

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS **PROOF OF CLAIM**

Name of Debtor
DAISY WILLIAMS

Case Number
02-B02474

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)
KMART CORPORATION

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

Name and address where notices should be sent:
**LAW OFFICES OF JUDY L. FEINBERG
4400 JENIFER STREET, N.W. Suite 310
WASHINGTON, D.C. 20015
Telephone number: (202) 237-0555**

THIS SPACE IS FOR COURT USE ONLY

Account or other number by which creditor identifies debtor

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

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

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

2. Date debt was incurred:

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: \$ 500,000

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below
 Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

5. Secured Claim.

Check this box if your claim is secured by collateral (including a right of setoff).
Brief Description of Collateral:
 Real Estate Motor Vehicle
 Other _____

Value of Collateral. \$ _____

Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____

6. Unsecured Priority Claim.

Check this box if you have an unsecured priority claim
Amount entitled to priority \$ 500,000.00
Specify the priority of the claim:

- Wages, salaries, or commissions (up to \$4,300)* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3)
- Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4)
- Up to \$1,950* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6)
- Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7)
- Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8)
- Other Specify applicable paragraph of 11 U.S.C. § 507(a)(_____)

*Amounts are subject to adjustment on 4/1/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment

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

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

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

Date
3-12-02

Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any)
Daisy M. Williams

THIS SPACE IS FOR COURT USE ONLY

3/25/02 7:14 ML

RECEIVED
TRUSTEES SERVICES
SECTION

2002 MAR 25 PM 1:50

BANKRUPTCY

Statement of Account

LAKE RIDGE PHYSICAL THERAPY LLC.
 12546 DILLINGHAM SQUARE
 SUITE 101
 WOODBRIDGE, VA 22192

| Date | Account No. | Balance Due |
|------------|-------------|-------------|
| 04/15/2001 | WILLDA01 | |

Payment Due Upon Receipt

Amount Paid _____
 Check Number _____
 Visa / MC _____
 Expiration Date _____
 Signature _____

Questions? Call (301) 590-9572

DAISY M. WILLIAMS
 4218 STOCKBRIDGE DRIVE
 DUMFRIES, VA 22026

Please cut the above stub and return with your payment to:

LAKE RIDGE PHYSICAL THERAPY LLC.
 12546 DILLINGHAM SQ #101
 WOODBRIDGE, VA 22192

Primary insurance on record:
 TRIGON

| Date | For | Description | Ref | Amount | Projector Patient Portion | PENDING INSURANCE |
|------------|-------|--------------------------|-----|--------|---------------------------|-------------------|
| 09/28/2000 | DAISY | Evaluation | 130 | 150.00 | | 150.00 |
| 11/13/2000 | DAISY | | 130 | | | |
| 11/13/2000 | DAISY | | 130 | | | |
| 09/28/2000 | DAISY | E-stim., unattended | 130 | 35.00 | | 35.00 |
| 11/13/2000 | DAISY | | 130 | 0.00 | | |
| 11/13/2000 | DAISY | | 130 | | | |
| 09/28/2000 | DAISY | Therapeutic procedure | 130 | 65.00 | | 65.00 |
| 11/13/2000 | DAISY | | 130 | | | |
| 11/13/2000 | DAISY | | 130 | | | |
| 11/13/2000 | DAISY | Not covered by insurance | 130 | | 9.00 | |
| 10/03/2000 | DAISY | E-stim., unattended | 215 | 35.00 | | 35.00 |
| 11/13/2000 | DAISY | | 215 | 0.00 | | |
| 11/13/2000 | DAISY | | 215 | | | |
| 10/03/2000 | DAISY | Ultrasound | 215 | 45.00 | | 45.00 |
| 11/13/2000 | DAISY | | 215 | | | |
| 11/13/2000 | DAISY | | 215 | | | |
| 10/03/2000 | DAISY | Manual therapy | 215 | 50.00 | | 50.00 |
| 11/13/2000 | DAISY | | 215 | | | |
| 11/13/2000 | DAISY | | 215 | | | |
| 10/05/2000 | DAISY | E-stim., unattended | 215 | 35.00 | | 35.00 |
| 11/13/2000 | DAISY | | 215 | 0.00 | | |
| 11/13/2000 | DAISY | | 215 | | | |
| 10/05/2000 | DAISY | Ultrasound | 215 | 45.00 | | 45.00 |
| 11/13/2000 | DAISY | | 215 | | | |
| 11/13/2000 | DAISY | | 215 | | | |
| 10/05/2000 | DAISY | Manual therapy | 215 | 50.00 | | 50.00 |
| 11/13/2000 | DAISY | | 215 | | | |
| 11/13/2000 | DAISY | | 215 | | | |
| 10/12/2000 | DAISY | E-stim., unattended | 215 | 35.00 | | 35.00 |
| 11/13/2000 | DAISY | | 215 | 0.00 | | |
| 11/13/2000 | DAISY | | 215 | | | |
| 10/12/2000 | DAISY | Therapeutic procedure | 215 | 65.00 | | 65.00 |

Notes

Statement of Account

LAKE RIDGE PHYSICAL THERAPY LLC.
 12546 DILLINGHAM SQUARE
 SUITE 101
 WOODBRIDGE, VA 22192

Questions? Call (301) 590-9572

DAISY M. WILLIAMS
 4218 STOCKBRIDGE DRIVE
 DUMFRIES, VA 22026

| Date | Account No. | Balance Due |
|------------|-------------|-------------|
| 03/09/2001 | WILLDA01 | |

Payment Due Upon Receipt

Amount Paid _____

Check Number _____

Visa / MC _____

Expiration Date _____

Signature _____

Please cut the above stub and return with your payment to:

LAKE RIDGE PHYSICAL THERAPY LLC.
 12546 DILLINGHAM SQR #101
 WOODBRIDGE, VA 22192

Primary insurance on record:
 TRIGON

| Date | For | Description | Ref | Projected Patient Portion | PENDING INSURANCE |
|------------|-------|--------------------------|-----|---------------------------|-------------------|
| 11/13/2000 | DAISY | INSURANCE PARTIAL PMT | 215 | | -14.58 |
| 11/13/2000 | DAISY | INSURANCE ADJUSTMENT | 215 | | -48.80 |
| 10/12/2000 | DAISY | Manual therapy | 215 | | 50.00 |
| 11/13/2000 | DAISY | INSURANCE PARTIAL PMT | 215 | | -11.88 |
| 11/13/2000 | DAISY | INSURANCE ADJUSTMENT | 215 | | -36.80 |
| 10/14/2000 | DAISY | E-stim., unattended | 215 | | 35.00 |
| 11/13/2000 | DAISY | INSURANCE PARTIAL PMT | 215 | | |
| 11/13/2000 | DAISY | INSURANCE ADJUSTMENT | 215 | | -35.00 |
| 10/14/2000 | DAISY | Ultrasound | 215 | | 45.00 |
| 11/13/2000 | DAISY | INSURANCE PARTIAL PMT | 215 | | -8.10 |
| 11/13/2000 | DAISY | INSURANCE ADJUSTMENT | 215 | | -36.00 |
| 10/14/2000 | DAISY | Manual therapy | 215 | | 50.00 |
| 11/13/2000 | DAISY | INSURANCE PARTIAL PMT | 215 | | -11.88 |
| 11/13/2000 | DAISY | INSURANCE ADJUSTMENT | 215 | | -26.24 |
| 10/19/2000 | DAISY | E-stim., unattended | 215 | | 35.00 |
| 11/13/2000 | DAISY | INSURANCE PARTIAL PMT | 215 | | |
| 11/13/2000 | DAISY | INSURANCE ADJUSTMENT | 215 | | -35.00 |
| 10/19/2000 | DAISY | Ultrasound | 215 | | 45.00 |
| 11/13/2000 | DAISY | INSURANCE PARTIAL PMT | 215 | | -8.10 |
| 11/13/2000 | DAISY | INSURANCE ADJUSTMENT | 215 | | -36.00 |
| 10/19/2000 | DAISY | Manual therapy | 215 | | 50.00 |
| 11/13/2000 | DAISY | INSURANCE PARTIAL PMT | 215 | | -11.88 |
| 11/13/2000 | DAISY | INSURANCE ADJUSTMENT | 215 | | -36.80 |
| 10/31/2000 | DAISY | Ultrasound | 215 | | 45.00 |
| 10/31/2000 | DAISY | Therapeutic procedure | 215 | | 65.00 |
| 11/14/2000 | DAISY | Manual therapy | 322 | | 50.00 |
| 11/14/2000 | DAISY | Therapeutic procedure | 322 | | 65.00 |
| 11/14/2000 | DAISY | Ultrasound | 322 | | 45.00 |
| 12/11/2000 | DAISY | INSURANCE PAYMENT | 322 | | -34.56 |
| 12/11/2000 | DAISY | INSURANCE ADJUSTMENT | 322 | | -121.60 |
| 12/11/2000 | DAISY | Not covered by insurance | 322 | 3.84 | -3.84 |
| 11/02/2000 | DAISY | Therapeutic procedure | 364 | | 65.00 |

| Total | | | | Balance Due | |
|-------|--|--|--|-------------|--|
| | | | | | |

Notes

Statement of Account

LAKE RIDGE PHYSICAL THERAPY LLC.
 12546 DILLINGHAM SQUARE
 SUITE 101
 WOODBRIDGE, VA 22192

Questions? Call (301) 590-9572

DAISY M. WILLIAMS
 4218 STOCKBRIDGE DRIVE
 DUMFRIES, VA 22026

| Date | Account No. | Balance Due |
|------------|-------------|-------------|
| 03/09/2001 | WILLDA01 | |

Payment Due Upon Receipt

Amount Paid _____

Check Number _____

Visa / MC _____

Expiration Date _____

Signature _____

Please cut the above stub and return with your payment to:

LAKE RIDGE PHYSICAL THERAPY LLC.
 12546 DILLINGHAM SQ #101
 WOODBRIDGE, VA 22192

Primary Insurance on record:
 TRIGON

| Date | For | Description | Ref | Projected Patient Portion | PENDING INSURANCE |
|------------|-------|--------------------------|-----|---------------------------|-------------------|
| 11/02/2000 | DAISY | Manual therapy | 364 | | 50.00 |
| 11/02/2000 | DAISY | Ultrasound | 364 | | 45.00 |
| 11/09/2000 | DAISY | Therapeutic procedure | 364 | | 65.00 |
| 11/09/2000 | DAISY | E-stim., unattended | 364 | | 35.00 |
| 11/16/2000 | DAISY | Re-Evaluation | 364 | | 75.00 |
| 11/16/2000 | DAISY | Ultrasound | 364 | | 45.00 |
| 11/16/2000 | DAISY | Manual therapy | 364 | | 50.00 |
| 11/16/2000 | DAISY | Therapeutic procedure | 364 | | 65.00 |
| 12/11/2000 | DAISY | INSURANCE PAYMENT | 364 | | -144.59 |
| 12/11/2000 | DAISY | INSURANCE ADJUSTMENT | 364 | | -338.19 |
| 12/11/2000 | DAISY | Not covered by insurance | 364 | 12.22 | -12.22 |
| 12/05/2000 | DAISY | Manual therapy | 498 | | 50.00 |
| 12/05/2000 | DAISY | Ultrasound | 498 | | 45.00 |
| 12/05/2000 | DAISY | Re-Evaluation | 498 | | 75.00 |
| 12/07/2000 | DAISY | E-stim., unattended | 498 | | 35.00 |
| 12/07/2000 | DAISY | Manual therapy | 498 | | 50.00 |
| 12/07/2000 | DAISY | Therapeutic procedure | 498 | | 65.00 |
| 12/12/2000 | DAISY | Therapeutic activities | 498 | | 45.00 |
| 12/12/2000 | DAISY | Manual therapy | 498 | | 50.00 |
| 12/12/2000 | DAISY | Ultrasound | 498 | | 45.00 |
| 12/16/2000 | DAISY | Therapeutic procedure | 498 | | 130.00 |
| 12/16/2000 | DAISY | Manual therapy | 498 | | 50.00 |
| 12/21/2000 | DAISY | Therapeutic procedure | 498 | | 130.00 |
| 12/21/2000 | DAISY | Manual therapy | 498 | | 50.00 |
| 12/28/2000 | DAISY | Therapeutic procedure | 498 | | 65.00 |
| 12/28/2000 | DAISY | Manual therapy | 498 | | 50.00 |
| 12/30/2000 | DAISY | Therapeutic procedure | 498 | | 65.00 |
| 12/30/2000 | DAISY | E-stim., unattended | 498 | | 35.00 |
| 01/02/2001 | DAISY | Therapeutic procedure | 573 | | 65.00 |
| 01/02/2001 | DAISY | Manual therapy | 573 | | 50.00 |
| 01/23/2001 | DAISY | E-stim., unattended | 573 | | 35.00 |
| 01/23/2001 | DAISY | Therapeutic procedure | 573 | | 130.00 |

| | | | | | |
|-----------|--|--|-------------|--|--|
| Total Due | | | Balance Due | | |
| | | | | | |

Notes

Statement of Account

LAKE RIDGE PHYSICAL THERAPY LLC.
 12546 DILLINGHAM SQUARE
 SUITE 101
 WOODBRIDGE, VA 22192

Questions? Call (301) 590-9572

DAISY M. WILLIAMS
 4218 STOCKBRIDGE DRIVE
 DUMFRIES, VA 22026

| Date | Account No. | Balance Due |
|------------|-------------|-------------|
| 03/09/2001 | WILLDA01 | \$25.13 |

Payment Due Upon Receipt

Amount Paid _____

Check Number _____

Visa / MC _____

Expiration Date _____

Signature _____

Please cut the above stub and return with your payment to:

