

Re: Martin Lugo v. Westpac Labs, Inc./Sonic Healthcare
Case No: ADJ14468143; ADJ14468359; ADJ14468138

PROOF OF SERVICE BY MAIL

I, Wendy Lee, declare as follows:

I am over the age of 18 years, and not a party to this action. My business address is 1971 E. 4th Street, Suite 100, Santa Ana, California 92705, which is located in the county where the mailing described below took place.

I am readily familiar with the business practice at my place of business for collection and processing of correspondence for mailing with the United States Postal Service. Correspondence so collected and processed is deposited with the United States Postal Service that same day in the ordinary course of business.

On June 29, 2021 at my place of business at Santa Ana, California, a copy of the foregoing document, SEE ATTACHMENT "A" FOR ITEMS SERVED, was placed for deposit in the United States Postal Service in a sealed envelope, with postage fully prepaid, addressed to:

Natalia Foley
Workers Defenders Law Group
8018 E. Santa Ana Canyon, #100-215
Anaheim, CA 92808

Paul Ballas
Gallagher Bassett Services
P.O. Box 2934
Clinton, IA 52733
(Transmittal Only)

and that envelope was placed for collection and mailing on that date following ordinary business practices.

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

Executed on June 29, 2021.


WENDY LEE
WALL McCORMICK BAROLDI & DUGAN

ATTACHMENT "A" TO PROOF OF SERVICE

Medical Reports

Nathan Kerlick, P.T. dated 4/14/21
Lorraine Sunday, M.D. dated 6/5/20 (x2)
Bonnie Katayara, P.T. dated 6/5/20
William Van Dalsem, M.D. dated 6/5/20
Hoag ER History and Physical dated 6/4/20

Miscellaneous

Traffic Collision Report dated 6/4/20

Wage Information

Correspondence from Gallagher Bassett to Martin Lugo dated 6/9/20 (x2), 9/2/20, 9/21/20 (x2)

Correspondence from Gallagher Bassett to Mercury Insurance dated 9/21/20, 10/23/20

Concentra

Transcription

2362 Morse Ave Irvine, CA 92614 (949) 863-9103

Patient:	Luge, Martin	Service Date:	06/05/2020
Soc. Sec. #	561-71-1451	Injury Date:	06/04/2020
Date of Birth:	07/30/1964	Age:	55
Service Location:	CMC - LAX Irvine Morse	Employer:	West Pac Labs
Service ID #:	947918426		10200 Pioneer Blvd Ste 500
Claim #:	005834 002603 WC 01		Santa Fe Springs, CA 90670
Dictator:	Bonnie Kalayama		
Diagnosis:	S13.9XXA SPRAIN OF JOINTS AND LIGAMENTS OF UNSP PARTS OF NECK, INIT-S13.9XXA		

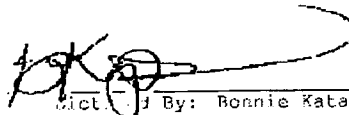
Notes: Visit History
 Total visit(s) (cumulative total):1
 Referral Provider: Sunday.

History of Present Condition
 Therapy Referral is not for a post surgical condition.
 Job Description: Not Received
 Job Title: courier
 Time in Current Position: 1 year
 Date of Injury: 6/4/20
 Pain Scale: 5 out of 10.
 Mechanism of injury: Pt was in a MVA and rear ended at a stop light
 Reason for Therapy: Reason for Therapy:
 Physical Therapy is required for this patient in order to improve range of motion, strength, stability, endurance, motor control and proprioception of the involved body area(s) in order to return the patient to full function with decreased pain.

Chief Complaint: Chief Complaint
 Location of Symptoms:
 Description of symptoms:
 Aggravating factors:
 Easing factors:
 Comorbidities and Red Flags: Patient verbally denies a personal history of heart, lung, endocrine, or bone pathology, personal history of cancer, diabetes, recent changes in their general health, unexplained weight loss, or any other condition that may be worsened by participating in exercises or manual therapy while being treated by physical therapy.
 HX of cancer and EM treated by meds

Activity Limitations and Participation Restrictions
 Treatment Status
 Returning for Follow Up with primary care medical provider.
 Activity Limitations
 Patient has been given work restrictions by the treating medical provider which limits the patient's participation in one or more essential job functions.
 Participation Restrictions
 Patient reports being unable to participate fully in one or more community or life events due to impairments associated with current injury.

Vitals
 Recorded: 05Jun2020 06:28PM Recorded: 05Jun2020 05:11PM
 Height 6 ft 2 in 6 ft 2 in
 Weight 325 lb 325 lb
 BMI Calculated 41.73 kg/m2 41.73 kg/m2
 BSA Calculated 2.67 2.67
 Systolic 127 127
 Diastolic 78 78
 Heart Rate 77 77
 Respiration 18


 Dictated By: Bonnie Kalayama

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Notes: Temperature 98.3 F
 Tests and Measures
 Cervical Spine:
 PAIN:
 Pain Rating: /10
 POSTURE/OBSERVATION:
 Moderate forward head.
 ROM AND MUSCLE PERFORMANCE:
 ROM within normal limits except as noted.
 Manual muscle testing within normal limits except as noted.
 Flexion: AROM of 40 degrees .
 Extension: AROM of 0 degrees.
 Right Side Bending: AROM of 20 degrees.
 Left Side Bending: AROM of 20 degrees.
 Right Rotation: AROM of 20 degrees.
 Left Rotation: AROM of 20 degrees.
 Lumbar Spine:
 PAIN:
 Pain Rating: 5/10/10
 POSTURE/OBSERVATION:
 Moderate increased lumbar lordosis.
 ROM AND MUSCLE PERFORMANCE:
 ROM within normal limits except as noted.
 Manual muscle testing within normal limits except as noted.
 Flexion: AROM of 30 degrees .
 Extension: AROM of 0 degrees.
 Left Thoracolumbar Sidebending: AROM of 20 degrees.
 Right Thoracolumbar Sidebending: AROM of 20 degrees.
 Left Thoracolumbar Rotation: AROM of 20 degrees.
 Right Thoracolumbar Rotation: AROM of 20 degrees.

Goals
 Martin Lugo is unable to perform his activities.

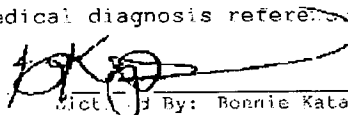
Impairment Goals
 lumbar flexion Initial Value: 30 Goal: 60 Current Value: 30 Goal Status: Initial
 lumbar extension Initial Value: 0 Goal: 10 Current Value: 0 Goal Status: Initial

lumbar rotation R/L Initial Value: 20/20 Goal: 30/30 Current Value: 20/20 Goal Status: Initial
 Initial Initial Value: NE Required Work Activities: 8 stops to get out of the car and pick up specimens Current Functional Status: NE Goal Status: Initial

Sitting Duration - Initial Value: NE Required Work Activities: driving 7 hours Current Functional Status: NE Goal Status: Initial

Evaluation
 1. Cervical sprain, initial encounter (S13.9XXA)
 2. Lumbar sprain, initial encounter (S33.5XXA)

Therapy Assessment
 The patient assessment is consistent with the medical diagnosis referred above.


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Notes:

The impairments identified during the examination which prevent the patient from performing their standard activities of daily living and/or work activities are addressed in the Goals section.

Impairment List: AROM, PROM, Pain, Joint Mobility, Integumentary and Balance

Response to current treatment: The patient reported benefit from the current treatment as noted by a reduction in symptoms.

Assessment Comment: cervical and lumbar sprain with limited ROM and functional strength..

Pt does not have a HEP Therapy is indicated for the above noted practice pattern and impairments. The patient is a good candidate for therapy intervention and demonstrates good prognosis for improvement.

Plan

Frequency and Duration:

Patient to be seen 3 times a week for 2 weeks.

Interventions:

Therapeutic exercises such as stretching, strengthening and stabilization to address the impairments of range of motion, muscle performance. This will include patient education to address posture, body mechanics and home program. Therapeutic activities such as lifting, pushing, pulling, carrying to address the ability to perform the identified essential functions. Manual therapy such as joint and soft tissue mobilization to address the impairments of joint mobility and soft tissue restrictions. Modalities such as, electrical stimulation, ultrasound and heat/cold to address localized pain and inflammation.

Therapeutic exercises such as stretching, strengthening and stabilization to address impairments of range of motion and muscle performance. This will include patient education to address posture, body mechanics and home program.

Therapeutic activities such as lifting, pushing, pulling and carrying to address the ability to perform the identified essential functions.

Neuromuscular Reeducation such as balance, posture, coordination and kinesthetic awareness to address motor function and muscle performance.

Informed Consent: The plan of care was discussed with the patient, who voiced understanding and agreed to proceed.

History Summary:

3 or more personal factors or comorbidities

Exam Findings:

4+ of the following: Activity/participation, body structure or functional limitations

Presentation and Decision Making:

Evolving clinical presentation or changing characteristics: Moderate Complexity

Intervention/Charges

Treatment or procedures performed today include: Therapeutic Exercise, Therapeutic Activity and selfcare

Therapeutic Exercises 97110

Shoulder rolls 20

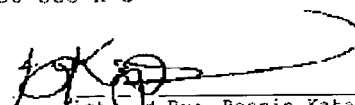
Scapular squeezes 20

UT, Levator scap, pectoralis stretches 10 min

Cervical rotation x10

Stretching hamstrings, quadriceps, hip flexors 30 sec x 3

SKTC 30 sec x 3 each


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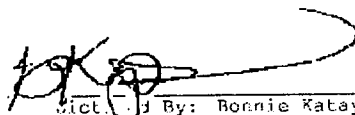
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Notes: Figure 4 30 sec x 3 each
 Forward bending stretch 30 sec x 3
 Extension x 15
 The patient was guided through their therapeutic exercises by the physical therapist (or assistant). The therapeutic exercises were instructed to be performed in a pain free manner. The time of therapeutic exercise includes the preparation for each activity, patient education and training of each exercise, performance of the exercise, post-assessment of patient's performance, and patient education of the importance of adherence to the HEP.
 Self-Care/Home Management Training (97535):
 Resting postures, elevation posture and cold pac instruction 5 min
 Sitting and sleeping posture 5 min
 ADL guidelines 5 min
 Body Mechanics for sit to supine to sit, getting out of the bed 5 min
 The patient was educated by the physical therapist on an individualized self-care and home management training plan. This training addressed the patient's specific needs as a part of the active treatment plan to return the patient to their specific work functions, and the patient reported that they understood and learned from the training.
 Therapeutic Activities 97530
 squatting mechanics
 sit to stand and supine to sit mechanics.
 Abdominal bracing with all active mobility
 The patient was guided through therapeutic activities with direct contact by the physical therapist (or assistant). The therapeutic activities included dynamic movement activities with the purpose of improving the patient's functional ability performance, such as lifting, carrying, bending, squatting, pushing, pulling, jumping and reaching. The time of therapeutic activities includes preparation of each activity, patient education and training of each task, performance of the activity, post-assessment of patient's performance, and resting time between sets of each activity.

Visit Type: PT Eval, mod complexity
 Treatment Start Time: 610
 Treatment End Time: 700
 Procedure Charges:
 Therapeutic Exercises: 2 units , 25 minutes
 Therapeutic Activities: 1 units , 15 minutes
 Self-care/Home Management Training: 1 units , 15 minutes
 Supplies:
 SP HALF LUMBO ROLL W/STRAPS

Signatures
 Electronically signed by : Bonnie Katayama, PT; Jun 5 2020 7:06PM PST - Author



Dictated By: Bonnie Katayama

STATE OF CALIFORNIA

DOCTOR'S FIRST REPORT OF OCCUPATIONAL INJURY OR ILLNESS

Within 5 days of your initial examination, for every occupational injury or illness, send two copies of this report to the employer's workers' compensation insurance carrier or the insured employer. Failure to file a timely doctor's report may result in assessment of a civil penalty. In the case of diagnosed or suspected pesticide poisoning, send a copy of the report to Department of Industrial Relations, P.O. Box 420603, San Francisco, CA 94142-0603, and notify your local health officer by telephone within 24 hours.

1. Insurer Name and Address

Gallagher Bassett PO Box 2831 Clinton, IA 52733

2. Employer Name

West Pac Labs

3. Address No. and Street

10200 Pioneer Blvd Ste 500

City

Santa Fe Springs

Zip Code

90670-6008

4. Nature of business (e.g. food manufacturing, building construction, retailer of women's clothes.)

lab company

5. Patient Name (first Name, middle initial, last name)

Martin

Lugo

6. Sex

Male

7. Date of Birth

07-30-1964

8. Address No. and Street

135 Hombeam Lane

City

FOUNTAIN VALLEY

Zip Code

92708

9. Phone Number

(949) 609-9888 (H)

10. Occupation (Specific job title)

courier

11. Social Security Number

XXX-XX-1451

12. Address No. & Street Where Inj. Occurred

10200 Pioneer Blvd Ste 500

City Where Injury Occ.

Santa Fe Springs

County

Los angeles

13. Date and hour of injury or onset of illness

06/04/2020 21:45 PM

14. Date last worked

06/04/2020

15. Date and hour of 1st exam or treatment

06/05/2020 06:36 PM

16. Have you or your office previously rendered treatment

Yes

Patient please complete this portion, if able to do so. Otherwise, doctor please complete immediately, inability or failure of a patient to complete this portion shall not affect his/her rights to workers' compensation under the California Labor Code.

17. Describe how the accident or exposure happened. (Give specific object, machinery or chemical. Use reverse side if more space is required.)

pain to neck and lower back rear ended in a MVA

18. SUBJECTIVE COMPLAINTS

Occupational History
Occupational History
Type of job / Job title: courier
Major job functions: sitting, driving, walking
Length of time at this job: 6 month(s) and 1 year(s). Average weekly work hours: 40.
Expected shift hours today: 11:15 AM to 7:45 PM.
Recent overtime: No
History of Present Illness
Patient presents with cervical and Lumbar region injury due to MVA sustained while at work on 06/04/2020 1 s/p patient reports that he 1 was a restrained driver with sit belt on going driver, at a complete stop 1 at mph, a stop signal, he was, 1 rear-ended by a drunk driver going at about 35 mph. Jolted He was jolted 1 forcefully. Patient was initially seen at Hoag ER where CT scan of the neck only was done. done, pending official report. 1 There is moderate, sharp dull 1 pain that is intermittent and associated with moderate muscle tightness. Pain is exacerbating by motion and direct pressure. There is mild alleviation of pain with rest. Denies weakness, numbness and tingling sensation.
1 Amended By: Sunday, Lorraine N.: Jun 06 2020 7:54 PM PST Signatures
Electronically signed by : Lorraine Sunday, M.D.; Jun 5 2020 5:56PM PST - Author
Electronically signed by : Lorraine Sunday, M.D.; Jun 6 2020 8:03PM PST - Author

19. Objective Findings

A. Physical Examination

Vitals Review

Vital signs were reviewed and found to be unremarkable.

Physical Exam

Constitutional: General appearance: appears well developed and well-nourished and in no acute distress

Psych: alert and oriented to person, place and time. Mood and affect appear appropriate

Skin: dry, normal

Eyes: extraocular muscles intact

ENT: hearing normal

Pulmonary: respiratory effort normal

Cardiovascular: capillary refill normal

GI: Non distended and soft

Cervical Spine:1 Cervical Spine: Appearance is normal.1 Tenderness in the 1 left paraspinal1 (muscular1 and paraspinal1)1 , right trapezius muscle1 and left trapezius muscle1 . mild to moderate1 Palpation reveals 1 bilateral muscle spasms1 (muscular1 and paraspinal1)1 . mild to moderate1 Full range of motion1 . Flexion muscle performance 5/51 . Right side bending muscle performance 5/51 . Right rotation muscle performance 5/51 . Extension muscle performance 5/51 . Left side bending muscle performance 5/51 . Left rotation muscle performance 5/51 . Flexion muscle tone 5/51 . Right side muscle tone 5/51 . Right rotation muscle tone 5/51 . Extension muscle tone 5/51 . Left side bending muscle tone 5/51 . Left rotation muscle tone 5/51 . 1 .

Neurologic: Sensation is intact to light touch in all dermatomes tested. The muscles tested display no weakness. No muscle atrophy is present.

Vascular: The pulses are 2+/2+ bilaterally and capillary refill time is normal bilaterally.1 . 1 negative Cervical Spine Instability testing1 , negative Cervical Axial Load testing1 , negative Distraction test1 and negative Spurling's Maneuver1 .

Lumbosacral Spine:1 Appears normal.1 Tenderness present in left paraspinal1 (muscular1 and paraspinal1)1 and right paraspinal1 (muscular1 and paraspinal1)1 . Moderate1 . Palpation reveals1 bilateral muscle spasms1 (muscular1 and paraspinal1)1 . Moderate1 Limited range of motion.1 Flexion1 AROM of 65 degrees1 . Extension1 AROM of 15 degrees1 . Left Thoracolumbar Sidebending1 AROM of 35 degrees1 . Right Thoracolumbar Sidebending1 AROM of 35 degrees1 . Left Thoracolumbar Rotation1 AROM of 45 degrees1 . Right Thoracolumbar Rotation1 AROM of 45 degrees1 . Normal motor strength1 . Normal motor tone.1 . 1 .

Neurologic: Sensation is intact to light touch in all dermatomes tested. The muscles tested display no weakness. No muscle atrophy is present.

Vascular: The pulses are 2+/2+ bilaterally and capillary refill time is normal bilaterally.1 . Special Tests: 1 Right Straight Leg Raise negative1 and Left Straight Leg Raise negative1 .

1 Amended By: Sunday, Lorraine N.; Jun 06 2020 7:59 PM PST Signatures

Electronically signed by : Lorraine Sunday, M.D.; Jun 5 2020 5:56PM PST - Author

Electronically signed by : Lorraine Sunday, M.D.; Jun 6 2020 8:03PM PST - Author

B. X-ray and laboratory results (State if none or pending.)

Pending

STATE OF CALIFORNIA DOCTOR'S FIRST REPORT OF OCCUPATIONAL INJURY OR ILLNESS

20. DIAGNOSES(if occupational illness specify etiologic agent and duration of exposure.) Chemical or toxic compounds involved? No

- 1. Cervical sprain, initial encounter ICD-10 S13.9XXA
- 2. Lumbar sprain, initial encounter ICD-10 S33.5XXA
- 3. ICD-10
- 4. ICD-10
- 5. ICD-10
- 6. ICD-10
- 7. ICD-10
- 8. ICD-10
- 9. ICD-10
- 10. ICD-10
- 11. ICD-10
- 12. ICD-10

21. Are your findings and diagnosis consistent with patient's account of injury or onset of illness? Yes If "no," please explain below:

22. Is there any other current condition that will impede or delay patient's recovery? No If "yes," please explain below:

23. TREATMENT RENDERED (Use reverse side if more space is required.)

X-Ray, spine, lumbosacral; minimum of 4 views,SUPPORT BACK LOW FRICTION PULLEY,Custom Touch 2 Moist Electric Heat Pad,Perform Pain Relieving Gel Tube 4oz,Hot/Kold Compress 8 1/2 x 11,Nabumetone 750 MG Oral Tablet.Acetaminophen 500 MG Oral Tablet

24. If further treatment required, specify treatment plan/estimated duration.

25. If hospitalized as inpatient, give hospital name and location

Date admitted Estimated length of stay

26. WORK STATUS - Is patient able to perform usual work? Yes No

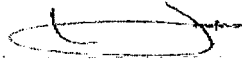
If "no", date when patient can return to Regular work Modified work 06/08/2020

Specify restrictions May lift up to 15 lbs occasionally, May push/pull up to 15 lbs occasionally, May bend occasionally, No overhead work

STATE OF CALIFORNIA
DOCTOR'S FIRST REPORT OF OCCUPATIONAL INJURY OR ILLNESS

Physician Signature: *(original signature, do not stamp)*

I declare under penalty of perjury that this report is true and correct to the best of my knowledge and that I have not violated Labor Code section 139.3.

Physician signature		Cal. License Number:	_____
Executed at:	CMC - Irvine Morse - Irvine, CA	Date (mm/dd/yyyy):	06/05/2020
Physician Name	Lorraine Sunday, M.D.	Specialty:	Occupational Medicine
Physician address:	2362 Morse Avenue Irvine, CA 92614	Phone Number	(949) 863-9103

Any person who makes or causes to be made any knowingly fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony.

PRIVACY NOTICE: The Administrative Director is authorized to maintain the records of the Division of Workers' Compensation (DWC). (Cal. Lab. Code § 126.) The Information Practices Act of 1977 and the Federal Privacy Act require the Administrative Director to provide this notice to individuals who submit information to the DWC pertaining to a workers' compensation claim. (Cal. Civ. Code § 1798.17; Public Law 93-579.)

The principal purpose for requesting information from injured workers, dependents, lien claimants, physician, employers or their representatives is to administer the California workers' compensation system. Each form shows which fields are required to be completed for DWC to process the form. If a required field in a form is incomplete or unreadable, the DWC may return the form to the individual for correction or may reject the form. Providing a social security number is required on this form pursuant to Labor Code § 6409. If you do not provide your security number, the DWC may return the form to you for correction or reject the form. If you do not have a social security number, indicate this in the space provided for the injured worker's social security number. As permitted by law, social security numbers are used to help properly identify injured workers and to conduct statistical research as allowed under the Labor Code.

As authorized by law, information furnished on this form may be given to: you, upon request; the public, pursuant to the Public Records Act; a governmental entity, when required by state or federal law; to any person, pursuant to a subpoena or court order pursuant to any other exception in Civil Code § 1798.24.

An individual has a right of access to records containing his/her personal information that are maintained by the Administrative Director. An individual may also amend, correct, or dispute information in such personal records. (Cal. Civ. Code §§ 1798.34-1798.3.) You may request a copy of the DWC's policies and procedures for inspection of records at the address below. Copies of the procedures and all records are ten cents (\$0.10) per page, payable in advance. (Cal. Civ. Code § 1798.33.) Requests should be sent to: Division of Workers' Compensation- Medical Unit, P.O. Box 71010, Oakland, CA 94612. Tel: (510) 286-3700 or (800) 794.6900. Fax: (510) 622-3467.

Concentra

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Soc. Sec. #	561-71-1451	Injury Date:	06/04/2020
Date of Birth:	07/30/1964 Age: 55	Employer:	West Pac Labs
Service Location:	CMC - LAX Irvine Morse		10200 Pioneer Blvd Ste 500
Service ID #:	947918244		Santa Fe Springs, CA 90670
Claim #:	005834 002603 WC 01		
Dictator:	Lorraine Sunday		
Diagnosis:	S13.9XXA SPRAIN OF JOINTS AND LIGAMENTS OF UNSP PARTS OF NECK, INIT-S13.9XXA		

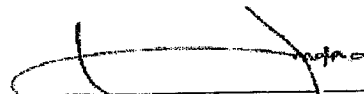
Notes: Reason For Visit
 Chief Complaint: The patient presents today with pain to neck and lower back rear ended in a MVA.
 Date of Injury: 05Jun2020
 Workers Compensation - Patients Occupation: courier.

Vitals
 Vital Signs
 Recorded: 05Jun2020 05:11PM
 Temperature: 98.3 F
 Systolic: 127
 Diastolic: 78
 Heart Rate: 77
 Respiration: 18
 Height: 6 ft 2 in
 Weight: 325 lb
 BMI Calculated: 41.73 kg/m2
 BSA Calculated: 2.67
Medical History
 No significant past medical history

Surgical History
 1. History of Cholecystectomy
Allergies
 1. No Known Drug Allergies
Occupational History
 Occupational History
 Type of job / Job title: courier
 Major job functions: sitting, driving, walking
 Length of time at this job: 6 month(s) and 1 year(s). Average weekly work hours: 40.
 Expected shift hours today: 11:15 AM to 7:45 PM.
 Recent overtime: No

History of Present Illness
 Patient presents with cervical and Lumbar region injury due to MVA sustained while at work on 06/04/2020 s/p patient reports that he was a restrained driver, at a complete stop at a stop signal, he was rear-ended by a drunk driver going at about 35 mph. He was jolted forcefully. Patient was initially seen at Hoag ER where CT scan of the neck only was done, pending official report. There is moderate, dull pain that is intermittent and associated with moderate muscle tightness. Pain is exacerbating by motion and direct pressure. There is mild alleviation of pain with rest. Denies weakness, numbness and tingling sensation.

Amended By: Sunday, Lorraine N.; Jun 06 2020 7:54 PM PST
 Review of Systems
 Constitutional: no fever.
 Eyes: no eye pain.
 Cardiovascular: no chest pain.


 Dictated By: Lorraine Sunday

Concentra

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Notes: Respiratory: no shortness of breath.
 Gastrointestinal: no abdominal pain.
 Musculoskeletal: joint pain, muscle pain and back pain.
 Integumentary: no rashes.
 Neurological: no headache.
 Psychiatric: no anxiety.
 Hematologic and Lymphatic: doesn t bleed easily.


