

## HEALTH INSURANCE CLAIM FORM

## AIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

AIMS  
PO Box 269120

Sacramento, CA 95826-9120

1. MEDICARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> (Medicare #) (Medicaid #)		TRICARE <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN <input type="checkbox"/> FECA BLK LUNG <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> (ID#)		1a. INSURED'S I.D. NUMBER (For Program in Item 1)	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) Anderson, Tiffany		3. PATIENT'S BIRTH DATE MM DD YY 08 22 1970 M <input type="checkbox"/> F <input checked="" type="checkbox"/>		4. INSURED'S NAME (Last Name, First Name, Middle Initial)	
5. PATIENT'S ADDRESS (No., Street) 1900 Lakeshore Dr		6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input checked="" type="checkbox"/>		7. INSURED'S ADDRESS (No., Street)	
CITY Lodi		STATE CA		CITY	
ZIP CODE 95242		TELEPHONE (Include Area Code) (209) 3310208		ZIP CODE	
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)		10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (Current or Previous) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO b. AUTO ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO c. OTHER ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		11. INSURED'S POLICY GROUP OR FECA NUMBER VE0700184	
a. OTHER INSURED'S POLICY OR GROUP NUMBER		b. RESERVED FOR NUCC USE		a. INSURED'S DATE OF BIRTH MM DD YY M <input type="checkbox"/> F <input type="checkbox"/>	
c. RESERVED FOR NUCC USE		d. INSURANCE PLAN NAME OR PROGRAM NAME		b. OTHER CLAIM ID (Designated by NUCC)	
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE. I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. SIGNED Signature on file		13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below. SIGNED Signature on file		c. INSURANCE PLAN NAME OR PROGRAM NAME	
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP): MM DD YY 06 29 2011 QUAL 431		15. OTHER DATE QUAL MM DD YY		d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, complete items 9, 9a and 9d.	
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE		17a. NPI		16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		17b. NPI		18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) A. M25.56 B. C. D. E. F. G. H. I. J. K. L.		17c. NPI		20. OUTSIDE LAB? <input type="checkbox"/> YES <input type="checkbox"/> NO \$ CHARGES	
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY 02 03 16 02 03 16 11		B. PLACE OF SERVICE EMG		22. RESUBMISSION CODE	
C. D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER ML 106 95		E. DIAGNOSIS POINTER A		ORIGINAL REF. NO.	
F. \$ CHARGES 750.00		G. DAYS OR UNITS 12		23. PRIOR AUTHORIZATION NUMBER	
H. I.D. QUAL NPI		I. RENDERING PROVIDER ID. # 1982751558			
J. NPI					
K. NPI					
L. NPI					
25. FEDERAL TAX I.D. NUMBER 26-1114252		26. PATIENT'S ACCOUNT NO. 123790		27. ACCEPT ASSIGNMENT? (For govt. claims, see back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
28. TOTAL CHARGE \$ 750.00		29. AMOUNT PAID \$ 0.00		30. Rsvd for NUCC Use	
31. 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.) Michael Bronshvag MD Neurology 02/16/16 SIGNED DATE		32. SERVICE FACILITY LOCATION INFORMATION Supplemental Record Review 11010 White Rock Road, Suite 120 Rancho Cordova, CA 95670 a. 1982751558 b. G15805		33. BILLING PROVIDER INFO & PH # (800) 4581261 ExamWorks, Inc. 11010 White Rock Road, Suite 120 Rancho Cordova, CA 95670 a. 1982751558 b.	

# Request for Taxpayer Identification Number and Certification

Give Form to the  
requester. Do not  
send to the IRS.

Print or type  
See specific instructions on page 2.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>ExamWorks, Inc.</b>	
2 Business name/disregarded entity name, if different from above <b>ExamWorks, Inc.</b>	
3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) > Note: For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) >	
4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ (Applies to accounts maintained outside the U.S.)	
5 Address (number, street, and apt. or suite no.) <b>11010 White Rock Road, Suite 120</b>	Requester's name and address (optional)
6 City, state, and ZIP code <b>Rancho Cordova, CA 95670</b>	
7 List account number(s) here (optional)	

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note: If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number								
			-			-		
OR								
Employer identification number								
2	6	-	1	1	4	2	5	2

## Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
  - I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
  - I am a U.S. citizen or other U.S. person (defined below); and
  - The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.
- Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign  
Here

Signature of  
U.S. person >

Date > 01/05/2016

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.  
Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/w9](http://www.irs.gov/w9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

**MICHAEL M. BRONSHVAG, M.D.**  
Diplomate in Neurology, ABP&N  
Diplomate in Internal Medicine, ABIM

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February 3, 2016

Nancy Urton, Adjuster  
AIMS  
P.O. Box 269120  
Sacramento, CA 95826-9120

Sara A. Skolnik, Esq.  
Stockwell, Harris, Woolverton & Muehl  
1545 River Park Drive, Suite 330  
Sacramento, CA 95815

Tiffany Anderson  
1900 Lakeshore Drive  
Lodi, CA 95242

#### **SUPPLEMENTAL REPORT**

**Re:** ANDERSON, Tiffany  
**Dates of Injury:** 06/19/2008, 07/02/2009, 03/26/2009, 06/29/2011, CT-11/30/2011  
**Employer:** San Joaquin County Mosquito & Vector Control  
**WCAB Case #s:** ADJ7004221, ADJ7004227, ADJ7010682, ADJ7976768, ADJ9066508  
**Claim #:** VE0700184

Dear All:

I previously evaluated Tiffany Anderson in December 2015.

