

P.O. Box 2970, Springfield, MO 65801-2970  
 Phone: 1-866-225-6648 Fax: 1-866-225-7051

Federal Tax ID #: 44-0657294

Client Number: PGH6999

11/15/2023

Manning & Kass  
 801 South Figueroa, 15th Floor  
 Los Angeles, CA 90017

INVOICE #	RECORDS OF/CASENAME	RECORDS FROM/ADDRESS	CLAIM FILE #	DATE	AMOUNT
6671792-08-03	Gabriel Gerbi	Omega Law Firm	5577-59885	9/28/2023	47.00
6671792-10-03	Gabriel Gerbi	Aetna Health and Life Insuranc	5577-59885	9/28/2023	32.56
6686846-01-03	Gabriel Gerbi	Sunset Diagnostic Radiology	5577-59885	9/28/2023	47.00
6686846-02-03	Gabriel Gerbi	Sunset Diagnostic Radiology/Bi	5577-59885	9/28/2023	47.00
6686846-03-03	Gabriel Gerbi	Sunset Diagnostic Radiology/Ra	5577-59885	9/28/2023	47.00
6689993-02-07	Jacob Ali AKA Jacob Syed Ali	Elite Medical Center	5577-59874	9/30/2023	64.93
6689993-03-07	Jacob Ali AKA Jacob Syed Ali	One Source Medical Diagnostics	5577-59874	9/30/2023	138.99
6689993-04-07	Jacob Ali AKA Jacob Syed Ali	One Source Medical Diagnostics	5577-59874	9/30/2023	375.50
6689993-06-01	Jacob Ali AKA Jacob Syed Ali	Olympia Health Care/Business O	5577-59874	8/24/2023	47.00
6689993-11-01	Jacob Ali AKA Jacob Syed Ali	ProHealth Advanced Imaging/Rad	5577-59874	8/25/2023	147.00
6689993-15-01	Jacob Ali AKA Jacob Syed Ali	Wawanesa General Insurance	5577-59874	8/24/2023	47.00
6706767-01-01	Jacob Ali AKA Jacob Syed Ali	Optum360	5577-59874	8/24/2023	47.00
6708017-01-03	Nadine Elzein	Corona Regional Medical Center	5577-59882	9/28/2023	54.81
6708017-02-03	Nadine Elzein	Corona Regional Medical Center	5577-59882	9/28/2023	47.28
6708017-03-03	Nadine Elzein	Corona Regional Medical Center	5577-59882	9/28/2023	215.63
6708017-04-03	Nadine Elzein	Ortiz Chiropractic	5577-59882	10/6/2023	187.30
6708017-05-01	Nadine Elzein	SimonMed Imaging Corporate Leg	5577-59882	8/16/2023	34.78
6708017-06-01	Nadine Elzein	SimonMed Imaging Corporate Leg	5577-59882	8/23/2023	79.63
6708017-07-03	Nadine Elzein	Hassan Badday, MD	5577-59882	9/28/2023	47.00
6708017-08-03	Nadine Elzein	Hassan Badday, MD/Billing	5577-59882	9/28/2023	47.28
6708017-09-03	Nadine Elzein	DG Medical Imaging	5577-59882	9/28/2023	32.00
6708017-10-03	Nadine Elzein	Hope Ambulatory Surgery Center	5577-59882	9/28/2023	51.18
6708017-11-03	Nadine Elzein	Pacific Pain and Regenerative	5577-59882	9/28/2023	51.18
6708017-12-05	Nadine Elzein	Monox Billing Service	5577-59882	9/28/2023	47.14
6708017-13-01	Nadine Elzein	Balance of Wellness	5577-59882	9/21/2023	47.00
6708017-14-03	Nadine Elzein	Ortiz Chiropractic	5577-59882	10/9/2023	113.03
6721362-01-01	Caron Strong	68 Arts Complex	5577-59903	10/27/2023	42.40
6730839-01-01	Regina Ramirez	Integrated Health and Wellness	5577-59891	8/30/2023	52.16
6730839-04-01	Regina Ramirez	Los Angeles Pain Institute	5577-59891	8/30/2023	48.12
6731026-01-01	Caron Strong	68 Arts Complex	5577-59903	9/8/2023	47.00
6731320-01-01	Mohammed Khalid	Los Angeles City Fire Departme	5577-59907	9/1/2023	74.47
6731320-04-01	Mohammed Khalid	Northridge Hospital Medical Ce	5577-59907	9/21/2023	207.42
6731320-05-01	Mohammed Khalid	Kaiser Permanente Central ROI	5577-59907	9/8/2023	1,106.64
6731320-06-01	Mohammed Khalid	Kaiser Permanente Central ROI	5577-59907	9/8/2023	85.56
6731320-07-01	Mohammed Khalid	Kaiser Permanente/Radiology	5577-59907	9/13/2023	594.50

**TOTAL DUE**

**4,401.49**

**AGING:**

0-30	\$ 42.40	61-90	\$ 2,376.08
31-60	\$ 1,948.23	90+	\$ 34.78

**PLEASE PAY FROM THIS STATEMENT**

**Invoice**

1-800-266-0613 Fax: 1-800-266-5044

ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
PGH6999	9/28/2023	6671792-08-03

Federal Tax I.D. No. 44-0657294 Professional Photocopier ID #: 551

Terms: Cash Only

Bill To: Rodrigo Bozoghlian, Esq.\*\*NO LONGER WITH FIRM 11/9/23\*\* Onopa  
Manning & Kass  
801 South Figueroa, 15th Floor  
Los Angeles, CA 90017

Manning & Kass, Ellrod, Ramirez, Trester LLP  
801 South Figueroa, 15th Floor,  
Los Angeles, CA 90017

<b>PERTAINING TO:</b> Gabriel Gerbi <b>CASE TITLE:</b> Gabriel Gerbi / Gus Thomas Wortman <b>CASE NUMBER:</b> 22STCV20333	<b>FIRMS NUMBER:</b> 5577-59885 <b>INSURED:</b> Gus Thomas Wortman <b>DATE OF LOSS:</b> 2/5/2021 <b>CLAIM/ POLICY#:</b> 214008181 /
---	--

DESCRIPTION OF SERVICES RENDERED	QUANTITY	UNIT PRICE	AMOUNT
<b>Omega Law Firm Beverly Hills,CA</b> Witness Fee Basic Fee - Subpoena			15.00 32.00
Regarding: Gabriel Gerbi at Omega Law Firm Beverly Hills		SUB-TOTAL	47.00
Per your office, this case has settled. smc		SALES TAX	.00
Thank you for choosing ABI Document Support Services! For billing inquiries, please contact our Client Service Department at 1-800-266-0613.		TOTAL DUE	47.00

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ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
PGH6999	9/28/2023	6671792-08-03

**TOTAL DUE: \$ 47.00**

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ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
PGH6999	9/28/2023	6671792-10-03

Federal Tax I.D. No. 44-0657294 Professional Photocopier ID #: 551

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<b>PERTAINING TO:</b> Gabriel Gerbi <b>CASE TITLE:</b> Gabriel Gerbi / Gus Thomas Wortman <b>CASE NUMBER:</b> 22STCV20333	<b>FIRMS NUMBER:</b> 5577-59885 <b>INSURED:</b> Gus Thomas Wortman <b>DATE OF LOSS:</b> 2/5/2021 <b>CLAIM/ POLICY#:</b> 214008181 /
---	--