Physical Exam

Constitutional: General appearance: appears well developed and well-nourished and in no acute distress
 Psych: alert and oriented to person, place and time. Mood and affect appear appropriate
 Skin: dry, normal
 Eyes: extraocular muscles intact
 ENT: hearing normal
 Pulmonary: respiratory effort normal
 Cardiovascular: capillary refill normal
 GI: Non distended and soft

Cervical Spine: Cervical Spine: Appearance is normal. Tenderness in the left paraspinal (muscular and paraspinal), right trapezius muscle and left trapezius muscle . mild to moderate Palpation reveals bilateral muscle spasms (muscular and paraspinal) . mild to moderate Full range of motion . Flexion muscle performance 5/5 . Right side bending muscle performance 5/5 . Right rotation muscle performance 5/5 . Extension muscle performance 5/5 . Left side bending muscle performance 5/5 . Left rotation muscle performance 5/5 . Flexion muscle tone 5/5 . Right side muscle tone 5/5 . Right rotation muscle tone 5/5 . Extension muscle tone 5/5 . Left side bending muscle tone 5/5 . Left rotation muscle tone 5/5 .
 Neurologic: Sensation is intact to light touch in all dermatomes tested. The muscles tested display no weakness. No muscle atrophy is present. Vascular: The pulses are 2+/2+ bilaterally and capillary refill time is normal bilaterally. . negative Cervical Spine Instability testing , negative Cervical Axial Load testing , negative Distraction test and negative Spurling s Maneuver .
 Lumbosacral Spine: Appears normal. Tenderness present in left paraspinal (muscular and paraspinal) and right paraspinal (muscular and paraspinal) . Moderate . Palpation reveals bilateral muscle spasms (muscular and paraspinal) . Moderate . Limited range of motion. Flexion AROM of 65 degrees . Extension AROM of 15 degrees . Left Thoracolumbar Sidebending AROM of 35 degrees . Right Thracolumbar Sidebending AROM of 35 degrees . Left Thoracolumbar Rotation AROM of 45 degrees . Right Thoracolumbar Rotation AROM of 45 degrees . Normal motor strength . Normal motor tone. . .
 Neurologic: Sensation is intact to light touch in all dermatomes tested. The muscles tested display no weakness. No muscle atrophy is present. Vascular: The pulses are 2+/2+ bilaterally and capillary refill time is normal bilaterally. . Special Tests: Right Straight Leg Raise negative and Left Straight Leg Raise negative .

Amended By: Sunday, Lorraine N.; Jun 06 2020 7:59 PM PSTRadiology Results
 No acute osseous pathology on Lumbosacral region preliminary x-rays reading, pending official final read by a radiologist.

ASSESSMENT


 Dictated By: Lorraine Sunday

Concentra

Transcription

2362 Morse Ave Irvine, CA 92614 (949) 863-9103

Patient:	Lugo, Martin	Service Date:	06/05/2020
Soc. Sec. #	561-71-1451	Injury Date:	06/04/2020
Date of Birth:	07/30/1964	Age:	55
Service Location:	CMC - LAX Irvine Morse	Employer:	West Pac Labs
Service ID #:	947918244		10200 Pioneer Blvd Ste 500
Claim #:	005834 002603 WC 01		Santa Fe Springs, CA 90670
Dictator:	Lorraine Sunday		
Diagnosis:	S13.9XXA SPRAIN OF JOINTS AND LIGAMENTS OF UNSP PARTS OF NECK, INIT-S13.9XXA		

Notes:

1. Cervical sprain, initial encounter (S13.9XXA)
2. Lumbar sprain, initial encounter (S33.5XXA)

Plan

1. Start: Acetaminophen 500 MG Oral Tablet; TAKE 1 TABLET Every 6 hours
 Rx By: Sunday, Lorraine N; Dispense: 8 Days ; #:40 Tablet; Refill: 0;
 For: Lumbar sprain, initial encounter; DAW = N; Verified Transmission to CONCENTRA

-

IRVINE MORSE; Last Updated By: System, SureScripts; 6/5/2020 5:55:10 PM

2. Start: Nabumetone 750 MG Oral Tablet; TAKE 1 TABLET EVERY 12 HOURS DAILY
 Rx By: Sunday, Lorraine N; Dispense: 7 Days ; #:14 Tablet; Refill: 0;
 For: Lumbar sprain, initial encounter; DAW = N; Verified Transmission to CONCENTRA

-

IRVINE MORSE; Last Updated By: System, SureScripts; 6/5/2020 5:54:58 PM

3. Custom Touch 2 Moist Electric Heat Pad; Done: 05Jun2020
 Perform: In Office; Due: 10Jun2020; Ordered;
 For: Cervical sprain, initial encounter, Lumbar sprain, initial encounter; Ordered
 By: Sunday, Lorraine N;
 Dispensed : Today for home use. The patient was instructed to use as directed for reduction of pain, inflammation, swelling and/or spasm.
4. Hot/Kold Compress 8 1/2 x 11 (FOR HOME USE); Done: 05Jun2020
 Perform: In Office; Due: 10Jun2020; Ordered;
 For: Cervical sprain, initial encounter, Lumbar sprain, initial encounter; Ordered
 By: Sunday, Lorraine N;
 Dispensed : Today for home use. The patient was instructed to use as directed for reduction of pain, inflammation, swelling and/or spasm.
5. Perform Pain Relieving Gel Tube 4oz (FOR HOME USE); Done: 05Jun2020
 Perform: In Office; Due: 10Jun2020; Ordered;
 For: Cervical sprain, initial encounter, Lumbar sprain, initial encounter; Ordered
 By: Sunday, Lorraine N;
 Dispensed : Today for home use. The patient was instructed to use as directed for reduction of pain, inflammation, swelling and/or spasm.
6. Physical Therapy Referral Physical Therapy See Referral Comment! Done: 05Jun2020
 Ordered;
 For: Lumbar sprain, initial encounter; Ordered By: Sunday, Lorraine N Performed:
 Due:
 19Jun2020
 Laterality 2 : Bilateral
 Body Part 2 : Lower Back Area
 Laterality 1 : Bilateral
 Body Part 1 : Neck - Soft Tissue
 PT Necessary : PT is medically necessary to address objective impairment/functional loss and to expedite return to full activity
 Frequency : 3 x week
 Duration : 2 weeks
 Therapy Order : Evaluate and Treat

7. SUPPORT BACK LOW FRICTION PULLEY; Done: 05Jun2020
 Perform: In Office; Due: 10Jun2020; Ordered;
 For: Cervical sprain, initial encounter, Lumbar sprain, initial encounter; Ordered
 By: Sunday, Lorraine N;
 Dispensed : Today for home use. The patient was instructed to use as directed for reduction of pain, inflammation, swelling and/or spasm.

(Signature)
 Dictated By: Lorraine Sunday

Concentra

Transcription

2362 Morse Ave Irvine, CA 92614 (949) 863-9103

Patient:	Lugo, Martin	Service Date:	06/05/2020
Soc. Sec. #	561-71-1451	Injury Date:	06/04/2020
Date of Birth:	07/30/1964	Age:	55
Service Location:	CMC - LAX Irvine Morse	Employer:	West Pac Labs
Service ID #:	947918244		10200 Pioneer Blvd Ste 500
Claim #:	005834 002603 WC 01		Santa Fe Springs, CA 90670
Dictator:	Lorraine Sunday		
Diagnosis:	S13.9XXA SPRAIN OF JOINTS AND LIGAMENTS OF UNSP PARTS OF NECK, INIT-S13.9XXA		

Notes: 8. X-Ray, spine, lumbosacral; minimum of 4 views; Requested for:05Jun2020;
 Perform:RAMSOFT; Due:12Jun2020;Ordered;
 For:Cervical sprain, initial encounter, Lumbar sprain, initial encounter; Ordered
 By:Sunday, Lorraine N;

ALL THE PATIENT S MEDICATIONS FOR THIS ENCOUNTER WERE DISPENSED IN THE CENTER.

Discussion/Summary

Patient presents with cervical and Lumbar region injury due to MVA s/p was a restrained driver at a complete stop at a stop sign signal, he reports that he was rear-ended by a drunk driver going at about 35 mph. Jolted forcefully. Patient was initially seen at Hoag ER where CT scan of the neck only was done. No radiculopathy. No acute osseous pathology on lumbosacral preliminary x-rays. Given Acet. for breakthrough pain, NSAID for pain/inflammation, cold therapy for 2-3 days then switch to alternating cold/moist heat therapy thereafter, therapy and modified duty. Anticipate full recovery in about 4-6 weeks. Re-assess in 3 days. Dispensed back support was applied and fitted, ensuring patient comfort, no neurovascular compromise. Patient verbally acknowledged their understanding of use and care of the device.

History and mechanism of injury were obtained directly from the patient, unless otherwise noted, and appear to be consistent with presenting symptoms and physical exam.


I declare under penalty of perjury that this report is true and correct to the best of my knowledge and that I have not violated Labor Code No. 139.3. The diagnoses and treatment plan were discussed with the patient. The patient expressed understanding and was told to keep their scheduled appointments for follow-up and/or to return to Concentra.

Amended By: Sunday, Lorraine N.; Jun 06 2020 8:01 PM PST
 Activity Status and Restrictions
 Treatment Status:

Returning for follow-up: 3 days
 Anticipated date of MMI: 06/30/2020
 Activity Status
 Off rest of shift- return to modified activity on: 06/08/2020.
 Restrictions: KEY - Occasionally = up to 3 hrs/day, Frequently = up to 6 hrs/day,
 Constantly = up to 8 hours or greater per day
 May lift up to 15 lbs occasionally
 May push/pull up to 15 lbs occasionally
 May bend occasionally
 No overhead work

Signatures

Electronically signed by : Lorraine Sunday, M.D.; Jun 5 2020 5:56PM PST - Author


 Dictated By: Lorraine Sunday


Concentra

Transcription

2362 Morse Ave Irvine, CA 92614 (949) 863-9103

Patient:	Lugo, Martin	Service Date:	06/05/2020
Soc. Sec. #	561-71-1451	Injury Date:	06/04/2020
Date of Birth:	07/30/1964	Age:	55
Service Location:	CMC - LAX Irvine Morse	Employer:	West Pac Labs
Service ID #:	947918244		10200 Pioneer Blvd Ste 500
Claim #:	005834 002603 WC 01		Santa Fe Springs, CA 90670
Dictator:	Lorraine Sunday		
Diagnosis:	S13.9XXA SPRAIN OF JOINTS AND LIGAMENTS OF UNSP PARTS OF NECK, INIT-S13.9XXA		

Notes: Electronically signed by : Lorraine Sunday, M.D.; Jun 6 2020 8:03PM PST - Author


 Dictated By: Lorraine Sunday

⊙ Time Zone Mismatch

Time-sensitive data might be out of sequence or missing. Information for this patient was documented in a time zone different from the current session's time zone. To edit documentation and ensure all information is up to date, log in from the patient's time zone.

Patient's time zone: America/Los_Angeles

Current session's time zone: America/New_York

CT CERVICAL SPINE WO CONTRAST



Lugo, Martin Bernabe

MRN: 20011211373, Gender/Identity: Male, 7/30/1964 (55 yrs), Emergency

Accession #: 18900591PRV

Final Result

CT CERVICAL SPINE WITHOUT CONTRAST

CLINICAL HISTORY: Status post MVA. Restrained driver high speed rear end accident and neck pain.

COMPARISON: None

TECHNIQUE: Using a multidetector helical CT scanner, thin slice acquisition was performed through the cervical spine without intravenous contrast. Multiplanar reformations were obtained. CT scan done according to ALARA.

DOSE INFORMATION:

CTDIvol (mGy)

Series 3 - Spiral - 20.84 (mGy)

Total DLP (mGy-cm): 464.73 mGy.cm.

(Note: The above reported CTDIvol and DLP values are CT scanner radiation output related dose indices, and, as such, they do NOT represent actual patient dose estimates. A medical physicist should be consulted for specific questions regarding the radiation dose for this exam).

Note that evaluation of the solid organs, soft tissues, and vascular structures is limited without intravenous contrast.

CERVICAL SPINE FINDINGS:

Spinal Column: No evidence of acute bony injury. Vertebral body height and alignment maintained. No worrisome bony lesions.

Disc Spaces: Multilevel cervical degenerative disc disease.

Soft Tissues: Prevertebral soft tissues within normal limits.

Other Findings: Visualized brain parenchyma and posterior fossa unremarkable. Lung apices clear.

Impression
IMPRESSION:

1. No evidence of acute bony injury of the cervical spine.
2. Preliminary report was provided to PATRICIA T LASH by the on-call radiologist shortly after the exam.

Electronically signed by William Van Dalsem 6/5/2020 8:09 AM

Signed by William J Vandalsem, MD on 6/5/2020 8:09 AM

Appointment Info

Exam Date
6/4/2020

Department
HOAG MEMORIAL HOSPITAL NEWPORT CT
949-764-5736
1 HOAG DR
NEWPORT BEACH CA 92663-4162

Reason for Exam

Neck trauma, midline tenderness (Age < 64y)

Providers

Ordering Provider
Patricia T Lash, NP
949-764-5689
ONE HOAG DR
NEWPORT BEACH CA 92658

⊙ Time Zone Mismatch

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Patient's time zone: America/Los_Angeles

Current session's time zone: America/New_York

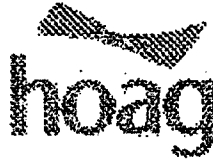
Lugo, Martin Bernabe

MRN: 20011211373

Patricia T Lash, NP
Nurse Practitioner
Emergency Medicine

ED Provider Notes
Signed

Date of Service: 06/05/20 0232
Creation Time: 06/05/20 0232



EMERGENCY DEPARTMENT HISTORY AND PHYSICAL
HOAG HOSPITAL PRESBYTERIAN

6/4/2020
11:32 PM

Patient Name: Martin Bernabe Lugo **DOB:** 7/30/1964 **Medical Record:** 20011211373
Room: LDC
PCP: Terra Safer, MD

My Supervising physician is Dr. Steven Callahan

CHIEF COMPLAINT

Chief Complaint

Patient presents with

- Motor Vehicle Crash

HPI

Martin Bernabe Lugo is a 55 y.o. male who presents for evaluation of neck pain s/p MVA at 19:45 tonight. Patient states that he was the restrained driver of his vehicle stopped at a stoplight when a car from behind him rear ended his vehicle. He denies any airbag deployment, head trauma, or loss of consciousness. Patient currently complains of neck pain, lower back pain, and bilateral shoulder pain. He rates his neck pain at a 7/10 in severity and worse upon movement.

Onset: Just PTA, 19:45 PM

Timing: sudden onset

Duration: constant

Quality: sharp

Severity: 7

REVIEW OF SYSTEMS

See HPI for further details. Review of systems otherwise negative.
Constitutional: No fevers, No chills, + MVA (without loss of consciousness or airbag deployment)
HEENT: No Head Trauma, + neck pain
Cardiovascular: No chest pain, No palpitations
Respiratory: No shortness of breath, No cough
Gastrointestinal: No abdominal pain, no vomiting, no diarrhea
Musculoskeletal: No swelling, + lower back pain, + bilateral shoulder pain
GU: No hematuria
Neurologic: No headache, No focal weakness
Integumentary: No rash
Psychiatric: No anxiety

PAST MEDICAL HISTORY

Past Medical History:

Diagnosis: [REDACTED] Date: [REDACTED]

- Carrier or suspected carrier of methicillin resistant Staphylococcus aureus
MRSA carrier
- Colon cancer (HCC)
- Colon polyps
- Diabetes (HCC)
- GERD (gastroesophageal reflux disease)
- HLD (hyperlipidemia)
- HTN (hypertension)

SURGICAL HISTORY

Past Surgical History:

Procedure: [REDACTED] Laterality: [REDACTED] Date: [REDACTED]

- COLON SURGERY

SOCIAL HISTORY

Social History

Tobacco Use: [REDACTED]

- Smoking status: Never Smoker
- Smokeless tobacco: Never Used

Substance Use/Topics: [REDACTED]

- Alcohol use: Not Currently
Comment: 13 years sober as of 6/4/2020
- Drug use: Never

CURRENT MEDICATIONS

Metformin
Lisinopril
Atorvastatin

ALLERGIES

No Known Allergies

PHYSICAL EXAM

VITAL SIGNS: Temp: 37.2 °C (99 °F) Pulse: 69 Resp: 20 BP: 149/88 SpO2: 96 %

General: Awake, alert, amicable, well oriented

HEENT: NC/AT, Eyelids normal, EOMI

Neck: Midline tenderness to cervical 3, 4, and 5

CV: Regular rate and rhythm

Chest: Negative barrel to chest

Respiratory: No respiratory distress

Abdomen: Soft, non-tender, non-distended.

Back: Paralumbar muscle spasms and discomfort, tenderness to palpation, no midline tenderness. No saddle anesthesia, good distal sensation

skin: Warm, dry, intact.

Extremities: Normal ROM, no edema, Moves all four extremities

Neurologic: Nonfocal. moves all 4 extremities well. sensation intact to light touch

Psychiatric: Normal mood and affect.

LABORATORY RESULTS

N/A

RADIOLOGY

~~CT Cervical Spine w/ Contrast (Results Pending)~~

CT C Spine Lugo, Martin 7/30/64

No definite fracture/malalignment. Images from C5 to T1 limited by motion and body habitus.

Multilevel degenerative changes.

Radiology impression conveyed by Radiologist via TigerText

TREATMENT AND ED COURSE

Pertinent Labs & Imaging studies reviewed.

~~Medication:~~

HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet 1 tablet (has no administration in time range)

cyclobenzaprine (FLEXERIL) tablet 10 mg (has no administration in time range)

ibuprofen (ADVIL, MOTRIN) tablet 600 mg (has no administration in time range)

RE-EVALUATION

The patient was re-evaluated at 12:31 AM

Most recent vital signs: Temp: 37.2 °C (99 °F) Pulse: 69 Resp: 20 BP: 149/88 SpO2: 96 %

Patient feeling better, agrees with plan for discharge. All questions were answered.

MEDICAL DECISION MAKING

55 yo male presents to the ED after being rearended by another driver tonight. Pt reports he was stopped at a light, rearended, + seatbelt, reports the seat broke. Pt was placed in cervical collar due to midline tenderness C3,4,5 and CT cervical spine obtained. CT showed no fracture however identified multilevel degenerative changes. Pt has no saddle anesthesia, is afebrile,

denies bowel or bladder dysfunction. Pt will be prescribed motrin, flexeril, norco, will f/u PCP if not improving, pt may benefit from Physical Therapy.

This chart was sent for co-signature: no

CLINICAL IMPRESSION

1. Motor vehicle accident, initial encounter Active
2. Strain of neck muscle, initial encounter Active
3. Strain of lumbar region, initial encounter Active
4. Muscle spasm Active

DISPOSITION

6/5/2020 12:31 AM

Discussed the historical points, exam findings, and any diagnostic results supporting the presumptive diagnosis. Patient is clinically stable, in no apparent danger of imminent deterioration, and deemed safe for outpatient management. Strict return precautions discussed. Advised to return immediately to the ED if symptoms worsen or persist, or if any concerns arise. All questions answered. Need for appropriate follow up discussed and understood.

Disposition: DISCHARGED

Condition: Improved

Discharged to: Home

Follow-up/Referrals:

Follow-up Information

Terra R. Safer, MD. Schedule an appointment as soon as possible for a visit in 2 days.

Specialty: Internal Medicine

Contact information:

510 SUPERIOR STE 200C

Newport Beach CA 92663

949-791-3002

Prescriptions:

New Prescriptions

CYCLOBENZAPRINE (FLEXERIL) 10 MG TABLET	Take 1 tablet by mouth 3 times daily as needed for Muscle spasms (Do not drive on this medication, will make you drowsy) for up to 7 days.
---	---

HYDROCODONE ACETAMINOPHEN (NORCO) 5-325 MG PER TABLET	Take 1 tablet by mouth EVERY 4 TO 6 HOURS AS NEEDED for Pain. Do not drive on this medication
--	--

IBUPROFEN (ADVIL, MOTRIN) 600 MG TABLET Take 1 tablet by mouth every 6 hours as needed for Pain (take with food and large glass of water) for up to 7 days.

ATTESTATION

SCRIBE ATTESTATION

Information entered by Olivia Alves acting as scribe for Patricia Lash, NP.

PROVIDER ATTESTATION

The above documentation recorded by the scribe accurately reflects the services I performed and the decisions made by me.

Patricia T Lash, NP
06/05/20 0148

Electronically Signed by Patricia T Lash, NP on 06/05/20 0448

ED on
6/4/2020

Ⓢ Time Zone Mismatch

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Patient's time zone: America/Los_Angeles

Current session's time zone: America/New_York

Medication

cyclobenzaprine (FLEXERIL) tablet 10 mg [2017]

cyclobenzaprine (FLEXERIL) tablet 10 mg [578321240]

Order Details

Ordered Dose: 10 mg Route: Oral Frequency: ONCE
Administration Dose: 10 mg
Scheduled Start End Date/Time: 06/04/20
Date/Time: 06/04/20 2346 after 1 doses
2345

Order Status: Completed Thu Jun 04, 2020 2346, originally scheduled to end Fri Jun 05, 2020 1144
Ordering User: Patricia T Lash, NP Ordering Date/Time: Thu Jun 4, 2020 2343
Ordering Provider: Patricia T Lash, NP Authorizing Provider: Patricia T Lash, NP

Most Recent Dispense Information

Action User: Patricia T Lash, NP Action Type: Auto Verification
Dispense Pharmacy: HHN EDPODA PYXIS (AUTOVERIFY) First Doses Dispense Pharmacy: HHN EDPODA PYXIS (AUTOVERIFY)
Dispense Code: Unit Dose Cart Group: Unit Dose Dispense Interval: --
Triggered Fill: No Dispense Once: Yes Do Not Dispense: No
Patient Supplied Medication: No Self Administered: No
Dispense Individual Ingredients: No
Patient Class: Emergency

Pharmacy Actions

Table with 4 columns: Date/Time, Type, User, Pharmacy. Contains two rows of pharmacy actions.

Hospital Medication Detail

Table with 5 columns: Medication Name, Dose, Frequency, Start, End. Contains one row for cyclobenzaprine (FLEXERIL) tablet 10 mg.

Order Class
Normal [1]

Administration NDC & Lot#

Table with 8 columns: User, Action Time, Recorded Time, Dose, Route, Site, Comment, Action Reason.

User	Action Time	Recorded Time	Dose	Route	Site	Comment	Action	Reason
Linda Chirieleison, RN	06/04/20 2346	06/05/20 0053	10 mg	Oral			Given	

Full Administration Report

Warnings History

No Interaction Warnings Shown

Order Audit Trail

Number of times this order has been changed since signing: 1
Order Audit Trail

Acknowledgement Info

For	At	Acknowledged By	Acknowledged On
Placing Order	06/04/20.2343	Tiffany White, RN	06/04/20 2344

Infusion Charges

No applicable charges

⊕ Time Zone Mismatch

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Patient's time zone: America/Los_Angeles Current session's time zone: America/New_York

Medication

HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet 1 tablet [34505]

HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet 1 tablet

[578321239]

Order Details

Ordered Dose: 1 tablet Route: Oral Frequency: ONCE
Administration Dose: 1 tablet
Scheduled Start End Date/Time: 06/04/20
Date/Time: 06/04/20 2347 after 1 doses
2345

Order Status: Completed Thu Jun 04, 2020 2347, originally scheduled to end Fri Jun 05, 2020 1144

Ordering User: Patricia T Lash, NP Ordering Date/Time: Thu Jun 4, 2020 2343
Ordering Provider: Patricia T Lash, NP Authorizing Provider: Patricia T Lash, NP

Most Recent Dispense Information

Action User: Patricia T Lash, NP Action Type: Auto Verification
Dispense Pharmacy: HHN EDPODA PYXIS (AUTOVERIFY) First Doses Dispense Pharmacy: HHN EDPODA PYXIS (AUTOVERIFY)
Dispense Code: Unit Dose Cart Group: Unit Dose Dispense Interval: --
Triggered Fill: No Dispense Once: Yes Do Not Dispense: No

Patient Supplied Medication: No Self Administered: No
 Dispense Individual Ingredients:
 No
 Patient Class: Emergency

Pharmacy Actions

Date/Time	Type	User	Pharmacy
Thu Jun 4, 2020 2345	Dispense	Edi, Ads Dispense	HHN ED-TRIAGE PYXIS (VERIFY)
Thu Jun 4, 2020 2343	Verify	Patricia T Lash, NP	HHN EDPODA PYXIS (AUTOVERIFY)

Hospital Medication Detail

	Dose	Frequency	Start	End
HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet 1 tablet	1 tablet	ONCE	6/4/2020	6/4/2020
Route: Oral				

Order Class
 Normal [1]

Administration NDC & Lot#

User	Action Time	Recorded Time	Dose	Route	Site	Comment	Action Reason
Linda Chirieleison RN	06/04/20 2347	06/05/20 0059	1 tablet	Oral			Given

Full Administration Report

Warnings History

No Interaction Warnings Shown

Order Audit Trail

Number of times this order has been changed since signing: 1
 Order Audit Trail

Acknowledgement Info

For	At	Acknowledged By	Acknowledged On
Placing Order	06/04/20 2343	Tiffany White, RN	06/04/20 2344

Infusion Charges

No applicable charges

Ⓢ Time Zone Mismatch

Time-sensitive data might be out of sequence or missing. Information for this patient was documented in a time zone different from the current session's time zone. To edit documentation and ensure all information is up to date, log in from the patient's time zone.
 Patient's time zone: America/Los_Angeles Current session's time zone: America/New_York

Medication

ibuprofen (ADVIL, MOTRIN) tablet 600 mg [3841]

ibuprofen (ADVIL, MOTRIN) tablet 600 mg [578321241]

Order Details

Ordered Dose: 600 mg Route: Oral Frequency: ONCE
 Administration Dose: 600 mg
 Scheduled Start End Date/Time: 06/04/20
 Date/Time: 06/04/20 2345 after 1 doses
 2345

Admin Instructions:

Give with food.

