PURSUANT TO ORDER ENTERED BY THE UNITED STATES BANKRUPTCY COURT, CENTRAL DISTRICT OF CALIFORNIA, ON SEPTEMBER 24, 2007, DOCKET No. 1059
PUBLIC ACCESS TO THIS CLAIM IS RESTRICTED

THIS PROOF OF CLAIM IMAGE HAS BEEN SUPPRESSED TO PROTECT THE CLAIMANT'S CONFIDENTIAL INFORMATION.

GARY E KLAUSNER (State Bar No 69077),
GREGORY K JONES (State Bar No 181072) and
NATHAN A SCHULTZ (State Bar No 223539), Members of
STUTMAN, TREISTER & GLATT, PROFESSIONAL CORPORATION
1901 Avenue of the Stars, 12th Floor
Los Angeles, California 90067
Telephone (310) 228-5600
Facsimile (310) 228-5788

Reorganization Counsel for Debtor and Debtor In Possession

Debtor's Mailing Address
3405 W Imperial Highway, Suite 304
Inglewood, California 90303

FILED
SEP 21 2007
CLERK U.S. BANKRUPTCY COURT
CENTRAL DISTRICT OF CALIFORNIA
BY

ENTERED
SEP 24 2007
CLERK U.S. BANKRUPTCY COURT
CENTRAL DISTRICT OF CALIFORNIA
Deputy Clerk

LODGED
SEP 19 2007
CLERK U.S. BANKRUPTCY COURT
CENTRAL DISTRICT OF CALIFORNIA
BY Deputy Clerk

UNITED STATES BANKRUPTCY COURT
CENTRAL DISTRICT OF CALIFORNIA
LOS ANGELES DIVISION

ORIGINAL

In re:

WATTSHealth Foundation, Inc dba UHP Healthcare, a California not-for-profit corporation,

Debtor

Tax I D No 95-2623688

Case No 2 05-22627-TD

Chapter 11

[PROPOSED] ORDER SUSTAINING THIRD OBJECTION TO CLAIMS THAT ARE NOT CONSISTENT WITH DEBTOR'S BOOKS AND RECORDS

HEARING

Date September 12, 2007
Time 10 30 a m

The Court, having considered the "Third Objection To Claims That Are Not Consistent With Debtor's Books And Records" (the "Objection") filed by WATTSHealth Foundation, Inc dba UHP Healthcare (the "Debtor"), the declarations of Dawn Fujihara and Gregory K Jones submitted in support of the Objection, and all other papers relating to the Objection, and no response having been filed with respect to the Objection, hereby finds that notice of

the Objection was good and sufficient under the circumstances, and that no other or further notice need be given, and upon the record herein, and after due deliberation thereon, and good and sufficient cause appearing therefor,

IT IS HEREBY ORDERED that

1 The Objection, with the exception of the Objection to Claims 175, 720, and 1353, is sustained

2 The objection to Claim No 720 [Saeed Hakim] is withdrawn

3 The objection to Claim Nos 175 and 1353 [Rosabel Young] is hereby continued to October 31, 2007 at 10 30 a m

4 Claim Nos 69, 90, 92, 93, 96, 103, 104, 111, 124, 134, 136, 140, 141, 142, 169, 210, 226, 251, 294, 306, 311, 313, 319, 348, 357, 380, 384, 396, 429, 447, 464, 479, 485, 575, 578, 606, 616, 637, 682, 683, 686, 687, 755, 926, 1102, 1104, 1124, 1171, 1172, 1173, 1174, 1175, 1176, 1177, 1551, 1577, and 1579 hereby are disallowed and restricted from public access

DATED September 21, 2007

UNITED STATES BANKRUPTCY JUDGE

Presented by

GREGORY K JONES, a Member of
STUTMAN, TREISTER & GLATT
PROFESSIONAL CORPORATION
Reorganization Counsel for
Debtor and Debtor in Possession

