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COMPLAINT

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Plaintiffs the United States of America ("United States") and the State of California, by and through Relator ATUL JAIN, M.D. ("Relator" or "Dr. Jain"), allege as follows.

I. INTRODUCTION

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falsified records.

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COMPLAINT

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1. Relator brings this action on behalf of the United States and the State of California to recover losses sustained by the Medicare and Medi-Cal programs, along with losses sustained by private insurance companies, as a result of Defendants' fraudulent billing practices.

companies by falsifying records in order to bill for ophthalmology treatment performed by at least

services rendered by non-credentialed physicians. Therefore, Medicare would not have paid these

practice performed these services. When notified of the potential error, Defendants made internal

changes to their records, but never corrected the claims submitted to the government and private

insurers. Furthermore, Defendants never returned the ill-gotten money they had received from the

Claims Act, the California False Claims Act, and Cal. Ins. Code section 1871(A)(1). This is a qui

operations, has obtained non-public, direct evidence supporting the allegations in this Complaint.

Among other evidence, Relator has obtained and/or compiled based on first-hand information

records of medical billing, scheduling, financial records, and other evidence that show the

submission of fraudulent medical billing that underlie the scheme at issue.

tam action to recover treble damages, civil penalties, attorneys' fees, and costs for Relator on

one non-credentialed physician. Medicare rules prohibit healthcare centers from billing for

claims if they had been submitted using the real identity of the non-credentialed physician.

Defendants have perpetrated a fraud on the taxpayers and private insurance

To get around this rule, Defendants falsely claimed that other physicians in their

Defendants' practices resulted in thousands of violations of the Federal False

The Relator, through deep investigation and inside knowledge of Defendants'

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II. JURISDICTION AND VENUE

behalf of both the United States and the State for California.

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This Court has jurisdiction over the False Claims Act ("FCA") causes of action 6. raised in this complaint under 28 U.S.C. § 1331, as they arise under Federal law. This Court also

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has jurisdiction over the FCA claims pursuant to 31 U.S.C. § 3732, which confers jurisdiction for claims brought under the FCA on the District Courts of the United States.

- 7. Additionally, this Court has supplemental jurisdiction over the other claims in this action pursuant to 31 U.S. Code § 3732(b), as they arise from the same transaction or occurrence as the federal claims. The Court also has supplemental jurisdiction pursuant to 28 U.S.C. § 1367, as they are so related to the FCA claims in the action that they form part of the same case or controversy.
- 8. Venue is proper pursuant to 31 U.S.C. § 3732(a), as Defendants transact business in this district, and the fraudulent conduct was committed here.

III. PARTIES

A. Relator

- 9. Plaintiff in this action is the United States of America and the State of California, by and through Relator Dr. Jain.
 - 10. Relator Dr. Jain is a resident of San Diego, California.
- 11. Dr. Jain has direct and independent knowledge of the information on which these allegations are based. From February 2013 until June 30, 2018, he has worked as both a physician and a partner at San Diego Retina Associates. As a partner in the practice, Dr. Jain has access to financial information, provider records, scheduling software, and other documentation of the Defendants' ongoing scheme.
- 12. The facts alleged in this Complaint are based entirely upon Relator's personal observation and investigation, as well as documents in his possession.

B. Defendants

- 13. Defendant Dr. Mark D. Smith, M.D. is a resident of San Diego, California. He is an ophthalmologist who has been in private practice since 1989. Until June 30, 2018, he was a partner at San Diego Retina Associates.
- 14. Defendant Dr. Fane L. Robinson, M.D. is a resident of San Diego, California. He is an ophthalmologist who has been in private practice since 1989 Until June 30, 2018, he was a partner at San Diego Retina Associates.

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- 15. Defendant Dr. L. Milad Haak, M.D. is a resident of San Diego, California. He is an ophthalmologist who has practiced at San Diego Retina Associates from 2017 to present.
- 16. Defendant Dr. Henry L. Hudson, M.D. is a resident of San Diego, California. He is an ophthalmologist who practiced at San Diego Retina Associates from 2014—2017.

IV. OVERVIEW OF THE SCHEME

Statutory Background A.

Federal False Claims Act 1.

- 17. The Federal False Claims Act ("FCA"), as amended by the Fraud Enforcement and Recovery Act of 2009 ("FERA"), Pub. L. 111-21, section 4(f), 123 Stat. 1617, 1625 (2009), provides in pertinent part that a person is liable to the United States government for three times the amount of damages the government sustains because of the act of that person, plus a civil penalty. for each instance in which the person "knowingly presents, or causes to be presented, a false or fraudulent claim for payment or approval." 31 U.S.C. § 3729(1)(1)(A) (2009).
- 18. The FCA defines the term "claim" to mean "any request or demand, whether under a contract or otherwise, for money or property and whether or not the United States has title to the money or property, that (i) is presented to an officer, employee, or agent of the United States; or (ii) is made to a contractor, grantee, or other recipient, if the money or property is to be drawn down or used on the Government's behalf or to advance a Government program or interest, and if the United States Government (i) provides or has provided any portion of the money or property requested or demanded; or (ii) will reimburse such contractor, grantee, or other recipient for any portion of the money or property which is requested or demanded." 31 U.S.C. § 3729(b)(2)(A) (2009).
- 19. As amended by FERA, the FCA also makes a person liable to the United States government for three times the amount of damages which the government sustains because of the act of that person, plus a civil penalty, for each instance in which the person "knowingly makes, uses, or causes to be made or used, a false record or statement material to a false or fraudulent claim." 31 U.S.C. § 3729(a)(1)(B) (2009).

- 20. The FCA defines the terms "knowing" and "knowingly" to mean that a person, with respect to information: (1) "has actual knowledge of the information"; (2) "acts in deliberate ignorance of the truth or falsity of the information"; or (3) "acts in reckless disregard of the truth or falsity of the information." 31 U.S.C. § 3729(b)(1)(A) (2009). The FCA further provides that "no proof of specific intent to defraud" is required. 31 U.S.C. § 3729(b) (2006); 31 U.S.C. § 3729(b)(1)(B) (2009).
- 21. On behalf of the United States of America, Relator alleges that, from at least 2017 to early 2018, and likely at other times previously, Defendants violated the FCA by "knowingly" submitting and/or causing the submission of false claims for payment to Medicare. In addition, Relator alleges, during this same time period, that Defendants knowingly concealed and/or knowingly and improperly avoided an obligation to pay or transmit money to the U.S. government by obtaining reimbursement related to their submissions of false claims for payment to Medicare.

2. The California False Claims Act

- 22. The California False Claims Act provides in pertinent part that a person is liable to the State of California for three times the amount of damages the government sustains because of the act of that person, plus a civil penalty, for each instance in which the person "knowingly presents, or causes to be presented, a false or fraudulent claim for payment or approval." Cal. Gov. Code § 12651(a)(1).
- 23. The California False Claims Act defines the term "claim" to mean "any request or demand, whether under a contract or otherwise, for money, property, or services, and whether or not the state or a political subdivision has title to the money, property, or services that meets either of the following conditions: (A) is presented to an officer, employee, or agent of the state or of a political subdivision; (B) is made to a contractor, grantee, or other recipient, if the money, property, or service is to be spent or used on a state or any political subdivision's behalf or to advance a state or political subdivision's program or interest, and if the state or political subdivision meets either of the following conditions (i) provides or has provided any portion of the money, property, or service requested or demanded; or (ii) reimburses the contractor, grantee, or

other recipient for any portion of the money, property, or service which is requested or demanded." Cal. Gov. Code § 12651(b)(1).

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3. California Insurance Frauds Prevention Act

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The California Insurance Frauds Prevention Act ("CIFPA") provides that any person or entity who knowingly submits, or causes the submission of, a false or fraudulent claim to a private insurer in California for payment or approval is liable for a civil penalty of up to \$10,000 for each such claim, plus three times the amount of the damages sustained by the insurer. Cal. Ins.

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Code § 1871.7(b). The Court may also grant equitable relief to protect the public.

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25. The CIFPA empowers and encourages any interested person to bring a civil action under Ins. Code § 1871.7 against those who submit, or cause to be submitted, false or fraudulent

claims against insurers.

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26. A complaint brought pursuant to § 1871.7 is required to be filed in camera and

under seal for sixty (60) days to allow the government to conduct its own investigation without the

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knowledge of defendants, and to determine whether to join in the suit. Further, a copy of the

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complaint and written disclosure of substantially all material evidence shall be served on the

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District Attorney of the county in which the matter is filed and Insurance Commissioner of the

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State of California. Relator has compiled with these requirements. Simultaneously with the filing

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of the Complaint in this action, Relator provided written disclosure of substantially all material

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evidence regarding the allegations contained in the Complaint to the San Diego District Attorney's

Relator is an original source for all of the information contained in this Complaint

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Office and to the office of the Insurance Commissioner of the State of California. Relator also

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offered complete cooperation in any potential investigation initiated by the above-referenced

as defined by California Insurance Code section 1871.7. Relator has direct and independent

knowledge of the information on which the allegations contained herein are based, and has

voluntarily provided this information to the District Attorney and Commissioner before filing the

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government entities. 27.

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present action.

28. Based on the foregoing laws, Relator seeks, though this action, to recover damages and civil penalties arising from the false or fraudulent records, statements and/or claims that Defendants knowingly made or caused to be made in connection with their fraudulent scheme.

B. Defendants' Fraudulent Scheme

- 29. From at least August 2017 to February 2018, Defendants SMITH, ROBINSON, and HAAK perpetrated a fraud on taxpayers and insurance companies by falsifying medical records on their MDIntelleSys electronic medical records ("EMR") system in order to bill for treatment performed by a non-credentialed physician.
- 30. During this period, Defendant HAAK, an employee of Defendant partners ROBINSON and SMITH, was not credentialed to bill his services to providers such as Medicare, Medi-Cal, and various private insurance companies.
- 31. This lack of credentials did not stop Defendants SMITH and ROBINSON from submitting bills to insurers for HAAK's treatment of hundreds of different patients, potentially totaling over 4,000 encounters and upwards of \$3.0 million in potentially fraudulent billing.
- 32. In order to collect money for HAAK's services, Defendant partners ROBINSON and SMITH falsified, or ordered to be falsified, records in their office's EMR system.
- 33. In each case of fraudulent billing, patients were scheduled with HAAK for an appointment. Following their appointments with HAAK, the field for "encounter provider" was changed to indicate that the patient instead was examined and treated by a credentialed physician, such as SMITH, ROBINSON, or (without his knowledge) the Relator. The encounters were then billed under the provider number of the credentialed physician—who did not examine, evaluate, or treat the patient—instead of the non-credentialed HAAK, who provided all services.
- 34. Defendants SMITH, ROBINSON, and their employees, in particular Jessica Suraya Nunez, have been aware of the aforementioned false billing practices and knowingly permitted such wrongful actions to continue since at least 2014.
- 35. On December 28, 2017, Relator notified SMITH and ROBINSON that his electronic signature had been signed to the records of a patient who had been seen by HAAK.

Relator notified Defendants SMITH and ROBINSON that the medical records were incorrect and that a non-credentialed physician could have had bills from his patient visits submitted to insurers.

- 36. As an example, attached hereto as Exhibit 1 are records from September 1, 2017 for encounters by two patients that occurred while Relator was on vacation. Nevertheless, Relator's signature was placed on the records by Defendants or, at the instruction of Defendants, the office staff. HAAK had actually been the treating physician for these patients' visit.
- 37. Another example, attached hereto as Exhibit 2, shows how the scheduling and billing software was altered by office staff to change the record of a patient's visit with HAAK. The record of this September 26, 2017 encounter originally showed an appointment scheduled with HAAK. However, the records were altered afterwards to falsely show SMITH as the treating physician. As a non-credentialed physician, HAAK would not have been able to charge insurers for this encounter.
- 38. An audit conducted by Relator in early 2018 showed that an average payment for each encounter at Defendants' office led to fraudulent reimbursements of approximately \$700-800. This average payment was consistent for all insurance types, both public and private.
- 39. On January 2, 2018, ROBINSON responded to Relator's concerns by purporting to amend each of the 4,400 EMR charts where HAAK had seen a patient and another physician's name and signature had been assigned to the visit. Despite the fact that HAAK's bills had already been submitted and the money paid by insurers was not returned, ROBINSON's changes resulted in an amendment saying, "On this date of service, Dr. Haak was the examining and treating physician. The chart was then reviewed and signed by Dr. _____." However, this amendment is not contained within the actual medical record, is not date/time stamped, and is not validated by a physician's signature. It is only a footnote for internal review/audit purposes. See Exhibit 3. Moreover, Defendants took no steps to notify payers of the fraud, or return any fraudulently received reimbursement.
- 40. ROBINSON also claimed that HAAK was appropriately billed "as locum tenens." However, the arrangement between Defendants and HAAK did not fit the requirements of a locum tenens arrangement, as described in The Centers for Medicare & Medicaid Services' Medicare

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Claims Processing Manual. While it is common practice for physicians to retain a substitute physician to take over the practice when the original physician is absent, the substitute physician, who bills for his or her services under a locum tenens arrangement, is generally paid by the original physician on a fee-for-time compensation basis. This is generally an independent contractor arrangement, and not used for non-credentialed employee physicians.

