

Arkansas
State Claims Commission
SEP 26 2014

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Please Read Instructions Reverse Side of Yellow copy
Please print in ink or type

BEFORE THE STATE CLAIMS COMMISSION
Of the State of Arkansas

- Mr.
- Mrs.
- Ms.
- Miss

Thomas Fry

Claimant

vs.

State of Arkansas, Respondent
Highway Dept.

Do Not Write in These Spaces	
Claim No.	15-0270-CC
Date Filed	September 26, 2014
(Month)	(Day) (Year)
Amount of Claim \$	64,000.00
Fund	AHTD

COMPLAINT
Personal Injury, Pain & Suffering
Mental Anguish, Negligence,
Refund of Expenses, Loss of Wage

Thomas Fry

the above named Claimant, of

P.O. Box 622 Alexander

(Street or R.F.D. & No.) (City)

AR 72022 501-947-903

(State) (Zip Code) (Daytime Phone No.)

County of Saline

represented by Law Offices of Gary Green

(Legal Counsel, if any, for Claim)

of 1001 Le Harpe Blvd Little Rock AR 72201

(Street and No.) (City) (State) (Zip Code)

501-224-7400 501-224-2294, says:

(Phone No.) (Fax No.)

State agency involved: Arkansas Dept of Highway Transportation Amount sought: \$64,000.00

Month, day, year and place of incident or service: March 3, 2014 I-40 Westbound

Explanation: M. Fry was driving a FedEx truck on Interstate 40 when an Arkansas Highway Transportation Department vehicle negligently crossed over into Mr. Fry's lane and forced him into a concrete bridge and then off the road.

As parts of this complaint, the claimant makes the statements, and answers the following questions, as indicated: (1) Has claim been presented to any state department or officer thereof?
No; when? ; to whom? ; and that the following action was taken thereon: (Department)

and that \$ See Attached was paid thereon: (2) Has any third person or corporation an interest in this claim? Yes; if so, state name and address
(Name) (Street or R.F.D. & No.) (City) (State) (Zip Code)
and that the nature thereof is as follows: ; and was acquired in the following manner:

THE UNDERSIGNED states on oath that he or she is familiar with the matters and things set forth in the above complaint, and that he or she verily believes that they are true.

Grant Rollins
(Print Claimant/Representative Name)

Grant Rollins
(Signature of Claimant/Representative)

SWORN TO and subscribed before me at Little Rock AR (City) (State)

on this 25th day of September 2014 (Date) (Month) (Year)

Jeanette Light (Signature)

(Notary Public)

My Commission Expires: 06 06 2014 (Month) (Day) (Year)

(SEAL) JEANETTE LIGHT
Arkansas - Pulaski County
Notary Public - Comm# 12398587
My Commission Expires Jun 6, 2024

SF1-R7/99

ARKANSAS STATE CLAIMS COMMISSION
PROPERTY DAMAGE/PERSONAL INJURY INCIDENT REPORT FORM

SECTION 1
CLAIMANT

Thomas Fry

ADDRESS P.O. Box 622

CITY & STATE Alexander, AR

ZIP CODE 72002

DATE OF INCIDENT: 3/3/14

19

TIME 1:16 PM

Give a brief description of incident, showing how incident happened, exact loss and extent of damage to property and/or injury to person:

Mr. Fry was injured in a motor vehicle incident after the driver of an Arkansas Highway Transportation Department vehicle negligently forced Mr. Fry's vehicle off the road.

(If personal injury claim only, move on to Section IV)

SECTION II

Has this property been repaired? Yes () No () If repairs have been made, give the following information: Amount: \$ Have you paid for the repairs? Yes () No ()

NOTE: Attach a copy of repair bill.

If repairs have not been made, list three estimates below and attach copies of each of them.

NAME	ADDRESS	AMOUNT
1.		\$
2.		\$
3.		\$

SECTION III

Was property covered by insurance? Yes () No ()
If yes, what is the deductible? \$

NAME OF INSURANCE CARRIER ADDRESS

Arkansas
State Claims Commission
SEP 26 2014

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SECTION IV

Is injured covered by medical insurance? Yes (X) No ()

If yes, is medical insurance:

If yes, what is the deductible? \$ 2,250.00 / \$4,500.00

- A. Job-based Yes (X) No ()
- B. Uninsured Motorist Yes () No ()
- C. Private Pay Yes () No ()

NAME OF INSURANCE CARRIER ADDRESS

CIGNA

P.O. Box 182223 Chattanooga, TN 37422

SECTION V

If incident was investigated by the police or by some other agency, give name and title of officer/person making the investigation: Sr. Cpl. Ricky Denton

SECTION VI

The undersigned states on oath that he/she is familiar with the matters and things set forth in the above statement, and that he/she verily believes that they are true.

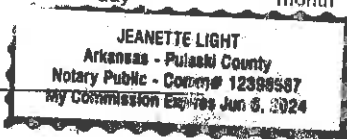
Thomas Fry
Signature of Claimant

(Notary Seal)

Sworn to and subscribed before me at Little Rock, AR
City & State

on this 17th day of Sept, 2014
day month year

My Commission Expires 06/06/24



Jeanette Light
Signature of Notary Public

ARKANSAS STATE CLAIMS COMMISSION
MOTOR VEHICLE ACCIDENT REPORT FORM

SECTION I

CLAIMANT Thomas Fry ADDRESS P.O. Box 622
CITY & STATE Alexander AR ZIP CODE 72002
DATE OF ACCIDENT: 3/3/14 TIME: 1:16 PM
MOTOR VEHICLE DAMAGED: TYPE 18-wheeler MAKE Fed Ex YEAR 2012
DRIVEN BY: Thomas Fry ADDRESS See above

Give a brief description of accident, showing how accident happened, exact loss and extent of damage to car.

Claimant is not making a property damage claim

SECTION II

Has this vehicle been repaired? Yes (X) No () if repairs have been made, give the following information: Amount \$ _____ Have you paid for the repairs? Yes () No (X) NOTE: Attach a copy of repair bill

If repairs have not been made, list three estimates below and attach copies of each of them.

NAME	ADDRESS	AMOUNT
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Arkansas State Claims Commission
SEP 26 2014

SECTION III

Was vehicle covered by Insurance? Yes (X) No () Liability Only ()

Comprehensive: Yes () No () What is your deductible? \$ _____

Collision: Yes () No () What is your deductible? \$ _____

NAME OF INSURANCE CARRIER Protective Insurance ADDRESS 7306 N. Baker Rd, Fremont, IN 46737

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SECTION IV

Type of State Vehicle involved Dump truck with snow plow License No. 8991

Driver Joseph Closs Property of which State Agency Highway Transportation Dept

If accident was investigated by the State Police, give name of investigating officer: Ricky Denton If investigation was made by some other agency, give name and title of officer making the investigation: _____

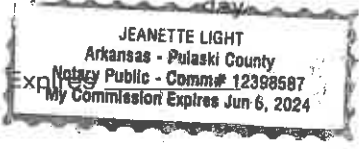
SECTION V

The undersigned states on oath that he/she is familiar with the matters and things set forth in the above statement, and that he/she verily believes that they are true.

Thomas Fry
Signature of Claimant

(Notary Seal)

Sworn to and subscribed before me at Little Rock AR City, State
on this 17 day of September, 2014 month year



Jeanette Light
Notary Public

My Commission Expires 06/06/2014

Third parties with an interest in this claim:

1. Sedgwick CMS, P.O. Box 94852, Cleveland, OH 44101 - Claimant's worker's comp insurer
2. CIGNA, P.O. Box 182223, Chattanooga, TN 37422 - Claimant's health insurer
3. Protective Insurance Company, 1099 N. Meridian St., Indianapolis, IN 46204 - Claimant's MedPay
4. Xerox Recovery Services, 1301 Basswood Rd. Schaumburg, IL 60173 - Subrogation for CIGNA
5. MSPRC Auto/Liability, MSPRC - NGH, P.O. Box 138832, Oklahoma City, OK 73113 - Medicare



1001 La Harpe Boulevard
Little Rock, Arkansas 72201
501-224-7400
Fax 501-224-2294
email: ggreen@gGreen.com
www.gGreen.com

Arkansas
State Claims Commission
JAN 02 2015
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December 31, 2014

Arkansas Claims Commission
JAN 02 2015
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Mr. David Dawson
Arkansas Highway and Transportation Department
P.O. Box 2261
Little Rock, AR 72203-2261

Re: Our client : Thomas Fry, Sr.
Your insured : Arkansas Highway Transportation Department
Date of loss : 3/3/2014
Claim No. : 15-0270-CC

Dear Mr. Dawson:

The following settlement demand is made at this time in an attempt to conclude the above referenced bodily injury claim.

Liability should not be an issue in this case. Your insured caused the incident by entering Mr. Fry's lane of traffic and in an effort to avoid contact with your insured's vehicle, Mr. Fry's vehicle hit the concrete wall of the bridge and then left the roadway and overturned. Your insured by his actions caused two FedEx freight vehicles to suffer damages and injury to our client.

Enclosed is a summary of the special damages incurred as a result of your insured's negligence. Thomas Fry, Sr. has been diagnosed as having lumbrosacral and thoracic strain. He suffered with limited range of motion, pain, and limited muscle performance and radiation of pain down into his right hip. The MRI revealed that he had some disc displacement at L4-5 and L5-S1 and a left foraminal annular tear at L4-5 with some nerve impingement as a result of this incident. He had a lumbar epidural steroid injection for pain relief and to reduce the inflammation. He underwent several weeks of physical therapy and missed 93 days of work due to this injury.

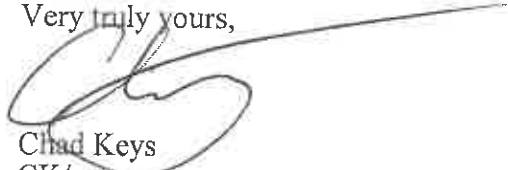
Please note that we have corrected the amount Mr. Fry had to withdraw out of his 401k account to include the full amount including federal and state taxes which were withheld.

December 31, 2014
Page 2

Based on total medicals of \$7,673.90, economic losses of \$19,387.96 for lost wages and \$6,999.54 for amount withdrawn out of 401K account, and other damages, we hereby demand a settlement offer in the amount of \$64,000.00.

I shall appreciate receiving your response to this demand by January 16, 2015. Feel free to contact either Blake Hoyt or me regarding this case.

Very truly yours,



Chad Keys
CK/pw

Enclosures: police report, summary sheet, medical records, itemized statements, please see photographs submitted with our response to discovery

Arkansas
State Claims Commission

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Value Code Report

<u>Value Code</u>	<u>Dates of Service</u>	<u>Provider Of Service</u>	<u>Total Amount</u>
COP	3/10/2014 - 3/10/2014	Loss from 401K account due to not working	5,249.65
		<u>SUBTOTAL FOR COP</u>	<u>\$ 5,249.65</u>
LWG	3/3/2014 - 5/12/2014 off work 93 days	FedEx Payroll	19,387.96
		<u>SUBTOTAL FOR LWG</u>	<u>\$ 19,387.96</u>
MED	3/4/2014 - 4/2/2014	Concentra Health Centers	2,455.90
MED	3/13/2014 - 3/13/2014	Westside Open MRI & Diagnostic Ctr.	1,660.00
MED	4/18/2014 - 4/25/2014	Neurological Surgery Associates, P.A.	3,558.00
		<u>SUBTOTAL FOR MED</u>	<u>\$ 7,673.90</u>
Totals for all value codes			\$ 32,311.51

Report Criteria:

Value codes = COP,LWG,MED

Value notes are not included

Sorted by: party, value code, start date, provider name



FRY

Attachments

Arkansas Uniform Motor Vehicle Collision Report

Report Number

240314053

CARRIER	Vehicle # 1	Driver - Last Name FRY	Driver - First Name THOMAS	Driver - MI E	Driver - Suffix	
	Carrier Name FEDEX FREIGHT INC.					
	Carrier Address 7306 N. BAKER ROAD		Carrier City FREMONT	Carrier State IN	Carrier Zip Code 46737	
	Carrier Action <input checked="" type="checkbox"/> Operating on a trafficway (In Transport) <input type="checkbox"/> Parked on or off the trafficway					
1	Gross Vehicle Rating <input type="checkbox"/> 10,000 lbs or less <input type="checkbox"/> 10,001 - 26,000 lbs <input checked="" type="checkbox"/> 26,001 lbs or more		Carrier Type <input checked="" type="checkbox"/> Interstate Carrier <input type="checkbox"/> Intrastate Carrier <input type="checkbox"/> Not in Commerce - Govt. <input type="checkbox"/> Not in Commerce - Other Trucks (Over 10,000 lbs)		U.S. DOT # 239039	
					MC/MX #	
					State #	
	Vehicle Configuration TRACTOR/SEMI-TRAILER			Cargo Body Type VAN/ENCLOSED BOX	Bus Use NOT A BUS	
Hat Mat Placard <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Haz Mat Leakage <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		4 Digit Number	HM Class Number	
1	Sequence of Events (First) COLLISION WITH FIXED OBJECT					
2	Sequence of Events (Second) RAN OFF ROAD					
3	Sequence of Events (Third) OVERTURN (ROLLOVER)					
4	Sequence of Events (Fourth)					
WITNESS 1						
Witness - Last Name ROBERTS		Witness - First Name JAMES		Witness - MI V	Witness - Suffix	
Witness - Address 7228 NORTHWEST 10TH APT. A-2		Witness - City OKLAHOMA CITY		Witness - State OK	Witness - Zip Code 72127	
Narrative						
ARKANSAS STATE POLICE TROOP H FRANKLIN COUNTY ACCIDENT REPORT # 240314053 SR. CPL. RICKEY A. DENTON #35						
INDEX						
A -- REFERENCE POINT (CONCRETE EMBANKMENT) (V-1) (1ST A.O.I.) & (LEFT ROADWAY) B -- 369'1" (DUMP TRUCK PARKED ON SHOULDER) WEST OF R.P. C -- 384'4" (V-1) OVERTURNED AND AT FINAL REST WEST OF R.P. (V-1) 32'3" NORTH OF PAVEMENT'S EDGE AT FINAL REST						
ACCIDENT INFORMATION:						
MR FAY THE OPERATOR OF (V-1) WAS TRAVELING WEST BOUND ON INTERSTATE 40 IN THE #1 (SLOW) LANE CROSSING OVER A CONCRETE BRIDGE. MR. FAY INDICATED THAT A ARKANSAS HIGHWAY TRANSPORTATION DEPARTMENT TRUCK FOR REASON'S UNKNOWN CROSSED OVER INTO HIS LANE OF TRAFFIC. MR. FAY THE OPERATOR OF (V-1) STATED HE ATTEMPTED TO AVOID THIS ACCIDENT WHEN HIS VEHICLE (V-1) STRUCK THE END OF THE CONCRETE BRIDGE THE FIRST AREA OF IMPACT. AFTER IMPACT WITH THE BRIDGE MR. FAY'S VEHICLE;LE (V-1) LEFT THE ROADWAY OUT OF CONTROL TRAVELING OFF DOWN INTO THE MEDIAN WHERE HIS VEHICLE (V-1) OVERTURNED COMING TO A FINAL REST AFTER STRIKING SEVERAL SMALL TRESS THE SECOND AREA OF IMPACT. MR. FAY'S VEHICLE (V-1) WAS LOCATED NORTH OF THE PAVEMENT'S EDGE HEADED BACK IN A WESTERLY DIRECTION. MR FAY'S VEHICLE (V-1) HAD EXTENSIVE DAMAGE TO THE ENTIRE VEHICLE AND HAD TO BE TOWED FROM THE ACCIDENT SCENE. MR. CLOOS THE OPERATOR OF THE ARKANSAS HIGHWAY TRANSPORTATION DEPARTMENT (DUMP TRUCK WITH SNOW PLOW) WAS IN THE PROCESS OF ATTEMPTING TO PULL OFF ONTO THE SHOULDER OF THE ROADWAY TO COMPLETE AN ACCIDENT REPORT. MR. CLOOS VEHICLE HAD JUST BEEN IN A SIDESWIPE TYPE COLLISION ON THE BRIDGE JUST PRIOR TO THIS ACCIDENT. SEE ACCIDENT REPORT NUMBER # 240314051. THERE WAS NOT CONTACT BETWEEN MR. FRY'S VEHICLE (V-1) AND THE CLOOS VEHICLE. ALSO NO DAMAGE TO THE BRIDGE. (V-1) 2ND TRAILER (TN) U095855						



Arkansas Uniform Motor Vehicle Collision Report

Report Number
240314053

DRIVER	Driver - Last Name FRY			Driver - First Name THOMAS			Driver - MI E	Driver - Suffix	Driver - Telephone # (501)-847-9323
	Driver - Address P.O. BOX 622			Driver - City ALEXANDER			Driver - State AR	Driver - Zip Code 72002	
	Driver - License Number 903901530	DL State AR	DL Endorse. H-T	DL Class A	DL Restrictions NONE	Driver - Date of Birth 10/21/1942	Driver - Race CAUCASIAN		Driver - Sex MALE
	Driver - Ejection Code NOT EJECTED		Driver - Injury POSSIBLE INJURY				Air Bag NO AIRBAG DEPLOYMENT		
	Driver - Safety Equipment LAP AND SHOULDER BELT								
	Driver - Vision Obscured NOT OBSCURED								
	Test Requested <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Test Type(s) <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Breath <input type="checkbox"/> Toxicology		Driver - Condition APPEARED NORMAL			Driver - Impairment NONE		
Blood/Breath/Urine Results									

VEHICLE	Owner - Last Name FEDEX			Owner - First Name FREIGHT INC.			Owner - MI	Owner - Suffix	
	Owner - Address 7306 NO. BAKER ROAD			Owner - City FREMONT			Owner - State IN	Owner - Zip Code 46737	
	License Plate <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Year 2012	Make KENWORTH	Model CONV		Plate - Year 2014	Plate - State IN	Plate - Number 2026187	
	Vehicle - Body SEMI-TRA-TRA		Vehicle - Color 1 WHITE		Vehicle - Color 2		Vehicle Identification Number 1XKAA48XXCJ31299		
	Insurance - Company Name PROTECTIVE INSURANCE			Insurance - Policy Number B-12022			Number of Passengers 0		MultiPass Req'd. NO
	CMV Qualifying Information <input type="checkbox"/> GVWR/GCWR > 10,000 lbs <input type="checkbox"/> Bus (9 or more seats) <input type="checkbox"/> Haz Mat Placard (any vehicle type)								
	Trailer(s) Attached YES	Number of Trailers 2		Registration State OR			Plate Number HS86580		

Vehicle Damage				Estimated Damage \$45,000.00			
Point of Initial Contact <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>TRAILER</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> TOP <input type="checkbox"/> > <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/></p> <p><input type="checkbox"/> Unknown</p> </div> <div style="text-align: center;"> <p>CAR</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> TOP <input type="checkbox"/> > <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> Undercarriage</p> </div> </div>				Direction of Travel WEST		Vehicle Action AVOIDING VEHICLE	
				Collision Damage DISABLED		First Harmful Event ON ROADWAY	
				First Harmful Collision With BRIDGE OR UNDERPASS			
				Contributing Factors NONE			
				Collision with fixed object BRIDGE OR UNDERPASS			
Vehicle Defects NO DEFECTS				Prior Vehicle Damage NO		Damage Location	
Vehicle Towed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Name of Towing Service KENS TOWING		Address Vehicle Removed To 2743 TEMPLE RD			
		City Vehicle Removed To OZARK		State Vehicle Removed To AR		Zip Vehicle Removed To 72949	
Injury Transported <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		EMS Notified		EMS Arrived		Transported By	
		Hospital Name		Hospital City		Hospital State	

CLOOS - COOK

Attachments

Report Number

240314051



Arkansas Uniform Motor Vehicle Collision Report

SUMMARY	Date	3/3/2014	Day	MONDAY	Time	01:16 PM	Time Notified	01:16 PM	Time Arrived	01:29 PM	Unit Assigned	H-30	District				
	Road/Street/Highway	I-40 (WB)			Latitude				Longitude			Section	12	Log Mile	34.58MM		
	At Intersection With	34.58MM BRIDGE			Not at Intersection, But				Direction			Of Reference Point					
	County	FRANKLIN		County GLC	AR 05 047		City	OZARK		City GLC	AR 053000047						
ENVIRONMENT	Hit and Run	<input type="checkbox"/> Yes	Not in City, But			Direction			Of Reference City			Speed Limit Posted	YES	Speed Limit	70	Speed Limit 2	
		<input checked="" type="checkbox"/> No	Number of Vehicles	2		Number of Carriers	0		Number of Pedestrians	0		Number of Witnesses	1		Number of Property Owners	0	
	Atmospheric Conditions	CLEAR			Light Conditions	DAYLIGHT			Accident Locale	RURAL							
	Surface Conditions	ICE			Road System	INTERSTATE			Road Surface	CONCRETE							
Road Alignment	STRAIGHT			Road Profile	LEVEL			Traffic Lanes (#)	4		Traffic Flow	DIVIDED BY MEDIAN - NO BARRIER					
Construction/Maintenance Zone	NO			Roadway Defects	NO DEFECTS												
Relation to Junction	NON-JUNCTION			Traffic Controls	LANE MARKINGS												
Traffic Control Devices	FUNCTIONING PROPERLY			Type of Collision	SIDESWIPE SAME DIRECTION			Fire Occurrence	NO FIRE OCCURRENCE								
Rank	SR CPL	Officer - Last Name	DENTON		Officer - First Name	RICKY		Officer - MI	A		Officer - Suffix						
Officer - Signature	<i>Sgt. Ricky A. Denton</i>				Officer - Badge Number	35		Officer - Department	ASP - TROOP H								
Rank	SGT	Supervisor - Last Name	DIAS		Supervisor - First Name	RANDALL		Date Filed	04-Mar-14		Photos	NO					
Supervisor - Signature	<i>Sgt. Randall Dias</i>				Supervisor - Badge Number	244		Supervisor - Department	ASP - TROOP H								

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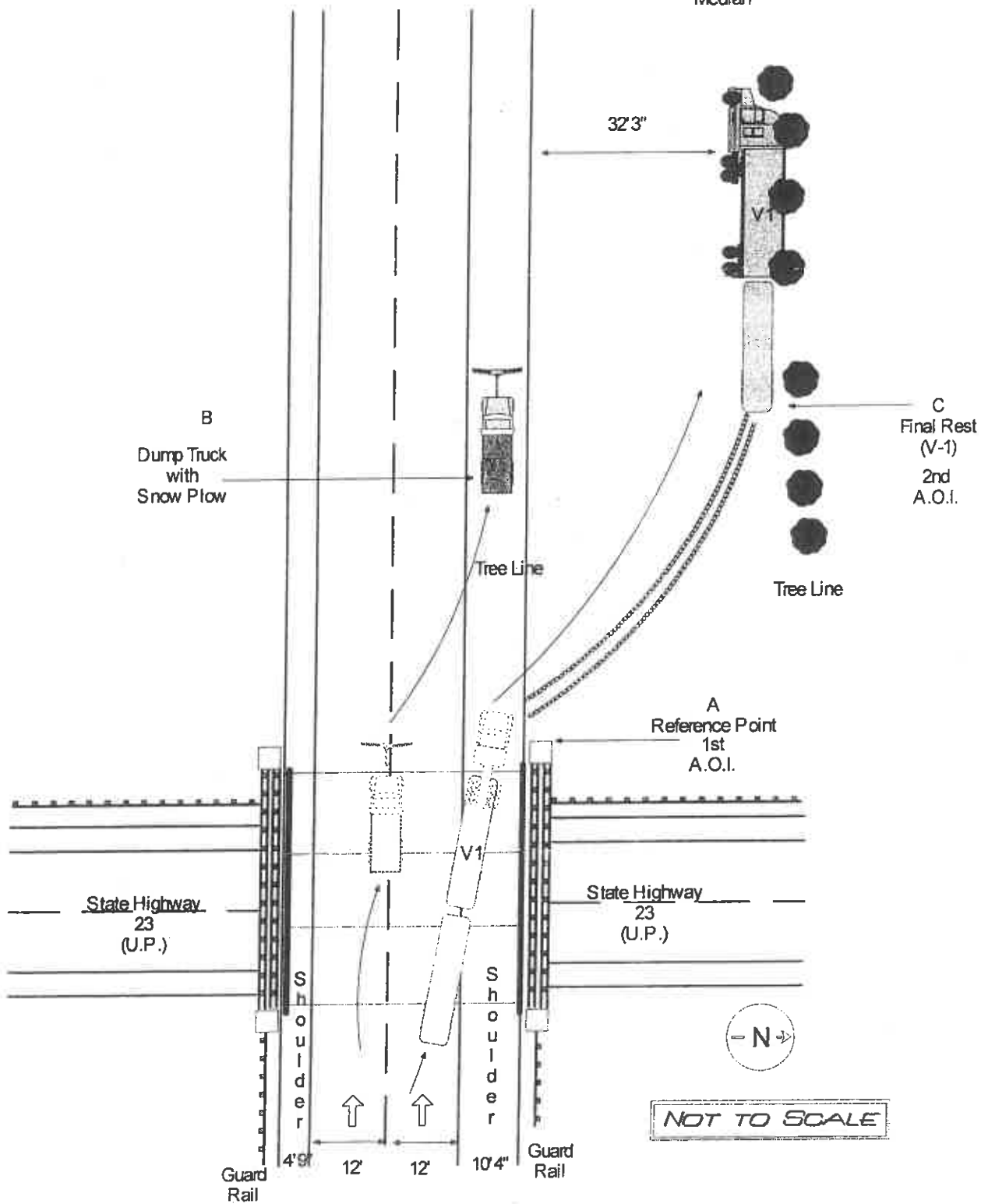
Arkansas Uniform Motor Vehicle Collision Report