DECLARATION OF SERVICE

I, Danielle Trujillo, am over the age of 18 years and not a party to the within action I am employed in an office that employs a member of the bar of this court, at whose direction the within service was made My business address is Stutman, Treister, & Glatt Professional Corporation, 1901 Avenue of the Stars, 12th Floor, Los Angeles, California 90067-6013

On September 19, 2007, I served the following pleading

[PROPOSED] ORDER SUSTAINING THIRD OBJECTION TO CLAIMS THAT ARE NOT CONSISTENT WITH DEBTOR'S BOOKS AND RECORDS

on the interested parties in this action by placing true copies thereof, enclosed in sealed envelopes, with first class postage thereon fully prepaid, in the United States mail at Los Angeles, California addressed as follows

See Service List Attached Hereto and Incorporated Herein

I declare under penalty of perjury that the foregoing is true and correct

Executed on September 19, 2007, at Los Angeles, California

Danielle Trujillo, Declarant

Service List
3rd Objection to Claims (Books/Records)
Doc #429836
Edited 08/10 07

Debtor
WATTSHealth Foundation Inc
Attn Stone Ayers
PO Box 5127
Inglewood, CA 90310-5127

Attys for Creditors Committee
Steven Schwartz, Esq
Richard Diamond, Esq
Danning Gill Diamond & Kollitz
2029 Century Park East, Suite 300
Los Angeles, CA 90067

Patricia Beary Esq
Office of the U S Trustee
725 South Figueroa Street 26th Floor
Los Angeles CA 90017

