

UNITED STATES BANKRUPTCY COURT _____ DISTRICT OF _____		PROOF OF CLAIM
Name of Debtor <u>KMart Customer Service Unit</u> Case Number <u>Sedgwick Claims Management Serv. Inc. 279092</u>		THIS SPACE IS FOR COURT USE ONLY
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): <u>Cindy Sue Campbell</u>	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.	
Name and address where notices should be sent: <u>Lloyd S. Manukian</u> <u>Farah + Farah, P. A.</u> <u>10 West Adams St.</u> <u>Jacksonville, Fla. 32202</u> Telephone number: <u>904-358-8888</u>	<input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
Account or other number by which creditor identifies debtor: <u>File # 279092</u>	Check here <input type="checkbox"/> replaces a previously filed claim, dated: _____ <input type="checkbox"/> amends	
1. Basis for Claim <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input checked="" type="checkbox"/> <u>Personal injury</u> wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____	<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Your SS #: _____ Unpaid compensation for services performed from _____ to _____ (date) (date)	
2. Date debt was incurred: <u>6/1/2001</u>	3. If court judgment, date obtained:	
4. Total Amount of Claim at Time Case Filed: \$ <u>UNDETERMINED</u> If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		
5. Secured Claim. <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral: \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____	6. Unsecured Priority Claim. <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$4,650)* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Up to \$2,100* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6). <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____). <small>*Amounts are subject to adjustment on 4/1/04 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small>	
7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.	THIS SPACE IS FOR COURT USE ONLY	
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.	RECEIVED TRUSTEE SERVICES MAR 25 PM 1:26 BANKRUPTCY	
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.	3/25/02 ML733	
Date <u>3/16/02</u>	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) <u>LLOYD S. MANUKIAN, ATTY</u>	
<small>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.</small>		

O & P REHABILITATION ASSOC
 190 NW 60th ST ↓
 GAINESVILLE FL 32607-0000
 (352) 331-3399

STATEMENT

DATE	12-31-01
ACCOUNT NUMBER	8169

CINDY CAMPBELL
 1015 NE 11TH AVE
 GAINESVILLE FL 32601-0000

TERMS: DUE UPON RECEIPT
 PAST DUE BALANCE SUBJECT TO 15%
 INTEREST CHARGE PER MONTH
 UNTIL PAID

STATEMENT

DATE	12-31-01
ACCOUNT NUMBER	8169

TERMS:

DUE UPON RECEIPT
 PAST DUE BALANCE SUBJECT TO 15%
 INTEREST CHARGE PER MONTH
 UNTIL PAID

CURRENT	OVER 30 DAYS	OVER 60 DAYS	OVER 90 DAYS	OVER 120 DAYS
0.00	0.00	0.00	0.00	86.56

DATE	PATIENT	SERVICE	CPT	CODE	CHARGE	PAYMT	BALANCE
06-27	8169				394.80	0.00	78.96
06-19	8169				54.93	0.00	89.95

forwarded to
Jarah + Jarah, P.A.
10. W. Adams St. 3rd floor
Jacksonville Fl. 32202

BALANCE DUE	▶ 86.56
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PAYMENT ENCLOSED	▶ \$
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PLEASE PAY	86.56
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PLEASE RETURN THIS PORTION
 WITH YOUR REMITTANCE

ALL CHARGES AND PAYMENTS AFTER THIS DATE WILL APPEAR ON NEXT STATEMENT

ACCOUNT NO 56324 DATE PRINTED 08/02/01

PLEASE MAKE CHECKS PAYABLE TO: ALACHUA COUNTY FIRE RESCUE SERVICES EMERGENCY MEDICAL SERVICES P.O. BOX 548 GAINESVILLE, FLORIDA 32602 (352) 955-2462 FAX # (352) 955-2492

ACCOUNT NUMBER	DATE	DESCRIPTION	PATIENT	CHARGES OR CREDITS
112441	06 01	AMBULANCE TRANSPORT BASE RATE	CINDY	375.00
112441	06 01	AMBULANCE MILEAGE	CINDY	27.00

SSN 380-72-6307

PLEASE WRITE CORRECTION ABOVE IF NAME OR ADDRESS SHOWN IS INCORRECT

YOUR PREVIOUS BALANCE 402.00

YOUR PREVIOUS BALANCE 402.00

OUTSTANDING BALANCE

IF YOU WISH TO PAY BY MASTER-CARD OR VISA, PLEASE COMPLETE SECTION ON BACK AND RETURN. TAX ID NO. 59-6000501

CALL NO 0112441

GUARANTOR'S NAME AND ADDRESS
CINDY CAMPBELL
1015 NE 11 AVE
GAINESVILLE, FL 32601

ORIGIN DESTINATION

GUARANTOR'S NAME
CINDY CAMPBELL
1015 NE 11 AVE
GAINESVILLE, FL 32601

NEW: (352)384-3150 PH (352)384-3157 FAX msowers@alachuafire.com
Telephone Device for the Deaf (352) 334-0105

AMOUNT ENCLOSED

TERMS: CASH ON RECEIPT OF STATEMENT

DETACH HERE AND RETURN THIS PORTION WITH PAYMENT TO INSURE PROPER CREDIT TO YOUR ACCOUNT

CHARGES APPEARING ON THIS STATEMENT ARE NOT INCLUDED ON ANY HOSPITAL BILL OR STATEMENT

PLEASE SEND THE INFORMATION ON THE FORM ON THE REVERSE SIDE OF THIS STATEMENT OR SEND PAYMENT TODAY! THANK YOU!!



UNIVERSITY OF
FLORIDA
PHYSICIANS

SSN 380-72-6307

1293807
CINDY CAMPBELL
1015 NE 11 AVE
GAINESVILLE FL 32601

YOUR PHYSICIAN BILL

PATIENT NAME		NOW DUE
CINDY CAMPBELL		O. O.
STATEMENT DATE	ACCOUNT NUMBER	AMOUNT PAID
07/07/01	1293807	

PLEASE CHARGE MY VISA M/C DISC A

CARD NUMBER

EXPIRATION DATE	AMOUNT PAID
	\$

SIGNATURE OF CARDHOLDER

RETURN THIS PART WITH PAYME

(352)265-7906 or (888)766-8154
Insurance: 4999 DC/BS PPC OTH-OP/ER B13

DATE	ACTIVITY NUMBER	DESCRIPTION	CHARGES	PAYMENT	PATIENT BALANCE
06/01/01	1 #	X-RAY EXAM OF ELBOW DEPT. OF RADIOLOGY	39.00		
06/01/01	1 #	X-RAY EXAM OF FOREARM Activity 1 insurance balance	37.00 76.00		

PAGE 1
Last Patient Payment. 0.00

TOTALS \$ 76.00 \$ 0.00 \$ 0.00
~~Your payment due by: 07/27/01~~

DATE	PATIENT NAME	ACCOUNT NUMBER	PAY THIS AMOUNT	0.00
07/07/01	CINDY CAMPBELL	1293807		

PAYMENT ADDRESS: MAKE CHECK PAYABLE TO FCPA
PO Box 918025
Orlando FL 32891-8025

IMPORTANT MESSAGE REGARDING YOUR ACCOUNT

WE ARE CURRENTLY IN THE PROCESS OF BILLING YOUR INSURANCE COMPANY
INFORMATION ONLY STATEMENT. THIS IS NOT A BILL!!!

↑
CHARGES AND PAYMENTS RECEIVED AFTER THIS DATE (352)265-7906 or (888)766-8154
WILL APPEAR ON YOUR NEXT STATEMENT



Claim Form and Instructions

Fax to: Claims 1-800-880-9325
From: Cindy S. Campbell
Fax Number: 352-332-3113
Date: 12-07-01
Number of pages: 39

SSN 380-72-6307

What can I do to avoid delays?

Missing information is one of the major causes of delay in processing. Please be sure you have:

- Signed the Authorization (page 4) and the Service Release (below).
- Completed the sections that apply to your specific claim.
- Enclosed the information requested.
- Advised your doctor we may be contacting him/her if additional information is needed.

When should I expect a reply?

Mail time is a large contributor to the time it takes for our response to reach you. **Mail** may take up to four or five days each way. **Typical turnaround time is 21 calendar days from mailbox to mailbox.**

When should I expect a reply?

- You may **fax** your claim to us at 1-800-880-9325. Please allow up to 48 hours for our automated service center to be updated with information confirming receipt of your fax. You may expect a **reply by mail within 14 calendar days, or....**
- You may choose to have your payment returned by **overnight delivery** by initialing the Service Release below. A \$10.00 charge for this service will be deducted from your claim payment. This cost is subject to rate increases by overnight carriers. If you fax your claim and wish us to overnight your check, you may expect a **response in approximately 7 calendar days. We will only overnight payments over \$300.00. Street address is required for overnight delivery, delivery Monday through Friday, time not guaranteed.**

SERVICE RELEASE-Please initial below as indicated.

CSC
(initial) I authorize Colonial Life & Accident Insurance Company to facilitate processing this claim by discussing its details with a **local sales representative** if he/she is inquiring on my behalf.

CSC
(initial) I authorize Colonial Life & Accident Insurance Company to communicate information (other than medical) or the status of this claim through **electronic messaging** at my home phone number as indicated on this form. I understand messages will be left with any person answering the phone or on my voicemail/answering machine.

CSC
(initial) Yes, please deduct the \$10 fee (cost subject to rate increases) to **overnight** any applicable benefits from my claim payment. Future payments *for this loss* will be overnighted as well unless I notify the company in writing to use normal mail service. I understand payments under \$300 will be sent via mail.

- If you are filing a claim for non-accident related benefits for a loss occurring within the first 6 to 24 months of your policy/certificate (based on policy requirements), we need to confirm if the condition is pre-existing. Please notify your doctor we will be contacting him/her and provide him/her with a copy of your authorization to release information to us.
- Benefits are payable to you unless we receive a written authorization to pay them elsewhere, such as to a hospital or a doctor's office. This is called an assignment. If you wish to assign your benefits, please attach a signed written request.
- If this claim is for an individual covered by Medicaid, most non-disability benefits are automatically assigned according to state regulations.

800-325-4368 - Claims

Mail to: Colonial Life & Accident Insurance Company
PO Box 100195
Columbia SC 29210-3195

Fax to: 1-800-880-9325
If you fax your claim, please
keep the original for your files.

Its easy, really... This is a multi-purpose form. Complete the general information section on this page. Then, you only need to have those sections that apply to your individual situation and coverage completed. Information does not have to be written on this form, as long as any documentation you send has the information needed to process your claim. Please check the type claim you are filing below:

- **Accidental Injury- Section A** requests specific information from you about the circumstances of your injury.
- **Routine Pregnancy-** Have your doctor complete **Section B** if you are filing for benefits for normal post-delivery disability.
- **Cancer Policy- Section C** provides instructions for claiming benefits under your cancer policy.
- **Hospital Confinement, Intensive Care or Outpatient Surgery-** Have your doctor complete **Section D** and send copies of your hospital or outpatient surgery bills.
- **Total Disability- Section E** contains parts for both your employer and doctor to complete.

This claim is for: Self Spouse Dependent: if over 18, name of school _____

Has your address changed since we last heard from you? YES NO

Name of Policyholder/Employee Cindy S. Campbell Name of Patient Same
(if not self)

Social Security Number: 380-72-6307 Social Security Number: _____

Date of Birth: (mm/dd/yyyy) 07-24-1959 Date of Birth: (mm/dd/yyyy) _____

Address 2960 NW 6th St Gainesville FL 32609
Street (Apt. #) City State Zip

Home Phone Number: (352) 256-4680 Work Phone Number: (352) 332 3052

Fax Number: (_____) _____ Email Address: _____

Please print INFORMATION ABOUT YOUR DOCTOR(S) AND/OR HOSPITAL
Please continue on separate sheet if necessary. Be sure to include any referring physician(s).

Full name of treating doctor _____

Mailing Address _____ City _____ State _____ Zip Code _____

(_____) (_____) _____

Phone number _____ Fax number _____

Full name of treating doctor _____

Mailing Address _____ City _____ State _____ Zip Code _____

(_____) (_____) _____

Phone number _____ Fax number _____

Full name of treating doctor _____

Mailing Address _____ City _____ State _____ Zip Code _____

(_____) (_____) _____

Phone number _____ Fax number _____

AUTHORIZATION Policyholder/Employee's Name _____ Social Security # _____

I have checked the answers on this claim form and they are correct. I certify under penalty of perjury that my correct social security number is shown on this form. I hereby authorize any medical practitioner or facility, psychologist, social worker, hospital, clinic, including the Veterans Administration, insurance or reinsurance company, consumer reporting agency, employer, the Social Security Administration, Medical Information Bureau, Inc., insurance support organization, or other organization or person having medical and non-medical information or knowledge of me or my minor children, to give Colonial Life & Accident Insurance Company, hereinafter called the Company, or its authorized representative any and all information. This authorization shall include information concerning alcohol or drug abuse, mental health, confidential abuse information, AIDS or AIDS-related conditions. I understand the information obtained by use of this Authorization will be used by the Company to determine eligibility for insurance or eligibility for benefits under an existing policy/certificate. I authorize the Company to release any such information to reinsuring companies, the Medical Insurance Bureau, Inc., persons or organization performing business, legal, medical, or insurance services related to me or my minor children insurance or claim under that insurance, or any other public or private entity as may be lawfully required. I understand that I may receive a copy of this Authorization upon request, agree that a photographic copy of this Authorization shall be as valid as the original and agree that this authorization shall be valid for the duration of my claim, not to exceed two and one-half years from the date shown below:

07-01 Cindy Campbell
Date (mm/dd/yyyy) PATIENT SIGNATURE POLICYHOLDER/EMPLOYEE SIGNATURE

GAINESVILLE FL 6510 NW 9 BLVD SUITE NEW DOCTOR Gabriel 12-12-01

A. ACCIDENTAL INJURY- please complete and attach itemized copies of any related bills including doctor, emergency room, and hospital. Bills should include diagnosis information (from your medical provider). **SSN 380-72-6307**

Date of accident(mm/dd/yyyy): 6-01-01 Time of accident: 11:50 am pm (circle one)

Tell us how your accident happened: (If you need more space, you may attach on a separate piece of paper.)
(Front sidewalk) Looking at chairs on sidewalk caught in cord that secured chairs together. Fell on knees and hands right side took pressure

~~where~~ K. mart Customer Incident Information
right hand, elbow muscle and nerves hurt very painful

Were you at work, working for wage or profit, at the time of your accident? Yes No

Have you ever had a similar injury? No If so, please tell us when (mm/dd/yyyy): _____

If you are claiming disability, please have your employer and doctor complete SECTION E.

B. ROUTINE PREGNANCY (6 weeks for vaginal delivery, or 8 weeks for c-section)

First Date of Treatment(mm/dd/yyyy): ~~06-01-01~~ Date of Delivery: (mm/dd/yyyy) _____

Type delivery: Vaginal/ C-Section (circle one) Dates of Hospital Confinement (mm/dd/yyyy): _____

Name of Hospital: _____ Hospital Phone Number: (____) _____

Doctor's Name: _____ Phone: (____) _____

Address: _____ Fax: (____) _____

_____ Tax Identification Number: _____

Treating Doctor's Signature: _____ Date(mm/dd/yyyy): _____

Referring Physician: _____ Phone number: (____) _____

Mailing address

If disabled due to complications of pregnancy, before or after delivery, complete Section E.

C. CANCER

If you do not have a cancer policy, please complete the sections that apply to your coverage. To file for benefits under a cancer policy:

- For *Internal Cancer*- Attach a copy of the pathology report from your *initial* diagnosis
- Attach copies of itemized statements for all medical expenses incurred relating to the diagnosis and treatment of your malignancy. Please clearly write your name and social security number on each bill.
- For *Skin Cancer*- Attach a copy of your pathology report for *each date of service* a lesion was biopsied and/or removed.
- *Transportation and Lodging*- Please review your policy to determine what expenses are covered. Send us a statement detailing your transportation and lodging expenses. This information should include mileage, where you traveled from and to, lodging receipts and medical verification of treatment for this time.
- If you are claiming disability, please have your employer and doctor complete SECTION E.

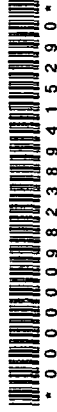
Please see the attached letter for an explanation of your benefits.

Should you need further assistance, please call our Customer Service Center (1-800-325-4368).

