

TODD H. KATZMAN, M.D., INC.
ORTHOPAEDIC SURGERY AND SPORTS MEDICINE

1211 W. LA PALMA AVE., SUITE 506
ANAHEIM, CALIFORNIA 92801
(714) 491-3670
FAX (714) 533-6760

October 26, 2015

Erin Moore
The Hartford Insurance Company
P.O. Box 14475
Lexington, KY 40512

RE: EGER, ALAN
EMP: Bridgeway International
DOI: CT 3/1/11 to 2/1/15; 4/14/14
CLAIM#: YMQ43423C
WCAB#: ADJ9876653

ORTHOPAEDIC QUALIFIED MEDICAL EVALUATION

Dear Ms. Moore:

The above-captioned patient was seen by myself in this office today for a complex, comprehensive orthopaedic qualified medical evaluation. The following is a summary of the history, examination and consultation of the patient's orthopaedic condition, as well as a review of any available pertinent medical records, x-rays and any other diagnostic studies. Approximately 45 minutes were spent face to face with the patient, and approximately three hours were spent in review of the extensive medical records and preparation of the medical report in which the issues of causation and apportionment are discussed in detail.

The patient is a 53-year old, left hand dominant gentleman who was employed as a research and development director for Triace Bicycle/Bridgeway International. He was employed by this company for four years.

HISTORY:

The patient states that he is an avid racing bicyclist and his job involved testing and riding bicycles, as well as promoting the bicycles in China. He tested bikes and rode

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bikes at multiple mountain bike racing events. During the course of his employment, he suffered multiple injuries. On April 14, 2014, while at a racing event in China, somebody jumped up and landed on his left foot. He experienced immediate pain and he was seen at a hospital in China where x-rays were obtained. He was diagnosed with a fracture and a cast was applied. He then returned to the United States and was seen at Kaiser. Following his examination, x-rays were obtained. The cast was removed and a special shoe was applied, which he used for six to eight weeks. He then underwent a course of physical therapy. Eventually, he returned to China and he continued working until he was laid off from work in 2015.

He states that during the course of his employment, he injured his knees. Sometime in 2013, he was involved in a bicycle accident and injured both knees at that time. In addition, he states that as a result of riding bicycles seven to eight hours per day and as a result of limping following his left foot injury, he noted the onset of low back pain. In addition, he states that in 2005, he suffered a fractured left clavicle.

Because of persistent pain, especially in his left foot, knees and low back, he was seen by Dr. Thai. Following his examination, x-rays and MRI scans were obtained. He was treated with a course of physical therapy. He states that he has been seeing Dr. Thai on a monthly basis. Because of his persistent pain in his left foot, knees and low back, he now presents for an orthopaedic evaluation.

HISTORY OF SUBSEQUENT INJURIES:

The patient denies any injuries to the left foot, knees or lumbar spine prior to that noted above.

PRESENT COMPLAINTS:

The patient complains of left foot pain, bilateral knee pain and low back pain. The symptoms are aggravated by standing, walking, bicycling and prolonged exercising. He states that he feels weak when riding a bicycle. The symptoms are alleviated by rest.

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WORK HISTORY:

The patient was employed as a research and development director for Triace Bicycle/Bridgeway International for four years. His job involved mountain biking, testing bicycles and demonstrating bicycles. He has been off work since February 6, 2015.

PAST MEDICAL HISTORY:

| | |
|--------------------|--|
| Medical Illnesses: | None. |
| Surgical: | Left shoulder surgery. |
| Medications: | Naprosyn, omeprazole, Voltaren and Cyclobenzaprine. |
| Allergies: | Aspirin. |

REVIEW OF SYSTEMS:

Constitutional:

The patient denies a fever, weakness, fatigue or appetite loss. There has been no significant weight loss or gain.

Skin:

The patient has no skin disease or problems. There are no pigmentation changes or discoloration. There are no tumors/cancer or cysts.

Head:

The patient denies frequent or severe headaches.

Eyes/Vision:

The patient denies eye injury, infection or pain. The patient denies blurred, double or decreased vision, eye itching, burning or tearing, or light sensitivity.

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Ears, Nose, Throat and Mouth:

The patient denies ear pain, infection, discharge or decreased or loss of hearing. The patient denies sinus problems, recurrent throat problems, voice change or dental disease.

