

OSSI NAJEM, P.A.
injury attorneys

Michael A. Ossi
Lawrence J. Najem
Mariano Rosario, Jr. *

1506 Prudential Drive
Jacksonville, Florida 32207
Tel. (904) 399-0606 Fax (904) 398-8988
www.onr-law.com

* Admitted also in New
York and Georgia

Of Counsel
Wil J. Florin
Board Certified Civil Trial Lawyer -
The National Board of Trial
Advocacy and The Florida Bar
Thomas D. Roebig, Jr.
Board Certified Civil Trial Lawyer -
The National Board of Trial
Advocacy and The Florida Bar

January 30, 2014

Via Certified Mail/Return Receipt Requested

Nationwide Insurance
Attn: 770920155834
3300 SW Williston Road
Gainesville, FL 32608

1/30/2014
RECEIVED BY
NATIONWIDE CLAIMS

FEB 03 2014

Re: Our Client: O [REDACTED] V [REDACTED]
Claim No.: 770920155834
Named Insured: Same
Date of Loss: January 11, 2013

To Whom It May Concern:

This law firm has the pleasure of representing Mrs. O [REDACTED] V [REDACTED] who was injured in an automobile collision that occurred on January 11, 2013. Mrs. V [REDACTED] sustained significant and permanent injuries as a result of this collision and the negligence of the tortfeasor.

We are making this claim under the uninsured motorist coverage of this policy, as the tortfeasor's carrier is expected to tender its policy limits. This letter will represent our request for consent to settle with the tortfeasor and waiver of subrogation, as well as our formal demand for an uninsured motorist settlement.

Our investigation reveals that the collision occurred at approximately 12:00 p.m. on Penman Road in Duval County, Florida. Mrs. V [REDACTED] was stopped on Penman Road when Ms. Fox, traveling directly behind Mrs. V [REDACTED] failed to stop and subsequently collided with the rear of Mrs. V [REDACTED] vehicle. Despite making use of an operational seatbelt and shoulder harness, Mrs. V [REDACTED] sustained significant injuries from being thrown about the interior of the vehicle.

The property damage from this violent collision was extremely extensive, totaling approximately \$3,400.00. This is a clear liability case against Ms. Fox, as she was found to be at-fault for causing this collision.

That same day, due to pain in her neck, back, head, and right shoulder, Mrs. V [REDACTED] presented to Dr. Mark Smith M.D. of Doctor's Express for emergency examination and treatment. Upon examination, Mrs. V [REDACTED] was prescribed medication with orders to seek follow up treatment.

Shortly thereafter, due to continuing pain in her neck, back, and head, with associated radicular symptoms, Mrs. V [REDACTED] presented to Dr. Richard Bloom D.C. of Hedges Chiropractic for examination and treatment. After treating with Dr. Bloom for a brief time, Mrs. V [REDACTED] presented to Dr. Steven Rhodes D.C. of Ocean View Health for examination and treatment. While treating with Dr. Rhodes, Mrs. V [REDACTED] underwent an extensive course of physical therapy, consisting of several treatment modalities including electrical muscle stimulation, ultrasound, and chiropractic manipulations. In addition, Mrs. V [REDACTED] was referred for a cervical and lumbar MRI, as well as an MRI of the right shoulder. The results of these MRIs are as follows:

- a) Linear increased signal within the anterior labrum of the shoulder indicating possible tear
- b) Central disc herniation at L5-S1 with annular tear impressing the anterior margin of the thecal sac and contacting the S1 nerve roots
- c) Central disc herniation at C4-5 with annular tear superimposed on disc bulging with associated impression upon the anterior margin of the thecal sac and contact with the anterior aspect of the cervical cord
- d) Central disc herniation at C5-6 superimposed on disc bulging and impressing upon the anterior margin of the thecal sac
- e) Disc bulge at L4-5 level

Given the results of Mrs. V [REDACTED] MRI, in combination with her ongoing, severe pain, Mrs. V [REDACTED] was referred to Dr. Ferdinand Formoso D.O. of Coastal Spine and Pain Centers for pain management. Upon evaluation, Dr. Formoso found Mrs. V [REDACTED] to be a candidate for injections. In an attempt to alleviate her pain, Mrs. V [REDACTED] underwent multiple rounds of trigger point injections. Dr. Formoso found Mrs. V [REDACTED] to have sustained significant, permanent injuries as a result of the January 11, 2013 collision.

Enclosed please find medical records, medical bills, the MRI reports, and a narrative report. All should be self-explanatory. Further records and bills will be forwarded to you upon receipt.

The medical bills at this juncture exceed \$62,000.00. In addition to out of pocket expenses, there is a significant Medical Payment lien. This amount is expected to increase significantly, as Mrs. V [REDACTED] continues to treat, and will be required to do so for the foreseeable future.

Mrs. V [REDACTED] is a very pleasant 45 year-old wife and mother of two children. Prior to this collision, Mrs. V [REDACTED] enjoyed an extremely active lifestyle, including volunteering at the Jacksonville Zoo every week and participating in exercise classes such as belly dancing. As a result of the collision, Mrs. V [REDACTED] was forced to quit her belly dancing classes and exercise. She has only just begun volunteering at the zoo again, and can only participate in activities like food preparation. Mrs. V [REDACTED] struggles with activities of daily living including vacuuming and gardening, and is unable to walk her dog. Mrs. V [REDACTED] who is employed as a nanny and housekeeper, has been forced to reduce her hours. In addition, she continues to suffer from sleep interference due to her severe, ongoing pain.

We note that Mrs. V [REDACTED] is provided uninsured motorist coverage applicable to this claim. We believe it is incumbent upon Nationwide to handle this case in a good faith manner in an effort to resolve this matter. At this time, Mrs. V [REDACTED] has authorized us to resolve her claim for the total policy limits of \$25,000.00. You have our express permission to file the PIP file in this matter to assist you in the evaluation of this claim. Please favor us with a response as soon as you are able, but not later than February 21, 2014.

Sincerely,

OSSI & NAJEM, P.A.

Lawrence J. Najem
LJN/nlc
Enclosures

ACCIDENT REPORT

1111 NR

Client P

FLORIDA TRAFFIC CRASH REPORT

LONG FORM SHORT FORM

(Shaded Areas)

UPDATE

RECEIVED

TOTAL # OF VEHICLE SECTION(S)

2

MAIL TO: DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES
TRAFFIC CRASH RECORDS, NEIL KIRKMAN BUILDING
TALLAHASSEE, FL 32399-0537

JAN 22 2013

TOTAL # OF PERSON SECTION(S)

2

TOTAL # OF NARRATIVE SECTION(S)

1

BY:

CRASH DATE 01/11/13	TIME OF CRASH 12:00 PM	DATE OF REPORT 01/11/13	REPORTING AGENCY USE NUMBER 130000128	HSMV CRASH REPORT NUMBER 83126915
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CRASH IDENTIFIERS

COUNTY CODE 02	CITY CODE 40	COUNTY OF CRASH Duval	PLACE OR CITY OF CRASH Jacksonville Beach	CHECK IF WITHIN CITY LIMITS <input checked="" type="checkbox"/>	TIME REPORTED	TIME DISPATCHED
TIME ON SCENE	TIME CLEARED SCENE	CHECK IF COMPLETED <input type="checkbox"/>	REASON IF Investigation NOT Complete		Notified By: 1 Motorist 2 Law Enforcement	

ROADWAY INFORMATION (CHOOSE ONLY 1 OF 4 OPTIONS)

CRASH OCCURRED ON STREET, ROAD, HIGHWAY CR 233 (PENMAN ROAD)		① AT STREET ADDRESS #	② AT LATITUDE AND LONGITUDE
FEET 50	MILES	N S E W <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	③ AT / FROM INTERSECTION WITH STREET, ROAD, HIGHWAY 18TH AVENUE NORTH
Road System Identifier <input type="checkbox"/> 1 Interstate 2 U.S. 3 State	<input type="checkbox"/> 4 County 5 Local 6 Turnpike/Toll	Type of Shoulder <input type="checkbox"/> 7 Forest Road 8 Private Roadway 9 Parking Lot 77 Other, Explain in Narrative	Type of Intersection <input type="checkbox"/> 1 Paved 2 Unpaved 3 Curb

CRASH INFORMATION (CHECK IF PICTURES TAKEN)

Light Condition	Weather Condition	Roadway Surface Condition	School Bus Related	Manner of Collision/Impact
<input type="checkbox"/> 1 Daylight 2 Dusk 3 Dawn 4 Dark-Lighted	<input type="checkbox"/> 5 Dark-Not Lighted 6 Dark-Unknown 7 Lighting 88 Unknown	<input type="checkbox"/> 4 Fog, Smog, Smoke 5 Sleep/Hall/Freezing Rain 6 Blowing Sand, Soil, Dirt 7 Clear 8 Cloudy 9 Rain	<input type="checkbox"/> 5 Oil 6 Mud, Dirt, Gravel 7 Sand 8 Water (Standing/ moving) 97 Other, Explain in Narrative 88 Unknown	<input type="checkbox"/> 1 No 2 Yes, School Bus Directly Involved 3 Yes, School Bus Indirectly Involved

First Harmful Event	Non-Collision	Collision Non-Fixed Object	Collision with Fixed Object	First Harmful Event Location
<input type="checkbox"/>	<input type="checkbox"/> 1 Overturn/rollover 2 Fire/Explosion 3 Immersion 4 Jackknife 5 Cargo/Equipment Loss or Shift 6 Fell/Jumped From Motor Vehicle 7 Thrown or Falling Object 8 Ran Into Water/Canal 9 Other Non-Collision	<input type="checkbox"/> 10 Pedestrian 11 Pedalcycle 12 Railway Vehicle (train, engine) 13 Animal 14 Motor Vehicle In Transport 15 Parked Motor Vehicle 16 Work Zone/Maintenance Equipment 17 Struck By Falling, Shifting Cargo 18 Other Non-Fixed Object	<input type="checkbox"/> 19 Impact Attenuator/Cash Cushion 20 Bridge Overhead Structure 21 Bridge Pier or Support 22 Bridge Rail 23 Culvert 24 Curb 25 Ditch 26 Embankment 27 Guardrail Face 28 Guardrail End 29 Cable Barrier	<input type="checkbox"/> 1 On Roadway 2 Off Roadway 3 Shoulder 4 Median 6 Gore 7 Separators 8 In Parking Lane or Zone 9 Outside Right-of-way 10 Roadside 88 Unknown

First Harmful Event Relation to Junction	Contributing Circumstances: Road	Contributing Circumstances: Environment
<input type="checkbox"/> 1 Non-Junction 2 Intersection 3 Intersection-Related 4 Driveway/Alley Access Related	<input type="checkbox"/> 1 None 4 Work Zone (construction/ maintenance/utility) 5 Shoulders (none, low, soft, high) 7 Rut, Holes, Bumps	<input type="checkbox"/> 9 Worn, Travel-Polished Surface 10 Road Surface Condition (wet, icy, snow, slush, etc.) 11 Obstruction In Roadway 12 Debris 13 Traffic Control Device Inoperative, Missing or Obscured 14 Non-Highway Work 77 Other, Explain in Narrative 88 Unknown

Work Zone Related	Crash In Work Zone	Type of Work Zone	Workers in Work Zone	Law Enforcement in Work Zone
<input type="checkbox"/> 1 No 2 Yes 88 Unknown	<input type="checkbox"/> 1 Before the First Work Zone Warning Sign 2 Advance Warning Area 3 Transition Area 4 Activity Area 5 Termination Area	<input type="checkbox"/> 1 Lane Closure 2 Lane Shift/Crossover 3 Work on Shoulder or Median 4 Intermittent or Moving Work 77 Other, Explain in Narrative	<input type="checkbox"/> 1 No 2 Yes 88 Unknown	<input type="checkbox"/> 1 No 2 Officer Present 3 Law Enforcement Vehicle Only Present

WITNESSES

NAME AUSTIN R. BROWN	ADDRESS 5025 CRUZ RD.	CITY & STATE JACKSONVILLE, FL	ZIP CODE 32207
NAME	ADDRESS	CITY & STATE	ZIP CODE
NAME	ADDRESS	CITY & STATE	ZIP CODE

NON VEHICLE PROPERTY DAMAGE

VEHICLE #	PERSON #	PROPERTY DAMAGE - OTHER THAN VEHICLE	EST. AMOUNT	OWNER'S NAME <input type="checkbox"/> (Check if Business) ADDRESS	CITY & STATE	ZIP CODE
VEHICLE #	PERSON #	PROPERTY DAMAGE - OTHER THAN VEHICLE	EST. AMOUNT	OWNER'S NAME <input type="checkbox"/> (Check if Business) ADDRESS	CITY & STATE	ZIP CODE

