checkbox"/> F <input checked="" type="checkbox"/>	
5 PATIENT'S ADDRESS (No Street) 1210 HUNTINGDON MEWS		6 PATIENT RELATIONSHIP TO INSURED Self <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>	
CITY LINDENWOLD		CITY LINDENWOLD	
STATE NJ		STATE NJ	
ZIP CODE 08021		ZIP CODE 08021	
TELEPHONE (Include Area Code) (856) 784-6089		TELEPHONE (INCLUDE AREA CODE) (856) 784-6089	
9 OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) TETI MARYANN		10 IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (CURRENT OR PREVIOUS) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO b. AUTO ACCIDENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO c. OTHER ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
a. OTHER INSURED'S POLICY OR GROUP NUMBER		a. INSURED'S DATE OF BIRTH MM DD YY 01 10 21 27 24 M <input type="checkbox"/> F <input type="checkbox"/>	
b. OTHER INSURED'S DATE OF BIRTH MM DD YY 09 29 1951 M <input type="checkbox"/> F <input checked="" type="checkbox"/>		b. EMPLOYER'S NAME OR SCHOOL NAME	
c. EMPLOYER'S NAME OR SCHOOL NAME 1000 WHITE HORSE RD VOORHEES, NJ 08043		c. INSURANCE PLAN NAME OR PROGRAM NAME	
d. INSURANCE PLAN OR PROGRAM NAME MICHAEL GLASSMAN ESO		d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes return to and complete item 9 a-d	
12 PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim I also request payment of government benefits either to myself or to the party who accept assignment below SIGNED SIGNATURE ON FILE DATE 05/27/03		13 INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below SIGNED SIGNATURE ON FILE	
14 DATE OF CURRENT ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY (LMP) MM DD YY 05 03 03		15 IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS GIVE FIRST DATE MM DD YY 101	
16 DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY 05 03 03		17 HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY 05 03 03	
17 NAME OF REFERRING PHYSICIAN OR OTHER SOURCE DANIEL J STYLE D.O.		17a. ID NUMBER OR REFERRING PHYSICIAN 101	
19 RESERVED FOR LOCAL USE		20 OUTSIDE LAB? \$ CHARGES <input type="checkbox"/> YES <input type="checkbox"/> NO	
21 DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (RELATE ITEMS 1,2,3 OR 4 TO ITEM 24E BY LINE) 1 847 0 3 723 4 2 847 2 4		22 MEDICAID RESUBMISSION CODE ORIGINAL REF NO 23 PRIOR AUTHORIZATION NUMBER	
24 A B C D E F G H I J K 2 DATE(S) OF SERVICE To Place of Type of PROCEDURES, SERVICES OR SUPPLIES DIAGNOSIS \$ CHARGES DAYS OR EPSDT Family Plan EMG COB RESERVED FOR LOCAL USE MM DD YY MM DD YY Service Service CPT/HCPCS MODIFIER CODE 05 27 03 : : 11 F 97024 : : 1,2,3 23:00 1 05 29 03 : : 11 F 97024 : : 1,2,3 23:00 1 06 02 03 : : 11 F 99211 : : 1,2,3 45:00 1 06 02 03 : : 11 F 97110 : : 1,2,3 50:00 1 06 02 03 : : 11 F 97024 : : 1,2,3 23:00 1 06 09 03 : : 11 F 97024 : : 1,2,3 23:00 1			
25 FEDERAL TAX ID NUMBER SSN EIN 22-2270422 <input type="checkbox"/> XX		26 PATIENT'S ACCOUNT NO 23268APV	
27 ACCEPT ASSIGNMENT? (For govt claims see back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		28 TOTAL CHARGE \$ 187:00	
29 AMOUNT PAID \$ 0:00		30 BALANCE DUE \$ 187:00	
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) DANIEL STYLE, DO 01/13/04 SIGNED DATE		32 NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED (If other than home or office) STYLE FAMILY MEDICINE ASSO 1 BRITTON PLACE SUITE 12 VOORHEES, NJ 08043	
33 PHYSICIAN'S SUPPLIER'S BILLING NAME ADDRESS ZIP CODE STYLE FAMILY MEDICINE ASSOC 1 BRITTON PLACE SUITE 12 VOORHEES NJ 08043 (856) 772-1880		34 PHONE # PIN # GRP #	

02 ATT

PICA ☐

APPROVED OMB-0938-0008 FORM HCFA 1500 (12 90) FORM RRB 1500
APPROVED OMB 1215-0055 FORM OWCP 1500
APPROVED OMB-0720-0001 (CHAMPUS)

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PO BOX 622
BASKING RIDGE, NJ 079

01 NOF

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HEALTH INSURANCE CLAIM FORM

1 MEDICARE MEDICAID CHAMPUS CHAMPVA GROUP HEALTH PLAN FECA BLK LUNG OTHER		1a INSURED'S ID NUMBER (FOR PROGRAM IN ITEM 1)	
<input type="checkbox"/> (Medicare #) <input type="checkbox"/> (Medicaid #) <input type="checkbox"/> (Sponsor's SSN) <input type="checkbox"/> (VA File #) <input type="checkbox"/> (SSN or ID) <input checked="" type="checkbox"/> (ID)		70002178	
2 PATIENT'S NAME (Last Name First Name Middle Initial)		4 INSURED'S NAME (Last Name First Name Middle Initial)	
TETT MARYANN		TETT MARYANN	
5 PATIENT'S ADDRESS (No Street)		7 INSURED'S ADDRESS (No Street)	
1210 HUNTINGDON MEWS		1210 HUNTINGDON MEWS	
CITY		CITY	
LINDENWOLD		LINDENWOLD	
STATE		STATE	
NJ		NJ	
ZIP CODE		ZIP CODE	
08021		08021	
TELEPHONE (Include Area Code)		TELEPHONE (INCLUDE AREA CODE)	
(856) 784-6089		(856) 784-6089	
9 OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)		11 INSURED'S POLICY GROUP OR FECA NUMBER	
TETT MARYANN		0110212724	
a OTHER INSURED'S POLICY OR GROUP NUMBER		a INSURED'S DATE OF BIRTH	
		MM DD YY M F SEX	
b OTHER INSURED'S DATE OF BIRTH		b EMPLOYER'S NAME OR SCHOOL NAME	
MM DD YY M F SEX			
09 29 1951 M F			
c EMPLOYER'S NAME OR SCHOOL NAME		c INSURANCE PLAN NAME OR PROGRAM NAME	
1000 WHITE HORSE RD			
VOORHEES, NJ 08043			
d INSURANCE PLAN OR PROGRAM NAME		d IS THERE ANOTHER HEALTH BENEFIT PLAN?	
MICHAEL GLASSMAN ESO		<input type="checkbox"/> YES <input type="checkbox"/> NO If yes return to and complete item 9 a-d	
12 PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accept assignment below.		13 INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.	
SIGNATURE ON FILE		SIGNATURE ON FILE	
SIGNED		SIGNED	
DATE		DATE	
06/17/03			
14 DATE OF CURRENT ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY (LMP)		15 IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS GIVE FIRST DATE	
MM DD YY		MM DD YY	
05 03 03			
17 NAME OF REFERRING PHYSICIAN OR OTHER SOURCE		17a LD NUMBER OR REFERRING PHYSICIAN	
DANIEL J STYLE D.O.		101	
19 RESERVED FOR LOCAL USE		16 DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION	
		FROM MM DD YY TO MM DD YY	
21 DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (RELATE ITEMS 1,2,3 OR 4 TO ITEM 24E BY LINE)		18 HOSPITALIZATION DATES RELATED TO CURRENT SERVICES	
1 847 0		FROM MM DD YY TO MM DD YY	
3 723 4			
2 847 2		20 OUTSIDE LAB? \$ CHARGES	
4		<input type="checkbox"/> YES <input type="checkbox"/> NO	
22 MEDICAID RESUBMISSION CODE		ORIGINAL REF NO	
23 PRIOR AUTHORIZATION NUMBER			
24 A B C D E		F G H I J K	
2 DATES(S) OF SERVICE To		DAYS OR UNITS	
From MM DD YY To MM DD YY		Family Plan	
Place of Service		EMG	
Type of Service		COB	
PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER		RESERVED FOR LOCAL USE	
DIAGNOSIS CODE			
\$ CHARGES			
25 FEDERAL TAX ID NUMBER SSN EIN		29 AMOUNT PAID	
22-2270422		\$ 0.00	
26 PATIENT'S ACCOUNT NO		30 BALANCE DUE	
23268APV		\$ 160.00	
27 ACCEPT ASSIGNMENT? (For govt claims see back)			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
28 TOTAL CHARGE			
\$ 160.00			
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)		33 PHYSICIAN'S SUPPLIERS BILLING NAME ADDRESS ZIP CODE	
DANIEL STYLE, DO		STYLE FAMILY MEDICINE ASSOC	
01/13/04		1 BRITTON PLACE SUITE 12	
DATE		VOORHEES NJ 08043 (856) 772-1880	
SIGNED		PIN #	
		GRP #	

02 ATTY

PICA ☐ ☐ ☐

APPROVED OMB-0938-0008 FORM HCFA 1500 (12 90) FORM RRB 1500
APPROVED OMB 1215-0055 FORM OWCP 1500
APPROVED OMB-0720-0001 (CHAMPUS)