Pursuant to 8 Cal Code of Regs. Section 9795 (b) and (c), this report is submitted as an **ML-106-95**

Time reviewing records: 120 minutes  
Preparation of report: 60 minutes  
Total time: **180 minutes**

Re: Tiffany Anderson  
February 3, 2016  
Page 2

As you will note, I had interviewed and evaluated Tiffany Anderson in December 2015 - Stockton. I took note of her set of issues. As you will note, at least some of the issues are procedural and the claimant states that things were not "done properly." I take note of these issues, but cannot accurately weigh them.

The claimant had described knee difficulty and a 2011 event. The claimant described toxic exposures. The claimant described a hostile environment. The claimant mentioned dermatologic and gynecologic issues. I noted I personally did not demonstrate any worrisome skin changes, but noted that a dermatology consultation was indicated.

Relevant to the claimant's right knee area symptoms, I asked for the help of an orthopaedic expert. Relevant to the internal medical - neurological issues, I noted that the physical and neurological examination I performed did not demonstrate deficits or derangements. I did not demonstrate tachycardia or tremors. I referred and deferred relevant to psychological aspects of the challenging case and continue to do so.

I had requested:

1. Blood work - CBC, chemistry panel, sed rate, C-reactive protein.
2. Total body nuclide bone scan.
3. MRI scan of head.
4. Consults (dermatology, gynecology, psychiatric).
5. The privilege of a repeat evaluation of the claimant when the data are in.

## **RECORDS AND LABS REVIEW**

I turn my attention to the data provided.

I note that the MRI of the brain was normal. The nuclide bone scan was normal.

I am provided with a 14 January 2016 letter from claimant Anderson addressed to myself, to Dr. Tabaddor, AIMS Insurance, Judge Webber, attorney Skolnik, and the insurance - fraud department, as well as the San Joaquin County District Attorney's Office. The claimant describes pre-employment exam records and injury dates of June 2004, January 2005, October 2011, and June 2011, as well as June 2011.

A summary of the Kaiser records is provided and time sheets are provided. Rash is described in 2004 and a diagnosis of contact dermatitis is noted in June 2004. The AIMS letter of September 2004 describes the claimant as perhaps being recovered. Contact allergy was weighed in October 2005. Viral exanthem was a possibility. It is stated in later October 2005 that the claimant was "discharged from care without residual." Knee symptoms were mentioned in 2011.

Re: Tiffany Anderson  
February 3, 2016  
Page 4

Accordingly, I once again request the medical records, the consultations, and the privilege of seeing the claimant back again.

If questions remain or arise that I can answer at this time, kindly write me back and I will respond immediately.

*I certify that I reviewed all available medical records, and composed and drafted the conclusions of this report. The conclusions and opinions within this report are solely mine. I declare under penalty of perjury that the information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and belief, except as to information that I have indicated I received from others. As to that information, I declare under penalty of perjury that the information accurately describes the information provided to me and, except as noted herein, that I believe it to be true. In accordance with Labor Code Section 5703(a) (2), there has not been a violation of Labor Code Section 139.3, and the contents of the report are true and correct to the best of my knowledge. This statement is made under penalty of perjury.*

Respectfully,



Michael M. Bronshvag, M.D.

Diplomate in Neurology, ABP&N

Diplomate in Internal Medicine, ABIM

Date of Report: February 3, 2016

Signed this 13 day of February 2016, in Sacramento County, California

anderstz.f03-cc-sb

Re: Tiffany Anderson  
February 3, 2016  
Page 5



**ExamWorks, Inc.**  
11010 White Rock Road, Suite 120  
Rancho Cordova, CA 95670  
**Phone: (800) 458-1261**  
**Fax: (916) 920-2515**

[www.examworks.com](http://www.examworks.com)

**PROOF OF SERVICE BY MAIL**  
**1013 A, 2015.5 C.C.P.**

I declare under penalty of perjury that: I am a citizen of the United States and am employed in the County of Sacramento; I am over eighteen years and not a party to the within action; my business address is 11010 White Rock Road. Ste 120. Rancho Cordova, CA 95670.

On 2/16/16, I served a copy of the attached Medical Legal report and invoice, by placing a true copy thereof enclosed in a sealed envelope with postage fully prepaid, in the United States mail at Rancho Cordova, California, addressed as follows:

Nancy Urton, Adjuster  
AIMS  
P.O. Box 269120  
Sacramento, CA 95826-9120

Sara A. Skolnik, Esq.  
Stockwell, Harris, Woolverton & Muehl  
1545 River Park Drive, Suite 330  
Sacramento, CA 95815

Tiffany Anderson  
1900 Lakeshore Drive  
Lodi, CA 95242

Executed on 2/16/16 at Rancho Cordova, California.

Signed \_\_\_\_\_

A handwritten signature in black ink, appearing to be "A. Skolnik", written over a horizontal line.