

IN THE COURT OF CLAIMS OF OHIO

FILED  
COURT OF CLAIMS  
OF OHIO

Claim Form

2016 MAR 14 PM 3: 32

Case Number 2016 - 00199 AD  
for Court use only

CLAIMANT:

(1) Raymond Williams  
claimant's first and last name

(2) 05/14/1958  
date of birth

(3) 1108 Super Genius Circle  
street address

(4) Akron OH 44306  
city state zip

(5) 7018026 330  
telephone area code

(6) N/A  
Email address

NOTE: if you move or change telephone numbers you must give the Court written notice of the new address or telephone number

STATE AGENCY OR DEPARTMENT:

(7) University of Akron  
defendant state department, board, commission, etc

(8) N/A  
street address

(9) Akron OH 44325-4706  
city state zip

(10) Location where injury, damage, or loss occurred.  
James A. Rhodes Arena - 373 Carroll St., Akron, OH

(11) Date and time when injury, damage, or loss occurred.  
11/16/2015

(12) Describe in ordinary language the basis of the claim.  
I sat in a seat at a University of Akron basket-  
ball game and the seat broke underneath me, injuring my low back,  
right hip and right knee.

COURT OF CLAIMS OF OHIO

(12) Continued

Multiple horizontal lines for text entry.

(13) Describe your injury, damage, or loss.

I incurred soft tissue injuries to my low back,

list each item separately

right hip & right knee. I received chiropractic

care at Akron Square Chiropractic with a referral

to a medical doctor for pain medication & anti-

inflammatory medication and trigger point

injections in my low back. My medical bills total \$5,265.00. An itemization of damages

(14) The total for my claim is \$ 10,000.00. (is attached hereto as Ex. A. I am requesting payment for my medical bills & pain & suffering.)

The witnesses, if any, to the injury, damage or loss are (15) Lizzie Parnucci (an employee

Fill in name and address

of the University of Akron).

COURT OF CLAIMS OF OHIO

(16) I (circle the appropriate word or phrase)/have do not have/insurance coverage for the injury, damage or loss with the

(17) N/A

fill in company name and address and policy number

The policy has a (18) \$ N/A deductible provision.

I (circle the appropriate word or phrase)/have/have not/ received insurance payment(s) in the amount of

(19) \$ N/A

as a result of the incident described above. (see instructions). I ask the Court to grant a judgment in the amount stated in blank (14).

(20) If you are a Medicare or Medicaid beneficiary, please list your Medicare or Medicaid number below

I do not have medicare or medicaid.

If the amount exceeds \$10,000.00 the Court may require that a civil rules complaint be filed. Under the penalties of perjury and falsification, I state that I have read or had read to me the above complaint and that it is true. Further, I expressly waive, on behalf of myself and of any person who shall have any interest in this claim, all provisions of law forbidding any physician or other person who has heretofore attended or examined me, or who may hereafter attend or examine me from disclosing any knowledge or information which they thereby acquired.

(21)

Raymond W. Thomas  
signature of plaintiff (see instructions)

**BE SURE TO INCLUDE FILING FEE AND TO GIVE THE COURT WRITTEN NOTICE OF ADDRESS CHANGES**  
(see Instructions)

NOTE: Plaintiff need not have an attorney. If plaintiff files the complaint without an attorney, plaintiff completes Blank (21). If plaintiff files through an attorney, plaintiff signs Blank (21) and the attorney signs Blank (22) and completes Blanks (23) through (25).

Pursuant to Civil Rule 11, I state I have read the above complaint; that to the best of my knowledge, information, and belief there is good ground to support it; and that it is not interposed for delay.

(22)

[Signature]  
signature of plaintiff's attorney

(23)

One Cascade Plaza, Suite 2210

street address

(24)

Akron OH 44308

city

state

zip

(26)

762-0700

telephone

330

area code

SEND COMPLETED FORM & PAYMENT TO:

Ohio Court of Claims  
Thomas J. Moyer Ohio Judicial Center  
65 South Front Street, 3rd Floor  
Columbus, Ohio 43215

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**ITEMIZATION OF DAMAGES**

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CLIENT: RAYMOND WILLIAMS

DATE OF ACCIDENT: NOVEMBER 16, 2015

FILE NUMBER: 35066 B

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DATE OF SERVICE	ENTITY	AMOUNT
11/17/15~1/20/16	AKRON SQUARE CHIROPRACTIC	\$ 2,755.00
11/18/15~12/30/15	CLEARWATER BILLING-GHOUBRIAL	\$ 2,510.00

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TOTAL MEDICAL SPECIALS \$ 5,265.00

GRAND TOTAL LOSS \$ 5,265.00

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**EXHIBIT A**

**SETTLEMENT PORTFOLIO  
OF  
RAYMOND WILLIAMS**

**PREPARED BY:** John J. Lynett, Jr.  
Attorney for Raymond Williams

**ACCIDENT DATE:** November 16, 2015

**SUBMITTED ON:** February 9, 2016

**TYPE OF CLAIM:** Personal Injuries

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## INDEX

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- 1 Itemization of Damages
- 2 Billing Statement from Akron Square Chiropractic
- 3 Billing Statement from Clearwater Billing-Ghoubrial
- 4 Medical Records from Akron Square Chiropractic
- 5 Medical Records from Dr. Sam Ghoubrial

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**TOTAL MEDICAL SPECIALS** \$ 5,265.00

**GRAND TOTAL LOSS** \$ 5,265.00

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35066 B

Akron Square Chiropractic  
1419 South Arlington Rd.  
Akron, OH 44306  
330-773-3882  
ID#: 31-1528200  
Minas Floros DC NPI#: 1306928650  
Monday January 25, 2016

Patient : RAY WILLIAMS #1511  
Itemized Statement: - 01/25/2016  
DOB : 05/14/1958  
Onset date : 11/16/2015

Mail to:  
RAY WILLIAMS  
1108 SUPER GENIUS CR  
AKRON, OH 44306

Insured Insurance Carrier (primary)

DOB:  
Policy#:

Attorney  
SLATER AND ZURZ  
ONE CASCADE PLAZA #2210  
AKRON OH 44308

Employer  
NOT FOUND

Current Diagnosis  
S33.5XXA Sprain of ligaments of lumbar spine, initial encounter  
S29.012A Strain of muscle & tendon back wall of thorax, initial

Date	Description	Amount
11/17/15	72100 X-RAY, SPINE, LUMBOSACRAL; 2 OR 3 VIEWS	\$ 80.00
11/17/15	97014 ELECTRIC STIMULATION THERAPY	\$ 45.00
11/17/15	97010 APPLICATION, AREAS; HOT/COLD PACKS	\$ 30.00
11/18/15	98940 (CMT); SPINAL, 1-2 REGIONS	\$ 85.00
11/18/15	97014 ELECTRIC STIMULATION THERAPY	\$ 45.00
11/18/15	97010 APPLICATION, AREAS; HOT/COLD PACKS	\$ 30.00
11/18/15	97124 52 THERAPEUTIC PROC, EACH 15 MIN	\$ 55.00
11/27/15	98940 (CMT); SPINAL, 1-2 REGIONS	\$ 85.00
11/27/15	97014 ELECTRIC STIMULATION THERAPY	\$ 45.00
11/27/15	97039 UNLISTED MODALITY (SPECIFY TYPE & TIME)	\$ 50.00
11/27/15	97124 52 THERAPEUTIC PROC, EACH 15 MIN	\$ 55.00
12/02/15	98940 (CMT); SPINAL, 1-2 REGIONS	\$ 85.00
12/02/15	97014 ELECTRIC STIMULATION THERAPY	\$ 45.00
12/02/15	97124 52 THERAPEUTIC PROC, EACH 15 MIN	\$ 55.00
12/02/15	97010 APPLICATION, AREAS; HOT/COLD PACKS	\$ 30.00
12/07/15	98940 (CMT); SPINAL, 1-2 REGIONS	\$ 85.00
12/07/15	97014 ELECTRIC STIMULATION THERAPY	\$ 45.00
12/07/15	97124 52 THERAPEUTIC PROC, EACH 15 MIN	\$ 55.00
12/07/15	97010 APPLICATION, AREAS; HOT/COLD PACKS	\$ 30.00
12/09/15	98940 (CMT); SPINAL, 1-2 REGIONS	\$ 85.00
12/09/15	97014 ELECTRIC STIMULATION THERAPY	\$ 45.00
12/09/15	97124 52 THERAPEUTIC PROC, EACH 15 MIN	\$ 55.00
12/09/15	97010 APPLICATION, AREAS; HOT/COLD PACKS	\$ 30.00
12/16/15	98940 (CMT); SPINAL, 1-2 REGIONS	\$ 85.00
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12/30/15	97124 52 THERAPEUTIC PROC, EACH 15 MIN	\$ 55.00
12/30/15	97010 APPLICATION, AREAS; HOT/COLD PACKS	\$ 30.00
01/06/16	98940 (CMT); SPINAL, 1-2 REGIONS	\$ 85.00
01/06/16	97014 ELECTRIC STIMULATION THERAPY	\$ 45.00

