

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

SARA LUCERO, being first duly sworn, deposes and states as follows:

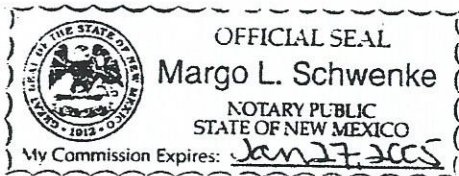
1. I am the Custodian of the Medical Records of Southwest Pulmonary Associates.
2. I am providing this certification in response to a properly executed authorization for release of Douglas F. Copp's medical records.
3. The documents and things attached to this certification, numbering 18 pages, constitute true, correct, and complete photocopies of all medical records maintained by Southwest Pulmonary Associates concerning Mr. Copp, as of the date of this certification.

FURTHER AFFIANT SAYETH NAUGHT.



Medical Records Custodian

On August 12, 2003, Sara Lucero personally appeared before me and, having been first duly sworn, signed the foregoing instrument.



Margo L. Schwenke
Notary Public

My commission expires:

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

ATTORNEYS AT LAW
201 THIRD STREET NW, SUITE 2200
ALBUQUERQUE, NEW MEXICO 87102

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ALBUQUERQUE, NEW MEXICO 87103
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OF COUNSEL
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JOHN J. ROBB
JAMES C. RITCHIE
JO SAATCHI BRAYER
ROBERT C. MCCORRALL

EDWARD J. RODEY (1866-1927)
PEARL C. RODEY (1885-1958)
DON L. DICKASON (1906-1959)
WILLIAM A. SLOAN (1910-1937)

OFFICES IN
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MICHAEL J. BRESNA
MICHELLE MENRIE
DEBORAH S. GALE
AARON C. VIETS
KIMBERLY N. BELL
KURT B. GILBERT
SHENON M. MALONEY
MATTHEW S. WERNACER
LARRY J. MONTANO
JESSICA M. MURHANDLL

July 15, 2003

Southwest Pulmonary Specialists
Attention: Medical Records Custodian and
Billing Department Manager
1101 Medical Arts Avenue NE
Albuquerque, NM 87102

Re: Name: Douglas Copp
DOB: 08/03/1951
SS#: 046-46-1692

Dear Medical Records Custodian and Billing Department Manager:

Thank you for providing copies of the medical records and billing records concerning Mr. Douglas Copp. As explained in our request letter, Mr. Copp is pursuing a claim for personal injuries against the September 11th Victims' Compensation Fund, and must have a certified copy of his complete medical records and medical bills.

Enclosed herewith please find copies of Mr. Copp's records that were furnished by your office. I would appreciate your completing the enclosed Certification form and returning it to my attention as soon as possible.

Time is of the essence in completing Mr. Copp's application so we greatly appreciate your attention and assistance in this matter. As soon as the Certification form is signed, I will be happy to arrange for a courier to pick it up at your office.

Thank you in advance for your prompt response to this request. If you have any questions, please do not hesitate to call me at (505) 766-7561.

RODEY, DICKASON, SLOAN, AKIN & ROBB, P. A.
Southwest Pulmonary Specialists

Sincerely,

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

By: *Carol Spuhler*
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) 782-5604, and Roday, Dickason, Sloan, Akin & 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 Yukiko Hayashi my 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

Southwest Pulmonary Specialists

Specialists in Adult Pulmonary, Critical Care Medicine, and Sleep Disorders.

Dear Rudney & Associates,

Attached are the medical records of Douglas Copp, which are being provided to you in response to the authorization for release of medical records from Dr. Miller, dated 4/24/03.

If these records contain information that is protected by law, they are being released to you in accord with section 24-2B-7 NMA and are subject to the following statement.

- This information has been disclosed to you from records whose confidentiality is protected by law. A State law prohibits you from making further disclosure of such information without specific written consent of the person to whom the information pertains or is otherwise permitted by state law.