VEHICLE # 1	Check if Commercial <input type="checkbox"/>	REPORTING AGENCY CASE NUMBER 130000128	HSMV CRASH REPORT NUMBER 83126911					
1. Vehicle in Transport 2. Parked Motor Vehicle 3. Working Vehicle	VEHICLE LICENSE NUMBER L328PO	STATE FL	REGISTRATION EXPIRES	Check If Permanent Registration <input type="checkbox"/>	VIN	2G1WN5473R9138544		
Hired and Run 1 No 2 Yes 88 Unknown	YEAR 94	MAKE CHEV	MODEL UK	STYLE 4D	COLOR	1. Disabling 2. Functional 3. None	4. Minor 5. Major 6. Unknown	EST. AMOUNT
INSURANCE COMPANY STATE FARM		INSURANCE POLICY NUMBER 9045117594617		Towed Due to Damage: 1 No 2 Yes	VEHICLE REMOVED BY	1. Rotation 2. Owner Request 3. Driver 4. Other, Explain in Narrative		
NAME OF VEHICLE OWNER (Check If Business) <input type="checkbox"/> PATRICIA A. FOX		CURRENT ADDRESS 1211 27TH AVE. N.		CITY & STATE JACKSONVILLE BEACH, FL		ZIP CODE 32250		
TRAILER #	LICENSE NUMBER	STATE	REGISTRATION EXPIRES	Check If Permanent Registration <input type="checkbox"/>	VIN	YEAR	MAKE	LENGTH AXLES
TRAILER #	LICENSE NUMBER	STATE	REGISTRATION EXPIRES	Check If Permanent Registration <input type="checkbox"/>	VIN	YEAR	MAKE	LENGTH AXLES
VEHICLE TRAVELING N S E W Off-Road Unknown	ON STREET, ROAD, HIGHWAY					AT EST. SPEED	POSTED SPEED	TOTAL LANES
HAZ. MAT. RELEASED 1 No 2 Yes 88 Unknown	HAZ. MAT. PLACARD 1 No 2 Yes 88 Unknown	HAZ. MAT. NUMBER	HAZ. MAT. CLASS	Area of Initial Impact			Most Damaged Area	
MOTOR CARRIER NAME		US DOT NUMBER		1 15 16 17 8 14 13 12 11 10 9	18 Undercarriage 19 Overturn 20 Windshield 21 Trailer	2 3 4 5 6 7 19 20 21 1 15 16 17 8 14 13 12 11 10 9		
MOTOR CARRIER ADDRESS				CITY & STATE		ZIP CODE	PHONE NUMBER	
Vehicle Body Type		Trafficway		Commercial Motor Vehicle Configuration				
1. Passenger Car 2. Passenger Van 3. Pickup 7. Motor Home 8. Bus 11. Motorcycle 12. Moped 13. All Terrain Vehicle (ATV)	15. Low Speed Vehicle 16. (Sport) Utility Vehicle 17. Cargo Van (10,000 lbs or less) 18. Motor Coach 19. Other Light Trucks (10,000 lbs or less) 20. Medium/Heavy Trucks (more than 10,000 lbs (4,536 kg)) 21. Farm/Labor Vehicle 22. Other, Explain in Narrative 88. Unknown	1. Two-Way, Not Divided 2. Two-Way, Not Divided, with a Continuous Left Turn Lane 3. Two-Way, Divided, Unprotected (painted >4 feet) Median Barrier 4. Two-Way, Divided, Positive Median Barrier 5. One-Way Trafficway	1. Vehicle 10,000 lbs or less Placarded for Hazardous Materials 2. Single-Unit Truck (2-axle and GVWR more than 10,000 lbs (4,536 kg)) 3. Single-Unit Truck (3 or more axles) 4. Truck Pulling Trailer(s) 5. Truck Tractor (bobtail) 6. Truck Tractor/Semi-Trailer 7. Truck Tractor/Double Truck	8. Tractor/Triple 9. Truck more than 10,000 lbs (4,536 kg), Cannot Classify 10. Bus/Large Van (seats for 9-15 occupants, including driver) 11. Bus (seats for more than 15 occupants, including driver) 77. Other, Explain in Narrative 88. Unknown				
Comm/Non-Commercial		Trailer Type		Cargo Body Type				
1. Interstate Carrier 2. Intrastate Carrier 3. Not in Commerce/Government 4. Not in Commerce/Other Truck	TRAILER 1 TRAILER 2	1. Single Semi-Trailer 2. Tandem Semi-Trailer 3. Tank Trailer 4. Saddle Mount/Trailer 5. Boat Trailer 6. Utility Trailer 7. House Trailer	8. Pole Trailer 9. Towed Vehicle 10. Auto Transport 77. Other, Explain in Narrative 88. Unknown	1. Van/Enclosed Box 2. Hopper 3. Pole-Trailer 4. Cargo Tank 7. Flatbed 8. Dump 9. Concrete Mixer 10. Auto Transport 11. Garbage/Refuse 12. Log	13. Intermodal Container Chassis 14. Vehicle Towing Another Vehicle 75. Not Applicable (vehicle 10,000 lbs (4,536 kg) or less not displaying HM placard) 77. Other, Explain in Narrative 88. Unknown			
Most Harmful Event		Comm GVWR/GCWR		Collision with Non-Fixed Object		Emergency Vehicle Use		
1. Non-Collision 2. Overturn/Rollover 3. Fire/Explosion 3. Intrusion 4. Jackknife 5. Cargo/Equipment Loss or Shift 6. Fall/Jumped From Motor Vehicle 7. Thrown or Falling Object 8. Ran into Water/Canal 9. Other Non-Collision	1. 10,000 lbs (4,536 kg) or less 2. 10,001-26,000 lbs (4,536-11,793 kg) 3. More than 26,000 lbs (11,793 kg) 4. Not Applicable	10. Pedestrian 11. Pedalcycle 12. Rail/Way Vehicle (train/engine) 13. Animal 14. Motor Vehicle In Transport 15. Parked Motor Vehicle 16. Work Zone/Maintenance Equipment 17. Struck By Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle 18. Other Non-Fixed Object	19. Impact Attenuator/Crush Cushion 20. Bridge Overhead Structure 21. Bridge Pier or Support 22. Bridge Rail 23. Culvert 24. Curb 25. Ditch 26. Embankment 27. Guardrail Face 28. Guardrail End	29. Cable Barrier 30. Concrete Traffic Barrier 31. Other Traffic Barrier 32. Tree (standing) 33. Utility Pole/Light Support 34. Traffic Sign Support 35. Traffic Signal Support 36. Other Post, Pole, or Support 37. Fence 38. Mailbox 39. Other Fixed Object (wall, building, tunnel, etc.)	1. No 2. Yes 88. Unknown			
Sequence of Events		Vehicle Maneuver Action		Traffic Control Device for This Vehicle		Vehicle Defects		
1st 2nd 3rd 4th	40-46 Sequence of Events only: 40. Equipment Failure (blown tire, brake failure, etc.) 41. Separation of Units 42. Ran Off Roadway, Right 43. Ran Off Roadway, Left 44. Cross Median 45. Cross Centerline 46. Downhill Runaway	1. Straight Ahead 2. Turning Left 3. Turning Right 4. Backing 5. Changing Lanes 6. Making U-Turn 7. Overtaking/Passing 8. Parked 9. Making Left Turn 10. Making Right Turn 11. Making U-Turn 12. Making Left Turn 13. Making Right Turn 14. Making U-Turn	1. No Controls 2. School Zone Sign/Device 3. Traffic Control Signal 4. Stop Sign 5. Yield Sign	6. Flashing Signal 7. Railroad Crossing Device 8. Person (including Flagman, Officer, Guard, etc.) 9. Warning Sign 10. Other, Explain in Narrative 88. Unknown	1. None 2. Brakes 3. Tires 4. Lights (head, signal, tail) 5. Steering 6. Wipers 7. Exhaust System 8. Body, Doors 9. Power Train	12. Suspension 13. Wheels 14. Windows/Windshield 15. Mirrors 16. Truck Coupling/Trailer Hitch/Safety Chains 77. Other, Explain in Narrative 88. Unknown		
Roadway Grade		Roadway Alignment		Special Function of Motor Vehicle		VIOLATIONS		
1. Level 2. Hillcrest 3. Uphill 4. Downhill 5. Sag (bottom)	1. Straight 2. Curve Right 3. Curve Left	1. No Special Function 2. Farm Vehicle 3. Police 7. Taxi 8. Military	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER		
PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER				
PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER				

VEHICLE #:	2	Check if Commercial:	REPORTING AGENCY CASE NUMBER:	HSMV CRASH REPORT NUMBER:						
		130000128		83126911						
1 Vehicle in Transport	<input type="checkbox"/>	VEHICLE LICENSE NUMBER:	STATE:	REGISTRATION EXPIRES:	Check if Permanent Registration:	VIN:				
2 Parked Motor Vehicle	<input type="checkbox"/>	B768LQ	FL		<input type="checkbox"/>	5GZCZ33D16S88812				
3 Working Vehicle	<input type="checkbox"/>									
4 Land and Water	<input type="checkbox"/>	YEAR:	MAKE:	MODEL:	STYLE:	COLOR:	DAMAGE:	EST. AMOUNT:		
5 No	<input type="checkbox"/>	06	STRN	UK	UT		1. Disabling	9. Minor		
6 Yes	<input type="checkbox"/>						2. Functional	88. Unknown		
7 No	<input type="checkbox"/>						3. None			
88. Unknown	<input type="checkbox"/>									
INSURANCE COMPANY:		DEPOSITORS:		INSURANCE POLICY NUMBER:		Towed due to Damage:	VEHICLE REMOVED BY:			
				PPDM00233015706		1. No		1. Rotation		
						2. Yes		2. Owner Request		
NAME OF VEHICLE OWNER (Check if Business):		CURRENT ADDRESS:		CITY & STATE:		ZIP CODE:				
C. V.		207 7TH ST. S. UNIT 4		JACKSONVILLE BEACH, FL		32250				
TRAILER #:	LICENSE NUMBER:	STATE:	REGISTRATION EXPIRES:	Check if Permanent Registration:	VIN:	YEAR:	MAKE:	LENGTH:	AXLES:	
TRAILER #:	LICENSE NUMBER:	STATE:	REGISTRATION EXPIRES:	Check if Permanent Registration:	VIN:	YEAR:	MAKE:	LENGTH:	AXLES:	
VEHICLE TRAVELING:	N	S	E	W	Off-Road	Unknown	ON STREET, ROAD, HIGHWAY	AT EST. SPEED	POSTED SPEED	TOTAL LANES
HAZ. MAT. RELEASED:	3 HAZ. MAT. PLACARD		HAZ. MAT. NUMBER:		HAZ. MAT. CLASS:		Area of Initial Impact:	Most Damaged Area		
1 No	<input type="checkbox"/>	1 Yes	<input type="checkbox"/>	2 Yes	<input type="checkbox"/>	BB Unknown	<input type="checkbox"/>	18 Undercarriage	2	3
2 Yes	<input type="checkbox"/>	BB Unknown	<input type="checkbox"/>				19 Overturn	3	4	
BB Unknown	<input type="checkbox"/>						20 Windshield	4	5	
MOTOR CARRIER NAME:				US DOT NUMBER:				21 Trailer	5	6
								22	6	7
								23	7	8
								24	8	9
MOTOR CARRIER ADDRESS:				CITY & STATE:				25	9	10
								26	10	11
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								252	236	237
								253	237	238
								254	238	239
								255	239	240
								256	240	241
								257	241	242

PERSON # 1			REPORTING AGENCY CASE NUMBER 130000128				HSMV CRASH REPORT NUMBER 83126911									
1 Driver 2 Non-Motorist 3 Passenger	VEHICLE # 1	NAME PATRICIA A. FOX					PHONE NUMBER	Check if Recommend Driver Re-exam <input type="checkbox"/>								
CURRENT ADDRESS (Number and Street) 1211 7TH AVE. N.			CITY & STATE JACKSONVILLE BEACH, FL				ZIP CODE 32250									
DATE OF BIRTH 07-14-1938	SEX: 1 Male 2 Female 88 Unknown	DRIVER LICENSE NUMBER F200-681-3B-754-0	STATE FL	EXPIRES	INJURY SEVERITY (INJ) 1 None 2 Possible 3 Non-Incapacitating 4 Incapacitating 5 Fatal (within 30 days) 6 Non-Fatal Fatally											
DRIVER																
DL Type <input type="checkbox"/> 1 A 2 B 3 C 4 DV/Chaffeur 5 E/Operator 6 E/Oper - Rest 7 None	Required Endorsements <input type="checkbox"/> 1 Yes 2 No 3 No Req. Endorsement			1st <input type="checkbox"/>	Driver's Actions at Time of Crash 1 No Contributing Action 2 Operated MV in Careless or Negligent Manner 3 Failed to Yield Right-of-Way 4 Improper Backing 5 Improper Turn 6 Followed too Closely 7 Ran Red Light 8 Drove too Fast for Conditions 9 Ran Stop Sign 10 Improper Passing 11 Exceeded Posted Speed 12 Wrong Side of Wrong Way 13 Failed to Keep in Proper Lane	3rd <input type="checkbox"/>	Condition At Time of Crash 1 Apparently Normal 2 Asleep or Fatigued 3 Ill (sick) or Fainted 4 Seizure, Epilepsy, Blackout 5 Physically Impaired 6 Emotional (depression, angry, disturbed, etc.) 7 Under the Influence of Medications/Drugs/Alcohol 8 Other Explain in Narrative 98 Unknown									
Driver Distracted By <input type="checkbox"/> 1 Not Distracted 2 Electronic Communication Devices (cell phone, etc.) 3 Other Electronic Device (navigation device, DVD player)	4 Other Inside the Vehicle (explain in narrative) 5 External Distraction (outside the vehicle, explain in narrative) 6 Texting 7 Inattentive 88 Unknown			2nd <input type="checkbox"/>	26 Ran off Roadway 27 Disregarded other Traffic Sign 28 Disregarded Other Road Markings 29 Over-Correcting/Over-Steering 30 Swerved or Avoided Due to Wind, Slippery Surface, MV, Object, Non-Motorist in Roadway, etc. 31 Operated MV in Erratic, Reckless or Aggressive Manner 32 Other Contributing Action	4th <input type="checkbox"/>										
Driver Vision Obstructions <input type="checkbox"/> 1 Vision Not Obscured 2 Inclement Weather 3 Parked/Stopped Vehicle 4 Trees/Drives/Bushes			5 Look on Vehicle 6 Building/Fixed Object 7 Signs/Billboards 8 Fog	9 Smoke 10 Glare 11 At Other, Explain in Narrative	DRIVER OR PASSENGER											
DRIVER OR PASSENGER																
Motor Vehicle Seating Position:			LOCATION: (LOC)	SEAT	ROW	OTHER	Helmet Use (HU)				Eye Protection (EP)					
Seat 1 Left 2 Middle 3 Right 77 Other (explain in narrative) 88 Unknown	Row 1 Front 2 Second 3 Third 4 Fourth 77 Other Row 88 Unknown	Other 1 Not Applicable 2 Sleeper Section of Truck Cab 3 Other Enclosed Cargo Area 4 Unenclosed Cargo Area 5 Towing Unit 6 Riding on Motor Vehicle Exterior (non-trailing unit) 88 Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 DOT-Compliant Motorcycle Helmet 2 Other Helmet 3 No Helmet	<input type="checkbox"/>	1 Yes 2 No 3 Not Applicable	<input type="checkbox"/>						
NON-MOTORIST																
Non-Motorist Description <input type="checkbox"/> 1 Pedestrian 2 Other Pedestrian (wheelchair, person in a building, skater, pedestrian conveyance, etc.) 3 Bicycle 4 Other Cyclist 5 Occupant of Motor Vehicle Not in Transport (parked, etc.) 6 Occupant of a Non-Motor Vehicle Transportation Device 7 Unknown Type of Non-Motorist			Non-Motorist Location At Time of Crash 1 Intersection - Marked Crosswalk 2 Intersection - Unmarked Crosswalk 3 Intersection - Other 4 Midblock - Marked Crosswalk 5 Travel Lane - Other Location 6 Bicycle Lane 7 Shoulder/Roadside				Non-Motorist Actions/Circumstances 1 No Improper Action 2 Distracted 3 Failure to Yield Right-of-Way 4 Failure to Obey Traffic Signs, Signals, or Officer 5 In Roadway Improperly (standing, lying, working, playing) 6 Disabled Vehicle Related (working on, pushing, laying/approaching)				Action Prior to Crash 1 Crossing Roadway 2 Walking to Cross Roadway 3 Walking/Cycling Along Roadway with Traffic (in or adjacent to travel lane) 4 Walking/Cycling Along Roadway Against Traffic (in or adjacent to travel lane)					
Safety Equipment 1 None 2 Helmet 3 Protective Pads Used (elbow, knee, shins, etc.) 4 Reflective Clothing (jacket, backpack, etc.)			<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>					
<input type="checkbox"/>			<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>					
SUSPECTED ALCOHOL USE: 1 No 2 Yes 88 Unknown			ALCOHOL TESTED: 1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown, If Tested		ALCOHOL TEST TYPE: 1 Blood 2 Breath 3 Urine 4 Other, Explain in Narrative		ALCOHOL TEST RESULT: 1 Pending 2 Completed 3 Unknown		BAC <input type="checkbox"/>		SUSPECTED DRUG USE: 1 No 2 Yes 88 Unknown		DRUG TESTED: 1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown, If Tested			
SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS, 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown			EMS AGENCY NAME OR ID				EMS RUN NUMBER				MEDICAL FACILITY TRANSPORTED TO					
ADDITIONAL PASSENGERS																
PERSON # 3	VEHICLE # 2	NAME COLE I. CLAUSEN	DATE OF BIRTH 11-01-2007				INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS
CURRENT ADDRESS (Number and Street) 207 7TH ST. S. UNIT 4			CITY & STATE JACKSONVILLE BEACH, FL								ZIP CODE 32250					
SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS, 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown			EMS AGENCY NAME OR ID				EMS RUN NUMBER				MEDICAL FACILITY TRANSPORTED TO					
PERSON #	VEHICLE #	NAME	DATE OF BIRTH				INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS
CURRENT ADDRESS (Number and Street)			CITY & STATE								ZIP CODE					
SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS, 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown			EMS AGENCY NAME OR ID				EMS RUN NUMBER				MEDICAL FACILITY TRANSPORTED TO					

