

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 Bernalillo)

CERTIFICATION OF MEDICAL RECORDS

Roberta Chavez, being first duly sworn, deposes and states as follows:

1. I am the Custodian of the ~~Medical Records~~ ^{Procedure Notes} of Douglas Copp
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 12 pages, constitute true, correct, and complete photocopies of all ~~medical records~~ ^{Procedure Notes} maintained by 2 by Anesthesia Associates ~~10 by Kaseman Hosp~~ concerning Mr. Copp, as of the date of this certification.

FURTHER AFFIANT SAYETH NAUGHT.

Roberta Chavez
Medical Records Custodian

On June 30, 2003, Roberta Chavez personally appeared before me and, having been first duly sworn, signed the foregoing instrument.

Rainie [Signature]
Notary Public

My commission expires:

July 18, 2004

ANESTHESIA ASSOCIATES OF NM
 PO BOX 98 PH#505-260-4343
 ALBUQUERQUE, NM 87103
 (505) 260-4300

Statement Date Page: 01
 06/20/03
 Federal Tax Id:
 850210604

Due From:

DOUGLAS F COPP
 PO BOX 534
 SANDIA PARK, NM 87047

Insurance: 0.00
 Patient : 507.94
 Total Due: 507.94
 PatientId: 808744*1

| Date | Code | Procedure Description | Amount |
|-----------------------------|----------------|--------------------------------------|---------------------------|
| ===== | | | |
| Physician: ERVIN HINDS M.D. | | Site: PRESBYTERIAN KASEMAN HOSPITA | |
| Diagnosis: 719.47 | | ANKLE/FOOT PAIN | |
| 08/01/02 | SPP | SELF PAY PMT | |
| 07/29/02 | 99203 | NEWPT./OUTPT OFFICE LIMITED (30 MIN) | -20.00 |
| | | | 260.00 |
| ----- | | | |
| Visit # 1 | Chgs: 260.00 | Pmts: -20.00 | Adjs: 0.00 Bal: 240.00 |
| Physician: ERVIN HINDS M.D. | | Site: PRESBYTERIAN KASEMAN HOSPITA | |
| Diagnosis: 722.52 | | DEGENERATION OF LUMBAR OR LUMBOSACR | |
| 08/13/02 | 99214 | INTERMEDIATE (25 MIN) | 195.00 |
| 08/21/02 | SPP | SELF PAY PMT | |
| 10/17/02 | BSP | BLUE CROSS PMT | -20.00 |
| 10/17/02 | BSCA | BLUE CROSS CREDIT | -69.77 |
| | | | -105.23 |
| ----- | | | |
| Visit # 2 | Chgs: 195.00 | Pmts: -89.77 | Adjs: -105.23 Bal: 0.00 |
| Physician: ERVIN HINDS M.D. | | Site: PRESBYTERIAN KASEMAN HOSPITA | |
| Diagnosis: 722.52 | | DEGENERATION OF LUMBAR OR LUMBOSACR | |
| 08/28/02 | 99499 | COPYING MEDICAL RECORDS | 10.00 |
| 08/29/02 | NIP | NO INS PMT | -10.00 |
| ----- | | | |
| Visit # 3 | Chgs: 10.00 | Pmts: -10.00 | Adjs: 0.00 Bal: 0.00 |
| Physician: ERVIN HINDS M.D. | | Site: PRESBYTERIAN KASEMAN HOSPITA | |
| Diagnosis: 722.73 | | HNP WITH MYELOPATHY NTERVERTEBRAL D | |
| 09/03/02 | 62311 | EPIDURAL, LUMBAR OR CAUDAL | 520.00 |
| 09/03/02 | 64483 | TRANSFORAMINAL, LUMBAR OR SACRAL | 520.00 |
| 11/19/02 | BSP | BLUE CROSS PMT | -339.20 |
| 11/19/02 | BSCA | BLUE CROSS CREDIT | -404.00 |
| 12/10/02 | BSP | BLUE CROSS PMT | -169.60 |
| 04/23/03 | TRCB | TRCB | -127.20 |
| 04/23/03 | TRCB | TRCB | 127.20 |
| ----- | | | |
| Visit # 4 | Chgs: 1,040.00 | Pmts: -508.80 | Adjs: -404.00 Bal: 127.20 |
| Physician: ERVIN HINDS M.D. | | Site: PRESBYTERIAN KASEMAN HOSPITA | |
| Diagnosis: 722.73 | | HNP WITH MYELOPATHY NTERVERTEBRAL D | |
| 09/10/02 | 99213 | LIMITED | |
| 10/01/02 | SPP | SELF PAY PMT | 130.00 |
| 10/10/02 | BSCA | BLUE CROSS CREDIT | -44.72 |
| 09/25/02 | SPP | SELF PAY PMT | -74.10 |
| 04/23/03 | TRCB | TRCB | -8.82 |
| 04/23/03 | TRCB | TRCB | -2.36 |
| | | | 2.36 |
| ----- | | | |
| Visit # 5 | Chgs: 130.00 | Pmts: -53.54 | Adjs: 74.10 |