Sincerely,

Eleanor
Medical Records

confirms release
9/02

RDSA&R

JUN 25 2003

Ronald W. Bronitsky, M.D., FCCP
W. Gerald Brown, M.D., FCCP
Ann L. DeHart, M.D., FCCP

Bruce A. Miller, M.D., FCCP
Matthew R. Monroya, M.D., FCCP
Thomas E. Parzyck, M.D., FCCP

Donald K. Porter, M.D., FCCP
Richard M. Seligman, M.D., FCCP
Archie J. Sanchez, M.D., FCCP

TOPP, DOUGLAS

PROGRESS NOTES*Southwest Pulmonary Specialists*

1101 Medical Arts Ave. NE, Bldg 4 • Albuquerque, New Mexico 87102 • (505) 842-5105 • FAX (505) 766-6938

10/09/02

DOB: 08/03/51

CC: Follow-up visit.

HPI: A 51-year-old gentleman who was in rescue operations September 11 at the World Trade Center. The patient was exposed to toxins. After he was crawling in the underspaces, he became short of breathing, coughing, and has not felt well since then. The patient had a CAT scan performed and this basically showed no significant abnormality except for one minimal area of possible bronchiectasis. The CAT scan of the sinuses just showed mucoperiosteal thickening of the right maxillary sinus and no acute sinusitis. He is seeing a Dr. Smith in San Francisco who is evidently very well versed in toxic exposures and uses antioxidants. He is using other herbs from this company for him to sponsor them if he does well. At any rate, he is using about 105 different herbs for the past three days. His medications at this time consist of prednisone 5 mg a day and we will have him take it for another two weeks and then stop it; Advair 500/50 one puff twice a day, Synthroid 0.25 mg a day, Tiazac 180 mg for his hypertension. He was placed on Azmacort by Dr. Smith, but as he is on Advair, the 500 mcg size, we will stop the Azmacort and he can continue with the Intal at two puffs q.i.d. plus his herbs.

He overall is feeling much better. He is less short of breath and able to do more and less chest pain. Also, he has received a second injection for his lower back pain and this seems to have worked.

PMH:

Current Medications: As mentioned.

PHYSICAL EXAMINATION:

Vital Signs: Temperature 96.9, pulse 88, respiration 20, blood pressure 172/100, weight 247, sat 95% on room air.

Lungs: No inspiratory crackles, wheezes nor rhonchi.

Heart: Regular rhythm. No murmur.

Extremities: Ankles: No edema.

DIAGNOSTICS:

Spirometry: Pulmonary function studies performed yesterday show on spirometry a minimal restrictive defect; however, the TLC is normal at 5.85 liters, 87% of normal, and diffusion is borderline abnormal and correct for the alveolar volume.

ASSESSMENT: Hypertension.

PLAN: We will have him increase his Tiazac to 280 mg as he has 180 plus 100 mg tablets. We will have him wean off the prednisone over the next two weeks and continue with the Advair, Intal and albuterol p.r.n.

The patient appears to be doing well. I would like to see him in four to eight weeks for reevaluation. He is to call if there are any problems.

Bruce A. Miller, M.D.
dictated but not read unless signed
BAM:gs

cc: Dr. Henry Garcia

DATE	11/12/02
REASON	
RECALLATION	<input checked="" type="checkbox"/>

COPP, DOUG

PROGRESS NOTES*Southwest Pulmonary Specialists*

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9/19/02 continued

the rescue chief for the American rescue team in Nashville for 17 years, an organization that I believe he started. He is a fire captain in the Peru fire department and was a police officer in Canada, a demolitions specialist.

The patient has from one to three drinks of either bourbon or wine a day. Smoked for five years, half a pack from the age of 37 to 42.

ROS:

General: Since the patient has been on prednisone, he has gained about 40 pounds. Appetite is good.

HEENT: The patient does not wear glasses. He has had some blurriness of his vision, and fullness/discomfort in the right ear and feels as if it is blocked. Has had sinus surgery in the past.

No history of seizures, strokes, blackout spells. At this time has intermittent headaches and feels unsteady when he is walking.

Cardiovascular: History of hypertension. Does have pain in his chest; either it is a fullness and a mild pain or it can be as if someone is grabbing his chest. It is midline and bilateral anteriorly with a fullness of the chest. The patient did not have symptoms like this prior to the World Trade Center.

Pulmonary: See present illness. Basically has acute episodes of shortness of breath with any type of irritant or smoke and even heat will bother him. Has an air conditioner in the house now and evaporative coolers and fans, and just has to have the sensation of air moving and it being cold. Warm to hot air will cause him to have difficulty with his breathing. He is not coughing up any black or colored secretions. He develops a tightness of the chest and has difficulty moving air in and out.