Order Status: Completed Thu Jun 04, 2020 2345, originally scheduled to end Fri Jun 05, 2020 1144

Ordering User: Patricia T Lash, NP

Ordering Date/Time: Thu Jun 4, 2020 2343

Ordering Provider: Patricia T Lash, NP

Authorizing Provider: Patricia T Lash, NP

Most Recent Dispense Information

Action User: Patricia T Lash, NP Action Type: Auto Verification
 Dispense Pharmacy: HHN ED RX SUPPLIED FLOOR STOCK (AUTOVERIFY) First Doses Dispense Pharmacy: HHN ED RX SUPPLIED FLOOR STOCK (AUTOVERIFY)
 Dispense Code: Unit Dose Cart Group: Unit Dose Dispense Interval: --
 Triggered Fill: No Dispense Once: Yes Do Not Dispense: No
 Patient Supplied Medication: No Self Administered: No
 Dispense Individual Ingredients:
 No
 Patient Class: Emergency

Pharmacy Actions

Date/Time	Type	User	Pharmacy
Thu Jun 4, 2020 2343	Dispense	Patricia T Lash, NP	HHN ED RX SUPPLIED FLOOR STOCK (AUTOVERIFY)
Thu Jun 4, 2020 2343	Verify	Patricia T Lash, NP	HHN ED RX SUPPLIED FLOOR STOCK (AUTOVERIFY)

Hospital Medication Detail

	Dose	Frequency	Start	End
ibuprofen (ADVIL, MOTRIN) tablet 600 mg	600 mg	ONCE	6/4/2020	6/4/2020

Admin Instructions: Give with food.
 Route: Oral

Order Class

Normal [1]

Administration NDC & Lot#

User	Action Time	Recorded Time	Dose	Route	Site	Comment	Action Reason
------	-------------	---------------	------	-------	------	---------	---------------

User	Action Time	Recorded Time	Dose	Route	Site	Comment	Action	Reason
Linda Chirieleison, RN	06/04/20 2345	06/05/20 0053	600 mg	Oral			Given	

Full Administration Report

Warnings History

No Interaction Warnings Shown

Order Audit Trail

Number of times this order has been changed since signing: 1
Order Audit Trail

Acknowledgement Info

For	At	Acknowledged By	Acknowledged On
Placing Order	06/04/20 2343	Tiffany White, RN	06/04/20 2344

Infusion Charges

No applicable charges.



Concentra

Transcription

3100 W Warner Ave Santa Ana, CA 92704 (714) 546-4233

Patient:	Lugo, Martin	Service Date:	04/14/2021
Soc. Sec. #	561-71-1451	Injury Date:	03/29/2021
Date of Birth:	07/30/1964	Age:	56
Service Location:	CMC - LAX Santa Ana Warner	Employer:	West Pac Labs 10200 Pioneer Blvd Ste 500
Service ID #:	949422042		
Claim #:	005834 002905 WC 01		Santa Fe Springs, CA 90670
Dictator:	Nathan Mertick, PT		
Diagnosis:	S73.102A UNSPECIFIED SPRAIN OF LEFT HIP, INITIAL ENCOUNTER-S73.102A		

Notes: Visit History
 Total visit(s) (cumulative total): 3
 Missed Previous Appointments: 2
 Referral Provider: Cooper.
 # of therapy visits authorized: 6.
 # of authorized visits used: 3 .

History of Present Condition

Patient Status: Pt reports some improvement of symptoms since last visit with increased mobility and strength. New use of shower chair and other assistive devices including increased use of SPC with cont discomfort with functional activities. Patient reports they are performing their home exercise program daily.

Activity Limitations and Participation Restrictions

Treatment Status

Returning for Follow Up with primary care medical provider.

Activity Limitations

Patient has been given work restrictions by the treating medical provider which limits the patient's participation in one or more essential job functions.

Activity Restrictions:

May engage in activities requiring trunk rotation occasionally

May not drive company vehicle due to functional limitations

Should be sitting 80 % of the time.

No squatting.

No kneeling.

May not walk on uneven terrain.

No climbing stairs.

No climbing ladders.

May not work at heights.

Ground level work only.

No lifting, pushing, pulling or bending

Participation Restrictions

Patient reports being unable to participate fully in one or more community or life events due to impairments associated with current injury.

Goals

Martin Lugo has reached 30 % of his goal at this visit.

Impairment Goals

Pt will achieve FRESH score of 94% in 2 weeks. Initial Value: 30 Goal: 94 Current Value: Progressing towards goal by completing posterior pelvic tilt Goal Status: Progressing as anticipated per protocol

knee/hip strength Initial Value: NT Goal: 4/5 Current Value: progressing towards goal by completing posterior pelvic tilt Goal Status: Progressing as anticipated per protocol

knee/hip AROM flex Initial Value: 20 deg Goal: 100 deg Current Value: 40 deg Goal Status: Progressing slower than anticipated per protocol

Lift - Initial Value: #0 Required Work Activities: #50 Current Functional Status:

Dictated By: Nathan Mertick, PT

Concentra

Transcription

3100 W Warner Ave Santa Ana, CA 92704 (714) 546-4233

Patient:	Lugo, Martin	Service Date:	04/14/2021
Soc. Sec. #	561-71-1451	Injury Date:	03/29/2021
Date of Birth:	07/30/1964	Age:	56
Service Location:	CMC - LAX Santa Ana Warner	Employer:	West Pac Labs 10200 Pioneer Blvd Ste 500 Santa Fe Springs, CA 90670
Service ID #:	949422042		
Claim #:	005834 002905 WC 01		
Dictator:	Nathan Mertlick, PT		
Diagnosis:	S73.102A UNSPECIFIED SPRAIN OF LEFT HIP, INITIAL ENCOUNTER-S73.102A		

Notes: Pt unable to tolerate upright standing position Goal Status: Progressing slower than anticipated per protocol
 Sitting Duration - Initial Value: 10 min Required Work Activities: 25 Current Functional Status: 5 min Goal Status: Progressing as anticipated per protocol

Evaluation

1. Hip sprain, left, initial encounter (S73.102A)
2. Lumbar sprain, initial encounter (S33.5XXA)
3. Sprain of groin, initial encounter (S33.8XXA)

Therapy Assessment

Overall Progress: As expected. D/t cont c/o of sharp pain and discomfort with amb and limited activity tolerance, therapy held off on intense exercise. Pt was able to tolerate 75% of full rotation on recumbent bike d/t pain. Pt reported relief with long axis distraction in supine and was able to tolerate GrIII/IV mob. To improve overall joint mobility, pt was able to tolerate IR/ER/ABD/ADD/flex/ext in sitting with a slider but was still limited in RCM d/t discomfort. Pt will cont to benefit from skilled therapy to improve AROM, WB tolerance, and activity tolerance.
 Response to current treatment: The patient tolerated the current treatment well with no adverse reaction.
 Treatment Progression: Continue therapy per treatment plan.

Intervention/Charges

Treatment or procedures performed today include: Therapeutic Activity and Neuromuscular Re-education

PT Dx:

** = Notates HEP

NT = Not Performed Today

Patient educated on plan of care and prognosis. Detailed explanation and demonstration, including hand out, of home exercise program given and patient verbalized understanding. Verbal consent given for all interventions.

All Exercise are intended to be performed to fatigue; therefore performed 8-15 x 3 unless otherwise noted or until unable to maintain proper form.

All therapeutic exercises, neuromuscular reeducation and functional activities performed today were provided with verbal and tactile instructions and directed to perform these exercises 1-2 times per day as a home exercise program (HEP). Patient was instructed to stop exercises if pain increased, but to try again at a later time on the same day. Patient agreed to adhere to frequency and duration of the HEP. Patient stated having a good understanding of the HEP and all instructions provided with supplies related to the HEP.

--97530 Therapeutic Activity--

Pt Education - 15 mins

Patient educated on pain science including importances of understanding pain pathways, and recognizing that pain does not equate to tissue damage. Patient made aware that it is ok to safely move and not cause further damage to tissues. Discussed tissue healing times and expectations moving forward.

Recumbent Bike - 10 mins for repetitive functional activity. 3/4 rotation d/t pain

AAROM with strap - 1 knee/hip flex, LLE hip ABD/ADD NT

STS + Wt shift on raised high/low mat

Lifting/carry - task simulation and functional performance x 8 mins NT

Push/pull - task simulation and functional performance x 8 mins NT

Dictated By: Nathan Mertlick, PT

Concentra

Transcription

3100 W Warner Ave Santa Ana, CA 92704 (714) 546-4233

Patient:	Lugo, Martin	Service Date:	04/14/2021
Soc. Sec. #	561-71-1451	Injury Date:	03/29/2021
Date of Birth:	07/30/1964	Age:	56
Service Location:	CMC - LAX Santa Ana Warner	Employer:	West Pac Labs 10200 Pioneer Blvd Ste 500 Santa Fe Springs, CA 90670
Service ID #:	949422042		
Claim #:	005834 002905 WC 01		
Dictator:	Nathan Mertick, PT		
Diagnosis:	S73.102A UNSPECIFIED SPRAIN OF LEFT HIP, INITIAL ENCOUNTER-S73.102A		

Notes: Sitting - straight leg heel pivot, hip AED/ABD + knee/hip flexion with slider
 The patient was guided through therapeutic activities with direct contact by the physical therapist. The therapeutic activities included dynamic movement activities with the purpose of improving the patient's functional ability performance, such as lifting, carrying, bending, squatting, pushing, pulling, jumping, reaching, gripping, grasping and fine motor UE tasks. The time of therapeutic activities includes preparation of each activity, patient education and training of each task, performance of the activity, post-assessment of patient's performance, and resting time between sets of each activity.

--97112 Neuromuscular Reeducation--
 Seated lumbar flexion NT
 Sciatic n glides NT
 Hip IR/ER in sitting NT

The patient was guided through neuromuscular reeducation exercises one on one with the physical therapist. The neuromuscular reeducation included exercises to improve movement, balance, coordination, kinesthetic sense, posture, motor control training, and proprioception. The time of neuromuscular reeducation includes preparation of each activity, patient education and training of each task, performance of the exercise, post-assessment of patient's performance, and resting time between sets of each exercise.

--97140 Manual Therapy--
 Long axis hip distraction Gr III/IV
 Prone lumbar PA GrII/III NT
 Prone sacral distraction GrIV
 PROM hip/knee flexion
 One to one manual therapy was provided by the physical therapist. Treatment rendered includes one or more of the following: soft tissue / joint mobilizations, Instrument assisted Soft tissue mobilization (IASTM) in order to decrease pain, to improve flexibility of muscles, reduce fascial restrictions, provide neural-physiological effects and to restore normal joint mobility. The patient was informed of the purpose and method of the manual therapy prior to treatment, and verbal consent was given by the patient. The time for manual therapy includes assessing for joint dysfunction, explanation of the technique, set up and performance of the technique, and reassessment of joint movement following application of the technique.
 Visit Type: Progress Note
 Procedure Charges:
 Therapeutic Activities: 3 units , 45 minutes
 Manual Therapy: 1 units , 14 minutes
 Supplies:

Supervising Therapist
 Supervising Therapist: Treatment and Dictation performed today by Matthew Tsunawaki, SPT, and supervised and cosigned by Nathan Mertick, PT, DPT.

Signatures
 Electronically signed by : Nathan Mertick, PT; Apr 14 2021 3:46PM PST - Author

Dictated By: Nathan Mertick, PT

Concentra

Transcription

3100 W Warner Ave Santa Ana, CA 92704 (714) 546-4233

Patient:	Lugo, Martin	Service Date:	04/14/2021
Soc. Sec. #	561-71-1451	Injury Date:	03/29/2021
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Service Location:	CMC - LAX Santa Ana Warner	Employer:	West Pac Labs
Service ID #:	949422042		10200 Pioneer Blvd Ste 500
Claim #:	005834 002905 WC 01		Santa Fe Springs, CA 90670
Dictator:	Nathan Mertick, PT		
Diagnosis:	S73.102A UNSPECIFIED SPRAIN OF LEFT HIP, INITIAL ENCOUNTER-S73.102A		


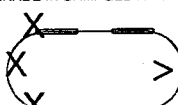

Notes:

Dictated By: Nathan Mertick, PT

Dictated On: Apr 14 2021 3:46PM

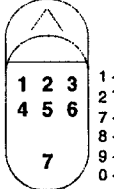
Printed Date: 04/16/2021

STATE OF CALIFORNIA
TRAFFIC COLLISION REPORT
 CHP 555 Page 1 (Rev. 7-03) OPI 061

SPECIAL CONDITIONS		NUMBER INJURED 1	HIT & RUN FELONY <input type="checkbox"/>	CITY FOUNTAIN VALLEY		JUDICIAL DISTRICT WOC	LOCAL REPORT NUMBER 20-17726			
		NUMBER KILLED 0	HIT & RUN MISDEMEANOR <input type="checkbox"/>	COUNTY ORANGE	REPORTING DISTRICT 64	BEAT 3	DAY OF WEEK MONDAY	TOW AWAY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
LOCATION	COLLISION OCCURRED ON BUSHARD				MO. DAY YEAR 05/04/2020	TIME (2400) 2151	NCIC # 3007	OFFICER I.D. 302		
	MILEPOST INFORMATION		GPS COORDINATES			PHOTOGRAPHS BY: <input checked="" type="checkbox"/> NONE				
	<input type="checkbox"/> AT INTERSECTION WITH <input checked="" type="checkbox"/> OR: 26 FEET/MILES FT S OF ELLIS		LATITUDE		LONGITUDE		STATE HWY REL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
PARTY 1	DRIVER'S LICENSE NUMBER B5946784	STATE CA	CLASS C	AIR BAG M	SAFETY EQUIP G	VEH. YEAR 2009	MAKE/MODEL/COLOR CHEV/ MALI BU/ SIL	LICENSE NUMBER 8J1V800	STATE CA	
<input checked="" type="checkbox"/> DRIVER	NAME (FIRST, MIDDLE, LAST) KENDRA ALLEN CLARK				OWNER'S NAME <input checked="" type="checkbox"/> SAME AS DRIVER					
<input type="checkbox"/> PEDESTRIAN	STREET ADDRESS 723 PARADISE COVE WAY				OWNER'S ADDRESS <input checked="" type="checkbox"/> SAME AS DRIVER					
<input type="checkbox"/> PARKED VEHICLE	CITY/STATE/ZIP OCEANSIDE / CA / 92058				DISPOSITION OF VEHICLE ON ORDERS OF: <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER					
<input type="checkbox"/> BICYCLIST	SEX F	HAIR BLN	EYES BLU	HEIGHT 5' 01"	WEIGHT 130	BIRTHDATE Mo. Day Year 09/15/1979	RACE W	PRIOR MECHANICAL DEFECTS: <input checked="" type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE		
<input type="checkbox"/> OTHER	HOME PHONE 619507-8252		BUSINESS PHONE		VEHICLE IDENTIFICATION NUMBER: 1G1ZL57B19F256929					
INSURANCE CARRIER MERCURY		POLICY NUMBER 040102100420001			VEHICLE TYPE 01	DESCRIBE VEHICLE DAMAGE <input type="checkbox"/> UNK. <input type="checkbox"/> NONE <input checked="" type="checkbox"/> MINOR <input type="checkbox"/> MOD. <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER		SHADE IN DAMAGED AREA 		
DIR OF TRAVEL ON STREET OR HIGHWAY N BUSHARD		SPEED LIMIT 45			CA _____ DOT _____ CAL-T _____ TCP/PSC _____ MCMX _____					
PARTY 2	DRIVER'S LICENSE NUMBER C1765197	STATE CA	CLASS C	AIR BAG M	SAFETY EQUIP G	VEH. YEAR 2019	MAKE/MODEL/COLOR TOYOTA/ YARI S/ WHI	LICENSE NUMBER 8HXT065	STATE CA	
<input checked="" type="checkbox"/> DRIVER	NAME (FIRST, MIDDLE, LAST) MARTIN B LUGO				OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER					
<input type="checkbox"/> PEDESTRIAN	STREET ADDRESS 135 HORNBEAM LN				OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER					
<input type="checkbox"/> PARKED VEHICLE	CITY/STATE/ZIP FOUNTAIN VALLEY / CA / 92708				DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> OTHER					
<input type="checkbox"/> BICYCLIST	SEX M	HAIR BRO	EYES GRN	HEIGHT 6' 02"	WEIGHT 325	BIRTHDATE Mo. Day Year 07/30/1964	RACE W	PRIOR MECHANICAL DEFECTS: <input checked="" type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE		
<input type="checkbox"/> OTHER	HOME PHONE 949-609-9888		BUSINESS PHONE		VEHICLE IDENTIFICATION NUMBER: 3MYDLBYV1KY505561					
INSURANCE CARRIER SAFETY NATIONAL CASUALTY CORP		POLICY NUMBER CAA 4058670			VEHICLE TYPE 01	DESCRIBE VEHICLE DAMAGE <input type="checkbox"/> UNK. <input type="checkbox"/> NONE <input checked="" type="checkbox"/> MINOR <input type="checkbox"/> MOD. <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER		SHADE IN DAMAGED AREA 		
DIR OF TRAVEL ON STREET OR HIGHWAY N BUSHARD		SPEED LIMIT 45			CA _____ DOT _____ CAL-T _____ TCP/PSC _____ MCMX _____					
PARTY	DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP	VEH. YEAR	MAKE/MODEL/COLOR	LICENSE NUMBER	STATE	
<input type="checkbox"/> DRIVER	NAME (FIRST, MIDDLE, LAST)				OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER					
<input type="checkbox"/> PEDESTRIAN	STREET ADDRESS				OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER					
<input type="checkbox"/> PARKED VEHICLE	CITY/STATE/ZIP				DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER					
<input type="checkbox"/> BICYCLIST	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE Mo. Day Year	RACE	PRIOR MECHANICAL DEFECTS: <input type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE		
<input type="checkbox"/> OTHER	HOME PHONE		BUSINESS PHONE		VEHICLE IDENTIFICATION NUMBER:					
INSURANCE CARRIER		POLICY NUMBER			VEHICLE TYPE	DESCRIBE VEHICLE DAMAGE <input type="checkbox"/> UNK. <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> MOD. <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER		SHADE IN DAMAGED AREA 		
DIR OF TRAVEL ON STREET OR HIGHWAY		SPEED LIMIT			CA _____ DOT _____ CAL-T _____ TCP/PSC _____ MCMX _____					
PREPARER'S NAME OFFICER M SPENCER 302				DISPATCH NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		REVIEWER'S NAME OFFICER A. CLEMENTS 280			DATE REVIEWED 06/08/2020	

DATE OF COLLISION (MO. DAY YEAR) 05/ 04/ 2020	TIME (2400) 2151	NCC # 3007	OFFICER I.D. 302	NUMBER 20- 17726
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PROPERTY DAMAGE	OWNERS NAME	OWNERS ADDRESS	NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO
	DESCRIPTION OF DAMAGE		

SEATING POSITION 	OCCUPANTS A - NONE IN VEHICLE B - UNKNOWN C - LAP BELT USED D - LAP BELT NOT USED E - SHOULDER HARNESS USED F - SHOULDER HARNESS NOT USED G - LAP/SHOULDER HARNESS USED H - LAP/SHOULDER HARNESS NOT USED J - PASSIVE RESTRAINT USED K - PASSIVE RESTRAINT NOT USED	SAFETY EQUIPMENT L - AIR BAG DEPLOYED M - AIR BAG NOT DEPLOYED N - OTHER P - NOT REQUIRED CHILD RESTRAINT Q - IN VEHICLE USED R - IN VEHICLE NOT USED S - IN VEHICLE USE UNKNOWN T - IN VEHICLE IMPROPER USE U - NONE IN VEHICLE	M/C BICYCLE-HELMET DRIVER PASSENGER V - NO X - NO W - YES Y - YES EJECTED FROM VEHICLE 0 - NOT EJECTED 1 - FULLY EJECTED 2 - PARTIALLY EJECTED 3 - UNKNOWN	INATTENTION CODES A - CELL PHONE HANDHELD B - CELL PHONE HANDSFREE C - ELECTRONIC EQUIPMENT D - RADIO / CD E - SMOKING F - EATING G - CHILDREN H - ANIMALS I - PERSONAL HYGIENE J - READING K - OTHER
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ITEMS MARKED BELOW FOLLOWED BY AN ASTERISK (*) SHOULD BE EXPLAINED IN THE NARRATIVE.

PRIMARY COLLISION FACTOR LIST NUMBER (#) OF PARTY AT FAULT	TRAFFIC CONTROL DEVICES	1	2	SPECIAL INFORMATION	1	2	MOVEMENT PRECEDING COLLISION
1 A VC SECTION VIOLATED: 23152(A) CITED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	X A CONTROLS FUNCTIONING			A HAZARDOUS MATERIAL		X	A STOPPED
B OTHER IMPROPER DRIVING*	B CONTROLS NOT FUNCTIONING*			B CELL PHONE HANDHELD IN USE	X		B PROCEEDING STRAIGHT
C OTHER THAN DRIVER*	C CONTROLS OBSCURED			C CELL PHONE HANDSFREE IN USE			C RAN OFF ROAD
D UNKNOWN*	D NO CONTROLS PRESENT / FACTOR*	X	X	D CELL PHONE NOT IN USE			D MAKING RIGHT TURN
	TYPE OF COLLISION			E SCHOOL BUS RELATED			E MAKING LEFT TURN
	A HEAD - ON			F 75 FT MOTORTRUCK COMBO			F MAKING U TURN
	B SIDE SWIPE			G 32 FT TRAILER COMBO			G BACKING
	X C REAR END			H			H SLOWING / STOPPING
WEATHER (MARK 1 TO 2 ITEMS)	D BROADSIDE			I			I PASSING OTHER VEHICLE
X A CLEAR	E HIT OBJECT			J			J CHANGING LANES
B CLOUDY	F OVERTURNED			K			K PARKING MANEUVER
C RAINING	G VEHICLE / PEDESTRIAN			L			L ENTERING TRAFFIC
D SNOWING	H OTHER*:			M			M OTHER UNSAFETURNING
E FOG / VISIBILITY FT.				N			N XING INTO OPPOSING LANE
F OTHER*:	MOTOR VEHICLE INVOLVED WITH			O			O PARKED
G WIND	A NON - COLLISION						P MERGING
LIGHTING	B PEDESTRIAN						Q TRAVELING WRONG WAY
A DAYLIGHT	X C OTHER MOTOR VEHICLE	1	2	OTHER ASSOCIATED FACTOR(S) (MARK 1 TO 2 ITEMS)			R OTHER*:
B DUSK - DAWN	D MOTOR VEHICLE ON OTHER ROADWAY			A VC SECTION VIOLATION: 22350 CITED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
X C DARK - STREET LIGHTS	E PARKED MOTOR VEHICLE		X	B VC SECTION VIOLATION: CITED <input type="checkbox"/> YES <input type="checkbox"/> NO			
D DARK - NO STREET LIGHTS	F TRAIN			C VC SECTION VIOLATION: CITED <input type="checkbox"/> YES <input type="checkbox"/> NO	1	2	SOBRIETY - DRUG PHYSICAL (MARK 1 TO 2 ITEMS)
E DARK - STREET LIGHTS NOT FUNCTIONING*	G BICYCLE			D		X	A HAD NOT BEEN DRINKING
ROADWAY SURFACE	H ANIMAL:			E VISION OBSCUREMENT:	X		B HBD - UNDER INFLUENCE
X A DRY	I FIXED OBJECT:			F INATTENTION*:			C HBD - NOT UNDER INFLUENCE*
B WET	J OTHER OBJECT:			G STOP & GO TRAFFIC			D HBD - IMPAIRMENT UNKNOWN*
C SNOWY - ICY				H ENTERING / LEAVING RAMP			E UNDER DRUG INFLUENCE*
D SLIPPERY (MUDDY, OILY, ETC.)				I PREVIOUS COLLISION			F IMPAIRMENT - PHYSICAL*
ROADWAY CONDITION(S) (MARK 1 TO 2 ITEMS)	PEDESTRIAN'S ACTIONS			J UNFAMILIAR WITH ROAD			G IMPAIRMENT NOT KNOWN
A HOLES, DEEP RUT*	X A NO PEDESTRIANS INVOLVED			K DEFECTIVE VEH. EQUIP.: CITED <input type="checkbox"/> YES <input type="checkbox"/> NO			H NOT APPLICABLE
B LOOSE MATERIAL ON ROADWAY*	B CROSSING IN CROSSWALK AT INTERSECTION			L UNINVOLVED VEHICLE			I SLEEPY / FATIGUED*
C OBSTRUCTION ON ROADWAY*	C CROSSING IN CROSSWALK - NOT AT INTERSECTION			M OTHER*:			
D CONSTRUCTION - REPAIR ZONE	D CROSSING IN CROSSWALK - NOT AT INTERSECTION			N NONE APPARENT			
E REDUCED ROADWAY WIDTH	E IN ROAD - INCLUDES SHOULDER			O RUNAWAY VEHICLE			
F FLOODED*	F NOT IN ROAD		X				
G OTHER*:	G APPROACHING / LEAVING SCHOOL BUS						
X H NO UNUSUAL CONDITIONS							