Cardiovascular:

The patient denies chest pain, heart palpitations, high blood pressure, shortness of breath, swelling of the feet or ankles, or varicose veins.

Respiratory:

The patient denies chronic cough, asthma, emphysema or chronic bronchitis, pneumonia, tuberculosis or coughing of blood.

Gastrointestinal:

The patient denies frequent indigestion or reflux, nausea or vomiting, vomiting of blood or abdominal pain. The patient denies liver disease, change in bowel habits, frequent constipation or diarrhea, blood in stools or hemorrhoids/rectal disease.

Genitourinary:

The patient denies painful or difficult urination, blood in the urine, kidney infection/stones or venereal disease.

Musculoskeletal:

The patient denies musculoskeletal problems with the exception of those associated with this injury.

Neurologic:

The patient denies epilepsy or convulsions. The patient denies other neurologic problems with the exception of those associated with this injury.

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Psychiatric:

The patient denies depression, nervousness, mood swings or sleep disturbances. The patient denies alcoholism or drug abuse treatment.

Endocrine:

The patient denies increased thirst, appetite or urination. The patient denies diabetes or hair loss.

Hematologic:

The patient denies bleeding gums, easy bruising or spontaneous nose bleeding. The patient denies easy bleeding or bleeding that is hard to stop.

PHYSICAL EXAMINATION:

The patient is a pleasant gentleman in no acute distress. He is 6'1" tall and weighs 155 pounds.

Gait:

His gait is nonantalgic.

Cervical Spine:

Examination of the cervical spine reveals the contour of the spine to be normal. There is no evidence of muscle spasm. There is no tenderness.

Cervical spine motion is within normal limits. He can touch his chin to his chest. Range of motion is as follows:

| | <u>Measured</u> | <u>Normal</u> |
|------------------------------|-----------------|---------------|
| Flexion: | 50 | 50 |
| Extension: | 0 | 0 |
| Right/Left Lateral Bending: | 45 | 45 |
| Right/Left Lateral Rotation: | 80 | 80 |

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Bilateral Shoulders:

Examination of the shoulders reveals that they are symmetrical in appearance except for a well-healed scar about the anterior aspect of the left shoulder. There is no evidence of atrophy. There is mild tenderness noted over the anterior aspect of the left shoulder.

Range of motion of the shoulders is as follows:

| | <u>Right</u> | <u>Left</u> | <u>Normal</u> |
|--------------------|--------------|-------------|---------------|
| Forward Flexion: | 180 | 150 | 180 |
| Extension: | 50 | 50 | 50 |
| Abduction: | 180 | 150 | 180 |
| Adduction: | 50 | 50 | 50 |
| Internal Rotation: | 90 | 90 | 90 |
| External Rotation: | 90 | 90 | 90 |

The following special tests are performed:

| | <u>Right</u> | <u>Left</u> |
|----------------------------|--------------|-------------|
| Impingement Test: | Negative | Negative |
| Apprehension Test: | Negative | Negative |
| Abduction Resistance Test: | Negative | Negative |

Bilateral Elbows:

Examination of the elbows reveals that they are symmetrical in appearance. There is no evidence of atrophy. The Tinel's test is negative. There is no tenderness noted.

Range of motion of the elbows is as follows:

| | <u>Right</u> | <u>Left</u> | <u>Normal</u> |
|-------------|--------------|-------------|---------------|
| Flexion: | 140 | 140 | 140 |
| Extension: | 0 | 0 | 0 |
| Pronation: | 80 | 80 | 80 |
| Supination: | 80 | 80 | 80 |

Lumbar Spine:

Examination of the lumbar spine reveals the contour of the spine to be normal. There is no evidence of spasm. There is mild tenderness at the base of the lumbosacral spine. He can flex with his fingertips reaching past his knees. Straight leg raising is negative to 90 degrees in the sitting and reclined positions. The Lasegue's test is negative bilaterally.

Bilateral Hips:

Examination of the hips reveals that they are symmetrical in appearance. There is no evidence of atrophy. There is no tenderness noted.

Range of motion of the hips is as follows:

| | <u>Right</u> | <u>Left</u> | <u>Normal</u> |
|--------------------|--------------|-------------|---------------|
| Flexion: | 130 | 130 | 130 |
| Extension: | 30 | 30 | 30 |
| Internal Rotation: | 45 | 45 | 45 |
| External Rotation: | 45 | 45 | 45 |
| Abduction: | 40 | 40 | 40 |
| Adduction: | 30 | 30 | 30 |

Bilateral Knees:

Examination of the knees reveals that they are symmetrical in appearance. There is no evidence of effusion. There is mild tenderness over the anterior aspect of both knees. There is no gross joint line tenderness noted. There is no evidence of medial or lateral laxity.