For your convenience, we offer an Automated Services Center to order forms, hear instructions about how to complete a claim form, receive a current claim status or to change your mailing address. These features are available 24 hours, every day of the year, and do not require that you speak to a service representative.

If you need to speak with a service representative, we recommend you call early in the day or later in the afternoon on Tuesdays, Wednesdays or Thursdays to avoid wait times associated with our peak calling periods. Service representatives are available Monday through Friday, 8:00 a.m. - 7:00 p.m., EDT.

PO Box 100195 Columbia, SC 29202



SSN 380-72-6307

SHANDS ACCT: 573484466
PATIENT NAME : CAMPBELL CINDY
BALANCE: \$62.10

DEAR CINDY CAMPBELL,

WE APPRECIATE YOUR COMING TO SHANDS AT THE UNIVERSITY OF FLORIDA FOR MEDICAL CARE.

SHANDS HEALTHCARE HAS RETAINED ACCOUNT BILLING SYSTEMS TO ASSIST YOU IN THE PAYMENT OF YOUR ACCOUNT. OUR RECORDS SHOW THAT YOUR BALANCE IS AS SHOWN ABOVE. IF YOU HAVE ANY QUESTIONS ABOUT THIS ACCOUNT OR IF YOU WANT US TO CHARGE THIS BALANCE TO YOUR MASTERCARD, VISA, DISCOVER OR AMERICAN EXPRESS CREDIT CARD, PLEASE CALL OUR PATIENT ACCOUNT REPRESENTATIVE AT (352) 732-2524 OR TOLL FREE AT (800) 927-5607, MONDAY THROUGH FRIDAY, BETWEEN THE HOURS OF 9:00AM AND 5:00PM.

IF YOU HAVE INSURANCE INFORMATION THAT HAS NOT BEEN PREVIOUSLY PROVIDED, PLEASE COMPLETE THE REVERSE SIDE OF THIS LETTER AND RETURN THE ENTIRE LETTER IN THE ENCLOSED ENVELOPE. ALSO INCLUDE A FRONT AND BACK COPY OF YOUR INSURANCE CARD(S).

IF THE ACCOUNT BALANCE IS CORRECT, PLEASE SEND YOUR CHECK OR MONEY ORDER, TOGETHER WITH THE TOP PORTION OF THIS LETTER, IN THE ENCLOSED ENVELOPE AS SOON AS POSSIBLE.

WE LOOK FORWARD TO SERVING YOU IN THE FUTURE.

SINCERELY,

ACCOUNT BILLING SYSTEMS

TELEPHONE INQUIRES (352) 732-2524
(800) 927-5607

OFFICE HOURS: 9:00AM-5:00PM MONDAY THROUGH FRIDAY

31J2189908/31/01D1187688

*** PLEASE DETACH BELOW AND RETURN IN THE ENCLOSED ENVELOPE WITH YOUR PAYMENT ***

P.O. BOX 2950
OCALA, FL 34478-2950
RETURN SERVICE REQUESTED

SHANDS ACCT: 573484466
PT. NAME : CAMPBELL CINDY
DATE OF SERVICE: 06/01/01
BALANCE: \$62.10

08/31/01

SHANDS HOSPITAL/ABS
P.O. BOX 100304
GAINESVILLE, FL 32610-0304

00224448-688 00701
CINDY CAMPBELL
1015 NE 11TH AVE
GAINESVILLE FL 32601-4527

SSN 380-72-6301

STATEMENT OF INJURED

NAME Cindy Sue Campbell NAME OF SPOUSE NONE TELEPHONE # 352 254 4680

ADDRESS 1015 NE 11TH AVE Gainesville FL 32601 AVERAGE WEEKLY WAGE \$ 47.00 hrs. 307.9
STREET CITY STATE ZIP

DATE OF BIRTH 7-24-59 SOCIAL SECURITY # 380-72-6307 OCCUPATION _____

EMPLOYER'S NAME, ADDRESS, PHONE # San Felasco Nurs Alan (owner) 7315 NW 12th Street
Gainesville FL 32653-2461 (352) 332-1220
HEIGHT 5' 7" WEIGHT 160 EYE COLOR BROWN HAIR COLOR BROWN RIGHT OR LEFT HANDED RIGHT

ANY PREVIOUS INJURIES RESULTING IN PERMANENT OR PARTIAL DISABILITY? EXPLAIN. NO.

DATE, TIME AND PLACE OF THIS INCIDENT 6-1-01 AFTERNOON 11:50 FRONT sidewalk

DESCRIBE IN DETAIL WHAT YOU WERE DOING AND WHAT HAPPENED WHEN YOU WERE INJURED AT KMART (continue on separate sheet if necessary).
Looking at chairs on sidewalk, foot caught in cord that secured chairs together fell on knees and hands right side took pressure.

NAME AND ADDRESS OF WITNESS HAVING KNOWLEDGE OF THIS INCIDENT NOT GIVE TO ME ON KMART CUSTOMER INCIDENT INFORMATION

DESCRIBE YOUR INJURY RIGHT HAND & ELBOW MUSCLE & NERVERS. HURT VERY PAINFUL

NAME, ADDRESS, & PHONE # OF TREATING PHYSICIAN (S) W. PRESTON BLAKE M.D. THE ORTHOPAEDIC CENTER 720 SW 2nd AVE OR 6900 N. W 9th Boulevard. Gainesville, FL 32601 (352) 336-6000 FAX (352) 336-6053

DATE OF 1ST VISIT 6-4-01 NUMBER OF TIMES TO A PHYSICIAN SINCE THIS INCIDENT _____

ARE YOU STILL RECEIVING TREATMENT? _____ HOW OFTEN? _____ HAVE YOU MISSED TIME FROM WORK? _____

DATE RETURNED TO WORK _____ IF NOT, WHEN ARE YOU EXPECTED TO RETURN TO WORK? WAS SAID NOT TO USE RIGHT HAND. LOW HOURS USE LEFT HAND.

IF STILL DISABLED, STATE YOUR PRESENT CONDITION _____

DATE _____ SIGNATURE OF INJURED X

THIS AUTHORIZATION, OR A PHOTOCOPY HEREOF, WILL AUTHORIZE YOU TO GIVE CAMBRIDGE INTEGRATED SERVICES GROUP, INC. OR ITS REPRESENTATIVE ALL INFORMATION YOU MAY HAVE REGARDING MY CONDITION WHILE UNDER YOUR OBSERVATION OR TREATMENT, INCLUDING HISTORY OBTAINED, X-RAY AND PHYSICAL FINDINGS, DIAGNOSIS, PROGNOSIS, AND BILLING INQUIRIES AND/OR STATEMENTS.

SIGNED X SIGNATURE OF INJURED

DATE _____ ADDRESS _____



Kmart Customer Incident Information

3989

Store Stamp

Dear Kmart Customer,

We want you to have a positive experience every time you visit our store. If you have experienced an accident or loss of any kind while visiting us, please provide the information requested below. This information will help us meet our goal of continuous improvement in the operation of our store. It will also help us in contacting you to make sure we are providing the service you expect.

Please take the white copy of this document for your records. If after leaving the store you wish to provide further information or have any questions about your incident, please call our Store Team Manager.

We are sorry you had an unpleasant experience while our guest. We look forward to serving you better in the future.

Sincerely,

Your Kmart Store Management

Store Phone Number: 372 8722

TO BE COMPLETED BY CUSTOMER:

Customer name: Cindy Campbell Customer's Street Address: 1015 NE 11th Ave
 City: 6V State: FL Zip: 32601 Phone: 352 256 4680
 Customer's employer: SMN SA Fiq Falesco Nursery Customer's sex: F
 Customer's Date of Birth: 7/24/59 Customer's Social Security Number: 380 72 6307
 If injury to a child: Child's name: _____ Child's age: _____ Parent's name: _____

Customer's Description of Incident:

Date of incident: 6/1/01 Location of incident: 2552 NW 13th St. 6V.
 Time of incident: 11:50 What happened? Looking at chairs on sidewalk
foot caught in cord that secured chairs together.
Fell on knees and hands.

Do you wish to be contacted? yes Date reported: 6/1/01 Signature of Customer: Cindy Campbell

White copy - for Customer

O & P REHABILITATION ASSOCI
 490 NW 60th St 4
 GAINESVILLE FL 32607-0000
 (352) 331-3399

SSN 380-72-6307

STATEMENT

DATE	03--31--01
ACCOUNT NUMBER	8169

TERMS: DUE UPON RECEIPT
 PAST DUE BALANCE SUBJECT TO 1.5%
 INTEREST CHARGE PER MONTH
 UNTIL PAID

STATEMENT

DATE	03--31--01
ACCOUNT NUMBER	8169

TERMS:
 DUE UPON RECEIPT
 PAST DUE BALANCE SUBJECT TO 1.5%
 INTEREST CHARGE PER MONTH
 UNTIL PAID

CURRENT	OVER 30 DAYS	OVER 60 DAYS	OVER 90 DAYS	OVER 120 DAYS
0.00	0.00	86.56	0.00	0.00
06-27	8169		394.80	0.00
06-19	8169		54.93	0.00
				78.96
				89.95

BALANCE DUE ▶ 86.56

PAYMENT ENCLOSED ▶ \$

PLEASE PAY 86.56

PLEASE RETURN THIS PORTION WITH YOUR REMITTANCE

1010 NW 64TH TERRACE
GAINESVILLE FL 32605

STATEMENT
BILLING HOURS ARE 9:00 AM
TO 5:00 PM

ADDRESS SERVICE REQUESTED

SSN 380-72-6307

CHECK HERE For Credit Card Payment

SHOW AMOUNT PAID HERE \$ _____

(352) 333-4703

07/26/01

11457

01

25.00

OFFICE PHONE NUMBER

CLOSING DATE

YOUR ACCOUNT NUMBER

PAGE NO

NEW BALANCE

CINDY S CAMPBELL
1015 NE 11TH AVE
GAINESVILLE, FL 32601-4527

NORTH FL OUTPATIENT IMAGING CT
1010 NW 64TH TERRACE
GAINESVILLE, FL 32605-4237



NOTE Charges and payments not appearing on this statement will appear on next month's statement.

PLEASE RETURN THIS PORTION WITH PAYMENT

CHARGES APPEARING ON THIS STATEMENT ARE NOT INCLUDED ON ANY HOSPITAL BILL OR STATEMENT

DATE	PROVIDER NAME	EXPLANATION OF ACTIVITY	PATIENT NAME	CHARGES AND DEBITS	PAYMENTS AND CREDITS
061801		CPT: 73221 MRI UPPER EXT W/JT		1100.00	
062001		BCBS FL # 12624 Filed			
072001		PAYMENT BCBS FL	c# 126241		-427.50
072001		Co-ins 25.00			
072001		WRITE-OFF BCBS FL	c# 126241		-647.50

FOR YOUR CONVENIENCE WE ACCEPT VISA, MASTERCARD AND DISCOVER.

STATEMENT CLOSING DATE	07/26/01	PLEASE INDICATE YOUR ACCOUNT NUMBER WHEN CALLING OUR OFFICE				11457
CURRENT	30-60 DAYS	60-90 DAYS	> 90 DAYS	TOTAL	INS PENDING	NEW BALANCE PAY THIS AMOUNT
	25.00			25.00	0.00	25.00

SEND INQUIRIES TO
NORTH FL OUTPATIENT IMAGING CT (352) 333-4703
1010 NW 64TH TERRACE
GAINESVILLE FL 32605
IRS #: 621807748

ADDRESS SERVICE REQUESTED

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=====

(352) 331-0770 09/28/01 66013-51 02 100.00
 OFFICE PHONE NUMBER CLOSING DATE YOUR ACCOUNT NUMBER PAGE NO NEW BALANCE

CINDY S CAMPBELL

CHARLES H. SHAW, MD, PA
 6820 NW 11TH PLACE
 GAINESVILLE, FL 32605-4217
 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

NOTE: Charges and payments not appearing on this statement will appear on next month's statement PLEASE RETURN THIS PORTION WITH PAYMENT

CHARGES APPEARING ON THIS STATEMENT ARE NOT INCLUDED ON ANY HOSPITAL BILL OR STATEMENT

DATE	PROVIDER NAME	EXPLANATION OF ACTIVITY	PATIENT NAME	CHARGES AND DEBITS	PAYMENTS AND CREDITS
092801	ELLIS	CPT: 99212 -25 POS: 3 EXAM LEVEL II DX: 726.90 TENDINITIS	C CAMPBELL	54.00	
092801		CPT: 20550 POS: 3 INJ.TENDON SHEATH/TRIGGER PT DX: 726.90 TENDINITIS		94.00	
092801		CPT: J1030 POS: 3 40MG METHYLPREDNISOLONE INJECTION DX: 726.90 TENDINITIS		10.00	
GOD BLESS AMERICA					
STATEMENT CLOSING DATE	PLEASE INDICATE YOUR ACCOUNT NUMBER WHEN CALLING OUR OFFICE			66013-51	
CURRENT	30-60 DAYS	60-90 DAYS	> 90 DAYS	TOTAL	INS PENDING
183.00	25.00		50.00	258.00	158.00
SEND INQUIRIES TO				NEW BALANCE PAY THIS AMOUNT	
CHARLES H. SHAW, MD, PA 6820 NW 11TH PLACE GAINESVILLE FL 32605 IRS #: 591829861			(352) 331-0770		



**Blue Cross
Blue Shield**
of Florida



532 Riverside Avenue
P. O. Box 1798
Jacksonville, FL 32231-0014

SSN 380-72-6307



CINDY CAMPBELL
PO BOX 63
WORTHNGTN SPG FL 32697-0063

012 N

Please keep this statement for your records. Copies are not available.

A COPY OF THIS NOTICE HAS BEEN SENT DIRECTLY TO THE PROVIDER OF SERVICE.

CCW064-5975-1097RM FL

DATE:	07/26/01
CONTRACT NUMBER	01 380726307
GROUP NUMBER	15925

EXPLANATION OF BENEFITS

THIS IS NOT A BILL

PROVIDER OF SERVICE	SERVICE DATES FROM TO	TYPE OF SERVICE	PREFERRED PATIENT CARE CARE MANAGER				YOUR PART	PAYMENT AMOUNT	* SEE REMARKS BELOW	PATIENT RESPONSIBILITY
			AMOUNT CHARGED	ALLOWED AMOUNT	DEDUCTIBLE TAKEN					
CINDY CLAIM #: /12042580980 SERVICE DATES: 07/11/01-07/11/01										
WENDY J HOL	07/11-07/11	THERAPY	35.00					A	35.00	
WENDY J HOL	07/11-07/11	THERAPY	90.00					A	90.00	
CLAIM TOTAL:			125.00						125.00	

* REMARKS***FOR CUSTOMER SERVICE PLEASE CALL 1-800-444-0455***
A YOUR CONTRACT EXCLUDES BENEFITS FOR TREATMENT OF OCCUPATIONAL INJURY OR ILLNESS.

4730-182

See reverse side for additional information.

PCCW4280-CC1V-5975-01207-04349

Neurosurgical and Spine Associates, P.A.

6510 N.W. 9th Boulevard, Suite 1
Gainesville, Florida 32605
Phone (352) 331-0811
Fax (352) 332-6387

Joseph C. Cauthen, M.D.

Diplomate, American Board of
Neurological Surgery
Fellow, American College of Surgeons

John C. Stevenson, M.D.

Diplomate, American Board of
Neurological Surgery
Fellow, Royal College of Surgeons of England

Eric M. Gabriel, M.D.

December 14, 2001

Robert G Ashley, M.D.

6800 NW 9th Blvd
Gainesville, FL 32605

RE: CINDY CAMPBELL
111459.0

Dear Bob,

Thank you very much for the kind referral of your patient, Cindy Campbell. Upon examination and evaluation of her and review of her electrophysiological studies, I have come to the conclusion, I do not think she will benefit from surgical intervention. I do not think she has clinical symptomatology of a posterior interosseous nerve syndrome. Therefore, surgery would most likely be fruitless in this instance. I think the only other alternative course would be evaluation by another orthopaedic surgeon for evaluation of her soft tissue injury and elbow fracture or perhaps referral to a pain management physician for pain control.

As always, I appreciate your kind referrals and please let me know if you have any questions or concerns regarding her care in the interim.

Sincerely,



Eric M. Gabriel, M.D.

EMG/crs

CINDY CAMPBELL
111459.0

12/14/01

CHIEF COMPLAINT: Right arm pain.

