# Koruon Daldalyan M.D., Q.M.E

## Board Certified, Internal Medicine

## Internist Health Clinic

13320 Riverside Dr., Suite 104,
Sherman Oaks, California 91423
Tel: 818.574.6189 Fax: 818.574.6218
kdaldalyan@internisthc.com


February 3, 2023

Natalia Foley, Esq.
Workes Defenders Law Group
8018 E. Santa Ana Canyon, Suite 100-215
Anaheim Hills, CA 92808

| | |
|---|---|
| PATIENT: | Marvetta Johnson |
| DOB: | December 11, 1967 |
| OUR FILE #: | 2022-210292 |
| SSN: | XXX-XX-7076 |
| EMPLOYER: | Los Angeles County Probation Department<br>9150 E. Imperial Hwy<br>Downey, CA 90242 |
| WCAB #: | ADJ14891825 |
| CLAIM#: | Unavailable |
| DATE OF INJURY: | CT June 1, 2019 to June 22, 2021 |
| DATE OF 1ST VISIT: | September 1, 2021 |
| INSURER: | Sedgwick CMS<br>P.O. Box 51350<br>Ontario, CA 91761 |
| ADJUSTOR: | Christine Rowney |
| PHONE #: | *** |

**Primary Treating Physician's Initial Evaluation Report**

Dear Ms. Foley,

Thank you for referring Marvetta Johnson, a 55-year-old female, to my office for occupational/internal medicine consultation. The patient is specifically referred for evaluation and treatment of various musculoskeletal and other injuries that she sustained during the course of her employment with Los Angeles County Probation Department.

Job Description:

The patient began working as a senior detention services officer for the Los Angeles County Probation Department in November 2008 and she continues to be employed by the county. At this time, she is not working. Her work hours were from 6:00 am to 2:00 pm, five days per week. Her job duties involved supervising the detention service officers who supervise the youth inmates, assure daily operations are handled in a safe manner, and when problems arise she is to attempt to resolve them. Physically, the job required for her to stand, squat, bend, walk, stoop, kneel and twist. She was also required to lift 25 or more pounds weight.

History of the Injury as Related by the Patient:

The patient has filed a continuous trauma injury between the dates of June 1, 2019 and June 22, 2021, for injuries that she sustained during the course of her employment.

The patient worked for the Los Angeles County Probation Department as senior detention services officer. She would supervise the youth detention center. She would secure proper operation of the facility. She mentions that she sustained injuries on a cumulative trauma basis. She initially complained of musculoskeletal injuries due to the detainment of a youth. She had to provide force at times and often causing injuries to the cervical and lumbar spine, left shoulder, left elbow, left hip and left knee. She also states that she was often on her feet on a concrete floor and overtime she began to develop pain in both ankles and feet.

The patient states that in August 2019, she was involved in an incident at the workplace where some of the doors were left open at the detention center. When she noticed this, she noticed two minors that were out of their rooms and they began to attack her. She locked herself in one of the offices and called for help for approximately 45 minutes. She was not able to get help and called 911 for assistance eventually having officers show up at the detention facility. She states that since that time she has had been under a significant amount of stress from her superiors and the facility individuals as calling officers is considered an embarrassment to the detention center. She mentions that she continued working until March 2021, when she was no longer able to continue working.

The patient was diagnosed with diabetes mellitus type II in 2008 and hypertension in that same year. However, since sustaining her injuries, she has worsening blood sugar and blood pressure levels. She often complains of increased anxiety and stress including posttraumatic stress from the incident that occurred in August 2019.

The patient states that the facility was often short staffed. This caused a significant burden on the patient.

The patient worked in a closed facility and was often exposed to asbestos, as the facility was an old building. Overtime she began to develop sinus problems and sinus congestion. She also complained of shortness of breath often.

Prior Treatment:

The patient has been under the care of Dr. Powks, orthopedist and Dr. Eric Gofnung, chiropractor. She has received physical therapy treatments.

Previous Work Descriptions:

Prior to working at the Los Angeles County Probation Department, the patient worked at the County of Los Angeles Department of Social Services.

Occupational Exposure:

The patient was exposed to dust during the course of her work. The patient was not exposed to excessive noise during the course of her work. She was exposed to excessive heat and cold.

Past Medical History:

The patient was diagnosed with hypertension and diabetes mellitus in 2008. She underwent partial hysterectomy in 2019. She underwent cesarean section in 1990. She had a breast reduction performed in 1994, cholecystectomy in 2011/2012 and left shoulder rotator cuff repair in 2011/2012. She denies any other history of previous medical or surgical conditions. She has no known allergies. There is no history of prior accidents or injuries. There is no other significant medical history.

Previous Workers' Compensation Injuries:

The patient has filed several claims for workers' compensation benefits in the past some of which included the years 2008, 2019, 2020 and 2021.