LAKE RIDGE PHYSICAL THERAPY LLC.
 12546 DILLINGHAM SQ #101
 WOODBRIDGE, VA 22192

Primary Insurance on record:
 TRIGON

| Date | For | Description | Ref | Projected Patient Portion | PENDING INSURANCE |
|------------|--------|-----------------------|----------|---------------------------|--------------------|
| 01/25/2001 | DAISY | E-stim., unattended | 573 | | 35.00 |
| 01/25/2001 | DAISY | Therapeutic procedure | 573 | | 130.00 |
| 02/01/2001 | DAISY | E-stim., unattended | 686 | | 35.00 |
| 02/01/2001 | DAISY | Manual therapy | 686 | | 50.00 |
| | | | | | Balance Due |
| \$530.00 | \$0.00 | \$1035.00 | \$157.51 | \$0.00 | \$25.13 |
| | | | | | \$1697.38 |

1 Notes

Statement of Account

LAKE RIDGE PHYSICAL THERAPY LLC.
 12548 DILLINGHAM SQUARE
 SUITE 101
 WOODBRIDGE, VA 22192

| Date | Account No. | Balance Due |
|------------|-------------|-------------|
| 04/15/2001 | WILLDA01 | |

Payment Due Upon Receipt

Amount Paid _____
 Check Number _____
 Visa / MC _____
 Expiration Date _____
 Signature _____

Questions? Call (301) 590-9572

DAISY M. WILLIAMS
 4218 STOCKBRIDGE DRIVE
 DUMFRIES, VA 22026

Please cut the above stub and return with your payment to:

LAKE RIDGE PHYSICAL THERAPY LLC
 12546 DILLINGHAM SQ #101
 WOODBRIDGE, VA 22192

Primary insurance on record:
 TRIGON

| Date | For | Description | Ref | Amount | Projected Patient Portion | PENDING INSURANCE |
|------------|-------|--------------------------|-----|--------|---------------------------|-------------------|
| 09/28/2000 | DAISY | Evaluation | 130 | 150.00 | | 150.00 |
| 11/13/2000 | DAISY | INSURANCE PAYMENT | 130 | -67.05 | | -67.05 |
| 11/13/2000 | DAISY | INSURANCE ADJUSTMENT | 130 | -75.50 | | -75.50 |
| 09/28/2000 | DAISY | E-stim., unattended | 130 | 35.00 | | 35.00 |
| 11/13/2000 | DAISY | INSURANCE PAYMENT | 130 | 0.00 | | |
| 11/13/2000 | DAISY | INSURANCE ADJUSTMENT | 130 | -35.00 | | -35.00 |
| 09/28/2000 | DAISY | Therapeutic procedure | 130 | 65.00 | | 65.00 |
| 11/13/2000 | DAISY | INSURANCE PAYMENT | 130 | -14.58 | | -14.58 |
| 11/13/2000 | DAISY | INSURANCE ADJUSTMENT | 130 | -48.80 | | -48.80 |
| 11/13/2000 | DAISY | Not covered by insurance | 130 | | 9.07 | -9.07 |
| 10/03/2000 | DAISY | E-stim., unattended | 215 | 35.00 | | 35.00 |
| 11/13/2000 | DAISY | INSURANCE PARTIAL PMT | 215 | 0.00 | | |
| 11/13/2000 | DAISY | INSURANCE ADJUSTMENT | 215 | -35.00 | | -35.00 |
| 10/03/2000 | DAISY | Ultrasound | 215 | 45.00 | | 45.00 |
| 11/13/2000 | DAISY | INSURANCE PARTIAL PMT | 215 | -8.10 | | -8.10 |
| 11/13/2000 | DAISY | INSURANCE ADJUSTMENT | 215 | -36.00 | | -36.00 |
| 10/03/2000 | DAISY | Manual therapy | 215 | 50.00 | | 50.00 |
| 11/13/2000 | DAISY | INSURANCE PARTIAL PMT | 215 | -11.88 | | -11.88 |
| 11/13/2000 | DAISY | INSURANCE ADJUSTMENT | 215 | -36.80 | | -36.80 |
| 10/05/2000 | DAISY | E-stim., unattended | 215 | 35.00 | | 35.00 |
| 11/13/2000 | DAISY | INSURANCE PARTIAL PMT | 215 | 0.00 | | |
| 11/13/2000 | DAISY | INSURANCE ADJUSTMENT | 215 | -35.00 | | -35.00 |
| 10/05/2000 | DAISY | Ultrasound | 215 | 45.00 | | 45.00 |
| 11/13/2000 | DAISY | INSURANCE PARTIAL PMT | 215 | -8.10 | | -8.10 |
| 11/13/2000 | DAISY | INSURANCE ADJUSTMENT | 215 | -36.00 | | -36.00 |
| 10/05/2000 | DAISY | Manual therapy | 215 | 50.00 | | 50.00 |
| 11/13/2000 | DAISY | INSURANCE PARTIAL PMT | 215 | -11.88 | | -11.88 |
| 11/13/2000 | DAISY | INSURANCE ADJUSTMENT | 215 | -36.80 | | -36.80 |
| 10/12/2000 | DAISY | E-stim., unattended | 215 | 35.00 | | 35.00 |
| 11/13/2000 | DAISY | INSURANCE PARTIAL PMT | 215 | 0.00 | | |
| 11/13/2000 | DAISY | INSURANCE ADJUSTMENT | 215 | -35.00 | | -35.00 |
| 10/12/2000 | DAISY | Therapeutic procedure | 215 | 65.00 | | 65.00 |

Notes

Statement of Account

LAKE RIDGE PHYSICAL THERAPY LLC.
 12546 DILLINGHAM SQUARE
 SUITE 101
 WOODBRIDGE, VA 22192

| Date | Account No. | Balance Due |
|------------|-------------|-------------|
| 04/15/2001 | WILLDA01 | |

Payment Due Upon Receipt

Amount Paid _____

Check Number _____

Visa / MC _____

Expiration Date _____

Signature _____

Questions? Call (301) 590-9572

DAISY M. WILLIAMS
 4218 STOCKBRIDGE DRIVE
 DUMFRIES, VA 22026

Please cut the above stub and return with your payment to:

LAKE RIDGE PHYSICAL THERAPY LLC
 12546 DILLINGHAM SQ #101
 WOODBRIDGE, VA 22192

Primary insurance on record:
 TRIGON

| Date | For | Description | Ref | Amount | Projected Patient Portion | PENDING INSURANCE |
|------------|-------|--------------------------|-----|---------|---------------------------|-------------------|
| 11/13/2000 | DAISY | INSURANCE PARTIAL PMT | 215 | -14.58 | | -14.58 |
| 11/13/2000 | DAISY | INSURANCE ADJUSTMENT | 215 | -48.80 | | -48.80 |
| 10/12/2000 | DAISY | Manual therapy | 215 | 50.00 | | 50.00 |
| 11/13/2000 | DAISY | INSURANCE PARTIAL PMT | 215 | -11.88 | | -11.88 |
| 11/13/2000 | DAISY | INSURANCE ADJUSTMENT | 215 | -36.80 | | -36.80 |
| 10/14/2000 | DAISY | E-stim., unattended | 215 | 35.00 | | 35.00 |
| 11/13/2000 | DAISY | INSURANCE PARTIAL PMT | 215 | 0.00 | | |
| 11/13/2000 | DAISY | INSURANCE ADJUSTMENT | 215 | -35.00 | | -35.00 |
| 10/14/2000 | DAISY | Ultrasound | 215 | 45.00 | | 45.00 |
| 11/13/2000 | DAISY | INSURANCE PARTIAL PMT | 215 | -8.10 | | -8.10 |
| 11/13/2000 | DAISY | INSURANCE ADJUSTMENT | 215 | -36.00 | | -36.00 |
| 10/14/2000 | DAISY | Manual therapy | 215 | 50.00 | | 50.00 |
| 11/13/2000 | DAISY | INSURANCE PARTIAL PMT | 215 | -11.88 | | -11.88 |
| 11/13/2000 | DAISY | INSURANCE ADJUSTMENT | 215 | -26.24 | | -26.24 |
| 10/19/2000 | DAISY | E-stim., unattended | 215 | 35.00 | | 35.00 |
| 11/13/2000 | DAISY | INSURANCE PARTIAL PMT | 215 | 0.00 | | |
| 11/13/2000 | DAISY | INSURANCE ADJUSTMENT | 215 | -35.00 | | -35.00 |
| 10/19/2000 | DAISY | Ultrasound | 215 | 45.00 | | 45.00 |
| 11/13/2000 | DAISY | INSURANCE PARTIAL PMT | 215 | -8.10 | | -8.10 |
| 11/13/2000 | DAISY | INSURANCE ADJUSTMENT | 215 | -36.00 | | -36.00 |
| 10/19/2000 | DAISY | Manual therapy | 215 | 50.00 | | 50.00 |
| 11/13/2000 | DAISY | INSURANCE PARTIAL PMT | 215 | -11.88 | | -11.88 |
| 11/13/2000 | DAISY | INSURANCE ADJUSTMENT | 215 | -36.80 | | -36.80 |
| 10/31/2000 | DAISY | Ultrasound | 215 | 45.00 | | 45.00 |
| 10/31/2000 | DAISY | Therapeutic procedure | 215 | 65.00 | | 65.00 |
| 11/14/2000 | DAISY | Manual therapy | 322 | 50.00 | | 50.00 |
| 11/14/2000 | DAISY | Therapeutic procedure | 322 | 65.00 | | 65.00 |
| 11/14/2000 | DAISY | Ultrasound | 322 | 45.00 | | 45.00 |
| 12/11/2000 | DAISY | INSURANCE PAYMENT | 322 | -34.56 | | -34.56 |
| 12/11/2000 | DAISY | INSURANCE ADJUSTMENT | 322 | -121.60 | | -121.60 |
| 12/11/2000 | DAISY | Not covered by insurance | 322 | | 3.84 | -3.84 |
| 11/02/2000 | DAISY | Therapeutic procedure | 364 | 65.00 | | 65.00 |

Notes

Statement of Account

LAKE RIDGE PHYSICAL THERAPY LLC.
 12546 DILLINGHAM SQUARE
 SUITE 101
 WOODBRIDGE, VA 22192

Questions? Call (301) 590-9572

DAISY M. WILLIAMS
 4218 STOCKBRIDGE DRIVE
 DUMFRIES, VA 22026

| Date | Account No. | Balance Due |
|------------|-------------|-------------|
| 04/15/2001 | WILLDA01 | |

Payment Due Upon Receipt

Amount Paid _____

Check Number _____

Visa / MC _____

Expiration Date _____

Signature _____

Please cut the above stub and return with your payment to:

LAKE RIDGE PHYSICAL THERAPY LLC
 12546 DILLINGHAM SQR #101
 WOODBRIDGE, VA 22192

Primary insurance on record:
 TRIGON

| Date | For | Description | Ref | Amount | Projected Patient Portion | PENDING INSURANCE |
|------------|-------|--------------------------|-----|---------|---------------------------|-------------------|
| 11/02/2000 | DAISY | Manual therapy | 364 | 50.00 | | 50.00 |
| 11/02/2000 | DAISY | Ultrasound | 364 | 45.00 | | 45.00 |
| 11/09/2000 | DAISY | Therapeutic procedure | 364 | 65.00 | | 65.00 |
| 11/09/2000 | DAISY | E-stim., unattended | 364 | 35.00 | | 35.00 |
| 11/16/2000 | DAISY | Re-Evaluation | 364 | 75.00 | | 75.00 |
| 11/16/2000 | DAISY | Ultrasound | 364 | 45.00 | | 45.00 |
| 11/16/2000 | DAISY | Manual therapy | 364 | 50.00 | | 50.00 |
| 11/16/2000 | DAISY | Therapeutic procedure | 364 | 65.00 | | 65.00 |
| 12/11/2000 | DAISY | INSURANCE PAYMENT | 364 | -144.59 | | -144.59 |
| 12/11/2000 | DAISY | INSURANCE ADJUSTMENT | 364 | -338.19 | | -338.19 |
| 12/11/2000 | DAISY | Not covered by insurance | 364 | | 12.22 | -12.22 |
| 12/05/2000 | DAISY | Manual therapy | 498 | 50.00 | | 50.00 |
| 12/05/2000 | DAISY | Ultrasound | 498 | 45.00 | | 45.00 |
| 12/05/2000 | DAISY | Re-Evaluation | 498 | 75.00 | | 75.00 |
| 12/07/2000 | DAISY | E-stim., unattended | 498 | 35.00 | | 35.00 |
| 12/07/2000 | DAISY | Manual therapy | 498 | 50.00 | | 50.00 |
| 12/07/2000 | DAISY | Therapeutic procedure | 498 | 65.00 | | 65.00 |
| 12/12/2000 | DAISY | Therapeutic activities | 498 | 45.00 | | 45.00 |
| 12/12/2000 | DAISY | Manual therapy | 498 | 50.00 | | 50.00 |
| 12/12/2000 | DAISY | Ultrasound | 498 | 45.00 | | 45.00 |
| 12/16/2000 | DAISY | Therapeutic procedure | 498 | 130.00 | | 130.00 |
| 12/16/2000 | DAISY | Manual therapy | 498 | 50.00 | | 50.00 |
| 12/21/2000 | DAISY | Therapeutic procedure | 498 | 130.00 | | 130.00 |
| 12/21/2000 | DAISY | Manual therapy | 498 | 50.00 | | 50.00 |
| 12/28/2000 | DAISY | Therapeutic procedure | 498 | 65.00 | | 65.00 |
| 12/28/2000 | DAISY | Manual therapy | 498 | 50.00 | | 50.00 |
| 12/30/2000 | DAISY | Therapeutic procedure | 498 | 65.00 | | 65.00 |
| 12/30/2000 | DAISY | E-stim., unattended | 498 | 35.00 | | 35.00 |
| 03/19/2001 | DAISY | INSURANCE PARTIAL PMT | 498 | -205.80 | | -205.80 |
| 03/19/2001 | DAISY | INSURANCE ADJUSTMENT | 498 | -564.20 | | -564.20 |
| 03/30/2001 | DAISY | INSURANCE PAYMENT | 498 | -75.90 | | -75.90 |
| 03/30/2001 | DAISY | INSURANCE ADJUSTMENT | 498 | -189.10 | | -189.10 |

