B 10 (Official Form 10) (12/08)

UNITED STATES BANKRUPTCY COURT Northern District of Texas (Dallas Division)

PROOF OF CLAIM

Name of Debtor: Erickson Retirement Communities, LLC (1)

Case Number: 09-37010

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 pursuant to 11 U.S.C. § 503.*

Name of Creditor (the person or other entity to whom the debtor owes money or property):

Name and address where notices should be sent:

20835749002876
BROADSPIRE
013659 COLLECTIONS CENTER DRIVE
CHICAGO, IL 60693

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FEB 25 2010
BMC GROUP

☐ Check this box to indicate that this claim amends a previously filed claim.

Court Claim Number:_____
(*If known*)

Filed on:_____

Name and address where payment should be sent (if different from above):

Crawford Company (2)
PO Box 404325
Atlanta GA 30075

Telephone number:

☐ Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

☐ Check this box if you are the debtor or trustee in this case.

deborah_ranson@uscrawco.com 404-300-0713

1. Amount of Claim as of Date Case Filed: $ Unliquidated (3)

If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4.

If all or part of your claim is entitled to priority, complete item 5.

☐ Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.

2. Basis for Claim: (3)
(See instruction #2 on reverse side.)

3. Last four digits of any number by which creditor identifies debtor: 8379

3a. Debtor may have scheduled account as: (4)
(See instruction #3a on reverse side.)

4. Secured Claim (See instruction #4 on reverse side.)
Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.

Nature of property or right of setoff: ☐ Real Estate ☐ Motor Vehicle ☑ Other
Describe: (5)

Value of Property: $ Unliquidated **Annual Interest Rate**_____%

Amount of arrearage and other charges as of time case filed included in secured claim, if any: $_____ **Basis for perfection:**_____

Amount of Secured Claim: $ Unliquidated (5) **Amount Unsecured:** $ Unliquidated (5)

6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.

7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (*See instruction 7 and definition of "redacted" on reverse side.)*

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.

Specify the priority of the claim.

☐ Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).

☐ Wages, salaries, or commissions (up to $10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier – 11 U.S.C. §507 (a)(4).

☐ Contributions to an employee benefit plan – 11 U.S.C. §507 (a)(5).

☐ Up to $2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. §507 (a)(7).

☐ Taxes or penalties owed to governmental units – 11 U.S.C. §507 (a)(8).

☐ Other – Specify applicable paragraph of 11 U.S.C. §507 (a)(__).

Amount entitled to priority:

$_____

**Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.*

Date: 2/23/10

Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.

[signature] AVP Finance

FOR COURT USE ONLY

Erickson Ret. Comm. LLC
01408

Penalty for presenting fraudulent claim: Fine of up to $500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

Erickson Retirement Communities, LLC
United States Bankruptcy Court for the District of Texas (Dallas Division)
Case No. 09-37010

Proof of Claim

1

This claim is filed against the bankruptcy estates of Erickson Retirement Communities , LLC and any other Debtor (collectively, the "Debtor") constituting an insured or additional insured under the insurance programs administered by Crawford & Company. Accordingly, this claim should be deemed filed in each of those cases to the extent appropriate.

2

This claim is filed by Broadspire Services, Inc. ("Broadspire").

3

This claim arises from the work performed by Broadspire as a third party administrator ("TPA") with regard to the Debtor's insurance program. Broadspire asserts this claim for all TPA work performed and for all claims paid on behalf of Debtor. The debt underlying this claim is incurred as and when Broadspire performed TPA services for insurance related claims on behalf of Debtor.

Broadspire is in the process of reconciling how much it is owed from the Debtor. Accordingly, Broadspire is filing this claim as unliquidated.

Broadspire reserves the right to amend this claim at any time hereafter to state a liquidated balance. Broadspire further reserves the right at any time to seek a judicial estimation of this claim pursuant to 11 U.S.C. § 502(c).

4

Broadspire may also be scheduled as Crawford & Company or Broadspire, a Crawford Company.

5

This claim is secured to the extent of (i) any collateral held by Crawford & Company and/or Broadspire, (ii) any credits now or hereafter owing to the Debtor, and (iii) any loss funds, or other collateral, furnished in connection with the TPA program or the credits serving as Broadspire's collateral. Broadspire reserves all rights of setoff and/or recoupment to the fullest extent possible.

To the extent the amounts claimed hereunder accrue or arise subsequent to the commencement of this case, such amounts are entitled to administrative expense priority pursuant to 11 U.S.C. § 507(a)(1). In particular, Broadspire asserts administrative priority for any amounts owing in connection with post-petition claims-handling services.

To the extent this claim is neither secured nor entitled to priority status, Broadspire asserts this claim as general unsecured.

ERICKSON RETIREMENT COMMUNITIES, LLC

INSURED NAME	CLIENT PROGRAM NUM	BRANCH NUM	FILE NUM	BILLED INVOICE NUM	BRANCH NAME	BRANCH MANAGER NAME	BUSINESS CODE	ASSIGN RECD DATE	ACCIDENT LOSS DATE	BILLED DATE	CLAIM NUM	POLICY NUM	CLAIMANT NAME	AR AGED CATEGORY	TOTAL AR	TOTAL UNBILLED
PROGRAM 16746																
ERICKSON RETIRI	16746	306	17502		PHILADEL	JACKSON	700	12/9/2008	9/26/2007	0	256CN203	F-VOC	BENFDILA		0.00	31.50
ERICKSON RETIRI	16746	306	17520	20696	PHILADEL	JACKSON	700	2/8/2010	6/8/2007	2/8/2010	256CN202	F-VOC	WECKESS	B	338.00	0.00
															338.00	**31.50**
PROGRAM 28379																
ERICKSON RETIRI	28379	348	22385		FAIRFIELD	JACKSON	420	6/26/2009	12/11/2008	0	231CN248	F	SPEIDEL,		0.00	748.00
Erickson Retiremen	28379	355	13452		NORFOLK	JACKSON	416	12/14/2009	9/17/2009	0	18603254		Nagrodzki,		0.00	98.00
ERICKSON RETIRI	28379	2846	1134		FCM-MAR	JACKSON	450	7/22/2009	8/26/2008	0	25620754	F	MAPLES, I		0.00	95.00
ERICKSON RETIRI	28379	2846	1196		FCM-MAR	JACKSON	416	1/13/2010	1/9/2010	0	18605403	F	STOFFRE		0.00	458.00
ERICKSON RETIRI	28379	348	22385	16937	FAIRFIELD	JACKSON	420	1/27/2010	12/11/2008	1/27/2010	231CN248	F	SPEIDEL,	B	240.50	0.00
ERICKSON RETIRI	28379	348	22634	16968	FAIRFIELD	JACKSON	422	1/27/2010	12/22/2009	1/27/2010	18605143		LUTZ, TEF	B	995.00	0.00
Erickson Retiremen	28379	355	13452	99567	NORFOLK	JACKSON	416	1/27/2010	9/17/2009	1/27/2010	18603254		Nagrodzki,	B	844.00	0.00
ERICKSON RETIRI	28379	348	22634	16987	FAIRFIELD	JACKSON	422	1/28/2010	12/22/2009	1/28/2010	18605143		LUTZ, TEF	B	126.50	0.00
ERICKSON RETIRI	28379	355	13411	99599	NORFOLK	JACKSON	416	1/28/2010	9/3/2009	1/28/2010	18602945	F	KOBE, ELI	B	142.50	0.00
Erickson Retiremen	28379	355	13452	99596	NORFOLK	JACKSON	416	1/28/2010	9/17/2009	1/28/2010	18603254		Nagrodzki,	B	193.80	0.00
ERICKSON RETIRI	28379	2846	1134	50720	FCM-MAR	JACKSON	450	1/28/2010	8/26/2008	1/28/2010	25620754	F	MAPLES, I	B	19.00	0.00
ERICKSON RETIRI	28379	2846	1196	50736	FCM-MAR	JACKSON	416	1/28/2010	1/9/2010	1/28/2010	18605403	F	STOFFRE	B	641.50	0.00
															3,202.80	**1,399.00**

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February 8, 2010

Itemization of Charges

Policy:	F-VOC	Invoice:	00306-020696
Claim:	256CN202318	Our File:	00306-017520
Claimant:	WECKESSER, AILEEN	Program:	016746
Accident:	06/08/2007		ERICKSON RETIREMENT COMMUNITIE
		Insured:	ERICKSON RETIREMENT COMMUNITY
		Bus Code:	700 WC-VOC CASE MGT

Date of Service	Explanation of Service or Expense	Hrs	Serv Fee & Expenses
12/28/2009	Follow Up Corresp Carrier/Adj	0.1	
12/28/2009	Leave Message Telephone Clmt/Family	0.1	
12/28/2009	Review/Analysis New Info	0.2	
01/04/2010	Review/Analysis New Info Corresp Carrier/Adj	0.1	
01/04/2010	Review/Analysis New Info	0.1	
01/11/2010	Leave Message Telephone Clmt/Family	0.2	
01/11/2010	Telephone		3.00
01/13/2010	Review/Analysis New Info	0.2	
01/15/2010	Leave Message Telephone Clmt/Family	0.1	
01/15/2010	Review/Analysis New Info Electronic Resource/Or	0.2	
01/15/2010	Consultation Telephone Clmt/Family	0.3	
01/15/2010	Telephone		3.00
01/15/2010	Review/Analysis New Info Electronic Clmt/Family	0.1	
01/19/2010	Review/Analysis New Info	0.1	
02/04/2010	Leave Message Telephone Carrier/Adj	0.1	
02/04/2010	Telephone		3.00
02/04/2010	Leave Message Telephone Other Atty	0.1	
02/04/2010	Leave Message Telephone Clmt/Family	0.1	
02/04/2010	Telephone		3.00
02/04/2010	Consultation Telephone Other Atty	0.2	
02/04/2010	Telephone		3.00
02/04/2010	Comp State/Fed Forms Electronic Govt Agency	0.4	
02/04/2010	Follow Up Electronic Carrier/Adj	0.1	
02/05/2010	Closure Report/Letter	0.6	
	Total	3.4	15.00

Services	323.00
Expenses	15.00
	$338.00

Final Bill

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Itemization of Charges

Policy:	F	Invoice:	00348-016937
Claim:	231CN248574	Our File:	00348-022385
Claimant:	SPEIDEL, GEORGE	Program:	028379
Accident:	12/11/2008		ERICKSON RETIREMENT COMMUNITIE
		Insured:	ERICKSON RETIREMENT COMMUNITY
		Bus Code:	420 WC-MCM

Date of Service	Explanation of Service or Expense	Hrs	Serv Fee & Expenses
01/05/2010	Follow Up Telephone Physician	0.3	
01/05/2010	Telephone		3.00
01/05/2010	Status Report	0.9	
01/12/2010	Review/Analysis New Info Corresp Physician	0.1	
01/12/2010	Follow Up Telephone Other Prov	0.3	
01/18/2010	Review/Analysis New Info Corresp Other Prov	0.1	
01/18/2010	Follow Up Corresp Carrier/Adj	0.3	
01/21/2010	Follow Up Telephone Physician	0.3	
01/25/2010	Cost Analysis	0.2	
	Total	2.5	3.00

Services	237.50
Expenses	3.00
	$240.50

Interim Bill

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Itemization of Charges

Policy:
Claim: 186051431-001
Claimant: LUTZ, TERESA
Accident: 12/22/2009

Invoice: 00348-016968
Our File: 00348-022634
Program: 028379
ERICKSON RETIREMENT COMMUNITIE
Insured: ERICKSON RETIREMENT COMMUNITY
Bus Code: 422 WC-MED TASK ASSIGN

Date of Service	Explanation of Service or Expense	Hrs	Serv Fee & Expenses
01/15/2010	Administrative Charge	1.0	
01/15/2010	Postage		5.00
01/18/2010	Follow Up Corresp Carrier/Adj	0.2	
01/18/2010	Follow Up Telephone Physician	0.3	
01/18/2010	Telephone		3.00
01/18/2010	Follow Up Telephone Clmt/Family	0.1	
01/18/2010	Telephone		3.00
01/19/2010	Follow Up Telephone Physician	0.2	
01/19/2010	Follow Up Telephone Clmt/Family	0.1	
01/19/2010	Telephone		3.00
01/19/2010	Follow Up Telephone Emp of Inj/Dis	0.2	
01/19/2010	Telephone		3.00
01/19/2010	Follow Up Telephone Clmt/Family	0.4	
01/19/2010	Follow Up Corresp Carrier/Adj	0.2	
01/20/2010	Confirm/Sched Appt Telephone Physician	0.1	
01/20/2010	Telephone		3.00
01/20/2010	Confirm/Sched Appt Telephone Clmt/Family	0.1	
01/20/2010	Telephone		3.00
01/20/2010	Wait Time	0.9	
01/20/2010	Follow Up In Person Physician	0.9	
01/20/2010	Initial Interview/Eval	0.4	
01/20/2010	Tolls		200.00
01/20/2010	Travel Time	1.4	
01/20/2010	Mileage, 62 @ 0.50		31.00
01/21/2010	Follow Up Corresp Carrier/Adj	0.4	
01/22/2010	Cost Analysis	0.1	
01/22/2010	Cost Analysis	0.2	
01/22/2010	File Review	0.2	
01/22/2010	File Review	0.2	
01/26/2010	Follow Up Corresp Carrier/Adj	0.2	
	Total	7.8	254.00

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Itemization of Charges

Policy:		Invoice:	00348-016968
Claim:	186051431-001	Our File:	00348-022634
Claimant:	LUTZ, TERESA	Program:	028379
Accident:	12/22/2009		ERICKSON RETIREMENT COMMUNITIE
		Insured:	ERICKSON RETIREMENT COMMUNITY
		Bus Code:	422 WC-MED TASK ASSIGN

Date of Service	Explanation of Service or Expense	Hrs	Serv Fee & Expenses
Services	741.00		
Expenses	254.00		
	$995.00		

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Itemization of Charges

Policy:
Claim: 186032543-001
Claimant: Nagrodzki, Danute
Accident: 09/17/2009

Invoice: 00355-099567
Our File: 00355-013452
Program: 028379
ERICKSON RETIREMENT COMMUNITIE
Insured: Erickson Retirement Community
Bus Code: 416 WC-MCM EARLY REFERRL

Date of Service	Explanation of Service or Expense	Hrs	Serv Fee & Expenses
12/28/2009	Follow Up Corresp Carrier/Adj	0.2	
12/28/2009	Follow Up Corresp Carrier/Adj	0.2	
12/28/2009	Follow Up Corresp Carrier/Adj	0.2	
01/02/2010	Coord Med Eval/Trmt Corresp Physician	0.2	
01/04/2010	Follow Up Corresp Carrier/Adj	0.2	
01/04/2010	Follow Up Corresp Carrier/Adj	0.2	
01/07/2010	Follow Up Corresp Carrier/Adj	0.2	
01/07/2010	Follow Up Corresp Carrier/Adj	0.2	
01/07/2010	Follow Up Telephone Clmt/Family	0.2	
01/07/2010	Follow Up Corresp Carrier/Adj	0.2	
01/07/2010	Follow Up Corresp Carrier/Adj	0.2	
01/08/2010	Follow Up In Person Clmt/Family	1.4	
01/08/2010	Travel Time	1.8	
01/08/2010	Mileage, 54 @ 0.50		27.00
01/11/2010	Follow Up Corresp Carrier/Adj	0.2	
01/14/2010	Follow Up Telephone Clmt/Family	0.2	
01/14/2010	Follow Up Corresp Carrier/Adj	0.2	
01/14/2010	Follow Up Telephone Physician	0.2	
01/14/2010	Follow Up Telephone Physician	0.2	
01/14/2010	Coord Med Eval/Trmt Corresp Physician	0.2	
01/14/2010	Follow Up Telephone Clmt/Family	0.2	
01/18/2010	Follow Up Corresp Carrier/Adj	0.2	
01/18/2010	Follow Up Telephone Physician	0.2	
01/19/2010	Follow Up Telephone Clmt/Family	0.2	
01/19/2010	Follow Up Telephone Physician	0.2	
01/20/2010	Follow Up Telephone Physician	0.2	
01/26/2010	Follow Up Corresp Carrier/Adj	0.2	
01/26/2010	Follow Up Corresp Carrier/Adj	0.2	
01/26/2010	Coord Med Eval/Trmt Corresp Physician	0.2	
01/26/2010	Coord Med Eval/Trmt Corresp Physician	0.2	
	Total	8.6	27.00

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Itemization of Charges

Policy:		Invoice:	00355-099567
Claim:	186032543-001	Our File:	00355-013452
Claimant:	Nagrodzki, Danute	Program:	028379
Accident:	09/17/2009		ERICKSON RETIREMENT COMMUNITIE
		Insured:	Erickson Retirement Community
		Bus Code:	416 WC-MCM EARLY REFERRL

Date of Service	Explanation of Service or Expense	Hrs	Serv Fee & Expenses
Services	817.00		
Expenses	27.00		
	$844.00		

Interim Bill

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Itemization of Charges

Policy:
Claim: 186051431-001
Claimant: LUTZ, TERESA
Accident: 12/22/2009

Invoice: 00348-016987
Our File: 00348-022634
Program: 028379
ERICKSON RETIREMENT COMMUNITIE
Insured: ERICKSON RETIREMENT COMMUNITY
Bus Code: 422 WC-MED TASK ASSIGN

Date of Service	Explanation of Service or Expense	Hrs	Serv Fee & Expenses
01/27/2010	Follow Up Telephone Physician	0.1	
01/27/2010	Telephone		3.00
01/27/2010	Follow Up Corresp Carrier/Adj	0.2	
01/27/2010	Review/Analysis New Info Corresp Other Prov	0.1	
01/27/2010	Closure Report/Letter	0.9	
	Total	1.3	3.00

Services	123.50
Expenses	3.00
	$126.50

Final Bill

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Itemization of Charges

Policy:	F	Invoice:	00355-099599
Claim:	186029456-001	Our File:	00355-013411
Claimant:	KOBE, ELEANOR	Program:	028379
Accident:	09/03/2009		ERICKSON RETIREMENT COMMUNITIE
		Insured:	ERICKSON RETIREMENT COMMUNITY
		Bus Code:	416 WC-MCM EARLY REFERRL

Date of Service	Explanation of Service or Expense	Hrs	Serv Fee & Expenses
01/20/2010	Confirm/Sched Appt Telephone Physician	0.3	
01/21/2010	Dictate Corresp Electronic Carrier/Adj	0.2	
01/21/2010	Review/Analysis New Info Electronic Carrier/Adj	0.2	
01/21/2010	Dictate Corresp Electronic Carrier/Adj	0.2	
01/21/2010	Review/Analysis New Info Electronic Carrier/Adj	0.2	
01/21/2010	Dictate Corresp Electronic Carrier/Adj	0.2	
01/21/2010	Review/Analysis New Info Electronic Carrier/Adj	0.2	
	Total	1.5	0.00

Services	142.50
Expenses	0.00
	$142.50

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Itemization of Charges

Policy:
Claim: 186032543-001
Claimant: Nagrodzki, Danute
Accident: 09/17/2009

Invoice: 00355-099596
Our File: 00355-013452
Program: 028379
ERICKSON RETIREMENT COMMUNITIE
Insured: Erickson Retirement Community
Bus Code: 416 WC-MCM EARLY REFERRL

Date of Service	Explanation of Service or Expense	Hrs	Serv Fee & Expenses
01/27/2010	File Review	0.3	
01/27/2010	Clerical	0.6	
01/27/2010	Initial Report	1.2	
	Total	2.1	0.00

Services	193.80
Expenses	0.00
	$193.80

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Itemization of Charges

Policy:	F	Invoice:	02846-050720
Claim:	256207542-001	Our File:	02846-001134
Claimant:	MAPLES, BRENDA	Program:	028379
Accident:	08/26/2008		ERICKSON RETIREMENT COMMUNITIE
		Insured:	ERICKSON RETIREMENT
		Bus Code:	450 WC-MED LMTD ASSIGN

Date of Service	Explanation of Service or Expense	Hrs	Serv Fee & Expenses
01/21/2010	File Review	0.2	
	Total	0.2	0.00

Services	19.00
Expenses	0.00
	$19.00

Interim Bill

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January 28, 2010

Itemization of Charges

Policy:	F	Invoice:	02846-050736
Claim:	186054033-001	Our File:	02846-001196
Claimant:	STOFFREGEN, BETT	Program:	028379
Accident:	01/09/2010		ERICKSON RETIREMENT COMMUNITIE
		Insured:	ERICKSON RETIREMENT COMMUNITIE
		Bus Code:	416 WC-MCM EARLY REFERRL

Date of Service	Explanation of Service or Expense	Hrs	Serv Fee & Expenses
01/13/2010	Administrative Charge	1.0	
01/13/2010	Postage		5.00
01/14/2010	Confirm/Sched Appt Telephone Physician	0.2	
01/14/2010	Obtain Record & Report Telephone Physician	0.2	
01/14/2010	Confirm/Sched Appt Telephone Clmt/Family	0.2	
01/14/2010	RTW Coord Telephone Emp of Inj/Dis	0.2	
01/14/2010	Verbal Report Electronic Carrier/Adj	0.2	
01/21/2010	File Review	0.1	
01/27/2010	Verbal Report Electronic Carrier/Adj	0.2	
01/27/2010	Confirm/Sched Appt Telephone Clmt/Family	0.2	
01/27/2010	Consultation In Person Clmt/Family	0.5	
01/27/2010	RTW Coord In Person Clmt/Family	0.3	
01/27/2010	Confirm/Sched Appt Telephone Physician	0.2	
01/27/2010	Travel Time	1.5	
01/27/2010	Wait Time	0.5	
01/27/2010	Consultation In Person Physician	0.3	
01/27/2010	RTW Coord In Person Physician	0.2	
01/27/2010	Confirm/Sched Appt In Person Physician	0.2	
01/27/2010	Obtain Record & Report In Person Physician	0.2	
01/27/2010	Review/Analysis New Info Corresp Physician	0.3	
	Total	6.7	5.00

Services	636.50
Expenses	5.00
	$641.50

Interim Bill

BROADSPIRE®
a Crawford Company

INVOICE 20170588

1001 Summit Boulevard
Atlanta, GA 30319

Date: January 4, 2010
Customer: 79935800

ATTN: TINA MARIE MILLER
ERICKSON RETIREMENT COMMUNITIES (IN-ZUR)
817 MAIDEN CHOICE LANE
SUITE 100
CATONSVILLE MD 21228

Please Remit to:
BROADSPIRE
12874 Collections Center Drive
Chicago, IL 60693

WIRE: BROADSPIRE
BANK OF AMERICA N.A.
FORT LAUDERDALE, FL 33301-2230
FED ROUTING #026009593
ACCOUNT #005486852453

TERMS:NET 7
Due Date January 11, 2010

Customer Name: ERICKSON RETIREMENT COMMUNITIES (IN-ZUR)

PAY LAST AMOUNT SHOWN

Description

Losses valued 12/25/09 - 12/31/09

	Policy Information	Effective Date	
WORKERS COMPENSATION		JAN-2006	$478.42
WORKERS COMPENSATION		JAN-2007	$6,617.97
WORKERS COMPENSATION		JAN-2008	$5,387.26
WORKERS COMPENSATION		JAN-2009	$20,324.36

Total Due: **$32,808.01**
Due Date: **January 11, 2010**

If questions, please call: LYNETTE PRICE 404-300-0755

BROADSPIRE
a Crawford Company

RUN DATE: 01/01/10 15:40
RCI1192A

BROADSPIRE - USA
ALL INCLUSIVE ICL COVER PAGE

ACCOUNT NO: 79935800 ACCOUNT NAME: ERICKSON RETIREMENT COMMUNITIES(IN-ZUR)
OPERATOR NO: SFXS01 OPERATOR NAME: FERNANDO SANCHEZ
PAYMENT PERIOD: 12/25/09 - 12/31/09
INVOICE FREQUENCY: WEEKLY
NOTIFICATION METHOD: REGULAR CLIENT (MAILED BILLS) # OF CHECK COPIES 0
RCPT PHONE NUMBER: (954) 693-1126 RCPT FAX NUMBER: ( ) -
FORMAT TYPE: ICL14
REPORTING STRUCTURE: 1 LOCATION STRUCTURE: 1

RECIPIENTS:	# COPIES	ORIG RCPT	LBL IND
RACQUEL FREEMAN-BROWN BROADSPIRE SERVCIES FINANCE & ACCTG 1601 SW 80TH TERRACE PLANTATION FL, 33318	1	Y	Y

BILLG COMMENTS:

BROADSPIRE
a Crawford Company

BROADSPIRE USA - Claim Issued Check List (Billable) — ERICKSON RETIREMENT COMMUNITIES(IN-ZUR)
ERICKSON RETIREMENT COMMUNITIES(IN-ZUR) — PAYMENT PERIOD: 12/25/2009 THRU 12/31/2009

PERIOD: 01/01/06-01/01/07
REPORTING LEVEL: RIDERWOOD VILLAGE
LOCATION: 606-4

Claim Number / Loss Date	Cov/Clm / Abbreviated Loss Description	Rpt Dsc Claimant/Driver Name / Payee Name	Check Number / Social Security No. / Payment For	Issue Dt	Disbrst Amt	Payment Message
256CN199242 12/22/06	10/WC-SI ASSISTING A RESIDENT IN HER APARTMENT,	DABA*GEDA GEDA DABA	651-0-172-044 S 218-45-6681	12/28/09	445.00	LOSS PMT TEMP TOT DISAB
256CN199242 12/22/06	20/WC-SI ASSISTING A RESIDENT IN HER APARTMENT,	DABA*GEDA BROADSPIRE SERVICES	JF-0-166-110 S 218-45-6681	12/28/09	30.43	MED PMT PRESCRIPTION
256CN199242 12/22/06	20/WC-SI ASSISTING A RESIDENT IN HER APARTMENT,	DABA*GEDA	XF-0-166-110 S 218-45-6681	12/28/09	2.99	EXP PMT RX MGMT
	606-4			Totals	478.42	
	RIDERWOOD VILLAGE			Totals	478.42	
	01/01/06-01/01/07			Totals	478.42	

PERIOD: 01/01/07-01/01/08
REPORTING LEVEL: CHARLESTOWN
LOCATION: 601-1

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description ----- / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
256CN204855 12/13/07 JULIA WARE	10/WC-SI EMPLOYEE STATES WAS WALKING IN PARKING L	WARE*JULIA 488-86-4394	651-0-172-035	12/28/09	283.00	LOSS PMT PPD NON SCHEDULED
	601-1			Totals	283.00	

LOCATION: 601-4

256CN202318 06/08/07 PETER L SITARAS, MD	20/WC-SI EMPLOYEE WAS ASSISTING TO LIFT RESIDENT,	WECKESSER*AILEEN 220-94-7381	284-0-292-840	12/28/09	70.52	MED PMT OTHER MED PROV
256CN202318 06/08/07 BROADSPIRE SERVICES INC	14/WC-SI EMPLOYEE WAS ASSISTING TO LIFT RESIDENT,	WECKESSER*AILEEN 220-94-7381	651-0-176-824	12/31/09	238.00	LOSS PMT VOC REHAB - TRAIN
256CN202318 06/08/07 BROADSPIRE SERVICES	20/WC-SI EMPLOYEE WAS ASSISTING TO LIFT RESIDENT,	WECKESSER*AILEEN 220-94-7381	SG-0-292-840	12/28/09	0.55	EXP PMT PPO
256CN202318 06/08/07 BROADSPIRE SERVICES	20/WC-SI EMPLOYEE WAS ASSISTING TO LIFT RESIDENT,	WECKESSER*AILEEN 220-94-7381	SG-0-292-840	12/28/09	30.58	EXP PMT MED BILL REVIEW
	601-4			Totals	339.65	
	CHARLESTOWN			Totals	622.65	

PERIOD: 01/01/07-01/01/08
REPORTING LEVEL: HIGHLAND SPRINGS
LOCATION: 650-2

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description ----- / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
465CN274209 09/11/07 TEXAS HEALTH	20/WC-SI CLEANING BEVERAGE STATION AREA, MOPPING	JAMES*BRITTANY 439-79-6261	284-0-294-347	12/29/09	105.05	MED PMT PHYS THERAPY
465CN274209 09/11/07 TEXAS HEALTH	20/WC-SI CLEANING BEVERAGE STATION AREA, MOPPING	JAMES*BRITTANY 439-79-6261	651-0-176-733	12/31/09	2.36	MED PMT OTHER MED PROV
465CN274209 09/11/07 BROADSPIRE SERVICES	20/WC-SI CLEANING BEVERAGE STATION AREA, MOPPING	JAMES*BRITTANY 439-79-6261	SG-0-294-347	12/29/09	4.99	EXP PMT MED BILL REVIEW
465CN274209 09/11/07	20/WC-SI CLEANING BEVERAGE STATION AREA, MOPPING	JAMES*BRITTANY 439-79-6261	ZH-0-757-394	04/09/09	15.00-	RVRS CC PMT
465CN274209 09/11/07	20/WC-SI CLEANING BEVERAGE STATION AREA, MOPPING	JAMES*BRITTANY 439-79-6261	ZH-0-757-394	04/09/09	15.00	EXP PMT MED BILL REVIEW
465CN274209 09/11/07	20/WC-SI CLEANING BEVERAGE STATION AREA, MOPPING	JAMES*BRITTANY 439-79-6261	ZH-0-757-394	04/09/09	15.00-	CNCL CC PMT
	650-2			Totals	97.40	
	HIGHLAND SPRINGS			Totals	97.40	

PERIOD: 01/01/07-01/01/08

REPORTING LEVEL: LINDEN PONDS

LOCATION: 616-2

Claim Number / Loss Date	Cov/Clm Rpt Dsc / Abbreviated Loss Description	Claimant/Driver Name / Payee Name	Check Number / Social Security No. / Payment For	Issue Dt	Disbrst Amt	Payment Message
231CN231491 05/23/07 LAHEY CLINIC INC	20/WC-SI EMPLOYEE STATED THAT HE WAS GETTING A BA	SOLANO*DON	651-0-171-971 026-56-6922	12/28/09	102.00	MED PMT OTHER
	616-2			Totals	102.00	
	LINDEN PONDS			Totals	102.00	

REPORTING LEVEL: OAK CREST VILLAGE

LOCATION: 603-1

Claim Number / Loss Date	Cov/Clm Rpt Dsc / Abbreviated Loss Description	Claimant/Driver Name / Payee Name	Check Number / Social Security No. / Payment For	Issue Dt	Disbrst Amt	Payment Message
256CN203902 09/26/07 BROADSPIRE SERVICES INC	14/WC-SI EE STATES SHE WAS TURNING A RESIDENT IN	BENFDILA*NADIA	651-0-173-848 337-98-2082	12/29/09	593.06	LOSS PMT VOC REHAB - TRAIN
256CN203902 09/26/07 Broadspire Services, Inc.	14/WC-SI EE STATES SHE WAS TURNING A RESIDENT IN	BENFDILA*NADIA	651-0-173-964 337-98-2082	12/29/09	31.50	LOSS PMT VOC REHAB - TRAIN
	603-1			Totals	624.56	

LOCATION: 603-2

Claim Number / Loss Date	Cov/Clm Rpt Dsc / Abbreviated Loss Description	Claimant/Driver Name / Payee Name	Check Number / Social Security No. / Payment For	Issue Dt	Disbrst Amt	Payment Message
256CN204426 10/25/07 LYDIA SMITH	10/WC-SI EE taking temp. of resident, resident gr	SMITH*LYDIA	651-0-172-033 218-96-2221	12/28/09	685.00	LOSS PMT TEMP TOT DISAB
	603-2			Totals	685.00	

PERIOD: 01/01/07-01/01/08
REPORTING LEVEL: OAK CREST VILLAGE
LOCATION: 603-4

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description ----- / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
256CN202311 06/10/07 AMERICAN RADIOLOGY INC	20/WC-SI EMPLOYEE STATES 15 MINUTES AGO SHE WAS A	SYKES*TAMAZON*T 216-92-5124	284-0-296-001	12/30/09	278.40	MED PMT OTHER MED PROV
256CN202311 06/10/07 AMERICAN RADIOLOGY INC	20/WC-SI EMPLOYEE STATES 15 MINUTES AGO SHE WAS A	SYKES*TAMAZON*T 216-92-5124	284-0-296-002	12/30/09	522.40	MED PMT OTHER MED PROV
256CN202311 06/10/07 AMERICAN RADIOLOGY INC	20/WC-SI EMPLOYEE STATES 15 MINUTES AGO SHE WAS A	SYKES*TAMAZON*T 216-92-5124	284-0-296-003	12/30/09	72.50	MED PMT OTHER MED PROV
256CN202311 06/10/07 BROADSPIRE SERVICES	20/WC-SI EMPLOYEE STATES 15 MINUTES AGO SHE WAS A	SYKES*TAMAZON*T 216-92-5124	SG-0-296-001	12/30/09	17.40	EXP PMT PPO
256CN202311 06/10/07 BROADSPIRE SERVICES	20/WC-SI EMPLOYEE STATES 15 MINUTES AGO SHE WAS A	SYKES*TAMAZON*T 216-92-5124	SG-0-296-002	12/30/09	32.65	EXP PMT PPO
256CN202311 06/10/07 BROADSPIRE SERVICES	20/WC-SI EMPLOYEE STATES 15 MINUTES AGO SHE WAS A	SYKES*TAMAZON*T 216-92-5124	SG-0-296-003	12/30/09	2.34	EXP PMT MED BILL REVIEW
256CN202311 06/10/07 BROADSPIRE SERVICES	20/WC-SI EMPLOYEE STATES 15 MINUTES AGO SHE WAS A	SYKES*TAMAZON*T 216-92-5124	SG-0-296-003	12/30/09	4.53	EXP PMT PPO

PERIOD: 01/01/07-01/01/08

REPORTING LEVEL: OAK CREST VILLAGE

LOCATION: 603-4

Claim Number / Loss Date / Payee Name	Cov/Clm	Rpt Dsc / Abbreviated Loss Description / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
		603-4			Totals	930.22	
		OAK CREST VILLAGE			Totals	2,239.78	

REPORTING LEVEL: RIDERWOOD VILLAGE

LOCATION: 606-4

Claim Number / Loss Date / Payee Name	Cov/Clm	Rpt Dsc / Abbreviated Loss Description / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
256CN204370 10/25/07 SEMMES, BOWEN & SEMMES	10/WC-SI	ASSISTING A RESIDENT WHO WAS TRANSFERRIN	JERVIER*MARGARET 216-53-9936	651-0-173-850	12/30/09	3,556.14	EXP PMT OTHER
		606-4			Totals	3,556.14	
		RIDERWOOD VILLAGE			Totals	3,556.14	
		01/01/07-01/01/08			Totals	6,617.97	

PERIOD: 01/01/08-01/01/09

REPORTING LEVEL: BROOKSBY VILLAGE

LOCATION: 625-3

Claim Number / Loss Date	Cov/Clm Rpt Dsc / Abbreviated Loss Description	Claimant/Driver Name / Payee Name / Social Security No.	Check Number / Payment For	Issue Dt	Disbrst Amt	Payment Message
231CN245455 08/21/08 DEBRA LASTIH	10/WC-SI EE FELT PAIN IN LOWER BACK AFTER LIFTING	LASTIH*DEBRA 011-46-4343	651-0-175-656	12/31/09	300.15	LOSS PMT TEMP TOT DISAB
	625-3			Totals	300.15	
	BROOKSBY VILLAGE			Totals	300.15	

REPORTING LEVEL: CHARLESTOWN

LOCATION: 601-4

Claim Number / Loss Date	Cov/Clm Rpt Dsc / Abbreviated Loss Description	Claimant/Driver Name / Payee Name / Social Security No.	Check Number / Payment For	Issue Dt	Disbrst Amt	Payment Message
256CN207530 08/10/08 REGINA HUGHES	10/WC-SI EE NOTICED PAIN IN LEFT SHOULDER AFTER A	HUGHES*REGINA 215-82-0823	651-0-172-032	12/28/09	293.00	LOSS PMT PPD NON SCHEDULED
	601-4			Totals	293.00	

LOCATION: 601-5

Claim Number / Loss Date	Cov/Clm Rpt Dsc / Abbreviated Loss Description	Claimant/Driver Name / Payee Name / Social Security No.	Check Number / Payment For	Issue Dt	Disbrst Amt	Payment Message
256CN207534 08/26/08 GLORIA WILMER	10/WC-SI EE STS WAS WORKING WITH RESIDENT, GOT CA	WILMER*GLORIA 223-04-0074	651-0-172-040	12/28/09	789.00	LOSS PMT TEMP TOT DISAB
	601-5			Totals	789.00	
	CHARLESTOWN			Totals	1,082.00	

PERIOD: 01/01/08-01/01/09

REPORTING LEVEL: GREENSPRING VILLAGE

LOCATION: 605-3

Claim Number / Loss Date	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description -----	Claimant/Driver Name / Payee Name	Check Number / Social Security No. / Payment For	Issue Dt	Disbrst Amt	Payment Message
256CN208175 10/24/08 RKI CLAIMS SPECIALISTS LLC	20/WC-SI EE DRIVING SHUTTLE BUS ON CAMPUS, LOST	GEBEYEHU*DANIEL	651-0-172-212 C 229-91-7072	12/28/09	1,025.00	MED PMT OTHER
	605-3			Totals	1,025.00	
	GREENSPRING VILLAGE			Totals	1,025.00	

REPORTING LEVEL: HENRY FORD VILLAGE

LOCATION: 602-4

Claim Number / Loss Date	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description -----	Claimant/Driver Name / Payee Name	Check Number / Social Security No. / Payment For	Issue Dt	Disbrst Amt	Payment Message
534CN332257 02/17/08 BROADSPIRE SERVICES INC	20/WC-SI THE GROUND WAS ICY AND UNTREATED, CAUSIN	HALL*LINDA	284-0-297-192 381-62-4976	12/30/09	108.00	MED PMT MED REHAB VENDORS
	602-4			Totals	108.00	
	HENRY FORD VILLAGE			Totals	108.00	

REPORTING LEVEL: OAK CREST VILLAGE

LOCATION: 603-4

Claim Number / Loss Date	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description -----	Claimant/Driver Name / Payee Name	Check Number / Social Security No. / Payment For	Issue Dt	Disbrst Amt	Payment Message
256CN205934 04/30/08 State of Maryland - SIF	10/WC-SI EE WENT INTO A ROOM TO PASS MEDICATION	COX*VIVIAN*Y	651-0-173-859 W 217-70-1209	12/29/09	436.05	LOSS PMT OTHER

PERIOD: 01/01/08-01/01/09

REPORTING LEVEL: OAK CREST VILLAGE

LOCATION: 603-4

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / Abbreviated Loss Description / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
256CN206192 05/21/08 BESSIE SORRELL	10/WC-SI EE STATES THAT SHE WAS WALKING TO THE SI	SORRELL*BESSIE*J 229-54-2518	651-0-176-516	12/31/09	242.00	LOSS PMT TEMP TOT DISAB
	603-4			Totals	678.05	
	OAK CREST VILLAGE			Totals	678.05	

REPORTING LEVEL: RIDERWOOD VILLAGE

LOCATION: 606-3

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / Abbreviated Loss Description / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
256CN207542 08/26/08 BRENDA MAPLES	10/WC-SI EE WAS REMOVING FROM OG 1 BUTTERLY WING	MAPLES*BRENDA 219-90-6427	651-0-176-520	12/31/09	499.00	LOSS PMT TEMP TOT DISAB
256CN207935 09/30/08 ACCESSIBLE PHYSICAL THERAPY SERVICE	20/WC-SI MARTHA WAS GETTING UP TO GREET HER MANAG	PEREZ*MARTHA 218-80-6196	284-0-296-000	12/30/09	1,032.74	MED PMT PHYS THERAPY
256CN207935 09/30/08 MARTHA PEREZ	10/WC-SI MARTHA WAS GETTING UP TO GREET HER MANAG	PEREZ*MARTHA 218-80-6196	651-0-172-038	12/28/09	333.00	LOSS PMT TEMP TOT DISAB
256CN207935 09/30/08 BROADSPIRE SERVICES	20/WC-SI MARTHA WAS GETTING UP TO GREET HER MANAG	PEREZ*MARTHA 218-80-6196	SG-0-296-000	12/30/09	329.32	EXP PMT MED BILL REVIEW

PERIOD: 01/01/08-01/01/09
REPORTING LEVEL: RIDERWOOD VILLAGE
LOCATION: 606-3

Claim Number / Loss Date / Payee Name	Cov/Clm	Rpt Dsc / Abbreviated Loss Description / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
606-3					Totals	2,194.06	
RIDERWOOD VILLAGE					Totals	2,194.06	
01/01/08-01/01/09					Totals	5,387.26	

PERIOD: 01/01/09-01/01/10
REPORTING LEVEL: ANNE'S CHOICE
LOCATION: 619-3

Claim Number	Cov/Clm	Rpt Dsc	Claimant/Driver Name	Check Number	Issue Dt	Disbrst Amt	Payment Message
Loss Date	----- Abbreviated Loss Description -----			Social Security No.			
Payee Name				Payment For			
186CN030568	20/WC-SI		SCHNEIDER*IAN	284-0-292-169	12/28/09	54.22	MED PMT OTHER MED PROV
09/08/09	EE MISSED A STAIR STEP AND FELL INJURING			162-60-8656			
PERSONAL PHYSICIAN SERVICES							
186CN030568	20/WC-SI		SCHNEIDER*IAN	284-0-299-711	12/31/09	43.20	MED PMT MED SUPPLIES
09/08/09	EE MISSED A STAIR STEP AND FELL INJURING			162-60-8656			
MSC GROUP INC							
186CN030568	20/WC-SI		SCHNEIDER*IAN	JF-0-164-431	12/28/09	115.91	MED PMT PRESCRIPTION
09/08/09	EE MISSED A STAIR STEP AND FELL INJURING			162-60-8656			
BROADSPIRE SERVICES							
186CN030568	20/WC-SI		SCHNEIDER*IAN	JF-0-164-432	12/28/09	67.85	MED PMT PRESCRIPTION
09/08/09	EE MISSED A STAIR STEP AND FELL INJURING			162-60-8656			
BROADSPIRE SERVICES							
186CN030568	20/WC-SI		SCHNEIDER*IAN	SG-0-292-169	12/28/09	3.90	EXP PMT MED BILL REVIEW
09/08/09	EE MISSED A STAIR STEP AND FELL INJURING			162-60-8656			
BROADSPIRE SERVICES							
186CN030568	20/WC-SI		SCHNEIDER*IAN	SG-0-292-169	12/28/09	2.87	EXP PMT PPO
09/08/09	EE MISSED A STAIR STEP AND FELL INJURING			162-60-8656			
BROADSPIRE SERVICES							
186CN030568	20/WC-SI		SCHNEIDER*IAN	SG-0-299-711	12/31/09	3.90	EXP PMT MED BILL REVIEW
09/08/09	EE MISSED A STAIR STEP AND FELL INJURING			162-60-8656			
BROADSPIRE SERVICES							

PERIOD: 01/01/09-01/01/10

REPORTING LEVEL: ANNE'S CHOICE

LOCATION: 619-3

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description ----- / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
186CN030568 09/08/09 BROADSPIRE SERVICES	20/WC-SI EE MISSED A STAIR STEP AND FELL INJURING	SCHNEIDER*IAN 162-60-8656	SG-0-299-711	12/31/09	5.04	EXP PMT PPO
186CN030568 09/08/09	20/WC-SI EE MISSED A STAIR STEP AND FELL INJURING	SCHNEIDER*IAN 162-60-8656	XF-0-164-431	12/28/09	4.62	EXP PMT RX MGMT
186CN030568 09/08/09	20/WC-SI EE MISSED A STAIR STEP AND FELL INJURING	SCHNEIDER*IAN 162-60-8656	XF-0-164-432	12/28/09	10.26	EXP PMT RX MGMT
	619-3			Totals	311.77	

LOCATION: 619-4

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description ----- / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
186CN035988 10/05/09 PHILA OCCHEALTH DBA WORKNET OCC MED	20/WC-SI EE WAS PASSING MEDICATIONS, SLIPPED ON W	KLEIMAN*JOAN 087-43-6751	284-0-292-158	12/28/09	250.35	MED PMT PHYS THERAPY
186CN035988 10/05/09 JOAN KLEIMAN	10/WC-SI EE WAS PASSING MEDICATIONS, SLIPPED ON W	KLEIMAN*JOAN 087-43-6751	651-0-174-603	12/30/09	1,863.24	LOSS PMT TEMP TOT DISAB
186CN035988 10/05/09 BROADSPIRE SERVICES	20/WC-SI EE WAS PASSING MEDICATIONS, SLIPPED ON W	KLEIMAN*JOAN 087-43-6751	SG-0-292-158	12/28/09	9.10	EXP PMT MED BILL REVIEW

PERIOD: 01/01/09-01/01/10
REPORTING LEVEL: ANNE'S CHOICE
LOCATION: 619-4

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description ----- / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
186CN035988 10/05/09 BROADSPIRE SERVICES	20/WC-SI EE WAS PASSING MEDICATIONS, SLIPPED ON W	KLEIMAN*JOAN 087-43-6751	SG-0-292-158	12/28/09	2.32	EXP PMT PPO
186CN044876 11/16/09 PHILA OCCHEALTH DBA WORKNET OCC MED	20/WC-SI EE COMPLAINED OF SEVERE NUMBNESS & TINGL	BULLARD*GARY 185-48-4114	284-0-253-422	12/08/09	78.57	MED PMT MED SUPPLIES
186CN044876 11/16/09 PHILA OCCHEALTH DBA WORKNET OCC MED	20/WC-SI EE COMPLAINED OF SEVERE NUMBNESS & TINGL	BULLARD*GARY 185-48-4114	284-0-253-422	12/08/09	132.26	MED PMT OTHER MED PROV
186CN044876 11/16/09 BROADSPIRE SERVICES	20/WC-SI EE COMPLAINED OF SEVERE NUMBNESS & TINGL	BULLARD*GARY 185-48-4114	SG-0-253-422	12/08/09	1.96	EXP PMT PPO
186CN044876 11/16/09 BROADSPIRE SERVICES	20/WC-SI EE COMPLAINED OF SEVERE NUMBNESS & TINGL	BULLARD*GARY 185-48-4114	SG-0-253-422	12/08/09	3.90	EXP PMT MED BILL REVIEW
	619-4			Totals	2,341.70	
	ANNE'S CHOICE			Totals	2,653.47	

PERIOD: 01/01/09-01/01/10
REPORTING LEVEL: BROOKSBY VILLAGE
LOCATION: 625-3

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description ----- / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
186CN036103 10/06/09 QUADRANT HEALTH STRATEGIES INC	20/WC-SI EE WAS REMOVING LARGE ROUND TABLE FROM	CARABALLO-ACOSTA*VIRGI S 583-97-5152	284-0-296-037	12/30/09	98.77	MED PMT OTHER MED PROV
186CN036103 10/06/09 CATALDO AMBULANCE SERVICE INC	20/WC-SI EE WAS REMOVING LARGE ROUND TABLE FROM	CARABALLO-ACOSTA*VIRGI S 583-97-5152	284-0-296-057	12/30/09	286.43	MED PMT MED TRANS
186CN036103 10/06/09 BROADSPIRE SERVICES	20/WC-SI EE WAS REMOVING LARGE ROUND TABLE FROM	CARABALLO-ACOSTA*VIRGI S 583-97-5152	SG-0-296-037	12/30/09	3.90	EXP PMT MED BILL REVIEW
186CN036103 10/06/09 BROADSPIRE SERVICES	20/WC-SI EE WAS REMOVING LARGE ROUND TABLE FROM	CARABALLO-ACOSTA*VIRGI S 583-97-5152	SG-0-296-057	12/30/09	3.90	EXP PMT MED BILL REVIEW
186CN047716 12/02/09 QUADRANT HEALTH STRATEGIES INC	20/WC-SI HE BENT OVER TO PICK UP A BAGOF GARBAGE	MCDONALD*CHARLES 024-36-7746	284-0-294-954	12/29/09	65.91	MED PMT PHYS THERAPY
186CN047716 12/02/09 BROADSPIRE SERVICES	20/WC-SI HE BENT OVER TO PICK UP A BAGOF GARBAGE	MCDONALD*CHARLES 024-36-7746	SG-0-294-954	12/29/09	3.90	EXP PMT MED BILL REVIEW
231CN250593 02/11/09 CAROL STONE	10/WC-SI EE WAS EXITING BUS AND SLIPPED DOWN BUS	STONE*CAROL 012-46-6541	651-0-172-095	12/28/09	345.00	LOSS PMT TEMP TOT DISAB
	625-3			Totals	807.81	

PERIOD: 01/01/09-01/01/10

REPORTING LEVEL: BROOKSBY VILLAGE

LOCATION: 625-4

Claim Number / Loss Date	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description -----	Claimant/Driver Name / Social Security No.	Check Number / Payment For	Issue Dt	Disbrst Amt	Payment Message
186CN036490	20/WC-SI	MORRISON*ROBERTA	284-0-296-036	12/30/09	113.52	MED PMT OTHER MED PROV
10/07/09	EE WAS GIVING RESIDENT A FLU SHOT AND ST		029-50-8515			
QUADRANT HEALTH STRATEGIES INC						
186CN036490	20/WC-SI	MORRISON*ROBERTA	SG-0-296-036	12/30/09	3.90	EXP PMT MED BILL REVIEW
10/07/09	EE WAS GIVING RESIDENT A FLU SHOT AND ST		029-50-8515			
BROADSPIRE SERVICES						
	625-4			Totals	117.42	
	BROOKSBY VILLAGE			Totals	925.23	

REPORTING LEVEL: CEDAR CREST VILLAGE

LOCATION: 607-1

Claim Number / Loss Date	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description -----	Claimant/Driver Name / Social Security No.	Check Number / Payment For	Issue Dt	Disbrst Amt	Payment Message
186CN040586	20/WC-SI	TOUT PUISSANT*MURACIEN	284-0-297-591	12/30/09	133.45	MED PMT PHYS THERAPY
09/18/09	ASSISTING A PT BACK TO BED INJURED L SHO		155-02-5126			
ALIGN NETWORKS INC						
186CN040586	20/WC-SI	TOUT PUISSANT*MURACIEN	284-0-298-983	12/31/09	228.95	MED PMT PHYS THERAPY
09/18/09	ASSISTING A PT BACK TO BED INJURED L SHO		155-02-5126			
ALIGN NETWORKS INC						
186CN040586	20/WC-SI	TOUT PUISSANT*MURACIEN	SG-0-297-591	12/30/09	5.20	EXP PMT MED BILL REVIEW
09/18/09	ASSISTING A PT BACK TO BED INJURED L SHO		155-02-5126			
BROADSPIRE SERVICES						

PERIOD: 01/01/09-01/01/10
REPORTING LEVEL: CEDAR CREST VILLAGE
LOCATION: 607-1

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / Abbreviated Loss Description / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
186CN040586 09/18/09 BROADSPIRE SERVICES	20/WC-SI ASSISTING A PT BACK TO BED INJURED L SHO	TOUT PUISSANT*MURACIEN 155-02-5126	SG-0-297-591	12/30/09	25.67	EXP PMT PPO
186CN040586 09/18/09 BROADSPIRE SERVICES	20/WC-SI ASSISTING A PT BACK TO BED INJURED L SHO	TOUT PUISSANT*MURACIEN 155-02-5126	SG-0-298-983	12/31/09	53.42	EXP PMT PPO
186CN040586 09/18/09 BROADSPIRE SERVICES	20/WC-SI ASSISTING A PT BACK TO BED INJURED L SHO	TOUT PUISSANT*MURACIEN 155-02-5126	SG-0-298-983	12/31/09	10.40	EXP PMT MED BILL REVIEW
607-1			Totals		457.09	

LOCATION: 607-3

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / Abbreviated Loss Description / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
186CN012107 07/24/09 BROADSPIRE SERVICES	20/WC-SI ENTERING BELMONT COMMUNITY BUILDING INNE	WALLACE*WILLIAM 050-40-4782	UA-0-003-989	12/29/09	184.55-	REFUND CHECK CORR
186CN012107 07/24/09 BROADSPIRE SERVICES	20/WC-SI ENTERING BELMONT COMMUNITY BUILDING INNE	WALLACE*WILLIAM 050-40-4782	UA-0-003-990	12/29/09	193.55-	REFUND CHECK CORR
186CN012107 07/24/09 BROADSPIRE SERVICES	20/WC-SI ENTERING BELMONT COMMUNITY BUILDING INNE	WALLACE*WILLIAM 050-40-4782	UA-0-003-991	12/29/09	364.40-	REFUND CHECK CORR

PERIOD: 01/01/09-01/01/10
REPORTING LEVEL: CEDAR CREST VILLAGE
LOCATION: 607-3

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description ----- / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
186CN012107 07/24/09	20/WC-SI ENTERING BELMONT COMMUNITY BUILDING INNE	WALLACE*WILLIAM 050-40-4782	UA-0-003-992	12/29/09	221.80-	REFUND CHECK CORR
	607-3			Totals	964.30-	

LOCATION: 607-4

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description ----- / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
186CN010505 07/14/09 THE VALLEY HOSPITAL	20/WC-SI 7/14/09 AT 5:40 PM, THE CLAIMANT WAS TRY	MORROW*KEVIN 142-44-4201	284-0-298-941	12/31/09	2,933.54	MED PMT HOSPITAL
186CN010505 07/14/09 BROADSPIRE SERVICES	20/WC-SI 7/14/09 AT 5:40 PM, THE CLAIMANT WAS TRY	MORROW*KEVIN 142-44-4201	SG-0-298-941	12/31/09	1,971.57	EXP PMT MED BILL REVIEW
186CN012114 07/18/09 BROADSPIRE SERVICES	20/WC-SI GIVING RESIDENT SHOWER-HE URINATED ON ME	EASTBURN*BARBARA 148-48-1748	JF-0-163-964	12/28/09	15.09	MED PMT PRESCRIPTION
186CN012114 07/18/09	20/WC-SI GIVING RESIDENT SHOWER-HE URINATED ON ME	EASTBURN*BARBARA 148-48-1748	XF-0-163-964	12/28/09	2.73	EXP PMT RX MGMT
	607-4			Totals	4,922.93	
	CEDAR CREST VILLAGE			Totals	4,415.72	

PERIOD: 01/01/09-01/01/10

REPORTING LEVEL: CHARLESTOWN

LOCATION: 601-2

Claim Number / Loss Date	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description -----	Claimant/Driver Name / Social Security No.	Check Number / Payment For	Issue Dt	Disbrst Amt	Payment Message
186CN048568 12/06/09 SETON IMAGING CENTER	20/WC-SI EE WAS WALKING OUT FROM TRASH LOADING DO	MYERS*CHRISTOPHER 218-84-3466	284-0-295-076	12/29/09	68.79	MED PMT OTHER MED PROV
186CN048568 12/06/09 BROADSPIRE SERVICES	20/WC-SI EE WAS WALKING OUT FROM TRASH LOADING DO	MYERS*CHRISTOPHER 218-84-3466	SG-0-295-076	12/29/09	2.30	EXP PMT PPO
186CN048568 12/06/09 BROADSPIRE SERVICES	20/WC-SI EE WAS WALKING OUT FROM TRASH LOADING DO	MYERS*CHRISTOPHER 218-84-3466	SG-0-295-076	12/29/09	3.90	EXP PMT MED BILL REVIEW
	601-2			Totals	74.99	

LOCATION: 601-3

Claim Number / Loss Date	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description -----	Claimant/Driver Name / Social Security No.	Check Number / Payment For	Issue Dt	Disbrst Amt	Payment Message
186CN047364 11/25/09 JOSEPH HANSON	10/WC-SI WHILE USING THE DRAIN MACHINE THE CABLE	HANSON*JOSEPH 213-64-0112	651-0-174-576	12/30/09	389.00	LOSS PMT TEMP TOT DISAB
186CN050531 12/16/09 BROADSPIRE SERVICES	20/WC-SI SCRUBBING FLOOR WITH ...WOULDN T CUT OFF	SEAY*JENA 226-37-3552	JF-0-165-978	12/28/09	10.95	MED PMT PRESCRIPTION
186CN050531 12/16/09	20/WC-SI SCRUBBING FLOOR WITH ...WOULDN T CUT OFF	SEAY*JENA 226-37-3552	XF-0-165-978	12/28/09	0.74	EXP PMT RX MGMT

PERIOD: 01/01/09-01/01/10
REPORTING LEVEL: CHARLESTOWN
LOCATION: 601-3

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description ----- / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
256CN210330 05/16/09 CNTR FOR PAIN MANAGEMENT LLC	20/WC-SI EE WAS LIFTING TABLES IN MEETING HALL AN	KEY*PAMELA 226-08-5350	284-0-298-882	12/31/09	81.06	MED PMT OTHER MED PROV
256CN210330 05/16/09 CNTR FOR PAIN MANAGEMENT LLC	20/WC-SI EE WAS LIFTING TABLES IN MEETING HALL AN	KEY*PAMELA 226-08-5350	284-0-298-883	12/31/09	168.42	MED PMT OTHER MED PROV
256CN210330 05/16/09 PAMELA KEY	20/WC-SI EE WAS LIFTING TABLES IN MEETING HALL AN	KEY*PAMELA 226-08-5350	651-0-176-496	12/31/09	10.00	MED PMT PRESCRIPTION
256CN210330 05/16/09 BROADSPIRE SERVICES	20/WC-SI EE WAS LIFTING TABLES IN MEETING HALL AN	KEY*PAMELA 226-08-5350	SG-0-298-882	12/31/09	3.90	EXP PMT MED BILL REVIEW
256CN210330 05/16/09 BROADSPIRE SERVICES	20/WC-SI EE WAS LIFTING TABLES IN MEETING HALL AN	KEY*PAMELA 226-08-5350	SG-0-298-882	12/31/09	8.51	EXP PMT PPO
256CN210330 05/16/09 BROADSPIRE SERVICES	20/WC-SI EE WAS LIFTING TABLES IN MEETING HALL AN	KEY*PAMELA 226-08-5350	SG-0-298-883	12/31/09	3.90	EXP PMT MED BILL REVIEW
256CN210330 05/16/09 BROADSPIRE SERVICES	20/WC-SI EE WAS LIFTING TABLES IN MEETING HALL AN	KEY*PAMELA 226-08-5350	SG-0-298-883	12/31/09	14.91	EXP PMT PPO

PERIOD: 01/01/09-01/01/10

REPORTING LEVEL: CHARLESTOWN

LOCATION: 601-3

Claim Number / Loss Date	Cov/Clm	Rpt Dsc / Abbreviated Loss Description	Claimant/Driver Name / Social Security No.	Check Number / Payment For	Issue Dt	Disbrst Amt	Payment Message
		601-3			Totals	691.39	
		CHARLESTOWN			Totals	766.38	

REPORTING LEVEL: ERICKSON RETIREMENT CO

LOCATION: CORP1010

Claim Number / Loss Date	Cov/Clm	Rpt Dsc / Abbreviated Loss Description	Claimant/Driver Name / Social Security No.	Check Number / Payment For	Issue Dt	Disbrst Amt	Payment Message
186CN045369 11/16/09 ORTHOPAEDIC ASSOCIATES OF CENT	20/WC-SI	WENT TO GET INK PEN FROM EE AND SLIPPED	EBBERT*CHRIS 215-52-0429	284-0-298-880	12/31/09	171.40	MED PMT OTHER MED PROV
186CN045369 11/16/09 BROADSPIRE SERVICES	20/WC-SI	WENT TO GET INK PEN FROM EE AND SLIPPED	EBBERT*CHRIS 215-52-0429	SG-0-298-880	12/31/09	3.90	EXP PMT MED BILL REVIEW
186CN045369 11/16/09 BROADSPIRE SERVICES	20/WC-SI	WENT TO GET INK PEN FROM EE AND SLIPPED	EBBERT*CHRIS 215-52-0429	SG-0-298-880	12/31/09	5.72	EXP PMT PPO
		CORP1010			Totals	181.02	

