VERIFY SHEET

v1 · 2e7bfd7f2b93

Read this first. Every value below is taken from this run's own output; nothing on this page is estimated.

51 of 54 pages chronologized.

Source file	records.pdf
Pages received	57
Pages delivered	54
Pages removed as duplicates	3 (every one listed in removed_duplicates.pdf)
Entries	74, every one cited to a page
Unsourced facts delivered	0
Reviewer attestations	0 (labelled human entries, counted apart from cited entries)
Reviewer coverage	0 of 74 entries opened by a reviewer.
Pages refused by the extractor	0

UNSOURCED FACTS DELIVERED: 0.
Every fact entry in this chronology was admitted only because each of its words appears in text quoted from its cited source page, and any date it asserts is printed on that page. A statement that cannot be anchored this way is withheld and reported. Reviewer attestations, where present, are labeled and counted separately from cited entries.

REVIEW: not yet verified. No reviewer has confirmed this document; verify each entry against its linked page before relying on it.

Not yet reviewed by a person: 104 facts extracted, 0 refused

Medical chronology prepared for attorney review. Every entry is quoted from and linked to its source page; entries are an index to the records and contain no medical opinion. Not for use in QME/AME med-legal report preparation (Lab. Code § 4628).

Prepared with Claracord.
Human-verified, every fact cited to source.

CONTENTS

PROVIDERS	VISITS	PAGE
CP Cascade Physical Therapy	6	3
ME Metro Emergency Physicians Group	5	4
HD Harbor Diagnostic Radiology	1	6
LI Lakeside Imaging Center	1	6
RO Ridgeview Outpatient Pharmacy	1	9

MONTHS	ENTRIES	PAGE
2024-03	5	3
2024-05	3	3
2024-06	6	4
2024-07	5	4
2024-08	7	5
2024-09	8	6
2024-10	3	6
2024-11	7	7
2024-12	9	7
2025-01	12	8
2025-02	2	9
2025-03	5	10
2025-04	1	10
2025-06	1	10

SECTIONS	PAGE
Gaps between visits	10
Coverage and limits	11

RECORD SET	PAGE
REF-000001 to REF-000054	12

MEDICAL CHRONOLOGY

records.pdf
74 entries, 2024-03-09 to 2025-06-24
generated 2026-10-25T21:24:52+00:00

This one file carries the verify sheet, the chronology, and the complete Bates-stamped record set it cites. Every citation below links to the page it names, inside this file. Page numbers in citations are the record set's own, counted from its first page, so follow the link rather than this file's page numbers.

The date timeline is not drawn in this file. It is a strip of controls a reviewer clicks to reach an entry, and printed it would be a scale nobody can use. It is in chronology.html, in this same bundle, over these same entries.

REVIEW STATUS: not yet verified. Every entry below is machine-extracted and cited to a source page, and no entry has been confirmed by a reviewer. Verify each entry against its linked page before relying on it.

2024-03-09
  Cascade Physical Therapy
    [Encounter] Cascade Physical Therapy visit on 2024-03-09
      as printed: 03/09/2024
      "Cascade Physical Therapy"
      "Date of Service: 03/09/2024"
      cited: REF-000001 (p. 1)
    [History of injury] Symptoms began following the incident of 02/12/2024.
      as printed: 03/09/2024
      "Symptoms began following the incident of 02/12/2024."
      "Date of Service: 03/09/2024"
      cited: REF-000001 (p. 1)
    [Pain score] 3/10
      as printed: 03/09/2024
      "Pain rated 3/10 at worst, worse with activity."
      "Date of Service: 03/09/2024"
      cited: REF-000001 (p. 1)
    [Diagnosis] M54.51 Vertebrogenic low back pain
      as printed: 03/09/2024
      "M54.51 Vertebrogenic low back pain"
      "Date of Service: 03/09/2024"
      cited: REF-000001 (p. 1)
    [Medication] meloxicam 15 mg PO daily with food
      as printed: 03/09/2024
      "Medication: meloxicam 15 mg PO daily with food"
      "Date of Service: 03/09/2024"
      cited: REF-000001 (p. 1)

2024-05-02
  Statewide Anesthesia Billing LLC
    [Charge] BALANCE DUE $779.24 on 2024-05-02
      as printed: 05/02/2024
      "BALANCE DUE $779.24"
      "Date of Service: 05/02/2024"
      cited: REF-000002 (p. 2)
    [Charge] TOTAL CHARGES $956.23 on 2024-05-02
      as printed: 05/02/2024
      "TOTAL CHARGES $956.23"
      "Date of Service: 05/02/2024"
      cited: REF-000002 (p. 2)

2024-05-27
  Provider not stated

(continued on the next page)

    [Charge] 20610 Arthrocentesis, major joint $366.07 $192.76 $134.81 on 2024-05-27
      ! read by OCR from a scanned page; check the wording against the image
      "20610 Arthrocentesis, major $366.07 $192.76 $134.81"
      "Date of Service: 2024-05-27"
      cited: REF-000003 (p. 3)

2024-06-01
  Statewide Anesthesia Billing LLC
    [Charge] BALANCE DUE $1,064.45 on 2024-06-01
      as printed: 06/01/2024
      "BALANCE DUE $1,064.45"
      "Date of Service: 06/01/2024"
      cited: REF-000004 (p. 4)
    [Charge] TOTAL CHARGES $1,103.93 on 2024-06-01
      as printed: 06/01/2024
      "TOTAL CHARGES $1,103.93"
      "Date of Service: 06/01/2024"
      cited: REF-000004 (p. 4)

2024-06-02
  Statewide Anesthesia Billing LLC
    [Charge] BALANCE DUE $603.26 on 2024-06-02
      ! read by OCR from a scanned page; check the wording against the image
      as printed: 02-Jun-2024
      "BALANCE DUE $603.26"
      "Date of Service: 02-Jun-2024"
      cited: REF-000005 (p. 5), REF-000006 (p. 6)
    [Charge] TOTAL CHARGES $663.79 on 2024-06-02
      ! read by OCR from a scanned page; check the wording against the image
      as printed: 02-Jun-2024
      "TOTAL CHARGES $663.79"
      "Date of Service: 02-Jun-2024"
      cited: REF-000005 (p. 5), REF-000006 (p. 6)

2024-06-28
  Metro Emergency Physicians Group
    [Encounter] Metro Emergency Physicians Group visit on 2024-06-28
      ! read by OCR from a scanned page; check the wording against the image
      "Metro Emergency Physicians Group"
      "Date of Service: 2024-06-28"
      cited: REF-000008 (p. 8)
    [Complaint] Reason for visit: low back pain radiating to the left leg
      ! read by OCR from a scanned page; check the wording against the image
      "Reason for visit: low back pain radiating to the left leg"
      "Date of Service: 2024-06-28"
      cited: REF-000008 (p. 8)

2024-07-02
  Statewide Anesthesia Billing LLC
    [Charge] BALANCE DUE $530.72 on 2024-07-02
      ! read by OCR from a scanned page; check the wording against the image
      as printed: 02-Jul-2024
      "BALANCE DUE $530.72"
      "Date of Service: 02-Jul-2024"
      cited: REF-000009 (p. 9), REF-000010 (p. 10)
    [Charge] TOTAL CHARGES $1,016.96 on 2024-07-02
      ! read by OCR from a scanned page; check the wording against the image
      as printed: 02-Jul-2024
      "TOTAL CHARGES $1,016.96"
      "Date of Service: 02-Jul-2024"
      cited: REF-000009 (p. 9), REF-000010 (p. 10)

  (continued on the next page)

2024-07-14
  Metro Emergency Physicians Group
    [Encounter] Metro Emergency Physicians Group visit on 2024-07-14
      ! read by OCR from a scanned page; check the wording against the image
      "Metro Emergency Physicians Group"
      "Date of Service: 2024-07-14"
      cited: REF-000011 (p. 11), REF-000012 (p. 12)

2024-07-30
  Metro Emergency Physicians Group
    [Encounter] Metro Emergency Physicians Group visit on 2024-07-30
      as printed: 30-Jul-2024
      "Metro Emergency Physicians Group"
      "Date of Service: 30-Jul-2024"
      cited: REF-000013 (p. 13)
    [Complaint] Reason for visit: mid-thoracic pain worse with prolonged sitting
      as printed: 30-Jul-2024
      "Reason for visit: mid-thoracic pain worse with prolonged sitting"
      "Date of Service: 30-Jul-2024"
      cited: REF-000013 (p. 13)