Range of motion of the knees is as follows:

| | <u>Right</u> | <u>Left</u> | <u>Normal</u> |
|------------|--------------|-------------|---------------|
| Flexion: | 130 | 130 | 130 |
| Extension: | 0 | 0 | 0 |

The following tests are performed:

| | <u>Right</u> | <u>Left</u> |
|-----------------------|--------------|-------------|
| Anterior Drawer: | Negative | Negative |
| Lachman: | Negative | Negative |
| Patella Apprehension: | Negative | Negative |
| Patella Inhibition: | Negative | Negative |
| McMurray: | Negative | Negative |
| Pivot Shift: | Negative | Negative |

Bilateral Ankles/Feet:

Examination of the ankles reveals that they are symmetrical in appearance. There is no evidence of gross effusion. There is no warmth or crepitus bilaterally. There is no tenderness to palpation. The anterior drawer test is negative bilaterally.

Examination of the left foot reveals no gross tenderness to deep palpation.

Range of motion of the ankles is as follows:

| | <u>Right</u> | <u>Left</u> | <u>Normal</u> |
|------------------|--------------|-------------|---------------|
| Dorsiflexion: | 40 | 40 | 40 |
| Plantar Flexion: | 50 | 50 | 50 |

Subtalar motion is as follows:

| | <u>Right</u> | <u>Left</u> | <u>Normal</u> |
|------------|--------------|-------------|---------------|
| Inversion: | 60 | 60 | 60 |
| Eversion: | 45 | 45 | 45 |

Neurologic:

The neurologic examination is normal with regard to strength and sensation. The deep tendon reflexes are 2+ and symmetrical.

X-RAYS/DIAGNOSTIC STUDIES:

No x-rays are obtained today.

REVIEW OF MEDICAL RECORDS:

The following records are reviewed.

1. The lumbar spine MRI scan report dated July 24, 2015 indicates spondylolisthesis at L5-S1 with mild disc bulging and mild degeneration with no evidence of neural impingement.
2. The left foot and ankle MRI scan report dated May 22, 2015 indicates inflammation of the Achilles tendon and plantar fasciitis with no evidence of a fracture.
3. The left knee MRI scan report dated July 24, 2015 indicates a mild effusion with no evidence of a meniscal tear.
4. The right knee MRI scan report dated July 24, 2015 indicates a minimal effusion with no evidence of a meniscal tear.
5. The 70-page deposition of the patient dated June 8, 2015 is reviewed. He discusses his background and his job duties. He discusses the accident in which he injured his foot. He discusses his back pain. He also discusses his current complaints. In addition, he discusses the treatment he has undergone.
6. The Doctor's First Report of Occupational Injury or Illness by Hao Thai, M.D. dated April 23, 2015 indicates the diagnoses of injuries to the knee, foot and lumbar spine; depression; and clavicle pain.
7. The seven-page left foot radiographic report indicates subacute healing of the proximal fifth metatarsal. Alignment is normal.

8. The report by George Youssef, M.D. dated March 26, 2015 describes the patient's history of injury. It is noted that he complains of left foot pain, bilateral knee pain, bilateral shoulder pain and low back pain. The physical examination findings are outlined. The report indicates the diagnoses of status post fracture, proximal fifth metatarsal, left foot; bilateral knee sprain; lumbar sprain; lumbar disc syndrome; bilateral shoulder tendinitis; and bilateral shoulder bursitis. The treatment recommendations are outlined.
9. The report by Timothy Liddy, D.P.M. dated March 18, 2010 are reviewed.
10. The report by Timothy Liddy, D.P.M. dated June 22, 2007 indicates that orthotics are prescribed.
11. Further records by Timothy Liddy, D.P.M. dated back to 2003 are reviewed. It is noted that the patient is treated with orthotics.

The note dated May 1, 2014 indicates that the patient presents with a right foot fracture of the fifth metatarsal.

12. The records from Geico Insurance Company pertain to the accident of April 8, 2004.

Pictures of a Jeep are included in the records.