HISTORY: The patient is a 42-year-old white female who presents with complaints of right arm pain. The patient initially injured herself while she was shopping at K-Mart. Apparently she was walking on the sidewalk between rows of outdoor white plastic chairs when she tripped over a cord and fell onto her outstretched elbow. She presented initially to Dr. Blake and then was seen by Dr. Ellis who obtained an MRI scan of the right elbow, which demonstrated a nondisplaced capitellum fracture that has healed radiographically. The patient has complained of persistent extensor mass pain along the mobile mass in the right forearm. The pain radiates to the right forearm and she has pain and sensation in the lateral three digits of the right hand. She did not describe any specific weakness although she states she cannot lift things and move around as before due to increased pain in the elbow region. She underwent EMG and nerve conduction study tests which demonstrated mild borderline carpal tunnel syndrome. There are no signs of compression of the posterior interosseous nerve. Apparently there was some discrepancy at Dr. Ellis' office and apparently she decided not to proceed with surgery with him and she now presents today for a second opinion and further surgical evaluation.

PAST MEDICAL HISTORY: Unremarkable.

PAST SURGERY: Positive for pyloric stenosis, C-section.

MEDICATIONS: Motrin.

ALLERGIES: Penicillin, Codeine.

SOCIAL HISTORY: The patient is single with a 14-year-old son. She does not drink or smoke.

FAMILY HISTORY: Unremarkable.

REVIEW OF SYSTEMS: Unremarkable except for depression, menstrual difficulties, and headache.

PHYSICAL EXAMINATION:

GENERAL APPEARANCE: Slightly overweight young white female in no acute distress.

HEENT: Exam within normal limits.

Page 2 - Cindy Campbell
12/14/01

NECK: Supple.

LUNGS: Clear to auscultation bilaterally.

HEART: Regular rate and rhythm.


ABDOMINAL EXAM: Benign.

EXTREMITIES: No clubbing, cyanosis, or edema. There was tenderness over the right extensor mobile mass over the proximal forearm. There is no tenderness over the cubital tunnel or elbow region. She had full range of motion of the elbow.

NEUROLOGICAL EXAM: Patient was awake, alert, and oriented x 3. Cranial nerves II-XII intact. Speech, affect, and language appropriate. Motor exam was 5/5 throughout, with normal tone and mass. Sensory examination was intact to light touch and pinprick throughout. Deep tendon reflexes were 2+ and symmetrical. Cerebellar and gait exams were within normal limits.

RADIOGRAPHIC STUDIES: MRI scan of the elbow region demonstrates a radiographic occult nondisplaced fracture involving the capitellum.

ASSESSMENT: 42-year-old white female with right elbow pain consistent with her traumatic elbow injury. I do not find any evidence for entrapment of the posterior interosseous nerve clinically, by history, or apparently by EMG nerve conduction study testing. I do not think the patient will benefit from surgical intervention. My only consideration for this patient would be through a pain management physician or possible continued physical therapy. Her subjective pain may be a persistent problem, however there are no objective data to support these findings. Perhaps referral to another orthopaedic surgeon for further evaluation of her elbow injury may be in order, however I do not think surgical exploration of the posterior interosseous nerve in the radial tunnel will be of any benefit in this patient.

Eric M. Gabriel, M.D. 

EMG/crs

cc: Robert G Ashley, M.D.



**BlueCross BlueShield
of Florida**

An Independent Licensee of the
Blue Cross and Blue Shield Association

P. O. Box 1798
Jacksonville, Florida 32231-0014

SSN . 380-72-6307

August 29, 2001

Cindy S Campbell
PO Box 63
Worthington S FL

326970000

Patient: Cindy Campbell
Contract No: 380726307
Claim No: 11623355200
Service Date(s): 06/01/01 - 06/01/01
ICN: 4111236375410
Tracking No:

Dear Ms. Campbell :

Thank you for your inquiry regarding the status of the above referenced claim.

According to our records, the claim for services rendered on 06/01/01 - 06/01/01 in the amount of \$ 617.00 has been processed. Our records indicate the eligible amount was \$ 268.96 and a payment of \$ 215.16 was made payable to Shands Hospital At The University Of FL on June 20, 2001 . The patient's responsibility for these charges is \$ 53.80 .

I trust this information is helpful to you. If I may be of further assistance, please feel free to contact me at 1 800 945 5187 .

Sincerely,

A handwritten signature in cursive script, appearing to read 'VJ' or 'Voncille'.

Voncille Jackson
Care Manager Inquiries
Local Group Operations
411UIU2012410846



**BlueCross BlueShield
of Florida**

An Independent Licensee of the
Blue Cross and Blue Shield Association

P. O. Box 1798
Jacksonville, Florida 32231-0014

SSN 380-72-6307

August 29, 2001

Cindy S Campbell
PO Box 63
Worthington S FL

326970000

Patient: Cindy Campbell
Contract No: 380726307
Claim No: 11562340690
Service Date(s): 06/01/01 - 06/01/01
ICN: 4111236375412
Tracking No:

Dear Ms. Campbell :

Thank you for your inquiry regarding the status of the above referenced claim.

According to our records, the claim for services rendered on 06/01/01 - 06/01/01 in the amount of \$ 76.00 has been processed. Our records indicate the eligible amount was \$ 18.50 and a payment of \$ 14.80 was made payable to Florida Clinical Practice Association Inc on June 14, 2001 . The patient's responsibility for these charges is \$ 3.70 !

I trust this information is helpful to you. If I may be of further assistance, please feel free to contact me at 1 800 945 5187 .

Sincerely,

A handwritten signature in cursive script, appearing to read 'VJ'.

Voncille Jackson
Care Manager Inquiries
Local Group Operations
411UIU2012410853



**BlueCross BlueShield
of Florida**

An Independent Licensee of the
Blue Cross and Blue Shield Association

P. O. Box 1798
Jacksonville, Florida 32231-0014

SSN 380-72-6307

August 29, 2001

Cindy S Campbell
PO Box 63
Worthington S FL

326970000

Patient: Cindy Campbell
Contract No: 380726307
Claim No: 11622049580
Service Date(s): 06/01/01 - 06/01/01
ICN: 4111236375411
Tracking No:

Dear Ms. Campbell :

Thank you for your inquiry regarding the status of the above referenced claim.

According to our records, the claim for services rendered on 06/01/01 - 06/01/01 in the amount of \$ 110.00 has been processed. Our records indicate the eligible amount was \$ 41.50 and a payment of \$ 33.20 was made payable to Shands Teaching Hospital And Clinics Inc on June 20, 2001 . The patient's responsibility for these charges is \$ 8.30 .

I trust this information is helpful to you. If I may be of further assistance, please feel free to contact me at 1 800 945 5187 .

Sincerely,

Voncille Jackson
Care Manager Inquiries
Local Group Operations
411UIU2012410849



**Blue Cross
Blue Shield**
of Florida



532 Riverside Avenue
P. O. Box 1798
Jacksonville, FL 32231-0014

SSN 380-72-6307

|||||
CINDY CAMPBELL
PO BOX 63
WORTHNGTN SPG FL 32697-0063

010 N

Please keep this statement for your records. Copies are not available.

THE PAYMENT OR PAYMENTS HAVE BEEN SENT DIRECTLY TO THE PROVIDER OF SERVICE.

CCW064-5975-1097RM FL

DATE:	07/11/01
CONTRACT NUMBER	XJA380726307
GROUP NUMBER	15925

EXPLANATION OF BENEFITS

THIS IS NOT A BILL

PROVIDER OF SERVICE	SERVICE DATES FROM TO	TYPE OF SERVICE	PREFERRED PATIENT CARE CARE MANAGER				PAYMENT AMOUNT	* SEE REMARKS BELOW	PATIENT RESPONSIBILITY
			AMOUNT CHARGED	ALLOWED AMOUNT	DEDUCTIBLE TAKEN	YOUR PART			
CINDY CLAIM #: /11832492450 SERVICE DATES: 06/19/01-06/19/01									
M AND M REH	06/19-06/19	SUPPLIES	394.80	394.80		78.96	315.84		78.96
CLAIM TOTAL:			394.80	394.80		78.96	315.84		78.96

* REMARKS***FOR CUSTOMER SERVICE PLEASE CALL 1-800-444-0455***

4730-182

See reverse side for additional information.

PCCW4280-CC1V-5975-01192-03655



THE ORTHOPAEDIC CENTER
 P O BOX 13476
 GAINESVILLE FL 32604-1476

ADDRESS SERVICE REQUESTED

CHECK CARD USING FOR PAYMENT

MASTERCARD
 DISCOVER
 DISCOVER
 VISA
 VISA

CARD NUMBER	AMOUNT
SIGNATURE	EXP DATE

STATEMENT DATE 08/20/01	PAY THIS AMOUNT \$50.00	ACCT. # A 225318
----------------------------	----------------------------	---------------------

PAGE NO. 1 SHOW AMOUNT PAID HERE \$

SSN 380-72-6307

ADDRESSEE:

REMIT TO:

|||||
 CINDY CAMPBELL
 1015 NE 11TH AVE
 GAINESVILLE FL 32601

|||||
 THE ORTHOPAEDIC CENTER
 P O BOX 13476
 GAINESVILLE FL 32604-1476

03576299 A529

Please check box if above address is incorrect or insurance information has changed and indicate change(s) on reverse side

STATEMENT

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT
 0-B-977

Date	Patient Name	Doctor	Description	Charges	Adjustments	Payments	Balance	Ins. Pen.
06/04/01	CINDY	BLAKE, M.D.	INITIAL OFFICE VISIT - LEVEL 3	133.64	51.64	57.00	25.00	
06/13/01	CINDY	BLAKE, M.D.	RTN OFFICE VISIT - LEVEL 3	73.41	27.41	21.00	25.00	

**** Pay Patient Due Balance Immediately * SECOND STATEMENT ****

Message

Total Balance	50.00
* Insurance Pending	0.00
Amount Due Now	\$50.00

Statement Date	Account Number	Current	30 Days	60 Days	90 Days	120 Days	Total Balance	* Ins. Pending
08/20/01	A 225318	0.00	50.00	0.00	0.00	0.00	50.00	0.00

Make Checks Payable To:

THE ORTHOPAEDIC CENTER
 P O BOX 13476
 GAINESVILLE FL 32604-1476

Billing Questions
 (352) 336-6000

Federal Tax Id

SHANDS HealthCare

P.O. BOX 100334
GAINSVILLE, FL 32610

FORWARDING SERVICE REQUESTED

07/28/01

SSN. 380-72-6307



CINDY CAMPBELL
1015 NE 11 AVE
GAINESVILLE FL 32601

IF PAYING BY MASTERCARD, DISCOVER OR VISA, FILL OUT BELOW.			
CHECK CARD USING FOR PAYMENT			
<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> DISCOVER	<input type="checkbox"/> DISCOVER	<input type="checkbox"/> VISA
CARD NUMBER		AMOUNT	
SIGNATURE		EXP DATE	

ACCT. #: 573484466	PATIENT NAME: CINDY CAMPBELL	ADM/REG DATE: 06/01/01
ACCT. BALANCE: 62.10	EST. GUARANTOR RESPONSIBILITY: E	
SHOW AMOUNT PAID HERE		\$



SHANDS @ UNIVERSITY OF FLORIDA
P. O. BOX 31240
TAMPA, FL 33631-3240

03501918 4703

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PLEASE WRITE YOUR ACCOUNT NUMBER ON YOUR CHECK OR MONEY ORDER.

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

O-B-209

↑ DETACH HERE ↑

FINAL NOTICE

Some time ago, you were notified of the balance owed on the following account:

Patient Name: CINDY CAMPBELL
Account Number: 573484466
Adm/Reg Date: 06/01/01
Account Balance: 62.10
Patient Type: E

If you have already submitted payment for this account, we thank you and ask that you please disregard this notice.

Perhaps you have overlooked payment of this account balance, which is now delinquent. If you are unable to pay this amount in full at this time, or if you have an existing payment contract with Shands, please contact our Patient Financial Services office at 352 265-0355 or e-mail UFCORR@shands.ufl.edu to make appropriate arrangements.

We would appreciate hearing from you, within the next (10) days. If we do not receive payment or hear from you within (10) days, further action will be taken.

sp21 - 98

PATIENT FINANCIAL SERVICES

P.O. BOX 100334 * GAINESVILLE, FL 32610-0334 * 1-800-342-5364 * 352-395-0355 * FAX 352-395-9007

11 11 01

GAINESVILLE ORTHOPAEDIC GROUP

November 21, 2001

Cindy Campbell
2960 NW 6th Street
Gainesville, FL 32609

Dear Mrs. Campbell:

Thank you for allowing me to participate in your care from 6/15/01-11/14/01.

Unfortunately, at this time it has become necessary for me to discharge you from my clinical practice of orthopaedic surgery.

I feel that the physician/patient relationship has been significantly changed based on your attitude towards myself and my staff. We have tried to provide you with good care and I believe have been patient with your requests.

My office staff and I will not tolerate derogatory comments directed towards us nor profane and rude language directed at myself, and/or my staff, and/or ancillary services that are recommended or provided.

I wish you the best of luck. I would recommend at this time that you seek another orthopaedic opinion. You will be provided with 30 days of emergency services regarding your elbow and/or forearm.

Sincerely,



Frank D. Ellis, MD

FDE/dom

□
Charles H. Shaw, M.D., P.A.
Frank D. Ellis, M.D.

NORTH FLORIDA SURGICAL
6705 N.W. 10TH PLACE
GAINESVILLE, FL 32605

SSN 380-72-6307

HISTORY AND PHYSICAL

PATIENT: CAMPBELL, CINDY
MRN:

ADMITTED: 10-25-01

SURGEON: Frank Ellis, MD

DIAGNOSIS:
Radial tunnel syndrome, right elbow.

DATE OF INJURY:
June 1, 2001

HISTORY OF PRESENT ILLNESS:

Ms. Campbell is a 42-year-old right-hand dominant female. She sustained injury June 1, 2001. At that time she was shopping at K-Mart. She was walking along a sidewalk between two rows of outdoor chairs. She tripped over a cord for bicycles that was laying between them. She fell onto an outstretched right arm and elbow. At the time of injury, she had scraped her knees and there was pain along the distal right elbow and proximal forearm. She had some significant swelling which occurred soon after the injury.

She initially presented to my office in June 2001 after originally being seen by Dr. Blake. She was having increasing elbow pain and pain along the extensor mass and proximal forearm and pain with repetitive activity. She tried some initial anti-inflammatories without relief.

When I initially saw her, I obtained an MRI study. This showed a nondisplaced capitellum fracture in the right elbow.

Following the diagnosis, she was placed into a hinged elbow brace. Followup x-rays showed no displacement and apparently a healed fracture. The patient was then placed through extensive physical therapy from July through September 2001.

However, she persisted in having pain along the extensor mass mobile wad and in the area of the radial tunnel. I eventually got nerve conduction studies that were performed by Dr. Jessie Lipnick. These studies showed no significant areas of nerve compression although there was a borderline study for carpal

PATIENT: CAMPBELL, CINDY MRN:
HISTORY AND PHYSICAL

NORTH FLORIDA SURGICAL
6705 N.W. 10TH PLACE
GAINESVILLE, FL 32605

- SSN 380-72-6307

HISTORY AND PHYSICAL

PATIENT: CAMPBELL, CINDY
MRN:

ADMITTED:

SURGEON: Frank Ellis, MD

DIAGNOSIS:
Radial tunnel syndrome, right elbow.

DATE OF INJURY:
June 01, 2001

HISTORY OF PRESENT ILLNESS:
Ms. Campbell comes for followup of her right elbow. She was scheduled for surgery in October but declined it at that time. She has had increased arm pain and certainly would like to discuss the surgery again.

She sustained injury on the above date when she was shopping in K Mart. She was along the sidewalk between two rows of outdoor chairs. She tripped over a cord for bicycles that was lying between them and fell onto an outstretched right elbow.

She presented to my office after originally being seen by Dr. Blake. She had increased elbow pain and swelling along the extensor mass at that time. An MRI was obtained, which showed a nondisplaced capitellum fracture. That has healed radiographically.

She has had persistence in extensor mass pain along the mobile rod in the area of the radial tunnel. Previous nerve conductions have been done, which showed borderline carpal tunnel only. She did briefly respond to an injection in the radial tunnel, but then the pain soon reappeared. She feels like she has limited function of the arm because of this pain, limited motion.

PAST MEDICAL HISTORY:
Her past medical history is unremarkable.

PAST SURGICAL HISTORY:
1. Pyloric stenosis.
2. C section.

