

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION**

Chapter 11

In Re: Kmart Corporation, et. al.

Case Numbers 02-B02474 through 02-B02491

Your claim is scheduled as follows

Name of Debtor: (see attached for complete list of debtors)
BRENDA ESPINOZA

Case Number:
02-B02474

Class

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.

Amount

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

- Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.
- Check box if you have never received any notices from the bankruptcy court in this case.
- Check box if the address differs from the address on the envelope sent to you by the court.

If address differs from above, please complete the following:
Creditor Name: Brenda Espinoza
Address: c/o Attorney ADOLFO GARBER
3580 Wilshire Blvd., Suite 1780
City/ST/Zip: Los Angeles, CA 90010

Telephone # (213) 383-1131

This Space is for Court Use Only

Account or other number by which creditor identifies debtor

Check here if replaces amends a previously filed claim, dated _____

- 1. Basis for Claim**
- Goods sold
 - Services performed
 - Money loaned
 - Personal injury/wrongful death
 - Taxes
 - Other

Retiree benefits as defined in 11 U.S.C. § 1114(a)
 Wages, salaries, and compensation (fill out below)
Your SS #: _____
Unpaid compensation for services performed from _____ to _____ (date) (date)

2. Date debt was incurred:
September 19, 2001

3. If court judgment, date obtained:
Not Applicable

4. Total Amount of Claim at Time Case Filed: \$ **100,000.00**

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below

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

5. Secured Claim.
 Check this box if your claim is secured by collateral (including a right of setoff)
Brief Description of Collateral
 Real Estate Motor Vehicle
 Other _____
Value of Collateral \$ _____
Amount of arrange and other charges at time case filed included in secured claim, if any \$ _____

6. Unsecured Priority Claim.
 Check this box if you have an unsecured priority claim
Amount entitled to priority \$ _____
Specify the priority of the claim
 Wages, salaries, or commissions (up to \$4,650) earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3)
 Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4)
 Up to \$2,100 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6)
 Alimony, maintenance, or support owed to a spouse, former spouse, or child - 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)()

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

8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running-accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. **DO NOT SEND ORIGINAL DOCUMENTS**. If the documents are not available, explain. If the documents are voluminous, attach a summary

9. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

Date 03-19-02
Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any)
BRENDA ESPINOZA

RECEIVED
TRUMBULL SERVICES
BANKRUPTCY
This Space is for Court Use Only
2002 MAR 22 PM 4:29
[Signature]
728 \$6

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

ADOLFO B. GARBER

ATTORNEY AT LAW

3580 Wilshire Blvd., Suite 1780, Los Angeles, California 90010-2501
(213) 383-1131 FAX (213) 383-1139

March 1, 2002

Kmart Corporation
P.O. Box 5058
Troy, MI 48007-5058

Attention: Nhia Vang

Re: My Client: Brenda Espinoza
Date of Accident: 9-19-01
Your Store Location: # 3362 (Compton, CA)
Your File No. 200010970170

Dear Nhia Vang:

The purpose of this letter is to present you with our settlement proposal and supporting documentation in respect to the above-mentioned claim. Although I realize that a Voluntary Petition for Bankruptcy under Chapter 11 has been filed, until there is a discharge of the subject debt, the claim at issue remains valid. Of course, formal prosecution of this claim is temporarily suspended in accordance with the automatic stay.

Enclosed herewith you will find a copy of all medical specials, which have been separately organized to facilitate your review.

As to the information you requested, kindly refer to the "Statement of Injured" that was mailed to you on October 26, 2001, a copy of which is attached herewith.

Our theory of liability is that Kmart and/or employees were negligent in permitting a foreign substance: to wit, water or a similar liquid substance, to remain on the store floor during business hours for such a long period of time that it posed an unreasonable danger, to customers, such as Mrs. Espinoza, who slipped and fell on the stated substance in your store. Further, there were no caution or "wet floor" signs present in the area where the subject accident occurred. The facts indicate that there was so much water on the floor that Mrs. Espinoza's clothes were damp as she was taken to the hospital by ambulance from your Compton store. Immediately after Mrs. Espinoza slipped and fell, a store employee said "Oh, water is still coming down this aisle," which plainly indicates that Kmart employees knew of the presence of water on the floor prior to my client's accident. In short, legal responsibility for this accident is patent.

Nhia Vang of Kmart Corp.

Re: Brenda Espinoza

March 1, 2002

Page Two (2)

Concerning my client's injuries, it is very important to emphasize that she suffered a very abrupt slip and fall, landing violently on her back with her right leg beneath the shopping cart, which in turn severely strained her left knee. Mrs. Espinoza was unable to stand up on her own and paramedics had to assist her onto a gurney; she was taken to St. Francis Hospital in Lynwood, where she was seen in the emergency room. X-rays were taken of her knee, leg and ankle. She was having considerable pain to her left knee, left ankle and left wrist, and to a lesser degree, pain to her right leg. She stayed at the hospital for several hours before being released with a prescription for Darvocet N-100 and instructed to receive follow-up medical care.

Mrs. Espinoza then consulted with Dr. Reza Khaghani, M.D., of Hillcrest Medical Clinic, who took a detailed history, noting that she was having a lot of left knee pain so he prescribed Vioxx 50 mg. and placed her on a conservative course of multi-modality therapy, which she received over a period of several months. Mrs. Espinoza progressed very slowly and Dr. Khaghani became quite concerned about her left knee so he referred her to an orthopedic specialist, Dr. Moosa Kohanim, M.D., who reviewed her medical records, carefully examined her, and determined that a MRI of the left knee was warranted. On October 30, 2001, the MRI revealed that she suffered an anterior cruciate ligament tear, bone cyst at the distal tibia, grade II signal posterior, medial meniscus, and minimal effusion. Dr. Kohanim opined that she would require surgery for her left knee and he gave an estimate of \$8,225.00 to \$9,650.00 excluding hospital or facility charges. Initially, Dr. Kohanim treated my client's left knee injury with a brace and medication, but such measures only provided temporary relief and now it is clear that she definitely needs surgery. Mrs. Espinoza also suffered muscle strains to her left wrist, left ankle and dorsolumbar spine from which she has largely recovered.

At this juncture, Mrs. Espinoza is waiting for authorization for her left knee surgery.

For settlement purposes, I will recommend payment of \$100,000.00 which includes payment for all existing economic damages, future medical bills, and compensation for pain, suffering and inconvenience.

