Patient Donald Noll Date of Birth 10/28/1948

Medical Records &/or Billing AFFIDAVIT / CERTIFICATION

I, Suzanne Mendenhall, agent for the Custodian of representative of

St Joseph Medical Center (health care provider), certify that the

attached 247 SINGLE SIDED PAGES and/or _____ DOUBLE SIDED PAGES are true and correct copies of records maintained by above with respect to the identified patient. Said attached records were made and have been maintained in the ordinary course of business.

X _____

Signature – Representative/Custodian of Records

Agent for the Custodian

SUBSCRIBED AND SWORN to before me this 6th day of February 20 13

NOTARY PUBLIC Joan M Ellsworth

My Commission Expires:

10-27-2016

JOAN M. ELLSWORTH
NOTARY PUBLIC
STATE OF WASHINGTON
COMMISSION EXPIRES
OCTOBER 27, 2016

Please note if Simmons Firm cannot obtain a notarized Affidavit along with the records requested, a representative of the health care facility may be subpoenaed to appear for a deposition and/or appear at trial to testify as to the authenticity of the records. If a notary is unavailable, please have a second person sign as a witness below.

N/A

Witness Signature

Affidavit includes MR + Bills

+CATHOLIC HEALTH INITIATIVES

St. Joseph Medical Center

FRANCISCAN HEALTH SYSTEM

PATIENT		PT TYPE
NOLL,DONALD ERWIN		LX
ACCOUNT NUMBER	DATE ADMITTED	DATE DISCHARGED
1301609473	01/16/13	01/16/13

BILL DATE 02/05/13

STMT TYPE D1 BILLER 42

☐ MASTER CARD ☐ VISA ☐ DISCOVER ☐ AMEX

CARD NO. _____ EXP. DATE _____

SIGNATURE _____

GUARANTOR:

DONALD ERWIN NOLL
PO BOX 2703
BELFAIR WA 98528

ST JOSEPH MEDICAL CENTER

PO BOX 31001-1456
Pasadena CA 91110-1456

PLEASE ENCLOSE THIS PORTION WITH YOUR PAYMENT AND WRITE YOUR ACCOUNT NUMBER ON YOUR CHECK

SERVICE DATE	UB92 REV	ITEM NO.	DESCRIPTION	QTY	ITEM PRICE	TOTAL CHARGES
01/16/13	320	4102	71020 JOI CHEST 2 VIEWS	1	425.00	425.00
			TOTAL DX X-RAY			425.00
			TOTAL BILLED CHARGES TO DATE			426.00

NOTE: THIS BALANCE DOES NOT INCLUDE PROFESSIONAL CHARGES FOR PHYSICIANS SUCH AS EMERGENCY PHYSICIANS, ANESTHESIOLOGISTS, RADIOLOGISTS, PATHOLOGISTS AND CARDIOLOGISTS. YOU WILL RECEIVE A SEPARATE BILL DIRECTLY FROM THE PHYSICIAN FOR THOSE SERVICES.