PATIENT: CAMPBELL, CINDY
HISTORY AND PHYSICAL
Page 1 of 3

MRN:

tunnel on the right side. His findings at the time were suspicious for a radial nerve entrapment at the elbow.

Despite work restrictions, anti-inflammatory medication and long term care, the patient has persistently had pain just distal to her elbow. This is in the area of the radial tunnel. At this point, having exhausted nonoperative treatment measures, we will consider surgical exploration and decompression of the radial tunnel.

PAST MEDICAL HISTORY:

The patient's past medical history is unremarkable.

PAST SURGICAL HISTORY:

1. Pyloric stenosis.
2. C-section.

FAMILY HISTORY:

Family history unremarkable.

CURRENT MEDICATIONS:

Motrin as needed.

ALLERGIES:

ALLERGIES TO PENICILLIN AND CODEINE. SHE IS NOT ALLERGIC TO SYNTHETIC CEPHALOSPORINS.

REVIEW OF SYSTEMS:

CONSTITUTIONAL: No fevers, chills or weight loss.

HEENT: No vision or hearing changes.

RESPIRATORY: No cough or shortness of breath.

CARDIOVASCULAR: No heart disease.

GASTROINTESTINAL: No abdominal pain.

GENITOURINARY: No urinary tract infection.

HEMATOLOGIC: No bleeding or wound healing problems.

PSYCHIATRIC: No psychiatric illnesses.

ENDOCRINE: No endocrine disease.

GENERAL: Generally, well-developed and well-nourished.

PHYSICAL EXAMINATION:

HEENT: HEENT is unremarkable.

NECK: Neck supple, nontender. No jugular venous distention.

HEART: Regular rate and rhythm without murmur.

LUNGS: Lungs clear to auscultation without rales or wheeze.

ABDOMEN: Abdomen is soft and nontender.

PATIENT: CAMPBELL, CINDY MRN:

HISTORY AND PHYSICAL

Page 2 of 3

SPINE: Spine is midline.

EXTREMITIES: Right shoulder full, active range of motion. Right elbow: Range approximately to 150 degrees of flexion. Full pronation and supination. She is tender in the radial tunnel. She is tender along the mobile wad of muscles. Her triceps is nontender.

NEUROLOGICAL: No gross focal weakness. Motor strength 5/5. Sensation intact to light touch right upper extremity. Vascular pulses are 2+ with brisk capillary refill.

IMPRESSION:

Previous x-rays unremarkable. Previous MRI consistent with capitellum fracture. Previous nerve studies normal except mild right medial nerve entrapment.

PLAN:

Radial tunnel release, right elbow.

Risks include infection, nerve injury, vascular injury, persistent pain in the elbow and forearm despite the surgery, recurrent pain, risk of anesthetic.

The surgery will also leave a scar across the front of her elbow which is fairly extensive and is required to dissect the nerve and completely release it at three possible compression points. Patient understands that she may persist in having pain even after the surgery.

Postoperatively, she will wear a brace temporarily and start doing early range of motion, but may be limited in her activities for six to 12 weeks.

Frank Ellis, MD

FE:EDiX13757

D: 10/10/01 12:34 T: 10/10/01 13:26 DOCUMENT: 200110100596613600

PATIENT: CAMPBELL, CINDY
HISTORY AND PHYSICAL
Page 3 of 3

MRN:

□

NORTH FLORIDA SURGICAL

FAMILY HISTORY:

Family history is unremarkable.

CURRENT MEDICATIONS:

Motrin p.r.n.

ALLERGIES:

ALLERGIC TO PENICILLIN AND CODEINE. NOT ALLERGIC TO SYNTHETIC CEPHALOSPORINS.

REVIEW OF SYSTEMS:

No fevers, chills or weight loss. No vision or hearing change. No cough or shortness of breath. No heart disease. No abdominal pain. No urinary tract infection. No bleeding or wound healing problem. No psychiatric disorders, no endocrine disease. Generally well-developed, well-nourished, in no acute distress.

PHYSICAL EXAMINATION:

HEENT: Unremarkable.

NECK: The neck is supple, nontender.

HEART: Regular rate and rhythm.

LUNGS: The lungs are clear to auscultation.

ABDOMEN: The abdomen is soft and nontender.

BACK: Spine is midline.

EXTREMITIES: Tender extensor mass. Tender over the right radial tunnel. Full range of motion, elbow. Somewhat tender and swelling along the mobile wad of muscles. Triceps nontender. Range of motion elbow 0-150 degrees of flexion with full pronation and supination. Right shoulder, full active range of motion.

NEUROLOGIC: No focal weakness. Motor strength 5/5. Sensation intact to light touch. Vascular pulses are 2+.

DIAGNOSTIC DATA:

Previous x-rays unremarkable. Previous MRI, capitellum fracture.

Nerve conduction study normal except borderline right carpal tunnel syndrome.

IMPRESSION:

Radial tunnel release, right elbow.

PATIENT: CAMPBELL, CINDY
HISTORY AND PHYSICAL
Page 2 of 3

MRN:

Risks include infection, nerve injury, vascular injury, persistence of pain, even with the surgery, possible that she would not get better and she still may have pain and swelling. Risks of recurrent pain and risks of anesthesia.

We also discussed the scar, which would be extensive, to dissect the radial nerve proximal and distal to the elbow and release the compression points. This is scheduled at the patient's convenience in the near future.

Frank Ellis, MD

FE:EDiX10779

D: 11/14/01 21:51 T: 11/14/01 22:42 DOCUMENT: 200111150597792900

SSN 380 72 4307

CAMPBELL, CINDY
11/14/01

S. A full history and physical exam was dictated on the surgical pavilion line.

PLAN:

1. Right radial tunnel release.

FD Ellis

FRANK D. ELLIS, M.D.

FDE/dom

THE
NATHAN MEDIC
CENTER

CLINTON B. BULLOCH, M.D.
J. STEPHEN WATERS, M.D.
TIMOTHY LANE, M.D.
RODGER D. POWELL, M.D.
W. PREPTON BLAIR, M.D.
EDWARD M. JAFFE, M.D.
F. WILLIAM PETTY, M.D.

ARTHUR M. BARRETT, M.D.
AMANDA B. HAYES, M.D.
JAMES B. SLATTERY, M.D.
TERRY W. KENNEDY, M.D.
PHILLIP L. PARR, M.D.
MARI A. PETTY, M.D.
ADIL LABEER, M.D.

SSN 380-72-6307

POST OFFICE BOX 1747 GAINESVILLE, FL 32604 (352) 336-1111

CINDY AMFVELL
1015 NW 11TH AVE
GAINESVILLE, FL 32601

07/01/01

ACCOUNT NUMBER: 226514

BALANCE DUE: \$0.00

LAST PAYMENT DATE:

Just a reminder, we have not received payment on your account balance.

If there is a problem let me know, if not please send payment on your balance promptly.

If your payment has been mailed within the last three days, please accept our thanks and disregard this notice.

Sincerely,

Insurance Department

(1-888-860-7050)

O & P REHABILITATION ASSOC.
490 NW 60th ST. #4
GAINESVILLE, FL 32607
(352) 331-3399

Invoice # 5275
Date 07/19/2001

Bill To
CINDY CAMPBELL
1015 NE 11TH AVE
GAINESVILLE, FL 32601

Provided To
CINDY CAMPBELL
1015 NE 11TH AVE
GAINESVILLE, FL 32601

Srv From	Qty	HCPC	Description	Fee	Total
06/19/01	1	L3720	EO, doub upright w forearm/arm	394.80	394.80
					----- 394.80

Referred by Dr. FRANK ELLIS
Diagnosis : 726.32

Amount Due : 78.96
Amount Past Due : 0.00

Last Payment Received

Type : Primary Payment
Date Received : 07/19/01
Amount : 315.84

Note

PATIENT RESPONSIBILITY OF \$78.96 IS FOR COPAY ON BRACE PROVIDED
PAYMENT IS DUE UPON RECEIPT OF THIS INVOICE
THANK YOU

CAMPBELL, CINDY
7/11/01

SSN - 380-72-6307

Referring physician: Robert Ashley, MD
Diagnosis: right elbow capitellum fracture
Date of Injury: 6/1/01

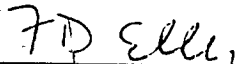
S. Patient returns for routine follow-up. She complains of stiffness and pain along the right elbow. She has been in an elbow brace. No paresthesias at this time. Main pain is along the lateral elbow and the anterior capsule.

EXAMINATION: The soft tissue swelling is obvious. She is tender along the distal lateral humerus and somewhat tender in the anterior capsular region. Her range of motion is 15-145 degrees of flexion. Full pronation and supination.
Neurovascular exam normal.

RADIOGRAPHIC STUDIES: New x-rays AP, lateral, and oblique show no obvious misalignment. The joint looks normally located with acceptable fracture healing.

PLAN:

1. Discontinue brace.
2. Start physical therapy for stretching and strengthening.
3. Follow-up in three weeks. Check range of motion.
4. Work restriction: No use right hand, continued light duty.



FRANK D. ELLIS, M.D.

FDE/dom

cc: Robert Ashley, MD

PLAN OF CARE

SSN 380-72-6307

PATIENT Cindy Campbell DATE 7-11-01

PHYSICIAN Dr. Ellis DIAGNOSIS (L) Capitate Fr

RELATED MEDICAL FINDINGS _____ PAST MEDICAL HISTORY _____

DATE OF TRAUMA 6-1-01

DATE OF SURGERY / REHAB POTENTIAL Excellent Good Fair Poor

REHABILITATION GOAL PRIORITIES

- Wound care
- Decrease edema
- Immobilize
- Protect fixation/repairs
- Decrease pain
- Correct deformity
- Increase ROM
- Increase strength
- Remodel scar
- Improve sensibility
- Improve ADL functional abilities

PROCEDURES

- Hot/Cold packs
- Paraffin
- Contrast bath
- TENS application
- Fluidotherapy
- SPLINT FABRICATION (specify) _____
- Functional Electrical Stimulation
- Ultrasound
- Whirlpool
- Phonophoresis
- Iontophoresis
- Therapeutic exercise
- Kinetic activities
- Activities of daily living
- Orthotic training
- Home program
- Other (specify) _____

FREQUENCY OF VISITS 2 times per week/month

DURATION OF TREATMENT 3 weeks/months

PATIENT IS IS NOT AWARE OF DIAGNOSIS AND ESTIMATED PROGNOSIS

I CERTIFY THAT THE ABOVE SERVICES ARE MEDICALLY NECESSARY FOR THE TREATMENT OF THE ABOVE-NAMED PATIENT AND HIS HER DIAGNOSIS

Frank Ellis
Physician's Signature

CAMPBELL, CINDY
7/25/01

SSN- 380-72-6307

Diagnosis: Right elbow capitulum fracture
Date of Injury: 6/1/01

S. Cindy continues to work. She still has pain with gripping motions and using her snippers at work. She has pain along the triceps and pain along the dorsal forearm. She occasionally feels some burning along the dorsum of the hand. She feels like she has difficulty extending her elbow fully.

EXAMINATION: There is trace soft tissue swelling along the lateral elbow. The humerus is nontender. She is somewhat tender over the triceps. Tender along the dorsal forearm to deep palpation. Passive range of motion of elbow is 5-145 degrees of flexion. Full pronation and supination.
Neurovascular exam is normal.

RADIOGRAPHIC STUDIES: Previous x-rays show a healed fracture.

PLAN:

1. Discontinue physical therapy.
2. Continue Motrin 800mg TID PRN.
3. Elbow sleeve.
4. Work restriction: Limited use right hand, continue light duty, no pushing or pulling.
5. Follow-up in three weeks to recheck.

FD Ellis

FRANK D. ELLIS, M.D.

FDE/dom

cc: Robert Ashley, MD

PATIENT NAME: CAMPBELL, CINDY S
UNIT NO: H000290659

SSN 380-72-6307

EXAMS: 000414978 MRI EXTREMITY UPPER JOINTS

NORTH FLORIDA REGIONAL OUTPATIENT IMAGING CENTER

06/18/2001

PERTINENT DX & HX: Elbow pain status post fall. Assess biceps tendon and proximal radius.

MRI RIGHT ELBOW

COMPARISON: Right elbow radiograph, Gainesville Orthopedic Group, 06-15-01.

MR TECHNIQUE: On the 1.5 T. GE Signa MRI scanner; axial T2, sagittal P.D., coronal T1, coronal T2,, coronal gradient echo images were obtained. T1 weighted axial imaging also performed.

FINDINGS:

OSSEOUS STRUCTURES: There is a somewhat of a linear hypointense signal on T1 weighted imaging seen on coronal T1 images #11-12 which becomes hyperintense on T2 weighted imaging with reference to the normal fatty marrow. This would be consistent with a radiographically occult, nondisplaced, subtle fracture involving the capitellum with associated osseous contusion. There is no articular surface incongruity. Small, subtle osseous contusion is seen involving the most proximal and radial aspect of the radial head.

MUSCLES AND TENDONS: Intact. Specifically, the biceps tendon is intact as it attaches onto the radial tuberosity.

ARTICULAR CARTILAGE: There is Grade II to III chondromalacia involving the capitellum.

OTHERS: Small to moderate sized joint effusion is seen. No soft tissue mass is identified.

IMPRESSION:

1. Radiographically occult, subtle fracture which is nondisplaced involving the capitellum. This is associated with osseous contusion. There is no articular surface incongruity.
2. Subtle osseous contusion involving the radial head.

PAGE 1

Signed Report

(CONTINUED)

OUTPATIENT IMAGING CENTER
NORTH FLORIDA REGIONAL MED CTR
6500 NEWBERRY ROAD
GAINESVILLE, FL 32605
PHONE #: 352-333-4178
FAX #: 352-333-4278

NAME: CAMPBELL, CINDY S
PHYS: ELLFR - Ellis, Frank D
DOB: 07/24/1959 AGE: 41 SEX: F
ACCT NO: C042717 LOC: OUT
EXAM DATE: 06/18/2001 STATUS: OUT
RADIOLOGY NO:

PATIENT NAME: CAMPBELL, CINDY S
UNIT NO: H000290659

EXAMS: 000414978 MRI EXTREMITY UPPER JOINTS
<Continued>

SSN. 38072-6307

3. The biceps tendon is intact.

*FXD. DRAFT status to Dr. Ellis, 06-18-01, @1620. dda

** Electronically Signed by J. H. KIM MD on 06/18/2001 at 2213 **
Reported and Signed by: J. H. KIM, MD

CC: Frank D Ellis

Dictated Date/Time: 06/18/2001 (1122)
Technologist: SUZANNE GARDINER, RT(R) (MR) (M)
Transcribed Date/Time: 06/18/2001 (1618)
Transcriptionist: HRADDDA/PHYJHK
Electronic Signature Date/Time: 06/18/2001 (2213)
Printed Date/Time: 06/19/2001 (0856) BATCH NO: N/A

PAGE 2

Signed Report

OUTPATIENT IMAGING CENTER
NORTH FLORIDA REGIONAL MED CTR
6500 NEWBERRY ROAD
GAINESVILLE, FL 32605
PHONE #: 352-333-4178
FAX #: 352-333-4278

NAME: CAMPBELL, CINDY S
PHYS: ELLFR - Ellis, Frank D
DOB: 07/24/1959 AGE: 41 SEX: F
ACCT NO: C042717 LOC: OUT
EXAM DATE: 06/18/2001 STATUS: OUT
RADIOLOGY NO:

CAMPBELL, CINDY
8/15/01

SSN. 380-72-6307

Diagnosis: 1. Right elbow capitulum fracture
2. Right forearm tendinitis

Date of Injury: 6/1/01

S. Ms. Campbell has been at work. She has had the ability to use more of her arm. She has pain along the dorsal forearm. Less pain along the elbow at this time, but occasionally with full extension of the elbow she has pain. Most of the pain is along the brachial radialis and mobile wad. She gets soft tissue swelling.

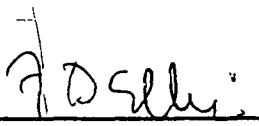
EXAMINATION: Range of motion is 0-150 degrees of flexion. Pronation and supination are 80 degrees. Tender along the brachial radialis and mobile wad. Nontender triceps. No radius or ulnar pain.

Neurologic: No gross focal weakness. Motor strength 5/5. Sensation intact to light touch.

Vascular pulses: 2+.

