### PSYCHOLOGICAL ASSESSMENT SERVICES

**CLINICAL & FORENSIC PSYCHOLOGY** 

2107 N. Broadway Suite 207 Santa Ana, CA 92706

Mailing & Billing Address:
P.O. Box 6299
Laguna Niguel, CA 92607
(714)972-0040
Fax (714)972-0477

### CONFIDENTIAL MATERIAL

The highly complex nature of the information contained in this report can result in serious misunderstandings if revealed to the patient. This could not only harm the patient but also the doctor-patient relationship. Consequently, it is strongly suggested that this report is not released to the patient without consulting the undersigned.

February 22, 2021

Workers Defenders Law Group 8018 E. Santa Ana Cyn #100-215 Anaheim Hills, CA 92808

RE:

Sandra Roquemore vs. American Guard Services DBA

DOI:

April 1, 2020 - October 26, 2020; August 1, 2020 - November 3, 2020

## EVALUATION AND MANAGEMENT OF NEW PATIENT REPORT

Dear Gentlepersons:

Your client underwent a psych evaluation at our office on February 22, 2021. The patient agreed these services be provided via telemedicine.

This is an office visit (99205) for the evaluation and management of a new patient involving the following three key components:

- $\underline{x}$  (1) A comprehensive history
- $\underline{x}$  (2) A comprehensive examination
- $\underline{x}$  (3) Medical decision making of High complexity

RE: Sandra Roquemore vs. American Guard Services DBA

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#### I. CHIEF COMPLAINTS:

Anxious and depressive symptomatology. Sleeping difficulties. Pain in her back and feet. Headaches.

### II. COMPREHENSIVE HISTORY OF OCCUPATIONAL INJURY:

Ms. Roquemore began working for American Guard Services DBA in approximately January 20, 2020, as a security guard for Ralph's supermarket. Her regular work functions included providing security for a grocery store. She was exposed to extreme temperatures at her workplace. She remained on her feet and stood for prolonged periods of time throughout her shift.

The patient says that while she was working for American Guard Services DBA at Ralph's supermarket, she was exposed to incidents of harassment by five store managers. The patient would overhear the managers telling the store employees that the patient smelled like "pee, shit, a dog, and like she was drunk." The patient felt upset, insulted, and self-conscious. She says she asked the store employees, with whom she got along, if she smelled bad. She was told that she did not smell. The patient says she also overheard the managers saying that she should retire. The patient felt she was being discriminated against based of her age. She believed that the managers wanted to replace her with a younger security guard. She verbally reported the managers' harassing comments to her supervisors, Miguel and George (unrecalled last name), multiple times. Her work situation remained unchanged.

As the patient continued to work in a hostile work environment, she experienced a progressive worsening of her emotional condition. She felt insecure and emotionally overwhelmed at work. She worried about the possibility of losing her job and being unable to support herself financially. She experienced headaches and bouts of diarrhea. She dreaded going into work each day. She had difficulty sleeping due to her excessive worries about her work situation. She

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experienced nightmares and distressing dreams related to incidents of harassment at her

workplace. She often felt tired and fatigued during the day. She had difficulty concentrating due

to her emotional condition and fatigue. She lost confidence in herself. She began to withdraw

from others and isolate herself socially.

As the patient continued to work, she began to experience pain in her lower back, hips, legs, and

feet, which she related to standing for prolonged periods of time at work. She also developed

corns and calluses on her feet. Her pain progressively worsened. She sought treatment with pain

management specialist, Dr. Patel, on her own. She says she had been treating with Dr. Patel for

her lower back pain for over ten years. She underwent injections to her lower back and she was

prescribed medication. She was released back to work without restrictions.

The patient says the different managers would place her to work in different locations throughout

the store. She was frequently placed to work directly in front of the entrance. She explains that

she underwent cataract surgery in approximately 2019, and that the breeze and the cold from the

store entrance irritated her eyes. The patient says she would move away from the doorway. The

managers would then complain to her supervisors who would direct her to do as she was told.

The patient felt under significant stress and helpless. She felt she had no choice but to comply

with the managers' directives despite her eye pain due to her fears of losing her job.