240314053

Diagram / Photo 1

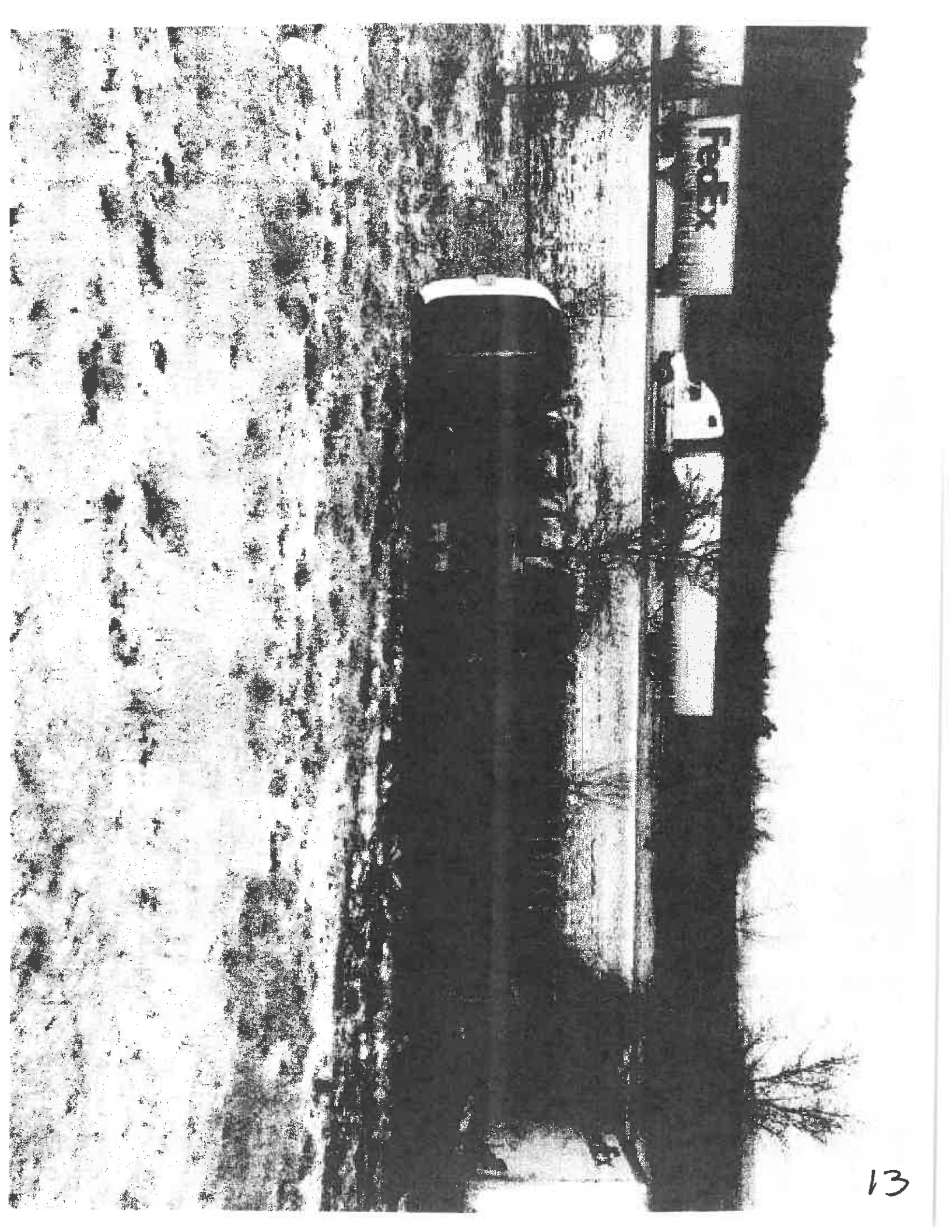
Interstate 40 (WB)

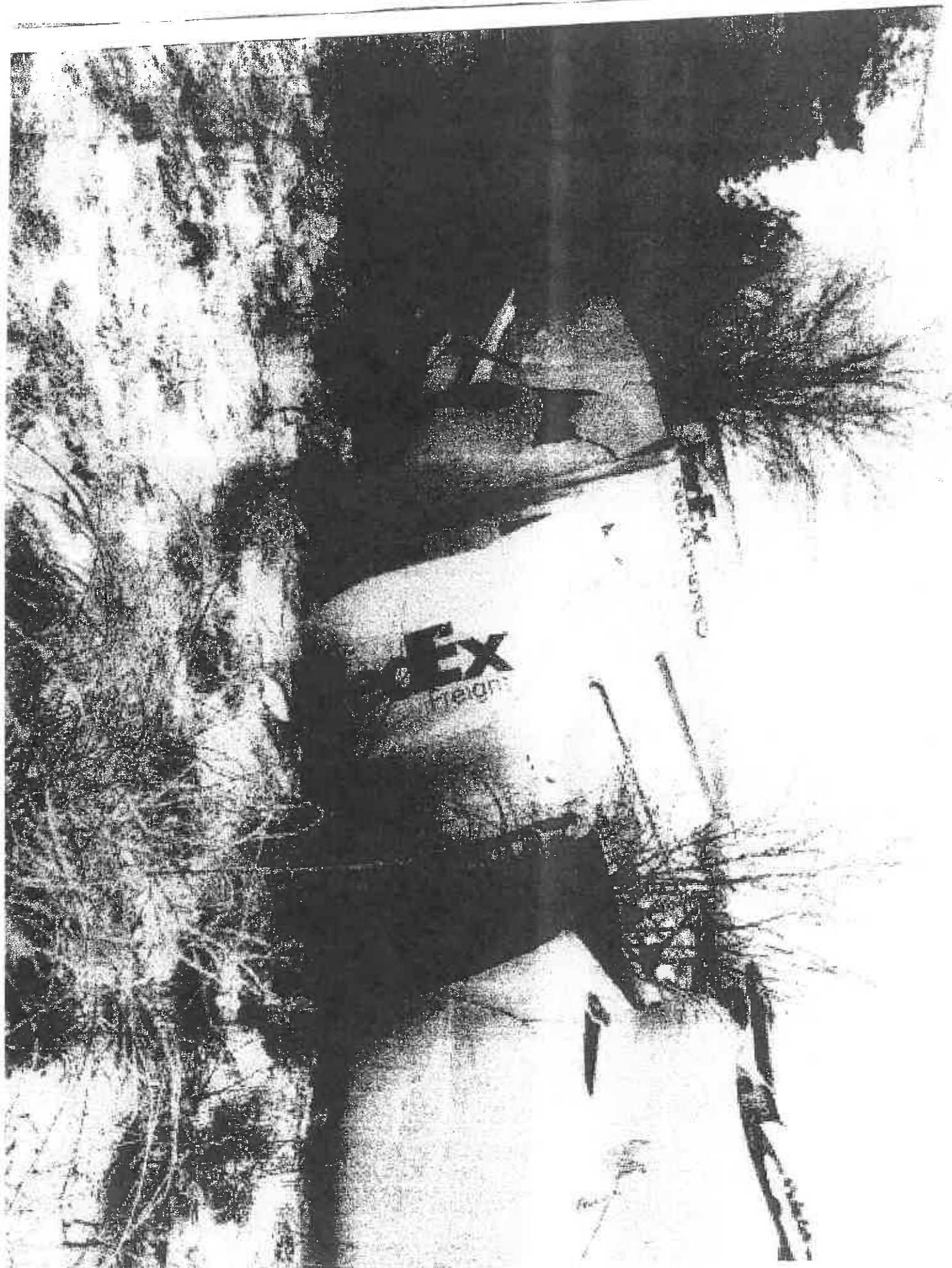
Median

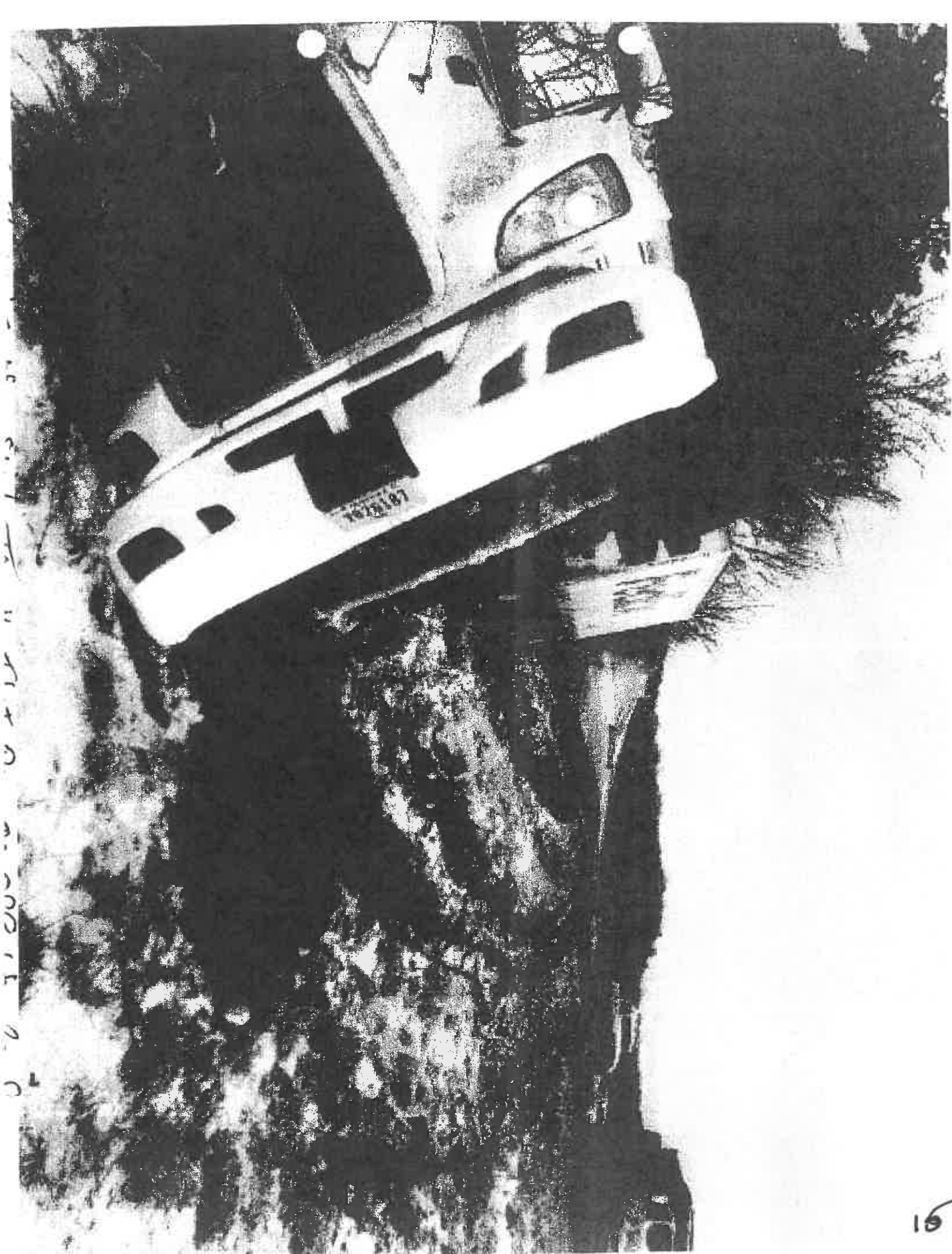




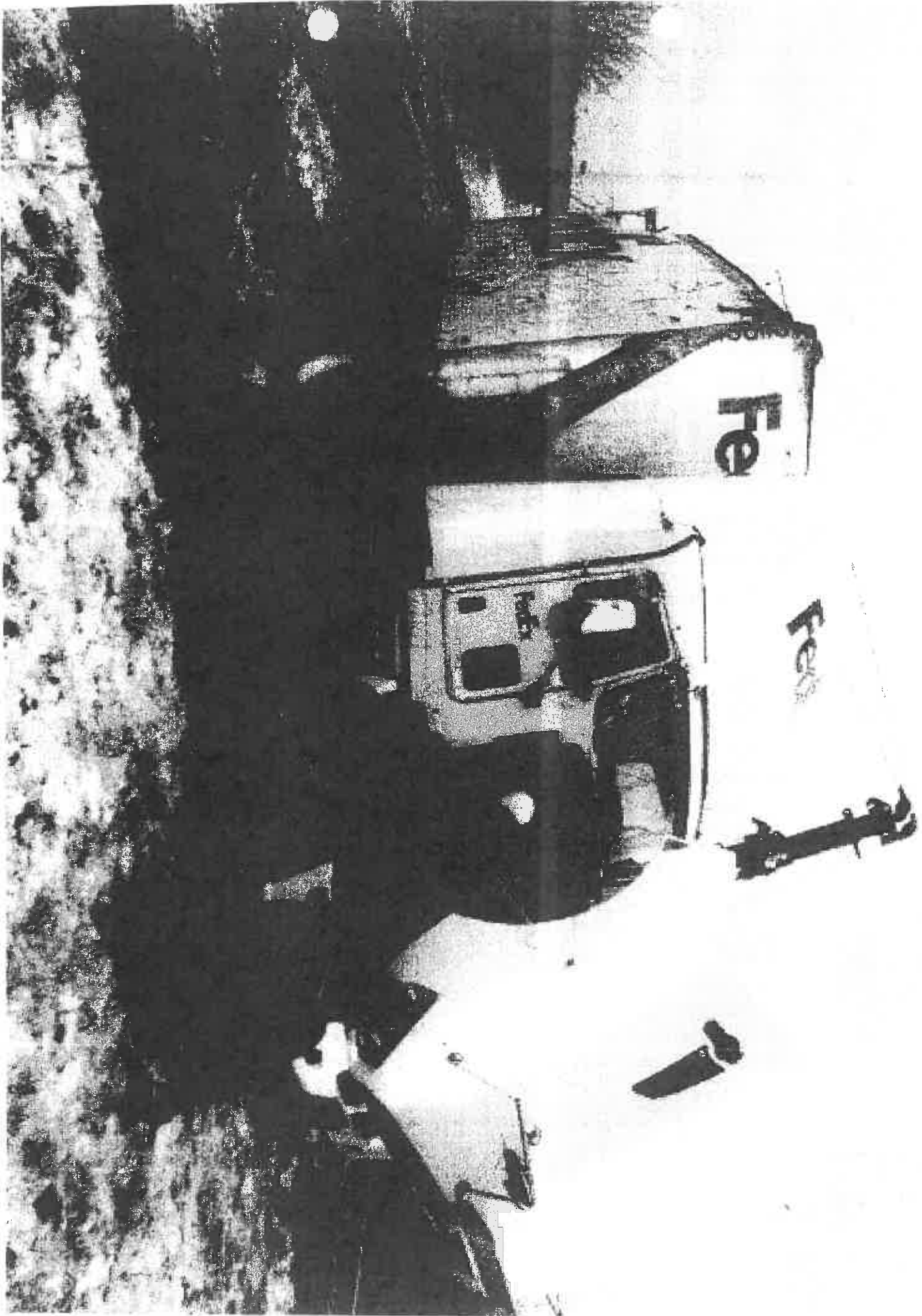
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THOMAS E. FRY
P.O. BOX 622
ALEXANDER AR 72002-0622

43180
093111

YCN NO.: 0002768350
EST

THIS NOTICE CONFIRMS A WITHDRAWAL FROM YOUR ACCOUNT.
THE DISTRIBUTION IS BASED ON THE VALUE OF YOUR ACCOUNT AS OF 03/10/2014.