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HEALTH INSURANCE CLAIM FORM										PICA	
1 MEDICARE MEDICAID CHAMPUS CHAMPVA GROUP HEALTH PLAN FECA BLK LUNG OTHER (Medicare #) (Medicaid #) (Sponsor's SSN) (VA File #) (SSN or ID) (SSN) (ID)										1a INSURED'S ID NUMBER (FOR PROGRAM IN ITEM 1)	
2 PATIENT'S NAME (Last Name First Name Middle Initial) TETT MARYANN										70002178	
3 PATIENT'S BIRTH DATE MM DD YY SEX 09 29 1951 M F <input checked="" type="checkbox"/>										4 INSURED'S NAME (Last Name First Name Middle Initial) TETT MARYANN	
5 PATIENT'S ADDRESS (No Street) 1210 HUNTINGDON MEWS										7 INSURED'S ADDRESS (No Street) 1210 HUNTINGDON MEWS	
6 PATIENT RELATIONSHIP TO INSURED Self <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>										CITY STATE LINDENWOLD NJ	
8 PATIENT STATUS Single <input type="checkbox"/> Married <input type="checkbox"/> Other <input type="checkbox"/> Employed <input type="checkbox"/> Full Time Student <input type="checkbox"/> Part Time Student <input type="checkbox"/>										ZIP CODE TELEPHONE (INCLUDE AREA CODE) 08021 (856) 784-6089	
9 OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) TETT MARYANN										11 INSURED'S POLICY GROUP OR FECA NUMBER 0110212724	
10 IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (CURRENT OR PREVIOUS) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO b. AUTO ACCIDENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO PLACE (State) <input type="checkbox"/> c. OTHER ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO										12 INSURED'S DATE OF BIRTH MM DD YY SEX 09 29 1951 M F <input checked="" type="checkbox"/>	
13 EMPLOYER'S NAME OR SCHOOL NAME 1000 WHITE HORSE RD VOORHEES, NJ 08043										b EMPLOYER'S NAME OR SCHOOL NAME	
14 INSURANCE PLAN OR PROGRAM NAME MICHAEL GLASSMAN ESO										c INSURANCE PLAN NAME OR PROGRAM NAME	
15 PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accept assignment below. SIGNATURE ON FILE DATE 07/22/03										d IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes return to and complete item 9 a-d	
16 DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY TO MM DD YY 05 03 03										17 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	
18 NAME OF REFERRING PHYSICIAN OR OTHER SOURCE DANIEL J STYLE D.O.										19 RESERVED FOR LOCAL USE	
20 17a ID NUMBER OR REFERRING PHYSICIAN 101										21 MEDICAID RESUBMISSION CODE ORIGINAL REF NO	
22 PRIOR AUTHORIZATION NUMBER										23 PRIOR AUTHORIZATION NUMBER	
24 A DATE(S) OF SERVICE B Place of Service C Type of Service D PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER E DIAGNOSIS CODE F \$ CHARGES G DAYS OR UNITS H EPSDT Family Plan I EMG J COB K RESERVED FOR LOCAL USE											
25 FEDERAL TAX ID NUMBER SSN EIN 22-2270422 <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>										26 PATIENT'S ACCOUNT NO 23268APV	
27 ACCEPT ASSIGNMENT? (For govt claims see back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO										28 TOTAL CHARGE \$ 204.00	
29 AMOUNT PAID \$ 0.00										30 BALANCE DUE \$ 204.00	
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) DANIEL STYLE, DO 01/13/04 DATE										32 NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED (If other than home or office) STYLE FAMILY MEDICINE ASSO 1 BRITTON PLACE SUITE 12 VOORHEES, NJ 08043	
33 PHYSICIAN'S SUPPLIERS BILLING NAME ADDRESS ZIP CODE STYLE FAMILY MEDICINE ASSOC 1 BRITTON PLACE SUITE 12 VOORHEES NJ 08043 (856) 772-1880 PIN # GRP #											

Eastern Neurodiagnostic Associates, P.C.

Shiva Gopal-Vasishta, M D

Board Certified – Neurology

Board Certified – Electrodiagnostic Medicine

Kishor Patil, M D

Board Certified – Neurology

Lewis Lazarus Ph D

Clinical Neuropsychologist

Lic# 3659

Comprehensive Neurology & Head Trauma Rehabilitation

Pavilion 800, Suite 209

2301 Evesham Road

Voorhees, NJ 08043

856-651-0060

FAX 856-651-0061

July 13, 2004

MEDICAL STATEMENT

RE: MARY ANN TETI

Mary Ann Teti was seen for a neurological consultation on 7-13-04. This 53 year old woman states that she suffered from injuries in an MVA on 5-3-03. At that time she was the restrained driver of a vehicle that was rear ended while merging into traffic. She was flung back and forth suffering an abrupt jerk to her cervical and lumbar spine. She denies loss of consciousness. She went the next day to JFK Hospital in Stratford where x-rays were negative. Since then, her main problem has been cramping lumbar pain with radiation down the lower extremities. This spreads to the gluteal regions and further into the legs with numbness over the toes. Because of back stiffness she has a gait impairment. She completed an MRI scan of the lumbar spine that showed multi level disk protrusions including L4-5 and L5-S1.

PAST MEDICAL HISTORY: Significant for mild hypertension for which she is taking medications. **SHE IS ALLERGIC TO SULFA**

PHYSICAL EXAMINATION: Reveals a middle aged woman who is alert and well oriented. There is severe paraspinal spasm bilaterally associated with tenderness over the sacro-iliac areas. There is also palpable tenderness over the sciatic notches. SLR is positive at about 60 degrees bilaterally. Lumbar range of motion shows a deficit of 30% mainly in lateral flexion. Examination of the cervical spine shows range of motion to be down by about 25-30% in all four planes. There are palpable trigger points through the trapezius and rhomboid muscles bilaterally. Palpable tenderness was present over the facets on extension and side bending at C4-5 to C6-7.

NEUROLOGICAL EXAMINATION

Cranial Nerves Funduscopic exam was normal bilaterally. Extraocular movements are full and conjugate without nystagmus. Pupils are round, equal, and briskly reactive both directly and consensually. The remainder of the cranial nerve exam was normal.

Page 2

RE: MARY ANN TETI

Motor Examination Reveals 4 out of 5 in the EHL bilaterally

Reflexes 1 - 2+ and equal throughout with downgoing toes

Sensory Examination. Reveals patchy hypesthesia mainly over L5-S1 distribution bilaterally

CLINICAL IMPRESSION

- 1 Post-traumatic lumbar strain/sprain with two disk protrusions The patient also has clinical radiculopathy bilaterally
- 2 Traumatic cervical strain/sprain with a question of radiculopathy

Mary Ann certainly needs EMG studies of the lower extremities to evaluate her prominent post traumatic radiculopathy Based on the results of these tests, I will make further recommendations I plan to refer her for pain management if required This will need to be concurrent with an active physical therapy program for maximum long term benefit

SIGNED


SHIVA GOPAL, M D

SG/sms

cc M Glassman , Esq

Dictated, not read

ASB

Blue

Eastern Neurodiagnostic Associates, P.C.

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Lewis Lazarus Ph D
Clinical Neuropsychologist
Lic# 3659

July 28, 2004

MEDICAL STATEMENT RE MARY ANN TETI

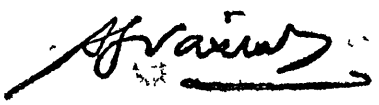
Mary Ann Teti was seen for a follow up visit on 7-28-04 Mary Ann continues to have a sharp pain in the lumbar region with radiation down the lower extremities This is worse on the right side as compared to the left with paresthesia and numbness over the foot She continues to have a stiff gait as a result

Lumbar range of motion lacks approximately 30% in all planes There is marked paravertebral spasm bilaterally associated with midline tenderness at L4 and L5 SLR is positive bilaterally

There is bilateral cervical paraspinal spasm detected on palpation Range of motion of the cervical spine is within normal limits

EMG SUMMARY Because of Maryann's lower extremity radicular features, needle EMG and nerve conduction studies were performed This revealed evidence for a bilateral L5 radiculopathy

Mary Ann has suffered from significant injuries including a lumbar radiculopathy on both sides She complains of a pain level that is 7 to 8 out of 10 She needs to be referred for a pain management evaluation which I will arrange I will see her for follow up visits as needed in the future



SIGNED

SHIVA GOPAL, M D

SG/sms

cc M Glassman , Esq

Dictated, not read

EASTERN NEURODIAGNOSTIC ASSOCIATES, P C

Patient Tetu, Mary Ann
Sex Female
Age 52
Height 63 inches
Weight 160 lbs
Patient I D 160446254
Ref M D

Office Voorhees
D A
Examiner
Test Date 07/28/04

Motor Nerve Study

Peroneal Nerve

Rec Site	Lat (ms)	Amp (uV)	Dist (mm)	C V. (m/s)
Stim Site	L R	L R	L R	L R
Ankle	2 6 2 7	2 7 6 9		
Fib Head	9 3 9 2	1 9 5 1	330 330	48 8 50 7

Tibial Nerve

Rec Site: AH	Lat (ms)	Amp (uV)	Dist (mm)	C V (m/s)
Stim Site	L R	L R	L R	L R
Ankle	3 2 3 3	10 5 10 7		
Pop Pos	10 3 9 9	9 5 7 2	340 330	48 0 49 5

Sensory Nerve Study

Sural Nerve

Rec Site: Ankle	Lat (ms)	Amp (uV)
Stim Site	L R	L R
Soleus	3 1 3 4	20 3 23 8

F-Wave Study

Peroneal Nerve

Rec Site AH	Latency	Amplitude
Stim Site Ankle	ms	mV
	L R	L R
H wave	NR NR	
F wave	40.08 40 25	
F-M	NR NR	

Tibial Nerve

Rec Site: AH	Latency	Amplitude
Stim Site: Ankle	ms	mV
	L R	L R
H wave	NR NR	
F wave	49 33 49 17	
F-M	NR NR	

Patient Teti, Mary Ann
 Patient I.D. 160446254

Test Date 07/28/04

H Reflex Study

Tibial Nerve

Rec Site: Soleus

Stim Site: Pop.Fos

Latency		Amplitude	
ms		mV	
L	R	L	R
NR	NR	0 000	0 000
30 33	30 92	1 642	1 892

H wave

H wave

EMG Study

Name	Ins Act	Fibs	PSW	Fascics	Polyph	MU Amp	MU Dur	Recrut
L Tibialis Ant	inc	2+	2+	none	inc	inc	inc	dec
L Gastroc Med H	norm	none	none	none	none	norm	norm	norm
L Vastus Lat	norm	none	none	none	none	norm	norm	norm
L Biceps Ln H	norm	none	none	none	none	norm	norm	norm
L Paraspinals	inc	2+	2+	none	inc	inc	inc	dec
R Tibialis Ant	inc	2+	2+	none	inc	inc	inc	dec
R Gastroc Med H	norm	none	none	none	none	norm	norm	norm
R Vastus Lat	norm	none	none	none	none	norm	norm	norm
R Biceps Ln H	norm	none	none	none	none	norm	norm	norm
R Paraspinals	inc	2+	2+	none	inc	inc	inc	dec

Summary/Interpretation:

- Bilateral L5 radiculopathy

Shiva Gopal, M D
 Board Certified - Neurology
 Board Certified - Electrodiagnostic Medicine



SOUTH JERSEY RADIOLOGY ASSOCIATES, P A.