- 41. On January 5, 2018, Relator responded to ROBINSON's emails by pointing out that the charts assigned Relator's name were "signed" by him without his knowledge, review, or consent, a fraudulent practice that could not be remedied by the addition of a statement saying that the chart was "reviewed and signed" by a credentialed physician. Relator also asked what "locum tenens" guidelines were being used by Defendants and staff to justify these false billing practices, but ROBINSON never provided them. See Exhibit 4.
- 42. While Relator became aware of this fraudulent scheme from late 2017 to early 2018, he also has evidence that Defendants ROBINSON and SMITH had perpetrated a similar scheme at an earlier date. Based on a July 9, 2014 email, Defendants appear to have previously billed for work performed by another non-credentialed physician, Defendant HUDSON. Exhibit 5 shows the practice administrator, Jessica Suraya Nunez, discussing how to bill the non-credentialed Defendant for work performed by him "under locum tenens."
- 43. The examples of fraudulent billing uncovered by Relator are only a few examples of the widespread fraud perpetrated by Defendants. As ROBINSON noted in his January 2, 2018 email, the number of falsified records likely encompassed at least 4,400 EMR charts. See Exhibit 3.
- 44. The chart attached as Exhibit 6 lists more than 700 examples of patient encounters that were fraudulently recorded and billed using the schemes described in this complaint. Column A shows the date/time of actual patient visit. Columns B and C show patient name. Column D, "EncounterDr," shows the name of the physician that appears on the chart note as having seen the patient. Column E, "AppointmentDr," shows the physician with whom the appointment was scheduled. Column F shows the health insurance of the patient. Column G, "DoctorChangeBy," indicates the person who changed the name under "EncounterDr" (Column D) to what is shown

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1	from the default which should be the same as the name under "AppointmentDr" (Column E).						
2	Column H, "DocChangeTimestamp," shows when the "EncounterDr" (Column D) was changed to						
3	what is seen in this spreadsheet (and what is in the patient's chart). Initials are as follows: AKJ for						
4	relator JAIN, FLR for Defendant ROBINSON, LMH for Defendant HAAK, and MDS for						
5	defendant SMITH.						
6	V. <u>CAUSES OF ACTION</u>						
7	FIRST CAUSE OF ACTION						
8	ON BEHALF OF THE UNITED STATES VIOLATIONS OF THE FEDERAL FALSE CLAIMS ACT PRESENTING FALSE CLAIMS						
9	Against All Defendants						
10	(31 U.S.C. § 3729(a)(1)(A))						
11	45. Relator incorporates herein by reference and realleges the allegations stated in this						
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	Complaint.						
14	46. Defendants knowingly caused to be presented false claims for payment or approval						
15	to an officer or employee of the United States.						
16	47. Defendants knowingly (as defined in 31 U.S.C. § 3729(b)(1)) presented false						
17	records and statements, including but not limited to claims, bills, invoices, requests for						
18	reimbursement, and records of services, in order to obtain payment or approval of charges by the						
19	Medicare and Medicaid program that were higher than they were permitted to claim or charge by						
20	applicable law. Among other things, Defendants knowingly submitted claims to Medicare and						
21	Medicaid under the names of a physicians who did not actually provide the services billed for.						
22	48. Defendants knowingly made, used, and caused to be made and used false						
23	certifications that their claims, and all documents and data upon which those claims were based,						
24	were accurate, and were supplied in full compliance with all applicable statutes and regulations.						
25	49. The conduct of Defendants violated 31 U.S.C. § 3729(a)(1)(A) and was a						
26	substantial factor in causing the United States to sustain damages in an amount according to proof.						
27	///						
28	///						

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SECOND CAUSE OF ACTION 1 ON BEHALF OF THE UNITED STATES 2 VIOLATIONS OF THE FEDERAL FALSE CLAIMS ACT MAKING OR USING FALSE RECORDS OR STATEMENTS 3 MATERIAL TO PAYMENT OR APPROVAL OF FALSE CLAIMS 4 Against All Defendants 5 $(31 \text{ U.S.C.} \S 3729(a)(1)(B))$ 50. Relator incorporates herein by reference and realleges the allegations stated in this 6 Complaint. 7 51. Defendants knowingly (as defined in 31 U.S.C. § 3729(b)(1)) made, used, or caused 8 to be made or used false records or statements material to false or fraudulent claims. 9 52. Defendants knowingly made, used, and/or caused to be made and used false records 10 and statements, including but not limited to claims, bills, invoices, requests for reimbursement, and 11 records of services, in order to obtain payment or approval of charges by the Medicare program. 12 Among other things, Defendants knowingly submitted false claims for Medicare and Medicaid 13 business. 14 53. The conduct of Defendants violated 31 U.S.C. § 3729(a)(1)(B) and was a 15 substantial factor in causing the United States to sustain damages in an amount according to proof. 16 17 THIRD CAUSE OF ACTION 18 ON BEHALF OF THE UNITED STATES VIOLATIONS OF THE FEDERAL FALSE CLAIMS ACT 19 RETENTION OF PROCEEDS TO WHICH NOT ENTITLED 20 **Against All Defendants** 21 (31 U.S.C. 3729(A)(1)(G)) 54. Relator incorporates herein by reference and realleges the allegations stated in this 22 Complaint. 23 55. Defendants knowingly made, used, or caused to be made or used a false record or 24 25 statement material to an obligation to pay or transmit money property to the United States, or knowingly concealed or knowingly improperly avoided or decreased an obligation to pay or 26 transmit money or property to the United States. 27 28

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SEVENTH CAUSE OF ACTION ON BEHALF OF THE STATE OF CALIFORNIA VIOLATIONS OF THE CALIFORNIA FALSE CLAIMS ACT INADVERTENT SUBMISSION OF FALSE CLAIMS

Against All Defendants

(Cal. Gov. Code § 12651, subd. (a)(8))

- 71. Relator incorporates herein by reference and realleges the allegations stated in this Complaint.
- 72. Defendants were the beneficiaries of inadvertent submissions of false claims, subsequently discovered the falsity of the claims, and failed to disclose the false claims to the State of California within a reasonable time after discovery of the false claims.
- 73. To the extent any of Defendants' complained of acts were inadvertent at the time committed, Defendants subsequently discovered they had engaged in fraudulent billing practices and failed to disclose the facts to the State of California within a reasonable time of such discovery.
- 74. Defendants' false or fraudulent claims had the natural tendency to influence agency action or were capable of influencing agency action.
- 75. The State of California sustained damages because of Defendants' acts, in amounts to be proved at trial.

EIGHTH CAUSE OF ACTION ON BEHALF OF THE STATE OF CALIFORNIA VIOLATIONS OF THE CALIFORNIA FALSE CLAIMS ACT CONSPIRACY

Against All Defendants

(Cal. Gov. Code § 12651, subd. (a)(3))

- Relator incorporates herein by reference and realleges the allegations stated in this Complaint.
- 2. Defendants conspired with each other to commit the violations alleged in this complaint, including causes of action five, six, and seven, inclusive.

- 3. Defendants performed acts, including the submission of fraudulent billing information to effect the object of the conspiracy.
- 4. The conduct of Defendants violated California Government Code section 12651, subdivision (a)(3) and was a substantial factor in causing the State of California to sustain damages in an amount according to proof.

NINTH CAUSE OF ACTION ON BEHALF OF THE STATE OF CALIFORNIA CALIFORNIA FRAUDS PREVENTION ACT Cal. Ins. Code §1871.7 et seq. and Cal. Pen. Code § 550 et seq.

Against All Defendants

Cal. Ins. Code 1871.7; Cal. Pen. Code 550(a)(5)

- 1. Relator incorporates by reference and realleges all of the allegations contained in paragraphs 1 through 58 of this Complaint as though fully set forth herein.
- 2. This is a claim for treble damages and penalties under the California Insurance Frauds Prevention Act, Cal. Ins. Code § 1871.7 et seq., as amended ("the Act"). The Act provides for civil recoveries against persons who violate the provisions of the Act or the provisions of California Penal Code sections 549 or 550, including recovery of up to three times the amount of any fraudulent insurance claims, and fines of between \$5,000 and \$10,000 for each such claim. Cal. Ins. Code § 1871.7(b).
- 3. Subsection (e) of Cal. Ins. Code § 1871.7 provides for a qui tam civil action in order to create incentives for private individuals who are aware of fraud against insurers to help disclose and prosecute the fraud. Cal. Ins. Code § 1871.1(e).
- 4. Subsection (b) of Cal. Ins. Code § 1871.7 provides for civil recoveries against persons who violate the provisions of Penal Code sections 549 or 550. Section 550 of the Penal Code prohibits the following activities, among others:
 - (a) It is unlawful to do any of the following, or to aid, abet, solicit, or conspire with any person to do any of the following:
 - (5) Knowingly prepare, make, or subscribe any writing, with the intent to present or use it. or to allow it to be presented, in support of any false or fraudulent claim.

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(6) Knowingly make or cause to be made any false or fraudulent claim for payment of a health care benefit.

- (b) It is unlawful to do, or to knowingly assist or conspire with any person to do, any of the following:
- (1) Present or cause to be presented any written or oral statement as part of, or in support of or opposition to, a claim for payment or other benefit pursuant to an insurance policy, knowing that the statement contains any false or misleading information concerning any material fact.
- (2) Prepare or make any written or oral statement that is intended to be presented to any insurer or any insurance claimant in connection with, or in support of or opposition to, any claim or payment or other benefit pursuant to an insurance policy, knowing that the statement contains any false or misleading information concerning any material fact.
- (3) Conceal, or knowingly fail to disclose the occurrence of, an event that affects any person's initial or continued right or entitlement to any insurance benefit or payment, or the amount of any benefit or payment to which the person is entitled.

Cal. Penal Code § 550.

- 5. By virtue of the acts described in this Complaint, Defendant knowingly presented, or caused to be presented, false records and statements, including but not limited to bills, invoices, requests for reimbursement, and records of services, in order to obtain payment from insurers, in violation of Penal Code § 550(a) and Cal. Ins. Code § 1871.7(b). The claims were false or fraudulent because, among other things:
 - Defendant knowingly sought, and falsely represented that it was entitled to reimbursement in excess of amounts it was owed;
 - Defendant knowingly sought and falsely represented that it was entitled to reimbursement for services not actually performed;
 - Defendant knowingly sought, and falsely represented that it was entitled to, reimbursement for treatment that did not meet the required conditions set out by insurers for reimbursement.
- Defendant either directly presented such false claims for payment to insurers, or caused such false claims to be presented.
 - 7. This conduct was a substantial factor in causing damages as detailed herein.
- 8. The California State Government is entitled to receive three times the amount of each claim for compensation submitted in violation of Cal. Ins. Code § 1871.7. Additionally, the California State Government is entitled to the maximum penalty of \$10,000 for each and every violation alleged herein.