PLAN:

1. May increase work load to lift less than 15 pounds.
2. She occasionally has some numbness in the radial nerve distribution. If this persists I would like to obtain a nerve conduction study.
3. Follow-up in three to four weeks for recheck.



FRANK D. ELLIS, M.D.

FDE/dom

cc: Robert Ashley, MD

CAMPBELL, CINDY
6/15/01

SSN. 380-72-6307

EXAMINATION cont.: Her right forearm shows tenderness along the extensor mass. mobile wad. There is minor soft tissue swelling as well. She is also tender somewhat along the proximal radius. The ulna is nontender. The elbow shows no effusion.

Wrist has a full painless range of motion.

She does have some weakness with resisted third finger extension. No pain or weakness with resisted wrist extension.

Vascular pulses: 2+ with brisk capillary refill right upper extremity.

Neurologic: No focal weakness. Motor strength 5/5. Sensation intact to light touch.

RADIOGRAPHIC STUDIES: New x-rays AP, lateral, and oblique of elbow and upper forearm show no bony abnormalities.

IMPRESSION:

- 1. Biceps tendon strain right elbow. Rule out possibility of partial or complete tear.
- 2. Probable extensor tendonitis, mobile wad.

PLAN:

- 1. Tennis elbow brace.
- 2. Vioxx 25mg qd. Cautioned about gastritis.
- 3. MRI study of right elbow to rule out biceps tendon tear.
- 4. Follow-up post study to review and recommend treatment. Consider physical therapy.

FD. Ellis

Frank D. Ellis, M.D.

FDE/dom

cc: Robert Ashley, MD

MRI

(+) capitellum fx

FE

CAMPBELL, CINDY
6/15/01

SSA 380-72-6307

Referring physician: Robert Ashley, MD

Diagnosis: 1. Right elbow pain, probable extensor mass tendonitis
2. Biceps tendon strain

Date of Injury: 6/1/01

S. Ms. Campbell is here as a new patient. She sustained injury on 6/1/01. At this time she was shopping at K-Mart. She was walking along the sidewalk between two rows of outdoor chairs. She tripped over a chord for bicycles that was laying between them. She fell onto her outstretched right arm. At this time she scraped her knees and noticed pain along the distal right elbow and proximal forearm. She noticed some significant swelling which occurred soon after the injury.

Her primary complaint is proximal forearm pain along the extensor mass. She has pain with repetitive activity such as she is doing at working using clippers. She has been in an elbow sleeve for comfort.

Originally she was referred to Dr. Blake. She did not feel like she was getting anywhere with the treatment plan and wanted to get another opinion her pain and diagnosis.

She was placed on Vioxx, but did not take it. She has been taking Motrin. She denies any specific paresthesias. She does seem to feel weak in the forearm and fingers. She has difficulty manipulating fine objects and holding objects with her hand. She has had no prior injury to the elbow or upper arm to her knowledge.

FAMILY HISTORY: Unremarkable.

PREVIOUS SURGERY: Pyloric stenosis, C-section.

PAST MEDICAL HISTORY: Unremarkable.

ALLERGIES: Penicillin, Codeine.

CURRENT MEDICATIONS: Motrin as needed.

REVIEW OF SYSTEMS: No fevers, chills, or weight loss. No vision or hearing changes. No cough or shortness of breath. No heart disease. No abdominal pain. No UTI. No bleeding problems. No wound healing problems. No psychiatric illness. No endocrine disease.

EXAMINATION: Her right shoulder shows a full passive range of motion without pain. Right elbow extends to 3 degrees, flexes to 135 degrees comfortably. She is tender along the biceps tendon insertion and in the antecubital fossa. There is a trace of ecchymosis distal to the elbow, nothing proximal. There is not a significant palpable deformity along the biceps. She is able to flex the elbow. However she is weak with supination.

continued on page two

CAMPBELL, CINDY
6/19/01

SSN 380-72-6307

Referring physician: Robert Ashley, MD
Diagnosis: Right elbow capitellum fracture

S. Ms. Campbell is back for follow-up of an MRI study. I saw her last week. She sustained a fall at K-Mart and had persistent right elbow pain that was unexplained. X-rays were negative.

EXAMINATION: Minor soft tissue swelling about the elbow. Distinctly tender along the distal humerus. Less tender along the biceps mechanism today. Somewhat tender along the proximal radius.
Neurovascular exam normal.

RADIOGRAPHIC STUDIES: MRI study is reviewed with the patient and reviewed by myself. This is consistent with a nondisplaced capitellum fracture which is intra-articular.

PLAN:

1. Hinged elbow brace.
2. Work restriction: No lifting right arm.
3. Follow-up in two weeks. Obtain AP, lateral, and oblique right elbow prior to being seen.

Frank D. Ellis

FRANK D. ELLIS, M.D.

FDE/dom

cc: Robert Ashley, MD

CAMPBELL, CINDY
9/5/01

SSN 380-72-6307

Diagnosis: 1. Right elbow capitulum fracture
2. Right forearm pain and tendinitis

Date of Injury: 6/1/01

S. Ms. Campbell still continues to work. Her current work restriction is lift less than 15 pounds. She still has some discomfort when using clippers or lifting, especially as the day progresses. Besides the radial nerve pain along the mobile wad she has some ulnar nerve symptoms involving the small and ring fingers. This also seems to be worse as the day progresses.

EXAMINATION: Range of motion of her elbow is 0-150 degrees of flexion. Pronation and supination 80 degrees, somewhat tenderness along the brachial radialis and mobile wad. Her triceps is nontender.

She has a positive Tinel at the ulnar nerve elbow. Her forearm is nontender to palpation. Her wrist has a full range of motion.

PLAN:

1. Nerve studies to be done by Dr. Lipnick.
2. Work restriction: Lift less than 15 pounds.
3. Follow-up in three weeks to review nerve studies.



FRANK D. ELLIS, M.D.

FDE/dom

SSN. 380-72-6307

CAMPBELL, CINDY
9/28/01

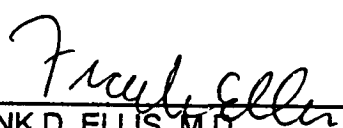
Diagnosis: 1. Right forearm pain, possible radial tunnel syndrome
2. Old elbow capitulum fracture
Date of Injury: 6/1/01

S. Ms. Campbell is here for routine visit. She has maintained the same work restrictions. When she uses the clippers or lifts, she continues to have pain along the dorsal forearm, near the radial nerve, and in the brachial radialis muscle. She is not having any significant ulnar nerve symptoms at this visit. In the interim she has seen Dr. Lipnick and undergone nerve conduction studies.

EXAMINATION: Range of motion of elbow is 0-150 degrees. Pronation and supination are 80 degrees. Lateral epicondyle is nontender. She is tender over the radial tunnel, brachial radialis, and mobil wad.
Triceps nontender.
Tinel is negative today at the elbow and wrist. Wrist has full range of motion.
Neurologic: No gross focal weakness. Motor strength 5/5. Sensation intact to light touch.
Vascular pulses: 2+.

RADIOGRAPHIC STUDIES: Nerve studies done by Dr. Lipnick shows a possible, very mild right median nerve entrapment, but no signs of radial and ulnar nerve entrapment. His exam is also consistent with pain along the dorsal lateral arm possibly consistent with radial entrapment.

PLAN:
1. Injected the radial tunnel today with DepoMedrol and Lidocaine under sterile condition without complication.
2. The patient will follow-up in two weeks to discuss and recommend further treatment options.



FRANK D. ELLIS, M.D.

FDE/dom

SSN. 380-72-6307

CAMPBELL, CINDY
10/9/01

S. Full history and physical exam dictated on the surgical pavilion line.

PLAN: Radial tunnel release.

FDE

FRANK D. ELLIS, M.D.

FDE/dom

CAMPBELL, CINDY

9/28/01

Diagnosis: 1. Right forearm pain, possible radial tunnel syndrome
2. Old elbow capitulum fracture

Date of Injury: 6/1/01

S. Ms. Campbell is here for routine visit. She has maintained the same work restrictions. When she uses the clippers or lifts, she continues to have pain along the dorsal forearm, near the radial nerve, and in the brachial radialis muscle. She is not having any significant ulnar nerve symptoms at this visit.

In the interim she has seen Dr. Lipnick and undergone nerve conduction studies.

EXAMINATION: Range of motion of elbow is 0-150 degrees. Pronation and supination are 80 degrees. Lateral epicondyle is nontender. She is tender over the radial tunnel, brachial radialis, and mobile wad.

Triceps nontender.

Tinel is negative today at the elbow and wrist. Wrist has full range of motion.

Neurologic: No gross focal weakness. Motor strength 5/5. Sensation intact to light touch.

Vascular pulses: 2+.

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FRANK D. ELLIS, M.D.

FDE/dom

CAMPBELL, CINDY

9/5/01

Diagnosis: 1. Right elbow capitulum fracture
2. Right forearm pain and tendinitis

Date of Injury: 6/1/01

S. Ms. Campbell still continues to work. Her current work restriction is lift less than 15 pounds. She still has some discomfort when using clippers or lifting, especially as the day progresses. Besides the radial nerve pain along the mobile wad she has some ulnar nerve symptoms involving the small and ring fingers. This also seems to be worse as the day progresses.

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2. Work restriction: Lift less than 15 pounds.
3. Follow-up in three weeks to review nerve studies.



FRANK D. ELLIS, M.D.

FDE/dom



Wendy Holt, OTR, CHT
Occupational Therapist, Registered
Certified Hand Therapist
Member American Society of Hand Therapists

Nancy Winikor, OTR, CHT
Occupational Therapist Registered
Certified Hand Therapist
Member American Society of Hand Therapists

SSN 380-72-6307

Initial Evaluation

7/11/2001

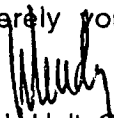
RE: Cindy Campbell

Dear Dr. Ellis:

Today we saw Cindy in the office who is a 41 year old female employed by San Felasco Nursery. She reports an incident on K-Mart on 6/1/01 when she tripped and fell on their property. She was originally seen by another physician and diagnosed with a sprain and was again seen in your office for further evaluation. After MRI she has been diagnosed with a right capetellum fracture. She has been in a hinged type elbow splint as she reports since June 18. Today she reports with her elbow positioned in 45 degrees extension and the capability to flex to 135 degrees. She has normal supination and pronation. Her sensory she reports numbness when she is using clippers at her work of all 4 fingers and into the palm however she does not describe nocturnal paresthesias, nor other types of numbness when she is not using lawn clippers at work. After moist heat and gentle stretch with a 1 lbs. weight her elbow is able to extend to 25 degrees which is an improvement of 20 degrees while in the clinic today. She was instructed to use a 1 & 2 lb weight which she does in a guarded fashion. She will return 2 times a week and we will work on a ROM program and gradual strengthening program as tolerated.

As always we appreciate the opportunity to assist in the care of this patient.

Sincerely yours,


Wendy Holt, OTR, CHT
Hand Therapist
WH:kh



Diane Pirkle

Subject: Cindy Campbell
Start Date: Thursday, November 15, 2001
Due Date: Tuesday, November 27, 2001

Status: Not Started
Percent Complete: 0%

Total Work: 0 hours
Actual Work: 0 hours

Owner: Diane Pirkle

Adjuster Ruth Johnson--248-637-4266-----file #279092
call her and tell her that I got her ltr dated Nov. 6th and will forward everything to her upon receipt...

Call clt and let her know that we did recv letter from K-Mart..sister #352-373-9624---cell # 352-256-4680

Send Confirmation Report

Line 1: JetFax M920e
Line 2: JetFax M920e

ID: 904
ID: 904

20 Nov'01 16:45 Page 1

Job	Start time	Usage	Phone Number/Email	Type	Pages	Mode	Status
170	11/20 16:45....	0'40"	13523319927.....	Send.....	2 / 2	EC144	Completed

Total: 0'40" Pages sent: 2 Pages printed: 0



FARAH AND FARAH, P.A.

ATTORNEYS AT LAW

- PERSONAL INJURY
- WRONGFUL DEATH
- WORKERS COMPENSATION

ATTORNEYS

EDDIE E. FARAH
CHARLES E. FARAH
CHARLES E. CAPPOVANO
JAMES FARBER
BRUCE S. FOWLER
BRIAN W. FURBER
JOSEPH A. FRANCO, JR.
NANCY S. GARDNER
LLOYD S. MANUKIAN
ANTHONY "MARK" PARR
BRIAN SULLIVAN
TERENCE (TERRY) E. PURMAN
ASHLEY A. WHEAT
MICHAEL W. ORENDE
LESLIE SCOTT LEAH-GART
KEVIN L. ROBBE

CASE MANAGERS

JOHN AFFOLTER
TERESA BLUM
BILL JONES
MARJORIE LOBDELL
KATHY WALSH
ROBERT C. FOSCHIER
EVELYN TAYLOR
DARLA WALDRON
TOM WOODS

LEGAL NURSE CONSULTANT

DANIEL TERRAZZANO
ANNE ORL, MSN, COA, CNO

LICENSED INVESTIGATOR

WILLIAM L. BELL

Fax

Name: O and P Rehab
Fax: 352-331-9927
Phone: 904-331-3399
From: Diane Pirkel, Legal Assistant to Lloyd S. Manukian, Esquire
Date: 11/20/01
Subject: Cindy Campbell
Pages: 2
Attention: Jo

Comments:

Please find attached the Letter of Protection that you requested for our client, Ms. Campbell. I spoke with her just a moment ago and she said she would come in and sign it on her lunch hour tomorrow, around noontime. If your office closes at noon, please call her and arrange a time, because this needs to be done tomorrow for her surgery.

Thank you so much for your attention in this matter. Should you have any questions please feel free to contact our office.



- PERSONAL INJURY
- WRONGFUL DEATH
- WORKER'S COMPENSATION

ATTORNEYS

EDDIE E FARAH
CHARLIE E FARAH
CHARLES E EARNHARDT
JAMES FARSON
BRUCE S FEIFER
BRIAN M FLAHERTY
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ROBERT C POGACHNIK
EVELYN TADROS
DARLA WALDRON
TOM WOODS

LEGAL NURSE CONSULTANT

SANDY TERRAZZANO
ARNP, CNS, MSN, CCM, CLNC

LICENSED INVESTIGATOR

WILLIAM L SCULL

Fax

Name: O and P Rehab
Fax: 352-331-9927
Phone: 904-331-3399
From: Diane Pirkl, Legal Assistant to Lloyd S. Manukian, Esquire
Date: 11/20/01
Subject: Cindy Campbell
Pages: 2
Attention: Jo

Comments:

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FARAH AND FARAH, P.A.

ATTORNEYS AT LAW

- PERSONAL INJURY
- WRONGFUL DEATH
- WORKER'S COMPENSATION

November 20, 2001

O and P Rehab
 490 NW 60th Street
 Gainesville, FL 32607

ATTORNEYS

- EDDIE E FARAH
- CHARLIE E FARAH
- CHARLES E EARNHARDT
- JAMES FARSON
- BRUCE S FEIFER
- BRIAN M FLAHERTY
- JOSEPH A FRANCO, JR
- NANCY E KEMNER
- LLOYD S MANUKIAN
- ANTHONY "MARK" PAPA
- BASEM SOLIMAN
- TERENCE (TERRY) E FURMAN
- ASHLEY R WREN
- RACHAEL W GREENE
- LESLIE SCOTT JEAN-BART
- KEVIN S ROBBIE

Re: My Client: Cindy Campbell
 Health Provider: O and P Rehab
 Date of Accident: 06/01/2001

PROTECTION OF OUTSTANDING CHARGES If the above named client recovers money damages from any person or entity responsible for charges incurred by the above named health provider, we agree to withhold from any check or draft in which we are an additional named payee, sufficient funds, after deduction of attorney's fees and costs, to pay any outstanding medical bills in our possession and costs for any and all undisputed charges owed to you in connection with the accident or event giving rise to and covered by the recovery and not covered by any collateral source.

AMOUNT PROTECTED It is the health provider's obligation to furnish us with periodic updated of outstanding charges. Otherwise, we will rely on previously received records in seeking reimbursement from the tort feisor. Under no circumstances will we withhold a sum larger than that submitted to the tort feisor for reimbursement.

BALANCE CONFIRMATION We will use best efforts to request a balance confirmation when recovery is imminent. If we fail to receive a written response within five (5) days of mailing we will presume that the balance has been paid in full.

PRO-RATA DISTRIBUTION IF ADEQUATE RECOVERY. If the net recovery is less than the total outstanding charges owed to all health providers covered by a letter of protection or any other lien holder, such funds will be distributed on a pro-rata basis.

