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2018 JUN 22 AM 11:50

U.S. DISTRICT COURT
CENTRAL DIST. OF CALIF.
LOS ANGELES

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7 UNITED STATES DISTRICT COURT
8 FOR THE CENTRAL DISTRICT OF CALIFORNIA
9 WESTERN DIVISION
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11 UNITED STATES OF AMERICA
12 *ex rel.* [UNDER SEAL], *et al*

13 Plaintiff[s],

14 v.

15 [UNDER SEAL],

16 Defendant[s].
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No. CV 17-08726-DSF (AFMx)

[FILED UNDER SEAL PURSUANT
TO THE FALSE CLAIMS ACT, 31
U.S.C. §§ 3730(b)(2) AND (3)]

FIRST AMENDED COMPLAINT

JUDGE: Hon. Dale S. Fischer

BY FAX

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U.S. DISTRICT COURT
CENTRAL DIST. OF CALIF.
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UNITED STATES DISTRICT COURT
FOR THE CENTRAL DISTRICT OF CALIFORNIA
WESTERN DIVISION

UNITED STATES OF AMERICA
ex rel. [UNDER SEAL], *et al*

Plaintiff[s],

v.

[UNDER SEAL],

Defendant[s].

No. CV 17-08726-DSF (AFMx)

[FILED UNDER SEAL PURSUANT
TO THE FALSE CLAIMS ACT, 31
U.S.C. §§ 3730(b)(2) AND (3)]

EXHIBITS TO COMPLAINT

BY FAX

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8 **FOR THE CENTRAL DISTRICT OF CALIFORNIA**
9 **WESTERN DIVISION**
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12 *ex rel.* [UNDER SEAL], *et al*

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FIRST AMENDED COMPLAINT

JUDGE: Hon. Dale S. Fischer

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7
8 IN THE UNITED STATES DISTRICT COURT
9 FOR THE CENTRAL DISTRICT OF CALIFORNIA
10 WESTERN DIVISION
11

12 THE UNITED STATES OF AMERICA;
13 and
14 THE STATE OF CALIFORNIA;
15 *ex. Relator* Emily Roe., an individual;
16 Plaintiffs,
17
18 vs.
19

20 STANFORD HEALTHCARE BILLING
21 DEPARTMENT, STANFORD
22 HEALTH CARE (FORMERLY
23 KNOWN AS STANFORD HOSPITALS
24 AND CLINICS), DR. FREDERICK
25 DIRBAS, DEBRA ZUMWALT, THE
26 BOARD OF DIRECTORS OF THE
27 STANFORD HEALTH CARE, THE
28 BOARD OF DIRECTORS OF THE
LUCILE SALTER PACKARD
CHILDREN'S HOSPITAL AT
STANFORD, THE LELAND JUNIOR
UNIVERSITY, THE BOARD OF
TRUSTEES OF STANFORD
UNIVERSITY, STANFORD HEALTH
CARE ADVANTAGE, and DOES 1-10,
inclusive,
Defendants.

CASE NO. : CV17-08726-DSF

JUDGE: Hon. Dale S. Fischer
[FILED UNDER SEAL PURSUANT
TO FALSE CLAIMS ACT, 31 U.S.C.
§§ 3730(b)(2) AND (3)]

JURY TRIAL DEMANDED

**FIRST AMENDED COMPLAINT
FOR CIVIL DAMAGES**

**1. VIOLATION OF 31 U.S.C. §§
3729-33 FALSE CLAIMS ACT
“QUI TAM ACTION”**

**2. VIOLATION OF CAL.
INSURANCE CODE §1871 et.seq.**

**3. VIOLATION OF CAL. GOV'T
CODE §§§ 12650-12656 FOR MEDI-
CAL FALSE CLAIMS**

Complaint Filed: Dec. 4, 2017

First Amended Complaint:

June 20, 2018

STATEMENT OF COMPLAINT

1. This is a False Claims Action (herein “FCA”), brought on behalf of Plaintiffs, the United States of America and the State of California, (herein “Plaintiffs”) against defendants Stanford *et al.* for false surgical billing. This case is filed under seal on behalf of Plaintiffs, *ex relatione* Relator Emily Roe pursuant to the *qui tam* provisions of the Civil False Claims Act including 31 U.S.C. §§ 3729-33, Cal. Gov’t Code §§ 12650-12656, and the California Insurance Frauds Prevention Act (herein “IFPA”) pursuant to Insurance Code § 1871 *et. seq.*

2. Evidence incorporated *infra* was uncovered through proprietary data mining of thousands of adjudicated Medicare claims. Claims analysis showed that defendants Stanford *et. al* and its surgeons freely took advantage of a flawed medical payment system by habitually upcoding and unbundling major surgical codes for breast cancer surgery as well as unbundling and charging exorbitant fees for otherwise “free” services, considered part of the global surgery fees. Additionally, Stanford customarily released “ever-changing” medical records which were not only variable depending on the requestor, but also indecipherable and purposely ambiguous records. For example, a single 23hour mastectomy hospitalization at Stanford resulted in 500 pages of medical records which were at best, unintelligible and internally contradictory as to the services performed.

3. The herewith FCA is based on Stanford’s identified billing schemes and habitual submission of false, fraudulent and/or misleading healthcare bills to the government and private insurers, whereas Stanford:

(1) *Unbundled* and billed pre- and post-operative visits *and* facility fees in violation of global surgery fee rules;

1 (2) *Upcoded* units of exorbitant surgical supplies and medical goods
2 like breast implants or artificial skin substitute- i.e. whereby Stanford
3 billed *double* or more number of *units* than the actual units used, and
4 units recorded in the surgeon's reports;

5 (3) *Unbundled* and *upcoded* tissue pathology exam codes in violation
6 of the "one tissue, one code" rule- i.e. a single surgical pathology
7 specimen was charged as two or three pathology codes and multiple
8 facility or technical charges;

9 (4) Habitually *upcoded* physician office visits and time codes to the
10 highest paying level codes (CPT 99205 and 99215) without
11 documentary support;

12 (5) Freely *upcoded* mid-level providers (physician assistants and
13 nurse practitioners) visits to the highest paying physician codes in
14 violation of "incident to" guidelines- thereby also fraudulently
15 misreporting the actual provider of services;

16 (6) Unlawfully billed for unsupervised and *unlicensed practice of*
17 *medicine*, and diagnostic testing and procedures by unlicensed
18 personnel; and

19 (7) Egregiously instructed and *required* that its medical billers and
20 coders *always bill at the maximum level and fees, regardless* of the
21 lack of medical necessity, lack of substantiating medical records, and
22 failure to adhere to national Correct Coding Initiatives.

23 24 SUMMARY

25 4. Stanford Healthcare is very *expensive*, particularly for women's health
26 and mastectomy surgery. For example, when national benchmarks for a "one-and-

done” single stage mastectomy cost an average of \$34,839-\$78,000, Stanford bills a staggering \$153,488.68 for the same surgery. (Exh. E, p. 95) ¹

Total Charges		153488.68
ACCOUNT NUMBER 53448100	IMPORTANT – READ REVERSE SIDE	0.00
For assistance, please contact our Customer Service Center in Palo Alto at (650) 498-7200. If you are calling from outside the 650 area code, please call us at 1-800-339-7491. Our business hours are Monday – Friday 8:00 am – 5:00 pm Pacific time.		FED. I.D. 77-0465765 PAY THIS AMOUNT

5. Stanford’s fraudulent billing regularly targeted women’s health. Defendants’ upcoding and unbundling affected particularly women who underwent cancer treatment at the Stanford Cancer Center located on Blake Wilbur Drive in Palo Alto. This facility is also known as the Wilbur Drive Cancer Center or “Blake Wilbur”.

6. Of interest in this action, are Stanford’s upcoding schemes in breast surgery, mastectomy, surgical departments, hospital surgical supplies, and countless procedures including pelvic floor testing at the “Stanford Cancer Center”.

Breast surgery
Mastectomy Reconstruction
Surgical Departments
Pelvic Floor Testing
Stanford Women's Cancer Center
Stanford Cancer Center on Blake Wilbur Drive
Stanford Hospital
Stanford Pathology Department and Laboratory

¹ Explanation of Benefits attached for a 23-hour hospitalization for a single stage “one-and-done” mastectomy at Stanford totaling approximately \$150,000 billed.

7. Stanford institutionally bills much higher and quantities of codes for the same or similar procedures. Industry standards show that Stanford deliberately lacks transparency in its healthcare billings, and its billing ledgers are indecipherable.

8. Stanford habitually takes advantage of a flawed medical payment system and capitalizes by upcoding and unbundling surgeries, medical services, and upcoding *units* of surgical supply codes.

9. For example, Stanford typically bills 2 or 3 *units* when in fact one unit is used. Stanford exercises its billing schemes regularly in the expanding field of breast cancer surgery and mastectomy, where one implant costs several thousand dollars, and one artificial surgical tissue used is billed at \$17,300 *per unit*. Several hundred million dollars of Stanford's annual revenues are a result of upcoding and unbundling, and estimated to be recoverable pursuant to FCA.

10. Herein Stanford's key six (6) categoric billing schemes have been elucidated and are demonstrated *prima facie* within the attached Complaint and exhibits. (¶3) However, the extent of Stanford's capacious upcoding remains to be fully fleshed out.

11. Stanford's ongoing schemes to defraud the government and private payers is motivated by Stanford's ability to "game the system" by unbundling global surgical fees, churning the abundantly high volume of breast cancer and surgical patients into a larger number of procedures, and using multiplicitous misappropriation of CPT codes for unearned enrichment and big profits.

12. In 2016 alone, Stanford *collected* \$3.9 billion dollars in total healthcare revenues. Stanford's billed amount was in excess of Stanford's

1 collections. Of the nearly \$4 billion dollars collected, \$755.7 million was from
2 Medicare.

3 13. In the first quarter of 2018, Stanford reported collections of \$1.16
4 billion dollars, up from \$1.09 billion dollars in 2017. In 2016 and 2017, while other
5 California providers experienced decreased revenues because of the
6 implementation of the Affordable Care Act, Stanford reported a sizeable income
7 increase and only single digit increase in expenses.

8 14. Of Stanford's total annual healthcare billings, it is demonstrated
9 herein that 11-15% of all its billed CPT codes are habitually and fraudulently
10 manufactured through institution wide schemes including pattern upcoding and
11 unbundling.

12 15. Stanford Health Care – which includes Stanford Hospital, Lucile
13 Packard Children's Hospital, and three affiliated medical groups – is among the
14 most *expensive* providers in California, making affordable care access
15 increasingly difficult to provide to commercial carriers.

16 16. On point, Blue Shield recently unilaterally terminated its contract
17 with Stanford citing: "Stanford Health Care's rates are among the *most expensive*
18 in California and its high costs are *not* consistent with our mission." (Accessed
19 at [https://calhealthnews.com/blue-shield-to-drop-stanford-health-care-from-ifp-](https://calhealthnews.com/blue-shield-to-drop-stanford-health-care-from-ifp-network/)
20 [network/](https://calhealthnews.com/blue-shield-to-drop-stanford-health-care-from-ifp-network/)). "As part of our continuing efforts to help make access to health care
21 more affordable for our members, Blue Shield of California is *removing Stanford*
22 *Health Care* from our Individual and Family Plan (IFP) Exclusive PPO Network,
23 effective January 1, 2016." (<https://www.blueshieldca.com>)

24 17. In relevant background, Medicare sets and publicly publishes
25 national fee schedules for all medical, surgical, and laboratory services based on
26 standard CPT codes. Hence, Medicare's fees and allowed CPT reimbursements

1 vary only slightly based on geographic factors. Thus, other than to employ creative
2 billing schemes, it is not possible to justify how Stanford routinely churns a one (1)
3 day mastectomy hospitalization into a \$150,000 bill when the benchmark for
4 similar services is far, far under \$100,000. (<https://www.cms.gov/apps/physician-fee-schedule/license-agreement>)

6 18. Stanford receives the lion's share of its profits and operating
7 revenues from *healthcare* Federal funds. Stanford's willful implementation of
8 these unlawful billing schemes is intended to override lower health care
9 reimbursements, and to circumvent reduced Medicare fee schedules.

10 19. Commercial carriers, Medi-Cal, and healthcare providers
11 typically all use the Medicare fee schedule as a benchmark for their reimbursement
12 schedules. It is industry standard that carriers state their fee schedule globally as
13 "80% of the Medicare fee schedule" or some percentage of the Medicare fee
14 schedule. Over the past decade, Medicare has gradually reduced its fee schedule
15 particularly for high ticket items like radiology, surgeries, labs, and pathology.
16 Accordingly, there has been a general reduction in health care revenues for the
17 same level of services CPT code.

18 20. For example, notwithstanding annual inflation and similar
19 adjustments in medical supplies and costs, over the past 10 years Medicare began
20 slashing health care reimbursements and targeting high dollar CPT codes like
21 surgeries. Hence, the same surgery that reimbursed \$3000 in 2008 may now be
22 only paying \$1200. Therefore, surgeons or pathologists would have to produce far
23 greater work product to just *maintain* their earnings at prior year's levels.

24 21. However, Stanford nearly doubled its Medicare revenues in just
25 four years from 2012 (\$460.4 million) to 2016 (\$755.7 million) *without* an
26 explainable, reasonable, or proportionate increase in expenses or overhead. In fact,

1 Stanford reported exceedingly low overhead expenses averaging 14% in the
2 pathology clinical laboratory. Through various artifices and schemes, Stanford
3 freely billed and collected unjust enrichment from Medicare, Medicaid,
4 commercial insurance carriers, *and* individual payers through deductibles and co-
5 pays.

2012	2016
Stanford collected	Stanford collected
\$460.4 million	\$755.7 million
Medicare funds	Medicare funds

11 22. Stanford reported doubled healthcare revenues amidst a nominal
12 expense ratio. While profits are not improper and typically could signal a healthy
13 and thriving organization, Stanford's unconscionable profits signal a willful course
14 of conduct through unbundling and upcoding.

15 23. Stanford's disparity in massive healthcare production and
16 doubled earnings and purported extremely low annual expenses simply defies
17 belief, especially in an era when comparable hospitals are struggling, very few post
18 any profit, and many have been forced to restructure or close.

19 24. Stanford's hospital expansion plans broke ground around 2011
20 and expanded facilities are expected operational in mid to late 2018. However,
21 between 2012 and 2016 Stanford had not undergone expansion. In fact its' hospital
22 campus was under heavy construction resulting in lost space and work delays.
23 Hence, Stanford was expanding when the healthcare dollar was being deeply cut
24 by Medicare, commercial carriers, and Obamacare plans. Stanford was motivated
25 and required large amount of funds to expand, remodel, add beds, establish
26 dominance in the elite healthcare space, and pay salaries of high price tag faculty.

1 25. An example on point for reduction is Medicare reimbursement
2 per CPT is code “88307” for tissue pathology. In 2018 Medicare reimburses this
3 at an average of \$240.71, in 2016 paid \$288.50, and paid even more at \$292.61 in
4 2013.² Medicare’s gradual decline in CPT 88307 reimbursement would in effect
5 deduce lower earnings and *higher overhead* since there is an expected reciprocal
6 increase in costs of supplies, staffing, facilities, and the like.

2018	2013
Medicare pays \$240.71	Medicare paid \$292.61
CPT 88307 Pathology	CPT 88307 Pathology

11 26. As previously shown by Stanford’s FCA settlement and the
12 multi- million-dollar 2015 Stanford Lucille Packard’s Children’s Hospital payment
13 to California State for upcoded anesthesia block billing practices, Stanford harbors
14 a deep proclivity toward aggressive billing and maximizing profits.

15 27. Stanford has an established penchant toward upcoding and
16 pushing the envelope, and has already been heavily sanctioned for false claims
17 pursuant to Cal. Insurance Code § 1871. Stanford has also been hit with additional
18 Medicare cuts as penalties for substandard patient care and above average
19 healthcare acquired infections (herein “HAI”). (Exh. T, p. 188)

20 28. Moreover, during the same time Stanford’s own surgeon testified
21 under oath that he would not refer patients to Stanford because “Stanford was
22 without good plastic surgery, without a good plastic surgeon” (Depo. Dr. Dirbas p.
23 207, 2-8).

26 ² Referenced Medicare fee lookup at [https://www.cms.gov/apps/physician-fee-schedule/search/search-](https://www.cms.gov/apps/physician-fee-schedule/search/search-results.aspx?Y=0&T=0&HT=0&CT=1&H1=88307&C=2&M=4)
27 [results.aspx?Y=0&T=0&HT=0&CT=1&H1=88307&C=2&M=4](https://www.cms.gov/apps/physician-fee-schedule/search/search-results.aspx?Y=0&T=0&HT=0&CT=1&H1=88307&C=2&M=4)

1 29. In unrelated but concurrent Stanford matters, Stanford's
2 employees testified under oath that Stanford was improperly staffed, lacked proper
3 supervision for female procedures, maximized healthcare codes and billing despite
4 contrary medical records, failed to maintain required emergency crash carts and
5 instructed staff to call 911 instead, and for example caused contaminated anal
6 probes to be erroneously inserted into women's vaginas with false readings, but
7 still billed carriers and Medicare as the intended procedure. (Exh. T)

8 30. Despite being under construction, Stanford ended the first
9 quarter of fiscal year 2018 with a remarkable operating income of \$74.3 million,
10 more than double the operating income of \$28 million it reported in the first quarter
11 of fiscal year 2017. (Reference
12 [https://www.beckershospitalreview.com/finance/stanford-health-care-s-operating-](https://www.beckershospitalreview.com/finance/stanford-health-care-s-operating-income-more-than-doubles-in-q1.html)
13 [income-more-than-doubles-in-q1.html](https://www.beckershospitalreview.com/finance/stanford-health-care-s-operating-income-more-than-doubles-in-q1.html))
14

2016	2017
Stanford 1st quarter income	Stanford 1 st quarter income
\$28 million	\$74.3 million

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18
19 31. As a U.S. non-profit entity, Stanford ironically enjoys rank as
20 one of the top five *most* profitable healthcare entities in the U.S. Stanford is
21 required to publicly disclose its income statements and does so at
22 [https://stanfordhealthcare.org/about-us/bondholder-general-financial-](https://stanfordhealthcare.org/about-us/bondholder-general-financial-information/audited-financial-statements.html)
23 [information/audited-financial-statements.html](https://stanfordhealthcare.org/about-us/bondholder-general-financial-information/audited-financial-statements.html). Stanford issues bonds and hence
24 has complete disclosures of Stanford Healthcare's census, assets, earnings, salaries,
25 and expenses. Moreover, Stanford posts its healthcare utilization reports detailing
26 the number of annual surgeries, discharges, and patient days. Thomas E. Malm,

1 Treasurer of Stanford Healthcare is listed for contact and report access at
2 tmalm@stanfordhealthcare.org.

3 32. Based on evidence herein, it is *estimated* that in 2016 *alone*,
4 (\$468 million) a rather conservative estimated *11-15% of Stanford's annual*
5 *revenues* were statutorily upcoded, unbundled, or fraudulent, and hence
6 recoverable pursuant to FCA.

7 33. At a glance, Stanford reported to the State that it performed
8 34,046 surgeries in 2016, which was up from 32,956 surgeries in 2015, and up from
9 30,751 surgeries in 2014. At a very conservative estimate that 13% of the total in
10 2016 surgeries were preceded by an unbundled pre- or post-op visit, that totals 4426
11 surgeries where typically a high complexity office visit code (CPT 99214 to 99215)
12 was wrongly billed, and hence subject to FCA.

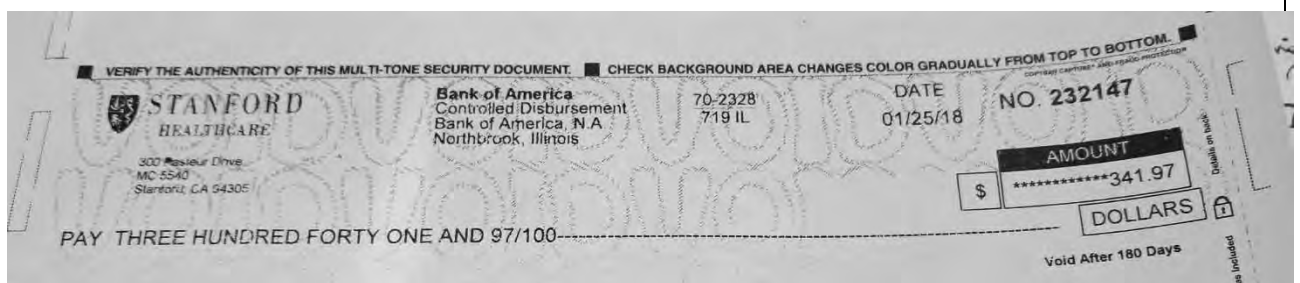
13 34. Moreover, in addition to the upcoding of professional fees,
14 Stanford's facility fees were similarly affected as well as were upcharges for the
15 quantity billed of durable surgical supplies, such as breast implants, artificial tissue
16 (Alloderm), and tissue expanders (herein "TE"). Implants and TE, which are billed
17 at thousands of dollars per breast, carry a great billable and profit margin, especially
18 when they are double billed to multiple patients for the same product. For example,
19 Stanford fully admitted that it upcoded and billed double units of high dollar
20 artificial tissue (\$17,300 per unit for Alloderm) used in surgery, when the surgeon's
21 report and deposition under oath showed that only one unit was used. (Exh. D,E,K)

22 35. In simple calculation, extrapolating Stanford's conservative
23 number of unbundled pre-operative visits in 2016 multiplied by \$341.97 per
24 captured pre-operative visit results in unjust enrichment to Stanford of
25 \$1,513,559.22 in professional fees *plus* facility fees, in 2016 alone.

1 36. This action alleges that Stanford's violation of FCA likely began
2 prior to 2010 and are continuing. Hence the base damages for Stanford's
3 unbundling of professional fees for pre-operative visits, extrapolated by the number
4 of years, is easily *\$15 million dollars*. That figure can double once the technical or
5 facility fees are added. Stanford captured improper facility fees for unbundled pre-
6 operative visits which are also subject to FCA. Hence, FCA entitles Plaintiffs to
7 *penalties* in addition to the base earnings recovery.

8 37. Stanford was put on formal notice and has been aware of its
9 unbundling billing compliance since at least November 2016 and again on March
10 2017. Stanford and their executive Vice President and Chief Compliance Officer
11 Ms. Zumwalt's response was not to respond or to investigate, but rather to do what
12 Stanford does well when caught red handed- *suppress and conceal*. In response to
13 notice of noncompliant surgical billing practices, Stanford cause to be filed a
14 *motion in limine* to suppress their joint billing frauds.

15 38. In March 2018, Stanford billing compliance officers, including
16 Ms. Debra Zumwalt as General Counsel, and their outside counsel have been
17 aware of their billing non-compliance for more than a year. The same parties have
18 since independently and consistently conceded in writing to Stanford's unbundled
19 pre-operative visits and up coded units of surgical products. (Exh. J). If fact,
20 Stanford sent relator a check 2 months ago refunding the \$341.97 from the
21 unbundled 2012 pre-operative visit. (Exh. K, L)



39. Stanford also wrote to relator in June 2018 that Stanford was in process of sending *another* check to relator for upcoded and unbundled services. (Exh. J). In June 2018, Stanford Counsel also conceded that Stanford General Counsel was aware of the pathology tissue fraud allegations.

40. For example, Stanford's Medicare payment ledgers for thousands of surgeries show that upcoding and unbundling was routine. A typical Stanford surgeon Dr. Amanda Wheeler billed Medicare \$1,494,584.50 or approximately \$1.5 million over a four-year period from 2013 to 2017. \$778103.50 of that amount was breast surgery. Of that subtotal, 11-20% of claims were upcoded and/ or unbundled.

41. As another example, Dr. Nguyen billed Medicare \$2,695,000.65 is a five-year span from 2012 to 2017. Dr. Dung H. Nguyen, M.D. PharmD is the Director of Breast Reconstruction at Stanford Women's Cancer Center and she billed CPT 15777 (biologic or artificial tissue implant procedure) 23 times from 2013 to 2017; the majority of those were billed as bilateral procedures and at least 2 units of the artificial tissue were billed by Stanford, regardless of how many units were used.

42. Pursuant to Internal Revenue Code, Defendants' tax returns are of public record. This FCA has examined Stanford's disclosed tax records and public filings with the State. **Defendants' self-reported disparity of unconscionable double digit increases in health care revenues and very low expense increases is often reflective of the fact that *creative coding schemes* are at play.** Operating expenses required for more production and services reasonably necessities more supplies, gauze, needles, paper towels, syringes, table paper, utilities, staffing, and the like. Hence expenses would be expected to also climb proportionately. For example, Stanford's doubling of Medicare revenues without

1 explicable increases in expenses simply defies belief. Stanford's purported public
2 "successes" in healthcare of a \$1.1 billion dollar profit the first quarter of 2018
3 amidst decreasing Medicare nationally set fee schedules also defy belief.

4 43. Stanford's schemes are to routinely upcode to the highest level
5 paying code for a given *class* or *time* of service, regardless of the true service
6 provided. Stanford also upcodes the number of units for supplies and services, as
7 well as improperly unbundles surgical services for unconscionable healthcare
8 profits.

9 44. Stanford has only approximately 613 licensed beds in its main
10 hospital and 311 licensed beds in the Children's Hospital. At a glance, Stanford's
11 combined 924 patient inpatient beds purportedly generate 40-50% of the healthcare
12 giant's annual healthcare revenues. (Ref. Dr. Brent Tan , MD, PhD Director of
13 Laboratory Informatics, Stanford Department of Pathology- accessed at
14 [http://www.executivewarcollege.com/wp-content/](http://www.executivewarcollege.com/wp-content/uploads/TAN.tue_.7am.Final_.pdf) uploads/TAN.tue_
15 .7am.Final_.pdf). As a simple ballpark calculation, Stanford reports a striking
16 revenue of \$2,110,389 per patient bed per year. Of Stanford's annual healthcare
17 *revenues*, it is therefore estimated that \$468 million dollars is recoverable through
18 this false claims action.



Summary

- Licensed Beds – 613 Beds
- Adult Acute Care – 466 Active Beds
 - 59 Intensive Care
 - 8 Coronary Care
 - 369 General Medical/Surgery
 - 30 Acute Psychiatric
- Surgical Services
 - 33 Operating Suites
 - 21 Main OR
 - 12 Ambulatory Surgery
 - 14 Cath-Angio Suites
 - 6 Outpatient Surgery Units at Redwood City
- Transplant Center, Level 1 Trauma Center, Comprehensive Cancer Center
- EMR: EPIC since 2008

Stanford Hospital



Summary

- 311 Total Licensed Beds
 - 111 Pediatric Services
 - 89 Intensive Care Newborn Nursery
 - 44 Intensive Care
 - 32 Perinatal Services
 - 35 Unspecified General Acute Care
- Surgical Services
 - 7 Operating Suites
 - 3 Cesarean Section OR Suites
 - 3 Ambulatory Procedure Rooms
- EMR:
 - EPIC 2013 (CERNER prior)

45. Stanford began an extensive hospital expansion project on May 1, 2013 which is anticipated to be completed in 2018 and lead to an additional 144 patient beds at Stanford. However, it is notable that when Stanford posted these remarkable doubling of Medicare revenues between 2012 to 2016, the hospital had the same or decreased access, and expansion was not actualized. The Hospital expansion project broke ground in mid-2013, hence that date does not support Stanford's basis for a near doubling of profits. Creative billing schemes would however, substantiate the types of increases in healthcare revenues reported at Stanford from 2012 to 2016. Inset below are schematics of Stanford's new "Arcade"..

1 of SHC



View of the New Stanford Hospital
from Welch Road



Arcade at New Stanford Hospital

46. Of note are that Stanford's healthcare billings are habitually contradictory to the actual healthcare services provided for patients, and the medical records are contradictory to the CPT codes billed. Stanford generates volumes of paper for a simple hospitalization, for example in a 1day mastectomy hospitalization, Stanford's medical records were 500 pages. In many instances the doctor's surgical notes are contradictory to the nursing records for surgical supplies used, and the billing for units of surgical supplies are habitually at the maximum possible codes. The doctor's surgical records contradict the doctor's testimony under oath, and there are different version of surgical reports depending on who requests the records. Stanford billers are routinely instructed to unbundle and upcode services for maximal reimbursement despite that Stanford knows that the

1 billed codes are also contradictory to national Correct Coding Initiatives (herein
2 “CCI”).

3 47. Hence Stanford’s habitual false coding led to false billing, which
4 in turn led to unjust and exorbitant healthcare revenues for Stanford. Itemized
5 Medicare billing ledgers for tens of Stanford surgeons, and accordingly thousands
6 of Medicare beneficiaries demonstrate that Stanford habitually violated national
7 CCI. Stanford’s exorbitant healthcare billings were *not* only unsupported by
8 Stanford’s own surgical and medical records, but the coding which led to the
9 collected revenues was also knowingly in direct violation of CCI’s.

10 48. In FY 2016, Stanford (also Stanford HealthCare or “SHC”) treated approximately 71,500 patients in its emergency room, admitted more than
11 25,700 inpatients and recorded nearly 697,000 outpatient transactions.³ Stanford
12 reported to the State that it performed 34,046 surgeries in 2016, which was up from
13 32,956 surgeries in 2015, and up from 30,751 surgeries in 2014.

15 49. In 2016 California commercial carriers like Blue Shield
16 unilaterally terminated their contracts with Stanford based on recognition of
17 Stanford’s disproportionate and “*expensive*” billings. Many carriers including
18 Medicare and Anthem Blue Cross have *not* yet terminated Stanford contracts.

19 50. Stanford freely promotes and incentivizes institution wide
20 upcoding and unbundling to achieve maximal healthcare profits. Stanford
21 fraudulently upcodes claims to maximize profits particularly in high ticket
22 women’s health services including mastectomy and breast cancer.

23 51. Defendants collectively herein “Stanford” devised billing
24 schemes to artificially inflate medical and surgical revenues over at least an eight
25

26 ³ <https://www.treasurer.ca.gov/chffa/meeting/2017/20171207/staff/430.pdf>

(8) year period from 2010-2018, resulting in hundreds of millions of dollars of recoverable overpayments.

52. This action makes prima facie showing that Stanford knowingly used artifices to violate correct coding initiatives and upcode standardized healthcare fee schedules for a profit motive. (Exhibits- excel spreadsheets of Stanford billing codes per surgeon)

53. For example, on 12/12/12 Stanford billed a *commercial carrier* \$153,488.68 for a 23-hour mastectomy surgery hospitalization (facility fee and professional fees). \$153,488.68 is *expensive* by local hospital standards for a less than 1-day hospitalization.

54. On 3/23/18 (five years later) Stanford conceded in writing that \$17,758 (approximately 13%) of that total bill was *upcoded and unbundled*, hence rendering the service fraudulent pursuant to Cal. Ins. Code § 1871 *et. seq.* (Exh. MM). Stanford habitually upcoded number of units of surgical supplies, including CPT code 15121 As detailed herein, Stanford received and retained *at least 13%* unjust enrichment from Anthem Blue Cross.

STANFORD'S CODING		CORRECT CODING	
CPT 15171 (2 units)	\$34,600	CPT 15171 (1 units)	\$17,300
CPT 99215 (pre-op visit)	\$458	CPT No Charge Pre-op	\$0
Stanford Fee	\$35,058	Correct Fee	\$17,300

55. On June 20, 2018 Anthem Blue Cross (herein ABC) telephonically confirmed that Stanford's Dec 12, 2012 claim had been adjudicated and paid for 2 units of Alloderm, and that Stanford had submitted *no* refunds of any type since claim processing in Jan. 2013 by ABC.

56. As another example, on 06/29/16 Stanford billed Medicare \$3729 in total professional fees for two office visits and a mastectomy. Stanford violated global surgical fees because the pre-operative visits the day before surgery was unbundled. Hence, pursuant to 31 §§U.S.C. 3279-3733, \$263 (7%) of just the professional fees was fraudulently billed on 6/28/16 for a pre-operative visit. Incorporating the related fraudulent facility and operating room fees, Stanford received and retained at least 13-17% in unjust total enrichment from Medicare. (Billing National Provider Identification (herein “NPI”) 1437292927, Rendering NPI 1154457091).

STANFORD’S CODING		CORRECT CODING	
CPT 99215 (pre-op visit)	\$263	CPT No Charge Pre-op	\$0
Stanford Fee	\$263	Correct Fee	\$0

57. In many cases, Stanford surgeons’ operative reports don’t support the number of surgical durable good billed, and the nursing records don’t support the surgeon’s operative report. In other words, the evidence contradicts the billings, and the billings are contradictory to the medical records. In other cases, Stanford mid-level providers’ medical records don’t support Stanford’s *physician* service codes billed, and the billed high fees aren’t supported by standard 15-20% reduced fee schedules for mid-level providers.

58. The full extent of Stanford’s billing schemes has not been elucidated. Stanford has paid out on prior FCA suits. However due to Stanford’s influence and power and under their direction, those FCA have largely been either

1 kept under seal or concealed⁴ from public court files. Stanford Children’s Hospital
2 anesthesia time block upcoding settled for monetary payment to the State Insurance
3 Commissioner by Stanford on or about mid-2013. However, Stanford negotiated to
4 suppress the FCA files from public access.

6 STANFORD’S SIX (6) BILLING SCHEMES

8 FIRST

10 59. First scheme, Stanford freely and habitually unbundled pre-
11 **operative visits** in violation of simple global surgical fee rules. A “pre-surgery”
12 visit is not separately chargeable. Once the decision for surgery is made, another
13 visit cannot be stacked on top of the global surgery fee. Stanford unbundled pre-op
14 visits and collected Medicare and non-Medicare money. Stanford did this through
15 two separate unlawful charges, neither of which were allowed.

16 (1) Stanford billed a professional fee for the surgeon’s pre-op visit.

17 (2) Stanford billed additionally a facility fee for the institution.

18 60. For example, a correctly coded mastectomy professional
19 component pays approximately \$1000. The global surgery fee includes pre-op and
20 post-op visits.

21 61. After the decision for surgery was made, Defendants required
22 most patients to return a day or two before surgery. Defendants then separately
23 tacked on a “comprehensive return visit” before surgery at \$268-\$491. Stanford’s
24

25 ⁴ Although Stanford paid money to settle the case, Stanford negotiated to conceal from public court access the False
26 Claim Action case filed pursuant to Calif Insur. Code § 1871.4 ex Relator Rockville Recovery Associates for
27 fraudulent anesthesia timeblock billing by Stanford Children’s Hospital.

1 *unbundling* scheme resulted in the mastectomy professional fee of roughly \$1268-
2 1491, a 26%-49% increase per claim.

3 62. Facility fees pay richly thousands of dollars for global surgery
4 codes. Stanford's pre-operative visit unbundling scheme added hundreds and
5 thousands of dollars in facility fees per claim.

7 SECOND

8 63. **Second scheme**, Stanford upcoded a majority of midlevel
9 **provider office visits**. Care was provided by mid-level providers like physician
10 assistants (herein "PA") without the supervising doctor but Stanford billed under
11 the physician (National Provider Identification herein "NPI")

12 64. A PA office visit pays approximately \$80, but Stanford's scheme
13 resulted in pay out of \$100-\$110 because Stanford falsely coded that doctors
14 provided the service. But for Stanford upcoding services with a false NPI, CMS
15 would have paid 80-85% of fees if a midlevel provider rendered professional
16 service.

17 65. Stanford uses many mid-level providers throughout its surgical
18 departments but billed exclusively under the surgeons' NPI even when the surgeon
19 was on vacation. Defendants' PA's total billings show less than 20 visits per annum
20 in cases reviewed, whereas all other visits were *improperly* billed under the doctor.
21 Stanford also violated "incident-to" rules by freely billing new patient visits
22 provided entirely by the PA, under the doctor's NPI. The doctor would sign off a
23 note that he reviewed the chart without ever being involved in the direct care of the
24 patient. *"I have reviewed the Physician Assistant's note and agree with..."* This is
25 incorrect use of the non-physician practitioner and incorrect billing under the
26 "incident to" guidelines.

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THIRD

66. **Third scheme**, Stanford freely and fraudulently upcoded billed quantities and units of exorbitant medical and surgical supplies. For example, throughout its hospitals and operating rooms, if one breast implant was used, Stanford billed 2 units resulting in thousands of dollars of unjust enrichment. The surgeon's notes and operating room nurse notes showed one unit, but upcoding regularly resulted in billing more units than used. (Exh. MM- Stanford admission)

67. Stanford fraudulently billed another patient for the unused second implant or surgical tissue that was already billed to another patient's carrier.

68. This case demonstrates a congregation of Defendant's billing, medical records, and nursing records which when examined together show the fraud.

69. For example, this case shows that Defendant surgeon only used 1 sheet (1 unit) of artificial tissue and Stanford freely billed 2 units. In the case of Alloderm, *each unit* costs \$17, 300 (CPT 15171). Stanford performed some 220 mastectomies and hundreds more surgeries involving artificial tissue in one year, at an estimate that 100 of those cases had upcoded Alloderm units, that estimates to **\$1,700,000 per annum of false** and fraudulent charges in just one medical supply code for mastectomy. Alloderm is also used in other surgeries and flaps and grafts, hence fraudulent billing for units of Alloderm is estimated at \$2.5 million dollars a year. Stanford's true usage of durable goods can be *reconciled* with the number of units purchased from the manufacturer annually.

FOURTH

70. **Fourth Scheme**, Stanford upcoded and improperly billed related testing, procedures, and ancillary services including:

- Codified disproportionate percentage of visits as CPT 99215, consecutive high-level visits amounting to 40 minutes of face-to-face physician time, when the documentation did not support the coding: a correctly coded level visit pays \$80 whereas Stanford's upcoding pays \$120 or \$150;
- Billed for the *unlicensed practice of medicine* by interns and students when no attending signed the notes (Dirbas deposition);
- Billed for medical services and office visits by students and unlicensed interns but no- attending or licensed physicians on premises or co-signed the intern and student notes (See Dirbas Deposition- Exh. JJ);
- Billed for diagnostic testing and medical procedures when no attending physician was on premises (See Dirbas Deposition, and Exh. KK Quicia Young Complaint ¶175- on pelvic floor testing and billing without required physician on site).
- Billed the maximum level and highest code possible per encounter.
- Instructed its coders to always code the highest level of service and time per procedure regardless of controverting and unsupported medical records.

FIFTH

71. **Fifth Scheme**, Stanford upcoded and improperly billed anesthesia time block billing, and postoperative time billing including:

- Codified disproportionate time block billing for anesthesia services and “post anesthesia care”;

- 1 • Charged more than \$1000 per 15 minutes of post anesthesia care and upcoded
- 2 the units of time billed which were not supported by the medical records (for
- 3 example in relator's claim Defendant reported an unsubstantiated 13 units of
- 4 post anesthesia care on 12/12/12 which would translate to 195 minutes or 3 ¼
- 5 hours spent in the recovery room);
- 6 • Unbundled and charged tens of thousands of dollars for "anesthesia time";
- 7 • Unbundled and charged nearly one hundred thousand dollars per 8 hours for "OR
- 8 time" (or roughly \$10,000 per hour of operating room time);
- 9 • Failed to show supporting documentation to support the coding;
- 10 • Billed the maximum level and highest codes possible per encounter.
- 11 • Instructed its coders to always code the highest level of service and time per
- 12 procedure regardless of controverting and unsupported medical records.
- 13 • For example, unbundling of the "OR room" resulted in charges of \$69,685 plus
- 14 \$16,848.00 plus \$14,870 totaling \$101,403.00
- 15

16 SIXTH

17
18 72. **Sixth Scheme, ("Tissue Fraud") Stanford upcoded units and**
19 **improperly billed pathology laboratory tests including:**

- 20 • Upcoded and unbundled a single mastectomy surgery breast specimen as three
- 21 separate pathology services;
- 22 • Failed to correctly bill the number of specimens per the surgeon's operative
- 23 report;
- 24 • Habitually billed the maximum level and highest codes possible per encounter;
- 25 • Freely violated the "one specimen, one code pathology" rule; and
- 26

- 1 • Received unjust enrichment of 45-76% by the described tissue fraud schemes.

2 73. Stanford's Anatomical Pathology and Clinical Laboratories is
3 very profitable. Stanford bills both a technical(tissue requisition and preparation)
4 and professional (physician interpretation service) component for anatomical
5 pathology. Through an imperfect payment system, the reimbursable technical
6 component is often 3 to 4 times the professional component. For example, in 2016,
7 according to CMS the technical component (or facility fee) for mastectomy tissue
8 was a whopping \$288.50 and the professional component was \$98.27.

9 74. According to Stanford, "At the Stanford University Medical
10 Center, approximately *31,000 surgical specimens* originating from the Stanford
11 Health Services Operating Rooms, Stanford University Clinics, other area clinics, or
12 from the private and independent Palo Alto Surgicenter are accessioned yearly."
13 "Another *13,000 cases* are reviewed either when patients, whose pathology specimens
14 were originally examined elsewhere, are referred to Stanford for treatment or when
15 other pathologists refer difficult cases for second opinions." (Accessed at
16 <http://surgicalpathology.stanford.edu/> (Exh. CC))

17 75. Case in point is CPT 88307 for tissue pathology which reimburses
18 \$240.71 in 2018, but paid \$288.50 in 2016, and paid even more at \$292.61 in 2013.⁵
19 The demonstrated declines in the reimbursement for pathology codes would infer
20 *higher overhead* calculations and lower profits. While there is an expected reciprocal
21 increase in costs of supplies, staffing, facilities, and the like, Stanford posts
22 astonishing profits that are neither in line with community standards nor with
23 revenues.

24
25
26 ⁵ Referenced Medicare fee lookup at [https://www.cms.gov/apps/physician-fee-schedule/search/search-
results.aspx?Y=0&T=0&HT=0&CT=1&H1=88307&C=2&M=4](https://www.cms.gov/apps/physician-fee-schedule/search/search-results.aspx?Y=0&T=0&HT=0&CT=1&H1=88307&C=2&M=4)

76. In 2012 alone, Stanford labs billed out charges of \$1.0 billion gross billings for over 5.3 million billable tests. ⁶Of the 1 billion dollars, 41% of the fees were generated from SHC inpatient fees, such as the pathology schemes described here. Remarkably, Stanford reported that expenses were a fraction of the billables at \$142 million dollars. Simply calculating Stanford's percent overhead in billings versus expenses, that places Stanford's lab overhead at astonishingly low 14% overhead. Such fantastic billing is virtually unheard of in the medical space where overheads typically range from 35% to 75% of billings. Stanford's "superhero" low overhead supports *creative billing schemes*.

Anatomic Pathology and Clinical Laboratories Statistics



- Shared service: Stanford Health Care, Stanford Children's Health, Clinics, and Referred Clients

- Over 5.3 Million Billable Tests in FY2012

- Locations

- Core Laboratory (SHC)
- Transfusion Service (SHC)
- Anatomic Pathology (SHC & Hillview)
- Specialty Laboratories (Hillview)
- 12 Patient Service Centers

- Over \$1.0 Billion Gross Charges in FY2012

- 41% SHC Inpatient
- 59% LPCH, SHC Outpatient & Referral Testing

- \$142 Million Expenses

- 22 sections

- 544 Paid FTE's

- 53 Faculty, 17 Clinical Fellows, 36 Residents

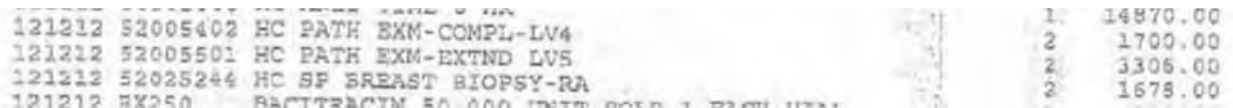


⁶ (Ref. Dr. Brent Tan , MD, PhD Director of Laboratory Informatics, Stanford Department of Pathology 2015- accessed at http://www.executivewarcollege.com/wp-content/uploads/TAN.tue_.7am.Final_.pdf)

1 77. For example, of one of the upcoding schemes, Stanford's
2 surgical records for relator demonstrate that on 12/12/12 a single right breast tissue
3 was sent to the Stanford lab for pathology examination. Hence a single pathology
4 code should have been billed. However, Stanford manufactured unsupported
5 charges of \$3342.00 and *unbundled* and *upcoded* the one tissue into three separate
6 pathology codes.

7 78. For instance, as exemplified here Stanford's schemes involved
8 upcoding a single (1) mastectomy specimen as three (3) pathology codes.



10 

121212	52005402	HC PATH EXM-COMPL-LV4	1	14870.00
121212	52005501	HC PATH EXM-EXTND LVS	2	1700.00
121212	52025244	HC SP BREAST BIOPSY-RA	2	3306.00
121212	52025244	HC SP BREAST BIOPSY-RA	2	1678.00

12 79. The surgeon's operative report [inset below] stated only one (1)
13 specimen was sent to the lab for each breast.
14
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26

Official Copy



STANFORD HOSPITAL
450 BROADWAY STREET
REDWOOD CITY, CA 94063

Sex: F

Adm:12/12/2012

SURGERY REPORTS (continued)

OPERATIVE REPORT (continued)

DATE OF OPERATION: 12/12/2012

PREOPERATIVE DIAGNOSES:

1. Fibrocystic changes, right and left breast

POSTOPERATIVE DIAGNOSES:

1. Fibrocystic changes, right and left breast

OPERATION PERFORMED:

1. Prophylactic nipple-sparing right total mastectomy.
2. Prophylactic nipple-sparing left total mastectomy.

SURGEON: Frederick M Dirbas, MD

ASSISTANT: Jon Gerry, MD

ESTIMATED BLOOD LOSS: 50 mL.

IV FLUIDS: 2 L crystalloid.

SPECIMEN:

1. Right breast with double stitch at the ductal tissue underneath the nipple and single stitch at the axillary tail.
2. Left breast with double stitch at the ductal tissue underneath the nipple and single stitch at the axillary tail.

NDAMS

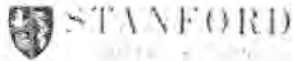
80. Nothing in the Stanford surgeon's reporter his testimony under oath supported the total number of pathology specimens billed. (Depo Dr. Dirbas p.154-159). Stanford billed for 6 pathology codes for a total of \$6600. Four of the codes in the pathology billing were not supported by the operative reports, and two of the codes were unsupported by any record or nursing notes.

81. Even the Stanford pathologist's report reflects a total of four (4) specimens, but Stanford billed for (6) specimens. It is illegitimate for Stanford to have billed for purported "surgical specimens" which have no accounting in the surgeon's operative reports or surgical nursing records.

82. In many cases, Stanford unbundled and upcoded billed out three levels of pathology including 88305, 88307, and a "breast biopsy code" for one *contiguous* mastectomy surgical tissue removed together which when billed

1 correctly results in mandatory *bundling* into one code. The signed surgical report
2 showed only two specimens were removed. (Inset below- Exh. 12/12/12 Op.
3 report)

4 Official Copy



STANFORD HOSPITAL
450 BROADWAY STREET
REDWOOD CITY, CA 94063

Sex: F

Adm:12/12/2012

SURGERY REPORTS (continued)

OPERATIVE REPORT (continued)

DATE OF OPERATION: 12/12/2012

PREOPERATIVE DIAGNOSES:

1. Fibrocystic changes, right and left breast

POSTOPERATIVE DIAGNOSES:

1. Fibrocystic changes, right and left breast

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SPECIMEN:

1. Right breast with double stitch at the ductal tissue underneath the nipple and single stitch at the axillary tail.
2. Left breast with double stitch at the ductal tissue underneath the nipple and single stitch at the axillary tail.

DRAINS:

CULTURES: None

83. However, for this operative date showing only two (2) pathology
specimens generated Stanford Hospital charged (herein "HC") and upcoded a
staggering \$6600 for six (6) units of high level pathology codes.

STANFORD HOSPITAL & CLINICS Stanford University Medical Center		PATIENT FINANCIAL SERVICES P.O. Box 742136 Los Angeles, CA 90074-2188		ITEMIZED STATEMENT OF ACCOUNT	PAGE NO. 1
DATE OF BILL 09/29/14					
PATIENT NAME A		HOSPITAL 5344		HOSPITAL STATEMENT	
UNIT NUMBER 0		INITIAL SERVICE DATE 12/12/2012		DISCHARGE DATE 12/13/2012	
MEDICAL 15		ACCOUNT NUMBER			
GUARANTOR NAME AND ADDRESS 3-3360		INSURANCE COMPANY NAME JSS PPO		GROUP NUMBER 212900	
				POLICY NUMBER XDL	
* Make Check Payable To: Stanford Medical Center. * If you wish to pay by credit card, please complete reverse side. * Please write the ACCOUNT NUMBER on your check and return with the top portion of this statement.					
DATE OF SERVICE		SERVICE CODE		DESCRIPTION OF HOSPITAL SERVICES	
				QUANTITY	TOTAL CHARGES
121212		25391137		1	8897.00
121212		30007447		2	2203.92
121212		30201354		1	69685.00
121212		30240444		13	14846.00
121212		30290806		2	34600.00
121212		30302608		1	14870.00
121212		52005402		2	1700.00
121212		52005501		2	3306.00
121212		52025244		2	1678.00

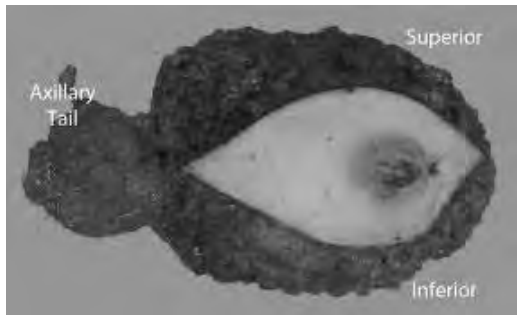
84. Stanford's upcoded pathology charges resulted in \$6684 of technical fees ("HC" Hospital charges) for the Stanford whereas Stanford was entitled to only bill for 2 units of pathology, totaling approximately \$827.52 per the benchmark Medicare fee schedule.

STANFORD'S CODING		CORRECT MEDICARE ALLOWED	
CPT 88305 Level IV (2 units)	\$1700	CPT 88307 (2 units)	\$827.52
CPT 88307 Level V (2 units)	\$ 3306		
CPT 88303 Level II (2 units)	\$ 1678		
Stanford Billed	\$6684	Correct Total Revenue	\$827.52

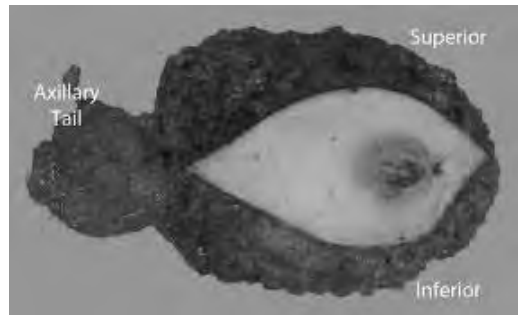
85. As illustrated below, the surgeon's report (¶71) showed one complete mastectomy specimen from each breast. However, Stanford coded 3

1 pathology specimen codes per breast, which was contrary to the surgeon's
2 operative report that showed only one specimen was surgically removed.

3
4 **Correct Coding**



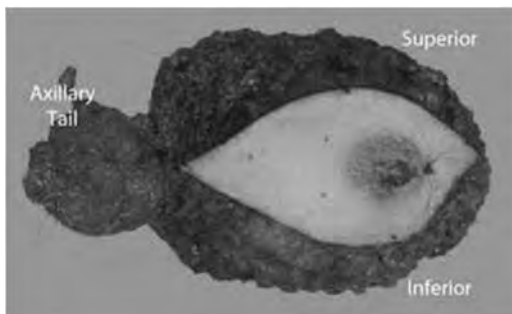
10 1 surgical specimen



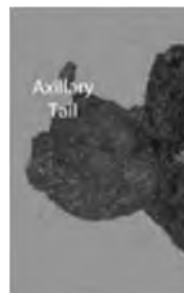
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1 pathology code

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13 **Stanford's Coding**



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19 1 Surgical specimen

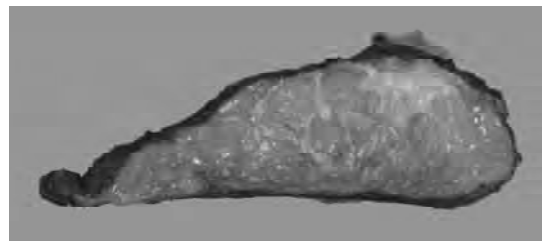
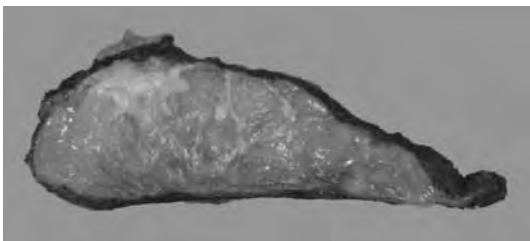
3 pathology codes

20
21 86. A “double” or bilateral preventative skin and nipple sparing
22 mastectomy involves the surgical removal of both breasts. In the presented
23 example, the surgeons’ report showed that two specimens were generated. The
24 surgical report also stated that no nipple tissue was removed, and no other tissue
25 was collected.
26



87. Here, on 12/12/12 the Stanford surgeon's operative report correctly recorded that there were only two (2) surgical specimens generated in total by the surgeon: "SPECIMENS: 1 and 2" , one right breast and one left breast.

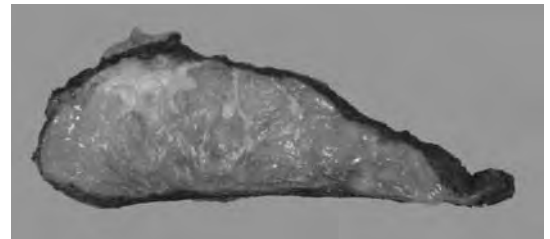
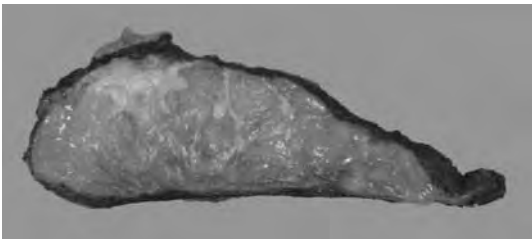
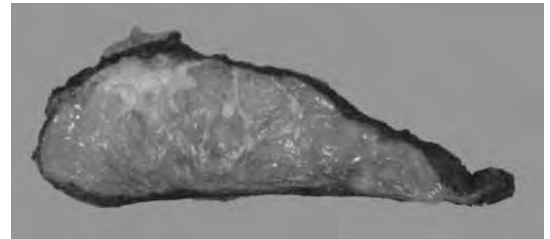
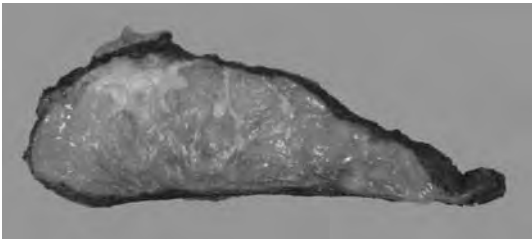
Correct: 2 specimens from bilateral mastectomy



88. Stanford surgeon Dr. Dirbas testified in deposition that his operative report stated only 2 pathology specimens. His surgical report specifically listed only 2 tissues, 1 right breast and 1 left breast. (Exh. F Dr. Dirbas Depo p.154-159) He later testified under oath that he sent 2 extra tissues, 1 from the nipple and one from the flap. He also testified that the patient had not consented to a nipple

1 cording or biopsy, and no where in his operative report was it recorded that he took
2 any additional tissue other than the entire breast- right and left. (Exh. F Dr. Dirbas
3 Depo p.154-159)

4
5 89. However, on 12/12/12, Stanford surreptitiously fabricated on its
6 pathology requisition form an additional 2 pathology specimens (for a total of four
7 breasts specimens). The purported four specimens were contradictory to the
8 surgeons' transcribed, signed, and verified surgical report.



18 LABORATORY OF SURGICAL PATHOLOGY
19 STANFORD HOSPITAL CLINICS
ROOM H-2110, STANFORD, CALIFORNIA 94305
TEL # (650) 723-7211 FAX # (650) 725-7409

20 M.R. Hendrickson, M.D., R.L. Kempson, M.D., R.K. Sibley, M.D.
21 Co-Directors, Surgical Pathology, Dept. of Pathology

Pathology Results (12/18/12 - 12/18/12)

SURGICAL PROCEDURE [411380593]

Resulted: 12/18/12 1506, Result Status: Final result

Resulting Lab
Narrative:

SUNQUEST LAB
Accession No: SHS-12-46585
SPECIMEN SUBMITTED:
A. RIGHT BREAST
B. LEFT BREAST
C. RIGHT UPPER MASTECTOMY SUBCUTANEOUS FLAP
D. LEFT BASE OF NIPPLE

Specimen: 12/12/12 1450

GROSS DESCRIPTION: Four specimens are received labeled with the patient's name and medical record number.

The first specimen labeled "right breast" is received fresh and placed into formalin on 12/13/12 at 9:44 am. It consists of a 632 g, 20 x 22 x 3 cm right nipple-sparing mastectomy. No axillary contents are attached. No skin or nipple is present on the specimen. The breast is oriented by the surgeon and is inked in the usual manner such that deep is black, anterior/superior is blue, anterior/inferior is green, and nipple bed is yellow. No masses are palpated. The specimen is serially sectioned from medial to lateral into 0.8 cm thick sections. The 25 macrosections are laid out flat such that deep is at 9 o'clock and superior is at 12 o'clock. The serial sections reveal predominantly white rubbery breast tissue with no masses, biopsy cavities, or other abnormalities. The specimen is radiographed to reveal no clips, calcifications, or masses. Representative sections are submitted as follows:

Pathology Results (12/18/12 - 12/18/12) (continued)

SURGICAL PROCEDURE [411380593] (continued)

Resulted: 12/18/12 1506, Result Status: Final resu

intramammary node.

The second specimen labeled "left breast" is received in fresh and placed into formalin on 12/13/12 at 9:44 am. It consists of a 613 g, 18.5 x 18 x 3.5 cm left nipple-sparing mastectomy. No axillary contents are attached. No skin or nipple is present on the specimen. The breast is oriented by the surgeon and is inked in the usual manner such that deep is black, anterior/superior is blue, anterior/inferior is green, and the nipple bed is inked yellow. No masses are palpated. The specimen is serially sectioned from lateral to medial into 0.8 cm thick sections. . The 22 macrosections are laid out flat such that deep is at 9 o'clock and superior is at 12 o'clock. There are two palpable well-circumscribed nodules within the white rubbery breast tissue. The first nodule is located in macrosection 10, measures 1.2 x 1 cm, and is located 2 cm from the anterior margin and 2.2 cm from the deep margin. A second nodule measures 1 x 1 x 0.6 cm and is located in macrosection 12. This lesion is 2.5 cm from the nearest anterior margin and 2.4 cm from the deep margin. The remaining breast tissue is predominantly fatty with no biopsy sites or masses. The specimen is radiographed to reveal no clips, calcifications, or masses. Representative sections are submitted as follows:

B1 macrosection 1, lateral margin
B2 macrosection 9, outer lower quadrant
B3 macrosection 10 mid outer, first nodule
B4 macrosection 12, mid outer, second nodule
B5 macrosection 13, nipple bed
B6 macrosection 15, lower inner quadrant
B7 macrosection 18, inner upper quadrant
B8 macrosection 19, inner lower quadrant
B9 macrosection 22, medial margin.

The third specimen labeled "right upper mastectomy subcutaneous flap" is received in formalin and consists of multiple fragments of yellow lobulated fibroadipose tissue measuring 4 x 3.5 x 1 cm in aggregate. The specimen is inked black and serially sectioned at 0.3 cm intervals to reveal no masses, hemorrhage, or other abnormalities. Representative sections are submitted in cassette C1.

The fourth specimen labeled "left base of nipple" is received in formalin and consists of multiple fragments of yellow lobulated fibroadipose tissue measuring 3 x 2 x 1 cm in aggregate. White rubbery breast tissue is identified in one of the fragments, and this area is serially sectioned and entirely submitted in cassette D1. Oak (12/14/2012)

I have reviewed the specimen and agree with the interpretation above.

KRISTIN C JENSEN, M.D.

Pathologist

Electronically signed 12/18/2012 2:36 PM

Testing Performed By

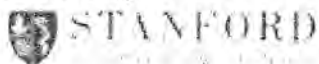
Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - Unknown	SUNQUEST LAB	Dr Dan Arber	300 Pasteur Drive Palo Alto CA	05/30/12 0913 - Present

90. Stanford's surreptitious schemes in adding an unexplained 2 pathology specimens resulted in three pathology codes including 88305, 88307, and a "breast biopsy code" for one *contiguous* mastectomy surgical tissue removed together which correctly results in mandatory *bundling* into one code.

The third specimen labeled "right upper mastectomy subcutaneous flap" is received in formalin and consists of multiple fragments of yellow lobulated fibroadipose tissue measuring 4 x 3.5 x 1 cm in aggregate. The specimen is inked black and serially sectioned at 0.3 cm intervals to reveal no masses, hemorrhage, or other abnormalities. Representative sections are submitted in cassette C1.

The fourth specimen labeled "left base of nipple" is received in formalin and consists of multiple fragments of yellow lobulated fibroadipose tissue measuring 3 x 2 x 1 cm in aggregate. White rubbery breast tissue is identified in one of the fragments, and this area is serially sectioned and entirely submitted in cassette D1. Oak (12/14/2012)

Official Copy



STANFORD HOSPITAL
450 BROADWAY STREET
REDWOOD CITY, CA 94063

Sex: F

Adm: 12/12/2012

FLWSHEETS (continued)

All Flowsheet Data (12/11/12 0000--12/13/12 2359) (continued)

recorded	
That counts are correct (or N/A)	Yes MS
Read back Specimen labeling & path form filled out per protocol	Yes MS
Are any Equipment/Instrument problems to be addressed	No MS

Pathology - All Orders

SURGICAL PROCEDURE [411380592]

Ordering user:	Results, Shc Incoming Clinical 12/12/12 1450	Authorized by:	Dirbas, Frederick M, MD
Ordering mode:	Standard	Frequency:	Once 12/12/12 1450 - 1 C
Electronically signed by:	Results, Shc Incoming Clinical 12/12/12 1450		

Official Copy



STANFORD HOSPITAL
450 BROADWAY STREET
REDWOOD CITY, CA 94063

Sex: F
Adm:12/11/2012

SURGERY REPORTS (continued)

Progress Notes (continued)

According to the AMA's CPT coding manual, CPT codes in surgical pathology (88300 through 88309) represent services. The higher the code, the greater the fee.

- CPT 88305 is reduction mammoplasty / biopsy not requiring evaluation of margins. CPT 88307 is a breast excision with evaluation of margins as in a partial or simple mastectomy. CPT 88309 is a radical or modified radical mastectomy with regional lymph nodes.
- The code "reflects the physician work involved." The unit of service is the specimen. The CPT coding manual defines a specimen "as tissue or tissues that is (are) submitted for individual and separate attention, requiring individual examination and pathologic diagnosis."
- Dr. Dirbas testified under oath that Stanford nurses filled out the pathology slips. (Exh. F, Depo Dirbas p. 171- inset below)

1 A. No.

2 Q. Do you know who signed it?

3 A. It looks like it was a nurse. I think that
4 says "RN" at the end.

5 Q. Right. Do you know who that is, by signature
6 that you're familiar with?

7 A. No.

8 Q. So what did you understand this document to
9 be?

10 A. It looks like the pathology slip, we call it,
11 pathology form, that goes along with a specimen,
12 accompanies the specimen to pathology to identify
13 specimen.

14 Q. Okay. So is this, in essence, what goes to
15 pathology to say, "Hey, look, here's the tissue from
16 this procedure; please examine it, look for cancer and
17 other things"?

18 A. Yes. And it also indicates -- I forgot that
19 we had put two sutures at the base of the nipple, just
20 so that would be oriented as well, for the
21 pathologist.

22
23
24 **FACTS COMMON TO ALL CAUSES OF ACTION AND**
25 **PLAINTIFFS**

1 91. This is an action brought on behalf of Plaintiffs, the United States
2 of America, and the State of California (herein “Plaintiffs”) pursuant to the Civil
3 False Claims Act, 31 U.S.C. §§ 3729-33 for Medicare and Medicaid, California
4 Insurance Frauds Prevention Act (Section 1871 *et seq.* of the California
5 Insurance Code), and Government Code §§12650-12652 for Medi-Cal, jointly
6 referred to herein as the “False Claims Action” (herein “FCA”) or “Complaint”.

7 92. Relator Emily Roe by and through its undersigned, on behalf of
8 Plaintiffs United States of America *et al.* alleges as follows for its Complaint
9 against Defendants collectively “Stanford,” which are comprised of
10 STANFORD HEALTH CARE (herein "Stanford" OR “SHC”), THE BOARD
11 OF DIRECTORS OF THE STANFORD HEALTH CARE, DR. FREDERICK
12 DIRBAS, MD (herein "DIRBAS"), MS. DEBRA ZUMWALT, THE BOARD
13 OF DIRECTORS OF THE LUCILE SALTER PACKARD CHILDREN'S
14 HOSPITAL AT STANFORD, STANFORD HEALTH CARE ADVANTAGE,
15 AND THE BOARD OF TRUSTEES OF LELAND JUNIOR UNIVERSITY,
16 and DOES 1-10 who are agents, employees, or business associates of
17 Defendants, based upon personal knowledge and relevant documents.

18 93. As a direct, proximate and foreseeable result of Defendants’
19 habitual fraudulent schemes set forth herein and conducted as standard operating
20 practice on a large scale, Stanford knowingly submitted, and caused to be
21 submitted, hundreds of thousands of false or fraudulent statements, records, and
22 claims for health care services from on or about before 2010 through current
23 date.

24 94. The practices complained of herein are *continuing*. As detailed
25 *infra*, Defendants’ actions and omissions have caused many years of improper
26

1 and false billings to the United States through the Medicare and Medicaid
2 program, and the State of California through non-Medicare programs.

3 95. Defendant's schemes have been purposeful and intended to result
4 in unjust enrichment to Stanford *more* than the standard reimbursement which is
5 allowed to other California providers. Stanford perpetuates its schemes with the
6 intent to deceive payers and receive unjust enrichment.

7 96. Stanford while purportedly operating as a U.S. "non-profit", is
8 one of the top 5 most profitable hospitals in the U.S. Stanford also demonstrated
9 that it had doubled its annual Medicare revenue in a four-year period from
10 2012-2016 without any reciprocal increase or doubling of its expenses,
11 overhead, staff, or supplies. (See EXH. TT Stanford Form 990-Tax returns)

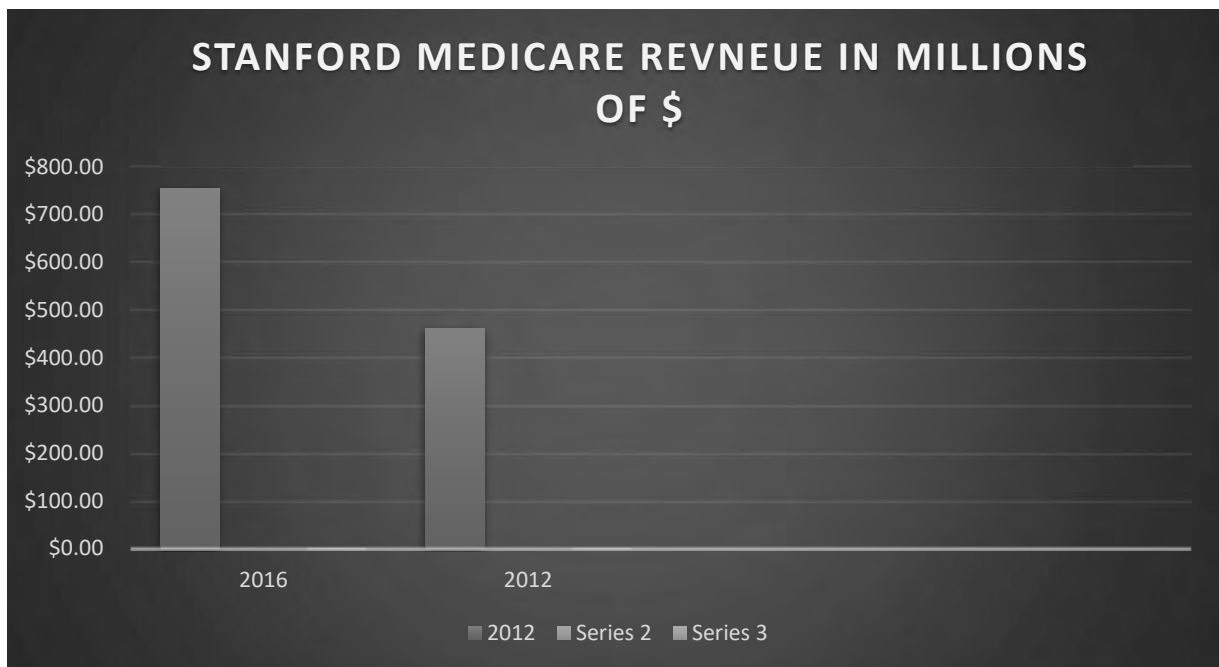
12 97. As detailed below, Defendants' deliberate actions and omissions
13 have caused many years of improper and false billings to the U.S. and California
14 through Medicare and non-Medicare programs. Damages to the State, U.S., and
15 commercial insurance carriers are hundreds of millions of dollars. Defendant's
16 upcoding and unbundling practices demonstrated herein are continuing.

17 98. Defendants' false claims acts are especially egregious given that
18 Defendant are concurrently willfully fraudulently billing the government for
19 healthcare and circumventing the tax laws by claiming "tax exempt" status.

20 99. Defendants have also freely misappropriated tax advantage
21 dollars afforded by their designation as an Internal Revenue Code for 503(c)
22 "non-profit" for *improper* profits. Defendants have a model of habitually
23 siphoning and co-mingling funds from government grants, Medicare and
24 Medicaid subsidies, and private donations for ulterior artifices. Defendants'
25 healthcare and billing entities are deliberately ambiguous as Defendants operate
26 under multiple alter egos, institutions and facilities, and their land is similarly

1 owned by various alter egos. Stanford freely admits that its various alter egos
2 co-mingle certain departments, managed care contracting, materials, operating
3 room, laboratory, and interventional radiology.

4 100. As of 2016 Stanford has nearly doubled its Medicare net
5 revenue from 2012. Whereas in 2012 Stanford received \$460.4 million in
6 Federal funds from the Medicare Program, in the most recent year (2016),
7 Stanford received \$755.7 million in Federal funds from the Medicare Program
8 accounting for a remarkable 64% four-year increase.



20 101. As of Jan. 1, 2016 Stanford, in fact *lost* a major carrier due to its
21 healthcare billing practices. Blue Shield of California *unilaterally* terminated all
22 managed care contracts with Stanford because of allegations of “exorbitant
23 costs.” Despite the major carrier and contract loss in 2016, Stanford inexplicably
24 posted a substantial profit and revenue *increase* in 2016.

25 102. It stands to reason that a medical facility that increases its
26 revenue and production through *legitimate* services would be expected to require

1 more expenses like table paper, disposable supplies, gauze, syringes, gloves, and
2 the like. However, a doubling of revenue without any significant increase in
3 expenses is highly suspect for billing schemes and artifice as the basis for such
4 a remarkable profit. Although Stanford has nearly doubled its Medicare
5 revenues in the four-year period from 2012 to 2016, Stanford has not doubled its
6 expenses, staff, bed count, facilities, or services in that time to substantiate this
7 increase in enrichment. (See Stanford Form 990, non- profit U.S. tax filing)

8 103. Stanford executives and department managers are known to push
9 aggressive billing and maintain a culture of pushing profits at any cost.

10 104. Stanford General Counsel and Vice President Ms. Debra
11 Zumwalt is the designated medical and coding Compliance officer for all
12 Defendants. Ms. Zumwalt and her office are known to harbor a general proclivity
13 to turn a blind eye and suppress reports of improper billing allegations, as was
14 done for more than one year in this case.

15
16 **Sent:** Sunday, September 10, 2017 1:27 PM
17 **To:** Frederick M. Dirbas <dirbas@stanford.edu>
18 **Cc:** Debra L Zumwalt <zumwalt@stanford.edu>
19 **Subject:** Re: Dr. Dirbas CMS Billing Audit and Advisory

20 September 10, 2017

21 Dr. Dirabs and Ms. Zumwalt,

22 Since we did not receive timely or any correspondence or acknowledgement from you following
23 last week's communication , it will be assumed that you are both uninterested and/or unwilling to
24 participate in the opportunity presented to review your billing and correct coding
25 initiative compliance. Thus, we'll similarly assume that you decline the opportunity to meet and
26 confer on this matter.

26 Regards,

1
2
3
4 105. Exhibits attached hereto are multiple emails between Relator and
5 General Counsel Ms. Zumwalt. Relator notified Ms. Zumwalt and her office on
6 several occasions of the significant, institutional non-compliant billing issues.
7
8

9 **Sent:** Friday, September 8, 2017 5:53:33 AM

10 **To:** dirbas@stanford.edu

11 **Cc:** zumwalt@stanford.edu

12 **Subject:** Dr. Dirbas CMS Billing Audit and Advisory

13 Dear Dr. Dirbas and Ms. Zumwalt,

14 Please find the following correspondence attached for your review and response.

15 As you know, Evid. Code section 1152 protects the content of any settlement-related
16 communications, whether written or oral.

17 As you are also aware, Stanford and Dr. Dirbas are listed as defendants in the civil litigation
18 suit *Does vs . Hong et al.*

19 In accordance with ABA Model Rules 4.2 as well as ABA Formal Opinion 11-461 , parties in
20 litigation are free to communicate directly.

21 Thus, such open dialogue is permissible to facilitate resolution of matters that may otherwise not
22 be as openly communicated.

23 Your response is requested this Friday by the close of business at 5.

24 Regards,

25 J. D
26
27
28

29 106. Ms. Zumwalt personally acknowledged receipt of billing non-
30 compliance notice communications from Relator. Yet, Ms. Zumwalt failed to act
31 ethically or properly, or to ensure that Stanford complied with its correct coding
32 obligations.

1
2 RE: Dr. Dirbas CMS Billing Audit and Advisory
3 Debra L Zumwalt <zumwalt@stanford.edu>

4
5 Reply

6 Mon 9/11/2017 8:59 AM

7 To:

8 Frederick M. Dirbas (dirbas@stanford.edu)

9 You replied on 9/19/2017 11:46 AM.

10 Risk Management is looking into the issues you raised.

11 *****

12 **Debra L. Zumwalt**

13 Vice President and General Counsel

14 Stanford University

15 Office of the General Counsel

16 Building 170, 3rd Floor, Main Quad

17 P.O. Box 20386

18 Stanford, CA 94305-2038

19 <http://www.stanford.edu/dept/legal>

20 Phone - (650) 723-6397

21 Fax - (650) 723-4323

22 E-mail - zumwalt@stanford.edu

23 *****

24 **CONFIDENTIALITY NOTICE:** The information contained in this e-mail message may be privileged, confidential and protected from disclosure. If
25 you are not the intended recipient, any use, disclosure, dissemination, distribution or copying of any portion of this message or any attachment is
26 strictly prohibited. If you think you have received this e-mail message in error, please notify the sender at the above e-mail address, and delete
27 this e-mail along with any attachments. Thank you.

28
107. On Sept 11, 2017 Ms. Zumwalt replied to relator that Ms. Zumwalt
would reply further later. However, she failed to do so at any time.

108. In fact, Relator's final email to Ms. Zumwalt came after the
Stanford billing office had again initiated contact and astonishingly billed Relator in
error on or about 3/22/18 for further \$341 due for the 12/11/12 (5-year-old date of
service) pre-operative visit. In fact, Stanford conceded that it owed Relator \$341.97

1 from 2012, an amount which Stanford had concealed and failed to correct in its
2 accounts despite notice by the commercial carrier of the unbundling.
3

4 JD new Accounting Statement Received Stanford for DOS 12/11/12

5 Reply

6 Tue 3/27/2018 9:59 AM

7 To:

dirbas@stanford.edu;

zumwalt@stanford.edu

8 Cc:

Sent Items

10 EXH AAA p. 1 STANFORD BILI \$341.97 Statement 03 07 2018 (1) Redacted a.pdf
11 569 KB

12 2 attachments (739 KB) Download all
13 Save all to OneDrive - Personal

Dear Dr. Dirbas and Ms. Zumwalt,

14 We received a new bill from Stanford this week for "date of service 12/11/12 Dr. Dirbas" for
15 \$341.97 due.

16 This amount was disbursed by the patient in 2013 to Stanford, and no reprocessing notice
17 or refund has been received at any time.

18 The recent invoice is attached in redacted form for your reference. As you recall, this date of
19 service has been the subject of multiple prior correspondences ranging from at least March
20 2017 to 2018 to Ms. Zumwalt, Dr. Dirbas, as well as Stanford billing.

21 Could you let us know the basis for this new invoice for an unbundled office visit from more than 5
22 years ago?

Thank you in advance for your anticipated cooperation and understanding.

23 Sincerely,

24 JD

1 109. On April 9, 2018 Stanford counsel Ms. Northrup then emailed
2 Relator acknowledging Relator's telephonic communication to Ms. Zumwalt's office,
3 and that Ms. Zumwalt had declined to respond.

4
5 Carolyn Northrop <carolyn.northrop@dbtlaw.org>

6
7 **Reply**

8 Mon 4/9/2018 2:12 PM

9 To:

10 Cc:

11 Angelina Felo (angelina.felo@dbtlaw.org);

12 Daniela Stoutenburg (daniela.stoutenburg@dbtlaw.org);

13 Sheryl Rodacker (sheryl.rodacker@dbtlaw.org)

14 Ms. Doe,

15 I understand from Debra Zumwalt's office that you contacted her office today to speak with her. Please be
16 advised that she has chosen to have all communications go through outside counsel for SHC, which is our
17 office. Therefore, if you have something you need to discuss with Ms. Zumwalt, you'll need to
18 communicate it to our office.

19 I look forward to hearing from you.

20 Carrie

21 **CAROLYN L. NORTHROP, ESQ.**

22 **DUMMIT, BUCHHOLZ & TRAPP**

23 www.dbt.law

24 **SACRAMENTO**

25 1661 Garden Highway
26 Sacramento, CA 95833
27 (916) 929-9600
28 (916) 927-5368-FAX

LOS ANGELES

11755 Wilshire Blvd, 15th Floor
Los Angeles, CA 90025
(310) 479-0944

SAN DIEGO

101 West Broadway, Suite 1400
San Diego, CA 92101
(619) 231-7738

RIVERSIDE/SAN

BERNARDINO
11801 Pierce St., 2nd Floor
Riverside, CA 92505
(951) 710-3277

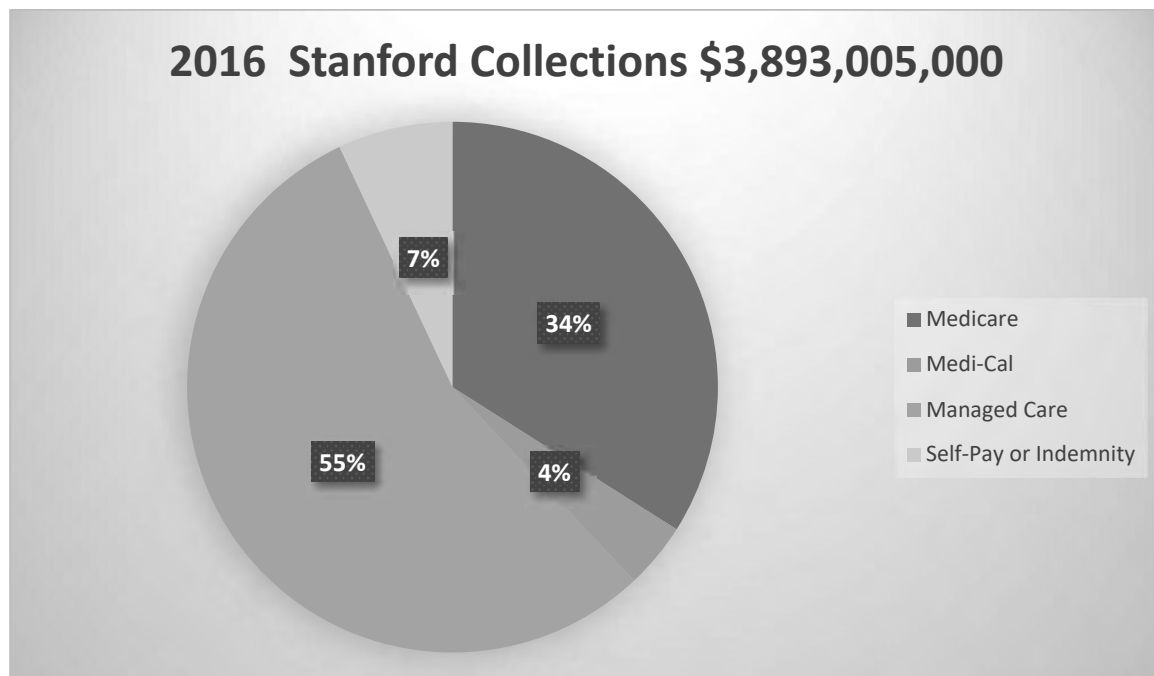
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THIS DOCUMENT MAY CONTAIN INFORMATION COVERED UNDER THE PRIVACY ACT, 5 USC 552(A), HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT, PUBLIC LAW 104-191, AND DOD DIRECTIVE 6025.18. IT MUST BE PROTECTED IN ACCORDANCE WITH THOSE PROVISIONS.

110. Stanford Hospital and Clinics located in Santa Clara County is one of the top three most profitable hospitals in the U.S. by patient-service surplus. In 2013, patient care surplus at Stanford was \$224,661,648, and surplus per adjusted discharge was \$1,339.49.

111. In a more recent year (2016), Stanford received a total of net patient service revenue of \$3,893,005,000 and \$3,393,413,000 in the prior year (2015). On average Stanford receives 1/3 of its Gross Patient Service revenue from Medicare.

112. Of the total \$3,893,005,000 funds collected by Stanford in 2016, 34% of funds were from Medicare, 4% from Medi-Cal, 55% from Managed care-“Discount Fee for Services”, and 7% Self-Pay or Indemnity.



113. At the end of the fiscal year in August 31, 2016 Stanford has account receivables of 12% from Medicare, 18% from Blue cross, and 11% from Blue Shield. SHC did not believe significant credit risks exist with these three payers.

114. Stanford reported that SHC's Medicare cost reports have been audited by the Medicare administrative contractor through August 31, 2006.

115. More significantly, the Stanford schemes that have resulted in false billings to Medicare and the State that began in at least 2010, and most likely earlier, as alleged more specifically *infra*, include but are not limited to the following:

- upcoding patients' office visits to artificially inflate the base Medicare reimbursement paid for professional medical services by Stanford physicians and health care providers;
- artificially unbundling the pre-operative visit and inflating the global fees paid through surgical services rendered to patients to qualify for high adjustment payments of 10-20% greater funds per surgical procedure;
- fraudulent and false patient pre-operative evaluations scheduled on the day or days before surgery and unbundled to reflect a distinct and separate evaluation and management service; and
- failing to mitigate or cease the conduct once put on notice and demanded to cease unlawful billing.

116. Further, Defendants Stanford conspired to violate the FCA by causing the submissions of false or fraudulent claims, conspired to make and use, or cause to be made or used, false records material to false or fraudulent claims, and once put on notice of the unlawful billing, conspired to not return Medicare and non-Medicare overpayments from being returned to the government, and respective carriers.

117. Stanford Health Care Advantage (herein “SHCA”) is a new Medicare Advantage plan offered by Stanford Health Care for Santa Clara and Alameda County Residents. Stanford upcodes and unbundles services for this plan, causing similar schemes to result in very expensive health care costs to the Federal

1 Government. Scheme perpetrators like Frederick Dirbas, M.D. and other surgical
2 oncology surgeons are on the panel for SHCA.

3 118. Stanford healthcare is *expensive*. While in 2015 California
4 commercial carriers like Blue Shield publicly unilaterally terminated⁷ their contracts
5 with Stanford based on recognizance of Stanford’s disproportionate and “expensive”
6 billings, the Medicare program and other carriers like Anthem Blue Cross have not.

7 119. According to Stanford, Blue Shield unilaterally terminated its’
8 contract with Stanford. “In early October 2015, Blue Shield made a unilateral
9 decision that Stanford Health Care would be excluded from their Individual and
10 Family plan networks in 2016. This was unrelated to the contract renegotiation in May
11 2015 for the general agreement with Blue Shield.” (Accessed at
12 [https://stanfordhealthcare.org/content/dam/SHC/patientsandvisitors/billing/docs/201](https://stanfordhealthcare.org/content/dam/SHC/patientsandvisitors/billing/docs/2016-covered-california-faqs-for-shc.pdf)
13 [6-covered-california-faqs-for-shc.pdf](https://stanfordhealthcare.org/content/dam/SHC/patientsandvisitors/billing/docs/2016-covered-california-faqs-for-shc.pdf))

14 120. Blue Shield recognized Stanford’s unlawful and exorbitant billings.
15 Effective Jan. 1, 2016 Blue Shield of California terminated Stanford Hospitals from
16 its’ networks. Blue Shield kicked out two Stanford Hospitals including Stanford
17 Health Care, Stanford Medical Group, and Stanford’s University Health Alliance, and
18 Lucile Packard Medical Group out of its PPO network because of “high costs”.

19 121. As a result, Medicare overbillings by Stanford revealed in an audit
20 certification conducted by Plaintiffs was covered up and the billing schemes in place
21 at Stanford that resulted in the false billings identified by Plaintiffs continued
22 unabated, resulting in additional false or fraudulent claims to Medicare.

24 ⁷ “In early October 2015, Blue Shield made a unilateral decision that Stanford Health Care would be excluded from
25 their Individual and Family plan networks in 2016. This was unrelated to the contract renegotiation in May 2015 for the
26 general agreement with Blue Shield.” Accessed at
[https://stanfordhealthcare.org/content/dam/SHC/patientsandvisitors/billing/docs/2016-covered-california-faqs-for-](https://stanfordhealthcare.org/content/dam/SHC/patientsandvisitors/billing/docs/2016-covered-california-faqs-for-shc.pdf)
27 [shc.pdf](https://stanfordhealthcare.org/content/dam/SHC/patientsandvisitors/billing/docs/2016-covered-california-faqs-for-shc.pdf)

122. By these actions and the other actions detailed herein, the Defendants have violated several laws, including without limitation, the Federal and State False Claim Statutes. Defendants' fraudulent conduct has had a dramatic negative financial impact on Medicare, Medicaid, and commercial carriers.

DEFENDANTS

123. Defendants have innumerable alter egos and names including Stanford Health Care which includes Stanford Hospital, Lucile Packard Children's Hospital, Stanford Medical Group, Lucile Packard Medical Group, and University Healthcare Alliance.

124. Stanford Health Care (herein "SHC") operates as a non-profit, hence circumventing taxes on its sizeable healthcare earnings. As a California corporation, Stanford is organized as a "tax-exempt" institution under section 501(c)(3) of the Internal Revenue Code. Its governing board is The Board of Directors of Stanford Health Care.

NATIONAL PROVIDER IDENTIFIER “NPI”

125. The Centers for Medicare (herein “CMS”) and Federal health care programs utilize the National Provider Identifier (herein “NPI”). NPI’s are assigned to institutions as well as individual health care providers. Billing CMS requires utilization of both the institution’s NPI and the individual rendering providers.

126. NPI 1437292927 is registered to Stanford Health Care located at 300 Pasteur Drive Stanford, California 94305.

127. NPI Number 1437292927 has the “Organization” type of ownership and has been registered to the following primary business legal name (which is a provider name or healthcare organization name) - Stanford Health Care. The enumeration date of this NPI Number is 02/14/2007. NPI Number information was last updated at 03/07/2017.

128. Stanford’s other registered legal business name is Stanford Hospital and Clinics. Stanford surgical providers’ reimbursement data was obtained and analyzed for representative ones below and attached hereto as exhibits.

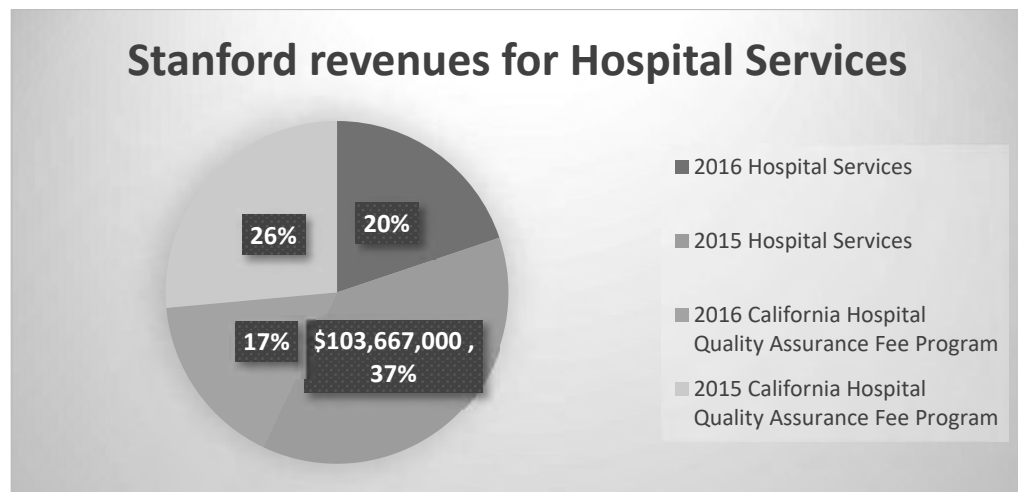
NPI	PROVIDER	MEDICARE BILLINGS
1437292927	STANFORD HEALTH CARE	
1154457091	FREDERICK DIRBAS, M.D.	Billed \$1,618,328.50 from approximately 2011-2017
1881725638	CANDICE SCHULTZ, PA	\$414 Annual billing to Medicare
1104951508	IRENE WAPNIR, M.D.	Billed \$1,818,659.75 from 1/2008 to 10/2017
1437292927	ERIC SOKOL, MD	

1326009572	GORDON LEE, M.D.	Billed \$5,629,251.95 from 2010-2016

1891830881	GEOFFREY GURTNER, MD FACS (Breast)	\$961,810.00 Uses CPT 15777 (biologic artificial tissue) 19340, 19342, 19371
1205978806	CARL BERTELSEN, M.D. (General surgery)	Billed \$2783156.35 to Medicare from 1/2014 to 10/2017 at average of \$60,503 per month
1477697563	PETER LORENZ, M.D. (Plastic Surgery)	
1760681191	DUNG NGUYEN, MD, PHARM.D (Plastics)	\$2,695,000.65 Billed Medicare from 11/2012 to 10/2017; Lot of 19340, 19371, 19370, 19340, few 19342, lots 15777; Very aggressive billing. All visits 99204 or 99205
1346401841	NAZERALI, MD	Billed \$2,299,493.26 to Medicare
1437327046	GEORGE A. POULTSIDES, MD	

1083678726	MARTIN I. BRONK, M.D.	
1447446190	NATALIE KIRILCUK, M.D. (Pelvic Floor Testing)	
1477749752	AMANDA J. WHEELER (Surgical Oncology)	\$1,494,584.50 billed to Medicare From 09/2013 to 10/2017 Lot of 99205, 99215, 99214 billed pre-op visits
1689636680	PETER NARUNS, MD	
1184823205	KIRK A. CHURUKIAN MD, (Plastic Surgery)	
1053513473	DERRICK WAN, MD FACS (Plastic)	

129. Stanford recognized additional fees for its hospital services. SHC recognized \$55,195,000 and \$103,667,000 in net patient service revenue under these programs and \$45,809,000 and \$73,585,000 in other expense for California Hospital Quality Assurance Fee Program (herein “HQAF”) to the California Department of Health Care Services for the years ended August 31, 2016 and August 31, 2015, respectively.



130. Defendants' main business address where they receive payments for medical services is in Los Angeles, California. Stanford Billing Office receives all by mail payments and checks at the Address of P.O. Box 740715 Los Angeles, CA 90074-0715. The insurance carrier as well as Relator also submitted payments to the main billing company address in the Central District. (Exh. N accessed Nov. 26, 2017 @<https://stanfordhealthcare.org/content/dam/SHC/patientsandvisitors/billing/images/shc-billing-statement-summary-2016.jpg>)

131. Stanford as a registered medical service provider is registered as physically located (Business Practice Location) at 300 Pasteur Drive Stanford, CA 94305. Phone 650-723-4000 and Fax 650-498-5840.

132. The provider's official mailing address is: 1804 Embarcadero Road, Suite 100 Stanford, CA 94305-3341 US The contact numbers associated with the mailing address are: Phone 650-723-4000 Fax 650-498-5840 The authorized official registered with the "1437292927" NPI Number is Mr. David J. Connor. The authorized official title (position) is Chief Financial Officer. He can be reached as the authorized official at the following phone number 650-497-0391.