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JOHN A CURTIS M D
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THOMAS J SERGI M D
EVAN T SHACK M D
BARRY SHURMAN M D
RANDALL W SNYDER III M D

06/10/03

TO: Stuart Style, D.O. BW030610-095501
RE: MARYANN TETI ACC # 128266 DOB: 09/29/1951
1210 BROADACRES
CLEMENTON, NJ 08021 TEL: 856/784-6089 AGE: 51

CERVICAL SPINE AND LUMBAR SPINE: 06/10/2003

CLINICAL HISTORY: Trauma one month ago and pain.

LUMBAR SPINE:

COMMENT: Five views of the lumbar spine reveal advanced intervertebral disc space narrowing at L4-5 and milder disease at L3-4 and L5-S1 and facet arthropathy in the lower lumbar segments. No fracture or destructive process is identified. There is no spondylolysis. The soft tissues are intact. The SI joints show early arthropathy.

IMPRESSION: Lumbar spondylosis.

CERVICAL SPINE (FIVE VIEWS):

COMMENT: There is advanced intervertebral disc space narrowing at C5-6 and C6-7 with posterior osteophytes. There is narrowing of the C4-5 intervertebral disc space. There is Luschka

(Continued)

LEADING THE WAY IN DIAGNOSTIC IMAGING

CHERRY HILL
SICPLERVILLE

GREENTREE (MARLTON)
TURNERSVILLE

HADDONFIELD
VOORHEES

PENNSAUKEN
WOMEN'S CENTER (VOORHEES)

06/10/03

joint hypertrophy and narrowing of the exiting foramen at C5-6 and C6-7 bilaterally, left worse than right. There is no fracture or malalignment other than mild straightening of the normal cervical lordosis in the lower cervical segments likely due to fusion from chronically deranged discs.

IMPRESSION: Advanced cervical spondylosis.

Very truly yours,

Mark DeLaurentis, M.D.

MD:bw BW
DXP: 724.2-1409; 723.14-1403
REF: STLS

Electronically Signed - Mark DeLaurentis, M.D.

SOUTH JERSEY RADIOLOGY ASSOCIATES
Professional Associates
 P O BOX 23355
 NEWARK NEW JERSEY 07189-0355
 PHONE (856) 770-0300



PATIENT NAME TETI, MARYANN		REF NUMBER 22-1899118A	
DATE	DESCRIPTION OF SERVICES	DIAGNOSIS	AMOUNT
061003	Balance forward last statement		0.00
070903	LUMBAR SPINE	724.2	156.00
101603	Insurance denied pmt		156.00
101603	INSURANCE PMT		-58.18
101603	Auto Ins Discount		-52.10
061003	CERVICAL MIN 4 VIEWS	756.19	135.00
070903	Insurance denied pmt		135.00
101603	INSURANCE PMT		-55.73
101603	Auto Ins Discount		-35.48
LOCATION OF SERVICE SJRA - TURNERSVILLE, NJ		BILL TO	
INQUIRY DATE	ADMISSION DATE	DISCHARGE DATE	
STYLE, STUART DO		DELAURENTIS, MARK MD	
REFERRING PHYSICIAN		DATE OF SERVICE	
		11/12/03	
* PLACE OF SERVICE 1 INPATIENT HOSPITAL 2 OUTPATIENT CLINICAL 3 PHYSICIAN'S OFFICE 4 EMERGENCY ROOM			

STATEMENT

RETURN THIS SECTION WITH PAYMENT

ACCOUNT NUMBER 1128266	DATE OF STATEMENT 11/12/03
PATIENT PHONE NUMBER 856/784-6089	PATIENT'S DATE OF BIRTH 09/29/57
EMPLOYMENT UNEMPLOYED	PRIMARY INSURANCE ALTA
SECONDARY INSURANCE	

MAKE CHECK PAYABLE TO
SOUTH JERSEY RADIOLOGY ASSOCIATES, P A
 P O BOX 23355
 NEWARK NEW JERSEY 07189-0355

☒ VISA ☐ Please charge ☐ VISA/Bankamcard
☐ MasterCard
 Account No _____ Exp Date _____
 (Master Card must also include number above name on card)

Signature
TETI, MARYANN
1210 BROADACRES
CLEMENTON, NJ 08021

IMPORTANT INFORMATION ON BACK

FACSIMILE MESSAGE

FROM: FOSTER & GROSS RADIOLOGY

FAX: 856 346 8510

TO: ADAM S BERGER ESQ
PER YOUR REQUEST

FAX: 772-9202

SUBJ: TETI, MARYANN

Page 1 of 2

If this transmission is incomplete, please call (856) 435-3444.

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Gary Goldstein MD
600 Somerdale Road
Suite 215
Voorhees, NJ 08043

RE: TETI, MARYANN
1210 BROAD ACRES DRIVE
CLEMENTON, NJ 08021
DOB: 09/29/1951 SEX: F
PHONE: 856/784-6089
ACCOUNT # 9172

Dear Dr. Goldstein,

MRI LUMBAR SPINE

10/31/2003

History - Low back pain with bilateral radiculopathy.

- IMPRESSION:
1. Minimal central disc protrusion at L5-S1 not causing significant stenosis.
 2. Minimal, broad-based disc bulge at L4-5 not causing significant stenosis.
 3. Near complete desiccation of the L4-5 disc which is moderately decreased in height.
 4. Cystic, partially imaged right renal lesion. Ultrasound

TETI, MARYANN Continues

is recommended to further evaluate this.

PROCEDURE: Sagittal and axial T1 and T2 weighted images were obtained. The axial images were angled through the disc spaces at L1-2 through L5-S1.

FINDINGS: Sagittal images of the lumbar spine demonstrate normal vertebral body alignment and marrow signal with the exception of Type I endplate change seen at the L4-5 level. There is minimal desiccation of the L1-2 disc. There is near complete desiccation of the L4-5 disc which is moderately decreased in height. The conus medullaris terminates normally at T12-L1. A small Schmorl's node is seen at the superior endplate of L5.

Axial images at L1-2 demonstrate a partially imaged high signal intensity right renal lesion on the T2 weighted images. This measures 3.2 x 2.4 cm. This should be further evaluated with ultrasound to ensure that it simply represents a cyst as it is not completely imaged on this study.

The L1-2 level demonstrates no central canal or neural foraminal stenosis.

The L2-3 and L3-4 levels also appear normal without central canal or neural foraminal stenosis.

The L4-5 level demonstrates a minimal broad-based disc bulge slightly effacing the anterior margin of the thecal sac but not causing significant central canal or neural foraminal stenosis.

The L5-S1 level demonstrates a minimal, focal, disc protrusion on image 32. Again, there is no significant central canal or neural foraminal stenosis.

Thank you for referring your patient.

Sincerely yours,

Robert T Smith, MD

RTS:em

cc: Peter Diana DC

Date Dictated: 10/31/03

Date Transcribed: 10/31/03

Foster & Gross Radiologic Associates, P.A.
1000 Pike
Stratford NJ 08021-1660

STATEMENT

CHECK CREDIT CARD		NO FOR PAYMENT AND FILL OUT BELOW	
<input type="checkbox"/> MasterCard	<input type="checkbox"/> Discover	<input type="checkbox"/> American Express	
CARD NUMBER		AMOUNT	
NAME ON CARD (PLEASE PRINT)		EXP. DATE	
SIGNATURE			
STATEMENT DATE 12/12/2003	ACCOUNT # 1009172	PAY THIS AMOUNT \$1,100.00	

Patient: TETI, MARYANN

AMOUNT PAID

MAKE CHECK PAYABLE & REMIT TO

Foster & Gross Radiologic Associates, P.A.
PO Box 630
Stratford NJ 08084

00722

DATE

10/31/03

DESCRIPTION

AMOUNT

Balance forward last statement	\$0 00
72148 MRI LUMBAR SPINE W/O C	\$1,100 00

PLEASE REMIT PAYMENT TO THE ABOVE ADDRESS AS YOU NOW OWE THE ABOVE
AMOUNT PLEASE PAY WITHIN 60 DAYS TO AVOID FINANCE CHARGES AND/OR COLLECTION



BALANCE DUE: \$1,100 00

Account Number 1009172

Statement Date 12/12/2003

Foster & Gross Radiologic Associates, P.A.
PO Box 630
Stratford NJ 08084

Phone 856/435-3444 IRS# 22-2276996

72148-01-001-000348-#001229

Gary Neil Goldstein, M D

Echelon Medical Center, Suite 215

600 Somerdale Road

Voorhees, New Jersey 08043

(856) 795-8884

Plastic and Reconstructive Surgery

Surgery of the Hand

Cosmetic Surgery

Orthopaedic and Reconstructive Surgery

Surgery of the Foot

Sports Medicine

August 26, 2003

INITIAL CONSULTATION: 8/26/03

PATIENT: MARYANN TETI

PRIMARY PHYSICIAN:

The patient is a 51-year old white female who is right-hand dominant. Occupation, support aide for adults who are developmentally handicapped.