DESCRIPTION OF SERVICES RENDERED	QUANTITY	UNIT PRICE	AMOUNT
<b>Aetna Health and Life Insurance Company Hartford,CT</b>			
OCR	4.00	0.03	.12
Pages	4.00	0.10	.40
Basic Fee - Subpoena			32.00
Regarding: Gabriel Gerbi at Aetna Health and Life Insurance Company Hartford		<b>SUB-TOTAL</b>	32.52
Please find the attached Documents! ebg		<b>SALES TAX</b>	.04
Thank you for choosing ABI Document Support Services! For billing inquiries, please contact our Client Service Department at 1-800-266-0613.		<b>TOTAL DUE</b>	32.56

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PGH6999	9/28/2023	6671792-10-03

**TOTAL DUE: \$ 32.56**

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ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
PGH6999	9/28/2023	6686846-01-03

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Los Angeles, CA 90017

<b>PERTAINING TO:</b> Gabriel Gerbi <b>CASE TITLE:</b> Gabriel Gerbi / Gus Thomas Wortman <b>CASE NUMBER:</b> 22STCV20333	<b>FIRMS NUMBER:</b> 5577-59885 <b>INSURED:</b> Gus Thomas Wortman <b>DATE OF LOSS:</b> 2/5/2021 <b>CLAIM/ POLICY#:</b> 214008181 /
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DESCRIPTION OF SERVICES RENDERED	QUANTITY	UNIT PRICE	AMOUNT
<b>Sunset Diagnostic Radiology Oxnard,CA</b> Witness Fee Basic Fee - Subpoena			15.00 32.00
Regarding: Gabriel Gerbi at Sunset Diagnostic Radiology Oxnard		SUB-TOTAL	47.00
Per your office, this case has settled. kdp		SALES TAX	.00
Thank you for choosing ABI Document Support Services! For billing inquiries, please contact our Client Service Department at 1-800-266-0613.		TOTAL DUE	47.00

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ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
PGH6999	9/28/2023	6686846-01-03

**TOTAL DUE: \$ 47.00**

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# Invoice

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ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
PGH6999	9/28/2023	6686846-02-03

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Los Angeles, CA 90017

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Los Angeles, CA 90017

<b>PERTAINING TO:</b> Gabriel Gerbi <b>CASE TITLE:</b> Gabriel Gerbi / Gus Thomas Wortman <b>CASE NUMBER:</b> 22STCV20333	<b>FIRMS NUMBER:</b> 5577-59885 <b>INSURED:</b> Gus Thomas Wortman <b>DATE OF LOSS:</b> 2/5/2021 <b>CLAIM/ POLICY#:</b> 214008181 /
---	--

DESCRIPTION OF SERVICES RENDERED	QUANTITY	UNIT PRICE	AMOUNT
<b>Sunset Diagnostic Radiology/Billing Oxnard,CA</b>			
Witness Fee			15.00
Basic Fee - Subpoena			32.00
<b>Regarding: Gabriel Gerbi at Sunset Diagnostic Radiology/Billing Oxnard</b>		<b>SUB-TOTAL</b>	<b>47.00</b>
<b>Per your office, this case has settled. kks</b>		<b>SALES TAX</b>	<b>.00</b>
Thank you for choosing ABI Document Support Services! For billing inquiries, please contact our Client Service Department at 1-800-266-0613.		<b>TOTAL DUE</b>	<b>47.00</b>

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Los Angeles, CA 90017

ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
PGH6999	9/28/2023	6686846-02-03

**TOTAL DUE: \$ 47.00**

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Los Angeles, CA 90017

<b>PERTAINING TO:</b> Gabriel Gerbi <b>CASE TITLE:</b> Gabriel Gerbi / Gus Thomas Wortman <b>CASE NUMBER:</b> 22STCV20333	<b>FIRMS NUMBER:</b> 5577-59885 <b>INSURED:</b> Gus Thomas Wortman <b>DATE OF LOSS:</b> 2/5/2021 <b>CLAIM/ POLICY#:</b> 214008181 /
---	--

DESCRIPTION OF SERVICES RENDERED	QUANTITY	UNIT PRICE	AMOUNT
<b>Sunset Diagnostic Radiology/Radiology Oxnard,CA</b>			
Witness Fee			15.00
Basic Fee - Subpoena			32.00
<b>Regarding: Gabriel Gerbi at Sunset Diagnostic Radiology/Radiology Oxnard</b>		<b>SUB-TOTAL</b>	<b>47.00</b>
<b>Per your office, this case has settled. kmk</b>		<b>SALES TAX</b>	<b>.00</b>
Thank you for choosing ABI Document Support Services! For billing inquiries, please contact our Client Service Department at 1-800-266-0613.		<b>TOTAL DUE</b>	<b>47.00</b>

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ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
PGH6999	9/28/2023	6686846-03-03

**TOTAL DUE: \$ 47.00**

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# Invoice

1-800-266-0613 Fax: 1-800-266-5044

ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
PGH6999	9/30/2023	6689993-02-07

Federal Tax I.D. No. 44-0657294 Professional Photocopier ID #: 551

Terms: Cash Only

Bill To: William Kelsberg  
Manning & Kass  
801 South Figueroa, 15th Floor  
Los Angeles, CA 90017

Ship To: William Kelsberg  
Manning & Kass, Ellrod, Ramirez, Trester LLP  
801 South Figueroa, 15th Floor,  
Los Angeles, CA 90017

<b>PERTAINING TO:</b> Jacob Ali AKA Jacob Syed Ali <b>CASE TITLE:</b> Jacob Ali / Umoh Owoimaha <b>CASE NUMBER:</b> 21STCV37969	<b>FIRMS NUMBER:</b> 5577-59874 <b>INSURED:</b> Umoh Owoimaha <b>DATE OF LOSS:</b> 10/17/2019 <b>CLAIM/ POLICY#:</b> 19-4874970 /
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DESCRIPTION OF SERVICES RENDERED	QUANTITY	UNIT PRICE	AMOUNT
<b>Elite Medical Center Los Angeles,CA</b>			
OCR	21.00	0.03	.63
Pages	21.00	0.10	2.10
Witness Fee			15.00
Custodial Fee			15.00
Basic Fee - Subpoena			32.00
Regarding: Jacob Ali AKA Jacob Syed Ali at Elite Medical Center Los Angeles		<b>SUB-TOTAL</b>	<b>64.73</b>
Please find the attached Medical and Billing Records! There are no X-rays. ebg		<b>SALES TAX</b>	<b>.20</b>
Thank you for choosing ABI Document Support Services! For billing inquiries, please contact our Client Service Department at 1-800-266-0613.		<b>TOTAL DUE</b>	<b>64.93</b>

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Los Angeles, CA 90017

ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
PGH6999	9/30/2023	6689993-02-07

**TOTAL DUE: \$ 64.93**

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Order # 6689993-02-07/ABInvRE.MDX

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1-800-266-0613 Fax: 1-800-266-5044

ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
PGH6999	9/30/2023	6689993-03-07

Federal Tax I.D. No. 44-0657294 Professional Photocopier ID #: 551

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Manning & Kass  
801 South Figueroa, 15th Floor  
Los Angeles, CA 90017