2024-08-01
  Statewide Anesthesia Billing LLC
    [Charge] BALANCE DUE $954.04 on 2024-08-01
      as printed: 01-Aug-2024
      "BALANCE DUE $954.04"
      "Date of Service: 01-Aug-2024"
      cited: REF-000014 (p. 14)
    [Charge] TOTAL CHARGES $2,360.66 on 2024-08-01
      as printed: 01-Aug-2024
      "TOTAL CHARGES $2,360.66"
      "Date of Service: 01-Aug-2024"
      cited: REF-000014 (p. 14)

2024-08-05
  Cascade Physical Therapy
    [Encounter] Cascade Physical Therapy visit on 2024-08-05
      ! read by OCR from a scanned page; check the wording against the image
      as printed: 08/05/2024
      "Cascade Physical Therapy"
      "Date of Service: 08/05/2024"
      cited: REF-000015 (p. 15), REF-000016 (p. 16), REF-000017 (p. 17), REF-000018 (p. 18)
    [History of injury] Symptoms began following the incident of February 12, 2024.
      as printed: August 05, 2024
      "Symptoms began following the incident of February 12, 2024."
      "Date of Service: August 05, 2024"
      cited: REF-000018 (p. 18)
    [Pain score] 5/10
      as printed: August 05, 2024
      "Pain rated 5/10 at worst, worse with activity."
      "Date of Service: August 05, 2024"
      cited: REF-000018 (p. 18)
    [Diagnosis] M25.562 Pain in left knee
      as printed: August 05, 2024
      "M25.562 Pain in left knee"
      "Date of Service: August 05, 2024"
      cited: REF-000018 (p. 18)
    [Medication] meloxicam 15 mg PO daily with food
      as printed: August 05, 2024
      "Medication: meloxicam 15 mg PO daily with food"

(continued on the next page)

"Date of Service: August 05, 2024"
cited: REF-000018 (p. 18)

2024-09-06
Harbor Diagnostic Radiology
[Encounter] Harbor Diagnostic Radiology visit on 2024-09-06
"Harbor Diagnostic Radiology"
"Date of Service: 2024-09-06"
cited: REF-000019 (p. 19)
[Imaging] MRI LUMBAR SPINE WITHOUT CONTRAST on 2024-09-06
"EXAMINATION: MRI LUMBAR SPINE WITHOUT CONTRAST (CPT 72148)"
"Date of Service: 2024-09-06"
cited: REF-000019 (p. 19)
[Impression] Mild multilevel degenerative change, age-indeterminate.
"Mild multilevel degenerative change, age-indeterminate."
"Date of Service: 2024-09-06"
cited: REF-000019 (p. 19)

2024-09-30
Cascade Physical Therapy
[Encounter] Cascade Physical Therapy visit on 2024-09-30
! read by OCR from a scanned page; check the wording against the image
as printed: 09/30/2024
"Cascade Physical Therapy"
"Date of Service: 09/30/2024"
cited: REF-000022 (p. 22), REF-000023 (p. 23), REF-000024 (p. 24)
[History of injury] Symptoms began following the incident of 02/12/2024.
! read by OCR from a scanned page; check the wording against the image
as printed: 09/30/2024
"Symptoms began following the incident of 02/12/2024."
"Date of Service: 09/30/2024"
cited: REF-000024 (p. 24)
[Pain score] 3/10
! read by OCR from a scanned page; check the wording against the image
as printed: 09/30/2024
"Pain rated 3/10 at worst, worse with activity."
"Date of Service: 09/30/2024"
cited: REF-000024 (p. 24)
[Diagnosis] S13.4XXA Sprain of ligaments of cervical spine, initial encounter
! read by OCR from a scanned page; check the wording against the image
as printed: 09/30/2024
"S13.4XXA Sprain of ligaments of cervical spine, initial encounter"
"Date of Service: 09/30/2024"
cited: REF-000024 (p. 24)
[Medication] cyclobenzaprine 10 mg PO TID PRN spasm
! read by OCR from a scanned page; check the wording against the image
as printed: 09/30/2024
"Medication: cyclobenzaprine 10 mg PO TID PRN spasm"
"Date of Service: 09/30/2024"
cited: REF-000024 (p. 24)

2024-10-19
Lakeside Imaging Center
[Encounter] Lakeside Imaging Center visit on 2024-10-19
! read by OCR from a scanned page; check the wording against the image
"Lakeside Imaging Center"
"Date of Service: 2024-10-19"
cited: REF-000025 (p. 25), REF-000026 (p. 26)
[Imaging] MRI LUMBAR SPINE WITHOUT CONTRAST on 2024-10-19
! read by OCR from a scanned page; check the wording against the image
"EXAMINATION: MRI LUMBAR SPINE WITHOUT CONTRAST (CPT 72148)"

(continued on the next page)

      "Date of Service: 2024-10-19"
      cited: REF-000025 (p. 25), REF-000026 (p. 26)
    [Impression] No acute fracture or dislocation. Soft tissues unremarkable.
      ! read by OCR from a scanned page; check the wording against the image
      "No acute fracture or dislocation. Soft tissues unremarkable."
      "Date of Service: 2024-10-19"
      cited: REF-000025 (p. 25), REF-000026 (p. 26)

2024-11-18
  Ridgeview Patient Financial Services
    [Charge] BALANCE DUE $621.94 on 2024-11-18
      as printed: November 18, 2024
      "BALANCE DUE $621.94"
      "Date of Service: November 18, 2024"
      cited: REF-000027 (p. 27)
    [Charge] TOTAL CHARGES $657.86 on 2024-11-18
      as printed: November 18, 2024
      "TOTAL CHARGES $657.86"
      "Date of Service: November 18, 2024"
      cited: REF-000027 (p. 27)

2024-11-30
  Metro Emergency Physicians Group
    [Encounter] Metro Emergency Physicians Group visit on 2024-11-30
      as printed: November 30, 2024
      "Metro Emergency Physicians Group"
      "Date of Service: November 30, 2024"
      cited: REF-000028 (p. 28)
    [Lab result] COMPLETE BLOOD COUNT WITH DIFFERENTIAL on 2024-11-30
      as printed: November 30, 2024
      "COMPLETE BLOOD COUNT WITH DIFFERENTIAL"
      "Date of Service: November 30, 2024"
      cited: REF-000028 (p. 28)
    [Lab result] Hemoglobin 13.8 12.0-16.0 g/dL on 2024-11-30
      as printed: November 30, 2024
      "Hemoglobin 13.8 12.0-16.0 g/dL"
      "Date of Service: November 30, 2024"
      cited: REF-000028 (p. 28)
    [Lab result] Platelets 244 150-400 K/uL on 2024-11-30
      as printed: November 30, 2024
      "Platelets 244 150-400 K/uL"
      "Date of Service: November 30, 2024"
      cited: REF-000028 (p. 28)
    [Lab result] WBC 7.2 4.0-10.5 K/uL on 2024-11-30
      as printed: November 30, 2024
      "WBC 7.2 4.0-10.5 K/uL"
      "Date of Service: November 30, 2024"
      cited: REF-000028 (p. 28)

2024-12-06
  Metro Emergency Physicians Group
    [Encounter] Metro Emergency Physicians Group visit on 2024-12-06
      ! read by OCR from a scanned page; check the wording against the image
      as printed: 12/06/2024
      "Metro Emergency Physicians Group"
      "Date of Service: 12/06/2024"
      cited: REF-000029 (p. 29), REF-000030 (p. 30), REF-000031 (p. 31), REF-000032 (p. 32), REF-000034 (p. 34)
    [History of injury] Symptoms began following the incident of February 12, 2024.
      ! read by OCR from a scanned page; check the wording against the image
      as printed: December 06, 2024

  (continued on the next page)

      "Symptoms began following the incident of February 12, 2024."
      "Date of Service: December 06, 2024"
      cited: REF-000030 (p. 30), REF-000032 (p. 32), REF-000034 (p. 34)
    [Pain score] 6/10
      ! read by OCR from a scanned page; check the wording against the image
      as printed: December 06, 2024
      "Pain rated 6/10 at worst, worse with activity."
      "Date of Service: December 06, 2024"
      cited: REF-000030 (p. 30), REF-000032 (p. 32), REF-000034 (p. 34)
    [Diagnosis] M51.26 Other intervertebral disc displacement, lumbar region
      ! read by OCR from a scanned page; check the wording against the image
      as printed: December 06, 2024
      "M51.26 Other intervertebral disc displacement, lumbar region"
      "Date of Service: December 06, 2024"
      cited: REF-000030 (p. 30)
    [Diagnosis] M51.26 Other intervertebral disc displacement, lumbar region
      ! read by OCR from a scanned page; check the wording against the image
      as printed: December 06, 2024
      "M51.26 Other intervertebral disc displacement, lumbar region"
      "Date of Service: December 06, 2024"
      cited: REF-000032 (p. 32), REF-000034 (p. 34)
    [Medication] cyclobenzaprine 10 mg PO TID PRN spasm
      ! read by OCR from a scanned page; check the wording against the image
      as printed: December 06, 2024
      "Medication: cyclobenzaprine 10 mg PO TID PRN spasm"
      "Date of Service: December 06, 2024"
      cited: REF-000030 (p. 30), REF-000032 (p. 32), REF-000034 (p. 34)