PERSON # 2			REPORTING AGENCY CASE NUMBER 130000128				HSMV CRASH REPORT NUMBER 83126911							
1 Driver 2 Non-Motorist 3 Passenger	VEHICLE # 2	NAME V					PHONE NUMBER	Check if Recommend Driver Re-exam <input type="checkbox"/>						
CURRENT ADDRESS (Number and Street) 207 7TH ST. S. UNIT 4			CITY & STATE JACKSONVILLE BEACH, FL				ZIP CODE 32250							
DATE OF BIRTH 03-03-1968	SSN: 1 Male 2 Female 38 Unknown	DRIVER LICENSE NUMBER V652-640-68-583-0	STATE FL	EXPIRES	INJURY SEVERITY (INJ) 1 None 2 Possible 3 Non-Incapacitating 4 Incapacitating 5 Fatal/Inj in 30 days 6 Non-Traffic Fatality									
DRIVER														
DL Type <input type="checkbox"/> 1 A 2 B 3 C 4 D/Chaffeur 5 E/Operator 6 E/Oper - Ret 7 None		Required Endorsements <input type="checkbox"/> 1 Yes 2 No 3 No Req. Endorsement		Driver's Actions at Time of Crash 1st <input type="checkbox"/> 1 No Contributing Action 2 Operated MV in Careless or Negligent Manner 3 Failed to Yield Right-of-Way 4 Improper Backing 5 Improper Turn 6 Followed too Closely 7 Ran Red Light 8 Drove too Fast for Conditions 9 Ran Stop Sign 10 Improper Passing 11 Exceeded Posted Speed 12 Failed to Keep in Proper Lane 13 Wrong Side of Wrong Way 14 Failed to Yield Right-of-Way 15 Improper Backing 16 Followed too Closely 17 Ran Red Light 18 Drove too Fast for Conditions 19 Ran Stop Sign 20 Improper Passing 21 Wrong Side of Wrong Way 22 Failed to Keep in Proper Lane 23 Ran Off Roadway 24 Disregarded Other Traffic Sign 25 Disregarded Other Road Markings 26 Over-Correcting/Over-Steering 27 Swerved or Avoided Due to Wind, Slippery Surface, MV Object, Non-Motorist in Roadway, etc. 28 Operated MV in Reckless, Reckless or Aggressive Manner 29 Other Contributing Action				3rd <input type="checkbox"/>	Condition At Time of Crash 1 Apparently Normal 2 Asleep or Fatigued 3 Ill/Sick or Fainted 4 Seizure, Epilepsy, Blackout 5 Physically Impaired 6 Emotional (depression, angry, disturbed, etc.) 7 Under the Influence of Medications/Drugs/Alcohol 8 Other, Explain in Narrative 38 Unknown					
Driver Distracted By <input type="checkbox"/> 1 Not Distracted 2 Electronic Communication devices (cell phone, etc.) 3 Other Electronic Device (navigation device, DVD player)		4 Other Inside the Vehicle (explain in narrative) 5 External Distraction (outside the vehicle, explain in narrative) 6 Texting 7 Inattentive 88 Unknown												
Driver Vision Obstructions <input type="checkbox"/> 1 Vision Not Obscured 2 Inclement Weather 3 Parked/Stopped Vehicle 4 Trees/Crops/Bushes		5 Load on Vehicle 6 Building/Fixed Object 7 Signs/Billboards 8 Fog		9 Smoke 10 Glare 11 All Other, Explain in Narrative										
DRIVER OR PASSENGER														
Motor Vehicle Seating Position:			LOCATION: (LOC)	SEAT <input type="checkbox"/>	ROW <input type="checkbox"/>	OTHER <input type="checkbox"/>	Helmet Use (HU)		Eye Protection (EP)		Restraint Systems (RS)			
Seat 1 Left 2 Middle 3 Right 77 Other <small>(Explain in narrative)</small>	Row 1 Front 2 Second 3 Third 4 Fourth 77 Other Row 88 Unknown	Other 1 Not Applicable 2 Sleepier Section of Truck Cab 3 Other Enclosed Cargo Area 4 Unenveloped Cargo Area 5 Trailing Unit 6 Riding on Motor Vehicle Exterior (non-trailing unit) 88 Unknown					1 DOT-Compliant Motorcycle Helmet 2 Other Helmet 3 No Helmet	1 Yes 2 No 3 Not Applicable		1 Not Applicable 2 None - Used - Motor Vehicle Occupant 3 Shoulder and Lap Belt Used 4 Shoulder Belt Only Used 5 Lap Belt Only Used 6 Restraint Used - Type Unknown 7 Child Restraint System - Forward Facing 8 Child Restraint System - Rear Facing 9 Booster Seat 10 Child Restraint Type Unknown 77 Other, Explain in Narrative				
DRIVER OR PASSENGER														
Non-Motorist Description <input type="checkbox"/> 1 Pedestrian 2 Other Pedestrian (wheelchair, person in a building, skater, pedestrian conveyance, etc.) 3 Bicycle 4 Other Cyclist 5 Occupant of Motor Vehicle Not in Transport (parked, etc.) 6 Occupant of a Non-Motor Vehicle Transportation Device 7 Unknown Type of Non-Motorist		Non-Motorist Location At Time of Crash <input type="checkbox"/> 1 Intersection - Marked Crosswalk 2 Intersection - Unmarked Crosswalk 3 Intersection - Other 4 Median - Marked Crosswalk 5 Travel Lane - Other Location 6 Bicycle Lane 7 Shoulder/Roadside		Non-Motorist Actions/Circumstances <input type="checkbox"/> 1 Not Inproper Action 2 Distracted 3 Failure to Yield Right-of-Way 4 Failure to Obey Traffic Signs, Signals, or Officer 5 In Roadway (properly standing, lying, working, playing) 6 Disabled Vehicle Related (walking on, pushing, leaving/approaching)		Air Bag Deployed (ABD) <input type="checkbox"/> 1 Not Ejected 2 Ejected, Totally 3 Ejected, Partially 4 Not Applicable 88 Unknown		Ejection (EJECT) <input type="checkbox"/> 1 Not Ejected 2 Ejected, Totally 3 Ejected, Partially 4 Not Applicable 88 Unknown		Action Prior to Crash <input type="checkbox"/> 1 Crossing Roadway 2 Waiting to Cross Roadway 3 Walking/Cycling Along Roadway with Traffic (in or adjacent to travel lane) 4 Walking/Cycling Along Roadway Against Traffic (in or adjacent to travel lane)				
Safety Equipment <input type="checkbox"/> 1 None 2 Helmet 3 Protective Pads Used (elbows, knees, shins, etc.) 4 Reflective Clothing (jackets, backpack, etc.)														
SUSPECTED ALCOHOL USE: 1 No 2 Yes 88 Unknown		ALCOHOL TESTED: 1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown, if tested		ALCOHOL TEST TYPE: 1 Blood 2 Breath 3 Urine 77 Other, Explain in Narrative		ALCOHOL TEST RESULT: 1 Pending 2 Completed 3 Unknown 88 Unknown		BAC <input type="checkbox"/>		SUSPECTED DRUG USE: 1 No 2 Yes 88 Unknown		DRUG TESTED: 1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown, if tested		
SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative		EMS AGENCY NAME OR ID		EMS RUN NUMBER						MEDICAL FACILITY TRANSPORTED TO				
ADDITIONAL PASSENGERS														
PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC-S	R	O	EJECT	HU	EP	ABD	RS	
CURRENT ADDRESS (Number and Street)			CITY & STATE				ZIP CODE							
SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative			EMS AGENCY NAME OR ID				EMS RUN NUMBER				MEDICAL FACILITY TRANSPORTED TO			
PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC-S	R	O	EJECT	HU	EP	ABD	RS	
CURRENT ADDRESS (Number and Street)			CITY & STATE				ZIP CODE							
SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative			EMS AGENCY NAME OR ID				EMS RUN NUMBER				MEDICAL FACILITY TRANSPORTED TO			

NARRATIVE

REPORTING AGENCY CASE NUMBER
130000128

HSMV CRASH REPORT NUMBER

83126911

V1 was traveling northbound in the 1700 block of Penman Road. V2 was stopped in traffic, directly in front of V1. V1 failed to stop behind V2, subsequently rear-ending V2. Both vehicles sustained moderate damage. No injuries were reported.

ADDITIONAL PASSENGERS

PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC	S	R	O	EJECT	HU	EP	ABD	RS
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CURRENT ADDRESS (Number and Street) CITY & STATE ZIP CODE

SOURCE OF TRANSPORT TO MEDICAL FACILITY			EMS AGENCY NAME OR ID	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO							
1. Not Transported	<input type="checkbox"/>											
2. EMS	<input type="checkbox"/>	3. Law Enforcement										
3. Other, Explain in Narrative	<input type="checkbox"/>	BB Unknown										

PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC	S	R	O	EJECT	HU	EP	ABD	RS
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CURRENT ADDRESS (Number and Street) CITY & STATE ZIP CODE

SOURCE OF TRANSPORT TO MEDICAL FACILITY			EMS AGENCY NAME OR ID	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO							
1. Not Transported	<input type="checkbox"/>											
2. EMS	<input type="checkbox"/>	3. Law Enforcement										
3. Other, Explain in Narrative	<input type="checkbox"/>	BB Unknown										

ADDITIONAL VIOLATIONS

PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE				CITATION NUMBER			
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PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE				CITATION NUMBER			
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REPORTING OFFICER

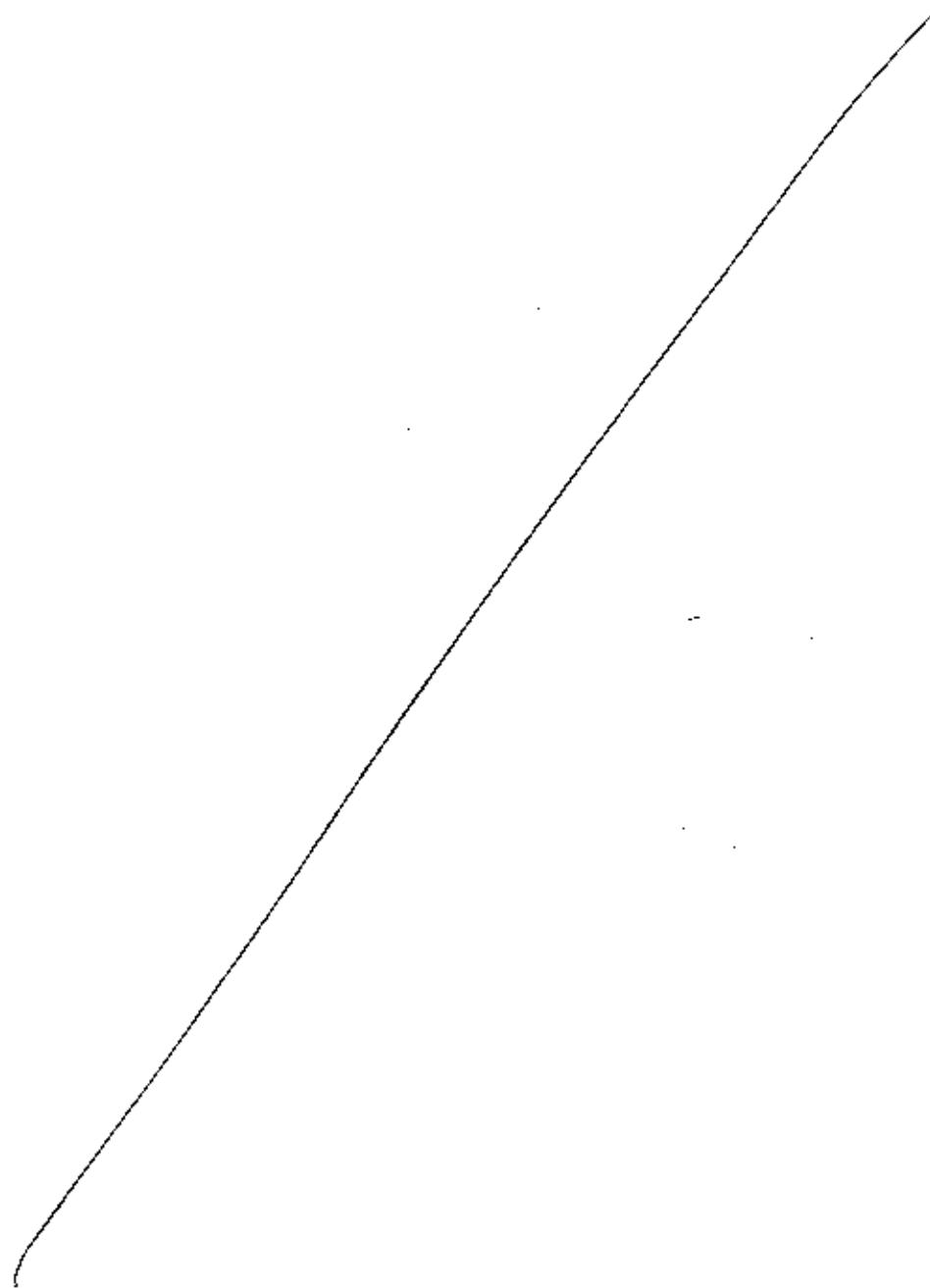
ID/BADGE NUMBER	RANK & NAME	DEPARTMENT	FHP	SO	PD	OTHER
#1253	Traffic Officer B.K. Doyle	Jacksonville Beach Police Department	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

