

11F1CFFD89D9471F9861, WILLIAMS, J

ATTENTION

Extremely Confidential Information Enclosed

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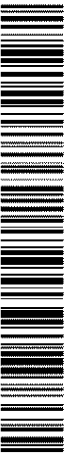
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Thank You!

Our medical record professionals work hard to process your records securely and accurately. On behalf of our employees, affiliates, and their families, Thank you in advance for paying your bill on time. If you have any questions please call 866-442-9026.

MORGAN & MORGAN
703 WATERFORD WAY
SUITE 1050
MIAMI, FL 33126



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P.O. Box 791522
Baltimore, MD 21279-1522
(770) 569-2445

Billing Date: **10/14/2021**Due Date: **11/13/2021**Amount Due: **\$9.50**

Invoice #: [REDACTED]

Billing Address	Patient Information	Shipping Address
MORGAN & MORGAN 703 WATERFORD WAY SUITE 1050 MIAMI, FL 33126	NAME [REDACTED] MRN: [REDACTED] REQUEST ID:	MORGAN & MORGAN 703 WATERFORD WAY SUITE 1050 MIAMI, FL 33126

MEDICAL RECORD SOURCE

Records were ordered from: C00053 Md Now Medical Centers Inc - FL R 017
2007 PALM BEACH LAKES BLVD
WEST PALM BEACH, FL 33409

QUANTITY	ITEM DESCRIPTION	UNIT PRICE	TOTAL
1	Release Basic Fees		\$0.00
6	Duplication Fee 1-25	\$1.00	\$6.00
	Subtotal		\$6.00
	Delivery Fee		\$3.50
	AMOUNT DUE		\$9.50

IMPORTANT NOTICE:

In most cases the invoice amount is determined and controlled by your states legislated rates.
Please pay within 30 days. Otherwise, it is our policy to defer to a collection agency.

MESSAGES

These records were processed by a ScanSTAT professional. All of our professionals work hard to process your records quickly, securely and accurately. On behalf of all our employees, affiliates and their families, thanks for paying promptly.

----- PLEASE RETAIN THIS PORTION FOR YOUR RECORDS -----

PLEASE RETURN THIS STUB WITH YOUR PAYMENT

MORGAN & MORGAN
703 WATERFORD WAY
MIAMI, FL 33126

We accept credit card payments by phone
or online by visiting www.scanstat.com

INSTRUCTIONS

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- 2) Please DO NOT SEND CASH.
- 3) Pay by check, credit card or money order.
- 4) Please pay the total amount due listed on this invoice.

For questions regarding your account or invoice

(770) 569-2445
Email - cust-service@ScanSTAT.com

Federal Tax ID#: 27-0786975Billing Date: **10/14/2021**Due Date: **11/13/2021**Amount Due: **\$9.50**

Invoice # [REDACTED]

ScanSTAT Technologies
P.O. Box 791522
Baltimore, MD 21279-1522

(MUST SUBMIT BARCODE BELOW WITH PAYMENT)

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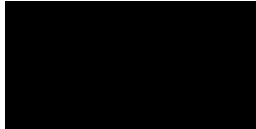
October 6, 2021

URGENT

VIA EMAIL

11618845
MD Now Urgent Care
9971 W Flagler St B 240
Miami, FL 33174
Attention: Medical Records

Re: Our Client:
Date of Loss:
Date of Birth:



To Whom It May Concern:

Our office has been retained to represent the above-named individuals in a claim for injuries and damages arising out of an incident which occurred on the above date.

In accordance with the enclosed Medical Authorization form, we would appreciate being furnished with the requested items **Complete Medical Records from date of loss 4/22/2021 to current date** at your earliest /convenience. Should there be a charge for these documents please notify us and we will remit same by return mail.

If you have any questions, or wish to discuss this matter more fully, please contact my assistant Maite Molina directly at (786) 598-5551, mmolina@forthepeople.com or fax to (786) 598-5570.

Thank you in advance for your cooperation and assistance.