TAXABLE AS ORDINARY INCOME	6,999.54
TAXABLE AS CAPITAL GAINS	.00

TOTAL TAXABLE DISTRIBUTION	6,999.54
NON-TAXABLE EMPLOYEE CONTRIBUTION	.00

DISTRIBUTION	6,999.54
FEDERAL TAX WITHHELD	1,399.91
STATE TAX WITHHELD	349.98

NET DISTRIBUTION AMOUNT	5,249.65

YOU MAY BE ABLE TO ROLLOVER YOUR TAXABLE AMOUNT TO AN IRA. IF YOU HAVE ANY QUESTIONS WITH REGARD TO YOUR ACCOUNT OR AN IRA, PLEASE CONTACT VANGUARD PARTICIPANT SERVICES.

1-800-523-1188

This is money I had to withdraw from my 401K for bills because I'm not working

Tom Fry

Peoplesoft
 EARNINGS HISTORY REPORT (PAYROLL SERVICES)

Report ID: zarsvl67
 Company EST Fedex Freight, Inc.

1516692 ERY, Thomas R
 For the period 02/01/2014 through 08/22/2014
 Requested By: 303217

Dept. ID	FormID	Check#	Hours	REGULAR	Earnings	Type	OVERTIME	Hours	Earnings	Type	Gross Pay	Federal Taxes	Type	State/LOC	Taxes	Type	Deductions	Code	Net Pay
02/01/14	ESTADV	11000530	013700146		68.64			6.00	34.32		2,275.54	139.86	CRSDI	326.02	ARRSMT	227.55	40-401KEL	1,379.86	
					34.32			6.00	34.32			32.71	MRDI			29.79	00-401LNL		
					68.64			6.00	68.64			320.08	FMT			5.43	00-FXPDEN		
					2,069.62			6.00	34.32							12.46	00-FXPHELT		
					34.32			6.00	34.32							1.78	00-FXPVIS		
Total			3,596.00	2,275.54	492.65	277.01													1,379.86
02/08/14	ESTADV	11000530	013723667		34.32			3.00	28.60		1,901.84	116.69	CRSDI	102.48	ARRSMT	190.18	40-401KEL	1,179.74	
					28.60			5.00	57.20			27.29	MRDI			29.79	00-401LNL		
					57.20			7.00	40.94			236.00	FMT			5.43	00-FXPDEN		
					1,741.68			7.00	40.94							12.46	00-FXPHELT		
					40.94			7.00	40.94							1.78	00-FXPVIS		
Total			3,026.00	1,901.84	375.98	239.54													1,179.74
02/15/14	ESTADV	11000530	013743879		45.76			4.00	34.32		2,264.10	139.16	CRSDI	125.30	ARRSMT	226.41	40-401KEL	1,403.51	
					34.32			6.00	68.64			32.54	MRDI			5.43	00-FXPDEN		
					68.64			6.00	68.64			317.51	FMT			12.46	00-FXPHELT		
					2,069.62			8.00	45.76							1.78	00-FXPVIS		
					45.76			8.00	45.76										
Total			3,596.00	2,264.10	489.21	246.08													1,403.51

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PeopleSoft
EARNINGS HISTORY REPORT (PAYROLL SERVICES)

Report ID: 4XREV167
Company: EST Fedex Freight, Inc.

1516692 Fxy, Thomas B
For the period 02/01/2014 through 08/22/2014
Requested By: 303217

P/E Date	FormID	Check#	Hours	REGULAR	Earnings	Hours	OTHER	Earnings	Gross Pay	Federal Taxes	State/Local Taxes	Deductions	Code	Net Pay
02/22/14	ESTADV													
02/22/14	ESTADV				20.59			20.59	2,305.55	141.72	127.91	230.56	40-401KE1	1,425.71
					45.76			45.76		33.15		5.43	00-PXPDEN	
					34.32			34.32		326.83		12.46	00-PXPFRIT	
					68.64			68.64				1.78	00-PXPFRIT	
					2,090.48			2,090.48						
					45.76			45.76						
Total			3,632.90		2,305.55			2,305.55	501.70	127.91	250.23			1,425.71
03/01/14 ESTADV					442.64			442.64	2,411.54	148.30	134.59	241.15	40-401KE1	1,482.47
					11.44			11.44		34.68		5.43	00-PXPDEN	
					53.31			53.31		350.68		12.46	00-PXPFRIT	
					45.76			45.76				1.78	00-PXPFRIT	
					28.60			28.60						
					57.20			57.20						
					1,742.99			1,742.99						
					28.60			28.60						
Total			3,040.33		2,411.54			2,411.54	533.66	134.59	250.82			1,482.47
03/08/14 ESTADV					105.18			105.18	246.92	14.09	3.34	24.69	40-401KE1	164.83
					54.68			54.68		3.29		5.43	00-PXPDEN	
					11.84			11.84		17.01		12.46	00-PXPFRIT	
					75.32			75.32				1.78	00-PXPFRIT	
Total			118.00		246.92			246.92	34.39	3.34	44.36			164.83

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PeopleSoft
EARNINGS HISTORY REPORT (PAYROLL SERVICES)

Report ID: XTRV157
Company: EST FedEx Freight, Inc.

1516692 Fry, Thomas E
for the period 02/01/2014 through 08/22/2014
Requested By: 303217

P/E Date	FormID	REGULAR	OVERTIME	OTHER	Hours	Earnings	Gross Pay	Federal Taxes	State/Local Taxes	Deductions	Code	Net Pay
03/15/14	ESTADV	11000530	0114857710	EDM	10.97	250.99	250.99	14.34 OASDI 3.36 MEDI 17.37 FWT	3.47 ARSMT	25.10 40-401KE1 5.43 00-FXPDBN 12.46 00-FXPFLT 1.78 00-FXPVVIS		167.68
Total --->												
					10.97	250.99	250.99	35.07	3.47	44.77		167.68
03/22/14	ESTADV	11000530	013883397	EDM	10.58	242.07	242.07	13.79 OASDI 3.22 MEDI 16.57 FWT	3.13 ARSMT	24.21 40-401KE1 5.43 00-FXPDBN 12.46 00-FXPFLT 1.78 00-FXPVVIS		161.42
Total --->												
					10.58	242.07	242.07	33.58	3.13	43.88		161.42
03/29/14	ESTADV	11000530	0133912577	EDM	10.56	241.61	241.61	13.75 OASDI 3.22 MEDI 16.53 FWT	3.17 ARSMT	24.16 40-401KE1 5.43 00-FXPDBN 12.46 00-FXPFLT 1.78 00-FXPVVIS		161.10
Total --->												
					10.56	241.61	241.61	33.51	3.17	43.83		161.10
04/05/14	ESTADV	11000530	013918425	EDM	11.40	260.83	260.83	14.95 OASDI 3.50 MEDI 18.26 FWT	3.81 ARSMT	26.08 40-401KE1 5.43 00-FXPDBN 12.46 00-FXPFLT 1.78 00-FXPVVIS		174.56
Total --->												
					11.40	260.83	260.83	36.71	3.81	45.75		174.56

Peoplesoft
EARNINGS HISTORY REPORT (PAYROLL SERVICES)

Report ID: ZRE07167
Company EST FedEx Freight, Inc.
1516652 Fry, Thomas B
For the period 02/01/2014 through 08/22/2014
Requested By: 303217

F/Y Date	FormID	REGULAR	OVERTIME	OTHER	Earnings	Gross Pay	Federal Taxes	State/loc Taxes	Deductions	Code	Net Pay
Dept. ID	Check#	Hours	Type	Hours	Type	Earnings	Taxes	Type	Type		
04/12/14	ESTADV					288.74	41.35	4.94	48.54		193.91
11000530	013967796										
RATE	22.88										

Total						288.74	41.35	4.94	48.54		193.91
04/19/14	ESTADV					291.03	16.83	5.04	29.10	40-401KEL	195.48
11000530	013953772										
RATE	22.88										

Total						291.03	16.83	5.04	29.10	40-401KEL	195.48
04/26/14	ESTADV					287.14	16.58	4.88	28.71	40-401KEL	192.79
11000530	014018094										
RATE	22.88										

Total						287.14	16.58	4.88	28.71	40-401KEL	192.79
05/03/14	ESTADV					1,730.01	106.04	91.65	173.00	40-401KEL	1,133.08
11000530	014049669										
RATE	22.88										

Total						1,730.01	106.04	91.65	173.00	40-401KEL	1,133.08

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PeopleSoft
EARNINGS HISTORY REPORT (PAYROLL SERVICES)

Page No. 5
Run Date 08/20/2014
Run Time 11:43:50

Report ID: XRE0167
Company EST FedEx Freight, Inc.

1516692 Fry, Thomas B
For the period 02/01/2014 through 08/22/2014
Requested By: 303217

P/B Date FormID <-----> RPOFSAR <-----> OVSRTIME <-----> OTHER <-----> Gross Pay <-----> Federal <-----> State/Loc <-----> Deductions Code <-----> Net Pay
 Dept. ID \Check# Hours Earnings Type Hours Earnings Type Hours Earnings Type Taxes Type Taxes Type
 05/10/14 ESTADV 11000530 014079164 RATE 22.88
 EDW 14.41 329.70 329.70 19.22 OASDI 5.60 ARSMT 32.97 40-401KE1 222.28
 4.50 MEDT 5.43 00-FXPDRN 5.43
 24.46 FWT 12.46 00-FXPFLT 12.46
 1.78 00-FXFWIS 1.78

Total ----> 14.41 329.70 329.70 48.18 6.60 52.54 222.28

05/17/14 ESTADV 11000530 014100248 RATE 22.88
 VAC 40.00 2,211.20 254.98 OASDI 413.22 40-401KE1 2,383.65
 DRD 4.00 45.76 59.63 MEDT 5.43 00-FXPDRN 5.43
 FUL 6.00 34.32 758.06 EMT 12.46 00-FXPFLT 12.46
 ROX 5.00 37.29 1.78 00-FXFWIS 1.78
 MEZ 3006.00 1,741.88
 TOG 7.00 40.04

Total ----> 3,068.00 4,132.20 4,132.20 1,072.67 242.95 432.89 2,383.65

05/24/14 ESTADV 11000530 014130014 RATE 22.88
 DRD 0.72 16.97 142.53 OASDI 231.96 40-401KE1 1,432.70
 DRD 1.06 13.44 33.33 MEDT 5.43 00-FXPDRN 5.43
 FUL 4.00 64.64 329.77 FWT 12.46 00-FXPFLT 12.46
 ROX 4.00 34.32 1.78 00-FXFWIS 1.78
 MEZ 3608.00 2,020.48
 TOG 5.00 48.60

Total ----> 3,632.72 2,118.59 2,318.59 505.63 128.73 251.53 1,432.70

Peoplesoft
EARNINGS HISTORY REPORT (PAYROLL SERVICES)

Report ID: ZSRV167
Company: RST FedEx Freight, Inc.
1516692 Fry, Thomas S
For the period 02/01/2014 through 08/22/2014
Requested By: 303217

P/R Date	FormID	Hours	Earnings	Type	State/Loc	Taxes	Gross Pay	Federal	Taxes	Type	Deductions	Code	Net Pay
06/31/14	RSTADV	22.88	1,725.45	REGULAR		127.75	2,080.09	127.75	376.10	ARSWT	208.01	40-401KE1	1,384.97
			28.60	OVERTIME		29.88		29.88			12.46	00-FXPEN	
			57.20			320.88		320.88			1.78	00-FXPEN	
			57.20									00-FXPEN	
			28.60									00-FXPEN	
			1,725.45									00-FXPEN	
			28.60									00-FXPEN	
			3,096.00			433.73	2,080.09	433.73	113.71		227.68		1,304.97
06/07/14	RSTADV	22.88	2,078.89	REGULAR		140.08	2,279.09	140.08	320.88	ARSWT	227.91	40-401KE1	1,411.55
			40.04	OVERTIME		32.76		32.76			5.43	00-FXPEN	
			58.64			320.88		320.88			12.46	00-FXPEN	
			40.04								1.78	00-FXPEN	
			2,078.89									00-FXPEN	
			40.04									00-FXPEN	
			2,078.89			493.72	2,279.09	493.72	126.24		247.58		1,411.55
06/14/14	RSTADV	22.88	2,135.09	REGULAR		147.26	2,394.78	147.26	346.91	ARSWT	239.48	40-401KE1	1,473.49
			34.32	OVERTIME		34.44		34.44			5.43	00-FXPEN	
			80.08			320.88		320.88			12.46	00-FXPEN	
			2,135.09								2.78	00-FXPEN	
			34.32									00-FXPEN	
			2,135.09			528.61	2,394.78	528.61	133.53		259.15		1,473.49
			3,711.35				2,394.78						