Social History:

The patient is single. She has two children. She does not smoke cigarettes, drink alcoholic beverages or use recreational drugs.

Family History:

The patient's mother is alive with a history of suffering a minor stroke. Her father died of natural causes. She had two brothers and two sisters. One brother died of unknown cause. The remaining siblings are alive and well. There is no other significant family medical history.

Review of Systems:

The patient complains of headaches, dizziness, lightheadedness, visual difficulty, ear pain, sinus problems, sinus congestion, jaw pain, jaw clenching, dry mouth, chest pain, palpitations, and shortness of breath. She denies a complaint of cough, throat pain, postnasal drip, wheezing, hemoptysis or expectoration. The patient complains of abdominal pain, reflux symptoms, nausea, constipation and 50 pound weight gain. She denies a complaint of vomiting or diarrhea. The patient complains of urinary frequency and urgency. She denies urinary tract infections. She does complain of sexual dysfunction. The patient's musculoskeletal complaints involve cervical spine pain 7/10, lumbar spine pain 9/10, left shoulder pain 8/10, left elbow pain 7/10, left hip pain 9/10, left knee pain 7/10, left ankle pain 7/10, and bilateral foot pain 8/10. There is a complaint of peripheral edema and swelling of the ankles. The patient's psychosocial complaints include anxiety, depression, difficulty concentrating, difficulty sleeping, difficulty making decisions and forgetfulness. There is a complaint of hair loss from the scalp. There are no dermatologic complaints. There is intolerance to excessive cold. There is no complaint of fever, diaphoresis, chills or lymphadenopathy.

Activities of Daily Living Affected by Workplace Injury:

The patient has much difficulty with sleep because of her musculoskeletal pain. She is unable to find a comfortable position to sleep in. She has problems with bathing, dressing, and self-grooming because of difficulty lifting her upper extremities. She also has problems with climbing stairs, performing housework and driving. She denies any problems with toileting, walking, shopping, or cooking.

Review of Records:

Please note that if medical records have been received for review, they will be reviewed and commented upon in a subsequent communication.

Current Medications:

The patient currently takes Meloxicam 15 mg daily, insulin NPH 20 units AM and 15 units HS, Flonase nasal spray 2 sprays in each nostril, Escitalopram 5 mg two tablets daily, Diclofenac Sodium topical gel to apply 4 times daily, Rosuvastatin 10 mg daily, Lisinopril/HCTZ 20-25 mg daily, Metformin 750 mg two tablets PM,

Atenolol 25 mg daily, Glipizide XL 10 mg 2 tablets before breakfast, Pioglitazone 45 mg daily, an Albuterol inhaler 90 mcg 2 puffs 4 times daily, Duloxetine 60 mg daily, and Gabapentin 300 mg TID.

Physical Examination:

The patient is a right handed 55-year-old alert, cooperative and oriented African/American female, in no acute distress. The following vital signs and measurements are taken today on examination: Weight: 240 pounds. Blood Pressure: 124/82. Pulse: 77. Respiration: 17. Temperature: Not taken

Skin:

No abnormalities were detected.

Head:

The patient's head is normocephalic and atraumatic. The patient's facial muscles show good contour and symmetry. There is no scleral icterus and no tenderness of the skull noted on examination.

EENT:

Pupils are equally reactive to light and accommodation. Extraocular movements are intact. The throat is clear. Hearing appears to be uninvolved. The nasal passages are clear and the mucosa is normal in appearance. The patient's neck is overall supple with no evidence of lymphadenopathy, thyromegaly or bruits.

Thorax:

The patient exhibits good bilateral rib excursion during respiration. Lungs are clear during percussion and auscultation. The heart reveals a regular rate and rhythm and no murmurs are noted.

Abdomen:

The abdomen is globular, with epigastric tenderness and without organomegaly. Normoactive bowel sounds are present.

Genitalia and Rectal:

Examination is deferred.

Musculoskeletal Examination:

The patient is ambulatory. There are no grossly visible abnormalities of the upper or lower extremities or the axial skeleton. There are no deformities. There is tenderness of the left side of the cervical and thoracic spine and tenderness of the lumbar paraspinal musculature. There is tenderness of the left shoulder, medial and lateral aspect of the left elbow and left wrist. Tinel's is positive at both wrists. There is tenderness at the base of the 4th digit of the right hand. There is tenderness of the left knee.

