Fill in this inf	ormation to identify the case:	
Debtor	IEH Auto Parts Holding LLC	
United States Ba	ankruptcy Court for the: Southern	District of Texas(State)
Case number	23-90054	

# Official Form 410

Proof of Claim 04/22

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

**Filers must leave out or redact** information that is entitled to privacy on this form or on any attached documents. Attach redacted copies or any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. **Do not send original documents;** they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

P	art 1: Identify the Clair	n	
1.	Who is the current creditor?	Adrienne Green  Name of the current creditor (the person or entity to be paid for this claim  Other names the creditor used with the debtor	
2.	Has this claim been acquired from someone else?	No Yes. From whom?	
3.	Where should notices and payments to the creditor be sent?  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent?  Adrienne Green 1104 Sandy Stone Rd, Apt L Essex, MD 21221  Contact phone 410-776-4405 Contact email adriennegreene28@yahoo.com  Uniform claim identifier for electronic payments in chapter 13 (if you use of the creditor be sent?	Where should payments to the creditor be sent? (if different)  Kandel and Associates, P.A.  1001 N. Calvert Street  Baltimore, MD 21202, United States  Contact phone  Contact phone  Contact email  A10- 837-0646  kandelpa@erols.com
4.	Does this claim amend one already filed?	<ul><li>✓ No</li><li>✓ Yes. Claim number on court claims registry (if known) _</li></ul>	Filed on
5.	Do you know if anyone else has filed a proof of claim for this claim?	No Yes. Who made the earlier filing?	

Official Form 410 Proof of Claim

Part 2:	Give Information About the Claim as of the Date the Case Was Filed

6.	Do you have any number you use to identify the	☑ No							
	debtor?	Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor:							
7.	How much is the claim?	\$ 40,000.00 Does this amount include interest or other charges?							
		□ No							
		Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).							
8.		Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.							
	claim?	Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).							
		Limit disclosing information that is entitled to privacy, such as health care information.							
		Personal Injury, Deductible and Car Rental							
9.	Is all or part of the claim	☑ No							
	secured?	Yes. The claim is secured by a lien on property.							
		Nature or property:							
		<u> </u>							
		Real estate: If the claim is secured by the debtor's principle residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i> .							
		Motor vehicle							
		Other. Describe:							
		Guldi. Bescribe.							
		Basis for perfection:  Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)							
		Value of property: \$							
		Amount of the claim that is secured: \$							
		Amount of the claim that is unsecured: \$(The sum of the secured and unsecured amount should match the amount in line 7.)							
		Amount necessary to cure any default as of the date of the petition: \$							
		Annual Interest Rate (when case was filed)%							
		Fixed							
		Variable							
10.	. Is this claim based on a	☑ No							
	lease?	Yes. Amount necessary to cure any default as of the date of the petition.							
11.	. Is this claim subject to a	<b>☑</b> No							
	right of setoff?	Yes. Identify the property:							
		1 cost rectifiery the property.							

Official Form 410 Proof of Claim

12. Is all or part of the claim	<b>☑</b> No		
entitled to priority under 11 U.S.C. § 507(a)?	Yes. Chec	ck all that apply:	Amount entitled to priority
A claim may be partly priority and partly	— ☐ Dome	estic support obligations (including alimony and child support) under S.C. § 507(a)(1)(A) or (a)(1)(B).	¢
nonpriority. For example, in some categories, the law limits the amount		\$3,350* of deposits toward purchase, lease, or rental of property rvices for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$
entitled to priority.	days	es, salaries, or commissions (up to \$15,150*) earned within 180 before the bankruptcy petition is filed or the debtor's business ends, never is earlier. 11 U.S.C. § 507(a)(4).	\$
	☐ Taxes	s or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$
	Contr	ributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$
	☐ Other	r. Specify subsection of 11 U.S.C. § 507(a)() that applies.	\$
	* Amounts	are subject to adjustment on 4/01/25 and every 3 years after that for cases begun	on or after the date of adjustment.
13. Is all or part of the claim pursuant to 11 U.S.C. § 503(b)(9)?	days befo	ate the amount of your claim arising from the value of any goods recore the date of commencement of the above case, in which the goods ry course of such Debtor's business. Attach documentation supporting	have been sold to the Debtor in
Part 3: Sign Below			
The person completing this proof of claim must sign and date it. FRBP 9011(b).  If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.  A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both.  18 U.S.C. §§ 152, 157, and 3571.	I am the trus I am a guara I understand that the amount of the I have examined t	ditor.  ditor's attorney or authorized agent.  tee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.  Intor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.  an authorized signature on this <i>Proof of Claim</i> serves as an acknowled claim, the creditor gave the debtor credit for any payments received to the information in this <i>Proof of Claim</i> and have reasonable belief that the enalty of perjury that the foregoing is true and correct.	ward the debt.
	/s/Robin Lat Signature  Print the name o  Name  Title Company  Address	f the person who is completing and signing this claim:  Robin Lates First name Middle name Last no Paralegal  Kandel and Associates, P.A. Identify the corporate servicer as the company if the authorized agent is a servicer	
	Contact phone	Email	



Official Form 410 **Proof of Claim** 

# KCC ePOC Electronic Claim Filing Summary

For phone assistance: Domestic (888) 802-7207 | International (781) 575-2107

	200, 00= :=0:	aus.ia. (101) 010 = 101
Debtor:		
23-90054 - IEH Auto Parts Holding LLC		
District:		
Southern District of Texas, Houston Division		
Creditor:	Has Supporting Doc	
Adrienne Green		ng documentation successfully uploaded
1104 Sandy Stone Rd, Apt L	Related Document S	tatement:
Essex, MD, 21221	Has Related Claim:	
Phone:	Related Claim Filed	Bv:
410-776-4405		
Phone 2:	Filing Party:	
Fax:	Authorized ag	ent
Email:		
adriennegreene28@yahoo.com		
Disbursement/Notice Parties:		
Kandel and Associates, P.A.		
1001 N. Calvert Street		
Baltimore, MD, 21202		
United States		
Phone:		
410- 837-0646		
Phone 2:		
Fax:		
410-783-8974		
E-mail:		
kandelpa@erols.com		
DISBURSEMENT ADDRESS		
Other Names Used with Debtor:	Amends Claim:	
	No	
	Acquired Claim:	
	No	1
Basis of Claim:	Last 4 Digits:	Uniform Claim Identifier:
Personal Injury, Deductible and Car Rental	No	
Total Amount of Claim:	Includes Interest or	Charges:
40,000.00	Yes	
Has Priority Claim:	Priority Under:	
Has Secured Claim:	Nature of Secured A	mount:
No	Value of Property:	
Amount of 503(b)(9):	Annual Interest Rate	
No		•
Based on Lease:	Arrearage Amount:	
No	Basis for Perfection:	
Subject to Right of Setoff:	Amount Unsecured:	
No	Amount onscourcu.	
Submitted By:		
Robin Lates on 13-Apr-2023 12:14:22 p.m. Eastern Time		
Title:		
Paralegal		
Company:		
Kandel and Associates P A		

1001 North Calvert Street, Baltimore, Maryland 21202

E-MAIL: KANDELPA@EROLS.COM FAX: 410-783-8974

TEL: 410-837-0646

April 11, 2023

### SENT VIA EMAIL: CHARTLINE@pcigc.com

Ms. Christine Hartline Property Casualty Insurance Guaranty Corp. P.O. Box 10619 Towson, MD 21285

Re:

Client: Adrienne Greene

Claim No.: Corvel Claim No.: 1245A-L230300052

D/A: January 18, 2023

#### Dear Ms Hartline:

Enclosed please find the following:

1. Franklin Square Hospital (1/18/23)	\$793.54
2. Franklin Square Physicians' (1/18/23)	\$410.00
3. Maryland Physicians Associates (1/23-3/09/23)	\$1,046.00
4. Maryland Healthcare Clinics (10/14-11/15/22)	\$5,818.00

Total: \$8,067.54

Out of Pocket Expense:

1. Enterprise Rent-a-Car (1/24-3/1/23)	\$887.73
2. Enterprise Rent-a-Car (3/2-3/31/23)	\$884.08

Total: \$1,771.81

Kindly evaluate these medicals and contact us to discuss settlement of this claim. Thank you.

Very truly yours,

KANDEL & ASSOCIATES, P.A.

BY: NELSON R. KANDEL

NRK/rl Enclosure



#### **\drienne Greene**

message

lobin Lates <irl.kandelpa@gmail.com> o: chartline@pcigc.com

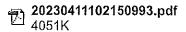
Tue, Apr 11, 2023 at 10:18 Al

Dear Ms. Hartline:

Please see attached Demand for our client **Adrienne Greene**. Ms. Greene has sent letters as well as our firm in reference to Corel's Bankruptsy. I hope that you and your company can come up with a resolution to this matter. Our client is eager to move forward and put this behind her. Please evaluate and access this Demand and get back to us in a timely manner. If you need further documnentation please do not he sitate to ask.

Thanks,

Robin Lates
Paralegal
Kandel & Associates, P.A.
1001 N. Calvert Street
Baltimore, MD 21202
Telephone: 410-837-0646
Facsimile: 410-783-8974
Email: jrl.kandelpa@gmail.com



CYCLE 01/24/23 BOSTON INS. PATIENT NAME PATIENTS E	3-2424 52060800	07   ACR   ACR   SER   S	THEURANCE COMP	IGE DATE DAYS	8923 IRTH-DATE 03/04/72 OUT PA HUMBER FOLICY	1 1 1 1 1 1 1 1 1 1 1 1 1 1
DATE OF UESCRIPTION OF SERVICE SERVICE HOSPITAL SERVICES CODE	TOTAL CHARDES	EST. COVERAGE DES.CO. NO. 1	EST. COYERAGE IND.CO. NO. 2	2ST. COVERAGE [FS.CO: NO. 3		fierf Her
DETAIL OF CURRENT CHARGES, PAYM 01/18 001 CHEST 2 VIEW 32100323 01/18 001 KNEE 3 VWS 32100992 01/18 001 TIBIA + FIBU 32101057 DEPARTMENT 32 SUBTOTAL 01/18 001 B CATEGORY L 45650033 01/18 001 B CATEGORY M 45650074 DEPARTMENT 45 SUBTOTAL 01/18 001 SENSOR PULSE 62002472 DEPARTMENT 62 SUBTOTAL 01/18 002 *ACETAMINOPH 63700124 01/18 001 *IBUPROFEN 8 63707541 DEPARTMENT 63 SUBTOTAL 01/18 001 EKG 73030009 DEPARTMENT 73 SUBTOTAL	113.72 159.24 136.52 409.48 220.36 110.19 330.55	narintainin kalentainin jäytä eten valta on jasuura kaine et				113.72 159.24 136.52 409.48 220.36 110.19 330.55 21.33 21.33
SUMMARY OF CURRENT CHARGES EMERGENCY ROOM MED/SURG SUPPLIES IMAGING/X-RAY CARDIOLOGY  SUB-TOTAL OF CURR. CHARGES EMPLOYER INFORMATION: EKISON SENIOR LIVING	330.55 21.33 409.48 32.18 793.54					330.55 21.33 409.48 32.18
TOTALS	793.54		1			793.54
PATIERT NUMBER 3046326272 PLEASE REFER TO ENTIENT SUNDER ON ALL INQUIRIZES AND CORRESPONDENCE. MEDSTAR FRANKLIN SQUARE	edr any c Heat was do not fa	HARGES NOT POSTE	DO HAY BE NECESS TO MIEN THIS STATE INSURANCE CARRES BE AKOUPTS SHOWN COVERAGE,	re-		e Ann and a Samuel Ann and a samuel

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a specification of the property study.	anya digalanyi gipin alika alika 14-adi da banya digala ana masa kata da banya da masa kata da banya da banya d							-	**************************************			
CUARANTOR VAME AND ADRRESS	ADRIENNE EVE PO BOX 1123 EDGEWOOD MD				6.6	1 3	THEURANCE ELF PA	Y PO	s ins		STABLE PARTY	CY NUMBER
					_]_	6	HARBON	INEAU	, STE	PHEN	G	
										AHOUHT PAYNEHT	or ş	
DATE OF SERVICE	DESCRIPTION DE NOSVITAL SERVICES	SERVICE CODE	TOTAL CHARGES		. cov		EST. COV		est, co		EST. COVERAGE TMS-CO, NO.	* AMOUNT
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2046												
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MEDSTAR HEALTH
PHYSICIANS BILL SERVICES
CUSTOMER SERVICE DIVISION
P.O BOX 418597
BOSTON, MA 02241-0597
0X0305



#### ADRIENNE EVETTE GREENE 0.00

02/21/23 000454319

**CAREFIRST BLUE CHOICE POS** 

ADRIENNE EVETTE GREENE PO BOX 1123 EDGEWOOD,MD 21040

02/21/23 ADRIENNE EVETTE GREENE 000454319 CAREFIRST BLUE CHOICE POS

01/18/23 44361256 K GUILLEN,PA - EMERGENCY MEDICINE EMERGENCY DEPT VISIT \$410.00 410.00



MEDSTAR HEALTH PHYSICIANS BILL SERVICES CUSTOMER SERVICE DIVISION P.O BOX 418597 BOSTON, MA 02241-9597 CXD305



20 - WHC

PAGE: 1

Ledgers

PRINTED: 02/21/2023 11:40AM

GREENE, ADRIENNE EVETTE

M/R #000454319 ,7930454,,801474292,,700082058,,,5995604 03/04/1972 F

SSN: XXX-XX-3968

PO BOX 1123 EDGEWOOD,MD 21040 410-776-4405

Patient's employer: EKISON SENIOR LIVING

PR FSC

CERT/GROU/PLAN

REL SUBSCRIBER **EFF DATE** 

1 644 CCH

LHS813098750/001901812MD10016/1

**GREENE, ADRIENNE EVET11/01/2022** 

ACCOUNTS IN GROUPS: 20 30 50

Registered on: 06/14/2016 By: VMA101EAD Last Updated: 02/21/2023 By: CXD305EAD

Current Statement balance: 0.00

Last Statement Run# 0 Balance: 0.00 Date: Dun Level: Cycle: 3

Open Cases: 0 Closed Cases: 0 Archived Cases: 0

No cases on file for this account.

Invoice ADM/Vis Disch

Patient MD Loc Hos Ba Charges FSC Balance

44361256 01/18/2023

ADRIENNE K GUI ER FSH WFE 410.00 CCH 410.00

Total:

410.00 410.00

Invoice ADM/Vis Disch

Patient MD Loc Hos Ba Charges FSC Balance

44361256 01/18/2023

ADRIENNE K GUI ER FSH WFE 410.00 CCH 410.00

Service Description Payments Adjust Charges FSC Batch

1) 01/27/23 01/18/23 99285 EMERGENCY DEPARTMENT VISIT, LEVEL 5 (1)

410.00 CCH 942734

2) 01/30/23

70 CHANGE FSC (INVOICE) From SPI To CCH CLM:Y

**BLLD ACTIVE INS** 

943193

3) 01/31/23

348 ECOM-BCBS-837P-B GE CLM FORM PREPARED

1 ON TAPE RUN: 4551

R07.89 OTHER CHEST PAIN~R07.89

M25.561 PAIN IN RIGHT KNEE~M25.561

V43.52XA CAR DRIVER INJURED IN COLLISION WITH OTHER TYPE CAR IN TRAFFIC ACCIDENT, INITIAL **ENCOUNTER~V43.52XA** 

Y92.89 OTHER SPECIFIED PLACES AS THE PLACE OF OCCURRENCE OF THE EXTERNAL CAUSE~Y92.89 Y93.89 ACTIVITY, OTHER SPECIFIED~Y93.89

**Division: EMERGENCY MEDICINE MWHC** 

Ref Phys: SELF-REFERRED Invoice FSC List: 644,1

### **Maryland Physicians Associates**

5 Park Center Court, Suite 200 Owings Mills, MD 21117 (888)570-0088 Fed Tax ID: 521995807

Patient:

ADRIENNE GREENE

1104 Sandy Stone Road,

Essex, MD 21221

SSN#: DOB: \*\*\*-\*\*-3968

03/04/1972

Travelers

P.O. Box 430

Buffalo 14240

(800)252-4633

Policy#: IQC1880

Diagnoses:

\$13.4XXA, \$43.499A, \$80.10XA

The charges for all of the patient's care and treatment are fair and reasonable and are in accordance with the current annual regional edition of the <u>Customized Fee Analyzer</u> published by Optum, a nationally recognized healthcare information company.

<u>Date</u>	<u>Description</u>	Procedure	<u>Units</u>	Charge
01/23/2023	First visit comprehensive (30 min.)	99203	4	\$374.00
02/01/2023	Cervical spine; 2 or 3 views	72040	1	\$142.00
02/01/2023	Shoulder; complete, minimum of 2 views	73030	1	\$137.00
03/02/2023	Established patient management(office or other outpatient visit)	99213	1	\$245.00
03/09/2023	Final visit (10 min.)	99212	1	\$148.00

Phone: (888)570-0088 Fax: (410)732-6112 Current Charges:

\$1,046.00

Total Balance:

\$1,046.00



#### **HEALTH INSURANCE CLAIM FORM**

PICA			Bacoman, 1980, 1980, 1980, 1980, 1980, 1980, 1980, 1980, 1980, 1980, 1980, 1980, 1980, 1980, 1980, 1980, 1980,					21522112200pH(02002))		PICA T
1. MEDICARE MEDICA (Medicare #) (Medicai	_	CHAMF (Membe	- HEALTH	I PLAN FECA BLK LU ((D#)	NG (ID#)	1a, INSURED'S I,D, NUA IOC1880	ABER		(For Program	in Item 1)
PATIENT'S NAME (Last Name GREENE, ADRIEN	•	1)	3. PATIENT'S BIR MM   DD 03   04		SEX FX	4. INSURED'S NAME (LA GREENE, AD		•	Middle Initial)	
5. PATIENT'S ADDRESS (No., S			ļ	TIONSHIP TO INSU		7. INSURED'S ADDRES	S (No., Stree	et)		
1104 Sandy Sto	one Road,		Self X Spo	ouse Child	Other	1104 Sandy	Stone	e Roa	d,	
CITY		STATE	8. RESERVED FO	R NUCC USE		CITY		***************************************	···········	STATE
Essex		MD				Essex				MD
ZIP CODE	TELEPHONE (Include A					ZIP CODE	TE	,	(Include Area (	•
21221	(410) 776-		20 (0.017/FNT)0	CONTROL OF A	FD TA	21221	LODOLID OF	( 41		1405
. OTHER INSURED'S NAME (La	ist Name, First Name, Mid	idle inttal)	10, IS PAHENT'S	CONDITION RELAT	ED TO:	11, INSURED'S POLICY	GROUP OR	TECA NO	IMBER	
. OTHER INSURED'S POLICY (	OR GROUP NUMBER		a, EMPLOYMEN	T? (Current or Previ	ous)	a. INSURED'S DATE OF	BIRTH		SEX	
				YES X	-	MM   DD   03 04	yy 1972	i	м	F 🗙
. RESERVED FOR NUCC USE			b, AUTÓ ACCIDE	д <u>ст.</u> :NT2	PLACE (State)	b, OTHER CLAIM ID (De		NUCC)		<u> </u>
			X		0					
, RESERVED FOR NUCC USE			c, OTHER ACCID	DENT?	1	c, INSURANCE PLAN NA	AME OR PRO	OGRAM N	AME	
				YES X	0	Travelers				
I, INSURANCE PLAN NAME OF	RPROGRAM NAME		10d, CLAIM COD	ES (Designated by I	IUCC)	d, IS THERE ANOTHER I	HEALTH BEN	NEFIT PLA	N?	
							•		items 9, 9a, an	
<b>READ</b> . PATIENT'S OR AUTHORIZED	BACK OF FORM BEFOR				necessani	13. INSURED'S OR AUT payment of medical l				
to process this claim. I also re below.						services described b			5 p j	
STGNATUE	RE ON FILE			01/25/20	23	SIG	NATURE	E ON	FILE	
SIGNED  , DATE OF CURRENT ILLNES	S INJURY or PREGNANC	CVIMPL 15	DATE _ OTHER DATE			SIGNED				PATION
MM   DD   YY 01   18   2023 QU		· · ·	JAL,	MM DD	YY	16, DATES PATIENT UN MM   DD FROM	T YY	Т(		T YY
. NAME OF REFERRING PRO	<del></del>	DE 17a.				18, HOSPITALIZATION D			URRENT SERV	
		17b.	NPI			FROM DD	'  **	T	DD MM DD	"
. ADDITIONAL CLAIM INFORM	AATION (Designated by N	UCC)				20. OUTSIDE LAB?		\$	CHARGES	
						YES X	NO			
. DIAGNOSIS OR NATURE OF	ILLNESS OR INJURY Re	elate A-L to servic	e line below (24E)	ICD Ind.	1	22, RESUBMISSION CODE	OR	IIGINAL RI	F. NO.	
A. LS134XXA	B. LS43499A	_ C.	S8010XA	D. L		23. PRIOR AUTHORIZAT	ION NUMBE	FR		
E. L	F	G.	***************************************	н. Ļ				,		
1. L	J. L E B.	. K. S. PROCE	DURES, SERVICES	L. L.		F.	G. 1	4 1 1	J.	
From	To PLACE OF	(Expla	in Unusual Circums		DIAGNOSIS POINTER	\$ CHARGES	DAYS EPS OR Fat	SDT ID.	RENDE PROVIDE	
<u>M DD YY MM</u> First visit c				MODIFIER	FORTER	T TOTALIGES [	UNITS PE	ar UDAL.	FROVIDE	R (D, #
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5. FEDERAL TAX I.D. NUMBER		26. PATIENT'S A		27. ACCEPT AS	SIGNMENT? 3, 5ee back)	28, TOTAL CHARGE		MOUNT P	AID 30. R	ovd for NUCC
521995807		GREAD0(		XYES	NO		00 \$			374
<ol> <li>SIGNATURE OF PHYSICIAN INCLUDING DEGREES OR</li> </ol>	CREDENTIALS		CILITY LOCATION lle/Carne			33. BILLING PROVIDER Maryland			888) 570 18 Asso	-0088 ciate
(I certify that the statements apply to this bill and are made				ad; Suit	e 200	5 Park Ce				
		Parkvi.	lle, MD 2	21234		Owings Mi				•
		a.	b.			a 140797060	1 b.			
IGNED Benedicto S. Gar	in, MDATE 01/25/2023	··	υ.			- 140/9/000	т о.			



#### **HEALTH INSURANCE CLAIM FORM**

PICA										PICA
1. MEDICARE MEDICA	k	CHAM	HEAL?	IP FEC	A OTHER		/BER	alia (* Ambrila (* v Vandalala (* v Van	(For Program	in Item 1)
(Medicare #) (Medicalo		(Membe	(ID#) (ID#)		f) X (11.54)	IQC1880				
2. PATIENT'S NAME (Last Name, GREENE, ADRIEN	·	ıł)	3. PATIENT'S B	) I YY I	SEX F X	4. INSURED'S NAME (La GREENE, AD	•		Middle Initial)	
5. PATIENT'S ADDRESS (No., Str				4   1972 M   ATIONSHIP TO II		7. INSURED'S ADDRESS				
1104 Sandy Sto	•		Self X S	,		1104 Sandy	•	-	d,	
CITY DAMAY DEC	ne noda,	STATE	8. RESERVED F	<u> </u>	Outer	CITY				STATE
Essex		MD				Essex				MD
ZIP CODE	TELEPHONE (include .	Area Code)				Z∤P CODE	TE	LEPHONE	(Include Area C	ode)
21221	(410) 776-	4405				21221		(41	0) 776-4	405
9. OTHER INSURED'S NAME (La	st Name, First Name, Mic	ddle Initial)	10. (S PATIENT)	S CONDITION RE	LATED TO:	11. INSURED'S POLICY	GROUP OR	FECA NU	MBER	
a. OTHER INSURED'S POLICY O	R GROUP NUMBER		a. EMPLOYME	NT? (Current or P	_	a, INSURED'S DATE OF MM   DD	BIRTH		SEX	
L DECEMBER FOR MILLON MOR			L		NO	03   04			М	FX
b. RESERVED FOR NUCC USE			b. AUTO ACCII		PLACE (State)	b. OTHER CLAIM ID (De:	signated by i	NUCC)		
- DEDERVED FOR MICCOLOR			1	X YES	NO L	c. INSURANCE PLAN NA	VYE VO 000	DODAKAN.	48 AE	
c, RESERVED FOR NUCC USE			c, OTHER ACC		Ои	_	NVIL OTTETIC	JOI MINI M	DIVIL	
			L			Travelers	(EA) THEFE	ACCIT DLA	810	
d, INSURANCE PLAN NAME OR	PROGRAM NAME		10d, CLAIM CO	DES (Designated	by NUCC)	YES X			items 9, 9a, and	1 0 A
RFAD E	BACK OF FORM BEFOR	IF COMPLETING	A SIGNING THIS	S FORM.		13, INSURED'S OR AUTI	, ,			
12. PATIENT'S OR AUTHORIZED to process this claim. I also re-	PERSON'S SIGNATURE.	I authorize the rek	ase of any medica	at or other informat		payment of medical l services described b		ne undersi	gned physician o	or supplier for
below.	dest bayment of govern	Helit Delletts ettile	er to triysen or to u			00,,,000 0000.000	0.0			
SIGNATUR	E ON FILE		DATE	02/02/	2023	SIGNED SIG	NATURE	ON	FILE	
14, DATE OF CURRENT ILLNESS	, INJURY, or PREGNAN	,	OTHER DATE	MM , DD	, YY	16, DATES PATIENT UN MM I DD	ABLE TO WO	ORK IN CL	IRRENT OCCUF	PATION
01   18   2023 QU			JAL.	NA	<u> </u>	FROM	1	T(	<u> </u>	<u> </u>
17. NAME OF REFERRING PROV	IDER OR OTHER SOUR	}- <u>-</u>	·}] ·			18. HOSPITALIZATION D MM   DD			MM DD	
A ADDITIONAL OF THE PROPERTY O	ITON M. I	17b	. NPI			FROM 20, OUTSIDE LAB?	<u> </u>	T	CHARGES	<u> </u>
19. ADDITIONAL CLAIM INFORM	ATTOM (Designated by N	ЮССЈ				YES X	NO 1	φ	OISANGEG	
21. DIAGNOSIS OR NATURE OF	ILLNESS OR INJURY R	elate A-L to servi	e line below (24E	) ICD Ind,	-	22. RESUBMISSION	NO L			
ALS134XXA	BIS43499A		S8010XA	· job ilia, j	1	CODE	OR	IGINAL RE	F, NO.	
A. (DIDANA	6. L	C. G.	DOOTOVY	_ D, l Н. Î		23, PRIOR AUTHORIZAT	TON NUMBE	₽		
I. I	J. L.	G. _ K.								
24. A. DATE(S) OF SERVICE	B,	C, D, PROC		ES, OR SUPPLIE		F.	G. H	ł. l.	J,	2010
MM DD YY MM E	FO PLACE OF DD YY SERVICE E	MG CPT/HCF	in Unusual Circur PCS	nstances) MODIFIER	DIAGNOSIS POINTER	\$ CHARGES	OR Fair UNITS Pia	nily ID.	RENDER PROVIDER	
Cervical spine					1	1 1		ļ		
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iii			<u>i</u>	<del>. 1 i.</del>	1	11				
			1 !				1	NPI		
			<u> </u>	L	* ·		······································			
	1 1 1							NPI		
25. FEDERAL TAX I.D. NUMBER	SSN EIN	26. PATIENT'S		27. ACCEPT	ASSIGNMENT?	28. TOTAL CHARGE		MOUNT P	AID 30, Rs	ovd for NUCC Us
521995807 31, SIGNATURE OF PHYSICIAN	OB SUBBLIER	GREADO	-	X   YES N INFORMATION	NO	\$ 279	00 \$	, 7	1	279 00
INCLUDING DEGREES OR C	REDENTIALS		lle/Carn			Maryland			88) 570 18 Asso	-uuss ciates
(I certify that the statements of apply to this bill and are mad		8113 H	arford F	Road; Su	ite 200	5 Park Ce				
		Parkvi	lle, MD	21234		Owings Mi				
Alakien province Av	DATE 00/00/000	a.	b.			a. 140797060	1 b.	*	<del></del>	
SIGNED SIGNATURE ON FILE	DATE 02/02/2023	l	٥,			120/3/000				****



#### **HEALTH INSURANCE CLAIM FORM**

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1. MEDICARE MEDICALI (Medicare #) (Medicald	<b></b>	CHAMF (Membe	- HEALTH F	PLAN FECA BLK LUI (ID#)	OTHER	1a, INSURED'S LD, NUMBER IOC1880		(For Program in Item 1)	1
2. PATIENT'S NAME (Last Name, F	· 🗀 ' · · · · · · ·	[ [NICITION	3. PATIENT'S BIRTI		SEX	4. INSURED'S NAME (Last Nam	e, First Name,	Middle Initial)	
GREENE, ADRIENN	Æ			1972 M	FΧ	GREENE, ADRIE			
5. PATIENT'S ADDRESS (No., Stre	•		6, PATIENT RELATI		RED	7. INSURED'S ADDRESS (No.,	-		
1104 Sandy Stor	ne Road,		Self X Spou	se Child	Other	1104 Sandy St	one Roa	d,	
CITY		STATE	8. RESERVED FOR	NUCC USE		CITY		STATE	
Essex		MD	\$			Essex	T	MD	
ZIP CODE	TELEPHONE (Include Area	,				ZIP CODE	,	(Include Area Code)	
21221	(410) 776-44					21221	<u> </u>	0 <b>)</b> 776–4405	
9. OTHER INSURED'S NAME (Last	Name, First Name, Middle	Initial)	10, IS PATIENT'S C	ONDITION RELATI	ED TO:	11. INSURED'S POLICY GROU	P OR FECA NU	MBER	
a. OTHER INSURED'S POLICY OR	GROUP NUMBER		a EARDLOVATENTO	Victoriant of Prouls	d	a INCLIDED'S DATE OF BIRTH		SEX	
A OTTEN MODILE OF OLIOT ON	GIOO, NOWBER		a. EMPLOYMENT?		•	a. INSURED'S DATE OF BIRTH	0	м 📄 🛛 ғ 🔀	ł
b. RESERVED FOR NUCC USE			b. AUTO ACCIDEN	YES X	O	03   04   197 b. OTHER CLAIM ID (Designated		<u>"                                     </u>	<u> </u>
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				YES N	PLACE (State)	b. Official Scaling to lossignates	a by Ivaco;		
c, RESERVED FOR NUCC USE			c, OTHER ACCIDE	Ll	<u> </u>	c, INSURANCE PLAN NAME OF	PROGRAM N	AMF	
, TEBETHER TOTTHOUGH				YES 🔀 N	n			2	
	<u>,,</u>		<u></u>	<b></b>		Travelers	I DELICET OF I	No	
d, INSURANCE PLAN NAME OR F	PROGRAM NAME		10d, CLAIM CODES	6 (Designated by N	UCC)	d. IS THERE ANOTHER HEALT!  YES NO !			
esera is a	NOW OF FORM PEROPE O	OMBLETNIC	D PLONING THE SA	NDM.		YES NO I		items 9, 9a, and 9d. SIGNATURE Lauthoriza	
<ol> <li>PATIENT'S OR AUTHORIZED P to process this claim. I also requ</li> </ol>		horize the rek	ease of any medical or	other information i		payment of medical benefits services described below.			for
below. SIGNATURE	ON FILE		DATE	03/06/20	23	SIGNATU	JRE ON	FILE	
4, DATE OF CURRENT ILLNESS,	INJURY, or PREGNANCY (	LMP)   15.	OTHER DATE		101	16, DATES PATIENT UNABLE TO MM I DD I	O WORK IN CL	IRRENT OCCUPATION	
MM   DD   YY   QUA	∟ Ini	Ql	JAL.	MM DD	YY	FROM	YY To	1 1	
7. NAME OF REFERRING PROVI		17a				18. HOSPITALIZATION DATES I	RELATED TO C	URRENT SERVICES  MM   DD   YY	,
		17b	. NPI			FROM TO THE PROPERTY OF THE PR	T		
9. ADDITIONAL CLAIM INFORMA	TION (Designated by NUC	<u>)</u>				20. OUTSIDE LAB?	\$	CHARGES	
						YES X NO			
21. DIAGNOSIS OR NATURE OF IL	LNESS OR INJURY Relate	A-L to servi	ce line below (24E)	ICD Ind.	I E	22. RESUBMISSION CODE	ORIGINAL RE	EF, NO.	
A. LS134XXA	B.LS43499A	c.	S8010XA	D. L		as polon that looks that	N IDEO		
E. L	F. L	G.		н, 📖		23, PRIOR AUTHORIZATION NU	IMBER		
ı, <b>L</b>	J, L	, K.		L, <u>L</u>					
24. A. DATE(S) OF SERVICE From To	B, C. PLACE OF		EDURES, SERVICES, in Unusual Circumsta		E, D!AGNOSIS	F. G. DAYS	H. I. EPSDT ID.	J. RENDERING	
MM DD YY MM DE	YY SERVICE EMIG	CPT/HCF	PCS M	ODIFIER	POINTER	\$ CHARGES UNITS		PROVIDER ID. #	
Established par				ther out	patient		, ,	100606060	
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		<u> </u>			<u> </u>	<u> </u>	1   1		
! ! 1 !	! ! !	1	1 1	<u> </u>	1	1 1			
25, FEDERAL TAX I.D, NUMBER	SSN EIN 26	PATIENT'S	ACCOUNT NO.	27. ACCEPT AS:	I SIGNMENT?	28. TOTAL CHARGE	9. AMOUNT P	AID 30. Rsvd for NU	ICC Us
521995807		SREADO		(For govi. claims	, see back) NO	\$ 245 00		.	5 00
31, SIGNATURE OF PHYSICIAN C	R SUPPLIER 32	SERVICE FA	CILITY LOCATION IN	IFORMATION					
INCLUDING DEGREES OR CR (I certify that the statements or	EDENTIALS I	Parkvi.	lle/Carney	Y	0.00	Maryland Phy	ysician	īs 'Associat	es
apply to this bill and are made	a part thereof.)		arford Roa		e 200	5 Park Cente	er Cour	rt, Suite 2	:00
	1	arkvi.	lle, MD 2	1234		Owings Mills	s, MD 2	21117	
CIONED Baniel John M.D.	DATE 03/06/2023 a.		ь.			a. 1407970601	<b>5.</b>		
SIGNED Daniel John, N.D.	DATE 03/00/2023					110,0,0001			