Date	Description	Amount
01/06/16	97010 APPLICATION, AREAS; HOT/COLD PACKS	\$ 30.00
01/06/16	97124 52 THERAPEUTIC PROC, EACH 15 MIN	\$ 55.00
01/11/16	98940 (CMT); SPINAL, 1-2 REGIONS	\$ 85.00
01/11/16	97014 ELECTRIC STIMULATION THERAPY	\$ 45.00
01/11/16	97010 APPLICATION, AREAS; HOT/COLD PACKS	\$ 30.00
01/11/16	97124 52 THERAPEUTIC PROC, EACH 15 MIN	\$ 55.00
01/13/16	98940 (CMT); SPINAL, 1-2 REGIONS	\$ 85.00
01/13/16	97014 ELECTRIC STIMULATION THERAPY	\$ 45.00
01/13/16	97010 APPLICATION, AREAS; HOT/COLD PACKS	\$ 30.00
01/13/16	97124 52 THERAPEUTIC PROC, EACH 15 MIN	\$ 55.00
01/20/16	98940 (CMT); SPINAL, 1-2 REGIONS	\$ 85.00
01/20/16	97014 ELECTRIC STIMULATION THERAPY	\$ 45.00
01/20/16	97010 APPLICATION, AREAS; HOT/COLD PACKS	\$ 30.00
01/20/16	97124 52 THERAPEUTIC PROC, EACH 15 MIN	\$ 55.00

Total Sales Tax	:	\$	0.00
Total Late Charges	:	\$	0.00
Total Interest Charges	:	\$	0.00
Patients-Cash Rcvd	:	\$	0.00
Patients-Chks Rcvd	:	\$	0.00
Patients-Crdt Crd	:	\$	0.00
Payer Payments	:	\$	0.00

Total Charges	:	\$	2755.00
Total Received	:	\$	0.00
Total Adjustment	:	\$	0.00
Balance (based on search)	:	\$	2755.00