D

STATEMENT OF ACCOUNT

† CATHOLIC HEALTH INITIATIVES

St. Joseph Medical Center

FRANCISCAN HEALTH SYSTEM

PATIENT		PT TYPE
NOLL,DONALD ERWIN		IP
ACCOUNT NUMBER	DATE ADMITTED	DATE DISCHARGED
1300409917	01/04/13	01/09/13

BILL DATE 01/17/13

STMT TYPE D1 BILLER 63

☐ MASTER CARD ☐ VISA ☐ DISCOVER ☐ AMEX

CARD NO. _____ EXP. DATE _____

SIGNATURE _____

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SERVICE DATE	UB92 REV	ITEM NO.	DESCRIPTION	QTY.	ITEM PRICE	TOTAL CHARGES
01/04/13	120	2030	ROOM 07D4 P	1	2,330.00	2,330.00
01/05/13	120	2030	ROOM 07D4 P	1	2,330.00	2,330.00
01/06/13	120	2030	ROOM 07D4 P	1	2,330.00	2,330.00
01/07/13	120	2030	ROOM 07D4 P	1	2,330.00	2,330.00
01/08/13	120	2030	ROOM 07D4 P	1	2,330.00	2,330.00
			TOTAL ROOM-BOARD/2BED			11,650.00
01/07/13	250	3209	ROCURONIUM 50MG/5ML INJ	1	294.60	294.60
01/07/13	250	4147	SEVOFLURANE 20ML	1	278.30	278.30
01/07/13	250	4568	PROPOFOL 200MG/20ML INJ	1	190.85	190.85
01/07/13	250	5794	TALC POWDER SPRAY 30 GM	2	517.85	1,035.70
01/07/13	250	5794	TALC POWDER SPRAY 30 GM	-1	517.85	517.85CR
01/07/13	250	6794	INTUBATION ANESTHETIC	1	103.70	103.70
01/07/13	250	6851	OCTYLSEAL TOP SKIN ADHESIVE	1	150.00	150.00
01/07/13	250	7359	LIDOCAINE PF 2% INJ 5ML	1	79.85	79.85
01/07/13	250	7514	VASOPRESSIN 20U INJ	1	207.00	207.00
01/07/13	250	8054	NEOSTIGMINE 10 MG/10ML	1	251.95	251.95
01/07/13	250	8167	BUPIVACAINE 0.5% + EPI INJ 3	1	247.05	247.05
			TOTAL PHARMACY			2,321.15
01/06/13	270	3705	SOL D5 NACL 0.45PCT 1000ML B	1	12.00	12.00
01/07/13	270	1286	DRAIN CHEST DRY SUCTION ATRI	1	211.56	211.56
01/07/13	270	1540	GENERAL SUTURE (0 TO 5-0 SUT	3	20.50	61.50
01/07/13	270	177	PACK ENDOSCOPIC	1	182.40	182.40
01/07/13	270	2590	TRIAD HANDPIECE BLADED	1	259.89	259.89
01/07/13	270	3674	TB ENDO BRONCH-CATH R/L 39F	1	272.27	272.27
01/07/13	270	3705	SOL D5 NACL 0.45PCT 1000ML B	1	12.00	12.00
01/07/13	270	7802	TRNSDCR IV VAMP 72IN	1	103.32	103.32
01/08/13	270	1366	KIT SYR SNGL W/T CONN STELLA	1	37.42	37.42
			TOTAL MED-SUR SUPPLIES			1,152.36
01/07/13	278	2399	TRCR BLDLS XCL W/OPTIVW 75-1	1	237.05	237.05
01/07/13	278	2812	CATH DRAIN HYDRAGLIDE XL 20-	1	115.87	115.87
01/07/13	278	6416	HEMOSTAT ORIGINAL 2X14IN ABS	1	263.17	263.17
01/07/13	278	857	CATH TRY STLK U/M 16-18FR (B	1	72.40	72.40
			TOTAL SUPPLY/IMPLANTS			688.49
01/05/13	300	3269	85025 CBC/DIFF	1	81.90	81.90

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STATEMENT OF ACCOUNT

CATHOLIC HEALTH INITIATIVES

St. Joseph Medical Center

FRANCISCAN HEALTH SYSTEM

PATIENT		PT TYPE
NOLL,DONALD ERWIN		IP
ACCOUNT NUMBER	DATE ADMITTED	DATE DISCHARGED
1300409917	01/04/13	01/09/13

BILL DATE 01/17/13

STMT TYPE D1 BILLER 63

☐ MASTER CARD ☐ VISA ☐ DISCOVER ☐ AMEX

CARD NO. _____ EXP. DATE _____

SIGNATURE _____

GUARANTOR:

DONALD ERWIN NOLL
PO BOX 2703
BELFAIR WA 98528

ST JOSEPH MEDICAL CENTER

PO BOX 31001-1456
Pasadena CA 91110-1456

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SERVICE DATE	UBB92 REV	ITEM NO.	DESCRIPTION	QTY	ITEM PRICE	TOTAL CHARGES
01/05/13	300	4092	80053 COMPREHENSIVEMETABOLIC	1	99.25	99.25
01/05/13	300	4740	83735 MAGNESIUMSERUM	1	83.45	83.45
01/06/13	300	3269	85025 CBC/DIFF	1	81.90	81.90
01/06/13	300	3360	85610 PROTHROMBINTIME	1	90.24	90.24
01/06/13	300	4095	80048 TPNPANEL10	1	92.10	92.10
01/06/13	300	8015	36415 VENIPUNCTURE	1	56.00	56.00
01/06/13	300	8015	36415 VENIPUNCTURE	1	56.00	56.00
01/07/13	300	3120	81003 URINALYSISW/OUTMICROSC	1	34.55	34.55
01/07/13	300	3269	85025 CBC/DIFF	1	81.90	81.90
01/07/13	300	4095	80048 TPNPANEL10	1	92.10	92.10
01/07/13	300	4695	83540 IRONSERUM	1	61.80	61.80
01/07/13	300	4700	83550 TOTALIRONBINDINGCAPACI	1	83.60	83.60
01/07/13	300	8015	36415 VENIPUNCTURE	1	56.00	56.00
01/08/13	300	3269	85025 CBC/DIFF	1	81.90	81.90
01/08/13	300	4095	80048 TPNPANEL10	1	92.10	92.10
01/08/13	300	4720	83615 LACTATEDEHYDROGENASE	1	34.40	34.40
01/08/13	300	4810	84132 POTASSIUM	1	54.70	54.70
01/08/13	300	8015	36415 VENIPUNCTURE	1	56.00	56.00
01/08/13	300	8015	36415 VENIPUNCTURE	1	56.00	56.00
01/08/13	300	8015	36415 VENIPUNCTURE	1	56.00	56.00
01/08/13	300	8470	82378 CARCINOEMBRYONICANTIGE	1	181.05	181.05
			TOTAL LABORATORY			1,662.94
01/07/13	320	7101	71010 XR CHEST SINGLE VIEW	1	369.60	369.60
01/08/13	320	7101	71010 XR CHEST SINGLE VIEW	1	369.60	369.60
01/09/13	320	7101	71010 XR CHEST SINGLE VIEW	1	369.60	369.60
01/09/13	320	7102	71020 XR CHEST-2 VIEW	1	510.00	510.00
			TOTAL DX X-RAY			1,618.80
01/08/13	341	3003	78306 NM BONE SCAN - WHOLE B	1	2,691.08	2,691.08
			TOTAL NUC MED/DX			2,691.08
01/08/13	343	3289	NM ISOTOPE TC MDP UP TO 30 M	1	118.81	118.81
			TOTAL NUC MED/DX RADIOPHARM			118.81
01/08/13	350	2284	74177 CT ABDOMEN AND PELVIS	1	6,858.72	6,858.72
			TOTAL CT SCAN			6,858.72

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D

STATEMENT OF ACCOUNT

+CATHOLIC HEALTH INITIATIVES

St. Joseph Medical Center

FRANCISCAN HEALTH SYSTEM

PATIENT		PT. TYPE
NOLL,DONALD ERWIN		IP
ACCOUNT NUMBER	**DATE ADMITTED**	**DATE DISCHARGED**
1300409917	01/04/13	01/09/13

BILL DATE 01/17/13

STMT TYPE D1 BILLER 63

☐ MASTER CARD ☐ VISA ☐ DISCOVER ☐ AMEX

CARD NO. _____ EXP. DATE _____

SIGNATURE _____

GUARANTOR:

DONALD ERWIN NOLL
PO BOX 2703
BELFAIR WA 98528

ST JOSEPH MEDICAL CENTER

PO BOX 31001-1456
Pasadena CA 91110-1456

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SERVICE DATE	UB92 REV	ITEM NO.	DESCRIPTION	QTY	ITEM PRICE	TOTAL CHARGES
01/07/13	360	1605	SURGERY INTERMED 1ST 15MIN	1	2,568.04	2,568.04
01/07/13	360	1606	SURGERY INTERMED EA ADDL 15M	4	2,568.04	10,272.16
01/07/13	360	5872	ARTERIAL LINE PLACEMENT	1	406.67	406.67
			TOTAL OR SERVICES			13,246.87
01/07/13	370	5000	ANES GEN EA ADDL 15 MIN	4	322.86	1,291.44
01/07/13	370	7000	ANES GEN 1ST 15 MIN	1	703.83	703.83
			TOTAL ANESTHESIA			1,995.27
01/08/13	611	8	70553 JOI MRI BRAIN WO W	1	6,474.00	6,474.00
			TOTAL MRI-BRAIN			6,474.00
01/04/13	636	5199	MORPHINE SULFATE 2MG/ML INJ	1	47.95	47.95
01/04/13	636	5586	LEVOFLOXACIN 750MG/150ML INJ	1	384.00	384.00
01/04/13	636	6655	PIPERACILLIN-TAZO 3.375 G IV	1	204.70	204.70
01/04/13	636	6655	PIPERACILLIN-TAZO 3.375 G IV	1	204.70	204.70
01/05/13	636	5199	MORPHINE SULFATE 2MG/ML INJ	1	47.95	47.95
01/05/13	636	5199	MORPHINE SULFATE 2MG/ML INJ	1	47.95	47.95
01/05/13	636	5199	MORPHINE SULFATE 2MG/ML INJ	1	47.95	47.95
01/05/13	636	5586	LEVOFLOXACIN 750MG/150ML INJ	1	384.00	384.00
01/05/13	636	6655	PIPERACILLIN-TAZO 3.375 G IV	1	204.70	204.70
01/05/13	636	6655	PIPERACILLIN-TAZO 3.375 G IV	1	204.70	204.70
01/05/13	636	6655	PIPERACILLIN-TAZO 3.375 G IV	1	204.70	204.70
01/06/13	636	5586	LEVOFLOXACIN 750MG/150ML INJ	1	384.00	384.00
01/06/13	636	6655	PIPERACILLIN-TAZO 3.375 G IV	1	204.70	204.70
01/06/13	636	6655	PIPERACILLIN-TAZO 3.375 G IV	1	204.70	204.70
01/06/13	636	6655	PIPERACILLIN-TAZO 3.375 G IV	1	204.70	204.70
01/07/13	636	4982	HYDROMORPHONE PCA 1MG/ML 30M	1	323.55	323.55
01/07/13	636	5098	HYDROMORPHONE 1MG/ML INJ	1	39.95	39.95
01/07/13	636	5586	LEVOFLOXACIN 750MG/150ML INJ	1	384.00	384.00
01/07/13	636	6655	PIPERACILLIN-TAZO 3.375 G IV	1	204.70	204.70
01/07/13	636	6655	PIPERACILLIN-TAZO 3.375 G IV	1	204.70	204.70
01/07/13	636	7562	CEFAZOLIN 1GM INJ	2	181.00	362.00
01/07/13	636	7899	FENTANYL 100MCG/2ML INJ	1	79.35	79.35
01/07/13	636	7903	FENTANYL 250 MCG/5ML INJ	1	81.40	81.40
01/07/13	636	8220	DEXAMETHASONE 4MG INJ	2	56.00	112.00
01/07/13	636	9498	MIDAZOLAM 2MG/2ML INJ	1	139.30	139.30
01/08/13	636	5257	HEPARIN 5000 UNITS/ML INJ SC	1	8.15	8.15