13. The records from Fountain Valley Regional Medical Center include approximately 125 pages. It is noted that the patient is admitted for a left clavicle fracture. The records include emergency room reports, medication lists, nurses' notes, radiographic reports, etc.
14. The packet of records from Kaiser Permanente includes 365 pages of the patient's general medical file dating back to 2012. The records document multiple visits for a variety of nonorthopaedic conditions. Multiple laboratory studies and doctors' notes regarding

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dysuria, GERD and prostate screening are included in the records.

The note dated April 23, 2014 indicates that the patient complains of foot pain. The note indicates the diagnosis of foot fracture.

Several follow-up reports regarding the foot fracture are included in the records.

The report dated May 30, 2014 indicates that the patient complains of persistent foot pain. X-rays are obtained. He is instructed to continue with home exercises. Formal physical therapy is prescribed.

Multiple follow-up physical therapy reports dated June and July of 2014 are reviewed.

End of medical record review.

IMPRESSION:

1. Left fifth metatarsal fracture.
2. Bilateral knee strain.
3. Musculoligamentous strain, lumbosacral spine.
4. Status post left clavicle fracture.

DISCUSSION:

The patient is a 53-year old gentleman who sustained injuries to his left foot, bilateral knees and lumbar spine during the course of his employment as a research and development director for Triace Bicycle/Bridgeway International. He suffered a specific injury in April of 2014 when he fractured his foot. His other complaints appear to be due to the nature of his job, which involved testing and riding mountain bikes. He was laid off from work in February of 2015 and he is currently unemployed.

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Based upon the patient's history, the examination performed today, my review of the extensive medical records and without evidence to the contrary, it is my opinion that the injury is industrially related. He gives a reliable accounting of the nature of his symptoms. He did sustain a specific injury to his left foot and his other areas of pain appear to be due to the nature of his work activities.

The examination today reveals mild discomfort in the lumbar spine, bilateral knees and left foot. It is noted that his left foot fracture, which occurred in April of 2014, has healed and he requires no specific treatment for his foot at this time. With respect to the bilateral knees, he has been left with lingering pain. It is noted that the MRI scan reveals no evidence of a meniscal tear and therefore, he does not require surgical intervention. He would benefit from a course of formal physical therapy in order to strengthen his knees so that he can resume cycling. With respect to the lumbar spine, it is noted that there are mild degenerative changes but there is no evidence of a disc herniation or neural impingement. I recommend that he be allowed to undergo a short course of physical therapy in order to strengthen his lumbar musculature so that he will be able to resume cycling.

It is noted that he was able to perform his usual and customary work duties until February of 2015 when he was laid off from work. Because he was able to perform his regular work duties until he was laid off, it is my opinion that he has not required prolonged temporary total disability and there is no reason he would not be able to continue performing his regular work duties at this time, especially in light of the fact that the MRI scans of the knees and left foot are normal. He should be able to return to work while undergoing treatment if work is made available to him. Therefore, he is able to seek new employment.

In summary, the patient has sustained industrially related injuries in this case. It is my opinion that he requires further treatment. The treatment course should include formal physical therapy focusing on range of motion and

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strengthening exercises for both knees and the lumbar spine two times a week for four to six weeks followed by a home exercise program. He is allowed to cycle, train and seek new employment. Because he has not yet reached the maximum benefit of medical treatment, he is not yet permanent and stationary.

The issue of impairment will be discussed when he is discharged from care.

DISABILITY STATUS:

The patient is allowed to seek new employment at this time. He has no work restrictions. He is not yet permanent and stationary, as he requires further treatment.

CAUSATION:

Based upon the patient's history, the examination performed today, my review of the extensive medical records and without evidence to the contrary, it is my opinion that the injury is industrially related.

APPORTIONMENT:

Apportionment is not indicated.

FUTURE MEDICAL CARE:

As noted above, I recommend that the patient undergo a course of formal physical therapy and a home exercise program. He may also benefit from the use of a nonsteroidal anti-inflammatory medication. He does not require surgical intervention.

FUNCTIONAL CAPACITY:

The patient is allowed to perform all activities required of him and he may seek new employment at this time.

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If I can be of any further assistance in this case, please feel free to contact me.

Sincerely,



Todd H. Katzman, M.D.