SLATER & ZURZ LLP  
 ONE CASCADE PLAZA #2210  
 AKRON, OH 44308

CARRIER

# HEALTH INSURANCE CLAIM FORM

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

1. MEDICARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> TRICARE <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN <input type="checkbox"/> FECA BLK/LEIS (IO#) <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> (IO#)										PICA <input type="checkbox"/>	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) <b>WILLIAMS, RAY</b>					3. PATIENT'S BIRTH DATE <b>01 29 55</b>		4. INSURED'S NAME (Last Name, First Name, Middle Initial) <b>WILLIAMS, RAY</b>				
5. PATIENT'S ADDRESS (No., Street) <b>1108 SUPER GENIUS CIRCLE</b>					6. PATIENT RELATIONSHIP TO INSURED Self <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>		7. INSURED'S ADDRESS (No., Street) <b>1108 SUPER GENIUS CIRCLE</b>				
CITY <b>AKRON</b>			STATE <b>OH</b>		8. RESERVED FOR NUCC USE			CITY <b>AKRON</b>		STATE <b>OH</b>	
ZIP CODE <b>44306</b>			TELEPHONE (Include Area Code) <b>(330) 701-8026</b>			9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)			10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
11. INSURED'S POLICY GROUP OR FECA NUMBER			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 a assignment below. <b>SIGNATURE ON FILE</b> SIGNED: _____ DATE: <b>01 25 2016</b>			13. INSURED'S DATE OF BIRTH <b>01 29 55</b>			14. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <i>If yes, complete items 9, 9a, and 9d.</i>		
15. OTHER DATE QUAL: <b>439</b> DATE: <b>11 16 15</b>			16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM: _____ TO: _____			17. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM: _____ TO: _____			18. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)			20. OUTSIDE LAB? \$ CHARGES <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <b>0.00</b>			21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate A-I to service line below (24F)) <b>S39.012D</b>			22. RESUBMISSION CODE ORIGINAL REF. NO.		
23. PRIOR AUTHORIZATION NUMBER			24. A. DATE(S) OF SERVICE From: <b>12 02 15</b> To: <b>12 02 15</b>			B. PLACE OF SERVICE <b>11</b>			C. D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) <b>20553</b>		
E. <b>12 02 15</b>			F. DIAGNOSIS <b>A</b>			G. \$ CHARGES <b>800.00</b>			H. I. O. RENDERING PROVIDER ID.# <b>003892217</b>		
J. <b>12 02 15</b>			K. <b>11</b>			L. <b>80.00</b>			M. <b>1</b>		
N. <b>12 02 15</b>			O. <b>11</b>			P. <b>80.00</b>			Q. <b>1</b>		
R. <b>12 02 15</b>			S. <b>11</b>			T. <b>80.00</b>			U. <b>1</b>		
V. <b>12 02 15</b>			W. <b>11</b>			X. <b>80.00</b>			Y. <b>1</b>		
Z. <b>12 02 15</b>			AA. <b>11</b>			AB. <b>80.00</b>			AC. <b>1</b>		
AD. <b>12 02 15</b>			AE. <b>11</b>			AF. <b>80.00</b>			AG. <b>1</b>		
AH. <b>12 02 15</b>			AI. <b>11</b>			AJ. <b>80.00</b>			AK. <b>1</b>		
AL. <b>12 02 15</b>			AM. <b>11</b>			AN. <b>80.00</b>			AO. <b>1</b>		
AP. <b>12 02 15</b>			AQ. <b>11</b>			AR. <b>80.00</b>			AS. <b>1</b>		
AT. <b>12 02 15</b>			AU. <b>11</b>			AV. <b>80.00</b>			AW. <b>1</b>		
AX. <b>12 02 15</b>			AY. <b>11</b>			AZ. <b>80.00</b>			BA. <b>1</b>		
BB. <b>12 02 15</b>			BC. <b>11</b>			BD. <b>80.00</b>			BE. <b>1</b>		
BF. <b>12 02 15</b>			BG. <b>11</b>			BH. <b>80.00</b>			BI. <b>1</b>		
BJ. <b>12 02 15</b>			BK. <b>11</b>			BL. <b>80.00</b>			BM. <b>1</b>		
BN. <b>12 02 15</b>			BO. <b>11</b>			BP. <b>80.00</b>			BQ. <b>1</b>		
BR. <b>12 02 15</b>			BS. <b>11</b>			BT. <b>80.00</b>			BU. <b>1</b>		
BV. <b>12 02 15</b>			BW. <b>11</b>			BX. <b>80.00</b>			BY. <b>1</b>		
BZ. <b>12 02 15</b>			CA. <b>11</b>			CB. <b>80.00</b>			CC. <b>1</b>		
CD. <b>12 02 15</b>			CE. <b>11</b>			CF. <b>80.00</b>			CG. <b>1</b>		
CH. <b>12 02 15</b>			CI. <b>11</b>			CJ. <b>80.00</b>			CK. <b>1</b>		
CL. <b>12 02 15</b>			CM. <b>11</b>			CN. <b>80.00</b>			CO. <b>1</b>		
CP. <b>12 02 15</b>			CQ. <b>11</b>			CR. <b>80.00</b>			CS. <b>1</b>		
CT. <b>12 02 15</b>			CU. <b>11</b>			CV. <b>80.00</b>			CW. <b>1</b>		
CX. <b>12 02 15</b>			CV. <b>11</b>			CX. <b>80.00</b>			CY. <b>1</b>		
CY. <b>12 02 15</b>			CW. <b>11</b>			CY. <b>80.00</b>			CZ. <b>1</b>		
CZ. <b>12 02 15</b>			CX. <b>11</b>			CZ. <b>80.00</b>			DA. <b>1</b>		
DA. <b>12 02 15</b>			CX. <b>11</b>			CZ. <b>80.00</b>			DB. <b>1</b>		
DB. <b>12 02 15</b>			CX. <b>11</b>			CZ. <b>80.00</b>			DC. <b>1</b>		
DC. <b>12 02 15</b>			CX. <b>11</b>			CZ. <b>80.00</b>			DD. <b>1</b>		
DD. <b>12 02 15</b>			CX. <b>11</b>			CZ. <b>80.00</b>			DE. <b>1</b>		
DE. <b>12 02 15</b>			CX. <b>11</b>			CZ. <b>80.00</b>			DF. <b>1</b>		
DF. <b>12 02 15</b>			CX. <b>11</b>			CZ. <b>80.00</b>			DG. <b>1</b>		
DG. <b>12 02 15</b>			CX. <b>11</b>			CZ. <b>80.00</b>			DH. <b>1</b>		
DH. <b>12 02 15</b>			CX. <b>11</b>			CZ. <b>80.00</b>			DI. <b>1</b>		
DI. <b>12 02 15</b>			CX. <b>11</b>			CZ. <b>80.00</b>			DJ. <b>1</b>		
DJ. <b>12 02 15</b>			CX. <b>11</b>			CZ. <b>80.00</b>			DK. <b>1</b>		
DK. <b>12 02 15</b>			CX. <b>11</b>			CZ. <b>80.00</b>			DL. <b>1</b>		
DL. <b>12 02 15</b>			CX. <b>11</b>			CZ. <b>80.00</b>			DM. <b>1</b>		
DM. <b>12 02 15</b>			CX. <b>11</b>			CZ. <b>80.00</b>			DN. <b>1</b>		
DN. <b>12 02 15</b>			CX. <b>11</b>			CZ. <b>80.00</b>			DO. <b>1</b>		
DO. <b>12 02 15</b>			CX. <b>11</b>			CZ. <b>80.00</b>			DP. <b>1</b>		
DP. <b>12 02 15</b>			CX. <b>11</b>			CZ. <b>80.00</b>			DQ. <b>1</b>		
DQ. <b>12 02 15</b>			CX. <b>11</b>			CZ. <b>80.00</b>			DR. <b>1</b>		
DR. <b>12 02 15</b>			CX. <b>11</b>			CZ. <b>80.00</b>			DS. <b>1</b>		
DS. <b>12 02 15</b>			CX. <b>11</b>			CZ. <b>80.00</b>			DT. <b>1</b>		
DT. <b>12 02 15</b>			CX. <b>11</b>			CZ. <b>80.00</b>			DU. <b>1</b>		
DU. <b>12 02 15</b>			CX. <b>11</b>			CZ. <b>80.00</b>			DV. <b>1</b>		
DV. <b>12 02 15</b>			CX. <b>11</b>			CZ. <b>80.00</b>			DW. <b>1</b>		
DW. <b>12 02 15</b>			CX. <b>11</b>			CZ. <b>80.00</b>			DX. <b>1</b>		
DX. <b>12 02 15</b>			CX. <b>11</b>			CZ. <b>80.00</b>			DY. <b>1</b>		
DY. <b>12 02 15</b>			CX. <b>11</b>			CZ. <b>80.00</b>			DZ. <b>1</b>		
DZ. <b>12 02 15</b>			CX. <b>11</b>			CZ. <b>80.00</b>			EA. <b>1</b>		
EA. <b>12 02 15</b>			CX. <b>11</b>			CZ. <b>80.00</b>			EB. <b>1</b>		
EB. <b>12 02 15</b>			CX. <b>11</b>			CZ. <b>80.00</b>			EC. <b>1</b>		
EC. <b>12 02 15</b>			CX. <b>11</b>			CZ. <b>80.00</b>			ED. <b>1</b>		
ED. <b>12 02 15</b>			CX. <b>11</b>			CZ. <b>80.00</b>			EE. <b>1</b>		
EE. <b>12 02 15</b>			CX. <b>11</b>			CZ. <b>80.00</b>			EF. <b>1</b>		
EF. <b>12 02 15</b>			CX. <b>11</b>			CZ. <b>80.00</b>			EG. <b>1</b>		
EG. <b>12 02 15</b>			CX. <b>11</b>			CZ. <b>80.00</b>			EH. <b>1</b>		
EH. <b>12 02 15</b>			CX. <b>11</b>			CZ. <b>80.00</b>			EI. <b>1</b>		
EI. <b>12 02 15</b>			CX. <b>11</b>			CZ. <b>80.00</b>			EJ. <b>1</b>		
EJ. <b>12 02 15</b>			CX. <b>11</b>			CZ. <b>80.00</b>			EK. <b>1</b>		
EK. <b>12 02 15</b>			CX. <b>11</b>			CZ. <b>80.00</b>			EL. <b>1</b>		
EL. <b>12 02 15</b>			CX. <b>11</b>			CZ. <b>80.00</b>			EM. <b>1</b>		
EM. <b>12 02 15</b>			CX. <b>11</b>			CZ. <b>80.00</b>			EN. <b>1</b>		
EN. <b>12 02 15</b>			CX. <b>11</b>			CZ. <b>80.00</b>			EO. <b>1</b>		
EO. <b>12 02 15</b>			CX. <b>11</b>			CZ. <b>80.00</b>			EP. <b>1</b>		
EP. <b>12 02 15</b>			CX. <b>11</b>			CZ. <b>80.00</b>			EQ. <b>1</b>		
EQ. <b>12 02 15</b>			CX. <b>11</b>			CZ. <b>80.00</b>			ER. <b>1</b>		
ER. <b>12 02 15</b>			CX. <b>11</b>			CZ. <b>80.00</b>			ES. <b>1</b>		
ES. <b>12 02 15</b>			CX. <b>11</b>			CZ. <b>80.00</b>			ET. <b>1</b>		
ET. <b>12 02 15</b>			CX. <b>11</b>			CZ. <b>80.00</b>			EU. <b>1</b>		
EU. <b>12 02 15</b>			CX. <b>11</b>			CZ. <b>80.00</b>			EV. <b>1</b>		
EV. <b>12 02 15</b>			CX. <b>11</b>			CZ. <b>80.00</b>			EW. <b>1</b>		
EW. <b>12 02 15</b>			CX. <b>11</b>			CZ. <b>80.00</b>			EX. <b>1</b>		
EX. <b>12 02 15</b>			CX. <b>11</b>			CZ. <b>80.00</b>			EY. <b>1</b>		
EY. <b>12 02 15</b>			CX. <b>11</b>			CZ. <b>80.00</b>			EZ. <b>1</b>		
EZ. <b>12 02 15</b>			CX. <b>11</b>			CZ. <b>80.00</b>			FA. <b>1</b>		
FA. <b>12 02 15</b>			CX. <b>11</b>			CZ. <b>80.00</b>			FB. <b>1</b>		
FB. <b>12 02 15</b>			CX. <b>11</b>			CZ. <b>80.00</b>			FC. <b>1</b>		
FC. <b>12 02 15</b>			CX. <b>11</b>			CZ. <b>80.00</b>			FD. <b>1</b>		
FD. <b>12 02 15</b>			CX. <b>11</b>			CZ. <b>80.00</b>			FE. <b>1</b>		
FE. <b>12 02 15</b>			CX. <b>11</b>			CZ. <b>80.00</b>			FF. <b>1</b>		
FF. <b>12 02 15</b>			CX. <b>11</b>			CZ. <b>80.00</b>			FG. <b>1</b>		
FG. <b>12 02 15</b>			CX. <b>11</b>			CZ. <b>80.00</b>			FH. <b>1</b>		
FH. <b>12 02 15</b>			CX. <b>11</b>			CZ. <b>80.00</b>			FI. <b>1</b>		
FI. <b>12 02 15</b>			CX. <b>11</b>			CZ. <b>80.00</b>			FJ. <b>1</b>		
FJ. <b>12 02 15</b>			CX. <b>11</b>			CZ. <b>80.00</b>			FK. <b>1</b>		
FK. <b>12 02 15</b>			CX. <b>11</b>			CZ. <b>80.00</b>			FL. <b>1</b>		
FL. <b>12 02 15</b>			CX. <b>11</b>			CZ. <b>80.00</b>			FM. <b>1</b>		
FM. <b>12 02 15</b>			CX. <b>11</b>			CZ. <b>80.00</b>			FN. <b>1</b>		
FN. <b>12 02 15</b>			CX. <b>11</b>			CZ. <b>80.00</b>			FO. <b>1</b>		
FO. <b>12 02 15</b>			CX. <b>11</b>			CZ. <b>80.00</b>			FP. <b>1</b>		
FP. <b>12 02 15</b>			CX. <b>11</b>			CZ. <b>80.00</b>			FQ. <b>1</b>		
FQ. <b>12 02 15</b>			CX. <b>11</b>			CZ. <b>80.00</b>			FR. <b>1</b>		
FR. <b>12 02 15</b>			CX. <b>11</b>			CZ. <b>80.00</b>			FS. <b>1</b>		
FS. <b>12 02 15</b>			CX. <b>11</b>			CZ. <b>80.00</b>			FT. <b>1</b>		
FT. <b>12 02 15</b>			CX. <b>11</b>			CZ. <b>80.00</b>			FU. <b>1</b>		
FU. <b>12 02 15</b>			CX. <b>11</b>			CZ. <b>80.00</b>			FV. <b>1</b>		
FV. <b>12 02 15</b>			CX. <b>11</b>			CZ. <b>80.00</b>			FW. <b>1</b>		
FW. <b>12 02 15</b>			CX. <b>11</b>			CZ. <b>80.00</b>			FX. <b>1</b>		
FX. <b>12 02 15</b>			CX. <b>11</b>			CZ. <b>80.00</b>					

**SLATER & ZURZ** LLP

Attorneys & Counselors at Law

www.slaterzurz.com

John J. Lynett, Jr.

jlynett@slaterzurz.com

January 25, 2016

Via fax: 330-773-3884

Akron Square Chiropractic  
1419 S. Arlington St.  
Akron, Ohio 44306

RE: Our Client/Your Patient: Raymond Williams  
Date of Accident: 11/16/15  
Date of Service: 11/16/15 to present  
Social Security No.:  
Date of Birth: 5/14/58  
Our File Number: 35066 B

Dear Dr. Flores:

Please be advised that the above named law firm has been retained to represent Raymond Williams relative to personal injuries sustained in the above-specified automobile accident which required the services of your company.