LOCATION: CORP3110

Claim Number / Loss Date	Cov/Clm	Rpt Dsc / Abbreviated Loss Description	Claimant/Driver Name / Social Security No.	Check Number / Payment For	Issue Dt	Disbrst Amt	Payment Message
186CN041580 10/30/09 ALIGN NETWORKS INC	20/WC-SI	EE FELT A TWINGE IN HER LOWER BACK WHEN	CABALLERO*SONIA 225-91-2533	284-0-292-743	12/28/09	229.24	MED PMT PHYS THERAPY

PERIOD: 01/01/09-01/01/10

REPORTING LEVEL: ERICKSON RETIREMENT CO

LOCATION: CORP3110

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description ----- / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
186CN041580 10/30/09 ALIGN NETWORKS INC	20/WC-SI EE FELT A TWINGE IN HER LOWER BACK WHEN	CABALLERO*SONIA 225-91-2533	284-0-299-446	12/31/09	179.69	MED PMT PHYS THERAPY
186CN041580 10/30/09 BROADSPIRE SERVICES	20/WC-SI EE FELT A TWINGE IN HER LOWER BACK WHEN	CABALLERO*SONIA 225-91-2533	SG-0-292-743	12/28/09	26.10	EXP PMT PPO
186CN041580 10/30/09 BROADSPIRE SERVICES	20/WC-SI EE FELT A TWINGE IN HER LOWER BACK WHEN	CABALLERO*SONIA 225-91-2533	SG-0-292-743	12/28/09	6.50	EXP PMT MED BILL REVIEW
186CN041580 10/30/09 BROADSPIRE SERVICES	20/WC-SI EE FELT A TWINGE IN HER LOWER BACK WHEN	CABALLERO*SONIA 225-91-2533	SG-0-299-446	12/31/09	21.98	EXP PMT PPO
186CN041580 10/30/09 BROADSPIRE SERVICES	20/WC-SI EE FELT A TWINGE IN HER LOWER BACK WHEN	CABALLERO*SONIA 225-91-2533	SG-0-299-446	12/31/09	6.50	EXP PMT MED BILL REVIEW
186CN046123 11/21/09 INOVA FAIRFAX HOSPITAL	20/WC-SI SHE STATED SHE WAS RESPONDING TO THE CAL	BOLEN*TAMMI 404-27-8336	284-0-294-804	12/29/09	180.80	MED PMT HOSPITAL
186CN046123 11/21/09 BESTPRACTICES INC	20/WC-SI SHE STATED SHE WAS RESPONDING TO THE CAL	BOLEN*TAMMI 404-27-8336	284-0-294-809	12/29/09	255.32	MED PMT OTHER MED PROV

PERIOD: 01/01/09-01/01/10

REPORTING LEVEL: ERICKSON RETIREMENT CO

LOCATION: CORP3110

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description ----- / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
186CN046123 11/21/09 COMMONWEALTH ORTHOPAEDIC AND REH	20/WC-SI SHE STATED SHE WAS RESPONDING TO THE CAL	BOLEN*TAMMI 404-27-8336	284-0-297-211	12/30/09	164.87	MED PMT OTHER MED PROV
186CN046123 11/21/09 BROADSPIRE SERVICES	20/WC-SI SHE STATED SHE WAS RESPONDING TO THE CAL	BOLEN*TAMMI 404-27-8336	SG-0-294-804	12/29/09	13.56	EXP PMT PPO
186CN046123 11/21/09 BROADSPIRE SERVICES	20/WC-SI SHE STATED SHE WAS RESPONDING TO THE CAL	BOLEN*TAMMI 404-27-8336	SG-0-294-804	12/29/09	3.90	EXP PMT MED BILL REVIEW
186CN046123 11/21/09 BROADSPIRE SERVICES	20/WC-SI SHE STATED SHE WAS RESPONDING TO THE CAL	BOLEN*TAMMI 404-27-8336	SG-0-294-809	12/29/09	19.15	EXP PMT PPO
186CN046123 11/21/09 BROADSPIRE SERVICES	20/WC-SI SHE STATED SHE WAS RESPONDING TO THE CAL	BOLEN*TAMMI 404-27-8336	SG-0-294-809	12/29/09	5.95	EXP PMT MED BILL REVIEW
186CN046123 11/21/09 BROADSPIRE SERVICES	20/WC-SI SHE STATED SHE WAS RESPONDING TO THE CAL	BOLEN*TAMMI 404-27-8336	SG-0-297-211	12/30/09	3.90	EXP PMT MED BILL REVIEW
186CN046123 11/21/09 BROADSPIRE SERVICES	20/WC-SI SHE STATED SHE WAS RESPONDING TO THE CAL	BOLEN*TAMMI 404-27-8336	SG-0-297-211	12/30/09	10.01	EXP PMT PPO

REPORTING LEVEL: ERICKSON RETIREMENT CO

LOCATION: CORP3110

Claim Number / Loss Date	Cov/Clm Rpt Dsc / Abbreviated Loss Description	Claimant/Driver Name / Payee Name	Check Number / Social Security No. / Payment For	Issue Dt	Disbrst Amt	Payment Message
		CORP3110		Totals	1,127.47	
		ERICKSON RETIREMENT CO		Totals	1,308.49	

REPORTING LEVEL: FOX RUN

LOCATION: 629-2

Claim Number / Loss Date	Cov/Clm Rpt Dsc / Abbreviated Loss Description	Claimant/Driver Name / Payee Name	Check Number / Social Security No. / Payment For	Issue Dt	Disbrst Amt	Payment Message
186CN043605 11/09/09	20/WC-SI AZSA WAS HELPING IN THE DISH ROOM WHEN A	BOONE*AZSA ONE CALL MEDICAL	284-0-292-875 999-44-7858	12/28/09	642.00	MED PMT OTHER MED PROV
186CN043605 11/09/09	20/WC-SI AZSA WAS HELPING IN THE DISH ROOM WHEN A	BOONE*AZSA BROADSPIRE SERVICES	SG-0-292-875 999-44-7858	12/28/09	3.90	EXP PMT MED BILL REVIEW
186CN043605 11/09/09	20/WC-SI AZSA WAS HELPING IN THE DISH ROOM WHEN A	BOONE*AZSA BROADSPIRE SERVICES	SG-0-292-875 999-44-7858	12/28/09	68.56	EXP PMT PPO
186CN049619 12/12/09	20/WC-SI I STUCK MY HAND IN TOASTER TO RETRIEVE T	DEW II*RICKY OCCUPATIONAL HEALTH CENTERS	284-0-295-183 374-96-9461	12/29/09	184.48	MED PMT OTHER MED PROV
186CN049619 12/12/09	20/WC-SI I STUCK MY HAND IN TOASTER TO RETRIEVE T	DEW II*RICKY BROADSPIRE SERVICES	SG-0-295-183 374-96-9461	12/29/09	2.91	EXP PMT PPO

REPORTING LEVEL: FOX RUN

LOCATION: 629-2

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description ----- / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
186CN049619 12/12/09 BROADSPIRE SERVICES	20/WC-SI I STUCK MY HAND IN TOASTER TO RETRIEVE T	DEW II*RICKY 374-96-9461	SG-0-295-183	12/29/09	3.90	EXP PMT MED BILL REVIEW
	629-2			Totals	905.75	

LOCATION: 629-4

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description ----- / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
186CN040197 10/24/09 SPECIALISTS IN REHABILITATION	20/WC-SI TRANFERING PT FROM CHAIR TO BED & FELT A	WOODS*KEISHA 366-33-7173	284-0-298-590	12/31/09	133.85	MED PMT OTHER MED PROV
186CN040197 10/24/09 BROADSPIRE SERVICES	20/WC-SI TRANFERING PT FROM CHAIR TO BED & FELT A	WOODS*KEISHA 366-33-7173	SG-0-298-590	12/31/09	3.90	EXP PMT MED BILL REVIEW
186CN049039 12/09/09 UNIVERSAL SMART COMP	20/WC-SI PT DID NOT ASSIST WITH TRANSFER & LEANED	GALLANT*ADA*L 296-82-5546	284-0-292-891	12/28/09	129.89	MED PMT PHYS THERAPY
186CN049039 12/09/09 UNIVERSAL SMART COMP	20/WC-SI PT DID NOT ASSIST WITH TRANSFER & LEANED	GALLANT*ADA*L 296-82-5546	284-0-292-892	12/28/09	128.93	MED PMT PHYS THERAPY
186CN049039 12/09/09 UNIVERSAL SMART COMP	20/WC-SI PT DID NOT ASSIST WITH TRANSFER & LEANED	GALLANT*ADA*L 296-82-5546	284-0-298-618	12/31/09	43.07	MED PMT MED SUPPLIES

PERIOD: 01/01/09-01/01/10
REPORTING LEVEL: FOX RUN
LOCATION: 629-4

Claim Number	Cov/Clm	Rpt Dsc	Claimant/Driver Name	Check Number	Issue Dt	Disbrst Amt	Payment Message
Loss Date	----- Abbreviated Loss Description -----			Social Security No.			
Payee Name				Payment For			
186CN049039	20/WC-SI		GALLANT*ADA*L	284-0-298-618	12/31/09	151.48	MED PMT PHYS THERAPY
12/09/09	PT DID NOT ASSIST WITH TRANSFER & LEANED			296-82-5546			
UNIVERSAL SMART COMP							
186CN049039	20/WC-SI		GALLANT*ADA*L	284-0-298-619	12/31/09	127.16	MED PMT OTHER MED PROV
12/09/09	PT DID NOT ASSIST WITH TRANSFER & LEANED			296-82-5546			
OCCUPATIONAL HEALTH CENTERS							
186CN049039	20/WC-SI		GALLANT*ADA*L	SG-0-292-891	12/28/09	5.20	EXP PMT MED BILL REVIEW
12/09/09	PT DID NOT ASSIST WITH TRANSFER & LEANED			296-82-5546			
BROADSPIRE SERVICES							
186CN049039	20/WC-SI		GALLANT*ADA*L	SG-0-292-891	12/28/09	9.40	EXP PMT PPO
12/09/09	PT DID NOT ASSIST WITH TRANSFER & LEANED			296-82-5546			
BROADSPIRE SERVICES							
186CN049039	20/WC-SI		GALLANT*ADA*L	SG-0-292-892	12/28/09	5.20	EXP PMT MED BILL REVIEW
12/09/09	PT DID NOT ASSIST WITH TRANSFER & LEANED			296-82-5546			
BROADSPIRE SERVICES							
186CN049039	20/WC-SI		GALLANT*ADA*L	SG-0-292-892	12/28/09	8.62	EXP PMT PPO
12/09/09	PT DID NOT ASSIST WITH TRANSFER & LEANED			296-82-5546			
BROADSPIRE SERVICES							
186CN049039	20/WC-SI		GALLANT*ADA*L	SG-0-298-618	12/31/09	28.84	EXP PMT PPO
12/09/09	PT DID NOT ASSIST WITH TRANSFER & LEANED			296-82-5546			
BROADSPIRE SERVICES							

REPORTING LEVEL: FOX RUN

LOCATION: 629-4

Claim Number / Loss Date	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description -----	Claimant/Driver Name / Social Security No.	Check Number / Payment For	Issue Dt	Disbrst Amt	Payment Message
186CN049039 12/09/09 BROADSPIRE SERVICES	20/WC-SI PT DID NOT ASSIST WITH TRANSFER & LEANED	GALLANT*ADA*L 296-82-5546	SG-0-298-618	12/31/09	9.10	EXP PMT MED BILL REVIEW
186CN049039 12/09/09 BROADSPIRE SERVICES	20/WC-SI PT DID NOT ASSIST WITH TRANSFER & LEANED	GALLANT*ADA*L 296-82-5546	SG-0-298-619	12/31/09	3.90	EXP PMT MED BILL REVIEW
186CN049039 12/09/09 BROADSPIRE SERVICES	20/WC-SI PT DID NOT ASSIST WITH TRANSFER & LEANED	GALLANT*ADA*L 296-82-5546	SG-0-298-619	12/31/09	2.01	EXP PMT PPO
	629-4			Totals	790.55	
	FOX RUN			Totals	1,696.30	

REPORTING LEVEL: GREENSPRING VILLAGE

LOCATION: 605-1

Claim Number / Loss Date	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description -----	Claimant/Driver Name / Social Security No.	Check Number / Payment For	Issue Dt	Disbrst Amt	Payment Message
186CN051250 12/21/09 BROADSPIRE SERVICES	20/WC-SI WHILE TRYING TO CLEAN THE CLOGGED AUGER	GENAO*MILTON 088-64-5928	JF-0-164-746	12/28/09	35.37	MED PMT PRESCRIPTION
186CN051250 12/21/09	20/WC-SI WHILE TRYING TO CLEAN THE CLOGGED AUGER	GENAO*MILTON 088-64-5928	XF-0-164-746	12/28/09	9.75	EXP PMT RX MGMT
	605-1			Totals	45.12	

PERIOD: 01/01/09-01/01/10

REPORTING LEVEL: GREENSPRING VILLAGE

LOCATION: 605-4

Claim Number / Loss Date	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description -----	Claimant/Driver Name / Payee Name	Check Number / Social Security No. / Payment For	Issue Dt	Disbrst Amt	Payment Message
186CN032543 09/05/09 DANUTE NAGRODZKI	10/WC-SI EE DEVELOPED SEVERE PAIN TO HER LOWER BA	NAGRODZKI*DANUTE	651-0-176-513 231-23-6101	12/31/09	281.75	LOSS PMT TEMP TOT DISAB
186CN045698 11/18/09 INOVA FAIRFAX HOSPITAL	20/WC-SI EE WAS DOING PERSONAL CARE FOR A RESIDEN	ROSE*KAYDIAN	284-0-292-745 692-07-6027	12/28/09	1,282.40	MED PMT HOSPITAL
186CN045698 11/18/09 BROADSPIRE SERVICES	20/WC-SI EE WAS DOING PERSONAL CARE FOR A RESIDEN	ROSE*KAYDIAN	SG-0-292-745 692-07-6027	12/28/09	5.20	EXP PMT MED BILL REVIEW
186CN045698 11/18/09 BROADSPIRE SERVICES	20/WC-SI EE WAS DOING PERSONAL CARE FOR A RESIDEN	ROSE*KAYDIAN	SG-0-292-745 692-07-6027	12/28/09	96.18	EXP PMT PPO
	605-4			Totals	1,665.53	
	GREENSPRING VILLAGE			Totals	1,710.65	

REPORTING LEVEL: HENRY FORD VILLAGE

LOCATION: 602-2

Claim Number / Loss Date	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description -----	Claimant/Driver Name / Payee Name	Check Number / Social Security No. / Payment For	Issue Dt	Disbrst Amt	Payment Message
186CN047511 12/02/09 OCCUPATIONAL HEALTH CENTERS	20/WC-SI MARGO WAS CUTTING AN APPLE WITH A KNIFE	GHADER*MARGUERITTE	284-0-298-592 372-98-8001	12/31/09	366.92	MED PMT OTHER MED PROV

REPORTING LEVEL: HENRY FORD VILLAGE

LOCATION: 602-2

Claim Number / Loss Date	Cov/Clm	Rpt Dsc / Abbreviated Loss Description	Claimant/Driver Name / Social Security No.	Check Number / Payment For	Issue Dt	Disbrst Amt	Payment Message
186CN047511 12/02/09 OCCUPATIONAL HEALTH CENTERS	20/WC-SI	MARGO WAS CUTTING AN APPLE WITH A KNIFE	GHADER*MARGUERITTE 372-98-8001	284-0-298-592	12/31/09	6.33	MED PMT MED SUPPLIES
186CN047511 12/02/09 BROADSPIRE SERVICES	20/WC-SI	MARGO WAS CUTTING AN APPLE WITH A KNIFE	GHADER*MARGUERITTE 372-98-8001	SG-0-298-592	12/31/09	30.09	EXP PMT MED BILL REVIEW
186CN047511 12/02/09 BROADSPIRE SERVICES	20/WC-SI	MARGO WAS CUTTING AN APPLE WITH A KNIFE	GHADER*MARGUERITTE 372-98-8001	SG-0-298-592	12/31/09	5.90	EXP PMT PPO
602-2				Totals		409.24	

LOCATION: 602-4

Claim Number / Loss Date	Cov/Clm	Rpt Dsc / Abbreviated Loss Description	Claimant/Driver Name / Social Security No.	Check Number / Payment For	Issue Dt	Disbrst Amt	Payment Message
186CN050935 12/17/09 OCCUPATIONAL HEALTH CENTERS	20/WC-SI	I PUSHED MR. STOUGHTON IN HIS WHEELCHAIR	UVEGES*LYNN 385-76-8074	284-0-298-621	12/31/09	89.30	MED PMT PRESCRIPTION
186CN050935 12/17/09 OCCUPATIONAL HEALTH CENTERS	20/WC-SI	I PUSHED MR. STOUGHTON IN HIS WHEELCHAIR	UVEGES*LYNN 385-76-8074	284-0-298-621	12/31/09	258.54	MED PMT OTHER MED PROV
186CN050935 12/17/09 BROADSPIRE SERVICES	20/WC-SI	I PUSHED MR. STOUGHTON IN HIS WHEELCHAIR	UVEGES*LYNN 385-76-8074	SG-0-298-621	12/31/09	5.49	EXP PMT PPO

REPORTING LEVEL: HENRY FORD VILLAGE

LOCATION: 602-4

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description ----- / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
186CN050935 12/17/09 BROADSPIRE SERVICES	20/WC-SI I PUSHED MR. STOUGHTON IN HIS WHEELCHAIR	UVEGES*LYNN 385-76-8074	SG-0-298-621	12/31/09	7.80	EXP PMT MED BILL REVIEW
	602-4			Totals	361.13	
	HENRY FORD VILLAGE			Totals	770.37	

REPORTING LEVEL: LINDEN PONDS

LOCATION: 616-1

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description ----- / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
186CN045430 11/18/09 SOUTH SHORE HOSPITAL	20/WC-SI FIXING DOOR SPRING, SPRING PROJECTILED A	MARTINO*GREGORY 021-42-8642	284-0-291-812	12/28/09	762.74	MED PMT HOSPITAL
186CN045430 11/18/09 BROADSPIRE SERVICES	20/WC-SI FIXING DOOR SPRING, SPRING PROJECTILED A	MARTINO*GREGORY 021-42-8642	SG-0-291-812	12/28/09	11.70	EXP PMT MED BILL REVIEW
	616-1			Totals	774.44	

LOCATION: 616-2

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description ----- / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
186CN041862 11/01/09 JENNIFER WALKER	10/WC-SI WHILE LIFTING TRAY INJURED R SHOULDER	WALKER*JENNIFER 022-76-5365	651-0-173-514	12/29/09	86.89	LOSS PMT TEMP TOT DISAB

PERIOD: 01/01/09-01/01/10

REPORTING LEVEL: LINDEN PONDS

LOCATION: 616-2

Claim Number / Loss Date	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description -----	Claimant/Driver Name / Payee Name	Check Number / Social Security No. / Payment For	Issue Dt	Disbrst Amt	Payment Message
186CN041862 11/01/09 JENNIFER WALKER	10/WC-SI WHILE LIFTING TRAY INJURED R SHOULDER	WALKER*JENNIFER	651-0-176-896 022-76-5365	12/31/09	86.89	LOSS PMT TEMP TOT DISAB
	616-2			Totals	173.78	

LOCATION: 616-4

186CN006760 07/07/09 CYNTHIA STUART	10/WC-SI EE SLIPPED AND FELL ON WET FLOOR. BOTH F	STUART*CYNTHIA	651-0-176-895 013-54-1715	12/31/09	270.50	LOSS PMT TEMP TOT DISAB
	616-4			Totals	270.50	
	LINDEN PONDS			Totals	1,218.72	

REPORTING LEVEL: MARIS GROVE

LOCATION: 612-3

186CN035485 10/01/09 BROADSPIRE SERVICES	20/WC-SI EE BENT DOWN TO DUST A TABLE, FELT PAIN	DRAGONE*MARGARET	JF-0-166-256 184-52-1360	12/28/09	10.55	MED PMT PRESCRIPTION
186CN049235 12/03/09 BROADSPIRE SERVICES	20/WC-SI EE WAS WALKING IN HALLWAY WHEN HE SUFFER	SMITH*JAMES	SG-0-297-120 192-56-3492	12/30/09	3.90	EXP PMT MED BILL REVIEW

PERIOD: 01/01/09-01/01/10

REPORTING LEVEL: MARIS GROVE

LOCATION: 612-3

Claim Number / Loss Date	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description -----	Claimant/Driver Name / Social Security No. / Payee Name / Payment For	Check Number	Issue Dt	Disbrst Amt	Payment Message
186CN049235 12/03/09	20/WC-SI EE WAS WALKING IN HALLWAY WHEN HE SUFFER	SMITH*JAMES 192-56-3492 BROADSPIRE SERVICES	SG-0-297-120	12/30/09	5.59	EXP PMT PPO
	612-3			Totals	20.04	
	MARIS GROVE			Totals	20.04	

REPORTING LEVEL: OAK CREST VILLAGE

LOCATION: 603-2

Claim Number / Loss Date	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description -----	Claimant/Driver Name / Social Security No. / Payee Name / Payment For	Check Number	Issue Dt	Disbrst Amt	Payment Message
186CN006656 07/07/09	20/WC-SI EE WAS SCOOPING ICE CREAM AND NOTICED CR	WHITAKER*MAGGIE*M 212-33-2398 PATIENT FIRST	284-0-295-977	12/30/09	69.07	MED PMT OTHER MED PROV
186CN006656 07/07/09	20/WC-SI EE WAS SCOOPING ICE CREAM AND NOTICED CR	WHITAKER*MAGGIE*M 212-33-2398 PATIENT FIRST	284-0-295-978	12/30/09	69.07	MED PMT OTHER MED PROV
186CN006656 07/07/09	20/WC-SI EE WAS SCOOPING ICE CREAM AND NOTICED CR	WHITAKER*MAGGIE*M 212-33-2398 BROADSPIRE SERVICES	SG-0-295-977	12/30/09	1.09	EXP PMT PPO
186CN006656 07/07/09	20/WC-SI EE WAS SCOOPING ICE CREAM AND NOTICED CR	WHITAKER*MAGGIE*M 212-33-2398 BROADSPIRE SERVICES	SG-0-295-977	12/30/09	3.90	EXP PMT MED BILL REVIEW

PERIOD: 01/01/09-01/01/10
REPORTING LEVEL: OAK CREST VILLAGE
LOCATION: 603-2

Claim Number	Cov/Clm	Rpt Dsc	Claimant/Driver Name	Check Number	Issue Dt	Disbrst Amt	Payment Message
Loss Date	----- Abbreviated Loss Description -----		Social Security No.				
Payee Name			Payment For				
186CN006656	20/WC-SI		WHITAKER*MAGGIE*M	SG-0-295-978	12/30/09	1.09	EXP PMT PPO
07/07/09	EE WAS SCOOPING ICE CREAM AND NOTICED CR		212-33-2398				
BROADSPIRE SERVICES							
186CN006656	20/WC-SI		WHITAKER*MAGGIE*M	SG-0-295-978	12/30/09	3.90	EXP PMT MED BILL REVIEW
07/07/09	EE WAS SCOOPING ICE CREAM AND NOTICED CR		212-33-2398				
BROADSPIRE SERVICES							
186CN047981	20/WC-SI		VAN*MUOI	284-0-295-068	12/29/09	67.04	MED PMT PHYS THERAPY
12/02/09	EE WAS PUSHING A CART INTO THE FREEZER W		552-81-0393				
UNIVERSAL SMART COMP							
186CN047981	20/WC-SI		VAN*MUOI	284-0-295-068	12/29/09	12.51	MED PMT MED SUPPLIES
12/02/09	EE WAS PUSHING A CART INTO THE FREEZER W		552-81-0393				
UNIVERSAL SMART COMP							
186CN047981	20/WC-SI		VAN*MUOI	SG-0-295-068	12/29/09	3.90	EXP PMT MED BILL REVIEW
12/02/09	EE WAS PUSHING A CART INTO THE FREEZER W		552-81-0393				
BROADSPIRE SERVICES							
186CN047981	20/WC-SI		VAN*MUOI	SG-0-295-068	12/29/09	0.48	EXP PMT PPO
12/02/09	EE WAS PUSHING A CART INTO THE FREEZER W		552-81-0393				
BROADSPIRE SERVICES							
186CN048165	20/WC-SI		GREENE*ELLA	284-0-295-987	12/30/09	80.39	MED PMT OTHER MED PROV
12/04/09	EE WAS SLICING FOOD AND CUT HER LEFT IND		216-78-0148				
PATIENT FIRST							

PERIOD: 01/01/09-01/01/10
REPORTING LEVEL: OAK CREST VILLAGE
LOCATION: 603-2

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description ----- / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
186CN048165 12/04/09 BROADSPIRE SERVICES	20/WC-SI EE WAS SLICING FOOD AND CUT HER LEFT IND	GREENE*ELLA 216-78-0148	SG-0-295-987	12/30/09	7.27	EXP PMT MED BILL REVIEW
186CN048165 12/04/09 BROADSPIRE SERVICES	20/WC-SI EE WAS SLICING FOOD AND CUT HER LEFT IND	GREENE*ELLA 216-78-0148	SG-0-295-987	12/30/09	1.27	EXP PMT PPO
	603-2			Totals	320.98	

LOCATION: 603-3

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description ----- / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
186CN028143 08/27/09 ADVANCED RADIOLOGY	20/WC-SI EE TRIPPED AND FELL WHILE PLAYING A GAME	NEWBERRY*RACHEL 188-56-6225	284-0-295-999	12/30/09	26.40	MED PMT OTHER MED PROV
186CN028143 08/27/09 BROADSPIRE SERVICES	20/WC-SI EE TRIPPED AND FELL WHILE PLAYING A GAME	NEWBERRY*RACHEL 188-56-6225	SG-0-295-999	12/30/09	0.88	EXP PMT PPO
186CN028143 08/27/09 BROADSPIRE SERVICES	20/WC-SI EE TRIPPED AND FELL WHILE PLAYING A GAME	NEWBERRY*RACHEL 188-56-6225	SG-0-295-999	12/30/09	3.90	EXP PMT MED BILL REVIEW
	603-3			Totals	31.18	
	OAK CREST VILLAGE			Totals	352.16	

PERIOD: 01/01/09-01/01/10

REPORTING LEVEL: RIDERWOOD VILLAGE

LOCATION: 606-1

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description ----- / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
186CN045496 11/18/09 MONTGOMERY ORTHOPAEDICS	20/WC-SI AS I ENTERED THE ROOM AND ROUNDED THE CO	ERRERA*LOIS 150-66-5678	284-0-295-986	12/30/09	27.00	MED PMT MED SUPPLIES
186CN045496 11/18/09 MONTGOMERY ORTHOPAEDICS	20/WC-SI AS I ENTERED THE ROOM AND ROUNDED THE CO	ERRERA*LOIS 150-66-5678	284-0-295-986	12/30/09	109.41	MED PMT OTHER MED PROV
186CN045496 11/18/09 BROADSPIRE SERVICES	20/WC-SI AS I ENTERED THE ROOM AND ROUNDED THE CO	ERRERA*LOIS 150-66-5678	SG-0-295-986	12/30/09	0.54	EXP PMT PPO
186CN045496 11/18/09 BROADSPIRE SERVICES	20/WC-SI AS I ENTERED THE ROOM AND ROUNDED THE CO	ERRERA*LOIS 150-66-5678	SG-0-295-986	12/30/09	6.28	EXP PMT MED BILL REVIEW
606-1				Totals	143.23	

LOCATION: 606-2

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description ----- / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
186CN004622 06/10/09 LINDA CARBERRY	10/WC-SI EE WAS TRANSFERRING N116 FROM TOILET TO	CARBERRY*LINDA 219-78-1916	651-0-176-522	12/31/09	483.00	LOSS PMT TEMP TOT DISAB
186CN051024 12/17/09 EULEITA REID	10/WC-SI EE WENT TO TAKE CLOTHES OUT OF WASHER &	REID*EULEITA 214-70-4466	651-0-172-353	12/28/09	204.00	LOSS PMT TEMP TOT DISAB

PERIOD: 01/01/09-01/01/10

REPORTING LEVEL: RIDERWOOD VILLAGE

LOCATION: 606-2

Claim Number / Loss Date	Cov/Clm Rpt Dsc / Abbreviated Loss Description	Claimant/Driver Name / Social Security No. / Payee Name	Check Number / Payment For	Issue Dt	Disbrst Amt	Payment Message
		606-2		Totals	687.00	
		RIDERWOOD VILLAGE		Totals	830.23	

REPORTING LEVEL: SEABROOK VILLAGE

LOCATION: 604-2

Claim Number / Loss Date	Cov/Clm Rpt Dsc / Abbreviated Loss Description	Claimant/Driver Name / Social Security No. / Payee Name	Check Number / Payment For	Issue Dt	Disbrst Amt	Payment Message
186CN036092 10/05/09	20/WC-SI EE WAS CARRYING A TRAY AND FELT PAIN TO	MADDEN*SHAKIA 154-94-5789 ALIGN NETWORKS INC	284-0-297-581	12/30/09	80.31	MED PMT PHYS THERAPY
186CN036092 10/05/09	20/WC-SI EE WAS CARRYING A TRAY AND FELT PAIN TO	MADDEN*SHAKIA 154-94-5789 BROADSPIRE SERVICES	SG-0-297-581	12/30/09	24.29	EXP PMT PPO
186CN036092 10/05/09	20/WC-SI EE WAS CARRYING A TRAY AND FELT PAIN TO	MADDEN*SHAKIA 154-94-5789 BROADSPIRE SERVICES	SG-0-297-581	12/30/09	3.90	EXP PMT MED BILL REVIEW
		604-2		Totals	108.50	

LOCATION: 604-3

Claim Number / Loss Date	Cov/Clm Rpt Dsc / Abbreviated Loss Description	Claimant/Driver Name / Social Security No. / Payee Name	Check Number / Payment For	Issue Dt	Disbrst Amt	Payment Message
186CN028375 08/26/09	20/WC-SI EE WAS CHECKING THE WHEEL CHAIR LOCKS,	FARNEN*MATTHEW W 149-40-9402 O SEAVIEW ORTHOPAEDIC	284-0-298-952	12/31/09	135.00	MED PMT OTHER MED PROV

PERIOD: 01/01/09-01/01/10

REPORTING LEVEL: SEABROOK VILLAGE

LOCATION: 604-3

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description ----- / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
186CN028375 08/26/09 BROADSPIRE SERVICES	20/WC-SI EE WAS CHECKING THE WHEEL CHAIR LOCKS, W	FARNEN*MATTHEW 149-40-9402	SG-0-298-952	12/31/09	3.90	EXP PMT MED BILL REVIEW
186CN051431 12/22/09 BROADSPIRE SERVICES	20/WC-SI 12/22/09 AT 9:40 AM, CLMT WAS RESPONDING	LUTZ*TERESA 091-58-1116	JF-0-163-967	12/28/09	14.36	MED PMT PRESCRIPTION
	604-3			Totals	153.26	

LOCATION: 604-4

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description ----- / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
186CN045953 11/19/09 ALIGN NETWORKS INC	20/WC-SI EE WAS TRANSPORTING RESIDENT THEN SHE EX	WOMBLE*DIANE 142-76-8999	284-0-299-000	12/31/09	383.79	MED PMT PHYS THERAPY
186CN045953 11/19/09 BROADSPIRE SERVICES	20/WC-SI EE WAS TRANSPORTING RESIDENT THEN SHE EX	WOMBLE*DIANE 142-76-8999	SG-0-299-000	12/31/09	74.80	EXP PMT PPO
186CN045953 11/19/09 BROADSPIRE SERVICES	20/WC-SI EE WAS TRANSPORTING RESIDENT THEN SHE EX	WOMBLE*DIANE 142-76-8999	SG-0-299-000	12/31/09	11.70	EXP PMT MED BILL REVIEW
186CN051260 12/21/09 BROADSPIRE SERVICES	20/WC-SI 12/21/09 AT 6:50 AM, CLMT HAD ARRIVED AT	SIGLER*BRENDA 136-40-5935	JF-0-163-965	12/28/09	28.25	MED PMT PRESCRIPTION

PERIOD: 01/01/09-01/01/10

REPORTING LEVEL: SEABROOK VILLAGE

LOCATION: 604-4

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description ----- / Payment For	Claimant/Driver Name	Check Number / Social Security No.	Issue Dt	Disbrst Amt	Payment Message
186CN051260 12/21/09 BROADSPIRE SERVICES	20/WC-SI 12/21/09 AT 6:50 AM, CLMT HAD ARRIVED AT	SIGLER*BRENDA	JF-0-163-966 136-40-5935	12/28/09	10.89	MED PMT PRESCRIPTION
186CN051260 12/21/09	20/WC-SI 12/21/09 AT 6:50 AM, CLMT HAD ARRIVED AT	SIGLER*BRENDA	XF-0-163-965 136-40-5935	12/28/09	5.64	EXP PMT RX MGMT
	604-4			Totals	515.07	
	SEABROOK VILLAGE			Totals	776.83	

REPORTING LEVEL: SEDGEBROOK

LOCATION: 617-2

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description ----- / Payment For	Claimant/Driver Name	Check Number / Social Security No.	Issue Dt	Disbrst Amt	Payment Message
534CN378912 01/29/09 IRMA DELATORRE	10/WC-SI CO-WORKER BROUGHT IN DOCTORS NOTE STATIN	DELATORRE*IRMA	651-0-172-903 365-42-6183	12/29/09	278.39	LOSS PMT TEMP TOT DISAB
534CN378912 01/29/09 BROADSPIRE SERVICES	20/WC-SI CO-WORKER BROUGHT IN DOCTORS NOTE STATIN	DELATORRE*IRMA	JF-0-166-187 365-42-6183	12/28/09	24.19	MED PMT PRESCRIPTION
	617-2			Totals	302.58	
	SEDGEBROOK			Totals	302.58	

PERIOD: 01/01/09-01/01/10
REPORTING LEVEL: TALL GRASS
LOCATION: 633-2

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description ----- / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
186CN046846 11/29/09 OHS COMPCARE LLC	20/WC-SI HE WAS REMOVING A CARDBOARD BOX FROM SHE	MUNAR*RAUL 510-23-5183	284-0-297-511	12/30/09	118.50	MED PMT OTHER MED PROV
186CN046846 11/29/09 BROADSPIRE SERVICES	20/WC-SI HE WAS REMOVING A CARDBOARD BOX FROM SHE	MUNAR*RAUL 510-23-5183	SG-0-292-110	12/28/09	89.70	EXP PMT MED BILL REVIEW
186CN046846 11/29/09 BROADSPIRE SERVICES	20/WC-SI HE WAS REMOVING A CARDBOARD BOX FROM SHE	MUNAR*RAUL 510-23-5183	SG-0-297-511	12/30/09	1.10	EXP PMT PPO
186CN046846 11/29/09 BROADSPIRE SERVICES	20/WC-SI HE WAS REMOVING A CARDBOARD BOX FROM SHE	MUNAR*RAUL 510-23-5183	SG-0-297-511	12/30/09	3.90	EXP PMT MED BILL REVIEW
	633-2			Totals	213.20	

LOCATION: 633-5

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description ----- / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
186CN048613 12/08/09 OHS COMPCARE LLC	20/WC-SI SLIPPED GOING DOWN RAMP WITH RECYCLING	WILKERSON*DAVID C 356-58-0870	284-0-292-111	12/28/09	14.36	MED PMT PRESCRIPTION
186CN048613 12/08/09 OHS COMPCARE LLC	20/WC-SI SLIPPED GOING DOWN RAMP WITH RECYCLING	WILKERSON*DAVID C 356-58-0870	284-0-292-111	12/28/09	64.34	MED PMT OTHER MED PROV

PERIOD: 01/01/09-01/01/10
REPORTING LEVEL: TALL GRASS
LOCATION: 633-5

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description ----- / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
186CN048613 12/08/09 OHS COMPCARE LLC	20/WC-SI SLIPPED GOING DOWN RAMP WITH RECYCLING	WILKERSON*DAVID C 356-58-0870	284-0-295-265	12/29/09	15.46	MED PMT PRESCRIPTION
186CN048613 12/08/09 OHS COMPCARE LLC	20/WC-SI SLIPPED GOING DOWN RAMP WITH RECYCLING	WILKERSON*DAVID C 356-58-0870	284-0-295-265	12/29/09	344.76	MED PMT OTHER MED PROV
186CN048613 12/08/09 OHS COMPCARE LLC	20/WC-SI SLIPPED GOING DOWN RAMP WITH RECYCLING	WILKERSON*DAVID C 356-58-0870	284-0-299-614	12/31/09	100.91	MED PMT OTHER MED PROV
186CN048613 12/08/09 BROADSPIRE SERVICES	20/WC-SI SLIPPED GOING DOWN RAMP WITH RECYCLING	WILKERSON*DAVID C 356-58-0870	SG-0-292-111	12/28/09	0.73	EXP PMT PPO
186CN048613 12/08/09 BROADSPIRE SERVICES	20/WC-SI SLIPPED GOING DOWN RAMP WITH RECYCLING	WILKERSON*DAVID C 356-58-0870	SG-0-292-111	12/28/09	3.90	EXP PMT MED BILL REVIEW
186CN048613 12/08/09 BROADSPIRE SERVICES	20/WC-SI SLIPPED GOING DOWN RAMP WITH RECYCLING	WILKERSON*DAVID C 356-58-0870	SG-0-295-265	12/29/09	6.50	EXP PMT MED BILL REVIEW
186CN048613 12/08/09 BROADSPIRE SERVICES	20/WC-SI SLIPPED GOING DOWN RAMP WITH RECYCLING	WILKERSON*DAVID C 356-58-0870	SG-0-295-265	12/29/09	3.34	EXP PMT PPO

PERIOD: 01/01/09-01/01/10

REPORTING LEVEL: TALL GRASS

LOCATION: 633-5

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description ----- / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
186CN048613 12/08/09 BROADSPIRE SERVICES	20/WC-SI SLIPPED GOING DOWN RAMP WITH RECYCLING	WILKERSON*DAVID C 356-58-0870	SG-0-299-614	12/31/09	0.94	EXP PMT PPO
186CN048613 12/08/09 BROADSPIRE SERVICES	20/WC-SI SLIPPED GOING DOWN RAMP WITH RECYCLING	WILKERSON*DAVID C 356-58-0870	SG-0-299-614	12/31/09	3.90	EXP PMT MED BILL REVIEW
	633-5			Totals	559.14	
	TALL GRASS			Totals	772.34	

REPORTING LEVEL: WIND CREST

LOCATION: 654-1

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description ----- / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
717CN204364 06/09/09 UNIVERSAL SMART COMP	20/WC-SI EE WAS STANDING ON THE LOADING DOCK TAKI	STENGER*SHERRI 521-43-2205	284-0-295-233	12/29/09	10.50	MED PMT MED SUPPLIES
717CN204364 06/09/09 UNIVERSAL SMART COMP	20/WC-SI EE WAS STANDING ON THE LOADING DOCK TAKI	STENGER*SHERRI 521-43-2205	284-0-295-233	12/29/09	140.62	MED PMT PHYS THERAPY
717CN204364 06/09/09 OCCUPATIONAL HEALTH CENTERS	20/WC-SI EE WAS STANDING ON THE LOADING DOCK TAKI	STENGER*SHERRI 521-43-2205	284-0-297-012	12/30/09	116.56	MED PMT OTHER MED PROV

PERIOD: 01/01/09-01/01/10
REPORTING LEVEL: WIND CREST
LOCATION: 654-1

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description ----- / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
717CN204364 06/09/09 BROADSPIRE SERVICES	20/WC-SI EE WAS STANDING ON THE LOADING DOCK TAKI	STENGER*SHERRI 521-43-2205	SG-0-295-233	12/29/09	2.07	EXP PMT PPO
717CN204364 06/09/09 BROADSPIRE SERVICES	20/WC-SI EE WAS STANDING ON THE LOADING DOCK TAKI	STENGER*SHERRI 521-43-2205	SG-0-295-233	12/29/09	9.10	EXP PMT MED BILL REVIEW
717CN204364 06/09/09 BROADSPIRE SERVICES	20/WC-SI EE WAS STANDING ON THE LOADING DOCK TAKI	STENGER*SHERRI 521-43-2205	SG-0-297-012	12/30/09	0.71	EXP PMT PPO
717CN204364 06/09/09 BROADSPIRE SERVICES	20/WC-SI EE WAS STANDING ON THE LOADING DOCK TAKI	STENGER*SHERRI 521-43-2205	SG-0-297-012	12/30/09	3.90	EXP PMT MED BILL REVIEW
	654-1			Totals	283.46	

LOCATION: 654-2

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description ----- / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
717CN204321 06/02/09 LITTLETON HOSPITAL	20/WC-SI EE WAS AT ICE MACHINE & DOOR DROPPED DOW	APPLEBY*EMILY 521-79-8138	284-0-297-006	12/30/09	218.21	MED PMT HOSPITAL
717CN204321 06/02/09 BROADSPIRE SERVICES	20/WC-SI EE WAS AT ICE MACHINE & DOOR DROPPED DOW	APPLEBY*EMILY 521-79-8138	SG-0-297-006	12/30/09	1.34	EXP PMT PPO

PERIOD: 01/01/09-01/01/10
REPORTING LEVEL: WIND CREST
LOCATION: 654-2

Claim Number / Loss Date / Payee Name	Cov/Clm	Rpt Dsc / Abbreviated Loss Description / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
717CN204321 06/02/09 BROADSPIRE SERVICES	20/WC-SI	EE WAS AT ICE MACHINE & DOOR DROPPED DOW	APPLEBY*EMILY 521-79-8138	SG-0-297-006	12/30/09	7.80	EXP PMT MED BILL REVIEW
		654-2			Totals	227.35	

LOCATION: 654-3

Claim Number / Loss Date / Payee Name	Cov/Clm	Rpt Dsc / Abbreviated Loss Description / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
186CN027282 08/21/09 OCCUPATIONAL HEALTH CENTERS	20/WC-SI	EE WAS PERFORMING A LIFT ASSIST WHEN IT	ROLDAN*AURA 652-20-1700	284-0-297-017	12/30/09	77.70	MED PMT OTHER MED PROV
186CN027282 08/21/09 UNIVERSAL SMART COMP	20/WC-SI	EE WAS PERFORMING A LIFT ASSIST WHEN IT	ROLDAN*AURA 652-20-1700	284-0-299-772	12/31/09	11.68	MED PMT MED SUPPLIES
186CN027282 08/21/09 UNIVERSAL SMART COMP	20/WC-SI	EE WAS PERFORMING A LIFT ASSIST WHEN IT	ROLDAN*AURA 652-20-1700	284-0-299-772	12/31/09	65.68	MED PMT PHYS THERAPY
186CN027282 08/21/09 US MEDGROUP PA CO	20/WC-SI	EE WAS PERFORMING A LIFT ASSIST WHEN IT	ROLDAN*AURA 652-20-1700	284-0-299-796	12/31/09	15.47	MED PMT PRESCRIPTION
186CN027282 08/21/09 US MEDGROUP PA CO	20/WC-SI	EE WAS PERFORMING A LIFT ASSIST WHEN IT	ROLDAN*AURA 652-20-1700	284-0-299-796	12/31/09	123.17	MED PMT OTHER MED PROV

PERIOD: 01/01/09-01/01/10
REPORTING LEVEL: WIND CREST
LOCATION: 654-3

Claim Number	Cov/Clm	Rpt Dsc	Claimant/Driver Name	Check Number	Issue Dt	Disbrst Amt	Payment Message
Loss Date	----- Abbreviated Loss Description -----			Social Security No.			
Payee Name				Payment For			
186CN027282	20/WC-SI		ROLDAN*AURA	SG-0-297-017	12/30/09	0.48	EXP PMT PPO
08/21/09	EE WAS PERFORMING A LIFT ASSIST WHEN IT			652-20-1700			
BROADSPIRE SERVICES							
186CN027282	20/WC-SI		ROLDAN*AURA	SG-0-297-017	12/30/09	3.90	EXP PMT MED BILL REVIEW
08/21/09	EE WAS PERFORMING A LIFT ASSIST WHEN IT			652-20-1700			
BROADSPIRE SERVICES							
186CN027282	20/WC-SI		ROLDAN*AURA	SG-0-299-772	12/31/09	2.38	EXP PMT PPO
08/21/09	EE WAS PERFORMING A LIFT ASSIST WHEN IT			652-20-1700			
BROADSPIRE SERVICES							
186CN027282	20/WC-SI		ROLDAN*AURA	SG-0-299-772	12/31/09	7.80	EXP PMT MED BILL REVIEW
08/21/09	EE WAS PERFORMING A LIFT ASSIST WHEN IT			652-20-1700			
BROADSPIRE SERVICES							
186CN027282	20/WC-SI		ROLDAN*AURA	SG-0-299-796	12/31/09	0.85	EXP PMT PPO
08/21/09	EE WAS PERFORMING A LIFT ASSIST WHEN IT			652-20-1700			
BROADSPIRE SERVICES							
186CN027282	20/WC-SI		ROLDAN*AURA	SG-0-299-796	12/31/09	5.20	EXP PMT MED BILL REVIEW
08/21/09	EE WAS PERFORMING A LIFT ASSIST WHEN IT			652-20-1700			
BROADSPIRE SERVICES							
717CN204378	20/WC-SI		BANUELOS*DION	284-0-299-769	12/31/09	817.43	MED PMT HOSPITAL
06/11/09	THE EE WAS DRIVING A POLARIS & IT TURNED			522-73-9090			
LITTLETON HOSPITAL							

PERIOD: 01/01/09-01/01/10

REPORTING LEVEL: WIND CREST

LOCATION: 654-3

Claim Number	Cov/Clm	Rpt Dsc	Claimant/Driver Name	Check Number	Issue Dt	Disbrst Amt	Payment Message
Loss Date	----- Abbreviated Loss Description -----			Social Security No.			
Payee Name				Payment For			
717CN204378	20/WC-SI		BANUELOS*DION	SG-0-299-769	12/31/09	5.00	EXP PMT PPO
06/11/09	THE EE WAS DRIVING A POLARIS & IT TURNED			522-73-9090			
BROADSPIRE SERVICES							
717CN204378	20/WC-SI		BANUELOS*DION	SG-0-299-769	12/31/09	157.30	EXP PMT MED BILL REVIEW
06/11/09	THE EE WAS DRIVING A POLARIS & IT TURNED			522-73-9090			
BROADSPIRE SERVICES							

654-3	Totals	1,294.04
WIND CREST	Totals	1,804.85
01/01/09-01/01/10	Totals	20,324.36
ERICKSON RETIREMENT COMMUNITIES(IN-ZUR)	Totals	32,808.01

* * * End Of Report * * *

BROADSPIRE®
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INVOICE 20172871

1001 Summit Boulevard
Atlanta, GA 30319

Date: February 8, 2010
Customer: 79935800

ATTN: TINA MARIE MILLER
ERICKSON RETIREMENT COMMUNITIES (IN-ZUR)
817 MAIDEN CHOICE LANE
SUITE 100
CATONSVILLE MD 21228

Please Remit to:
BROADSPIRE
12874 Collections Center Drive
Chicago, IL 60693

WIRE: BROADSPIRE
BANK OF AMERICA N.A.
FORT LAUDERDALE, FL 33301-2230
FED ROUTING #026009593
ACCOUNT #005486852453

TERMS:NET 7
Due Date February 15, 2010

Customer Name: ERICKSON RETIREMENT COMMUNITIES (IN-ZUR)

PAY LAST AMOUNT SHOWN

Description

Losses valued 01/30/10 - 02/05/10

	Policy Information	Effective Date	
WORKERS COMPENSATION		JAN-2006	$4,208.08
WORKERS COMPENSATION		JAN-2007	$903.61
WORKERS COMPENSATION		JAN-2008	$7,218.54
WORKERS COMPENSATION		JAN-2009	$30,564.92
WORKERS COMPENSATION		JAN-2010	$5,480.79

Total Due: **$48,375.94**
Due Date: **February 15, 2010**

If questions, please call: LYNETTE PRICE 404-300-0755

BROADSPIRE
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RUN DATE: 02/06/10 04:05
RCI1192A

BROADSPIRE - USA
ALL INCLUSIVE ICL COVER PAGE

ACCOUNT NO: 79935800 ACCOUNT NAME: ERICKSON RETIREMENT COMMUNITIES(IN-ZUR)
OPERATOR NO: SFXS01 OPERATOR NAME: FERNANDO SANCHEZ
PAYMENT PERIOD: 01/30/10 - 02/05/10
INVOICE FREQUENCY: WEEKLY
NOTIFICATION METHOD: REGULAR CLIENT (MAILED BILLS) # OF CHECK COPIES 0
RCPT PHONE NUMBER: (954) 693-1126 RCPT FAX NUMBER: ( ) -
FORMAT TYPE: ICL14
REPORTING STRUCTURE: 1 LOCATION STRUCTURE: 1

RECIPIENTS:

	# COPIES	ORIG RCPT	LBL IND
RACQUEL FREEMAN-BROWN	1	Y	Y

BROADSPIRE SERVCIES
FINANCE & ACCTG
1601 SW 80TH TERRACE
PLANTATION FL, 33318

BILLG COMMENTS:

BROADSPIRE
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BROADSPIRE USA - Claim Issued Check List (Billable) — ERICKSON RETIREMENT COMMUNITIES(IN-ZUR)
ERICKSON RETIREMENT COMMUNITIES(IN-ZUR) — PAYMENT PERIOD: 01/30/2010 THRU 02/05/2010

PERIOD: 01/01/06-01/01/07

REPORTING LEVEL: BROOKSBY VILLAGE

LOCATION: 625-3

Claim Number / Loss Date	Cov/Clm / Abbreviated Loss Description	Rpt Dsc Claimant/Driver Name / Payee Name	Check Number / Social Security No. / Payment For	Issue Dt	Disbrst Amt	Payment Message
231CN222502 06/26/06 COLLINS & COLLINS PC	10/WC-SI AFTER WASHING A BATHROOM FLOOR. SHE SLIP	SANTOS*PATRICIA	651-0-205-856 032-52-7428	02/02/10	3,668.00	EXP PMT OTHER
		625-3		Totals	3,668.00	
		BROOKSBY VILLAGE		Totals	3,668.00	

REPORTING LEVEL: RIDERWOOD VILLAGE

LOCATION: 606-4

Claim Number / Loss Date	Cov/Clm / Abbreviated Loss Description	Rpt Dsc Claimant/Driver Name / Payee Name	Check Number / Social Security No. / Payment For	Issue Dt	Disbrst Amt	Payment Message
256CN199242 12/22/06 ADVANCED PAIN MEDICINE INSTITUTE PC	20/WC-SI ASSISTING A RESIDENT IN HER APARTMENT,	DABA*GEDA	284-0-348-245 S 218-45-6681	02/02/10	65.43	MED PMT OTHER MED PROV
256CN199242 12/22/06 GEDA DABA	10/WC-SI ASSISTING A RESIDENT IN HER APARTMENT,	DABA*GEDA	651-0-205-021 S 218-45-6681	02/01/10	446.00	LOSS PMT TEMP TOT DISAB
256CN199242 12/22/06 BROADSPIRE SERVICES	20/WC-SI ASSISTING A RESIDENT IN HER APARTMENT,	DABA*GEDA	SG-0-348-245 S 218-45-6681	02/02/10	1.82	EXP PMT PPO
256CN199242 12/22/06 BROADSPIRE SERVICES	20/WC-SI ASSISTING A RESIDENT IN HER APARTMENT,	DABA*GEDA	SG-0-348-245 S 218-45-6681	02/02/10	26.83	EXP PMT MED BILL REVIEW

BROADSPIRE
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BROADSPIRE USA - Claim Issued Check List (Billable)
ERICKSON RETIREMENT COMMUNITIES(IN-ZUR)

ERICKSON RETIREMENT COMMUNITIES(IN-ZUR)
PAYMENT PERIOD: 01/30/2010 THRU 02/05/2010

PERIOD: 01/01/06-01/01/07
REPORTING LEVEL: RIDERWOOD VILLAGE
LOCATION: 606-4

Claim Number Cov/Clm Rpt Dsc Claimant/Driver Name / Loss Date ----- Abbreviated Loss Description ----- / Payee Name	Check Number / Social Security No. / Payment For	Issue Dt	Disbrst Amt	Payment Message
606-4		Totals	540.08	
RIDERWOOD VILLAGE		Totals	540.08	
01/01/06-01/01/07		Totals	4,208.08	

BROADSPIRE
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BROADSPIRE USA - Claim Issued Check List (Billable) — ERICKSON RETIREMENT COMMUNITIES(IN-ZUR)
ERICKSON RETIREMENT COMMUNITIES(IN-ZUR) — PAYMENT PERIOD: 01/30/2010 THRU 02/05/2010

PERIOD: 01/01/07-01/01/08

REPORTING LEVEL: CHARLESTOWN

LOCATION: 601-4

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description ----- / Payment For	Claimant/Driver Name	Check Number / Social Security No.	Issue Dt	Disbrst Amt	Payment Message
256CN202318 06/08/07 ELECTROSTIM MED SERVICES INC	20/WC-SI EMPLOYEE WAS ASSISTING TO LIFT RESIDENT,	WECKESSER*AILEEN	284-0-344-409 220-94-7381	02/01/10	201.45	MED PMT MED SUPPLIES
256CN202318 06/08/07 BROADSPIRE SERVICES	20/WC-SI EMPLOYEE WAS ASSISTING TO LIFT RESIDENT,	WECKESSER*AILEEN	SG-0-344-409 220-94-7381	02/01/10	17.16	EXP PMT MED BILL REVIEW
	601-4			Totals	218.61	
	CHARLESTOWN			Totals	218.61	

REPORTING LEVEL: OAK CREST VILLAGE

LOCATION: 603-2

256CN204426 10/25/07 LYDIA SMITH	10/WC-SI EE taking temp. of resident, resident gr	SMITH*LYDIA	651-0-205-019 218-96-2221	02/01/10	685.00	LOSS PMT TEMP TOT DISAB
	603-2			Totals	685.00	
	OAK CREST VILLAGE			Totals	685.00	
	01/01/07-01/01/08			Totals	903.61	

BROADSPIRE
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BROADSPIRE USA - Claim Issued Check List (Billable) — ERICKSON RETIREMENT COMMUNITIES(IN-ZUR)
ERICKSON RETIREMENT COMMUNITIES(IN-ZUR) — PAYMENT PERIOD: 01/30/2010 THRU 02/05/2010

PERIOD: 01/01/08-01/01/09

REPORTING LEVEL: BROOKSBY VILLAGE

LOCATION: 625-3

Claim Number / Loss Date	Cov/Clm Rpt Dsc / Abbreviated Loss Description	Claimant/Driver Name / Payee Name / Payment For	Check Number / Social Security No.	Issue Dt	Disbrst Amt	Payment Message
231CN245455 08/21/08	10/WC-SI EE FELT PAIN IN LOWER BACK AFTER LIFTING	LASTIH*DEBRA DEBRA LASTIH	651-0-210-297 011-46-4343	02/05/10	300.15	LOSS PMT TEMP TOT DISAB
		625-3		Totals	300.15	
		BROOKSBY VILLAGE		Totals	300.15	

REPORTING LEVEL: CEDAR CREST VILLAGE

LOCATION: 607-1

Claim Number / Loss Date	Cov/Clm Rpt Dsc / Abbreviated Loss Description	Claimant/Driver Name / Payee Name / Payment For	Check Number / Social Security No.	Issue Dt	Disbrst Amt	Payment Message
231CN245234 08/11/08	20/WC-SI 8/11/08 AT THE TERRACE IN RENAISSANCE GA	SENTER*ELISSA*K ARTHROSCOPIC SURGERY AND SPORTS	284-0-343-146 061-42-0957	02/01/10	276.00	MED PMT OTHER MED PROV
231CN245234 08/11/08	20/WC-SI 8/11/08 AT THE TERRACE IN RENAISSANCE GA	SENTER*ELISSA*K BROADSPIRE SERVICES	SG-0-343-146 061-42-0957	02/01/10	23.76	EXP PMT PPO
231CN245234 08/11/08	20/WC-SI 8/11/08 AT THE TERRACE IN RENAISSANCE GA	SENTER*ELISSA*K BROADSPIRE SERVICES	SG-0-343-146 061-42-0957	02/01/10	2.49	EXP PMT MED BILL REVIEW
231CN245234 08/11/08	20/WC-SI 8/11/08 AT THE TERRACE IN RENAISSANCE GA	SENTER*ELISSA*K	ZH-0-904-347 061-42-0957	06/23/09	6.18	EXP PMT PPO

BROADSPIRE
a Crawford Company

BROADSPIRE USA - Claim Issued Check List (Billable) — ERICKSON RETIREMENT COMMUNITIES(IN-ZUR)
ERICKSON RETIREMENT COMMUNITIES(IN-ZUR) — PAYMENT PERIOD: 01/30/2010 THRU 02/05/2010

PERIOD: 01/01/08-01/01/09
REPORTING LEVEL: CEDAR CREST VILLAGE
LOCATION: 607-1

Claim Number / Loss Date	Cov/Clm Rpt Dsc / Abbreviated Loss Description	Claimant/Driver Name / Payee Name	Check Number / Social Security No.	Issue Dt / Payment For	Disbrst Amt	Payment Message
231CN245234 08/11/08	20/WC-SI 8/11/08 AT THE TERRACE IN RENAISSANCE	SENTER*ELISSA*K	ZH-0-904-347 GA 061-42-0957	06/23/09	89.07	EXP PMT MED BILL REVIEW
231CN245234 08/11/08	20/WC-SI 8/11/08 AT THE TERRACE IN RENAISSANCE	SENTER*ELISSA*K	ZH-0-904-347 GA 061-42-0957	06/23/09	89.07-	RVRS CC PMT
231CN245234 08/11/08	20/WC-SI 8/11/08 AT THE TERRACE IN RENAISSANCE	SENTER*ELISSA*K	ZH-0-904-347 GA 061-42-0957	06/23/09	6.18-	RVRS CC PMT
231CN245234 08/11/08	20/WC-SI 8/11/08 AT THE TERRACE IN RENAISSANCE	SENTER*ELISSA*K	ZH-0-904-347 GA 061-42-0957	06/23/09	6.18-	CNCL CC PMT
231CN245234 08/11/08	20/WC-SI 8/11/08 AT THE TERRACE IN RENAISSANCE	SENTER*ELISSA*K	ZH-0-904-347 GA 061-42-0957	06/23/09	89.07-	CNCL CC PMT
	607-1			Totals	207.00	

LOCATION: 607-4

Claim Number / Loss Date	Cov/Clm Rpt Dsc / Abbreviated Loss Description	Claimant/Driver Name / Payee Name	Check Number / Social Security No.	Issue Dt / Payment For	Disbrst Amt	Payment Message
231CN246617 09/30/08	10/WC-SI CLAIMANT WAS ASSISTING A PATIENT AND WEN	CHARLES*ADLENE	651-0-205-480 589-37-1266	02/01/10	10.44	EXP PMT OTHER
SOUTH MOUNTAIN ORTHO ASSOC						

PERIOD: 01/01/08-01/01/09

REPORTING LEVEL: CEDAR CREST VILLAGE

LOCATION: 607-4

Claim Number / Loss Date	Cov/Clm	Rpt Dsc	Claimant/Driver Name / Payee Name / Payment For	Check Number / Social Security	Issue Dt / No.	Disbrst Amt	Payment Message
231CN246617 09/30/08	10/WC-SI		CHARLES*ADLENE CLAIMANT WAS ASSISTING A PATIENT AND WEN VT MEDICAL INC	651-0-209-325 589-37-1266	02/04/10	1,395.00	EXP PMT OTHER
			607-4		Totals	1,405.44	
			CEDAR CREST VILLAGE		Totals	1,612.44	