ABRAHAMS, PEZ
621 S BROADWAY
STE 306
LOS ANGELES, CA 90014-1897

ADOLFSSON, CARINA
12017 HERBERT ST
LOS ANGELES, CA 90066 5201

AGUILERA GEMELIA H
3761 BEVERLY BLVD
LOS ANGELES, CA 90004 3528

ARCINUE LUCENIA A
2400 S FLOWER ST
LOS ANGELES CA 90007-2629

BALTAYAN, SARKIS
ORTHOPAEDIC HOSP MED GRP
FILE 54987
LOS ANGELES, CA 90074-0001

CHAMBI, DENIS
PO BOX 1671
GLENDALE, CA 91209 1671

CHOI, SUNG S
3323 W OLYMPIC BLVD STE 210
LOS ANGELES, CA 90019-2353

CHUNG, YOUNGKEW
PO BOX 1671
GLENDALE, CA 91209-1671

COMPANION HOSPICE
2041 W ORANGE WOOD
ORANGE CA 92868

FRONTIER DENTAL MNGT CO INC
THERESA KLOSTERMANN
12121 WILSHIRE BLVD STE 1111
LOS ANGELES, CA 90025

GOKALDAS, RAMCHANO B
12820 STUDEBAKER RD
STE 201
NORWALK CA 90650-2581

GORDON, MARTIN
ORTHOPAEDIC HOSP MED GRP
FILE 54987
LOS ANGELES, CA 90074-0001

HAKIM, SAEED
8930 S SEPULVEDA BLVD
STE 201
LOS ANGELES CA 90045-3624

HARSANY JR MD, JOHN
850 E LATHAM AVE
#A
HEMET CA 92543

HAYES, CARL E
4004 S VERMONT AVE
STE 6
LOS ANGELES, CA 90037-1976

HELLWIG, THOMAS
1700 N WATERMAN AVE
SAN BERNARDINO CA 92404-5115

HENRY, IRMA M
1728 E CENTURY BLVD
#E4
LOS ANGELES, CA 90002 3049

HOFFER, MARK M
2300 S FLOWER ST
LOS ANGELES, CA 90007-2660

HOME MEDIX INC
3811 ATLANTIC AVE
LONG BEACH, CA 90807

HSU, JOHN D
2300 S FLOWER ST
LOS ANGELES CA 90007-2660

KWON, YOUNG-JAE
1040 ELM AVE
STE 200
LONG BEACH CA 90813-3266

LASER ENDOSCOPY MEDICAL GROUP
201 S ALVARADO ST #407
LOS ANGELES CA 90057 2320

LEE MD, CHULL
PO BOX 1671
GLENDALE CA 91209-1671

LEE JOUNG
PO BOX 1671
GLENDALE, CA 91209-1671

LOVELACE HEALTH SYSTEMS
PO BOX 26102
ALBUQUERQUE NM 87125-6102

LYNNE, LOUIE
JEFFREY V WINSTON MD
12675 LA MIRADA BLVD STE 301
LA MIRADA, CA 90638-2235

MCKEEVER PATRICIA
ORTHO HOSPITAL MED GP INC
FILE 54987
LOS ANGELES, CA 90074 0001

MEHTA, MANISH D
3628 E IMPERIAL HWY
STE 201
LYNWOOD, CA 90262-2646

MILLIMAN CARE GUIDELINES
401 2ND AVE S
STE 400
SEATTLE WA 98104-2862

MILLIMAN CARE GUIDELINES
719 2ND AVE
STE 300
SEATTLE, WA 98104

MISCHEL, MATTHEW
15211 VANOWEN ST, STE 300
VAN NUYS CA 91405-3617

MOTAMEDI, FARHAD
11645 WILSHIRE BLVD, STE 852
LOS ANGELES, CA 90025-6808

Newandee, Stephen
9804 Foothill Blvd
Rancho Cucamonga, CA 91730-3616

NGUYEN DAVID
9817 ARKANSAS ST
BELLFLOWER, CA 90706-5913

ORFUSS, CARL J
100 UCLA MEDICAL PLZ
STE 425
LOS ANGELES, CA 90095-0001

PALM IMAGING INSTITUTE
399 E 21ST ST
SAN BERNARDINO, CA 92404

POON PETER P
9817 ARKANSAS ST
BELLFLOWER CA 90706-5913

PRECIADO, RICHARD
COVINA VALLEY URO MED
421 E MERCED AVE
WEST COVINA, CA 91790-5098

REISBORD, DAVID A
2080 CENTURY PARK E STE 203
LOS ANGELES CA 90067 2005

ROSSO, RONALD
3400 LOMITA BLVD STE 401
TORRANCE, CA 90505-4928

Sandhurst Convalescent Grp Ltd dba
Windsor Gardens Of Hawthorne
c/o Elsa M Horowitz
Wolf Rifkin Shapiro, Et Al
11400 West Olympic Blvd 9th Fl
Los Angeles, CA 90064

SARGENT, JEAN
1760 N PRELUDE DR
ANAHEIM CA 92807-2041

SCHWARTZBERG MARC
PO BOX 491640
753 RADIOLOGY ASSOC CENT F
LEESBURG, FL 34749-1640

SHAH KIRIKUMAR
3434 WHITTIER BLVD
LOS ANGELES, CA 90023 1708

STANFORD, NOEL
2300 S FLOWER ST
LOS ANGELES CA 90007-2660

TRAN, LAWRENCE D
2211 W MAGNOLIA BLVD
BURBANK CA 91506-1753

VERDUGO VISTA HEALTH CARE
CENTER
3050 MONTROSE AVE
LA CRESCENTA, CA 91214-3619

VOLT SERVICES GROUP
2421 N GLASSELL ST
ORANGE, CA 92865

WALTON-RILEY, CHARLENE
PO BOX 1671
GLENDALE CA 91209-1671

WELLISCH MARK
2300 S FLOWER ST
LOS ANGELES, CA 90007 2660

WESTERN ARIZONA REG MEDICAL
CTR
PO BOX 847173
DALLAS, TX 75284-7173

WORKING WORLD
3600 WILSHIRE BLVD STE 1526
LOS ANGELES, CA 90010-2619

WRIGHT JOAN
ORTHOPAEDIC HOSP MED GRP
FILE 54987
LOS ANGELES, CA 90074-4987

WU DIANNE
1048 S GARFIELD AVE, STE 300
ALHAMBRA CA 91801 4768

YADLEY, RICHARD A
800 FAIRMOUNT AVE, STE 120
PASADENA, CA 91105-3151

Registered Agent for Home Medix Inc
HOME MEDIX INC
ATTN PARVIZ MORADFAR
3811 ATLANTIC AVE
LONG BEACH, CA 90807