Ship To: William Kelsberg  
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801 South Figueroa, 15th Floor,  
Los Angeles, CA 90017

<b>PERTAINING TO:</b> Jacob Ali AKA Jacob Syed Ali <b>CASE TITLE:</b> Jacob Ali / Umoh Owoimaha <b>CASE NUMBER:</b> 21STCV37969	<b>FIRMS NUMBER:</b> 5577-59874 <b>INSURED:</b> Umoh Owoimaha <b>DATE OF LOSS:</b> 10/17/2019 <b>CLAIM/ POLICY#:</b> 19-4874970 /
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DESCRIPTION OF SERVICES RENDERED	QUANTITY	UNIT PRICE	AMOUNT
<b>One Source Medical Diagnostics, LLC Orange, CA</b>			
OCR	25.00	0.03	.75
Pages	25.00	0.10	2.50
Witness Fee			15.00
Basic Fee - Subpoena			32.00
Custodial Fee			88.50
Regarding: Jacob Ali AKA Jacob Syed Ali at One Source Medical Diagnostics, LLC Orange		<b>SUB-TOTAL</b>	<b>138.75</b>
Please find the attached Medical and Billing Records! Idj		<b>SALES TAX</b>	<b>.24</b>
Thank you for choosing ABI Document Support Services! For billing inquiries, please contact our Client Service Department at 1-800-266-0613.		<b>TOTAL DUE</b>	<b>138.99</b>

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PGH6999	9/30/2023	6689993-03-07

**TOTAL DUE: \$ 138.99**

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# Invoice

1-800-266-0613 Fax: 1-800-266-5044

ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
PGH6999	9/30/2023	6689993-04-07

Federal Tax I.D. No. 44-0657294 Professional Photocopier ID #: 551

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Los Angeles, CA 90017

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801 South Figueroa, 15th Floor,  
Los Angeles, CA 90017

**PERTAINING TO:** Jacob Ali AKA Jacob Syed Ali  
**CASE TITLE:** Jacob Ali / Umoh Owoimaha  
**CASE NUMBER:** 21STCV37969

**FIRMS NUMBER:** 5577-59874  
**INSURED:** Umoh Owoimaha  
**DATE OF LOSS:** 10/17/2019  
**CLAIM/ POLICY#:** 19-4874970 /

DESCRIPTION OF SERVICES RENDERED	QUANTITY	UNIT PRICE	AMOUNT
<b>One Source Medical Diagnostics, LLC/Radiology Orange,CA</b> Witness Fee Basic Fee - Subpoena X-Ray Fee - Custodial			15.00 32.00 300.00
Regarding: Jacob Ali AKA Jacob Syed Ali at One Source Medical Diagnostics, LLC/Radiology Orange		SUB-TOTAL	347.00
Please note, films were previously shipped. kdp		SALES TAX	28.50
Thank you for choosing ABI Document Support Services! For billing inquiries, please contact our Client Service Department at 1-800-266-0613.		TOTAL DUE	375.50

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ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
PGH6999	9/30/2023	6689993-04-07

**TOTAL DUE: \$ 375.50**

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Order # 6689993-04-07/ABInvRE.MDX

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# Invoice

1-800-266-0613 Fax: 1-800-266-5044

ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
PGH6999	8/24/2023	6689993-06-01

Federal Tax I.D. No. 44-0657294 Professional Photocopier ID #: 551

Terms: Cash Only

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Manning & Kass  
801 South Figueroa, 15th Floor  
Los Angeles, CA 90017

Ship To: William Kelsberg  
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Los Angeles, CA 90017

<b>PERTAINING TO:</b> Jacob Ali AKA Jacob Syed Ali <b>CASE TITLE:</b> Jacob Ali / Umoh Owoimaha <b>CASE NUMBER:</b> 21STCV37969	<b>FIRMS NUMBER:</b> 5577-59874 <b>INSURED:</b> Umoh Owoimaha <b>DATE OF LOSS:</b> 10/17/2019 <b>CLAIM/ POLICY#:</b> 19-4874970 /
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DESCRIPTION OF SERVICES RENDERED	QUANTITY	UNIT PRICE	AMOUNT
<b>Olympia Health Care/Business Office Glendale, CA</b> Witness Fee Basic Fee - Subpoena			15.00 32.00
Regarding: Jacob Ali AKA Jacob Syed Ali at Olympia Health Care/Business Office Glendale		<b>SUB-TOTAL</b>	47.00
Per your office, this case has settled. kpf		<b>SALES TAX</b>	.00
Thank you for choosing ABI Document Support Services! For billing inquiries, please contact our Client Service Department at 1-800-266-0613.		<b>TOTAL DUE</b>	47.00

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Los Angeles, CA 90017

ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
PGH6999	8/24/2023	6689993-06-01

**TOTAL DUE: \$ 47.00**

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ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
PGH6999	8/25/2023	6689993-11-01

Federal Tax I.D. No. 44-0657294 Professional Photocopier ID #: 551

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Bill To: William Kelsberg  
Manning & Kass  
801 South Figueroa, 15th Floor  
Los Angeles, CA 90017

Ship To: William Kelsberg  
Manning & Kass, Ellrod, Ramirez, Trester LLP  
801 South Figueroa, 15th Floor,  
Los Angeles, CA 90017

<b>PERTAINING TO:</b> Jacob Ali AKA Jacob Syed Ali <b>CASE TITLE:</b> Jacob Ali / Umoh Owoimaha <b>CASE NUMBER:</b> 21STCV37969	<b>FIRMS NUMBER:</b> 5577-59874 <b>INSURED:</b> Umoh Owoimaha <b>DATE OF LOSS:</b> 10/17/2019 <b>CLAIM/ POLICY#:</b> 19-4874970 /
---	--

DESCRIPTION OF SERVICES RENDERED	QUANTITY	UNIT PRICE	AMOUNT
<b>ProHealth Advanced Imaging/Radiology Los Angeles,CA</b> Witness Fee Basic Fee - Subpoena Custodial Fee			15.00 32.00 100.00
Regarding: Jacob Ali AKA Jacob Syed Ali at ProHealth Advanced Imaging/Radiology Los Angeles		<b>SUB-TOTAL</b>	147.00
Per your office, this case has settled. Please note, fees advanced prior to case settling. aki		<b>SALES TAX</b>	.00
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ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
PGH6999	8/25/2023	6689993-11-01

**TOTAL DUE: \$ 147.00**

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# Invoice

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ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
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801 South Figueroa, 15th Floor,  
Los Angeles, CA 90017

**PERTAINING TO:** Jacob Ali AKA Jacob Syed Ali  
**CASE TITLE:** Jacob Ali / Umoh Owoimaha  
**CASE NUMBER:** 21STCV37969

**FIRMS NUMBER:** 5577-59874  
**INSURED:** Umoh Owoimaha  
**DATE OF LOSS:** 10/17/2019  
**CLAIM/ POLICY#:** 19-4874970 /