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PeopleSoft
EARNINGS HISTORY REPORT (PAYROLL SERVICES)

Report ID: XRESV157
Company: BSE Fedex Freight, Inc.
1516692 RY, Thomas B
For the period 02/01/2014 through 08/22/2014
Requested By: 303217

Dept. ID	Check#	Hours	Earnings	Type	OVERTIME	Hours	Earnings	Type	OTHER	Hours	Earnings	Gross Pay	Taxes	Type	Federal	Taxes	Type	State/LOC	Taxes	Deductions	Code	Net Pay

		3,654.63	2,317.81				2,317.81				2,317.81	2,317.83	505.41			128.69		251.45				1,432.28

06/28/14	RSTRDY		57.20				57.20				57.20	1,910.96	117.26	CRSDDI	191.10	5.43	00-PXFDRN	128.69	ARSMT	231.78	40-401KE1	1,214.40
			28.60				28.60				28.60	27.43	MRDI		5.43	00-PXFDRN				5.43	00-PXFDRN	
			57.20				57.20				57.20	238.05	FWT		12.46	00-PXFHIT				12.46	00-PXFHIT	
			1,739.36				1,739.36				1,739.36				1.78	00-PXFVTS				1.78	00-PXFVTS	
			28.60				28.60				28.60											

		3,022.00	1,910.96				1,910.96				1,910.96	382.74			103.05		210.77					1,214.40

07/05/14	RSTRDY		183.04				183.04				183.04	4,355.79	268.84	CRSDDI	435.58	5.43	00-PXFDRN	257.08	ARSMT	435.58	40-401KE1	2,497.35
			2,213.20				2,213.20				2,213.20	62.87	MRDI		12.46	00-PXFHIT				12.46	00-PXFHIT	
			11.44				11.44				11.44	814.40	FWT		1.78	00-PXFVTS				1.78	00-PXFVTS	
			57.20				57.20				57.20											
			28.60				28.60				28.60											
			1,782.23				1,782.23				1,782.23											
			22.88				22.88				22.88											

		3,144.00	4,355.79				4,355.79				4,355.79	1,146.11			257.08		455.25					2,497.35

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PeopleSoft
EARNINGS HISTORY REPORT (PAYROLL SERVICES)

Report ID: zsrvis7 EST FedEx Freight, Inc.
Company EST FedEx Freight, Inc.
1516692 Ely Thomas S
For the period 02/01/2014 through 08/22/2014
Requested By: 503217

P/E Date FormID <----- REGULAR -----> <----- OVERTIME -----> <----- OTHER -----> <----- Federal -----> <--- State/Loc ---> Deductions Code Net Pay
Dept. ID \Check# Hours Sarnings Type Hours Sarnings Type Hours Sarnings Type Taxes Type Taxes Type Deductions Code Net Pay

07/11/14 ESTADY 11000530 014325491 LATE 22.88
BKE 975.48 975.48 60.48 QASDI 14.15 MEDI 219.48 FWT
975.48 975.48 61.46 ARSMT 97.55 40-401XEL 522.36

Total ---> 975.48 975.48 294.11 61.46 97.55 522.36

07/12/14 ESTADY 11000530 014361211 RATE 22.88
DLX 1.47 33.63 140.01 QASDI 32.74 MEDI 320.62 FWT
DRO 2.08 57.20 126.17 ARSMT 227.80 40-401XEL 1,410.94
FUL 6.00 34.32 5.43 00-PXFDEM 5.43 00-PXFDEM 12.46 00-PXFHLT 12.46 00-PXFHLT 1.78 00-PXFVLS 1.78
HOK 6.00 34.32
MIG 3528.00 2,044.12
TOS 7.00 40.04

Total ---> 2,277.95 2,277.95 493.37 126.17 247.47 1,410.94

07/15/14 ESTADY 11000530 014377360 RATE 22.88
EDN 0.30 6.86 141.73 QASDI 33.15 MEDI 325.84 FWT
DRO 6.00 34.32 127.91 ARSMT 230.56 40-401XEL 1,435.71
FUL 6.00 34.32 5.43 00-PXFDEM 5.43 00-PXFDEM 12.46 00-PXFHLT 12.46 00-PXFHLT 1.78 00-PXFVLS 1.78
HOK 6.00 34.32
MIG 3612.00 2,052.79
TOS 6.00 34.32

Total ---> 2,305.57 2,305.57 501.72 127.91 250.23 1,425.71

PeopleSoft
EARNINGS HISTORY REPORT (PAYROLL SERVICES)

Report ID: ZMESV167
Company EST FedEx Freight, Inc.
1516692 FTY, Thomas B
For the period 02/01/2014 through 08/22/2014
Requested By: 303217

P/B Data FormID	REGULAR	OVERTIME	OTERR	Federal Taxes	State/Loc	Deductions	Code	Net Pay
Dept. ID \ Check#	Hours	Earnings	Type	Hours	Earnings	Type	Code	Net Pay
07/26/14 ESTADV 11000530 014407461 RATE 22.88	5.00	57.20	DR0	141.59	127.78	230.34	40-401KEL	1,424.58
	6.00	34.32	FUL	33.11		5.43	00-FXPDEN	
	6.00	68.64	HOK	326.35		12.46	00-FXPFLT	
	7.00	40.04	TOS			1.78	00-FXPVVIS	
Total	3,654.00	2,303.42		501.05	127.78	250.01		1,424.58
08/02/14 ESTADV 11000530 014407472 RATE 22.88	6.00	68.64	DR0	139.51	125.66	226.98	40-401KEL	1,406.58
	6.00	34.32	FUL	32.63		5.43	00-FXPDEN	
	5.00	57.20	HOK	318.79		12.46	00-FXPFLT	
	7.00	40.04	TOS			1.78	00-FXPVVIS	
Total	3,596.00	2,269.82		490.93	125.66	246.65		1,406.58
08/09/14 ESTADV 11000530 014469599 RATE 22.88	1.00	11.44	DRK	144.13	130.36	234.44	40-401KEL	1,446.52
	6.00	68.64	DR0	33.71		5.43	00-FXPDEN	
	6.00	34.32	FUL	335.58		12.46	00-FXPFLT	
	6.00	68.64	HOK			1.78	00-FXPVVIS	
	5.00	28.60	MIG					
	5.00	28.60	TOS					
Total	3,705.00	2,344.41		513.42	130.36	254.11		1,446.52

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PeopleSoft
EARNINGS HISTORY REPORT (PAYROLL SERVICES)

Page No. 10
Run Date 06/20/2014
Run Time 11:43:35

Report ID: zxrsv187
Company: RSV FedEx Freight, Inc.

1516692 Fry, Thomas E
For the period 02/01/2014 through 06/22/2014
Requested By: 303217

P/B Date	FormID	Hours	REGULAR	OVERTIME	OTHER	Earnings	Type	Hours	Earnings	Gross Pay	Federal Taxes	State/Local Taxes	Deductions	Code	Net Pay
08/16/14	RSVPLOY					57.20	DEO	5.00		2,276.77	139.94	126.10	227.68	90-401KE1	2,410.29
						34.32	FUL	6.00			32.73		5.43	90-FVFDEN	
						68.64	BOX	6.00			320.36		12.46	90-FVPHLT	
						2,876.57	MLG	3584.00					1.78	90-FVFPV1	
						40.04	TOS	7.00							
Total										2,276.77	493.03	126.10	249.35		1,410.29

End of Report

Injury/Private Account History

Memphis CBO
Data Current as of 9:55 AM 08/21/2014

Report Criteria

DOS Range: 1/1/2000 - 8/21/2014
Account #: 540707605
Include/Exclude Notes: N

Account: 540707605
Patient: Fry, Thomas.E
DOI: 03/03/2014
Address: 15622 Lindsey
ALEXANDER, AR 72002

Employer: FedEx Freight
Address: 5701 Lindsey Rd
Little Rock, AR 722063817
Phone: (501) 490-1777

SSN:
DOB: 10/21/1942
Agency:

Payor: Sedgwick FedEx Freight ONLY
Address: PO Box 14156
Lexington, KY 405124156
Phone: (000) 000-0000

Account Summary By DOS

DOS	Check	Chg Total	Pmt Amt	Adj Amt
03/04/2014	47942498	71.40	0.00	0.00
			(65.86)	0.00
			0.00	(4.11)
			0.00	(1.43)
03/04/2014	47942498	76.30	0.00	0.00
			(70.66)	0.00
			0.00	(1.53)
			0.00	(4.11)
03/04/2014	47942498	265.24	0.00	0.00
			(250.82)	0.00
			0.00	(9.12)
			0.00	(5.30)
03/05/2014	904949 ALIGN	97.42	0.00	0.00
			(85.73)	0.00
			0.00	(11.69)
03/05/2014	904949 ALIGN	7.97	0.00	0.00
			0.00	(7.97)
03/05/2014	904949 ALIGN	124.86	0.00	0.00
			(109.88)	0.00
			0.00	(14.98)

Thoracic Spine 2v Xray
Carrier/Insurance - Payment
Fee Schedule - Credit Adjustment
Aetna - Credit Adjustment
LS Spine 2v/3v Xray
Carrier/Insurance - Payment
Aetna - Credit Adjustment
Fee Schedule - Credit Adjustment
Level 5 New Comprehensive Visit
Carrier/Insurance - Payment
Fee Schedule - Credit Adjustment
Aetna - Credit Adjustment
PT Eval
Carrier/Insurance - Payment
Specialty Network - Credit Adjustment
Hot / Cold Packs, 1 or More Areas
Specialty Network - Credit Adjustment
Therapeutic Exercises-15m
Carrier/Insurance - Payment
Specialty Network - Credit Adjustment

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Injury/Private Account History

Memphis CBO
Data Current as of 9:55 AM 08/21/2014

Account Summary By DOS

	DOS	Check	Chg Total	Pmt Amt	Adj Amt
Therapeutic Exercises-15m Carrier/Insurance - Payment Specialty Network - Credit Adjustment	03/06/2014	904949 ALIGN	166.48	0.00 (146.50) 0.00	0.00 0.00 (19.98)
Therapeutic Exercises-15m Carrier/Insurance - Payment Specialty Network - Credit Adjustment	03/07/2014	904949 ALIGN	124.86	0.00 (109.88) 0.00	0.00 0.00 (14.98)
Level 4 Return Complex Visit Carrier/Insurance - Payment Aetna - Credit Adjustment Fee Schedule - Credit Adjustment	03/07/2014	47942498	139.04	0.00 (130.61) 0.00 0.00	0.00 0.00 (2.78) (5.65)
Therapeutic Exercises-15m Carrier/Insurance - Payment Specialty Network - Credit Adjustment	03/10/2014	904949 ALIGN	124.86	0.00 (109.88) 0.00	0.00 0.00 (14.98)
Therapeutic Exercises-15m Carrier/Insurance - Payment Specialty Network - Credit Adjustment	03/12/2014	904949 ALIGN	166.48	0.00 (146.50) 0.00	0.00 0.00 (19.98)
Therapeutic Exercises-15m Carrier/Insurance - Payment Specialty Network - Credit Adjustment	03/14/2014	904949 ALIGN	166.48	0.00 (146.50) 0.00	0.00 0.00 (19.98)
Level 4 Return Complex Visit Carrier/Insurance - Payment First Health - Credit Adjustment Fee Schedule - Credit Adjustment	03/17/2014	48803885	139.04	0.00 (130.61) 0.00 0.00	0.00 0.00 (2.78) (5.65)
Therapeutic Exercises-15m Carrier/Insurance - Payment Specialty Network - Credit Adjustment	03/21/2014	924343 ALIGN	124.86	0.00 (109.88) 0.00	0.00 0.00 (14.98)
Therapeutic Exercises-15m Carrier/Insurance - Payment Specialty Network - Credit Adjustment	03/25/2014	924343 ALIGN	124.86	0.00 (109.88) 0.00	0.00 0.00 (14.98)
Therapeutic Exercises-15m Carrier/Insurance - Payment Specialty Network - Credit Adjustment	03/26/2014	924343 ALIGN	166.48	0.00 (146.50) 0.00	0.00 0.00 (19.98)
Therapeutic Exercises-15m Carrier/Insurance - Payment	03/28/2014	924343 ALIGN	124.86	0.00 (109.88) 0.00	0.00 0.00 (19.98)

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Injury/Private Account History