133. Lucile Salter Packard Children's Hospital ("LPCH") at Stanford is also a nonprofit, California corporation. It is a tax-exempt institution under section 501(c)(3) of the Internal Revenue Code. Its governing board is The Board of Directors of the Lucile Salter Packard Children's Hospital at Stanford.

134. The two hospitals are legal corporations separate from the University and from each other. Stanford also owns and operates multiple other satellite hospitals and facilities including Stanford Outpatient Clinics and Surgery at Redwood City.

135. Stanford Medicine is a term that encompasses all the healthcare entities, including both hospitals and their foundations and the School of Medicine. It replaces the term “Stanford University Medical Center.” Stanford Medicine and Stanford University Medical Center are not legal entities.

136. Professional services are reimbursed based on a fee schedule in Federal funds from the Medicare Program. Medicare payments accounted for a significant percentage of Stanford's net service revenues, second only to Blue Cross.

137. Stanford recognized additional fees for its hospital services. SHC recognized \$55,195,000 and \$103,667,000 in net patient service revenue under these programs and \$45,809,000 and \$73,585,000 in other expense for California Hospital Quality Assurance Fee Program (herein “HQAF”) to the California Department of Health Care Services for the years ended August 31, 2016 and 2015, respectively.

138. The State of California enacted legislation in 2009 which established a Hospital Quality Assurance Fee (“HQAF”) Program and a Hospital Fee Program. These programs imposed a provider fee on certain California general acute care hospitals that, combined with federal matching funds, would be used to provide supplemental payments to certain hospitals and support the State’s effort to maintain

1 health care coverage for children. The effective period of this Hospital Fee Program
2 was April 1, 2009 through December 31, 2010.

3 139. In 2016 and 2017, while other California providers experienced
4 decreased revenues because of the implementation of the Affordable Care Act,
5 Stanford reported a 38% income increase and only modest 4% increase in expenses.

6 140. Hence in one year alone, Stanford increased its income by large
7 double digits without substantive changes in its payer mix or services to account for
8 the exorbitant health care revenue.

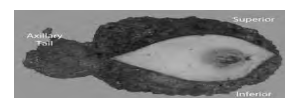
9 141. In a recent year (2016), Stanford received \$755,658,000 in Federal
10 funds from the Medicare Program. This Net Patient Service Revenue is a net of
11 contractual allowances (but before provision for doubtful accounts), by major payor
12 for the years ended August 31, 2016.

13 142. In the prior year (2015), Stanford received \$732,377,000 in Federal
14 funds from the Medicare Program. Medicare payments accounted for a large
15 percentage of Stanford's net service revenues. In the prior years (2013), Stanford
16 received \$519,403,000 in Federal funds from the Medicare Program. Medicare
17 payments accounted for a large percentage of Stanford's net service revenues.

18 143. In the preceding year (2012) Stanford received \$460,442,000 in
19 Federal funds from the Medicare Program.

20 144. In 2013, Medicare and Medicaid's fee-for-service model
21 incentivized hospitals to conduct more tests and procedures in order to earn more
22 money. Stanford did more than that with schemes to unbundle codes and charge
23 exorbitant charges for manufactured charges. For example, when on a bilateral simple
24 mastectomy only two tissue specimens were generated, Stanford artifices resulted in
25 charges for 6 pathology codes in violation of the one specimen, one pathology code
26 rule.

STANFORD'S CODING 1 TISSUE	CORRECT CODING
Three(3) or more pathology codes billed	One (1) pathology code billed
CPT 88307, 88305, 88303	CPT 88307
Stanford Fee \$3400	Correct Fee \$600



145. For example, fraudulent upcoding was uncovered in Stanford's bills with respect to Stanford's tissue pathology (CPT 88300-88309) billing on 12/12/12. While Dr. Dirbas's operative report reflects 2 specimens, pathology billed for SIX specimens, hence violating the one specimen, one code rule.

146. Either Dr. Dirbas's operative report was false and he failed to note that he submitted 2 additional specimens, one under the left nipple and one under the right breast tail, or the pathology department upcoded and unbundled 2 surgical specimens into 6. (Exhibits certified Stanford Medical records p. 102 and 109)

147. Plaintiffs estimate that damages caused to the Medicare program by Defendants' violations of the causes of action herein exceed hundreds of millions of dollars cumulatively as of the date the original complaint was filed.

148. Stanford processes very few billing inquiries at its billing office location, 4700 Bohannon Drive, 2nd Floor Menlo Park Ca 94025. Most billing and coding is handled in the Los Angeles center, and Stanford's billing operations call center for consumers is in Texas.

149. Stanford conducts business and receives significant enrichment through its billing entity address at P.O. box 743447 in LOS ANGELES, CA 90074-3447.

150. Stanford conducts business through the state of Texas with a division of its billing and collection service in that State.

151. Stanford has numerous satellite offices and hospitals including

- Patient Financial Services, Valley Memorial Center 1111 E. Stanley Blvd. Livermore, CA 94550, Telephone 925.264.6500, Email: billing_ValleyCare@STANFORDhealthcare.org
- Stanford Medicine Outpatient Center and Stanford Medicine Redwood City; 450 Broadway, Redwood City, CA 94063. Phone: (650) 721-7332
- Stanford Health Care Advantage which received Federal Medicare funds and administrates a Medicare Advantage plan - PO Box 72530, Oakland, CA 94612-8730

JURISDICTION AND VENUE

152. This District Court has jurisdiction over the subject matter of this action pursuant to 28 U.S.C. § 1331, 28 U.S.C. § 1367 and 31 U.S.C. § 3732, the last of which specifically confers jurisdiction on this Court for actions brought pursuant to 31 U.S.C. §§ 3729 and 3730.

153. Under 31 U.S.C. §3730(e)(4)(A), there has been no statutorily relevant public disclosure of substantially the same “allegations or transactions” alleged in this Complaint.

154. Even to the extent there has been any such public disclosure, Plaintiff meets the definition of an original source, as that term is defined under 31

1 U.S.C. § 3730(e)(4)(B). Specifically, Plaintiff voluntarily disclosed to the
2 Government the information upon which allegations or transactions at issue in this
3 complaint are based prior to any purported public disclosure under 31 U.S.C. §§
4 3730(e)(4)(A).

5 155. Alternatively, Relator has knowledge that is independent of and
6 materially adds to any purported publicly disclosed allegations or transactions, and,
7 Relator voluntarily provided the information to the Government before filing its
8 complaint. Relator therefore qualifies as an “original source” of the allegations in this
9 Complaint such that the so-called public disclosure bar set forth at 31 U.S.C. §
10 3730(e)(4) is inapplicable.

11 156. Relator concurrently served upon the Attorney General of the
12 United States, the United States Attorney for the District of California, and the State
13 of California the original complaint and a written disclosure summarizing the known
14 material evidence and information in the possession of Plaintiff related to the original
15 Complaint, in accordance with the provisions of 31 U.S.C. §3730(b)(2). The
16 disclosure statement is supported by material evidence, and documentary evidence
17 has been produced with the disclosure. The documents referenced in the disclosure
18 statement, and those produced in connection therewith or subsequently, are
19 incorporated herein by reference.

20 157. Plaintiff shall serve any amended complaints upon the Attorney
21 General of the United States, United States Attorney for the District of California, the
22 Attorney General for the State of California, and the California Insurance
23 Commissioner.

24 158. This Court has personal jurisdiction and venue over the Defendants
25 pursuant to 28 U.S.C. §§ 1391(b) and 31 U.S.C. § 3732(a) because those sections
26 authorize nationwide service of process and because each Defendant has minimum

1 contacts with the United States. Moreover, Defendants can be found in, reside, and/or
2 transact business in this District. Stanford's central collection and billing center for
3 all payments and primary billing location is in Los Angeles, California. All
4 statements direct payments to be remitted to the Central California office, hence
5 venue is proper.

6 159. Venue is proper in this District pursuant to 31 U.S.C. § 3732(a)
7 because Defendants collect a significant portion of their enrichment at the billing
8 offices in Los Angeles. Thus, each Defendant transacts business in this judicial
9 district, and acts proscribed by 31 U.S.C. § 3729 and the California codes have been
10 committed by Defendants in this District. Therefore, venue is proper within the
11 meaning of 28 U.S.C. §1391(b) and (c) and 31 U.S.C. § 3732(a).

12 13 **PARTIES**

14 160. The real parties in interest ("Plaintiffs") to the False Claim Act
15 (herein "FCA") Qui Tam claims herein are the United States of America and the State
16 of California. Accordingly, at this time, Relator is pursuing its cause of action on
17 behalf of the United States on the FCA Qui Tam claims set forth herein. See, e.g., 31
18 U.S.C. § 3730(b)(1), and the State of California pursuant to the California Insurance
19 Frauds Prevention Act § 1871.4 of the Insurance Code, and Cal. Gov't Code §12650-
20 12656.

21 161. Relator Emily Roe is an individual. Relator brings this Qui Tam
22 action based upon direct and unique information obtained about Defendants, or
23 those with whom the Defendants conduct business. The identity of these individuals
24 has been provided in the pre-filing Disclosure Statement(s) produced to the United
25 States pursuant to the Federal FCA, and to the State of California.

1 162. Defendants are Stanford *et. al*, its multiple alter egos, and DOE
2 defendants herein whereas DOES 1-10 inclusive are employees, agents, and/or
3 business associates of Defendants whose real names are currently not known to
4 Plaintiffs.



- 7
8
- 4 Bay Area hospitals
 - Stanford Health Care Alliance network – over 500 PCPs
 - University Medical Group
 - Stanford Express Care
 - Clickwell Care (online PC)
 - Aetna partnership
 - Stanford Health Plan
 - SU School of Medicine
- 9
10
11
12
13
14

15 163. Defendant Stanford HealthCare is a non-profit foundation based in
16 California. However, Stanford currently provides healthcare services to patients
17 in California and nationwide, portions of which are provided through their
18 telemedicine portals. Stanford's anatomical pathology lab and consultation service
19 also renders health services throughout California, as well as to other states.

20 164. Stanford provides health services and bills throughout Southern
21 California through its telemedicine portals. For example, according to advisory.com
22 in 2015 Stanford Medicine Clinic provided 60% of its visits as "virtual visits", 23%
23 of which were video visits and 37% were video visits. Only 40% of Stanford's 2015
24 visits of more than 6500 visits were "in-person visits". Thus, Stanford renders
25
26

1 medical services through California as well as other states, making venue in this
2 District Court proper.

3 165. As of 2016 Stanford has **nearly doubled** its Medicare net revenue
4 from 2012. Whereas in 2012 Stanford received \$460.4 million in Federal funds from
5 the Medicare Program, in the most recent year (2016), Stanford received \$755.7
6 million in Federal funds from the Medicare Program accounting for a remarkable 39
7 % increase over four years.

2012	2016
\$460.4 million	\$755.7 million
Medicare Funds to Stanford	Medicare Funds to Stanford

12 166. Of this tremendous increase in enrichment through Medicare
13 payments, several tens of millions of dollars are likely profited because of what is
14 believed with certainty be a wide spread practice institution-wide at Stanford of over-
15 billing via the schemes described earlier.

16 167. Stanford executives and department managers are known to push
17 aggressive billing and maintain a culture of pushing profits at any cost. Stanford has
18 a “conceal and suppress” culture in healthcare billing whereby any evidence or
19 complaints of non-compliance by Stanford are swiftly quashed.

20 168. Stanford has achieved astounding profitability from 2012 to 2016
21 through deceptive billing and unsupported coding practices. Stanford pushes billers
22 and coders to upcode all services to the highest code possible, and disregard correct
23 coding initiatives and rules. (See Decl. Gaines on Stanford billing practices in 2015).

24 169. Defendants were the subject of prior successful False Claims
25 Actions which resulted in monetary disgorgement by Stanford. Although Stanford
26

1 was required to remit penalties to the State of California however Stanford pre-emptively negotiated to keep that FCA Complaint out of public view.

3 170. For example, Stanford was also the subject of a prior successful
4 FCA prosecution in California for habitual false anesthesia time block billing in the
5 Lucille Packard Children's Hospital. The Stanford Children's Hospital improper
6 billing case was settled by Defendants for monetary penalties and restitution to the
7 State of California on or about 2013. Upon information and belief, that case was
8 brought by relator Rockville Recovery Associates, a medical billing audit firm that
9 reported Stanford's unscrupulous billing practices and double-charging of surgical
10 patients.

11 171. Although Stanford has astonishingly nearly doubled its Medicare
12 revenues in the four (4) year period from 2012 to 2016, Stanford has not doubled its
13 expenses or staff, bed count, facilities, or services in that period to substantiate this
14 increase in enrichment.

15 172. Defendants collectively herein "Stanford" devised four key
16 unlawful billing schemes to increase Defendants' revenues, especially Medicare
17 dollars. Stanford intended this scheme to obtain unjust enrichment in violation of
18 national fee schedules. From 2012 to 2016 Stanford nearly doubled their Medicare
19 revenues.

20 173. Through these various schemes, Defendants collected and retained
21 unjust enrichment from Medicare, Medicaid, commercial insurance carriers, and
22 individual payers.

23 174. One of Stanford's key schemes was upcoding and unbundled billing
24 for high reimbursing surgical and anesthesia services.

175. Subject of this specific action is the four schemes executed by the surgical departments including the Stanford hospital in Palo Alto and the “Stanford Cancer Center” on Blake Wilbur Drive.

176. Stanford executives with knowledge of the fraudulent billing activities alleged herein include General Counsel and Vice president Ms. Debra Zumwalt, who is the head of compliance at Stanford. From 2017 through March 2018, Ms. Zumwalt was notified of the demonstrated schemes and institution's billing noncompliance.

177. Stanford billing compliance officer Ms. Chantel Susztar is the Director of Hospital Integrity. She is another executive with knowledge of the fraudulent billing activities demonstrated herein. Ms. Susztar signed the correspondence dated "Feb. 7, 2018" which admitted to unbundling and improper billing of surgical preoperative visits on 12/11/12. (Exh. L)



February 7, 2018

Re: Refund of Payment

Dear Dr. [REDACTED]

It has come to our attention that we inadvertently billed in error for a preoperative established patient visit on December 11, 2012 that is generally included as part of the global surgical package. Because of billing in error, Anthem Blue Cross directed Stanford Health Care to bill you for the owed amounts as you were not satisfied your annual out-of-pocket deductible. Our records indicate that you made a payment in the amount of \$341.97. As such, enclosed with this correspondence is a check for a refund in full of the amount you paid in this regard. At this time, we consider this matter closed without any additional follow up needed.

It has also come to our attention that Anthem Blue Cross was inadvertently billed for two packages of Alloderm with respect to the surgery you underwent at Stanford Health Care on December 12, 2012. Based on our internal review, only one package of Alloderm should have been billed to Anthem Blue Cross. Accordingly, we have contacted Anthem Blue Cross and have asked them to re-open this matter. We have also submitted amended/reduced charges to reflect this change. We await a re-adjudication of this claim by Anthem Blue Cross to determine if any amounts should also be reimbursed to you based on this billing error.

Sincerely,

Chantel M. D. Susztar, RHIT, CDIP, CCS, CCS-P, CHC

Chantel M. D. Susztar, RHIT, CDIP, CCS, CCS-P, CHC
Director, Hospital Billing Integrity
Compliance Department
Stanford Health Care

300 Pasteur Drive MC5780
Stanford, CA 94305

enclosure

178. General Counsel and Vice president Ms. Debra Zumwalt was assisted by Stanford counsel Ms. Carolyn Northrup and Ms. Daniella Stoutenburg, and Stanford University faculty and professors including Dr. Frederick Dirbas and Dr. Roy Hong, who were accomplices in the billing frauds.

1 **RELATOR**

2 179. Relator is a U.S. trained and certified professional medical coder
3 and biller, as certified by the American Academy of Professional Coders (herein
4 “AAPC”). As such, Relator has specialized training and expertise in coding guidelines
5 and an auditor for insurance billing.

6 180. Relator is an actively practicing U.S. Board certified physician and
7 surgeon, licensed by the Medical Board of California in good standing. Relator is an
8 appointed expert for the California Department of Consumer Affairs and is an
9 appointed expert for the California Board of Medical Quality Assurance. In the
10 capacity as a designated expert, Relator has been retained as an expert and testified
11 on behalf of the State and the California Department of Consumer Affairs in matters
12 involving medical coding.

13 181. In December 2012, Relator underwent a major surgery at Stanford.
14 In November of 2016 while auditing the chart and billing records for that service,
15 Relator uncovered a course of conduct of at least four upcoding and unbundling
16 billing schemes.

17 182. Relator’s surgery resulted in more than \$17,700 of upcharges that
18 became known to Relator, Ms. Zumwalt, and Stanford executives. (Exh K,L)

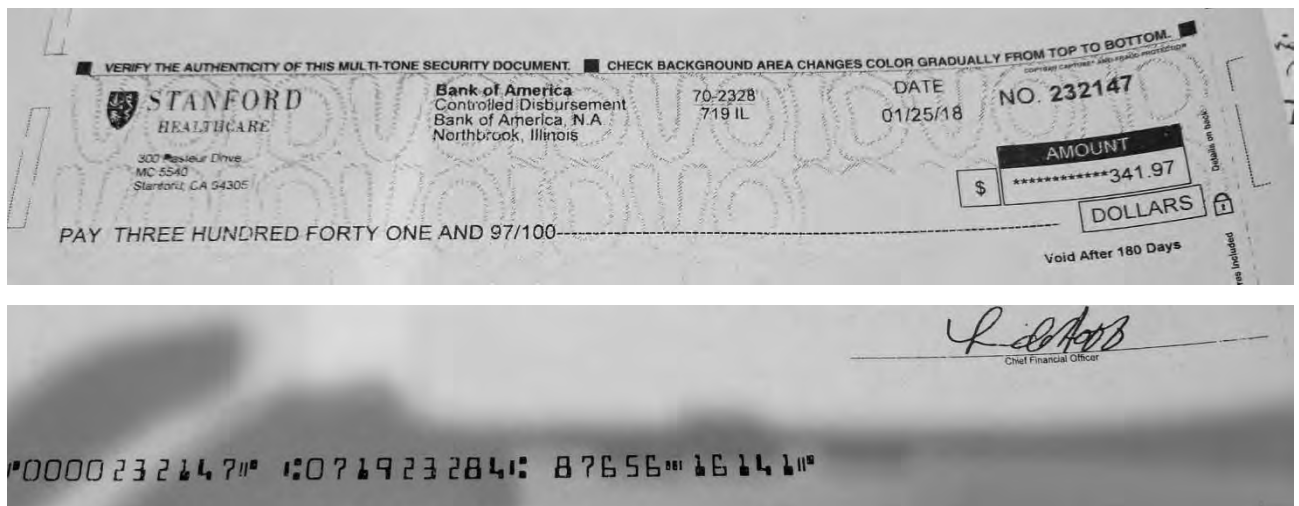
19 183. In December 2012 Stanford billed Relator and her commercial
20 carrier nearly \$150,000 for a 23-hour total hospitalization and mastectomy.

21 184. In March 2018, Stanford Compliance Officer Ms. Chantel Susztar
22 *admitted* to falsely billing nearly 10% of the total billed fees for Relator. (Exh. MM).

23 185. On March 27, 2018, more than five years after the service date,
24 Stanford voluntarily sent Relator a refund check for the fraudulently unbundled and
25 upcoded 12/11/12 preoperative visit.
26

186. Stanford's \$341.97 check dated "1/25/18" was postmarked and mailed on 3/27/18. (Exh. K,L)

187. On June 15, 2018 Stanford counsel Ms. Stoutenburg corresponded with relator, admitted her personal knowledge that the pre-operative visit on 12/11/2 had been unbundled, and admitted that Stanford had double charged for 2 units of Alloderm when they had used only one. Stanford counsel wrote that Stanford was in process of reissuing a new a refund check to relator for the 2012 overbilling. Counsel also sternly directed relator, an *active* Stanford medical account holder and *active* patient, to not contact Stanford or Ms. Zumwalt.



FIRST SCHEME: UNBUNDLED PRE-OPERATIVE VISITS

188. Stanford habitually and freely unbundled surgical fees and charged countless patients for "preoperative visits" the day or two before surgery.

189. For example, here on date of service 12/11/12 Stanford unbundled and billed for a pre-operative visit for \$458 and upcoded services which were provided by the physician assistant (herein "PA"). No attending physician ever

1 cosigned the dictation and no indicator showed that the billing attending was present
2 at the 12/11/12 visit. Since major surgery was scheduled for 12/12/12, a “pre-
3 operative visit” charge was not either allowed nor should have ever been charged
4 pursuant to global fee schedule rules.

5 190. Stanford records demonstrate that PA Schultz provided the
6 12/11/12 pre-operative services, unbundled the charge, and then wrongly billed under
7 Dr. Dirbas’s NPI. There was no statement or signature from Dr. Dirbas that he
8 provided any of the 12/11/12 visit, although Stanford billed high level visits under Dr.
9 Dirbas rather than the true mid-level provider’s NPI. (Exh. E, N Stanford Records)
10
11

12 **SECOND SCHEME: UPCODING MID-LEVEL PROVIDERS**

13 191. Stanford habitually upcodes and bills high level physician codes
14 under the physician NPI’s for services rendered by Stanford’s full-time mid-level
15 providers including physician assistants (herein “PA”) and nurse practitioners (herein
16 “RNP”).

17 192. Medicare has a standard “payment differential” and *lower fee*
18 *schedule for mid-level providers* whereby a mid-level is paid at 80-85% of the
19 physician allowable fee for the same CPT code. For example, Medicare reimburses
20 approximately \$87 for a physician CPT 99213 visit, whereas they may reimburse
21 roughly \$69 for a mid-level providing 99213. Hence, Stanford circumvents CMS’s
22 lower payment differential by *almost never* billing under the mid-level’s NPI.

23 193. For example, Stanford employs several full-time “advanced
24 practice providers” who are mid-level providers (PA, RNP) in the department of
25 plastic surgery. Stanford, however, is known to bill the majority of mid-level services
26

1 under the higher paying physician NPI, regardless of the correct rendering provider
2 or “incident to” rules. (Exh. Q)

3 194. According to CMS, Kathryn Kamperman, RNP received total
4 Medicare payments totaling \$7618 over four years, from 2012 through 2015. Also
5 according to CMS, Jennifer Seither, RNP billed and received grand total payments
6 of \$1640 in 2014, and \$2702 in 2013 for her Medicare patient services. Ms. Seither
7 purportedly only saw a total of 11 Medicare patients in 12 months, at an average
8 reimbursement per patient visit of \$31.22.

9 195. For example, Ms. Candice L. Schultz, a PA works full-time at
10 Stanford department of surgery at about *2000 hours* annually. However, in 2012
11 Medicare showed that Schultz, PA only billed 12-total visit in one year under her own
12 NPI. The rest of her visits were billed under the physician NPI Dr. Dirbas who billed
13 and collected \$63,201 for 143 patient encounters. CMS data would incredulously
14 mean that Ms. Schultz only saw 12 patients independently for an entire 12 months.
15 That calculates to Ms. Schultz spent 166 hours per patient encounter.

16 196. In 2015, Medicare shows that Stanford PA Ms. Schultz billed and
17 received a grand total payment of \$905 for 22 patients under her own NPI. Again
18 calculating Ms. Schultz’s full-time Stanford employment hours of 2000 hours per
19 annum, reflects that she spent 90.9 hours per patient encounter and billed \$41 per
20 encounter. These figures simply defy belief and show that Stanford habitually refuses
21 to properly bill CMS under its rendering mid-level providers.

22 197. For example, Stanford falsely billed the 12/11/12 pre-operative
23 visit under the physician Dirbas’s NPI, whereas physician assistant Candice Schultz,
24 PA-C entirely provided the service without the doctor on premises.

25 198. Even if the 12/11/12 unbundled visit was chargeable, which it was
26 not, Stanford was *obligated* to bill under the rendering mid-level provider’s NPI (not

1 the doctor's), which would result in about 15-20% less reimbursement⁸ to Stanford
2 per encounter. (Ref. [https://www.cms.gov/Regulations-and-](https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c12.pdf)
3 [Guidance/Guidance/Manuals/Downloads/clm104c12.pdf](https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c12.pdf))

4 199. Because of its unbundling on 12/11/11, Stanford billed an extra
5 \$458 and received unjust enrichment for CPT code "99215", "comprehensive patient
6 exam" for a pre-operative visit before major surgery with Dr. Dirbas codified as a
7 double mastectomy CPT code "19304".

8 200. On the day before the surgery (pre-op) was unbundled as an
9 "unrelated" visit and up-coded for \$458. Hence, in 2013, Stanford invoiced and
10 collected unjust enrichment of \$341 directly from the Relator.

11 201. In March 2018, four months after the filing of this action, and 5
12 years after the date of service Stanford admitted in correspondence its upcoding and
13 unbundling. On 3/27/18 Stanford mailed Relator a check for \$341 and stated it would
14 continue to process the additional refund for the upcoded (\$17,300) units of Alloderm.

15 202. Relator learned that Stanford bills exclusively under the physicians
16 with the intent to receive higher reimbursement even when the mid-level providers
17 provide independent care without the supervising physician on site.

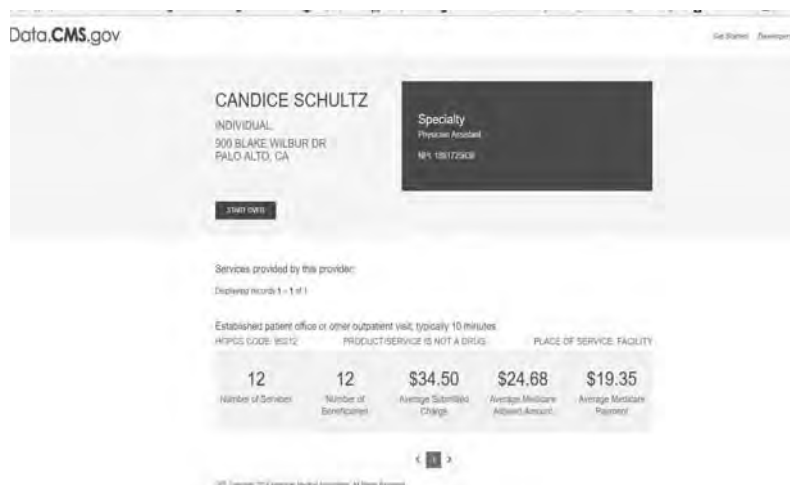
18 203. Stanford employee, Physician Assistant (herein "PA") named
19 Candice Schultz, NPI Number 1881725638 provided the entirety of the pre-operative
20 office visit service to Relator on 12/11/12. Not only was the unbundled billing
21 fraudulent on its own basis, but also the PA did not bill the service under her own NPI
22
23

24 ⁸ 110 - Physician Assistant (PA) Services Payment Methodology (Rev. 2656, Issuance: 02-07-13, Effective: 02-19-13,
25 Implementation: 02-19-13) See chapter 15, section 190 of the Medicare Benefit Policy Manual, pub. 100-02, for
26 coverage policy for physician assistant (PA) services. Physician assistant services are paid at 80 percent of the lesser of
the actual charge or 85 percent of what a physician is paid under the Medicare Physician Fee Schedule. There is a
separate payment policy for paying for PA assistant-at-surgery services. See section 110.2 of this chapter.

number. Had the PA billed the service correctly under her own NPI, the reimbursement was reduced by 15-20% for a “mid-level provider”.

204. Upon information and belief, Stanford **Physician** Assistant (“PA”) Candice Schultz, PA NPI Number: 1881725638 billed a total of only 12 services to CMS for a grand total of \$195. Whereas Ms. Schultz worked more approximately 2000 hours per annum, Stanford failed to properly capture and codify the care provided by the PA. Instead, Stanford fraudulently billed all services under the physician NPI for greater reimbursement. (Ref. last accessed 4/21/18 <https://data.cms.gov/utilization-and-payment-explorer>)

The screenshot below accessed in October 2017 reflects the billings of Ms. Schults on behalf of Stanford.



205. Hence, it defies belief that Stanford’s full time PA’s working 2000 hours per year only provided several hundred dollars of services as billed to Medicare.

206. For example, Ms. Schultz PA-C provides the bulk of medical services for Dr. Dirbas’s patients when Dirbas is on vacation, off-site, and/or he is

1 operating in surgical suites in the Stanford Hospitals. Hence, it simply defies belief
2 that working full time, Ms. Schultz’s NPI shows only 12 encounters in one annum. (
3 Exh.

4 207. Had Stanford billed correctly, the PA would be billed at a reduced
5 fee schedule, and with the correct coding for a “global surgery fee” with the global
6 codes would not have resulted in any extra enrichment for the pre-op visit.

7
8 **STANFORD’S UPCODING AND UNBUNDLING IS A**
9 **DEMONSTRABLE COURSE OF CONDUCT**

10 208. Relator obtained billing and payment ledgers for multiple surgeons
11 in the Stanford Department of Surgery. Adjudicated claims ledgers demonstrated that
12 Stanford had an institution wide custom and practice of unbundled billing of pre-
13 operative visits. The reports examined were for dates of service from 2010 through
14 2017 for approximately ten surgeons in the Stanford Departments of surgery and
15 Plastic surgery.

16 209. Relator requested Stanford’s Medicare reports in November 2016
17 but did not receive all the full reports until on or about late 2017.

18 210. On or about February 2017 and on March 9, 2017 Relator contacted
19 Stanford billing managers to discuss billing noncompliance issues.

20 211. On March 14, 2017 Relator directly emailed Dr. Dirbas, and later
21 other Stanford executives including the Stanford Office of the General Counsel and
22 Vice President and Chief Legal Officer Debra Zumwalt regarding Stanford’s
23 upcoded and unbundled services.

24 212. On March 15, 2017 Relator notified Stanford counsel Ms.
25 Stoutenburg and Ms. Northrup, as well as Defendant Dr. Dirbas of the Medicare and
26 non-Medicare billing noncompliance.

213. On September 8, 2017 Relator directly notified Ms. Debra Zumwalt, General Counsel to Stanford vis-à-vis electronic communication at zumwalt@stanford.edu of her institutions' non-Medicare and Medicare billing claims non-compliance. Ms. Zumwalt confirmed receipt of Relator's communication but declined to intervene or respond to the billing discrepancies.

214. On September 10, 2017 Relator again notified Ms. Debra Zumwalt (herein “Zumwalt” or “Stanford General Counsel”), General Counsel to Stanford at zumwalt@stanford.edu, as well as Dr. Frederic Dirbas at dirbas@stanford.edu of the billing noncompliance and asked to begin discussions with Stanford on new billing processes to ensure compliance.

215. Shortly thereafter, Ms. Zumwalt replied to Relator and confirmed receipt of the email regarding Stanford's noncompliant billing practices.

216. Relator contacted Stanford general counsel Ms. Zumwalt at zumwalt@stanford.edu and Dr. Dirbas dirbas@stanford.edu several more times by email from 2017 through 2018, without any acknowledgement by these parties.

217. Relator filed and served the Qui Tam Complaint on or about December 4, 2017.

218. From 2012 to March 2018, Defendants and their representatives had not only failed to acknowledge or to take steps to mitigate their unjust enrichment in Relator's account, but they filed motions in limine in Court to suppress evidence of their billing fraud.

219. Astonishingly on March 8, 2018 (which was more than 5 years after the date of service, and 3 months after filing this under seal Complaint in this action), Stanford sent a **new bill** to Relator for Dr. Dirbas's unbundled pre-operative visit.

220. On March 7, 2018 Stanford invoiced Relator for another \$341.97
for DOS Dec. 11, 2012. (inset below)



Monthly Statement

Page 1 of 5

YOUR INFORMATION

Statement Date 3/7/2018
Guarantor Name
Guarantor ID # 10077
Account Numbers Located on following pages
Payment Due Date 4/4/2018

YOUR ACCOUNT SUMMARY

Total Charges \$458.00
Patient Payments \$0.00
Insurance Payments \$0.00
Insurance Adjustments \$-116.03
Other Adjustments \$0.00
AMOUNT DUE NOW \$341.97

YOUR PAYMENT OPTIONS

Online: www.stanfordhealthcare.org/billing

Phone: 800.549.3720

Mail: Please complete coupon below and return with your check made payable to STANFORD HEALTH CARE.

A MESSAGE FOR YOU

Please pay your bill online or sign up for paperless billing at myhealth.stanfordhealthcare.org/Activation/Lookup or activate your MyHealth account, using access code PK9ZF-E

MRN required for MyHealth activation is 192

QUESTIONS?

Call Us: 800.549.3720 | Mon-Fri, 8:00am-6:00pm

Visit Us: 2465 Faber Place, Palo Alto, CA 94303

Online: www.stanfordhealthcare.org/billing

Please see the reverse side of this statement for additional information on Financial Assistance.

myHEALTH

Access your health information anytime and anywhere. You can use MyHealth to:

- Message your care team
- View your lab results
- Schedule your appointment
- Pay your bill

Thank you for choosing Stanford Health Care.

Please detach and return the bottom portion of this statement with your payment.



P.O. BOX 740715
LOS ANGELES, CA 90074-0715

Amount Due

Payable Upon Receipt

\$341.97

Guarantor ID 100
Statement Date 3/7/2018



STANFORD HEALTH CARE
P.O. BOX 740715
LOS ANGELES, CA 90074-0715

We care about protecting your financial information. For credit card payments, please visit us online at www.stanfordhealthcare.org/billing. Unless otherwise indicated in the account number field below, your payment will post to your payment plan amount due and then to the oldest account on this statement. Please post my payment to the account number _____.

Page 1 of 5

Account Details

Date	Description	Pmts/Adjs	In Charge	Balance	Patient Balance
Patient: [Name Withheld]					
Service Provider: Dirbas, Frederick M					
Location: Blake Wilbur Clinics					
Status Due Upon Receipt					
12/11/2012	EVAL/MGMT OF EST PATIENT			\$458.00	
	CONTRACTUAL ADJ - BLUE CRO				
	Totals			\$458.00	
	Patient Balance			\$-116.03	\$341.97
				\$0.00	\$0.00
	Balance Due				\$341.97

221. On March 23, 2018 the following screenshot was captured from Relator's Stanford billing account from "Stanford MyHealth". The ledger reflected that on Jan. 23, 2018 Stanford had internally reprocessed the unbundled 2012 claim and ordered a *refund check*. However, Relator had not received any refund from Stanford.

Recent Payments

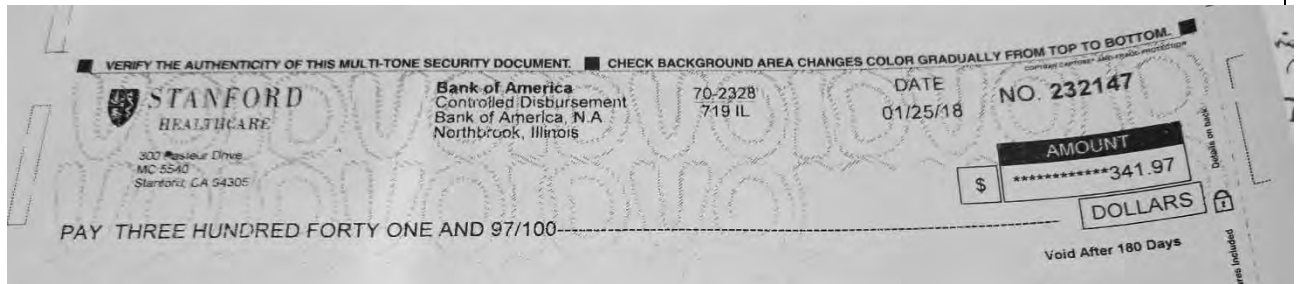
Payments from 1/1/2011 to 3/31/2018

DATE	DESCRIPTION	SOURCE
01/25/2018	PATIENT REFUND AP CHK	Refund
02/14/2013	TRXF PT PMT FR HB TO PB	HB/PB Transfer (#V
02/12/2013	PBO/PFS PATIENT ACCOUNT BALANCE PAYMENT	CC-VISA
01/18/2013	PBO/PFS PATIENT ACCOUNT BALANCE PAYMENT	Check (#023820)
12/12/2012	SMO POS ACCOUNT PAYMENT	CC-VISA (#Visa/22
12/05/2012	TRXF PT PMT FR HB TO PB	HB/PB Transfer (#23748)

222. On March 27, 2018 Stanford sent Relator a letter from its billing compliance officer admitting that the first two upcoding schemes described herein were 100% accurate and true. (Exh. K)

223. On March 27, 2018 Stanford sent Relator a check for \$341.97 for the 2012 unbundled visit. However, according to Anthem Blue Cross there was no patient responsibility for the unbundled visit and Anthem notified Stanford on Jan.

1 20, 2013 of the disallowed the unbundled code but Stanford failed to refund the
2 account. (Exh. L- inset below)
3



9 224. On March 27, 2018 Relator received the following letter dated
10 "2/7/ 18" but postmarked 3/26/18 from Stanford Health Care. (Exh. K) The letter
11 **admitted** the preoperative unbundling practice alleged in this action and offered a
12 refund to Relator nearly six (6) years after the occurrence.

13 Stanford "Director, Hospital Billing Integrity and Compliance Department" wrote

14 *"It has come to our attention that we inadvertently billed in error for a*
15 *preoperative established patient c visit on December 11, 2012 that is*
16 *generally included as part of the global surgical package."* *"Our records*
17 *indicate that you made a payment in the amount of \$341.97. As such,*
18 *enclosed with this correspondence is a check for a refund in full of the*
19 *amount you paid in this regard."*

20
21 225. Stanford's March 27, 2018 letter also fully admitted the second
22 upcoding scheme described herein, fraudulent upcoding of number of units of surgical
23 prosthesis and parts.

24 *"It has also come to our attention that Anthem Blue Cross was inadvertently billed*
25 *for two packages of Alloderm with respect to the surgery you underwent at Stanford*
26 *Health Care on December 12, 2012. B, our internal review, only one package of*
Alloderm should have been billed to Anthem Blue Cross."

Sincerely,

Chantel M. D. Susztar, RHIT, CDIP, CCS, CCS-P, CHC

Chantel M. D. Susztar, RHIT, CDIP, CCS, CCS-P, CHC

226. On April 15, 2018 Relator obtained the following claims ledger through production from Defendants' subpoena to Anthem Blue Cross (herein "ABC"). ABC's ledgers show that on 1/30/13 Anthem reprocessed and denied Defendant's 12/11/12 claim for the unbundled pre-operative visit. ABC assigned the pre-op visit as a mandatory write off as "provider responsibility". However, Stanford billed relator for \$341 and never reprocessed the claim. At the time that Stanford billed the individual insured for \$341, Stanford knew or should have known they were not entitled to continue billing but did not do so. A true and correct screenshot with minor redaction of non-Stanford parties of the ABC subpoena ledger is inset below. ABC remitted these payments to Stanford as indicated below.

Claim#	Date	Billed \$	Entity	Paid \$							
12354BY2541	12/12/12	12/13/12	\$146,804.68	12/21/12	STANFORD HOSPITAL & CLINI	\$30,936.14	\$823.55	\$0.00	\$0.00	\$0.00	\$113,044.99
12356BL3739	12/12/12	12/12/12	\$1,010.00	12/21/12	STANFORD MEDICAL CENTER	\$0.00	\$633.10	\$0.00	\$0.00	\$0.00	\$376.90
12363BM1738	12/12/12	12/12/12	\$5,310.00	1/8/13	STANFORD MEDICAL CENTER	\$3,608.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,702.00
13009BP0616	12/12/12	12/12/12	\$6,740.00	1/29/13	STANFORD MEDICAL CENTER	\$3,089.22	\$0.00	\$0.00	\$0.00	\$0.00	\$3,650.78

Claim#	Date	Billed \$	Entity	Paid \$							
12347803210	12/11/12	12/11/12	\$458.00 12/17/12	STANFORD MEDICAL CENTER	\$0.00	\$341.97	\$0.00	\$0.00	\$0.00	\$116.03	\$0.00
12347803210	12/11/12	12/11/12	\$0.00 1/30/13	STANFORD MEDICAL CENTER	\$0.00	(\$341.97)	\$0.00	\$0.00	\$0.00	\$341.97	\$0.00
12352886741	12/11/12	12/11/12	\$744.00 12/20/12	STANFORD HOSPITAL & CLINI	\$0.00	\$410.90	\$0.00	\$0.00	\$0.00	\$333.10	\$0.00
12314849071	11/8/12	11/8/12	\$653.00 11/9/12	STANFORD MEDICAL CENTER	\$0.00	\$484.60	\$0.00	\$0.00	\$0.00	\$168.40	\$0.00
123178E3423	11/8/12	11/8/12	\$216.00 11/12/12	STANFORD MEDICAL CENTER	\$95.11	\$0.00	\$0.00	\$0.00	\$0.00	\$120.89	\$0.00
17218876176	11/8/12	11/8/12	\$539.00 11/20/12	STANFORD HOSPITAL & CLINI	\$0.00	\$331.05	\$0.00	\$0.00	\$0.00	\$207.95	\$0.00

BREAST SURGERY BACKGROUND

DEFENDANTS VIOLATED SPECIAL FEDERAL LAW PROTECTIONS FOR WOMEN UNDERGOING MASTECTOMY AND BREAST RECONSTRUCTION

227. For general perspective, about 1 in 8 U.S. women (about 12%) will develop invasive breast cancer over a lifetime. In 2017, an estimated 252,710 new cases of invasive breast cancer are expected to be diagnosed in women in the U.S., along with 63,410 new cases of non-invasive (in situ) breast cancer. (Ref. <https://seer.cancer.gov/statfacts/html/breast.html>)

228. Data released by the Agency for Healthcare Research and Quality (AHRQ) show that while breast cancer rates have remained constant, the rate of women undergoing mastectomies increased 36 percent between 2005 and 2013, including a more than tripling of double mastectomies. (Ref. <https://www.ahrq.gov/news/newsroom/press-releases/2016/mastectomy-sb.html>)

229. Medicare is the expected primary payer for 44.5% of all hospital-based ambulatory surgery center unilateral mastectomies, and 14.7% of all bilateral

1 mastectomies. Non-Medicare is the payer for about 50% of mastectomies and
2 reconstructions.

3 230. For instance, a query with California's Office of Statewide Health
4 Planning and Development (herein "OSHPD") showed that Stanford discharged 224
5 mastectomy patients in 2012, and 217 patients in 2013. Stanford's upcoded and
6 unbundled claims for units of surgical products likely targeted these patients. (Exh I)

7 231. For example, Stanford surgeon Dr. Dirbas billed Medicare
8 \$1,618,328.50 in a 5-year period. Dr. Dirbas billed non-Medicare (commercial
9 carriers and Medi-Cal) *much more* than \$1.6 million in the same time. Stanford
10 surgeon Dr. Gordon Lee had similar billings in the millions of dollars.

11 232. Stanford billed and received more than \$700 million dollars in
12 Federal funds from Medicare. Stanford was asked to reply with institutional timely
13 compliance with correct coding initiatives. Stanford failed to reply.

14 233. Corrective action because of this Action will result in immense
15 benefit to beneficiaries and save federal and state healthcare dollars. This suit is also
16 grounds for institutional awareness and improved coding through Stanford's
17 awareness of the foregoing CMS and Federal guidelines for correct coding.

18 234. In 2017, informational copies of the aforementioned records were
19 made available to Stanford executives, Stanford Counsel, Dr. Dirbas, and Ms.
20 Zumwalt Vice President of Stanford University and the Stanford Office of the
21 General Counsel for the purpose of alerting Stanford and the department of Surgery
22 to urgently correct the unbundling of any preoperative visits moving forward, and to
23 also timely institute a billing compliance plan, both of which Stanford declined to do.

24 235. The upcoding and unbundling in this action are of public interest
25 and impact a large portion of healthcare spending. Stanford's fraudulent coding
26 identified through this action demonstrates institutional areas for change. Defendant's

1 institutional upcoding and unbundling “errors” have not been corrected by
2 Defendants.

3 4 **STATUTORY BACKGROUND**

5 **THE MEDICARE PROGRAM**

6 236. Congress established the Medicare Program in 1965 when it
7 enacted Title XVIII of the Social Security Act. Medicare is a federal health care
8 program as defined at 42 U.S.C. '1320b-7b(f) and is a health care benefit program as
9 defined at 18 U.S.C. ' 24(b). Medicare provides free or below-cost health care benefits
10 to certain eligible beneficiaries, primarily persons sixty-five years of age or older.
11 Individuals who receive Medicare benefits are often referred to as Medicare
12 beneficiaries.

13 237. Medicare consists of four distinct parts: Part A provides hospital
14 insurance with coverage for inpatient hospital services, skilled nursing care, and home
15 health and hospice care; Part B provides supplementary medical insurance for
16 physician services, outpatient services, and certain home health and preventive
17 services; Part C is a private plan option for beneficiaries that covers all Part A and B
18 services, except hospice; and Part D covers prescription drug benefits.

19 238. The Centers for Medicare and Medicaid Services (herein “CMS”)
20 is a federal agency within the United States Department of Health and Human
21 Services (herein “DHS”). CMS administers the Medicare program through its
22 contractors.

23 239. CMS contracts with public and private organizations, usually health
24 insurance carriers, to process Medicare claims and perform administrative functions.
25 CMS currently contracts with Noridian administer and pay Part B claims from the
26 Medicare Trust Fund. The Medicare Trust Fund is a reserve of monies provided by

1 the federal government.

2 240. Enrolled providers of medical services to Medicare recipients are
3 eligible for reimbursement for covered medical services. By becoming a participating
4 provider in Medicare, enrolled providers agree to abide by the rules ,regulations,
5 policies and procedures governing reimbursement, and to keep and allow access to
6 records and information as required by Medicare.

7 241. The American Medical Association has established certain codes to
8 identify medical services and procedures performed by physicians, which is known
9 as the Physicians Current Procedural Terminology (herein “CPT”) system. CPT
10 codes are widely used and accepted by health care providers and insurers, including
11 Medicare and other health benefit programs.

12 242. Medicare maintains a Unique Physician/Practitioner Identification
13 Number (AUPIN@) System. The purpose of the system is to provide a unique
14 identifier for each physician, non-physician practitioner, or medical group practice
15 requesting or receiving Medicare payment, and to provide beneficiaries and other
16 interested entities with the identification of each physician or non-physician
17 practitioner assigned a UPIN and who are participating in the Medicare program.

18 243. Providers of health care services to Medicare beneficiaries seeking
19 reimbursement under the program must submit a claim form (“HCFA1500”)
20 containing certain required information pertaining to the Medicare beneficiary,
21 including the beneficiary’s name, health insurance claim number (herein “HIC), date
22 the subject service was rendered, location where the service was rendered, type of
23 services provided, the CPT code, number of services rendered, an ICD-9 code
24 reflecting the patient’s diagnosis, charges for each service provided, the provider’s
25 UPIN, and a certification that such services were personally rendered by the provider.

26 244. Medicare providers are entitled to be paid only for medically-

necessary services provided to eligible Medicare beneficiaries. Medicare requires providers to maintain complete and accurate medical records documenting each patient's care and treatment and the specific services provided to each patient.

1) FIRST SCHEME: UNBUNDLED PRE-OPERATIVE VISITS

STANDARD MEDICARE AND "CMS" GLOBAL SURGERY FEE RULE

245. "CPT" is Correct Procedural Terminology and is the set of codes that standardize and codify standard medical services and surgeries. CPT designates separate codes for visits and separate codes for procedures. Office visits are coded as five-digit codes beginning with "992__". There are only five levels of service.

CPT CODES OFFICE VISITS	New Patient	Return Patient
Low Level Complexity	99201	99211
	99202	99212
Mid-Level Complexity	99203	99213
	99204	99214
Highest Level Complexity	99205	99215

246. CPT code 9920_ codes specify a *new* patient visit, or one not seen by the provider in three years.

247. CPT code 9921_ codes designate a return patient visit.

248. CPT's 5th digit for office visits designates the level of complexity, from 1 (the lowest complexity and least priced service) to 5 (the highest complexity

1 and most expensive service). For example, Defendants in this action coded nearly all
2 visits as 99205 or 99215, which demanded the highest payments. From 2010 to 2016,
3 Defendants billed Medicare from \$379 to \$653 for a new patient CPT code 99205
4 visit . They billed Medicare \$263 to \$458 for a return patient, CPT code 99215 visit.

6 249. Defendant Dirbas testified under oath that he did not sign the pre-
7 operative visit note for Relator's records. (Dirbas Depo p.74)

8 **SURGERY REPORTS**

9 **Progress Notes**

10 Filed by Schultz, Candice, PA at 12/11/2012 8:23 PM/ Draft: Not Electronically Signed

11 Status: Unsigned Transcription

13 Official Copy



14 **STANFORD**
HOSPITAL AND CLINICS

STANFORD HOSPITAL
450 BROADWAY STREET
REDWOOD CITY, CA 94063

15 : F

Enc. Date:12/28/12

16 Scan on 12/19/2012 11:34 AM (below)

Page 1 of 2

131019766418

17 **Stanford Hospital and
Clinics**

STANFORD HOSPITAL
450 BROADWAY STREET
HIM MEDICAL RECORDS MC5200
REDWOOD CITY, CA 94063

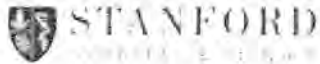
Adm:12/11/2012

Sex: F

18 **Unsigned**

Author:	Schultz, Candice, PA	Service:	(none)	Author	Physician Assistant
Filed:	12/11/12 2023	Note	12/11/12 1910	Type	
Trans	Unavailable	Time		Trans ID:	S542372800
Status:					151358

Official Copy



STANFORD HOSPITAL
450 BROADWAY STREET
REDWOOD CITY, CA 94063

Sex: F

Enc. Date: 12/28/12

Scan on 12/19/2012 11:34 AM (below)

Page 1 of 2

131019766418

Stanford Hospital and Clinics

STANFORD HOSPITAL
450 BROADWAY STREET
HIM MEDICAL RECORDS MC5200
REDWOOD CITY, CA 94063

Adm: 12/11/2012 Sex: F

Unsigned

Author:	Schultz, Candice, PA	Service:	(none)	Author:	Physician Assistant
Filed:	12/11/12 2023	Note Time:	12/11/12 1910	Type:	Trans ID: S542372800
Trans Status:	Unavailable				151358

Official Copy



STANFORD HOSPITAL
450 BROADWAY STREET
REDWOOD CITY, CA 94063

Sex: F

Adm: 12/11/2012

SURGERY REPORTS (continued)

Progress Notes (continued)

> 12/11/2012 8:23 PM	Schultz, Candice, PA	Unsigned Transcription
12/11/2012 8:13 PM	Schultz, Candice, PA	Unsigned Transcription
12/11/2012 7:10 PM	Schultz, Candice, PA	Unsigned Transcription

5 Q. And in meeting with Dr. A, did you create a
6 note of that meeting with Dr. A?

7 MS. POLLARA: I'm sorry, I'm confused as to
8 what date you're referring to.

9 MS. STOUTENBURG: Right. That's part of the
10 problem.

11 MR. DOLAN: I'll cure it. Let's not
12 characterize it as -- I've been pretty good. I'll

1 13 take care of it.

2 14 Q. So as part of your preoperative meeting with
3 15 Dr. A -- pardon me.

4 16 Did you create some sort of record of that
5 17 interaction?

6 18 **A. I believe my PA wrote a note, which I then**
7 19 **signed off.**

8 20 Q. Was your PA named Candice Schultz?

9 21 **A. Yes.**

10 22 Q. How long had Candace Schultz been your PA?

11 23 **A. I think she started working with us that**
12 24 **year, but I don't recall exactly.**

13
14 25 Q. Did you form an understanding that Dr. A was

15 250. Defendant Dirbas testified under oath that he failed to document
16 medical records when he examined Relator. (Dirbas Depo p.171)
17
18
19
20

21 22 Q. So, Doctor, when you saw Dr. A in the morning
22 23 postoperative, did you make any notes of that visit?

23 24 **A. I did not make any -- I did not make any**
24 25 **notes.**

25
26
27
28
Bridget Mattos & Associates
(415) 747-8710

14 MR. DOLAN: Q. Your resident would be
15 Dr. Kazaure?

16 A. Yes.

17 Q. And it indicates that she signed her progress
18 note on December 13th at 8:44 a.m.; correct?

19 A. That appears to be correct.

20 Q. And to your knowledge, did you sign the note
21 as well, at some point in time?

22 A. I typically would. I don't see my signature,
23 my electronic signature here.

(p.174 Depo Dirbas)

11 Q. Did you make any note anywhere of your
12 evaluation of the breast and its condition of having
13 what you thought was potentially compromised
14 vasculature?

15 A. Well, I talked to my residents that day. I

p. 202 Dirbas Depo

251. In comparison, from 2010-2016 Defendant DIRBAS billed Medicare CPT code 99211 (the lowest service) *only once*. The charge for CPT 99211 was \$23.

252. The “global surgical package”, also called global surgery fee , includes all the necessary services normally furnished by a surgeon before, during, and after a procedure. CMS assigns a fixed total or “ global” fee for a codified surgery.

1 The global fee payment for a code encompasses the work required to perform the
2 surgery as well as the before and after-care for the surgery.

3 253. Physicians who furnish the surgery and furnish all usual pre-and
4 post-operative care may bill for the global package by entering the appropriate CPT
5 code for the surgical procedure only. Separate billing is not allowed for visits or other
6 services that are included in the global package. Thus, a surgeon cannot unbundle and
7 bill separately for the pre-operative visit the day before surgery.

8 254. Office visits or “Evaluation and Management” services (herein
9 “E/M” or “visits”) the day before surgery are *included* in the surgical fee package,
10 and not separately billable.

11 255. Dr. Dirbas testified under oath that he routinely made patients come
12 in for **several** preoperative visits at Stanford, and the Stanford billing records show
13 he unbundled these and charged for them. (p.221 Dirbas Deposition)
14

15 4 THE WITNESS: I believe I would have
16 5 discussed it during one of the preoperative visits.
17 6 Probably at the first visit, would not be likely that
18 7 I would have done it the day before surgery, day or
19 8 two before surgery.

19 9 MS. DOLAN: All right.

20 256. The national global surgery policy became effective for surgeries
21 performed on and after January 1, 1992. A national definition of a “*global surgical*
22 *package*” has been established to ensure that payment is made consistently for the
23 same services across all A/B MAC (B) jurisdictions, thus preventing Medicare
24 payments for services that are more or less comprehensive than intended.
25 (Reference [https://www.cms.gov/Outreach-and-Education/Medicare-Learning-](https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/GlobalSurgery-ICN907166.pdf)
26 [Network-MLN/MLNProducts/Downloads/GlobalSurgery-ICN907166.pdf](https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/GlobalSurgery-ICN907166.pdf))

1 257. Medicare established a national definition of a “global surgical
2 package” to ensure that Medicare Administrative Contractors (MACs) make
3 payments for the same services consistently across all jurisdictions.

4 258. Medicare payment for a surgical procedure includes the pre-
5 operative, intra-operative, and post-operative services routinely performed by the
6 surgeon or by members of the same group with the same specialty. Physicians in the
7 same group practice who are in the same specialty must bill and be paid as though
8 they were a single physician.

9 259. Medicare includes the following services in the global surgery
10 payment when provided in addition to the surgery: Pre-operative visits after the
11 decision is made to operate. For major procedures, this includes preoperative visits
12 the day before the day of surgery.

13 260. The Medicare approved amount for these procedures *includes*
14 payment for the following services related to the surgery when furnished by the
15 physician who performs the surgery. Therefore, a global fee paid for performing a
16 mastectomy (a major surgery) already includes in that total fee an amount for pre-
17 operative and post-operative visits. Thus, the surgeon is not entitled to unbundle and
18 bill separately for pre-operative visits.

19 261. These services are not billable for payment:

- 20 • For minor procedures, this includes pre-operative visits the day of surgery.
- 21 • Intra-operative services that are normally a usual and necessary part of a
- 22 surgical procedure
- 23 • All additional medical or surgical services required of the surgeon during the
- 24 post-operative period of the surgery because of complications, which do not
- 25 require additional trips to the operating room.
- 26

- Follow-up visits during the post-operative period of the surgery that are related to recovery from the surgery
- Post-surgical pain management by the surgeon.

262. Global surgery applies in any setting, including an inpatient hospital, outpatient hospital, Ambulatory Surgical Center (ASC), and physician's office. When a surgeon visits a patient in an intensive care or critical care unit, Medicare includes these visits in the global surgical package.

263. Major procedures have a 90-day post-operative period which by definition includes one day pre-operative. Also, the day of the procedure is generally not payable as a separate service. Thus, the total global period is 92 days, counting 1 day before the day of the surgery, the day of surgery, and the 90 days immediately following the day of surgery.

264. Pursuant to CMS, codes with "090" are major surgeries (90-day post-operative period).

265. Medicare has multiple national contractors that administrate its plans. Palmetto GBA and Noridian are such carriers. Palmetto provides a simple tool for providers to lookup CMS global days. (Ref. <https://www.palmettogba.com/palmetto/global90.nsf/Front?OpenForm#step1>)

266. For example, entering CPT code "19302" into CMS's search tool reflects this is a major surgery code for mastectomy with a 90-day global period. Thus, the pre-operative visit before this surgery must not be unbundled and is not separately chargeable. (Screenshot inset below.)

Code: **19302**

Description: **P-mastectomy w/lymph node removal**

Modifier:

Global Days: **90 days**

1 267. For example, entering the CPT code “19125” into this search tool
2 reflects that this is a major surgery code for mastectomy with a 90-day global period.
3 Thus, the pre-operative visit before this surgery must not be unbundled and is not
4 separately chargeable. (Screenshot inset below.)

5 Code: **19125**

6 Description: **Excision breast lesion**

7 Modifier:

8 Global Days: **90 days**

9 268. Similarly, the following major surgery codes used by Defendants
10 also have a 90-day global code which precludes Defendants from unbundling and
11 billing separately for *any* pre-operative or post-operative visits: 19125, 19342, 19340,
12 19120.

13 **FEW EXCEPTIONS TO GLOBAL SURGICAL SERVICE FEES**

14 269. In this action, Defendants habitually and freely upcoded,
15 unbundled, and billed for pre-operative visits. Pre-operative visits are included in
16 the payment for the global surgery fees. There is no evidence here that any
17 exceptions applied to any cases. All cases were unbundled pre-operative visits
18 which were charged after the decision for surgery was made. Some visits were
19 billed for *post-operative* visits which were also included in the global surgery fee.

20 270. However, it is noted that the following services are *not* included
21 in the global surgical payment. These services may be billed and paid for
22 separately: • Initial consultation or evaluation of the problem by the surgeon to
23 determine the need for major surgeries. This is billed separately using the modifier
24 “-57” (Decision for Surgery). This visit may be billed separately only for major
25 surgical procedures.
26

271. Evaluation and Management services (herein “E/M” or “visit”) on the day before major surgery, or on the day of major surgery that result in the *initial decision to perform* the surgery are *not included* in the global surgery payment for the major surgery. Therefore, these services may be billed and paid separately.

DEFENDANTS FREELY “UNBUNDLED” AND VIOLATED GLOBAL SURGERY FEE RULES

272. Defendants performed major surgery services codes with “090” which qualify as global fees with a 90-day post-operative period.

273. Defendants unlawfully and knowingly unbundled and separately coded for pre-operative visits which they knew or should have known were part of the global surgery fee for major surgeries.

274. Defendants unlawfully and willfully unbundled and coded for pre-operative visits the day before major surgery. This unbundling practice yielded Defendants upwards of 20-50% greater and unjust enrichment from the surgery.

275. For example, a mastectomy surgery is coded as “19301” and reimbursed approximately \$900. Rather than accept \$900 for the surgery, Stanford surgeon deliberately upcoded the service to receive enrichment of \$1200 for the same surgery. This increased revenue was obtained when the surgeon unlawfully unbundled and charged a separate fee for an extensive or comprehensive pre-operative office visit, which lawfully would have not been separately reimbursable. Had the surgeon billed and coded correctly, CMS would have paid him only \$900 in total for the surgery and the pre-and postoperative visits.

1 276. Here, the surgeons upcoded and billed for unbundled services,
2 causing CMS to pay Defendants a total of \$1200. Thus, Defendants obtained unjust
3 enrichment through submitting false claims.
4

5 **REPRESENTATIVE UNBUNDLED GLOBAL FEE CASES:**
6

7 **A. DEPARTMENT OF SURGERY**

8 **1. FREDERICK DIRBAS, M.D. (NPI 1154457091)**

9 277. Representative cases of Stanford's improper and unbundled
10 billings are inset below.
11

- 12 • Here, Stanford unlawfully unbundled and billed for a pre-operative visit on
13 the day before surgery, which was part of the global surgery fee.
- 14 • 99205 and 99214 are evaluation and management ("EM") or "office visit"
15 codes.
- 16 • 19301 is a mastectomy code, a major surgery under CMS rules which has a
17 90 day "global" period.

Date of Service				CPT Code		Modifier			
1/24/2012	1/24/2012	22	1	99205					2330
2/21/2012	2/21/2012	22	1	99214					2330
2/22/2012	2/22/2012	22	2	19301	LT	GC			2330
4/4/2012	4/4/2012	22	2	19301	58	RT	GC		2330

18 278. In the aforementioned case, on 2/22/12 CMS beneficiary
19 underwent a major surgery CPT 19301. Code 19301 includes the day before and
20 90 days afterwards as a global surgical fee. On 1/24/12 CMS was billed and paid
21 for a comprehensive, high level, new patient E&M code as CPT 99205. The
22 decision for surgery was made at that first visit.
23
24
25
26

On 2/21/12 CMS was wrongly billed and *paid* Stanford for a separate extended evaluation and management “E&M” service as 99214. This was one day before surgery. The 2/21/12 professional services were included in the global fee paid to Stanford for the surgery code.

279. According to CMS, is it improper for a surgeon to charge a visit the day before major surgery, when the surgeon already made a decision for surgery, and scheduled surgery less than 30 days prior. If a surgeon prefers to meet with the patient the day or two before surgery to touch base and answer questions before surgery, that “pre-op” encounter is not separately chargeable and is encompassed in the global surgery code and fee.

280. As another example, Defendant Dr. Dirbas unlawfully billed and received payment from CMS for an unbundled *pre-operative visit* the day before he performed a major surgery on the same Medicare beneficiary.

Date		Place		CPT Code		
9/1/2015	9/1/2015	22	1	99214		
9/2/2015	9/2/2015	22	2	19125	RT	GC

281. Pursuant to CMS guidelines, the 9/1/15 visit was included in the global surgery fee paid to the surgeon for the surgery performed on 9/2/15. Thus, Stanford’s unjust enrichment from unbundling the 9/1/15 pre-op visit was unlawful, must be reimbursed to CMS, and subjects Stanford to FCA recovery.

282. CPT codes 19120 and 19125 are used for excision of breast lesions, where attention to surgical margins and assurance of complete tumor resection is unnecessary. CPT code 99214 is an extended evaluation and management service, or office visit.

283. As a third example, Defendants Dirbas and Stanford unlawfully billed and received CMS payment for a pre-operative visit the day before major surgery on the same beneficiary.

Date of Service	CPT code	Modifier
6/9/2016	99205	
6/28/2016	99215	
6/29/2016	19302	LT

On 6/29/16 surgery was performed. Pursuant to CMS, the pre-operative visit 6/28/16 visit was included in the global surgery fee. Defendant unlawfully unbundled and collected fees for the 6/28/16 visit. The fee was unlawful and must be reimbursed to CMS.

CPT code 99215 is the highest reimbursed return patient visit, a comprehensive evaluation and management code. It is unlawful to separately bill this code for a pre-operative visit. CPT 19302 is a major surgery code with a 90-day global fee basis. Medicare also requires the burden of “medical necessity” and there is no indication that a comprehensive level visit was even medically necessary.

284. A fourth example, on 5/19/16 Defendants Dirbas and Stanford billed a new patient visit. On that date a decision for mastectomy was made.

Date of Service	CPT code	Description
5/19/2016	99205	New patient comprehensive exam on May 19, 2016 and decision for surgery was made. Surgery scheduled on 6/6/16.
6/2/2016	99215	Medicare was unlawfully charged for a pre-operative visit as a high level comprehensive return visit. By CME rules, this visit 4 days before surgery is not separately chargeable.

6/6/2016	19307	Surgery date where Global surgery code for modified radical mastectomy including removal of under arm lymph nodes has a 90-day global period and includes the pre-op visit.

On 6/2/16, Defendants then unbundled and unlawfully billed a pre-operative visit. On 6/6/16 Defendants performed a modified radical mastectomy surgery. Per CMS, the 6/2/16 visit was included in the mastectomy global fee.

Thus, Defendants were not entitled to “double dip” and collect unjust enrichment for a visit which was calculated and included in CMS global surgery fee.

285. A fifth example, Defendants unlawfully billed and received reimbursement for a pre-operative visit on 6/21/16.

Date of Service	CPT code	Description

6/7/2016	99205	New patient comprehensive exam charged on June 7, 2016 and decision for surgery was made. Surgery scheduled for 6/22/16.
6/21/2016	99215	Medicare was unlawfully charged for a pre-operative visit as a high level comprehensive return visit. By CME rules, this visit 1 day before surgery is <i>not</i> separately chargeable.
6/22/2016	19301	Global surgery code for Partial mastectomy or lumpectomy of breast is a major surgery code with a 90-day global fee and includes the pre-operative and post-op care.

CPT code 99215 is the highest paying return patient office visit. Defendant’s unbundling resulted in unjust enrichment of approximately \$200. Had it not been for Defendants’ unconscionable billing, CMS would have paid at least 20% less for the total surgical care of this beneficiary.

286. A sixth example, on 11/29/12 Defendants Dirbas and Stanford unbundled and received CMS payment for a pre-operative visit.

Date of Service	CPT code	Description
11/20/2012	99205	Defendants charged a new patient visit code for the highest level and highest paying code. The decision to proceed with surgery was made and was scheduled for 12/17/12.
11/29/2012	99214	Defendants unlawfully unbundled and billed for a pre-operative visit before surgery.
12/17/2012	19301	This mastectomy code is a major surgery with a 90-day global service. The global fee reimbursement includes the pre-operative and postoperative care .

CPT code 99214 is the 2nd highest paying office visit code for a return patient. Defendant's illegal unbundling resulted in unjust enrichment of approximately \$130. Had it not been for Defendants' unlawful upcoding CMS would have paid at least 20% less for the global care of this beneficiary.

287. A seventh example, Defendants Dirbas and Stanford unlawfully charged a pre-operative visit on 8/14/12.

Date of Service	CPT code	Modifier	Description
8/2/2012	99205	GC	New patient comprehensive visit charged and decision for surgery made. Surgery scheduled for 8/22/12.
8/14/2012	99215		Defendants unlawfully billed for a pre-operative visit. They coded it as the highest paying comprehensive visit.
8/22/2012	19301	LT	Patient underwent surgery (mastectomy), a major surgery code with a 90-day global.
8/22/2012	38525	51	Open excision of lymph nodes is also a 90-day global code. Thus, the pre-operative visit was included in this fee.

288. An eight example, Defendants Dirbas and Stanford unlawfully upcoded and unbundled a pre-operative visit on 2/7/2013.

Date of Service	CPT code	Description
1/24/2013	99205	New patient comprehensive code billed. Decision for surgery made and mastectomy scheduled for 2/20/13.

2/7/2013	99215	Unlawfully billed a pre-operative visit. Used the highest paying code.
2/20/2013	38525	Lymph node Dissection with a 90-day global fee service.
2/20/2013	19303	Mastectomy major surgery code with a 90-day global fee service

CPT code 99215 is the highest paying office visit code for a return patient. Defendant's illegal unbundling practice resulted in unjust enrichment of approximately \$200 to Defendants. Had it not been for Defendants' unlawful upcoding, would have paid at least 20% less for the care of this beneficiary. (Inset from Exhibit "B": CMS production of billing and payment records to Defendant Dirbas and Stanford)

289. A ninth example, Defendants Dirbas and Stanford unlawfully billed a pre-operative visit on 9/1/2015.

					Claim ID	Date of service	Code					
217					I6820 8	104331574 0	6/30/2015		1	99205		
217					I6820 8	104331574 0	9/1/2015		1	99214		
217	V438 2						9/2/2015		2	19125	R T	GC

CPT code 99215 is the highest paying office visit code for a return patient. Defendant's illegal unbundling resulted in unjust enrichment of approximately \$200. Had it not been for Defendants' unconscionable billing, CMS would have paid at least 20% less for the global surgery of this beneficiary.

290. A tenth example, Defendants unlawfully billed an office visit for 9/28/10 in the global post-operative period.

Date of Service	CPT code	Modifier	Diagnosis				Provider UPIN
9/9/2010	1	99204				2330	00G589351
9/20/2010	2	19125	RT			2330	00G589351

9/20/2010	2	19126	59				2330	00G589351
9/28/2010	1	99213					79380	00G589351

Per CMS, the major surgery codes including CPT 19125 and 19126 have a 90-day global period. Thus, the 9/28/10 charge was only 10 days after surgery and should not have been billed. (Inset from Exhibit B)

291. An eleventh example, CMS records showed that on June 2016 Defendants persisted in their course of conduct and schemes.

Date of service			Codes billed		
6/9/2016	6/9/2016	22	1	99205	
6/28/2016	6/28/2016	22	1	99215	
6/29/2016	6/29/2016	22	2	19302	LT

On 6/28/16 Defendant Dirbas and Stanford billed and received unjust enrichment from Medicare for a CPT 99215, an extensive office visit, billed the day before a major mastectomy surgery on 6/29/16. Defendants unbundled the pre-operative visits performed by a mid-level provider, billed the visits under the physician NPI, and did so with intent to increase profits.

292. A twelfth example, Defendants unbundled a “preoperative visit” as a high code “99215” to Medicare on June 21, 2016, resulting in \$263 of false claims and fraudulent billing.

Billing NPI	Paid Date	Check#	Diagnosis	Service Date	CPT	DR. NPI	Billed\$
1437292927	6/3/2016	0890157581	C50911	5/19/2016	99205	1154457091	458.00
1437292927	6/22/2016	0890223673	C50911	6/2/2016	99215	1154457091	263.00
1437292927	7/5/2016	0890266751	C50412	6/6/2016	19307	1154457091	3924.00

293. A thirteenth example, Defendants unbundled and billed two pre-operative visits after the decision for surgery was made on 7/19/16 and 7/28/16.

Defendant fraudulently billed at least \$512 in just professional fees to Medicare. Defendants also billed fraudulent facility and durable medical goods (prosthesis and artificial tissue) fees in the tens of thousands of dollars.

Billing NPI	Paid Date	Check#	Diagnosis		Service Date	CPT	DR. NPI	Billed\$	
1437292927	8/17/2016	0890437334	C50912	A77115	7/19/2016	99205	00G589351	458.00	1
1437292927	8/22/2016	0890451982	C50912		7/28/2016	99215	00G589351	263.00	1
1437292927	8/22/2016	0890451982	C50912	E57089	8/2/2016	99215	00G589351	263.00	1
1437292927	9/6/2016	0890504876	C50912	E57089	8/16/2016	99215	00G589351	263.00	1
1437292927	9/16/2016	0890551469	C50812		8/22/2016	19301	00G589351	1452.00	7
1437292927	9/16/2016	0890551469	C50812		8/22/2016	38525	00G589351	1277.00	2

294. A fourteenth example, Defendants unbundled and billed a pre-operative visit after the decision for surgery was made in blatant violation of global surgery fees.

Billing NPI	Paid Date	Check#	Diagnosis		Service Date	CPT	DR. NPI	Billed\$
1437292927	3/21/2016	0889863483	N62	I26240	2/9/2016	99205	00G589351	458.00
1437292927	4/4/2016	0889917583	N62	I26240	2/25/2016	99215	00G589351	263.00
1437292927	4/18/2016	0889975531	D0501		3/15/2016	19125	00G589351	4238.00

295. A fifteenth example, on 8/31/16 Defendants unbundled and billed a pre-operative visit after the decision for surgery was made in blatant violation of global surgery fees.

Billing NPI	Paid Date	Check#	Diagnosis	Service Date	CPT	DR. NPI	Billed\$
1437292927	7/20/2016	0890330050	C50911	6/23/2016	99205	00G589351	458.00
1437292927	8/31/2016	0460624744	C50912	7/19/2016	99215	00G589351	263.00
1437292927	9/1/2016	0890494148	C50811	7/20/2016	38525	00G589351	2554.00

296. A sixteenth example, on 3/31/16 Defendants unbundled and billed a pre-operative visit after the decision for surgery was made in blatant violation of global surgery fees.

Billing NPI	Paid Date	Check#	Diagnosis	Service Date	CPT	DR. NPI	Billed\$
1437292927	5/6/2016	0890052014	C50911	3/31/2016	99215	00G589351	263.00
1437292927	5/3/2016	0890036036	R591	4/1/2016	38525	00G589351	1277.00

297. A seventeenth⁹ example, Defendants unbundled and upcoded bills to a commercial carrier (Anthem Blue Cross) for a pre-operative visit on 12/11/12 as CPT 99215 \$458.

Date of Service	CPT code	Billed Amount
11/8/2012	99205	\$653
12/11/2012	99215	\$458
12/12/2012	19303	\$3370
12/12/2012	19303	\$3370

STANFORD'S CODING		CORRECT CODING	
CPT 99215 (pre-op visit)	\$458	CPT No Charge Pre-op	\$0
Stanford Fee	\$458	Correct Fee	\$0

Relator underwent major surgery CPT 19303 on 12/12/12. Defendants already charged a new patient visit on Nov. 8, 2012 CPT 99205 and had made a decision for surgery. Defendants directly collected \$341.97 from the patient for 12/11/12 for an assigned insurance deductible. Defendant concealed their

⁹ Relator's Explanation of Benefits from Stanford and Anthem Blue Cross

1 fraudulent unbundling from the insurance carrier through schemes of improper
2 modifiers. Thus, in December 2012 the carrier was unable to detect the unbundled
3 pre-operative visit, and unable to deny the service as a provider responsibility.

4 Defendants also upcoded and unbundled multiple other services as
5 referenced for relator's services on 12/12/12. Stanford habitually upcoded and
6 unbundled pathology bills whereby Defendants violated the standard one
7 specimen, one code rule. Here, Stanford billed three codes for one simple
8 mastectomy specimen. For example:

9

STANFORD'S CODING		CORRECT CODING	
CPT 88305 Level IV (2 units)	\$ 1700	CPT 88307 (2 units)	\$1600
CPT 88307 Level V (2 units)	\$ 3306		
CPT 88303 Level II (2 units)	\$ 1678		
Stanford Fee	\$6684	Correct Fee	\$1600

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17 **2. DR. AMANDA WHEELER, M.D. (NPI 1477749752)**

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19 298. Amanda J. Wheeler, M.D. is a surgeon employed by
20 Defendants. Dr. Wheeler's NPI is 1477749752 in the Surgical Oncology
21 Department at Stanford.

22 299. From 09/2013 to 10/2017 Stanford billed \$1,494,584.50 just to
23 Medicare for Dr. Wheeler's professional services. That total does not include
24 Stanford's facility fees, surgical supplies, durable medical goods, and non-
25 Medicare fees which Stanford charged for this provider.
26

300. Dr. Wheeler habitually unbundled and billed pre-op visits in violation of global surgery fees. She also billed a disproportionate number of high level codes 99205 and 99215.

301. As an example, on Jan 25, 2017 Stanford and Dr. Wheeler unbundled a preoperative visit before surgery on Jan 26, 2017.

ICN	Billing NPI	Paid Date	Check#	Diagnosis	Service Date	CPT	Billed\$
0217027740710	1437292927	020217	0534596634	C50911	1/25/2017	99214	186.00
0917037248060	1437292927	030217	0891153581	C50511	1/26/2017	19303	3574.00

STANFORD'S CODING		CORRECT CODING	
CPT 99214 (pre-op visit)	\$186	CPT No Charge Pre-op	\$0
Stanford Fee	\$186	Correct Fee	\$0

302. As another example, on April 19, 2017 Stanford and Dr. Wheeler unbundled a preoperative visit before surgery on April 20, 2017.

ICN	Billing NPI	Paid Date	Check#	Diagnosis	Service Date	CPT	Billed\$
0217115892980	1437292927	050917	0891403538	C50912	4/19/2017	99214	186.00
0917137314440	1437292927	053117	0891483685	C50412	4/20/2017	19303	7148.00

STANFORD'S CODING		CORRECT CODING	
CPT 99214 (pre-op visit)	\$186	CPT No Charge Pre-op	\$0
Stanford Fee	\$186	Correct Fee	\$0

303. As a third example, on May 17, 2017 she unbundled a preoperative visit before surgery on May 18, 2017.

ICN	Billing NPI	Paid Date	Check#	Diagnosis	Service Date	CPT	Billed\$
0917076019270	1437292927	033117	0891261518	Z9013	3/15/2017	99214	186.00
0217082778740	1437292927	040717	0891286967	D0511	3/16/2017	14000	3741.00
0217082778740	1437292927	040717	0891286967	D0511	3/16/2017	19120	6971.00

STANFORD'S CODING		CORRECT CODING	
CPT 99214 (pre-op visit)	\$186	CPT No Charge Pre-op	\$0
Stanford Fee	\$186	Correct Fee	\$0

304. As a fourth example, on May 17, 2017 Stanford and Dr. Wheeler unbundled a preoperative visit before surgery on May 18, 2017.

ICN	Billing NPI	Paid Date	Check#	Diagnosis	Service Date	CPT	
0217157894180	1437292927	062017	0891553881	C50912	6/5/2017	99214	186.00
0217166811200	1437292927	062917	0891588092	D0512	6/6/2017	14000	3741.00
0217166811200	1437292927	062917	0891588092	D0512	6/6/2017	19301	1452.00

STANFORD'S CODING		CORRECT CODING	
CPT 99214 (pre-op visit)	\$186	CPT No Charge Pre-op	\$0
Stanford Fee	\$186	Correct Fee	\$0

305. As a fifth example, on May 17, 2017 she unbundled a preoperative visit before surgery on May 18, 2017.

ICN	Billing NPI	Paid Date	Check#	Diagnosis	Service Date	CPT	
0917138171240	1437292927	060117	0891489014	C50911	5/17/2017	99214	
0217149664050	1437292927	061217	0891525828	C50811	5/18/2017	19301	RT

STANFORD'S CODING		CORRECT CODING	

CPT 99214 (pre-op visit)	\$186	CPT No Charge Pre-op	\$0
Stanford Fee	\$186	Correct Fee	\$0

**SECOND SCHEME: STANFORD UPCODED LEVEL OF SERVICE
TO HIGH CODES CPT 99205 AND 99215.**

306. In the examples, the surgeon always upcoded maximum fees and high-level codes as a 99205 for new patients, and 99215 or 99214 for return patients.

307. Examples of Defendants' upcoding is demonstrated in the visits. Notwithstanding that Defendants fraudulently unbundled global surgery fees, but they also habitually coded a significant portion of visits as the highest-level codes, CPT 99215 and 99214.

308. Medical necessity is a requirement of the CMS program and Defendants' medical records have not justified that a level 5 code was always medically necessary.

309. Defendants' medical records have also failed to demonstrate why a pre-operative level 5 code the day before surgery was medically necessary.

310. Defendants' medical records failed to demonstrate that the attending surgeon who billed under his NPI provided the services.

311. Defendants' medical records failed to substantiate the "incident to rules" where a PA or RNP provided the office visits but never billed under the PA or RNP's own NPI.

312. Defendants' CMS payment ledgers and medical records have also failed to demonstrate any compliance with incident to billing for mid-level providers. For incident to billing, the doctor must be on site in the same location as the PA and directly supervising.

313. Here, the surgeons were operating in the main hospital at 300 Pasteur Drive and the PA's were seeing patients in the cancer center building at 875 Blake Wilbur Drive Wilbur Street.



Accessed at Google, the route from the hospital to the clinic is 4 min drive time via Welch Rd and Pasteur Dr.

314. Defendants habitually refused to properly billed under the mid-level provider's NPI. Had Defendant billed under the correct PA or RNP provider, Defendant would have been paid 15-20% less than if a physician had provided the services.

315. Defendants' medical records have also failed to demonstrate that a pre-operative level five (5) code the *day before surgery* was medically necessary.

316. CPT code 99205 is the highest paying office visit code for a new patient. CPT codes 99215 is the highest paying office visit code for a return patient.

1 317. Defendants’ illegal unbundling and upcoding resulted in unjust
2 enrichment of approximately \$200-\$500 per patient. Had it not been for
3 Defendants’ unlawful upcoding and unconscionable billing, CMS would have paid
4 at least 15-20% less for the care of each beneficiary.

5
6 **THIRD SCHEME: UPCODED MID LEVEL PROVIDERS**

7
8 **DEFENDANTS FREELY UPCODED AND FALSELY BILLED UNDER**
9 **THE PHYSICIAN NPI WHEN MID LEVEL PROVIDERS**
10 **INDEPENDENTLY RENDERED SERVICES.**

11 318. For instance, Defendant surgeon Dr. Dirbas routinely used a mid-
12 level provider Candance Schultz, PA (physician assistant) to provide for much of
13 patients’ initial, pre-operative, and postoperative services. Stanford exclusively
14 charged all services under the surgeon’s NPI although the mid-level provider
15 rendered the services, especially the immediate pre-operative charges.

16 319. Had Stanford billed correctly under the mid-level provider,
17 Stanford would receive 15-20% less per service. (See CMS Chapter 110 -
18 Physician Assistant (PA) Services Payment Methodology (Rev. 2656, Issuance:
19 02-07-13, Effective: 02-19-13, Implementation: 02-19-13.)¹⁰

20 320. Stanford regularly charged for the highest level of office visit for
21 new patients as CPT “99205”. By time requirements alone are this level code is a
22 very lengthy 60-minute visit. Therefore, Stanford’s surgeons billed fees for an
23 office visit code “99205” in one day would amount to 1 hour (60 minutes) *per*
24 patient. If the surgeon’s charges were to be believed, he would, on a 7-hour work
25

26
27 ¹⁰ Accessed <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c12.pdf>

1 day, have only an ability to see and bill 7 patients in this type of exam, and would
2 not have time to see other lower level patients or do any operations.

3 321. Defendants not only unlawfully billed pre-operative visits in
4 violation of CMS global surgery fee rules, Defendants also illegally billed for these
5 upcoded services under his NPI which were provided by a PA or unlicensed
6 intern.¹¹

7 322. Stanford improperly billed for services and invasive testing when
8 no physician was on site.

9 323. Stanford billed for tens of thousands of dollars per patient claim
10 of surgical supplies which were never used.

11 324. Stanford surgery department fraudulently billed Medicare, Medi-
12 Cal, and commercial insurance for pelvic floor testing by non-licensed assistants
13 even though the purported supervising Stanford Cancer Center surgeon was no
14 longer employed by Stanford.

15 325. Stanford continued to bill Medicare, Medi-Cal, and commercial
16 carriers for procedures and testing which cannot be billed unless the responsible
17 physician is on site. Stanford billed all procedures by unlicensed staff, students,
18 and interns as though a physician had been present for the Pelvic Floor testing.
19 (See Young Complaint ¶156 “Stanford Health Care Defendants Continued to
20 Fraudulently Bill Patients and Their Insurance, Including Medical Patients, For
21 Pelvic Floor Testing with A Physician Present, Although No Physician Was
22 Present for Testing After the Cancer Center Surgeon Was Forced Out.”

23 326. Stanford leadership including CEO David Entwistle, COO
24 Quinn McKenna, and CFO Linda Hoff valued profits above safety. Staff was kept
25

26 ¹¹ Accessed same site, under 100.2 - Interns and Residents (Rev. 1, 10-01-03) B3-2020.8, B3-8030

1 lean and profits continued to soar, resulting in the doubling of revenues from 2012
2 to 2016. Stanford utilized unlicensed and non-qualified staff to perform tests and
3 procedures, examine post-operative patients before hospital discharge, and other
4 maneuvers which endangered patients and subjected them to inferior care.

5 327. Stanford habitually pushed aggressive and unsubstantiated
6 billing. Stanford ordered and required its coders and billers to upcode services in
7 disregard of required supportive medical documentation. Stanford's schemes were
8 habitual, purposeful, and expressly intended to maximize healthcare profits.
9 Stanford billers are instructed to maximize coding and billing regardless of the
10 medical documentation and records. (See also *Gaines vs. Stanford*, 3:16-cv-02831
11 Calif. Northern District Court, False Claims Acts)

12
13 **FOURTH SCHEME: VIOLATION OF "INCIDENT-TO" BILLED FOR**
14 **NEW PATIENTS**

15 328. Stanford assigned mid-level providers to evaluate and examine
16 new patients. However, Stanford "upcoded" and billed the services under the
17 physician's NPI rather than the mid-level providers. Stanford's upcoding was done
18 with intent to capture 15-20% greater insurance fees per patient encounter.

19 329. A "mid-level" provider is defined as a licensed physician
20 assistant or nurse practitioner. Stanford habitually failed to bill services under the
21 true mid-level rendering provider, a profit-driven practice which constitutes false
22 claims.

23 330. For example, a physician level 3 visit for a new patient coded as
24 CPT 99203 reimburses an average of \$100 with a second carrier. The same visit
25 coded as a physician assistant visit pays roughly \$82. Hence, Stanford's improper
26

1 upcoding of rendering provider generated an average of 18-20% extra per new
2 patient encounter who was seen by the mid-level provider.

3
4 **DEFENDANTS' CONDUCT IS CONTINUING, AND MUST BE**
5 **RESTRAINED**

6 331. Stanford's practices complained of herein are continuing. As
7 detailed above, the Defendants' actions and omissions have caused many years of
8 improper and false billings to the United States through the Medicare program, and
9 the State of California through non-Medicare programs.

10 332. For example, CMS evidence showed that on June 2016,
11 Defendants were still unbundling pre-operative visits performed by a mid-level
12 provider, billing the visits under the physician NPI, and doing so with intent to
13 increase revenues. On 6/28/16 Defendant Dirbas billed and received unjust
14 enrichment from Medicare for a CPT 99215, an extensive office visit, billed the
15 day before a major mastectomy surgery on 6/29/16.

16 Date of service CPT codes billed

17

6/9/2016	99205	
6/28/2016	99215	
6/29/2016	19302	LT

18

19
20 **B. DEPARTMENT OF UROGYNECOLOGY**

21 333. Stanford employee Dr. Eric Sokol NPI 1437292927 is a provider
22 at Stanford Department of Urogynecology. On information and belief, Plaintiffs
23 allege providers in the urogynecology department also engaged in the schemes
24 described herein, with unbundling of pre-operative visits, upcoding for mid-level
25 providers, and improper number of surgical devices and prosthesis.

1 **C. DEPARTMENT OF GENERAL SURGERY**

2 334. Brendan Visser, M.D. Department of General Surgery , NPI
3 1134210628 is an employee at Stanford. On information and belief, Plaintiffs
4 allege providers in the general surgery department also engaged in the schemes
5 described herein, with unbundling of pre-operative visits, upcoding for mid-level
6 providers, and improper number of surgical device and prosthesis.
7

8 **D. DEPARTMENT OF GASTROINTESTINAL ONCOLOGY**

9 335. Dr. Natalie Kirilcuk, M.D. is registered under NPI 144744619.
10 Dr. Kirilcuk was an employee of Stanford in the relevant period and headed the
11 pelvic floor clinic and unit. On information and belief, Plaintiffs allege that
12 Stanford through Dr. Kirilcuk and providers in this department also engaged in the
13 schemes described herein, in particular with unbundling of pre-operative visits,
14 upcoding of office visits, upcoding for mid-level providers, and upcoded number
15 of surgical devices and prosthesis, and improper billing of procedures without
16 licensed physician presence or supervision.
17

18 **FIRST CAUSE OF ACTION**

19 **CIVIL FALSE CLAIMS ACT, 31 U.S.C. §§ 3729-33 (“FCA”); “QUI TAM**
20 **ACTION.”**

21 **By Plaintiff United States of America**

22 **Against all STANFORD Defendants and DOES 1 through 10**

23 336. Plaintiff U.S. incorporates by reference and realleges the preceding
24 paragraphs.
25
26

337. This is a claim for damages and penalties under the Civil False Claims Act, codified at 31 U.S.C. §§ 3729-33 brought by the United States of America.

338. It is illegal to:

(1) Knowingly present or cause to be presented any false or fraudulent claim for the payment of a loss or injury, including payment of a loss or injury under a contract of insurance.

(2) Knowingly present multiple claims for the same loss or injury, including presentation of multiple claims to more than one insurer, with an intent to defraud.

(3) 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.

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

339. It is also illegal 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.

340. Civil False Claims Act, 31 U.S.C. §§ 3729-33 (“FCA”) or “Qui Tam” actions provide that every person who violates this code section is subject to civil penalties of tens of thousands of dollars of penalties per act.

341. By the acts described above, Stanford violated FCA and submitted false, fraudulent or misleading bills to payors by regularly and freely unbundling and separately charging for pre-operative visits which were part of a global fee schedule, and thus not eligible for separate billing.

342. Stanford Defendants submitted false, fraudulent, or misleading bills to CMS through use of time-based or complex level billing of the highest level paying codes designating comprehensive visits for pre-operative services. These separate pre-operative charges for visits implied that the patient is being billed separately for “free” visits before or after surgery when in fact all such services are captured in other codes or in the surgeon’s separate bill.

343. Stanford Defendants submitted false, fraudulent or misleading bills to payors by inflating the bills through unjustified pre-operative visit, thereby rendering illusory any global surgery fees that CMS set, or the insurers had negotiated with the Stanford Defendants, either on their own or through national correct coding guidelines.

344. Because of the above-described conduct, Plaintiffs are entitled to damages as provided for by 31 U.S.C. §§ 3729-33.

SECOND CAUSE OF ACTION

**CALIFORNIA INSURANCE FRAUDS PREVENTION ACT (“IFPA”),
PURSUANT TO INSURANCE CODE SECTION 1871 et. seq.**

1 **By Plaintiff The State of California Against all STANFORD Defendants and**
2 **DOES 1 through 10**

3 345. Plaintiff, The State of California, incorporates by reference and
4 realleges the preceding paragraphs.

5 346. This is a claim for damages and penalties under the Insurance
6 Frauds Prevention Act, codified at Cal. Ins. Code § 1871.7, brought by the State of
7 California.

8 347. IFPA does not require proof that the insurer paid the fraudulent
9 claim to justify the assessment of penalties. It only requires proof that the unlawful
10 act led to the fraudulent claim.

11 348. Insurance Code section 1871.7(b) provides that every person who
12 violates false claim is subject to civil penalties of between \$5,000 and \$10,000, plus
13 an assessment of not more than three times the amount of each claim for
14 compensation.

15 349. By the acts described above, Stanford violated IFPA whereby
16 Stanford habitually submitted false, fraudulent or misleading bills to Payors by
17 unbundling and upcoding schemes. Stanford's institutional schemes are summarized
18 in ¶2, but they include *unbundling* of pre-operative and post-operative visits that are
19 already captured in other revenue codes or in the surgeon's separate bills.

20 350. Unbundling is a practice whereby a healthcare vendor separately
21 charges for pre-operative visits or per-surgical services which are by definition part
22 of a "global fee" schedule, and thus not eligible for separate billing. For example,
23 major surgery codes like mastectomy are considered "global" such that the surgeon
24 and institution are paid a "flat fee" which encompasses all related services *after* the
25 decision for the surgery has been made, *through* the surgical service, and for 90 days
26 after the surgery.

351. Therefore, a mastectomy patient would not be charged for a pre-operative visit with the surgeon the day before surgery since the surgeon's "flat fee" or global fee includes monetary consideration for the before and after surgery.

352. For example, Stanford billed a commercial carrier nearly \$500 for an unbundled pre-operative visit the day before mastectomy surgery. The carrier reimbursed Stanford \$341.97 for the unbundled visit. Even though the carrier shortly thereafter caught Stanford's unbundling and disallowed that claim, Stanford is still liable for IFPA since Stanford willfully billed for the wrongful charges.

353. Stanford additionally submitted false, fraudulent, or misleading bills to payors through use of *time-based* or complex level decision making and doing so by billing the highest level paying codes for pre-operative services.

354. Stanford's unbundled charges for pre-operative visits demonstrates that Stanford was and continues billing patients for what are "free" visits before or after surgery when in fact all such services are captured in global major surgical codes and the facilities' separate bill.

355. Stanford in illusory fashion habitually inflated at least 11-15% of all its billings, including but not limited to the global fee schedules. Stanford submitted false, fraudulent or misleading bills to payors through unbundling the pre-operative visit, thereby willfully violating Correct Coding Initiatives (CCI). Stanford habitually demanded additional unbundled fees on top of its global surgical fees; Stanford was lawfully required to accept the global fees as payment in full.