DIAGRAM

REPORTING AGENCY CASE NUMBER
130000128

HSMV CRASH REPORT NUMBER

83126911



PIP LOG

Claim Key: 7709201558340112011301
 Policyholder: V3-16100, 0
 Claimant: V3-16100

Expense Breakdown Summary

Print Date: January 30, 2014
 Print Time: 11:43 AM

	Billed	Allowed	Paid
Medical			
Treatment	64,328.42	26,408.08	15,309.80
Diagnostic	64,328.42	26,408.08	
Other	0.00	0.00	
Economic	0.00	0.00	0.00
Income	0.00	0.00	0.00
Specials	64,328.42	26,408.08	15,309.80
Expenses	0.00	0.00	0.00

Settlement Range: 0.00 to 0.00

Default Coverage: PIP
 Limit: 0.00

INCURRED MEDICAL

START DATE	END DATE	PROVIDER	AMOUNT	PRICED AMOUNT	PRICED PER AMOUNT	ALLOWED PER AMOUNT	TOTAL	PAYOUT	PAYOUT DATE	EXPLANATION
11-20-2013	11-22-2013	STEVEN FUCHES DC PA	658.00	0.00	0.00	131.60	131.60	12-30-2013	MR1152997, MR 20%	at ER
03-14-2013	03-14-2013		980.00	0.00	0.00	658.98	0.00	0.00	MR0736112	
07-03-2013	07-06-2013		1,202.00	0.00	0.00	1,012.60	0.00	0.00	MR0919259	
07-17-2013	07-17-2013		186.00	0.00	0.00	335.70	0.00	0.00	MR0919249	
07-19-2013	07-22-2013		503.00	0.00	0.00	508.56	0.00	0.00	MR0946442	
07-23-2013	07-23-2013		1,420.00	0.00	0.00	994.30	0.00	0.00	MR0943482	
07-18-2013	07-18-2013		505.00	0.00	0.00	354.30	0.00	0.00	MR0814534	
08-08-2013	08-09-2013		629.00	0.00	0.00	163.90	0.00	0.00	MR0974741	
07-02-2013	07-31-2013		1,060.00	0.00	0.00	565.56	0.00	0.00	MR0955409	

Thursday, January 30, 2014 11:43 AM

08-01-2013 08-07-2013	1,048.00	0.00	909.42	0.00	0.00
07-26-2013 07-26-2013	329.00	0.00	278.70	0.00	0.00
08-09-2013 08-14-2013	1,048.00	0.00	909.42	0.00	0.00
07-24-2013 08-21-2013	1,079.00	0.00	937.64	0.00	0.00
08-22-2013 08-22-2013	425.00	0.00	286.09	0.00	0.00
08-23-2013 08-28-2013	1,466.00	0.00	118.32	0.00	0.00
09-10-2013 09-04-2013	772.00	0.00	114.28	0.00	0.00
09-12-2013 09-12-2013	1,200.00	0.00	123.92	0.00	0.00
09-06-2013 09-11-2013	1,079.00	0.00	187.53	0.00	0.00
09-16-2013 09-18-2013	693.00	0.00	120.39	0.00	0.00
09-20-2013 09-30-2013	1,741.00	0.00	342.27	0.00	0.00
10-02-2013 10-04-2013	591.00	0.00	120.39	0.00	0.00
10-07-2013 10-09-2013	301.00	0.00	57.37	0.00	0.00
10-14-2013 10-14-2013	607.00	0.00	122.04	0.00	0.00
10-16-2013 10-25-2013	307.00	0.00	53.25	0.00	0.00
10-25-2013 10-25-2013	1,796.00	0.00	312.04	0.00	0.00
10-26-2013 10-28-2013	375.00	0.00	42.82	0.00	0.00
11-01-2013 11-04-2013	693.00	0.00	110.36	0.00	0.00
11-08-2013 11-15-2013	1,176.00	0.00	200.95	0.00	0.00
12-01-2013 12-11-2013	329.00	0.00	55.74	0.00	0.00
12-10-2013 11-22-2013	658.00	0.00	131.67	0.00	0.00
12-25-2013 12-25-2013	286.00	0.00	67.14	0.00	0.00
12-02-2013 12-04-2013	662.00	0.00	114.74	0.00	0.00
12-09-2013 12-13-2013	982.00	0.00	169.76	0.00	0.00
12-16-2013 12-18-2013	713.00	0.00	124.51	0.00	0.00
01-03-2014 01-03-2014	333.00	0.00	53.35	0.00	0.00
01-08-2014 01-08-2014	217.00	0.00	30.55	0.00	0.00
01-19-2013 01-19-2013	2,696.71	0.00	1,657.61	0.00	1,657.94
01-19-2013 01-19-2013	2,696.71	0.00	414.46	0.00	414.46
01-24-2013 01-24-2013	425.00	0.00	459.18	0.00	459.18
02-07-2013 02-07-2013	425.00	0.00	275.00	0.00	275.00
01-18-2013 02-06-2013	1,180.00	0.00	1,062.44	0.00	1,062.44
02-28-2013 02-28-2013	505.00	0.00	342.60	0.00	342.60
03-14-2013 03-14-2013	980.00	0.00	658.98	0.00	658.98
03-03-2013 07-22-2013	2,191.00	0.00	1,956.86	0.00	1,956.86
07-02-2013 07-23-2013	1,420.00	0.00	984.30	0.00	984.30
07-18-2013 07-18-2013	505.00	0.00	354.30	0.00	354.30
08-08-2013 08-08-2013	629.00	0.00	363.90	0.00	363.90
07-02-2013 08-07-2013	2,417.00	0.00	1,753.68	0.00	1,753.68
08-09-2013 08-21-2013	2,127.00	0.00	1,847.05	0.00	1,847.05
08-22-2013 08-22-2013	1,466.00	0.00	1,847.05	0.00	1,847.05
08-23-2013 08-28-2013	1,466.00	0.00	286.00	0.00	286.00
08-30-2013 09-04-2013	772.00	0.00	338.32	0.00	338.32
09-12-2013 09-12-2013	2,417.00	0.00	134.28	0.00	134.28
09-06-2013 09-30-2013	2,127.00	0.00	123.92	0.00	123.92
10-02-2013 10-09-2013	1,461.00	0.00	250.55	0.00	250.55
10-14-2013 10-25-2013	2,103.00	0.00	365.29	0.00	365.29
10-25-2013 10-25-2013	375.00	0.00	42.82	0.00	42.82
10-30-2013 10-28-2013	311.00	0.00	57.37	0.00	57.37
10-11-2013 11-04-2013	2,192.00	0.00	378.73	0.00	378.73
10-25-2013 12-18-2013	2,747.00	0.00	476.15	0.00	476.15

01-03-2014 01-08-2014 STEVEN BROTHERS DC PA T 548.00 0.00 0.00 83.90 0.00 83.90 01-23-2014 NW1232189 & 1229301 EP ac 201

4/4

8

2014-Jan-30 11:47 AM NATIONALWIDE INSURANCE #352-384-4008

Thursday, January 30, 2014 11:43 AM

MRI REPORTS



Patient Name: C [REDACTED] V [REDACTED]
Date of Exam: 7/23/2013

Date of Birth: 3/3/1968
Patient ID #: 0405

Referring Physician: DR. FORMOSO

MAGNETIC RESONANCE IMAGING RIGHT SHOULDER WITHOUT CONTRAST

Clinical Indication: Pain.

TECHNIQUE: Multiplanar MRI was performed with the routine shoulder without contrast protocol.

FINDINGS: Signal within the supraspinatus tendon is normal with no evidence of tear. The remaining musculature of the rotator cuff is unremarkable.

Minimal cystic degenerative change is present within the greater tuberosity. Marrow signal is otherwise within normal limits.

Linear increased signal within the anterior labrum is suspicious for a tear. There is no significant joint effusion. The proximal long head biceps tendon is normally located within the bicipital groove.

IMPRESSION:

1. NO EVIDENCE OF ROTATOR CUFF TEAR.
2. LINEAR INCREASED SIGNAL WITHIN THE ANTERIOR LABRUM IS SUSPICIOUS FOR A TEAR.

A handwritten signature in black ink that appears to read "Frisk".

MARK S. FRISK, MD

MSF/pd 7-24-13

Signed: 7/24/2013 11:22:25 AM by: Mark S. Frisk MD [Electronic Signature]



ADVANCED
Diagnostic
Group

Tampa • Orlando • Kissimmee • Jacksonville

6909 Southpoint Parkway
Suite 401
Jacksonville, FL 32216

Toll-Free Scheduling: (888) 234-5575
Tel: (904) 296-8998
Fax: (904) 296-8997

PATIENT NAME: C [REDACTED] V [REDACTED]
PATIENT ID: 93404
DOB: 03/03/1968
DOS: 1/19/2013 10:13:44 AM

REFERRING PHYSICIAN: BLOOM RICHARD
REFERRING PHYSICIAN FAX:
REFERRING PHYSICIAN PH:

EXAMINATION: MRI OF THE CERVICAL SPINE:

CLINICAL HISTORY: Neck pain following motor vehicle accident 01/11/2013.

TECHNIQUE: Multisequence T1 and T2 weighted images were obtained.

FINDINGS: The posterior fossa structures are normal. The cervical cord structures are normal. There is loss of the normal lordotic curvature of the cervical spine. In the correct clinical setting, this may reflect injury. Clinical correlation is recommended. No prevertebral or paravertebral masses or fluid collections are identified. Segmental analysis of the cervical spine is as follows:

At C2-3, there is no evidence for disc herniation, canal stenosis or neural foraminal stenosis.

At C3-4, there is no evidence for disc herniation, canal stenosis or neural foraminal stenosis.

At C4-5, there is central disc herniation with annular tear superimposed on disc bulging. The herniation impresses the anterior margin of the thecal sac and contacts the anterior aspect of the cervical cord, but there is no abnormal cord signal. AP diameter of the canal is 9.5 mm and there is mild central canal stenosis. There is no foraminal stenosis. (sagittal T2 Image 9; axial T2 Image 11)

At C5-6, there is central disc herniation superimposed on shallow disc bulging. The herniation impresses the anterior margin of the thecal sac. There is no central canal or foraminal stenosis. (sagittal T2 image 8; axial T2 image 8)

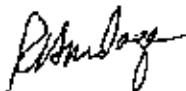
At C6-7, there is no evidence for disc herniation, canal stenosis or neural foraminal stenosis.

At C7-T1, there is no evidence for disc herniation, canal stenosis or neural foraminal stenosis.

IMPRESSION:

1. There is loss of the normal lordotic curvature of the cervical spine. In the correct clinical setting, this may reflect injury. Clinical correlation is recommended.
2. At C4-5, there is central disc herniation with annular tear superimposed on disc bulging. The herniation impresses the anterior margin of the thecal sac and contacts the anterior aspect of the cervical cord causing mild central canal stenosis. Key Image 1 is an axial T2 image at C4-5. The arrow is pointing to the central disc herniation. Key Image 2 is a sagittal T2 image in the midline. The upper arrow is pointing to the C4-5 central disc herniation.
3. At C5-6, there is central disc herniation superimposed on disc bulging. The disc impresses the anterior margin of the thecal sac. Key Image 2 demonstrates the lower arrow is pointing to the C5-6 disc herniation.

The key image designations are not reviewed by the radiologist.



ROBERT H. HARDAGE, JR., MD.
CERTIFIED, AMERICAN BOARD OF RADIOLOGY

Dr. ROBERT HARDAGE, MD

ADVANCED
Diagnostic
Group

Tampa • Orlando • Kissimmee • Jacksonville

6800 Southpoint Parkway
Suite 401
Jacksonville, FL 32216

Toll-Free Scheduling: (863) 234-5575
Tel: (904) 296-8998
Fax: (904) 296-8997

PATIENT NAME: O [REDACTED] V [REDACTED]
PATIENT ID: 99404
DOB: 03/03/1968
DOB: 1/19/2013 10:13:44 AM

REFERRING PHYSICIAN:
REFERRING PHYSICIAN FAX:
REFERRING PHYSICIAN PH:

Electronically signed on: 01/21/2013
Transcribed by: LISA DALY on: 01/21/2013

ADVANCED
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Tampa • Orlando • Kissimmee • Jacksonville

6900 Southpolar Parkway
Suite 401
Jacksonville, FL 32216Toll-Free Scheduling: (888) 234-5575
Tel: (904) 296-8998
Fax: (904) 296-8997PATIENT NAME: D [REDACTED] V [REDACTED]
PATIENT ID: 93404
DOB: 03/03/1968
DOS: 1/19/2013 10:51:50 AMREFERRING PHYSICIAN: BLOOM RICHARD
REFERRING PHYSICIAN FAX:
REFERRING PHYSICIAN PH:

EXAMINATION: MRI OF THE LUMBAR SPINE:

CLINICAL HISTORY: Low-back pain and right leg radiculopathy following motor vehicle accident 01/11/2013.

TECHNIQUE: Multisequence T1 and T2 weighted images were obtained.

FINDINGS: The conus medullaris appears normal. There is loss of the normal lordotic curvature of the lumbar spine. In the correct clinical setting, this may reflect injury. Clinical correlation is recommended. No evidence for abnormal solid or cystic lesions is identified. No prevertebral or paravertebral masses or fluid collections are seen and there is no evidence for abnormal marrow replacing lesion. Segmental analysis of the lumbar spine is as follows:

At L1-2, there is no evidence for disc herniation, canal stenosis or neural foraminal stenosis.

At L2-3, there is no evidence for disc herniation, canal stenosis or neural foraminal stenosis.

At L3-4, there is no evidence for disc herniation, canal stenosis or neural foraminal stenosis.

At L4-5, there is disc space narrowing. There is disc bulging impressing the anterior margin of the thecal sac. There is no central canal stenosis. There is no foraminal stenosis.

At L5-S1, there is central disc herniation with annular tear. The herniation impresses the anterior margin of the thecal sac and contacts the S1 nerve roots. There is no central canal or foraminal stenosis. (sagittal T2 Image 7; axial T2 Image 18)

IMPRESSION:

1. There is loss of the normal lordotic curvature of the lumbar spine. In the correct clinical setting, this may reflect injury. Clinical correlation is recommended.
2. At L4-5, there is disc bulging impressing the anterior margin of the thecal sac.
3. At L5-S1, there is central disc herniation with annular tear impressing the anterior margin of the thecal sac and contacting the S1 nerve roots. Key image 1 is a sagittal T2 midline image. The arrow is pointing to the L5-S1 disc herniation. Key image 2 is an axial T2 image at L5-S1. The arrow is pointing to the posterior central disc herniation.

The key image designations are not reviewed by the radiologist.

ROBERT H. HARDAGE, JR., M.D.
CERTIFIED, AMERICAN BOARD OF RADIOLOGY

Dr. ROBERT HARDAGE, MD

Electronically signed on: 01/21/2013
Transcribed by: LISA DALY on: 01/21/2013

**MEDICAL RECORDS
(COASTAL SPINE AND PAIN
CENTER)**



COASTAL SPINE & PAIN CENTER

Treating Pain From Head to Toe

Ferdinand Formoso, D.O.
Kenneth Powell, D.O.
Alan Miller, M.D.
Parveen Khanna, M.D.
Patrick Burns, D.O.
Robert Martin, M.D.
Manuel Lopez, M.D.
John Hunt, M.D.
Scott Schimpff, M.D.
F. Lee Irwin Jr., M.D.

