




GUARDSMAN

MEMORANDUM

Guardsman Limited
2-6 Emmaville Crescent
Kingston CSO

To: Natalie Levy-Dawes
Financial Controller– **Finance Shared Services**

From: Charmain Mighty-Campbell 
HRSS Welfare Manager

Date: November 25, 2022

Re: **Reimbursement for Medical Expenses-KAYWANA ELLISON(Sector-Area 1)**

Kindly approve reimbursement in the amount of **Eighty Thousand Eight Hundred Ninety Six Dollars (\$80,896.00)** for Security Contractor, **Kaywana Ellison**.

This amount represents payment for medical expenses that were absorbed by **Kaywana Ellison**, who was injured on the job.

Kindly make cheque payable to **Kaywana Ellison**.

Receipt attached.

Regards,

/phj

Attached are the receipts received from each payment that was done for doctors' visits.

RECEIPT
No. 0006991
30/21 2022
Received from Kaywana Ellison
the sum of Nine thousand two hundred Dollars
Cents for Consultation
Dr. Melton Douglas
APEX HEALTH CARE ASSOCIATES
APEX MEDICAL CENTRE
2A Molyneux Road, Kingston 10
Tel: 960-7926, 960-7923, 960-7928
\$9,200.00
WITH THANKS
Per [Signature]

RECEIPT
No. 2480
Nov 10 2022
RECEIVED FROM Kaywana Ellison
THE SUM OF Eight Thousand Dollars
Cents
FOR Hospital Deposit
ART OF SURGERY LTD.
10 Ripon Road
Kingston 5
Tel: (876) 428-7489
\$8000 cash
WITH THANKS
Per [Signature]

RECEIPT
No. 18/11 2022
Received from Kaywana Ellison
the sum of Sixty one thousand six hundred and ninety six Dollars
Cents for Surgery to The
right Thumb - Trigger finger release
DR. MELTON DOUGLAS
M.B.S., D.W.M., F.C.S. (ED)
Rex No. 48487
\$61,696.00
WITH THANKS
Per [Signature]

Sincerely,

Kaywana Ellison.

K Ellison



2a Molynes Road, Kingston 10 • Tel: (876) 960-7905, 960-7923

NO 452097

Date Nov 25 2022

PATIENT SERVICE SLIP & RECEIPT

Last Name: <u>Ellison</u>		First Name: <u>Kaywanq</u>		Middle Name: <u>84704</u>															
CANOPY <input type="checkbox"/>	C&W <input type="checkbox"/>	COURTS <input type="checkbox"/>	F/M <input type="checkbox"/>	MED <input checked="" type="checkbox"/>	SAG <input type="checkbox"/>	N/I <input type="checkbox"/>	S/C <input type="checkbox"/>												
Debtor: _____		APEX HEALTH CARE ASSOCIATES		O/V <input checked="" type="checkbox"/>		CON <input type="checkbox"/>	MED <input type="checkbox"/>												
Doctor: _____		APEX MEDICAL CENTRE																	
Additional Service: _____		2A Molynes Road, Kingston 10																	
Doctor's Signature: _____		Tel: 960-7925 960-7920 960-7905																	
Rec. Sig.: <u>N. Nash</u>		Receipt #: _____																	
				<table border="1"><tr><td>Initial Cost</td><td><u>9000</u></td></tr><tr><td>Add'l Cost</td><td>_____</td></tr><tr><td>Total</td><td>_____</td></tr><tr><td>Insurance</td><td><u>2000</u></td></tr><tr><td>Cash</td><td>_____</td></tr><tr><td>Cr. or Dr. Card</td><td>_____</td></tr></table>				Initial Cost	<u>9000</u>	Add'l Cost	_____	Total	_____	Insurance	<u>2000</u>	Cash	_____	Cr. or Dr. Card	_____
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