356. Because of the above-described conduct, Plaintiffs are entitled to damages as provided for by California Insurance Code § 1871.7.

THIRD CAUSE OF ACTION

CALIFORNIA FALSE CLAIMS ACT (“CFCA”) FOR MEDICAL

**By Plaintiffs State of California and United States Against All Defendants, and
DOES 1-10**

358. Medi-Cal (also “MediCal”) and Medi-Caid (also “Medicaid”) are funded by both federal *and* state sources. CMS contributes federal funds to these programs. Rampant insurance fraud contributes substantially to rising healthcare premium costs, and the government instituted the referenced statutes to obtain assistance to prosecute insurance fraud.

360. CFCA like the federal False Claims Act, allows private individuals “qui tam plaintiffs” to bring an action on behalf of the government against an entity or person who “knowingly” has defrauded the government out of “money, property or services” through submitting a false claim, false record or false statement to the government for payment.

362. CFA also allows the Attorney General to intervene up to the time of judgement, and grants up to 50% share of recoveries to the relator.

1 363. The State of California will continue to suffer damage if Defendants
2 continue their fraudulent activities, as health care costs and insurance rates will
3 continue to increase more than they otherwise would or should.

4 364. As described above, Defendants used schemes to defraud the State
5 from health care funds through upcoding and unbundling.
6

7 **FOURTH CAUSE OF ACTION**
8 **DECLARATORY AND INJUNCTIVE RELIEF, PURSUANT TO**
9 **CALIFORNIA INS. CODE SECTION 1871.7(B)**
10 **By Plaintiff The State of California Against All Defendants, and DOES 1-10**
11

12 365. Plaintiffs incorporate by reference and reallege the preceding
13 paragraphs.

14 366. Insurance Code Section 1871.7(b) empowers the Court "to grant
15 other equitable relief, including temporary injunctive relief: as is necessary to prevent
16 the transfer, concealment, or dissipation of illegal proceeds, or to protect the public."

17 367. The California Insurance Commissioner seeks equitable relief
18 pursuant to Ins. Code section 1871.7(b). Unless equitable and injunctive relief is
19 granted, Defendants are likely to continue their unlawful conduct after the conclusion
20 of this litigation. If Defendants are not restrained from their fraudulent activities, the
21 State and its people will continue to suffer damages, as health insurance premiums
22 will continue to increase more than they otherwise would or should.

23 368. It is alleged that in addition to the upcoding and unbundling billing
24 schemes described above, Stanford has used and continues to use contractual
25 provisions to prevent challenges to their fraudulent billings. These contractual
26

provisions are contrary to Insurance Code and public policy and should therefore be declared unenforceable pursuant to Civil Code section 1667.

PRAYER

FOR PLAINTIFF THE UNITED STATES OF AMERICA

WHEREFORE, the United States prays for judgment against Defendants as

- a. Judgment in an amount equal to three times the amount of each claim for compensation submitted by the Defendants from the commencement of the statutory period through the time of trial;
- b. Liability to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, as adjusted by the Federal Civil Penalties Inflation Adjustment Act of 1990 (28 U.S.C. 2461 note; Public Law 104–410 [1]), plus 3 times the amount of damages which the Government sustains because of the act of that person from the commencement of the statutory period through the time of trial;
- c. Disgorgement of profits unlawfully acquired by Defendants;
- d. An award to Relator of the maximum amount allowed pursuant to Civil False Claims Act, 31 U.S.C. §§ 3729-33 ; Attorneys' fees, expenses and costs of suit herein incurred, pursuant to Civil False Claims Act, 31 U.S.C. §§ 3729-33;
- e. An injunction against each of the defendants for any continuing conduct violating the Civil False Claims Act, 31 U.S.C. §§ 3729-33;
- f. An order directing Defendants to cease and desist from violating Civil False Claims Act, 31 U.S.C. §§ 3729-33;
- g. An order and findings declaring that any contractual provisions used by Defendants to prevent challenges to fraudulent billings are against the public policy of the United States of America and therefore unenforceable; and

1 Such other and further relief as the Court deems just and proper.

2
3 **FOR PLAINTIFF, THE STATE OF CALIFORNIA**

4 WHEREFORE, the State of California prays for judgment against Defendants
5 as

- 6 a. Judgment in an amount equal to three times the amount of each
7 claim for compensation submitted by the Defendants from the commencement
8 of the statutory period through the time of trial;
- 9 b. A civil penalty of \$10,000 for each violation of Insurance Code § 1871.7 from
10 the commencement of the statutory period through the time of trial;
- 11 c. Disgorgement of profits unlawfully acquired by Defendants;
- 12 d. An award to Relator of the maximum amount allowed pursuant to Insurance
13 Code § 1871.7; Attorneys' fees, expenses and costs of suit herein incurred,
14 pursuant to Insurance Code section 1871.7;
- 15 e. Declaratory and Injunctive Relief (Ins. Code Section 1871.7(b))
- 16 f. An injunction against each of the defendants for any continuing conduct
17 violating Insurance Code § 1871.7(b);
- 18 g. An order directing Defendants to cease and desist from violating California
19 Insurance Code § 1871.7;
- 20 h. An award of damages and punitives pursuant to Cal. Gov't Code §§ 12650-
21 12656.
- 22 i. An order and findings declaring that the contractual provisions used by
23 Defendants to prevent challenges to fraudulent billings are against the public
24 policy of the State of California and therefore unenforceable; and Any such
25 other and further relief as the Court deems just and proper.
- 26

1
2 **ON BEHALF OF PLAINTIFF STATE OF CALIFORNIA**

3 WHEREFORE, The State of California prays for Declaratory and Injunctive Relief
4 to halt Defendants' fraudulent conduct as follows:

- 5 a. An injunction against each of the defendants for any continuing conduct
6 violating the False Claims Acts; and
7 b. An order directing each of the defendants to cease and desist from violating
8 False Claims Acts.

9 Damages Sought Will Be in Amounts to Be Proven at Trial.
10

11 **JURY TRIAL DEMANDED**
12

13 On behalf of Plaintiffs the United States of America, the State of California, and
14 *ex. relator* Emily Roe.
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1 Date: June 20, 2018

2 s/ Gloria Juarez



3 GLORIA JUAREZ

4 Attorneys for Relator, Emily Roe

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ELECTRONIC SERVICE LIST

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State of California

Agent for Service of Process to

California Department of Insurance

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Service of court filings must be directed to the following address:

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Diane.Pinney@insurance.ca.gov

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11 **Los Angeles County District Attorney**
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22 950 Pennsylvania Avenue, Northwest
23 Washington, DC 20530
24 Phone General US OAG #202-514-2000,
25 press 0/ 800-447-8477
26 False claim DHS OIG
27 Email askdoj@usdoj.gov (no attachments)

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7 **UNITED STATES DISTRICT COURT**
8 **FOR THE CENTRAL DISTRICT OF CALIFORNIA**
9 **WESTERN DIVISION**
10

11 UNITED STATES OF AMERICA
12 *ex rel.* [UNDER SEAL], *et al*

13 Plaintiff[s],

14 v.

15 [UNDER SEAL],

16 Defendant[s].
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No. CV 17-08726-DSF (AFMx)

**[FILED UNDER SEAL PURSUANT
TO THE FALSE CLAIMS ACT, 31
U.S.C. §§ 3730(b)(2) AND (3)]**

**EXHIBITS TO FIRST AMENDED
COMPLAINT**

Exhibit A



[REDACTED]

0 0 0
 [REDACTED]
 [REDACTED]
 [REDACTED]
 [REDACTED]

Exemption 6 of the FOIA permits a Federal agency to withhold information contained in personnel and medical files and similar files the disclosure of which would "constitute a clearly unwarranted invasion of personal privacy." I have weighed the public interest in disclosure (which the Supreme Court has held to be limited in this context to the public interest that would be served by shedding light in the agency's performance of its statutory duties) against the harm to the privacy of the individuals identified in these records and have concluded that the privacy interest of the subject individuals outweighs the public interest in disclosure in this particular matter.

If you believe that the information withheld should not be exempt from disclosure, or this response constitutes an adverse determination, you may appeal. By filing an appeal, you preserve your rights under FOIA and give the agency a chance to review and reconsider your request and the agency's decision.

Your appeal must be mailed within 90 days from the date of receipt of this letter, to:

Principal Deputy Administrator
Centers for Medicare and Medicaid Services
Room C5-16-03
7500 Security Blvd.
Baltimore, Maryland 21244-1850

Please clearly mark both the envelope and your letter "Freedom of Information Act Appeal."

If you would like to discuss our response before filing an appeal to attempt to resolve your dispute without going through the appeals process, you may contact Valencia Carter OR the HHS FOIA Public Liaison for assistance at:

Joseph Tripline
CMS FOIA Public Liaison
Centers for Medicare & Medicaid Services
7500 Security Blvd., MS N2-20-16
Baltimore, Maryland 21244-1850
Telephone: (410) 786-5353 fax (443)-380-7260

If you are unable to resolve your FOIA dispute through our FOIA Public Liaison, the Office of Government Information Services (OGIS), the Federal FOIA Ombudsman's office, offers mediation services to help resolve disputes between FOIA requesters and Federal agencies. The contact information for OGIS is:

Office of Government Information Services
National Archives and Records Administration
8601 Adelphi Road-OGIS
College Park, MD 20740-6001
Telephone: 202-741-5770
Toll-Free: 1-877-684-6448
E-mail: ogis@nara.gov
Fax: 202-741-5769

Sincerely yours,

Paul

Levitan -S

Paul Levitan

Director of FOIA Analysis - B

Freedom of Information Group Director

Digitally signed
by Paul Levitan -S
Date: 2017.09.06
09:18:30 -04'00'

Enclosure

Exhibit B

ICN	HICN	Billing NPI	Paid Date	Check #	DX 1	DX 2	From DOS	POS	Procedure	Mod1	Mod2	Primary	Reind	NPI	Billed Amt	Allowed	Paid Amt
9614106486310	b(6)	1437292927	4/24/2014	0887263227	6101		2/27/2014	22	99213			6101	1154457091		121.00	58.03	45.49
0213142605570	b(6)	1437292927	6/5/2013	0886090118	61189		5/21/2013	22	99213	GC		61189	1154457091		121.00	55.88	43.81
0212242427460	b(6)	1437292927	9/12/2012	0885190130	1749		8/24/2012	22	99205	GC		1749	1154457091		458.00	180.11	144.09
0913248241550	b(6)	1437292927	9/19/2013	0886463782	6101		8/29/2013	22	99213			6101	1154457091		121.00	55.88	43.81
0214262915190	b(6)	1437292927	10/2/2014	0887864808	6101		9/2/2014	22	99213			6101	1154457091		121.00	58.03	45.49
9714104902743	b(6)	1437292927	5/20/2014	0887362850	1749	79389	9/4/2012	22	99214			1749	1154457091		345.00	85.01	68.01
9714104902997	b(6)	1437292927	5/23/2014	0887377918	1749	2330	9/25/2012	22	99215			1749	1154457091		458.00	119.56	95.65
9714104903238	b(6)	1437292927	5/27/2014	0887383236	1749	2330	10/18/2012	22	99214			1749	1154457091		345.00	85.01	68.01
0212305414610	b(6)	1437292927	11/14/2012	0885396415	2330	1742				59	RT	2330	1154457091		3742.00	249.75	199.80
0212305414610	b(6)	1437292927	11/14/2012	0885396415	2330	1742				LT	GC	1742	1154457091		1370.00	699.22	559.38
0212305414610	b(6)	1437292927	11/14/2012	0885396415	2330	1742				51	LT	1742	1154457091		1206.00	238.66	190.93
0212305414610	b(6)	1437292927	11/14/2012	0885396415	2330	1742				LT	GC	1742	1154457091		528.00	142.29	113.83
0212325423600	b(6)	1437292927	11/30/2012	0510496845	99813		11/15/2012	11	99213	24		99813	1154457091		230.00	0.00	0.00
0215084851740	b(6)	1437292927	4/8/2015	0888546105	1749		3/24/2015	22	99205			1749	1154457091		458.00	190.72	149.53
0215121712860	b(6)	1437292927	5/15/2015	0888698044	1749		4/7/2015	22	99215			1749	1154457091		263.00	126.36	99.07
02151244775260	b(6)	1437292927	5/18/2015	0888703097	1749		4/30/2015	22	99215			1749	1154457091		263.00	126.36	99.07
0215148708640	b(6)	1437292927	6/11/2015	0888792418	1744	1963	5/6/2015	22	19303	RT	GC	1744	1154457091		6940.00	1127.86	884.24
0215148708640	b(6)	1437292927	6/11/2015	0888792418	1744	1963	5/6/2015	22	38525	51	LT	1963	1154457091		1240.00	247.87	194.33
0216133545900	b(6)	1437292927	5/26/2016	08901128360	2853		5/10/2016	22	99213			(Null)	1154457091		92.00	58.12	45.57
9613144870490	b(6)	1437292927	6/5/2013	0886090118	1749		3/26/2013	11	99205	GC		1749	1154457091		458.00	236.89	189.51
0213211250210	b(6)	1437292927	8/13/2013	0886333318	1749		7/18/2013	22	99215	GC		1749	1154457091		263.00	121.62	95.35
0213245739440	b(6)	1437292927	9/13/2013	0886450743	1748	2330	8/12/2013	22	38900	RT		1748	1154457091		528.00	146.40	114.78
0213245739440	b(6)	1437292927	9/13/2013	0886450743	1748	2330	8/12/2013	22	38525	51	RT	1748	1154457091		1206.00	248.02	194.45
0213245739440	b(6)	1437292927	9/13/2013	0886450743	1748	2330	8/12/2013	22	19303	RT		1748	1154457091		3370.00	1121.85	879.53
0216130770590	b(6)	1437292927	5/23/2016	0890112100	C50912		5/5/2016	22	99205			(Null)	1154457091		458.00	190.99	149.73
0216172306770	b(6)	1437292927	7/5/2016	0890266751	C5081	C773	6/1/2016	21	19307	LT	GC	(Null)	1154457091		3924.00	1349.01	1057.63
0911096314710	b(6)	1437292927	4/18/2011	0883638472	1749		1/6/2011	22	99213			1749	1154457091		132.00	54.90	43.92
0911040079530	b(6)	1437292927	2/23/2011	0883482902	1963	2330	1/12/2011	21	38900			1963	1154457091		510.00	144.70	115.76
0911040079530	b(6)	1437292927	2/23/2011	0883482902	1963	2330	1/12/2011	21	38745	59	LT	1963	1154457091		4762.00	928.32	742.66
0911040079530	b(6)	1437292927	2/23/2011	0883482902	1963	2330	1/12/2011	21	19301	LT	51	2330	1154457091		1325.00	340.76	272.61
1010361860170	b(6)	1437292927	1/6/2011	0883360239	61172		11/30/2010	22	99204			61172	1154457091		305.00	138.53	110.82
0911096273670	b(6)	1437292927	4/14/2011	0883630106	1749		1/14/2011	22	99204	GC		1749	1154457091		305.00	139.82	111.86
0911070449020	b(6)	1437292927	3/25/2011	0883571299	1749		2/16/2011	21	19301	RT		1749	1154457091		1325.00	681.51	545.21

ICN	HICN	Billing NPI	Paid Date	Check #	DX 1	DX 2	From DOS	POS	Procedure Mod 1	Mod 2	Priman	Rend	NPI	Billed Amt	Allowed	Paid Amt
0911070449020	b(6)	1437292927	3/25/2011	088351299	1749		2/16/2011	21	38525	59	RT	1749	1154457091	1658.00	232.63	186.10
9613129875420	b(6)	1437292927	5/17/2013	0886024243	1749		1/29/2013	11	99215	GC		1749	1154457091	263.00	168.48	134.78
971104901541	b(6)	1437292927	5/7/2014	0887314959	1749	V163	4/10/2012	22	99215			1749	1154457091	458.00	119.56	95.65
9714104903239	b(6)	1437292927	5/27/2014	0887383236	1749		10/18/2012	22	99214	GC		1749	1154457091	345.00	85.01	68.01
9714104903563	b(6)	1437292927	5/28/2014	0887390792	1749		11/20/2012	22	99214	GC		1749	1154457091	345.00	85.01	68.01
0213149407640	b(6)	1437292927	6/5/2013	0777777777	7336		5/21/2013	22	99203	GC		7336	1154457091	245.00	0.00	0.00
0213170284500	b(6)	1437292927	7/3/2013	0886192439	7336		5/21/2013	22	99213	GC		7336	1154457091	121.00	55.88	43.81
9610236117180	b(6)	1437292927	8/31/2011	0884064921	1749		3/16/2010	22	99204			1749	1154457091	305.00	135.54	108.43
1012006183710	b(6)	1437292927	1/17/2012	0777777777	1749		1/3/2012	22	99214	GC		1749	1154457091	345.00	85.01	0.00
0212037195730	b(6)	1437292927	2/21/2012	0884556489	1741		1/18/2012	21	38525	51	RT	1741	1154457091	1710.00	238.66	190.93
0212037195730	b(6)	1437292927	2/21/2012	0884556489	1741		1/18/2012	21	19301	RT	GC	1741	1154457091	1370.00	699.22	559.38
9714104900734	b(6)	1437292927	4/29/2014	0000000000	1749		12/13/2011	22	99205			1749	1154457091	653.00	0.00	0.00
0216042525750	b(6)	1437292927	2/15/2016	0528358262	D241		2/2/2016	22	99215			(Null)	1154457091	263.00	126.39	0.00
0216214697010	b(6)	1437292927	8/15/2016	0890426504	D241		7/12/2016	22	99213			(Null)	1154457091	92.00	58.12	45.57
9610240088010	b(6)	1437292927	9/7/2011	0454945426	1749		3/25/2010	22	99213			1749	1154457091	132.00	53.52	42.82
9610241278980	b(6)	1437292927	9/9/2011	0884094172	1748		4/5/2010	22	38525	51	GC	1748	1154457091	1658.00	220.20	176.16
9610241278980	b(6)	1437292927	9/9/2011	0884094172	1748		4/5/2010	22	19303	LT	GC	1748	1154457091	2775.00	998.53	798.82
0911443347210	b(6)	1437292927	5/27/2011	0502333397	6101		5/10/2011	22	99213	GC		6101	1154457091	132.00	54.90	0.00
0214134882860	b(6)	1437292927	5/28/2014	0887390792	61172	6101	5/13/2014	22	99213			61172	1154457091	121.00	58.03	45.49
0213140419230	b(6)	1437292927	6/3/2013	0886079053	61172	6101	5/16/2013	22	99214			61172	1154457091	186.00	86.29	67.65
0212139217010	b(6)	1437292927	5/24/2012	0507594227	6101		5/17/2012	11	99213	GC		6101	1154457091	230.00	82.82	0.00
0216144718160	b(6)	1437292927	5/27/2016	0530194662	N63	N6011	5/17/2016	22	99213			(Null)	1154457091	92.00	58.12	0.00
0915140028500	b(6)	1437292927	5/27/2015	0523915713	6101		5/19/2015	22	99213	GC		6101	1154457091	121.00	57.89	0.00
0913241253010	b(6)	1437292927	9/12/2013	0886444710	61172		8/20/2013	22	99212			61172	1154457091	62.00	27.39	21.47
0913235185210	b(6)	1437292927	9/6/2013	0886421606	61172		8/22/2013	22	99211			61172	1154457091	23.00	9.96	7.81
0911315015250	b(6)	1437292927	11/28/2011	0884347146	6111		11/8/2011	22	99204			6111	1154457091	530.00	139.82	111.86
0214275206990	b(6)	1437292927	10/15/2014	0887914858	6101		9/30/2014	22	99213			6101	1154457091	121.00	58.03	45.49
9714104900721	b(6)	1437292927	4/28/2014	0518274722	2330		1/24/2012	22	99205			2330	1154457091	653.00	0.00	0.00
9714104901007	b(6)	1437292927	5/6/2014	0887309981	2330	79389	2/21/2012	22	99214			2330	1154457091	345.00	85.01	68.01
0212059248790	b(6)	1437292927	3/13/2012	0884617621	2330		2/22/2012	22	19301	LT	GC	2330	1154457091	1370.00	699.22	559.38
0212104411530	b(6)	1437292927	4/27/2012	0884761941	2330		4/4/2012	22	19301	58	RT	2330	1154457091	1370.00	699.22	559.38
9714104902830	b(6)	1437292927	5/22/2014	0887372794	1749		9/6/2012	22	99205	GC		1749	1154457091	653.00	180.11	144.09
0214275206930	b(6)	1437292927	10/15/2014	0887914858	1749		9/30/2014	22	99215			1749	1154457091	263.00	125.85	98.67

ICN	HICN	Billing NPI	Paid Date	Check #	DX 1	DX 2	From DOS	POS	Procedure	Mod1	Mod2	Primary	Reud NPI	Billed Amt	Allowed	Paid Amt
0214321353470	b(6)	1437292927	12/1/2014	0888088066	1749		11/13/2014	22	99215			1749	1154457091	263.00	125.85	98.67
0215006603500	b(6)	1437292927	1/20/2015	0888256261	1749	V8741	12/15/2014	22	38325	51	RT	1749	1154457091	1240.00	247.36	193.93
0215006603500	b(6)	1437292927	1/20/2015	0888256261	1749	V8741	12/15/2014	22	19301	RT		1749	1154457091	1410.00	728.82	571.48
0215007562680	b(6)	1437292927	1/21/2015	0888266717	1749		1/6/2015	22	99205	GC		1749	1154457091	458.00	190.72	34.22
0215078515920	b(6)	1437292927	4/2/2015	0888528190	1749		1/13/2015	22	99215			1749	1154457091	263.00	126.36	99.07
0215021817930	b(6)	1437292927	2/4/2015	0888317120	1749		1/20/2015	22	99215			1749	1154457091	263.00	126.36	99.07
0215047356500	b(6)	1437292927	3/2/2015	0888408868	1748	V860	1/28/2015	22	14000	51		1748	1154457091	3208.00	299.07	234.47
0215047356500	b(6)	1437292927	3/2/2015	0888408868	1748	V860	1/28/2015	22	19301	RT		1748	1154457091	1410.00	730.18	572.46
0214275207010	b(6)	1437292927	10/15/2014	0887914858	19881	1991	9/30/2014	22	99205			19881	1154457091	458.00	190.78	149.57
0914336010970	b(6)	1437292927	1/20/2015	0888256261	19881	1991	11/25/2014	22	99214			19881	1154457091	186.00	89.19	70.00
9613148749910	b(6)	1437292927	6/7/2013	0886100736	6101		4/23/2013	11	99213			6101	1154457091	121.00	86.81	1.02
0212146381980	b(6)	1437292927	6/8/2012	0884892836	6101		5/24/2012	11	99213			6101	1154457091	230.00	82.82	66.26
0213007360580	b(6)	1437292927	1/22/2013	0885598704	6101		12/20/2012	11	99213	GC		6101	1154457091	230.00	82.82	66.26
9714104903244	b(6)	1437292927	5/27/2014	0887383236	79389		10/18/2012	22	99205			79389	1154457091	653.00	180.11	144.09
9714104903940	b(6)	1437292927	6/3/2014	0887411316	1749	2330	11/1/2012	22	99215			1749	1154457091	458.00	119.56	95.65
9714104903426	b(6)	1437292927	5/28/2014	0887390792	1749		11/8/2012	22	99215			1749	1154457091	458.00	119.56	95.65
0911273362860	b(6)	1437292927	10/14/2011	0884210301	78650		9/27/2011	22	99204			78650	1154457091	530.00	139.82	111.86
0911153324660	b(6)	1437292927	6/16/2011	0883821625	6101		2/10/2011	22	99204			6101	1154457091	305.00	139.82	111.86
9714104901151	b(6)	1437292927	5/5/2014	0887304753	61179		3/1/2012	22	99213			61179	1154457091	230.00	55.34	44.27
0911073458850	b(6)	1437292927	3/28/2011	0883575412	6101		3/10/2011	22	99213			6101	1154457091	132.00	54.90	43.92
0911168238200	b(6)	1437292927	7/1/2011	0883870131	6101		6/14/2011	22	99213			6101	1154457091	132.00	54.90	43.92
0211340851730	b(6)	1437292927	12/20/2011	0884412257	61179		11/29/2011	22	99213			61179	1154457091	230.00	54.90	43.92
0911087492480	b(6)	1437292927	4/4/2011	0502287009	61179		2/2/2010	22	99213			61179	1154457091	132.00	0.00	0.00
0910334035710	b(6)	1437292927	12/14/2010	0883301728	6101		11/16/2010	22	99213			6101	1154457091	132.00	54.70	43.76
9613136745180	b(6)	1437292927	5/29/2013	0886062967	6101		2/7/2013	11	99213			6101	1154457091	121.00	86.81	21.30
0216221740370	b(6)	1437292927	8/22/2016	0890451982	N644	N6011	7/28/2016	22	99214			(Null)	1154457091	186.00	89.34	70.04
0913248241600	b(6)	1437292927	9/19/2013	0886463782	6101		8/29/2013	22	99214			6101	1154457091	186.00	86.29	67.65
0911090273650	b(6)	1437292927	4/14/2011	0883630106	6101		1/25/2011	22	99213	GC		6101	1154457091	132.00	54.90	43.92
0911210849980	b(6)	1437292927	8/11/2011	0883999859	6101		7/26/2011	22	99213			6101	1154457091	221.00	54.90	43.92
0911060246400	b(6)	1437292927	3/15/2011	0883537661	2330		9/9/2010	22	99204			2330	1154457091	305.00	138.53	110.82
0911067306560	b(6)	1437292927	3/11/2011	0777777777	2330		9/9/2010	22	99204			2330	1154457091	305.00	0.00	0.00
0910273481860	b(6)	1437292927	10/14/2010	0883146455	2330		9/20/2010	22	19125	RT		2330	1154457091	2054.00	468.55	374.92
0910273481860	b(6)	1437292927	10/14/2010	0883146455	2330		9/20/2010	22	19126	59		2330	1154457091	962.00	167.30	133.84

ICN	HICN	Billing NP1	Paid Date	Check #	DX 1	DX 2	From DOS	POS	Procedure	Mod1	Mod2	Primar	Revd	NP1	Billed Amt	Allowed	Paid Amt
0911048275890	b(6)	1437292927	2/24/2011	0501064340	79380		9/28/2010	22	99213			79380	1154457091		132.00	0.00	0.00
8311038373730	b(6)	1437292927	3/2/2011	0883502942	2330		10/11/2010	21	38500	RT	GC	2330	1154457091		1199.00	265.67	212.54
8311038373730	b(6)	1437292927	3/2/2011	0883502942	2330		10/11/2010	21	19303	58	RT	2330	1154457091		2775.00	1020.50	816.46
0911083196770	b(6)	1437292927	3/30/2011	0502334449	6101		11/30/2010	22	99213			6101	1154457091		132.00	0.00	0.00
9613148862820	b(6)	1437292927	6/5/2013	0886090118	61172		4/25/2013	11	99205	GC		61172	1154457091		458.00	236.89	185.72
9613135740510	b(6)	1437292927	5/23/2013	0886045229	6101		2/21/2013	11	99213			6101	1154457091		121.00	86.81	69.45
0911284209560	b(6)	1437292927	10/25/2011	0884244920	61179		10/6/2011	22	99203			61179	1154457091		354.00	82.71	66.17
0911153324640	b(6)	1437292927	6/16/2011	0883821625	6101	61172	5/31/2011	22	99204			6101	1154457091		305.00	139.82	111.86
0911186519410	b(6)	1437292927	7/18/2011	0883916928	6101	61171	6/30/2011	22	99213	GC		6101	1154457091		221.00	54.90	43.92
0911293078440	b(6)	1437292927	11/3/2011	0884277427	61171		10/18/2011	22	99213			61171	1154457091		230.00	54.90	43.92
0910305560780	b(6)	1437292927	11/15/2010	0883228858	1749		9/7/2010	22	99213			1749	1154457091		132.00	54.70	43.76
0911048275870	b(6)	1437292927	3/3/2011	0883506892	1749	79381	9/30/2010	22	99213			1749	1154457091		132.00	54.70	43.76
0910294271580	b(6)	1437292927	11/4/2010	0883203824	79389	1744	10/6/2010	22	19125	59	RT	79389	1154457091		2054.00	234.33	187.46
0910294271580	b(6)	1437292927	11/4/2010	0883203824	79389	1744	10/6/2010	22	19301	RT	GC	1744	1154457091		1325.00	659.81	527.85
0910294271580	b(6)	1437292927	11/4/2010	0883203824	79389	1744	10/6/2010	22	38525	51	RT	1744	1154457091		1658.00	225.04	180.03
9610251275290	b(6)	1437292927	9/15/2011	0454982922	1749		4/8/2010	22	99213			1749	1154457091		132.00	53.52	42.82
9610244010110	b(6)	1437292927	9/12/2011	0884099415	1748		4/12/2010	22	19301	RT	GC	1748	1154457091		1325.00	645.60	516.48
9610244010110	b(6)	1437292927	9/12/2011	0884099415	1748		4/12/2010	22	38525	51	GC	1748	1154457091		1658.00	220.20	176.16
0913225280320	b(6)	1437292927	8/27/2013	0886383634	1749		8/8/2013	22	99205	GC		1749	1154457091		458.00	189.58	144.71
0213259122940	b(6)	1437292927	9/27/2013	0886493322	1749	79389	9/12/2013	22	99215			1749	1154457091		263.00	121.62	95.35
0913273036160	b(6)	1437292927	10/22/2013	0886581573	1749		9/26/2013	22	99215	GC		1749	1154457091		263.00	121.62	95.35
0213305550400	b(6)	1437292927	11/15/2013	0886685194	1749		10/22/2013	22	99214			1749	1154457091		186.00	86.29	67.65
0213364376100	b(6)	1437292927	1/20/2014	0777777777	V5041	1749	11/6/2013	21	19303	59	RT	(Null)	1154457091		3470.00	0.00	0.00
0913343402140	b(6)	1437292927	12/23/2013	0886817084	1749	V5041	11/6/2013	21	38500	51	LT	1749	1154457091		6370.00	144.29	113.12
0913343402140	b(6)	1437292927	12/23/2013	0886817084	1749	V5041	11/6/2013	21	19303	59	RT	(Null)	1154457091		3470.00	0.00	0.00
0913343402140	b(6)	1437292927	12/23/2013	0886817084	1749	V5041	11/6/2013	21	19303	LT	GC	1749	1154457091		3470.00	1121.85	879.53
1014071159670	b(6)	1437292927	3/20/2014	0777777777	V5041	1749	11/6/2013	21	19303	RT	GC	(Null)	1154457091		3470.00	0.00	0.00
0216141581680	b(6)	1437292927	6/3/2016	0890157581	C5091	N63	5/19/2016	22	99205			(Null)	1154457091		458.00	190.99	149.73
0216160465290	b(6)	1437292927	6/22/2016	0890223673	C5091	2853	6/2/2016	22	99215			(Null)	1154457091		263.00	126.39	99.09
0216173591900	b(6)	1437292927	7/5/2016	0890266751	C5041	D0512	6/6/2016	22	19307	LT		(Null)	1154457091		3924.00	1349.01	1057.63
0911216280440	b(6)	1437292927	8/18/2011	0884023132	6101		8/2/2011	22	99213			6101	1154457091		221.00	54.90	43.92
9714104902503	b(6)	1437292927	5/16/2014	0887352464	6101		8/14/2012	22	99204	GC		6101	1154457091		530.00	140.39	112.31
9613130789600	b(6)	1437292927	5/20/2013	0896028578	217	6108	1/2/2013	22	19125	RT	GC	217	1154457091		3742.00	519.80	415.84

ICN	HICN	Billing NP1	Paid Date	Check #	DX 1	DX 2	From DOS	POS	Procedure	Mod1	Mod2	Primar	Revd	NP1	Billed Amt	Allowed	Paid Amt
0215028918430	b(6)	1437292927	2/11/2015	0888343879	6101		1/27/2015	22	99215			6101	1154457091		263.00	126.36	99.07
9714104903740	b(6)	1437292927	5/30/2014	0887401189	6108	217	12/11/2012	22	99204			6108	1154457091		530.00	140.39	112.31
9614080702280	b(6)	1437292927	4/2/2014	0887174033	6101		1/2/2014	22	99213	GC		6101	1154457091		121.00	58.03	0.91
9714104903569	b(6)	1437292927	5/28/2014	0887390792	2330		11/20/2012	22	99205			2330	1154457091		653.00	180.11	144.06
9714104903670	b(6)	1437292927	5/29/2014	0887396047	2330	7856	11/29/2012	22	99214	GC		2330	1154457091		345.00	85.01	68.01
0213009438380	b(6)	1437292927	1/23/2013	0885604771	2330		12/17/2012	22	19301	RT		2330	1154457091		1370.00	699.22	559.38
0214199868020	b(6)	1437292927	8/1/2014	0887636315	6101		7/17/2014	22	99213			6101	1154457091		121.00	58.03	45.49
0216063750230	b(6)	1437292927	3/17/2016	0889853219	D0511		2/18/2016	22	99205			(Null)	1154457091		458.00	190.99	149.73
0216082768520	b(6)	1437292927	4/5/2016	0889922959	C5081D0511		3/9/2016	22	19301	RT		(Null)	1154457091		1452.00	732.90	574.59
0216118897180	b(6)	1437292927	5/11/2016	0890068980	D0511	D241	4/5/2016	22	38500	78	51	(Null)	1154457091		8067.00	232.00	181.89
0216118897180	b(6)	1437292927	5/11/2016	0890068980	D0511	D241	4/5/2016	22	19301	78	RT	(Null)	1154457091		1452.00	520.36	407.96
9610241434810	b(6)	1437292927	9/12/2011	0884099415	1749		4/14/2010	21	19303	LT	GC	1749	1154457091		2775.00	998.53	798.82
0911074406830	b(6)	1437292927	3/29/2011	0883579655	6101		12/21/2010	22	99213			6101	1154457091		132.00	54.70	43.76
0910362233330	b(6)	1437292927	1/12/2011	0883374217	6101		12/23/2010	22	99213			6101	1154457091		132.00	54.70	43.76
0216014769070	b(6)	1437292927	1/21/2016	0528567554	N6019		1/12/2016	22	99213			(Null)	1154457091		92.00	58.12	0.00
0215126766370	b(6)	1437292927	5/20/2015	0888714031	6101		5/5/2015	22	99213			6101	1154457091		121.00	57.89	45.38
0214302814580	b(6)	1437292927	11/12/2014	0888023930	6101		10/28/2014	22	99213			6101	1154457091		121.00	58.03	45.49
9714104901152	b(6)	1437292927	5/2/2014	0887299493	1749		3/1/2012	22	99205	GC		1749	1154457091		653.00	180.11	144.09
9714104901251	b(6)	1437292927	5/2/2014	0887299493	1749		3/13/2012	22	99214	GC		1749	1154457091		345.00	85.01	68.01
0212122645510	b(6)	1437292927	5/15/2012	0884816889	1744		4/4/2012	22	19301	LT	GC	1744	1154457091		1370.00	699.22	559.38
0212122645510	b(6)	1437292927	5/15/2012	0884816889	1744		4/4/2012	22	38500	51	LT	1744	1154457091		6187.00	139.76	111.81
0213135309760	b(6)	1437292927	5/29/2013	0886062967	6101		5/14/2013	22	99213			6101	1154457091		121.00	55.88	43.81
9714104902505	b(6)	1437292927	5/16/2014	0887352464	1749		8/14/2012	22	99214	GC		1749	1154457091		345.00	85.01	68.01
9714104903139	b(6)	1437292927	5/27/2014	0887383236	99813		10/9/2012	22	99213			99813	1154457091		230.00	55.34	44.27
9714104903276	b(6)	1437292927	5/27/2014	0887383236	9220		10/18/2012	22	10160			9220	1154457091		540.00	110.77	88.62
0215007562720	b(6)	1437292927	1/20/2015	0522822501	1749		1/6/2015	22	99214	GC		1749	1154457091		186.00	89.22	0.00
0215034757920	b(6)	1437292927	2/17/2015	0888359751	1742		1/14/2015	22	19301	LT	GC	1742	1154457091		1410.00	730.18	572.46
0215034757920	b(6)	1437292927	2/17/2015	0888359751	1742		1/14/2015	22	38500	51	LT	1742	1154457091		7152.00	144.89	113.59
9714104901210	b(6)	1437292927	5/5/2014	0887304753	6108		3/8/2012	22	99204			6108	1154457091		530.00	140.39	112.31
0212122645550	b(6)	1437292927	5/15/2012	0884816889	79380	6108	4/4/2012	22	19301	LT	GC	79380	1154457091		1370.00	699.22	559.38
0212167408990	b(6)	1437292927	6/22/2012	0509008030	6108		6/12/2012	11	99213	GC		6108	1154457091		230.00	0.00	0.00
0215001338880	b(6)	1437292927	1/15/2015	0888247186	1749		12/23/2014	22	99215	GC		1749	1154457091		263.00	125.85	98.67
0214344821520	b(6)	1437292927	12/24/2014	0888177431	2330	1749	6/19/2014	22	99215	GC		2330	1154457091		263.00	125.85	98.67

ICN	HICN	Billing NPI	Paid Date	Check #	DX 1	DX 2	From DOS	POS	Procedure	Mod1	Mod2	Primary	Reud	NPI	Billed Amt	Allowed	Paid Amt
0914184684270	b(6)	1437292927	7/14/2014	0519751537	2330	1749	6/19/2014	22	99215	GC		2330	1154457091		263.00	0.00	0.00
0214234804370	b(6)	1437292927	9/8/2014	0887770753	V5882	1742	7/9/2014	22	36590	51	GC	(Null)	1154457091		1730.00	117.83	92.37
0214234804370	b(6)	1437292927	9/8/2014	0887770753	V5882	1742	7/9/2014	22	19301	LT	GC	1742	1154457091		1410.00	728.82	571.40
0914218112570	b(6)	1437292927	8/12/2014	0519751537	V5882	1742	7/9/2014	22	36590	51	GC	(Null)	1154457091		1730.00	0.00	0.00
0914218112570	b(6)	1437292927	8/12/2014	0519751537	V5882	1742	7/9/2014	22	19301	LT	GC	1742	1154457091		1410.00	0.00	0.00
9714104902609	b(6)	1437292927	5/19/2014	0887357700	2330		8/23/2012	22	99205			2330	1154457091		653.00	180.11	144.09
0217032814450	b(6)	1437292927	3/2/2017	0891153581	C50912		1/17/2017	22	99205			(Null)	1154457091		458.00	191.74	150.32
0217041661960	b(6)	1437292927	3/2/2017	0891153581	C5021	Z171	2/1/2017	22	19301	LT		(Null)	1154457091		1452.00	732.67	574.42
0217041661960	b(6)	1437292927	3/2/2017	0891153581	C5021	Z171	2/1/2017	22	38525	51	LT	(Null)	1154457091		1277.00	249.15	195.33
0216257579490	b(6)	1437292927	9/27/2016	0890584228	C50912		8/11/2016	22	99205			(Null)	1154457091		458.00	190.99	149.73
9714104902568	b(6)	1437292927	5/19/2014	0887357700	1749		8/2/2012	22	99205	GC		1749	1154457091		653.00	180.11	144.09
9714104902502	b(6)	1437292927	5/16/2014	0887352464	1749		8/14/2012	22	99215			1749	1154457091		458.00	119.56	95.65
0212256405220	b(6)	1437292927	9/26/2012	0885235000	1744	2330	8/22/2012	22	19301	LT	GC	1744	1154457091		1370.00	699.22	559.38
0212256405220	b(6)	1437292927	9/26/2012	0885235000	1744	2330	8/22/2012	22	38525	51	GC	1744	1154457091		1206.00	238.66	190.93
0913252508800	b(6)	1437292927	9/23/2013	0886473580	6101		8/29/2013	22	99213			6101	1154457091		121.00	55.88	43.81
0915261141780	b(6)	1437292927	10/2/2015	0889239850	1749		9/17/2015	22	99205	GC		1749	1154457091		458.00	191.68	150.27
0215278470340	b(6)	1437292927	10/19/2015	0889305915	C50912		10/1/2015	22	99215	GC		(Null)	1154457091		263.00	126.99	99.56
0915322098230	b(6)	1437292927	12/2/2015	0889473491	C5041	C773	10/26/2015	22	38525	51	LT	(Null)	1154457091		1277.00	249.11	195.30
0915322098230	b(6)	1437292927	12/2/2015	0889473491	C5041	C773	10/26/2015	22	19303	LT	GC	(Null)	1154457091		3574.00	1133.50	888.66
0915041171500	b(6)	1437292927	3/2/2015	0888408868	1749	79389	2/6/2015	22	99205	GC		1749	1154457091		458.00	190.72	149.53
0213326526690	b(6)	1437292927	12/6/2013	0886765096	1749		11/21/2013	22	99205			1749	1154457091		458.00	184.58	144.71
0911040081890	b(6)	1437292927	2/23/2011	0883482902	6101		11/9/2010	22	99213			6101	1154457091		221.00	54.70	43.76
0916089020810	b(6)	1437292927	3/23/2016	0889874937	D0512	Z171	2/24/2016	22	19301	LT		(Null)	1154457091		1452.00	732.90	574.59
0216229426220	b(6)	1437292927	8/30/2016	0890483321	N6011	N6012	8/9/2016	22	99213			(Null)	1154457091		92.00	58.12	45.57
0216006835990	b(6)	1437292927	1/20/2016	0889645324	H8109	R928	11/19/2015	22	99204			(Null)	1154457091		371.00	147.66	115.77
0917020043240	b(6)	1437292927	2/3/2017	0891061124	N6489		1/11/2017	22	19125	LT	GC	(Null)	1154457091		4238.00	521.41	408.79
0917026110730	b(6)	1437292927	2/9/2017	0891081740	N6092		12/15/2016	22	99204			(Null)	1154457091		371.00	147.13	115.35
0217010737730	b(6)	1437292927	1/24/2017	0891024015	C50912		10/4/2016	22	99215			(Null)	1154457091		263.00	126.39	99.09
0216323552500	b(6)	1437292927	12/2/2016	0890846658	C50912		10/27/2016	22	99215			(Null)	1154457091		263.00	126.39	99.09
0216323552510	b(6)	1437292927	12/2/2016	0890846658	C5081	Z170	10/31/2016	22	38525	51	LT	(Null)	1154457091		1277.00	248.92	195.16
0216323552510	b(6)	1437292927	12/2/2016	0890846658	C5081	Z170	10/31/2016	22	19301	LT		(Null)	1154457091		1452.00	732.90	574.59
0911105345230	b(6)	1437292927	4/29/2011	0883678518	79380		1/11/2011	22	99213			79380	1154457091		132.00	54.90	43.92
0911108536860	b(6)	1437292927	5/9/2011	0883703310	79381		1/12/2011	22	19301	59	LT	79381	1154457091		1325.00	340.76	272.61

ICN	HICN	Billing NPI	Paid Date	Check #	DX 1	DX 2	From DOS	POS	Procedure	Mod1	Mod2	Primar	Reud	NPI	Billed Amt	Allowed	Paid Amt
0911108536860	b(6)	1437292927	5/9/2011	0883703310	79381		1/12/2011	22	19301	LT		79381	1154457091	1325.00	681.51	545.21	
0911105345240	b(6)	1437292927	4/29/2011	0883678518	99859		2/1/2011	22	99212	24		99859	1154457091	141.00	28.01	22.41	
0911105345220	b(6)	1437292927	4/29/2011	0883678518	79380	6101	12/16/2010	22	99204	GC		79380	1154457091	305.00	138.53	110.82	
0215273852940	b(6)	1437292927	10/14/2015	0889282927	7856		9/29/2015	22	99205	GC		7856	1154457091	458.00	191.68	150.28	
0215084851760	b(6)	1437292927	4/8/2015	0888546105	79380		3/24/2015	22	99205			79380	1154457091	458.00	190.72	149.53	
9714104902297	b(6)	1437292927	5/14/2014	0887341986	1749		7/24/2012	22	99205			1749	1154457091	653.00	180.11	144.09	
0212234550790	b(6)	1437292927	9/4/2012	0885162552	1745	6101	7/30/2012	21	19303	50	GC	1745	1154457091	6740.00	1620.72	1296.58	
0212234550790	b(6)	1437292927	9/4/2012	0885162552	1745	6101	7/30/2012	21	38525	51	GC	1745	1154457091	1206.00	238.66	190.93	
0913252509120	b(6)	1437292927	9/23/2013	0886473580	6101		8/29/2013	22	99213			6101	1154457091	121.00	55.88	43.81	
0213007360620	b(6)	1437292927	1/22/2013	0885598704	6101		12/20/2012	11	99213			6101	1154457091	230.00	82.82	66.26	
0911091267040	b(6)	1437292927	4/15/2011	0883634186	79380		2/1/2011	22	99204			79380	1154457091	305.00	139.82	111.86	
0911102289980	b(6)	1437292927	4/26/2011	0883655930	61172	79380	2/22/2011	22	99213	GC		61172	1154457091	132.00	54.90	43.92	
0911087488910	b(6)	1437292927	4/11/2011	0883617530	6101	79381	3/7/2011	22	19125	RT		6101	1154457091	2054.00	485.50	388.40	
9714104902357	b(6)	1437292927	5/14/2014	0887341986	6101		7/5/2012	22	99213	GC		6101	1154457091	230.00	55.34	44.27	
0214199867990	b(6)	1437292927	8/1/2014	0887636315	6101		7/17/2014	22	99213	GC		6101	1154457091	121.00	58.03	45.49	
0913252508790	b(6)	1437292927	9/23/2013	0886473580	6101		8/15/2013	22	99213			6101	1154457091	121.00	55.88	43.81	
0215243893510	b(6)	1437292927	9/14/2015	0889163590	6101		8/18/2015	22	99213			6101	1154457091	121.00	58.18	45.61	
0910305560710	b(6)	1437292927	11/15/2010	0883228858	79380		9/14/2010	22	99215			79380	1154457091	267.00	119.05	95.24	
0211147852270	b(6)	1437292927	6/10/2011	0883805450	1749		3/3/2011	22	99214			1749	1154457091	200.00	84.59	67.67	
8314059006240	b(6)	1437292927	4/22/2014	0887249544	79380		3/10/2011	22	99214			79380	1154457091	334.00	84.59	67.67	
0215243893530	b(6)	1437292927	9/14/2015	0889163590	217		6/30/2015	22	99205			217	1154457091	458.00	190.72	149.53	
0215259697770	b(6)	1437292927	9/30/2015	0889228245	217		9/1/2015	22	99214			217	1154457091	186.00	89.66	70.30	
0215264364740	b(6)	1437292927	10/5/2015	0889246231	217	W4382	9/2/2015	22	19125	RT	GC	217	1154457091	4238.00	522.01	409.26	
0214164882020	b(6)	1437292927	6/27/2014	0887508178	1749		6/12/2014	22	99205			1749	1154457091	458.00	190.78	149.57	
0216277900450	b(6)	1437292927	10/17/2016	0890663208	C50911		9/20/2016	22	99214			(Null)	1154457091	186.00	89.34	70.04	
0214275206970	b(6)	1437292927	10/15/2014	0887914858	6111		9/30/2014	22	99205			6111	1154457091	458.00	190.78	149.57	
0214300432730	b(6)	1437292927	11/10/2014	0888018087	6111		10/13/2014	22	19125	LT		6111	1154457091	4197.00	518.77	406.72	
0213126365270	b(6)	1437292927	5/20/2013	0886028578	1749		4/19/2013	22	99205	GC		1749	1154457091	458.00	184.58	144.71	
0213130332640	b(6)	1437292927	5/24/2013	0886050481	1749		4/30/2013	22	99215			1749	1154457091	263.00	121.62	95.35	
0213116281960	b(6)	1437292927	5/14/2013	0512506159	6101		4/25/2013	11	99213			6101	1154457091	121.00	0.00	0.00	
0914121117680	b(6)	1437292927	5/7/2014	0517870660	6101		4/29/2014	22	99213			6101	1154457091	121.00	58.03	0.00	
0911227501070	b(6)	1437292927	8/29/2011	0884054979	6101		8/11/2011	22	99213			6101	1154457091	221.00	54.90	43.92	
9714104902564	b(6)	1437292927	5/19/2014	0887357700	6101		8/16/2012	22	99214	GC		6101	1154457091	345.00	85.01	68.01	

ICN	HICN	Billing NPI	Paid Date	Check #	DX 1	DX 2	From DOS	POS	Procedure	Mod1	Mod2	Primar	Reud	NPI	Billed Amt	Allowed	Paid Amt
0915274206800	b(6)	1437292927	10/15/2015	0889291928	V103	V4571	9/29/2015	22	99213			(Null)	1154457091		92.00	58.18	45.61
9610240087950	b(6)	1437292927	9/8/2011	0884089233	79381	7856	3/9/2010	22	99204			79381	1154457091		305.00	135.54	108.43
0215082793600	b(6)	1437292927	4/6/2015	0888533543	6101		3/10/2015	22	99213			6101	1154457091		121.00	57.89	45.38
0216112750840	b(6)	1437292927	5/5/2016	0890046801	N6011N6012		4/7/2016	22	99213			(Null)	1154457091		92.00	58.12	45.57
0911122516980	b(6)	1437292927	5/16/2011	0883724946	6101		4/19/2011	22	99213	GC		6101	1154457091		132.00	54.90	43.92
0910305561890	b(6)	1437292927	11/15/2010	0883228858	7856		8/5/2010	22	99213			7856	1154457091		132.00	54.70	43.76
0913254128940	b(6)	1437292927	9/25/2013	0886486209	6101		9/10/2013	22	99213			6101	1154457091		121.00	55.88	43.81
0214086039200	b(6)	1437292927	4/2/2014	0518533407	6101		3/18/2014	22	99213	GC		6101	1154457091		121.00	58.03	0.00
0215243893600	b(6)	1437292927	9/14/2015	0889163590	6101		6/25/2015	22	99213			6101	1154457091		121.00	57.89	45.38
0911053155950	b(6)	1437292927	3/8/2011	0883518102	6101		12/2/2010	22	99213			6101	1154457091		132.00	54.70	43.76
0915261141800	b(6)	1437292927	10/2/2015	0889239850	2330	V103	9/25/2015	22	99205			2330	1154457091		458.00	191.68	150.27
0215314729810	b(6)	1437292927	11/24/2015	0889447336	Z853	D0512	10/29/2015	22	99215			(Null)	1154457091		263.00	126.99	99.56
09153322098250	b(6)	1437292927	12/2/2015	0889473491	D0512Z4001		11/9/2015	22	19303	RT	LT	(Null)	1154457091		7148.00	1133.50	888.66
0916244109650	b(6)	1437292927	9/14/2016	0890540438	C5091	Z170	8/23/2016	22	99205			(Null)	1154457091		458.00	190.99	149.73
0216263751600	b(6)	1437292927	10/3/2016	0890607760	C50911		9/13/2016	22	99215			(Null)	1154457091		263.00	126.39	99.09
0916291207570	b(6)	1437292927	10/31/2016	0890719405	C5081	Z170	10/3/2016	22	38525	51	RT	(Null)	1154457091		1277.00	248.92	195.16
0916291207570	b(6)	1437292927	10/31/2016	0890719405	C5081	Z170	10/3/2016	22	19301	RT	GC	(Null)	1154457091		1452.00	732.90	574.59
9716090900306	b(6)	1437292927	4/5/2016	0529854853	D0591		1/12/2016	22	99215			(Null)	1154457091		263.00	0.00	0.00
9716090900307	b(6)	1437292927	4/7/2016	0460201766	C5031	Z170	1/13/2016	22	19301	RT		(Null)	1154457091		1452.00	732.90	475.51
0216014764850	b(6)	1437292927	1/28/2016	0889674857	D0591		12/4/2015	22	99205			(Null)	1154457091		458.00	191.68	150.27
0216141585730	b(6)	1437292927	5/26/2016	0531050126	N6011N6012		5/19/2016	22	99213			(Null)	1154457091		92.00	58.12	0.00
0215314729780	b(6)	1437292927	11/24/2015	0889447336	R921	R928	10/29/2015	22	99204	GC		(Null)	1154457091		371.00	147.66	115.77
9714104902239	b(6)	1437292927	5/13/2014	0887336087	7821		7/17/2012	22	99204	GC		7821	1154457091		530.00	140.39	112.31
0911171305580	b(6)	1437292927	7/5/2011	0883875351	6101		6/16/2011	22	99212			6101	1154457091		84.00	28.01	22.41
0213310514330	b(6)	1437292927	11/20/2013	0886702954	6101		11/5/2013	22	99213	GC		6101	1154457091		121.00	55.88	43.81
0214338614980	b(6)	1437292927	12/18/2014	0888155334	6101		11/6/2014	22	99213			6101	1154457091		121.00	58.03	45.49
9714104903425	b(6)	1437292927	5/28/2014	0887390792	6101		11/8/2012	22	99213			6101	1154457091		230.00	55.34	44.27
0215315722830	b(6)	1437292927	11/25/2015	0889452905	N6011N6012		11/10/2015	22	99213			(Null)	1154457091		92.00	58.18	45.61
0210349871620	b(6)	1437292927	12/29/2010	0883339246	6101		11/30/2010	22	99213			6101	1154457091		132.00	54.70	43.76
1012021168090	b(6)	1437292927	2/1/2012	0884508317	61179		12/22/2011	22	99213	GC		61179	1154457091		230.00	54.90	43.92
0216273474560	b(6)	1437292927	10/13/2016	0890648598	N6011N6012		8/23/2016	22	99213			(Null)	1154457091		92.00	58.12	45.57
0217054886200	b(6)	1437292927	3/9/2017	0891178252	C50912		1/24/2017	22	99205			(Null)	1154457091		458.00	191.74	150.32
0217058900440	b(6)	1437292927	3/13/2017	0891188685	C5051	Z170	2/8/2017	22	38525	51	LT	(Null)	1154457091		1277.00	249.15	195.33

ICN	HICN	Billing NPI	Paid Date	Check #	DX 1	DX 2	From DOS	POS	Procedure	Mod1	Mod2	Primar	Reud NPI	Billed Amt	Allowed	Paid Amt
0217058900440	b(6)	1437292927	3/13/2017	089118685	C5051	Z170	2/8/2017	22	19301	LT	GC	(Null)	1154457091	1452.00	732.67	574.42
9714104902295	b(6)	1437292927	5/14/2014	0887341986	6101		7/24/2012	22	99213			6101	1154457091	230.00	55.34	44.27
0911210849940	b(6)	1437292927	8/11/2011	0883999859	6101		7/26/2011	22	99213	GC		6101	1154457091	221.00	54.90	43.92
0216055566860	b(6)	1437292927	3/9/2016	0889821522	C50911		2/4/2016	22	99205			(Null)	1154457091	458.00	190.99	149.73
9613128788550	b(6)	1437292927	5/16/2013	0886019263	2330	2720	1/24/2013	11	99205			2330	1154457091	458.00	236.89	189.51
9613136745170	b(6)	1437292927	5/24/2013	0886054481	2330		2/7/2013	11	99215	GC		2330	1154457091	263.00	168.48	134.78
9613143797810	b(6)	1437292927	6/3/2013	0886079053	2330		2/20/2013	22	38525	51	LT	2330	1154457091	1206.00	248.02	198.42
9613143797810	b(6)	1437292927	6/3/2013	0886079053	2330		2/20/2013	22	19303	LT	GC	2330	1154457091	3370.00	1121.85	897.48
9613135740520	b(6)	1437292927	5/28/2013	0886055230	61189		2/28/2013	11	99213	24		61189	1154457091	121.00	86.81	69.45
9613141870500	b(6)	1437292927	5/30/2013	0512963982	99812		3/5/2013	11	99213			99812	1154457091	121.00	0.00	0.00
9613137718750	b(6)	1437292927	5/30/2013	0512963582	61189		3/12/2013	11	99213	24		61189	1154457091	121.00	0.00	0.00
0214111468790	b(6)	1437292927	5/5/2014	0887304753	6101		4/17/2014	22	99213			6101	1154457091	121.00	58.03	45.49
1012009753240	b(6)	1437292927	1/13/2012	0506359404	61179		1/5/2012	22	99213			61179	1154457091	230.00	55.34	0.00
0911025359640	b(6)	1437292927	2/8/2011	0883442786	79389		1/18/2011	22	99204			79389	1154457091	305.00	139.82	111.86
0911047355750	b(6)	1437292927	3/2/2011	0883502942	61172		2/2/2011	22	19125	RT		61172	1154457091	2054.00	485.50	388.40
9714104902358	b(6)	1437292927	5/14/2014	0887341986	6101		7/5/2012	22	99213	GC		6101	1154457091	230.00	55.34	44.27
0214057830410	b(6)	1437292927	3/12/2014	0887094981	2330		3/10/2013	22	19301	58	LT	2330	1154457091	1370.00	726.45	581.16
0913225280310	b(6)	1437292927	8/27/2013	0886383634	2330		8/8/2013	22	99205			2330	1154457091	458.00	184.58	144.71
0913241252940	b(6)	1437292927	9/12/2013	0886444710	7576		8/20/2013	22	99214			7576	1154457091	186.00	86.29	67.65
0213267721340	b(6)	1437292927	10/8/2013	0886529720	2330		8/26/2013	22	19125	LT		2330	1154457091	3742.00	519.80	407.52
0913247325940	b(6)	1437292927	9/23/2013	0514959341	2330		9/3/2013	22	99024			2330	1154457091	10.00	0.00	0.00
0214302814540	b(6)	1437292927	11/12/2014	0888023930	6101		10/28/2014	22	99213	GC		6101	1154457091	121.00	58.03	45.49
0215040693050	b(6)	1437292927	2/13/2015	0522475239	6101		2/5/2015	22	99213			6101	1154457091	121.00	57.89	0.00
9714104902610	b(6)	1437292927	5/19/2014	0887357700	6101	V1641	8/23/2012	22	99215			6101	1154457091	458.00	119.56	95.65
0216035803810	b(6)	1437292927	2/18/2016	0889748514	D0512		1/19/2016	22	99215			(Null)	1154457091	263.00	126.39	99.09
0216110685460	b(6)	1437292927	5/3/2016	0890036036	D0512	D242	4/8/2016	22	19301	LT		(Null)	1154457091	1452.00	732.90	574.59
0216133552220	b(6)	1437292927	5/26/2016	0890128360	D0512		5/9/2016	22	19301	78	LT	(Null)	1154457091	1452.00	520.36	407.96
0911192581000	b(6)	1437292927	7/25/2011	0883939734	61171		7/7/2011	22	99213	GC		61171	1154457091	221.00	54.90	43.92
0213340827930	b(6)	1437292927	12/20/2013	0886812057	79389	6101	11/12/2013	22	99214			79389	1154457091	186.00	86.29	67.65
9714104901447	b(6)	1437292927	5/7/2014	0887314959	1749	V103	4/3/2012	22	99205			1749	1154457091	653.00	180.11	144.09
0214111468800	b(6)	1437292927	5/5/2014	0887304753	6101		4/15/2014	22	99213			6101	1154457091	121.00	58.03	45.49
9714104901646	b(6)	1437292927	5/8/2014	0887319853	1749		4/26/2012	22	99213	GC		1749	1154457091	230.00	55.34	44.27
0212138482830	b(6)	1437292927	5/31/2012	0884866407	1749		5/7/2012	21	19303	LT	GC	1749	1154457091	3370.00	1080.48	864.38

TCN	HCN	Billing NPI	Paid Date	Check #	DX 1	DX 2	From DOS	POS	Procedure	Mod1	Mod2	Primary	Revd	NPI	Billed Amt	Allowed	Paid Amt
0213128235860	b(6)	1437292927	5/22/2013	0886039629	6101		5/7/2013	22	99214			6101	1154457091		186.00	86.29	67.65
0213140419250	b(6)	1437292927	6/3/2013	0886079053	6101		5/16/2013	22	99213	GC		6101	1154457091		121.00	55.88	43.81
0212151497810	b(6)	1437292927	6/13/2012	0884904087	99813		5/24/2012	11	10160	79		99813	1154457091		540.00	154.02	123.22
0212151497820	b(6)	1437292927	6/13/2012	0884904087	99813		5/25/2012	11	10160	79		99813	1154457091		540.00	154.02	123.22
0212157440450	b(6)	1437292927	6/19/2012	0884921734	99813		5/29/2012	11	10160	78		99813	1154457091		540.00	123.22	98.58
0212163295570	b(6)	1437292927	6/25/2012	0884939524	99813		6/7/2012	11	10160	78		99813	1154457091		540.00	123.22	98.58
9714104900645	b(6)	1437292927	4/23/2014	0887256348	99813		7/3/2012	22	10160	78		99813	1154457091		540.00	88.62	70.90
9714104902506	b(6)	1437292927	5/16/2014	0887352464	6101		8/14/2012	22	99213			6101	1154457091		230.00	55.34	44.27
9613126884890	b(6)	1437292927	5/16/2013	0886019263	61189		1/8/2013	11	99205	GC		61189	1154457091		653.00	236.89	112.38
0914092138690	b(6)	1437292927	4/22/2014	0887249544	2330		4/1/2014	22	99205			2330	1154457091		458.00	190.78	149.57
0911048275850	b(6)	1437292927	3/3/2011	0883508892	6101		9/28/2010	22	99213			6101	1154457091		132.00	54.70	43.76
1012022204060	b(6)	1437292927	2/2/2012	0884511883	61179		12/27/2011	22	99213			61179	1154457091		230.00	54.90	43.92
0211206402290	b(6)	1437292927	8/8/2011	0883986770	6101		7/21/2011	22	99213			6101	1154457091		221.00	54.90	43.92
0911053155960	b(6)	1437292927	3/8/2011	0883518102	6101		11/23/2010	22	99213			6101	1154457091		132.00	54.70	43.76
0911066756000	b(6)	1437292927	3/10/2011	0777777777	6101		11/23/2010	22	99213			6101	1154457091		132.00	0.00	0.00
0211020916430	b(6)	1437292927	2/3/2011	0883429956	6101		1/13/2011	22	99213			6101	1154457091		132.00	54.90	43.92
0216041584140	b(6)	1437292927	2/24/2016	0889769725	N6011N6012		2/2/2016	22	99214			(Null)	1154457091		186.00	89.34	70.04
9613130734070	b(6)	1437292927	5/21/2013	0886034249	2330		2/5/2013	11	99205			2330	1154457091		458.00	236.89	189.51
9613140779850	b(6)	1437292927	5/30/2013	0886068291	1749	79399	3/14/2013	11	99215	GC		1749	1154457091		263.00	168.48	134.78
9613148749240	b(6)	1437292927	6/6/2013	0886095563	1744	2330	3/18/2013	22	13100	59	GC	1744	1154457091		1486.00	119.59	95.67
9613148749240	b(6)	1437292927	6/6/2013	0886095563	1744	2330	3/18/2013	22	19301	RT	GC	1744	1154457091		1370.00	726.45	581.16
9613148749240	b(6)	1437292927	6/6/2013	0886095563	1744	2330	3/18/2013	22	19125	59	RT	1744	1154457091		3742.00	259.90	207.92
0914190571500	b(6)	1437292927	7/23/2014	0887600634	6101		7/8/2014	22	99213			6101	1154457091		121.00	58.03	45.49
0215210357480	b(6)	1437292927	8/5/2015	0526258290	V103	79399	7/21/2015	22	99213			(Null)	1154457091		121.00	0.00	0.00
0215246787370	b(6)	1437292927	9/17/2015	0889180810	V103	79399	7/21/2015	22	99213			(Null)	1154457091		121.00	58.18	45.61
0216263749330	b(6)	1437292927	10/3/2016	0890607760	N6011N6012		9/13/2016	22	99213	GC		(Null)	1154457091		92.00	58.12	45.57
0911066756020	b(6)	1437292927	3/21/2011	0883554302	61179		2/24/2011	22	99204			61179	1154457091		305.00	139.82	111.86
091108539860	b(6)	1437292927	4/25/2011	0502321283	79380		4/12/2011	22	99214	GC		79380	1154457091		200.00	0.00	0.00
0211118094890	b(6)	1437292927	5/5/2011	0502321283	79380	61179	4/18/2011	22	19125	RT		79380	1154457091		2054.00	0.00	0.00
0911202391680	b(6)	1437292927	8/4/2011	0883977505	79380	61179	4/18/2011	22	19125	RT		79380	1154457091		2054.00	485.50	213.64
9714104902691	b(6)	1437292927	5/20/2014	0887362850	79380	6101	8/28/2012	22	99204			79380	1154457091		530.00	140.39	112.31
0213042377140	b(6)	1437292927	2/25/2013	0885714734	6101		11/29/2012	11	99213			6101	1154457091		121.00	82.82	66.26
9714104901673	b(6)	1437292927	5/8/2014	0887319853	1749		4/5/2012	22	99205			1749	1154457091		653.00	180.11	144.09

ICN	HICN	Billing NPI	Paid Date	Check #	DX 1	DX 2	From DOS	POS	Procedure	Mod1	Mod2	Primary	Revd	NPI	Billed Amt	Allowed	Paid Amt
0212146381990	b(6)	1437292927	6/8/2012	0884892836	1749	79380	5/24/2012	11	99214			1749	1154457091		345.00	121.96	97.57
9714104901277	b(6)	1437292927	5/2/2014	0887299493	99813		3/15/2012	22	10160			99813	1154457091		540.00	110.77	38.62
0911038773310	b(6)	1437292927	2/22/2011	0883478497	2330	1749	1/26/2011	22	19301	58	LT	2330	1154457091		1325.00	681.51	545.21
0911111380910	b(6)	1437292927	5/5/2011	0883695125	1742	2330	4/6/2011	22	19301	58	LT	1742	1154457091		1325.00	681.51	545.21
0911146215320	b(6)	1437292927	6/9/2011	0883600957	1749	2330	4/26/2011	22	19301	58	LT	1749	1154457091		1325.00	681.51	545.21
0910319727680	b(6)	1437292927	11/29/2010	0883262204	1749		11/4/2010	22	99204			1749	1154457091		305.00	138.53	110.82
0910328373530	b(6)	1437292927	12/8/2010	0883290814	1749	79380	11/16/2010	22	99213	GC		1749	1154457091		132.00	54.70	43.76
0910363205270	b(6)	1437292927	1/12/2011	0883374217	1742	2330	12/14/2010	22	19101	59	LT	1742	1154457091		2032.00	114.66	91.73
0910363205270	b(6)	1437292927	1/12/2011	0883374217	1742	2330	12/14/2010	22	19301	LT		1742	1154457091		1325.00	659.81	527.85
0910363205270	b(6)	1437292927	1/12/2011	0883374217	1742	2330	12/14/2010	22	38525	51	LT	1742	1154457091		1658.00	225.04	180.03
0215210357530	b(6)	1437292927	8/4/2015	0525201098	6101		7/16/2015	22	99213			6101	1154457091		121.00	0.00	0.00
0215246787470	b(6)	1437292927	9/17/2015	0889180810	6101		7/16/2015	22	99213			6101	1154457091		121.00	58.18	45.61
0214226242700	b(6)	1437292927	8/27/2014	0887731774	1749		8/12/2014	22	99205			1749	1154457091		458.00	190.78	149.57
0214275185630	b(6)	1437292927	10/15/2014	0887914858	1744	1963	9/8/2014	22	19301	LT	RT	1744	1154457091		2820.00	728.82	571.40
0214275185630	b(6)	1437292927	10/15/2014	0887914858	1744	1963	9/8/2014	22	38525	51	LT	1963	1154457091		2480.00	247.36	193.93
0214314363290	b(6)	1437292927	11/24/2014	0888071219	1744	6108	10/27/2014	22	19301	78	RT	1744	1154457091		1410.00	517.46	405.69
0214329785750	b(6)	1437292927	12/9/2014	0888125030	6119	V103	11/10/2014	22	19301	78	RT	6119	1154457091		1410.00	517.46	405.69
0214192832690	b(6)	1437292927	7/25/2014	0887611297	6101		3/20/2014	22	99213			6101	1154457091		230.00	58.03	45.49
0215132849500	b(6)	1437292927	5/26/2015	0888729956	6101		3/24/2015	22	99213			6101	1154457091		121.00	57.89	45.38
0215147906370	b(6)	1437292927	6/17/2015	0524835695	6101		3/24/2015	22	99213			6101	1154457091		230.00	0.00	0.00
0216113532460	b(6)	1437292927	5/6/2016	0890052014	N6011N6012		3/31/2016	22	99213			(Null)	1154457091		92.00	58.12	45.57
9714104901564	b(6)	1437292927	5/7/2014	0887314959	1740		4/12/2012	22	99205			1740	1154457091		653.00	180.11	144.09
9714104901823	b(6)	1437292927	5/8/2014	0887319853	1749		5/8/2012	22	99212	GC		1749	1154457091		162.00	28.03	22.42
0212164387140	b(6)	1437292927	6/26/2012	0884943905	1749	6101	5/16/2012	22	19301	LT	GC	1749	1154457091		1370.00	699.22	559.38
0212164387140	b(6)	1437292927	6/26/2012	0884943905	1749	6101	5/16/2012	22	38525	51	LT	1749	1154457091		1206.00	238.66	190.93
0212164387150	b(6)	1437292927	6/18/2012	0508861754	217	V103	5/30/2012	22	19301	LT	GC	217	1154457091		1370.00	0.00	0.00
0212223344970	b(6)	1437292927	8/24/2012	0885134558	217	V103	5/30/2012	22	19301	78	LT	217	1154457091		1370.00	496.45	397.16
0914183372380	b(6)	1437292927	7/16/2014	0887575831	6101		6/3/2014	22	99213	GC		6101	1154457091		121.00	58.03	45.49
9613141733140	b(6)	1437292927	5/30/2013	0886068291	6101		3/5/2013	11	99213			6101	1154457091		121.00	86.81	69.45
9614111411430	b(6)	1437292927	4/29/2014	0887280948	6111		3/11/2014	22	99213			6111	1154457091		121.00	58.03	45.49
0914162482900	b(6)	1437292927	6/25/2014	0887497606	6111		6/10/2014	22	99213			6111	1154457091		121.00	58.03	45.49
0214338614990	b(6)	1437292927	12/18/2014	0888155334	6101		11/25/2014	22	99213			6101	1154457091		121.00	58.03	45.49
9714104901110	b(6)	1437292927	5/2/2014	0887299493	61179		2/2/2012	22	99213			61179	1154457091		230.00	55.34	44.27

ICN	HICN	Billing NPI	Paid Date	Check #	DX 1	DX 2	From DOS	POS	Procedure	Mod1	Mod2	Primary	Revd NPI	Billed Amt	Allowed	Paid Amt
0910362233350	b(6)	1437292927	1/11/2011	0883369855	6101		12/23/2010	22	99213			6101	1154457091	132.00	54.70	43.76
9614080786800	b(6)	1437292927	4/2/2014	0887174033	79389		1/9/2014	22	99204			79389	1154457091	371.00	147.46	2.31
0216182610790	b(6)															149.73
0216188586350	b(6)															99.09
0216196495070	b(6)															691.71
02150335803840	b(6)	1437292927	2/10/2015	0522584002	6108		1/8/2015	22	99215			6108	1154457091	263.00	126.36	0.00
0215056722990	b(6)	1437292927	3/11/2015	0888443937	4019	6108	2/24/2015	22	99213	GC		4019	1154457091	121.00	57.89	45.38
0215077854910	b(6)	1437292927	4/1/2015	0888522796	6108	W4571	3/9/2015	21	19303	RT		6108	1154457091	3470.00	1127.86	884.24
0211101300220	b(6)	1437292927	4/18/2011	0502315239	217	79389	3/22/2011	22	99213			217	1154457091	132.00	0.00	0.00
0911202389560	b(6)	1437292927	8/4/2011	0883977505	6101	2169	7/19/2011	22	99214			6101	1154457091	333.00	84.59	67.67
0911227494950	b(6)	1437292927	8/29/2011	0884054979	6102	4481	7/20/2011	21	11100	51		4481	1154457091	336.00	27.71	22.17
0911227494950	b(6)	1437292927	8/29/2011	0884054979	6102	4481	7/20/2011	21	19303	RT		6102	1154457091	2775.00	1052.43	841.94
0911227494950	b(6)	1437292927	8/29/2011	0884054979	6102	4481	7/20/2011	21	11101			4481	1154457091	130.00	28.26	22.61
0211223622510	b(6)	1437292927	8/25/2011	0884045865	6101		8/9/2011	22	99213			6101	1154457091	221.00	54.90	43.92
9613128788560	b(6)	1437292927	5/16/2013	0886019263	2330		1/24/2013	11	99205			2330	1154457091	458.00	236.89	189.51
9613135739710	b(6)	1437292927	5/23/2013	0886045229	2330	1744	2/27/2013	22	19301	RT	GC	2330	1154457091	1370.00	726.45	581.16
9613135739710	b(6)	1437292927	5/23/2013	0886045229	2330	1744	2/27/2013	22	13100	59	GC	2330	1154457091	1486.00	119.59	95.67
0913240175430	b(6)	1437292927	9/11/2013	0886439508	1749		8/27/2013	22	99205	GC		1749	1154457091	458.00	184.58	144.71
0910028305500	b(6)	1437292927	2/11/2010	0882593691	61172		1/21/2010	22	99204	GC		61172	1154457091	305.00	135.43	108.34
0917020043300	b(6)	1437292927	2/3/2017	0891061134	C50912		10/25/2016	22	99205	GC		(Null)	1154457091	458.00	190.99	149.73
9613130789590	b(6)	1437292927	5/20/2013	0886028578	7866	1744	1/7/2013	21	19301	RT	GC	1744	1154457091	1370.00	726.45	581.16
9613130789590	b(6)	1437292927	5/20/2013	0886028578	7866	1744	1/7/2013	21	38525	51	GC	1744	1154457091	1206.00	248.02	198.42
9613130789590	b(6)	1437292927	5/20/2013	0886028578	7866	1744	1/7/2013	21	21556	59	GC	7866	1154457091	1521.00	308.33	178.26
9613127780390	b(6)	1437292927	5/14/2013	0513277913	78650	6101	1/15/2013	11	99213			78650	1154457091	230.00	0.00	0.00
9614104860730	b(6)	1437292927	4/24/2014	0887263227	6101		1/28/2014	22	99213			6101	1154457091	121.00	58.03	0.91
9714104903491	b(6)	1437292927	5/28/2014	0887390792	1749		11/15/2012	22	99205	GC		1749	1154457091	653.00	180.11	144.09
0213007360610	b(6)	1437292927	1/22/2013	0885598704	1749		12/18/2012	11	99215	GC		1749	1154457091	458.00	162.81	130.25
0212234583420	b(6)	1437292927	9/4/2012	0885162552	6101		8/16/2012	11	99215			6101	1154457091	458.00	162.81	130.25
0212234592840	b(6)	1437292927	8/27/2012	0777777777	6101		8/16/2012	11	99213			6101	1154457091	230.00	0.00	0.00
9714104901104	b(6)	1437292927	5/2/2014	0887299493	61179		2/7/2012	22	99214			61179	1154457091	345.00	85.01	68.01
9610240088080	b(6)	1437292927	9/7/2011	0454945426	6101		3/23/2010	22	99213			6101	1154457091	132.00	53.52	42.82
9613144870480	b(6)	1437292927	6/4/2013	0886084571	6101		3/26/2013	11	99213			6101	1154457091	121.00	86.81	69.45
9714104901676	b(6)	1437292927	5/8/2014	0887319853	6101		4/3/2012	22	99213			6101	1154457091	230.00	55.34	44.27

ICN	HICN	Billing NPI	Paid Date	Check #	DX 1	DX 2	From DOS	POS	Procedure	Mod1	Mod2	Primar	Revd	NPI	Billed Amt	Allowed	Paid Amt
0911153324650	b(6)	1437292927	6/16/2011	0883821625	6101		5/31/2011	22	99213			6101	1154457091		132.00	54.90	43.92
0914162462880	b(6)	1437292927	6/25/2014	0887497606	6101		6/10/2014	22	99213			6101	1154457091		121.00	58.03	45.49
0213207362610	b(6)	1437292927	8/9/2013	0886323312	6101		7/25/2013	22	99213			6101	1154457091		121.00	55.88	43.81
0215243893580	b(6)	1437292927	9/14/2015	0889163590	V103		8/6/2015	22	99213	GC		(Null)	1154457091		121.00	58.18	45.60
9714104903408	b(6)	1437292927	5/28/2014	0887319653	6101		10/25/2012	22	99213			6101	1154457091		230.00	55.34	44.27
9714104901732	b(6)	1437292927	5/8/2014	0887319653	6117279380		4/12/2012	22	99215			61172	1154457091		458.00	119.56	95.65
1012022203870	b(6)	1437292927	2/2/2012	0884511883	99813		1/5/2012	22	10160	78		99813	1154457091		540.00	88.62	69.11
9714104900499	b(6)	1437292927	4/22/2014	0887249544	99813		1/26/2012	22	10160	78		99813	1154457091		540.00	88.62	70.90
97141049002332	b(6)	1437292927	5/14/2014	0887341986	6101		7/12/2012	22	99213	GC		6101	1154457091		230.00	55.34	44.27
0213211250190	b(6)	1437292927	8/13/2013	0886333318	6101		7/18/2013	22	99213			6101	1154457091		121.00	55.88	43.81
0914213156040	b(6)	1437292927	8/15/2014	0887691119	6101		7/31/2014	22	99213			6101	1154457091		121.00	58.03	45.49
1012006183670	b(6)	1437292927	1/19/2012	0884481527	2330		11/10/2011	22	99205			2330	1154457091		653.00	180.05	144.04
0911346209390	b(6)	1437292927	12/27/2011	0884425861	2330	V103	11/21/2011	21	19303	50		2330	1154457091		5720.00	1578.65	1262.92
0214001617990	b(6)	1437292927	1/16/2014	0886901011	6101		12/17/2013	22	99214	GC		6101	1154457091		186.00	86.29	67.65
0215077863950	b(6)	1437292927	4/1/2015	0888522796	1749		3/17/2015	22	99215			1749	1154457091		263.00	126.36	99.07
0915163130360	b(6)	1437292927	6/26/2015	0888851246	1749		6/11/2015	22	99215			1749	1154457091		263.00	126.36	99.07
0215341512980	b(6)	1437292927	12/21/2015	0889541992	C50911		11/17/2015	22	99215			(Null)	1154457091		263.00	126.99	99.56
0216011569670	b(6)	1437292927	1/25/2016	0889659581	C5081	C773	12/16/2015	22	19303	RT		(Null)	1154457091		3574.00	1133.50	888.66
0216011569670	b(6)	1437292927	1/25/2016	0889659581	C5081	C773	12/16/2015	22	38525	51	RT	(Null)	1154457091		1277.00	249.11	195.30
0215056722970	b(6)	1437292927	3/11/2015	0888443537	79381	79380	2/24/2015	22	99205			79381	1154457091		458.00	190.72	149.53
0215084843330	b(6)	1437292927	4/8/2015	0888546105	2330	V860	3/16/2015	22	19125	RT		2330	1154457091		4197.00	519.41	407.22
0215107669770	b(6)	1437292927	5/1/2015	0888639593	2330		4/8/2015	22	19301	78	RT	2330	1154457091		1410.00	518.43	406.45
0215296690980	b(6)	1437292927	11/6/2015	0889381118	N6011N6012		10/15/2015	22	99213			(Null)	1154457091		92.00	58.18	45.61
0215103424400	b(6)	1437292927	4/17/2015	0524217596	2330		2/3/2015	22	99215	57		2330	1154457091		263.00	0.00	0.00
0215121712870	b(6)	1437292927	5/15/2015	0888698044	2330		2/3/2015	22	99215	57		2330	1154457091		263.00	126.36	99.07
0215055910840	b(6)	1437292927	3/10/2015	0888436635	2330		2/4/2015	22	19125	LT		2330	1154457091		4197.00	519.41	407.22
0915140028530	b(6)	1437292927	6/3/2015	0888764359	6101		5/12/2015	22	99214			6101	1154457091		186.00	89.22	69.95
0215244890330	b(6)	1437292927	9/15/2015	0889169715	6101		5/21/2015	22	99214			6101	1154457091		186.00	89.22	69.95
0215210349880	b(6)	1437292927	8/10/2015	0889014501	2330	V163	6/29/2015	21	19303	RT	LT	2330	1154457091		6940.00	1127.86	884.24
0215001338870	b(6)	1437292927	1/15/2015	0888247186	79389	79380	12/23/2014	22	99214			79389	1154457091		186.00	89.19	69.92
0215009655090	b(6)	1437292927	1/20/2015	0522417260	1749		1/8/2015	22	99215			1749	1154457091		263.00	126.36	0.00
0215056723020	b(6)	1437292927	3/11/2015	0888443937	1749		2/24/2015	22	99215			1749	1154457091		263.00	126.36	99.07
0215107669790	b(6)	1437292927	5/1/2015	0888639593	1743	V860	3/23/2015	22	19125	51	XS	1743	1154457091		4197.00	259.71	203.61

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0215107669790	b(6)	1437292927	5/1/2015	0888639593	1743	V860	3/23/2015	22	38525	51	LT	1743	1154457091	1240.00	247.87	194.33	
0215107669790	b(6)	1437292927	5/1/2015	0888639593	1743	V860	3/23/2015	22	19301	LT	GC	1743	1154457091	1410.00	730.18	572.46	
0215097843030	b(6)	1437292927	4/28/2015	0888620761	99812		4/3/2015	22	10160	78		99812	1154457091	259.00	92.05	72.14	
0214307368820	b(6)	1437292927	11/17/2014	0888042998	1749		10/30/2014	22	99205			1749	1154457091	458.00	190.78	149.58	
0216056494600	b(6)	1437292927	3/10/2016	0889826670	C801		2/9/2016	22	99213			(Null)	1154457091	92.00	58.12	45.57	
0216134548580	b(6)	1437292927	5/27/2016	0890133741	C801	D0511	4/26/2016	22	99214			(Null)	1154457091	186.00	89.34	70.04	
0215243893590	b(6)	1437292927	9/14/2015	0889163590	79380		8/20/2015	22	99205			79380	1154457091	458.00	191.68	150.27	
0215268712960	b(6)	1437292927	10/9/2015	0889268960	2330	V153	9/8/2015	22	19125	RT	GC	2330	1154457091	4238.00	522.01	409.26	
9614104891260	b(6)	1437292927	4/23/2014	0887256348	7828		1/16/2014	22	99204			7828	1154457091	371.00	147.46	115.61	
0213205464500	b(6)	1437292927	8/7/2013	0886313496	7856		7/23/2013	22	99215	GC		7856	1154457091	263.00	121.62	95.35	
0213217675680	b(6)	1437292927	8/19/2013	0886354104	1963		7/25/2013	22	99214			1963	1154457091	186.00	86.29	67.65	
0216302834400	b(6)	1437292927	11/14/2016	0890769893	C5041	Z170	10/19/2016	22	38900	RT		(Null)	1154457091	556.00	150.21	117.77	
0216302834400	b(6)	1437292927	11/14/2016	0890769893	C5041	Z170	10/19/2016	22	38500	51	RT	(Null)	1154457091	8067.00	145.00	113.68	
0216302834400	b(6)	1437292927	11/14/2016	0890769893	C5041	Z170	10/19/2016	22	19301	RT		(Null)	1154457091	1452.00	732.90	574.59	
1010361860140	b(6)	1437292927	1/6/2011	0883360239	1749		11/23/2010	22	99204			1749	1154457091	305.00	138.53	110.82	
0910356229170	b(6)	1437292927	1/5/2011	0883356658	1744	1963	12/7/2010	21	19307	LT		1744	1154457091	3584.00	1224.56	979.65	
0216074454310	b(6)	1437292927	3/18/2016	0777777777	C50911		3/10/2016	22	99205			(Null)	1154457091	458.00	0.00	0.00	
9714104903679	b(6)	1437292927	5/29/2014	0887396047	6101	V103	11/8/2012	22	99213	GC		6101	1154457091	230.00	55.34	44.27	
0211340851700	b(6)	1437292927	12/20/2011	0884412257	61179		11/10/2011	22	99213			61179	1154457091	230.00	54.90	43.92	
0911039325710	b(6)	1437292927	2/22/2011	0883478497	6101		11/11/2010	22	99213	GC		6101	1154457091	132.00	54.70	43.76	
0211206402270	b(6)	1437292927	8/8/2011	0883985770	6108		7/21/2011	22	99204			6108	1154457091	507.00	139.82	111.86	
0213205464510	b(6)	1437292927	8/7/2013	0886313496	79380	7856	7/23/2013	22	99213			79380	1154457091	121.00	55.88	43.81	
0911293078430	b(6)	1437292927	11/3/2011	0884277427	7856	6111	10/18/2011	22	99214			7856	1154457091	345.00	84.59	67.67	
0911305061060	b(6)	1437292927	11/15/2011	0884312762	6108		10/19/2011	22	19125	RT		6108	1154457091	2120.00	485.50	388.40	
0215042767190	b(6)	1437292927	2/25/2015	0888393726	2330	V103	2/10/2015	22	99215			2330	1154457091	263.00	126.36	99.07	
9715161727050	b(6)	1437292927	6/16/2015	0459306637	1749		3/31/2015	22	99213	25		1749	1154457091	121.00	57.89	45.38	
9715161900188	b(6)	1437292927	6/17/2015	0888814093	2330	V860	4/1/2015	21	19303	LT	RT	2330	1154457091	6940.00	1127.86	884.24	
0911143347200	b(6)	1437292927	6/6/2011	0883787468	6101		5/12/2011	22	99213	GC		6101	1154457091	132.00	54.90	43.92	
0213142605560	b(6)	1437292927	6/5/2013	0886090118	6101		5/21/2013	22	99213			6101	1154457091	121.00	55.88	43.81	
0212160399520	b(6)	1437292927	6/22/2012	0884934827	1749		6/7/2012	11	99213	24		1749	1154457091	230.00	82.82	66.26	
0910285347510	b(6)	1437292927	10/26/2010	0883176888	61172		2/26/2010	22	19100	GC		61172	1154457091	537.00	70.88	56.70	
9610240088090	b(6)	1437292927	9/8/2011	0454950873	2330		3/18/2010	22	99213			2330	1154457091	132.00	53.52	42.82	
0911154189870	b(6)	1437292927	6/16/2011	0883821625	6101		5/17/2011	22	99213			6101	1154457091	132.00	54.90	43.92	

ICN	HCN	Billing NPI	Paid Date	Check #	DX 1	DX 2	From DOS	POS	Procedure	Mod1	Mod2	Primary	Reud	NPI	Billed Amt	Allowed	Paid Amt
9614080735650	b(6)	1437292927	3/31/2014	0887162950	1749		1/7/2014	22	99205			1749	1154457091		458.00	190.78	149.57
9614084772780	b(6)	1437292927	4/2/2014	0887174033	1749		1/21/2014	22	99213			1749	1154457091		121.00	58.03	45.49
9614094749740	b(6)	1437292927	4/14/2014	0887216780	1749		2/10/2014	22	19303	LT		1749	1154457091		3470.00	1126.02	882.80
9614094749740	b(6)	1437292927	4/14/2014	0887216780	1749		2/10/2014	22	38500	SI	LT	1749	1154457091		6370.00	144.20	113.05
9614100886080	b(6)	1437292927	4/21/2014	0887242288	1749		2/19/2014	22	19301	78		1749	1154457091		1410.00	517.46	405.69
0911122517010	b(6)	1437292927	5/16/2011	0883724946	2330		4/26/2011	22	99213	GC		2330	1154457091		132.00	54.90	43.92
0911144036640	b(6)	1437292927	6/7/2011	0883791837	2330	217	4/27/2011	21	19307	RT		2330	1154457091		3584.00	1262.45	1009.96
0911144036640	b(6)	1437292927	6/7/2011	0883791837	2330	217	4/27/2011	21	19303	59	LT	217	1154457091		2775.00	526.22	420.98
0911007235190	b(6)	1437292927	2/1/2011	0883421561	2330		10/28/2010	22	99205	GC		2330	1154457091		379.00	178.99	143.19
0910328373510	b(6)	1437292927	12/8/2010	0883290814	6101		11/16/2010	22	99213			6101	1154457091		132.00	54.70	43.76
9610077580080	b(6)	1437292927	4/18/2011	0454347494	61172		1/7/2010	22	99213			61172	1154457091		132.00	53.52	42.82
0216263756440	b(6)	1437292927	10/3/2016	0890607760	C5091	50412	9/13/2016	22	99205	GC		(Null)	1154457091		458.00	190.99	149.73
0216277903240	b(6)	1437292927	10/17/2016	0890663208	C50412		9/29/2016	22	99214			(Null)	1154457091		186.00	89.34	70.04
0916291227670	b(6)	1437292927	10/31/2016	0890719405	C5081	2170	10/10/2016	22	38525	51	LT	(Null)	1154457091		1277.00	248.92	195.16
0916291227670	b(6)	1437292927	10/31/2016	0890719405	C5081	2170	10/10/2016	22	19301	LT	GC	(Null)	1154457091		1452.00	732.90	574.59
091115558430	b(6)	1437292927	5/9/2011	0883703310	2330		4/21/2011	22	99204			2330	1154457091		305.00	139.82	111.86
9714104901807	b(6)	1437292927	5/8/2014	0887319853	6101		5/10/2012	22	99214			6101	1154457091		345.00	85.01	68.01
0211139653880	b(6)	1437292927	6/2/2011	0883779324	2330	79380	5/12/2011	22	99214			2330	1154457091		200.00	84.59	67.67
0915140028520	b(6)	1437292927	6/3/2015	0888764359	6101		5/14/2015	22	99213			6101	1154457091		121.00	57.89	45.38
0211147849230	b(6)	1437292927	6/10/2011	0883805450	2330		5/16/2011	22	19301	LT		2330	1154457091		1325.00	681.51	545.21
0213147248590	b(6)	1437292927	6/10/2013	0886105804	6101		5/16/2013	22	99213			6101	1154457091		121.00	55.88	43.81
0216144717520	b(6)	1437292927	6/6/2016	0890162972	D0512		5/17/2016	22	99213			(Null)	1154457091		92.00	58.12	45.57
0214141669320	b(6)	1437292927	6/4/2014	0887416777	6101		5/20/2014	22	99213			6101	1154457091		121.00	58.03	45.49
0911311551460	b(6)	1437292927	11/21/2011	0884331271	61179		11/3/2011	22	99213			61179	1154457091		230.00	54.90	43.92
0911084278540	b(6)	1437292927	4/8/2011	0883613451	6101		1/4/2011	22	99213	GC		6101	1154457091		132.00	54.90	43.92
0911301237120	b(6)	1437292927	11/14/2011	0884307330	61172	61179	10/25/2011	22	99214			61172	1154457091		345.00	84.59	67.67
1012006183660	b(6)	1437292927	1/19/2012	0884481527	61179		11/29/2011	22	99213			61179	1154457091		230.00	54.90	43.92
0211097665740	b(6)	1437292927	4/19/2011	0883642965	6101		3/29/2011	22	99213	GC		6101	1154457091		132.00	54.90	43.92
9610251275420	b(6)	1437292927	9/16/2011	0884119125	6101		4/6/2010	22	99213			6101	1154457091		132.00	53.52	39.85
0910298560190	b(6)	1437292927	11/8/2010	0883211576	6101		10/12/2010	22	99213			6101	1154457091		132.00	54.70	43.76
0910328373550	b(6)	1437292927	12/1/2010	0777777777	6101		10/12/2010	22	99213			6101	1154457091		132.00	0.00	0.00
0911301237130	b(6)	1437292927	11/14/2011	0884307330	61179		10/25/2011	22	99213			61179	1154457091		230.00	54.90	43.92
0213312906510	b(6)	1437292927	11/14/2013	0516019175	6101		11/7/2013	22	99213			6101	1154457091		121.00	55.88	0.00