October 22, 2013

Narrative Report

Patient: V [REDACTED], O [REDACTED]

Date of Birth: 03/03/68

Date of Injury: 01/11/13

Our practice has had the pleasure of treating O [REDACTED] V [REDACTED] in relation to the motor vehicle accident noted above beginning in January 2013. The most recent encounter for this patient was on September 12, 2013.

Contributory History

Ms. V [REDACTED] is a 45-year-old woman who reported onset of head, neck, shoulder, mid back and low back pain with associated numbness into the right foot following a motor vehicle accident on 01/11/2013. The patient states that she was the restrained driver of a SUV stopped for traffic when she was rear-ended by a car. The accident occurred during daylight on dry roads with good visibility. Her body and head were in a right rotated position at the time of impact. She states that she immediately developed neck and low back pain and was evaluated shortly after the crash at Doctors express urgent care, which then lead to initiation of a conservative physiotherapy treatment program. Due to persistence of significant pain symptoms, she was referred for a pain management evaluation.

At the time of her initial evaluation, pain was rated 6/10 on the visual analog scale and described as deep, shooting, achy and pressure in nature. Cervical and lumbar MRIs were reviewed with the patient (see summary below).

Previous Medical and Surgical History: Colon carcinoma, C-section, Partial colectomy

Physical Examination (Initial):

General Exam: Patient was alert and oriented x 3, cooperative and in no acute distress.

Pulmonary Exam: Respirations were regular and unlabored.

Cardiovascular Exam: Pulse was regular, and there was no noted peripheral edema.

Musculoskeletal Exam: Range of motion (ROM) of the cervical spine was reduced in rotation bilaterally. ROM of the thoracic spinal segment was normal. ROM of the lumbar spine was reduced in the extension and flexion planes. There was moderate-severe spasm of the cervical, thoracic and lumbar paraspinal musculature. Pain was reproduced in the extension plane of range of motion in the cervical and lumbar spines. Pain was also reproduced in rotation bilaterally in the cervical spine. ROM of the upper limbs was normal. Neer's, Hawkin's and empty can tests were negative bilaterally. The remaining upper limb examination was unremarkable. There was no sacroiliac region tenderness bilaterally. The lower limb examination was unremarkable.

Neurological Exam: Sensory examination was normal in all limbs in all dermatomes. Hoffman sign was negative bilaterally. Muscle stretch reflexes were 2/4 at the biceps, triceps, patella, and Achilles bilaterally. Muscle strength testing was 5/5 in both upper and both lower limbs in all myotomes.

Initial Assessment and Plan:

After a thorough history and physical examination, the assessment was cervical disc displacement, cervical radiculitis, lumbar disc displacement, lumbar radiculitis and unspecified thoracic myofascial pain. Trigger point injections (TPIs) were performed in the thoracic paraspinal musculature. Patient was to continue the chiropractic physiotherapy program. Patient was also to continue Ibuprofen, home exercise, and home TENS treatments.

Review of treatment course:

The patient was seen for follow-up evaluations on 02/07/13 and 02/28/13. TPIs were performed in the cervical and thoracic regions on both visits.

Diagnostic right C4-C6 medial branch blocks were performed on 03/14/13.

The patient was seen for follow-up evaluation on 07/18/13. Localized right cervical and right shoulder region pain was ongoing. The diagnostic right medial branch blocks performed at the previous visit did not reduce her symptoms. Right shoulder MRI was ordered to further evaluate the symptoms and a right shoulder injection was planned. TPIs were repeated in the thoracic region.

Patient was seen for a follow-up visit on 08/08/13. Trigger point injections were performed in the cervical region and a right subacromial shoulder injection was performed.

Patient was seen for a follow-up visit on 08/22/13. She reported having a 70% pain reduction following the shoulder injection. Right cervical and upper thoracic pain was persistent. Thoracic TPIs were repeated.

Patient was seen for a follow-up visit on 09/12/13. There was ongoing pain relief from the shoulder injection. TPIs are notably helpful for the rhomboid region pain and were repeated on that visit. A cervical traction device was provided to the patient as an add-on home modality. Cervical epidural steroid injections were discussed as a potential future intervention.

Patient was seen on 10/25/13 for a follow-up visit. Symptoms were stable. Acupuncture was performed as an alternative approach to control the residual pain.

Diagnostic Summary

MRI cervical spine dated 01/19/13 showed central disc herniation at C4-5 and C5-6 causing cord compression at the C4-5 level. There was an annular tear at C4-5. There was loss of the normal cervical lordosis..

MRI lumbar spine dated 01/19/13 showed a disc bulge at L4-5, and a central disc herniation/annular tear abutting the S1 nerve roots. There was loss of the normal lumbar lordosis.

Final Assessment

1. Cervical disc displacement
2. Thoracic myofascial pain
3. Right shoulder rotator cuff syndrome
4. Lumbar disc displacement

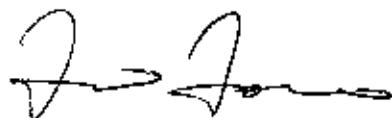
Discussion

The patient suffered from a translational spinal injury that caused onset of pain from cervical/lumbar disc displacements, as well as development of chronic thoracic myofascial pain and right shoulder rotator cuff syndrome, which appear to be linked beyond a reasonable level of medical probability to the motor vehicle accident on 01/11/2013. Despite conservative and interventional treatment, the patient continues to experience cervical, shoulder, thoracic and lumbar region pain. She has continued to perform chiropractic treatment as well as home exercises/modalities in an effort to reduce her symptoms. We have also regularly performed trigger point injections for pain control. The patient is a candidate for cervical and/or lumbar epidural steroid injections if she wishes to proceed.

According to the AMA Guides to Evaluation of Permanent Impairment Sixth Edition, Ms. V ██████ impairment is 14% of the whole person (cervical disc displacement, 5%; lumbar disc displacement, 5%; thoracic myofascial pain, 2%; rotator cuff tendinitis, 2%).

It is likely that this patient will suffer from pain exacerbations throughout her life, and will require ongoing treatment as a result of this injury. These treatments include and are not limited to home exercise and modalities, prescription medications, and trigger point injections. The patient is also a candidate for cervical/lumbar epidural steroid injections as well as ongoing acupuncture treatments. The cost for baseline pain management evaluation and treatment will be approximately \$1,800 annually (not including the additional cost of the medications prescribed). If cervical/lumbar epidural steroid injections are pursued, then this will add \$3000 per year.

Please do not hesitate to contact me should any questions regarding this patient arise.



Ferdinand J. Formoso, D.O., F.A.A.P.M.R.

Diplomate, American Board of Pain Medicine

Diplomate, American Board of Physical Medicine and Rehabilitation



COASTAL
SPINE & PAIN CENTER

13980 Sandhill Crane Dr S, Jacksonville, FL 32224

03/14/2013

V [REDACTED], O [REDACTED]

45 Y old Female, DOB: 03/03/1968
13980 Sandhill Crane Dr S, Jacksonville, FL 32224
Home: 904-220-4020
Surgeon: Ferdinand Formoso D.O.

Ferdinand Formoso D.O.

OPERATIVE REPORT

Pre-op. Diagnosis:

1. Cervical Spondylosis, Cervical Facet Syndrome

Post-op. Diagnosis:

1. Cervical Spondylosis, Cervical Facet Syndrome

Operation:

1. Cervical Facet Joint Nerve Block, Right C4-C6

Anesthesia:

- 1% Lidocaine

Indications:

Neck pain

Details of Procedure:

X-Ray Report:

Multiple views of the cervical spine were obtained and reviewed. There was noted mild mid-cervical degenerative facet joint and disc disease with no appreciable subluxations, or fractures. The needle tip location was clearly visualized and confirmed by using live fluoroscopic guidance at each level injected.

Procedure Description:

After informed consent, the patient was placed prone on the fluoroscopy table and the skin area from the hairline to the mid scapular area was prepped in a sterile manner with isopropyl alcohol and povidone iodine.

The location of each facet joint nerve was identified at each cervical level under fluoroscopy visualization. The injection site was located at the mid point of the cervical pillar coinciding with the "waist" of the pillar on AP fluoroscopic visualization. A 3.5 inch, 25 gauge spinal needle was then advanced under fluoroscopy in a vertical fashion towards the target zone until contact was made with the periosteum. The spinal needle was then advanced into the "waist" region. A 0.5 mL volume of 0.75% Marcaine was then injected at this location after aspiration was negative for blood return. Each facet nerve block was performed in this manner.

The patient tolerated the injections well without any complications or side effects. Bandages were applied to the injection sites. The patient was monitored for 30 minutes after the procedure prior to being discharged home with a family member/friend.

Complications:

None

RECEIVED

MAY 15 2013

BY:

Notes:

Pre-BP 147/91 P 101 Temp 98.5

Post-BP 130/89 P 101 Temp 98.5

F. Formoso

Electronically signed by Ferdinand Formoso , DO on 03/27/2013 at 08:53 AM EDT
Sign off status: Completed

Coastal Spine & Pain Center-Eastpark
11555 Central Parkway
Jacksonville, FL 32224
Tel: 904-265-7755
Fax: 904-265-7754

Patient: V [REDACTED], C [REDACTED] DOB: 03/03/1968 Progress Note: Ferdinand Formoso D.O. 03/14/2013

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

Progress Note

Patient: V [REDACTED], O [REDACTED]
DOB: 03/03/1968 Age: 44 Y Sex: Female
Phone: 904-220-4020
Address: 13980 Sandhill Crane Dr S, Jacksonville, FL-32224

Provider: Ferdinand Formoso D.O.
Date: 02/07/2013

Subjective:

CC:

1. Trigger Point.

HPI:

Pain:

44 year old female presents with c/o pain that is: 6/10, constant, achy, shooting, pressure, deep. The pain is located in the low back, shoulder, neck, upper back, mid back. Patient describes pain as being aching. Medication side effects reported: none.

TPI's have worked great for 4 days. Has been seeing Dr. Bloom for chiropractic care. Had therapy and adjustment yesterday and today feels a little sore. Is using the Tens unit and seems to be helping.

ROS:

General:

Weakness yes. Fatigue yes.

Gastroenterology:

Nausea yes.

Musculoskeletal:

Pain in: Low back, Mid back, Upper back, Neck, Shoulder. Muscle pain yes. Spasms yes.

Neurology:

Numbness yes. Pins and Needles yes.

A complete review of symptoms including constitutional, musculoskeletal, ENT, cardiovascular, respiratory, GI, GU, skin, neuro and psych was performed and noted to be negative except for the pertinent positives which are listed above.

Medical History: Colon Ca.

Surgical History: C-section , Partial colectomy .

Family History: Non-Contributory

Social History: Smoking Are you a: never smoker. Alcohol Alcohol use: No. Recreational Drugs Takes recreational/illicit drugs: No. Occupation: Nanny/ Personal Chef, Concierge.

Medications: Ibuprofen 800 MG Tablet 1 tablet Three times a day, Medication List reviewed and reconciled with the patient

Allergies: N.K.D.A.

Objective:

Vitals: BP 136/82 mm Hg, HR 72 /min, Temp 98.8 F, Ht 5'3, Wt 140 lbs, BMI 27.34.

Past Orders:

Examination:

General examination:

General appearance: alert and oriented times 3, cooperative, in no acute distress.

Respiratory: respirations regular, and unlabored. Heart: pulse is regular, no edema.

Musculoskeletal:

ROM at cervical is normal. ROM at thoracic is normal. Tenderness at cervical is , moderate. Tenderness at thoracic is mild. Spasm at cervical is moderate. Spasm at thoracic is none.

Muscle Stretch Reflex:

Biceps Left 2/4, Right 2/4. Triceps Left 2/4, Right 2/4.

Manual Muscle Strength:

Notes: All myotones tested in each joint and graded as: Shoulder Left 5/5, Right 5/5. Elbow Left 5/5, Right 5/5. Wrist/Hand Left 5/5, Right 5/5.

Therapeutic Interventions:

Assessment:

Assessment:

1. Displacement of cervical intervertebral disc - 722.0
2. Cervical radiculitis - 723.4
3. Displacement of lumbar intervertebral disc - 722.10
4. Lumbosacral radiculitis - 724.4
5. Pain in thoracic spine - 724.1
6. Unspecified myalgia and myositis - 729.1

Plan:

1. Displacement of cervical intervertebral disc Continue Ibuprofen Tablet, 800 MG, 1 tablet, Orally, Three times a day ; Start Cyclobenzaprine HCl Tablet, 10 MG, 1 tablet, Orally, Once a day, 30 day(s), 30 . Trigger point injections were performed in 2 tenderpoints of the cervical region (trapezius, levator scapula, splenius). Trigger point injections were performed in 2 tenderpoints of the thoracic region (erector spinae, rhomboids, longissimus).

Procedures:

After obtaining appropriate informed consent, the areas of pain were palpated and the points of maximal tenderness were identified and marked. Utilizing strict aseptic technique, a 27G 1.25" needle was placed into each identified area. Subsequently, a 0.5 mL solution containing equal parts of 0.5% Marcaine and Sarapin was injected after aspiration was negative for blood return. The needle was withdrawn intact after each injection. The patient tolerated all of the injections well without any noted complications.

Immunizations:

Labs:

Preventive:

Provider: Ferdinand Formoso D.O.

Patient: V [REDACTED], C [REDACTED] **DOB:** 03/03/1968 **Date:** 02/07/2013

X

Electronically signed by Lisa Permenter on 02/07/2013 at 05:33 PM EST

Sign off status: Completed

Progress Note

Patient: V [REDACTED], O [REDACTED]
DOB: 03/03/1968 **Age:** 44 Y **Sex:** Female
Phone: 904-220-4020
Address: 13980 Sandhill Crane Dr S, Jacksonville, FL-32224

Provider: Ferdinand Formoso D.O.
Date: 01/24/2013

Subjective:

CC:

1. Pain.

HPI:

Pain:

44 year old female presents with c/o pain that is: 6/10, constant, achy, shooting, pressure, deep.

The pain is located in the low back, shoulder, neck, mid back, upper back. The pain started suddenly. It was due to a motor vehicle accident. The patient has tried the following treatments: Massage Therapy, Chiropractic. Pain limits my ability to perform activities of daily life. The following studies/tests have been performed: MRI:, X-Rays:.

The patient reports having new onset of neck, shoulder, mid back, low back pain with associated numbness into the right foot. She also reports having severe occipital region pain. She has recently started chiropractic and massage therapy.

Motor Vehicle Accident:

Date of incident 01/11/2013. The patient reports that they were the: Driver, of a SUV, stopped for traffic. When he or she was rear ended. By a car. Accident occurred during daylight. The road condition was dry.

ROS:

General:

Weakness yes. Fatigue yes.

Gastroenterology:

Nausea yes.