Sincerely,

Jennifer Urbay
Case Manager

JG/ju/mm

MORGAN & MORGAN

AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION (PHI) UNDER HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

1. The undersigned patient named below, hereby executes this authorization in compliance with the Federal Health Insurance Portability and Accountability Act, HIPAA, 45 CFR 164.104.
2. This authorization is directed to the following healthcare provider, (including its agents, employees and associates):

MD Now Urgent Care

Attention: Medical Records Department

9971 W Flagler St B 240
Miami, FL 33174

3. The above-named healthcare provider is requested to release the protected health information (PHI) that is described below, to the patient's representative,

Morgan & Morgan
703 Waterford Way
Suite 1050
Miami, FL 33126
Attention: Jennifer Urbay

4. The protected health information released herein is specifically as follows:

All medical information of any nature whatsoever, from any source whatsoever, which is maintained by you in your records regarding the referenced patient and which is requested by my attorneys. If you are a physician or out-patient clinic, you are authorized to send your entire chart upon their request, including not only the records dictated or written up by you, but also handwritten notes, telephone memoranda, outside records, correspondence, or any other tangible item maintained in my chart.

If you are a **hospital**, you are authorized to release my complete records including x-rays or similar studies, office notes, face sheets, discharge summaries, history and physical, intra-operative records, anesthesia records, operative records, recovery room, pathology reports, medication administration records, EKG reports, EKG strips, EEG reports, EEG strips, therapy notes, orders, progress notes, laboratory results, nurses notes, vital sign sheets, intake/output records, reports of all x-rays, mammograms, CT scans, MRIs or PET scans, and emergency room records, transfer records, operative reports, anesthesia records, admitting summary, discharge summary, discharge instructions, personal property list, in-patient records, out-patient records, clinic records, correspondence, photographs, videotapes, telephone messages, computer generated information, medical bills, pharmacy and drug records, health insurance forms, insurance claim forms, insurance payment forms, Medicaid or Medicare records, concerning any medical treatment that I have received from you, at your institution, or which you keep in the regular course of business. *I hereby authorize release of all records regarding mental health, psychiatric, chemical dependency or HIV.* A photo static copy of this authorization shall be as valid as the original.

Note: a Copy of this Authorization Shall Be Treated as an Original

DocuSign Envelope ID: 4AD7C330-936E-41C8-9047-619E24FFE73B

**** Records Requested in Electronic Format per 45 CFR 164.524(c)(2)(ii)**

The records include, but are not limited to, the following items:

<input type="checkbox"/> Most Recent History and Physical	<input type="checkbox"/> All	From	to
<input type="checkbox"/> Most Recent Discharge Summary	<input type="checkbox"/> All	From	to
<input type="checkbox"/> Initial Patient Paperwork/Questionnaires	<input type="checkbox"/> All	From	to
<input type="checkbox"/> Office Notes and Reports	<input type="checkbox"/> All	From	to
<input type="checkbox"/> Physical Therapy Records and Notes	<input type="checkbox"/> All	From	to
<input type="checkbox"/> Laboratory Reports and Results	<input type="checkbox"/> All		
<input type="checkbox"/> X-ray and Imaging Reports	<input type="checkbox"/> All		
<input type="checkbox"/> Consultation Reports from any other Physicians	<input type="checkbox"/> All		
<input checked="" type="checkbox"/> Entire Record and/or Chart			
<input type="checkbox"/> Final Narrative Reports & Impairment Ratings			
<input type="checkbox"/> Itemized Bill for Services Rendered	<input type="checkbox"/> Total Charges	<input type="checkbox"/> Balance	
<input type="checkbox"/> Medicare/Medicaid, ERISA, group health, medical, worker's compensation, etc., insurance and or collateral source benefits providers' records (i.e., medical records, medical reports, insurance and submission claim forms, payout records, benefits and policy information, subrogation language, claims of lien, etc.)			
<input checked="" type="checkbox"/> Other	Complete Medical Records from date of loss 4/22/2021 to current date.		

***Always include patient intake forms and any documents related to the billing and payment for services.

REQUIRED DISCLOSURES - 45 CFR 164.508(c)

A. This protected health information is to be used for the following purpose: A civil legal claim or proceeding.

B. This authorization may be revoked by a signed and properly dated written revocation, delivered to the healthcare provider named above, provided that this release cannot be revoked as to protected health information that had been previously released in reliance on this document.

C. The undersigned acknowledges that a refusal to sign this form will not result in a denial of healthcare by the hospital or any other healthcare provider and that this release has not been coerced by a healthcare entity or any of its business associates.

D. The undersigned acknowledges that once the PHI is disclosed, it may be re-disclosed to individuals or organizations that are not subject to the federal privacy regulations such as expert witnesses, litigants, insurance companies, and even may become public record if filed with a court of law.

