

# LAWRENCE A. FEIWELL, M.D.

## FEIWELL MEDICAL EVALUATIONS

3742 KATELLA AVENUE, SUITE 401  
LOS ALAMITOS, CALIFORNIA 90720  
PHONE (562) 431-4800 FAX (562) 431-4813

November 19, 2019

Workers' Compensation Appeals Board

### Supplemental Medical-Legal Evaluation

Re: Debra Sanchez  
DOB: 05/29/66  
Our File #: 1007035  
Emp: University of Southern California  
D/I: 02/08/18-02/07/19  
Claim #: 188939486  
WCAB #: ADJ11924494

Dear Honorable Presiding Judge:

I orthopedically evaluated Debra Sanchez in the capacity of an Agreed Medical Evaluator on August 21, 2019. At the time of my evaluation, the patient was noted to have findings consistent with osteoarthritis cervical spine minimally symptomatic; asymptomatic osteoarthritis, thoracic spine; normal low back examination; normal hip examination; normal bilateral shoulder examination; normal right elbow examination; evidence of medial epicondylitis and cubital tunnel syndrome left elbow; mild evidence of carpal tunnel syndrome bilateral wrists and hands; advanced osteoarthritis bilateral thumbs; normal left knee examination; complaints of parapatellar pain right knee with symptoms of chondromalacia; normal ankle and foot examination; morbid obesity and history of anxiety and depression. She had reached maximum medical improvement. Whole person impairment was 13%. It appeared that Ms. Sanchez may have sustained cumulative trauma injury to her right knee, her left cubital tunnel, bilateral carpal tunnels and bilateral thumbs. Apportionment was indicated. Advanced arthritic changes of both thumbs secondary to osteoarthritis in part would be due to a pre-existing condition. I looked forward to reviewing her private medical file including records or any settlements from the 1996 injury. If she had a settlement for carpal tunnel syndrome of both wrists and future medical care for carpal tunnel syndrome of both wrists the wrist findings would be due to a prior injury under Labor Code §4664. Her left cubital tunnel syndrome, if confirmed, would be the result of cumulative trauma while working at USC. Apportionment was deferred pending review of her

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entire medical file. Ms. Sanchez was capable of performing her usual and customary duties. There was no indication she required temporary total disability. I recommended that she have a consultation and EMG/nerve conduction studies of both upper extremities. She was a candidate for excisional arthroplasties of both thumbs. Depending on the EMG/nerve conduction study results, she may be a candidate for bilateral carpal tunnel release surgery and left cubital tunnel release surgery. There was no indication she required any intervention for her knee complaints, neck, thoracic and lumbar spine complaints.

I have now reviewed 2.0 inches of medical records for review. The following is a summary of the relevant records.

**Review of Submitted Medical File:**

Handwritten chart notes from Daisy Guevara, M.D. at Talbert Medical Group dated July 25, 2005 stated that she complained of illegible word right sided migraine headaches. She had a cat scratch on the right leg. Treatment included Toradol, Keflex and dermatology referral for rash. Weight loss was recommended for obesity.

Progress notes dated April 3, 2006 from Gregory Ochoa, M.D. at Talbert Medical Group stated that the patient was seen for vague body pain, irritation to her ears, pressure behind her eyes and headaches. She had no relief with over-the-counter medications. Zithromax Z-pak, Loratadine, Sudafed, Ibuprofen and Paxil were prescribed.

Progress notes dated May 10, 2006 from Doctor Ochoa stated that the patient woke up this afternoon and was now (sic) feeling well. She was unable to work. Assessment was not noted. Medications were prescribed.

Radiology report dated September 14, 2006 from Alan Turner stated that x-rays of the lumbar spine were normal.

Progress notes dated September 19, 2006 from Doctor Guevara stated that she was seen for rash in the left pubis area, itching, dry skin and chronic low back pain. Medications were prescribed and x-rays were ordered.

Unsigned report dated August 1, 2007 from Talbert Medical Group stated that the patient was seen for a gynecological examination. Assessment was well woman examination.

Progress notes dated June 26, 2008 from David Meacham, P.A. stated that the patient was seen for medication refills. She had a history of migraines, menses related. Encounter diagnosis was depressive disorder, nec (sic). Paxil, Toradol and Vandazole 0.75% were prescribed.

Progress notes dated April 5, 2009 from Doctor Guevara stated that the patient was seen for follow-up for depression. Diagnoses were routine medical examination; depressive reaction, stable; migraine not otherwise specified, improved. Medications were refilled.