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| Date | Code | Procedure Description | Amount |
|-----------------------------|----------------|-------------------------------------|-----------------|
| ===== | | | |
| Physician: ERVIN HINDS M.D. | | Site: PRESBYTERIAN KASEMAN HOSPITA | |
| Diagnosis: 722.73 | | HNP WITH MYELOPATHY NTERVERTEBRAL D | |
| 09/17/02 | 99213 | LIMITED | |
| 10/03/02 | BSP | BLUE CROSS PMT | 130.00 |
| 10/03/02 | BSCA | BLUE CROSS CREDIT | -44.72 |
| 09/25/02 | SPP | SELF PAY PMT | -74.10 |
| | | | -11.18 |
| ----- | | | |
| Visit # 6 | Chgs: 130.00 | Pmts: -55.90 | Adjs: -74.10 |
| | | | Bal: 0.00 |
| Physician: ERVIN HINDS M.D. | | Site: PRESBYTERIAN KASEMAN HOSPITA | |
| Diagnosis: 722.73 | | HNP WITH MYELOPATHY NTERVERTEBRAL D | |
| 10/07/02 | 62311 | EPIDURAL, LUMBAR OR CAUDAL | 520.00 |
| 10/07/02 | 64483- | TRANSFORAMINAL, LUMBAR OR SACRAL | 520.00 |
| 11/06/02 | BSP | BLUE CROSS PMT | -339.20 |
| 11/29/02 | BSP | BLUE CROSS PMT | -169.60 |
| 11/29/02 | BSCA | BLUE CROSS CREDIT | -404.00 |
| 04/23/03 | TRCB | TRCB | -127.20 |
| 04/23/03 | TRCB | TRCB | 127.20 |
| ----- | | | |
| Visit # 7 | Chgs: 1,040.00 | Pmts: -508.80 | Adjs: -404.00 |
| | | | Bal: 127.20 |
| Physician: ERVIN HINDS M.D. | | Site: PRESBYTERIAN KASEMAN HOSPITA | |
| Diagnosis: 722.73 | | HNP WITH MYELOPATHY NTERVERTEBRAL D | |
| 11/11/02 | 99213 | LIMITED | 130.00 |
| 11/29/02 | BSP | BLUE CROSS PMT | -44.72 |
| 11/29/02 | BSCA | BLUE CROSS CREDIT | -74.10 |
| 04/23/03 | TRCB | TRCB | -11.18 |
| 04/23/03 | TRCB | TRCB | 11.18 |
| ----- | | | |
| Visit # 8 | Chgs: 130.00 | Pmts: -44.72 | Adjs: -74.10 |
| | | | Bal: 11.18 |
| ===== | | | |
| Totals >>> | Chgs: 2,935.00 | Pmts: -1,291.53 | Adjs: -1,135.53 |
| | | | Bal: 507.94 |
| ===== | | | |

-- STATEMENT --

RDSA&R

JUL - 1 2003

REC'D JUN 18

RODEY, DICKASON, SLOAN, AKIN & ROBB, P. A.

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LARRY J. MONTARO
JESSICA M. HERNANDEZ

June 17, 2003

Anesthesia Associates of New Mexico
Ervin Hinds, M.D.
Attention: Bobbie
1720 Louisiana Blvd. NE, Suite 401
Albuquerque, NM 87110

Re: Douglas Copp

Dear Bobbie:

As you may recall, Mr. Douglas Copp is pursuing a claim for personal injuries against the September 11th Victims' Compensation Fund.

We need to update Mr. Copp's records and I am therefore enclosing another medical release signed by Douglas Copp that authorizes you to release a complete copy of his **medical and billing records** to this office. Also enclosed is a Certification of Medical Records form which will need to be signed before a Notary Public. Again, you may recall that certification of all records and bills is a requirement of the fund.

If you would be so kind as to call me when the records and bills have been copied, I will send a courier to your office to retrieve the documents. Our couriers are also notaries and will be happy to notarize the Certification form if you do not have a notary in your office. My direct number is (505) 766-7561.

Please note that it is not necessary to re-copy the documents dated July 19, 2002.


808 244-1

RODEY, DICKASON, SLOAN, AKIN & ROBB, P. A.
Anesthesia Associates of New Mexico

Thank you in advance for your assistance in this matter. I will look forward to hearing from you.

Sincerely,

RODEY, DICKASON, LOAN, AKIN & ROBB, P.A.

By: 
Carol Spuhler
Paralegal

Enclosures

cc: Mr. Douglas Copp

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

TO: ALL HEALTH CARE PROVIDERS

In connection with my legal claim for personal injury as a result of the 9/11 terrorist attack on the World Trade Center, this letter will authorize you to release to my attorneys, the Law Offices of James M. Braden, 44 Montgomery Street, Suite 1210, San Francisco, California 94104, Tel. (415) 398-6865, Fax. (415) 788-5605, and Ródey, Dickason, Sloan, Alcin & Robb, P.A., Albuquerque Plaza, 201 Third Street N.W., Suite 2200, Albuquerque, New Mexico 87102, Tel. (505) 765-5900, Fax. (505) 768-7395 and their agents (i.e., paralegals, secretaries), my wife Paulina Copp, and my assistant Yukako Hayashi any and all medical information they may request, including, but not limited to: hospital records, doctor's order sheets, history and physical, admission and discharge summaries, all surgical and consultation reports, progress reports, nurses' notes, admission forms, medical reports, x-ray, laboratory and other testing reports, and any other medical information not specifically mentioned above.

Dated: August 22, 2002.



Douglas F. Copp