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1	VI. PRAYER FOR RELIEF
2	WHEREFORE, Plaintiff the United States of America, by and through Relator, prays for
3	relief against all Defendants as follows:
4	Pursuant to the False Claims Act:
5	TO THE UNITED STATES OF AMERICA AND QUI TAM PLAINTIFF:
6	1. For civil penalties of up to \$21,916 to be imposed for each and every false and
7	fraudulent claim for payment submitted, presented, or caused to be submitted to be
8	presented to Medicare for payment;
9	2. For treble damages resulting to the Medicare system from the conduct of
10	Defendants, and each of them;
11	3. For pre- and post-judgment interest;
12	4. For reasonable attorneys' fees, costs, and expenses incurred in bringing this case;
13	and
14	5. That Qui Tam Plaintiff be awarded the maximum percentage of recovery allowed to
15	him pursuant to the False Claims Act.
16	Pursuant to the California False Claims Act:
17	TO THE PEOPLE OF CALIFORNIA AND QUI TAM PLAINTIFF:
18	6. For the maximum allowable civil penalties to be imposed for each and every false
19	and fraudulent claim for payment submitted, presented, or caused to be submitted to
20	presented to Medi-Cal for payment;
21	7. For treble damages resulting to the Medi-Cal system from the conduct of
22	Defendants, and each of them;
23	8. For pre- and post-judgment interest;
24	9. For reasonable attorneys' fees, costs, and expenses incurred in bringing this case;
25	and
26	10. That Qui Tam Plaintiff be awarded the maximum percentage of any recovery
27	allowed to them pursuant to the California False Claims Act.
28	
LAW OFFICES COTCHETT, PITRE & MCCARTHY, LLP	COMPLAINT 16

Pursuant to the California Insurance Frauds Prevention Act:

TO THE PEOPLE OF CALIFORNIA AND QUI TAM PLAINTIFF:

- 11. For the maximum allowable civil penalties to be imposed for each and every false and fraudulent claim for payment submitted, presented, or caused to be submitted or presented to an insurance company;
- 12. For an assessment of three times the amount of each claim for compensation made by Defendant;
- 13. For pre- and post-judgment interest;
- 14. For reasonable attorneys' fees, costs, and expenses incurred in bringing this case;
- 15. For an award of such other and further relief as this Court deems just and proper; and
- 16. That the *Qui Tam* Plaintiff be awarded the maximum percentage of any recovery allowed to him pursuant to Cal. Ins. Code § 1871.7.

Dated: June 11, 2018

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COTCHETT, PITRE & McCARTHY LLP

Ву: _

JUSTIN T. BERGER JOEL M. GORDON Attorneys for Relators

28 e LAW OFFICES COTCHETT, PITRE & By:

VII. <u>JURY DEMAND</u>

Plaintiff demands a jury trial on all issues so triable.

Dated: June 11, 2018

COTCHETT, PITRE & McCARTHY LLP

JUSTIN T. BERGER
JOEL M. GORDON
Attorneys for Relators

LAW OFFICES
COTCHETT, PITRE &
MCCARTHY, LLP

COMPLAINT

Exhibit 1

7695 Cardinal Court Suite 100 San Diego, CA 92123 3231 Waring Road Suite S Oceanside, CA 92056

Mark D. Smith, M.D., F.A.C.S.

Fane L. Robinson, M.D., F.A.C.S.

Atul K. Jain, M.D.

L. Milad Haak, M.D.

Name	Chart#	DOB	Race	Ethnicity	Pref. Language
Gender	Date	Location	Refer Doctor	PCP	Insurance
			Peter Krall, MD		SCMC/CAP (SMP)

Reason For Visit: New Referral by Dr. Krall for Nuclear Sclerosis OU (for Cataract Clearance). High Myopia OU. **HPI:** CC: Blurred Vision. Severity: mild. Onset: gradual. Course: stable. Location: central vision. Quality: blurry. HPI obtained by Atul K Jain, MD

Allergies: NKDA.

Smoking Status: Never Smoker.

Systemic Meds: tamsulosin hydrochloride 0.4 MG Modified Release Oral Capsule 1 tablet PO. Warfarin Sodium, 5 mg oral tablet 1 tablet qday PO. Tegretol 100 MG Chewable Tablet 1 tablet qday PO. Losartan Pot 50 MG Oral Tablet 1 tablet qday PO. Simvastatin, 20 mg oral tablet 1 tablet qday PO. metoprolol succinate 100 MG 24 HR Extended Release Oral Tablet 1 tablet qday PO.

VA OD: PHNI. Dcc20/40.

OS: Dcc20/40, PH20/30-2.

IOP: TP OD: 15 OS: 14 9:49 AM

OCT Macula: Findings OD: Reason For Testing: Initial Evaluation. No fluid. **Findings OS:** Reason For Testing: Initial Evaluation. No fluid.

Impression:

Primary: Nuclear Sclerosis OU (for Cataract Clearance). High Myopia OU.

Plan:

Discussion: Patient understands condition, prognosis and need for follow up care. Advised to call immediately if eye pain or loss of vision. Nuclear Sclerosis OU (for Cataract Clearance). The patient is cleared for cataract surgery. High Myopia OU. Discussed increased risk of floaters, myopic degeneration and retinal detachment associated with high myopia.

Ocular Meds:

None

Follow Up: PRN.

Signed:

Electronically signed by Atul K Jain, MD

Page 1 of 1

Patient:

Friday, September 1, 2017

7695 Cardinal Court Suite 100 San Diego, CA 92123 3231 Waring Road Suite S Oceanside, CA 92056

Mark D. Smith, M.D., F.A.C.S.

Fane L. Robinson, M.D., F.A.C.S.

Atul K. Jain, M.D.

L. Milad Haak, M.D.

Name	Chart#	DOB	Race		Ethnicity	Pref. Language
Gender	Date	Location	Refer Doctor	PCP	Insur	ance
			Tory Prestera, MD		CARE 1ST H	EALTH PLAN

Reason For Visit: 5 Weeks Follow Up IVA #2 for Vitreous Hemorrhage OS. Active Proliferative Diabetic Retinopathy OS.

HPI: CC: Blurred Vision OS. Since Last Visit: worsening OS. Severity: moderate OS. Onset: gradual OS. Duration of Problem: since last visit. Course: worsening OS. Location: central vision OS. HPI obtained by Atul K Jain, MD

Allergies: Losartin.

Smoking Status: Never Smoker.

Systemic Meds: ASA 81MG 1 tablet qday PO. Glipizide, 5 mg oral tablet 1 capsule qday PO. ATENOLOL 100 mg / CHLORTHALIDONE 25 mg ORAL TABLET [Atenolol and Chlorthalidone] 1 capsule qday PO. Toujeo (insulin glargine injection) 300 Units/mL SQ (takes 42 units daily). Simvastatin, 5 mg oral tablet 1 capsule qday PO. Multivitamin 1 capsule qday PO. amlodipine (as amilodipine besylate) 5 MG / telmisartan 40 MG Oral Tablet 1 tablet qday PO. Novolog 5 Units before each meal. Gabapentin, 300 mg oral tablet tablet qday PO. Setraline 25 mg qday PO. Furosemide, 20 mg oral tablet qday. Trajenta 5 mg qday PO.

VA OD: Dsc20/60+2, PH20/50,

OS: Dsc20/60-2, PH20/40.

IOP: TP **OD:** 11 **OS:** 10 9:07 AM

OCT Macula: Findings OD: Reason for Testing: Monitor Progression & Assess Response to Treatment. No Diabetic Macular Edema. **Findings OS:** Reason for Testing: Monitor Progression & Assess Response to Treatment. No Diabetic Macular Edema.

Impression:

Primary: Vitreous Hemorrhage OD. Active Proliferative Diabetic Retinopathy OD. Asteroid Hyalosis OD. Vitreous Hemorrhage OS. Active Proliferative Diabetic Retinopathy OS.

Secondary: Diabetes, Type II with Ocular Complications, Insulin Dependent. Pseudophakia OU.

Plan:

Discussion: Patient understands condition, prognosis and need for follow up care. Advised to call immediately if eye pain or loss of vision. Symptoms of retinal detachment and endophthalmitis following intravitreal injection discussed; patient advised to call immediately if symptoms ensue. Vitreous Hemorrhage OD. Recommended observation.Patient agrees to continue with observation.Active Proliferative Diabetic Retinopathy OD. Patient agrees to observe at this time and will call with any changes.Consider fill-in PRP once view clears.Return in 1-2 weeks.Vitreous Hemorrhage OS. Recommended Avastin #2 as planned for today.Risks and benefits for procedure as previously discussed with patient. Patient elects to proceed.The injection was given and tolerated well by patient. Post-injection instructions were reviewed and understood by the patient.After due consideration at today's visit of history obtained, dilated exam performed and findings on special testing, it was deemed to be most appropriate that the treatment interval be maintained at 4 weeks.Active Proliferative Diabetic Retinopathy OS. Active despite good PRP, very aggressive DR.Consider fill-in PRP once view clears.Diabetes, Type II with Ocular Complications, Insulin Dependent. Discussed the importance of blood sugar control in the prevention of ocular complications.Pseudophakia OU. Doing well.Recommended observation.

Procedures: Avastin (19035) #2 OS.

Ocular Meds:

• Diclofenac 0.1% 1 drop twice a day Both Eyes

Follow Up: Dr. Jain 1-2 Week(s) - PRP OD. Dr. Jain 4 Week(s) - Intermediate Exam OU. OCT Macula OU. Avastin (J9035) #3 OS.

Patient:

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Signed:

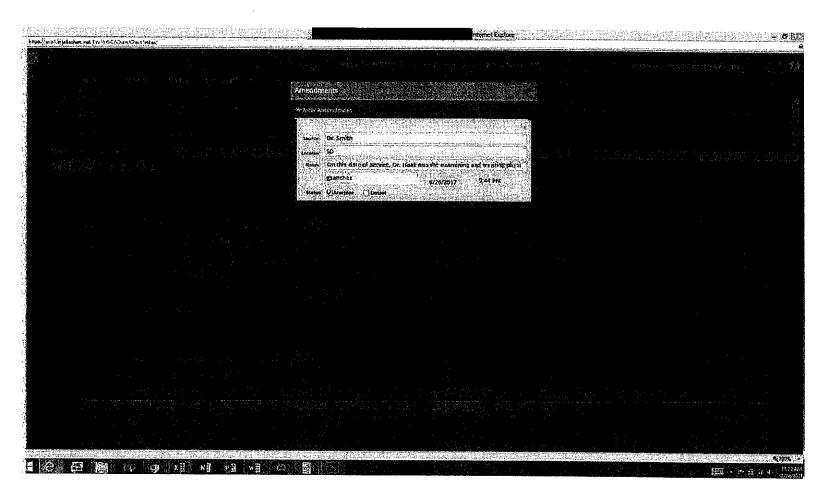
Electronically signed by Atul K Jain, MD

