B10 (Official Form`10) (4/98)		
UNITED STATES BANKRUPTCY COURTNORTHERN	DISTRICT OF	PROOF OF CLAIM
Name of Debtor	Case Number	-
DAISY WILLIAMS	02-B02474	
NOTE: This form should not be used to make a claim for an administrative exper case. A "request" for payment of an administrative expense may be filed pursua	ise arising after the commencement of the int to 11 U.S.C. § 503.	
Name of Creditor (The person or other entity to whom the debtor owes money or property)	Check box if you are aware that	
KMART CORPORATION	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:	Check box if you have never received any notices from the	
LAW OFFICES OF JUDY L. FEINBERG 4400 JENIFER STREET, N.W. Suite 310	bankruptcy court in this case	
WWASHINGTON, D.C. 20015	Check box if the address differs from the address on the envelope	
Telephone number: (202) 237-0555	sent to you by the court	THIS SPACE IS FOR COURT USE ONLY
Account or other number by which creditor identifies debtor	Check here replaces	
· · · ·		iled claim, dated.
- معد معر بي - معد 	It this claim manends a previously i	ied claim, dated.
1. Basis for Claim		
Goods sold	Retiree benefits as defined i	- ()
Services performed	□ Wages, salaries, and comper	isation (fill out below)
☐ Money loaned	Your SS #:	
🕅 Personal injury/wrongful death	Unpaid compensation for se	rvices performed
Taxes		-
□ Other	from (date)	to(date)
2. Date debt was incurred:	3. If court judgment, date obt	
	, , , ,	
	E000000	
4. Total Amount of Claim at Time Case Filed:	\$\$	
 4. Total Amount of Claim at Time Case Filed: If all or part of your claim is secured or entitled to priority, also com Check this box if claim includes interest or other charges in addition of all interest or additional charges. 	plete Itém 5 or 6 below	. Attach itemized statement
If all or part of your claim is secured or entitled to priority, also com Check this box if claim includes interest or other charges in addition	plete Itém 5 or 6 below	. Attach itemized statement
If all or part of your claim is secured or entitled to priority, also com Check this box if claim includes interest or other charges in addition of all interest or additional charges.	 applete Item 5 or 6 below below a to the principal amount of the claim 6. Unsecured Priority Claim. A Check this box if you have an u 	nsecured prioity claim
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T-219 P.06/09 F-038

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

04/15/2001 WILLDA01

Payment Due Upon Receipt

Amount Paid

Check Number

Visa / MC _____

Expiration Date _____

12546 DILLINGHAM SOR #101 WOODBRIDGE, VA 22192

LAKE RIDGE PHYSICAL THERAPY LLC.

Signature

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

Primary insurance on record: TRIGON

Projecter: Petient PENDING Date For Description Amount Ref INSURANCE Portion 19/28/2000 DAISY Evaluation 150.00 150.00 130 11/13/2000 DAISY 130 11/13/2000 DAISY 130 09/28/2000 Hastim . Turamended 130 130 DAISY 35.00 35 00 11/13/2000 DAISY 0.00 11/1 \/2000 DATCY r 130 09/28/2000 DAISY Therapeutic procedure 65.00 130 65.00 l 11/13/2000 DAISY 130 11/13/2000 DAISY 130 11/13/2000 1 JAISY Not coverse un listrence 130 9.0 ' 10/03/2000 R-stim.. unartended DAISY 215 35.00 35.00 11/13/2000 DAISY 215 00.0 11/13/2000 CAISY 215 215 10/03/2000 Ultrasound DAISY مكل، 34 45.00 11/13/2000 DA-SY 215 11/13/2000 10/03/2000 215 **NATSY** Manual therapy 50.001 50 CO 11/13/2000 215 DAISY 11/13/2010 DAISY 10/05/2000 DAISY 35.0C 35.00 11/13/2000 · ? : , 0.00 DAISY 11/13/2000 CAISY NI 215 10/05/2000 DAISY Ultrasound 45.00 1 45.00 215 215 215 215 11/13/2000 DAISY c i 11/13/2000 DAISY 10/05/2000 11/13/2000 DAISY Manual Con. 29 10.00 50.00 ! 215 215 DAISY 11/13/2000 DAISY 10/12/2000 E-stim., unattended 215 DAISY 35.00 35.00 11/13/2000 215 DAISY 11/13/2000 DAISY ť 215 10/12/2000 DAISY Licrapeutic procedure 215 65,00 65.00 AND THE

Notes

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

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

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Primary insurance on record: TRIGON

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Date	For	Description	Ref	Projected Patient	PENDING
11/13/2000	DAISY	INSURANCE PARTIAL PMT	215		-14.58
11/13/2000	DAISY	INSURANCE ADJUSTMENT	215	1	-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	DAIŞY	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 DAISY	Therapeutic procedure	322		65.00 45.00
11/14/2000	DAISY	Ultrasound	322 322		-34.56
12/11/2000		INSURANCE PAYMENT			
12/11/2000	DAISY DAISY	INSURANCE ADJUSTMENT	322	3.84	-121.60 -3.84
12/11/2000		Not covered by insurance	322	5.64	
11/02/2000	DAISY	Therapeutic procedure	364		65.00
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Statement of Account Date Account Nor Balance Due LAKE RIDGE PHYSICAL THERAPY LLC. WILLDA01 03/09/2001 12546 DILLINGHAM SQUARE Payment Due Upon Receipt SUITE 101 WOODBRIDGE, VA 22192 Amount Paid Questions? Call (301) 590-9572 Check Number DAISY M. WILLIAMS Visa / MC _____ **4218 STOCKBRIDGE DRIVE** Expiration Date _____ DUMFRIES, VA 22026 Signature ____ LAKE RIDGE PHYSICAL THERAPY LLC. 12546 DILLINGHAM SQR #101 WOODBRIDGE, VA 22192-Please cut the above stub and return with your payment to: Primary insurance on record: TRIGON

Date	For	Description	Ref	Projected Patient	PENDING
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	1	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	1	50.00
11/16/2000	DAISY	Therapeutic procedure	364		65.00
12/11/2000	DAIŚY	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	DAJ\$Y	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	1	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	1 1	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 DAISY	Therapeutic procedure	498		65.00 35.00
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01/02/2001	DAISY	Therapeutic procedure			
01/02/2001	DAISY DAISY	Manual therapy	573		50.00 35.00
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	E RIDGE PHYSICAL THERAPY LLC.				9/2001	WILLDA01	\$25.13	
2546 DILLIN SUITE 101	2546 DILLINGHAM SQUARE			Payment Due Upon Receipt				
	E, VA 22192			Amount Paid				
Questiona	? Call (301) 590	0-9572		Chec	k Number_			
	DAISY M. WILL 4218 STOCKBF		-	Visa	/ MC			
	DUMFRIES, VA		-	Expl	ration Date			
				Sign	ature			
	above stub and r	return with you	r payment to:	12546 DI	LLINGHAM SO	L THERAPY LLC. DR #101		
Primary Insura RIGON	ince on record:	_						
Date	For	·····	Description		Ref	Projected Patie		
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LAKE RIDGE PHYSICAL THERAPY LLC. 12548 DILLINGHAM SQUARE SUITE 101 WOODBRIDGE, VA 22192

Questions? Call (301) 590-9572

DAISY M. WILLIAMS **4218 STOCKBRIDGE DRIVE** DUMFRIES, VA 22026

Date Ascount No Aslance Due WILLDA01 04/15/2001

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 SOR #101 WOODBRIDGE, VA 22192