OUR RESPONSIBILITY ON FORENSIC SERVICES This law firm acknowledges independent responsibility to the health providers for charges incurred for medical records and witness fees.

DISPUTES. If our client disputes any of your outstanding charges or claims a setoff and we are unable to resolve the issue, we will deposit the amount of the disputed charge/setoff into the Court Registry for Judicial Determination.

APPROVAL REQUIRED This agreement becomes effective when all parties (client/patient, health provider and attorney) approve it in writing by affixing their signatures in the space provided below and return it to our office.

COLLECTION PROCEEDINGS In the event that this matter is referred to a collection agency or collection activity is instituted then this letter of protection shall be null and void and therefore moot.

CASE MANAGERS

- JOANN AFFOLTER
- TERESA BLUNK
- BILL JONES
- MARJORIE LOBDELL
- KATHY PALMER
- ROBERT C POGACHNIK
- EVELYN TADROS
- DARLA WALDRON
- TOM WOODS

LEGAL NURSE CONSULTANT

- SANDY TERRAZZANO
- ARNP, CNS, MSN, CCM, CLNC

LICENSED INVESTIGATOR

- WILLIAM L SCULL

Client/Patient

Health Provider
By Authorized Representative

 FARAH & FARAH, P.A.
 10 West Adams Street, 3rd Floor
 Jacksonville, FL 32202
 (904) 358-8888

Diane Pirkle

From: Bill Jones
Sent: Tuesday, November 20, 2001 4:10 PM
To: Diane Pirkle
Subject: Cindy what's-her-name

Talke d to client and Lloyd. We can send an LOP to Op and P Rehab in Gainesville. Their address is: 490 NW 60th St., Gainesville, FL 32607. Their fax is 352-331-9927 Thier phone number is 352-331-3399. Her doc can be reached at 352-332-9449. She indicates that there are co-pays and is quite hysterical. she's facing surgery as well. Maybe you can calm her down. don't send anything to her address as she's moved. She will call you with a better address,

(Get
352-
332-9068) ⇒ ⇐

CAMPBELL, CINDY
6/15/01

Referring physician: Robert Ashley, MD

Diagnosis: 1. Right elbow pain, probable extensor mass tendonitis
2. Biceps tendon strain

Date of Injury: 6/1/01

S. Ms. Campbell is here as a new patient. She sustained injury on 6/1/01. At this time she was shopping at K-Mart. She was walking along the sidewalk between two rows of outdoor chairs. She tripped over a chord for bicycles that was laying between them. She fell onto her outstretched right arm. At this time she scraped her knees and noticed pain along the distal right elbow and proximal forearm. She noticed some significant swelling which occurred soon after the injury.

Her primary complaint is proximal forearm pain along the extensor mass. She has pain with repetitive activity such as she is doing at working using clippers. She has been in an elbow sleeve for comfort.

Originally she was referred to Dr. Blake. She did not feel like she was getting anywhere with the treatment plan and wanted to get another opinion her pain and diagnosis.

She was placed on Vioxx, but did not take it. She has been taking Motrin. She denies any specific paresthesias. She does seem to feel weak in the forearm and fingers. She has difficulty manipulating fine objects and holding objects with her hand. She has had no prior injury to the elbow or upper arm to her knowledge.

FAMILY HISTORY: Unremarkable.

PREVIOUS SURGERY: Pyloric stenosis, C-section.

PAST MEDICAL HISTORY: Unremarkable.

ALLERGIES: Penicillin, Codeine.

CURRENT MEDICATIONS: Motrin as needed.

REVIEW OF SYSTEMS: No fevers, chills, or weight loss. No vision or hearing changes. No cough or shortness of breath. No heart disease. No abdominal pain. No UTI. No bleeding problems. No wound healing problems. No psychiatric illness. No endocrine disease.

EXAMINATION: Her right shoulder shows a full passive range of motion without pain. Right elbow extends to 3 degrees, flexes to 135 degrees comfortably. She is tender along the biceps tendon insertion and in the antecubital fossa. There is a trace of ecchymosis distal to the elbow, nothing proximal. There is not a significant palpable deformity along the biceps. She is able to flex the elbow. However she is weak with supination.

CAMPBELL, CINDY
6/15/01

EXAMINATION cont.: Her right forearm shows tenderness along the extensor mass, mobile wad. There is minor soft tissue swelling as well. She is also tender somewhat along the proximal radius. The ulna is nontender. The elbow shows no effusion.

Wrist has a full painless range of motion.

She does have some weakness with resisted third finger extension. No pain or weakness with resisted wrist extension.

Vascular pulses: 2+ with brisk capillary refill right upper extremity.

Neurologic: No focal weakness. Motor strength 5/5. Sensation intact to light touch.

RADIOGRAPHIC STUDIES: New x-rays AP, lateral, and oblique of elbow and upper forearm show no bony abnormalities.

IMPRESSION:

- 1. Biceps tendon strain right elbow. Rule out possibility of partial or complete tear.
- 2. Probable extensor tendonitis, mobile wad.

PLAN:

- 1. Tennis elbow brace.
- 2. Vioxx 25mg qd. Cautioned about gastritis.
- 3. MRI study of right elbow to rule out biceps tendon tear.
- 4. Follow-up post study to review and recommend treatment. Consider physical therapy.

FD Ellis

Frank D. Ellis, M.D.

FDE/dom

cc: Robert Ashley, MD

MRI

(+) capitulum fx

FE

CAMPBELL, CINDY
6/19/01

Referring physician: Robert Ashley, MD
Diagnosis: Right elbow capitellum fracture

S. Ms. Campbell is back for follow-up of an MRI study. I saw her last week. She sustained a fall at K-Mart and had persistent right elbow pain that was unexplained. X-rays were negative.

EXAMINATION: Minor soft tissue swelling about the elbow. Distinctly tender along the distal humerus. Less tender along the biceps mechanism today. Somewhat tender along the proximal radius.
Neurovascular exam normal.

RADIOGRAPHIC STUDIES: MRI study is reviewed with the patient and reviewed by myself. This is consistent with a nondisplaced capitellum fracture which is intra-articular.

PLAN:

1. Hinged elbow brace.
2. Work restriction: No lifting right arm.
3. Follow-up in two weeks. Obtain AP, lateral, and oblique right elbow prior to being seen.



FRANK D. ELLIS, M.D.

FDE/dom

cc: Robert Ashley, MD



PO Box 100195
Columbia, SC 29202-3195

Cindy S. Campbell
2960 NW 6th St
Gainesville, FL 32609-2927

Payee Name:	Cindy S. Campbell	Claim Submitted For:	Cindy S. Campbell
Payor SSN:	380-72-6307	Date of Loss:	06/01/2001
Claim Number:	034724096200I0 982389415	Payment Date:	12/13/2001

Below is an explanation of your claim's status and the benefits this payment provides:

Benefit Paid	Payment Rate	Date(s)	Amount
Fracture/Dislocation	Complete		1250.00
Emergency Room Trtmt			150.00
Medical	Max 200.00		200.00
Overnight Delivery Fee			10.00
Total Amount of Payment			\$1,590.00

* Because all or part of your premiums are paid with pretax salary reductions or are employer paid, the benefits you received may be considered taxable income. If you received disability benefits, you may receive a Form W-2 at the end of the tax year either from your employer or from Colonial. For other benefits, you may receive a Form 1099-MISC by January 31st of next year. This reporting is required by the IRS.

* As you requested, the enclosed check has been sent by an overnight delivery service and we deducted the \$10.00 fee. Unless you request cancellation of this service in writing, all future payments for this claim in the amount of \$150.00 or more will be sent via overnight delivery.

So that we can review your claim for further benefits, please send us the information requested below:

* Statements from both your employer and your doctor that confirm the dates you have been totally disabled and unable to work.

You may fax information to us at 1-800-880-9325 or send it to us at:

Colonial Life & Accident Insurance Company
PO Box 100195
Columbia, SC 29202-3195

PO Box 100195 Columbia, SC 29202



PATIENT NAME: CAMPBELL, CINDY S
UNIT NO: HC 290659

EXAMS: 000414978 MRI EXTREMITY UPPER JOINTS

NORTH FLORIDA REGIONAL OUTPATIENT IMAGING CENTER

06/18/2001

PERTINENT DX & HX: Elbow pain status post fall. Assess biceps tendon and proximal radius.

MRI RIGHT ELBOW

COMPARISON: Right elbow radiograph, Gainesville Orthopedic Group, 06-15-01.

MR TECHNIQUE: On the 1.5 T. GE Signa MRI scanner; axial T2, sagittal P.D., coronal T1, coronal T2,, coronal gradient echo images were obtained. T1 weighted axial imaging also performed.

FINDINGS:

OSSEOUS STRUCTURES: There is a somewhat of a linear hypointense signal on T1 weighted imaging seen on coronal T1 images #11-12 which becomes hyperintense on T2 weighted imaging with reference to the normal fatty marrow. This would be consistent with a radiographically occult, nondisplaced, subtle fracture involving the capitellum with associated osseous contusion. There is no articular surface incongruity. Small, subtle osseous contusion is seen involving the most proximal and radial aspect of the radial head.

MUSCLES AND TENDONS: Intact. Specifically, the biceps tendon is intact as it attaches onto the radial tuberosity.

ARTICULAR CARTILAGE: There is Grade II to III chondromalacia involving the capitellum.

OTHERS: Small to moderate sized joint effusion is seen. No soft tissue mass is identified.

IMPRESSION:

1. Radiographically occult, subtle fracture which is nondisplaced involving the capitellum. This is associated with osseous contusion. There is no articular surface incongruity.
2. Subtle osseous contusion involving the radial head.

PAGE 1

Signed Report

(CONTINUED)

OUTPATIENT IMAGING CENTER
NORTH FLORIDA REGIONAL MED CTR
6500 NEWBERRY ROAD
GAINESVILLE, FL 32605
PHONE #: 352-333-4178
FAX #: 352-333-4278

NAME: CAMPBELL, CINDY S
PHYS: ELLFR - Ellis, Frank D
DOB: 07/24/1959 AGE: 41 SEX: F
ACCT NO: C042717 LOC: OUT
EXAM DATE: 06/18/2001 STATUS: OUT
RADIOLOGY NO:

PATIENT NAME: CAMPBELL, CINDY S
UNIT NO: H000290659

EXAMS: 000414978 MRI EXTREMITY UPPER JOINTS
<Continued>

3. The biceps tendon is intact.

*FXD. DRAFT status to Dr. Ellis, 06-18-01, @1620. dda

** Electronically Signed by J. H. KIM MD on 06/18/2001 at 2213 **
Reported and Signed by: J. H. KIM, MD

CC: Frank D Ellis

Dictated Date/Time: 06/18/2001 (1122)
Technologist: SUZANNE GARDINER, RT(R) (MR) (M)
Transcribed Date/Time: 06/18/2001 (1618)
Transcriptionist: HRADDDA/PHYJHK
Electronic Signature Date/Time: 06/18/2001 (2213)
Printed Date/Time: 06/19/2001 (0856) BATCH NO: N/A

PAGE 2

Signed Report

OUTPATIENT IMAGING CENTER
NORTH FLORIDA REGIONAL MED CTR
6500 NEWBERRY ROAD
GAINESVILLE, FL 32605
PHONE #: 352-333-4178
FAX #: 352-333-4278

NAME: CAMPBELL, CINDY S
PHYS: ELLFR - Ellis, Frank D
DOB: 07/24/1959 AGE: 41 SEX: F
ACCT NO: C042717 LOC: OUT
EXAM DATE: 06/18/2001 STATUS: OUT
RADIOLOGY NO:

W. PRESTON BLAKE, M.D.
Board Certified Orthopedic Surgeon

Knee and Shoulder Surgery
Arthroscopy/Joint Replacement
Sports Medicine
Orthopaedic Surgery



720 S.W. 2nd Avenue
Gainesville, Florida 32601

6900 N.W. 9th Boulevard
Gainesville, Florida 32605

(352) 336-6000
FAX (352) 336-6053

CAMPBELL, Cindy
June 4, 2001 225318.0

Cindy is a 41-year-old female who tripped on a rope laying on the sidewalk at K-Mart. She injured her right arm and elbow. Since the time of her injury, her right elbow has been sore, particularly when she tries to use clippers.

Examination reveals some tenderness over her epicondylar area, but for the most part she has minimal, diffuse tenderness throughout the elbow.

She did not bring her x-rays with her. Therefore, additional films were obtained and there clearly is no fracture.

I think this represents an elbow sprain. I think the symptoms will gradually resolve on their own without specific treatment. She was given 10 days off of work. I will see her back then for repeat evaluation.

Dictated by WPB/lt
CAMPBELL, Cindy
June 13, 2001 225318.0

Ms. Campbell returns. She states her elbow is not improved. She still has pain in her elbow. She cannot lift her clippers to work. The pain is primarily in the extensor muscle mass just distal to the elbow. She still has full range of motion and no instability in the elbow.

I think this is continued pain from her elbow sprain. I think she should continue to remain off her work for the present. I think anti-inflammatories remain appropriate management.

When Ms. Campbell presented last time she was very tearful and expressive of her elbow discomfort. She is again that way today. I asked her about this as to whether she may be having problems with depression. She states she is very concerned about losing her job and continuing her livelihood. I offered to refer her back to Dr. Ashley to see if she should be started on an anti-depressant, but she does not wish to pursue this at this point.

I think she should remain off work using the brace that she has as needed and continue on ibuprofen. She could not afford the Vioxx because of the high copay. I will see her in 2 weeks.

Dictated by WPB/lt



WENDY HOLT
OTR/CHT
Member ASHT

(352) 331-8209
FAX (352) 332-8604
611 N W 60th St • Suite B
Gainesville, Florida 32607
E-Mail: wholt@gator.net



Wendy Holt
OTR, CHT
Member ASHT

Nancy Winikar
OTR, CHT
Member ASHT

Name Cindy Campbell Date 7-11-01
Diagnosis R capitellum Fx

Treatment:

Evaluations

- ROM
- Sensory
- Edema

- Strength
- Muscle Testing
- JOBST Measurements

Procedures

- Suture Removal
- Dressing Change
 - Dry, Sterile
 - Wet to Dry
 - Iodoform Wick
- Edema Control
- Exercise
 - ___ Active ___ AA ___ P ___ A Resistive
- Scar Management
- Functional Act.
- Progressive Strengthening
- Work Hardening
- Tissue Loading

Modalities

- MH, Ice
- FES
- Whirlpool
- Ultrasound
- Phonophoresis
- Paraffin
- TENS
- CPM
- Ontophoresis

Splinting:

Contraindications/Precautions: None

This treatment is medically necessary for optimum treatment for the above named patient.
Date 7-11-01 Physician Franck Ellis

DISCHARGE INSTRUCTIONS FOR << CAMPBELL, CINDY >>

Thank you for choosing Shands at the University of Florida Emergency Department. Our doctors and staff appreciate your choosing us for your emergency medical care needs. Read these aftercare instructions carefully. Please call us at 395-0050 if you have any questions about your medical problem. We are here to serve you.

MUSCLE STRAIN:

Your exam shows you have a strained muscle. This means there is a tear or pull in the muscle due to over-exertion or stretching. Most muscle pulls heal in just a few days; more severe strains may require weeks to heal. Treatment for muscle strains includes:

- * Rest and protect the affected area until pain with motion is gone.
- * Apply ice packs every few hours for the next 2-3 days. After two days you can use heat to relieve muscle spasm.
- * Compression wraps help control swelling and limit movement.
- * Medicine to reduce pain and inflammation is often useful.

Avoid strenuous activities that tend to bring on muscle pain. Exercises to strengthen and stretch the injured muscle, however, can help heal the strain and prevent repeated injury. Please see your doctor if your strained muscle is not improving after one week of treatment, or if you have any other concerns about your injury.

ADDITIONAL INSTRUCTIONS:

MOTRIN 800 MG EVERY 8 HRS AS NEEDED FOR PAIN. ~~TYLENOL #3~~ *Darvocet.* AS NEEDED FOR SEVERE PAIN. SLING FOR NEXT 2-3 DAYS. FOLLOW UP WITH PRIMARY MD AS NEEDED.

PRESCRIPTIONS:

Fill all the prescriptions ordered by your doctor and take them as directed.