E. This authorization will be effective for the entire duration of the legal matters related to the accident which involved the patient and occurred on 4/22/2021 (month/day/year), unless earlier revoked in writing.

[Redacted Signature]
Patient's Signature

[Redacted Signature]
Signature of Authorized Representative (Parent, Legal Guardian or Personal Representative)

[Redacted Name]
Patient's Name

[Redacted Name]
Witness

[Redacted Date]
Patient's Date of Birth

10/6/2021
Dated

[Redacted SSN]
Patient's Social Security Number

Note: a Copy of this Authorization Shall Be Treated as an Original

[REDACTED] DOS: 04/23/2021

Progress Notes

Patient: [REDACTED]
Account Number: [REDACTED]
DOB: [REDACTED] Age: 36 Y Sex: Female
Phone: [REDACTED]
Address: [REDACTED] APOPKA, FL-32703-5490

Provider: ODELAISYS ENRIQUEZ, MD

Date: 04/23/2021

Subjective:

Chief Complaints:

1. *** SELF PAY *** Car accident.

HPI:

Assessment:

Injury

Body Part Injured? *Nose, forehead, neck, upper back, left leg.*

Date of Injury? *04/22/2021*

Approx Time of Injury? *Evening*

How did Injury Happen? *Pt states she was struck by another car from driver side while she was in passenger seat. Pt states airbag activated and injured her forehead and nose. Pt complains of upper back and neck pain and headache. Pt states she experienced whiplash injury. Pt states she was wearing seatbelt, denies LOC.*

Prior Injury to same Body Part? *No*

Where did Injury Happen? *Outside*

MVA Related? *YES*

Patient claimed they had an acute or initial injury due to a motor vehicle accident that requires immediate urgent care, patient is seen and treated at our AHCA licensed Urgent Care Association of America certified/accredited facility by our Urgent Care Provider *Yes*

Pain Scale - 1 to 10 *5*

Is the patient uncomfortable due to the pain? *Yes*

Is the patient able to understand the questions asked? *Yes*

Has the patient been able to control the pain to a comfortable level? *Yes*

Tetanus Shot in Last 10 Years? *Unknown*

Provider: Agree with above *Yes*

ROS:

Constitutional:

Pain yes. no Muscle Cramps/Spasm. no Vertigo/Dizziness. Headaches yes. no Bleeding.

Allergy:

no Runny nose. no Sinus congestion. no Post-nasal drip.

Cardiology:

no Chest pain. no Palpitations. no Shortness of breath. no Irregular Beats. no Murmurs.
no Dyspnea on exertion.

Dermatology:

no Rash. no Bruising. no Abrasion. no Burn. no Redness. no swelling. no Wound.

ENT:

no Cough. no Sore throat. no Nasal congestion.

Gastroenterology:

no Nausea. no Vomiting. no Abdominal pain.

Hematology/Lymph:

no Swollen Lymph Nodes. no Easy bruising.

Musculoskeletal:

no Joint swelling. no Joint pain/Arthralgia. no Leg cramps. Back pain yes. Neck pain yes.
Muscle Aches/ Myalgia yes. no Rib tenderness/pain. no Pain in limbs/extremity.

Neurology:

Provider: ODELAISYS ENRIQUEZ, MD

Date: 04/23/2021

DOS: 04/23/2021

no Headache. no Gait abnormality. no neck stiffness.

Ophthalmology:

no Diminished vision. no Blurring of vision. no Loss of vision.

Respiratory:

no Shortness of breath. no Cough. no Wheezing.

Medical History:

Surgical History: Denies Past Surgical History.

Hospitalization/Major Diagnostic Procedure: Childbirth .

Family History: Father: alive. Mother: alive.

Social History:

Smoking/ Tobacco Use Assessment

Smoking history *Patient is a Non-smoker*

Alcohol Screening

Did you have a drink containing alcohol in the past year? *No*

Medications: None

Allergies: N.K.D.A.

Objective:

Vitals: PHARM VERIFIED **y**, BP **111/73**, HR **89**, RR **18**, O2 Sat **100**, Temp **98.4**, Ht **5 ft 6 in**, Wt **190 lbs**, BMI **30.66** **Index**, Pain 0 to 10 (10 worse) **5**, Preg? **denies**, LMP **3-27-21**, Last Tetanus **unk**, Initials **lp**.

Examination:

General Examination:

General NAD, Alert & Oriented x 3, Active & Ambulatory.

HEENT EOMI.

Oral cavity airway patent.