REPORTING LEVEL: CHARLESTOWN

LOCATION: 601-4

Claim Number / Loss Date	Cov/Clm	Rpt Dsc	Claimant/Driver Name / Payee Name / Payment For	Check Number / Social Security	Issue Dt / No.	Disbrst Amt	Payment Message
256CN207530 08/10/08	10/WC-SI		HUGHES*REGINA EE NOTICED PAIN IN LEFT SHOULDER AFTER A REGINA HUGHES	651-0-205-013 215-82-0823	02/01/10	293.00	LOSS PMT PPD NON SCHEDULED
			601-4		Totals	293.00	

LOCATION: 601-5

Claim Number / Loss Date	Cov/Clm	Rpt Dsc	Claimant/Driver Name / Payee Name / Payment For	Check Number / Social Security	Issue Dt / No.	Disbrst Amt	Payment Message
256CN207534 08/26/08	20/WC-SI		WILMER*GLORIA EE STS WAS WORKING WITH RESIDENT, GOT CA GREATER CHESAPEAKE HAND SPECIALIST	284-0-351-764 223-04-0074	02/03/10	32.11	MED PMT OTHER MED PROV
256CN207534 08/26/08	10/WC-SI		WILMER*GLORIA EE STS WAS WORKING WITH RESIDENT, GOT CA GLORIA WILMER	651-0-205-030 223-04-0074	02/01/10	789.00	LOSS PMT TEMP TOT DISAB

PERIOD: 01/01/08-01/01/09
REPORTING LEVEL: CHARLESTOWN
LOCATION: 601-5

Claim Number / Loss Date	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description -----	Claimant/Driver Name / Social Security No. / Payee Name / Payment For	Check Number	Issue Dt	Disbrst Amt	Payment Message
256CN207534 08/26/08	20/WC-SI EE STS WAS WORKING WITH RESIDENT, GOT CA	WILMER*GLORIA 223-04-0074 BROADSPIRE SERVICES	SG-0-351-764	02/03/10	5.97	EXP PMT MED BILL REVIEW
		601-5		Totals	827.08	
		CHARLESTOWN		Totals	1,120.08	

REPORTING LEVEL: FOX RUN
LOCATION: 629-2

Claim Number / Loss Date	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description -----	Claimant/Driver Name / Social Security No. / Payee Name / Payment For	Check Number	Issue Dt	Disbrst Amt	Payment Message
534CN370895 12/08/08	20/WC-SI THERMAL BURNS OF BOTH HANDS FROM HOT STO	ADKINS*SHAUN 362-92-7901 OCCUPATIONAL HEALTH CENTERS	284-0-356-183	02/05/10	3.24	MED PMT MED SUPPLIES
534CN370895 12/08/08	20/WC-SI THERMAL BURNS OF BOTH HANDS FROM HOT STO	ADKINS*SHAUN 362-92-7901 OCCUPATIONAL HEALTH CENTERS	284-0-356-183	02/05/10	10.74	MED PMT PRESCRIPTION
534CN370895 12/08/08	20/WC-SI THERMAL BURNS OF BOTH HANDS FROM HOT STO	ADKINS*SHAUN 362-92-7901 OCCUPATIONAL HEALTH CENTERS	284-0-356-183	02/05/10	261.82	MED PMT OTHER MED PROV
534CN370895 12/08/08	20/WC-SI THERMAL BURNS OF BOTH HANDS FROM HOT STO	ADKINS*SHAUN 362-92-7901 BROADSPIRE SERVICES	SG-0-356-183	02/05/10	3.63	EXP PMT PPO

PERIOD: 01/01/08-01/01/09

REPORTING LEVEL: FOX RUN

LOCATION: 629-2

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description ----- / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
534CN370895 12/08/08 BROADSPIRE SERVICES	20/WC-SI THERMAL BURNS OF BOTH HANDS FROM HOT STO	ADKINS*SHAUN 362-92-7901	SG-0-356-183	02/05/10	13.49	EXP PMT MED BILL REVIEW
	629-2			Totals	292.92	
	FOX RUN			Totals	292.92	

REPORTING LEVEL: OAK CREST VILLAGE

LOCATION: 603-3

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description ----- / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
256CN204894 01/14/08 ELECTROSTIM MED S	20/WC-SI EMPLOYEE WAS PUSHED BY A RESIDENT, RIGHT	WACHTER*PATRICIA 213-68-1736	284-0-344-413	02/01/10	201.45	MED PMT MED SUPPLIES
256CN204894 01/14/08 ELECTROSTIM MED SERVICES INC	20/WC-SI EMPLOYEE WAS PUSHED BY A RESIDENT, RIGHT	WACHTER*PATRICIA 213-68-1736	284-0-353-733	02/04/10	26.02	MED PMT MED SUPPLIES
256CN204894 01/14/08 BROADSPIRE SERVICES	20/WC-SI EMPLOYEE WAS PUSHED BY A RESIDENT, RIGHT	WACHTER*PATRICIA 213-68-1736	SG-0-344-413	02/01/10	17.16	EXP PMT MED BILL REVIEW
256CN204894 01/14/08 BROADSPIRE SERVICES	20/WC-SI EMPLOYEE WAS PUSHED BY A RESIDENT, RIGHT	WACHTER*PATRICIA 213-68-1736	SG-0-353-733	02/04/10	1.63	EXP PMT MED BILL REVIEW
	603-3			Totals	246.26	

PERIOD: 01/01/08-01/01/09
REPORTING LEVEL: OAK CREST VILLAGE
LOCATION: 603-4

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description ----- / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
256CN206192 05/21/08 INJURY CARE SERVICES INC	20/WC-SI EE STATES THAT SHE WAS WALKING TO THE SI	SORRELL*BESSIE*J 229-54-2518	284-0-348-250	02/02/10	109.41	MED PMT OTHER MED PROV
256CN206192 05/21/08 BESSIE SORRELL	20/WC-SI EE STATES THAT SHE WAS WALKING TO THE SI	SORRELL*BESSIE*J 229-54-2518	651-0-206-588	02/02/10	17.98	MED PMT MED TRANS
256CN206192 05/21/08 BESSIE SORRELL	10/WC-SI EE STATES THAT SHE WAS WALKING TO THE SI	SORRELL*BESSIE*J 229-54-2518	651-0-209-591	02/04/10	242.00	LOSS PMT TEMP TOT DISAB
256CN206192 05/21/08 BROADSPIRE SERVICES	20/WC-SI EE STATES THAT SHE WAS WALKING TO THE SI	SORRELL*BESSIE*J 229-54-2518	SG-0-348-250	02/02/10	2.65	EXP PMT MED BILL REVIEW
	603-4			Totals	372.04	
	OAK CREST VILLAGE			Totals	618.30	

REPORTING LEVEL: RIDERWOOD VILLAGE
LOCATION: 606-3

256CN207542 08/26/08 CAPITAL INTERNAL MEDICINE	20/WC-SI EE WAS REMOVING FROM OG 1 BUTTERLY WING	MAPLES*BRENDA 219-90-6427	284-0-353-742	02/04/10	491.93	MED PMT OTHER MED PROV

PERIOD: 01/01/08-01/01/09
REPORTING LEVEL: RIDERWOOD VILLAGE
LOCATION: 606-3

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description ----- / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
256CN207542 08/26/08 BRENDA MAPLES	10/WC-SI EE WAS REMOVING FROM OG 1 BUTTERLY WING	MAPLES*BRENDA 219-90-6427	651-0-209-590	02/04/10	499.00	LOSS PMT TEMP TOT DISAB
256CN207542 08/26/08 BROADSPIRE SERVICES	20/WC-SI EE WAS REMOVING FROM OG 1 BUTTERLY WING	MAPLES*BRENDA 219-90-6427	SG-0-353-742	02/04/10	34.06	EXP PMT PPO
256CN207542 08/26/08 BROADSPIRE SERVICES	20/WC-SI EE WAS REMOVING FROM OG 1 BUTTERLY WING	MAPLES*BRENDA 219-90-6427	SG-0-353-742	02/04/10	120.96	EXP PMT MED BILL REVIEW
256CN207935 09/30/08 ACCESSIBLE PHYSICAL THERAPY SERVICE	20/WC-SI MARTHA WAS GETTING UP TO GREET HER MANAG	PEREZ*MARTHA 218-80-6196	284-0-344-420	02/01/10	615.00	MED PMT PHYS THERAPY
256CN207935 09/30/08 ACCESSIBLE PHYSICAL THERAPY SERVICE	20/WC-SI MARTHA WAS GETTING UP TO GREET HER MANAG	PEREZ*MARTHA 218-80-6196	284-0-348-195	02/02/10	535.60	MED PMT PHYS THERAPY
256CN207935 09/30/08 MARTHA PEREZ	10/WC-SI MARTHA WAS GETTING UP TO GREET HER MANAG	PEREZ*MARTHA 218-80-6196	651-0-205-024	02/01/10	333.00	LOSS PMT TEMP TOT DISAB
256CN207935 09/30/08 BROADSPIRE SERVICES	20/WC-SI MARTHA WAS GETTING UP TO GREET HER MANAG	PEREZ*MARTHA 218-80-6196	SG-0-344-420	02/01/10	161.25	EXP PMT MED BILL REVIEW

BROADSPIRE
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BROADSPIRE USA - Claim Issued Check List (Billable)
ERICKSON RETIREMENT COMMUNITIES(IN-ZUR)

ERICKSON RETIREMENT COMMUNITIES(IN-ZUR)
PAYMENT PERIOD: 01/30/2010 THRU 02/05/2010

PERIOD: 01/01/08-01/01/09
REPORTING LEVEL: RIDERWOOD VILLAGE
LOCATION: 606-3

Claim Number / Loss Date	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description -----	Claimant/Driver Name / Payee Name / Payment For	Check Number / Social Security No.	Issue Dt	Disbrst Amt	Payment Message
256CN207935 09/30/08	20/WC-SI MARTHA WAS GETTING UP TO GREET HER MANAG	PEREZ*MARTHA BROADSPIRE SERVICES	SG-0-348-195 218-80-6196	02/02/10	139.85	EXP PMT MED BILL REVIEW
		606-3		Totals	2,930.65	
		RIDERWOOD VILLAGE		Totals	2,930.65	

REPORTING LEVEL: SEABROOK VILLAGE
LOCATION: 604-1

Claim Number / Loss Date	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description -----	Claimant/Driver Name / Payee Name / Payment For	Check Number / Social Security No.	Issue Dt	Disbrst Amt	Payment Message
231CN248574 12/11/08	20/WC-SI 12/11/08 at 9:15 am, Claimant was assist	SPEIDEL*GEORGE BROADSPIRE SERVICES INC	284-0-343-161 158-52-2083	02/01/10	344.00	MED PMT MED REHAB VENDORS
		604-1		Totals	344.00	
		SEABROOK VILLAGE		Totals	344.00	
		01/01/08-01/01/09		Totals	7,218.54	

PERIOD: 01/01/09-01/01/10

REPORTING LEVEL: ANNE'S CHOICE

LOCATION: 619-1

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description ----- / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
186CN036807 10/06/09 PHILA OCCHEALTH DBA WORKNET OCC MED	20/WC-SI EE WAS PERFORMING SINGLE PERSON PIVOT TR	CROSS*PAMELA 181-64-3361	284-0-352-974	02/04/10	164.17	MED PMT PRESCRIPTION
186CN036807 10/06/09 PHILA OCCHEALTH DBA WORKNET OCC MED	20/WC-SI EE WAS PERFORMING SINGLE PERSON PIVOT TR	CROSS*PAMELA 181-64-3361	284-0-352-974	02/04/10	94.88	MED PMT OTHER MED PROV
186CN036807 10/06/09 BROADSPIRE SERVICES	20/WC-SI EE WAS PERFORMING SINGLE PERSON PIVOT TR	CROSS*PAMELA 181-64-3361	SG-0-352-974	02/04/10	3.90	EXP PMT MED BILL REVIEW
186CN036807 10/06/09 BROADSPIRE SERVICES	20/WC-SI EE WAS PERFORMING SINGLE PERSON PIVOT TR	CROSS*PAMELA 181-64-3361	SG-0-352-974	02/04/10	2.40	EXP PMT PPO
	619-1			Totals	265.35	

LOCATION: 619-2

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description ----- / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
186CN044439 11/12/09 ABINGTON EMERGENCY PHYSICIANS	20/WC-SI EE WAS PLACING TRAY OF HOT SOUP ON UTILI	SCHUETT*ALYSSA 171-72-5419	284-0-356-055	02/05/10	151.61	MED PMT OTHER MED PROV
186CN044439 11/12/09 BROADSPIRE SERVICES	20/WC-SI EE WAS PLACING TRAY OF HOT SOUP ON UTILI	SCHUETT*ALYSSA 171-72-5419	SG-0-356-055	02/05/10	3.90	EXP PMT MED BILL REVIEW
	619-2			Totals	155.51	

BROADSPIRE
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BROADSPIRE USA - Claim Issued Check List (Billable) — ERICKSON RETIREMENT COMMUNITIES(IN-ZUR)
ERICKSON RETIREMENT COMMUNITIES(IN-ZUR) — PAYMENT PERIOD: 01/30/2010 THRU 02/05/2010

PERIOD: 01/01/09-01/01/10
REPORTING LEVEL: ANNE'S CHOICE
LOCATION: 619-4

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / Abbreviated Loss Description / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
186CN035988 10/05/09 UNIVERSAL SMART COMP	20/WC-SI EE WAS PASSING MEDICATIONS, SLIPPED ON W	KLEIMAN*JOAN 087-43-6751	284-0-353-007	02/04/10	156.39	MED PMT PHYS THERAPY
186CN035988 10/05/09 MAKEFIELD ORTHOPAEDICS	20/WC-SI EE WAS PASSING MEDICATIONS, SLIPPED ON W	KLEIMAN*JOAN 087-43-6751	284-0-353-017	02/04/10	44.68	MED PMT OTHER MED PROV
186CN035988 10/05/09 MAKEFIELD ORTHOPAEDICS	20/WC-SI EE WAS PASSING MEDICATIONS, SLIPPED ON W	KLEIMAN*JOAN 087-43-6751	284-0-353-018	02/04/10	49.75	MED PMT OTHER MED PROV
186CN035988 10/05/09 PHILA OCCHEALTH DBA WORKNET OCC MED	20/WC-SI EE WAS PASSING MEDICATIONS, SLIPPED ON W	KLEIMAN*JOAN 087-43-6751	284-0-356-095	02/05/10	133.67	MED PMT PHYS THERAPY
186CN035988 10/05/09 PHILA OCCHEALTH DBA WORKNET OCC MED	20/WC-SI EE WAS PASSING MEDICATIONS, SLIPPED ON W	KLEIMAN*JOAN 087-43-6751	284-0-356-103	02/05/10	163.87	MED PMT PHYS THERAPY
186CN035988 10/05/09 JOAN KLEIMAN	10/WC-SI EE WAS PASSING MEDICATIONS, SLIPPED ON W	KLEIMAN*JOAN 087-43-6751	651-0-207-742	02/03/10	465.81	LOSS PMT TEMP TOT DISAB
186CN035988 10/05/09 BROADSPIRE SERVICES	20/WC-SI EE WAS PASSING MEDICATIONS, SLIPPED ON W	KLEIMAN*JOAN 087-43-6751	SG-0-353-007	02/04/10	7.80	EXP PMT MED BILL REVIEW

PERIOD: 01/01/09-01/01/10
REPORTING LEVEL: ANNE'S CHOICE
LOCATION: 619-4

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description ----- / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
186CN035988 10/05/09 BROADSPIRE SERVICES	20/WC-SI EE WAS PASSING MEDICATIONS, SLIPPED ON W	KLEIMAN*JOAN 087-43-6751	SG-0-353-007	02/04/10	3.28	EXP PMT PPO
186CN035988 10/05/09 BROADSPIRE SERVICES	20/WC-SI EE WAS PASSING MEDICATIONS, SLIPPED ON W	KLEIMAN*JOAN 087-43-6751	SG-0-353-017	02/04/10	3.90	EXP PMT MED BILL REVIEW
186CN035988 10/05/09 BROADSPIRE SERVICES	20/WC-SI EE WAS PASSING MEDICATIONS, SLIPPED ON W	KLEIMAN*JOAN 087-43-6751	SG-0-353-018	02/04/10	3.90	EXP PMT MED BILL REVIEW
186CN035988 10/05/09 BROADSPIRE SERVICES	20/WC-SI EE WAS PASSING MEDICATIONS, SLIPPED ON W	KLEIMAN*JOAN 087-43-6751	SG-0-356-095	02/05/10	5.20	EXP PMT MED BILL REVIEW
186CN035988 10/05/09 BROADSPIRE SERVICES	20/WC-SI EE WAS PASSING MEDICATIONS, SLIPPED ON W	KLEIMAN*JOAN 087-43-6751	SG-0-356-095	02/05/10	1.24	EXP PMT PPO
186CN035988 10/05/09 BROADSPIRE SERVICES	20/WC-SI EE WAS PASSING MEDICATIONS, SLIPPED ON W	KLEIMAN*JOAN 087-43-6751	SG-0-356-103	02/05/10	6.50	EXP PMT MED BILL REVIEW
186CN035988 10/05/09 BROADSPIRE SERVICES	20/WC-SI EE WAS PASSING MEDICATIONS, SLIPPED ON W	KLEIMAN*JOAN 087-43-6751	SG-0-356-103	02/05/10	1.52	EXP PMT PPO

BROADSPIRE
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BROADSPIRE USA - Claim Issued Check List (Billable)
ERICKSON RETIREMENT COMMUNITIES(IN-ZUR)

ERICKSON RETIREMENT COMMUNITIES(IN-ZUR)
PAYMENT PERIOD: 01/30/2010 THRU 02/05/2010

PERIOD: 01/01/09-01/01/10
REPORTING LEVEL: ANNE'S CHOICE
LOCATION: 619-4

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description ----- / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
186CN044876 11/16/09 ABINGTON MEMORIAL HOSPITAL	20/WC-SI EE COMPLAINED OF SEVERE NUMBNESS & TINGL	BULLARD*GARY 185-48-4114	284-0-355-988	02/05/10	22.47	MED PMT HOSPITAL
186CN044876 11/16/09 ABINGTON MEMORIAL HOSPITAL	20/WC-SI EE COMPLAINED OF SEVERE NUMBNESS & TINGL	BULLARD*GARY 185-48-4114	284-0-355-991	02/05/10	42.82	MED PMT HOSPITAL
186CN044876 11/16/09 BROADSPIRE SERVICES	20/WC-SI EE COMPLAINED OF SEVERE NUMBNESS & TINGL	BULLARD*GARY 185-48-4114	JF-0-180-318	02/01/10	6.50	MED PMT PRESCRIPTION
186CN044876 11/16/09 BROADSPIRE SERVICES	20/WC-SI EE COMPLAINED OF SEVERE NUMBNESS & TINGL	BULLARD*GARY 185-48-4114	SG-0-355-988	02/05/10	5.20	EXP PMT MED BILL REVIEW
186CN044876 11/16/09 BROADSPIRE SERVICES	20/WC-SI EE COMPLAINED OF SEVERE NUMBNESS & TINGL	BULLARD*GARY 185-48-4114	SG-0-355-991	02/05/10	3.90	EXP PMT MED BILL REVIEW
	619-4			Totals	1,128.40	
	ANNE'S CHOICE			Totals	1,549.26	

BROADSPIRE
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BROADSPIRE USA - Claim Issued Check List (Billable) — ERICKSON RETIREMENT COMMUNITIES(IN-ZUR)
ERICKSON RETIREMENT COMMUNITIES(IN-ZUR) — PAYMENT PERIOD: 01/30/2010 THRU 02/05/2010

PERIOD: 01/01/09-01/01/10
REPORTING LEVEL: BROOKSBY VILLAGE
LOCATION: 625-1

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / Abbreviated Loss Description / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
186CN024848 08/13/09 SPORTS MEDICINE NORTH	20/WC-SI THE EE SLIPPED & FELL ON HER L WRIST.	ARMSTEAD*FRANCINE IN 034-36-4035	284-0-347-508	02/02/10	723.00	MED PMT OTHER MED PROV
186CN024848 08/13/09 BROADSPIRE SERVICES	20/WC-SI THE EE SLIPPED & FELL ON HER L WRIST.	ARMSTEAD*FRANCINE IN 034-36-4035	SG-0-347-508	02/02/10	1,128.21	EXP PMT MED BILL REVIEW
625-1				Totals	1,851.21	

LOCATION: 625-2

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / Abbreviated Loss Description / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
186CN026804 08/22/09 NORTH SHORE MEDICAL CENTER	20/WC-SI EE WAS BENDING OVER AND STRUCK HER HEAD	CRONIN*AMANDA 025-74-7265	284-0-344-230	02/01/10	784.81	MED PMT HOSPITAL
186CN026804 08/22/09 BROADSPIRE SERVICES	20/WC-SI EE WAS BENDING OVER AND STRUCK HER HEAD	CRONIN*AMANDA 025-74-7265	SG-0-344-230	02/01/10	7.80	EXP PMT MED BILL REVIEW
186CN054873 12/29/09 QUADRANT HEALTH STRATEGIES INC	20/WC-SI EE SLIPPED AND FELL ON ICE AND SNOW IN P	VARGAS*CARLOS 029-84-4866	284-0-355-678	02/05/10	194.44	MED PMT OTHER MED PROV
186CN054873 12/29/09 BROADSPIRE SERVICES	20/WC-SI EE SLIPPED AND FELL ON ICE AND SNOW IN P	VARGAS*CARLOS 029-84-4866	SG-0-355-678	02/05/10	3.90	EXP PMT MED BILL REVIEW
625-2				Totals	990.95	

PERIOD: 01/01/09-01/01/10
REPORTING LEVEL: BROOKSBY VILLAGE
LOCATION: 625-3

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description -----	Claimant/Driver Name / Payment For	Check Number / Social Security No.	Issue Dt	Disbrst Amt	Payment Message
186CN049113 12/09/09 NORTH SHORE MEDICAL CENTER	20/WC-SI EE WAS COLLECTING TRASH FROM RESIDENTS A	BURGOS*PABLO 598-14-1433	284-0-353-278	02/04/10	522.27	MED PMT HOSPITAL
186CN049113 12/09/09 BROADSPIRE SERVICES	20/WC-SI EE WAS COLLECTING TRASH FROM RESIDENTS A	BURGOS*PABLO 598-14-1433	SG-0-353-278	02/04/10	46.80	EXP PMT MED BILL REVIEW
231CN250593 02/11/09 CAROL STONE	10/WC-SI EE WAS EXITING BUS AND SLIPPED DOWN BUS	STONE*CAROL 012-46-6541	651-0-204-629	02/01/10	345.00	LOSS PMT TEMP TOT DISAB
	625-3			Totals	914.07	

LOCATION: 625-4

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description -----	Claimant/Driver Name / Payment For	Check Number / Social Security No.	Issue Dt	Disbrst Amt	Payment Message
186CN027680 08/26/09 WAYNE W REETZ, DC	20/WC-SI EE WAS LOOKING IN AN EXAMINE RM CABINET	MORRISON*ROBERTA 029-50-8515	284-0-351-855	02/03/10	45.00	MED PMT CHIROPRACTIC
186CN027680 08/26/09 QUADRANT HEALTH STRATEGIES INC	20/WC-SI EE WAS LOOKING IN AN EXAMINE RM CABINET	MORRISON*ROBERTA 029-50-8515	284-0-355-679	02/05/10	194.44	MED PMT OTHER MED PROV
186CN027680 08/26/09 Broadspire Services Inc	20/WC-SI EE WAS LOOKING IN AN EXAMINE RM CABINET	MORRISON*ROBERTA 029-50-8515	SG-0-154-173	10/15/09	18.20-	CNCL CC PMT

BROADSPIRE
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BROADSPIRE USA - Claim Issued Check List (Billable) — ERICKSON RETIREMENT COMMUNITIES(IN-ZUR)
ERICKSON RETIREMENT COMMUNITIES(IN-ZUR) — PAYMENT PERIOD: 01/30/2010 THRU 02/05/2010

PERIOD: 01/01/09-01/01/10
REPORTING LEVEL: BROOKSBY VILLAGE
LOCATION: 625-4

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description ----- / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
186CN027680 08/26/09 Broadspire Services Inc	20/WC-SI EE WAS LOOKING IN AN EXAMINE RM CABINET	MORRISON*ROBERTA 029-50-8515	SG-0-215-012	11/16/09	16.90-	CNCL CC PMT
186CN027680 08/26/09 BROADSPIRE SERVICES	20/WC-SI EE WAS LOOKING IN AN EXAMINE RM CABINET	MORRISON*ROBERTA 029-50-8515	SG-0-351-854	02/03/10	22.10	EXP PMT MED BILL REVIEW
186CN027680 08/26/09 BROADSPIRE SERVICES	20/WC-SI EE WAS LOOKING IN AN EXAMINE RM CABINET	MORRISON*ROBERTA 029-50-8515	SG-0-351-855	02/03/10	20.80	EXP PMT MED BILL REVIEW
186CN027680 08/26/09 BROADSPIRE SERVICES	20/WC-SI EE WAS LOOKING IN AN EXAMINE RM CABINET	MORRISON*ROBERTA 029-50-8515	SG-0-355-679	02/05/10	3.90	EXP PMT MED BILL REVIEW
186CN051858 12/24/09 LAHEY CLINIC	20/WC-SI EE WAS ASSISTING A RESIDENT TO BATHROOM,	GRAVEL*MICHEL 026-68-1873	284-0-355-641	02/05/10	407.75	MED PMT HOSPITAL
186CN051858 12/24/09 BROADSPIRE SERVICES	20/WC-SI EE WAS ASSISTING A RESIDENT TO BATHROOM,	GRAVEL*MICHEL 026-68-1873	SG-0-355-641	02/05/10	3.90	EXP PMT MED BILL REVIEW
	625-4			Totals	662.79	
	BROOKSBY VILLAGE			Totals	4,419.02	

PERIOD: 01/01/09-01/01/10
REPORTING LEVEL: CEDAR CREST VILLAGE
LOCATION: 607-1

Claim Number / Loss Date / Payee Name	Cov/Clm	Rpt Dsc / ----- Abbreviated Loss Description ----- / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
186CN046113 11/10/09 ONE CALL MEDICAL INC	20/WC-SI	TYLER*RICHARD EE WAS AVOIDING A RESIDENT WITH JAZZY HI	262-62-5413	284-0-353-421	02/04/10	485.00	MED PMT OTHER
186CN046113 11/10/09 BROADSPIRE SERVICES	20/WC-SI	TYLER*RICHARD EE WAS AVOIDING A RESIDENT WITH JAZZY HI	262-62-5413	SG-0-353-421	02/04/10	3.90	EXP PMT MED BILL REVIEW
186CN046113 11/10/09 BROADSPIRE SERVICES	20/WC-SI	TYLER*RICHARD EE WAS AVOIDING A RESIDENT WITH JAZZY HI	262-62-5413	SG-0-353-421	02/04/10	383.01	EXP PMT PPO
186CN046762 11/25/09 ADVANCED ORTHOPAEDIC ASSOCIATES	20/WC-SI	HERRERA*ANGELICA*M 11/25/09, CLAIMANT WAS WALKING TO THE EM	155-17-4026	284-0-347-800	02/02/10	180.00	MED PMT OTHER MED PROV
186CN046762 11/25/09 BROADSPIRE SERVICES	20/WC-SI	HERRERA*ANGELICA*M 11/25/09, CLAIMANT WAS WALKING TO THE EM	155-17-4026	SG-0-347-800	02/02/10	140.99	EXP PMT PPO
186CN046762 11/25/09 BROADSPIRE SERVICES	20/WC-SI	HERRERA*ANGELICA*M 11/25/09, CLAIMANT WAS WALKING TO THE EM	155-17-4026	SG-0-347-800	02/02/10	3.90	EXP PMT MED BILL REVIEW
186CN050133 12/13/09 CHILTON OCCUPATIONAL HEALTH CENTER	20/WC-SI	HORWATH*DONOVAN FELL ON ICE IN PARKING LOT	110-80-8237	284-0-350-840	02/03/10	113.57	MED PMT OTHER MED PROV

PERIOD: 01/01/09-01/01/10
REPORTING LEVEL: CEDAR CREST VILLAGE
LOCATION: 607-1

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / Abbreviated Loss Description / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
186CN050133 12/13/09 BROADSPIRE SERVICES	20/WC-SI FELL ON ICE IN PARKING LOT	HORWATH*DONOVAN 110-80-8237	JF-0-179-366	02/01/10	53.76	MED PMT PRESCRIPTION
186CN050133 12/13/09 BROADSPIRE SERVICES	20/WC-SI FELL ON ICE IN PARKING LOT	HORWATH*DONOVAN 110-80-8237	SG-0-350-840	02/03/10	6.02	EXP PMT MED BILL REVIEW
	607-1			Totals	1,370.15	

LOCATION: 607-2

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / Abbreviated Loss Description / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
186CN052073 12/24/09 COMPREHENSIVE SPINE CARE PA	20/WC-SI 12/24/09 AT 11:30 AM, CLAIMANT WAS MOVIN	MORROW*KEVIN 142-44-4201	284-0-347-755	02/02/10	183.00	MED PMT OTHER MED PROV
186CN052073 12/24/09 BROADSPIRE SERVICES	20/WC-SI 12/24/09 AT 11:30 AM, CLAIMANT WAS MOVIN	MORROW*KEVIN 142-44-4201	SG-0-347-755	02/02/10	3.90	EXP PMT MED BILL REVIEW
	607-2			Totals	186.90	

LOCATION: 607-4

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / Abbreviated Loss Description / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
186CN012114 07/18/09 HACKENSACK ANESTHESIOLOGY ASSOC	20/WC-SI GIVING RESIDENT SHOWER-HE URINATED ON ME	EASTBURN*BARBARA 148-48-1748	284-0-347-764	02/02/10	780.00	MED PMT OTHER MED PROV

PERIOD: 01/01/09-01/01/10
REPORTING LEVEL: CEDAR CREST VILLAGE
LOCATION: 607-4

Claim Number / Loss Date / Payee Name	Cov/Clm	Rpt Dsc / ----- Abbreviated Loss Description ----- / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
186CN012114 07/18/09 BARBARA EASTBURN	10/WC-SI	GIVING RESIDENT SHOWER-HE URINATED ON ME	EASTBURN*BARBARA 148-48-1748	651-0-206-384	02/02/10	206.00	LOSS PMT TEMP TOT DISAB
186CN012114 07/18/09 BROADSPIRE SERVICES	20/WC-SI	GIVING RESIDENT SHOWER-HE URINATED ON ME	EASTBURN*BARBARA 148-48-1748	JF-0-179-879	02/01/10	18.39	MED PMT PRESCRIPTION
186CN012114 07/18/09 BROADSPIRE SERVICES	20/WC-SI	GIVING RESIDENT SHOWER-HE URINATED ON ME	EASTBURN*BARBARA 148-48-1748	JF-0-179-880	02/01/10	23.29	MED PMT PRESCRIPTION
186CN012114 07/18/09 BROADSPIRE SERVICES	20/WC-SI	GIVING RESIDENT SHOWER-HE URINATED ON ME	EASTBURN*BARBARA 148-48-1748	JF-0-179-881	02/01/10	6.30	MED PMT PRESCRIPTION
186CN012114 07/18/09 BROADSPIRE SERVICES	20/WC-SI	GIVING RESIDENT SHOWER-HE URINATED ON ME	EASTBURN*BARBARA 148-48-1748	SG-0-347-764	02/02/10	3.90	EXP PMT MED BILL REVIEW
186CN012114 07/18/09 BROADSPIRE SERVICES	20/WC-SI	GIVING RESIDENT SHOWER-HE URINATED ON ME	EASTBURN*BARBARA 148-48-1748	SG-0-347-764	02/02/10	73.80	EXP PMT PPO
186CN012114 07/18/09	20/WC-SI	GIVING RESIDENT SHOWER-HE URINATED ON ME	EASTBURN*BARBARA 148-48-1748	XF-0-179-879	02/01/10	0.95	EXP PMT RX MGMT

BROADSPIRE
a Crawford Company

BROADSPIRE USA - Claim Issued Check List (Billable)
ERICKSON RETIREMENT COMMUNITIES(IN-ZUR)

ERICKSON RETIREMENT COMMUNITIES(IN-ZUR)
PAYMENT PERIOD: 01/30/2010 THRU 02/05/2010

PERIOD: 01/01/09-01/01/10
REPORTING LEVEL: CEDAR CREST VILLAGE
LOCATION: 607-4

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description ----- / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
186CN012114 07/18/09	20/WC-SI GIVING RESIDENT SHOWER-HE URINATED ON ME	EASTBURN*BARBARA 148-48-1748	XF-0-179-881	02/01/10	1.17	EXP PMT RX MGMT
186CN024724 08/10/09 IMMEDICENTER	20/WC-SI EMPLOYEE ALLEGES HE INJURED HIS LOWER R	PIERRE*ARONCE 155-06-7795	284-0-350-816	02/03/10	134.72	MED PMT OTHER MED PROV
186CN024724 08/10/09 BROADSPIRE SERVICES	20/WC-SI EMPLOYEE ALLEGES HE INJURED HIS LOWER R	PIERRE*ARONCE 155-06-7795	SG-0-350-816	02/03/10	7.80	EXP PMT MED BILL REVIEW
186CN024724 08/10/09 BROADSPIRE SERVICES	20/WC-SI EMPLOYEE ALLEGES HE INJURED HIS LOWER R	PIERRE*ARONCE 155-06-7795	SG-0-350-816	02/03/10	36.03	EXP PMT PPO
186CN024724 08/10/09 Broadspire Services Inc	20/WC-SI EMPLOYEE ALLEGES HE INJURED HIS LOWER R	PIERRE*ARONCE 155-06-7795	SG-0-074-527	09/04/09	23.95-	CNCL CC PMT
186CN024724 08/10/09 Broadspire Services Inc	20/WC-SI EMPLOYEE ALLEGES HE INJURED HIS LOWER R	PIERRE*ARONCE 155-06-7795	SG-0-074-527	09/04/09	61.65-	CNCL CC PMT
186CN050092 12/11/09 CHILTON MEMORIAL HOSPITAL	20/WC-SI SLIPPED AND FELL ON A WET FLOOR	SMITH*GAIL 155-48-9616	284-0-350-818	02/03/10	332.14	MED PMT HOSPITAL

PERIOD: 01/01/09-01/01/10
REPORTING LEVEL: CEDAR CREST VILLAGE
LOCATION: 607-4

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description ----- / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
186CN050092 12/11/09 BROADSPIRE SERVICES	20/WC-SI SLIPPED AND FELL ON A WET FLOOR	SMITH*GAIL 155-48-9616	SG-0-350-818	02/03/10	238.38	EXP PMT MED BILL REVIEW
231CN252109 03/30/09 IMMEDICENTER	20/WC-SI 3/30/09 at 9 am, CLMT WAS GIVING RESIDE	HALL*LUCILLE 157-54-6361	284-0-343-128	02/01/10	135.33	MED PMT OTHER MED PROV
231CN252109 03/30/09 BROADSPIRE SERVICES	20/WC-SI 3/30/09 at 9 am, CLMT WAS GIVING RESIDE	HALL*LUCILLE 157-54-6361	SG-0-343-128	02/01/10	7.80	EXP PMT MED BILL REVIEW
231CN252109 03/30/09 BROADSPIRE SERVICES	20/WC-SI 3/30/09 at 9 am, CLMT WAS GIVING RESIDE	HALL*LUCILLE 157-54-6361	SG-0-343-128	02/01/10	11.90	EXP PMT PPO
231CN252109 03/30/09	20/WC-SI 3/30/09 at 9 am, CLMT WAS GIVING RESIDE	HALL*LUCILLE 157-54-6361	ZH-0-948-443	07/16/09	61.65-	CNCL CC PMT
231CN252109 03/30/09	20/WC-SI 3/30/09 at 9 am, CLMT WAS GIVING RESIDE	HALL*LUCILLE 157-54-6361	ZH-0-948-443	07/16/09	61.65	EXP PMT MED BILL REVIEW
231CN252109 03/30/09	20/WC-SI 3/30/09 at 9 am, CLMT WAS GIVING RESIDE	HALL*LUCILLE 157-54-6361	ZH-0-948-443	07/16/09	61.65-	RVRS CC PMT

PERIOD: 01/01/09-01/01/10

REPORTING LEVEL: CEDAR CREST VILLAGE

LOCATION: 607-4

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / Abbreviated Loss Description / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
	607-4			Totals	1,870.65	
	CEDAR CREST VILLAGE			Totals	3,427.70	

REPORTING LEVEL: CHARLESTOWN

LOCATION: 601-1

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / Abbreviated Loss Description / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
186CN025324 08/13/09 UNIVERSAL SMART COMP	20/WC-SI WHILE LIFTING THE LUGGAGE OUT OF MY SHUT	DAVIS*EDMOND 215-46-9228	284-0-351-749	02/03/10	8.20	MED PMT MED SUPPLIES
186CN025324 08/13/09 UNIVERSAL SMART COMP	20/WC-SI WHILE LIFTING THE LUGGAGE OUT OF MY SHUT	DAVIS*EDMOND 215-46-9228	284-0-351-749	02/03/10	102.65	MED PMT PHYS THERAPY
186CN025324 08/13/09 BROADSPIRE SERVICES	20/WC-SI WHILE LIFTING THE LUGGAGE OUT OF MY SHUT	DAVIS*EDMOND 215-46-9228	SG-0-351-749	02/03/10	9.10	EXP PMT MED BILL REVIEW
186CN025324 08/13/09 BROADSPIRE SERVICES	20/WC-SI WHILE LIFTING THE LUGGAGE OUT OF MY SHUT	DAVIS*EDMOND 215-46-9228	SG-0-351-749	02/03/10	22.23	EXP PMT PPO
	601-1			Totals	142.18	

PERIOD: 01/01/09-01/01/10
REPORTING LEVEL: CHARLESTOWN
LOCATION: 601-3

Claim Number / Loss Date / Payee Name	Cov/Clm	Rpt Dsc / ----- Abbreviated Loss Description ----- / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
186CN045369 11/16/09 UNIVERSAL SMART COMP	20/WC-SI	EBBERTS*CHRISTINE WENT TO GET INK PEN FROM EE AND SLIPPED	284-0-348-232 215-52-0429	02/02/10		82.84	MED PMT PHYS THERAPY
186CN045369 11/16/09 UNIVERSAL SMART COMP	20/WC-SI	EBBERTS*CHRISTINE WENT TO GET INK PEN FROM EE AND SLIPPED	284-0-348-232 215-52-0429	02/02/10		10.32	MED PMT MED SUPPLIES
186CN045369 11/16/09 BROADSPIRE SERVICES	20/WC-SI	EBBERTS*CHRISTINE WENT TO GET INK PEN FROM EE AND SLIPPED	SG-0-348-232 215-52-0429	02/02/10		9.12	EXP PMT PPO
186CN045369 11/16/09 BROADSPIRE SERVICES	20/WC-SI	EBBERTS*CHRISTINE WENT TO GET INK PEN FROM EE AND SLIPPED	SG-0-348-232 215-52-0429	02/02/10		6.50	EXP PMT MED BILL REVIEW
186CN047364 11/25/09 JOSEPH HANSON	10/WC-SI	HANSON*JOSEPH WHILE USING THE DRAIN MACHINE THE CABLE	651-0-208-135 213-64-0112	02/03/10		389.00	LOSS PMT TEMP TOT DISAB
256CN210330 05/16/09 CNTR FOR PAIN MANAGEMENT LLC	20/WC-SI	KEY*PAMELA EE WAS LIFTING TABLES IN MEETING HALL AN	284-0-344-419 226-08-5350	02/01/10		109.71	MED PMT OTHER MED PROV
256CN210330 05/16/09 BROADSPIRE SERVICES	20/WC-SI	KEY*PAMELA EE WAS LIFTING TABLES IN MEETING HALL AN	SG-0-344-419 226-08-5350	02/01/10		3.90	EXP PMT MED BILL REVIEW

PERIOD: 01/01/09-01/01/10

REPORTING LEVEL: CHARLESTOWN

LOCATION: 601-3

Claim Number / Loss Date	Cov/Clm	Rpt Dsc / Abbreviated Loss Description	Claimant/Driver Name / Payee Name	Check Number / Social Security No. / Payment For	Issue Dt	Disbrst Amt	Payment Message
256CN210330 05/16/09 BROADSPIRE SERVICES	20/WC-SI	EE WAS LIFTING TABLES IN MEETING HALL AN	KEY*PAMELA	SG-0-344-419 226-08-5350	02/01/10	4.91	EXP PMT PPO
		601-3		Totals		616.30	
		CHARLESTOWN		Totals		758.48	

REPORTING LEVEL: ERICKSON RETIREMENT CO

LOCATION: CORP1010

Claim Number / Loss Date	Cov/Clm	Rpt Dsc / Abbreviated Loss Description	Claimant/Driver Name / Payee Name	Check Number / Social Security No. / Payment For	Issue Dt	Disbrst Amt	Payment Message
186CN044829 11/13/09 HARBOR HOSPITAL PHYSICIAN GROUP	20/WC-SI	I WAS ESCORTING A PATIENT FOR THEIR APPO	RESCO*KATHERINE	284-0-348-236 214-84-6470	02/02/10	106.84	MED PMT OTHER MED PROV
186CN044829 11/13/09 BROADSPIRE SERVICES	20/WC-SI	I WAS ESCORTING A PATIENT FOR THEIR APPO	RESCO*KATHERINE	SG-0-348-236 214-84-6470	02/02/10	3.56	EXP PMT PPO
186CN044829 11/13/09 BROADSPIRE SERVICES	20/WC-SI	I WAS ESCORTING A PATIENT FOR THEIR APPO	RESCO*KATHERINE	SG-0-348-236 214-84-6470	02/02/10	3.90	EXP PMT MED BILL REVIEW
		CORP1010		Totals		114.30	
		ERICKSON RETIREMENT CO		Totals		114.30	

BROADSPIRE
a Crawford Company

BROADSPIRE USA - Claim Issued Check List (Billable)
ERICKSON RETIREMENT COMMUNITIES(IN-ZUR)

ERICKSON RETIREMENT COMMUNITIES(IN-ZUR)
PAYMENT PERIOD: 01/30/2010 THRU 02/05/2010

PERIOD: 01/01/09-01/01/10
REPORTING LEVEL: FOX RUN
LOCATION: 629-4

Claim Number	Cov/Clm	Rpt Dsc	Claimant/Driver Name	Check Number	Issue Dt	Disbrst Amt	Payment Message
Loss Date	----- Abbreviated Loss Description -----			Social Security No.			
Payee Name				Payment For			
186CN049039	20/WC-SI		GALLANT*ADA*L	284-0-344-209	02/01/10	327.36	MED PMT OTHER MED PROV
12/09/09	PT DID NOT ASSIST WITH TRANSFER & LEANED			296-82-5546			
SPECIALISTS IN REHABILITATION							
186CN049039	20/WC-SI		GALLANT*ADA*L	284-0-350-282	02/03/10	137.15	MED PMT PHYS THERAPY
12/09/09	PT DID NOT ASSIST WITH TRANSFER & LEANED			296-82-5546			
UNIVERSAL SMART COMP							
186CN049039	20/WC-SI		GALLANT*ADA*L	284-0-354-037	02/04/10	121.41	MED PMT PHYS THERAPY
12/09/09	PT DID NOT ASSIST WITH TRANSFER & LEANED			296-82-5546			
UNIVERSAL SMART COMP							
186CN049039	20/WC-SI		GALLANT*ADA*L	284-0-356-185	02/05/10	56.14	MED PMT PHYS THERAPY
12/09/09	PT DID NOT ASSIST WITH TRANSFER & LEANED			296-82-5546			
UNIVERSAL SMART COMP							
186CN049039	20/WC-SI		GALLANT*ADA*L	SG-0-344-209	02/01/10	3.90	EXP PMT MED BILL REVIEW
12/09/09	PT DID NOT ASSIST WITH TRANSFER & LEANED			296-82-5546			
BROADSPIRE SERVICES							
186CN049039	20/WC-SI		GALLANT*ADA*L	SG-0-344-209	02/01/10	6.59	EXP PMT PPO
12/09/09	PT DID NOT ASSIST WITH TRANSFER & LEANED			296-82-5546			
BROADSPIRE SERVICES							
186CN049039	20/WC-SI		GALLANT*ADA*L	SG-0-350-282	02/03/10	5.20	EXP PMT MED BILL REVIEW
12/09/09	PT DID NOT ASSIST WITH TRANSFER & LEANED			296-82-5546			
BROADSPIRE SERVICES							

PERIOD: 01/01/09-01/01/10
REPORTING LEVEL: FOX RUN
LOCATION: 629-4

Claim Number / Loss Date / Payee Name	Cov/Clm	Rpt Dsc / ----- Abbreviated Loss Description ----- / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
186CN049039 12/09/09 BROADSPIRE SERVICES	20/WC-SI	GALLANT*ADA*L PT DID NOT ASSIST WITH TRANSFER & LEANED	296-82-5546	SG-0-350-282	02/03/10	4.94	EXP PMT PPO
186CN049039 12/09/09 BROADSPIRE SERVICES	20/WC-SI	GALLANT*ADA*L PT DID NOT ASSIST WITH TRANSFER & LEANED	296-82-5546	SG-0-354-037	02/04/10	3.89	EXP PMT PPO
186CN049039 12/09/09 BROADSPIRE SERVICES	20/WC-SI	GALLANT*ADA*L PT DID NOT ASSIST WITH TRANSFER & LEANED	296-82-5546	SG-0-354-037	02/04/10	5.20	EXP PMT MED BILL REVIEW
186CN049039 12/09/09 BROADSPIRE SERVICES	20/WC-SI	GALLANT*ADA*L PT DID NOT ASSIST WITH TRANSFER & LEANED	296-82-5546	SG-0-356-185	02/05/10	1.11	EXP PMT PPO
186CN049039 12/09/09 BROADSPIRE SERVICES	20/WC-SI	GALLANT*ADA*L PT DID NOT ASSIST WITH TRANSFER & LEANED	296-82-5546	SG-0-356-185	02/05/10	3.90	EXP PMT MED BILL REVIEW
186CN053852 12/18/09 UNIVERSAL SMART COMP	20/WC-SI	JONES-FERGUSON*NANCY WASHING THE DISHES - TOOK THE RACK OUT O	369-60-2364	284-0-354-044	02/04/10	145.15	MED PMT PHYS THERAPY
186CN053852 12/18/09 UNIVERSAL SMART COMP	20/WC-SI	JONES-FERGUSON*NANCY WASHING THE DISHES - TOOK THE RACK OUT O	369-60-2364	284-0-356-196	02/05/10	92.37	MED PMT PHYS THERAPY

PERIOD: 01/01/09-01/01/10
REPORTING LEVEL: FOX RUN
LOCATION: 629-4

Claim Number / Loss Date / Payee Name	Cov/Clm	Rpt Dsc / Abbreviated Loss Description / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
186CN053852 12/18/09 NANCY JONES-FERGUSON	10/WC-SI	WASHING THE DISHES - TOOK THE RACK OUT	JONES-FERGUSON*NANCY O 369-60-2364	651-0-205-498	02/01/10	366.96	LOSS PMT TEMP TOT DISAB
186CN053852 12/18/09 NANCY JONES-FERGUSON	10/WC-SI	WASHING THE DISHES - TOOK THE RACK OUT	JONES-FERGUSON*NANCY O 369-60-2364	651-0-210-655	02/05/10	366.96	LOSS PMT TEMP TOT DISAB
186CN053852 12/18/09 BROADSPIRE SERVICES	20/WC-SI	WASHING THE DISHES - TOOK THE RACK OUT	JONES-FERGUSON*NANCY O 369-60-2364	SG-0-354-044	02/04/10	25.05	EXP PMT PPO
186CN053852 12/18/09 BROADSPIRE SERVICES	20/WC-SI	WASHING THE DISHES - TOOK THE RACK OUT	JONES-FERGUSON*NANCY O 369-60-2364	SG-0-354-044	02/04/10	7.80	EXP PMT MED BILL REVIEW
186CN053852 12/18/09 BROADSPIRE SERVICES	20/WC-SI	WASHING THE DISHES - TOOK THE RACK OUT	JONES-FERGUSON*NANCY O 369-60-2364	SG-0-356-196	02/05/10	3.90	EXP PMT MED BILL REVIEW
186CN053852 12/18/09 BROADSPIRE SERVICES	20/WC-SI	WASHING THE DISHES - TOOK THE RACK OUT	JONES-FERGUSON*NANCY O 369-60-2364	SG-0-356-196	02/05/10	3.01	EXP PMT PPO
534CN379144 02/12/09 Broadspire Services Inc	20/WC-SI	CUTTING PAPER WITH AN EXACTO KNIFE, IT	ORICK*TRACY S 364-54-4552	SG-0-172-122	10/26/09	3.90-	CNCL CC PMT

PERIOD: 01/01/09-01/01/10

REPORTING LEVEL: FOX RUN

LOCATION: 629-4

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description ----- / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
534CN379144 02/12/09 BROADSPIRE SERVICES	20/WC-SI CUTTING PAPER WITH AN EXACTO KNIFE, IT	ORICK*TRACY S 364-54-4552	SG-0-346-925	02/02/10	7.80	EXP PMT MED BILL REVIEW
	629-4			Totals	1,691.89	
	FOX RUN			Totals	1,691.89	

REPORTING LEVEL: GREENSPRING VILLAGE

LOCATION: 605-1

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description ----- / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
186CN042963 11/05/09 GREATER METROPOLITAN ORTHOPEDI	20/WC-SI WHILE KENDAL WAS GETTING OUT OFTHE BUS	BACKERS*KENDAL H 223-08-1549	284-0-351-389	02/03/10	142.80	MED PMT OTHER MED PROV
186CN042963 11/05/09 BROADSPIRE SERVICES	20/WC-SI WHILE KENDAL WAS GETTING OUT OFTHE BUS	BACKERS*KENDAL H 223-08-1549	SG-0-351-389	02/03/10	32.16	EXP PMT PPO
186CN042963 11/05/09 BROADSPIRE SERVICES	20/WC-SI WHILE KENDAL WAS GETTING OUT OFTHE BUS	BACKERS*KENDAL H 223-08-1549	SG-0-351-389	02/03/10	3.90	EXP PMT MED BILL REVIEW
256CN209703 02/03/09 BROADSPIRE SERVICES	20/WC-SI I WAS WALKING, I SAW MARY & SHE WAS HOLD	KAMARA*SALAYMATU 094-74-6171	SG-0-344-357	02/01/10	3.90	EXP PMT MED BILL REVIEW
	605-1			Totals	182.76	

PERIOD: 01/01/09-01/01/10
REPORTING LEVEL: GREENSPRING VILLAGE
LOCATION: 605-2

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description ----- / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
186CN005866 06/18/09 ASSOC OF ALEXANDRIA RADIOLOGISTS	20/WC-SI DURING SERVICE LAKEISHA WENT IN TO WALK-	CLAYTOR*LAKEISHA 229-13-4904	284-0-351-373	02/03/10	11.00	MED PMT OTHER MED PROV
186CN005866 06/18/09 BROADSPIRE SERVICES	20/WC-SI DURING SERVICE LAKEISHA WENT IN TO WALK-	CLAYTOR*LAKEISHA 229-13-4904	SG-0-351-373	02/03/10	3.90	EXP PMT MED BILL REVIEW
186CN005866 06/18/09 BROADSPIRE SERVICES	20/WC-SI DURING SERVICE LAKEISHA WENT IN TO WALK-	CLAYTOR*LAKEISHA 229-13-4904	SG-0-351-373	02/03/10	11.70	EXP PMT PPO
186CN012041 07/23/09 BESTPRACTICES INC	20/WC-SI I WAS CLEANING THE SLICER TO PREPARE TO	MELGAREJO*ARIEL 230-85-3811	284-0-351-358	02/03/10	147.20	MED PMT OTHER MED PROV
186CN012041 07/23/09 BROADSPIRE SERVICES	20/WC-SI I WAS CLEANING THE SLICER TO PREPARE TO	MELGAREJO*ARIEL 230-85-3811	SG-0-351-358	02/03/10	11.04	EXP PMT PPO
186CN012041 07/23/09 BROADSPIRE SERVICES	20/WC-SI I WAS CLEANING THE SLICER TO PREPARE TO	MELGAREJO*ARIEL 230-85-3811	SG-0-351-358	02/03/10	3.90	EXP PMT MED BILL REVIEW
	605-2			Totals	188.74	

PERIOD: 01/01/09-01/01/10
REPORTING LEVEL: GREENSPRING VILLAGE
LOCATION: 605-3

Claim Number / Loss Date / Payee Name	Cov/Clm	Rpt Dsc / Abbreviated Loss Description / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
186CN013622 08/04/09 ASSOC OF ALEXANDRIA RADIOLOGISTS	20/WC-SI	HE WAS MOVING THE PIANO AND NOTICED THE	FUNES*LAMEZO 229-59-2097	284-0-351-386	02/03/10	9.90	MED PMT OTHER MED PROV
186CN013622 08/04/09 BROADSPIRE SERVICES	20/WC-SI	HE WAS MOVING THE PIANO AND NOTICED THE	FUNES*LAMEZO 229-59-2097	SG-0-351-386	02/03/10	3.90	EXP PMT MED BILL REVIEW
186CN013622 08/04/09 BROADSPIRE SERVICES	20/WC-SI	HE WAS MOVING THE PIANO AND NOTICED THE	FUNES*LAMEZO 229-59-2097	SG-0-351-386	02/03/10	9.68	EXP PMT PPO
186CN041580 10/30/09 COMMONWEALTH ORTHOPAEDICS AND RE	20/WC-SI	EE FELT A TWINGE IN HER LOWER BACK WHEN	CABALLERO*SONIA 225-91-2533	284-0-347-942	02/02/10	90.53	MED PMT OTHER MED PROV
186CN041580 10/30/09 SONIA CABALLERO	10/WC-SI	EE FELT A TWINGE IN HER LOWER BACK WHEN	CABALLERO*SONIA 225-91-2533	651-0-209-088	02/04/10	298.11	LOSS PMT TEMP TOT DISAB
186CN041580 10/30/09 SONIA CABALLERO	10/WC-SI	EE FELT A TWINGE IN HER LOWER BACK WHEN	CABALLERO*SONIA 225-91-2533	651-0-209-091	02/04/10	298.11	LOSS PMT TEMP TOT DISAB
186CN041580 10/30/09 BROADSPIRE SERVICES	20/WC-SI	EE FELT A TWINGE IN HER LOWER BACK WHEN	CABALLERO*SONIA 225-91-2533	SG-0-347-942	02/02/10	3.90	EXP PMT MED BILL REVIEW

PERIOD: 01/01/09-01/01/10
REPORTING LEVEL: GREENSPRING VILLAGE
LOCATION: 605-3

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description ----- / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
186CN041580 10/30/09 BROADSPIRE SERVICES	20/WC-SI EE FELT A TWINGE IN HER LOWER BACK WHEN	CABALLERO*SONIA 225-91-2533	SG-0-347-942	02/02/10	6.92	EXP PMT PPO
186CN051596 12/23/09 ASSOC OF ALEXANDRIA RADIOLOGISTS	20/WC-SI HE WAS WALKING ACROSS THE STREET AND DID	ASIEDU*PETER 228-99-7760	284-0-351-368	02/03/10	18.24	MED PMT OTHER MED PROV
186CN051596 12/23/09 BESTPRACTICES INC	20/WC-SI HE WAS WALKING ACROSS THE STREET AND DID	ASIEDU*PETER 228-99-7760	284-0-351-371	02/03/10	235.48	MED PMT OTHER MED PROV
186CN051596 12/23/09 INOVA FAIRFAX HOSPITAL	20/WC-SI HE WAS WALKING ACROSS THE STREET AND DID	ASIEDU*PETER 228-99-7760	284-0-351-378	02/03/10	2,436.88	MED PMT HOSPITAL
186CN051596 12/23/09 INOVA FAIRFAX HOSPITAL	20/WC-SI HE WAS WALKING ACROSS THE STREET AND DID	ASIEDU*PETER 228-99-7760	284-0-351-379	02/03/10	605.60	MED PMT HOSPITAL
186CN051596 12/23/09 BESTPRACTICES INC	20/WC-SI HE WAS WALKING ACROSS THE STREET AND DID	ASIEDU*PETER 228-99-7760	284-0-351-380	02/03/10	351.74	MED PMT OTHER MED PROV
186CN051596 12/23/09 INOVA PHYSICAL REHAB SVCS	20/WC-SI HE WAS WALKING ACROSS THE STREET AND DID	ASIEDU*PETER 228-99-7760	284-0-351-401	02/03/10	221.60	MED PMT PHYS THERAPY

PERIOD: 01/01/09-01/01/10
REPORTING LEVEL: GREENSPRING VILLAGE
LOCATION: 605-3

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description ----- / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
186CN051596 12/23/09 BROADSPIRE SERVICES	20/WC-SI HE WAS WALKING ACROSS THE STREET AND DID	ASIEDU*PETER 228-99-7760	SG-0-351-368	02/03/10	15.83	EXP PMT PPO
186CN051596 12/23/09 BROADSPIRE SERVICES	20/WC-SI HE WAS WALKING ACROSS THE STREET AND DID	ASIEDU*PETER 228-99-7760	SG-0-351-368	02/03/10	3.90	EXP PMT MED BILL REVIEW
186CN051596 12/23/09 BROADSPIRE SERVICES	20/WC-SI HE WAS WALKING ACROSS THE STREET AND DID	ASIEDU*PETER 228-99-7760	SG-0-351-371	02/03/10	17.66	EXP PMT PPO
186CN051596 12/23/09 BROADSPIRE SERVICES	20/WC-SI HE WAS WALKING ACROSS THE STREET AND DID	ASIEDU*PETER 228-99-7760	SG-0-351-371	02/03/10	3.90	EXP PMT MED BILL REVIEW
186CN051596 12/23/09 BROADSPIRE SERVICES	20/WC-SI HE WAS WALKING ACROSS THE STREET AND DID	ASIEDU*PETER 228-99-7760	SG-0-351-378	02/03/10	182.77	EXP PMT PPO
186CN051596 12/23/09 BROADSPIRE SERVICES	20/WC-SI HE WAS WALKING ACROSS THE STREET AND DID	ASIEDU*PETER 228-99-7760	SG-0-351-378	02/03/10	9.10	EXP PMT MED BILL REVIEW
186CN051596 12/23/09 BROADSPIRE SERVICES	20/WC-SI HE WAS WALKING ACROSS THE STREET AND DID	ASIEDU*PETER 228-99-7760	SG-0-351-379	02/03/10	45.42	EXP PMT PPO

BROADSPIRE
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BROADSPIRE USA - Claim Issued Check List (Billable) — ERICKSON RETIREMENT COMMUNITIES(IN-ZUR)
ERICKSON RETIREMENT COMMUNITIES(IN-ZUR) — PAYMENT PERIOD: 01/30/2010 THRU 02/05/2010

PERIOD: 01/01/09-01/01/10
REPORTING LEVEL: GREENSPRING VILLAGE
LOCATION: 605-3

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description ----- / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
186CN051596 12/23/09 BROADSPIRE SERVICES	20/WC-SI HE WAS WALKING ACROSS THE STREET AND DID	ASIEDU*PETER 228-99-7760	SG-0-351-379	02/03/10	5.20	EXP PMT MED BILL REVIEW
186CN051596 12/23/09 BROADSPIRE SERVICES	20/WC-SI HE WAS WALKING ACROSS THE STREET AND DID	ASIEDU*PETER 228-99-7760	SG-0-351-380	02/03/10	26.38	EXP PMT PPO
186CN051596 12/23/09 BROADSPIRE SERVICES	20/WC-SI HE WAS WALKING ACROSS THE STREET AND DID	ASIEDU*PETER 228-99-7760	SG-0-351-380	02/03/10	3.90	EXP PMT MED BILL REVIEW
186CN051596 12/23/09 BROADSPIRE SERVICES	20/WC-SI HE WAS WALKING ACROSS THE STREET AND DID	ASIEDU*PETER 228-99-7760	SG-0-351-401	02/03/10	16.32	EXP PMT PPO
186CN051596 12/23/09 BROADSPIRE SERVICES	20/WC-SI HE WAS WALKING ACROSS THE STREET AND DID	ASIEDU*PETER 228-99-7760	SG-0-351-401	02/03/10	5.20	EXP PMT MED BILL REVIEW
	605-3			Totals	4,926.17	