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Call documentation dated April 7, 2010 from Patricia Heredia; MA stated that the patient called to get an extension for another day off work. She stated that she still had fever and chest congestion.

Progress notes dated September 9, 2010 from Doctor Ochoa stated that she complained of severe headaches with no relief with several medications. She was unable to work secondary to pain. Nortriptyline HCL, Promethazine HCL and laboratory studies were prescribed. The patient was referred to neurology.

Progress notes dated September 12, 2010 from Doctor Ochoa stated that she complained of severe headaches with no relief with several medications. She was unable to work secondary to pain. Diagnoses were migraine not otherwise specified; nausea with vomiting. Medications were prescribed. She was given Toradol IM. A neurology consultation was pending.

Notes dated October 26, 2011 from Cynthia Calderon, LVN stated that the patient's laboratory tests results were within normal limits.

Progress notes dated February 17, 2012 from Demtra Bastas, N.P. stated that the patient complained of earaches in both ears, cough, cold, body aches and chest congestion. She requested a refill of Paxil. Assessment was chronic sinusitis not otherwise specified; bacterial infection not otherwise specified and depressive reaction. Medications were prescribed.

Progress notes dated June 14, 2012 from Erika Rocha, M.A. stated that the patient was seen for her annual routine pap and checkup. Active problem list included chronic sinusitis not otherwise specified; depressive reaction, stable, migraine not otherwise specified improved and vaginitis not otherwise specified, resolved. Recommendations included mammogram and laboratory studies. Dental checkups were recommended.

Report dated September 25, 2012 from Aileen Takahashi, M.D. at Association of South Bay Surgeons stated that the patient was seen for bariatric surgery.

A pre-operative evaluation report dated January 16, 2013 from Maleah Grover McKay, M.D. was reviewed.

Progress notes dated March 8 and March 11, 2013 from N.P. Bastas stated that the patient was seen for cough, bronchitis, chest pressure and body aches. Medications were prescribed.

Radiology report dated April 1, 2013 from Anita Boorman, D.O. stated that chest x-rays were normal.

Pre-operative office visit report dated June 11, 2013 from Doctor Guevara stated that there were no contraindications for surgery.

Progress notes dated June 20, 2013 from Doctor Guevara stated that the patient was seen for a pre-operative office visit prior to bariatric surgery.

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Operative report dated June 20, 2013 from Doctor Takahashi stated that the patient underwent laparoscopic short limb gastric bypass (30 cc pouch with 100 cm antecolic, antegastric roux limb) and hiatal hernia repair. Pre-operative diagnoses were morbid obesity with a BMI at its highest of 46, down to 42 in preparation for surgery; joint pain; dyspnea on exertion; elevated liver function tests; hypovitaminosis D and A; migraines. Post-operative diagnoses were morbid obesity with a BMI at its highest of 46, down to 42 in preparation for surgery; joint pain; dyspnea on exertion; elevated liver function tests; hypovitaminosis D and A; migraines and hiatal hernia.

Discharge summary report dated June 23, 2013 from Doctor Takahashi was reviewed.

Progress notes dated July 3, 2013 from Doctor Guevara stated that active problem list included migraine, improved; chronic sinusitis not otherwise specified; morbid obesity; respiratory abnormality nec (sic), snoring; major depression single episode, mild.

Progress notes dated July 15, 2013 from Doctor Guevara stated that the patient lost 10-15 pounds following gastric bypass surgery. Laboratory studies were ordered.

Call documentation notes dated May 7, 2014 from Cynthia Calderon, LVN stated that the patient did not have insurance, but would like to know if she could get a refill for Paroxetine.

Progress notes dated November 17, 2014 from Demetra Bastas-Bratkic, N.P. stated that the patient was seen for follow-up for medications and vaginal discomfort for 4 months.

Progress notes dated November 24, 2014 from N.P. Bastas-Bratkic stated that laboratory studies were reviewed and recommendations included exercise, limit sugars and simple carbohydrates and she was to avoid trans fats and limit saturated fat.

Progress notes dated December 23, 2014 from Betty Fletcher, M.D. stated that the patient was seen for vaginitis.

Progress notes dated January 2, 2015 from Jennette Amezcujita, MA stated that the patient complained of earaches and cough. Cipro was prescribed.

Report dated January 9, 2015 from Doctor Takahashi stated that the patient was seen for a post-operative office visit. She had a 36-pound weight loss. Assessment was dyspnea during exertion, improved; arthralgia, improved; other comorbidities included hypovitaminosis A & D.