Notes

Statement of Account

LAKE RIDGE PHYSICAL THERAPY LLC.
 12546 DILLINGHAM SQUARE
 SUITE 101
 WOODBRIDGE, VA 22192

Questions? Call (301) 590-9572

DAISY M. WILLIAMS
 4218 STOCKBRIDGE DRIVE
 DUMFRIES, VA 22026

| Date | Account No. | Balance Due |
|------------|-------------|-------------|
| 04/15/2001 | WILLDA01 | \$39.13 |

Payment Due Upon Receipt

Amount Paid _____
 Check Number _____
 Visa / MC _____
 Expiration Date _____
 Signature _____

Please cut the above stub and return with your payment to:

LAKE RIDGE PHYSICAL THERAPY LLC.
 12546 DILLINGHAM SQR #101
 WOODBRIDGE, VA 22192

Primary insurance on record:
 TRIGON

| Date | For | Description | Ref | Amount | Projected Patient Portion | PENDING INSURANCE |
|------------|-------|--------------------------|-----|---------------|---------------------------|-------------------|
| 01/02/2001 | DAISY | Therapeutic procedure | 573 | 65.00 | | 65.00 |
| 01/02/2001 | DAISY | Manual therapy | 573 | 50.00 | | 50.00 |
| 01/23/2001 | DAISY | E-stim., unattended | 573 | 35.00 | | 35.00 |
| 01/23/2001 | DAISY | Therapeutic procedure | 573 | 130.00 | | 130.00 |
| 01/25/2001 | DAISY | E-stim., unattended | 573 | 35.00 | | 35.00 |
| 01/25/2001 | DAISY | Therapeutic procedure | 573 | 130.00 | | 130.00 |
| 03/05/2001 | DAISY | INSURANCE PAYMENT | 573 | -97.34 | | -97.34 |
| 03/05/2001 | DAISY | INSURANCE ADJUSTMENT | 573 | -336.85 | | -336.85 |
| 03/05/2001 | DAISY | Not covered by insurance | 573 | | 10.81 | -10.81 |
| 02/01/2001 | DAISY | E-stim., unattended | 686 | 35.00 | | 35.00 |
| 02/01/2001 | DAISY | Manual therapy | 686 | 50.00 | | 50.00 |
| 03/12/2001 | DAISY | INSURANCE PAYMENT | 686 | -28.76 | | -28.76 |
| 03/12/2001 | DAISY | INSURANCE ADJUSTMENT | 686 | -53.05 | | -53.05 |
| 03/12/2001 | DAISY | Not covered by insurance | 686 | | 3.19 | -3.19 |
| | | | | \$0.00 | \$39.13 | \$132.38 |

1 **Notes**

Statement of Account

LAKE RIDGE PHYSICAL THERAPY LLC.
 12546 DILLINGHAM SQUARE
 SUITE 101
 WOODBRIDGE, VA 22192

Questions? Call (301) 590-9572

DAISY M. WILLIAMS
 4218 STOCKBRIDGE DRIVE
 DUMFRIES, VA 22026

| Date | Account No. | Balance Due |
|------------|-------------|-------------|
| 03/09/2001 | WILLDA01 | |

Payment Due Upon Receipt

Amount Paid _____

Check Number _____

Visa / MC _____

Expiration Date _____

Signature _____

Please cut the above stub and return with your payment to:

LAKE RIDGE PHYSICAL THERAPY LLC.
 12546 DILLINGHAM SQ #101
 WOODBRIDGE, VA 22192

Primary insurance on record:
 TRIGON

| Date | For | Description | Ref | Projected Patient Portion | PENDING INSURANCE |
|------------|-------|--------------------------|-----|---------------------------|-------------------|
| 09/28/2000 | DAISY | Evaluation | 130 | | 150.00 |
| 11/13/2000 | DAISY | INSURANCE PAYMENT | 130 | | -67.05 |
| 11/13/2000 | DAISY | INSURANCE ADJUSTMENT | 130 | | -75.50 |
| 09/28/2000 | DAISY | E-stim., unattended | 130 | | 35.00 |
| 11/13/2000 | DAISY | INSURANCE PAYMENT | 130 | | |
| 11/13/2000 | DAISY | INSURANCE ADJUSTMENT | 130 | | -35.00 |
| 09/28/2000 | DAISY | Therapeutic procedure | 130 | | 65.00 |
| 11/13/2000 | DAISY | INSURANCE PAYMENT | 130 | | -14.58 |
| 11/13/2000 | DAISY | INSURANCE ADJUSTMENT | 130 | | -48.80 |
| 11/13/2000 | DAISY | Not covered by insurance | 130 | 9.07 | -9.07 |
| 10/03/2000 | DAISY | E-stim., unattended | 215 | | 35.00 |
| 11/13/2000 | DAISY | INSURANCE PARTIAL PMT | 215 | | |
| 11/13/2000 | DAISY | INSURANCE ADJUSTMENT | 215 | | -35.00 |
| 10/03/2000 | DAISY | Ultrasound | 215 | | 45.00 |
| 11/13/2000 | DAISY | INSURANCE PARTIAL PMT | 215 | | -8.10 |
| 11/13/2000 | DAISY | INSURANCE ADJUSTMENT | 215 | | -36.00 |
| 10/03/2000 | DAISY | Manual therapy | 215 | | 50.00 |
| 11/13/2000 | DAISY | INSURANCE PARTIAL PMT | 215 | | -11.88 |
| 11/13/2000 | DAISY | INSURANCE ADJUSTMENT | 215 | | -36.80 |
| 10/05/2000 | DAISY | E-stim., unattended | 215 | | 35.00 |
| 11/13/2000 | DAISY | INSURANCE PARTIAL PMT | 215 | | |
| 11/13/2000 | DAISY | INSURANCE ADJUSTMENT | 215 | | -35.00 |
| 10/05/2000 | DAISY | Ultrasound | 215 | | 45.00 |
| 11/13/2000 | DAISY | INSURANCE PARTIAL PMT | 215 | | -8.10 |
| 11/13/2000 | DAISY | INSURANCE ADJUSTMENT | 215 | | -36.00 |
| 10/05/2000 | DAISY | Manual therapy | 215 | | 50.00 |
| 11/13/2000 | DAISY | INSURANCE PARTIAL PMT | 215 | | -11.88 |
| 11/13/2000 | DAISY | INSURANCE ADJUSTMENT | 215 | | -36.80 |
| 10/12/2000 | DAISY | E-stim., unattended | 215 | | 35.00 |
| 11/13/2000 | DAISY | INSURANCE PARTIAL PMT | 215 | | |
| 11/13/2000 | DAISY | INSURANCE ADJUSTMENT | 215 | | -35.00 |
| 10/12/2000 | DAISY | Therapeutic procedure | 215 | | 65.00 |

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
| | | | | | |

1 Notes

NOVA ORTHOPEDIC & SPINE CARE
 P.O. BOX 5237
 WOODBRIDGE, VA 22194-5237
 BILLING INQUIRIES:888-313-9539

DAISY M WILLIAMS
 4218 STOCKBRIDGE DRIVE
 DUMFRIES VA 22026

STARTING DATE : 0/ 0/ 0
 ENDING DATE : 99/99/9999
 PATIENT ID # : 93
 OFFICE CODE : ALL

PATIENT HISTORY SUMMARY
 =====

| DATE | DESCRIPTION | | DEBITS | CREDITS | BALANCE |
|------------------|----------------------|----------|--------|---------|---------|
| 9/19/00 | O.V. NEW PT LVL 5 | 99205 | PML | 220.00 | 220.00 |
| 10/ 4/00 | O.V. EST PT LVL 4 | 99214 | PML | 110.00 | 110.00 |
| 10/24/00 | O.V. EST PT LVL 4 | 99214 | PML | 111.00 | 111.00 |
| 10/24/00 | ARTHROCENTESIS-LG JO | 20610 | PML | 95.00 | 206.00 |
| 10/24/00 | ARTHROCENTESIS-LG JO | 20610 | PML | 95.00 | 301.00 |
| 10/24/00 | KENALOG 10MG | J3301 | PML | 24.00 | 325.00 |
| 10/24/00 | LIDOCANE | J2000 | PML | 30.00 | 355.00 |
| 11/13/00 | MEDICAL RECORDS COPY | MEDRE | PML | 11.00 | 11.00 |
| 11/13/00 | POSTAGE FEE | PF | PML | 0.33 | 11.33 |
| 11/22/00 | O.V. EST PT LVL 5 | 99215 | PML | 164.00 | 164.00 |
| TOTAL CHARGES | | \$860.33 | | | |
| TOTAL PAYMENTS | | \$0.00 | | | |
| TOTAL DISALLOWED | | \$0.00 | | | |
| ENDING BALANCE | | \$860.33 | | | |

NoVa Orthopedic & Spine Care

P.M. Lotfi, M.D.

DAISY WILLIAMS
09/19/00

I had the pleasure of seeing Ms. Daisy Williams in our office today. She is a very pleasant, 62-year-old woman who was involved in an accident at a local K-Mart. She was hit on the right shoulder, forearm, and wrist as she was exiting the K-Mart by the door. She was subsequently taken to the emergency room and she was diagnosed with abrasion on the forearm, wrist sprain, and shoulder contusion. There were no fractures or dislocations. This was September 1, 2000. She was referred to us by suggestion of her attorneys to clear the medical situation.

PAST MEDICAL HISTORY: She reports having diabetes, as well as some irregular heartbeat history in the past.

SOCIAL HISTORY: She is not a smoker.

MEDICATIONS: She is on multiple medications for her diabetes, high cholesterol, and blood pressure control.

PAST SURGICAL HISTORY: She had back surgery in 1996. She is on disability for that. She had eye surgery recently.

PHYSICAL EXAMINATION: She is a very pleasant female. She is alert and oriented. She is no acute distress. She has full range of motion of the right cervical spine. The bilateral upper extremities have motor strength of 5/5. In her shoulder she has impingement with internal rotation and forward flexion. Her AC joint is nontender. She has full abduction of the right shoulder. She has decreased abduction of the left shoulder. She states this is secondary to congenital deformity. Her right elbow is nontender and has full range of motion. Her right wrist has tenderness and pain over the 3rd and 4th extensor tendons. There is no swelling. She is neurovascularly intact distally in that upper extremity. Her wrist also has full range of motion, and no pain with rotation.

Her x-rays reveal no fractures, dislocations, or abnormalities in her wrist, forearm, or her shoulder.

ASSESSMENT:

1. Right impingement rotator cuff irritation in her right shoulder.
2. Dorsal extensor tendon tendinitis.

DAISY WILLIAMS

September 19, 2000

Page 2

PLAN:

1. Range of motion pendulum exercises on the right shoulder, as well as heat and water therapy.
2. I suggested some hand exercises with putty or a tennis ball for her right wrist and hand.

She is to return to the clinic in 2 weeks. If her symptoms in her shoulder are the same or worse, we will consider injecting her shoulder with steroids and possible formal physical therapy.

Paymaun M. Lotfi, M.D.

PML:tmp

DATE: 10.24.00

PATIENT: Williams, Daisy AGE: _____

TYPE OF VISIT: _____ MR#: _____

REFERRED BY: _____ X-RAYS: YES NO BROUGHT

@ should be present. PT x
E success. wait pin less but
present.

^{PG}
@ should be 150°
flex 140°
non 5 capitum
+ impingement

At angles to subacromial joint, 9cc lidocaine
1cc kenalog post P stretch pump @
Relief of Pin. Also 2cc in subacromial joint
RAC 4 wks.

RTC: _____

X-RAYS: NO YES TYPE: _____

RTW

STATUS: _____

NoVa Orthopedic & Spine Care

P.M. Lotfi, M.D.

DAISY WILLIAMS
10/04/00

I had the pleasure of seeing Daisy today. She has been suffering from right shoulder pain. She still has positive impingement signs. She has been getting some physical therapy range of motion exercises, as well as strengthening of right shoulder and right wrist. Her wrist has been doing significantly better, but she continues to have problems in the shoulder.

I discussed with her giving her Ultram and taking her off of oxycodone if possible, as well as the possibility of subacromial injection. She does not want an injection today but she is going to think about it. She will return to us in 3 weeks.

Paymaun M. Lotfi, M.D.

PML:mp

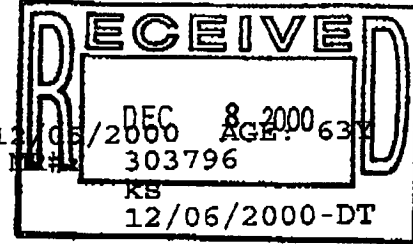

POTOMAC HOSPITAL
2300 OPITZ BOULEVARD
WOODBIDGE, VIRGINIA 22191
(703) 670-1313

RADIOLOGY REPORT

Printed for Dr. LOTFI, PAYMAUN M.

Patient: WILLIAMS, DAISY M
Hosp.#: Outpat 2355038
Date of Birth: 03/30/1937
Referring Physician: LOTFI, PAYMAUN M.
Copy to Physician: MOHAMADI, MAHMOOD
History or Symptom: Low back pain.