LOCATION: 605-4

186CN032543 09/05/09 DANUTE NAGRODZKI	10/WC-SI EE DEVELOPED SEVERE PAIN TO HER LOWER BA	NAGRODZKI*DANUTE 231-23-6101	651-0-209-583	02/04/10	281.70	LOSS PMT TEMP TOT DISAB

BROADSPIRE
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BROADSPIRE USA - Claim Issued Check List (Billable)
ERICKSON RETIREMENT COMMUNITIES(IN-ZUR)

ERICKSON RETIREMENT COMMUNITIES(IN-ZUR)
PAYMENT PERIOD: 01/30/2010 THRU 02/05/2010

PERIOD: 01/01/09-01/01/10
REPORTING LEVEL: GREENSPRING VILLAGE
LOCATION: 605-4

Claim Number / Loss Date / Payee Name	Cov/Clm	Rpt Dsc / Abbreviated Loss Description / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
186CN045698 11/18/09 BESTPRACTICES INC	20/WC-SI	ROSE*KAYDIAN EE WAS DOING PERSONAL CARE FOR A RESIDEN	692-07-6027	284-0-344-355	02/01/10	147.20	MED PMT OTHER MED PROV
186CN045698 11/18/09 INOVA PHYSICAL REHAB SVCS	20/WC-SI	ROSE*KAYDIAN EE WAS DOING PERSONAL CARE FOR A RESIDEN	692-07-6027	284-0-353-775	02/04/10	470.40	MED PMT PHYS THERAPY
186CN045698 11/18/09 INOVA PHYSICAL REHAB SVCS	20/WC-SI	ROSE*KAYDIAN EE WAS DOING PERSONAL CARE FOR A RESIDEN	692-07-6027	284-0-353-778	02/04/10	128.80	MED PMT PHYS THERAPY
186CN045698 11/18/09 BROADSPIRE SERVICES	20/WC-SI	ROSE*KAYDIAN EE WAS DOING PERSONAL CARE FOR A RESIDEN	692-07-6027	SG-0-344-355	02/01/10	11.04	EXP PMT PPO
186CN045698 11/18/09 BROADSPIRE SERVICES	20/WC-SI	ROSE*KAYDIAN EE WAS DOING PERSONAL CARE FOR A RESIDEN	692-07-6027	SG-0-344-355	02/01/10	3.90	EXP PMT MED BILL REVIEW
186CN045698 11/18/09 BROADSPIRE SERVICES	20/WC-SI	ROSE*KAYDIAN EE WAS DOING PERSONAL CARE FOR A RESIDEN	692-07-6027	SG-0-353-775	02/04/10	14.30	EXP PMT MED BILL REVIEW
186CN045698 11/18/09 BROADSPIRE SERVICES	20/WC-SI	ROSE*KAYDIAN EE WAS DOING PERSONAL CARE FOR A RESIDEN	692-07-6027	SG-0-353-775	02/04/10	34.38	EXP PMT PPO

PERIOD: 01/01/09-01/01/10
REPORTING LEVEL: GREENSPRING VILLAGE
LOCATION: 605-4

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description ----- / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
186CN045698 11/18/09 BROADSPIRE SERVICES	20/WC-SI EE WAS DOING PERSONAL CARE FOR A RESIDEN	ROSE*KAYDIAN 692-07-6027	SG-0-353-778	02/04/10	3.90	EXP PMT MED BILL REVIEW
186CN045698 11/18/09 BROADSPIRE SERVICES	20/WC-SI EE WAS DOING PERSONAL CARE FOR A RESIDEN	ROSE*KAYDIAN 692-07-6027	SG-0-353-778	02/04/10	9.36	EXP PMT PPO
	605-4			Totals	1,104.98	

LOCATION: 605-5

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description ----- / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
186CN046229 11/22/09 COMMONWEALTH ORTHOPAEDICS AND RE	20/WC-SI ROBYN WAS MOVING THE FURNITURE IN RC-1 L	STEED*ROBYN 060-68-8613	284-0-351-414	02/03/10	232.05	MED PMT OTHER MED PROV
186CN046229 11/22/09 COMMONWEALTH ORTHOPAEDICS AND REHAB	20/WC-SI ROBYN WAS MOVING THE FURNITURE IN RC-1 L	STEED*ROBYN 060-68-8613	284-0-351-415	02/03/10	174.45	MED PMT PHYS THERAPY
186CN046229 11/22/09 BROADSPIRE SERVICES	20/WC-SI ROBYN WAS MOVING THE FURNITURE IN RC-1 L	STEED*ROBYN 060-68-8613	SG-0-351-414	02/03/10	3.90	EXP PMT MED BILL REVIEW
186CN046229 11/22/09 BROADSPIRE SERVICES	20/WC-SI ROBYN WAS MOVING THE FURNITURE IN RC-1 L	STEED*ROBYN 060-68-8613	SG-0-351-414	02/03/10	15.35	EXP PMT PPO

PERIOD: 01/01/09-01/01/10

REPORTING LEVEL: GREENSPRING VILLAGE

LOCATION: 605-5

Claim Number / Loss Date / Payee Name	Cov/Clm	Rpt Dsc / ----- Abbreviated Loss Description ----- / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
186CN046229 11/22/09 BROADSPIRE SERVICES	20/WC-SI	STEED*ROBYN ROBYN WAS MOVING THE FURNITURE IN RC-1 L	060-68-8613	SG-0-351-415	02/03/10	1.67	EXP PMT PPO
186CN046229 11/22/09 BROADSPIRE SERVICES	20/WC-SI	STEED*ROBYN ROBYN WAS MOVING THE FURNITURE IN RC-1 L	060-68-8613	SG-0-351-415	02/03/10	3.90	EXP PMT MED BILL REVIEW
		605-5			Totals	431.32	
		GREENSPRING VILLAGE			Totals	6,833.97	

REPORTING LEVEL: HENRY FORD VILLAGE

LOCATION: 602-3

Claim Number / Loss Date / Payee Name	Cov/Clm	Rpt Dsc / ----- Abbreviated Loss Description ----- / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
534CN382159 06/03/09 OCCUPATIONAL HEALTH CENTERS	20/WC-SI	ESQUIVEL*MANUEL Picked up trash container filled with wa	366-92-5833	284-0-354-022	02/04/10	183.79	MED PMT OTHER MED PROV
534CN382159 06/03/09 BROADSPIRE SERVICES	20/WC-SI	ESQUIVEL*MANUEL Picked up trash container filled with wa	366-92-5833	SG-0-350-298	02/03/10	48.07	EXP PMT MED BILL REVIEW
534CN382159 06/03/09 BROADSPIRE SERVICES	20/WC-SI	ESQUIVEL*MANUEL Picked up trash container filled with wa	366-92-5833	SG-0-354-022	02/04/10	2.90	EXP PMT PPO

PERIOD: 01/01/09-01/01/10

REPORTING LEVEL: HENRY FORD VILLAGE

LOCATION: 602-3

Claim Number / Loss Date	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description -----	Claimant/Driver Name / Payee Name	Check Number / Social Security No. / Payment For	Issue Dt	Disbrst Amt	Payment Message
534CN382159 06/03/09 BROADSPIRE SERVICES	20/WC-SI Picked up trash container filled with wa	ESQUIVEL*MANUEL	SG-0-354-022 366-92-5833	02/04/10	5.20	EXP PMT MED BILL REVIEW
	602-3			Totals	239.96	

LOCATION: 602-4

186CN052877 12/29/09 BROADSPIRE SERVICES	20/WC-SI Was walking into building to start shift	HALL*LINDA	JF-0-179-679 381-62-4976	02/01/10	7.28	MED PMT PRESCRIPTION
	602-4			Totals	7.28	
	HENRY FORD VILLAGE			Totals	247.24	

REPORTING LEVEL: LINDEN PONDS

LOCATION: 616-1

186CN045430 11/18/09 NIELSEN EYE CENTER	20/WC-SI FIXING DOOR SPRING, SPRING PROJECTILED A	MARTINO*GREGORY	284-0-347-533 021-42-8642	02/02/10	70.65	MED PMT OTHER MED PROV
186CN045430 11/18/09 BROADSPIRE SERVICES	20/WC-SI FIXING DOOR SPRING, SPRING PROJECTILED A	MARTINO*GREGORY	SG-0-347-533 021-42-8642	02/02/10	2.36	EXP PMT PPO

PERIOD: 01/01/09-01/01/10
REPORTING LEVEL: LINDEN PONDS
LOCATION: 616-1

Claim Number / Loss Date / Payee Name	Cov/Clm	Rpt Dsc / Abbreviated Loss Description	Claimant/Driver Name / Social Security No. / Payment For	Check Number	Issue Dt	Disbrst Amt	Payment Message
186CN045430 11/18/09 BROADSPIRE SERVICES	20/WC-SI	FIXING DOOR SPRING, SPRING PROJECTILED A	MARTINO*GREGORY 021-42-8642	SG-0-347-533	02/02/10	3.90	EXP PMT MED BILL REVIEW
		616-1			Totals	76.91	

LOCATION: 616-2

Claim Number / Loss Date / Payee Name	Cov/Clm	Rpt Dsc / Abbreviated Loss Description	Claimant/Driver Name / Social Security No. / Payment For	Check Number	Issue Dt	Disbrst Amt	Payment Message
186CN028087 08/25/09 UNIVERSAL SMART COMP	20/WC-SI	EMPLOYEE STRAINED L SHOULDER MOVING BOOK	DEMELLO*SUSAN 038-42-9056	284-0-347-501	02/02/10	55.46	MED PMT PHYS THERAPY
186CN028087 08/25/09 BROADSPIRE SERVICES	20/WC-SI	EMPLOYEE STRAINED L SHOULDER MOVING BOOK	DEMELLO*SUSAN 038-42-9056	SG-0-347-501	02/02/10	2.42	EXP PMT PPO
186CN028087 08/25/09 BROADSPIRE SERVICES	20/WC-SI	EMPLOYEE STRAINED L SHOULDER MOVING BOOK	DEMELLO*SUSAN 038-42-9056	SG-0-347-501	02/02/10	3.90	EXP PMT MED BILL REVIEW
		616-2			Totals	61.78	

LOCATION: 616-4

Claim Number / Loss Date / Payee Name	Cov/Clm	Rpt Dsc / Abbreviated Loss Description	Claimant/Driver Name / Social Security No. / Payment For	Check Number	Issue Dt	Disbrst Amt	Payment Message
186CN006760 07/07/09 BRAINTREE REHAB HOSPITAL	20/WC-SI	EE SLIPPED AND FELL ON WET FLOOR. BOTH F	STUART*CYNTHIA 013-54-1715	284-0-344-237	02/01/10	352.00	MED PMT HOSPITAL

BROADSPIRE
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BROADSPIRE USA - Claim Issued Check List (Billable)
ERICKSON RETIREMENT COMMUNITIES(IN-ZUR)

ERICKSON RETIREMENT COMMUNITIES(IN-ZUR)
PAYMENT PERIOD: 01/30/2010 THRU 02/05/2010

PERIOD: 01/01/09-01/01/10
REPORTING LEVEL: LINDEN PONDS
LOCATION: 616-4

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description ----- / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
186CN006760 07/07/09 BRAINTREE REHAB HOSPITAL	20/WC-SI EE SLIPPED AND FELL ON WET FLOOR. BOTH F	STUART*CYNTHIA 013-54-1715	284-0-344-239	02/01/10	616.00	MED PMT HOSPITAL
186CN006760 07/07/09 BRAINTREE REHAB HOSPITAL	20/WC-SI EE SLIPPED AND FELL ON WET FLOOR. BOTH F	STUART*CYNTHIA 013-54-1715	284-0-344-240	02/01/10	880.00	MED PMT HOSPITAL
186CN006760 07/07/09 BRAINTREE REHAB HOSPITAL	20/WC-SI EE SLIPPED AND FELL ON WET FLOOR. BOTH F	STUART*CYNTHIA 013-54-1715	284-0-344-241	02/01/10	616.00	MED PMT HOSPITAL
186CN006760 07/07/09 BWPO ANESTHESIA	20/WC-SI EE SLIPPED AND FELL ON WET FLOOR. BOTH F	STUART*CYNTHIA 013-54-1715	284-0-347-524	02/02/10	100.00	MED PMT OTHER MED PROV
186CN006760 07/07/09 BRIGHAM AND WOMENS HOSPITAL	20/WC-SI EE SLIPPED AND FELL ON WET FLOOR. BOTH F	STUART*CYNTHIA 013-54-1715	284-0-351-810	02/03/10	565.44	MED PMT HOSPITAL
186CN006760 07/07/09 BROADSPIRE SERVICES	20/WC-SI EE SLIPPED AND FELL ON WET FLOOR. BOTH F	STUART*CYNTHIA 013-54-1715	SG-0-344-237	02/01/10	35.10	EXP PMT MED BILL REVIEW
186CN006760 07/07/09 BROADSPIRE SERVICES	20/WC-SI EE SLIPPED AND FELL ON WET FLOOR. BOTH F	STUART*CYNTHIA 013-54-1715	SG-0-344-237	02/01/10	53.87	EXP PMT PPO

PERIOD: 01/01/09-01/01/10
REPORTING LEVEL: LINDEN PONDS
LOCATION: 616-4

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description ----- / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
186CN006760 07/07/09 BROADSPIRE SERVICES	20/WC-SI EE SLIPPED AND FELL ON WET FLOOR. BOTH F	STUART*CYNTHIA 013-54-1715	SG-0-344-239	02/01/10	54.60	EXP PMT MED BILL REVIEW
186CN006760 07/07/09 BROADSPIRE SERVICES	20/WC-SI EE SLIPPED AND FELL ON WET FLOOR. BOTH F	STUART*CYNTHIA 013-54-1715	SG-0-344-239	02/01/10	64.30	EXP PMT PPO
186CN006760 07/07/09 BROADSPIRE SERVICES	20/WC-SI EE SLIPPED AND FELL ON WET FLOOR. BOTH F	STUART*CYNTHIA 013-54-1715	SG-0-344-240	02/01/10	70.20	EXP PMT MED BILL REVIEW
186CN006760 07/07/09 BROADSPIRE SERVICES	20/WC-SI EE SLIPPED AND FELL ON WET FLOOR. BOTH F	STUART*CYNTHIA 013-54-1715	SG-0-344-240	02/01/10	119.08	EXP PMT PPO
186CN006760 07/07/09 BROADSPIRE SERVICES	20/WC-SI EE SLIPPED AND FELL ON WET FLOOR. BOTH F	STUART*CYNTHIA 013-54-1715	SG-0-344-241	02/01/10	48.10	EXP PMT MED BILL REVIEW
186CN006760 07/07/09 BROADSPIRE SERVICES	20/WC-SI EE SLIPPED AND FELL ON WET FLOOR. BOTH F	STUART*CYNTHIA 013-54-1715	SG-0-344-241	02/01/10	81.29	EXP PMT PPO
186CN006760 07/07/09 BROADSPIRE SERVICES	20/WC-SI EE SLIPPED AND FELL ON WET FLOOR. BOTH F	STUART*CYNTHIA 013-54-1715	SG-0-347-524	02/02/10	3.90	EXP PMT MED BILL REVIEW

PERIOD: 01/01/09-01/01/10

REPORTING LEVEL: LINDEN PONDS

LOCATION: 616-4

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description ----- / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
186CN006760 07/07/09 BROADSPIRE SERVICES	20/WC-SI EE SLIPPED AND FELL ON WET FLOOR. BOTH F	STUART*CYNTHIA 013-54-1715	SG-0-351-810	02/03/10	3.90	EXP PMT MED BILL REVIEW
186CN006760 07/07/09 BROADSPIRE SERVICES	20/WC-SI EE SLIPPED AND FELL ON WET FLOOR. BOTH F	STUART*CYNTHIA 013-54-1715	SG-0-351-810	02/03/10	18.85	EXP PMT PPO
	616-4			Totals	3,682.63	
	LINDEN PONDS			Totals	3,821.32	

REPORTING LEVEL: MARIS GROVE

LOCATION: 612-2

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description ----- / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
186CN051036 12/19/09 RIDDLE MEMORIAL HOSPITAL	20/WC-SI EE WAS WALKING FROM EE LOT TO THE RESTUA	HARDY*DEMOND 197-56-4058	284-0-356-002	02/05/10	33.96	MED PMT HOSPITAL
186CN051036 12/19/09 BROADSPIRE SERVICES	20/WC-SI EE WAS WALKING FROM EE LOT TO THE RESTUA	HARDY*DEMOND 197-56-4058	SG-0-356-002	02/05/10	3.90	EXP PMT MED BILL REVIEW
186CN051038 12/19/09 RIDDLE MEMORIAL HOSPITAL	20/WC-SI EE WAS WALKING THROUGH THE PARKING LOT	IMPERATRICE*MICHAEL 201-50-8386	284-0-351-044	02/03/10	28.09	MED PMT HOSPITAL

BROADSPIRE
a Crawford Company

BROADSPIRE USA - Claim Issued Check List (Billable) — ERICKSON RETIREMENT COMMUNITIES(IN-ZUR)
ERICKSON RETIREMENT COMMUNITIES(IN-ZUR) — PAYMENT PERIOD: 01/30/2010 THRU 02/05/2010

PERIOD: 01/01/09-01/01/10
REPORTING LEVEL: MARIS GROVE
LOCATION: 612-2

Claim Number / Loss Date / Payee Name	Cov/Clm	Rpt Dsc / Abbreviated Loss Description	Claimant/Driver Name / Social Security No.	Check Number / Payment For	Issue Dt	Disbrst Amt	Payment Message
186CN051038 12/19/09 RIDDLE MEMORIAL HOSPITAL	20/WC-SI	EE WAS WALKING THROUGH THE PARKING LOT	IMPERATRICE*MICHAEL 201-50-8386	284-0-351-097	02/03/10	16.21	MED PMT HOSPITAL
186CN051038 12/19/09 BROADSPIRE SERVICES	20/WC-SI	EE WAS WALKING THROUGH THE PARKING LOT	IMPERATRICE*MICHAEL 201-50-8386	SG-0-351-044	02/03/10	3.90	EXP PMT MED BILL REVIEW
186CN051038 12/19/09 BROADSPIRE SERVICES	20/WC-SI	EE WAS WALKING THROUGH THE PARKING LOT	IMPERATRICE*MICHAEL 201-50-8386	SG-0-351-097	02/03/10	3.90	EXP PMT MED BILL REVIEW
612-2					Totals	89.96	

LOCATION: 612-3

Claim Number / Loss Date / Payee Name	Cov/Clm	Rpt Dsc / Abbreviated Loss Description	Claimant/Driver Name / Social Security No.	Check Number / Payment For	Issue Dt	Disbrst Amt	Payment Message
186CN035485 10/01/09 BROADSPIRE SERVICES	20/WC-SI	EE BENT DOWN TO DUST A TABLE, FELT PAIN	DRAGONE*MARGARET 184-52-1360	JF-0-179-229	02/01/10	15.33	MED PMT PRESCRIPTION
186CN051044 12/19/09 MAINLINE EMERGENCY MEDICINE	20/WC-SI	EE WAS REMOVING THE SNOW FROM SIDEWALK,	WINN*TIM 175-62-6479	284-0-352-936	02/04/10	125.54	MED PMT OTHER MED PROV
186CN051044 12/19/09 BROADSPIRE SERVICES	20/WC-SI	EE WAS REMOVING THE SNOW FROM SIDEWALK,	WINN*TIM 175-62-6479	SG-0-352-936	02/04/10	3.90	EXP PMT MED BILL REVIEW
612-3					Totals	144.77	

PERIOD: 01/01/09-01/01/10
REPORTING LEVEL: MARIS GROVE
LOCATION: 612-4

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description ----- / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
186CN049724 12/12/09 RIDDLE MEMORIAL HOSPITAL	20/WC-SI EE WAS APPLYING RESIDENTS SOCK. RESIDENT	RHUDD*JAYNEL 221-04-3920	284-0-347-313	02/02/10	28.09	MED PMT HOSPITAL
186CN049724 12/12/09 RIDDLE MEMORIAL HOSPITAL	20/WC-SI EE WAS APPLYING RESIDENTS SOCK. RESIDENT	RHUDD*JAYNEL 221-04-3920	284-0-347-314	02/02/10	398.20	MED PMT HOSPITAL
186CN049724 12/12/09 BROADSPIRE SERVICES	20/WC-SI EE WAS APPLYING RESIDENTS SOCK. RESIDENT	RHUDD*JAYNEL 221-04-3920	SG-0-347-313	02/02/10	3.90	EXP PMT MED BILL REVIEW
186CN049724 12/12/09 BROADSPIRE SERVICES	20/WC-SI EE WAS APPLYING RESIDENTS SOCK. RESIDENT	RHUDD*JAYNEL 221-04-3920	SG-0-347-314	02/02/10	3.90	EXP PMT MED BILL REVIEW
	612-4			Totals	434.09	

LOCATION: 612-5

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description ----- / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
186CN051467 12/22/09 RIDDLE MEMORIAL HOSPITAL	20/WC-SI THE EE WAS BITE BY A DOG. PUNCTURE TO L	MAHDI*DENISE 191-56-0514	284-0-355-995	02/05/10	9.73	MED PMT HOSPITAL
186CN051467 12/22/09 BROADSPIRE SERVICES	20/WC-SI THE EE WAS BITE BY A DOG. PUNCTURE TO L	MAHDI*DENISE 191-56-0514	SG-0-355-995	02/05/10	1.94	EXP PMT PPO

PERIOD: 01/01/09-01/01/10

REPORTING LEVEL: MARIS GROVE

LOCATION: 612-5

Claim Number / Loss Date / Payee Name	Cov/Clm	Rpt Dsc / Abbreviated Loss Description	Claimant/Driver Name / Social Security No. / Payment For	Check Number	Issue Dt	Disbrst Amt	Payment Message
186CN051467 12/22/09 BROADSPIRE SERVICES	20/WC-SI	THE EE WAS BITE BY A DOG. PUNCTURE TO L	MAHDI*DENISE 191-56-0514	SG-0-355-995	02/05/10	3.90	EXP PMT MED BILL REVIEW
		612-5			Totals	15.57	
		MARIS GROVE			Totals	684.39	

REPORTING LEVEL: MONARCH LANDING

LOCATION: 656-2

Claim Number / Loss Date / Payee Name	Cov/Clm	Rpt Dsc / Abbreviated Loss Description	Claimant/Driver Name / Social Security No. / Payment For	Check Number	Issue Dt	Disbrst Amt	Payment Message
186CN052657 12/01/09 ANDREW V WAHL, DPM	20/WC-SI	EE WAS JUMPING TO REACH AN EXHAUST SWITC	VOLPERT*JULIE 333-58-0037	284-0-342-844	02/01/10	97.50	MED PMT OTHER MED PROV
186CN052657 12/01/09 ANDREW V WAHL, DPM	20/WC-SI	EE WAS JUMPING TO REACH AN EXHAUST SWITC	VOLPERT*JULIE 333-58-0037	284-0-342-844	02/01/10	229.27	MED PMT MED SUPPLIES
186CN052657 12/01/09 ANDREW V WAHL, DPM	20/WC-SI	EE WAS JUMPING TO REACH AN EXHAUST SWITC	VOLPERT*JULIE 333-58-0037	284-0-352-911	02/04/10	91.26	MED PMT OTHER MED PROV
186CN052657 12/01/09 BROADSPIRE SERVICES	20/WC-SI	EE WAS JUMPING TO REACH AN EXHAUST SWITC	VOLPERT*JULIE 333-58-0037	SG-0-342-844	02/01/10	3.90	EXP PMT MED BILL REVIEW

PERIOD: 01/01/09-01/01/10

REPORTING LEVEL: MONARCH LANDING

LOCATION: 656-2

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description -----	Claimant/Driver Name / Payment For	Check Number / Social Security No.	Issue Dt	Disbrst Amt	Payment Message
186CN052657 12/01/09 BROADSPIRE SERVICES	20/WC-SI EE WAS JUMPING TO REACH AN EXHAUST SWITC	VOLPERT*JULIE	SG-0-342-844 333-58-0037	02/01/10	38.47	EXP PMT PPO
186CN052657 12/01/09 BROADSPIRE SERVICES	20/WC-SI EE WAS JUMPING TO REACH AN EXHAUST SWITC	VOLPERT*JULIE	SG-0-352-911 333-58-0037	02/04/10	3.90	EXP PMT MED BILL REVIEW
186CN052657 12/01/09 BROADSPIRE SERVICES	20/WC-SI EE WAS JUMPING TO REACH AN EXHAUST SWITC	VOLPERT*JULIE	SG-0-352-911 333-58-0037	02/04/10	19.12	EXP PMT PPO
	656-2			Totals	483.42	
	MONARCH LANDING			Totals	483.42	

REPORTING LEVEL: OAK CREST VILLAGE

LOCATION: 603-2

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description -----	Claimant/Driver Name / Payment For	Check Number / Social Security No.	Issue Dt	Disbrst Amt	Payment Message
186CN052063 12/25/09 UNION MEMORIAL HOSPITAL	20/WC-SI EE HAD FINISHED SHARPENING HIS KNIFE AND	CARROLL*CHRIS	284-0-348-214 217-27-5055	02/02/10	1,809.75	MED PMT HOSPITAL
186CN052063 12/25/09 CHRIS CARROLL	10/WC-SI EE HAD FINISHED SHARPENING HIS KNIFE AND	CARROLL*CHRIS	651-0-205-027 217-27-5055	02/01/10	267.00	LOSS PMT TEMP TOT DISAB

PERIOD: 01/01/09-01/01/10
REPORTING LEVEL: OAK CREST VILLAGE
LOCATION: 603-2

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / Abbreviated Loss Description / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
186CN052063 12/25/09 BROADSPIRE SERVICES	20/WC-SI EE HAD FINISHED SHARPENING HIS KNIFE AND	CARROLL*CHRIS 217-27-5055	SG-0-348-214	02/02/10	5.48	EXP PMT PPO
186CN052063 12/25/09 BROADSPIRE SERVICES	20/WC-SI EE HAD FINISHED SHARPENING HIS KNIFE AND	CARROLL*CHRIS 217-27-5055	SG-0-348-214	02/02/10	10.40	EXP PMT MED BILL REVIEW
	603-2			Totals	2,092.63	

LOCATION: 603-4

256CN209776 02/17/09 FRANKLIN SQUARE HOSP CTR INC	20/WC-SI WHILE REACHING AND TURNING, EE STRAINED	MERSON*LOIS 215-66-2560	284-0-348-209	02/02/10	204.93	MED PMT HOSPITAL
256CN209776 02/17/09 BROADSPIRE SERVICES	20/WC-SI WHILE REACHING AND TURNING, EE STRAINED	MERSON*LOIS 215-66-2560	SG-0-348-209	02/02/10	0.62	EXP PMT PPO
256CN209776 02/17/09 BROADSPIRE SERVICES	20/WC-SI WHILE REACHING AND TURNING, EE STRAINED	MERSON*LOIS 215-66-2560	SG-0-348-209	02/02/10	3.90	EXP PMT MED BILL REVIEW
	603-4			Totals	209.45	
	OAK CREST VILLAGE			Totals	2,302.08	

PERIOD: 01/01/09-01/01/10
REPORTING LEVEL: RIDERWOOD VILLAGE
LOCATION: 606-2

Claim Number / Loss Date / Payee Name	Cov/Clm	Rpt Dsc / Abbreviated Loss Description / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
186CN004622 06/10/09 MD GEN CLINICAL PRACTICE GRP	20/WC-SI	EE WAS TRANSFERRING N116 FROM TOILET TO	CARBERRY*LINDA 219-78-1916	284-0-348-230	02/02/10	24.87	MED PMT OTHER MED PROV
186CN004622 06/10/09 UNIVERSAL SMART COMP	20/WC-SI	EE WAS TRANSFERRING N116 FROM TOILET TO	CARBERRY*LINDA 219-78-1916	284-0-356-658	02/05/10	10.21	MED PMT MED SUPPLIES
186CN004622 06/10/09 UNIVERSAL SMART COMP	20/WC-SI	EE WAS TRANSFERRING N116 FROM TOILET TO	CARBERRY*LINDA 219-78-1916	284-0-356-658	02/05/10	80.66	MED PMT PHYS THERAPY
186CN004622 06/10/09 BROADSPIRE SERVICES	20/WC-SI	EE WAS TRANSFERRING N116 FROM TOILET TO	CARBERRY*LINDA 219-78-1916	SG-0-348-230	02/02/10	0.83	EXP PMT PPO
186CN004622 06/10/09 BROADSPIRE SERVICES	20/WC-SI	EE WAS TRANSFERRING N116 FROM TOILET TO	CARBERRY*LINDA 219-78-1916	SG-0-348-230	02/02/10	3.90	EXP PMT MED BILL REVIEW
186CN004622 06/10/09 BROADSPIRE SERVICES	20/WC-SI	EE WAS TRANSFERRING N116 FROM TOILET TO	CARBERRY*LINDA 219-78-1916	SG-0-356-658	02/05/10	6.50	EXP PMT MED BILL REVIEW
186CN004622 06/10/09 BROADSPIRE SERVICES	20/WC-SI	EE WAS TRANSFERRING N116 FROM TOILET TO	CARBERRY*LINDA 219-78-1916	SG-0-356-658	02/05/10	9.28	EXP PMT PPO

PERIOD: 01/01/09-01/01/10

REPORTING LEVEL: RIDERWOOD VILLAGE

LOCATION: 606-2

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description ----- / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
186CN029456 09/03/09 DRS MININBERG AND FECHTER PA	20/WC-SI EE WAS WALKING IN THE KITCHEN ON RC 5 &	KOBE*ELEANOR 217-73-1650	284-0-348-249	02/02/10	109.41	MED PMT OTHER MED PROV
186CN029456 09/03/09 BROADSPIRE SERVICES	20/WC-SI EE WAS WALKING IN THE KITCHEN ON RC 5 &	KOBE*ELEANOR 217-73-1650	SG-0-348-249	02/02/10	3.90	EXP PMT MED BILL REVIEW
	606-2			Totals	249.56	

LOCATION: 606-3

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description ----- / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
186CN036106 10/05/09 RIDERWOOD VILLAGE	20/WC-SI EE WAS VACUUMING W/ HER R HAND & NOTICED	SALVADOR*MARIA 602-18-2984	284-0-348-207	02/02/10	361.51	MED PMT PHYS THERAPY
186CN036106 10/05/09 RIDERWOOD VILLAGE	20/WC-SI EE WAS VACUUMING W/ HER R HAND & NOTICED	SALVADOR*MARIA 602-18-2984	284-0-348-208	02/02/10	427.47	MED PMT PHYS THERAPY
186CN036106 10/05/09 BROADSPIRE SERVICES	20/WC-SI EE WAS VACUUMING W/ HER R HAND & NOTICED	SALVADOR*MARIA 602-18-2984	SG-0-348-207	02/02/10	9.10	EXP PMT MED BILL REVIEW
186CN036106 10/05/09 BROADSPIRE SERVICES	20/WC-SI EE WAS VACUUMING W/ HER R HAND & NOTICED	SALVADOR*MARIA 602-18-2984	SG-0-348-208	02/02/10	10.40	EXP PMT MED BILL REVIEW

PERIOD: 01/01/09-01/01/10
REPORTING LEVEL: RIDERWOOD VILLAGE
LOCATION: 606-3

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description -----	Claimant/Driver Name / Social Security No. / Payment For	Check Number	Issue Dt	Disbrst Amt	Payment Message
256CN209656 01/27/09 WASHINGTON ORTHOPAEDIC AND KNEE	20/WC-SI SLIPPED ON WET FLOOR AND INJURED L KNEE	WILLIAMS*LIGE 578-60-0764	284-0-348-221	02/02/10	83.53	MED PMT OTHER MED PROV
256CN209656 01/27/09 WASHINGTON ORTHOPAEDIC AND KNEE	20/WC-SI SLIPPED ON WET FLOOR AND INJURED L KNEE	WILLIAMS*LIGE 578-60-0764	284-0-348-221	02/02/10	158.40	MED PMT MED SUPPLIES
256CN209656 01/27/09 BROADSPIRE SERVICES	20/WC-SI SLIPPED ON WET FLOOR AND INJURED L KNEE	WILLIAMS*LIGE 578-60-0764	SG-0-348-221	02/02/10	16.97	EXP PMT MED BILL REVIEW
	606-3			Totals	1,067.38	

LOCATION: 606-4

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description -----	Claimant/Driver Name / Social Security No. / Payment For	Check Number	Issue Dt	Disbrst Amt	Payment Message
186CN037692 10/13/09 SECURE MEDICAL CARE	20/WC-SI EE WAS PASSING OUT MEDICATIONS AND WAS G	LAWAL*SAIDAT 219-27-3997	284-0-348-233	02/02/10	166.82	MED PMT OTHER MED PROV
186CN037692 10/13/09 BROADSPIRE SERVICES	20/WC-SI EE WAS PASSING OUT MEDICATIONS AND WAS G	LAWAL*SAIDAT 219-27-3997	SG-0-348-233	02/02/10	4.93	EXP PMT PPO
186CN037692 10/13/09 BROADSPIRE SERVICES	20/WC-SI EE WAS PASSING OUT MEDICATIONS AND WAS G	LAWAL*SAIDAT 219-27-3997	SG-0-348-233	02/02/10	21.61	EXP PMT MED BILL REVIEW

PERIOD: 01/01/09-01/01/10

REPORTING LEVEL: RIDERWOOD VILLAGE

LOCATION: 606-4

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description ----- / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
	606-4			Totals	193.36	
	RIDERWOOD VILLAGE			Totals	1,510.30	

REPORTING LEVEL: SEABROOK VILLAGE

LOCATION: 604-3

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description ----- / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
186CN038910 10/19/09 BROADSPIRE SERVICES	20/WC-SI 10/19/09 AT 10:30 AM, THE CLAIMANT WAS O	STEVENSON*HOWARD 138-34-1829	SG-0-347-724	02/02/10	162.96	EXP PMT MED BILL REVIEW
186CN050707 12/10/09 ORTHOPAEDIC INSTITUTE OF CENTRAL JE	20/WC-SI EE WAS VACCUMING PLEATED CURTAINS FOR AN	MATTHEWS*CONSUELO 119-42-6457	284-0-354-717	02/05/10	323.40	MED PMT OTHER MED PROV
186CN050707 12/10/09 BROADSPIRE SERVICES	20/WC-SI EE WAS VACCUMING PLEATED CURTAINS FOR AN	MATTHEWS*CONSUELO 119-42-6457	SG-0-354-717	02/05/10	41.53	EXP PMT MED BILL REVIEW
186CN050707 12/10/09 BROADSPIRE SERVICES	20/WC-SI EE WAS VACCUMING PLEATED CURTAINS FOR AN	MATTHEWS*CONSUELO 119-42-6457	SG-0-354-717	02/05/10	91.07	EXP PMT PPO
	604-3			Totals	618.96	

PERIOD: 01/01/09-01/01/10
REPORTING LEVEL: SEABROOK VILLAGE
LOCATION: 604-4

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description ----- / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
186CN033435 09/23/09 LABORATORY CORPORATION OF AMER	20/WC-SI EE HAD A NEEDLESTICK INJURY ON LEFT MIDD	YOUNG*JANICE 156-50-6159	284-0-353-389	02/04/10	64.93	MED PMT OTHER
186CN033435 09/23/09 BROADSPIRE SERVICES	20/WC-SI EE HAD A NEEDLESTICK INJURY ON LEFT MIDD	YOUNG*JANICE 156-50-6159	SG-0-353-389	02/04/10	6.50	EXP PMT MED BILL REVIEW
186CN033435 09/23/09 BROADSPIRE SERVICES	20/WC-SI EE HAD A NEEDLESTICK INJURY ON LEFT MIDD	YOUNG*JANICE 156-50-6159	SG-0-353-389	02/04/10	123.92	EXP PMT PPO
186CN051428 12/20/09 ORTHOPAEDIC SPINE INSTITUTE	20/WC-SI THE EE WAS PUSHED BY A RESIDENT AS SHE W	ETIENNE*DIEULA 150-88-6582	284-0-350-838	02/03/10	342.40	MED PMT OTHER MED PROV
186CN051428 12/20/09 ALIGN NETWORKS INC	20/WC-SI THE EE WAS PUSHED BY A RESIDENT AS SHE W	ETIENNE*DIEULA 150-88-6582	284-0-350-930	02/03/10	114.43	MED PMT PHYS THERAPY
186CN051428 12/20/09 ALIGN NETWORKS INC	20/WC-SI THE EE WAS PUSHED BY A RESIDENT AS SHE W	ETIENNE*DIEULA 150-88-6582	284-0-350-931	02/03/10	114.43	MED PMT PHYS THERAPY
186CN051428 12/20/09 BROADSPIRE SERVICES	20/WC-SI THE EE WAS PUSHED BY A RESIDENT AS SHE W	ETIENNE*DIEULA 150-88-6582	SG-0-350-838	02/03/10	12.78	EXP PMT MED BILL REVIEW

PERIOD: 01/01/09-01/01/10
REPORTING LEVEL: SEABROOK VILLAGE
LOCATION: 604-4

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description ----- / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
186CN051428 12/20/09 BROADSPIRE SERVICES	20/WC-SI THE EE WAS PUSHED BY A RESIDENT AS SHE W	ETIENNE*DIEULA 150-88-6582	SG-0-350-838	02/03/10	17.60	EXP PMT PPO
186CN051428 12/20/09 BROADSPIRE SERVICES	20/WC-SI THE EE WAS PUSHED BY A RESIDENT AS SHE W	ETIENNE*DIEULA 150-88-6582	SG-0-350-930	02/03/10	6.50	EXP PMT MED BILL REVIEW
186CN051428 12/20/09 BROADSPIRE SERVICES	20/WC-SI THE EE WAS PUSHED BY A RESIDENT AS SHE W	ETIENNE*DIEULA 150-88-6582	SG-0-350-930	02/03/10	41.96	EXP PMT PPO
186CN051428 12/20/09 BROADSPIRE SERVICES	20/WC-SI THE EE WAS PUSHED BY A RESIDENT AS SHE W	ETIENNE*DIEULA 150-88-6582	SG-0-350-931	02/03/10	6.50	EXP PMT MED BILL REVIEW
186CN051428 12/20/09 BROADSPIRE SERVICES	20/WC-SI THE EE WAS PUSHED BY A RESIDENT AS SHE W	ETIENNE*DIEULA 150-88-6582	SG-0-350-931	02/03/10	41.96	EXP PMT PPO
	604-4			Totals	893.91	
	SEABROOK VILLAGE			Totals	1,512.87	

PERIOD: 01/01/09-01/01/10

REPORTING LEVEL: SEDGEBROOK

LOCATION: 617-2

Claim Number / Loss Date / Payee Name	Cov/Clm	Rpt Dsc / ----- Abbreviated Loss Description ----- / Payment For	Claimant/Driver Name	Check Number / Social Security No.	Issue Dt	Disbrst Amt	Payment Message
534CN378912 01/29/09 IRMA DELATORRE	10/WC-SI	CO-WORKER BROUGHT IN DOCTORS NOTE STATIN	DELATORRE*IRMA	651-0-205-460 365-42-6183	02/01/10	278.39	LOSS PMT TEMP TOT DISAB
		617-2			Totals	278.39	
		SEDGEBROOK			Totals	278.39	

REPORTING LEVEL: TALL GRASS

LOCATION: 633-2

Claim Number / Loss Date / Payee Name	Cov/Clm	Rpt Dsc / ----- Abbreviated Loss Description ----- / Payment For	Claimant/Driver Name	Check Number / Social Security No.	Issue Dt	Disbrst Amt	Payment Message
186CN046846 11/29/09 ER PHYSICIANS SOUTH PA	20/WC-SI	HE WAS REMOVING A CARDBOARD BOX FROM SHE	MUNAR*RAUL	284-0-346-557 510-23-5183	02/02/10	34.84	MED PMT OTHER MED PROV
186CN046846 11/29/09 BROADSPIRE SERVICES	20/WC-SI	HE WAS REMOVING A CARDBOARD BOX FROM SHE	MUNAR*RAUL	SG-0-346-557 510-23-5183	02/02/10	3.90	EXP PMT MED BILL REVIEW
		633-2			Totals	38.74	

LOCATION: 633-5

Claim Number / Loss Date / Payee Name	Cov/Clm	Rpt Dsc / ----- Abbreviated Loss Description ----- / Payment For	Claimant/Driver Name	Check Number / Social Security No.	Issue Dt	Disbrst Amt	Payment Message
186CN048613 12/08/09 ALIGN NETWORKS INC	20/WC-SI	SLIPPED GOING DOWN RAMP WITH RECYCLING C	WILKERSON*DAVID	284-0-351-718 356-58-0870	02/03/10	74.25	MED PMT PHYS THERAPY

PERIOD: 01/01/09-01/01/10

REPORTING LEVEL: TALL GRASS

LOCATION: 633-5

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description ----- / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
186CN048613 12/08/09 BROADSPIRE SERVICES	20/WC-SI SLIPPED GOING DOWN RAMP WITH RECYCLING	WILKERSON*DAVID C 356-58-0870	SG-0-351-718	02/03/10	3.90	EXP PMT MED BILL REVIEW
186CN048613 12/08/09 BROADSPIRE SERVICES	20/WC-SI SLIPPED GOING DOWN RAMP WITH RECYCLING	WILKERSON*DAVID C 356-58-0870	SG-0-351-718	02/03/10	16.13	EXP PMT PPO
	633-5			Totals	94.28	
	TALL GRASS			Totals	133.02	

REPORTING LEVEL: WIND CREST

LOCATION: 654-2

186CN023577 08/06/09 BROADSPIRE SERVICES	20/WC-SI EE WAS EXPOSED TO CARBON MONOXIDE CAUSIN	CARMEN*AMANDA 523-83-2901	SG-0-342-928	02/01/10	16.90	EXP PMT MED BILL REVIEW
	654-2			Totals	16.90	

LOCATION: 654-3

186CN027282 08/21/09 OCCUPATIONAL HEALTH CENTERS	20/WC-SI EE WAS PERFORMING A LIFT ASSIST WHEN IT	ROLDAN*AURA 652-20-1700	284-0-347-882	02/02/10	80.79	MED PMT OTHER MED PROV

PERIOD: 01/01/09-01/01/10
REPORTING LEVEL: WIND CREST
LOCATION: 654-3

Claim Number / Loss Date / Payee Name	Cov/Clm	Rpt Dsc / ----- Abbreviated Loss Description ----- / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
186CN027282	20/WC-SI		ROLDAN*AURA	SG-0-347-882	02/02/10	0.50	EXP PMT PPO
08/21/09		EE WAS PERFORMING A LIFT ASSIST WHEN IT	652-20-1700				
BROADSPIRE SERVICES							
186CN027282	20/WC-SI		ROLDAN*AURA	SG-0-347-882	02/02/10	3.90	EXP PMT MED BILL REVIEW
08/21/09		EE WAS PERFORMING A LIFT ASSIST WHEN IT	652-20-1700				
BROADSPIRE SERVICES							
186CN051890	20/WC-SI		THOMAS*SHARON	284-0-347-888	02/02/10	281.28	MED PMT OTHER MED PROV
12/24/09		EE WAS DRAWING BLOOD FROM PT AND WHEN SH	524-98-6960				
OCCUPATIONAL HEALTH CENTERS							
186CN051890	20/WC-SI		THOMAS*SHARON	SG-0-347-888	02/02/10	1.72	EXP PMT PPO
12/24/09		EE WAS DRAWING BLOOD FROM PT AND WHEN SH	524-98-6960				
BROADSPIRE SERVICES							
186CN051890	20/WC-SI		THOMAS*SHARON	SG-0-347-888	02/02/10	11.70	EXP PMT MED BILL REVIEW
12/24/09		EE WAS DRAWING BLOOD FROM PT AND WHEN SH	524-98-6960				
BROADSPIRE SERVICES							
186CN052798	20/WC-SI		COX*AMANDA	284-0-347-884	02/02/10	80.79	MED PMT OTHER MED PROV
12/21/09		SHE WAS LIFTING CANNED FOOD OFF THE FLO	524-65-8522				
OCCUPATIONAL HEALTH CENTERS							
186CN052798	20/WC-SI		COX*AMANDA	284-0-350-200	02/03/10	80.79	MED PMT OTHER MED PROV
12/21/09		SHE WAS LIFTING CANNED FOOD OFF THE FLO	524-65-8522				
OCCUPATIONAL HEALTH CENTERS							

PERIOD: 01/01/09-01/01/10
REPORTING LEVEL: WIND CREST
LOCATION: 654-3

Claim Number / Loss Date / Payee Name	Cov/Clm	Rpt Dsc / ----- Abbreviated Loss Description -----	Claimant/Driver Name / Payment For	Check Number / Social Security No.	Issue Dt	Disbrst Amt	Payment Message
186CN052798 12/21/09 UNIVERSAL SMART COMP	20/WC-SI	SHE WAS LIFTING CANNED FOOD OFF THE FLO	COX*AMANDA	284-0-353-929 524-65-8522	02/04/10	99.82	MED PMT PHYS THERAPY
186CN052798 12/21/09 UNIVERSAL SMART COMP	20/WC-SI	SHE WAS LIFTING CANNED FOOD OFF THE FLO	COX*AMANDA	284-0-353-930 524-65-8522	02/04/10	99.82	MED PMT PHYS THERAPY
186CN052798 12/21/09 BROADSPIRE SERVICES	20/WC-SI	SHE WAS LIFTING CANNED FOOD OFF THE FLO	COX*AMANDA	SG-0-347-884 524-65-8522	02/02/10	0.50	EXP PMT PPO
186CN052798 12/21/09 BROADSPIRE SERVICES	20/WC-SI	SHE WAS LIFTING CANNED FOOD OFF THE FLO	COX*AMANDA	SG-0-347-884 524-65-8522	02/02/10	3.90	EXP PMT MED BILL REVIEW
186CN052798 12/21/09 BROADSPIRE SERVICES	20/WC-SI	SHE WAS LIFTING CANNED FOOD OFF THE FLO	COX*AMANDA	SG-0-350-200 524-65-8522	02/03/10	0.50	EXP PMT PPO
186CN052798 12/21/09 BROADSPIRE SERVICES	20/WC-SI	SHE WAS LIFTING CANNED FOOD OFF THE FLO	COX*AMANDA	SG-0-350-200 524-65-8522	02/03/10	3.90	EXP PMT MED BILL REVIEW
186CN052798 12/21/09 BROADSPIRE SERVICES	20/WC-SI	SHE WAS LIFTING CANNED FOOD OFF THE FLO	COX*AMANDA	SG-0-353-929 524-65-8522	02/04/10	6.50	EXP PMT MED BILL REVIEW

BROADSPIRE
a Crawford Company

BROADSPIRE USA - Claim Issued Check List (Billable)
ERICKSON RETIREMENT COMMUNITIES(IN-ZUR)

ERICKSON RETIREMENT COMMUNITIES(IN-ZUR)
PAYMENT PERIOD: 01/30/2010 THRU 02/05/2010

PERIOD: 01/01/09-01/01/10
REPORTING LEVEL: WIND CREST
LOCATION: 654-3

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description ----- / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
186CN052798 12/21/09 BROADSPIRE SERVICES	20/WC-SI SHE WAS LIFTING CANNED FOOD OFF THE FLO	COX*AMANDA 524-65-8522	SG-0-353-929	02/04/10	8.73	EXP PMT PPO
186CN052798 12/21/09 BROADSPIRE SERVICES	20/WC-SI SHE WAS LIFTING CANNED FOOD OFF THE FLO	COX*AMANDA 524-65-8522	SG-0-353-930	02/04/10	6.50	EXP PMT MED BILL REVIEW
186CN052798 12/21/09 BROADSPIRE SERVICES	20/WC-SI SHE WAS LIFTING CANNED FOOD OFF THE FLO	COX*AMANDA 524-65-8522	SG-0-353-930	02/04/10	8.73	EXP PMT PPO
	654-3			Totals	780.37	
	WIND CREST			Totals	797.27	
	01/01/09-01/01/10			Totals	30,564.92	

PERIOD: 01/01/10-01/01/11
REPORTING LEVEL: ANNE'S CHOICE
LOCATION: 619-2

Claim Number / Loss Date / Payee Name	Cov/Clm	Rpt Dsc / Abbreviated Loss Description / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
186CN054790 01/13/10 PHILA OCCHEALTH DBA WORKNET OCC MED	20/WC-SI	EE was loading plates into dish machine	LUECKE*KARL 200-72-9462	284-0-356-106	02/05/10	19.40	MED PMT MED SUPPLIES
186CN054790 01/13/10 PHILA OCCHEALTH DBA WORKNET OCC MED	20/WC-SI	EE was loading plates into dish machine	LUECKE*KARL 200-72-9462	284-0-356-106	02/05/10	82.88	MED PMT OTHER MED PROV
186CN054790 01/13/10 BROADSPIRE SERVICES	20/WC-SI	EE was loading plates into dish machine	LUECKE*KARL 200-72-9462	SG-0-356-106	02/05/10	0.95	EXP PMT PPO
186CN054790 01/13/10 BROADSPIRE SERVICES	20/WC-SI	EE was loading plates into dish machine	LUECKE*KARL 200-72-9462	SG-0-356-106	02/05/10	3.90	EXP PMT MED BILL REVIEW
		619-2			Totals	107.13	
		ANNE'S CHOICE			Totals	107.13	

REPORTING LEVEL: BROOKSBY VILLAGE
LOCATION: 625-4

186CN054710 01/11/10 QUADRANT HEALTH STRATEGIES INC	20/WC-SI	EE WAS ATTEMPTING TO TRANSFER AND RG PAT 014-86-3652	BASTOS*PRISCILA 014-86-3652	284-0-355-680	02/05/10	194.44	MED PMT OTHER MED PROV

PERIOD: 01/01/10-01/01/11
REPORTING LEVEL: BROOKSBY VILLAGE
LOCATION: 625-4

Claim Number / Loss Date / Payee Name	Cov/Clm	Rpt Dsc / Abbreviated Loss Description / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
186CN054710 01/11/10 QUADRANT HEALTH STRATEGIES INC	20/WC-SI	EE WAS ATTEMPTING TO TRANSFER AND RG PAT	BASTOS*PRISCILA 014-86-3652	284-0-355-681	02/05/10	98.77	MED PMT OTHER MED PROV
186CN054710 01/11/10 QUADRANT HEALTH STRATEGIES INC	20/WC-SI	EE WAS ATTEMPTING TO TRANSFER AND RG PAT	BASTOS*PRISCILA 014-86-3652	284-0-355-682	02/05/10	98.77	MED PMT OTHER MED PROV
186CN054710 01/11/10 BROADSPIRE SERVICES	20/WC-SI	EE WAS ATTEMPTING TO TRANSFER AND RG PAT	BASTOS*PRISCILA 014-86-3652	SG-0-355-680	02/05/10	3.90	EXP PMT MED BILL REVIEW
186CN054710 01/11/10 BROADSPIRE SERVICES	20/WC-SI	EE WAS ATTEMPTING TO TRANSFER AND RG PAT	BASTOS*PRISCILA 014-86-3652	SG-0-355-681	02/05/10	3.90	EXP PMT MED BILL REVIEW
186CN054710 01/11/10 BROADSPIRE SERVICES	20/WC-SI	EE WAS ATTEMPTING TO TRANSFER AND RG PAT	BASTOS*PRISCILA 014-86-3652	SG-0-355-682	02/05/10	3.90	EXP PMT MED BILL REVIEW
186CN054988 01/15/10 QUADRANT HEALTH STRATEGIES INC	20/WC-SI	EE WAS TRANSFERRING RESIDENT IN A HOYER	BERTWELL*LISA 010-72-3951	284-0-355-677	02/05/10	20.00	MED PMT MED SUPPLIES
186CN054988 01/15/10 QUADRANT HEALTH STRATEGIES INC	20/WC-SI	EE WAS TRANSFERRING RESIDENT IN A HOYER	BERTWELL*LISA 010-72-3951	284-0-355-677	02/05/10	133.45	MED PMT OTHER MED PROV

PERIOD: 01/01/10-01/01/11

REPORTING LEVEL: BROOKSBY VILLAGE

LOCATION: 625-4

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description ----- / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
186CN054988 01/15/10 BROADSPIRE SERVICES	20/WC-SI EE WAS TRANSFERRING RESIDENT IN A HOYER	BERTWELL*LISA 010-72-3951	SG-0-355-677	02/05/10	3.90	EXP PMT MED BILL REVIEW
	625-4			Totals	561.03	
	BROOKSBY VILLAGE			Totals	561.03	

REPORTING LEVEL: CEDAR CREST VILLAGE

LOCATION: 607-3

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description ----- / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
186CN052841 01/04/10 CHILTON OCCUPATIONAL HEALTH CENTER	20/WC-SI EE STATED THAT APPROXIMATELY AT 345AM ON	BOWER*DIANE 528-92-9837	284-0-350-860	02/03/10	6.07	MED PMT MED SUPPLIES
186CN052841 01/04/10 CHILTON OCCUPATIONAL HEALTH CENTER	20/WC-SI EE STATED THAT APPROXIMATELY AT 345AM ON	BOWER*DIANE 528-92-9837	284-0-350-860	02/03/10	331.06	MED PMT OTHER MED PROV
186CN052841 01/04/10 BROADSPIRE SERVICES	20/WC-SI EE STATED THAT APPROXIMATELY AT 345AM ON	BOWER*DIANE 528-92-9837	SG-0-350-860	02/03/10	3.90	EXP PMT MED BILL REVIEW
	607-3			Totals	341.03	
	CEDAR CREST VILLAGE			Totals	341.03	

PERIOD: 01/01/10-01/01/11
REPORTING LEVEL: ERICKSON RETIREMENT CO
LOCATION: CORP3101

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description ----- / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
186CN055638 01/20/10 SMALDORE FAMILY PRACTICE ASSOCIATES	20/WC-SI FELL OFF CURB IN GARAGE, TWISTED RIGHT S	BYRNES*CONNIE 215-78-2543	284-0-353-761	02/04/10	72.70	MED PMT OTHER MED PROV
186CN055638 01/20/10 BROADSPIRE SERVICES	20/WC-SI FELL OFF CURB IN GARAGE, TWISTED RIGHT S	BYRNES*CONNIE 215-78-2543	SG-0-353-761	02/04/10	3.90	EXP PMT MED BILL REVIEW
	CORP3101			Totals	76.60	
	ERICKSON RETIREMENT CO			Totals	76.60	

REPORTING LEVEL: FOX RUN
LOCATION: 629-4

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description ----- / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
186CN054974 01/14/10 OCCUPATIONAL HEALTH CENTERS	20/WC-SI SLIPPED ON PATCH OF ICE IN PARKING LOT C	MCNORIELL*SHARRON 377-66-3123	284-0-350-286	02/03/10	169.64	MED PMT PHYS THERAPY
186CN054974 01/14/10 OCCUPATIONAL HEALTH CENTERS	20/WC-SI SLIPPED ON PATCH OF ICE IN PARKING LOT C	MCNORIELL*SHARRON 377-66-3123	284-0-350-287	02/03/10	71.65	MED PMT OTHER MED PROV
186CN054974 01/14/10 BROADSPIRE SERVICES	20/WC-SI SLIPPED ON PATCH OF ICE IN PARKING LOT C	MCNORIELL*SHARRON 377-66-3123	SG-0-350-286	02/03/10	2.68	EXP PMT PPO

BROADSPIRE
a Crawford Company

BROADSPIRE USA - Claim Issued Check List (Billable)
ERICKSON RETIREMENT COMMUNITIES(IN-ZUR)

ERICKSON RETIREMENT COMMUNITIES(IN-ZUR)
PAYMENT PERIOD: 01/30/2010 THRU 02/05/2010

PERIOD: 01/01/10-01/01/11
REPORTING LEVEL: FOX RUN
LOCATION: 629-4

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description ----- / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
186CN054974 01/14/10 BROADSPIRE SERVICES	20/WC-SI SLIPPED ON PATCH OF ICE IN PARKING LOT	MCNORIELL*SHARRON C 377-66-3123	SG-0-350-286	02/03/10	3.90	EXP PMT MED BILL REVIEW
186CN054974 01/14/10 BROADSPIRE SERVICES	20/WC-SI SLIPPED ON PATCH OF ICE IN PARKING LOT	MCNORIELL*SHARRON C 377-66-3123	SG-0-350-287	02/03/10	1.13	EXP PMT PPO
186CN054974 01/14/10 BROADSPIRE SERVICES	20/WC-SI SLIPPED ON PATCH OF ICE IN PARKING LOT	MCNORIELL*SHARRON C 377-66-3123	SG-0-350-287	02/03/10	3.90	EXP PMT MED BILL REVIEW
	629-4			Totals	252.90	
	FOX RUN			Totals	252.90	

REPORTING LEVEL: GREENSPRING VILLAGE
LOCATION: 605-1

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description ----- / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
186CN054134 01/11/10 COMMONWEALTH ORTHOPAEDICS AND RE	20/WC-SI SHE WAS CLEANING AROUND THE TOILET BOWL	MORENO*MARTIZA 223-91-7280	284-0-353-791	02/04/10	302.00	MED PMT OTHER MED PROV
186CN054134 01/11/10 MARTIZA MORENO	10/WC-SI SHE WAS CLEANING AROUND THE TOILET BOWL	MORENO*MARTIZA 223-91-7280	651-0-205-008	02/01/10	455.46	LOSS PMT TEMP TOT DISAB

PERIOD: 01/01/10-01/01/11
REPORTING LEVEL: GREENSPRING VILLAGE
LOCATION: 605-1

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description ----- / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
186CN054134 01/11/10 BROADSPIRE SERVICES	20/WC-SI SHE WAS CLEANING AROUND THE TOILET BOWL	MORENO*MARTIZA 223-91-7280	SG-0-353-791	02/04/10	3.90	EXP PMT MED BILL REVIEW
186CN054134 01/11/10 BROADSPIRE SERVICES	20/WC-SI SHE WAS CLEANING AROUND THE TOILET BOWL	MORENO*MARTIZA 223-91-7280	SG-0-353-791	02/04/10	27.33	EXP PMT PPO
	605-1			Totals	788.69	
	GREENSPRING VILLAGE			Totals	788.69	

REPORTING LEVEL: HENRY FORD VILLAGE
LOCATION: 602-4

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description ----- / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
186CN055048 01/16/10 OCCUPATIONAL HEALTH CENTERS	20/WC-SI EE ASSISTING PT TO PUT BRIEF ON & STATES	OLOYEDE*EUNICE 214-88-7936	284-0-350-275	02/03/10	108.50	MED PMT OTHER MED PROV
186CN055048 01/16/10 BROADSPIRE SERVICES	20/WC-SI EE ASSISTING PT TO PUT BRIEF ON & STATES	OLOYEDE*EUNICE 214-88-7936	SG-0-350-275	02/03/10	1.71	EXP PMT PPO
186CN055048 01/16/10 BROADSPIRE SERVICES	20/WC-SI EE ASSISTING PT TO PUT BRIEF ON & STATES	OLOYEDE*EUNICE 214-88-7936	SG-0-350-275	02/03/10	3.90	EXP PMT MED BILL REVIEW

BROADSPIRE USA - Claim Issued Check List (Billable) — ERICKSON RETIREMENT COMMUNITIES(IN-ZUR)
ERICKSON RETIREMENT COMMUNITIES(IN-ZUR) — PAYMENT PERIOD: 01/30/2010 THRU 02/05/2010