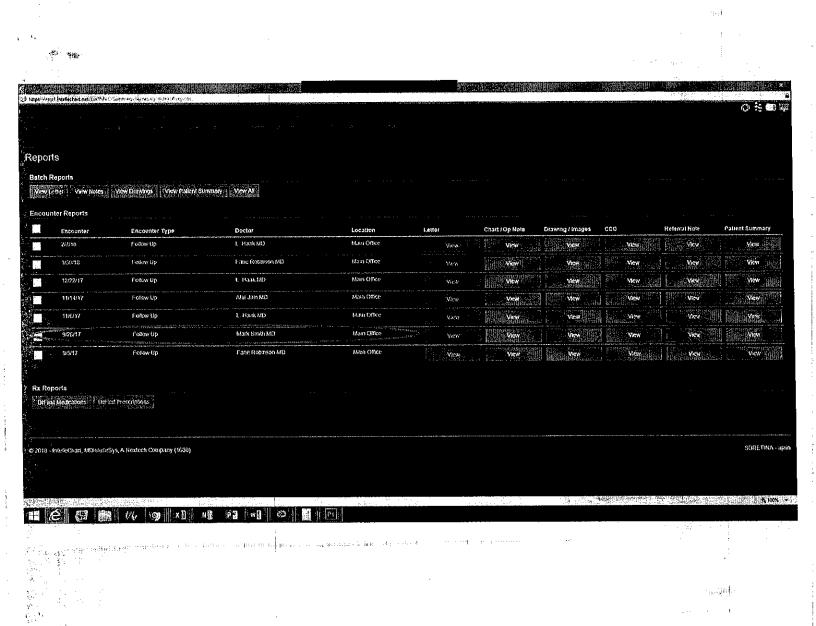
Page 2 of 2

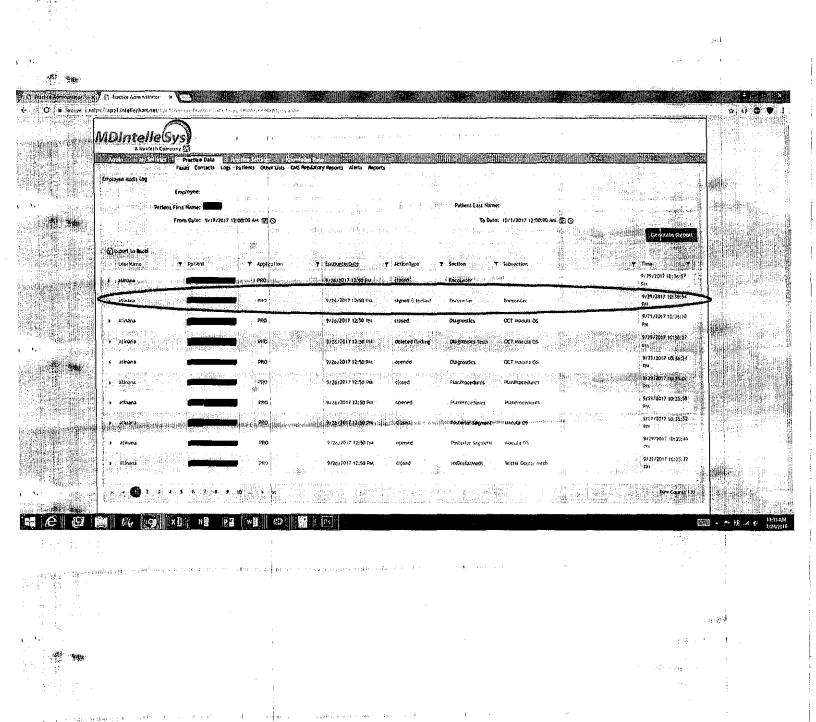
Patient: Friday, September 1, 2017

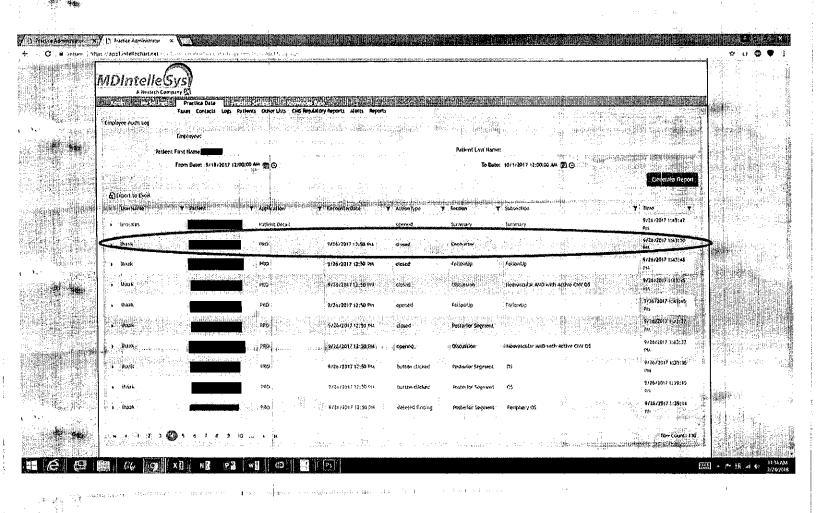
Exhibit 2

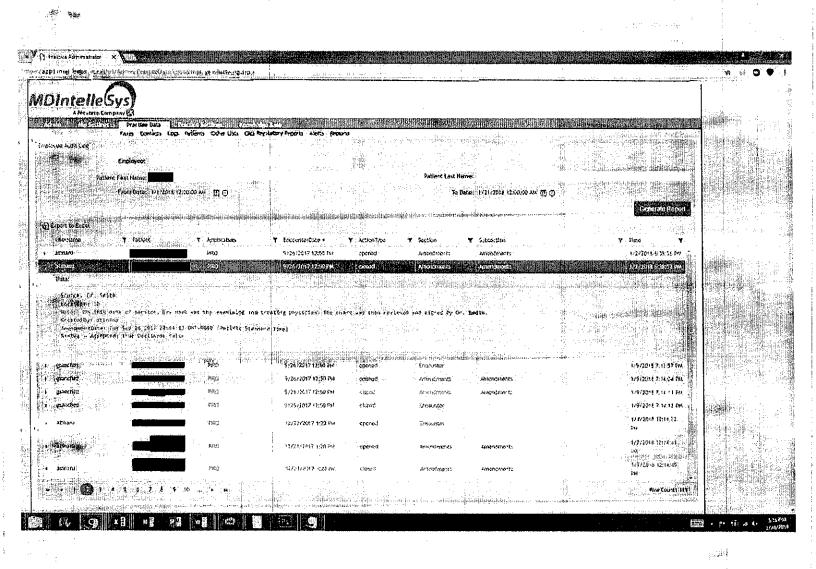
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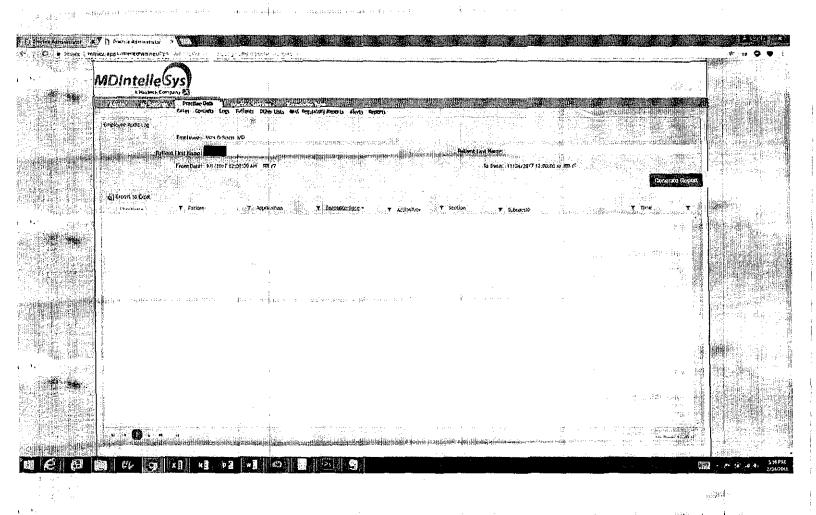












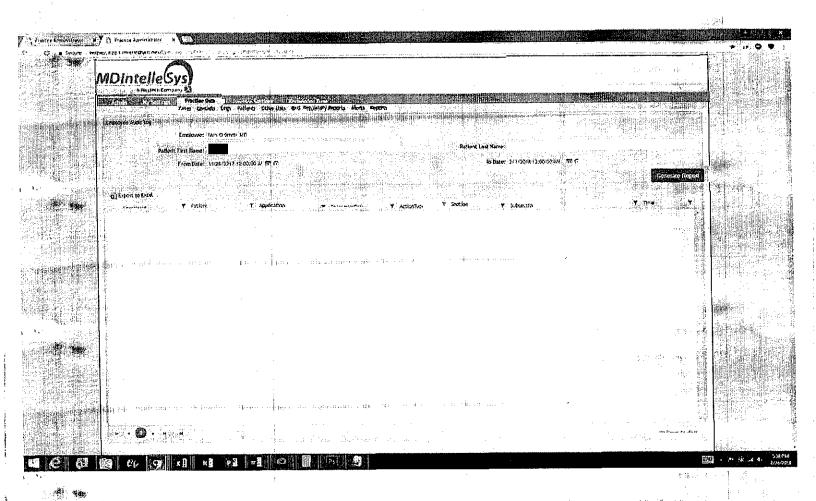


Exhibit 3

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EMR charts	
Fane Robinson	
Tue 1/2/2018, 6:34 PM	
To:Atul Jain < light123@msn.com>;	
CMMark Smith <msmith@sdretina.com>;</msmith@sdretina.com>	
Atul	
As promised	
· ii	s-à-vis the charting at my very earliest convenience
	The same containing arms, same containing ar
	_ 24
-	is an issue, we nevertheless have taken the following steps to satisfy your
request	
given your concern	
We have asked Angela to amend each and e	very EMR chart
(approximately 4,400) where Dr Haak h	ad seen the patient and either you, Mark or I reviewed the
chart and amend these chart notes	meaning that we are NOT going back to alter the entry
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- the following:	
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On the billing side, we are comfortable that	t this has been adequately taken care of based on input both from Jessic
and Kristina. They billed with Dr Haak as lo	ocum tenans with the appropriate modifier based on guidelines they
	ere we ran into issues taking such measures we are taking the necessary
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Sincerely	
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Exhibit 4

Re: EMR charts

Atul Jain

Fri 1/5/2018, 6:32 AM

To:Fane Robinson <dokkie27@gmail.com>;

Cc:Mark Smith <msmith@sdretina.com>;

Hi Fane.

I don't think that what you propose is adequate, especially for 'my' charts as they were 'signed' completely without my knowledge, review, or consent. I don't see how Angela adding that statement will correct this issue. Please send me all the chart notes that were 'reviewed' by me. Who decided that certain charts were to be 'reviewed' and why were these selected?

Also, i would like to review the 'guidelines' you mention below, please send me what Jessica and Kristina used as a reference.

Just because you and mark might be comfortable does not mean that I am or that what was done is/was correct. I appreciate your attention to this matter and your prompt reply so that we can get this corrected.

Sincerely,

Atul

From: Fane Robinson < dokkie27@gmail.com>

Sent: Tuesday, January 2, 2018 6:34 PM

To: Atul Jain

Cc: Mark Smith

Subject: EMR charts

Atul

As promised

, I r eviewed the issue you raised vis-à-vis the charting at my very earliest convenience

Although Mark and I did not feel that this was an issue, we nevertheless have taken the following steps to satisfy your request

given your concern

We have asked Angela to amend each and every EMR chart

(approximately 4,400) where Dr Haak had seen the patient and either you, Mark or I reviewed the chart and amend these chart notes --- meaning that we are NOT going back to alter the entry on the date of service but rather AMEND by noting that on say today's date - if amended today - the following:

"On this date of service, Dr. Haak was the examining and treating physician. The chart was then reviewed and signed by Dr. _____."

On the billing side, we are comfortable that this has been adequately taken care of based on input both from Jessica and Kristina. They billed with Dr Haak as locum tenans with the appropriate modifier based on guidelines they followed and on those few insurances where we ran into issues taking such measures we are taking the necessary steps to get this resolved

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Sincerely

Fane

Exhibit 5

Silvia Venezuela

From:

Jessica Nunez [jnunez@sdretina.com]

Sent:

Wednesday, July 09, 2014 10:45 AM

To:

'Silvia Venezuela'; 'Wendy Mitchell'; eleon@sdretina.com

Cc:

patsmarg@aol.com

.. Subject:

Dr. Hudson

Hello Ladies,

I have received confirmation on Dr. Hudson's contracting for the following IPA's:

SCMC

Tri City

⊯ SDPMG

PCAMG

MultiCultural IPA

We have a 3rd party Supero Health Solutions handling Dr. Hudson's contracting with the commercial insurances as well as Medicare and Medi-Cal. Most of his applications have been approved but not confirmed as contracted. As we previously discussed we will likely have to bill him under locum tenens for Medicare until his application is approved. Commercial insurances have their own guidelines regarding locum tenens so you will need to be proactive in contacting some of them to see what their requirements are.

It may be worthwhile to hold Dr. Hudson's claims until you have researched the requirements for the insurance company as long as they are billed within the required time frame.

S. JESSICA NUNEZ

Practice Administrator

San Diego Retina Associates

7695 Cardinal Court Suite 100

San Diego, CA 92123

858-609-7100 main

858-609-7113 fax

858-609-7108 direct

www.sdretina.com

"If you see someone without a smile, give them yours."

No virus found in this message.