Enclosed is a medical release authorization form signed by our client, please forward to my attention an:

\* **ALL MEDICAL RECORDS, LABS, X-RAY REPORTS, PROCEDURES, ETC.**

\* **HCFA OR UB92 STATEMENT WITH ICD-9 & CPT CODES**

Thank you in advance for your help. If you have questions, don't hesitate to call me.

Very truly yours,



Brenda Bisel  
Personal Injury Coordinator

enclosure

**CONFIDENTIAL PATIENT INFORMATION**

DATE	11-17-15	
NAME	RAY Williams	
STREET ADDRESS	1108 Super GENIUS CR.	
CITY	AKRON	
ZIP	44306	
CELL PHONE/HOME PHONE	CELL: 330-701-8026	HOME:
DATE OF BIRTH	5-14-58	
SSN		
EMAIL ADDRESS:		

SEX:  Male  Female  
 MARITAL STATUS:  Single  Married  Divorced

**PRESENT COMPLAINT/PAIN (circle all that apply):**

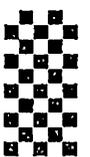
Neck pain	Upper/ Mid Back Pain	<u>Low Back Pain</u>
Shoulder pain ( right / left )	Elbow pain ( right / left )	Wrist/Hand Pain ( right / left )
Hip Pain ( <u>right</u> / left )	Knee pain ( <u>right</u> / left )	Ankle/Foot Pain ( right / left )
Headaches	Chest Pain	Face Pain
Nausea / Vomiting	Dizziness / Memory Loss	Anxiety / Depressed / Fatigue

Other Symptoms: \_\_\_\_\_

**ARE THE COMPLAINTS/PAIN CIRCLED ABOVE RELATED TO (CIRCLE ONE):**

CAR ACCIDENT	WORK INJURY	<u>OTHER</u>
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DATE OF ACCIDENT: 11-16-15  
 NAME OF INSURANCE COMPANY OF THE AT FAULT PERSON: AKRON U.  
 NAME OF YOUR CAR INSURANCE: \_\_\_\_\_  
 NAME OF YOUR PERSONAL HEALTH INSURANCE (if you have): \_\_\_\_\_





In some cases, the provider may prescribe the patient to perform Hydrotherapy/Hydromassage.

The American Medical Association has stated the following:

Since there is no code(s) in CPT that specifies the services provided by hydrotherapy tables and since the procedures performed by the device are identified as physical therapy modalities, the most appropriate code to use for these services would be 97039 (a report should be included with the use of this code to identify the specifics involved in performing the service).

### Explanation of Dry Hydrotherapy (Hydromassage)

'97039'

#### Introduction

The term hydrotherapy, by definition, refers to the use of water in the treatment of disease or trauma. In a broad sense, hydrotherapy includes water treatment utilizing any of the three natural forms of water; solid, liquid or vapor.

#### Dry Hydrotherapy Tables

Hydrotherapy tables are a technological advance over whirlpools and immersion water therapy. The effects are very similar but the patient remains dry. The patient lies back, completely clothed, on the surface of the table. Just under the surface is a mattress filled with heated water. A pump propels the water toward the patient through three patented hydro-jets. The pressure of the water against the patient's body provides the massage. Each jet spins at more than 200 revolutions per minute. A primary wave and a lighter secondary wave combine to produce a very effective deep tissue massage to all areas of the spine simultaneously. The therapy can be applied to nearly every part of the body simply by changing the patient's position on the table.

The combination of flotation, heat and massage produce the therapeutic effects and are described below

#### Flotation

Water is extremely buoyant. When the body is placed on the water mattress, there is minimal strain on the weight-bearing joints. Additionally, few if any muscles are required to hold the body up or in position. These two conditions combine to help the patient's body relax resulting in an increased physiologic response to treatment.

#### Heat

Water is an effective conductor of heat. As the patient is lying on the table's surface, heat is evenly conducted through the skin and into the muscles and soft tissues of the body. The heat increases blood and lymphatic circulation, increases metabolism and has a sedative effect.

#### Massage

The pressure of the water on the body increases venous and lymphatic flow. One of the effects of the resulting stimulation is increased molecular motion in the skin that may aid the healing process.

Hydromassage works out trigger points in the muscles, which are localized areas of hyperirritability that induce a cycle of spasm, pain, tension, weakness and limited range of motion in the joints.

Hydromassage focuses on the muscular system, the fascia, the circulatory and lymphatic systems or a combination of these body systems. Fascia is the connective tissue that attaches organs to organs, muscles to bones (tendons) and bones to bones (ligaments). The lymphatic system carries a lymph, a clear or yellowish substance that flows throughout the body, filtering foreign matter and removing excess fluid, protein and waste products from the tissues and transporting them to the blood to be circulated and eliminated.

#### Effects of Warm Dry Hydrotherapy

The major physiologic effects of hydrotherapy can be summarized as follows:

Thermal effects	Increase in Circulation	Increase in Mobility
Relaxation	Analgesia	Sedation
Promotion of Tissue Healing	Relief of Muscle Spasm	Removal of Metabolic Toxins

Relaxes capillaries and other soft tissues; relieves pain and muscle spasm; increases circulatory and metabolic rates; increases blood volume and oxygen consumption; relieves pain of myositis and neuritis; soothes irritated cutaneous nerves; soothes nerves of the visceral organs that are related reflexly with the area of skin that is warmed; promotion of tissue healing and repair; lessens general nervous sensibility; relaxes muscles; dilates blood vessels; relieves fatigue.

# RADIOLOGY REPORT

Patient Name Ray Williams Age \_\_\_\_\_ Sex M F Date 11/17/15

## Radiographic Examination Findings

X-rays not taken due to  pregnancy  too young  other: \_\_\_\_\_  Sent for outside read.

**Cervical:**  AP/Lateral  APOM  Flexion/Extension  Obliques  Lateral Bend L/R

Vertebral bodies are of normal size, shape and density. Surrounding soft tissue unremarkable.

Negative for fracture, Dislocation, Infection, Malignancy. Lung apices clear. ADI w/in normal limits.

Decreased  Loss of  Reversal of cervical curve  Hyperlordosis Mild / Moderate / Severe

Normal weight bearing  Ant. weight bearing  Post. weight bearing Mild / Moderate / Severe

Break in Georges line on lateral at \_\_\_\_\_ on Flex \_\_\_\_\_ on Ext \_\_\_\_\_

Right/Left Scoliosis, apex at \_\_\_\_\_  Right/Left Towering, beginning at \_\_\_\_\_  Body Rot \_\_\_\_\_

Degenerative Joint Disease at: C 2/3 C3/4 C4/5 C5/6 C6/7 C7/T1 Mild / Moderate / Severe

Narrowed Disc Space at: C 2/3 C3/4 C4/5 C5/6 C6/7 C7/T1

Anterior Vertebral Body Osteophytosis at: C2 / C3 / C4 / C5 / C6 / C7 / T1

Uncovertebral Arthrosis at: C2 / C3 / C4 / C5 / C6 / C7 / T1

Flexion  Normal  Decreased  Increased Extension  Normal  Decreased  Increased

Foramina Encroachment b/w: C 2/3 C3/4 C4/5 C5/6 C6/7 C7/T1 Perched Facet: \_\_\_\_\_

Findings indicate potential  Ligament Damage  Muscle Spasm  Nerve Root Involvement  Subluxation

Clin/Corr Suggested  Other: \_\_\_\_\_

**Thoracic:**  AP/Lateral  Obliques  P/A Chest  Lateral Chest

Negative for recent fracture, dislocation, or gross osteopathy. Surrounding soft tissue unremarkable.