Registered Agent for Milliman Care Guidelines LLC
MILLIMAN CARE GUIDELINES
c/o C T CORPORATION SYSTEM
1801 WEST BAY DR NW STE 206
OLYMPIA, WA 98502

YOUNG ROSABEL
3831 HUGHES AVE STE 610
CULVER CITY CA 90232-6853

Registered Agent for Laser Endoscopy Medical Group, Inc
Laser Endoscopy Medical Group Inc
Attn Richard M Dwyer
201 S Alvarado St, #407
Los Angeles, CA 90057-2320

Registered Agent for Palm Imaging Institute
PALM IMAGING INSTITUTE
c/o LUCIA & CO, CPA, INC
1887 BUSINESS CENTER DR STE 4A
SAN BERNARDINO, CA 92408

Registered Agent for Frontier Dental Mngt Co Inc
FRONTIER DENTAL MNGT CO INC
ATTN FARHAD MANAVI/PRES
12121 WILSHIRE BLVD STE 1111
LOS ANGELES CA 90025

Registered Agent for Lovelace Health Systems
LOVELACE HEALTH SYSTEMS
c/o CORPORATION SERVICE CO
125 LINCOLN AVE STE 223
SANTA FE NM 87501

Registered Agent for Sandhurst Convalescent Grp Ltd
Sandhurst Convalescent Grp Ltd
Attn Lee C Samson
9200 Sunset Blvd Ste 1100
West Hollywood, CA 90069

NOTE TO USERS OF THIS FORM

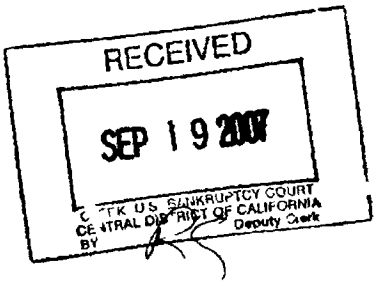
Physically attach this form as the last page of the proposed Order or Judgment
*Do **not** file this form as a separate document*

In re (SHORT TITLE) **WATTSHealth Foundation, Inc dba UHP Healthcare, A California, Not-For-Profit Corporation,** Debtors	CHAPTER 11 CASE NUMBER 2 05-22627-TD ADV NO

NOTICE OF ENTRY OF JUDGMENT OR ORDER AND CERTIFICATE OF MAILING

TO

Gregory K Jones, Esq
Stutman, Treister & Glatt
1901 Avenue of the Stars, 12th Floor
Los Angeles, CA 90067



1 You are hereby notified, pursuant to Local Bankruptcy Rule 9021-1(a)(1)(E), that a judgment or order entitled (specify)

ORDER SUSTAINING THIRD OBJECTION TO CLAIMS THAT ARE NOT CONSISTENT WITH DEBTOR'S BOOKS AND RECORDS

was entered on (*specify date*)
SEP 24 2007

2 I hereby certify that I mailed a copy of this notice and a true copy of the order or judgment to the persons and entities listed above on (*specify date*)

SEP 24 2007

Dated SEP 24 2007

JON D CERETTO
Clerk of the Bankruptcy Court

By _____
Deputy Clerk

Rev 6/95 This form is optional It has been approved for use by the United States Bankruptcy Court for the Central District of California

449712v1

UNITED STATES BANKRUPTCY COURT
FOR THE CENTRAL DISTRICT OF CALIFORNIA

PROOF OF CLAIM

In re
WATTSHealth Foundation, Inc , dba UHP Healthcare, a California not-for-profit corporation

Case Number
LA 05-22627-TD

-821-

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 and Address
10116815009071
Working World
3600 Wilshire Blvd Ste 1526
Los Angeles CA 90010-2619

Creditor Telephone Number ( )

☐ 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

~~after~~ this is the first

☒ Check box if you have never received any notices from the bankruptcy court in this case

☐ Check box if this address differs from the address on the envelope sent to you by the court.