DESCRIPTION OF SERVICES RENDERED	QUANTITY	UNIT PRICE	AMOUNT
<b>Wawanesa General Insurance</b> <b>San Diego,CA,370879GE</b> <b>San Diego,CA</b> Witness Fee Basic Fee - Subpoena			15.00 32.00
Regarding: Jacob Ali AKA Jacob Syed Ali at Wawanesa General Insurance San Diego		SUB-TOTAL	47.00
Per your office, this case has settled. ebg		SALES TAX	.00
Thank you for choosing ABI Document Support Services! For billing inquiries, please contact our Client Service Department at 1-800-266-0613.		TOTAL DUE	47.00

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ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
PGH6999	8/24/2023	6689993-15-01

**TOTAL DUE: \$ 47.00**

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ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
PGH6999	8/24/2023	6706767-01-01

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801 South Figueroa, 15th Floor,  
Los Angeles, CA 90017

**PERTAINING TO:** Jacob Ali AKA Jacob Syed Ali  
**CASE TITLE:** Jacob Ali / Umoh Owoimaha  
**CASE NUMBER:** 21STCV37969

**FIRMS NUMBER:** 5577-59874  
**INSURED:** Umoh Owoimaha  
**DATE OF LOSS:** 10/17/2019  
**CLAIM/ POLICY#:** 19-4874970 /

DESCRIPTION OF SERVICES RENDERED	QUANTITY	UNIT PRICE	AMOUNT
<b>Optum360 West Hills,CA</b>			
Witness Fee			15.00
Basic Fee - Subpoena			32.00
Regarding: Jacob Ali AKA Jacob Syed Ali at Optum360 West Hills			
Per your office, this case has settled. ebg			
Thank you for choosing ABI Document Support Services! For billing inquiries, please contact our Client Service Department at 1-800-266-0613.			
		<b>SUB-TOTAL</b>	47.00
		<b>SALES TAX</b>	.00
		<b>TOTAL DUE</b>	47.00

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Los Angeles, CA 90017

ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
PGH6999	8/24/2023	6706767-01-01

**TOTAL DUE: \$ 47.00**

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ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
PGH6999	9/28/2023	6708017-01-03

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801 South Figueroa, 15th Floor,  
Los Angeles, CA 90017

<b>PERTAINING TO:</b> Nadine Elzein <b>CASE TITLE:</b> Nadine Elzein / Ghalee Seirafi, et. al <b>CASE NUMBER:</b> CVR12203615	<b>FIRMS NUMBER:</b> 5577-59882 <b>INSURED:</b> Progressive West Insurance Company <b>DATE OF LOSS:</b> 6/19/2021 <b>CLAIM/ POLICY#:</b> 217644713 /
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DESCRIPTION OF SERVICES RENDERED	QUANTITY	UNIT PRICE	AMOUNT
<b>Corona Regional Medical Center Corona, CA</b>			
OCR	56.00	0.03	1.68
Pages	56.00	0.10	5.60
Basic Fee - Subpoena			32.00
Witness Fee			15.00
Regarding: Nadine Elzein at Corona Regional Medical Center Corona		<b>SUB-TOTAL</b>	<b>54.28</b>
Please find the attached Medical Records! ebg		<b>SALES TAX</b>	<b>.53</b>
Thank you for choosing ABI Document Support Services! For billing inquiries, please contact our Client Service Department at 1-800-266-0613.		<b>TOTAL DUE</b>	<b>54.81</b>

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ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
PGH6999	9/28/2023	6708017-01-03

**TOTAL DUE: \$ 54.81**

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ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
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Los Angeles, CA 90017

<b>PERTAINING TO:</b> Nadine Elzein <b>CASE TITLE:</b> Nadine Elzein / Ghalee Seirafi, et. al <b>CASE NUMBER:</b> CVR12203615	<b>FIRMS NUMBER:</b> 5577-59882 <b>INSURED:</b> Progressive West Insurance Company <b>DATE OF LOSS:</b> 6/19/2021 <b>CLAIM/ POLICY#:</b> 217644713 /
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DESCRIPTION OF SERVICES RENDERED	QUANTITY	UNIT PRICE	AMOUNT
<b>Corona Regional Medical Center/Business Office Corona, CA</b>			
OCR	2.00	0.03	.06
Pages	2.00	0.10	.20
Basic Fee - Subpoena			32.00
Witness Fee			15.00
Regarding: Nadine Elzein at Corona Regional Medical Center/Business Office Corona		<b>SUB-TOTAL</b>	<b>47.26</b>
Please find the attached billing records. ebg		<b>SALES TAX</b>	<b>.02</b>
Thank you for choosing ABI Document Support Services! For billing inquiries, please contact our Client Service Department at 1-800-266-0613.		<b>TOTAL DUE</b>	<b>47.28</b>

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ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
PGH6999	9/28/2023	6708017-02-03

**TOTAL DUE: \$ 47.28**

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<b>PERTAINING TO:</b> Nadine Elzein <b>CASE TITLE:</b> Nadine Elzein / Ghalee Seirafi, et. al <b>CASE NUMBER:</b> CVR12203615	<b>FIRMS NUMBER:</b> 5577-59882 <b>INSURED:</b> Progressive West Insurance Company <b>DATE OF LOSS:</b> 6/19/2021 <b>CLAIM/ POLICY#:</b> 217644713 /
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DESCRIPTION OF SERVICES RENDERED	QUANTITY	UNIT PRICE	AMOUNT
<b>Corona Regional Medical Center/Radiology Dept. Corona,CA</b> CD Witness Fee X-Ray Fee - Custodial Basic Fee - Subpoena	1.00	4.00	4.00 15.00 150.00 32.00
Regarding: Nadine Elzein at Corona Regional Medical Center/Radiology Dept. Corona		SUB-TOTAL	201.00
Please note, films were previously shipped. Idj		SALES TAX	14.63
Thank you for choosing ABI Document Support Services! For billing inquiries, please contact our Client Service Department at 1-800-266-0613.		TOTAL DUE	215.63

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ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
PGH6999	9/28/2023	6708017-03-03

**TOTAL DUE: \$ 215.63**

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ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
PGH6999	10/6/2023	6708017-04-03

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801 South Figueroa, 15th Floor,  
Los Angeles, CA 90017

<b>PERTAINING TO:</b> Nadine Elzein <b>CASE TITLE:</b> Nadine Elzein / Ghalee Seirafi, et. al <b>CASE NUMBER:</b> CVR12203615	<b>FIRMS NUMBER:</b> 5577-59882 <b>INSURED:</b> Progressive West Insurance Company <b>DATE OF LOSS:</b> 6/19/2021 <b>CLAIM/ POLICY#:</b> 217644713 /
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DESCRIPTION OF SERVICES RENDERED	QUANTITY	UNIT PRICE	AMOUNT
<b>Ortiz Chiropractic Corona, CA</b>			
OCR	38.00	0.03	1.14
Pages	38.00	0.10	3.80
Custodial Fee			135.00
Basic Fee - Subpoena			32.00
Witness Fee			15.00
Regarding: Nadine Elzein at Ortiz Chiropractic Corona		<b>SUB-TOTAL</b>	186.94
Please find the attached Medical and Billing Records! ahb		<b>SALES TAX</b>	.36
Thank you for choosing ABI Document Support Services! For billing inquiries, please contact our Client Service Department at 1-800-266-0613.		<b>TOTAL DUE</b>	187.30

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PGH6999	10/6/2023	6708017-04-03