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Date	For	Description	Ref	Amount	Projected Patient Portion	PENDING
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09/28/2000	DAISY	Evaluation	130	150.00		150.0
11/13/2000	DAISY	INSURANCE PAYMENT	130	-67.05		-67.0
11/13/2000	DAISY	INSURANCE ADJUSTMENT	130	-75.50	1	-75.
09/28/2000	DAISY	E-stim., unattended	130	35.00		35.0
1]/13/2000	DAISY	INSURANCE PAYMENT	130	0.00		1
1]/13/2000	DAISY	INSURANCE ADJUSTMENT	130	-35.00		-35.0
09/28/2000	DAISY	Therapeutic procedure	130	65.00		65.0
11/13/2000	DAISY	INSURANCE PAYMENT	130	-14.58		-14.5
11/13/2000	DAISY	INSURANCE ADJUSTMENT	130	-48.80		-48.8
11/13/2000	DAISY	Not covered by insurance	130		9.07	-90
10/03/2000	DAISY	E-stim., unattended	215	35.00		35.0
11/13/2000	DAISY	INSURANCE PARTIAL PMT	215	0.00	}	
11/13/2000	DAISY	INSURANCE ADJUSTMENT	215 215	-35.00	}	-35.0
10/03/2000	DAISY	Ultrasound	215	45.00		45.0
11/13/2000	DAISY	INSURANCE PARTIAL PMT	215	-8.10)	-8,1
11/13/2000 10/03/2000	DAISY DAISY	INSURANCE ADJUSTMENT Manual therapy	215 215	-36.00		-36.0 50,0
			215	50.00		
11/13/2000 11/13/2000	DAISY	INSURANCE PARTIAL PMT INSURANCE ADJUSTMENT	215	-11.88		-11.8
10/05/2000	DAISY	E-stim., unattended	215 215	-36.80	*	-36.8 35.0
11/13/2000	DAISY	INSURANCE PARTIAL PMT	215	35.00 0,00	• · · · ·	ا دو
11/13/2000	DAISY	INSURANCE ADJUSTMENT	215	-35.00	{	-35.0
10/05/2000	DAISY	Ultrasound	215	45.00	j	45.0
11/13/2000	DAISY	INSURANCE PARTIAL PMT	215	-8.10	4	-8.1
11/13/2000	DAISY	INSURANCE ADJUSTMENT	215	-36.00		-36.0
10/05/2000	DAISY	Manual therapy	215	50,00		50.0
11/13/2000	DAISY	INSURANCE PARTIAL PMT	215	-11.88		-11.8
11/13/2000	DAISY	INSURANCE ADJUSTMENT	215	-36.80		-36.8
10/12/2000	DAISY	E-sum., unattended	215	35.00		35.0
11/13/2000	DAISY	INSURANCE PARTIAL PMT	215	0.00		
11/13/2000	DAISY	INSURANCE ADJUSTMENT	215	-35.00	[-35.(
10/12/2000	DAISY	Therapeutic procedure	215	. 65.00		65.0
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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. Belance Cue

WILLDA01 04/15/2001

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 SOR #101 WOODBRIDGE, VA 22192

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Date	For	Description	Ref	Amount	Projected Patient Portion	PENDING
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11/13/2000	DAISY	INSURANCE PARTIAL PMT	215	-14.58	9	-14.5
11/13/2000	DAIŞY	INSURANCE ADJUSTMENT	215	-48.80		-48 8
10/12/2000	DAISY	Manual therapy	215	50.00		50,0
11/13/2000	DAISY	INSURANCE PARTIAL PMT	215	-11.88	4	-11.8
11/13/2000	DAISY	INSURANCE ADJUSTMENT	215	-36.80	j	-36.8
10/14/2000	DAISY	E-stim., unattended	215	35.00		35.0
11/13/2000	DAISY	INSURANCE PARTIAL PMT	215	0.00		
11/13/2000	DAISY	INSURANCE ADJUSTMENT	215	-35.00		-35.0
10/14/2000	DAISY	Ultrasound	215	45.00	1	45.0
11/13/2000	DAISY	INSURANCE PARTIAL PMT	215	-8,10		-8.1
11/13/2000	DAISY	INSURANCE ADJUSTMENT	215	-36,00	1	-36.0
10/14/2000	DAISY	Manual therapy	215	50,00	1	50.0
11/13/2000	DAISY	INSURANCE PARTIAL PMT	215 215	-11,88)	-11.8
11/13/2000	DAISY	INSURANCE ADJUSTMENT	215	-26.24	1	-26.2
10/19/2000	DAISY	E-stim., unattended	215	35.00	}	35.0
11/13/2000 11/13/2000	DAISY DAISY	INSURANCE PARTIAL PMT INSURANCE ADJUSTMENT	215 215	0.00		1
				-35.00		-35.0
10/19/2000	DAISY	Ultrasound	215	45.00		45.0
11/13/2000	DAISY	INSURANCE PARTIAL PMT	215	-8.10	(-8.1
11/13/2000 10/19/2000	DAISY DAISY	INSURANCE ADJUSTMENT	215	-36.00	•	-36.0
1)/13/2000	DAISY	Manual therapy INSURANCE PARTIAL PMT	215 215	50.00 -11.88		50.0 -11.8
11/13/2000	DAISY	INSURANCE ADJUSTMENT	215	-36.80		-36.8
10/31/2000	DAISY	Ultrasound	215	45.00	}	45 (
10/31/2000	DAISY	Therapeutic procedure	215	65.00	1	65.0
11/14/2000	DAISY	Manual therapy	322	50.00		50.0
11/14/2000	DAISY	Therapsutio procedure	322	65.00	1	65.0
11/14/2000	DAISY	Ultrasound	322	45.00	j –	45.0
12/11/2000	DAISY	INSURANCE PAYMENT	322	-34.56		-34.5
12/11/2000	DAISY	INSURANCE ADJUSTMENT	322	-121.60		-121.0
12/11/2000	DAISY	Not covered by insurance	322		3.84	-3.8
11/02/2000	DAISY	Therapeutic procedure	364	65.00		65.0
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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

04/15/2001 WILLDA01

Payment Due Upon Receipt

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Check Number _____

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Expiration Date _____

Signature

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

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Primary insurance on record: TRIGON LAKE RIDGE PHYSICAL THERAPY LLC 12546 DILLINGHAM SQR #101 WOODBRIDGE, VA 22192

Date	For	Description	Ref	Amount	Projected Patient Portion	PENDING INSURANCE
11/02/2000	DAISY	Manual therapy	364	50.00	1	50.0
11/02/2000	DAISY	Ultrasound	364	45,00	ţ	45.0
11/09/2000	DAISY	Therapeutic procedure	364	65.00		65.0
11/09/2000	DAISY	E-stim., unattended	364	35.00		35.0
11/16/2000	DAISY	Re-Evaluation	364	75.00	1	75.0
13/16/2000	DAISY	Ultrasound	364	45.00	}	45.0
1]/16/2000	DAISY	Manual therapy	364	50.00		50.0
11/16/2000	DAISY	Therapeutic procedure	364	65.00	}	65.0
12/11/2000	DAISY	INSURANCE PAYMENT	364	-144.59		-144.5
12/11/2000	DAISY	INSURANCE ADJUSTMENT	364	-338,19		-338.1
12/11/2000	DAISY	Not covered by insurance	364		12.22	-12.2
12/05/2000 12/05/2000	DAISY DAISY	Manual therapy Ultrasound	498	50.00		50.0
12/05/2000	DAISI DAISY	Re-Evaluation	498 498	45.00 75.00		45.0 75.0
12/07/2000	DAISY	E-stim., unattended	498	35.00	6	35.0
12/07/2000	DAISY DAISY	Manual therapy Therapeutic procedure	498 498	50.00		50.0 65.0
		Therapeutic procedure		65,00		
12/12/2000	DAISY	Therapeutic activities	498	45.00	{	45.0
12/12/2000	DAISY DAISY	Manual therapy Ultrasound	498	50.00		50.0 45.0
12/12/2000	DAISY	Therapeutic procedure	498 498	45,00 130,00		45.0 130.0
12/16/2000	DAISY	Manual therapy	498	50.00		50.0
12/21/2000	DAISY	Therapeutic procedure	498	130.00	1	130.0
12/21/2000	DAISY	Manual therapy	498	50.00		50.0
12/28/2000	DAISY	Therapeutic procedure	498	65.00		65.0
12/28/2000	DAISY	Manual therapy	498	50.00		50.0
12/30/2000 12/30/2000	DAISY DAISY	Therapeutic procedure	498 498	65.00 35.00		65.0 35.0
03/19/2001	DAISY	E-stim., unattended INSURANCE PARTIAL PMT	498	-205.80	l .	-205.8
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03/30/2001	DAISY	INSURANCE PAYMENT	498	-75.90	•	-75.9
03/30/2001	DAISY	INSURANCE ADJUSTMENT	498	-189.10		-189.1
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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

Oute Accounting Balance Due 04/15/2001 WILLDA01 \$39.13

Payment Due Upon Receipt

Amount Paid

Check Number

Visa / MC _____

Expiration Date

12546 DILLINGHAM SQR #101 WOODBRIDGE, VA 22192

LAKE RIDGE PHYSICAL THERAPY LLC.

