

X-RANM

X-RAY ASSOCIATES OF NEW MEXICO, P.C.

- James L. Lowry, M.D.
- Stuart B. Paster, M.D.
- Michael N. Linver, M.D.
- Roger L. Cronk, D.O.
- Keith G. Winterkorn, M.D.
- Stephen G. Babel, M.D.
- William D. Zimmer, M.D.
- Brian T. O'Connell, M.D.
- Kathryn Miller, M.D.
- Anis G. Williams, M.D.
- Russell K. Parker, M.D.
- Garry M. Brown, M.D.
- Calvin H. Agnew, M.D.
- Bernadette A. Redd, M.D.
- Mark H. Depper, M.D.
- Thomas P. Martin, M.D.

June 25, 2003

Rodey, Dickason, Sloan, Akin & Robb, P.A.
 Attorneys at Law
 PO Box 1888
 Albuquerque, NM 87103

RE: Douglas Copp

Dear Ms. Spuhler,

Pursuant to your request, I am enclosing copies of the billing and medical records on the above named patient.

Please let me know if I can be of further assistance to you.

Respectfully,

Susie Harris
 Medical Records Custodian

X-RANM

8020 Constitution Place NE

Administration Office:

Suite 202

(505) 298-3096

Fax (505) 298-3100

Billing Office:

Suite 201

(505) 298-3039

Fax (505) 298-3107

Imaging Center
 2630 Jefferson Lane NE
 Albuquerque, N.M. 87109

Northwest Imaging Center
 10200 Cimarras Rd. NW, Ste. 301
 Albuquerque, N.M. 87113

El Camino Imaging Center
 8020 Constitution Place NE
 Albuquerque, N.M. 87109

Heights MRI Center
 1112 Hospital 1000 NE
 Albuquerque, N.M. 87106

Medical Center MRI
 601 Dr. Martin Luther King, Jr. Ave. NE
 Albuquerque, N.M. 87102

RDSABR

JUN 25 2003

IN THE MATTER OF THE CLAIM OF DOUGLAS F. COPP
ON THE SEPTEMBER 11TH VICTIM COMPENSATION FUND OF 2001

STATE OF NEW MEXICO)
) ss.
COUNTY OF _____)

CERTIFICATION OF MEDICAL RECORDS

Billy D. Hall, being first duly sworn, deposes and states as follows:

1. I am the Custodian of the Medical Records of X-Ray Associates of New Mexico
2. I am providing this certification in response to a properly executed authorization for release of Douglas F. Copp's medical records.
3. The documents and things attached to this certification, numbering 7 pages, constitute true, correct, and complete photocopies of all medical records maintained by X-Ray Associates of New Mexico concerning Mr. Copp, as of the date of this certification.

FURTHER AFFIANT SAYETH NAUGHT.

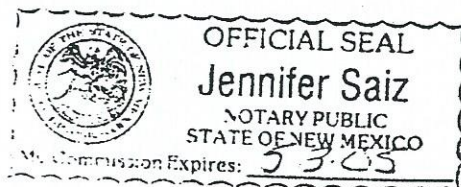
Billy D. Hall
Medical Records Custodian

On June 25, 2003, Billy D. Hall personally appeared before me and, having been first duly sworn, signed the foregoing instrument.

Jennifer Saiz
Notary Public

My commission expires:

5.3.05



PATIENT RECEIPT OF SERVICES RENDERED

DATE: 06/24/03

ASSOCIATES OF NH
PO BOX 52715
PHOENIX AZ 85072
(505) 998-3089
Tax ID: 85-0364164

PAULINA COPP E
PO BOX 534
SANDIA PARK NH 87047

For: DOUGLAS E COPP
Account No.: 1343470

SERVICE DATE	CPT	DESCRIPTION DIAGNOSIS DOCTOR	CHARGE	PAYMENT	BALANCE
01/10/02	71020	CHEST TWO VIEW 786.2 ARVIS WILLIAMS MD	102.00		102.00
02/19/02	213	CR-BCBS ADJUSTMENT **LP** ARVIS WILLIAMS MD		54.22	47.78
08/29/02	201	CR-BAD DEBT ADJUSTMENT **LP** ARVIS WILLIAMS MD		47.78	0.00