**TOTAL DUE: \$ 187.30**

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<b>PERTAINING TO:</b> Nadine Elzein <b>CASE TITLE:</b> Nadine Elzein / Ghalee Seirafi, et. al <b>CASE NUMBER:</b> CVR12203615	<b>FIRMS NUMBER:</b> 5577-59882 <b>INSURED:</b> Progressive West Insurance Company <b>DATE OF LOSS:</b> 6/19/2021 <b>CLAIM/ POLICY#:</b> 217644713 /
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DESCRIPTION OF SERVICES RENDERED	QUANTITY	UNIT PRICE	AMOUNT
<b>SimonMed Imaging Corporate Legal Office Altamonte Springs,FL</b>			
OCR	16.00	0.03	.48
Photo Duplication	1.00	0.50	.50
Basic Fee - Subpoena			32.00
Pages	16.00	0.10	1.60
Regarding: Nadine Elzein at SimonMed Imaging Corporate Legal Office Altamonte Springs			
Please find the attached Medical Records, Billing Records and Laser Copy. Idj			
Thank you for choosing ABI Document Support Services! For billing inquiries, please contact our Client Service Department at 1-800-266-0613.			
SUB-TOTAL			34.58
SALES TAX			.20
TOTAL DUE			34.78

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PGH6999	8/16/2023	6708017-05-01

**TOTAL DUE: \$ 34.78**

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<b>PERTAINING TO:</b> Nadine Elzein <b>CASE TITLE:</b> Nadine Elzein / Ghalee Seirafi, et. al <b>CASE NUMBER:</b> CVR12203615	<b>FIRMS NUMBER:</b> 5577-59882 <b>INSURED:</b> Progressive West Insurance Company <b>DATE OF LOSS:</b> 6/19/2021 <b>CLAIM/ POLICY#:</b> 217644713 /
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DESCRIPTION OF SERVICES RENDERED	QUANTITY	UNIT PRICE	AMOUNT
<b>SimonMed Imaging Corporate Legal Office/Radiology Altamonte Springs,FL</b>			
CD	1.00	4.00	4.00
Shipping and Handling	1.00	9.50	9.50
Basic Fee - Subpoena			32.00
X-Ray Fee - Custodial			30.00
<b>Regarding: Nadine Elzein at SimonMed Imaging Corporate Legal Office/Radiology Altamonte Springs</b>		<b>SUB-TOTAL</b>	<b>75.50</b>
<b>Please note, films were previously shipped. aki</b>		<b>SALES TAX</b>	<b>4.13</b>
Thank you for choosing ABI Document Support Services! For billing inquiries, please contact our Client Service Department at 1-800-266-0613.		<b>TOTAL DUE</b>	<b>79.63</b>

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PGH6999	8/23/2023	6708017-06-01

**TOTAL DUE: \$ 79.63**

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# Invoice

1-800-266-0613 Fax: 1-800-266-5044

ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
PGH6999	9/28/2023	6708017-07-03

Federal Tax I.D. No. 44-0657294 Professional Photocopier ID #: 551

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801 South Figueroa, 15th Floor,  
Los Angeles, CA 90017

<b>PERTAINING TO:</b> Nadine Elzein <b>CASE TITLE:</b> Nadine Elzein / Ghalee Seirafi, et. al <b>CASE NUMBER:</b> CVR12203615	<b>FIRMS NUMBER:</b> 5577-59882 <b>INSURED:</b> Progressive West Insurance Company <b>DATE OF LOSS:</b> 6/19/2021 <b>CLAIM/ POLICY#:</b> 217644713 /
---	---

DESCRIPTION OF SERVICES RENDERED	QUANTITY	UNIT PRICE	AMOUNT
Hassan Badday, MD Irvine, CA Witness Fee Basic Fee - Subpoena			15.00 32.00
Regarding: Nadine Elzein at Hassan Badday, MD Irvine  Please find the attached status letter. smc  Thank you for choosing ABI Document Support Services! For billing inquiries, please contact our Client Service Department at 1-800-266-0613.		SUB-TOTAL SALES TAX  TOTAL DUE	47.00 .00 47.00

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PGH6999	9/28/2023	6708017-07-03

**TOTAL DUE: \$ 47.00**

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ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
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801 South Figueroa, 15th Floor,  
Los Angeles, CA 90017

<b>PERTAINING TO:</b> Nadine Elzein <b>CASE TITLE:</b> Nadine Elzein / Ghalee Seirafi, et. al <b>CASE NUMBER:</b> CVR12203615	<b>FIRMS NUMBER:</b> 5577-59882 <b>INSURED:</b> Progressive West Insurance Company <b>DATE OF LOSS:</b> 6/19/2021 <b>CLAIM/ POLICY#:</b> 217644713 /
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DESCRIPTION OF SERVICES RENDERED	QUANTITY	UNIT PRICE	AMOUNT
<b>Hassan Badday, MD/Billing Irvine,CA</b>			
OCR	2.00	0.03	.06
Pages	2.00	0.10	.20
Basic Fee - Subpoena			32.00
Witness Fee			15.00
Regarding: Nadine Elzein at Hassan Badday, MD/Billing Irvine		<b>SUB-TOTAL</b>	<b>47.26</b>
Please find the attached billing records. Idj		<b>SALES TAX</b>	<b>.02</b>
Thank you for choosing ABI Document Support Services! For billing inquiries, please contact our Client Service Department at 1-800-266-0613.		<b>TOTAL DUE</b>	<b>47.28</b>

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801 South Figueroa, 15th Floor  
Los Angeles, CA 90017

ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
PGH6999	9/28/2023	6708017-08-03

**TOTAL DUE: \$ 47.28**

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Order # 6708017-08-03/ABlinvRE.MDX

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1-800-266-0613 Fax: 1-800-266-5044

ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
PGH6999	9/28/2023	6708017-09-03

Federal Tax I.D. No. 44-0657294 Professional Photocopier ID #: 551

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Manning & Kass  
801 South Figueroa, 15th Floor  
Los Angeles, CA 90017

Ship To: William Kelsberg  
Manning & Kass, Ellrod, Ramirez, Trester LLP  
801 South Figueroa, 15th Floor,  
Los Angeles, CA 90017

<b>PERTAINING TO:</b> Nadine Elzein <b>CASE TITLE:</b> Nadine Elzein / Ghalee Seirafi, et. al <b>CASE NUMBER:</b> CVR12203615	<b>FIRMS NUMBER:</b> 5577-59882 <b>INSURED:</b> Progressive West Insurance Company <b>DATE OF LOSS:</b> 6/19/2021 <b>CLAIM/ POLICY#:</b> 217644713 /
---	---

DESCRIPTION OF SERVICES RENDERED	QUANTITY	UNIT PRICE	AMOUNT
DG Medical Imaging Long Beach, CA Basic Fee - Subpoena			32.00
Regarding: Nadine Elzein at DG Medical Imaging Long Beach		SUB-TOTAL	32.00
Please find the attached status letter. ahh		SALES TAX	.00
Thank you for choosing ABI Document Support Services! For billing inquiries, please contact our Client Service Department at 1-800-266-0613.		TOTAL DUE	32.00

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ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
PGH6999	9/28/2023	6708017-09-03

**TOTAL DUE: \$ 32.00**

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Los Angeles, CA 90017

Ship To: William Kelsberg  
Manning & Kass, Ellrod, Ramirez, Trester LLP  
801 South Figueroa, 15th Floor,  
Los Angeles, CA 90017