DATE: 12/06/2000 AGE: 63Y
ID# 303796
KS
12/06/2000-DT



Procedures: LUMBAR SPINE COMPLETE, SPINE, LSC, R00-49581

No previous studies are available for comparison.

AP, lateral, and oblique views of the lumbar spine show first degree spondylolisthesis at L5-S1 level. There is disc space narrowing at this level. There is also minimal spondylolisthesis at L4-L5 level to a lesser extent. There is evidence of partial laminectomy on the right side at L5 level. Pedicles appear intact. Calcifications are noted in the abdominal aorta and its major branches. Degenerative changes are noted in the facet joints from L3 to S1 levels.

IMPRESSION:

SPONDYLOLISTHESIS IS NOTED AT L4-L5 AND L5-S1 LEVELS, MORE SEVERE AT L5-S1 LEVEL. THERE IS DISC SPACE NARROWING AT L5-S1 LEVEL.

NO EVIDENCE OF RECENT BONY INJURY IS SEEN.

Dictated by: PALANICHAMY RATHINASAMY, M.D.
Electronically Signed by: PR

Statement of Account

LAKE RIDGE PHYSICAL THERAPY LLC.
 12546 DILLINGHAM SQUARE
 SUITE 101
 WOODBRIDGE, VA 22192

Patient:

WILLIAMS DAISY
 4218 STOCKBRIDGE DRIVE
 DUMFRIES, VA 22026

Questions? Call 301-590-9572

FINEBERG
 4400 JENIFER ST, NW
 SUITE 310
 WASHINGTON, DC 20015

| |
|-------------|
| Account No. |
| WILLDA01 |
| Date |
| 01/22/2001 |

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|--------|
| Page # |
| 2 |

Please cut the above stub and return with your payment to:

LAKE RIDGE PHYSICAL THERAPY LLC
 12546 DILLINGHAM SQ #101
 WOODBRIDGE, VA 22192

| Date | CPT Code | Description | Ref | Charges | Credits |
|------------|----------|------------------------|-----|---------|---------|
| 11/09/2000 | 97014 | E-stim., unattended | 364 | 35.00 | |
| 11/16/2000 | 97002 | Re-Evaluation | 364 | 75.00 | |
| 11/16/2000 | 97035 | Ultrasound | 364 | 45.00 | |
| 11/16/2000 | 97140 | Manual therapy | 364 | 50.00 | |
| 11/16/2000 | 97110 | Therapeutic procedure | 364 | 65.00 | |
| 12/05/2000 | 97140 | Manual therapy | 498 | 50.00 | |
| 12/05/2000 | 97035 | Ultrasound | 498 | 45.00 | |
| 12/05/2000 | 97002 | Re-Evaluation | 498 | 75.00 | |
| 12/07/2000 | 97014 | E-stim., unattended | 498 | 35.00 | |
| 12/07/2000 | 97140 | Manual therapy | 498 | 50.00 | |
| 12/07/2000 | 97110 | Therapeutic procedure | 498 | 65.00 | |
| 12/12/2000 | 97530 | Therapeutic activities | 498 | 45.00 | |
| 12/12/2000 | 97140 | Manual therapy | 498 | 50.00 | |
| 12/12/2000 | 97035 | Ultrasound | 498 | 45.00 | |
| 12/16/2000 | 97110 | Therapeutic procedure | 498 | 130.00 | |
| 12/16/2000 | 97140 | Manual therapy | 498 | 50.00 | |
| 12/21/2000 | 97110 | Therapeutic procedure | 498 | 130.00 | |
| 12/21/2000 | 97140 | Manual therapy | 498 | 50.00 | |
| 12/28/2000 | 97110 | Therapeutic procedure | 498 | 65.00 | |
| 12/28/2000 | 97140 | Manual therapy | 498 | 50.00 | |
| 12/30/2000 | 97110 | Therapeutic procedure | 498 | 65.00 | |
| 12/30/2000 | 97014 | E-stim., unattended | 498 | 35.00 | |

| 0 - 30 Days Current | 31 - 60 Days Past Due | 61 - 90 Days Past Due | 91 - 120 Days Past Due | > 120 Days Past Due | Balance Due |
|------------------------|--------------------------|--------------------------|---------------------------|------------------------|-------------|
| \$1035.00 | \$655.00 | \$780.00 | \$250.00 | \$0.00 | \$2720.00 |

Notes

Statement of Account

LAKE RIDGE PHYSICAL THERAPY LLC.
 12546 DILLINGHAM SQUARE
 SUITE 101
 WOODBRIDGE, VA 22192

Patient:
 WILLIAMS DAISY
 4218 STOCKBRIDGE DRIVE
 DUMFRIES, VA 22026

Questions? Call 301-590-9572

FINEBERG
 4400 JENIFER ST, NW
 SUITE 310
 WASHINGTON, DC 20015

| |
|--------------------|
| Account No. |
| WILLDA01 |
| Date |
| 01/22/2001 |

| |
|---------------|
| Page # |
| 1 |

Please cut the above stub and return with your payment to:

LAKE RIDGE PHYSICAL THERAPY LLC
 12546 DILLINGHAM SQ #101
 WOODBRIDGE, VA 22192

| Date | CPT Code | Description | Ref | Charges | Credits |
|------------|----------|-----------------------|-----|---------|---------|
| 09/28/2000 | 97001 | Evaluation | 130 | 150.00 | |
| 09/28/2000 | 97014 | E-stim., unattended | 130 | 35.00 | |
| 09/28/2000 | 97110 | Therapeutic procedure | 130 | 65.00 | |
| 10/03/2000 | 97014 | E-stim., unattended | 215 | 35.00 | |
| 10/03/2000 | 97035 | Ultrasound | 215 | 45.00 | |
| 10/03/2000 | 97140 | Manual therapy | 215 | 50.00 | |
| 10/05/2000 | 97014 | E-stim., unattended | 215 | 35.00 | |
| 10/05/2000 | 97035 | Ultrasound | 215 | 45.00 | |
| 10/05/2000 | 97140 | Manual therapy | 215 | 50.00 | |
| 10/12/2000 | 97014 | E-stim., unattended | 215 | 35.00 | |
| 10/12/2000 | 97110 | Therapeutic procedure | 215 | 65.00 | |
| 10/12/2000 | 97140 | Manual therapy | 215 | 50.00 | |
| 10/14/2000 | 97014 | E-stim., unattended | 215 | 35.00 | |
| 10/14/2000 | 97035 | Ultrasound | 215 | 45.00 | |
| 10/14/2000 | 97140 | Manual therapy | 215 | 50.00 | |
| 10/19/2000 | 97014 | E-stim., unattended | 215 | 35.00 | |
| 10/19/2000 | 97035 | Ultrasound | 215 | 45.00 | |
| 10/19/2000 | 97140 | Manual therapy | 215 | 50.00 | |
| 10/31/2000 | 97035 | Ultrasound | 215 | 45.00 | |
| 10/31/2000 | 97110 | Therapeutic procedure | 215 | 65.00 | |
| 11/14/2000 | 97140 | Manual therapy | 322 | 50.00 | |
| 11/14/2000 | 97110 | Therapeutic procedure | 322 | 65.00 | |
| 11/14/2000 | 97035 | Ultrasound | 322 | 45.00 | |
| 11/02/2000 | 97110 | Therapeutic procedure | 364 | 65.00 | |
| 11/02/2000 | 97140 | Manual therapy | 364 | 50.00 | |
| 11/02/2000 | 97035 | Ultrasound | 364 | 45.00 | |
| 11/09/2000 | 97110 | Therapeutic procedure | 364 | 65.00 | |

| 0 - 30 Days Current | 31 - 60 Days Past Due | 61 - 90 Days Past Due | 91 - 120 Days Past Due | > 120 Days Past Due | Balance Due |
|------------------------|--------------------------|--------------------------|---------------------------|------------------------|-------------|
| | | | | | |

Notes

Lake Ridge Physical Therapy LLC

12546 Dillingham Square
Suite # 101
Woodbridge, VA 22192

Appointment Report

10/19/00

10:00 AM

Thursday, October 19, 2000

Patient WILLIAMS, DAISY

Therapist Hadi Fathalkhani

Time: 10 00 AM - 11:00 AM

Appt Type/Outcome Follow Up

Copay Paid: \$0 00

Charges

| CPT Code | Charge |
|-----------------------|-----------------|
| 97140 | \$50.00 |
| 97035 | \$45 00 |
| 97014 | \$35 00 |
| Total Charges: | \$130.00 |

Treatment Notes

Subjective Pain Scale (1-10): 0

Activity Level slight decrease

Objective: Sh/EI/Wr
Joint Mobilization

Assessment Tx good
Response

Plan: Continue and progress

Total # of tx: 0 # prescribed: 0

consecutive w/PTA 0

Appointment Notes

Physical Therapy Notes

S- C/O PAIN IN ANTERIOR ASPOECT OF RIGHT SHOULDER.
PROM WNL GENTLE JOINT MOBILIZATION. ULTRA SOUND @1 5 W/CM2 X 8 MIN TO RIGHT SOULDER E-
STIM X 20 MIN TO WRIST & SHOULDER
A- ADVISED IN HEP
P- TO SEE M D FOR F/U

Lake Ridge Physical Therapy LLC

12546 Dillingham Square
Suite # 101
Woodbridge, VA 22192

Appointment Report

10/31/00

1:00 PM

Tuesday, October 31, 2000

Patient WILLIAMS, DAISY

Therapist Hadi Fathalikhani

Time: 1 00 PM - 2.00 PM

Appt Type/Outcome Follow Up

Copay Paid: \$0.00

Charges

| CPT Code | Charge |
|-----------------------|-----------------|
| 97110 | \$65.00 |
| 97035 | \$45.00 |
| Total Charges: | \$110.00 |

Treatment Notes

Subjective Pain Scale (1-10): 0

Activity Level slight increase

Objective: Sh/EI/Wr
Muscle Energy Tech

Assessment Tx Response good

Plan: Continue and progress

Total # of tx: 1 # prescribed: 0

consecutive w/PTA 0

Appointment Notes

Physical Therapy Notes

S- AFTER INJECTION MUCH BETTER
O- T-E BIODEX 50 X 2 SCAPTION
T- BAND ROTATION & OVER HEAD EXERCISE
E-STIM X 20 MIN WITH MH TO RIGHT SHOULDER
A- TOL WELL
P- CONTIN

Lake Ridge Physical Therapy LLC

12546 Dillingham Square
Suite # 101
Woodbridge, VA 22192

Appointment Report

11/2/00

2:00 PM

Thursday, November 02, 2000

Patient WILLIAMS, DAISY

Therapist Hadi Fathalikhani

Time: 2 00 PM - 3:00 PM

Appt Type/Outcome Follow Up

Copay Paid: \$0 00

Charges

| CPT Code | Charge |
|-----------------------|-----------------|
| 97140 | \$50.00 |
| 97110 | \$65.00 |
| 97035 | \$45 00 |
| Total Charges: | \$160.00 |

Treatment Notes

Subjective Pain Scale (1-10): 0

Activity Level marked increase

Objective: Sh/EI/Wr
Joint Mobilization

Assessment Tx good
Response

Plan: Continue and progress

Total # of tx: 0 # prescribed: 0

consecutive w/PTA 0

Appointment Notes

Physical Therapy Notes

S- VERY LITTLE PAIN
O- JOINT MOBILIZATION RIGHT SHOULDER
THERAPUTIC EXERCISE UBE X 5 MIN LEVEL 3 BIODEX PROM FL/EX ROTATION
US @1.5 W/CM2 X 8MIN TO RIGHT SHOULDER
A- MINIMAL DISCOMFORT WITH END RANGE IR
P-CONTINUE

Lake Ridge Physical Therapy LLC

12546 Dillingham Square
Suite # 101
Woodbridge, VA 22192

Appointment Report

11/9/00

10:00 AM

Thursday, November 09, 2000

Patient WILLIAMS, DAISY

Therapist Hadi Fathalikhani

Time: 10 00 AM - 11:00 AM

Appt Type/Outcome Follow Up

Copay Paid: \$0.00

Charges

| CPT Code | Charge |
|-----------------------|-----------------|
| 97110 | \$65.00 |
| 97014 | \$35.00 |
| Total Charges: | \$100.00 |

Treatment Notes

Subjective Pain Scale (1-10): 0

Activity Level marked increase

Objective: Sh/EI/Wr
Joint Mobilization

Assessment Tx Response good

Plan: Continue and progress

Total # of tx: 0 # prescribed: 0

consecutive w/PTA 0

Appointment Notes

Physical Therapy Notes

S- C/O SORNESS
O- T-E BIODEX SCAPTION AASSISTED X 20 PULLY OVER HEAD X 20 T- BAND UQ STRENGTHING
E- STIM WITH MH X 20 MIN TO RIGHT SHOULDER
A- IMPROVING WELL
P- CONTINUE

Lake Ridge Physical Therapy LLC

12546 Dillingham Square
Suite # 101
Woodbridge, VA 22192

Appointment Report

11/14/00

10:00 AM

Tuesday, November 14, 2000

Patient WILLIAMS, DAISY
Therapist CHRIS GREETHAM

Time: 10 00 AM - 11.00 AM

Appt Type/Outcome Follow Up

Copay Paid: \$0 00

| Charges | |
|-----------------------|-----------------|
| CPT Code | Charge |
| 97140 | \$50.00 |
| 97110 | \$65.00 |
| 97035 | \$45.00 |
| Total Charges: | \$160.00 |