Checked by AVG - www.avg.com

Version: 2014.0.4716 / Virus Database: 3986/7823 - Release Date: 07/09/14

Exhibit 6

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.	9/5/17 12:30 PM 9/5/17 2:20 PM	g to the con-	FLR	LMH	MOLINA HEALTHCARE/MCAL]guerrero l	9/5/17/5:28
. }	9/5/17 2:40 PM		FLR	LMH	SCMC/CAP (SMP)	amuniz	9/5/17 5:44
	9/5/17-3:40 PM	Maria de Propinsion	ijanin program eikipu FLA i		HAPPE AT SCMG/INLAND NORTH (CAP)	amuniz	9/5/17 6:25 9/5/17 8:44
	9/5/17 2:00 PM		FLR FLR	LMH LMH	SCMC/FFS (SMP) UNITED HEALTHCARE MCARE ADV	lhaak lhaak	9/5/17 8:44 9/5/17 8:52
	9/5/17 10:10 AM 9/5/17 8:10 AM	4523	FLR	LMH	GRAYBILL/SCMG CAP (SR NORTH)	lhaak	9/5/17 8:59
	9/5/17 8:30 AM		FLR	LMH	SCMG/INLAND NORTH (CAP)	lhaak	9/5/17 8:59
	8/28/17 8:40 AM		MDS	LWH	SCMC/CAP (SMP)	lhaak	9/5/17 9:07
	8/31/17 8:30 AM		PLR.	LMH	SCMG/METRO (CAP)	sissa Ihaak	9/5/17/9:10 9/5/17 9:13
	8/30/17 3:30 PM		FLR FLR	LMH LMH	GRAYBILL/SCMG CAP (SR NORTH) CDF (CHRONIC DISEASE FUND)	inaak	9/5/17 9:15
914	8/30/17 3:20 PM 8/30/17 1:50 PM		AKJ	LMH	TRI-CITY IPA (CAP)	lhaak	9/5/17 9:17
	8/28/17.9:00 AM		MDS		GRAYBILL/SCMG CAP (SR NORTH)	lhaak -	9/6/17 9:32
	8/30/17 1:30 PM	Localistic continue	MDS	LMH	GRAYBILL/SCMG CAP (SR NORTH)	lheak	9/6/17 9:34
	28/28/17 9:10 AM	Marine .	MDS	LMH.	ANTHEM BLUE CROSS	ihaak	9/6/17 9:37
٠.	8/28/17 9:40 AM	and the contract the contract the	MDS		MOLINA HEALTHCARE/MCAL	lhaak	9/6/17 9:39

	8/28/17 11:00 AM			MD:	s LMH	MEDICARE	lhaak	9/6/17 9:42 PM
	8/28/17 1:40 PM			MD		GRAYBILL/SCMG CAP (SR NORTH)	lhaak	9/6/17 9:44 PM
	8/28/17 1:50 PM		The section lines are a	MD:		UNITED HEALTHCARE MCARE ADV	lhaak Silhäak Sillistee Si	9/6/17 9:46 PM 9/6/17 9:48 PM
-	8/28/17 3:40 PM 8/30/17 B:20 AM		and control of the sec	MD MD		PCAMG/NAMM (CAP) PCAMG/NAMM (CAP)	haak	9/6/17 9:51 PM
r	8/30/17 10:20 AM		1	MD		AETNA	lhaak	9/6/17 9:54 PM
far.	8/30/17 12:50 PM	**************		MD	: /	ANTHEM BLUE CROSS	lhaak	9/6/17 9:54 PM
	8/30/17 1:00 PM		Bishari Assession	MD	The sales and endered by the sales of the sa	MOLINA COVERED CA		9/6/17 9:56 PM
	8/31/17 12:40 PM	resident or desired to according	المستخفين	FLR	LMB	GRAYBILL/SCMG CAP (SR NORTH) CDF (CHRONIC DISEASE FUND)	lhaak lhaak	9/6/17 10:00 PM 9/6/17 10:03 PM
- 1	8/31/17 1:20 PM 8/31/17 1:40 PM	28.		FLR.	LMH	AETNA	lhaak	9/6/17 10:04 PM
	8/31/17 1:50 PM			i. FLR	LMH	GRAYBILL/SCMG CAP (SR NORTH)	lhaak	9/6/17 10:06 PM
أن	8/31/17 2:40 PM	in a	4 -	FLR	LMH	PCAMG/NAMM (CAP)	lhaak	9/6/17 10:08 PM
	%9/6/17 12:00 AM			î AKU		MEDICARE	phuerta	9/7/17 12:09 PM
ž	9/6/17 12:00 PM		managa samanan egy manga 127 km/ 187 188	AKI	FLR LMH	BLUE SHIELD OF CA /GOV. WIDE CHG/MCAL	marrazola Vhernandez	9/7/17 12:18 PM 9/7/17 12:37 PM
Ĺ	9/7/17 8:40 AM 9/7/17 10:20 AM	wii isasa io	# 10 10 10 10 10 10 10 10 10 10 10 10 10	AKI AKI	LMA	MOLINA HEALTHCARE/MCAL	sissa	9/7/17 1:39 PM
ŀ	9/7/17 10:30 AM	CHEVETER	EARLY T	AKI		COF (CHRONIC DISEASE FUND)	sissa	
ľ	9/7/17 9:40 AM		Straketskiralinakout	AKI	LMH	ANTHEM BLUE CROSS	sissa	9/7/17 2:01 PM
ľ	9/7/17 10:50 AM	Mar andaly	TOUR WELL	a sa a dia no di dia di dia di dia di	Maria andre del fiel i Maria all'in est di mineral demonstrations de men	CDF (CHRONIC DISEASE FUND)	vhernandez	9/7/17 2:18 PM
tter .	9/1/17 3:50 PM	***************************************		AKJ		BLUE SHIELD OF CA /GOV. WIDE	lhaak	9/7/17 11:25 PM 9/7/17 11:27 PM
	9/1/17 9:40 AM	Liidhi		AK.	and the filler of the said and the same of	SOPMG FFS CLAIMS PCAMG/NAMM (FFS)	lhaak lhaak	9/7/17 11:36 PM
	9/1/17 10:20 AM 9/1/17 10:40 AM	18-1 - Gosaf	410.000	AK	v ve an non perpendicularly and a manner by and	ANTHEM BLUE CROSS	lhaak	9/7/17 11:37 PM
	9/5/17 7:S0 AM		åtin die men in	FLF		ANTHEM BLUE CROSS	acolombani	9/8/17 10:54 AM
•	9/8/17 7:50 AM			FLF	LMH 7	MOLINA COVERED CA	frobinson	9/8/17 11:18 AM
,	9/8/17 7:40 AM			! FLF		MOLINA HEALTHCARE/MCAL	lhaak	9/8/17 11:23 AM
•	9/8/17 8:30 AM		History and decrees.	FLE	A L A L A L A L A L A L A L A L A L A L	SCMG/METRO (CAP) ANTHEM BLUE CROSS	staleb Ihaak	9/8/17 11:45 AM 9/8/17 11:51 AM
j	9/8/17 8:00 AM 9/8/17 9:20 AM	diddine on or or or		FLF		SCMC/CAP (SMMG)	sissa	9/8/17 11:51 AM
ı	9/8/17 8:40 AM		***************************************	FLI		CDF (CHRONIC DISEASE FUND)	TechBox	9/8/17 12:17 PM
	9/8/17 10:00 AM	(, , , , , ,)	ii. Autura	FLF		CDF (CHRONIC DISEASE FUND)	Misissa Middle Michigan	9/8/17 12/38 PM
	9/8/17 9:30 AM			FLI		GRAYBILL/SCMG CAP (SR NORTH)	staleb	9/8/17 1:07 PM
	9/8/17 10:10 AM	<u>L</u> ai andi		FU		CDF (CHRONIC DISEASE FUND) SCMC/CAP (SMMG)	staleb sissa	9/8/17 1:37 PM 9/8/17 1:37 PM
1	9/8/17 10:20 AM 9/8/17 11:00 AM			FLI		UNITED HEALTHCARE MCARE ADV	stalab	9/8/17.1.50 PM
	9/8/17 9:00 AM			FLI		SCMG/METRO (CAP)	sissa	9/8/17 3:08 PM
	9/8/17 1:00 PM	10000000		FL		SCMG/METRO (CAP)	staleh (1914)	9/8/17 3:59 PM
	9/8/17 12:40 PM			FL		CHG/MCAL	sissa	9/8/17 4:01 PM
	9/8/17 12:50 PM	Listidad		FL.		CHG/MCAL ANTHEM BLUE CROSS	Sissa Sissa	9/8/17 4:20 PM 9/8/17 4:30 PM
i i	9/8/17 1:20 PM 9/8/17 1:00 PM		3681	FL	· · · · · · · · · · · · · · · · · · ·	SCMG/METRO (CAP)		9/8/17 4:44 PM
	9/8/17 1:30 PM	ries in fiftheiri	Maritin America	FL	alamanta bahahan ana restrueran peringaha	MOLINA HEALTHCARE/MCAL	sissa	9/8/17 4:57 PM
	9/8/17 2:00 PM	5.25	6074.6	FL		UNITED HEALTHCARE	staleb	9/8/17 5:47 PM
	9/8/17 2:30 PM		***************************************	FL	The state of the s	SCMG/METRO (CAP)	staleb	9/8/17 6:11 PM
	9/8/17 3:00 PM	4284	Mala.	FL	Intibilitat at each facilities were recovered to present and of the consent	UNITED HEALTHCARE	Sissa [Pi] Pad g	9/8/17 6:30 PM 9/8/17 7:21 PM
	9/8/17 3:50 PM	Sec. 16, 450		FL L	na	SCMG/METRO (CAP) BLUE SHIELD OF CA	sissa Visissa	9/8/17/7/34 PM
W 10	9/8/17 4:00 PM 9/11/17 8:00 AM	3200 10 A	Liillinii	FL	سنة القاتلة الكاملات في المناسسة والمناسسة المناسبة المنا	MEDICARE	acolombani	9/11/17 11:31 AM
şişe.	9/11/17 9:10 AM		kla	i ja fi	A COMMAND OF THE REAL PROPERTY OF THE PROPERTY	GRAYBILL/SCMG CAP (SR NORTH)	∉amuniz	9/11/17 12:02 PM
	9/11/17 9:20 AM		******	FL	R LMH	CDF (CHRONIC DISEASE FUND)	acolombani	9/11/17 12:38 PM
	9/11/17 9:50 AM	4 Mills	MI HILL	ing the Fi	······································	(SMP)		9/11/17/12:55 PM 9/11/17 3:50 PM
	9/11/17 12:30 PM		######################################	FI Fi	49 Acres 44	MEDICARE SCMC/CAP (SMP)	TechBox acolombani	9/11/17 4:16 PM
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. 4	9/1/17 9:00 AM	H. 100	(0.16.0)	ल्या जा होता प्र	e decrease de sea ere de la merca destinación en este defensas face, a contrata Lodo Josephilla Libbala E.	SCMC/CAP (SMP)	linaak	9/11/17 4:48 PM
	9/11/17 1:30 PM	Etc. Titalian	188 Novice Garage	F	.R LMH	NEW 2017	TechBox	9/11/17 5:10 PM
	9/11/17 3:00 PM	Maria Maria			R LMH	PCAMG/NAMM (CAP)	acolombani	9/11/17 6:08 PM
	9/11/17 2:50 PM	DISC.	Taries of access		LR LMH	SDPMG FFS CLAIMS HEALTH NET/GOVERED CA	Tech8ox	9/11/17 6:10 PM 9/11/17 6:32 PM
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青山	Distriction of the Date	limiter .	ahda fi Si di Ci		LR LMH	CHG/MCAL	TechBox	9/11/17 6:58 PM
.) m3	9/11/17 3:30 PM				LR LMH	PCAMG/NAMM (CAP)		
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7	9/11/17 12:00 AM	10000	[7		KI LMH	SDPMG FFS CLAIMS	phuerta	9/12/17 10:14 AN
	9/11/17 7:30 AM				LR LMH	SCMC/CAP (SMP)	atinana	9/12/17 11:41 AN
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	9/12/17 9:40 AM 8/16/17 7:00 AM	V	Lifth		AKI FIR	CHG/MCAL	clopez	9/12/17 1:51 PN
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74	0/13/17 13:40 084	i iá-l-	skižšiaiš.		KU LMH	CHG/MCAL	lhaak	9/12/17 4:56 PN
.7%	9/12/17 1:50 PM	21 - 126		ha more makening in the	AKI LMH	MEDICARE	TechBox	9/12/17 5:08 PM
	9/12/17 2:20 PM	12727 227 227	F 21 (21) 2 (1)	arregianie r	aki lmh	PCAMG/NAMM (CAP)	TechBox	9/12/17 5:51 PM
	9/12/17 3:50 PM				AKÚ LMÁ	MEDICARE EYLEA4U COPAY ASSISTANCE	TechBox 15 acolombani	9/12/17 6:17 P) 9/12/17 6:32 Pf
٠.	9/12/17 3:20 PM 9/12/17 2:30 PM				FLR LMH AKI JANH	PCAMG/NAMM (CAP)		9/12/17 7:19 PI
	and the second second second section of the second section sec		بالمطارة أ				a	
	9/13/17 7:50 AM	1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	(· Herr	MDS LIFE LMH 🕾	BLUE SHIELD OF CA	sissa	9/13/17 11:04 AF

