

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Go to www.irs.gov/FormW9 for instructions and the latest information.

MAC 10/12/2022

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

SO CAL SPINE & ORTHO ONC INC

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

- Individual/sole proprietor or single-member LLC
- C Corporation
- S Corporation
- Partnership
- Trust/estate
- Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____
Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.
- Other (see instructions) ▶ _____

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

P.O. BOX 1176

6 City, state, and ZIP code

NEWPORT BEACH, CA 92659

7 List account number(s) here (optional)

Requester's name and address (optional)

Print or type. See specific instructions on page 3.

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number								
			-					

Or

Employer identification number									
2	0	-	3	6	0	1	9	5	4

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here Signature of U.S. person ▶ 

Date ▶ 1/1/2022

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
 - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
 - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
 - Form 1099-S (proceeds from real estate transactions)
 - Form 1099-K (merchant card and third party network transactions)
 - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
- If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*

OCEAN ONE

SURGERY CENTER



MAC

10/17/2022

OPERATIVE REPORT

PATIENT: SHAH, BHARGAV
DATE OF BIRTH: 05-01-1956
DATE OF SURGERY: OCTOBER 6, 2022
SURGEON: KAMRAN AFLATOON, D.O.
ASSISTANT: NONE.

PREOPERATIVE DIAGNOSIS: DISC HERNIATION, CERVICAL SPINE. AT C4-5

POSTOPERATIVE DIAGNOSIS: DISC HERNIATION, CERVICAL SPINE AT C4-5

OPERATION:

1. ANTERIOR CERVICAL PARTIAL CORPECTOMY AND DECOMPRESSION AT C4
2. ANTERIOR CERVICAL PARTIAL CORPECTOMY C5
2. BILATERAL NEURAL FORAMINOTOMY, C4-5
4. MICRODECOMPRESSION AT C4-5
3. ARTHRODESIS AT C4-5
4. INSERTION OF BIOMECHANICAL CAGE AT C4-5.
5. INSTRUMENTATION AT C4-5
6. ILIAC CREST BONE GRAFT.
7. EXPLORATION OF FUSION C4-5
8. INTERPRETATION OF FLUOROSCOPIC IMAGES.
9. NEEDLE LOCALIZATION UNDER FLUOROSCOPIC GUIDANCE.

ANESTHESIA: GENERAL.
ANESTHESIOLOGIST: SAFWAT RIZKALLA, M.D.
ESTIMATED BLOOD LOSS: MINIMAL.
COMPLICATIONS: NONE.

17161 GOLDENWEST STREET STE C, HUNTINGTON BEACH, CA 92647
PHONE 714-373-1400 FAX 888-809-1430

DESCRIPTION OF OPERATION:

The patient was taken to the operating room and was placed in a supine position. The neck and pelvis were prepped and draped in sterile fashion. She was indicated for spinal decompression and fusion due to her persistent pain.

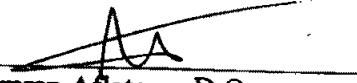
A straight lateral incision was made. The dissection was taken down to the anterior cervical area. Retraction of the esophagus was performed to the left side. We were able to identify the first disc of C4-5. There was a prior fusion at C4-5. The plate was inspected, and fusion was explored to assure solid fusion.

Using a 15 blade knife, C4-5 discectomy was completely done, Casper pins were placed across the disc space. We were able to get to the back of the disc. We proceeded with partial corpectomy of C4 as well as C5. Partial corpectomy was completed using a burr. Once the partial corpectomy was completed, and the disc space was distracted completely. There were significant osteophytes noted. Meticulous dissection was taken down to the level of the spinal dura. Complete Micro decompression and removal of the posterior longitudinal ligament, and decompression after partial corpectomy were done. Then we went into the foraminal space. Bilateral neural foraminotomy was done at C4-5. The area was irrigated once again.

We proceeded by performing our decortication area for arthrodesis. Then the corticocancellous iliac crest bone graft was taken and placed inside our cage. The bone graft was taken using different cannulas. These cannulas were taken in separate pieces, and the piece was impacted in the cage. The cage was filled with the bone graft. Size 7 cage was filled with bone graft. The cage was applied into the disc space C4-5. The biomechanical cage was recessed in position with good fixation. We then released the distraction across the disc space. The Casper pins were removed. There was no bleeding noted.