PAST MEDICAL HISTORY:

Allergies, sulfa. Current medications, Levoxyl, anti-hypertensive medication. Prior surgical history, none. Prior related medical conditions, the patient was in a motor vehicle accident twelve years ago, treated with physical therapy, healed, no sequelae. Active medical diseases, hypothyroidism, hypertension.

FAMILY HISTORY:

Non-contributory.

SOCIAL HISTORY:

Non-contributory. The patient lives with her 26-year old daughter.

HISTORY OF PRESENT ILLNESS:

On 5/5/03, the patient was involved in a motor vehicle accident. The patient was the restrained driver of a motor vehicle which was involved in a collision. The patient was seen the next day

INITIAL CONSULTATION: 8/26/03
PATIENT: MARYANN TETI

PAGE TWO

through the emergency room of John F. Kennedy Hospital, Stratford Division, where she was evaluated and discharged. The patient then came under the care of Dr. Styles. According to Dr. Styles, the x-rays did show some abnormalities. She got approximately two months of physical therapy under the direction of Dr. Styles. Because of ongoing symptomatology, the patient comes to see me.

CURRENT STATUS:

The patient reports that she has ongoing back pain and, to a lesser degree, neck pain as a result of the 5/5/03 accident. The back pain is the most problematic. It varies in intensity. She wakes up in the morning very stiff and restricted, and it takes her a while to loosen up. She never loosens up to normal, however. Sustained activity makes things tighter as does sitting for periods of time. There is also tightness and soreness in the neck and mantle. The patient does not describe any radicular sensation in the arms and legs. Anything which involves bending or sitting for prolonged periods of time is an issue. The patient has used Flexeril under the direction of Dr. Styles, but that makes her too "drunk" to be used during the day.

PHYSICAL EXAMINATION:

On inspection, the patient is 5'3" in height and weighs 145 pounds.

There is no sign of overt muscle fasciculation, atrophy or tremor.

In watching the patient move, she does carry her mid and low back area particularly stiffly.

Finger-to-finger, finger-to-thumb, heel-toe and Romberg testing are negative. Reflexes are 2+ and bilaterally symmetrical at biceps, triceps, brachioradialis, patella and Achilles. Toes are downgoing. Straight leg raising and Lasegue tests are negative bilaterally. Faber's test is negative bilaterally. Adson's, Wright's and reverse Phalen's tests are negative bilaterally. Motor strength appears to be 5/6 in all major motor groups. Significantly, there is some pain related inhibition on application of power through the low back. Maximal motor testing was not performed.

INITIAL CONSULTATION: 8/26/03
PATIENT: MARYANN TETI

PAGE THREE

There is no evidence of Tinel's at the thoracic outlet, elbows or wrists in the median, ulnar or radial nerve distributions.

Range of motion of the cervical spine is 95% of normal. Thoracolumbar range of motion is 80% of normal. There is restriction and guarding in the low back and some abnormalities of lumbar rhythm. These findings are reproducible. The patient does not fatigue excessively on performing these maneuvers.

Hoover's, Burn's Bench and Waddell's compression and torso rotation are negative.

The patient is tender to deep palpation in the lumbar paraspinalis area. There is flank tenderness and tenderness at the PSIS area in the paraspinalis region. In the neck, there are some trigger point areas and some tenderness over the facet joints.

Cervical compression test is negative. Distraction test shows some positivity. There is no Tinel's at standard locations in the lower extremities. There is no sciatic notch tenderness.

RAM and LAM measurements are equal and the patient's pelvis is balanced in the AP plane.

RECORD REVIEW:

There were no records available for review.

DISCUSSION:

I have explained to the patient that I will attempt to track down her x-rays to see what abnormalities are shown. A short course of chiropractic care will be scripted. Depending upon how she fares, if her symptomatology does not settle down, I think that an MRI of the low back and a TENS unit might be of use. Anaprox at a dose of 550 mg po b.i.d. was scripted.

INITIAL CONSULTATION: 8/26/03
PATIENT: MARYANN TETI

PAGE FOUR

If the patient experiences a flare-up of symptomatology, a lumbar epidural injection might be of use.

GARY NEIL GOLDSTEIN, M.D.
GNG/mp
082603

NOTE: Assignment of Benefits/Letter of Protection and Non-compromise/Release of Medical Records, signed form on file.

Gary Neil Goldstein, M.D.

Echelon Medical Center, Suite 215

600 Somerdale Road

Voorhees, New Jersey 08043

(856) 795-8884

Plastic and Reconstructive Surgery

Surgery of the Hand

Cosmetic Surgery

Orthopaedic and Reconstructive Surgery

Surgery of the Foot

Sports Medicine

April 27, 2004

FOLLOW-UP CONSULTATION: 4/27/04

PATIENT: MARY ANN TETI

* PRIMARY PHYSICIAN:

The patient returns for a follow-up consultation.

CURRENT STATUS:

The patient reports that in the interim since I have last seen her, she was treating with Dr. Diana. She found that the treatment was reasonably effective. It took a long time to get her symptoms under control, but she did make some improvement. As she recalls, treatment went through 11/03.

At this juncture, the patient continues to work as a professional with mentally retarded people. Although she is functional in that capacity, she continues to have low back pain. Her back pain is an "on again/off again" issue. It is always there in some form, but it flares episodically, usually with physical exertion and sometimes for no reason at all. She uses Advil on an as necessary basis. Occasionally, she may get some sense of radiation into the buttock, but it does not particularly go down the leg. Her back pain just flares. She does feel it at the posterior thighs at times.

RECORD REVIEW:

Direct review of MRI dated 10/31/04 is consistent with a broad-based disc bulge at the L4-5 level with some subtle herniate component. There is a very minor bulge at L5-S1, which I do not think is significant.

FOLLOW-UP CONSULTATION: 4/27/04
PATIENT: MARY ANN TETI

PAGE TWO

PHYSICAL EXAMINATION:

On examination today, there is some tenderness in the low back and decreased ease and range of motion of the back. There is no sciatic notch tenderness at this time.

DISCUSSION:

The patient has a relatively compensated constrained disc herniation within the context of degenerative disease at the L4-5 level. This construct was made symptomatic by the 5/5/03 accident. At this point, she and her symptomatology are co-existing, and her use of anti-inflammatories is appropriate. She does remember the stretching exercises and so forth and general back school principles that were taught to her by Dr. Diana, and she continues to utilize them. The patient is to be applauded for her perseverance. Despite her good efforts, however, she does have some degree of permanent, ongoing back impairment, which must be viewed as precipitated by the 5/5/03 event. The patient will return to see me as necessary. If her symptoms get out of control, there are things we can do in terms of epidurals and so forth to settle her symptomatology down.

GARY NEIL GOLDSTEIN, M.D.
GNG/mp
043004

NOTE: Assignment of Benefits/Letter of Protection and Non-compromise/Release of Medical Records, signed form on file.

NS

(Med)

GENERAL SERVICES CORPORATION OF NEW JERSEY
Rehabilitation Division

Suite 206 Echelon Medical Center
600 Somerdale Road
Voorhees New Jersey 08043

(856) 795-4925
FAX # (856) 795-7870

September 2, 2003

INITIAL CONSULTATION: 8/28/03

PATIENT: MARYANN TETI

PRIMARY PHYSICIAN: Gary Goldstein, M.D.

DATE OF ACCIDENT: 5/5/03

COPY

The patient appears in my office today with the following complaints:

1. Neck pain.
2. Mid-back pain.
3. Low back pain.

The patient relates these problems to her motor vehicle accident, which occurred on 5/5/03.

PAST MEDICAL HISTORY:

The patient is a white female appearing to be her stated age of 51 years old, who is right hand dominant. The patient has an approximate weight of 150 pounds and height of 5'3". The patient states, she has had increased blood pressure for the past two years, and takes medication to control that medical condition. Approximately, twelve years ago, she had a motor vehicle accident, in which she injured her low back. The patient reports receiving treatment, and having satisfactory recovery. The patient states, she has two children, two daughters ages 29, and 26, both she reports are healthy. Approximately three years ago, she was diagnosed with a hyperthyroid condition, and takes medication to control that medical condition. She also has a history of having headaches for years, but does not fully describe the etiology of those headaches. The patient denies being pregnant. The patient does admit to having hot flashes. The patient states, she is single, and lives with one of her

daughters. The patient states, her occupation as a mental health counselor.

ALLERGIES.

Sulfa.

MEDICATIONS:

Levoxyl, and high blood pressure medications.

HISTORY OF PRESENT ILLNESS:

The history obtained from the patient indicates she was a belted driver of a car, which was struck in the rear, by a pick-up truck. Due to the impact, her body struck the steering wheel. The following day, she went to Kennedy Stratford Hospital, where she received Emergency Room care. The patient states, she did receive medications there, but no x-rays. She then consulted with Dr. Style, who she says ordered x-rays of the neck and back. The patient states, that no fractures were disclosed to her. The patient states, approximately, for two months she received physical therapy, at Dr. Style's office, which consisted mostly of hot packs and a roller table. She then consulted with Dr. Gary Goldstein, Orthopedic Surgeon. According to the patient, she did receive a script from Dr. Goldstein for medications. Dr. Goldstein did refer this patient to my office for evaluation and treatment.