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0915294099750	b(6)	1437292927	11/4/2015	0889370344	C50912		10/13/2015	22	99215			(Null)	1154457091		263.00	126.99	99.56
0215365712130	b(6)	1437292927	1/14/2016	0889631632	C5011	C773	12/16/2015	22	19301	51	LT	(Null)	1154457091		1452.00	366.92	287.67
0215365712130	b(6)	1437292927	1/14/2016	0889631632	C5011	C773	12/16/2015	22	38745	XS	LT	(Null)	1154457091		5160.00	985.99	773.01
0911168238170	b(6)	1437292927	7/1/2011	0883870131	6101		6/2/2011	22	99213	GC		6101	1154457091		132.00	54.90	43.92
0914213156020	b(6)	1437292927	8/15/2014	0887691119	6101		7/31/2014	22	99213			6101	1154457091		121.00	58.03	45.49
9714104903751	b(6)	1437292927	6/2/2014	0887405272	6101	7856	12/13/2012	22	99213	GC		6101	1154457091		230.00	55.34	44.27
0911053155940	b(6)	1437292927	3/8/2011	0883518102	1749		9/10/2010	22	99202			1749	1154457091		140.00	54.53	43.62
0213190232470	b(6)	1437292927	7/23/2013	0886259205	1749		7/2/2013	22	99205			1749	1154457091		458.00	184.58	144.71
9613130734090	b(6)	1437292927	5/20/2013	0886028578	8790		2/5/2013	11	99213			8790	1154457091		121.00	86.81	69.45
0911168238180	b(6)	1437292927	7/1/2011	0883870131	6108		6/2/2011	22	99204			6108	1154457091		305.00	139.82	111.86
0911188444290	b(6)	1437292927	7/21/2011	0883930268	61172	6108	7/5/2011	22	99213	GC		61172	1154457091		221.00	54.90	43.92
0911202381570	b(6)	1437292927	8/4/2011	0883977505	2383		7/6/2011	22	19101	LT		2383	1154457091		2032.00	236.81	189.45
0911202389530	b(6)	1437292927	8/4/2011	0883977505	2169		7/19/2011	22	99213			2169	1154457091		221.00	54.90	43.92
9610240087940	b(6)	1437292927	9/7/2011	0454945426	6101		3/25/2010	22	99213			6101	1154457091		132.00	53.52	42.82
0911083196720	b(6)	1437292927	4/7/2011	0883609291	217	79389	3/15/2011	22	99204			217	1154457091		305.00	139.82	111.86
0911214138860	b(6)	1437292927	8/16/2011	0884014275	6101		7/28/2011	22	99213			6101	1154457091		221.00	54.90	43.92
0913248241420	b(6)	1437292927	9/19/2013	0886463782	6111		8/22/2013	22	99204	GC		6111	1154457091		371.00	143.57	112.56
9714104901261	b(6)	1437292927	5/2/2014	0887299493	1749		3/15/2012	22	99205	GC		1749	1154457091		653.00	180.11	144.09
0911171305570	b(6)	1437292927	7/5/2011	0883875351	1749		6/16/2011	22	99205	GC		1749	1154457091		379.00	180.05	144.04
0911210849920	b(6)	1437292927	8/11/2011	0883999859	1749		7/26/2011	22	99215			1749	1154457091		445.00	119.60	95.68
0911255259900	b(6)	1437292927	9/26/2011	0884144016	1749	V5041	8/17/2011	21	19303	RT	GC	1749	1154457091		2775.00	1052.43	841.94
0911255259900	b(6)	1437292927	9/26/2011	0884144016	1749	V5041	8/17/2011	21	38525	51	RT	1749	1154457091		1658.00	232.63	186.10
0911255259900	b(6)	1437292927	9/26/2011	0884144016	1749	V5041	8/17/2011	21	19303	59	51	(Null)	1154457091		2775.00	0.00	0.00
0911284113760	b(6)	1437292927	10/25/2011	0884244920	99813		9/29/2011	22	10160	78		99813	1154457091		540.00	87.06	69.65
9714104903407	b(6)	1437292927	5/28/2014	0887390792	6101		10/25/2012	22	99213			6101	1154457091		230.00	55.34	44.27
0214307368800	b(6)	1437292927	11/17/2014	0888042998	6101		10/30/2014	22	99213			6101	1154457091		121.00	58.03	45.49
0213308484550	b(6)	1437292927	11/18/2013	0886690846	6101		10/31/2013	22	99213			6101	1154457091		121.00	55.88	43.81
0911025359630	b(6)	1437292927	2/8/2011	0883442786	61179		1/18/2011	22	99213	GC		61179	1154457091		132.00	54.90	26.69
0911122516970	b(6)	1437292927	5/16/2011	0883724946	61179	79389	4/19/2011	22	99213	GC		61179	1154457091		132.00	54.90	43.92
0911056147920	b(6)	1437292927	3/11/2011	0883529842	61179		12/16/2010	22	99204			61179	1154457091		305.00	138.53	110.82
0911125454970	b(6)	1437292927	5/19/2011	0883738483	6101		5/3/2011	22	99213	GC		6101	1154457091		132.00	54.90	43.92
0911223500650	b(6)	1437292927	8/25/2011	0884045865	6101		8/9/2011	22	99213			6101	1154457091		221.00	54.90	43.92
0910361392470	b(6)	1437292927	1/7/2011	0883362986	1744		11/29/2010	22	38525	59	LT	1744	1154457091		1658.00	225.04	180.03

ICN	HICN	Billing NPI	Paid Date	Check #	DX 1	DX 2	From DOS	POS	Procedure	Mod1	Mod2	Primer	Reud	NPI	Billed Amt	Allowed	Paid Amt
0910361392470	b(6)	1437292927	1/7/2011	0883362986	1744		11/29/2010	22	19301	LT		1744	1154457091		1325.00	659.81	527.85
0910305561990	b(6)	1437292927	11/15/2010	0883228858	1749	79380	7/27/2010	22	99204			1749	1154457091		305.00	138.53	110.82
0910266259520	b(6)	1437292927	10/7/2010	0883129558	1749	79380	8/12/2010	22	99213	GC		1749	1154457091		132.00	54.70	43.76
0910305560750	b(6)	1437292927	11/15/2010	0883228858	1749	99813	9/9/2010	22	10160	58		1749	1154457091		310.00	104.55	83.64
0910294271400	b(6)	1437292927	11/4/2010	0883203824	1749		9/29/2010	21	19301	58	RT	1749	1154457091		1325.00	659.81	527.85
0910203279310	b(6)	1437292927	8/5/2010	0882980858	2330		4/1/2010	22	99204			2330	1154457091		305.00	135.54	108.43
0911202389520	b(6)	1437292927	8/4/2011	0883977505	79399	6101	7/19/2011	22	99213			79399	1154457091		221.00	54.90	43.92
9610233414900	b(6)	1437292927	8/30/2011	0884059938	1748	2330	3/10/2010	22	19301	58	LT	1748	1154457091		1325.00	645.60	516.48
96140847900380	b(6)	1437292927	4/2/2014	0887174033	1749		1/21/2014	22	99205			1749	1154457091		458.00	190.78	149.57
0910048310160	b(6)	1437292927	3/3/2010	0882631858	07030	1552	2/9/2010	22	99205			7030	1154457091		631.00	175.63	140.50
0216221757440	b(6)	1437292927	8/22/2016	0890451982	CS0911		7/28/2016	22	99205			(Null)	1154457091		458.00	190.99	149.73
0216229413690	b(6)	1437292927	8/30/2016	0890483321	CS0411		8/9/2016	22	99214			(Null)	1154457091		186.00	89.34	70.04
0216237854680	b(6)	1437292927	9/7/2016	0890512600	CS081	2170	8/15/2016	21	38525	51	RT	(Null)	1154457091		1277.00	248.92	195.16
0216237854680	b(6)	1437292927	9/7/2016	0890512600	CS081	2170	8/15/2016	21	19303	RT		(Null)	1154457091		3574.00	1131.91	887.42
9610240087910	b(6)	1437292927	9/8/2011	0884089233	6101	7856	3/18/2010	22	99203			6101	1154457091		204.00	80.19	64.15
9613129875460	b(6)	1437292927	5/17/2013	0886024243	1749		1/17/2013	11	99205			1749	1154457091		458.00	236.89	189.51
9613135745150	b(6)	1437292927	5/24/2013	0886050481	1749		2/7/2013	11	99214	GC		1749	1154457091		186.00	126.77	101.42
9613137740970	b(6)	1437292927	5/28/2013	0886055230	1744	2330	2/25/2013	22	19301	RT		1744	1154457091		1370.00	726.45	581.16
0213274537100	b(6)	1437292927	10/15/2013	0886550942	6101		9/19/2013	22	99213			6101	1154457091		121.00	55.88	43.81
0911049229790	b(6)	1437292927	3/4/2011	0883510729	6101		2/15/2011	22	99213	GC		6101	1154457091		132.00	54.90	10.04
0211139653870	b(6)	1437292927	6/2/2011	0883779324	6101		5/12/2011	22	99213			6101	1154457091		132.00	54.90	43.92
9714104901857	b(6)	1437292927	5/8/2014	0887319853	6101		5/17/2012	22	99213	GC		6101	1154457091		230.00	55.34	44.27
0213158298070	b(6)	1437292927	6/21/2013	0886149880	6101		6/6/2013	22	99213			6101	1154457091		121.00	55.88	43.81
9714104901824	b(6)	1437292927	5/9/2014	0887325318	6101		5/15/2012	22	99215	GC		6101	1154457091		458.00	119.56	95.65
0214111468780	b(6)	1437292927	5/5/2014	0887304753	1749		4/17/2014	22	99205	GC		1749	1154457091		458.00	190.78	149.57
0214199868040	b(6)	1437292927	8/1/2014	0887636315	6101		7/17/2014	22	99213			6101	1154457091		121.00	58.03	45.49
0911021363790	b(6)	1437292927	2/4/2011	0883434350	6111		1/10/2011	22	19120	LT		6111	1154457091		1613.00	438.20	350.56
0216027865410	b(6)	1437292927	2/2/2016	0528412200	N6019		1/12/2016	22	99213			(Null)	1154457091		92.00	58.12	0.00
0215246787440	b(6)	1437292927	9/17/2015	0889180810	1749		7/7/2015	22	99215	57	GC	1749	1154457091		263.00	126.99	99.56
0215211686270	b(6)	1437292927	8/13/2015	0889034783	1748	V861	7/8/2015	22	38525	51	LT	1748	1154457091		1240.00	249.11	195.30
0215211686270	b(6)	1437292927	8/13/2015	0889034783	1748	V861	7/8/2015	22	19301	LT		1748	1154457091		1410.00	733.83	575.32
9610236117190	b(6)	1437292927	9/1/2011	0884069470	6101		3/16/2010	22	99213			6101	1154457091		132.00	53.52	13.72
0215009655040	b(6)	1437292927	1/16/2015	0522420114	1749		1/8/2015	22	99215			1749	1154457091		263.00	126.36	0.00

ICN	HICN	Billing NP1	Paid Date	Check #	DX 1	DX 2	From DOS	POS	Procedure	Mod1	Mod2	Primary	Revd	NP1	Billed Amt	Allowed	Paid Amt
0215047356350	b(6)	1437292927	3/2/2015	0888408868	1744	2330	1/21/2015	21	19303	LT		1744	1154457091		3470.00	1127.86	864.24
0215047356350	b(6)	1437292927	3/2/2015	0888408868	1744	2330	1/21/2015	21	38525	51	LT	1744	1154457091		1240.00	247.87	194.33
0914322057720	b(6)	1437292927	12/2/2014	0888096857	1749		11/14/2014	22	99215			1749	1154457091		263.00	125.85	98.67
0214363172340	b(6)	1437292927	1/12/2015	0888228413	1749		12/4/2014	22	99215			1749	1154457091		263.00	125.85	98.67
0212145382000	b(6)	1437292927	6/8/2012	0884892836	6101		5/24/2012	11	99213			6101	1154457091		230.00	82.82	66.26
0911151664670	b(6)	1437292927	6/13/2011	0883809126	6101		5/26/2011	22	99213			6101	1154457091		132.00	54.90	43.92
0213151370310	b(6)	1437292927	6/14/2013	0886123869	6101		5/30/2013	22	99213	GC		6101	1154457091		121.00	55.88	43.81
091491290840	b(6)	1437292927	7/24/2014	0887605640	6101		7/10/2014	22	99213			6101	1154457091		121.00	58.03	45.49
0914213156100	b(6)	1437292927	8/15/2014	0887691119	6101		7/31/2014	22	99213			6101	1154457091		121.00	58.03	45.49
0916244113730	b(6)	1437292927	9/14/2016	0890540438	N6019		8/18/2016	22	99213			(Null)	1154457091		92.00	58.12	45.57
9610236117380	b(6)	1437292927	8/31/2011	0884064921	1749		3/2/2010	22	99203			1749	1154457091		204.00	80.19	64.15
0215009655080	b(6)	1437292927	1/23/2015	0888277197	2330	6109	1/8/2015	22	99205			2330	1154457091		458.00	190.72	34.28
0215021817940	b(6)	1437292927	2/4/2015	0888317120	2330		1/20/2015	22	99214	GC		2330	1154457091		186.00	89.22	69.95
0915041161700	b(6)	1437292927	2/24/2015	0888388361	2330	V103	1/26/2015	22	38525	51	RT	2330	1154457091		1240.00	247.87	194.33
0915041161700	b(6)	1437292927	2/24/2015	0888388361	2330	V103	1/26/2015	22	19303	RT		2330	1154457091		3470.00	1127.86	884.24
0213134322960	b(6)	1437292927	5/28/2013	0886055230	V7610		5/10/2013	22	99205	GC		(Null)	1154457091		458.00	184.58	144.71
0213144364550	b(6)	1437292927	6/7/2013	0886100736	1749		5/23/2013	22	99213			1749	1154457091		121.00	55.88	43.81
0213203193570	b(6)	1437292927	8/5/2013	0886303525	1741		6/5/2013	22	38525	51	RT	1741	1154457091		1206.00	248.02	194.45
0213203193570	b(6)	1437292927	8/5/2013	0886303525	1741		6/5/2013	22	19301	RT	GC	1741	1154457091		1370.00	726.45	569.54
0211223622500	b(6)	1437292927	8/25/2011	0884045865	61172		8/9/2011	22	99203			61172	1154457091		340.00	82.71	66.17
0214146756970	b(6)	1437292927	6/9/2014	0887432233	1749		5/22/2014	22	99205			1749	1154457091		458.00	190.78	149.57
0914162482860	b(6)	1437292927	6/25/2014	0887497606	1749		6/10/2014	22	99215	GC		1749	1154457091		263.00	125.85	98.67
0914191266150	b(6)	1437292927	7/24/2014	0887605640	1744		6/16/2014	22	14001	GC		1744	1154457091		3570.00	766.11	600.63
0914191266150	b(6)	1437292927	7/24/2014	0887605640	1744		6/16/2014	22	77469			1744	1154457091		1470.00	353.18	276.89
0914191266150	b(6)	1437292927	7/24/2014	0887605640	1744		6/16/2014	22	38500	51	LT	1744	1154457091		6370.00	144.20	113.05
0914191266150	b(6)	1437292927	7/24/2014	0887605640	1744		6/16/2014	22	19301	51	LT	1744	1154457091		1410.00	364.41	285.70
0914295114540	b(6)	1437292927	11/5/2014	0888001578	6101		10/21/2014	22	99213			6101	1154457091		121.00	58.03	45.49
0215001338860	b(6)	1437292927	1/15/2015	0888247186	6101		12/18/2014	22	99213			6101	1154457091		121.00	58.03	45.49
0215364652440	b(6)	1437292927	1/14/2016	0889631632	N63		12/22/2015	22	99213			(Null)	1154457091		92.00	58.18	45.61
0216181588930	b(6)	1437292927	7/13/2016	0890301128	D242		6/9/2016	22	99213			(Null)	1154457091		92.00	58.12	45.57
0215243893660	b(6)	1437292927	9/14/2015	0889163590	79399	79389	8/18/2015	22	99205			79399	1154457091		458.00	191.68	150.27
9714104901647	b(6)	1437292927	5/8/2014	0887319853	2330		4/26/2012	22	99205	GC		2330	1154457091		653.00	180.11	144.09
0212206382570	b(6)	1437292927	8/7/2012	0885077665	2330	79381	7/2/2012	22	19301	LT		2330	1154457091		1370.00	699.22	559.38

ICN	HICN	Billing NPI	Paid Date	Check #	DX 1	DX 2	From DOS	POS	Procedure	Mod1	Mod2	Primar	Reud	NPI	Billed Amt	Allowed	Paid Amt
0212223357220	b(6)	1437292927	8/23/2012	0508857668	1749		8/9/2012	11	99215	24		1749	1154457091		458.00	0.00	0.00
9714104902639	b(6)	1437292927	5/19/2014	0887357700	1749		8/9/2012	22	99215	24		1749	1154457091		458.00	119.56	95.65
0212265573970	b(6)	1437292927	10/5/2012	0885266634	1749		8/22/2012	22	19301	58	RT	1749	1154457091		1370.00	699.22	559.38
961410464420	b(6)	1437292927	4/23/2014	0887256348	6101		1/16/2014	22	99213			6101	1154457091		121.00	58.03	45.49
0215065713420	b(6)	1437292927	3/20/2015	0888480439	6101		3/3/2015	22	99213			6101	1154457091		121.00	57.89	45.38
0910343557340	b(6)	1437292927	12/27/2010	0883350605	6101		11/30/2010	22	99213			6101	1154457091		132.00	54.70	43.76
1011356195770	b(6)	1437292927	1/4/2012	0884447966	61179		12/20/2011	22	99213	GC		61179	1154457091		230.00	54.90	43.92
0216263744780	b(6)	1437292927	10/3/2016	0890607760	C50012		8/25/2016	22	99205			(Null)	1154457091		458.00	190.99	149.73
0217011802680	b(6)	1437292927	1/25/2017	0891028398	C50912		10/11/2016	22	99215	GC		(Null)	1154457091		263.00	126.39	99.09
0215056722980	b(6)	1437292927	3/4/2015	0523467768	20930	1963	2/24/2015	22	99214			20930	1154457091		186.00	0.00	0.00
021510342410	b(6)	1437292927	4/27/2015	0888648861	20930	1963	2/24/2015	22	99214	57		20930	1154457091		186.00	89.22	69.95
0215082471330	b(6)	1437292927	4/6/2015	0888533543	7856	V1091	3/11/2015	22	38745	RT	GC	7856	1154457091		5010.00	981.08	769.16
0214357752580	b(6)	1437292927	1/20/2015	0888256261	1963	V1091	12/3/2014	22	38525	RT		1963	1154457091		1240.00	494.71	387.85
0216133554360	b(6)	1437292927	5/26/2016	0890128360	N63		5/10/2016	22	99205			(Null)	1154457091		458.00	190.99	149.73
0916069004170	b(6)	1437292927	3/23/2016	0889874937	C50911		3/8/2016	22	99205			(Null)	1154457091		458.00	190.99	149.73
0216127570450	b(6)	1437292927	5/20/2016	0890106690	C5031Z4001		4/21/2016	21	19303	50		(Null)	1154457091		7148.00	1697.87	1331.13
0911090273610	b(6)	1437292927	4/14/2011	0883630106	6101		1/20/2011	22	99213			6101	1154457091		132.00	54.90	43.92
021578470330	b(6)	1437292927	10/14/2015	0527239350	C5091	N62	10/1/2015	22	99214			(Null)	1154457091		186.00	89.66	0.00
0214363172350	b(6)	1437292927	1/12/2015	0888228413	6101		12/4/2014	22	99213			6101	1154457091		121.00	58.03	45.49
9714104903072	b(6)	1437292927	5/23/2014	0887377918	2330	6108	10/4/2012	22	99205			2330	1154457091		653.00	180.11	144.09
9714104903240	b(6)	1437292927	5/27/2014	0887383236	2330		10/18/2012	22	99214			2330	1154457091		345.00	85.01	68.01
0212325415350	b(6)	1437292927	12/4/2012	0885457135	1749		10/24/2012	22	19301	LT	GC	1749	1154457091		1370.00	699.22	559.38
1012009753260	b(6)	1437292927	1/23/2012	0884487190	61179		1/5/2012	22	99213			61179	1154457091		230.00	55.34	11.15
0911154189880	b(6)	1437292927	6/16/2011	0883821625	6101		5/19/2011	22	99213	GC		6101	1154457091		132.00	54.90	43.92
9714104902327	b(6)	1437292927	5/14/2014	0887341986	6101	61171	7/3/2012	22	99214			6101	1154457091		345.00	85.01	68.01
9714104901150	b(6)	1437292927	5/2/2014	0887299493	6101		9/6/2011	22	99214			6101	1154457091		345.00	84.59	67.67
0915043217400	b(6)	1437292927	2/26/2015	0888398923	6101		1/13/2015	22	99213			6101	1154457091		121.00	57.89	45.38
9614104891270	b(6)	1437292927	4/24/2014	0887263227	6101		1/16/2014	22	99213			6101	1154457091		121.00	58.03	0.91
0216035803430	b(6)	1437292927	2/10/2016	0528941574	N6011N6012		1/26/2016	22	99213			(Null)	1154457091		92.00	58.12	0.00
9714104900535	b(6)	1437292927	4/24/2014	0887263227	61179		2/9/2012	22	99213			61179	1154457091		230.00	55.34	26.06
9714104901680	b(6)	1437292927	5/8/2014	0887319853	6101		4/3/2012	22	99213	GC		6101	1154457091		230.00	55.34	44.27
9613144863830	b(6)	1437292927	6/4/2013	0886084571	1749		4/18/2013	11	99213			1749	1154457091		121.00	86.81	68.06
0215210357520	b(6)	1437292927	8/4/2015	0525978331	V103		7/14/2015	22	99213			(Null)	1154457091		121.00	0.00	0.00

ICN	HICN	Billing NPI	Paid Date	Check #	DX 1	DX 2	From DQS	POS	Procedure	Mod1	Mod2	Primar	Reud	NPI	Billed Amt	Allowed	Paid Amt
0215246787430	b(6)	1437292927	9/17/2015	0889180810	V103		7/14/2015	22	99213			(Null)	1154457091		121.00	58.18	45.61
0914198090020	b(6)	1437292927	7/31/2014	0887631363	6101		7/15/2014	22	99213			6101	1154457091		121.00	58.03	45.49
0216218537950	b(6)	1437292927	8/19/2016	0890447527	C5091N6011		7/26/2016	22	99213			(Null)	1154457091		92.00	58.12	45.57
0911236109540	b(6)	1437292927	9/7/2011	0884084481	1749		8/18/2011	22	99205			1749	1154457091		631.00	180.05	144.04
0911269591200	b(6)	1437292927	10/11/2011	0884191984	1749		9/6/2011	22	99214			1749	1154457091		345.00	84.59	67.67
0911300266060	b(6)	1437292927	11/10/2011	0884301055	1749		9/26/2011	22	19301	RT		1749	1154457091		1370.00	681.51	545.21
0911300266060	b(6)	1437292927	11/10/2011	0884301055	1749		9/26/2011	22	38525	51	RT	1749	1154457091		1710.00	232.63	186.10
0911300266060	b(6)	1437292927	11/10/2011	0884301055	1749		9/26/2011	22	79200	26		1749	1154457091		720.00	112.07	89.66
0911300266060	b(6)	1437292927	11/10/2011	0884301055	1749		9/26/2011	22	99213	24		1749	1154457091		230.00	54.90	43.92
0911285200670	b(6)	1437292927	10/26/2011	0884249372	1749	2330	10/6/2011	22	99213			6101	1154457091		230.00	55.34	44.27
9714104903245	b(6)	1437292927	5/27/2014	0887383236	6101		10/11/2012	22	99213			6101	1154457091		1370.00	483.87	387.10
0211340845780	b(6)	1437292927	12/20/2011	0884412257	2330		10/26/2011	22	19301	78	RT	2330	1154457091		121.00	55.88	43.81
0213192336110	b(6)	1437292927	7/25/2013	0886269176	6101		7/9/2013	22	99213			6101	1154457091		631.00	180.05	144.04
0911220389570	b(6)	1437292927	8/22/2011	0884031955	1749		8/4/2011	22	99205			1749	1154457091		230.00	54.90	43.92
0911269591190	b(6)	1437292927	10/11/2011	0884191984	1749		9/1/2011	22	99213	GC		1749	1154457091		1370.00	681.51	545.21
0211257741030	b(6)	1437292927	9/28/2011	0884153894	1745		9/7/2011	22	19301	LT	GC	1745	1154457091		1710.00	232.63	186.10
0211257741030	b(6)	1437292927	9/28/2011	0884153894	1745		9/7/2011	22	38525	51	LT	1745	1154457091		263.00	126.39	7.67
0216124532520	b(6)	1437292927	5/17/2016	0890090669	C50912		4/21/2016	22	99215			(Null)	1154457091		263.00	126.39	99.09
0216188583440	b(6)	1437292927	7/20/2016	0890330050	C50919		6/16/2016	22	99215			(Null)	1154457091		263.00	168.48	134.78
9613129875470	b(6)	1437292927	5/17/2013	0886024243	1749		1/10/2013	11	99215			1749	1154457091		263.00	168.48	134.78
9613129875480	b(6)	1437292927	5/17/2013	0886024243	1749		1/29/2013	11	99215	GC		1749	1154457091		1206.00	496.03	396.82
9613137716180	b(6)	1437292927	5/28/2013	0886055230	1742	1744	2/4/2013	21	19301	LT	GC	1742	1154457091		1370.00	0.00	0.00
9613137716180	b(6)	1437292927	5/28/2013	0886055230	1742	1744	2/4/2013	21	38525	GC		1742	1154457091		1206.00	496.03	396.82
9613137716180	b(6)	1437292927	5/28/2013	0886055230	1742	1744	2/4/2013	21	19301	59	GC	1744	1154457091		1370.00	0.00	0.00
0214097906260	b(6)	1437292927	4/21/2014	0887242288	99813		4/3/2014	22	10160	GC		99813	1154457091		259.00	114.46	89.74
0914121117700	b(6)	1437292927	5/15/2014	0887347415	99851N5889		4/29/2014	22	10160			99851	1154457091		259.00	114.46	89.74
0213158298090	b(6)	1437292927	6/21/2013	0886149880	1749		6/6/2013	22	99213			1749	1154457091		121.00	55.88	43.81
0213192336120	b(6)	1437292927	7/25/2013	0886269176	1749	2330	7/9/2013	22	99214			1749	1154457091		186.00	86.29	67.65
091325262340	b(6)	1437292927	8/27/2013	0886383634	1742		7/10/2013	22	19301	58	LT	1742	1154457091		1370.00	726.45	569.54
0213115348340	b(6)	1437292927	5/9/2013	0885993354	1749		11/16/2012	22	99205			1749	1154457091		458.00	180.11	144.09
9614217592060	b(6)	1437292927	8/14/2014	0887685807	1749		2/27/2014	22	99205			1749	1154457091		458.00	190.78	149.57
9614111411440	b(6)	1437292927	4/30/2014	0887286855	1749	79380	3/11/2014	22	99215			1749	1154457091		263.00	125.85	98.67
0214097899490	b(6)	1437292927	4/21/2014	0887242288	1742		3/31/2014	22	19301	RT	GC	1742	1154457091		1410.00	728.82	571.40
0214097899490	b(6)	1437292927	4/21/2014	0887242288	1742		3/31/2014	22	38500	51	RT	1742	1154457091		6370.00	144.20	113.05

ICN	HICN	Billing NPI	Paid Date	Check #	DX 1	DX 2	From DOS	POS	Procedure	Mod1	Mod2	Primer	Revd	NPI	Billed Amt	Allowed	Paid Amt
0914099070820	b(6)	1437292927	4/23/2014	0887256348	1749	1963	4/8/2014	22	99213	24		1749	1154457091		121.00	58.03	45.49
0914104901256	b(6)	1437292927	5/2/2014	0887299493	61179		3/15/2012	22	99213			61179	1154457091		230.00	55.34	44.27
9613143771140	b(6)	1437292927	6/3/2013	0886079053	6101		4/11/2013	11	99213			6101	1154457091		121.00	86.81	68.06
0214111468760	b(6)	1437292927	5/5/2014	0887304753	6101		4/17/2014	22	99213	GC		6101	1154457091		121.00	58.03	45.49
0215149828530	b(6)	1437292927	6/12/2015	0888297438	6101		5/28/2015	22	99213			6101	1154457091		121.00	57.89	45.38
0216215563840	b(6)	1437292927	8/16/2016	0890431865	N6011	N6012	7/14/2016	22	99213	GC		(Null)	1154457091		92.00	58.12	45.57
1012021168080	b(6)	1437292927	2/1/2012	0884508317	61179		12/22/2011	22	99213			61179	1154457091		230.00	54.90	43.92
9714104901024	b(6)	1437292927	5/1/2014	0887292465	61179		2/23/2012	22	99213			61179	1154457091		230.00	55.34	44.27
0911223500640	b(6)	1437292927	8/25/2011	0884045865	6101		8/9/2011	22	99213			6101	1154457091		221.00	54.90	43.92
0210344844430	b(6)	1437292927	1/4/2011	0883352663	1963	79389	10/20/2010	22	38745	59	RT	1963	1154457091		4762.00	575.24	460.19
0910326666200	b(6)	1437292927	12/6/2010	0883282712	1963	79389	10/20/2010	22	38745	RT	GC	1963	1154457091		4762.00	0.00	0.00
0910326666200	b(6)	1437292927	12/6/2010	0883282712	1963	79389	10/20/2010	22	19301	59	RT	1963	1154457091		1325.00	659.81	527.85
0215273852970	b(6)	1437292927	10/14/2015	0889282927	6101		9/1/2015	22	99214			6101	1154457091		186.00	89.66	70.30
9714104903220	b(6)	1437292927	5/27/2014	0887383236	6101		10/16/2012	22	99213	GC		6101	1154457091		230.00	55.34	44.27
9714104903939	b(6)	1437292927	6/3/2014	0887411316	61172	79380	11/1/2012	22	99205	GC		61172	1154457091		653.00	180.11	144.09
0913227208840	b(6)	1437292927	8/28/2013	0886388955	2330		8/13/2013	22	99205			2330	1154457091		458.00	184.58	144.71
0213273418520	b(6)	1437292927	10/15/2013	0886550942	2330		8/28/2013	22	19301	LT	GC	2330	1154457091		1370.00	726.45	569.54
0913247326000	b(6)	1437292927	9/12/2013	0514807937	2330		9/3/2013	22	99024			2330	1154457091		10.00	0.00	0.00
0211101300250	b(6)	1437292927	4/25/2011	0883659834	61172	6101	2/3/2011	22	99213	GC		61172	1154457091		132.00	54.90	43.92
9614106590430	b(6)	1437292927	4/24/2014	0887263227	6101		3/4/2014	22	99213			6101	1154457091		121.00	58.03	45.49
0215273852980	b(6)	1437292927	10/14/2015	0889282927	6101		9/3/2015	22	99213			6101	1154457091		92.00	58.18	45.61
0216042525680	b(6)	1437292927	2/25/2016	0889775033	C50912		2/2/2016	22	99215			(Null)	1154457091		263.00	126.39	99.09
0216088236250	b(6)	1437292927	4/11/2016	0889944017	C5091	29221	3/14/2016	22	38500	51	LT	(Null)	1154457091		8067.00	145.00	113.68
0216088236250	b(6)	1437292927	4/11/2016	0889944017	C5091	29221	3/14/2016	22	19301	LT		(Null)	1154457091		1452.00	732.90	574.59
0214199868010	b(6)	1437292927	8/1/2014	0887636315	1749		7/17/2014	22	99205	GC		1749	1154457091		458.00	190.78	149.57
0214259884380	b(6)	1437292927	9/30/2014	0887854282	1749		8/21/2014	22	99215			1749	1154457091		263.00	125.85	98.67
0914265248450	b(6)	1437292927	10/6/2014	0887875536	1744		9/8/2014	22	19301	LT		1744	1154457091		1410.00	728.82	571.40
0914265248450	b(6)	1437292927	10/6/2014	0887875536	1744		9/8/2014	22	14000	51		1744	1154457091		3208.00	297.24	233.03
0914279811420	b(6)	1437292927	10/10/2014	0521013707	1749		10/2/2014	22	99214			1749	1154457091		186.00	0.00	0.00
0214300432220	b(6)	1437292927	11/10/2014	0888018087	1749		10/8/2014	22	19301	78	LT	1749	1154457091		1410.00	517.46	405.69
0215273852960	b(6)	1437292927	10/14/2015	0889282927	6101		9/1/2015	22	99213			6101	1154457091		92.00	58.18	45.61
0917016226950	b(6)	1437292927	1/30/2017	0891042572	N6091		10/11/2016	22	99213			(Null)	1154457091		92.00	58.12	45.57
0914336010940	b(6)	1437292927	12/16/2014	0888144808	6101		11/25/2014	22	99213	GC		6101	1154457091		121.00	58.03	45.49

ICN	HICN	Billing NPI	Paid Date	Check #	DX 1	DX 2	From DOS	POS	Procedure	Mod1	Mod2	Primar	Revd	NPI	Billed Amt	Allowed	Paid Amt
0215036728050	b(6)	1437292927	2/19/2015	0888372365	6101		1/20/2015	22	99204	GC		6101	1154457091		371.00	146.93	115.19
0216112750800	b(6)	1437292927	5/5/2016	0890046801	N601LN6012		4/7/2016	22	99213	GC		(Null)	1154457091		92.00	58.12	45.57
0215210377120	b(6)	1437292927	8/10/2015	0889014501	1749		6/25/2015	22	99205			1749	1154457091		458.00	190.72	149.57
0215230864180	b(6)	1437292927	9/3/2015	0889122676	1749		7/7/2015	22	99215			1749	1154457091		263.00	126.99	99.56
1015231090040	b(6)	1437292927	9/3/2015	0889122676	V103		7/28/2015	22	99215	57	GC	(Null)	1154457091		263.00	126.99	99.56
0215230848970	b(6)	1437292927	9/3/2015	0889122676	1748	V860	7/29/2015	22	19303	RT	GC	1748	1154457091		694.00	1133.50	888.66
0215230848970	b(6)	1437292927	9/3/2015	0889122676	1748	V860	7/29/2015	22	38525	51	LT	1748	1154457091		1240.00	249.11	195.30
0215296691040	b(6)	1437292927	10/29/2015	0526613839	R2232		10/13/2015	22	99214			(Null)	1154457091		186.00	0.00	0.00
0215330643000	b(6)	1437292927	12/10/2015	0889511209	T888XXD		11/17/2015	22	10160	78		(Null)	1154457091		267.00	92.51	72.53
9610099456050	b(6)	1437292927	5/20/2011	0883742697	2330		1/22/2010	22	19301	LT	GC	2330	1154457091		1325.00	645.60	516.48
9610099456050	b(6)	1437292927	5/20/2011	0883742697	2330		1/22/2010	22	38525	51	LT	2330	1154457091		1658.00	220.20	176.16
9613140724680	b(6)	1437292927	5/29/2013	0886062967	6101		3/19/2013	11	99213			6101	1154457091		121.00	86.31	69.45
0216105501570	b(6)	1437292927	4/28/2016	0890019485	Z853		3/29/2016	22	99213			(Null)	1154457091		92.00	58.12	45.57
0914091101810	b(6)	1437292927	4/22/2014	0887249544	6101		4/1/2014	22	99213			6101	1154457091		121.00	58.03	45.49
0915118040050	b(6)	1437292927	5/12/2015	0888681944	6101		4/7/2015	22	99213			6101	1154457091		121.00	57.89	45.38
0911122516990	b(6)	1437292927	5/16/2011	0883724946	6101		4/26/2011	22	99213	GC		6101	1154457091		132.00	54.90	43.92
9714104901858	b(6)	1437292927	5/8/2014	0887319853	6101		5/17/2012	22	99214			6101	1154457091		345.00	85.01	68.01
0913273036150	b(6)	1437292927	10/15/2013	0886550942	6101		9/26/2013	22	99213			6101	1154457091		121.00	55.88	43.81
0214275206870	b(6)	1437292927	10/15/2014	0887914858	6101		9/30/2014	22	99213			6101	1154457091		121.00	58.03	45.49
9714104903218	b(6)	1437292927	5/27/2014	0887383236	6101		10/16/2012	22	99213			6101	1154457091		230.00	55.34	44.27
0911300274350	b(6)	1437292927	11/10/2011	0884301055	61179	61183	10/25/2011	22	99213			61179	1154457091		230.00	54.90	43.92
0910274263720	b(6)	1437292927	10/15/2010	0883150018	2330		9/15/2010	22	19301	LT	GC	2330	1154457091		1325.00	659.81	527.85
0914218136340	b(6)	1437292927	8/20/2014	0887706344	6101		8/5/2014	22	99213			6101	1154457091		121.00	58.03	45.49
0915261141760	b(6)	1437292927	10/2/2015	0889239850	6101	7245	9/15/2015	22	99213			6101	1154457091		92.00	58.18	24.83
0910343557390	b(6)	1437292927	12/27/2010	0883330605	6101		11/16/2010	22	99213			6101	1154457091		132.00	54.70	43.76
0916154008290	b(6)	1437292927	6/16/2016	0890202502	D0512	Z809	5/26/2016	22	99205			(Null)	1154457091		458.00	190.99	149.73
0216172319700	b(6)	1437292927	7/5/2016	0890266751	C5041D0512		6/6/2016	22	19301	LT		(Null)	1154457091		1452.00	732.90	574.59
0216188591430	b(6)	1437292927	7/12/2016	0531881990	D0512		6/30/2016	22	99215	GC		(Null)	1154457091		263.00	0.00	0.00
0910040191960	b(6)	1437292927	2/23/2010	0882615015	79389		1/26/2010	22	99204			79389	1154457091		305.00	135.43	108.34
9714104901028	b(6)	1437292927	5/1/2014	0887292465	1749		2/23/2012	22	99205			1749	1154457091		653.00	180.11	144.09
9714104901260	b(6)	1437292927	5/2/2014	08872929493	1749		3/15/2012	22	99214			1749	1154457091		345.00	85.01	68.01
0212139209780	b(6)	1437292927	6/1/2012	0884870617	1749		4/9/2012	21	19303	RT	GC	1749	1154457091		3370.00	1080.48	864.38
0212139209780	b(6)	1437292927	6/1/2012	0884870617	1749		4/9/2012	21	38500	51	RT	1749	1154457091		6187.00	139.76	111.81

ICN	HICN	Billing NPI	Paid Date	Check #	DX 1	DX 2	From DOS	POS	Procedure	Mod1	Mod2	Primary	Revd	NPI	Billed Amt	Allowed	Paid Amt
0215243893560	b(6)	1437292927	9/14/2015	0889163590	61189	2141	8/25/2015	22	99204			61189	1154457091		371.00	147.66	115.77
0911189441370	b(6)	1437292927	7/21/2011	0883930268	1749		6/21/2011	22	99215			1749	1154457091		267.00	119.60	95.68
0211209870640	b(6)	1437292927	8/9/2011	0883991159	1744	6102	6/29/2011	21	19301	LT	51	6102	1154457091		1325.00	340.76	272.61
0211209870640	b(6)	1437292927	8/9/2011	0883991159	1744	6102	6/29/2011	21	19303	RT		1744	1154457091		2775.00	1052.43	841.94
0211209870640	b(6)	1437292927	8/9/2011	0883991159	1744	6102	6/29/2011	21	38525	51	RT	1744	1154457091		1658.00	232.63	186.10
0911284202460	b(6)	1437292927	10/25/2011	0884244920	99674	1749	9/21/2011	22	19301	58	RT	1749	1154457091		1370.00	681.51	545.21
0911284202460	b(6)	1437292927	10/25/2011	0884244920	99674	1749	9/21/2011	22	36590	51		99674	1154457091		1680.00	0.00	0.00
0911318515430	b(6)	1437292927	11/30/2011	0884357062	99674		9/21/2011	22	36590	59	58	99674	1154457091		1680.00	113.85	91.08
0212146378650	b(6)	1437292927	6/8/2012	0884892836	1749		5/18/2012	22	99205			1749	1154457091		396.00	180.11	144.09
0212146378650	b(6)	1437292927	6/8/2012	0884892836	1749		5/24/2012	11	99213			1749	1154457091		230.00	82.82	66.26
0212235237950	b(6)	1437292927	9/5/2012	0885157723	1749	N1005	6/6/2012	21	19303	LT		1749	1154457091		3370.00	1080.48	864.38
9714104901683	b(6)	1437292927	5/8/2014	0887319853	1749		4/5/2012	22	99205			1749	1154457091		653.00	180.11	144.09
9613130734080	b(6)	1437292927	5/30/2013	0886068291	6101		2/5/2013	11	99213	GC		6101	1154457091		121.00	86.81	1.04
9714104901368	b(6)	1437292927	5/8/2014	0887319853	1749		3/27/2012	22	99205			1749	1154457091		653.00	180.11	144.09
9714104901682	b(6)	1437292927	5/19/2014	0887357700	1749		4/12/2012	22	99214			1749	1154457091		345.00	85.01	68.01
0212136260830	b(6)	1437292927	5/29/2012	0884856689	1742		4/30/2012	22	19297	GC		1742	1154457091		355.00	99.15	79.32
0212136260830	b(6)	1437292927	5/29/2012	0884856689	1742		4/30/2012	22	19301	RT	GC	1742	1154457091		1370.00	699.22	559.38
0212136260830	b(6)	1437292927	5/29/2012	0884856689	1742		4/30/2012	22	38500	51	RT	1742	1154457091		6187.00	139.76	111.81
0212136260830	b(6)	1437292927	5/29/2012	0884856689	1742		4/30/2012	22	38900	GC		1742	1154457091		528.00	142.29	113.83
0213130332650	b(6)	1437292927	5/24/2013	0886050481	6101		4/30/2013	22	99213			6101	1154457091		121.00	55.88	43.81
0216127572570	b(6)	1437292927	5/20/2016	0890106690	N6011N6012		5/5/2016	22	99213			(Null)	1154457091		92.00	58.12	45.57
0215296731980	b(6)	1437292927	10/27/2015	0889336805	6101		5/14/2015	22	99213	GC		6101	1154457091		121.00	57.89	45.38
0914183372460	b(6)	1437292927	7/16/2014	0887576821	6101		6/3/2014	22	99213			6101	1154457091		121.00	58.03	45.49
9714104902570	b(6)	1437292927	5/20/2014	0887362850	6101		7/31/2012	22	99213			6101	1154457091		230.00	55.34	44.27
9714104903299	b(6)	1437292927	5/28/2014	0887390792	6101		10/23/2012	22	99213			6101	1154457091		230.00	55.34	44.27
0215315722850	b(6)	1437292927	11/25/2015	0889452905	N6011N6012		11/10/2015	22	99213			(Null)	1154457091		92.00	58.18	45.61
0914336010960	b(6)	1437292927	1/20/2015	0888256261	6101		11/25/2014	22	99213			6101	1154457091		121.00	58.03	45.54
0213340827070	b(6)	1437292927	12/20/2013	0886812057	6101		11/26/2013	22	99213			6101	1154457091		121.00	55.88	43.81
0215243893720	b(6)	1437292927	9/14/2015	0889163590	6101		7/23/2015	22	99205	GC		6101	1154457091		458.00	191.68	150.27
0215243470570	b(6)	1437292927	9/14/2015	0889163590	V7294	6101	8/27/2015	22	99215			(Null)	1154457091		263.00	126.99	99.56
0215278470350	b(6)	1437292927	10/19/2015	0889305915	N6012N6011		10/1/2015	22	99215	GC		(Null)	1154457091		263.00	126.99	99.56
0215300710300	b(6)	1437292927	11/10/2015	0889393256	D242	N6452	10/12/2015	21	19303	RT	LT	(Null)	1154457091		7148.00	1133.50	888.66
0215300710300	b(6)	1437292927	11/10/2015	0889393256	D242	N6452	10/12/2015	21	38525	51	RT	(Null)	1154457091		1277.00	249.11	195.30

ICN	HICN	Billing NPI	Paid Date	Check #	DX 1	DX 2	From DCS	POS	Procedure	Mod1	Mod2	Primary	Revd	NPI	Billed Amt	Allowed	Paid Amt
0215300710300	b(6)	1437292927	11/10/2015	0889393256	D242	N6452	10/12/2015	21	19371	51	RT	(Null)	1154457091		4851.00	463.70	363.54
9613127731640	b(6)	1437292927	5/17/2013	0886024243	2330	79380	1/10/2013	11	99205			2330	1154457091		653.00	236.89	71.91
9613129875430	b(6)	1437292927	5/17/2013	0886024243	2330		1/29/2013	11	99214	GC		2330	1154457091		186.00	126.77	101.43
9714104900735	b(6)	1437292927	4/28/2014	0518673117	1749		1/31/2012	22	99205			1749	1154457091		653.00	0.00	0.00
9714104900972	b(6)	1437292927	5/1/2014	0887292465	1749		2/9/2012	22	99214			1749	1154457091		345.00	85.01	68.01
0212089312830	b(6)	1437292927	4/12/2012	0884710260	1748		2/29/2012	22	38525	51	GC	1748	1154457091		1710.00	238.66	190.93
0212089312830	b(6)	1437292927	4/12/2012	0884710260	1748		2/29/2012	22	19301	LT	GC	1748	1154457091		1370.00	699.22	559.38
0911311551450	b(6)	1437292927	11/21/2011	0884331271	61179		11/3/2011	22	99213			61179	1154457091		230.00	54.90	43.92
9714104903366	b(6)	1437292927	5/27/2014	0887383236	6101		11/6/2012	22	99213			6101	1154457091		230.00	55.34	44.27
0911053155930	b(6)	1437292927	3/8/2011	0883518102	6101		11/23/2010	22	99213			6101	1154457091		132.00	54.70	43.76
0911048276120	b(6)	1437292927	3/3/2011	0883506892	6101		8/17/2010	22	99213			6101	1154457091		132.00	54.70	43.76
0911237249080	b(6)	1437292927	8/31/2011	0504403457	V163	6101	8/18/2011	22	99213			(Null)	1154457091		221.00	0.00	0.00
0911250002950	b(6)	1437292927	9/21/2011	08841130872	6101	V163	8/18/2011	22	99213			6101	1154457091		221.00	54.90	43.92
9714104902998	b(6)	1437292927	5/23/2014	0887377918	6101		9/25/2012	22	99213			6101	1154457091		230.00	55.34	44.27
0215335797520	b(6)	1437292927	12/7/2015	0527582138	Z803	Z1231	11/24/2015	22	99213			(Null)	1154457091		92.00	0.00	0.00
0215022818890	b(6)	1437292927	2/5/2015	0888322475	1759		1/20/2015	22	99205			1759	1154457091		458.00	190.72	122.72
1015068596600	b(6)	1437292927	3/24/2015	088490842	1759		2/17/2015	22	99215			1759	1154457091		263.00	126.36	99.07
0215082471340	b(6)	1437292927	4/6/2015	0888533543	1759	1963	3/4/2015	22	19303	RT	GC	1759	1154457091		3470.00	1127.86	884.24
0215082471340	b(6)	1437292927	4/6/2015	0888533543	1759	1963	3/4/2015	22	38525	51	RT	1759	1154457091		1240.00	247.87	194.33
0911122516960	b(6)	1437292927	5/16/2011	0883724946	1970		4/21/2011	22	99212			1970	1154457091		84.00	28.01	22.41
0911007235040	b(6)	1437292927	1/21/2011	0883395491	1960	1969	10/12/2010	22	99205			1960	1154457091		379.00	178.99	143.19
0911007235020	b(6)	1437292927	1/21/2011	0883395491	1960		10/21/2010	22	99213	GC		1960	1154457091		132.00	54.70	43.76
0911007235030	b(6)	1437292927	1/21/2011	0883395491	1479	1969	10/28/2010	22	99214	GC		1479	1154457091		200.00	84.25	67.40
0210344848160	b(6)	1437292927	1/5/2011	0883356658	1960	1969	11/9/2010	22	99213			1960	1154457091		132.00	54.70	43.76
0911004470520	b(6)	1437292927	1/27/2011	0883409520	1714	1963	12/6/2010	21	21558	62	22	1714	1154457091		4970.00	1045.61	836.49
0213140419240	b(6)	1437292927	6/3/2013	0886079053	61171		5/16/2013	22	99203			61171	1154457091		245.00	84.06	65.90
0913235185280	b(6)	1437292927	9/6/2013	0886421606	6101		8/22/2013	22	99213			6101	1154457091		121.00	55.88	43.81
0216181583780	b(6)	1437292927	7/13/2016	0890301128	N6011	N6012	6/9/2016	22	99214	GC		(Null)	1154457091		186.00	89.34	70.04
0216218526680	b(6)	1437292927	8/19/2016	0890447527	N6011	DO512	7/21/2016	22	99213			(Null)	1154457091		92.00	58.12	45.57
0216188575990	b(6)	1437292927	7/20/2016	0890330050	C50112		6/28/2016	22	99205			(Null)	1154457091		458.00	190.99	149.73
0216214695320	b(6)	1437292927	8/15/2016	0890426504	C5091	R928	7/12/2016	22	99214			(Null)	1154457091		186.00	89.34	70.04
0216221458410	b(6)	1437292927	8/22/2016	0890451982	C50912		7/26/2016	22	99215	GC		(Null)	1154457091		263.00	126.39	99.09
0216231447450	b(6)	1437292927	9/1/2016	0890494145	C50912		8/10/2016	22	19301	LT		(Null)	1154457091		1452.00	732.90	574.59

ICN	HICN	Billing NPI	Paid Date	Check #	DX 1	DX 2	From DOS	POS	Procedure	Mod1	Mod2	Primar	Reud	NPI	Billed Amt	Allowed	Paid Amt
0216231447450	b(6)	1437292927	9/1/2016	0890494148	C50912		8/10/2016	22	38500	51	LT	(Null)	1154457091		8067.00	145.00	113.68
0216336605510	b(6)	1437292927	12/15/2016	0890888609	T8131Z4889		11/29/2016	22	99212	24		(Null)	1154457091		32.00	28.46	22.31
9714104901856	b(6)	1437292927	5/8/2014	0887319853	79380		5/17/2012	22	99213			79380	1154457091		230.00	55.34	44.27
0911186519400	b(6)	1437292927	7/18/2011	0883916928	6111	61189	6/30/2011	22	99204			6111	1154457091		507.00	139.82	111.86
9714104902356	b(6)	1437292927	5/14/2014	0887341986	61189	79380	7/5/2012	22	99214	GC		61189	1154457091		345.00	85.01	68.01
0212216326750	b(6)	1437292927	8/17/2012	0885113367	6108	79389	7/25/2012	22	19125	LT	GC	6108	1154457091		3742.00	499.50	399.60
0911227501060	b(6)	1437292927	8/29/2011	0884054979	61189	6111	8/11/2011	22	99213			61189	1154457091		221.00	54.90	43.92
0911269591160	b(6)	1437292927	10/11/2011	0884191984	61189		9/22/2011	22	99213	GC		61189	1154457091		230.00	54.90	43.92
0911311551430	b(6)	1437292927	11/21/2011	0884331271	61189	79380	11/3/2011	22	99213			61189	1154457091		230.00	54.90	43.92
9714104901153	b(6)	1437292927	5/2/2014	0887299493	1749		3/1/2012	22	99205	GC		1749	1154457091		653.00	180.11	144.09
0212115440230	b(6)	1437292927	5/8/2012	0884794494	1749	2141	3/28/2012	21	38900			1749	1154457091		528.00	142.29	113.83
0212115440230	b(6)	1437292927	5/8/2012	0884794494	1749	2141	3/28/2012	21	38500	59	50	1749	1154457091		2470.00	209.64	167.71
0212115440230	b(6)	1437292927	5/8/2012	0884794494	1749	2141	3/28/2012	21	21552	51		2141	1154457091		1350.00	250.99	200.79
0212115440230	b(6)	1437292927	5/8/2012	0884794494	1749	2141	3/28/2012	21	19303	50		1749	1154457091		5720.00	1620.72	1296.58
0212115440250	b(6)	1437292927	5/8/2012	0884794494	99812	V4571	3/29/2012	21	19020	78	RT	99812	1154457091		1197.00	243.95	195.16
0215273853020	b(6)	1437292927	10/14/2015	0889282927	6111		9/3/2015	22	99205	GC		6111	1154457091		458.00	191.68	150.27
0214086039260	b(6)	1437292927	4/9/2014	0887200984	1749		3/18/2014	22	99215			1749	1154457091		263.00	125.85	98.67
0914091082060	b(6)	1437292927	4/24/2014	0887263227	1749		3/19/2014	22	19301	RT	GC	1749	1154457091		1410.00	602.97	472.73
0914091082060	b(6)	1437292927	4/24/2014	0887263227	1749		3/19/2014	22	38525	RT	GC	1749	1154457091		1240.00	247.36	193.93
0215243893700	b(6)	1437292927	9/14/2015	0889163590	6101		8/20/2015	22	99213			6101	1154457091		121.00	58.18	45.61
9716113900478	b(6)	1437292927	5/25/2016	0530921415	6101		12/18/2014	22	99213			6101	1154457091		121.00	0.00	0.00
9714104901102	b(6)	1437292927	5/2/2014	0887299493	6110		2/7/2012	22	99214	25		6110	1154457091		345.00	85.01	68.01
9714104901102	b(6)	1437292927	5/2/2014	0887299493	6110		2/7/2012	22	10160			6110	1154457091		540.00	110.77	88.62
9714104900971	b(6)	1437292927	5/1/2014	0887292465	6110		2/9/2012	22	99213	24	GC	6110	1154457091		230.00	55.34	44.27
97141049003590	b(6)	1437292927	6/9/2014	0887432233	6110		2/14/2012	22	10160	58		6110	1154457091		540.00	110.77	88.62
97141049003589	b(6)	1437292927	6/9/2014	0887432233	6110		2/14/2012	22	99213	25		6110	1154457091		230.00	55.34	44.27
9714104901026	b(6)	1437292927	5/6/2014	0887309981	6110		2/23/2012	22	99212			6110	1154457091		145.00	28.03	22.42
9714104901135	b(6)	1437292927	5/2/2014	0887299493	6110		2/28/2012	22	99212			6110	1154457091		145.00	28.03	22.42
9714104901208	b(6)	1437292927	5/2/2014	0887299493	6110		3/8/2012	22	99213			6110	1154457091		230.00	55.34	44.27
0911243147920	b(6)	1437292927	9/14/2011	0884109612	2330	79389	8/30/2011	22	99205			2330	1154457091		631.00	180.05	144.04
0911271180810	b(6)	1437292927	10/11/2011	0884191984	2330	61172	9/22/2011	22	99215	GC		2330	1154457091		459.00	119.60	95.68
0911298403940	b(6)	1437292927	11/8/2011	0884292097	2330	1749	10/20/2011	22	99215			2330	1154457091		459.00	119.60	95.68

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1011332061400	b(6)	1437292927	12/8/2011	0884382213	2330	1740	11/2/2011	22	19125	59	RT	2330	1154457091		2120.00	242.75	194.20
1011332061400	b(6)	1437292927	12/8/2011	0884382213	2330	1740	11/2/2011	22	19301	LT		1740	1154457091		1370.00	681.51	545.21
1011332061400	b(6)	1437292927	12/8/2011	0884382213	2330	1740	11/2/2011	22	38525	51	RT	1740	1154457091		1710.00	232.63	186.10
0911166261410	b(6)	1437292927	6/29/2011	0883861667	6101		6/14/2011	22	99213	GC		6101	1154457091		132.00	54.90	43.90
0212292389830	b(6)	1437292927	10/23/2012	0777777777	2330		10/16/2012	11	99205			2330	1154457091		653.00	0.00	0.00
9714104903201	b(6)	1437292927	5/27/2014	0887383236	2330	79380	10/16/2012	22	99205			2330	1154457091		653.00	180.11	144.09
0212318420170	b(6)	1437292927	11/27/2012	0885432447	2330		10/31/2012	22	19125	LT	GC	2330	1154457091		3742.00	499.50	399.60
0910027064070	b(6)	1437292927	2/10/2010	0882590866	61179		1/21/2010	22	99204	GC		61179	1154457091		305.00	135.43	108.34
1012022204150	b(6)	1437292927	2/2/2012	0884511883	61179		1/12/2012	22	99213			61179	1154457091		230.00	55.34	12.26
9714104901108	b(6)	1437292927	5/2/2014	0887299493	61189	9220	2/16/2012	22	10160			61189	1154457091		540.00	110.77	88.62
9714104901108	b(6)	1437292927	5/2/2014	0887299493	61189	9220	2/16/2012	22	99214	25		9220	1154457091		345.00	85.01	68.01
9714104901219	b(6)	1437292927	5/2/2014	0887299493	9220		3/8/2012	22	99213			9220	1154457091		230.00	55.34	44.27
0212156262230	b(6)	1437292927	6/18/2012	0884917197	6101		5/22/2012	11	99213			6101	1154457091		230.00	82.82	66.26
0911146218020	b(6)	1437292927	6/9/2011	0883800957	1749		5/24/2011	22	99205			1749	1154457091		379.00	180.05	144.04
0911164494930	b(6)	1437292927	6/27/2011	0883852923	1749		6/9/2011	22	99214	GC		1749	1154457091		200.00	84.59	67.67
0911192576510	b(6)	1437292927	7/25/2011	0883939734	1749		6/20/2011	22	19301	LT		1749	1154457091		1325.00	681.51	545.21
9714104902360	b(6)	1437292927	5/14/2014	0887341986	6101		7/5/2012	22	99213	GC		6101	1154457091		230.00	55.34	44.27
0211209870670	b(6)	1437292927	8/9/2011	0883991159	2383	2230	7/8/2011	22	13100	58	51	2383	1154457091		1313.00	133.83	107.06
0211209870670	b(6)	1437292927	8/9/2011	0883991159	2383	2230	7/8/2011	22	19301	58	LT	2383	1154457091		1325.00	681.51	545.21
0212234559590	b(6)	1437292927	9/4/2012	0885162552	1749		8/10/2012	22	99215			1749	1154457091		263.00	119.56	95.65
0212268453710	b(6)	1437292927	10/9/2012	0885273260	79389	19881	9/10/2012	22	19301	RT		19881	1154457091		1370.00	699.22	559.38
0212268453710	b(6)	1437292927	10/9/2012	0885273260	79389	19881	9/10/2012	22	19125	59	LT	79389	1154457091		3742.00	249.75	199.80
0214134873500	b(6)	1437292927	5/28/2014	0887390792	1749		5/9/2014	22	99205			1749	1154457091		458.00	190.78	149.57
0214164882000	b(6)	1437292927	6/27/2014	0887508178	1749		6/12/2014	22	99215	GC		1749	1154457091		263.00	125.85	98.67
0214276174820	b(6)	1437292927	10/16/2014	0887920401	1749		9/23/2014	22	99215			1749	1154457091		263.00	125.85	98.67
0214318781880	b(6)	1437292927	12/1/2014	0888080866	1749		11/13/2014	22	99215			1749	1154457091		263.00	125.85	98.67
0214357752570	b(6)	1437292927	1/6/2015	0888215062	1744		12/1/2014	22	38525	51	RT	1744	1154457091		1240.00	247.36	193.93
0214357752570	b(6)	1437292927	1/6/2015	0888215062	1744		12/1/2014	22	19301	RT		1744	1154457091		1410.00	728.82	571.40
0214357752570	b(6)	1437292927	1/6/2015	0888215062	1744		12/1/2014	22	19125	59	RT	1744	1154457091		4197.00	259.39	203.36
021500603490	b(6)	1437292927	1/20/2015	0888256261	1744	V8741	12/15/2014	22	19303	58	RT	1744	1154457091		3470.00	1126.02	882.80
0214226242680	b(6)	1437292927	8/27/2014	0887731774	1749		8/12/2014	22	99215			1749	1154457091		263.00	125.85	98.67
0214276174860	b(6)	1437292927	10/16/2014	0887920401	6101		9/23/2014	22	99213			6101	1154457091		121.00	58.03	45.49
0214309788990	b(6)	1437292927	11/19/2014	0888054525	1749		10/23/2014	22	99215			1749	1154457091		263.00	125.85	98.67

ICN	HICN	Billing NPI	Paid Date	Check #	DX 1	DX 2	From DOS	POS	Procedure	Mod1	Mod2	Primary	Revd NPI	Billed Amt	Allowed	Paid Amt
0214316621860	b(6)	1437292927	11/26/2014	0888082151	1748	V5882	10/29/2014	22	19303	RT	GC	1748	1154457091	3470.00	1126.02	882.80
0214316621860	b(6)	1437292927	11/26/2014	0888082151	1748	V5882	10/29/2014	22	36590	51	GC	(Null)	1154457091	1896.00	117.83	92.37
0214316621860	b(6)	1437292927	11/26/2014	0888082151	1748	V5882	10/29/2014	22	38525	51	RT	1963	1154457091	1240.00	247.36	193.93
0214364477280	b(6)	1437292927	1/13/2015	0888233293	99813		12/4/2014	22	10160	78	GC	99813	1154457091	259.00	91.57	71.79
0215006611390	b(6)	1437292927	1/20/2015	0888256261	99812	V5889	12/16/2014	22	10160	78		99812	1154457091	259.00	91.57	71.79
0216077721450	b(6)	1437292927	3/31/2016	088907404	C50912		3/8/2016	22	99215			(Null)	1154457091	263.00	126.39	99.09
0216095715740	b(6)	1437292927	4/18/2016	0889975531	C50912		3/29/2016	22	99215			(Null)	1154457091	263.00	126.39	99.09
0216132579340	b(6)	1437292927	5/25/2016	0890123093	C50912		5/10/2016	22	99214			(Null)	1154457091	186.00	89.34	70.04
0216147580950	b(5)	1437292927	6/9/2016	0890179488	C505129221		5/18/2016	22	19301	LT		(Null)	1154457091	1452.00	732.90	574.59
0216147580950	b(6)	1437292927	6/9/2016	0890179488	C505129221		5/18/2016	22	38525	51	LT	(Null)	1154457091	1277.00	248.92	195.16
0216172305410	b(6)	1437292927	7/5/2016	0890266751	C50912		6/6/2016	22	19301	78	LT	(Null)	1154457091	1452.00	520.36	407.96
9714104900720	b(6)	1437292927	4/28/2014	0518496337	2383		1/24/2012	22	99205			2383	1154457091	653.00	0.00	0.00
9714104901207	b(6)	1437292927	5/2/2014	0887299493	1749		3/8/2012	22	99214			1749	1154457091	345.00	85.01	68.01
0212122645490	b(6)	1437292927	5/15/2012	0884816889	19881	V1043	4/11/2012	22	19301	LT	GC	19881	1154457091	1370.00	699.22	559.38
0910039627040	b(6)	1437292927	2/22/2010	0882612118	6101		1/26/2010	22	99204			6101	1154457091	305.00	135.43	108.34
0911164494910	b(6)	1437292927	6/27/2011	0883852923	79389		6/9/2011	22	99204			79389	1154457091	305.00	139.82	111.86
0911202389510	b(6)	1437292927	8/4/2011	0883977505	2330		7/19/2011	22	99214	GC		2330	1154457091	333.00	84.59	67.67
0211206402260	b(6)	1437292927	8/8/2011	0883986770	2330		7/21/2011	22	99213			2330	1154457091	221.00	54.90	43.92
0911227495060	b(6)	1437292927	8/29/2011	0884054979	2330		7/27/2011	22	38500	51	RT	2330	1154457091	1199.00	136.86	109.49
0911227495060	b(6)	1437292927	8/29/2011	0884054979	2330		7/27/2011	22	19303	RT		2330	1154457091	2775.00	1052.43	841.94
0217011790290	b(6)	1437292927	1/18/2017	0534916129	2853	Z1231	10/4/2016	22	99213			(Null)	1154457091	92.00	58.12	0.00
0913165034570	b(6)	1437292927	6/28/2013	0886177111	2330		6/13/2013	22	99205			2330	1154457091	458.00	184.58	144.71
0213192336140	b(6)	1437292927	7/25/2013	0886269176	2330		7/9/2013	22	99215	GC		2330	1154457091	263.00	121.62	95.35
0913227104610	b(6)	1437292927	8/29/2013	0886393831	2330		7/17/2013	22	19301	RT		2330	1154457091	1370.00	726.45	569.54
0213210607620	b(6)	1437292927	8/12/2013	0886328309	1749		7/26/2013	22	99205			1749	1154457091	458.00	184.58	144.71
0913240175480	b(6)	1437292927	9/11/2013	0886439508	1749		8/27/2013	22	99215			1749	1154457091	263.00	121.62	95.35
0214070642180	b(6)	1437292927	3/17/2014	0517898374	1744	2330	9/25/2013	22	19303	50		1744	1154457091	6940.00	0.00	0.00
9714064715100	b(6)	1437292927	3/11/2014	0517898374	1744		9/25/2013	22	19303	59	RT	1744	1154457091	3470.00	0.00	0.00
9714064900413	b(6)	1437292927	5/13/2014	08873336087	1744	V5041	9/25/2013	22	38900	LT		1744	1154457091	540.00	146.40	114.78
9714064900413	b(6)	1437292927	5/13/2014	08873336087	1744	V5041	9/25/2013	22	38525	51	LT	1744	1154457091	1240.00	248.02	194.45
9714064900413	b(6)	1437292927	5/13/2014	08873336087	1744	V5041	9/25/2013	22	19303	59	RT	(Null)	1154457091	3470.00	0.00	0.00
9714064900413	b(6)	1437292927	5/13/2014	08873336087	1744	V5041	9/25/2013	22	19303	50		1744	1154457091	6940.00	1682.78	1319.30
0912228389660	b(6)	1437292927	8/29/2012	0885147875	1749		8/10/2012	22	99205			1749	1154457091	458.00	180.11	144.09

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0215049772930	b(6)	1437292927	3/4/2015	0888417829	1749		2/3/2015	22	99215			1749	1154457091	263.00	126.36	99.07
0215264685960	b(6)	1437292927	10/5/2015	0889246231	1749		5/21/2015	22	99215			1749	1154457091	263.00	126.36	99.07
0215253778480	b(6)	1437292927	9/24/2015	0889205344	1749		6/30/2015	22	99215			1749	1154457091	263.00	126.36	99.07
0215222557180	b(6)	1437292927	8/24/2015	0889076006	1748	1963	7/6/2015	22	19301	RT		1748	1154457091	1410.00	733.83	575.22
0215222557180	b(6)	1437292927	8/24/2015	0889076006	1748	1963	7/6/2015	22	38525	51	RT	1963	1154457091	1240.00	249.11	195.30
0215253778470	b(6)	1437292927	9/16/2015	0527143348	1749	1963	7/16/2015	22	99215			1749	1154457091	263.00	0.00	0.00
0216277895460	b(6)	1437292927	10/17/2016	0890663208	2853		8/23/2016	22	99212			(Null)	1154457091	32.00	28.46	22.31
0914279811450	b(6)	1437292927	10/20/2014	0887934121	1749		10/2/2014	22	99205			1749	1154457091	458.00	190.78	149.57
0215345890240	b(6)	1437292927	12/28/2015	0889564535	C5091	2853	11/24/2015	22	99213			(Null)	1154457091	92.00	58.18	45.61
1012022204420	b(6)	1437292927	2/2/2012	0884511883	1749	79389	1/12/2012	22	99213	GC		1749	1154457091	230.00	55.34	44.27
0212068257190	b(6)	1437292927	3/22/2012	0884646053	1749		2/1/2012	22	19301	RT		1749	1154457091	1370.00	699.22	559.38
0212068257190	b(6)	1437292927	3/22/2012	0884646053	1749		2/1/2012	22	38500	51	RT	1749	1154457091	1240.00	139.76	111.81
0212068257190	b(6)	1437292927	3/22/2012	0884646053	1749		2/1/2012	22	38900			1749	1154457091	528.00	142.29	113.83
9613140779860	b(6)	1437292927	5/31/2013	0886073805	6101		3/14/2013	11	99213			6101	1154457091	121.00	86.81	37.74
0212088207950	b(6)	1437292927	4/11/2012	0884706005	1749		3/19/2012	21	19303	58	RT	1749	1154457091	3370.00	1080.48	864.38
1012022204330	b(6)	1437292927	2/2/2012	0884511883	1749		12/22/2011	22	99205			1749	1154457091	653.00	180.05	144.04
0910305562070	b(6)	1437292927	11/15/2010	0883228658	6101		3/25/2010	22	99204			6101	1154457091	305.00	135.54	108.43
9714104902298	b(6)	1437292927	5/14/2014	0887341986	1749	1963	7/19/2012	22	99205	GC		1749	1154457091	653.00	180.11	144.09
0215007562710	b(6)	1437292927	1/16/2015	0777777777	6101		1/6/2015	22	99213			6101	1154457091	121.00	57.89	0.00
9613126884900	b(6)	1437292927	5/16/2013	0886019263	2330	61172	1/8/2013	11	99215			2330	1154457091	458.00	168.48	17.18
9613130792230	b(6)	1437292927	5/20/2013	0886028578	2330		1/29/2013	11	99214			2330	1154457091	186.00	126.77	101.42
9613134805390	b(6)	1437292927	5/22/2013	0886039629	2330	1741	2/4/2013	22	19301	RT		2330	1154457091	1370.00	726.45	581.16
0213060355870	b(6)	1437292927	3/19/2013	0777777777	1749		2/21/2013	11	99215	24		1749	1154457091	263.00	0.00	0.00
0213192336090	b(6)	1437292927	7/25/2013	0886269176	1749		7/9/2013	22	99215			1749	1154457091	263.00	121.62	95.35
0913231388030	b(6)	1437292927	9/3/2013	0886403711	1749	2330	8/8/2013	22	99214			1749	1154457091	186.00	86.29	67.65
0213245738740	b(6)	1437292927	9/13/2013	0886450743	1748	2330	8/12/2013	21	19303	RT		1748	1154457091	3370.00	1121.85	879.53
0213245738740	b(6)	1437292927	9/13/2013	0886450743	1748	2330	8/12/2013	21	38525	51	RT	1748	1154457091	1206.00	248.02	194.45
0213245738740	b(6)	1437292927	9/13/2013	0886450743	1748	2330	8/12/2013	21	38900	RT		1748	1154457091	528.00	146.40	114.78
9714104903647	b(6)	1437292927	5/29/2014	08873396047	2330		11/27/2012	22	99205	GC		2330	1154457091	653.00	180.11	144.09
0213099203380	b(6)	1437292927	4/12/2013	0777777777	2330	V103	2/26/2013	11	99205			2330	1154457091	458.00	0.00	0.00
9613134880080	b(6)	1437292927	5/22/2013	0886039629	2330	V103	2/26/2013	11	99205			2330	1154457091	458.00	236.89	189.51
9613142873740	b(6)	1437292927	5/31/2013	0886073805	2330		3/19/2013	11	99215			2330	1154457091	263.00	168.48	134.78
9613149708130	b(6)	1437292927	6/6/2013	0886095563	2330		3/27/2013	22	19301	RT		2330	1154457091	1370.00	726.45	581.16

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9613149769780	b(6)	1437292927	6/6/2013	0886095563	2330		4/22/2013	22	19301	58	RT	2330	1154457091	1370.00	726.45	569.54
0216110680540	b(6)	1437292927	5/3/2016	0890036036	C5041	Z170	3/28/2016	22	38900	LT		(Null)	1154457091	556.00	150.21	117.77
0216110680540	b(6)	1437292927	5/3/2016	0890036036	C5041	Z170	3/28/2016	22	38525	51	LT	(Null)	1154457091	1277.00	248.92	195.16
0216110680540	b(6)	1437292927	5/3/2016	0890036036	C5041	Z170	3/28/2016	22	19301	LT		(Null)	1154457091	1452.00	732.90	574.59
0213305550410	b(6)	1437292927	11/15/2013	0686685194	7821		10/15/2013	22	99202			7821	1154457091	139.00	55.32	43.37
9714104900533	b(6)	1437292927	4/24/2014	0887263227	61179		2/9/2012	22	99213			61179	1154457091	230.00	55.34	12.66
0911080474410	b(6)	1437292927	4/4/2011	0883596798	1749	2330	3/17/2011	22	99204			1749	1154457091	305.00	139.82	111.86
0911088270520	b(6)	1437292927	4/12/2011	0883621942	1749		3/24/2011	22	99213			1749	1154457091	132.00	54.90	43.92
0911175280690	b(6)	1437292927	7/8/2011	0883888409	1749		3/31/2011	22	99213	GC		1749	1154457091	132.00	54.90	43.92
9714104901679	b(6)	1437292927	5/8/2014	0887319853	6101		4/3/2012	22	99213	GC		6101	1154457091	230.00	55.34	44.27
0911108536870	b(6)	1437292927	5/2/2011	0883682462	1749		4/4/2011	22	14000	51		1749	1154457091	2525.00	289.66	231.73
0911108536870	b(6)	1437292927	5/2/2011	0883682462	1749		4/4/2011	22	19301			1749	1154457091	1325.00	681.51	545.21
0911108536870	b(6)	1437292927	5/2/2011	0883682462	1749		4/4/2011	22	38525	51		1749	1154457091	1658.00	232.63	186.10
0212156262240	b(6)	1437292927	6/18/2012	0884917197	1977		5/22/2012	11	99214			1977	1154457091	345.00	121.96	97.57
0911202389580	b(6)	1437292927	8/4/2011	0883977505	6101		7/19/2011	22	99213			6101	1154457091	221.00	54.90	43.92
0911315015260	b(6)	1437292927	11/28/2011	0884347146	61179		11/8/2011	22	99213			61179	1154457091	230.00	54.90	43.92
9613128863190	b(6)	1437292927	5/16/2013	0886019263	1749		1/25/2013	22	99205			1749	1154457091	458.00	184.58	147.66
9613130734100	b(6)	1437292927	5/20/2013	0886028578	1749		2/5/2013	11	99214	GC		1749	1154457091	186.00	126.77	101.42
9613141792290	b(6)	1437292927	5/30/2013	0886068291	1749		2/27/2013	21	19303	RT		1749	1154457091	3370.00	1121.85	897.48
9613141792290	b(6)	1437292927	5/30/2013	0886068291	1749		2/27/2013	21	38500	51	RT	1749	1154457091	6187.00	144.29	115.43
9613148782700	b(6)	1437292927	6/5/2013	0886090118	99813		4/9/2013	11	10160	78		99813	1154457091	239.00	129.86	101.81
0216048795150	b(6)	1437292927	3/2/2016	0889794418	M329	R569	1/12/2016	22	99214			(Null)	1154457091	186.00	89.34	70.04
0916146176160	b(6)	1437292927	6/8/2016	0890174158	N6011	N644	5/24/2016	22	99214			(Null)	1154457091	186.00	89.34	70.04
0215246787450	b(6)	1437292927	9/17/2015	0889180810	61171	6101	8/6/2015	22	99215			61171	1154457091	263.00	126.99	99.56
0915261141770	b(6)	1437292927	10/2/2015	0889239850	6101		9/8/2015	22	99213			6101	1154457091	92.00	58.18	45.61
0913273036170	b(6)	1437292927	10/15/2013	0886550942	79399		9/24/2013	22	99205			79399	1154457091	458.00	184.58	144.71
0215314729800	b(6)	1437292927	11/24/2015	0889447336	N6002	N6001	11/3/2015	22	99213			(Null)	1154457091	92.00	58.18	45.61
9614090782140	b(6)	1437292927	4/11/2014	0887210635	6101		2/4/2014	22	99213			6101	1154457091	121.00	58.03	0.91
0215243893690	b(6)	1437292927	9/14/2015	0889163590	6101		6/23/2015	22	99213			6101	1154457091	121.00	57.89	45.38
0913238472870	b(6)	1437292927	9/9/2013	0886427055	1749		8/23/2013	22	99202			1749	1154457091	139.00	55.32	43.37
0913252509360	b(6)	1437292927	9/23/2013	0886473580	1749		8/29/2013	22	99214			1749	1154457091	186.00	86.29	67.65
0213283630160	b(6)	1437292927	10/24/2013	0886593908	1744		9/9/2013	21	19301	RT		1744	1154457091	1410.00	726.45	569.54
0213283630160	b(6)	1437292927	10/24/2013	0886593908	1744		9/9/2013	21	38525	51	RT	1744	1154457091	1240.00	248.02	194.45

ICN	HICN	Billing NPI	Paid Date	Check #	DX 1	DX 2	From DOS	POS	Procedure	Mod1	Mod2	Priman	Reud NPI	Billed Amt	Allowed	Paid Amt
0914258257650	b(6)	1437292927	9/29/2014	0887848703	6101		9/9/2014	22	99213			6101	1154457091	121.00	58.03	45.49
0213305543040	b(6)	1437292927	11/15/2013	0886685194	1749	217	9/25/2013	22	19301	58	RT	1749	1154457091	1410.00	726.45	569.54
9714104901276	b(6)	1437292927	5/2/2014	0887299493	61179		3/15/2012	22	99213			61179	1154457091	230.00	55.34	44.28
9610240088060	b(6)	1437292927	9/7/2011	0454945426	6101		3/16/2010	22	99213			6101	1154457091	132.00	53.52	42.80
0911154189890	b(6)	1437292927	6/16/2011	0883821625	8750		5/17/2011	22	99204	GC		8750	1154457091	305.00	139.82	111.86
0217054876670	b(6)	1437292927	3/9/2017	0891178252	N62	D241	2/2/2017	22	99204			(Null)	1154457091	371.00	147.34	115.51
0217058883690	b(6)	1437292927	3/13/2017	0891188685	D241	Z853	2/13/2017	22	19125	RT		(Null)	1154457091	4238.00	521.41	408.79
0213135306690	b(6)	1437292927	5/30/2013	0886068291	1749		5/10/2013	22	99205			1749	1154457091	458.00	184.58	144.71
0213140419260	b(6)	1437292927	6/3/2013	0886079053	1749		5/16/2013	22	99215	GC		1749	1154457091	263.00	121.62	95.35
0913231364110	b(6)	1437292927	9/3/2013	0886403711	1748		6/10/2013	22	19301	LT		1748	1154457091	1370.00	726.45	569.54
0913231364110	b(6)	1437292927	9/3/2013	0886403711	1748		6/10/2013	22	38900	LT		1748	1154457091	528.00	146.40	114.78
0913231364110	b(6)	1437292927	9/3/2013	0886403711	1748		6/10/2013	22	38525	51	LT	1748	1154457091	1206.00	248.02	194.45
0213207362630	b(6)	1437292927	8/9/2013	0886323312	1749	2330	7/25/2013	22	99213	24	GC	1749	1154457091	121.00	55.88	43.81
0216123272950	b(6)	1437292927	5/6/2016	0529638890	M7967	79672	4/26/2016	19	99203			(Null)	1154457091	215.00	0.00	0.00
0216123724780	b(6)	1437292927	5/6/2016	0529638890	N6019	N62	4/26/2016	22	99204			(Null)	1154457091	371.00	0.00	0.00
0216155585920	b(6)	1437292927	6/17/2016	0890207755	N6019	N62	4/26/2016	22	99214			(Null)	1154457091	186.00	89.34	70.04
0911214138870	b(6)	1437292927	8/16/2011	0884014275	2330		7/28/2011	22	99205			2330	1154457091	631.00	180.05	144.04
0211272648990	b(6)	1437292927	10/13/2011	0884205592	2330		8/30/2011	22	99213	GC		2330	1154457091	221.00	54.90	43.92
0211257740980	b(6)	1437292927	9/28/2011	0884153894	2330		9/7/2011	21	38525	51	LT	2330	1154457091	1710.00	232.63	186.10
0211257740980	b(6)	1437292927	9/28/2011	0884153894	2330		9/7/2011	21	19303	LT	GC	2330	1154457091	2860.00	1052.43	841.94
0215084851750	b(6)	1437292927	3/31/2015	0524374990	6101		3/24/2015	22	99213			6101	1154457091	121.00	57.89	0.00
0216123724030	b(6)	1437292927	5/16/2016	0890085080	N6011	N6012	4/21/2016	22	99213			(Null)	1154457091	92.00	58.12	45.57
0215243893520	b(6)	1437292927	9/14/2015	0889163590	6101		6/30/2015	22	99213			6101	1154457091	121.00	57.89	45.38
0216055554440	b(6)	1437292927	3/1/2016	0529011383	M6011	N6012	1/12/2016	22	99213			(Null)	1154457091	92.00	58.12	0.00
9614217799180	b(6)	1437292927	8/12/2014	0458333017	2330		2/25/2014	22	99205	GC		2330	1154457091	458.00	190.78	149.57
0214086039220	b(6)	1437292927	4/9/2014	0887200984	2330		3/18/2014	22	99215			2330	1154457091	263.00	125.85	98.67
0214097899480	b(6)	1437292927	4/21/2014	0887242238	2330		3/31/2014	22	19301	LT		2330	1154457091	1410.00	728.82	571.40
0214276174840	b(6)	1437292927	10/16/2014	0887920401	61171		9/23/2014	22	99204			61171	1154457091	371.00	147.46	115.61
9614086747630	b(6)	1437292927	4/4/2014	0887184931	217		1/28/2014	22	99214			217	1154457091	186.00	89.19	69.92
9614094749730	b(6)	1437292927	4/14/2014	0887216780	217		2/10/2014	22	19125	LT	GC	217	1154457091	3850.00	518.77	406.72
0215266731990	b(6)	1437292927	10/27/2015	08893336805	6101	7856	5/14/2015	22	99214			6101	1154457091	186.00	89.22	69.95
0216144702860	b(6)	1437292927	6/6/2016	0890162972	N6011	N6012	5/17/2016	22	99213			(Null)	1154457091	92.00	58.12	45.57
0215105612490	b(6)	1437292927	4/29/2015	0888627336	6101		5/20/2014	22	99213			6101	1154457091	121.00	58.03	45.49

ICN	HICN	Billing NPI	Paid Date	Check #	DX 1	DX 2	From DOS	POS	Procedure	Mod1	Mod2	Primary	Revd	NPI	Billed Amt	Allowed	Paid Amt
0913340296250	b(6)	1437292927	12/20/2013	0886812057	1749		10/18/2013	22	99205			1749	1154457091		458.00	184.58	144.71
0214343909600	b(6)	1437292927	12/23/2014	0886171902	6101		11/13/2014	22	99213			6101	1154457091		121.00	58.03	45.49
02153329743420	b(6)	1437292927	12/9/2015	0889505734	M6011N6012		11/17/2015	22	99213			(Null)	1154457091		92.00	58.18	45.60
0213340827130	b(6)	1437292927	12/20/2013	0886812057	1749		11/19/2013	22	99215			1749	1154457091		263.00	121.62	95.30
0213365669480	b(6)	1437292927	1/21/2014	0886909439	61172	1748	11/20/2013	22	19125	59	51	61172	1154457091		3850.00	259.90	203.76
0213365669480	b(6)	1437292927	1/21/2014	0886909439	61172	1748	11/20/2013	22	19126	59		61172	1154457091		1030.00	171.19	134.21
0213365669480	b(6)	1437292927	1/21/2014	0886909439	61172	1748	11/20/2013	22	19301	LT		1748	1154457091		1410.00	604.83	474.18
0213365669480	b(6)	1437292927	1/21/2014	0886909439	61172	1748	11/20/2013	22	38525	51	LT	1748	1154457091		1240.00	248.02	194.45
0213128235850	b(6)	1437292927	5/22/2013	0886039629	79389	6101	5/7/2013	22	99213			79389	1154457091		121.00	55.88	43.81
0214141669360	b(6)	1437292927	6/4/2014	0887416777	6101		5/20/2014	22	99213			6101	1154457091		121.00	58.03	45.49
0215148716210	b(6)	1437292927	6/11/2015	0888792418	6101	V4589	5/26/2015	22	99213			6101	1154457091		121.00	57.89	45.38
0216217504960	b(6)	1437292927	8/10/2016	0531322933	M6011Z9889		7/21/2016	22	99213			(Null)	1154457091		92.00	58.12	0.00
9714104903367	b(6)	1437292927	5/27/2014	0887383236	6101		11/6/2012	22	99213			6101	1154457091		230.00	55.34	44.27
0213312906500	b(6)	1437292927	11/22/2013	0886713803	6101		11/7/2013	22	99213			6101	1154457091		121.00	55.88	43.81
9714104903409	b(6)	1437292927	5/28/2014	0887390792	1749		10/25/2012	22	99205			1749	1154457091		653.00	180.11	144.09
9714104903368	b(6)	1437292927	5/27/2014	0887383236	1749		11/6/2012	22	99214			1749	1154457091		345.00	85.01	68.01
0212359300890	b(6)	1437292927	1/7/2013	0885559455	1742		11/21/2012	22	38525	51		1742	1154457091		1206.00	238.66	190.93
0212359300890	b(6)	1437292927	1/7/2013	0885559455	1742		11/21/2012	22	19301	RT		1742	1154457091		1370.00	699.22	559.38
0911311551470	b(6)	1437292927	11/21/2011	0884331271	61171		11/3/2011	22	99204			61171	1154457091		530.00	139.82	111.86
0215243624540	b(6)	1437292927	9/14/2015	0889163590	2330		8/27/2015	22	99214			2330	1154457091		186.00	89.66	70.30
9614107784660	b(6)	1437292927	4/30/2014	0887286855	1749		1/14/2014	22	99215			1749	1154457091		263.00	125.85	53.34
9614097795030	b(6)	1437292927	4/15/2014	0887225799	1749		2/11/2014	22	99215			1749	1154457091		263.00	125.85	98.67
0914091082020	b(6)	1437292927	4/15/2014	0887225799	1749		3/3/2014	22	38500	51	LT	1749	1154457091		6370.00	144.20	113.05
0914091082020	b(6)	1437292927	4/15/2014	0887225799	1749		3/3/2014	22	19301	LT		1749	1154457091		1410.00	728.82	571.40
0914139024580	b(6)	1437292927	6/2/2014	0887405272	1748	1963	4/16/2014	22	38500	51	58	1748	1154457091		6370.00	144.20	113.05
0914139024580	b(6)	1437292927	6/2/2014	0887405272	1748	1963	4/16/2014	22	19303	58	LT	1748	1154457091		3470.00	1126.02	882.80
0914139024580	b(6)	1437292927	6/2/2014	0887405272	1748	1963	4/16/2014	22	38900	LT	GC	1748	1154457091		540.00	149.73	117.38
0914139024580	b(6)	1437292927	6/2/2014	0887405272	1748	1963	4/16/2014	22	38745	58	59	1748	1154457091		5010.00	490.18	384.30
0215243893680	b(6)	1437292927	9/14/2015	0889163590	6101		6/23/2015	22	99213			6101	1154457091		121.00	57.89	45.38
0213192336150	b(6)	1437292927	7/25/2013	0886269176	1749		7/9/2013	22	99205			1749	1154457091		458.00	184.58	144.71
0213199289840	b(6)	1437292927	8/1/2013	0886294224	1749		7/16/2013	22	99215			1749	1154457091		263.00	121.62	95.35
0913225280340	b(6)	1437292927	8/27/2013	0886383634	1749		8/8/2013	22	99215			1749	1154457091		263.00	121.62	95.35
9714104902572	b(6)	1437292927	5/19/2014	0887357700	1749		7/31/2012	22	99205	GC		1749	1154457091		653.00	180.11	144.09

ICN	HICN	Billing NPI	Paid Date	Check #	DX 1	DX 2	From DOS	POS	Procedure	Mod1	Mod2	Primary	Revd NPI	Billed Amt	Allowed	Paid Amt
0212048387130	b(6)	1437292927	2/23/2012	050694761	1749		2/9/2012	11	99213			1749	1154457091	230.00	82.82	0.00
0212089312810	b(6)	1437292927	4/12/2012	0884710260	1749		2/15/2012	22	38525	51	GC	1749	1154457091	1710.00	238.66	190.93
0212089312810	b(6)	1437292927	4/12/2012	0884710260	1749		2/15/2012	22	19301	LT	GC	1749	1154457091	1370.00	699.22	559.38
0212089312790	b(6)	1437292927	4/12/2012	0884710260	1749		3/14/2012	22	19301	58	LT	1749	1154457091	1370.00	699.22	559.38
0212048380250	b(6)	1437292927	3/2/2012	0884588531	1749		12/16/2011	22	99205	GC		1749	1154457091	396.00	180.05	144.04
0914129027640	b(6)	1437292927	5/23/2014	0887377918	6101		5/8/2014	22	99213			6101	1154457091	121.00	58.03	45.49
0911146218040	b(6)	1437292927	6/9/2011	0883800957	6101		5/24/2011	22	99213	GC		6101	1154457091	132.00	54.90	43.92
0910320343500	b(6)	1437292927	11/30/2010	0883267036	6101		10/12/2010	22	99213			6101	1154457091	221.00	54.70	43.76
0217039698490	b(6)	1437292927	3/2/2017	0891153581	N6019		10/27/2016	22	99213			(Null)	1154457091	92.00	58.12	45.57
0911039325760	b(6)	1437292927	2/22/2011	0883478497	6101		11/11/2010	22	99213			6101	1154457091	132.00	54.70	43.76
9614080786750	b(6)	1437292927	3/31/2014	0887162950	6101		1/9/2014	22	99213			6101	1154457091	121.00	58.03	45.49
9613148862810	b(6)	1437292927	6/5/2013	0886090118	1749		4/25/2013	11	99205	GC		1749	1154457091	458.00	236.89	185.72
0213133259750	b(6)	1437292927	5/28/2013	0886055230	1749		5/9/2013	22	99215	GC		1749	1154457091	263.00	121.62	95.35
0914190571460	b(6)	1437292927	7/23/2014	0887600634	6101		7/8/2014	22	99213			6101	1154457091	121.00	58.03	45.49
0213211250170	b(6)	1437292927	8/13/2013	0886333318	1749		7/18/2013	22	99215	GC		1749	1154457091	263.00	121.62	95.35
0913240122490	b(6)	1437292927	9/11/2013	0886439508	1748	1963	7/29/2013	21	19303	LT		1748	1154457091	3370.00	1121.85	879.53
0913240122490	b(6)	1437292927	9/11/2013	0886439508	1748	1963	7/29/2013	21	38525	51	LT	1963	1154457091	1206.00	248.02	194.45
0913240122490	b(6)	1437292927	9/11/2013	0886439508	1748	1963	7/29/2013	21	38900	LT		1963	1154457091	528.00	146.40	114.78
0214276174880	b(6)	1437292927	10/16/2014	0887920401	6108		9/30/2014	22	99205			6108	1154457091	458.00	190.78	149.57
0214300432750	b(6)	1437292927	11/10/2014	0888018087	6108		10/13/2014	22	19301	LT		6108	1154457091	1410.00	728.82	571.40
0215329743430	b(6)	1437292927	12/9/2015	0889505734	N6011N6012		11/10/2015	22	99213			(Null)	1154457091	92.00	58.18	45.61
0911069294170	b(6)	1437292927	3/24/2011	0883566947	6101		3/8/2011	22	99213	GC		6101	1154457091	132.00	54.90	43.92
9714104901205	b(6)	1437292927	5/2/2014	0887299493	61179		3/8/2012	22	99213			61179	1154457091	230.00	55.34	44.27
9613137718740	b(6)	1437292927	5/28/2013	0886055230	6101		3/12/2013	11	99213			6101	1154457091	121.00	86.81	69.45
0215077863910	b(6)	1437292927	3/24/2015	0524303252	6101		3/17/2015	22	99213			6101	1154457091	121.00	57.89	0.00
0214086039160	b(6)	1437292927	4/9/2014	0887200984	6101		3/18/2014	22	99213			6101	1154457091	121.00	58.03	45.49
0216112736100	b(6)	1437292927	5/5/2016	0890046801	M810	D0591	3/31/2016	22	99213			(Null)	1154457091	92.00	58.12	45.57
0211244499960	b(6)	1437292927	9/15/2011	0884114553	6101		8/25/2011	22	99213			6101	1154457091	221.00	54.90	43.92
1012022203730	b(6)	1437292927	1/26/2012	0506678152	61179		1/12/2012	22	99213			61179	1154457091	230.00	55.34	0.00
0911084278500	b(6)	1437292927	4/8/2011	0883613451	6101		12/21/2010	22	99213			6101	1154457091	132.00	54.70	43.76
9614080707430	b(6)	1437292927	4/2/2014	0887174033	6101		1/2/2014	22	99213	GC		6101	1154457091	121.00	58.03	0.91
9613126802500	b(6)	1437292927	5/20/2013	0886028578	6101		1/3/2013	11	99213	GC		6101	1154457091	230.00	86.81	51.74
0215007562700	b(6)	1437292927	1/16/2015	0522851814	6101		1/6/2015	22	99213			6101	1154457091	121.00	57.89	0.00