<b>PERTAINING TO:</b> Nadine Elzein <b>CASE TITLE:</b> Nadine Elzein / Ghalee Seirafi, et. al <b>CASE NUMBER:</b> CVR12203615	<b>FIRMS NUMBER:</b> 5577-59882 <b>INSURED:</b> Progressive West Insurance Company <b>DATE OF LOSS:</b> 6/19/2021 <b>CLAIM/ POLICY#:</b> 217644713 /
---	---

DESCRIPTION OF SERVICES RENDERED	QUANTITY	UNIT PRICE	AMOUNT
<b>Hope Ambulatory Surgery Center Irvine,CA</b>			
OCR	30.00	0.03	.90
Pages	30.00	0.10	3.00
Basic Fee - Subpoena			32.00
Witness Fee			15.00
<b>Regarding: Nadine Elzein at Hope Ambulatory Surgery Center Irvine</b>		<b>SUB-TOTAL</b>	<b>50.90</b>
<b>Please find the attached Medical Records! There are no X-rays. Idj</b>		<b>SALES TAX</b>	<b>.28</b>
Thank you for choosing ABI Document Support Services! For billing inquiries, please contact our Client Service Department at 1-800-266-0613.		<b>TOTAL DUE</b>	<b>51.18</b>

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ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
PGH6999	9/28/2023	6708017-10-03

**TOTAL DUE: \$ 51.18**

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Los Angeles, CA 90017

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801 South Figueroa, 15th Floor,  
Los Angeles, CA 90017

<b>PERTAINING TO:</b> Nadine Elzein <b>CASE TITLE:</b> Nadine Elzein / Ghalee Seirafi, et. al <b>CASE NUMBER:</b> CVR12203615	<b>FIRMS NUMBER:</b> 5577-59882 <b>INSURED:</b> Progressive West Insurance Company <b>DATE OF LOSS:</b> 6/19/2021 <b>CLAIM/ POLICY#:</b> 217644713 /
---	---

DESCRIPTION OF SERVICES RENDERED	QUANTITY	UNIT PRICE	AMOUNT
<b>Pacific Pain and Regenerative Medicine Irvine, CA</b>			
OCR	30.00	0.03	.90
Pages	30.00	0.10	3.00
Basic Fee - Subpoena			32.00
Witness Fee			15.00
<b>Regarding: Nadine Elzein at Pacific Pain and Regenerative Medicine Irvine</b>		<b>SUB-TOTAL</b>	<b>50.90</b>
<b>Please find the attached Medical Records! There are no X-rays. smc</b>		<b>SALES TAX</b>	<b>.28</b>
Thank you for choosing ABI Document Support Services! For billing inquiries, please contact our Client Service Department at 1-800-266-0613.		<b>TOTAL DUE</b>	<b>51.18</b>

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ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
PGH6999	9/28/2023	6708017-11-03

**TOTAL DUE: \$ 51.18**

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ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
PGH6999	9/28/2023	6708017-12-05

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801 South Figueroa, 15th Floor,  
Los Angeles, CA 90017

<b>PERTAINING TO:</b> Nadine Elzein <b>CASE TITLE:</b> Nadine Elzein / Ghalee Seirafi, et. al <b>CASE NUMBER:</b> CVR12203615	<b>FIRMS NUMBER:</b> 5577-59882 <b>INSURED:</b> Progressive West Insurance Company <b>DATE OF LOSS:</b> 6/19/2021 <b>CLAIM/ POLICY#:</b> 217644713 /
---	---

DESCRIPTION OF SERVICES RENDERED	QUANTITY	UNIT PRICE	AMOUNT
<b>Monox Billing Service Irvine,CA</b>			
OCR	1.00	0.03	.03
Pages	1.00	0.10	.10
Basic Fee - Subpoena			32.00
Witness Fee			15.00
<b>Regarding: Nadine Elzein at Monox Billing Service Irvine</b>		<b>SUB-TOTAL</b>	<b>47.13</b>
<b>Please find the attached billing records. ebg</b>		<b>SALES TAX</b>	<b>.01</b>
Thank you for choosing ABI Document Support Services! For billing inquiries, please contact our Client Service Department at 1-800-266-0613.		<b>TOTAL DUE</b>	<b>47.14</b>

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ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
PGH6999	9/28/2023	6708017-12-05

**TOTAL DUE: \$ 47.14**

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Los Angeles, CA 90017

<b>PERTAINING TO:</b> Nadine Elzein <b>CASE TITLE:</b> Nadine Elzein / Ghalee Seirafi, et. al <b>CASE NUMBER:</b> CVR12203615	<b>FIRMS NUMBER:</b> 5577-59882 <b>INSURED:</b> Progressive West Insurance Company <b>DATE OF LOSS:</b> 6/19/2021 <b>CLAIM/ POLICY#:</b> 217644713 /
---	---

DESCRIPTION OF SERVICES RENDERED	QUANTITY	UNIT PRICE	AMOUNT
<b>Balance of Wellness Temecula,CA</b>			
Witness Fee			15.00
Basic Fee - Subpoena			32.00
<b>Regarding: Nadine Elzein at Balance of Wellness Temecula</b>		<b>SUB-TOTAL</b>	<b>47.00</b>
<b>Please find the attached status letter. ahb</b>		<b>SALES TAX</b>	<b>.00</b>
Thank you for choosing ABI Document Support Services! For billing inquiries, please contact our Client Service Department at 1-800-266-0613.		<b>TOTAL DUE</b>	<b>47.00</b>

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**TOTAL DUE: \$ 47.00**

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801 South Figueroa, 15th Floor,  
Los Angeles, CA 90017

<b>PERTAINING TO:</b> Nadine Elzein <b>CASE TITLE:</b> Nadine Elzein / Ghalee Seirafi, et. al <b>CASE NUMBER:</b> CVR12203615	<b>FIRMS NUMBER:</b> 5577-59882 <b>INSURED:</b> Progressive West Insurance Company <b>DATE OF LOSS:</b> 6/19/2021 <b>CLAIM/ POLICY#:</b> 217644713 /
---	---

DESCRIPTION OF SERVICES RENDERED	QUANTITY	UNIT PRICE	AMOUNT
<b>Ortiz Chiropractic Corona, CA</b> CD Basic Fee - Subpoena X-Ray Fee - Custodial	1.00	4.00	4.00 32.00 70.00
Regarding: Nadine Elzein at Ortiz Chiropractic Corona		SUB-TOTAL	106.00
Please note, films were previously shipped. smc		SALES TAX	7.03
Thank you for choosing ABI Document Support Services! For billing inquiries, please contact our Client Service Department at 1-800-266-0613.		TOTAL DUE	113.03

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Los Angeles, CA 90017

ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
PGH6999	10/9/2023	6708017-14-03

**TOTAL DUE: \$ 113.03**

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# Invoice

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ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
PGH6999	10/27/2023	6721362-01-01

Federal Tax I.D. No. 44-0657294 Professional Photocopier ID #: 551

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Bill To: Rodrigo Bozoghlian, Esq.\*\*NO LONGER WITH FIRM 11/9/23\*\*  
Manning & Kass  
801 South Figueroa, 15th Floor  
Los Angeles, CA 90017