PHYSICAL EXAMINATION•

Physical examination reveals a white female patient appearing to be her stated age.

Palpation of the cervical region reveals muscle spasm of the bilateral paravertebral region. Additional muscle spasm is noted in the bilateral trapezius region, the left more so than the right. Cervical range of motion is limited with accompanying pain and stiffness. Cervical range of motion is 80% of normal. The cervical compression test is positive on the left. The Soto-Hall test is positive.

Motion palpation reveals a C2 right fixation, a T4 left fixation, and a left sacroiliac fixation.

Palpation of thoracolumbar region reveals muscle spasm in the bilateral paravertebral region. Thoracolumbar range of motion is restricted with accompanying pain and stiffness. Thoracolumbar range of motion is 80% of normal. In particular, flexion, extension, and right and left rotation are most problematic for this patient.

The following lumbosacral orthopedic tests are positive:

1. Milgram's test.
2. Ely's test on the right and left.
3. Performance of the straight leg raiser test, on the right and left, does demonstrate hypertonic hamstring musculature on both sides.
4. The Thomas test is positive on the right and left, in that it provokes low back pain to the patient when performed.

Observation of the patient in the prone position reveals a right short leg with a positive Derifield leg check on that side.

Neurologically, the patient appears to be intact. Deep tendon reflexes tested +2 throughout. Extraocular eye movement appears to be within normal limits. No motor loss is noted in the upper or lower extremities, however, not all muscle groups were tested at this time. Blood pressure measured on the left 122/92.

ASSESSMENT:

1. Cervical sprain/strain.
2. Lumbar sprain/strain.
3. Rule out cervical and lumbar disc syndrome.

DISCUSSION:

I encouraged the patient to continue with her orthopedic appointments with Dr. Goldstein. I explained to the patient that she was in a chiropractic office, as well as the pro and con benefits of chiropractic care. I did gather informed consent from the patient for chiropractic treatment in both verbal and written form. I explained to the patient her treatment would be as follows

1. Soft tissue and osseous manipulation (as tolerated).
2. Cox intersegmental intermittent flexion distraction (as tolerated).

INITIAL OFFICE VISIT 8/28/03
PATIENT. MARYANN TETI

PAGE FOUR

3. Physiotherapeutics (as indicated).
4. Therapeutic exercises (as tolerated).

I also explained to the patient that she may need additional diagnostic testing in the future.

My intention is to treat this patient two times per week, for the next four weeks, using the above stated treatment. After approximately four weeks of treatment, we will do another follow-up re-evaluation of this patient.

My goals for this patient are to increase range of motion, decrease stiffness, increase acts of daily living, and hopefully decrease pain levels.

I also prescribed to the patient a cervical pillow, in order to promote cervical lordosis, while lying down. I also prescribed to this patient a lumbar support seat, in order to promote proper lumbar lordosis, while sitting.

PETER C. DIANA, D.C.

PCD/cg

(Med)

GENERAL SERVICES CORPORATION OF NEW JERSEY
Rehabilitation Division

Suite 206 Echelon Medical Center
600 Somerdale Road
Voorhees New Jersey 08043

(856) 795-4925
FAX # (856) 795-7870

October 8, 2003

FOLLOW-UP CONSULTATION: 10/4/03

PATIENT: MARYANN TETI

PRIMARY PHYSICIAN: Gary Goldstein, M.D.

COPY

The patient returns for a follow-up consultation.

The patient appears in my office today with the following complaints:

1. Intermittent neck pain and stiffness.
2. Intermittent mid-back pain and stiffness.
3. Continued low back and stiffness.

OBJECTIVE:

Physical examination reveals a white female patient appearing to be her stated age.

Palpation of the cervical region reveals muscle spasm in the bilateral cervical paravertebral region. Additional muscle spasm is noted in the bilateral trapezius region. Cervical range of motion is limited with accompanying pain and stiffness. Cervical range of motion is 80% of normal. In particular, flexion and left rotation, are most problematic for this patient.

The following cervical orthopedic tests are positive:

1. Cervical compression test on the right.
2. Shoulder depressor test on the right.
3. Soto-Hall test.

Motion palpation reveals a C2 right fixation, a T2 right fixation, and a left sacroiliac fixation.

Palpation of thoracolumbar region reveals muscle spasm in the bilateral paravertebral region. Thoracolumbar range of motion is restricted with accompanying pain and stiffness. Thoracolumbar range of motion is 85% of normal. In particular, flexion and extension, are most problematic for this patient, and provoke low back pain to the patient when performed.

The following lumbosacral orthopedic tests are positive:

1. Milgram's test.
2. Fabere-Patrick test on the right and left (in that it provokes low back pain to the patient when performed).
3. Straight leg raiser test does demonstrate hypertonic hamstring musculature on the right and left.

Observation of the patient in the prone position reveals a right short leg with a positive Derifield leg check on that side.

Neurologically, the patient appears to be intact. Deep tendon reflexes tested +2 throughout. Extraocular eye movement appears to be within normal limits. No motor loss is noted in the upper or lower extremities, however, not all muscle groups were tested at this time.

ASSESSMENT:

1. Cervical sprain/strain.
2. Lumbar sprain/strain.
3. Rule out cervical and lumbar disc syndrome.

DISCUSSION:

I encouraged the patient to continue with her orthopedic appointments with Dr. Goldstein. The patient did tell me, that Dr. Goldstein did order an MRI of her low back, which she plans to get in the immediate future, as soon as the pre-certification process is sorted out.

At this point in time, I want to continue treating the patient at the rate of two times per week, for another four weeks, using soft tissue and osseous manipulation (as tolerated), Cox intersegmental intermittent flexion distraction therapy (as tolerated), physiotherapeutics, and add in some therapeutic exercises as we proceed.

FOLLOW-UP OFFICE VISIT: 10/4/03
PATIENT: MARYANN TETI

PAGE THREE

After approximately four weeks of treatment, we will do another follow-up re-evaluation of this patient.

My goals for this patient are to increase range of motion, decrease stiffness, increase acts of daily living, and hopefully decrease pain levels.

PETER C. DIANA, D.C.

PCD/cg

MSB
GENERAL SERVICES CORPORATION OF NEW JERSEY
Rehabilitation Division

Suite 206 Echelon Medical Center
600 Somerdale Road
Voorhees New Jersey 08043

me J
(856) 795-4925
FAX # (856) 795-7870

COPY

November 5, 2003

FOLLOW-UP CONSULTATION: 11/5/03

PATIENT: MARYANN TETI

PRIMARY PHYSICIAN: Gary Goldstein, M.D.

The patient returns for a follow-up consultation.

The patient appears in my office today with the following complaints:

1. Continued low back pain.
2. Slightly improving neck pain.
3. Neck pain, which is aggravated by turning the neck.
4. Low back pain, which is aggravated by bending.
5. Low back pain hurts more when waking up in the morning.

OBJECTIVE:

Physical examination reveals a white female patient appearing to be her stated age.

Palpation of the cervical region reveals muscle spasm in the bilateral cervical paravertebral region. Additional muscle spasm is noted in the bilateral trapezius region. Cervical range of motion is limited with accompanying pain and stiffness. Cervical range of motion is 85% of normal.

The following cervical orthopedic tests are positive:

1. Cervical compression test on the left.
2. Shoulder depressor test on the left

Motion palpation reveals a C4 right fixation, a T6 left fixation, and a left sacroiliac fixation.

Palpation of thoracolumbar region reveals muscle spasm in the bilateral paravertebral region. Thoracolumbar range of motion is restricted with accompanying pain and stiffness. Thoracolumbar range of motion is 85% of normal. In particular, flexion and extension, are most problematic for this patient.

The following lumbosacral orthopedic tests are positive:

1. Milgram's test.
2. Thomas test on the right and left, in that it provokes low back pain to the patient when performed.
3. Straight leg raiser test does demonstrate hypertonic hamstring musculature on the right and left.

Observation of the patient in the prone position reveals a right short leg with a positive Derifield leg check on that side.

Neurologically, the patient appears to be intact. Deep tendon reflexes tested +2 throughout. Extraocular eye movement appears to be within normal limits. No motor loss is noted in the upper or lower extremities, however, not all muscle groups were tested at this time.

ASSESSMENT:

1. Lumbar disc syndrome (lumbar MRI taken at Foster and Gross Radiology on 10/31/03, which reveal L5-S1 disc protrusion L4-L5 disc bulge and L4-L5 disc desiccation, and rule out right renal cyst, verbal report).
2. Cervical sprain/strain.
3. Lumbar sprain/strain.
4. Rule out cervical disc syndrome.

DISCUSSION:

I encouraged the patient to continue with her orthopedic appointments with Dr. Goldstein. I do not have the time yet to discuss with the patient her MRI findings. I plan to do so when the patient brings in her MRI films.

At this point in time, I want to continue treating the patient at the rate of two times per week, for another four weeks, using soft tissue and osseous manipulation (as tolerated), Cox intersegmental intermittent flexion distraction therapy (as tolerated), physiotherapeutics, and add in some therapeutic

FOLLOW-UP OFFICE VISIT 11/5/03
PATIENT MARYANN TETI

PAGE THREE

exercises as we proceed.

After approximately four weeks of treatment, we will do another follow-up re-evaluation of this patient.

My goals for this patient are to increase range of motion, decrease stiffness, increase acts of daily living, and hopefully decrease pain levels.

PETER C. DIANA, D.C.