Finally, because of the seriousness of this accident, it is specifically requested that this claim be included for payment in any plan to reorganize or rehabilitate Kmart. Thank you your attention and consideration to this matter.

ABG/jt

cc: John Butler, Esq., of Skadden,
Arps, Slate, Meagher & Flom
(w/o enclos)

Very truly yours,


ADOLFO B. GARBER

M E D I C A L D O C U M E N T A T I O N F O R

B R E N D A E S P I N O Z A

Contents:

- (1) An ambulance billing statements for \$383.75 from Westmed Ambulance:
- (2) A narrative medical report, dated February 16, 2002, from Dr. Reza Khaghani, M.D., and attached itemized statement for \$3,570.00;
- (3) An orthopedic medical report, dated January 10, 2002, from Dr. Moosa Kohanim, M.D., and billing statement totalling \$3,737.00;
- (4) An MRT Report (of the left knee) from Dr. Alan T. Turner, M.D., and billing statement for \$2,095.00; and
- (5) Surgery estimate for left knee of \$8,225.00 to \$9,650.00 from Dr. Moosa Kohanim, M.D.

Total Medical Charges to date: (excluding surgery costs) \$9,785.75

Loss of Earnings: Not claimed

Impairment of Earning Capacity: Reserved



HILLCREST MEDICAL CLINIC

511 E. Manchester Boulevard Inglewood, California 90301

(310) 672-9000

MEDICAL REPORT

February 16, 2002

Patient: Brenda Espinoza
Date Of Loss: September 19, 2001

TO WHOM IT MAY CONCERN

The above named patient was initially seen and examined in my office on September 25, 2001, regarding injuries she sustained in a slip and fall accident at a K-mart store.

HISTORY OF INJURY

This is a twenty six year old female who stated that she was at the toys aisle at a K- Mart store when she slipped and fell due to some water on the floor. The patient reported that her left knee popped and her right leg hit the shopping cart. She received emergency medical attention and treatment at a local hospital and was transferred to her insurance affiliated hospital for further evaluation and treatment

CHIEF COMPLAINTS

1. Left lower extremity (knee and ankle) pain.
2. Neck pain and stiffness
3. Back pain – all these symptoms for about a week following the accident.

RE: Brenda Espinoza
Page Two

PAST HISTORY Cholecystectomy a year and a half ago
Cesarean section several months ago.

FAMILY HISTORY: Unremarkable

SOCIAL HISTORY The patient is married with one child She is a non-smoker, a non-
drinker, with no known reported allergies.

PHYSICAL EXAMINATION

Vital Signs. Stable Blood Pressure 125/80
Pulse Rate 70 per minute

Head: Normocephalic and atraumatic.

Neck: Supple, no spinal tenderness, no muscle spasm

ENT: Unremarkable.

Eyes: Equal pupils, reactive to light bilaterally.

Lungs Clear to auscultation and percussion.

Heart. S1/S2 regular

Abdomen: Soft, obese, non-tender. Normal bowel sounds were present and
active

Trunk: Tenderness of lumbar spine with lower back muscle spasm.

RE: Brenda Espinoza
Page Three

Extremities: Tenderness of the left knee and left ankle with limitation of motion. There is also tenderness of the mid anterior tibia on right leg.

Skin: There is a 4x3 5cm skin bruise on the right mid tibia area, with corresponding tenderness as described under Extremities.

CNS: Grossly intact

IMPRESSIONS:

1. Left knee injury.
2. Left ankle injury.
3. Right leg trauma.
4. Lumbar spine sprain and lower back muscle spasm.

TREATMENT PLAN:

1. X-ray, right tibia/fibula
2. Request for medical records, including x-rays taken, to be reviewed.
3. Orthopedic consultation
4. Vioxx 50mg qd. for 4 days, then reduced to 25mg. for additional 10 days.
5. Ace bandage on left ankle
6. Physical therapy, consisting of hot packs, electrical stimulation, massage and therapeutic exercises

DISCUSSION

Brenda Espinoza was shopping at a local K-Mart store on September 19, 2001 when she slipped and fell on wet floor, resulting in pain and distress.

RE: Brenda Espinoza
Page Four

While being followed at this medical facility, the patient's subjective complaints and the objective findings were evaluated carefully. They were found to be compatible with the history of injury.

Following the initial evaluation, the patient was placed on a conservative course of treatment, consisting of multi-modality physical therapy and the prescribed medications. For further evaluation, radiographic studies of the tibia/fibula were done. Several views were taken and the results were interpreted by Paul Raper, M.D., radiologist, as showing no acute abnormality. An orthopedic referral was done. The patient was seen in consultation by Moosa Kohanim, M.D., an orthopedic surgeon, on October 04, 2001. Dr. Kohanim's clinical impressions are consistent with those of the undersigned. An MRI of the left knee was advised and was taken at the Inglewood Open MRI. The results are enclosed.

The patient returned for treatments and was seen regularly by me to assess her progress. When last treated on January 23, 2002, the patient still complained of pain in the left knee and lower back. Small bruises were still demonstrated on the left knee around the patellar area. Ms. Espinoza is still under the care of Dr. Kohanim, but has been discharged from physical therapy.

This report is for medicolegal assessment and is not to be construed as a report on a complete physical examination for general health purposes. Only those symptoms which we believe have been involved in the injury, or might relate to the injury, have been assessed. Regarding the general health of the patient, the patient was advised to continue under the care of and/or to get a physical examination for general purposes with a personal physician.

RE. Brenda Espinoza
Page Five

Please do not hesitate to contact the office if further information is needed on this patient.

Sincerely,



REZA KHAGHANI, M D
CAL LIC NO. A49008
TAX ID NO. 95-4549760

Encl: Statement of Account



HILLCREST MEDICAL CLINIC

511 E. Manchester Boulevard Inglewood, California 90301
(310) 672-9000

STATEMENT OF ACCOUNT

Date: 02-16-02

BRENDA ESPINOZA

Date of Loss: 09-19-01

DOCTOR'S EVALUATION.

09-25-01	99244	Complex consultation	\$ 300.00
10-17-01	99213	OV - intermediate	100.00

X-RAY.