Ship to: Onopa  
Manning Kass  
801 S. Figueroa Street, 15th Floor,  
Los Angeles, CA 90017

<b>PERTAINING TO:</b> Caron Strong <b>CASE TITLE:</b> Caron Strong / Antoine Deon Bush <b>CASE NUMBER:</b> 23BBCV00536	<b>FIRMS NUMBER:</b> 5577-59903 <b>INSURED:</b> Antoine Deon Bush <b>DATE OF LOSS:</b> 7/14/2022 <b>CLAIM/ POLICY#:</b> 22-4505802 /
--	---

DESCRIPTION OF SERVICES RENDERED	QUANTITY	UNIT PRICE	AMOUNT
<b>68 Arts Complex North Hollywood,CA</b> Shipping and Handling Basic Fee - Subpoena	1.00	9.50	9.50 32.00
Regarding: Caron Strong at 68 Arts Complex North Hollywood		<b>SUB-TOTAL</b>	41.50
Per your office, this order has been cancelled. Idj		<b>SALES TAX</b>	.90
Thank you for choosing ABI Document Support Services! For billing inquiries, please contact our Client Service Department at 1-800-266-0613.		<b>TOTAL DUE</b>	42.40

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Los Angeles, CA 90017

ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
PGH6999	10/27/2023	6721362-01-01

**TOTAL DUE: \$ 42.40**

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ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
PGH6999	8/30/2023	6730839-01-01

Federal Tax I.D. No. 44-0657294 Professional Photocopier ID #: 551

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Bill To: Michael Good  
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801 South Figueroa, 15th Floor  
Los Angeles, CA 90017

Ship To: William Kelsberg  
Manning & Kass  
801 South Figueroa, 15th Floor,  
Los Angeles, CA 90017

<b>PERTAINING TO:</b> Regina Ramirez <b>CASE TITLE:</b> Regina Ramirez / Chrysta Gillum <b>CASE NUMBER:</b> 22STCV13585	<b>FIRMS NUMBER:</b> 5577-59891 <b>INSURED:</b> Chrysta Gillum <b>DATE OF LOSS:</b> 3/13/2020 <b>CLAIM/ POLICY#:</b> 20-2449219 /
---	--

DESCRIPTION OF SERVICES RENDERED	QUANTITY	UNIT PRICE	AMOUNT
<b>Integrated Health and Wellness Burbank,CA</b>			
OCR	37.00	0.03	1.11
Pages	37.00	0.10	3.70
Basic Fee - Subpoena			32.00
Witness Fee			15.00
Regarding: Regina Ramirez at Integrated Health and Wellness Burbank		<b>SUB-TOTAL</b>	51.81
Please find the attached Medical and Billing Records! There are no X-rays. kdp		<b>SALES TAX</b>	.35
Thank you for choosing ABI Document Support Services! For billing inquiries, please contact our Client Service Department at 1-800-266-0613.		<b>TOTAL DUE</b>	52.16

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ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
PGH6999	8/30/2023	6730839-01-01

**TOTAL DUE: \$ 52.16**

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ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
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Los Angeles, CA 90017

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Los Angeles, CA 90017

<b>PERTAINING TO:</b> Regina Ramirez <b>CASE TITLE:</b> Regina Ramirez / Chrysta Gillum <b>CASE NUMBER:</b> 22STCV13585	<b>FIRMS NUMBER:</b> 5577-59891 <b>INSURED:</b> Chrysta Gillum <b>DATE OF LOSS:</b> 3/13/2020 <b>CLAIM/ POLICY#:</b> 20-2449219 /
---	--

DESCRIPTION OF SERVICES RENDERED	QUANTITY	UNIT PRICE	AMOUNT
<b>Los Angeles Pain Institute Glendale,CA</b>			
OCR	8.00	0.03	.24
Pages	8.00	0.10	.80
Basic Fee - Subpoena			32.00
Witness Fee			15.00
<b>Regarding: Regina Ramirez at Los Angeles Pain Institute Glendale</b>		<b>SUB-TOTAL</b>	<b>48.04</b>
<b>Please find the attached Medical and Billing Records! There are no X-rays. kdp</b>		<b>SALES TAX</b>	<b>.08</b>
Thank you for choosing ABI Document Support Services! For billing inquiries, please contact our Client Service Department at 1-800-266-0613.		<b>TOTAL DUE</b>	<b>48.12</b>

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PGH6999	8/30/2023	6730839-04-01

**TOTAL DUE: \$ 48.12**

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PGH6999	9/8/2023	6731026-01-01

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Manning & Kass  
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Los Angeles, CA 90017

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Los Angeles, CA 90017

<b>PERTAINING TO:</b> Caron Strong <b>CASE TITLE:</b> Caron Strong / Antoine Deon Bush <b>CASE NUMBER:</b> 23BBCV00536	<b>FIRMS NUMBER:</b> 5577-59903 <b>INSURED:</b> Antoine Deon Bush <b>DATE OF LOSS:</b> 7/14/2022 <b>CLAIM/ POLICY#:</b> 22-4505802 /
--	---

DESCRIPTION OF SERVICES RENDERED	QUANTITY	UNIT PRICE	AMOUNT
<b>68 Arts Complex North Hollywood,CA</b>			
Witness Fee			15.00
Basic Fee - Subpoena			32.00
<b>Regarding: Caron Strong at 68 Arts Complex North Hollywood</b>		<b>SUB-TOTAL</b>	<b>47.00</b>
<b>Please find the attached affidavit of no records. smc</b>		<b>SALES TAX</b>	<b>.00</b>
Thank you for choosing ABI Document Support Services! For billing inquiries, please contact our Client Service Department at 1-800-266-0613.		<b>TOTAL DUE</b>	<b>47.00</b>

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ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
PGH6999	9/8/2023	6731026-01-01

**TOTAL DUE: \$ 47.00**

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ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
PGH6999	9/1/2023	6731320-01-01

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801 South Figueroa, 15th Floor  
Los Angeles, CA 90017

Rodrigo Bozoghlian, Esq.  
Manning & Kass  
801 South Figueroa, 15th Floor,  
Los Angeles, CA 90017

<b>PERTAINING TO:</b> Mohammed Khalid <b>CASE TITLE:</b> Mohammed Khalid / Progressive West Ins <b>CASE NUMBER:</b> 22-7640804	<b>FIRMS NUMBER:</b> 5577-59907 <b>INSURED:</b> Mohammed Khalid <b>DATE OF LOSS:</b> 5/25/2022 <b>CLAIM/ POLICY#:</b> 22-7640804 /
--	---

DESCRIPTION OF SERVICES RENDERED	QUANTITY	UNIT PRICE	AMOUNT
<b>Los Angeles City Fire Department/EMS Records Unit Los Angeles,CA</b>			
OCR	6.00	0.03	.18
Additional Pages	6.00	0.08	.48
Pages	6.00	0.10	.60
Witness Fee			15.00
Custodial Fee			15.70
Additional Shipping	1.00	9.50	9.50
Basic Fee - Subpoena			32.00
Regarding: Mohammed Khalid at Los Angeles City Fire Department/EMS Records Unit Los Angeles			
Please find the attached Medical and Billing Records! Please note, all parties have been provided a set of records as requested. abw			
Thank you for choosing ABI Document Support Services! For billing inquiries, please contact our Client Service Department at 1-800-266-0613.			
SUB-TOTAL			73.46
SALES TAX			1.01
TOTAL DUE			74.47