Range of Motion Testing:

| *Cervical Spine:* | Normal |
|---|---|
| Flexion | 50/50 |
| Extension | 60/60 |
| Right Rotation | 80/80 |
| Left Rotation | 80/80 |
| Right Lateral Flexion | 45/45 |
| Left Lateral Flexion | 45/45 |

| *Thoracic Spine:* | |
|---|---|
| Flexion | 60/60 |
| Right Rotation | 30/30 |
| Left Rotation | 30/30 |

| *Lumbo-Sacral Spine:* | |
|---|---|
| Flexion | 60/60 |
| Extension | 25/25 |
| Right Lateral Flexion | 25/25 |
| Left Lateral Flexion | 25/25 |

| *Shoulder:* | *Right* | *Left* |
|---|---|---|
| Flexion | 180/180 | 160/180 |
| Extension | 50/50 | 40/50 |
| Abduction | 180/180 | 150/180 |
| Adduction | 50/50 | 40/50 |
| Internal Rotation | 90/90 | 70/90 |
| External Rotation | 90/90 | 70/90 |

| *Hips:* | *Right* | *Left* |
|---|---|---|
| Flexion | 140/140 | 140/140 |
| Extension | 0/0 | 0/0 |
| Abduction | 45/45 | 45/45 |
| Adduction | 30/30 | 30/30 |
| Internal Rotation | 45/45 | 45/45 |
| External Rotation | 45/45 | 45/45 |

| *Elbow:* | *Right* | *Left* |
|---|---|---|
| Flexion | 140/140 | 140/140 |

| *Forearm* | *Right* | *Left:* |
|---|---|---|
| Pronation | 80/80 | 80/80 |
| Supination | 80/80 | 80/80 |

| *Wrist:* | *Right* | *Left* |
|---|---|---|
| Dorsiflexion | 60/60 | 60/60 |
| Palmar Flexion | 60/60 | 60/60 |
| Radial Deviation | 20/20 | 20/20 |
| Ulnar Deviation | 30/30 | 30/30 |

| *Knee:* | *Right* | *Left* |
|---|---|---|
| Flexion | 130/130 | 130/130 |

| *Ankle/Foot:* | *Right* | *Left* |
|---|---|---|
| Dorsiflexion | 15/15 | 15/15 |
| Plantar Flexion | 40/40 | 40/40 |
| Inversion | 30/30 | 30/30 |
| Eversion | 20/20 | 20/20 |

Neurological Examination:

Cranial nerves 2-12 are intact. Deep tendon reflexes are 2+ bilaterally. Superficial reflexes are found to be within normal limits. There are no abnormal reflexes detected and there is no abnormality of sensation or coordination.

Special Diagnostic Testing:

A pulmonary function test is performed revealing an FVC of 1.92 L (54.1%), an FEV 1 of 1.61 L (58.0%), and an FEF of 1.74 L/s (66.4%). There was a 6.1% increase in FVC after the administration of Albuterol.

A 12-lead electrocardiogram is performed revealing sinus bradycardia and a heart rate of 69 per minute.

A pulse oximetry test is performed today and is recorded at 90%.

Subjective Complaints:

1. Headaches
2. Dizziness
3. Lightheadedness
4. Visual difficulty
5. Ear pain
6. Sinus problems
7. Sinus congestion
8. Jaw pain
9. Jaw clenching
10. Dry mouth
11. Chest pain
12. Palpitations
13. Shortness of breath
14. Abdominal pain
15. Reflux symptoms
16. Nausea
17. Constipation
18. 50 pound weight gain
19. Urinary frequency and urgency
20. Sexual dysfunction
21. Cervical spine pain
22. Lumbar spine pain
23. Left shoulder pain
24. Left elbow pain
25. Left hip pain
26. Left knee pain
27. Left ankle pain
28. Bilateral foot pain
29. Peripheral edema and swelling of the ankles
30. Anxiety
31. Depression
32. Difficulty concentrating

33. Difficulty sleeping
34. Difficulty making decisions
35. Forgetfulness
36. Hair loss from the scalp
37. Intolerance to excessive cold

Objective Findings:

1. Epigastric tenderness
2. Tenderness of the left side of the cervical and thoracic spine and tenderness of the lumbar paraspinal musculature
3. Tenderness of the left shoulder, medial and lateral aspect of the left elbow and left wrist
4. Tinel's is positive at both wrists
5. Tenderness at the base of the 4th digit of the right hand
6. Tenderness of the left knee
7. A pulmonary function test revealing an FVC of 1.26 L (35.1%), an FEV 1 of 1.17 L (41.4%), and an FEF of 1.51 L/s (56.0%). There was a 33.5% increase in FVC, a 41.6% increase in FEV 1, and a 28.1% increase in FEF after the administration of Albuterol.
8. A 12-lead electrocardiogram revealing sinus bradycardia and a heart rate of 52 per minute.
9. A pulse oximetry test is recorded at 98%.
10. A random blood sugar is recorded at 245 mg/dL.
11. The urinalysis is reported as 1+ protein.
12. A pulmonary function test is performed revealing an FVC of 1.92 L (54.1%), an FEV 1 of 1.61 L (58.0%), and an FEF of 1.74 L/s (66.4%). There was a 6.1% increase in FVC after the administration of Albuterol.
13. A 12-lead electrocardiogram is performed revealing sinus bradycardia and a heart rate of 69 per minute.
14. A pulse oximetry test is recorded at 90%.

