



COMPEX

Legal Services, Inc.

ORDER NUMBER: C-50913-B Depo Date: _____ N/A

Records can only be verified by a Compex employee that has completed verification training and is certified to do so.

Records/CNR Verification by Operations:

Verified by: [Signature] Date: 10-12-14

Production/QA Verification:

Verified by: _____ Date: _____

Operations Checklist

<input checked="" type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

PATIENT NAME
 PATIENT AKA
 DATE OF BIRTH
 SOCIAL SECURITY NUMBER
 LOCATION NAME
 CUSTODIAN'S SIGNATURE
 REASON FOR NO RECORDS

Production Intake

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

CLAUSE RESTRICTIONS:

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

SPECIFIC/LIMITED DATE RANGE
 SPECIFIC/LIMITED BODY PARTS
 TREATING PHYSICIAN
 CLAIM/POLICY NUMBER

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

OTHER _____
 (Please specify the other verification method)

Missing Records: Medical Billing X-Rays Affidavit Other _____

Created Check-On: Yes No (If No, specify reason) _____

CNR Rejected (specify reason for rejection)

- Billing loc only Med recs not yet provided Recs at diff loc
- Loc needs more info and attempted to obtain info from other recs rcvd
- Incomplete CNR: _____

Notes/Comments:

RESPONSE #2

Uniform Assigned Name: STOCKWELL HARRIS SACRAMENTO
EAMS Administrator Name: KALIE WIKEL
EAMS Administrator's Phone: (916) 924-1862
EAMS Administrator's Email: Kalie_Wikel@shww.com

PROOF OF SERVICE

STATE OF CALIFORNIA

COUNTY OF SACRAMENTO

I am in the County of Sacramento, State of California. I am over the age of 18 years and not a party to the within action. My business address is 1545 River Park Drive, Suite 330, Sacramento, California 95815-4616.

I served the foregoing document described as: **Personnel File; Injury And Illness Prevention Program; Benefits Print-Out Dated 9/23/14; Wage Statement Dated 9/22/14** on all interested parties in this action by hand delivery/personal service as follows:

Ms. Tiffany Anderson
2 N. Avena Ave
Lodi, CA 95240

I certify, under penalty of perjury, that the foregoing is true and correct.

Executed on October 3, 2014, at Sacramento, California.

By: _____

Sara A. Skolnik