ICN	HICN	Billing NPI	Paid Date	Check #	DX 1	DX 2	From DOS	POS	Procedure	Mod1	Mod2	Primar	Rend	NPI	Billed Amt	Allowed	Paid Amt
0911091267090	b(6)	1437292927	4/15/2011	0883634186	6101		2/1/2011	22	99213	GC		6101	1154457091		132.00	54.90	43.92
0216112734470	b(6)	1437292927	5/5/2016	0890046801	Z853		3/31/2016	22	99213			(Null)	1154457091		92.00	58.12	45.57
0211139653890	b(6)	1437292927	6/2/2011	0883779324	6101		5/10/2011	22	99213			6101	1154457091		132.00	54.90	43.90
1012021168120	b(6)	1437292927	2/1/2012	0884508317	61179		12/22/2011	22	99213			61179	1154457091		230.00	54.90	43.90
9714104903296	b(6)	1437292927	5/27/2014	0887383236	1749		10/23/2012	22	99205			1749	1154457091		653.00	180.11	144.09
9714104903363	b(6)	1437292927	5/27/2014	0887383236	79380		11/6/2012	22	99214			79380	1154457091		345.00	85.01	68.01
9714104903562	b(6)	1437292927	5/28/2014	0887390792	79380		11/20/2012	22	99214			79380	1154457091		345.00	85.01	68.01
9714104901643	b(6)	1437292927	5/8/2014	0887319853	2330		4/26/2012	22	99205			2330	1154457091		653.00	180.11	144.09
0212103435750	b(6)	1437292927	4/18/2012	0507873858	7062		3/29/2012	11	99213			7062	1154457091		230.00	0.00	0.00
0911154323360	b(6)	1437292927	6/17/2011	0883826020	7821	6110	5/31/2011	22	99204			7821	1154457091		305.00	139.82	111.86
0911167546220	b(6)	1437292927	6/30/2011	0883856064	7821		6/14/2011	22	19101	GC		7821	1154457091		2032.00	236.81	189.45
0911349161230	b(6)	1437292927	12/29/2011	0884434934	6111		12/13/2011	22	99213			6111	1154457091		230.00	54.90	43.92
9714104903446	b(6)	1437292927	5/28/2014	0887390792	1749		11/8/2012	22	99205	GC		1749	1154457091		653.00	180.11	144.09
0911122517040	b(6)	1437292927	5/16/2011	0883724946	61172		4/19/2011	22	99205			61172	1154457091		379.00	180.05	144.04
0911168238190	b(6)	1437292927	7/1/2011	0883670131	6101		6/14/2011	22	99213			6101	1154457091		132.00	54.90	43.92
0212167408970	b(6)	1437292927	6/29/2012	0884957529	V103	6101	6/14/2012	11	99212			(Null)	1154457091		162.00	51.00	40.80
0216193717670	b(6)	1437292927	7/25/2016	0890345841	Z853	N6011	7/7/2016	22	99213			(Null)	1154457091		92.00	58.12	45.57
0215210357500	b(6)	1437292927	8/4/2015	0525696280	V103		7/16/2015	22	99213			(Null)	1154457091		121.00	0.00	0.00
0215246787400	b(6)	1437292927	9/17/2015	0889180810	V103		7/16/2015	22	99213			(Null)	1154457091		121.00	58.18	45.61
0213211250200	b(6)	1437292927	8/13/2013	0886333318	V103	6101	7/18/2013	22	99213			(Null)	1154457091		121.00	55.88	43.81
0212156562250	b(6)	1437292927	6/18/2012	0884917197	1749		5/22/2012	11	99213	GC		1749	1154457091		230.00	82.82	66.26
0212198199120	b(6)	1437292927	7/30/2012	0885050307	1743		5/30/2012	22	19301	RT	GC	1743	1154457091		1370.00	699.22	559.38
0212198159120	b(6)	1437292927	7/30/2012	0885050307	1743		5/30/2012	22	38525	S1		1743	1154457091		1206.00	238.66	190.93
0212170183010	b(6)	1437292927	7/2/2012	0884962073	1749		6/1/2012	11	99215			1749	1154457091		458.00	162.81	130.25
9714104901674	b(6)	1437292927	5/8/2014	0887319853	6101		4/3/2012	22	99213	GC		6101	1154457091		230.00	55.34	44.27
0215065713430	b(6)	1437292927	3/12/2015	0523747059	6101		3/5/2015	22	99213			6101	1154457091		121.00	57.89	0.00
0913252508970	b(6)	1437292927	9/23/2013	0886473580	6101		8/15/2013	22	99213			6101	1154457091		121.00	55.88	9.90
0214275206910	b(6)	1437292927	10/15/2014	0887914858	6101		9/30/2014	22	99213			6101	1154457091		121.00	58.03	45.49
0914351059250	b(6)	1437292927	12/31/2014	0888197168	6101		12/16/2014	22	99213			6101	1154457091		121.00	58.03	45.49
0917018189680	b(6)	1437292927	2/1/2017	0891051344	N644		10/13/2016	22	99203			(Null)	1154457091		215.00	86.49	67.81
9610083243350	b(6)	1437292927	4/28/2011	0883674541	2330		1/13/2010	21	38525	S1	GC	2330	1154457091		1658.00	220.20	176.16
9610083243350	b(6)	1437292927	4/28/2011	0883674541	2330		1/13/2010	21	19303	RT	GC	2330	1154457091		2775.00	998.53	741.82
9613130789610	b(6)	1437292927	5/20/2013	0886028578	2330		1/9/2013	22	19301	S8	RT	2330	1154457091		1370.00	726.45	581.16

ICN	HICN	Billing NPI	Paid Date	Check #	DX 1	DX 2	From DOS	POS	Procedure	Mod1	Mod2	Primary	Revd NPI	Billed Amt	Allowed	Paid Amt
9614083762510	b(6)	1437292927	4/3/2014	0887179607	79381		1/14/2014	22	99214	GC		79381	1154457091	186.00	89.19	1.39
961411141420	b(6)	1437292927	4/29/2014	0887280948	79381	2330	3/11/2014	22	99214			79381	1154457091	186.00	89.19	69.92
0214113807060	b(6)	1437292927	5/7/2014	0887314959	2330		4/22/2014	22	99214			2330	1154457091	186.00	89.19	69.92
0214146580280	b(6)	1437292927	6/13/2014	0887450150	2330		4/23/2014	21	19303	RT		2330	1154457091	3470.00	978.80	767.30
9714104901825	b(6)	1437292927	5/8/2014	0887319853	2330		5/15/2012	22	99204			2330	1154457091	530.00	140.39	112.31
021414669300	b(6)	1437292927	6/4/2014	0887416777	6929		5/20/2014	22	99213			6929	1154457091	121.00	58.03	45.49
0212198199110	b(6)	1437292927	7/30/2012	0885050307	2330		6/11/2012	22	19301	RT		2330	1154457091	1370.00	699.22	559.38
0914183372400	b(6)	1437292927	7/10/2014	0520002185	7062		6/17/2014	22	99213			7062	1154457091	121.00	0.00	0.00
0212256405240	b(6)	1437292927	9/26/2012	0885235000	2330		7/25/2012	22	19301	58	RT	2330	1154457091	1370.00	699.22	559.38
0212318420160	b(6)	1437292927	11/27/2012	0885432447	2330		10/10/2012	22	19301	58	RT	2330	1154457091	1370.00	699.22	559.38
0212298360160	b(6)	1437292927	10/30/2012	0510522909	2330		10/23/2012	11	99213			2330	1154457091	230.00	0.00	0.00
0210349871680	b(6)	1437292927	12/29/2010	0883339246	1749		11/19/2010	22	99204			1749	1154457091	507.00	138.53	110.82
9614085736960	b(6)	1437292927	4/3/2014	0887179607	2330		1/23/2014	22	99205	GC		2330	1154457091	458.00	190.78	149.57
9614090875400	b(6)	1437292927	4/8/2014	0887195695	2330		2/4/2014	22	99215	GC		2330	1154457091	263.00	125.85	98.67
9614094749750	b(6)	1437292927	4/14/2014	0887216780	2330		2/12/2014	22	19301	LT		2330	1154457091	1410.00	728.82	571.40
9714101900183	b(6)	1437292927	4/21/2014	0887242288	2330		3/10/2014	22	19301	58	LT	2330	1154457091	1410.00	728.82	571.40
0215244830340	b(6)	1437292927	9/15/2015	0889169715	2330		5/26/2015	22	99215			2330	1154457091	263.00	126.36	99.07
9715232730020	b(6)	1437292927	8/27/2015	0525579260	2330		6/23/2015	22	99215			2330	1154457091	263.00	0.00	0.00
9715232900393	b(6)	1437292927	8/27/2015	0889094418	6108	V860	6/24/2015	22	19301	RT	GC	6108	1154457091	1410.00	730.18	572.46
0215329743460	b(6)	1437292927	12/9/2015	0889505734	2853		11/5/2015	22	99205	GC		(Null)	1154457091	458.00	191.68	150.27
9714104900541	b(6)	1437292927	4/24/2014	0516351705	79380		3/1/2012	22	99204			79380	1154457091	530.00	0.00	0.00
0911074406850	b(6)	1437292927	3/29/2011	0883579655	2330		12/23/2010	22	99204	GC		2330	1154457091	305.00	138.53	110.82
0914183372480	b(6)	1437292927	7/16/2014	0887575821	6101		6/3/2014	22	99213	GC		6101	1154457091	121.00	58.03	45.49
0213158298100	b(6)	1437292927	6/21/2013	0886149880	6101		6/6/2013	22	99213			6101	1154457091	121.00	55.88	43.81
0215244890030	b(6)	1437292927	9/15/2015	0889169715	1749		8/14/2015	22	99205			1749	1154457091	458.00	191.68	150.27
9714104903504	b(6)	1437292927	5/28/2014	0887390792	1749	79380	11/15/2012	22	99205	GC		1749	1154457091	653.00	180.11	144.09
9614097795020	b(6)	1437292927	4/15/2014	0887225799	7576		3/6/2014	22	99204			7576	1154457091	371.00	147.46	115.61
0216188591350	b(6)	1437292927	7/20/2016	0890330050	C50412		6/16/2016	22	99205			(Null)	1154457091	458.00	190.99	149.73
0214286614380	b(6)	1437292927	10/27/2014	0887961881	1749		10/9/2014	22	99205			1749	1154457091	458.00	190.78	149.57
0216074739290	b(6)	1437292927	3/28/2016	0889890926	N6019		3/8/2016	22	99214			(Null)	1154457091	186.00	89.34	70.04
0215217573280	b(6)	1437292927	8/19/2015	0889058191	1749		8/4/2015	22	99215			1749	1154457091	263.00	126.99	99.56
0215239738560	b(6)	1437292927	9/10/2015	0889150580	1744	2330	8/10/2015	21	19303	LT	GC	1744	1154457091	3470.00	1133.50	888.66
0214117694560	b(6)	1437292927	5/21/2014	0887367567	6101	V103	5/6/2014	22	99204			6101	1154457091	371.00	147.46	115.61

ICN	HICN	Billing NPI	Paid Date	Check #	DX 1	DX 2	From DOS	POS	Procedure	Mod1	Mod2	Primary	Render NPI	Billed Amt	Allowed	Paid Amt
0214198090000	b(6)	1437292927	7/31/2014	0887631363	6101		7/15/2014	22	99214	GC		6101	1154457091	186.00	89.19	69.92
0214241323110	b(6)	1437292927	9/5/2014	0520984546	V504161189		8/4/2014	22	19303	LT		(Null)	1154457091	3470.00	0.00	0.00
0215243893610	b(6)	1437292927	9/14/2015	0889163590	6101		8/11/2015	22	99213			6101	1154457091	121.00	58.18	45.60
0214275206950	b(6)	1437292927	10/15/2014	0887914858	6101		9/30/2014	22	99214			6101	1154457091	186.00	89.19	69.90
0214316621850	b(6)	1437292927	11/18/2014	0520984546	7092	V103	10/22/2014	22	11406	78		7092	1154457091	4493.00	0.00	0.00
0214328333520	b(6)	1437292927	12/8/2014	0888119031	2382	7092	10/22/2014	22	11406	78		2382	1154457091	4493.00	225.86	177.08
9613140754170	b(6)	1437292927	5/29/2013	0886052967	79399		3/19/2013	11	99204			79399	1154457091	371.00	192.25	153.80
9613149769770	b(6)	1437292927	6/6/2013	0886095563	6108	2141	4/8/2013	22	19126	GC		6108	1154457091	1000.00	171.19	134.21
9613149769770	b(6)	1437292927	6/6/2013	0886095563	6108	2141	4/8/2013	22	19125	RT	GC	6108	1154457091	3742.00	519.80	407.52
0216070856460	b(6)	1437292927	3/24/2016	0889880274	C50911		3/1/2016	22	99205			(Null)	1154457091	458.00	190.99	149.73
0216098647880	b(6)	1437292927	4/21/2016	0889992111	R928		3/10/2016	22	99215			(Null)	1154457091	263.00	126.39	99.09
0216105496550	b(6)	1437292927	4/28/2016	0890019485	C50911		3/29/2016	22	99215			(Null)	1154457091	263.00	126.39	99.09
0216110679050	b(6)	1437292927	5/3/2016	0890036036	C5091D0511		4/1/2016	22	19301	RT		(Null)	1154457091	1452.00	732.90	574.59
9714104901618	b(6)	1437292927	5/8/2014	0887319853	1749		4/24/2012	22	99205			1749	1154457091	653.00	180.11	144.09
0210344848820	b(6)	1437292927	12/27/2010	0883330605	79381		8/10/2010	22	99213	57		79381	1154457091	132.00	54.70	43.76
0210344848200	b(6)	1437292927	12/16/2010	0501053839	V5881		10/7/2010	22	36590	GC		(Null)	1154457091	1628.00	0.00	0.00
0215007562670	b(6)	1437292927	1/16/2015	052439221	6101		1/6/2015	22	99213			6101	1154457091	121.00	57.89	0.00
0213014243270	b(6)	1437292927	1/17/2013	0777777777	6101		1/8/2013	11	99213	GC		6101	1154457091	230.00	0.00	0.00
9613126884870	b(6)	1437292927	5/16/2013	0886019263	6101		1/8/2013	11	99213	GC		6101	1154457091	230.00	86.81	1.04
021069294190	b(6)	1437292927	3/24/2011	0883566947	6101		12/16/2010	22	99213			6101	1154457091	132.00	54.70	43.76
1012022203780	b(6)	1437292927	2/2/2012	0884511883	61179		12/20/2011	22	99213			61179	1154457091	230.00	54.90	43.92
0211041140710	b(6)	1437292927	2/24/2011	0883486688	6101		11/9/2010	22	99213			6101	1154457091	132.00	54.70	43.76
1012022204190	b(6)	1437292927	2/2/2012	0884511883	61179		1/3/2012	22	99213			61179	1154457091	230.00	55.34	44.27
9614106466330	b(6)	1437292927	4/28/2014	0887274930	6101		2/27/2014	22	99213			6101	1154457091	121.00	58.03	26.05
0216127569770	b(6)	1437292927	5/20/2016	0890106690	N6011	R590	5/5/2016	22	99214			(Null)	1154457091	186.00	89.34	70.04
0213144364540	b(6)	1437292927	6/7/2013	0886100736	6101		5/23/2013	22	99213	GC		6101	1154457091	121.00	55.88	43.81
0211188441380	b(6)	1437292927	7/21/2011	08833930268	6101		5/24/2011	22	99213			6101	1154457091	132.00	54.90	43.92
0211007235220	b(6)	1437292927	1/21/2011	0883395491	7062		10/26/2010	22	99212			7062	1154457091	84.00	27.70	22.16
971410490347	b(6)	1437292927	5/28/2014	0887390792	6101		11/1/2012	22	99213			6101	1154457091	230.00	55.34	44.27
0910363207660	b(6)	1437292927	1/12/2011	0883374217	7062		11/7/2010	22	10060	GC		7062	1154457091	228.00	102.45	81.96
0211057665660	b(6)	1437292927	4/19/2011	0883642965	6101		1/27/2011	22	99213			6101	1154457091	132.00	54.90	43.92
0212033226480	b(6)	1437292927	2/8/2012	0506588817	61179		1/31/2012	11	99213			61179	1154457091	230.00	82.82	0.00

ICN	HICN	Billing NPI	Paid Date	Check #	DX 1	DX 2	From DOS	POS	Procedure	Mod1	Mod2	Primary	Revd NPI	Billed Amt	Allowed	Paid Amt
9613129875150	b(6)	1437292927	5/21/2013	0886034249	6101		1/31/2013	11	99213			6101	1154457091	121.00	86.81	15.99
9614090782130	b(6)	1437292927	4/8/2014	0887195695	6101		2/4/2014	22	99213			6101	1154457091	121.00	58.03	45.49
0216055553540	b(6)	1437292927	3/9/2016	0888821522	C50911		2/4/2016	22	99213			(Null)	1154457091	92.00	58.12	45.50
0215147906380	b(6)	1437292927	6/10/2015	0888787237	6101		5/26/2015	22	99213			6101	1154457091	121.00	57.89	45.30
9714104902359	b(6)	1437292927	5/14/2014	0887341986	6101		7/12/2012	22	99213	GC		6101	1154457091	230.00	55.34	44.27
0215028918460	b(6)	1437292927	2/11/2015	0888343879	2330		1/27/2015	22	99205			2330	1154457091	458.00	190.72	34.28
0215071632440	b(6)	1437292927	3/26/2015	0888501313	2330		2/18/2015	22	19301	LT	GC	2330	1154457091	1410.00	730.18	572.46
9613135740480	b(6)	1437292927	5/23/2013	0886045229	7822		2/28/2013	11	99213			7822	1154457091	121.00	86.81	69.45
0212153430330	b(6)	1437292927	6/15/2012	0884912501	2330	2449	5/31/2012	11	99215			2330	1154457091	458.00	162.81	130.25
0212180203490	b(6)	1437292927	7/12/2012	0884998969	1744	2330	6/6/2012	22	19125	RT		1744	1154457091	3742.00	499.50	399.60
0212167408930	b(6)	1437292927	6/29/2012	0884957529	1749	2330	6/14/2012	11	99213			1749	1154457091	230.00	82.82	66.26
9712201900125	b(6)	1437292927	7/25/2012	0885037173	6101		6/18/2012	22	38525	58	51	6101	1154457091	1206.00	238.66	190.93
9712201900125	b(6)	1437292927	7/25/2012	0885037173	6101		6/18/2012	22	19301	58	RT	6101	1154457091	1370.00	699.22	559.38
0216130341840	b(6)	1437292927	5/23/2016	0890112100	N601N6012		2/2/2016	22	99213			(Null)	1154457091	92.00	58.12	45.57
0911096314680	b(6)	1437292927	4/18/2011	0883638472	6101		2/1/2011	22	99213	GC		6101	1154457091	221.00	54.90	43.92
9714104901098	b(6)	1437292927	5/2/2014	0887299493	61179		2/7/2012	22	99213	GC		61179	1154457091	230.00	55.34	44.27
0911090273630	b(6)	1437292927	4/14/2011	0883630106	1749		1/25/2011	22	99204			1749	1154457091	305.00	139.82	111.86
0911102290020	b(6)	1437292927	4/26/2011	0883665930	1749		2/3/2011	22	99213			1749	1154457091	132.00	54.90	43.92
0911102290010	b(6)	1437292927	4/26/2011	0883665930	1749		2/8/2011	22	99214			1749	1154457091	200.00	84.59	67.67
0911074401260	b(6)	1437292927	3/29/2011	0883579655	1744		2/22/2011	21	19303	RT		1744	1154457091	2775.00	1052.43	841.94
0911074401260	b(6)	1437292927	3/29/2011	0883579655	1744		2/22/2011	21	38525	59	RT	1744	1154457091	1658.00	232.63	186.10
9613136745160	b(6)	1437292927	5/24/2013	0886050481	6101		2/26/2013	11	99213	GC		6101	1154457091	121.00	86.81	69.45
9714104901209	b(6)	1437292927	5/2/2014	0887299493	61179		3/8/2012	22	99213	GC		61179	1154457091	230.00	55.34	44.27
0911186519420	b(6)	1437292927	7/18/2011	0883916928	6101		6/28/2011	22	99213			6101	1154457091	221.00	54.90	43.92
0911010619490	b(6)	1437292927	2/7/2011	0883438550	1749	61172	1/4/2011	22	99205			1749	1154457091	379.00	180.05	144.04
0911102290030	b(6)	1437292927	4/26/2011	0883665930	1749		2/8/2011	22	99213	GC		1749	1154457091	132.00	54.90	43.92
0911080470150	b(6)	1437292927	4/18/2011	0883638472	1714	1749	2/14/2011	21	19499			1714	1154457091	700.00	118.10	94.48
0911080470150	b(6)	1437292927	4/18/2011	0883638472	1714	1749	2/14/2011	21	21554			1714	1154457091	2131.00	829.31	663.45
9714104900745	b(6)	1437292927	4/24/2014	0887263227	61179		2/2/2012	22	99213	GC		61179	1154457091	230.00	55.34	44.27
0911122517030	b(6)	1437292927	5/16/2011	0883724946	61172		4/26/2011	22	99205			61172	1154457091	379.00	180.05	144.04
9714104901860	b(6)	1437292927	5/8/2014	0887319855	6101		5/17/2012	22	99213			6101	1154457091	230.00	55.34	44.27
0911151664680	b(6)	1437292927	6/13/2011	0883809126	1749		5/26/2011	22	99214			1749	1154457091	200.00	84.59	67.67
0911182116250	b(6)	1437292927	7/15/2011	0883912751	61172	V103	6/15/2011	21	19303	RT		61172	1154457091	2775.00	1052.43	841.94

ICN	HICN	Billing NPI	Paid Date	Check #	DX 1	DX 2	From DOS	POS	Procedure	Mod1	Mod2	Primar	Reud	NPI	Billed Amt	Allowed	Paid Amt
0911304580560	b(6)	1437292927	11/14/2011	0884307330	61179		10/27/2011	22	99213			61179	1154457091		230.00	54.90	43.92
9714104901410	b(6)	1437292927	5/7/2014	0887314959	1749	V103	3/29/2012	22	99205			1749	1154457091		653.00	180.11	144.09
9714104901675	b(6)	1437292927	5/8/2014	0887319853	1749		4/12/2012	22	99215			1749	1154457091		458.00	119.56	95.66
9714104901644	b(6)	1437292927	5/8/2014	0887319853	1749		4/26/2012	22	99214			1749	1154457091		345.00	85.01	68.06
0212212298190	b(6)	1437292927	8/13/2012	0885095005	1742	2141	5/14/2012	22	38525	51		1742	1154457091		1206.00	238.66	190.93
0212212298190	b(6)	1437292927	8/13/2012	0885095005	1742	2141	5/14/2012	22	11406	59		2141	1154457091		1441.00	0.00	0.00
0212212298190	b(6)	1437292927	8/13/2012	0885095005	1742	2141	5/14/2012	22	19301	50		1742	1154457091		2730.00	1048.83	839.06
0910334035720	b(6)	1437292927	12/14/2010	0883301728	6101	61171	10/19/2010	22	99213	GC		6101	1154457091		132.00	54.70	43.76
0211306273000	b(6)	1437292927	11/16/2011	0884317768	61179		10/27/2011	22	99213			61179	1154457091		230.00	54.90	43.92
0215078515930	b(6)	1437292927	4/2/2015	0888528190	6101		2/3/2015	22	99213			6101	1154457091		121.00	57.89	45.38
09132477326030	b(6)	1437292927	9/18/2013	0886458622	1749		9/3/2013	22	99205	GC		1749	1154457091		458.00	184.58	144.71
0213276559730	b(6)	1437292927	10/17/2013	0886563465	1749		9/17/2013	22	99215			1749	1154457091		263.00	121.62	95.35
0913340285470	b(6)	1437292927	12/20/2013	0886812057	1744		10/21/2013	22	38525	51	GC	1744	1154457091		1240.00	248.02	194.45
0913340285470	b(6)	1437292927	12/20/2013	0886812057	1744		10/21/2013	22	19301	GC	LT	1744	1154457091		1410.00	726.45	569.54
0911083196760	b(6)	1437292927	3/30/2011	0502655534	6101		1/4/2011	22	99212			6101	1154457091		84.00	0.00	0.00
0910319727670	b(6)	1437292927	11/29/2010	0883262204	79380		10/26/2010	22	99204			79380	1154457091		305.00	138.53	110.82
0910322244150	b(6)	1437292927	12/2/2010	0883274798	79380	61172	11/8/2010	22	19125			79380	1154457091		2054.00	468.65	374.92
0215243893710	b(6)	1437292927	9/14/2015	0889163590	1749		6/4/2015	22	99205	GC		1749	1154457091		458.00	190.72	149.53
0215194399630	b(6)	1437292927	7/27/2015	0888962374	V103		6/16/2015	22	99215			(Null)	1154457091		263.00	126.36	99.07
0915195053160	b(6)	1437292927	7/28/2015	0889967687	1744	V860	6/22/2015	22	38525	51	LT	1744	1154457091		1240.00	247.87	194.33
0915195053160	b(6)	1437292927	7/28/2015	0888967687	1744	V860	6/22/2015	22	19301	LT		1744	1154457091		1410.00	730.18	572.46
0915195053160	b(6)	1437292927	7/28/2015	0888967687	1744	V860	6/22/2015	22	99213			61179	1154457091		230.00	55.34	44.27
9714104900927	b(6)	1437292927	4/30/2014	0887286855	61179		1/12/2012	22	99213			61179	1154457091		230.00	55.34	44.27
0911146218000	b(6)	1437292927	6/9/2011	0883800957	6101		5/24/2011	22	99213	GC		6101	1154457091		132.00	54.90	43.92
0216182616780	b(6)	1437292927	7/14/2016	0890308793	N6019		6/14/2016	22	99213	GC		(Null)	1154457091		92.00	58.12	45.57
0214225433430	b(6)	1437292927	8/26/2014	0887725091	6101	6113	8/5/2014	22	99213			6101	1154457091		121.00	58.03	45.49
0911067306480	b(6)	1437292927	3/22/2011	0883558667	6101		9/30/2010	22	99213			6101	1154457091		132.00	54.70	43.76
0213007360590	b(6)	1437292927	1/22/2013	0885598704	6101		12/20/2012	11	99213			6101	1154457091		230.00	82.82	66.26
0215119679970	b(6)	1437292927	5/13/2015	0888687345	6101		4/7/2015	22	99213			6101	1154457091		121.00	57.89	45.38
9714104901808	b(6)	1437292927	5/8/2014	0887319853	61189		5/10/2012	22	99204			61189	1154457091		530.00	140.39	112.31
0914211465300	b(6)	1437292927	8/13/2014	0887679942	6101		7/29/2014	22	99213			6101	1154457091		121.00	58.03	45.49
9714104902441	b(6)	1437292927	5/16/2014	0887352464	6101		8/7/2012	22	99213			6101	1154457091		230.00	55.34	44.27
0916244110950	b(6)	1437292927	9/14/2016	0890540438	N6019		8/23/2016	22	99213			(Null)	1154457091		92.00	58.12	45.57
0915261141750	b(6)	1437292927	10/2/2015	0889239850	6101		9/8/2015	22	99213			6101	1154457091		92.00	58.18	45.61

ICN	HICN	Billing NPI	Paid Date	Check #	DX 1	DX 2	From DOS	POS	Procedure	Mod1	Mod2	Primary	Rend	NPI	Billed Amt	Allowed	Paid Amt
9714104903743	b(6)	1437292927	5/30/2014	0887401185	6101		12/11/2012	22	99213			6101	1154457091		230.00	55.34	44.27
0911102290040	b(6)	1437292927	4/26/2011	0883665930	79389		2/3/2011	22	99204	GC		79389	1154457091		305.00	139.82	111.86
9714104902562	b(6)	1437292927	5/19/2014	0887357700	79380		8/2/2012	22	99205	GC		79380	1154457091		653.00	180.11	144.08
0911090273620	b(6)	1437292927	4/14/2011	0883630106	V103	6101	1/20/2011	22	99213			(Null)	1154457091		132.00	54.90	43.92
0911096314690	b(6)	1437292927	4/18/2011	0883638472	6101		1/27/2011	22	99213			6101	1154457091		132.00	54.90	43.92
0911105345110	b(6)	1437292927	4/29/2011	0883678518	6101		4/12/2011	22	99213	GC		6101	1154457091		132.00	54.90	43.92
0911286391690	b(6)	1437292927	10/27/2011	0884253915	61179		10/11/2011	22	99213			61179	1154457091		230.00	54.90	43.92
0214219794320	b(6)	1437292927	8/21/2014	0887711337	79389		8/7/2014	22	99215			79389	1154457091		263.00	125.85	98.67
0914260004140	b(6)	1437292927	10/1/2014	0887859340	1749		8/21/2014	22	99215			1749	1154457091		263.00	125.85	98.67
0214279147930	b(6)	1437292927	10/17/2014	0887926178	1749		10/2/2014	22	99215			1749	1154457091		263.00	125.85	98.67
0214300432740	b(6)	1437292927	11/10/2014	0888018087	1741	1963	10/13/2014	22	38525	51	RT	1963	1154457091		1240.00	247.36	193.93
0214300432740	b(6)	1437292927	11/10/2014	0888018087	1741	1963	10/13/2014	22	19301	RT		1741	1154457091		1410.00	728.82	571.40
0914295114570	b(6)	1437292927	11/5/2014	0888001578	1749	1963	10/21/2014	22	99213	24		1749	1154457091		121.00	58.03	45.49
9714104901027	b(6)	1437292927	5/1/2014	0887292465	1749		2/23/2012	22	99214	GC		1749	1154457091		345.00	85.01	68.01
0212122645530	b(6)	1437292927	5/15/2012	0884816889	1743		2/27/2012	22	19301	LT	GC	1743	1154457091		1370.00	699.22	559.38
0212122645530	b(6)	1437292927	5/15/2012	0884816889	1743		2/27/2012	22	38500	51	LT	1743	1154457091		1240.00	139.76	111.81
0917020053200	b(6)	1437292927	2/3/2017	0891061134	C773	Z853	1/4/2017	22	38525	RT		(Null)	1154457091		1277.00	498.29	390.66
0217040657150	b(6)	1437292927	3/2/2017	0891153581	C50911		10/27/2016	22	99204			(Null)	1154457091		371.00	147.13	115.35
9614106854050	b(6)	1437292927	4/24/2014	0887263227	61172		2/25/2014	22	99215			61172	1154457091		263.00	125.85	98.67
9614106590420	b(6)	1437292927	4/24/2014	0887263227	217		3/4/2014	22	99214			217	1154457091		186.00	89.19	69.92
0214086039180	b(6)	1437292927	4/9/2014	0887200984	61172	217	3/20/2014	22	99215			61172	1154457091		263.00	125.85	98.67
0214101698170	b(6)	1437292927	4/25/2014	0887269244	1749	2330	3/31/2014	22	19120	LT		1749	1154457091		3220.00	468.92	367.64
0914190571480	b(6)	1437292927	7/23/2014	0887600634	1749		7/8/2014	22	99214	GC		1749	1154457091		186.00	89.19	69.92
0214209660200	b(6)	1437292927	8/11/2014	0887669104	2330	6101	7/16/2014	22	19301	LT	GC	2330	1154457091		1410.00	728.82	571.40
0914241323090	b(6)	1437292927	9/12/2014	0887793040	Z383	V103	8/6/2014	22	19301	78	LT	2383	1154457091		1410.00	517.46	405.69
9614107563730	b(6)	1437292927	4/29/2014	0518674676	6101		1/30/2014	11	99213			6101	1154457091		230.00	86.87	0.00
1012022204470	b(6)	1437292927	2/2/2012	0894511883	Z330	61172	1/17/2012	22	99205			Z330	1154457091		653.00	180.11	32.09
0216124535910	b(6)	1437292927	5/17/2016	0890090669	C5091	C779	4/26/2016	22	99204			(Null)	1154457091		371.00	147.13	115.35
0911087306490	b(6)	1437292927	3/22/2011	0883558667	6101		2/24/2011	22	99213	GC		6101	1154457091		132.00	54.90	43.92
0216123721010	b(6)	1437292927	5/16/2016	0890085080	N6011	D0512	4/19/2016	22	99215			(Null)	1154457091		263.00	126.39	99.09
0911146218310	b(6)	1437292927	6/9/2011	0883800957	6101		5/24/2011	22	99214			6101	1154457091		200.00	84.59	67.67
0913165034560	b(6)	1437292927	6/28/2013	0886177111	6101		6/13/2013	22	99213			6101	1154457091		121.00	55.88	43.81
0914183372420	b(6)	1437292927	7/16/2014	0887576821	6101		6/19/2014	22	99213			6101	1154457091		121.00	58.03	45.49

ICN	HICN	Billing NPI	Paid Date	Check #	DX 1	DX 2	From DOS	POS	Procedure	Mod1	Mod2	Primar	Reud	NPI	Billed Amt	Allowed	Paid Amt
0911269591180	H(6)	1437292927	10/11/2011	0884191984	6101		9/1/2011	22	99213	GC		6101	1154457091		230.00	54.90	43.92
9714104902744	H(6)	1437292927	5/20/2014	0887362850	6101		9/4/2012	22	99213			6101	1154457091		230.00	55.34	44.27
0215273852950	H(6)	1437292927	10/14/2015	0889282927	6101		9/29/2015	22	99214	GC		6101	1154457091		186.00	89.66	70.34
0217010730360	H(6)	1437292927	1/24/2017	0891024015	N601IN6012		10/6/2016	22	99213	GC		(Null)	1154457091		92.00	58.12	45.50
0213007360600	H(6)	1437292927	1/22/2013	0885598704	6101		12/20/2012	11	99213			6101	1154457091		230.00	82.82	66.26
0212247261880	H(6)	1437292927	9/17/2012	0885202494	1749		8/31/2012	22	99205			1749	1154457091		458.00	180.11	144.09
0212167409010	H(6)	1437292927	6/29/2012	0884957529	1749		6/12/2012	11	99205	GC		1749	1154457091		653.00	228.77	183.02
0212194351690	H(6)	1437292927	7/26/2012	0885041345	1744		6/13/2012	21	38525	51	RT	1744	1154457091		1206.00	238.66	190.93
0212194351690	H(6)	1437292927	7/26/2012	0885041345	1744		6/13/2012	21	19303	RT		1744	1154457091		3370.00	1080.48	864.38
9610238053450	H(6)	1437292927	8/31/2011	0454923913	6101		3/25/2010	22	99213			6101	1154457091		132.00	53.52	42.82
0217041669160	H(6)	1437292927	3/2/2017	0891153581	C5011	Z170	1/18/2017	21	19301	RT	RT	(Null)	1154457091		1277.00	249.15	195.33
0217041669160	H(6)	1437292927	3/2/2017	0891153581	C5011	Z170	1/18/2017	21	19301	RT		(Null)	1154457091		1452.00	732.67	574.42
0217041669150	H(6)	1437292927	3/2/2017	0891153581	C5011	Z170	2/8/2017	22	19301	78	RT	(Null)	1154457091		1452.00	520.20	407.84
0217037124370	H(6)	1437292927	3/2/2017	0891153581	C50911		12/20/2016	22	99204			(Null)	1154457091		371.00	147.13	115.35
0216112741530	H(6)	1437292927	5/5/2016	0890046801	C50912		3/31/2016	22	99215			(Null)	1154457091		263.00	126.39	99.09
0216120588730	H(6)	1437292927	5/13/2016	0890079595	C5091Z4001		4/11/2016	21	38525	51	LT	(Null)	1154457091		1277.00	248.92	195.16
0216120588730	H(6)	1437292927	5/13/2016	0890079595	C5091Z4001		4/11/2016	21	19303	50		(Null)	1154457091		7148.00	1697.87	1331.13
0215149828550	H(6)	1437292927	6/12/2015	0886797438	1749		8/5/2014	22	99205			1749	1154457091		653.00	190.78	149.57
9613129726380	H(6)	1437292927	5/21/2013	0886034249	1749		1/25/2013	22	99205	GC		1749	1154457091		458.00	184.58	96.04
9613135740530	H(6)	1437292927	5/23/2013	0886045229	1749	217	2/28/2013	11	99215	GC		1749	1154457091		263.00	168.48	134.78
0213126365670	H(6)	1437292927	5/20/2013	0886028578	1749	79389	4/25/2013	11	99215	GC		1749	1154457091		263.00	168.48	132.08
0213147248600	H(6)	1437292927	6/10/2013	0886105804	1749		5/14/2013	22	99215	GC		1749	1154457091		263.00	121.62	95.35
0213154760050	H(6)	1437292927	6/17/2013	0886128727	1749	V163	5/20/2013	21	19303	LT	GC	1749	1154457091		6740.00	1121.85	879.53
0213154760050	H(6)	1437292927	6/17/2013	0886128727	1749	V163	5/20/2013	21	38500	51	RT	1749	1154457091		6187.00	144.29	113.12
0216221468390	H(6)	1437292927	8/22/2016	0890451982	C501IN6011		7/26/2016	22	99203			(Null)	1154457091		215.00	86.49	67.81
0216131611560	H(6)	1437292927	5/24/2016	0890117680	R599	R590	5/5/2016	22	99214	GC		(Null)	1154457091		186.00	89.34	70.04
0215243833620	H(6)	1437292927	9/14/2015	0889163590	7856		6/4/2015	22	99205	GC		7856	1154457091		458.00	190.72	149.53
0215243833630	H(6)	1437292927	9/14/2015	0889163590	7856		6/25/2015	22	99214			7856	1154457091		186.00	89.22	69.95
0215273852990	H(6)	1437292927	10/14/2015	0889282927	79399	61179	9/29/2015	22	99215			79399	1154457091		263.00	126.99	99.56
0215314729790	H(6)	1437292927	11/24/2015	0889447336	R591		10/29/2015	22	99213	GC		(Null)	1154457091		92.00	58.18	45.61
0914190571440	H(6)	1437292927	7/23/2014	0887600634	1749		7/8/2014	22	99205			1749	1154457091		458.00	190.78	149.57
0914218112550	H(6)	1437292927	8/20/2014	0887706344	1749	2330	7/30/2014	22	19301	RT		1749	1154457091		1410.00	728.82	571.40
0914218112550	H(6)	1437292927	8/20/2014	0887706344	1749	2330	7/30/2014	22	38500	51	RT	1749	1154457091		6370.00	144.20	113.05

ICN	HICN	Billing NPI	Paid Date	Check #	DX 1	DX 2	From DOS	POS	Procedure	Mod1	Mod2	Primar	Reud	NPI	Billed Amt	Allowed	Paid Amt
0914241323070	b(6)	1437292927	9/12/2014	0887793040	1749		8/11/2014	22	19301	78	RT	1749	1154457091		1410.00	517.46	405.69
0914294124210	b(6)	1437292927	11/4/2014	0887795830	2330		9/30/2014	22	19301	78	RT	2330	1154457091		1410.00	517.46	405.69
0914294124210	b(6)	1437292927	11/4/2014	0887995830	2330		9/30/2014	22	14000	78	51	2330	1154457091		3208.00	422.07	330.99
0216221740840	b(6)	1437292927	8/22/2016	0890451982	N6012	N644	7/28/2016	22	99204			(Null)	1154457091		371.00	147.13	115.30
1012022203920	b(6)	1437292927	2/2/2012	0884511883	61179		1/10/2012	22	99204			61179	1154457091		530.00	140.39	0.31
0213163306540	b(6)	1437292927	6/26/2013	0886165706	6101		6/11/2013	22	99213			6101	1154457091		121.00	55.88	43.81
0214302814560	b(6)	1437292927	11/12/2014	0888023930	6101		10/28/2014	22	99213			6101	1154457091		121.00	58.03	37.67
0216013730970	b(6)	1437292927	1/20/2016	0528296829	D0511		1/12/2016	22	99215			(Null)	1154457091		263.00	126.39	0.00
0916069604300	b(6)	1437292927	3/23/2016	0899874937	D0511	Z170	2/29/2016	22	19301	RT		(Null)	1154457091		1452.00	732.90	574.59
0216110671260	b(6)	1437292927	5/3/2016	0890036036	D0511	N6081	3/30/2016	22	19301	78	RT	(Null)	1154457091		1452.00	520.36	407.96
0215364652940	b(6)	1437292927	1/13/2016	0889621936	D0511		12/17/2015	22	99205	GC		(Null)	1154457091		458.00	191.68	150.27
0216041590180	b(6)	1437292927	2/24/2016	0889769725	D0512	50912	2/2/2016	22	99215			(Null)	1154457091		263.00	126.39	99.09
0215266745510	b(6)	1437292927	10/7/2015	0889257064	1749		9/8/2015	22	99205			1749	1154457091		458.00	191.68	150.27
0215268721490	b(6)	1437292927	10/9/2015	0889268960	1749		9/23/2015	22	99214			1749	1154457091		186.00	89.66	70.30
0215300710360	b(6)	1437292927	11/10/2015	0889393256	D0512	Z170	10/9/2015	22	19301	LT	GC	(Null)	1154457091		1452.00	733.83	575.32
0215300710360	b(6)	1437292927	11/10/2015	0889393256	D0512	Z170	10/9/2015	22	38525	51	LT	(Null)	1154457091		1277.00	249.11	195.30
9611129777090	b(6)	1437292927	5/17/2013	0886024243	1749	V103	1/31/2013	11	99205			1749	1154457091		458.00	236.89	189.51
9614105870900	b(6)	1437292927	4/24/2014	0887263227	99813		2/13/2014	22	10140			99813	1154457091		382.00	140.91	110.48
0914090097490	b(6)	1437292927	4/14/2014	0887216780	6101	V5889	2/20/2014	22	99213	24		6101	1154457091		121.00	58.03	45.49
9613136745190	b(6)	1437292927	5/24/2013	0886050481	1749		2/26/2013	11	99215			1749	1154457091		263.00	168.48	134.78
0213158298110	b(6)	1437292927	6/21/2013	0886149880	1749		6/6/2013	22	99214			1749	1154457091		186.00	86.29	67.65
0213192336130	b(6)	1437292927	7/25/2013	0886269176	2330		7/9/2013	22	99215	GC		2330	1154457091		263.00	121.62	95.35
0913324378340	b(6)	1437292927	8/26/2013	0886379000	1745	2330	7/17/2013	22	19301	LT	GC	1745	1154457091		1370.00	726.45	569.54
0213305543030	b(6)	1437292927	11/15/2013	0886685194	1749	V103	10/7/2013	22	19301	58	LT	1749	1154457091		1410.00	726.45	569.54
0215034757540	b(6)	1437292927	2/17/2015	0888359751	1743	2330	1/12/2015	22	19301	78	RT	1743	1154457091		1410.00	518.43	406.45
9716113900471	b(6)	1437292927	5/25/2016	0530115491	1749		10/28/2014	22	99205	GC		1749	1154457091		458.00	0.00	0.00
0214318781900	b(6)	1437292927	12/1/2014	0888088066	1749		11/13/2014	22	99215			1749	1154457091		263.00	125.85	98.67
0215006603510	b(6)	1437292927	1/20/2015	0888256261	1748		12/17/2014	22	38525	51	RT	1748	1154457091		1240.00	247.36	193.93
0215006603510	b(6)	1437292927	1/20/2015	0888256261	1748		12/17/2014	22	19301	RT	GC	1748	1154457091		1410.00	728.82	571.40
0212027370900	b(6)	1437292927	2/2/2012	0506577374	61179		1/24/2012	11	99213	GC		61179	1154457091		230.00	82.82	0.00
9613129875440	b(6)	1437292927	5/17/2013	0886024243	6101		1/29/2013	11	99213			6101	1154457091		121.00	86.81	69.45
9614105443890	b(6)	1437292927	4/28/2014	0887274930	6101		1/30/2014	22	99213			6101	1154457091		121.00	58.03	40.24
0215042767180	b(6)	1437292927	2/18/2015	0522717280	6101		2/10/2015	22	99213			6101	1154457091		121.00	57.89	0.00

ICN	HICN	Billing NPI	Paid Date	Check #	DX 1	DX 2	From DOS	POS	Procedure	Mod1	Mod2	Primar	Reud	NPI	Billed Amt	Allowed	Paid Amt
0211101300240	b(6)	1437292927	4/25/2011	0883658934	79389		2/22/2011	22	99213	GC		79389	1154457091		132.00	54.90	43.92
0216112754150	b(6)	1437292927	5/5/2016	0890046801	N6019		3/31/2016	22	99213			(Null)	1154457091		92.00	58.12	45.57
0911210849950	b(6)	1437292927	8/11/2011	0883999859	6101		7/26/2011	22	99213			6101	1154457091		221.00	54.90	43.92
0910343557380	b(6)	1437292927	12/27/2010	0883330605	61172	6113	11/30/2010	22	99213			61172	1154457091		132.00	54.70	43.92
0911146213050	b(6)	1437292927	6/9/2011	0883800957	2330		5/24/2011	22	99214			2330	1154457091		200.00	84.59	67.67
0911045211870	b(6)	1437292927	2/28/2011	0883494369	1749		11/11/2010	22	99213	GC		1749	1154457091		132.00	54.70	43.76
0910361392460	b(6)	1437292927	1/7/2011	0883362986	1740		11/17/2010	22	19301	RT		1740	1154457091		1325.00	659.81	527.85
0910361392460	b(6)	1437292927	1/7/2011	0883362986	1740		11/17/2010	22	38525	59	RT	1740	1154457091		1658.00	225.04	180.03
0911054023860	b(6)	1437292927	3/18/2011	0501427346	1749	2330	11/23/2010	22	99213	24		1749	1154457091		132.00	0.00	0.00
0216130573030	b(6)	1437292927	5/23/2016	0890112100	C50911		5/3/2016	22	99205			(Null)	1154457091		458.00	190.99	149.73
0216145661800	b(6)	1437292927	6/7/2016	0890168317	C5021D0511		5/16/2016	22	19301	RT		(Null)	1154457091		1452.00	732.90	574.59
0216172311260	b(6)	1437292927	7/5/2016	0890266751	D0511		6/1/2016	22	19301	78	RT	(Null)	1154457091		1452.00	520.36	407.96
0913135740550	b(6)	1437292927	5/23/2013	0886045229	1749		2/21/2013	11	99205	GC		1749	1154457091		458.00	236.89	189.51
0913148861730	b(6)	1437292927	6/5/2013	0886090118	1742		3/11/2013	22	13100	59	GC	1742	1154457091		1486.00	119.59	95.67
0913148861730	b(6)	1437292927	6/5/2013	0886090118	1742		3/11/2013	22	38500	51	RT	1742	1154457091		6187.00	144.29	115.43
0913148861730	b(6)	1437292927	6/5/2013	0886090118	1742		3/11/2013	22	19301	RT	GC	1742	1154457091		1370.00	726.45	581.16
0213120361790	b(6)	1437292927	5/7/2013	0513259959	6101		4/16/2013	11	99213	GC		6101	1154457091		121.00	0.00	0.00
021500655070	b(6)	1437292927	1/16/2015	0522202933	V5889		1/8/2015	22	99213			(Null)	1154457091		121.00	0.00	0.00
0915029116030	b(6)	1437292927	2/12/2015	0888349082	99813	V5889	1/15/2015	22	10140	78		99813	1154457091		382.00	113.46	88.95
0215079605410	b(6)	1437292927	4/6/2015	0888533543	6101		3/19/2015	22	99213			6101	1154457091		121.00	57.89	45.38
0914212095530	b(6)	1437292927	8/14/2014	0887605807	79399	V8401	7/29/2014	22	99204			79399	1154457091		371.00	147.46	115.61
0914260004120	b(6)	1437292927	10/1/2014	0887859340	1749		8/21/2014	22	99215	GC		1749	1154457091		263.00	125.85	98.67
0914310808560	b(6)	1437292927	11/20/2014	0880060011	1749	V8401	11/4/2014	22	99215			1749	1154457091		263.00	125.85	98.67
0215006602480	b(6)	1437292927	1/20/2015	0888256261	1749	V8741	12/15/2014	22	19303	50		1749	1154457091		6940.00	1689.03	1324.20
0215006603480	b(6)	1437292927	1/20/2015	0888256261	1749	V8741	12/15/2014	22	38500	51	LT	1749	1154457091		7152.00	144.20	113.05
021613160790	b(6)	1437292927	5/24/2016	0890117680	C50912		5/5/2016	22	99215			(Null)	1154457091		263.00	126.39	46.07
0216154915000	b(6)	1437292927	6/16/2016	0890202502	C5041D0511		5/23/2016	22	19301	50		(Null)	1154457091		2904.00	1099.35	861.89
0216154915000	b(6)	1437292927	6/16/2016	0890202502	C5041D0511		5/23/2016	22	38525	51	LT	(Null)	1154457091		1277.00	248.92	195.16
0216160465280	b(6)	1437292927	6/22/2016	0890213673	D0511		6/2/2016	22	99215	24		(Null)	1154457091		263.00	126.39	99.09
0216169510490	b(6)	1437292927	7/12/2016	0890295705	D051150912		6/13/2016	22	19499			(Null)	1154457091		278.00	0.00	0.00
0216169510490	b(6)	1437292927	7/12/2016	0890295705	D051150912		6/13/2016	22	19301	78	RT	(Null)	1154457091		1452.00	520.36	407.96
0911126272540	b(6)	1437292927	5/20/2011	0883742697	1749		5/3/2011	22	99205			1749	1154457091		379.00	180.05	144.04
0216181601560	b(6)	1437292927	7/13/2016	0890301128	N6019		6/9/2016	22	99213			(Null)	1154457091		92.00	58.12	45.57

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0216056495000	b(6)	1437292927	3/10/2016	0889826670	N601JN6012		2/9/2016	22	99213			(Null)	1154457091	92.00	58.12	45.57
0215210357490	b(6)	1437292927	8/4/2015	0525822858	6101		7/9/2015	22	99213			6101	1154457091	121.00	0.00	0.00
0215246787380	b(6)	1437292927	9/17/2015	0889180810	6101		7/9/2015	22	99213			6101	1154457091	121.00	58.18	45.57
0916221067140	b(6)	1437292927	8/22/2016	0890451982	N601JN6012		8/4/2016	22	99213			(Null)	1154457091	92.00	58.12	45.57
0214225433450	b(6)	1437292927	8/26/2014	0887725091	1749		8/7/2014	22	99205			1749	1154457091	458.00	190.78	149.57
0214259884420	b(6)	1437292927	9/30/2014	0887854282	1749		9/11/2014	22	99215			1749	1154457091	263.00	125.85	98.67
0914311302690	b(6)	1437292927	11/21/2014	0888065239	1742	V860	10/13/2014	22	38525	51		1742	1154457091	1240.00	247.36	193.93
0914311302690	b(6)	1437292927	11/21/2014	0888065239	1742	V860	10/13/2014	22	19301	LT		1742	1154457091	1410.00	728.82	571.40
0914311302690	b(6)	1437292927	11/21/2014	0888065239	1742	V860	10/13/2014	22	14000	51		1742	1154457091	3208.00	297.24	233.03
9714164903221	b(6)	1437292927	5/27/2014	0887383236	6101		10/16/2012	22	99213			6101	1154457091	230.00	55.34	44.27
0911080273590	b(6)	1437292927	4/6/2011	0502371017	61172		1/11/2012	22	99213			61172	1154457091	132.00	0.00	0.00
0911040079580	b(6)	1437292927	2/23/2011	0883482902	61172	79381	1/12/2011	22	19301	LT		61172	1154457091	1325.00	681.51	545.21
0211101300210	b(6)	1437292927	4/15/2011	0502371017	6101		2/3/2011	22	99212	GC		6101	1154457091	84.00	0.00	0.00
9610236117180	b(6)	1437292927	8/31/2011	0884064921	7856		3/11/2010	22	99204			7856	1154457091	305.00	135.54	108.43
9610240087900	b(6)	1437292927	9/7/2011	0454945426	1749		4/1/2010	22	99213			1749	1154457091	132.00	53.52	42.82
9610251552920	b(6)	1437292927	9/15/2011	0454962922	1749		4/8/2010	22	99213			1749	1154457091	132.00	53.52	42.82
0911074406610	b(6)	1437292927	3/29/2011	0883579655	6101		12/21/2010	22	99213			6101	1154457091	132.00	54.70	43.76
9714104902328	b(6)	1437292927	5/14/2014	0887341986	6101		7/3/2012	22	99213			6101	1154457091	230.00	55.34	44.27
0913201253130	b(6)	1437292927	9/12/2013	0886444710	6101		8/27/2013	22	99213			6101	1154457091	121.00	55.88	43.81
1011053202920	b(6)	1437292927	2/28/2011	0502124977	6101		2/17/2011	22	99213			6101	1154457091	132.00	54.90	0.00
9613142770650	b(6)	1437292927	5/31/2013	0886073805	6101		4/4/2013	11	99213			6101	1154457091	121.00	86.81	68.06
0911122517020	b(6)	1437292927	5/16/2011	0883724946	6101		4/19/2011	22	99213			6101	1154457091	132.00	54.90	43.92
0212244391220	b(6)	1437292927	9/14/2012	0885199166	6101		7/3/2012	11	99213	GC		6101	1154457091	230.00	82.82	66.26
0911202389570	b(6)	1437292927	8/4/2011	0883977505	1749	6101	7/19/2011	22	99213			1749	1154457091	221.00	54.90	43.92
9714104902879	b(6)	1437292927	5/21/2014	0887367567	6101		7/31/2012	22	99213	GC		6101	1154457091	230.00	55.34	44.27
0911048275960	b(6)	1437292927	3/3/2011	0883506892	1749		9/21/2010	22	99213			1749	1154457091	132.00	54.70	43.76
9714104903074	b(6)	1437292927	5/23/2014	0887377918	6101		10/4/2012	22	99213			6101	1154457091	230.00	55.34	44.27
0210341351030	b(6)	1437292927	12/21/2010	0883321002	1749		10/7/2010	22	99213	GC		1749	1154457091	132.00	54.70	43.76
0910326666220	b(6)	1437292927	12/6/2010	0883282712	1741		10/18/2010	22	19301	LT	GC	1741	1154457091	1325.00	659.81	527.85
0910326666270	b(6)	1437292927	12/6/2010	0883282712	1741		10/18/2010	22	38525	59	LT	1741	1154457091	1658.00	225.04	180.03
0911293078870	b(6)	1437292927	11/3/2011	0884277427	61179		10/18/2011	22	99213			61179	1154457091	230.00	54.90	43.92
0214098795510	b(6)	1437292927	4/22/2014	0887349544	1749		4/3/2014	22	99205	GC		1749	1154457091	458.00	190.78	149.57
0214185777280	b(6)	1437292927	7/18/2014	0887587057	1749		5/6/2014	22	99215			1749	1154457091	263.00	125.85	98.67

ICN	HICN	Billing NPI	Paid Date	Check #	DX 1	DX 2	From DOS	POS	Procedure	Mod1	Mod2	Prima	Rend	NPI	Billed Amt	Allowed	Paid Amt
0214160544260	b(6)	1437292927	6/23/2014	0887480769	1742		5/19/2014	22	19301	RT	GC	1742	1154457091		1410.00	728.82	571.40
0215075321590	b(6)	1437292927	3/30/2015	0883511903	1749		2/17/2015	22	99215			1749	1154457091		263.00	126.36	99.07
0215124475350	b(6)	1437292927	5/18/2015	0888703097	1749		4/21/2015	22	99215			1749	1154457091		263.00	126.36	99.07
0215148708650	b(6)	1437292927	6/11/2015	0888792418	1744	4149	5/6/2015	22	38525	51	RT	1744	1154457091		1240.00	247.87	194.53
0215148708650	b(6)	1437292927	6/11/2015	0888792418	1744	4149	5/6/2015	22	19301	RT	GC	1744	1154457091		1410.00	730.18	572.46
0914064282010	b(6)	1437292927	4/3/2014	0887179607	1740		1/30/2014	21	19303	50		1740	1154457091		6940.00	1689.03	1324.20
9614090867410	b(6)	1437292927	4/24/2014	0887263227	V5041	1740	1/30/2014	21	38500	LT	51	1740	1154457091		6370.00	144.20	113.05
9614090867410	b(6)	1437292927	4/24/2014	0887263227	V5041	1740	1/30/2014	21	19303	50		(Null)	1154457091		6940.00	0.00	0.00
0214001518010	b(6)	1437292927	1/16/2014	0886901011	1740		12/17/2013	22	99205	GC		1740	1154457091		458.00	184.58	144.71
0213135309740	b(6)	1437292927	5/29/2013	0886062967	V103		1/24/2013	22	99213			(Null)	1154457091		121.00	55.88	44.70
9614106864040	b(6)	1437292927	4/24/2014	0887263227	6101		2/25/2014	22	99213			6101	1154457091		121.00	58.03	45.49
0215126766350	b(6)	1437292927	5/20/2015	0888714031	6101		5/5/2015	22	99213			6101	1154457091		121.00	57.89	45.38
0216144702540	b(6)	1437292927	6/6/2016	0890162572	Z853	D0512	5/17/2016	22	99213			(Null)	1154457091		92.00	58.12	45.57
0215030577710	b(6)	1437292927	2/13/2015	0888354258	1749		1/29/2015	22	99205	GC		1749	1154457091		458.00	190.72	149.53
0215058812780	b(6)	1437292927	3/13/2015	0888454279	1749		2/26/2015	22	99215			1749	1154457091		263.00	126.36	99.07
0911146218030	b(6)	1437292927	6/9/2011	0883800957	1749		5/24/2011	22	99205			1749	1154457091		379.00	180.05	144.04
0211209870680	b(6)	1437292927	8/9/2011	0883891159	1744	2330	6/27/2011	22	19303	50		1744	1154457091		5550.00	1578.65	1262.92
0211209870680	b(6)	1437292927	8/9/2011	0883991159	1744	2330	6/27/2011	22	38525	51	LT	2330	1154457091		1658.00	232.63	186.10
0911202189540	b(6)	1437292927	8/4/2011	0883977505	99813		7/19/2011	22	99213	24		99813	1154457091		221.00	54.90	43.92
0911210849960	b(6)	1437292927	8/11/2011	0883999859	99813		7/26/2011	22	10160	58		99813	1154457091		517.00	108.82	87.06
0215009655060	b(6)	1437292927	1/16/2015	0522826886	6101		1/8/2015	22	99213			6101	1154457091		121.00	57.89	0.00
9613135740470	b(6)	1437292927	5/28/2013	0886055230	6101		1/15/2013	11	99213			6101	1154457091		121.00	86.81	52.25
0911144040880	b(6)	1437292927	6/7/2011	0883791837	6101		3/24/2011	22	99213			6101	1154457091		132.00	54.90	43.92
0211340851670	b(6)	1437292927	12/20/2011	0884412257	1749		11/29/2011	22	99213	GC		1749	1154457091		230.00	54.90	43.92
0216132590870	b(6)	1437292927	5/25/2016	0890123092	N6011	N6489	5/10/2016	22	99205			(Null)	1154457091		458.00	190.99	149.73
0217011794900	b(6)	1437292927	1/25/2017	0891028398	M150	R011	10/4/2016	22	99214			(Null)	1154457091		186.00	89.34	70.04
091635606390	b(6)	1437292927	1/4/2017	0890958589	N6452	Z853	11/30/2016	22	19120	50		(Null)	1154457091		13942.00	707.81	554.92
0214113806990	b(6)	1437292927	5/7/2014	0887314959	V5889		4/22/2014	22	99212			(Null)	1154457091		62.00	28.42	22.29
0213191234510	b(6)	1437292927	7/24/2013	0886264331	1749		7/2/2013	22	99215			1749	1154457091		263.00	121.62	95.35
0213213512590	b(6)	1437292927	8/15/2013	0886343663	1744		7/22/2013	22	19301	RT		1744	1154457091		1370.00	726.45	569.54
0213214315910	b(6)	1437292927	8/16/2013	0886349319	99813		7/30/2013	22	10160	78		99813	1154457091		239.00	91.66	71.86
0214002655370	b(6)	1437292927	2/5/2014	0886969368	99813		8/2/2013	22	10021	58		99813	1154457091		167.00	77.24	60.55
0913248111620	b(6)	1437292927	9/19/2013	0886463782	1749	2330	8/7/2013	22	19301	58	RT	1749	1154457091		1370.00	726.45	569.54

ICN	HICN	Billing NPI	Paid Date	Check #	DX 1	DX 2	From DOS	POS	Procedure	Mod1	Mod2	Primary	Revd	NPI	Billed Amt	Allowed	Paid Amt
0214363172360	D(6)	1437292927	1/12/2015	0888228413	2330		12/4/2014	22	99215	GC		2330	1154457091		263.00	125.85	98.67
0217041663300	D(6)	1437292927	3/2/2017	0891153581	C5041	Z170	1/30/2017	22	19301	LT		(Null)	1154457091		1452.00	732.67	574.42
0217041663300	D(6)	1437292927	3/2/2017	0891153581	C5041	Z170	1/30/2017	22	38500	51	LT	(Null)	1154457091		8067.00	145.11	113.89
02160147688280	D(6)	1437292927	1/18/2016	0527924346	D0510		1/5/2016	22	99215	GC		(Null)	1154457091		263.00	126.39	0.00
0916069020400	D(6)	1437292927	3/23/2016	0889874937	D0512	N6092	2/22/2016	22	19301	LT		(Null)	1154457091		1452.00	732.90	574.59
0216263755340	D(6)	1437292927	10/3/2016	0890607760	N6011	N6012	9/13/2016	22	99213			(Null)	1154457091		92.00	58.12	45.57
0215091803470	D(6)	1437292927	4/15/2015	0888575967	1749	2330	3/31/2015	22	99205			1749	1154457091		458.00	190.72	149.53
0911060246370	D(6)	1437292927	3/7/2011	0501352838	6101		2/24/2011	22	99213	GC		6101	1154457091		132.00	54.90	0.00
0911276342160	D(6)	1437292927	10/17/2011	0884215330	6101		9/29/2011	22	99213			6101	1154457091		230.00	54.90	43.92
0911049229780	D(6)	1437292927	3/4/2011	0883510729	1749		2/15/2011	22	99204	GC		1749	1154457091		305.00	139.82	111.86
0911050246360	D(6)	1437292927	3/15/2011	0883537661	1749		2/24/2011	22	99214			1749	1154457091		200.00	84.59	67.67
07144104901250	D(6)	1437292927	5/2/2014	0887299493	61179		3/13/2012	22	99213	GC		61179	1154457091		230.00	55.34	44.27
0911108536850	D(6)	1437292927	5/2/2011	08835682462	1749	79389	3/16/2011	22	19125	LT		1749	1154457091		2054.00	485.50	388.40
0911108536850	D(6)	1437292927	5/2/2011	0883682462	1749	79389	3/16/2011	22	38500	51	LT	1749	1154457091		1199.00	136.86	109.49
0911108536850	D(6)	1437292927	5/2/2011	0883682462	1749	79389	3/16/2011	22	19126			79389	1154457091		1924.00	337.34	269.87
0911122513170	D(6)	1437292927	5/16/2011	0883724946	1749		4/13/2011	22	19301	58	LT	1749	1154457091		1325.00	681.51	545.21
0213135309750	D(6)	1437292927	5/29/2013	0886061967	6101		5/14/2013	22	99213			6101	1154457091		121.00	55.88	43.81
0212051497790	D(6)	1437292927	6/13/2012	0884904087	61179		5/24/2012	11	99214	GC		61179	1154457091		345.00	121.96	97.57
0212158313800	D(6)	1437292927	6/20/2012	0884926182	6101		6/5/2012	11	99214			6101	1154457091		345.00	121.96	97.57
0215124475390	D(6)	1437292927	5/18/2015	0888703097	1749		4/30/2015	22	99215			1749	1154457091		263.00	126.36	99.07
0215148708670	D(6)	1437292927	6/11/2015	0888792418	1749	1963	5/6/2015	22	19301	51	LT	1749	1154457091		1410.00	365.09	286.23
0215148708670	D(6)	1437292927	6/11/2015	0888792418	1749	1963	5/6/2015	22	38525	51	RT	1963	1154457091		1240.00	247.87	194.33
0215148708670	D(6)	1437292927	6/11/2015	0888792418	1749	1963	5/6/2015	22	19303	RT		1749	1154457091		3470.00	1127.86	884.24
0215148708670	D(6)	1437292927	6/11/2015	0888792418	1749	1963	5/6/2015	22	19305			1749	1154457091		458.00	190.78	149.57
0214286614390	D(6)	1437292927	10/27/2014	0887961881	1749		10/9/2014	22	99205			1749	1154457091		186.00	89.19	69.92
0214302814570	D(6)	1437292927	11/12/2014	0888023930	1749	6111	10/28/2014	22	99214			1749	1154457091		1410.00	728.82	571.40
0214328665030	D(6)	1437292927	12/8/2014	0888119031	1742	V860	11/5/2014	22	19301	LT	GC	1742	1154457091		1240.00	247.36	193.93
0214328665030	D(6)	1437292927	12/8/2014	0888119031	1742	V860	11/5/2014	22	38525	51	LT	1742	1154457091		1410.00	517.46	405.69
0214336915570	D(6)	1437292927	12/16/2014	0888144808	1742		11/24/2014	22	19301	78	LT	1742	1154457091		458.00	190.99	149.73
0216188560780	D(6)	1437292927	7/20/2016	0890330050	C50911		6/23/2016	22	99205			(Null)	1154457091		263.00	126.39	99.09
9716238755100	D(6)	1437292927	8/31/2016	0460624744	C5091	50411	7/19/2016	22	99215	57		(Null)	1154457091		2554.00	373.38	292.73
97162389000147	D(6)	1437292927	9/1/2016	0890494148	C5081	50812	7/20/2016	22	38525	50	51	(Null)	1154457091		2904.00	1099.35	861.89
0215124475370	D(6)	1437292927	5/12/2015	0523364959	1749		4/30/2015	22	99205	GC		1749	1154457091		458.00	0.00	0.00

ICN	HICN	Billing NPI	Paid Date	Check #	DX 1	DX 2	From DOS	POS Procedure	Mod1	Mod2	Primar	Revid	NPI	Billed Amt	Allowed	Paid Amt
0215156736550	b(6)	1437292927	6/19/2015	0888824681	1749		4/30/2015	22	99205	GC		1749	1154457091	458.00	190.72	149.53
0215168781790	b(6)	1437292927	7/1/2015	0888867072	1742	1963	5/27/2015	22	38525	51	LT	1963	1154457091	1240.00	247.87	194.33
0215168781790	b(6)	1437292927	7/1/2015	0888867072	1742	1963	5/27/2015	22	19301	LT	GC	1742	1154457091	1410.00	730.18	572.55
9614217799190	b(6)	1437292927	8/12/2014	0458333017	1749		2/25/2014	22	99205			1749	1154457091	458.00	190.78	149.57
96140927795040	b(5)	1437292927	4/15/2014	0887225799	1749		3/6/2014	22	99215			1749	1154457091	263.00	125.85	98.67
0914091081720	b(6)	1437292927	4/15/2014	0887225799	1749		3/17/2014	21	19301	LT	GC	1749	1154457091	1410.00	728.82	571.40
0914091081720	b(6)	1437292927	4/15/2014	0887225799	1749		3/17/2014	21	38525	51	LT	1749	1154457091	1240.00	247.36	193.93
0914129008230	b(6)	1437292927	5/23/2014	0887377918	1745	2330	4/16/2014	22	19301	58	LT	1745	1154457091	1410.00	728.82	571.40
0914198089970	b(6)	1437292927	7/31/2014	0887631363	2330		7/15/2014	22	99204			2330	1154457091	371.00	147.46	115.61
9614053086810	b(6)	1437292927	3/25/2011	0454254045	1749		1/12/2010	22	99213	GC		1749	1154457091	132.00	53.52	42.82
02141011763050	b(6)	1437292927	4/25/2014	0887269244	61172		4/10/2014	22	99203			61172	1154457091	245.00	86.11	67.51
0911192581030	b(6)	1437292927	7/25/2011	0883393734	6101		7/7/2011	22	99213	GC		6101	1154457091	221.00	54.90	43.92
0911007235100	b(6)	1437292927	1/21/2011	0883393491	6101		10/26/2010	22	99213			6101	1154457091	132.00	54.70	43.76
0214111468770	b(6)	1437292927	5/5/2014	0887304753	7866		4/15/2014	22	99205	GC		7866	1154457091	458.00	190.78	149.57
0214148819000	b(6)	1437292927	6/11/2014	0887439896	61172		5/22/2014	22	19101	LT		61172	1154457091	1367.00	250.41	196.32
0914213156060	b(6)	1437292927	8/15/2014	0887691119	1749	1982	7/31/2014	22	99213	GC		1749	1154457091	121.00	58.03	45.49
9714104903752	b(6)	1437292927	5/30/2014	0887401189	6101		12/13/2012	22	99214			6101	1154457091	345.00	85.01	68.01
0911090273600	b(6)	1437292927	4/14/2011	0883630106	61179	6101	3/29/2011	22	99213	GC		61179	1154457091	132.00	54.90	43.92
9610240088020	b(6)	1437292927	9/8/2011	0777777777	6101		4/1/2010	22	99213			6101	1154457091	132.00	53.52	0.00
0213133259760	b(5)	1437292927	5/28/2013	0886055230	6101		5/9/2013	22	99214	GC		6101	1154457091	186.00	86.29	67.65
0215303818370	b(6)	1437292927	11/13/2015	0889407134	6101		9/29/2015	22	99213			6101	1154457091	92.00	58.18	45.61
0911293078460	b(6)	1437292927	11/3/2011	0884277427	61179		10/18/2011	22	99213			61179	1154457091	230.00	54.90	43.92
0216028679400	b(6)	1437292927	2/11/2016	0889725301	D241	14891	1/12/2016	22	99214	GC		(Null)	1154457091	186.00	89.34	51.58
0916069912790	b(6)	1437292927	3/23/2016	0889874937	C5081	2853	2/29/2016	22	19301	RT		(Null)	1154457091	1452.00	732.90	574.59
0216113528900	b(6)	1437292927	5/6/2016	0890052014	C50911		3/31/2016	22	99215	57		(Null)	1154457091	263.00	126.39	99.09
0216110685020	b(6)	1437292927	5/3/2016	0890036036	R591	50911	4/1/2016	22	38525	78	RT	(Null)	1154457091	1277.00	363.42	284.93
0216215553070	b(6)	1437292927	8/16/2016	0890431865	C50911		7/14/2016	22	99213	GC		(Null)	1154457091	92.00	58.12	45.57
0214135309770	b(6)	1437292927	5/29/2013	0886062967	1749		5/14/2013	22	99205			1749	1154457091	458.00	184.58	144.71
0214219789650	b(6)	1437292927	8/21/2014	0887711337	1749		7/11/2014	22	99205	GC		1749	1154457091	458.00	190.78	149.57
0914279811440	b(6)	1437292927	10/20/2014	0887934121	1749		9/23/2014	22	99215			1749	1154457091	263.00	125.85	98.67
0214321353480	b(6)	1437292927	12/1/2014	08889088066	1749		11/13/2014	22	99215			1749	1154457091	263.00	125.85	98.67
0214353584910	b(6)	1437292927	1/2/2015	0888202724	2330	1749	12/3/2014	22	19125	59	LT	2330	1154457091	4197.00	259.39	203.36
0214353584910	b(6)	1437292927	1/2/2015	0888202724	2330	1749	12/3/2014	22	38525	51	LT	1749	1154457091	1240.00	247.36	193.93

ICN	HICN	Billing NPI	Paid Date	Check #	DX 1	DX 2	From DOS	POS	Procedure	Mod1	Mod2	Primar	Revd	NPI	Billed Amt	Allowed	Paid Amt
0214353584910	b(6)	1437292927	1/2/2015	0888702724	2330	1749	12/3/2014	22	19303	LT	GC	1749	1154457091	3470.00	1126.02	882.80	
0214353584910	b(6)	1437292927	1/2/2015	0888202724	2330	1749	12/3/2014	22	19126	RT	GC	2330	1154457091	1030.00	175.13	137.30	
0211272649000	b(6)	1437292927	10/13/2011	0884205592	6101		9/8/2011	22	99213	GC		6101	1154457091	230.00	54.90	43.95	
9714104903219	b(6)	1437292927	5/27/2014	0887383236	6101		10/16/2012	22	99213			6101	1154457091	230.00	55.34	44.29	
9716113900467	b(6)	1437292927	5/25/2016	052960043	6101		10/28/2014	22	99213	GC		6101	1154457091	121.00	0.00	0.00	
0215315722840	b(6)	1437292927	11/25/2015	08870452905	N6019		11/3/2015	22	99213			(Null)	1154457091	92.00	58.18	45.61	
0213340827050	b(6)	1437292927	12/20/2013	0886812057	6101		11/12/2013	22	99213			6101	1154457091	121.00	55.88	43.81	
0213274529720	b(6)	1437292927	10/15/2013	0886550842	1963		9/27/2013	22	99205	GC		1963	1154457091	458.00	184.58	144.71	
0215296690970	b(6)	1437292927	11/6/2015	0889381118	C5091	C773	10/13/2015	22	99215			(Null)	1154457091	263.00	126.99	99.56	
0213805550390	b(6)	1437292927	11/15/2013	0886685194	1749	07070	10/22/2013	22	99215			1749	1154457091	263.00	121.62	95.35	
0215314729750	b(6)	1437292927	11/24/2015	0889447336	C5091	C773	10/29/2015	22	99213	GC		(Null)	1154457091	92.00	58.18	45.61	
8314006005180	b(6)	1437292927	3/12/2014	0887094981	1963	V5041	11/6/2013	22	38500	LT	GC	1963	1154457091	6370.00	144.29	113.12	
8314006005180	b(6)	1437292927	3/12/2014	0887094981	1963	V5041	11/6/2013	22	19303	RT	GC	1963	1154457091	3470.00	1121.85	879.53	
0215335797510	b(6)	1437292927	12/15/2015	0889520846	C5091	C773	11/24/2015	22	99214	GC		(Null)	1154457091	186.00	89.66	70.30	
0215365711540	b(6)	1437292927	1/14/2016	0889631632	C5061	Z170	12/4/2015	22	38525	LT		(Null)	1154457091	1277.00	498.21	390.60	
9714104903298	b(6)	1437292927	5/27/2014	0887383236	6101		10/23/2012	22	99214			6101	1154457091	345.00	85.01	68.01	
9714104903100	b(6)	1437292927	5/2/2014	0887299493	78096		2/7/2012	22	99204	GC		78096	1154457091	530.00	140.39	112.31	
0911151664660	b(6)	1437292927	6/13/2011	0883809126	6101		5/26/2011	22	99212			6101	1154457091	84.00	28.01	22.41	
0911090273640	b(6)	1437292927	4/14/2011	0883630106	61172	79380	1/6/2011	22	99204	GC		61172	1154457091	305.00	139.82	111.86	
0911096314700	b(6)	1437292927	4/18/2011	0883638472	61172	2330	1/20/2011	22	99213			61172	1154457091	132.00	54.90	43.92	
0911032371460	b(6)	1437292927	2/15/2011	0883461861	2330		1/24/2011	22	38525	59	LT	2330	1154457091	1658.00	232.63	186.10	
0911032371460	b(6)	1437292927	2/15/2011	0883461861	2330		1/24/2011	22	19301	LT	GC	2330	1154457091	1325.00	681.51	545.21	
0211097665730	b(6)	1437292927	5/2/2011	0502083868	1749	2330	2/1/2011	22	99213	24		1749	1154457091	132.00	0.00	0.00	
0211342605590	b(6)	1437292927	6/5/2013	0886090118	6101		5/21/2013	22	99213	GC		6101	1154457091	121.00	55.88	34.95	
0214185777300	b(6)	1437292927	7/18/2014	0887537057	6101		5/22/2014	22	99213	GC		6101	1154457091	121.00	58.03	45.49	
0216278597160	b(6)	1437292927	10/18/2016	0890669391	Z853	N6019	9/29/2016	22	99213			(Null)	1154457091	92.00	58.12	45.57	
0216063742930	b(6)	1437292927	3/17/2016	0889851219	C50911		2/18/2016	22	99205			(Null)	1154457091	458.00	190.99	149.73	
0216098649560	b(6)	1437292927	4/21/2016	0889992111	C50911		3/10/2016	22	99215			(Null)	1154457091	263.00	126.39	99.09	
0216110683360	b(6)	1437292927	5/3/2016	0890036036	C5041	C773	3/28/2016	22	19303	RT		(Null)	1154457091	3574.00	1131.91	887.42	
0914162482940	b(6)	1437292927	6/25/2014	0887497606	1749		3/6/2014	22	99215			1749	1154457091	263.00	125.85	98.67	
9614217593490	b(6)	1437292927	10/13/2014	0521120886	1749		3/6/2014	22	99205			1749	1154457091	458.00	0.00	0.00	
0214086039280	b(6)	1437292927	4/9/2014	0887200984	1749		3/20/2014	22	99215	GC		1749	1154457091	263.00	125.85	98.67	

ICN	HICN	Billing NPI	Paid Date	Check #	DX 1	DX 2	From DOS	POS	Procedure	Mod1	Mod2	Primar	Reud	NPI	Billed Amt	Allowed	Paid Amt
0914118268610	b(6)	1437292927	5/12/2014	0887330518	1744		4/2/2014	22	14000	51		1744	1154457091		2980.00	297.24	233.03
0914118268610	b(6)	1437292927	5/12/2014	0887330518	1744		4/2/2014	22	19301	LT		1744	1154457091		1410.00	728.82	571.40
0914118268610	b(6)	1437292927	5/12/2014	0887330518	1744		4/2/2014	22	38525	51	LT	1744	1154457091		1240.00	247.36	193.58
0914118268630	b(6)	1437292927	5/2/2014	0518331119	1744	2330	4/16/2014	22	19301	76	LT	1744	1154457091		1410.00	0.00	0.00
0914177219690	b(6)	1437292927	7/2/2014	0519692710	1744	2330	4/16/2014	22	19301	76	LT	1744	1154457091		1410.00	0.00	0.00
0914203201130	b(6)	1437292927	8/5/2014	0887646111	1744	2330	4/16/2014	22	19301	58	LT	1744	1154457091		1410.00	728.82	571.40
0916244124780	b(6)	1437292927	9/14/2016	0890540438	C50411		8/16/2016	22	99205			(Null)	1154457091		458.00	190.99	149.73
0216263757710	b(6)	1437292927	10/3/2016	0890607760	C50411		9/15/2016	22	99215	GC		(Null)	1154457091		263.00	126.39	99.09
0216363711580	b(6)	1437292927	1/11/2017	0890580563	C5041	Z170	12/14/2016	22	19303	RT	GC	(Null)	1154457091		3574.00	1131.91	887.42
0216363711580	b(6)	1437292927	1/11/2017	0890480563	C5041	Z170	12/14/2016	22	38525	51	RT	(Null)	1154457091		1277.00	248.92	195.16
0212160399540	b(6)	1437292927	6/22/2012	0884914827	79380		6/7/2012	11	99204			79380	1154457091		530.00	185.00	148.00
9714104902361	b(6)	1437292927	5/14/2014	0887341986	79399		7/10/2012	22	99213			79399	1154457091		230.00	55.34	44.27
0911126272530	b(6)	1437292927	5/20/2011	0883742697	6101		5/3/2011	22	99213	GC		6101	1154457091		132.00	54.90	43.92
0212156262220	b(6)	1437292927	6/18/2012	0884917197	6101		5/22/2012	11	99213	GC		6101	1154457091		230.00	82.82	66.26
0213190232410	b(6)	1437292927	7/23/2013	0886259205	6101		7/2/2013	22	99213	GC		6101	1154457091		121.00	55.88	43.81
0915308055730	b(6)	1437292927	11/18/2015	0889424784	N6012		11/3/2015	22	99212			(Null)	1154457091		32.00	29.04	22.77
0214318781870	b(6)	1437292927	12/1/2014	0888088066	6101		11/13/2014	22	99213	GC		6101	1154457091		121.00	58.03	45.49
0215030569560	b(6)	1437292927	2/13/2015	0888354258	1745	V860	1/7/2015	22	19301	LT	GC	1745	1154457091		1410.00	730.18	572.46
0915041217410	b(6)	1437292927	2/26/2015	0888398923	1749		1/15/2015	22	99214	24		1749	1154457091		186.00	89.22	69.95
0215047356510	b(6)	1437292927	3/2/2015	0888408868	1743	2330	1/28/2015	22	19301	78	LT	1743	1154457091		1410.00	518.43	406.45
0215047356510	b(6)	1437292927	3/2/2015	0888408868	1743	2330	1/28/2015	22	38525	78	51	1743	1154457091		1240.00	361.88	283.71
0214353592410	b(6)	1437292927	12/26/2014	0522541139	1749		10/23/2014	22	99205			1749	1154457091		458.00	0.00	0.00
0215006611400	b(6)	1437292927	1/20/2015	0888256251	2330		12/18/2014	22	99215			2330	1154457091		263.00	125.85	98.67
0910203278970	b(6)	1437292927	8/5/2010	0882980858	2330		3/16/2010	22	99204			2330	1154457091		305.00	135.54	108.43
0911048275790	b(6)	1437292927	3/3/2011	0893506892	2330		9/30/2010	22	99212			2330	1154457091		84.00	27.70	22.16
9613148749900	b(6)	1437292927	6/7/2013	0886100736	6101		4/23/2013	11	99213	GC		6101	1154457091		121.00	86.81	68.06
9714104902367	b(6)	1437292927	5/27/2014	0887383236	6101		10/23/2012	22	99213			6101	1154457091		230.00	55.34	44.27
0911301237100	b(6)	1437292927	11/14/2011	0884307330	61179		10/25/2011	22	99213			61179	1154457091		230.00	54.90	43.92
0215040693040	b(6)	1437292927	2/23/2015	0888383134	1749		2/5/2015	22	99205			1749	1154457091		458.00	190.72	149.53
0215036722960	b(6)	1437292927	3/11/2015	0888443937	1749		2/24/2015	22	99214			1749	1154457091		186.00	89.22	69.95
0215084843320	b(6)	1437292927	4/8/2015	0888546105	1749	22801	3/11/2015	22	11400	51		22801	1154457091		721.00	0.00	0.00
0215084843320	b(6)	1437292927	4/8/2015	0888546105	1749	22801	3/11/2015	22	38525	51	LT	1749	1154457091		1240.00	247.87	194.33
0215084843320	b(6)	1437292927	4/8/2015	0888546105	1749	22801	3/11/2015	22	19301	LT	GC	1749	1154457091		1410.00	730.18	572.46

ICN	HICN	Billing NPI	Paid Date	Check #	DX 1	DX 2	From DOS	POS Procedure	Mod1	Mod2	Primary	Revd NPI	Billed Amt	Allowed	Paid Amt
1012009753280	b(6)	1437292927	1/23/2012	0884487190	1719		1/5/2012	22	99214	GC	1719	1154457091	345.00	85.01	68.01
9613126884910	b(6)	1437292927	5/16/2013	0886019263	6869		1/8/2013	11	99212	GC	6869	1154457091	163.00	53.32	0.64
9614080786810	b(6)	1437292927	4/2/2014	0887174033	6101		1/9/2014	22	99213		6101	1154457091	121.00	58.03	0.95
0215028918450	b(6)	1437292927	2/3/2015	0522434942	1719		1/27/2015	22	99214	GC	1719	1154457091	186.00	89.22	0.00
9714104901112	b(6)	1437292927	5/2/2014	0887299493	1719	78930	2/2/2012	22	99214	GC	1719	1154457091	345.00	85.01	68.01
0215056723000	b(6)	1437292927	3/11/2015	0888443937	7099		2/24/2015	22	11100		7099	1154457091	130.00	56.11	43.99
9714104901157	b(6)	1437292927	5/2/2014	0887299493	1719		3/1/2012	22	99213		1719	1154457091	230.00	55.34	44.27
0215072662510	b(6)	1437292927	3/27/2015	0888506727	1719		3/10/2015	22	99213		1719	1154457091	121.00	57.89	45.38
9613137718760	b(6)	1437292927	5/28/2013	0886055230	6101	V1081	3/12/2013	11	99213		6101	1154457091	121.00	86.81	69.45
9714104901366	b(6)	1437292927	5/7/2014	0887314959	1719		3/27/2012	22	99213		1719	1154457091	230.00	55.34	44.27
0215119679990	b(6)	1437292927	5/13/2015	0888687345	6101		4/7/2015	22	99213		6101	1154457091	121.00	57.89	45.38
0216112745300	b(6)	1437292927	4/27/2016	0529823256	N6019		4/7/2016	22	99213	GC	(Null)	1154457091	92.00	58.12	0.00
0214101763010	b(6)	1437292927	4/25/2014	0887269244	6101		4/10/2014	22	99213		6101	1154457091	121.00	58.03	45.49
9714104901681	b(6)	1437292927	5/8/2014	0887319853	1719		4/12/2012	22	99213		1719	1154457091	230.00	55.34	44.27
9714104901861	b(6)	1437292927	5/8/2014	0887319853	1719		5/1/2012	22	99213		1719	1154457091	230.00	55.34	44.27
0212151497800	b(6)	1437292927	6/13/2012	0884904087	1719		5/29/2012	11	99213		1719	1154457091	230.00	82.82	66.26
0213190232450	b(6)	1437292927	7/23/2013	0886259205	6101	V4589	7/2/2013	22	99213		6101	1154457091	121.00	55.88	43.81
9714104902362	b(6)	1437292927	5/14/2014	0887241986	1719		7/5/2012	22	99214	GC	1719	1154457091	345.00	85.01	68.01
0215243893640	b(6)	1437292927	9/14/2015	0889163590	1719	6101	7/7/2015	22	99213		1719	1154457091	121.00	58.18	45.61
0214199868080	b(6)	1437292927	8/1/2014	0887636315	6101		7/17/2014	22	99213	GC	6101	1154457091	121.00	58.03	45.49
9714104902313	b(6)	1437292927	5/14/2014	0887341986	1719		7/24/2012	22	99214		1719	1154457091	345.00	85.01	68.01
9714104902442	b(6)	1437292927	5/16/2014	0887352464	1719		8/7/2012	22	99213	GC	1719	1154457091	230.00	55.34	44.27
0212256405050	b(6)	1437292927	9/26/2012	0885235000	7866	V103	8/22/2012	21	19260	GC	7866	1154457091	4890.00	1332.71	1066.17
0213328363650	b(6)	1437292927	10/24/2013	0886593908	6101		10/8/2013	11	99213		6101	1154457091	230.00	86.81	68.06
0215296691030	b(6)	1437292927	11/6/2015	0889381118	N6019		10/15/2015	22	99212		(Null)	1154457091	32.00	29.04	22.77
0914295114560	b(6)	1437292927	11/5/2014	0888001578	6101		10/21/2014	22	99213		6101	1154457091	121.00	58.03	45.49
9714104903744	b(6)	1437292927	5/30/2014	0887401189	7937		12/11/2012	22	99214		7937	1154457091	345.00	85.01	68.01
0213007360630	b(6)	1437292927	1/22/2013	0885598704	6101	V1081	12/20/2012	11	19101		6101	1154457091	3729.00	400.09	320.07
1012006183750	b(6)	1437292927	1/19/2012	0884481527	1719		12/27/2011	22	99214		1719	1154457091	345.00	84.59	67.67
0215243893730	b(6)	1437292927	9/14/2015	0889163590	217		8/18/2015	22	99205		217	1154457091	458.00	191.68	150.27
0915272092590	b(6)	1437292927	10/13/2015	0889274755	217	V860	9/9/2015	22	19301	LT	217	1154457091	1452.00	733.83	575.32
0215273853030	b(6)	1437292927	10/6/2015	0526421368	1749		9/17/2015	22	99215		1749	1154457091	263.00	0.00	0.00
0217010739480	b(6)	1437292927	1/24/2017	0891024015	R928	N6452	10/6/2016	22	99204	GC	(Null)	1154457091	371.00	147.13	115.35

ICN	HICN	Billing NPI	Paid Date	Check #	DX 1	DX 2	From DOS	POS	Procedure	Mod1	Mod2	Primar	Revd	NPI	Billed Amt	Allowed	Paid Amt
0217055837090	b(6)	1437292927	3/10/2017	0891183304	D242	N6092	1/31/2017	22	99204			(Null)	1154457091	371.00	147.34	115.51	
0217058888880	b(6)	1437292927	3/13/2017	0891183685	L308	L7634	2/13/2017	22	19301	LT		(Null)	1154457091	1452.00	732.67	574.42	
0911126272510	b(6)	1437292927	5/20/2011	0883742697	1749	79380	5/3/2011	22	99205	GC		1749	1154457091	379.00	180.05	144.09	
0216221759430	b(6)	1437292927	8/22/2016	0890451982	C50811		7/28/2016	22	99205			(Null)	1154457091	458.00	190.99	149.39	
0216029786470	b(6)	1437292927	2/12/2016	0889730468	D242	B1921	1/4/2016	22	19120	LT	GC	(Null)	1154457091	6971.00	471.87	369.95	
0215335797550	b(6)	1437292927	12/15/2015	0889520846	R599	N63	11/19/2015	22	99205			(Null)	1154457091	458.00	191.68	150.27	
0216175544100	b(6)	1437292927	7/7/2016	0890279886	Z853	50912	6/7/2016	22	99205			(Null)	1154457091	458.00	190.99	149.73	
0216181599670	b(6)	1437292927	7/13/2016	0890301128	C50912		6/21/2016	22	99215			(Null)	1154457091	263.00	126.39	99.09	
0216186285560	b(6)	1437292927	7/22/2016	0890340574	C5091D0512		6/22/2016	22	19301	LT		(Null)	1154457091	1452.00	606.51	475.51	
0916202217780	b(6)	1437292927	8/3/2016	0890383577	C50912		7/13/2016	22	19301	78	LT	(Null)	1154457091	1452.00	520.36	407.96	
0214085736950	b(6)	1437292927	4/3/2014	0887179607	1749		1/21/2014	22	99215			1749	1154457091	263.00	125.85	98.67	
0214086039240	b(6)	1437292927	4/9/2014	0887200984	1749		3/18/2014	22	99215	GC		1749	1154457091	263.00	125.85	98.67	
0214111468820	b(6)	1437292927	5/5/2014	0887304753	1749		4/15/2014	22	99215			1749	1154457091	263.00	125.85	98.67	
0214160544270	b(6)	1437292927	6/23/2014	0887480769	1742		5/12/2014	22	14000	51	GC	1742	1154457091	2980.00	297.24	233.03	
0214160544270	b(6)	1437292927	6/23/2014	0887480769	1742		5/12/2014	22	19301	RT	GC	1742	1154457091	1410.00	728.82	571.40	
0214160544270	b(6)	1437292927	6/23/2014	0887480769	1742		5/12/2014	22	38525	51	RT	1742	1154457091	1240.00	247.36	193.93	
0914191266190	b(6)	1437292927	7/24/2014	0887605640	1742		6/16/2014	22	19303	58	GC	1742	1154457091	3470.00	1126.02	882.80	
963135740500	b(6)	1437292927	5/23/2013	0886045229	6101		2/21/2013	11	99213	GC		6101	1154457091	121.00	86.81	69.45	
9714104901025	b(6)	1437292927	5/1/2014	0887292465	61179		2/23/2012	22	99213	GC		61179	1154457091	230.00	55.34	44.27	
0215077863960	b(6)	1437292927	4/1/2015	0888522796	1749		3/17/2015	22	99213			1749	1154457091	121.00	57.89	45.38	
0215107669780	b(6)	1437292927	5/1/2015	0888639591	1742	V860	3/30/2015	22	19301	LT	GC	1742	1154457091	1410.00	730.18	572.46	
0216132548790	b(6)	1437292927	5/26/2016	0890128360	N6011N6012		5/10/2016	22	99213			(Null)	1154457091	92.00	58.12	45.57	
9714104902558	b(6)	1437292927	5/19/2014	0887357700	6101		8/16/2012	22	99214	GC		6101	1154457091	345.00	85.01	68.01	
0215329743400	b(6)	1437292927	12/9/2015	0889505734	N6011N6012		11/10/2015	22	99213			(Null)	1154457091	92.00	58.18	45.61	
0213210472480	b(6)	1437292927	8/12/2013	0886328309	1749		7/9/2013	11	99205			1749	1154457091	653.00	236.89	34.30	
0215098700860	b(6)	1437292927	4/28/2015	0889620761	79389		4/7/2015	22	99205			79389	1154457091	458.00	190.72	149.53	
0215125855000	b(6)	1437292927	5/19/2015	0889708573	79389	99654	4/21/2015	22	99215			79389	1154457091	263.00	126.36	99.07	
0215152475890	b(6)	1437292927	6/15/2015	0888802769	217	6108	5/13/2015	22	19125	LT		217	1154457091	4197.00	519.41	407.22	
0915140028510	b(6)	1437292927	6/3/2015	0888764359	6108	217	5/19/2015	22	99213			6108	1154457091	121.00	57.89	45.38	
0216123697910	b(6)	1437292927	5/16/2016	0890085080	R928		4/19/2016	22	99204			(Null)	1154457091	371.00	147.13	115.35	
0216137283440	b(6)	1437292927	5/31/2016	0890139261	N641	Z9013	5/9/2016	22	19125	RT		(Null)	1154457091	4238.00	521.87	409.15	
9610240088160	b(6)	1437292927	9/9/2011	0884094172	7856		4/1/2010	22	99204			7856	1154457091	305.00	135.54	108.43	
0213122348570	b(6)	1437292927	5/16/2013	0886019263	1749		4/9/2013	11	99205			1749	1154457091	458.00	236.89	185.72	