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Los Angeles, CA 90017

ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
PGH6999	9/1/2023	6731320-01-01

**TOTAL DUE: \$ 74.47**

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Order # 6731320-01-01/ABInvRE.MDX

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# Invoice

1-800-266-0613 Fax: 1-800-266-5044

ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
PGH6999	9/21/2023	6731320-04-01

Federal Tax I.D. No. 44-0657294 Professional Photocopier ID #: 551

Terms: Cash Only

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Los Angeles, CA 90017

Rodrigo Bozoghlian, Esq.  
Manning & Kass  
801 South Figueroa, 15th Floor,  
Los Angeles, CA 90017

<b>PERTAINING TO:</b> Mohammed Khalid <b>CASE TITLE:</b> Mohammed Khalid / Progressive West Ins <b>CASE NUMBER:</b> 22-7640804	<b>FIRMS NUMBER:</b> 5577-59907 <b>INSURED:</b> Mohammed Khalid <b>DATE OF LOSS:</b> 5/25/2022 <b>CLAIM/ POLICY#:</b> 22-7640804 /
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DESCRIPTION OF SERVICES RENDERED	QUANTITY	UNIT PRICE	AMOUNT
<b>Northridge Hospital Medical Center/Radiology Department Northridge,CA</b>			
Shipping and Handling	1.00	9.50	9.50
CD	3.00	4.00	12.00
Basic Fee - Subpoena			32.00
Witness Fee			15.00
X-Ray Fee - Custodial			100.00
X-Ray Fee - Custodial			25.00
Regarding: Mohammed Khalid at Northridge Hospital Medical Center/Radiology Department Northridge		<b>SUB-TOTAL</b>	193.50
Please note, films were previously shipped. Please note, client has been provided an additional X-ray CD as requested. slf		<b>SALES TAX</b>	13.92
Thank you for choosing ABI Document Support Services! For billing inquiries, please contact our Client Service Department at 1-800-266-0613.		<b>TOTAL DUE</b>	207.42

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ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
PGH6999	9/21/2023	6731320-04-01

**TOTAL DUE: \$ 207.42**

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# Invoice

1-800-266-0613 Fax: 1-800-266-5044

ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
PGH6999	9/8/2023	6731320-05-01

Federal Tax I.D. No. 44-0657294 Professional Photocopier ID #: 551

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<b>PERTAINING TO:</b> Mohammed Khalid <b>CASE TITLE:</b> Mohammed Khalid / Progressive West Ins <b>CASE NUMBER:</b> 22-7640804	<b>FIRMS NUMBER:</b> 5577-59907 <b>INSURED:</b> Mohammed Khalid <b>DATE OF LOSS:</b> 5/25/2022 <b>CLAIM/ POLICY#:</b> 22-7640804 /
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DESCRIPTION OF SERVICES RENDERED	QUANTITY	UNIT PRICE	AMOUNT
<b>Kaiser Permanente Central ROI Unit Empire Corporate Plaza/Medical Rancho Cucamonga,CA</b>			
Additional Shipping	1.00	9.50	9.50
Witness Fee			15.00
Basic Fee - Subpoena			32.00
OCR	4,462.00	0.03	133.86
Additional Photo Duplication	40.00	0.50	20.00
Photo Duplication	40.00	0.50	20.00
Pages	4,422.00	0.10	442.20
Additional Pages	4,422.00	0.08	353.76
Regarding: Mohammed Khalid at Kaiser Permanente Central ROI Unit Empire Corporate Plaza/Medical Rancho Cucamonga			
			<b>SUB-TOTAL</b> 1,026.32
			<b>SALES TAX</b> 80.32
			<b>TOTAL DUE</b> 1,106.64

Please find the attached Medical and Laser Copies! Please note, all parties have been provided a set of records as requested. ebg  
Thank you for choosing ABI Document Support Services!  
For billing inquiries, please contact our Client Service Department at 1-800-266-0613.

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ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
PGH6999	9/8/2023	6731320-05-01

**TOTAL DUE: \$ 1,106.64**

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# Invoice

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ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
PGH6999	9/8/2023	6731320-06-01

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<b>PERTAINING TO:</b> Mohammed Khalid <b>CASE TITLE:</b> Mohammed Khalid / Progressive West Ins <b>CASE NUMBER:</b> 22-7640804	<b>FIRMS NUMBER:</b> 5577-59907 <b>INSURED:</b> Mohammed Khalid <b>DATE OF LOSS:</b> 5/25/2022 <b>CLAIM/ POLICY#:</b> 22-7640804 /
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DESCRIPTION OF SERVICES RENDERED	QUANTITY	UNIT PRICE	AMOUNT
<b>Kaiser Permanente Central ROI Unit Empire Corporate Plaza/Billing Rancho Cucamonga,CA</b>			
OCR	124.00	0.03	3.72
Additional Shipping	1.00	9.50	9.50
Basic Fee - Subpoena			32.00
Pages	124.00	0.10	12.40
Witness Fee			15.00
Additional Pages	124.00	0.08	9.92
<b>Regarding: Mohammed Khalid at Kaiser Permanente Central ROI Unit Empire Corporate Plaza/Billing Rancho Cucamonga</b>		<b>SUB-TOTAL</b>	<b>82.54</b>
<b>Please find the attached billing records. Please note, all parties have been provided a set of records as requested. ebg</b>		<b>SALES TAX</b>	<b>3.02</b>
<b>Thank you for choosing ABI Document Support Services!</b>		<b>TOTAL DUE</b>	<b>85.56</b>
<b>For billing inquiries, please contact our Client Service Department at 1-800-266-0613.</b>			

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ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
PGH6999	9/8/2023	6731320-06-01

**TOTAL DUE: \$ 85.56**

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ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
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<b>PERTAINING TO:</b> Mohammed Khalid <b>CASE TITLE:</b> Mohammed Khalid / Progressive West Ins <b>CASE NUMBER:</b> 22-7640804	<b>FIRMS NUMBER:</b> 5577-59907 <b>INSURED:</b> Mohammed Khalid <b>DATE OF LOSS:</b> 5/25/2022 <b>CLAIM/ POLICY#:</b> 22-7640804 /
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DESCRIPTION OF SERVICES RENDERED	QUANTITY	UNIT PRICE	AMOUNT
<b>Kaiser Permanente/Radiology Anaheim,CA</b> Witness Fee Basic Fee - Subpoena X-Ray Fee - Custodial			15.00 32.00 500.00
Regarding: Mohammed Khalid at Kaiser Permanente/Radiology Anaheim		<b>SUB-TOTAL</b>	<b>547.00</b>
Please note, films were previously shipped. Please note, a second set of records has been sent to client as requested. rdb		<b>SALES TAX</b>	<b>47.50</b>
Thank you for choosing ABI Document Support Services! For billing inquiries, please contact our Client Service Department at 1-800-266-0613.		<b>TOTAL DUE</b>	<b>594.50</b>

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ACCOUNT NO:	INVOICE DATE:	INVOICE NO:
PGH6999	9/13/2023	6731320-07-01

**TOTAL DUE: \$ 594.50**

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