Memphis CBO
Data Current as of 9:55 AM 08/21/2014

Account Summary By DOS

	DOS	Check	Chg Total	Pmt Amt	Adj Amt
Specialty Network - Credit Adjustment					
Therapeutic Exercises-15m	03/31/2014		0.00	0.00	(14.98)
Carrier/Insurance - Payment		934302 ALIGN	124.86	0.00	0.00
Specialty Network - Credit Adjustment			0.00	(109.88)	0.00
Therapeutic Exercises-15m	04/02/2014		119.55	0.00	0.00
Carrier/Insurance - Payment		934302 ALIGN	0.00	(109.88)	0.00
Specialty Network - Credit Adjustment			0.00	0.00	(9.67)
			\$2,455.90	(\$2,089.45)	(\$241.59)

Rebill History

	Dropped	Rebilled	Balance
03/04/2014 to 03/04/2014	03/07/2014	N	0.00
03/05/2014 to 03/05/2014	03/07/2014	N	0.00
03/06/2014 to 03/06/2014	03/08/2014	N	0.00
03/07/2014 to 03/07/2014	03/09/2014	N	0.00
03/07/2014 to 03/07/2014	03/09/2014	N	0.00
03/10/2014 to 03/10/2014	03/12/2014	N	0.00
03/12/2014 to 03/12/2014	03/14/2014	N	0.00
03/14/2014 to 03/14/2014	03/16/2014	N	0.00
03/17/2014 to 03/17/2014	03/20/2014	N	0.00
03/21/2014 to 03/21/2014	03/23/2014	Y	124.86
03/25/2014 to 03/25/2014	03/27/2014	N	0.00
03/26/2014 to 03/26/2014	03/28/2014	N	0.00
03/28/2014 to 03/28/2014	03/30/2014	N	0.00
03/31/2014 to 03/31/2014	04/02/2014	N	0.00
04/02/2014 to 04/02/2014	04/04/2014	N	0.00
03/21/2014 to 03/21/2014	05/16/2014	Y	124.86
03/25/2014 to 03/25/2014	05/20/2014	Y	0.00
03/21/2014 to 03/21/2014	07/01/2014	Y	124.86
03/21/2014 to 03/21/2014	07/24/2014	Y	124.86
03/21/2014 to 03/21/2014	08/14/2014	Y	124.86

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AFFIDAVIT/CERTIFICATION OF MEDICAL RECORDS

Before me, the undersigned authority, personally appeared Joni Pippin, who, being by me duly sworn, deposed as follows:

My name is Joni Pippin, I am of sound mind, capable of making this affidavit, and personally acquainted with the facts herein stated:

I am the custodian of the records of Concentra Health Centers. Attached hereto are 43 pages of records from Concentra Health Centers. These said 43 pages of records are kept by Concentra Health Centers in the regular course of business, and it was the regular course of business of Concentra Health Centers for an employee or representative of Concentra Health Centers, with knowledge of the act, event, condition, opinion or diagnosis, recorded to make the record or to transmit information thereof to be included in such record; and the record was made at or near the time or reasonably soon thereafter. The records attached hereto are the original or exact duplicates of the original.

Joni Pippin
AFFIANT

SUBSCRIBED TO AND SWORN TO, before me, a Notary Public, this 3rd day of June, 2014

Donna S Fralick
NOTARY PUBLIC, STATE OF ARKANSAS

Donna S Fralick
NOTARY'S PRINTED NAME

My Commission Expires:

Aug 18 2016

256448

DONNA S. FRALICK
NOTARY PUBLIC
SALINE CO., ARKANSAS
My Commission Expires 08-18-16
COMMISSION # 12349927

Claim Number: 30141848825-0001

Concentra Health Centers (A)
3470 Landers Road NORTH LITTLE ROCK, AR 72117
Phone: (501) 945-0661 Fax: (501) 945-0621

Service Date: 03/05/2014
Case Date: 03/03/2014

Therapy Appointment Detail

Patient: Fry, Thomas E.

SSN: XXX-XX-1

Address: Po Box 622
ALEXANDER, AR 72002

Home: (501) 847-9323

Work: Ext.:

Employer Location: FedEx Freight

Address: 5701 Lindsey Rd
Little Rock, AR 722063817

Auth. by: NELSON

Contact: Vince Nelson

Role: Management Contact

Phone: (501) 490-1777 **Ext.:**

Fax: (870) 365-4334

This Visit: Time In: 10:40 am

Time Out: 11:47 am

Recordable: N/A

Visit Type: Recheck

Treating Provider: Scott N. Seybold, PT

Diagnosis: 847.2 Lumbar Strain
847.1 Thoracic Strain

Next Visit(s):

Patient Notice: It is essential to your recovery that you keep your scheduled appointments, but should you need to reschedule or cancel your appointment, please contact the clinic. Thank you for your cooperation.

Visit Date: Thursday March 6, 2014 8:15 am
Provider/Facility: Scott N. Seybold, PT

Visit Date: Friday March 7, 2014 9:15 am
Provider/Facility: Brian J. Cupit, DPT

Visit Date: Friday March 7, 2014 10:00 am
Provider/Facility: Emily L. Garza, PA-C

Visit Date: Monday March 10, 2014 9:30 am
Provider/Facility: Scott N. Seybold, PT

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Number: 30141848825-0001

Concentra Health Centers (A)
3470 Landers Road NORTH LITTLE ROCK, AR 72117
Phone: (501) 945-0661 Fax: (501) 945-0621

Therapy Appointment Detail

Patient: Fry, Thomas E.
SSN: XXX-XX
Address: Po Box 622
ALEXANDER, AR 72002
Home: (501) 847-9323
Work: Ext.:

Employer Location: FedEx Freight
Address: 5701 Lindsey Rd
Little Rock, AR 722063817
Auth. by: NELSON

Contact: Vince Nelson
Role: Management Contact
Phone: (501) 490-1777 **Ext.:**
Fax: (870) 365-4334

This Visit: Time In: 08:26 am Time Out: 09:28 am Recordable: N/A Visit Type: Recheck

Treating Provider: Scott N. Seybold, PT

Diagnosis: 847.2 Lumbar Strain
847.1 Thoracic Strain

Next Visit(s): **Patient Notice:** It is essential to your recovery that you keep your scheduled appointments, but should you need to reschedule or cancel your appointment, please contact the clinic. Thank you for your cooperation.

Visit Date: Friday March 7, 2014 9:15 am
Provider/Facility: Brian J. Cupit, DPT

Visit Date: Friday March 7, 2014 10:00 am
Provider/Facility: Emily L. Garza, PA-C

Visit Date: Monday March 10, 2014 9:30 am
Provider/Facility: Scott N. Seybold, PT

Visit Date: Wednesday March 12, 2014 9:15 am
Provider/Facility: Scott N. Seybold, PT

Case Number: 30141848825-0001

Concentra Health Centers (A)
3470 Landers Road NORTH LITTLE ROCK, AR 72117
Phone: (501) 945-0661 Fax: (501) 945-0621

Case Date: 03/03/2014

Therapy Appointment Detail

Patient: Fry, Thomas E.
SSN: XXX-X
Address: Po Box 622
ALEXANDER, AR 72002
Home: (501) 847-9323
Work: Ext:

Employer Location: FedEx Freight
Address: 5701 Lindsey Rd
Little Rock, AR 722063817
Auth. by: NELSON

Contact: Vince Nelson
Role: Management Contact
Phone: (501) 490-1777 **Ext.:**
Fax: (870) 365-4334

This Visit: **Time In:** 09:20 am **Time Out:** 10:09 am **Recordable:** N/A **Visit Type:** Recheck

Treating Provider: Scott N. Seybold, PT

Diagnosis: 847.2 Lumbar Strain
847.1 Thoracic Strain

Next Visit(s):

Patient Notice: It is essential to your recovery that you keep your scheduled appointments, but should you need to reschedule or cancel your appointment, please contact the clinic. Thank you for your cooperation.

Visit Date: Monday March 10, 2014 9:30 am
Provider/Facility: Scott N. Seybold, PT

Visit Date: Wednesday March 12, 2014 9:15 am
Provider/Facility: Scott N. Seybold, PT

Referral: **Visit Date:** Thursday March 13, 2014 11:00 am
Provider/Facility: Westside Open MRI Center
301 N Shackleford Rd Ste B4 Little Rock, AR
722112882

Phone: (501) 312-9990
Fax: (501) 312-9991

Visit Date: Friday March 14, 2014 9:30 am

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im Number: 30141848825-0001

Concentra Health Centers (A)
3470 Landers Road NORTH LITTLE ROCK, AR 72117
Phone: (501) 945-0661 Fax: (501) 945-0621

Service Date: 03/07/2014
Case Date: 03/03/2014

Physician Work Activity Status Report

Patient: Fry, Thomas E.

SSN: XXX-XX

Address: Po Box 622
ALEXANDER, AR 72002

Home: (501) 847-9323

Work: Ext.:

Employer Location: FedEx Freight

Address: 5701 Lindsey Rd
Little Rock, AR 722063817

Auth. by: NELSON

Contact: Vince Nelson

Role: Management Contact

Phone: (501) 490-1777 Ext.:

Fax: (870) 365-4334

This Visit: Time In: 10:09 am

Time Out: 10:35 am

Recordable: N/A

Visit Type: Recheck

Treating Provider: Emily L. Garza, PA-C

Diagnosis: 847.2 Lumbar Strain
847.1 Thoracic Strain

Medications:

- Dispensed Prescription Medication to Patient
- Dispensed Over-The-Counter Prescription
- Written Prescription given to Patient

Patient Status:

Modified Activity - Referred, but returning for follow-up visit

Restricted Activity (In effect until next physician visit):

- Return to work on 03/07/2014 with the following restrictions
- No lifting over 10 lbs.
- No prolonged standing and/or walking longer than TOLDERATE
- No bending greater than 5 times per hour
- No pushing and/or pulling over 10 lbs. of force

Remarks: NO DOT:: FOLLOW UP W/DR 2-3DAYS AFTER MRI:: CONTINUE PT

Employer Notice:

The prescribed activity recommendations are suggested guidelines to assist in the patient's treatment and rehabilitation. Your employee has been informed that the activity prescription is expected to be followed at work and away from work.

Anticipated Date of Maximum Medical Improvement: 03/21/2014 **Actual Date of Maximum Medical Improvement:**

Next Visit(s):

Patient Notice: It is essential to your recovery that you keep your scheduled appointments, but should you need to reschedule or cancel your appointment, please contact the clinic. Thank you for your cooperation.

Visit Date: Monday March 10, 2014 9:30 am
Provider/Facility: Scott N. Seybold, PT

Visit Date: Wednesday March 12, 2014 9:15 am
Provider/Facility: Scott N. Seybold, PT

Referral: **Visit Date:** Thursday March 13, 2014 11:00 am
Provider/Facility: Westside Open MRI Center
301 N Shackleford Rd Ste B4 Little Rock, AR
722112882

Phone: (501) 312-9990
Fax: (501) 312-9991

Visit Date: Friday March 14, 2014 9:30 am

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Number: 30141848825-0001

Concentra Health Centers (A)
3470 Landers Road NORTH LITTLE ROCK, AR 72117
Phone: (501) 945-0661 Fax: (501) 945-0621

Case Date: 03/03/2014

Therapy Appointment Detail

Patient: Fry, Thomas E.
SSN: XXX-XX
Address: Po Box 622
ALEXANDER, AR 72002
Home: (501) 847-9323
Work: Ext.:

Employer Location: FedEx Freight
Address: 5701 Lindsey Rd
Little Rock, AR 722063817
Auth. by: NELSON

Contact: Vince Nelson
Role: Management Contact
Phone: (501) 490-1777 **Ext.:**
Fax: (870) 365-4334

This Visit: **Time In:** 09:20 am **Time Out:** 10:06 am **Recordable:** N/A **Visit Type:** Recheck

Treating Provider: Brian J. Cupit, DPT

Diagnosis: 847.2 Lumbar Strain
847.1 Thoracic Strain

Next Visit(s):

Patient Notice: It is essential to your recovery that you keep your scheduled appointments, but should you need to reschedule or cancel your appointment, please contact the clinic. Thank you for your cooperation.

Visit Date: Wednesday March 12, 2014 9:15 am
Provider/Facility: Scott N. Seybold, PT

Referral: **Visit Date:** Thursday March 13, 2014 11:00 am
Provider/Facility: Westside Open MRI Center
301 N Shackleford Rd Ste B4 Little Rock, AR
722112882

Phone: (501) 312-9990
Fax: (501) 312-9991

Visit Date: Friday March 14, 2014 9:30 am
Provider/Facility: Brian J. Cupit, DPT

Referral: **Visit Date:** Wednesday March 19, 2014 12:00 am

Number: 30141848825-0001

Concentra Health Centers (A)
3470 Landers Road NORTH LITTLE ROCK, AR 72117
Phone: (501) 945-0661 Fax: (501) 945-0621

Case Date: 03/03/2014

Therapy Appointment Detail

Patient: Fry, Thomas E.
SN: XXX-XX
Address: Po Box 622
ALEXANDER, AR 72002
Phone: (501) 847-9323
Work: Ext.:

Employer Location: FedEx Freight
Address: 5701 Lindsey Rd
Little Rock, AR 722063817
Auth. by: NELSON

Contact: Vince Nelson
Role: Management Contact
Phone: (501) 490-1777 **Ext.:**
Fax: (870) 365-4334

This Visit: Time In: 09:27 am Time Out: 10:28 am Recordable: N/A Visit Type: Recheck

Treating Provider: Scott N. Seybold, PT

Diagnosis: 847.2 Lumbar Strain
847.1 Thoracic Strain

Next Visit(s): **Patient Notice:** It is essential to your recovery that you keep your scheduled appointments, but should you need to reschedule or cancel your appointment, please contact the clinic. Thank you for your cooperation.