PERIOD: 01/01/10-01/01/11

REPORTING LEVEL: HENRY FORD VILLAGE

LOCATION: 602-4

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description ----- / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
	602-4			Totals	114.11	
	HENRY FORD VILLAGE			Totals	114.11	

REPORTING LEVEL: MARIS GROVE

LOCATION: 612-4

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description ----- / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
186CN055452 01/16/10 RADIOLOGY ASSC OF THE MAINLINE	20/WC-SI EE WAS WALKING A PT INTO BATHROOM, PT SL 205-58-2083	NELSON*NAKIA 205-58-2083	284-0-353-009	02/04/10	7.00	MED PMT OTHER MED PROV
186CN055452 01/16/10 BROADSPIRE SERVICES	20/WC-SI EE WAS WALKING A PT INTO BATHROOM, PT SL 205-58-2083	NELSON*NAKIA 205-58-2083	SG-0-353-009	02/04/10	2.04	EXP PMT PPO
186CN055452 01/16/10 BROADSPIRE SERVICES	20/WC-SI EE WAS WALKING A PT INTO BATHROOM, PT SL 205-58-2083	NELSON*NAKIA 205-58-2083	SG-0-353-009	02/04/10	3.90	EXP PMT MED BILL REVIEW
	612-4			Totals	12.94	
	MARIS GROVE			Totals	12.94	

PERIOD: 01/01/10-01/01/11
REPORTING LEVEL: OAK CREST VILLAGE
LOCATION: 603-1

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description ----- / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
186CN054033 01/09/10 PATIENT FIRST	20/WC-SI EE WAS WALKING UP STEPS TO LOADING DOCK	STOFFREGEN*BETTY 218-38-4773	284-0-344-421	02/01/10	54.06	MED PMT MED SUPPLIES
186CN054033 01/09/10 PATIENT FIRST	20/WC-SI EE WAS WALKING UP STEPS TO LOADING DOCK	STOFFREGEN*BETTY 218-38-4773	284-0-344-421	02/01/10	221.99	MED PMT OTHER MED PROV
186CN054033 01/09/10 ADVANCED RADIOLOGY	20/WC-SI EE WAS WALKING UP STEPS TO LOADING DOCK	STOFFREGEN*BETTY 218-38-4773	284-0-348-218	02/02/10	32.82	MED PMT OTHER MED PROV
186CN054033 01/09/10 BETTY STOFFREGEN	10/WC-SI EE WAS WALKING UP STEPS TO LOADING DOCK	STOFFREGEN*BETTY 218-38-4773	651-0-206-318	02/02/10	351.00	LOSS PMT TEMP TOT DISAB
186CN054033 01/09/10 BROADSPIRE SERVICES	20/WC-SI EE WAS WALKING UP STEPS TO LOADING DOCK	STOFFREGEN*BETTY 218-38-4773	SG-0-344-421	02/01/10	4.35	EXP PMT PPO
186CN054033 01/09/10 BROADSPIRE SERVICES	20/WC-SI EE WAS WALKING UP STEPS TO LOADING DOCK	STOFFREGEN*BETTY 218-38-4773	SG-0-344-421	02/01/10	16.41	EXP PMT MED BILL REVIEW
186CN054033 01/09/10 BROADSPIRE SERVICES	20/WC-SI EE WAS WALKING UP STEPS TO LOADING DOCK	STOFFREGEN*BETTY 218-38-4773	SG-0-348-218	02/02/10	1.10	EXP PMT PPO

PERIOD: 01/01/10-01/01/11

REPORTING LEVEL: OAK CREST VILLAGE

LOCATION: 603-1

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description ----- / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
186CN054033 01/09/10 BROADSPIRE SERVICES	20/WC-SI EE WAS WALKING UP STEPS TO LOADING DOCK	STOFFREGEN*BETTY 218-38-4773	SG-0-348-218	02/02/10	3.90	EXP PMT MED BILL REVIEW
	603-1			Totals	685.63	
	OAK CREST VILLAGE			Totals	685.63	

REPORTING LEVEL: RIDERWOOD VILLAGE

LOCATION: 606-3

186CN056314 01/23/10 DOUGLAS BURNETT	10/WC-SI HE AS UNLOADING LUGGAGE FOR RESIDENTS GO	BURNETT*DOUGLAS 240-29-9938	651-0-206-319	02/02/10	424.00	LOSS PMT TEMP TOT DISAB
	606-3			Totals	424.00	

LOCATION: 606-4

186CN055414 01/16/10 MARIAMA BOJANG	10/WC-SI EE WAS ASSISTING ANOTHER GNA TO CHANGE A	BOJANG*MARIAMA 218-79-5492	651-0-209-582	02/04/10	467.11	LOSS PMT TEMP TOT DISAB
	606-4			Totals	467.11	
	RIDERWOOD VILLAGE			Totals	891.11	

PERIOD: 01/01/10-01/01/11

REPORTING LEVEL: SEABROOK VILLAGE

LOCATION: 604-2

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description -----	Claimant/Driver Name / Social Security No. / Payment For	Check Number	Issue Dt	Disbrst Amt	Payment Message
186CN056638 01/23/10 BROADSPIRE SERVICES	20/WC-SI EE BEGAN TO HAVE PAIN L WRIST, WHILE	PEZZA*JAMES PO 156-84-4820	JF-0-179-877	02/01/10	8.56	MED PMT PRESCRIPTION
186CN056638 01/23/10 BROADSPIRE SERVICES	20/WC-SI EE BEGAN TO HAVE PAIN L WRIST, WHILE	PEZZA*JAMES PO 156-84-4820	JF-0-179-878	02/01/10	14.36	MED PMT PRESCRIPTION
186CN056638 01/23/10	20/WC-SI EE BEGAN TO HAVE PAIN L WRIST, WHILE	PEZZA*JAMES PO 156-84-4820	XF-0-179-877	02/01/10	2.05	EXP PMT RX MGMT
	604-2			Totals	24.97	
	SEABROOK VILLAGE			Totals	24.97	

REPORTING LEVEL: SEDGEBROOK

LOCATION: 617-4

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description -----	Claimant/Driver Name / Social Security No. / Payment For	Check Number	Issue Dt	Disbrst Amt	Payment Message
186CN053575 01/06/10 OCCUPATIONAL HEALTH CENTERS	20/WC-SI EE WAS HELPING RESIDENT INTO A CAR THEN	ACOSTA*MINERVA 601-63-7716	284-0-351-441	02/03/10	9.09	MED PMT PRESCRIPTION
186CN053575 01/06/10 OCCUPATIONAL HEALTH CENTERS	20/WC-SI EE WAS HELPING RESIDENT INTO A CAR THEN	ACOSTA*MINERVA 601-63-7716	284-0-351-441	02/03/10	232.31	MED PMT OTHER MED PROV

PERIOD: 01/01/10-01/01/11
REPORTING LEVEL: SEDGEBROOK
LOCATION: 617-4

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description ----- / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
186CN053575 01/06/10 OCCUPATIONAL HEALTH CENTERS	20/WC-SI EE WAS HELPING	ACOSTA*MINERVA RESIDENT INTO A CAR THEN	284-0-351-442 601-63-7716	02/03/10	139.40	MED PMT OTHER MED PROV
186CN053575 01/06/10 BROADSPIRE SERVICES	20/WC-SI EE WAS HELPING	ACOSTA*MINERVA RESIDENT INTO A CAR THEN	SG-0-351-441 601-63-7716	02/03/10	1.48	EXP PMT PPO
186CN053575 01/06/10 BROADSPIRE SERVICES	20/WC-SI EE WAS HELPING	ACOSTA*MINERVA RESIDENT INTO A CAR THEN	SG-0-351-441 601-63-7716	02/03/10	3.90	EXP PMT MED BILL REVIEW
186CN053575 01/06/10 BROADSPIRE SERVICES	20/WC-SI EE WAS HELPING	ACOSTA*MINERVA RESIDENT INTO A CAR THEN	SG-0-351-442 601-63-7716	02/03/10	0.85	EXP PMT PPO
186CN053575 01/06/10 BROADSPIRE SERVICES	20/WC-SI EE WAS HELPING	ACOSTA*MINERVA RESIDENT INTO A CAR THEN	SG-0-351-442 601-63-7716	02/03/10	3.90	EXP PMT MED BILL REVIEW
	617-4			Totals	390.93	
	SEDGEBROOK			Totals	390.93	

PERIOD: 01/01/10-01/01/11
REPORTING LEVEL: WIND CREST
LOCATION: 654-2

Claim Number / Loss Date / Payee Name	Cov/Clm	Rpt Dsc / ----- Abbreviated Loss Description ----- / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
186CN054274 01/11/10 OCCUPATIONAL HEALTH CENTERS	20/WC-SI	EE WAS CARRYING A FOOD TRAY WHEN SHE CAM	RUFF*MORIAH 523-89-0965	284-0-350-188	02/03/10	10.73	MED PMT MED SUPPLIES
186CN054274 01/11/10 OCCUPATIONAL HEALTH CENTERS	20/WC-SI	EE WAS CARRYING A FOOD TRAY WHEN SHE CAM	RUFF*MORIAH 523-89-0965	284-0-350-188	02/03/10	14.73	MED PMT PRESCRIPTION
186CN054274 01/11/10 OCCUPATIONAL HEALTH CENTERS	20/WC-SI	EE WAS CARRYING A FOOD TRAY WHEN SHE CAM	RUFF*MORIAH 523-89-0965	284-0-350-188	02/03/10	268.37	MED PMT OTHER MED PROV
186CN054274 01/11/10 OCCUPATIONAL HEALTH CENTERS	20/WC-SI	EE WAS CARRYING A FOOD TRAY WHEN SHE CAM	RUFF*MORIAH 523-89-0965	284-0-353-902	02/04/10	80.79	MED PMT OTHER MED PROV
186CN054274 01/11/10 BROADSPIRE SERVICES	20/WC-SI	EE WAS CARRYING A FOOD TRAY WHEN SHE CAM	RUFF*MORIAH 523-89-0965	SG-0-350-188	02/03/10	1.80	EXP PMT PPO
186CN054274 01/11/10 BROADSPIRE SERVICES	20/WC-SI	EE WAS CARRYING A FOOD TRAY WHEN SHE CAM	RUFF*MORIAH 523-89-0965	SG-0-350-188	02/03/10	6.50	EXP PMT MED BILL REVIEW
186CN054274 01/11/10 BROADSPIRE SERVICES	20/WC-SI	EE WAS CARRYING A FOOD TRAY WHEN SHE CAM	RUFF*MORIAH 523-89-0965	SG-0-353-902	02/04/10	0.50	EXP PMT PPO

PERIOD: 01/01/10-01/01/11
REPORTING LEVEL: WIND CREST
LOCATION: 654-2

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description ----- / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
186CN054274 01/11/10 BROADSPIRE SERVICES	20/WC-SI EE WAS CARRYING A FOOD TRAY WHEN SHE CAM	RUFF*MORIAH 523-89-0965	SG-0-353-902	02/04/10	3.90	EXP PMT MED BILL REVIEW
	654-2			Totals	387.32	

LOCATION: 654-3

186CN053663 01/07/10 OCCUPATIONAL HEALTH CENTERS	20/WC-SI EE WAS SHOVELING SNOW AT COMMUNITY AND F	OPPENNEER*JACK 524-96-2079	284-0-350-180	02/03/10	16.05	MED PMT PRESCRIPTION
186CN053663 01/07/10 OCCUPATIONAL HEALTH CENTERS	20/WC-SI EE WAS SHOVELING SNOW AT COMMUNITY AND F	OPPENNEER*JACK 524-96-2079	284-0-350-180	02/03/10	23.14	MED PMT MED SUPPLIES
186CN053663 01/07/10 OCCUPATIONAL HEALTH CENTERS	20/WC-SI EE WAS SHOVELING SNOW AT COMMUNITY AND F	OPPENNEER*JACK 524-96-2079	284-0-350-180	02/03/10	316.42	MED PMT OTHER MED PROV
186CN053663 01/07/10 BROADSPIRE SERVICES	20/WC-SI EE WAS SHOVELING SNOW AT COMMUNITY AND F	OPPENNEER*JACK 524-96-2079	JF-0-178-617	02/01/10	7.34	MED PMT PRESCRIPTION
186CN053663 01/07/10 BROADSPIRE SERVICES	20/WC-SI EE WAS SHOVELING SNOW AT COMMUNITY AND F	OPPENNEER*JACK 524-96-2079	JF-0-178-618	02/01/10	4.00	MED PMT PRESCRIPTION

PERIOD: 01/01/10-01/01/11
REPORTING LEVEL: WIND CREST
LOCATION: 654-3

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description ----- / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
186CN053663 01/07/10 BROADSPIRE SERVICES	20/WC-SI EE WAS SHOVELING SNOW AT COMMUNITY AND F	OPPENNEER*JACK 524-96-2079	SG-0-350-180	02/03/10	2.18	EXP PMT PPO
186CN053663 01/07/10 BROADSPIRE SERVICES	20/WC-SI EE WAS SHOVELING SNOW AT COMMUNITY AND F	OPPENNEER*JACK 524-96-2079	SG-0-350-180	02/03/10	10.40	EXP PMT MED BILL REVIEW
186CN053663 01/07/10	20/WC-SI EE WAS SHOVELING SNOW AT COMMUNITY AND F	OPPENNEER*JACK 524-96-2079	XF-0-178-617	02/01/10	0.64	EXP PMT RX MGMT
186CN053663 01/07/10	20/WC-SI EE WAS SHOVELING SNOW AT COMMUNITY AND F	OPPENNEER*JACK 524-96-2079	XF-0-178-618	02/01/10	3.82	EXP PMT RX MGMT
186CN054350 01/12/10 OCCUPATIONAL HEALTH CENTERS	20/WC-SI EE WAS GETTING LUNCH SLIPPED ON SOMETHIN	MASON*PATTY 521-25-8498	284-0-353-876	02/04/10	29.21	MED PMT MED SUPPLIES
186CN054350 01/12/10 OCCUPATIONAL HEALTH CENTERS	20/WC-SI EE WAS GETTING LUNCH SLIPPED ON SOMETHIN	MASON*PATTY 521-25-8498	284-0-353-876	02/04/10	421.34	MED PMT OTHER MED PROV
186CN054350 01/12/10 BROADSPIRE SERVICES	20/WC-SI EE WAS GETTING LUNCH SLIPPED ON SOMETHIN	MASON*PATTY 521-25-8498	SG-0-353-876	02/04/10	2.76	EXP PMT PPO

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BROADSPIRE USA - Claim Issued Check List (Billable)
ERICKSON RETIREMENT COMMUNITIES(IN-ZUR)

ERICKSON RETIREMENT COMMUNITIES(IN-ZUR)
PAYMENT PERIOD: 01/30/2010 THRU 02/05/2010

PERIOD: 01/01/10-01/01/11
REPORTING LEVEL: WIND CREST
LOCATION: 654-3

Claim Number	Cov/Clm	Rpt Dsc	Claimant/Driver Name	Check Number	Issue Dt	Disbrst Amt	Payment Message
Loss Date	----- Abbreviated Loss Description -----			Social Security No.			
Payee Name				Payment For			
186CN054350	20/WC-SI		MASON*PATTY	SG-0-353-876	02/04/10	9.10	EXP PMT MED BILL REVIEW
01/12/10	EE WAS GETTING LUNCH SLIPPED ON SOMETHIN			521-25-8498			
BROADSPIRE SERVICES							

654-3	Totals	846.40
WIND CREST	Totals	1,233.72
01/01/10-01/01/11	Totals	5,480.79
ERICKSON RETIREMENT COMMUNITIES(IN-ZUR)	Totals	48,375.94

* * * End Of Report * * *

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INVOICE 20173190

1001 Summit Boulevard
Atlanta, GA 30319

Date: February 15, 2010
Customer: 79935800

ATTN: TINA MARIE MILLER
ERICKSON RETIREMENT COMMUNITIES (IN-ZUR)
817 MAIDEN CHOICE LANE
SUITE 100
CATONSVILLE MD 21228

Please Remit to:
BROADSPIRE
12874 Collections Center Drive
Chicago, IL 60693

WIRE: BROADSPIRE
BANK OF AMERICA N.A.
FORT LAUDERDALE, FL 33301-2230
FED ROUTING #026009593
ACCOUNT #005486852453

TERMS:NET 7
Due Date February 22, 2010

Customer Name: ERICKSON RETIREMENT COMMUNITIES (IN-ZUR)

PAY LAST AMOUNT SHOWN

Description

Losses valued 02/06/10 - 02/12/10

	Policy Information	Effective Date	
WORKERS COMPENSATION		JAN-2006	$817.40
WORKERS COMPENSATION		JAN-2007	$2,202.75
WORKERS COMPENSATION		JAN-2008	$3,863.17
WORKERS COMPENSATION		JAN-2009	$23,911.30
WORKERS COMPENSATION		JAN-2010	$3,284.18

Total Due: **$34,078.80**
Due Date: **February 22, 2010**

If questions, please call: LYNETTE PRICE 404-300-0755

BROADSPIRE
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RUN DATE: 02/13/10 05:40
RCI1192A

BROADSPIRE - USA
ALL INCLUSIVE ICL COVER PAGE

ACCOUNT NO: 79935800 ACCOUNT NAME: ERICKSON RETIREMENT COMMUNITIES(IN-ZUR)
OPERATOR NO: SFXS01 OPERATOR NAME: FERNANDO SANCHEZ
PAYMENT PERIOD: 02/06/10 - 02/12/10
INVOICE FREQUENCY: WEEKLY
NOTIFICATION METHOD: REGULAR CLIENT (MAILED BILLS)
RCPT PHONE NUMBER: (954) 693-1126
FORMAT TYPE: ICL14
REPORTING STRUCTURE: 1

OF CHECK COPIES 0
RCPT FAX NUMBER: ( ) -

LOCATION STRUCTURE: 1

RECIPIENTS:

# COPIES	ORIG RCPT	LBL IND
1	Y	Y

RACQUEL FREEMAN-BROWN
BROADSPIRE SERVCIES
FINANCE & ACCTG
1601 SW 80TH TERRACE
PLANTATION FL, 33318

BILLG COMMENTS:

BROADSPIRE
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BROADSPIRE USA - Claim Issued Check List (Billable)
ERICKSON RETIREMENT COMMUNITIES(IN-ZUR)

ERICKSON RETIREMENT COMMUNITIES(IN-ZUR)
PAYMENT PERIOD: 02/06/2010 THRU 02/12/2010

PERIOD: 01/01/06-01/01/07

REPORTING LEVEL: CEDAR CREST VILLAGE

LOCATION: 607-3

Claim Number / Loss Date / Payee Name	Cov/Clm	Rpt Dsc / ----- Abbreviated Loss Description ----- / Payment For	Claimant/Driver Name	Check Number / Social Security No.	Issue Dt	Disbrst Amt	Payment Message
231CN226746 / 09/06/06 / KINEMATIC CONSULTANTS INC	20/WC-SI	EE ASSISTING ANOTHER EE TO LIFT PT UP	DOWBNIA*CRIS	651-0-216-793 / 145-42-0634	02/12/10	200.00	MED PMT OTHER
		607-3			Totals	200.00	
		CEDAR CREST VILLAGE			Totals	200.00	

REPORTING LEVEL: RIDERWOOD VILLAGE

LOCATION: 606-4

Claim Number / Loss Date / Payee Name	Cov/Clm	Rpt Dsc / ----- Abbreviated Loss Description ----- / Payment For	Claimant/Driver Name	Check Number / Social Security No.	Issue Dt	Disbrst Amt	Payment Message
256CN199242 / 12/22/06 / GEDA DABA	10/WC-SI	ASSISTING A RESIDENT IN HER APARTMENT,	DABA*GEDA	651-0-211-878 / S 218-45-6681	02/08/10	446.00	LOSS PMT TEMP TOT DISAB
256CN199242 / 12/22/06 / BROADSPIRE SERVICES	20/WC-SI	ASSISTING A RESIDENT IN HER APARTMENT,	DABA*GEDA	JF-0-183-292 / S 218-45-6681	02/08/10	56.35	MED PMT PRESCRIPTION
256CN199242 / 12/22/06 / BROADSPIRE SERVICES	20/WC-SI	ASSISTING A RESIDENT IN HER APARTMENT,	DABA*GEDA	JF-0-183-293 / S 218-45-6681	02/08/10	26.84	MED PMT PRESCRIPTION
256CN199242 / 12/22/06 / BROADSPIRE SERVICES	20/WC-SI	ASSISTING A RESIDENT IN HER APARTMENT,	DABA*GEDA	JF-0-183-294 / S 218-45-6681	02/08/10	72.74	MED PMT PRESCRIPTION

BROADSPIRE
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BROADSPIRE USA - Claim Issued Check List (Billable)
ERICKSON RETIREMENT COMMUNITIES(IN-ZUR)

ERICKSON RETIREMENT COMMUNITIES(IN-ZUR)
PAYMENT PERIOD: 02/06/2010 THRU 02/12/2010

PERIOD: 01/01/06-01/01/07
REPORTING LEVEL: RIDERWOOD VILLAGE
LOCATION: 606-4

Claim Number / Loss Date	Cov/Clm	Rpt Dsc / ----- Abbreviated Loss Description -----	Claimant/Driver Name / Payee Name / Payment For	Check Number / Social Security No.	Issue Dt	Disbrst Amt	Payment Message
256CN199242 12/22/06	20/WC-SI	DABA*GEDA ASSISTING A RESIDENT IN HER APARTMENT,	DABA*GEDA	XF-0-183-292 S 218-45-6681	02/08/10	6.48	EXP PMT RX MGMT
256CN199242 12/22/06	20/WC-SI	DABA*GEDA ASSISTING A RESIDENT IN HER APARTMENT,	DABA*GEDA	XF-0-183-293 S 218-45-6681	02/08/10	2.86	EXP PMT RX MGMT
256CN199242 12/22/06	20/WC-SI	DABA*GEDA ASSISTING A RESIDENT IN HER APARTMENT,	DABA*GEDA	XF-0-183-294 S 218-45-6681	02/08/10	6.13	EXP PMT RX MGMT
		606-4			Totals	617.40	
		RIDERWOOD VILLAGE			Totals	617.40	
		01/01/06-01/01/07			Totals	817.40	

BROADSPIRE
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BROADSPIRE USA - Claim Issued Check List (Billable) — ERICKSON RETIREMENT COMMUNITIES(IN-ZUR)
ERICKSON RETIREMENT COMMUNITIES(IN-ZUR) — PAYMENT PERIOD: 02/06/2010 THRU 02/12/2010

PERIOD: 01/01/07-01/01/08

REPORTING LEVEL: CHARLESTOWN

LOCATION: 601-3

Claim Number	Cov/Clm	Rpt Dsc	Claimant/Driver Name	Check Number	Issue Dt	Disbrst Amt	Payment Message
Loss Date	----- Abbreviated Loss Description -----			Social Security No.			
Payee Name				Payment For			
256CN200605	20/WC-SI		LAUF*PAUL	284-0-362-633	02/10/10	427.14	MED PMT OTHER MED PROV
02/20/07	EE STATES WAS THROWING AWAY APPLIANCES,			218-88-8357			
MARYLAND ORTHOPEDICS PA							
256CN200605	20/WC-SI		LAUF*PAUL	SG-0-362-633	02/10/10	71.19	EXP PMT MED BILL REVIEW
02/20/07	EE STATES WAS THROWING AWAY APPLIANCES,			218-88-8357			
BROADSPIRE SERVICES							
	601-3				Totals	498.33	

LOCATION: 601-4

256CN202318	12/WC-SI		WECKESSER*AILEEN	651-0-213-681	02/10/10	338.00	LOSS PMT VOC REHAB - INDEMNITY
06/08/07	EMPLOYEE WAS ASSISTING TO LIFT RESIDENT,			220-94-7381			
Broadspire Services Inc.							
	601-4				Totals	338.00	
	CHARLESTOWN				Totals	836.33	

REPORTING LEVEL: GREENSPRING VILLAGE

LOCATION: 605-2

256CN203302	20/WC-SI		ASOMANI*HENRY	UA-0-004-858	02/09/10	187.00-	REFUND CHECK CORR
07/18/07	UPON BENDING DOWN TO RAISE A GLASS RACK			692-07-5645			
	605-2				Totals	187.00-	

PERIOD: 01/01/07-01/01/08

REPORTING LEVEL: GREENSPRING VILLAGE

LOCATION: 605-5

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description ----- / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
256CN204277 10/24/07 BROADSPIRE SERVICES	20/WC-SI SITTING IN A CHAIR FOR A 10 HOUR OVERNIG	AMPIAW*ADJOA 225-75-4773	JF-0-183-043	02/08/10	11.89	MED PMT PRESCRIPTION
256CN204277 10/24/07	20/WC-SI SITTING IN A CHAIR FOR A 10 HOUR OVERNIG	AMPIAW*ADJOA 225-75-4773	XF-0-183-043	02/08/10	1.53	EXP PMT RX MGMT
	605-5			Totals	13.42	
	GREENSPRING VILLAGE			Totals	173.58-	

REPORTING LEVEL: HIGHLAND SPRINGS

LOCATION: 650-2

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description ----- / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
465CN274209 09/11/07 TEXAS HEALTH	20/WC-SI CLEANING BEVERAGE STATION AREA, MOPPING	JAMES*BRITTANY 439-79-6261	651-0-176-733	12/31/09	2.36-	REVERSE PAYMENT
465CN274209 09/11/07 TEXAS HEALTH	20/WC-SI CLEANING BEVERAGE STATION AREA, MOPPING	JAMES*BRITTANY 439-79-6261	651-0-176-733	12/31/09	2.36	UNKNOWN
	650-2			Totals	0.00	
	HIGHLAND SPRINGS			Totals	0.00	

BROADSPIRE
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BROADSPIRE USA - Claim Issued Check List (Billable)
ERICKSON RETIREMENT COMMUNITIES(IN-ZUR)

ERICKSON RETIREMENT COMMUNITIES(IN-ZUR)
PAYMENT PERIOD: 02/06/2010 THRU 02/12/2010

PERIOD: 01/01/07-01/01/08

REPORTING LEVEL: OAK CREST VILLAGE

LOCATION: 603-2

Claim Number / Loss Date / Payee Name	Cov/Clm	Rpt Dsc / Abbreviated Loss Description	Claimant/Driver Name / Payment For	Check Number / Social Security No.	Issue Dt	Disbrst Amt	Payment Message
256CN204426 10/25/07 LYDIA SMITH	10/WC-SI	EE taking temp. of resident, resident gr	SMITH*LYDIA	651-0-211-870 218-96-2221	02/08/10	685.00	LOSS PMT TEMP TOT DISAB
		603-2			Totals	685.00	
		OAK CREST VILLAGE			Totals	685.00	

REPORTING LEVEL: SEDGEBROOK

LOCATION: 617-2

Claim Number / Loss Date / Payee Name	Cov/Clm	Rpt Dsc / Abbreviated Loss Description	Claimant/Driver Name / Payment For	Check Number / Social Security No.	Issue Dt	Disbrst Amt	Payment Message
534CN321214 01/05/07 GOULD AND LAMB LLC	20/WC-SI	WALKING INTO RESIDENTIAL BLDG, TRIPPED &	HARVEY*ROSELYN	651-0-212-473 552-66-8723	02/08/10	855.00	EXP PMT OTHER
		617-2			Totals	855.00	
		SEDGEBROOK			Totals	855.00	
		01/01/07-01/01/08			Totals	2,202.75	

BROADSPIRE
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BROADSPIRE USA - Claim Issued Check List (Billable) — ERICKSON RETIREMENT COMMUNITIES(IN-ZUR)
ERICKSON RETIREMENT COMMUNITIES(IN-ZUR) — PAYMENT PERIOD: 02/06/2010 THRU 02/12/2010

PERIOD: 01/01/08-01/01/09

REPORTING LEVEL: BROOKSBY VILLAGE

LOCATION: 625-3

Claim Number / Loss Date / Payee Name	Cov/Clm	Rpt Dsc / ----- Abbreviated Loss Description ----- / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
231CN245455 08/21/08 DEBRA LASTIH	10/WC-SI	LASTIH*DEBRA EE FELT PAIN IN LOWER BACK AFTER LIFTING	651-0-216-463 011-46-4343		02/12/10	300.15	LOSS PMT TEMP TOT DISAB
		625-3			Totals	300.15	
		BROOKSBY VILLAGE			Totals	300.15	

REPORTING LEVEL: CHARLESTOWN

LOCATION: 601-3

Claim Number / Loss Date / Payee Name	Cov/Clm	Rpt Dsc / ----- Abbreviated Loss Description ----- / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
256CN208490 12/03/08 PMSI INC	20/WC-SI	BROWN*THOMAS EE was assisting to move transformer	284-0-366-367 219-76-4189		02/12/10	25.71	MED PMT MED SUPPLIES
256CN208490 12/03/08 BROADSPIRE SERVICES	20/WC-SI	BROWN*THOMAS EE was assisting to move transformer	SG-0-366-367 219-76-4189		02/12/10	0.43	EXP PMT PPO
256CN208490 12/03/08 BROADSPIRE SERVICES	20/WC-SI	BROWN*THOMAS EE was assisting to move transformer	SG-0-366-367 219-76-4189		02/12/10	1.72	EXP PMT MED BILL REVIEW
		601-3			Totals	27.86	

BROADSPIRE
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BROADSPIRE USA - Claim Issued Check List (Billable) ERICKSON RETIREMENT COMMUNITIES(IN-ZUR)
ERICKSON RETIREMENT COMMUNITIES(IN-ZUR) PAYMENT PERIOD: 02/06/2010 THRU 02/12/2010

PERIOD: 01/01/08-01/01/09

REPORTING LEVEL: CHARLESTOWN

LOCATION: 601-4

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description ----- / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
256CN207530 08/10/08 REGINA HUGHES	10/WC-SI EE NOTICED PAIN IN LEFT SHOULDER AFTER A	HUGHES*REGINA 215-82-0823	651-0-211-866	02/08/10	293.00	LOSS PMT PPD NON SCHEDULED
	601-4			Totals	293.00	

LOCATION: 601-5

256CN207534 08/26/08 GLORIA WILMER	10/WC-SI EE STS WAS WORKING WITH RESIDENT, GOT CA	WILMER*GLORIA 223-04-0074	651-0-211-885	02/08/10	789.00	LOSS PMT TEMP TOT DISAB
	601-5			Totals	789.00	
	CHARLESTOWN			Totals	1,109.86	

REPORTING LEVEL: OAK CREST VILLAGE

LOCATION: 603-4

256CN206192 05/21/08 BESSIE SORRELL	10/WC-SI EE STATES THAT SHE WAS WALKING TO THE SI	SORRELL*BESSIE*J 229-54-2518	651-0-216-788	02/12/10	242.00	LOSS PMT TEMP TOT DISAB
	603-4			Totals	242.00	
	OAK CREST VILLAGE			Totals	242.00	

BROADSPIRE
a Crawford Company

BROADSPIRE USA - Claim Issued Check List (Billable)
ERICKSON RETIREMENT COMMUNITIES(IN-ZUR)

ERICKSON RETIREMENT COMMUNITIES(IN-ZUR)
PAYMENT PERIOD: 02/06/2010 THRU 02/12/2010

PERIOD: 01/01/08-01/01/09
REPORTING LEVEL: RIDERWOOD VILLAGE
LOCATION: 606-3

Claim Number / Loss Date / Payee Name	Cov/Clm	Rpt Dsc	Claimant/Driver Name / ----- Abbreviated Loss Description ----- / Payment For	Check Number / Social Security No.	Issue Dt	Disbrst Amt	Payment Message
256CN207542	20/WC-SI		MAPLES*BRENDA	284-0-360-870	02/09/10	102.84	MED PMT MED SUPPLIES
08/26/08			EE WAS REMOVING FROM OG 1 BUTTERLY WING	219-90-6427			
PMSI INC							
256CN207542	20/WC-SI		MAPLES*BRENDA	284-0-366-371	02/12/10	103.36	MED PMT OTHER MED PROV
08/26/08			EE WAS REMOVING FROM OG 1 BUTTERLY WING	219-90-6427			
NNENNA I OKIGBO, MD							
256CN207542	10/WC-SI		MAPLES*BRENDA	651-0-216-781	02/12/10	499.00	LOSS PMT TEMP TOT DISAB
08/26/08			EE WAS REMOVING FROM OG 1 BUTTERLY WING	219-90-6427			
BRENDA MAPLES							
256CN207542	20/WC-SI		MAPLES*BRENDA	SG-0-360-870	02/09/10	8.57	EXP PMT PPO
08/26/08			EE WAS REMOVING FROM OG 1 BUTTERLY WING	219-90-6427			
BROADSPIRE SERVICES							
256CN207542	20/WC-SI		MAPLES*BRENDA	SG-0-366-371	02/12/10	3.65	EXP PMT MED BILL REVIEW
08/26/08			EE WAS REMOVING FROM OG 1 BUTTERLY WING	219-90-6427			
BROADSPIRE SERVICES							
256CN207542	20/WC-SI		MAPLES*BRENDA	SG-0-366-371	02/12/10	10.51	EXP PMT PPO
08/26/08			EE WAS REMOVING FROM OG 1 BUTTERLY WING	219-90-6427			
BROADSPIRE SERVICES							
256CN207935	20/WC-SI		PEREZ*MARTHA	284-0-359-416	02/08/10	566.31	MED PMT PHYS THERAPY
09/30/08			MARTHA WAS GETTING UP TO GREET HER MANAG	218-80-6196			
ACCESSIBLE PHYSICAL THERAPY SERVICE							

BROADSPIRE
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BROADSPIRE USA - Claim Issued Check List (Billable) — ERICKSON RETIREMENT COMMUNITIES(IN-ZUR)
ERICKSON RETIREMENT COMMUNITIES(IN-ZUR) — PAYMENT PERIOD: 02/06/2010 THRU 02/12/2010

PERIOD: 01/01/08-01/01/09

REPORTING LEVEL: RIDERWOOD VILLAGE

LOCATION: 606-3

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / Abbreviated Loss Description / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
256CN207935 09/30/08 MARTHA PEREZ	10/WC-SI MARTHA WAS GETTING UP TO GREET HER MANAG	PEREZ*MARTHA 218-80-6196	651-0-211-874	02/08/10	333.00	LOSS PMT TEMP TOT DISAB
256CN207935 09/30/08 BROADSPIRE SERVICES	20/WC-SI MARTHA WAS GETTING UP TO GREET HER MANAG	PEREZ*MARTHA 218-80-6196	SG-0-359-416	02/08/10	147.17	EXP PMT MED BILL REVIEW
	606-3			Totals	1,774.41	
	RIDERWOOD VILLAGE			Totals	1,774.41	

REPORTING LEVEL: SEABROOK VILLAGE

LOCATION: 604-1

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / Abbreviated Loss Description / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
231CN242725 05/23/08 BIANCAMANO & DI STEFANO P.C.	10/WC-SI EE ALLEDGES SITTING AT THE FRONT DESK AN	STANCHECK*KATHLEEN 117-48-3886	651-0-217-489	02/12/10	429.00	EXP PMT OTHER
	604-1			Totals	429.00	

LOCATION: 604-3

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / Abbreviated Loss Description / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
231CN247427 10/26/08 BROADSPIRE SERVICES	20/WC-SI 10/26/08 AT ABOUT 10:30 PM, CLAIMANT HAD	VAN PELT*YVONNE 136-56-5249	SG-0-360-541	02/09/10	7.75	EXP PMT MED BILL REVIEW

BROADSPIRE
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BROADSPIRE USA - Claim Issued Check List (Billable)
ERICKSON RETIREMENT COMMUNITIES(IN-ZUR)

ERICKSON RETIREMENT COMMUNITIES(IN-ZUR)
PAYMENT PERIOD: 02/06/2010 THRU 02/12/2010

PERIOD: 01/01/08-01/01/09
REPORTING LEVEL: SEABROOK VILLAGE
LOCATION: 604-3

Claim Number / Loss Date / Payee Name	Cov/Clm	Rpt	Dsc	Claimant/Driver Name / ----- Abbreviated Loss Description ----- / Payment For	Check Number / Social Security No.	Issue Dt	Disbrst Amt	Payment Message
604-3						Totals	7.75	
SEABROOK VILLAGE						Totals	436.75	
01/01/08-01/01/09						Totals	3,863.17	

BROADSPIRE
a Crawford Company

BROADSPIRE USA - Claim Issued Check List (Billable)
ERICKSON RETIREMENT COMMUNITIES(IN-ZUR)

ERICKSON RETIREMENT COMMUNITIES(IN-ZUR)
PAYMENT PERIOD: 02/06/2010 THRU 02/12/2010

PERIOD: 01/01/09-01/01/10
REPORTING LEVEL: ANNE'S CHOICE
LOCATION: 619-4

Claim Number / Loss Date / Payee Name	Cov/Clm	Rpt Dsc / Abbreviated Loss Description / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
186CN035988 10/05/09 PHILA OCCHEALTH DBA WORKNET OCC MED	20/WC-SI	EE WAS PASSING MEDICATIONS, SLIPPED ON	KLEIMAN*JOAN W 087-43-6751	284-0-358-893	02/08/10	131.12	MED PMT PHYS THERAPY
186CN035988 10/05/09 UNIVERSAL SMART COMP	20/WC-SI	EE WAS PASSING MEDICATIONS, SLIPPED ON	KLEIMAN*JOAN W 087-43-6751	284-0-362-692	02/10/10	210.92	MED PMT PHYS THERAPY
186CN035988 10/05/09 JOAN KLEIMAN	10/WC-SI	EE WAS PASSING MEDICATIONS, SLIPPED ON	KLEIMAN*JOAN W 087-43-6751	651-0-214-042	02/10/10	465.81	LOSS PMT TEMP TOT DISAB
186CN035988 10/05/09 BROADSPIRE SERVICES	20/WC-SI	EE WAS PASSING MEDICATIONS, SLIPPED ON	KLEIMAN*JOAN W 087-43-6751	SG-0-358-893	02/08/10	1.21	EXP PMT PPO
186CN035988 10/05/09 BROADSPIRE SERVICES	20/WC-SI	EE WAS PASSING MEDICATIONS, SLIPPED ON	KLEIMAN*JOAN W 087-43-6751	SG-0-358-893	02/08/10	5.20	EXP PMT MED BILL REVIEW
186CN035988 10/05/09 BROADSPIRE SERVICES	20/WC-SI	EE WAS PASSING MEDICATIONS, SLIPPED ON	KLEIMAN*JOAN W 087-43-6751	SG-0-362-692	02/10/10	5.10	EXP PMT PPO
186CN035988 10/05/09 BROADSPIRE SERVICES	20/WC-SI	EE WAS PASSING MEDICATIONS, SLIPPED ON	KLEIMAN*JOAN W 087-43-6751	SG-0-362-692	02/10/10	9.10	EXP PMT MED BILL REVIEW

PERIOD: 01/01/09-01/01/10

REPORTING LEVEL: ANNE'S CHOICE

LOCATION: 619-4

Claim Number / Loss Date / Payee Name	Cov/Clm	Rpt Dsc / ----- Abbreviated Loss Description ----- / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
186CN044876 11/16/09 THE PHILADELPHIA HAND CTR	20/WC-SI	BULLARD*GARY EE COMPLAINED OF SEVERE NUMBNESS & TINGL	185-48-4114	284-0-360-764	02/09/10	202.71	MED PMT OTHER MED PROV
186CN044876 11/16/09 ABINGTON MEMORIAL HOSPITAL	20/WC-SI	BULLARD*GARY EE COMPLAINED OF SEVERE NUMBNESS & TINGL	185-48-4114	284-0-362-650	02/10/10	96.51	MED PMT HOSPITAL
186CN044876 11/16/09 BROADSPIRE SERVICES	20/WC-SI	BULLARD*GARY EE COMPLAINED OF SEVERE NUMBNESS & TINGL	185-48-4114	SG-0-360-764	02/09/10	3.90	EXP PMT MED BILL REVIEW
186CN044876 11/16/09 BROADSPIRE SERVICES	20/WC-SI	BULLARD*GARY EE COMPLAINED OF SEVERE NUMBNESS & TINGL	185-48-4114	SG-0-362-650	02/10/10	3.90	EXP PMT MED BILL REVIEW
		619-4			Totals	1,135.48	
		ANNE'S CHOICE			Totals	1,135.48	

REPORTING LEVEL: BROOKSBY VILLAGE

LOCATION: 625-2

Claim Number / Loss Date / Payee Name	Cov/Clm	Rpt Dsc / ----- Abbreviated Loss Description ----- / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
186CN054873 12/29/09 BEVERLY RADIOLOGY ASSOC	20/WC-SI	VARGAS*CARLOS EE SLIPPED AND FELL ON ICE AND SNOW IN P	029-84-4866	284-0-366-566	02/12/10	8.43	MED PMT OTHER MED PROV

PERIOD: 01/01/09-01/01/10
REPORTING LEVEL: BROOKSBY VILLAGE
LOCATION: 625-2

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description ----- / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
186CN054873 12/29/09 BROADSPIRE SERVICES	20/WC-SI EE SLIPPED AND FELL ON ICE AND SNOW IN P	VARGAS*CARLOS 029-84-4866	SG-0-366-566	02/12/10	3.90	EXP PMT MED BILL REVIEW
186CN054873 12/29/09 BROADSPIRE SERVICES	20/WC-SI EE SLIPPED AND FELL ON ICE AND SNOW IN P	VARGAS*CARLOS 029-84-4866	SG-0-366-566	02/12/10	0.13	EXP PMT PPO
	625-2			Totals	12.46	

LOCATION: 625-3

231CN250593 02/11/09 CAROL STONE	10/WC-SI EE WAS EXITING BUS AND SLIPPED DOWN BUS	STONE*CAROL 012-46-6541	651-0-211-335	02/08/10	345.00	LOSS PMT TEMP TOT DISAB
	625-3			Totals	345.00	

LOCATION: 625-4

186CN027680 08/26/09 BEVERLY RADIOLOGY ASSOC	20/WC-SI EE WAS LOOKING IN AN EXAMINE RM CABINET	MORRISON*ROBERTA 029-50-8515	284-0-366-565	02/12/10	14.72	MED PMT OTHER MED PROV
186CN027680 08/26/09 NORTHEAST HOSP CORP	20/WC-SI EE WAS LOOKING IN AN EXAMINE RM CABINET	MORRISON*ROBERTA 029-50-8515	284-0-366-622	02/12/10	44.69	MED PMT HOSPITAL

PERIOD: 01/01/09-01/01/10
REPORTING LEVEL: BROOKSBY VILLAGE
LOCATION: 625-4

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description ----- / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
186CN027680 08/26/09 BROADSPIRE SERVICES	20/WC-SI EE WAS LOOKING IN AN EXAMINE RM CABINET	MORRISON*ROBERTA 029-50-8515	SG-0-366-565	02/12/10	0.23	EXP PMT PPO
186CN027680 08/26/09 BROADSPIRE SERVICES	20/WC-SI EE WAS LOOKING IN AN EXAMINE RM CABINET	MORRISON*ROBERTA 029-50-8515	SG-0-366-565	02/12/10	3.90	EXP PMT MED BILL REVIEW
186CN027680 08/26/09 BROADSPIRE SERVICES	20/WC-SI EE WAS LOOKING IN AN EXAMINE RM CABINET	MORRISON*ROBERTA 029-50-8515	SG-0-366-622	02/12/10	0.71	EXP PMT PPO
186CN027680 08/26/09 BROADSPIRE SERVICES	20/WC-SI EE WAS LOOKING IN AN EXAMINE RM CABINET	MORRISON*ROBERTA 029-50-8515	SG-0-366-622	02/12/10	3.90	EXP PMT MED BILL REVIEW
186CN051858 12/24/09 LAHEY CLINIC INC	20/WC-SI EE WAS ASSISTING A RESIDENT TO BATHROOM,	GRAVEL*MICHEL 026-68-1873	284-0-359-214	02/08/10	61.34	MED PMT OTHER MED PROV
186CN051858 12/24/09 BROADSPIRE SERVICES	20/WC-SI EE WAS ASSISTING A RESIDENT TO BATHROOM,	GRAVEL*MICHEL 026-68-1873	SG-0-359-214	02/08/10	3.90	EXP PMT MED BILL REVIEW
	625-4			Totals	133.39	
	BROOKSBY VILLAGE			Totals	490.85	

PERIOD: 01/01/09-01/01/10
REPORTING LEVEL: CEDAR CREST VILLAGE
LOCATION: 607-1

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description ----- / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
186CN046113 11/10/09 CHILTON OCCUPATIONAL HEALTH CENTER	20/WC-SI EE WAS AVOIDING A RESIDENT WITH JAZZY HI	TYLER*RICHARD 262-62-5413	284-0-363-828	02/11/10	113.57	MED PMT OTHER MED PROV
186CN046113 11/10/09 BROADSPIRE SERVICES	20/WC-SI EE WAS AVOIDING A RESIDENT WITH JAZZY HI	TYLER*RICHARD 262-62-5413	SG-0-363-828	02/11/10	6.02	EXP PMT MED BILL REVIEW
186CN046762 11/25/09 CHILTON OCCUPATIONAL HEALTH CENTER	20/WC-SI 11/25/09, CLAIMANT WAS WALKING TO THE EM	HERRERA*ANGELICA*M 155-17-4026	284-0-358-392	02/08/10	80.00	MED PMT MED SUPPLIES
186CN046762 11/25/09 CHILTON OCCUPATIONAL HEALTH CENTER	20/WC-SI 11/25/09, CLAIMANT WAS WALKING TO THE EM	HERRERA*ANGELICA*M 155-17-4026	284-0-358-392	02/08/10	238.86	MED PMT OTHER MED PROV
186CN046762 11/25/09 ADVANCED ORTHOPAEDIC ASSOCIATES	20/WC-SI 11/25/09, CLAIMANT WAS WALKING TO THE EM	HERRERA*ANGELICA*M 155-17-4026	284-0-365-293	02/12/10	60.00	MED PMT OTHER MED PROV
186CN046762 11/25/09 BROADSPIRE SERVICES	20/WC-SI 11/25/09, CLAIMANT WAS WALKING TO THE EM	HERRERA*ANGELICA*M 155-17-4026	SG-0-358-392	02/08/10	3.90	EXP PMT MED BILL REVIEW
186CN046762 11/25/09 BROADSPIRE SERVICES	20/WC-SI 11/25/09, CLAIMANT WAS WALKING TO THE EM	HERRERA*ANGELICA*M 155-17-4026	SG-0-365-293	02/12/10	3.90	EXP PMT MED BILL REVIEW

BROADSPIRE
a Crawford Company

BROADSPIRE USA - Claim Issued Check List (Billable)
ERICKSON RETIREMENT COMMUNITIES(IN-ZUR)

ERICKSON RETIREMENT COMMUNITIES(IN-ZUR)
PAYMENT PERIOD: 02/06/2010 THRU 02/12/2010

PERIOD: 01/01/09-01/01/10
REPORTING LEVEL: CEDAR CREST VILLAGE
LOCATION: 607-1

Claim Number / Loss Date / Payee Name	Cov/Clm	Rpt Dsc / Abbreviated Loss Description	Claimant/Driver Name / Payment For	Check Number / Social Security No.	Issue Dt	Disbrst Amt	Payment Message
186CN046762 11/25/09 BROADSPIRE SERVICES	20/WC-SI	11/25/09, CLAIMANT WAS WALKING TO THE EM	HERRERA*ANGELICA*M	SG-0-365-293 155-17-4026	02/12/10	31.38	EXP PMT PPO
186CN050055 12/13/09 MONTCLAIR RADIOLOGY	20/WC-SI	SLIPPON ON ICE AND HIT HEAD	MAZUREK*JEAN	284-0-360-502 150-64-2512	02/09/10	91.50	MED PMT OTHER MED PROV
186CN050055 12/13/09 BROADSPIRE SERVICES	20/WC-SI	SLIPPON ON ICE AND HIT HEAD	MAZUREK*JEAN	SG-0-360-502 150-64-2512	02/09/10	3.90	EXP PMT MED BILL REVIEW
186CN050055 12/13/09 BROADSPIRE SERVICES	20/WC-SI	SLIPPON ON ICE AND HIT HEAD	MAZUREK*JEAN	SG-0-360-502 150-64-2512	02/09/10	9.15	EXP PMT PPO
186CN050055 12/13/09 BROADSPIRE SERVICES	20/WC-SI	SLIPPON ON ICE AND HIT HEAD	MAZUREK*JEAN	SG-0-365-235 150-64-2512	02/12/10	152.40	EXP PMT MED BILL REVIEW
186CN052744 12/22/09 CHILTON OCCUPATIONAL HEALTH CENTER	20/WC-SI	STRAINED R WRIST WHILE LOADING A WHEELCH	SIGAFOOSE-MCLAREN*SUSA	284-0-363-829 352-66-8658	02/11/10	113.57	MED PMT OTHER MED PROV
186CN052744 12/22/09 BROADSPIRE SERVICES	20/WC-SI	STRAINED R WRIST WHILE LOADING A WHEELCH	SIGAFOOSE-MCLAREN*SUSA	SG-0-363-829 352-66-8658	02/11/10	6.02	EXP PMT MED BILL REVIEW
		607-1			Totals	914.17	

BROADSPIRE
a Crawford Company

BROADSPIRE USA - Claim Issued Check List (Billable)
ERICKSON RETIREMENT COMMUNITIES(IN-ZUR)

ERICKSON RETIREMENT COMMUNITIES(IN-ZUR)
PAYMENT PERIOD: 02/06/2010 THRU 02/12/2010

PERIOD: 01/01/09-01/01/10
REPORTING LEVEL: CEDAR CREST VILLAGE
LOCATION: 607-2

Claim Number / Loss Date / Payee Name	Cov/Clm	Rpt Dsc / Abbreviated Loss Description / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
186CN052073 12/24/09 RADIOLOGY ASSOCIATES OF RIDGEWOOD	20/WC-SI	12/24/09 AT 11:30 AM, CLAIMANT WAS MOVIN	MORROW*KEVIN 142-44-4201	284-0-365-285	02/12/10	297.60	MED PMT OTHER MED PROV
186CN052073 12/24/09 BROADSPIRE SERVICES	20/WC-SI	12/24/09 AT 11:30 AM, CLAIMANT WAS MOVIN	MORROW*KEVIN 142-44-4201	JF-0-181-656	02/08/10	14.26	MED PMT PRESCRIPTION
186CN052073 12/24/09 BROADSPIRE SERVICES	20/WC-SI	12/24/09 AT 11:30 AM, CLAIMANT WAS MOVIN	MORROW*KEVIN 142-44-4201	SG-0-365-243	02/12/10	132.60	EXP PMT MED BILL REVIEW
186CN052073 12/24/09 BROADSPIRE SERVICES	20/WC-SI	12/24/09 AT 11:30 AM, CLAIMANT WAS MOVIN	MORROW*KEVIN 142-44-4201	SG-0-365-285	02/12/10	3.90	EXP PMT MED BILL REVIEW
186CN052073 12/24/09 BROADSPIRE SERVICES	20/WC-SI	12/24/09 AT 11:30 AM, CLAIMANT WAS MOVIN	MORROW*KEVIN 142-44-4201	SG-0-365-285	02/12/10	8.40	EXP PMT PPO
186CN052073 12/24/09	20/WC-SI	12/24/09 AT 11:30 AM, CLAIMANT WAS MOVIN	MORROW*KEVIN 142-44-4201	XF-0-181-656	02/08/10	1.93	EXP PMT RX MGMT
		607-2			Totals	458.69	

PERIOD: 01/01/09-01/01/10
REPORTING LEVEL: CEDAR CREST VILLAGE
LOCATION: 607-4

Claim Number / Loss Date / Payee Name	Cov/Clm	Rpt Dsc / Abbreviated Loss Description / Payment For	Claimant/Driver Name	Check Number / Social Security No.	Issue Dt	Disbrst Amt	Payment Message
186CN010505 07/14/09 ALIGN NETWORKS INC	20/WC-SI	7/14/09 AT 5:40 PM, THE CLAIMANT WAS TRY	MORROW*KEVIN	284-0-358-426 142-44-4201	02/08/10	476.94	MED PMT OTHER MED PROV
186CN010505 07/14/09 BROADSPIRE SERVICES	20/WC-SI	7/14/09 AT 5:40 PM, THE CLAIMANT WAS TRY	MORROW*KEVIN	SG-0-358-426 142-44-4201	02/08/10	174.87	EXP PMT PPO
186CN010505 07/14/09 BROADSPIRE SERVICES	20/WC-SI	7/14/09 AT 5:40 PM, THE CLAIMANT WAS TRY	MORROW*KEVIN	SG-0-358-426 142-44-4201	02/08/10	16.90	EXP PMT MED BILL REVIEW
186CN012114 07/18/09 ORTHO SPINE AND SPORTS MED	20/WC-SI	GIVING RESIDENT SHOWER-HE URINATED ON ME	EASTBURN*BARBARA	284-0-362-435 148-48-1748	02/10/10	1,284.22	MED PMT OTHER MED PROV
186CN012114 07/18/09 HACKENSACK UNIVERSITY MEDICAL CENTE	20/WC-SI	GIVING RESIDENT SHOWER-HE URINATED ON ME	EASTBURN*BARBARA	284-0-363-824 148-48-1748	02/11/10	2,476.27	MED PMT HOSPITAL
186CN012114 07/18/09 ORTHO SPINE AND SPORTS MED	20/WC-SI	GIVING RESIDENT SHOWER-HE URINATED ON ME	EASTBURN*BARBARA	284-0-363-850 148-48-1748	02/11/10	125.00	MED PMT OTHER MED PROV
186CN012114 07/18/09 BARBARA EASTBURN	10/WC-SI	GIVING RESIDENT SHOWER-HE URINATED ON ME	EASTBURN*BARBARA	651-0-212-172 148-48-1748	02/08/10	206.00	LOSS PMT TEMP TOT DISAB

PERIOD: 01/01/09-01/01/10
REPORTING LEVEL: CEDAR CREST VILLAGE
LOCATION: 607-4

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description ----- / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
186CN012114 07/18/09 BARBARA EASTBURN	10/WC-SI GIVING RESIDENT SHOWER-HE URINATED ON ME	EASTBURN*BARBARA 148-48-1748	651-0-217-470	02/12/10	206.00	LOSS PMT TEMP TOT DISAB
186CN012114 07/18/09 BROADSPIRE SERVICES	20/WC-SI GIVING RESIDENT SHOWER-HE URINATED ON ME	EASTBURN*BARBARA 148-48-1748	JF-0-179-879	02/01/10	18.39-	CANCEL PAYMENT
186CN012114 07/18/09 BROADSPIRE SERVICES	20/WC-SI GIVING RESIDENT SHOWER-HE URINATED ON ME	EASTBURN*BARBARA 148-48-1748	SG-0-362-435	02/10/10	3.90	EXP PMT MED BILL REVIEW
186CN012114 07/18/09 BROADSPIRE SERVICES	20/WC-SI GIVING RESIDENT SHOWER-HE URINATED ON ME	EASTBURN*BARBARA 148-48-1748	SG-0-362-435	02/10/10	87.90	EXP PMT PPO
186CN012114 07/18/09 BROADSPIRE SERVICES	20/WC-SI GIVING RESIDENT SHOWER-HE URINATED ON ME	EASTBURN*BARBARA 148-48-1748	SG-0-363-824	02/11/10	1,867.15	EXP PMT MED BILL REVIEW
186CN012114 07/18/09 BROADSPIRE SERVICES	20/WC-SI GIVING RESIDENT SHOWER-HE URINATED ON ME	EASTBURN*BARBARA 148-48-1748	SG-0-363-850	02/11/10	3.90	EXP PMT MED BILL REVIEW
186CN012114 07/18/09	20/WC-SI GIVING RESIDENT SHOWER-HE URINATED ON ME	EASTBURN*BARBARA 148-48-1748	XF-0-179-879	02/01/10	0.95	EXP PMT RX MGMT

PERIOD: 01/01/09-01/01/10

REPORTING LEVEL: CEDAR CREST VILLAGE

LOCATION: 607-4

Claim Number / Loss Date	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description -----	Claimant/Driver Name / Payee Name	Check Number / Social Security No. / Payment For	Issue Dt	Disbrst Amt	Payment Message
186CN012114 07/18/09	20/WC-SI GIVING RESIDENT SHOWER-HE URINATED ON ME	EASTBURN*BARBARA 148-48-1748	XF-0-179-879	02/01/10	0.95-	RVRS CC PMT
186CN012114 07/18/09	20/WC-SI GIVING RESIDENT SHOWER-HE URINATED ON ME	EASTBURN*BARBARA 148-48-1748	XF-0-179-879	02/01/10	0.95-	CNCL CC PMT
	607-4			Totals	6,909.71	
	CEDAR CREST VILLAGE			Totals	8,282.57	

REPORTING LEVEL: CHARLESTOWN

LOCATION: 601-3

Claim Number / Loss Date	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description -----	Claimant/Driver Name / Payee Name	Check Number / Social Security No. / Payment For	Issue Dt	Disbrst Amt	Payment Message
186CN047364 11/25/09 ANGEL PURDY MD PA	20/WC-SI WHILE USING THE DRAIN MACHINE THE CABLE	HANSON*JOSEPH 213-64-0112	284-0-360-873	02/09/10	72.70	MED PMT OTHER MED PROV
186CN047364 11/25/09 JOSEPH HANSON	10/WC-SI WHILE USING THE DRAIN MACHINE THE CABLE	HANSON*JOSEPH 213-64-0112	651-0-213-142	02/09/10	222.28	LOSS PMT TEMP TOT DISAB
186CN047364 11/25/09 BROADSPIRE SERVICES	20/WC-SI WHILE USING THE DRAIN MACHINE THE CABLE	HANSON*JOSEPH 213-64-0112	SG-0-360-873	02/09/10	3.90	EXP PMT MED BILL REVIEW

BROADSPIRE
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BROADSPIRE USA - Claim Issued Check List (Billable)
ERICKSON RETIREMENT COMMUNITIES(IN-ZUR)

ERICKSON RETIREMENT COMMUNITIES(IN-ZUR)
PAYMENT PERIOD: 02/06/2010 THRU 02/12/2010

PERIOD: 01/01/09-01/01/10
REPORTING LEVEL: CHARLESTOWN
LOCATION: 601-3

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description ----- / Payment For	Claimant/Driver Name / Social Security No.	Check Number / Issue Dt	Disbrst Amt	Payment Message
256CN210330 05/16/09 CNTR FOR PAIN MGMT ASC LLC	20/WC-SI EE WAS LIFTING TABLES IN MEETING HALL	KEY*PAMELA AN 226-08-5350	284-0-359-422 02/08/10	74.44	MED PMT OTHER MED PROV
256CN210330 05/16/09 CNTR FOR PAIN MANAGEMENT LLC	20/WC-SI EE WAS LIFTING TABLES IN MEETING HALL	KEY*PAMELA AN 226-08-5350	284-0-359-423 02/08/10	126.83	MED PMT OTHER MED PROV
256CN210330 05/16/09 BROADSPIRE SERVICES	20/WC-SI EE WAS LIFTING TABLES IN MEETING HALL	KEY*PAMELA AN 226-08-5350	SG-0-359-422 02/08/10	3.90	EXP PMT MED BILL REVIEW
256CN210330 05/16/09 BROADSPIRE SERVICES	20/WC-SI EE WAS LIFTING TABLES IN MEETING HALL	KEY*PAMELA AN 226-08-5350	SG-0-359-422 02/08/10	5.58	EXP PMT PPO
256CN210330 05/16/09 BROADSPIRE SERVICES	20/WC-SI EE WAS LIFTING TABLES IN MEETING HALL	KEY*PAMELA AN 226-08-5350	SG-0-359-423 02/08/10	3.90	EXP PMT MED BILL REVIEW
256CN210330 05/16/09 BROADSPIRE SERVICES	20/WC-SI EE WAS LIFTING TABLES IN MEETING HALL	KEY*PAMELA AN 226-08-5350	SG-0-359-423 02/08/10	5.49	EXP PMT PPO
	601-3		Totals	519.02	
	CHARLESTOWN		Totals	519.02	