As the patient continued to work, her emotional and physical conditions further deteriorated.

She developed worsening anxious and depressive symptomatology and sleeping difficulties. Her

hair began to fall out and she developed bald patches on her scalp. She had a decreased appetite

and gradually lost weight. In about October or November 2020, when her situation at work and

emotional condition became unbearable, she sought legal representation. She was referred to

Dr. Gofnung. She participated in physical therapy. In December 2020, the patient received a

text message from her employer informing her that she had been removed from Ralph's. The

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patient was subsequently placed to work at a 99 Cents Only Stores distribution center in Vernon, California. Her employer then transferred her to Bell Gardens which is too far for the patient. Her employer has not found anything closer and she was told if she did not accept the offered site then will consider her resigned at the end of February 2021. In addition, her employer cut her pay without reason from \$16/hour down to \$14/hour. She says her emotional condition improved following her transfer. However, she continued to experience anxious and depressive symptomatology and sleeping difficulties. She experienced persisting pain in her lower back, feet, and headaches. She was subsequently referred to my office for psychological evaluation and treatment.

### III. FAMILY AND SOCIAL HISTORY:

Ms. Roquemore married when she was 19 years old and was married for approximately 4 years. She has a 41 year old daughter and a 38 year old son from this marriage.

### IV. CURRENT COMPLAINTS:

Ms. Roquemore reports feeling sad, helpless, hopeless, lonely, afraid, terrified, scared, angry, guilty, and irritable. She feels out of control emotionally. She tends to socially isolate and withdraw from others. She has lost confidence in herself and lacks motivation. She has lost interest in her usual activities, as she no longer enjoys these activities as she once did. She feels as though everything requires a great deal of effort. She experiences crying episodes. At times, she feels like crying but is unable to bring herself to tears. She feels much more sensitive and emotional than she once was. She has a decreased appetite and estimates that she has lost 20 pounds. She reports sleep difficulties due to her excessive worries and pain. She awakens throughout the night and early in the morning. She maintains a low energy level and feels easily tired and fatigued throughout the day. She avoids places that remind her of her workplace. She experiences nightmares, distressing dreams, flashbacks, and intrusive recollections. She feels nervous, restless, agitated, and tense. She reports spells of terror and panic. She has difficulty

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remembering things. She is fearful without cause and worries excessively. She is bothered by episodes of dizziness and muscle tension. She experiences sweating sensations throughout her hands and body, trembling in her hands, numbness, tingling sensations, hot sensations,

wobbliness in her legs, and shakiness. She feels unable to relax and pessimistic. She fears the

worst happening, losing control, and dying. She reports death thoughts, but denies suicidal

ideation, plan, or intent. She has a decreased sexual desire. She reports gastrointestinal

disturbances and headaches.

V. MENTAL STATUS EXAMINATION:

Ms. Roquemore was cooperative throughout the interview. Rapport was easily developed. She had a normal command of speech and language. Her speech pattern was soft and emotional.

Ms. Roquemore was emotionally involved during the evaluation. Her mood was sad and

anxious. Affect was appropriate to her thought content. Her thought processes were appropriate,

logical, and coherent. Her thought content was focused. Her intellectual functioning seemed

average, however, it appeared to be impacted by her emotional condition. She denied suicidal

or homicidal ideations, plan, or intent.

Ms. Roquemore was alert and oriented to person, place, and time. Her contact with reality was

adequate and showed no disturbance of consciousness. There was no evident histrionic

manifestation of pain. She had memory difficulties. Her concentration was, at times, deficient

during the evaluation. Her insight was intact and judgment was good. She appeared to be able

to manage her own affairs.

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### VI. <u>DSM-IV-TR DIAGNOSES</u>:

AXIS I:

- 1. Major Depressive Disorder, Single Episode, Severe without Psychotic Features (F32.2).
- 2. Generalized Anxiety Disorder (F41.1).
- 3. Insomnia Related to Generalized Anxiety Disorder and Chronic Pain (F51.05).
- 4. Pain Disorder Associated with Both Psychological Factors and a General Medical Condition, Chronic (F45.42).