2024-12-18
  Ridgeview Patient Financial Services
    [Charge] BALANCE DUE $753.15 on 2024-12-18
      as printed: December 18, 2024
      "BALANCE DUE $753.15"
      "Date of Service: December 18, 2024"
      cited: REF-000035 (p. 35)
    [Charge] TOTAL CHARGES $869.51 on 2024-12-18
      as printed: December 18, 2024
      "TOTAL CHARGES $869.51"
      "Date of Service: December 18, 2024"
      cited: REF-000035 (p. 35)

2024-12-24
  Provider not stated
    [Charge] 99283 Emergency department visit, moderate severity $682.90 $510.53 $311.94 on 2024-12-24
      ! read by OCR from a scanned page; check the wording against the image
      "99283 Emergency department v $682.90 $510.53 $311.94"
      "Date of Service: 2024-12-24"
      cited: REF-000036 (p. 36)

2025-01-16
  Cascade Physical Therapy
    [Encounter] Cascade Physical Therapy visit on 2025-01-16
      "Cascade Physical Therapy"
      "Date of Service: 2025-01-16"
      cited: REF-000038 (p. 38)
    [Visit count] Visit 5 of 24 authorised.
      "Visit 5 of 24 authorised."
      "Date of Service: 2025-01-16"
      cited: REF-000038 (p. 38)
    [Pain score] 2/10
      "Patient reports pain 2/10 today, improved with activity."

  (continued on the next page)

      "Date of Service: 2025-01-16"
      cited: REF-000038 (p. 38)
    [Procedure] Manual therapy to the lumbar paraspinals, 15 minutes. on 2025-01-16
      "Manual therapy to the lumbar paraspinals, 15 minutes."
      "Date of Service: 2025-01-16"
      cited: REF-000038 (p. 38)
    [Procedure] Therapeutic exercise: supine bridging, 3 sets of 10. on 2025-01-16
      "Therapeutic exercise: supine bridging, 3 sets of 10."
      "Date of Service: 2025-01-16"
      cited: REF-000038 (p. 38)

2025-01-17
  Ridgeview Patient Financial Services
    [Charge] BALANCE DUE $2,259.88 on 2025-01-17
      as printed: January 17, 2025
      "BALANCE DUE $2,259.88"
      "Date of Service: January 17, 2025"
      cited: REF-000039 (p. 39)
    [Charge] TOTAL CHARGES $2,298.41 on 2025-01-17
      as printed: January 17, 2025
      "TOTAL CHARGES $2,298.41"
      "Date of Service: January 17, 2025"
      cited: REF-000039 (p. 39)

2025-01-19
  Cascade Physical Therapy
    [Encounter] Cascade Physical Therapy visit on 2025-01-19
      ! read by OCR from a scanned page; check the wording against the image
      "Cascade Physical Therapy"
      "Date of Service: 2025-01-19"
      cited: REF-000040 (p. 40)
    [Visit count] Visit 10 of 24 authorised.
      ! read by OCR from a scanned page; check the wording against the image
      "Visit 10 of 24 authorised."
      "Date of Service: 2025-01-19"
      cited: REF-000040 (p. 40)
    [Pain score] 2/10
      ! read by OCR from a scanned page; check the wording against the image
      "Patient reports pain 2/10 today, improved with activity."
      "Date of Service: 2025-01-19"
      cited: REF-000040 (p. 40)
    [Procedure] Therapeutic exercise: supine bridging, 3 sets of 10. on 2025-01-19
      ! read by OCR from a scanned page; check the wording against the image
      "Therapeutic exercise: supine bridging, 3 sets of 10."
      "Date of Service: 2025-01-19"
      cited: REF-000040 (p. 40)

2025-01-29
  Provider not stated
    [Charge] 97140 Manual therapy techniques, each 15 minutes $99.92 $69.14 $43.17 on 2025-01-29
      as printed: January 29, 2025
      "97140 Manual therapy techniq $99.92 $69.14 $43.17"
      "Date of Service: January 29, 2025"
      cited: REF-000041 (p. 41)

2025-02-23
  Ridgeview Outpatient Pharmacy
    [Encounter] Ridgeview Outpatient Pharmacy visit on 2025-02-23
      ! read by OCR from a scanned page; check the wording against the image
      "Ridgeview Outpatient Pharmacy"
      "Date of Service: 2025-02-23"

  (continued on the next page)

      cited: REF-000042 (p. 42), REF-000043 (p. 43)
    [Medication] meloxicam 15 mg PO daily with food
      ! read by OCR from a scanned page; check the wording against the image
      "RX-9782983 2025-02-23 meloxicam 15 mg PO daily with food"
      "Date of Service: 2025-02-23"
      cited: REF-000042 (p. 42), REF-000043 (p. 43)

2025-03-23
  Cascade Physical Therapy
    [Encounter] Cascade Physical Therapy visit on 2025-03-23
      ! read by OCR from a scanned page; check the wording against the image
      as printed: March 23, 2025
      "Cascade Physical Therapy"
      "Date of Service: March 23, 2025"
      cited: REF-000045 (p. 45), REF-000046 (p. 46)
    [Visit count] Visit 5 of 24 authorised.
      ! read by OCR from a scanned page; check the wording against the image
      as printed: March 23, 2025
      "Visit 5 of 24 authorised."
      "Date of Service: March 23, 2025"
      cited: REF-000045 (p. 45), REF-000046 (p. 46)
    [Pain score] 6/10
      ! read by OCR from a scanned page; check the wording against the image
      as printed: March 23, 2025
      "Patient reports pain 6/10 today, improved with activity."
      "Date of Service: March 23, 2025"
      cited: REF-000045 (p. 45), REF-000046 (p. 46)
    [Procedure] Gait training on level surfaces with verbal cueing. on 2025-03-23
      as printed: March 23, 2025
      "Gait training on level surfaces with verbal cueing."
      "Date of Service: March 23, 2025"
      cited: REF-000046 (p. 46)
    [Procedure] Therapeutic exercise: supine bridging, 3 sets of 10. on 2025-03-23
      ! read by OCR from a scanned page; check the wording against the image
      as printed: March 23, 2025
      "Therapeutic exercise: supine bridging, 3 sets of 10."
      "Date of Service: March 23, 2025"
      cited: REF-000045 (p. 45), REF-000046 (p. 46)

2025-04-12
  Provider not stated
    [Charge] 20610 Arthrocentesis, major joint $298.90 $139.57 $86.10 on 2025-04-12
      ! read by OCR from a scanned page; check the wording against the image
      "20610 Arthrocentesis, major $298.90 $139.57 $86.10"
      "Date of Service: 2025-04-12"
      cited: REF-000047 (p. 47)

2025-06-24
  Provider not stated
    [Imaging] MRI lumbar spine without contrast on 2025-06-24
      as printed: June 24, 2025
      "EXAM: MRI lumbar spine without contrast"
      "Date of Service: June 24, 2025"
      cited: REF-000050 (p. 50)

GAPS BETWEEN VISITS, BY PROVIDER
  Cascade Physical Therapy: 149 days between 2024-03-09 and 2024-08-05.
  Cascade Physical Therapy: 56 days between 2024-08-05 and 2024-09-30.
  Cascade Physical Therapy: 108 days between 2024-09-30 and 2025-01-16.
  Cascade Physical Therapy: 63 days between 2025-01-19 and 2025-03-23.
  Metro Emergency Physicians Group: 123 days between 2024-07-30 and 2024-11-30.

  (continued on the next page)

ENTRIES BEFORE AND AFTER THE INJURY DATE

No injury date was provided for this case

Arithmetic only: days between the dates printed on the pages. States no cause and no opinion.

COVERAGE AND LIMITS

Extractor: rules. 0 candidate statement(s) were discarded because the cited page did not carry them.

9 delivered page(s) carried readable text but produced no entry. They are listed so the omission is visible:
REF-000007 (p. 7), REF-000020 (p. 20), REF-000021 (p. 21), REF-000033 (p. 33), REF-000037 (p. 37), REF-000044 (p. 44), REF-000048 (p. 48), REF-000049 (p. 49), REF-000051 (p. 51)

3 delivered page(s) could not be read as text at all. Nothing was extracted from them and they must be reviewed by eye: REF-000052, REF-000053, REF-000054

MENTIONED IN THE RECORDS, NOT FOUND IN THIS SET

This check listed no mentioned documents or visits as not found in this set.
This check reads typed and printed text in English. Handwritten notes and Spanish-language pages may mention documents it does not catch.
3 page(s) in this set carried no readable text and could not be checked against the records' mentions.