Treatment Notes

Subjective Pain Scale (1-10): 2

Activity Level slight increase

Objective: Sh/EI/Wr
Joint Mobilization

Assessment Tx good
Response

Plan: Continue and progress

Total # of tx: 0 # prescribed: 0

consecutive w/PTA 0

Appointment Notes

Physical Therapy Notes

S- BETTER
O- JOINT MOBS TO SHOULDER IN ABDUCTION .
BIODEX PROM 4 X 50 REPS 0° - 120° .
U/S @ 1 4 WATT/CM2 X 8'
E- STIM X 20' W/ MH
A- TOL WELL.P- CONT

Lake Ridge Physical Therapy LLC

12546 Dillingham Square
Suite # 101
Woodbridge, VA 22192

Appointment Report

11/16/00

12:30 PM

Thursday, November 16, 2000

Patient WILLIAMS, DAISY

Therapist Hadi Fathalikhani

Time: 12 30 PM - 1.30 PM

Appt Type/Outcome Follow Up

Copay Paid: \$0.00

Charges

| CPT Code | Charge |
|-----------------------|-----------------|
| 97110 | \$65.00 |
| 97140 | \$50.00 |
| 97035 | \$45.00 |
| 97002 | \$75.00 |
| Total Charges: | \$235.00 |

Treatment Notes

Subjective Pain Scale (1-10): 0

Activity Level marked increase

Objective: Sh/EI/Wr
Joint Mobilization

Assessment Tx
Response

Plan:

Total # of tx: 0 # prescribed: 0

consecutive w/PTA 0

Appointment Notes

Physical Therapy Notes

S- BETTER,
O- BIODEX SCAPTION 0-120 * 50 X 2
JOINT MOB TO SHOULDER, DISTRACTION
PULLEYS REVIED HEP
E- STIM WITH MH X 15 MIN TO SHOULDER
A- SEE RE- EVAL
P- DISCONTINUE P T TO SEE M D FOR F/U

Lake Ridge Physical Therapy LLC

12546 Dillingham Square
Suite # 101
Woodbridge, VA 22192

Appointment Report

12/5/00

10:30 AM

Tuesday, December 05, 2000

Patient WILLIAMS, DAISY

Therapist Hadi Fathalikhani

Time: 10 30 AM - 11 30 AM

Appt Type/Outcome Follow Up

Copay Paid: \$0.00

Charges

| CPT Code | Charge |
|-----------------------|-----------------|
| 97002 | \$75.00 |
| 97140 | \$50.00 |
| 97035 | \$45.00 |
| Total Charges: | \$170.00 |

Treatment Notes

Subjective Pain Scale (1-10): 5

Activity Level unchanged

Objective: Lumbar

Assessment Tx good
Response

Plan:

Total # of tx: 0 # prescribed: 0

consecutive w/PTA 0

Appointment Notes

Physical Therapy Notes

S- PATIENT WAS SEEN BY M.D 11/22 ORDER TO CONTINUE P.T FOR LUMBAR AND RIGHT SHOULDER
O- SUPINE US @ 1 5 W/CM2 X 8MIN. TO L- SPINE .
E- STIM WITH MH X 20 MIN TO SHOULDER AND L- SPINE
MOIBILIZATION L4- L5 PA,S GRADE #3
STM TO L- SPINE.
A- BETTER AFTER RX
P- CONTINUE

Lake Ridge Physical Therapy LLC

12546 Dillingham Square
Suite # 101
Woodbridge, VA 22192

Appointment Report

12/7/00

10:30 AM

Thursday, December 07, 2000

Patient WILLIAMS, DAISY

Therapist Hadi Fathalikhani

Time: 10.30 AM - 11 30 AM

Appt Type/Outcome Follow Up

Copay Paid: \$0.00

Charges

| CPT Code | Charge |
|-----------------------|-----------------|
| 97110 | \$65.00 |
| 97140 | \$50.00 |
| 97014 | \$35.00 |
| Total Charges: | \$150.00 |

Treatment Notes

Subjective Pain Scale (1-10): 5

Activity Level unchanged

Objective: Lumbar
Muscle Energy Tech

Assessment Tx good
Response

Plan: Continue and progress

Total # of tx: 0 # prescribed: 0

consecutive w/PTA 0

Appointment Notes

Physical Therapy Notes

S- C/O LBP AND RIGHT SHOULDER
O- THERAPUTIC EXERCISES, PELVIC TILT X 10 SKC -DKC TRUNK ROTATION
MET TO L- SPINE. PRTIAL SIT UPS X 10 BIKE X 5 MIN
E- STIM WITH MH X 20 MIN TO SHOULDER AND L- SPINE.
A- TOLERATED WELL
P- CONTINUE

Lake Ridge Physical Therapy LLC

12546 Dillingham Square
Suite # 101
Woodbridge, VA 22192

Appointment Report

12/12/00

10:30 AM

Tuesday, December 12, 2000

Patient WILLIAMS, DAISY

Therapist Hadi Fathalikhani

Time: 10:30 AM - 11:30 AM

Appt Type/Outcome Follow Up

Copay Paid: \$0.00

Charges

| CPT Code | Charge |
|-----------------------|-----------------|
| 97140 | \$50.00 |
| 97035 | \$45.00 |
| 97530 | \$45.00 |
| Total Charges: | \$140.00 |

Treatment Notes

Subjective Pain Scale (1-10): 4

Activity Level slight increase

Objective: Lumbar
Joint Mobilization

Assessment Tx Response good

Plan:

Total # of tx: 0 # prescribed: 0

consecutive w/PTA 0

Appointment Notes

Physical Therapy Notes

S- C/O LBP
O-PERFORMED POSTURAL EXERCISES; INSTRUCTION FOR HEP
JOIN MOB L4-L5 ROTATION
PA'S GRADE #3RIGHT SHOULDER
US @ 1 5 W/ CM 2 X 8MIN
E- STIM WITH MH X 20 MIN TO LB AND RIGHT SHOULDER
A- TOLERATED WELL

Lake Ridge Physical Therapy LLC

12546 Dillingham Square
Suite # 101
Woodbridge, VA 22192

Appointment Report

12/14/00

10:30 AM

Thursday, December 14, 2000

Patient WILLIAMS, DAISY

Therapist Hadi Fathalikhani

Time: 10:30 AM - 11:30 AM

Appt Type/Outcome Cancel - NC

Copay Paid: \$0.00

Charges

Treatment Notes

Subjective Pain Scale (1-10): 0

Activity Level

Objective:

Assessment Tx
Response

Plan:

Total # of tx: 0 # prescribed: 0

consecutive w/PTA 0

Appointment Notes

Physical Therapy Notes

Lake Ridge Physical Therapy LLC

12546 Dillingham Square
Suite # 101
Woodbridge, VA 22192

Appointment Report

12/16/00

10:30 AM

Saturday, December 16, 2000

Patient WILLIAMS, DAISY

Therapist Hadi Fathalikhani

Time: 10.30 AM - 11 30 AM

Appt Type/Outcome Follow Up

Copay Paid: \$0.00

Charges

| CPT Code | Charge |
|-----------------------|-----------------|
| 97110 | \$130.00 |
| 97140 | \$50.00 |
| Total Charges: | \$180.00 |

Treatment Notes

Subjective Pain Scale (1-10): 0

Activity Level slight increase

Objective: Cervical
Joint Mobilization

Assessment Tx good
Response

Plan: Continue and progress

Total # of tx: 0 # prescribed: 0

consecutive w/PTA 0

Appointment Notes

Physical Therapy Notes

S- DOING BETTER.
O- THERAPUTIC EXERCISES, UBE X 5 MIN BIKE X 5 MIN
STRETCHING UPPER QUADR.
MOB PA,S GRADE 3
E- STIM WITH MH TO UTS AND L- SPINE.
A- TOLERATED WELL
P- CONTINUE.

Statement of Account

LAKE RIDGE PHYSICAL THERAPY LLC.

12546 DILLINGHAM SQUARE

SUITE 101

WOODBIDGE, VA 22192

Patient:

WILLIAMS DAISY
4218 STOCKBRIDGE DRIVE
DUMFRIES, VA 22026

Questions? Call 301-590-9572

FINEBERG
4400 JENIFER ST, NW
SUITE 310
WASHINGTON, DC 20015

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| Account No. |
| WILLDA01 |
| Date |
| 07/19/2001 |

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| Page # |
| 2 |

Please cut the above stub and return with your payment to:

LAKE RIDGE PHYSICAL THERAPY LLC.
12546 DILLINGHAM SQR #101
WOODBIDGE, VA 22192

| Date | CPT Code | Description | Ref | Charges | Credits |
|------------|----------|------------------------|-----|---------|---------|
| 11/09/2000 | 97014 | E-stim., unattended | 364 | 35.00 | |
| 11/16/2000 | 97002 | Re-Evaluation | 364 | 75.00 | |
| 11/16/2000 | 97035 | Ultrasound | 364 | 45.00 | |
| 11/16/2000 | 97140 | Manual therapy | 364 | 50.00 | |
| 11/16/2000 | 97110 | Therapeutic procedure | 364 | 65.00 | |
| 12/05/2000 | 97140 | Manual therapy | 498 | 50.00 | |
| 12/05/2000 | 97035 | Ultrasound | 498 | 45.00 | |
| 12/05/2000 | 97002 | Re-Evaluation | 498 | 75.00 | |
| 12/07/2000 | 97014 | E-stim., unattended | 498 | 35.00 | |
| 12/07/2000 | 97140 | Manual therapy | 498 | 50.00 | |
| 12/07/2000 | 97110 | Therapeutic procedure | 498 | 65.00 | |
| 12/12/2000 | 97530 | Therapeutic activities | 498 | 45.00 | |
| 12/12/2000 | 97140 | Manual therapy | 498 | 50.00 | |
| 12/12/2000 | 97035 | Ultrasound | 498 | 45.00 | |
| 12/16/2000 | 97110 | Therapeutic procedure | 498 | 130.00 | |
| 12/16/2000 | 97140 | Manual therapy | 498 | 50.00 | |
| 12/21/2000 | 97110 | Therapeutic procedure | 498 | 130.00 | |
| 12/21/2000 | 97140 | Manual therapy | 498 | 50.00 | |
| 12/28/2000 | 97110 | Therapeutic procedure | 498 | 65.00 | |
| 12/28/2000 | 97140 | Manual therapy | 498 | 50.00 | |
| 12/30/2000 | 97110 | Therapeutic procedure | 498 | 65.00 | |
| 12/30/2000 | 97014 | E-stim., unattended | 498 | 35.00 | |
| 01/02/2001 | 97110 | Therapeutic procedure | 573 | 65.00 | |
| 01/02/2001 | 97140 | Manual therapy | 573 | 50.00 | |
| 01/23/2001 | 97014 | E-stim., unattended | 573 | 35.00 | |
| 01/23/2001 | 97110 | Therapeutic procedure | 573 | 130.00 | |
| 01/25/2001 | 97014 | E-stim., unattended | 573 | 35.00 | |

| 0 - 30 Days Current | 31 - 60 Days Past Due | 61 - 90 Days Past Due | 91 - 120 Days Past Due | > 120 Days Past Due | Balance Due |
|------------------------|--------------------------|--------------------------|---------------------------|------------------------|-------------|
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Notes

Statement of Account

LAKE RIDGE PHYSICAL THERAPY LLC.
 12546 DILLINGHAM SQUARE
 SUITE 101
 WOODBRIDGE, VA 22192

Patient:
 WILLIAMS DAISY
 4218 STOCKBRIDGE DRIVE
 DUMFRIES, VA 22026

Questions? Call 301-590-9572

FINEBERG
 4400 JENIFER ST, NW
 SUITE 310
 WASHINGTON, DC 20015

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| Account No. |
| WILLDA01 |
| Date |
| 07/19/2001 |

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LAKE RIDGE PHYSICAL THERAPY LLC.
 12546 DILLINGHAM SQR #101
 WOODBRIDGE, VA 22192

| Date | CPT Code | Description | Ref | Charges | Credits |
|------------|----------|-----------------------|-----|---------|---------|
| 09/28/2000 | 97001 | Evaluation | 130 | 150.00 | |
| 09/28/2000 | 97014 | E-stim., unattended | 130 | 35.00 | |
| 09/28/2000 | 97110 | Therapeutic procedure | 130 | 65.00 | |
| 10/03/2000 | 97014 | E-stim., unattended | 215 | 35.00 | |
| 10/03/2000 | 97035 | Ultrasound | 215 | 45.00 | |
| 10/03/2000 | 97140 | Manual therapy | 215 | 50.00 | |
| 10/05/2000 | 97014 | E-stim., unattended | 215 | 35.00 | |
| 10/05/2000 | 97035 | Ultrasound | 215 | 45.00 | |
| 10/05/2000 | 97140 | Manual therapy | 215 | 50.00 | |
| 10/12/2000 | 97014 | E-stim., unattended | 215 | 35.00 | |
| 10/12/2000 | 97110 | Therapeutic procedure | 215 | 65.00 | |
| 10/12/2000 | 97140 | Manual therapy | 215 | 50.00 | |
| 10/14/2000 | 97014 | E-stim., unattended | 215 | 35.00 | |
| 10/14/2000 | 97035 | Ultrasound | 215 | 45.00 | |
| 10/14/2000 | 97140 | Manual therapy | 215 | 50.00 | |
| 10/19/2000 | 97014 | E-stim., unattended | 215 | 35.00 | |
| 10/19/2000 | 97035 | Ultrasound | 215 | 45.00 | |
| 10/19/2000 | 97140 | Manual therapy | 215 | 50.00 | |
| 10/31/2000 | 97035 | Ultrasound | 215 | 45.00 | |
| 10/31/2000 | 97110 | Therapeutic procedure | 215 | 65.00 | |
| 11/14/2000 | 97140 | Manual therapy | 322 | 50.00 | |
| 11/14/2000 | 97110 | Therapeutic procedure | 322 | 65.00 | |
| 11/14/2000 | 97035 | Ultrasound | 322 | 45.00 | |
| 11/02/2000 | 97110 | Therapeutic procedure | 364 | 65.00 | |
| 11/02/2000 | 97140 | Manual therapy | 364 | 50.00 | |
| 11/02/2000 | 97035 | Ultrasound | 364 | 45.00 | |
| 11/09/2000 | 97110 | Therapeutic procedure | 364 | 65.00 | |

| 0 - 30 Days Current | 31 - 60 Days Past Due | 61 - 90 Days Past Due | 91 - 120 Days Past Due | > 120 Days Past Due | Balance Due |
|------------------------|--------------------------|--------------------------|---------------------------|------------------------|-------------|
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Notes