- * Discuss with your pharmacist any drug and food interactions with the medications you have been prescribed or received today. Additional information may also be available from your pharmacist.
 - * If you have been given an antibiotic, BE SURE TO TAKE ALL OF THE MEDICINE.
 - * Keep your drugs out of the reach of children, in a cool, dry, dark place.
 - * Don't give your medicine to other people or use it for other illnesses.
 - * Call us right away if you have problems with drug side-effects or allergy.
- Bring your medicines with you any time you go to emergency for treatment.

NARCOTIC PAIN MEDICINE:

You have been prescribed a narcotic for pain relief. These drugs are usually combined with acetaminophen (Tylenol#3, Percocet, Darvocet, Anexsia, Vicodin) or aspirin (Empirin#3, Percodan, Synalgos-DC) for increased effect. Narcotics act on the central nervous system to reduce pain; they also impair mental alertness and physical abilities. We advise you not to drink alcohol, drive a car, or operate dangerous equipment when you are taking one of these drugs. Long term use of narcotic pain medications may be habit-forming.

You can lessen stomach irritation from your medicine by taking it with meals or a full glass of water. Common side effects of narcotics are: nausea and vomiting, heartburn, constipation, dizziness, sleepiness, and mood changes. If you have bothersome side effects or symptoms of an allergic reaction (itching, hives, rash), stop taking your medicine and call your doctor or the emergency room right away. Please keep your narcotic medicine well out of the reach of children.

IBUPROFEN:

Your doctor has prescribed ibuprofen for you. Examples of this drug include: Advil, Midol 200, Medipren, Motrin, Nuprin, and Rufen. Ibuprofen helps reduce pain and inflammation from injuries (sprains, strains, bruises) or illnesses (arthritis, bursitis, tendonitis, menstrual cramps). You should take it with meals, milk, or antacids. Ibuprofen suspension (Children's Advil, PediaProfen) can be used for fever and pain in children.

Ibuprofen is not safe to take if you are pregnant or if you have an allergy to aspirin. The most common side effects of treatment are: heartburn, nausea, drowsiness, headache. Be sure you know how you react to your medicine before you drive a car or operate dangerous equipment. Avoid aspirin while taking Ibuprofen to reduce stomach irritation. Please call your doctor or return here right away if you have any of the following symptoms:

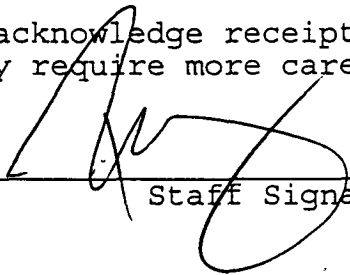
- * Allergy reaction (itching, rash, hives, fever, breathing problems).
- * Severe stomach pain, vomiting, black or bloody stools.
- * Severe headache, blurred vision, confusion, mental depression.

FOLLOW-UP CARE:

Your physician today has been DR. JENNIFER K. LIGHT. Follow up as instructions above indicate or with your primary care physician as needed.

When you see your doctor, bring your medicines and instructions to the office. If you had x-rays, an EKG, or lab tests today, they have been reviewed by your doctor. We will contact you at once if other important findings are noted after further review by our staff. If you do not continue to improve or if your condition worsens, please call your doctor or the emergency room right away.

I acknowledge receipt of these instructions. I understand that my condition may require more care and will arrange for further treatment as recommended.



Staff Signature

Patient or Representative Signature

If you were referred to a clinic for your follow-up care, it may take about one week until you will be contacted by the clinic for your appointment date. DO NOT CALL THE EMERGENCY DEPARTMENT FOR YOUR APPOINTMENT DATE; CALL THE CLINIC.

Friday, June 01, 2001 - 01:35 PM

Date: _____
Time: _____

Patient: Campbell, Cindy
Chart # 23630

Robert G. Ashley, M.D., P.A.

Robert G. Ashley, Jr., M.D.

Voucher No _____

Cambridge Integrated Service
Have Kmart

6800 N.W. 9th Blvd., Suite 4 ♦ Gainesville, Florida 32605
(352)331-3300 ♦ FAX (352)331-2637

IRS # 59-1981852

NEW OFFICE VISIT		PREVENTIVE MEDICINE - Est. Pt.		Scalp, Neck, Feet, Hand Genitalia		
<input type="checkbox"/> Level I	99201	<input type="checkbox"/> Age 12-17	99394	<input type="checkbox"/> 0.6 to 1.0 cm	11421 11621	
<input type="checkbox"/> Level II	99202	<input type="checkbox"/> Age 18-39	99395	<input type="checkbox"/> 1.1 to 2.0 cm	11422 11622	
<input type="checkbox"/> Level III	99203	<input type="checkbox"/> Age 40-64	99396	<input type="checkbox"/> 2.1 to 3.0 cm	11423 11623	
<input type="checkbox"/> Level IV	99204	<input type="checkbox"/> Age 64 + over	99397	Face, Ears, Eyelids, Nose, Lips		
<input type="checkbox"/> Level V	99205	PROCEDURES		<input type="checkbox"/> 0.5 cm or less	11440 11640	
<input type="checkbox"/> Starred Procedure(*)	99025			<input type="checkbox"/> 0.6 to 1.0 cm	11441 11641	
ESTABLISHED OFFICE VISIT		LABORATORY		<input type="checkbox"/> 1.1 to 2.0 cm	11442 11642	
<input type="checkbox"/> Level I	99211	<input type="checkbox"/> Ear Irrigation	69210	<input type="checkbox"/> I&D Abscess, Simple or Single*		10060
<input type="checkbox"/> Level II	99212	<input type="checkbox"/> Electrocardiogram	93000	<input type="checkbox"/> Repair-Simple up to 2.6 cm*		12001
<input type="checkbox"/> Level III	99213	<input type="checkbox"/> Passive Nebulization	94664	<input type="checkbox"/> Repair Lac 2.6 to 7.5 cm		12002
<input checked="" type="checkbox"/> Level IV	99214	SURGERY		IMMUNIZATION & INJECTION		
<input type="checkbox"/> Level V	99215			<input type="checkbox"/> Venipuncture	36415	<input type="checkbox"/> Tetanus Toxoid
<input type="checkbox"/> Annual Gyn Exam	90088	<input type="checkbox"/> Urinalysis w/o Micro	81002	<input type="checkbox"/> Influenza Virus Vaccine	90724	
PREVENTIVE MEDICINE-New Pt.		<input type="checkbox"/> Stool Occult Blood	82270	<input type="checkbox"/> Pneumococcal	90732	
<input type="checkbox"/> Age 12-17	99384	<input type="checkbox"/> TB Intradermal	86580	<input type="checkbox"/> Tetanus Toxoid or Wound or Injury	J3180	
<input type="checkbox"/> Age 18-39	99385	<input type="checkbox"/> Venipuncture-Medicare	G0001	<input type="checkbox"/> Vitamin B12	J3420	
<input type="checkbox"/> Age 40-64	99386	<input type="checkbox"/> Prottime	85610	<input type="checkbox"/> Hepatitis B Vaccine	90731	
<input type="checkbox"/> Age 64 + over	99387	Excision Surgery				
		Trunk, Arm, Leg	Benign	Malig.		
		<input type="checkbox"/> 0.6 to 1.0 cm	11401	11601		
		<input type="checkbox"/> 1.1 to 2.0 cm	11402	11602		
		<input type="checkbox"/> 2.1 to 3.0 cm	11403	11603		

DIAGNOSIS					
<input type="checkbox"/> Abscess-Skin	682	<input type="checkbox"/> Diabetes Mellitus Juvenile Onset	250.01	<input type="checkbox"/> Otitis-Externa (Acute)(Diffuse)	380.10
<input type="checkbox"/> Acne	706.1	<input type="checkbox"/> Diverticulitis	562.11	<input type="checkbox"/> Otitis-Serous	381.01
<input type="checkbox"/> Amenorrhea	626.0	<input type="checkbox"/> Dizziness	780.4	<input type="checkbox"/> Otitis Media (Acute)	382.0
<input type="checkbox"/> Anemia	285.9	<input type="checkbox"/> Earwax-Impacted Cerumen	380.4	<input type="checkbox"/> Pain-Abdominal, Unspecified	789.00
<input type="checkbox"/> Arrhythmia	427.9	<input type="checkbox"/> Edema	782.3	<input type="checkbox"/> Pain-Chest, Unspecified	786.50
<input type="checkbox"/> Arthritis-Degenerative, Site Unspecified	715.90	<input type="checkbox"/> Esophageal Reflux	530.1	<input type="checkbox"/> Pain Low Back	724.2
<input type="checkbox"/> Arthritis, Site Unspecified	716.90	<input type="checkbox"/> Gastroenteritis	008.8	<input type="checkbox"/> Peptic Ulcer Disease	533.90
<input type="checkbox"/> Asthma	493.90	<input type="checkbox"/> Gastrointestinal Bleed	578.9	<input type="checkbox"/> Pharyngitis	462
<input type="checkbox"/> Atrial Fibrillation	427.31	<input type="checkbox"/> Gout	274.9	<input type="checkbox"/> Prostatitis (Acute)	601.0
<input type="checkbox"/> Blood Pressure-High	401.9	<input type="checkbox"/> Gynecological Exam	V72.3	<input type="checkbox"/> Sinusitis-Acute, Unspecified	461.9
<input type="checkbox"/> Breast Mass, Lump	611.72	<input type="checkbox"/> Headache-Migraine	346	<input type="checkbox"/> Tendonitis	726.90
<input type="checkbox"/> Bronchitis, Acute or Subacute	466.0	<input type="checkbox"/> Headache-Tension	307.81	<input type="checkbox"/> Upper Respiratory Infection	465
<input type="checkbox"/> Bursitis	727.3	<input type="checkbox"/> Heart Failure-Congestive	428.0	<input type="checkbox"/> Urinary Tract Infection, Acute	599.0
<input type="checkbox"/> Cellulitis	682.9	<input type="checkbox"/> Hematuria	599.7	<input type="checkbox"/> Urticaria	708.9
<input type="checkbox"/> Conjunctivitis	372.30	<input type="checkbox"/> Hemorrhoids	455.8	<input type="checkbox"/> Vaginitis (Acute)(Chronic)(Nonspecific)	616.10
<input type="checkbox"/> COPD-Chronic	496	<input type="checkbox"/> Hypercholesterolemia	272.0	<input type="checkbox"/> Viral Syndrome	079.9
<input type="checkbox"/> Coronary Artery Disease	414.00	<input type="checkbox"/> Hyperlipidemia	272.4	<input type="checkbox"/> Other	
<input type="checkbox"/> CVA-Sequelae	438	<input type="checkbox"/> Keratosis, Actinic Seborrheic	702.1		
<input type="checkbox"/> Depression	311	<input type="checkbox"/> Lymphadenopathy	785.6		
<input type="checkbox"/> Diabetes Mellitus Adult Onset	250.90	<input type="checkbox"/> Mitral Valve Prolapse	394.0		

Previous Balance	Today's Charges	Total Due	Today's Payment	New Balance	Follow Up: Fasting Labs	Request Medrecs
					PRN _____ Weeks _____ Months _____ Units _____	
<u>\$15.00</u> Paid CK# 271 *Hold until Friday*					Next Appointment Date _____ Time: _____	
					X	
					Doctor's Signature	

THANK YOU FOR ALLOWING US TO SERVE YOU

We value your business and want to make sure you enjoy the best service. If you have a question about your Explanation of Benefits, please call or write to us at the phone number or address shown on the other side.

LISTED BELOW ARE DEFINITIONS TO HELP DESCRIBE THE EXPLANATION OF BENEFITS:

Provider of Service: The name of the physician, hospital, facility, supplier or person providing the service.

Service Date(s): The month, day and year service was provided.

Type of Service: The procedure or supply provided.

Amount Charged: The dollar amount charged by the provider of service.

Allowed Amount (Allowance): The maximum amount payable for a covered service. The allowed amount is established by us and is based upon many factors. Such factors may include pre-negotiated payment amounts; diagnostic related groupings (DRG); relative value scales; the amount charged by the provider; the amount charged by similar providers within a particular geographic area established by us; and/or the cost of providing the service or supply.

Deductible: The dollar amount you pay each calendar year before reimbursement of covered services begins as specified in your contract's Schedule of Benefits.

Coinsurance (Your Part): After you satisfy the deductible amount, we pay a percentage of the allowed amount for covered services as specified in your contract's Schedule of Benefits. The remaining portion of the allowed amount is the coinsurance, or your part to pay.

Payment Amount: The dollar amount we paid for covered services.

Patient Responsibility: This amount is the total of deductible, your portion of the coinsurance, copayment, and non-covered services.

HELPFUL HINTS

- * When contacting us or filing a claim be sure to provide your contract number.
- * For an explanation of covered services, exclusions (non-covered services) or other benefits, please refer to your contract or Certificate of Coverage booklet.
- * Always verify the provider's participating status with us before services are rendered. Your patient responsibility amount is usually lower when care is provided by participating providers.
- * If you have another insurance carrier, be sure to inform us, so that we can coordinate benefits with the other carrier. You may use this Explanation of Benefits to advise the other carrier of the amount paid.

IF YOU ARE COVERED BY OUR PREFERRED PATIENT CAREsm (PPC) CONTRACT...

- * To take full advantage of the financial incentives and special features of our PPC contract, you should use the services of PPC participating providers whenever you need medical attention.
- * Your PPC providers will file the claim for you and accept our allowance as payment-in-full for covered services. You are always responsible for deductibles, coinsurance, copayment and any non-covered services.
- * If you receive services from a non-participating provider, please file your claim promptly.

YOUR RIGHT TO APPEAL

If your claim was denied in whole or part and you feel this denial was not justified, you have the right to have our decision reviewed. Within 60 days after you receive the Explanation of Benefits notifying you that your claim has been denied, call, write or come in person to our office. At that time, you or your duly authorized representative should be prepared to tell us why you do not agree with our decision not to pay the claim. A request for Review will then be filed for you.

THE ORTHOPAEDIC CENTER

Accounts 225318 - 225318 All Dates

Acct	Date	Dep #	Name	Dr#	Procedure	Ref Dt	Diag	Units	Amount		

225318	CAMPBELL, CINDY								Previous Balance :	0.00	
06/04/01	0	CAMPBELL, CINDY	5	73070	X-RAY - ELBOW		841.9	1.00	78.00		
06/04/01	0	CAMPBELL, CINDY	5	99203	INITIAL OFFICE VISIT		841.9	1.00	133.64		
06/13/01	0	CAMPBELL, CINDY	5	99213	RTN OFFICE VISIT - L		841.9	1.00	73.41		
06/22/01		Check Payment	6740AM		Ins #67	06/22/01			-87.50		
06/22/01		Adjustment (15)	6740AM		BCBS PPO/PPC	06/22/01			-47.50		
06/22/01		Adjustment (15)	6740AM		BCBS PPO/PPC	06/22/01			-51.64		
06/30/01		Check Payment	hh/7066		Ins #67	06/30/01			-21.00		
06/30/01		Adjustment (15)	hh/7066		BCBS PPO/PPC	06/30/01			-27.41		

TOTALS FOR ACCOUNT 225318				PAYMENTS :	108.50	ADJUSTS :	126.55	CHARGES :	285.05	3.00	49.00
				REFUNDS:	0.00						
					-----		-----		-----		
					108.50		126.55		285.05		49.00

Orthopaedic Surgery
Hand Surgery

THE ORTHOPAEDIC CENTER OF GAINESVILLE
720 SW 2nd AVE., SUITE 360
GAINESVILLE FL 32604-1476
(352) 336-6000

Joint Replacement Surgery
Arthroscopic Surgery

CINDY CAMPBELL
1015 NE 11TH AVE
GAINESVILLE FL 32601

225318 06/04/01

W. PRESTON BLAKE, M.D.

Date	DIAGNOSIS	PROFESSIONAL SERVICES/PROCEDURES	Amount	Ins
06/04/01	841.9 Sprain/strain, Elbow/fore	73070 X-RAY - ELBOW	78.00	*
06/04/01	841.9 Sprain/strain, Elbow/fore	99203 INITIAL OFFICE VISIT - LEVEL 3	133.64	*

211.64

Amount this office is billing Insurance:
(All bills remain patient responsibility
until paid in full.)

211.64

Balance due from patient: .00

Next Appointment : CINDY 06/13/01 10:00 FOLLOW-UP VISIT

\$25 copay

Previous Balance	Today's Amount	New Balance
.00	211.64	211.64

THE
ORTHOPAEDIC
CENTER

CLINTON G. BUSH, M.D.
J. STEPHEN WATERS, M.D.
TIMOTHY LANE, M.D.
RODGER D. POWELL, M.D.
W. PRESTON BLAKE, M.D.
EDWARD M. JAFFE, M.D.
R. WILLIAM PETTY, M.D.

