

**"HIGH IMPORTANCE"**

Our commitment is to provide exceptional service and patient satisfaction

**INVICTUS**Date 6-29-23TO: Marc AndersonFROM: Rene H.Phone #: 518-730-1875PAGES: 5 with cover sheetFax #: 518-957-3456

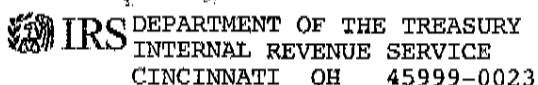
Comments: Please find my response. Thank You!!

Hello Marc,  
here at the documents that you are requesting. And in  
the voided check is the office address. If you have any  
question please text me. Thank you for the hard work  
you and your staff.  
now we can proceed in credentialing.

☐ Urgent☒ For Review☐ Please Comment☐ Please ReplyThank You! Rene

## CONFIDENTIALITY STATEMENT

The documents accompanying this (facsimile) (email) contain confidential information that may be legally privileged and protected by federal and state law. This information is intended for use only by the entity or individual to whom it is addressed. The authorized recipient is obligated to maintain the information in a safe, secure, and confidential manner. The authorized recipient is prohibited from using this information for purposes other than intended, prohibited from disclosing this information to any other party unless required to do so by law or regulation, and is required to destroy the information after its stated need has been fulfilled. If you are in possession of this protected health information, and are not the intended recipient, you are hereby notified that any improper disclosure, copying, or distribution of the contents of this information is strictly prohibited. Please notify the owner of this information immediately and arrange for its return or destruction.



DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE  
CINCINNATI OH 45999-0023

Date of this notice: 02-23-2023

Employer Identification Number:  
92-2519286

Form: SS-4

Number of this notice: CP 575 A

INVICTUS MEDICAL SOLUTIONS PLLC  
BRANT CHRISTOPHER ZIMMERMAN SOLE MB  
21914 HARDY OAK BLVD APT 4305  
SAN ANTONIO, TX 78258

For assistance you may call us at:  
1-800-829-4933

IF YOU WRITE, ATTACH THE  
STUB AT THE END OF THIS NOTICE.

#### WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 92-2519286. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Taxpayers request an EIN for their business. Some taxpayers receive CP575 notices when another person has stolen their identity and are opening a business using their information. If you did **not** apply for this EIN, please contact us at the phone number or address listed on the top of this notice.

When filing tax documents, making payments, or replying to any related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

Based on the information received from you or your representative, you must file the following forms by the dates shown.

Form 941	07/31/2023
Form 940	01/31/2024

If you have questions about the forms or the due dates shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, *Accounting Periods and Methods*.

We assigned you a tax classification (corporation, partnership, etc.) based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2020-1, 2020-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, *Entity Classification Election*. See Form 8832 and its instructions for additional information.

#### IMPORTANT INFORMATION FOR S CORPORATION ELECTION:

If you intend to elect to file your return as a small business corporation, an election to file a Form 1120-S, U.S. Income Tax Return for an S Corporation, must be made within certain timeframes and the corporation must meet certain tests. All of this information is included in the instructions for Form 2553, *Election by a Small Business Corporation*.



Frost  
www.frostbank.com

8019 S. NEW BRAUNFELS AVE. STE. 116  
SAN ANTONIO, TX. 78235-1069

DATE

06/29/2023

PAY TO THE  
ORDER OF

\$

DOLLARS

VOIDED CHECK

⑆114000093⑆

⑆21020692⑆



# Your Business Owner's Policy Quote

**Prepared for:**

Invictus Medical Solutions, LL  
8019 S NEW BRAUNFELS AVE STE 116  
SAN ANTONIO, TX 78235-1069

**Your Primary Location:**

8019 S NEW BRAUNFELS AVE STE 116.  
SAN ANTONIO, TX 78235-1069

**Class & Class Code:**

Medical Billing Service; 44681

**Policy Term:**

June 26, 2023 – June 26, 2024

**Quote Good Through\*:**

September 17, 2023

**Proposal Creation Date:**

June 20, 2023, 3:18 PM

Insurance underwritten by: Hartford Underwriters  
Insurance Company.

**What To Do Next:**

Thank you for your interest in The  
Hartford. For questions or to purchase  
coverage, contact Beverley McDaniel at  
(210) 525-1242

**Your Reference Number:**

65 SBM AY5YRC-001

**Audit Period:** Non-Auditable

**Agency Information:**

SWBC INSURANCE SERVICES INC  
9311 San Pedro Suite 550  
San Antonio, TX 78216

\*Premium is based on information provided during the application process and is subject to change should any change be made to the policy. Examples of possible changes include, but are not limited to, changes to coverage, Named Insured(s), location(s), and effective date.

PREMIUM SUMMARY			
COVERAGE			PRICE
Business Owner's Policy			\$335.00
Employment Practices Liability Insurance			Included
<b>YOUR ESTIMATED ANNUAL PREMIUM:</b>			<b>\$335.00**</b>
Proposal summary	Page 2	Recommended coverages	Page 6
Coverage details	Page 4	Payment options	Page 7

\*\*Your Estimated Premium may change based on coverage changes made through endorsement or if your policy is subject to Premium Audit.

Rene A. Hyden  
(Signature of insured)

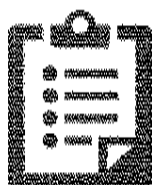
Acknowledged and Accepted by

6-29-2023  
(Date)

The Hartford's Customer Claims Ratings as of February 2019. Customer claims reviews were collected and tabulated by The Hartford and reviews are not representative of all customers.

This document is only a proposal. It can't be used as proof of coverage, unless bound by an authorized agent.

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# Quote Summary:

## Coverage for Your Small Business

### CONTINUED

<b>AGGREGATE LIMIT</b> We'll pay up to this amount for all claims covered under the Employment Practices Liability Coverage Part.	\$25,000
<b>RETROACTIVE DATE</b> If no date is entered, the Retroactive Date is the same as the effective date of this Coverage part.	06/26/2023
<b>WAGE AND HOUR DEFENSE COST SUB-LIMIT</b> The Wage and Hour Defense Costs Sub-Limit is only available for claim expenses incurred to defend a wage and hour violation that occurred on or after the retroactive date and before the end of the policy period, regardless of whether any such claim for a wage and hour violation is made during the policy period or the Extended Reporting Period, if applicable.	\$25,000

This is a claims-made coverage. Defense costs are included within the limits of liability. However, some states require that defense costs be in addition to the limits of liability displayed in this quote proposal. Refer to actual policy terms for full notice and details.

### CUSTOMIZED COVERAGES FOR YOUR BUSINESS

These added coverages make your policy more unique. They protect against specific risks your business could face.

COVERAGE	LIMIT	PREMIUM
Blanket Additional Insured by Contract	Included <sup>1</sup>	\$53

<sup>1</sup> Included in Business Liability Limit(s)

This is not a guarantee of coverage. Actual premium amounts vary and will depend on an applicant's individual account characteristics and coverages and limits purchased.

This document contains only a general description of coverages that may be provided and do not include all of the terms, conditions, or exclusions that may apply. Please refer to the actual coverage forms for complete details of terms, conditions, and exclusions. In the event of any conflict, the terms of an issued policy prevail.