Statement of Account

LAKE RIDGE PHYSICAL THERAPY LLC.
 12546 DILLINGHAM SQUARE
 SUITE 101
 WOODBRIDGE, VA 22192

Patient:
 WILLIAMS DAISY
 4218 STOCKBRIDGE DRIVE
 DUMFRIES, VA 22026

Questions? Call 301-590-9572

FINEBERG
 4400 JENIFER ST, NW
 SUITE 310
 WASHINGTON, DC 20015

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| Account No. |
| WILLDA01 |
| Date |
| 07/19/2001 |

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| Page # |
| 3 |

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 12546 DILLINGHAM SQR #101
 WOODBRIDGE, VA 22192

| Date | CPT Code | Description | Ref | Charges | Credits |
|------------|----------|-----------------------|-----|---------|---------|
| 01/25/2001 | 97110 | Therapeutic procedure | 573 | 130.00 | |
| 02/01/2001 | 97014 | E-stim., unattended | 686 | 35.00 | |
| 02/01/2001 | 97140 | Manual therapy | 686 | 50.00 | |

| 0 - 30 Days Current | 31 - 60 Days Past Due | 61 - 90 Days Past Due | 91 - 120 Days Past Due | > 120 Days Past Due | Balance Due |
|------------------------|--------------------------|--------------------------|---------------------------|------------------------|-------------|
| \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$3250.00 | \$3250.00 |

Notes



LAKERIDGE PHYSICAL THERAPY LLC.

12546, DILLINGHAM SQUARE, SUITE 101.

LAKERIDGE, VA. 22192

Phone (703) 730-6969.

September 28, 2000

Dr. P.M. Lotfi
2280 Opitz Blvd Suite 260
Woodbridge, VA 22191

Re: Daisy Williams
Diagnosis: Tendonitis Right shoulder and wrist

Dear Dr. Lotfi,

Thank you for the kind referral of Daisy Williams to Lake Ridge Physical Therapy for the evaluation and treatment of her right shoulder and wrist pain.

History: The patient is a 63 year-old female who sustained injury to her right upper extremity 9/1/2000 when an automatic door closed on her right arm when she was exiting a retail store. She had immediate onset of pain and burning sensation in her right hand and later into her right shoulder. She went to the ER at Potomac Hospital the next day where X-Rays were taken and reported to be negative for fractures. Her past medical history is significant for Type II D.M., recent cataract surgery 4/2000.

Physical Examination: Upon evaluation, the patient presents with range of motion of the right shoulder limited to 120* flexion, 90* abduction with pain, IR/ER is 50% with pain. The left shoulder is limited to approximately 100* due to a congenital birth defect. ROM of the right elbow and wrist is WNL. Muscle strength of the right upper extremity is grossly 4+/5. Upon palpation, there is tenderness over the anatomic snuffbox of the right wrist and tightness in the upper trapezius and periscapular area. ROM of the cervical spine is WNL and painfree. Deep tendon reflexes are symmetrical. Drop arm test is negative.

Impression: The patient presents with pain in the right shoulder and wrist with limited range of motion and decreased strength.

Plan: The patient will be seen twice a week for three weeks for therapy consisting of heat, ultrasound, electrical stimulation, manual therapy and therapeutic exercises.

Thank you for the referral of this patient. If you have any questions regarding this patient, please do not hesitate to contact me.

H. Fathalikhani

Hadi Fathalikhani, MBA, PT

Lake Ridge Physical Therapy LLC

12546 Dillingham Square
Suite # 101
Woodbridge, VA 22192

Appointment Report

9/28/00

12:30 PM

Thursday, September 28, 2000

Patient WILLIAMS, DAISY

Therapist Hadi Fathalikhani

Time: 12.30 PM - 1:30 PM

Appt Type/Outcome Assessment

Copay Paid: \$0.00

Charges

| CPT Code | Charge |
|-----------------------|-----------------|
| 97001 | \$150.00 |
| 97110 | \$65.00 |
| 97014 | \$35.00 |
| Total Charges: | \$250.00 |

Treatment Notes

Subjective Pain Scale (1-10): 8

Activity Level unchanged

Objective: Sh/EI/Wr
Muscle Stimulation

Assessment Tx Response good

Plan: Continue and progress

Total # of tx: 1 # prescribed: 6

consecutive w/PTA 0

Appointment Notes

Physical Therapy Notes

S- SEE EVALUATION
O- MOIST HEAT E-STIM X20 MIN. TO RIGHT SHOULDER AND WRIST
THERAPUTIC EXRCISE SCAPTION BIODEX 3X 20 CODMAN'S WITH 5# X10 WAND EXERCISE
A- SLIGHT INCREASES ROM AFTER TREATMENT.
P- CONTINUE WITH POC

Lake Ridge Physical Therapy LLC

12546 Dillingham Square
Suite # 101
Woodbridge, VA 22192

Appointment Report

10/3/00

9:00 AM

Tuesday, October 03, 2000

Patient WILLIAMS, DAISY

Therapist Hadi Fathalikhani

Time: 9:00 AM - 10:00 AM

Appt Type/Outcome Follow Up

Copay Paid: \$0.00

Charges

| CPT Code | Charge |
|-----------------------|-----------------|
| 97140 | \$50.00 |
| 97014 | \$35.00 |
| 97035 | \$45.00 |
| Total Charges: | \$130.00 |

Treatment Notes

Subjective Pain Scale (1-10): 6

Activity Level slight increase

Objective: Sh/EI/Wr
Joint Mobilization

Assessment Tx Response good

Plan: Continue and progress

Total # of tx: 2 # prescribed: 6

consecutive w/PTA 0

Appointment Notes

Physical Therapy Notes

S- REPORTS SLIGHT INCREASE IN MOBILITY.
0- ULTRA SOUND @1.5 W/ CM2 X 8 MIN. TO RIGHT WRIST E- STIM X 20 MIN TO SHOULDER & WRIST PASSIVE ROM JOINT MOB
A- IMPROVINGP- CONTINUE.

Lake Ridge Physical Therapy LLC

12546 Dillingham Square
Suite # 101
Woodbridge, VA 22192

Appointment Report

10/5/00

9:00 AM

Thursday, October 05, 2000

Patient WILLIAMS, DAISY

Therapist Hadi Fathalikhani

Time: 9:00 AM - 10:00 AM

Appt Type/Outcome Follow Up

Copay Paid: \$0 00

Charges

| CPT Code | Charge |
|-----------------------|-----------------|
| 97140 | \$50.00 |
| 97035 | \$45.00 |
| 97014 | \$35.00 |
| Total Charges: | \$130.00 |

Treatment Notes

Subjective Pain Scale (1-10): 5

Activity Level slight increase

Objective: Sh/EI/Wr
Joint Mobilization

Assessment Tx good
Response

Plan: Continue and progress

Total # of tx: 3 # prescribed: 6

consecutive w/PTA 0

Appointment Notes

Physical Therapy Notes

S- REPOORTS WRIST FEELING BETER, BUT SHOULDER STILL IS PAINFULL.
O- JOINT MOBILIZATION RIGHT SHOULDER. ULTR SOUND @1 5 W/CM2 X 6 TO SHOULDER MH WITH E-STIM
X20 MIN TO SHOULDER &WRIST
A- DOING BETTER
P- CONTINUE.

Lake Ridge Physical Therapy LLC

12546 Dillingham Square
Suite # 101
Woodbridge, VA 22192

Appointment Report

10/12/00

9:30 AM

Thursday, October 12, 2000

Patient WILLIAMS, DAISY

Therapist Hadi Fathalikhani

Time: 9:30 AM - 10:30 AM

Appt Type/Outcome Follow Up

Copay Paid: \$0 00

Charges

| CPT Code | Charge |
|-----------------------|-----------------|
| 97110 | \$65.00 |
| 97140 | \$50.00 |
| 97014 | \$35.00 |
| Total Charges: | \$150.00 |

Treatment Notes

Subjective Pain Scale (1-10): 0

Activity Level slight increase

Objective: Sh/EI/Wr
Joint Mobilization

Assessment Tx good
Response

Plan: Continue and progress

Total # of tx: 4 # prescribed: 6

consecutive w/PTA 0

Appointment Notes

Physical Therapy Notes

S- BETTER
O- JOINT MOBILIZATION RIGHT SHOULDER, THERAPUTIC EXERCISE; BIODEX SCAPTION PROM
C/R E- STIM X 20 MIN WITH MH TO RIGHT SHOULDER.
A - PROM WNL TENDER RIGHT ANTERIOR SHOULDER.
P- CONINUE.

Lake Ridge Physical Therapy LLC

12546 Dillingham Square
Suite # 101
Woodbridge, VA 22192

Appointment Report

10/14/00

10:00 AM

Saturday, October 14, 2000

Patient WILLIAMS, DAISY

Therapist Hadi Fathalikhani

Time: 10.00 AM - 11.00 AM

Appt Type/Outcome Follow Up

Copay Paid: \$0 00

Charges

| CPT Code | Charge |
|-----------------------|-----------------|
| 97140 | \$50.00 |
| 97035 | \$45.00 |
| 97014 | \$35.00 |
| Total Charges: | \$130.00 |

Treatment Notes

Subjective Pain Scale (1-10): 0

Activity Level slight increase

Objective:

Joint Mobilization

Assessment Tx good
Response

Plan: Continue and progress

Total # of tx: 5 # prescribed: 6

consecutive w/PTA 0

Appointment Notes

Physical Therapy Notes

S- C/O TOOTH ACHE. SHOULDER IS BETTER
O- JOINT MOBILIZATION TO RIGHT SHOULDER ULTRA SOUND @1 5 W/CM2 X8MIN. TO RIGHT SHOULDER
E- STIM WITH MH X 20 MIN. TO SHOULDER & WRIST.
A- MAKING GOOD PROGRESS.
P- CONTINUE

Lake Ridge Physical Therapy LLC

12546 Dillingham Square
Suite # 101
Woodbridge, VA 22192

Appointment Report

1/23/01

10:30 AM

Tuesday, January 23, 2001

Patient WILLIAMS, DAISY

Therapist Hadi Fathalikhani

Time: 10 30 AM - 11:30 AM

Appt Type/Outcome Follow Up

Copay Paid: \$0 00

Charges

| CPT Code | Charge |
|-----------------------|-----------------|
| 97110 | \$130.00 |
| 97014 | \$35.00 |
| Total Charges: | \$165.00 |

Treatment Notes

Subjective Pain Scale (1-10): 0

Activity Level

Objective:

Assessment Tx
Response

Plan:

Total # of tx: 0 # prescribed: 0

consecutive w/PTA 0

Appointment Notes

Physical Therapy Notes

S. BETTER
O THER EX UBE X 10 MIN, BIKE X 10, BACK EXT 40LBS X 20, ABDOMINAL 40 LBS X 20
TREADMILL X 8MIN 1 5 MPH
E-STIM PREMOD W/ MOIST HEAT TO SHOULDER AND LUMBAR SPINE X 20 MIN
A IMPROVING WELL
P CONT

Lake Ridge Physical Therapy LLC

12546 Dillingham Square
Suite # 101
Woodbridge, VA 22192

Appointment Report

1/25/01

10:30 AM

Thursday, January 25, 2001

Patient WILLIAMS, DAISY

Therapist Hadi Fathalikhani

Time: 10 30 AM - 11:30 AM

Appt Type/Outcome Follow Up

Copay Paid: \$0.00

Charges

| CPT Code | Charge |
|-----------------------|-----------------|
| 97110 | \$130.00 |
| 97014 | \$35.00 |
| Total Charges: | \$165.00 |

Treatment Notes

Subjective Pain Scale (1-10): 0

Activity Level

Objective:

Assessment Tx
Response

Plan:

Total # of tx: 0 # prescribed: 0

consecutive w/PTA 0

Appointment Notes

Physical Therapy Notes

S. BETTER
O: THER EX UBE X 10 MIN, BIKE X 10, BACK EXT 40LBS X 20, ABDOMINAL 40 LBS X 20
TREADMILL X 8MIN 1 5 MPH
E-STIM PREMOD W/ MOIST HEAT TO SHOULDER AND LUMBAR SPINE X 20 MIN
A IMPROVING WELL
P CONT

Lake Ridge Physical Therapy LLC

12546 Dillingham Square
Suite # 101
Woodbridge, VA 22192

Appointment Report

1/30/01

10:30 AM

Tuesday, January 30, 2001

Patient WILLIAMS, DAISY

Therapist Hadi Fathalikhani

Time: 10 30 AM - 11 30 AM

Appt Type/Outcome Cancel - NC

Copay Paid: \$0 00

Charges

Treatment Notes

Subjective Pain Scale (1-10): 0

Activity Level

Objective:

Assessment Tx
Response

Plan:

Total # of tx: 0 # prescribed: 0

consecutive w/PTA 0

Appointment Notes

Physical Therapy Notes

Lake Ridge Physical Therapy LLC

12546 Dillingham Square
Suite # 101
Woodbridge, VA 22192

Appointment Report

12/21/00

10:30 AM

Thursday, December 21, 2000

Patient WILLIAMS, DAISY

Therapist Hadi Fathalikhani

Time: 10.30 AM - 11 30 AM

Appt Type/Outcome Follow Up

Copay Paid: \$0.00

Charges

| CPT Code | Charge |
|-----------------------|-----------------|
| 97140 | \$50.00 |
| 97110 | \$130.00 |
| Total Charges: | \$180.00 |

Treatment Notes

Subjective Pain Scale (1-10): 0

Activity Level slight increase

Objective:

Assessment Tx
Response

Plan:

Total # of tx: 0 # prescribed: 0

consecutive w/PTA 0

Appointment Notes

Physical Therapy Notes

S- PATIENT WAS SEEN BY DR NAGIA ORDER TO CONTINUE WITH P T
O- THERAPUTIC EXERCISE; STRETCHING, ABDO. STRENGTHENING
STM TO T- LUMBAR
MOB PA, S GRADE 2 RIGHT SHOULDER AND MID BACK
USAT 1 5 W/ CM2 X 8 MIN E- STIM WITH MH X 20 MIN TO RGHT SHOULDER AND LB
A- IMPROVING P- CONTINUE

Lake Ridge Physical Therapy LLC

12546 Dillingham Square
Suite # 101
Woodbridge, VA 22192

Appointment Report

12/28/00

10:30 AM

Thursday, December 28, 2000

Patient WILLIAMS, DAISY

Therapist Hadi Fathalikhani

Time: 10.30 AM - 11 30 AM

Appt Type/Outcome Follow Up

Copay Paid: \$0.00

Charges

| CPT Code | Charge |
|-----------------------|-----------------|
| 97140 | \$50.00 |
| 97110 | \$65.00 |
| Total Charges: | \$115.00 |

Treatment Notes

Subjective Pain Scale (1-10): 0

Activity Level slight increase

Objective: Lumbar
Myofascial Release

Assessment Tx good
Response

Plan:

Total # of tx: 0 # prescribed: 0

consecutive w/PTA 0

Appointment Notes

Physical Therapy Notes

S- C/O PAIN IN LUMBAR AREA
O- THERAPUTIC EXERACISES,
UBE X 10 MIN BIKE X 10 MIN
SKC-DKC PELVIC TILT
MOBILIZATINN L-4 L5 - UPPER THORACIC PA,S GRADE 4
A- RESPONDED WELL
P- CONTINUE

Lake Ridge Physical Therapy LLC

12546 Dillingham Square
Suite # 101
Woodbridge, VA 22192

Appointment Report

12/30/00

10:30 AM

Saturday, December 30, 2000

Patient WILLIAMS, DAISY

Therapist Hadi Fathalikhani

Time: 10 30 AM - 11.30 AM

Appt Type/Outcome Follow Up

Copay Paid: \$0 00

Charges

| CPT Code | Charge |
|-----------------------|-----------------|
| 97110 | \$65 00 |
| 97014 | \$35.00 |
| Total Charges: | \$100.00 |

Treatment Notes

Subjective Pain Scale (1-10): 0

Activity Level

Objective:

Assessment Tx
Response

Plan:

Total # of tx: 0 # prescribed: 0

consecutive w/PTA 0

Appointment Notes

Physical Therapy Notes

S BETTER
O THEREX BACK EXTENSION 40LBS 3 X10, ABS @ 20 LBS 3 X 10
BIKE LEVEL 2 X 10 MIN, E-STIM W/ MH X 20 MIN TO R SHLD AND L-SPINE
A L4-L4 REMAINS TENDER ON R SIDE
P CONT POC

Lake Ridge Physical Therapy LLC

12546 Dillingham Square
Suite # 101
Woodbridge, VA 22192

Appointment Report

1/2/01 10:30 AM

Tuesday, January 02, 2001

Patient WILLIAMS, DAISY

Therapist Hadi Fathalikhani

Time: 10:30 AM - 11:30 AM

Appt Type/Outcome Follow Up

Copay Paid: \$0 00

Charges

| CPT Code | Charge |
|-----------------------|-----------------|
| 97110 | \$65.00 |
| 97140 | \$50.00 |
| Total Charges: | \$115.00 |

Treatment Notes

Subjective Pain Scale (1-10): 0

Activity Level slight increase

Objective: Sh/EI/Wr
Joint Mobilization

Assessment Tx good
Response

Plan: Continue and progress

Total # of tx: 0 # prescribed: 0

consecutive w/PTA 0

Appointment Notes

Physical Therapy Notes

S- LBP IS BETTER ; BUT RIGHT SHOULDER TODAY WITH PAIN.
O- THERAPUTIC EXERCISES, BIKE X 10 MIN
ABDOMINAL STRENGTHENING WITH 40 LBS X 20 REPS BACK EXT WITH 30 LBS 20 REPS

JOINT MOB UPPER THORACIC
SI MOB IN SIDE LYING
A- RESPONDED WELL

Lake Ridge Physical Therapy LLC

12546 Dillingham Square
Suite # 101
Woodbridge, VA 22192

Appointment Report

1/6/01

10:00 AM

Saturday, January 06, 2001

Patient WILLIAMS, DAISY

Therapist Hadi Fathalikhani

Time: 10 00 AM - 11 00 AM

Appt Type/Outcome Cancel - NC

Copay Paid: \$0.00

Charges

Treatment Notes

Subjective Pain Scale (1-10): 0

Activity Level

Objective:

Assessment Tx
Response

Plan:

Total # of tx: 0 # prescribed: 0

consecutive w/PTA 0

Appointment Notes

Physical Therapy Notes

Lake Ridge Physical Therapy LLC

12546 Dillingham Square
Suite # 101
Woodbridge, VA 22192

Appointment Report

1/9/01

10:30 AM

Tuesday, January 09, 2001

Patient WILLIAMS, DAISY

Therapist Hadi Fathalikhani

Time: 10.30 AM - 11:30 AM

Appt Type/Outcome Cancel - NC

Copay Paid: \$0.00

Charges

Treatment Notes

Subjective Pain Scale (1-10): 0

Activity Level

Objective:

Assessment Tx
Response

Plan:

Total # of tx: 0 # prescribed: 0

consecutive w/PTA 0

Appointment Notes

Physical Therapy Notes

Lake Ridge Physical Therapy LLC

12546 Dillingham Square
Suite # 101
Woodbridge, VA 22192

Appointment Report

2/1/01

9:30 AM

Thursday, February 01, 2001

Patient WILLIAMS, DAISY

Therapist Hadi Fathalikhani

Time: 9 30 AM - 10:30 AM

Appt Type/Outcome Follow Up

Copay Paid: \$0 00

Charges

| CPT Code | Charge |
|-----------------------|----------------|
| 97140 | \$50.00 |
| 97014 | \$35.00 |
| Total Charges: | \$85.00 |

Treatment Notes

Subjective Pain Scale (1-10): 0

Activity Level

Objective:

Assessment Tx
Response

Plan:

Total # of tx: 0 # prescribed: 0

consecutive w/PTA 0

Appointment Notes

Physical Therapy Notes

S- BETTER
O- STM AND PA,S GRADE 3 TO THORACIC AREA
E- STIM WITH MH X 20 MINTO RIGHT SHOULDER AND L-SPINE
A- ROM L- SPINE WNLP- DISCONTINUE P T TO SEE M D FOR F/U

Lake Ridge Physical Therapy LLC

12546 Dillingham Square
Suite # 101
Woodbridge, VA 22192

Appointment Report

2/1/01

9:30 AM

Thursday, February 01, 2001

Patient WILLIAMS, DAISY

Therapist Hadi Fathalikhani

Time: 9.30 AM - 10 30 AM

Appt Type/Outcome Follow Up

Copay Paid: \$0.00

Charges

| CPT Code | Charge |
|-----------------------|----------------|
| 97140 | \$50.00 |
| 97014 | \$35.00 |
| Total Charges: | \$85.00 |

Treatment Notes

Subjective Pain Scale (1-10): 0

Activity Level

Objective:

Assessment Tx
Response

Plan:

Total # of tx: 0 # prescribed: 0

consecutive w/PTA 0

Appointment Notes

Physical Therapy Notes

S- BETTER
O- STM AND PA,S GRADE 3 TO THORACIC AREA
E- STIM WITH MH X 20 MINTO RIGHT SHOULDER AND L-SPINE
A- ROM L- SPINE WNLP- DISCONTINUE P.T TO SEE M.D FOR F/U

NOVA ORTHOPEDIC & SPINE CARE
P.O. BOX 5237
WOODBIDGE, VA 22194-5237
BILLING INQUIRIES:888-313-9539
54-1977900

11-15-2000
PAGE NO. 1

Bill to :

JUDY FEINBERG, ESQ.
4400 JENNIFER ST, N.W.
SUITE 310
WASHINGTON DC 20015

Patient : ID# : 93

DAISY M WILLIAMS
4218 STOCKBRIDGE DRIVE
DUMFRIES VA 22026
Accident/Illness Date :

| DATE | PROC#. | PROFESSIONAL SERVICES | DOU | DIAGNOSIS | CHARGES | CREDITS |
|----------|---------|-----------------------|-----|-----------|---------|---------|
| 9/19/00 | 99205 | O.V. NEW PT LVL 5 | 1 | 719.41 | 220.00 | |
| 10/ 4/00 | 99214 | O.V. EST PT LVL 4 | 1 | 719.41 | 110.00 | |
| 10/24/00 | 99214 | O.V. EST PT LVL 4 | 1 | 719.41 | 111.00 | |
| 10/24/00 | 20610 | ARTHROCENTESIS-LG JO | 1 | 719.41 | 95.00 | |
| 10/24/00 | 2061051 | ARTHROCENTESIS-LG JO | 1 | 719.41 | 95.00 | |
| 10/24/00 | J3301 | KENALOG 10MG | 2 | 719.41 | 24.00 | |
| 10/24/00 | J2000 | LIDOCANE | 2 | 719.41 | 30.00 | |
| 11/ 1/00 | MEDREC | MEDICAL RECORDS COPY | 1 | | 55.00 | |

Total Charges : \$740.00

NOVA ORTHOPEDIC & SPINE CARE

Patient Ledger

Sorted By Case Number

| Entry | Date | POS | Description | Case | Procedure | Document | Provider | Amount |
|----------------------|-----------|-----------------------|----------------------|---------------|-----------|------------|----------|--------------|
| WILDA000 | | DAISY WILLIAMS | | (703)670-4418 | | | | |
| | | | Last Payment: -39.50 | On: 4/26/2001 | | | | |
| 4611 | 3/22/2001 | 11 | | 770 | 99213 | 0103300000 | PL | 80.00 |
| 6132 | 4/26/2001 | | | 70 | | | PL | 0.00 |
| 6133 | 4/26/2001 | | ment | | | | PL | 25.50 |
| Patient Total | | | | | | | | <u>15.00</u> |

NoVa Orthopedic & Spine Care
 P. M. Lotfi, M.D.
 Century Medical Bldg., Ste. 260
 2280 Opitz Blvd.
 Woodbridge, VA 22191

Statement of Account

LAKE RIDGE PHYSICAL THERAPY LLC.
 12546 DILLINGHAM SQUARE
 SUITE 101
 WOODBRIDGE, VA 22192

Questions? Call (301) 590-9572

DAISY M. WILLIAMS
 4218 STOCKBRIDGE DRIVE
 DUMFRIES, VA 22026

| Date | Account No. | Balance Due |
|------------|-------------|-------------|
| 04/15/2001 | WILLDA01 | |

Payment Due Upon Receipt

Amount Paid _____

Check Number _____

Vis. / MC _____

Expiration Date _____

Signature _____

Please cut the above stub and return with your payment to:

LAKE RIDGE PHYSICAL THERAPY LLC.
 12546 DILLINGHAM SQR #101
 WOODBRIDGE, VA 22192

Primary Insurance on record:
 TRIGON

| Date | For | Description | Ref | Amount | Projected Patient Portion | PENDING INSURANCE |
|------------|-------|--------------------------|-----|---------------|---------------------------|-------------------|
| 01/02/2001 | DAISY | Therapeutic procedure | 573 | 65.00 | | 65.00 |
| 01/02/2001 | DAISY | Manual therapy | 573 | 50.00 | | 50.00 |
| 01/23/2001 | DAISY | E-stim., unattended | 573 | 35.00 | | 35.00 |
| 01/23/2001 | DAISY | Therapeutic procedure | 573 | 130.00 | | 130.00 |
| 01/25/2001 | DAISY | E-stim., unattended | 573 | 35.00 | | 35.00 |
| 01/25/2001 | DAISY | Therapeutic procedure | 573 | 130.00 | | 130.00 |
| 03/05/2001 | DAISY | | 573 | | | |
| 03/05/2001 | DAISY | | 573 | | | |
| 03/05/2001 | DAISY | Not covered by insurance | 573 | | 10.81 | |
| 02/01/2001 | DAISY | E-stim., unattended | 686 | 35.00 | | 35.00 |
| 02/01/2001 | DAISY | Manual therapy | 686 | 50.00 | | 50.00 |
| 03/12/2001 | DAISY | | 686 | | | |
| 03/12/2001 | DAISY | | 686 | | | |
| 03/12/2001 | DAISY | Not covered by insurance | 686 | | 3.19 | |
| | | | | \$0.00 | | |
| | | | | \$0.00 | \$0.00 | \$0.00 |