Referral: **Visit Date:** Thursday March 13, 2014 11:00 am **Phone:** (501) 312-9990
Provider/Facility: Westside Open MRI Center **Fax:** (501) 312-9991
301 N Shackleford Rd Ste B4 Little Rock, AR
722112882

Visit Date: Friday March 14, 2014 9:30 am
Provider/Facility: Brian J. Cupit, DPT

Referral: **Visit Date:** Wednesday March 19, 2014 12:00 am **Phone:** (501) 225-0880
Provider/Facility: James Adamez **Fax:** (501) 225-5694
5201 Northshore Dr North Little Rock, AR 721185312
Visit Date: Friday March 21, 2014 9:45 am

Claim Number: 30141848825-0001

Concentra Health Centers (A)
3470 Landers Road NORTH LITTLE ROCK, AR 72117
Phone: (501) 945-0661 Fax: (501) 945-0621

Service Date: 03/14/2014
Case Date: 03/03/2014

Therapy Appointment Detail

Patient: Fry, Thomas E.

SSN: XXX-XX

Address: Po Box 622
ALEXANDER, AR 72002

Home: (501) 847-9323

Work: Ext.:

Employer Location: FedEx Freight

Address: 5701 Lindsey Rd
Little Rock, AR 722063817

Auth. by: NELSON

Contact: Vince Nelson

Role: Management Contact

Phone: (501) 490-1777 **Ext.:**

Fax: (870) 365-4334

This Visit: Time In: 09:27 am

Time Out: 10:56 am

Recordable: N/A

Visit Type: Recheck

Treating Provider: Shannon Ayers, PT

Diagnosis: 847.2 Lumbar Strain
847.1 Thoracic Strain

Next Visit(s): **Patient Notice:** It is essential to your recovery that you keep your scheduled appointments, but should you need to reschedule or cancel your appointment, please contact the clinic. Thank you for your cooperation.

Referral: **Visit Date:** Wednesday March 19, 2014 12:00 am
Provider/Facility: James Adametz
5201 Northshore Dr North Little Rock, AR 721185312 **Phone:** (501) 225-0880
Fax: (501) 225-5694

Visit Date: Friday March 21, 2014 9:45 am
Provider/Facility: Shannon Ayers, PT

Visit Date: Tuesday March 25, 2014 9:45 am
Provider/Facility: Brian J. Cupit, DPT

Visit Date: Wednesday March 26, 2014 9:30 am
Provider/Facility: Shannon Avers, PT

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Physician Work Activity Status Report

Patient: Fry, Thomas E.
SSN: XXX-XX
Address: Po Box 622
ALEXANDER, AR 72002
Home: (501) 847-9323
Work: Ext.:

Employer Location: FedEx Freight
Address: 5701 Lindsey Rd
Little Rock, AR 722063817
Auth. by: NELSON

Contact: Vince Nelson
Role: Management Contact
Phone: (501) 490-1777 Ext.:
Fax: (870) 365-4334

This Visit: Time In: 10:55 am Time Out: 11:34 am Recordable: N/A Visit Type: Recheck

Treating Provider: Emily L. Garza, PA-C

Diagnosis: 847.2 Lumbar Strain
847.1 Thoracic Strain

- Medications:**
- Dispensed Prescription Medication to Patient
 - Dispensed Over-The-Counter Prescription
 - Written Prescription given to Patient

Patient Status:

Modified Activity - Referred, but returning for follow-up visit

Restricted Activity (In effect until next physician visit):

Return to work on 03/17/2014 with the following restrictions
No lifting over 20 lbs.
No bending greater than 5 times per hour
No pushing and/or pulling over 20 lbs. of force

Remarks:

Employer Notice: The prescribed activity recommendations are suggested guidelines to assist in the patient's treatment and rehabilitation. Your employee has been informed that the activity prescription is expected to be followed at work and away from work.

Anticipated Date of Maximum Medical Improvement: 04/14/2014 **Actual Date of Maximum Medical Improvement:**

Next Visit(s): **Patient Notice:** It is essential to your recovery that you keep your scheduled appointments, but should you need to reschedule or cancel your appointment, please contact the clinic. Thank you for your cooperation.

Referral: **Visit Date:** Wednesday March 19, 2014 12:00 am **Phone:** (501) 225-0880
Provider/Facility: James Adametz **Fax:** (501) 225-5694
5201 Northshore Dr North Little Rock, AR 721185312

Visit Date: Friday March 21, 2014 9:45 am
Provider/Facility: Shannon Ayers, PT

Visit Date: Tuesday March 25, 2014 9:45 am
Provider/Facility: Brian J. Cupit, DPT

Visit Date: Wednesday March 26, 2014 9:30 am
Provider/Facility: Shannon Avers, PT

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Claim Number: 30141848825-0001

Concentra Health Centers (A)
3470 Landers Road NORTH LITTLE ROCK, AR 72117
Phone: (501) 945-0661 Fax: (501) 945-0621

Service Date: 03/21/2014
Case Date: 03/03/2014

Therapy Appointment Detail

Patient: Fry, Thomas E.
SSN: XXX-X
Address: Po Box 622
ALEXANDER, AR 72002
Home: (501) 847-9323
Work: Ext.:

Employer Location: FedEx Freight
Address: 5701 Lindsey Rd
Little Rock, AR 722063817
Auth. by: NELSON

Contact: Vince Nelson
Role: Management Contact
Phone: (501) 490-1777 **Ext.:**
Fax: (870) 365-4334

This Visit: Time In: 09:57 am Time Out: 10:39 am Recordable: N/A Visit Type: Recheck

Treating Provider: Brian J. Cupit, DPT

Diagnosis: 847.2 Lumbar Strain
847.1 Thoracic Strain

Next Visit(s): **Patient Notice:** It is essential to your recovery that you keep your scheduled appointments, but should you need to reschedule or cancel your appointment, please contact the clinic. Thank you for your cooperation.

Visit Date: Tuesday March 25, 2014 9:45 am
Provider/Facility: Brian J. Cupit, DPT

Visit Date: Wednesday March 26, 2014 9:30 am
Provider/Facility: Shannon Ayers, PT

Visit Date: Friday March 28, 2014 9:15 am
Provider/Facility: Shannon Ayers, PT

Visit Date: Monday March 31, 2014 9:45 am
Provider/Facility: Shannon Avers. PT

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aim Number: 30141848825-0001

Concentra Health Centers (A)
3470 Landers Road NORTH LITTLE ROCK, AR 72117
Phone: (501) 945-0661 Fax: (501) 945-0621

Service Date: 03/25/2014
Case Date: 03/03/2014

Therapy Appointment Detail

Patient: Fry, Thomas E.

SSN: XXX-X

Address: Po Box 622
ALEXANDER, AR 72002

Home: (501) 847-9323

Work: Ext.:

Employer Location: FedEx Freight

Address: 5701 Lindsey Rd
Little Rock, AR 722063817

Auth. by: NELSON

Contact: Vince Nelson

Role: Management Contact

Phone: (501) 490-1777 **Ext.:**

Fax: (870) 365-4334

This Visit: Time In: 09:30 am

Time Out: 10:44 am

Recordable: N/A

Visit Type: Recheck

Treating Provider: Scott N. Seybold, PT

Diagnosis: 847.2 Lumbar Strain
847.1 Thoracic Strain

Next Visit(s):

Patient Notice: It is essential to your recovery that you keep your scheduled appointments, but should you need to reschedule or cancel your appointment, please contact the clinic. Thank you for your cooperation.

Visit Date: Wednesday March 26, 2014 9:30 am

Provider/Facility: Shannon Ayers, PT

Visit Date: Friday March 28, 2014 9:15 am

Provider/Facility: Shannon Ayers, PT

Visit Date: Monday March 31, 2014 9:45 am

Provider/Facility: Shannon Ayers, PT

Visit Date: Wednesday April 2, 2014 9:15 am

Provider/Facility: Shannon Ayers, PT

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Service Date: 03/26/2014

Case Date: 03/03/2014

aim Number: 30141848825-0001

Concentra Health Centers
3470 Landers Road NORTH LITTLE ROCK, AR 72117
Phone: (501) 945-0661 Fax: (501) 945-0621

Therapy Appointment Detail

Patient: Fry, Thomas E.

SSN: XXX-XX

Address: Po Box 622
ALEXANDER, AR 72002

Home: (501) 847-9323

Work: Ext.:

Employer Location: FedEx Freight

Address: 5701 Lindsey Rd
Little Rock, AR 722063817

Auth. by: NELSON

Contact: Vince Nelson

Role: Management Contact

Phone: (501) 490-1777 Ext.:

Fax: (870) 365-4334

This Visit: Time In: 09:42 am

Time Out: 10:27 am

Recordable: N/A

Visit Type: Recheck

Treating Provider: Scott N. Seybold, PT

Diagnosis: 847.2 Lumbar Strain
847.1 Thoracic Strain

Next Visit(s):

Patient Notice: It is essential to your recovery that you keep your scheduled appointments, but should you need to reschedule or cancel your appointment, please contact the clinic. Thank you for your cooperation.

Visit Date: Friday March 28, 2014 9:15 am

Provider/Facility: Shannon Ayers, PT

Visit Date: Monday March 31, 2014 9:45 am

Provider/Facility: Shannon Ayers, PT

Visit Date: Wednesday April 2, 2014 9:15 am

Provider/Facility: Shannon Ayers, PT

Referral: Visit Date: Friday April 18, 2014 10:30 am
Provider/Facility: James Adametz

Phone: (501) 225-0880

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aim Number: 30141848825-0001

Concentra Health Centers (A)
3470 Landers Road NORTH LITTLE ROCK, AR 72117
Phone: (501) 945-0661 Fax: (501) 945-0621

Service Date: 03/28/2014
Case Date: 03/03/2014

Therapy Appointment Detail

Patient: Fry, Thomas E.
SSN: XXX-XX-
Address: Po Box 622
ALEXANDER, AR 72002
Home: (501) 847-9323
Work: Ext.:

Employer Location: FedEx Freight
Address: 5701 Lindsey Rd
Little Rock, AR 722063817
Auth. by: NELSON

Contact: Vince Nelson
Role: Management Contact
Phone: (501) 490-1777 **Ext.:**
Fax: (870) 365-4334

This Visit: Time In: 09:20 am Time Out: 10:02 am Recordable: N/A Visit Type: Recheck

Treating Provider: Brian J. Cupit, DPT

Diagnosis: 847.2 Lumbar Strain
847.1 Thoracic Strain

Next Visit(s): **Patient Notice:** It is essential to your recovery that you keep your scheduled appointments, but should you need to reschedule or cancel your appointment, please contact the clinic. Thank you for your cooperation.

Visit Date: Monday March 31, 2014 9:45 am
Provider/Facility: Shannon Ayers, PT

Visit Date: Wednesday April 2, 2014 9:15 am
Provider/Facility: Shannon Ayers, PT

Referral: **Visit Date:** Friday April 18, 2014 10:30 am **Phone:** (501) 225-0880
Provider/Facility: James Adametz **Fax:** (501) 225-5694
5201 Northshore Dr North Little Rock, AR 721185312

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Claim Number: 30141848825-0001

Concentra Health Centers (A)
3470 Landers Road NORTH LITTLE ROCK, AR 72117
Phone: (501) 945-0661 Fax: (501) 945-0621

Service Date: 03/31/2014
Case Date: 03/03/2014

Therapy Appointment Detail

Patient: Fry, Thomas E.

SSN: XXX-XX

Address: Po Box 622
ALEXANDER, AR 72002

Home: (501) 847-9323

Work: Ext.:

Employer Location: FedEx Freight

Address: 5701 Lindsey Rd
Little Rock, AR 722063817

Auth. by: NELSON

Contact: Vince Nelson

Role: Management Contact

Phone: (501) 490-1777 **Ext.:**

Fax: (870) 365-4334

This Visit: Time In: 09:30 am

Time Out: 10:12 am

Recordable: N/A

Visit Type: Recheck

Treating Provider: Brian J. Cupit, DPT

Diagnosis: 847.2 Lumbar Strain
847.1 Thoracic Strain

Next Visit(s):

Patient Notice: It is essential to your recovery that you keep your scheduled appointments, but should you need to reschedule or cancel your appointment, please contact the clinic. Thank you for your cooperation.

Visit Date: Wednesday April 2, 2014 9:15 am

Provider/Facility: Shannon Ayers, PT

Referral: Visit Date: Friday April 18, 2014 10:30 am

Provider/Facility: James Adametz
5201 Northshore Dr North Little Rock, AR 721185312

Phone: (501) 225-0880

Fax: (501) 225-5694

45

Claim Number: 30141848825-0001

Concentra Health Centers (A)
3470 Landers Road NORTH LITTLE ROCK, AR 72117
Phone: (501) 945-0661 Fax: (501) 945-0621

Service Date: 04/02/2014
Case Date: 03/03/2014

Therapy Appointment Detail

Patient: Fry, Thomas E.