RECD JAN 26 2006

THIS SPACE IS FOR COURT USE ONLY

Account or other number by which creditor identifies debtor —

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

1 BASIS FOR CLAIM

☒ Goods sold
☐ Services performed
☐ Money loaned
☐ Personal injury/wrongful death
☐ Taxes
☐ Other (describe briefly)
Nurse Recruitment Advertisement
☐ Retiree benefits as defined in 11 U S C § 1114(a)
☐ Wages, salaries, and compensation (Fill out below)
Last four digits of SS # _____
Unpaid compensation for services performed from _____ (date) to _____ (date)

2 DATE DEBT WAS INCURRED

3 IF COURT JUDGMENT, DATE OBTAINED

4 Total Amount of Claim at Time Case Filed

	(unsecured)	(secured)	(priority)	(Total)
Amount of Claim Listed on Debtor's Schedules (Excludes any contingent, unliquidated and disputed amount)	$ N/A	N/A	N/A	N/A
Amount of Claim Asserted by Creditor (To be completed if creditor disputes scheduled amount)	$ $2400			$2400

☐ 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 If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 below

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 NONPRIORITY CLAIM $ 2,400

☒ Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority

7 UNSECURED PRIORITY CLAIM

☐ Check this box if you have an unsecured priority claim

Amount entitled to priority $ _____

Specify the priority of the claim

☐ Wages, salaries, or commissions (up to $10,000)*, earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier 11 U S C § 507(a)(3)
☐ Contributions to an employee benefit plan - 11 U S C § 507(a)(4)
☐ Up to $2 225* 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 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

8 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim

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

10 DATE-STAMPED COPY To receive an acknowledgment of your claim, please enclose a self-addressed, stamped envelope and an additional copy of this proof of claim (signed face page only).

The original of this proof of claim form must be sent by mail to the following address (FAXES NOT ACCEPTED) so that it is actually received on or before 4 00 P M prevailing Pacific Time on January 31, 2006

BY MAIL TO WATTSHealth Foundation, Inc , dba UHP Healthcare
United States Bankruptcy Court
PO Box 53229
Los Angeles, CA 90053-0229

THIS SPACE FOR COURT USE ONLY

DATE SIGNED
12-7-05

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)

WATTSHealth Foundation Inc dba UHP
CLAIM 00124

Penalty for presenting fraudulent claim is a fine of up to $500,000 or imprisonment for up to 5 years, or both 18 U S C §§ 152 AND 3571

WORKING WORLD MAGAZINE

3600 Wilshire Blvd., Suite 1526
Los Angeles, CA 90010
Tel (213) 385-4781
Fax (213) 385-3782

Invoice

Date	Invoice #
11/21/2005	WNP32-47

Bill To
UHP Healthcare Attn Aisha Provost 3405 W Imperial Hwy Inglewood, CA 90303

Terms	Rep
Due Upon Rec	WNH

Description	Amount
Inside Back Cover Run dates 11/21/05 - 12/12/05	2,400 00
Total	$2,400 00

UHP HEALTHCARE

We ' UHP Healthcare, are dedicated to improving the health of our mem ers by providing access to quality healthcare to the diverse communities we serve **UHP HEALTHCARE** is a nonprofit federally qualified and state licensed HMO since 1973

Excellent Career Opportunities in Quality Management and Utilization Management:

Competitive salary, benefits and a sign-on bonus of $10,000 (for a limited time) for all RN openings!