PERIOD: 01/01/09-01/01/10
REPORTING LEVEL: FOX RUN
LOCATION: 629-2

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description ----- / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
186CN049619 12/12/09 OCCUPATIONAL HEALTH CENTERS	20/WC-SI I STUCK MY HAND IN TOASTER TO RETRIEVE T	DEW II*RICKY 374-96-9461	284-0-362-824	02/10/10	0.10	MED PMT MED SUPPLIES
186CN049619 12/12/09 OCCUPATIONAL HEALTH CENTERS	20/WC-SI I STUCK MY HAND IN TOASTER TO RETRIEVE T	DEW II*RICKY 374-96-9461	284-0-362-824	02/10/10	0.35	MED PMT PRESCRIPTION
186CN049619 12/12/09 OCCUPATIONAL HEALTH CENTERS	20/WC-SI I STUCK MY HAND IN TOASTER TO RETRIEVE T	DEW II*RICKY 374-96-9461	284-0-362-824	02/10/10	20.65	MED PMT OTHER MED PROV
186CN049619 12/12/09 BROADSPIRE SERVICES	20/WC-SI I STUCK MY HAND IN TOASTER TO RETRIEVE T	DEW II*RICKY 374-96-9461	SG-0-291-069	12/24/09	13.05-	CNCL CC PMT
186CN049619 12/12/09 BROADSPIRE SERVICES	20/WC-SI I STUCK MY HAND IN TOASTER TO RETRIEVE T	DEW II*RICKY 374-96-9461	SG-0-291-069	12/24/09	5.15-	CNCL CC PMT
186CN049619 12/12/09 BROADSPIRE SERVICES	20/WC-SI I STUCK MY HAND IN TOASTER TO RETRIEVE T	DEW II*RICKY 374-96-9461	SG-0-362-824	02/10/10	2.12	EXP PMT PPO
186CN049619 12/12/09 BROADSPIRE SERVICES	20/WC-SI I STUCK MY HAND IN TOASTER TO RETRIEVE T	DEW II*RICKY 374-96-9461	SG-0-362-824	02/10/10	16.95	EXP PMT MED BILL REVIEW
	629-2			Totals	21.97	

PERIOD: 01/01/09-01/01/10
REPORTING LEVEL: FOX RUN
LOCATION: 629-4

Claim Number / Loss Date / Payee Name	Cov/Clm	Rpt Dsc / Abbreviated Loss Description / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
186CN052587 12/31/09 OCCUPATIONAL HEALTH CENTERS	20/WC-SI	PULIS*RACHEL GATHERING SUPPLIES WHEN SHE BRUSHED AGAI	284-0-361-579 999-45-2467	02/09/10		71.65	MED PMT OTHER MED PROV
186CN052587 12/31/09 BROADSPIRE SERVICES	20/WC-SI	PULIS*RACHEL GATHERING SUPPLIES WHEN SHE BRUSHED AGAI	SG-0-361-579 999-45-2467	02/09/10		1.13	EXP PMT PPO
186CN052587 12/31/09 BROADSPIRE SERVICES	20/WC-SI	PULIS*RACHEL GATHERING SUPPLIES WHEN SHE BRUSHED AGAI	SG-0-361-579 999-45-2467	02/09/10		3.90	EXP PMT MED BILL REVIEW
186CN053852 12/18/09 OCCUPATIONAL HEALTH CENTERS	20/WC-SI	JONES-FERGUSON*NANCY WASHING THE DISHES - TOOK THE RACK OUT O	284-0-358-055 369-60-2364	02/08/10		131.17	MED PMT OTHER MED PROV
186CN053852 12/18/09 UNIVERSAL SMART COMP	20/WC-SI	JONES-FERGUSON*NANCY WASHING THE DISHES - TOOK THE RACK OUT O	284-0-361-571 369-60-2364	02/09/10		145.15	MED PMT PHYS THERAPY
186CN053852 12/18/09 OCCUPATIONAL HEALTH CENTERS	20/WC-SI	JONES-FERGUSON*NANCY WASHING THE DISHES - TOOK THE RACK OUT O	284-0-362-795 369-60-2364	02/10/10		201.10	MED PMT OTHER MED PROV
186CN053852 12/18/09 OCCUPATIONAL HEALTH CENTERS	20/WC-SI	JONES-FERGUSON*NANCY WASHING THE DISHES - TOOK THE RACK OUT O	284-0-362-796 369-60-2364	02/10/10		229.20	MED PMT OTHER MED PROV

PERIOD: 01/01/09-01/01/10
REPORTING LEVEL: FOX RUN
LOCATION: 629-4

Claim Number / Loss Date / Payee Name	Cov/Clm	Rpt Dsc / Abbreviated Loss Description	Claimant/Driver Name / Payment For	Check Number / Social Security No.	Issue Dt	Disbrst Amt	Payment Message
186CN053852 12/18/09 OCCUPATIONAL HEALTH CENTERS	20/WC-SI	WASHING THE DISHES - TOOK THE RACK OUT	JONES-FERGUSON*NANCY O 369-60-2364	284-0-362-796	02/10/10	86.12	MED PMT PRESCRIPTION
186CN053852 12/18/09 UNIVERSAL SMART COMP	20/WC-SI	WASHING THE DISHES - TOOK THE RACK OUT	JONES-FERGUSON*NANCY O 369-60-2364	284-0-362-823	02/10/10	138.93	MED PMT PHYS THERAPY
186CN053852 12/18/09 UNIVERSAL SMART COMP	20/WC-SI	WASHING THE DISHES - TOOK THE RACK OUT	JONES-FERGUSON*NANCY O 369-60-2364	284-0-366-662	02/12/10	0.96	MED PMT MED SUPPLIES
186CN053852 12/18/09 UNIVERSAL SMART COMP	20/WC-SI	WASHING THE DISHES - TOOK THE RACK OUT	JONES-FERGUSON*NANCY O 369-60-2364	284-0-366-662	02/12/10	71.80	MED PMT PHYS THERAPY
186CN053852 12/18/09 UNIVERSAL SMART COMP	20/WC-SI	WASHING THE DISHES - TOOK THE RACK OUT	JONES-FERGUSON*NANCY O 369-60-2364	284-0-366-663	02/12/10	123.85	MED PMT PHYS THERAPY
186CN053852 12/18/09 BROADSPIRE SERVICES	20/WC-SI	WASHING THE DISHES - TOOK THE RACK OUT	JONES-FERGUSON*NANCY O 369-60-2364	SG-0-358-055	02/08/10	0.80	EXP PMT PPO
186CN053852 12/18/09 BROADSPIRE SERVICES	20/WC-SI	WASHING THE DISHES - TOOK THE RACK OUT	JONES-FERGUSON*NANCY O 369-60-2364	SG-0-358-055	02/08/10	3.90	EXP PMT MED BILL REVIEW

BROADSPIRE
a Crawford Company

BROADSPIRE USA - Claim Issued Check List (Billable)
ERICKSON RETIREMENT COMMUNITIES(IN-ZUR)

ERICKSON RETIREMENT COMMUNITIES(IN-ZUR)
PAYMENT PERIOD: 02/06/2010 THRU 02/12/2010

PERIOD: 01/01/09-01/01/10
REPORTING LEVEL: FOX RUN
LOCATION: 629-4

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description ----- / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
186CN053852 12/18/09 BROADSPIRE SERVICES	20/WC-SI WASHING THE DISHES - TOOK THE RACK OUT	JONES-FERGUSON*NANCY O 369-60-2364	SG-0-361-571	02/09/10	7.80	EXP PMT MED BILL REVIEW
186CN053852 12/18/09 BROADSPIRE SERVICES	20/WC-SI WASHING THE DISHES - TOOK THE RACK OUT	JONES-FERGUSON*NANCY O 369-60-2364	SG-0-361-571	02/09/10	25.05	EXP PMT PPO
186CN053852 12/18/09 BROADSPIRE SERVICES	20/WC-SI WASHING THE DISHES - TOOK THE RACK OUT	JONES-FERGUSON*NANCY O 369-60-2364	SG-0-362-795	02/10/10	3.17	EXP PMT PPO
186CN053852 12/18/09 BROADSPIRE SERVICES	20/WC-SI WASHING THE DISHES - TOOK THE RACK OUT	JONES-FERGUSON*NANCY O 369-60-2364	SG-0-362-795	02/10/10	5.20	EXP PMT MED BILL REVIEW
186CN053852 12/18/09 BROADSPIRE SERVICES	20/WC-SI WASHING THE DISHES - TOOK THE RACK OUT	JONES-FERGUSON*NANCY O 369-60-2364	SG-0-362-796	02/10/10	4.97	EXP PMT PPO
186CN053852 12/18/09 BROADSPIRE SERVICES	20/WC-SI WASHING THE DISHES - TOOK THE RACK OUT	JONES-FERGUSON*NANCY O 369-60-2364	SG-0-362-796	02/10/10	9.10	EXP PMT MED BILL REVIEW
186CN053852 12/18/09 BROADSPIRE SERVICES	20/WC-SI WASHING THE DISHES - TOOK THE RACK OUT	JONES-FERGUSON*NANCY O 369-60-2364	SG-0-362-823	02/10/10	3.90	EXP PMT MED BILL REVIEW

BROADSPIRE
a Crawford Company

BROADSPIRE USA - Claim Issued Check List (Billable)
ERICKSON RETIREMENT COMMUNITIES(IN-ZUR)

ERICKSON RETIREMENT COMMUNITIES(IN-ZUR)
PAYMENT PERIOD: 02/06/2010 THRU 02/12/2010

PERIOD: 01/01/09-01/01/10
REPORTING LEVEL: FOX RUN
LOCATION: 629-4

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description ----- / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
186CN053852 12/18/09 BROADSPIRE SERVICES	20/WC-SI WASHING THE DISHES - TOOK THE RACK OUT	JONES-FERGUSON*NANCY O 369-60-2364	SG-0-362-823	02/10/10	5.48	EXP PMT PPO
186CN053852 12/18/09 BROADSPIRE SERVICES	20/WC-SI WASHING THE DISHES - TOOK THE RACK OUT	JONES-FERGUSON*NANCY O 369-60-2364	SG-0-366-662	02/12/10	5.29	EXP PMT MED BILL REVIEW
186CN053852 12/18/09 BROADSPIRE SERVICES	20/WC-SI WASHING THE DISHES - TOOK THE RACK OUT	JONES-FERGUSON*NANCY O 369-60-2364	SG-0-366-662	02/12/10	1.98	EXP PMT PPO
186CN053852 12/18/09 BROADSPIRE SERVICES	20/WC-SI WASHING THE DISHES - TOOK THE RACK OUT	JONES-FERGUSON*NANCY O 369-60-2364	SG-0-366-663	02/12/10	5.20	EXP PMT MED BILL REVIEW
186CN053852 12/18/09 BROADSPIRE SERVICES	20/WC-SI WASHING THE DISHES - TOOK THE RACK OUT	JONES-FERGUSON*NANCY O 369-60-2364	SG-0-366-663	02/12/10	6.04	EXP PMT PPO
534CN379144 02/12/09 OCCUPATIONAL HEALTH CENTERS	20/WC-SI CUTTING PAPER WITH AN EXACTO KNIFE, IT	ORICK*TRACY S 364-54-4552	284-0-361-596	02/09/10	6.48	MED PMT OTHER MED PROV
534CN379144 02/12/09 BROADSPIRE SERVICES	20/WC-SI CUTTING PAPER WITH AN EXACTO KNIFE, IT	ORICK*TRACY S 364-54-4552	SG-0-346-925	02/02/10	7.80-	CNCL CC PMT

PERIOD: 01/01/09-01/01/10

REPORTING LEVEL: FOX RUN

LOCATION: 629-4

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description ----- / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
534CN379144 02/12/09 BROADSPIRE SERVICES	20/WC-SI CUTTING PAPER WITH AN EXACTO KNIFE, IT	ORICK*TRACY S 364-54-4552	SG-0-361-596	02/09/10	0.95	EXP PMT PPO
534CN379144 02/12/09 BROADSPIRE SERVICES	20/WC-SI CUTTING PAPER WITH AN EXACTO KNIFE, IT	ORICK*TRACY S 364-54-4552	SG-0-361-596	02/09/10	7.80	EXP PMT MED BILL REVIEW
	629-4			Totals	1,300.27	

LOCATION: 629-5

534CN381885 05/22/09 Broadspire Services Inc	20/WC-SI STANDING, TRYING TO REACH A SET OF PLATE	COOPER*SHANA 375-04-2932	SG-0-152-757	10/15/09	597.57-	CNCL CC PMT
	629-5			Totals	597.57-	
	FOX RUN			Totals	724.67	

REPORTING LEVEL: GREENSPRING VILLAGE

LOCATION: 605-3

186CN041580 10/30/09 SONIA CABALLERO	10/WC-SI EE FELT A TWINGE IN HER LOWER BACK WHEN	CABALLERO*SONIA 225-91-2533	651-0-215-373	02/11/10	298.11	LOSS PMT TEMP TOT DISAB

PERIOD: 01/01/09-01/01/10
REPORTING LEVEL: GREENSPRING VILLAGE
LOCATION: 605-3

Claim Number / Loss Date / Payee Name	Cov/Clm	Rpt Dsc / Abbreviated Loss Description	Claimant/Driver Name / Social Security No. / Payment For	Check Number	Issue Dt	Disbrst Amt	Payment Message
186CN051596 12/23/09 INOVA PHYSICAL REHAB SVCS	20/WC-SI	HE WAS WALKING	ASIEDU*PETER ACROSS THE STREET AND DID 228-99-7760	284-0-361-384	02/09/10	99.20	MED PMT PHYS THERAPY
186CN051596 12/23/09 INOVA PHYSICAL REHAB SVCS	20/WC-SI	HE WAS WALKING	ASIEDU*PETER ACROSS THE STREET AND DID 228-99-7760	284-0-361-385	02/09/10	143.20	MED PMT PHYS THERAPY
186CN051596 12/23/09 BROADSPIRE SERVICES	20/WC-SI	HE WAS WALKING	ASIEDU*PETER ACROSS THE STREET AND DID 228-99-7760	JF-0-183-040	02/08/10	26.11	MED PMT PRESCRIPTION
186CN051596 12/23/09 BROADSPIRE SERVICES	20/WC-SI	HE WAS WALKING	ASIEDU*PETER ACROSS THE STREET AND DID 228-99-7760	SG-0-361-384	02/09/10	3.90	EXP PMT MED BILL REVIEW
186CN051596 12/23/09 BROADSPIRE SERVICES	20/WC-SI	HE WAS WALKING	ASIEDU*PETER ACROSS THE STREET AND DID 228-99-7760	SG-0-361-384	02/09/10	6.84	EXP PMT PPO
186CN051596 12/23/09 BROADSPIRE SERVICES	20/WC-SI	HE WAS WALKING	ASIEDU*PETER ACROSS THE STREET AND DID 228-99-7760	SG-0-361-385	02/09/10	5.20	EXP PMT MED BILL REVIEW
186CN051596 12/23/09 BROADSPIRE SERVICES	20/WC-SI	HE WAS WALKING	ASIEDU*PETER ACROSS THE STREET AND DID 228-99-7760	SG-0-361-385	02/09/10	10.14	EXP PMT PPO

BROADSPIRE
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BROADSPIRE USA - Claim Issued Check List (Billable)
ERICKSON RETIREMENT COMMUNITIES(IN-ZUR)

ERICKSON RETIREMENT COMMUNITIES(IN-ZUR)
PAYMENT PERIOD: 02/06/2010 THRU 02/12/2010

PERIOD: 01/01/09-01/01/10
REPORTING LEVEL: GREENSPRING VILLAGE
LOCATION: 605-3

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description ----- / Payment For	Claimant/Driver Name	Check Number / Social Security No.	Issue Dt	Disbrst Amt	Payment Message
186CN051596 12/23/09	20/WC-SI HE WAS WALKING ACROSS THE STREET AND DID	ASIEDU*PETER	XF-0-183-040 228-99-7760	02/08/10	2.77	EXP PMT RX MGMT
	605-3			Totals	595.47	

LOCATION: 605-4

186CN032543 09/05/09 COMMONWEALTH ORTHOPAEDICS AND RE	20/WC-SI EE DEVELOPED SEVERE PAIN TO HER LOWER BA	NAGRODZKI*DANUTE	284-0-358-113 231-23-6101	02/08/10	203.46	MED PMT OTHER MED PROV
186CN032543 09/05/09 DANUTE NAGRODZKI	10/WC-SI EE DEVELOPED SEVERE PAIN TO HER LOWER BA	NAGRODZKI*DANUTE	651-0-216-770 231-23-6101	02/12/10	281.80	LOSS PMT TEMP TOT DISAB
186CN032543 09/05/09 BROADSPIRE SERVICES	20/WC-SI EE DEVELOPED SEVERE PAIN TO HER LOWER BA	NAGRODZKI*DANUTE	SG-0-358-113 231-23-6101	02/08/10	3.90	EXP PMT MED BILL REVIEW
186CN032543 09/05/09 BROADSPIRE SERVICES	20/WC-SI EE DEVELOPED SEVERE PAIN TO HER LOWER BA	NAGRODZKI*DANUTE	SG-0-358-113 231-23-6101	02/08/10	17.99	EXP PMT PPO
	605-4			Totals	507.15	
	GREENSPRING VILLAGE			Totals	1,102.62	

BROADSPIRE
a Crawford Company

BROADSPIRE USA - Claim Issued Check List (Billable)
ERICKSON RETIREMENT COMMUNITIES(IN-ZUR)

ERICKSON RETIREMENT COMMUNITIES(IN-ZUR)
PAYMENT PERIOD: 02/06/2010 THRU 02/12/2010

PERIOD: 01/01/09-01/01/10

REPORTING LEVEL: HENRY FORD VILLAGE

LOCATION: 602-4

Claim Number	Cov/Clm	Rpt Dsc	Claimant/Driver Name	Check Number	Issue Dt	Disbrst Amt	Payment Message
Loss Date	----- Abbreviated Loss Description -----			Social Security No.			
Payee Name				Payment For			
186CN052877	20/WC-SI		HALL*LINDA	284-0-358-060	02/08/10	127.16	MED PMT OTHER MED PROV
12/29/09	Was walking into building to start shift			381-62-4976			
OCCUPATIONAL HEALTH CENTERS							
186CN052877	20/WC-SI		HALL*LINDA	SG-0-358-060	02/08/10	3.90	EXP PMT MED BILL REVIEW
12/29/09	Was walking into building to start shift			381-62-4976			
BROADSPIRE SERVICES							
186CN052877	20/WC-SI		HALL*LINDA	SG-0-358-060	02/08/10	2.01	EXP PMT PPO
12/29/09	Was walking into building to start shift			381-62-4976			
BROADSPIRE SERVICES							
		602-4			Totals	133.07	
		HENRY FORD VILLAGE			Totals	133.07	

REPORTING LEVEL: LINDEN PONDS

LOCATION: 616-2

186CN041862	10/WC-SI		WALKER*JENNIFER	651-0-214-429	02/10/10	260.67	LOSS PMT TEMP TOT DISAB
11/01/09	WHILE LIFTING TRAY INJURED R SHOULDER			022-76-5365			
JENNIFER WALKER							
		616-2			Totals	260.67	

PERIOD: 01/01/09-01/01/10

REPORTING LEVEL: LINDEN PONDS

LOCATION: 616-4

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description ----- / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
186CN006760 07/07/09 BACTES IMAGING SOLUTIONS	20/WC-SI EE SLIPPED AND FELL ON WET FLOOR. BOTH F	STUART*CYNTHIA 013-54-1715	284-0-359-202	02/08/10	23.61	MED PMT OTHER
186CN006760 07/07/09 MEDICAL EVALUATION SPECIALISTS	20/WC-SI EE SLIPPED AND FELL ON WET FLOOR. BOTH F	STUART*CYNTHIA 013-54-1715	651-0-213-431	02/09/10	425.00	MED PMT OTHER
186CN006760 07/07/09 BROADSPIRE SERVICES	20/WC-SI EE SLIPPED AND FELL ON WET FLOOR. BOTH F	STUART*CYNTHIA 013-54-1715	SG-0-359-202	02/08/10	3.90	EXP PMT MED BILL REVIEW
	616-4			Totals	452.51	
	LINDEN PONDS			Totals	713.18	

REPORTING LEVEL: MARIS GROVE

LOCATION: 612-2

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description ----- / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
186CN051038 12/19/09 RIDDLE MEMORIAL HOSPITAL	20/WC-SI EE WAS WALKING THROUGH THE PARKING LOT	IMPERATRICE*MICHAEL 201-50-8386	284-0-360-703	02/09/10	668.00	MED PMT HOSPITAL
186CN051038 12/19/09 BROADSPIRE SERVICES	20/WC-SI EE WAS WALKING THROUGH THE PARKING LOT	IMPERATRICE*MICHAEL 201-50-8386	SG-0-360-703	02/09/10	10.40	EXP PMT MED BILL REVIEW

BROADSPIRE
a Crawford Company

BROADSPIRE USA - Claim Issued Check List (Billable) — ERICKSON RETIREMENT COMMUNITIES(IN-ZUR)
ERICKSON RETIREMENT COMMUNITIES(IN-ZUR) — PAYMENT PERIOD: 02/06/2010 THRU 02/12/2010

PERIOD: 01/01/09-01/01/10

REPORTING LEVEL: MARIS GROVE

LOCATION: 612-2

Claim Number / Loss Date / Payee Name	Cov/Clm	Rpt Dsc / ----- Abbreviated Loss Description ----- / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
186CN051038 12/19/09 BROADSPIRE SERVICES	20/WC-SI	IMPERATRICE*MICHAEL EE WAS WALKING THROUGH THE PARKING LOT	SG-0-360-703 201-50-8386		02/09/10	93.08	EXP PMT PPO
		612-2			Totals	771.48	

LOCATION: 612-5

Claim Number / Loss Date / Payee Name	Cov/Clm	Rpt Dsc / ----- Abbreviated Loss Description ----- / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
186CN053101 12/02/09 RIDDLE MEMORIAL HOSPITAL	20/WC-SI	ODONNELL*JOHN EE HAS LOWER BACK STRAIN FROM SHOWING A	284-0-363-964 210-52-1750		02/11/10	33.96	MED PMT HOSPITAL
186CN053101 12/02/09 BROADSPIRE SERVICES	20/WC-SI	ODONNELL*JOHN EE HAS LOWER BACK STRAIN FROM SHOWING A	SG-0-363-964 210-52-1750		02/11/10	3.90	EXP PMT MED BILL REVIEW
		612-5			Totals	37.86	
		MARIS GROVE			Totals	809.34	

REPORTING LEVEL: MONARCH LANDING

LOCATION: 656-3

Claim Number / Loss Date / Payee Name	Cov/Clm	Rpt Dsc / ----- Abbreviated Loss Description ----- / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
534CN380094 03/02/09 BROADSPIRE SERVICES	20/WC-SI	MARTINEZ*BETH EE CLAIMS SHE HURT HER SHOULDER A WHILE	SG-0-366-286 498-78-5388		02/12/10	53.40	EXP PMT MED BILL REVIEW

PERIOD: 01/01/09-01/01/10

REPORTING LEVEL: MONARCH LANDING

LOCATION: 656-3

Claim Number / Loss Date	Cov/Clm	Rpt Dsc	Claimant/Driver Name / Abbreviated Loss Description / Payee Name	Check Number / Social Security No. / Payment For	Issue Dt	Disbrst Amt	Payment Message
		656-3			Totals	53.40	
		MONARCH LANDING			Totals	53.40	

REPORTING LEVEL: OAK CREST VILLAGE

LOCATION: 603-2

Claim Number / Loss Date	Cov/Clm	Rpt Dsc	Claimant/Driver Name / Abbreviated Loss Description / Payee Name	Check Number / Social Security No. / Payment For	Issue Dt	Disbrst Amt	Payment Message
186CN052063 12/25/09	20/WC-SI		CARROLL*CHRIS EE HAD FINISHED SHARPENING HIS KNIFE AND MEDSTAR HEALTH ANESTHESIA SERVICE	284-0-359-412 217-27-5055	02/08/10	106.49	MED PMT OTHER MED PROV
186CN052063 12/25/09	20/WC-SI		CARROLL*CHRIS EE HAD FINISHED SHARPENING HIS KNIFE AND NATIONAL HAND SPECIALISTS	284-0-360-871 217-27-5055	02/09/10	67.88	MED PMT OTHER MED PROV
186CN052063 12/25/09	20/WC-SI		CARROLL*CHRIS EE HAD FINISHED SHARPENING HIS KNIFE AND NATIONAL HAND SPECIALISTS	284-0-366-368 217-27-5055	02/12/10	591.80	MED PMT OTHER MED PROV
186CN052063 12/25/09	20/WC-SI		CARROLL*CHRIS EE HAD FINISHED SHARPENING HIS KNIFE AND BROADSPIRE SERVICES	SG-0-359-412 217-27-5055	02/08/10	3.90	EXP PMT MED BILL REVIEW
186CN052063 12/25/09	20/WC-SI		CARROLL*CHRIS EE HAD FINISHED SHARPENING HIS KNIFE AND BROADSPIRE SERVICES	SG-0-360-871 217-27-5055	02/09/10	3.90	EXP PMT MED BILL REVIEW

PERIOD: 01/01/09-01/01/10
REPORTING LEVEL: OAK CREST VILLAGE
LOCATION: 603-2

Claim Number / Loss Date / Payee Name	Cov/Clm	Rpt Dsc / ----- Abbreviated Loss Description ----- / Payment For	Claimant/Driver Name	Check Number / Social Security No.	Issue Dt	Disbrst Amt	Payment Message
186CN052063	20/WC-SI		CARROLL*CHRIS	SG-0-360-871	02/09/10	2.26	EXP PMT PPO
12/25/09		EE HAD FINISHED SHARPENING HIS KNIFE AND		217-27-5055			
BROADSPIRE SERVICES							
186CN052063	20/WC-SI		CARROLL*CHRIS	SG-0-366-368	02/12/10	3.90	EXP PMT MED BILL REVIEW
12/25/09		EE HAD FINISHED SHARPENING HIS KNIFE AND		217-27-5055			
BROADSPIRE SERVICES							
186CN052063	20/WC-SI		CARROLL*CHRIS	SG-0-366-368	02/12/10	19.73	EXP PMT PPO
12/25/09		EE HAD FINISHED SHARPENING HIS KNIFE AND		217-27-5055			
BROADSPIRE SERVICES							
	603-2				Totals	799.86	

LOCATION: 603-3

Claim Number / Loss Date / Payee Name	Cov/Clm	Rpt Dsc / ----- Abbreviated Loss Description ----- / Payment For	Claimant/Driver Name	Check Number / Social Security No.	Issue Dt	Disbrst Amt	Payment Message
186CN005768	20/WC-SI		TOWNSLEY*KIMBERLY	284-0-360-864	02/09/10	2,728.16	MED PMT PHYS THERAPY
05/26/09		EE FELL WHILE WALKING IN RESIDENTS ROOM		217-11-7493			
ACTIVE LIFE AND SPORTS THERAPY							
186CN005768	20/WC-SI		TOWNSLEY*KIMBERLY	SG-0-360-864	02/09/10	131.30	EXP PMT MED BILL REVIEW
05/26/09		EE FELL WHILE WALKING IN RESIDENTS ROOM		217-11-7493			
BROADSPIRE SERVICES							
186CN005768	20/WC-SI		TOWNSLEY*KIMBERLY	SG-0-360-864	02/09/10	204.50	EXP PMT PPO
05/26/09		EE FELL WHILE WALKING IN RESIDENTS ROOM		217-11-7493			
BROADSPIRE SERVICES							

PERIOD: 01/01/09-01/01/10
REPORTING LEVEL: OAK CREST VILLAGE
LOCATION: 603-3

Claim Number / Loss Date / Payee Name	Cov/Clm	Rpt Dsc / ----- Abbreviated Loss Description ----- / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
186CN052584 12/27/09 UNIVERSAL SMART COMP	20/WC-SI	EE WAS DOING HEAVY LIFTING, PUSHING AND	MURRAY*LESHA 215-84-0027	284-0-360-865	02/09/10	134.59	MED PMT PHYS THERAPY
186CN052584 12/27/09 UNIVERSAL SMART COMP	20/WC-SI	EE WAS DOING HEAVY LIFTING, PUSHING AND	MURRAY*LESHA 215-84-0027	284-0-360-866	02/09/10	97.11	MED PMT PHYS THERAPY
186CN052584 12/27/09 UNIVERSAL SMART COMP	20/WC-SI	EE WAS DOING HEAVY LIFTING, PUSHING AND	MURRAY*LESHA 215-84-0027	284-0-360-867	02/09/10	97.11	MED PMT PHYS THERAPY
186CN052584 12/27/09 UNIVERSAL SMART COMP	20/WC-SI	EE WAS DOING HEAVY LIFTING, PUSHING AND	MURRAY*LESHA 215-84-0027	284-0-360-868	02/09/10	12.81	MED PMT MED SUPPLIES
186CN052584 12/27/09 UNIVERSAL SMART COMP	20/WC-SI	EE WAS DOING HEAVY LIFTING, PUSHING AND	MURRAY*LESHA 215-84-0027	284-0-360-868	02/09/10	69.22	MED PMT PHYS THERAPY
186CN052584 12/27/09 BROADSPIRE SERVICES	20/WC-SI	EE WAS DOING HEAVY LIFTING, PUSHING AND	MURRAY*LESHA 215-84-0027	SG-0-360-865	02/09/10	3.90	EXP PMT MED BILL REVIEW
186CN052584 12/27/09 BROADSPIRE SERVICES	20/WC-SI	EE WAS DOING HEAVY LIFTING, PUSHING AND	MURRAY*LESHA 215-84-0027	SG-0-360-865	02/09/10	4.95	EXP PMT PPO

PERIOD: 01/01/09-01/01/10
REPORTING LEVEL: OAK CREST VILLAGE
LOCATION: 603-3

Claim Number / Loss Date / Payee Name	Cov/Clm	Rpt Dsc / Abbreviated Loss Description / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
186CN052584 12/27/09 BROADSPIRE SERVICES	20/WC-SI	EE WAS DOING HEAVY LIFTING, PUSHING AND	MURRAY*LESHA 215-84-0027	SG-0-360-866	02/09/10	6.50	EXP PMT MED BILL REVIEW
186CN052584 12/27/09 BROADSPIRE SERVICES	20/WC-SI	EE WAS DOING HEAVY LIFTING, PUSHING AND	MURRAY*LESHA 215-84-0027	SG-0-360-866	02/09/10	7.81	EXP PMT PPO
186CN052584 12/27/09 BROADSPIRE SERVICES	20/WC-SI	EE WAS DOING HEAVY LIFTING, PUSHING AND	MURRAY*LESHA 215-84-0027	SG-0-360-867	02/09/10	6.50	EXP PMT MED BILL REVIEW
186CN052584 12/27/09 BROADSPIRE SERVICES	20/WC-SI	EE WAS DOING HEAVY LIFTING, PUSHING AND	MURRAY*LESHA 215-84-0027	SG-0-360-867	02/09/10	7.81	EXP PMT PPO
186CN052584 12/27/09 BROADSPIRE SERVICES	20/WC-SI	EE WAS DOING HEAVY LIFTING, PUSHING AND	MURRAY*LESHA 215-84-0027	SG-0-360-868	02/09/10	5.20	EXP PMT MED BILL REVIEW
186CN052584 12/27/09 BROADSPIRE SERVICES	20/WC-SI	EE WAS DOING HEAVY LIFTING, PUSHING AND	MURRAY*LESHA 215-84-0027	SG-0-360-868	02/09/10	1.69	EXP PMT PPO
		603-3			Totals	3,519.16	
		OAK CREST VILLAGE			Totals	4,319.02	

PERIOD: 01/01/09-01/01/10

REPORTING LEVEL: RIDERWOOD VILLAGE

LOCATION: 606-2

Claim Number / Loss Date / Payee Name	Cov/Clm	Rpt Dsc / ----- Abbreviated Loss Description ----- / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
186CN004622 06/10/09 UNIVERSAL SMART COMP	20/WC-SI	CARBERRY*LINDA EE WAS TRANSFERRING N116 FROM TOILET TO	219-78-1916	284-0-363-927	02/11/10	12.88	MED PMT MED SUPPLIES
186CN004622 06/10/09 UNIVERSAL SMART COMP	20/WC-SI	CARBERRY*LINDA EE WAS TRANSFERRING N116 FROM TOILET TO	219-78-1916	284-0-363-927	02/11/10	68.79	MED PMT PHYS THERAPY
186CN004622 06/10/09 BROADSPIRE SERVICES	20/WC-SI	CARBERRY*LINDA EE WAS TRANSFERRING N116 FROM TOILET TO	219-78-1916	SG-0-363-927	02/11/10	1.52	EXP PMT PPO
186CN004622 06/10/09 BROADSPIRE SERVICES	20/WC-SI	CARBERRY*LINDA EE WAS TRANSFERRING N116 FROM TOILET TO	219-78-1916	SG-0-363-927	02/11/10	5.20	EXP PMT MED BILL REVIEW
		606-2			Totals	88.39	
		RIDERWOOD VILLAGE			Totals	88.39	

REPORTING LEVEL: SEABROOK VILLAGE

LOCATION: 604-3

Claim Number / Loss Date / Payee Name	Cov/Clm	Rpt Dsc / ----- Abbreviated Loss Description ----- / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
186CN028375 08/26/09 O SEAVIEW ORTHOPAEDIC	20/WC-SI	FARNEN*MATTHEW EE WAS CHECKING THE WHEEL CHAIR LOCKS, W	149-40-9402	284-0-360-551	02/09/10	136.25	MED PMT OTHER MED PROV

PERIOD: 01/01/09-01/01/10
REPORTING LEVEL: SEABROOK VILLAGE
LOCATION: 604-3

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description ----- / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
186CN028375 08/26/09 Broadspire Services Inc	20/WC-SI EE WAS CHECKING THE WHEEL CHAIR LOCKS,	FARNEN*MATTHEW W 149-40-9402	SG-0-193-852	11/05/09	40.88-	CNCL CC PMT
186CN028375 08/26/09 Broadspire Services Inc	20/WC-SI EE WAS CHECKING THE WHEEL CHAIR LOCKS,	FARNEN*MATTHEW W 149-40-9402	SG-0-193-852	11/05/09	3.90-	CNCL CC PMT
186CN028375 08/26/09 BROADSPIRE SERVICES	20/WC-SI EE WAS CHECKING THE WHEEL CHAIR LOCKS,	FARNEN*MATTHEW W 149-40-9402	SG-0-360-551	02/09/10	7.80	EXP PMT MED BILL REVIEW
186CN051431 12/22/09 JERSEY SHORE UNIVERSITY MEDICAL CEN	20/WC-SI 12/22/09 AT 9:40 AM, CLMT WAS RESPONDING	LUTZ*TERESA 091-58-1116	284-0-363-823	02/11/10	1,005.48	MED PMT HOSPITAL
186CN051431 12/22/09 BROADSPIRE SERVICES	20/WC-SI 12/22/09 AT 9:40 AM, CLMT WAS RESPONDING	LUTZ*TERESA 091-58-1116	SG-0-363-823	02/11/10	749.15	EXP PMT MED BILL REVIEW
	604-3			Totals	1,853.90	

LOCATION: 604-4

186CN035350 10/01/09	20/WC-SI EE HAS PAIN IN THE L SIDE OF HER NECK,	PAYTON*TASSOLOVA SH 147-62-9999	UA-0-004-407	02/09/10	345.12-	REFUND	CHECK CORR

PERIOD: 01/01/09-01/01/10

REPORTING LEVEL: SEABROOK VILLAGE

LOCATION: 604-4

Claim Number	Cov/Clm	Rpt Dsc	Claimant/Driver Name	Check Number	Issue Dt	Disbrst Amt	Payment Message
Loss Date	----- Abbreviated Loss Description -----			Social Security No.			
Payee Name				Payment For			
186CN051428	20/WC-SI		ETIENNE*DIEULA	284-0-362-446	02/10/10	334.61	MED PMT PHYS THERAPY
12/20/09	THE EE WAS PUSHED BY A RESIDENT AS SHE W			150-88-6582			
ALIGN NETWORKS INC							
186CN051428	20/WC-SI		ETIENNE*DIEULA	SG-0-362-446	02/10/10	18.20	EXP PMT MED BILL REVIEW
12/20/09	THE EE WAS PUSHED BY A RESIDENT AS SHE W			150-88-6582			
BROADSPIRE SERVICES							
186CN051428	20/WC-SI		ETIENNE*DIEULA	SG-0-362-446	02/10/10	122.69	EXP PMT PPO
12/20/09	THE EE WAS PUSHED BY A RESIDENT AS SHE W			150-88-6582			
BROADSPIRE SERVICES							
	604-4				Totals	130.38	
	SEABROOK VILLAGE				Totals	1,984.28	

REPORTING LEVEL: SEDGEBROOK

LOCATION: 617-2

Claim Number	Cov/Clm	Rpt Dsc	Claimant/Driver Name	Check Number	Issue Dt	Disbrst Amt	Payment Message
186CN025347	20/WC-SI		MARINO*DAVID	284-0-358-740	02/08/10	923.83	MED PMT HOSPITAL
08/16/09	SLICING MEAT ON SLICER, GRABBING MEAT R			321-62-1279			
ADVOCATE CONDELL MED CTR							
186CN025347	20/WC-SI		MARINO*DAVID	SG-0-358-740	02/08/10	3.90	EXP PMT MED BILL REVIEW
08/16/09	SLICING MEAT ON SLICER, GRABBING MEAT R			321-62-1279			
BROADSPIRE SERVICES							

PERIOD: 01/01/09-01/01/10

REPORTING LEVEL: SEDGEBROOK

LOCATION: 617-2

Claim Number / Payee Name	Cov/Clm	Rpt Dsc / Loss Date / Payment For	Claimant/Driver Name / ----- Abbreviated Loss Description -----	Check Number / Social Security No.	Issue Dt	Disbrst Amt	Payment Message
186CN025347	20/WC-SI		MARINO*DAVID	SG-0-358-740	02/08/10	22.64	EXP PMT PPO
08/16/09			SLICING MEAT ON SLICER, GRABBING MEAT R	321-62-1279			
BROADSPIRE SERVICES							
534CN378912	10/WC-SI		DELATORRE*IRMA	651-0-211-657	02/08/10	278.39	LOSS PMT TEMP TOT DISAB
01/29/09			CO-WORKER BROUGHT IN DOCTORS NOTE STATIN	365-42-6183			
IRMA DELATORRE							
534CN378912	10/WC-SI		DELATORRE*IRMA	651-0-212-463	02/08/10	1,514.45	EXP PMT OTHER
01/29/09			CO-WORKER BROUGHT IN DOCTORS NOTE STATIN	365-42-6183			
G4S Compliance & Investigations							
		617-2			Totals	2,743.21	
		SEDGEBROOK			Totals	2,743.21	

REPORTING LEVEL: TALL GRASS

LOCATION: 633-2

Claim Number / Payee Name	Cov/Clm	Rpt Dsc / Loss Date	Claimant/Driver Name / ----- Abbreviated Loss Description -----	Check Number / Social Security No.	Issue Dt	Disbrst Amt	Payment Message
186CN046846	20/WC-SI		MUNAR*RAUL	284-0-361-308	02/09/10	394.88	MED PMT OTHER MED PROV
11/29/09			HE WAS REMOVING A CARDBOARD BOX FROM SHE	510-23-5183			
ANESTHESIA AND PAIN MANAGEMENT							
186CN046846	20/WC-SI		MUNAR*RAUL	SG-0-361-308	02/09/10	3.90	EXP PMT MED BILL REVIEW
11/29/09			HE WAS REMOVING A CARDBOARD BOX FROM SHE	510-23-5183			
BROADSPIRE SERVICES							

PERIOD: 01/01/09-01/01/10
REPORTING LEVEL: TALL GRASS
LOCATION: 633-2

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / Abbreviated Loss Description / Payment For	Claimant/Driver Name	Check Number / Social Security No.	Issue Dt	Disbrst Amt	Payment Message
186CN046846 11/29/09 BROADSPIRE SERVICES	20/WC-SI HE WAS REMOVING A CARDBOARD BOX FROM SHE	MUNAR*RAUL	SG-0-361-308 510-23-5183	02/09/10	13.16	EXP PMT PPO
	633-2			Totals	411.94	

LOCATION: 633-5

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / Abbreviated Loss Description / Payment For	Claimant/Driver Name	Check Number / Social Security No.	Issue Dt	Disbrst Amt	Payment Message
186CN048613 12/08/09 ALIGN NETWORKS INC	20/WC-SI SLIPPED GOING DOWN RAMP WITH RECYCLING	WILKERSON*DAVID	284-0-366-795 C 356-58-0870	02/12/10	60.49	MED PMT PHYS THERAPY
186CN048613 12/08/09 BROADSPIRE SERVICES	20/WC-SI SLIPPED GOING DOWN RAMP WITH RECYCLING	WILKERSON*DAVID	SG-0-366-795 C 356-58-0870	02/12/10	5.20	EXP PMT MED BILL REVIEW
186CN048613 12/08/09 BROADSPIRE SERVICES	20/WC-SI SLIPPED GOING DOWN RAMP WITH RECYCLING	WILKERSON*DAVID	SG-0-366-795 C 356-58-0870	02/12/10	13.14	EXP PMT PPO
	633-5			Totals	78.83	
	TALL GRASS			Totals	490.77	

PERIOD: 01/01/09-01/01/10
REPORTING LEVEL: WIND CREST
LOCATION: 654-3

Claim Number	Cov/Clm	Rpt Dsc	Claimant/Driver Name	Check Number	Issue Dt	Disbrst Amt	Payment Message
Loss Date	----- Abbreviated Loss Description -----			Social Security No.			
Payee Name				Payment For			
186CN027282	20/WC-SI		ROLDAN*AURA	284-0-358-140	02/08/10	79.97	MED PMT OTHER MED PROV
08/21/09	EE WAS PERFORMING A LIFT ASSIST WHEN IT			652-20-1700			
COLORADO REHAB AND OCC MEDICINE							
186CN027282	20/WC-SI		ROLDAN*AURA	284-0-365-348	02/12/10	74.70	MED PMT PHYS THERAPY
08/21/09	EE WAS PERFORMING A LIFT ASSIST WHEN IT			652-20-1700			
UNIVERSAL SMART COMP							
186CN027282	20/WC-SI		ROLDAN*AURA	SG-0-358-140	02/08/10	0.74	EXP PMT PPO
08/21/09	EE WAS PERFORMING A LIFT ASSIST WHEN IT			652-20-1700			
BROADSPIRE SERVICES							
186CN027282	20/WC-SI		ROLDAN*AURA	SG-0-358-140	02/08/10	3.90	EXP PMT MED BILL REVIEW
08/21/09	EE WAS PERFORMING A LIFT ASSIST WHEN IT			652-20-1700			
BROADSPIRE SERVICES							
186CN027282	20/WC-SI		ROLDAN*AURA	SG-0-365-348	02/12/10	2.52	EXP PMT PPO
08/21/09	EE WAS PERFORMING A LIFT ASSIST WHEN IT			652-20-1700			
BROADSPIRE SERVICES							
186CN027282	20/WC-SI		ROLDAN*AURA	SG-0-365-348	02/12/10	3.90	EXP PMT MED BILL REVIEW
08/21/09	EE WAS PERFORMING A LIFT ASSIST WHEN IT			652-20-1700			
BROADSPIRE SERVICES							
186CN052798	20/WC-SI		COX*AMANDA	284-0-364-111	02/11/10	52.82	MED PMT PHYS THERAPY
12/21/09	SHE WAS LIFTING CANNED FOOD OFF THE FLO			524-65-8522			
UNIVERSAL SMART COMP							

PERIOD: 01/01/09-01/01/10
REPORTING LEVEL: WIND CREST
LOCATION: 654-3

Claim Number / Loss Date / Payee Name	Cov/Clm	Rpt Dsc / ----- Abbreviated Loss Description -----	Claimant/Driver Name / Social Security No. / Payment For	Check Number	Issue Dt	Disbrst Amt	Payment Message
186CN052798 12/21/09 UNIVERSAL SMART COMP	20/WC-SI	SHE WAS LIFTING CANNED FOOD OFF THE FLO	COX*AMANDA 524-65-8522	284-0-364-112	02/11/10	91.53	MED PMT PHYS THERAPY
186CN052798 12/21/09 BROADSPIRE SERVICES	20/WC-SI	SHE WAS LIFTING CANNED FOOD OFF THE FLO	COX*AMANDA 524-65-8522	SG-0-364-111	02/11/10	1.34	EXP PMT PPO
186CN052798 12/21/09 BROADSPIRE SERVICES	20/WC-SI	SHE WAS LIFTING CANNED FOOD OFF THE FLO	COX*AMANDA 524-65-8522	SG-0-364-111	02/11/10	3.90	EXP PMT MED BILL REVIEW
186CN052798 12/21/09 BROADSPIRE SERVICES	20/WC-SI	SHE WAS LIFTING CANNED FOOD OFF THE FLO	COX*AMANDA 524-65-8522	SG-0-364-112	02/11/10	0.91	EXP PMT PPO
186CN052798 12/21/09 BROADSPIRE SERVICES	20/WC-SI	SHE WAS LIFTING CANNED FOOD OFF THE FLO	COX*AMANDA 524-65-8522	SG-0-364-112	02/11/10	5.20	EXP PMT MED BILL REVIEW
		654-3			Totals	321.43	
		WIND CREST			Totals	321.43	
		01/01/09-01/01/10			Totals	23,911.30	

PERIOD: 01/01/10-01/01/11

REPORTING LEVEL: BROOKSBY VILLAGE

LOCATION: 625-3

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description ----- / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
186CN057533 01/30/10 DOUGLAS MOECKEL	10/WC-SI EE WAS WALKING OUTSIDE TO INSPECT A WATE	MOECKEL*DOUGLAS 010-48-5296	651-0-214-547	02/10/10	432.56	LOSS PMT TEMP TOT DISAB
	625-3			Totals	432.56	

LOCATION: 625-4

186CN054710 01/11/10 NORTH SHORE MEDICAL CENTER	20/WC-SI EE WAS ATTEMPTING TO TRANSFER AND RG PAT	BASTOS*PRISCILA 014-86-3652	284-0-360-483	02/09/10	225.70	MED PMT HOSPITAL
186CN054710 01/11/10 BROADSPIRE SERVICES	20/WC-SI EE WAS ATTEMPTING TO TRANSFER AND RG PAT	BASTOS*PRISCILA 014-86-3652	SG-0-360-483	02/09/10	6.50	EXP PMT MED BILL REVIEW
	625-4			Totals	232.20	
	BROOKSBY VILLAGE			Totals	664.76	

REPORTING LEVEL: CEDAR CREST VILLAGE

LOCATION: 607-2

186CN054545 01/11/10 CHILTON OCCUPATIONAL HEALTH CENTER	20/WC-SI 1/11/2010, CLAIMANT INFORMED HIS SUPERVI	ABELS*JASON 154-90-0271	284-0-365-240	02/12/10	395.00	MED PMT OTHER MED PROV

PERIOD: 01/01/10-01/01/11

REPORTING LEVEL: CEDAR CREST VILLAGE

LOCATION: 607-2

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description ----- / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
186CN054545 01/11/10 BROADSPIRE SERVICES	20/WC-SI 1/11/2010, CLAIMANT INFORMED HIS SUPERVI	ABELS*JASON 154-90-0271	SG-0-365-240	02/12/10	3.90	EXP PMT MED BILL REVIEW
	607-2			Totals	398.90	

LOCATION: 607-3

186CN052841 01/04/10 CHILTON OCCUPATIONAL HEALTH CENTER	20/WC-SI EE STATED THAT APPROXIMATELY AT 345AM ON	BOWER*DIANE 528-92-9837	284-0-362-415	02/10/10	100.00	MED PMT OTHER MED PROV
186CN052841 01/04/10 BROADSPIRE SERVICES	20/WC-SI EE STATED THAT APPROXIMATELY AT 345AM ON	BOWER*DIANE 528-92-9837	SG-0-362-415	02/10/10	3.90	EXP PMT MED BILL REVIEW
	607-3			Totals	103.90	
	CEDAR CREST VILLAGE			Totals	502.80	

REPORTING LEVEL: MARIS GROVE

LOCATION: 612-4

186CN055452 01/16/10 ONE CALL MEDICAL	20/WC-SI EE WAS WALKING A PT INTO BATHROOM, PT SL	NELSON*NAKIA 205-58-2083	284-0-360-707	02/09/10	515.00	MED PMT OTHER MED PROV

PERIOD: 01/01/10-01/01/11

REPORTING LEVEL: MARIS GROVE

LOCATION: 612-4

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description ----- / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
186CN055452 01/16/10 BROADSPIRE SERVICES	20/WC-SI EE WAS WALKING A PT INTO BATHROOM, PT SL	NELSON*NAKIA 205-58-2083	SG-0-360-707	02/09/10	3.90	EXP PMT MED BILL REVIEW
186CN055452 01/16/10 BROADSPIRE SERVICES	20/WC-SI EE WAS WALKING A PT INTO BATHROOM, PT SL	NELSON*NAKIA 205-58-2083	SG-0-360-707	02/09/10	100.19	EXP PMT PPO
	612-4			Totals	619.09	
	MARIS GROVE			Totals	619.09	

REPORTING LEVEL: OAK CREST VILLAGE

LOCATION: 603-1

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description ----- / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
186CN054033 01/09/10 JOHN B NAIMAN, MD	20/WC-SI EE WAS WALKING UP STEPS TO LOADING DOCK	STOFFREGEN*BETTY 218-38-4773	284-0-360-872	02/09/10	70.52	MED PMT OTHER MED PROV
186CN054033 01/09/10 BETTY STOFFREGEN	10/WC-SI EE WAS WALKING UP STEPS TO LOADING DOCK	STOFFREGEN*BETTY 218-38-4773	651-0-213-039	02/09/10	351.00	LOSS PMT TEMP TOT DISAB
186CN054033 01/09/10 BROADSPIRE SERVICES	20/WC-SI EE WAS WALKING UP STEPS TO LOADING DOCK	STOFFREGEN*BETTY 218-38-4773	JF-0-183-425	02/08/10	9.41	MED PMT PRESCRIPTION

PERIOD: 01/01/10-01/01/11
REPORTING LEVEL: OAK CREST VILLAGE
LOCATION: 603-1

Claim Number / Loss Date / Payee Name	Cov/Clm	Rpt Dsc / Abbreviated Loss Description / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
186CN054033	20/WC-SI		STOFFREGEN*BETTY	SG-0-360-872	02/09/10	0.65	EXP PMT PPO
01/09/10		EE WAS WALKING UP STEPS TO LOADING DOCK	218-38-4773				
BROADSPIRE SERVICES							
186CN054033	20/WC-SI		STOFFREGEN*BETTY	SG-0-360-872	02/09/10	21.49	EXP PMT MED BILL REVIEW
01/09/10		EE WAS WALKING UP STEPS TO LOADING DOCK	218-38-4773				
BROADSPIRE SERVICES							
		603-1			Totals	453.07	

LOCATION: 603-2

Claim Number / Loss Date / Payee Name	Cov/Clm	Rpt Dsc / Abbreviated Loss Description / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
186CN055026	20/WC-SI		ZELENKA*GEORGE	284-0-359-424	02/08/10	25.65	MED PMT PRESCRIPTION
01/14/10		EE TAPPED A GLASS SALAD DISH AGAINST THE	218-41-5196				
PATIENT FIRST							
186CN055026	20/WC-SI		ZELENKA*GEORGE	284-0-359-424	02/08/10	252.28	MED PMT OTHER MED PROV
01/14/10		EE TAPPED A GLASS SALAD DISH AGAINST THE	218-41-5196				
PATIENT FIRST							
186CN055026	20/WC-SI		ZELENKA*GEORGE	SG-0-359-424	02/08/10	4.39	EXP PMT PPO
01/14/10		EE TAPPED A GLASS SALAD DISH AGAINST THE	218-41-5196				
BROADSPIRE SERVICES							
186CN055026	20/WC-SI		ZELENKA*GEORGE	SG-0-359-424	02/08/10	5.20	EXP PMT MED BILL REVIEW
01/14/10		EE TAPPED A GLASS SALAD DISH AGAINST THE	218-41-5196				
BROADSPIRE SERVICES							

PERIOD: 01/01/10-01/01/11

REPORTING LEVEL: OAK CREST VILLAGE

LOCATION: 603-2

Claim Number / Loss Date	Cov/Clm / Abbreviated Loss Description	Rpt Dsc / Payee Name	Claimant/Driver Name / Social Security No. / Payment For	Check Number	Issue Dt	Disbrst Amt	Payment Message
		603-2			Totals	287.52	
		OAK CREST VILLAGE			Totals	740.59	

REPORTING LEVEL: RIDERWOOD VILLAGE

LOCATION: 606-3

Claim Number / Loss Date	Cov/Clm / Abbreviated Loss Description	Rpt Dsc / Payee Name	Claimant/Driver Name / Social Security No. / Payment For	Check Number	Issue Dt	Disbrst Amt	Payment Message
186CN056314 01/23/10	10/WC-SI HE AS UNLOADING LUGGAGE FOR RESIDENTS GO	DOUGLAS BURNETT	BURNETT*DOUGLAS 240-29-9938	651-0-213-042	02/09/10	60.57	LOSS PMT TEMP TOT DISAB
186CN057435 01/29/10	20/WC-SI EE WAS WALKING ON THE SIDEWALK & PASSED	SECURE MEDICAL CARE	NURIS*ROSARIO 215-41-9281	284-0-366-372	02/12/10	151.71	MED PMT OTHER MED PROV
186CN057435 01/29/10	20/WC-SI EE WAS WALKING ON THE SIDEWALK & PASSED	BROADSPIRE SERVICES	NURIS*ROSARIO 215-41-9281	SG-0-366-372	02/12/10	4.10	EXP PMT PPO
186CN057435 01/29/10	20/WC-SI EE WAS WALKING ON THE SIDEWALK & PASSED	BROADSPIRE SERVICES	NURIS*ROSARIO 215-41-9281	SG-0-366-372	02/12/10	6.47	EXP PMT MED BILL REVIEW
		606-3			Totals	222.85	

PERIOD: 01/01/10-01/01/11

REPORTING LEVEL: RIDERWOOD VILLAGE

LOCATION: 606-4

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / Abbreviated Loss Description / Payment For	Claimant/Driver Name	Check Number / Social Security No.	Issue Dt	Disbrst Amt	Payment Message
186CN055414 01/16/10 MARIAMA BOJANG	10/WC-SI EE WAS ASSISTING ANOTHER GNA TO CHANGE A	BOJANG*MARIAMA	651-0-216-776 218-79-5492	02/12/10	23.26	LOSS PMT TEMP TOT DISAB
	606-4			Totals	23.26	
	RIDERWOOD VILLAGE			Totals	246.11	

REPORTING LEVEL: WIND CREST

LOCATION: 654-2

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / Abbreviated Loss Description / Payment For	Claimant/Driver Name	Check Number / Social Security No.	Issue Dt	Disbrst Amt	Payment Message
186CN054274 01/11/10 OCCUPATIONAL HEALTH CENTERS	20/WC-SI EE WAS CARRYING A FOOD TRAY WHEN SHE CAM	RUFF*MORIAH	284-0-358-146 523-89-0965	02/08/10	41.16	MED PMT OTHER MED PROV
186CN054274 01/11/10 UNIVERSAL SMART COMP	20/WC-SI EE WAS CARRYING A FOOD TRAY WHEN SHE CAM	RUFF*MORIAH	284-0-364-108 523-89-0965	02/11/10	115.13	MED PMT PHYS THERAPY
186CN054274 01/11/10 UNIVERSAL SMART COMP	20/WC-SI EE WAS CARRYING A FOOD TRAY WHEN SHE CAM	RUFF*MORIAH	284-0-364-109 523-89-0965	02/11/10	62.55	MED PMT PHYS THERAPY
186CN054274 01/11/10 UNIVERSAL SMART COMP	20/WC-SI EE WAS CARRYING A FOOD TRAY WHEN SHE CAM	RUFF*MORIAH	284-0-365-349 523-89-0965	02/12/10	2.96	MED PMT MED SUPPLIES

PERIOD: 01/01/10-01/01/11
REPORTING LEVEL: WIND CREST
LOCATION: 654-2

Claim Number	Cov/Clm	Rpt Dsc	Claimant/Driver Name	Check Number	Issue Dt	Disbrst Amt	Payment Message
Loss Date	----- Abbreviated Loss Description -----			Social Security No.			
Payee Name				Payment For			
186CN054274	20/WC-SI		RUFF*MORIAH	284-0-365-349	02/12/10	55.05	MED PMT PHYS THERAPY
01/11/10	EE WAS CARRYING A FOOD TRAY WHEN SHE CAM			523-89-0965			
UNIVERSAL SMART COMP							
186CN054274	20/WC-SI		RUFF*MORIAH	SG-0-358-146	02/08/10	0.25	EXP PMT PPO
01/11/10	EE WAS CARRYING A FOOD TRAY WHEN SHE CAM			523-89-0965			
BROADSPIRE SERVICES							
186CN054274	20/WC-SI		RUFF*MORIAH	SG-0-358-146	02/08/10	3.90	EXP PMT MED BILL REVIEW
01/11/10	EE WAS CARRYING A FOOD TRAY WHEN SHE CAM			523-89-0965			
BROADSPIRE SERVICES							
186CN054274	20/WC-SI		RUFF*MORIAH	SG-0-364-108	02/11/10	1.56	EXP PMT PPO
01/11/10	EE WAS CARRYING A FOOD TRAY WHEN SHE CAM			523-89-0965			
BROADSPIRE SERVICES							
186CN054274	20/WC-SI		RUFF*MORIAH	SG-0-364-108	02/11/10	3.90	EXP PMT MED BILL REVIEW
01/11/10	EE WAS CARRYING A FOOD TRAY WHEN SHE CAM			523-89-0965			
BROADSPIRE SERVICES							
186CN054274	20/WC-SI		RUFF*MORIAH	SG-0-364-109	02/11/10	1.86	EXP PMT PPO
01/11/10	EE WAS CARRYING A FOOD TRAY WHEN SHE CAM			523-89-0965			
BROADSPIRE SERVICES							
186CN054274	20/WC-SI		RUFF*MORIAH	SG-0-364-109	02/11/10	3.90	EXP PMT MED BILL REVIEW
01/11/10	EE WAS CARRYING A FOOD TRAY WHEN SHE CAM			523-89-0965			
BROADSPIRE SERVICES							

PERIOD: 01/01/10-01/01/11
REPORTING LEVEL: WIND CREST
LOCATION: 654-2

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / Abbreviated Loss Description / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
186CN054274 01/11/10 BROADSPIRE SERVICES	20/WC-SI EE WAS CARRYING A FOOD TRAY WHEN SHE CAM	RUFF*MORIAH 523-89-0965	SG-0-365-349	02/12/10	1.62	EXP PMT PPO
186CN054274 01/11/10 BROADSPIRE SERVICES	20/WC-SI EE WAS CARRYING A FOOD TRAY WHEN SHE CAM	RUFF*MORIAH 523-89-0965	SG-0-365-349	02/12/10	5.20	EXP PMT MED BILL REVIEW
	654-2			Totals	299.04	