SSN: XXX-X) 7

Address: Po Box 622
ALEXANDER, AR 72002

Home: (501) 847-9323

Work: Ext.:

Employer Location: FedEx Freight

Address: 5701 Lindsey Rd
Little Rock, AR 722063817

Auth. by: NELSON

Contact: Vince Nelson

Role: Management Contact

Phone: (501) 490-1777 Ext.:

Fax: (870) 365-4334

This Visit: Time In: 09:25 am Time Out: 10:08 am Recordable: N/A Visit Type: Recheck

Treating Provider: Shannon Ayers, PT

Diagnosis: 847.2 Lumbar Strain
847.1 Thoracic Strain

Next Visit(s): **Patient Notice:** It is essential to your recovery that you keep your scheduled appointments, but should you need to reschedule or cancel your appointment, please contact the clinic. Thank you for your cooperation.

Referral: **Visit Date:** Friday April 18, 2014 10:30 am **Phone:** (501) 225-0880
Provider/Facility: James Adametz **Fax:** (501) 225-5694
5201 Northshore Dr North Little Rock, AR 721185312

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Physician Work Activity Status Report

Patient: Fry, Thomas E.
SSN: XXX-XX-
Address: Po Box 622
ALEXANDER, AR 72002
Home: (501) 847-9323
Work:

Employer Location: FedEx Freight
Address: 5701 Lindsey Rd
Little Rock, AR 722063817
Auth. by: NELSON

Contact: Vince Nelson
Role: Management Contact
Phone: (501) 490-1777 **Ext.:**
Fax: (870) 365-4334

This Visit: **Time In:** 11:14 am **Time Out:** 01:31 pm

Recordable: N/A **Visit Type:** New

Treating Provider: Emily L. Garza, PA-C

Medications:

Diagnosis: 847.2 Lumbar Strain
847.1 Thoracic Strain

- Dispensed Prescription Medication to Patient
- Dispensed Over-The-Counter Prescription
- Written Prescription given to Patient

Patient Status:

Modified Activity - Returning for follow-up visit

Restricted Activity (In effect until next physician visit):

Return to work on 03/04/2014 with the following restrictions
No lifting over 10 lbs.
No bending greater than 10 times per hour
Unable to drive company vehicle

Remarks: ::::REFERRED TO PT 3XS PER WEEK, FOR 2 WEEKS::::

Employer Notice:

The prescribed activity recommendations are suggested guidelines to assist in the patient's treatment and rehabilitation. Your employee has been informed that the activity prescription is expected to be followed at work and away from work.

Anticipated Date of Maximum Medical Improvement: 04/04/2014 **Actual Date of Maximum Medical Improvement:**

Next Visit(s):

Patient Notice: It is essential to your recovery that you keep your scheduled appointments, but should you need to reschedule or cancel your appointment, please contact the clinic. Thank you for your cooperation.

Visit Date: Wednesday March 5, 2014 10:45 am
Provider/Facility: Kenton Charles, DPT

Visit Date: Thursday March 6, 2014 8:15 am
Provider/Facility: Scott N. Seybold, PT

Visit Date: Friday March 7, 2014 9:15 am
Provider/Facility: Brian J. Cupit, DPT

Visit Date: Friday March 7, 2014 10:00 am
Provider/Facility: Emily L. Garza, PA-C

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WESTSIDE OPEN MRI LLC

301 N. SHACKLEFORD, STE B4
LITTLE ROCK, AR 72211
(888)359-1157

Page: 1

8/21/2014

Patient: THOMAS FRY
PO BOX 622
ALEXANDER, AR 72002

Chart #: [REDACTED]
Case #: 20864

Instructions:

Complete the patient information portion of your insurance claim form. Attach this bill, signed and dated, and all other bills pertaining to the claim. If you have a deductible policy, hold your claim forms until you have met your deductible. Mail directly to your insurance carrier.

Date	Description	Procedure	Modify	Dx 1	Dx 2	Dx 3	Dx 4	Units	Charge
3/13/2014	MRI LUMBAR SPINE PLAIN	72148		724.2				1	1,660.00

Provider Information

Provider Name: WESTSIDE OPEN MRI
License:

SSN or EIN:

Total Charges:	\$ 1660.00
Total Payments:	\$ 0.00
Total Adjustments:	\$ 0.00
Total Due This Visit:	\$ 1660.00
Total Account Balance:	\$ 0.00

Assign and Release: I hereby authorize payment of medical benefits to this physician for the services described above. I also authorize the release of any information necessary to process this claim.

Patient Signature: _____

Date: _____

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Patient Name	THOMAS FRY	Case ID	5699325
Patient DOB	10/21/1942	Referring Physician	Emily Garza, PA
Exam Date	03/13/2014	Exam Description	MR Lumbar Spine w/o Contrast

HISTORY: 71-year-old with bilateral lower extremity pain and low back pain.

TECHNICAL FACTORS: T2 SAG, T1 SAG, T1 SAG, T2 AX T1 AX, T1 AX BLOCK.

FINDINGS: The vertebral body heights are well maintained without dominant anterior wedging or compression. The conus medullaris is normal in appearance and terminates behind the L1 level. There is a minimal C-shaped curvature of the lumbar spine with main convexity to the left side, possibly positional in nature. There are exophytic and parapelvic cysts arising from the partially visualized left kidney.

T11-12: Nominal soft disc displacement without protrusion or herniation.

T12-L1, L1-2, L2-3, and L3-4: No dominant disc protrusion or herniation is identified. No central canal stenosis, foraminal stenosis, or nerve root compression is seen.

L4-5: Shallow disc displacement most pronounced in the biforaminal position with left foraminal annular tear and mild facet hypertrophy contributes to mild bilateral exiting neural foraminal stenosis.

L5-S1: Partial disc height loss, shallow disc displacement most pronounced in the left foraminal position with a mixed right foraminal protrusion and mild facet hypertrophy contributes to mild to moderate right and mild left-sided exiting neural foraminal stenosis with abutment of the exiting right L5 nerve root laterally.

CONCLUSION:

1. Shallow disc displacement with a left foraminal annular tear at the L4-5 level without compressive discopathy.
2. Shallow disc displacement most pronounced in the left foraminal position and mixed right foraminal protrusion at the L5-S1 level contributes to abutment of the exiting right L5 nerve root laterally.





FRY, THOMAS - Case # 5699325 - MR Lumbar Spine w/o Contrast - 03/13/2014

Thank you for the opportunity to provide your interpretation.

Electronically signed by

Andrew A. Finkbeiner, MD

A: AAF/mb 03/14/2014 9:12 AM

D: AF 03/14/2014 8:52 AM

T: MB 03/14/2014 9:04 AM

Run: 5/30/14
1:45PM

Patient History
Neuroscience Assoc

Page: 1

Patient: Thomas Fry

Date of birth: 10/21/1942

Date	Code	Description	Pri. Dx	Units	Amount
Billed to Thomas Fry, attended by James Adametz, M.D.(E117530)					
4/25/2014	62311	Epidural Steroid Inj Lumbar	722.73	1	2,500.00
4/25/2014	J0702	Celestone Per 3mg	722.73	3	90.00
4/25/2014	J2001	Lidocaine 10 Mg	722.73	2	12.00
4/25/2014	77003	Fluro Guide for Dx Thera Inj	722.73	1	466.00
5/29/2014	PINE	Insurance Payment EFT CK# 9117555754		1	443.34-
5/29/2014	8	WCC Adjustment		1	2,624.66-
				Total for visit:	0.00
Billed to Thomas Fry, attended by James Adametz, M.D.(E117265)					
4/18/2014	99204	Neuro Exam Level 4 New Patient	722.10	1	450.00
4/18/2014	WC101	Initial Report	722.10	1	40.00
5/29/2014	PINE	Insurance Payment EFT CK# 9116454755		1	220.91-
5/29/2014	8	WCC Adjustment		1	269.09-
				Total for visit:	0.00
				Report total:	0.00

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				Total for visit:	0.00
				Report total:	0.00

THIS IS NOT A BILL

DO NOT USE FOR INSURANCE CLAIM

52

Run: 5/30/14
1:45PM

Patient History
Neuroscience Assoc

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5/29/2014	8	WCC Adjustment		1	269.09-
				Total for visit:	0.00
				Report total:	0.00

AFFIDAVIT/CERTIFICATION OF MEDICAL RECORDS

Before me, the undersigned authority, personally appeared Patricia Hill, who, being by me duly sworn, deposed as follows:

My name is Patricia Hill, I am of sound mind, capable of making this affidavit, and personally acquainted with the facts herein stated:

I am the custodian of the records of Neurological Surgery Associates, P.A.. Attached hereto are 8 pages of records from Neurological Surgery Associates, P.A.. These said 8 pages of records are kept by Neurological Surgery Associates, P.A. in the regular course of business, and it was the regular course of business of Neurological Surgery Associates, P.A. for an employee or representative of Neurological Surgery Associates, P.A., with knowledge of the act, event, condition, opinion or diagnosis, recorded to make the record or to transmit information thereof to be included in such record; and the record was made at or near the time or reasonably soon thereafter. The records attached hereto are the original or exact duplicates of the original.

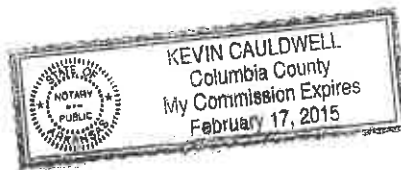
Patricia Hill
AFFIANT

SUBSCRIBED TO AND SWORN TO, before me, a Notary Public, this 6th day of May, 2014

Kevin Caldwell
NOTARY PUBLIC, STATE OF ARKANSAS
Kevin Caldwell
NOTARY'S PRINTED NAME

My Commission Expires:

2-17-15



18 Thomas Fry

Neurological Surgery Associates

5201 NorthShore Drive, Suite 100 North Little Rock, Arkansas 72118

Phone: 501-225-0880 Fax: 501-225-5694

Consent to Procedure

Date: 4/25/14

Patient name: Thomas Fry

DOB: 10/21/42

Driver's Name: Barbara Fry

Driver's signature: Barbara Fry

To The Patient:

1. You have the right to understand and to know about your condition and the surgical, medical, or diagnostic procedures planned. Your physician will explain the risks, benefits, and some of the potential complications with you.
2. You have the right to decide if you want to undergo the procedure.
3. You have the right to understand what could happen if you choose not to have the procedure and/or treatment.
4. You have the right to give permission or to refuse the proposed procedure and/or treatment.

Procedure: I give permission for Dr. Adametz and other health care providers as he/she deems necessary, for the following surgical, medical, and/or diagnostic procedure(s):

Procedure: LE SI Medication: 1.5cc Celestone NDC: 0085056605

Pregnancy test: (please circle one) N/A Positive Negative

My physician has explained the risks, benefits, options, and potential complications to me.

Patient Initials: TF Physician's signature: [Signature] Date: 4/25/14

Complications: I understand that there may be risks and unforeseen COMPLICATIONS from any of or all these procedure(s), which have been explained to me. I have been advised that my physician may discover conditions which require procedures that are in addition to or different from those which we have discussed. I give permission for my physician and such assistants to perform these necessary procedures and treatments.

1. I understand that no guarantees or promises of success or a particular outcome have been made to me.
2. I have been given a chance to receive educational information and to ask questions about my condition.
3. I understand that pictures, scans, and audio/video tapes may be used for diagnostic, teaching, and training purposes. I understand that they are property of the Clinic and will not be used for any other purpose than stated above.
4. If I have questions about cost, coverage, or other financial concerns I have been informed of the persons I need to contact.
5. I have checked to see that all the blank spaces have been filled in. I understand what this form says.
6. Any questions that I raised have been answered. I hereby CONSENT to the treatment or procedure(s) described above.

Patient Signature: [Signature] Date: 4/25 Time: 8:00

Consent of Legal Guardian: [Signature] Date: Time:

Witness Signature: [Signature] Date: 4-25-14 Time:

X-Ray: Time of Fluoro: 10 seconds by: [Signature] Jamie Sandage Date: 4-25-14

STATE CLAIMS COMMISSION DOCKET
OPINION

Amount of Claim \$ 64,000.00

Claim No. 15-0270-CC

Thomas Fry Claimant vs. Chad Keys, Attorney Claimant
Attorneys
AR Highway & Transportation Respondent David Dawson, Attorney Respondent
State of Arkansas
Date Filed September 26, 2014 Type of Claim Personal Injury

FINDING OF FACTS

This claim was filed for personal injury in the amount of \$64,000.00 against the Arkansas Highway and Transportation Department.

Present at a hearing February 6, 2015 was the Respondent, represented by David Dawson, Attorney.

A "Negotiated Settlement Agreement" by the claim parties was presented to the Claims Commission in an oral presentation, February 6, 2015, by the parties, along with the Respondent's recommendation of payment in the amount of \$41,000.00.

Upon consideration of all the facts as stated above the Claims Commission hereby **unanimously allows the Claimant the amount of \$41,000.00 and will include the claim in a claims bill to be submitted to the 90th General Assembly, Arkansas State Legislature 2015 for subsequent approval and payment.**

IT IS SO ORDERED.


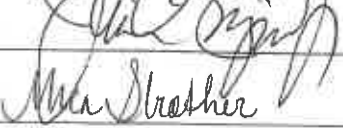

(See Back of Opinion Form)

CONCLUSION

Upon consideration of all the facts, as stated above, **the Claims Commission hereby unanimously allows the Claimant the amount of \$41,000.00 and will include the claim in a claims bill to be submitted to the 90th General Assembly, Arkansas State Legislature 2015 for subsequent approval and payment.**

Date of Hearing February 6, 2015

Date of Disposition February 6, 2015


Chairman

Commissioner

Commissioner