#### **HEALTH INSURANCE CLAIM FORM**

PiCA			PIGA T
1. MEDICARE MEDICAID TRICARE CHAMI	PVA GROUP FECA OTHER HEALTH PLAN BLK LUNG X (1D#) (1D#) (1D#) (1D#)	1a, INSURED'S I,D, NUMBER	(For Program in Item 1)
(Medicare #) (Medicaid #) (ID#/DOD#) (Membe	r ID#) (ID#) (ID#) (ID#) (ID#)	IQC1880	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)	3, PATIENT'S BIRTH DATE SEX	4, INSURED'S NAME (Last Name, First Name	e, Middle Initial)
GREENE, ADRIENNE	03 04 1972 M FX	GREENE, ADRIENNE	
5. PATIENT'S ADDRESS (No., Street)	6. PATIENT RELATIONSHIP TO INSURED	7. INSURED'S ADDRESS (No., Street)	1
1104 Sandy Stone Road,	Self X Spouse Child Other	1104 Sandy Stone Roa	
CITY	8, RESERVED FOR NUCC USE	CITY	STATE
Essex MD  ZIP CODE TELEPHONE (Include Area Code)		Essex	MD
			NE (Include Area Code)
21221 (410) 776-4405 9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)	10. IS PATIENT'S CONDITION RELATED TO:	11. INSURED'S POLICY GROUP OR FECAN	10) 776-4405
S. OTHEN INSUNED S NAME (Last Name, First Name, Middle Initial)	10, IS PATIENT S CONDITION RELATED TO.	TI. MOONED & POLICY GNOOP ON FEOATS	UNIDER
a. OTHER INSURED'S POLICY OR GROUP NUMBER	a. EMPLOYMENT? (Current or Previous)	a. INSURED'S DATE OF BIRTH MM   DD   YY	SEX
	YES X NO	MM   DD   YY 03  04  1972	M F X
b. RESERVED FOR NUCC USE	h AUTO ACCIDENTS	b. OTHER CLAIM ID (Designated by NUCC)	
	PLACE (State)		
c, RESERVED FOR NUCC USE	c. OTHER ACCIDENT?	c, INSURANCE PLAN NAME OR PROGRAM I	NAME
	YES X NO	Travelers	
d, INSURANCE PLAN NAME OR PROGRAM NAME	10d, CLAIM CODES (Designated by NUCC)	d, IS THERE ANOTHER HEALTH BENEFIT PL	AN?
S, ITOOTATIOE I ENTRY WILL STIT HOGH RAW IN LAND	Too, OLY IIIV OODEO (Designated by 11000)	YES NO If yes, comple	te items 9, 9a, and 9d.
READ BACK OF FORM BEFORE COMPLETING	& SIGNING THIS FORM.	13. INSURED'S OR AUTHORIZED PERSON'S	S SIGNATURE I authorize
<ol> <li>PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE. I authorize the relation process this claim. I also request payment of government benefits either.</li> </ol>		payment of medical benefits to the unders services described below.	signed physician or supplier for
below.			
SIGNATURE ON FILE	DATE03/15/2023	SIGNATURE ON	FILE
MM DD W	OTHER DATE MM   DD   YY	16. DATES PATIENT UNABLE TO WORK IN C	CURRENT OCCUPATION MM I DD I YY
01   18   2023 QUAL   Inj	JAL. NA NA	FROM L	то
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE		18. HOSPITALIZATION DATES RELATED TO MM DD YY	CURRENT SERVICES  MM   DD   YY
176	. NPI	LL	TO
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)			\$ CHARGES I
AL DIVINION OF MATHER OF M	1 (1)	YES X NO	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to servi	· / 100 ma.ş	22. RESUBMISSION CODE ORIGINAL F	REF. NO.
A. <u>LS134XXA</u> B. <u>LS43499A</u> C.	S8010XA D. L	23, PRIOR AUTHORIZATION NUMBER	
E, F, G,	Н		
I,	EDURES, SERVICES, OR SUPPLIES E,	F. G. H. I.	
From To PLACE OF (Expla	in Unusual Circumstances) DIAGNOSIS	DAYS (EPSDT ID.	
MM DD YY MM DD YY SERWCE EMG CPT/HCF Final visit (10 min.)	PCS MODIFIER POINTER	\$ CHARGES UNITS PEA OUAL	PROVIDER ID. #
	212	148 00 1 NPI	1306868773
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		NPI	<del>                                      </del>
	manuscript to the state of the	N/A	
		NPI	†
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		NPI	<u> </u>
25. FEDERAL TAX I.D. NUMBER SSN EIN 26. PATIENT'S	<u>/For gov1. cla/ms, see back)</u>	28. TOTAL CHARGE 29. AMOUNT	. ! .
521995807 X GREAD0	09 XYES NO	\$ 148 00 \$	148 00
	CILITY LOCATION INFORMATION  1 le/Carney	33.BILING PROVIDER INFO & PH# ( Maryland Physicia	888) 570-0088 ns Associates
	arford Road; Suite 200	5 Park Center Cou	
	lle, MD 21234	Owings Mills, MD	
		-	
SIGNED Daniel John, M.D. DATE 03/15/2023 A.	b.	а 1407970601 ь	

### **Maryland Healthcare Clinics**

#### DBA MHC HealthCare

5 Park Center Court, Suite 200 Owings Mills, MD 21117 (888)570-0088 Fed Tax ID: 521521492

Patient:

ADRIENNE GREENE

1104 Sandy Stone Road,

Essex, MD 21221

SSN#:

\*\*\*-\*\*-3968

DOB: 03/04/1972

Travelers

P.O. Box 430

Buffalo 14240

(800)252-4633

Policy#: IQC1880

Diagnoses:

S13.4XXA, S43.499A, S80.10XA

The charges for all of the patient's care and treatment are fair and reasonable and are in accordance with the current annual regional edition of the <u>Customized Fee Analyzer</u> published by Optum, a nationally recognized healthcare information company.

<u>Date</u>	<u>Description</u>	<u>Procedure</u>	<u>Units</u>	Charge
02/01/2023	Physical Therapy Evaluation	97161	4	\$279,00
02/06/2023	Hot/Cold Pack	97010	1	\$46.00
02/06/2023	Traction, mechanical	97012	1	\$63.00
02/06/2023	Electrical Stimulation	97014	1	\$66.00
02/06/2023	CMT spinal, 1-2 regions	98940	1	\$74.00
02/06/2023	Electrodes	A4556	1	\$49.00
02/07/2023	Hot/Cold Pack	97010	1	\$46.00
02/07/2023	Traction,mechanical	97012	1	\$63.00
02/07/2023	Electrical Stimulation	97014	1	\$66.00
02/07/2023	Exercise	97110	1	\$103.00
02/07/2023	CMT spinal, 1-2 regions	98940	1	\$74.00
02/09/2023	Hot/Cold Pack	97010	1	\$46.00
02/09/2023	Traction,mechanical	97012	1	\$63.00
02/09/2023	Electrical Stimulation	97014	1	\$66.00
02/09/2023	CMT spinal, 1-2 regions	98940	1	\$74.00
02/09/2023	Exercise	97110	2	\$206.00
02/13/2023	Hot/Cold Pack	97010	1	\$46.00
02/13/2023	Traction,mechanical	97012	. 1	\$63.00
02/13/2023	Electrical Stimulation	97014	1	\$66.00
02/13/2023	CMT spinal, 1-2 regions	98940	1	\$74.00
02/13/2023	Exercise	97110	2	\$206.00
02/17/2023	Hot/Cold Pack	97010	1	\$46.00
02/17/2023	Traction,mechanical	97012	1	\$63.00
02/17/2023	Electrical Stimulation	97014	1	\$66.00
02/17/2023	CMT spinal, 1-2 regions	98940	1	\$74.00
02/17/2023	Exercise	97110	2	\$206.00
02/20/2023	Hot/Cold Pack	97010	1	\$46.00
02/20/2023	Traction,mechanical	97012	1	\$63.00
02/20/2023	Electrical Stimulation	97014	1	\$66.00

Service provided at:

Parkville/Carney 8113 Harford Road, Suite 200

Parkville, MD 21234 Phone: (888)570-0088 Fax: (410)732-6112 Current Charges: \$2,469.00

Total Balance: \$5,818.00

### **Maryland Healthcare Clinics**

DBA MHC HealthCare

5 Park Center Court, Suite 200 Owings Mills, MD 21117 (888)570-0088 Fed Tax ID: 521521492

Patient:

ADRIENNE GREENE

1104 Sandy Stone Road,

Essex, MD 21221

SSN#: DOB: \*\*\*-\*\*-3968

03/04/1972

Travelers

P.O. Box 430

Buffalo 14240

(800)252-4633

Policy#: IQC1880

Diagnoses:

S13.4XXA, S43.499A, S80.10XA

The charges for all of the patient's care and treatment are fair and reasonable and are in accordance with the current annual regional edition of the <u>Customized Fee Analyzer</u> published by Optum, a nationally recognized healthcare information company.

<u>Date</u>	<u>Description</u>	<u>Procedure</u>	<u>Units</u>	<u>Charge</u>
02/20/2023	CMT spinal, 1-2 regions	98940	1	\$74.00
02/20/2023	Exercise	97110	2	\$206.00
02/21/2023	Hot/Cold Pack	97010	1	\$46.00
02/21/2023	Traction,mechanical	97012	1	\$63.00
02/21/2023	Electrical Stimulation	97014	1	\$66.00
02/21/2023	CMT spinal, 1-2 regions	98940	1	\$74.00
02/21/2023	Exercise	97110	2	\$206.00
02/23/2023	Hot/Cold Pack	97010	1	\$46.00
02/23/2023	Traction,mechanical	97012	1	\$63.00
02/23/2023	Electrical Stimulation	97014	1	\$66.00
02/23/2023	Extraspinal, 1 or more regions	98943	1	\$60.00
02/23/2023	Exercise	97110	2	\$206.00
02/27/2023	Hot/Cold Pack	97010	1	\$46.00
02/27/2023	Traction,mechanical	97012	1	\$63.00
02/27/2023	Electrical Stimulation	97014	1	\$66.00
02/27/2023	Extraspinal, 1 or more regions	98943	1	\$60.00
02/27/2023	Exercise	97110	2	\$206.00
02/28/2023	Hot/Cold Pack	97010	1	\$46.00
02/28/2023	Traction,mechanical	97012	1	\$63.00
02/28/2023	Electrical Stimulation	97014	1	\$66.00
02/28/2023	Extraspinal, 1 or more regions	98943	1	\$60.00
02/28/2023	Exercise	97110	2	\$206.00
03/02/2023	Hot/Cold Pack	97010	1	\$46.00
03/02/2023	Traction,mechanical	97012	1	\$63.00
03/02/2023	Electrical Stimulation	97014	1	\$66.00
03/02/2023	Extraspinal, 1 or more regions	98943	1	\$60.00
03/02/2023	Exercise	97110	2	\$206.00
03/06/2023	Hot/Cold Pack	97010	1	\$46.00
03/06/2023	Traction, mechanical	97012	1	\$63.00

Service provided at:

Parkville/Carney

8113 Harford Road, Suite 200

Parkville, MD 21234 Phone: (888)570-0088 Fax: (410)732-6112 Current Charges:

\$5,077.00

Total Balance:

\$5,818.00

### **Maryland Healthcare Clinics**

DBA MHC HealthCare

5 Park Center Court, Suite 200 Owings Mills, MD 21117 (888)570-0088

Fed Tax ID: 521521492

Patient:

ADRIENNE GREENE

1104 Sandy Stone Road,

Essex, MD 21221

SSN#: DOB: \*\*\*-\*\*-3968

03/04/1972

Travelers

P.O. Box 430

Buffalo 14240

(800)252-4633

Policy#: IQC1880

Diagnoses:

S13.4XXA, S43.499A, S80.10XA

The charges for all of the patient's care and treatment are fair and reasonable and are in accordance with the current annual regional edition of the <u>Customized Fee Analyzer</u> published by Optum, a nationally recognized healthcare information company.

<u>Date</u>	Description	<u>Procedure</u>	<u>Units</u>	Charge
03/06/2023	Electrical Stimulation	97014	1	\$66.00
03/06/2023	Exercise	97110	1	\$103.00
03/06/2023	Extraspinal, 1 or more regions	98943	1	\$60.00
03/07/2023	Hot/Cold Pack	97010	1	\$46.00
03/07/2023	Traction, mechanical	97012	1	\$63.00
03/07/2023	Electrical Stimulation	97014	1	\$66.00
03/07/2023	Physical therapy Re-Evaluation	97164	1	\$135.00
03/09/2023	Hot/Cold Pack	97010	1	\$46.00
03/09/2023	Hydrotherapy Bed	97039	1	\$82.00
03/09/2023	CMT spinal, 1-2 regions	98940	1	\$74.00

Phone: (888)570-0088 Fax: (410)732-6112 Current Charges:

\$5,818.00

Total Balance:

\$5,818.00



#### **HEALTH INSURANCE CLAIM FORM**

PICA				PICA T
1. MEDICARE MEDICAID TRICARE CHAMI		1a. INSURED'S I.D. NUMBER	(For F	Program in Item 1)
(Medicare #) (Medicald #) (ID#/DOD#) (Membe	(ID#) (ID#) X (ID#)	IQC1880		
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)	3. PATIENT'S BIRTH DATE SEX	4. INSURED'S NAME (Last Name GREENE, ADRIEN	•	nitial)
GREENE, ADRIENNE 5. PATIENT'S ADDRESS (No., Street)	03 04 1972 M FX	7. INSURED'S ADDRESS (No., S		
• • •		1104 Sandy Sto	•	
1104 Sandy Stone Road, CITY STATE	Self X Spouse Child Other  8. RESERVED FOR NUCC USE	CITY BARRAY BEC	The Roda,	STATE
Essex MD	B. MESERVED FOR NOCC USE	Essex		MD
ZIP CODE TELEPHONE (Include Area Code)		ZIP CODE	TELEPHONE (Include	
21221 (410) 776-4405		21221	, ,	76-4405
9, OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)	10, IS PATIENT'S CONDITION RELATED TO:	11. INSURED'S POLICY GROUF		10 1100
•				
a, OTHER INSURED'S POLICY OR GROUP NUMBER	a. EMPLOYMENT? (Current or Previous)	a, INSURED'S DATE OF BIRTH		SEX
	YES X NO	03 04 197	2 M	F 🔀
b. RESERVED FOR NUCC USE	b. AUTO ACCIDENT? PLACE (State)	b. OTHER CLAIM ID (Designated	by NUCC)	
	X YES NO			
c, RESERVED FOR NUCC USE	c. OTHER ACCIDENT?	c, INSURANCE PLAN NAME OR	PROGRAM NAME	
	YES X NO	Travelers		
d, INSURANCE PLAN NAME OR PROGRAM NAME	10d. CLAIM CODES (Designated by NUCC)	d, IS THERE ANOTHER HEALTH	BENEFIT PLAN?	1
		YES XNO #	<i>yes</i> , complete items 9	, 9a, and 9d.
READ BACK OF FORM BEFORE COMPLETING		13. INSURED'S OR AUTHORIZE		
<ol> <li>PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE. I authorize the rel to process this claim. I also request payment of government benefits either</li> </ol>		payment of medical benefits services described below.	to the undersigned ph	ysician or supplier for
below.	02/07/2023	0 T 0313 mr	ייי ארט ארדיי	a
SIGNATURE ON FILE	DATE	SIGNED	RE ON FILE	
MM DD YY	OTHER DATE  JAL. DD YY	16. DATES PATIENT UNABLE TO MM   DD	WORK IN CURRENT Y MM	OCCUPATION YY
U1   18   2023 GOAL.; III]	<u> </u>	FROM 18. HOSPITALIZATION DATES R	TO CLIPPEN	T SEDVICES
,	-	MM DD 1	YY MM	
17b 19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)	. NPI	FROM 20. OUTSIDE LAB?	TO S CHARG	FS.
19. ADDITIONAL CLARM INFORMATION (designated by NOCC)		YES X NO	Q OF EATING	]
21, DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to servi	ce line below (24E) ICD (nd.	22, RESUBMISSION		
	100 110.1	CODE	ORIGINAL REF. NO.	
	LS8010XA D. L	23. PRIOR AUTHORIZATION NU	MBER	
E. L. F. L. G.				
	EDURES, SERVICES, OR SUPPLIES E.	FG,_	H. I. EPSDT (p.	J.
	in Unusual Circumstances) DIAGNOSIS	DAYS OR \$ CHARGES UNITS	Remite E 1824	RENDERING ROVIDER ID, #
Physical Therapy Evaluation	MODIFIES TORVIES	T GOTANGES CONTA	TIES COAL, TO	TO VIDELLI (D. II
	161 59	279 00 1	NPI 13	56403331
Hot/Cold Pack	<u> </u>			
	010	46 00 1	NPI 13	56403331
Traction, mechanical				
	012	63 00 1	NPI 13	56403331
Electrical Stimulation			. []	
	014	66 00 1	NPI 13	56403331
CMT spinal, 1-2 regions				
	940	74 00 1	NPI 13	56403331
Electrodes	· I		,	
F 1 1	556	49 00 1	1 11 1.5.	56403331
25. FEDERAL TAX I.D. NUMBER SSN EIN 26, PATIENT'S	{For govi. claims, see back}		9. AMOUNT PAID	30. Rsvd for NUCC Use
521521492 X GREADO	{- 1	\$ 577 00		577 00
INCLUDING DEGREES OR CREDENTIALS Parkvi	CILITY LOCATION INFORMATION  11e/Carney	33. BILLING PROVIDER INFO & Maryland Health	care Clinic:	570-0088
	arford Road; Suite 200	DBA MHC HealthC	are	
	lle, MD 21234	5 Park Center C		200
		Owings Mills, M		//***
SIGNED Michael Welch, D.C. DATE 02/07/2023 a.	b.	a 1043312036 b		272-274-274-284-11-12-27-27-27-27-27-27-27-27-27-27-27-27-27



CARRIER —

#### **HEALTH INSURANCE CLAIM FORM**

PIGA											PICA
1. MEDICARE MEDICAI	D TRICARE	CHAME	VA G	ROUP EALTH PLAN <sub>E</sub>	FECA C	THER	1a, INSURED'S I,D, NUMB	ER	251034232503454545351W8	(For Program	in Item 1)
(Medicare #) (Medicald	#) [ (ID#/DOD#)	(Membe	· IO#) (ID	#)	FECA BLK LUNG (ID#)	(ID#)	IQC1880				
2. PATIENT'S NAME (Last Name, I		al)	3. PATIENT	'S BIRTH DATE DD 1 YY	SEX		4, INSURED'S NAME (Last			Middle Initial)	
GREENE, ADRIENI			03¦	04 1972	Annual Control	X	GREENE, ADR				
5. PATIENT'S ADDRESS (No., Stre			,	RELATIONSHIP T	O INSURED	p	7. INSURED'S ADDRESS (I		•		
1104 Sandy Sto	ne Road,		Self	Spouse Cl	nild Othe	r 🔛	1104 Sandy	Stone	Roa	α,	
CITY		STATE	8. RESERVE	D FOR NUCC US	E		CITY				STATE
Essex	Truncher #	MD					Essex	······································			MD
ZIP CODE	TELEPHONE (Include	•					ZIP CODE	I TE		(Include Area C	•
21221	(410) 776-			tirla a substrati	ori treo ro		21221	20112.00	`	0) 776-4	405
9, OTHER INSURED'S NAME (Las	t Name, First Name, Mi	ddie Initial)	10, IS PAHE	NT'S CONDITION	RELATED TO:		11. INSURED'S POLICY G	ROUP OR	FECA NE	WRFH	
a, OTHER INSURED'S POLICY OF	GROUP NUMBER		a EMDLO	/MENT? (Current o	oz Dzaudaute)		a INSURED'S DATE OF BIE	RTH	<del></del>	SEX	
			a. civii co	YES	NO NO		a. INSURED'S DATE OF BIF			мП	FX
b. RESERVED FOR NUCC USE			b. AUTO A	L	نـــن		b, OTHER CLAIM ID (Design				. [7]
				YES	PLACE(	State)					
c, RESERVED FOR NUCC USE			c. OTHER	ACCIDENT?	LJ [	J	c, INSURANCE PLAN NAM	IE OR PRO	OGRAM N	AME	
			-, -, -, 1	YES	Х мо		Travelers				
A (A)OHDANOS SI ALLESS SES SES			104 20 127		LJ		d. IS THERE ANOTHER HE	AI TH DEN	SECT OF A	NIS	
d, INSURANCE PLAN NAME OR I	PHOGHAM NAME		≀oa, ULAIM	CODES (Designal	ea by NUCC)		YES NO			uvz i items 9, 9a, and	1.04
READ R	ACK OF FORM BEFOR	RE COMPLETING	& SIGNING	THIS FORM:			13. INSURED'S OR AUTHO	,			
12. PATIENT'S OR AUTHORIZED P	ERSON'S SIGNATURE.	I authorize the rele	ase of any me	edical or other infor			payment of medical ber services described belo	nefits to th			
to process this claim. I also req below.	uest payment of governi	ment benefits eithe	r to myselt or	to the party who a	ccepis assignme	ent	services described delu	JV7.			
SIGNED SIGNATURE	ON FILE		DA	NTE02/08	3/2023		SIGNED SIGNA	ATURE	ON	FILE	
14. DATE OF CURRENT ILLNESS,	INJURY, or PREGNAN	ICY (LMP)   15.	OTHER DATE	=			16, DATES PATIENT UNAB	LE TO WO	ORK IN CL		
MM   DD   YY 01   18   2023 QUA	∟¦ Ini	QL	IAL.	NA I	DD YY		FROM DD I	YY	Te	DD MM	l YY
17, NAME OF REFERRING PROVI		ICE 17a,	Γ'Τ΄		•		18. HOSPITALIZATION DAT		TED TO C	URRENT SERVI	CES YY
		17b.	NPI				FROM DD	**	T		1 ''
19. ADDITIONAL CLAIM INFORMA	TION (Designated by N	NUCC)	·				20. OUTSIDE LAB?		\$	CHARGES	
							YES X NO	0			
21. DIAGNOSIS OR NATURE OF I	LNESS OR INJURY R	lelate A-L to servic	e line below (	(24E) ICD In	ıd.		22. RESUBMISSION CODE	ı OB	IGINAL RI	F. NO.	
ALS134XXA	B. LS43499A	_ c. l	S80102	XA_	D. L						
ε. Ι	F. L	G,			н. 🖳		23. PRIOR AUTHORIZATIO	N NUMBE	R		
ı, L	J. L	_ к.			L, L						
24. A, DATE(S) OF SERVICE From To				RVICES, OR SUPP		<u>:</u> , Vosis		G. F	I.	J. RENDEF	DINI/2
MM DD YY MM DI		MG CPT/HCF		MODIFIER	POIN		\$ CHARGES L	OR Fair JNITS Pla	uly QUAL.	PROVIDE	
Hot/Cold Pack		1		· 1	, ,			,			
02 07 23 02 0		970	10		<u>i                                    </u>		46 00	1	NPi	135640	3331
Traction, mecha:			1	j 1	1 1		311	. 1	ļ		
02 07 23 02 0		970	)12				63 00	1	NPI	135640	3331
Electrical Sti		1 000	11 41	1 1	1 1		1 (0)	a I	ļ·		2221
02 07 23 02 0	7 23 11	9/0	)14	1 1			66 00	1	NPI	135640	333L
Exercise		1 03	101	j 1	ļ 1		102:00	1 l		13557	2221
02 07 23 02 0		97.	10	1 1	<u> </u>		103 00	1	NPI	135640	333L
CMT spinal, 1- 02 07 23 02 0		1 00	940	!!!	! 1		74 00	11	NPI	135640	
02 01 23 02 0	11 43 11	T 383	740		<u>i                                     </u>		14,00	<u> </u>	- INF	133040	222T
1 ! ! !	1 1 1	1	l	!!	1 1			1	NPI		
25. FEDERAL TAX I.D. NUMBER	SSN EIN	26. PATIENT'S A	CCOUNT NO	). 27. ACCI	EPT ASSIGNME ovt. clain <u>ns, se</u> e bac	NT?	28, TOTAL CHARGE	29. AI	MOUNT P	I AID 30. Rs	vd for NUCC Us
521521492		GREADO(		(For go	evt. claims, see bac ES NO	k)	\$ 352 0	- 1		,	352 00
31, SIGNATURE OF PHYSICIAN C		1		TION INFORMATI					+ 19	188) 570.	
INCLUDING DEGREES OR CF (I certify that the statements or	REDENTIALS	Parkvi.	lle/Ca	rney			Maryland Heal			iňľcs	
apply to this bill and are made				Road; S	Suite 20	)0	DBA MHC Healt 5 Park Center			mite 200	
		Parkvil	LIE, M	D 21234			Owings Mills		•	200	
SIGNED Michael Welch, D.	C DATE 02/08/2023	a.		b.	··········		a. 1043312036	——— b.			
SIGNED firetider Mercu' D'	DAIE 02/00/2023	1					1010012000	-			



#### **HEALTH INSURANCE CLAIM FORM**

PICA				**************************************	~					2011/17 - 400 (11) 0000 (12) No. (10)	PIGA 📗
1. MEDICARE MEDICAL		CHAME	— HE	ROUP ALTH PLAN	FECA BLK LUI	OTHER		IMBER		(For Program In	item 1)
(Medicare #) (Medicaid 2, PATIENT'S NAME (Last Name,	` LJ '	(Membe	<u>'''</u>	S BIRTH DATE	(ID#)	SEX (ID#)	IQC1880 4. INSURED'S NAME (I	ast Nama Fi	ret Name	Middle Initial)	
GREENE, ADRIEN	•	ν	MM		1 1	F X	GREENE, AI			Wildole II ililaij	
5, PATIENT'S ADDRESS (No., Str				RELATIONSHI			7. INSURED'S ADDRES				
1104 Sandy Sto	ne Road,		Self 🗴	Spouse	Child	Other	1104 Sandy	y Stone	e Roa	d,	
CITY		STATE		D FOR NUCC	USE		CITY			S	TATE
Essex		MD					Essex				MD
ZIP CODE	TELEPHONE (Include A	Area Code)					ZIP CODE	TE	LEPHONE	(Include Area Cod	e)
21221	(410) 776-	4405					21221		(41	0) 776-44	05
9. OTHER INSURED'S NAME (Las	t Name, First Name, Mid	idle Initial)	10. IS PATIE	NT'S CONDITI	ON RELATE	D TO:	11. INSURED'S POLIC	y group of	R FECA NU	IMBER	
OTUES NAMES OF SOLIOUS	00010101010									SEX	
a. OTHER INSURED'S POLICY OF	GROUP NUMBER		a. EMPLOY	MENT? (Curre		•	a, INSURED'S DATE OF				- (
b. RESERVED FOR NUCC USE			h ALITO A	YES	X	D	03 04		<del></del>	М	FΧ
b. Negenver on NGCO GGE			b, AUTO A	***************************************		PLACE (State)	b. OTHER CLAIM ID (D	esignated by	NOCC)		
c. RESERVED FOR NUCC USE			• OTHER	X YES	L N	ــــا	c. INSURANCE PLAN N	JAME OR PRI	OGRAM N	ΔNAE	
S, INCOLINATO I OLI MODO OSE			C, OIRER	ACCIDENT? YES	X	n		o anna Ott 130	COLORI 14	, wr!-	
			12.4				Travelers	HEALTH SE	MECIT DI A	Ma	
d. INSURANCE PLAN NAME OR	PROGRAM NAME		10d, CLAIM	CODES (Desig	inated by N	ucc)		8		aitems 9, 9a, and 9	
READ R	ACK OF FORM BEFOR	E COMPLETING	   & SIGNING "	THIS FORM			13. INSURED'S OR AU	1>			
12. PATIENT'S OR AUTHORIZED F to process this claim. I also red	PERSON'S SIGNATURE. I	authorize the rela	ase of any me	dical or other in			payment of medical services described	l benefits to ti			
below.	dest payment of governing	нент ренента екте	er to mysell of	to the party wit	o accepis a	ssignment	30171003 003011000	DOM			
SIGNATUR	E ON FILE		DA	TE02/	10/20	23	SIGNED SIC	SNATURI	E ON	FILE	
14, DATE OF CURRENT ILLNESS	INJURY, or PREGNANC	CY (LMP)   15.	OTHER DATE	ММ	, DD ,	YY	16. DATES PATIENT UI MM I D	NABLE TO W	ORK IN CL	JRRENT OCCUPAT	TION
MM   DD   YY 01   18   2023 qu	և Inj	QL	JAL.	NA			FROM		Ţ	0	
17. NAME OF REFERRING PROV	DER OR OTHER SOURC	F.=					18. HOSPITALIZATION MM <sub>I</sub> D		ATED TO C	URRENT SERVICE MM   DD	S YY
		17b	. NPI				FROM I		T		
19. ADDITIONAL CLAIM INFORM	ATION (Designated by N	UCC)					20. OUTSIDE LAB?	الساة	Ş	CHARGES I	
21. DIAGNOSIS OR NATURE OF	LINESS OR INJURY B	alata A-l to servic	e fine helow /	24E)			YES X	ИО			
				. 101	D Ind.	i	CODE	OF	RIGINAL RI	EF. NO.	
A. S134XXA	B. LS43499A		<u>  S80103</u>	<u>A2</u>	D		23. PRIOR AUTHORIZA	TION NUMBI	ER		
E. L	Г. <b></b> Ј. <b></b>	_ G, _ K.			н. Լ						
24. A. DATE(S) OF SERVICE			DURES, SEF	IVICES, OR SU	IPPLIES	E.	F.	G. P	H. I.	J,	
From T MM DD YY MM D	o PLACE OF D YY SERVICE E			rcumstances) MODIFIE	R	DIAGNOSIS	\$ CHARGES	OR Far	nity ID. Ian QUAL.	RENDERIN PROVIDER I	
Hot/Cold Pack											
02 09 23 02 0	9 23 11	970	010		į		46 00	1	NPI	1356403	331
Traction, mecha		t					, ,				
02 09 23 02 0		970	012	<u>i i</u>	i	<u> </u>	63 00	1	NPI	1356403	331
Electrical Sti		l on	241	1 1		1	ا ددا ۵۵	ا ما			
02 09 23 02 0		971	014	1 1			66 00	1	NPI	1356403	331
CMT spinal, 1-		1 00	امدم	!!!	•	1	74 00	1	L .	1256402	221
02 09 23 02 ( Exercise	2 23 11	98	940	LL	i		/4/00	1 1	NPI	1356403	J J T
02 09 23 02 0	9 23 11	97	110	1 1	1	l	206 00	2	NPI	1356403	331
	2 20 11			<u>i i</u>	i	<u> </u>				1330103	JJ1
;		1	1		1	1	!		NPi	<b>†</b>	
25. FEDERAL TAX I.D. NUMBER	SSN EIN	26. PATIENT'S /	ACCOUNT NO	). 27. <u>A</u>	CCEPT ASS	GIGNMENT?	28. TOTAL CHARGE	29. A	MOUNT P	AID 30. Rsvd	for NUCC Use
521521492		GREAD00	-	X	YES	NO NO		00 \$			455 00
31. SIGNATURE OF PHYSICIAN ( INCLUDING DEGREES OR C		32.SERVICE FA Parkvi			ATION		33. BILLING PROVIDE Maryland H	RINFO&PH	# ({E	388) 570-0	0088
(i certify that the statements of apply to this bill and are made	n the reverse	8113 H			Suite	e 200	DBA MHC Hea	althCar	e		
apply to this biji and are made	a harr maraor')	Parkvi.					5 Park Cen			uite 200	
							Owings Mil		<u> </u>		
SIGNED Michael Welch, D.	C. DATE 02/10/2023	а.		b.			a. 104331203	36 ы.			