LOCATION: 654-3

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / Abbreviated Loss Description / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
186CN053663 01/07/10 OCCUPATIONAL HEALTH CENTERS	20/WC-SI EE WAS SHOVELING SNOW AT COMMUNITY AND F	OPPENNEER*JACK 524-96-2079	284-0-358-145	02/08/10	80.79	MED PMT OTHER MED PROV
186CN053663 01/07/10 BROADSPIRE SERVICES	20/WC-SI EE WAS SHOVELING SNOW AT COMMUNITY AND F	OPPENNEER*JACK 524-96-2079	SG-0-358-145	02/08/10	0.50	EXP PMT PPO
186CN053663 01/07/10 BROADSPIRE SERVICES	20/WC-SI EE WAS SHOVELING SNOW AT COMMUNITY AND F	OPPENNEER*JACK 524-96-2079	SG-0-358-145	02/08/10	3.90	EXP PMT MED BILL REVIEW
186CN054350 01/12/10 OCCUPATIONAL HEALTH CENTERS	20/WC-SI EE WAS GETTING LUNCH SLIPPED ON SOMETHIN	MASON*PATTY 521-25-8498	284-0-362-259	02/10/10	121.95	MED PMT OTHER MED PROV

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BROADSPIRE USA - Claim Issued Check List (Billable)
ERICKSON RETIREMENT COMMUNITIES(IN-ZUR)

ERICKSON RETIREMENT COMMUNITIES(IN-ZUR)
PAYMENT PERIOD: 02/06/2010 THRU 02/12/2010

PERIOD: 01/01/10-01/01/11
REPORTING LEVEL: WIND CREST
LOCATION: 654-3

Claim Number / Loss Date / Payee Name	Cov/Clm	Rpt Dsc / Abbreviated Loss Description / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
186CN054350 01/12/10 BROADSPIRE SERVICES	20/WC-SI	EE WAS GETTING LUNCH SLIPPED ON SOMETHIN	MASON*PATTY 521-25-8498	SG-0-362-259	02/10/10	0.75	EXP PMT PPO
186CN054350 01/12/10 BROADSPIRE SERVICES	20/WC-SI	EE WAS GETTING LUNCH SLIPPED ON SOMETHIN	MASON*PATTY 521-25-8498	SG-0-362-259	02/10/10	3.90	EXP PMT MED BILL REVIEW
		654-3			Totals	211.79	
		WIND CREST			Totals	510.83	
		01/01/10-01/01/11			Totals	3,284.18	
		ERICKSON RETIREMENT COMMUNITIES(IN-ZUR)			Totals	34,078.80	

* * * End Of Report * * *

BROADSPIRE®
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INVOICE 20173516

1001 Summit Boulevard
Atlanta, GA 30319

Date: February 22, 2010
Customer: 79935800

ATTN: TINA MARIE MILLER
ERICKSON RETIREMENT COMMUNITIES (IN-ZUR)
817 MAIDEN CHOICE LANE
SUITE 100
CATONSVILLE MD 21228

Please Remit to:
BROADSPIRE
12874 Collections Center Drive
Chicago, IL 60693

WIRE: BROADSPIRE
BANK OF AMERICA N.A.
FORT LAUDERDALE, FL 33301-2230
FED ROUTING #026009593
ACCOUNT #005486852453

TERMS:NET 7
Due Date March 1, 2010

Customer Name: ERICKSON RETIREMENT COMMUNITIES (IN-ZUR)

PAY LAST AMOUNT SHOWN

Description

Losses valued 02/13/10 - 02/19/10

	Policy Information	Effective Date	
WORKERS COMPENSATION		JAN-2005	$251.20
WORKERS COMPENSATION		JAN-2006	$391.42
WORKERS COMPENSATION		JAN-2007	$1,016.30
WORKERS COMPENSATION		JAN-2008	$5,512.16
WORKERS COMPENSATION		JAN-2009	$25,079.42
WORKERS COMPENSATION		JAN-2010	$6,015.94

Total Due: **$38,266.44**
Due Date: **March 1, 2010**

If questions, please call: LYNETTE PRICE 404-300-0755

BROADSPIRE
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RUN DATE: 02/20/10 06:06
RCI1192A

BROADSPIRE - USA
ALL INCLUSIVE ICL COVER PAGE

ACCOUNT NO: 79935800 ACCOUNT NAME: ERICKSON RETIREMENT COMMUNITIES(IN-ZUR)
OPERATOR NO: SFXS01 OPERATOR NAME: FERNANDO SANCHEZ
PAYMENT PERIOD: 02/13/10 - 02/19/10
INVOICE FREQUENCY: WEEKLY
NOTIFICATION METHOD: REGULAR CLIENT (MAILED BILLS)
RCPT PHONE NUMBER: (954) 693-1126
FORMAT TYPE: ICL14
REPORTING STRUCTURE: 1

OF CHECK COPIES 0
RCPT FAX NUMBER: ( ) -

LOCATION STRUCTURE: 1

# COPIES	ORIG RCPT	LBL IND
1	Y	Y

RECIPIENTS:

RACQUEL FREEMAN-BROWN
BROADSPIRE SERVCIES
FINANCE & ACCTG
1601 SW 80TH TERRACE
PLANTATION FL, 33318

BILLG COMMENTS:

BROADSPIRE
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BROADSPIRE USA - Claim Issued Check List (Billable)
ERICKSON RETIREMENT COMMUNITIES(IN-ZUR)

ERICKSON RETIREMENT COMMUNITIES(IN-ZUR)
PAYMENT PERIOD: 02/13/2010 THRU 02/19/2010

PERIOD: 01/01/05-01/01/06
REPORTING LEVEL: ERICKSON RETIREMENT CO
LOCATION: CORP9040

Claim Number / Loss Date / Payee Name	Cov/Clm	Rpt Dsc / Abbreviated Loss Description	Claimant/Driver Name / Payment For	Check Number / Social Security No.	Issue Dt	Disbrst Amt	Payment Message
231CN210721 11/23/05 Adelson Testan Brundo & Jimenez	10/WC-SI	PICKED UP A 17 INCH MONITOR TO MOVE FROM	FAVOCCI*PAMELA	651-0-218-929 141-48-9320	02/15/10	251.20	EXP PMT OTHER
		CORP9040		Totals		251.20	
		ERICKSON RETIREMENT CO		Totals		251.20	
		01/01/05-01/01/06		Totals		251.20	

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BROADSPIRE USA - Claim Issued Check List (Billable)
ERICKSON RETIREMENT COMMUNITIES(IN-ZUR)

ERICKSON RETIREMENT COMMUNITIES(IN-ZUR)
PAYMENT PERIOD: 02/13/2010 THRU 02/19/2010

PERIOD: 01/01/06-01/01/07
REPORTING LEVEL: OAK CREST VILLAGE
LOCATION: 603-1

Claim Number / Payee Name	Cov/Clm Rpt Dsc / Loss Date	Claimant/Driver Name / Abbreviated Loss Description	Check Number / Payment For	Issue Dt	Disbrst Amt	Payment Message	
256CN196409	20/WC-SI	WHITAKER*MAGGIE*M	SG-0-172-011	10/26/09	5.83-	CNCL CC PMT	
10/04/06		EMPLOYEE WAS WASHING THE WINDOW AND WHEN	217-33-2398				
Broadspire Services Inc							
256CN196409	20/WC-SI	WHITAKER*MAGGIE*M	SG-0-172-011	10/26/09	6.57-	CNCL CC PMT	
10/04/06		EMPLOYEE WAS WASHING THE WINDOW AND WHEN	217-33-2398				
Broadspire Services Inc							
256CN196409	20/WC-SI	WHITAKER*MAGGIE*M	UA-0-004-923	02/19/10	46.41-	REFUND	CHECK CORR
10/04/06		EMPLOYEE WAS WASHING THE WINDOW AND WHEN	217-33-2398				
		603-1		Totals	58.81-		

LOCATION: 603-2

Claim Number / Payee Name	Cov/Clm Rpt Dsc / Loss Date	Claimant/Driver Name / Abbreviated Loss Description	Check Number / Payment For	Issue Dt	Disbrst Amt	Payment Message	
256CN190130	20/WC-SI	COOPER*KIMBERLY	SG-0-281-641	12/21/09	16.50-	CNCL CC PMT	
07/10/06		LACERATION TO L TIP OF THUMB. BADLY CUT.	219-25-8568				
BROADSPIRE SERVICES							
256CN190130	20/WC-SI	COOPER*KIMBERLY	SG-0-281-641	12/21/09	2.23-	CNCL CC PMT	
07/10/06		LACERATION TO L TIP OF THUMB. BADLY CUT.	219-25-8568				
BROADSPIRE SERVICES							
		603-2		Totals	18.73-		

PERIOD: 01/01/06-01/01/07
REPORTING LEVEL: OAK CREST VILLAGE
LOCATION: 603-4

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description ----- / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
256CN198778 12/10/06 BROADSPIRE SERVICES	20/WC-SI EE STATES THAT SHE WAS LIFTING A RESIDEN	SYKES*TAMAZON*T 216-92-5124	SG-0-377-885	02/19/10	40.53	EXP PMT MED BILL REVIEW
256CN198778 12/10/06 BROADSPIRE SERVICES	20/WC-SI EE STATES THAT SHE WAS LIFTING A RESIDEN	SYKES*TAMAZON*T 216-92-5124	SG-0-377-885	02/19/10	2.03	EXP PMT PPO
256CN198778 12/10/06	20/WC-SI EE STATES THAT SHE WAS LIFTING A RESIDEN	SYKES*TAMAZON*T 216-92-5124	ZG-0-310-523	03/14/07	17.60	EXP PMT MED BILL REVIEW
256CN198778 12/10/06	20/WC-SI EE STATES THAT SHE WAS LIFTING A RESIDEN	SYKES*TAMAZON*T 216-92-5124	ZG-0-310-523	03/14/07	2.00	EXP PMT PPO
256CN198778 12/10/06	20/WC-SI EE STATES THAT SHE WAS LIFTING A RESIDEN	SYKES*TAMAZON*T 216-92-5124	ZG-0-310-523	03/14/07	2.00-	RVRS CC PMT
256CN198778 12/10/06	20/WC-SI EE STATES THAT SHE WAS LIFTING A RESIDEN	SYKES*TAMAZON*T 216-92-5124	ZG-0-310-523	03/14/07	17.60-	RVRS CC PMT
256CN198778 12/10/06	20/WC-SI EE STATES THAT SHE WAS LIFTING A RESIDEN	SYKES*TAMAZON*T 216-92-5124	ZG-0-310-523	03/14/07	17.60-	CNCL CC PMT

PERIOD: 01/01/06-01/01/07
REPORTING LEVEL: OAK CREST VILLAGE
LOCATION: 603-4

Claim Number / Loss Date / Payee Name	Cov/Clm	Rpt Dsc / Abbreviated Loss Description	Claimant/Driver Name / Payment For	Check Number / Social Security No.	Issue Dt	Disbrst Amt	Payment Message
256CN198778 12/10/06	20/WC-SI	EE STATES THAT SHE WAS LIFTING A RESIDEN	SYKES*TAMAZON*T	ZG-0-310-523 216-92-5124	03/14/07	2.00-	CNCL CC PMT
		603-4			Totals	22.96	
		OAK CREST VILLAGE			Totals	54.58-	

REPORTING LEVEL: RIDERWOOD VILLAGE
LOCATION: 606-4

Claim Number / Loss Date / Payee Name	Cov/Clm	Rpt Dsc / Abbreviated Loss Description	Claimant/Driver Name / Payment For	Check Number / Social Security No.	Issue Dt	Disbrst Amt	Payment Message
256CN199242 12/22/06 GEDA DABA	10/WC-SI	ASSISTING A RESIDENT IN HER APARTMENT,	DABA*GEDA	651-0-219-468 S 218-45-6681	02/16/10	446.00	LOSS PMT TEMP TOT DISAB
		606-4			Totals	446.00	
		RIDERWOOD VILLAGE			Totals	446.00	
		01/01/06-01/01/07			Totals	391.42	

PERIOD: 01/01/07-01/01/08

REPORTING LEVEL: CEDAR CREST VILLAGE

LOCATION: 607-4

Claim Number / Loss Date / Payee Name	Cov/Clm	Rpt Dsc	Claimant/Driver Name / Abbreviated Loss Description	Check Number / Social Security No. / Payment For	Issue Dt	Disbrst Amt	Payment Message
231CN236205 12/04/07 Adelson Testan Brundo & Jimenez	10/WC-SI		LINSON*APRIL EMPLOYEE STATES THAT SHE SAW A RESIDENT	651-0-219-887 157-82-7264	02/16/10	251.30	EXP PMT OTHER
			607-4		Totals	251.30	
			CEDAR CREST VILLAGE		Totals	251.30	

REPORTING LEVEL: OAK CREST VILLAGE

LOCATION: 603-2

Claim Number / Loss Date / Payee Name	Cov/Clm	Rpt Dsc	Claimant/Driver Name / Abbreviated Loss Description	Check Number / Social Security No. / Payment For	Issue Dt	Disbrst Amt	Payment Message
256CN204426 10/25/07 LYDIA SMITH	10/WC-SI		SMITH*LYDIA EE taking temp. of resident, resident gr	651-0-219-479 218-96-2221	02/16/10	685.00	LOSS PMT TEMP TOT DISAB
			603-2		Totals	685.00	
			OAK CREST VILLAGE		Totals	685.00	

REPORTING LEVEL: SEABROOK VILLAGE

LOCATION: 604-4

Claim Number / Loss Date / Payee Name	Cov/Clm	Rpt Dsc	Claimant/Driver Name / Abbreviated Loss Description	Check Number / Social Security No. / Payment For	Issue Dt	Disbrst Amt	Payment Message
231CN235108 10/24/07 Adelson Testan Brundo & Jimenez	10/WC-SI		ANGUS*BEVERLY SHE WAS ENTERING A BATHROOM AND SLIPPED	651-0-219-879 152-98-3444	02/16/10	50.00	EXP PMT OTHER

BROADSPIRE
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BROADSPIRE USA - Claim Issued Check List (Billable)
ERICKSON RETIREMENT COMMUNITIES(IN-ZUR)

ERICKSON RETIREMENT COMMUNITIES(IN-ZUR)
PAYMENT PERIOD: 02/13/2010 THRU 02/19/2010

PERIOD: 01/01/07-01/01/08
REPORTING LEVEL: SEABROOK VILLAGE
LOCATION: 604-4

Claim Number	Cov/Clm	Rpt Dsc	Claimant/Driver Name	Check Number	Issue Dt	Disbrst Amt	Payment Message
Loss Date	----- Abbreviated Loss Description -----			Social Security No.			
Payee Name				Payment For			
231CN235108	10/WC-SI		ANGUS*BEVERLY	651-0-220-952	02/17/10	30.00	EXP PMT OTHER
10/24/07	SHE WAS ENTERING A BATHROOM AND SLIPPED			152-98-3444			
John F. Trainor Inc.							
			604-4		Totals	80.00	
			SEABROOK VILLAGE		Totals	80.00	
			01/01/07-01/01/08		Totals	1,016.30	

PERIOD: 01/01/08-01/01/09

REPORTING LEVEL: BROOKSBY VILLAGE

LOCATION: 625-3

Claim Number / Loss Date	Cov/Clm	Rpt Dsc / Abbreviated Loss Description	Claimant/Driver Name / Payee Name	Check Number / Payment For	Issue Dt	Disbrst Amt	Payment Message
231CN245455 08/21/08 DEBRA LASTIH	10/WC-SI	EE FELT PAIN IN LOWER BACK AFTER LIFTING	LASTIH*DEBRA	651-0-223-071 011-46-4343	02/19/10	300.15	LOSS PMT TEMP TOT DISAB
			625-3		Totals	300.15	
			BROOKSBY VILLAGE		Totals	300.15	

REPORTING LEVEL: CEDAR CREST VILLAGE

LOCATION: 607-1

Claim Number / Loss Date	Cov/Clm	Rpt Dsc / Abbreviated Loss Description	Claimant/Driver Name / Payee Name	Check Number / Payment For	Issue Dt	Disbrst Amt	Payment Message
231CN246002 08/28/08 BIANCAMANO & DI STEFANO P.C.	10/WC-SI	AS PER EMPLOYEE HE WAS PULLING A GARBAGE	CINTRON*GEORGE	651-0-218-684 581-89-4150	02/15/10	484.00	EXP PMT OTHER
			607-1		Totals	484.00	

LOCATION: 607-4

Claim Number / Loss Date	Cov/Clm	Rpt Dsc / Abbreviated Loss Description	Claimant/Driver Name / Payee Name	Check Number / Payment For	Issue Dt	Disbrst Amt	Payment Message
231CN246617 09/30/08 BIANCAMANO & DI STEFANO P.C.	10/WC-SI	CLAIMANT WAS ASSISTING A PATIENT AND WEN	CHARLES*ADLENE	651-0-218-777 589-37-1266	02/15/10	847.00	EXP PMT OTHER
231CN246902 10/09/08 Adelson Testan Brundo & Jimenez	10/WC-SI	EE TWISTED HER LEFT THUMB WHILE MOVING A	CHARLES*ADELINE	651-0-219-852 155-02-3977	02/16/10	37.50	EXP PMT OTHER

PERIOD: 01/01/08-01/01/09

REPORTING LEVEL: CEDAR CREST VILLAGE

LOCATION: 607-4

Claim Number / Loss Date	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description -----	Claimant/Driver Name / Payee Name	Check Number / Social Security No. / Payment For	Issue Dt	Disbrst Amt	Payment Message
				Totals	884.50	
		607-4				
		CEDAR CREST VILLAGE		Totals	1,368.50	

REPORTING LEVEL: CHARLESTOWN

LOCATION: 601-4

Claim Number / Loss Date	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description -----	Claimant/Driver Name / Payee Name	Check Number / Social Security No. / Payment For	Issue Dt	Disbrst Amt	Payment Message
256CN207530 08/10/08	10/WC-SI EE NOTICED PAIN IN LEFT SHOULDER AFTER A	HUGHES*REGINA REGINA HUGHES	651-0-219-474 215-82-0823	02/16/10	293.00	LOSS PMT PPD NON SCHEDULED
		601-4		Totals	293.00	

LOCATION: 601-5

Claim Number / Loss Date	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description -----	Claimant/Driver Name / Payee Name	Check Number / Social Security No. / Payment For	Issue Dt	Disbrst Amt	Payment Message
256CN207534 08/26/08	10/WC-SI EE STS WAS WORKING WITH RESIDENT, GOT	WILMER*GLORIA GLORIA WILMER	651-0-219-467 CA 223-04-0074	02/16/10	789.00	LOSS PMT TEMP TOT DISAB
		601-5		Totals	789.00	
		CHARLESTOWN		Totals	1,082.00	

PERIOD: 01/01/08-01/01/09

REPORTING LEVEL: ERICKSON RETIREMENT CO

LOCATION: CORP9070

Claim Number / Loss Date / Payee Name	Cov/Clm	Rpt Dsc	Claimant/Driver Name / Abbreviated Loss Description / Payment For	Check Number / Social Security No.	Issue Dt	Disbrst Amt	Payment Message
231CN242618	10/WC-SI		METRO*DANIEL	651-0-218-934	02/15/10	125.00	EXP PMT OTHER
05/16/08			AS PER ACCIDENT REPORT EMPLOYEE WAS MOVI	152-78-8039			
Adelson Testan Brundo & Jimenez							
					Totals	125.00	
			CORP9070				
					Totals	125.00	
			ERICKSON RETIREMENT CO				

REPORTING LEVEL: HENRY FORD VILLAGE

LOCATION: 602-4

Claim Number / Loss Date / Payee Name	Cov/Clm	Rpt Dsc	Claimant/Driver Name / Abbreviated Loss Description / Payment For	Check Number / Social Security No.	Issue Dt	Disbrst Amt	Payment Message
534CN332257	20/WC-SI		HALL*LINDA	284-0-368-999	02/15/10	22.00	MED PMT OTHER MED PROV
02/17/08			THE GROUND WAS ICY AND UNTREATED, CAUSIN	381-62-4976			
HENRY FORD WYANDOTTE HOSPITAL							
534CN332257	20/WC-SI		HALL*LINDA	SG-0-368-999	02/15/10	66.70	EXP PMT MED BILL REVIEW
02/17/08			THE GROUND WAS ICY AND UNTREATED, CAUSIN	381-62-4976			
BROADSPIRE SERVICES							
534CN332257	20/WC-SI		HALL*LINDA	SG-0-368-999	02/15/10	77.80	EXP PMT PPO
02/17/08			THE GROUND WAS ICY AND UNTREATED, CAUSIN	381-62-4976			
BROADSPIRE SERVICES							
					Totals	166.50	
			602-4				
					Totals	166.50	
			HENRY FORD VILLAGE				

PERIOD: 01/01/08-01/01/09
REPORTING LEVEL: OAK CREST VILLAGE
LOCATION: 603-4

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / Abbreviated Loss Description	Claimant/Driver Name / Payment For	Check Number / Social Security No.	Issue Dt	Disbrst Amt	Payment Message
256CN206192 05/21/08 BESSIE SORRELL	10/WC-SI EE STATES THAT SHE WAS WALKING TO THE SI	SORRELL*BESSIE*J 229-54-2518	651-0-223-384	02/19/10	242.00	LOSS PMT TEMP TOT DISAB
				Totals	242.00	
	603-4					
	OAK CREST VILLAGE			Totals	242.00	

REPORTING LEVEL: RIDERWOOD VILLAGE
LOCATION: 606-3

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / Abbreviated Loss Description	Claimant/Driver Name / Payment For	Check Number / Social Security No.	Issue Dt	Disbrst Amt	Payment Message
256CN207542 08/26/08 BRENDA MAPLES	10/WC-SI EE WAS REMOVING FROM OG 1 BUTTERLY WING	MAPLES*BRENDA 219-90-6427	651-0-223-393	02/19/10	499.00	LOSS PMT TEMP TOT DISAB
256CN207542 08/26/08 BROADSPIRE SERVICES	20/WC-SI EE WAS REMOVING FROM OG 1 BUTTERLY WING	MAPLES*BRENDA 219-90-6427	JF-0-185-950	02/15/10	192.44	MED PMT PRESCRIPTION
256CN207542 08/26/08 BROADSPIRE SERVICES	20/WC-SI EE WAS REMOVING FROM OG 1 BUTTERLY WING	MAPLES*BRENDA 219-90-6427	JF-0-185-954	02/15/10	125.68	MED PMT PRESCRIPTION
256CN207935 09/30/08 ACCESSIBLE PHYSICAL THERAPY SERVICE	20/WC-SI MARTHA WAS GETTING UP TO GREET HER MANAG	PEREZ*MARTHA 218-80-6196	284-0-371-714	02/16/10	671.52	MED PMT PHYS THERAPY

PERIOD: 01/01/08-01/01/09
REPORTING LEVEL: RIDERWOOD VILLAGE
LOCATION: 606-3

Claim Number / Loss Date / Payee Name	Cov/Clm	Rpt Dsc / Abbreviated Loss Description	Claimant/Driver Name / Payment For	Check Number / Social Security No.	Issue Dt	Disbrst Amt	Payment Message
256CN207935 09/30/08 MARTHA PEREZ	10/WC-SI	PEREZ*MARTHA MARTHA WAS GETTING UP TO GREET HER MANAG	PEREZ*MARTHA 218-80-6196	651-0-219-470	02/16/10	333.00	LOSS PMT TEMP TOT DISAB
256CN207935 09/30/08 BROADSPIRE SERVICES	20/WC-SI	PEREZ*MARTHA MARTHA WAS GETTING UP TO GREET HER MANAG	PEREZ*MARTHA 218-80-6196	SG-0-371-714	02/16/10	165.87	EXP PMT MED BILL REVIEW
					Totals	1,987.51	
		606-3			Totals	1,987.51	
		RIDERWOOD VILLAGE					

REPORTING LEVEL: SEABROOK VILLAGE
LOCATION: 604-1

Claim Number / Loss Date / Payee Name	Cov/Clm	Rpt Dsc / Abbreviated Loss Description	Claimant/Driver Name / Payment For	Check Number / Social Security No.	Issue Dt	Disbrst Amt	Payment Message
231CN248574 12/11/08 BROADSPIRE SERVICES INC	20/WC-SI	SPEIDEL*GEORGE 12/11/08 at 9:15 am, Claimant was assist	SPEIDEL*GEORGE 158-52-2083	284-0-372-295	02/17/10	240.50	MED PMT MED REHAB VENDORS
					Totals	240.50	
		604-1			Totals	240.50	
		SEABROOK VILLAGE			Totals	5,512.16	
		01/01/08-01/01/09					

PERIOD: 01/01/09-01/01/10
REPORTING LEVEL: ANNE'S CHOICE
LOCATION: 619-1

Claim Number / Loss Date / Payee Name	Cov/Clm	Rpt Dsc	Claimant/Driver Name / Abbreviated Loss Description / Payment For	Check Number / Social Security No.	Issue Dt	Disbrst Amt	Payment Message
186CN036807 10/06/09 PHILA OCCHEALTH DBA WORKNET OCC MED	20/WC-SI		CROSS*PAMELA EE WAS PERFORMING SINGLE PERSON PIVOT TR	284-0-373-211 181-64-3361	02/17/10	53.77	MED PMT PHYS THERAPY
186CN036807 10/06/09 Broadspire Services Inc	20/WC-SI		CROSS*PAMELA EE WAS PERFORMING SINGLE PERSON PIVOT TR	SG-0-225-847 181-64-3361	11/20/09	6.50-	CNCL CC PMT
186CN036807 10/06/09 Broadspire Services Inc	20/WC-SI		CROSS*PAMELA EE WAS PERFORMING SINGLE PERSON PIVOT TR	SG-0-225-847 181-64-3361	11/20/09	17.78-	CNCL CC PMT
186CN036807 10/06/09 BROADSPIRE SERVICES	20/WC-SI		CROSS*PAMELA EE WAS PERFORMING SINGLE PERSON PIVOT TR	SG-0-373-211 181-64-3361	02/17/10	10.40	EXP PMT MED BILL REVIEW
186CN036807 10/06/09 BROADSPIRE SERVICES	20/WC-SI		CROSS*PAMELA EE WAS PERFORMING SINGLE PERSON PIVOT TR	SG-0-373-211 181-64-3361	02/17/10	1.65	EXP PMT PPO
186CN043039 11/05/09 PHILA OCCHEALTH DBA WORKNET OCC MED	20/WC-SI		WILLIAMS*MICHAEL EE WAS ADDING ACID MAGIC TO POOL WHEN HE	284-0-373-235 182-50-6865	02/17/10	11.62	MED PMT OTHER MED PROV
186CN043039 11/05/09 Broadspire Services Inc	20/WC-SI		WILLIAMS*MICHAEL EE WAS ADDING ACID MAGIC TO POOL WHEN HE	SG-0-225-891 182-50-6865	11/20/09	4.06-	CNCL CC PMT

PERIOD: 01/01/09-01/01/10
REPORTING LEVEL: ANNE'S CHOICE
LOCATION: 619-1

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description ----- / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
186CN043039 11/05/09 Broadspire Services Inc	20/WC-SI EE WAS ADDING ACID MAGIC TO POOL WHEN HE	WILLIAMS*MICHAEL 182-50-6865	SG-0-225-891	11/20/09	3.90-	CNCL CC PMT
186CN043039 11/05/09 BROADSPIRE SERVICES	20/WC-SI EE WAS ADDING ACID MAGIC TO POOL WHEN HE	WILLIAMS*MICHAEL 182-50-6865	SG-0-373-235	02/17/10	0.57	EXP PMT PPO
186CN043039 11/05/09 BROADSPIRE SERVICES	20/WC-SI EE WAS ADDING ACID MAGIC TO POOL WHEN HE	WILLIAMS*MICHAEL 182-50-6865	SG-0-373-235	02/17/10	7.80	EXP PMT MED BILL REVIEW
619-1				Totals	53.57	

LOCATION: 619-2

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description ----- / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
186CN025090 08/13/09 RADIOLOGY GROUP OF ABINGTON P	20/WC-SI LIFTING AND CARRING CAUSED PAIN TO CHEST	HAYES*JENNA 194-66-6678	284-0-373-254	02/17/10	11.00	MED PMT OTHER MED PROV
186CN025090 08/13/09 BROADSPIRE SERVICES	20/WC-SI LIFTING AND CARRING CAUSED PAIN TO CHEST	HAYES*JENNA 194-66-6678	SG-0-373-254	02/17/10	3.90	EXP PMT MED BILL REVIEW
186CN025090 08/13/09 BROADSPIRE SERVICES	20/WC-SI LIFTING AND CARRING CAUSED PAIN TO CHEST	HAYES*JENNA 194-66-6678	SG-0-373-254	02/17/10	3.79	EXP PMT PPO
619-2				Totals	18.69	

PERIOD: 01/01/09-01/01/10
REPORTING LEVEL: ANNE'S CHOICE
LOCATION: 619-3

Claim Number / Loss Date / Payee Name	Cov/Clm	Rpt Dsc / Abbreviated Loss Description	Claimant/Driver Name / Payment For	Check Number / Social Security No.	Issue Dt	Disbrst Amt	Payment Message
186CN053341 12/30/09 PHILA OCCHEALTH DBA WORKNET OCC MED	20/WC-SI	EE tripped and fell on stairs and injure	NANDLAL*RISHI	284-0-369-207 173-82-0364	02/15/10	146.99	MED PMT OTHER MED PROV
186CN053341 12/30/09 PHILA OCCHEALTH DBA WORKNET OCC MED	20/WC-SI	EE tripped and fell on stairs and injure	NANDLAL*RISHI	284-0-375-767 173-82-0364	02/18/10	60.63	MED PMT OTHER MED PROV
186CN053341 12/30/09 BROADSPIRE SERVICES	20/WC-SI	EE tripped and fell on stairs and injure	NANDLAL*RISHI	SG-0-369-207 173-82-0364	02/15/10	1.37	EXP PMT PPO
186CN053341 12/30/09 BROADSPIRE SERVICES	20/WC-SI	EE tripped and fell on stairs and injure	NANDLAL*RISHI	SG-0-369-207 173-82-0364	02/15/10	3.90	EXP PMT MED BILL REVIEW
186CN053341 12/30/09 BROADSPIRE SERVICES	20/WC-SI	EE tripped and fell on stairs and injure	NANDLAL*RISHI	SG-0-375-767 173-82-0364	02/18/10	3.90	EXP PMT MED BILL REVIEW
186CN053341 12/30/09 BROADSPIRE SERVICES	20/WC-SI	EE tripped and fell on stairs and injure	NANDLAL*RISHI	SG-0-375-767 173-82-0364	02/18/10	0.56	EXP PMT PPO
		619-3		Totals		217.35	

PERIOD: 01/01/09-01/01/10
REPORTING LEVEL: ANNE'S CHOICE
LOCATION: 619-4

Claim Number	Cov/Clm	Rpt Dsc	Claimant/Driver Name	Check Number	Issue Dt	Disbrst Amt	Payment Message
Loss Date	----- Abbreviated Loss Description -----			Social Security No.			
Payee Name				Payment For			
186CN035988	20/WC-SI		KLEIMAN*JOAN	284-0-369-205	02/15/10	174.33	MED PMT PHYS THERAPY
10/05/09	EE WAS PASSING MEDICATIONS, SLIPPED ON W			087-43-6751			
PHILA OCCHEALTH DBA WORKNET OCC MED							
186CN035988	20/WC-SI		KLEIMAN*JOAN	284-0-369-206	02/15/10	239.89	MED PMT PHYS THERAPY
10/05/09	EE WAS PASSING MEDICATIONS, SLIPPED ON W			087-43-6751			
PHILA OCCHEALTH DBA WORKNET OCC MED							
186CN035988	20/WC-SI		KLEIMAN*JOAN	284-0-369-210	02/15/10	239.89	MED PMT PHYS THERAPY
10/05/09	EE WAS PASSING MEDICATIONS, SLIPPED ON W			087-43-6751			
PHILA OCCHEALTH DBA WORKNET OCC MED							
186CN035988	10/WC-SI		KLEIMAN*JOAN	651-0-220-789	02/17/10	465.81	LOSS PMT TEMP TOT DISAB
10/05/09	EE WAS PASSING MEDICATIONS, SLIPPED ON W			087-43-6751			
JOAN KLEIMAN							
186CN035988	20/WC-SI		KLEIMAN*JOAN	SG-0-369-205	02/15/10	1.61	EXP PMT PPO
10/05/09	EE WAS PASSING MEDICATIONS, SLIPPED ON W			087-43-6751			
BROADSPIRE SERVICES							
186CN035988	20/WC-SI		KLEIMAN*JOAN	SG-0-369-205	02/15/10	6.50	EXP PMT MED BILL REVIEW
10/05/09	EE WAS PASSING MEDICATIONS, SLIPPED ON W			087-43-6751			
BROADSPIRE SERVICES							
186CN035988	20/WC-SI		KLEIMAN*JOAN	SG-0-369-206	02/15/10	2.22	EXP PMT PPO
10/05/09	EE WAS PASSING MEDICATIONS, SLIPPED ON W			087-43-6751			
BROADSPIRE SERVICES							

PERIOD: 01/01/09-01/01/10
REPORTING LEVEL: ANNE'S CHOICE
LOCATION: 619-4

Claim Number / Loss Date / Payee Name	Cov/Clm	Rpt Dsc / Abbreviated Loss Description	Claimant/Driver Name / Payment For	Check Number / Social Security No.	Issue Dt	Disbrst Amt	Payment Message
186CN035988 10/05/09 BROADSPIRE SERVICES	20/WC-SI	EE WAS PASSING MEDICATIONS, SLIPPED ON W	KLEIMAN*JOAN	SG-0-369-206 087-43-6751	02/15/10	9.10	EXP PMT MED BILL REVIEW
186CN035988 10/05/09 BROADSPIRE SERVICES	20/WC-SI	EE WAS PASSING MEDICATIONS, SLIPPED ON W	KLEIMAN*JOAN	SG-0-369-210 087-43-6751	02/15/10	2.22	EXP PMT PPO
186CN035988 10/05/09 BROADSPIRE SERVICES	20/WC-SI	EE WAS PASSING MEDICATIONS, SLIPPED ON W	KLEIMAN*JOAN	SG-0-369-210 087-43-6751	02/15/10	9.10	EXP PMT MED BILL REVIEW
186CN044876 11/16/09 ANES ASSOC OF ABINGTON	20/WC-SI	EE COMPLAINED OF SEVERE NUMBNESS & TINGL	BULLARD*GARY	284-0-371-088 185-48-4114	02/16/10	120.00	MED PMT OTHER MED PROV
186CN044876 11/16/09 BROADSPIRE SERVICES	20/WC-SI	EE COMPLAINED OF SEVERE NUMBNESS & TINGL	BULLARD*GARY	SG-0-371-088 185-48-4114	02/16/10	55.54	EXP PMT PPO
186CN044876 11/16/09 BROADSPIRE SERVICES	20/WC-SI	EE COMPLAINED OF SEVERE NUMBNESS & TINGL	BULLARD*GARY	SG-0-371-088 185-48-4114	02/16/10	3.90	EXP PMT MED BILL REVIEW
		619-4			Totals	1,330.11	
		ANNE'S CHOICE			Totals	1,619.72	

PERIOD: 01/01/09-01/01/10

REPORTING LEVEL: BROOKSBY VILLAGE

LOCATION: 625-1

Claim Number / Loss Date	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description -----	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
Payee Name			Payment For			
186CN024848 08/13/09	20/WC-SI THE EE SLIPPED & FELL ON HER L WRIST.	ARMSTEAD*FRANCINE IN 034-36-4035	SG-0-222-996	11/19/09	3.90-	CNCL CC PMT
Broadspire Services Inc						
186CN024848 08/13/09	20/WC-SI THE EE SLIPPED & FELL ON HER L WRIST.	ARMSTEAD*FRANCINE IN 034-36-4035	SG-0-371-674	02/16/10	7.80	EXP PMT MED BILL REVIEW
BROADSPIRE SERVICES						
	625-1			Totals	3.90	

LOCATION: 625-2

Claim Number / Loss Date	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description -----	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
186CN054873 12/29/09	20/WC-SI EE SLIPPED AND FELL ON ICE AND SNOW IN P	VARGAS*CARLOS 029-84-4866	284-0-377-226	02/19/10	29.34	MED PMT HOSPITAL
NORTHEAST HOSP CORP						
186CN054873 12/29/09	20/WC-SI EE SLIPPED AND FELL ON ICE AND SNOW IN P	VARGAS*CARLOS 029-84-4866	SG-0-377-226	02/19/10	0.46	EXP PMT PPO
BROADSPIRE SERVICES						
186CN054873 12/29/09	20/WC-SI EE SLIPPED AND FELL ON ICE AND SNOW IN P	VARGAS*CARLOS 029-84-4866	SG-0-377-226	02/19/10	3.90	EXP PMT MED BILL REVIEW
BROADSPIRE SERVICES						
	625-2			Totals	33.70	
	BROOKSBY VILLAGE			Totals	37.60	

PERIOD: 01/01/09-01/01/10
REPORTING LEVEL: CEDAR CREST VILLAGE
LOCATION: 607-1

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description ----- / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
186CN050055 12/13/09 MONTCLAIR RADIOLOGY	20/WC-SI SLIPPON ON ICE AND HIT HEAD	MAZUREK*JEAN 150-64-2512	284-0-367-972	02/15/10	56.25	MED PMT OTHER MED PROV
186CN050055 12/13/09 BROADSPIRE SERVICES	20/WC-SI SLIPPON ON ICE AND HIT HEAD	MAZUREK*JEAN 150-64-2512	SG-0-367-972	02/15/10	3.90	EXP PMT MED BILL REVIEW
186CN050055 12/13/09 BROADSPIRE SERVICES	20/WC-SI SLIPPON ON ICE AND HIT HEAD	MAZUREK*JEAN 150-64-2512	SG-0-367-972	02/15/10	5.63	EXP PMT PPO
186CN050133 12/13/09 BROADSPIRE SERVICES	20/WC-SI FELL ON ICE IN PARKING LOT	HORWATH*DONOVAN 110-80-8237	SG-0-376-851	02/19/10	135.90	EXP PMT MED BILL REVIEW
186CN052744 12/22/09 ALIGN NETWORKS INC	20/WC-SI STRAINED R WRIST WHILE LOADING A WHEELCH	SIGAFOOSE-MCLAREN*SUSA 352-66-8658	284-0-375-393	02/18/10	99.75	MED PMT OTHER MED PROV
186CN052744 12/22/09 ALIGN NETWORKS INC	20/WC-SI STRAINED R WRIST WHILE LOADING A WHEELCH	SIGAFOOSE-MCLAREN*SUSA 352-66-8658	284-0-375-394	02/18/10	138.00	MED PMT PHYS THERAPY
186CN052744 12/22/09 ALIGN NETWORKS INC	20/WC-SI STRAINED R WRIST WHILE LOADING A WHEELCH	SIGAFOOSE-MCLAREN*SUSA 352-66-8658	284-0-375-395	02/18/10	97.05	MED PMT PHYS THERAPY

PERIOD: 01/01/09-01/01/10
REPORTING LEVEL: CEDAR CREST VILLAGE
LOCATION: 607-1

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description ----- / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
186CN052744 12/22/09 BROADSPIRE SERVICES	20/WC-SI STRAINED R WRIST WHILE LOADING A WHEELCH	SIGAFOOSE-MCLAREN*SUSA 352-66-8658	SG-0-375-393	02/18/10	36.58	EXP PMT PPO
186CN052744 12/22/09 BROADSPIRE SERVICES	20/WC-SI STRAINED R WRIST WHILE LOADING A WHEELCH	SIGAFOOSE-MCLAREN*SUSA 352-66-8658	SG-0-375-393	02/18/10	5.20	EXP PMT MED BILL REVIEW
186CN052744 12/22/09 BROADSPIRE SERVICES	20/WC-SI STRAINED R WRIST WHILE LOADING A WHEELCH	SIGAFOOSE-MCLAREN*SUSA 352-66-8658	SG-0-375-394	02/18/10	50.60	EXP PMT PPO
186CN052744 12/22/09 BROADSPIRE SERVICES	20/WC-SI STRAINED R WRIST WHILE LOADING A WHEELCH	SIGAFOOSE-MCLAREN*SUSA 352-66-8658	SG-0-375-394	02/18/10	3.90	EXP PMT MED BILL REVIEW
186CN052744 12/22/09 BROADSPIRE SERVICES	20/WC-SI STRAINED R WRIST WHILE LOADING A WHEELCH	SIGAFOOSE-MCLAREN*SUSA 352-66-8658	SG-0-375-395	02/18/10	35.59	EXP PMT PPO
186CN052744 12/22/09 BROADSPIRE SERVICES	20/WC-SI STRAINED R WRIST WHILE LOADING A WHEELCH	SIGAFOOSE-MCLAREN*SUSA 352-66-8658	SG-0-375-395	02/18/10	5.20	EXP PMT MED BILL REVIEW
	607-1			Totals	673.55	

PERIOD: 01/01/09-01/01/10
REPORTING LEVEL: CEDAR CREST VILLAGE
LOCATION: 607-2

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / Abbreviated Loss Description	Claimant/Driver Name / Payment For	Check Number / Social Security No.	Issue Dt	Disbrst Amt	Payment Message
186CN052073 12/24/09 RIDGEWOOD CARDIOLOGY ASSOCIATES	20/WC-SI 12/24/09 AT 11:30 AM, CLAIMANT WAS MOVIN	MORROW*KEVIN	284-0-372-236 142-44-4201	02/17/10	45.00	MED PMT OTHER MED PROV
186CN052073 12/24/09 VALLEY EMRG ROOM ASSOC PA	20/WC-SI 12/24/09 AT 11:30 AM, CLAIMANT WAS MOVIN	MORROW*KEVIN	284-0-372-263 142-44-4201	02/17/10	46.17	MED PMT OTHER MED PROV
186CN052073 12/24/09 THE VALLEY HOSPITAL	20/WC-SI 12/24/09 AT 11:30 AM, CLAIMANT WAS MOVIN	MORROW*KEVIN	284-0-376-833 142-44-4201	02/19/10	3,980.74	MED PMT HOSPITAL
186CN052073 12/24/09 BROADSPIRE SERVICES	20/WC-SI 12/24/09 AT 11:30 AM, CLAIMANT WAS MOVIN	MORROW*KEVIN	SG-0-372-236 142-44-4201	02/17/10	3.90	EXP PMT MED BILL REVIEW
186CN052073 12/24/09 BROADSPIRE SERVICES	20/WC-SI 12/24/09 AT 11:30 AM, CLAIMANT WAS MOVIN	MORROW*KEVIN	SG-0-372-263 142-44-4201	02/17/10	209.14	EXP PMT MED BILL REVIEW
186CN052073 12/24/09 BROADSPIRE SERVICES	20/WC-SI 12/24/09 AT 11:30 AM, CLAIMANT WAS MOVIN	MORROW*KEVIN	SG-0-376-833 142-44-4201	02/19/10	2,272.23	EXP PMT MED BILL REVIEW
	607-2			Totals	6,557.18	

PERIOD: 01/01/09-01/01/10
REPORTING LEVEL: CEDAR CREST VILLAGE
LOCATION: 607-4

Claim Number / Loss Date / Payee Name	Cov/Clm	Rpt Dsc	Claimant/Driver Name / Abbreviated Loss Description / Payment For	Check Number / Social Security No.	Issue Dt	Disbrst Amt	Payment Message
186CN006117 06/27/09 Adelson Testan Brundo & Jimenez	10/WC-SI		SERGENT COMMEY*ELIZABE 6/27/09 AT 8:30 PM, THE CLAIMANT WAS ASS	651-0-218-933 149-72-6633	02/15/10	12.50	EXP PMT OTHER
186CN010505 07/14/09 ALIGN NETWORKS INC	20/WC-SI		MORROW*KEVIN 7/14/09 AT 5:40 PM, THE CLAIMANT WAS TRY	284-0-368-018 142-44-4201	02/15/10	288.09	MED PMT OTHER MED PROV
186CN010505 07/14/09 LABCORP OF AMERICA HOLDINGS	20/WC-SI		MORROW*KEVIN 7/14/09 AT 5:40 PM, THE CLAIMANT WAS TRY	284-0-372-255 142-44-4201	02/17/10	105.17	MED PMT OTHER
186CN010505 07/14/09 Broadspire Services Inc	20/WC-SI		MORROW*KEVIN 7/14/09 AT 5:40 PM, THE CLAIMANT WAS TRY	SG-0-224-987 142-44-4201	11/20/09	42.83-	CNCL CC PMT
186CN010505 07/14/09 Broadspire Services Inc	20/WC-SI		MORROW*KEVIN 7/14/09 AT 5:40 PM, THE CLAIMANT WAS TRY	SG-0-224-987 142-44-4201	11/20/09	6.50-	CNCL CC PMT
186CN010505 07/14/09 BROADSPIRE SERVICES	20/WC-SI		MORROW*KEVIN 7/14/09 AT 5:40 PM, THE CLAIMANT WAS TRY	SG-0-368-018 142-44-4201	02/15/10	10.40	EXP PMT MED BILL REVIEW
186CN010505 07/14/09 BROADSPIRE SERVICES	20/WC-SI		MORROW*KEVIN 7/14/09 AT 5:40 PM, THE CLAIMANT WAS TRY	SG-0-368-018 142-44-4201	02/15/10	105.63	EXP PMT PPO

PERIOD: 01/01/09-01/01/10

REPORTING LEVEL: CEDAR CREST VILLAGE

LOCATION: 607-4

Claim Number / Loss Date / Payee Name	Cov/Clm	Rpt Dsc / Abbreviated Loss Description	Claimant/Driver Name / Payment For	Check Number / Social Security No.	Issue Dt	Disbrst Amt	Payment Message
186CN010505 07/14/09 BROADSPIRE SERVICES	20/WC-SI	7/14/09 AT 5:40 PM, THE CLAIMANT WAS TRY	MORROW*KEVIN	SG-0-372-255 142-44-4201	02/17/10	10.40	EXP PMT MED BILL REVIEW
186CN010505 07/14/09 BROADSPIRE SERVICES	20/WC-SI	7/14/09 AT 5:40 PM, THE CLAIMANT WAS TRY	MORROW*KEVIN	SG-0-372-255 142-44-4201	02/17/10	11.28	EXP PMT PPO
186CN012114 07/18/09 BROADSPIRE SERVICES	20/WC-SI	GIVING RESIDENT SHOWER-HE URINATED ON ME	EASTBURN*BARBARA	JF-0-184-721 148-48-1748	02/15/10	18.39	MED PMT PRESCRIPTION
186CN012114 07/18/09	20/WC-SI	GIVING RESIDENT SHOWER-HE URINATED ON ME	EASTBURN*BARBARA	XF-0-184-721 148-48-1748	02/15/10	0.95	EXP PMT RX MGMT
		607-4			Totals	513.48	
		CEDAR CREST VILLAGE			Totals	7,744.21	

REPORTING LEVEL: FOX RUN

LOCATION: 629-4

Claim Number / Loss Date / Payee Name	Cov/Clm	Rpt Dsc / Abbreviated Loss Description	Claimant/Driver Name / Payment For	Check Number / Social Security No.	Issue Dt	Disbrst Amt	Payment Message
186CN053852 12/18/09 UNIVERSAL SMART COMP	20/WC-SI	WASHING THE DISHES - TOOK THE RACK OUT O	JONES-FERGUSON*NANCY	284-0-378-080 369-60-2364	02/19/10	92.37	MED PMT PHYS THERAPY

PERIOD: 01/01/09-01/01/10
REPORTING LEVEL: FOX RUN
LOCATION: 629-4

Claim Number / Loss Date / Payee Name	Cov/Clm	Rpt Dsc / Abbreviated Loss Description	Claimant/Driver Name / Social Security No. / Payment For	Check Number	Issue Dt	Disbrst Amt	Payment Message
186CN053852 12/18/09 ONE CALL MEDICAL	20/WC-SI	WASHING THE DISHES - TOOK THE RACK OUT	JONES-FERGUSON*NANCY O 369-60-2364	284-0-378-081	02/19/10	642.00	MED PMT OTHER
186CN053852 12/18/09 BROADSPIRE SERVICES	20/WC-SI	WASHING THE DISHES - TOOK THE RACK OUT	JONES-FERGUSON*NANCY O 369-60-2364	SG-0-378-080	02/19/10	3.01	EXP PMT PPO
186CN053852 12/18/09 BROADSPIRE SERVICES	20/WC-SI	WASHING THE DISHES - TOOK THE RACK OUT	JONES-FERGUSON*NANCY O 369-60-2364	SG-0-378-080	02/19/10	3.90	EXP PMT MED BILL REVIEW
186CN053852 12/18/09 BROADSPIRE SERVICES	20/WC-SI	WASHING THE DISHES - TOOK THE RACK OUT	JONES-FERGUSON*NANCY O 369-60-2364	SG-0-378-081	02/19/10	3.90	EXP PMT MED BILL REVIEW
186CN053852 12/18/09 BROADSPIRE SERVICES	20/WC-SI	WASHING THE DISHES - TOOK THE RACK OUT	JONES-FERGUSON*NANCY O 369-60-2364	SG-0-378-081	02/19/10	39.35	EXP PMT PPO
629-4					Totals	784.53	

LOCATION: 629-5

Claim Number / Loss Date / Payee Name	Cov/Clm	Rpt Dsc / Abbreviated Loss Description	Claimant/Driver Name / Social Security No. / Payment For	Check Number	Issue Dt	Disbrst Amt	Payment Message
534CN381885 05/22/09 ST JOSEPH MERCY OAKLAND	20/WC-SI	STANDING, TRYING TO REACH A SET OF PLATE	COOPER*SHANA 375-04-2932	284-0-364-081	02/11/10	772.13	MED PMT HOSPITAL

PERIOD: 01/01/09-01/01/10
REPORTING LEVEL: FOX RUN
LOCATION: 629-5

Claim Number / Loss Date / Payee Name	Cov/Clm	Rpt Dsc / Abbreviated Loss Description	Claimant/Driver Name / Payment For	Check Number / Social Security No.	Issue Dt	Disbrst Amt	Payment Message
534CN381885 05/22/09 BROADSPIRE SERVICES	20/WC-SI	STANDING, TRYING TO REACH A SET OF PLATE	COOPER*SHANA	SG-0-364-081 375-04-2932	02/11/10	7.80	EXP PMT MED BILL REVIEW
534CN381885 05/22/09 BROADSPIRE SERVICES	20/WC-SI	STANDING, TRYING TO REACH A SET OF PLATE	COOPER*SHANA	SG-0-364-081 375-04-2932	02/11/10	20.14	EXP PMT PPO
		629-5			Totals	800.07	
		FOX RUN			Totals	1,584.60	

REPORTING LEVEL: GREENSPRING VILLAGE
LOCATION: 605-1

Claim Number / Loss Date / Payee Name	Cov/Clm	Rpt Dsc / Abbreviated Loss Description	Claimant/Driver Name / Payment For	Check Number / Social Security No.	Issue Dt	Disbrst Amt	Payment Message
186CN042963 11/05/09 GREATER METROPOLITAN ORTHOPEDI	20/WC-SI	WHILE KENDAL WAS GETTING OUT OFTHE BUS	BACKERS*KENDAL	284-0-367-509 H 223-08-1549	02/15/10	13.20	MED PMT MED SUPPLIES
186CN042963 11/05/09 GREATER METROPOLITAN ORTHOPEDI	20/WC-SI	WHILE KENDAL WAS GETTING OUT OFTHE BUS	BACKERS*KENDAL	284-0-367-509 H 223-08-1549	02/15/10	73.20	MED PMT PHYS THERAPY
186CN042963 11/05/09 GREATER METROPOLITAN ORTHOPEDI	20/WC-SI	WHILE KENDAL WAS GETTING OUT OFTHE BUS	BACKERS*KENDAL	284-0-367-517 H 223-08-1549	02/15/10	91.20	MED PMT PHYS THERAPY

PERIOD: 01/01/09-01/01/10
REPORTING LEVEL: GREENSPRING VILLAGE
LOCATION: 605-1

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description -----	Claimant/Driver Name / Payment For	Check Number / Social Security No.	Issue Dt	Disbrst Amt	Payment Message
186CN042963 11/05/09 BROADSPIRE SERVICES	20/WC-SI WHILE KENDAL WAS GETTING OUT OFTHE BUS	BACKERS*KENDAL H 223-08-1549	SG-0-367-509	02/15/10	3.90	EXP PMT MED BILL REVIEW
186CN042963 11/05/09 BROADSPIRE SERVICES	20/WC-SI WHILE KENDAL WAS GETTING OUT OFTHE BUS	BACKERS*KENDAL H 223-08-1549	SG-0-367-509	02/15/10	27.62	EXP PMT PPO
186CN042963 11/05/09 BROADSPIRE SERVICES	20/WC-SI WHILE KENDAL WAS GETTING OUT OFTHE BUS	BACKERS*KENDAL H 223-08-1549	SG-0-367-517	02/15/10	8.12	EXP PMT MED BILL REVIEW
186CN042963 11/05/09 BROADSPIRE SERVICES	20/WC-SI WHILE KENDAL WAS GETTING OUT OFTHE BUS	BACKERS*KENDAL H 223-08-1549	SG-0-367-517	02/15/10	34.15	EXP PMT PPO
605-1				Totals	251.39	

LOCATION: 605-3

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description -----	Claimant/Driver Name / Payment For	Check Number / Social Security No.	Issue Dt	Disbrst Amt	Payment Message
186CN041580 10/30/09 COMMONWEALTH ORTHOPAEDICS AND RE	20/WC-SI EE FELT A TWINGE IN HER LOWER BACK WHEN	CABALLERO*SONIA 225-91-2533	284-0-367-505	02/15/10	90.53	MED PMT OTHER MED PROV
186CN041580 10/30/09 ALIGN NETWORKS INC	20/WC-SI EE FELT A TWINGE IN HER LOWER BACK WHEN	CABALLERO*SONIA 225-91-2533	284-0-377-747	02/19/10	1,232.00	MED PMT PHYS THERAPY

PERIOD: 01/01/09-01/01/10
REPORTING LEVEL: GREENSPRING VILLAGE
LOCATION: 605-3

Claim Number / Loss Date / Payee Name	Cov/Clm	Rpt Dsc	Claimant/Driver Name / ----- Abbreviated Loss Description ----- / Payment For	Check Number / Social Security No.	Issue Dt	Disbrst Amt	Payment Message
186CN041580 10/30/09 SONIA CABALLERO	10/WC-SI		CABALLERO*SONIA EE FELT A TWINGE IN HER LOWER BACK WHEN	651-0-221-953 225-91-2533	02/18/10	298.11	LOSS PMT TEMP TOT DISAB
186CN041580 10/30/09 BROADSPIRE SERVICES	20/WC-SI		CABALLERO*SONIA EE FELT A TWINGE IN HER LOWER BACK WHEN	SG-0-367-505 225-91-2533	02/15/10	3.90	EXP PMT MED BILL REVIEW
186CN041580 10/30/09 BROADSPIRE SERVICES	20/WC-SI		CABALLERO*SONIA EE FELT A TWINGE IN HER LOWER BACK WHEN	SG-0-367-505 225-91-2533	02/15/10	6.92	EXP PMT PPO
186CN041580 10/30/09 BROADSPIRE SERVICES	20/WC-SI		CABALLERO*SONIA EE FELT A TWINGE IN HER LOWER BACK WHEN	SG-0-377-747 225-91-2533	02/19/10	3.90	EXP PMT MED BILL REVIEW
186CN041580 10/30/09 BROADSPIRE SERVICES	20/WC-SI		CABALLERO*SONIA EE FELT A TWINGE IN HER LOWER BACK WHEN	SG-0-377-747 225-91-2533	02/19/10	110.40	EXP PMT PPO
186CN051596 12/23/09 BESTPRACTICES INC	20/WC-SI		ASIEDU*PETER HE WAS WALKING ACROSS THE STREET AND DID	284-0-367-513 228-99-7760	02/15/10	235.48	MED PMT OTHER MED PROV
186CN051596 12/23/09 SIMON FISHMAN, MD	20/WC-SI		ASIEDU*PETER HE WAS WALKING ACROSS THE STREET AND DID	284-0-367-514 228-99-7760	02/15/10	267.30	MED PMT OTHER MED PROV

PERIOD: 01/01/09-01/01/10
REPORTING LEVEL: GREENSPRING VILLAGE
LOCATION: 605-3

Claim Number / Loss Date / Payee Name	Cov/Clm	Rpt Dsc / Abbreviated Loss Description	Claimant/Driver Name / Payment For	Check Number / Social Security No.	Issue Dt	Disbrst Amt	Payment Message
186CN051596 12/23/09 SIMON FISHMAN, MD	20/WC-SI	HE WAS WALKING ACROSS THE STREET AND DID	ASIEDU*PETER 228-99-7760	284-0-367-515	02/15/10	89.10	MED PMT OTHER MED PROV
186CN051596 12/23/09 ASSOC OF ALEXANDRIA RADIOLOGISTS	20/WC-SI	HE WAS WALKING ACROSS THE STREET AND DID	ASIEDU*PETER 228-99-7760	284-0-367-518	02/15/10	49.02	MED PMT OTHER MED PROV
186CN051596 12/23/09 INOVA PHYSICAL REHAB SVCS	20/WC-SI	HE WAS WALKING ACROSS THE STREET AND DID	ASIEDU*PETER 228-99-7760	284-0-371-223	02/16/10	143.20	MED PMT PHYS THERAPY
186CN051596 12/23/09 BROADSPIRE SERVICES	20/WC-SI	HE WAS WALKING ACROSS THE STREET AND DID	ASIEDU*PETER 228-99-7760	SG-0-367-513	02/15/10	3.90	EXP PMT MED BILL REVIEW
186CN051596 12/23/09 BROADSPIRE SERVICES	20/WC-SI	HE WAS WALKING ACROSS THE STREET AND DID	ASIEDU*PETER 228-99-7760	SG-0-367-513	02/15/10	17.66	EXP PMT PPO
186CN051596 12/23/09 BROADSPIRE SERVICES	20/WC-SI	HE WAS WALKING ACROSS THE STREET AND DID	ASIEDU*PETER 228-99-7760	SG-0-367-514	02/15/10	3.90	EXP PMT MED BILL REVIEW
186CN051596 12/23/09 BROADSPIRE SERVICES	20/WC-SI	HE WAS WALKING ACROSS THE STREET AND DID	ASIEDU*PETER 228-99-7760	SG-0-367-514	02/15/10	8.31	EXP PMT PPO

PERIOD: 01/01/09-01/01/10
REPORTING LEVEL: GREENSPRING VILLAGE
LOCATION: 605-3

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description -----	Claimant/Driver Name / Social Security	Check Number / Payment For	Issue Dt	Disbrst Amt	Payment Message
186CN051596 12/23/09 BROADSPIRE SERVICES	20/WC-SI HE WAS WALKING	ASIEDU*PETER ACROSS THE STREET AND DID	SG-0-367-515 228-99-7760	02/15/10	1.77	EXP PMT PPO
186CN051596 12/23/09 BROADSPIRE SERVICES	20/WC-SI HE WAS WALKING	ASIEDU*PETER ACROSS THE STREET AND DID	SG-0-367-515 228-99-7760	02/15/10	3.90	EXP PMT MED BILL REVIEW
186CN051596 12/23/09 BROADSPIRE SERVICES	20/WC-SI HE WAS WALKING	ASIEDU*PETER ACROSS THE STREET AND DID	SG-0-367-518 228-99-7760	02/15/10	3.90	EXP PMT MED BILL REVIEW
186CN051596 12/23/09 BROADSPIRE SERVICES	20/WC-SI HE WAS WALKING	ASIEDU*PETER ACROSS THE STREET AND DID	SG-0-367-518 228-99-7760	02/15/10	51.59	EXP PMT PPO
186CN051596 12/23/09 BROADSPIRE SERVICES	20/WC-SI HE WAS WALKING	ASIEDU*PETER ACROSS THE STREET AND DID	SG-0-371-223 228-99-7760	02/16/10	5.20	EXP PMT MED BILL REVIEW
186CN051596 12/23/09 BROADSPIRE SERVICES	20/WC-SI HE WAS WALKING	ASIEDU*PETER ACROSS THE STREET AND DID	SG-0-371-223 228-99-7760	02/16/10	10.14	EXP PMT PPO
605-3				Totals	2,640.13	