UHP offers lucrative salaries $60K - $90K annually, depending on experience

Excellent RN Opportunities:

Quality Management Delegated Oversight Auditor

Valid RN preferred or LVN license from an accredited nursing school Responsible for oversight functions and participating as a team member of the Comprehensive Delegated Oversight (CDO)team Perform oversight review and monitoring of all functions which are by contract delegated to medical groups/IPAs Performs regular review of non delegated medical group/IPA of all functions Act as liaison between medical groups and the CDO team Knowledgeable in regulatory requirements and accreditation standards including CMS QISMC DMHC DHS JCAHO and NCQA

Outcomes Performance Improvement Nurse Coordinator

Valid RN license from an accredited nursing school Assist in the on going improvement, development and maintenance of quality improvement initiatives to assess analyze and summarize opportunities for improvement and implement changes that will have a positive impact on medical outcomes and compliance with the plan s policies and contractual obligation Responds to quality improvement mandates by DHS LA Care CMS QISMC JCAHO NCQA and HEDIS

Clinical Project Coordinator

Valid California RN license BSN preferred Minimum of two (2) years experience in coding relating to HEDIS quality improvement quality investigations or other coding activities Minimum of two (2) years experience with medical chart review clinical studies or other quality initiatives Working knowledge of National Coding Standards and Guidelines Working knowledge of ICD 9 coding Medicare and Medi Cal encounter reporting requirements and HEDIS reporting requirements Proficient in MS Word and Excel with working knowledge of MS Outlook Access and the Internet

Comprehensive Case Manager II (Several Openings)

Valid California RN license and a diploma or degree from an accredited nursing school RN with bachelor s degree preferred Minimum of three (3) years experience in acute care setting Prefer a minimum of two (2) years experience in discharge planning a managed care setting health plan or group experience Working knowledge of MS Office Excel and Access Excellent verbal telephone and written skills required Ability to multi task Comfortable working with all levels of management

Facility Site Review Nurse Auditor

California RN BSN preferred Minimum of five (5) years of clinical experience in nursing in health care or hospital setting with two (2) years of current experience in Quality Management/Improvement in a health plan ambulatory care outpatient or hospital setting Excellent oral and written communication skills Expert ability to integrate various sources of information including medical records into a coherent and concise summary of case issues and findings Strong organizational skills and attention to detail Ability to analyze aggregate information and report trends Must have a valid California driver s license along with proof of automobile liability insurance

Manager, Appeals & Grievances

Valid RN license from an accredited nursing school At least one year of HMO/Managed Care operations experience with appeals and grievances and at least two years of supervisory experience Ability to independently identify issues and recommend and implement corrective action plans Excellent communication skills ability to multi task and successfully manage and execute multiple projects Knowledge of regulatory requirements i e Medicare DMHC and DHS

Excellent Opportunities in Non-Nursing:

Director, Healthcare Informatics

Masters De ree from an accredited college or university in Health Human Sciences Statistical s iences or related field The position provides analytical research and technical suppo t for the Healthcare Department The position identifies clinical outcomes and quality of care problems Responsible for developing and maintaining a HEDIS performanc measures reporting system that includes standard and special reports basic statisti al analysis data quality control training database management database development and database linkages

Senior Healthcare Analyst

Masters degr e preferred in Public Health Health Science or related field with at least 3 years experience data and reporting in a managed care setting or experience with data collection and analysis analysis programming or systems analysis Provide high level of analytic repo ts on a regular and ad hoc basis Institute quality improvement projects and initiative Measure outcomes of programmatic interventions Develop and maintain HEDIS performance measures including reporting database development data base linkage quality control training and database management Excellent MS Excel and Access Skills required

Administrator / Provider Encounter Data & Management Reporting

Bachelor s d gree from an accredited institution and two years experience in Encounter D ta Reporting or four years Encounter Data Reporting and Information Systems Tech ology experience Excellent working knowledge in MS Access and Excel software Sup rvision of two employees Must be knowledgeable of standard service codes ICD9 P1 CHDP HCFA 1500 UB92 etc Ability to perform analysis present findings and multi task

Provider Network Managers

Bachelors deg ee from an accredited college or university Two years related experience or an equival nt combination of education and experience Serve as liaison between UHP and con acted healthcare provider organizations Administer contracts between UHP and assi ned medical groups/IPA s Assist healthcare providers in maintaining compliance w th UHP policies and procedures Assist in network expansion efforts through the collection and submission of required provider documentation etc