PATIENT RECEIPT OF SERVICES RENDERED

DATE: 06/24/03

ASSOCIATES OF NM

PO BOX 52715

PHOENIX AZ 85072

(505) 998-3089

Tax ID: 65-0364164

PAULINA COPP E

PO BOX 534

SANDIA PARK NM 87047

For: DOUGLAS E COPP

Account No.: 1390228

SERVICE DATE	CPT	DESCRIPTION DIAGNOSIS DOCTOR	CHARGE	PAYMENT	BALANCE
06/10/02	71020	CHEST TWO VIEW 786.2 BRIAN T OCONNELL MD	102.00		102.00
06/26/02	113	PMT-BCBS **LP** BRIAN T OCONNELL MD		38.23	63.77
06/26/02	213	CR-BCBS ADJUSTMENT **LP** BRIAN T OCONNELL MD		54.22	9.55
10/31/02	232	CR-SMALL BALANCE ADJUSTME **LP** BRIAN T OCONNELL MD		9.55	0.00

PATIENT RECEIPT OF SERVICES RENDERED

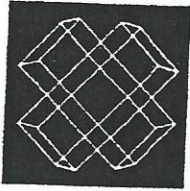
DATE: 06/24/03

ASSOCIATES OF NM
 PO BOX 52715
 PHOENIX AZ 85072
 (505) 998-3089
 Tax ID: 85-0364164

DOUGLAS COPP
 PO BOX 534
 SANDIA PARK NM 87047

For: DOUGLAS COPP
 Account No.: H3375570

SERVICE DATE	CPT	DESCRIPTION DIAGNOSIS DOCTOR	CHARGE	PAYMENT	BALANCE
10/04/02	70486	MAXILLOFACIAL CT W/ CONTR 786.09 THOMAS P MARTIN MD	293.00		293.00
10/04/02	71250	CHEST CT W/ CONTRAST 494.0 THOMAS P MARTIN MD	373.00		666.00
10/28/02	113	PMT-BCBS **LP** THOMAS P MARTIN MD		131.46	534.54
10/28/02	213	CR-BCBS ADJUSTMENT **LP** THOMAS P MARTIN MD		501.69	32.85
3/31/03	201	CR-BAO DEBT ADJUSTMENT **LP** THOMAS P MARTIN MD		32.85	0.00



EL CAMINO IMAGING CENTER
X-RAY ASSOCIATES OF NM, P.C.
8020 CONSTITUTION PLACE NE
ALBUQUERQUE, NM 87110
(505) 998-1317

RADIOLOGY REPORT

Pt. Name: DOUGLAS E COPP

Jacket #: 931761 DOB: 08/03/51

Pt Type: OUT Rm #:

Exam Dt: 01/10/02

Hosp. MR #:

51

Sex: M

Referring Physician:

HENRY A. GARCIA, MD+ 349

4801 MCMAHON

ALBUQUERQUE, NM 87114-

(505) 727-2600

PA AND LATERAL CHEST X-RAY:

INDICATION: Cough and shortness of breath.

FINDINGS: The lungs are normally expanded with no acute infiltrates or pleural effusions. The heart size is normal.

CONCLUSION:

NO SIGNIFICANT ABNORMALITY.