Progress notes dated May 14, 2015 from Lori Zanni, R.D. stated that the patient complained of headaches for 3 days described as throbbing and tight. Assessment was major depressive disorder, single episode, mild and insomnia. Medications were prescribed.

Progress notes dated January 5, 2016 from Doctor Guevara stated that the patient complained of pain that radiated to the elbow with swelling for 3-4 months. She had right knee pain and swelling for 3 months. She stated that she tripped on a cord and fell hurting her right elbow 3

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months ago. Assessment was right elbow pain, chronic and right knee pain, chronic. The patient was referred for x-rays. She was referred to an orthopedist depending on x-ray results.

Radiology report dated January 28, 2016 from Duke Nguyen, M.D. stated that x-rays of the right elbow were normal.

Progress notes dated March 7, 2016 from N.P. Bastas-Bratkic stated that the patient was seen for migraines for 2 days. She was being followed at USC for eye surgery in the next 2 weeks for worsening "narrowing angle of lens" of both eyes. Belief was that her headaches would improve after surgery. Assessment was major depressive disorder, single episode, mild (noting that she was grieving as her mother passed away in December 2015). Grief counseling was recommended. She was given an injection of Ketorolac Tromethamine. She was given an excuse from work/school from March 7 to March 9, 2014.

Home sleep test results report dated May 19, 2016 from Watermark Medical ARES Sleep study stated that the patient qualified for CPAP therapy.

Progress notes dated July 5, 2016 from Doctor Guevara stated that the patient was seen for cough with sputum, probably early bronchitis, Medications were prescribed. She was given an excuse from work from July 1 – July 5, 2016.

Progress notes dated October 24, 2016 from Thiri Oo, M.D. stated that the patient had bilateral knee pain and was seen for right knee pain noting that she had a history of mild arthritic changes. There was swelling now, mostly on the suprapatellar bursa. Physical therapy, x-ray, medications and orthopedics were recommended since she had been falling a lot. She had arthralgia of the left elbow noting that she recently fell on it. X-rays were ordered. She was given an excuse from work from October 21 – October 25, 2016.

Progress notes dated November 27, 2017 from Doctor Guevara stated that the patient was seen for an exacerbation of depression. She was referred to behavioral health. She was advised to stop alcohol and continue Paroxetine.

Progress notes dated October 23, 2018 from Paula Bendigo, N.P. stated that the patient was seen for migraine headaches off and on. She was given Toradol IM. Her headaches were worse by her depression and stress at work in pathology and her mother's death in 2015. She had a lump on the back of her head for 10 years.

Progress notes dated February 14, 2019 from Doctor Guevara stated that the patient complained of multiple joint pain for 2 months, most likely fibromyalgia. She had chronic pain in the left elbow and moderate major depression, single episode. X-rays and orthopedic referral for possible steroid injection to the left elbow were recommended. Medications were reviewed. It was noted that the patient denied right elbow pain as being work related. She denied any aggravating factor or trauma.

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Radiology report dated February 14, 2019 from Charles Taylor, M.D. stated that x-rays of the left elbow were negative.

Status report dated February 16, 2019 from Doctor Guevara stated that laboratory studies were reviewed and her tests for lupus and rheumatoid arthritis were negative.

Electrodiagnostic studies were performed on September 27, 2017 by Fred Batkin, M.D. Impression noted that there were electrodiagnostic findings of bilateral median neuropathy across the wrist, left greater than right. On her left, her most symptomatic side, there was significant sensory and significant motor involvement and with abnormal EMG of left opponens with findings of mild acute denervation and decreased recruitment. On her right, her less symptomatic side, there was moderate sensory involvement and mild-to-moderate motor involvement, but with normal EMG of the right opponens without evidence of acute or chronic right median nerve denervation. There were normal bilateral ulnar nerve conduction studies without electrodiagnostic evidence of right or left ulnar neuropathy across the wrists, forearms or elbows. There was no electrodiagnostic evidence of acute or chronic right or left cervical nerve root involvement. There was no electrodiagnostic evidence of upper extremity peripheral polyneuropathy. There were electrodiagnostic findings of partial median to ulnar anastomosis in the forearms (Martin-Gruber anastomosis). This was a normal variant nerve anomaly finding.

Also noted were mammography reports, ophthalmology, encounter notes, telephone summary notes and miscellaneous reports/notes.

I reviewed my August 21, 2019 Agreed Medical Evaluation report in its entirety.