Signature _____

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

Primary insurance on record: TRIGON

Projected Patient PENDING Date For Description Ref Amount INSURANCE Portion 01/02/2001 DAISY Therapeutic procedure 573 65.00 65.00 01/02/2001 **DAI\$Y** 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 Therapeutic procedure DAISY 573 130.00 130.00 03/05/2001 DAISY INSURANCE PAYMENT 573 -97.34 -97.34 03/05/2001 INSURANCE ADJUSTMENT DAISY 573 -336,85 -336.85 03/05/2001 DAISY Not covered by insurance 573 10.81 -10,81 02/01/2001 DAISY E-stim., unariended 686 35.00 35.00 Manual therapy 02/01/2001 DAISY 686 50.00 50.00 03/12/2001 DAISY INSURANCE PAYMENT 686 -28.76 -28.76 DAISY 03/12/2001 INSURANCE ADJUSTMENT 686 686 -53.05 -3.19 -53.05 03/12/2001 Not covered by insurance 3.19 \$0.00 \$171.51 \$0.00 \$0.00 \$0.00 \$39.13 \$132.38

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Statement of Account

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

Questions? Call (301) 590-9572

Primary insurance on record:

TRIGON

DAISY M. WILLIAMS 4218 STOCKBRIDGE DRIVE DUMFRIES, VA 22026

Data Account No. Belance Due: 03/09/2001 WILLDA01

Payment Due Upon Receipt

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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

Date	For	, Description	Ref	Projected Patient	PENDING
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	1	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	DAI\$Y	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	1	-36.00
10/03/2000	DAISY	Manual therapy	215		50.00
11/13/2000	DAISY	INSURANCE PARTIAL PMT	215	1	-11.88
11/13/2000	DAISY	INSURANCE ADJUSTMENT	215		-36,80
10/05/2000	DAISY	E-stim., unattended	215	j j	35.00
11/13/2000	DAISY	INSURANCE PARTIAL PMT	215		
11/13/2000	DAISY	INSURANCE ADJUSTMENT	215	1	-35.00
10/05/2000	DAISY	_Ultrasound	215	4 1	45.00
11/13/2000	DAISY	INSURANCE PARTIAL PMT	215		-8.10
11/13/2000	DAISY	INSURANCE ADJUSTMENT	215	j }	-36.00
10/05/2000	DAISY	Manual therapy	215		50.00
11/13/2000	DAISY	INSURANCE PARTIAL PMT	215		-11.8
11/13/2000	DAIŜY	INSURANCE ADJUSTMENT	215		-36.8
10/12/2000	DAISY	E-stim, unattended	215		35.0
11/13/2000	DAISY	INSURANCE PARTIAL PMT	215		
	DAISY	INSURANCE ADJUSTMENT	215		-35.00
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NoVa Orthopedic & Spine Care

P.M. Loth, 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, 62year-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.

Century Medical Building = 2280 Optiz Blvd., Suite 260 • Woodbridge, VA 22191 Phone (705) 499-9940 • Fax (705) 499-9970 www.novaorthospine.com 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

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DATE: 10.24-00	
PATLENT: Williams. Dazy	AGE:
TYPE OF VISIT:	MR#:
REFERRED BY:	X-RAYS: YES NO BROUGHT
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NoVa Örthopedic & Spine Care

P.M. Lotti, M.D.

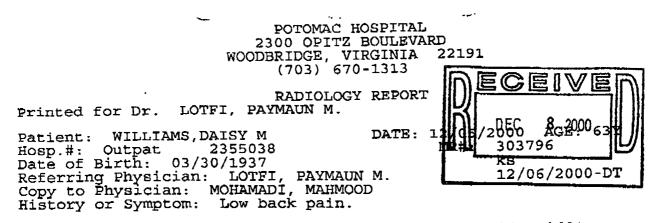
DAISY WILLIAMS 10/04/00

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. PMF : Lमार्ग

FAX NO. : 703 897 6161



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

Patient:

WILLIAMS DAISY 4218 STOCKBRIDGE DRIVE DUMFRIES, VA 22026

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

Questions? Call 301-590-9572

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

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

Date	PT Code	Description		Ref	Charges Credits
11/09/2000 970 11/16/2000 970 11/16/2000 970 11/16/2000 970 11/16/2000 971 11/16/2000 971 12/05/2000 971 12/05/2000 970 12/05/2000 970 12/07/2000 970 12/07/2000 971 12/12/2000 971 12/12/2000 971 12/12/2000 971 12/12/2000 971 12/12/2000 971 12/12/2000 971 12/12/2000 971 12/12/2000 971 12/12/2000 971 12/12/2000 971 12/21/2000 971 12/21/2000 971 12/28/2000 971 12/30/2000 971 12/30/2000 971	014 E 002 Re 035 UI 140 Ma 110 Th 140 Ma 140 Ma 102 Re 014 E- 140 Ma 1002 Re 014 E- 140 Ma 100 Th 140 Ma 110 Th 140 Ma 110 Th 140 Ma 110 Th 140 Ma 110 Th	stim., unattended -Evaluation trasound anual therapy terapeutic procedure anual therapy trasound -Evaluation stim., unattended anual therapy terapeutic procedure terapeutic procedure terapeutic procedure anual therapy trasound terapeutic procedure anual therapy terapeutic procedure anual therapy		364 364 364 364 364 498 498 498 498 498 498 498 498 498 49	35.00 75.00 45.00 50.00 65.00 75.00 35.00 75.00 35.00 50.00 65.00 45.00 50.00 130.00 50.00 130.00 50.00 65.00 50.00 65.00 50.00 65.00 50.00 65.00 50.00 65.00 50.0
0-30 Daýs Current \$1035.00 Notes	31 60 Days Past Due \$655.00	61-90 Days Past Due \$780.00	91 - 120 Days Past Due \$250.00	> 120 Days Past Due \$0.00	Balance Due \$2720.00

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Statement of Accoun LAKE RIDG

Patient:

WILLIAMS DAISY 4218 STOCKBRIDGE DRIVE DUMFRIES, VA 22026

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

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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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 10/14/2000	97014 97035	E-stim., unattended Ultrasound	215	35.00
10/14/2000	97033		215	45.00
		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 10/31/2000	97140 97035	Manual therapy Ultrasound	215 215	50 00
10/31/2000	97110			45.00
11/14/2000	97140	Therapeutic procedure	215	65.00
11/14/2000	97110	Manual therapy Therapeutic procedure	322	. 50.00
11/14/2000	97035	Ultrasound	322	65.00
11/02/2000	97110	Therapeutic procedure	322 364	45.00 65.00
11/02/2000	97140	Manual therapy	364	50.00
11/02/2000	97035	Ultrasound	364	
11/09/2000	97110	Therapeutic procedure	2 7	45.00
11/0//2000	5/110		364	65.00
0 - 30 Day Current	s 3160 Da Past Due		> 120 Days Past Due	Balance Due
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Notes		· . ·	-	

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Suite # 101	Appointment Report			
Noodbridge, VA 22192	10/19/00	10:00 AM		
Thursday, October 19, 2000	<u> </u>			
Patient WILLIAMS, DAISY Therapist Hadı Fathalıkhani	Trea	tment Notes		
Time: 10 00 AM - 11 00 AM	Subjective Pain Scale (1-10): 0			
Appt Type/Outcome Follow Up	Activity Level	slight decrease		
Copay Paid: \$0 00	Objective:	Sh/El/Wr		
Charges	1	Joint Mobilization		
CPT Code Charge				
97140 \$50.00	, A			
97035 \$ 45 00	Assessment Tx Response	good		
97014 \$35.00				
Total Charges: \$130.00	Plan:	Continue and progress		
	Total # of tx:	0 # prescribed: 0		
	# consecutive w/l	PTA 0		
Appointment Notes				
Physical Therapy Notes				