Medical chronology prepared for attorney review. Every entry is quoted from and linked to its source page; entries are an index to the records and contain no medical opinion. Not for use in QME/AME med-legal report preparation (Lab. Code § 4628).

Prepared with Claracord.
Human-verified, every fact cited to source.

The pages that follow are the delivered record set, reproduced exactly as it ships in records.pdf: the same pages, in the same order, carrying the same Bates numbers. Each Bates number links back to the page that cites it.

CLINICAL PROGRESS NOTE

Cascade Physical Therapy
Rehabilitation Services Division
Patient: Ballard, Curtis DOB: 1968-02-09
MRN: MRN-0007-439563 Claim: CLM-30246633
Date of Service: 03/09/2024

CHIEF COMPLAINT
Patient presents with mid-thoracic pain worse with prolonged sitting.

HISTORY OF PRESENT ILLNESS
Symptoms began following the incident of 02/12/2024.
Pain rated 3/10 at worst, worse with activity.

EXAMINATION
Tenderness to palpation over the paraspinal musculature.
Positive Spurling maneuver on the affected side.

ASSESSMENT
M54.51 Vertebrogenic low back pain

PLAN
Obtain MRI of the lumbar spine to rule out disc herniation.
Medication: meloxicam 15 mg PO daily with food

Electronically signed by the treating provider.
Date of Accident: 2024-02-12

Clerical organization only - for attorney/administrator review. Not for use in QME/AME med-legal report preparation (Lab. Code § 4628).

BILLING STATEMENT

Statewide Anesthesia Billing LLC
Rehabilitation Services Division
Patient: Ballard, Curtis DOB: 1968-02-09
MRN: MRN-0007-439563 Claim: CLM-30246633
Date of Service: 05/02/2024

STATEMENT OF ACCOUNT
Statement Date: 05/02/2024
Account: ACCT-4032085

CPT	DESCRIPTION	CHARGE
97110	Therapeutic exercise, each 15 minutes	$85.57
99213	Office visit, established patient, low compl	$229.34
99283	Emergency department visit, moderate severit	$641.32
TOTAL CHARGES		$956.23
INSURANCE PAYMENTS		$176.99
BALANCE DUE		$779.24

This statement is for billing purposes only.
Date of Accident: 2024-02-12

Clerical organization only - for attorney/administrator review. Not for use in QME/AME med-legal report preparation (Lab. Code § 4628).

EXPLANATION OF BENEFITS

Northstar Indemnity Company
EXPLANATION OF BENEFITS - THIS IS NOT A BILL

Subscriber: Ballard, Alan Subscriber ID: SUB-4015985
900 Center Street, Eugene OR 97401
Patient: Ballard, Curtis DOB: 1968-02-09
MRN: MRN-0007-439563 Claim: CLM-30246633
Date of Service: 2024-05-27

Claim Received: 2024-05-27

SERVICE	BILLED	ALLOWED	PLAN PAID
20610 Arthrocentesis, major	$366.07	$192.76	$134.81
PATIENT RESPONSIBILITY			$57.95

Remark: charges exceeding the allowed amount are not billable.
Date of Accident: 2024-02-12

Clerical organization only - for attorney/administrator review. Not for use in QME/AME med-legal report preparation (Lab. Code § 4628).

BILLING STATEMENT

Statewide Anesthesia Billing LLC
Health Information Management
Patient: Ballard, Curtis DOB: 1968-02-09
MRN: MRN-0007-439563 Claim: CLM-30246633
Date of Service: 06/01/2024

STATEMENT OF ACCOUNT
Statement Date: 06/01/2024
Account: ACCT-4455413

CPT	DESCRIPTION	CHARGE
20610	Arthrocentesis, major joint	$307.86
99283	Emergency department visit, moderate severit	$715.49
97110	Therapeutic exercise, each 15 minutes	$80.58
TOTAL CHARGES		$1,103.93
INSURANCE PAYMENTS		$39.48
BALANCE DUE		$1,064.45

This statement is for billing purposes only.
Date of Accident: 2024-02-12

Clerical organization only - for attorney/administrator review. Not for use in QME/AME med-legal report preparation (Lab. Code § 4628).

BILLING STATEMENT

Statewide Anesthesia Billing LLC
Operating Room 4
Patient: Ballard, Curtis DOB: 1968-02-09
MRN: MRN-0007-439563 Claim: CLM-30246633
Date of Service: 02-Jun-2024

STATEMENT OF ACCOUNT
Statement Date: 02-Jun-2024
Account: ACCT-9203439

CPT	DESCRIPTION	CHARGE
97140	Manual therapy techniques, each 15 minutes	$85.52
20610	Arthrocentesis, major joint	$311.40
99213	Office visit, established patient, low compl	$266.87
TOTAL CHARGES		$663.79
INSURANCE PAYMENTS		$60.53
BALANCE DUE		$603.26

This statement is for billing purposes only.
Date of Accident: 2024-02-12

Clerical organization only - for attorney/administrator review. Not for use in QME/AME med-legal report preparation (Lab. Code § 4628).

BILLING STATEMENT

Statewide Anesthesia Billing LLC
Operating Room 4
Patient: Ballard, Curtis DOB: 1968-02-09
MRN: MRN-0007-439563 Claim: CLM-30246633
Date of Service: 02-Jun-2024

STATEMENT OF ACCOUNT
Statement Date: 02-Jun-2024
Account: ACCT-9203439

CPT	DESCRIPTION	CHARGE
97140	Manual therapy techniques, each 15 minutes	$85.52
20610	Arthrocentesis, major joint	$311.40
99213	Office visit, established patient, low compl	$266.87
TOTAL CHARGES		$663.79
INSURANCE PAYMENTS		$60.53
BALANCE DUE		$603.26

This statement is for billing purposes only.
Date of Accident: 2024-02-12

Clerical organization only - for attorney/administrator review. Not for use in QME/AME med-legal report preparation (Lab. Code § 4628).

Ridgeview Orthopedic Associates

F A C S I M I L E T R A N S M I T T A L

RECEIVED
HEALTH INFORMATION MGMT

To: Law Offices of Halverson and Reyes
From: Health Information Management
Date: 2024-06-28
Pages: 19 including this cover sheet
Re: Records request
Patient: Ballard, Curtis DOB: 1968-02-09

The documents accompanying this transmission contain confidential health information. If you are not the intended recipient, please notify the sender and destroy all copies.

Clerical organization only - for attorney/administrator review. Not for use in QME/AME med-legal report preparation (Lab. Code § 4628).

PATIENT INTAKE FORM

Metro Emergency Physicians Group
CLINICAL PROGRESS NOTE
Patient: Ballard, Curtis DOB: 1968-02-09
MRN: MRN-0007-439563 Claim: CLM-30246633
Date of Service: 2024-06-28

NEW PATIENT INTAKE QUESTIONNAIRE

Reason for visit: low back pain radiating to the left leg

- [ ] Yes [X] No Have you had this problem before?
- [X] Yes [ ] No Are you currently working?
- [ ] Yes [X] No Did the incident involve a motor vehicle?
- [ ] Yes [X] No Are you taking blood thinners?
- [X] Yes [ ] No Have you had surgery on this body part?

I certify the above is accurate to the best of my knowledge.
Signature: _____ Date: 2024-06-28
Date of Accident: 2024-02-12

Clerical organization only - for attorney/administrator review. Not for use in QME/AME med-legal report preparation (Lab. Code § 4628).

BILLING STATEMENT

Statewide Anesthesia Billing LLC
Rehabilitation Services Division
Patient: Ballard, Curtis DOB: 1968-02-09
MRN: MRN-0007-439563 Claim: CLM-30246633
Date of Service: 02-Jul-2024

STATEMENT OF ACCOUNT
Statement Date: 02-Jul-2024
Account: ACCT-2153650

CPT	DESCRIPTION	CHARGE
99213	Office visit, established patient, low compl	$241.33
99283	Emergency department visit, moderate severit	$681.41
97140	Manual therapy techniques, each 15 minutes	$94.22
TOTAL CHARGES		$1,016.96
INSURANCE PAYMENTS		$486.24
BALANCE DUE		$530.72

This statement is for billing purposes only.
Date of Accident: 2024-02-12

Clerical organization only - for attorney/administrator review. Not for use in QME/AME med-legal report preparation (Lab. Code § 4628).

Clerical organization only - for attorney/administrator review. Not for use in QME/AME med-legal report preparation (Lab. Code § 4628).