Diagnoses:

1. MUSCULOSKELETAL INJURIES INVOLVING CERVICAL AND LUMBAR SPINE, LEFT SHOULDER, LEFT ELBOW, LEFT HIP, LEFT KNEE AND BILATERAL FEET
2. CERVICAL SPINE SPRAIN/STRAIN
3. LUMBAR SPINE SPRAIN/STRAIN
4. TORN ROTATOR CUFF, LEFT SHOULDER, STATUS POST CUFF REPAIR SURGERY (2011/2012)
5. EPICONDYLITIS LEFT ELBOW
6. TENDINOSIS LEFT HIP
7. INTERNAL DERANGEMENT LEFT KNEE
8. COMPENSATORY RIGHT KNEE PAIN DUE TO LEFT KNEE INJURY

9. BILATERAL ANKLE SPRAIN/STRAIN
10. NEUROPATHIC PAIN BILATERAL FEET
11. STATUS POST PARTIAL HYSTERECTOMY (2019)
12. STATUS POST BREAST REDUCTION (1994)
13. STATUS POST CHOLECYSTECTOMY (2011/2012)
14. HYPERTENSION (2008) AGGRAVATED BY WORKPLACE INJURY
15. DIABETES MELLITUS TYPE II (2008) AGGRAVATED BY WORKPLACE INJURY
16. OCCUPATIONAL EXPOSURES TO DUST AND ASBESTOS
17. HIATAL HERNIA
18. HEADACHES
19. DIZZINESS/LIGHTHEADEDNESS
20. VISUAL DIFFICULTY
21. SINUS CONGESTION, RULE OUT CHRONIC SINUSITIS
22. TMJ SYNDROME
23. BRUXISM
24. XEROSTOMIA
25. CHEST PAIN
26. HEART PALPITATIONS
27. SHORTNESS OF BREATH
28. GASTRITIS/GERD SECONDARY TO NSAID MEDICATIONS
29. IRRITABLE BOWEL SYNDROME MANIFESTED BY CONSTIPATION
30. 50+ POUND WEIGHT GAIN
31. URINARY FREQUENCY AND URGENCY
32. SEXUAL DYSFUNCTION
33. ANXIETY DISORDER
34. POSTTRAUMATIC STRESS DISORDER
35. DEPRESSIVE DISORDER
36. SLEEP DISORDER
37. DIFFICULTY WITH DECISION MAKING
38. DIFFICULTY WITH CONCENTRATION
39. FORGETFULNESS
40. ALOPECIA
41. INTOLERANCE TO EXCESSIVE COLD

Discussion:

The patient worked as a Senior Detention Officer for the Los Angeles County Probation Department and she supervised the staff and youths at the center. It was her job to secure proper operation of the facility. In August 2019, she noticed an open door and that some of the youths were out of their rooms who were trying to assault the patient. She closed the door and called for help, which never came. She then called 911 for officers to assist her. She states that since that time she has had been under a significant amount of stress from her superiors and the

facility individuals as calling officers is considered an embarrassment to the detention center. As of March 2021, she was no longer able to continue working.

The patient was diagnosed with diabetes mellitus type II in 2008 and hypertension in that same year. However, since sustaining her injuries, she has worsening blood sugar and blood pressure levels. She often complains of increased anxiety and stress including posttraumatic stress from the incident that occurred in August 2019.

The patient worked in a closed facility and was often exposed to asbestos, as the facility was an old building. Overtime she began to develop sinus problems and sinus congestion. She also complained of shortness of breath often.

Please be advised that the listed diagnoses represent medical diagnoses and/or a differential diagnosis to a reasonable degree of medical probability based on the history provided to me by the patient and the findings of my examination. I believe that some of these diagnoses are industrial in origin and are either initiated or aggravated by the patient's employment and are, therefore, industrial in origin. Some diagnoses are non-specific and will require further evaluation. I reserve the right to alter my opinions based upon receipt of additional information in the form of prior medical records or other documentary evidence that relates to this case. Please be advised that the denial of the claim by the employer will affect my ability to either confirm or reject any of the stated diagnoses, which will also affect my ability to provide evidentiary support for my opinions. Treatment authorization, if already approved, is appreciated. If treatment has not yet been approved, it is hereby requested.

The various diagnoses listed appear to be consistent with the type of work that would typically cause such abnormalities. I, therefore, believe that the diagnoses listed thus far are AOE/COE.

Disability Status:

The patient is to continue on temporary and total disability for a total of six weeks.

Treatment:

The patient is to continue with her current medications. She is prescribed Celebrex 100 mg BID and Ambien 10 mg daily. An RFA will be submitted for a Med-Legal Consultation for the purpose of discussing causation of the diseases in relation to the work-related injuries. She will be reevaluated in six weeks.