Notes

Statement of Account

LAKE RIDGE PHYSICAL THERAPY LLC.
 12546 DILLINGHAM SQUARE
 SUITE 101
 WOODBRIDGE, VA 22192

Questions? Call (301) 590-9572

DAISY M. WILLIAMS
 4218 STOCKBRIDGE DRIVE
 DUMFRIES, VA 22026

| Date | Account No. | Balance Due |
|------------|-------------|-------------|
| 04/15/2001 | WILLDA01 | |

Payment Due Upon Receipt

Amount Paid _____
 Check Number _____
 Visa / MC _____
 Expiration Date _____
 Signature _____

Please cut the above stub and return with your payment to:

LAKE RIDGE PHYSICAL THERAPY LLC
 12546 DILLINGHAM SQR #101
 WOODBRIDGE, VA 22192

Primary insurance on record:
 TRIGON

| Date | For | Description | Ref | Amount | Projected Patient Portion | PENDING INSURANCE |
|------------|-------|--------------------------|-----|--------|---------------------------|-------------------|
| 11/13/2000 | DAISY | | 215 | | | -14 |
| 11/13/2000 | DAISY | | 215 | | | |
| 10/12/2000 | DAISY | Manual therapy | 215 | 50.00 | | 50.00 |
| 11/13/2000 | DAISY | | 215 | | | |
| 11/13/2000 | DAISY | | 215 | | | |
| 10/14/2000 | DAISY | E-stim., unattended | 215 | 35.00 | | 35.00 |
| 11/13/2000 | DAISY | | 215 | 0.00 | | |
| 11/13/2000 | DAISY | | 215 | | | |
| 10/14/2000 | DAISY | Ultrasound | 215 | 45.00 | | 45.00 |
| 11/13/2000 | DAISY | | 215 | | | |
| 11/13/2000 | DAISY | | 215 | | | |
| 10/14/2000 | DAISY | Manual therapy | 215 | 50.00 | | 50.00 |
| 11/13/2000 | DAISY | | 215 | | | |
| 11/13/2000 | DAISY | INSURANCE ADJUSTMENT | 215 | | | |
| 10/14/2000 | DAISY | E-stim., unattended | 215 | 35.00 | | 35.00 |
| 11/13/2000 | DAISY | | 215 | 0.00 | | |
| 11/13/2000 | DAISY | | 215 | | | |
| 10/19/2000 | DAISY | Ultrasound | 215 | 45.00 | | 45.00 |
| 11/13/2000 | DAISY | | 215 | | | |
| 11/13/2000 | DAISY | | 215 | | | |
| 10/19/2000 | DAISY | Manual therapy | 215 | 50.00 | | 50.00 |
| 11/13/2000 | DAISY | | 215 | | | |
| 11/13/2000 | DAISY | | 215 | | | |
| 10/31/2000 | DAISY | Ultrasound | 215 | 45.00 | | 45.00 |
| 10/31/2000 | DAISY | Therapeutic procedure | 215 | 65.00 | | 65.00 |
| 11/14/2000 | DAISY | Manual therapy | 322 | 50.00 | | 50.00 |
| 11/14/2000 | DAISY | Therapeutic procedure | 322 | 65.00 | | 65.00 |
| 11/14/2000 | DAISY | | 322 | 45.00 | | 45.00 |
| 12/11/2000 | DAISY | | 322 | | | |
| 12/11/2000 | DAISY | Not covered by insurance | 322 | | 3.84 | |
| 11/02/2000 | DAISY | Therapeutic procedure | 364 | 65.00 | | 65.00 |

Notes

The Rawlings Company
Trigon Blue Cross Blue Shield

Patient's Name: DAISY WILLIAMS

Member's Name: DAISY WILLIAMS

File Number: 00TVF1100010

| Trmt. Date | Claim No. | Provider | ICD9 | ICD9 Desc. | CPT | CPT Desc. | Bill Amount | Paid Amount |
|------------|-----------|--|--------|-----------------------------|-----|------------|-------------|-------------|
| 09/02/2000 | | 284916 LOPEZ RODOLFO L MD | 923.00 | CONTUSION SHOULDER REG | | | \$149.00 | 75 |
| 09/02/2000 | | 000028 POTOMAC HOSPITAL CORPORATION | 923.09 | CONTUSION SHOULDER & ARM | 450 | EMERG ROOM | \$677.14 | 93 |
| 09/02/2000 | | 081418 ROBINS MICHAEL B MD | 923.09 | CONTUSION SHOULDER & ARM | | | \$67.00 | |
| 09/02/2000 | | 081418 ROBINS MICHAEL B MD | 923.09 | CONTUSION SHOULDER & ARM | | | \$40.00 | |
| 09/28/2000 | | 265661 FATHALIKHANI HADI PT | 719.41 | JOINT PAIN-SHLDER | | | \$250.00 | |
| 10/03/2000 | | 265661 FATHALIKHANI HADI PT | 719.41 | JOINT PAIN-SHLDER | | | \$260.00 | |
| 10/12/2000 | | 265661 FATHALIKHANI HADI PT | 719.41 | JOINT PAIN-SHLDER | | | \$280.00 | |
| 10/19/2000 | | 265661 FATHALIKHANI HADI PT | 719.41 | JOINT PAIN-SHLDER | | | \$130.00 | |
| 10/31/2000 | | 265661 FATHALIKHANI HADI PT | 719.41 | JOINT PAIN-SHLDER | | | \$110.00 | |
| 11/02/2000 | | 265661 FATHALIKHANI HADI PT | 719.41 | JOINT PAIN-SHLDER | | | \$335.00 | |
| 11/14/2000 | | 265661 FATHALIKHANI HADI PT | 719.41 | JOINT PAIN-SHLDER | | | \$160.00 | |
| 11/16/2000 | | 265661 FATHALIKHANI HADI PT | 719.41 | JOINT PAIN-SHLDER | | | \$160.00 | |
| 12/05/2000 | | 265661 FATHALIKHANI HADI PT | 719.41 | JOINT PAIN-SHLDER | | | \$320.00 | |
| 12/12/2000 | | 265661 FATHALIKHANI HADI PT | 719.41 | JOINT PAIN-SHLDER | | | \$450.00 | |
| 12/21/2000 | | 265661 FATHALIKHANI HADI PT | 719.41 | JOINT PAIN-SHLDER | | | \$265.00 | |
| 01/02/2001 | | 265661 FATHALIKHANI HADI PT | 719.41 | JOINT PAIN-SHLDER | | | \$445.00 | |
| 02/01/2001 | | 265661 FATHALIKHANI HADI PT | 719.41 | JOINT PAIN-SHLDER | | | \$85.00 | 160.70 |

The Rawlings Company

Trigon Blue Cross Blue Shield

Patient's Name: DAISY WILLIAMS
Member's Name: DAISY WILLIAMS
File Number: 00TVF1100010

| Trmt. Date | Claim No. | Provider | ICD9 | ICD9 Desc. | CPT | CPT Desc. | Bill Amount | Paid Amount |
|------------|-----------|----------|------|------------|-----|-----------|-------------|-------------|
|------------|-----------|----------|------|------------|-----|-----------|-------------|-------------|

Make checks payable to:

The Rawlings Company LLC
Attn: MARY KATHLEEN MARTIN
P.O. BOX 908
FLORENCE, KY 41022

Current Claim Amount:

Paid amount subject to change.
Please call (859) 371-1611 for the final paid amount
Representative: MARY KATHLEEN MARTIN

Please write this number on your check: 00TVF1100010

Tax Id Number: 31-1563156

Statement of Account

LAKE RIDGE PHYSICAL THERAPY LLC.
 12546 DILLINGHAM SQUARE
 SUITE 101
 WOODBRIDGE, VA 22192

Questions? Call (301) 590-9572

DAISY M. WILLIAMS
 4218 STOCKBRIDGE DRIVE
 DUMFRIES, VA 22026

| Date | Account No. | Balance Due |
|------------|-------------|-------------|
| 03/09/2001 | WILL.DA01 | \$25.13 |

Payment Due Upon Receipt

Amount Paid _____
 Check Number _____
 Visa / MC _____
 Expiration Date _____
 Signature _____

Please cut the above stub and return with your payment to:

Primary Insurance on record:
 TRIGON

LAKE RIDGE PHYSICAL THERAPY LLC.
 12546 DILLINGHAM SQR #101
 WOODBRIDGE, VA 22192

| Date | For | Description | Ref | Projected Patient Portion | PENDING INSURANCE |
|--------------------|--------|-----------------------|---------|---------------------------|-------------------|
| 01/25/2001 | DAISY | 3 sim., unattended | 573 | | 35.00 |
| 01/25/2001 | DAISY | Therapeutic procedure | 573 | | 130.00 |
| 02/01/2001 | DAISY | E-stim., unattended | 686 | | 35.00 |
| 02/01/2001 | DAISY | Manual therapy | 686 | | 50.00 |
| Balance Due | | | | | |
| \$0.00 | \$0.00 | \$25.00 | \$25.13 | \$0.00 | |

Notes

Statement of Account

LAKE RIDGE PHYSICAL THERAPY LLC.
 12546 DILLINGHAM SQUARE
 SUITE 101
 WOODBRIDGE, VA 22192

| Date | Account No. | Balance Due |
|------------|-------------|-------------|
| 04/15/2001 | WILLDA01 | |

Payment Due Upon Receipt

Amount paid _____
 Check Number _____
 Visa / MC _____
 Expiration Date _____
 Signature _____

Questions? Call (301) 590-9572

DAISY M. WILLIAMS
 4218 STOCKBRIDGE DRIVE
 DUMFRIES, VA 22026

Please cut the above stub and return with your payment to:

LAKE RIDGE PHYSICAL THERAPY LLC.
 12546 DILLINGHAM SQ #101
 WOODBRIDGE, VA 22192

Primary insurance on record:
 TRIGON

| Date | For | Description | Ref | Amount | Projected Patient Portion | PENDING INSURANCE |
|------------|-------|--------------------------|-----|--------|---------------------------|-------------------|
| 11/02/2000 | DAISY | Manual therapy | 364 | 50.00 | | 50.00 |
| 11/02/2000 | DAISY | Ultrasound | 364 | 45.00 | | 45.00 |
| 11/09/2000 | DAISY | Therapeutic procedure | 364 | 65.00 | | 65.00 |
| 11/09/2000 | DAISY | E-stim., unattended | 364 | 35.00 | | 35.00 |
| 11/16/2000 | DAISY | Re-Evaluation | 364 | 75.00 | | 75.00 |
| 11/16/2000 | DAISY | Ultrasound | 364 | 45.00 | | 45.00 |
| 11/16/2000 | DAISY | Manual therapy | 364 | 50.00 | | 50.00 |
| 11/16/2000 | DAISY | Therapeutic procedure | 364 | 65.00 | | 65.00 |
| 12/11/2000 | DAISY | | 364 | | | |
| 12/11/2000 | DAISY | Not covered by insurance | 364 | | 12.22 | |
| 12/05/2000 | DAISY | Manual therapy | 498 | 50.00 | | 50.00 |
| 12/05/2000 | DAISY | Ultrasound | 498 | 45.00 | | 45.00 |
| 12/05/2000 | DAISY | Re-Evaluation | 498 | 75.00 | | 75.00 |
| 12/07/2000 | DAISY | E-stim., unattended | 498 | 35.00 | | 35.00 |
| 12/07/2000 | DAISY | Manual therapy | 498 | 50.00 | | 50.00 |
| 12/07/2000 | DAISY | Therapeutic procedure | 498 | 65.00 | | 65.00 |
| 12/12/2000 | DAISY | Therapeutic activities | 498 | 45.00 | | 45.00 |
| 12/12/2000 | DAISY | Manual therapy | 498 | 50.00 | | 50.00 |
| 12/12/2000 | DAISY | Ultrasound | 498 | 45.00 | | 45.00 |
| 12/16/2000 | DAISY | Therapeutic procedure | 498 | 130.00 | | 130.00 |
| 12/16/2000 | DAISY | Manual therapy | 498 | 50.00 | | 50.00 |
| 12/21/2000 | DAISY | Therapeutic procedure | 498 | 130.00 | | 130.00 |
| 12/21/2000 | DAISY | Manual therapy | 498 | 50.00 | | 50.00 |
| 12/28/2000 | DAISY | Therapeutic procedure | 498 | 65.00 | | 65.00 |
| 12/28/2000 | DAISY | Manual therapy | 498 | 50.00 | | 50.00 |
| 12/30/2000 | DAISY | Therapeutic procedure | 498 | 65.00 | | 65.00 |
| 12/30/2000 | DAISY | E-stim., unattended | 498 | 35.00 | | 35.00 |
| 03/19/2001 | DAISY | | 498 | | | |
| 03/19/2001 | DAISY | | 498 | | | |
| 03/30/2001 | DAISY | | 498 | | | |
| 03/30/2001 | DAISY | | 498 | | | |

Notes

Law Offices

Judy L. Feinberg

4400 Jenifer St., N W
Suite 310

Washington, D.C. 20015

(202) 237-0555

Fax: (202) 237-0117

Judy L. Feinberg *
Marcy A. Vanderwell △

* Admitted to D.C., MD & VA
△ Admitted to MD

March 19, 2002

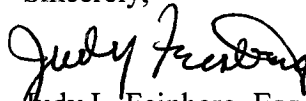
Kmart Corporation
c/o Trumbull Services
P.O. Box 426
Windsor, CT 06095

RE: Our Client: Daisy Williams v. Kmart Corp.

Dear Trumbull Services:

Enclosed please find an executed Proof of Claim form in the matter of Daisy Williams v. Kmart and copies of the medical bills she has acquired due to her injury. According to the Bankruptcy Court of Northern District of Illinois, all proof of claim forms are to be received by your office. Should you need any additional information regarding this claim, please contact our office at the above number. We thank you in advance for your cooperation.

Sincerely,


Judy L. Feinberg, Esq.

JLF/abw