09-25-00	73590	X-ray, tibia/fibula	\$ 95 00
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PHYSICAL THERAPY: 97010 Hot packs, @ \$35.00

Sept 2001	26, 28	\$ 70.00
Oct. 2001	01, 05, 08, 17, 24, 31	210.00
Nov 2001	05, 09, 12, 14, 28, 30	210.00
Dec 2001	03, 05, 07, 10, 12, 14, 17, 21, 26, 28	350.00
Jan 2002	02, 04, 07, 11, 21, 23	210 00

PHYSICAL THERAPY: 97014 Electrical Stimulation, @ \$25.00

Sept. 2001	26, 28	\$ 50 00
Oct. 2001	01, 05, 08, 17, 24, 31	150.00
Nov. 2001	05, 09, 12, 14, 28, 30	150.00
Dec. 2001	03, 05, 07, 10, 12, 14, 17, 21, 26, 28	250.00
Jan. 2002	02, 04, 07, 11, 21, 23	150 00

Continued on Page Two

RE: Brenda Espinoza

Page Two

PHYSICAL THERAPY. 97124 Massage, @ \$25 00

Sept	2001	26, 28	\$ 50 00
Oct	2001	01, 05, 08, 17	100 00
Nov	2001	05, 28	50 00
Dec	2001	03, 28	50 00
Jan	2002	11	25 00

PHYSICAL THERAPY 97110 Therapeutic Exercises, @ \$40 00

Oct	2001	24, 31	\$ 80 00
Nov	2001	09, 12, 14, 30	160 00
Dec	2001	05, 07, 10, 12, 14, 17, 21, 26, 28	360 00
Jan,	2002	02, 04, 07, 21, 23	200 00

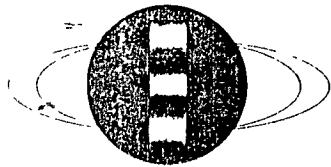
REVIEW OF RECORDS

02-16-02	99080	Review of Records/Report	\$ 200 00
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ACCOUNT TOTAL \$3570 00

R. Khaghani M.D.

REZA KHAGHANI, M D
CAL LIC NO A49008
TAX ID NO 95-4549760



**INGLEWOOD
OPEN MRI**

110 S. La Brea • Suite 150
Inglewood, California 90301
Tel: (310) 671-6000
Fax: (310) 671-6302

MRI 1.5, .3 OPEN
CT SCAN
SPIRAL
ULTRASOUND
VASCULAR / ECHO
X-RAY

ALAN TODD TURNER, M.D.
MEDICAL DIRECTOR/NEURORADIOLOGIST
DIPLOMATE, AMERICAN BOARD OF RADIOLOGY

Patient: ESPINOZA, Brenda
Date of Birth: 4/27/75
Referring Physician: Dr. Hekmat
Unit No.: 19073
Date of Exam: 10/26/2001

MRI OF THE LEFT KNEE

Reason for Exam: Internal derangement

Procedure: Images were obtained on the Hitachi AIRIS II MRI scanner using the following sequences.

- 1 Multiple Coronal Images: TR 1800-TE 80, flip angle 25 degrees
- 2 Multiple Axial Images: TR 725-TE 20
- 3 Multiple Coronal Images TR 550-TE 15
- 4 Multiple Sagittal Images: TR 4500-TE 100
- 5 Multiple Sagittal Images: TR 750-TE 15

Findings:

The bones of the left knee appear of a normal marrow signal intensity. There is no evidence any fracture or bony destruction. A large bone cyst measuring 1.5 cm in diameter is seen in the distal tibia. The articular cartilage appears of normal thickness.

The anterior cruciate is not well visualized. The posterior cruciate ligaments appear of a normal low signal intensity with no evidence of any tears. Medial and lateral collateral ligaments, quadriceps tendon and patellar tendon appear of normal low signal intensity with no evidence of any abnormality.

Signal is seen within the posterior horn, medial meniscus. The lateral meniscus appears of a normal low signal intensity.

A minimal amount of fluid is seen in the joint space. Hoffa's fat pad appears of normal fatty signal. Surrounding musculature appears of a normal intermediate signal intensity.

IMPRESSION:

1. **ANTERIOR CRUCIATE LIGAMENT TEAR.**

Re Espinoza, Brenda
MRI Left Knee
10/26/01
Page 2

2. BONE CYST, DISTAL TIBIA.
3. GRADE II SIGNAL, POSTERIOR HORN, MEDIAL MENISCUS.
4. MINIMAL EFFUSION.



ALAN T. TURNER, M.D.

ATV/mju
D 10/30/01
T 10/30/01

Meniscal Signal Interpretation:

Grade I - Globular increased signal not communicating with an articular/meniscal surface. The signal is often seen in asymptomatic individuals and represents intrameniscal degeneration as opposed to a true meniscal tear.

Grade II - Linear increased signal within the meniscus, not extending to an articular surface. This finding represents more extensive intrameniscal degeneration but not a true meniscal tear. The patient may not be symptomatic, although the finding may be a precursor to frank tears.

Grade III - Increased intrameniscal signal, essentially linear, reaching at least one meniscal articular surface. This represents a meniscal tear.

HEALTH INSURANCE CLAIM FORM

INSURER: MEDICAID, CHAMPUS, CHAMPVA, OTHER HEALTH PLAN, FECA, BLUE CROSS, OTHER

1. INSURED'S ID NUMBER (FOR PROGRAM IDENTIFICATION): **561-45-4501**

2. INSURED'S NAME (Last Name, First Name, Middle Initial): **SAME**

3. INSURED'S ADDRESS (No. Street): **SAME**

4. INSURED'S DATE OF BIRTH: **04 27 1975** SEX: **X** (M) **X** (F)

5. EMPLOYER'S NAME OR SCHOOL NAME: **N.A.**

6. INSURANCE PLAN NAME OR PROGRAM NAME: **N.A.**

7. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES NO *If yes return to and complete item 9.*

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM

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

SIGNATURE ON FILE _____ DATE _____ SIGNED _____ SIGNATURE ON FILE _____

14. DATE OF CURRENT ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY (LMP): **718 36 KNEE INTERNAL DER**

15. DATE PATIENT HAS HAD SAME OR SIMILAR ILLNESS (Specify Date): **MM DD YY**

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION: FROM **MM DD YY** TO **MM DD YY**

17. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES: FROM **MM DD YY** TO **MM DD YY**