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CATHOLIC HEALTH INITIATIVES

St. Joseph Medical Center

FRANCISCAN HEALTH SYSTEM

PATIENT		PT TYPE
NOLL,DONALD ERWIN		IP
ACCOUNT NUMBER	DATE ADMITTED	DATE DISCHARGED
1300409917	01/04/13	01/09/13

BILL DATE 01/17/13

STMT TYPE D1 BILLER 63

☐ MASTER CARD ☐ VISA ☐ DISCOVER ☐ AMEX

CARD NO. _____ EXP. DATE _____

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SERVICE DATE	UB92 REV	ITEM NO.	DESCRIPTION	QTY	ITEM PRICE	TOTAL CHARGES
01/08/13	636	5586	LEVOFLOXACIN 750MG/150ML INJ	1	384.00	384.00
01/08/13	636	6656	PIPERACILLIN-TAZO 3.375 G IV	1	204.70	204.70
01/08/13	636	6656	PIPERACILLIN-TAZO 3.375 G IV	1	204.70	204.70
01/08/13	636	6656	PIPERACILLIN-TAZO 3.375 G IV	1	204.70	204.70
01/08/13	636	8079	PROMETHAZINE 25MG INJ	1	92.90	92.90
01/08/13	636	8409	MR MULTIHANCE PER ML (5ML)	15	17.04	255.60
01/08/13	636	8414	CT NON IONIC 300 PER ML-150M	150	3.90	585.00
01/08/13	636	8677	ONDANSETRON 4MG/2ML INJ	1	187.75	187.75
01/09/13	636	5257	HEPARIN 5000 UNITS/ML INJ SC	1	8.15	8.15
01/09/13	636	5257	HEPARIN 5000 UNITS/ML INJ SC	1	8.15	8.15
			TOTAL DRUGS/DETAIL CODE			7,056.15
01/04/13	637	382	FAMOTIDINE 20MG	1	12.00	12.00
01/05/13	637	382	FAMOTIDINE 20MG	1	12.00	12.00
01/05/13	637	382	FAMOTIDINE 20MG	1	12.00	12.00
01/05/13	637	6078	LACTOBACILLUS GG CAP	1	5.15	5.15
01/06/13	637	382	FAMOTIDINE 20MG	1	12.00	12.00
01/06/13	637	382	FAMOTIDINE 20MG	1	12.00	12.00
01/06/13	637	6078	LACTOBACILLUS GG CAP	1	5.15	5.15
01/07/13	637	382	FAMOTIDINE 20MG	1	12.00	12.00
01/07/13	637	393	FERROUS SULFATE 300MG TAB	1	4.15	4.15
01/07/13	637	65	ASCORBIC ACID 500MG	1	4.10	4.10
01/08/13	637	2	ACETAMINOPHEN 325MG TAB	2	0.80	1.60
01/08/13	637	3649	DOCUSATE SODIUM 100MG	1	4.15	4.15
01/08/13	637	3649	DOCUSATE SODIUM 100MG	1	4.15	4.15
01/08/13	637	382	FAMOTIDINE 20MG	1	12.00	12.00
01/08/13	637	382	FAMOTIDINE 20MG	1	12.00	12.00
01/08/13	637	393	FERROUS SULFATE 300MG TAB	1	4.15	4.15
01/08/13	637	5272	TRAMADOL 50MG TAB	2	8.20	16.40
01/08/13	637	6078	LACTOBACILLUS GG CAP	1	5.15	5.15
01/08/13	637	65	ASCORBIC ACID 500MG	1	4.10	4.10
01/09/13	637	2	ACETAMINOPHEN 325MG TAB	2	0.80	1.60
01/09/13	637	2	ACETAMINOPHEN 325MG TAB	2	0.80	1.60
01/09/13	637	382	FAMOTIDINE 20MG	1	12.00	12.00
01/09/13	637	393	FERROUS SULFATE 300MG TAB	1	4.15	4.15
01/09/13	637	5272	TRAMADOL 50MG TAB	2	8.20	16.40
01/09/13	637	6078	LACTOBACILLUS GG CAP	1	5.15	5.15
01/09/13	637	65	ASCORBIC ACID 500MG	1	4.10	4.10

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St. Joseph Medical Center

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SERVICE DATE	UB92 REV	ITEM NO.	DESCRIPTION	QTY.	ITEM PRICE	TOTAL CHARGES
			TOTAL SELF ADMINISTERED DRUGS			199.25
01/07/13	710	1	RECOVERY PHASE I EA ADDL 15	6	514.38	3,086.28
01/07/13	710	9919	RECOVERY PHASE I 1ST 30 MIN	1	1,028.76	1,028.76
			TOTAL RECOVERY ROOM			4,115.04
01/06/13	730	1922	93005 ECG 12 LEAD STD - R	1	279.00	279.00
			TOTAL EKG/ECG			279.00
01/04/13	940	3112	96376 INJECT/IV PUSH PER DRU	1	219.43	219.43
01/05/13	940	3641	96376 INJ/IV PUSH ADDITIONAL	2	130.00	260.00
			TOTAL OTHER RX SVC			479.43
			TOTAL BILLED CHARGES TO DATE			82,507.36

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