BILLING STATEMENT

Statewide Anesthesia Billing LLC
Rehabilitation Services Division
Patient: Ballard, Curtis DOB: 1968-02-09
MRN: MRN-0007-439563 Claim: CLM-30246633
Date of Service: 02-Jul-2024

STATEMENT OF ACCOUNT
Statement Date: 02-Jul-2024
Account: ACCT-2153650

CPT	DESCRIPTION	CHARGE
99213	Office visit, established patient, low compl	$241.33
99283	Emergency department visit, moderate severit	$681.41
97140	Manual therapy techniques, each 15 minutes	$94.22
TOTAL CHARGES		$1,016.96
INSURANCE PAYMENTS		$486.24
BALANCE DUE		$530.72

This statement is for billing purposes only.
Date of Accident: 2024-02-12

REFERRAL LETTER

Metro Emergency Physicians Group
Health Information Management
Patient: Ballard, Curtis DOB: 1968-02-09
MRN: MRN-0007-439563 Claim: CLM-30246633
Date of Service: 2024-07-14

RECEIVED
HEALTH INFORMATION MGMT

REFERRAL

Dear Colleague,

Thank you for seeing the above-named patient for evaluation and treatment of persistent lumbar radicu
Working diagnosis is M25.511 Pain in right shoulder.
Conservative management to date has included therapy and
anti-inflammatory medication without durable relief.

Please forward your findings at your convenience.

Kind regards,
The referring clinician
Date of Accident: 2024-02-12

Clerical organization only - for attorney/administrator review. Not for use in QME/AME med-legal report preparation (Lab. Code § 4628).

REF-000012

Clerical organization only - for attorney/administrator review. Not for use in QME/AME med-legal report preparation (Lab. Code § 4628).

REFERRAL LETTER

Metro Emergency Physicians Group
Health Information Management
Patient: Ballard, Curtis DOB: 1968-02-09
MRN: MRN-0007-439563 Claim: CLM-30246633
Date of Service: 2024-07-14

RECEIVED
HEALTH INFORMATION MGMT

REFERRAL

Dear Colleague,

Thank you for seeing the above-named patient for evaluation and treatment of persistent lumbar radicu
Working diagnosis is M25.511 Pain in right shoulder.
Conservative management to date has included therapy and
anti-inflammatory medication without durable relief.

Please forward your findings at your convenience.

Kind regards,
The referring clinician
Date of Accident: 2024-02-12

PATIENT INTAKE FORM

Metro Emergency Physicians Group
1420 Alder Street, Suite 200, Springfield OR 97477
Patient: Ballard, Curtis DOB: 1968-02-09
MRN: MRN-0007-439563 Claim: CLM-30246633
Date of Service: 30-Jul-2024

NEW PATIENT INTAKE QUESTIONNAIRE

Reason for visit: mid-thoracic pain worse with prolonged sitting

- [X] Yes [ ] No Have you had this problem before?
- [ ] Yes [X] No Are you currently working?
- [X] Yes [ ] No Did the incident involve a motor vehicle?
- [ ] Yes [X] No Are you taking blood thinners?
- [ ] Yes [X] No Have you had surgery on this body part?

I certify the above is accurate to the best of my knowledge.
Signature: _____ Date: 30-Jul-2024
Date of Accident: 2024-02-12

Clerical organization only - for attorney/administrator review. Not for use in QME/AME med-legal report preparation (Lab. Code § 4628).

BILLING STATEMENT

Statewide Anesthesia Billing LLC
CLINICAL PROGRESS NOTE
Patient: Ballard, Curtis DOB: 1968-02-09
MRN: MRN-0007-439563 Claim: CLM-30246633
Date of Service: 01-Aug-2024

STATEMENT OF ACCOUNT
Statement Date: 01-Aug-2024
Account: ACCT-8476611

CPT	DESCRIPTION	CHARGE
97140	Manual therapy techniques, each 15 minutes	$84.20
72148	MRI lumbar spine without contrast	$2,016.32
99213	Office visit, established patient, low compl	$260.14
	TOTAL CHARGES	$2,360.66
	INSURANCE PAYMENTS	$1,406.62
	BALANCE DUE	$954.04

This statement is for billing purposes only.
Date of Accident: 2024-02-12

Clerical organization only - for attorney/administrator review. Not for use in QME/AME med-legal report preparation (Lab. Code § 4628).

CLINICAL PROGRESS NOTE (CONTINUED)

Cascade Physical Therapy
Health Information Management
Patient: Ballard, Curtis DOB: 1968-02-09
MRN: MRN-0007-439563 Claim: CLM-30246633
Date of Service: 08/05/2024

CONTINUED FROM PREVIOUS PAGE

REVIEW OF SYSTEMS
No gross motor deficit; sensation intact to light touch.
No gross motor deficit; sensation intact to light touch.

FOLLOW UP
Continue home exercise program; reassess in three weeks.

Electronically signed by the treating provider.
Date of Accident: 2024-02-12

Clerical organization only - for attorney/administrator review. Not for use in QME/AME med-legal report preparation (Lab. Code § 4628).

CLINICAL PROGRESS NOTE (CONTINUED)

Cascade Physical Therapy

1420 Alder Street, Suite 200, Springfield OR 97477

Patient: Ballard, Curtis DOB: 1968-02-09
MRN: MRN-0007-439563 Claim: CLM-30246633

Date of Service: 08/05/2024

CONTINUED FROM PREVIOUS PAGE

REVIEW OF SYSTEMS

No gross motor deficit; sensation intact to light touch.

No gross motor deficit; sensation intact to light touch.

FOLLOW UP

Trial of NSAID therapy; advised against heavy lifting.

Electronically signed by the treating provider.

Date of Accident: 2024-02-12

Clerical organization only - for attorney/administrator review. Not for use in QME/AME med-legal report preparation (Lab. Code § 4628).

CLINICAL PROGRESS NOTE (CONTINUED)

Cascade Physical Therapy

1420 Alder Street, Suite 200, Springfield OR 97477

Patient: Ballard, Curtis DOB: 1968-02-09
MRN: MRN-0007-439563 Claim: CLM-30246633

Date of Service: 08/05/2024

CONTINUED FROM PREVIOUS PAGE

REVIEW OF SYSTEMS

No gross motor deficit; sensation intact to light touch.

No gross motor deficit; sensation intact to light touch.

FOLLOW UP

Trial of NSAID therapy; advised against heavy lifting.

Electronically signed by the treating provider.

Date of Accident: 2024-02-12

Clerical organization only - for attorney/administrator review. Not for use in QME/AME med-legal report preparation (Lab. Code § 4628).

CLINICAL PROGRESS NOTE

Cascade Physical Therapy
Operating Room 4
Patient: Ballard, Curtis DOB: 1968-02-09
MRN: MRN-0007-439563 Claim: CLM-30246633
Date of Service: August 05, 2024

CHIEF COMPLAINT
Patient presents with left knee swelling after motor vehicle collision.

HISTORY OF PRESENT ILLNESS
Symptoms began following the incident of February 12, 2024.
Pain rated 5/10 at worst, worse with activity.

EXAMINATION
Negative straight leg raise bilaterally.
Tenderness to palpation over the paraspinal musculature.

ASSESSMENT
M25.562 Pain in left knee

PLAN
Referral to physical therapy, two sessions weekly for six weeks.
Medication: meloxicam 15 mg PO daily with food

Electronically signed by the treating provider.
Date of Accident: 2024-02-12

Clerical organization only - for attorney/administrator review. Not for use in QME/AME med-legal report preparation (Lab. Code § 4628).

RADIOLOGY REPORT

Harbor Diagnostic Radiology
Department of Orthopaedic Surgery
Patient: Ballard, Curtis DOB: 1968-02-09
MRN: MRN-0007-439563 Claim: CLM-30246633
Date of Service: 2024-09-06

EXAMINATION: MRI LUMBAR SPINE WITHOUT CONTRAST (CPT 72148)
ACCESSION: ACC-7718312

TECHNIQUE
Multiplanar, multisequence images were obtained without contrast.

COMPARISON
None available.

FINDINGS
Marrow signal change at L4 possibly reflects an acute compression injury.
Vertebral body heights are maintained. No marrow edema.
Paraspinal soft tissues are within normal limits.

IMPRESSION
Mild multilevel degenerative change, age-indeterminate.

Read by the interpreting radiologist.
Date of Accident: 2024-02-12

Clerical organization only - for attorney/administrator review. Not for use in QME/AME med-legal report preparation (Lab. Code § 4628).

Ridgeview Orthopedic Associates

F A C S I M I L E T R A N S M I T T A L

To: Law Offices of Halverson and Reyes
From: Health Information Management
Date: 09/16/2024
Pages: 11 including this cover sheet
Re: Records request
Patient: Ballard, Curtis DOB: 1968-02-09

The documents accompanying this transmission contain confidential health information. If you are not the intended recipient, please notify the sender and destroy all copies.