GI: Since December since he has been on prednisone, he has noticed heartburn occurring almost everyday at this point, where it was about every other

day. He has not taken anything for this. No history of hemoptysis, hematemesis, melena, or bloody stools.

GU: No hematuria. No history of renal stones. Notices that he is urinating more, but also drinking more fluids. Does not have to urinate at night.

Extremities: Has the spine problem in which one of the lumbar spine is fragmented and he has been told that he needs surgery.

PHYSICAL EXAMINATION:

Vital Signs: Temperature 96, pulse 90, respiration 20, blood pressure 136/64, weight 247, sat 95% on room air.

General: A well-developed, well-nourished, overweight, 51-year-old gentleman.

HEENT: Eyes: Pupils equal, round and regular, react to light. EOM intact. Sclerae are white. Ears: Canals clear. Normal tympanic membranes. Nose: No congestion or erythema. Mouth: Teeth in good repair. Throat nonerythematous.

Neck: Carotids 2+ and equal.

Lungs: Normal resonance and normal breath sounds. There were no inspiratory crackles, wheezes nor rhonchi.

Heart: Regular rhythm. No murmur, rub nor gallop.

Abdomen: No hepatosplenomegaly, masses, or tenderness.

Extremities: No clubbing, cyanosis or edema.

DIAGNOSTICS:

Spirometry: Studies show an FVC of 2.78, FEV1 2.17, and FEV1 percent 78. Impression: This shows a moderate restrictive and mild obstructive ventilatory defect.

PLAN: I would like to reduce the prednisone. He is on 15 now and he has been on it for a week. We will have him take 10 mg for a week and then 5 mg for a week and stop the prednisone as he is gaining weight and becoming cushingoid. I have increased the Advair from the 250 to 500 mcg to take the Advair one

COPP, DOUG

PROGRESS NOTES

Southwest Pulmonary Specialists

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9/19/02 continued

puff twice a day. We will obtain a high resolution CAT scan of the chest, CAT scan of the sinuses, and complete pulmonary function studies. As he is leaving for San Francisco, we will obtain this in early October when he gets back.

ASSESSMENT: 1. Irritable airway secondary to toxic exposure from the World Trade Center.

- 2. GERD
- 3. Hypertension
- 4. Hypothyroid
- 5. Penicillin allergy.

Bruce A. Miller, M.D. =
dictated but not read unless signed
BAM:gs

cc: Dr. Henry Garcia

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

RADIOLOGY REPORT

Pt. Name: COPP, DOUGLAS

Referring Physician:

Jacket # 10643362 DOB: 08/03/51

51

BRUCE A MILLER, MD

Pt Type: C

Rm #:

Sex: M

1101 MEDICAL ARMS AVE SU #4

Exam Dt: 10/04/02

ALBUQUERQUE, NM 87102

(505) 642-5105

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 4 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. ZIDGEN MD
Dictated Date: 10/04/02
Transcribed By: DG 10/5/02

COPP, DOUG

PROGRESS NOTES*Southwest Pulmonary Specialists*

1101 Medical Arts Ave. NE Bldg 4 • Albuquerque, New Mexico 87102 • (505) 842-5105 • FAX (505) 766-6938

09/19/02

DOB: 08/03/51

CC:

HPI: A 51-year-old gentleman who is involved with international rescues. He has set up a not-for-profit organization that flies throughout the world when there is a catastrophe.

The patient was flown into the World Trade Center the day after the collapse. He was crawling under about the fourth level underground. His face was dirty, and as he said, his partner that he was with felt that he looked like Al Jolson.

He did fall once almost falling three feet into a hole, but was able to grab hold of something and swung in and hit against a concrete beam.

At the level they were working, there were no fires, but rather smoldering. He was coughing right after crawling there for the next two days. He did notice increasing shortness of breath and noticed a change in his voice. He then left, came back to Albuquerque and was here for seven days, and then returned, but did not crawl back into the World Trade Center per se, but was showing them how to use some of his rescue equipment which was used outside. He did not feel any worse nor any better outside. On September 30, he developed an episode of acute shortness of breath and difficulty in breathing.

Prior to the World Trade Center, the patient was active. He was actually hiking the Inca trail in Peru and was able to respond to international problems where there was a fire, collapsed building, etc. and never had shortness of breath or any respiratory problem.