Neck Supple, FROM of C-Spine, mild pain on flexion / extension and side bending..

Heart RRR, S1/S2, (-) S3/S4/m/r/g.

Lungs Clear to Auscultation Bilaterally, No Crackles, Rhonchi or Wheezes, good air exchange.

Abdomen Round, Non Distended, no rebound, guarding or rigidity.

Neurologic exam No focal deficits/Grossly Intact/Unremarkable, No gait abnormality noted, equal strength, tone and reflexes.

Skin No rash noted.

Back spasm/tenderness back muscles, LROM secondary to pain, scapular tenderness, tenderness to thoracic spine muscles, radiating pain, Paraspinal Muscle Spasm/Tenderness, (-) SLRT.

Extremities normal ROM, no clubbing, cyanosis or edema, Muscle tone and Sensations normal, NO Homans Sign, all other joints & extremities normal, no obvious abnormality/injury noted.

Assessment:

Assessment:

1. Cervicalgia - M54.2 (Primary)
2. Upper back pain - M54.9
3. Other dorsalgia - M54.89
4. Car occupant (driver) (passenger) injured in other specified transport accidents, initial encounter - V49.88XA
5. Other specified soft tissue disorders - M79.89

DOS: 04/23/2021

6. Muscle spasm - M62.838
7. Intractable post-traumatic headache - G44.301

Plan:**1. Cervicalgia**

Start NAPROXEN TABLET, 500 mg, 1 TABLET, ORALLY, 2 TIMES A DAY (After Meals), 15 DAYS OR PRN, 30 (Thirty), Refills 0 (Zero) DISPENSE ; Start CYCLOBENZAPRINE TABLET, 10 mg, 1 TAB(s), ORALLY, 3 TIMES A DAY, 5 DAYS PRN, 20 (Twenty), Refills 0 (Zero) DISPENSE ; Start BIOFREEZE GEL, 4%, APPLY, TOPICALLY (Avoid Eyes), AS NEEDED, 5 DAYS, 4 oz, Refills 0 (Zero) DISPENSE .

Imaging: 72040 Cervical Spine X-Ray (2-3 View) no evidence of acute fracture or dislocation, sent for over read

RIVERA,MICHAEL 04/23/2021 07:30:42 PM EDT > mr


Imaging: 72070 Thoracic Spine X-Ray (2 View) no evidence of acute fracture or dislocation, sent for over read

2. Intractable post-traumatic headache

Imaging: CT: Brain / Head (w/o) Ordered

3. Others

Notes: Both neck and back pain are usually caused by injury to the muscles or ligaments of the spine. Sometimes the disks that separate each bone of the spine may cause pain by putting pressure on a nearby nerve. Back and neck pain may appear after a sudden twisting/bending force (such as in a car accident), or sometimes after a simple awkward movement. In either case, muscle spasm is often present and adds to the pain. Acute neck and back pain usually gets better in one to two weeks. Pain related to disk disease, arthritis in the spinal joints or spinal stenosis (narrowing of the spinal canal) can become chronic and last for months or years. **Home Care: FOR NECK PAIN:** Use a comfortable pillow that supports the head and keeps the spine in a neutral position. The position of the head should not be tilted forward or backward. **FOR BACK PAIN:** You may need to stay in bed the first few days. But, as soon as possible, begin sitting or walking to avoid problems with prolonged bed rest (muscle weakness, worsening back stiffness and pain, blood clots in the legs). When in bed, try to find a position of comfort. A firm mattress is best. Try lying flat on your back with pillows under your knees. You can also try lying on your side with your knees bent up towards your chest and a pillow between your knees. Avoid prolonged sitting. This puts more stress on the lower back than standing or walking. During the first two days after injury, apply an ICE PACK to the painful area for 20 minutes every 2-4 hours. This will reduce swelling and pain. HEAT (hot shower, hot bath or heating pad) works well for muscle spasm. You can start with ice, then switch to heat after two days. Some patients feel best alternating ice and heat treatments. Use the one method that feels the best to you. You may use acetaminophen (Tylenol) or ibuprofen (Motrin, Advil) to control pain, unless another pain medicine was prescribed. [NOTE: If you have chronic liver or kidney disease or ever had a stomach ulcer or GI bleeding, talk with your doctor before using these medicines.] Be aware of safe lifting methods and do not lift anything over 15 pounds until all the pain is gone. **Follow Up** with your physician or this facility if your symptoms do not start to improve after one week. Physical therapy or further tests may be needed. [NOTE: If X-rays were taken, they will be reviewed by a radiologist. You will be notified of any new findings that may affect your care.] **Get Prompt Medical Attention** if any of the following occur: Pain becomes worse or spreads into your arms or legs. Weakness, numbness or pain in one or both arms or legs Loss of bowel

DOS: 04/23/2021

or bladder control Numbness in the groin area. Difficulty walking. Fever of 100.4 F (38 C) or higher, or as directed by your healthcare provider.