Clerical organization only - for attorney/administrator review. Not for use in QME/AME med-legal report preparation (Lab. Code § 4628).

LETTER OF REPRESENTATION

LAW OFFICES OF HALVERSON AND REYES
1200 Marquette Avenue, Suite 800

Date: 09/16/2024
Re: Ballard, Curtis
Claim No.: CLM-30246633

LETTER OF REPRESENTATION

Please be advised that this office represents the above-named individual with respect to injuries sustained in the referenced incident. Direct all further correspondence to the undersigned. A signed authorization is enclosed.

_____
Signature
Date of Accident: 2024-02-12

Clerical organization only - for attorney/administrator review. Not for use in QME/AME med-legal report preparation (Lab. Code § 4628).

CLINICAL PROGRESS NOTE (CONTINUED)

Cascade Physical Therapy
Health Information Management
Patient: Ballard, Curtis DOB: 1968-02-09
MRN: MRN-0007-439563 Claim: CLM-30246633
Date of Service: 09/30/2024

CONTINUED FROM PREVIOUS PAGE

REVIEW OF SYSTEMS
  Tenderness to palpation over the paraspinal musculature.
  Tenderness to palpation over the paraspinal musculature.

FOLLOW UP
  Obtain MRI of the lumbar spine to rule out disc herniation.

Electronically signed by the treating provider.
Date of Accident: 2024-02-12

Clerical organization only - for attorney/administrator review. Not for use in QME/AME med-legal report preparation (Lab. Code § 4628).

CLINICAL PROGRESS NOTE (CONTINUED)

Cascade Physical Therapy
Health Information Management
Patient: Ballard, Curtis DOB: 1968-02-09
MRN: MRN-0007-439563 Claim: CLM-30246633
Date of Service: 09/30/2024

CONTINUED FROM PREVIOUS PAGE

REVIEW OF SYSTEMS
Negative straight leg raise bilaterally.
No gross motor deficit; sensation intact to light touch.

FOLLOW UP
Trial of NSAID therapy; advised against heavy lifting.

Electronically signed by the treating provider.
Date of Accident: 2024-02-12

Clerical organization only - for attorney/administrator review. Not for use in QME/AME med-legal report preparation (Lab. Code § 4628).

CLINICAL PROGRESS NOTE

Cascade Physical Therapy
1420 Alder Street, Suite 200, Springfield OR 97477
Patient: Ballard, Curtis DOB: 1968-02-09
MRN: MRN-0007-439563 Claim: CLM-30246633
Date of Service: 09/30/2024

RECEIVED
HEALTH INFORMATION MGMT

CHIEF COMPLAINT
Patient presents with low back pain radiating to the left leg.

HISTORY OF PRESENT ILLNESS
Symptoms began following the incident of 02/12/2024.
Pain rated 3/10 at worst, worse with activity.

EXAMINATION
Range of motion limited by pain in flexion and extension.
No gross motor deficit; sensation intact to light touch.

ASSESSMENT
S13.4XXA Sprain of ligaments of cervical spine, initial encounter

PLAN
Obtain MRI of the lumbar spine to rule out disc herniation.
Medication: cyclobenzaprine 10 mg PO TID PRN spasm

Electronically signed by the treating provider.
Date of Accident: 2024-02-12

Clerical organization only - for attorney/administrator review. Not for use in QME/AME med-legal report preparation (Lab. Code § 4628).

RADIOLOGY REPORT

Lakeside Imaging Center
Health Information Management
Patient: Ballard, Curtis DOB: 1968-02-09
MRN: MRN-0007-439563 Claim: CLM-30246633
Date of Service: 2024-10-19

EXAMINATION: MRI LUMBAR SPINE WITHOUT CONTRAST (CPT 72148)
ACCESSION: ACC-5441883

TECHNIQUE
Multiplanar, multisequence images were obtained without contrast.

COMPARISON
None available.

FINDINGS
Acute compression fracture at the L4 level? Clinical correlation is advised.
Vertebral body heights are maintained. No marrow edema.
Paraspinal soft tissues are within normal limits.

IMPRESSION
No acute fracture or dislocation. Soft tissues unremarkable.

Read by the interpreting radiologist.
Date of Accident: 2024-02-12

Clerical organization only - for attorney/administrator review. Not for use in QME/AME med-legal report preparation (Lab. Code § 4628).

Clerical organization only - for attorney/administrator review. Not for use in QME/AME med-legal report preparation (Lab. Code § 4628).

RADIOLOGY REPORT

Lakeside Imaging Center
Health Information Management
Patient: Ballard, Curtis DOB: 1968-02-09
MRN: MRN-0007-439563 Claim: CLM-30246633
Date of Service: 2024-10-19

EXAMINATION: MRI LUMBAR SPINE WITHOUT CONTRAST (CPT 72148)
ACCESSION: ACC-5441883

TECHNIQUE
Multiplanar, multisequence images were obtained without contrast.

COMPARISON
None available.

FINDINGS
Acute compression fracture at the L4 level? Clinical correlation is advised.
Vertebral body heights are maintained. No marrow edema.
Paraspinal soft tissues are within normal limits.

IMPRESSION
No acute fracture or dislocation. Soft tissues unremarkable.

Read by the interpreting radiologist.
Date of Accident: 2024-02-12

BILLING STATEMENT

Ridgeview Patient Financial Services
DISCHARGE SUMMARY
Patient: Ballard, Curtis DOB: 1968-02-09
MRN: MRN-0007-439563 Claim: CLM-30246633
Date of Service: November 18, 2024

STATEMENT OF ACCOUNT
Statement Date: November 18, 2024
Account: ACCT-5380786

CPT	DESCRIPTION	CHARGE
97110	Therapeutic exercise, each 15 minutes	$95.88
20610	Arthrocentesis, major joint	$302.10
99213	Office visit, established patient, low compl	$259.88
TOTAL CHARGES		$657.86
INSURANCE PAYMENTS		$35.92
BALANCE DUE		$621.94

This statement is for billing purposes only.
Date of Accident: 2024-02-12

Clerical organization only - for attorney/administrator review. Not for use in QME/AME med-legal report preparation (Lab. Code § 4628).

LABORATORY REPORT

Metro Emergency Physicians Group
DISCHARGE SUMMARY
Patient: Ballard, Curtis DOB: 1968-02-09
MRN: MRN-0007-439563 Claim: CLM-30246633
Date of Service: November 30, 2024

COMPLETE BLOOD COUNT WITH DIFFERENTIAL
Accession: LAB-6863966
Collected: November 30, 2024

ANALYTE	RESULT	REFERENCE RANGE
WBC	7.2	4.0-10.5 K/uL
Hemoglobin	13.8	12.0-16.0 g/dL
Platelets	244	150-400 K/uL

Results reviewed by the ordering clinician.
Date of Accident: 2024-02-12

Clerical organization only - for attorney/administrator review. Not for use in QME/AME med-legal report preparation (Lab. Code § 4628).

CLINICAL PROGRESS NOTE (CONTINUED)

Metro Emergency Physicians Group
DISCHARGE SUMMARY
Patient: Ballard, Curtis DOB: 1968-02-09
MRN: MRN-0007-439563 Claim: CLM-30246633
Date of Service: 12/06/2024

CONTINUED FROM PREVIOUS PAGE

REVIEW OF SYSTEMS
  Positive Spurling maneuver on the affected side.
  Range of motion limited by pain in flexion and extension.

FOLLOW UP
  Obtain MRI of the lumbar spine to rule out disc herniation.

Electronically signed by the treating provider.
Date of Accident: 2024-02-12

Clerical organization only - for attorney/administrator review. Not for use in QME/AME med-legal report preparation (Lab. Code § 4628).

CLINICAL PROGRESS NOTE

RECEIVED
HEALTH INFORMATION MGMT

Metro Emergency Physicians Group

Operating Room 4

Patient: Ballard, Curtis DOB: 1968-02-09
MRN: MRN-0007-439563 Claim: CLM-30246633

Date of Service: December 06, 2024

CHIEF COMPLAINT

Patient presents with neck stiffness with intermittent headache.

HISTORY OF PRESENT ILLNESS

Symptoms began following the incident of February 12, 2024.

Pain rated 6/10 at worst, worse with activity.

EXAMINATION

Negative straight leg raise bilaterally.
Tenderness to palpation over the paraspinal musculature.

ASSESSMENT
M51.26 Other intervertebral disc displacement, lumbar region

PLAN
Continue home exercise program; reassess in three weeks.

Medication: cyclobenzaprine 10 mg PO TID PRN spasm

Electronically signed by the treating provider.