The patient smoked for about five years, but stopped

about 15 years ago.

This past May, he went to Mexico City and because of the pollution had a sensation of burning in his chest. After Mexico City, he tried to perform spirometry studies, but just could not do it; it was just too difficult to take a breath in and blow it out.

He has been placed on Singulair, but found that this was not helpful and caused a headache, earache and even affected his vision to be blurry. Most of his symptoms started since December 2001 and have been progressive.

PMH:

Surgeries: 1. Sinus cauterization. 2. Had an injection into the spine secondary to pain.

Medical Illnesses: 1. Increasing episodes of shortness of breath. 2. CAT scan has shown a fragmented lower vertebra. 3. Hypertension. 4. Hypothyroid. All diagnosed around December 2001.

TB History: Has had a TB skin test and it is negative.

Current Medications: Prednisone 15 mg a day, Advair 250 one puff twice a day, albuterol p.r.n. depending on the conditions, Synthroid 0.025 mg a day, Tiazac 180 mg a day; stopped the Singulair; oxycodone as needed for his lower back pain.

Medication Allergies: PENICILLIN and SODIUM BENZOATE preservative.


FAMILY HISTORY: Mother is living and well. Father died of cancer of the sinus when the patient was only 2 years of age. Has one brother living and well. Has one daughter who is 27 and she is living and well. His wife is a nonsmoker.

SOCIAL HISTORY: The patient is from Canada, completed college, and is presently married for ten years. Occupation: The patient has traveled to as many as 19 countries a year secondary to different catastrophes. He does have a dog at home. He was

RADIOLOGY REPORT**PATIENT'S NAME: COPP, DOUG****DATE: 09/19/02****COMMENTS: PA & Lateral chest x-ray**

REPORT: Chest x-ray of September 19, 2002 shows minimal blunting of the left costophrenic angle. There is no pleural thickening. Apices are clear. Hilum appears normal. This is not a full inspiratory effort. Heart size is within normal limits. There are no acute infiltrates.

IMPRESSION: A chest x-ray that is not a full inspiratory effort and showing decrease in lung volume. No acute infiltrates.



Bruce A. Miller, M.D.

BAM:gs

SOUTHWEST PULMONARY SPECIALISTS

1101 Medical Arts Ave NE

Building 4

Albuquerque, NM 87102

(505) 842-5105

Southwest Pulmonary Specialists
 1101 Medical Arts Ave. #4
 Albuquerque New Mexico 87102

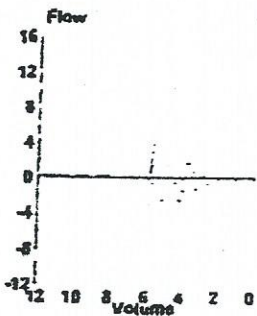
1-000-100-1399

1-047 P. 14/19 F-641

16459
 Name: Copp, Douglas
 Physician: Miller, B.A. M.D.
 Technician: Jamie Roberts, LPN
 Date: 10/08/02

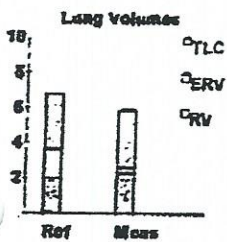
Age: 51 Gender: Male Height(in): 69 Weight(lb): 247 Race: Caucasian PBar 629

PULMONARY FUNCTION ANALYSIS



SPIROMETRY

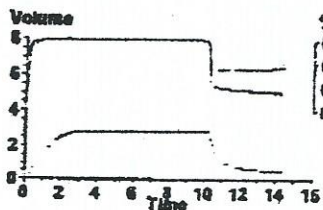
		Pre Meas	Ref	Pre % Ref	Post Meas	Post % Chg
FVC	Liters	3.37	4.76	71		
FEV1	Liters	2.66	3.81	70		
FEV1/FVC	%	79	80			
FEF25-75%	L/sec	2.40	3.77	64		
PEF	L/sec	6.72				
FET100%	Sec	9.33				
FVC	Liters	3.26	4.76	68		
FIF50%	L/sec	2.61				
PIF	L/sec	2.86				