18. OUTSIDE LAB? YES NO \$ CHARGES: _____

22. MEDICAID RESUBMISSION CODE: _____ ORIGINAL REF ID: _____

23. PRIOR AUTHORIZATION NUMBER: _____

A	B	C	D	E	F	G	H	I	J	K
DATE(S) OF SERVICE From	Place of Service	Type of Service	PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)	DIAGNOSIS (ICD-9-CM)	\$ CHARGES	DAYS OR UNITS	EPSDT Family Plan	EMG	COR	RESERVED FOR LOCAL USE
10 26 01	11	4	KNEE MRI W/O CONTRAST 73721 LT	1	2095 00	1				WG62013H

24. EMPLOYER TAXID NUMBER: **95 4464981** SSN FIN: **X**

25. PATIENT'S ACCOUNT NO: **ING1607 -01**

26. ACCEPT ASSIGNMENT? (For gov't claim - see back) YES NO

28. TOTAL CHARGE: \$ **2095 00**

29. AMOUNT PAID: \$ **0 00**

30. BALANCE DUE: \$ **2095 00**

31. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED: **INGLEWOOD OPEN MRI
110 S. LA BREA AVE #150
INGLEWOOD CA 90301
W13197F**

32. PHYSICIAN'S SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE: **FUNCTIONAL RESTORATION MED CT
P.O. BOX 491149
LOS ANGELES, CA 90049
W13197F**

PATIENT AND INSURED INFORMATION PHYSICIAN OR SUPPLIER INFORMATION



WESTMED AMBULANCE, INC.

P.O. BOX 5004
MARIPOSA, CA 95338
PHONE (877) 328-2275
TAX ID 33-0829318

PATIENT NAME ESPINPOZA, BRENDA

PATIENT NUMBER: 15930

INSURANCE:

CALL NUMBER: 0123172 PRIV A

DATE OF CALL: 09/19/01

TIME OF CALL: 6:14 pm

CARRIER: NURSING HOME

FROM: SCENE OF ACCIDENT

TO: SUBURBAN MED CTR HOSP

BRENDA ESPINPOZA
14408 S WHITE
COMPTON, CA 90221

REASON(S) ACCIDENTAL FALL
FOR PAIN KNEE
TRANSPORT

DESCRIPTION OF CHARGE	QUANTITY	UNIT PRICE	AMOUNT
BLS BASE RATE EMERGENCY	1.0	336.75	336.75
BLS MILEAGE	4.0	11.75	47.00
Late Pay Charge			0.00
TOTAL CHARGES THIS CALL			383.75

DESCRIPTION OF PAYMENT	RECEIPT	PAYMENT DATE	AMOUNT
TOTAL PAYMENTS THIS CALL			\$ 0.00

PLEASE PAY THIS AMOUNT

\$ 383.75

DETACH ALONG PERFORATION ABOVE AND RETURN STUB WITH YOUR PAYMENT

PATIENT NAME: ESPINPOZA
PATIENT NUMBER: 15930

CALL NUMBER: 0123172
BILLING DATE: 10/12/01

AMOUNT DUE \$ 383.75
AMOUNT \$ _____
ENCLOSED _____

PAYMENT IS DUE UPON RECEIPT. IF YOU HAVE INSURANCE COVERAGE, PLEASE
FILL OUT THE ENCLOSED FORM AND RETURN IMMEDIATELY, OTHERWISE YOU ARE
RESPONSIBLE FOR PAYMENT. THANK YOU!

WESTMED AMBULANCE, INC.

P.O. BOX 5004 MARIPOSA, CA 95338 PHONE (877) 328-2275

MOOSA KOHANIM, M.D., P.C.
 DIPLOMATE AMERICAN BOARD OF ORTHOPAEDIC SURGERY

JOHN A. DONAHUE, JR., F.D., M.D., P.C.
 DIPLOMATE AMERICAN BOARD OF ORTHOPAEDIC SURGERY

LESTER GOLDSMITH, M.D., P.C.
 ORTHOPAEDIC SURGERY



SATELLITE OFFICES

COMMERCE OFFICE
 4730 Eastern Avenue, Commerce, CA 90040

VERNON OFFICE
 3364 East Stauson Ave., Vernon, CA 90038

LAWDALE ORTHOPAEDIC GROUP

14516 HAWTHORNE BLVD., LAWDALE, CALIFORNIA 90260-1587

TEL (310) 219.0890 • FAX (310) 219.0297

January 7, 2001

To **Adolfo B Garber**
 Attorney at law
 3580 Wilshire Blvd., Suite 1780
 Los Angeles, CA 90010-2501

From: **Mary Deutsch**
 C/O Dr. M. Kohanim
 Lawndale Orthopaedic Group

Re **Estimate surgery cost for Brenda Espinoza**

Here is the estimated charge from our office if the patient choose to have her surgery done in the near future. Please note that hospital costs are unavailable through our office.

For Primary surgeon:

Arthroscopic ACL reconstruction (code 29888) = \$3600-\$4000.00
 Arthroscopic Meniscus repair (code 29882) = \$2180-\$2500.00

Assistant surgeon fee for the above procedure = \$1445-\$1650

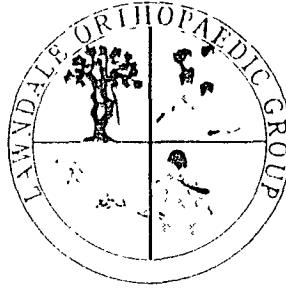
Anesthesiologist fee = \$1000.00-\$1500.00

Total charges for the above procedure **excluding hospital charges; \$8225-\$9650**

MOOSA KOHANIM, M.D., P.C.
ORTHOPAEDIC AMERICAN BOARD OF ORTHOPAEDIC SURGERY

JOHN A. DONAHUE, JR., M.D., P.C.
ORTHOPAEDIC AMERICAN BOARD OF ORTHOPAEDIC SURGERY

P. RICHARD EMMANUEL, M.D.
ORTHOPAEDIC SURGERY SUBSPECIALTY
IN SPORTS MEDICINE & SPINE SURGERY



SATELLITE OFFICES
COMMERCE OFFICE
4730 Eastern Avenue, Commerce, CA 90040
Tue Phone# 323-728-6557
(M-F) Main Office 310-219-0890
VERNON OFFICE
3364 East Slauson ave., Vernon, CA 90058
Wed Phone# 323-583-5210
(M-F) Main Office 310-219-0890

LAWNDALE ORTHOPAEDIC GROUP
14516 HAWTHORNE BLVD., LAWNDALE, CALIFORNIA 90260-1567
TEL (310) 219 0890 • FAX (310) 219-0297

January 10, 2002

To Whom It May Concern

RE: ESPINOZA, Brenda
DOB: April 27, 1975
SSN: 561-45-4501
DOA: September 19, 2001
DOE: October 4, 2001 (initial)

Dear Sirs:

Ms. Espinoza is a 26-year-old female who initially presented to my office on October 4, 2001 for evaluation of injuries she sustained to her left knee, left calf, left ankle, upper and lower back, right leg, and left wrist on September 19, 2001, when she was suffered a slip and fall.