Date of Accident: 2024-02-12

Clerical organization only - for attorney/administrator review. Not for use in QME/AME med-legal report preparation (Lab. Code § 4628).

CLINICAL PROGRESS NOTE (CONTINUED)

Metro Emergency Physicians Group
DISCHARGE SUMMARY
Patient: Ballard, Curtis DOB: 1968-02-09
MRN: MRN-0007-439563 Claim: CLM-30246633
Date of Service: 12/06/2024

CONTINUED FROM PREVIOUS PAGE

REVIEW OF SYSTEMS
  Positive Spurling maneuver on the affected side.
  Range of motion limited by pain in flexion and extension.

FOLLOW UP
  Obtain MRI of the lumbar spine to rule out disc herniation.

Electronically signed by the treating provider.
Date of Accident: 2024-02-12

PROD-000034

Clerical organization only - for attorney/administrator review. Not for use in QME/AME med-legal report preparation (Lab. Code § 4628).

REF-000031

CLINICAL PROGRESS NOTE

RECEIVED
HEALTH INFORMATION MGMT

Metro Emergency Physicians Group

Operating Room 4

Patient: Ballard, Curtis DOB: 1968-02-09
MRN: MRN-0007-439563 Claim: CLM-30246633

Date of Service: December 06, 2024

CHIEF COMPLAINT

Patient presents with neck stiffness with intermittent headache.

HISTORY OF PRESENT ILLNESS

Symptoms began following the incident of February 12, 2024.

Pain rated 6/10 at worst, worse with activity.

EXAMINATION

Negative straight leg raise bilaterally.
Tenderness to palpation over the paraspinal musculature.

ASSESSMENT
M51.26 Other intervertebral disc displacement, lumbar region

PLAN
Continue home exercise program; reassess in three weeks.

Medication: cyclobenzaprine 10 mg PO TID PRN spasm

Electronically signed by the treating provider.

Date of Accident: 2024-02-12

Clerical organization only - for attorney/administrator review. Not for use in QME/AME med-legal report preparation (Lab. Code § 4628).

Ridgeview Orthopedic Associates

F A C S I M I L E T R A N S M I T T A L

RECEIVED
HEALTH INFORMATION MGMT

To: Law Offices of Halverson and Reyes
From: Health Information Management
Date: December 06, 2024
Pages: 29 including this cover sheet
Re: Records request
Patient: Ballard, Curtis DOB: 1968-02-09

The documents accompanying this transmission contain confidential health information. If you are not the intended recipient, please notify the sender and destroy all copies.

Clerical organization only - for attorney/administrator review. Not for use in QME/AME med-legal report preparation (Lab. Code § 4628).

CLINICAL PROGRESS NOTE

RECEIVED
HEALTH INFORMATION MGMT

Metro Emergency Physicians Group

Operating Room 4

Patient: Ballard, Curtis DOB: 1968-02-09
MRN: MRN-0007-439563 Claim: CLM-30246633

Date of Service: December 06, 2024

CHIEF COMPLAINT

Patient presents with neck stiffness with intermittent headache.

HISTORY OF PRESENT ILLNESS

Symptoms began following the incident of February 12, 2024.

Pain rated 6/10 at worst, worse with activity.

EXAMINATION

Negative straight leg raise bilaterally.
Tenderness to palpation over the paraspinal musculature.

ASSESSMENT
M51.26 Other intervertebral disc displacement, lumbar region

PLAN
Continue home exercise program; reassess in three weeks.

Medication: cyclobenzaprine 10 mg PO TID PRN spasm

Electronically signed by the treating provider.

Date of Accident: 2024-02-12

Clerical organization only - for attorney/administrator review. Not for use in QME/AME med-legal report preparation (Lab. Code § 4628).

BILLING STATEMENT

Ridgeview Patient Financial Services
900 Center Street, Eugene OR 97401
Patient: Ballard, Curtis DOB: 1968-02-09
MRN: MRN-0007-439563 Claim: CLM-30246633
Date of Service: December 18, 2024

STATEMENT OF ACCOUNT
Statement Date: December 18, 2024
Account: ACCT-4274007

CPT	DESCRIPTION	CHARGE
97110	Therapeutic exercise, each 15 minutes	$90.92
97140	Manual therapy techniques, each 15 minutes	$100.72
99283	Emergency department visit, moderate severit	$677.87
TOTAL CHARGES		$869.51
INSURANCE PAYMENTS		$116.36
BALANCE DUE		$753.15

This statement is for billing purposes only.
Date of Accident: 2024-02-12

Clerical organization only - for attorney/administrator review. Not for use in QME/AME med-legal report preparation (Lab. Code § 4628).

EXPLANATION OF BENEFITS

Cascade Mutual Health Plan
EXPLANATION OF BENEFITS - THIS IS NOT A BILL

Subscriber: Ballard, Alan Subscriber ID: SUB-8807342
1420 Alder Street, Suite 200, Springfield OR 97477
Patient: Ballard, Curtis DOB: 1968-02-09
MRN: MRN-0007-439563 Claim: CLM-30246633
Date of Service: 2024-12-24

Claim Received: 2024-12-24

SERVICE	BILLED	ALLOWED	PLAN PAID
99283 Emergency department v	$682.90	$510.53	$311.94
PATIENT RESPONSIBILITY			$198.59

Remark: charges exceeding the allowed amount are not billable.
Date of Accident: 2024-02-12

Clerical organization only - for attorney/administrator review. Not for use in QME/AME med-legal report preparation (Lab. Code § 4628).

EXPLANATION OF BENEFITS

Cascade Mutual Health Plan
EXPLANATION OF BENEFITS - THIS IS NOT A BILL

Subscriber: Ballard, Alan Subscriber ID: SUB-8807342
1420 Alder Street, Suite 200, Springfield OR 97477
Patient: Ballard, Curtis DOB: 1968-02-09
MRN: MRN-0007-439563 Claim: CLM-30246633
Date of Service: 2024-12-24

Claim Received: 2024-12-24

SERVICE	BILLED	ALLOWED	PLAN PAID
99283 Emergency department v	$682.90	$510.53	$311.94
PATIENT RESPONSIBILITY			$198.59

Remark: charges exceeding the allowed amount are not billable.
Date of Accident: 2024-02-12

Clerical organization only - for attorney/administrator review. Not for use in QME/AME med-legal report preparation (Lab. Code § 4628).

PHYSICAL THERAPY DAILY NOTE

Cascade Physical Therapy
1420 Alder Street, Suite 200, Springfield OR 97477
Patient: Ballard, Curtis DOB: 1968-02-09
MRN: MRN-0007-439563 Claim: CLM-30246633
Date of Service: 2025-01-16

DAILY TREATMENT NOTE

SUBJECTIVE
Patient reports pain 2/10 today, improved with activity.

TREATMENT PROVIDED
Therapeutic exercise: supine bridging, 3 sets of 10.
Manual therapy to the lumbar paraspinals, 15 minutes.

GOAL
Increase lumbar flexion to within functional limits.

Visit 5 of 24 authorised.
Treating therapist signature on file.
Date of Accident: 2024-02-12

Clerical organization only - for attorney/administrator review. Not for use in QME/AME med-legal report preparation (Lab. Code § 4628).

BILLING STATEMENT

Ridgeview Patient Financial Services
Health Information Management
Patient: Ballard, Curtis DOB: 1968-02-09
MRN: MRN-0007-439563 Claim: CLM-30246633
Date of Service: January 17, 2025

STATEMENT OF ACCOUNT
Statement Date: January 17, 2025
Account: ACCT-5687865

CPT	DESCRIPTION	CHARGE
72148	MRI lumbar spine without contrast	$1,930.14
97110	Therapeutic exercise, each 15 minutes	$87.02
20610	Arthrocentesis, major joint	$281.25
TOTAL CHARGES		$2,298.41
INSURANCE PAYMENTS		$38.53
BALANCE DUE		$2,259.88

This statement is for billing purposes only.
Date of Accident: 2024-02-12

Clerical organization only - for attorney/administrator review. Not for use in QME/AME med-legal report preparation (Lab. Code § 4628).

PHYSICAL THERAPY DAILY NOTE

Cascade Physical Therapy
900 Center Street, Eugene OR 97401
Patient: Ballard, Curtis DOB: 1968-02-09
MRN: MRN-0007-439563 Claim: CLM-30246633
Date of Service: 2025-01-19

DAILY TREATMENT NOTE

SUBJECTIVE
Patient reports pain 2/10 today, improved with activity.

TREATMENT PROVIDED
Therapeutic exercise: supine bridging, 3 sets of 10.
Manual therapy to the lumbar paraspinals, 15 minutes.