Musculoskeletal:

Pain in: Low back, Mid back, Upper back, Neck, Shoulder. Muscle pain yes. Spasms yes.

Neurology:

Numbness yes. Pins and Needles yes.

A complete review of symptoms including constitutional, musculoskeletal, ENT, cardiovascular, respiratory, GI, GU, skin, neuro and psych was performed and noted to be negative except for the pertinent positives which are listed above.

Medical History: Colon Ca.

Surgical History: C-section , Partial colectomy .

Family History: Non-Contributory

Social History: Smoking: Are you a: never smoker. Alcohol: Alcohol use: No. Recreational Drugs: Takes recreational/illicit drugs: No. Occupation: Nanny/ Personal Chef, Concierge.

Medications: Ibuprofen 800 MG Tablet 1 tablet Three times a day, Medication List reviewed and reconciled with the patient

Allergies: N.K.D.A.

Objective:

Vitals: BP 110/84 mm Hg, HR 104 /min, Temp 97.9 F, Ht 5'3, Wt 140 lbs, BMI 27.34.

Past Orders:

Examination:

General examination:

General appearance: alert and oriented times 3, cooperative, in no acute distress.

Respiratory: respirations regular, and unlabored. Heart: pulse is regular, no edema.

Musculoskeletal:

ROM at cervical is decreased rotation. ROM at thoracic is normal. ROM at lumbar is decreased extension, is decreased flexion. ROM at LUE is normal at shoulder, normal at elbow, normal at wrist. ROM at RUE is normal at shoulder, normal at elbow, normal at wrist. ROM at LLE is normal at hip, normal at knee, normal at ankle. ROM at RLE is normal at hip, normal at knee, normal at ankle. Tenderness at cervical is not present. Tenderness at thoracic is not present. Tenderness at lumbar is not present. Spasm at cervical is moderate, severe. Spasm at thoracic is moderate. Spasm at lumbar is moderate. Pain with extension at cervical is Positive. Pain with extension at thoracic is Negative. Pain with extention at lumbar is Positive. Pain with rotation at cervical is Right Positive, Left Positive. Pain with rotation at thoracic is Right Negative, Left Negative. Pain with rotation at lumbar is Right Negative, Left Negative. Pain with flexion at cervical is Negative. Pain with flexion at thoracic is Negative. Pain with flexion at lumbar is negative. Shoulder: No crepitus, Negative Neer's/Hawkin's/Drop Arm test R, Negative Neer's/Hawkin's/Drop Arm test L. Elbow/Hand: Normal B/L. SIJ exam: No tenderness R, No tenderness L. Pain w/ Hip Internal Rotation: Right Negative, Left Negative. Patrick's Test: Right Negative, Left Negative. Troch bursa tenderness: Right Negative, Left Negative. Knee ligament laxity is Right Negative, Left Negative. Knee effusion: Right Negative, Left Negative. Knee Tenderness: None. Ankle/Foot: Normal B/L.

Neurology:

Sensory exam: light touch/pinprick sensation is normal in both upper extremities in all dermatomes, light touch/pinprick sensation is normal in both lower extremities in all dermatomes. Hoffman sign Right Negative, Left Negative. Babinski sign Right Negative, Left Negative. Seated SLR Right Negative, Left Negative. Supine SLR Right Negative, Left Negative. Clonus: Right Negative, Left Negative.

Muscle Stretch Reflex:

Brachioradialis Left 2/4, Right 2/4. Biceps Left 2/4, Right 2/4. Triceps Left 2/4, Right 2/4. Patella Left 2/4, Right 2/4. Achilles Left 2/4, Right 2/4.

Manual Muscle Strength:

Notes: All myotonies tested in each joint and graded as: Shoulder Left 5/5, Right 5/5. Elbow Left 5/5, Right 5/5. Wrist/Hand Left 5/5, Right 5/5. Hip Left 5/5, Right 5/5. Knee Left 5/5, Right 5/5. Ankle Left 5/5, Right 5/5.

Assessment:

Assessment:

1. Displacement of cervical intervertebral disc - 722.0
2. Cervical radiculitis - 723.4
3. Displacement of lumbar intervertebral disc - 722.10
4. Lumbosacral radiculitis - 724.4
5. Pain in thoracic spine - 724.1
6. Unspecified myalgia and myositis - 729.1

Plan:

1. Displacement of cervical intervertebral disc

Continue current physiotherapy program, and home modalities including TENS and ice/heat. I will perform TPIs in conjunction with the conservative therapy program. Consider moving forward with cervical and/or lumbar epidural steroid injections if pain is persistent.

2. Unspecified myalgia and myositis

Trigger point injections were performed in 4 tenderpoints of the thoracic region (erector spinae, rhomboids, trapezius).

Procedures:

After obtaining appropriate informed consent, the areas of pain were palpated and the points of maximal tenderness were identified and marked. Utilizing strict aseptic technique, a 27G 1.25" needle was placed into each identified area. Subsequently, a 0.5 mL solution containing equal parts of 0.5% Marcaine and Sarapin

was injected after aspiration was negative for blood return. The needle was withdrawn intact after each injection. The patient tolerated all of the injections well without any noted complications.

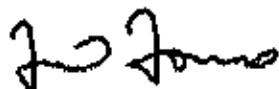
Immunizations:

Labs:

Preventive:

Provider: Ferdinand Formoso D.O.

Patient: V [REDACTED], O [REDACTED] **DOB:** 03/03/1968 **Date:** 01/24/2013

A handwritten signature in black ink, appearing to read "Ferd Formoso".

Electronically signed by Ferdinand Formoso , DO on 01/24/2013 at 05:07 PM EST

Sign off status: Completed

COASTAL SPINE & PAIN CENTER

PATIENT INFORMATION FORM

Please Print Clearly

Date 1/24/13

Patient Name: D [REDACTED] V [REDACTED] Date of Birth: 03/03/68 Sex: M Marital Status: mr
Address: 13980 Sandhill Crane Drs City: Jax State: FL Zip: 32224
Home Phone #: 904 220 4020 Social Security #: 092 680405
Drivers License Number: V 662 640 68 583-0 State of License: FL
Employer's Name & Address: self
Employer's Phone #: 349 - 4820 Fax #: N/A

(If referring and primary physician is the same fill in primary physician section only)

Referring Physician: Dr Richard Bloom Referring Physician Phone #: 223-1771
Address: _____ Referring Physician Fax #: _____
Primary Care Physician: Dr Mark Smith (Doctors Express) Primary Care Phone #: ?
Address: _____ Primary Care Physician Fax #: _____

Does the Patient have health insurance? X Yes No

If your response was yes, please list insurance company name(s). Please have your insurance cards available to copy.

Primary Insurance Carrier: BCBS of Florida

Secondary Insurance Carrier(s): _____

Subscriber Name: D [REDACTED] V [REDACTED] Subscriber DOB: 03-03-68

Subscriber Gender: M B Subscriber SSN: _____ Subscriber ID #: _____

Subscriber's relationship to patient (mother, father, spouse, etc.): self

I hereby authorize release of information necessary to file a claim(s) with my insurance company and assign benefits otherwise payable to me to Physician's Group Services.

I understand I am financially responsible for any balance not covered by my insurance carrier

A copy of this signature shall be as valid as the original.

Patient/Guarantor Signature: [REDACTED] Date: 01/24/13
Emergency Contact: N [REDACTED] P [REDACTED] Phone #: 322- Relationship: Sister
(904) 415-6547 ext 44

Standard Disclosure and Acknowledgement Form
Personal Injury Protection - Initial Treatment or Service Provided

CLAIM # _____

The undersigned insured person (or guardian of such person) affirms:

1. The services or treatment set forth below were actually rendered. This means that those services have already been provided.

2. I have the right and the duty to confirm that the services have already been provided.

3. I was not solicited by any person to seek any services from the medical provider of the services described above.

4. The medical provider has explained the services to me for which payment is being claimed.

5. If I notify the insurer in writing of a billing error, I may be entitled to a portion of any reduction in the amounts paid by my motor vehicle insurer. If entitled, my share would be at least 20% of the amount of the reduction, up to \$500.

Insured Person (patient receiving treatment or services) or Guardian of Insured Person:

1

Name *PRINT or TYPE*

Signature

1800.3

Date _____

The undersigned licensed medical professional or medical director, if applicable, affirms the statement numbered 1 above and also:

- A. I have not solicited or caused the insured person, who was involved in a motor vehicle accident, to be solicited to make a claim for Personal Injury Protection benefits.
- B. The treatment or services rendered were explained to the insured person, or his or her guardian, sufficiently for that person to sign this form with informed consent.
- C. The accompanying statement or bill is properly completed in all material provisions and all relevant information has been provided therein. This means that each request for information has been responded to truthfully, accurately, and in a substantially complete manner.
- D. The coding of procedures on the accompanying statement or bill is proper. This means that no service has been upcoded, unbundled, or constitutes an invalid or not medically necessary diagnostic test as defined by Section 627.732 (15) and (16), Florida Statutes or Section 627.736(5)(b)6, Florida Statutes.

Licensed Medical Professional Rendering Treatment/Services or Medical Director, if applicable (Signature by his/ her own hand):

F. Fernoso

Name (PRINT or TYPE)

Signature

1/28/15

Date

Any person who knowingly acts with intent to inflict fraud, or deceives any insurer files a claim for an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree per § 817.231 (Xb), Florida Statutes.

Note: The original of this form must be furnished to the insurer pursuant to Section 627.703(1)(b), Florida Statutes and may not be electronically furnished. Failure to furnish this form may result in non-payment of the claim.



COASTAL SPINE & PAIN CENTER

Ferdinand J. Formoso, D.O.

14444 Beach Boulevard, Suite 305A; Jacksonville, FL 32250

Kenneth A. Powell, D.O.

421 Kingsley Avenue, Suite 402; Orange Park, FL 32073

phone 904.265.7755

280 Dundas Drive; Jacksonville, FL 32218

Fax 904.265.7754

Assignment of Benefits

I hereby assign to **COASTAL SPINE & PAIN CENTER** all my right, title, and interest in and to any and all health care and/or surgical benefits otherwise payable to me for medical treatment, including major medical, and personal injury protection, rendered by the assignee as described in the attached medical claim form.

I acknowledge that I am still responsible for paying the above referenced group if the relevant insurer, plan, or payor does not pay the physician in full at their billed amount, in accordance with Florida Statute 627.736 (5).

Policy Name: _____ Policy Number: _____

Signed: _____ Date: 1/24/13

If not signed by the patient, please indicate relationship:

- Parent or guardian of minor patient (to the extent minor could not have consented to the care)
- Guardian or conservator of patient
- Beneficiary or personal representative of deceased patient
- Spouse or person financially responsible (where information solely for purpose of processing application for defendant health care coverage)

Physician Signature: J. J. Formoso



COASTAL SPINE & PAIN CENTER

FINANCIAL POLICY

As your physician, I am committed to providing you with the best possible medical care. In order to achieve this goal, I need your assistance, and your understanding of our payment policy.

PAYMENT FOR SERVICES IS DUE AT THE TIME SERVICES ARE RENDERED

We accept cash, personal checks, MasterCard and Visa. Returned checks are subject to a \$25.00 service fee and you will lose your privilege to write checks in all of our centers. Coastal Spine & Pain Center currently uses Check Velocity, a returned check company who will automatically debit your account for the amount of the returned check plus the applicable service fee.

HMO/PPO INSURANCE COVERAGE

CO-PAYMENT AND DEDUCTIBLE MUST BE PAID AT THE TIME OF SERVICE. Because we are under contract with these insurance companies, we will file your insurance.

MEDICARE

Your deductible and 20% of the allowable charges are due at the time of service; however, since we are Medicare providers we will file your Medicare. If we do not know the allowable charge for a specific service, you will be billed after payment is received from Medicare. Please bring your Medicare Explanation of Benefits to show that you have met your deductible.

WORKER'S COMPENSATION

We will call your employer to authorize your visit prior to your appointment. We will file with your company's insurance.

AUTOMOBILE ACCIDENTS

We will file your insurance claim when you are involved in an automobile accident; however, it is your responsibility to provide us with your insurance information so that we can verify your coverage. You will be responsible for payment of your portion at the time you receive medical treatment.

LABORATORY BILLING PROCEDURE

I have been informed that all laboratory procedures done outside of the office (blood work, cultures, pap smears, etc.) will not be included in the charges for Coastal Spine & Pain Center. All lab tests performed by an outside laboratory are billed separately to either my insurance company or myself. I understand that all charges not covered by my insurance are my responsibility. I will direct any questions regarding a bill or statement from an outside laboratory to the lab. Coastal Spine and Pain Center will send my lab specimens to a laboratory that accepts my insurance.

NO SHOW POLICY

There will be a \$25.00 charge if you fail to show for your scheduled office visit appointment. It is your responsibility to notify the office 24 hours in advance if you are unable to keep your appointment.

There will be a \$50.00 charge if you fail to show for your scheduled procedure appointment. It is your responsibility to notify the office 24 hours in advance if you are unable to keep your procedure appointment.

FINANCIAL POLICY, page 2

CONSENT FOR MEDICAL TREATMENT

I am the patient, or the patient's duly authorized representative, and do hereby voluntarily consent to and authorize care encompassing all diagnostic and therapeutic treatments considered necessary in the judgment of my physician or his/her designee for myself, my minor child or other. I am aware that the practice of medicine is not an exact science and I acknowledge that no guarantees have been made to me as a result of treatments or examinations performed. This form has been fully explained to me and I certify that I understand and accept its contents as noted.

CHILDREN OF DIVORCED PARENTS

PAYMENT IS DUE AT THE TIME SERVICES ARE RENDERED, NO MATTER WHO IS RESPONSIBLE BY ORDER OF THE DIVORCE DECREE.

FORM COMPLETION FEE

Due to the large volume of forms that we are required to complete, our office reserves the right to charge a \$25 fee for forms greater than 1 page and less than 3 pages in length. For forms 4 pages or greater, our fee is \$50 for form completion.

PRIVACY POLICY

I have received a copy of Coastal Spine and Pain Center privacy policy and have been given the opportunity to have my questions, if any, answered.

FINANCIAL AGREEMENT

We will gladly discuss your proposed treatment and do our best to answer any questions relating to your insurance. You must realize, however, that:

- Your insurance is a contract between you, your employer and the insurance company. We are not a party to that contract.
- Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover.

We must emphasize that as your medical care providers, our relationship and concern is with you and your health, not your insurance company. ALL CHARGES ARE YOUR RESPONSIBILITY FROM THE DATE SERVICES ARE RENDERED. Collection action will be taken for any charges, including those that insurance has not paid, older than 90 days. We realize that emergencies do arise that may affect timely payment of your account. If extreme circumstances occur, please contact us promptly for assistance in the management of your account.

I do hereby authorize release of information necessary to file a claim with my insurance company and assign benefits otherwise payable to me, to Physicians Group Services, dba Coastal Spine and Pain Center.