Attestation:

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.

I further declare under penalty of perjury that I, Koruon Daldalyan, M.D., personally performed the evaluation of this patient and the cognitive services necessary to produce this report. The evaluation was performed at the above address. The time spent performing the evaluation was in compliance with the guidelines, if any, established by the Industrial Medical Council or the administrative director pursuant to paragraph (5) of subdivision (j) of Section 139.2 or Section 5307.6 of the California Labor Code.

The laboratory tests, if taken, were performed by Quest Diagnostics or Metro Lab in Encino, CA.

The history was obtained from the patient and the dictated report was transcribed by Adrine Madatyan, transcriptionist.

I further declare under penalty of perjury that I have not violated the provisions of California Labor Code Section 139.3 with regard to the evaluation of this patient or the preparation of this report. This attestation is effective as of January 1, 2020.

Based on Labor Code Statute 4628, a fee of $64.50 per page for a total of 12 pages has been added to cover reasonable costs of the clerical expense necessary to produce this report.

Should you have any questions or concerns regarding the evaluation or treatment provided to this patient or this report, please feel free to contact me.

Sincerely,

Koruon Daldalyan, M.D.
Board Certified, Internal Medicine

Internist Health Clinic
13320 Riverside Drive
Suite 104
SHERMAN OAKS, CA 91423

| PLEASE SELECT THE CHECK BOX INDICATING PAYMENT METHOD | | | |
|---|---|---|---|
| ☐ mastercard ☐ DISCOVER ☐ VISA ☐ AMERICAN EXPRESS ☐ $ | | | |
| CARD NUMBER | | CVC | AMOUNT |
| SIGNATURE | | ZIP CODE | EXP . DATE |
| ACCOUNT # | STATEMENT DATE | DUE UPON RECEIPT | SHOW AMOUNT PAID |
| 7848543 | 02/21/2023 | $0.00 | |

Johnson, Marvetta
1022 W. 138th St
COMPTON, CA 90222

Internist Health Clinic
13320 Riverside Drive
Suite 104
SHERMAN OAKS, CA 91423

| ACCOUNT # | CHART # | PATIENT NAME | STATEMENT DATE | CASE | DUE UPON RECEIPT |
|---|---|---|---|---|---|
| 7848543 | 2022-210292 | Johnson, Marvetta | 02/21/2023 | Workers Comp | $0.00 |

| DATE | DESCRIPTION | CHARGES | PATIENT PAYMENTS | ADJ. | INSURANCE PAYMENTS | PENDING INSURANCE | PATIENT BALANCE |
|---|---|---|---|---|---|---|---|
| 02/03/23 | 99204 OFFICE O/P NEW MOD 45-59 MIN<br>DIAGNOSIS: S14.109A S34.109A M76.892 E11.319<br>Place Of Service: Internist Health Clinic<br>Copay: 0.00 Deductible: 0.00 Co-insurance: 0.00 | 1500.00 | 0.00 | 0.00 | 0.00 | 1500.00 | 0.00 |
| 02/03/23 | 97750 PHYSICAL PERFORMANCE TEST<br>DIAGNOSIS: S14.109A S34.109A M76.892 E11.319<br>Place Of Service: Internist Health Clinic<br>Copay: 0.00 Deductible: 0.00 Co-insurance: 0.00 | 600.00 | 0.00 | 0.00 | 0.00 | 600.00 | 0.00 |
| 02/03/23 | 99483 ASSMT & CARE PLN PT COG IMP<br>DIAGNOSIS: S14.109A S34.109A M76.892 E11.319<br>Place Of Service: Internist Health Clinic<br>Copay: 0.00 Deductible: 0.00 Co-insurance: 0.00 | 800.00 | 0.00 | 0.00 | 0.00 | 800.00 | 0.00 |
| 02/03/23 | 97535 SELF CARE MNGMENT TRAINING<br>DIAGNOSIS: S14.109A S34.109A M76.892 E11.319<br>Place Of Service: Internist Health Clinic<br>Copay: 0.00 Deductible: 0.00 Co-insurance: 0.00 | 150.00 | 0.00 | 0.00 | 0.00 | 150.00 | 0.00 |
| 02/03/23 | 94060 EVALUATION OF WHEEZING<br>DIAGNOSIS: S14.109A S34.109A M76.892 E11.319<br>Place Of Service: Internist Health Clinic<br>Copay: 0.00 Deductible: 0.00 Co-insurance: 0.00 | 250.00 | 0.00 | 0.00 | 0.00 | 250.00 | 0.00 |
| 02/03/23 | 94664 EVALUATE PT USE OF INHALER<br>DIAGNOSIS: S14.109A S34.109A M76.892 E11.319<br>Place Of Service: Internist Health Clinic<br>Copay: 0.00 Deductible: 0.00 Co-insurance: 0.00 | 75.00 | 0.00 | 0.00 | 0.00 | 75.00 | 0.00 |
| 02/03/23 | 93000 ELECTROCARDIOGRAM COMPLETE<br>DIAGNOSIS: S14.109A S34.109A M76.892 E11.319<br>Place Of Service: Internist Health Clinic<br>Copay: 0.00 Deductible: 0.00 Co-insurance: 0.00 | 215.00 | 0.00 | 0.00 | 0.00 | 215.00 | 0.00 |
| 02/03/23 | 94760 MEASURE BLOOD OXYGEN LEVEL<br>DIAGNOSIS: S14.109A S34.109A M76.892 E11.319<br>Place Of Service: Internist Health Clinic | 125.00 | 0.00 | 0.00 | 0.00 | 125.00 | 0.00 |