Diplomate, American Board of Orthopaedic Surgery

Fellow, American Academy of Orthopaedic Surgeons

THK:jb

cc: Martha Suarez Ballesteros
Laughlin, Falbo, Levy & Moresi
1900 S. State College Blvd., #505
Anaheim, CA 92806

cc: William Green & Associates
3419 Via Lido
Newport Beach, CA 92663

DISCLOSURE:

This is to advise that the history, examination and any review of x-rays and records was performed by myself. I have dictated and reviewed this report.

I declare under penalty of perjury that the information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and belief, except as to information that I have indicated I have received from others. As to that information, I declare under penalty of perjury that the information accurately describes the information provided to me and, except as noted herein, that I believe it to be true. This document was executed in Orange County, California, on the date indicated below.

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The above report is for assessment of injury and is not to be construed as a complete physical examination for general health purposes. Only those symptoms which are involved in the injury or that might relate to the injury have been assessed.

STATEMENT PURSUANT TO LABOR CODE SECTION 5703:

I have not violated Labor Code Section 139.3 and the contents of the report and bill are true and correct to the best of my knowledge. This statement is made under penalty of perjury.

Date: October 26, 2015



HEALTH INSURANCE CLAIM FORM

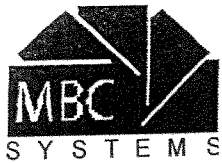
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

| | | | | | | | | | | | | |
|--|--|--|--|--------------------------|--|--|--------------------------|--|---|---|-----------------|--|
| PICA HARTFORD INSURANCE | | | | | | | | | | PICA | | |
| 1. MEDICARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> TRICARE <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN <input type="checkbox"/> FECA BLK LUNG <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> | | | 1a. INSURED'S I.D. NUMBER (For Program in Item 1) | | | 548414004 | | | | | | |
| 2. PATIENT'S NAME (Last Name, First Name, Middle Initial) EGER ALAN | | | 3. PATIENT'S BIRTH DATE MM DD YY 09 18 1962 | | | SEX M <input checked="" type="checkbox"/> F <input type="checkbox"/> | | | 4. INSURED'S NAME (Last Name, First Name, Middle Initial) BRIDGEWAY INTERNATIONAL | | | |
| 5. PATIENT'S ADDRESS (No., Street) 1423 W HOLGATE DR | | | 6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input checked="" type="checkbox"/> | | | 7. INSURED'S ADDRESS (No., Street) | | | | | | |
| CITY ANAHEIM | | STATE CA | | 8. RESERVED FOR NUCC USE | | | CITY | | STATE | | | |
| ZIP CODE 92802-2812 | | TELEPHONE (Include Area Code) (714) 343 0003 | | | | | ZIP CODE 00000 | | TELEPHONE (Include Area Code) (714) 343 0003 | | | |
| 9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) NONE | | | 10. IS PATIENT'S CONDITION RELATED TO: | | | 11. INSURED'S POLICY GROUP OR FECA NUMBER YMQ43423C | | | | | | |
| a. OTHER INSURED'S POLICY OR GROUP NUMBER | | | a. EMPLOYMENT? (Current or Previous) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | | a. INSURED'S DATE OF BIRTH MM DD YY 09 18 1962 | | | SEX M <input checked="" type="checkbox"/> F <input type="checkbox"/> | | | |
| b. RESERVED FOR NUCC USE | | | b. AUTO ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | | b. OTHER CLAIM ID (Designated by NUCC) | | | | | | |
| c. RESERVED FOR NUCC USE | | | c. OTHER ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | | c. INSURANCE PLAN NAME OR PROGRAM NAME HARTFORD INSURANCE | | | | | | |
| d. INSURANCE PLAN NAME OR PROGRAM NAME | | | 10d. CLAIM CODES (Designated by NUCC) | | | d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <i>If yes, complete items 9, 9a, and 9d.</i> | | | | | | |
| 12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. SIGNATURE ON FILE 11 18 2015 | | | | | | | | | | 13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below. SIGNATURE ON FILE | | |
| 14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY 02 01 2015 | | | | | | | | | | 15. OTHER DATE QUAL 431 | | |
| 17. NAME OF REFERRING PROVIDER OR OTHER SOURCE | | | | | | | | | | 18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY | | |
| 19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC) | | | | | | | | | | 20. OUTSIDE LAB? \$ CHARGES <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO NO PURCHASED SVCS | | |
| 21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. 0 | | | | | | | | | | 22. RESUBMISSION CODE ORIGINAL REF. NO. | | |
| A. S83.91XA B. S83.92XA C. S92.302A D. _____ | | | | | | | | | | 23. PRIOR AUTHORIZATION NUMBER | | |
| E. _____ F. _____ G. _____ H. _____ | | | | | | | | | | 24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY | | |
| I. _____ J. _____ K. _____ L. _____ | | | | | | | | | | B. PLACE OF SERVICE | | |
| C. EMG | | | | | | | | | | D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER | | |
| E. DIAGNOSIS POINTER | | | | | | | | | | F. \$ CHARGES | | |
| G. DAYS OR UNITS | | | | | | | | | | H. ICD QUAL | | |
| I. RENDERING PROVIDER ID. # | | | | | | | | | | J. _____ | | |
| 1 10262015 10262015 11 ML103 ABC 937 50 15 NPI 1548279029 | | | | | | | | | | SEE ATTACHED | | |
| 2 | | | | | | | | | | NPI | | |
| 3 | | | | | | | | | | NPI | | |
| 4 | | | | | | | | | | NPI | | |
| 5 | | | | | | | | | | NPI | | |
| 6 | | | | | | | | | | NPI | | |
| 25. FEDERAL TAX I.D. NUMBER 33 0528588 | | | 26. PATIENT'S ACCOUNT NO. THK00001723701 | | | 27. ACCEPT ASSIGNMENT? (For govt. claims, see back.) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | | 28. TOTAL CHARGE \$ 937 50 | | 29. AMOUNT PAID | |
| 31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) TODD KATZMAN M D G56022 11 18 2015 | | | 32. SERVICE FACILITY LOCATION INFORMATION TODD KATZMAN MD 1211 W LA PALMA AVENUE 506 ANAHEIM CA 92801-2812 | | | 33. BILLING PROVIDER INFO & PH # (949) 863 0022 | | | a. 1083625578 | | b. _____ | |