12546 Dillingham Square

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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

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2546 Dillingham Square Suite # 101	Appointment Report		
Noodbridge, VA 22192	10/31/00	1:00 PM	
Tuesday, October 31, 2000			
Patient WILLIAMS, DAISY	Т	terant Natao	
Therapist Hadı Fathalıkhanı	l rea	atment Notes	
Time: 1 00 PM - 2.00 PM	Subjective Pain S	cale (1-10): 0	
Appt Type/Outcome Follow Up	Activity Level	slight increase	
Copay Paid: \$0.00	[•] Objective:	Sh/El/Wr	
Charges		Muscle Energy Tech	
CPT Code Charge			
97110 \$65.00	Assessment Tx	good	
97035 \$45.00	Response	good	
Total Charges: \$110.00	Plan:	Continue and progress	
	Total # of tx:	1 # prescribed: 0	
	# consecutive w/	РТА 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			

12546 Dillingham Square

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Voodbridge, VA 22192		11/2/00 2:00 PM
Thursday, November (02, 2000	
Patient WILLIAM Therapist Hadı Fath Time: 2 00 P		Treatment Notes Subjective Pain Scale (1-10): 0
Appt Type/Outcome	Follow Up	Activity Level marked increase
Copay Paid: Charges CPT Code 97140 97110 97035 Total Charg	\$0 00 Charge \$50.00 \$65.00 \$45 00 \$45 00	Objective:Sh/El/Wr Joint MobilizationAssessment Tx ResponsegoodPlan:Continue and progressTotal # of tx:0# consecutive w/PTA0
Appointment Notes		
	N FION RIGHT SHOULDER	3 BIODEX PROM FL/EX ROTATION

Suite # 101

12546 Dillingham Square

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Appointment Report

US @1.5 W/CM2 X 8MIN TO RIGHT SHOULDER A- MINIMAL DISCOMFORT WITH END RANGE IR P-CONTINUE

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12546 Dillingham Square Suite # 101	Appointment Report 11/9/00 10:00 AM		
Noodbridge, VA 22192			
Thursday, November 09, 2000			
Patient WILLIAMS, DAISY			
Therapist Hadı Fathalıkhanı	Treatment Notes		
Time: 10 00 AM - 11:00 AM	Subjective Pain Scale (1-10): 0		
Appt Type/Outcome Follow Up	Activity Level marked increase		
Copay Paid: \$0.00	Objective: Sh/El/Wr		
Charges	Joint Mobilization		
CPT Code Charge			
97110 \$65.00	A		
97014 \$35.00	Assessment Tx good Response		
Total Charges: \$100.00	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 PUL E- STIM WITH MH X 20 MIN TO RIGHT SHOULDE A- IMPROVING WELL P- CONTINUE	LLY OVER HEAD X 20 T- BAND UQ STRENGTHEING ER		

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Lake Ridge Physical Therapy LLC

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Suite # 101	Appointment Report			
Woodbridge, VA 22192	11/14/00 10:00 AM			
Tuesday, November 14, 2000				
Patient WILLIAMS, DAISY	Treatment Notes			
Therapist CHRIS GREETHAM				
Time: 10 00 AM - 11.00 AM	Subjective Pain Scale (1-10): 2			
Appt Type/Outcome Follow Up	Activity Level slight increase			
Copay Paid: \$0 00	Objective: Sh/El/Wr			
Charges	Joint Mobilization			
CPT Code Charge				
97140 \$50.00				
97110 \$65.00	Assessment Tx good Response			
97035 \$45.00				
Total Charges: \$160.00	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				

12546 Dillingham Square

12546 Dillingham Square Suite # 101 Woodbridge, VA 22192		Appointment Report		
		11/16/00	12:30 PM	
Thursday, November 16,				
Patient WILLIAMS, Therapist Hadi Fathalı		Tre	atment Notes	
Time: 12 30 PM	- 1.30 PM	Subjective Pain S	Scale (1-10): 0	
Appt Type/Outcome	Follow Up	Activity Level	marked increase	
Copay Paid: \$0.00 Charges Charge 07110 \$65.00 97140 \$50.00 97035 \$45.00 97002 \$75.00 Total Charges: \$235.00		Objective: Assessment Tx Response Plan: Total # of tx: # consecutive w	Sh/El/Wr Joint Mobilization 0 # prescribed: 0 /PTA 0	
Appointment Notes		· _		
Physical Therapy Notes S- BETTER, O- BIODEX SCAPTION	0-120 * 50 X 2			
JOINT MOB TO SHOUL PULLEYS REVIED HEF E- STIM WITH MH X 15 A- SEE RE- EVAL P- DISCONTINUE P T T	MIN TO SHOULDER			

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12546 Dillingham Square	Appointment Report
Suite # 101 Woodbridge, VA 22192	12/5/00 10:30 AM
Tuesday, December 05, 2000	
Patient WILLIAMS, DAISY	Transformer A Nation
Therapist Hadı Fathalıkhanı	Treatment Notes
Time: 10 30 AM - 11 30 AM	Subjective Pain Scale (1-10): 5
Appt Type/Outcome Follow Up	Activity Level unchanged
Copay Paid: \$0.00	Objective: Lumbar
Charges CPT Code Charge	
97002 \$75 00	
97140 \$50.00	Assessment Tx good Response
97035 \$ 45.00	inesponse
Total Charges: \$170.00	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 O- SUPINE US @ 1 5 W/CM2 X 8MIN. TO L- SP E- STIM WITH MH X 20 MIN TO SHOULDER AN MOIBILIZATION L4- L5 PA,S GRADE #3 STM TO L- SPINE.	R TO CONTINUE P.T FOR LUMBAR AND RIGHT SHOULDER PINE . ND L- SPINE
A- BETTER AFTER RX P- CONTINUE	

Suite # 101		Appointment Report			
Woodbridge, VA 22192		12/7/00	10:30 A	М	
Thursday, December 07, 2000					
Patient WILLIAMS, DAISY	,	Tros	atment Notes		
Therapist Hadi Fathalikhani	· ·	1166	intent notes		
Time: 10.30 AM - 11 30 A	AM	Subjective Pain Scale (1-10): 5			
Appt Type/OutcomeFollow UpCopay Paid:\$0.00		Activity Level	unchanged		
		Objective:	Lumbar	-	
Charges			Muscle Energy Teo	sh	
CPT Code Cha	irge	* 1 1 1			
97110	\$65.00	· · · -	4		
97140 \$50.00		Assessment Tx Response	good		
97014	\$35.00	·	.		
Total Charges: \$1	150.00	Plan:	Continue and prog	ress	
.		• Total # of tx:	0 # prescrit	bed: 0	
		# consecutive w/	PTA 0		
Appointment Notes			~ ~		
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Appointment Report

Lake Ridge Physical Therapy LLC

12546 Dillingham Square

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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

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Woodbridge, VA 22192	12/12/00 10:30 AM			
Tuesday, December 12, 2000				
Patient WILLIAMS, DAISY				
Therapist Hadı Fathalıkhani	Treatment Notes			
Time: 10.30 AM - 11.30 AM	Subjective Pain Scale (1-10): 4			
Appt Type/Outcome Follow Up	Activity Level slight increase			
Copay Paid: \$0 00	Objective: Lumbar			
Charges	Joint Mobilization			
CPT Code Charge				
97140 \$50.00				
97035 \$45.00	Assessment Tx good Response			
97530 \$45.00				
Total Charges: \$140.00	Plan:			
2	Total # of tx: 0 # prescribed: 0			
	# consecutive w/PTA 0			
Appointment Notes				
Physical Therapy Notes				
S- C/O LBP				
O-PERFORMED POSTURAL EXERCISES; INST JOIN MOB L4-L5 ROTATION				
PA'S GRADE #3RIGHT SHOULDER				