| DATE | DESCRIPTION | CHARGES | PATIENT PAYMENTS | ADJ. | INSURANCE PAYMENTS | PENDING INSURANCE | PATIENT BALANCE |
|---|---|---|---|---|---|---|---|
| | Copay: 0.00 Deductible: 0.00 Co-insurance: 0.00<br>Provider: Daldalyan, Koruon<br>YOUR BALANCE | | | | | | 0.00 |
| | **Total** | **3715.00** | **0.00** | **0.00** | **0.00** | **3715.00** | **0.00** |

**MESSAGES**

**BALANCE DUE UPON RECEIPT** **$ 0.00**

**AVAILABLE PATIENT FUND** **$ 0.00**

**AGING INFORMATION**

| 0 - 30 | 31 - 60 | 61 - 90 | 91 - 120 | > 120 |
|---|---|---|---|---|
| $0.00 | $0.00 | $0.00 | $0.00 | $0.00 |

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# HEALTH INSURANCE CLAIM FORM

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

PICA

Sedgwick 51350
P.O. BOX 51350
ONTARIO CA 91761-1035

PICA

CARRIER

PATIENT AND INSURED INFORMATION

| 1. MEDICARE / MEDICAID / TRICARE / CHAMPVA / GROUP HEALTH PLAN / FECA BLK LUNG / OTHER | 1a. INSURED'S I.D. NUMBER (For Program in Item 1) |
|---|---|
| [ ] (Medicare#) [ ] (Medicaid#) [ ] (ID#/DoD#) [ ] (Member ID#) [ ] (ID#) [ ] (ID#) [X] (ID#) | XXXXX7076 |
| 2. PATIENT'S NAME (Last Name, First Name, Middle Initial)<br>Johnson Marvetta | 3. PATIENT'S BIRTH DATE MM DD YY: 12 11 1967 SEX M [ ] F [X] |
| 4. INSURED'S NAME (Last Name, First Name, Middle Initial) | |
| 5. PATIENT'S ADDRESS (No., Street)<br>1022 W. 138th St | 6. PATIENT RELATIONSHIP TO INSURED: Self [X] Spouse [ ] Child [ ] Other [ ] |
| 7. INSURED'S ADDRESS (No., Street) | |
| CITY: COMPTON STATE: CA | 8. RESERVED FOR NUCC USE |
| CITY STATE | |
| ZIP CODE: 90222 TELEPHONE (Include Area Code): ( ) | |
| ZIP CODE TELEPHONE (Include Area Code) ( ) | |
| 9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)<br>Johnson Marvetta | 10. IS PATIENT'S CONDITION RELATED TO: |
| 11. INSURED'S POLICY GROUP OR FECA NUMBER<br>XXX-XX-7076 | |
| a. OTHER INSURED'S POLICY OR GROUP NUMBER<br>XXXXX7076 | a. EMPLOYMENT? (Current or Previous) [X] YES [ ] NO |
| a. INSURED'S DATE OF BIRTH MM DD YY SEX M [ ] F [ ] | |
| b. RESERVED FOR NUCC USE | b. AUTO ACCIDENT? [ ] YES [X] NO PLACE (State) |
| b. OTHER CLAIM ID (Designated by NUCC) | |
| c. RESERVED FOR NUCC USE<br>ONTARIO CA 917611035 | c. OTHER ACCIDENT? [ ] YES [X] NO |
| c. INSURANCE PLAN NAME OR PROGRAM NAME<br>Sedgwick 51350 | |
| d. INSURANCE PLAN NAME OR PROGRAM NAME<br>Sedgwick 51350 | 10d. CLAIM CODES (Designated by NUCC) |
| d. IS THERE ANOTHER HEALTH BENEFIT PLAN? [X] YES [ ] NO If yes, complete items 9, 9a, and 9d. | |

**READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.**

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 Koruon Daldalyan DATE 2/3/2023