Procedure Codes: 72040 Cervical Spine X-Ray (2-3 View), 72070 Thoracic Spine X-Ray (2 Views), TIER2 Office Visit (Includes Tier 1)

Preventive:

CMS Survey/Counseling for Meaningful Use, May not be clinically relevant to visit.:

BMI Follow up Plan:

Above Normal BMI Follow-up *** *If above normal BMI - Exercise and Diet Encouraged* ***

Below Normal BMI Follow-up *** *If Below Normal BMI - Lifestyle and Diet education*

Recommended ***

BP Management:

Instructions: *** *Diet, Lifestyle, treatment and/or referral provided as needed* ***

Alcohol Counseling:

ETOH Consumption: *** *Recommendation provided if needed* ***

Smoking:

Options for smoke cessation *** *If you smoke, ask us about options to quit* ***

Pain Management:

Assessment and Follow Up:

Follow up plan documented Yes

Follow Up: Follow up with ORTHOPEDICS within 2 days for further evaluation, Return here or ER IMMEDIATELY if worsen or no improvement

Billing Information:

Visit Code: 99204 4_Office Visit, New Pt., Level 4.

Procedure Codes: 72040 Cervical Spine X-Ray (2-3 View), 72070 Thoracic Spine X-Ray (2 Views), TIER2 Office Visit (Includes Tier 1).

Electronically signed by ODELAISYS ENRIQUEZ HERNANDEZ , MD on 04/23/2021 at 08:16 PM EDT

Sign off status: Completed

Provider: ODELAISYS ENRIQUEZ, MD

Date: 04/23/2021

- EXAM DATE: 2021-04-23 - CLINICIAN: O. ENRIQUEZ

MD Now - West Flagler
9971 West Flagler
Suite B240, FL 33174
305-222-8335 / 303-222-8336 FAX
Radiology Interpretation

PATIENT NAME: [REDACTED]
DATE OF BIRTH: [REDACTED]
ID/MRN: [REDACTED]
CLINICIAN: O. ENRIQUEZ
FACILITY: MD Now - West Flagler
DATE OF EXAM: 04/23/2021
HISTORY: C-SPINE AND T-SPINE PAIN FROM MVA

SPINE CERVICAL X-RAY 2-3 view:

Cervical Spine.
Comparison: None.
Craniocervical junction: Normal.
Atlantoaxial joint: Normal for age. Normal alignment.
Alignment: There is loss of the normal cervical lordosis. There is a kyphosis of the cervical spine which may be related to muscle spasm.
Bones: Normal. No compression fractures or lesions.
Disc Spaces: Normal.
Facet Joints, posterior arches: Normal. No significant degenerate disease.
Soft tissues: Normal. No mass or suspicious calcifications.
Other: None.

IMPRESSION:

There is kyphosis of the cervical spine may be related to muscle spasm. ✓

SPINE THORACIC X-RAY 2 view:

Thoracic Spine.
Comparison: None.
Alignment: Normal.
Bones: Normal. No compression fractures or lesions.
Disc Spaces: Normal.
Facet Joints, posterior arches: Normal. No significant degenerate disease.
Soft tissues: Normal. No mass or suspicious calcifications.
Thorax: Normal. No rib lesions or abnormality of the limited views of the lungs.
Other: None.

IMPRESSION:

No acute findings. Normal for age.

FAX REPORTING & REVIEW TO BE COMPLETED BY: [REDACTED]
☐ 1) NORMAL or NO Clinical Significant Abnormality
☒ 2) Abnormal - Non Urgent Follow up/ Referral
☒ 3) ABNORMAL - ☐ Immediate Follow up here
☐ ER Evaluation STAT

Provider: [Signature]

Print Name

Signature: [Signature]

LEAD MA: [Signature]

Date: 4/23/21

Electronically Signed By: Dr. William Doeblner M.D. 04/23/2021 18:16:21 EDT

Tech: MD Now - West Flagler

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