Normal lateral curvature  Hyperkyphosis  Hypokyphosis Mild / Moderate / Severe

Break in George's Line on lateral at: \_\_\_\_\_

Degenerative Joint Disease at: \_\_\_\_\_ Mild / Moderate / Severe

Narrowed Disc Space at: \_\_\_\_\_

Anterior Vertebral Body Osteophytosis at: \_\_\_\_\_

Foramina Encroachment between: \_\_\_\_\_

Right /Left Scoliosis, apex at \_\_\_\_\_  Right /Left Towering, Beginning at \_\_\_\_\_  Body Rot \_\_\_\_\_

Findings indicate potential  Ligament Damage  Muscle Spasm  Nerve Root Involvement  Subluxation

Clin/Corr Suggested  Other: \_\_\_\_\_

**Lumbar:**  AP/Lateral  Obliques  Lateral Bend L/R  Flexion/Extension

Negative for recent fracture, dislocation, or gross osteopathy. Surrounding soft tissue unremarkable.

Normal lateral curvature  Hyperlordosis  Hypolordosis  Kyphosis Mild / Moderate / Severe

Normal weight bearing  Ant. weight bearing  Post. weight bearing Mild / Moderate / Severe

Break in George's Line on lateral at: \_\_\_\_\_

Right/Left Scoliosis, apex at \_\_\_\_\_  Right/Left Towering, beginning at \_\_\_\_\_  Body Rot \_\_\_\_\_

Degenerative Joint Disease at: L1/2

Narrowed Disc Space at: L1/2 L2/3 L3/4 L4/5 L5/S1

Anterior Vertebral Body Osteophytosis at: L1/2 L2/3 L3/4 L4/5

Disc Wedging at: L1/2 L2/3 L3/4 L4/5 L5/S1

Foramina Encroachment between: L1/2 L2/3 L3/4 L4/5 L5/S1  Spondylolisthesis of \_\_\_\_\_ on \_\_\_\_\_

Normal Lateral Flexion  Decreased Left Lateral Flexion  Decreased Right Lateral Flexion

Findings indicate potential  Ligament Damage  Muscle Spasm  Nerve Root Involvement  Subluxation

Clin/Corr Suggested  Other: \_\_\_\_\_

Consultation / 10 Point

Name: Ray Williams Date: 11.17.15

Were You:	Driver	Passenger	Back seat L	Back Seat R
Were You:	Stopped	Moving	Slowing Down	Turning
Impact:	Beal	Front	Side L	Side R
Damage:	0-1000	1000-5000	5000-10000	>10000
Car Type:	Yaris	S/M/L	Other Car:	S/M/L
Car Pushed:	0	1-10 ft	10-20 ft	>20 ft
Safety:	Belted	Airbag	Prepared	Unaware
Brusings:	Head	Knees	Chest	Face
ER:	Physical	Imaging	Medication	Referral

-Belt  
-at  
-1  
-w  
-b  
-a  
-r  
-r  
-e  
-ll

Quality

<u>Achy</u>	Burning	<u>Sharp</u>	Shooting	Stabbing	<u>Numb</u>
Dull	Hot	Numb	Pulling	Cramping	Pins/Needles

Timing

Worse:	Morning	Day	Night	<u>Constant</u>	Intermittent
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VAS

Baseline:	1	2	3	4	5	6	7	8	9	10
At Worst:	1	2	3	4	5	6	7	8	9	10

Pain

Head	Neck	Upper Back	<u>Mid Back</u>	<u>Lower Back</u>
Hip L/R	Knee L/R	Shoulder L/R	Wrist L/R	Hand L/R
Foot L/R	Elbow L/R	Abdomen	Chest	Groin
Dizziness	Nausea	Reduced Sleep		

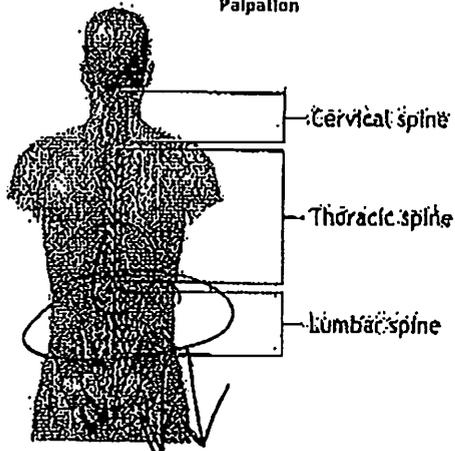
Better/Worse

Palliativ:	Meds	Hot	Cold	<u>Rest</u>	Massage
Standing	Sitting	Laying	Nothing		
Provocative:	<u>Bend</u>	<u>Lift</u>	<u>Twist</u>	Look Up	Look Down
Turn head	Cough	Sneeze	Stairs	Sit Long	Stand Long
House Chores	Work	Sports	Nothing		

Onset

<u>Instant</u>	Gradual That Day	Next Day	Days Later
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Palpation



ROM

	Flex	Ext	LLB	RLB	LR	RR
Cervical						
Thoracic	↓+	↓+	↓+	---	↓+	---
Lumbar	↓+	↓+	↓+	---	↓+	---
	Flex	Ext	Abd	Add	Int Rot	Ext Rot
Shoulder R L						
	Flex	Ext	Var	Val	Int Rot	Ext Rot
Elbow/Wrist R L						
Knee/Ankle R L						

	Mechanical Aberrancy	Palpatory Pain	Spasm
Cervical	0/1/2/3/4/5/6/7/8/9/10	Mild Mod Sev	Mild Mod Sev
Thoracic	1/2/3/4/5/6/7/8/9/10/11/12	Mild Mod Sev	Mild Mod Sev
Lumbar	<u>1/2/3/4/5/6/7/8/9/10/11/12</u>	Mild Mod Sev	Mild Mod Sev

This is to verify that I am aware of the completion of this 10 Point Examination. I understand that any further services are not complimentary and will be charged for at our regular rates.

[Signature]  
Examiner

\_\_\_\_\_  
Patient

[Signature]  
Staff Doctor

Ortho / Neuro

Cervical	L / R	Lumbar	L / R	DTR	L / R	Derm UE	L / R	Derm LE	L / R	Myo UE	L / R	Myo LE	L / R
Foreminal	—/—	Kemp's	+/+	Diceps	—/—	C4	—/—	L1	—/—	C5	—/—	Quad	—/—
Jackson's	—/—	Yeoman's	+/+	Triceps	—/—	C5	—/—	L2	—/—	C6	—/—	Ham	—/—
Distraction	—	SLR	—/—	Brachio	—/—	C6	—/—	L3	—/—	C7	—/—	Adduct	—/—
Spurling's	—	Fabere	—/—	Patellar	—/—	C7	—/—	L4	—/—	C8	—/—	Abduct	—/—
Donahue's	—/—	Valsalva	—/—	Achilles	—/—	C8	—/—	L5	—/—	T1	—/—	Gastroc	—/—
						T1	—/—	S1	—/—			Ant. Tib	—/—

Akron Square Chiropractic  
1419 South Arlington Rd.  
Akron, OH 44306  
330-773-3882  
February 9, 2016

Patient: RAY WILLIAMS #1511 DOB: 05/14/1958

**Tuesday November 17, 2015 Provider: Minas Floros DC**

**Subjective**

DC: See initial evaluation, Vitals Not Clinically Indicated: Please see today's initial intake form for the family history, past history and current illness. This form has been completed by the patient and has been reviewed and countersigned by the doctor. In addition, the chief complaint and its relationship to the patient's case do not warrant that vital signs are clinically indicated.

**Objective**

DC: See initial evaluation. Lumbar (Trauma): Due to the report of trauma during the patient history, Lumbar x-rays are indicated.

**Assessment**

*Diagnosis:* S33.5XXA (Sprain of ligaments of lumbar spine, initial encounter), S29.012A (Strain of muscle & tendon back wall of thorax, initial). *CPT code(s):* 72100, 97014, 97010.

**Treatment & Plan**

see diagnosis code sheet. will review radiographs and treatment plan on next visit. Treatments performed today can be found in CPT section of Assessment..

**Wednesday December 2, 2015 Provider: Minas Floros DC**

**Subjective**

DC: low back pain 8-10/10, over 90% of awake time. The pain makes it difficult to sleep. The pain also affects lifting, walking, sitting over 10 minutes, reaching, dressing, house chores, riding in a car, getting up from a chair, and even washing in the shower. .

**Objective**

DC: No Change: Today's exam findings are same as the last visit with no marked improvement as compared to the last visit in the Lumbar region.

**Assessment**

*Diagnosis:* S33.5XXA (Sprain of ligaments of lumbar spine, initial encounter), S29.012A (Strain of muscle & tendon back wall of thorax, initial). *CPT code(s):* 98940, 97014, 97124, 97010.