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.
SIGNED Koruon Daldalyan

| | |
|---|---|
| 14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL. | 15. OTHER DATE QUAL. 439 MM 06 DD 01 YY 2019 |
| 16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY FROM TO MM DD YY | |
| 17. NAME OF REFERRING PROVIDER OR OTHER SOURCE | 17a. 17b. NPI |
| 18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY FROM TO MM DD YY | |
| 19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC) | |
| 20. OUTSIDE LAB? [ ] YES [ ] NO $ CHARGES | |
| 21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. 0<br>A. S14.109A B. S34.109A C. M76.892 D. E11.319<br>E. K21.9 F. F41.9 G. K58.1 H. L65.9<br>I. J. K. L. | 22. RESUBMISSION CODE ORIGINAL REF. NO. |
| | 23. PRIOR AUTHORIZATION NUMBER |

PHYSICIAN OR SUPPLIER INFORMATION

| 24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY | 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. EPSDT Family Plan | I. ID. QUAL. | J. RENDERING PROVIDER ID. # |
|---|---|---|---|---|---|---|---|---|---|---|
| 1 02 03 23 | 11 | | 99204 | | ABCD | 1500 00 | 1.0 | | NPI | 1679937643 |
| 2 02 03 23 | 11 | | 97750 | | ABCD | 600 00 | 4.0 | | NPI | 1679937643 |
| 3 02 03 23 | 11 | | 99483 | | ABCD | 800 00 | 1.0 | | NPI | 1679937643 |
| 4 02 03 23 | 11 | | 97535 | | ABCD | 150 00 | 1.0 | | NPI | 1679937643 |
| 5 02 03 23 | 11 | | 94060 | | ABCD | 250 00 | 1.0 | | NPI | 1679937643 |
| 6 02 03 23 | 11 | | 94664 | | ABCD | 75 00 | 1.0 | | NPI | 1679937643 |

| 25. FEDERAL TAX I.D. NUMBER SSN EIN | 26. PATIENT'S ACCOUNT NO. | 27. ACCEPT ASSIGNMENT? (For govt. claims, see back) | 28. TOTAL CHARGE | 29. AMOUNT PAID | 30. Rsvd for NUCC Use |
|---|---|---|---|---|---|
| 844239231 [ ] [X] | 11171433 | [X] YES [ ] NO | $ 3715 00 | $ 0 00 | 3715 00 |

| 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.) | 32. SERVICE FACILITY LOCATION INFORMATION | 33. BILLING PROVIDER INFO & PH # ( ) |
|---|---|---|
| Koruon Daldalyan 02/08/2023<br>SIGNED DATE | Internist Health Clinic<br>13320 Riverside Drive Suite 104<br>SHERMAN OAKS CA 91423-2502<br>a. b. | Koruon Daldalyan<br>13320 Riverside Drive Suite 104<br>SHERMAN OAKS CA 91423<br>a. 1679937643 b. |

# HEALTH INSURANCE CLAIM FORM

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

PICA

Sedgwick 51350
P.O. BOX 51350
ONTARIO CA 91761-1035

PICA

1. MEDICARE [ ] (Medicare#) MEDICAID [ ] (Medicaid#) TRICARE [ ] (ID#/DoD#) CHAMPVA [ ] (Member ID#) GROUP HEALTH PLAN [ ] (ID#) FECA BLK LUNG [ ] (ID#) OTHER [X] (ID#)

1a. INSURED'S I.D. NUMBER (For Program in Item 1): XXXXX7076

2. PATIENT'S NAME (Last Name, First Name, Middle Initial): Johnson Marvetta

3. PATIENT'S BIRTH DATE MM DD YY: 12 11 1967 SEX M [ ] F [X]

4. INSURED'S NAME (Last Name, First Name, Middle Initial):

5. PATIENT'S ADDRESS (No., Street): 1022 W. 138th St

6. PATIENT RELATIONSHIP TO INSURED: Self [X] Spouse [ ] Child [ ] Other [ ]

7. INSURED'S ADDRESS (No., Street):

CITY: COMPTON STATE: CA

8. RESERVED FOR NUCC USE

CITY: STATE:

ZIP CODE: 90222 TELEPHONE (Include Area Code): ( )

ZIP CODE: TELEPHONE (Include Area Code): ( )

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial): Johnson Marvetta

10. IS PATIENT'S CONDITION RELATED TO:

11. INSURED'S POLICY GROUP OR FECA NUMBER: XXX-XX-7076

a. OTHER INSURED'S POLICY OR GROUP NUMBER: XXXXX7076

a. EMPLOYMENT? (Current or Previous) [X] YES [ ] NO

a. INSURED'S DATE OF BIRTH MM DD YY SEX M [ ] F [ ]

b. RESERVED FOR NUCC USE

b. AUTO ACCIDENT? [ ] YES [X] NO PLACE (State)

b. OTHER CLAIM ID (Designated by NUCC)

c. RESERVED FOR NUCC USE: ONTARIO CA 917611035

c. OTHER ACCIDENT? [ ] YES [X] NO

c. INSURANCE PLAN NAME OR PROGRAM NAME: Sedgwick 51350

d. INSURANCE PLAN NAME OR PROGRAM NAME: Sedgwick 51350

10d. CLAIM CODES (Designated by NUCC)

d. IS THERE ANOTHER HEALTH BENEFIT PLAN? [X] YES [ ] NO If yes, complete items 9, 9a, and 9d.