Sr Program Coordinator

Bachelors degr e from an accredited college or university or a combination of education and experience The Sr Program Coordinator assists in all aspects of program development implementation and evaluation Responsible for the implementation of all cultural linguistic activities required by regulatory and contracted entities Research develop monitor and evaluate health education and cultural linguistics programs at UHP and contracted medical groups IPAs and MSOs Act as a liaison between the network to ensure full compliance as it relates to health care education and cultural linguistics Working knowledge of Microsoft Access is preferred

Additional opportunities exist in the following departments

- **Member Services • Quality Management**
- **Utilization/Case Management • Financial/Accounting**
- **Marketing Member Services**

Interested candidates should e-mail, fax or mail resumes with salary history to:

recruiter@uhphealthcare.com or 310-412-7129 (Fax) • Job Hotline 310-680-3188

3405 West Imperial Hwy, Inglewood, CA 90303

For more information about UHP Healthcare, please visit our website at:

www.uhphealthcare.com

REC'D JAN 26 2006

04732 25JAN06 PRIORITY OVERNIGHT THU

8474 3274 6453 FORM 0200

Deliver By 26JAN06

90245 -CA-US LAX

QZ AVXA

A1

...al only when using a FedEx ...

FedEx. US Airbill

1 From

Date 1/23

Sender's Name BMC GROUP Phone 310 321-[illegible]

Company WATTSHEALTH FOUNDATION, INC.

Address 1[illegible] E FRANKLIN AVE Dept./Floor/Suite/Room

City EL SEGUNDO, State CA 90245

2 Your Internal Billing Reference WATTSHEALTH

3 To

Recipient's Name BMC GROUP CLAIMS & NOTICING AGENT 310321-[illegible]

Company WATTSHEALTH FOUNDATION, INC.

Recipient's Address [illegible] E FRANKLIN AVE Dept./Floor/Suite/Room

Address

To hold package be held at a specific FedEx location print FedEx address here

City EL SEGUNDO State ZIP [illegible]

RECEIVED JAN 25 2006 BMC GROUP

FedEx Priority Overnight Next business morning

FedEx Standard Overnight Next business afternoon*

FedEx First Overnight Earliest next business morning delivery to select locations*

FedEx 2Day Second business day*

FedEx Express Saver Third business day*

FedEx Envelope rate not available Minimum charge One-pound rate

4b Express Freight Service Packages over 150 lbs.

FedEx 1Day Freight* Next business day**

FedEx 2Day Freight Second business day**

FedEx 3Day Freight Third business day**

Call for Confirmation:

5 Packaging Declared value limit $500

FedEx Envelope*

FedEx Pak* Includes FedEx Small Pak, FedEx Large Pak, and FedEx Sturdy Pak

FedEx Box

FedEx Tube

Other

6 Special Handling Include FedEx address in Section 3.

SATURDAY Delivery

HOLD Weekday at FedEx Location Not available for FedEx First Overnight

HOLD Saturday at FedEx Location Available ONLY for FedEx Priority Overnight and FedEx 2Day to select locations

Freight to select ZIP codes

Does this shipment contain dangerous goods? One box must be checked.

No

Yes As per attached Shipper's Declaration

Yes Shipper's Declaration not required

Dry Ice Dry Ice, 9 UN 1845 ___ x ___ kg

Dangerous goods (including Dry Ice) cannot be shipped in FedEx packaging.

Cargo Aircraft Only

7 Payment Bill to: Enter FedEx Acct. No. or Credit Card No. below

Obtain Recip. Acct. No.

Sender Acct. No.

Recipient

Third Party

Credit Card

Cash/Check

Total Packages

Total Weight

Total Declared Value $ 00

Total Charges

Credit Card Auth

Our liability is limited to $100 unless you declare a higher value See back for details

8 Sign to Authorize Delivery Without a Signature

By signing you authorize us to deliver this shipment without obtaining a signature and agree to indemnify and hold us harmless from any resulting claims

Questions? Visit our Web site at fedex.com

or call 1.800.GoFedEx 1.800.463.3339

Rev Date 11/03 Part #158280 ©1994-2003 FedEx PRINTED IN U.S.A. MWA 04

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