

Proof of Service

Date 3/19/2012

I am a citizen of the United States and work in the County of Sacramento, CA. I am over the age of eighteen years and not a party to the within matter.

My business address is:

Allied Managed care PO Box 269120 Sacramento, CA 95826

On 3/19/2012 I served: Peer Review Determination Letter

On the parties listed below by sending a true copy thereof by postal mail, fax or email.

Regarding Tiffany Anderson - Claimant

Copy of the UR Determination Sent To:

Lodi Physical Therapy - Facility

Tiffany Anderson - Claimant - 2 N Avena Avenue ,
LODI, CA95240

Kyle Hansen, ESQ - Defense Attorney
Gary Murata - Requesting Provider
Mackenzie Dawson - Claims Examiner

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

Executed on at 3:40 PM Pacific on 3/19/2012 in Sacramento, CA.

Signature: Manapre Smith



Respectfully, Allied Managed Care

Robert D. Petrie, M.D.

Diplomate, American Board of Preventive Medicine Board Certified Occupational and Environmental Medicine

Licensed in State of CA #C50893

Physician Reviewer - Allied Managed Care

Utilization Review Services