Signature

1/24/13

Date

Witness

1/24/13

COASTAL SPINE & PAIN CENTER

Informed Consent and Agreement for treatment with Opiate Analgesic Medications

Patient Name _____ Date _____

The purpose of this Agreement is to prevent misunderstandings about certain medicines you will be taking for pain management. This is to help both you and your pain management physician to comply with the law regarding controlled pharmaceuticals. I understand that this Agreement is essential to the trust and confidence necessary in a doctor-patient relationship and that my pain management physician undertakes to treat me based on this Agreement.

I have agreed to use opioid analgesics (morphine-like medications) as part of my treatment for acute/chronic pain. I understand that these drugs could be useful, but have a potential for misuse and are therefore closely controlled by the local, state and federal governments. Because my pain management specialist is prescribing such medication to help manage my pain, I agree to the following conditions. I am aware that failure to abide by any of these conditions will be considered a breach of this agreement, and at the sole discretion of my pain management specialist or the medication utilization review committee, may result in the termination of our physician/PA/NP-patient relationship. In this case, my provider will stop prescribing these pain-control medicines and will taper off the medication over a period of several days, as necessary, to lessen withdrawal symptoms. Also, a drug-dependence treatment program may be recommended.

1. I am responsible for my pain medications. I agree to take the medication only as prescribed and to contact my physician before making any changes.

- I understand that increasing my dose without the close supervision of my pain management specialist could lead to drug overdose, causing severe sedation, respiratory depression and death.
- I understand that decreasing or stopping my medication without the close supervision of my physician could lead to withdrawal. Withdrawal symptoms may include yawning, sweating, watery eyes, runny nose, anxiety, tremors, aching muscles, hot and cold flashes, "goose flesh," abdominal cramps and diarrhea. These symptoms can occur 24 to 48 hours after the last dose and can last up to several weeks.

2. I will not request or accept a prescription for opioid pain medicines from any other physician or individual while I am receiving such medication from my pain management physician. Prescriptions for controlled stimulants, or anti-anxiety medicines need to be coordinated with your pain management physician.

3. I understand the side effects that are related to opioid medication. Common side effects are nausea and vomiting (similar to motion sickness), drowsiness and constipation. Less common side effects are mental slowing; flushing; sweating; itching; urinary difficulty; jerkiness; change in personality; sleep changes, potential for increased pain, risks to unborn children, changes in appetite, coordination, sexual desire and performance. Most side effects would occur at the beginning of my treatment and often go away within a few days without treatment. It is my responsibility to notify my pain management specialist of any side effects that continue or are severe (such as sedation or confusion). I am also responsible for notifying my pain management specialist immediately if I need to visit another physician or emergency room due to pain or if I become pregnant.

4. I understand that the opioid medication is strictly for my own use. I will not share, sell or trade my pain medication with anyone. If children are in the house, a childproof top is mandatory.

5. I understand I must contact my pain management specialist before taking benzodiazepines (drugs like Valium, Xanax or Ativan), sedatives (drugs like Soma or Fiorinal) and antihistamines (drugs like Benadryl). I understand that the combination use of the above drugs and opioids, as well as alcohol and opioids, may produce profound sedation, respiratory depression, blood pressure drop and even death. I cannot consume alcohol or use recreational/illegal drugs (including cocaine, heroin, etc.) while on opioid analgesic medications. If consumed, the consequence will be termination from the program. I understand that opioid prescriptions will not be mailed. During the time that my dose is being adjusted, I will be expected to return to the Center no less frequently than one time a month. After I have been placed on a stable dose, I will return to the Center whenever instructed by my pain management specialist.

6. I am responsible for my opioid prescriptions. I understand that refill prescriptions:

- Can only be written for a one-month supply and will be filled at the same pharmacy (as designated below)
- Shall be made during regular office hours 8 AM - 5 PM, Monday through Friday, and can be picked up only in person. Refills will not be made at night, on holidays or on weekends. Prescriptions will not be mailed.
- Refills shall not be made if I "run out early", "lose a prescription" or split or misplace my medication.
- I agree that I will use my medicine at a rate no greater than the prescribed rate and that use of my medicine at a greater rate will result in my being without medication for a period of time.

COASTAL SPINE & PAIN CENTER

INITIAL OFFICE VISIT PATIENT INFORMATION SHEET

Name: O V Age: 44 Sex: F

Referred By: Dr Rick Bloom Today's Date: 1/24/13

Current Problems

List your chief complaint(s) and/or symptom(s):

- back pain, shoulders blade area
- neck pain, headaches.
- dizziness/light-headed, nausea.
- occasional numbness on right foot (toes) + front

History of Present Illness

Date of initial symptoms: 1/11/13

If you answered the accident/personal injury section please skip, otherwise describe in your words:

rear ended on 1/11/13 at 12pm - back pain / neck pain shortly after
steadily increased with hours.,

Motor Vehicle Accident History

Are you being evaluated for pain resulting from a motor vehicle accident? Yes No If no, skip to the next section

Date of Accident: 1/11/13 Did you have loss of consciousness? Yes No

Restrained Driver Unrestrained Driver Restrained Passenger Unrestrained Passenger Pedestrian

Immediate medical care was obtained: Yes No If yes, hospital: _____

Were you admitted to the hospital? Yes No Did you have X-Rays or a CT done? Yes No Was referred to Dr Bloom
Went to Dr Smith a few hours later as pain increased. Had Xrays
done at Dr Bloom's on 1/14. MRI done on 1/21/13

On the Job/Personal Injury History

Are you being evaluated for pain resulting from a work or personal injury? Yes No If no, skip to the next section

Date of Accident: _____

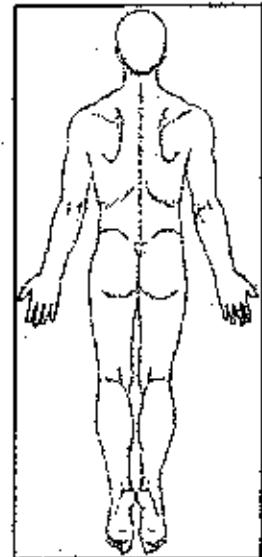
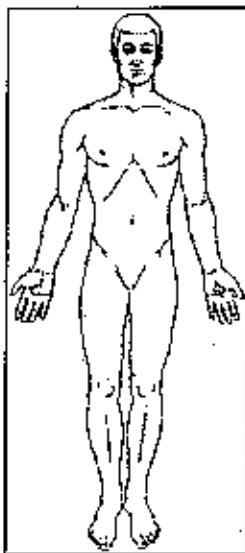
Description of accident - (please briefly describe how your injury occurred) _____

When did you first seek care? Immediately Same Day Next Day Other _____

Where did you seek care? Emergency Room Doctor's Office Other _____

What treatment did you initially receive? _____

(over)



Circle the number that best describes your pain at its worst during the last month:

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

Circle the number that best describes your pain on average during the last month:

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

Pain Description (circle all that apply): Constant - Intermittent - Sharp - Burning - Shooting - Achy - Knife-like
Electric - Twisting - Pressure - Lancinating - Buzzing - Gnawing - Toothache - Pressure - Deep - Heavy

Prior Treatment

Have you been treated by another physician for this? Yes No If yes, please list physician(s) name(s):

Dr. Mark Smith, Dr. Richard Bloom

Please describe previous treatment for the condition that brings you to our office:

Chiropractic Care

Have you had any of the following types of therapy? (check all that apply)

<input type="checkbox"/> Physical Therapy	<input type="checkbox"/> Epidural Injections
<input checked="" type="checkbox"/> Massage Therapy	<input type="checkbox"/> Facet Injections
<input checked="" type="checkbox"/> Chiropractic	<input type="checkbox"/> Other Spinal Injections
<input type="checkbox"/> Acupuncture	<input type="checkbox"/> Braces/Supports
<input type="checkbox"/> Trigger Point Injections	<input type="checkbox"/> TENS Unit

(over)

Activity Limitations

How does your condition affect your daily activities? (including leisure)

Cannot walk my dogs. Cannot volunteer at Zoo on Sat. Homework is limited.

* Cannot pick up child I look after (I am a nanny).
or run around with him.

Previous Work - Up/Diagnostic Studies

Have you ever had any of the following diagnostic test/work-ups or studies? (check all that apply)

If yes: please give the approximate month and year of the study:

<input checked="" type="checkbox"/> X-Rays:	<input type="checkbox"/> EMG/NCV:
<input type="checkbox"/> Myelogram:	<input type="checkbox"/> CAT-SCAN:
<input type="checkbox"/> EEG:	<input type="checkbox"/> Bone Scan:
<input checked="" type="checkbox"/> MRI:	<input type="checkbox"/> Discogram:
<input type="checkbox"/> Recent Blood Work:	<input type="checkbox"/> Other(describe):

Past Medical History

List any medical problems past and present which require(d) medical treatment:

Have you ever had any surgery? Yes No If yes, list surgery type and date:

2 c/sections 1994, 1999

partial colectomy (colon cancer) 2006

Medications

List any medications you are now taking: muscle relaxers, 300 mg Ibutropfen

Are you allergic to any medications? Yes No If yes, list:

Do you have any severe side effects from medications? Yes No If yes, list:

(over)

Family History

Are there any members of your family with the same or similar problems or conditions as yours? Yes No
If yes, please explain:

Personal/Social History

Do you use Tobacco? Yes No If yes, how much: _____

Do you use alcohol? Yes No If yes, amount: _____

Do you have a history of substance abuse (including alcohol)? Yes No _____

Are you receiving disability benefits from any source? Yes No If yes, explain below:

Are you now working? Yes No If yes: Full Time Part Time

What type of work do you perform? janitor / personal chef / Concierge

Have you had to limit your work because of your condition? Yes No ^{from back}

Please describe these limitations: Cannot bend or carry anything

If not employed, when were you last employed? 1/1/01. What type of work was that? _____

Review of Systems (Please circle all that apply to you):

General:	Fever, Chills, Weight change, <u>Weakness</u> , <u>Fatigue</u>
Ophthalmology:	Blind spots, Pain from light, Drainage from eye, Double vision, Blurred vision
Respiratory:	Cough, Sputum, Wheezing, Asthma, Shortness of breath
Cardiology:	High blood pressure, Swelling of ankles, Murmurs, Irregular heartbeat, Chest pain
Dermatology:	Itching, Rash, Dry skin, Skin color changes
Endocrinology:	Diabetes, Hyper or Hypo Thyroid, Hot/Cold Intolerance, Frequent urination, Thirst
Gastrointestinal:	Heartburn, Constipation, <u>Mausea</u> , Vomiting, Bloody stools, Incontinence of stool
Genitourinary:	Incontinence of Urine, Bloody urine, Burning with urination, Kidney Disease, Sexual Dysfunction
Musculoskeletal:	Pain in: <u>Low back</u> , <u>Mid back</u> , <u>Upper back</u> , <u>Neck</u> , Shoulder, Arm, Elbow, Wrist, Hand, Hip, Leg, Knee, Ankle, Heel, <u>Foot</u> , Weakness, Loss of range of motion, <u>Muscle pain</u> , Spasms, <u>Stiffness</u>
Neurology:	<u>Numbness</u> , <u>Pins and Needles</u> , Seizures, Blackouts, Dizziness, Vertigo, Impaired concentration, Memory loss, Headaches, Light/Noise sensitivity,
Psychology:	Depression, Anxiety, Panic attacks, Difficulty sleeping, History of Drug/Alcohol Abuse
Hematology:	Swollen glands, Bleeding problems, Bruising, Infection, Liver Disease

Please leave the physical examination, assessment and plan sections blank and proceed to the signature pages.

AUTO HISTORY

Patient Name: C. V. [REDACTED]

Date: 1/24/13

Mr. / Mrs. Reports that he/she was the: driver Front Passenger rear passenger left middle passenger right middle passenger of a car van station wagon pick-up truck bus other that was SUV

- Moving: slowly moderately fast other
- Stopped for: traffic traffic light intersection stop sign other
- Slowing for: traffic traffic light intersection stop sign other Ambulance

When he/she was: rear ended hit from the right hit from the left hit head on other by a car van station wagon pick-up truck bus or other. The accident occurred: during daylight at night at dawn at dusk. The road condition was: dry damp wet and the visibility was: good fair poor.

(NP) Mr. / Mrs. States the accident was: a complete surprise aware of impending collision and braced for it. At the time of the accident he/she was wearing a shoulder lap belt shoulder belt lap belt. The car was equipped with a headset that was adjusted in the low middle high position. The car was equipped with air bags that deployed did not deploy during the accident. At the moment of impact his/her body was: straight right rotated left rotated other. Additionally, when impact occurred his/her head and neck were: straight right rotated left rotated; when they were thrown through a: forward then backward backward then forward sideways motion. The force of the collision caused Mr. / Mrs. To strike his/her head torso right upper extremity left upper extremity right lower extremity left lower extremity against

(NP) As a result of the accident the patient lost consciousness denies loss of consciousness. Immediately following the accident Mr. / Mrs. Recalled that he/she felt confused dazed dizzy nervous weak other neck pain. As a result of the accident he/she immediately developed neck pain. The patient received lacerations of The patient received emergency care at the scene after which he/she was driven to Doctors Express by Self

(NP) (if hospital) while at the hospital an examination was performed. X-rays were taken of his/her: head cervical thoracic lumbar other. A CAT scan was performed of: AN MRI was performed of: The patient was informed his/her injury included Cap/st Tsp/st Lsp/st other Treatment at the hospital included: oral meds an injection ice heat cervical collar brace splint sutures bandages cast topical anesthetic other The patient was discharged and it was recommended that he/she continue treatment with rest ice heat collar other He/she was told to see a/an doctor. Medication was prescribed for

(NP) hours the evening the next morning days weeks months after the accident the patient reported feeling the following additional symptoms (chief complaints). Since the accident the patient has experienced: anxiety depression nervousness nausea dizziness fatigue restlessness diarrhea other Because of the patients injuries his/her activities of daily living occupational function work function and/or recreational activities have been restricted. He/she missed work/school for (time): He/she has self treated since the accident with rest ice heat over the counter medication other The patient previously received medical care at Dr Express / Doctors Chiropractic The patient previously had an MRI CAT scan electro diagnostic testing Due to the persisting of complaints the worsening of complaints he/she presented himself/herself for consultation in our office.