**Comment:**

I evaluated Ms. Sanchez in the capacity of an Agreed Medical Examiner on August 21, 2019, and I issued a 24-page report regarding injuries sustained on a continuous trauma basis when employed at the University of Southern California in the capacity of a pathology office coordinator. She was able to perform her usual and customary duties until she was laid off on February 7, 2019. I was not provided the opportunity to review her private medical file. She had a past medical history of morbid obesity and had gastric bypass surgery 3 years ago. Despite having the surgery, she still weighed 183 pounds and was 4'10" in height. She had a prior claim of carpal tunnel syndrome employed by Telecare La Casa Mental Facility in 1996. Overall, her findings were consistent with osteoarthritis of the cervical spine minimally symptomatic, asymptomatic osteoarthritis thoracic spine, normal low back examination, normal hip examination, normal bilateral shoulder examination, normal right elbow examination, evidence of medial epicondylitis and cubital tunnel syndrome of the left elbow, mild evidence of carpal tunnel syndrome bilateral wrists, advanced osteoarthritis bilateral thumbs, normal left knee examination, chondromalacia of the patella of the right knee, normal ankle and foot examination, morbid obesity, and history of anxiety and depression. I felt she reached maximum medical improvement with an overall 13% whole person impairment.

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Ms. Sanchez had been working for the University of Southern California sometime around March of 2014. The medical file submitted for my review begins in 2005.

The medical records indicate that she had a history of obesity. She was seen for chronic low back pain in September of 2006. She was seen for depressive disorder in 2008. She was seen for headaches in September of 2010 which were diagnosed as being a migraine. She required chronic use of anti-depressant medication Paxil.

By 2013, she was noted to weigh 204 pounds. She underwent laparoscopic gastric bypass surgery on June 20, 2013.

On January 5, 2016, she was seen by Dr. Guevara complaining of right elbow for 3 to 4 months, right knee pain and swelling for 3 months. It was noted that she tripped on a cord and fell hurting her right elbow 3 months ago. There was no mention of a specific injury to me of falling over a cord. It appears that she developed right knee pain and elbow pain after this fall.

Apparently, she was diagnosed as having narrow-angle glaucoma in March of 2016 and was having worsening of her depressive disorder.

She underwent a sleep study in May of 2016 and it was indicated she required CPAP.

On October 24, 2016, she had complaints of bilateral knee pain. It was noted that she had a history of arthritis of the right knee. It was noted that she had arthritis of the left elbow after a recent fall which is the second fall she did not report to me.

Dr. Guevara felt that she had fibromyalgia in 2019.

The patient underwent EMG and nerve conduction study by Dr. Fred Batkin on September 27, 2019, that showed no abnormalities other than an incidental finding of an anatomic condition called Martín-Gruber anastomosis.

#### **Causation:**

Based upon the above findings, it appears that Ms. Sanchez' right knee complaints are nonindustrial due to a fall and her bilateral elbow complaints are nonindustrial due to a fall.

#### **Whole Person Impairment:**

There is no evidence she has nerve entrapment of the upper extremities on electrodiagnostic testing; therefore, the impairment rating for the ulnar nerve and carpal tunnel should be eliminated. She would therefore have 6% whole person impairment for each thumb resulting in 12% whole person impairment.

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**Apportionment:**

Apportionment would be 20% due to outside activities and 80% due to cumulative trauma through 2019.

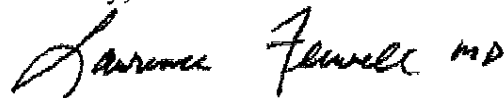
Should you have any further questions, please feel free to contact me.

<i>Time Taken to Review Records</i>	<i>3.0 Hour</i>
<i>Physician Dictation and Editing Time in Preparation of Report</i>	<i>1.0 Hour</i>
<i>Total Time</i>	<i>4.0 Hour</i>

*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 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. The above medical records, if any, were reviewed entirely by Dr. Feiwell and transcribed by Lisa Fernandez, medical-legal transcriptionist as dictated by Dr. Feiwell.*

*I, Lawrence A. Feiwell, hereby declare under penalty of perjury that I have not violated Labor Code Section 139.3 and that I have not offered, delivered, received or accepted any rebate, refund, commission, preference, patronage, dividend, discount or other consideration, whether in the form of money or otherwise, as compensation or inducement for any referred examination or evaluation.*

Sincerely,



Lawrence A. Feiwell, M.D.