HISTORY

The patient stated that on the above date, while in a K-Mart Store in Compton, as she was pushing a shopping cart in the main aisle in the toy section, she stepped in a puddle of water on the floor and slipped. The patient stated that her legs came up from beneath her and she fell with her right leg going under the cart. She stated that she twisted her left ankle and knee and strained her left wrist as she used her upper extremities to brace her fall. The patient stated that she developed minimal swelling of the left ankle and knee and the onset of pain to her upper and lower back,

right leg, and left wrist. She, however, denied any loss of consciousness.

The patient was taken by ambulance to the Charter Suburban Hospital where x-rays were taken and a plastic long leg posterior splint was applied. Medication was given. She was then transported to the St. Francis Medical Center in Lynwood, also by ambulance, where she remained overnight. The patient states that she was discharged the following day with crutches.

On September 25, 2001, Ms. Espinoza was seen by Dr. Khaghani at the Hillcrest Medical Clinic in Inglewood. X-rays were taken, medication was provided and the patient began physical therapy.

The patient stated that pain continued in her upper and lower back, left ankle, left knee, and left wrist. Therefore, she was referred to me for orthopaedic evaluation.

COMPLAINTS AT THE TIME OF INITIAL EVALUATION

LEFT ANKLE:

The patient complained of occasional (four to five times per day), mild to occasionally sharp pain to the lateral aspect of the left ankle to the posterior left ankle with occasional left ankle tingling.

Left ankle pain accentuated with remaining immobile extensively and prolonged walking and standing. There was improvement with medication, massage, elevation of the left lower extremity, and physical therapy.

THORACIC SPINE:

She described occasional (four to five times per day), sharp pain to the interscapular area of the thoracic spine with radiating pain into the lower back as well as both trapezii.

Pain increased with prolonged sitting, standing or lying down, carrying heavy objects, and bending. There was improvement with medication, hot baths, and changing positions.

LOWER BACK:

The patient complained of occasional (5-6 times per day), sharp pain to the mid lower back radiating into the upper back and both lower extremities, right greater than left. She complained of numbness and tingling of the right leg.

Low back pain increased with prolonged sitting or standing, bending, and lifting or carrying objects. There was improvement with medication, changing positions, and hot showers.

LEFT KNEE:

The patient described occasional (3-4 times per day), mild to occasionally sharp pain to the infrapatellar and prepatellar areas of the left knee with occasional (five times per day) buckling and only one occasion of locking since the date of injury.

Pain increased with prolonged walking and standing, ascending/descending stairs, squatting and kneeling. There was improvement with medication, elevation of the left leg, crutches, and non-weightbearing on the left leg.

LEFT WRIST:

She complained of occasional (five to six times per day), sharp pain to the left wrist in its entirety with radiating pain into the ulnar aspect of the left forearm to the olecranon. She also complained of occasional left hand numbness.

Pain accentuated with walking on crutches, carrying heavy objects, and typing. There was improvement with medication, rest, and gentle exercise.

RIGHT LEG:

The patient complained of occasional (once or twice per day), mild pain to the mid one-third of the anterior right leg, nonradiating.

LOWER BACK:

The patient complained of occasional (5-6 times per day), sharp pain to the mid lower back radiating into the upper back and both lower extremities, right greater than left. She complained of numbness and tingling of the right leg.

Low back pain increased with prolonged sitting or standing, bending, and lifting or carrying objects. There was improvement with medication, changing positions, and hot showers.

LEFT KNEE:

The patient described occasional (3-4 times per day), mild to occasionally sharp pain to the infrapatellar and prepatellar areas of the left knee with occasional (five times per day) buckling and only one occasion of locking since the date of injury.

Pain increased with prolonged walking and standing, ascending/descending stairs, squatting and kneeling. There was improvement with medication, elevation of the left leg, crutches, and non-weightbearing on the left leg.

LEFT WRIST:

She complained of occasional (five to six times per day), sharp pain to the left wrist in its entirety with radiating pain into the ulnar aspect of the left forearm to the olecranon. She also complained of occasional left hand numbness.

Pain accentuated with walking on crutches, carrying heavy objects, and typing. There was improvement with medication, rest, and gentle exercise.

RIGHT LEG:

The patient complained of occasional (once or twice per day), mild pain to the mid one-third of the anterior right leg, nonradiating.

PHYSICAL EXAMINATION

GENERAL:

The patient is a 26-year-old, well-developed, well-nourished, right-handed female in no acute physical distress.

Her height is 5'2" and his weight is 215 pounds.

GAIT AND HEEL & TOE STANCE:

The patient's gait was antalgic; she walked with a pair of crutches.

SQUATTING:

Performed to 50%.

DORSAL SPINE:

There was tenderness from T3 to T5 with +1/+1 spasm.

LUMBOSACRAL SPINE:

There was moderate tenderness from T3 to S1 with +2/+2 spasm. Ranges of motion were as follows, right/left:

Flexion:	4"
Extension:	30°
Lateral bending:	30/30°
Rotation:	40/40°

(with pain on extremes)

STRAIGHT LEG RAISING:

Sitting:	90/90°
Supine:	80/80°

LEFT KNEE EXAM:

There was generalized swelling with tenderness of the pre- and infrapatellar bursae and medial joint.

Ranges of motion were as follows, right/left:

Flexion:	135/130°
Extension:	0/0°

The patellar tracking test and Apprehension test were positive. There was no laxity of the collateral nor cruciate ligaments with negative Lachman's test and drawer sign.

Pivot shift test was negative, however, the grinding test and spring test were positive with retropatellar pain.

Valgus and varus strain were negative. The popliteal space was free of mass or tenderness.

MANUAL MUSCLE TESTING:

This revealed no weakness of the tested muscles of the upper and/or lower extremities.