AXIS II:

No diagnosis (V71.09)

AXIS III:

Status post orthopedic injury.

AXIS IV:

Health Problems. Occupational Problems.

AXIS V:

Current GAF: 50

### VII. <u>CAUSATION</u>:

In my opinion, there are non-industrial factors related to the patient's mother's death in 2020 from COVID-19 that have contributed to some extent to her current general emotional condition. However, more than 51% of all combined factors contributing to her current psychiatric injury are directly related to her exposure to work stress and incidents of harassment (CT August 1, 2020 - November 3, 2020) and the orthopedic injuries she sustained (CT April 1, 2020 - October 26, 2020) while at work for American Guard Services DBA.

I will address the issue of causation in detail when the patient reaches a permanent and stationary/MMI status.

### VIII. <u>DISABILITY</u>:

From a psychological perspective, the patient is temporarily totally disabled.

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IX. MEDICAL DECISION MAKING/TREATMENT RECOMMENDATIONS:

1. Cognitive Behavioral Group Psychotherapy (90853) 1X/week for 8 weeks to: decrease the

frequency and intensity of the patient's depressive and anxious symptoms; decrease the levels

of patient's feelings of anger and irritability; increase the patient's engagement in usual and

social interactions; increase patient's levels of motivation and hopefulness; improve patient's

duration and quality of sleep; increase the patient's use of coping/relaxation skills to manage

feelings of nervousness and panic; facilitate the patient's development and implementation of

appropriate stress management skills; and assist the patient in adjusting and adapting to levels

of pain and physical limitations.

2. Hypnotherapy/Relaxation Training (90880) 1X/week for 8 weeks to: increase patient's ability

to use appropriate pain control methods to manage levels of pain; improve patient's duration and

quality of sleep; and increase the patient's use of coping/relaxation skills to manage feelings of

nervousness and panic.

3. Referral for Medical Evaluation for Psychotropic Medication.

4. Referral for Pain Management to provide treatment for the patient's chronic pain complaints

to her back, hips, legs, and feet.

5. Follow-up in 45 days.

**DISCLOSURE** 

The clinical interview including review of the history with the patient, application, scoring and

interpretation of the psychological tests, review of medical records, and the preparation and

dictation of this report were performed by the undersigned. Our psych assistant, Stephanie T.

RE: Sandra Roquemore vs. American Guard Services DBA

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Imp, M.A., participated in the collection of historical data with the patient and other required

documentation. This report was done in consideration of and in compliance with LC§4628.

Time spent performing this evaluation: 2 hours with the applicant. 2.25 hours preparing the

report including historical data, dictation, transcribing and editing the 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 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 (LC §4628j).

Very truly yours,

Contract of the second

Ted Tribble, Psy.D. Licensed Clinical Psychologist Qualified Medical Evaluator PSY 20308 / QME 109637

cc:

Accident Fund Inc. Co. Of America Workers Defenders Law Group

Workers Defenders Law Group

File

NJF:DJ

# State of California <u>Division of Workers' Compensation</u>

### **REQUEST FOR AUTHORIZATION**

Physician's Prog	ress Report, DW	IC Form PR-2, or narrative repe	al Injury or Illness ort substantiating	the requested treatment.		
Expedited Review:	Check box if empl	<u>Change in Material Facts</u> loyee faces an imminent and seri	ous threat to his or	her health		
Check box if reques	t is a written conf	irmation of a prior oral request.				
Employee Information	<u>n</u>					
Employee Name (Last,		Roquemore, Sandra		!		
Date of Injury (MM/DD/	YYYY): 11/03/202	<u>Date</u>	e of Birth (MM/DD/Y	<u> </u>		
Claim Number: CL#:	UW2000031101	Emp	oloyer: America	an Guard Services (DBA)		
Provider Information	Trikkla DCX/D			(BBIL)		
	Tribble, PSY.D.	1.0		1		
Practice Name:	Asses	Sment Serv.	tact Name: Ted	Tribble, PSY.D.		
Address: 2107 N Broadway Ste 207			City: Santa Ana State: CA			
<u>Zip Code:</u> 92706	Sychology Phone:	714-972-0040 <u>Fax</u>	Fax Number: 714-972-0477			
Flovider Specialty.	Sychology	NPI	NPI Number: 1063682862			
E-mail Address:						
Claims Administrator	Information					
Claims Administrator N. P.O. Box 4	ame: Accid	ent Fund Ins. Co. of America	act Name:	*		
Address:			City: Lansing State: MI			
<u>Zip Code:</u> 48901 <u>Phone:</u> (877)563-4636			Fax Number: (941) 444 -(0200			
E-mail Address:						
Requested Treatment	(see instructions	for guidance; attached addition	onal pages if nece	ssary)		
report on which the requ	ed treatment in th	e below space or indicate the specan be found. Up to five (5) proce	ecific page number	(s) of the accompanying medical		
on a separate sheet.	dested treatment	can be found. Op to five (3) proce	edures may be ente	red; attach additional requests		
			The state of the s	Other Information		
<u>Diagnosis</u>	ICD-Code Procedure Requ	Procedure Requested	CPT/HCPCS	Other Information: (Frequency, Duration		
			<u>Code</u>	Quantity, Facility, etc.)		
Major Depressive Dis., Single	F32.2	Do Gerral Fix	99205			
Generalized Anxiety Disorder	F41.1	Referral for medical evaluation for rsychotropic medication	99205	Once		
Insomnia	F51.05	Lox VSI ( La Despit	99205	N 11		
Pain Dis. w/Related Psychologi	F45.42	Tot rogen ropic	99205	м и		
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Treating Physician Sign			Dat	<u>e:</u> 4/29/2021		
Claims Administrator		ee separate decision letter)	D-I (0			
Requested treatmen	t has been previo		Delay (See separat	te notification of delay)		
Authorization Number (i			ate:			
Authorized Agent Name			gnature:			
Phone:	Fax Nun		mail Address:			
Comments:						
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# D**W**C

# State of California Division of Workers' Compensation

### **REQUEST FOR AUTHORIZATION**

Physician's Pro	gress Report, DV	VC Form PR-2, or narrativ	e rep	ort substantiating t	the requested	5021, a Treating treatment.
Expedited Review:	Check box if emp	<u>Change in Material Facts</u> l <u>oyee faces an imminent ar</u> irmation of a prior oral requ	nd seri uest.	ious threat to his or	her health	
Employee Informatio	<u>on</u>	ar ann an seamaine - Annaise ar Canadaine a A sian eacha			ar of the second terrorition of the second	
Employee Name (Last	t, First, Middle):	Roquemore, Sandra				
Date of Injury (MM/DD	)/YYYY): 11/03/202	20	Date	e of Birth (MM/DD/Y	YYY):	02/11/1055
Claim Number: CL#	:UW2000031101				n Guard Service	02/11/1955
Provider Information	T-il-l- Boxxa				Cadia Scivic	Ces (DBA)
	Tribble, PSY.D.	. 0				
Practice Name:	chological Asses	sment Serv.	Con	tact Name: Ted	Γribble, PSY.Γ	)
Address: 2107 N Broadway Ste 207			City: Santa Ana State: CA			
<u>Zip Code:</u> 92706	Psychology Phone:	714-972-0040	Fax Number: 714-972-0477			
Provider Specialty:			NPI Number: 1063682862			
E-mail Address:						
Claims Administrator						
Claims Administrator N	lame: Accid	lent Fund Ins. Co. of Ame	rica Cont	act Name:		
Address:	Address:			<u>City:</u> Lansing		State: MI
<u>Zip Code:</u> 48901 <u>Phone:</u> (877)563-4636			Fax Number:			IVII
E-mail Address:						
Requested Treatment	ISPA Instructions	· fau accidence				
Eithor state il	goco manuchons	s for guidance; attached	additio	onal pages if neces	sary)	
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# State of California <u>Division of Workers' Compensation</u>

#### REQUEST FOR AUTHORIZATION

DWC Form RFA - California Code of Regulations, title 8, section 9785.