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

CARRIER



Notice of Representation

TO THE WORKERS' COMPENSATION APPEALS BOARD AND ALL INTERESTED PARTIES OF RECORD:

Please take notice that MBC Systems effective immediately, is representing lien claimant, TODD KATZMAN, MD at 1211 W LA PALMA AVENUE 506, ANAHEIM, CA 92801 only. Please add our name and address on the Official Address Record as Agent of Record for all service of Hearings, Findings, Orders, Decisions, and Awards pursuant to WCAB rule 10550. Thank you.

Attn: Legal Department
MBC Systems
1809 E. Dyer Road, Suite 311
Santa Ana, CA 92705

Regards,

A handwritten signature in cursive script that reads 'Wendy Vasquez'.

Wendy Vasquez
Hearing Department
MBC Systems

cc: Please see attached Proof of Service

PROOF OF SERVICE BY MAIL
STATE OF CALIFORNIA, COUNTY OF ORANGE

I am a resident of the county aforesaid; I am over the age of eighteen years and not a party within the entitled action.
My business address is **1809 East Dyer Road, Ste 311, Santa Ana, CA 92705**

On **11/19/2015** I served the within:

DR. KATZMAN, TODD BILLING STATEMENTS FOR DATE(S) OF SERVICE 10/26/2015
DR. KATZMAN, TODD COMPLEX MED LEGAL EVAL DATED 10/26/2015
NOTICE OF REPRESENTATION

- AUTHORIZATION
- MED SHEET
- OPERATION REPORT DATED _____
- PRESCRIPTION FROM REFERRING DOCTOR
- RFA
- WORK STATUS SLIP
- W9
- OTHER: _____

Regarding: **EGER, ALAN VS. BRIDGEWAY INTERNATIONAL**
Account number: THK 17237-01
Claim #: YMQ4343423C

On the interested parties in said action, by placing a true copy thereof enclosed in a sealed envelope with postage thereon fully prepaid, in the United States mail at **Santa Ana, California** addressed as follows: I am aware that on motion of the party served, service by mail is presumed invalid if the postal cancellation date or meter postage on the envelope is more than one day after the date of the deposit for mailing contained in this affidavit.

WILLIAM GREEN, ESQ
3419 VIA LIDO STE 607
NEWPORT BEACH, CA 92663

LAUGHLIN, FALBO ANAHEIM,
PO BOX 25505
ANAHEIM, CA 92825

HARTFORD INSURANCE
PO BOX 14475
LEXINGTON, KY 40512

CC:

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on **11/19/2015** at **Santa Ana, California**



Kristian Caringal