MISCELLANEOUS

STATE OF CALIFORNIA
INJURED / WITNESS / PASSENGERS

CHP 555 Page 3 (Rev. 1-03) OPI 061

DATE OF COLLISION (MO. DAY YEAR) 05/04/2020			TIME (2400) 2151	NCIC # 3007	OFFICER I.D. 302			NUMBER 20-17726														
WITNESS ONLY	PASSENGER ONLY	AGE	SEX	EXTENT OF INJURY ("X" ONE)				INJURED WAS ("X" ONE)					PARTY NUMBER	SEAT POS.	AIR BAG	SAFETY EQUIP.	EJECTED					
				FATAL INJURY	SEVERE INJURY	OTHER VISIBLE INJURY	COMPLAINT OF PAIN	DRIVER	PASS.	PED.	BICYCLIST	OTHER										
<input type="checkbox"/> #	<input type="checkbox"/>	55	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	1	M	G	0					
NAME / D. O. B. / ADDRESS MARTIN B LUGO / 07-30-1964 / 135 HORNBEAM LN FOUNTAIN VALLEY, CA 92708												TELEPHONE 949-609-9888										
(INJURED ONLY) TRANSPORTED BY: REFUSED										TAKEN TO:												
DESCRIBE INJURIES NECK PAIN																						
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																						
<input type="checkbox"/> #	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			:							
NAME / D. O. B. / ADDRESS												TELEPHONE										
(INJURED ONLY) TRANSPORTED BY:										TAKEN TO:												
DESCRIBE INJURIES																						
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																						
<input type="checkbox"/> #	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			:							
NAME / D. O. B. / ADDRESS												TELEPHONE										
(INJURED ONLY) TRANSPORTED BY:										TAKEN TO:												
DESCRIBE INJURIES																						
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																						
<input type="checkbox"/> #	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			:							
NAME / D. O. B. / ADDRESS												TELEPHONE										
(INJURED ONLY) TRANSPORTED BY:										TAKEN TO:												
DESCRIBE INJURIES																						
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																						
<input type="checkbox"/> #	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			:							
NAME / D. O. B. / ADDRESS												TELEPHONE										
(INJURED ONLY) TRANSPORTED BY:										TAKEN TO:												
DESCRIBE INJURIES																						
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																						
PREPARER'S NAME OFFICER M SPENCER 302												I.D. NUMBER		MO. DAY YEAR 05/04/2020			REVIEWER'S NAME OFFICER A. CLEMENTS 280			MO. DAY YEAR 06/08/2020		

STATE OF CALIFORNIA
NARRATIVE/SUPPLEMENTAL
 CHP 556 (Rev. 7-90) OPI 042

DATE OF INCIDENT/OCCURRENCE 05/04/2020	TIME (2400) 2151	NCIC NUMBER 3007	OFFICER I.D. NUMBER 302	NUMBER 20-17726
"X" ONE <input checked="" type="checkbox"/> Narrative <input type="checkbox"/> Supplemental		"X" ONE <input checked="" type="checkbox"/> Collision Report <input type="checkbox"/> Other: _____		TYPE SUPPLEMENTAL ("X" APPLICABLE) <input type="checkbox"/> BA Update <input type="checkbox"/> Hazardous Materials <input type="checkbox"/> Fatal <input type="checkbox"/> School Bus <input type="checkbox"/> Hit and Run Update <input type="checkbox"/> Other: _____
CITY/COUNTY/JUDICIAL DISTRICT FOUNTAIN VALLEY/ ORANGE WOC				REPORTING DISTRICT/BEAT 64
LOCATION/SUBJECT BUSHARD & ELLIS				STATE HIGHWAY RELATED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
SUMMARY				
<p>P2 was stopped at the red light, in the #1 northbound lane, at Bushard and Ellis. P1 was driving northbound on Bushard approaching P2. P1 collided into the rear of P2.</p>				
DRIVER STATEMENTS				
<p>At the scene, I spoke with P-2, identified by CDL as Martin Lugo, who told me the following: He was in the #1 lane of northbound Bushard. He was stopped at the limit line of Ellis at the red light. He saw P1 in his mirror but assumed she was going stop for the light. He continued to wait for the light when P1 rear-ended him. He did not hear any attempt for P1 to break before the Collision. At the scene, I spoke with P-1, identified by CDL as Kendra Clark, who told me the following: She was traveling northbound on Bushard approaching Ellis. She said northbound Bushard at Ellis had a solid green light. She said she saw P2 in front of her but assumed he would accelerate through the green. She also said there were several other vehicles stopped with P2 at the green light.</p>				
OTHER FACTS				
<p>A DUI investigation was conducted by Officer Toledo. Refer to his report for details. D1 was towed from the scene per CVC 22851(h)(1).</p>				
AREA OF IMPACT				
<p>AOI #1 26' S of S/C/L of Ellis 20' W of E C/L of Bushard</p>				
OPINIONS AND CONCLUSIONS				
<p>Based on driver statements, physical evidence, and vehicle damage it is my opinion D-1 Clark was driving at fault by driving N/B on Bushard while under the influence of alcohol, a violation of CVC 23152(a) and traveling at an unsafe speed in violation of CVC 22350(a).</p>				
ACTIONS AND RECOMMENDATIONS				
<p>Clark was subsequently arrested for 23152(a) - Driving under the Influence of Alcohol.</p>				
PREPARER'S NAME and I.D. NUMBER OFFICER SPENCER 302		DATE 06/05/2020	REVIEWER'S NAME OFFICER A. CLEMENTS 280	
			DATE 06/08/2020	

DATE OF INCIDENT/OCCURRENCE 05/04/2020	TIME (2400) 2151	NCIC NUMBER 3007	OFFICER I.D. NUMBER 302	NUMBER 20-17726
"X" ONE <input checked="" type="checkbox"/> Narrative <input type="checkbox"/> Supplemental		"X" ONE <input type="checkbox"/> Collision Report <input checked="" type="checkbox"/> Other: _____		TYPE SUPPLEMENTAL ("X" APPLICABLE) <input type="checkbox"/> BA Update <input type="checkbox"/> Hazardous Materials <input type="checkbox"/> Fatal <input type="checkbox"/> School Bus <input type="checkbox"/> Hit and Run Update <input type="checkbox"/> Other: _____
CITY/COUNTY/JUDICIAL DISTRICT FOUNTAIN VALLEY/ ORANGE WOC				REPORTING DISTRICT/BEAT 64 CITATION NUMBER
LOCATION/SUBJECT BUSHARD & ELLIS				STATE HIGHWAY RELATED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SUMMARY

P2 was stopped at the red light, in the #1 northbound lane, at Bushard and Ellis. P1 was driving northbound on Bushard approaching P2. P1 collided into the rear of P2.

DRIVER STATEMENTS

At the scene, I spoke with P-2, identified by CDL as Martin Lugo, who told me the following:

He was in the #1 lane of northbound Bushard. He was stopped at the limit line of Ellis at the red light. He saw P1 in his mirror but assumed she was going stop for the light. He continued to wait for the light when P1 rear-ended him. He did not hear any attempt for P1 to break before the Collision.

At the scene, I spoke with P-1, identified by CDL as Kendra Clark, who told me the following:

She was travelling northbound on Bushard approaching Ellis. She said northbound Bushard at Ellis had a solid green light. She said she saw P2 in front of her but assumed he would accelerate through the green. She also said there were several other vehicles stopped with P2 at the green light.

AREA OF IMPACT

AOI #1

26' S of S/C/L of Ellis

20' W of E C/L of Bushard

OPINIONS AND CONCLUSIONS

Based on driver statements, physical evidence, and vehicle damage it is my opinion D-1 Clark was driving at fault by driving N/B on Bushard at an unsafe speed and colliding into P2, in violation of CVC 22350(a) – Unsafe Speed.

ACTIONS AND RECOMMENDATIONS

Clark was subsequently arrested for 23152(a) - Driving under the Influence of Alcohol.

PREPARER'S NAME and I.D. NUMBER OFFICER SPENCER 302	DATE 06/05/2020	REVIEWER'S NAME OFFICER A. CLEMENTS 280	DATE 06/08/2020
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DATE OF INCIDENT/OCCURRENCE 05/04/2020	TIME (2400) 2151	NCIC NUMBER 3007	OFFICER I.D. NUMBER 302	NUMBER 20-17726
X ONE <input checked="" type="checkbox"/> Narrative <input type="checkbox"/> Supplemental		*X* ONE <input checked="" type="checkbox"/> Collision Report <input type="checkbox"/> Other: _____		TYPE SUPPLEMENTAL (*X* APPLICABLE) <input type="checkbox"/> BA Update <input type="checkbox"/> Hazardous Materials <input type="checkbox"/> Fatal <input type="checkbox"/> School Bus <input type="checkbox"/> Hit and Run Update <input type="checkbox"/> Other: _____
CITY/COUNTY/JUDICIAL DISTRICT FOUNTAIN VALLEY/ ORANGE WOC			REPORTING DISTRICT/BEAT 64	CITATION NUMBER
LOCATION/SUBJECT BUSHARD & ELLIS			STATE HIGHWAY RELATED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
SUMMARY P2 was stopped at the red light, in the #1 northbound lane, at Bushard and Ellis. P1 was driving northbound on Bushard approaching P2. P1 collided into the rear of P2.				
DRIVER STATEMENTS At the scene, I spoke with P-2, identified by CDL as Martin Lugo, who told me the following: He was in the #1 lane of northbound Bushard. He was stopped at the limit line of Ellis at the red light. He saw P1 in his mirror but assumed she was going stop for the light. He continued to wait for the light when P1 rear-ended him. He did not hear any attempt for P1 to break before the Collision. At the scene, I spoke with P-1, identified by CDL as Kendra Clark, who told me the following: She was travelling northbound on Bushard approaching Ellis. She said northbound Bushard at Ellis had a solid green light. She said she saw P2 in front of her but assumed he would accelerate through the green. She also said there were several other vehicles stopped with P2 at the green light.				
AREA OF IMPACT AOI #1 26' S of S C/L of Ellis 20' W of E C/L of Bushard				
OPINIONS AND CONCLUSIONS Based on driver statements, physical evidence, and vehicle damage it is my opinion D-1 Clark was driving at fault by driving N/B on Bushard at an unsafe speed and colliding into P2, in violation of CVC 22350(a) – Unsafe Speed.				
ACTIONS AND RECOMMENDATIONS Clark was subsequently arrested for 23152(a) - Driving under the Influence of Alcohol.				
PREPARER'S NAME and I.D. NUMBER OFFICER SPENCER 302		DATE 06/05/2020	REVIEWER'S NAME OFFICER A. CLEMENTS 280	DATE 06/08/2020

DATE OF INCIDENT/OCCURRENCE 05/04/2020	TIME (2400) 2151	NCIC NUMBER 3007	OFFICER I.D. NUMBER 302	NUMBER 20-17726
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CITY/COUNTY/JUDICIAL DISTRICT FOUNTAIN VALLEY/ ORANGE WCC				REPORTING DISTRICT/BEAT 64
LOCATION/SUBJECT BUSHARD & ELLIS				STATE HIGHWAY RELATED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SUMMARY

P2 was stopped at the red light, in the #1 northbound lane, at Bushard and Ellis. P1 was driving northbound on Bushard approaching P2. P1 collided into the rear of P2.

DRIVER STATEMENTS

At the scene, I spoke with P-2, identified by CDL as Martin Lugo, who told me the following:

He was in the #1 lane of northbound Bushard. He was stopped at the limit line of Ellis at the red light. He saw P1 in his mirror but assumed she was going stop for the light. He continued to wait for the light when P1 rear-ended him. He did not hear any attempt for P1 to break before the Collision.

At the scene, I spoke with P-1, identified by CDL as Kendra Clark, who told me the following:

She was travelling northbound on Bushard approaching Ellis. She said northbound Bushard at Ellis had a solid green light. She said she saw P2 in front of her but assumed he would accelerate through the green. She also said there were several other vehicles stopped with P2 at the green light.

AREA OF IMPACT

AOI #1

26' S of S/C/L of Ellis

20' W of E C/L of Bushard

OPINIONS AND CONCLUSIONS

Based on driver statements, physical evidence, and vehicle damage it is my opinion D-1 Clark was driving at fault by driving N/B on Bushard at an unsafe speed and colliding into P2, in violation of CVC 22350(a) – Unsafe Speed.

ACTIONS AND RECOMMENDATIONS

Clark was subsequently arrested for 23152(a) - Driving under the Influence of Alcohol.

PREPARER'S NAME and I.D. NUMBER OFFICER SPENCER 302	DATE 06/05/2020	REVIEWER'S NAME OFFICER A. CLEMENTS 280	DATE 06/08/2020
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DATE OF INCIDENT/OCCURRENCE 05/ 04/ 2020	TIME (2400) 2151	NCIC NUMBER 3007	OFFICER I.D. NUMBER 302	NUMBER 20- 17726
"X" ONE <input checked="" type="checkbox"/> Narrative <input type="checkbox"/> Supplemental		"X" ONE <input checked="" type="checkbox"/> Collision Report <input type="checkbox"/> Other: _____		TYPE SUPPLEMENTAL ("X" APPLICABLE) <input type="checkbox"/> BA Update <input type="checkbox"/> Hazardous Materials <input type="checkbox"/> Fatal <input type="checkbox"/> School Bus <input type="checkbox"/> Hit and Run Update <input type="checkbox"/> Other: _____
CITY/COUNTY/JUDICIAL DISTRICT FOUNTAIN VALLEY/ ORANGE WOC				REPORTING DISTRICT/BEAT 64
LOCATION/SUBJECT BUSHARD & ELLIS				STATE HIGHWAY RELATED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
SUMMARY P2 was stopped at the red light, in the #1 northbound lane, at Bushard and Ellis. P1 was driving northbound on Bushard approaching P2. P1 collided into the rear of P2.				
DRIVER STATEMENTS At the scene, I spoke with P-2, identified by CDL as Martin Lugo, who told me the following: He was in the #1 lane of northbound Bushard. He was stopped at the limit line of Ellis at the red light. He saw P1 in his mirror but assumed she was going stop for the light. He continued to wait for the light when P1 rear-ended him. He did not hear any attempt for P1 to break before the Collision. At the scene, I spoke with P-1, identified by CDL as Kendra Clark, who told me the following: She was travelling northbound on Bushard approaching Ellis. She said northbound Bushard at Ellis had a solid green light. She said she saw P2 in front of her but assumed he would accelerate through the green. She also said there were several other vehicles stopped with P2 at the green light.				
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OPINIONS AND CONCLUSIONS Based on driver statements, physical evidence, and vehicle damage it is my opinion D-1 Clark was driving at fault by driving N/B on Bushard at an unsafe speed and colliding into P2, in violation of CVC 22350(a) – Unsafe Speed.				
ACTIONS AND RECOMMENDATIONS Clark was subsequently arrested for 23152(a) - Driving under the Influence of Alcohol.				
PREPARER'S NAME and I.D. NUMBER OFFICER SPENCER 302		DATE 06/ 05/ 2020	REVIEWER'S NAME OFFICER A. CLEMENTS 280	
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		TYPE SUPPLEMENTAL ("X" APPLICABLE) <input type="checkbox"/> BA Update <input type="checkbox"/> Hazardous Materials		
		<input type="checkbox"/> Fatal <input type="checkbox"/> School Bus <input type="checkbox"/> Hit and Run Update <input type="checkbox"/> Other: _____		
CITY/COUNTY/JUDICIAL DISTRICT FOUNTAIN VALLEY/ ORANGE WOC				REPORTING DISTRICT/BEAT 64
LOCATION/SUBJECT BUSHARD & ELLIS				STATE HIGHWAY RELATED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
SUMMARY				
P2 was stopped at the red light, in the #1 northbound lane, at Bushard and Ellis. P1 was driving northbound on Bushard approaching P2. P1 collided into the rear of P2.				
DRIVER STATEMENTS				
At the scene, I spoke with P-2, identified by CDL as Martin Lugo, who told me the following: He was in the #1 lane of northbound Bushard. He was stopped at the limit line of Ellis at the red light. He saw P1 in his mirror but assumed she was going stop for the light. He continued to wait for the light when P1 rear-ended him. He did not hear any attempt for P1 to break before the Collision. At the scene, I spoke with P-1, identified by CDL as Kendra Clark, who told me the following: She was travelling northbound on Bushard approaching Ellis. She said northbound Bushard at Ellis had a solid green light. She said she saw P2 in front of her but assumed he would accelerate through the green. She also said there were several other vehicles stopped with P2 at the green light.				
AREA OF IMPACT				
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OPINIONS AND CONCLUSIONS				
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ACTIONS AND RECOMMENDATIONS				
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PREPARER'S NAME and I.D. NUMBER OFFICER SPENCER 302		DATE 06/05/2020	REVIEWER'S NAME OFFICER A. CLEMENTS 280	
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CITY/COUNTY/JUDICIAL DISTRICT FOUNTAIN VALLEY/ ORANGE WOC			REPORTING DISTRICT/BEAT 64	CITATION NUMBER
LOCATION/SUBJECT BUSHARD & ELLIS			STATE HIGHWAY RELATED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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LOCATION/SUBJECT BUSHARD & ELLIS			STATE HIGHWAY RELATED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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P2 was stopped at the red light, in the #1 northbound lane, at Bushard and Ellis. P1 was driving northbound on Bushard approaching P2. P1 collided into the rear of P2.				
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PREPARER'S NAME and I.D. NUMBER OFFICER SPENCER 302	302	DATE 06/05/2020	REVIEWER'S NAME OFFICER A. CLEMENTS 280	DATE 06/08/2020

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CITY/COUNTY/JUDICIAL DISTRICT FOUNTAIN VALLEY/ ORANGE WOC			REPORTING DISTRICT/BEAT 64	CITATION NUMBER
LOCATION/SUBJECT BUSHARD & ELLIS			STATE HIGHWAY RELATED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
SUMMARY P2 was stopped at the red light, in the #1 northbound lane, at Bushard and Ellis. P1 was driving northbound on Bushard approaching P2. P1 collided into the rear of P2.				
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PREPARER'S NAME and I.D. NUMBER OFFICER SPENCER 302 302		DATE 06/05/2020	REVIEWER'S NAME OFFICER A. CLEMENTS 280	
			DATE 06/08/2020	

Image
Not
Available

WestPac Labs, Inc. 10200 Pioneer Blvd Ste 500 Santa Fe Springs, CA 90670
 Martin B. Lugo 3601 S. El Camino Real Apt D San Clemente, CA 92672

Name	Company	Employee ID	Pay Period Begin	Pay Period End	Check Date	Check Number
Martin B. Lugo	WestPac Labs, Inc.	116097	05/26/2019	06/08/2019	06/14/2019	

	Gross Pay	Pre Tax Deductions	Employee Taxes	Post Tax Deductions	Net Pay
Current	1,332.12	54.00	244.00	0.00	1,034.12
YTD	15,955.00	540.00	2,907.74	0.00	12,605.26

Earnings						Employee Taxes			
Description	Dates	Hours	Rate	Amount	YTD	Description	Amount	YTD	
Excess Life	05/26/2019-06/08/2019	0	0	1.79	17.90	OASDI	79.59	959.18	
Expense Reimburse					98.00	Medicare	18.62	224.33	
FLSA Overtime	05/26/2019-06/08/2019	10.1	21	212.12	2,910.03	Federal Withholding	109.66	1,297.00	
Holiday	05/26/2019-06/08/2019	8	14	112.00	336.00	State Tax - CA	23.29	272.52	
LTD Benefit	05/26/2019-06/08/2019	0	0	3.78	37.80	CA SDI - CASDI	12.84	154.71	
Regular	05/26/2019-06/08/2019	72	14	1,008.00	12,708.97				
Earnings									
					1,337.69	16,108.70	Employee Taxes	244.00	2,907.74

Pre Tax Deductions			
Description	Amount	YTD	
125 Dental	23.00	230.00	
125 Medical	28.00	280.00	
125 Vision	3.00	30.00	
Pre Tax Deductions		54.00	540.00

Marital Status	Federal		State	Attendance Balances			
	Single	Single or Married (with two or more incomes)		Description	Accrued	Reduced	Available
Allowances	1		1	PTO	4.61536	0	61.544864
Additional Withholding	0		0				

Payment Information				
Bank	Account Name	Account Number	USD Amount	Payment Amount
Wells Fargo				1,034.12 USD

WestPac Labs, Inc. 10200 Pioneer Blvd Ste 500 Santa Fe Springs, CA 90670
 Martin B. Lugo 3601 S. El Camino Real Apt D San Clemente, CA 92672

Name	Company	Employee ID	Pay Period Begin	Pay Period End	Check Date	Check Number
Martin B. Lugo	WestPac Labs, Inc.	116097	06/09/2019	06/22/2019	06/28/2019	

	Gross Pay	Pre Tax Deductions	Employee Taxes	Post Tax Deductions	Net Pay
Current	1,326.87	54.00	242.67	0.00	1,030.20
YTD	17,281.87	594.00	3,150.41	0.00	13,635.46

Earnings						Employee Taxes		
Description	Dates	Hours	Rate	Amount	YTD	Description	Amount	YTD
Excess Life	06/09/2019-06/22/2019	0	0	1.79	19.69	OASDI	79.27	1,038.45
Expense Reimburse					98.00	Medicare	18.53	242.86
FLSA Overtime	06/09/2019-06/22/2019	11.85	21	248.87	3,158.90	Federal Withholding	109.03	1,406.03
Holiday					336.00	State Tax - CA	23.06	295.58
LTD Benefit	06/09/2019-06/22/2019	0	0	3.78	41.58	CA SDI - CASDI	12.78	167.49
Regular	06/09/2019-06/22/2019	77	14	1,078.00	13,786.97			
Earnings				1,332.44	17,441.14	Employee Taxes	242.67	3,150.41

Pre Tax Deductions			
Description	Amount	YTD	
125 Dental	23.00	253.00	
125 Medical	28.00	308.00	
125 Vision	3.00	33.00	
Pre Tax Deductions	54.00	594.00	

Marital Status	Federal		State	Attendance Balances			
	Single	Single or Married (with two or more incomes)		Description	Accrued	Reduced	Available
Allowances	1	1		PTO	4.442284	0	65.987148
Additional Withholding	0	0					

Payment Information				
Bank	Account Name	Account Number	USD Amount	Payment Amount
Wells Fargo				1,030.20 USD

WestPac Labs, Inc. 10200 Pioneer Blvd Ste 500 Santa Fe Springs, CA 90670
 Martin B. Lugo 3601 S. El Camino Real Apt D San Clemente, CA 92672

Name	Company	Employee ID	Pay Period Begin	Pay Period End	Check Date	Check Number
Martin B. Lugo	WestPac Labs, Inc.	116097	06/23/2019	07/06/2019	07/12/2019	

	Gross Pay	Pre Tax Deductions	Employee Taxes	Post Tax Deductions	Net Pay
Current	1,341.21	54.00	246.27	0.00	1,040.94
YTD	18,623.08	648.00	3,396.68	0.00	14,676.40

Earnings						Employee Taxes		
Description	Dates	Hours	Rate	Amount	YTD	Description	Amount	YTD
Excess Life	06/23/2019-07/06/2019	0	0	1.79	21.48	OASDI	80.15	1,118.60
Expense Reimburse						Medicare	18.75	261.61
FLSA Overtime	06/23/2019-07/06/2019	10.5333	21	221.21	3,380.11	Federal Withholding	110.75	1,516.78
Holiday	06/23/2019-07/06/2019	8	14	112.00	448.00	State Tax - CA	23.69	319.27
LTD Benefit	06/23/2019-07/06/2019	0	0	3.78	45.36	CA SDI - CASDI	12.93	180.42
PTO	06/23/2019-07/06/2019	8	14	112.00	112.00			
Regular	06/23/2019-07/06/2019	64	14	896.00	14,682.97			
Earnings						Employee Taxes	246.27	3,396.68

Pre Tax Deductions		
Description	Amount	YTD
125 Dental	23.00	276.00
125 Medical	28.00	336.00
125 Vision	3.00	36.00
Pre Tax Deductions		54.00
		648.00

Marital Status	Federal		State	Attendance Balances			
	Single	Single or Married (with two or more incomes)		Description	Accrued	Reduced	Available
	1	1		PTO	4.61536	8	62.602508
Allowances	1	1					
Additional Withholding	0	0					