This form must accompany the Doctor's First Report of Occupational Injury or Illness, Form DLSR 5021, a Treating Physician's Progress Report, DWC Form PR-2, or narrative report substantiating the requested treatment. X New Request Resubmission - Change in Material Facts Expedited Review: Check box if employee faces an imminent and serious threat to his or her health Check box if request is a written confirmation of a prior oral request. Employee Information Roquemore, Sandra Employee Name (Last, First, Middle): Date of Injury (MM/DD/YYYY): 11/02/2020 Date of Birth (MM/DD/YYYY): 02/11/1955 Claim Number: CL#:UW2000031101 Employer: American Guard Services (DBA) **Provider Information** Provider Name: Ted Tribble, PSY.D.

Practice Name: Psychological Assessment Serv. Ted Tribble, PSY.D. Contact Name: Address: 2107 N Broadway Ste 207 City: Santa Ana State: CA 714-972-0040 714-972-0477 Zip Code: 92706 Phone: Fax Number: Provider Specialty: 1063682862 NPI Number: E-mail Address: **Claims Administrator Information** Accident Fund Ins. Co. of America Contact Name: Claims Administrator Name:

P.O. Box 40790 Address: City: Lansing MI State: Zip Code: 48901 Phone: (877)563-4636 Fax Number: E-mail Address: Requested Treatment (see instructions for guidance; attached additional pages if necessary) Either state the requested treatment in the below space or indicate the specific page number(s) of the accompanying medical report on which the requested treatment can be found. Up to five (5) procedures may be entered; attach additional requests on a separate sheet. Other Information: CPT/HCPCS Diagnosis ICD-Code Procedure Requested (Frequency, Duration Code Quantity, Facility, etc.) Major Depressive Dis., Single F32.2 Group Medical Psychotherapy 90853 1X WK X WKS, TOTAL Generalized Anxiety Disorder F41.1 Group Medical Psychotherapy 90853 Insomnia F51.05 Group Medical Psychotherapy 90853 Pain Dis. w/Related Psychologi F45.42 Group Medical Psychotherapy 90853 Treating Physician Signature: 4/29/2021 Date: Claims Administrator Response Approved Denied or Modified (See separate decision letter) Delay (See separate notification of delay) Requested treatment has been previously denied Liability for treatment is disputed Authorization Number (if assigned): Date: Authorized Agent Name: Signature: Phone: Fax Number: E-mail Address: Comments:

### <u>State of California</u> <u>Division of Workers' Compensation</u>

### **REQUEST FOR AUTHORIZATION**

Physician's Proc	ress Report, DW	C Form PR-2, or narrative	repo	<u>rt substantiati</u>	ng the requested	5021, a Treating d treatment.
Expedited Review:	Check box if employed	hange in Material Facts oyee faces an imminent and rmation of a prior oral reque	l serio	ous threat to his	or her health	
Employee Information	<u>n</u>					
Employee Name (Last	First, Middle):	Roquemore, Sandra				
Date of Injury (MM/DD)	YYYY): 11/03/202	20	Date	of Birth (MM/DI	D/YYYY):	02/11/1955
Claim Number: CL#	:UW2000031101				rican Guard Serv	
<b>Provider Information</b>					July Sunt Serv	ices (DB/()
TTOVIGET WATTE.	Tribble, PSY.D.				7	
Practice Name: Psychological Assessment Serv.			Contact Name: Ted Tribble, PSY.D.			
Address: 2107 N Broadway Ste 207			City: Santa Ana State: CA			
Zip Code: 92706	Phone:	714-972-0040	Fax Number: 714-972-0477			
Provider Specialty:	Psychology		NPI Number: 1063682862			
E-mail Address:						
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Claims Administrator N	ame: Accid	ent Fund Ins. Co. of Amer	<u>eanta</u>	act Name:		
Address.			<u>City:</u> Lansing			State: MI
<u>Zip Code</u> : 48901 <u>Phone</u> : (877)563-4636			Fax Number:			
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on a separate sheet.	Mark Market and the Market Mark Market					
<u>Diagnosis</u>	ICD-Code	Procedure Requested		CPT/HCPCS Code	(Frequ	r Information: ency, Duration ty, Facility, etc.)
Major Depressive Dis., Single	F32.2	Medical Hypnotherapy/Relaxation	Tra	90880	1X WK X X W	KS, TOTAL X SESSIONS
Generalized Anxiety Disorder	F41.1	Medical Hypnotherapy/Relaxation	n Tra	90880		n u
Insomnia	F51.05	Medical Hypnotherapy/Relaxation	Tra	90880		и и
Pain Dis. w/Related Psychologi	F45.42	Medical Hypnotherapy/Relaxation	Tra	90880		и и
		0				
		MARINA				
Treating Physician Sign		30			Date: 4/29/2	021
Claims Administrator						
Approved Deni Requested treatment	ed or Modified (Se nt has been previo	ee separate decision letter) usly denied  Liability fo	r trea	Delay (See sepatement is dispute	arate notification	of delay)
Authorization Number (	if assigned):		Da	ate:		
Authorized Agent Name	<u>e:</u>		Sig	gnature:		
Phone:	Fax Nun	nber:	<u>E</u> -	mail Address:		
Comments:						
	er with more than two table to be a fine	and the same of th				