PCD/cg

MS

Med

General Services Corp Of N J
600 Somerdale Road
Suite #206
Voorhees NJ 08043
TAX ID# 23-2435931

Mike Glassman

ACCOUNT	AMOUNT DUE	CLOSE DATE	PAGE
004924-00	733 17	01/20/04	01

Maryann Teti
1210 Huntingdon Mews
Lindenwold, NJ 08021

RECEIVED
FEB 02 2004
MICHAEL GLASSMAN

DATE	CPT	PROCEDURE DESCRIPTION	CHARGE	PYMT	BALANCE
08/28/03	99244-25	Initial Therapeutic Evaluation	175 00		
01/14/04		Plan Payment 0100011762		140.00-	
08/28/03	98941	Manipulation 3-4 Regions	55 00		
01/14/04		Plan Payment 0100011762		30.86-	
01/14/04		Adj Write Off NJ Skyland		16 42-	
08/28/03	E0943	Cervical pillow	35 00		
01/14/04		Plan Payment 0100011762		21 59-	
01/14/04		Adj Write Off NJ Skyland		8 01-	
08/28/03	29220	Back hugger	25 00		
01/14/04		Plan Payment 0100011762		19.53-	
01/14/04		Adj Write Off NJ Skyland		0 59-	
08/28/03	97124	Massage	25 00		
01/14/04		Plan Payment 0100011762		20 00-	
08/28/03	97014	Interferrential current(ems)	25 00		
01/14/04		Plan Payment 0100011762		20 00-	
08/28/03	97010	Hot pack	15 00		
01/14/04		Adj Write Off NJ Skyland		15 00-	
					63 00
09/04/03	98941	Manipulation 3-4 Regions	55 00		
01/14/04		Plan Payment 01400012122		30 87-	
01/14/04		Adj Write Off NJ Skyland		16 42-	
09/04/03	97014	Interferrential current(ems)	25 00		

CURRENT BALANCE--> 733 1

CURRENT	31-60	61-90	91-120	OVER 120
393.17	340 00	0.00	0 00	0 00

General Services Corp Of N J
 600 Somerdale Road
 Suite #206
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 TAX ID# 23-2435931

Mike Glassman

ACCOUNT	AMOUNT DUE	CLOSE DATE	PAGE
004924-00	733 17	01/20/04	02

Maryann Teti
 1210 Huntingdon Mews

Lindenwold,NJ 08021

DATE	CPT	PROCEDURE DESCRIPTION	CHARGE	PYMT	BALANCE
01/14/04		Plan Payment 01400012122		20.00-	
09/04/03	97124	Massage	25 00		
01/14/04		Plan Payment 01400012122		20 00-	
09/04/03	97010	Hot pack	15 00		
01/14/04		Adj:Write Off NJ Skyland		15 00-	
					17 71
09/05/03	98941	Manipulation 3-4 Regions	55 00		
01/14/04		Plan Payment 01400012122		30 86-	
01/14/04		Adj:Write Off NJ Skyland		16.42-	
09/05/03	97014	Interferential current(ems)	25 00		
01/14/04		Plan Payment 01400012122		20.00-	
09/05/03	97124	Massage	25 00		
01/14/04		Plan Payment 01400012122		20.00-	
09/05/03	97010	Hot pack	15 00		
01/14/04		Adj:Write Off NJ Skyland		15 00-	
					17 72
09/11/03	98941	Manipulation 3-4 Regions	55 00		
01/14/04		Plan Payment 01400012122		30 86-	
01/14/04		Adj:Write Off NJ Skyland		16 42-	
09/11/03	97014	Interferential current(ems)	25 00		
01/14/04		Plan Payment 01400012122		20.00-	
09/11/03	97124	Massage	25 00		

CURRENT BALANCE--> 733 1

CURRENT	31-60	61-90	91-120	OVER 120
393 17	340 00	0 00	0 00	0 00

General Services Corp Of N J
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Mike Glassman

ACCOUNT	AMOUNT DUE	CLOSE DATE	PAGE
004924-00	733 17	01/20/04	03

Maryann Teti
 1210 Huntingdon Mews

Lindenwold,NJ 08021

DATE	CPT	PROCEDURE DESCRIPTION	CHARGE	PYMT	BALANCE
01/14/04		Plan Payment*01400012122		20.00-	
09/11/03	97010	Hot pack	15 00		
01/14/04		Adj Write Off NJ Skyland		15 00-	
					17 72
09/12/03	98941	Manipulation 3-4 Regions	55 00		
01/14/04		Plan Payment.01400012122		30.86-	
01/14/04		Adj Write Off NJ Skyland		16 42-	
09/12/03	97014	Interferrential current(ems)	25 00		
01/14/04		Plan Payment:01400012122		20.00-	
09/12/03	97124	Massage	25 00		
01/14/04		Plan Payment:01400012122		20.00-	
09/12/03	97010	Hot pack	15 00		
01/14/04		Adj Write Off NJ Skyland		15.00-	
					17 72
09/16/03	98941	Manipulation 3-4 Regions	55.00		
01/14/04		Plan Payment 01400012122		30.87-	
01/14/04		Adj Write Off NJ Skyland		16 42-	
09/16/03	97014	Interferrential current(ems)	25 00		
01/14/04		Plan Payment 01400012122		20 00-	
09/16/03	97124	Massage	25 00		
01/14/04		Plan Payment 01400012122		20 00-	
09/16/03	97010	Hot pack	15 00		

CURRENT BALANCE-->

733 1

CURRENT	31-60	61-90	91-120	OVER 120
393 17	340 00	0 00	0 00	0 00

General Services Corp Of N J
 600 Somerdale Road
 Suite #206
 Voorhees NJ 08043
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Mike Glassman

ACCOUNT	AMOUNT DUE	CLOSE DATE	PAGE
004924-00	733 17	01/20/04	04

Maryann Teti
 1210 Huntingdon Mews

Lindenwold,NJ 08021

DATE	CPT	PROCEDURE DESCRIPTION	CHARGE	PYMT	BALANCE
01/14/04		Adj:Write Off NJ Skyland		0.00	
					32 71
09/19/03	98941	Manipulation 3-4 Regions	55 00		
01/14/04		Plan Payment 00100013066		30 87-	
01/14/04		Adj Write Off NJ Skyland		16 42-	
09/19/03	97014	Interferrential current(ems)	25 00		
01/14/04		Plan Payment 00100013066		20 00-	
09/19/03	97124	Massage	25 00		
01/14/04		Plan Payment.00100013066		20.00-	
09/19/03	97010	Hot pack	15 00		
01/14/04		Adj Write Off NJ Skyland		15.00-	
					17 71
09/26/03	98941	Manipulation 3-4 Regions	55 00		
01/14/04		Plan Payment 00100013066		30.86-	
01/14/04		Adj:Write Off NJ Skyland		16.42-	
09/26/03	97014	Interferrential current(ems)	25.00		
01/14/04		Plan Payment 00100013066		20.00-	
09/26/03	97124	Massage	25 00		
01/14/04		Plan Payment 00100013066		20 00-	
09/26/03	97010	Hot pack	15 00		
01/14/04		Adj Write Off NJ Skyland		15.00-	
					17 72

CURRENT BALANCE--> 733 1

CURRENT	31-60	61-90	91-120	OVER 120
393 17	340 00	0 00	0 00	0 00

General Services Corp Of N J
 600 Somerdale Road
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 TAX ID# 23-2435931

Mike Glassman

ACCOUNT	AMOUNT DUE	CLOSE DATE	PAGE
004924-00	733 17	01/20/04	05

Maryann Teti
 1210 Huntingdon Mews

Lindenwold, NJ 08021

DATE	CPT	PROCEDURE DESCRIPTION	CHARGE	PYMT	BALANCE
10/01/03	98941	Manipulation 3-4 Regions	55 00		
01/14/04		Plan Payment 0100013067		30 87-	
01/14/04		Adj Write Off NJ Skyland		16.42-	
10/01/03	97014	Interferrential current(ems)	25 00		
01/14/04		Plan Payment 0100013067		20 00-	
10/01/03	97124	Massage	25 00		
01/14/04		Plan Payment 0100013067		20 00-	
10/01/03	97010	Hot pack	15 00		
01/14/04		Adj Write Off NJ Skyland		15.00-	
					17.71
10/03/03	99214-25	Re-evaluation Of Established	100 00		
01/14/04		Plan Payment 0100013067		54.40-	
01/14/04		Adj Write Off NJ Skyland		32 00-	
10/03/03	98941	Manipulation 3-4 Regions	55 00		
01/14/04		Plan Payment 0100013067		30.86-	
01/14/04		Adj Write Off NJ Skyland		16 42-	
10/03/03	97014	Interferrential current(ems)	25 00		
01/14/04		Plan Payment 0100013067		20.00-	
10/03/03	97124	Massage	25 00		
01/14/04		Plan Payment 0100013067		20.00-	
10/03/03	97010	Hot pack	15 00		
01/14/04		Adj Write Off NJ Skyland		15 00-	

CURRENT BALANCE-->

733 1

CURRENT	31-60	61-90	91-120	OVER 120
393 17	340 00	0 00	0 00	0 00

General Services Corp Of N J
 600 Somerdale Road
 Suite #206
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 TAX ID# 23-2435931