ITN	HICN	Billing NPI	Paid Date	Check #	DX 1	DX 2	From DOS	POS	Procedure	Mod1	Mod2	Primary	Revd NPI	Billed Amt	Allowed	Paid Amt
0213151354000	b(6)	1437292927	6/14/2013	0886123869	1744	V5041	4/24/2013	21	19303	RT		(Null)	1154457091	3370.00	0.00	0.00
0213151354000	b(6)	1437292927	6/14/2013	0886123869	1744	V5041	4/24/2013	21	19307	LT		1744	1154457091	3700.00	1339.57	1050.23
0213172205760	b(6)	1437292927	7/5/2013	0886197671	1744	V860	4/24/2013	21	19303	RT	51	1744	1154457091	3370.00	560.93	439.78
0213151353980	b(6)	1437292927	6/14/2013	0886123869	99812	V4571	4/26/2013	21	10180	78		99812	1154457091	2429.00	167.69	131.49
0914121117720	b(6)	1437292927	5/15/2014	0887347416	6101		4/29/2014	22	99213			6101	1154457091	121.00	58.03	45.49
0213340827090	b(6)	1437292927	12/20/2013	0886812057	6101		11/26/2013	22	99213	GC		6101	1154457091	121.00	55.88	43.81
9610240088200	b(6)	1437292927	9/8/2011	0884089233	1749		4/1/2010	22	99204			1749	1154457091	305.00	135.54	108.43
9610241434950	b(6)	1437292927	9/9/2011	0884094172	1744	2330	4/14/2010	21	38525	51	GC	1744	1154457091	1658.00	220.20	176.16
9610241434950	b(6)	1437292927	9/9/2011	0884094172	1744	2330	4/14/2010	21	19303	LT	GC	1744	1154457091	2775.00	998.53	798.82
0911048275830	b(6)	1437292927	3/3/2011	0883506892	6101		9/16/2010	22	99213			6101	1154457091	132.00	54.70	43.76
0911083196750	b(6)	1437292927	4/7/2011	0883609291	61172		3/22/2011	22	99204			61172	1154457091	305.00	139.82	111.86
9614083762500	b(6)	1437292927	4/3/2014	0887179607	6108		1/9/2014	22	99215			6108	1154457091	263.00	125.85	82.08
0911100303230	b(6)	1437292927	4/22/2011	0883655683	79380		4/5/2011	22	99204			79380	1154457091	305.00	139.82	111.86
091110102230	b(6)	1437292927	5/4/2011	0883691017	79381	V163	4/6/2011	22	19125	LT		79381	1154457091	2054.00	485.50	388.40
0216042527900	b(6)	1437292927	2/25/2016	0889775033	R928		2/2/2016	22	99214			(Null)	1154457091	186.00	89.34	70.04
0214127694540	b(6)	1437292927	5/21/2014	08837367567	79399	79389	5/6/2014	22	99205			79399	1154457091	458.00	190.78	149.57
0216041591310	b(6)	1437292927	2/24/2016	0889769725	C50911		1/15/2016	22	99205			(Null)	1154457091	458.00	190.99	149.73
0216035813550	b(6)	1437292927	2/18/2016	0889748514	C50911		1/26/2016	22	99215			(Null)	1154457091	263.00	126.39	99.09
0216041591320	b(6)	1437292927	2/24/2016	0889769725	C50911		2/2/2016	22	99215			(Null)	1154457091	263.00	126.39	99.09
0216082769780	b(6)	1437292927	4/5/2016	0889922959	C5091	Z170	3/7/2016	22	38525	51	RT	(Null)	1154457091	1277.00	248.92	195.16
0216082769780	b(6)	1437292927	4/5/2016	0889922959	C5091	Z170	3/7/2016	22	19301	RT		(Null)	1154457091	1452.00	732.90	574.59
0217005817340	b(6)	1437292927	1/19/2017	0891009264	C50911		11/29/2016	22	99215			(Null)	1154457091	263.00	126.39	99.09
0217006678350	b(6)	1437292927	1/20/2017	0891014151	C5031	Z9221	12/19/2016	21	19303	RT		(Null)	1154457091	3574.00	1131.91	887.42
0910028305490	b(6)	1437292927	2/11/2010	0862593691	1749		1/21/2010	22	99204			1749	1154457091	305.00	135.43	108.34
0910300252260	b(6)	1437292927	11/1/2010	0777777777	1749		3/2/2010	22	99214	GC		1749	1154457091	200.00	0.00	0.00
9610137389370	b(6)	1437292927	6/23/2011	08833944039	1744		3/9/2010	22	19301	LT		1744	1154457091	1325.00	645.60	516.48
9610137389370	b(6)	1437292927	6/23/2011	08833944039	1744		3/9/2010	22	38525	51		1744	1154457091	1658.00	220.20	176.16
0215210498950	b(5)	1437292927	8/4/2015	0525337719	V169	V103	7/21/2015	22	99214			(Null)	1154457091	186.00	0.00	0.00
0215218706760	b(6)	1437292927	8/20/2015	0889064544	79399	V103	7/21/2015	22	99214			79399	1154457091	186.00	89.66	70.30
0914258257630	b(6)	1437292927	9/29/2014	0887948703	6101		9/9/2014	22	99213			6101	1154457091	121.00	58.03	45.49
09133254129020	b(6)	1437292927	9/25/2013	0886486209	6101		9/10/2013	22	99213			6101	1154457091	121.00	55.88	43.81
0911269591170	b(6)	1437292927	10/11/2011	0884191984	6101		9/22/2011	22	99213	GC		6101	1154457091	230.00	54.90	43.92
9714104902996	b(6)	1437292927	5/23/2014	0887377918	6101		9/25/2012	22	99213			6101	1154457091	230.00	55.34	44.27

ICN	HTCN	Billing NPI	Paid Date	Check #	DX 1	DX 2	From DOS	POS	Procedure	Mod1	Mod2	Primar	Reind	NPI	Billed Amt	Allowed	Paid Amt
0911048275810	b(6)	1437292927	3/3/2011	0883506892	6101		9/30/2010	22	99213			6101	1154457091		132.00	54.70	43.76
0911213436730	b(6)	1437292927	8/15/2011	0884009434	1749		7/28/2011	22	99205	GC		1749	1154457091		631.00	180.05	144.04
9614080735630	b(6)	1437292927	4/2/2014	0887174033	6101		1/7/2014	22	99213			6101	1154457091		121.00	58.03	0.99
9613135740490	b(6)	1437292927	5/23/2013	0886045229	6101	79389	2/28/2013	11	99213			6101	1154457091		121.00	86.81	69.49
9714104902565	b(6)	1437292927	5/19/2014	0887357700	7828		8/16/2012	22	99205			7828	1154457091		653.00	180.11	144.09
091325+129100	b(6)	1437292927	9/25/2013	0886486209	61172	6101	9/10/2013	22	99214			61172	1154457091		186.00	86.29	67.65
9714104903565	b(6)	1437292927	5/28/2014	0887396792	6101		11/20/2012	22	99213			6101	1154457091		230.00	55.34	44.27
9610083246120	b(6)	1437292927	4/27/2011	0883670760	79380		1/12/2010	22	99204			79380	1154457091		305.00	135.54	108.43
0215072662520	b(6)	1437292927	3/27/2015	0888506727	1749		1/29/2015	22	99215			1749	1154457091		263.00	126.36	99.07
0215055910850	b(6)	1437292927	3/10/2015	0886438635	1744	V8741	2/4/2015	22	19303	RT		1744	1154457091		3470.00	1127.86	884.24
0214113807080	b(6)	1437292927	5/7/2014	0887314959	1749		4/22/2014	22	99205			1749	1154457091		458.00	190.78	149.57
0215243893670	b(6)	1437292927	9/14/2015	0889163590	6101		7/9/2015	22	99213			6101	1154457091		121.00	58.18	45.61
0217055832800	b(6)	1437292927	3/10/2017	0891183304	C5021C7951		2/14/2017	22	99203			(Null)	1154457091		215.00	86.60	67.89
0217058882210	b(6)	1437292927	3/13/2017	0891188685	C5031	Z170	2/15/2017	22	19301	LT	GC	(Null)	1154457091		1452.00	732.67	574.42
0216067423990	b(6)	1437292927	3/21/2016	0889863483	N62		2/9/2016	22	99205			(Null)	1154457091		458.00	190.99	149.73
0216082302550	b(6)	1437292927	4/4/2016	0889917583	N62		2/25/2016	22	99215			(Null)	1154457091		263.00	126.39	99.09
0216095299810	b(6)	1437292927	4/18/2016	0889975531	D0501N6091		3/15/2016	22	19125	RT		(Null)	1154457091		4238.00	521.87	409.15
0216123449240	b(6)	1437292927	5/16/2016	0890085080	T814XD0581		3/29/2016	22	10160	78		(Null)	1154457091		267.00	92.18	72.27
0216123723970	b(6)	1437292927	5/16/2016	0890085080	N6489D0581		4/7/2016	22	10160	78		(Null)	1154457091		267.00	92.18	72.27
0216134548970	b(6)	1437292927	5/27/2016	0890133741	T888X92XXD		4/21/2016	22	10160	78		(Null)	1154457091		267.00	92.18	72.27
0216141592850	b(6)	1437292927	6/3/2016	0890157581	T888X92XXD		4/21/2016	22	99213	25		(Null)	1154457091		92.00	58.12	45.57
0216151453010	b(6)	1437292927	6/13/2016	0890189941	N6489D0501		5/17/2016	22	10160	78		(Null)	1154457091		267.00	92.18	72.27
0213151370340	b(6)	1437292927	6/14/2013	0886123869	1749		5/30/2013	22	99215			1749	1154457091		263.00	121.62	95.35
0213196295360	b(6)	1437292927	7/29/2013	0886278932	1749	2330	7/2/2013	22	99215			1749	1154457091		263.00	121.62	95.35
0913227104570	b(6)	1437292927	8/29/2013	0886393831	V5881	2330	7/8/2013	22	19301	50		2330	1154457091		1370.00	1089.68	854.31
0913227104570	b(6)	1437292927	8/29/2013	0886393831	V5881	2330	7/8/2013	22	36590	51		(Null)	1154457091		1680.00	116.72	91.51
0213245739600	b(6)	1437292927	9/13/2013	0886450743	2330	V8741	8/7/2013	22	19301	58	RT	2330	1154457091		1370.00	726.45	569.54
9714104903075	b(6)	1437292927	5/27/2014	0887383236	1749	2330	10/4/2012	22	99205			1749	1154457091		653.00	180.11	144.09
9714104903428	b(6)	1437292927	5/29/2014	0887396047	1749		11/8/2012	22	99215	GC		1749	1154457091		458.00	119.56	95.65
0212359300870	b(6)	1437292927	1/7/2013	0885559455	1744	1963	11/26/2012	22	19301	RT	GC	1744	1154457091		2740.00	699.22	559.38
0212359300870	b(6)	1437292927	1/7/2013	0885559455	1744	1963	11/26/2012	22	38525	51	GC	1744	1154457091		1206.00	238.66	190.93
9714104903753	b(6)	1437292927	6/2/2014	0887405272	1963		12/13/2012	22	99213	24		1963	1154457091		230.00	55.34	44.27
9610083246150	b(6)	1437292927	4/27/2011	0887777777	6101		1/12/2010	22	99213			6101	1154457091		132.00	53.52	0.00

ICN	HICN	Billing NPI	Paid Date	Check #	DX 1	DX 2	From DOS	POS	Procedure	Mod1	Mod2	Primary	Revised NPI	Billed Amt	Allowed	Paid Amt
0211192136100	b(6)	1437292927	7/25/2013	0886269176	6101		7/9/2013	22	99213			6101	1154457091	121.00	55.88	43.81
0212213200050	b(6)	1437292927	8/6/2012	0777777777	6101		7/12/2012	11	99213			6101	1154457091	230.00	0.00	0.00
971410490212	b(6)	1437292927	5/13/2014	088336087	6101		7/12/2012	22	99214			6101	1154457091	345.00	85.01	68.01
0911202389550	b(6)	1437292927	8/4/2011	0883977505	1749	6113	7/19/2011	22	99214	GC		1749	1154457091	333.00	84.59	67.69
0215030577680	b(6)	1437292927	2/13/2015	0888354258	1749		1/29/2015	22	99205	GC		1749	1154457091	458.00	190.72	149.53
0215071632430	b(6)	1437292927	3/26/2015	0888501313	1745	V860	2/23/2015	22	19301	RT		1745	1154457091	1410.00	730.18	572.46
0915328008880	b(6)	1437292927	12/8/2015	0889500081	1745	V860	2/23/2015	22	38500	51	RT	1745	1154457091	7152.00	144.89	113.59
101120909560	b(6)	1437292927	8/10/2011	0883995284	1749		6/10/2011	22	99205	GC		1749	1154457091	379.00	180.05	144.04
9714104902241	b(6)	1437292927	5/13/2014	0887336087	1749		7/17/2012	22	99204		GC	1749	1154457091	530.00	140.39	112.31
0212212298200	b(6)	1437292927	8/13/2012	0885095005	1744		7/18/2012	22	19301	LT	GC	1744	1154457091	1370.00	699.22	559.38
1012009753290	b(6)	1437292927	1/23/2012	0884487190	2330		1/5/2012	22	99205	GC		2330	1154457091	653.00	180.11	32.09
9714104901114	b(6)	1437292927	5/2/2014	0887299493	1749		2/14/2012	22	99215			1749	1154457091	458.00	119.56	95.65
9613135740540	b(6)	1437292927	5/23/2013	0886045229	6101		2/28/2013	11	99213			6101	1154457091	121.00	86.81	69.45
0212093224250	b(6)	1437292927	4/16/2012	0884721156	6108	1744	3/14/2012	21	19125	59	51	6108	1154457091	3742.00	249.75	199.80
0212093224250	b(6)	1437292927	4/16/2012	0884721156	6108	1744	3/14/2012	21	19303	LT	GC	1744	1154457091	3370.00	1080.48	864.38
9714104900635	b(6)	1437292927	4/23/2014	0887256348	99813		4/3/2012	22	10160	78		99813	1154457091	540.00	88.62	70.90
9714104900635	b(6)	1437292927	4/23/2014	0887256348	99813		4/10/2012	22	10160	78		99813	1154457091	540.00	88.62	70.90
9714104900634	b(6)	1437292927	4/23/2014	0887256348	99813		4/12/2012	22	10160	78		99813	1154457091	540.00	88.62	70.90
9714104902745	b(6)	1437292927	5/20/2014	0887362850	6101		9/4/2012	22	99213			6101	1154457091	230.00	55.34	44.27
0211101300560	b(6)	1437292927	4/25/2011	0882659834	6101		4/7/2011	22	99213			6101	1154457091	132.00	54.90	43.92
0914099070810	b(6)	1437292927	4/23/2014	0887256348	6101		4/8/2014	22	99213			6101	1154457091	121.00	58.03	45.49
9614148719920	b(6)	1437292927	6/5/2013	0886090118	6101		4/23/2013	11	99213	GC		6101	1154457091	121.00	86.81	68.06
9714104901645	b(6)	1437292927	5/8/2014	0887319853	61179		4/26/2012	22	99213			61179	1154457091	230.00	55.34	44.27
0216130805360	b(6)	1437292927	5/23/2016	0890112100	N6019		5/3/2016	22	99213			(Null)	1154457091	92.00	58.12	45.57
961312684880	b(6)	1437292927	5/16/2013	0886019263	61172	79380	1/8/2013	11	99205			61172	1154457091	653.00	236.89	71.91
9714104901156	b(6)	1437292927	5/2/2014	0887292493	1749		3/1/2012	22	99213			1749	1154457091	230.00	55.34	44.27
9714104901678	b(6)	1437292927	5/8/2014	0887319853	1749		3/20/2012	22	99214			1749	1154457091	345.00	85.01	68.01
02121236260820	b(6)	1437292927	5/29/2012	0884856689	1744		4/4/2012	22	19301	LT		1744	1154457091	1370.00	699.22	559.38
0211230805990	b(6)	1437292927	9/1/2011	0884069470	79380		8/16/2011	22	99204			79380	1154457091	507.00	139.82	111.86
0911280207040	b(6)	1437292927	10/21/2011	0884233691	1749		9/2/2011	22	99215	GC		1749	1154457091	263.00	119.60	95.68
0215058812770	b(6)	1437292927	3/5/2015	0522831950	6101		2/26/2015	22	99213			6101	1154457091	121.00	57.89	0.00
9614106456320	b(6)	1437292927	4/28/2014	0887274930	6101		2/27/2014	22	99213			6101	1154457091	121.00	58.03	39.88

ICN	HICN	Billing NPI	Paid Date	Check #	DX 1	DX 2	From DOS	POS	Procedure	Mod1	Mod2	Priman	Reud	NPI	Billed Amt	Allowed	Paid Amt
9613143771150	b(6)	1437292927	6/3/2013	0886079053	6101		4/11/2013	11	99213	GC		6101	1154457091		121.00	86.81	68.06
9714104901677	b(6)	1437292927	5/8/2014	0887319853	6101		4/12/2012	22	99213	GC		6101	1154457091		230.00	55.34	44.27
0214136787890	b(6)	1437292927	5/30/2014	0887401189	2330		5/15/2014	22	99205			2330	1154457091		458.00	190.78	149.58
0214167560480	b(6)	1437292927	6/30/2014	0887513219	2330		5/19/2014	22	19301	RT	GC	2330	1154457091		1410.00	728.82	571.48
0914191266170	b(6)	1437292927	7/16/2014	0519585047	2330		6/4/2014	22	19301	76	RT	2330	1154457091		1410.00	0.00	0.00
0914203201110	b(6)	1437292927	8/5/2014	0887696111	2330		6/4/2014	22	19301	58	RT	2330	1154457091		1410.00	728.82	571.40
0214199868060	b(6)	1437292927	7/25/2014	0519585047	2330		7/17/2014	22	99213			2330	1154457091		121.00	0.00	0.00
0913247301300	b(6)	1437292927	9/24/2013	0886479344	61172	V103	8/20/2013	22	19301	RT		61172	1154457091		1370.00	726.45	569.54
021609863380	b(6)	1437292927	4/21/2016	0889992111	N63		3/10/2016	22	99214			(Null)	1154457091		186.00	89.34	70.04
0216193674720	b(6)	1437292927	7/25/2016	0890345841	N63		6/30/2016	22	99214			(Null)	1154457091		186.00	89.34	70.04
0914234460300	b(6)	1437292927	9/5/2014	0887765624	6101		8/19/2014	22	99204			6101	1154457091		371.00	147.46	115.61
0910305562010	b(6)	1437292927	11/4/2010	0777777777	6101		7/22/2010	22	99213	GC		6101	1154457091		132.00	0.00	0.00
0214259884410	b(6)	1437292927	9/30/2014	0887854282	6101		8/21/2014	22	99213			6101	1154457091		121.00	58.03	45.49
9714104902612	b(6)	1437292927	5/20/2014	0887362850	61171	6101	8/23/2012	22	99215			61171	1154457091		458.00	119.56	95.65
0215243893570	b(6)	1437292927	9/14/2015	0889163590	6101		8/25/2015	22	99213			6101	1154457091		121.00	58.18	45.61
0913252509040	b(6)	1437292927	10/4/2013	0886517590	6101		8/29/2013	22	99213			6101	1154457091		121.00	55.88	43.81
0216278593910	b(6)	1437292927	10/20/2016	0890681070	N601IN6012		9/20/2016	22	99212			(Null)	1154457091		32.00	28.46	22.31
0215034757930	b(6)	1437292927	2/17/2015	0888359751	2330	V860	1/14/2015	22	19301	LT	GC	2330	1154457091		1410.00	730.18	572.46
0215077855020	b(6)	1437292927	4/1/2015	0888522796	2330		3/4/2015	22	19303	78	LT	2330	1154457091		3470.00	800.78	627.81
0215075321600	b(6)	1437292927	3/30/2015	0888511903	99813		3/12/2015	22	10160	78	GC	99813	1154457091		259.00	92.05	72.17
0215085813510	b(6)	1437292927	4/9/2015	0888551523	99812	VS889	3/24/2015	22	10160	78		99812	1154457091		259.00	92.05	72.17
0214185777310	b(6)	1437292927	7/18/2014	0887587057	6108	217	4/24/2014	22	99205			6108	1154457091		458.00	190.78	149.57
0914149323960	b(6)	1437292927	6/12/2014	0887445107	2330	217	5/7/2014	22	14000	51	GC	2330	1154457091		2980.00	297.24	233.03
0914149323960	b(6)	1437292927	6/12/2014	0887445107	2330	217	5/7/2014	22	19301	LT	GC	2330	1154457091		1410.00	728.82	571.40
0216217497880	b(6)	1437292927	8/18/2016	0890442391	Z853	N6011	7/21/2016	22	99213	GC		(Null)	1154457091		92.00	58.12	45.57
0914234460330	b(6)	1437292927	9/5/2014	0887765624	6108		8/19/2014	22	99213			6108	1154457091		121.00	58.03	45.49
0215001338910	b(6)	1437292927	1/15/2015	0888247186	2330	6108	12/18/2014	22	99215			2330	1154457091		263.00	125.85	98.67
0215243893540	b(6)	1437292927	9/14/2015	0889163590	6101		6/16/2015	22	99213			6101	1154457091		121.00	57.89	45.38
0914314310550	b(6)	1437292927	11/11/2014	0511156670	79389		11/6/2014	22	99213			79389	1154457091		121.00	58.03	0.00
0217006668180	b(6)	1437292927	1/20/2017	0891014151	C50111		12/1/2016	22	99215	GC		(Null)	1154457091		263.00	126.39	99.09
0217006668190	b(6)	1437292927	1/20/2017	0891014151	C5001	N641	12/21/2016	22	38525	51	RT	(Null)	1154457091		1277.00	248.92	195.16
0217006668190	b(6)	1437292927	1/20/2017	0891014151	C5001	N641	12/21/2016	22	19303	RT	GC	(Null)	1154457091		3574.00	1131.91	887.42
9714104902299	b(6)	1437292927	5/14/2014	0887341986	1749		7/19/2012	22	99205	GC		1749	1154457091		653.00	180.11	144.09

ICN	HICN	Billing NPI	Paid Date	Check #	DX 1	DX 2	From DOS	POS	Procedure	Mod1	Mod2	Primar	Reud	NPI	Billed Amt	Allowed	Paid Amt
9714104902571	H(6)	1437292927	5/19/2014	0887357700	1749		7/31/2012	22	99215	GC		1749	1154457091		458.00	119.56	95.65
9714104902566	H(6)	1437292927	5/19/2014	0887357700	1749		8/16/2012	22	99215	GC		1749	1154457091		458.00	119.56	95.65
0212257331470	H(6)	1437292927	9/27/2012	0885239227	1742		8/27/2012	22	19301	LT		1742	1154457091		1370.00	699.22	559.38
0212257331470	H(6)	1437292927	9/27/2012	0885239227	1742		8/27/2012	22	38525	51		1742	1154457091		1206.00	238.66	190.99
0216113532290	H(6)	1437292927	5/6/2016	0890052014	N6011N6012		4/7/2016	22	99205			(Null)	1154457091		458.00	190.99	149.73
0216140680790	H(6)	1437292927	2/23/2016	0889764410	C5081D0511		1/20/2016	22	19301	LT	RT	(Null)	1154457091		2904.00	732.90	574.59
0215287873340	H(6)	1437292927	10/28/2015	0889342633	1749		5/14/2015	22	99213			1749	1154457091		121.00	57.89	45.38
0215314729760	H(6)	1437292927	11/24/2015	0889447236	C50911		10/29/2015	22	99215	GC		(Null)	1154457091		263.00	126.99	99.56
9714104903646	H(6)	1437292927	5/29/2014	0887396047	1749		11/27/2012	22	99205	GC		1749	1154457091		653.00	180.11	144.09
0216263748200	H(6)	1437292927	10/3/2016	0890607760	2853		9/15/2016	22	99204			(Null)	1154457091		371.00	147.13	115.35
0911073458820	H(6)	1437292927	3/28/2011	0883575412	6101		3/10/2011	22	99213			6101	1154457091		132.00	54.90	43.92
0213259122960	H(6)	1437292927	9/27/2013	0886493322	6101		9/12/2013	22	99214			6101	1154457091		186.00	86.29	67.65
9610077580050	H(6)	1437292927	4/19/2011	0502779713	6101		1/7/2010	22	99213			6101	1154457091		132.00	53.52	0.00
9613129875500	H(6)	1437292927	5/17/2013	0886024243	1749		1/15/2013	11	99215	GC		1749	1154457091		263.00	168.48	134.78
9614105870890	H(6)	1437292927	4/28/2014	0887274930	1749		2/18/2014	22	99215			1749	1154457091		263.00	125.85	1.98
9613144863840	H(6)	1437292927	6/4/2013	0886084571	1749		4/16/2013	11	99214			1749	1154457091		186.00	126.77	99.39
0214111468810	H(6)	1437292927	5/5/2014	0887304753	1749		4/17/2014	22	99215	GC		1749	1154457091		263.00	125.85	98.67
0215285435350	H(6)	1437292927	10/26/2015	0889331403	1749	1963	5/19/2015	22	99215	GC		1749	1154457091		263.00	126.36	99.07
0213151370320	H(6)	1437292927	6/14/2013	0886123869	1749		5/30/2013	22	99214	GC		1749	1154457091		186.00	86.29	67.65
0215243893650	H(6)	1437292927	9/14/2015	0889163590	1749		6/4/2015	22	99215			1749	1154457091		263.00	126.36	99.07
0915195053150	H(6)	1437292927	7/28/2015	088967687	1744	1963	6/24/2015	22	19301	RT		1744	1154457091		1410.00	730.18	572.46
0915195053150	H(6)	1437292927	7/28/2015	088967687	1744	1963	6/24/2015	22	38525	51	RT	1744	1154457091		1240.00	247.87	194.33
0914246172770	H(6)	1437292927	9/17/2014	0887806215	1749		9/2/2014	22	99214			1749	1154457091		186.00	89.19	69.92
9714104902999	H(6)	1437292927	5/23/2014	0887377918	1749		9/25/2012	22	99205	GC		1749	1154457091		653.00	180.11	144.09
0213275673530	H(6)	1437292927	10/16/2013	0886558086	1749		10/1/2013	22	99214	GC		1749	1154457091		186.00	86.29	67.65
9714104903203	H(6)	1437292927	5/27/2014	0887383236	1749		10/9/2012	22	99214			1749	1154457091		345.00	85.01	68.01
9716113900492	H(6)	1437292927	5/25/2016	0530125273	1749		12/23/2014	22	99215			1749	1154457091		263.00	0.00	0.00
0914311310590	H(6)	1437292927	11/21/2014	0888065239	1749		11/6/2014	22	99205			1749	1154457091		458.00	190.78	149.57
0911151041530	H(6)	1437292927	6/14/2011	0883817775	6101		5/3/2011	22	99203	GC		6101	1154457091		204.00	82.71	66.17
0915029116040	H(6)	1437292927	2/12/2015	0889349082	1749		1/20/2015	22	99215			1749	1154457091		263.00	126.36	99.07
0215067356490	H(6)	1437292927	3/2/2015	0888408868	1744	V860	1/26/2015	22	19301	LT		1744	1154457091		1410.00	730.18	572.46
0215001238850	H(6)	1437292927	1/15/2015	0886247186	1749		12/23/2014	22	99205	GC		1749	1154457091		458.00	190.78	149.57
0911186519440	H(6)	1437292927	7/18/2011	0883916928	79389		6/30/2011	22	99204	GC		79389	1154457091		507.00	139.82	111.86

ICN	HICN	Billing NPI	Paid Date	Check #	DX 1	DX 2	From DOS	POS	Procedure	Mod1	Mod2	Primar	Revd NPI	Billed Amt	Allowed	Paid Amt
0211206402310	b(6)	1437292927	8/8/2011	0883968770	79380		7/21/2011	22	99213			79380	1154457091	221.00	54.90	43.92
0211215890090	b(6)	1437292927	8/17/2011	0884018669	61172	79380	7/25/2011	22	19125	LT		61172	1154457091	2054.00	485.50	388.40
0911168238160	b(6)	1437292927	7/1/2011	0883870151	6101		6/2/2011	22	99213	GC		6101	1154457091	132.00	54.90	43.92
0910237119940	b(6)	1437292927	9/8/2010	0883059144	1749	79389	6/8/2010	22	99204			1749	1154457091	305.00	138.53	110.62
091034032020	b(6)	1437292927	12/14/2010	0883301728	2330	1749	10/27/2010	21	19303	50	58	2330	1154457091	5550.00	1530.75	1224.60
0911311551440	b(6)	1437292927	11/21/2011	0884331271	1749		11/3/2011	22	99215	GC		1749	1154457091	459.00	119.60	95.68
1012006183590	b(6)	1437292927	1/19/2012	0884481527	1749		11/10/2011	22	99214			1749	1154457091	345.00	84.59	67.67
1012006183620	b(6)	1437292927	1/19/2012	0884481527	1749		12/13/2011	22	99213			1749	1154457091	230.00	54.90	43.92
0212024066140	b(6)	1437292927	2/6/2012	0884519124	1749	V103	12/21/2011	22	19120	LT	GC	1749	1154457091	1670.00	438.20	350.56
9614080707420	b(6)	1437292927	4/2/2014	0887174033	6101		1/2/2014	22	99213			6101	1154457091	121.00	58.03	0.91
0215072662480	b(6)	1437292927	3/19/2015	0523903907	6101		2/17/2015	22	99213			6101	1154457091	121.00	57.89	0.00
9714104903165	b(6)	1437292927	6/2/2014	0887405272	99813		4/26/2012	22	99213	GC		99813	1154457091	230.00	55.34	44.27
0214155576566	b(6)	1437292927	6/18/2014	0887466446	78652		6/3/2014	22	99214			78652	1154457091	186.00	89.19	69.92
9714104903164	b(6)	1437292927	5/27/2014	0887382336	6829		6/12/2012	22	99213	GC		6829	1154457091	230.00	55.34	44.27
9714104903175	b(6)	1437292927	5/27/2014	0887382336	6829		6/14/2012	22	99212			6829	1154457091	162.00	28.03	22.42
9714104903041	b(6)	1437292927	5/23/2014	0887377918	6101		7/31/2012	22	99213			6101	1154457091	230.00	55.34	44.27
9714104903742	b(6)	1437292927	5/30/2014	0887401189	2330		12/11/2012	22	99213			2330	1154457091	230.00	55.34	44.27
9613128788540	b(6)	1437292927	5/16/2013	0886019263	45340	79380	1/24/2013	11	99214			45340	1154457091	186.00	126.77	101.42
9714104902591	b(6)	1437292927	5/19/2014	0887357700	79380		8/21/2012	22	99205	GC		79380	1154457091	653.00	180.11	144.09
9714104903243	b(6)	1437292927	5/27/2014	0887383236	79389		10/11/2012	22	99213			79389	1154457091	230.00	55.34	44.27
9614080735640	b(6)	1437292927	4/2/2014	0887174033	2330		1/7/2014	22	99214			2330	1154457091	186.00	89.19	1.39
9614093736970	b(6)	1437292927	4/11/2014	0887210635	2330		1/27/2014	22	19301	LT		2330	1154457091	1410.00	728.82	571.40
0214077878370	b(6)	1437292927	3/24/2014	0516340463	61189	V103	2/24/2014	22	19301	76	LT	61189	1154457091	1410.00	0.00	0.00
0914087306900	b(6)	1437292927	4/11/2014	0887210635	61189	V103	2/24/2014	22	19301	58	LT	61189	1154457091	1410.00	728.82	571.40
0215072662530	b(6)	1437292927	3/19/2015	0523916714	6101		3/10/2015	22	99213			6101	1154457091	121.00	57.89	0.00
0216120556850	b(6)	1437292927	5/5/2016	0529838841	N6011	N6012	4/19/2016	22	99213			(Null)	1154457091	92.00	58.12	0.00
0911130212340	b(6)	1437292927	5/24/2011	0883751871	79389		4/7/2011	22	99213	GC		79389	1154457091	132.00	54.90	43.92
0911143344810	b(6)	1437292927	6/6/2011	0883787468	217		4/25/2011	22	19126			217	1154457091	1924.00	337.34	269.87
0911143344810	b(6)	1437292927	6/6/2011	0883787468	217		4/25/2011	22	19125	RT		217	1154457091	2054.00	485.50	388.40
9614104891280	b(6)	1437292927	4/23/2014	0887256346	6101	V8401	1/28/2014	22	99204			6101	1154457091	371.00	147.46	115.61
0910048310510	b(6)	1437292927	3/3/2010	0882631852	6101		2/9/2010	22	99204			6101	1154457091	305.00	135.43	108.34
0714104901113	b(6)	1437292927	5/2/2014	0887299493	6108	217	2/14/2012	22	99205			6108	1154457091	653.00	180.11	144.09
0212076456160	b(6)	1437292927	3/30/2012	0884670248	79380		3/5/2012	22	19125	RT	GC	79380	1154457091	3742.00	499.50	399.60

ICN	HICN	Billing NPI	Paid Date	Check #	DX 1	DX 2	From DOS	POS	Procedure	Mod1	Mod2	Priman	Rend	NPI	Billed Amt	Allowed	Paid Amt
971410490035	b(6)	1437292927	4/30/2014	0887286855	1749		2/9/2012	22	99205			1749	1154457091		653.00	180.11	144.09
0212167408950	b(6)	1437292927	6/29/2012	0884957529	1749		5/31/2012	11	99214	GC		1749	1154457091		345.00	121.96	97.57
9714104900221	b(6)	1437292927	5/13/2014	0887336087	1749		7/12/2012	22	99215			1749	1154457091		458.00	119.56	95.55
0212219281740	b(6)	1437292927	8/21/2012	0885123009	1749	1742	7/25/2012	22	19301	59	LT	1742	1154457091		1370.00	349.61	279.69
0212219281740	b(6)	1437292927	8/21/2012	0885123009	1749	1742	7/25/2012	22	19301	LT	GC	1749	1154457091		1370.00	699.22	559.38
0216131617940	b(6)	1437292927	5/24/2016	0890117680	R928		5/5/2016	22	99204			(Null)	1154457091		371.00	147.13	115.35
97141049002325	b(6)	1437292927	5/14/2014	0887341986	61171		7/3/2012	22	99204	GC		61171	1154457091		530.00	140.39	112.31
97141049002692	b(6)	1437292927	5/20/2014	0887362850	2330	7336	8/28/2012	22	99213			2330	1154457091		230.00	55.34	44.27
0216055553310	b(6)	1437292927	3/1/2016	0528719771	Z803	F411	2/4/2016	22	99213			(Null)	1154457091		92.00	0.00	0.00
0216067421540	b(6)	1437292927	3/21/2016	0889863483	F411	R928	2/4/2016	22	99213			(Null)	1154457091		92.00	58.12	45.57
9714104901855	b(6)	1437292927	5/8/2014	0887319853	6101		5/1/2012	22	99213	GC		6101	1154457091		230.00	55.34	44.27
0212206423340	b(6)	1437292927	7/30/2012	0509245809	V163	6101	7/17/2012	11	99214			(Null)	1154457091		345.00	0.00	0.00
97141049002345	b(6)	1437292927	5/14/2014	0887341986	6101	79389	7/17/2012	22	99214			6101	1154457091		345.00	85.01	68.01
97141049002567	b(6)	1437292927	5/19/2014	0887357700	61172	79389	8/2/2012	22	99214	GC		61172	1154457091		345.00	85.01	68.01
0216223718110	b(6)	1437292927	8/24/2016	0890462749	N6011	N6012	8/9/2016	22	99213			(Null)	1154457091		92.00	58.12	45.57
0212241756380	b(6)	1437292927	9/11/2012	0385185405	6101		8/15/2012	22	19120	51	RT	6101	1154457091		3131.00	225.75	180.60
0212241756380	b(6)	1437292927	9/11/2012	0385185405	6101		8/15/2012	22	19125	LT		6101	1154457091		3742.00	499.50	399.60
0211272648980	b(6)	1437292927	10/13/2011	0884205592	6809		8/30/2011	22	99213			6809	1154457091		221.00	54.90	43.92
0215273852930	b(6)	1437292927	10/14/2015	0889282927	79389		9/29/2015	22	99214			79389	1154457091		186.00	89.66	70.30
0910335257640	b(6)	1437292927	12/15/2010	0883305812	6101	6809	11/9/2010	22	99213			6101	1154457091		132.00	54.70	43.76
9613129875490	b(6)	1437292927	5/17/2013	0886024243	1749		1/31/2013	11	99215	GC		1749	1154457091		263.00	168.48	134.78
0215040693060	b(6)	1437292927	2/23/2015	0888383134	1749		2/5/2015	22	99215			1749	1154457091		263.00	126.36	99.07
0215071633350	b(6)	1437292927	3/26/2015	0888501313	1748		2/9/2015	21	19303	22	RT	1748	1154457091		4337.50	1127.86	884.24
9613137718770	b(6)	1437292927	5/28/2013	0886055230	1749		3/12/2013	11	99214			1749	1154457091		186.00	126.77	101.42
9613144863210	b(6)	1437292927	6/4/2013	0886084571	1745		3/18/2013	22	38500	51	RT	1745	1154457091		6187.00	144.29	115.43
9613144863210	b(6)	1437292927	6/4/2013	0886084571	1745		3/18/2013	22	19301	RT	GC	1745	1154457091		1370.00	726.45	581.16
0213092289980	b(6)	1437292927	4/16/2013	0885900660	1749		12/11/2012	11	99215	GC		1749	1154457091		263.00	162.81	130.25
0911234846190	b(6)	1437292927	9/6/2011	0884079497	4571	6101	4/5/2011	22	99213	GC		4571	1154457091		132.00	54.90	43.92
0211223618700	b(6)	1437292927	8/25/2011	0884045865	61172		4/26/2011	22	99205	GC		61172	1154457091		379.00	180.05	144.04
0212025875800	b(6)	1437292927	2/8/2012	0884526627	1749		5/10/2011	22	99214	GC		1749	1154457091		200.00	84.59	67.67
0212025875940	b(6)	1437292927	2/8/2012	0884526627	1749		5/12/2011	22	99214			1749	1154457091		200.00	84.59	67.67
1011209096880	b(6)	1437292927	8/10/2011	0883095284	1749		5/16/2011	22	38500	51		1749	1154457091		1199.00	136.86	109.49
1011209096880	b(6)	1437292927	8/10/2011	0883095284	1749		5/16/2011	22	19301	GC		1749	1154457091		1325.00	681.51	488.05

HCN	HICN	Billing NPI	Paid Date	Check #	DX 1	DX 2	From DOS	POS	Procedure	Mod1	Mod2	Primar	Revd NPI	Billed Amt	Allowed	Paid Amt
0911214133130	b(6)	1437292927	8/16/2011	0884014275	1749	2330	6/29/2011	22	19301	78		1749	1154457091	1325.00	483.87	387.10
0911220382710	b(6)	1437292927	8/22/2011	0884031955	1749		7/26/2011	22	19301	58	RT	1749	1154457091	1325.00	681.51	545.21
0216216619890	b(6)	1437292927	8/17/2016	0890437334	C50912		7/19/2016	22	99205			(Null)	1154457091	458.00	190.99	149.83
0216221757420	b(6)	1437292927	8/22/2016	0890451982	C5091C9000		7/28/2016	22	99215			(Null)	1154457091	263.00	126.39	99.09
0916221066600	b(6)	1437292927	8/22/2016	0890451982	C5091	R928	8/2/2016	22	99215			(Null)	1154457091	263.00	126.39	99.09
0216235279480	b(6)	1437292927	9/6/2016	0890504876	C50912		8/16/2016	22	99215			(Null)	1154457091	263.00	126.39	99.09
0216246582350	b(6)	1437292927	9/16/2016	0890551469	C5081D0512		8/22/2016	22	19301	LT		(Null)	1154457091	1452.00	732.90	574.59
0216246582350	b(6)	1437292927	9/16/2016	0890551469	C5081D0512		8/22/2016	22	38525	51	LT	(Null)	1154457091	1277.00	248.92	195.16
0911091267110	b(6)	1437292927	4/15/2011	0883634186	79389		2/3/2011	22	99213			79389	1154457091	132.00	54.90	43.92
0913273035690	b(6)	1437292927	10/15/2013	0886550942	1749		9/27/2013	22	99205	GC		1749	1154457091	458.00	184.58	144.71
0213291516500	b(6)	1437292927	11/1/2013	0886628618	1749		10/17/2013	22	99215			1749	1154457091	263.00	121.62	95.35
0913340251880	b(6)	1437292927	1/7/2014	0886870516	6110		11/4/2013	22	11100	51	GC	6110	1154457091	380.00	27.64	21.67
0913340285480	b(6)	1437292927	1/7/2014	0886870516	1749	2330	11/4/2013	22	38500	51	LT	1749	1154457091	6370.00	144.29	113.13
0913340285480	b(6)	1437292927	1/7/2014	0886870516	1749	2330	11/4/2013	22	19301	LT	GC	1749	1154457091	1410.00	726.45	569.61
0911066756040	b(6)	1437292927	3/21/2011	0883554302	1749		2/24/2011	22	99204			1749	1154457091	305.00	139.82	111.86
0911063196780	b(6)	1437292927	4/7/2011	0883609291	1749		3/22/2011	22	99213			1749	1154457091	132.00	54.90	43.92
0911091262880	b(6)	1437292927	4/15/2011	0883634186	1749		3/28/2011	22	19301	RT		1749	1154457091	1325.00	681.51	545.21
0911091262880	b(6)	1437292927	4/15/2011	0883634186	1749		3/28/2011	22	38500	51	RT	1749	1154457091	1199.00	136.86	109.49
0911223500660	b(6)	1437292927	8/25/2011	0884045865	6101		8/9/2011	22	99213			6101	1154457091	221.00	54.90	43.92
0914104002613	b(6)	1437292927	5/19/2014	0887357700	1749		8/23/2012	22	99205			1749	1154457091	653.00	180.11	144.09
0914104902841	b(6)	1437292927	5/21/2014	0887367567	1749		9/11/2012	22	99213	GC		1749	1154457091	230.00	55.34	44.27
0212291319150	b(6)	1437292927	10/31/2012	0885350987	1742	2330	9/24/2012	22	13100	59	GC	1742	1154457091	1449.00	134.86	107.89
0212291319150	b(6)	1437292927	10/31/2012	0885350987	1742	2330	9/24/2012	22	19301	RT	GC	1742	1154457091	1370.00	699.22	559.38
0212291319150	b(6)	1437292927	10/31/2012	0885350987	1742	2330	9/24/2012	22	38525	51	RT	1742	1154457091	1206.00	238.66	190.93
0212318420180	b(6)	1437292927	11/27/2012	0885432447	1749	2330	10/24/2012	22	19301	58	RT	1749	1154457091	1370.00	699.22	559.38
0914104003242	b(6)	1437292927	5/27/2014	0887383236	6101		10/11/2012	22	99213			6101	1154457091	230.00	55.34	44.27
0911293078450	b(6)	1437292927	11/3/2011	0884277427	61179		10/18/2011	22	99213			61179	1154457091	230.00	54.90	43.92
0917020044430	b(6)	1437292927	2/3/2017	0891061134	N601IN6012		10/25/2016	22	99213			(Null)	1154457091	92.00	58.12	45.57
0215314229770	b(6)	1437292927	11/24/2015	0886447336	N6019		10/29/2015	22	99213	GC		(Null)	1154457091	92.00	58.18	45.61
0214309788970	b(6)	1437292927	11/19/2014	0888054525	6101		11/4/2014	22	99213			6101	1154457091	121.00	58.03	45.49
0213310514340	b(6)	1437292927	11/20/2013	0886702954	6101		11/5/2013	22	99213			6101	1154457091	121.00	55.88	43.81
0910362233340	b(6)	1437292927	1/11/2011	0883369855	6101		12/23/2010	22	99213	GC		6101	1154457091	132.00	54.70	43.76
0211306273010	b(6)	1437292927	11/16/2011	0884317768	6108	V1641	10/20/2011	22	99213			6108	1154457091	230.00	54.90	43.92

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ICN	HICN	Billing NPI	Paid Date	Check #	DX 1	DX 2	From DOS	POS	Procedure	Mod1	Mod2	Primar	Reud NPI	Billed Amt	Allowed	Paid Amt
0911298403957	b(6)	1437292927	10/31/2011	0505458757	V1641	6108	10/20/2011	22	99213			(Null)	1154457091	230.00	0.00	0.00
0910319727690	b(6)	1437292927	11/19/2010	0500272734	V163	79380	11/4/2010	22	99204	GC		(Null)	1154457091	305.00	0.00	0.00
0910328373540	b(6)	1437292927	12/8/2010	0883290814	79380	V163	11/4/2010	22	99204	GC		79380	1154457091	305.00	138.53	110.80
1010361860150	b(6)	1437292927	1/6/2011	0883360239	79380		12/14/2010	22	99213			79380	1154457091	132.00	54.70	43.70
0211020914610	b(6)	1437292927	2/3/2011	0883429956	79381	V123	12/15/2010	22	19125	RT		79381	1154457091	2054.00	468.65	374.92

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Exhibit C

**CALIFORNIA HEALTH FACILITIES FINANCING AUTHORITY (“CHFFA”)
REVENUE BOND FINANCING PROGRAM
EXECUTIVE SUMMARY**

Applicant:	Stanford Health Care (“SHC”) 300 Pasteur Drive, MC 5554 Stanford, CA 94305 Santa Clara County	Amount Requested: \$575,000,000 Requested Loan Term: Up to 40 years Authority Meeting Date: December 7, 2017 Resolution Number: 430	
Project Sites:	See Exhibit 5		
Obligated Group:	SHC - sole obligated group member		
Facility Type:	General acute care hospital and outpatient care		
Eligibility:	Government Code 15431(d) (1)		
Prior Borrower:	Yes (date of last CHFFA issue, May 2015)		
Background: Established in 1958, SHC operates a licensed acute care hospital and a cancer center in Palo Alto, California, an outpatient center in Redwood City, and clinics located on the Stanford University campus and in neighboring communities. SHC is a principal teaching affiliate of the Stanford University School of Medicine and provides primary and specialty health services to adults, including cardiac care, cancer treatment, solid organ transplantation services, orthopedics and neuroscience services. In FY 2016, SHC treated approximately 71,500 patients in its emergency room, admitted more than 25,700 inpatients and recorded nearly 697,000 outpatient transactions.			
Use of Proceeds: Bond proceeds will be used to refinance the acquisition, construction, renovation, expansion, and equipping certain portions of its acute care hospital facilities and related health care facilities, which may include facilities that were previously refinanced by the CHFFA 2010 Refunding Revenue Bonds Series A & B (the “2010AB Bonds”) as well as the CHFFA 2008 Refunding Revenue Bonds Series A-1, A-2, & A-3 (the “2008A Bonds”).			
Type of Issue:	Negotiated public offering with fixed rate bonds (Minimum \$5,000 denominations).		
Expected Credit Ratings:	Aa3/AA-/AA; Moody’s/Fitch		
Financing Team:	<i>Please see Exhibit 1 to identify possible conflicts of interest</i>		
Financial Overview: SHC’s income statement exhibits consistent operating results with positive income each year during the review period from FY 2014 to FY 2016. SHC’s balance sheet exhibits a solid financial position with a pro-forma debt service coverage ratio of 4.29x.			
<u>Estimated Sources of Funds:</u>		<u>Estimated Uses of Funds:</u>	
Bond proceeds	\$ 575,000,000	Refunding bonds	\$ 570,000,000
		Financing costs	5,000,000
Total Estimated Sources	<u>\$ 575,000,000</u>	Total Estimated Uses	<u>\$ 575,000,000</u>
Due Diligence: Staff has received and reviewed the Eligibility, Legal Review, Religious Due Diligence, Savings Pass Through, Seismic, Iran Contracting, and CEQA documentation. All documentation satisfies the Authority’s requirements.			
Staff Recommendation: Staff recommends the Authority approve Resolution Number 430 in an amount not to exceed \$575,000,000 subject to the conditions in the resolution, including a bond rating of at least investment grade by a nationally recognized rating agency for publicly offered bonds. Macias Gini & O’Connell, LLP, the Authority’s financial analyst, and KNN Public Finance, LLC, the Authority’s financial advisor, concur with the Authority’s staff recommendation.			

I. PURPOSE OF FINANCING:

SHC seeks to issue bonds to refinance the acquisition, construction, renovation, expansion, and equipping certain portions of its acute care hospital facilities and related health care facilities, which may include facilities that were previously refinanced by the 2008A Bonds as well as the 2010 AB Bonds. SHC continually assesses potential present value savings from a full or partial refunding of its outstanding long-term debt. SHC has contemplated refunding the 2008A and 2010AB Bonds for more than a year, and SHC management decided to move forward and lock in the potential net present value savings of \$57 million, as a result of the refunding.

Refunding Bonds ***\$570,000,000***

CHFFA Series 2008 A-1, A-2, & A-3

Proceeds from the CHFFA 2008 Series A-1, A-2, and A-3 Bonds were used to refinance a portion of the CHFFA 2006 Series A-1, A-2, A-3, B-1, and B-2 bonds (the “2006AB Bonds”). The 2006AB Bonds were used (i) to renovate certain existing facilities, including Stanford Hospital and the Cancer Center located on the campus of Stanford University; (ii) the construction and renovation of a facility located in Redwood City; (iii) the acquisition and installation of equipment utilized at existing facilities and the Redwood City facility; and (iv) to upgrade SHC’s clinical information system.

CHFFA Series 2010 A & B

Proceeds from the CHFFA 2010 Series A and B Bonds were used to refinance the CHFFA 1998 Series B (the “1998B Bonds”) and the CHFFA 2003 Series B, C, and D Bonds (the “2003BCD Bonds”). The 1998B Bonds were used to refinance prior obligations, including the costs for the acquisition of assets previously acquired by Stanford Health Care, as well as to finance the costs of constructing an ambulatory care center and other capital projects located on the Stanford University campus. The 2003BCD Bonds were used (i) to construct an approximately 220,000 square foot outpatient facility; (ii) to renovate certain existing facilities, including seismic upgrades; and (iii) the acquisition and installation of equipment for both the outpatient facility and the existing facilities.

Financing Costs ***5,000,000***

- *Estimated cost of issuance.....* *\$2,500,000*
- *Estimated Underwriters’ discount.....* *2,500,000*

Total Estimated Uses of Funds..... **\$575,000,000**

II. PROPOSED COVENANTS, SECURITY PROVISIONS AND DISCLOSURES:

This executive summary and recommendations include minimum requirements. Additional or more stringent covenants or disclosures may be added following consultation with Authority staff. These covenants cannot be diluted or removed without subsequent review. If there has been modification to the proposed covenants following the preparation of this executive summary, staff will report it at the meeting.

After reviewing SHC's credit profile, including its current financial profile, SHC's prior bond transactions, and current market requirements, SHC, KNN Public Finance, LLC ("KNN"), the Authority's financial advisor, and the underwriters of the proposed bonds have concluded that the below listed covenants should be applicable to this transaction, are consistent with covenants that have applied to SHC's prior bond transactions, and that SHC's current financial situation does not suggest additional covenants should be required.

In June 2011, SHC entered into an amended and restated master indenture of trust (as supplemented from time to time pursuant to its terms, the "Master Indenture") with The Bank of New York Mellon Trust Company, N.A. (the "Master Trustee"). The Master Indenture amended and restated the original master indenture of trust, dated as of December 1, 1990 between SHC, then known as Stanford University Hospital, and First Interstate Bank, LTD., as master trustee, which created an obligated group (the "Obligated Group"). Currently, SHC is the sole member of the Obligated Group.

Pursuant to the provisions of the Master Indenture, SHC has issued obligations under the Master Indenture (each, an "Obligation") to secure the obligations of SHC under each of the loan agreements entered into with the Authority in connection with each issue of revenue bonds previously issued by the Authority for the benefit of SHC (the "Existing Bonds"). SHC will issue an Obligation under the Master Indenture to secure its obligations under each of the loan agreements to be entered into with the Authority in connection with the proposed bonds (each, a "Loan Agreement," and, hereinafter collectively referred to as the "Loan Agreements"). All capitalized terms used and not otherwise defined herein will have the meanings assigned to such terms in the Master Indenture.

The covenants listed below are applicable to this transaction.

Unconditional Promise to Pay; Pledge of Revenues. *SHC agrees to pay to The Bank of New York Mellon Trust Company, N.A., as trustee for the proposed bonds (the "Trustee"), all amounts required for payment of the principal, interest and purchase price, if applicable, with respect to the proposed bonds and agrees to pay the additional payments and expenses specified in each of the Loan Agreements. In addition, SHC will issue an Obligation under the Master Indenture to secure the obligation of SHC to make the payments under each of the Loan Agreements.*

All Revenues, as such term is defined in the bond indenture pursuant to which each series of proposed bonds will be issued (each, an "Indenture," and hereinafter collectively referred to as the "Indentures") will be pledged to secure the full payment of the proposed bonds being issued pursuant to the applicable Indenture. Revenues include payments by SHC under the applicable Loan Agreement and payments by the Obligated Group on the applicable Obligation and amounts held in the funds and accounts established under the applicable Indenture (excluding the Rebate Fund to be established for each series of proposed bonds and the Bond Purchase Fund to be established for each series of proposed bonds being issued as variable rate bonds).

Pledge of Gross Revenues. *Each Member of the Obligated Group has pledged to deposit all of its Gross Revenues into one or more deposit accounts designated as the Gross Revenue Fund. If there is a failure to make a Required Payment, the Master Trustee may exercise control over the Gross Revenue Fund for the benefit of the holders of each obligation issued under the Master Indenture, including the trustee for the Existing Bonds and the Trustee for the proposed bonds.*

Limitation on Liens; Permitted Encumbrances. *Each Member of the Obligated Group has agreed not to create, assume or suffer to exist any Lien upon its Property except for Permitted Liens. Each Member of the Obligated Group has further agreed that if a Lien other than a Permitted Lien is created by someone other than a Member of the Obligated Group and is assumed by a Member of the Obligated Group, such Member of the Obligated Group will cause a provision to be made effective whereby all Obligations will be secured prior to any obligations secured by the Lien assumed by a Member of the Obligated Group.*

Long-Term Debt Service Coverage Requirement. *The Master Indenture requires that the Obligated Group maintain a Debt Service Coverage Ratio of 1.10.*

Limitations on Additional Indebtedness and Restrictions on Guaranties. *Each Member of the Obligated Group has agreed not to incur Additional Indebtedness or enter into any Guaranty unless authorized by various provisions set out in the Master Indenture.*

Limitations on Disposition of Property. *Each Member of the Obligated Group has agreed not to sell, lease or otherwise dispose of Property in any Fiscal Year other than as authorized by various provisions set out in the Master Indenture.*

Limitations on Merger, Consolidation, Sale or Conveyance. *Each Member of the Obligated Group has agreed not to merge or consolidate with any entity which is not a Member of the Obligated Group or sell or convey all or substantially all of its assets to an entity not a Member of the Obligated Group other than as authorized by the various provisions set out in the Master Indenture.*

Limitations on Withdrawal from the Obligated Group and Entrance into the Obligated Group. *The Master Indenture sets forth certain requirements, including certain financial tests, which must be met for withdrawal from, or entry into, the Obligated Group.*

Compliance with Rule 15c2-12. *SHC will take such action as is necessary to assist the underwriters of the proposed bonds to comply with Securities and Exchange Commission Rule 15c2-12 ("Rule 15c2-12"). SHC will contractually agree to disclose designated financial and operating information to the designated website (Electronic Municipal Market Access) during the life of the proposed bonds and to report designated "material events" as specified in Rule 15c2-12.*

Staff has completed its due diligence, and KNN has reviewed the Loan Agreement, the Indenture, and prior SHC offering documents associated with this financing package and found these documents and proposed covenants to be acceptable.

III. FINANCIAL STATEMENTS AND ANALYSIS:

STANFORD HEALTH CARE
Consolidated Statements of Operations and
Changes in Net Assets
(\$ in thousands)

	Year ended August 31,		
	2016	2015	2014
Unrestricted net assets:			
Operating revenues:			
Net patient service revenue less provision for doubtful accounts*	\$ 3,893,005	\$ 3,393,413	\$ 2,839,389
Premium revenues	72,292	62,893	60,047
Other revenue	122,996	98,718	94,248
Net assets released from restrictions used for operations	9,372	15,663	4,639
Total operating revenues	4,097,665	3,570,687	2,998,323
Operating expenses:			
Salaries and benefits	1,850,124	1,428,100	1,232,251
Professional services	49,846	47,801	37,046
Supplies	531,130	484,036	421,899
Purchased services	1,058,182	912,886	741,565
Depreciation and amortization	136,442	109,735	100,625
Interest	39,661	40,485	43,636
Other	389,199	359,368	226,475
Expense recoveries from related parties	(104,965)	(93,640)	(83,422)
Total operating expenses	3,949,619	3,288,771	2,720,075
Income from operations	148,046	281,916	278,248
Interest and investment income	13,635	15,680	15,199
Increase in value of University managed pools	24,181	54,309	176,014
Interest rate swaps mark to market adjustments	(115,958)	(59,392)	(37,532)
Loss on extinguishment of debt	-	(35)	(71)
Contribution income from Stanford Health Care - ValleyCare affiliation	-	96,758	-
Excess of revenues over expenses	69,904	389,236	431,858
Other changes in unrestricted net assets:			
Transfer to Stanford University, net	(88,944)	(66,477)	(54,337)
Transfer (to) from Lucile Salter Packard Children's Hospital	(3,300)	26,600	-
Change in net unrealized gains on investments	1,245	(2,445)	691
Net assets released from restrictions used for:			
Purchase of property and equipment	973	2,288	356
Change in pension and postretirement liability	(80)	(19,461)	6,650
Noncontrolling capital distribution, net	(1,000)	(62)	(1,482)
(Decrease) increase in unrestricted net assets	(21,202)	329,679	383,736

(Continued)

	Year ended August 31,		
	2016	2015	2014
Changes in temporarily restricted net assets:			
Transfer from Stanford University	2,645	4,062	2,480
Contributions and other	20,717	52,333	48,108
Contribution income from Stanford Health Care - ValleyCare affiliation	-	62	-
Investment income	744	1,667	(103)
Gains on University managed pools	1,683	2,537	2,875
Net assets released from restrictions used for:			
Operations	(9,372)	(15,663)	(4,639)
Purchase of property and equipment	(973)	(2,288)	(356)
Increase in temporarily restricted net assets	15,444	42,710	48,365
Changes in permanently restricted net assets:			
Contributions	200	2	101
Increase in permanently restricted net assets	200	2	101
(Decrease) increase in net assets	(5,558)	372,391	432,202
Net assets, beginning of year	3,059,708	2,687,317	2,255,115
Net assets, end of year	<u>\$3,054,150</u>	<u>\$3,059,708</u>	<u>\$2,687,317</u>

Percent Payer Source for fiscal year end August 31,

<u>*Net Patient Service Revenue</u>	<u>2016</u>	<u>2015</u>
Medicare	34	34
Medi-Cal	4	4
Managed Care - Discounted Fee for Services	55	55
Indemnity Insurance, Self-Pay, Other	7	7
Total	100	100

STANFORD HEALTH CARE
Consolidated Balance Sheets
(\$ in thousands)

	Year ended August 31,		
	2016	2015	2014
Assets			
Current assets:			
Cash and cash equivalents	\$ 690,460	\$ 475,677	\$ 467,655
Short-term investments	103,627	101,677	100,970
Patient accounts receivable	559,933	550,721	431,897
Other receivables	92,961	75,427	28,416
Inventories	50,016	42,935	25,374
Prepaid expenses and other	36,273	35,486	28,283
Total current assets	<u>1,533,270</u>	<u>1,281,923</u>	<u>1,082,595</u>
Investments	132,273	127,860	120,866
Investments in University managed pools	1,316,489	1,440,352	1,383,385
Assets limited as to use	235,788	580,701	491,594
Property and equipment, net	2,401,880	1,923,465	1,405,862
Other assets	137,637	163,578	263,766
Total assets	<u><u>\$ 5,757,337</u></u>	<u><u>\$ 5,517,879</u></u>	<u><u>\$4,748,068</u></u>
Liabilities and net assets			
Current liabilities:			
Accounts payable and accrued liabilities	\$ 335,995	\$ 282,134	\$ 173,160
Accrued salaries and related benefits	236,819	202,859	161,494
Due to related parties	61,308	43,324	62,106
Third-party payor settlements	22,948	9,018	22,334
Current portion of long-term obligations	13,756	13,932	11,700
Debt subject to short-term remarketing arrangements	228,200	228,200	228,200
Self-insurance reserves and other	43,232	34,918	27,296
Total current liabilities	<u>942,258</u>	<u>814,385</u>	<u>686,290</u>
Self-insurance reserves and other, net of current portion	118,994	120,364	105,270
Other long-term liabilities	355,683	234,855	170,565
Pension liability	65,463	51,220	30,827
Long-term debt, net of current portion	<u>1,220,789</u>	<u>1,237,347</u>	<u>1,067,799</u>
Total liabilities	<u>2,703,187</u>	<u>2,458,171</u>	<u>2,060,751</u>

(Continued)

	Year ended August 31,		
	2016	2015	2014
Net assets:			
Unrestricted:			
Stanford Health Care	2,449,037	2,467,393	2,137,389
Noncontrolling interests	20,133	22,979	23,304
Total unrestricted	2,469,170	2,490,372	2,160,693
Temporarily restricted	577,086	561,642	518,932
Permanently restricted	7,894	7,694	7,692
Total net assets	3,054,150	3,059,708	2,687,317
Total liabilities and net assets	<u>\$ 5,757,337</u>	<u>\$ 5,517,879</u>	<u>\$4,748,068</u>

Financial Ratios:

	Proforma ^(a)			
	<u>FYE August 31, 2016</u>			
Debt Service Coverage (x) -- Operating	4.29	4.08	5.96	5.80
Debt Service Coverage (x) -- Net	4.47	4.25	6.18	6.00
Debt/Unrestricted Net Assets (x)	0.50	0.50	0.51	0.51
Margin (%)		3.61	7.90	9.28
Current Ratio (x)		1.63	1.57	1.58

^(a) Recalculates FY 2016 audited results to include the impact of this proposed financing.

(INTENTIONALLY LEFT BLANK)

Financial Discussion – Statement of Activities (Income Statement)

SHC’s income statement exhibits consistent operating results with positive income each year during the review period from FY 2014 to FY 2016.

SHC experienced a 37.1% increase in net patient service revenue from approximately \$2.8 billion in FY 2014 to approximately \$3.9 billion in FY 2016. Income from operations decreased to approximately \$148 million in FY 2016 from approximately \$282 million in FY 2015. SHC’s largest expenses of salaries and benefits and purchased services both increased at a faster rate (29.6% and 15.9%, respectively) than net patient service revenue (14.7%) over the same period. Salaries and benefits increased from approximately \$1.4 billion in FY 2015 to approximately \$1.9 billion in FY 2016, while purchased services increased from approximately \$913 million in FY 2015 to approximately \$1.1 billion in FY 2016. According to SHC’s management, the increase in salaries and benefits was primarily due to additional hiring to support growth in patient volumes and for future expansion, the acquisition of the Stanford Blood Center from Stanford University, and annual salary increases designed to maintain SHC’s position in the competitive market for healthcare professionals. The increase in net patient revenue was mainly due to strong volume growth in areas such as operating rooms, emergency department, pharmacy, imaging, clinical labs, and other ambulatory care services.

SHC also experienced positive net income each year, although it decreased from approximately \$432 million in FY 2014 to approximately \$70 million in FY 2016. According to SHC’s management, the majority of the decrease was due to non-operating investment activities such as Investments in Stanford University Managed Pools and Interest Rate Swaps Mark to Market Adjustments (“Swaps”). The loss on Swaps increased from approximately negative \$38 million in FY 2014 to approximately negative \$116 million in FY 2016. According to SHC’s management, the Swaps hedge SHC’s variable rate debt in an increasing interest rate environment; however, interest rates dropped between FY 2014 and FY 2016 and the liability from the Swaps increased. SHC’s management notes that interest rates have reversed in FY 2017 and anticipate the Swaps liability will decrease.

Financial Discussion – Statement of Financial Position (Balance Sheet)

SHC's balance sheet exhibits a solid financial position with a pro-forma debt service coverage ratio from operations of 4.29x.

SHC's balance sheet appears to exhibit good liquidity with increasing cash and cash equivalents, and solid long-term assets with growth in property and equipment. SHC's cash and cash equivalents increased from approximately \$468 million in FY 2014 to approximately \$690 million in FY 2016, an increase of 47.6%. SHC's property and equipment demonstrated significant gains from approximately \$1.4 billion in FY 2014 to approximately \$2.4 billion in FY 2016, an increase of nearly 71%.

SHC has exhibited a consistently strong ability to repay its outstanding debt with an operating debt service coverage ratio of 5.80x in FY 2014, 5.96x in FY 2015, and 4.08x in FY 2016. With the refunding bonds, SHC would continue to display a strong ability to repay its debts with a FY 2016 pro-forma debt service coverage ratio of 4.29x from operations and 4.47x from net income. SHC's debt load in relation to unrestricted net assets has been constant throughout the review period with a debt-to-unrestricted net assets ratio of 0.51x in FY's 2014 and 2015, and 0.50x in FY 2016. As expected with refunding bonds, SHC's FY 2016 pro-forma debt-to-unrestricted net assets ratio will remain at 0.50x

Particular Facts to Note:

- SHC experienced significant growth in property and equipment, increasing from approximately \$1.4 billion in FY 2014 to approximately \$2.4 billion in FY 2016. According to SHC's management, SHC has consistently invested in facilities and systems required to remain at the forefront of medicine and to be the provider of choice for complex and network care in the communities it serves. The majority of the spending was for the New Stanford Hospital. Other spending was for Stanford Cancer Center South Bay, Central Steam Plant, Stanford Neuroscience Health Center, and SHC – Emeryville.

IV. DUE DILIGENCE:

Due diligence has been completed with regard to the following items:

- **Section 15438.5(a) of the Act (Savings Pass Through):** SHC properly completed and submitted the “Pass-Through Savings Certification,” in addition to a narrative explaining how it intends to pass through savings.

In FY 2016, SHC invested over \$362 million in services and activities to improve the health of the communities it serves throughout California, as well as from across the country and internationally. Nearly 65 percent of SHC’s patients live in San Mateo and Santa Clara counties. For more information regarding to Stanford Health Care community benefit, please copy and paste the address below to the web browser to open.

<https://stanfordhealthcare.org/content/dam/SHC/about-us/public-services-and-community-partnerships/docs/fy16-oshpd-report-and-fy17-cb-plan.pdf>.

- **Section 15491.1 of the Act (Community Service Requirement):** SHC will complete and submit this certification and indicate whether Medi-Cal and Medicare patients are accepted at the closing of the bond deal.
- **Compliance with Seismic Regulations:** SHC properly completed and submitted a description of its seismic requirements.
- **Compliance with Section 15455(b) of the Act (California Environmental Quality Act):** SHC properly submitted documentation to the Authority, where applicable, demonstrating that each proposed project has either complied with Division 13 (commencing with Section 21000) of the Public Resources Code, or is otherwise not a “project” under that division.
- **Religious Due Diligence.** SHC properly completed and submitted related documentation to meet the religious due diligence requirement.
- **Legal Review.** SHC properly completed and submitted related documentation addressing the Authority’s Legal Status Questionnaire.
- **Iran Contracting Act Certificate:** SHC properly submitted related documentation to the Authority.

EXHIBIT 1
FINANCING TEAM
STANFORD HEALTH CARE

Borrower:	Stanford Health Care
Issuer's Agent for Sale:	California State Treasurer
Issuer's Counsel:	Office of the Attorney General
Issuer's Financial Advisor:	KNN Public Finance, LLC
Issuer's Financial Analyst:	Macias Gini & O'Connell, LLP
Bond Counsel:	Orrick, Herrington & Sutcliffe LLP
Borrower's Counsel:	Ropes & Gray LLP
Underwriters:	Morgan Stanley & Co. LLC Goldman Sachs & Co. LLC Barclays Capital, Inc.
Underwriter's Counsel:	Norton Rose Fulbright US LLP
Trustee:	The Bank of New York Mellon Trust Company, N.A.
Auditor:	PricewaterhouseCoopers LLP
Rating Agencies:	Fitch Ratings, Inc. Moody's Investor Services, Inc.

EXHIBIT 2
OUTSTANDING DEBT

As of August 31, 2016, SHC's outstanding long-term debt totaled approximately \$1.2 billion, of which the Authority is the sole issuer of all the tax-exempt bonds.

Following this proposed refunding of up to \$575 million, SHC's total outstanding debt will remain approximately \$1.2 billion, and the Authority will continue to be the sole issuer of all the tax-exempt bonds.

EXHIBIT 3

UTILIZATION STATISTICS

The table below presents selected statistical indicators of patient activity for SHC for each of the three fiscal years ended August 31, 2016, 2015, and 2014.

	As of August 31,		
	2016	2015	2014
Discharges			
Acute	25,075	25,438	24,413
Behavioral Health	688	608	679
Total	<u>25,763</u>	<u>26,046</u>	<u>25,092</u>
Patient Days			
Acute	144,428	140,125	135,244
Behavioral Health	10,110	10,201	9,684
Subtotal	<u>154,538</u>	<u>150,326</u>	<u>144,928</u>
Short Stay Outpatient	19,192	13,551	10,741
Total	<u>173,730</u>	<u>163,877</u>	<u>155,669</u>
Average Daily Census			
Acute	394.6	382.9	370.5
Behavioral Health	27.6	27.9	26.5
Total	<u>422.2</u>	<u>410.8</u>	<u>397.0</u>
Average Length of Stay			
Acute	5.8	5.5	5.5
Behavioral Health	14.7	16.8	14.3
Average	<u>6.0</u>	<u>5.8</u>	<u>5.8</u>
Case Mix Index	2.38	2.25	2.20
Emergency Room Visits ⁽¹⁾	71,500	68,643	62,344
Short Stay Outpatient Procedures	38,703	36,226	32,441
Other Outpatient Visits	696,953	563,609	529,498
Surgeries			
Inpatient	13,580	13,874	13,028
Outpatient	20,466	19,082	17,723
Total	<u>34,046</u>	<u>32,956</u>	<u>30,751</u>

⁽¹⁾ Includes patients admitted as inpatients.

EXHIBIT 4

BACKGROUND AND LICENSURE

Background

Stanford Health Care (“SHC”), formerly known as Stanford Hospital and Clinics, is a principal teaching affiliate of the Stanford University School of Medicine (“School of Medicine”) and provides primary and specialty health services to adults, including cardiac care, cancer treatment, solid organ transplantation services, orthopedics and neurosciences services. SHC, together with Lucile Salter Packard Children’s Hospital at Stanford, operates the clinical settings through which the School of Medicine educates medical and graduate students, trains residents, and clinical fellows, supports faculty and community clinicians and conducts medical and biological sciences research.

The principal clinical facilities of SHC are the Stanford Hospital, a 613-licensed bed tertiary, quaternary and specialty hospital (the “Hospital”), and the primary, specialty and sub-specialty clinics (the “Clinics” and, together with Hospital, the “Hospital and Clinics”) in which medical faculty of the School of Medicine provide clinical services. The Hospital and the majority of the Clinics are located on the campus of Stanford University adjacent to the School of Medicine in Palo Alto, California. Other Clinics are located elsewhere on the campus, and in 60 plus neighboring communities across the bay area.

SHC is currently constructing a new 824,000-square-foot facility (the new “Stanford Hospital”), which is expected to be complete by February 2019. Through the new Stanford Hospital, SHC is adding more beds, private rooms, state-of-the-art operating suites, expanded emergency services and the flexibility the hospital will need to adapt to advancing technologies and more streamlined services. The new Stanford Hospital will deliver a model of coordinated care that’s built around the unique physical and emotional needs of each patient. The new Stanford Hospital will feature amenities and services focused on the health and well-being of patients, as well as the most advanced diagnostic, therapeutic and surgical technologies. The new Emergency Department will have twice the floor space of the current facility.

In the fiscal year ending August 31, 2016, SHC treated more than 71,500 patients in its emergency room, admitted more than 25,700 inpatients and recorded nearly 697,000 outpatient transactions

Licensure and Memberships

SHC is licensed by the California Department of Public Health as a general acute care facility and is certified to participate in the Medicare and Medi-Cal programs. SHC is fully accredited by The Joint Commission.

EXHIBIT 5
PROJECT SITES

- 300 Pasteur Drive, Palo Alto, CA
- 875 and 900 Blake Wilbur Drive, Palo Alto, CA
- 211 and 401 Quarry Road, Palo Alto, CA
- 700, 750, 770, 777, 780, 800, 801, 900, 1000, and 1101 Welch Road, Palo Alto, CA
- 420, 430, 440, and 450 Broadway Avenue, Redwood City, CA

RESOLUTION NO. 430

RESOLUTION OF THE CALIFORNIA HEALTH FACILITIES FINANCING AUTHORITY AUTHORIZING THE ISSUANCE OF REVENUE BONDS TO REFINANCE PROJECTS AT THE HEALTH FACILITIES OF STANFORD HEALTH CARE

WHEREAS, the California Health Facilities Financing Authority (the "Authority"), a public instrumentality of the State of California, is authorized and empowered by the provisions of the California Health Facilities Financing Authority Act (the "Act") to issue revenue bonds and loan proceeds thereof to any participating health institution to finance the construction, expansion, remodeling, renovation, furnishing, equipping and acquisition of health facilities (including by reimbursing expenditures made for such purposes), to refinance indebtedness of a participating health institution in connection therewith and to refund any outstanding bonds or any outstanding series or issue of bonds of the Authority;

WHEREAS, Stanford Health Care is a nonprofit public benefit corporation duly organized and existing under the laws of the State of California (the "Borrower") which owns and operates health care facilities in the State of California;

WHEREAS, the Authority has previously issued (i) the California Health Facilities Financing Authority Refunding Revenue Bonds (Stanford Hospitals and Clinics), 2008 Series A-1 (the "2008 Series A-1 Bonds") in the aggregate principal amount of \$70,500,000, of which \$66,985,000 is currently outstanding, (ii) the California Health Facilities Financing Authority Refunding Revenue Bonds (Stanford Hospitals and Clinics), 2008 Series A-2 (the "2008 Series A-2 Bonds") in the aggregate principal amount of \$104,100,000, of which \$99,100,000 is currently outstanding, (iii) the California Health Facilities Financing Authority Refunding Revenue Bonds (Stanford Hospitals and Clinics), 2008 Series A-3 (the "2008 Series A-3 Bonds," and, together with the 2008 Series A-1 Bonds and 2008 Series A-2 Bonds, hereinafter collectively referred to as the "2008 Series Bonds") in the aggregate principal amount of \$85,700,000, of which \$80,090,000 is currently outstanding, (iv) the California Health Facilities Financing Authority Refunding Revenue Bonds (Stanford Hospital and Clinics), 2010 Series A (the "2010 Series A Bonds") in the aggregate principal amount of \$149,345,000, of which \$113,475,000 is currently outstanding, and (v) the California Health Facilities Financing Authority Refunding Revenue Bonds (Stanford Hospital and Clinics), 2010 Series B (the "2010 Series B Bonds, and, together with the 2010 Series A Bonds, hereinafter collectively referred to as the "2010 Series Bonds") in the aggregate principal amount of \$146,710,000, all of which is currently outstanding;

WHEREAS, the 2008 Series Bonds refinanced a portion of the California Health Facilities Financing Authority Revenue Bonds (Stanford Hospital and Clinics), 2006 Series A-1, 2006 Series A-2, 2006 Series A-3, 2006 Series B-1 and 2006 Series B-2 and the 2010 Series Bonds refinanced the California Health Facilities Financing Authority Revenue Bonds (UCSF-Stanford Health Care), 1998 Series B, the proceeds of

which were applied to acquire SHC Facilities financed by the California Health Facilities Financing Authority Stanford University Hospital Revenue Bonds, 1990 Series A, the ABAG Finance Authority For Nonprofit Corporations Certificates of Participation (Stanford University Hospital) Series 1993 and the ABAG Finance Authority For Nonprofit Corporations Certificates of Participation (Stanford Health Services) Series 1995, and the California Health Facilities Financing Authority Revenue Bonds (Stanford Hospital and Clinics), 2003 Series B, 2003 Series C and 2003 Series D;

WHEREAS, the 2008 Series Bonds and the 2010 Series Bonds (hereinafter collectively referred to as the "Prior Bonds") refinanced indebtedness incurred in connection with the acquisition, construction, renovation, expansion and equipping of certain portions of the acute care hospital facilities and related health care facilities owned and operated by the Borrower (hereinafter collectively referred to as the "Project") as more particularly described in Exhibit A hereto;

WHEREAS, the Borrower has requested that the Authority issue one or more series of its revenue bonds in an aggregate principal amount not to exceed \$575,000,000 and make one or more loans of the proceeds thereof to the Borrower (i) to refund all or any portion of the outstanding Prior Bonds and (ii) at the sole option of the Borrower, to pay costs of issuance of such revenue bonds;

WHEREAS, to the extent required by subdivision (b) of Section 15455 of the California Government Code, the Borrower has provided documentation to the Authority demonstrating that the Project has complied with Division 13 (commencing with Section 21000) of the California Public Resources Code, or is not a "project" under such division; and

WHEREAS, approval of the terms of issuance and sale of such revenue bonds and various related matters is now sought;

NOW, THEREFORE, BE IT RESOLVED by the California Health Facilities Financing Authority, as follows:

Section 1. Pursuant to the Act, revenue bonds of the Authority designated as the "California Health Facilities Financing Authority Refunding Revenue Bonds (Stanford Health Care)" (the " Bonds") in a total aggregate principal amount not to exceed \$575,000,000 are hereby authorized to be issued from time to time, in one or more series, with such other name or names of the Bonds or series thereof as designated in the indenture pursuant to which the Bonds will be issued. The proceeds of the Bonds shall be used for any or all of the purposes set forth in the sixth recital above.

Section 2. The Treasurer of the State of California (the "Treasurer") is hereby authorized to enter into agreements to sell the Bonds in one or more series, on one or more sale dates, at any time prior to the first anniversary of the date of the adoption of this Resolution, at public or private sale, in such aggregate amounts (not to exceed the aggregate principal amount set forth in Section 1 hereof) and in such series, at such price or prices (so long as the discount on the Bonds sold shall not exceed six percent (6%) of the par value thereof) and at such interest rate or rates and upon such other terms and conditions as the Treasurer, with the advice and consent of the Borrower, may determine.

The Bonds shall, at issuance, be rated investment grade by a nationally recognized rating agency. The Bonds or any series thereof may, at the sole option of the Borrower, be secured by deeds of trust, a reserve fund, bond insurance, one or more credit facilities or other security arrangements and/or supported by one or more liquidity facilities.

Section 3. The proposed forms of the following documents:

(i) a loan agreement relating to the Bonds (the "Loan Agreement"), between the Authority and the Borrower;

(ii) an indenture relating to the Bonds (the "Indenture"), between the Authority and The Bank of New York Mellon Trust Company, N.A., as trustee (the "Trustee");

(iii) a bond purchase contract, including the exhibits thereto, relating to the Bonds (the "Purchase Contract"), among Morgan Stanley & Co., LLC ("Morgan Stanley"), as representative (the "Representative"), acting on behalf of itself, Goldman Sachs & Co. LLC ("Goldman") and Barclays Capital Inc. ("Barclays," and, together with Morgan Stanley and Goldman, hereinafter collectively referred to as the "Underwriters"), the Treasurer and the Authority, and approved by the Borrower; and

(iv) a preliminary official statement relating to the Bonds (the "Preliminary Official Statement")

are hereby approved in substantially the forms on file with the Authority prior to this meeting, with such insertions, deletions or changes therein (including, without limitation, insertions, deletions or changes therein appropriate to reflect provisions relating to a deed of trust, a bond reserve fund, bond insurance, any other credit and/or liquidity facility and/or another security arrangement, at the sole option of the Borrower, for any series of Bonds) as the officer(s) executing and/or delivering the same may require or approve, such approval to be conclusively evidenced by execution and/or delivery thereof in the case of the Loan Agreement, the Indenture and the Purchase Contract and by delivery thereof in the case of the Preliminary Official Statement. The Executive Director shall seek the advice of bond counsel and counsel to the Authority with respect to any such insertions, deletions or changes therein.

Section 4. The Authority hereby specifically finds and declares that the findings of the Authority set forth in the Loan Agreement are true and correct.

Section 5. The dated dates, maturity dates (not exceeding 40 years from the date of issue), interest rates, interest payment dates, denominations, forms, registration privileges or requirements, place or places of payment, terms of tender or purchase, terms of redemption, provisions governing transfer, and other terms of the Bonds, including provisions for a credit facility and/or a liquidity facility, as applicable, from time to time, shall be as provided in the Indenture, as finally executed.

Section 6. The Underwriters are hereby authorized to distribute a Preliminary Official Statement for the Bonds to persons who may be interested in the purchase of such Bonds offered in such issuance, it being understood that, at the discretion of the Representative (in consultation with the Borrower), a preliminary official statement may not be required to be used with respect to any series of Bonds. The Underwriters are hereby directed to deliver a final Official Statement (the "Official Statement") to all actual purchasers of the Bonds.

Section 7. The Bonds, when executed, shall be delivered to the Trustee for authentication by the Trustee. The Trustee is hereby requested and directed to authenticate the Bonds by executing the Trustee's Certificate of Authentication appearing thereon, and to deliver the Bonds, when duly executed and authenticated, to or upon the direction of the Representative in accordance with written instructions executed on behalf of the Authority, which instructions are hereby approved. Said instructions shall provide for the delivery of the Bonds to or upon the direction of the Representative, as determined and confirmed by the Treasurer, upon payment of the purchase price thereof

Section 8. Each officer of the Authority is hereby authorized and directed, for and in the name of and on behalf of the Authority, to do any and all things which they may deem necessary or advisable in order to consummate the issuance, sale and delivery of the Bonds and otherwise to effectuate the purposes of this Resolution and the Indenture, the Loan Agreement, the Purchase Contract, and the Official Statement. The Authority hereby approves any and all documents to be delivered in furtherance of the foregoing purposes, including without limitation: (a) a tax certificate and agreement and other certificates; (b) any agreement with respect to the provision of bond insurance, a letter of credit, a surety bond, a credit facility and/or a liquidity facility for any series of the Bonds; and any escrow agreement or escrow instructions required in connection with the refunding of the Prior Bonds.

Section 9. The provisions of the Authority's Resolution No. 2017-01 apply to the documents and actions approved in this Resolution.

Section 10. The Authority hereby approves and ratifies each and every action taken by its officers, agents and employees prior to the date hereof in furtherance of the purposes of this Resolution.

Section 11. This Resolution shall take effect from and after the date of adoption.

Date of Adoption: _____

Exhibit A

Description of the Project

The Project to be refinanced is comprised of the acquisition, construction, renovation, expansion and equipping of certain portions of the acute care hospital facilities and related health care facilities (collectively, the "SHC Facilities") owned and operated by Stanford Health Care, including the main acute care hospital facility and the outpatient center. SHC Facilities being refinanced are located: (i) on the Stanford Health Care campus in Palo Alto and Stanford, California, at and in the vicinity of the area bounded by Welch Road, Quarry Road and Campus Drive, including, 300 Pasteur Drive, 875 Blake Wilbur Drive, 900 Blake Wilbur Drive, 211 Quarry Road, 401 Quarry Road, 700 Welch Road, 750 Welch Road, 770 Welch Road, 777 Welch Road, 780 Welch Road, 800 Welch Road, 801 Welch Road, 900 Welch Road, 1000 Welch Road, and 1101 Welch Road; and (ii) in Redwood City, California at 420 Broadway Avenue, 430 Broadway Avenue, 440 Broadway Avenue, and 450 Broadway Avenue.

Exhibit D

SUPERIOR COURT OF THE STATE OF CALIFORNIA

DEPOSITION OF ROY HONG, M.D.

Date: Thursday, February 18, 2016
Time: 10:00 a.m.
Location: ROPERS, MAJESKI, KOHN & BENTLEY
1001 Marshall Street
Suite 500
Redwood City, CA 94063

Reported by: TERRY deDIEGO
Certified Shorthand Reporter
License No. 8978

1	APPEARANCES	1	PROCEEDINGS
2		2	
3		3	THE VIDEOGRAPHER: Good morning. We are now on
4		4	the record. The time on the screen is 9:59 a.m.
5		5	Today's date is February 18, 2016.
6		6	This is media number one of the videotaped
7		7	deposition of Dr. Roy Hong, M.D. Case name,
8		8	
9		9	
10		10	
11	DUMMIT, BUCHHOLZ & TRAPP	11	We are located at Ropers, Majeski,
12	For the Defendants By: DANIELA P. STOUTENBURG,	12	1001 Marshall Street, Suite 500, Redwood City,
13	Frederick Dirbas, ESQ.	13	California 94063.
14	M.D. and Stanford 1661 Garden Highway	14	My name is Kevin McMahon, a legal video
15	Hospital and Suite 100	15	specialist representing McMahon & Associates, LLC.
16	Clinics: Sacramento, CA 95833	16	The court reporting firm is Paragon Reporting
17	(916) 929-9600	17	Services. The court reporter is Terry deDiego.
18	The Videographer: McMahon & Associates	18	Counsel, please state your name and your office
19	By: Kevin McMahon	19	and whom you represent in this action.
20	97 East Saint James Street	20	MR. WEINBERG: Steven Weinberg for the
21	San Jose, CA 95112	21	plaintiffs.
22	(408) 298-6866	22	MR. HUDSON: Clark Hudson on behalf of Dr. Hong
23	--oOo--	23	and Palo Alto Foundation Medical Group.
24		24	MS. STOUTENBURG: Daniela Stoutenburg on behalf
25		25	of Dr. Dirbas and Stanford Hospital and Clinics.
	2		4
1	INDEX OF EXAMINATIONS	1	THE VIDEOGRAPHER: Would the court reporter
2	Examination by: Page	2	please swear in the witness.
3	Mr. Weinberg 5	3	ROY HONG, M.D.,
4		4	called as a witness, having been first duly sworn by the
5		5	Certified Shorthand Reporter to tell the truth, the
6		6	whole truth, and nothing but the truth, testified as
7		7	follows:
8	INDEX OF EXHIBITS	8	
9	Plaintiffs' Exhibits: Description Page	9	EXAMINATION BY MR. WEINBERG
10		10	THE VIDEOGRAPHER: Please proceed.
11	1 Operative report 40	11	Q. (By Mr. Weinberg): Tell us your name, please,
12	2 Stanford Hospital consent form 89	12	sir.
13	3 PAMF Visit Summary dated November 9, 2012 89	13	A. Roy Hong.
14	4 PAMF Visit Summary dated December 11, 2012 89	14	Q. You are a medical doctor?
15	5 PAMF medical records 89	15	A. Yes.
16	6 Progress notes 90	16	Q. Licensed in California?
17	7 PAMF medical records 90	17	A. Yes.
18	8 PAMF medical records 115	18	Q. Licensed in any other state?
19	9 Color photocopy of photograph 138	19	A. No.
20	10 Color photocopy of photograph 138	20	Q. Have you ever had your license suspended,
21	11 Notice of Deposition 138	21	restricted or revoked in any state?
22		22	A. No, sir.
23		23	Q. Any hospitals restrict or revoke your
24		24	privileges?
25		25	A. No.
	3		5

1 Q. Patient comes in and says, you know, I am 2 having these back problems because of pendulous breasts, 3 or my husband decided that I, at this stage of my life, 4 he would see me to have perky larger breasts, patient 5 tells you what size they want, you disregard that and do 6 whatever you want? 7 A. I -- I don't disregard it. It is an important 8 part of the consultation, but I always have a proviso 9 that safety is the most important thing. Safety, 10 meaning safety acutely in terms of the structural 11 support of the breast, and in long term, we don't want 12 something that is going to look good for, you know, a 13 year and five years later it is going to cause problems 14 down the road. 15 So it is a negotiation, and it is a -- you know 16 a, ballet of trying to figure out how to please what the 17 patient wants versus what I feel I could put in safely. 18 Q. Did you document this phone call anywhere? 19 A. I did not. No. 20 Q. Somewhere I saw that you attempted to use -- I 21 don't remember where I see that now, something called 22 derma matrix. What is that? 23 A. Derma matrix is the -- the -- remember, I told 24 you, as the muscle -- as we lift the muscle up, almost 25 always it will retract upwards. And in order to put an 18	1 It is a dead piece of tissue. It can cause increased 2 rates of infections because it is a foreign body. You 3 can have allergic reactions. So not benign. 4 So we would -- again, something to be used 5 judiciously when we need it. 6 Q. I suppose at some point preoperatively you 7 talked to Dr. A about the pros and cons of AlloDerm? 8 A. Yes. That's an important part of the 9 consultation. 10 Q. And risks and the benefits of it? 11 A. Absolutely. 12 Q. And as I understand it, after she knew all that 13 stuff, she consented to breast reconstruction with 14 AlloDerm; correct? 15 A. She consented to a one stage -- one stage -- 16 attempted one stage breast reconstruction. That's what 17 we discussed. We discussed various options that, um -- 18 that were possible of which if we were going to place 19 this under the muscle, almost certainly, we were going 20 to have to use AlloDerm. 21 If we don't place it under the muscle -- if we 22 place it above the muscle, then we would not need 23 AlloDerm. 24 Q. Is there a document anywhere that you created 25 before the surgery where you discussed that option? 20
1 implant underneath, we need something to stabilize the 2 muscle, so that is called window shading up. 3 So AlloDerm is something that has been 4 developed over the past ten years so it is really 5 cadaver skin. That's the process. And we use it -- 6 dead piece of tissue. 7 And we use it to cover the lower portion of the 8 implant or expander or whatever we use in that pocket. 9 Q. For what purpose? 10 A. For two reasons. One is, again, prevents the 11 window shading of the muscle. And the second is, 12 provides some soft tissue cover for the lower part of 13 the implant from the -- from the skin. 14 Q. And what does that accomplish? 15 A. Um, let's say that there is a segment of the 16 skin that were to die, become ischemic, AlloDerm would 17 provide some type of support. 18 Q. So there's two reasons that you use AlloDerm. 19 Do they apply whether the implant is put subpectoral or 20 subcutaneous? 21 A. Yes. The thing with AlloDerm, there is good 22 and bad. The good is what we described to you. Um, the 23 AlloDerm -- the presence of AlloDerm enabled once the 24 reconstruction to become more popular in this country. 25 However, AlloDerm is not without complications. 19	1 A. It is discussed -- it is such a standard part 2 of a consultation for not only one stage breast 3 reconstruction for but tissue expended reconstruction. 4 This is a -- this is an important part of any 5 consultation for breast reconstruction. 6 Q. My question is, is there a writing anywhere 7 where you documented that you explained these options to 8 Dr. A before the surgery? 9 A. I think what is written in the, um -- in the 10 initial consult, maybe not in those words, but it was 11 discussed. 12 Q. But it is not in writing, would you would 13 you agree with that? 14 A. Yes. 15 Q. So as I understand it, the way you ultimately 16 did the surgery, you didn't use AlloDerm; true? 17 A. Tried to. Tried to initially. But did not. 18 Q. Looking at Exhibit 1 19 A. Uh-huh. 20 Q. on this second page. 21 A. Yes. 22 Q. I thought I highlighted it. I didn't. Okay. 23 The sixth line from the top. 24 A. Is it okay if I write on this? 25 MR. HUDSON: Yes. 21

1 MR. WEINBERG: Okay. And I get a copy and 2 condensed. 3 THE VIDEOGRAPHER: This ends today's deposition 4 of Dr. Roy Hong, M.D., total number of media used was 5 two. 6 The master of today's deposition shall remain 7 in the custody of McMahon & Associates LLC. Off the 8 record. 9 Time is 1:03 p.m. 10 (Color photocopy of photograph marked 11 Plaintiffs' Exhibit 9 for identification.) 12 (Color photocopy of photograph marked 13 Plaintiffs' Exhibit 10 for identification.) 14 (Notice of Deposition marked Plaintiffs' 15 Exhibit 11 for identification.) 16 (Whereupon, the deposition of ROY HONG, M.D. 17 was concluded at 1:05 p.m.) 18 --o0o-- 19 20 21 22 _____ 23 Date ROY HONG, M.D. 24 25 138	1 The signing of the deposition of the deponent 2 was conditionally waived at the time of the taking of 3 the deposition. 4 _____ 5 Upon completion of the foregoing transcript, 6 the witness was notified it was ready for signature, but 7 the deposition was not signed by the witness for the 8 following reason: 9 _____ 10 _____ 11 _____ 12 _____ 13 14 15 16 17 18 19 20 21 22 23 24 25 140
1 I, Terry deDiego, a Certified Shorthand 2 Reporter in and for the State of California, hereby 3 certify that the witness in the foregoing deposition, 4 ROY HONG, M.D., 5 was by me duly sworn to tell the truth, the whole truth 6 and nothing but the truth in the within-entitled cause; 7 that the foregoing is a full, true and correct 8 transcript of the proceedings had at the taking said 9 deposition to the best of my ability. 10 11 DATE: March 2, 2016 12 13 _____ 14 Terry deDiego 15 CSR License No. 8978 16 17 18 19 20 21 22 23 24 25 139	

Exhibit E



STANFORD

STANFORD HOSPITAL
450 BROADWAY STREET
REDWOOD CITY, CA 94063

DOE, JANE
MRN: XXXX7860
DOB: XXXX, Sex: F
Enc. Date: 12/28/12

Scan on 12/19/2012 11:34 AM (below)

131019766418

Page 1 of 2

Stanford Hospital and Clinics

STANFORD HOSPITAL
450 BROADWAY STREET
HIM_MEDICAL RECORDS MC5200
REDWOOD CITY, CA 94063

DOE, JANE
MRN: XXXX7860
DOB: XXXX, Sex: F
Adm: 12/11/2012

Unsigned

Author	Service	Service	Author	Physician Assistant
Author	Schultz, Candace, PA	(none)	Type	
Filed	12/11/12 2023	Note	Trans ID	S542372600
Trans Status	Unavailable	Time		151358

ALLERGIES: *****

We had the pleasure of seeing DOE in the Breast Surgical Oncology Clinic at Stanford Women's Cancer Center today.