### <u>State of California</u> <u>Division of Workers' Compensation</u>

### **REQUEST FOR AUTHORIZATION**

Physician's Prog	ress Report, DW	C Form PR-2, or narrative re	port substantiating the	Form DLSR 5021, a Treating ne requested treatment.		
X New Request 1	Resubmission – Cl	nange in Material Facts				
Check box if reques	<u>Check box if emplo</u> st is a written confir	yee faces an imminent and s mation of a prior oral request.	erious threat to his or h	er health		
Employee Information						
Employee Name (Last,		Roquemore, Sandra				
Date of Injury (MM/DD/			ate of Birth (MM/DD/Y)	<b>^/</b> \/\·		
	:UW2000031101		Employer: American Guard Services (DBA)			
Provider Information			American	Guard Services (DBA)		
r rovider name.	Tribble, PSY.D.					
Practice Name:  Psychological Assessment Serv.			Contact Name: Ted Tribble, PSY.D.			
Address: 2107 N Broadway Ste 207			2			
Zip Code: 92706 Phone: 714-972-0040			City:         Santa Ana         State:         CA           Fax Number:         714-972-0477			
Provider Specialty:	sychology		NPI Number: 1063682862			
E-mail Address:			100300	52002		
Claims Administrator	Information					
Claims Administrator N	ame: Accide	ent Fund Ins. Co. of Ameri <u>ca</u>	ontact Name:			
Address:	Address: P.O. Box 40790			State: MI		
Zip Code: 48901 Phone: (877)563-4636			t <u>y:</u> Lansing ax Number:	State: MI		
E-mail Address:						
Requested Treatment	(see instructions	for guidance; attached add	itional pages if neces	sary)		
Either state the request	ed treatment in the	below space or indicate the	specific page number(s	) of the accompanying medical		
on a separate sheet.	uested treatment c	an be found. Up to five (5) pro	ocedures may be enter	ed; attach additional requests		
on a separate sneet.			*			
Diagnosis	ICD-Code	Procedure Requested	CPT/HCPCS	Other Information:		
<u>Diagnosis</u>	ICD-Code	Procedure Requested	CPT/HCPCS Code	(Frequency, Duration		
			Code	(Frequency, Duration Quantity, Facility, etc.)		
<u>Diagnosis</u> Major Depressive Dis., Single Generalized Anxiety Disorder	F32.2 F41.1	Office visit	<u>Code</u> 99213	(Frequency, Duration		
Major Depressive Dis., Single	F32.2 F41.1	Office visit	99213 99213	(Frequency, Duration Quantity, Facility, etc.) ONCE IN 45 DAYS		
Major Depressive Dis., Single Generalized Anxiety Disorder Insomnia	F32.2 F41.1 F51.05	Office visit Office visit Office visit	99213 99213 99213	(Frequency, Duration Quantity, Facility, etc.)  ONCE IN 45 DAYS  ""		
Major Depressive Dis., Single Generalized Anxiety Disorder	F32.2 F41.1	Office visit	99213 99213	(Frequency, Duration Quantity, Facility, etc.) ONCE IN 45 DAYS		
Major Depressive Dis., Single Generalized Anxiety Disorder Insomnia	F32.2 F41.1 F51.05	Office visit Office visit Office visit Office visit	99213 99213 99213	(Frequency, Duration Quantity, Facility, etc.)  ONCE IN 45 DAYS  ""		
Major Depressive Dis., Single Generalized Anxiety Disorder Insomnia	F32.2 F41.1 F51.05 F45.42	Office visit Office visit Office visit	99213 99213 99213 99213	(Frequency, Duration Quantity, Facility, etc.)  ONCE IN 45 DAYS  ""  ""		