12546 Dillingham Square Suite # 101 Woodbridge, VA 22192

US @ 1 5 W/ CM 2 X 8MIN

A- TOLERATED WELL

E- STIM WITH MH X 20 MIN TO LB AND RIGHT SHOULDER

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Appointment Report

12546 Dillingham Square Suite # 101	Appointment Report			
Woodbridge, VA 22192	12/14/00 10:30 AM			
Thursday, December 14, 2000				
Patient WILLIAMS, DAISY Therapist Hadı Fathalıkhani	Treatment Notes			
Time: 10·30 AM - 11:30 AM	Subjective Pain Scale (1-10): 0			
Appt Type/Outcome Cancel - NC	Activity Level			
Copay Paid: \$0.00 Charges	Objective:			
	Assessment Tx Response			
	Plan:			
	Total # of tx: 0 # prescribed: 0 # consecutive w/PTA 0			
Appointment Notes	· · ··			
Physical Therapy Notes				
L				

12546 Dillingnam Square Suite # 101	Appointment Report			
Woodbridge, VA 22192	12/16/00 10:30 AM			
Saturday, December 16, 2000				
Patient WILLIAMS, DAISY Therapist Hadı Fathalıkhanı	Treatment Notes			
Time: 10.30 AM - 11 30 AM	Subjective Pain Scale (1-10): 0			
Appt Type/Outcome Follow Up	Activity Level slight increase			
Copay Paid: \$0.00 Charges	Objective: Cervical Joint Mobilization			
CPT Code Charge 97110 \$130.00 97140 \$50.00	Assessment Tx good Response			
Total Charges: \$180.00	Plan: Continue and progress Total # of tx: 0 # prescribed: 0 # consecutive w/PTA 0			
Appointment Notes				
Physical Therapy Notes				
S- DOING BETTER. O- TERAPUTIC EXERCISES, UBE X 5 MIN BIKE STRETCHING UPPER QUADR. MOB PA,S GRADE 3 E- STIM WITH MH TO UTS AND L- SPINE. A- TOLERATED WELL P- CONTINUE.	E X 5 MIN			

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Lake Ridge Physical Therapy LLC

12546 Dillingham Square

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Statement of AccountLAKE RIDGE PHYSICAL THERAPY LLC.
12546 DILLINGHAM SQUAREPatient:SUITE 101WILLIAMSDAISYWOODBRIDGE, VA 22192

WILLIAMS DAISY 4218 STOCKBRIDGE DRIVE DUMFRIES, VA 22026

1.

Questions? Call 301-590-9572

FINEBERG 4400 JENIFER ST, NW SUITE 310 WASHINGTON, DC 20015 Account No. WILLDA01 Date 07/19/2001

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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 12/05/2000 97140 Manual therapy 498 50.00 12/05/2000 97035 Ultrasound 498 45.00 12/05/2000 97014 E-stim., unattended 498 75.00 12/05/2000 97014 E-stim., unattended 498 50.00 12/07/2000 97140 Manual therapy 498 50.00 12/07/2000 97140 Manual therapy 498 50.00 12/10/2000 97140 Manual therapy 498 50.00 12/12/2000 97140 Manual therapy 498 45.00 12/12/2000 97140 Manual therapy 498 50.00 12/12/2000 97140 Manual therapy 498 50.00 12/12/2000 97140 Manual therapy 498 50.00 <th>Date</th> <th>CPT Code</th> <th>Description</th> <th>Ref</th> <th>Charges Credits</th>	Date	CPT Code	Description	Ref	Charges Credits
11/16/200097002Re-Evaluation36475.0011/16/200097035Ultrasound36445.0011/16/200097140Manual therapy36450.0012/05/200097140Manual therapy49850.0012/05/200097035Ultrasound49845.0012/05/200097002Re-Evaluation49875.0012/05/200097014E-stim., unattended49835.0012/07/200097140Manual therapy49850.0012/07/200097140Manual therapy49850.0012/07/200097110Therapeutic procedure49845.0012/12/200097530Therapeutic activities49845.0012/12/200097140Manual therapy49850.0012/12/200097140Manual therapy49850.0012/12/200097140Manual therapy49850.0012/16/200097110Therapeutic procedure498130.0012/16/200097140Manual therapy49850.0012/12/200097140Manual therapy49850.0012/12/200097140Manual therapy49850.0012/12/200097140Manual therapy49850.0012/12/200097140Manual therapy49850.0012/12/200097140Manual therapy49850.0012/12/200197140Manual therapy49850.0012/12/200	11/09/2000	97014	E-stim., unattended	364	35.00
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Notes

Statement of Account LAKE RIDGE PHYSICAL THERAPY LLC. 12546 DILLINGHAM SQUARE **SUITE 101 Patient:**

WILLIAMS DAISY **4218 STOCKBRIDGE DRIVE** DUMFRIES, VA 22026

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WOODBRIDGE, VA 22192

Questions? Call 301-590-9572

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

Account No: WILLDA01 Date 07/19/2001

Page # 1

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

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
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10/19/2000	97035	Ultrasound	215	45.00
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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- Zutter in

Hadi Fathalikhani, MBA, PT

9/28/00 12:30 PM
Tracker and Madaa
Treatment Notes
Subjective Pain Scale (1-10): 8
Activity Level unchanged
Objective: Sh/El/Wr
Muscle Stimulation
· _
Assessment Tx good Response
Plan: Continue and progress
Total # of tx: 1 # prescribed: 6
consecutive w/PTA 0

Appointment Report

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Lake Ridge Physical Therapy LLC

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Physical Therapy Notes

12546 Dillingham Square

Suite # 101

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 INCREASSE ROM AFTER TREATMENT. P- CONTINUE WITH POC

12546 Dillingham Square	Appointment Report		
Suite # 101 Noodbridge, VA 22192	10/3/00 9:00 AM		
Tuesday, October 03, 2000			
Patient WILLIAMS, DAISY	Treatment Notes		
Therapist Hadı Fathalıkhani		-	
Time: 9:00 AM - 10 [.] 00 AM	Subjective Pain Scale (1-10): 6		
Appt Type/Outcome Follow Up	Activity Level slight increase		
Copay Paid: \$0.00	Objective: Sh/El/Wr		
Charges	Joint Mobilization		
CPT Code Charge	-		
97140 \$50.00	A		
97014 \$35.00	Assessment Tx good Response		
97035 \$45.00	Diana Continue and assesses		
Total Charges: \$130.00	Plan: Continue and progress		
	Total # of tx: 2 # prescribed:	6	
	# consecutive w/PTA 0		
A			
Appointment Notes	_		
Physical Therapy Notes]		
S- REPORTS SLIGHT INCREASE IN MOBILITY.			
	IT WRIST E- STIM X 20 MIN TO SHOULDER & WRIST PA	ssiv	
ROM JOINT MOB A- IMPROVINGP- CONTINUE.			

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uite # 101	Appointment Report		
loodbridge, VA 22192	10/5/00 9:00 AM		
hursday, October 05, 2000			
atient WILLIAMS, DAISY herapist Hadı Fathalıkhani	Treatment Notes		
ime: 9 [.] 00 AM - 10.00 AM	Subjective Pain Scale (1-10): 5		
ppt Type/Outcome Follow Up	Activity Level slight increase		
Sopay Paid: \$0 00 Charges Charge CPT Code Charge 97140 \$50.00 97035 \$45.00 97014 \$35.00 Total Charges: \$130.00	Objective: Sh/El/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 BETEER, BUT SH O- JOINT MOBILIZATION RIGHT SHOULDER. ULT X20 MIN TO SHOULDER &WRIST A- DOING BETTER P- CONTINUE.	HOULDER STILL IS PAINFULL. TR SOUND @1 5 W/CM2 X 6 TO SHOULDER MH WITH E-STI		

Lake Ridge Physical Therapy LLC

12546 Dillingham Square

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uite # 101	Appointment Report	
Voodbridge, VA 22192	10/12/00 9:30 AM	
Thursday, October 12, 2000		
Patient WILLIAMS, DAISY Therapist Hadi Fathalikhani	Treatment Notes	
Time: 9 [.] 30 AM - 10.30 AM Appt Type/Outcome Follow Up	Subjective Pain Scale (1-10): 0 Activity Level slight increase	
Copay Paid: \$0 00 Charges Charge 97110 \$65.00 97140 \$50.00 97014 \$35.00 Total Charges: \$150.00	Objective: Sh/El/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, TH C/R E- STIM X 20 MIN WITH MH TO RIGHT SHO A - PROM WNL TENDER RIGHT ANTERIOR SHO P- CONINUE.		