Payment Information				
Bank	Account Name	Account Number	USD Amount	Payment Amount
Wells Fargo				1,040.94 USD

Image
Not
Available

WestPac Labs, Inc. 10200 Pioneer Blvd Ste 500 Santa Fe Springs, CA 90670
Martin B. Lugo 3601 S. El Camino Real Apt D San Clemente, CA 92672

Name	Company	Employee ID	Pay Period Begin	Pay Period End	Check Date	Check Number
Martin B. Lugo	WestPac Labs, Inc.	116097	07/07/2019	07/20/2019	07/26/2019	

	Gross Pay	Pre Tax Deductions	Employee Taxes	Post Tax Deductions	Net Pay
Current	1,382.05	54.00	256.50	0.00	1,071.55
YTD	20,005.13	702.00	3,653.18	0.00	15,747.95

Earnings						Employee Taxes		
Description	Dates	Hours	Rate	Amount	YTD	Description	Amount	YTD
Excess Life	07/07/2019-07/20/2019	0	0	1.79	23.27	OASDI	82.68	1,201.28
Expense Reimburse					98.00	Medicare	19.34	280.95
FLSA Overtime	07/07/2019-07/20/2019	12.5	21	262.51	3,642.62	Federal Withholding	115.65	1,632.43
Holiday					448.00	State Tax - CA	25.49	344.76
LTD Benefit	07/07/2019-07/20/2019	0	0	3.78	49.14	CA SDI - CASDI	13.34	193.76
PTO					112.00			
Regular	07/07/2019-07/20/2019	79.9667	14	1,119.54	15,802.51			
Earnings						Employee Taxes	256.50	3,653.18

Pre Tax Deductions				Amount	YTD
Description					
125 Dental				23.00	299.00
125 Medical				28.00	364.00
125 Vision				3.00	39.00
Pre Tax Deductions				54.00	702.00

Marital Status	Federal		State	Attendance Balances			
	Single	Single or Married (with two or more incomes)		Description	Accrued	Reduced	Available
Allowances	1		1	PTO	4.613437	0	67.215945
Additional Withholding	0		0				

Payment Information				
Bank	Account Name	Account Number	USD Amount	Payment Amount
Wells Fargo				1,071.55 USD

Employee
Not
Available

WestPac Labs, Inc. 10200 Pioneer Blvd Ste 500 Santa Fe Springs, CA 90670
 Martin B. Lugo 3601 S. El Camino Real Apt D San Clemente, CA 92672

Name	Company	Employee ID	Pay Period Begin	Pay Period End	Check Date	Check Number
Martin B. Lugo	WestPac Labs, Inc.	116097	07/21/2019	08/03/2019	08/09/2019	

	Gross Pay	Pre Tax Deductions	Employee Taxes	Post Tax Deductions	Net Pay
Current	1,362.20	54.00	251.51	0.00	1,056.69
YTD	21,367.33	756.00	3,904.69	0.00	16,804.64

Earnings						Employee Taxes		
Description	Dates	Hours	Rate	Amount	YTD	Description	Amount	YTD
Excess Life	07/21/2019-08/03/2019	0	0	1.79	25.06	OASDI	81.46	1,282.74
Expense Reimburse					98.00	Medicare	19.04	299.99
FLSA Overtime	07/21/2019-08/03/2019	11.5333	21	242.20	3,884.82	Federal Withholding	113.27	1,745.70
Holiday					448.00	State Tax - CA	24.61	369.37
LTD Benefit	07/21/2019-08/03/2019	0	0	3.78	52.92	CA SDI - CASDI	13.13	206.89
PTO					112.00			
Regular	07/21/2019-08/03/2019	80	14	1,120.00	16,922.51			
Earnings				1,367.77	21,543.31	Employee Taxes	251.51	3,904.69

Pre Tax Deductions			
Description	Amount	YTD	
125 Dental	23.00	322.00	
125 Medical	28.00	392.00	
125 Vision	3.00	42.00	
Pre Tax Deductions	54.00	756.00	

Marital Status	Federal		State	Attendance Balances			
	Single	Single or Married (with two or more incomes)	Single or Married (with two or more incomes)	Description	Accrued	Reduced	Available
Allowances	1	1	1	PTO	4.61536	0	71.831305
Additional Withholding	0	0	0				

Payment Information				
Bank	Account Name	Account Number	USD Amount	Payment Amount
Wells Fargo				1,056.69 USD

Image
Not
Available

WestPac Labs, Inc. 10200 Pioneer Blvd Ste 500 Santa Fe Springs, CA 90670
 Martin B. Lugo 3601 S. El Camino Real Apt D San Clemente, CA 92672

Name	Company	Employee ID	Pay Period Begin	Pay Period End	Check Date	Check Number
Martin B. Lugo	WestPac Labs, Inc.	116097	08/04/2019	08/17/2019	08/23/2019	

	Gross Pay	Pre Tax Deductions	Employee Taxes	Post Tax Deductions	Net Pay
Current	1,354.98	54.00	249.71	0.00	1,051.27
YTD	22,722.31	810.00	4,154.40	0.00	17,855.91

Earnings						Employee Taxes		
Description	Dates	Hours	Rate	Amount	YTD	Description	Amount	YTD
Excess Life	08/04/2019-08/17/2019	0	0	1.79	26.85	OASDI	81.00	1,363.74
Expense Reimburse					98.00	Medicare	18.95	318.94
FLSA Overtime	08/04/2019-08/17/2019	11.3333	21	238.01	4,122.83	Federal Withholding	112.40	1,858.10
Holiday					448.00	State Tax - CA	24.29	393.66
LTD Benefit	08/04/2019-08/17/2019	0	0	3.78	56.70	CA SDI - CASDI	13.07	219.96
PTO					112.00			
Regular	08/04/2019-08/17/2019	79.7833	14	1,116.97	18,039.48			
Earnings				1,360.55	22,903.86	Employee Taxes	249.71	4,154.40

Pre Tax Deductions		
Description	Amount	YTD
125 Dental	23.00	345.00
125 Medical	28.00	420.00
125 Vision	3.00	45.00
Pre Tax Deductions	54.00	810.00

Marital Status	Federal		State	Attendance Balances			
	Single	Single or Married (with two or more incomes)		Description	Accrued	Reduced	Available
Allowances	1	1		PTO	4.60286	0	76.434165
Additional Withholding	0	0					

Payment Information				
Bank	Account Name	Account Number	USD Amount	Payment Amount
Wells Fargo				1,051.27 USD

Image
Not
Available

WestPac Labs, Inc. 10200 Pioneer Blvd Ste 500 Santa Fe Springs, CA 90670
 Martin B. Lugo 3601 S. El Camino Real Apt D San Clemente, CA 92672

Name	Company	Employee ID	Pay Period Begin	Pay Period End	Check Date	Check Number
Martin B. Lugo	WestPac Labs, Inc.	116097	08/18/2019	08/31/2019	09/06/2019	

	Gross Pay	Pre Tax Deductions	Employee Taxes	Post Tax Deductions	Net Pay
Current	1,240.41	54.00	221.01	0.00	965.40
YTD	23,962.72	864.00	4,375.41	0.00	18,821.31

Earnings						Employee Taxes		
Description	Dates	Hours	Rate	Amount	YTD	Description	Amount	YTD
Excess Life	08/18/2019-08/31/2019	0	0	1.79	28.64	OASDI	73.91	1,437.65
Expense Reimburse					98.00	Medicare	17.28	336.22
FLSA Overtime	08/18/2019-08/31/2019	7.3	21	153.31	4,276.14	Federal Withholding	98.65	1,956.75
Holiday					448.00	State Tax - CA	19.25	412.91
LTD Benefit	08/18/2019-08/31/2019	0	0	3.78	60.48	CA SDI - CASDI	11.92	231.88
PTO	08/18/2019-08/31/2019	24	14	336.00	448.00			
Regular	08/18/2019-08/31/2019	53.65	14	751.10	18,790.58			
Earnings							1,245.98	24,149.84
						Employee Taxes	221.01	4,375.41

Pre Tax Deductions			
Description	Amount	YTD	
125 Dental	23.00	368.00	
125 Medical	28.00	448.00	
125 Vision	3.00	48.00	
Pre Tax Deductions		54.00	864.00

Marital Status	Federal		State	Attendance Balances			
	Single	Single or Married (with two or more incomes)		Description	Accrued	Reduced	Available
Allowances	1		1	PTO	4.479784	24	56.913949
Additional Withholding	0		0				

Payment Information				
Bank	Account Name	Account Number	USD Amount	Payment Amount
Wells Fargo				965.40 USD

Image
Not
Available

WestPac Labs, Inc. 10200 Pioneer Blvd Ste 500 Santa Fe Springs, CA 90670
 Martin B. Lugo 3601 S. El Camino Real Apt D San Clemente, CA 92672

Name	Company	Employee ID	Pay Period Begin	Pay Period End	Check Date	Check Number
Martin B. Lugo	WestPac Labs, Inc.	116097	09/01/2019	09/14/2019	09/20/2019	

	Gross Pay	Pre Tax Deductions	Employee Taxes	Post Tax Deductions	Net Pay
Current	1,251.26	54.00	223.72	33.77	939.77
YTD	25,213.98	918.00	4,599.13	33.77	19,761.08

Earnings						Employee Taxes		
Description	Dates	Hours	Rate	Amount	YTD	Description	Amount	YTD
Excess Life	09/01/2019-09/14/2019	0	0	1.79	30.43	OASDI	74.57	1,512.22
Expense Reimburse					98.00	Medicare	17.44	353.66
FLSA Overtime	09/01/2019-09/14/2019	6.25	21	131.26	4,407.40	Federal Withholding	99.95	2,056.70
Holiday	09/01/2019-09/14/2019	8	14	112.00	560.00	State Tax - CA	19.73	432.64
LTD Benefit	09/01/2019-09/14/2019	0	0	3.78	64.26	CA SDI - CASDI	12.03	243.91
PTO	09/01/2019-09/14/2019	16	14	224.00	672.00			
Regular	09/01/2019-09/14/2019	56	14	784.00	19,574.58			
Earnings						Employee Taxes	223.72	4,599.13

Pre Tax Deductions			
Description	Amount	YTD	
125 Dental	23.00	391.00	
125 Medical	28.00	476.00	
125 Vision	3.00	51.00	
Pre Tax Deductions		54.00	918.00

Post Tax Deductions			
Description	Amount	YTD	
Creditor Garnishment (1502380544)	33.77	33.77	
Post Tax Deductions		33.77	33.77

Marital Status	Federal		State
	Single	Single or Married (with two or more incomes)	
Allowances	1		1
Additional Withholding	0		0

Attendance Balances			
Description	Accrued	Reduced	Available
PTO	4.61536	16	45.529309

Payment Information				
Bank	Account Name	Account Number	USD Amount	Payment Amount
Wells Fargo				939.77 USD

Image
Not
Available

WestPac Labs, Inc. 10200 Pioneer Blvd Ste 500 Santa Fe Springs, CA 90670
Martin B. Lugo 3801 S. El Camino Real Apt D San Clemente, CA 92672

Name	Company	Employee ID	Pay Period Begin	Pay Period End	Check Date	Check Number
Martin B. Lugo	WestPac Labs, Inc.	116097	09/15/2019	09/28/2019	10/04/2019	

	Gross Pay	Pre Tax Deductions	Employee Taxes	Post Tax Deductions	Net Pay
Current	1,390.91	54.00	258.72	86.10	992.09
YTD	26,604.89	972.00	4,857.85	119.87	20,753.17

Earnings						Employee Taxes		
Description	Dates	Hours	Rate	Amount	YTD	Description	Amount	YTD
Excess Life	09/15/2019-09/28/2019	0	0	1.79	32.22	OASDI	83.24	1,595.46
Expense Reimburse					98.00	Medicare	19.47	373.13
FLSA Overtime	09/15/2019-09/28/2019	10.1667	21	213.51	4,620.91	Federal Withholding	116.71	2,173.41
Holiday					560.00	State Tax - CA	25.88	458.52
LTD Benefit	09/15/2019-09/28/2019	0	0	3.78	68.04	CA SDI - CASDI	13.42	257.33
PTO	09/15/2019-09/28/2019	16	14	224.00	896.00			
Regular	09/15/2019-09/28/2019	68.1	14	953.40	20,527.98			
Earnings						Employee Taxes	258.72	4,857.85

Pre Tax Deductions				Post Tax Deductions			
Description	Amount	YTD		Description	Amount	YTD	
125 Dental	23.00	414.00		Creditor Garnishment (1502380544)	86.10	119.87	
125 Medical	28.00	504.00					
125 Vision	3.00	54.00					
Pre Tax Deductions				Post Tax Deductions			
		54.00	972.00			86.10	119.87

Marital Status	Federal		State	Attendance Balances			
	Single	Single or Married (with two or more incomes)		Description	Accrued	Reduced	Available
				PTO	4.61536	16	34.144669
Allowances	1	1					
Additional Withholding	0	0					

Payment Information				
Bank	Account Name	Account Number	USD Amount	Payment Amount
Wells Fargo				992.09 USD

Image
Not
Available

WestPac Labs, Inc. 10200 Pioneer Blvd Ste 500 Santa Fe Springs, CA 90670
 Martin B. Lugo 3601 S. El Camino Real Apt D San Clemente, CA 92672

Name	Company	Employee ID	Pay Period Begin	Pay Period End	Check Date	Check Number
Martin B. Lugo	WestPac Labs, Inc.	116097	09/29/2019	10/12/2019	10/18/2019	

	Gross Pay	Pre Tax Deductions	Employee Taxes	Post Tax Deductions	Net Pay
Current	1,351.01	54.00	248.72	71.15	977.14
YTD	27,955.90	1,026.00	5,106.57	191.02	21,730.31

Earnings						Employee Taxes		
Description	Dates	Hours	Rate	Amount	YTD	Description	Amount	YTD
Excess Life	09/29/2019-10/12/2019	0	0	1.79	34.01	OASDI	80.76	1,676.22
Expense Reimburse					98.00	Medicare	18.89	392.02
FLSA Overtime	09/29/2019-10/12/2019	10.3333	21	217.01	4,837.92	Federal Withholding	111.92	2,285.33
Holiday					560.00	State Tax - CA	24.12	482.64
LTD Benefit	09/29/2019-10/12/2019	0	0	3.78	71.82	CA SDI - CASDI	13.03	270.36
PTO					896.00			
Regular	09/29/2019-10/12/2019	81	14	1,134.00	21,661.98			
Earnings				1,356.58	28,159.73	Employee Taxes	248.72	5,106.57

Pre Tax Deductions		
Description	Amount	YTD
125 Dental	23.00	437.00
125 Medical	28.00	532.00
125 Vision	3.00	57.00
Pre Tax Deductions	54.00	1,026.00

Post Tax Deductions		
Description	Amount	YTD
Creditor Garnishment (1502380544)	71.15	191.02
Post Tax Deductions	71.15	191.02

	Federal	State
Marital Status	Single	Single or Married (with two or more incomes)
Allowances	1	1
Additional Withholding	0	0

Attendance Balances			
Description	Accrued	Reduced	Available
PTO	4.61536	0	38.760029

Payment Information				
Bank	Account Name	Account Number	USD Amount	Payment Amount
Wells Fargo				977.14 USD

Image
Not
Available

WestPac Labs, Inc. 10200 Pioneer Blvd Ste 500 Santa Fe Springs, CA 90670
 Martin B. Lugo 3601 S. El Camino Real Apt D San Clemente, CA 92672

Name	Company	Employee ID	Pay Period Begin	Pay Period End	Check Date	Check Number
Martin B. Lugo	WestPac Labs, Inc.	116097	10/13/2019	10/26/2019	11/01/2019	

	Gross Pay	Pre Tax Deductions	Employee Taxes	Post Tax Deductions	Net Pay
Current	1,395.80	54.00	259.92	87.94	993.94
YTD	29,351.70	1,080.00	5,366.49	278.96	22,724.25

Earnings						Employee Taxes			
Description	Dates	Hours	Rate	Amount	YTD	Description	Amount	YTD	
Excess Life	10/13/2019-10/26/2019	0	0	1.79	35.80	OASDI	83.53	1,759.75	
Expense Reimburse					98.00	Medicare	19.53	411.55	
FLSA Overtime	10/13/2019-10/26/2019	13.1333	21	275.80	5,113.72	Federal Withholding	117.30	2,402.63	
Holiday					560.00	State Tax - CA	26.09	508.73	
LTD Benefit	10/13/2019-10/26/2019	0	0	3.78	75.60	CA SDI - CASDI	13.47	283.83	
PTO					896.00				
Regular	10/13/2019-10/26/2019	80	14	1,120.00	22,781.98				
Earnings				1,401.37	29,561.10	Employee Taxes		259.92	5,366.49

Pre Tax Deductions			Post Tax Deductions				
Description	Amount	YTD	Description	Amount	YTD		
125 Dental	23.00	460.00	Creditor Garnishment (1502380544)	87.94	278.96		
125 Medical	28.00	560.00					
125 Vision	3.00	60.00					
Pre Tax Deductions		54.00	1,080.00	Post Tax Deductions		87.94	278.96

Marital Status	Federal		State	Attendance Balances			
	Single	Single or Married (with two or more incomes)	(with two or more incomes)	Description	Accrued	Reduced	Available
	1	1	1	PTO	4.61536	0	43.375389
Allowances	1	1	1				
Additional Withholding	0	0	0				

Payment Information				
Bank	Account Name	Account Number	USD Amount	Payment Amount
Wells Fargo			993.94	USD

Image
Not
Available

WestPac Labs, Inc. 10200 Pioneer Blvd Ste 500 Santa Fe Springs, CA 90670
 Martin B. Lugo 3601 S. El Camino Real Apt D San Clemente, CA 92672

Name	Company	Employee ID	Pay Period Begin	Pay Period End	Check Date	Check Number
Martin B. Lugo	WestPac Labs, Inc.	116097	10/27/2019	11/09/2019	11/15/2019	

	Gross Pay	Pre Tax Deductions	Employee Taxes	Post Tax Deductions	Net Pay
Current	1,275.77	54.00	229.88	42.95	948.94
YTD	30,627.47	1,134.00	5,596.37	321.91	23,673.19

Earnings						Employee Taxes		
Description	Dates	Hours	Rate	Amount	YTD	Description	Amount	YTD
Excess Life	10/27/2019-11/09/2019	0	0	1.79	37.59	OASDI	76.10	1,835.85
Expense Reimburse					98.00	Medicare	17.80	429.35
FLSA Overtime	10/27/2019-11/09/2019	7.4167	21	155.77	5,269.49	Federal Withholding	102.90	2,505.53
Holiday					560.00	State Tax - CA	20.81	529.54
LTD Benefit	10/27/2019-11/09/2019	0	0	3.78	79.38	CA SDI - CASDI	12.27	296.10
PTO					896.00			
Regular	10/27/2019-11/09/2019	80	14	1,120.00	23,901.98			
Earnings						Employee Taxes	229.88	5,596.37

Pre Tax Deductions			Post Tax Deductions		
Description	Amount	YTD	Description	Amount	YTD
125 Dental	23.00	483.00	Creditor Garnishment (1502380544)	42.95	321.91
125 Medical	28.00	588.00			
125 Vision	3.00	63.00			
Pre Tax Deductions			Post Tax Deductions		
		54.00			42.95
		1,134.00			321.91

Marital Status	Federal		State	Attendance Balances			
	Single	Single or Married (with two or more incomes)	Single or Married (with two or more incomes)	Description	Accrued	Reduced	Available
	1	1	1	PTO	4.61536	0	47.990749
Allowances	1	1	1				
Additional Withholding	0	0	0				

Payment Information				
Bank	Account Name	Account Number	USD Amount	Payment Amount
Wells Fargo				948.94 USD

WestPac Labs, Inc. 10200 Pioneer Blvd Ste 500 Santa Fe Springs, CA 90670
 Martin B. Lugo 3601 S. El Camino Real Apt D San Clemente, CA 92672

Name	Company	Employee ID	Pay Period Begin	Pay Period End	Check Date	Check Number
Martin B. Lugo	WestPac Labs, Inc.	116097	11/10/2019	11/23/2019	11/29/2019	

	Gross Pay	Pre Tax Deductions	Employee Taxes	Post Tax Deductions	Net Pay
Current	1,271.92	54.00	228.90	41.51	947.51
YTD	31,899.39	1,188.00	5,825.27	363.42	24,620.70

Earnings						Employee Taxes			
Description	Dates	Hours	Rate	Amount	YTD	Description	Amount	YTD	
Excess Life	11/10/2019-11/23/2019	0	0	1.79	39.38	OASDI	75.85	1,911.70	
Expense Reimburse					98.00	Medicare	17.74	447.09	
FLSA Overtime	11/10/2019-11/23/2019	7.2333	21	151.92	5,421.41	Federal Withholding	102.43	2,607.96	
Holiday					560.00	State Tax - CA	20.64	550.18	
LTD Benefit	11/10/2019-11/23/2019	0	0	3.78	83.16	CA SDI - CASDI	12.24	308.34	
PTO					896.00				
Regular	11/10/2019-11/23/2019	80	14	1,120.00	25,021.98				
Earnings									
					1,277.49	32,119.93	Employee Taxes	228.90	5,825.27

Pre Tax Deductions			
Description	Amount	YTD	
125 Dental	23.00	506.00	
125 Medical	28.00	616.00	
125 Vision	3.00	66.00	
Pre Tax Deductions		54.00	1,188.00

Post Tax Deductions			
Description	Amount	YTD	
Creditor Garnishment (1502380544)	41.51	363.42	
Post Tax Deductions		41.51	363.42

Marital Status	Federal		State
	Single	Single or Married (with two or more incomes)	
Allowances	1		1
Additional Withholding	0		0

Attendance Balances			
Description	Accrued	Reduced	Available
PTO	4.61536	0	52.606109

Payment Information				
Bank	Account Name	Account Number	USD Amount	Payment Amount
Wells Fargo				947.51 USD

Image
Not
Available

WestPac Labs, Inc. 10200 Pioneer Blvd Ste 500 Santa Fe Springs, CA 90670
 Martin B. Lugo 3601 S. El Camino Real Apt D San Clemente, CA 92672

Name	Company	Employee ID	Pay Period Begin	Pay Period End	Check Date	Check Number
Martin B. Lugo	WestPac Labs, Inc.	116097	11/24/2019	12/07/2019	12/13/2019	

	Gross Pay	Pre Tax Deductions	Employee Taxes	Post Tax Deductions	Net Pay
Current	1,256.86	54.00	225.14	35.86	941.86
YTD	33,156.25	1,242.00	6,050.41	399.28	25,562.56

Earnings						Employee Taxes		
Description	Dates	Hours	Rate	Amount	YTD	Description	Amount	YTD
Excess Life	11/24/2019-12/07/2019	0	0	1.79	41.17	OASDI	74.93	1,986.63
Expense Reimburse					98.00	Medicare	17.52	464.61
FLSA Overtime	11/24/2019-12/07/2019	5.9833	21	125.66	5,547.07	Federal Withholding	100.63	2,708.59
Holiday	11/24/2019-12/07/2019	8	14	112.00	672.00	State Tax - CA	19.98	570.16
LTD Benefit	11/24/2019-12/07/2019	0	0	3.78	86.94	CA SDI - CASDI	12.08	320.42
PTO					896.00			
Regular	11/24/2019-12/07/2019	72.8	14	1,019.20	26,041.18			
Earnings							1,262.43	33,382.36
						Employee Taxes	225.14	6,050.41

Pre Tax Deductions		
Description	Amount	YTD
125 Dental	23.00	529.00
125 Medical	28.00	644.00
125 Vision	3.00	69.00
Pre Tax Deductions		
	54.00	1,242.00

Post Tax Deductions		
Description	Amount	YTD
Creditor Garnishment (1502380544)	35.86	399.28
Post Tax Deductions		
	35.86	399.28

Marital Status	Federal		State
	Single	Single or Married (with two or more incomes)	
Allowances	1		1
Additional Withholding	0		0

Attendance Balances			
Description	Accrued	Reduced	Available
PTO	4.61536	0	57.221469

Payment Information				
Bank	Account Name	Account Number	USD Amount	Payment Amount
Wells Fargo			941.86	USD

Image
Not
Available

WestPac Labs, Inc. 10200 Pioneer Blvd Ste 500 Santa Fe Springs, CA 90670
 Martin B. Lugo 3601 S. El Camino Real Apt D San Clemente, CA 92672

Name	Company	Employee ID	Pay Period Begin	Pay Period End	Check Date	Check Number
Martin B. Lugo	WestPac Labs, Inc.	116097	12/08/2019	12/21/2019	12/27/2019	

	Gross Pay	Pre Tax Deductions	Employee Taxes	Post Tax Deductions	Net Pay
Current	1,263.86	54.00	226.90	38.48	944.48
YTD	34,420.11	1,296.00	6,277.31	437.76	26,507.04