ARTHUR M. SHARKEY, M.D.
AMANDA G. MAXEY, M.D.
JAMES B. SLATTERY, M.D.
KIPP W. KENNEDY, M.D.
PHILLIP L. PARR, M.D.
MARK A. PETTY, M.D.
ADIL KABEER, M.D.

POST OFFICE BOX 13476

GAINESVILLE, FL 32604 (352) 336-6013

CINDY CAMPBELL
1015 NE 11TH AVE
GAINESVILLE, FL 32601

06/25/01

ACCOUNT NUMBER: 225318

AMOUNT DUE: 25.00

We have received payment from your insurance company leaving you a balance of 25.00. Please mail your payment in the enclosed envelope.

Please contact our billing office at (352) 336-6013 with any questions about your account.

Sincerely,

Insurance Department



**UNIVERSITY OF
FLORIDA
PHYSICIANS**

YOUR PHYSICIAN BILL

PATIENT NAME		NOW DUE
CINDY CAMPBELL		0.00
STATEMENT DATE	ACCOUNT NUMBER	AMOUNT PAID
06/08/01	1293807	

1293807
CINDY CAMPBELL
1015 NE 11 AVE
GAINESVILLE FL 32601

PLEASE CHARGE MY VISA M/C DISC A/E

CARD NUMBER

EXPIRATION DATE	AMOUNT PAID
	\$

SIGNATURE OF CARDHOLDER

RETURN THIS PART WITH PAYMENT

(352)265-7906 or (888)766-8154
Insurance: 4999 BC/BS PPC OTH-OP/ER B13

DATE	ACTIVITY NUMBER	DESCRIPTION	CHARGES	PAYMENT	PATIENT BALANCE
06/01/01	1 #	X-RAY EXAM OF ELBOW DEPT. OF RADIOLOGY	39.00		
06/01/01	1 #	X-RAY EXAM OF FOREARM	37.00		
		Activity 1 insurance balance	76.00		

PAGE 1
Last Patient Payment: 0.00 **TOTALS** \$ 76.00 \$ 0.00 \$ 0.00
Your payment due by: 06/28/01

DATE	PATIENT NAME	ACCOUNT NUMBER	PAY THIS AMOUNT 0.00
06/08/01	CINDY CAMPBELL	1293807	

↑
CHARGES AND PAYMENTS RECEIVED AFTER THIS DATE (352)265-7906 or (888)766-8154 WILL APPEAR ON YOUR NEXT STATEMENT

PAYMENT ADDRESS: MAKE CHECK PAYABLE TO FCPA
PO Box 918025
Orlando FL 32891-8025

IMPORTANT MESSAGE REGARDING YOUR ACCOUNT

WE ARE CURRENTLY IN THE PROCESS OF BILLING YOUR INSURANCE COMPANY. INFORMATION ONLY STATEMENT. THIS IS NOT A BILL!!!

ACCOUNT NO. 56324		DATE PRINTED 07/05/01	DATE	AMOUNT	DATE	DESCRIPTION	CHARGES OR CREDITS
0112441	06 01	A0427	07 01	375.00		AMBULANCE TRANSPORT BASE RATE	
0112441	06 01	A0425	07 01	27.00		AMBULANCE MILEAGE	

ALL CHARGES AND PAYMENTS AFTER THIS DATE WILL APPEAR ON NEXT STATEMENT
 GUARANTOR'S NAME AND ADDRESS
 CINDY CAMPBELL
 1015 NE 11 AVE
 GAINESVILLE, FL 32601

YOUR PREVIOUS BALANCE → **402.00**
 OVER 30 DAYS OVER 60 DAYS OVER 90 DAYS
 OUTSTANDING BALANCE

TERMS: CASH ON RECEIPT OF STATEMENT
 AMOUNT ENCLOSED

DETACH HERE AND RETURN THIS PORTION WITH PAYMENT TO INSURE PROPER CREDIT TO YOUR ACCOUNT
 NEW: (352)384-3150 PH (352)384-3157 FAX msowers@alachua.fl.us
 Telephone Device for the Deaf (352) 334-0105 EMAIL

CHARGES APPEARING ON THIS STATEMENT ARE NOT INCLUDED ON ANY HOSPITAL BILL OR STATEMENT

** PLEASE COMPLETE, SIGN AND RETURN FORM ON REVERSE SIDE IF YOU HAVE **
 ** INSURANCE THAT SHOULD PAY YOUR BILL - WE WILL SUBMIT A CLAIM. **
 ** PLEASE WATCH FOR FUTURE NOTICES REGARDING THIS CLAIM - THANK YOU! **

PLEASE WRITE CORRECTION ABOVE IF NAME OR ADDRESS SHOWN IS INCORRECT

PLEASE MAKE CHECKS PAYABLE TO:
 ALACHUA COUNTY FIRE RESCUE SERVICES
 EMERGENCY MEDICAL SERVICES
 P.O. BOX 548
 GAINESVILLE, FLORIDA 32602
 (352) 955-2462
 FAX # (352) 955-2492

IF YOU WISH TO PAY BY MASTER-CARD OR VISA, PLEASE COMPLETE SECTION ON BACK AND RETURN.
 TAX ID NO. 59-6000501

CALL NO. 0112441

SHANDS HealthCare

P.O. BOX 100334
AINSVILLE, FL 32610

FORWARDING SERVICE REQUESTED

DATE: 06/15/01
PAGE # 1

ACCT. #: 573484466	PATIENT NAME: CAMPBELL, CINDY	ADM/REG DATE: SEE BELOW
ACCT. BALANCE: \$617.00	EST. GUARANTOR RESPONSIBILITY:	



SHOW AMOUNT PAID HERE	\$
--------------------------	----

|||||
CINDY CAMPBELL
1015 NE 11 AVE
GAINESVILLE FL 32601

|||||
SHANDS HOSPITAL AT THE UNIV. OF FLORIDA
P.O. BOX 31240
TAMPA, FL 33631-3240

03357836 4979

Please check if above address is incorrect and indicate change on reverse side

PLEASE WRITE YOUR ACCOUNT NUMBER ON YOUR CHECK OR MONEY ORDER.
PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT
O-B-209

↑ DETACH HERE ↑

DEAR PATIENT / GUARANTOR,
THANK YOU FOR CHOOSING SHANDS HOSPITAL FOR YOUR HEALTH CARE NEEDS.
OUTPATIENT SERVICES WERE RENDERED FOR CAMPBELL, CINDY
AT OUR FACILITY FROM JUNE 1 2001 THRU JUNE 1 2001.

THE FOLLOWING SUMMARY OF CHARGES IS SUPPLIED FOR YOUR REVIEW:

PHARMACY	40.00
IV THER/INFSN PUMP	87.00
DX X-RAY	200.00
EMERG ROOM	290.00

TOTAL CHARGES: \$617.00

ACCORDING TO OUR RECORDS, THE FOLLOWING INSURANCE COVERAGE IS IN EFFECT FOR THIS VISIT:

PRIMARY: BC/BS OF FLORIDA B13 POLICY #: XJA380726307
SECONDARY: N/A

YOU WILL BE ADVISED OF THE AMOUNT YOU OWE, IF ANY, AFTER WE HAVE HEARD FROM YOUR INSURANCE CARRIER.

THIS SUMMARY OF CHARGES DOES NOT INCLUDE PHYSICIAN CHARGES, EXCEPT FOR ANY EMERGENCY ROOM VISITS. PHYSICIANS, RADIOLOGISTS, PATHOLOGISTS, SURGEONS, ANESTHESIOLOGISTS, CONSULTING PHYSICIANS AND OTHERS WILL BE BILLING YOU SEPARATELY. IF YOU HAVE ANY QUESTIONS REGARDING UNIVERSITY OF FLORIDA FACULTY GROUP PRACTICE BILLS, PLEASE CONTACT THEM DIRECTLY AT (352) 265-7912.

IF YOU REQUIRE AN ITEMIZED STATEMENT OF THE ABOVE CHARGES, PLEASE FEEL FREE TO WRITE US AND ONE WILL BE FORWARDED TO YOU. IF YOU HAVE QUESTIONS REGARDING YOUR BILLING AND / OR INSURANCE COVERAGE, PLEASE CONTACT US BY PHONE AT (352) 265-0355, OR AT 1-800-342-5364 FOR OUT-OF-AREA FLORIDA RESIDENTS, MONDAY THROUGH FRIDAY, 8:30 AM TO 5:00 PM OR BY E-MAIL AT ufcorr@shands.ufl.edu.

SHANDS HOSPITAL
PATIENT FINANCIAL SERVICES



**Blue Cross
Blue Shield**
of Florida



532 Riverside Avenue
P. O. Box 1798
Jacksonville, FL 32231-0014



CINDY CAMPBELL
PO BOX 63
WORTHNGTN SPG FL 32697-0063

009 N

Please keep this statement for your records. Copies are not available.

THE PAYMENT OR PAYMENTS HAVE BEEN SENT DIRECTLY TO THE PROVIDER OF SERVICE.

CCW064-5975-1097RM FL

EXPLANATION OF BENEFITS

THIS IS NOT A BILL

DATE:	06/20/01
CONTRACT NUMBER	XJA380726307
GROUP NUMBER	15925

PROVIDER OF SERVICE	SERVICE DATES FROM TO	TYPE OF SERVICE	PREFERRED PATIENT CARE CARE MANAGER				PAYMENT AMOUNT	* SEE REMARKS BELOW	PATIENT RESPONSIBILITY
			AMOUNT CHARGED	ALLOWED AMOUNT	DEDUCTIBLE TAKEN	YOUR PART			
CINDY CLAIM #:			/11623355200 SERVICE DATES: 06/01/01-06/01/01						
SHANDS HOSP	06/01-06/01	DRUGS	40.00	27.20		5.44	21.76	B	12.80
SHANDS HOSP	06/01-06/01	DRUGS	87.00					A	
SHANDS HOSP	06/01-06/01	RADIOLOGY	100.00	22.28		4.46	17.82	B	77.72
SHANDS HOSP	06/01-06/01	RADIOLOGY	100.00	22.28		4.46	17.82	B	77.72
SHANDS HOSP	06/01-06/01	EMERGENCY	290.00	197.20		39.44	157.76	B	92.80
CLAIM TOTAL:			617.00	268.96		53.80	215.16		53.80

* REMARKS***FOR CUSTOMER SERVICE PLEASE CALL 1-800-444-0455***
 A THE REIMBURSEMENT FOR THIS COVERED SERVICE IS INCLUDED IN THE ALLOWANCE FOR OTHER SERVICES PERFORMED.
 B THE CHARGE EXCEEDS THE ALLOWANCE LIMIT FOR THIS SERVICE.

See reverse side for additional information.

PCCW4280-CC1V-5975-01171-04187

4730-182



Blue Shield
of Florida



532 Riverside Avenue
P. O. Box 1798
Jacksonville, FL 32231-0014

|||||
CINDY CAMPBELL
PO BOX 63
WORTHNGTN SPG FL 32697-0063

012 N

Please keep this statement for your records. Copies are not available.

THE PAYMENT OR PAYMENTS HAVE BEEN SENT DIRECTLY TO THE PROVIDER OF SERVICE.

CCW064-5975-1097RM FL

DATE:	06/14/01
CONTRACT NUMBER	XJA380726307
GROUP NUMBER	15925

EXPLANATION OF BENEFITS

THIS IS NOT A BILL

PROVIDER OF SERVICE	SERVICE DATES FROM TO	TYPE OF SERVICE	AMOUNT CHARGED	PREFERRED PATIENT CARE CARE MANAGER			PAYMENT AMOUNT	* SEE REMARKS BELOW	PATIENT'S RESPONSIBILITY
				ALLOWED AMOUNT	DEDUCTIBLE TAKEN	YOUR PART			
CINDY CLAIM #: /11562340690 SERVICE DATES: 06/01/01-06/01/01									
SPECKMAN	06/01-06/01	RADIOLOGY	39.00	9.00		1.80	7.20	A	1.80
SPECKMAN	06/01-06/01	RADIOLOGY	37.00	9.50		1.90	7.60	A	1.90
CLAIM TOTAL:			76.00	18.50		3.70	14.80		3.70

* REMARKS***FOR CUSTOMER SERVICE PLEASE CALL 1-800-444-0455***
A THE CHARGE EXCEEDS THE ALLOWANCE LIMIT FOR THIS SERVICE.

4730-182

See reverse side for additional information.

PCCW4280-CC1V-5975-01165-04820



**Blue Cross
Blue Shield**
of Florida



532 Riverside Avenue
P. O. Box 1798
Jacksonville, FL 32231-0014

|||||
CINDY CAMPBELL
PO BOX 63
WORTHNGTN SPG FL 32697-0063

009 N

Please keep this statement for your records. Copies are not available.

THE PAYMENT OR PAYMENTS HAVE BEEN SENT DIRECTLY TO THE PROVIDER OF SERVICE.

CCW064-5975-1097RM FL

DATE:	06/20/01
CONTRACT NUMBER	XJA380726307
GROUP NUMBER	15925

EXPLANATION OF BENEFITS

THIS IS NOT A BILL

PROVIDER OF SERVICE	SERVICE DATES FROM TO	TYPE OF SERVICE	PREFERRED PATIENT CARE CARE MANAGER				PAYMENT AMOUNT	* SEE REMARKS BELOW	PATIENT RESPONSIBILITY
			AMOUNT CHARGED	ALLOWED AMOUNT	DEDUCTIBLE TAKEN	YOUR PART			
CINDY CLAIM #: /11622049580 SERVICE DATES: 06/01/01-06/01/01									
LIGHT	06/01-06/01	MEDICAL CARE	110.00	41.50		8.30	33.20	A	8.30
CLAIM TOTAL:			110.00	41.50		8.30	33.20		8.30

* REMARKS***FOR CUSTOMER SERVICE PLEASE CALL 1-800-444-0455***
A THE CHARGE EXCEEDS THE ALLOWANCE LIMIT FOR THIS SERVICE.

4730-182

See reverse side for additional information.

PCCW4280-CC1V-5975-01171-04186



FARAH AND FARAH, P.A.

ATTORNEYS AT LAW

- PERSONAL INJURY
- WRONGFUL DEATH
- WORKER'S COMPENSATION

March 19, 2002

ATTORNEYS

EDDIE E FARAH
 CHARLIE E FARAH
 CHARLES E EARNHARDT
 JAMES FARSON
 BRUCE S FEIFER
 BRIAN M FLAHERTY
 JOSEPH A FRANCO, JR
 RACHAEL W GREENE
 MICHAEL R HOWARD
 LESLIE SCOTT JEAN-BART
 LLOYD S MANUKIAN
 ANTHONY "MARK" PAPA
 KEVIN S ROBBIE
 BASEM SOLIMAN
 ASHLEY R WREN

Skadden, Arps, Slate, Meagher & Flohm
 Attn.: John W. Butler, Jr. P.A.
 333 W. Wacker Drive, Suite 2100
 Chicago, Il 60606

RE:	Our Client:	Cindy Campbell
	Date of Incident:	06/01/2001
	Debtor:	Kmart Corporation
	Case #:	02-02474
		Chapter 11 Rec#324660

Dear Mr. Butler:

Please find enclosed the Medical Records and Medical Bills that you requested us to send along with the Proof of Claim form that has been filled out.

Thank you for your attention in this matter. If you have any questions please feel free to contact our office at any time.

Sincerely,

Diane A. Pirkle
 Legal Assistant to
 Lloyd S. Manukian, Esq.
 /dp

cc: Cindy Campbell
 Copy of letter and Proof of Claim to:

Kmart
 c/o Trumball Services
 Post Office Box 426
 Windsor, CT 06095

CASE MANAGERS

JOANN AFFOLTER
 BILL JONES
 MARJORIE LOBDELL
 STACI F LOPEZ
 KATHY PALMER
 ROBERT C POGACHNIK
 EVELYN TADROS
 DARLA WALDRON
 TOM WOODS

LEGAL NURSE CONSULTANT

SANDY TERRAZZANO
 ARNP, CNS, MSN, CCM, CLNC

LICENSED INVESTIGATOR

WILLIAM L SCULL

OF COUNSEL

JEFFERSON W MORROW
 BOARD CERTIFIED CIVIL TRIAL ATTORNEY