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

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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).

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

PROD-000055

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
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

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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

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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

PROD-000019

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

REF-000023

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

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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

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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

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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

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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

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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

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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

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

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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

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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-000026

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