#### **HEALTH INSURANCE CLAIM FORM**

PICA	, min dokumin ree (ride	,0,02,12								PICA
1. MEDICARE MEDICAID	TRICARE	CHAMP	VA GRO	UP F .TH PLANB	ECA OTHER LK LUNG X (ID#)	1a, INSURED'S I.D.	NUMBER		(For Progra	m in Item 1)
(Medicare #) (Medicaid #)  2. PATIENT'S NAME (Last Name, First Name)	(ID#/DOD#)	(Member	3. PATIENT'S E	DIDTH DATE	SEX	IQC1880 4. INSURED'S NAMI	E // act Name I	Firet Mana	Middle leitial	
GREENE, ADRIENNE	ame, widdle illstai)		MM 1 D		F-1	GREENE,	•	·	iviscole ilitial)	
5. PATIENT'S ADDRESS (No., Street)				LATIONSHIP TO		7, INSURED'S ADDI				
1104 Sandy Stone	Road,		Self 🗶	Spouse Chi	ld Other	1104 San	dy Ston	ae Roa	ıd,	
CITY		STATE		FOR NUCC USE	<u> </u>	CITY				STATE
Essex		MD				Essex				MD
	EPHONE (Include Area (	Code)				ZIP CODE	T	,	(Include Area	Code)
	410) 776-440					21221			0) 776-	4405
9, OTHER INSURED'S NAME (Last Name	e, First Name, Middle Ir	nitlal)	10. IS PATIENT	'S CONDITION I	RELATED TO:	11, INSURED'S POL	JCY GROUP O	OR FECA NU	JMBER	
a, OTHER INSURED'S POLICY OR GRO	UP NUMBER		a ENADI OVINI	ENT? (Current or	(Previous)	a INSURED'S DATE	OF BIRTH	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	SEX	STATE MD Code) 4405
			a. cwir co nwi	` _	X NO	a. INSURED'S DATE	4 1972		мП	FX
b. RESERVED FOR NUCC USE			b. AUTO ACC			N OTHER CLAIM ID				
			1	X YES	PLACE(State)					
c, RESERVED FOR NUCC USE			c. OTHER AC			c, INSURANCE PLAI	NAME OR PE	ROGRAM N	AME	
				YES [	Х ио	Traveler	S			
d, INSURANCE PLAN NAME OR PROGI	RAM NAME		10d, CLAIM CO	DDES (Designate	ed by NUCC)	d. IS THERE ANOTH	ER HEALTH BE	ENEFIT PLA	N?	
						YES	$\mathbf{X}$ NO If ye	es, complete	e items 9, 9a, a	nd 9d.
READ BACK O	OF FORM BEFORE CO				nation nacessar	13. INSURED'S OR a payment of medi				
to process this claim. I also request pa						services describe		1110 (41)	graa priyatoki	}
below. SIGNATURE O	N FILE			02/14	/2023	S	IGNATUR	RE ON	FILE	***************************************
SIGNED		M9) I 15	DATE OTHER DATE	·	•	SIGNED	· · · · · · · · · · · · · · · · · · ·			JPATION
MM DD YY	Ini	· 1	JAL.	MM I D NA I	D   YY	FROM	DD YY	T	MM i D	D I YY
17, NAME OF REFERRING PROVIDER O		17a.	T T		············	18, HOSPITALIZATIO		ATED TO C		
		17b.	. NPI			FROM	DD YY	Τ		
19. ADDITIONAL CLAIM INFORMATION	(Designated by NUCC)	l				20. OUTSIDE LAB?		\$	CHARGES	
							X NO			
21. DIAGNOSIS OR NATURE OF ILLNES			•	· IOD IIIC	ı. <b> </b>	22. RESUBMISSION CODE	10	RIGINAL RI	EF. NO.	
A. [S134XXA B. I	<u> [S43499A</u>	c. l	S8010XA	<u>7</u> D		23. PRIOR AUTHOR	ZATION NUME	BER		
E F.		G.		H	l	·				
I, J. J. 24. A, DATE(S) OF SERVICE	B, C,	K. I D. PROCE	DURES, SERVIC	ES. OR SUPPL	. L	F,	G, DAYS E	H. I. PSOT ID	Ι	],
From To	PLACE OF YY SERVCE EMG	(Expla	in Unusua) Circu PCS - I	imstances)	DIAGNOSIS	\$ CHARGES	DAYS E OR F. UNITS	PSDT ID. Plan OUAL.		ERING IER ID. #
Hot/Cold Pack				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					l	
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Traction, mechanic									1	
02 13 23 02 13		970	012	<u> </u>	<u> </u>	63 0	0 1	NPI	13564	03331
Electrical Stimul		07/	0141	i E	1 1	66;0	اما ما		1-2	00001
02 13 23 02 13		970	014		1	1 0010	0 1	NPi	13564	0333T
CMT spinal, 1-2 r 02: 13: 23   02: 13:		0.9.0	940	<u> </u>	!	74 0	00 1	 NPI	13564	
UZ: 13   23   UZ: 13: Exercise	~^  TT	303	/ <del>-</del>	i	i	1 /= 10	· `	131-1	13304	~~~~
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	1		1		<u> </u>					
						1		NPI	<u> </u>	
25. FEDERAL TAX I.D. NUMBER			ACCOUNT NO.	27. ACCE	PT ASSIGNMENT? I. clainis, see back)	28. TOTAL CHARGE		AMOUNTP	AID 30, I	Rsvd for NUCC Use
521521492		READO(	-	X YE	s NO		5 00 \$	1.a / .	<u> </u>	455 00
31. SIGNATURE OF PHYSICIAN OR SUI INCLUDING DEGREES OR CREDEN	NTIALS P.		силуцосати lle/Cari		NA .	33. BILLING PROVI Maryland	Healthca	are Cl	388) 57: inics	J-0088
(I certify that the statements on the re apply to this bill and are made a part	t thereof.)	113 На	arford 1	Road; Si	uite 200	DBA MHC H	ealthCa:	re		
•		arkvi.	lle, MD	21234		5 Park Ce Owings Mi				J
MANUEL Michael Malak D.A.	D. 1. T. 02 (3.1 (2.2.2.3 B)		b.			a. 1043312				i e ne neve, mente
SIGNED Michael Welch, D.C. [	DAIE 02/14/2023 31	/a <sub>4</sub> 01///a//01/a/a/a/a/a/a/a/a/	Ο.			TOTOTA	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	and the supplemental state of the supplement	and the section of the section of	and a lateral and a lateral and a lateral and a second and



#### **HEALTH INSURANCE CLAIM FORM**

FTT PICA			PICA T
1. MEDICARE MEDICAID TRICARE CHAN	PVA GROUP FECA OTHER HEALTH PLANT BLK LUNG	1a. INSURED'S I.D. NUMBER	(For Program in Item 1)
(Medicare #) (Medicald #) (ID#/DOD#) (Memb	PVA GROUP FECA OTHER er (D#) ((D#) ((D#) ((D#)) ((D#)	IQC1880	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)	3. PATIENT'S BIRTH DATE SEX	4. INSURED'S NAME (Last Name,	, ,
GREENE, ADRIENNE	03 04 1972 M FX	GREENE, ADRIENN	
5. PATIENT'S ADDRESS (No., Street)	6, PATIENT RELATIONSHIP TO INSURED	7. INSURED'S ADDRESS (No., Str.	·
1104 Sandy Stone Road,	Self Spouse Child Other	1104 Sandy Stor	
CITY STATE	8, RESERVED FOR NUCC USE	CITY	STATE
Essex MD  ZIP CODE TELEPHONE (Include Area Code)		Essex ZIP CODE	ELEPHONE (Include Area Code)
		21221	( 410) 776-4405
21221 (410) 776-4405 9, OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)	10. IS PATIENT'S CONDITION RELATED TO:	11. INSUBED'S POLICY GROUP O	· /
5. OTHER MODILED STANME (Last Marile, Flist Marile, Middle Hillia)	10. STATEM O CONSMICTNESS TO.	THE PRODUCTION OF THE PROPERTY	STITE OF THE STITE
a. OTHER INSURED'S POLICY OR GROUP NUMBER	a. EMPLOYMENT? (Current or Previous)	a, INSURED'S DATE OF BIRTH MM   DD   YY	SEX
	YES X NO	03 04 1972	M F X
b. RESERVED FOR NUCC USE	b. AUTO ACCIDENT? PLACE (State)	b. OTHER CLAIM ID (Designated b	
	YES NO		
c, RESERVED FOR NUCC USE	c. OTHER ACCIDENT?	c. INSURANCE PLAN NAME OR P	ROGRAM NAME
	YES X NO	Travelers	
d, INSURANCE PLAN NAME OR PROGRAM NAME	10d, CLAIM CODES (Designated by NUCC)	d, IS THERE ANOTHER HEALTH B	ENEFIT PLAN?
		YES NO 11 ye	es, complete items 9, 9a, and 9d.
READ BACK OF FORM BEFORE COMPLETIN			PERSON'S SIGNATURE I authorize the undersigned physician or supplier for
<ol> <li>PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE. I authorize the re to process this claim. I also request payment of government benefits elti</li> </ol>		services described below.	the didensigned physician of supplier for
below. SIGNATURE ON FILE	02/21/2023	Q T C N A TITLE	RE ON FILE
SIGNED	DAIE	SIGNED	
MM DD YY ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	OTHER DATE  WAL.   MM   DD   YY	MW I DD I YY	
01 18 2023 QUAL Inj	I I NA I I	FROM 18, HOSPITALIZATION DATES RE	TO
177, 147, 147, 147, 147, 147, 147, 147,		FROM DD YY	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB?	\$ CHARGES
		YES X NO	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to serv	ice fine below (24E) ICD Ind.	22, RESUBMISSION	DRIGINAL REF. NO.
A LS134XXA B.LS43499A G	S8010XA D.L.		
E. L		23. PRIOR AUTHORIZATION NUM	BER
ı, L y, L K	L. L.		
	EDURES, SERVICES, OR SUPPLIES E. alin Unusual Circumstances) DIAGNOSIS	F. G.	H. I. J. PSOT ID. RENDERING
MM DD YY MM DD YY SERVICE EMG CPT/HC	PCS   MODIFIER POINTER	\$ CHARGES UNITS	Plan QUAL PROVIDER ID. #
Hot/Cold Pack	0101	ا مدامها ما	1256400001
	010	46 00 1	NPI 1356403331
Traction, mechanical	012	63 00 1	NDI 1256402221
02 17 23 02 17 23 11 97  Electrical Stimulation	U12	63 00 1	NPI 1356403331
	014	66 00 1	NPI 1356403331
CMT spinal, 1-2 regions	<u> </u>	1 00,00 1	1.01 1.00400001
	940	74 00 1	NPI 1356403331
Exercise	<u></u>	1 1 1 1 1	
and the second of the second o	110	206 00 2	NPI 1356403331
Hot/Cold Pack	1	<u>.t</u>	
02   20   23   02   20   23   11   97	010	46 00 1	NPI 1356403331
	ACCOUNT NO. 27. ACCEPT ASSIGNMENT?	1 1	AMOUNT PAID 30. Rsvd for NUCC Use
521521492 X GREADO	08   X YES   NO	\$ 501 00 \$	501 00
INCLUDING DEGREES OR CREDENTIALS Parky	acility Location information 11e/Carney	33. BILLING PROVIDER INFO & PI Maryland Healthc	## (888) 570-0088 are Clinics
first that the alabaseada and the returns	arford Road; Suite 200	DBA MHC HealthCa	re
apply to line our and a part morally	lle, MD 21234	5 Park Center Co	
	· · · · · · · · · · · · · · · · · · ·	Owings Mills, MD	- TITI
SIGNED Michael Welch, D.C. DATE 02/21/2023 a.	ь.	а 1043312036 ь.	



#### **HEALTH INSURANCE CLAIM FORM**

PICA											PICA
1. MEDICARE MEDICAII	D TRICARE	CHAM	VA G	ROUP	EEÇA	OTHER	1a. INSURED'S I.D. NUI	ABER	mang pagang	(For Program	ı in Item 1)
(Medicare #) (Medicald	#) (ID#/DOD#)	(Membe		EALTH PLAN D#)	(ID#)	OTHER VG X (ID#)	IQC1880				
2. PATIENT'S NAME (Last Name, F	irst Name, Middle Initia	l)	3. PATIENT MM I	'S BIRTH DATE		SEX	4. INSURED'S NAME (La	ast Name, Fi	rst Name,	Middle Initial)	
GREENE, ADRIENN	1E			04 197	2 м	F X	GREENE, AD	RIENNE	3		
5. PATIENT'S ADDRESS (No., Stre	et)	***************************************	6. PATIENT	RELATIONSHIP	TO INSU	RED	7. INSURED'S ADDRES	S (No., Stree	:t)		
1104 Sandy Stor	ne Road,		Self >	Spouse	Child	Other	1104 Sandy	Stone	e Roa	ıd,	
CITY	, , , , , , , , , , , , , , , , , , ,	STATE	8. RESERVE	ED FOR NUCC	USE		CITY				STATE
Essex		MD					Essex				MD
ZIP CODE	TELEPHONE (include A	Area Code)					ZIP CODE	TE		(Include Area C	•
21221	(410) 776-	4405					21221		(41	0) 776-4	1405
9, OTHER INSURED'S NAME (Last	Name, First Name, Mic	(dle Initlal)	10. IS PATIE	ENT'S CONDITION	ON RELATE	D TO;	11, INSURED'S POLICY	GROUP OR	FECA NU	JMBER	
a, OTHER INSURED'S POLICY OR	GROUP NUMBER		a. EMPLO	YMENT? (Currer			a, INSURED'S DATE OF MM j DD į	BIRTH YY		SEX	
				YES	X	3	03   04			MLI	F X
b. RESERVED FOR NUCC USE			b. AUTO A		, I	PLACE (State)	b. OTHER CLAIM ID (De	signated by I	NUCC)		
				X YES	U N€	ـــــا ٥					
c, RESERVED FOR NUCC USE			c, OTHER	ACCIDENT?		_	c, INSURANCE PLAN N	AME OR PRO	ogram N	AME	
				YES	X	3	Travelers				
d, INSURANCE PLAN NAME OR F	ROGRAM NAME	***************************************	10d, CLAIM	CODES (Desig	nated by N	UCC)	d, IS THERE ANOTHER		NEFIT PLA	N?	
							YES X	•		items 9, 9a, an	
READ BA	ACK OF FORM BEFOR				nformation -	acacean;	13. INSURED'S OR AUT payment of medical				
to process this claim. I also requ							services described b		. 5 21130101	o. iou prigoroidii i	enfolmen 100
below. SIGNATURE	ON ETTE			02/	21/20	23	QTC	NATURE	7 OM	FILE	
SIGNED				ATE			SIGNED				217011
14. DATE OF CURRENT ILLNESS,	1	· · ·	OTHER DATE	MM I	DD ;	YY	16. DATES PATIENT UM MM   DD			MM i DD	
01 18 2023 QUA			ii	NA	LL		FROM ; 18, HOSPITALIZATION D	ATES RELA	TED TO C		i CES
!	ZEST OR OTHER BOOM	17b.	·   ·				MM I DD		T(	GG J MM	l W
19. ADDITIONAL CLAIM INFORMA	TiON (Declarated by N		INFI				FROM 20, OUTSIDE LAB?	<u> </u>		CHARGES	
10. ADDITIONAL ODAMA IN OUMA	HON (Dasignated by N	000)					YES X	NO	*		
21. DIAGNOSIS OR NATURE OF IL	I NESS OR INJURY BO	elate A-L to servic	e line below	(24F) 10F	I		22. RESUBMISSION	NO			
					) Ind.	İ	CODE	OR	IGINAL RE	EF, NO,	
A. LS134XXA	в. <u>LS43499A</u>		S8010	XA_	D. L		23. PRIOR AUTHORIZAT	TON NUMBE	≘R		
Ε. Ι	F. L	_ G,			H. L						
24. A. DATE(S) OF SERVICE	J. L	C, D, PROCE	DURES, SEE	RVICES, OR SU	PPLIES	E.	F.	G,   +	ł. I I.	J.	
From Te	PLACE OF	(Expla	in Unusual Ci	ircumstances) MODIFIE		DIAGNOSIS	\$ CHARGES	G. H DAYS EPS OR Fatt UNITS PIS	DT ID.	RENDEI PROVIDE	
MM DD YY MM DE Traction, mechan		MG CPI/MCP	65	MODIFIER	1	POINTER	\$ CHARGES	UNITS Pia	in QUAL.	PROVIDE	n ID. #
02 20 23 02 2		1 970	012	ţ (	l t		63 00	11	NPI	135640	3331
Electrical Stir			L			1		1	-		
02 20 23 02 2		970	14	1 !	1	•	66,00	1	NPI	135640	3331
CMT spinal, 1-						1					
02 20 23 02 2		989	940		}		74 00	1	NPI	135640	3331
Exercise		. •		<u> </u>	t		1				
02 20 23 02 2	0 23 11	971	110		-		206 00	2	NPI	135640	3331
						_		•			
									NPI		
		_									
ŧ					<u> </u>	<b></b>			NPI		
25. FEDERAL TAX I.D. NUMBER	SSN EIN	26. PATIENT'S A		). 27. AC	CCEPT ASS	IGNMENT? see back)	28, TOTAL CHARGE		MOUNT P	AiD 30, Rs	ivd for NUCC Us
521521492		GREAD00		<u> </u>   ×	YES _	NO		00 \$			409 00
31, SIGNATURE OF PHYSICIAN O INCLUDING DEGREES OR CR	H SUPPLIER EDENTIALS	32.SERVICE FA Parkvi			ATION		33.BILLING PROVIDER Maryland He	iNFO&PH# althca:	# (8 re Cl	388 <b>)</b> 570	-0088
(I certify that the statements or apply to this bill and are made	the reverse			Road;	Suite	e 200	DBA MHC Hea	lthCar	e		
abbit to any pill and are made	~ pare 0.00(4011)			D 21234			5 Park Cent			uite 200	
			*	<b>I</b>			Owings Mill				***************************************
SIGNED Michael Welch, D.C	. DATE 02/21/2023	a.		<b>ს</b> ,			a. 104331203	6 ы.	1 + 17+		



#### **HEALTH INSURANCE CLAIM FORM**

MORRISON	PICA											PICA
	1. MEDICARE MEDICAID	TRICARE	CHAMI	VA GF	IOUP	FECA	OTHER	1a. INSURED'S I.D.	NUMBER		(For Progran	n in Item 1)
SERENE   ADRIENME	(Medicare #) (Medicaid #)	(ID#/DOD#)	(Membe	r ID#) HE	'ALTH PLAI #)	N BLK LU	NG X (ID#)	IQC1880				
CRESENTE   ADRIENTE   O.3   O.1   1972 M   F   X   SIGNERIE   ADRIENTED   ADRIENT   ADRIENTED   ADRI	2. PATIENT'S NAME (Last Name, First	i Name, Middle Initia	d)				SEX	4. INSURED'S NAM	E (Last Name	, First Name	, Middle Initial)	
STATE   STA	GREENE, ADRIENNE	ī					FΧ	GREENE,	ADRIEN	NE		
STATE   MD   PRODUCT   P	5. PATIENT'S ADDRESS (No., Street)			6. PATIENT	RELATIONS	SHIP TO INSU	RED		, .			
EaseX	1104 Sandy Stone	Road,		Self X	Spouse	Child	Other	1104 San	dy Sto	ne Roa	ad,	
THE PICKE   POCHAS AND COMP   CALLO   77.6 - 4405   10.5 PATIGNESS OF DIVIDITY   CALLO   77.6 PA   405   10.5 PATIGNESS OF DIVIDITY   CALLO   77.6 PA   40.5 PA   77.6 PA   40.5 PA   77.6 PA   40.5 PA   4	CITY		STATE	8, RESERVE	D FOR NUC	CC USE		CITY				STATE
21221	Essex		MD	]				Essex				MD
OTHER MODIFIED'S NAME CLAR MORES TRANSCRIPTOR MADE   10. 18 MATERIA'S CONTRITION RELATED TO:   1. MISSUREO'S POLICY GROUP CRITECA MARKER   1. MISSUREO'S POLICY GROUP CREEK   1. MISSURED SOLICY GROUP CREEK   1. MISSURED SOLI	ZIP CODE TE	LEPHONE (include /	Area Gode)					ZIP CODE		TELEPHON	E (Include Area	Code)
A REMINED BALLOY OR GROUP HUMBER	21221	<b>(410)</b> 776-	4405					21221		(41	LO <b>)</b> 776-	4405
V88   No	9. OTHER INSURED'S NAME (Last Na	ıme, First Name, Mic	ddle Initlal)	10. IS PATIE	NT'S CONE	DITION RELATI	ED TO:	11. INSUREO'S POL	ICY GROUP	OR FECA N	UMBER	
V88   No				Ì								
No.	a. OTHER INSURED'S POLICY OR GR	ROUP NUMBER		a. EMPLOY	MENT? (Cu	urrent or Previo	ous)	a, INSURED'S DATE MM   DD	OF BIRTH		SEX	
PACTICIPATE   PRODUCTION   PR					YES	s X N	0	1 i	3	2	м	F 🔀
NS.   NO	b. RESERVED FOR NUCC USE			b. AUTO AC	CIDENT?		: PLACE (State)	b. OTHER CLAIM ID	(Designated	by NUCC)		
NSURPLY SERVICES   NO					X YES		, ,					
INSURANCE FLAN NAME OR PROGRAM NAME	c, RESERVED FOR NUCC USE			c. OTHER A	CCIDENT?	}	total annual state of	c. INSURANCE PLA	NAME OR I	PROGRAM	NAME	
PATERINFS OR AUTHORIZED FERSOR'S SIGNATURE   Suthering to rehabilist file rehabits of anymedical or other information necessary before the state of the party with accepts adjusted before the state of the party with accepts adjusted before the state of the party with accepts adjusted before the party with accepts adjusted by the party with a party with accepts adjusted by the party with a party with a party with a party with accepts adjusted by the party with a part					YES	s X N	0	Traveler	S			
READ BACK OF FORM BEFORE COMPLETING A SIXHNET THIS FORM.   PATHETS OR AUTHORIZED PERSONS SIGNATURES. SIXHNETHER IN BOTH AND DEVELOPMENT OF AUTHORIZED PERSONS SIGNATURES. SIXHNETHER IN BOTH AND DEVELOPMENT IN BOTH OF AUTHORIZED PERSONS SIGNATURES. SIXHNETS IN BOTH OF AUTHORIZED PERSONS SIGNATURES. SIXHNETS SIXHNETHER SHIP or to the party who copies assignment before the control of powerment between the myeal of to the party who copies assignment before the copies assignment before the party who copies assignment before the party who copies assignment of the copies of the party who copies assignment before the party who copies assignment before the party who copies assignment of the copies of the party who copies assignment of the copies of the party who copies assignment of the copies of the party who copies assignment of the copies of the party who copies assignment of the copies of the party who copies assignment of the copies of the party who copies assignment of the copies of the party who copies assignment of the copies of the party who copies assignment of the copies of the party who copies assignment of the copies of the party who copies assignment of the copies of the party who copies assignment of the copies of the party who copies assignment of the copies of the party who copies assignment of the copies of the party who copies assignment of the copies of the party who copies assignment of the copies of the party who copies assignment of the copies of the party who copies assignment of the copies of the cop	A INSURANCE PLAN NAME OR PRO	OGRAM NAME		10d CLAIM	CODES (D)	asignated by N	IUCC)	d, IS THERE ANOTH	ER HEALTH I	BENEFIT PL	AN?	
PATENTS OR AUTHORIZED PERSONS GIGNATURE   Authorize the release of any model and or other Information necessary to proceed the indirect of the party mode and processory to proceed the indirect of the party mode and processory to proceed the indirect of the party mode and processory to proceed the indirect of the party mode and processory to proceed the indirect of the party mode and processory to proceed the indirect of the party mode and processory to the party model of the party model of the party mode and processory model of the party							,	YES	X NO III	es, complet	ie items 9, 9a, ar	nd 9d.
Services pix-claim.   labor equest payment of government benefits either to myself or to the party who accepts assignment benefits.	READ BAC	K OF FORM BEFOR	E COMPLETING	& SIGNING T	HIS FORM	1.		13. INSURED'S OR A	AUTHORIZED	PERSON'S	SIGNATURE I	authorize
SIGNATURE ON FILE   DATE   O2/22/2023   SIGNATURE ON FILE   SIGNATURE OF										o the unders	signed physician	or supplier for
DATE OF CURRENT ILLNESS, INJURY, or PRESHANACY (LMP)   15. OTHER DATE   NAM   DD   YY   10. DATE OF CURRENT CURRENT COUPATION   NAM   DD   YY   10. DATE OF CURRENT CURRENT COUPATION   NAM   DD   YY   10. DATE OF CURRENT CURRENT COUPATION   NAM   DD   YY   10. DATE OF CURRENT CURRENT COUPATION   NAM   DD   YY   NAM		t payment or governin	nork bonoma cim	a to myddii or	, ,		•					
MM   DD   YV   NAM   DD   YV	SIGNATURE	ON FILE		DA	TE02	2/22/20	23	SIGNEDSI	IGNATU.	RE ON	FILE	
OTI   TO   INPUT	14. DATE OF CURRENT ILLNESS, IN.	JURY, or PREGNANC	CY (LMP)   15.			1 00	101	16, DATES PATIENT	UNABLE TO	WORK IN C	URRENT OCCU	PATION
A ADDITIONAL CLAIM INFORMATION (Designated by NUCC)   176		Ini	QL	JAL.			YY	li	ין טט		1	, , , , ,
To   Notice   Notic	17. NAME OF REFERRING PROVIDER	OR OTHER SOUR	CE 17a									/ICES
			17b	NPI					ן טט			
DIAGNOSIS OR NATURE OF ILLNESS OR INJURY   Relate A-L to service line below (24E)   ICD Ind.	19. ADDITIONAL CLAIM INFORMATIO	N (Designated by N	UCC)	.,				20. OUTSIDE LAB?			CHARGES	
A   S134XXA   B   LS43499A   C   LS8010XA   D   L   CODE   ORIGINAL REF. NO.    A   DATE(S) OF SERVICE   F.								YES [	Х			
A S134XXA B. LS43499A C. LS8010XA D	21, DIAGNOSIS OR NATURE OF ILLN	ESS OR INJURY Re	elate A-L to servi	e line below (	24E)	ICD Ind.			1	UDICINAL E	DEE NO	
E.	ΔIS134XXA	BIS43499A	C	S8010X	άA	n I						
4. DATE(S) OF SERVICE   B. C. D. PROCEDURES, SERVICES, OR SUPPLIES   C. D. PROCEDURES, SERVICES, OR SUPPLIES   DIAGNOSIS   S. CHARGES   DIAGNOSIS   DIA								23. PRIOR AUTHORI	IZATION NUN	ABER		
Mode	1.	J	_ K.			L, L						
Mode								F.	G. DAYS	H, I,		
Hot/Cold Pack   O2 21 23 02 21 23 11   97010   46 00 1   NPI 1356403331								\$ CHARGES	l oa	IEarn 27		
Traction, mechanical 02 21 23 02 21 23 11 97012 63 00 1 NPI 1356403331  Electrical Stimulation 02 21 23 02 21 23 11 97014 66 00 1 NPI 1356403331  CMT spinal, 1-2 regions 02 21 23 02 21 23 11 98940 74 00 1 NPI 1356403331  Exercise 02 21 23 02 21 23 11 97110 206 00 2 NPI 1356403331  Exercise 02 25 25 26 26 26 26 26 26 26 26 26 26 26 26 26											1	
02   21   23   02   21   23   11   97012   63   00   1   NPI   1356403331	02 21 23 02 21	23 11	970	010				46 0	0 1	NPI	135640	)3331
Electrical Stimulation 02 21 23 02 21 23 11 97014 66 00 1 NPI 1356403331  CMT spinal, 1-2 regions 02 21 23 02 21 23 11 98940 74 00 1 NPI 1356403331  Exercise 02 21 23 02 21 23 11 97110 206 00 2 NPI 1356403331  Exercise 02 21 23 02 21 23 11 97110 206 00 2 NPI 1356403331  Exercise 02 21 23 02 21 23 11 97110 206 00 2 NPI 1356403331  Exercise 02 21 23 02 21 23 11 97110 206 00 2 NPI 1356403331  Signature of Physician on Supplier including Decreases on Creditals (certify that the statements on the reverse apply to this bill and are made a part thereof.)  Parkville, MD 21234 02 00 Owings Mills, MD 21117			-			***		•			I	
Electrical Stimulation 02 21 23 02 21 23 11 97014 66 00 1 NPI 1356403331  CMT spinal, 1-2 regions 02 21 23 02 21 23 11 98940 74 00 1 NPI 1356403331  Exercise 02 21 23 02 21 23 11 97110 206 00 2 NPI 1356403331  Exercise 02 21 23 02 21 23 11 97110 206 00 2 NPI 1356403331  Exercise 02 21 23 02 21 23 11 97110 206 00 2 NPI 1356403331  Exercise 02 21 23 02 21 23 11 97110 206 00 2 NPI 1356403331  Signature of Physician on Supplier including Decreases on Creditals (certify that the statements on the reverse apply to this bill and are made a part thereof.)  Parkville, MD 21234 02 00 Owings Mills, MD 21117	02 21 23 02 21	23 11	970	012				63 0	0 1	NPI	135640	3331
CMT spinal, 1-2 regions 02 21 23 02 21 23 11 98940 74 00 1 NPI 1356403331  Exercise 02 21 23 02 21 23 11 97110 206 00 2 NPI 1356403331  i. Federal Tax I.D. Number SSN EIN 521521492 SPAN GREAD008 SPAN GREAD008 SPAN Spen Seed back)  i. Signature of Physician or Supplier including Decrees or Crepentials (i certify that the statements on the reverse apply to this bill and are made a part thereof.)  Parkville, MD 21234 SPAN Span Span back)  Parkville, MD 21234 Span Span back)  Parkville, MD 21234 Span Span back)  Span Span Span Back Span Span Back Span Ba	Electrical Stimu	lation	•								1	
CMT spinal, 1-2 regions  02 21 23 02 21 23 11 98940 74 00 1 NPI 1356403331  Exercise  02 21 23 02 21 23 11 97110 206 00 2 NPI 1356403331	02 21 23 02 21	23 11	970	014				66 0	0 1	NPI	135640	03331
1356403331							•					
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28. PATIENT'S ACCOUNT NO. 27. ACCEPT ASSIGNMENT? 521521492		23 11	97	110			}	206 0	0 2	NPI	135640	03331
28. PATIENT'S ACCOUNT NO. 27. ACCEPT ASSIGNMENT? 521521492				•		<b>!</b>						
GREADOO8  SABLLING PROVIDER INFO & PH # (888) 570-0088  Maryland HealthCare Clinics  DBA MHC HealthCare  DBA MHC HealthCare  Fark Center Court, Suite 200  Owings Mills, MD 21117										NPI	I	
521521492 GREAD008 Yes No \$ 455 00 \$ 455 00 \$ 15	25. FEDERAL TAX I.D. NUMBER	I	26, PATIENT'S	осойит ио		¿For dovi, claims	SIGNMENT?	28. TOTAL CHARGE	29	, AMOUNT I	PAID 30, R	svd for NUCC Us
1. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)  32. SERVICE FACILITY LOCATION INFORMATION Parkville/Carney  8113 Harford Road; Suite 200  Parkville, MD 21234  33. BILLING PROVIDER INFO & PH # (888) 570-0088  Maryland Healthcare Clinics  DBA MHC HealthCare  5 Park Center Court, Suite 200  Owings Mills, MD 21117	521521492					X YES						455 00
apply to this bill and are made a part thereof.)  8113 Harford Road; Suite 200 Parkville, MD 21234  DBA MHC HealthCare 5 Park Center Court, Suite 200 Owings Mills, MD 21117		SUPPLIER				RMATION		33. BILLING PROVID	DER INFO & P	H# (	8 <u>88)</u> 570	0-0088
Parkville, MD 21234  5 Park Center Court, Suite 200 Owings Mills, MD 21117	(I certify that the statements on the	e reverse				. 0114+	0 200	DBA MHC H	ealthCa	are Cl are	лится	
Owings Mills, MD 21117	apply to this bill and are made a p	art thereof.)					E 200	5 Park Ce	nter Co	ourt, S		
IGNED Michael Welch, D.C. DATE 02/22/2023 a. b. a. 1043312036 b.			Falkvi.	rre, M	U ZIZ	J7						
	SIGNED Michael Welch, D.C.	DATE 02/22/2023	a.		b.			a. 1043312	036 ы.		ta May tayasa t	11.