Earnings						Employee Taxes			
Description	Dates	Hours	Rate	Amount	YTD	Description	Amount	YTD	
Excess Life	12/08/2019-12/21/2019	0	0	1.79	42.96	OASDI	75.35	2,061.98	
Expense Reimburse					98.00	Medicare	17.63	482.24	
FLSA Overtime	12/08/2019-12/21/2019	8.0167	21	168.36	5,715.43	Federal Withholding	101.47	2,810.06	
Holiday					672.00	State Tax - CA	20.29	590.45	
LTD Benefit	12/08/2019-12/21/2019	0	0	3.78	90.72	CA SDI - CASDI	12.16	332.58	
PTO					896.00				
Regular	12/08/2019-12/21/2019	78.25	14	1,095.50	27,136.68				
Earnings									
					1,269.43	34,651.79	Employee Taxes	226.90	6,277.31

Pre Tax Deductions			Post Tax Deductions		
Description	Amount	YTD	Description	Amount	YTD
125 Dental	23.00	552.00	Creditor Garnishment (1502380544)	38.48	437.76
125 Medical	28.00	672.00			
125 Vision	3.00	72.00			
Pre Tax Deductions			Post Tax Deductions		
		54.00	1,296.00		
			38.48		437.76

Marital Status	Federal		State	Attendance Balances			
	Single	Single or Married (with two or more incomes)		Description	Accrued	Reduced	Available
Allowances	1		1	PTO	4.514399	0	61.735868
Additional Withholding	0		0				

Payment Information				
Bank	Account Name	Account Number	USD Amount	Payment Amount
Wells Fargo				944.48 USD

Image
Not
Available

WestPac Labs, Inc. 10200 Pioneer Blvd Ste 500 Santa Fe Springs, CA 90670
 Martin B. Lugo 3801 S. El Camino Real Apt D San Clemente, CA 92672

Name	Company	Employee ID	Pay Period Begin	Pay Period End	Check Date	Check Number
Martin B. Lugo	WestPac Labs, Inc.	116097	12/22/2019	01/04/2020	01/10/2020	

	Gross Pay	Pre Tax Deductions	Employee Taxes	Post Tax Deductions	Net Pay
Current	1,266.79	133.15	206.15	14.76	912.73
YTD	1,266.79	133.15	206.15	14.76	912.73

Earnings						Employee Taxes			
Description	Dates	Hours	Rate	Amount	YTD	Description	Amount	YTD	
Excess Life	12/22/2019-01/04/2020	0	0	1.79	1.79	OASDI	70.63	70.63	
FLSA Overtime	12/22/2019-01/04/2020	7	21	147.02	147.02	Medicare	16.52	16.52	
Holiday	12/22/2019-01/04/2020	16	14	224.00	224.00	Federal Withholding	91.72	91.72	
LTD Benefit	12/22/2019-01/04/2020	0	0	3.78	3.78	State Tax - CA	15.89	15.89	
Regular	12/22/2019-01/04/2020	63.9833	14	895.77	895.77	CA SDI - CASDI	11.39	11.39	
Earnings									
					1,272.36	1,272.36	Employee Taxes	206.15	206.15

Pre Tax Deductions			Post Tax Deductions		
Description	Amount	YTD	Description	Amount	YTD
125 Dental	24.00	24.00	Accident Insurance	4.44	4.44
125 Medical	106.15	106.15	Creditor Garnishment (1502380544)	10.32	10.32
125 Vision	3.00	3.00			
Pre Tax Deductions			Post Tax Deductions		
		133.15			14.76
		133.15			14.76

Marital Status	Federal		State	Attendance Balances			
	Single	Single or Married (with two or more incomes)		Description	Accrued	Reduced	Available
				PTO	4.614399	0	66.350267
Allowances	1		1				
Additional Withholding	0		0				

Payment Information				
Bank	Account Name	Account Number	USD Amount	Payment Amount
Wells Fargo				912.73 USD

WestPac Labs, Inc. 10200 Pioneer Blvd Ste 500 Santa Fe Springs, CA 90670
 Martin B. Lugo 3601 S. El Camino Real Apt D San Clemente, CA 92672

Name	Company	Employee ID	Pay Period Begin	Pay Period End	Check Date	Check Number
Martin B. Lugo	WestPac Labs, Inc.	116097	01/05/2020	01/18/2020	01/24/2020	

	Gross Pay	Pre Tax Deductions	Employee Taxes	Post Tax Deductions	Net Pay
Current	1,347.52	133.15	226.38	45.01	942.98
YTD	2,614.31	266.30	432.53	59.77	1,855.71

Earnings						Employee Taxes			
Description	Dates	Hours	Rate	Amount	YTD	Description	Amount	YTD	
Excess Life	01/05/2020-01/18/2020	0	0	1.79	3.58	OASDI	75.64	146.27	
FLSA Overtime	01/05/2020-01/18/2020	10.8333	21	227.52	374.54	Medicare	17.69	34.21	
Holiday					224.00	Federal Withholding	101.41	193.13	
LTD Benefit	01/05/2020-01/18/2020	0	0	3.78	7.56	State Tax - CA	19.44	35.33	
PTO	01/05/2020-01/18/2020	16	14	224.00	224.00	CA SDI - CASDI	12.20	23.59	
Regular	01/05/2020-01/18/2020	64	14	896.00	1,791.77				
Earnings									
					1,353.09	2,625.45	Employee Taxes	226.38	432.53

Pre Tax Deductions		
Description	Amount	YTD
125 Dental	24.00	48.00
125 Medical	106.15	212.30
125 Vision	3.00	6.00
Pre Tax Deductions		133.15 266.30

Post Tax Deductions		
Description	Amount	YTD
Accident Insurance	4.44	8.88
Creditor Garnishment (1502380544)	40.57	50.89
Post Tax Deductions		45.01 59.77

Marital Status	Federal		State	
	Single	Single or Married (with two or more incomes)		
Allowances	1		1	
Additional Withholding	0		0	

Attendance Balances			
Description	Accrued	Reduced	Available
PTO	4.61536	16	54.965627

Payment Information				
Bank	Account Name	Account Number	USD Amount	Payment Amount
Wells Fargo			942.98	USD

WestPac Labs, Inc. 10200 Pioneer Blvd Ste 500 Santa Fe Springs, CA 90670
 Martin B. Lugo 3601 S. El Camino Real Apt D San Clemente, CA 92672

Name	Company	Employee ID	Pay Period Begin	Pay Period End	Check Date	Check Number
Martin B. Lugo	WestPac Labs, Inc.	116097	01/19/2020	02/01/2020	02/07/2020	

	Gross Pay	Pre Tax Deductions	Employee Taxes	Post Tax Deductions	Net Pay
Current	1,312.17	133.15	217.52	31.77	929.73
YTD	3,926.48	399.45	650.05	91.54	2,785.44

Earnings						Employee Taxes			
Description	Dates	Hours	Rate	Amount	YTD	Description	Amount	YTD	
Excess Life	01/19/2020-02/01/2020	0	0	1.79	5.37	OASDI	73.44	219.71	
FLSA Overtime	01/19/2020-02/01/2020	9.15	21	192.17	566.71	Medicare	17.17	51.38	
Holiday					224.00	Federal Withholding	97.17	290.30	
LTD Benefit	01/19/2020-02/01/2020	0	0	3.78	11.34	State Tax - CA	17.89	53.22	
PTO					224.00	CA SDI - CASDI	11.85	35.44	
Regular	01/19/2020-02/01/2020	80	14	1,120.00	2,911.77				
Earnings									
					1,317.74	3,943.19	Employee Taxes	217.52	650.05

Pre Tax Deductions		
Description	Amount	YTD
125 Dental	24.00	72.00
125 Medical	106.15	318.45
125 Vision	3.00	9.00
Pre Tax Deductions		133.15 399.45

Post Tax Deductions		
Description	Amount	YTD
Accident Insurance	4.44	13.32
Creditor Garnishment (1502380544)	27.33	78.22
Post Tax Deductions		31.77 91.54

Marital Status	Federal		State
	Single	Single or Married (with two or more incomes)	
Allowances	1		1
Additional Withholding	0		0

Attendance Balances			
Description	Accrued	Reduced	Available
PTO	4.61536	0	59.580987

Payment Information				
Bank	Account Name	Account Number	USD Amount	Payment Amount
Wells Fargo				929.73 USD

WestPac Labs, Inc. 10200 Pioneer Blvd Ste 500 Santa Fe Springs, CA 90670
 Martin B. Lugo PO Box 12512 Costa Mesa, CA 92627

Name	Company	Employee ID	Pay Period Begin	Pay Period End	Check Date	Check Number
Martin B. Lugo	WestPac Labs, Inc.	116097	02/02/2020	02/15/2020	02/21/2020	

	Gross Pay	Pre Tax Deductions	Employee Taxes	Post Tax Deductions	Net Pay
Current	1,351.70	133.15	227.42	46.58	944.55
YTD	5,278.18	532.60	877.47	138.12	3,729.99

Earnings						Employee Taxes		
Description	Dates	Hours	Rate	Amount	YTD	Description	Amount	YTD
Excess Life	02/02/2020-02/15/2020	0	0	1.79	7.16	OASDI	75.90	295.61
FLSA Overtime	02/02/2020-02/15/2020	11.0333	21	231.70	798.41	Medicare	17.75	69.13
Holiday					224.00	Federal Withholding	101.91	392.21
LTD Benefit	02/02/2020-02/15/2020	0	0	3.78	15.12	State Tax - CA	19.62	72.84
PTO					224.00	CA SDI - CASDI	12.24	47.68
Regular	02/02/2020-02/15/2020	80	14	1,120.00	4,031.77			
Earnings							1,357.27	5,300.46
						Employee Taxes	227.42	877.47

Pre Tax Deductions		
Description	Amount	YTD
125 Dental	24.00	96.00
125 Medical	106.15	424.60
125 Vision	3.00	12.00
Pre Tax Deductions		
	133.15	532.60

Post Tax Deductions		
Description	Amount	YTD
Accident Insurance	4.44	17.76
Creditor Garnishment (1502380544)	42.14	120.36
Post Tax Deductions		
	46.58	138.12

Marital Status	Federal		State
	Single	Single or Married (with two or more incomes)	
Allowances	1		1
Additional Withholding	0		0

Attendance Balances			
Description	Accrued	Reduced	Available
PTO	4.61536	0	64.196347

Payment Information				
Bank	Account Name	Account Number	USD Amount	Payment Amount
Wells Fargo			944.55	USD

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WestPac Labs, Inc. 10200 Pioneer Blvd Ste 500 Santa Fe Springs, CA 90670
Martin B. Lugo PO Box 12512 Costa Mesa, CA 92627

Name	Company	Employee ID	Pay Period Begin	Pay Period End	Check Date	Check Number
Martin B. Lugo	WestPac Labs, Inc.	116097	02/16/2020	02/29/2020	03/06/2020	

	Gross Pay	Pre Tax Deductions	Employee Taxes	Post Tax Deductions	Net Pay
Current	1,285.55	133.15	210.85	21.79	919.76
YTD	6,563.73	665.75	1,088.32	159.91	4,649.75

Earnings						Employee Taxes			
Description	Dates	Hours	Rate	Amount	YTD	Description	Amount	YTD	
Excess Life	02/16/2020-02/29/2020	0	0	1.79	8.95	OASDI	71.79	367.40	
FLSA Overtime	02/16/2020-02/29/2020	7.8833	21	165.55	963.96	Medicare	16.79	85.92	
Holiday					224.00	Federal Withholding	93.98	486.19	
LTD Benefit	02/16/2020-02/29/2020	0	0	3.78	18.90	State Tax - CA	16.71	89.55	
PTO					224.00	CA SDI - CASDI	11.58	59.26	
Regular	02/16/2020-02/29/2020	80	14	1,120.00	5,151.77				
Earnings									
					1,291.12	6,591.58	Employee Taxes	210.85	1,088.32

Pre Tax Deductions		
Description	Amount	YTD
125 Dental	24.00	120.00
125 Medical	106.15	530.75
125 Vision	3.00	15.00
Pre Tax Deductions		133.15 665.75

Post Tax Deductions		
Description	Amount	YTD
Accident Insurance	4.44	22.20
Creditor Garnishment (1502380544)	17.35	137.71
Post Tax Deductions		21.79 159.91

Marital Status	Federal		State
	Single	Single or Married (with two or more incomes)	
Allowances	1		1
Additional Withholding	0		0

Attendance Balances			
Description	Accrued	Reduced	Available
PTO	4.61536	0	68.811707

Payment Information				
Bank	Account Name	Account Number	USD Amount	Payment Amount
Wells Fargo			919.76	USD

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WestPac Labs, Inc. 10200 Pioneer Blvd Ste 500 Santa Fe Springs, CA 90670
Martin B. Lugo PO Box 12512 Costa Mesa, CA 92627

Name	Company	Employee ID	Pay Period Begin	Pay Period End	Check Date	Check Number
Martin B. Lugo	WestPac Labs, Inc.	116097	03/01/2020	03/14/2020	03/20/2020	

	Gross Pay	Pre Tax Deductions	Employee Taxes	Post Tax Deductions	Net Pay
Current	1,268.77	133.15	206.66	15.50	913.46
YTD	7,832.50	798.90	1,294.98	175.41	5,563.21

Earnings						Employee Taxes		
Description	Dates	Hours	Rate	Amount	YTD	Description	Amount	YTD
Excess Life	03/01/2020-03/14/2020	0	0	1.79	10.74	OASDI	70.76	438.16
FLSA Overtime	03/01/2020-03/14/2020	7.0833	21	148.77	1,112.73	Medicare	16.55	102.47
Holiday					224.00	Federal Withholding	91.96	578.15
LTD Benefit	03/01/2020-03/14/2020	0	0	3.78	22.68	State Tax - CA	15.98	105.53
PTO					224.00	CA SDI - CASDI	11.41	70.67
Regular	03/01/2020-03/14/2020	80	14	1,120.00	6,271.77			
Earnings								
					1,274.34	7,865.92		
						Employee Taxes	206.66	1,294.98

Pre Tax Deductions			Post Tax Deductions		
Description	Amount	YTD	Description	Amount	YTD
125 Dental	24.00	144.00	Accident Insurance	4.44	26.64
125 Medical	106.15	636.90	Creditor Garnishment (1502380544)	11.06	148.77
125 Vision	3.00	18.00			
Pre Tax Deductions			Post Tax Deductions		
		133.15	798.90		
					15.50
			175.41		

Marital Status	Federal		State	Attendance Balances			
	Single	Single or Married (with two or more incomes)		Description	Accrued	Reduced	Available
	1	1	1	PTO	4.61536	0	73.427067
Allowances	1	1	1				
Additional Withholding	0	0	0				

Payment Information				
Bank	Account Name	Account Number	USD Amount	Payment Amount
Wells Fargo				913.46 USD

WestPac Labs, Inc. 10200 Pioneer Blvd Ste 500 Santa Fe Springs, CA 90670
 Martin B. Lugo PO Box 12512 Costa Mesa, CA 92627

Name	Company	Employee ID	Pay Period Begin	Pay Period End	Check Date	Check Number
Martin B. Lugo	WestPac Labs, Inc.	116097	03/15/2020	03/28/2020	04/03/2020	

	Gross Pay	Pre Tax Deductions	Employee Taxes	Post Tax Deductions	Net Pay
Current	1,168.65	133.15	181.57	4.44	849.49
YTD	9,001.15	932.05	1,476.55	179.85	6,412.70

Earnings						Employee Taxes		
Description	Dates	Hours	Rate	Amount	YTD	Description	Amount	YTD
Excess Life	03/15/2020-03/28/2020	0	0	1.79	12.53	OASDI	64.54	502.70
FLSA Overtime	03/15/2020-03/28/2020	2.3167	21	48.65	1,161.38	Medicare	15.10	117.57
Holiday					224.00	Federal Withholding	79.95	658.10
LTD Benefit	03/15/2020-03/28/2020	0	0	3.78	26.46	State Tax - CA	11.57	117.10
PTO					224.00	CA SDI - CASDI	10.41	81.08
Regular	03/15/2020-03/28/2020	80	14	1,120.00	7,391.77			
Earnings								
				1,174.22	9,040.14	Employee Taxes	181.57	1,476.55

Pre Tax Deductions		
Description	Amount	YTD
125 Dental	24.00	168.00
125 Medical	106.15	743.05
125 Vision	3.00	21.00
Pre Tax Deductions		
	133.15	932.05

Post Tax Deductions		
Description	Amount	YTD
Accident Insurance	4.44	31.08
Creditor Garnishment (1502380544)	0.00	148.77
Post Tax Deductions		
	4.44	179.85

	Federal	State
Marital Status	Single	Single or Married (with two or more incomes)
Allowances	1	1
Additional Withholding	0	0

Attendance Balances			
Description	Accrued	Reduced	Available
PTO	4.61536	0	78.042427

Payment Information				
Bank	Account Name	Account Number	USD Amount	Payment Amount
Wells Fargo				849.49 USD

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WestPac Labs, Inc. 10200 Pioneer Blvd Ste 500 Santa Fe Springs, CA 90670
Martin B. Lugo PO Box 12512 Costa Mesa, CA 92627

Name	Company	Employee ID	Pay Period Begin	Pay Period End	Check Date	Check Number
Martin B. Lugo	WestPac Labs, Inc.	116097	03/29/2020	04/11/2020	04/17/2020	

	Gross Pay	Pre Tax Deductions	Employee Taxes	Post Tax Deductions	Net Pay
Current	1,139.72	133.15	174.32	4.44	827.81
YTD	10,140.87	1,065.20	1,650.87	184.29	7,240.51

Earnings						Employee Taxes		
Description	Dates	Hours	Rate	Amount	YTD	Description	Amount	YTD
Excess Life	03/29/2020-04/11/2020	0	0	1.79	14.32	OASDI	62.75	565.45
FLSA Overtime	04/05/2020-04/11/2020	0.9833	21	20.65	1,182.03	Medicare	14.67	132.24
Holiday					224.00	Federal Withholding	76.48	734.58
LTD Benefit	03/29/2020-04/11/2020	0	0	3.78	30.24	State Tax - CA	10.30	127.40
PTO	03/29/2020-04/11/2020	8	14	112.00	336.00	CA SDI - CASDI	10.12	91.20
Regular	03/29/2020-04/11/2020	71.9333	14	1,007.07	8,398.84			
Earnings							1,145.29	10,185.43
						Employee Taxes	174.32	1,650.87

Pre Tax Deductions		
Description	Amount	YTD
125 Dental	24.00	192.00
125 Medical	106.15	849.20
125 Vision	3.00	24.00
Pre Tax Deductions	133.15	1,065.20

Post Tax Deductions		
Description	Amount	YTD
Accident Insurance	4.44	35.52
Creditor Garnishment (1502380544)	0.00	148.77
Post Tax Deductions	4.44	184.29

Marital Status	Federal	State
	Single	Single or Married (with two or more incomes)
Allowances	1	1
Additional Withholding	0	0

Attendance Balances			
Description	Accrued	Reduced	Available
PTO	4.611514	8	74.653941

Payment Information				
Bank	Account Name	Account Number	USD Amount	Payment Amount
Wells Fargo				827.81 USD

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WestPac Labs, Inc. 10200 Pioneer Blvd Ste 500 Santa Fe Springs, CA 90670
Martin B. Lugo PO Box 12512 Costa Mesa, CA 92627

Name	Company	Employee ID	Pay Period Begin	Pay Period End	Check Date	Check Number
Martin B. Lugo	WestPac Labs, Inc.	116097	04/12/2020	04/25/2020	05/01/2020	

	Gross Pay	Pre Tax Deductions	Employee Taxes	Post Tax Deductions	Net Pay
Current	1,120.00	133.15	169.39	4.44	813.02
YTD	11,260.87	1,198.35	1,820.26	188.73	8,053.53

Earnings						Employee Taxes		
Description	Dates	Hours	Rate	Amount	YTD	Description	Amount	YTD
Excess Life	04/12/2020-04/25/2020	0	0	1.79	16.11	OASDI	61.53	626.98
FLSA Overtime					1,182.03	Medicare	14.39	146.63
Holiday					224.00	Federal Withholding	74.11	808.69
LTD Benefit	04/12/2020-04/25/2020	0	0	3.78	34.02	State Tax - CA	9.43	136.83
PTO					336.00	CA SDI - CASDI	9.93	101.13
Regular	04/12/2020-04/25/2020	80	14	1,120.00	9,518.84			
Earnings								
				1,125.57	11,311.00	Employee Taxes	169.39	1,820.26

Pre Tax Deductions			Post Tax Deductions		
Description	Amount	YTD	Description	Amount	YTD
125 Dental	24.00	216.00	Accident Insurance	4.44	39.96
125 Medical	106.15	955.35	Creditor Garnishment (1502380544)	0.00	148.77
125 Vision	3.00	27.00			
Pre Tax Deductions			Post Tax Deductions		
		133.15	1,198.35		
			4.44		188.73

Marital Status	Federal		State		Attendance Balances			
	Single	Single or Married (with two or more incomes)	Single	Single or Married (with two or more incomes)	Description	Accrued	Reduced	Available
Allowances	1		1		PTO	4.61536	0	79.269301
Additional Withholding	0		0					

Payment Information				
Bank	Account Name	Account Number	USD Amount	Payment Amount
Wells Fargo				813.02 USD

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WestPac Labs, Inc. 10200 Pioneer Blvd Ste 500 Santa Fe Springs, CA 90670
Martin B. Lugo PO Box 12512 Costa Mesa, CA 92627

Name	Company	Employee ID	Pay Period Begin	Pay Period End	Check Date	Check Number
Martin B. Lugo	WestPac Labs, Inc.	116097	04/26/2020	05/09/2020	05/15/2020	

	Gross Pay	Pre Tax Deductions	Employee Taxes	Post Tax Deductions	Net Pay
Current	1,183.59	133.15	103.59	24.44	922.41
YTD	12,444.46	1,331.50	1,923.85	213.17	8,975.94

Earnings						Employee Taxes		
Description	Dates	Hours	Rate	Amount	YTD	Description	Amount	YTD
Excess Life	04/26/2020-05/09/2020	0	0	1.79	17.90	OASDI	65.48	692.46
FLSA Overtime	04/26/2020-05/09/2020	3.05	21	64.05	1,246.08	Medicare	15.32	161.95
Holiday					224.00	Federal Withholding	0.00	808.69
LTD Benefit	04/26/2020-05/09/2020	0	0	3.78	37.80	State Tax - CA	12.23	149.06
PTO					336.00	CA SDI - CASDI	10.56	111.69
Regular	04/26/2020-05/09/2020	79.9667	14	1,119.54	10,638.38			
Earnings				1,189.16	12,500.16	Employee Taxes	103.59	1,923.85

Pre Tax Deductions			Post Tax Deductions		
Description	Amount	YTD	Description	Amount	YTD
125 Dental	24.00	240.00	Accident Insurance	4.44	44.40
125 Medical	106.15	1,061.50	Creditor Garnishment (1502380544)	20.00	168.77
125 Vision	3.00	30.00			
Pre Tax Deductions	133.15	1,331.50	Post Tax Deductions	24.44	213.17

Marital Status	Federal		State	Attendance Balances			
	Head of Household	Single or Married (with two or more incomes)		Description	Accrued	Reduced	Available
Allowances	0	1		PTO	4.613437	0	83.882738
Additional Withholding	0	0					

Payment Information				
Bank	Account Name	Account Number	USD Amount	Payment Amount
Wells Fargo				922.41 USD

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WestPac Labs, Inc. 10200 Pioneer Blvd Ste 500 Santa Fe Springs, CA 90670
Martin B. Lugo PO Box 12512 Costa Mesa, CA 92627

Name	Company	Employee ID	Pay Period Begin	Pay Period End	Check Date	Check Number
Martin B. Lugo	WestPac Labs, Inc.	116097	05/10/2020	05/23/2020	05/29/2020	

	Gross Pay	Pre Tax Deductions	Employee Taxes	Post Tax Deductions	Net Pay
Current	1,122.12	133.15	95.54	4.44	888.99
YTD	13,566.58	1,464.65	2,019.39	217.61	9,864.93

Earnings						Employee Taxes		
Description	Dates	Hours	Rate	Amount	YTD	Description	Amount	YTD
Excess Life	05/10/2020-05/23/2020	0	0	1.79	19.69	OASDI	61.66	754.12
FLSA Overtime	05/10/2020-05/23/2020	0.1667	21	3.52	1,249.60	Medicare	14.42	176.37
Holiday					224.00	Federal Withholding	0.00	808.69
LTD Benefit	05/10/2020-05/23/2020	0	0	3.78	41.58	State Tax - CA	9.52	158.58
PTO					336.00	CA SDI - CASDI	9.94	121.63
Regular	05/10/2020-05/23/2020	79.9	14	1,118.60	11,756.98			
Earnings						Employee Taxes		
							95.54	2,019.39

Pre Tax Deductions		
Description	Amount	YTD
125 Dental	24.00	264.00
125 Medical	106.15	1,167.65
125 Vision	3.00	33.00
Pre Tax Deductions		
	133.15	1,464.65

Post Tax Deductions		
Description	Amount	YTD
Accident Insurance	4.44	48.84
Creditor Garnishment (1502380544)	0.00	168.77
Post Tax Deductions		
	4.44	217.61

Marital Status	Federal		State
	Head of Household	Single or Married (with two or more incomes)	
Allowances	0		1
Additional Withholding	0		0

Attendance Balances			
Description	Accrued	Reduced	Available
PTO	4.609591	0	88.492329

Payment Information				
Bank	Account Name	Account Number	USD Amount	Payment Amount
Wells Fargo			888.99	USD

PO Box 2934
Clinton IA 52733
Phone: (866)855-0230
Fax: (866)855-9550

June 9, 2020

Martin Lugo
135 Hornbeam Ln
Fountain Valley CA 92708-5709

Re: Our Claim Number : 005834-002603-WC-01
Our Client : Sonic Healthcare
Insured By : Arch Indemnity Insurance
Date of Injury : 6/4/2020
Claimant : Lugo, Martin

Dear Martin Lugo:

Your recent Workers' Compensation claim has been accepted for benefits. I have been assigned as the Claims Examiner adjusting your Workers' Compensation claim for the injury. The following is information you should be aware of. I would like to take the time and explain some of the benefits you are entitled to under the Workers' Compensation system.