9/13/17 8:00 AM		MD5	1MH	SCMG/METRO (CAP)	mayala	9/13/17 11:27 AM
9/13/17 9:00 AM		MDS	LMH:	SCMG/METRO (CAP)		9/13/17 12:34 PM 9/13/17 12:37 PM
9/13/17 9:40 AM		MDS AKU	LMH FLR '	CHG/MCAL ANTHEM BLUE CROSS	mayala (marrazola)	9/13/17 12:53 PM
9/13/17 8:30 AM 9/13/17 10:40 AM	<u> </u>	MDS	LMH	MOLINA HEALTHCARE/MCAL	staleb	9/13/17 1:58 PM
9/12/17 12:00 AM		AKJ	FLR	MOLINA HEALTHCARE/MCAL	phuerta	9/13/17 2:35 PM
9/13/17 1:10 PM	a second collect.	MDS	LMH	BLUE SHIELD OF CA	sissa	9/13/17 3:49 PM
9/13/17 12:50 PM		<u>F</u>	LMH	BLUE SHIELD OF CA /GOV, WIDE	msmith	9/13/17-4:46 PM 9/13/17-4:53 PM
9/13/17 1:00 PM	E SAME AND A SAME	MDS MDS	LMH LMH	SDPMG FFS CLAIMS SCMG/METRO (CAP)	msmith mayala	69/13/17 4:55 PM
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9/13/17/1:50 PM	Hell Trightlassi	HIADISH MDSHILLING	Actual Company of the		mayala	9/13/17.5:11 PM
9/13/17 3:00 PM	<u> 2</u> 444.	MDS	LMH	AETNA	sissa	9/13/17 5:51 PM
9/13/17 3:40 PM	\$200 per 1	MDS .	LMH	MOLINA HEALTHCARE/MCAL	sissa	9/13/17 6:13 PM
9/12/17 11:00 AM		AKI	LMH	PCAMG/NAMM (FFS)	lhaak Ihaak	9/13/17 8:18 PM 9/13/17 8:19 PM
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9/14/17 7:30 AM	Lastinkinna.	· AKI	LMH	SCMC/CAP (SMMG)	sissa	9/14/17 10:27 AM
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9/14/17 7:40 AM	distriction of the state of the	AKI	LMH	CDF (CHRONIC DISEASE FUND)	mayala (sissa	9/14/17 11:03 AM 9/14/17 11:12 AM
9/14/17.7:50 AM		AKI AKI	LMH FLR	STÁTEFÜND PCAMG/NAMM (CAP)	marrazola	9/14/17 11:45 AM
9/13/17 7:30 AM 9/14/17 8:40 AM	1 2 2 2 1 1 1 2	AKI AKI	LMH	BLUE SHIELD OF CA	mayala	9/14/17.12:06 PM
9/13/17 8:30 AM	.::::::::::::::::::::::::::::::::::	MDS	LMH	SCMG/METRO (CAP)	staleb	9/14/17 12:07 PM
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9/14/17 9:20 AM		AKJ	LMH	FRESENIUS HEALTH PLANS	mayala	9/14/17 12:54 PM 9/14/17 1:24 PM
9/14/17 10:10 AM		AKI	LMH	SDPMG FFS CLAIMS ANTHEM BLUE CROSS	sissa mayala	9/14/17 1:24 PN 9/14/17 1:38 PN
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9/12/17 12:30 PM		AKU	LMH	SCMC/CAP (SMP)	lhaak ya jijista a	9/14/17/9:17 PN
9/12/17 10:10 AM		AKI	LMH	SCMC/CAP (SMP)	lhaak	9/14/17 9:18 PM
9/12/17 9:30 AM		and the state of t		GRAYBILL/SEMG CAP (SR NORTH)	lhaak lhaak	9/14/17 9:20 PM 9/14/17 9:23 PM
9/12/17 8:40 AM		AKI AKI	LMH	GRAYBILL/SCMG FFS MOLINA HEALTHCARE/MCAL	Ifiaak	9/14/17 9:28 PM
9/12/17 8:10 AM 9/15/17 7:30 AM		FLR	LMH	CDF (CHRONIC DISEASE FUND)	mayala	9/15/17 10:35 AM
9/15/17 7:30 AN		1906 John Johns FLRider	LMH	SCMG/METRO (CAP)	staleb	9/15/17 10:39 Af
9/15/17 8:00 AM	Decision of the second	FLR	LMH	UNITED HEALTHCARE	lhaak	9/15/17 11:09 AF
9/15/17 7:50 AN	1	and the FLR	LMH	SCMG/METRO (CAP)	lhaak.	9/15/17 11 18 AI 9/15/17 11:38 AI
9/15/17 8:20 AN	76.	FLR	LMH LMH	MOLINA COVERED CA MEDI-GAL	mayala Ihaak	9/15/17/11:52 A
9/15/17 7:40 AN		FLR FLR	LMH	GRAYBILL/SCMG CAP (SR NDRTH)	mayala	9/15/17 12:17 P
9/15/17 9:10 AM 9/15/17 9:40 AM			idis on ILMH	SDPMG FFS CLAIMS	្នេះក្រុម (Sissake) ប្រក្រុមប៉ុន្តា ប	9/15/17 12:51 P
9/15/17 10:10 AN	Co.	FLR	LMH	SCMG/INLAND NORTH (CAP)	SESSE STATE OF THE PROPERTY OF	9/15/17 1:31 P
9/15/17 9:30 AN	7. 7.7	FLR	LMH	SDPMG FFS CLAIMS		9/15/17 1:50 P
9/15/17 10:20 AM		FLR	LMH	SDPMG FFS CLAIMS	Ihaak Ihaak	9/15/17 2:25 P 9/15/17 4:06 P
9/15/17 10:50 AN		History of the Fires.		SCMG/METRO (CAP) CDF (CHRONIC DISEASE FUND)	lhaak	9/15/17 4:26 P
9/15/17 12:30 PM 9/15/17 1:30 PM	and the same of the same of the same	AKU FLR	LMH LMH	SCMC/CAP (SMMG)	alian de sissa de la caración	9/15/17 4:49 P
9/15/17 12:40 PM		FLR	LMH	SCMG/INLAND NORTH (CAP)	lhaak	9/15/17 4:53 F
9/15/17 1:00 PI		FLR	LMH	SCMC/CAP (SMMG)	1haak	9/15/17 5:07 F
9/15/17 1:50 PM	VI.	FLR	LMH	AETNA PPO	mayala in the Signature	9/15/17 5:10 F 9/15/17 5:38 [
9/15/17 2:20 P		FLR	LMH LMH	HEALTH NET MOLINA HEALTHCARE/MCAL	mayala sissa	9/15/17 5:01 F
9/15/17 3:00 PI		FLR FLR	LMH	EYLEA4Ú COPAY ASSISTANCE	mayala	9/15/17 6:121
9/15/17 3:10 Pt 9/15/17 3:40 Pt		FLR	LMH	MOLINA HEALTHCARE/MCAL	məyala	9/15/17 6:27 F
9/15/17 3:30 PI		FLR	LMH	BLUE SHIELD OF CA	mayala 👊	9/15/17 6:45
9/5/17 12:30 P		FLR	LMH	GRAYBILL/SCMG CAP (SR NORTH)	lhaak	9/15/17 7:35
9/18/17 8:20 A		FLR	LMH	CARE 1ST HEALTH PLAN	amuniz	9/18/17.11:45, 9/18/17.12:12
9/18/17 9:00 A	M Prati Parketin	FLR	LMH	PCAMG/NAMM (CAP)	arosales	THE RESERVE OF THE PERSON OF T
9/18/17 8:00 A		SERVEL SERVER SELFLER FLR	LMH LMH	MEDI-CAL	amuniz	9/18/17 12:36
9/18/17 7:50 A 9/18/17 10:10 A		FLR	LMH	MEDICARE	TechBox	9/18/17 12:51
9/18/17 10:50 A		FLR	LMH	CDF (CHRONIC DISEASE FUND)	TechBox	9/18/17 1:58
9/18/17 12:40 P		FLR	LMH	SDPMG FFS CLAIMS	TechBox	9/18/17 3:41
9/18/17 9:20 A	М	FLR	LMH	CARE 1ST HEALTH PLAN	ihaak	9/18/17 3:55
9/18/17 12:50 P			LMH	CHG/MCAL	a a compression of the best transfer and the best transfer and the second of the secon	9/18/17 4:05 9/18/17 5:09
9/18/17 1:40 P		FLR	LMH LMH	GRAYBILL/SCMG CAP (SR NORTH)	arosales arosales	9/18/17 5:30
9/18/17 2:10 P		FLR FLR	LMH LMH	CHG/MCAL SDPMG FFS CLAIMS	TechBox	9/18/17 5:50
9/18/17 2:00 F 9/18/17 1:00 F		FLR	LMH	MEDICARE MEDICARE	ajarosales	
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9/18/17 12:00 A 9/19/17 8:00 A	MA	FLR	LMH	MEDICARE	TechBox	9/19/17 11:00
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I/17 12:50 PM		FLR	LMH	PATIENT ACCESS NETWORK	lhaak Tech8ox	9/19/17 12:57
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2/17 9:20 AM 2/17 12:30 PM		MDS FLR	LMH LMH*C	PCAMG/NAMM (CAP) 15 2 103		9/19/17 1:53
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5/17 ⁻ 12:30 PM		FLR	LMH	SCMG/METRO (CAP)		9/19/17 2:54
18/17 3:30 PM	· ·	FLR	LMH	PCAMG/NAMM (CAP)	lhaak TechBox	9/19/17 2:59 I 9/19/17 3:38
9/17 12:40 PM	2	FLR FLR	LMH	MEDICARE MEDICARE	acolombani	9/19/17 3:47
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19/17 9:10 AM	25 ELLES CARROLLE	AKI	LMH	MOLINA HEALTHCARE/MCAL	atinana	9/19/17 11:39
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9/1711;00 AM	<u> </u>	FLR	LMH LMH	MEDICARE CHG/MCAL	atinana	9/19/17 11:50