Mike Glassman

ACCOUNT	AMOUNT DUE	CLOSE DATE	PAGE
004924-00	733 17	01/20/04	06

Maryann Teti
 1210 Huntingdon Mews

Lindenwold,NJ 08021

DATE	CPT	PROCEDURE DESCRIPTION	CHARGE	PYMT	BALANCE
					31.32
10/08/03	98941	Manipulation 3-4 Regions	55 00		
01/14/04		Plan Payment 0100013067		30.87-	
01/14/04		Adj Write Off NJ Skyland		16 42-	
10/08/03	97014	Interferrential current(ems)	25 00		
01/14/04		Plan Payment 0100013067		20 00-	
10/08/03	97124	Massage	25.00		
01/14/04		Plan Payment 0100013067		20 05-	
10/08/03	97010	Hot pack	15.00		
01/14/04		Adj Write Off NJ Skyland		15 00-	
					17 66
10/15/03	97010	Hot pack	15 00		
01/14/04		Adj Write Off NJ Skyland		15 00-	
10/15/03	97014	Interferrential current(ems)	25 00		
01/14/04		Plan Payment 0100011559		20 00-	
10/15/03	98941	Manipulation 3-4 Regions	55 00		
01/14/04		Plan Payment 0100011559		30 86-	
01/14/04		Adj Write Off NJ Skyland		16 42-	
10/15/03	97124	Massage	25 00		
01/14/04		Adj Write Off NJ Skyland		25 00-	
10/15/03	97530	Babst board ankle training	35 00		
01/14/04		Plan Payment 0100011559		28 00-	

CURRENT BALANCE-->

733 1

CURRENT	31-60	61-90	91-120	OVER 120
393 17	340 00	0 00	0 00	0 00

General Services Corp Of N J
 600 Sumerdale Road
 Suite #206
 Voorhees NJ 08043
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Mike Glassman

ACCOUNT	AMOUNT DUE	CLOSE DATE	PAGE
004924-00	733 17	01/20/04	07

Mariyann Teti
 1210 Huntingdon Mews

Lindenwold,NJ 08021

DATE	CPT	PROCEDURE DESCRIPTION	CHARGE	PYMT	BALANCE
					19 72
10/17/03	97010	Hot pack	15 00		
01/14/04		Adj.Write Off NJ Skyland		15 00-	
10/17/03	97014	Interferrential current(ems)	25 00		
01/14/04		Plan Payment 0100011560		20 00-	
10/17/03	98941	Manipulation 3-4 Regions	55.00		
01/14/04		Plan Payment 0100011560		30.86-	
01/14/04		Adj.Write Off NJ Skyland		16 42-	
10/17/03	97124	Massage	25 00		
01/14/04		Adj:Write Off NJ Skyland		25 00-	
10/17/03	97530	Babst board ankle training	35.00		
01/14/04		Plan Payment 0100011560		28 00-	
					19 72
10/22/03	97010	Hot pack	15 00		
01/14/04		Adj.Write Off NJ Skyland		15 00-	
10/22/03	97014	Interferrential current(ems)	25 00		
01/14/04		Plan Payment 0100010766		6 58-	
01/14/04		Adj Write Off NJ Skyland		16 77-	
10/22/03	98941	Manipulation 3-4 Regions	55 00		
01/14/04		Plan Payment 0100010766		30 87-	
01/14/04		Adj Write Off NJ Skyland		16 42-	
10/22/03	97110	Therapeutic exercises	55 00		

CURRENT BALANCE-->

733 1

CURRENT	31-60	61-90	91-120	OVER 120
733 17	240 00	0 00	0 00	0 00

General Services Corp Of N J
 600 Somerdale Road
 Suite #206
 Voorhees NJ 08043
 TAX ID# 23-2435931

Mike Glassman

ACCOUNT	AMOUNT DUE	CLOSE DATE	PAGE
004924-00	733 17	01/20/04	08

Maryann Teti
 1210 Huntingdon Mews

Lindenwold, NJ 08021

DATE	CPT	PROCEDURE DESCRIPTION	CHARGE	PYMT	BALANCE
01/14/04		Plan Payment 0100010766		34 55-	
01/14/04		Adj:Write Off NJ Skyland		11 81-	
					18 00
10/24/03	97010	Hot pack	15 00		
01/14/04		Adj:Write Off NJ Skyland		15 00-	
10/24/03	97014	Interferrential current(ems)	25 00		
01/14/04		Plan Payment 0100010766		6 58-	
01/14/04		Adj:Write Off NJ Skyland		16 77-	
10/24/03	98941	Manipulation 3-4 Regions	55 00		
01/14/04		Plan Payment 0100010766		30 87-	
01/14/04		Adj:Write Off NJ Skyland		16 42-	
10/24/03	97110	Therapeutic exercises	55 00		
01/14/04		Plan Payment 0100010766		34 55-	
01/14/04		Adj:Write Off NJ Skyland		11 81-	
					18 00
10/30/03	98941	Manipulation 3-4 Regions	55 00		
01/14/04		Plan Payment 0100010766		30 86-	
01/14/04		Adj Write Off NJ Skyland		16 42-	
10/30/03	97014	Interferrential current(ems)	25 00		
01/14/04		Plan Payment 0100010766		20 00-	
10/30/03	97124	Massage	25 00		
01/14/04		Plan Payment 0100010766		20 00-	

CURRENT BALANCE--> 733 1

CURRENT	31-60	61-90	91-120	OVER 120
222 17	240 00	0 00	0 00	0 00

General Services Corp Of N J
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 Suite #206
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 TAX ID# 23-2435931

Mike Glassman

ACCOUNT	AMOUNT DUE	CLOSE DATE	PAGE
004924-00	733 17	01/20/04	09

Maryann Teti
 1210 Huntingdon Mews

Lindenwold,NJ 08021

DATE	CPT	PROCEDURE DESCRIPTION	CHARGE	PYMT	BALANCE
10/30/03	97010	Hot pack	15 00		
01/14/04		Adj Write Off NJ Skyland		15 00-	
					17 72
11/05/03	99214-25	Re-evaluation Of Established	100 00		
01/14/04		Plan Payment 0100010766		54 40-	
01/14/04		Adj Write Off NJ Skyland		32 00-	
11/05/03	98941	Manipulation 3-4 Regions	55 00		
01/14/04		Plan Payment 0100010766		30 87-	
01/14/04		Adj Write Off NJ Skyland		16 42-	
11/05/03	97014	Interferrential current(ems)	25.00		
01/14/04		Plan Payment 0100010766		20.00-	
11/05/03	97124	Massage	25 00		
01/14/04		Plan Payment 0100010766		20 00-	
11/05/03	97010	Hot pack	15 00		
01/14/04		Adj Write Off NJ Skyland		15 00-	
					31.31
11/12/03	97010	Hot pack	15 00		
01/14/04		Adj Write Off NJ Skyland		15 00-	
11/12/03	97014	Interferrential current(ems)	25 00		
01/14/04		Plan Payment 00100013404		25 00-	
11/12/03	98941	Manipulation 3-4 Regions	55 00		
01/14/04		Plan Payment 00100013404		38 58-	

CURRENT BALANCE--> 733 1

CURRENT	31-60	61-90	91-120	OVER 120
292 17	240 00	0 00	0 00	0 00

General Services Corp Of N J
 600 Somerdale Road
 Suite #206
 Voorhees NJ 08043
 TAX ID# 23-2435931

Mike Glassman

ACCOUNT	AMOUNT DUE	CLOSE DATE	PAGE
004924-00	733 17	01/20/04	10

Maryann Teti
 1210 Huntingdon Mews

Lindenwold, NJ 08021

DATE	CPT	PROCEDURE DESCRIPTION	CHARGE	PYMT	BALANCE
01/14/04		Adj Write Off NJ Skyland		16 42-	
11/12/03	97530	Babst board ankle training	35.00		
01/14/04		Plan Payment 00100013404		35 00-	
					0.00
11/20/03	97010	Hot pack	15 00		
01/14/04		Adj Write Off NJ Skyland		15 00-	
11/20/03	97014	Interferrential current(ems)	25 00		
01/14/04		Plan Payment 00100013404		25.00-	
11/20/03	98941	Manipulation 3-4 Regions	55 00		
01/14/04		Plan Payment 00100013404		38 58-	
01/14/04		Adj Write Off NJ Skyland		16 42-	
11/20/03	97124	Massage	25 00		
01/14/04		Plan Payment 00100013404		25 00-	
11/20/03	97530	Babst board ankle training	35 00		
01/14/04		Plan Payment 00100013404		35 00-	
					0.00
11/26/03	98941	Manipulation 3-4 Regions	55 00		
11/26/03	97014	Interferrential current(ems)	25 00		
11/26/03	97124	Massage	25 00		
11/26/03	97010	Hot pack	15 00		
					120 00
12/10/03	99214-25	Re-evaluation Of Established	100 00		

CURRENT BALANCE--> 733 1

CURRENT	31-60	61-90	91-120	OVER 120
397 17	240 00	0 00	0 00	0 00

General Services Corp Of N J
 600 Somerdale Road
 Suite #206
 Voorhees NJ 08043
 TAX ID# 23-2435931

Mike Glassman

ACCOUNT	AMOUNT DUE	CLOSE DATE	PAGE
004924 -00	733 17	01/20/04	11

Maryann Teti
 1210 Huntingdon Mews
 Lindenwold, NJ 08021

DATE	CPT	PROCEDURE DESCRIPTION	CHARGE	PYMT	BALANCE
12/10/03	98941	Manipulation 3-4 Regions	55 00		
12/10/03	97014	Interferential current(ems)	25 00		
12/10/03	97124	Massage	25 00		
12/10/03	97010	Hot pack	15 00		220 00
09/19/03	interest	Interest	0 63		
01/14/04		Plan Payment 00100013066		0 63-	0 00
10/01/03	interest	Interest	0 97		
01/14/04		Plan Payment:0100013067		0 97-	0 00
09/04/03	interest	Interest	1.75		
01/14/04		Plan Payment 01400012122		1 75-	0.00
08/28/03	interest	Interest	1 70		
01/14/04		Plan Payment 0100011762		1 70-	0 00

CURRENT BALANCE--> 733 1

CURRENT	31-60	61-90	91-120	OVER 120
393 17	340 00	0 00	0 00	0 00

LAW OFFICE OF MICHAEL J. GLASSMAN

Attorneys at Law

MICHAEL J. GLASSMAN ESQ. *
JOSEPH T. WALSH ESQ.
ADAM S. BERGER ESQ. *

GLENDALE EXECUTIVE CAMPUS
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* MEMBER NJ & PA BARS

<http://www.NJLawCenter.Com>

(856)-772-0040
TOLL FREE (888)-234-4421
FAX (856)-772-9202

January 31, 2005

Allegiance Telecom, Inc
9201 North Central Expressway
Dallas, Texas 75231-5916
ATTENTION MARK HUCK

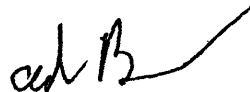
RE Our Client Maryann Teti
D/A 5-5-03

Dear Mr. Huck

Our office represents Maryann Teti for the above motor vehicle accident. I was advised by the Maryann Teti's motor vehicle carrier that Allegiance Telecom has recently filed for bankruptcy. Please indicate if Allegiance Telecom had insurance covering the vehicle that was involved in the above motor vehicle accident. I am enclosing a police report for your review and file. Please note that the police report should not be deemed as an adoptive admission. Please contact if Allegiance Telecom is indeed filing for bankruptcy and is indeed self-insured. I need to have proof of the same.

