

Serving California & Hawaii

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

September 15, 2017.

Tiffany Anderson
1900 Lakeshore Dr.
Lodi, CA 95242

CC: Patti Triska
Guy Medford
Sara A. Skolnik, Esq.

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, November 28, 2017,
Time/Hora: 10:30 AM,
Place/Lugar:
3555 Deer Park Drive, Suite 150
Stockton, CA 95219

Claim #: VE0700184
Employer: San Joaquin County
Mosquito Vector Control Dist

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 within 6 business days of the appointment.
Tardia y se perdio las citas de \$400 dentro de los 6 dias habiles antes de la fecha de cita.

Sincerely/Sinceramente,

Appointment Coordinator/Cordinador de la cita

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)

W

9

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

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

1900 Lakeshore Dr. 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)

Patti Triska (916) 563-1900
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) PO Box 269120 Sacramento CA 95826-9120
Claims Administrator Street Address Claims Administrator City State Zip Code


Appointment Information (Completion of this section is required)

Date of appointment call: 7/17/2017 Date of Appointment: 11/28/2017 Time of appointment: 10:30 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? Interpreter is not required

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: 9/15/2017 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 9/15/2017, 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	1900 Lakeshore Dr.
Method of Service	Person or firm served	Street Address
	Lodi, CA 95242	
	City, State, Zip Code	

A	Patti Triska	Street Address
Method of Service	Person or firm served	Street Address
	Sacramento, CA 95826-9120	
	City, State, Zip Code	

A	Sara A. Skolnik, Esq.	1007B West College Ave #301
Method of Service	Person or firm served	Street Address
	Santa Rosa, CA 95401	
	City, State, Zip Code	

A	Guy Medford	306 E. Main Street, Suite 304
Method of Service	Person or firm served	Street Address
	Stockton, CA 95202	
	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: 9/15/2017 at Rancho Cordova, California

Type or print Name Marc Parra

Signature 