#### **HEALTH INSURANCE CLAIM FORM**

	PICA				PICA
	1. MEDICARE MEDICAID TRICARE CHAMI	PVA GROUP FECA OTHER	1a, INSURED'S I,D, NUMBER	(For	Program in Item 1)
CREENER   ADRIENNE			~ .		
A PRINCE AND ACCOUNTS   A RESERVED TO NAME (PART NAME OF A PROCESS)   A RESERVED TO NAME (PART NAME OF A PROCESS)   A RESERVED TO NAME (PART NAME OF A PROCESS)   A RESERVED TO NAME (PART NAME OF A PROCESS)   A RESERVED TO NAME (PART NAME OF A PROCESS)   A RESERVED TO NAME (PART NAME OF A PROCESS)   A RESERVED TO NAME (PART NAME OF A PROCESS)   A RESERVED TO NAME (PART NAME OF A PROCESS)   A RESERVED TO NAME (PART NAME OF A PROCESS)   A RESERVED TO NAME (PART NAME OF A PROCESS)   A RESERVED TO NAME (PART NAME OF A PROCESS)   A RESERVED TO NAME (PART NAME OF A PROCESS)   A RESERVED TO NAME (PART NAME OF A PROCESS)   A RESERVED TO NAME OF A PROCESS   A RESERVED TO NAME OF A RESERV	• • • • • • • • • • • • • • • • • • • •	MM I DD I YY FT FAIL	•		Initial)
SAID   Standy Stone Road,   SAID	•				
STATE   STAT	* * *		•		
Signax   Min   M				Road,	OTATE
PRODUCT		8, RESERVED FOR NOCO USE	_,,,		
21221		-		TELEPHONE (Include	
OTHER NORMET'S NAME CALTIFORMS, FACE James, Middle Initially   10. 8 POTICIT'S CONDITION TILLARED TO:   11. NORMET'S POLICY OR ORICLE NUMBER   2 NO   2   2   1   1   2   2   2   2   2   2				, `,	,
A. EMPLOYMENT? COLINETY PRINCE DAYS OF RICHY AND ACCORDING TO ADMINISTRATION NUMBER   S. EMPLOYMENT? COLINETY   VES.   NO.		10. IS PATIENT'S CONDITION RELATED TO:			
NESSHWED FOR NUCC USE	, , , , , , , , , , , , , , , , , , ,	·			
Ves	a. OTHER INSURED'S POLICY OR GROUP NUMBER	a. EMPLOYMENT? (Current or Previous)	a. INSURED'S DATE OF BIRTH		SEX
FLACE (SERVIND FOR NUCCUSE		YES X NO		2 м	F 🗙
INSURANCE PLAN NAME OR PROGRAM NAME	b. RESERVED FOR NUCC USE	PLAGE (State) 1	b. OTHER CLAIM ID (Designated	by NUCC)	
NSURANCE PLAN NAME OR PROGRAM NAME		X YES NO			
Ind. CLAIM CODES (Readignated by NUCC)	c, RESERVED FOR NUCC USE	c, OTHER ACCIDENT?	c, INSURANCE PLAN NAME OR	PROGRAM NAME	
PARENTS OR AUTHORIZED PERSON'S SIGNATURE: Lauthborse the release of any medical or other information necessary to proceed the delin Later respect payment of government baseds are other information necessary to proceed the delin Later respect payment of government baseds are other information necessary payment of government baseds are the release of any medical or other information necessary payment of government baseds are the release of any medical or other information necessary payment of government baseds are the release of any medical or other information necessary payment of government baseds are the release of any medical or other information necessary payment of government baseds are the release of any medical or other information necessary payment of government baseds are the release of any medical or other information necessary payment of government baseds are the release of any medical or other information necessary payment of government baseds are the release of any medical or other information necessary payment of government baseds are the release of any medical or other information necessary payment of government baseds on the release of any medical or other information necessary payment of government baseds are released to the release of the rel		YES X NO	Travelers		
DATE OF FORM BEFORE COMPLETING & SIGNING THIS FORM.  JOHN STORALTH ROBERD PRESONS SIGNATURE I authorize to a revise of any medical or other information necessary to process this claim. Jabo request proyment of government benefits either to myself or to the party who accepts assignment benefits. In Jabo request proyment of any medical or to the party who accepts assignment benefits. In Jabo request proyment of government benefits either to myself or to the party who accepts assignment benefits. In Jabo request proyment of any medical polysician or supplier for benefits. In Jabo request proyment of a government benefits either to myself or to the party who accepts assignment benefits. In Jabo request proyment of a government benefits either to myself or to the party who accepts assignment benefits. In Jabo request proyment of any medical polysician or supplier for benefits. In Jabo request proyment of any medical polysician or supplier for benefits. In Jabo request proyment of any medical polysician or supplier for benefits. In Jabo request proyment of any medical polysician or supplier for benefits. In Jabo request proyment of any medical polysician or supplier for benefits. In Jabo request proyment of any medical polysician or supplier for benefits. In Jabo any medical polysician or supplier for benefits assignment proyment of any medical polysician or supplier for benefits. In Jabo any medical polysician or supplier for benefits assignment proyment of any medical polysician or supplier for benefits. In Jabo any medical polysician or supplier for benefits assignment proyment of the following proyment o	d, INSURANCE PLAN NAME OR PROGRAM NAME	10d, CLAIM CODES (Designated by NUCC)	d, IS THERE ANOTHER HEALTH	BENEFIT PLAN?	
PATENTS OR ALTH-CINIZED PERSONS SIGNATURE   Luthorous the release of any medical sold or other information necessary to process the facility and properly the control in the progression of properly the control in the progression of procession of the party was accept assignment below.    ACM   SIGNATURE   ON FILE   DATE   OZ / 24 / 20 23			YES X NO #	<i>yes</i> , complete items	9, 9a, and 9d.
Services the claim.   Jabon equact powered of government benefits either to myself or to the party who accepts assignment below.					
SIGNATURE ON FILE   DATE   D	to process this claim. I also request payment of government benefits either	er to myself or to the parly who accepts assignment		to the bridge stee p	nyolotan or ooppaor to
DATE OF CUMPRENT ILLNESS, INJURY, or PREGNANCY (LMP)   15. OTHER DATE		02/24/2023	STANDTI	IRE ON ETT.	E.
Table   2023   QUAL   Tnj   CUM   NA   FROM   To   NA   FROM   To   NAME OF REFERRING PROVIDER OR OTHER SOURCE   176   NPI   176   NPI   18 HOSPITALIZATION DATES RELATED TO CUMENT SERVICES WITH   NPI   NPI   18 HOSPITALIZATION DATES RELATED TO CUMENT SERVICES WITH   NPI   N	SIGNED	DATE	SIGNED		
NAME OF REFERRING PROVIDER OR OTHER SOURCE   17a	MM DD YY	IALL 1 MM DD 1 YY	, ,		I DD I YY
176.   NPI   N	01; 18; 2023 QUAL; 1n]	i i NAi i			NT SERVICES
20. OUTSIDE LARY   S. CHARGES			MM (DD )	YY MN	
VES   No	<u> </u>	. 116.1			LL GES
Diagnosis or Nature of ILNESS or INJURY Relate A-L to service line below (24E)   IOD Ind.			YES X NO		
A LS134XXA B LS43499A C LS8010XA D L 23. PRIOR AUTHORIZATION NUMBER  E. F. G. H. L 23. PRIOR AUTHORIZATION NUMBER  F. G. PLACE OF SERVICE FROM DD YY MM DD YY SERVICE EMB CPTA/CPCS MODIFIER POINTER  B C. PLACE OF SERVICE SERVICES OR SUPPLIES FROM DD YY MM DD YY SERVICE EMB CPTA/CPCS MODIFIER  B C. PLACE OF SERVICE SERVICES OR SUPPLIES FROM DOWN SERVICE SERVIC	21, DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to servi	ce line below (24E)   ICD Ind.	22. RESUBMISSION	CENONIAL ESERVIC	
E.	* + S134XXA	158010XA 51			
New   1356403331   New   13564			23, PRIOR AUTHORIZATION NU	MBER	
March   Do   Do   March   Do   Do   March					
Modified			F. G. DAYS	H. I.	
02   23   23   02   23   23   11   97010   46   00   1   NP  1356403331	MM DD YY MM DD YY SERVICE EMG CPT/HCI		\$ CHARGES OR UNITS	IFamily I 124	
Traction, mechanical  02 23 23 02 23 23 11 97012 63 00 1 NPI 1356403331  Electrical Stimulation  02 23 23 02 23 23 11 97014 66 00 1 NPI 1356403331  Extraspinal, 1 or more regions  02 23 23 02 23 23 11 98943 60 00 1 NPI 1356403331  Exercise  02 23 23 02 23 23 11 9710 206 00 2 NPI 1356403331  Exercise  02 23 23 02 23 23 11 9710 206 00 2 NPI 1356403331  Exercise  102 23 23 02 23 23 11 9710 206 00 2 NPI 1356403331  Exercise  103 00 1 NPI 1356403331  Exercise  104 206 00 2 NPI 1356403331  Exercise  105 21521492 NPI 1356403331  Exercise  106 00 0 1 NPI 1356403331  Exercise  107 206 00 2 NPI 1356403331  Exercise  108 206 00 2 NPI 1356403331  Exercise  109 206 00 2 NPI 1356403331  Exercise  109 206 00 2 NPI 1356403331  Exercise  100 2 23 23 23 23 23 23 23 23 23 23 23 23 2				,	
1		010	46 00 1	NPI 13	556403331
Electrical Stimulation  02 23 23 02 23 23 11 97014 66 00 1 NPI 1356403331  Extraspinal, 1 or more regions  02 23 23 02 23 23 11 98943 60 00 1 NPI 1356403331  Exercise  02 23 23 02 23 23 11 97110 206 00 2 NPI 1356403331  Exercise  02 23 23 02 23 23 11 97110 206 00 2 NPI 1356403331  Exercise  02 23 23 02 23 23 11 97110 206 00 2 NPI 1356403331  Exercise  02 23 23 02 23 23 11 P7110 206 00 2 NPI 1356403331  Exercise  02 23 23 02 23 23 11 P7110 206 00 2 NPI 1356403331  Exercise  02 23 23 02 23 23 11 P7110 206 00 2 NPI 1356403331  Exercise  02 23 23 02 23 23 11 P7110 206 00 2 NPI 1356403331  Exercise  02 23 23 02 23 23 11 P7110 206 00 2 NPI 1356403331  Exercise  02 23 23 02 23 23 11 P7110 206 00 2 NPI 1356403331  Exercise  02 23 23 02 23 23 11 P7110 206 00 2 NPI 1356403331  Exercise  02 23 23 02 23 23 11 P7110 206 00 2 NPI 1356403331  Exercise  02 23 23 02 23 23 11 P7110 206 00 2 NPI 1356403331  Exercise  02 23 23 02 23 23 11 P7110 206 00 2 NPI 1356403331  Exercise  02 23 23 02 23 23 11 P7110 206 00 2 NPI 1356403331  Exercise  02 23 23 02 23 23 11 P7110 206 00 2 NPI 1356403331  Exercise  02 23 23 02 23 23 11 P7110 206 00 2 NPI 1356403331  Exercise  02 23 23 02 23 23 11 P7110 206 00 2 NPI 1356403331  Exercise  02 23 23 02 23 23 11 P7110 206 00 2 NPI 1356403331  Exercise  03 Exercise  13 Exercise  14 26 26 00 2 NPI 1356403331  Exercise  15 Exercise  16 26 00 0 1 NPI 1356403331  Exercise  17 Exercise  18 Exercise  28 Exercise  29 Exercise  20 Exercise  21 Exercise  22 Exercise  23 Exercise  24 1 00 S S Exercise  25 Exercise  26 Exercise  27 Exercise			l alaat .	<b> </b>	
02   23   23   02   23   23   11   97014   66   00   1   NPI   1356403331		012	63 00 1	NPI 13	356403331
Extraspinal, 1 or more regions  02 23 23 02 23 23 11 98943 60 00 1 NPI 1356403331  Exercise  02 23 23 02 23 23 11 97110 206 00 2 NPI 1356403331  5. FEDERAL TAX I.D. NUMBER SSN EN 521521492 SQREAD008 SQREAD0		0141	ا درا مما ا	1 105 155	556400001
02   23   23   02   23   23   11   98943   60   00   1   NPI   1356403331		014	00,00	NPI 13	356403331
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02 23 23 02 23 23 11 97110 206 00 2 NPI 1356403331  5. FEDERAL TAX LO. NUMBER SSN EIN 5. FEDERAL TAX LO. NUMBER SSN EIN 5. SEDERAL TAX LO. NUMBER SSN EIN 5. FEDERAL TAX LO. NUMBER SSN EIN 6. FEDERAL TAX LO. NUMBER SSN EIN 7. SEDERAL TAX LO. NUMBER SSN EIN 7. SEDERAL TAX LO. NUMBER SSN EIN 8. FEDERAL TAX LO. NUM		943	90,00 1	NPI 13	30403331
5. FEDERAL TAX LD. NUMBER SSN EIN 5. SEDERAL TAX LD. NUMBER SSN EIN 6. PATIENT'S ACCOUNT NO. 6. PATIENT'S ACCOUNT NO		110  ! !	l anglanta	NPI 13	556402221
5. FEDERAL TAX I.D. NUMBER SSN EN  6. FATIENT'S ACCOUNT NO.	02  23  23  02  23  23  11    37		200,00	1 1 1 2 3	000400001
5. FEDERAL TAX I.D. NUMBER SSN EN  6. FATIENT'S ACCOUNT NO.			] ;	NPI	
521521492 GREAD008 X yes No \$ 441 00 \$ 441 00 \$ 141 00 \$ 1	25, FEDERAL TAX I.D. NUMBER SSN EIN 26, PATIENT'S	ACCOUNT NO. 27, ACCEPT, ASSIGNMENT?	28. TOTAL CHARGE 2		30, Rsvd for NUCC Use
1. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)  32. SERVICE FACILITY LOCATION INFORMATION Parkville/Carney 8113 Harford Road; Suite 200 Parkville, MD 21234  33. BILLING PROVIDER INFO & PH # (888) 570-0088 Maryland Healthcare Clinics DBA MHC HealthCare 5 Park Center Court, Suite 200 Owings Mills, MD 21117		08   For govt, claims, see back)	1 1		441 00
(certify that the statements on the reverse apply to this bill and are made a part thereof.)  Parkville, MD 21234  BBA MHC HealthCare 5 Park Center Court, Suite 200 Owings Mills, MD 21117	31. SIGNATURE OF PHYSICIAN OR SUPPLIER 32. SERVICE F/	ACILITY LOCATION INFORMATION			
apply to this bill and are made a part thereof.)  Parkville, MD 21234  Suite 200  Owings Mills, MD 21117	(I certify that the statements on the reverse		Maryland Health	care Clinic are	CS
Owings Mills, MD 21117	apply to this bill and are made a part thereof.) 8113 H		5 Park Center C	ourt, Suite	200
MGNED Michael Welch, D.C. DATE 02/24/2023 a. b. a. 1043312036 b.	Parkvi	TIE, MD AIA34			·
	SIGNED Michael Welch, D.C. DATE 02/24/2023 a.	b.	a. 1043312036 b	).	



#### **HEALTH INSURANCE CLAIM FORM**

PICA											PICA
1, MEDICARE MEDICAI	) TAICARE	CHAME	VA <u>GR</u> O	)UP	FEGA BLK LUNG F	OTHER	1a, INSURED'S I.O, NI	JMBER	en an en	(For Program	in Item 1)
(Medicare #) (Medicald	#) [[D#/DOD#]	(Membe	r(D#) $HEA$	LTH PLAN	(ID#)	<b>X</b> (ID#)	IQC1880				
2. PATIENT'S NAME (Last Name, F	īrst Name, Middle Initial	)	3. PATIENT'S MM   (		SEX		4. INSURED'S NAME (	Last Name,	First Name,	Middle Initial)	
GREENE, ADRIEN	IE		03   (	)4   1972	м	F X	GREENE, A				
5. PATIENT'S ADDRESS (No., Stre	e1)		6. PATIENT R	ELATIONSHIP T	O INSURED	<b></b>	7. INSURED'S ADDRE		-	5	
1104 Sandy Stor	ne Road,		Self 🗶	Spouse Ch	nild Of	ther	1104 Sand	y Sto	ne Roa	d,	
CITY		STATE	8, RESERVED	FOR NUCC US	E	-	CITY				STATE
Essex		MD					Essex	<b></b>			MD
ZIP CODE	TELEPHONE (Include A	rea Code)					ZIP CODE		,	(Include Area C	•
21221	(410) 776-	4405					21221			0 <b>)</b> 776-4	405
9, OTHER INSURED'S NAME (Last	Name, First Name, Mid	ldle Initiai)	10, IS PATIEN	T'S CONDITION	RELATED TO	O:	11. INSURED'S POLIC	CY GROUP	OR FECA NU	MBER	
- ATUEN WOUNERIO POLICY OF	COOLID NIGHTED						- NOURERO DATE O	E DIDTH		SEX	
a. OTHER INSURED'S POLICY OF	GROUP NUMBER		a. EMPLOYN	IENT? (Current o			a. INSURED'S DATE O				r [[7]
b. RESERVED FOR NUCC USE				YES	Х ио		031 04			<u> </u>	FΧ
B. RESERVED FOR NOOG USE			b. AUTO AC	**************************************	$\overline{}$	CE (State)	b. OTHER CLAIM ID (C	esignateo t	у моссј		
· PERENTED FOR MILION HOR	.,			X YES	∐ NO □		c. INSURANCE PLAN	NAME OF F	IDOCDAM N	**************************************	
c, RESERVED FOR NUCC USE			c. OTHER AC		الم الح		_	TANYL OR F	TOOLIGIN IN	n#H=	
				YES	<b>Х</b> ио		Travelers			***	
d, INSURANCE PLAN NAME OR F	PROGRAM NAME		10d, CLAIM C	ODES (Designal	ted by NUCC	<b>;</b> )	d, IS THERE ANOTHE	-			
			4 =10							items 9, 9a, and	
12. PATIENT'S OR AUTHORIZED P		authorize the rela	ase of any med	lical or other Info			<ol> <li>INSURED'S OR AU payment of medical</li> </ol>	al benefits to			
to process this claim. I also required							services described	below.			
STGNATURI	ON FILE			02/28	3/2023		SI SI	GNATUI	RE ON	FILE	
SIGNED	IN ILIRY or PREGNANC	CY/LMP)   15	DAT OTHER DATE	r	·		SIGNED 16. DATES PATIENT U	NABLE TO	WORK IN CL	RRENT OCCUP	PATION
MM   DD   YY   01   18   2023 QUA	1		JAL.	MM   I	DD   YY	•	FROM I	D I C	/ T(	ם ו אא	YY
17. NAME OF REFERRING PROVI		DE 17a.	111		L		18. HOSPITALIZATION		LATED TO C	URRENT SERVI	CES
<b>[</b>		17b.	NPI				FROM   E	D C	/ T(	DM DD	**
19. ADDITIONAL CLAIM INFORMA	TION (Designated by N	ucc)	1				20. OUTSIDE LAB?		\$	CHARGES	
							YES >	₹ ио			
21. DIAGNOSIS OR NATURE OF II	LINESS OR INJURY Re	atate A-L to service	e line below (2-	4E) ICD In	nd.		22. RESUBMISSION		ORIGINAL RE	E NA	
ALS134XXA	B. LS43499A	<u></u>	S8010X	A	n. L		CODE			3,110,	
E	F. L	. o.			н. L		23. PRIOR AUTHORIZ	ation num	IBER		
1	J. L	. К.			л., L,						
24. A. DATE(S) OF SERVICE				ICES, OR SUPP		E.	F.	G. DAYS	H. I. EPSDT ID	J. RENDEI	aikia
From To MM DD YY MM DI			in Unusual Circ PCS	MODIFIER		AGNOSIS OINTER	\$ CHARGES	OR UNITS	Family ID. Pian QUAL.	PROVIDE	
Hot/Cold Pack									ļ		
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02 27 23 02 2	7 23 11	970	012	}	<u>i</u>		63 00	) 1	NPI	135640	3331
Electrical Sti		1 ^=	01.41	1 1	) 1		ا حدا ۸۰	ا ما	ļ .		7774
02 27 23 02 2			014		<u> </u>		66 00	) 1	NP)	135640	3331
Extraspinal, 1			0.401	I 1	1 1		1	.l -a-!	, <b> </b>		
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Exercise	ا مما مما	1 00	110	į į	! 1		206 00	) 2	NPI	13564	2221
02 27 23 02 2	7 23 11	97.	110				200,00	ا ار	I NPI	135640	333L
į (	ļ 1 l	ı	ı	<u> </u>	<u> 1</u>		<u> </u>	1	l NPI		
25. FEDERAL TAX I.D. NUMBER	SSN EIN	26. PATIENT'S /	ACCOUNT NO	27. ACC	EPT ASSIGN	IMENT?	28. TOTAL CHARGE	1 29	. AMOUNT P	I 30. Rs	ovd for NUCC Us
521521492		GREADO(		X Y	ovt. clainis, see	back) IO		. 00 \$			441 00
31. SIGNATURE OF PHYSICIAN C		32. SERVICE FA				···			H# (S	188) 570	
INCLUDING DEGREES OR CF (I certify that the statements or		Parkvi	lle/Car	ney			33. BILLING PROVIDE Maryland H	ealtho	are Cl	inics	
apply to this bill and are made				Road; S	Suite	200	DBA MHC He 5 Park Cen			uite 200	
		Parkvi.	Ile, MD	21234			Owings Mil				
olougo Mahaal Walah n		a.	ь				a. 10433120	36 b.			
SIGNED Michael Welch, D.	AND DESCRIPTION OF THE PROPERTY OF THE PROPERT			ASE DOTA		Manufacture (Manufacture)			MD OOO	1102 EODI	1 1500 (02-12



## **HEALTH INSURANCE CLAIM FORM**

TT PIGA			PICA TTT
MEDICARE MEDICAID TRICARE CHAMF	VA GROUP FECA OTHER HEALTH PLAN BLK LUNG	1a, INSURED'S I.D. NUMBER	(For Program in Item 1)
(Medicare #) (Medicaid #) (ID#/DOD#) (Membe	OVA GROUP FECA OTHER (10#) (10#) (10#) (10#) (10#) (10#)	IQC1880	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)	3. PATIENT'S BIRTH DATE SEX	4. INSURED'S NAME (Last Name, First	Name, Middle Initial)
GREENE, ADRIENNE	03   04   1972 M F X	GREENE, ADRIENNE	
5. PATIENT'S ADDRESS (No., Street)	6, PATIENT RELATIONSHIP TO INSURED	7, INSURED'S ADDRESS (No., Street)	Dond
1104 Sandy Stone Road,	Self X Spouse Child Other	1104 Sandy Stone	
CITY	8. RESERVED FOR NUCC USE	CITY	STATE
ESSEX MD  ZIP CODE TELEPHONE (Include Area Code)		Essex	MD FPHONE (Include Area Code)
		ZIP CODE TELE	( 410) 776-4405
21221 (410) 776-4405	10, IS PATIENT'S CONDITION RELATED TO:	11. INSURED'S POLICY GROUP OR F	(410) 7/0-4403
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)	10, 15 PATIENT & CONDITION RELATED TO,	TE INSORED STOELD GROOT OFF	ESANOMBEN
a, OTHER INSURED'S POLICY OR GROUP NUMBER	a. EMPLOYMENT? (Current or Previous)	a. INSURED'S DATE OF BIRTH MM   DD   YY	SEX
	YES X NO	03 04 1972	M FX
b. RESERVED FOR NUCC USE	b. AUTO ACCIDENT? PLACE (State)	b. OTHER CLAIM ID (Designated by NI	JCC)
	YES NO		1:
c, RESERVED FOR NUCC USE	c. OTHER ACCIDENT?	c, INSURANCE PLAN NAME OR PROG	GRAM NAME
	YES X NO	Travelers	STATE MD  EPHONE (Include Area Code)  ( 410) 776-4405  ECA NUMBER  SEX  M F X  JCC)  BRAM NAME
d, INSURANCE PLAN NAME OR PROGRAM NAME	10d, CLAIM CODES (Designated by NUCC)	d, IS THERE ANOTHER HEALTH BENE	FIT PLAN?
G, JYGGRAJYOE FLAY VANYE OR PROGRAM IYAME	100, OLDHINI GODEG (Designated by NGOO)		complete items 9, 9a, and 9d.
READ BACK OF FORM BEFORE COMPLETING		13. INSURED'S OR AUTHORIZED PER	RSON'S SIGNATURE Lauthorize
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE. I authorize the rek	ease of any medical or other information necessary	payment of medical benefits to the services described below.	undersigned physician or supplier for
below.			
SIGNATURE ON FILE	DATE03/01/2023	SIGNATURE SIGNATURE	
LAN DD VV	OTHER DATE MM 1 DD 1 YY	16, DATES PATIENT UNABLE TO WOR MM   DD   YY	RK IN CURRENT OCCUPATION MM   DD   YY '
01   18   2023 QUAL   Inj	JAL. NA NA	FROM 18, HOSPITALIZATION DATES RELATI	TO LIPPENT CERVICES
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE 17a	-[	MM 1 OD 1 YY	MM   DD 1 YY
17b	. NPI	FROM 20. OUTSIDE LAB?	TO
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		YES X NO	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service	ce line below (24E)	22. RESUBMISSION	
	100 #101	CODE ORIG	SINAL REF. NO.
	S8010XA D. L	23, PRIOR AUTHORIZATION NUMBER	3
E F, G.	L H. L		
	EDURES, SERVICES, OR SUPPLIES E.	F. G. H. DAYS EPSD	1. § J.
	din Unusual Circumstances) DIAGNOSIS PCS I MODIFIER POINTER	S CHARGES UNITS Plan	PROVIDER ID #
Hot/Cold Pack			1256402221
	010	46 00 1	NPI 1356403331
Traction, mechanical			NPI 1356403331
	012	63 00 1	NPI 1356403331
Electrical Stimulation			
	014	66 00 1	NPI 1356403331 NPI 1356403331
Extraspinal, 1 or more regions	and the second	ا، احتاجم ا	LL
	943	60 00 1	
Exercise	1101   1   1	1 000,001 01	NPI 1356403331
02 28 23 02 28 23 11 97	110	206 00 2	NPI 1356403331
	1		NDI
26, FEDERAL TAX I.D. NUMBER SSN EIN 26, PATIENT'S	ACCOUNT NO. 27, ACCEPT ASSIGNMENT?	28. TOTAL CHARGE 29. AM	NPI 30. Rsvd for NUCC Use
	[For govt. claims, see back)	\$ 441 00 \$	441 00
521521492 GREADO	ACILITY LOCATION INFORMATION	33, BILLING PROVIDER INFO & PH #	
INCLUDING DEGREES OR CREDENTIALS Parkvi	lle/Carney	Maryland Healthcar	e Clinics
	arford Road; Suite 200	DBA MHC HealthCare 5 Park Center Cour	
Parkvi	lle, MD 21234	Owings Mills, MD 2	1117
SIGNED Michael Welch, D.C. DATE 03/01/2023 a.	ь.	а. 1043312036 b.	
SIGNED MICHAEL METCH, D.C. DATE 631/01/2023		1	



#### **HEALTH INSURANCE CLAIM FORM**

PIGA	WODAW OOMAN FEE (100	,									PICA 🗍 T
1. MEDICARE MEDICAR	D TRICARE	CHAME	PVA GRO	)UP	FEGA	OTHER	1a, INSURED'S I,D, NUME	BER		(For Progran	
(Medicare #) (Medicaid		(Membe	r ID#) HEA (ID#)	)UP LTH PLAN	BLK LUN (ID#)	OTHER IG (10#)	IQC1880				
2. PATIENT'S NAME (Last Name, I	First Name, Middle Initial)		3. PATIENT'S	BIRTH DATE	s	EX	4. INSURED'S NAME (Las	t Name, Fire	st Name, i	Middle Initial)	
GREENE, ADRIEN	1E		03   0	D   YY )4   1972	2 M	FΧ	GREENE, ADR	IENNE			
5. PATIENT'S ADDRESS (No., Stre	et)		6, PATIENT RI	ELATIONSHIP	TO INSUF	ED	7, INSURED'S ADDRESS	(No., Street	)		
1104 Sandy Stor	ne Road,		Self 🗙	Spouse	Child	Other	1104 Sandy	Stone	Roa	d,	
CITY		STATE	8. RESERVED	FOR NUCC L	JSE		CITY				STATE
Essex		MD					Essex				MD
ZIP CODE	TELEPHONE (include Area (	Code)					ZIP CODE	TEL	EPHONE	(Include Area	Code)
21221	<b>(410)</b> 776-446	05					21221		( 41	0 <b>)</b> 776–	4405
9. OTHER INSURED'S NAME (Las	l Name, First Name, Middle Ir	nitiai)	10, IS PATIEN	T'S CONDITIO	ON RELATE	DTO:	11. INSURED'S POLICY O	ROUP OR	FECA NU	MBER	
						,				OEV.	
a, OTHER INSURED'S POLICY OF	I GROUP NUMBER		a. EMPLOYM	IENT? (Currer		•	a. INSURED'S DATE OF B	IRTH YY		SEX	ra - 41
L BERERIER FOR MILES HAT				YES	X	)	03  04			VI	F X
b. RESERVED FOR NUCC USE			b. AUTO ACC	Acceptantiants.		LACE (State)	b. OTHER CLAIM ID (Desig	gnated by N	(UCC)		
				X YES	∐ NO	· ——		45 AD 5DA	0004441		
c. RESERVED FOR NUCC USE			c. OTHER AC	_	<b></b>		c, INSURANCE PLAN NAM	AE OH PHO	MANO	AIVIE	
				YES	X NO	J	Travelers				
d, INSURANCE PLAN NAME OR I	PROGRAM NAME		10d, CLAIM C	ODES (Design	nated by N	UGC)	d, IS THERE ANOTHER HE				
							YES N	• •		items 9, 9a, ar	
12, PATIENT'S OR AUTHORIZED F	ACK OF FORM BEFORE CO PERSON'S SIGNATURE. I auth	orize the rele	ease of any med	ical or other in	formation n	ecessary	<ol> <li>INSURED'S OR AUTH payment of medical be</li> </ol>	enefits to the			
to process this claim. I also req below.	uest payment of government b	enefits elthe	er to myself or to	the party who	accepts as	ssignment	services described bef	OW.			
STGNATURI	E ON FILE		212	_ 03/0	03/20:	23	SIGNED SIGN	ATURE	ON	FILE	
SIGNED	INJURY, or PREGNANCY (L.	MP)   15.	DAT OTHER DATE	E			SIGNED	BLE TO WO	RK IN CL	JRRENT OCCU	PATION
MM   DD   YY   01   18   2023 QUA			JAL.	MM NA !	DD	YY	MM DD FROM	ļ YY	TO	MM   DE	) YY
17, NAME OF REFERRING PROVI		17a.		747.1			18. HOSPITALIZATION DA			URRENT SERV	
		17b	. NPI				FROM DD	ļ <sup>YY</sup>	TO	MM I DE	, , , ,
19. ADDITIONAL CLAIM INFORMA	ATION (Designated by NUCC)	<u> </u>					20. OUTSIDE LAB?		\$	CHARGES	
							YES X	10			
21. DIAGNOSIS OR NATURE OF I	LLNESS OR INJURY Relate	A-L to service	ce line below (24	<sup>4E)</sup> ICD	Ind.		22. RESUBMISSION CODE	r OBI	GINAL RE	F NA	
A LS134XXA	B.LS43499A_	G	S8010X	A	р. L						
E. L.	F. L	G,			н. Е		23. PRIOR AUTHORIZATION	ON NUMBE	R		
ı, L	J,	K.			ı. L						
24. A. DATE(S) OF SERVICE	B, G.		EDURES, SERV		PPLIES	E. DIAGNOSIS	₽,	G. H	DT ID.	J. RENDE	
From T MM DD YY MM DI			PCS		?	POINTER	\$ CHARGES	OR Fam UNITS Pla	n QUAL.	PROVIDE	
Hot/Cold Pack			1	1 1	1	ı	ا ما ما	ا م	ļ		
03  02  23  03  0		970	010	<u>i i i </u>	<u> </u>		46 00	1	NPI	135640	03331
Traction, mecha			0101	1 1	ı	ĺ	1 60 001	ای	ļ		10001
03: 02: 23 03: 0		971	012	<u>                                     </u>	<u></u>		63 00	1	NPi	1,35640	J3331 
Electrical Sti		07.	014	1	į.	1	66,00	1	NPI	135640	72221
U3  U2  23  U3  U			014			<u> </u>	00,00		INPI	13364	1222T
Extraspinal, 1			943	!!!	!	I	60,00	1	NPI	135640	
03  02  23  03  0	2 23 11	98.	242	<u> </u>			00,00	T	INFI	133046	
Exercise 03 02 23 03 0	02   23   11	97	110	1 1	}	1	206 00	2	NP!	135640	13331
	III			<u>i i</u>	i					20001	~ ~ ~ ~ <u>~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ </u>
			ı	<b>[</b> ]	}				NPI	<del> </del>	
25. FEDERAL TAX I.D. NUMBER	SSN EIN 26.1	PATIENT'S	ACCOUNT NO.	27. <u>A</u> C	CEPT ASS	SIGNMENT?	28. TOTAL CHARGE	29, AN	NOUNT P.	AID 30. F	Rsvd for NUCC U
521521492		READ0		l IX	YES	NO	\$ 441 (	00 \$			441 0
31, SIGNATURE OF PHYSICIAN (	OR SUPPLIER 32,	SERVICE FA	ACILITY LOCATI	ION INFORMA			33. BILLING PROVIDER IF Maryland Hea		3,)	88) 570	0-0088
INCLUDING DEGREES OR OF (I certify that the statements or	n the reverse		lle/Car	_	Card +	200	Maryland Heal	ı⊥uncaı .thCar∈	ie Cli B	THTCS	
apply to this bill and are made	at least a managed		arford lle, MD	-		= 400	5 Park Cente	r Cour	rt, Si	uite 200	)
		στ ν Λ Τ	TTE, MI		I		Owings Mills	, MD 2	21117		
SIGNED Michael Welch, D.	C. DATE 03/03/2023 a.		ხ				a. 1043312036	b.			
NUCC Instruction Manual av			PLE	ASE PRI	NT OR	TYPE	APPROV	/ED OME	3-0938-	1197 FOR	И 1500 (02-1