MEASUREMENTS:	<u>Right</u>	<u>Left</u>
Thighs @ 7"	28"	28"
Thighs @ 4"	24"	25 1/2"
Knees	18"	18 1/2"
Calves	16 3/8"	15 1/2"
Ankles	10"	10 1/4"
Feet	9 1/2"	9"
Leg lengths	35 1/4"	35 1/4"

NEUROLOGIC EXAM:

Deep tendon reflexes in the upper and lower extremities were as follows, right/left:

Biceps: +2/+2
Brachioradialis: +2/+2
Triceps: +2/+2

Patellar: +2/+2
Achilles: +2/+2

No sensory deficit was noted.

X-RAYS

Films from the Hillcrest Medical Clinic dated September 25, 2001 were available for review:

Right tibia/fibula, two views:

The joint spaces were well-maintained without evidence of fracture, dislocation, subluxation, soft tissue calcification or degenerative changes.

Left tibia/fibula, two views:

There was no evidence of fracture or deformity. The osseous structures were well-preserved with no evidence of lytic or blastic processes.

Left knee, three views:

The joint spaces were well-maintained without evidence of fracture, dislocation, subluxation, soft tissue calcification or degenerative changes.

IMPRESSION

1. ACUTE STRAIN/SPRAIN OF THE LEFT ANKLE.
2. ACUTE STRAIN/SPRAIN OF THE LEFT KNEE. RULE OUT INTERNAL DERANGEMENT.
3. ACUTE MUSCULOLIGAMENTOUS STRAIN/SPRAIN OF THE DORSOLUMBAR SPINE.
4. ACUTE STRAIN OF THE LEFT WRIST.

COMMENT

Ms. Espinoza, a 26-year-old female, was initially evaluated by me on October 4, 2001, at the request of her treating physician, Soheil Hekmat, M.D., for an orthopaedic evaluation in connection with injuries she sustained on September 19, 2001, while shopping at K-Mart in Compton in a slip and fall.

She stated that on the above-date, while she was pushing a shopping cart in the main aisle in the toy section of the K-Mart Store in Compton, she stepped in a puddle of water on the floor and slipped. The patient stated that her legs came up from beneath her and she fell with her right leg going under the cart. She stated that she twisted her left ankle and knee. The patient further stated that to correct the fall, she braced herself with hyperextended upper extremities, straining her left wrist. She stated that she developed immediate pain and swelling to the areas of injury, however, she developed pain in her upper and lower back, and right leg shortly thereafter.

Ms. Espinoza stated that she was taken by ambulance to the Charter Suburban Hospital, where multiple x-rays were obtained and a plastic long leg posterior splint was applied, medications were dispensed and she was then transported to the St. Francis Medical Center in Lynwood by ambulance. She stated that she stayed overnight in that facility and after receiving further diagnostic tests and treatment, she was discharged the following day with a pair of crutches.

On September 25, 2001, Ms. Espinoza was seen by Dr. Khaghani at the Hillcrest Medical Clinic in Inglewood. She underwent further diagnostic tests, specifically x-rays and a course of conservative treatment was initiated to include multimodality physical therapy and medications.

When she was initially evaluated by me, she was complaining of pain in her right ankle, dorsolumbar spine, left knee, left wrist, and right leg. The past history of the patient revealed that she was a healthy individual with no prior injury and/or complaint referable to the above-named areas.

On the basis of her clinical findings, further conservative treatment was recommended to include multimodality physical therapy and she was provided with the following medication:

- Naprosyn, 500 mg, one b.i.d. as a nonsteroidal anti-inflammatory agent.
- Darvocet-N 100, one q 4-6 h prn pain.
- Zantac to minimize the possible development of gastritis or gastric ulcer in certain susceptible patients following the use of nonsteroidal anti-inflammatory agent medication.
- Epiderm balm for local application.

She was fitted with an ASO ankle brace and was advised to continue walking with a pair of crutches, partial weightbearing on the left ankle.

Ms. Espinoza was evaluated periodically. On October 22, 2001, she reported no appreciable improvement in regard to her left ankle and specifically, the left knee, although she stated that her back pain was slightly better.

Objectively, considerable clinical findings were noted in regard to her left knee compatible with internal derangement. On the basis of her clinical findings, MRI of the left knee was requested. The patient was advised to continue physical therapy at the Hillcrest Medical Clinic and her medications were continued.

MRI of the left knee was performed at the Inglewood Open MRI facility on October 26, 2001 and was interpreted by Alan Turner, M.D., Radiologist, as follows:

- **Anterior cruciate ligament tear.**
- **Bone cyst, distal tibia.**
- **Grade II signal, posterior horn of the medial meniscus.**

- **Minimal effusion.**

When Ms. Espinoza was evaluated on November 8, 2001, she stated that her back pain was better, though she was complaining of residual pain to her left ankle and left knee. In fact, she stated that her left ankle pain was getting worse.

Objectively, the patient's gait was antalgic on the left side with limited and painful squatting. Examination of the knee revealed tenderness of the medial and lateral joint lines with normal, but painful range of motion of the left knee. The grinding test was positive and laxity of the anterior cruciate ligament was noted.

Examination of the left ankle revealed tenderness of the talofibular joint with limitation and pain on extreme of motion.

At that point, the MRI of the left knee was discussed with the patient and arthroscopic surgery was recommended. Her medications were renewed and she was advised to continue with the physical therapy.

Ms. Espinoza was evaluated on December 20, 2001 and eventually, January 10, 2002, reporting no appreciable improvement in regard to her left ankle and/or knee, though she stated that the pain in regard to her back and wrist was improving. She was further complaining of throbbing headache.

In regard to her ankle, she stated that she had pain upon walking and standing and stairclimbing and descending with swelling. In regard to the knee, she stated that the pain was constant and sharp to both medial and lateral aspects with the complaint of locking and occasional giving way with a frequency of two to three times per day, with a complaint of falling to the floor at least six to seven times since the date of injury. She stated that her left wrist pain was occasional and mild normally, but would increase following heavy grasping, pulling and pushing. She stated that her back pain was occasional and mild most of the time, becoming noticeable following prolonged standing and walking, frequent bending and stooping and lifting.