Once the cage was placed in position, we were able to measure the distance for placement of cervical plate. A correct length cervical plate was chosen and applied to the anterior aspect of the spine. We then used the screws to fixate the plate to the bone. The screws were locked in position. This was verified with the aid of fluoroscopic images. The area was irrigated with a copious amount of irrigation. The wound was then subsequently closed in sequential layers. A deep drain was applied.

I performed the interpretation of fluoroscopic images, and needle localization was performed throughout the case. Micro-decompression was done with the use of microscope.


Kamran Aflatoon, D.O.
KA/ac
D: 10/06/22 T: 10/06/22
ID#BS5156
MRN#SHABH000

MAC
10/17/2022



Approval Letter

Date: 6/8/2022

Kamran Aflatoon, MD
17161 Goldenwest Street
Huntington Beach, CA 92647
Phone #: (949) 645-7746
Fax #: (949) 645-7749

Regarding Employee:

Name: Bhargav Shah
Address: 8785 E. Cloudview way anaheim, CA 92808
DOB: 5/1/1956
Phone: (714) 322-2674
Claim Number: DLRW2018083560
DOI: 7/3/2018
Client: Disneyland Resort

Claims Administrator Info:

Name: Daniel Monroy
Address: P.O. Box 3909 Anaheim , CA 92803
Phone: (714) 781-7988
Fax: (818) 260-8239
Email: arthur.d.monroy@disney.com

Reference #: TR5732201;TR5732202

Dear Kamran Aflatoon, MD,

Please be advised that Disneyland Resort has contracted with Genex Services, to perform utilization review functions on their behalf.

The request for authorization was first received on 6/3/2022 and reviewed in accordance with title 8, California Code of Regulations Sec. 9792.9.1. On 6/8/2022 a decision was made in regard to the requested medical treatment.

Requested Service/Procedure:

Surgery- Spinal Anterior Cervical Discectomy and Fusion, Plate Fixation, Iliac Crest Bone Graft at C4-5 to be done on a Outpatient basis at preferably Orange Coast Memorial in Fountain Valley per 6/3/22 RFA attached to 6/1/22 Medical Report, Cervical Spine
Quantity : 1. Requested Provider: Disney MPN Harbor Health (harborsys.com/wdpr) Phone: Fax:
Medical Clearance Pre-op EKG, Urine Dipstick, Cheat X-ray and Labs: PT / PTT / CBC / CMP per 6/3/22 RFA attached to 6/1/22
Medical Report Quantity : 1. Requested Provider: Disney MPN Harbor Health (harborsys.com/wdpr) Phone: Fax:

Request is: **APPROVED**

This approval is valid for 120 days from the date of this notice. Extensions or changes in the treatment plan will require additional certifications

Genex Services does not guarantee compensability or claim acceptance. These are determined by your workers compensation insurance carrier. No payment shall be made for implantable spinal hardware and/or instrumentation, in accordance with Title 8, C.C.R., Section 9792.1(c)(7), without a copy of the original manufacturer's invoice(s) to determine documented paid cost.

Please forward all billing to: Disneyland Resort, Workers' Compensation P.O. Box 3909 Anaheim , CA 92803

Gracia Goade, MD, MS

Gracia Goade, MD, MS
General Surgery
License: G40760
Physiolan Advisor
Phone: (626) 585-1808 Fax: (626) 795-7150

cc: Bhargav Shah, Employee; Daniel Monroy, Claim Adjuster; Kamran Aflatoon, MD; Disney MPN Harbor Health (harborsys.com/wdpr)

www.GenexServices.com
110 Theory, Suite 100, Irvine, CA 92617

SHAH, BHARGAV
DOB: 05/01/1956 AGE: 66
SEX: MALE ALLERGIES: NKDA
SURGEON: K. AFLATOON
DOS: 10/06/2022
MR#: SHABH000
ADVANCE DIRECTIVE: NO