Signed in Orange County on November 19, 2019

LAF/bc/lf

Enclosures:

Bill  
Cover letter

(Original report to Law Offices of Robert Wheatley)



Workers' Compensation Appeals Board

Re: Sanchez, Debra  
November 19, 2019

cc:

Law Offices of Robert Wheatley  
14661 Franklin Ave., Suite 100  
Tustin, CA 92780

Law Offices of Natalia Foley  
8306 Wilshire Blvd., Suite 115  
Beverly Hills, CA 90211

Broadspire  
Attn: Gwendolyn Richardson  
P.O. Box 14352  
Lexington, KY 40512

Debra Sanchez  
6025 Clara St.  
Bell Gardens, CA 90201

1.5"

Received Fax: Oct 26 2019 04:22:39 Fax Station: 010111 Fax Page 2

To: 1 Page 2 of 2

2019-10-26 23:38:39 (GMT)

13106269632 From: Natalia Foley

LAW OFFICES OF  
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Subpoena  
William Wheatley, Jr.  
Mark Baker

Law Clerk  
Drew Wheatley  
Taylor Wheatley

Juris Doctor  
Inu Ardayig  
Aigret Sanchez  
Pegi McClure

Of Counsel  
William Wheatley, Sr.  
Larry Koplin

Hearing Representative  
(1994-2012)

OCT 30 2019

October 22, 2019

Sent Via Email & Regular Mail

LAWRENCE FEIWELL, M.D.  
3742 KATELLA AVENUE., SUITE 401  
LOS ALAMITOS, CA 90720

RE: DEBRA SANCHEZ v. USC  
EAMS CASE NO. ADJ11924494; ADJ11924493  
DATE OF INJURY 01/20/18 ~ 02/01/19 CT;  
02/08/18 ~ 02/07/19 CT  
CLAIM NO. 188939446-001  
OUR FILE NO. 18176

Dear Dr. Feiwell:

As you know you are the orthopedic AME in the above noted matter. The parties are currently awaiting a supplemental report from you following the applicant's EMG/nerve conduction study which was ordered by you and scheduled with Dr. Batkin on September 27, 2019.

Please include in your supplemental report a review and discussion of the attached subpoenaed records from Healthcare Partners. If these records do not assist you enough in providing a discussion of apportionment please outline in your supplemental report any additional records you will need in order to provide an apportionment discussion.

Kimberly Yurisko, Esq.  
LAW OFFICES OF ROBERT WHEATLEY  
14661 Franklin Ave., #100  
Tustin, CA 92780-7200

Very truly yours,  
Natalia Foley  
NATALIA FOLEY BEVERLY HILLS  
8306 WILSHIRE BLVD STE 115  
BEVERLY HILLS CA 90211

KY/mx  
Enclosure: SDT Records/Healthcare Partners

**State of California**  
**Division of Workers' Compensation – Medical Unit**  
**AME or QME Declaration of Service of Medical-Legal Report (Labor Code § 4062.3(i))**

**Case Name:** Debra Sanchez vs Broadspire  
(employee name) (claims administrator name, or if none employer)

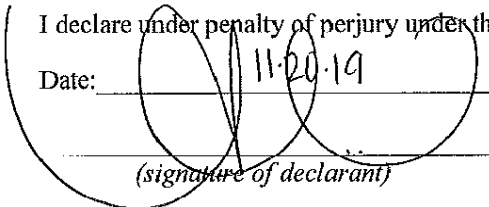
**Claim No.:** 188939486 **EAMS or WCAB Case No. (if any):** ADJ11924494

I, April Cabanas declare:  
(Print Name)

1. I am over the age of 18 and not a party to this action.
2. My business address is 3742 Katella Avenue, Suite 401, Los Alamitos, CA 90720.
3. On the date shown below, I served the attached original, or a true and correct copy of the original, comprehensive medical-legal report and bill on each person or firm named below, by:
  - A depositing the sealed envelope with the U.S. Postal Service with the postage fully prepaid.
  - B placing the sealed envelope for collection and mailing following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the U.S. Postal Service in a sealed envelope with postage fully prepaid.
  - C placing the sealed envelope for collection and overnight delivery at an office or a regularly utilized drop box of the overnight delivery carrier.
  - D by electronic mail from april@feiwelmedical.com or daphne@feiwelmedical.com.
  - E electronic transmission through our electronic billing agent DaisyBill.
  - F by facsimile transmission from (562) 340-6402 and was reported as complete and without error.