Date: 11/18/15

Patient: Ray Williams

Subjective:  no change  Worse since last visit

VAS: 0=no pain, 10=worse/severe pain

Neck pain (VAS /10) ( \_\_\_\_\_ % of awake time)

Headache (VAS /10) ( \_\_\_\_\_ % of awake time)

Mid back pain (VAS 7.8/10) (78.5 % of awake time)

R / L Wrist pain (VAS /10) ( \_\_\_\_\_ % of awake time)

Low back pain (VAS 7.8/10) (78.5 % of awake time)

R / L Elbow pain (VAS /10) ( \_\_\_\_\_ % of awake time)

R / L Shoulder pain (VAS /10) ( \_\_\_\_\_ % of awake time)

R / L Hip pain (VAS /10) ( \_\_\_\_\_ % of awake time)

R / L Knee pain (VAS /10) ( \_\_\_\_\_ % of awake time)

R / L Ankle pain (VAS /10) ( \_\_\_\_\_ % of awake time)

Pain effects:

- Work Duties  House chores  Personal Care  Sleeping  Exercise  Walking  Sitting/standing

Objective:

- No change  Improvement

Cervical spine	Myofascial spasms	mild / moderate / severe	Thoracic spine	Myofascial spasms	mild / moderate / severe
	Tenderness	mild / moderate / severe		Tenderness	mild / moderate / severe
	Range of motion fixation(s)	mild / moderate / severe		Range of motion fixation(s)	mild / moderate / severe
Lumbar spine	Myofascial spasms	mild / moderate / severe	Extremity	Myofascial spasms	mild / moderate / severe
	Tenderness	mild / moderate / severe		Tenderness	mild / moderate / severe
	Range of motion fixation(s)	mild / moderate / severe		Range of motion fixation(s)	mild / moderate / severe

Hypomobile Vertebral Segments:

C0 / C1 / C2 / C3 / C4 / C5 / C6 / C7 / T1 / T2 / T3 / T4 / T5 / T6 / T7 / T8 / T9 / T10 / T11 / T12 / L1 / L2 / L3 / L4 / L5 / S1 / S2

Muscle Hypertonicity/Spasms/Trigger Points in following musculature:

Suboccipital / trapezius / SCM / levator scapulae / scalene / paraspinal erectors / quadratus lumborum / multifidus / glute max / medius / TFL / Quadriceps / Gastrocnemius / anterior tibialis / achilles tendon

Assessment:

- Improving  Guarded  Same  Regressing  Exacerbated  Reached maximum chiropractic improvement

Plan:

- (A) 98940/98941 spinal manipulation of above hypomobile segments  98943 extremity manipulation of above hypomobile extremity
- (M) 97014 Electrical stimulation applied to: Cervical spine / Thoracic spine / Lumbar spine / Upper extremity / Lower extremity
- (H) 97010 - Ice/Hot pack therapy applied to: Cervical spine / Thoracic spine / Lumbar spine / Upper extremity / Lower extremity
- (T) 97012 - Mechanical Intersgmental traction therapy
- (W) 97039 (unlisted modality) - Dry Hydrotherapy
- (TPI) 97124 (-59):(-52)- Soft tissue/manual therapy applied to hypertonic spastic musculature noted above
- (TEI) 97110 (-52) - Therapeutic exercises

MD referral  Pain Management/ Orthopedic consultation  Work Excuse: \_\_\_\_\_ to \_\_\_\_\_

MRI / CT - CERVICAL / THORACIC / LUMBAR  At home heat/ Cling/Blot/Freeze advised  Continue at home exercise protocol

Patient tolerated treatment well today  Tenderness with treatment today

Review Radiographs / Review Treatment plan / Review Treatment Goals / Review Diagnosis ( Report of Findings)

Doctor Signature: [Signature]

Akron Square Chiropractic  
1419 South Arlington Street  
Akron, Ohio 44306

Date: 11/27/15

Patient: Roxy Williams

Subjective:  no change  Worse since last visit

VAS: 0=no pain, 10=worse/severe pain

Neck pain (VAS /10) ( \_\_\_\_\_ % of awake time)

Headache (VAS /10) ( \_\_\_\_\_ % of awake time)

Mild back pain (VAS 7.8/10) ( 85 % of awake time)

R / L Wrist pain (VAS /10) ( \_\_\_\_\_ % of awake time)

Low back pain (VAS 7.8/10) ( 85 % of awake time)

R / L Elbow pain (VAS /10) ( \_\_\_\_\_ % of awake time)

R / L Shoulder pain (VAS /10) ( \_\_\_\_\_ % of awake time)

R / L Hip pain (VAS /10) ( \_\_\_\_\_ % of awake time)

R / L Knee pain (VAS /10) ( \_\_\_\_\_ % of awake time)

R / L Ankle pain (VAS /10) ( \_\_\_\_\_ % of awake time)

Pain effects:  Work Duties  House chores  Personal Care  Sleeping  Exercise  Walking  Sitting  Standing

Objective:  No change  Improvement

Cervical spine	Myofascial spasms	mild / moderate / severe	Thoracic spine	Myofascial spasms	mild / moderate / severe
	Tenderness	mild / moderate / severe		Tenderness	mild / moderate / severe
	Range of motion fixation(s)	mild / moderate / severe		Range of motion fixation(s)	mild / moderate / severe
Lumbar spine	Myofascial spasms	mild / moderate / severe	Extremity	Myofascial spasms	mild / moderate / severe
	Tenderness	mild / moderate / severe		Tenderness	mild / moderate / severe
	Range of motion fixation(s)	mild / moderate / severe		Range of motion fixation(s)	mild / moderate / severe

Hypomobile Vertebral Segments:

C0 / C1 / C2 / C3 / C4 / C5 / C6 / C7 / T1 / T2 / T3 / T4 / T5 / T6 / T7 / T8 / T9 / T10 / T11 / T12 / L1 / L2 / L3 / L4 / L5 / S1 / R / L

Muscle Hypertonicity/Spasms/Trigger Points in following musculature:

Suboccipital / trapezius / SCM / levator scapulae / scalene / paraspinal erectors / quadratus lumborum / multifidus / glute max / medius / TFL / Quadriceps / Gastrocnemius / anterior tibialis / achilles tendon

Assessment:  Improving  Guarded  Same  Regressing  Exacerbated  Reached maximum chiropractic improvement

Plan:  (A) 98940/98941 spinal manipulation of above hypomobile segments  98943 extremity manipulation of above hypomobile extremity

(M) 97014 Electrical stimulation applied to: Cervical spine / Thoracic spine / Lumbar spine / Upper extremity / Lower extremity

(H) 97010 - Ice/Hot pack therapy applied to: Cervical spine / Thoracic spine / Lumbar spine / Upper extremity / Lower extremity

(T) 97012 - Mechanical intersegmental traction therapy

(W) 97039 (unlisted modality) - Dry Hydrotherapy

(TPI) 97124 (-59)(-52) - Soft tissue/manual therapy applied to hypertonic spastic musculature noted above

(TEI) 97110 (-92) - Therapeutic exercises

MD referral  Pain Management/ Orthopedic consultation  Work Excuse: \_\_\_\_\_ to \_\_\_\_\_

MRI / CT - CERVICAL / THORACIC / LUMBAR  At home heat/ice/ dry ice advised  Continue at home exercise protocol

Patient tolerated treatment well today  Tenderness with treatment today

Review Radiographs / Review Treatment plan / Review Treatment Goals / Review Diagnosis ( Report of Findings)

Doctor Signature: [Signature]

Akron Square Chiropractic  
1419 South Arlington Street  
Akron, Ohio 44306

Encounter dated 12/02/2015 for RAY WILLIAMS #1511  
DOB:05/14/1958 Last 4 digits SS#: Today's date: 02/09/2016

### **Treatment & Plan**

Treatment performed today can be found above in Assessment section under CPT codes. Tx plan - 3x/week for 5-6 weeks. Home Rehab: Ice/Heat on injured areas (2-3x per day, 10 minutes per use), use small amount of biofreeze daily on injured segments, home exercises: ROM of injured hypomobile segments, active stretching, core stabilizing exercise. . .

### **Monday December 7, 2015 Provider: Minas Floros DC**

#### **Subjective**

DC: low back pain 9/10, over 80% of awake time..

#### **Objective**

DC: The lumbar spine assessment confirms increased passive ROM at L5 upon motion palpation compared to the last visit. This improved passive motion improvement is related to an increase in ligamentous joint stability.

#### **Assessment**

*Diagnosis:* S33.5XXA (Sprain of ligaments of lumbar spine, initial encounter), S29.012A (Strain of muscle & tendon back wall of thorax, initial). *CPT code(s):* 98940, 97014, 97124, 97010.