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Lake Ridge Physical Therapy LLC

12546 Dillingham Square

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2546 Dillingham Square		Appointment Report		
Suite # 101 Woodbridge, VA 22192		10/14/00	10:00 AM	
Saturday, October 14, 2000				
Patient WILLIAMS, DAIS) Therapist Hadı Fathalıkhanı	,	Treat	tment Notes	
Time: 10.00 AM -	11.00 AM	Subjective Pain Sc	ale (1-10): 0	
Appt Type/Outcome Follow	v Up	Activity Level	slight increase	
Copay Paid:	60 00	Objective:		
Charges CPT Code	Charge		Joint Mobilization	
97140	\$50.00	ł	n n	
97035	\$45.00	Assessment Tx Response	good	
97014	\$35.00		Cartinua and an area	
Total Charges:	\$130.00	Plan:	Continue and progress	
		Total # of tx:	5 # prescribed: 6 TA 0	
Appointment Notes				
Physical Therapy Notes				
S- C/O TOOTH ACHE, SHOUL O- JOINT MOBILIZATION TO E- STIM WITH MH X 20 MIN. A- MAKING GOOD PROGRES P- CONTINUE	RIGHT SHOULDER TO SHOULDER &WF	ULTRA SOUND @1 5 W/CM RIST.	12 X8MIN. TO RIGHT SHOULDER	

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12546 Dillingham Squ Suite # 101	are	Appointment Report		
Woodbridge, VA 22192		1/23/01 10:30 AM		
Tuesday, January 23, 2001				
Patient WILLIAMS, D	AISY	—		
Therapist Hadı Fathalıki	anı	Treatment Notes		
Time: 10 30 AM -	11 [.] 30 AM	Subjective Pain Scale (1-10): 0		
Appt Type/Outcome F	ollow Up	Activity Level		
Copay Paid:	\$0 00	Objective:		
Charges				
CPT Code	Charge			
97110	\$130.00			
97014	\$35.00	Assessment Tx Response		
Total Charges:	\$165.00	Plan:		
		Total # of tx: 0 # prescribed: 0		
		# consecutive w/PTA 0		
Appointment Notes				
	an a			
Physical Therapy Notes				
TREADMILL X 8MIN 1	5 MPH	XT 40LBS X 20, ABDOMINAL 40 LBS X 20 JLDER AND LUMBAR SPINE X 20 MIN		

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Suite # 101		Appointment Report		
Woodbridge, VA 22192		1/25/01 10:30 AM		
Thursday, January 25, 2001		<u> </u>		
Patient WILLIAMS, DAISY Therapist Hadı Fathalıkhani		Treatr	nent Notes	
Time: 10 30 AM - 11:30	AM	Subjective Pain Sca	le (1-10): 0	
Appt Type/Outcome Follow Up		Activity Level		
Copay Paid: \$0.00		Objective:		
Charges CPT Code Ch	large			
97110	\$130.00	1		
97014	\$35.00	Assessment Tx Response		
Total Charges: \$	5165.00	Plan:		
		Total # of tx:	0 # prescribed: 0	
		# consecutive w/PT	A 0	
Appointment Notes			-	
]		
Physical Therapy Notes		_J		
S. BETTER O: THER EX UBE X 10 MIN, BIKE X 1 TREADMILL X 8MIN 1 5 MPH E-STIM PREMOD W/ MOIST HEA A IMPROVING WELL P CONT				

12546 Dillingham Square

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Suite # 101	Appointment Report
Woodbridge, VA 22192	1/30/01 10:30 AM
Tuesday, January 30, 2001	
Patient WILLIAMS, DAISY Therapist Hadı Fathalıkhanı	Treatment Notes
Time: 10 30 AM - 11 30 AM	Subjective Pain Scale (1-10): 0
Appt Type/Outcome Cancel - NC	Activity Level
Copay Paid: \$0 00	Objective:
Charges	
	1
	Assessment Tx Response
	Plan:
	Total # of tx: 0 # prescribed: 0
	# consecutive w/PTA 0

Appointment Report

Lake Ridge Physical Therapy LLC

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12546 Dillingham Square

Appointment Notes

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Physical Therapy Notes

Suite # 101	7	Appointment Report		
Voodbridge, VA 22192		12/21/00 10:30 AM		
Thursday, December 21, 2000	· · · · · · · · · · · · · · · · · · ·			
Patient WILLIAMS, DAIS	Ϋ́Υ	Treet	mant Nataa	
Therapist Hadı Fathalıkhan	I	Ireat	ment Notes	
Time: 10.30 AM -	11 30 AM	Subjective Pain Sca	le (1-10): 0	
Appt Type/Outcome Folic	w Up	Activity Level	slight increase	
Copay Paid:	\$0.00	Objective:		
Charges				
CPT Code	Charge			
97140	\$50.00	Assessment Tx		
97110	\$130.00	Response		
Total Charges:	\$180.00	Plan:		
		Total # of tx:	0 # prescribed: 0	
		# consecutive w/P1	FA 0	
Appointment Notes	an dallar an Physical Articles and a second s			
Physical Therapy Notes				
S- PATIENT WAS SEEN BY O- THERAPUTIC EXERCISE STM TO T- LUMBAR MOB PA, S GRADE 2 RIGHT	; STRETCHING, ABD	O. STRENGTHENING		
USAT 1 5 W/ CM2 X 8 MIN E	E- STIM WITH MH X 2	20 MIN TO RGHT SHOULDER		
A- IMPROVING P- CONTINU	E			

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Lake Ridge Physical Therapy LLC

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Suite # 101	Appointment Report	
Voodbridge, VA 22192	12/28/00 10:30 AM	
Thursday, December 28, 2000		
Patient WILLIAMS, DAISY		
Therapist Hadi Fathalıkhani	Treatment Notes	
Time: 10.30 AM - 11 30 AM	Subjective Pain Scale (1-10): 0	
Appt Type/Outcome Follow Up	Activity Level slight increase	
Copay Paid: \$0.00		
	Objective: Lumbar	
Charges CPT Code Charge	Myofascial Release	
97140 \$50.00		
97110 \$65.00	Assessment Tx good	
	Response	
Total Charges: \$115.00	Plan:	
	Total # of tx: 0 # prescribed: 0	
	# consecutive w/PTA 0	
Appointment Notes		
Appointment Notes Physical Therapy Notes		
	,S GRADE 4	
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 A- RESPOONDED WELL	,S GRADE 4	
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 A- RESPOONDED WELL P- CONTINUE	· · · · ·	
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 A- RESPOONDED WELL P- CONTINUE	· · · · ·	
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 A- RESPOONDED WELL P- CONTINUE		
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 A- RESPOONDED WELL P- CONTINUE	· · · · · ·	
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 A- RESPOONDED WELL P- CONTINUE		
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 A- RESPOONDED WELL P- CONTINUE		
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 A- RESPOONDED WELL P- CONTINUE		
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 A- RESPOONDED WELL P- CONTINUE		
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 A- RESPOONDED WELL P- CONTINUE		
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 A- RESPOONDED WELL P- CONTINUE		