1. Payments of temporary disability are made every day of a seven day week, while you are unable to work because of your injury. No compensation will be paid to you for the first three days of disability unless you are hospitalized as an inpatient or are disabled for more than 14 days. These disability payments are made every two weeks.
2. We will pay for medical care that is reasonably required to cure or relieve effects from your injury. All medical treatment is subject to Utilization Guidelines or the American College of Occupational and Environmental Medicine guidelines. Your physician must obtain prior authorization for any non-emergency medical treatment or diagnostic services. If you receive any medical bills, please send them to Gallagher Bassett Services, PO Box 2840, Clinton, IA 52733-2840. Any other correspondence or information other than medical bills should be sent to our office at the address on this letterhead. We will reimburse you for your necessary transportation expenses. Mileage incurred on or after 01/01/2020, will be reimbursed at the rate of 57.5 per mile (regardless of the date of injury).
3. You have the right to change treating doctors 30 days after you reported the injury to your employer. If you are included in your employer's Medical Provider Network (MPN), then you may change physicians within the MPN at any time.
4. When an undisputed industrial injury occurs, the Labor Code of the State of California provides for the following benefits when applicable: medical treatment, temporary disability, permanent disability, and supplemental job displacement benefit. The statute of limitations for receiving medical treatment is one year from the date of injury or one year from the date of last furnishing of benefits,

whichever is last. Once a finding of permanent disability has been issued, the statute of limitations for re-opening your claim for new and further permanent disability is five years from the date of injury.

5. Enclosed is a medical release form so that I may obtain a copy of your medical records. Please list all doctors and hospitals that you have treated with, then sign and return the form to the address below. These records will help to expedite your claim. Also, with this request, you are required to inform us of all previous permanent disabilities or physical impairments.
6. Also enclosed is a DWC Form 1, Employee's Claim for Workers' Compensation Benefits. You can disregard this form if it was provided to you by your employer.

We hope you have a speedy recovery and if I can be of further assistance or answer any question you may have, please give me a call.

Sincerely,



Patty Gomez
Senior Resolution Manager
Gallagher Bassett Services, Inc.
PO Box 2934
Clinton IA 52733-2934
Phone: (951) 893-4049
Fax: (866)-260-1124
Patricia_Gomez@qbtpa.com

Encl: Notice of Potential Eligibility/DWC-1
Medical Release Form
Mileage Form

Cc: File

Claimant: **Martin Lugo** Our Claim No: **005834-002603-WC-01**
Please list all doctors and hospitals where you have treated with in the last ten (10) years.

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Once completed, please return to:

Gallagher Bassett Services, Inc.
PO BOX 6900
Corona CA 92878

Injured worker's name /
Nombre de la persona lesionada

Claim number / Número de reclamo

Medical mileage expense form Formulario de gastos de viajes para asuntos médicos

If you have to travel to get treatment for your work injury, you are entitled to re-payment of your travel costs. The mileage rate is 57.5 cents (\$.575) per mile. Mileage for reasonable travel to the pharmacy, parking, bridge tolls, public transportation and other travel-related costs are also included. Complete this form. Attach receipts. Send the original to the insurance company and keep a copy. **Do not** send the original or a copy to the local Workers' Compensation Appeals Board (WCAB) or the information and assistance officer. If your travel costs are not paid within 60 days, contact the information and assistance officer.

Si tiene que viajar para recibir tratamiento por una lesión en el trabajo, usted tiene derecho a recibir un reembolso de 57.5 centavos (\$.575) por milla. Millas por un viaje de distancia razonable a la farmacia, estacionamiento, pago de peajes, transporte público y otros viajes y costos relacionados están también incluidos. Complete este formulario y adjunte los recibos. Envíe la forma original a la compañía de seguros y guarde una copia. **No envíe** el original o la copia a la oficina local de la Junta de Apelaciones de Compensación del Trabajador (WCAB). Si sus gastos de viajes no son pagados dentro de 60 días, llame al representante de información y asistencia.

Date/ Fecha	Traveled from (include address) Viajó desde (Incluya dirección)	Traveled to (include name and address of doctor, hospital, therapist, etc.) Viajó a (incluya nombre y dirección del médico, hospital, terapeuta, etc.)	Round trip mileage/ Millas del viaje entero	Parking/ Estacionamiento	Tolls/ Peajes	
Sample: 1/1/20	Sample: 1515 Maple, San Francisco	Sample: Dr. Sherman, 190 Oak, San Francisco	Sample: 14 mi	Sample: \$2.50	Sample: \$	
California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.		Total miles / Número de millas viajadas en total	0	x \$.575 / mile =	\$ 0.00	
					Total parking/Estacionamiento pagado en total	\$ 0.00
					Total tolls/Peajes pagados en total	\$ 0.00
					Total reimbursement requested/ Reembolso solicitado en total	\$ 0.00
Las Leyes de California establecen que la siguiente declaración aparezca en este formulario: Cualquier persona que a sabiendas presente reclamos falsos o fraudulentos para el pago de una pérdida, es culpable de un delito y podría ser sujeto a multas y encarcelamiento en una prisión estatal.		Signature / Firma				
		Printed name / Imprima su nombre				
		Date / Fecha				

Claim Number: 005834-002603-WC-01

Claimant Name: Martin Lugo

AUTHORIZATION TO RELEASE PERSONAL HEALTH INFORMATION

Parties authorized to release my personal health information:

- List of authorized persons or class of persons on Page 3 of 3.
- _____
- Functions/Class:** All providers of health care, health care service plans, pharmaceutical companies, or contractors that may possess my personal health information.

I, the undersigned, authorize the above named provider(s) to release to: **Gallagher Bassett Services, Inc.**, my employer under whose policy I have made a claim for benefits, and each of their respective authorized agents, brokers, attorneys, doctors, examiners or other classes of people that will evaluate my claim, all personal health information (PHI) as described: medical records, charts, notations, correspondence, reports, photographs, films, and PHI contained within any of the foregoing ("Medical Records"), except as specifically excluded below:

or, only the following records or types of health information and/or only with respect to the specified dates:

Date(s) of Treatment: _____ Type(s) of Treatment: _____

The disclosure of Medical Records authorized under this form is for the following purpose only:

This authorization is effective **immediately** upon my signing below, and **shall remain in effect until such time that my claim is closed.**

This is an informed consent for the release of my Medical Records, and I have a right to receive a copy of this authorization upon request. A photocopy of this signed authorization shall be deemed as valid as an original.

I understand that my Medical Records may be used by other parties necessary to participate in processing my claim. Such re-disclosure may no longer be protected by state or federal confidentiality laws. However, California law prohibits the re-disclosure of medical information without obtaining a new authorization or unless otherwise required by law. If this authorization is for the disclosure of substance abuse information, the recipient may be prohibited from disclosing the information under 42 C.F.R. part 2.

I have asked questions about anything that was not clear to me, and I am satisfied with the answers received.

Claim Number: 005834-002603-WC-01

Claimant Name: Martin Lugo

This authorization is subject to revocation by the undersigned in writing at any time by sending revocation to **Gallagher Bassett Services, Inc.** and to the list of care providers listed on page 1, except to the extent that action has been taken in reliance on this authorization prior to revocation, and if not earlier revoked, this authorization shall terminate on the conclusion of my claim without express revocation. If I revoke this authorization, it will not have any effect on actions taken by all parties in reliance of it before I revoked it.

I am aware that the consequences of my not signing this authorization can include a delay in the processing/resolution of my claim, a potential denial of the claim, or other consequences recognized by applicable state law and /or the insurance policy at issue. The healthcare facility will not condition treatment upon securing a signed authorization.

A specific authorization is required to disclose information regarding the following. If I authorize the release of this information, I will check next to each line, and then sign and date.

<i>check box, sign and date to specify information to be disclosed</i>	<i>Signature</i>	<i>/</i>	<i>Date</i>
<input type="checkbox"/> I consent to the release of any and all psychiatric records:	_____		
<input type="checkbox"/> I consent to the release of any and all drug/alcohol abuse records:	_____		
<input type="checkbox"/> I consent to the release of any and all HIV Lab Test Results:	_____		
<input type="checkbox"/> I consent to the release of any and all Genetic/Fertility records:	_____		

I certify that this medical release authorization was printed in 14-point type when I signed it. I have received a copy of this authorization if I requested one.

Date: _____

SIGNATURE: _____

(name and relationship of party other than patient signing)

Martin Lugo

(Patient Name)

(date of birth)

"The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. 'Genetic information' as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services."

Claim Number: 005834-002603-WC-01

Claimant Name: Martin Lugo

To the Claimant: Please list the **names, addresses and phone numbers** of all doctors, hospitals and chiropractors you have seen within the past 5 years. This should include the name of your family doctor, any visits made to hospitals and clinics (even emergency visits) and the name of any other physicians or chiropractors you have seen. If you can remember the year that you were seen by these individuals, please also list. **Please date and sign the attached authorization to release medical records or information.**

FAMILY DOCTOR-MEDICAL GROUP:

NAME, ADDRESS, PHONE NUMBERS

HOSPITALS AND CLINICS

NAME, ADDRESS, PHONE NUMBERS

1. _____

2. _____

3. _____

CHIROPRACTORS

NAME, ADDRESS PHONE NUMBERS

1. _____

2. _____

3. _____

ANY OTHER PHYSICIANS

NAME, ADDRESS, PHONE NUMBERS

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

GALLAGHER BASSETT

GUIDE. GUARD. GO BEYOND.

PO Box 2934
Clinton IA 52733
Phone: (866)855-0230
Fax: (866)855-9550

June 9, 2020

Martin Lugo
135 Hornbeam Ln
Fountain Valley CA 92708-5709

Re: Our Claim Number : 005834-002603-WC-01
Our Client : Sonic Healthcare
Insured By : Arch Indemnity Insurance
Date of Injury : 6/4/2020
Claimant : Lugo, Martin

Dear Martin Lugo:

Enclosed please find medical release forms for your signature. Please sign and return them to us as soon as possible.

This information will help us to obtain a clearer picture of your medical history and speed provision of benefits to you, if applicable. Failure to return this form may jeopardize your right to obtain Workers' Compensation benefits.

Thank you for your cooperation in this matter.

Sincerely,



Patty Gomez
Senior Resolution Manager
Gallagher Bassett Services, Inc.
PO Box 2934
Clinton IA 52733-2934
Phone: (951) 893-4049
Fax: (866)-260-1124
Patricia_Gomez@qbtpa.com

Encl: Medical Release Forms



Workers' Compensation Claim Form (DWC 1) & Notice of Potential Eligibility Formulario de Reclamo de Compensación de Trabajadores (DWC 1) y Notificación de Posible Elegibilidad

If you are injured or become ill, either physically or mentally, because of your job, including injuries resulting from a workplace crime, you may be entitled to workers' compensation benefits. Use the attached form to file a workers' compensation claim with your employer. **You should read all of the information below.** Keep this sheet and all other papers for your records. You may be eligible for some or all of the benefits listed depending on the nature of your claim. If you file a claim, the claims administrator, who is responsible for handling your claim, must notify you within 14 days whether your claim is accepted or whether additional investigation is needed.

To file a claim, complete the "Employee" section of the form, keep one copy and give the rest to your employer. Do this right away to avoid problems with your claim. In some cases, benefits will not start until you inform your employer about your injury by filing a claim form. Describe your injury completely. Include every part of your body affected by the injury. If you mail the form to your employer, use first-class or certified mail. If you buy a return receipt, you will be able to prove that the claim form was mailed and when it was delivered. Within one working day after you file the claim form, your employer must complete the "Employer" section, give you a dated copy, keep one copy, and send one to the claims administrator.

Medical Care: Your claims administrator will pay for all reasonable and necessary medical care for your work injury or illness. Medical benefits are subject to approval and may include treatment by a doctor, hospital services, physical therapy, lab tests, x-rays, medicines, equipment and travel costs. Your claims administrator will pay the costs of approved medical services directly so you should never see a bill. There are limits on chiropractic, physical therapy, and other occupational therapy visits.

The Primary Treating Physician (PTP) is the doctor with the overall responsibility for treatment of your injury or illness.

- If you previously designated your personal physician or a medical group, you may see your personal physician or the medical group after you are injured.
- If your employer is using a medical provider network (MPN) or Health Care Organization (HCO), in most cases, you will be treated in the MPN or HCO unless you pre-designated your personal physician or a medical group. An MPN is a group of health care providers who provide treatment to workers injured on the job. You should receive information from your employer if you are covered by an HCO or a MPN. Contact your employer for more information.
- If your employer is not using an MPN or HCO, in most cases, the claims administrator can choose the doctor who first treats you unless you pre-designated your personal physician or a medical group.
- If your employer has not put up a poster describing your rights to workers' compensation, you may be able to be treated by your personal physician right after you are injured.

Within one working day after you file a claim form, your employer or the claims administrator must authorize up to \$10,000 in treatment for your injury, consistent with the applicable treating guidelines until the claim is accepted or rejected. If the employer or claims administrator does not authorize treatment right away, talk to your supervisor, someone else in management, or the claims administrator. Ask for treatment to be authorized right now, while waiting for a decision on your claim. If the employer or claims administrator will not authorize treatment, use your own health insurance to get medical care. Your health insurer will seek reimbursement from the claims administrator. If you do not have health insurance, there are doctors, clinics or hospitals that will treat you without immediate payment. They will seek reimbursement from the claims administrator.

Switching to a Different Doctor as Your PTP:

- If you are being treated in a Medical Provider Network (MPN), you may switch to other doctors within the MPN after the first visit.
- If you are being treated in a Health Care Organization (HCO), you may switch at least one time to another doctor within the HCO. You may switch to a doctor outside the HCO 90 or 180 days after your injury is reported to your employer (depending on whether you are covered by employer-provided health insurance).
- If you are not being treated in an MPN or HCO and did not pre-designate, you may switch to a new doctor one time during the first 30 days after your injury is reported to your employer. Contact the claims administrator to switch doctors. After 30 days, you may switch to a doctor of your choice if

Si Ud. se lesiona o se enferma, ya sea físicamente o mentalmente, debido a su trabajo, incluyendo lesiones que resulten de un crimen en el lugar de trabajo, es posible que Ud. tenga derecho a beneficios de compensación de trabajadores. Utilice el formulario adjunto para presentar un reclamo de compensación de trabajadores con su empleador. Ud. debe leer toda la información a continuación. Guarde esta hoja y todos los demás documentos para sus archivos. Es posible que usted reúna los requisitos para todos los beneficios, o parte de éstos, que se enumeran dependiendo de la índole de su reclamo. Si usted presenta un reclamo, el administrador de reclamos, quien es responsable por el manejo de su reclamo, debe notificarle dentro de 14 días si se acepta su reclamo o si se necesita investigación adicional.

Para presentar un reclamo, llene la sección del formulario designada para el "Empleado," guarde una copia, y déle el resto a su empleador. Haga esto de inmediato para evitar problemas con su reclamo. En algunos casos, los beneficios no se iniciarán hasta que usted le informe a su empleador acerca de su lesión mediante la presentación de un formulario de reclamo. Describa su lesión por completo. Incluya cada parte de su cuerpo afectada por la lesión. Si usted le envía por correo el formulario a su empleador, utilice primera clase o correo certificado. Si usted compra un acuse de recibo, usted podrá demostrar que el formulario de reclamo fue enviado por correo y cuando fue entregado. Dentro de un día laboral después de presentar el formulario de reclamo, su empleador debe completar la sección designada para el "Empleador," le dará a Ud. una copia fechada, guardará una copia, y enviará una al administrador de reclamos.

Atención Médica: Su administrador de reclamos pagará por toda la atención médica razonable y necesaria para su lesión o enfermedad relacionada con el trabajo. Los beneficios médicos están sujetos a la aprobación y pueden incluir tratamiento por parte de un médico, los servicios de hospital, la terapia física, los análisis de laboratorio, las medicinas, equipos y gastos de viaje. Su administrador de reclamos pagará directamente los costos de los servicios médicos aprobados de manera que usted nunca verá una factura. Hay límites en terapia quiropráctica, física y otras visitas de terapia ocupacional.

El Médico Primario que le Atiende (Primary Treating Physician- PTP) es el médico con la responsabilidad total para tratar su lesión o enfermedad.

- Si usted designó previamente a su médico personal o a un grupo médico, usted podrá ver a su médico personal o grupo médico después de lesionarse.
- Si su empleador está utilizando una red de proveedores médicos (*Medical Provider Network- MPN*) o una Organización de Cuidado Médico (*Health Care Organization- HCO*), en la mayoría de los casos, usted será tratado en la *MPN* o *HCO* a menos que usted hizo una designación previa de su médico personal o grupo médico. Una *MPN* es un grupo de proveedores de asistencia médica quien da tratamiento a los trabajadores lesionados en el trabajo. Usted debe recibir información de su empleador si su tratamiento es cubierto por una *HCO* o una *MPN*. Hable con su empleador para más información.
- Si su empleador no está utilizando una *MPN* o *HCO*, en la mayoría de los casos, el administrador de reclamos puede elegir el médico que lo atiende primero a menos de que usted hizo una designación previa de su médico personal o grupo médico.
- Si su empleador no ha colocado un cartel describiendo sus derechos para la compensación de trabajadores, Ud. puede ser tratado por su médico personal inmediatamente después de lesionarse.

Dentro de un día laboral después de que Ud. Presente un formulario de reclamo, su empleador o el administrador de reclamos debe autorizar hasta \$10000 en tratamiento para su lesión, de acuerdo con las pautas de tratamiento aplicables, hasta que el reclamo sea aceptado o rechazado. Si el empleador o administrador de reclamos no autoriza el tratamiento de inmediato, hable con su supervisor, alguien más en la gerencia, o con el administrador de reclamos. Pida que el tratamiento sea autorizado ya mismo, mientras espera una decisión sobre su reclamo. Si el empleador o administrador de reclamos no autoriza el tratamiento, utilice su propio seguro médico para recibir atención médica. Su compañía de seguro médico buscará reembolso del administrador de reclamos. Si usted no tiene seguro médico, hay médicos, clínicas u hospitales que lo tratarán sin pago inmediato. Ellos buscarán reembolso del administrador de reclamos.

Cambiando a otro Médico Primario o PTP:

- Si usted está recibiendo tratamiento en una Red de Proveedores Médicos

your employer or the claims administrator has not created or selected an MPN.

Disclosure of Medical Records: After you make a claim for workers' compensation benefits, your medical records will not have the same level of privacy that you usually expect. If you don't agree to voluntarily release medical records, a workers' compensation judge may decide what records will be released. If you request privacy, the judge may "seal" (keep private) certain medical records.

Problems with Medical Care and Medical Reports: At some point during your claim, you might disagree with your PTP about what treatment is necessary. If this happens, you can switch to other doctors as described above. If you cannot reach agreement with another doctor, the steps to take depend on whether you are receiving care in an MPN, HCO, or neither. For more information, see "Learn More About Workers' Compensation," below.

If the claims administrator denies treatment recommended by your PTP, you may request independent medical review (IMR) using the request form included with the claims administrator's written decision to deny treatment. The IMR process is similar to the group health IMR process, and takes approximately 40 (or fewer) days to arrive at a determination so that appropriate treatment can be given. Your attorney or your physician may assist you in the IMR process. IMR is not available to resolve disputes over matters other than the medical necessity of a particular treatment requested by your physician.

If you disagree with your PTP on matters other than treatment, such as the cause of your injury or how severe the injury is, you can switch to other doctors as described above. If you cannot reach agreement with another doctor, notify the claims administrator in writing as soon as possible. In some cases, you risk losing the right to challenge your PTP's opinion unless you do this promptly. If you do not have an attorney, the claims administrator must send you instructions on how to be seen by a doctor called a qualified medical evaluator (QME) to help resolve the dispute. If you have an attorney, the claims administrator may try to reach agreement with your attorney on a doctor called an agreed medical evaluator (AME). If the claims administrator disagrees with your PTP on matters other than treatment, the claims administrator can require you to be seen by a QME or AME.

Payment for Temporary Disability (Lost Wages): If you can't work while you are recovering from a job injury or illness, you may receive temporary disability payments for a limited period. These payments may change or stop when your doctor says you are able to return to work. These benefits are tax-free. Temporary disability payments are two-thirds of your average weekly pay, within minimums and maximums set by state law. Payments are not made for the first three days you are off the job unless you are hospitalized overnight or cannot work for more than 14 days.

Stay at Work or Return to Work: Being injured does not mean you must stop working. If you can continue working, you should. If not, it is important to go back to work with your current employer as soon as you are medically able. Studies show that the longer you are off work, the harder it is to get back to your original job and wages. While you are recovering, your PTP, your employer (supervisors or others in management), the claims administrator, and your attorney (if you have one) will work with you to decide how you will stay at work or return to work and what work you will do. Actively communicate with your PTP, your employer, and the claims administrator about the work you did before you were injured, your medical condition and the kinds of work you can do now, and the kinds of work that your employer could make available to you.

Payment for Permanent Disability: If a doctor says you have not recovered completely from your injury and you will always be limited in the work you can do, you may receive additional payments. The amount will depend on the type of injury, extent of impairment, your age, occupation, date of injury, and your wages before you were injured.

Supplemental Job Displacement Benefit (SJDB): If you were injured on or after 1/1/04, and your injury results in a permanent disability and your employer does not offer regular, modified, or alternative work, you may qualify for a nontransferable voucher payable for retraining and/or skill enhancement. If you qualify, the claims administrator will pay the costs up to the maximum set by state law.

Death Benefits: If the injury or illness causes death, payments may be made to a

(Medical Provider Network- MPN), usted puede cambiar a otros médicos dentro de la MPN después de la primera visita.

- Si usted está recibiendo tratamiento en un Organización de Cuidado Médico (Healthcare Organization- HCO), es posible cambiar al menos una vez a otro médico dentro de la HCO. Usted puede cambiar a un médico fuera de la HCO 90 o 180 días después de que su lesión es reportada a su empleador (dependiendo de si usted está cubierto por un seguro médico proporcionado por su empleador).
- Si usted no está recibiendo tratamiento en una MPN o HCO y no hizo una designación previa, usted puede cambiar a un nuevo médico una vez durante los primeros 30 días después de que su lesión es reportada a su empleador. Póngase en contacto con el administrador de reclamos para cambiar de médico. Después de 30 días, puede cambiar a un médico de su elección si su empleador o el administrador de reclamos no ha creado o seleccionado una MPN.

Divulgación de Expedientes Médicos: Después de que Ud. presente un reclamo para beneficios de compensación de trabajadores, sus expedientes médicos no tendrán el mismo nivel de privacidad que usted normalmente espera. Si Ud. no está de acuerdo en divulgar voluntariamente los expedientes médicos, un juez de compensación de trabajadores posiblemente decida qué expedientes serán revelados. Si usted solicita privacidad, es posible que el juez "selle" (mantenga privados) ciertos expedientes médicos.

Problemas con la Atención Médica v. los Informes Médicos: En algún momento durante su reclamo, podría estar en desacuerdo con su PTP sobre qué tratamiento es necesario. Si esto sucede, usted puede cambiar a otros médicos como se describe anteriormente. Si no puede llegar a un acuerdo con otro médico, los pasos a seguir dependen de si usted está recibiendo atención en una MPN, HCO o ninguna de las dos. Para más información, consulte la sección "Aprenda Más Sobre la Compensación de Trabajadores," a continuación.

Si el administrador de reclamos niega el tratamiento recomendado por su PTP, puede solicitar una revisión médica independiente (*Independent Medical Review-IMR*), utilizando el formulario de solicitud que se incluye con la decisión por escrito del administrador de reclamos negando el tratamiento. El proceso de la IMR es parecido al proceso de la IMR de un seguro médico colectivo, y tarda aproximadamente 40 (o menos) días para llegar a una determinación de manera que se pueda dar un tratamiento apropiado. Su abogado o su médico le pueden ayudar en el proceso de la IMR. La IMR no está disponible para resolver disputas sobre cuestiones aparte de la necesidad médica de un tratamiento particular solicitado por su médico.