#### **HEALTH INSURANCE CLAIM FORM**

PICA			PłCA T
1. MEDICARE MEDICAID TRICARE CHAP	APVA GROUP FECA OTHER HEALTH PLANT—BLK LUNG	1a, INSURED'S I,O, NUMBER	(For Program in Item 1)
(Medicare #) (Medicaid #) (ID#/DOD#) (Memb	APVA GROUP FECA OTHER HEALTH PLAN BLK LUNG (ID#) (ID#) (ID#)	IQC1880	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)	3. PATIENT'S BIRTH DATE SEX	4. INSURED'S NAME (Last Name, First Name,	, Middle Initial)
GREENE, ADRIENNE  5. PATIENT'S ADDRESS (No., Street)	03 04 1972 M FX	GREENE, ADRIENNE 7, INSURED'S ADDRESS (No., Street)	
· · · ,		1104 Sandy Stone Roa	ad
1104 Sandy Stone Road,	Self X Spouse Child Other	CITY Sandy Scone Roa	
CITY STATE ESSEX MD			STATE MD
ZIP CODE TELEPHONE (Include Area Code)	_	ZIP CODE TELEPHON	E (Include Area Code)
21221 (410) 776-4405			(10) 776-4405
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)	10, IS PATIENT'S CONDITION RELATED TO:	11. INSURED'S POLICY GROUP OR FECA N	
(		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
a. OTHER INSURED'S POLICY OR GROUP NUMBER	a. EMPLOYMENT? (Current or Previous)	a. INSURED'S DATE OF BIRTH	SEX
	YES X NO	MM   DD   YY 03   04   1972	M F X
b. RESERVED FOR NUCC USE	b. AUTO ACCIDENT? PLACE (State)	b. OTHER CLAIM ID (Designated by NUCC)	
	X YES NO [ ]		
c, RESERVED FOR NUCC USE	c. OTHER ACCIDENT?	c, INSURANCE PLAN NAME OR PROGRAM N	VAME
	YES X NO	Travelers	
d. INSURANCE PLAN NAME OR PROGRAM NAME	10d, CLAIM CODES (Designated by NUCC)	d, IS THERE ANOTHER HEALTH BENEFIT PL	AN?
G. INCOMMOC I ENVIRANCE OR PROGRAM WAINE	194, OLAIIM GODES (Designated by 19000)		e items 9, 9a, and 9d.
READ BACK OF FORM BEFORE COMPLETIN	G & SIGNING THIS FORM.	13. INSURED'S OR AUTHORIZED PERSON'S	· ·
<ol> <li>PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE, I authorize the reto process this claim. I also request payment of government benefits elt</li> </ol>		payment of medical benefits to the unders services described below.	ilgned physician or supplier for
below.		Services described below.	
SIGNATURE ON FILE	03/07/2023	SIGNATURE ON	FILE
	5. OTHER DATE MM   DD   YY	16. DATES PATIENT UNABLE TO WORK IN C	URRENT OCCUPATION MM   DD   YY
MM   DD   YY 01   18   2023 QUAL   Inj	DUAL. NA		TO 100 177
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	a.	18. HOSPITALIZATION DATES RELATED TO C	CURRENT SERVICES MM   DD   YY
17	b, NPi		ro
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)			CHARGES
		YES X NO	****
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to sen	rice line below (24E) ICD Ind.	22. RESUBMISSION ORIGINAL R	REF. NO.
A. LS134XXA B. ES43499A C	, LS8010XA D. L	23. PRIOR AUTHORIZATION NUMBER	
E F, G		23. FRION AUTHORIZATION NOMBER	
1. L K	. <u>L</u> , <u>L</u>		
	CEDURES, SERVICES, OR SUPPLIES E. DIAGNOSIS	F. G. H. I. DAYS EPSOT OR Family ID.	J. RENDERING
MM DD YY MM DD YY SERVICE EMG CPT/HO	PCS   MODIFIER POINTER	\$ CHARGES ON Family QUAL.	
Hot/Cold Pack	10101 1 1 1	46:00  1  NPI	1256402221
1 1 1 1 1 1	010	46 00 1 NPI	1356403331
Traction, mechanical	votol ! ! ! I		1056400001
03 06 23 03 06 23 11 97 Electrical Stimulation	7012	63 00 1 NPI	1356403331
	7014	66 00 1 NPI	1256402221
	014	66 00 1 NPI	1356403331
Exercise 03 06 23 06 23 11 9	7110	103 00 1 NPI	1356403331
Extraspinal, 1 or more regions	110	TOSTON TI NE	1330403331
	3943	60¦00  1  NPI	1356403331
03, 00, 23, 03, 00, 23, 11, 36	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1 00,001 ±1 1	±33040333T
	1 1 1 1		<b>+</b>
25. FEDERAL TAX I.D. NUMBER SSN EIN 26, PATIENT'S	ACCOUNT NO. 27. ACCEPT ASSIGNMENT?  (For govi. claims, see back)	28. TOTAL CHARGE 29. AMOUNT F	PAID 30. Rsvd for NUCC Use
521521492	108   X yes NO	\$ 338 00 \$	338 00
31. SIGNATURE OF PHYSICIAN OR SUPPLIER 32. SERVICE F	ACILITY LOCATION INFORMATION		
	lle/Carney	33. BILLING PROVIDER INFO & PH# (9 Maryland Healthcare Cl	inics
apply to this bill and are made a part thereof.) 8113 1	Harford Road; Suite 200	DBA MHC HealthCare 5 Park Center Court, S	Suite 200
Parkvi	lle, MD 21234	Owings Mills, MD 21117	
SIGNED Michael Welch, D.C. DATE 03/07/2023 a.	ь.	a. 1043312036 b.	
SIGNED MICHAEL METCH, D.C. DAIE 03/41/2022		101001200	



#### **HEALTH INSURANCE CLAIM FORM**

PICA								PIGA
1. MEDICARE MEDICAID	TRICARE	CHAMP	VA GROUP HEALTH PLAN	FECA OTHER	1a, INSURED'S I.D. NUMBER		(For Progra	m in Item 1)
(Medicare #) (Medicald #)	(ID#/DOD#)	(Member	· ID#) (ID#)	FECA OTHER BLK LUNG X (ID#)	IQC1880			
2. PATIENT'S NAME (Last Name, First Nam	e, Middle Initial)		3. PATIENT'S BIRTH DATE MM   DD   YY	SEX	4. INSURED'S NAME (Last Na	-	те, Middle Initial)	
GREENE, ADRIENNE			03 04 1972		GREENE, ADRIE			
5. PATIENT'S ADDRESS (No., Street)	_		6. PATIENT RELATIONSHIP	TO INSURED	7, INSURED'S ADDRESS (No.			
1104 Sandy Stone Ro	oad,			hild Other	1104 Sandy St	one Ro	oad,	
CITY		STATE	8. RESERVED FOR NUCC US	SE .	CITY			STATE
Essex ZIP CODE TELEPH	IONE (Include Area Co	MD ode)			Essex	TELEBLIC	NIC (Include Area	MD
					ZIP CODE 21221		NE (Include Area 110) 776-	-
21221 (41	- /	_	40 10 DATIFACTIO COMPLETO	L DEL ATED TO:	11. INSUBED'S POLICY GROU			4405
9. OTHER INSURED'S NAME (Last Name, F	-irst ivame, ividdie init	tiaij	10. IS PATIENT'S CONDITION	N RECATED TO:	11. INSURED S POLICY GNO	UP ON FEGA	INCIMIDEN	
a, OTHER INSURED'S POLICY OR GROUP	NUMBER		a. EMPLOYMENT? (Current	or Previous)	a. INSURED'S DATE OF BIRTH MM   DD   YY	1	SEX	.,.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
			YES	X NO	03 04 19		М	F 🗙
b. RESERVED FOR NUCC USE			b, AUTO ACCIDENT?	لنت	b, OTHER CLAIM ID (Designat			
			X YES	PLACE (State)				
c, RESERVED FOR NUCC USE			c, OTHER ACCIDENT?		c, INSURANCE PLAN NAME C	R PROGRAM	I NAME	
			YES	X NO	Travelers			
A INCLIDANCE DI AN MANE OD DOGODA	NA NIANAE		10d, CLAIM CODES (Designa	<u> </u>	d, IS THERE ANOTHER HEALT	H BENEFIT F	PLAN?	
d, INSURANCE PLAN NAME OR PROGRAI	NI INMINE		TOG. CENTRA CODES (DESIGNA	acci by NOOO)			lete items 9, 9a, a	ınd 9d.
READ BACK OF	FORM BEFORE CON	I PLETING	& SIGNING THIS FORM.		13. INSURED'S OR AUTHORIZ	ZED PERSON	'S SIGNATURE I	authorize
12. PATIENT'S OR AUTHORIZED PERSON'S to process this claim. I also request payr	S SIGNATURE, I author	rize the rele	ase of any medical or other info		payment of medical benefi services described below.	ts to the unde	ersigned physiciar	or supplier for
below.	nent of government be	menta enne	To mysen or to the party who	accepts assignment				
SIGNATURE ON	FILE		DATE03/0	8/2023	SIGNAT SIGNAT	URE ON	1 FILE	
14. DATE OF CURRENT ILLNESS, INJURY,	, or PREGNANCY (LM	1P)   15,	OTHER DATE MM I	DD <sub>1</sub> YY	16, DATES PATIENT UNABLE	TO WORK IN	CURRENT OCCI	JPATION D I YY
MM   DD   YY 01   18   2023 QUAL   In	าว่	au	IAL. NA NA		FROM TO			
17. NAME OF REFERRING PROVIDER OR (	OTHER SOURCE	17a.			18. HOSPITALIZATION DATES MM   DD	RELATED TO YY	CURRENT SER	VICES D 1 YY
		17b.	NPI		FROM		то і	i
19. ADDITIONAL CLAIM INFORMATION (De	esignated by NUCC)				20. OUTSIDE LAB?		\$ CHARGES	
					YES X NO			
21. DIAGNOSIS OR NATURE OF ILLNESS (	OR INJURY Relate A-	-L to servic	e line balow (24E) ICD I	nd,	22. RESUBMISSION CODE	ORIGINAL	REF, NO,	
A. [S134XXA] B. LS	<u> 343499A</u>	c. l	S8010XA	D,	23, PRIOR AUTHORIZATION N	UIMBER		
€. <u> </u>		g. l		н	20, THISTINGTONE	TOWNSEY.		
1, L		к. l		<u> </u>		1,		
24. A. DATE(S) OF SERVICE From To	PLACE OF		DURES, SERVICES, OR SUPI in Unusual Circumstances)	PLIES E. DIAGNOSIS	F, G, DAY:	S EPSOT IC	). REND	i, Ering
MM DD YY MM DD YY Hot/Cold Pack	Y SERVICE EMG	CPT/HCP	CS MODIFIER	POINTER	\$ CHARGES UNIT	S Plan QU	AL. PROVID	ER ID. #
03 07 23 03 07 23	ا ایداد	070	010	! 1	46 00	1   L.	 PI 13564	03331
Traction, mechanica		310	7.0	i l	40,00	T   N	13304	00001
03 07 23 03 07 23		970	012	<u> </u>	63 00	1   1   N	 Pi 13564	
Electrical Stimula	5  11       tion	570	7.1	<u>i</u> l	03,00	T 14	13304	03331
03 07 23 03 07 23		97(	014	† I	66 00	1   TN	PI 13564	03331
Physical therapy Re			<u>-</u> 1	<u>i</u>		<del></del>	10004	
03 07 23 03 07 23			164	1 1	135 00	11   N	PI 13564	03331
,,,,,,,	-1			1	<u> </u>	<del></del>	1	
						L	PI	
					<u> </u>			
			1	1		I IN	PI	
25, FEDERAL TAX I.D. NUMBER		ATIENT'S A	CCOUNT NO. 27. ACC	DEPT ASSIGNMENT? povl. claims, see back)	28. TOTAL CHARGE	29. AMOUN	T PAID 30, I	Rsvd for NUCC Use
521521492		READO(	)8   <b> X</b>  ,	res No	\$ 310 00			310 00
31, SIGNATURE OF PHYSICIAN OR SUPP INCLUDING DEGREES OR CREDENTIA	LIER 32. SE	ERVICE FA	CILITY LOCATION INFORMAT	ION	33, BILLING PROVIDER INFO Maryland Healt	&PH#	(888) 57	0-0088
(I certify that the statements on the reve	erse o1		arford Road;	Suite 200	DBA MHC Health		-warra 00	
apply to this bill and are made a part the		lle, MD 21234	04400 200	5 Park Center			)	
			_,		Owings Mills,	MD 2111	L /	
SIGNED Michael Welch, D.C. DAT	TE 03/08/2023 a.		b.		a. 1043312036	b.		



#### **HEALTH INSURANCE CLAIM FORM**

PICA	02 001	300,02,72										PICA T
1. MEDICARE MEDICAID	) TRICARE	CHAME	VA GR	oup.	FECA BLK LU	OTHER	1a, INSURED'S I.	), NUMBER			(For Progran	n in Item 1)
(Medicare #) (Medicaid	#) [[] (!D#/DOD#)	(Membe	r ID#) (ID#	ALTH PLAN	(ID#)	NG X (ID#)	IQC1880					
2. PATIENT'S NAME (Last Name, F	•		3. PATIENT'S MM I	BIRTH DATE	: ;	SEX	4. INSURED'S NA			Name,	Middle Initial)	
GREENE, ADRIENN			03	04   197		F [X]	GREENE,					
5. PATIENT'S ADDRESS (No., Stre	•		6, PATIENT F	. —	. —	<u> </u>	7. INSURED'S AD	•		Do=	a	
1104 Sandy Stor	ne Road,	0717		Spouse	Child	Other	CITY Sa	nay 5	Lone	NOa	α,	STATE
City Essex		STATE	8, RESERVE	D FUR NUCC	USE	•	Essex					MD
ZIP CODE	TELEPHONE (include Are						ZIP CODE		TELEF	PHONE	(Include Area	
21221	(410) 776-4	405					21221		1. (	(41	0) 776-	4405
9, OTHER INSURED'S NAME (Last			10, IS PATIEN	NT'S CONDITI	ON RELAT	ED TO:	11. INSURED'S P	OLICY GRO	UP OR FE	CA NU	MBER	
a, OTHER INSURED'S POLICY OR	GROUP NUMBER		a. EMPLOYI	MENT? (Curre	ent or Previo	ous)	a. INSURED'S DA MM 1	TE OF BIRT	H Y		SEX	
				YES	X	0		04 19			м	FΧ
b. RESERVED FOR NUCC USE			ъ. AUTO AC	***********		PLACE (State)	b, OTHER CLAIM !	ID (Designa	ted by NU	CC)		
- DECENSED FOR MILIOCALES			OTUES	X YES	N	٥ ــــــا	c. INSURANCE PI	AN NAME (	0 00A2I	DAMAN	Λλ/⊏	
c, RESERVED FOR NUCC USE			c. OTHER A	YES	X	n			JA FAOGI	DAME IN	MIVIE	
							Travele		TO DEVICE	IT DI A	NO	
d, INSURANCE PLAN NAME OR F	PROGRAM NAME		10d, CLAIM	CODES (Desig	gnated by N	IUCC)	d, IS THERE AND				N7 iltems 9, 9a, ar	v4 64
RFAD R	ACK OF FORM BEFORE (	COMPLETING	   & SIGNING T	HIS FORM.			13. INSURED'S O					
12. PATIENT'S OR AUTHORIZED P to process this claim. I also requ	ERSON'S SIGNATURE, Lau	uthorize the rele	ease of any med	dical or other is	nformation to accepts a	necessary assignment	payment of m services descr			ındersig	gned physician	or supplier for
below.	, ,							~ ~ ~ ~ ~ ~ .	W 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	ONT	D77 D	
SIGNATURE SIGNATURE				TE	10/20	23	SIGNED	SIGNA!				
14. DATE OF CURRENT ILLNESS, MM 1 DD 1 YY	1		OTHER DATE	MM	, DD 1	16. DATES PATIEI MM		TO WORE		MM DE	PATION YY	
01 18 2023 QUA			<del>, i , i</del>	NA	<u> </u>		FROM 18. HOSPITALIZA	TION DATES	S RELATE	TC O TO C		i 'ICES
1	521 011 011 00 011 02	17b	-				MM FROM		YY	To	MM   DE	
19. ADDITIONAL CLAIM INFORMA	TION (Designated by NUC		1				20. OUTSIDE LAB	?		\$	CHARGES	
							YES	NO X				
21. DIAGNOSIS OR NATURE OF II	LNESS OR INJURY Relai	te A-L to servic	ce line below (2	24E) ICI	D Ind.	-	22. RESUBMISSIO CODE	DΝ	OBIGI	NAL RE	F. NO.	
A LS134XXA	B. LS43499A	C,	S8010X	<u> </u>	D. L							
E. L	F. L	G,			н. L		23. PRIOR AUTHO	PRIZATION	NUMBER			
1,	J, L	К.	<u> </u>		L. L.	<del></del>			T			
24. A. DATE(S) OF SERVICE From To		(Expla	EDURES, SER\ in Unusual Cir	cumstances)		E. DIAGNOSIS	F.	DAY OF	'S EPSDT	i. ID.	J. RENDE	RING
MM DD YY MM DI Hot/Cold Pack	YY SERVICE EMI	A CPT/HCF	CS	MODIFIE	R	POINTER	\$ CHARGES	UNI	rs Plan	QUAL.	PROVIDI	ER ID. #
03 09 23 03 0	9 23 11	1 970	010	!!	-		46	00	1	NPI	135640	)3331
Hydrotherapy B					L	ţ						
03 09 23 03 0		970	039	}	-		82	00	1	NPi	135640	3331
CMT spinal, 1-	-	···•								I		
03 09 23 03 0	9 23 11	98	940				74	00	1	NPI	135640	)3331
							· ·					
<u> </u>	<u>i                                      </u>				i					NPI		
1 1 1 1		ı	ı	!!	1	ı	j. !	ı	i	NP!	<b> </b>	
	<u> </u>				i	1	<u> </u> -	1	<u>_</u>	INI.3		
	1 1 1	1	l	<b>!</b>	1	1			1	NPI		
25. FEDERAL TAX I.D. NUMBER	SSN EIN 2	6. PATIENT'S	ACCOUNT NO	. 27. A	CCEPT AS	SIGNMENT? s. see back)	28. TOTAL CHAR	GE	29. AMO	<u> </u>	AID 30, F	svd for NUCC Us
521521492		GREAD0	80		YES	NO		202 00				202 00
31. SIGNATURE OF PHYSICIAN C	R SUPPLIER 3:	2, SERVICE FA		TION INFORM		···········	33. BILLING PRO Maryland			(,8	88) 570	0-0088
(I certify that the statements or	the reverse	Parkvi 8113 H			Suit+	e 200	DBA MHC	Health	iCare	· CI.	THITCS	
apply to this bill and are made		Parkvi				- 200					uite 200	
	_						Owings N			.117		
SIGNED Michael Welch, D.	C. DATE 03/10/2023 a.		ŀ	b.			a. 104331	2036	b.			



9000 Franklin Square Drive Baltimore, MD 21237 Phone: 443-777-7000

Patient:

GREENE, ADRIENNE EVETTE

Med Rec#: Account #:

Location:

FSH-000801474292

FSH-03046326272

Date of Birth: 3/4/1972 Age: 50 years

Sex: Female

Franklin Square Hospital Center

Admit/Discharge:

Admitting Doctor:

1/18/2023

/ 1/18/2023

Charbonneau, MD, Stephen G

Ordering Doctor: nla

MFSH EDPT

### **Emergency Documentation**

DOCUMENT NAME:

PERFORM INFORMATION:

**RESULT STATUS:** SERVICE DATE/TIME:

SIGN INFORMATION:

Triage Note

Fernando, RN, Emily Marie A (1/18/2023 16:50 EST)

Modified

1/18/2023 16:50 EST

Fernando, RN, Emily Marie A (1/18/2023 17:36 EST); Fernando, RN, Emily Marie A (1/18/2023 16:50 EST)

ED Triage Adult Entered On: 01/18/2023 16:54 EST Performed On: 01/18/2023 16:50 EST by Fernando, RN, Emily Marie A

COVID-19 Screening

Is the patient experiencing any symptoms consistent with COVID-19?: No

Positive/Diagnosed COVID19 past 10 days: No COVID19 Close Contact past 10 days: No

COVIDScrnCalc: 2

ISONLY COVID Healthcare CALC: 2

Fernando, RN, Emily Marie A - 01/18/2023 16:50 EST

MedStar ED Adult Triage

Chief Complaint/Mechanism of Injury: Pt belted driver in MVC around 1150 today. Pt driving 35 mph and was hit on passenger side. +AB. -LOC. Pt reports R sided 7/10 CP and R side knee pain. Bruising noted to side of R knee. SOB resolved PTA. -cspine tenderness. Ambulatory on scene.

Preferred Language For Discussing Healthcare: English

Interpreter Used: N/A

Demonstrates Signs, Symptoms of Condition: None

Recent Travel Internationally: No

Location family or close friend travel: None Lynx Mode of Arrival - Modified: Walk-In

Arrived From for ED: Home Mode of Arrival: Walk-in

Fernando, RN, Emily Marie A - 01/18/2023 16:50 EST

**Behavioral/Domestic Concerns** 

BehHlth/Subst Abuse Reason for Care: No

Domestic Concerns: None Homicide/Assault Ideation: None

Fernando, RN, Emily Marie A - 01/18/2023 16:50 EST

Print Date/Time:

2/9/2023 10:26 EST

Report Request ID:

468828767

Page 1 of 38

Patient: GREENE, ADRIENNE EVETTE

 Med Rec #:
 FSH-000801474292
 Admit/Discharge:
 1/18/2023
 / 1/18/2023

 Account #:
 FSH-03046326272
 Admitting Doctor:
 Charbonneau,MD,Stephen G

Date of Birth: 3/4/1972 Age: 50 years Sex: Female Ordering Doctor: n/a

Location: MFSH EDPT

#### **Emergency Documentation**

Dosing Height/Weight v1

Dosing Weight/Height History RTF: Weight Dosing Wt Height/Length Height

Date/Time Facility Dosing Method Dosing Method BMI Dosing 01/26/22 15:36 Bariatrics and Su 117.5 kg 163 cm 44.22 kg/m2

Dosing Height Method: Estimated

Height/Length Dosing: 163 cm(Converted to: 5 ft 4 in)

Abnormal Height Validation (Dosing): Documented height is WITHIN reference range

Dosing Weight Method: Estimated

Weight Dosing: 117.5 kg(Converted to: 259 lb 1 oz)

Abnormal Weight Validation (Dosing): Documented weight is WITHIN reference range

BSA Dosing: 2.19 m2

Body Mass Index Dosing: 44.22 kg/m2

Fernando, RN, Emily Marie A - 01/18/2023 16:50 EST

ED Vital Signs/Pain Assessment Adult V6

ED Tech Triage Vital Signs - ST: ED Triage VS Temperature Oral: 37 DegC (01/18/23 16:37:29) Peripheral Pulse Rate: 86 bpm (01/18/23 16:37:49) Respiratory Rate: 16 BR/min (01/18/23 16:37:35)

Systolic BP, Automated: 141 mmHg High (01/18/23 16:37:39) Diastolic BP, Automated: 85 mmHg (01/18/23 16:37:39)

SpO2: 99 % (01/18/23 16:37:49) ED Triage VS Completed : Yes

Pain Present: Yes actual or suspected pain Preferred Pain Tool: Numeric rating scale

Numeric Pain Score: 7

Numeric Pain Scale Acceptable Intensity: 2

Fernando, RN, Emily Marie A - 01/18/2023 16:50 EST

ESI

Does The Patient Require Immediate Life-Saving Intervention?: No

Is This a High Risk Situation Where The Patient is Confused/Lethargic/Disoriented or in Severe Pain/Distress?: No

How Many Different Resources Will This Patient Need?: Many

Recommended ESI Level: 3

Fernando, RN, Emily Marie A - 01/18/2023 16:50 EST

Fernando, RN, Emily Marie A - 01/18/2023 16:50 EST

DCP GENERIC CODE

Tracking Group: ED FSHC Tracking

Fernando, RN, Emily Marie A - 01/18/2023 16:50 EST

Tracking Acuity: 3V

Fernando, RN, Emily Marie A - 01/18/2023 17:36 EST

{[3H] - previously charted by Fernando, RN, Emily Marie A at 01/18/2023-16:50 EST};

Allergies/Home Meds

(As Of: 01/18/2023 16:54:36 EST)

Print Date/Time:

2/9/2023 10:26 EST

Report Request ID:

468828767

www.medstarhealth.org

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Patient:

GREENE, ADRIENNE EVETTE

Med Rec#:

FSH-000801474292

Admit/Discharge:

1/18/2023 / 1/18/2023

(As Of: 01/18/2023 16:54:36 EST)

Account #:

FSH-03046326272

Admitting Doctor:

Charbonneau, MD, Stephen G

Date of Birth: 3/4/1972 Age: 50 years Location:

MFSH EDPT

Ordering Doctor:

n/a

### Emergency Documentation

Allergies (Active)

Latex

Estimated Onset Date: Unspecified; Reactions: Itching, reddness; Created By: JENNIFER RICE/SMITH, RN;

Reaction Status: Active; Category: Other; Substance: Latex ; Type: Allergy; Updated By: JENNIFER RICE/SMITH, RN;

Reviewed Date: 01/26/2022 15:36 EST

Sex: Female

Medication List

Prescription/Discharge Order

liraglutide

: liraglutide; Status: Prescribed; Ordered As Mnemonic: Saxenda 18 mg/3 mL subcutaneous solution; Simple Display Line: See Instructions, Week 1 0.6 mg Subcut Daily; Week 2 1.2 mg Subcut Daily; Week 3 1.8 mg Subcut Daily; Week 4 2.4 mg Subcut Dally; Week 5 3.0 mg Subcut Dally, 15 mL, 0 Refill(s); Ordering Provider: You, MD, Christopher Jamyn; Catalog Code: Iiraglutide; Order Dt/Tm: 01/26/2022 15:53:07

**EST** 

cholecalciferol

: cholecalciferol : Status: Prescribed ; Ordered As Mnemonic: Vitamin D3 2000 intl units oral tablet ; Simple Display Line: 2,000 Intl\_Unit, 1 tab, PO, Daily, 90 tab, 1 Refill(s); Ordering Provider: Karen L. Wheeler, CRNP; Catalog Code: cholecalciferol: Order Dt/Tm: 02/16/2021 16:37:36 EST

hydroCHLOROthlazide

: hydroCHLOROthiazide; Status: Prescribed; Ordered As Mnemonic: hydrochlorothiazide 25 mg oral tablet ; Simple Display Line: 25 mg, 1 tab, PO, Daily, 30 tab, 0 Refill(s); Ordering Provider: Karen L. Wheeler, CRNP; Catalog Code: hvdroCHLOROthiazide: Order Dt/Tm: 05/26/2020 09:38:48

EDT

famotidine

: famotidine ; Status: Prescribed ; Ordered As Mnemonic: famotidine 20 mg oral tablet; Simple Display Line: 20 mg, 1 tab, PO, 2x/day, PRN: heartburn/indigestion, 180 tab, 0 Refill(s); Ordering Provider: Karen L. Wheeler, CRNP; Catalog Code:

famotidine; Order Dt/Tm: 11/04/2019 15:59:34 EST

levonorgestrel

: levonorgestrel; Status: Prescribed; Ordered As Mnemonic: Mirena 52 mg intrauteral device; Simple Display Line: 52 mg, 1 ea, intraUTERAL, One Time, 1 ea, 0 Refill(s); Ordering

Print Date/Time:

2/9/2023 10:26 EST

Report Request ID:

468828767

Patient: GREENE, ADRIENNE EVETTE

FSH-000801474292 Med Rec#:

Admit/Discharge: 1/18/2023 / 1/18/2023 Charbonneau, MD, Stephen G Admitting Doctor: FSH-03046326272

n/a Ordering Doctor: Date of Birth: 3/4/1972 Age: 50 years Sex: Female

MFSH EDPT Location:

### Emergency Documentation

Provider: Karen L. Wheeler, CRNP; Catalog Code: levonorgestrel; Order Dt/Tm: 02/23/2018 16:11:56 EST

Home Meds Non Formulary

Account #:

: Non Formulary ; Status: Documented ; Ordered As Mnemonic: Bariatric Advantage Ultra Solo Multivitamin without iron; Simple Display Line: 1 tab, Daily, 0 Refill(s); Catalog Code: Non Formulary; Order Dt/Tm: 05/26/2020 09:57:48

EDT

: Non Formulary; Status: Documented; Ordered As Non Formulary

Mnemonic: Iron infusion under direction of Dr. Chen prn; Simple Display Line: 0 Refill(s); Catalog Code: Non Formulary; Order Dt/Tm: 02/21/2019 09:27:02 EST