FINAL DIAGNOSES

1. ACUTE STRAIN/SPRAIN OF THE LEFT ANKLE.
2. ACUTE STRAIN/SPRAIN OF THE LEFT KNEE. MRI EVIDENCE OF ANTERIOR CRUCIATE LIGAMENT LATERAL MENISCAL PATHOLOGY.
3. ACUTE MUSCULOLIGAMENTOUS STRAIN/SPRAIN OF THE DORSOLUMBAR SPINE - IMPROVING.
4. ACUTE STRAIN OF THE LEFT WRIST - IMPROVING.

On the basis of her clinical and MRI findings, I believe the patient is a candidate for arthroscopic surgery with possible reconstruction of the anterior cruciate ligament and possible meniscectomy. An estimated cost of the above-named surgery is enclosed with this report.

Meanwhile, I believe the patient would require further multimodality physical therapy under the care of the Hillcrest Medical Clinic. Her medications, Naprosyn, Darvocet-N 100, Zantac, and Epiderm balm were renewed.

Her prognosis remains guarded and on the basis of severity and her clinical findings, I believe the patient should have the provision for future medical treatment. This treatment should consist of multimodality physical therapy to her dorsolumbar spine, left knee, left ankle, and wrist with proper bracing, use of analgesic and anti-inflammatory agent medication, and diagnostic studies such as MRI or CT scan, as needed.

As indicated initially, Ms. Espinoza stated that she has been a health individual and had no prior complaints referable to the areas of the injury.

As a prophylactic measure at this time, I believe the patient should be precluded from prolonged standing and walking, frequent bending and stooping, heavy lifting, and pulling/pushing, squatting and kneeling.

ESPINOZA, Brenda


January 10, 2002

Page 12

Pending the financial arrangements for the above-named surgery, she will be scheduled for the planned surgery of her left knee.

Her next scheduled appointment is in two weeks. You will be kept informed of her progress.

Very truly yours,



Moosa Kohanim, M.D.

MK:dq

Espinozab109

BILL TO:

Patient: BRENDA ESPINOZA

Amount Remitted: \$

ADOLFO B GARBER
3580 WILSHIRE BLVD 1780
LOS ANGELES CA 90010-2501

Account Number: 221744
Statement Date: 02/27/02
Patient's Balance Due: \$3737.00
Page: 1 of 1
Injury Date: 09/19/01

PLEASE NOTE: If a "1" appears in this column, we have filed with your primary carrier. If a "2" appears, we have also filed with your secondary carrier. Our records show your insurance as follows:

DATE	PRO-VIDER	DIAG	REFERENCE	DESCRIPTION OF SERVICES	AMOUNT CHARGED	PAYMENTS / ADJ.	INSURANCE PENDING	YOUR BALANCE
				PREVIOUS BALANCE				3076.00
01/10/02	2		99215	FOLLOW-UP OFFICE VISIT	150.00			150.00
01/10/02	2		J7140	DARVOCET N100#40GEN NDC 580	60.00			60.00
01/10/02	2		99070	BANALG 2oz LOTION NDC58016	16.00			16.00
01/10/02	2		J7140	NAPROSYN500MG#60GEN NDC5801	135.00			135.00
01/10/02	2		99070	RANITIDINE 150MG#30 NDC 58	150.00			150.00
02/15/02	2		99215	FOLLOW-UP OFFICE VISIT	150.00			150.00

This balance is your responsibility. If you have any questions, please call us at 310 219 0890.

ACCOUNT BALANCE (REFER TO PATIENT'S BALANCE DUE FOR AMOUNT TO PAY)	CURRENT BALANCE	OVER 30 DAYS	OVER 60 DAYS	OVER 90 DAYS	OVER 120 DAYS	PATIENTS BALANCE DUE
3,737.00	150.00	511.00	345.00	1022.00	1709.00	3,737.00

PROVIDERS 2 MOOSA KOHANIM, M.D.	ACCOUNT NUMBER 221744	NAME ADOLFO B GARBER	TELEPHONE IF ANY QUESTIONS
	STATEMENT DATE 02/27/02	MAKE CHECK PAYABLE TO KOHANIM MEDICAL CORP	

Return this portion with your check

BILL TO:	Patient: BRENDA ESPINOZA	Amount Remitted: \$
		Account Number: 221744
		Statement Date: 01/10/02
		Patient's Balance Due: \$3076.00
		Page: 1 of 1
		Injury Date: 09/19/01
ADOLFO B. GARBER 3580 WILSHIRE BLVD 1780 LOS ANGELES CA 90010-2501		

PLEASE NOTE: If a "1" appears in this column, we have filed with your primary carrier. If a "2" appears, we have also filed with your secondary carrier. Our records show your insurance as follows:

DATE	PRO-VIDER	DIAG	REFERENCE	DESCRIPTION OF SERVICES	AMOUNT CHARGED	PAYMENTS / ADJ.	INSURANCE PENDING	YOUR BALANCE
				PREVIOUS BALANCE				2731.00
12/20/01	2		99215	FOLLOW-UP OFFICE VISIT	150.00			150.00
12/20/01	2		J7140	DARVOCET N100#40GEN NDC 580	60.00			60.00
12/20/01	2		J7140	NAPROSYN500MG#60 (GEN)NDC580	135.00			135.00
This balance is your responsibility. If you have any questions, please call us at (310) 219-0890.								

ACCOUNT BALANCE (REFER TO PATIENT'S BALANCE DUE FOR AMOUNT TO PAY) 3,076.00	CURRENT BALANCE	OVER 30 DAYS	OVER 60 DAYS	OVER 90 DAYS	OVER 120 DAYS	PATIENTS BALANCE DUE
	345.00	511.00	1124.00	1096.00	0.00	3,076.00

PROVIDERS	ACCOUNT NUMBER	NAME	TELEPHONE IF ANY QUESTIONS
2 MOOSA KOHANIM, M.D.	221744	ADOLFO B GARBER	
	STATEMENT DATE	MAKE CHECK PAYABLE TO	
	01/10/02	KOHANIM MEDICAL CORP	

Return this portion with your check

BILL TO:

Patient: BRENDA ESPINOZA

Amount Remitted: \$

ADOLFO B GARBER
3580 WILSHIRE BLVD 1780
LOS ANGELES CA 90010-2501

Account Number: 221744
Statement Date: 12/05/01
Patient's Balance Due: \$2731.00
Page: 1 of 1
Injury Date: 09/19/01

PLEASE NOTE: If a "1" appears in this column, we have filed with your primary carrier. If a "2" appears, we have also filed with your secondary carrier. Our records show your insurance as follows:

DATE	PROVIDER	DIAG	REFERENCE	DESCRIPTION OF SERVICES	AMOUNT CHARGED	PAYMENTS / ADJ.	INSURANCE PENDING	YOUR BALANCE
				PREVIOUS BALANCE				1709.00
11/08/01	2		99215	FOLLOW-UP OFFICE VISIT	150.00			150.00
11/08/01	2		J7140	DARVOCET N100#40GEN NDC 580	60.00			60.00
11/08/01	2		99070	BANALG 2oz CRM NDC58016-561	16.00			16.00
11/08/01	2		J7140	NAPROSYN500MG#60 (GEN) NDC580	135.00			135.00
11/08/01	2		99070	ZANTAC 150MG#30 (GEN) NDC5801	150.00			150.00
11/29/01	2		99215	FOLLOW-UP OFFICE VISIT	150.00			150.00
11/29/01	2		J7140	DARVOCET N100#40GEN NDC 580	60.00			60.00
11/29/01	2		99070	BANALG 2oz CRM NDC58016-561	16.00			16.00
11/29/01	2		J7140	NAPROSYN500MG#60 (GEN) NDC580	135.00			135.00
11/29/01	2		99070	ZANTAC 150MG#30 (GEN) NDC5801	150.00			150.00

This balance is your responsibility. If you have any questions, please contact us at 310 219 0890.

ACCOUNT BALANCE (REFER TO PATIENT'S BALANCE DUE FOR AMOUNT TO PAY)	CURRENT BALANCE	OVER 30 DAYS	OVER 60 DAYS	OVER 90 DAYS	OVER 120 DAYS	PATIENTS BALANCE DUE
2,731.00	1,022.00	613.00	1096.00	0.00	0.00	2,731.00

PROVIDERS 2 MOOSA KOHANIM, M.D.	ACCOUNT NUMBER 221744	NAME ADOLFO B GARBER	TELEPHONE IF ANY QUESTIONS
	STATEMENT DATE 12/05/01	MAKE CHECK PAYABLE TO KOHANIM MEDICAL CORP	

Return this portion with your check

BILL TO:

BRENDA ESPINOZA
14408 S WHITE AVE
COMPTON CA 90221

Amount Remitted: \$

Account Number: 221744
Statement Date: 10/26/01
Patient's Balance Due: \$1709.00
Page: 1 of 1

PLEASE NOTE: If a "1" appears in this column, we have filed with your primary carrier. If a "2" appears, we have also filed with your secondary carrier. Our records show your insurance as follows:

DATE	PROVIDER	DIAG	REFERENCE	DESCRIPTION OF SERVICES	AMOUNT CHARGED	PAYMENTS / ADJ.	INSURANCE PENDING	YOUR BALANCE
10/04/01	2		99245	ORTHOPAEDIC CONSULTATION	650.00			650.00
10/04/01	2		L1906	ASO ANKLE STABILIZER	85.00			85.00
10/04/01	2		J7140	DARVOCET N100#40GEN NDC 580	60.00			60.00
10/04/01	2		99070	BANALG 2oz CRM NDC58016-561	16.00			16.00
10/04/01	2		J7140	NAPROSYN500MG#60 (GEN)NDC580	135.00			135.00
10/04/01	2		99070	ZANTAC 150MG#30 (GEN)NDC5801	150.00			150.00
10/22/01	2		99215	FOLLOW-UP OFFICE VISIT	150.00			150.00
10/22/01	2		L1810	NEOMAX KNEE BRACE WITH JOIN	102.00			102.00
10/22/01	2		J7140	DARVOCET N100#40GEN NDC 580	60.00			60.00
10/22/01	2		99070	BANALG 2oz CRM NDC58016-561	16.00			16.00
10/22/01	2		J7140	NAPROSYN500MG#60 (GEN)NDC580	135.00			135.00
10/22/01	2		99070	ZANTAC 150MG#30 (GEN)NDC5801	150.00			150.00

This balance is your responsibility. If you have any questions, please call 310 219 0890.

ACCOUNT BALANCE	REFER TO PATIENT'S BALANCE DUE FOR AMOUNT TO PAY	CURRENT BALANCE	OVER 30 DAYS	OVER 60 DAYS	OVER 90 DAYS	OVER 120 DAYS	PATIENTS BALANCE DUE
1,709.00		1,709.00	0.00	0.00	0.00	0.00	1,709.00

PROVIDERS	ACCOUNT NUMBER	NAME	TELEPHONE IF ANY QUESTIONS
2 MOOSA KOHANIM, M.D.	221744	BRENDA ESPINOZA	
	STATEMENT DATE	MAKE CHECK PAYABLE TO	
	10/26/01	KOHANIM MEDICAL CORP	

ADOLFO B. GARBER

ATTORNEY AT LAW

3580 Wilshire Blvd., Suite 1780, Los Angeles, California 90010-2501
(213) 383-1131 FAX (213) 383-1139

March 19, 2002

Kmart, Inc.
c/o Trumbull Services, LLC
P.O. Box 426
Windsor, CT 06002-0781

(CERTIFIED MAIL WITH RETURN RECEIPT)

Re: FILING OF PROOF OF CLAIM AND
SUPPORTING DOCUMENTATION

My Client: Brenda Espinoza

Date of Accident: 9-19-01

Store Location: #3362 Compton, California

Kmart File No. 200010970170

Dear Sirs:

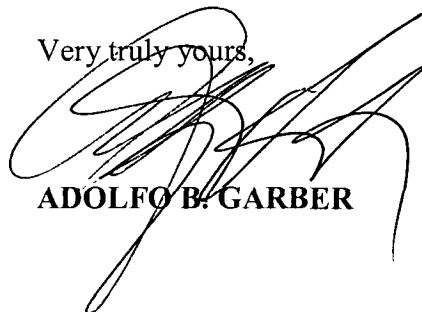
Enclosed herewith please find a duly completed "Proof of Claim" form in respect to the above-mentioned matter, along with all supporting documentation as outlined in my letter, dated March 1, 2002, a copy of which is attached as well.

It is specifically requested that this claim be honored and that my client share in any payment of all claims in accordance with bankruptcy law.

Should you have any questions or require additional information, feel free to call.

Thank you for your attention and cooperation in this regard.

Very truly yours,



ADOLFO B. GARBER

ABG/jt
cc: Mrs. Espinoza
ENCLOSURES