Thank you for your attention to this matter.

Very truly yours,



ADAM S. BERGER, ESQUIRE

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or PO Box No.	
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On items 1, 2, and 3, also complete Restricted Delivery. Restricted Delivery is available only on the reverse side of this card to the back of the mailpiece. On the front of this card, print:

Who is addressed to:

Meghance Telecom, Inc.
1001 N. Central Expressway
Dallas, Texas 75231-5916
Attn: Mark Huck

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ COD

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number
(Transfer from service label)

7004 1160 0004 2393 4923

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

Peter Adelman Esq
direct dial (212) 209 4810
padelman@brblaw.com

April 19, 2005

BY FEDERAL EXPRESS

Joseph T Walsh, Jr, Esq
Law Office of Michael J Glassman
Glendale Executive Campus
1000 White Horse Road, Suite 914
Voorhees, NJ 08043

RE TETI V LUCKIE ET AL
(Index No 117397/03)

Dear Joseph

Further to our conversation this morning, I enclose three orders issued by the Bankruptcy Court for the Southern District of New York (the "Court") with respect to the chapter 11 reorganization of the Allegiance Telecom entities ("Allegiance") These court orders demonstrate that the assets that XO Communications, Inc ("XO") acquired from Allegiance were purchased free and clear of liability, that XO is permanently released from liability for pre-petition claims against Allegiance, and that the above-captioned action was brought in violation of court order

As you know, the Allegiance Telecom Liquidating Trust ("ATLT") is the successor to Allegiance But assuming, for the sake of argument, that XO were successor in interest to Allegiance, it would still be insulated from liability for the claims lodged by Plaintiff (the "Claims") On September 23, 2003, the Court entered the Order Pursuant to Bankruptcy Rule 3003(c)(3) Fixing Final Date For Filing Proofs of Claim, Approving Proposed Proof of Claim Form, Approving Proposed Bar Date Notice, and Approving Proposed Notice and Publication Procedures (the "Bar Date Order"), appended hereto as Exhibit A The Bar Date Order required that persons or entities having claims against Allegiance that arose before May 14, 2003 ("Pre-petition Claims") file proofs of claim on or before the bar date of November 26, 2003 Because of Plaintiff's failure to submit timely a proof of claim for the Claims, the Claims are absolutely barred by the Bar Date Order

In any event, XO purchased the Allegiance assets free and clear of liability On February 20, 2004, the Court entered the Order (I) Approving the Sale Free and Clear of all Liens, Claims and Encumbrances to the Successful Bidder, (II) Authorizing the Assumption and Assignment of Certain Executory Contracts and

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New York New York 10036
212 704 0100
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www.brownrudnick.com

8108020

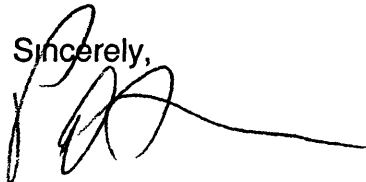
Joseph T Walsh, Jr , Esq
April 19, 2005
Page 2

Unexpired Leases, and (III) Granting Related Relief (the "Sale Order"), annexed hereto as Exhibit B. The express terms of the Sale Order insulate XO from claims such as the Claims. See Sale Order at ¶ 7 (vesting all rights, title, and interest in and to the Sale Assets "free and clear of all liens or encumbrances on, interests in, claims against, and set-off, recoupment, and other rights as to, of any type of nature whatsoever"), and ¶ 8 ("Buyer shall have no liability or responsibility for any liability or other obligation of the Debtors arising under or related to the Sale Assets other than as expressly set forth in the Purchase Agreement").

The Court's June 10, 2004 Confirmation Order, annexed hereto as Exhibit C, also indicates that XO is insulated from the Claims. Paragraph 20 of the Confirmation Order directs that XO "shall not be liable for any Claims against or Equity Interests in the Debtors, other than the Assumed Liabilities" (of which pre-petition claims against Allegiance are not part). Moreover, ¶ 63 (C) releases XO "FROM ALL CLAIMS, CAUSES OF ACTION, AND OTHER ASSERTIONS OF LIABILITY OF ANY PERSON OR ENTITY OCCURRING ON OR PRIOR TO THE INITIAL EFFECTIVE DATE" (capitalization in the original).

It is my hope that we can dispose of this matter without resort to motion practice. Accordingly, I request that the Plaintiff dismiss her action against XO voluntarily. I will call you within the next couple of days to discuss an appropriate stipulation. Nothing herein shall constitute a waiver, modification or release of any rights, claims or remedies of XO or its affiliates, all of such rights, claims and remedies being expressly reserved.

Sincerely,

A handwritten signature in black ink, appearing to be "Peter Adelman", with a long horizontal line extending to the right.

Peter Adelman

Encls

LAW OFFICE OF MICHAEL J. GLASSMAN

Attorneys at Law

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JOSEPH T. WALSH ESQ
ADAM S. BERGER ESQ *

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(856) 772-0040
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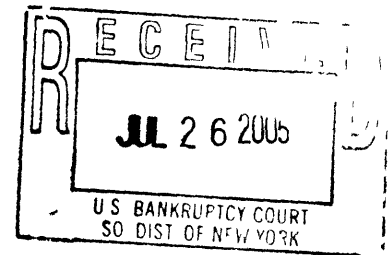
* MEMBER NJ & PA BARS

Web Site www.NJLawCenter.com

July 22, 2005

Clerk
United States Bankruptcy Court
for the Southern District of New York
Alexander Hamilton Custom House
One Bowling Green
New York, NY 10004-1408

Re In re Allegiance Telecom, Inc , et al , Debtors
Chapter 11
Case No 03-13057(RDD)
BY REGULAR AND CERTIFIED MAIL



Dear Sir/Madam

Please note that our firm represents the interests of Maryann Teti, an unsecured, non-priority creditor of the Debtor, Allegiance Telecom, Inc

Please find enclosed an original and one copy of Ms Teti's Proof of Claim
Kindly return to us in the enclosed stamped envelope a "Filed" copy of the Proof of Claim

Please note that Ms Teti's claim arises from injuries suffered by her as a result of a motor vehicle accident that occurred on May 5, 2003, that involved a motor vehicle operated by an Allegiance Telecom, Inc employee. Suit was filed for that claim in the Superior Court of New Jersey on March 22, 2005. A copy of that Complaint is attached as "**Exhibit A**". Copies of all medical reports and bills received from the medical providers thus far are enclosed as "**Exhibit B**".

In January 2005, we were informed by our client's automobile liability insurance carrier that Allegiance Telecom had recently filed for bankruptcy. On January 31, 2005, we wrote to Allegiance and requested confirmation as to whether that was factually correct. A copy of that letter and the return receipt card are attached as "**Exhibit C**". By correspondence dated April 19, 2005, counsel for Defendant XO Communications, Inc., confirmed for us that Allegiance had, indeed, filed for bankruptcy in the Southern District of New York. That was the first formal notice that our client was given that

Re In re Allegiance Telecom, Inc , et al , Debtors
July 22, 2005
Page 2 of 2

Allegiance had filed for bankruptcy A copy of the April 19, 2005 is attached as
"Exhibit D"

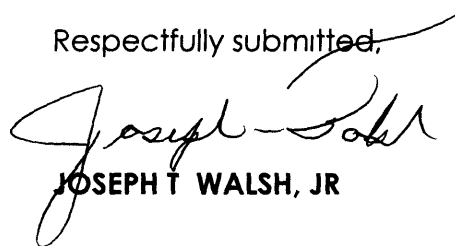
On September 23, 2003, the Bankruptcy Court apparently entered an Order pursuant to Bankruptcy Rule 3003(c)(3), fixing a final date for the filing of Proofs of Claim to be on or before the bar date of November 26 2003 We had no notice of that Order, and no confirmation of the bankruptcy, until we received counsel's letter of April 19, 2005

It is respectfully requested that the Court accept this Proof of Claim in spite of the fact that it was filed after the November 26, 2003 bar date Since the Creditor had no notice – either actual or constructive – of the filing of the Bankruptcy Petition, she could not possibly have filed her claim in time to meet the bar date

If the Court requires that this matter be presented to the Court by way of formal motion, kindly so advise

Thank you for your consideration

Respectfully submitted,



JOSEPH T WALSH, JR

JTW/ear
Enclosure

cc Gina E Fallon, Esquire
Peter Adelman, Esquire
Kenneth A Davis, Esquire

CLAIM TRANSMITTAL

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ENDING CLAIM NUMBER

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