: Non Formulary; Status: Documented; Ordered As Non Formulary

Mnemonic: B-100 Complex; Simple Display Line: Every Other Day, 0 ReflI(s); Catalog Code: Non Formulary; Order

Dt/Tm: 04/24/2018 15:44:48 EDT

: Non Formulary; Status: Documented; Ordered As Non Formulary

Mnemonic: Calcium citrate; Simple Display Line: 3x/day, 0 Refill(s); Catalog Code: Non Formulary; Order Dt/Tm:

06/02/2017 11:00:10 EDT

#### Problem List/Nursing Diagnosis

(As Of: 01/18/2023 16:54:36 EST)

Problems(Active)\_

Anemia, iron deficiency (SNOMED CT

:145104011)

Name of Problem: Anemia, iron deficiency; Recorder: Wheeler, CRNP, Karen L.; Confirmation: Confirmed; Classification: Medical; Code: 145104011; Contributor System: PowerChart; Last Updated: 09/14/2017 09:57 EDT; Life Cycle Date: 09/14/2017; Life Cycle Status: Active; Responsible Provider: Wheeler, CRNP, Karen L.; Vocabulary:

SNOMED CT

Bariatric surgery status

ISNOMED CT :251850013)

Name of Problem: Bariatric surgery status; Recorder: Wheeler, CRNP, Karen L.; Confirmation: Confirmed; Classification: Medical; Code: 251850013; Contributor

Print Date/Time:

2/9/2023 10:26 EST

Report Request ID:

468828767

1/18/2023

# MedStar Franklin Square Medical Center

Patient:

**GREENE, ADRIENNE EVETTE** 

Med Rec#:

FSH-000801474292

Admit/Discharge:

/ 1/18/2023

06/39

Account #:

FSH-03046326272

Admitting Doctor:

Charbonneau, MD, Stephen G

Date of Birth: 3/4/1972 Age: 50 years Location:

MFSH EDPT

Ordering Doctor: n/a

#### **Emergency Documentation**

System: PowerChart; Last Updated: 05/26/2020 09:27 EDT; Life Cycle Date: 05/26/2020; Life Cycle Status: Active; Responsible Provider: Wheeler, CRNP, Karen L.; Vocabulary: SNOMED CT

to 44.9 in adult (SNOMED CT :2160062010)

Body mass index (BMI) of 40.0 Name of Problem: Body mass index (BMI) of 40.0 to 44.9 in adult; Recorder: You, MD, Christopher Jamyn; Confirmation: Confirmed; Classification: Medical; Code: 2160062010; Contributor System: PowerChart; Last Updated: 01/26/2022 15:48 EST; Life Cycle Date: 01/26/2022; Life Cycle Status: Active; Responsible Provider: You, MD, Christopher Jamyn;

Vocabulary: SNOMED CT

Sex: Female

CT

:1215744012)

HTN (hypertension) (SNOMED Name of Problem: HTN (hypertension); Recorder: Combs, RN, Melissa B; Confirmation: Confirmed; Classification:

Medical; Code: 1215744012; Contributor System:

PowerChart; Last Updated: 05/03/2017 15:06 EDT; Life Cycle Date: 03/27/2017; Life Cycle Status: Active; Vocabulary:

SNOMED CT

Hyperlipidemia (SNOMED CT

:92826017)

Name of Problem: Hyperlipidemia; Recorder: Wheeler, CRNP, Karen L.; Confirmation: Confirmed; Classification: Medical; Code: 92826017; Contributor System: PowerChart ; Last Updated: 05/26/2020 09:27 EDT; Life Cycle Date: 05/26/2020; Life Cycle Status: Active; Responsible Provider: Wheeler, CRNP, Karen L.; Vocabulary: SNOMED CT

Morbid obesity (SNOMED CT

:356968010 )

Name of Problem: Morbid obesity; Recorder: SYSTEM, SYSTEM; Confirmation: Probable; Classification: Medical; Code: 356968010; Last Updated: 02/13/2018 10:54 EST; Life Cycle Date: 02/13/2018; Life Cycle Status: Active;

Vocabulary: SNOMED CT

CT

:57937016)

Vitamin D deficiency (SNOMED Name of Problem: Vitamin D deficiency; Recorder: Wheeler, CRNP, Karen L.; Confirmation: Confirmed; Classification:

Medical; Code: 57937016; Contributor System: PowerChart : Last Updated: 05/26/2020 09:27 EDT ; Life Cycle Date: 05/26/2020; Life Cycle Status: Active; Responsible Provider:

Wheeler, CRNP, Karen L.; Vocabulary: SNOMED CT

Diagnoses(Active)

Print Date/Time:

2/9/2023 10:26 EST

Report Request ID:

Patient:

**GREENE, ADRIENNE EVETTE** 

Med Rec #:

FSH-000801474292

Admit/Discharge:

/ 1/18/2023

Account #:

FSH-03046326272

Admitting Doctor:

Charbonneau, MD, Stephen G

Date of Birth: 3/4/1972 Age: 50 years

Ordering Doctor:

n/a

1/18/2023

Location:

MFSH EDPT

# Emergency Documentation

MVC (motor vehicle collision)

Date: 01/18/2023; Diagnosis Type: Reason For Visit;

Confirmation: Complaint of; Clinical Dx: MVC (motor vehicle

collision); Classification: Nursing; Clinical Service:

Non-Specified; Code: ICD-10-CM; Probability: 0; Diagnosis

Code: V87.7XXA

Sex: Female

Right-sided chest pain

Date: 01/18/2023; Diagnosis Type: Reason For Visit; Confirmation: Complaint of; Clinical Dx: Right-sided chest pain; Classification: Nursing; Clinical Service: Non-Specified ; Code: ICD-10-CM; Probability: 0; Diagnosis Code: R07.9

Safety Assessment

Historical Concerns Regarding Staff Safety: None at this time

Concerns Regarding Staff Safety: None at this time

Fernando, RN, Emily Marie A - 01/18/2023 16:50 EST

Electronically signed by:

Fernando, RN, Emily Marie A on: 01.18.2023 16:50 EST

Electronically signed by:

Fernando, RN, Emily Marie A on: 01.18.2023 17:36 EST

DOCUMENT NAME:

PERFORM INFORMATION:

**RESULT STATUS:** SERVICE DATE/TIME:

SIGN INFORMATION:

**ED Note-Nursing** 

Owuamana, LPN, Charlene (1/18/2023 19:18 EST)

Auth (Verified) 1/18/2023 19:18 EST

Owuamana, LPN, Charlene (1/18/2023 19:18 EST)

ED Assessment Adult Entered On: 01/18/2023 19:24 EST Performed On: 01/18/2023 19:18 EST by Owuamana, LPN, Charlene

Documented ESI

DCP GENERIC CODE

Tracking Acuity: 3V

Tracking Group: ED FSHC Tracking

ED TB Risk Factor/Symptoms

TB Symptoms Grid

Owuamana, LPN, Charlene - 01/18/2023 19:18 EST

Print Date/Time:

2/9/2023 10:26 EST

Report Request ID:

468828767

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Patient:

**GREENE, ADRIENNE EVETTE** 

Med Rec#:

FSH-000801474292

Admit/Discharge:

1/18/2023

/ 1/18/2023

Account #:

FSH-03046326272

Sex: Female

Admitting Doctor:

Charbonneau, MD, Stephen G

Date of Birth: 3/4/1972 Age: 50 years Location:

MFSH EDPT

Ordering Doctor: n/a

# **Emergency Documentation**

Fever: No Chills: No

Persistent Cough Greater Than 2 Weeks: No

Weight Loss Greater Than 10lbs: No

Owuamana, LPN, Charlene - 01/18/2023 19:18 EST

Neurological

Orientation Assessment: Oriented x 4 Affect/Behavior: Anxious, Appropriate, Calm

Aspiration Risk: None

Level of Consciousness: Alert, Responsive

Loss of Consciousness: No

Owuamana, LPN, Charlene - 01/18/2023 19:18 EST

Procedure History

Extremity restriction, wt bearing/other: No

Owuamana, LPN, Charlene - 01/18/2023 19:18 EST

Procedure History

(As Of: 01/18/2023 19:24:14 EST)

Procedure Dt/Tm: 1995; Anesthesia Minutes: 0; Procedure

Name: Cesarean delivery; Procedure Minutes: 0

Procedure Dt/Tm: 2013; Anesthesia Minutes: 0; Procedure Name: Breast reduction, bilateral; Procedure Minutes: 0

Procedure Dt/Tm: 2017; Anesthesia Minutes: 0; Procedure

Name: Upper GI endoscopy; Procedure Minutes: 0

Procedure Dt/Tm: 05/18/2017; Anesthesia Minutes: 0; Procedure Name: Sleeve Gastrectomy; Procedure Minutes: 0

Procedure Dt/Tm: 11/27/2017; Anesthesia Minutes: 0; Procedure Name: Endometrial Biposy; Procedure Minutes: 0

Procedure Dt/Tm: 02/23/2018; Anesthesia Minutes: 0; Procedure Name: Hysteroscopy, Dilation and Curettage,

Mirena IUD insertion; Procedure Minutes: 0

Social History

Tobacco Use: Never Used

Print Date/Time:

2/9/2023 10:26 EST

Report Request ID:

468828767

www.medstarhealth.org

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Patient:

**GREENE, ADRIENNE EVETTE** 

Med Rec#:

FSH-000801474292

Admit/Discharge:

1/18/2023

/ 1/18/2023

Account #:

FSH-03046326272

Date of Birth: 3/4/1972 Age: 50 years Sex: Female

Admitting Doctor:

Charbonneau, MD, Stephen G

Location:

MESH EDPT

Ordering Doctor: n/

# **Emergency Documentation**

Smoking Status: Never smoker

Preferred Language For Discussing Healthcare: English

Preferred Communication Mode: Verbal

Interpreter Used: N/A

Cultural/Spiritual Practices to Continue: No

Owuamana, LPN, Charlene - 01/18/2023 19:18 EST

Social History

(As Of: 01/18/2023 19:24:14 EST)

Tobacco/Nicotine:

Use: Denies. (Last Updated: 12/29/2016 11:35:09 EST by

Strom, RD, Kerry L.)

Substance Use:

Use: Denies. (Last Updated: 12/29/2016 11:35:04 EST by

Strom, RD, Kerry L.)

Alcohol:

Use: Current. Frequency of Intake: 1-2 times per year. Average Drinks per episode in last year: 1. (Last Updated: 12/29/2016

11:35:33 EST by Strom, RD, Kerry L.)

Employment/School:

Status: Employed. Work/School description: Home Health Aide,

works 3-11pm. (Last Updated: 04/04/2017 14:40:31 EDT by

Strom, RD, Kerry L.)

Exercise:

Duration per Episode (Avg # of Minutes) 20. Frequency: 3-4 times/week. Self assessment: Fair condition. Exercise type:

Walking, stationary bike. Comments: 12/05/2017 12:37 - Lynne Parry: trying to do more. 12/29/2016 11:36 - Strom, RD, Kerry L.; Does not exercise (Last Updated: 12/05/2017

12:37:44 EST by Lynne Parry)

Home/Environment:

Lives with Children, Spouse. Living situation:

Home/Independent. Home Equipment: None. (Last Updated: 05/03/2017 15:06:34 EDT by Coleman-Reed, MA, Dina)

Nutrition/Health:

Print Date/Time:

2/9/2023 10:26 EST

Report Request ID:

468828767

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Patient:

**GREENE, ADRIENNE EVETTE** 

Med Rec#: Account #:

FSH-000801474292

FSH-03046326272

Sex: Female

Admit/Discharge:

1/18/2023

/ 1/18/2023

Admitting Doctor:

Charbonneau, MD, Stephen G Ordering Doctor:

Location:

Date of Birth: 3/4/1972 Age: 50 years MFSH EDPT

# Emergency Documentation

Diet Description; low calorie high protein. Type of Diet: Calorie restricted. Sleeping Concerns No. Feels highly stressed: No. (Last Updated: 12/05/2017 12:38:04 EST by Lynne Parry)

#### General

Tetanus Vaccine Date RTF: No qualifying data available in Immunization Record for the past 10 years. Influenza Vaccine Date RTF: No qualifying data available in Immunization Record for the past year.

Pneumococcal Vaccine Date RTF: No qualifying data available in Immunization Record for the past 5 years.

Lines or Tubes Present on Admission: None

Patient on Dialysis: None

Does patient have a preferred name?: No Does patient have preferred pronouns?: No

Does the patient receive any form of Dialysis?: None

BehHlth/Subst Abuse Reason for Care: No

Homicide/Assault Ideation: None

Owuamana, LPN, Charlene - 01/18/2023 19:18 EST

#### ED Morse Fall Risk Assessment

History of Fall in Last 3 Months Morse: No Presence of Secondary Diagnosis Morse: No.

Use of Ambulatory Aid Morse: None, bedrest, wheelchair, nurse

IV/Heparin Lock Fall Risk Morse: No

Gait Weak or Impaired Fall Risk Morse: Normal, bedrest, immobile

Mental Status Fall Risk Morse: Oriented to own ability

Morse Fall Risk Score: 0 Morse Calculated With: Patient

Owuamana, LPN, Charlene - 01/18/2023 19:18 EST

Safety Assessment

Historical Concerns Regarding Staff Safety: None at this time

Concerns Regarding Staff Safety: None at this time

Owuamana, LPN, Charlene - 01/18/2023 19:18 EST

Electronically signed by:

Owuamana, LPN, Charlene on: 01.18.2023 19:18 EST

**DOCUMENT NAME:** 

PERFORM INFORMATION:

**RESULT STATUS:** 

SERVICE DATE/TIME:

SIGN INFORMATION:

ED Note-Clinician

Gribbin, PA-C, Delys Vernetta (1/18/2023 17:00 EST)

Auth (Verified)

1/18/2023 16:57 EST

Gribbin, PA-C, Delys Vernetta (1/18/2023 17:00 EST)

Print Date/Time:

2/9/2023 10:26 EST

Report Request ID:

468828767

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Patient:

**GREENE, ADRIENNE EVETTE** 

Med Rec #:

FSH-000801474292

Admit/Discharge:

1/18/2023

/ 1/18/2023

Account #:

FSH-03046326272

Admitting Doctor:

Charbonneau, MD, Stephen G

Date of Birth: 3/4/1972 Age: 50 years

Ordering Doctor:

n/a

Location:

MFSH EDPT

# **Emergency Documentation**

This is a brief Emergency Department triage note. Please refer to the ED clinician note for complete documentation.

Sex: Female

#### Clinician Assign

Time Seen:

Gribbin, PA-C, Delys Vernetta / 01/18/2023 16:56 - ED Triage Clinician

#### Preferred Language/Interpretation Services

Preferred Language Discussing Healthcare: English

Interpreter Used: N/A

#### Chief Complaint

#### As per Triage RN:

Pt belted driver in MVC around 1150 today. Pt driving 35 mph and was hit on passenger side. +AB. -LOC. Pt reports R sided 7/10 CP and R side knee pain. Bruising noted to side of R knee, SOB resolved PTA, -cspine tenderness, Ambulatory on scene,

#### **History of Present Illness**

50-year-old nontoxic, afebrile female seatbelted driver presents emergency room status post MVC this morning at 1150. Patient states was driving approximately 35 miles an hour and was hit on the passenger side. Patient reports ambulatory at scene, complains of right sided 7/10 chest pain, and bruising/pain to lateral right lower extremity, had some shortness of breath at the time of MVC but states has since resolved, as per ED triage RN no C-spine tenderness.

#### Physical Exam

#### Vitals:

Initial Vitals

T: 37 degC (Oral) HR: 86 (Peripheral) RR: 16 BP: 141/85 (Automated) SpO2: 99%

Gen: Well appearing. Nontoxic. Appears comfortable in triage

Psych: Awake and alert Resp: Nonlabored breathing CV: Appears well perfused

GI: Not vomiting

Neuro: Moving extremities independently

#### Assessment and Plan/Medical Decision Making

After my evaluation of the patient, further care with testing and in-person evaluation is indicated for patient's musculoskeletal pain to rule out life- or limb-threatening causes of their symptoms or need for emergency surgery, and I initiated care that will be completed by the care team within the department.

Print Date/Time:

2/9/2023 10:26 EST

Report Request ID:

468828767

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Patient: GREENE, ADRIENNE EVETTE

 Med Rec #:
 FSH-000801474292
 Admit/Discharge:
 1/18/2023
 / 1/18/2023

 Account #:
 FSH-03046326272
 Admitting Doctor:
 Charbonneau,MD,Stephen G

Date of Birth: 3/4/1972 Age; 50 years Sex; Female Ordering Doctor: n/a

Location: MFSH EDPT

# **Emergency Documentation**

#### Attestation

I evaluated the patient via a live, two-way secure video portal. Presentation of the patient was performed by the nursing staff. Additional history was acquired from the patient. I have reviewed available records relevant to this presentation.

Electronically signed by:

Gribbin, PA-C, Delys Vernetta on: 01.18.2023 17:00 EST

DOCUMENT NAME: ED Note - Clinician Co-Sign

PERFORM INFORMATION: Sellers, PA-C, Kallie Marie (1/18/2023 22:36 EST)

RESULT STATUS: Auth (Verified)
SERVICE DATE/TIME: 1/18/2023 22:29 EST

SIGN INFORMATION: Charbonneau,MD,Stephen G (1/20/2023 06:37 EST); Selfers,PA-C,Kallie Marie (1/18/2023 22:36 EST)

#### Clinician Assign

#### Time Seen:

Gribbin, PA-C, Delys Vernetta / 01/18/2023 16:56 - ED Triage Clinician Sellers, PA-C, Kallie Marie / 01/18/2023 21:02 - ED PA/NP Charbonneau, MD, Stephen G / 01/18/2023 21:47 - ED Attending Preferred Language/Interpretation Services

Preferred Language Discussing Healthcare: English

Interpreter Used: N/A

Sources reviewed:

Initial nursing notes reviewed.

#### **Chief Complaint**

#### As per Triage RN:

Pt belted driver in MVC around 1150 today. Pt driving 35 mph and was hit on passenger side. +AB. -LOC. Pt reports R sided 7/10 CP and R side knee pain. Bruising noted to side of R knee. SOB resolved PTA. -cspine tenderness. Ambulatory on scene.

#### **History of Present Illness**

Patient is a 50-year-old female past medical history of hypertension, gastric sleeve in 2017 presenting with complaints of right knee pain and right-sided chest pain after being involved in MVC around noon today. Patient reports she was driving about 35 mph when another vehicle was making a U-turn and hit her passenger side and reports airbag deployment. Denies any head injury, LOC and was ambulatory on scene and wearing her seatbelt. She does note some bruising to her right knee and a burn right

#### Problem List/Past Medical History

#### Ongoing

Anemia, iron deficiency
Bariatric surgery status
Body mass index (BMI) of 40.0 to 44.9 in
adult
HTN (hypertension)
Hyperlipidemia

HTN (hypertension) Hyperlipidemia Morbid obesity Vilamin D deficiency

#### <u>Historical</u>

Gastric erosion

GERD (gastroesophageal reflux disease)

Heartburn
Hiatal hernia
Low serum prealburnin
Morbid obesity
Vitamin A deficiency

#### **Surgical History**

- HYSTEROSCOPY BX ENDOMETRIUM&/POLYPC W/WO D&C (02/23/2018)
- Hysteroscopy, Dílation and Curettage, Mirena IUD insertion (02/23/2018)

Print Date/Time:

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**GREENE, ADRIENNE EVETTE** Patient:

Med Rec #: FSH-000801474292 Admit/Discharge:

1/18/2023

/ 1/18/2023

Account #:

FSH-03046326272

Admitting Doctor:

Charbonneau, MD, Stephen G

Date of Birth: 3/4/1972 Age: 50 years

Ordering Doctor:

n/a

Location: MFSH EDPT

# Emergency Documentation

shin from the airbag. Denies any neck pain, back pain, headache, dizziness, lightheadedness, shortness of breath, abdominal pain, nausea, vomiting, or pain to her upper extremities.

Sex: Female

#### Relevant Social Determinants of Health

Denles tobacco, alcohol, or illicit drug use. Currently works as a CRNA and lives with her husband.

#### Review of Systems

General- vitals reviewed

Eyes- denies decreased vision, double vision, and eye pain

ENT: Denies hearing loss, throat injury

CV- denies chest pain, fainting, shortness of breath

Resp- denies cough and wheezing

GI- denies nausea and vomiting, abdominal pain

MS- As per HPI Derm-Denies rash

Neuro- denies headache, dizziness, numbness, weakness, and LOC.

Denies etch use Denies anticoagulants Denies head injury

#### **Physical Exam**

#### Vitals:

**Initial Vitals** 

T: 37 degC (Oral) HR: 86 (Peripheral) RR: 16 BP: 141/85 (Automated) SpO2: 99% Vital Sign(s) Noted

General: Well developed, well nourished. No acute distress.

Head; Normocephalic, alraumatic. Hearing intact.

ENT: PERRLA. EOM's intact. Normal TM's. Hearing intact

Neck: Supple, non-tender, with full range of motion.

Lungs: No respiratory distress. Lungs are clear to auscultation with good air exchange. Cardiovascular: Normal rate, regular rhythm, no murmur, gallop or rub. There is no peripheral edema. Distal pulses strong and equal in all limbs. No chest wall pain. Abdomen: Soft, supple, non-distended. No tenderness to palpation. No bruising or ecchymosis to the abdomen.

Musculoskeletal: No gross deformity of extremities. All extremities move well with full range of motion and 5/5 strength, no tenderness or swelling. Normal reflexes throughout.

Skin; Skin is warm, dry and pink. No rashes or lesions. No seatbelt sign.

Neuro: A & O x 4. Normal gait.

#### Assessment and Plan/Medical Decision Making

History Obtained from: Patient

This is a 50-year-old well-appearing female presenting with right-sided chest pain and right knee/shin pain after being involved in MVC with airbag hit on the passenger side.

- INSERTION INTRAUTERINE DEVICE IUD (02/23/2018)
- Endometrial Biposy (11/27/2017)
- EXCISION OF STOMACH, PERCUTANEOUS ENDOSCOPIC APPROACH, VERT (05/18/2017)
- ROBOTIC ASSISTED PROCEDURE OF TRUNK, PERC ENDO APPROACH (05/18/2017)
- Sleeve Gastrectomy (05/18/2017)
- EGD TRANSORAL BIOPSY SINGLE/MULTIPLE (03/27/2017)
- Upper GI endoscopy (2017)
- · Breast reduction, bilateral (2013)
- Cesarean delivery (1995)

#### Allergies

Latex (reddness, itching)

# **Medication Administration**

# Administered:

Medications: acetaminophen, 1000 mg, PO (01/18/2023 17:09 EST)

ibuprofen, 800 mg, PO (01/18/2023 17:09 EST)

#### **Home Medications**

B-100 Complex, Every Other Day Bariatric Advantage Ultra Solo Multivitamin

without iron, 1 tab, Daily Calcium citrate, 3x/day

famotidine 20 mg oral tablet, 20 mg= 1 tab, PO, 2x/day, PRN

hydrochlorothiazide 25 mg oral tablet, 25 mg= 1 tab, PO, Daily

Iron infusion under direction of Dr. Chen prn Mirena 52 mg intrauteral device, 52 mg= 1 ea, IntraUTERAL, One Time

Saxenda 18 mg/3 mL subcutaneous solution, See Instructions, Week 1 0.6 mg Subcut Daily; Week 2 1.2 mg Subcut Daily; Week 3 1.8 mg Subcut Daily; Week 4 2.4 mg Subcut Daily; Week 5 3.0 mg Subcut Daily Vitamin D3 2000 Intl units oral tablet, 2000

Intl\_Unit= 1 tab, PO, Daily, 1 refills

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Patient: GREENE, ADRIENNE EVETTE

 Med Rec #:
 FSH-000801474292
 Admit/Discharge:
 1/18/2023
 / 1/18/2023

 Account #:
 FSH-03046326272
 Admitting Doctor:
 Charbonneau,MD,Stephen G

Date of Birth: 3/4/1972 Age: 50 years Sex: Female Ordering Doctor: n/a

Location: MFSH EDPT

# **Emergency Documentation**

On exam patient is amatory with a steady gait, moving all of her extremities, lungs are clear to auscultation, with no signs of any head injury or trauma.

I personally reviewed patient's x-rays of her right knee, chest, right tib-fib that shows no acute pathology or signs of any fracture. Patient has no tenderness to her ribs and low suspicion for a fracture or pneumothorax at this time as patient has no shortness of breath and vitals are stable and lungs are clear to auscultation. Discussed with patient her chest discomfort can be from the airbags deploying and hitting her chest and is likely musculoskeletal in nature. She has no risk factors concerning for ACS at this time. In regards to her right knee pain likely secondary to a contusion and her airbags in her legs. Recommended ice and taking ibuprofen and Tylenol and to follow-up with her PCP. Provided patient with a note off work and she is otherwise stable to be discharged home.

Discussion of management: Physician Dr. Charbonneau

#### ED EKG/Rhythm/Imaging Interpretation

- Completed

-- One Time, Slop Date 01/18/23 16:57:25 EST, 01/18/23 16:57:25 EST Normal sinus rhythm rate of 89 bpm. No acute ST elevations or depressions. QT interval 438

#### **Diagnostic Results**

(01/18/2023 17:41 EST XR Chest PA and LAT 2 View)

\* Final Report \*

#### Reason For Exam

Chest Pain

#### REPORT

Exam: XR Knee 3 View Right, XR Chest PA and LAT 2 View, XR Tibia and Fibula Right

History: Trauma

Technique: Frontal lateral view right libia and fibula frontal view notch view lateral view right knee frontal lateral view chest

Findings: 2 views chest no evidence of trauma. The right knee minimal DJD, Right tibia and fibula no evidence of trauma

IMPRESSION: NO ACUTE PATHOLOGY

#### Impression/Disposition

#### **ED Diagnosis:**

Acute pain of right knee M25.561

Chest wall pain R07.89

Encounter for examination following motor vehicle collision (MVC) Z04.1

Patient Disposition

<u>Immunizations</u>

Immunizations: No qualifying data available

Social History

Smoking Status

Never smoker

<u>Alcohol</u>

Use: Current. Frequency of Intake: 1-2 times per year. Average Drinks per episode in last year: 1.

Employment/School

Status: Employed. Work/School description: Home Health Aide, works 3-11pm.

**Exercise** 

Duration per Episode (Avg # of Minutes) 20. Frequency: 3-4 times/week. Self assessment: Fair condition. Exercise type: Walking, stationary bike.

Home/Environment

Lives with Children, Spouse. Living situation: Home/Independent. Home Equipment: None.

Nutrition/Health

Diet Description: low calorie high protein. Type of Diet: Calorie restricted. Sleeping Concerns No. Feels highly stressed: No.

Substance Use

Use: Denies.

Tobacco/Nicotine

Use: Denies.

**Smoking Status** 

Tobacco Use: Never Used (01/18/23)

Family History

Cancer: Mother and Grandmother.
Diabetes.....: Father and Grandmother.
High blood pressure: Mother and Father.

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Patient:

**GREENE, ADRIENNE EVETTE** 

Med Rec#: Account #: FSH-000801474292

FSH-03046326272

Date of Birth: 3/4/1972 Age: 50 years Sex: Female

Admit/Discharge:

1/18/2023

/ 1/18/2023

Admitting Doctor:

Charbonneau, MD, Stephen G

Ordering Doctor:

nlo

Location: MFSH EDPT

# **Emergency Documentation**

Discharge Patient - Ordered - 01/18/23 21:52:00 EST, Home

**Discharge Prescriptions:** 

No documented discharge medications

#### Attending Physician Note:

I have discussed with the Advance Practice Provider and agree with the findings and plan as documented in their notes. I was present and available when this patient was in the ED.

[1] XR Chest PA and LAT 2 View; Burnstein, MD, Mark Ian 01/18/2023 17:41 EST

Electronically signed by:

Sellers, PA-C, Kallie Marie on: 01.18.2023 22:36 EST

Electronically signed by:

Charbonneau, MD, Stephen G on: 01.20.2023 06:37 EST

DOCUMENT NAME: PERFORM INFORMATION:

RESULT STATUS: SERVICE DATE/TIME: SIGN INFORMATION: **ED Patient Education Note** 

Owuamana, LPN, Charlene (1/18/2023 22:26 EST)

Modified

1/18/2023 22:26 EST

Owuamana,LPN,Charlene (1/18/2023 22:26 EST); Sellers, PA-C,Kallie Marie (1/18/2023 21:52 EST); Sellers,PA-C,Kallie Marie (1/18/2023 21:40 EST); Sellers,PA-C,Kallie Marie (1/18/2023 21:39 EST); Sellers,PA-C,Kallie Marie (1/18/2023 21:39 EST)

#### **ED Patient Education Note**

# Motor Vehicle Collision Injury, Adult

After a car accident (motor vehicle collision), it is common to have injuries to your head, face, arms, and body. These injuries may include:

- · Cuts.
- Burns.

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Patient: GREENE, ADRIENNE EVETTE

 Med Rec #:
 FSH-000801474292
 Admit/Discharge:
 1/18/2023
 / 1/18/2023

 Account #:
 FSH-03046326272
 Admitting Doctor:
 Charbonneau,MD,Stephen G

Date of Birth: 3/4/1972 Age: 50 years Sex: Female Ordering Doctor: n/a

Location: MFSH EDPT

#### **Emergency Documentation**

Bruises.

- · Sore muscles or a stretch or tear in a muscle (strain).
- Headaches.

You may feel stiff and sore for the first several hours. You may feel worse after waking up the first morning after the accident. These injuries often feel worse for the first 24–48 hours. After that, you will usually begin to get better with each day. How quickly you get better often depends on:

- How bad the accident was.
- How many injuries you have.
- · Where your injuries are.
- What types of injuries you have.
- If you were wearing a seat belt.
- · If your airbag was used.

A head injury may result in a concussion. This is a type of brain injury that can have serious effects. If you have a concussion, you should rest as told by your doctor. You must be very careful to avoid having a second concussion.

#### Follow these instructions at home:

#### Medicines

- Take over-the-counter and prescription medicines only as told by your doctor.
- If you were prescribed antibiotic medicine, take or apply it as told by your doctor. Do not stop using the
  antibiotic even if your condition gets better.

#### If you have a wound or a burn:

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**GREENE, ADRIENNE EVETTE** 

Med Rec#:

FSH-000801474292

Admit/Discharge:

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Account #:

FSH-03046326272

MFSH EDPT

Admitting Doctor:

Charbonneau, MD, Stephen G

Date of Birth: Location:

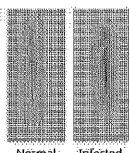
Date of Birth: 3/4/1972 Age: 50 years

Sex: Female

Ordering Doctor:

n/a

# Emergency Documentation



- Normal wound
- Infected wound
- Clean your wound or burn as told by your doctor.
  - -46 Wash it with mild soap and water.
  - -46 Rinse it with water to get all the soap off.
  - -46 Pat it dry with a clean towel. Do not rub it.
  - —46 If you were told to put an ointment or cream on the wound, do so as told by your doctor.
- Follow instructions from your doctor about how to take care of your wound or burn. Make sure you:
  - -46 Know when and how to change or remove your bandage (dressing).
  - —46 Always wash your hands with soap and water before and after you change your bandage. If you cannot use soap and water, use hand sanitizer.
  - —46 Leave stitches (sutures), skin glue, or skin tape (adhesive) strips in place, if you have these. They may need to stay in place for 2 weeks or longer. If tape strips get loose and curl up, you may trim the loose edges. **Do not** remove tape strips completely unless your doctor says it is okay.

www.medstarhealth.org

#### · Do not:

- —46 Scratch or pick at the wound or burn.
- —46 Break any blisters you may have.
- -46 Peel any skin.
- Avoid getting sun on your wound or burn.

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**GREENE, ADRIENNE EVETTE** 

Med Rec#:

FSH-000801474292

Admit/Discharge:

1/18/2023

/ 1/18/2023

Account #:

FSH-03046326272

Date of Birth: 3/4/1972 Age: 50 years Sex: Female

Admitting Doctor:

Charbonneau, MD, Stephen G

Location:

MFSH EDPT

Ordering Doctor: na

# **Emergency Documentation**

- Raise (elevate) the wound or burn above the level of your heart while you are sitting or lying down. If
  you have a wound or burn on your face, you may want to sleep with your head raised. You may do this
  by putting an extra pillow under your head.
- · Check your wound or burn every day for signs of infection. Check for:
  - -46 More redness, swelling, or pain.
  - -46 More fluid or blood.
  - -46 Warmth.
  - —46 Pus or a bad smell.

