

Serving California & Hawaii

ExamWorks, Inc.
11010 White Rock Road, Suite 120
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Fax: (916) 920-2515
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October 5, 2015

Tiffany Anderson
2120 West Pine Street
Lodi, CA 95242

Re: Medical Legal Evaluation for Tiffany Anderson

Dear Mrs. Anderson:

Your medical evaluation appointment is scheduled as follows:

El horario de su evaluacion medica, es el siguiente:

Doctor: Dr. Michael Bronshvag,

Date/Fecha: Tuesday, December 15, 2015,

Time/Hora: 11:00 AM,

Place/Lugar:

3555 Deer Park Drive, Suite 150
Stockton, CA 95219

If you have any questions or are unable to keep this appointment,

Si usted tiene alguna pregunta o no puede asistir a esta cita,

Please call 800-458-1261. There is a charge for late cancellation

Por favor llame al 800-458-1261, Hay un cargo por cancelacion

and missed appointments of \$400 dollars within 6 business days of the appointment.

Tardia y se perdio las citas de \$400 dentro de los 6 dias habiles despues de la cita..

Sincerely/Atentamente,,

Appointment Coordinator/Cordinador de horario

Enclosures: Letters of Instruction (as required by certain doctors)
Cartas de instrucciones (por ciertos medicos)
Forms – to be completed BEFORE your appointment (as needed)
Formas – Deben llenarse ANTES de venir a su cita (necessarias)

Refer:

Opposing party: Sara A. Skolnik

Insurance Carrier: AIMS

Adjustor: David Gutierrez

Claim #: VE0700184

State of California
Division of Workers' Compensation-Medical Unit
QME Appointment Notification Form

RESCHEDULED APPOINTMENT
PLEASE NOTE NEW DATE & TIME

Please complete this form in its entirety. The Administrative Director requires that you serve this appointment notification form on the employee and the claims administrator, or, if none the employer, and their attorneys in a represented case, if known, within five (5) business days after having scheduled the injured worker to be seen for a QME comprehensive medical-legal evaluation. You may not cancel the appointment less than six (6) calendar days prior to the appointment date, except for good cause (See, 8 Cal. Code Regs. §34). If you reschedule an appointment, review regulation 34 and the ethical rules in regulation 41 (See, 8 Cal. Code Regs. §§ 34, 41(a) (7) and (a)

Employee Information (Completion of this section is required)

Tiffany Anderson	(209) 331-0208
Employee Name	Phone Number
2120 West Pine Street	Lodi CA 95242
Employee Street Address	Employee City State Zip Code
6/29/2011	1774992 VE0700184
Date of Injury	Panel Number Claim or Case Number

Employer Information

San Joaquin County Mosquito Vector Control Dist

Employer Name	
Employer Street Address	Employer City State Zip Code
Claims Administrator Information (Completion of this section is required)	
David Gutierrez	(916) 563-1900 242
Claims Administrator Name (Insert the name of the person handling the claim)	Phone Number
AIMS	
Claims Administrator Company (Insert the name of the company handling the claim)	CA 95826-9120
PO Box 269120	Sacramento
Claims Administrator Street Address	Claims Administrator City State Zip Code

Appointment Information (Completion of this section is required)

Date of appointment call: 8/4/2015 Date of Appointment: 12/15/2015 Time of appointment: 11:00 AM
3555 Deer Park Drive, Suite 150 Stockton, CA 95219

Examination address	Examination City, State, Zip Code
Records should be sent to the following address: 11010 White Rock Road, Suite 120, Rancho Cordova, 95670	
Street Address or P.O. Box, City, Zip Code	

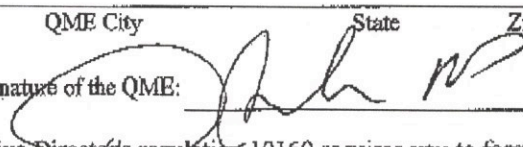
Is a certified interpreter required? Yes ☐ No ☒ If an interpreter is required, indicate language: _____

QME Name: Michael M. Bronshvag, MD

11010 White Rock Road, Suite 120 Rancho Cordova CA 95670

QME Street Address QME City State Zip Code

Date Signed: 10/5/2015

Signature of the QME: 

Note to Claims Administrator: The Administrative Director's regulation 10160 requires you to forward a completed DWC-AD form 101(DEU) (Request for Summary Rating Determination of Qualified Medical Evaluator's Report) (see, 8 Cal. Code Regs. §§ 10160 and 10161) together with all medical reports and medical records prior to the scheduled examination with the QME. You must also provide the employee with a DWC-AD form 100 (DEU) (Employee's Disability Questionnaire) (See, 8 Cal. Code Regs. §§ 10160 and 10161) prior to the examination.

Declaration of Service

I declare that I am a resident of or employed in the county where the mailing took place. I am over the age of eighteen years and I am not a party to this case, my business or residence address is:

11010 White Rock Road, Suite 120, Rancho Cordova, CA 95670

On 10/5/2015, I served this QME Appointment Notification Form, the original, or a true and correct copy of the original, which is attached, on each of the persons or firms named below, by placing it in a sealed envelope, addressed to the person or firm named below, and by:

- A. depositing the sealed envelope with the U.S. Postal Service with the postage fully prepaid
- B. placing the sealed envelope for collection and mailing following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the U. S. Postal Service in a sealed envelope with postage fully prepaid.
- C. placing the sealed envelope for collection and overnight delivery at an office or a regularly utilized drop box of the overnight delivery carrier.
- D. placing the sealed envelope for pick up by a professional messenger service for service. (Messenger must return to you a completed declaration of personal service.
- E. personally delivering the sealed envelope to the person or firm named below at the address shown below.

A	Tiffany Anderson	2120 West Pine Street
Method of Service	Person or firm served	Street Address
	Lodi, CA 95242	
	City, State, Zip Code	

A	David Gutierrez	PO Box 269120
Method of Service	Person or firm served	Street Address
	Sacramento, CA 95826-9120	
	City, State, Zip Code	

A	Sara A. Skolnik	1545 River Park Drive, Suite 330
Method of Service	Person or firm served	Street Address
	Sacramento, CA 95815	
	City, State, Zip Code	

A		
Method of Service	Person or firm served	Street Address
	City, State, Zip Code	

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

Date: 10/5/2015 at Rancho Cordova, California

Type or print Name Debra Van Noy

Signature Debra A. Van Noy