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

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 Koruon Daldalyan DATE 2/3/2023

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

SIGNED Koruon Daldalyan

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL.

15. OTHER DATE QUAL. 439 MM 06 DD 01 YY 2019

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY FROM TO

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE

17a.

17b. NPI

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY FROM TO

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

20. OUTSIDE LAB? [ ] YES [ ] NO $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. 0

A. S14.109A B. S34.109A C. M76.892 D. E11.319
E. K21.9 F. F41.9 G. K58.1 H. L65.9
I. J. K. L.

22. RESUBMISSION CODE ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

| 24. A. DATE(S) OF SERVICE From MM DD YY | To MM DD YY | 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. EPSDT Family Plan | I. ID. QUAL. | J. RENDERING PROVIDER ID. # |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 02 03 23 | | 11 | | 93000 | | ABCD | 215 00 | 1.0 | | NPI | 1679937643 |
| 2 02 03 23 | | 11 | | 94760 | | ABCD | 125 00 | 1.0 | | NPI | 1679937643 |
| 3 | | | | | | | | | | NPI | |
| 4 | | | | | | | | | | NPI | |
| 5 | | | | | | | | | | NPI | |
| 6 | | | | | | | | | | NPI | |

25. FEDERAL TAX I.D. NUMBER SSN [ ] EIN [X]: 844239231

26. PATIENT'S ACCOUNT NO.: 11171433

27. ACCEPT ASSIGNMENT? (For govt. claims, see back) [X] YES [ ] NO

28. TOTAL CHARGE: $ 3715 00

29. AMOUNT PAID: $ 0 00

30. Rsvd for NUCC Use: 3715 00

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.)

Koruon Daldalyan SIGNED 02/08/2023 DATE

32. SERVICE FACILITY LOCATION INFORMATION

Internist Health Clinic
13320 Riverside Drive Suite 104
SHERMAN OAKS CA 91423-2502

a. b.

33. BILLING PROVIDER INFO & PH # ( )

Koruon Daldalyan
13320 Riverside Drive Suite 104
SHERMAN OAKS CA 91423

a. 1679937643 b.

CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

# Request for Taxpayer Identification Number and Certification

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

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

Print or type. See Specific Instructions on page 3.

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

2 Business name/disregarded entity name, if different from above
Koruon Daldalyan M.D. Inc./ Internist Health Clinic

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.
13320 Riverside Drive, Suite 104

Requester's name and address (optional)

6 City, state, and ZIP code
Sherman Oaks, CA 91423

7 List account number(s) here (optional)

## 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**
| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 8 | 6 | - | 2 | 4 | 4 | 8 | 8 | 7 | 1 |

## Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below); and
4. 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** ▶ 12/01/2022

# 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.*

Re: Marvetta Johnson
Claim No: 19-01553-D; 19-02165-D; 20-00359-D
WCAB No: ADJ12566243; ADJ12198746; ADJ14891813; ADJ14891825
Chart No: 2022-210292

**PROOF OF SERVICE BY MAIL**
(1013a, 2015.5 C.C.P.)
STATE OF CALIFORNIA, COUNTY OF LOS ANGELES

I am employed in the county of Los Angeles, State of California. I am over the age of 18 and not a party to the within action. My business address is 13320 Riverside Drive, Suite 104, Sherman Oaks, CA 91423.

On February 22, 2023, I served the foregoing document described as:

- Initial Evaluation Report (02-03-23)
- Itemized Bill (02-21-23)
- 1500 CMS Claim (02-08-23)
- W-9 Form (12-01-22)

On all interested parties in this action by placing a true copy thereof enclosed in a sealed envelope with postage thereon fully prepaid in the United States mailed at Sherman Oaks, California addressed as follows:

Natalia Foley, Esq.
Workers Defenders Law Group
751 South Weir Canyon Road, Suite 157-455
Anaheim, CA 92808

Law Offices of Bolen & Massino
133 North Altadena Drive, Suite 420
Pasadena, CA 91107

Law Offices of Tappin & Associates
110 East Montecito Avenue, Suite A
Sierra Madre, CA 91024

The Rawlings Company
P.O. Box 2000
Lagrange, KY 40031

Sedgwick
P.O. Box 51350
Ontario, CA 91761

Executed on February 22, 2023, in Sherman Oaks, California.

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

Valerie Swartz

Valerie Swartz