#### Activity

- · Rest. Rest helps your body to heal. Make sure you:
  - -46 Get plenty of sleep at night. Avoid staying up late.
  - —46 Go to bed at the same time on weekends and weekdays.
- Ask your doctor if you have any limits to what you can lift.
- Ask your doctor when you can drive, ride a bicycle, or use heavy machinery. Do not do these activities if
  you are dizzy.
- If you are told to wear a brace on an injured arm, leg, or other part of your body, follow instructions from your doctor about activities. Your doctor may give you instructions about driving, bathing, exercising, or working.

#### General instructions



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Patient: **GREENE, ADRIENNE EVETTE** 

FSH-000801474292 Med Rec#: FSH-03046326272

1/18/2023 / 1/18/2023 Admit/Discharge: Charbonneau, MD, Stephen G Admitting Doctor:

Date of Birth: 3/4/1972 Age: 50 years Sex: Female Ordering Doctor: n/a

Location: MFSH EDPT

Account #:

# **Emergency Documentation**



- If told, put ice on the injured areas.
  - -46 Put ice in a plastic bag.
    - -46 Place a towel between your skin and the bag.
    - -46 Leave the ice on for 20 minutes, 2-3 times a day.
- Drink enough fluid to keep your pee (urine) pale yellow.
- Do not drink alcohol.
- Eat healthy foods.
- Keep all follow-up visits as told by your doctor. This is important.

#### Contact a doctor if:

- Your symptoms get worse.
- You have neck pain that gets worse or has not improved after 1 week.
- You have signs of infection in a wound or burn.
- You have a fever.
- You have any of the following symptoms for more than 2 weeks after your car accident:
  - -46 Lasting (chronic) headaches.
  - —46 Dizziness or balance problems.
  - -46 Feeling sick to your stomach (nauseous).
  - -46 Problems with how you see (vision).
  - —46 More sensitivity to noise or light.
  - -46 Depression or mood swings.
  - —46 Feeling worried or nervous (anxiety).
  - —46 Getting upset or bothered easily.

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Patient:

**GREENE, ADRIENNE EVETTE** 

Med Rec#: Account #:

FSH-000801474292 FSH-03046326272

Sex: Female

Admil/Discharge: Admitting Doctor: 1/18/2023

/ 1/18/2023

Charbonneau, MD, Stephen G

Date of Birth: 3/4/1972 Age: 50 years Location:

MFSH EDPT

Ordering Doctor:

# **Emergency Documentation**

- —46 Memory problems.
- —46 Trouble concentrating or paying attention.
- -46 Sleep problems.
- -46 Feeling tired all the time.

# Get help right away if:

- You have:
  - —46 Loss of feeling (numbness), tingling, or weakness in your arms or legs.
  - —46 Very bad neck pain, especially tenderness in the middle of the back of your neck.
  - —46 A change in your ability to control your pee or poop (stool).
  - —46 More pain in any area of your body.
  - —46 Swelling in any area of your body, especially your legs.
  - —46 Shortness of breath or light-headedness.
  - -46 Chest pain.
  - -46 Blood in your pee, poop, or vomit.
  - —46 Very bad pain in your belly (abdomen) or your back.
  - Very bad headaches or headaches that are getting worse.
  - -46 Sudden vision loss or double vision.
- Your eye suddenly turns red.
- The black center of your eye (pupil) is an odd shape or size.

# Summary

- After a car accident (motor vehicle collision), it is common to have injuries to your head, face, arms, and body.
- Follow instructions from your doctor about how to take care of a wound or burn.
- If told, put ice on your injured areas.

Print Date/Time:

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Patient: GREENE, ADRIENNE EVETTE

 Med Rec #:
 FSH-000801474292
 Admit/Discharge:
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 Account #:
 FSH-03046326272
 Admitting Doctor:
 Charbonneau,MD,Stephen G

Date of Birth: 3/4/1972 Age: 50 years Sex: Female Ordering Doctor: n/a

Location: MFSH EDPT

# **Emergency Documentation**

Contact a doctor if your symptoms get worse.

Keep all follow-up visits as told by your doctor.

This information is not intended to replace advice given to you by your health care provider. Make sure you discuss any questions you have with your health care provider.

Document Revised: 03/24/2022 Document Reviewed: 03/24/2022 Elsevier Patient Education © 2022 Elsevier Inc.

DOCUMENT NAME:
PERFORM INFORMATION:
RESULT STATUS:
SERVICE DATE/TIME:
SIGN INFORMATION:

ED Patient Summary
Owuamana,LPN,Charlene (1/18/2023 22:26 EST)
Modified
1/18/2023 22:26 EST
Owuamana,LPN,Charlene (1/18/2023 22:26 EST); Sellers,
PA-C Kallie Marie (1/18/2023 21:52 EST); Sellers PA-C Kallie

PA-C,Kallie Marie (1/18/2023 21:52 EST); Sellers,PA-C,Kallie Marie (1/18/2023 21:40 EST)

ED Patient Summary



9000 Franklin Square Drive Baltimore, MD 21237 Phone: (443) 777-7000 www.franklinsquare.org

# **Emergency Department**

# New Prescription Summary For GREENE, ADRIENNE EVETTE

No prescriptions sent Electronically or Printed this visit.

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Patient:

GREENE, ADRIENNE EVETTE

Med Rec#:
Account #:

FSH-000801474292

FSH-03046326272

Date of Birth: 3/4/1972 Age: 50 years

Sex: Female

Admit/Discharge:

1/18/2023

/ 1/18/2023

Admitting Doctor:

Charbonneau, MD, Stephen G

Ordering Doctor: n/

Location: MFSH EDPT

# **Emergency Documentation**



9000 Franklin Square Drive Baltimore, MD 21237 Phone: (443) 777-7000 www.franklinsquare.org

# **Emergency Department**

# Work/School Note

To whom it may concern:

This certifies that GREENE, ADRIENNE EVETTE was a patient in the MedStar Franklin Square Medical Center Emergency Department from 01/18/23 16:29:00 until 01/18/23 22:25:59

Status:Return to work/school no restrictions Return to Work/School Date:01/23/23 00:00:00

**NOTE:** This note is **only** to show your employer/school that you were seen by a physician and/or physician's assistant in evaluation of an acute illness or injury.

Complete days off are provided only for a severe medical illness. The Emergency Department staff cannot decide whether or not you can work due to an injury. If you were assigned "light duty (partial disability)", the note above describes what type of physical activity is limited. Your work supervisor needs to determine if there is light duty available or make other arrangements for you. If you feel a need for additional days in light duty status, you will need to contact and follow up with another clinician as noted in your discharge instructions. If you feel that you need additional days off due to illness, you will need to contact and follow up with another clinician as noted in your discharge instructions.

The Emergency Department staff does NOT determine total disability due to injury.

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Patient:

GREENE, ADRIENNE EVETTE

Med Rec #:

FSH-000801474292

FSH-03046326272

Admil/Discharge: Admitting Doctor: 1/18/2023 / 1/18/2023

Account #:

Date of Birth: 3/4/1972 Age: 50 years

Sex: Female

Charbonneau, MD, Stephen G

Location:

MFSH EDPT

Ordering Doctor: n/a

# Emergency Documentation

Electronically Signed by: Sellers, PA-C, Kallie Marie



9000 Franklin Square Drive Baltimore, MD 21237 Phone: (443) 777-7000 www.franklinsquare.org

# **Emergency Department**

# Patient Discharge Instructions For GREENE, ADRIENNE EVETTE

MedStar Franklin Square Medical Center would like to thank you for allowing us to assist you with your healthcare needs. We are committed to providing the very best in safety, quality and service. Within the next few weeks, you may receive a mail, email, or text survey from Press Ganey asking about your experience while you were here. Your feedback helps us identify ways we can better address your needs and continually improve your overall experience. We appreciate you taking the time to participate in the survey and share your feedback about your experience.â€If you need help getting a follow up appointment, copies of your imaging tests or records, or any other concerns please call our patient experience navigator at (443)777-2534. Please return to the emergency department if worsening symptoms or pain, trouble breathing, or any other concerns.

Need immediate emotional support or have thoughts of harming yourself? Call or text the National Suicide Crisis lifeline at 988 to connect to a trained professional who can help. Confidential care is available 24/7. Because we all need help sometimes.

Please note, the previous Lifeline phone number (1-800-273-8255) will remain available.

Access your information on line by registering for MYMEDSTAR, our patient portal, at www.mymedstar.org.

#### Patient Information

Name: GREENE, ADRIENNE EVETTE

Arrival Date and Time: 01/18/2023 16:29

Print Date/Time:

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Patient:

**GREENE, ADRIENNE EVETTE** 

Med Rec#:

FSH-000801474292

Admit/Discharge:

1/18/2023

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Account #:

FSH-03046326272

Admitting Doctor:

Charbonneau, MD, Stephen G

Date of Birth: 3/4/1972 Age: 50 years

Ordering Doctor:

n/a

Location:

MFSH EDPT

Emergency Documentation

Sex: Female

Discharge Date and Time: 01/18/2023 22:25

Patient ID: 454319

Date of Birth: 03/04/1972

# Healthcare Provider Information

Clinician(s):

Gribbin, PA-C, Delys Vernetta Sellers, PA-C, Kallie Marie Charbonneau, MD, Stephen G

# **Information About Hospital Visit**

Diagnoses: Encounter for examination following motor vehicle collision (MVC); Acute

pain of right knee; Chest wall pain

# **Follow Up Instructions**

You must call each Provider to make/verify your appointment.

PHYSICIAN/PROVIDER	DETAILS	
Rashida Nesbit	When: In 1 week 01/25/2023	
	Address: 1245 Eastern Blvd	
	Essex MD 21221	
	(410)558-4700(Ph)	

Laboratory or Other Results This Visit (last charted value for your 01/18/2023 visit)

# Diagnostic Radiology

01/18/23 17:41:33

XR Tibia and Fibula Right: XR Tibia and Fibula Right

XR Knee 3 View Right: XR Knee 3 View Right

XR Chest PA and LAT 2 View: XR Chest PA and LAT 2 View

Radiology Image: Radiology Image

Print Date/Time:

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Patient:

GREENE, ADRIENNE EVETTE

Med Rec#:

FSH-000801474292

Admit/Discharge:

1/18/2023

/ 1/18/2023

Account #:

FSH-03046326272

Date of Birth: 3/4/1972 Age: 50 years

Admitting Doctor:

Charbonneau, MD, Stephen G

Date of Birth Location:

MFSH EDPT

Ordering Doctor: ni

# **Emergency Documentation**

# Allergies and Immunizations

Allergies

Latex (reddness) (itching)

# Current Medication List as of 01/18/23 22:25:59

Sex: Female

MedStar Franklin Square Medical Center ED Physicians are providing you with a complete list of medications post discharge. If you have been instructed to stop taking a medication please ensure you also follow up with this information to your Primary Care Provider.

Unless otherwise noted, you will continue to take medications as prescribed prior to the Emergency Room visit. Any specific questions regarding your chronic medications and dosages should be discussed with your Primary Care Provider and Pharmacy.

# cholecalciferol (Vitamin D3 2000 intl units oral tablet)

Directions:1 tablet by mouth every day

Take Next Dose:\_\_\_\_\_

#### famotidine 20 mg oral tablet

Directions: 1 tablet by mouth 2 times a day as needed for heartburn/indigestion

Take Next Dose:

#### hydroCHLOROthiazide (hydrochlorothiazide 25 mg oral tablet)

Directions: I tablet by mouth every day

Take Next Dose:

#### levonorgestrel (Mirena 52 mg intrauteral device)

Directions: I each intrauteral one time

Take Next Dose:

# liraglutide (Saxenda 18 mg/3 mL subcutaneous solution)

Directions: See Instructions inject. Prescribed for the treatment of Weight gain; adjunct

Special Instructions: Week 1 0.6 mg Subcut Daily; Week 2 1.2 mg Subcut Daily; Week 3 1.8 mg Subcut Daily;

Week 4 2,4 mg Subcut Daily; Week 5 3.0 mg Subcut Daily

Take Next Dose:

#### Non Formulary (Calcium citrate)

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Patient:

**GREENE, ADRIENNE EVETTE** 

Med Rec#:
Account #:

FSH-000801474292

FSH-03046326272

Date of Birth: 3/4/1972 Age: 50 years

Admit/Discharge:

1/18/2023

/ 1/18/2023

Admitting Doctor: Ordering Doctor:

Charbonneau, MD, Stephen G

Location: MFSH EDPT

# Emergency Documentation

Directions: Use as previously directed by your prescribing physician

Take Next Dose:

# Non Formulary (B-100 Complex)

Directions: Use as previously directed by your prescribing physician

Take Next Dose:\_\_\_\_\_

# Non Formulary (Iron infusion under direction of Dr. Chen prn)

Directions: Use as previously directed by your prescribing physician

Take Next Dose:

# Non Formulary (Bariatric Advantage Ultra Solo Multivitamin without iron)

Sex: Female

Directions: 1 tablet every day

Take Next Dose:

# Physician(s) who completed Medication Reconciliation

Sellers, PA-C, Kallie Marie (01/18/2023 21:39)

# Patient and Medication Education

# Motor Vehicle Collision Injury, Adult

After a car accident (motor vehicle collision), it is common to have injuries to your head, face, arms, and body. These injuries may include:

- Cuts.
- Burns.
- Bruises.
- Sore muscles or a stretch or tear in a muscle (strain).

Print Date/Time:

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Patient:

**GREENE, ADRIENNE EVETTE** 

Med Rec#:

FSH-000801474292

Admit/Discharge:

/ 1/18/2023

Account #:

FSH-03046326272

Admitting Doctor:

Charbonneau, MD, Stephen G

Date of Birth: 3/4/1972 Age: 50 years

Ordering Doctor:

1/18/2023

Location:

MFSH EDPT

# Emergency Documentation

Sex: Female

Headaches.

You may feel stiff and sore for the first several hours. You may feel worse after waking up the first morning after the accident. These injuries often feel worse for the first 24-48 hours. After that, you will usually begin to get better with each day. How quickly you get better often depends on:

- How bad the accident was.
- How many injuries you have.
- Where your injuries are.
- What types of injuries you have.
- If you were wearing a seat belt.
- If your airbag was used.

A head injury may result in a concussion. This is a type of brain injury that can have serious effects. If you have a concussion, you should rest as told by your doctor. You must be very careful to avoid having a second concussion.

#### Follow these instructions at home:

#### Medicines

- Take over-the-counter and prescription medicines only as told by your doctor.
- If you were prescribed antibiotic medicine, take or apply it as told by your doctor. Do not stop using the antibiotic even if your condition gets better.

If you have a wound or a burn:

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Sex: Female

# MedStar Franklin Square Medical Center

Patient:

**GREENE, ADRIENNE EVETTE** 

Med Rec#:

FSH-000801474292

Admit/Discharge:

1/18/2023 / 1/18/2023 28/39

Account #:

FSH-03046326272

Admitting Doctor:

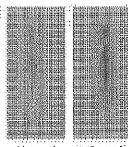
Charbonneau, MD, Stephen G

Date of Birth: 3/4/1972 Age: 50 years Location:

MFSH EDPT

Ordering Doctor: n/a

# Emergency Documentation



Normal. wound

Intected wound

- Clean your wound or burn as told by your doctor.
  - -46 Wash it with mild soap and water.
  - -46 Rinse it with water to get all the soap off.
  - -46 Pat it dry with a clean towel. Do not rub it.
  - -46 If you were told to put an ointment or cream on the wound, do so as told by your doctor.
- Follow instructions from your doctor about how to take care of your wound or burn. Make sure you:
  - -46 Know when and how to change or remove your bandage (dressing).
  - -46 Always wash your hands with soap and water before and after you change your bandage. If you cannot use soap and water, use hand sanitizer.
  - -46 Leave stitches (sutures), skin glue, or skin tape (adhesive) strips in place, if you have these. They may need to stay in place for 2 weeks or longer. If tape strips get loose and curl up, you may trim the loose edges. Do not remove tape strips completely unless your doctor says it is okay.
- Do not:
  - -46 Scratch or pick at the wound or burn.
  - -46 Break any blisters you may have.
  - -46 Peel any skin.

Print Date/Time:

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Patient:

GREENE, ADRIENNE EVETTE

Med Rec #:

FSH-000801474292

Admit/Discharge:

1/18/2023

/ 1/18/2023

Account #:

FSH-03046326272

Admitting Doctor:

Charbonneau, MD, Stephen G

Date of Birth: 3/4/1972 Age: 50 years

Sex: Female

Ordering Doctor:

n/a

Location:

MFSH EDPT

# **Emergency Documentation**

- Avoid getting sun on your wound or burn.
- Raise (elevate) the wound or burn above the level of your heart while you are sitting or lying down. If you have a wound or burn on your face, you may want to sleep with your head raised. You may do this by putting an extra pillow under your head.
- Check your wound or burn every day for signs of infection. Check for:
  - -46 More redness, swelling, or pain.
  - -46 More fluid or blood.
  - -46 Warmth.
  - —46 Pus or a bad smell.

#### Activity

- Rest. Rest helps your body to heal. Make sure you:
  - -46 Get plenty of sleep at night. Avoid staying up late.
  - -46 Go to bed at the same time on weekends and weekdays.
- Ask your doctor if you have any limits to what you can lift.
- Ask your doctor when you can drive, ride a bicycle, or use heavy machinery. Do not do these activities if you are dizzy.
- If you are told to wear a brace on an injured arm, leg, or other part of your body, follow instructions from your doctor about activities. Your doctor may give you instructions about driving, bathing, exercising, or working.

#### General instructions



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Patient:

**GREENE, ADRIENNE EVETTE** 

Med Rec#:

FSH-000801474292

Admit/Discharge:

1/18/2023

/ 1/18/2023

Account #:

FSH-03046326272

Admitting Doctor:

Charbonneau, MD, Stephen G

Date of Birth: 3/4/1972 Age: 50 years

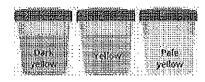
Ordering Doctor:

ก/a

Location:

MFSH EDPT

# Emergency Documentation



- If told, put ice on the injured areas.
  - -46 Put ice in a plastic bag.
  - -46 Place a towel between your skin and the bag.
  - -46 Leave the ice on for 20 minutes, 2-3 times a day.
- Drink enough fluid to keep your pee (urine) pale yellow.
- Do not drink alcohol.
- Eat healthy foods.
- Keep all follow-up visits as told by your doctor. This is important.

Sex: Female

# Contact a doctor if:

- Your symptoms get worse.
- You have neck pain that gets worse or has not improved after 1 week.
- You have signs of infection in a wound or burn.
- You have a fever.
- You have any of the following symptoms for more than 2 weeks after your car accident:
  - -46 Lasting (chronic) headaches.
  - —46 Dizziness or balance problems.
  - -46 Feeling sick to your stomach (nauseous).
  - -46 Problems with how you see (vision).
  - -46 More sensitivity to noise or light.
  - -46 Depression or mood swings.
  - —46 Feeling worried or nervous (anxiety).

Print Date/Time:

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Patient:

**GREENE, ADRIENNE EVETTE** 

Med Rec#:

FSH-000801474292

Admit/Discharge:

1/18/2023

/ 1/18/2023

Account #:

FSH-03046326272

Sex: Female

Admitting Doctor:

Charbonneau, MD, Stephen G

Date of Birth: 3/4/1972 Age: 50 years

Ordering Doctor:

n/a

Location:

MESH EDPT

# **Emergency Documentation**

- -46 Getting upset or bothered easily.
- -46 Memory problems.
- —46 Trouble concentrating or paying attention.
- -46 Sleep problems.
- —46 Feeling tired all the time.

# Get help right away if:

- You have:
  - -46 Loss of feeling (numbress), tingling, or weakness in your arms or legs.
  - -46 Very bad neck pain, especially tenderness in the middle of the back of your neck.
  - -46 A change in your ability to control your pee or poop (stool).
  - -46 More pain in any area of your body.
  - -46 Swelling in any area of your body, especially your legs.
  - —46 Shortness of breath or light-headedness.
  - -46 Chest pain.
  - -46 Blood in your pee, poop, or vomit.
  - -46 Very bad pain in your belly (abdomen) or your back.
  - -46 Very bad headaches or headaches that are getting worse.
  - -46 Sudden vision loss or double vision.
- Your eye suddenly turns red.
- The black center of your eye (pupil) is an odd shape or size.

# Summary

- After a car accident (motor vehicle collision), it is common to have injuries to your head, face, arms, and body.
- Follow instructions from your doctor about how to take care of a wound or burn.

Print Date/Time:

2/9/2023 10:26 EST

Report Request ID:

Patient:

**GREENE, ADRIENNE EVETTE** 

Med Rec#:

FSH-000801474292

Admit/Discharge:

/ 1/18/2023

Account #:

FSH-03046326272

Admitting Doctor: Sex: Female

Charbonneau, MD, Stephen G

1/18/2023

n/a

Date of Birth: 3/4/1972 Age: 50 years Location:

MFSH EDPT

Ordering Doctor:

# **Emergency Documentation**

- If told, put ice on your injured areas.
- Contact a doctor if your symptoms get worse.
- Keep all follow-up visits as told by your doctor.

This information is not intended to replace advice given to you by your health care provider. Make sure you discuss any questions you have with your health care provider.

Document Revised: 03/24/2022 Document Reviewed: 03/24/2022 Elsevier Patient Education © 2022 Elsevier Inc.

**End of Discharge Education and Instructions** 

# Patient Visit Summary

Diagnoses; Encounter for examination following motor vehicle collision (MVC); Acute pain of right knee; Chest wall pain

I, GREENE, ADRIENNE EVETTE, have received the attached patient education materials/instructions and have verbalized understanding.

Patient/Patient Representative Signature	Date/Time	
Relationship to Patient		

\*Hospital has retained last page for medical records

# Patient Visit Summary

Diagnoses: Encounter for examination following motor vehicle collision (MVC); Acute pain of right knee; Chest wall pain

I, GREENE, ADRIENNE EVETTE, have received the attached patient education materials/instructions and have verbalized understanding.

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Patient:

Location:

**GREENE, ADRIENNE EVETTE** 

Med Rec#:

FSH-000801474292 FSH-03046326272

Account #:

MESH EDPT

Date of Birth: 3/4/1972 Age: 50 years

Sex: Female

Admil/Discharge:

1/18/2023

/ 1/18/2023

Admitting Doctor:

Charbonneau, MD, Stephen G

Ordering Doctor:

# **Emergency Documentation**

Patient/Patient Representative Signature

Date/Time

Relationship to Patient

**Nurse Signature** 

Date/Time



DOCUMENT NAME: PERFORM INFORMATION: RESULT STATUS: SERVICE DATE/TIME: SIGN INFORMATION:

**ED Clinical Summary** Owuamana, LPN, Charlene (1/18/2023 22:25 EST) Modified 1/18/2023 22:25 EST Owuamana, LPN, Charlene (1/18/2023 22:25 EST); Sellers, PA-C, Kallie Marie (1/18/2023 21:52 EST); Sellers, PA-C, Kallie Marie (1/18/2023 21:40 EST)

Print Date/Time:

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Patient:

Location:

**GREENE, ADRIENNE EVETTE** 

Med Rec#: Account #:

FSH-000801474292

FSH-03046326272

MFSH EDPT

Date of Birth: 3/4/1972 Age: 50 years

Sex: Female

Admit/Discharge: Admitting Doctor: 1/18/2023

/ 1/18/2023

Charbonneau, MD, Stephen G

Ordering Doctor:

# **Emergency Documentation**

#### **ED Clinical Summary**



9000 Franklin Square Dr Baltimore, MD 21237 (443) 777-7068

# **Emergency Department Clinical Summary**

#### PERSON INFORMATION

Name GREENE, ADRIENNE EVETTE

Language English

Marital Status Single

Sex Female

Age 50 Years Race African American

Phone (410)776-4405

Acuity 3V

Depart Date and Time 01/18/2023 10:25 PM

MRN FSH-000801474292

Discharge Disposition Disch to

home or self care-Routine

DOB 03/04/1972

Ethnicity Non-Hispanic

PCP Nesbit, CRNP, Rashida

Khadliah

Acct# FSH-03046326272

LOS 000 05:56

Patient Address:

PO BOX 1123 EDGEWOOD MD 21040

ED Arrival Date and Time 01/18/2023 04:29

Patient Stated Complaint: Right-sided chest pain; MVC (motor vehicle collision); MVC/CHEST/LEG PAIN

Details of the patient encounter not listed in this Clinical Discharge Summary can be accessed from the patient record via the MedStar Clinician Portal or by contacting Medical Records at 443-777-7266.

Print Date/Time:

2/9/2023 10:26 EST

Report Request ID:

Patient:

**GREENE, ADRIENNE EVETTE** 

Med Rec #:

FSH-000801474292

Admit/Discharge: Admitting Doctor: 1/18/2023

/ 1/18/2023

Account #:

FSH-03046326272

Sex: Female

Ordering Doctor:

Charbonneau, MD, Stephen G

Location:

Date of Birth: 3/4/1972 Age: 50 years MFSH EDPT

# **Emergency Documentation**

# **DIAGNOSIS**

Acute pain of right knee; Chest wall pain; Encounter for examination following motor vehicle collision (MVC)

# **Procedures**

No Procedures Documented

Provider Information: **Primary Provider:** Stephen G Charbonneau, MD Secondary Provider: Sellers, PA-C, Kallie Marie

Admitting Physician: Unassigned, Unassigned

Consulting Physician(s):

Referring Physician

Measurements	Latest	Date/Time
Weight Dosing	117.5 kg	01/18/2023 16:50:00
Height/Length Dosing	163 cm	01/18/2023 16:50:00
<b>Body Mass Index Dosing</b>	44.22 kg/m2	01/18/2023 16:50:00

Vital Sign

Triage

Triage Date/Time

Latest

Latest Date/Time

Print Date/Time:

2/9/2023 10:26 EST

Report Request ID:

**GREENE, ADRIENNE EVETTE** Patient:

Med Rec#: FSH-000801474292 Admit/Discharge: 1/18/2023 / 1/18/2023 Charbonneau, MD, Stephen G Account #: FSH-03046326272 Admitting Doctor:

Date of Birth: 3/4/1972 Age: 50 years Sex: Female Ordering Doctor: n/a

Location: MFSH EDPT

Emergency Documentation				
Temperature Oral	37 DegC	01/18/2023 16:37:29	36.5 DegC	01/18/2023 20:43:00
O2 Sat	99 %	01/18/2023 16:37:49	100 %	01/18/2023 20:43:00
Respiratory Rate	16 BR/min	01/18/2023 16:37:35	16 BR/min	01/18/2023 16:37:35
Peripheral Pulse Rate	86 bpm	01/18/2023 16:37:49	71 bpm	01/18/2023 20:43:00
Blood Pressure, Automated	141/85 mmHg	01/18/2023 16:37:39	106/68 mmHg	01/18/2023 20:43:00
MAP, Automated	103 mmHg	01/18/2023 16:37:39	81 mmHg	01/18/2023 20:43:00

Cognitive and Functional Status: Oriented x 4,

#### MEDICAL INFORMATION

# **Problems**

#### Active

Body mass index (BMI) of 40.0 to 44.9 in adult

Hyperlipidemia

Vitamin D deficiency

Bariatric surgery status

Morbid obesity

Anemia, iron deficiency

HTN (hypertension)

#### Resolved

GERD (gastroesophageal reflux disease)

Heartburn

Vitamin A deficiency

Low serum prealbumin

Hiatal hernia

Morbid obesity

Gastric erosion

Print Date/Time:

2/9/2023 10:26 EST

Report Request ID:

Patient: GREENE, ADRIENNE EVETTE

 Med Rec #:
 FSH-000801474292
 Admit/Discharge:
 1/18/2023
 / 1/18/2023

 Account #:
 FSH-03046326272
 Admitting Doctor:
 Charbonneau,MD,Stephen G

Date of Birth: 3/4/1972 Age: 50 years Sex: Female Ordering Doctor: n/a

Location: MFSH EDPT

# **Emergency Documentation**

# **Allergies**

Latex (reddness) (itching)

#### **Immunizations**

No Immunizations Documented This Visit

Smoking Status: Never smoker

Laboratory or Other Results This Visit (last charted value for your 01/18/2023 visit)

#### Diagnostic Radiology

01/18/23 17:41:33

XR Tibia and Fibula Right: XR Tibia and Fibula Right

XR Knee 3 View Right: XR Knee 3 View Right

XR Chest PA and LAT 2 View: XR Chest PA and LAT 2 View

Radiology Image: Radiology Image

**Cardiology Orders** 

Name Status Details

Electrocardiogra Ordered 01/18/23 16:56:00 EST, Chest Pain - R07.9, One Time, Stat,

m 0100100 24

#### Comment:

Current Medication List as of 01/18/23 22:25:57

cholecalciferol (Vitamin D3 2000 intl units oral tablet)

Directions: I tablet by mouth every day

Take Next Dose:

famotidine 20 mg oral tablet

Directions: 1 tablet by mouth 2 times a day as needed for heartburn/indigestion

Take Next Dose:\_\_\_\_\_

Print Date/Time:

2/9/2023 10:26 EST

Report Request ID:

Sex: Female

# MedStar Franklin Square Medical Center

Patient:

**GREENE, ADRIENNE EVETTE** 

Med Rec#:

FSH-000801474292

Admit/Discharge:

1/18/2023

n/a

/ 1/18/2023

Account #:

FSH-03046326272

Admitting Doctor:

Charbonneau, MD, Stephen G

Date of Birth: 3/4/1972 Age: 50 years Location:

MFSH EDPT

Ordering Doctor:

Emergency Documentation		
hydroCHLOROthiazide (hydrochlorothiazide 25 mg oral tablet)		
Directions: I tablet by mouth every day		
Take Next Dose:		
levonorgestrel (Mirena 52 mg intrauteral device)		
Directions: 1 each intrauteral one time		
Take Next Dose:		
liraglutide (Saxenda 18 mg/3 mL subcutaneous solution)		
Directions: See Instructions inject. Prescribed for the treatment of Weight gain; adjunct		
Special Instructions: Week 1 0.6 mg Subcut Daily; Week 2 1.2 mg Subcut Daily; Week 3 1.8 mg Subcut Daily;		
Week 4 2.4 mg Subcut Daily; Week 5 3.0 mg Subcut Daily		
Take Next Dose:		
Non Formulary (Calcium citrate)		
Directions: Use as previously directed by your prescribing physician		
Take Next Dose:		
Non Formulary (B-100 Complex)		
Directions: Use as previously directed by your prescribing physician		
Take Next Dose:		
Non Formulary (Iron infusion under direction of Dr. Chen prn)		
Directions: Use as previously directed by your prescribing physician		
Take Next Dose:		
Non Formulary (Bariatric Advantage Ultra Solo Multivitamin without iron)		
Directions: I tablet every day		
Take Next Dose:		
Physician(s) who completed Medication		
Reconciliation		
Sellers, PA-C, Kallie Marie (01/18/2023 21:39)		

Print Date/Time:

2/9/2023 10:26 EST

Report Request ID:

Sex: Female

1/18/2023

# MedStar Franklin Square Medical Center

Patient:

**GREENE, ADRIENNE EVETTE** 

Med Rec#:

FSH-000801474292

Admit/Discharge:

/ 1/18/2023

Account #:

FSH-03046326272

Admitting Doctor:

Charbonneau, MD, Stephen G

Date of Birth: 3/4/1972 Age: 50 years

Ordering Doctor:

Location:

MFSH EDPT

# **Emergency Documentation**

#### PATIENT EDUCATION INFORMATION

Follow up:

You must call each Provider to make/verify your appointment.

PHYSICIAN/PROVIDER	DETAILS
Rashida Nesbit	When: In 1 week 01/25/2023
	Address: 1245 Eastern Blvd
	Essex MD 21221
	(410)558-4700(Ph)
	(410)558-4700(Ph)

Care Plan & Goals:

For this information, please review the details within this full Summary of Care document. For information not listed elsewhere, please refer to the patient medical record.