### **Treatment & Plan**

Patient responded well to today's treatment. Treatment performed today can be found above in Assessment section under CPT codes. patient is currently treating within the parameters set forth in the treatment plan. treatment plan verbalized to patient. continue treatment plan until maximum improvement has been reached. Home Rehab: Ice/Heat on injured areas (2-3x per day, 10 minutes per use), use amount of biofreeze daily on injured segments, home exercises: ROM, active stretching, core stabilizing exercise. . .

### **Wednesday December 9, 2015 Provider: Minas Floros DC**

#### **Subjective**

DC: low back pain 7/10, over 70% of awake time..

#### **Objective**

DC: The lumbar spine assessment confirms increased passive ROM upon motion palpation compared to the last visit related to an improvement in ligamentous joint stability.

#### **Assessment**

*Diagnosis:* S33.5XXA (Sprain of ligaments of lumbar spine, initial encounter), S29.012A (Strain of muscle & tendon back wall of thorax, initial). *CPT code(s):* 98940, 97014, 97124, 97010.

### **Treatment & Plan**

Treatment performed today can be found above in Assessment section under CPT codes. The description of the CPT codes are as follows: 98940 - spinal manipulation to hypomobile segments 97010 - applied ice/heat to inflamed spastic soft tissue 97124-52 - trigger point therapy/massage/myofascial release performed to hypertonic

Encounter dated 12/09/2015 for RAY WILLIAMS #1511  
DOB:05/14/1958 Last 4 digits SS#: Today's date: 02/09/2016

muscles97014 - muscle stimulation to injured spinal segments and hypertonic soft tissueHome Rehab:  
Ice/Heat on injured areas, use biofreeze daily on injured segments, home exercises: ROM of injured spinal  
regions active therapy.

### Wednesday December 16, 2015 Provider: Minas Floros DC

#### **Subjective**

DC: low back pain 8/10, 70 % awake time, moderate pain at rest, moderate to severe pain with increased activity. low back pain is worse with lifting over 10 pounds, slight bending, twisting body and getting out of a car. Sitting over 10 minutes increases pain as well. .

#### **Objective**

DC: Slightly Worse: The lumbar spine assessment confirms decreased passive ROM upon motion palpation compared to usual normal limits.

#### **Assessment**

*Diagnosis:* S33.5XXA (Sprain of ligaments of lumbar spine, initial encounter), S29.012A (Strain of muscle & tendon back wall of thorax, initial). *CPT code(s):* 98940, 97014, 97124, 97010.

#### **Treatment & Plan**

Treatment performed today can be found above in Assessment section under CPT codes. The description of the CPT codes are as follows:98940 - spinal manipulation to hypomobile segments97010 - applied ice/heat to inflamed spastic soft tissue97124-52 - trigger point therapy/massage/myofascial release performed to hypertonic muscles97014 - muscle stimulation to injured spinal segments and hypertonic soft tissueHome Rehab:  
Ice/Heat on injured areas, use biofreeze daily on injured segments, home exercises: ROM of injured spinal regions active therapy.

### Tuesday December 29, 2015 Provider: Minas Floros DC

#### **Subjective**

DC: low back pain 6/10, 66 % awake time.

#### **Objective**

DC: The lumbar spine assessment confirms increased passive ROM at L5 upon motion palpation compared to the last visit. This improved passive motion improvement is related to an increase in ligamentous joint stability.

#### **Assessment**

*Diagnosis:* S33.5XXA (Sprain of ligaments of lumbar spine, initial encounter), S29.012A (Strain of muscle & tendon back wall of thorax, initial). *CPT code(s):* 98940, 97014, 97124, 97010.

#### **Treatment & Plan**

Treatment performed today can be found above in Assessment section under CPT codes. The description of the CPT codes are as follows:98940 - spinal manipulation to hypomobile segments97010 - applied ice/heat to inflamed spastic soft tissue97124-52 - trigger point therapy/massage/myofascial release performed to hypertonic



Encounter dated 12/29/2015 for RAY WILLIAMS #1511  
DOB:06/14/1958 Last 4 digits SS#: Today's date: 02/09/2016

muscles97014 - muscle stimulation to injured spinal segments and hypertonic soft tissueHome Rehab:  
Ice/Heat on injured areas, use biofreeze daily on injured segments, home exercises: ROM of injured spinal  
regions active therapy.

### Wednesday December 30, 2015 Provider: Minas Floros DC

#### **Subjective**

DC: low back pain 5/10, 35-45% awake time, moderate pain with increased activity. Pain is increased with frequent bending, getting up from seated position, lifting weights heavier then 5-10 pounds. .

#### **Objective**

DC: Lumbar range of motion decreased, with increased hypertonicity and palpatory tenderness in the lumbar paraspinal muscles..

#### **Assessment**

*Diagnosis:* S33.5XXA (Sprain of ligaments of lumbar spine, initial encounter), S29.012A (Strain of muscle & tendon back wall of thorax, initial). *CPT code(s):* 98940, 97014, 97124, 97010.

#### **Treatment & Plan**

Treatment performed today can be found above in Assessment section under CPT codes. The description of the CPT codes are as follows:98940 - spinal manipulation to hypomobile segments97010 - applied ice/heat to inflamed spastic soft tissue97124-52 - trigger point therapy/massage/myofascial release performed to hypertonic muscles97014 - muscle stimulation to injured spinal segments and hypertonic soft tissueHome Rehab:  
Ice/Heat on injured areas, use biofreeze daily on injured segments, home exercises: ROM of injured spinal regions active therapy.

### Monday January 11, 2016 Provider: Minas Floros DC

#### **Subjective**

DC: low back pain 4-7/10, 33-45% awake time, moderate pain with increased activity. .

#### **Objective**

DC: No Change: Today's examination findings don't reveal any significant change since the last visit with ROM and flexibility of the spine at the cervical and lumbar levels unchanged.

#### **Assessment**

*Diagnosis:* S33.5XXA (Sprain of ligaments of lumbar spine, initial encounter), S29.012A (Strain of muscle & tendon back wall of thorax, initial). *CPT code(s):* 98940, 97014, 97010, 97124.

#### **Treatment & Plan**

Treatment performed today can be found above in Assessment section under CPT codes. The description of the CPT codes are as follows:98940 - spinal manipulation to hypomobile segments97010 - applied ice/heat to inflamed spastic soft tissue97124-52 - trigger point therapy/massage/myofascial release performed to hypertonic muscles97014 - muscle stimulation to injured spinal segments and hypertonic soft tissueHome Rehab:

Date: 1/13/16

Patient: Ray Williams

Subjective:  no change  Worse since last visit

VAS: 0=no pain, 10=worse/severe pain

Neck pain (VAS /10) ( \_\_\_\_\_ % of awake time)

Headache (VAS /10) ( \_\_\_\_\_ % of awake time)

Mild back pain (VAS 3.5/10) (50 % of awake time)

R / L Wrist pain (VAS /10) ( \_\_\_\_\_ % of awake time)

Low back pain (VAS 3.5/10) (50 % of awake time)

R / L Elbow pain (VAS /10) ( \_\_\_\_\_ % of awake time)

R / L Shoulder pain (VAS /10) ( \_\_\_\_\_ % of awake time)

R / L Hip pain (VAS /10) ( \_\_\_\_\_ % of awake time)

R / L Knee pain (VAS /10) ( \_\_\_\_\_ % of awake time)

R / L Ankle pain (VAS /10) ( \_\_\_\_\_ % of awake time)

Pain effects:

Work Duties  House chores  Personal Care  Sleeping  Exercise  Walking  Sitting/standing

Getting up from seated position  Squatting/Leg-Lunge  Bending  Lifting  Driving  Social life

Objective:  No change  Improvement

Cervical spine	Myofascial spasms	mild / moderate / severe	Thoracic spine	Myofascial spasms	mild / moderate / severe
	Tenderness	mild / moderate / severe		Tenderness	mild / moderate / severe
	Range of motion fixation(s)	mild / moderate / severe		Range of motion fixation(s)	mild / moderate / severe
Lumbar spine	Myofascial spasms	mild / moderate / severe	Extremity	Myofascial spasms	mild / moderate / severe
	Tenderness	mild / moderate / severe		Tenderness	mild / moderate / severe
	Range of motion fixation(s)	mild / moderate / severe		Range of motion fixation(s)	mild / moderate / severe

Hypomobile Vertebral Segments:

C0 / C1 / C2 / C3 / C4 / C5 / C6 / C7 / T1 / T2 / T3 / T4 / T5 / T6 / T7 / T8 / T9 / T10 / T11 / T12 / L1 / L2 / L3 / L4 / L5 / S1 / R / L

Shoulder / Knee / Elbow / Ankle / Wrist / Hip

Muscle Hypertonicity/Spasms/Trigger Points in following musculature:

Suboccipital / trapezius / SCM / levator scapulae / scalene / paraspinal erectors / quadratus lumborum / multifidus / glute max / medius / TFL / Quadriceps / Gastrocnemius / anterior tibialis / achilles tendon

Assessment:  Improving  Guarded  Same  Regressing  Exacerbated  Reached maximum chiropractic improvement

Plan:  (A) 98940/98941 spinal manipulation of above hypomobile segments  98943 extremity manipulation of above hypomobile extremity

(M) 97014 Electrical stimulation applied to: Cervical spine / Thoracic spine / Lumbar spine / Upper extremity / Lower extremity

(H) 97010 - Ice/Hot pack therapy applied to: Cervical spine / Thoracic spine / Lumbar spine / Upper extremity / Lower extremity

(T) 97012 - Mechanical intersegmental traction therapy

(W) 97039 (unlisted modality) - Dry Hydrotherapy

(TPI) 97124 (-59)(-52) - Soft tissue/manual therapy applied to hypertonic spastic musculature noted above

(TEI) 97110 (-52) - Therapeutic exercises

MD referral  Pain Management/ Orthopedic consultation  Work Excuse: \_\_\_\_\_ to \_\_\_\_\_

MRI / CT - CERVICAL / THORACIC / LUMBAR  At home heat/ice/cold/freezing advised  Continue at home exercise protocol

Patient tolerated treatment well today  Tenderness with treatment today

Review Radiographs / Review Treatment plan / Review Treatment Goals / Review Diagnosis ( Report of Findings)

Doctor Signature: \_\_\_\_\_

Akron Square Chiropractic  
1419 South Arlington Street  
Akron, Ohio 44306

Encounter dated 01/11/2016 for RAY WILLIAMS #1511  
DOB:05/14/1958 Last 4 digits SS#: Today's date: 02/09/2016

Ice/Heat on injured areas, use biofreeze daily on injured segments, home exercises: ROM of injured spinal regions active therapy.

**Wednesday January 20, 2016 Provider: Minas Floros DC**

**Subjective**

DC: low back pain 4/10, 15% awake time, mild pain with increased activity. .

**Objective**

DC: The thoracic spine also presents today with improved ROM and posture as compared to the last visit. The lumbar spine exam shows increased ROM segmentally upon motion palpation compared to the last visit due to a decrease in spasm of the lumbar paraspinal musculature.

**Assessment**

*Diagnosis:* S33.5XXA (Sprain of ligaments of lumbar spine, initial encounter), S29.012A (Strain of muscle & tendon back wall of thorax, initial). *CPT code(s):* 98940, 97014, 97010, 97124.

**Treatment & Plan**

Treatment performed today can be found above in Assessment section under CPT codes. The description of the CPT codes are as follows:98940 - spinal manipulation to hypomobile segments97010 - applied ice/heat to inflamed spastic soft tissue97124-52 - trigger point therapy/massage/myofascial release performed to hypertonic muscles97014 - muscle stimulation to injured spinal segments and hypertonic soft tissue

Considering the patient's lack of response to any further Chiropractic treatment and/or any other therapies applied for the benefit of this patient it is my opinion that this patient has reached Maximum Medical Improvement and should be released from further care.Future care is probable due to the pain and instability that still exist..

Abbreviations:  
ROM: range of motion



# Clearwater Billing Services, LLC

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January 25, 2016

Slater & Zurz, LLP  
One Cascade Plaza  
Suite 2210  
Akron, Ohio 44308

35066 B

**Re: Ray Williams**  
**Date of Accident: 11/16/15**  
**Date of Birth: 1/29/55**

To Whom It May Concern:

Enclosed, please find the medical records regarding the above referenced client. I have enclosed an invoice for the services. Please feel free to contact my office should you have any questions regarding this matter.

Regards,

Sam N. Ghoubril M.D.

Enclosure(s)

Progress Notes

Name: Ray Williams

1 RAY WILLIAMS -

12-30-15 Follow up. (NS)

Ray Williams

December 30, 2015

The patient is here for a follow-up visit. His back pain is improving but he still has some discomfort with range of motion. He tells me he went to the VA and his blood sugar was a bit high. They are following it though.

PLAN: I will release him today. I prescribed Percocet 5/325 mg, #14, one PO b.i.d. with no refills. SNG/rtd

*See me*

Progress Notes

Name: Ray Williams

12 RAY Williams

11-18-15 Initial visit. (NS)

13 RAY Williams

12-2-15 FOLLOW UP. (NS)

NS

Ray Williams December 2, 2015  
He comes in today for a follow-up visit. He still has some residual discomfort in his back. He still has tightness. He has been ambulating with a cane.  
**PROCEDURE:** I identified four trigger points, two at L2 and two at L4. I injected each with 1/2 cc of methylprednisolone and Marcaine mixture under sterile technique.  
**PLAN:** I prescribed Percocet 5/325 mg, #30, one PO b.i.d.  
SNG/rtd

*See notes*

16 RAY Williams

12-10-15 FOLLOW UP. (NS)

NS

Ray Williams December 16, 2015  
The patient is here for a follow-up visit. He continues to have some pain but he is active in therapy. He is still using a cane but the trigger point injections were beneficial. The patient still has discomfort. He is slowly improving.  
**PLAN:** I refilled Percocet 5/325 mg, #30, one b.i.d. and Zanaflex 4 mg, #30, one at night.  
SNG/rtd

*See notes*

Sam N. Ghoubril M.D., Inc.  
PHONE 330-331-7207  
FAX 330-331-7567

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November 18, 2015  
Ray Williams

Ray is a 57-year-old gentleman who was involved in an accident on November 16, 2015. He is a season ticket holder for the Akron University basketball team. He tells me he went to sit in his seat and it collapsed. He fell backwards and onto the ground. He injured his lower back and his hip. He twisted his right knee. On a scale of 1 to 10, his pain is 8 out of 10. He has difficulty twisting, turning and bending. He has difficulty performing his activities of daily living. He has pain on a daily basis. He states he has a pre-existing back condition and this accident has made things worse. Unfortunately, he states he has had two back surgeries from which he had recovered in 2004 and 2008. He had decompression surgery as well. He also had a nerve root ablation. Unfortunately, he now has pretty significant pain in his lower back. He has difficulty twisting, turning and bending.

**Past Medical History:** 1. Hypertension. 2. Glaucoma. 3. Diabetes. He states his blood sugars are below 120.

**Past Surgical History:** 1. Decompression back surgery through scope.

**Social History:** No history of illicit drug use. Occasional tobacco use.

**MEDICATIONS:** Glaucoma drops in the left eye. Metoprolol for blood pressure.

**ALLERGIES:** Toradol.

**PHYSICAL EXAM:**

**HEENT:** Normocephalic and atraumatic. PERRLA. Mucous membranes are moist. The nose is patent and non-deviated.

**NECK:** Thyroid gland could not be palpated. No evidence of any cervical lymphadenopathy. No JVD is noted.

**SPINE/BACK:** He has severe loss of lordosis of the lumbar spine. He has scars consistent with what appears to be some sort of laparoscopic procedure to his lumbar spine. He has severe pain on range of motion of the lumbar spine. He has limited range of motion. He has severe guarding and spasms.

**GRASP/MANIPULATION:** Pincer movements and fine coordination appear to be WNL.

**UPPER EXTREMITIES:** Shoulders, wrists and elbows: demonstrate no scars or gross deformities. +2 radial pulses throughout.

Patient Name: Ray Williams  
Page Two

**LOWER EXTREMITIES:** No venous insufficiency or edema. +2 pulses throughout. Ankles and hips demonstrate no gross abnormalities on exam.

**MUSCULOSKELETAL:** The patient is able to get on and off the exam table without difficulty. The patient is able to do heel to toe walking. The patient doesn't walk with a cane or walker.

**NEUROLOGICAL:** The patient is alert and oriented x 3. Cranial nerves II-XII are grossly intact throughout. Reflexes are 2/4 throughout. Tactile sensation is WNL. There is a negative Romberg test. Cerebellar testing is within normal limits. There is a negative straight leg raise and negative bowstring sign.

**ASSESSMENT:**

1. Lumbar strain.

**PROCEDURE:** I identified eight trigger points, two at L1, two at L2, two at L3, and two at L4. I injected with 1/2 cc of methylprednisolone and Marcaine mixture under sterile technique.

**PLAN:** I prescribed Percocet 5/325 mg, #30, one PO b.i.d.; Zanaflex 4 mg, #30, one at night; and Naprosyn 500 mg, #60, one PO b.i.d. I will see the patient back in two weeks.

I want the patient to continue therapy. The patient understands he/she needs to participate in therapy, and is actively participating in therapy.



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Sam N. Ghoubril M.D./rtd