Major Depressive Dis., Single Generalized Anxiety Disorder Insomnia Pain Dis. w/Related Psychologi	F32.2 F41.1 F51.05 F45.42	Office visit Office visit Office visit Office visit	99213 99213 99213	(Frequency, Duration Quantity, Facility, etc.)  ONCE IN 45 DAYS  ""  ""		
Major Depressive Dis., Single Generalized Anxiety Disorder Insomnia Pain Dis. w/Related Psychologi  Treating Physician Sign Claims Administrator	F32.2 F41.1 F51.05 F45.42  nature: Response ed or Modified (Se	Office visit Office visit Office visit Office visit e separate decision letter)	99213 99213 99213 99213 99213	(Frequency, Duration Quantity, Facility, etc.)  ONCE IN 45 DAYS  ""  ""		
Major Depressive Dis., Single Generalized Anxiety Disorder Insomnia Pain Dis. w/Related Psychologi  Treating Physician Sign Claims Administrator  Approved Deni	F32.2 F41.1 F51.05 F45.42  Response ed or Modified (Sent has been previous	Office visit Office visit Office visit Office visit e separate decision letter)	Code  99213 99213 99213 99213  Date  Delay (See separate reatment is disputed	(Frequency, Duration Quantity, Facility, etc.)  ONCE IN 45 DAYS  ""  ""  ""  4/29/2021		
Major Depressive Dis., Single Generalized Anxiety Disorder Insomnia Pain Dis. w/Related Psychologi  Treating Physician Sign Claims Administrator  Approved Deni Requested treatmer	F32.2 F41.1 F51.05 F45.42  nature: Response ed or Modified (Sent has been previous if assigned):	Office visit Office visit Office visit Office visit e separate decision letter)	Polay (See separate reatment is disputed Date:	(Frequency, Duration Quantity, Facility, etc.)  ONCE IN 45 DAYS  ""  ""  ""  4/29/2021		
Major Depressive Dis., Single Generalized Anxiety Disorder Insomnia Pain Dis. w/Related Psychologi  Treating Physician Sign Claims Administrator  Approved Deni Requested treatmer Authorization Number (i	F32.2 F41.1 F51.05 F45.42  nature: Response ed or Modified (Sent has been previous if assigned):	Office visit Office visit Office visit Office visit  Office visit  Office visit  Liability for t	Code  99213 99213 99213 99213  Date  Delay (See separate reatment is disputed	(Frequency, Duration Quantity, Facility, etc.)  ONCE IN 45 DAYS  ""  ""  ""  4/29/2021		
Major Depressive Dis., Single Generalized Anxiety Disorder Insomnia Pain Dis. w/Related Psychologi  Treating Physician Sign Claims Administrator Approved Deni Requested treatmer Authorization Number (in Authorized Agent Name	F32.2 F41.1 F51.05 F45.42  Auture: Response ed or Modified (Sent has been previous if assigned):	Office visit Office visit Office visit Office visit  Office visit  Office visit  Liability for t	Delay (See separate reatment is disputed Date:  Signature:	(Frequency, Duration Quantity, Facility, etc.)  ONCE IN 45 DAYS  ""  ""  ""  4/29/2021		

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**To:** 19414446200

From: Fax 1

Fax: 19414446200

**Date:** 5/3/2021 2:11:47 PM PDT

RE: Sandra Roquemore rfa

Pages: 14

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