LUNG VOLUMES: Plethysmograph

		Pre Meas	Ref	Pre % Ref
VC	Liters	3.60	4.76	76
TLC	Liters	5.85	6.74	87
RV	Liters	2.25	2.00	113
RV/TLC %	%	38	30	
ERV	Liters	0.32	1.57	21
IC	Liters	3.43	3.14	109
Vtg	Liters	3.08		

DIFFUSION



		Pre Meas	Ref	Pre % Ref
DLCO		28.0	35.3	79
DL Adj		25.6	35.3	72
DLCO/VA		5.36	5.35	100
VA		5.22		
IVC		2.96		

COMMENTS

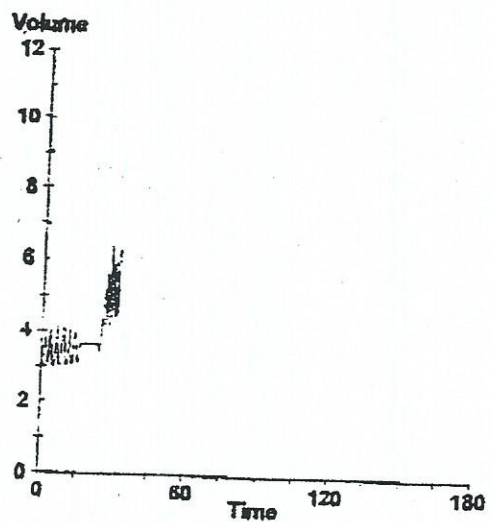
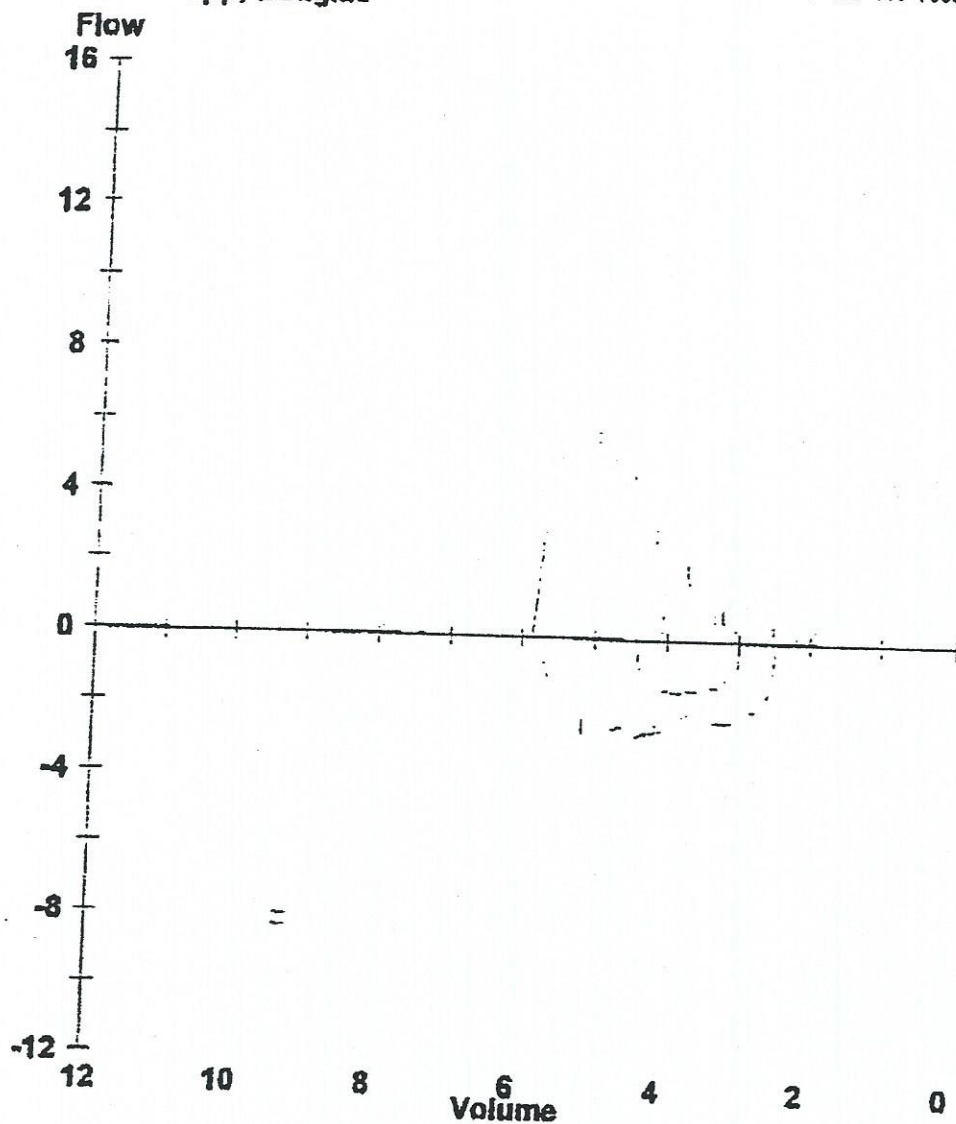
Spirometry data is ACCEPTABLE and REPRODUCIBLE. Patient effort and cooperation were good.