546 Dillingham Square Appointment Report	
loodbridge, VA 22192	12/30/00 10:30 AM
Saturday, December 30, 2000	
Patient WILLIAMS, DAISY	Treatment Notes
Therapist Hadi Fathalıkhanı Time: 10 30 AM - 11.30 AM Type/Outcome Follow Up Copay Paid: \$0 00 Charges CPT Code 97110 \$65 00 97014 \$35.00 Total Charges: \$100.00	Subjective Pain Scale (1-10): 0 Activity Level 0 Objective: 0 Assessment Tx Response Plan: 0 Total # of tx: 0 # prescribed: 0 # consecutive w/PTA 0 0
Appointment Notes Physical Therapy Notes S BETTER O THEREX BACK EXTENSION 40LBS 3 X10, ABS BIKE LEVEL 2 X 10 MIN, E-STIM W/ MH X 20 M A L4-L4 REMAINS TENDER ON R SIDE P CONT POC	

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Lake Ridge Physical Therapy LLC

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2546 Dillingham Square Suite # 101	8	Appointment Report		
Voodbridge, VA 22192		1/2/01 10:30 AM		
Fuesday, January 02, 2001				
Patient WILLIAMS, DAIS Therapist Hadi Fathalikhan		Trea	atment Notes	
Time: 10.30 AM -	11:30 AM	Subjective Pain S	cale (1-10): 0	
Appt Type/Outcome Follo	ow Up	Activity Level	slight increase	
Copay Paid: Charges CPT Code 97110 97140 Total Charges:	\$0 00 Charge \$65.00 \$50.00 \$115.00	Objective: Assessment Tx Response Plan: Total # of tx: # consecutive w/	Sh/El/Wr Joint Mobilization good Continue and progress 0 # prescribed: PTA 0	0
Appointment Notes		· · _ · _ ·]		-
Physical Therapy Notes]		
S- LBP IS BETTER ; BUT RI O- THERAPUTIC EXERCISE ABDOMINAL STRENGTHEN	ES, BIKE X 10 MIN IING WITH 40 LBS X 2		30 LBS 20 REPS	
JOINT MOB UPPER THORA SI MOB IN SIDE LYING A- RESPONDED WELL			.	

Noodbridge, VA 22192	1/6/01 10:00 AM
Saturday, January 06, 2001	
Patient WILLIAMS, DAISY	
Therapist Hadı Fathalıkhanı	Treatment Notes
Time: 10 00 AM - 11 00 AM	Subjective Pain Scale (1-10): 0
Appt Type/Outcome Cancel - NC	Activity Level
Copay Paid: \$0.00 Charges	Objective:
	Assessment Tx Response
	Plan:
	Total # of tx: 0 # prescribed: 0
	# consecutive w/PTA 0
Appointment Notes	 —
Physical Therapy Notes	—

Suite # 101	Appointment Report
Woodbridge, VA 22192	1/9/01 10:30 AM
Tuesday, January 09, 2001	
PatientWILLIAMS, DAISYTherapistHadi Fathalıkhanı	Treatment Notes
Time: 10.30 AM - 11:30 AM	Subjective Pain Scale (1-10): 0
Appt Type/Outcome Cancel - NC	Activity Level
Copay Paid: \$0.00	Objective:
Charges	
	Assessment Tx Response
	Plan:
	Total # of tx: 0 # prescribed: 0
	# consecutive w/PTA 0

Appointment Notes

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12546 Dillingham Square

Lake Ridge Physical Therapy LLC

Physical Therapy Notes



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Suite # 101	re	Appointment Report 2/1/01 9:30 AM	
Woodbridge, VA 22192			
Thursday, February 01, 2001			
Patient WILLIAMS, DAI Therapist Hadı Fathalıkha Time: 9 30 AM -		Treatmo Subjective Pain Scale	ent Notes (1-10): 0
	llow Up	Activity Level	(1-10).
Copay Paid: Charges	\$0 00	Objective:	
CPT Code 97140 97014 Total Charges:	Charge \$50.00 \$35.00 \$85.00	Assessment Tx Response Plan: Total # of tx: 0 # consecutive w/PTA	# prescribed: 0 0
Appointment Notes	,]	
Physical Therapy Notes			
S- BETTER O- STM AND PA,S GRADE	3 TO THORACIC AREA NTO RIGHT SHOULDER	AND L-SPINE	

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Lake Ridge Physical Therapy LLC

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12546 Dillingham Square

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uite # 101 Voodbridge, VA 22192	
	2/1/01 9:30 AM
Thursday, February 01, 2001	
Patient WILLIAMS, DAISY	T
Therapist Hadı Fathalıkhanı	Treatment Notes
lime: 9.30 AM - 10 30 AM	Subjective Pain Scale (1-10): 0
Appt Type/Outcome Follow Up	Activity Level
Copay Paid: \$0.00	Objective:
Charges CPT Code Charge	
97140 \$50.00	
97014 \$35.00	Assessment Tx Response
Total Charges: \$85.00	Plan:
	Total # of tx: 0 # prescribed: 0
	# consecutive w/PTA 0
Appointment Notes	
Physical Therapy Notes S- BETTER	

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Lake Ridge Physical Therapy LLC

12546 Dillingham Square

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 NOVA ORTHOPEDIC & SPINE CARE

 P.O. BOX 5237
 11-15-2000

 WOODBRIDGE, VA 22194-5237
 PAGE NO. 1

 BILLING INQUIRIES:888-313-9539

 54-1977900

Bill to :

.

-

Patient: ID#: 93

JUDY FEINBERG, ESQ. 4400 JENNIFER ST, N.W. SUITE 310	DAISY M WILLIAMS 4218 STOCKBRIDGE DRIVE
WASHINGTON DC 20015	DUMFRIES VA 22026 Accident/Illness Date :

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

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Total Charges : \$740.00

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NOVA ORTHOPEDIC & SPINE CARE

Patient Ledger Sorted By Case Number

Entry	Date	POS Description	C	ase	Procedure	Document	Provider	Amount
WILDA	A000 DAIS	SY WILLIAMS Last Payment: -39.50	(703)670-4418 On: 4/26/2001	-				
4611	3/22/2001	• •		770	99213	0103300000	PL	80.00
6132	4/26/2001	11-4 · · ·	- * # IN3	70	ĈR → _	0	PL/	0.
6133	4/26/2001	, ment		5.1	,	0°C++5°	PL	25.50
							Patient Total	15.00

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

Lista Account No. Balance Due

04/15/2001 WILLDA01

Payment Cas Upon Receipt

Amount Paid

Check Number _____

Visc. / MC

Expiration	()s; 9	
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12546 DILLINGHAM SQR #101 WOODBRIDGE, VA 22192

LAKE RIDGE PHYSICAL THERAPY LLC.

Signature

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

Primary insurance on record: TRIGON

Projected Patient PENDING Date For Description Ref Amount Portion INSURANCE 01/02/2001 DAISY Therapeutic procedure 573 65.00 65.00 Manual therapy 01/02/2001 DAISY 50.00 573 50.00 E-stim., unattended 01/23/2001 DAISY 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 E-stuit, unatter procedure 01/25/2001 DAISY 573 130.00 130.00 03/05/2001 DAISY 573 ^**.**____ -03/05/2001 DAISY 573 141-03/05/2001 DAISY Not covered by insurance 573 10.81 02/01/2001 DAISY E-stm., unattended 686 35.00 35.00 Manual therapy 02/01/2001 DAISY 686 50.00 50.00 03/12/2001 DAISY 686 03/12/2001 03/12/2001 DAISY 686 Not covered by insurance 3.19 686 ~ 7 \$0.00 \$0.00 \$0.00 \$0.00

Notes

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Page # 4

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

Date Account No. ---- Balance Due

WILLDA01 04/15/2001

Payment Due Upon Receipt

Amount Faid

Check Number

Visa / MC _____

Expiration Date _____

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

Primary insurance on record:

Projected Patient PENDING Date For Description Ref Amount Portion INSURANCE 11/13/2000 DAISY •14 215 11/13/2090 DAIŞY 215 1 10/12/2000 DAISY Manual therapy 215 50,00 50.00 11/13/2000 DAISY 215 -35 -50 11/13/2000 DAISY 215 10/14/2000 DAISY 35.00 35.00 E-stim., unattenneo 215 11/13/2000 DAISY 215 0.00 11/13/2000 DAISY -81 215 S. Oak 10/14/2000 DAISY Ultrasound 215 45.0) 45.00 11/13/2000 DAISY 215 11/13/2000 DAISY 215 ماندرية 50.00 10/14/2000 DAISY Manual therafy... 215 50.00 ---- i 1./13/2000 DAISY 215 INSUPANCE AND STUENT DAISY 215 10/12/2000 DAISY E-stim., unattended 35.00 215 35.00 11/13/2000 11/13/2000 DAISY 215 215 0.00 10/19/2000 DAISY Diracound 215 45 00 45.00 11/13/2000 I DAISY 215 -0,10 11/13/2000 DAISY 215 10/19/2000 DAISY Manual therapy_ 215 56.00 50.00 11/13/2000 DAISY 215 11/13/2000 DAISY 215 10/31/2000 DAISY Ultrasound 215 45.0C 45.00 10/31/2000 DAISY Therapeutic procedure 215 65.00 65.00 Manuel 11/14/2000 DAISY 50.00 65.00 50.00 322 11/14/2000 DAISY Therape: 40 procedure 322 65.00 Tilipeoniti 11/14/2000 DAISY 322 45.00 45.00 12/11/2000 DAISY 322 222' אייין אוויייז אווי אדא אייייייייי ال يزر 12/11/2000 DAI\$Y ہر مہ 12/11/2000 DAISY Not covered by msurau. 322 3,84 >1/02/2000 DAISY Therapeutic procedure 364 65.00° 65.00 And the second NEW AND AND A STREET AND

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12546 DILLINGHAM SQR #101 WOODBRIDGE, VA 22192

Signature _____ LAKE RIDGE PHYSICAL THERAPY LLC

DUMFRIES, VA 22026

TRIGON

The Rawlings Company

Trigon Blue Cross Blue Shield

Patient's Name: DAISY WILLIAMS Member's Name: DAISY WILLIAMS File Number: 00TVF1100010 BIII Paid Trmt. Date Claim No. Provider ICD9 ICD9 Desc. CPT Amount CPT Desc. Amount 09/02/2000 284916 923.00 CONTUSION \$149.00 - 75 SHOULDER REG LOPEZ RODOLFO L MD 09/02/2000 000028 923.09 CONTUSION 450 EMERG ROOM \$677.14 73. SHOULDER & ARM POTOMAC HOSPITAL CORPORATION 09/02/2000 081418 923.09 CONTUSION \$67.00 SHOULDER & ARM **ROBINS MICHAEL B MD** 09/02/2000 081418 923.09 CONTUSION \$40.00 SHOULDER & ARM ROBINS MICHAEL B MD 09/28/2000 265661 719.41 JOINT PAIN-SHLDER \$250.00 **FATHALIKHANI HADI PT** 10/03/2000 265661 719.41 JOINT PAIN-SHLDER \$260.00 FATHALIKHANI HADI PT 10/12/2000 265661 719.41 JOINT PAIN-SHLDER \$280.00 FATHALIKHANI HADI PT 10/19/2000 265661 719.41 JOINT PAIN-SHLDER \$130.00 FATHALIKHANI HADI PT 10/31/2000 265661 719.41 JOINT PAIN-SHLDER \$110.00 FATHALIKHANI HADI PT 11/02/2000 265661 719.41 JOINT PAIN-SHLDER \$335.00 FATHALIKHANI HADI PT 11/14/2000 265661 719.41 JOINT PAIN-SHLDER \$160.00 FATHALIKHANI HADI PT 11/16/2000 265661 719.41 JOINT PAIN-SHLDER \$160.00 FATHALIKHANI HADI PT 12/05/2000 265661 719.41 JOINT PAIN-SHLDER \$320.00 FATHALIKHANI HADI PT 12/12/2000 265661 719.41 JOINT PAIN-SHLDER \$450.00 م لا فال FATHALIKHANI HADI PT 12/21/2000 265661 719.41 JOINT PAIN-SHLDER \$265.00 ... 1 FATHALIKHANI HADI PT 01/02/2001 265661 719.41 JOINT PAIN-SHLDER ·,~~ \$445.00 FATHALIKHANI HADI PT 02/01/2001 265661 719.41 JOINT PAIN-SHLDER \$85.00 140.70 FATHALIKHANI HADI PT

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.	СРТ	CPT Desc.	Bill Amount	Paid Amount
Make checks payable to: The Rawlings Company LLC			Current	Claim Amount:		. S JAIR : 5
Attn: MARY KATHLEEN MARTIN P.O. BOX 908 FLORENCE, KY 41022			Please call	int subject to change (859) 371 -1611 fo ative: MARY KATHLE	or the final paid a	
lease write this number on your	check: 00	TVF1100010			- CIN WAR HIN	

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Tax Id Number: 31-1563156

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Apr-26-01	08:37pm	From

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	E RIDGE PHYSICAL THERAPY LLC. 6 DILLINGHAM SQUARE				09/2001	WILLDA01	\$25.13
UITE 101				Paymer	at Due Upo	n Receipt	
	3 E, VA 22192			Am	our: Paid		
Question	is? Call (301) 590	0-9572		Che	ek Numbe) *	
	DAISY M. WILL	IAMS		Vie	a / MC		
	4218 STOCKBR		-				
	DUMFRIES, VA	22026		Exp	Iration Dat	le	
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rimaryınsur	above stub and r ance on record:	otum with you -	r payment to:	12546 1	DILLINGHAM	CAL THERAPY LLC. I SQR #101 22192	
RIGON Date	For		Description		Ref	Projected Pa	tient PENDING
01/25/2001 01/25/2001 02/01/2001 02/01/2001	DAISY DAISY DAISY DAISY DAISY	3 stim., unatte Therapeutic pr E-stim.; unatte Manual therap	oceduze mded		573 573 686 686		35.0 130.0 35.0 50.0
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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

04/15/2001 WillDA01

Payment Due Upon Receipt

Amount ald _____

Check Number

LAKE RIDGE PHYSICAL THERAPY LLC

Visa / MC _____

Expiration Date _____

12546 DILLINGHAM SQR #101 WOODBRIDGE, VA 22192

Signature _____

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

Primary insurance on record: TRIGON

Projected Patient PENDING Date For Description Ref Amount Portion 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 65.00 35.00 65,00 364 E-stim., unattended 11/09/2000 DAISY 364 35.00 11/16/2000 DAISY Re-Evaluation 364 75.00 75.00 1)/16/2000 DAISY Ultrasound 364 45.00 45.00 11/16/2000 DAISY Manual therapy 364 50.00 50.00 Therapeutic procedure 11/16/2000 DAISY 364 65.00 65.00 12/11/2000 DAISY 364 12/11/2000 DAISY 364 12/11/2000 DAISY Not covered by insurance 364 12.22 12/05/2000 Manual therapy DAISY 498 50.00 50.00 12/35/2000 DAISY 45.00 75.00 45.00 75.00 Ultrasound 498 498 DAISY **Re-Evaluation** E-stim., unattended Manual therapy Therapeutic procedure 12/07/2000 DAISY 498 35.00 35,00 498 498 12/07/2000 50.00 65.00 DAISY 50.00 65.00 12/12/2000 DAISY Therapeutic activities 498 45.00 45.00 Manual therapy 12/12/2000 DAISY 498 50.00 50.00 12/12/2000 498 Ultrasound DAISY 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 Therapeutic procedure 12/21/2000 DAISY 498 130.00 130.00 12/21/2000 Manual therapy 498 DAISY 50.00 50.00 Therapeutic procedure 12/28/2000 DAISY 498 65.00 65.00 Manual therapy 12/28/2000 DAISY 498 50.00 50,00 12/30/2000 Therapeutic procedure DAISY 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 21 C PERSONAL PROPERTY INSIDE

Notes

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Page # 3

Law Offices Judy L. Feinberg

> 4400 Jenifer St., N W Suite 310 Washington, D.C 20015 (202) 237-05555 Fax: (202) 237-0117

Judy L. Feinberg Marcy A. Vanderwell

* Admitted to D.C , MD & VA \triangle Admitted to MD

March 19, 2002

Kmart Corporation c/o Trumball 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, Feinberg, Esq.

JLF/abw