PERIOD: 01/01/09-01/01/10
REPORTING LEVEL: GREENSPRING VILLAGE
LOCATION: 605-4

Claim Number / Loss Date / Payee Name	Cov/Clm	Rpt Dsc	Claimant/Driver Name / Abbreviated Loss Description	Check Number / Social Security / Payment For	Issue Dt	Disbrst Amt	Payment Message
186CN032543 09/05/09 UNIVERSAL SMART COMP	20/WC-SI		NAGRODZKI*DANUTE EE DEVELOPED SEVERE PAIN TO HER LOWER BA	284-0-376-017 231-23-6101	02/18/10	805.34	MED PMT PHYS THERAPY
186CN032543 09/05/09 UNIVERSAL SMART COMP	20/WC-SI		NAGRODZKI*DANUTE EE DEVELOPED SEVERE PAIN TO HER LOWER BA	284-0-377-744 231-23-6101	02/19/10	402.12	MED PMT PHYS THERAPY
186CN032543 09/05/09 DANUTE NAGRODZKI	10/WC-SI		NAGRODZKI*DANUTE EE DEVELOPED SEVERE PAIN TO HER LOWER BA	651-0-223-385 231-23-6101	02/19/10	281.80	LOSS PMT TEMP TOT DISAB
186CN032543 09/05/09 BROADSPIRE SERVICES	20/WC-SI		NAGRODZKI*DANUTE EE DEVELOPED SEVERE PAIN TO HER LOWER BA	SG-0-376-017 231-23-6101	02/18/10	31.20	EXP PMT MED BILL REVIEW
186CN032543 09/05/09 BROADSPIRE SERVICES	20/WC-SI		NAGRODZKI*DANUTE EE DEVELOPED SEVERE PAIN TO HER LOWER BA	SG-0-376-017 231-23-6101	02/18/10	94.40	EXP PMT PPO
186CN032543 09/05/09 BROADSPIRE SERVICES	20/WC-SI		NAGRODZKI*DANUTE EE DEVELOPED SEVERE PAIN TO HER LOWER BA	SG-0-377-744 231-23-6101	02/19/10	15.60	EXP PMT MED BILL REVIEW
186CN032543 09/05/09 BROADSPIRE SERVICES	20/WC-SI		NAGRODZKI*DANUTE EE DEVELOPED SEVERE PAIN TO HER LOWER BA	SG-0-377-744 231-23-6101	02/19/10	41.36	EXP PMT PPO

PERIOD: 01/01/09-01/01/10

REPORTING LEVEL: GREENSPRING VILLAGE

LOCATION: 605-4

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description -----	Claimant/Driver Name / Payment For	Check Number / Social Security No.	Issue Dt	Disbrst Amt	Payment Message
		605-4		Totals	1,671.82	
		GREENSPRING VILLAGE		Totals	4,563.34	

REPORTING LEVEL: HENRY FORD VILLAGE

LOCATION: 602-4

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description -----	Claimant/Driver Name / Payment For	Check Number / Social Security No.	Issue Dt	Disbrst Amt	Payment Message
186CN052877	20/WC-SI	HALL*LINDA	JF-0-184-518	02/15/10	7.28	MED PMT PRESCRIPTION
12/29/09	Was walking into building to start shift		381-62-4976			
BROADSPIRE SERVICES						
		602-4		Totals	7.28	
		HENRY FORD VILLAGE		Totals	7.28	

REPORTING LEVEL: LINDEN PONDS

LOCATION: 616-2

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description -----	Claimant/Driver Name / Payment For	Check Number / Social Security No.	Issue Dt	Disbrst Amt	Payment Message
186CN041862	20/WC-SI	WALKER*JENNIFER	284-0-375-828	02/18/10	101.17	MED PMT OTHER MED PROV
11/01/09	WHILE LIFTING TRAY INJURED R SHOULDER		022-76-5365			
SOUTH SHORE ORTHOPEDICS LLC						
186CN041862	10/WC-SI	WALKER*JENNIFER	651-0-222-519	02/18/10	86.89	LOSS PMT TEMP TOT DISAB
11/01/09	WHILE LIFTING TRAY INJURED R SHOULDER		022-76-5365			
JENNIFER WALKER						

PERIOD: 01/01/09-01/01/10

REPORTING LEVEL: LINDEN PONDS

LOCATION: 616-2

Claim Number / Loss Date / Payee Name	Cov/Clm	Rpt Dsc / Abbreviated Loss Description	Claimant/Driver Name / Payment For	Check Number / Social Security No.	Issue Dt	Disbrst Amt	Payment Message
186CN041862 11/01/09 JENNIFER WALKER	10/WC-SI	WHILE LIFTING TRAY INJURED R SHOULDER	WALKER*JENNIFER	651-0-222-521 022-76-5365	02/18/10	86.89	LOSS PMT TEMP TOT DISAB
186CN041862 11/01/09 BROADSPIRE SERVICES	20/WC-SI	WHILE LIFTING TRAY INJURED R SHOULDER	WALKER*JENNIFER	SG-0-375-828 022-76-5365	02/18/10	3.90	EXP PMT MED BILL REVIEW
		616-2			Totals	278.85	

LOCATION: 616-4

Claim Number / Loss Date / Payee Name	Cov/Clm	Rpt Dsc / Abbreviated Loss Description	Claimant/Driver Name / Payment For	Check Number / Social Security No.	Issue Dt	Disbrst Amt	Payment Message
186CN006760 07/07/09 CYNTHIA STUART	10/WC-SI	EE SLIPPED AND FELL ON WET FLOOR. BOTH F	STUART*CYNTHIA	651-0-224-095 013-54-1715	02/19/10	1,082.00	LOSS PMT TEMP TOT DISAB
		616-4			Totals	1,082.00	
		LINDEN PONDS			Totals	1,360.85	

REPORTING LEVEL: MARIS GROVE

LOCATION: 612-2

Claim Number / Loss Date / Payee Name	Cov/Clm	Rpt Dsc / Abbreviated Loss Description	Claimant/Driver Name / Payment For	Check Number / Social Security No.	Issue Dt	Disbrst Amt	Payment Message
186CN051036 12/19/09 RECON ORTHO ASSOC II PC	20/WC-SI	EE WAS WALKING FROM EE LOT TO THE RESTUA	HARDY*DEMOND	284-0-369-151 197-56-4058	02/15/10	57.41	MED PMT OTHER MED PROV

PERIOD: 01/01/09-01/01/10
REPORTING LEVEL: MARIS GROVE
LOCATION: 612-2

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description -----	Claimant/Driver Name / Social Security No. / Payment For	Check Number	Issue Dt	Disbrst Amt	Payment Message
186CN051036 12/19/09 DEMOND HARDY	10/WC-SI EE WAS WALKING	HARDY*DEMOND FROM EE LOT TO THE RESTUA	651-0-218-958 197-56-4058	02/15/10	59.71	LOSS PMT TEMP TOT DISAB
186CN051036 12/19/09 BROADSPIRE SERVICES	20/WC-SI EE WAS WALKING	HARDY*DEMOND FROM EE LOT TO THE RESTUA	SG-0-369-151 197-56-4058	02/15/10	1.91	EXP PMT PPO
186CN051036 12/19/09 BROADSPIRE SERVICES	20/WC-SI EE WAS WALKING	HARDY*DEMOND FROM EE LOT TO THE RESTUA	SG-0-369-151 197-56-4058	02/15/10	3.90	EXP PMT MED BILL REVIEW
186CN051038 12/19/09 MAINLINE EMERGENCY MEDICINE	20/WC-SI EE WAS WALKING	IMPERATRICE*MICHAEL THROUGH THE PARKING LOT	284-0-369-138 201-50-8386	02/15/10	144.76	MED PMT OTHER MED PROV
186CN051038 12/19/09 BROADSPIRE SERVICES	20/WC-SI EE WAS WALKING	IMPERATRICE*MICHAEL THROUGH THE PARKING LOT	SG-0-369-138 201-50-8386	02/15/10	3.90	EXP PMT MED BILL REVIEW
612-2				Totals	271.59	

LOCATION: 612-3

186CN049235 12/03/09 RECON ORTHO ASSOC II PC	20/WC-SI EE WAS WALKING	SMITH*JAMES IN HALLWAY WHEN HE SUFFER	284-0-369-150 192-56-3492	02/15/10	57.41	MED PMT OTHER MED PROV

PERIOD: 01/01/09-01/01/10
REPORTING LEVEL: MARIS GROVE
LOCATION: 612-3

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc ----- Abbreviated Loss Description -----	Claimant/Driver Name / Social Security No. / Payment For	Check Number	Issue Dt	Disbrst Amt	Payment Message
186CN049235 12/03/09 RECON ORTHO ASSOC II PC	20/WC-SI EE WAS WALKING IN HALLWAY WHEN HE SUFFER	SMITH*JAMES 192-56-3492	284-0-373-201	02/17/10	57.41	MED PMT OTHER MED PROV
186CN049235 12/03/09 BROADSPIRE SERVICES	20/WC-SI EE WAS WALKING IN HALLWAY WHEN HE SUFFER	SMITH*JAMES 192-56-3492	SG-0-369-150	02/15/10	1.91	EXP PMT PPO
186CN049235 12/03/09 BROADSPIRE SERVICES	20/WC-SI EE WAS WALKING IN HALLWAY WHEN HE SUFFER	SMITH*JAMES 192-56-3492	SG-0-369-150	02/15/10	3.90	EXP PMT MED BILL REVIEW
186CN049235 12/03/09 BROADSPIRE SERVICES	20/WC-SI EE WAS WALKING IN HALLWAY WHEN HE SUFFER	SMITH*JAMES 192-56-3492	SG-0-373-201	02/17/10	1.91	EXP PMT PPO
186CN049235 12/03/09 BROADSPIRE SERVICES	20/WC-SI EE WAS WALKING IN HALLWAY WHEN HE SUFFER	SMITH*JAMES 192-56-3492	SG-0-373-201	02/17/10	3.90	EXP PMT MED BILL REVIEW
186CN051634 12/23/09 RIDDLE MEMORIAL HOSPITAL	20/WC-SI EE FELL & TWISTED HIS L ANKLE ON BLACK I	DESANTIS*PAUL 209-52-5816	284-0-377-160	02/19/10	109.48	MED PMT HOSPITAL
186CN051634 12/23/09 BROADSPIRE SERVICES	20/WC-SI EE FELL & TWISTED HIS L ANKLE ON BLACK I	DESANTIS*PAUL 209-52-5816	SG-0-377-160	02/19/10	42.43	EXP PMT PPO

PERIOD: 01/01/09-01/01/10
REPORTING LEVEL: MARIS GROVE
LOCATION: 612-3

Claim Number / Loss Date / Payee Name	Cov/Clm	Rpt Dsc	Claimant/Driver Name / Abbreviated Loss Description / Payment For	Check Number / Social Security No.	Issue Dt	Disbrst Amt	Payment Message
186CN051634	20/WC-SI		DESANTIS*PAUL	SG-0-377-160	02/19/10	10.40	EXP PMT MED BILL REVIEW
12/23/09			EE FELL & TWISTED HIS L ANKLE ON BLACK I	209-52-5816			
BROADSPIRE SERVICES							
			612-3		Totals	288.75	

LOCATION: 612-4

Claim Number / Loss Date / Payee Name	Cov/Clm	Rpt Dsc	Claimant/Driver Name / Abbreviated Loss Description / Payment For	Check Number / Social Security No.	Issue Dt	Disbrst Amt	Payment Message
186CN049724	20/WC-SI		RHUDD*JAYNEL	284-0-369-137	02/15/10	86.70	MED PMT OTHER MED PROV
12/12/09			EE WAS APPLYING RESIDENTS SOCK. RESIDENT	221-04-3920			
MAINLINE EMERGENCY MEDICINE							
186CN049724	20/WC-SI		RHUDD*JAYNEL	SG-0-369-137	02/15/10	3.90	EXP PMT MED BILL REVIEW
12/12/09			EE WAS APPLYING RESIDENTS SOCK. RESIDENT	221-04-3920			
BROADSPIRE SERVICES							
			612-4		Totals	90.60	

LOCATION: 612-5

Claim Number / Loss Date / Payee Name	Cov/Clm	Rpt Dsc	Claimant/Driver Name / Abbreviated Loss Description / Payment For	Check Number / Social Security No.	Issue Dt	Disbrst Amt	Payment Message
186CN051467	20/WC-SI		MAHDI*DENISE	284-0-377-169	02/19/10	16.21	MED PMT HOSPITAL
12/22/09			THE EE WAS BITE BY A DOG. PUNCTURE TO L	191-56-0514			
RIDDLE MEMORIAL HOSPITAL							
186CN051467	20/WC-SI		MAHDI*DENISE	SG-0-377-169	02/19/10	3.90	EXP PMT MED BILL REVIEW
12/22/09			THE EE WAS BITE BY A DOG. PUNCTURE TO L	191-56-0514			
BROADSPIRE SERVICES							

PERIOD: 01/01/09-01/01/10

REPORTING LEVEL: MARIS GROVE

LOCATION: 612-5

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / Abbreviated Loss Description	Claimant/Driver Name / Payment For	Check Number / Social Security No.	Issue Dt	Disbrst Amt	Payment Message
186CN053101 12/02/09 RIDDLE MEMORIAL HOSPITAL	20/WC-SI EE HAS LOWER BACK STRAIN FROM SHOWING A	ODONNELL*JOHN 210-52-1750	284-0-377-168	02/19/10	24.98	MED PMT HOSPITAL
186CN053101 12/02/09 BROADSPIRE SERVICES	20/WC-SI EE HAS LOWER BACK STRAIN FROM SHOWING A	ODONNELL*JOHN 210-52-1750	SG-0-377-168	02/19/10	3.90	EXP PMT MED BILL REVIEW
186CN053101 12/02/09 BROADSPIRE SERVICES	20/WC-SI EE HAS LOWER BACK STRAIN FROM SHOWING A	ODONNELL*JOHN 210-52-1750	SG-0-377-168	02/19/10	0.93	EXP PMT PPO
		612-5		Totals	49.92	
		MARIS GROVE		Totals	700.86	

REPORTING LEVEL: OAK CREST VILLAGE

LOCATION: 603-2

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / Abbreviated Loss Description	Claimant/Driver Name / Payment For	Check Number / Social Security No.	Issue Dt	Disbrst Amt	Payment Message
186CN052063 12/25/09 UNION MEMORIAL HOSPITAL	20/WC-SI EE HAD FINISHED SHARPENING HIS KNIFE AND	CARROLL*CHRIS 217-27-5055	284-0-371-737	02/16/10	240.40	MED PMT HOSPITAL
186CN052063 12/25/09 BROADSPIRE SERVICES	20/WC-SI EE HAD FINISHED SHARPENING HIS KNIFE AND	CARROLL*CHRIS 217-27-5055	SG-0-371-737	02/16/10	0.73	EXP PMT PPO

PERIOD: 01/01/09-01/01/10
REPORTING LEVEL: OAK CREST VILLAGE
LOCATION: 603-2

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description -----	Claimant/Driver Name / Payment For	Check Number / Social Security No.	Issue Dt	Disbrst Amt	Payment Message
186CN052063 12/25/09 BROADSPIRE SERVICES	20/WC-SI EE HAD FINISHED SHARPENING HIS KNIFE AND	CARROLL*CHRIS	SG-0-371-737 217-27-5055	02/16/10	3.90	EXP PMT MED BILL REVIEW
	603-2			Totals	245.03	

LOCATION: 603-4

256CN210173 04/23/09 Broadspire Services Inc	20/WC-SI ASSISTING RESIDENT IN THE DINING ROOM.	OWOLABI*ALABA	SG-0-224-173 E 217-67-5640	11/19/09	3.90-	CNCL CC PMT
256CN210173 04/23/09 Broadspire Services Inc	20/WC-SI ASSISTING RESIDENT IN THE DINING ROOM.	OWOLABI*ALABA	SG-0-224-174 E 217-67-5640	11/19/09	3.90-	CNCL CC PMT
256CN210173 04/23/09 BROADSPIRE SERVICES	20/WC-SI ASSISTING RESIDENT IN THE DINING ROOM.	OWOLABI*ALABA	SG-0-371-751 E 217-67-5640	02/16/10	7.80	EXP PMT MED BILL REVIEW
256CN210173 04/23/09 BROADSPIRE SERVICES	20/WC-SI ASSISTING RESIDENT IN THE DINING ROOM.	OWOLABI*ALABA	SG-0-371-753 E 217-67-5640	02/16/10	7.80	EXP PMT MED BILL REVIEW
	603-4			Totals	7.80	
	OAK CREST VILLAGE			Totals	252.83	

PERIOD: 01/01/09-01/01/10
REPORTING LEVEL: RIDERWOOD VILLAGE
LOCATION: 606-3

Claim Number / Loss Date / Payee Name	Cov/Clm	Rpt Dsc / ----- Abbreviated Loss Description -----	Claimant/Driver Name / Payment For	Check Number / Social Security No.	Issue Dt	Disbrst Amt	Payment Message
186CN035479 10/02/09 COMMUNITY RADIOLOGY ASSOC INC	20/WC-SI	I WAS ANSWERING A CALL FOR A RESIDENT	PASSAGE*JEAN CLAUDE WH 213-29-4102	284-0-377-891	02/19/10	63.52	MED PMT OTHER MED PROV
186CN035479 10/02/09 Broadspire Services Inc	20/WC-SI	I WAS ANSWERING A CALL FOR A RESIDENT	PASSAGE*JEAN CLAUDE WH 213-29-4102	SG-0-224-157	11/19/09	7.80-	CNCL CC PMT
186CN035479 10/02/09 BROADSPIRE SERVICES	20/WC-SI	I WAS ANSWERING A CALL FOR A RESIDENT	PASSAGE*JEAN CLAUDE WH 213-29-4102	SG-0-371-723	02/16/10	11.70	EXP PMT MED BILL REVIEW
186CN035479 10/02/09 BROADSPIRE SERVICES	20/WC-SI	I WAS ANSWERING A CALL FOR A RESIDENT	PASSAGE*JEAN CLAUDE WH 213-29-4102	SG-0-377-891	02/19/10	3.90	EXP PMT MED BILL REVIEW
606-3					Totals	71.32	

LOCATION: 606-5

Claim Number / Loss Date / Payee Name	Cov/Clm	Rpt Dsc / ----- Abbreviated Loss Description -----	Claimant/Driver Name / Payment For	Check Number / Social Security No.	Issue Dt	Disbrst Amt	Payment Message
256CN209662 01/30/09 Broadspire Services Inc	20/WC-SI	I WAS WALKING IN THE PARKING LOT TO CATC	SIFAA*CONSTANCE 579-29-6736	SG-0-224-175	11/19/09	3.90-	CNCL CC PMT
256CN209662 01/30/09 Broadspire Services Inc	20/WC-SI	I WAS WALKING IN THE PARKING LOT TO CATC	SIFAA*CONSTANCE 579-29-6736	SG-0-224-175	11/19/09	3.28-	CNCL CC PMT

PERIOD: 01/01/09-01/01/10

REPORTING LEVEL: RIDERWOOD VILLAGE

LOCATION: 606-5

Claim Number / Loss Date	Cov/Clm	Rpt Dsc / Abbreviated Loss Description	Claimant/Driver Name / Payee Name	Check Number / Social Security / Payment For	Issue Dt / No.	Disbrst Amt	Payment Message
256CN209662 01/30/09	20/WC-SI	SIFAA I WAS WALKING IN THE PARKING LOT TO CATC	*CONSTANCE 579-29-6736 BROADSPIRE SERVICES	SG-0-371-752	02/16/10	3.28	EXP PMT PPO
256CN209662 01/30/09	20/WC-SI	SIFAA I WAS WALKING IN THE PARKING LOT TO CATC	*CONSTANCE 579-29-6736 BROADSPIRE SERVICES	SG-0-371-752	02/16/10	7.80	EXP PMT MED BILL REVIEW
		606-5			Totals	3.90	
		RIDERWOOD VILLAGE			Totals	75.22	

REPORTING LEVEL: SEABROOK VILLAGE

LOCATION: 604-2

Claim Number / Loss Date	Cov/Clm	Rpt Dsc / Abbreviated Loss Description	Claimant/Driver Name / Payee Name	Check Number / Social Security / Payment For	Issue Dt / No.	Disbrst Amt	Payment Message
231CN253172 05/22/09	20/WC-SI	MUHAMMAD*ALI EE WAS WALKING TO GET FOOD, HIT EDGE OF	142-82-6050 Broadspire Services Inc	SG-0-225-062	11/20/09	307.64-	CNCL CC PMT
231CN253172 05/22/09	20/WC-SI	MUHAMMAD*ALI EE WAS WALKING TO GET FOOD, HIT EDGE OF	142-82-6050 BROADSPIRE SERVICES	SG-0-376-877	02/19/10	307.64	EXP PMT MED BILL REVIEW
		604-2			Totals	0.00	

PERIOD: 01/01/09-01/01/10
REPORTING LEVEL: SEABROOK VILLAGE
LOCATION: 604-3

Claim Number / Loss Date	Cov/Clm	Rpt Dsc	Claimant/Driver Name / Payee Name	Check Number / Payment For	Issue Dt	Disbrst Amt	Payment Message
186CN028375 08/26/09 ALIGN NETWORKS INC	20/WC-SI	EE WAS CHECKING THE WHEEL CHAIR LOCKS,	FARNEN*MATTHEW W 149-40-9402	284-0-368-017	02/15/10	586.80	MED PMT PHYS THERAPY
186CN028375 08/26/09 MONMOUTH CARDIOLOGY ASSOC LLC	20/WC-SI	EE WAS CHECKING THE WHEEL CHAIR LOCKS,	FARNEN*MATTHEW W 149-40-9402	284-0-372-251	02/17/10	44.35	MED PMT OTHER MED PROV
186CN028375 08/26/09 BROADSPIRE SERVICES	20/WC-SI	EE WAS CHECKING THE WHEEL CHAIR LOCKS,	FARNEN*MATTHEW W 149-40-9402	SG-0-368-017	02/15/10	26.00	EXP PMT MED BILL REVIEW
186CN028375 08/26/09 BROADSPIRE SERVICES	20/WC-SI	EE WAS CHECKING THE WHEEL CHAIR LOCKS,	FARNEN*MATTHEW W 149-40-9402	SG-0-368-017	02/15/10	215.17	EXP PMT PPO
186CN028375 08/26/09 BROADSPIRE SERVICES	20/WC-SI	EE WAS CHECKING THE WHEEL CHAIR LOCKS,	FARNEN*MATTHEW W 149-40-9402	SG-0-372-251	02/17/10	3.90	EXP PMT MED BILL REVIEW
186CN051431 12/22/09 BROADSPIRE SERVICES INC	20/WC-SI	12/22/09 AT 9:40 AM, CLMT WAS RESPONDING	LUTZ*TERESA 091-58-1116	284-0-370-003	02/16/10	995.00	MED PMT MED REHAB VENDORS
186CN051431 12/22/09 NEUROLOGY SPECIALISTS NJ	20/WC-SI	12/22/09 AT 9:40 AM, CLMT WAS RESPONDING	LUTZ*TERESA 091-58-1116	284-0-375-356	02/18/10	130.00	MED PMT OTHER MED PROV

PERIOD: 01/01/09-01/01/10
REPORTING LEVEL: SEABROOK VILLAGE
LOCATION: 604-3

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description ----- / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
186CN051431 12/22/09 BROADSPIRE SERVICES	20/WC-SI 12/22/09 AT 9:40 AM, CLMT WAS RESPONDING	LUTZ*TERESA 091-58-1116	SG-0-372-254	02/17/10	199.59	EXP PMT MED BILL REVIEW
186CN051431 12/22/09 BROADSPIRE SERVICES	20/WC-SI 12/22/09 AT 9:40 AM, CLMT WAS RESPONDING	LUTZ*TERESA 091-58-1116	SG-0-375-356	02/18/10	60.00	EXP PMT PPO
186CN051431 12/22/09 BROADSPIRE SERVICES	20/WC-SI 12/22/09 AT 9:40 AM, CLMT WAS RESPONDING	LUTZ*TERESA 091-58-1116	SG-0-375-356	02/18/10	3.90	EXP PMT MED BILL REVIEW
231CN251331 03/12/09 Adelson Testan Brundo & Jimenez	10/WC-SI EE WAS PUSHED TRASH BIN AWAY FROM DOOR A	BANKS*ELAINE 156-60-9429	651-0-219-884	02/16/10	229.80	EXP PMT OTHER
	604-3			Totals	2,494.51	

LOCATION: 604-4

186CN035350 10/01/09 Broadspire Services Inc	20/WC-SI EE HAS PAIN IN THE L SIDE OF HER NECK,	PAYTON*TASSOLOVA SH 147-62-9999	SG-0-221-327	11/18/09	11.70-	CNCL CC PMT
186CN035350 10/01/09 Broadspire Services Inc	20/WC-SI EE HAS PAIN IN THE L SIDE OF HER NECK,	PAYTON*TASSOLOVA SH 147-62-9999	SG-0-224-939	11/20/09	11.70-	CNCL CC PMT

PERIOD: 01/01/09-01/01/10
REPORTING LEVEL: SEABROOK VILLAGE
LOCATION: 604-4

Claim Number / Loss Date / Payee Name	Cov/Clm	Rpt Dsc	Claimant/Driver Name / ----- Abbreviated Loss Description -----	Check Number / Social Security No. / Payment For	Issue Dt	Disbrst Amt	Payment Message
186CN035350 10/01/09 BROADSPIRE SERVICES	20/WC-SI		PAYTON*TASSOLOVA EE HAS PAIN IN THE L SIDE OF HER NECK,SH	SG-0-372-227 147-62-9999	02/17/10	16.90	EXP PMT MED BILL REVIEW
186CN035350 10/01/09 BROADSPIRE SERVICES	20/WC-SI		PAYTON*TASSOLOVA EE HAS PAIN IN THE L SIDE OF HER NECK,SH	SG-0-372-229 147-62-9999	02/17/10	16.90	EXP PMT MED BILL REVIEW
186CN051428 12/20/09 ORTHOPAEDIC SPINE INSTITUTE	20/WC-SI		ETIENNE*DIEULA THE EE WAS PUSHED BY A RESIDENT AS SHE W	284-0-369-958 150-88-6582	02/16/10	59.00	MED PMT OTHER MED PROV
186CN051428 12/20/09 BROADSPIRE SERVICES	20/WC-SI		ETIENNE*DIEULA THE EE WAS PUSHED BY A RESIDENT AS SHE W	SG-0-369-958 150-88-6582	02/16/10	3.90	EXP PMT MED BILL REVIEW
186CN051428 12/20/09 BROADSPIRE SERVICES	20/WC-SI		ETIENNE*DIEULA THE EE WAS PUSHED BY A RESIDENT AS SHE W	SG-0-369-958 150-88-6582	02/16/10	12.30	EXP PMT PPO
231CN250353 01/26/09 John F. Trainor Inc.	10/WC-SI		ANGUS*BEVERLY 1/26/09 AT 4:15 PM, CLAIMANT WAS MOVING	651-0-220-977 152-98-3444	02/17/10	85.00	EXP PMT OTHER
231CN250353 01/26/09 SCHIBELL & MENNIE	10/WC-SI		ANGUS*BEVERLY 1/26/09 AT 4:15 PM, CLAIMANT WAS MOVING	651-0-220-991 152-98-3444	02/17/10	1,236.00	LOSS PMT PPD MINOR INJ

PERIOD: 01/01/09-01/01/10
REPORTING LEVEL: SEABROOK VILLAGE
LOCATION: 604-4

Claim Number / Loss Date	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description -----	Claimant/Driver Name / Payee Name / Payment For	Check Number / Social Security No.	Issue Dt	Disbrst Amt	Payment Message
231CN250353 01/26/09	10/WC-SI 1/26/09 AT 4:15 PM, CLAIMANT WAS MOVING	ANGUS*BEVERLY SCHIBELL & MENNIE	651-0-220-991 152-98-3444	02/17/10	1,854.00	LOSS PMT OTHER
231CN250353 01/26/09	10/WC-SI 1/26/09 AT 4:15 PM, CLAIMANT WAS MOVING	ANGUS*BEVERLY SCHIBELL & MENNIE	651-0-221-012 152-98-3444	02/17/10	44.83	LOSS PMT PPD MINOR INJ
231CN250353 01/26/09	10/WC-SI 1/26/09 AT 4:15 PM, CLAIMANT WAS MOVING	ANGUS*BEVERLY SCHIBELL & MENNIE	651-0-222-439 152-98-3444	02/18/10	200.00	LOSS PMT PPD MINOR INJ
231CN250353 01/26/09	10/WC-SI 1/26/09 AT 4:15 PM, CLAIMANT WAS MOVING	ANGUS*BEVERLY SCHIBELL & MENNIE	651-0-222-439 152-98-3444	02/18/10	200.00	LOSS PMT OTHER
231CN251330 03/09/09	10/WC-SI 3/9/09 @ 7:30 pm, CLAIMANT WAS TRANSFER	JEANSIMON*MONIQUE Adelson Testan Brundo & Jimenez	651-0-218-947 144-04-3104	02/15/10	15.90	EXP PMT OTHER
				Totals	3,721.33	
	604-4 SEABROOK VILLAGE			Totals	6,215.84	

PERIOD: 01/01/09-01/01/10

REPORTING LEVEL: SEDGEBROOK

LOCATION: 617-2

Claim Number / Loss Date / Payee Name	Cov/Clm	Rpt Dsc / Abbreviated Loss Description	Claimant/Driver Name / Payment For	Check Number / Social Security No.	Issue Dt	Disbrst Amt	Payment Message
534CN378912 01/29/09 NORTHSHORE UNIVERSITY HEALTHSYSTEM	20/WC-SI	CO-WORKER BROUGHT IN DOCTORS NOTE STATIN	DELATORRE*IRMA	284-0-375-198 365-42-6183	02/18/10	98.45	MED PMT OTHER MED PROV
534CN378912 01/29/09 IRMA DELATORRE	10/WC-SI	CO-WORKER BROUGHT IN DOCTORS NOTE STATIN	DELATORRE*IRMA	651-0-218-030 365-42-6183	02/15/10	278.39	LOSS PMT TEMP TOT DISAB
534CN378912 01/29/09 BROADSPIRE SERVICES	20/WC-SI	CO-WORKER BROUGHT IN DOCTORS NOTE STATIN	DELATORRE*IRMA	SG-0-375-198 365-42-6183	02/18/10	3.90	EXP PMT MED BILL REVIEW
534CN378912 01/29/09 BROADSPIRE SERVICES	20/WC-SI	CO-WORKER BROUGHT IN DOCTORS NOTE STATIN	DELATORRE*IRMA	SG-0-375-198 365-42-6183	02/18/10	12.50	EXP PMT PPO
		617-2			Totals	393.24	
		SEDGEBROOK			Totals	393.24	

REPORTING LEVEL: WIND CREST

LOCATION: 654-3

Claim Number / Loss Date / Payee Name	Cov/Clm	Rpt Dsc / Abbreviated Loss Description	Claimant/Driver Name / Payment For	Check Number / Social Security No.	Issue Dt	Disbrst Amt	Payment Message
186CN027282 08/21/09 UNIVERSAL SMART COMP	20/WC-SI	EE WAS PERFORMING A LIFT ASSIST WHEN IT	ROLDAN*AURA	284-0-369-323 652-20-1700	02/15/10	74.70	MED PMT PHYS THERAPY

PERIOD: 01/01/09-01/01/10
REPORTING LEVEL: WIND CREST
LOCATION: 654-3

Claim Number / Loss Date	Cov/Clm Rpt Dsc / Abbreviated Loss Description	Claimant/Driver Name / Payee Name	Check Number / Payment For	Issue Dt	Disbrst Amt	Payment Message
186CN027282 08/21/09	20/WC-SI EE WAS PERFORMING A LIFT ASSIST WHEN IT	ROLDAN*AURA BROADSPIRE SERVICES	SG-0-369-323 652-20-1700	02/15/10	2.52	EXP PMT PPO
186CN027282 08/21/09	20/WC-SI EE WAS PERFORMING A LIFT ASSIST WHEN IT	ROLDAN*AURA BROADSPIRE SERVICES	SG-0-369-323 652-20-1700	02/15/10	3.90	EXP PMT MED BILL REVIEW
186CN052798 12/21/09	20/WC-SI SHE WAS LIFTING CANNED FOOD OFF THE FLO	COX*AMANDA OCCUPATIONAL HEALTH CENTERS	284-0-371-437 524-65-8522	02/16/10	80.79	MED PMT OTHER MED PROV
186CN052798 12/21/09	20/WC-SI SHE WAS LIFTING CANNED FOOD OFF THE FLO	COX*AMANDA US MEDGROUP PA CO	284-0-376-054 524-65-8522	02/18/10	303.34	MED PMT CHIROPRACTIC
186CN052798 12/21/09	20/WC-SI SHE WAS LIFTING CANNED FOOD OFF THE FLO	COX*AMANDA BROADSPIRE SERVICES	JF-0-184-000 524-65-8522	02/15/10	7.34	MED PMT PRESCRIPTION
186CN052798 12/21/09	20/WC-SI SHE WAS LIFTING CANNED FOOD OFF THE FLO	COX*AMANDA BROADSPIRE SERVICES	JF-0-184-001 524-65-8522	02/15/10	32.29	MED PMT PRESCRIPTION
186CN052798 12/21/09	20/WC-SI SHE WAS LIFTING CANNED FOOD OFF THE FLO	COX*AMANDA BROADSPIRE SERVICES	SG-0-371-437 524-65-8522	02/16/10	0.50	EXP PMT PPO

PERIOD: 01/01/09-01/01/10
REPORTING LEVEL: WIND CREST
LOCATION: 654-3

Claim Number / Loss Date / Payee Name	Cov/Clm	Rpt Dsc / Abbreviated Loss Description	Claimant/Driver Name / Social Security / Payment For	Check Number / Issue Dt / No.	Disbrst Amt	Payment Message
186CN052798 12/21/09 BROADSPIRE SERVICES	20/WC-SI SHE WAS	COX*AMANDA LIFTING CANNED FOOD OFF THE FLO	SG-0-371-437 524-65-8522	02/16/10	3.90	EXP PMT MED BILL REVIEW
186CN052798 12/21/09 BROADSPIRE SERVICES	20/WC-SI SHE WAS	COX*AMANDA LIFTING CANNED FOOD OFF THE FLO	SG-0-376-054 524-65-8522	02/18/10	4.79	EXP PMT PPO
186CN052798 12/21/09 BROADSPIRE SERVICES	20/WC-SI SHE WAS	COX*AMANDA LIFTING CANNED FOOD OFF THE FLO	SG-0-376-054 524-65-8522	02/18/10	5.20	EXP PMT MED BILL REVIEW
186CN052798 12/21/09	20/WC-SI SHE WAS	COX*AMANDA LIFTING CANNED FOOD OFF THE FLO	XF-0-184-000 524-65-8522	02/15/10	0.64	EXP PMT RX MGMT
186CN052798 12/21/09	20/WC-SI SHE WAS	COX*AMANDA LIFTING CANNED FOOD OFF THE FLO	XF-0-184-001 524-65-8522	02/15/10	3.92	EXP PMT RX MGMT
		654-3		Totals	523.83	
		WIND CREST		Totals	523.83	
		01/01/09-01/01/10		Totals	25,079.42	

PERIOD: 01/01/10-01/01/11
REPORTING LEVEL: ANNE'S CHOICE
LOCATION: 619-2

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / Abbreviated Loss Description	Claimant/Driver Name / Payment For	Check Number / Social Security No.	Issue Dt	Disbrst Amt	Payment Message
186CN054790 01/13/10 DOYLESTOWN HOSPITAL	20/WC-SI EE was loading plates into dish machine	LUECKE*KARL 200-72-9462	284-0-369-191	02/15/10	313.48	MED PMT HOSPITAL
186CN054790 01/13/10 PHILA OCCHEALTH DBA WORKNET OCC MED	20/WC-SI EE was loading plates into dish machine	LUECKE*KARL 200-72-9462	284-0-369-209	02/15/10	80.65	MED PMT OTHER MED PROV
186CN054790 01/13/10 BROADSPIRE SERVICES	20/WC-SI EE was loading plates into dish machine	LUECKE*KARL 200-72-9462	SG-0-369-191	02/15/10	5.20	EXP PMT MED BILL REVIEW
186CN054790 01/13/10 BROADSPIRE SERVICES	20/WC-SI EE was loading plates into dish machine	LUECKE*KARL 200-72-9462	SG-0-369-209	02/15/10	0.75	EXP PMT PPO
186CN054790 01/13/10 BROADSPIRE SERVICES	20/WC-SI EE was loading plates into dish machine	LUECKE*KARL 200-72-9462	SG-0-369-209	02/15/10	3.90	EXP PMT MED BILL REVIEW
				Totals	403.98	
	619-2			Totals	403.98	
	ANNE'S CHOICE					

PERIOD: 01/01/10-01/01/11
REPORTING LEVEL: BROOKSBY VILLAGE
LOCATION: 625-3

Claim Number / Loss Date	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description -----	Claimant/Driver Name / Payee Name	Check Number / Social Security No. / Payment For	Issue Dt	Disbrst Amt	Payment Message
186CN057533 01/30/10	10/WC-SI EE WAS WALKING OUTSIDE TO INSPECT A WATE	MOECKEL*DOUGLAS DOUGLAS MOECKEL	651-0-222-518 010-48-5296	02/18/10	432.56	LOSS PMT TEMP TOT DISAB
186CN057533 01/30/10	10/WC-SI EE WAS WALKING OUTSIDE TO INSPECT A WATE	MOECKEL*DOUGLAS DOUGLAS MOECKEL	651-0-222-520 010-48-5296	02/18/10	432.56	LOSS PMT TEMP TOT DISAB
	625-3			Totals	865.12	

LOCATION: 625-4

Claim Number / Loss Date	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description -----	Claimant/Driver Name / Payee Name	Check Number / Social Security No. / Payment For	Issue Dt	Disbrst Amt	Payment Message
186CN054710 01/11/10	20/WC-SI EE WAS ATTEMPTING TO TRANSFER AND RG PAT	BASTOS*PRISCILA NORTH SHORE PHYSICIANS GROUP	284-0-367-441 014-86-3652	02/15/10	102.54	MED PMT OTHER MED PROV
186CN054710 01/11/10	20/WC-SI EE WAS ATTEMPTING TO TRANSFER AND RG PAT	BASTOS*PRISCILA BROADSPIRE SERVICES	JF-0-184-457 014-86-3652	02/15/10	6.47	MED PMT PRESCRIPTION
186CN054710 01/11/10	20/WC-SI EE WAS ATTEMPTING TO TRANSFER AND RG PAT	BASTOS*PRISCILA BROADSPIRE SERVICES	JF-0-184-458 014-86-3652	02/15/10	6.70	MED PMT PRESCRIPTION
186CN054710 01/11/10	20/WC-SI EE WAS ATTEMPTING TO TRANSFER AND RG PAT	BASTOS*PRISCILA BROADSPIRE SERVICES	SG-0-367-441 014-86-3652	02/15/10	3.90	EXP PMT MED BILL REVIEW

PERIOD: 01/01/10-01/01/11

REPORTING LEVEL: BROOKSBY VILLAGE

LOCATION: 625-4

Claim Number / Loss Date	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description -----	Claimant/Driver Name / Payee Name	Check Number / Social Security No. / Payment For	Issue Dt	Disbrst Amt	Payment Message
		625-4		Totals	119.61	
		BROOKSBY VILLAGE		Totals	984.73	

REPORTING LEVEL: CEDAR CREST VILLAGE

LOCATION: 607-3

Claim Number / Loss Date	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description -----	Claimant/Driver Name / Payee Name	Check Number / Social Security No. / Payment For	Issue Dt	Disbrst Amt	Payment Message
186CN056045 01/20/10	20/WC-SI Employee reported feeling nausea, nose t	DOPIRIAK*KIMBERLY	284-0-375-319 146-82-8568	02/18/10	272.85	MED PMT HOSPITAL
		CHILTON MEMORIAL HOSPITAL				
186CN056045 01/20/10	20/WC-SI Employee reported feeling nausea, nose t	DOPIRIAK*KIMBERLY	SG-0-375-319 146-82-8568	02/18/10	233.22	EXP PMT MED BILL REVIEW
		BROADSPIRE SERVICES				
186CN058480 02/01/10	20/WC-SI EE COMPLAINED THAT HE BEGAN FEELING LOWE	SANCHEZ*CARLOS	284-0-372-257 136-04-1896	02/17/10	175.00	MED PMT OTHER MED PROV
		IMMEDICENTER				
186CN058480 02/01/10	20/WC-SI EE COMPLAINED THAT HE BEGAN FEELING LOWE	SANCHEZ*CARLOS	284-0-376-853 136-04-1896	02/19/10	125.00	MED PMT OTHER MED PROV
		IMMEDICENTER				
186CN058480 02/01/10	20/WC-SI EE COMPLAINED THAT HE BEGAN FEELING LOWE	SANCHEZ*CARLOS	SG-0-372-257 136-04-1896	02/17/10	3.90	EXP PMT MED BILL REVIEW
		BROADSPIRE SERVICES				

PERIOD: 01/01/10-01/01/11
REPORTING LEVEL: CEDAR CREST VILLAGE
LOCATION: 607-3

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description -----	Claimant/Driver Name / Payment For	Check Number / Social Security No.	Issue Dt	Disbrst Amt	Payment Message
186CN058480 02/01/10 BROADSPIRE SERVICES	20/WC-SI EE COMPLAINED THAT HE BEGAN FEELING LOWE	SANCHEZ*CARLOS	SG-0-376-853 136-04-1896	02/19/10	3.90	EXP PMT MED BILL REVIEW
607-3				Totals	813.87	

LOCATION: 607-4

186CN055911 01/12/10 ONE CALL MEDICAL INC	20/WC-SI EE ALLEGES THAT RESIDENT GRABBED HER L	PHILLIP*MARIE	284-0-368-025 A 593-82-2839	02/15/10	485.00	MED PMT OTHER MED PROV
186CN055911 01/12/10 CHILTON OCCUPATIONAL HEALTH CENTER	20/WC-SI EE ALLEGES THAT RESIDENT GRABBED HER L	PHILLIP*MARIE	284-0-372-260 A 593-82-2839	02/17/10	27.27	MED PMT MED SUPPLIES
186CN055911 01/12/10 CHILTON OCCUPATIONAL HEALTH CENTER	20/WC-SI EE ALLEGES THAT RESIDENT GRABBED HER L	PHILLIP*MARIE	284-0-372-260 A 593-82-2839	02/17/10	125.00	MED PMT OTHER MED PROV
186CN055911 01/12/10 BROADSPIRE SERVICES	20/WC-SI EE ALLEGES THAT RESIDENT GRABBED HER L	PHILLIP*MARIE	SG-0-368-025 A 593-82-2839	02/15/10	3.90	EXP PMT MED BILL REVIEW
186CN055911 01/12/10 BROADSPIRE SERVICES	20/WC-SI EE ALLEGES THAT RESIDENT GRABBED HER L	PHILLIP*MARIE	SG-0-368-025 A 593-82-2839	02/15/10	377.12	EXP PMT PPO

PERIOD: 01/01/10-01/01/11

REPORTING LEVEL: CEDAR CREST VILLAGE

LOCATION: 607-4

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / Abbreviated Loss Description	Claimant/Driver Name / Payment For	Check Number / Social Security No.	Issue Dt	Disbrst Amt	Payment Message
186CN055911 01/12/10 BROADSPIRE SERVICES	20/WC-SI EE ALLEGES THAT RESIDENT GRABBED HER L	PHILLIP*MARIE A	SG-0-372-260 593-82-2839	02/17/10	5.09	EXP PMT MED BILL REVIEW
	607-4			Totals	1,023.38	
	CEDAR CREST VILLAGE			Totals	1,837.25	

REPORTING LEVEL: FOX RUN

LOCATION: 629-3

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / Abbreviated Loss Description	Claimant/Driver Name / Payment For	Check Number / Social Security No.	Issue Dt	Disbrst Amt	Payment Message
186CN058652 02/04/10 OCCUPATIONAL HEALTH CENTERS	20/WC-SI EE SPRAYED GUM REMOVER FROM A CAN THAT	MULO*MIRANDA W	284-0-375-295 386-25-8544	02/18/10	195.55	MED PMT OTHER MED PROV
186CN058652 02/04/10 BROADSPIRE SERVICES	20/WC-SI EE SPRAYED GUM REMOVER FROM A CAN THAT	MULO*MIRANDA W	SG-0-375-295 386-25-8544	02/18/10	3.09	EXP PMT PPO
186CN058652 02/04/10 BROADSPIRE SERVICES	20/WC-SI EE SPRAYED GUM REMOVER FROM A CAN THAT	MULO*MIRANDA W	SG-0-375-295 386-25-8544	02/18/10	3.90	EXP PMT MED BILL REVIEW
	629-3			Totals	202.54	

PERIOD: 01/01/10-01/01/11
REPORTING LEVEL: FOX RUN
LOCATION: 629-4

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description ----- / Payment For	Claimant/Driver Name / Social Security	Check Number / No.	Issue Dt	Disbrst Amt	Payment Message
186CN054974 01/14/10 SHARRON MCNORIELL	20/WC-SI SLIPPED ON PATCH OF ICE IN PARKING LOT	MCNORIELL*SHARRON C 377-66-3123	651-0-220-882	02/17/10	30.00	MED PMT PRESCRIPTION
	629-4			Totals	30.00	
	FOX RUN			Totals	232.54	

REPORTING LEVEL: GREENSPRING VILLAGE
LOCATION: 605-1

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description ----- / Payment For	Claimant/Driver Name / Social Security	Check Number / No.	Issue Dt	Disbrst Amt	Payment Message
186CN057326 01/26/10 BESTPRACTICES INC	20/WC-SI EE WAS LIFTING A RESIDENT FROM THE FLOOR	SUTTON*CARLOS 215-82-7967	284-0-377-739	02/19/10	255.32	MED PMT OTHER MED PROV
186CN057326 01/26/10 BROADSPIRE SERVICES	20/WC-SI EE WAS LIFTING A RESIDENT FROM THE FLOOR	SUTTON*CARLOS 215-82-7967	SG-0-377-739	02/19/10	3.90	EXP PMT MED BILL REVIEW
186CN057326 01/26/10 BROADSPIRE SERVICES	20/WC-SI EE WAS LIFTING A RESIDENT FROM THE FLOOR	SUTTON*CARLOS 215-82-7967	SG-0-377-739	02/19/10	19.15	EXP PMT PPO
	605-1			Totals	278.37	
	GREENSPRING VILLAGE			Totals	278.37	

PERIOD: 01/01/10-01/01/11
REPORTING LEVEL: HENRY FORD VILLAGE
LOCATION: 602-3

Claim Number / Loss Date	Cov/Clm Rpt Dsc / Abbreviated Loss Description	Claimant/Driver Name / Payee Name	Check Number / Social Security / Payment For	Issue Dt / No.	Disbrst Amt	Payment Message
186CN057975 02/02/10	20/WC-SI CUTTING TOWARD HIMSELF, SLIP W/ THE RAZO	WITHERSPOON*EUGENE OCCUPATIONAL HEALTH CENTERS	284-0-378-083 375-70-1195	02/19/10	389.65	MED PMT OTHER MED PROV
186CN057975 02/02/10	20/WC-SI CUTTING TOWARD HIMSELF, SLIP W/ THE RAZO	WITHERSPOON*EUGENE BROADSPIRE SERVICES	SG-Q-378-083 375-70-1195	02/19/10	3.90	EXP PMT MED BILL REVIEW
186CN057975 02/02/10	20/WC-SI CUTTING TOWARD HIMSELF, SLIP W/ THE RAZO	WITHERSPOON*EUGENE BROADSPIRE SERVICES	SG-0-378-083 375-70-1195	02/19/10	6.15	EXP PMT PPO
				Totals	399.70	
	602-3 HENRY FORD VILLAGE			Totals	399.70	

REPORTING LEVEL: MARIS GROVE
LOCATION: 612-2

Claim Number / Loss Date	Cov/Clm Rpt Dsc / Abbreviated Loss Description	Claimant/Driver Name / Payee Name	Check Number / Social Security / Payment For	Issue Dt / No.	Disbrst Amt	Payment Message
186CN058247 02/01/10	20/WC-SI EE ALLEGES WHILE SPRAYING CLEANING SOLUT	DOUGLAS*STANLEY RIDDLE EYE ASSOCIATES PC	284-0-375-774 204-52-4302	02/18/10	68.00	MED PMT OTHER MED PROV
186CN058247 02/01/10	20/WC-SI EE ALLEGES WHILE SPRAYING CLEANING SOLUT	DOUGLAS*STANLEY BROADSPIRE SERVICES	SG-0-375-774 204-52-4302	02/18/10	3.90	EXP PMT MED BILL REVIEW

PERIOD: 01/01/10-01/01/11
REPORTING LEVEL: MARIS GROVE
LOCATION: 612-2

Claim Number / Loss Date / Payee Name	Cov/Clm	Rpt Dsc / Abbreviated Loss Description	Claimant/Driver Name / Payment For	Check Number / Social Security No.	Issue Dt	Disbrst Amt	Payment Message
186CN058247 02/01/10 BROADSPIRE SERVICES	20/WC-SI	EE ALLEGES WHILE SPRAYING CLEANING SOLUT	DOUGLAS*STANLEY	SG-0-375-774 204-52-4302	02/18/10	18.91	EXP PMT PPO
		612-2			Totals	90.81	

LOCATION: 612-3

Claim Number / Loss Date / Payee Name	Cov/Clm	Rpt Dsc / Abbreviated Loss Description	Claimant/Driver Name / Payment For	Check Number / Social Security No.	Issue Dt	Disbrst Amt	Payment Message
186CN058775 02/07/10 BROD KOHUTIAK AND JAMALI LTD	20/WC-SI	EE WAS TURNING TO THE TRUCK AFTER RESPON	DOZIER*ANGELA	284-0-375-771 187-56-2812	02/18/10	74.00	MED PMT OTHER MED PROV
186CN058775 02/07/10 BROADSPIRE SERVICES	20/WC-SI	EE WAS TURNING TO THE TRUCK AFTER RESPON	DOZIER*ANGELA	SG-0-375-771 187-56-2812	02/18/10	3.90	EXP PMT MED BILL REVIEW
186CN058775 02/07/10 BROADSPIRE SERVICES	20/WC-SI	EE WAS TURNING TO THE TRUCK AFTER RESPON	DOZIER*ANGELA	SG-0-375-771 187-56-2812	02/18/10	8.29	EXP PMT PPO
		612-3			Totals	86.19	
		MARIS GROVE			Totals	177.00	

PERIOD: 01/01/10-01/01/11

REPORTING LEVEL: OAK CREST VILLAGE

LOCATION: 603-1

Claim Number / Loss Date	Cov/Clm Rpt Dsc / Abbreviated Loss Description	Claimant/Driver Name / Payee Name	Check Number / Payment For	Issue Dt	Disbrst Amt	Payment Message
186CN054033 01/09/10 BETTY STOFFREGEN	10/WC-SI EE WAS WALKING UP STEPS TO LOADING DOCK	STOFFREGEN*BETTY	651-0-219-484 218-38-4773	02/16/10	351.00	LOSS PMT TEMP TOT DISAB
			Totals		351.00	
	603-1					

LOCATION: 603-4

186CN058921 02/05/10 VICTORINE TAFAH	10/WC-SI EE WAS LEAVING CARE CENTER, SLIPPED ON S	TAFAH*VICTORINE	651-0-220-017 733-05-7256	02/16/10	361.00	LOSS PMT TEMP TOT DISAB
			Totals		361.00	
	603-4					
	OAK CREST VILLAGE		Totals		712.00	

REPORTING LEVEL: RIDERWOOD VILLAGE

LOCATION: 606-4

186CN059416 02/10/10 LISA JOLLEY	10/WC-SI I WAS WALKING TO MY CAR DURING THE BLIZZ	JOLLEY*LISA	651-0-224-042 216-90-0709	02/19/10	78.71	LOSS PMT TEMP TOT DISAB
186CN060129 02/07/10 BEENA ABRAHAM	10/WC-SI EE GOT OUT OF HER CAR, SLIPPED AND FELL	ABRAHAM*BEENA	651-0-220-814 577-39-8858	02/17/10	250.00	LOSS PMT TEMP TOT DISAB

PERIOD: 01/01/10-01/01/11

REPORTING LEVEL: RIDERWOOD VILLAGE

LOCATION: 606-4

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / Abbreviated Loss Description / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
				Totals	328.71	
	606-4			Totals	328.71	
	RIDERWOOD VILLAGE					

REPORTING LEVEL: SEABROOK VILLAGE

LOCATION: 604-2

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / Abbreviated Loss Description / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
186CN056638	20/WC-SI	PEZZA*JAMES	284-0-375-317	02/18/10	138.52	MED PMT HOSPITAL
01/23/10	EE BEGAN TO HAVE PAIN L WRIST, WHILE	PO 156-84-4820				
JERSEY SHORE UNIVERSITY MEDICAL CEN						
186CN056638	20/WC-SI	PEZZA*JAMES	SG-0-375-317	02/18/10	57.37	EXP PMT MED BILL REVIEW
01/23/10	EE BEGAN TO HAVE PAIN L WRIST, WHILE	PO 156-84-4820				
BROADSPIRE SERVICES						
				Totals	195.89	
	604-2			Totals	195.89	
	SEABROOK VILLAGE					

REPORTING LEVEL: WIND CREST

LOCATION: 654-2

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / Abbreviated Loss Description / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
186CN054274	20/WC-SI	RUFF*MORIAH	284-0-369-280	02/15/10	96.57	MED PMT OTHER MED PROV
01/11/10	EE WAS CARRYING A FOOD TRAY WHEN SHE CAM	523-89-0965				
OCCUPATIONAL HEALTH CENTERS						

PERIOD: 01/01/10-01/01/11
REPORTING LEVEL: WIND CREST
LOCATION: 654-2

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / Abbreviated Loss Description	Claimant/Driver Name / Payment For	Check Number / Social Security No.	Issue Dt	Disbrst Amt	Payment Message
186CN054274 01/11/10 BROADSPIRE SERVICES	20/WC-SI EE WAS CARRYING A FOOD TRAY WHEN SHE CAM	RUFF*MORIAH 523-89-0965	SG-0-369-280	02/15/10	0.59	EXP PMT PPO
186CN054274 01/11/10 BROADSPIRE SERVICES	20/WC-SI EE WAS CARRYING A FOOD TRAY WHEN SHE CAM	RUFF*MORIAH 523-89-0965	SG-0-369-280	02/15/10	3.90	EXP PMT MED BILL REVIEW
654-2				Totals	101.06	

LOCATION: 654-3

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / Abbreviated Loss Description	Claimant/Driver Name / Payment For	Check Number / Social Security No.	Issue Dt	Disbrst Amt	Payment Message
186CN053663 01/07/10 OCCUPATIONAL HEALTH CENTERS	20/WC-SI EE WAS SHOVELING SNOW AT COMMUNITY AND	OPPENNEER*JACK F 524-96-2079	284-0-369-306	02/15/10	80.79	MED PMT OTHER MED PROV
186CN053663 01/07/10 COLORADO ORTHOPEDIC CONSULTANTS PC	20/WC-SI EE WAS SHOVELING SNOW AT COMMUNITY AND	OPPENNEER*JACK F 524-96-2079	284-0-371-422	02/16/10	24.52	MED PMT PRESCRIPTION
186CN053663 01/07/10 COLORADO ORTHOPEDIC CONSULTANTS PC	20/WC-SI EE WAS SHOVELING SNOW AT COMMUNITY AND	OPPENNEER*JACK F 524-96-2079	284-0-371-422	02/16/10	228.70	MED PMT OTHER MED PROV
186CN053663 01/07/10 BROADSPIRE SERVICES	20/WC-SI EE WAS SHOVELING SNOW AT COMMUNITY AND	OPPENNEER*JACK F 524-96-2079	JF-0-183-997	02/15/10	7.34	MED PMT PRESCRIPTION

PERIOD: 01/01/10-01/01/11
REPORTING LEVEL: WIND CREST
LOCATION: 654-3

Claim Number / Loss Date	Cov/Clm	Rpt Dsc / Abbreviated Loss Description	Claimant/Driver Name / Payee Name	Check Number / Payment For	Issue Dt	Disbrst Amt	Payment Message
186CN053663 01/07/10	20/WC-SI	EE WAS SHOVELING SNOW AT COMMUNITY AND BROADSPIRE SERVICES	OPPENNEER*JACK F 524-96-2079	JF-0-183-998	02/15/10	4.00	MED PMT PRESCRIPTION
186CN053663 01/07/10	20/WC-SI	EE WAS SHOVELING SNOW AT COMMUNITY AND BROADSPIRE SERVICES	OPPENNEER*JACK F 524-96-2079	SG-0-369-306	02/15/10	0.50	EXP PMT PPO
186CN053663 01/07/10	20/WC-SI	EE WAS SHOVELING SNOW AT COMMUNITY AND BROADSPIRE SERVICES	OPPENNEER*JACK F 524-96-2079	SG-0-369-306	02/15/10	3.90	EXP PMT MED BILL REVIEW
186CN053663 01/07/10	20/WC-SI	EE WAS SHOVELING SNOW AT COMMUNITY AND BROADSPIRE SERVICES	OPPENNEER*JACK F 524-96-2079	SG-0-371-422	02/16/10	3.90	EXP PMT MED BILL REVIEW
186CN053663 01/07/10	20/WC-SI	EE WAS SHOVELING SNOW AT COMMUNITY AND BROADSPIRE SERVICES	OPPENNEER*JACK F 524-96-2079	SG-0-371-422	02/16/10	6.60	EXP PMT PPO
186CN053663 01/07/10	20/WC-SI	EE WAS SHOVELING SNOW AT COMMUNITY AND	OPPENNEER*JACK F 524-96-2079	XF-0-183-997	02/15/10	0.64	EXP PMT RX MGMT
186CN053663 01/07/10	20/WC-SI	EE WAS SHOVELING SNOW AT COMMUNITY AND	OPPENNEER*JACK F 524-96-2079	XF-0-183-998	02/15/10	3.82	EXP PMT RX MGMT

PERIOD: 01/01/10-01/01/11
REPORTING LEVEL: WIND CREST
LOCATION: 654-3

Claim Number / Loss Date / Payee Name	Cov/Clm Rpt Dsc / ----- Abbreviated Loss Description ----- / Payment For	Claimant/Driver Name / Social Security No.	Check Number	Issue Dt	Disbrst Amt	Payment Message
654-3				Totals	364.71	
WIND CREST				Totals	465.77	
01/01/10-01/01/11				Totals	6,015.94	
ERICKSON RETIREMENT COMMUNITIES(IN-ZUR)				Totals	38,266.44	

* * * End Of Report * * *

BMC Group Inc.
Attn: Erickson Retirement Communities, LLC
Claims Processing
18750 Lake Drive East
Chanhassen, MN 55317-3020

RE: Crawford& Company vs. Erickson Retirement Communities, LLC

Case No. 09-37010
Our Program 28379; 16746; 79935800
Proof of Claim Amount "Unliquidated"

Dear Gentlemen:

Crawford & Company provided claims adjusting services for Erickson Retirement Communities LLC. Enclosed is a copy of our Proof of Claim and invoice copies and all unpaid claims adjusting service fees.

If you require additional information, please contact me at (404) 300-0713 or email me at deborah_ranson@us.crawco.com

Sincerely,

Deborah Ranson
Bankruptcy Coordinator

cc: David Floyd. AVP, Asst. Controller -Crawford & Company
cc: Martha Nerenhausen, Legal Counsel, Broadspire a Crawford Company

Enclosures