The patient is a 42-year-old, XXXXXXXXXXXXXXXXXXXX area. She is here for surgical planning for bilateral prophylactic mastectomy due to a strong family history XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX wants to undergo bilateral prophylactic mastectomy due to a strong family history of breast cancer. She currently has no complaints.

She underwent a bilateral breast mammogram 11/8/2012 that was benign bilaterally.

She met with XXXXXXXXXXXXXXXXXXXX and will undergo immediate reconstruction with implants.

PAST MEDICAL HISTORY: She has a history of XXXXXXXXXXXXXXXXXXXX.

PAST SURGICAL HISTORY: Significant for a XXXXXXXXXXXXXXXXXXXX removed in 1999.

MEDICATIONS: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
q. 5-8 weeks,
times a day.

REVIEW OF SYSTEMS: Negative for cardiovascular, respiratory, renal, endocrine, vascular, neurologic, gastrointestinal, musculoskeletal, eyes, ears, nose, and throat.

DOE, JANE

Page 1 of 2

STANFORD HOSPITAL
450 BROADWAY STREET
HIM_MEDICAL RECORDS MC5200
REDWOOD CITY, CA 94063

DOE, JANE
MRN: XXXX7860
DOB: 1XXXXXX, Sex: F



PHYSICAL EXAMINATION: GENERAL: Well-appearing woman no acute distress
 VITAL SIGNS: Stable. HEART: Regular rate and rhythm. No murmurs,
 gallops, or rubs. LUNGS: Clear to auscultation bilaterally without
 rales, rhonchi, or wheezing. BREASTS: The breasts were examined in the
 upright and supine positions. There is no lymphadenopathy in the
 axillae, supraclavicular, infraclavicular, or axillary. Left breast,
 there are no dominant masses, nodularity, skin changes, or nipple
 discharge. On the right, there are no dominant masses, nodularities,
 skin changes, nipple discharge. ABDOMEN: Soft, flat, nontender.
 EXTREMITIES: Without cyanosis or edema.

ASSESSMENT AND PLAN: DOE is a XXXX-old female with a strong family
 history of XXXX. She has had XXXXXX planning for bilateral prophylactic
 nipple sparing mastectomies with immediate reconstruction with implants.

We discussed the possibility of finding an incidental breast cancer on
 final pathology. This would necessitate her undergoing another surgery
 to possible check lymph nodes. We discussed simple mastectomy in detail.
 This would be a nipple sparing procedure. The patient had questions about
 coring the nipple. She does not want the nipples cored. We discussed
 that this is not considered best practice; however, she wishes not to
 have her nipple cored at the time of surgery.

We explained that this is a prophylactic procedure and that it is
 elective. that she does not have a biopsy-proven breast cancer, and she
 understands this. We discussed the risks, benefits, and alternatives,
 including seroma, hematoma, poor wound healing, and poor cosmetic
 outcome. The patient is undergoing immediate reconstruction with
 XXXXXXXXXXXXXXXX. She is scheduled to have her surgery tomorrow December
 12, 2012. All the patient's questions were answered at the time of the
 visit and she signed a consent for bilateral nipple areolar sparing
 mastectomies with immediate reconstruction with implants.

Dandice Schiller, MD

Frederick M. Dirbas, MD

SJW: 542372800 DJN: 651119
 D: 12/11/2012 16:30:00 T: 12/11/2012 19:02:33 / MODL



CLINICAL LAB RESULTS (continued)

RADIOLOGY RESULTS

RAD Results

No results found

ECG RESULTS

EKG Results

No results found

Pathology Results (12/18/12 - 12/18/12)

SURGICAL PROCEDURE [411380593]

Resulted: 12/18/12 1506, Result Status: Final result

Resulting Lab
Narrative:

SUNQUEST LAB

Specimen

12/12/12 1450

Accession No: SHS-12-46586

SPECIMEN SUBMITTED:

A. RIGHT BREAST

B. LEFT BREAST

C. RIGHT UPPER MASTECTOMY SUBCUTANEOUS FLAP

D. LEFT BASE OF NIPPLE

DIAGNOSIS (MICROSCOPIC)

A. BREAST, RIGHT, NIPPLE-SPARING MASTECTOMY

— BREAST TISSUE WITH NO CARCINOMA IDENTIFIED

B. BREAST, LEFT, NIPPLE-SPARING MASTECTOMY

— FIBROADENOMA

— NO CARCINOMA IDENTIFIED

C. SUBCUTANEOUS BREAST TISSUE, RIGHT FLAP, NIPPLE-SPARING MASTECTOMY

— BREAST TISSUE WITH NO SIGNIFICANT ABNORMALITY

D. BASE OF NIPPLE, LEFT, NIPPLE-SPARING MASTECTOMY

— NIPPLE TISSUE WITH NO SIGNIFICANT ABNORMALITY

OAK/KUNDER/JENSEN

CLINICAL HISTORY: Not provided on requisition sheet. According to
EPIC notes: bilateral prophylactic mastectomy due to a strong
family history of breast cancer.

OPERATION: Bilateral nipple sparing mastectomies, immediate
reconstruction, implants, derma-matrix.

GROSS DESCRIPTION: Four specimens are received labeled with the
patient's name and medical record number.

The first specimen labeled "right breast" is received fresh and
placed into formalin on 12/13/12 at 9:44 am. It consists of a 532
g, 20 x 22 x 3 cm right nipple-sparing mastectomy. No axillary
contents are attached. No skin or nipple is present on the
specimen. The breast is oriented by the surgeon and is inked in the
usual manner such that deep is black, anterior/superior is blue,
anterior/inferior is green, and nipple bed is yellow. No masses are
palpated. The specimen is serially sectioned from medial to lateral
into 0.8 cm thick sections. The 25 macrosections are laid out flat
such that deep is at 9 o'clock and superior is at 12 o'clock. The
serial sections reveal predominantly white rubbery breast tissue
with no masses, biopsy cavities, or other abnormalities. The
specimen is radiographed to reveal no clips, calcifications, or
masses. Representative sections are submitted as follows:

A1 macrosection 1, medial margin

A2 macrosection 5, upper inner quadrant

A3 macrosection 8, lower inner quadrant

A4 macrosection 9, upper inner quadrant

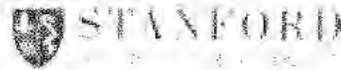
A5 macrosection 10, nipple bed

A6 macrosection 12, lower outer quadrant

A7 macrosection 15, lower outer quadrant

A8 macrosection 17, upper outer quadrant

A9 macrosection 18, lower outer quadrant, possible lymph node



Pathology Results (12/18/12 - 12/18/12) (continued)

SURGICAL PROCEDURE [411380593] (continued)

Resulted: 12/18/12 1506. Result Status: Final result

intramammary node.

The second specimen labeled "left breast" is received in fresh and placed into formalin on 12/13/12 at 9:44 am. It consists of a 613 g, 18.5 x 18 x 3.5 cm left nipple-sparing mastectomy. No axillary contents are attached. No skin or nipple is present on the specimen. The breast is oriented by the surgeon and is inked in the usual manner such that deep is black, anterior/superior is blue, anterior/inferior is green, and the nipple bed is inked yellow. No masses are palpated. The specimen is serially sectioned from lateral to medial into 0.8 cm thick sections. The 22 macrosections are laid out flat such that deep is at 9 o'clock and superior is at 12 o'clock. There are two palpable well-circumscribed nodules within the white rubbery breast tissue. The first nodule is located in macrosection 10, measures 1.2 x 1 cm, and is located 2 cm from the anterior margin and 2.2 cm from the deep margin. A second nodule measures 1 x 1 x 0.6 cm and is located in macrosection 12. This lesion is 2.5 cm from the nearest anterior margin and 2.4 cm from the deep margin. The remaining breast tissue is predominantly fatty with no biopsy sites or masses. The specimen is radiographed to reveal no clips, calcifications, or masses. Representative sections are submitted as follows:

- B1 macrosection 1, lateral margin
- B2 macrosection 8, outer lower quadrant
- B3 macrosection 10 mid outer, first nodule
- B4 macrosection 12, mid outer, second nodule
- B5 macrosection 13, nipple bed
- B6 macrosection 15, lower inner quadrant
- B7 macrosection 18, inner upper quadrant
- B8 macrosection 19, inner lower quadrant
- B9 macrosection 22, medial margin

The third specimen labeled "right upper mastectomy subcutaneous flap" is received in formalin and consists of multiple fragments of yellow lobulated fibroadipose tissue measuring 4 x 3.5 x 1 cm in aggregate. The specimen is inked black and serially sectioned at 0.3 cm intervals to reveal no masses, hemorrhage, or other abnormalities. Representative sections are submitted in cassette C1.

The fourth specimen labeled "left base of nipple" is received in formalin and consists of multiple fragments of yellow lobulated fibroadipose tissue measuring 3 x 2 x 1 cm in aggregate. White rubbery breast tissue is identified in one of the fragments, and this area is serially sectioned and entirely submitted in cassette D1. Oak (12/14/2012)

I have reviewed the specimen and agree with the interpretation above.
KRISTIN C JENSEN, M.D.
Pathologist
Electronically signed 12/18/2012 2:36 PM

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - Unknown	SUNQUEST LAB	Dr Dan Arber	300 Pasteur Drive Palo Alto CA	05/30/12 0913 - Present

Medications

All Meds and Administrations

LR IV infusion [411275679]

Status: Discontinued (Past End Date/Time). Reason: Patient Transfer

Ordering Provider: Tian, Yingzhong, MD
Ordered On: 12/12/12 1718
Dose (Remaining/Total): - (-)
Route: Intravenous
Admin Instructions:

Starts/Ends: 12/12/12 1730 - 12/12/12 2013
Frequency: PACU ONLY CONTINUOUS
Rate/Duration: 100 mL/hr / -
Comments:

DATE OF BILL
09/29/14



PATIENT FINANCIAL SERVICES
P.O. Box 742136
Los Angeles, CA 90074-2166
HOSPITAL STATEMENT

ITEMIZED
STATEMENT OF ACCOUNT

PAGE NO.
1

PATIENT NAME	HOSP	ACCOUNT NUMBER	INITIAL SERVICE DATE	DISCHARGE DATE	MEDICAL PT
AL	534		12/12/2013	12/13/2012	1921

GUARANTOR NAME AND ADDRESS	INSURANCE COMPANY NAME	GROUP NUMBER	POLICY #
1 CA	BLUE CROSS PFO	212900	XDL83

* Make Check Payable To: Stanford Medical Center.
* If you wish to pay by credit card, please complete reverse side.
* Please write the ACCOUNT NUMBER on your check and return with the top portion of this statement.

DATE OF SERVICE	SERVICE CODE	DESCRIPTION OF HOSPITAL SERVICES	QUANTITY	TOTAL CHARGES
121212	25391137	HC DGR MED/SURG PRIV	1	8897.00
121212	30007447	HC BREAST IMPLANT LVL 13	2	2203.92
121212	30201354	HC OR MAJOR VHR15	1	69685.00
121212	30240444	HC INTENSE POST ANES CARE 15 MIN	13	14846.00
121212	30290806	IMPL DERMAMATRIX 6X16	2	34600.00
121212	30302608	HC ANES TIME 8 HR	1	14870.00
121212	52005402	HC PATH EXM-COMPL-LV4	2	1700.00
121212	52005501	HC PATH EXM-EXTND LVS	2	3306.00
121212	52025244	HC SF BREAST BIOPSY-RA	2	1678.00
121212	RX250	BACITRACIN 50,000 UNIT SOLN 1 EACH VIAL	1	120.15
121212	RX250	BUPIVACAINE-EPINEPHRINE 0.25%-1:200,000 SOLN	1	48.26
121212	RX250	DOCUSATE 250 MG CAPS	1	5.27
121212	RX250	HYDROXYZINE 25 MG TABS	1	7.18
121212	RX250	LR SOLN 1,000 ML BAG	2	101.90
121212	RX250	NS FOR IRRIGATION 0.9 % SOLN 3,000 ML BAG	1	14.95
121212	RX250	PROPOFOL 10 MG/ML 50 ML VIAL	2	142.15
121212	RX250	ROCURONIUM 10 MG/ML SOLN 5 ML VIAL	1	67.83
121212	RX636	CEFAZOLIN 1 GRAM SOLN	4	96.20
121212	RX636	CEFAZOLIN 1 GRAM/50 ML PGK 50 ML BAG	2	70.85
121212	RX636	DEXAMETHASONE 4 MG/ML SOLN 1 ML VIAL	8	51.03
121212	RX636	FENTANYL 50 MCG/ML 2 ML AMPUL	2	86.21
121212	RX636	FENTANYL 50 MCG/ML 2 ML SYRINGE	1	46.59
121212	RX636	HYDROMORPHONE 2 MG/ML SOLN 1 ML AMPUL	4	178.09
121212	RX636	HYDROMORPHONE 2 MG/ML SYRG 1 ML SYRINGE	8	338.40
121212	RX636	HYDROMORPHONE IN NS 30 MG/30 ML (1 MG/ML) SP	1	42.26
121212	RX636	METOCLOPRAMIDE HCL 5 MG/ML SOLN 2 ML VIAL	1	44.86
121212	RX636	MIDAZOLAM 1 MG/ML SOLN 2 ML VIAL	2	44.76
121212	RX636	MORPHINE 30 MG/30 ML (1 MG/ML) SPCA 30 ML SY	1	44.98
121212	RX636	ONDANSETRON 4 MG/2 ML SOLN 2 ML VIAL	4	45.78
121312	RX250	CEPHALEXIN 500 MG CAPS	1	5.86
121312	RX250	DOCUSATE 250 MG CAPS	1	5.27
121312	RX250	HYDROXYZINE 25 MG TABS	1	7.18
121312	RX250	OXYCODONE-ACETAMINOPHEN 5-325 MG TABS	1	5.90
121312	RX636	CEFAZOLIN 1 GRAM/50 ML PGK 50 ML BAG	2	70.85

Total Charges

183488.68

ACCOUNT NUMBER	53448100	IMPORTANT - READ REVERSE SIDE	FED ID 77-0465765	0.00

1004-1 (1/10)
If assistance, please contact our Customer Service Center in Palo Alto at (850) 495-7200. If you are calling from outside the 850 area code, please call us at 1-800-338-7491. Our business hours are Monday - Friday 8:00 am - 5:00 pm Pacific time.

PAY THIS AMOUNT

000096

DATE OF BILL
09/29/14

STANFORD
HOSPITAL & CLINICS
Stanford University Medical Center

PATIENT FINANCIAL SERVICES
P.O. Box 742135
Los Angeles, CA 90074-2188

ITEMIZED
STATEMENT OF ACCOUNT

PAGE NO.

2

IT NAME
J
HOSP
5364

HOSPITAL STATEMENT
Y NUMBER
INITIAL SERVICE DATE
12/12/2012
DISCHARGE DATE
12/13/2012
MEDICAL F
192

QUARANTO
NAME
AND
ADDRESS
L
1-3360
INSURANCE COMPANY NAME
BLUE CROSS PFO
GROUP NUMBER
Z12900
POLICY
XDL6

* Make Check Payable To: Stanford Medical Center.
* If you wish to pay by credit card, please complete reverse side.
* Please write the ACCOUNT NUMBER on your check and return with the top portion of this statement.

DATE OF SERVICE
SERVICE CODE
DESCRIPTION OF HOSPITAL SERVICES
AMOUNT OF PAYMENT
\$
QUANTITY
TOTAL CHARGE

Record of Payments and Adjustments
122612 Insurance Payment (30936.14)
021213 Patient Payment (1117.70)
021213 Patient Payment (823.55)
122612 Insurance Adjustment (115044.99)
010213 Insurance Adjustment (6684.00)
021313 Patient Adjustment 1117.70

Total Payments and Adjustments

SUMMARY OF CHARGES

ANESTHESIA - GENERAL CLASSIFICATION 14870.00
LABORATORY PATHOLOGICAL - HISTOLOGY 5006.00
MEDICAL/SURGICAL SUPPLIES AND DEVICES - OTH 36803.92
OPERATING ROOM SERVICES - GENERAL CLASSIFICA 69685.00
PHARMACY - DRUGS REQUIRING DETAILED CODING 1160.86
PHARMACY - GENERAL CLASSIFICATION 541.90
RADIOLOGY - DIAGNOSTIC - GENERAL CLASSIFICAT 1678.00
RECOVERY ROOM - GENERAL CLASSIFICATION 14846.00
ROOM & BOARD - PRIVATE (MEDICAL OR GENERAL) 8897.00

SUB-TOTAL OF CURR. CHARGES

Insurance Adjustment 153488.68
Insurance Payment (121728.99)
Patient Adjustment (30936.14)
Patient Payment 1117.70
(1941.25)

SUMMARY OF CURRENT PAY/ADJ

(153488.68)

ACCOUNT NUMBER
13448100

IMPORTANT - READ REVERSE SIDE

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FED. I.D. 77-0485786

0.00

PAY THIS AMOUNT

000097



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HOSPITAL & CLINICS
Stanford University Medical Center

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Los Angeles, CA 90074-2188
stanford.patientcompass.com

TAX ID: 77-0465785

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Visit the Online Billing Manager at
stanford.patientcompass.com
Use the New Pay Now button to pay
for visits located on the back of your
physician statement

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P O BOX 742188
Los Angeles, CA 90074-2188
PatientBilling.stanfordhospital.com
TAX ID 77-0465765

2-3360

Account: 100778098

Svc Date	Description	Provider	Pl	WRN	CPT	Dx	Chg Amt	Ins Pd	Ppt Pd	Adj Amt	Ins Due	Ppt Due
11/05/12	EVALUATION OF NEW PATIENT LEVEL 2	DIREAS, FREDERICK M	J	10297550	89205	910.1	583.00	0.00	-181.20	-168.40	0.00	0.00
11/09/12	SCREENING MAMMOGRAM PHY BILATERAL	LIPSON, JAFIA		9297860	77057	V78.12	197.00	-87.47	0.00	-109.88	0.00	0.00
11/09/12	COMPUTER-AIDED DETECTION SCREENING MAMMOGRAM PHY	LIPSON, JAFIA	J	10297835	77652	V78.12	19.00	-7.84	0.00	-11.38	0.00	0.00
12/11/12	EVALUATION OF NEW PATIENT LEVEL 2	DIREAS, FREDERICK M	J	10297550	89215	V10.5	458.00	0.00	-241.47	-158.03	0.00	0.00
12/12/12	MASTECTOMY SIMPLE COMPLETE	DIREAS, FREDERICK M	J	10297853	18303	610.2	3,970.00	-1,544.81	0.00	-1,825.35	0.00	0.00
12/12/12	MASTECTOMY SIMPLE COMPLETE	DIREAS, FREDERICK M		18397650	18303	610.2	3,370.00	-1,544.81	0.00	-1,825.36	0.00	0.00
12/12/12	LVL V-SURG PATH GROSSMIC RSCP XM	JENSEN, KRISTIN C		19297880	88307	217	340.00	0.00	-215.07	-124.93	0.00	0.00
12/12/12	LVL V-SURG PATH GROSSMIC RSCP XM	JENSEN, KRISTIN C		18297690	85307	217	340.00	0.00	-215.03	-124.92	0.00	0.00
12/12/12	LVL V-SURG PATH GROSSMIC RSCP XM	JENSEN, KRISTIN C		19297880	89305	217	165.00	0.00	-101.49	-63.82	0.00	0.00

Exhibit F

Page 1

IN THE SUPERIOR COURT OF THE STATE OF CALIFORNIA
IN AND FOR THE COUNTY OF [redacted]
UNLIMITED CIVIL JURISDICTION

--oOo--

JANE DOE; JOHN DOE,

Plaintiffs,

vs. [redacted]

[redacted], an individual;

//

DEPOSITION OF FREDERICK DIRBAS, M.D.
November 12, 2014

Reported by:

Bridget M. Mattos, CSR No. 11410

Page 3

A P P E A R A N C E S

FOR PLAINTIFF:

redacted

ALSO PRESENT: PLAINTIFFS

FOR DEFENDANT FREDERICK DIRBAS, M.D.:

redacted

redacted

redacted

Page 2

I N D E X

DEPOSITION OF FREDERICK DIRBAS, M.D.

EXAMINATION BY: PAGE

MR. DOLAN 5, 233

MS. POLLARA 215

E X H I B I T S

PAGE

Exhibit 1 Surgery report 56

Exhibit 2 Medical records 113

Exhibit 3 Hand-drawn diagram 140

Exhibit 4 Radiology results 163

Exhibit 5 Medical records 170

Exhibit 6 Photograph 188

--oOo--

Page 4

BE IT REMEMBERED that, pursuant to

Notice of Taking Deposition, and on Wednesday,

November 12, 2014, commencing at the hour of TIME

a.m., at 1510 Page Mill Road, Palo Alto, California,

before me, BRIDGET M. MATTOS, CSR No. 11410, there

personally appeared

FREDERICK DIRBAS, M.D.,

called as a witness by Plaintiffs, who, having been

duly sworn, was examined and testified as is

hereinafter set forth.

--oOo--

Page 5

1 FREDERICK DIRBAS, M.D.,
2 Having been duly sworn, testified as follows:

3
4 EXAMINATION BY MR. DOLAN

5 MR. DOLAN: Q. Hello, Dr. Dirbas. My name
6 is Christopher Dolan. I'm here today to take your
7 deposition in a lawsuit that has been brought against
8 yourself, Dr. Hong, Stanford Hospital, and Palo Alto
9 Medical Group.

10 Do you understand that's our purpose in being
11 here today?

12 A. Yes.

13 Q. I know this can be stressful for you; I'm
14 sorry if it is. I'll try to make it as professional
15 and quick as possible for you --

16 A. Thank you.

17 Q. -- so that you can get on with your business.
18 Okay?

19 A. (Witness nods head.)

20 Q. Doctor, would you please state and spell your
21 full name for the record.

22 A. My name is Frederick Mark Dirbas.
23 F-R-E-D-E-R-I-C-K, M-A-R-K, D-I-R-B-A-S.

24 Q. I'm going to refer to you as Dr. Dirbas to
25 give you the respect that you deserve for the many

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1 A. In the distant past, it's possible I might
2 have been deposed as the treating physician for a case
3 that went to trial. I was one of the trauma surgeons
4 at Stanford many years ago, and I was the attending
5 surgeon for a patient who was stabbed 20 times, and
6 the case went to trial for attempted murder, in
7 Redwood City. I believe I was probably deposed and
8 then testified at trial. Patient survived.

9 Q. So I'm going to go over the rules of a
10 deposition with you, such that you are hopefully
11 familiar with them by the time we commence, and so
12 that we can understand how the process proceeds today.
13 Okay?

14 A. (Witness nods head.)

15 Q. The first rule of a deposition is that every
16 answer you give must be audible --

17 A. Yes.

18 Q. -- using the English language, fully spoken
19 word to communicate your answers to my questions.

20 It's going to happen that from time to time
21 you're going to say "uh-huh" or "huh-uh"; it's just
22 inevitable. But when it does, I'm just going to tug
23 on my ear to let you know that I need an audible
24 response. Okay?

25 A. Yes.

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1 years of study and the work that you do.
2 Is that okay with you, instead of "Mr."?

3 A. Yes.

4 Q. Dr. Dirbas, have you been deposed before?

5 A. Yes.

6 Q. On how many occasions?

7 A. I don't recall exactly. I would say a few.

8 Q. More than five; less than five?

9 A. Probably around that, maybe a little bit
10 less.

11 Q. Five plus or minus; right?

12 A. (Witness nods head.)

13 Q. When was the most recent time?

14 A. I honestly don't remember.

15 Q. Was it within the last five years?

16 A. I don't believe so.

17 Q. Tell me, what was the nature of these various
18 depositions, meaning whether they were for motor
19 vehicle accidents that you may have been involved in,
20 where you were a percipient witness to a medical
21 event, or where you were sued. Can you just describe
22 what the context of any of these were?

23 A. Yes. They've been as an expert for medical
24 malpractice cases.

25 Q. Any other reason?

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1 Q. The second rule is, you must pause between my
2 question and your answer, so that our court reporter
3 doesn't wind up having carpal tunnel syndrome, because
4 she can only type down one person's statements at a
5 time.

6 Is that clear?

7 A. Yes.

8 Q. I would like to get your best testimony
9 today, if possible.

10 Do you understand that?

11 A. Yes.

12 Q. And in that regard, if you can be precise as
13 to something, I would like you to be precise.

14 Is that clear?

15 A. Yes.

16 Q. If you can't be precise, but you have any way
17 of answering the question short of a guess, then I'm
18 entitled to whatever that information is, from the
19 precise to the most general, without guessing.

20 Is that clear?

21 A. I'm not sure.

22 Q. For example, if you have a faint recollection
23 of something, if you have read a document and you
24 think you learned something and you have even a faint
25 belief of "Oh, yeah, I remember something about this,"

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1 Q. And now, you indicate that you copiously 2 irrigate the area. That means flush it with saline? 3 A. We irrigate with saline, yes. 4 Q. And what's the purpose of that? 5 A. To remove any pieces -- to remove any pieces 6 of tissue that -- perhaps a small fat lobule, 7 something that may have fallen off the breast, just to 8 remove that tissue that has no blood flow from the 9 cavity, so that it doesn't remain in the cavity as a 10 potential source of dead tissue, which could increase 11 the chances of infection. 12 Q. Something unattached that might just be 13 hanging out in there? 14 A. Yes. 15 Q. And does it also act in any way to try to 16 provide moisture to the mastectomy pocket? 17 A. That's more so what we do with the -- 18 Q. Gauze? 19 A. -- with the gauze, when we leave the gauze 20 in. 21 Q. So you do -- as you finish, you cover the 22 opening to the skin with a moist gauze to help prevent 23 desiccation of the underlying tissues; correct? 24 A. Yes. 25 Q. "Desiccation," meaning drying out?	1 A. Absolutely. 2 Q. So they would also weigh it, correct, or 3 measure it in some way? 4 MS. STOUTENBURG: May call for speculation. 5 THE WITNESS: I would refer to the pathology 6 report. 7 MR. DOLAN: Okay. 8 Can you find one anywhere in the document, in 9 any of the documents? I haven't been able to locate 10 it. 11 MS. POLLARA: Page 128? 12 MR. DOLAN: Is it? Thank you. 13 Q. When you remove the tissue, do you place it 14 in like a stainless steel pan of some sort? 15 A. Could be, it's placed in a -- 16 Q. Basin? 17 A. Could be in a steel basin, and then go 18 off and -- they have containers for the tissue. 19 Q. Do you have any knowledge that before -- 20 pardon me. 21 The pathology results indicate that the 22 pathologist, Kristin Jensen, electronically signed the 23 pathology report on 12/18/2012. 24 Do you see that? 25 A. Yes.
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1 A. That's correct. 2 Q. And you then indicate, after you've done this 3 on both breasts, Dr. Hong came to perform the -- his 4 reconstruction; correct? 5 A. Yes. 6 Q. You did your counts of all the implements, to 7 make sure nothing was left behind; correct? 8 A. Yes. 9 Q. And then it says, "Please see Dr. Hong's 10 dictation for the remainder of the procedure"; 11 correct? 12 A. Yes. 13 Q. So as of that time, your work is done; 14 correct? 15 A. Yes. 16 Q. Okay. 17 Did you ever measure the volume of breast 18 tissue that was taken from the right or left breast, 19 so that you measured it in some fashion? 20 A. I don't -- plastic surgeons will sometimes 21 have the nurses or techs in the operating room do 22 that. I don't know if that was done here. 23 Q. Okay. Does it get sent to pathology? 24 A. The breast tissue? 25 Q. Yes.	1 Q. And you see at the top of the first page, 2 Number 128, where it says here pathology results, 3 12/18/12 through 12/18/12, do you see that? 4 A. Yes. 5 Q. And it says "surgical procedure," and then it 6 gives the number for Dr. A's surgery. 7 Do you see that? 8 A. Yes. 9 Q. And it says, "resulted 12/18/2012, 1506." 10 Do you see that? 11 A. Yes. 12 Q. Do you have an understanding as to whether 13 that indicates when they have completed their 14 pathology study? 15 A. I believe so. 16 Q. Does the material get placed informally 17 under -- or some other type of preservative, such as 18 to make sure it does not desiccate? 19 A. Yes. 20 Q. What is it put in? 21 A. Formalin, usually. 22 Q. Did you see at any time anyone weigh or 23 measure the amount of breast tissue that was removed 24 from Dr. A before you left the operating suite? 25 A. Not that I recall.

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1 Q. Did you ever request that that be done?
2 A. **I don't recall.**
3 Q. To your knowledge, did you -- let's back up
4 here.
5 The surgery you did was on the 12th; is that
6 correct?
7 A. **Yes.**
8 Q. So if you read the pathology report, under
9 the area where it says "gross description," do you see
10 that?
11 A. **Yes.**
12 Q. It says, "The first specimen labeled," quote,
13 "right breast," end quote, "is received fresh and
14 placed into formalin on December 13, 2012 at 9:44
15 a.m."
16 Do you see that?
17 A. **Yes.**
18 Q. That would be the day after your surgery;
19 correct?
20 A. **Yes.**
21 Q. And it says, "It consists of a 632-gram,
22 20-by-22-by-3-centimeter right nipple-sparing
23 mastectomy."
24 Do you see that?
25 A. **Yes.**

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1 Q. The dimensions, 20 by 22 by 3, do you
2 understand what's being measured there?
3 A. **The width and height and the thickness of the**
4 **breast. I can't tell which is the width and which is**
5 **the height.**
6 Q. Okay. So, in essence, it's showing what the
7 volume looks like by measurement in centimeters?
8 A. **Yes.**
9 Q. And where it says "no axillary contents are
10 attached," tell us what it means by "axillary."
11 A. **Those would be the -- typically the lymph**
12 **nodes in the armpit.**
13 Q. It says, "The breast is oriented by the
14 surgeon and is inked in the usual manner, such that
15 deep is black," comma, "anterior\superior is blue,"
16 comma, "anterior\inferior is green, and nipple bed is
17 in yellow."
18 Do you see that?
19 A. **Yes.**
20 Q. Is that something that you do when you remove
21 the tissue, you mark it so that they can know the
22 orientation of the tissue?
23 A. **The ink is placed by the pathologist.**
24 Q. Oh, okay. But it says, "The breast is
25 oriented by the surgeon."

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1 A. **Yes. So the most common approach which we**
2 **follow is that when the breast is removed, we put a**
3 **stitch in the axillary tail of the breast, which is**
4 **the part of the breast that's going off towards the**
5 **axillary lymph nodes in the armpit. And when one can**
6 **see that it's a fairly obvious black stitch that's**
7 **about four or five inches long, and one can see that,**
8 **one can very easily orient the breast, so one knows**
9 **which is up, towards the clavicle, which is down, by**
10 **the bellybutton.**
11 Q. Okay. So you do put some marking on it to
12 help the pathologist know the orientation?
13 A. **Yes.**
14 Q. If you go to the first paragraph of the next
15 page, it says, "The second specimen labeled 'left
16 breast' was received in fresh and placed into formalin
17 on 12/13/12 at 9:44 a.m. It consists of 613 grams.
18 18.5 times 18 times 3.5 centimeters, left
19 nipple-sparing mastectomy. No axillary contents are
20 attached," end quote.
21 Do you see that?
22 A. **Yes.**
23 Q. So this would be the weight and measurement
24 of volume being the exterior of the breast, correct,
25 the breast tissue?

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1 MS. POLLARA: The question's vague and
2 ambiguous.
3 MS. STOUTENBURG: And it may call for
4 speculation.
5 MR. DOLAN: Q. Well, the same thing. 18.5
6 times 18 times 3.5, that's somehow the length, width,
7 height of this thing; correct?
8 A. **Appears to be the dimensions of a left**
9 **breast.**
10 Q. Again, it says, "It is oriented by the
11 surgeon as inked blue, in the usual manner, so that
12 deep is black."
13 That's what you just described?
14 A. **I'm sorry. That's what the pathology report**
15 **describes.**
16 Q. Right. But do you -- when you do your
17 stitch, the surgeon puts in the stitch, do you know
18 what it means by saying it is inked black?
19 A. **Yes. It means that they've taken the breast**
20 **and, in a sense, instead of looking at it face-on,**
21 **they turn it upside down and put black ink on the**
22 **backside of it, which is up against the pectoralis**
23 **muscle.**
24 Q. Okay. If you go down, it then says, "The
25 third specimen labeled," quote, "right upper

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1 mastectomy subcutaneous flap," end quote, "is
2 received in formalin and consists of multiple
3 fragments of yellow lobulated froadipose,"
4 F-R-O-A-D-I-P-O-S-E, "is inked black and serially
5 sectioned," dot, dot, dot.
6 Do you see that?
7 **A. Yes.**
8 Q. So was there some -- in addition to the two
9 breast masses that were taken out, was there some form
10 of an upper mastectomy subcutaneous flap that was also
11 provided to the pathologist?
12 **A. Yes. This is more give the location of it, a**
13 **general location of it, so it's not the flap per se.**
14 **What this indicates is that after we completed the**
15 **mastectomy on the right side, we looked and/or felt**
16 **underneath -- we looked at the flap, undersurface of**
17 **the flaps, and we felt underneath the flap, and we**
18 **thought that there was some breast tissue that we**
19 **might have left behind.**
20 Q. Okay.
21 **A. Even though we were trying to get it all the**
22 **first time, it's generally better to leave, if**
23 **you're -- as you're going through the dissection,**
24 **you're better off erring on the side of leaving it and**
25 **coming back later and taking it, rather than being**

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1 **overly aggressive as one is doing the mastectomy.**
2 Q. As my uncle would say, measure twice, cut
3 once.
4 **A. Yes.**
5 Q. So when you say the "right upper mastectomy
6 subcutaneous flap," is that from the right breast?
7 **A. It's basically breast tissue that I believe**
8 **has been -- is part of the right breast that may be on**
9 **the undersurface of the flap, and a little thick at**
10 **that point.**
11 Q. Sure.
12 Where it says "upper," I'm just trying to
13 figure, does that mean closer to the head, rather than
14 the bellybutton?
15 **A. It's above the nipple.**
16 Q. Thank you. And it gives the dimensions of 4
17 by 3.5 by 1 centimeter in aggregate; correct?
18 **A. Yes.**
19 Q. Then there is a fourth specimen labeled,
20 quote, "Left base of nipple," end quote, "is
21 received in formalin and consists of multiple
22 fragments of yellow lobulated froadipose tissue
23 measuring 3 by 2 by 1 centimeters in aggregate.
24 White, rubbery breast tissue is identified in one of
25 the fragments, and the area is serially sectioned

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1 entirely submitted in the facet.
2 Do you see that?
3 **A. Yes.**
4 Q. What is the left base of nipple that's being
5 referred to here?
6 **A. So as I mentioned, we go very carefully**
7 **across the breast in the area directly underneath the**
8 **nipple, and much like we just discussed in the right**
9 **breast, in the left breast I erred on the side of**
10 **taking less tissue on my first pass-through, to avoid**
11 **basically being overly aggressive and devascularizing**
12 **the nipple, with the notion that I could always come**
13 **back and take more tissue, if need be, to make sure**
14 **breast tissue is removed.**
15 Q. Okay. I've marked that as Exhibit 4, what
16 we've just been reviewing, Doctor.
17 (Whereupon Deposition Exhibit 4
18 was marked for identification.)
19 MR. DOLAN: Q. Would you just see, make sure
20 that that's the same path report that you were looking
21 at.
22 **A. It appears to be.**
23 Q. Does that report come back to you, so that
24 you see it and can review it?
25 **A. Yes.**

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1 Q. Do you have any knowledge of the tissue being
2 weighed or measured in any fashion, other than what we
3 see here in the path report that was done on the 13th?
4 **A. I don't. It's not normally something I would**
5 **recall specifically or comment on.**
6 Q. Is there a place to weigh and measure it in
7 the theater?
8 **A. Yes.**
9 Q. When does the specimen leave the theater; is
10 it when you leave the theater, before, after?
11 **A. Most of the time, the specimens will stay in**
12 **the operating room and be sent off to pathology**
13 **together. Occasionally, if a patient is having tissue**
14 **banking for cancer -- which is not the case here --**
15 **we'll leave as soon as it's removed.**
16 Q. During the handoff after Dr. Hong comes in,
17 does he ask you the volume or weight of the tissue
18 that you removed?
19 **A. No.**
20 Q. At the time that that tissue is removed, is
21 it become not sterile once it is taken out of the body
22 and put into whatever basin or object it is?
23 **A. It varies from operation to operation. In**
24 **some operations it will actually stay on the operating**
25 **table, and then it will be taken off the operating**

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1 table together with the opposite breast at the same
2 time. Occasionally, it will be sent off one at a
3 time. So it just varies from operation to operation.

4 Q. Who within the theater is in charge of that
5 procedure, by title or name?

6 A. Often at that point, it's really up to the
7 scrub and the nursing staff, in terms of when it's
8 handed off.

9 Q. And can you identify any of the nurses
10 involved in the procedure, by your operative note?

11 A. I can't. Not by my operative note, I don't
12 believe.

13 Q. Is there some document that usually reflects
14 that?

15 A. It can be quite buried in the medical record,
16 but it usually can be found.

17 Q. Is there a particular type of document upon
18 which it is contained? I mean, I've seen anaesthesia
19 reports, for example, that list time in, time out.

20 A. There are usually records that are kept by
21 the staff in the operating room.

22 Q. Do you recall whether at that point in time
23 you had a particular team or circulating nurse that
24 you requested for your procedures?

25 A. No. We are -- the operating room staff

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1 decides who works with us on any given day, and even
2 with any given procedure, the scrub nurse, now scrub
3 tech, typically, will take -- they'll take breaks. I
4 may have two or three different people work with me,
5 and the circulating nurse will also -- they may take
6 required breaks and cover for each other.

7 Q. At any point in time prior to you leaving,
8 following the handoff, did Dr. Hong indicate to you
9 that he was going to take an approach other than the
10 subpectoral approach that you understood was going to
11 be used?

12 A. No.

13 Q. At any point in time, did Dr. Hong ask you
14 your opinion as to what size implant could be safely
15 placed within that pocket?

16 A. I don't believe so.

17 Q. Is that something you would tell him, or
18 would you just say, "Hey, look, that's up to you"?

19 A. I would leave that to the plastic surgeons.
20 I don't believe anyone's ever asked me or I've ever
21 volunteered what size it should be.

22 Q. Did Dr. Hong, to your knowledge, ever ask you
23 if you thought that the tissue that remained between
24 the mastectomy cavity and the dermis was thick enough
25 to accommodate a subcutaneous implant?

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1 A. I'm sorry, could you ask that one more time?

2 Q. Sure.

3 Did Dr. Hong ever ask you whether you thought
4 that the tissue that remained between the mastectomy
5 pocket and the dermis was thick enough, such that it
6 could sustain placement of a subcutaneous implant?

7 A. I don't believe so.

8 Q. Did you talk to Dr. Hong after he completed
9 his surgery, on the date of the surgery, to your
10 knowledge?

11 A. No, not that I'm aware of.

12 Q. Do you have any knowledge as to whether you
13 spoke with him following Dr. A's procedure and the
14 point of her discharge?

15 A. I did talk to him, I believe, and I don't
16 recall whether it was the day of surgery or the next
17 day, but I do recall fairly vividly that conversation.

18 MS. STOUTENBURG: You've answered.

19 MR. DOLAN: Q. What do you recall the vivid
20 conversation to be?

21 A. The primary part that I remember was that he
22 tried very hard to place the implant under the muscle;
23 that he tried a number of maneuvers, sitting the
24 patient up, and he didn't go into a lot of detail
25 about what he tried, but it was very apparent from our

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1 conversation that he was doing everything he possibly
2 could think of to get the implant under the muscle,
3 and that, in his opinion, the results that he would
4 have achieved by placing it under the muscle was
5 inferior to the result that he would obtain by placing
6 it under the skin, and he was upset about that.

7 Q. When you say "he was upset about that," are
8 you talking about the fact that it had to go
9 subcutaneous?

10 A. Yes.

11 Q. What did he tell you about being upset about
12 that?

13 A. He wanted to fulfill the patient's objective
14 for getting it under the muscle.

15 Q. Did he tell you anything else about his
16 opinion or dissatisfaction with the result?

17 MS. POLLARA: That lacks foundation that he
18 was dissatisfied with the result.

19 MS. STOUTENBURG: And it misstates his
20 testimony.

21 MR. DOLAN: Q. Did you say he was disap --
22 And we can read it back. What did you say
23 that he said about it? We'll find out.

24 Upset. Okay.

25 When he told you he was upset about the

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1 ultimate placement of the implant, did he talk to you
2 at all about how that might affect the blood supply to
3 the flap or the nipple?

4 MS. STOUTENBURG: Lacks foundation.

5 Go ahead.

6 THE WITNESS: We didn't discuss that.

7 MR. DOLAN: Q. Did he ever tell you what
8 size of implant he ended up using?

9 A. I don't believe so.

10 Q. Did he ever tell you that he had some concern
11 that there was not adequate blood supply at any point
12 in time, up and to her discharge?

13 A. I don't believe so.

14 Q. Now, couple of just housekeeping issues.

15 Do you remember the name of the San Francisco
16 doctor who you said at one point was doing
17 subcutaneous implant placements?

18 A. I believe it is Dr. Ashkenazi.

19 Q. Yeah, okay. I'm familiar with Dr. Ashkenazi
20 and subdermal implants.

21 A. Okay.

22 Q. Did you have an opportunity to visit or
23 examine Dr. A following the surgery and prior to her
24 discharge?

25 A. Yes, I saw her the morning after surgery. I

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1 believe it was the morning after surgery.

2 Q. And did you examine her at that point?

3 A. Yes.

4 Q. Was she, prior to your examination, in a --
5 what's called a postsurgical wrap?

6 A. I don't recall exactly what the dressing was.
7 I mean, the wrap.

8 Q. Right. I'm going to show you what I'm going
9 to mark as Exhibit 5 to your deposition.

10 (Whereupon Deposition Exhibit 5
11 was marked for identification.)

12 MR. DOLAN: Q. Exhibit 5 is a document that
13 was produced to us by Stanford. This document --

14 A. Sorry, are these all the same?

15 Q. Yes.

16 The document says on it, "Scanned on
17 1/18/2013, 9:42 a.m. Pathology below." It has at the
18 bottom left-hand corner, Page 566 of 372.

19 Do you see that document, Doctor?

20 A. I see the document. I'm looking to see where
21 it says "scanned."

22 Q. At the top left-hand corner.

23 A. Oh, now I see it.

24 Q. Now, is that your signature where it says
25 "Dr. Dirbas"?

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1 A. No.

2 Q. Do you know who signed it?

3 A. It looks like it was a nurse. I think that
4 says "RN" at the end.

5 Q. Right. Do you know who that is, by signature
6 that you're familiar with?

7 A. No.

8 Q. So what did you understand this document to
9 be?

10 A. It looks like the pathology slip, we call it,
11 pathology form, that goes along with a specimen,
12 accompanies the specimen to pathology to identify
13 specimen.

14 Q. Okay. So is this, in essence, what goes to
15 pathology to say, "Hey, look, here's the tissue from
16 this procedure; please examine it, look for cancer and
17 other things"?

18 A. Yes. And it also indicates -- I forgot that
19 we had put two sutures at the base of the nipple, just
20 so that would be oriented as well, for the
21 pathologist.

22 Q. So, Doctor, when you saw Dr. A in the morning
23 postoperative, did you make any notes of that visit?

24 A. I did not make any -- I did not make any
25 notes.

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1 Q. Is there any note or document that you're
2 aware of that in any place indicates the condition of
3 Dr. A's breasts postoperative, that was done by
4 somebody who was on your service or staff, like
5 residents or others who -- physicians' assistants?

6 A. I believe the resident put a note in the
7 computer.

8 Q. Would you see if you could locate that,
9 please.

10 A. So there's a note from my resident, and then
11 there's a note, I guess, also from Dr. Hong.

12 Q. On what page, Doctor?

13 A. The note from Dr. Hong appears to be on Page
14 97, and the note from Dr. -- here's the spelling of
15 her name -- Dr. Kazaure. I think I spelled it wrong
16 earlier.

17 Q. Where it says K-A-Z-A-U-R-E?

18 A. Yes.

19 Q. First name, Hadiza, H-A-D-I-Z-A?

20 A. Yes.

21 Q. She would have been the resident?

22 A. Yes. That could probably be corrected from
23 the earlier part.

24 Q. So this page -- is it 97 and 98, or just 98?

25 A. There are two different notes, and let me

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1 see -- yes, it looks like Page 97 is one note, and
2 Page 98 is another note.
3 Q. Right. Can you tell me, Page 97 here, what
4 time of day that hospital encounter took place?
5 MS. STOUTENBURG: I think -- look at the
6 bottom of Page 96, actually. It's the beginning of --
7 MR. DOLAN: Thank you.
8 MS. STOUTENBURG: -- this note.
9 And then the bottom of 97 is the beginning of
10 Dr. Kazaure's note.
11 MR. DOLAN: Thank you.
12 THE WITNESS: It appears that Dr. Hong signed
13 the note at 7:27 a.m.
14 MR. DOLAN: Q. Your resident would be
15 Dr. Kazaure?
16 A. Yes.
17 Q. And it indicates that she signed her progress
18 note on December 13th at 8:44 a.m.; correct?
19 A. That appears to be correct.
20 Q. And to your knowledge, did you sign the note
21 as well, at some point in time?
22 A. I typically would. I don't see my signature,
23 my electronic signature here.
24 Q. Okay. Now, there's also then a note that
25 seems to be signed by Dr. Hong on Page 98, correct,

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1 progress note signed by Hong, Roy W., M.D., at
2 12/13/2012, 7:27 a.m.? That's on Page 96.
3 MS. STOUTENBURG: 96. You said 98 earlier,
4 but you're referring to 96?
5 MR. DOLAN: Yes, please.
6 THE WITNESS: Yes, so that appears to be the
7 immediate post-op note.
8 MR. DOLAN: Q. Now, did Dr. A have what are
9 commonly referred to as drains, in her area where her
10 breasts were?
11 A. I'm sorry, can you say that again?
12 Q. Sure.
13 Did Dr. A have drains in the area in which
14 there had been breast surgery?
15 A. That would typically be the case.
16 Q. Well, they indicate here that there -- pardon
17 me.
18 On Page 96, it talks about there being blood
19 loss. Is that, to your knowledge, from the operation
20 or from drains?
21 A. I believe that would be blood lost during the
22 operation.
23 Q. What is -- do you know what DermaMatrix is?
24 A. I believe that's referring to the tissue that
25 you were referring to earlier.

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1 Q. Like the AlloDerm?
2 A. Yes.
3 Q. So it's taking some kind of almost cadaver
4 tissue and putting it in, to have more tissue in some
5 area you desire it?
6 A. I don't know the exact composition or origin,
7 but that's correct overall.
8 Q. Now, you didn't do that, did you?
9 A. No.
10 Q. So taking a look at Page 97 -- pardon me.
11 Looking at 97, it says that this note here
12 was also signed at 12/13/2012 at 7:27 a.m.; correct?
13 A. That's correct.
14 Q. His previous note on Page 96 says
15 electronically signed on 12/12/2012 at 5:08 p.m.;
16 correct?
17 A. That appears to be correct.
18 Q. And the hospital encounter note on Page 97
19 has ins and outs and vital signs; is that correct?
20 A. That's correct.
21 Q. Lab results; correct?
22 A. Yes.
23 Q. And then it says, the assessment plan is,
24 "Doing well post-op, okay for discharge later today"?
25 A. Yes.

Page 176

1 Q. And then the next note on Page 98 seems to
2 indicate a progress note of 12/13/2012 at 8:44 a.m.
3 Do you see that?
4 A. Yes.
5 Q. To your knowledge, is that when Dr. Kazaure
6 would have created the note for --
7 A. Yes.
8 Q. -- the visit with Dr. A?
9 A. Yes.
10 Q. Had you seen Dr. A at any point during the
11 time frame we see here; that is, between 12/12/2012 at
12 5:08 p.m., and 12/13/2012 at 8:41 a.m.?
13 A. I don't recall exactly what time I stopped
14 by.
15 Q. Does this document that's on Page 98 indicate
16 to you whether or not her breasts are actually
17 examined, such that the dressing is -- pardon me.
18 Look at Page 98. If you go down under
19 "Objective," you'll see, "Chest," colon: "Dressing
20 on," comma, "incision clean and dry," comma, "no
21 hematoma, period." "JPs in place."
22 Do you see that?
23 A. Yes.
24 Q. Those are Jackson Pratt drains, are they?
25 A. That's correct.

Exhibit G



SURGERY REPORTS (continued)

OPERATIVE REPORT (continued)

DATE OF OPERATION: 12/12/2012

PREOPERATIVE DIAGNOSES:

1. Fibrocystic changes, right and left breast

POSTOPERATIVE DIAGNOSES:

1. Fibrocystic changes, right and left breast

OPERATION PERFORMED:

1. Prophylactic nipple-sparing right total mastectomy.
2. Prophylactic nipple-sparing left total mastectomy.

SURGEON: Frederick M Dirbas, MD

ASSISTANT: Jon Gerry, MD

ESTIMATED BLOOD LOSS: 50 mL.

IV FLUIDS: 2 L crystalloid.

SPECIMEN:

1. Right breast with double stitch at the ductal tissue underneath the nipple and single stitch at the axillary tail.
2. Left breast with double stitch at the ductal tissue underneath the nipple and single stitch at the axillary tail.

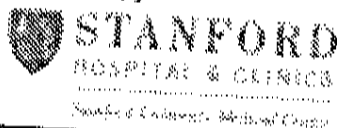
DRAINS:

CULTURES: None

COMPLICATIONS: None

OPERATION IN DETAIL: The patient taken back to the operating room and placed supine on the operating room table. General anesthesia was induced and the patient was intubated uneventfully. We placed a Foley for intraoperative urine output monitoring and given the length of the case so that she would not have a distended bladder. We then prepped and draped in the usual sterile fashion. Preoperative antibiotics were administered and a timeout was performed.

Official Copy



STANFORD HOSPITAL
450 BROADWAY STREET
REDWOOD CITY, CA 94063

A
MRN: 19:)
DOB: 1 , Sex: F
Adm: 12/12/2012 , /

Surgery 12/12/12

OPERATIVE REPORT

Operative Report signed by Hong, Roy W, MD at 01/08/13 0739

Author: Hong, Roy W, MD

Service: (none)

Filed: 01/08/13 0739

Note Time:

12/20/12 1445

Author Type:

Physician

12/20/12

PROOPERATIVE DIAGNOSIS: Bilateral acquired absence of breast secondary to mastectomies by Dr. Fred Dirbas.

POSTOPERATIVE DIAGNOSIS: Bilateral Acquired absence of breast secondary to mastectomies by Dr. Fred Dirbas.

SURGICAL PROCEDURE PERFORMED: Immediate bilateral breast reconstruction with placement of Allergan implants 533 cc moderate plus smooth round, 22 modifier For added difficulty secondary to extensive manipulation of postmastectomy pocket.

SURGEON: Dr. Roy Hong.

Jan Rivers PA assistant.

ANESTHESIA: General.

I
S
b
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u
r.
de
pl

OPERATIVE PROCEDURE: Following informed consent. The patient underwent general anesthesia. Bilateral breast were sterilely prepped and draped in the usual sterile fashion. The patient underwent a nipple-areolar skin sparing mastectomy bilaterally via a lateral incision by Dr. Fred Dirbas. At the completion of the procedure, the mastectomy flaps were healthy, including the nipple areolar complex, which were preserved. The operative field was clean and dry and the decision was made to proceed with reconstruction. Initially, an attempt was made to place a subpectoral implant. The patient adamantly declined any thought of tissue expansion and wanted to have a single stage reconstruction. Therefore, the subpectoral plane entered on the left, the inferior medial attachments divided to this general margin and the subpectoral dissection continued

SURGERY REPORTS (continued)**OPERATIVE REPORT (continued)**

Preoperatively, she had the inframammary creases marked, as well as where the planned incisions were. We stapled the inframammary creases to identify this boundary throughout the case.

We began on the right breast. A radial incision was made starting approximately 1 cm from the areolar border at the 7:30 position. This incision was carried through the skin, down to the underlying breast parenchyma at which point, electrocautery was used to dissect down and establish a flap thickness that would include all her breast tissue with the breast specimen, leaving behind a thin layer of subcutaneous adipose tissue and the dermis with the subdermal plexus unaffected. The flaps were created in the inferior and superior manner taking great care to achieve a thickness that would exclude all breast tissue.

Once these flaps were established to about 3 cm superiorly and inferiorly, we began our dissection medially toward the nipple-areolar complex. This was challenging because the breast tissue as it entered this region of the subareolar breast was quite dense and so the plane of dissection between breast tissue and dermis was very difficult to define and basically required great care and a lot of time to do tedious dissection to maintain a uniform thickness underneath the nipple-areolar complex, ie avoid devascularizing the nipple while removing all breast tissue. To facilitate identification of the proper plane we returned to our dissection of the superior and inferior flaps, carrying this dissection more medially until the attachment of the breast tissue to the base of the nipple/areolar complex was isolated. In this fashion, we were able to safely dissect completely across the remainder of the retroareolar breast tissue. We placed a double stitch at the ductal tissue underlying the nipple. The nipple was not cored. Of note, creation of the skin flap was challenging as there was only a narrow layer of adipose tissue just beneath the dermal vascular plexus. We did encounter the dermis several times through this thin film of adipose tissue and at those times, the proper plane was carefully re-established. The boundaries of the mastectomy were the rectus sheath inferiorly, the latissimus dorsi laterally, the clavicle superiorly, and the sternum medially. Great care was taken to preserve intercostal perforators while not leaving anything suggesting residual breast tissue. The breast was then excised from the pectoralis muscle incorporating pectoralis fascia with the specimen. Finally, only the tail of the breast remained attached. It was marked with a single silk stitch prior to removal of the entire breast specimen. The entire mastectomy cavity bed was irrigated and hemostasis was achieved with electrocautery. The flaps appeared to be well perfused. We covered the opening to the skin with a moist gauze to help prevent desiccation of the underlying tissues.

We then moved to the left breast, which was removed in identical fashion, and with the same challenges. We also irrigated the area copiously with sterile saline and controlled any bleeding with Bovie electrocautery. Again, the flaps were of uniform thickness. They appeared well perfused. We then inspected both nipples, which appeared to be of good color and well perfused. Similar to the contralateral side, we covered this with moist gauze to prevent desiccation of the underlying tissue.

At this portion of the procedure, Dr. Hong came to perform his reconstruction.

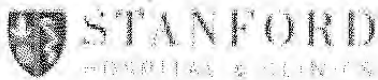
All counts were correct at the end of our portion of the case. Dr. Dirbas was present and personally performed all aspects of the case. Please see Dr. Hong's dictation for the remainder of the procedure.

Jon Gerry, MD

Frederick M Dirbas, MD

Frederick M. Dirbas, MD
Associate Professor of Surgery
Physician Leader, Breast Cancer Clinical Program

Official Copy



STANFORD HOSPITAL
450 BROADWAY STREET
REDWOOD CITY, CA 94063

Sex: F

Enc. Date: 12/28/12

Scan on 1/18/2013 9:42 AM : Pathology (below)

STANFORD HOSPITAL and CLINICS
STANFORD, CALIFORNIA 94305



SHS-12-46585
DOB: 12/1/1969



DATE COLLECTED PATH ACCESSION NUMBER DATE REC'D IN LAB

121212

RIGHT BREAST

Referring Physician: MD ID # Phone/pager # Pathologist Dr. #

Required: Each individual test must have ICD/Diagnosis. Do not use "rule out" or "probable".

ICD	Diagnosis
1	1
2	2
3	3
4	4

"Medicare pays only for tests which it considers medically necessary for the diagnosis and treatment of the patient. It will not pay for screening tests testing for disease when a patient displays no symptomatology or evidence of disease. Ancillary services are expected to have on file a diagnosis, symptom, or complaint that shows medical necessity."

THIS AREA IS FOR SURGICAL PATHOLOGY USE

BRE 6 x 2

ST 4 x 2

PATH RESIDENT

SPECIMEN SUBMITTED (LIST EACH SPECIMEN SEPARATELY AND ACCURATELY) ① Right Breast ② Left Breast

One Axillary Tail 2 Sutures Base of Nipple
③ Right Upper Mastectomy Subcutaneous Flap ④ Left Base of Nipple

CLINICAL HISTORY MUST ACCOMPANY EACH SPECIMEN

PERTINENT PHYSICAL AND/OR LABORATORY FINDINGS

OPERATION Bil Nipple Sparing Mastectomy, IMMO Reconstruction Implants, Dermotomies
OPERATIVE FINDINGS

CLINICAL DIAGNOSIS

FOR BREAST CASES: Time in formalin

Date

Time

Physician Signature

Dr. Dirbas

Print Name

14477

Physician Pager Number

RN Signature

Smaring

Print Name

12/28/12

Date

1450

Time

FROZEN SECTION DIAGNOSIS

Exhibit H

OPERATIVE REPORT (continued)

medially to the sternum and lateral to the anterior axillary line and superiorly to the clavicle. At this point, the inframammary fold was also reconstituted as it had been slightly crossed during the dissection. It was reset using a running interrupted 2-0 Vicryl suture. At this point, an 8 x 16 sheet of derma matrix was opened, reconstituted in sterile saline and anchored to the inframammary fold. A sizer was placed, about a 533 mL sizer was used and placed into the pocket and the superior aspect of the derma matrix was sutured to the inferior aspect of the pectoralis muscle. The reconstruction was examined and was not deemed acceptable in appearance as it was quite deformed and flattened. Therefore, the decision was made to attempt to place this in the subglandular position. This gave a much improved aesthetic result. Therefore, the derma matrix was removed. The pectoralis muscle was re-anchored down to the inframammary fold and then the pocket was narrowed by lateral plication along the anterior axillary line. Again, meticulous hemostasis was achieved. A style 15, 533 implant, reference #15 533, serial #1726089 on the left, 16047029 on the right, was open. It should be noted that the volumes of the breasts removed were 625 g on the right and 605 g on the left. With the decision made to place this in the subglandular space, the implant was placed into the space. It gave a much better improved appearance. This is with the understanding that almost certainly there is going to be greater risk of rippling or stretching out but, in view of the fact that the patient, strongly desired an immediate reconstruction, this was really the most realistic choice left to provide a satisfactory appearance. The mastectomy sites were quite healthy, including the nipple areolar complex. A drain was then placed in each axilla. Both implants were packed with antibiotic solution. The incisions were then closed securely in 3 layers of 2-0 Vicryl on the deeper tissues and 3-4 Monocryl on the skin. A dry dressing was then applied. The patient was placed in a support garment, extubated and taken to the recovery room in good condition.

Roy W Hong, MD

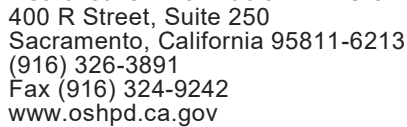
D: 12/12/2012 17:01:00 T: 12/12/2012 17:31:34 / MODL

SJN: 542541535 DJN: 651915

R: 12/20/2012 2:40 P/zg (Changed work type and resent with edits intact as per Chart Completion.)

p. Roy W. MD at 1/8/2013 7:05 AM

Exhibit I



000116

Stanford Health Care Adverse Events HSC 1279.1
ADVERSE EVENT
01: Surgery performed on a wrong body part, inconsistent with informed consent
03: Wrong surgical procedure performed, inconsistent with the informed consent
04: Retention of a foreign object in a patient
17: Stage 3 or 4 pressure ulcer, acquired after admission, excluding Stage 2 ulcers recognized upon admission
22: Patient death associated with a fall
26: Sexual assault on a patient within or on the grounds of a health facility
28: Adverse event/series of adverse events caused the death/serious disability of a patient/personnel/visitor
Total

*SFY 2010-2011 includes data 12/1/10 - 6/30/11

Source: CDPH/CHCQ/STAAR/RAES/MSW

Data Source: ASPEN Database

Data Extraction: Feb 15, 2017

Publication Date: March 7, 2017

SFY							
*2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-YTD	Total
0	1	0	0	0	0	1	2
0	2	0	0	0	0	0	2
0	4	3	0	2	2	4	15
17	49	41	27	91	17	3	245
0	0	0	0	1	1	0	2
0	0	0	1	0	0	0	1
0	0	0	0	0	2	0	2
17	56	44	28	94	22	8	269

Exhibit J



AMANDA WHEELER

INDIVIDUAL

265 N BROADWAY ST
PORTLAND, OR

Specialty

Surgical Oncology

NPI: 1477749752

START OVER

Services provided by this provider:

Displaying records 1 – 7 of 7.

Tissue transfer repair of wound (10 sq centimeters or less) of the trunk

HCPCS CODE: 14000
PRODUCT/SERVICE IS NOT A DRUG.
PLACE OF SERVICE: FACILITY

19	19	\$3,432.42
Number of Services	Number of Beneficiaries	Average Submitted Charge
\$344.08	\$269.76	
Average Medicare Allowed Amount	Average Medicare Payment	

Partial removal of breast

HCPCS CODE: 19301
PRODUCT/SERVICE IS NOT A DRUG.
PLACE OF SERVICE: FACILITY

27	25	\$1,438.61
Number of Services	Number of Beneficiaries	Average Submitted Charge
\$709.68	\$552.12	
Average Medicare Allowed Amount	Average Medicare Payment	

Biopsy or removal of lymph nodes of under the arm, open procedure

HCPCS CODE: 38525

PRODUCT/SERVICE IS NOT A DRUG.

PLACE OF SERVICE: FACILITY

19	19	\$1,253.63
Number of Services	Number of Beneficiaries	Average Submitted Charge
\$246.10	\$192.94	
Average Medicare Allowed Amount	Average Medicare Payment	

Lymph node imaging during surgery

HCPCS CODE: 38900

PRODUCT/SERVICE IS NOT A DRUG.

PLACE OF SERVICE: FACILITY

25	25	\$547.04
Number of Services	Number of Beneficiaries	Average Submitted Charge
\$148.69	\$116.58	
Average Medicare Allowed Amount	Average Medicare Payment	

New patient office or other outpatient visit, typically 60 minutes

HCPCS CODE: 99205

PRODUCT/SERVICE IS NOT A DRUG.

PLACE OF SERVICE: FACILITY

42	42	\$458.00
Number of Services	Number of Beneficiaries	Average Submitted Charge
\$189.35	\$148.45	
Average Medicare Allowed Amount	Average Medicare Payment	

Established patient office or other outpatient, visit typically 25 minutes

HCPCS CODE: 99214

PRODUCT/SERVICE IS NOT A DRUG.

PLACE OF SERVICE: FACILITY

51

43

\$186.00

Number of Services

Number of Beneficiaries

Average Submitted Charge

\$88.54

\$61.27

Average Medicare Allowed Amount

Average Medicare Payment

Established patient office or other outpatient, visit typically 40 minutes

HCPCS CODE: 99215

PRODUCT/SERVICE IS NOT A DRUG.

PLACE OF SERVICE: FACILITY

18

16

\$263.00

Number of Services

Number of Beneficiaries

Average Submitted Charge

\$125.38

\$92.85

Average Medicare Allowed Amount

Average Medicare Payment



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Data.CMS.gov A federal government website managed by the Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Baltimore, MD 21244

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[FOIA](#)

[No Fear Act](#)

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[FAQ's](#)

[CMS contact info](#)

[Help with file formats & plug-ins](#)

Exhibit K

February 7, 2018

Dr. [REDACTED]
[REDACTED]
[REDACTED]

Re: Refund of Payment

Dear Dr. [REDACTED]

It has come to our attention that we inadvertently billed in error for a preoperative established patient visit on December 11, 2012 that is generally included as part of the global surgical package. Because of billing in error, Anthem Blue Cross directed Stanford Health Care to bill you for the owed amounts as you not satisfied your annual out-of-pocket deductible. Our records indicate that you made a payment in the amount of \$341.97. As such, enclosed with this correspondence is a check for a refund in full of the amount you paid in this regard. At this time, we consider this matter closed without any additional follow up needed.

It has also come to our attention that Anthem Blue Cross was inadvertently billed for two packages of Alloderm with respect to the surgery you underwent at Stanford Health Care on December 12, 2012. Based on our internal review, only one package of Alloderm should have been billed to Anthem Blue Cross. Accordingly, we have contacted Anthem Blue Cross and have asked them to re-open this matter. We have also submitted amended/reduced charges to reflect this change. We await a re-adjudication of this claim by Anthem Blue Cross to determine if any amounts should also be reimbursed to you based on this billing error.

Sincerely,

Chantel M. D. Susztar, RHIT, CDIP, CCS, CCS-P, CHC

Chantel M. D. Susztar, RHIT, CDIP, CCS, CCS-P, CHC
Director, Hospital Billing Integrity
Compliance Department
Stanford Health Care

300 Pasteur Drive MC5780
Stanford, CA 94305

enclosure

Exhibit L

VERIFY THE AUTHENTICITY OF THIS MULTI-TONE SECURITY DOCUMENT. CHECK BACKGROUND AREA CHANGES COLOR GRADUALLY FROM TOP TO BOTTOM.



STANFORD
HEALTHCARE

300 Pasteur Drive
MC 5540
Stanford, CA 94305

Bank of America
Controlled Disbursement
Bank of America, N.A.
Northbrook, Illinois

70-2328
719 IL

DATE
01/25/18

NO. 232147

AMOUNT
\$ *****341.97
DOLLARS

PAY THREE HUNDRED FORTY ONE AND 97/100

Void After 180 Days

TO
THE
ORDER
OF

AI [REDACTED]
DA [REDACTED]

Chief Financial Officer

00000232147 071923284 87656 16141

Supervisor

2018 at 1:20

Clerk

Exhibit M

RE: Time Sensitive Demand Re: Stanford & Dr. Dirbas Billing Fraud

Daniela Stoutenburg <daniela.stoutenburg@dbtlaw.org>

Fri 6/15/2018 12:23 PM

To:jd 121212 <jd121212@hotmail.com>;

Cc:Carolyn Northrop <carolyn.northrop@dbtlaw.org>; Sheryl Rodacker <sheryl.rodacker@dbtlaw.org>; Angelina Felo <angelina.felo@dbtlaw.org>;

Dear Jane Doe,

We are in receipt of your emails below.

Please be advised that SHC con. nues to work with Blue Cross regarding the Alloderm issue and has re-submi. ed a claim reflec. ng reduced charges to Blue Cross for one package of Alloderm (versus two packages). However, Blue Cross has confirmed that submission of this new claim for the reduced amount will not result in any change to your deduc. ble and there are no amounts that will be owed to you based on the resubmi. ed claim/reduced claim.

With respect to the check in the amount of \$341.97. This check was previously mailed to you via certified mail. However, it has come to our attention that you never retrieved the check from the post office and, after a month, it appears the check was sent back to SHC. As such, SHC will be re-issuing and sending you a new check as soon as possible.

With respect to your new allegations regarding billing related to pathology specimens, Stanford is looking into this.

We strongly disagree with your false and unsubstantiated allegations against Dr. Dirbas. We also strongly disagree with your characterization of any potential billing errors to Blue Cross, on the part of Stanford, as intentional or fraudulent. In addition, we disagree that you have any cause of action against Dr. Dirbas or Stanford or that you have any legitimate claim against Dr. Dirbas or Stanford pursuant to 31 U.S.C. 3279.

Finally, as we have indicated previously, our clients, have requested that you stop communicating with them directly and instead direct any communication regarding these claims and/or threats of further litigation to our office. Accordingly, please refrain from sending or cc'ing emails to Dr. Dirbas or Ms. Zumwalt. In addition, please refrain from cc'ing other partners in my firm as they are not involved in this matter. I consider your tactics in this regard abusive and harassing.

-Dani

Daniela Stoutenburg
DUMMIT, BUCHHOLZ & TRAPP

SACRAMENTO
1661 Garden Highway

Sacramento, CA 95833
Ph: (916) 929-9600
Fax: (916) 927-5368

LOS ANGELES
11755 Wilshire Blvd, 15th Floor

Los Angeles, CA 90025
(310) 479-0944

SAN DIEGO
101 West Broadway, Suite 1400

San Diego, CA 92101
(619) 231-7738

RIVERSIDE/SAN BERNARDINO
3797 Tenth St.

Riverside, CA 92501
(951) 683-6615

CONFIDENTIALITY: THIS IS A PRIVILEGED AND CONFIDENTIAL COMMUNICATION INTENDED ONLY

000128

FOR THE ABOVE-NAMED RECIPIENT. RECEIPT OF THIS COMMUNICATION BY ANOTHER DOES NOT CONSTITUTE WAIVER OF THE ATTORNEY-CLIENT AND ATTORNEY WORK PRODUCT PRIVILEGES. ANY DISSEMINATION, COPY OR DISCLOSURE, OTHER THAN BY THE INTENDED RECIPIENT, IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE IMMEDIATELY NOTIFY US VIA RETURN E-MAIL AND DELETE THIS COMMUNICATION WITHOUT MAKING ANY COPIES. THANK YOU FOR YOUR COOPERATION.

THIS DOCUMENT MAY CONTAIN INFORMATION COVERED UNDER THE PRIVACY ACT, 5 USC 552(A), HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT, PUBLIC LAW 104-191, AND DOD DIRECTIVE 6025.18. IT MUST BE PROTECTED IN ACCORDANCE WITH THOSE PROVISIONS.

From: jd 121212 [mailto:jd121212@hotmail.com]

Sent: Friday, June 15, 2018 2:23 AM

To: Carolyn Northrop; Daniela Stoutenburg

Cc: Janet Trapp; Scott Buchholz; Craig Dummit; zumwalt@stanford.edu; dirbas@stanford.edu; Richard Harris

Subject: Re: Time Sensitive Demand Re: Stanford & Dr. Dirbas Billing Fraud

Dear Stanford and Counsel,

We sent you a time sensitive communication and request, neither of which have been replied to. Unless we receive written notice from you by the end of business today June 15, 2018 standing otherwise, we will assume that you all are aware and acknowledge the contents of the prior communication inserted below, and decline to take any corrective steps.

Very Truly Yours,

J&J Doe

From: jd 121212

Sent: Saturday, June 2, 2018 1:54 PM

To: Carolyn Northrop; Daniela Stoutenburg

Cc: janet.trapp@dbtlaw.org; scott.buchholz@dbtlaw.org; craig.dummit@dbtlaw.org; zumwalt@stanford.edu; dirbas@stanford.edu; richard.harris@dbtlaw.org

Subject: Time Sensitive Demand Re: Stanford & Dr. Dirbas Billing Fraud

Dear Stanford and Counsel,

We request a timely response to several remaining billing questions as to your clients Dr. Dirbas and Stanford's fraudulent healthcare billing pursuant to Calif. Ins. Code 1871.7. Stanford's conduct is appalling and shocks the moral sensibilities not only in medical negligence, but also in unjust enrichment and willful billing fraud. Dr. Dirbas's financial moves and conduct is reprehensible and shameful given that he also concealed records, failed to document or destroyed his notes for one date of service altogether, and was complicit in pathology fraud as detailed below.

As your firm, Dr. Dirbas, and Ms. Zumwalt know, on March 2018 Stanford postmark dated a check for \$341.97 for Dr. Dirbas's fraudulently unbundled global surgery pre-op visit (CPT 99215) for Date of service 12/11/12. In late March 2018, Stanford also wrote to Plaintiffs that Plaintiffs would be soon notified of a pending refund status from the fraudulently upcoded and double billed units of Alloderm for roughly \$34,000. On the same date, Stanford's billing compliance office conceded in writing to the upcoded and unbundled billing and stated that that the billing overcollection was being transmitted to Anthem Blue Cross (herein "ABC") for re-adjudication.

T

Email jd121212@hotmail.com

Stanford Billing Department
Fax None /Phone 650-498-7200

Liz @ Guest Services
Stanford Hospital & Clinics
Senior Patient Representative
650-498-3333 main office; Fax- N/A
guestservices@stanfordhealthcare.org

EricaLopez@stanfordhealthcare.org
Navigator
Erica Lopez
Patient Relations
F: 650.724.7495
O: 650.498.3333

F: 650.724.7495

March 5 2017

RE: MJ
DOB 1

Dear Stanford Hospital and Billing,

I called today to review a couple of questions, and spoke briefly with Liz in Guest services who did not have a fax or email for billing.

I will need a timely explanation for billing purposes of what happened in my account. In reviewing the billing records for the period of 1/1/12 to 12/31/12 (because of a medical matter about these dates currently in service) we found a number of troubling discrepancies.

In researching this issue further through CMS online and open access information, I find this pattern and discrepancy extended to more patients than just this particular case. Therefore, I would require an explanation of the following upcoding instances, and a general audit of all charges on my account for 2012.

Email jd121212@hotmail.com

1. On date of service 12/11/12 Stanford billed and received unjust enrichment for CPT code "99215", "comprehensive patient exam" as part of the pre-operative fee before a double mastectomy CPT code "19304". It appears that the day before the surgery (pre-op) was unbundled and essentially upcoded for \$494. Stanford collected unjust enrichment of \$341 in combination from the patient and Anthem Blue Cross. The correct coding with the global codes would not have resulted in any enrichment to Stanford.
2. On date of service 12/12/12, Stanford billing and medical records are conflicting. The patient ultimately received no units of medical device/ implant of Alloderm CPT code "15171" or "15170" in the surgery. Stanford upcoded and billed for 2 units of Alloderm for \$34,600. This too resulted in unjust enrichment of more than approximately \$10,000 to Stanford. Both the patient and Anthem paid 100% of the allowable on this fee, each in proportion.
 - The surgeon's operative report for 12/12/12, *if to be believed*, reflects that the patient left the operating room with no Alloderm implanted. It shows one sheet was implanted and explanted on the left side only.
 - The O.R. nursing record, *if to be believed*, showed 2 units of large 8x16 sheets of Alloderm were implanted in the patient. The nursing note states that none were wasted and none were explanted.
 - The surgeon's deposition testimony, *if to be believed*, reflects that 1 unit or partial unit of Alloderm was used and explanted.
 - Coincidentally, an outside institution's independent (Mission Hospital) May 20, 2013 operative and pathology records for the patient show that no Alloderm was in the patient.

If your records do not support these above charges as I have asserted, I would request an immediate refund in proper proportion to me and the insurance carrier for these unbundled fees and upcoded fees, for both 99215 for 12/11/12 and 15170/ 15171 on 12/12/12.

Moreover, these coding discrepancies learned through this case demonstrated institutional failures. The system wide errors and similar coding discrepancies demonstrated in records produced by CMS through a FOIA records request appeared to be of a larger magnitude than expected. For instance, under information and belief, a query with OSHPD showed that these upcoding claims involved potentially some Stanford discharges of 224 mastectomy patients in 2012, and 217 patients in 2013.

At this time, these records available to us are being used only for the purpose of resolving this billing discrepancy with Stanford, and we have not pursued other means or making the data public.

Based on the institutional failures in coding practice, we could see grounds for this type of action for the demonstrated widespread billing discrepancies in this case and the CMS. Therefore, in line with Federal False

Email jd121212@hotmail.com

Claim acts these billing regularities could foreseeably form the basis of a Qui Tam Lawsuit with the Department of Justice.

Unless I receive written communication from you within 5 days of this letter stating otherwise, then we will assume that you are not agreeable to timely reconciling and refunding these troubling billing discrepancies. Feel free to contact me for any questions.

Sincerely,

Enclosures: Stanford 12/12/12 operative report, 12/12/12 nursing records, Billing records, 5/22/13 Pathology report

September 8, 2017

RE: MRN 1^

Dear Dr. Dirbas and Ms. Duzwalt,

We had recently briefed counsel for Dr. Dirbas and asked counsel to fully advise you on these matters. In the event that may have been overlooked, kindly find the following informational copies for your records.

In brief review, on or before March 5, 2017 we contacted Liz at Stanford Guest services regarding a couple of questions about our Stanford account. We requested a timely explanation for billing purposes of what happened in the medical account with some discrepancies. We did receive a phone call but have not since received an account reconciliation.

For example, it was noted that Dr. Dirbas and Stanford tended to bill CPT code 99214 or 99215 for pre-operative visit on the day before surgery. Questions had genuinely arisen through some detailed reviews of billing records (because of the medical treatments for these dates in a civil case *Doe Vs. Hong et al*, 1-14-CV-261702.)

Based upon this information, the CMS coding and billing data for Dr. Dirbas, Dr. Gordon Lee, and a few other Stanford surgeons was obtained through records act requests. In formulating potential areas for compliance improvement, we researched the preliminary billing discrepancy findings based on unbundling or "" of the pre-operative visits whereas those should have been part of the global surgery fees for major surgeries.

We would hope that the information we are providing may be applied in a helpful fashion such that Dr. Dirbas and Stanford's billing can efficiently fall into compliance with insurance and CMS guidelines. Upon information and belief that these pre-operative visit charges extended to more patients, we began a more in-depth analysis.

For example, in the aforementioned account, on date of service 12/11/12 Stanford billed and received full enrichment for CPT code "99215", "comprehensive patient exam" as part of the pre-operative fee before a double mastectomy CPT code "19304" on 12/12/12, which has a 1 day pre op global as well as 90 day post op global. Thus, it appears that the day before the surgery (pre-op) was unbundled for \$494, whereas that should have been part of the global fee for the surgery. The correct coding within the global caps would not have resulted in any enrichment.

As another example, on date of service 12/12/12, Stanford billing and medical records were very conflicting. The patient ultimately received no units of medical device/ implant of Alloderm CPT code "15171" or "15170" in the surgery. Stanford coded and billed for 2 units of Alloderm for \$34,600. This too likely represents a

Email jd121212@hotmail.com

billing and nursing compliance issue that could be easily remedied, but in this case resulted in what appears to be unearned enrichment of more than approximately \$10,000 to Stanford. In that case, Both the patient and Anthem paid 100% of the allowable on this fee, each in proportion.

- The conflicting internal medical and nursing records were at some issue. For example, the surgeon's operative report for 12/12/12, *if to be relied upon* reflects that the patient left the operating room with no Alloderm implanted. It shows one sheet was implanted and explanted on the left side only.
- The O.R. nursing record, *if to be relied upon* showed 2 units of large 8x16 sheets of Alloderm were implanted in the patient. The nursing note states that none were wasted and none were explanted.
- The surgeon's deposition testimony, *if to be relied upon*, reflects that 1 unit or partial unit of Alloderm was used and explanted.
- Coincidentally, an outside institution's independent (Mission Hospital) May 20, 2013 operative and pathology records for the patient show that no Alloderm was in the patient.

Moreover, these coding issues identified through this case demonstrated institutional areas for change. The system errors and similar coding discrepancies demonstrated in CMS records (attached Dr. Dirbas) appeared to be of a larger magnitude than expected. For instance, under information and belief, a query with OSHPD showed that the upcoding claims involved potentially some Stanford discharges of 224 mastectomy patients in 2012, and 217 patients in 2013.

For example, based on Dr. Dirbas's NPI CMS billing of \$1,618,328.50 plus larger non-CMS billings or Dr. Gordon Lee's similar billings, your institutional timely compliance with correct coding initiatives would be of immense benefit and save federal and state healthcare dollars. We see grounds for institutional awareness and improved coding through your awareness of the foregoing. Therefore, we have also attached informational copies of the CMS guidelines for global surgical codes as well as a PDF of Dr. Dirbas's revenue production through CMS.

At this time, informational copies of the aforementioned records are being made available to you for the purpose of helping Dr. Dirbas and his department to urgently correct the unbundling of any preoperative visits moving forward, to also timely institute a billing compliance plan, as well as fairly resolve the issues in this underlying civil matter.

Feel free to contact us for any questions.

Sincerely,

Exhibit N



STANFORD HOSPITAL
450 BROADWAY STREET
REDWOOD CITY, CA 94063

DOE, JANE
MRN: xxxx7860
DOB: XXXX, Sex: F
Enc. Date: 12/28/12

Scan on 12/19/2012 11:34 AM (below)

Page 1 of 2

131019766418

**Stanford Hospital and
Clinics**

STANFORD HOSPITAL
450 BROADWAY STREET
HIM_MEDICAL RECORDS MC5200
REDWOOD CITY, CA 94063

DOE, JANE
MRN:xxxxx7860
DOB: xxxxxx, Sex: F
Adm:12/11/2012

Unsigned

Author:	Schultz, Candice, PA	Service:	(none)	Author	Physician Assistant
Filed:	12/11/12 2023	Note	12/11/12 1910	Type:	
Trans	Unavailable	Time:		Trans ID:	S542372800
Status:					151358

ALLERGIES: -----

We had the pleasure of seeing DOE in the Breast Surgical Oncology Clinic at Stanford Women's Cancer Center today.

The patient is a Redacted

She met with REDACTED and will undergo immediate reconstruction with implants.

PAST MEDICAL HISTORY: She has a history of XXXXXXXXXXXXXXXXXXXX.

PAST SURGICAL HISTORY: Significant for a XXXXXXXXXXXXXXXXXXXX removed in

MEDICATIONS: Redacted

REVIEW OF SYSTEMS: Negative for cardiovascular, respiratory, renal, endocrine, vascular, neurologic, gastrointestinal, musculoskeletal, eyes, ears, nose, and throat.

DOE, JANE

Page 1 of 2

STANFORD HOSPITAL
450 BROADWAY STREET
HIM_MEDICAL RECORDS MC5200
REDWOOD CITY, CA 94063

DOE, JANE
MRN: XXXX7860
DOB: 1XXXXXX, Sex:
F



STANFORD HOSPITAL
450 BROADWAY STREET
REDWOOD CITY, CA 94063

DOE, JANE
MRN: XXXX7860
DOB: XXXX, Sex: F
Enc. Date: 12/28/12

PHYSICAL EXAMINATION: GENERAL: Well-appearing woman no acute distress. VITAL SIGNS: Stable. HEART: Regular rate and rhythm. No murmurs, gallops, or rubs. LUNGS: Clear to auscultation bilaterally without rales, rhonchi, or wheezing. BREASTS: The breasts were examined in the upright and supine positions. There is no lymphadenopathy in the axillae, supraclavicular, infraclavicular, or axillary. Left breast, there are no dominant masses, nodularity, skin changes, or nipple discharge. On the right, there are no dominant masses, nodularities, skin changes, nipple discharge. ABDOMEN: Soft, flat, nontender. EXTREMITIES: Without cyanosis or edema.

ASSESSMENT AND PLAN: **Redacted** planning for bilateral prophylactic nipple sparing mastectomies with immediate reconstruction with implants.

We discussed the possibility of finding an incidental breast cancer on final pathology. This would necessitate her undergoing another surgery to possible check lymph nodes. We discussed simple mastectomy in detail, this would be a nipple sparing procedure. The patient had questions about **coring the nipple**. She does not want the nipples cored. We discussed that this is not considered best practice; however, she wishes not to have her nipple cored at the time of surgery.

We explained that this is a prophylactic procedure and that it is elective, that she does not have a biopsy-proven breast cancer, and she understands this. We discussed the risks, benefits, and alternatives, including seroma, hematoma, poor wound healing, and poor cosmetic outcome. The patient is undergoing immediate reconstruction with **XXXXXXXXXXXXXXXXXX**. She is scheduled to have her surgery tomorrow December 12, 2012. All the patient's questions were answered at the time of the visit and she signed a consent for bilateral nipple areolar sparing mastectomies with immediate reconstruction with implants.

Candice Schultz, PA-C

Frederick M Dirbas, MD

SJN: 542372800 DJN: 651139
D: 12/11/2012 18:30:00 T: 12/11/2012 19:02:33 / MODL

DOE, JANE

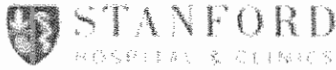
Page 2 of 2

STANFORD HOSPITAL
450 BROADWAY STREET
HIM_MEDICAL RECORDS MC5200
REDWOOD CITY, CA 94063

DOE, JANE
MRN: XXXX7860
DOB: XXXXX, Sex: F

Exhibit O

Official Copy



STANFORD HOSPITAL
450 BROADWAY STREET
REDWOOD CITY, CA 94063

MRN: 19
DOB: 12/ , Sex: F
Enc. Date: 12/28/12

Medical Record Number 19297860 121112

AKA B 12, SEX F
CSN 131019766418

STANFORD HOSPITAL and CLINICS
STANFORD, CALIFORNIA 94305

PROCEDURE - OPERATION -
IMPLANT/EXPLANT
Note: for Tissue Implant/Explant Only use form 15-1311-1

IMPLANTING PHYSICIAN Dr. R. Hong IMPLANT SITE Bil Breast

IMPLANT MANUFACTURER MTF

DESCRIPTION	MODEL / CAT #	LOT/SERIAL #	EXP Date	QTY	ACTION
The Following Additional Tests Were Performed On Donor 0351108718 HCV AB; HIV 1-2 AB; CMV ANTIBODY; HBV NAT; HTLV 1/2					
THIS TISSUE IS SUITABLE FOR TRANSPLANTATION	011816		Aug 10, 2015	1	I
Musculoskeletal Transplant Foundation Exp Date: 14 Jun 2015 ITEM: 011816 SERIAL No: 00211087841020 DESC: DermaMatrix - 8 cm x 16 cm	011816		Aug 10, 2015	1	I

ACTION CODE:
1 = Implanted 2 = Explanted 3 = Implanted and Explanted 4 = Wasted 5 = Charge Only (Not Implant Item)

FORM COMPLETED BY S. MARINOS DATE 12/12/12 TIME 1452

15-1311 (10/09)

White - Medical Records

Pink - OR Region

STANFORD HOSPITAL
450 BROADWAY STREET
HIM_MEDICAL RECORDS MC5200
REDWOOD CITY, CA 94063

MRN: 19
DOB: 12/ , Sex: F

Exhibit P



< [BACK TO PROVIDER SEARCH RESULTS](#)

FREDERICK DIRBAS

INDIVIDUAL

300 PASTEUR DR
STANFORD, CA

Specialty

General Surgery

NPI: 1154457091

START OVER

Services provided by this provider:

Displaying records 1 – 7 of 7.

Partial removal of breast

HCPCS CODE: 19301
PRODUCT/SERVICE IS NOT A DRUG.
PLACE OF SERVICE: FACILITY

24

23

\$1,415.25

Number of Services Number of Beneficiaries Average Submitted Charge

\$673.97

\$528.39

Average Medicare Allowed Amount Average Medicare Payment

Total removal of breast

HCPCS CODE: 19303
PRODUCT/SERVICE IS NOT A DRUG.

PLACE OF SERVICE: FACILITY

17	17	\$4,782.44
Number of Services	Number of Beneficiaries	Average Submitted Charge
\$1,110.61	\$870.72	
Average Medicare Allowed Amount	Average Medicare Payment	

Biopsy or removal of lymph nodes of under the arm, open procedure

HCPCS CODE: 38525

PRODUCT/SERVICE IS NOT A DRUG.

PLACE OF SERVICE: FACILITY

20	20	\$1,249.25
Number of Services	Number of Beneficiaries	Average Submitted Charge
\$266.52	\$208.95	
Average Medicare Allowed Amount	Average Medicare Payment	

New patient office or other outpatient visit, typically 60 minutes

HCPCS CODE: 99205

PRODUCT/SERVICE IS NOT A DRUG.

PLACE OF SERVICE: FACILITY

32	32	\$458.00
Number of Services	Number of Beneficiaries	Average Submitted Charge
\$191.14	\$138.21	
Average Medicare Allowed Amount	Average Medicare Payment	

Established patient office or other outpatient visit, typically 15 minutes

HCPCS CODE: 99213

PRODUCT/SERVICE IS NOT A DRUG.

PLACE OF SERVICE: FACILITY

72	64	\$112.94
Number of Services	Number of Beneficiaries	Average Submitted Charge
\$58.02	\$37.00	
Average Medicare Allowed Amount	Average Medicare Payment	

Established patient office or other outpatient, visit typically 25 minutes

HCPCS CODE: 99214

PRODUCT/SERVICE IS NOT A DRUG.

PLACE OF SERVICE: FACILITY

19

18

\$186.00

Number of Services

Number of Beneficiaries

Average Submitted Charge

\$89.43

\$59.05

Average Medicare Allowed Amount

Average Medicare Payment

Established patient office or other outpatient, visit typically 40 minutes

HCPCS CODE: 99215

PRODUCT/SERVICE IS NOT A DRUG.

PLACE OF SERVICE: FACILITY

44

33

\$263.00

Number of Services

Number of Beneficiaries

Average Submitted Charge

\$126.57

\$92.48

Average Medicare Allowed Amount

Average Medicare Payment



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Data.CMS.gov A federal government website managed by the Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Baltimore, MD 21244

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[OpenPaymentsData.CMS.gov](#)

[Data.Medicare.gov](#)

[Data.Medicaid.gov](#)

[Data.HealthCare.gov](#)

[FOIA](#)

[No Fear Act](#)

[Privacy Policy](#)

[FAQ's](#)

[CMS contact info](#)

[Help with file formats & plug-ins](#)



(https://twitter.com/share?url=http%3A%2F%2Fprojects.wsj.com%2Fmedicare-billing-2012%2F&text=Medicare%20Unmasked%3A%20Behind%20the%20Numbers) See Medicare's payments to more than 880,000 medical providers in 2012, and how doctors and other providers compare with the Medicare database by provider name, specialty and location to see the types and Unmasked: number of procedures performed and the amounts paid to each provider by Medicare. Behind the Numbers & the 2012 billing data—the first of its kind to see who, how, and how much Medicare paid to medical providers. The Wall Street Journal.

Updated Dec. 17, 2014

Note: The data shown here, which were released by Medicare in April 2014, suppressed payments to medical providers for services they rendered to small numbers of patients. **See the updated Medicare database** (<http://graphics.wsj.com/medicare-billing/>), based on data released in June 2015, which includes more complete data for 2012 and 2013 billing.

Explore the Data

Search doctors and other providers who received Medicare payments.

Physician or Provider

DIRBAS FREDERICK

Last Name / Company

All specialties

Specialty / Facility Type

Q Search

Reset

Location

Ex: Denver

City

All locations

State / Territory

(https://twitter.com/fredrick.com/sharer.php?url=http%3A%2F%2Fprojects.wsj.com%2Fmedicare-billing-2012%2F&text=How%20FREDERICK%20DIRBAS%20MD%20compares%20to%20other%20providers%20in%20the%20San%20Mateo%20County%20Calif.%20area%20specializing%20in%20General%20Surgery) See how FREDERICK DIRBAS MD compares to 48 other providers in the San Mateo County, Calif. area specializing in General Surgery.

FREDERICK DIRBAS MD
General Surgery
300 PASTEUR DR | STANFORD, CALIF.
\$46,482.46
Total Medicare payments in 2012

Compare to other providers: **Nationally** > **Statewide** > **Regionally**

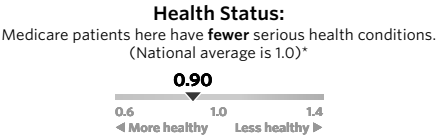
Provider Comparison

How **FREDERICK DIRBAS MD** compares to **48** other providers in the **San Mateo County, Calif.** area specializing in **General Surgery**:

		PERCENTILE
Total payments in 2012	\$46,482.46	85th percentile
Number of patients	134	73rd percentile
Payments per patient	\$346.88	83rd percentile

Patient Comparison

How Medicare patients in the **San Mateo County, Calif.** region compare nationally:



Average annual cost to Medicare
per patient in 2012

\$9,228.24
San Mateo County, Calif.