<u>Means of Service:</u>	<u>Date Served:</u>	<u>Addressee and Address:</u>
<u>EIB</u>	<u>11-20-19</u>	Broadspire P.O. Box 14352, Lexington, KY 40512
<u>F</u>	<u>11-20-19</u>	Law Offices of Natalia Foley 310-626-9632
<u>F</u>	<u>11-20-19</u>	Law Offices of Robert Wheatley 714-665-0033
<u>D</u>	<u>11-20-19</u>	Debra Sanchez <u>DPSANCHEZ1@NETZERO.COM</u>

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

Date: 11-20-19  
  
(signature of declarant)

April Cabanas  
(print name)



Broadspire  
Submitted Electronically via Availity  
(Payer ID: TP021)

# HEALTH INSURANCE CLAIM FORM

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

CMS1500 Page 1 of 1

PICA

1. MEDICARE <input type="checkbox"/> (Medicare#) MEDICAID <input type="checkbox"/> (Medicaid#) TRICARE <input type="checkbox"/> (ID#/DoD#) CHAMPVA <input type="checkbox"/> (Member ID#) GROUP HEALTH PLAN <input type="checkbox"/> (ID#) FECA BLK LUNG <input type="checkbox"/> (ID#) OTHER <input checked="" type="checkbox"/> (ID#)		1a. INSURED'S I.D. NUMBER (For Program in Item 1) 559-79-2503
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) SANCHEZ, DEBRA		3. PATIENT'S BIRTH DATE MM DD YY 05 29 66 SEX M <input type="checkbox"/> F <input checked="" type="checkbox"/>
5. PATIENT'S ADDRESS (No., Street) 6025 CLARA STREET		6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input checked="" type="checkbox"/>
CITY BELL GARDENS	STATE CA	7. INSURED'S ADDRESS (No., Street)
ZIP CODE 90201-9998	TELEPHONE (Include Area Code) ( )	CITY
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)		STATE
a. OTHER INSURED'S POLICY OR GROUP NUMBER	10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (Current or Previous) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO b. AUTO ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO PLACE (State)	11. INSURED'S POLICY GROUP OR FECA NUMBER a. INSURED'S DATE OF BIRTH MM DD YY SEX M <input type="checkbox"/> F <input type="checkbox"/> b. OTHER CLAIM ID (Designated by NUCC) Y4 188939486
b. RESERVED FOR NUCC USE	c. OTHER ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	c. INSURANCE PLAN NAME OR PROGRAM NAME
c. RESERVED FOR NUCC USE	10d. CLAIM CODES (Designated by NUCC)	d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, complete items 9, 9a, and 9d.
d. INSURANCE PLAN NAME OR PROGRAM NAME	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.  SIGNED SIGNATURE ON FILE DATE 11/20/2019	

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL 02 08 18	15. OTHER DATE QUAL MM DD YY	16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE 17a. 17b. NPI	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY	20. OUTSIDE LAB? <input type="checkbox"/> YES <input type="checkbox"/> NO S CHARGES
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) A. M47812 B. M479 C. M545 D. M25511 E. M25512 F. M25521 G. G5622 H. G5603 I. M94261 J. M2550 K. L.		22. RESUBMISSION CODE ORIGINAL REF. NO. 23. PRIOR AUTHORIZATION NUMBER

24. A. DATE(S) OF SERVICE	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)	E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL	J. RENDERING PROVIDER ID. #
11 19 19 11 19 19 11			ML106 94	A,B,C,D	1250,00	16.0		ZZ NPI	207X00000X 1932201787
								NPI	
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								NPI	

25. FEDERAL TAX I.D. NUMBER 454174133	SSN EIN <input type="checkbox"/> <input checked="" type="checkbox"/>	26. PATIENT'S ACCOUNT NO. 352db4090408-1	27. ACCEPT ASSIGNMENT? (For govt. claims, see back) <input type="checkbox"/> YES <input type="checkbox"/> NO	28. TOTAL CHARGE \$ 1250,00	29. AMOUNT PAID \$	30. Rsvd for NUCC Use
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.) LAWRENCE FEIWELL MD Signature on File 11/20/2019 SIGNED DATE		32. SERVICE FACILITY LOCATION INFORMATION FEIWELL MEDICAL EVALUATIONS, INC. 3742 KATELLA AVENUE SUITE 401 LOS ALAMITOS CA 90720-3102 a. 1932201787 b.		33. BILLING PROVIDER INFO & PH # (562) 431-4800 Feiwell Medical Evaluations, Inc. 3742 Katella Avenue Suite 401 Los Alamitos CA 90720-3102 a. 1932201787 b.		