19/17 1:10 PM	\$46(452,645 <u>4</u>)	AKU MDS	LIVIN LMH Victor	SCMG/METRO (CAP)	mayala	9/20/17:10:56
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20/17 9:30 AM		MDS	LMH	SCMC/CAP (SMMG)	mayala	9/20/17 11:05
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20/17 10:30 AM		MDS	LMH	SCMG/METRO (CAP)	sissa	9/20/17 192
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Part I	10/5/17 12:30 PM		AKJ	LMH	PCAMG/NAMM (CAP)	atinana	10/6/17 9:22 PM
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ľ	10/5/17 12:40 PM		AKI	LMH	SCMC/FFS (SMP)	atinana	10/6/17 9:24 PM
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ļ	10/9/17 7:30 AM		FLR	LMH:	GRAYBILL/SCMG FFS 100 100 MOLINA COVERED CA	jguerrero	10/9/17 10:45 AM
ŀ	10/9/17 7:30 AM		FLR FLR	LMH LMH	ANTHEM BLUE CROSS	DCTriage	10/9/17 11:39 AM
1	+ 10/9/17 8:20 AM 10/9/17 8:00 AM	<u>Maradolt</u>	FLR S	LMH	SCMC/CAP (SMP)	OCTriage	10/9/17 11:54 AM
ł	10/9/17 9:50 AM	17-11-12	ALL COMMENTS OF THE PROPERTY OF THE PERSON O	LMH	MOLINA HEALTHCARE/MCAL	OCTriage	10/9/17 12:59 PM
94t	10/9/17 10:00 AM	La como de Completa de	FLR	LMH	GRAYBILL/SCMG CAP (SR NORTH)	atinana	10/9/17 1:22 PM
	10/9/17 2:40 PM	C 1 30	Part 1	LMH	SCMC/CAP (SMMG)	bjslminons	10/9/17 3:58 PM
1	10/9/17 2:00 PM		FLR	LMH	CASH PAY OR NO INSURANCE	mayala	10/9/17 5:17 PM
· [10/9/17 2:10 PM	1	FLR :	LMH	SCMG/METRO (CAP)	bisimmons	10/9/17 5:58 PM
ļ	10/9/17 2:50 PM	magina kan ki najiga	FLR	LMH	BLUE SHIELD OF CA	sissa	10/9/17 6:49 PM
	10/9/17 3:20 PM	alesat Pirk Paids	PRESERVE AND AND PRINCIPLE STATES OF THE PROPERTY OF THE PROPE	MHH A		*** ***bjslmmons	10/9/17 6:59 PM 10/9/17 7:11 PM
- 11	10/9/17 3:30 PM		FLR	LMH	CDF (CHRONIC DISEASE FUND)	sissa	10/9/17 7:11 PM
	10/9/17 1:40 PM		FLR	LMH	PECN FFS	bjsimmons sissa	10/9/17 7:30 PM
.	10/9/17 4:10 PM		FLR	LMH LMH	SCMG/METRO (CAP) SCMG/METRO (CAP)	sissa	10/9/17 7:51 PM
	10/9/17 4:00 PM		FLR AKI	FLR	SDPMG FFS CLAIMS	phuerta	10/10/17 11:14 AM
	10/9/17 12:00 AM -10/10/17 9:10 AM		AKJ AKU	LMH	MOLINA HEALTHCARE/MCAL	atinana	10/10/17 11:56 AM
	10/10/17 9:10 AM		AKJ	LMH	CHG/MCAL	OCTriage	10/10/17 12:28 PM
	10/10/17 8:30 AM		AKI	LMH	GRAYBILL/SCMG CAP (SR NORTH)	(haak	10/10/17 12:45 PM
e de	10/10/17 9:30 AM		AKJ	LMH	MOLINA HEALTHCARE/MCAL	atinana	10/10/17 12:57 PM
	10/10/17 9:00 AM	1	AKI	LMH	PCAMG/NAMM (CAP)	Ihaake H	Transfer and the second second
	10/10/17 12:40 PM		AKI	LMH	SCMG/INLAND NORTH (CAP)	OCTriage	10/10/17 3:41 PM
	_10/10/17 1:00 PM	فأنشأ فالمتعالب المتعالب	AKJ	LMH	BLUE SHIÈLD OF CA	OCTriage	10/10/17 3/50 PM
	10/10/17 1:S0 PM	المستقادمة المدا	AKJ	LMH	CHG/MCAL	iguerrero RES:OCTriage "	10/10/17 3:58 PM 10/10/17 5:42 PM
	10/10/17.2:00.PM	Berickers.	TOTAL COMPANY AND ASSAULT AND ASSAULT OF THE PARTY OF THE	LMH	CHRISTIAN CARÉMINISTRIES MEDISHAI GRAYBILL/SCMG CAP (SR NORTH)	OCTriage	10/10/17 6:33 PM
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	10/11/17 7:50 AM	المشمستسنتية	AKI	LMH	SCMG/METRO (CAP)	sissa	10/11/17 11:04 AM
	10/11/17 8:00 AM	13500000	LMH .	G FER	TRI-CITY/IPA (CAP)	marrazola	10/11/17 11:13 AM
	10/11/17 8:10 AM	Zisior Jimoon i	AKJ	LMH	SCMC/CAP (SMMG)	bjsimmons	10/11/17 11:18 AM
	10/11/17 9:20 AM	a a representation and the	AKI	LMH	AETNA	sissa	10/11/17 11:53 AM
	10/11/17 9:50 AM		AKJ	LMH	BLUE SHIELD OF CA	sissa	10/11/17 1:02 PM
	10/11/17 9:30 AM	4775 4 758	AKU .	LMH	SCMG/METRO (CAP)	_{res} det un un de ma rgrep a un éta éta flavour et missionnel de des flavour d'acteur l'ang	10/11/17 £17 PM
寸變	10/11/17 10:10 AM		AKJ	LMH	MOLINA HEALTHCARE/MCAL	bjsimmons	10/11/17 1:32 PM 10/11/17 2:01 PM
	10/11/17 10:30 AM		AKU .	LMH	SCMG (FFS) UNITED HEALTHCARE MCARE ADV	Sissa (Tieff)	10/11/17 2:06 PM
	10/11/17 10:40 AM		AKI AKI	LMH LMH	COF (CHRONIC DISEASE FUND)	sissa	10/11/17 2:20 PM
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	10/11/17 2:00 PM		AKJ	LMH	MOLINA COVERED CA MOLINA HEALTHCARE/MCAL	bjsimmons bjsimmons	10/11/17 5:41 PM
	10/11/17 2:20 PM	<u> </u>	AKJ	ĽMH ĽMH	SCMG/METRO (CAP)	sissa	10/11/17 5:58 PM
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	10/11/17 4:00 PM	7	AKU	LMH	LUCENTIS COPAY CARD	bjsimmons	10/11/17 6:49 PM
青蛙			AKI	LMH	MOLINA HEALTHCARE/MCAL	OCTriage	10/11/17 8:46 PM
	10/10/17-2:40 PM		, AKJ	LMH	SCMC/FFS (SMP)		10/11/17 8:53 PM
	10/10/17 3:10 PM		AKJ	LMH	PCAMG/NAMM (CAP)	atinana	10/11/17 8:57 PM
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	10/12/17 9:40 AM		AK.	CLULMA	SCMC/FFS (SMMG)	staleb	10/12/17 12:48 PM
	10/12/17 9:30 AM		AKJ	LMH LMH	ANTHEM BLUE CROSS	bisimmons	10/12/17 1:41 PM
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	10/12/17 12:40 PM		AKU	LMH	SCMG/METRO (CAP)	bisimmons	10/12/17 3:27 PM
	10/12/17 1:00 PM		AKJ	LMH	CDF (CHRONIC DISEASE FUND)	bisimmons	10/12/17 4:05 PM
	10/12/17 1:50 PM		AKI C . AKI	LMH	SCMG (FFS)	bisimmons	10/12/17 4:51 PM
	10/12/17 2:30 PM		AKU	LMH	AETNA PPO	bjsimmons	10/12/17 5:39 PM
	10/13/17 1:00 PM		AKI	LMH	BLUE SHIELD OF CA	bjsimmons	10/13/17 4 00 PM
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	10/13/17 1:40 PM		AK)	LMH	BLUE SHIELD OF CA/GOV, WIDE	bjsimmons	10/13/17/4:49 PM 10/13/17 6:07 PM
	10/13/17 2:50 PM		AKI	LMH	EYLEA4U COPAY ASSISTANCE SCMG/METRO (CAP)	bjsimmons phuerta	TOTAL TOTAL PROPERTY AND ADMINISTRATION OF THE PARTY OF T
	10/15/17 12:00 AM		AKU AKU	FLR LMH	SCMG/METRO (CAP)	phuerta	10/17/17 11:40 AM
	10/16/17 12:00 AM			LMH	CDF (CHRONIC DISEASE FUND)		
. ,	10/17/17 9:10 AM 10/17/17 10:30 AM		AK)	LMH	BLUE SHIELD OF CA	OCTriage	10/17/17 1:35 PM
	10/17/17 11:00 AM		AKJ	ĹMH	GRAYBILUSCMG FFS	arosalés	10/17/17 2:23 PM
	10/17/17 12:30 PM		AKI	LMH	MEDICARE	OCTriage	10/17/17 3:45 PM
	10/17/17 1:30 PM		AKJ	LMH	GRAYBILL/SCMG FFS	OCTrlage	10/17/17 4:07 PM
	10/17/17 1:40 PM		AKU	LMH	CARE 1ST HEALTH PLAN	OCTriage	10/17/17 4:39 PM
	10/18/17-12:30 PM			FLR	MEDICARE	merrazola	10/19/17 10:49 AM
	10/18/17 1:30 PM	1	AKU	FLR	PCAMG/NAMM (CAP)	marrazola	10/19/17 10:59 AM
j		ت ند بانا	AKJ.	LMH LMH	HEALTH NET/COVERED CA	atinana	10/19/17/11/08 AM