Si no está de acuerdo con su PTP en cuestiones aparte del tratamiento, como la causa de su lesión o la gravedad de la lesión, usted puede cambiar a otros médicos como se describe anteriormente. Si no puede llegar a un acuerdo con otro médico, notifique al administrador de reclamos por escrito tan pronto como sea posible. En algunos casos, usted arriesga perder el derecho a objetar a la opinión de su PTP a menos que hace esto de inmediato. Si usted no tiene un abogado, el administrador de reclamos debe enviarle instrucciones para ser evaluado por un médico llamado un evaluador médico calificado (*Qualified Medical Evaluator-QME*) para ayudar a resolver la disputa. Si usted tiene un abogado, el administrador de reclamos puede tratar de llegar a un acuerdo con su abogado sobre un médico llamado un evaluador médico acordado (*Agreed Medical Evaluator- AME*). Si el administrador de reclamos no está de acuerdo con su PTP sobre asuntos aparte del tratamiento, el administrador de reclamos puede exigirle que sea atendido por un QME o AME.

Pago por Incapacidad Temporal (Sueldos Perdidos): Si Ud. no puede trabajar, mientras se está recuperando de una lesión o enfermedad relacionada con el trabajo, Ud. puede recibir pagos por incapacidad temporal por un periodo limitado. Estos pagos pueden cambiar o parar cuando su médico diga que Ud. está en condiciones de regresar a trabajar. Estos beneficios son libres de impuestos. Los pagos por incapacidad temporal son dos tercios de su pago semanal promedio, con cantidades mínimas y máximas establecidas por las leyes estatales. Los pagos no se hacen durante los primeros tres días en que Ud. no trabaje, a menos que Ud. sea hospitalizado una noche o no puede trabajar durante más de 14 días.

Permanezca en el Trabajo o Regreso al Trabajo: Estar lesionado no significa que usted debe dejar de trabajar. Si usted puede seguir trabajando, usted debe hacerlo. Si no es así, es importante regresar a trabajar con su empleador actual tan

spouse and other relatives or household members who were financially dependent on the deceased worker.

It is illegal for your employer to punish or fire you for having a job injury or illness, for filing a claim, or testifying in another person's workers' compensation case (Labor Code 132a). If proven, you may receive lost wages, job reinstatement, increased benefits, and costs and expenses up to limits set by the state.

Resolving Problems or Disputes: You have the right to disagree with decisions affecting your claim. If you have a disagreement, contact your employer or claims administrator first to see if you can resolve it. If you are not receiving benefits, you may be able to get State Disability Insurance (SDI) or unemployment insurance (UI) benefits. Call the state Employment Development Department at (800) 480-3287 or (866) 333-4606, or go to their website at www.edd.ca.gov.

You Can Contact an Information & Assistance (I&A) Officer: State I&A officers answer questions, help injured workers, provide forms, and help resolve problems. Some I&A officers hold workshops for injured workers. To obtain important information about the workers' compensation claims process and your rights and obligations, go to www.dwc.ca.gov or contact an I&A officer of the state Division of Workers' Compensation. You can also hear recorded information and a list of local I&A offices by calling (800) 736-7401.

You can consult with an attorney. Most attorneys offer one free consultation. If you decide to hire an attorney, his or her fee will be taken out of some of your benefits. For names of workers' compensation attorneys, call the State Bar of California at (415) 538-2120 or go to their website at www.californiaspecialist.org.

Learn More About Workers' Compensation: For more information about the workers' compensation claims process, go to www.dwc.ca.gov. At the website, you can access a useful booklet, "Workers' Compensation in California: A Guidebook for Injured Workers." You can also contact an Information & Assistance Officer (above), or hear recorded information by calling 1-800-736-7401.

pronto como usted pueda medicamente hacerlo. Los estudios demuestran que entre más tiempo esté fuera del trabajo, más difícil es regresar a su trabajo original y a sus salarios. Mientras se está recuperando, su *PTP*, su empleador (supervisores u otras personas en la gerencia), el administrador de reclamos, y su abogado (si tiene uno) trabajarán con usted para decidir cómo va a permanecer en el trabajo o regresar al trabajo y qué trabajo hará. Comuníquese de manera activa con su *PTP*, su empleador y el administrador de reclamos sobre el trabajo que hizo antes de lesionarse, su condición médica y los tipos de trabajo que usted puede hacer ahora y los tipos de trabajo que su empleador podría poner a su disposición.

Pago por Incapacidad Permanente: Si un médico dice que no se ha recuperado completamente de su lesión y siempre será limitado en el trabajo que puede hacer, es posible que Ud. reciba pagos adicionales. La cantidad dependerá de la clase de lesión, grado de deterioro, su edad, ocupación, fecha de la lesión y sus salarios antes de lesionarse.

Beneficio Suplementario por Desplazamiento de Trabajo (Supplemental Job Displacement Benefit- SJDB): Si Ud. se lesionó en o después del 1/1/04, y su lesión resulta en una incapacidad permanente y su empleador no ofrece un trabajo regular, modificado, o alternativo, usted podría cumplir los requisitos para recibir un vale no-transferible pagadero a una escuela para recibir un nuevo curso de reentrenamiento y/o mejorar su habilidad. Si Ud. cumple los requisitos, el administrador de reclamos pagará los gastos hasta un máximo establecido por las leyes estatales.

Beneficios por Muerte: Si la lesión o enfermedad causa la muerte, es posible que los pagos se hagan a un cónyuge y otros parientes o a las personas que viven en el hogar que dependían económicamente del trabajador difunto.

Es ilegal que su empleador le castigue o despida por sufrir una lesión o enfermedad laboral, por presentar un reclamo o por testificar en el caso de compensación de trabajadores de otra persona. (Código Laboral, sección 132a.) De ser probado, usted puede recibir pagos por pérdida de sueldos, reposición del trabajo, aumento de beneficios y gastos hasta los límites establecidos por el estado.

Resolviendo problemas o disputas: Ud. tiene derecho a no estar de acuerdo con las decisiones que afecten su reclamo. Si Ud. tiene un desacuerdo, primero comuníquese con su empleador o administrador de reclamos para ver si usted puede resolverlo. Si usted no está recibiendo beneficios, es posible que Ud. pueda obtener beneficios del Seguro Estatal de Incapacidad (*State Disability Insurance-SDI*) o beneficios del desempleo (*Unemployment Insurance-UI*). Llame al Departamento del Desarrollo del Empleo estatal al (800) 480-3287 o (866) 333-4606, o visite su página Web en www.edd.ca.gov.

Puede Contactar a un Oficial de Información y Asistencia (Information & Assistance- I&A): Los Oficiales de Información y Asistencia (*I&A*) estatal contestan preguntas, ayudan a los trabajadores lesionados, proporcionan formularios y ayudan a resolver problemas. Algunos oficiales de *I&A* tienen talleres para trabajadores lesionados. Para obtener información importante sobre el proceso de la compensación de trabajadores y sus derechos y obligaciones, vaya a www.dwc.ca.gov o comuníquese con un oficial de información y asistencia de la División Estatal de Compensación de Trabajadores. También puede escuchar información grabada y una lista de las oficinas de *I&A* locales llamando al (800) 736-7401.

Ud. puede consultar con un abogado. La mayoría de los abogados ofrecen una consulta gratis. Si Ud. decide contratar a un abogado, los honorarios serán tomados de algunos de sus beneficios. Para obtener nombres de abogados de compensación de trabajadores, llame a la Asociación Estatal de Abogados de California (*State Bar*) al (415) 538-2120, o consulte su página Web en www.californiaspecialist.org.

Aprenda Más Sobre la Compensación de Trabajadores: Para obtener más información sobre el proceso de reclamos del programa de compensación de trabajadores, vaya a www.dwc.ca.gov. En la página Web, podrá acceder a un folleto útil, "Compensación del Trabajador de California: Una Guía para Trabajadores Lesionados." También puede contactar a un oficial de Información y Asistencia (arriba), o escuchar información grabada llamando al 1-800-736-7401.



Gallagher Bassett Services, Inc.

September 2, 2020

MERCURY INSURANCE
PO BOX 10730
SANTA ANA, CA 92711

Re: Our Claim Number : 005834-002603-WC-01
 Our Client : Sonic Healthcare
 Insured By : Arch Indemnity Insurance
 Date of Injury : 6/4/2020
 Claimant : Lugo, Martin
 Your Insured : Martin Martinez
 Your Policy # : 040102100420001
 Your claim # : CAPA-01429423
 Adjuster : JOHNNY GALLEGOS
 Phone : 888-263-7287 X. 285047

Dear MERCURY INSURANCE:

We previously informed you that we would be seeking reimbursement of all expenses paid to or on behalf of **Sonic Healthcare**. as a result of the accident of **6/4/2020**. As of this date, we have paid a total of **\$697.65**.. Enclosed is a payment summary.

CHOOSE ONLY ONE OF THE FOLLOWING:

- This notice represents our final lien. Please contact us to make payment arrangements.
- We are continuing to make payments on this claim and will contact you when we establish our final lien.

Thank you for your cooperation.

Timothy White
Senior Resolution Manager
Gallagher Bassett Services, Inc.
PO Box 2934
Clinton IA 52733-2934
Phone: (951) 893-4043
Fax: (866)616-1093
Timothy.White@gbtpa.com

Enclosures: Printout of all paid
police report

PO BOX 6900
Corona Ca 92878
951-893-4003

MIQ32R01

LIST CLAIM PAYMENTS - SUMMARY

02-Sep-2020

PAGE: 1

CLIENT: 005834 SONIC HEALTHCARE

LP CP

NAME: LUGO

MARTIN

005834 002603 WC 01 01 002

NET PTD: \$

808.14

SITE CODE

: WPML

WESTERN PACIFIC MEDICAL LABOR

NO Payment Found In Active, Hold, Pending, Banking, Issued, or Cleared Status



GALLAGHER BASSETT

GUIDE. GUARD. GO BEYOND.

September 21, 2020

Martin Lugo
135 Horn Beman
Fountain Valley, CA 92708

Our Claim No: 005834-002603-WC-01
Our Client: Sonic Healthcare
Date of Accident: 6/4/2019
Injured worker: Martin Lugo
Mercury claim No: CAPA-01429423

Mr. Lugo:

As you are aware, Gallagher Bassett is authorized to administer the Workers' Compensation Program for our client mentioned above. Your workers compensation is no longer paying benefits and is open for subrogation only. The purpose of this letter is to notify you of the referral made to the subrogation team for the above mentioned accident. Please be advised that Gallagher Bassett has a subrogation interest in recovering benefits that has or may be required to spend in discharging our client's obligations under the provisions of the CA workers compensation statute against any responsible third party.

Please note that Gallagher Bassett is seeking reimbursement of benefits paid only and this does not include nor affect your ability to pursue the insurer for compensation for pain and suffering nor any out of pocket expenses directly. Please contact my office if you have any questions. If you have an attorney please provide them with this letter for their follow-up. I may be contacted at (636) 922-7909 or by email Sabrina_Dent@gbtpa.com or in writing: Gallagher Bassett Services, Inc. PO Box 2934, Clinton, IA 52733. I hope that you are feeling better and fully recovered. Thank you for your attention to this matter.

Sincerely,

Sabrina Dent
Senior Claims Resolution Manager

PO Box 2934 | Clinton, IA 52733-2934 | D: 636-922-7909 | F: 636-447-2921 | E: Sabrina_Dent@gbtpa.com



GALLAGHER BASSETT

GUIDE. GUARD. GO BEYOND.

September 21, 2020

MERCURY INSURANCE
JOHNNY GALLEGOS
PO BOX 10730
SANTA ANA, CA 92711
Cert#70191640000114699967

Your claim number: CAPA-01429423
Our Claim No: 005834-002603-WC-01
Our Client: Sonic Healthcare
Date of Accident: 6/4/2019
Injured worker: Martin Lugo

Ms. Gallegos,

Gallagher Bassett is authorized to administer the Workers' Compensation Program for the above named client. Please be advised that the subrogation aspect of the claim has been reassigned to my desk and I will be your point of contact going forward. We continue to assert our subrogation interest in recovering benefits that has or may be required to spend in discharging our client's obligations under the provisions of the CA workers compensation statute. The workers' compensation claim is no longer paying benefits and is final having paid the following:

Medical: \$ 697.65

For your convenience, I have enclosed a payment ledger to follow-up on the letter sent by the workers compensation resolution manager dated 9/2/20. If you have any questions please contact my office to discuss. Please remit a check in the amount of \$697.65 made payable to Gallagher Bassett as subrogee of Sonic Healthcare and mail to my mailing address provided. I may be contacted at (636) 922-7909 or by email Sabrina_Dent@gbtpa.com. Please send any correspondence to Gallagher Bassett Services, Inc. PO Box 2934, Clinton, IA 52733. Thank you.

Sincerely,

Sabrina Dent
Senior Claims Resolution Manager

PO Box 2934 | Clinton, IA 52733-2934 | D: 636-922-7909 | F: 636-447-2921 | E: Sabrina_Dent@gbtpa.com



GALLAGHER BASSETT

GUIDE. GUARD. GO BEYOND.

Enclosure

PO Box 2934 | Clinton, IA 52733-2934 | D: 636-922-7909 | F: 636-447-2921 | E: Sabrina_Dent@gbtpa.com

MIQ32R01

LIST CLAIM PAYMENTS

21-Sep-2020

PAGE: 1

CLIENT: 005834 SONIC HEALTHCARE

LP CP

NAME: LUGO

MARTIN

005834 002603 WC 01 01 002

NET PTD: \$ 808.14

SITE CODE : WPML

WESTERN PACIFIC MEDICAL LABOR

ST-TY	PAY CTRL #	CHECK #	DATE	AMOUNT	PAYEE NAME
* PAY CODE	* CHECK MESSAGE				* DATES OF SERVICE
VO-CP	0000037303		24Aug20	646.93-	HOAG MEMORIAL HOSPITAL PR
* MED 001	* 00GB0037180411	DOS:06/04/20-06/04/20	835	*	04Jun20 TO 04Jun20
CR-CP	0000036553	0164030204	28Jun20	440.71	OCCUPATIONAL HEALTH CENTE
* MED 001	* 00GB0001233975	DOS:06/05/20-06/05/20	942	*	05Jun20 TO 05Jun20
CR-CP	0000036290	0163744920	16Jun20	256.94	MEDRISK INC
* MED 003	* OMR1M201681644	DOS:06/05/20-06/05/20		*	05Jun20 TO 05Jun20

STATUS: IS-ISSUED	PE-PENDING	VO-VOIDED	SP-STOPPAY	AV-ADJVOID
CR-CLEARED	HO-HOLD	BK-BANKING	SA-STOPAGED	MV-MOVEVOID
HP-PREFUND HOLD				

TYPE: CP-COMPUTER	RP-REPETITIVE	SM-STATISTICAL	MOVED	MC-MANAGED CARE FEE
FP-FIELD PAY	ST-STATISTICAL	CV-CONVERTED		

NOTE: Recoveries are not included.

MIQ32R01

LIST CLAIM PAYMENTS - SUMMARY

21-Sep-2020

PAGE: 2

CLIENT: 005834 SONIC HEALTHCARE

LP CP

NAME: LUGO

MARTIN

005834 002603 WC 01 01 002

SITE CODE : WPML

NET PTD: \$

808.14

WESTERN PACIFIC MEDICAL LABOR

MEDICAL

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$           440.71    001 TREATING PHYSICIAN
$           256.94    003 PHYSIOTHERAPY
=====
$           697.65    TOTAL MEDICAL  PAYMENTS

```



GALLAGHER BASSETT

GUIDE. GUARD. GO BEYOND.

September 21, 2020

CERTIFIED MAIL: 7019 1640 0001 2333 0721

Martin Lugo
135 Horn Beman
Fountain Valley, CA 92708

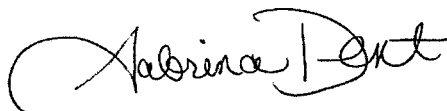
Our Claim No: 005834-002603-WC-01
Our Client: Sonic Healthcare
Date of Accident: 6/4/2019
Injured worker: Martin Lugo
Mercury claim No: CAPA-01429423

Mr. Lugo:

As you are aware, Gallagher Bassett is authorized to administer the Workers' Compensation Program for our client mentioned above. Your workers compensation is no longer paying benefits and is open for subrogation only. The purpose of this letter is to notify you of the referral made to the subrogation team for the above mentioned accident. Please be advised that Gallagher Bassett has a subrogation interest in recovering benefits that has or may be required to spend in discharging our client's obligations under the provisions of the CA workers compensation statute against any responsible third party.


Please note that Gallagher Bassett is seeking reimbursement of benefits paid only and this does not include nor affect your ability to pursue the insurer for compensation for pain and suffering nor any out of pocket expenses directly. Please contact my office if you have any questions. If you have an attorney please provide them with this letter for their follow-up. I may be contacted at (636) 922-7909 or by email Sabrina_Dent@gbtpa.com or in writing: Gallagher Bassett Services, Inc. PO Box 2934, Clinton, IA 52733. I hope that you are feeling better and fully recovered. Thank you for your attention to this matter.

Sincerely,



Sabrina Dent
Senior Claims Resolution Manager

PO Box 2934 | Clinton, IA 52733-2934 | D: 636-922-7909 | F: 636-447-2921 | E: Sabrina_Dent@gbtpa.com

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X</p>																
<p>1. Article Addressed to:</p> <p style="text-align: center;">Martin Lugo 135 Horn Beman Fountain Valley, CA 92708</p>  <p style="text-align: center;">9590 9402 5921 0049 8793 67</p>	<p>B. Received by (<i>Printed Name</i>)</p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p style="text-align: center; font-family: cursive;">005834-002603-WC-01 Martin Lugo</p>																
<p>2. Article Number (<i>Transfer from service label</i>)</p> <p style="text-align: center;">7019 1640 0001 2333 0721</p>	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input checked="" type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" type="checkbox"/> Return Receipt for Merchandise																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery																	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>	<p style="text-align: right;">Domestic Return Receipt</p>																

GB IA Recv 2020100301474

USPS TRACKING#



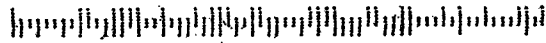
First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

9590 9402 5921 0049 8793 67

United States
Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box•

Gallagher Bassett Services
PO Box 2934
Clinton, IA 52733-2934



GB IA Recv 2020100301474



GALLAGHER BASSETT
GUIDE. GUARD. GO BEYOND.

October 23, 2020

MERCURY INSURANCE
JOHNNY GALLEGOS
PO BOX 10730
SANTA ANA, CA 92711

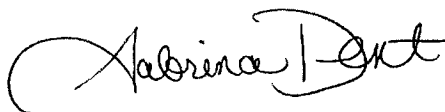
Your claim number: CAPA-01429423
Our Claim No: 005834-002603-WC-01
Our Client: Sonic Healthcare
Date of Accident: 6/4/2019
Injured worker: Martin Lugo

Adjuster,

Gallagher Bassett is authorized to administer the Workers' Compensation Program for the above named client. We continue to assert our subrogation interest in recovering benefits that has or may be required to spend in discharging our client's obligations under the provisions of the CA workers compensation statute. The workers' compensation claim has paid residual bills and I have an increased amount of benefits paid:
Medical: \$ 5126.42

I have enclosed a payment ledger. If you have any questions please contact my office to discuss. Please remit a check in the amount of \$5126.42 made payable to Gallagher Bassett as subrogee of Sonic Healthcare and mail to my mailing address provided. I may be contacted at (636) 922-7909 or by email Sabrina_Dent@gbtpa.com. Please send any correspondence to Gallagher Bassett Services, Inc. PO Box 2934, Clinton, IA 52733. Thank you.

Sincerely,



Sabrina Dent
Senior Claims Resolution Manager

Enclosure

PO Box 2934 | Clinton, IA 52733-2934 | D: 636-922-7909 | F: 636-447-2921 | E: Sabrina_Dent@gbtpa.com

MIQ32R01

LIST CLAIM PAYMENTS

23-Oct-2020

PAGE: 1

CLIENT: 005834 SONIC HEALTHCARE

LP CP

NAME: LUGO

MARTIN

005834 002603 WC 01 01 002

SITE CODE : WPLM

NET PTD: \$ 5,236.91

WESTERN PACIFIC MEDICAL LABOR

ST-TY	PAY CTRL #	CHECK #	DATE	AMOUNT	PAYEE NAME
* PAY CODE	* CHECK MESSAGE				* DATES OF SERVICE
IS-CP	0000037796	0166083142	07Oct20	4428.77	HOAG MEMORIAL HOSPITAL PR
* MED 001	* 00GB1936802067	DOS:06/04/20	TO 06/04/20		* 04Jun20 TO 04Jun20
VO-CP	0000037303		24Aug20	646.93-	HOAG MEMORIAL HOSPITAL PR
* MED 001	* 00GB0037180411	DOS:06/04/20-06/04/20	835		* 04Jun20 TO 04Jun20
CR-CP	0000036553	0164030204	28Jun20	440.71	OCCUPATIONAL HEALTH CENTE
* MED 001	* 00GB0001233975	DOS:06/05/20-06/05/20	942		* 05Jun20 TO 05Jun20
CR-CP	0000036290	0163744920	16Jun20	256.94	MEDRISK INC
* MED 003	* OMR1M201681644	DOS:06/05/20-06/05/20			* 05Jun20 TO 05Jun20

STATUS: IS-ISSUED	PE-PENDING	VO-VOIDED	SP-STOPPAY	AV-ADJVOID
CR-CLEARED	HO-HOLD	BK-BANKING	SA-STOPAGED	MV-MOVEVOID
HP-PREFUND	HOLD			

TYPE: CP-COMPUTER	RP-REPETITIVE	SM-STATISTICAL	MOVED	MC-MANAGED CARE FEE
FP-FIELD PAY	ST-STATISTICAL	CV-CONVERTED		

NOTE: Recoveries are not included.

MIQ32R01

LIST CLAIM PAYMENTS - SUMMARY

23-Oct-2020

PAGE: 2

CLIENT: 005834 SONIC HEALTHCARE

LP CP

NAME: LUGO

MARTIN

005834 002603 WC 01 01 002

SITE CODE : WPML

NET PTD: \$ 5,236.91

WESTERN PACIFIC MEDICAL LABOR

MEDICAL

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$          4,869.48    001 TREATING PHYSICIAN
$          256.94    003 PHYSIOTHERAPY
=====
$          5,126.42    TOTAL MEDICAL  PAYMENTS

```

20308609



Mail To GALLAGHER BASSETT
PO BOX 2934
Clinton, IA 52733

INSURED: KENDRA CLARK
CLAIMANT: MARTIN LUGO
PAYEE: GALLAGHER BASSETT

COMMENTS: CLAIM 005834-002603-2C-01

MEMO: For payment resulting from your BODILY INJURY claim of 06/04/2020

CLAIM NUMBER: CAPA-01429423
PAYMENT TYPE: Indemnity
INVOICE/FILE NUMBER:
ISSUED BY: Johnny Gallegos
REPRESENTATIVE: Johnny Gallegos

20308609		Mercury Casualty Company		PAYMENT TYPE: Indemnity POLICY NO: 040103100426001 CLAIM NO: CAPA-01429423 DATE OF LOSS: June 4, 2020 INSURED: KENDRA CLARK		5502145828 70-2328/0710
						December 3, 2020
PAY	FIVE THOUSAND ONE HUNDRED TWENTY SIX AND 42/100 DOLLARS				\$5,126.42 (NOT VALID AFTER 6 MONTHS)	
TO THE ORDER OF	GALLAGHER BASSETT				 SIGNATURE	
Bank of America, Commercial Disbursement Account, Northbrook, IL						

From: Sabrina_Dent@gbtpa.com
To: GB-LiabHub-Tasks@gbtpa.com
Subject: print and mail / Martin Lugo / 005834-002603-WC-01
Received Date: 10/23/2020 3:51:59 PM

Please attach as a 008

Thank you.

Sabrina Dent | Senior Resolution Manager - Subrogation |Gallagher Bassett

Reporting Branch: St. Peters (030) | Office Location: St. Louis, MO

Mailing Address: PO Box 2934, Clinton, IA 52733-2934

D: 636-922-7909 |T: 866-889-1218 x7909 | F: 636-447-2921

E: Sabrina_Dent@gbtpa.com

Alternate point of contact: David Katz @ (636) 922-7984 or
David_katz@gbtpa.com

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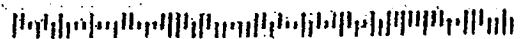


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RECOVERY VOUCHER

22Dec20

Branch #: 170 Voucher #: 1267688 Claim Number: 005834-002603-WC-01
 LP/CP: 01 002 Client Name: SONIC HEALTHCARE
 Recovery Amount: 5,126.42 Location: WPML
 Claimant Name: LUGO MARTIN

Recovery Check Issued By: MERCURY INSURANCE
 Recovery Check Date: 03Dec20 Recovery Check Number: 5502145828
 Recovery Source: Subro Other

Recovery Breakdown Amounts:

	INDEMNITY	MEDICAL	REHABIL	EXPENSE
Recov Amt:	.00	5126.42	.00	.00
GST Amt:	.00	.00	.00	.00

Recovery Reason: SUBRO

Entry Date: 22Dec20 Benefit State: CA Accident Date: 04Jun20
 Optional Codes: 1. 2. 3. 4.

ATTACH CHECK HERE:

Prepared By: _____ Date: _____
 MEGHA TEMURDE