INTERPRETATION

The flow-volume loop suggests restriction. Spirometry indicates a restrictive defect of mild degree. Lung volumes are normal and do not show air-trapping. Diffusing capacity is mildly reduced and is reduced in proportion to alveolar volume.

BAM/jkr

PF Reference: Crapo/Hsu



SOUTHWEST PULMONARY SPECIALISTS
1101 Medical Arts Ave. #4
Albuquerque, New Mexico 87102

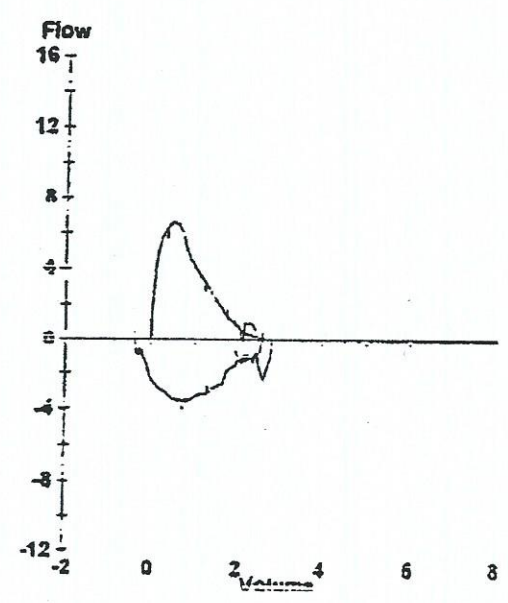
ID: 16459
Name: Copp, Doug
Physician: Bruce A Miller MD
Technician: Bishop, Candy CMA
Date: 09/19/02

Age: 51 Gender: Male Height(in): 69 Weight(lb): 247 Race: Caucasian P8er: 691

PULMONARY FUNCTION ANALYSIS

SPIROMETRY

		Pre Meas	Ref	Pre % Ref	Post Meas	Post % Chg
FVC	Liters	2.78	4.76	58		
FEV1	Liters	2.17	3.81	57		
FEV1/FVC	%	78	80			
FEF25-75%	L/sec	1.55	3.77	52		
PEF	L/sec	6.59				
FET100%	Sec	9.22				
FVC	Liters	3.14	4.76	66		
FIF50%	L/sec	3.02				
FIF	L/sec	3.51				



COMMENTS
Spirometry data is ACCEPTABLE and REPRODUCIBLE.

Crapo/Hsu

SOUTHWEST PULMONARY SPECIALISTS

MEDICATION LOG

DATE: 9/19/02 10.8.02 10.9.02

*MEDICATION/STRENGTH	SIG	SIG	SIG	SIG	SIG	SIG	SIG	SIG
5mg 20mg Prednisone	TID 5 QD	5mg QD	qd					
Advair 500/50	1x2	i BID	1x2					
Albuterol	prn	ii PRN	2prn					
0.25mg Levothyroid	QD	QD	qd					
Tiazac 180mg	QD	QD	qd					
Singulair 10mg	/	/						
Oxycodone	prn	PRN	prn					
Azmacort		ii BID	2x2					
Tilade 10ml		ii QID	2x4					
Xopenex Neb		PRN	prn					
105 inhalers			QD					
INITIALS	MR	re	Ch					

*PLEASE DOCUMENT PATIENTS REPORT OF MEDICATION REGIME AT EACH OFFICE VISIT
 *HIGHLIGHT IN YELLOW MEDICATIONS THAT HAVE BEEN DISCONTINUED BY A PHYSICIAN