5 50 j					·. n	TOLCHY (DA (CAP)	marrazola	10/19/17 11:12 AM
- 19	10/18/17 2:30 PM 10/18/17 4:00 PM		A A		LR:	TRI-CITY IPA (CAP) MEDICARE	marrazola	10/19/17 11:18 AM
*	10/20/17 9:10 AM	in decide a co lore	FI		MH.	UNITED HEALTHCARE MCARE ADV	lhaak	10/20/17 1:46 PM
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· - 41	10/23/17 10:10 AM	THE REAL PROPERTY.	Pharadia and the production about	فالمالين المالية المراجعة المراجعين والمحاصرة	LMH	SDPMG FFS CLAIMS	crios	10/23/17 1:10 PM
3.3	10/24/17 9:00 AM		workers for surrence shall be a selection of	R S	МН	BLUE SHIELD OF CA	sissa	10/24/17 12:18 PM
ļ.	10/10/17 12:50 PM	The state of the s		A CANADA SA	LMH	CHG/MCAL	csmith	10/24/17 12:45 PM 10/26/17 12:30 PM
نذ	10/26/17 9:20 AM 10/27/17 7:50 AM			*******	EMH T	MPMG/NAMM (CAP) SCMG/METRO (CAP)	msmith	10/27/17 3:06 PM
77	9/28/17 10:30 AM				(MH) ₆₄₅ 1997 1997 1	MOLINA HEALTHCARE/MCAL	dchanove	10/27/17 3:08 PM
Ì.	10/4/17 12:50 PM				LMH	CDF (CHRONIC DISEASE FUND)	csmith	11/6/17 12:59 PM 11/7/17 9:58 AM
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	11/6/17 12:00 AM - 11/8/17 12:00 AM				AKJ:	SRS MANAGED CARE	phuerta	11/9/17 9:48 AM
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ļ	11/13/17 12:00 AM	197. 1	A Commission of the Control of the C	AKU .	FLR	MEDICARE	phuerta	11/15/17 9:28 PM
ľ	11/9/17 4:00 PM	Al		LR	LMH	SDPMG FFS CLAIMS	atinana	11/15/17 9:30 PM
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	11/20/17 12:00 AM		California (Million to column ware)	LMH	AKI	SCMG (FFS)	phuerta	11/21/17 11:10 AM
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ļ	11/20/17 12:00 AM		Probertion of the State of Assault and Sandar garden	LMH Fer	FLR EMH F-St Find.	CIGNA HEALTHCARE EYLEAGU COPAY ASSISTANCE	phuerta atinana	11/22/17 9:58 PM
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	11/29/17 7:30 AM	J. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		MDS	LMH	MOLINA HEALTHCARE/MCAL	atinana	11/28/17 9:47 AM
	11/30/17 12:00 AM		THE PERSON NAMED AND POST OFFICE ADDRESS OF THE PERSON NAMED AND PARTY OF THE PERSON NAMED AND P	MDS	FLR	GRAYBILL/SCMG FFS	phuerta atinana	11/30/17 11:24 AM 12/1/17 9:08 AM
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	11/15/17 12:00 AM	Line industrial		AKI	FLR	SCMG/METRO (CAP)	phuerta	12/5/17 10:35 AM
強	11/16/17 3:10 PM		placed by a farmer on the factor and has been access	FLR	LMH	SDPMG FFS CLAIMS CDF (CHRONIC DISEASE FUND)	etinana	12/5/17 10:39 AM 12/5/17 10:42 AM
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	11/20/17 10:50 AM	ERRIGICA		FLR	LMH	MEDICARE	atinana	12/5/17 10:46 AM
	12/6/17 10:10 AM			MDS	DMH	PCAMG/NAMM (CAP)	atinana	12/6/17 12:56 PM
	12/14/17 12:00 AM		- GOVENESSIONED	LMH MDS - PRESERVE	AKJ	SCMC/FFS (SMP) MOLINA HEALTHCARE/MCAL	phuerta phuerta	12/15/17 9:40 AM
Ţτ	12/14/17/12:00 AM 12/14/17 1:10 PM		MATHE (No.)	FLR	≭€IMH LMH	MOLINA HEALTHCARE/MCAL	atinana	12/15/17 11:11 AM
77	11/2/17 9:00 AM	sychilian si		FLR	LMH	MEDICARE	atinana	12/16/17 4:03 PM
	11/2/17 9:20 AM		44-44-44	FLR	LMH	MOLINA HEALTHCARE/MCAL	atinana	12/16/17 4:10 PM
	11/2/17 10:40 AM			FLR	LMH	MOLINA COVERED CA SDPMG FFS CLAIMS	atinana atinana	12/16/17 4:16 PM 12/16/17 4:18 PM
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	11/2/17 10:00 AM	· · · · · · · · · · · · · · · · · · ·	Kittita iliata ita parta tan di alami	FLR	LMH	MEDICARE	atinana	12/16/17 4:21 PM
軸	11/2/17 1:10 PM			FLR	LMH	BLUE SHIELD OF CA/GOV: WIDE	atinana iii.	12/16/17 4:24 PM 12/16/17 4:34 PM
-2-2-	11/9/17 3:00 PM			FLR	LMH	CARE 1ST HEALTH PLAN MEDICARE	atinana atinana	12/16/17 4:37 PM
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	11/21/17 2:00 PM	de la face		FLR	LMH	MOLINA HEALTHCARE/MCAL	atinana	.12/16/17.4/48 PM
	11/21/17 12:40 PM		ENGLISHED TO THE FOR	FLR	LWH SHIMTER	SDPMG/NORTH COASTAL (FFS)	atinana	12/16/17 4:49 PM
;	11/21/17 2:20 PM 11/21/17 2:10 PM		a describinadas	FLR (**)))))(\$150) FLR	LMH LMH	MOLINA HEALTH PLAN MOLINA HEALTHCARE/MCAL	atinana 1949.	12/16/17 4:51 PM
	11/27/17 12:00 AM			LMH	FLR	SDPMG FFS CLAIMS	phuerta	12/16/17 4:52 PM
	11/30/17 2:00 PM		Table 1	FLR	LMH	SDPMG FFS CLAIMS	atinana	12/16/17 4:57 PM
	12/1/17 8:00 AM		3	FLR	LMH	GRAYBILL/SCMG CAP (SR NORTH)		12/15/17 4:58 PM 12/16/17 5:00 PM
	10/17/17 9:50 AM 11/20/17 12:00 AM			FLR LMH	LMH FLR	CDF (CHRONIC DISEASE FUND)	atinana phuerta	12/16/17 5:02 PM
	12/4/17 12:00 AM		SESSE LA MAL.	MDS	LMH	MEDICARE	phuerta	12/16/17 5:03 PM
96	12/1/12 1:00 PM		4.2	FLR	LMH	MOLINA HEALTHCARE/MGAL	, atlnana	12/16/17 5:04 PM
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	12/6/17 9:50 AM			MDS	TWH.	MEDICARE	atinana	12/16/17 5:11 PM
	12/12/17 1:30 PM			MDS	LMH	MOLINA HEALTHCARE/MCAL	atinana	12/16/17 5:13 PM
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	12/21/17 12:00 AM			LMH		CASH PAY OR NO INSURANCE	phuerta	12/22/17 11:23 AM
	12/26/17 12:00 AM	1		MDS	LMH	CASH PAY OR NO INSURANCE	phuerta	12/22/17 11:44 AM
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12/28/17 7:40 AM		FLR	LMH	SDPMG FFS CLAIMS	atinana	12/29/17 4:40 PM
1/3/18 3:10 PM	terrior has a seat december of the	MDS	LMH	MOLINA HEALTHCARE/MCAL	- que a como a mission activamente en la constituit à principal de manifestation de la constituit de la cons	1/4/18 9:52 AM 1/5/18 11:31 AM
1/5/18 8:00 AM		FLR	LMH LMH	MEDI-CAL MOLINA HEALTHCARE/MCAL	atinana	1/8/18 12:46 PM
9/22/17 2:40 PM 9/20/17 2:50 PM	11 11 11 11	FLR . FLR	LMH	MOLINA HEALTHCARE/MCAL	'atinana'	1/8/18 12:50 PM
9/26/17 10:40 AM	11.16.16.19	FLR	LMH	MOLINA HEALTHCARE/MICAL	atinana	1/8/18 12:52 PM
8/30/17 7:30 AM	artema i sod ar tida de indica de de	FLR	LMH	MOLINA HEALTHCARE/MCAL	atinana	1/8/18 12:54 PM
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8/30/17 1:20 PM		FLR	LMH	MOLINA HEALTHCARE/MCAL	atinana	1/8/18 1:17 PM 1/8/18 1:19 PM
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12/18/17 12:00 AM		AKJ	FLR	GRAYBILL/SCMG FF5	phuerta	1/10/18 12:20 PM
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12/19/17 8:30 AM		. LMH	AKJ	PCAMG/NAMM (CAP)	atinana	1/10/18 12:29 PM
-12/18/17 10:30 AM		FLR	LMĤ	MOLINA HEALTHCARE/MCAL	. 7	1/10/1812:30 PM
12/20/17 12:00 AM		LMH	AKJ	SRS MANAGED CARE	phuerta atinana ga la celas	1/10/18 12:33 PM
12/11/17 7:50 AM		FLR II	EMH	MOLINA HEALTHCARE/MCAL SDPMG/NORTH COASTAL (FFS)	atinana	1/10/18 1:21 PM
12/8/17 2:40 PM		i MDS	AKJ:	SCMC/FFS (SMP)	phuerta	1/12/18 11:01 AM
1/11/18 12:40 PM	The sale has been been provided by	MDS	LMH	CARE 1ST HEALTH PLAN	atinana	1/12/18 11:10 AM
12/8/17 3:40 PM	- Constitution of the same	MDS	LMH	SDPMG FFS CLAIMS	atinana	1/12/18 1:07 PM
12/8/17 1:00 PM		MDS	LMH	CHG/MCAL	atinana	1/12/18 1:10 PM
12/8/17 9:20 AM		MDS	LMR	SDPMG FF5 CLAIMS	atinana , _{Heritalis de la}	1/12/18 1:24 PM 1/12/18 8:26 PM
12/8/17 3:30 PM		MDS	LMH cos C #LMH ¹ ff	CDF (CHRONIC DISEASE FUND) MOLINA HEALTHCARE/MCAU	atinana watinana	1/12/18 8:30 PM
1/10/18 7:40 AM 1/10/18 8:20 AM		FLR FLR	LMH	MEDICARE	atinana	1/12/18 8:33 PM
1/10/18 8:20 AM		FLR	LMH	MOLINA HEALTHCARE/MCAL	atinana	1/12/18 8:35 PM
1/10/18 12:30 PM	Mar - all and 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	FLR	LMH	SDPMG FFS CLAIMS	atinana	1/12/18 8:36 PM
12/28/17 8:30 AM		FLR	LMH	MOLINA HEALTHCARE/MCAL		1/12/18 8:41 PM
12/27/17 9:20 AM	AND 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	FLR	LMH	MOLINA HEALTHCARE/MCAL	etinana	1/12/18 8:43 PM 1/12/18 8:47 PM
12/28/17 12:00 AM		LMH	AKI	HEALTH NET/COVERED CA MEDICARE	OCTriage phuerta	1/12/18 8:S0 PM
12/29/17 12:00 AM		LMH	FLR LMH	MOLINA HEALTHCARE/MCAL		1/12/18 8:52 PM
12/28/17 9:50 AM 1/5/18 1:30 PM		MDS	LMH	SDPMG FFS CLAIMS	atinana	1/12/18 9:02 PM
1/5/18 2:20 PM		FLR	the sales are option to the sales and the sales are the sales are the sales are	SDPMG FFS CLAIMS	atinana	1/12/18 9:06 PM
1/4/18 12:00 AN		LMH	AKJ	GRAYBILL/SCMG CAP (SR NORTH)	phuerta	1/12/18 9:11 PM
1/15/18 3:00 PM	1	CMF	FLR [MEDICARE	marrazola	1/15/18 10/47/AM
1/18/18 12:00 AN		MDS	FLR	CHG/MCAL	phuerta	1/16/18 11:36 AM 1/19/18 12:44 AM
1/15/18 7 30 AN	and the state of t	MDS	AKI LMH	CDF (CHRONIC DISEASE FUND) SDPMG FFS CLAIMS	SD (flage) atinana	1/19/18 12:46 AM
1/11/18 3:20 PM		MDS	LMH COLOR	SDPMG FFS CLAIMS	atinana	1/19/1812:48 AM
12/12/17 3:50 PN		MDS	LMH	MOLINA COVERED CA	atinana	1/19/18 1:05 AM
12/13/17 8:00 AN		in MDS	LMHM:	TRI-GITY (PA (CAP)	atinana	1/19/18 1 09 AM
12/12/17 2:10 PN		MDS	LMH	CARE 1ST HEALTH PLAN	atinana	1/19/18 1:12 AM
12/12/17 3:20 PA		MDS.	LMH (in	MOLINA HEALTHCARE/MCAL	atinana atinana	1/19/18 1/14 AM 1/19/18 1:18 AM
12/13/17 9:10 AM		, MDS	LMH	MOLINA/MEDI CONNECT PLAN CHG/MCAL	atinana	1/19/18 1:20 AM
12/13/17 8:20 AN 12/14/17 12:00 AN	Aug.	MDS	LMH	SCMC/CAP (SMMG)	phuerta	1/19/18 1:22 AM
12/13/17 10:20 AM		MDS	LMH	CARÉ 1ST HEALTH PLAN	atinana	1/19/18 1:25 AM
1/18/18 12:00 AM		MDS	FLR	MEDICARE	phuerta	1/19/18 10:00 AM
1/18/18 12:00 Af	М	ii the MDS	FLR :	MEDICARE.	phuerta	1/19/18 10:30 AM
1/18/18 12:00 AM		with the second	FLR	CASH PAY OR NO INSURANCE	phuerta phuerta	1/19/18 10:45 AM 1/19/18 10:54 AM
1/18/18 12:00 Al	-A-4	MDS MDS	FLR D	SCMC/CAP (SMMG) CARE 1ST HEALTH PLAN	atinana	1/19/18 11:48 AM
1/19/18 8:50 AF		MDS : MDS	LMH	UMR	atinana	1/21/18 7/51 PM
1/9/18 7:40 AI	W. C. C. C. C.	MDS	FLR	UNITED HEALTHCARE MCARE ADV	SDTriage	1/21/18 7:55 PM
1/5/18 8:10 A	M Spirit	flR :	LMH	STATEFUND	The state of the s	1/21/187:58 PM
1/22/18 7:30 AI	M	MDS	LMH	CHG/MCAL	atinana	1/23/18 10:39 AM
1/23/18 12:40 PI		FLR	LMH	CDF (CHRONIC DISEASE FUND)	The second of th	1/23/18 10:41 AM
1/22/18 7:30 A		MDS FLR	LMH	CARE 1ST HEALTH PLAN CARE 1ST HEALTH PLAN	atinana /atinana	1/23/18 10:46 AM 1/23/18 4:03 PM
1/24/18 9:10 A 1/25/18 12:30 P	a take	MOS	LMH	CARE 15T HEALTH PLAN	atinana	1/26/18 11:14 AM
1/25/18 12:30 P		MDS	FLR	ANTHEM BLUE CROSS	phuerta	1/26/18 3:47 PM
2/1/18 12:00 A		MDS	AKJ	GRAYBILL/SCMG FFS	phuerta	2/2/18 10:08 AM
2/1/18 12:00 A		MDS	FLR	ANTHEM BLUE CROSS	phuerta	
2/8/18 12:00 A		LMH	AKI	SDPMG FFS CLAIMS	phuerta	2/2/18 11:04 AV
2/1/18 12:00 A		MDS	AKJ 🦶	GRAYBILLYSCMGIFFS	phuerta	2/2/18 11/18 AN 2/2/18 8:07 PN
1/26/18 7:50 A		MDS MDS	LMH LMH	SRS MANAGED CARE CARE 1ST HEALTH PLAN	phuerta atinana	2/2/18 8:08 PN
1/25/18 3:00 P 1/19/18 1:20 P		MDS	LMH	MEDICARE	atinana	2/2/18 8:11 PN
1/19/18 1:20 P		MD5	manipulation and the same single is an	SDPMG FF8 CLAIMS		2/2/18 8:13 PN
1/19/18 9:10 A	MA	MDS	LMH	CDF (CHRONIC DISEASE FUND)	atinana	2/2/18 8:15 PN
1/23/18 1:30 P			MDS	UNITED HEALTHCARE		2/2/18 8:17 PM
1/23/18 1:00 F	PM	, FLR	. LMH	PCAMG/NAMM (CAP)	atinana	2/2/18 8:19 PN
1/25/18 12:00 A		MDS	CANAL CONTRACT	cHg/MGAL	and the state of t	2/2/18 8:22 Ph
1/24/18 10:50 A		FLR	LMH CXMT	SDPMG FFS CLAIMS	atinana Pphyarta	2/2/18 8:23 PN 2/9/18 1:49 PN
1/10/18 4:00 /		լհայրու լու <u>i MDS</u> FLR	LMH LMH	CARE 1ST HEALTH PLAN SDPMG FFS CLAIMS	atinana	2/13/18 11:39 AM
1/10/18 4:00 F 1/11/18 12:00 F		Application of the second seco	LMH	MEDICARE	phuerta	2/13/18 11 42 AF
11/9/17 2:40		FLR	LMH	SDPMG FFS CLAIMS	atinana	2/15/18 5:37 PM
1						2/9/18 10:56 A