MEDICAL BILLS

Beaches Open MRI
Patient Ledger
Sorted By: Case Number

Entry	Date	POS	Description	Case	Procedure	Document	Provider	Amount
V 0405	O	V	(904)220-4020 Last Payment: -984.30 On: 8/20/2013					
390322	7/23/2013	11	MRI Right Shoulder	69931	73221	1307250000	MSF	1420.00
390488	7/26/2013		Carrier: NA190 was billed	69931	PAPER	1307250000	MSF	0.00
393172	8/20/2013		#77798917 Nationwide MDA	69931	CHECK2	1307250000	MSF	-984.30
393173	8/20/2013		Adjustment	69931	ADJUST2	1307250000	MSF	-435.70
						Patient Total		\$0.00

Doctors Express - Jacksonville
13457 Atlantic Blvd 5
Jacksonville, FL 32225-3294

IF PAYING BY CREDIT CARD FILL OUT BELOW

MASTERCARD

VISA

AMEX

DISCOVER

CARD NUMBER

EXP. DATE

SIGNATURE

AMOUNT PAID

STATEMENT DATE
8/30/2013

ACCT#
4892

O [REDACTED] V [REDACTED]
13980 SANDHILL CRANE DR S
JACKSONVILLE, FL 32224

Doctors Express - Jacksonville
13457 Atlantic Blvd 5
Jacksonville, FL 32225-3294

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

ACCOUNT SUMMARY

<p>The Insurance Companies on file for these visits: O [REDACTED] V [REDACTED] ALLIED BENEFIT SYSTEM INC</p>	<p>Out to insurance: \$0.00 You have paid \$0.00 as copays that are still pending. You have \$308.00 currently in your responsibility. You have \$0.00 available as a credit. You owe \$308.00 today.</p>
----------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Visit Date:	08/16/2012	CHARGES	INSURANCE PAYMENT	CONTRACT SAVINGS	PATIENT PAYMENT	ADJUSTMENT	BALANCE	RESPONSIBLE PARTY	DENIAL CODE
Visit ID:	51555								
Patient:	JOHN								
Location:	Doctors Express - Jacksonville								
Physician:	Rachael Sanchez, DO								
90718 TETANUS & DIPHTHERIA TOXOIDS, ADSORBED, 7 YRS & OLDER		\$60.00	\$0.00	\$0.00	\$60.00	\$0.00	\$0.00		
		\$60.00	\$0.00	\$0.00	\$60.00	\$0.00	\$0.00		
Visit Date:	01/11/2013	CHARGES	INSURANCE PAYMENT	CONTRACT SAVINGS	PATIENT PAYMENT	ADJUSTMENT	BALANCE	RESPONSIBLE PARTY	DENIAL CODE
Visit ID:	55180								
Patient:	O [REDACTED]								
Location:	Doctors Express - Jacksonville								
Physician:	Mark Smith, MD								
99215 OFFICE EVALUATION AND MANAGEMENT SERVICES, EP		\$308.00	\$0.00	\$0.00	\$0.00	\$0.00	\$308.00	Patient	NOS
S9088 SERVICES PROVIDED IN AN URGENT CARE CENTER		\$88.00	\$0.00	\$88.00	\$0.00	\$0.00	\$0.00		CADJ
G8553 1 RX VIA QUALIFIED ERX SYS		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
		\$396.00	\$0.00	\$88.00	\$0.00	\$0.00	\$308.00		
Visit Date:	04/30/2013	CHARGES	INSURANCE PAYMENT	CONTRACT SAVINGS	PATIENT PAYMENT	ADJUSTMENT	BALANCE	RESPONSIBLE PARTY	DENIAL CODE
Visit ID:	57669								
Patient:	JOHN								
Location:	Doctors Express - Jacksonville								
Physician:	Mark Smith, MD								
99213 OFFICE EVALUATION AND MANAGEMENT SERVICES, EP		\$110.00	\$0.00	\$0.00	\$110.00	\$0.00	\$0.00		
		\$110.00	\$0.00	\$0.00	\$110.00	\$0.00	\$0.00		

PATIENT OWES:
\$308.00
INSURANCE OWES:
\$0.00

Explanation of outstanding balance(s):

CADJ: Insurance contractual adjustment.

NCS: Insurance Company indicates that these services are not covered.

Account Activity Report
Coastal Spine & Pain Center

Selections:

01/01/2013 - 01/30/2014** Includes Unclosed Days **

Post Dates: 20178**Accounts:**

Activity Types: Charges, Payments, Adjustments, Transfers, Refunds

Additional Information Legend:

CHG - Service Dates / Void - Original Post Dt	PMT - Method, Voucher, Ref Date	ADJ - Adjustment Code, Class	RFD - Class, Voucher, Ref Date, Method, User	XFR - Source or Target Account
20178 V [REDACTED] C [REDACTED]				
01/24/2013 CHG V [REDACTED] 0000000000		99204-25 FFORMO 01/24/2013, CSPC 1.00 Y AUTO3T 500.00		
01/24/2013 CHG V [REDACTED] 0000000000		20553-59 FFORMO 01/24/2013, CSPC 1.00 Y AUTO3T 195.00		
01/24/2013 CHG V [REDACTED] 0000000000		50020 FFORMO 01/24/2013, CSPC 1.00 Y AUTO3T 10.00		
02/07/2013 CHG V [REDACTED] 98213-25 LTERM 02/07/2013, CSPC 1.00 Y AUTO3T 220.00				
02/07/2013 CHG V [REDACTED] 20553-59 LTERM 02/07/2013, CSPC 1.00 Y AUTO3T 195.00				
02/07/2013 CHG V [REDACTED] 50020 LTERM 02/07/2013, CSPC 1.00 Y AUTO3T 10.00				
02/28/2013 CHG V [REDACTED] 98214-25 MARTIN 02/28/2013, CSPC 1.00 Y AUTO3T 300.00				
02/28/2013 CHG V [REDACTED] 20553-59 MARTIN 02/28/2013, CSPC 1.00 Y AUTO3T 195.00				
02/28/2013 CHG V [REDACTED] 50020 MARTIN 02/28/2013, CSPC 1.00 Y AUTO3T 10.00				
03/13/2013 CHG V [REDACTED] NO SHOW FFORMO No Show Change 0.00				
03/14/2013 CHG V [REDACTED] 64490 FFORMO 03/14/2013, CSPC 1.00 Y AUTO3T 600.00				
03/14/2013 CHG V [REDACTED] 64491 FFORMO 03/14/2013, CSPC 1.00 Y AUTO3T 300.00				
03/14/2013 CHG V [REDACTED] 72020-59 FFORMO 03/14/2013, CSPC 1.00 Y AUTO3T 70.00				
03/15/2013 PMT V [REDACTED] 50020 FFORMO 03/14/2013, CSPC 1.00 Y AUTO3T 10.00				
03/15/2013 ADJ V [REDACTED] AUTO3T V [REDACTED] 99213-13 LTERM 03/15/2013, CSPC 1.00 Y AUTO3T 275.00				
03/15/2013 PMT V [REDACTED] AUTO3T V [REDACTED] 20553 LTERM 03/15/2013, CSPC 1.00 Y AUTO3T 78.70				
03/15/2013 ADJ V [REDACTED] AUTO3T V [REDACTED] 20553 FFORMO 03/15/2013, CSPC 1.00 Y AUTO3T 71.30				
03/15/2013 ADJ V [REDACTED] AUTO3T V [REDACTED] 20553 FFORMO 03/15/2013, CSPC 1.00 Y AUTO3T 450.18				
03/15/2013 ADJ V [REDACTED] AUTO3T V [REDACTED] 20553 FFORMO 03/15/2013, CSPC 1.00 Y AUTO3T 174.52				
04/01/2013 PMT V [REDACTED] AUTO3T V [REDACTED] 20553 FFORMO 03/15/2013, CSPC 1.00 Y AUTO3T -71.30				
04/01/2013 ADJ V [REDACTED] AUTO3T V [REDACTED] 20553 FFORMO 03/15/2013, CSPC 1.00 Y AUTO3T -342.60				
04/01/2013 ADJ V [REDACTED] AUTO3T V [REDACTED] 20553 FFORMO 03/15/2013, CSPC 1.00 Y AUTO3T -91.10				
04/22/2013 PMT V [REDACTED] AUTO3T V [REDACTED] 20553 FFORMO 03/15/2013, CSPC 1.00 Y AUTO3T -71.30				
04/22/2013 ADJ V [REDACTED] AUTO3T V [REDACTED] 20553 FFORMO 03/15/2013, CSPC 1.00 Y AUTO3T -658.98				
04/22/2013 ADJ V [REDACTED] AUTO3T V [REDACTED] 20553 FFORMO 03/15/2013, CSPC 1.00 Y AUTO3T -195.50				
04/22/2013 ADJ V [REDACTED] AUTO3T V [REDACTED] 20553 FFORMO 03/15/2013, CSPC 1.00 Y AUTO3T -103.40				
04/22/2013 ADJ V [REDACTED] AUTO3T V [REDACTED] 20553 FFORMO 03/15/2013, CSPC 1.00 Y AUTO3T -22.12				
07/18/2013 CHG V [REDACTED] 99214-25 MARTIN 07/18/2013, CSPC 1.00 Y AUTO3T 300.00				
07/18/2013 CHG V [REDACTED] 20553-59 MARTIN 07/18/2013, CSPC 1.00 Y AUTO3T 195.00				
07/18/2013 CHG V [REDACTED] 64490 FFORMO 07/18/2013, CSPC 1.00 Y AUTO3T 10.00				
07/18/2013 CHG V [REDACTED] 64491 FFORMO 07/18/2013, CSPC 1.00 Y AUTO3T 10.00				
07/18/2013 CHG V [REDACTED] 72020 FFORMO 07/18/2013, CSPC 1.00 Y AUTO3T 195.00				
07/18/2013 CHG V [REDACTED] 99214-25 FFORMO 07/18/2013, CSPC 1.00 Y AUTO3T 10.00				
07/18/2013 CHG V [REDACTED] 20553-59 FFORMO 07/18/2013, CSPC 1.00 Y AUTO3T 10.00				
07/18/2013 CHG V [REDACTED] 50020 FFORMO 07/18/2013, CSPC 1.00 Y AUTO3T 10.00				
08/08/2013 CHG V [REDACTED] 99213-25 FFORMO 08/08/2013, CSPC 1.00 Y AUTO3T 220.00				
08/08/2013 CHG V [REDACTED] 20610 FFORMO 08/08/2013, CSPC 1.00 Y AUTO3T 185.00				
08/08/2013 CHG V [REDACTED] S0020 FFORMO 08/08/2013, CSPC 1.00 Y AUTO3T 10.00				
08/08/2013 CHG V [REDACTED] J1030 FFORMO 08/08/2013, CSPC 1.00 Y AUTO3T 19.00				
08/08/2013 CHG V [REDACTED] 20553-59 FFORMO 08/08/2013, CSPC 1.00 Y AUTO3T 195.00				
08/21/2013 PMT V [REDACTED] AUTO3T V [REDACTED] 20553 FFORMO 08/08/2013, CSPC 1.00 Y AUTO3T 354.30				
08/21/2013 ADJ V [REDACTED] AUTO3T V [REDACTED] 20553 FFORMO 08/08/2013, CSPC 1.00 Y AUTO3T 64.78				
08/21/2013 ADJ V [REDACTED] AUTO3T V [REDACTED] 20553 FFORMO 08/08/2013, CSPC 1.00 Y AUTO3T 85.92				
08/22/2013 CHG V [REDACTED] 99213-25 FFORMO 08/08/2013, CSPC 1.00 Y AUTO3T 195.00				
08/22/2013 CHG V [REDACTED] S0020 FFORMO 08/08/2013, CSPC 1.00 Y AUTO3T 10.00				
08/30/2013 PMT AUTO V [REDACTED] 0000000000 FFORMO Check, 77803177, 08/26/2013 363.90				

Account Activity Report Coastal Spine & Pain Center

08/30/2013	ADJ	99213	FFORMO	GENADJ	-74.14
08/30/2013	ADJ	20510	FFORMO	GENADJ	-51.24
08/30/2013	ADJ	J1030	FFORMO	GENADJ	-9.83
08/30/2013	ADJ	20553	FFORMO	GENADJ	-129.89
09/12/2013	CHG	99213-25	FFORMO	09/12/2013, CSPC	220.00
09/12/2013	CHG	20553-59	FFORMO	09/12/2013, CSPC	195.00
09/12/2013	CHG	S0020	FFORMO	09/12/2013, CSPC	10.00
09/12/2013	CHG	E0856-NU	FFORMO	09/12/2013, CSPC	775.00
09/13/2013	PMT		FFORMO	09/12/2013, CSPC	286.08
09/13/2013	ADJ		FFORMO	Check, 77809057, 09/09/2013	-74.14
09/13/2013	ADJ	99213	FFORMO	GENADJ	-64.78
09/20/2013	CHG	20553	FFORMO	GENADJ	0.00
10/21/2013	PMT	NO SHOW	FFORMO	GENADJ	-123.92
10/24/2013	ADJ		FFORMO	GENADJ	-74.14
10/24/2013	ADJ	99213	FFORMO	GENADJ	-64.78
10/24/2013	ADJ	20553	FFORMO	GENADJ	1025/2013, CSPC
10/24/2013	ADJ	E0856	FFORMO	GENADJ	10/25/2013, CSPC
10/25/2013	CHG	99214-25	FFORMO	GENADJ	-44.48
10/25/2013	CHG	97813	FFORMO	GENADJ	300.00
11/06/2013	CHG	NO SHOW	FFORMO	GENADJ	75.00
11/18/2013	PMT		FFORMO	GENADJ	50.00
			No Show Charge		-42.82
			Check, 7783436, 11/12/2013		

Report Totals

CHARGES: 5,788.0

ADJUSTS: 2,014,34

RECEIPTS: 2,906,78

877-88

Report Totals: CHARGES: 5,799.00 ADJUSTS: 2,014.34 RECEIPTS: 2,906.78 877.88

Account Activity Report
Coastal Spine & Pain Center

Provider Totals

FFORMO	Formoso, Ferdinand J.D.O.	4,444.00	2,246.36	1,701.94
UPERM	Permenter, Lisa	425.00	275.00	150.00
MARTIN	Martin, Robert P MD	930.00	385.42	162.40
TOTAL		5,799.00	2,906.78	2,014.34
				30

**** Provider Receipts Totals Do Not Include Provider Cross-Allocations ****

Patient Treatment History

Patient Name: C [REDACTED] V [REDACTED] (93404)

Service Date Range: 01/19/2013 to 01/31/2013

Responsible Party: SELF

Current	30	80	90	120	Total Balance	Ins Due
2696.71	0.00	0.00	0.00	0.00	2696.71	0.00

Invoice	Service Date	Code	Description	Dr	Site	POS	TOS	Qty	Diag/Ref	Amount	Balance
577242	01/19/2013	72141	MRI - CERVICAL	8	8	11	5	1	723.1	1296.99	1296.99
577242	01/19/2013	72148	MRI - LUMBAR	8	8	11	5	1	724.2	1399.72	2696.71
577244	01/23/2013	NOTE	Clm 174048	8	0			.0		0.00	2696.71

Treating Doctors:

8 ADVANCED DIAGNOSTIC

RECEIV

JAN 31 2013

BY: _____



7012 2210 0000 9867 6722

OSSI, NAJEM & ROSARIO, P.A.

civil trial and entertainment attorneys

1506 Prudential Drive
Jacksonville, FL 32207

A handwritten signature in black ink, appearing to read "OMGR", is placed here.

Nationwide Insurance
Attn: 770920155834
3300 SW Williston Road
Gainesville, FL 32608

GENNARO WALL