NAME: Copp, Doug

Allergic:
PEN

SOUTHWEST PULMONARY SPECIALISTS

DATE:	TEMP	HR	RR	BP	WT	Initial	SpO ₂
9-19-02	96'	90	20	R/L 130/104	247	UR	95% RA
10-9-02	96.9	88	20	R/L 172/100	247	UR	95% RA
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Hr.	109					
Date	11/19/02					

NAME: Capp, Doug

DOB: 08/03/51

Friday, June 20, 2003

Amount Due	Amount Paid
\$40.00	\$40.00

Douglas Copp
 PO Box 534
 Sandia Park, NM 87047

Employer ID 850427459
 Provider ID NM001898

Date	Description	Check #	Fee	Units	Insurance	Patient
Douglas Copp(16459)/Bruce A Miller MD/071504						
	Asthma, intrinsic with status (493.11)					
	Abnormal PFT or lung scan (794.2)					
09/19/2002	Chest Xray (71020)					
09/19/2002	Respiratory flow volume loop (94375)		\$124.00	1.0	\$124.00	\$0.00
09/19/2002	Office consultation (99244.25)		\$122.00	1.0	\$122.00	\$0.00
09/19/2002	Payment from Douglas Copp		\$312.00	1.0	\$292.00	\$20.00
10/08/2002	Contractual Adjustment from Blue Cross & Blue Shield				\$0.00	(\$20.00)
10/08/2002	Payment from Blue Cross & Blue Shield				(\$236.10)	\$0.00
10/08/2002	Transfer from Insurance				(\$257.53)	\$0.00
10/15/2002	Trans. \$ to open balance Payment from Douglas Copp				(\$44.37)	\$44.37
10/28/2002	Trans. \$ to open balance Payment from Douglas Copp				\$0.00	(\$5.90)
01/08/2003	Bad Debt Adjustment from Douglas Copp				\$0.00	(\$14.10)
					\$0.00	(\$24.37)
	Balance:				\$0.00	\$0.00
Douglas Copp(16459)/Bruce A Miller MD/072867						
	Respiratory abnormality, unspecified (786.00)					
	Thoracic gas volume (94260)					
10/08/2002	Respiratory flow volume loop (94375)		\$102.00	1.0	\$95.34	\$6.66
10/08/2002	Carbon monoxide diffusing capacity (94720)		\$122.00	1.0	\$112.82	\$9.18
10/28/2002	Contractual Adjustment from Blue Cross & Blue Shield		\$165.00	1.0	\$147.94	\$17.06
10/28/2002	Payment from Blue Cross & Blue Shield				(\$232.69)	\$0.00
10/28/2002	Transfer from Insurance				(\$125.06)	\$0.00
01/08/2003	Bad Debt Adjustment from Douglas Copp				\$1.65	(\$1.65)
					\$0.00	(\$31.25)
	Balance:				\$0.00	\$0.00
Douglas Copp(16459)/Bruce A Miller MD/073219						
	Toxic effect of unspecified gas, fume, or vapor (987.9)					
	Office outpatient visit, established (99213)					
10/09/2002	Office outpatient visit, established (99213)					
10/09/2002	Payment from Douglas Copp		\$90.00	1.0	\$75.90	\$14.10
10/15/2002	Trans. \$ to open balance Payment from Douglas Copp				\$0.00	(\$20.00)
10/28/2002	Contractual Adjustment from Blue Cross & Blue Shield				\$0.00	\$5.90
10/28/2002	Payment from Blue Cross & Blue Shield				(\$15.90)	\$0.00
10/28/2002	Transfer from Insurance				(\$74.10)	\$0.00
10/28/2002	Trans. \$ to open balance Payment from Douglas Copp				\$14.10	(\$14.10)
					\$0.00	\$14.10
	Balance:				\$0.00	\$0.00

THANK YOU FOR PAYING PROMPTLY. WE APPRECIATE YOUR EFFORTS.

Total Balance	Ins. Balance	Pat. Balance
\$0.00	\$0.00	\$0.00

Southwest Pulmonary Specialists * 1101 Medical Arts Ave NE Building #4 * Albuquerque, NM 87102 * (505) 842-5105