GOAL
Restore pain-free overhead reach to 160 degrees.

Visit 10 of 24 authorised.
Treating therapist signature on file.
Date of Accident: 2024-02-12

Clerical organization only - for attorney/administrator review. Not for use in QME/AME med-legal report preparation (Lab. Code § 4628).

EXPLANATION OF BENEFITS

Northstar Indemnity Company
EXPLANATION OF BENEFITS - THIS IS NOT A BILL

Subscriber: Ballard, Alan Subscriber ID: SUB-6935510
Health Information Management
Patient: Ballard, Curtis DOB: 1968-02-09
MRN: MRN-0007-439563 Claim: CLM-30246633
Date of Service: January 29, 2025

Claim Received: January 29, 2025

SERVICE	BILLED	ALLOWED	PLAN PAID
97140 Manual therapy techniq	$99.92	$69.14	$43.17
PATIENT RESPONSIBILITY			$25.97

Remark: charges exceeding the allowed amount are not billable.
Date of Accident: 2024-02-12

Clerical organization only - for attorney/administrator review. Not for use in QME/AME med-legal report preparation (Lab. Code § 4628).

PHARMACY PRINTOUT

Ridgeview Outpatient Pharmacy
Health Information Management
Patient: Ballard, Curtis DOB: 1968-02-09
MRN: MRN-0007-439563 Claim: CLM-30246633
Date of Service: 2025-02-23

PRESCRIPTION DISPENSING RECORD

RX NUMBER	DATE FILLED	DRUG / DIRECTIONS
RX-9782983	2025-02-23	meloxicam 15 mg PO daily with food

Quantity: 90 Refills remaining: 0

Dispensed by the pharmacist named above.
Counselling offered and accepted.
Date of Accident: 2024-02-12

Clerical organization only - for attorney/administrator review. Not for use in QME/AME med-legal report preparation (Lab. Code § 4628).

PROD-000046

PHARMACY PRINTOUT

Ridgeview Outpatient Pharmacy
Health Information Management
Patient: Ballard, Curtis DOB: 1968-02-09
MRN: MRN-0007-439563 Claim: CLM-30246633
Date of Service: 2025-02-23

PRESCRIPTION DISPENSING RECORD

RX NUMBER	DATE FILLED	DRUG / DIRECTIONS
RX-9782983	2025-02-23	meloxicam 15 mg PO daily with food

Quantity: 90 Refills remaining: 0

Dispensed by the pharmacist named above.
Counseling offered and accepted.
Date of Accident: 2024-02-12

Clerical organization only - for attorney/administrator review. Not for use in QME/AME med-legal report preparation (Lab. Code § 4628).

Metro Emergency Physicians Group

F A C S I M I L E T R A N S M I T T A L

To: Law Offices of Halverson and Reyes
From: Health Information Management
Date: March 23, 2025
Pages: 37 including this cover sheet
Re: Records request
Patient: Ballard, Curtis DOB: 1968-02-09

The documents accompanying this transmission contain confidential health information. If you are not the intended recipient, please notify the sender and destroy all copies.

Clerical organization only - for attorney/administrator review. Not for use in QME/AME med-legal report preparation (Lab. Code § 4628).

PHYSICAL THERAPY DAILY NOTE

Cascade Physical Therapy
Department of Orthopaedic Surgery
Patient: Ballard, Curtis DOB: 1968-02-09
MRN: MRN-0007-439563 Claim: CLM-30246633
Date of Service: March 23, 2025

DAILY TREATMENT NOTE

SUBJECTIVE
Patient reports pain 6/10 today, improved with activity.

TREATMENT PROVIDED
Therapeutic exercise: supine bridging, 3 sets of 10.
Gait training on level surfaces with verbal cueing.

GOAL
Increase lumbar flexion to within functional limits.

Visit 5 of 24 authorised.
Treating therapist signature on file.
Date of Accident: 2024-02-12

Clerical organization only - for attorney/administrator review. Not for use in QME/AME med-legal report preparation (Lab. Code § 4628).

PHYSICAL THERAPY DAILY NOTE

Cascade Physical Therapy
Department of Orthopaedic Surgery
Patient: Ballard, Curtis DOB: 1968-02-09
MRN: MRN-0007-439563 Claim: CLM-30246633
Date of Service: March 23, 2025

DAILY TREATMENT NOTE

SUBJECTIVE
Patient reports pain 6/10 today, improved with activity.

TREATMENT PROVIDED
Therapeutic exercise: supine bridging, 3 sets of 10.
Gait training on level surfaces with verbal cueing.

GOAL
Increase lumbar flexion to within functional limits.

Visit 5 of 24 authorised.
Treating therapist signature on file.
Date of Accident: 2024-02-12

Clerical organization only - for attorney/administrator review. Not for use in QME/AME med-legal report preparation (Lab. Code § 4628).

EXPLANATION OF BENEFITS

Cascade Mutual Health Plan
EXPLANATION OF BENEFITS - THIS IS NOT A BILL

Subscriber: Ballard, Alan Subscriber ID: SUB-2639893
Health Information Management
Patient: Ballard, Curtis DOB: 1968-02-09
MRN: MRN-0007-439563 Claim: CLM-30246633
Date of Service: 2025-04-12

Claim Received: 2025-04-12

SERVICE	BILLED	ALLOWED	PLAN PAID
20610 Arthrocentesis, major	$298.90	$139.57	$86.10
PATIENT RESPONSIBILITY			$53.47

Remark: charges exceeding the allowed amount are not billable.
Date of Accident: 2024-02-12

Clerical organization only - for attorney/administrator review. Not for use in QME/AME med-legal report preparation (Lab. Code § 4628).

STATEMENT OF ACCOUNT

Ridgeview Patient Financial Services
Remittance and Patient Accounts
PO Box 4821, Eugene OR 97401

RECEIVED
HEALTH INFORMATION MGMT

STATEMENT OF ACCOUNT
Patient: Ballard, Curtis DOB: 1968-02-09
MRN: MRN-0007-439563 Claim: CLM-30246633
Statement Date: 05/03/2025

72148 MRI lumbar spine without con $1,933.88
Balance due: $1,933.88

Please remit payment to the address above. This office bills on behalf of the treating practice and provides no clinical care.
Date of Accident: 2024-02-12

Clerical organization only - for attorney/administrator review. Not for use in QME/AME med-legal report preparation (Lab. Code § 4628).

STATEMENT OF ACCOUNT

Cascade Regional Billing Services
Remittance and Patient Accounts
PO Box 4821, Eugene OR 97401

STATEMENT OF ACCOUNT
Patient: Ballard, Curtis DOB: 1968-02-09
MRN: MRN-0007-439563 Claim: CLM-30246633
Statement Date: 2025-06-04

20610 Arthrocentesis, major joint $357.07
Balance due: $357.07

Please remit payment to the address above. This office bills on behalf of the treating practice and provides no clinical care.
Date of Accident: 2024-02-12

Clerical organization only - for attorney/administrator review. Not for use in QME/AME med-legal report preparation (Lab. Code § 4628).

RADIOLOGY REPORT

RADIOLOGY REPORT
1420 Alder Street, Suite 200, Springfield OR 97477
Patient: Ballard, Curtis DOB: 1968-02-09
MRN: MRN-0007-439563 Claim: CLM-30246633
Date of Service: June 24, 2025

EXAM: MRI lumbar spine without contrast
IMPRESSION: Disc bulge at L4-L5 without nerve root impingement.

cc Dr Marcus Oyelaran
Date of Accident: 2024-02-12

Clerical organization only - for attorney/administrator review. Not for use in QME/AME med-legal report preparation (Lab. Code § 4628).

STATEMENT OF ACCOUNT

Ridgeview Patient Financial Services
Remittance and Patient Accounts
PO Box 4821, Eugene OR 97401

RECEIVED
HEALTH INFORMATION MGMT

STATEMENT OF ACCOUNT
Patient: Ballard, Curtis DOB: 1968-02-09
MRN: MRN-0007-439563 Claim: CLM-30246633
Statement Date: 05/03/2025

72148 MRI lumbar spine without con $1,933.88
Balance due: $1,933.88

Please remit payment to the address above. This office bills on behalf of the treating practice and provides no clinical care.
Date of Accident: 2024-02-12

PROD-000126

Clerical organization only - for attorney/administrator review. Not for use in QME/AME med-legal report preparation (Lab. Code § 4628).

Clerical organization only - for attorney/administrator review. Not for use in QME/AME med-legal report preparation (Lab. Code § 4628).

Clerical organization only - for attorney/administrator review. Not for use in QME/AME med-legal report preparation (Lab. Code § 4628).

Clerical organization only - for attorney/administrator review. Not for use in QME/AME med-legal report preparation (Lab. Code § 4628).