INTERPRETED and ELECTRONICALLY SIGNED BY: ARVIS WILLIAMS, MD

Dictated Date: 01/10/02

Transcribed By: CS 01/10/02

REPORT RELEASED BY: ARVIS WILLIAMS, MD

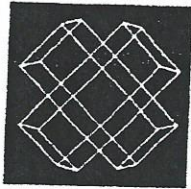
NAME: COPP, DOUGLAS E+

Exam #: 1272512

Exam Dt: 01/10/02

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EL CAMINO IMAGING CENTER
X-RAY ASSOCIATES OF NM, P.C.
8020 CONSTITUTION PLACE NE
ALBUQUERQUE, NM 87110
(505) 998-1317

RADIOLOGY REPORT

Pt. Name: DOUGLAS E COPP

Jacket #: 931761 DOB: 08/03/51

Pt Type: OUT Rm #:

Exam Dt: 06/10/02 Hosp. MR #:

Referring Physician:

51 HENRY A. GARCIA, MD* 349
Sex: M 4801 MCMAHON
ALBUQUERQUE, NM 87114-
(505) 727-2600

CHEST, TWO VIEWS 06/10/02:

INDICATION: Cough. Shortness of breath.

FINDINGS: Two view chest is compared to study of 01/10/02.

No infiltrates are seen. The heart size is within normal limits. No acute bony change is seen.

CONCLUSION:

NO ACUTE DISEASE SEEN.

INTERPRETED and ELECTRONICALLY SIGNED BY: BRIAN T. O'CONNELL, MD

Dictated Date: 06/11/02
Transcribed By: DG 06/11/02
REPORT RELEASED BY: BRIAN T. O'CONNELL, MD

NAME: COPP, DOUGLAS E+

Exam #: 1331529

Exam Dt: 06/10/02

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ALBUQUERQUE REGIONAL MED CTR
601 DR MARTIN LUTHER KING JR
ALBUQUERQUE, NM 87102
(505) 727-8172

RADIOLOGY REPORT

Pt. Name: COPP, DOUGLAS

Jacket #: 10643362 DOB: 08/03/51

Pt Type: 0

Exam Dt: 10/04/02

Rm #:

51

Sex: M

Referring Physician:

BRUCE A MILLER, MD

1101 MEDICAL ARTS AVE NE #4

ALBUQUERQUE, NM 87102

(505) 842-5105

PROCEDURE: CT SINUSES 10/04/02

INDICATION: Dyspnea.

FINDINGS: CT of the sinuses was performed in 3 mm coronal sections. No IV contrast was utilized.

There is mucoperiosteal thickening in the right maxillary sinus along the medial inferior aspect. There is mild mucoperiosteal thickening seen along the right maxillary infundibula. There is evidence of a small left Haller's air cell. There is a very prominent somewhat enlarged inferolateral ethmoid air cell which does appear to be slightly deforming in the infundibulum of the right maxillary sinus. This does not appear to represent a true Haller's air cell. The frontal sinuses appear well aerated. Sphenoid sinuses are likewise well aerated.

CONCLUSION:

MUCOPERIOSTEAL THICKENING INVOLVING THE RIGHT MAXILLARY SINUS SUGGESTING CHRONIC REACTIVE SINUS CHANGES. AGAIN, THE RIGHT MAXILLARY INFUNDIBULUM IS MILDLY DEFORMED BY A FAIRLY PROMINENT AND ENLARGED INFEROLATERAL ETHMOID AIR CELL.

PROCEDURE: HIGH RESOLUTION CT CHEST WITHOUT CONTRAST

INDICATION: Dyspnea.

TECHNIQUE: Eight 1 mm slices were performed with the patient dependent and prone and seven 1 mm slices were obtained with the patient supine.

FINDINGS: On image #3, there is mild dilatation of two bronchi extending up to the periphery involving the medial aspect of the right upper lobe. No other areas of bronchiectasis are identified. In the

lingula, there are minimal increased several densities suggesting very minimal fibrotic changes.

CONCLUSION:

ONLY ONE MINIMAL AREA OF BRONCHIECTASIS WAS IDENTIFIED INVOLVING THE RIGHT LUNG AS DESCRIBED ABOVE. NO OTHER SIGNIFICANT ABNORMALITY IS SEEN.

INTERPRETED and ELECTRONICALLY SIGNED BY: THOMAS P MARTIN MD

REPORT RELEASED BY: WILLIAM D. ZIMMER MD

Dictated Date: 10/04/02

Transcribed By: DG 10/04/02