Printed Education Given To Patlent:

Motor Vehicle Collision Injury, Adult, Easy-to-Read

Print Date/Time:

2/9/2023 10:26 EST

Report Request ID:

468828767

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**Maryland Physicians Associates** 

BALTIMORE GROUP 3301 Belair Road, Baltimore, MD 21213 Phone: (888)462-8777 Fax: (410)732-6112

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#### INITIAL VISIT

RE: Adrienne Greene

DATE OF INJURY: January 18, 2023

DATE OF VISIT: January 23, 2023

#### HISTORY OF PRESENT ILLNESS

Ms. Greene is a 50-year-old right-handed female who was involved in an auto accident on January 18, 2023. The history, obtained from the patient via secure telehealth connection, is as follows:

Ms. Greene was a seat-belted driver in a moving car which collided with a van. The airbags deployed. The police, ambulance and fire department arrived at the scene of the accident and her car was towed. Upon impact her body moved forward and backward and was thrown from side to side. She injured her cervical spine, right shin, right shoulder and right trapezius muscle. The onset of pain resulting from the injuries began at the scene of this collision. She visited MedStar Franklin Square Medical Center. Following an initial evaluation and X-ray examination, she was discharged. Upon discharge the patient was given a disability certificate from 01.18.2023 until 01.23.2023. Persisting pain in the injured areas caused Ms. Greene to visit this clinic seeking medical assistance. Pain is aggravated by reaching for something.

Due to these problems Ms. Greene states she is unable to work. Ms. Greene states these injuries have restricted her ability to perform domestic duties.

#### SUBJECTIVE FINDINGS:

The patient was asked to assess the pain level of the injured areas on a scale of 0-10. Ms. Greene states that pain in the injured areas is at #7-8. Ms. Greene states that she did not have these complaints prior to this accident.

#### PAST MEDICAL HISTORY:

SURGERY: Patient denies any previous surgeries.

INJURY: Patient denies any previous injuries.

ILLNESSES/CONDITIONS: Patient denies major past medical illnesses.

MEDICATIONS: Hydrochlorothiazide.

**ALLERGIES:** Latex.

REVIEW OF SYSTEMS: No active medical problems.

#### SOCIAL/EMPLOYMENT HISTORY:

The patient is employed. She is single.

#### FAMILY HISTORY:

Non-contributory.

#### PATIENT EVALUATION:

**OBJECTIVE:** 50-year-old female.

VITAL SIGNS: BP-125/86, PR-76, Wt-257 lb., Ht-5' 4".

GENERAL APPEARANCE: There is a bruise on the right shin.

**NEUROLOGICAL STATUS:** Mental status examination shows that she is alert and oriented.

HEAD: There are no signs of injury to the head.

**EYES:** The eyelids and globes are intact. The extra-ocular movements are intact.

EARS: There are no signs of injury to the ears.

NOSE: There is no blood or abnormal discharge.

MOUTH: There are no signs of injury to the mouth or teeth.

JAW: There is no discomfort of the TM-joints.

**NECK:** Patient states there is discomfort and pain of the paravertebral muscles. The range of motion is limited: extension - to 30°, rotation to the left - to 70°, rotation to the right - to 70°, tilt to the left - to 20°. There is discomfort of the right trapezius muscle.

CHEST: Patient states there is no discomfort of the chest.

UPPER AND MIDDLE BACK: Patient states there is no discomfort and pain of the upper- and mid-thoracic paravertebral muscles. GREENE, ADRIENNE 1/23/2023 Page 3

ABDOMEN: Patient states there is no discomfort of the abdominal wall.

LOWER BACK: Patient states there is no discomfort and pain of the paravertebral muscles. The range of motion is normal and without pain. UPPER EXTREMITIES: Patient states there is discomfort of the right shoulder. The range of motion of the right shoulder is limited. Perfusion and pulses are adequate.

LOWER EXTREMITIES: Patient states there is discomfort of the right shin. There is a normal range of active and passive motion of all other areas encompassed by the lower extremities without pain. Perfusion and pulses are adequate.

## ASSESSMENT:

Ms. Greene sustained injuries of the cervical spine, right shin, right shoulder and right trapezius muscle in the auto accident on January 18, 2023. The patient's complaints and objective findings are consistent with the mechanisms of the injuries caused by the accident.

## DIAGNOSES:

- 1. Acute ligamentous injury of the right shoulder.
- 2. Acute sprain/strain of the cervical spine.
- 3. Acute sprain of the right trapezius muscle.
- 4. Contusion of the right shin.

## TREATMENT PLAN:

- 1. Physical therapy evaluation and treatment.
- 2. Obtain medical record and results of X-ray examinations from MedStar Franklin Square Medical Center.
- 3. Naproxen 500 mg, # 30, P.O., BID, PRN.
- 4. Cyclobenzaprine 10 mg, # 30, P.O., QHS, PRN.
- 5. X-ray examinations of the right shoulder and cervical spine.
- 6. Follow up in two weeks or as needed.

Ms. Greene is unable to perform work duties from January 23, 2023 until January 25, 2023, return to work on January 26, 2023.

GREENE, ADRIENNE 1/23/2023 Page 4

It is my opinion to a reasonable degree of medical certainty that the patient's injuries are causally related to the accident, that the treatments recommended are medically necessary, and the bills are fair, reasonable and comparable with like charges for this geographic area.

## Patient has been evaluated by:

Benedicto S. Garin, M.D. Kay O'Hara, D.C.

Report is generated based on physician's evaluation, PT evaluation and patient's input. EM



BALTIMORE GROUP 3301 Belair Road, Baltimore, MD 21213 Phone: (888)462-8777 Fax: (410)732-6112

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### FOLLOW UP VISIT

RE: Adrienne Greene

DATE OF INJURY: January 18, 2023

DATE OF VISIT: March 02, 2023

Ms. Greene returned for her follow up visit today. A severe hypolordosis of cervical spine is noted. X-ray examinations of the right shoulder and cervical spine revealed no evidence of fracture or dislocation. She still complains of ongoing pain in the injured areas upon physical exertion. After a physical therapy evaluation, the patient continues the prescribed physical therapy treatment with adequate response.

## PHYSICAL EXAMINATION:

**OBJECTIVE:** 50-year-old female.

GENERAL APPEARANCE: There is a healing bruise on the right shin.

**NECK:** There is tenderness and spasm of the paravertebral muscles. The range of motion is limited with mild pain. There is tenderness of the right trapezius muscle.

**UPPER EXTREMITIES:** There is tenderness of the right shoulder. The range of motion of the right shoulder is limited with mild pain.

LOWER EXTREMITIES: There is tenderness of the right shin.

## DIAGNOSES:

- 1. Acute ligamentous injury of the right shoulder.
- 2. Acute sprain/strain of the cervical spine.
- 3. Acute sprain of the right trapezius muscle.
- 4. Contusion of the right shin.

## TREATMENT PLAN:

- 1. Continue physical therapy treatment.
- 2. Continue taking prescribed medications.
- 3. Follow up in two weeks or as needed.

GREENE, ADRIENNE 3/2/2023 Page 2

It is my opinion to a reasonable degree of medical certainty that the patient's injuries are causally related to the accident, that the treatments recommended are medically necessary, and the bills are fair, reasonable and comparable with like charges for this geographic area.

## Patient has been examined by:

Daniel John, M.D.

Report is generated based on physician's examination, test data, specialist's reports (when applicable) and PT Notes. EM



BALTIMORE GROUP 3301 Belair Road, Baltimore, MD 21213

Phone: (888)462-8777 Fax: (410)732-6112

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### SUMMARY REPORT

RE: Adrienne Greene

DATE OF INJURY: January 18, 2023

**DATE:** March 09, 2023

Ms. Greene's condition has substantially stabilized.

## PHYSICAL EXAMINATION:

OBJECTIVE: 51-year-old female.

GENERAL APPEARANCE: Bruise on the right shin has healed.

NECK: There is no tenderness or spasm of the paravertebral muscles. The

range of motion is normal and without pain.

UPPER EXTREMITIES: There is no tenderness of the right shoulder. The

range of motion of the right shoulder is normal and without pain.

## DIAGNOSES:

- 1. Acute ligamentous injury of the right shoulder, improved.
- 2. Acute sprain/strain of the cervical spine, improved.
- 3. Acute sprain of the right trapezius muscle, improved.
- 4. Contusion of the right shin, improved.

### TREATMENT PLAN / DISPOSITION:

- 1. Discontinue physical therapy.
- 2. Stop taking medications.

## COURSE / PROGNOSIS:

Ms. Greene's injuries of the right shin, right shoulder, right trapezius muscle and cervical spine have improved. Ms. Greene's condition is sufficient to discontinue therapy at this time. The patient was advised to return to this office for further treatment if any flare-ups occur.

GREENE, ADRIENNE 3/9/2023 Page 2

## ASSESSMENT:

Based on the patient's complaints, review of the clinical course, medical records and the results of my examination I have concluded, within a reasonable degree of medical certainty, that all of the patient's injuries were caused by the accident of January 18, 2023. The care and treatment rendered to the patient were medically necessary for the injuries sustained by Ms. Greene in the above accident. The charges for all of the patient's care and treatment are fair, reasonable and comparable to the prevailing charges in this geographic area.

## Patient has been examined by:

Daniel John, M.D.

Report is generated based on physician's examination, test data, specialist's reports (when applicable) and PT Notes. EM

## X-RAY REPORT

Ordering Physician Benedicto S. Garin, M.D. Office Essex/Middle River Service Provided at Essex/Middle River **CERVICAL SPINE NORMAL FINDINGS** ☑ No fractures, pathologies or severe dislocations are displayed. ALL ☑ The bone structures of the spine(s) are essentially normal. ☑ The disc spaces appear well maintained ☑ There is no evidence of instability ☑ The A-P spine is generally in good alignment. A-P ☑ The vertebral bodies and posterior elements are normal ☑ The discs and discovertebral relationships are normal A-P/LAT ☐ The lateral spine is generally in normal alignment LAT ABNORMAL FINDINGS ☐ A Left concave curvature is displayed of the spine from A-P ☐ A Right concave curvature is displayed of the spine from \_\_\_\_\_ ☐ A Left convex curvature is displayed of the spine from \_\_\_\_\_ □ A Right convex curvature is displayed of the spine from \_\_\_\_\_\_ is displayed. ☐ A transitional vertebrae of is displayed. ☐ A lumbarization of is displayed. □ A sacralization of ☐ Multilevel diffuse degenerative changes are visible At the anterior aspect of the: At the posterior aspect of the: At the superior aspect of the: At the inferior aspect end plate(s) of the: At the facets of the: □ A □ Small □ Medium □ Large osteophytes are present on the □ anterior □ posterior □ lateral aspect ☐ Osteoporosis is displayed. vertebral level(s). ☐ Spina bifida occulta is noted at the ☑ A ☑Hypolordosis (severe) ☐Hyperlordosis ☐Hypokyphosis ☐Hyperkyphosis of the Spine is noted. LAT cervical ☐ There is a reversal of the ☐Cervical ☐Lumbar spine. ☐ Intervertebral disc thinning is noted at the \_\_\_\_\_\_ vertebral level(s). □ A limbus formation is noted at the superior aspect of the end plate of the at the inferior aspect of the end plate of the ☐ A compression fracture of ☐ Schmorl's nodes are suggested at the \_\_\_\_\_\_\_vertebral level(s). □ A □ Congenital □ Surgical fusion is in evidence at the \_\_\_\_\_\_ vertebral level.

□ Foraminal encroachment is displayed at the \_\_\_\_\_\_ vertebral level (on the L/R). LAT/OBL ☐ Spondylolisthesis of the ☐ Retro-listhesis ☐ Antero listhesis is noted. □spondylolisthesis □retro/antero-listhesis of ☑ Miscellaneous X-ray findings: small area of calcification of the ALL between C5-6 ALL right lateral tilting of the head Impression marked cervical hypolordosis with lateral tilting of the head License # S01499 Read by Doctor: Signature (Name) Reviewed by: Benedicto S. Garin License # D12724 Signature (Name)

## X-RAY EXTREMITY

Ordering Physician Benedicto S. Garin, M.D. Office Essex/Middle River Service Provided at Essex/Middle River SHOULDER (RIGHT)

		NORMAL F			
- '	oathologies or severe disloc	· ·	yed <u>,</u>		
☑ The bone stru	ctures are essentially norm	al.			
• •	es appear well maintained				
	ridence of instability				
☑ There is gene	rally good alignment.				
☑ The soft tissue	es are normal				
☑ no degenerati	ve changes				
✓ No destructive	bony lesion is identified				
		ABNORMAL	FINDINGS		
☐ There is a frac	cture 🗆 Alignment 🗅 Appro	ximation			
☐ A compressio	n fracture of				is visible.
☐ A loss of joint	space is displayed.				
_	erative changes are visible				
□Small □Mediu	m □Large osteophytes are	present on the [	⊒anterior □post	erior □inferior aspe	ct of the
☐ Osteoporosis	is displayed.				
☐ congenital ☐	surgical fusion is in evidenc	e at the:			
□ A prothesis pr	esent and in normal aligme	nt			
☐ Miscellaneous	X-ray findings:				
Impression no	mal study				
					KgB OHAMPC
Read by Doctor:	Kay O'Hara	License #	S01499	Signature	74g- 011 -
-	(Name)			_	
					B.S. Havin, M.D
D	Daniel C. Cardo	l lanuara H	D42724	Cianotura	Office Angel 1. 12
Reviewed by:	Benedicto S. Garin	License #	D12724	Signature	
	(Name)				



5 Park Center Court, Suite 200 Owings Mills, MD 21117

Information: (888)570-0088 Fax: (410)732-6112

www.MHCorp.com



Date: 1/23/2023

Date of injury: 1/18/2023

This is to certify that ADRIENNE GREENE has been under my professional care and is unable to perform work duties from 1/23/2023 to 1/25/2023, return to work on 1/26/2023.

Benedicto S. Garin, M.D.

BS Slaw, MD





3301 Belair Road, Baltimore, MD 21213 Phone: (888)462-8777 Fax: (410)732-6112 www.MHCorp.com

Date: 1/23/2023

Date of injury: 1/18/2023

Patient`s Name: ADRIENNE GREENE	DOB: <u>3/4/1972</u>	
Address: 1104 Sandy Stone Road, Essex MD 21221		
ABEL AS TO CONTENTS		
☑ Naproxen 500 mg	Tablets: 30	Direction: P.O., BID, PRN
	Patient's Signature:	
		-B.S. Jain, MD
	Benedicto S. Garin, M.D.	,
		(NPI: 1952406043)



3301 Belair Road, Baltimore, MD 21213 Phone: (888)462-8777 Fax: (410)732-6112 www.MHCorp.com



Date: 1/23/2023

Date of injury: 1/18/2023

Patient's Name: ADRIENNE GREENE	DOB: <u>3/4/1972</u>	
Address: 1104 Sandy Stone Road, Essex MD 21221		
LABEL AS TO CONTENTS		
☑ Cyclobenzaprine 10 mg	Tablets: 30	Direction: P.O., QHS, PRN
	Patient's Signature:	
		B. S. Stain, M. D.
	Benedicto S. Garin, M.D.	• • • • • • • • • • • • • • • • • • • •
		(NPI: 1952406043)

PATIENT	GREEN	GREENE, ADRIENNE	NE			The state of the s		•		-	DOA: 01/18/2023	1
DΧ	Acute s	prain of cer	vical spine.	^cute sprain	of shoulder r	ight. Acute s	sprain of trap	ezius right	Acute sprain of cervical spine. Acute sprain of shoulder right. Acute sprain of trapezius right. Contusion of shin right			
PT/DC	Kay O'	Hara, D.C.[F	T/DC # S01	499], Micha	Kay O'Hara, D.C.[PT/DC # S01499], Michael Welch. D.C.[PT/DC # S03804]	L[PT/DC#S	\$03804]					
PTA/CA												
Modality Initial eval	Re-Eval	Hot/Cold	ElectricalST	Mech.	Massage 9	Man.	Exercise 9	Hydrothera			PROGRESS NOTES	Signatures:
		pack all	all areas	Traction all	min.	Therapy	min	py Bed				PT/DC;PTA/CA;
		areas		areas		Tqs. 9 min.						Patient
Date 97161	97164	97010	97014	97012	97124	97140	97110	97039				
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Shin				******						O Initial	Initial Eval performed (see report)	
(R)										A With	A Withheld until next visit	
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PT/DC	Kay O'	Hara, D.C.[F	T/DC # S01	Kay O'Hara, D.C.[PT/DC # S01499], Michael Welch, D.C.[PT/DC # S03804]	el Welch, D.(	C.[PT/DC#S	503804]					
PTA/CA												
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	•••••••	areas		areas		Tqs. 9 min.			********	regions	· · · · · · · · · · · · · · · · · · ·	Patient
Date 97161	97164	97010	97014	97012	97124	97140	97110	97039	A4556	98940		
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											O No change in tenderness/spasm	ਤ
***************************************											A Patient tolerated treatment well  P Continue Tx plan as tolerated	
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02/13/23	02/09/23	02/07/23	Modality Date	PTA/CA	PT/DC	DX	PATIENT
			Initial eval 97161	/CA	DC	×	ENT
			Re-Eval 97164		Kay O'h	Acute s	GREEN
C/S Shidr( R) Trape zius(R )	C/S Shidr( R) Trape zius(R )	Q/S	Hot/Cold pack all areas 97010		lara, D.C.[P	prain of cerv	GREENE, ADRIENNE
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C/S	C/S	C/S	Mech. Traction all areas 97012		499], Michae	cute sprain	
			Massage 9 min. 97124		el Welch, D.	of shoulder	
			Man. Therapy Tqs. 9 min. 97140		Kay O'Hara, D.C.[PT/DC # S01499], Michael Weich, D.C.[PT/DC # S03804]	right. Acute	
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			Hydrothera py Bed 97039			oezius right	
	C/S	C/S	CMT spinal, one or two regions 98940			Acute sprain of cervical spine. Acute sprain of shoulder right. Acute sprain of trapezius right. Contusion of shin right	
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S Pt complains of tightness in CS varies in intensity with activity varies in intensity with activity O Mtpl TrPs w/jt dysf in areas of o A Patient tolerated treatment well P Continue Tx plan as tolerated	S Aching sharp pains with moveme O Cont. joint restriction in all areas A Patient tolerated treatment well P Continue Tx plan as tolerated	Aching sharp pains with movem. Cont. Joint restriction in all areas Patient tolerated treatment well Continue Tx plan as tolerated	PROGRESS NOTES				DOA:
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			Re-Eval 97164	Acute sp Kay O'H
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			Massage 9 min. 97124	of shoulder I
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				shin rìght
S Feels about the same today O No change in tendemess/spasm A No change noted P Continue Tx plan as tolerated	<ul> <li>S Shoulder and CS soreness</li> <li>O Paraspinal spasm and tenderness on mild palpation</li> <li>A Patient tolerated treatment well</li> <li>P Continue Tx plan as tolerated</li> </ul>	S Frequent aching and stiffness in the: CS shoulder O Cont. joint restriction in: CS shoulder A Patient tolerated treatment well P Continue Tx plan as tolerated	PROGRESS NOTES	DOA: 01/18/2023
	R. S. Deen	J. Hune	Signatures: PT/DC;PTA/CA; Patient	

02/28/23	02/27/23	02/23/23		
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			Re-Eval	GREEN Acute si Kay O'H
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			Man. Therapy Tqs. 9 min. 97140	GREENE, ADRIENNE  Acute sprain of cervical spine. Acute sprain of shoulder right. Acute sprain of trapezius right. Contusion of shin Kay O'Hara, D.C.[PT/DC # S01499], Michael Welch, D.C.[PT/DC # S03804]
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			py Bed 97039	pezius right.
Shiar(K)	Shlar(R)	Shldr(R)	extraspinal, 1>regions 98943	Contusion o
				shin right
				4241
S Feels about the same today O No marked changes A Patient tolerated treatment well P Continue Tx plan as tolerated		S Decreased pain in all areas O Decreased spasm A Improving slowly P Continue Tx plan as tolerated		DOA: 01/18/2023
a. Sheer		Media.	Signatures: PT/DC;PTA/CA; Patient	

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03/07/23	03/06/23	03/02/23	Date	Modality	PTA/CA	PT/DC	DX	PATIENT
			97161	Initial eval	/CA	DC	×	ENT
C/S Shin (R) Shldr( Shldr( R) Trape zius(R			97164	Re-Eval		Kay O'l	Acute s	GKEEZ
C/S Shldr( R) Trape zius(R	C/S Shldr( R) Trape zius(R	C/S Shldr( R) Trape zius(R )	97010	Hot/Cold pack all areas		tara, D.C.[P	prain of cen	GKEENE, AUXIENNE
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C/S	C/S	C/S	97012	Mech. Traction all areas		499], Micha	Acute sprain	
			97124	Massage 9 min.		el Welch, D.	of shoulder	
		And the second s	97140	Man. Therapy Tqs. 9 min.		Kay O'Hara, D.C.[PT/DC # S01499], Michael Welch, D.C.[PT/DC # S03804]	right. Acute	
	C/S Shidr( R) Trape zius(R )	C/S Shidr( R) Trape zius(R ) 2 UNIT S min 23 minut es		Exercise 9 min		S03804]	sprain of tra	
			97039	Hydrothera py Bed			Acute sprain of cervical spine. Acute sprain of shoulder right. Acute sprain of trapezius right. Contusion of	
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S Re-Eval performed (see report) O Re-Eval performed (see report) A Patient tolerated treatment well P Continue Tx plan as tolerated	S CS and shoulder soreness O Cont. joint restriction in: CS shoulder(R) A Patient tolerated treatment well P Continue Tx plan as tolerated	S Feels about the same today O No change in tenderness/spasm A Patient tolerated treatment well P Continue Tx plan as tolerated		PROGR				μυA:
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03/09/23	Date 97161			Modality Initial eval	PTA/CA	PT/DC	XD	PATIENT
	97164			ral Re-Eval		Kay C	Acute	GREE
C/S Shidr( R) Trape zius(R )	97010	areas	pack all	Hot/Cold		Kay O'Hara, D.C.[PT/DC#S01499], Michael Welch, D.C.[PT/DC#S03804]	Acute sprain of cervical spine. Acute sprain of shoulder right. Acute sprain of trapezius right. Contusion of shin	GREENE, ADRIENNE
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	97012	areas	Traction all	Mech.		499], Michae	Acute sprain	
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all areas eatment well is tolerated				PROGRESS NOTES				DOA: 01/18/2023
		Patient	PT/DC;PTA/CA;	Signatures:				

## MHC HealthCare

## Physical Therapy Evaluation/Chiropractic Examination

 Patient:
 GREENE, ADRIENNE
 Date:
 02/01/2023
 DOB:
 03/04/1972
 Sex:
 DOI:
 01/18/2023

PT/DC: Kay O'Hara, D.C. [PT/DC # S01499]

Re-Evaluation

Diagnosis: Acute sprain of cervical spine; Acute sprain of shoulder right; Acute sprain of trapezius right; Contusion of shin right

**Presenting Problems:** 

Initial Evaluation

This patient was the driver of a car that collided with a van. During the accident she was jolted and the air bags deployed. She was evaluated at Franklin Square hospital

Vital Signs: BP was 125/86, pulse 76

Pain Quality: achy, stiff and sore

Pain Radiation/Refferal: none

Pain Severity: Trapezius(R) 8/10; Shidr(R) 8/10; C/S 8/10; Shin (R) 8/10

Observation/General Appearance: some brusing on the right shin

Palpation: multiple areas of tenderness and hypertonicity in the paracervical and upper trapezius mm. Tender right periscap

mm. Tender right shin

Special Tests: Cervical Spine. Shoulder Depression Test: Positive Bilaterally

Cervical Spine. Jackson's Compression Test: Positive Bilaterally

Assessment: Ue sensation was wnl

Short-Term Goals: Long-Term Goals: reduce pain and inflammation support healing

Treatment Plan:

Hot/Cold pack all areas: C/S PRN; Shin (R) PRN; Shidr(R) PRN; Trapezius(R) PRN

Mech. Traction all areas:

C/S PRN

ElectricalST all areas:

C/S PRN; Shidr(R) PRN; Trapezius(R) PRN

Hydrotherapy Bed: C/S PRN; Shldr(R) PRN; Trapezius(R) PRN
Exercise 9 min: C/S PRN; Shldr(R) PRN; Trapezius(R) PRN

Man. Therapy Tqs. 9 min.: C/S PRN; Shidr(R) PRN; Trapezius(R) PRN

Treatment frequency 2-3 times a week for 4-5 weeks

## Maryland Healthcare Clinics

## Physical Therapy Evaluation Form - Page 2

Name: GREENE, ADRIENNE Date: 02/01/2023 DOB: 03/04/1972 Sex: DOI: 01/18/2023

Cervical Spine:	Normal	Tested	w/pain
Flexion	55	60	+
Extension	45	30	+
Left Rotation	90	70	+
Right Rotation	90	70	+
Left Bending	40	20	+
Right Bending	40	20	+

Thoracic Spine:	Normal	Tested	w/pain
Flexion	45	~	н
Extension	30	-	-
Left Rotation	25	1	
Right Rotation	25	-	-
Left Bending	20		-
Right Bending	20	-	-

Lumbar Spine:	Normal	Tested	w/pain
Flexion	90		-
Extension	30	-	-
Left Rotation	25		-
Right Rotation	25	-	
Left Bending	30	-	-
Right Bending	30	i i	

Hip:	Normal	Left	Right	w/pain
Flexion	120-125	-	-	-
Extension	45-50			-
Abduction	45	-	-	
Adduction	20	n	-	-
Int. Rotation	30	1	-	
Ext. Rotation	50	-	-	-

Knee:	Normai	Left	Right	w/pain
Flexion	135-140		ı	-
Extension	0	ı	-	-

Reflexes:	Left	Right
C5 (Biceps)	2+	2+
C6 (Brachioradialis)	2+	2+
C7 (Triceps)	2+	2+
L4 (Patellar)		
S1 (Achilles)	-	-

Pathologic Reflexes:	Left	Right
Hoffmann's	-	-
Forced Ankle Flexion	-	-
Other:_	-	-

Shoulder:	Normal	Left	Right	w/pain
Flexion	180	-	180	-
Extension	45	*	45	-
Int. Rotation	90	-	90	
Ext. Rotation	90	-	90	-
Abduction	180	-	180	14
Adduction	45	-	-	-

Elbow:	Normal	Left	Right	w/pain
Flexion	135-145	-	-	H
Extension	0	-	-	-
Supination	80-90			
Pronation	70-90	-	-	_

Wrist:	Normal	Left	Right	w/pain
Dorsiflexion	55	-	-	-
Palmar flexion	70-80	-	-	
Radial deviation	20-35	*	-	-
Ulnar deviation	40-75	-	-	-

Ankle:	Normal	Left	Right	w/pain
Dorsiflexion	20-30	-	-	-
Plantar flexion	45-55	н		-
Inversion	50	-	-	-
Eversion	20	-	-	-

Upper Extremity Strength:	Left	Right
C5 (deltoid)	5	5
C6 (biceps)	-	-
C7 (triceps)		
C8 (hand)	-	-
T1 (fingers)	-	-

Lower Extremity Strength:	Left	Right
L2 (iliopsoas)	-	-
L3 (Adductors, quadriceps)	-	-
L4 (tibialis anterior/inversion)	-	-
L5 (hallux extension)	-	-
S1 (peroneus longus/eversion)	-	-

PT\DC Signature:

Kaf3 OHmPC

License #:

S01499

BHEN Young to

Patient Signature:

### MHC HealthCare

## Physical Therapy Evaluation/Chiropractic Examination

DOB: 03/04/1972 Patient: GREENE, ADRIENNE Date: 03/07/2023 DOI: 01/18/2023 Sex: Michael Welch, D.C. [PT/DC # S03804] PT/DC:

Long-Term Goals:

Diagnosis; Acute sprain of cervical spine; Acute sprain of shoulder right; Acute sprain of trapezius right; Contusion of shin right

**Presenting Problems:** 

Initial Evaluation

Patient is improving with decreases in pain in all areas.

Vital Signs:

Pain Quality:

Pain Radiation/Refferal:

Pain Severity: Shin (R) 1/10; C/S 2/10; Trapezius(R) 1/10; Shidr(R) 3/10

Re-Evaluation

Observation/General Appearance: x3 Alerted and oriented

Palpation: Mild trigger points in the areas of complaint

Cervical Spine. Maximal Foraminal Compression: Positive Special Tests:

Patient is improving and would likely benefit from a continued course of conservative care Assessment:

Short-Term Goals:

Strengthen Return to pre-accident condition

Treatment Plan:

C/S PRN; Shin (R) PRN; Shidr(R) PRN; Trapezius(R) PRN Hot/Cold pack all areas:

C/S PRN Mech. Traction all areas:

ElectricalST all areas: C/S PRN; Shldr(R) PRN; Trapezius(R) PRN Hydrotherapy Bed: C/S PRN; Shldr(R) PRN; Trapezius(R) PRN C/S PRN; Shldr(R) PRN; Trapezius(R) PRN Exercise 9 min: Man. Therapy Tqs. 9 mln.: C/S PRN; Shldr(R) PRN; Trapezius(R) PRN

Treatment frequency 3-4 times a week for 4-5 weeks

## **Maryland Healthcare Clinics**

## Physical Therapy Evaluation Form - Page 2

Name: GREENE, ADRIENNE Date: 03/07/2023 DOB: 03/04/1972 Sex: DOI: 01/18/2023

Cervical Spine:	Normal	Tested	w/pain
Flexion	55	40	-
Extension	45	40	
Left Rotation	90	85	-
Right Rotation	90	70	-
Left Bending	40	35	-
Right Bending	40	30	+

Thoracic Spine:	Normal	Tested	w/pain
Flexion	45	-	-
Extension	30	-	-
Left Rotation	25	-	2
Right Rotation	25	-	-
Left Bending	20	-	*
Right Bending	20	-	-

Lumbar Spine:	Normal	Tested	w/pain
Flexion	90	-	
Extension	30	-	-
Left Rotation	25		
Right Rotation	25	-	-
Left Bending	30		-
Right Bending	30	-	

Hip:	Normal	Left	Right	w/pain
Flexion	120-125		-	-
Extension	45-50	-		
Abduction	45	-	-	-
Adduction	20	-	**	-
Int. Rotation	30	-	-	-
Ext. Rotation	50	-	-	-

Knee:	Normai	Left	Right	w/pain
Flexion	135-140			r
Extension	0	-	ĸ	1

Reflexes:	Left	Right
C5 (Biceps)		-
C6 (Brachioradialis)	-	-
C7 (Triceps)		-
L4 (Patellar)	-	-
S1 (Achilles)	-	-

Pathologic Reflexes:	Left	Right
Hoffmann's	-	1
Forced Ankle Flexion	1	-
Other:	-	-

Shoulder:	Normal	Left	Right	w/pain
Flexion	180	_	180	-
Extension	45	**	45	-
Int. Rotation	90		90	-
Ext. Rotation	90	_	90	-
Abduction	180		180	
Adduction	45	-	40	-

Elbow:	Normal	Left	Right	w/pain
Flexion	135-145	#	-	н
Extension	0	-	-	-
Supination	80-90			.,
Pronation	70-90	-	-	-

Wrist:	Normal	Left	Right	w/pain
Dorsiflexion	55	-	-	-
Palmar flexion	70-80	_	-	-
Radial deviation	20-35		-	-
Ulnar deviation	40-75	-	-	

Ankle:	Normal	Left	Right	w/pain
Dorsiflexion	20-30	-	-	-
Plantar flexion	45-55	b+	~	-
Inversion	50	-	-	-
Eversion	20		~	

Upper Extremity Strength:	L	eft	Right
C5 (deltoid)		-	-
C6 (biceps)		-	-
C7 (triceps)		-	
C8 (hand)		-	-
T1 (fingers)		-	н

Lower Extremity Strength:	Left	Right
L2 (iliopsoas)	-	-
L3 (Adductors, quadriceps)		н
L4 (tiblalis anterior/inversion)	-	_
L5 (hallux extension)	н	-
S1 (peroneus longus/eversion)	-	_

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PT\DC Signature:

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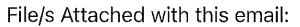
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Rental Agreement # 92LTW8

## Renter Information Renter Name ADRIENNE GREEN Henter Address

Renter Address ESSEX, MD 21221 USA

### Vehicle Information

CORO License #: 6EW7695 State/Province: MD Unit #: 7V148X Vehicle #: MP183833

Vehicle Class Driven Midsize 2/4 door/Automatic/Air

Vehicle Class Charged Midsize 2/4 door/Automatic/Air

Odometer Mileage/Kilometers
Starting: 39828 Ending: 41796

Total: 1,968

Starting: 3/4 Ending: 3/16

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### Trip Information

Pickup Return

(1) Thursday, March 2, 2023 12.01 AM (1) Eriday, March 31, 2023 10.47 AM
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Subtotal \$0.00

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