\$9,502.64
Nationally

Average age of Medicare patients

74
San Mateo County, Calif.

71
Nationally

Provider's Services at a Glance

Types of services provided by **FREDERICK DIRBAS MD**:

CATEGORY	TOTAL REIMBURSED BY MEDICARE	PERCENT OF TOTAL REIMBURSEMENTS BY MEDICARE
Surgeries and procedures	\$23,404.50	50.4%
Evaluation and management	\$23,078.41	49.6%

Provider's Services in Detail

Services for which **FREDERICK DIRBAS MD** was reimbursed by Medicare:

Procedure	Number performed	Number of Medicare patients	Average Medicare reimbursement per procedure	Total Medicare payments for procedure ♥
Partial mastectomy <i>Surgeries and procedures</i> CODE: 19301-F	37 Top 20% nationally	29	\$555.15	\$20,540.55
Office/outpatient visit new <i>Evaluation and management</i> CODE: 99205-O	45 Top 40% nationally	45	\$183.06	\$8,237.70
Office/outpatient visit est <i>Evaluation and management</i> CODE: 99213-O	99 Top 60% nationally	73	\$63.09	\$6,245.91
Office/outpatient visit est <i>Evaluation and management</i> CODE: 99214-O	43 Bottom 40% nationally	34	\$97.57	\$4,195.51
Biopsy/removal lymph nodes <i>Surgeries and procedures</i> CODE: 38525-F	15 Top 60% nationally	15	\$190.93	\$2,863.95
Office/outpatient visit est <i>Evaluation and management</i> CODE: 99215-O	21 Bottom 40% nationally	19	\$130.25	\$2,735.25

Procedure	Number performed	Number of Medicare patients	Average Medicare reimbursement per procedure	Total Medicare payments for procedure ♥
Office/outpatient visit new <i>Evaluation and management</i> CODE: 99204-O	12 Bottom 20% nationally	12	\$138.67	\$1,664.04

Showing 1 to 7 of 7 entries

About this Data

This list, based on data made public by the Centers for Medicare and Medicaid Services, shows the dollar amounts that doctors and other medical providers received in Medicare reimbursements in 2012, along with other data including their specialties. Only procedures which providers performed on more than 10 Medicare patients were included in the data released. There is some information CMS hasn't provided. In some cases, procedures attributed to a specific physician may have been performed by other people under that doctor's supervision. The data doesn't include information on patients nor does it show doctors' billings related to durable medical equipment.

*The health status score is based on Medicare's system of calculating risk based on the presence of serious diseases, known as the CMS-HCC risk adjustment model.

Interactive by Martin Burch, Chris Canipe, Madeline Farbman, Jon Keegan, Palani Kumanan and Stuart Thompson/The Wall Street Journal

Source: Centers for Medicare and Medicaid Services

Medical-procedure descriptions and codes are from the Current Procedural Terminology code set, which is copyrighted by the American Medical Association.

Note: If a search returns more than 200 providers, only the 200 providers with the highest total Medicare payments will be displayed. To see further results, narrow the search by adding additional fields, such as city, state or specialty.

About the data: The data is the most complete public accounting of physician-specific Medicare billing now available. But, it has limitations and the available data may not present the full picture of a specific physician's practice.

Medicare payments do not represent the full revenues of a physician's practice. Physicians also bill private insurers and other payers.

Codes are assigned to each procedure, service or product Medicare covers. Each code has its own payment rate. Places of service are categorized with either an 'F' for health-care facilities, such as hospitals, or with an 'O' for offices, such as doctor's practices.

Many similar services are represented by separate procedure codes in Medicare's billing system, which may make it difficult to compare utilization of specific services between physicians.

In some cases, procedures attributed to a specific physician may have been performed by other people under that doctor's supervision.

The Medicare data does not include information about the patients treated. Doctors treating complex cases may receive higher payments as their patients require more services.

The data does not include any procedures performed on patients enrolled in Medicare Advantage plans, which are run by private insurers and financed by the federal government.

The data does not include procedures which a given physician performed on 10 or fewer patients.

Physicians in various parts of the country receive different payments for the same services; doctors in areas where the cost of living, running practices or malpractice insurance is higher may receive higher payments.

Specialists who focus on procedures with relatively high overhead, such as in-office imaging equipment, may receive higher payments than doctors with lower overhead for some services.

Some physicians bill some services under their personal provider number and others under the provider number of an organization, such as an employer. In those cases, doctors payments received by the organization are not included in personal totals.

Exhibit Q



CANDICE SCHULTZ

INDIVIDUAL

900 BLAKE WILBUR DR
PALO ALTO, CA

Specialty

Physician Assistant

NPI: 1881725638

START OVER

Services provided by this provider:

Displaying records 1 – 1 of 1.

Established patient office or other outpatient visit, typically 10 minutes

HCPCS CODE: 99212

PRODUCT/SERVICE IS NOT A DRUG.

PLACE OF SERVICE: FACILITY

12

Number of Services

12

Number of Beneficiaries

\$34.50

Average Submitted Charge

\$24.68

Average Medicare Allowed Amount

\$19.35

Average Medicare Payment

$\frac{1}{3}$

Provider Comparison

NATIONALLY

STATEWIDE

CANDICE L. SCHULTZ PA-

Physician Assistant

How CANDICE L. SCHULTZ PA- compares to 3,459 other providers in California specializing in Physician Assistant

2015

Total Payments: **\$903**
4th percentile statewide

900 BLAKE WILBUR DR ROOM W0048 M/C 5355 | PALO ALTO, CALIF.

Number of Patients: **22**
10th percentile statewide

Payments per Patient: **\$41**
4th percentile statewide

Provider's Services at a Glance, 2015

Types of services provided by CANDICE L. SCHULTZ PA-:

Category	Total reimbursed by Medicare	Percent of total reimbursements by Medicare
Evaluation and management	\$232	25.7%

Note: Category totals may not add up to a provider's total payments because information about a provider's specific services to fewer than 11 Medicare patients is suppressed by Medicare.

Provider's Services in Detail, 2015

Services CANDICE L. SCHULTZ PA- performed on more than 10 patients:

Procedure	Number performed	Number of Medicare patients	Average Medicare reimbursement per procedure	Total Medicare payments for procedure ▼
Established patient office or other outpatient visit, typically 10 minutes Evaluation and management CODE: 99212-F	12 Bottom 20% nationally	12	\$19.35	\$232

Showing 1 to 1 of 1 entries

Previous

1

Next

ABOUT THIS PROJECT

This project uses data made public by the Centers for Medicare and Medicaid Services. It shows the dollar amounts that doctors and other medical providers received in Medicare reimbursements by calendar year, along with other data including their specialties. Only procedures which providers performed on more than 10 Medicare patients were included in the data released. There is some information CMS hasn't provided. The data doesn't include information on patients nor does it show doctors' billings related to durable medical equipment.

The Wall Street Journal won a Pulitzer Prize in 2015 for its Medicare coverage. An earlier version of this graphic (<https://graphics.wsj.com/medicare-billing-2015/>) was part of the winning submission

Interactive by Martin Burch, Chris Canipe, Madeline Farbman, Jon Keegan, Palani Kumanan, Renee Lightner and Stuart Thompson/The Wall Street Journal

Note: Stories and graphics published prior to June 2015 relied on an earlier version of Medicare's billing data that suppressed records of some payments to medical providers for services they rendered to small numbers of patients. For this reason, the total payment figures for 2012 shown here may differ from total payments shown in earlier stories about this provider and in the original release of this interactive. Related story » (<https://www.wsj.com/articles/new-medicare-data-offer-a-more-complete-picture-1433372865>)

Sources: Centers for Medicare and Medicaid Services; Medical-procedure descriptions and codes are from the Current Procedural Terminology code set, which is copyrighted by the American Medical Association.

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In some cases, procedures attributed to a specific physician may have been performed by other people under that doctor's supervision.

The Medicare data does not include information about the patients treated. Doctors treating complex cases may receive higher payments as their patients require more services.

The data does not include any procedures performed on patients enrolled in Medicare Advantage plans, which are run by private insurers and financed by the federal government.

BEHIND THE NUMBERS

Medicare Unmasked

See Medicare's payments to over one million medical providers from 2012 to 2015, and how doctors and other providers compare with peers in their state and nationwide.

EXPLORE THE DATA

Search doctors and other providers who received Medicare payments.

Physician or Provider

SEITHER JENNIFER G

Last Name / Company

All specialties

Specialty / Facility Type

Location

Ex: Denver

City

California

State / Territory

Q SEARCH

RESET

(mailto:https://https://facebook.com/sharer/sharer.php?

subject=Self%20Pay%20Health%20Insurance%20Goes%20Unfunded%20Medicare%20billing%20compared%20to%20

billing%20in%20the%20US%20for%20JENNIFER%20G.%20SEITHER's%20Me

JENNIFER G. SEITHER NP-C

Noise Practitioner

1000 WELCH RD 100 | PALO ALTO, CALIF.

\$1,640

Total Medicare payments in 2014

2013	2014

Year	Total Payments	Number of Patients	Payments per Patient
2014	\$1,640	12	\$137

2013

\$2,702

23

\$117

JENNIFER G. SEITHER NP-C

Nurse Practitioner

1000 WELCH RD 100 | PALO ALTO, CALIF.

Provider Comparison

NATIONALLY

STATEWIDE

How JENNIFER G. SEITHER NP-C compares to 2,416 other providers in California specializing in Nurse Practitioner:

2014

Total Payments: \$1,640
15th percentile statewide

Number of Patients: 12
3rd percentile statewide

Payments per Patient: \$137
71st percentile statewide

Provider's Services at a Glance, 2014

Types of services provided by JENNIFER G. SEITHER NP-C:

Category	Total reimbursed by Medicare	Percent of total reimbursements by Medicare
Evaluation and management	\$1,030	62.8%

Note: Category totals may not add up to a provider's total payments because information about a provider's specific services to fewer than 11 Medicare patients is suppressed by Medicare.

Provider's Services in Detail, 2014

Services JENNIFER G. SEITHER NP-C performed on more than 10 patients:

Procedure	Number performed	Number of Medicare patients	Average Medicare reimbursement per procedure	Total Medicare payments for procedure ▼
Established patient office or other outpatient visit, typically 15 minutes Evaluation and management CODE: 99213-F	33 Bottom 40% nationally	11	\$31.22	\$1,030

Showing 1 to 1 of 1 entries

Previous

1

Next

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In some cases, procedures attributed to a specific physician may have been performed by other people under that doctor's supervision.

Medicare Unmasked

See Medicare's payments to over one million medical providers from 2012 to 2015, and how doctors and other providers compare with peers in their state and nationwide.

Search doctors and other providers who received Medicare payments.

Specialty / Facility Type

State / Territory

RESET

(mailto:<https://facebook.com/sharer/sharer.php?subject=See%20how%20KATHRYN%20J.%20KAMPERMAN's%20billing%20line%20differs%20from%206087&text=See%20how%20KATHRYN%20J.%20KAMPERMAN's>)

875 BLAKE WILBUR DR | PALO ALTO, CALIF.

\$1,797

Total Medicare payments in 2015

201

Year	Total Payments	Number of Patients	Payments per Patient
2015	\$1,797	40	\$45

2014	\$2,075	48	\$43
2013	\$1,461	39	\$37
2012	\$2,285	40	\$57

Provider Comparison

NATIONALLY

STATEWIDE

How **KATHRYN J. KAMPERMAN NP** compares to **2,812** other providers in **California** specializing in **Nurse Practitioner**:

2015	Total Payments: \$1,797 16th percentile statewide	Number of Patients: 40 30th percentile statewide	Payments per Patient: \$45 8th percentile statewide

Provider's Services at a Glance, 2015

Types of services provided by **KATHRYN J. KAMPERMAN NP**:

Category	Total reimbursed by Medicare	Percent of total reimbursements by Medicare
Evaluation and management	\$986	54.9%

Note: Category totals may not add up to a provider's total payments because information about a provider's specific services to fewer than 11 Medicare patients is suppressed by Medicare.

Provider's Services in Detail, 2015

Services **KATHRYN J. KAMPERMAN NP** performed on more than 10 patients:

Procedure	Number performed	Number of Medicare patients	Average Medicare reimbursement per procedure	Total Medicare payments for procedure ♥
Established patient office or other outpatient visit, typically 15 minutes <i>Evaluation and management</i> CODE: 99213-F	19 Bottom 20% nationally	16	\$36.63	\$696
Established patient office or other outpatient visit, typically 10 minutes <i>Evaluation and management</i> CODE: 99212-F	18 Bottom 40% nationally	13	\$16.11	\$290

Showing 1 to 2 of 2 entries

Previous

1

Next

ABOUT THIS PROJECT

This project uses data made public by the Centers for Medicare and Medicaid Services. It shows the dollar amounts that doctors and other medical providers received in Medicare reimbursements by calendar year, along with other data including their specialties. Only procedures which providers performed on more than 10 Medicare patients were included in the data released. There is some information CMS hasn't provided. The data doesn't include information on patients nor does it show doctors' billings related to durable medical equipment.

The Wall Street Journal won a Pulitzer Prize in 2015 for its Medicare coverage. An earlier version of this graphic (<https://graphics.wsj.com/medicare-billing-2015/>) was part of the winning submission

Interactive by Martin Burch, Chris Canipe, Madeline Farbman, Jon Keegan, Palani Kumanan, Renee Lightner and Stuart Thompson/The Wall Street Journal

Note: Stories and graphics published prior to June 2015 relied on an earlier version of Medicare's billing data that suppressed records of some payments to medical providers for services they rendered to small numbers of patients. For this reason, the total payment figures for 2012 shown here may differ from total payments shown in earlier stories about this provider and in the original release of this interactive. Related story » (<https://www.wsj.com/articles/new-medicare-data-offer-a-more-complete-picture-1433372865>)

Exhibit R

Stanford HEALTH CARE
STANFORD MEDICINE

Monthly Statement
Page 1 of 2

YOUR INFORMATION

1 Statement Date: 02/01/2016
 2 Guarantor Name: Doe, John
 3 Guarantor ID #: 123456789
 4 Account Numbers: Located on following pages
 5 Payment Due Date: 02/10/2016

YOUR ACCOUNT SUMMARY

Total Charges	\$17,064.96	8
Patient Payments	\$0.00	7
Insurance Payments	\$0.00	8
Insurance Adjustments	\$0.00	9
Other Adjustments	\$-8,507.48	10
AMOUNT DUE NOW	\$8,557.48	11

SHC MYHEALTH
Stay Connected. Manage Your Care.
Access your health information anytime and anywhere, at home or on the go, with MyHealth.

You can use MyHealth to:

- Message your clinic
- View your lab results
- Schedule your appointment
- Pay your bill online

A MESSAGE FOR YOU
Please pay your bill online or sign up for paperless billing at myhealth.stanfordhealthcare.org/Activation/Lookup or activate your MyHealth account, using access code A0800-CDEFO-06HU

YOUR PAYMENT OPTIONS

Online at: stanfordhealthcare.org/billing (available 24/7)
 By Phone: (800) 549-3720
 By Mail: Please complete coupon below and return with your check made payable to STANFORD HEALTH CARE.

QUESTIONS ABOUT YOUR BILL OR FINANCIAL ASSISTANCE?
 Call us: (800) 549-3720 Mon - Fri, 8:00 am to 5:00 pm
 Visit us: 2465 Fulton Road, Palo Alto, California 94303
 Online at: stanfordhealthcare.org/billing

Please see the reverse side of this statement for additional information regarding Financial Assistance.

*Thank you for selecting Stanford Health Care for your healthcare needs.
 We hope to serve you again if your healthcare needs arise.*

Please detach and return the bottom portion of this statement with your payment.

Guarantor ID: 123456789
 Statement Date: 02/01/2016

Amount Due
Payable Upon Receipt **\$8,557.48**

☐ Login to MyHealth if your insurance or address information has changed or check the box and indicate changes on the back of this page.

Stanford HEALTH CARE
STANFORD MEDICINE
P.O. BOX 740715
LOS ANGELES, CA 90074-0715

JOHN DOE
1234 MAIN ST
SAN JOSE, CA 95122-1234

STANFORD HEALTH CARE
P.O. BOX 740715
LOS ANGELES, CA 90074-0715

Unless otherwise indicated in the account number field below, your payment will post to your payment plan amount due, and then to the oldest account on this statement. Please post my payment to the account number _____



1. **STATEMENT DATE:** The date the statement was created
2. **GUARANTOR NAME:** The person or party who is financially responsible for the accounts on the statement
3. **GUARANTOR ID #:** A unique number assigned to the Guarantor
4. **ACCOUNT NUMBERS:** Your account number(s) are found on the second and subsequent pages of your statement. You may have more than one account number for the same service (for example, Radiology and Pathology) if both hospital and (separately billed) professional charges apply
5. **PAYMENT DUE DATE:** The date your payment is due
6. **TOTAL CHARGES:** The total charges for the accounts included on this statement
7. **PATIENT PAYMENTS:** The total patient payments received for accounts included on this statement
8. **INSURANCE PAYMENTS:** The total insurance payments received for accounts included on this statement
9. **INSURANCE ADJUSTMENTS:** The total insurance adjustments applied to accounts included on this statement
10. **OTHER ADJUSTMENTS:** The total other adjustments applied to accounts included on this statement
11. **AMOUNT DUE NOW:** The amount owed for this statement
12. **YOUR MYHEALTH ACCOUNT:** The link in this section provides information on access to the Stanford Health Care MyHealth web page.
13. **A MESSAGE FOR YOU:** This section will be populated with specific account information and alerts when needed
14. **YOUR PAYMENT OPTIONS:** This section advises on the various payment options available
15. **QUESTIONS:** Options to reach our Customer Resolution Specialists and to inquire about Financial Assistance
16. **RETURN PAYMENT COUPON:** Use this coupon to mail in a check payment. **NOTE:** The reverse side of the coupon provides the ability to make changes to address or insurance information, also available via your MyHealth account

Exhibit S

STATISTICAL BRIEF #201

February 2016
(Revised March 2016)*

Trends in Bilateral and Unilateral Mastectomies in Hospital Inpatient and Ambulatory Settings, 2005–2013

Claudia A. Steiner, M.D., M.P.H., Audrey J. Weiss, Ph.D., Marguerite L. Barrett, M.S., Kathryn R. Finger, Ph.D., M.P.H., and P. Hannah Davis, M.S.

Introduction

Mastectomy (surgical removal of the breast) is a common procedure used in the treatment of breast cancer. Although 97–99 percent of breast cancers occur in only one breast,¹ some women choose also to remove the healthy breast—a contralateral prophylactic mastectomy (CPM). Reasons that women elect to undergo CPM include physician advice, fear of a subsequent breast cancer diagnosis, desire for cosmetic symmetry, family history of breast cancer, and genetic susceptibility to breast cancer due to mutations in the *BRCA1* and *BRCA2* genes.^{2,3} Some women, such as those with a genetic predisposition to breast cancer, may choose to have prophylactic bilateral mastectomy without occurrence of cancer in either breast.

Research indicates that the proportion of women choosing mastectomy over breast-conserving surgery, such as lumpectomy, increased from 1998 to 2011.⁴ Much of this increase is attributed to an increase in bilateral mastectomy involving early-stage cancer in one breast and CPM of the other breast.⁵ Indeed, among women undergoing treatment for early-stage breast cancer, the percentage of those having CPM increased more than fivefold between 1998 and 2011 (from 1.9 to 11.2 percent).⁶

* This Statistical Brief was revised to include 5 CPT mastectomy procedure codes that were valid in 2005. This affected the mastectomy counts that were contributed by 3 of the 13 States included in this Brief, resulting in an overall increase in the rates reported in 2005.

¹ Polednak AP. Bilateral synchronous breast cancer: a population-based study of characteristics, method of detection, and survival. *Surgery*. 2003;133:383–9.

² Yi M, Meric-Bernstam F, Middleton LP, Arun BK, Bedrosian I, Babiera GV, et al. Predictors of contralateral breast cancer in patients with unilateral breast cancer undergoing contralateral prophylactic mastectomy. *Cancer*. 2009 Mar 1;115(5):962–71.

³ Kurian AW, Lichtensztajn DY, Keegan THM, Nelson DO, Clarke CA, Gomez SL. Use of and mortality after bilateral mastectomy compared with other surgical treatments for breast cancer in California, 1998–2011. *JAMA*. 2014;312(9):902–14.

⁴ Kummerow KL, Du L, Penson DF, Shyr Y, Hooks MA. Nationwide trends in mastectomy for early-stage breast cancer. *JAMA Surg*. 2015 Jan;150(1):9–16.

⁵ Ibid.

⁶ Ibid.

Highlights

- Between 2005 and 2013, the overall rate of mastectomy increased 21 percent, from 74 to 90 per 100,000 adult women. The rate of hospital-based bilateral mastectomies (inpatient and outpatient combined) tripled, from 10.0 to 29.7 per 100,000 adult women, whereas the rate of unilateral mastectomies remained relatively stable at around 64 per 100,000 women.
- Women who had a bilateral mastectomy in 2013 were about 10 years younger than those who had a unilateral mastectomy.
- From 2005 to 2013, the rate of bilateral outpatient mastectomies increased more than fivefold and the inpatient rate more than doubled. The rate of unilateral mastectomies nearly doubled in the outpatient setting but decreased 36 percent in the inpatient setting. By 2013, nearly half of all mastectomies were performed outpatient.
- Regardless of hospital setting, between 2005 and 2013, bilateral mastectomies with cancer more than tripled and bilateral mastectomies without cancer more than doubled. The rate of unilateral mastectomies without cancer also increased (by 23 percent), but the rate of unilateral mastectomies with cancer remained stable.
- The proportion of hospital-based mastectomies shifted away from unilateral mastectomies with breast cancer and toward bilateral mastectomies, with and without breast cancer. By 2013, more than one in four hospital-based mastectomies were bilateral with cancer.

During this approximate time period, from 2002 through 2012, the incidence of breast cancer overall remained stable at around 130 per 100,000 women.⁷

At the same time that mastectomies have been increasing, research suggests that mastectomy procedures are shifting to an outpatient setting.⁸ In 2003, approximately 22 percent of mastectomies across 17 States were performed in a hospital outpatient setting.⁹ By 2012, about 42 percent of mastectomies were done outpatient.¹⁰

This Healthcare Cost and Utilization Project (HCUP) Statistical Brief presents data on bilateral and unilateral mastectomies among adult women in two hospital settings: hospital inpatient and hospital-based ambulatory surgery. The analysis is limited to hospitals within 13 States—representing more than one-fourth of the U.S. population—for which bilateral versus unilateral mastectomies could be identified in both the inpatient and ambulatory surgery settings. Bilateral mastectomies with a cancer diagnosis are likely unilateral mastectomies for cancer with a CPM. Bilateral mastectomies without a cancer diagnosis are likely prophylactic bilateral mastectomies. Unilateral mastectomies without a cancer diagnosis are likely CPMs following a prior unilateral mastectomy with cancer in the other breast.

In this Statistical Brief we provide an overview of characteristics of mastectomies by hospital setting (inpatient and ambulatory surgery) in 2013. We present trends in the overall rates of bilateral and unilateral mastectomies and by hospital setting from 2005 through 2013. The cumulative percentage change over the 9-year time period in the rate of mastectomies based on hospital setting and presence of breast cancer also is provided. Finally, the proportion of all hospital-based mastectomies by type of mastectomy and presence of breast cancer is presented. All differences noted in the text differ by at least 10 percent.

Findings

Characteristics of hospitalizations for mastectomy, 2013

Table 1 presents characteristics of bilateral and unilateral mastectomies performed in the hospital inpatient setting compared with the hospital-based ambulatory surgery setting in 2013.

⁷ National Cancer Institute. SEER Stat Fact Sheets: Breast Cancer. <http://seer.cancer.gov/statfacts/html/breast.html>. Accessed July 14, 2015.

⁸ Case C, Johantgen M, Steiner C. Outpatient mastectomy: clinical, payer, and geographic influences. *Health Serv Res.* 2001 Oct;36(5):869–84.

⁹ Russo CA, VanLandeghem K, Davis PH, Elixhauser A. Hospital and Ambulatory Surgery Care for Women's Cancers. HCUP Highlight #2. AHRQ Pub. No. 06-0038. Rockville, MD: Department of Health and Human Services, Agency for Healthcare Research and Quality. September 2006. <http://archive.ahrq.gov/data/hcup/highlight2/high2.htm#Outpatient>. Accessed July 15, 2015.

¹⁰ Wier LM, Steiner CA, Owens PL. Surgeries in Hospital-Owned Outpatient Facilities, 2012. HCUP Statistical Brief #188. February 2015. Agency for Healthcare Research and Quality, Rockville, MD. <http://www.hcup-us.ahrq.gov/reports/statbriefs/sb188-Surgeries-Hospital-Outpatient-Facilities-2012.pdf>. Accessed July 30, 2015.

Table 1. Characteristics of mastectomy hospitalizations by type of mastectomy and hospital setting, in 13 States, 2013

Characteristic	Bilateral mastectomy		Unilateral mastectomy	
	Inpatient surgery	Hospital-based ambulatory surgery	Inpatient surgery	Hospital-based ambulatory surgery
Total number of cases	6,574	3,332	9,858	10,337
Mastectomies, %	66	34	49	51
Patient characteristics				
Age, mean	51.3	51.8	60.4	62.0
Age in years, %				
18–24	0.4	1.0	0.1	0.2
25–34	5.5	7.4	2.2	2.2
35–44	22.1	19.9	10.7	8.5
45–54	35.8	32.4	23.3	19.6
55–64	22.9	21.3	24.8	24.7
65–74	10.3	14.0	21.4	24.8
75+	2.9	3.9	17.4	20.1
Race/ethnicity, %				
White	69.8	76.0	61.8	70.2
Black	8.6	5.3	16.1	11.5
Hispanic	3.8	1.6	5.2	2.4
Other ^a	7.0	3.8	8.4	5.4
Missing/Invalid ^b	10.8	13.4	8.5	10.5
Expected primary payer, %				
Medicare	14.7	19.0	37.9	44.5
Medicaid	7.7	7.1	11.4	8.6
Private	73.7	70.5	47.0	42.8
Uninsured	1.2	1.4	1.6	2.0
Other	2.6	2.0	2.1	2.0
Community-level income, %				
Quartile 1 (lowest)	11.1	17.4	18.8	24.6
Quartile 2	15.5	24.5	20.2	27.4
Quartile 3	23.9	27.5	22.0	25.1
Quartile 4 (highest)	48.2	29.9	36.8	21.9
Hospital stay characteristics				
Length of stay, mean days	2.2	0.9	2.3	0.8
Total hospital charges, ^c mean \$	59,900	44,600	40,400	26,500

^a Other race/ethnicity includes Asian/Pacific Islander and American Indian/Alaska Native.

^b Two of the 13 States included in this analysis did not report race/ethnicity information.

^c We report hospital charges rather than costs because Cost-to-Charge Ratios are not available for ambulatory surgery data.

Source: Agency for Healthcare Research and Quality (AHRQ), Center for Delivery, Organization, and Markets, Healthcare Cost and Utilization Project (HCUP), State Inpatient Databases (SID) and State Ambulatory Surgery and Services Databases (SASD) from 13 States, 2013

- **Two-thirds of mastectomies performed across 13 States were unilateral; the remaining one-third were bilateral.**

Of 30,101 mastectomies performed across 13 States in 2013, two-thirds were unilateral (20,195 mastectomies) and one-third were bilateral (9,906 mastectomies).

- **About one-third of bilateral mastectomies were performed in the outpatient setting, and half of unilateral mastectomies were done outpatient.**

Of the 9,906 bilateral mastectomies, one-third were outpatient and two-thirds were inpatient. Of the 20,195 unilateral mastectomies, approximately half were performed outpatient and half were inpatient. By 2013, 45 percent of all mastectomies were performed in the hospital-based ambulatory surgery setting.

- **On average, women who had a bilateral mastectomy were approximately 10 years younger than those who had a unilateral mastectomy.**

In 2013, the average age among women who had an inpatient bilateral mastectomy was 51.3 years compared with 60.4 years for unilateral mastectomy. Similarly, the average age for an outpatient bilateral mastectomy was 51.8 years compared with 62.0 years for unilateral mastectomy. Nearly two-thirds of bilateral mastectomies across settings were among women under aged 55 years compared with about one-third of unilateral mastectomies.

- **Black women were a larger proportion of unilateral and inpatient mastectomies than bilateral and outpatient mastectomies.**

Black women were twice the proportion of unilateral as bilateral mastectomies, in both the inpatient setting (16.1 vs. 8.6 percent) and outpatient setting (11.5 vs. 5.3 percent). For both types of mastectomies, Black, Hispanic, and other (non-White) women were a higher proportion of inpatient than outpatient surgeries. In contrast, White women were a smaller proportion of inpatient versus outpatient surgeries (bilateral: 69.8 vs. 76.0 percent; unilateral: 61.8 vs. 70.2 percent).

- **Nearly three-fourths of women who had a bilateral mastectomy had private insurance as the expected primary payer compared with fewer than half of women who had a unilateral mastectomy.**

Over 70 percent of women who had a bilateral mastectomy had an expected primary payer of private insurance in both the inpatient setting (73.7 percent) and outpatient setting (70.5 percent). The share of women who had a unilateral mastectomy was approximately evenly divided between private insurance and Medicare (inpatient: 47.0 percent private insurance and 37.9 percent Medicare; outpatient: 42.8 percent private insurance and 44.5 percent Medicare). Women with Medicare were a higher proportion of outpatient than inpatient surgeries for both types of mastectomy (bilateral: 19.0 vs. 14.7 percent; unilateral: 44.5 vs. 37.9 percent).

- **Nearly half of inpatient bilateral mastectomies were among women from the highest income communities.**

Approximately half of all inpatient bilateral mastectomies (48.2 percent) and more than one-third of inpatient unilateral mastectomies (36.8 percent) occurred among women from the highest income communities. Women from the lowest income communities were a larger proportion of outpatient than inpatient mastectomies (bilateral: 17.4 vs. 11.1 percent for Quartile 1 and 24.5 vs. 15.5 percent for Quartile 2; unilateral: 24.6 vs. 18.8 percent for Quartile 1 and 27.4 vs. 20.2 percent for Quartile 2).

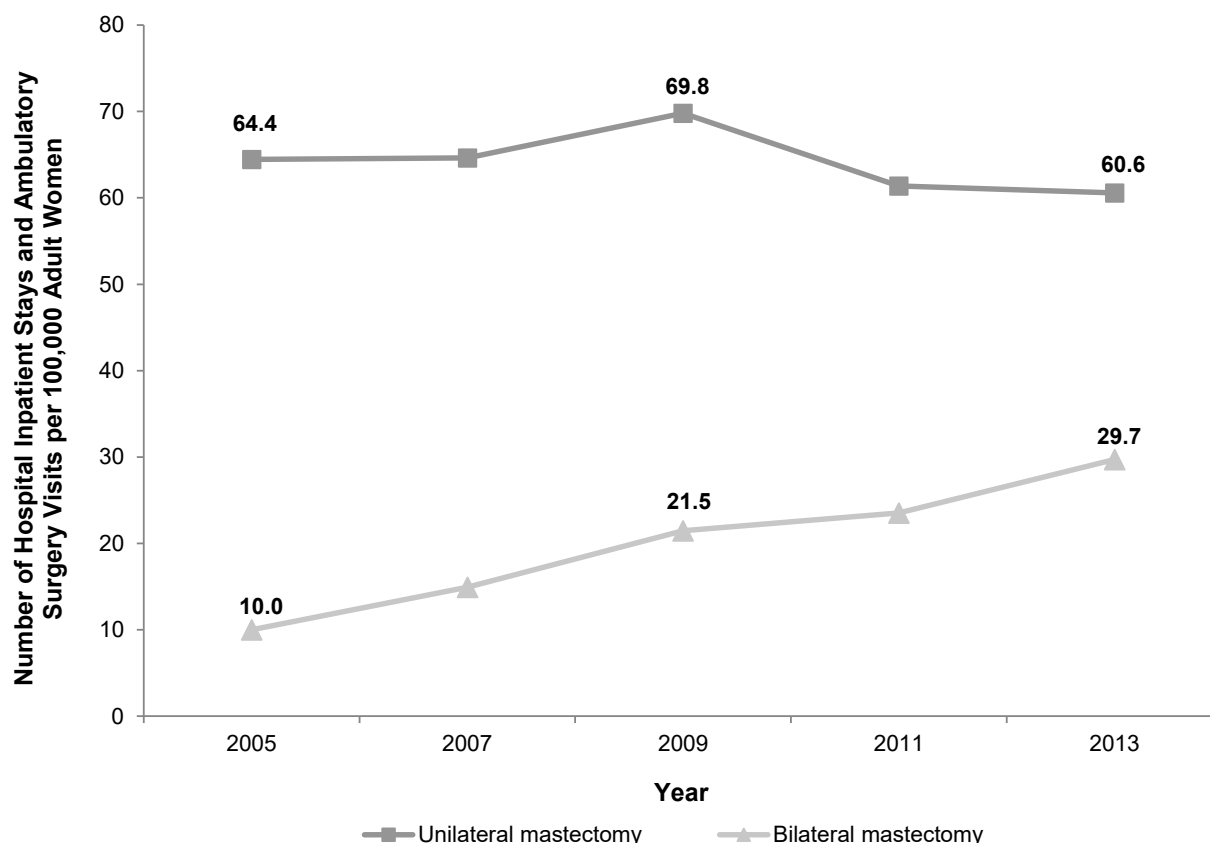
- Compared with outpatient bilateral and unilateral mastectomies, average hospital charges were 34 percent higher for inpatient bilateral mastectomies and 52 percent higher for inpatient unilateral mastectomies.

Average hospital charges were approximately \$15,000 more for mastectomies performed inpatient compared with outpatient (bilateral: \$59,900 vs. \$44,600; unilateral: \$40,400 vs. \$26,500). Average length of stay also was higher for inpatient mastectomies (2.2–2.3 days) compared with outpatient mastectomies (0.8–0.9 days). Average hospital charges were approximately \$18,000–\$20,000 higher overall for bilateral versus unilateral mastectomies, but length of stay was similar for the two types of mastectomies.

Trends in hospital-based mastectomies, 2005–2013

Figure 1 presents trends in the rate of hospitalization for bilateral and unilateral mastectomies from 2005 through 2013. Hospital inpatient surgeries and hospital-based ambulatory surgeries are combined.

Figure 1. Rate of bilateral and unilateral mastectomies in hospital inpatient and hospital-based ambulatory surgery settings combined, in 13 States, 2005–2013



Source: Agency for Healthcare Research and Quality (AHRQ), Center for Delivery, Organization, and Markets, Healthcare Cost and Utilization Project (HCUP), State Inpatient Databases (SID) and State Ambulatory Surgery and Services Databases (SASD) from 13 States, 2005, 2007, 2009, 2011, 2013

- The rate of bilateral mastectomies tripled between 2005 and 2013, whereas the rate of unilateral mastectomies remained relatively constant and then decreased during this period.

Mastectomy rates varied somewhat over the 9-year time period from 2005 to 2013. While the bilateral mastectomy rate tripled from 2005 to 2013, the rate more than doubled between 2005 and 2009, from 10.0 to 21.5 per 100,000 adult women. After 2009, the rate of bilateral mastectomies continued to increase to 29.7 per 100,000 adult women in 2013. On the other hand, the rate of unilateral mastectomies remained relatively constant at 64.4 per 100,000 adult women in 2005 and

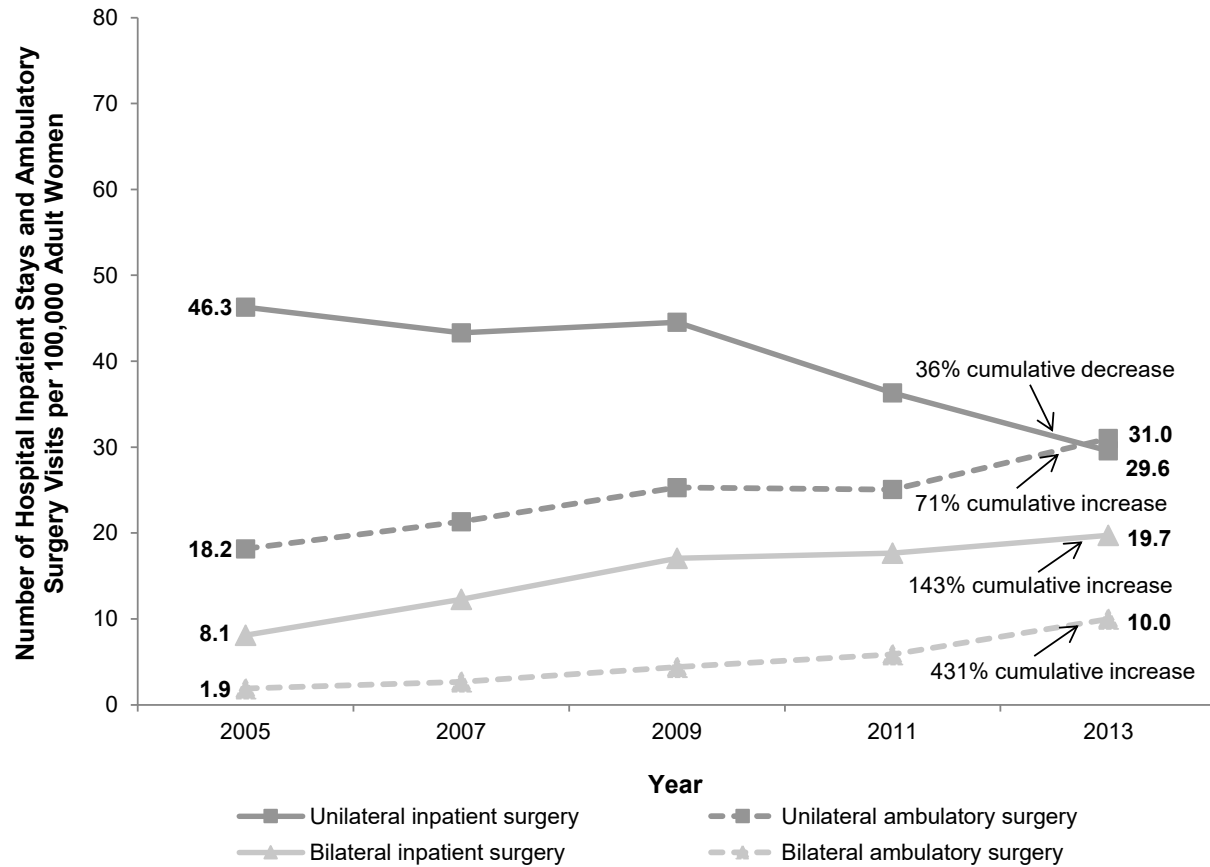
69.8 per 100,000 adult women in 2009, and then decreased to 60.6 per 100,000 adult women in 2013.

- **The overall rate of mastectomy increased by 21 percent between 2005 and 2013.**

Between 2005 and 2013, the overall, combined rate of unilateral and bilateral mastectomy increased from 74 per 100,000 women to 90 per 100,000 women, a 21 percent increase.

Figure 2 presents trends in the rate of bilateral and unilateral mastectomies that were performed in the hospital inpatient and hospital-based ambulatory surgery settings from 2005 through 2013.

Figure 2. Rate of bilateral and unilateral mastectomies by hospital setting, in 13 States, 2005–2013



Note: Cumulative percentage change was calculated from rates that were not rounded.

Source: Agency for Healthcare Research and Quality (AHRQ), Center for Delivery, Organization, and Markets, Healthcare Cost and Utilization Project (HCUP), State Inpatient Databases (SID) and State Ambulatory Surgery and Services Databases (SASD) from 13 States, 2005, 2007, 2009, 2011, 2013

- **The rate of bilateral mastectomies increased between 2005 and 2013 in both the inpatient and outpatient settings.**

Between 2005 and 2013, the rate of bilateral mastectomies performed in the ambulatory surgery setting increased over fivefold, from 1.9 to 10.0 per 100,000 adult women. The rate of inpatient bilateral mastectomies more than doubled, from 8.1 to 19.7 per 100,000 adult women.

- **In 2013, unilateral mastectomies were as common in the outpatient as in the inpatient setting.**

The rate of unilateral mastectomies in the ambulatory surgery setting nearly doubled between 2005 and 2013, from 18.2 to 31.0 per 100,000 adult women. However, the rate of inpatient unilateral

mastectomies decreased 36 percent, from 46.3 to 29.6 per 100,000 adult women. By 2013, unilateral mastectomies were as common in the outpatient as in the inpatient setting.

Table 2 presents the rate of hospitalization for bilateral and unilateral mastectomies by hospital setting (inpatient vs. ambulatory surgery) and presence of breast cancer in 2005 and 2013, along with the cumulative percentage change over the 9-year time period.

Table 2. Rate of hospitalization for bilateral and unilateral mastectomies by hospital setting and presence of breast cancer, in 13 States, 2005 and 2013

Presence of breast cancer in 15 States, 2005 and 2013

Hospital setting and presence of breast cancer	Bilateral mastectomy			Unilateral mastectomy		
	Rate per 100,000 adult women		Cumulative percentage change, %	Rate per 100,000 adult women		Cumulative percentage change, %
	2005	2013		2005	2013	
All hospital settings						
Cancer diagnosis	7.8	25.3	222.6	61.4	56.9	-7.4
Cancer in situ of breast	1.8	4.8	158.8	8.3	7.3	-11.9
Other breast cancer (not in situ)	6.0	20.5	242.2	53.1	49.6	-6.7
No cancer diagnosis	2.1	4.4	105.6	3.0	3.7	22.7
Inpatient surgery						
Cancer diagnosis	6.9	16.9	144.1	44.5	28.0	-37.2
Cancer in situ of breast	1.6	3.2	96.8	5.9	3.5	-40.8
Other breast cancer (not in situ)	5.3	13.7	158.6	38.6	24.5	-36.6
No cancer diagnosis	1.2	2.8	138.3	1.8	1.6	-10.0
Hospital-based ambulatory surgery						
Cancer diagnosis	0.9	8.4	803.2	16.9	28.9	70.8
Cancer in situ of breast	0.2	1.6	596.3	2.4	3.8	58.2
Other breast cancer (not in situ)	0.7	6.8	870.7	14.5	25.1	72.8
No cancer diagnosis	0.9	1.6	64.4	1.2	2.1	70.7

Note: Cumulative percentage change was calculated from rates that were not rounded.

Source: Agency for Healthcare Research and Quality (AHRQ), Center for Delivery, Organization, and Markets, Healthcare Cost and Utilization Project (HCUP), State Inpatient Databases (SID) and State Ambulatory Surgery and Services Databases (SASD) from 13 States, 2005 and 2013

■ **The rate of bilateral mastectomies increased substantially between 2005 and 2013, regardless of presence or severity of breast cancer diagnosis or hospital-based surgical setting.**

Between 2005 and 2013, the rate of bilateral mastectomies that included a breast cancer diagnosis more than tripled, from 7.8 to 25.3 per 100,000 adult women. This increase was observed for bilateral mastectomies with breast cancer in situ—a less severe form of the disease—which nearly tripled, as well as for bilateral mastectomies with other breast cancer diagnoses, which more than tripled. The largest increase in the bilateral mastectomy rate occurred for those surgeries that involved a cancer diagnosis (not in situ) and were performed in the ambulatory surgery setting—a nearly 10-fold increase, from 0.7 to 6.8 per 100,000 adult women.

The rate of bilateral mastectomies without any diagnosis of breast cancer more than doubled over the 9-year time period, from 2.1 to 4.4 per 100,000 adult women. The rate of bilateral mastectomies without breast cancer more than doubled in the inpatient setting and increased 64.4 percent in the outpatient setting.

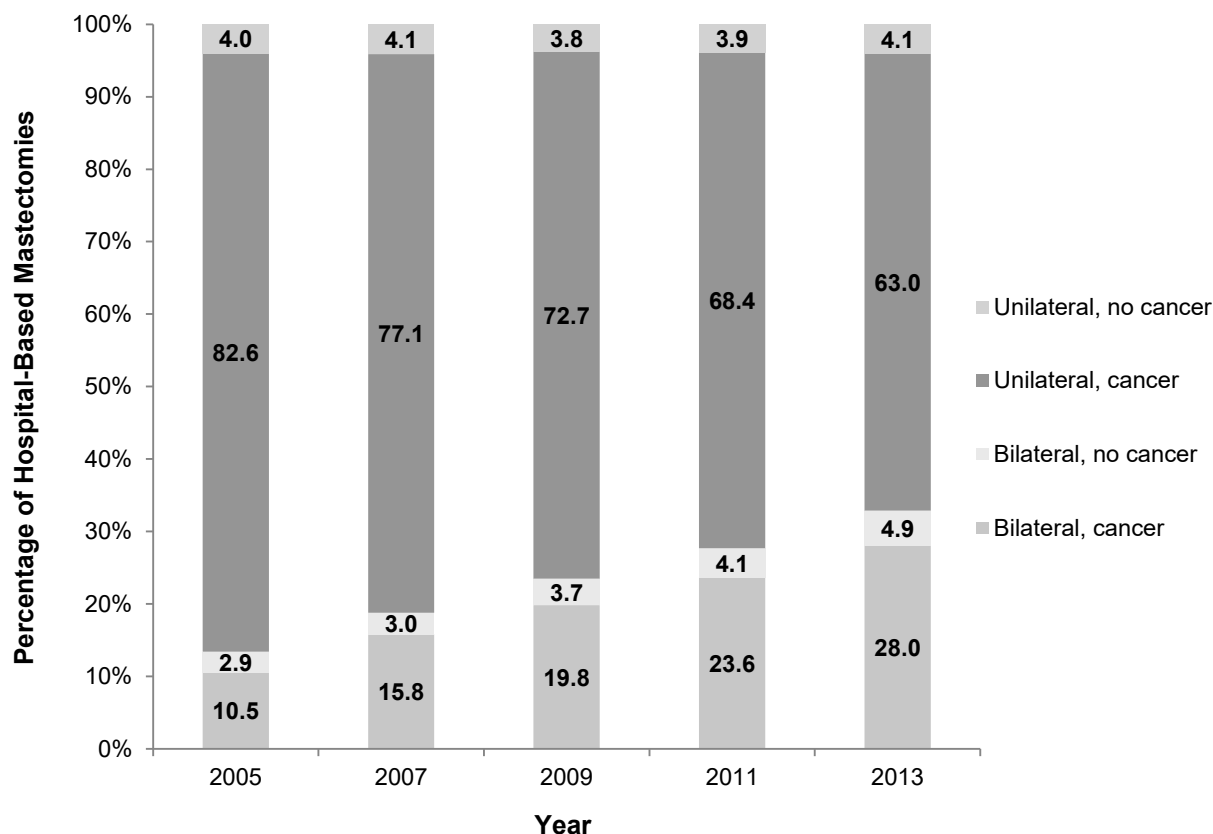
- **The rate of unilateral mastectomies with breast cancer remained stable overall between 2005 and 2013, but the rate of unilateral mastectomies without breast cancer increased.**

Between 2005 and 2013, the rate of unilateral mastectomies that included a breast cancer diagnosis remained relatively stable at 61.4 per 100,000 adult women in 2005 and at 56.9 per 100,000 adult women in 2013. The rate of unilateral mastectomies with breast cancer decreased 37.2 percent in the inpatient setting but increased 70.8 percent in the outpatient setting.

The rate of unilateral mastectomies without any diagnosis of breast cancer increased 22.7 percent overall, with most of the increase in rate occurring among those surgeries performed in the ambulatory surgery setting—which nearly doubled, from 1.2 to 2.1 per 100,000 adult women.

Figure 3 presents the proportion of all hospital-based mastectomies (inpatient and ambulatory surgery) as a function of type of mastectomy (bilateral vs. unilateral) and presence of breast cancer from 2005 through 2013.

Figure 3. Proportion of hospital-based mastectomies (inpatient and ambulatory surgery) by type of mastectomy and presence of breast cancer, in 13 States, 2005–2013



Source: Agency for Healthcare Research and Quality (AHRQ), Center for Delivery, Organization, and Markets, Healthcare Cost and Utilization Project (HCUP), State Inpatient Databases (SID) and State Ambulatory Surgery and Services Databases (SASD) from 13 States, 2013

- **Between 2005 and 2013, bilateral mastectomies, with and without breast cancer, increased as a proportion of all hospital-based mastectomies.**

Bilateral mastectomies with cancer increased from 10.5 percent of all hospital-based mastectomies in 2005 to 28.0 percent in 2013—more than one in four mastectomies. Similarly, the proportion of bilateral mastectomies without cancer increased from 2.9 to 4.9 percent of all mastectomies. During this same 9-year time period, the proportion of unilateral mastectomies with cancer decreased from 82.6 to 63.0 percent of all mastectomies, and the proportion of unilateral mastectomies without cancer remained constant at about 4.0 percent.

Data Source

The volumes and rates in this Statistical Brief are based upon data from the Healthcare Cost and Utilization Project (HCUP) 2013 State Inpatient Databases (SID) and State Ambulatory Surgery and Services Databases (SASD). This report evaluates inpatient and outpatient procedure data from 13 States that contributed to the 2013 SID and 2013 SASD: Connecticut, Indiana, Kansas, Maryland, Minnesota, Nebraska, New Jersey, New York, Ohio, South Carolina, Tennessee, Vermont, and Wisconsin. Historical data were drawn from the same 13 States in the 2005, 2007, 2009, and 2011 SID and SASD. Analysis was limited to hospitals within the 13 States that had cases in the inpatient and ambulatory surgery settings in each data year and for which bilateral versus unilateral mastectomies could be identified. In particular, States were included only if they provided complete outpatient procedure coding that would allow the identification of bilateral versus unilateral mastectomies, by International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) procedure codes, by Current Procedural Terminology (CPT®) procedure codes that included CPT modifiers, or by both.

Supplemental sources included population denominator data for use with HCUP databases, derived from information available from the Nielsen Company.¹¹

Definitions

Diagnoses, procedures, ICD-9-CM, and CPT®

The *principal diagnosis* is that condition established after study to be chiefly responsible for the patient's admission to the hospital. *Secondary diagnoses* are concomitant conditions that coexist at the time of admission or develop during the stay. *All-listed diagnoses* include the principal diagnosis plus these additional secondary conditions.

All-listed procedures include all procedures performed during the hospital stay, whether for definitive treatment or for diagnostic or exploratory purposes. The *first-listed procedure* is the procedure that is listed first on the discharge record. Inpatient data define this as the "principal procedure"—the procedure that is performed for definitive treatment rather than for diagnostic or exploratory purposes (i.e., the procedure that was necessary to take care of a complication).

Procedures on inpatient hospitalization records are coded using the ICD-9-CM; procedures on ambulatory surgery and services records can be coded using either ICD-9-CM or the CPT.

ICD-9-CM assigns numeric codes to diagnoses and procedures. There are approximately 14,000 ICD-9-CM diagnosis codes and 4,000 ICD-9-CM procedure codes. CPT assigns numeric codes to procedures. There are approximately 9,600 CPT procedure codes.

Case definition

Hospital discharge and ambulatory surgery visit records with mastectomy procedures were defined based on all-listed procedure codes as identified using the ICD-9-CM and CPT procedure codes in Table 3.

¹¹ Barrett M, Lopez-Gonzalez L, Coffey R, Levit K. Population Denominator Data for Use with the HCUP Databases (Updated with 2013 Population Data). HCUP Methods Series Report #2014-02. August 18, 2014. U.S. Agency for Healthcare Research and Quality. <http://www.hcup-us.ahrq.gov/reports/methods/2014-02.pdf>. Accessed January 7, 2015.

Table 3. ICD-9-CM and CPT procedure codes for defining mastectomy procedures

Type of mastectomy	ICD-9-CM procedure codes	CPT procedure codes
Bilateral mastectomy	• 85.35 • 85.36 • 85.42 • 85.44 • 85.46 • 85.48	• 19303 (19180 in 2005) • 19304 (19182 in 2005) • 19305 (19200 in 2005) • 19306 (19220 in 2005) • 19307 (19240 in 2005) • <u>with</u> CPT modifier=50
Unilateral mastectomy	• 85.33 • 85.34 • 85.41 • 85.43 • 85.45 • 85.47	• 19303 (19180 in 2005) • 19304 (19182 in 2005) • 19305 (19200 in 2005) • 19306 (19220 in 2005) • 19307 (19240 in 2005) • <u>without</u> CPT modifier=50

Presence of breast cancer was defined using the ICD-9-CM diagnosis codes in Table 4. If codes for both cancer in situ and cancer not in situ were indicated on the same record, the record was categorized as cancer not in situ.

Table 4. ICD-9-CM diagnosis codes for defining breast cancer

Presence of breast cancer	ICD-9-CM diagnosis code
Cancer in situ of breast	• 233.0
Other breast cancer (not in situ)	• 174.0 • 174.1 • 174.2 • 174.3 • 174.4 • 174.5 • 174.6 • 174.8 • 174.9

Two additional ICD-9-CM V codes were considered for this Statistical Brief: V5041 (prophylactic breast removal) and V8401 (genetic susceptibility to malignant neoplasm of breast). The proportion of mastectomies without a cancer diagnosis that included one or both of these V codes increased substantially between 2005 and 2013, for bilateral and unilateral mastectomies as well as inpatient and outpatient mastectomies. We did not include the V codes as part of our primary analysis because it is unclear whether this increase represented an actual shift in the characteristics of patients who underwent a mastectomy or a medical practice change to more complete reporting of the nature of mastectomy procedures.

Types of hospitals included in HCUP State Inpatient Databases

This analysis used State Inpatient Databases (SID) limited to data from community hospitals, which are defined as short-term, non-Federal, general, and other hospitals, excluding hospital units of other institutions (e.g., prisons). Community hospitals include obstetrics and gynecology, otolaryngology, orthopedic, cancer, pediatric, public, and academic medical hospitals. Excluded for this analysis are long-term care facilities such as rehabilitation, psychiatric, and alcoholism and chemical dependency hospitals. However, if a patient received long-term care, rehabilitation, or treatment for psychiatric or chemical dependency conditions in a community hospital, the discharge record for that stay was included in the analysis. The analysis was limited to hospitals that had at least one mastectomy procedure performed in both the SID and the SASD in each data year.

Types of hospitals included in HCUP State Ambulatory Surgery and Services Databases

This analysis used State Ambulatory Surgery and Services Databases (SASD) limited to data from hospital-owned ambulatory surgery facilities. Although some SASD include data from facilities not owned by a hospital, those facilities were excluded from this analysis. The designation of a facility as hospital-

owned is specific to its financial relationship with a hospital that provides inpatient care and is not related to its physical location. Ambulatory surgery performed in hospital-owned facilities may be performed within the hospital, in a facility attached to the hospital, or in a facility physically separated from the hospital. The analysis was further limited to ambulatory surgeries performed at facilities owned by community hospitals. Community hospitals are defined as short-term, non-Federal, general, and other specialty hospitals, excluding hospital units of other institutions (e.g., prisons). The analysis was limited to hospitals that had at least one mastectomy procedure performed in both the SID and the SASD in each data year.

Unit of analysis

The unit of analysis is the hospital discharge (i.e., the hospital stay) for an inpatient stay or ambulatory surgery visit, not a person or patient. This means that a person who is admitted to the hospital to have surgery multiple times in 1 year will be counted each time as a separate discharge from the hospital or visit.

Charges

Charges represent what the hospital billed for the discharge. Hospital charges reflect the amount the hospital charged for the entire hospital stay and do not include professional (physician) fees. We report hospital charges rather than costs because Cost-to-Charge Ratios are not available for ambulatory surgery data. For the purposes of this Statistical Brief, charges are rounded to the nearest hundred dollars.

Median community-level income

Median community-level income is the median household income of the patient's ZIP Code of residence. Income levels are separated into population-based quartiles with cut-offs determined using ZIP Code demographic data obtained from the Nielsen Company. The income quartile is missing for patients who are homeless or foreign.

Payer

Payer is the expected payer for the hospital stay. To make coding uniform across all HCUP data sources, payer combines detailed categories into general groups:

- Medicare: includes patients covered by fee-for-service and managed care Medicare
- Medicaid: includes patients covered by fee-for-service and managed care Medicaid
- Private Insurance: includes Blue Cross, commercial carriers, and private health maintenance organizations (HMOs) and preferred provider organizations (PPOs)
- Uninsured: includes an insurance status of *self-pay* and *no charge*
- Other: includes Workers' Compensation, TRICARE/CHAMPUS, CHAMPVA, Title V, and other government programs.

For this Statistical Brief, when more than one payer is listed for a hospital discharge, the first-listed payer is used.

Reporting of race and ethnicity

Data on Hispanic ethnicity are collected differently among the States and also can differ from the Census methodology of collecting information on race (White, Black, Asian/Pacific Islander, American Indian/Alaska Native, Other (including mixed race)) separately from ethnicity (Hispanic, non-Hispanic). State data organizations often collect Hispanic ethnicity as one of several categories that include race. Therefore, for multistate analyses, HCUP creates the combined categorization of race and ethnicity for data from States that report ethnicity separately. When a State data organization collects Hispanic ethnicity separately from race, HCUP uses Hispanic ethnicity to override any other race category to create a Hispanic category for the uniformly coded race/ethnicity data element, while also retaining the original race and ethnicity data. All of the States included in the analyses for this Statistical Brief report Hispanic ethnicity. This Statistical Brief reports race/ethnicity for the following categories: Hispanic, non-Hispanic White, non-Hispanic Black, non-Hispanic Other (includes Asian/Pacific Islander, American Indian/Alaska Native, and Other).

About HCUP

The Healthcare Cost and Utilization Project (HCUP, pronounced "H-Cup") is a family of health care databases and related software tools and products developed through a Federal-State-Industry partnership and sponsored by the Agency for Healthcare Research and Quality (AHRQ). HCUP databases bring together the data collection efforts of State data organizations, hospital associations, and private data organizations (HCUP Partners) and the Federal government to create a national information resource of encounter-level health care data. HCUP includes the largest collection of longitudinal hospital care data in the United States, with all-payer, encounter-level information beginning in 1988. These databases enable research on a broad range of health policy issues, including cost and quality of health services, medical practice patterns, access to health care programs, and outcomes of treatments at the national, State, and local market levels.

HCUP would not be possible without the contributions of the following data collection Partners from across the United States:

Alaska State Hospital and Nursing Home Association
Arizona Department of Health Services
Arkansas Department of Health
California Office of Statewide Health Planning and Development
Colorado Hospital Association
Connecticut Hospital Association
District of Columbia Hospital Association
Florida Agency for Health Care Administration
Georgia Hospital Association
Hawaii Health Information Corporation
Illinois Department of Public Health
Indiana Hospital Association
Iowa Hospital Association
Kansas Hospital Association
Kentucky Cabinet for Health and Family Services
Louisiana Department of Health and Hospitals
Maine Health Data Organization
Maryland Health Services Cost Review Commission
Massachusetts Center for Health Information and Analysis
Michigan Health & Hospital Association
Minnesota Hospital Association
Mississippi Department of Health
Missouri Hospital Industry Data Institute
Montana MHA - An Association of Montana Health Care Providers
Nebraska Hospital Association
Nevada Department of Health and Human Services
New Hampshire Department of Health & Human Services
New Jersey Department of Health
New Mexico Department of Health
New York State Department of Health
North Carolina Department of Health and Human Services
North Dakota (data provided by the Minnesota Hospital Association)
Ohio Hospital Association
Oklahoma State Department of Health
Oregon Association of Hospitals and Health Systems
Oregon Office of Health Analytics
Pennsylvania Health Care Cost Containment Council
Rhode Island Department of Health
South Carolina Revenue and Fiscal Affairs Office
South Dakota Association of Healthcare Organizations
Tennessee Hospital Association

Texas Department of State Health Services
Utah Department of Health
Vermont Association of Hospitals and Health Systems
Virginia Health Information
Washington State Department of Health
West Virginia Health Care Authority
Wisconsin Department of Health Services
Wyoming Hospital Association

About Statistical Briefs

HCUP Statistical Briefs are descriptive summary reports presenting statistics on hospital inpatient and emergency department use and costs, quality of care, access to care, medical conditions, procedures, patient populations, and other topics. The reports use HCUP administrative health care data.

About the SID

The HCUP State Inpatient Databases (SID) are hospital inpatient databases from data organizations participating in HCUP. The SID contain the universe of the inpatient discharge abstracts in the participating HCUP States, translated into a uniform format to facilitate multistate comparisons and analyses. Together, the SID encompass more than 95 percent of all U.S. community hospital discharges. The SID can be used to investigate questions unique to one State, to compare data from two or more States, to conduct market-area variation analyses, and to identify State-specific trends in inpatient care utilization, access, charges, and outcomes.

About the SASD

The HCUP State Ambulatory Surgery and Services Databases (SASD) include encounter-level data for ambulatory surgeries and may also include various types of outpatient services such as observation stays, lithotripsy, radiation therapy, imaging, chemotherapy, and labor and delivery. The specific types of ambulatory surgery and outpatient services included in each SASD vary by State and data year. All SASD include data from hospital-owned ambulatory surgery facilities. In addition, some States include data from facilities not owned by a hospital. The designation of a facility as hospital-owned is specific to its financial relationship with a hospital that provides inpatient care and is not related to its physical location. Hospital-owned ambulatory surgery and other outpatient care facilities may be contained within the hospital, physically attached to the hospital, or located in a different geographic area. This analysis was restricted to hospital-owned ambulatory surgery.

For More Information

For more information about HCUP, visit <http://www.hcup-us.ahrq.gov/>.

For additional HCUP statistics, visit HCUPnet, our interactive query system, at <http://hcupnet.ahrq.gov/>.

For information on other hospitalizations in the United States, refer to the following HCUP Statistical Briefs located at <http://www.hcup-us.ahrq.gov/reports/statbriefs/statbriefs.jsp>:

- Statistical Brief #180, Overview of Hospital Stays in the United States, 2012
- Statistical Brief #181, Costs for Hospital Stays in the United States, 2012
- Statistical Brief #186, Most Frequent Operating Room Procedures Performed in U.S. Hospitals, 2003–2012
- Statistical Brief #162, Most Frequent Conditions in U.S. Hospitals, 2011

For a detailed description of HCUP and more information on the design of the State Inpatient Databases (SID) and State Ambulatory Surgery and Services Databases (SASD), please refer to the following database documentation:

Agency for Healthcare Research and Quality. Overview of the State Inpatient Databases (SID). Healthcare Cost and Utilization Project (HCUP). Rockville, MD: Agency for Healthcare Research and Quality. Updated November 2014. <http://www.hcup-us.ahrq.gov/sidoverview.jsp>. Accessed January 7, 2015.

Agency for Healthcare Research and Quality. Overview of the State Ambulatory Surgery and Services Databases (SASD). Healthcare Cost and Utilization Project (HCUP). Rockville, MD: Agency for Healthcare Research and Quality. Updated November 2014. <http://www.hcup-us.ahrq.gov/sasdooverview.jsp>. Accessed January 7, 2015.

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* * *

AHRQ welcomes questions and comments from readers of this publication who are interested in obtaining more information about access, cost, use, financing, and quality of health care in the United States. We also invite you to tell us how you are using this Statistical Brief and other HCUP data and tools, and to share suggestions on how HCUP products might be enhanced to further meet your needs. Please e-mail us at hcup@ahrq.gov or send a letter to the address below:

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Center for Delivery, Organization, and Markets
Agency for Healthcare Research and Quality
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Exhibit T

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QIQIUIA YOUNG

SUPERIOR COURT OF CALIFORNIA

COUNTY OF ALAMEDA

RENE C. DAVIDSON COURTHOUSE

QIQIUIA YOUNG,

Plaintiff,

v.

THE LELAND STANFORD JUNIOR
UNIVERSITY, STANFORD HEALTH
CARE, STANFORD HOSPITAL AND
CLINICS, CHANRATH FLORES, and DOES
1 through 50, inclusive,

Defendants.

Case No. RG17877051

COMPLAINT FOR:

- (1) **Unlawful Retaliation and Discrimination for Association With Stanford Cancer Center Surgeons Who Reported Stanford's Endangerment of Its Patients, Stanford Staff Dressing Like the KKK and Secretly Photographing Patient Genitals, Racism and Retaliation at Stanford;**
- (2) **Unlawful Retaliation for Reporting Stanford's Further Endangerment of Its Patients;**
- (3) **Unlawful Whistleblower Retaliation for Reporting Stanford's Further Endangerment of Its Patients;**
- (4) **Race Harassment and Discrimination:**

ENDORSED
FILED
ALAMEDA COUNTY
SEP 28 2017
CLERK OF THE SUPERIOR COURT
MICHAEL J. NORTON
Deputy

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- (5) **Unlawful Retaliation for Reporting Race Harassment and Discrimination;**
- (6) **Unlawful Retaliation for Reporting Religious Harassment and Discrimination Against Stanford's Muslim Patients;**
- (7) **Failure to Prevent, Investigate and/or Remedy Unlawful Harassment, Discrimination and Retaliation;**
- (8) **Assault and Battery;**
- (9) **Violation of Right to Freedom from Intimidation and Threat;**
- (10) **Interference with Constitutional Right to Equal Protection;**
- (11) **Failure to Pay Wages for All Hours Worked;**
- (12) **Failure to Reimburse for Expenses Incurred In the Discharge of Duties;**
- (13) **Failure to Provide Meal or Rest Breaks;**
- (14) **Failure to Provide Accurate Wage Statements; and**
- (15) **Unfair Business Practices**

JURY TRIAL DEMANDED

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1 PLAINTIFF QIQIUIA YOUNG, (“MS. YOUNG”) hereby complains against
2 DEFENDANTS THE LELAND STANFORD JUNIOR UNIVERSITY (“STANFORD
3 UNIVERSITY”), STANFORD HEALTH CARE, and STANFORD HOSPITAL AND
4 CLINICS (STANFORD UNIVERSITY, STANFORD HEALTH CARE, and STANFORD
5 HOSPITAL AND CLINICS collectively referred to throughout as “STANFORD HEALTH
6 CARE DEFENDANTS”), Chanrath Flores (“DEFENDANT FLORES”), and DOES 1
7 through 50, alleges as follows, and demands a trial by jury:

8 I. INTRODUCTION

9 1. STANFORD HEALTH CARE DEFENDANTS bear all the hallmarks of a
10 world-class provider of medical treatment, claiming a mission of “healing humanity through
11 science, and compassion, one patient at a time.” Indeed, patients are promised “[a]t Stanford
12 Health Care, we seek to provide patients with the very best in diagnosis and treatment, with
13 outstanding quality, compassion, and coordination.” STANFORD HEALTH CARE
14 DEFENDANTS lure patients in, claiming “we are committed to providing clear, accurate,
15 and honest information about our quality of care, so that patients can make informed health
16 decisions.” <https://stanfordhealthcare.org/about-us.html>.

17 2. Nothing could be further from the truth.

18 3. On information and belief based on a July 12, 2017 article on “Palo Alto
19 Online,” STANFORD HEALTH CARE DEFENDANTS placed in **the bottom-performing**
20 **25% of hospitals nationwide for hospital-acquired “conditions,” including infections.**

21 Moreover, the article reports STANFORD HEALTH CARE DEFENDANTS received a
22 penalty reduction in reimbursements from the Centers for Medicare & Medicaid Services in
23 fiscal years 2016 and 2017 after STANFORD HOSPITAL had higher than appropriate rates
24 of hospital-acquired infections, including surgical site infection after colon surgery and
25 abdominal hysterectomy; diarrhea-causing Clostridium difficile (C. diff), and catheter-
26 associated urinary tract infections, among others, according to data from the Centers for
27 Medicare. [https://paloaltoonline.com/news/2017/07/11/union-claims-high-infection-rates-in-](https://paloaltoonline.com/news/2017/07/11/union-claims-high-infection-rates-in-stanford-hospital-dispute)
28 [stanford-hospital-dispute](https://paloaltoonline.com/news/2017/07/11/union-claims-high-infection-rates-in-stanford-hospital-dispute)

1 4. Moreover, whether dealing with patients or employees, STANFORD
2 HEALTH CARE DEFENDANTS are equally duplicitous, as PLAINTIFF QIQIUIA
3 YOUNG, an African-American employee of STANFORD HEALTH CARE
4 DEFENDANTS, knows all too well. While STANFORD HEALTH CARE DEFENDANTS
5 pay lip service to having policies against harassment, discrimination, and retaliation, and
6 policies protecting patient privacy, STANFORD HEALTH CARE DEFENDANTS' medical
7 staff and employees know otherwise. In fact STANFORD HEALTH CARE
8 DEFENDANTS' agents and employees have, among other things: dressed like the Ku Klux
9 Klan (while at work, in a patient room in the Stanford Cancer Center) to intimidate
10 MS. YOUNG and cause her to fear for her safety; secretly photographed patient genitalia
11 and circulated the same; used the "N" word repeatedly at work in MS. YOUNG's presence,
12 and then accused her of lying about it when she reported it; said "Go pray in your own
13 fucking country!" to a Muslim patient praying in the waiting room; and "explained" to an
14 African-American patient that an anal catheter was accidentally inserted into her vagina
15 because the patient's skin was too "dark down there" for the nurse to see what she was
16 doing. Moreover, after reporting further instances of co-workers using the "N" word at work,
17 MS. YOUNG's manager compounded the impact of the racism by sending two racist videos
18 to MS. YOUNG, both of which repeat the "N" word *ad nauseum* and one of which "joked"
19 about the racist stereotype about Black women loving fried chicken.

20 5. And each time any of these incidents was reported to STANFORD HEALTH
21 CARE DEFENDANTS, including, among others, STANFORD UNIVERSITY past-
22 President John Hennessey, STANFORD UNIVERSITY past-Chief Operating Officer James
23 Hereford, Sridhar Seshadri, Vice President of STANFORD CANCER SERVICES, Mariann
24 Byerwalter then-CEO of DEFENDANT STANFORD HEALTH CARE, Mark Lane Welton,
25 M.D., then-Chief of Staff of STANFORD HEALTH CARE, Brendan C. Visser, M.D.,
26 Medical Director of Gastrointestinal Cancer Care Program, and, on information and belief,
27 STANFORD HEALTH CARE Chief Executive Officer David Entwistle and Chief
28 Operating Officer Quinn McKenna, STANFORD HEALTH CARE DEFENDANTS denied

1 any wrongdoing, failed to investigate, or offer any redress. Instead, they cite to a farcical “no
2 retaliation policy” while engaging in a campaign of punitive reprisals, including accusing
3 MS. YOUNG of being a liar, “gaslighting”¹ her, failing to promote her, excluding her from
4 meetings, trumping up false accusations against her which malign her integrity and
5 professional reputation, writing her up based on these trumped up accusations, moving her to
6 an isolated location with worse and drastically reduced work hours, while alternately forcing
7 her to perform management-type duties beyond the scope of her salary and position, and
8 stripping her of her more advanced job responsibilities, thereby destroying any chance for
9 professional development and advancement. Moreover, on information and belief,
10 STANFORD HEALTH CARE DEFENDANTS plan to eradicate the department MS.
11 YOUNG works in to force her out of a job and keep her from continuing to shed light on the
12 truth about, not only the open racism she has been subjected to, but the gross negligence that
13 endangers STANFORD HEALTH CARE DEFENDANTS’ patients on a regular basis,
14 examples of which are set forth below.

15 6. Crippled by fear of retaliation (which has in fact come to pass), MS. YOUNG
16 initially was forced to stand silent as incompetent management and medical staff at
17 STANFORD HEALTH CARE DEFENDANTS’ Cancer Center allowed immune-
18 compromised cancer patients to be regularly endangered by exposure to tuberculosis, and
19 other highly infectious diseases such as scabies, shingles, HIV, AIDS, MRSA, and C.
20 difficile. Perhaps even worse, rather than “providing clear, accurate, and honest information
21 about our quality of care, so that patients can make informed health decisions,” as marketed
22 to the public, STANFORD HEALTH CARE DEFENDANTS forbade MS. YOUNG and
23 other employees from informing those immune-compromised cancer patients that they had
24 been exposed to infectious diseases.

25 ///

26

27 ¹ “Gaslighting” is the use of persistent denial, lying, misdirection, and contradiction in an
28 attempt to delegitimize a person’s belief or experience or make them think they are crazy.

1 7. But STANFORD HEALTH CARE DEFENDANTS' treacherous
2 incompetence was not limited to exposing its immune-compromised cancer patients to risk
3 of highly infectious diseases. Indeed, MS. YOUNG was instructed by management to lie to
4 safety auditors and say that all daily safety "checks" (referred to as "Ever Ready" Checklists)
5 were being completed properly, when they were not: other than MS. YOUNG, no one was
6 trained on how to properly check and stock the emergency crash cart used to resuscitate
7 patients in emergency situations, and yet the records were falsified daily to show that the
8 crash cart had been checked and was in working order. But when a cancer patient "coded" –
9 *i.e.*, went into cardiac arrest – the emergency crash cart in the Cancer Center was not
10 functioning. And when, shortly thereafter, another cancer patient suddenly needed oxygen,
11 the crash cart had no compatible oxygen tubing to deliver oxygen to the patient gasping for
12 air! To save the patient's life, MS. YOUNG had to run as fast as she could from one building
13 to another to find the oxygen tubing and bring it back to resuscitate the patient.

14 8. It was after this experience that MS. YOUNG was no longer willing to remain
15 silent about all the ways in which STANFORD HEALTH CARE DEFENDANTS were
16 endangering patients' lives. Still, she feared for her job if she raised these issues.
17 Fortunately, MS. YOUNG felt safe turning for help to her supervising physician, a well-
18 trusted and highly-respected surgeon in the Cancer Center, who also had a master's degree
19 from the Harvard School of Public Health and whose research focused on the impact of
20 hospital quality on disparities in cancer survival rates in California, and who, too, is an
21 African-American woman.

22 9. MS. YOUNG confided in the Cancer Center surgeon about her co-workers
23 dressing like the KKK and circulating a photo of the same to intimidate her, as well as all the
24 ways in which she was seeing STANFORD HEALTH CARE DEFENDANTS' patients
25 endangered, the direction from management to lie to regulatory authorities about the same,
26 and about MS. YOUNG's fear of retaliation.

27 10. When the Cancer Center surgeon reported MS. YOUNG's concerns to
28 STANFORD HEALTH CARE DEFENDANTS' managing agents, including, among others,

1 James Hereford, then-Chief Operating Officer of STANFORD UNIVERSITY, Sridhar
2 Seshadri, Vice President of STANFORD HEALTH CARE's CANCER SERVICES, Mark
3 Lane Welton, M.D., then-Chief of Staff of STANFORD HEALTH CARE, and Brendan C.
4 Visser, M.D., Medical Director of Gastrointestinal Cancer Care Program, they responded by
5 saying "our lawyers said we are 'in the clear' about the 'KKK incident,'" and conducted a
6 sham investigation, never even interviewing MS. YOUNG.

7 11. Particularly telling was STANFORD HEALTH CARE DEFENDANTS'
8 response to being informed that the emergency crash cart in the Cancer Center was not being
9 maintained safely, but that fraudulent records were being created daily stating that it was in
10 compliance. Rather than remedying the problem that had left a cancer patient "coding" and
11 another cancer patient without access to oxygen – the problem being the medical staff in the
12 Cancer Center had not been trained how to check the emergency crash cart to ensure it was
13 fully functional – instead, STANFORD HEALTH CARE DEFENDANTS focused on
14 covering up the regulatory violation of having fraudulent reports claiming safety checks of
15 the crash cart were occurring daily, as required by law, when they were not. To cover up
16 these daily regulatory violations, STANFORD HEALTH CARE DEFENDANTS gathered
17 the fraudulent safety reports, and used "White Out" to fraudulently back date and revise the
18 records. And to "remedy" the problem of no one knowing how to properly check and stock
19 the emergency crash cart, STANFORD HEALTH CARE DEFENDANTS removed the
20 emergency crash cart from the Cancer Center altogether, such that, now, if a cancer patient
21 "codes" there is no crash cart on site.

22 12. Fortunately, given the unscrupulous manner in which STANFORD HEALTH
23 CARE DEFENDANTS were known to respond to reports of patient endangerment, copies of
24 the fraudulent crash cart reports were made before they were fraudulently and retroactively
25 revised with "White Out" in an effort to dupe an investigating regulatory agency. On
26 information and belief, true and correct copies of the original fraudulent records evidencing
27 (1) STANFORD HEALTH CARE DEFENDANTS' violations of regulatory requirements;
28 and (2) STANFORD HEALTH CARE DEFENDANTS' "White Out" cover up of the same,

1 are maintained in Alameda, County.

2 13. Setting aside STANFORD HEALTH CARE DEFENDANTS' flagrant and
3 outrageous disregard for the lives of at-risk cancer patients in removing the emergency crash
4 cart from the Cancer Center, what is particularly glaring is the underlying deceit in the
5 reasoning given for the crash cart removal. While at the present time it is unclear whether the
6 decision to remove the emergency crash cart from the Cancer Center was the result of
7 STANFORD HEALTH CARE DEFENDANTS' desire to bury the regulatory violation
8 found in the crash cart's fraudulent records or simply not caring enough about their patients
9 to train employees to properly maintain the crash cart, an announcement was made inferring
10 that the crash cart was being removed for the sake of "consistency," as other Cancer Centers
11 did not have one. A facility that has no crash cart to resuscitate coding patients has to rely on
12 calling "911" and is referred to as a "911 facility" as referenced in the announcement about
13 the removal of the crash cart from the Cancer Center below:

14 Crash Cart Removed- Cancer Center Palo Alto Clinics A-F

15 As you know in the Cancer Center Palo Alto Clinics A-F , the clinic staff have been
16 operating as a 911 facility. Today the crash cart was removed. Now all of our cancer
17 care clinic locations in Palo Alto will operate in the same way, as a 911 facility. The
18 SHC Code Blue team will continue to respond to the Ambulatory Surgery Center, ITA,
19 and Radiation Therapy in the Cancer Center.

20 Such an "explanation" for removing a life-saving machine – based on the insane premise that
21 all STANFORD HEALTH CARE DEFENDANTS' cancer patients' lives should be placed
22 equally at risk by having to wait for a 911 response – underscores the unfathomable lengths
23 to which STANFORD HEALTH CARE DEFENDANTS will go to cover up liability and
24 risk patient lives.

25 14. And inasmuch as STANFORD HEALTH CARE DEFENDANTS' managing
26 agents have a policy of "White Out" when it comes to burying fraudulent records, they have
27 a policy of "Black Out" when it comes to trying to jettison African-American employees
28 who refuse to turn a blind eye to STANFORD HEALTH CARE DEFENDANTS' rampant

1 racism, bullying, intimidation, lying, and chicanery and utter disregard for patient safety. As
2 a result, shortly after making reports on MS. YOUNG's behalf, STANFORD HEALTH
3 CARE DEFENDANTS subjected the reporting Cancer Center surgeon to retaliation that
4 paralleled that of MS. YOUNG, which ultimately resulted in the Cancer Center surgeon's
5 forced resignation without other secured employment.

6 15. Without the voice, protection, and assiduous oversight of the Cancer Center
7 surgeon, STANFORD HEALTH CARE DEFENDANTS' retaliatory bullying, intimidation,
8 and harassment of MS. YOUNG escalated, as did the number of careless errors that
9 endangered patients on a regular basis. But MS. YOUNG was repeatedly warned by a
10 number of STANFORD HEALTH CARE DEFENDANTS' employees – including the
11 Cancer Center surgeon who was forced out – that, if she valued her job, she should stay quiet
12 about the patient endangerment, retaliation, discrimination, harassment and racism by
13 STANFORD HEALTH CARE DEFENDANTS. But MS. YOUNG began her career in
14 health care after her father died due to gross medical negligence (negligence the medical
15 provider tried to cover up and hide from her family). And MS. YOUNG's mother had fled to
16 California from Oklahoma because she did not want her children living in fear of the KKK,
17 as she had. (As an African-American in Oklahoma, it was common for her to have to run
18 down the street while having rocks thrown at her, as even university professors were KKK
19 members, and the streets were named for the “KKK elite.”) So, despite multiple warnings to
20 keep quiet, MS. YOUNG could not, and would not, remain silent about either the ongoing
21 endangerment to STANFORD HEALTH CARE DEFENDANTS' patients or the rampant
22 racism and retaliatory harassment she has endured on an ongoing basis.

23 16. For example, on May 13, 2016, MS. YOUNG reported her ongoing concern
24 that feces-covered rubber bands were being reused from patient to patient. Rubber bands
25 were used on instruments that would be inserted into the anus of the unsuspecting
26 hemorrhoid surgery patient, who would unknowingly have the fecal matter of some
27 stranger(s), and all diseases and bacteria contained therein, inserted into his or her anus.
28 Having previously reported the risk of reusing feces-covered rubber bands to no avail, and

1 tragedy. If you would let me know that someone has reached out to her
2 and has made sure she's ok, I'd really appreciate it.

3 Also, I wanted to make you aware that yesterday one of the
4 patients who I had talked to [my supervisor] about last week – a patient
5 who [my supervisor] was supposed to have [the nurse practitioner]
6 reschedule based on your note from your examination- was bleeding
7 when [my supervisor] did his rectal exam yesterday. I think the procedure
8 was not completed because the patient was in so much pain.

9 Dr. Kirilcuk, I'm very worried about the treatment our patients
10 are getting and the fact that nobody working in the Pelvic Floor Clinic
11 seems to know what they are doing. Just today, we had a patient with
12 both internal and external hemorrhoids who was so scared, and I had to
13 direct [the nurse practitioner] on which way she should go with the
14 catheter to avoid the external hemorrhoid. I helped the patient calm down
15 by breathing with her to relax the anal muscles and had her squeeze my
16 hands while [the nurse practitioner] inserted the catheter. And the end,
17 [the nurse practitioner] told me that without me, she or the patient
18 wouldn't have made it through the testing. I am very worried about how
19 our patients are being treated when I am excluded from the testing, and I
20 really don't understand why no one seems to be getting training. It's been
21 almost a year now.

22 I would really like to talk to you about what I am seeing happen
23 to our patients, would you please let me know when you have time?"

24 182. Dr. Kirilcuk never responded to either of MS. YOUNG's emails. Instead,
25 Dr. Kirilcuk issued a letter to the patient who had had the painful testing completed
26 erroneously in her vagina falsely stating that there had been "no untoward events" during the
27 testing.

28 183. Upon seeing that her serious concerns about patient endangerment were being

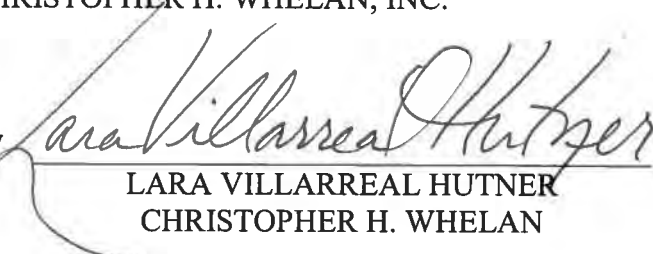
1 **VIII. DEMAND FOR JURY TRIAL**

2 Plaintiff hereby demands trial by jury on all issues so triable in the Complaint.

3
4 Dated: September 27, 2017

VILLARREAL HUTNER PC
CHRISTOPHER H. WHELAN, INC.

5
6
7 By


LARA VILLARREAL HUTNER
CHRISTOPHER H. WHELAN

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9 Attorneys for Plaintiff
10 QIQIUA YOUNG
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EXHIBIT A


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Updated: Wed, Jul 12, 2017, 2:03 pm

Uploaded: Tue, Jul 11, 2017, 9:28 pm

Union claims high infection rates in Stanford Hospital dispute

Medicare penalized Stanford Health Care two years in a row for high hospital-acquired infections

by Sue Dremann / Palo Alto Weekly

High rates of hospital-acquired infections at Stanford Health Care have caused Medicare to reduce payments to the hospital for the second year in a row.

Now, members of Service Employees International Union-United Healthcare Workers West (SEIU-UHW), the union that represents 1,800 employees at Stanford Hospital, claim the high rates are because of inadequate staffing and training, union members said during a press conference at Stanford Medical Center on Tuesday.

But hospital officials are disputing that assertion. They say the data is old and the union is using a strong-arm tactic to gain leverage during contract negotiations. The current contract expires in August, according to union spokesman Tom Parker.

The dispute over infection rates is focused on Stanford's Palo Alto campus alone, Parker said.

Union members said on Tuesday that the issue isn't just another ugly fight over a contract. They have been asking for more stringent changes and better staffing for a year.

"That is not a bargaining tactic," said Linda Cornell, a union member and 37-year patient-unit secretary. "We are not here today as a first course of action."

A Nov. 21 union memo to Suzanne Harris of Stanford Employee and Labor Relations shows that union members had been asking the hospital to address high-infection-rate and worker and patient safety concerns for at least several months. Two weeks ago, union representatives were to meet with hospital CEO David Entwistle to discuss the concerns related to the infection data but the hospital canceled the meeting, they said.

Stanford Health Care received a penalty reduction in reimbursements from the Centers for Medicare & Medicaid Services in fiscal years 2016 and 2017 after the hospital had higher than appropriate rates of hospital-acquired infections, including surgical site infection after colon surgery and abdominal hysterectomy; diarrhea-causing *Clostridium difficile* (C. diff), and catheter-associated urinary tract infections, among others, according to data from the Centers for Medicare.

The hospital-reported data was from 2016.

The Centers for Medicare Services' Hospital-Acquired Condition Reduction Program ranked 3,203 hospitals nationwide during fiscal year 2017 for their hospital-acquired infection rates and penalized 769 hospitals.



Salya Nevarez, a Stanford Health Care phlebotomist, discussed her concerns about acquiring patient infections at a SEIU-UHW press conference on July 11, 2017. Photo by Sue Dremann.



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Registration now open



Sign up for the 33rd annual Palo Alto Weekly Moonlight Run and Walk. This family-friendly event which benefits local nonprofits serving kids and families will take place on Friday, Oct. 6 at the Palo Alto Baylands.

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Children's hospitals, VA hospitals and critical access hospitals, among others, are exempt from the reductions.

On a scale from 1 to 10, with 10 being the most severe, Stanford had an overall hospital-acquired conditions score of 7.85 in fiscal year 2017. Specific ratings that contributed to that score included:

- Central-line-associated blood stream infections: 7
- Catheter-associated urinary tract infections: 8
- Surgical-site infection: 10
- Methicillin-resistant staphylococcus aureus infection: 6
- Clostridium difficile infection: 9

In addition, the score includes the Agency for Healthcare Research and Quality Patient Safety Index (or PSI 90 Composite), which considers eight safety concerns, including pressure ulcer rate, postoperative hip fractures, postoperative sepsis, accidental punctures or lacerations, pulmonary embolism and deep-vein thrombosis (around time of surgery), among others. Stanford scored a 7.

Placing in the bottom-performing 25 percent of hospitals nationwide for hospital-acquired conditions, Stanford received a 1 percent reduction in Medicare reimbursements for each of the two fiscal years. The penalty for fiscal year 2017 runs from October 2017 through September 2018. Hospital spokeswoman Lisa Kim did not immediately know the equivalent in dollars.

Stanford maintains the figures represented by the union are outdated, coming from 2014 California Office of Statewide Health Planning and Development data that compared seven Bay Area teaching hospitals on one gastrointestinal infection, Clostridium difficile.

That data shows an infection rate at Stanford nearly double the rate for University of California, San Francisco Medical Center, which was the second worst of the other teaching hospitals.

Stanford instead pointed to U.S. Centers for Disease Control and Prevention's National Healthcare Safety Network metrics to show the hospital has greatly improved in recent years.

The Standardized Infection Ratio scores for C. diff, for example, showed rate of infection for the first quarter of 2017 is 0.871 cases per 1,000 patient days, which is better than the 1.0 benchmark, Stanford Interim Chief Quality Officer Dr. Ann Weinacker said. That's an improvement over 1.09 in 2015 and 1.12 in 2016.

Weinacker did not provide scores for the other infectious disease rates that are also measured by the CDC's Healthcare Safety Network.

Data is submitted to the Safety Network monthly, Kim said.

"National Healthcare Safety Network is the only reliable source of these data because they provide training in standard surveillance methods. It's also the nation's most widely used healthcare-associated infection-tracking system," Kim said in an email.

Weinacker said that one reason Stanford's C. diff rate jumped in recent years by more than 100 percent is because the hospital began using new and much more sensitive testing procedures that are picking up more cases. The hospital began using the sensitive tests in 2012.

State data shows that Stanford first had a huge jump in C. diff cases in 2011, rising to 1.05 cases per 1,000 patient days compared to 0.30 in 2010.

Weinacker said the hospital has been tracking its data monthly so that staff can make adjustments to procedures. The hospital has signage for every room and pictograms of all precautionary procedures for a particular disease that staff and visitors must follow before entering a room, such as hand-washing and wearing a mask or a gown.

But the union claims protocol enforcement has been inconsistent, communication is poor and staffing is inadequate.

Nate Anderson, who has worked at the hospital for three years as a transporter bringing patients from the emergency room, said he was tested three times in one year for tuberculosis. Anderson said the tests came back negative, but he is still concerned about the potential for exposure.

"People come through the ER and we aren't told if they are suspected of having an infection," he said.

Anderson fears that as he moves from room to room or has passed patients and visitors in the hallways, he might be contaminating people. When patients potentially have a disease passed by droplets through sneezing or coughing, they should be wearing masks. Often they are not when they are handed off to him, he said.

"Everyone is confused about the proper protocol. Ask two different people and you get two different answers; ask three people and you get three different answers," he said.

Salyna Nevarez, a phlebotomist, said she worries on a daily basis about diseases she could bring home.

"About one month ago there was a patient with active TB (tuberculosis)," she said. The patient was placed in a unit where phlebotomists were exposed to the infected patient but not given any notice to take precautions. It wasn't until after she'd gone into other patients' rooms that management informed Nevarez that she had been exposed, she said.

Other employees said that housekeeping workers are put on a strict schedule of cleaning rooms that don't give them adequate time. Cornell said that housekeepers are given 28 minutes to clean a room of a noninfectious patient and 43 minutes to clean an isolation room. In addition, the cleaning staff must handle conference rooms, nursing stations and hallways.

"There is not enough staffing in all areas. They are under constant pressure. They are rushing to beat the clock," she said.

Anish Singh, a member of the Patient Companion Pool, which brings staff to sit with patients for up to eight hours a day, said he has also seen things left uncleaned because of staffing shortages.

Stanford staff said the number of housekeepers per bed is 98 to 100 percent of the industry benchmarks established by Vizient, a ranking organization.

Cornell and Nevarez also said because of hospital overcrowding, some infectious patients are placed in the hallways and are surrounded by screens, but they are concerned that the hallways might be contaminated.

Weinacker did not refute that some patients are placed in halls when necessary, but she said that every precaution is taken to protect them and others from being contaminated. The hospital also has an active control group that works to refine protocols.

"There are hours and hours of training for workers and managers to ensure how to protect themselves from potential infection. They receive in-person and online training. We take this very seriously," she said.

In a statement, Stanford staff said through the hospital's "escalation policy," all employees are encouraged to share concerns through established channels.

And although the hospital maintains the union's data is outdated, staff have shared the information with its quality department, which will conduct a thorough review of the information, Stanford stated.

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Comments

Posted by **Wally**

a resident of Woodside

on Jul 12, 2017 at 2:57 am

 35 people like this

It's alarming to hear that a renowned hospital would be so careless in the safety of the community. When there's a legitimate cause of the high rates of infection, what's the use of making it seem not so accurate? Fact to the matter is, Stanford should be held accountable whether there's little to more infection based of this data. I can't help to think that this hospital is making excuse of saying that the data that the union presented is outdated. For me, having to rely my own health and the rest of my family on a very respected hospital with huge concern of risking their visit to acquire such infection is a big deal for everybody. The new hospital is huge...I wonder if there would be enough workers to be hired? Are they new and not hire this honest union members that courageously stepped forward??? Or could the new big hospital be just enough aesthetics to attract more clients?

Email Town Square Moderator

Report Objectionable Content

Posted by **True!**

a resident of Midtown

on Jul 12, 2017 at 9:13 am

 42 people like this

When I was in Stanford Hospital a couple of years ago for a knee replacement, I acquired an infection in the knee.

A 5-day stay turned into a 15- day stay--at my financial and physical expense!!

To make matters worse, I was in horrific pain every single night. My morphine pump would be empty by 11:00 pm, and the alarm would go off intermittently all night until a nurse would finally appear to refill it at 7:00 am!

That's right-- I never saw a nurse between 11:00 pm and 7:00 am. Not even to take my vital signs

Exhibit U

CPT Coding for Mastectomy (A Case Study)

Izak B. Dimenstein, MD, PhD, HT(ASCP)

(Loyola University Chicago Medical Center, Maywood, IL)

DOI: 10.1309/59GUN2UGNFD8J2WK

This case study has an unusual topic for a traditional case study subject, as well as a different format. In contrast to a traditional case study, it discusses the charges for laboratory services in surgical pathology.

As it is well known, charges for laboratory services in surgical pathology are generated according to the *Current Procedural Terminology* (CPT) code. Although the actual amount of a charge is not the same for different providers, the CPT code determines the relative value scale. In surgical pathology, the AMA's CPT manual offers primary Levels (I to VI) of codes, as well as codes for additional procedures, (eg, frozen section, decalcification, and special stains).

The presented coding data do not follow literally the actual case. As realistic fiction, this case reflects a typical clinical coding scenario.

Take the case of a 65-year-old woman diagnosed with left breast adenocarcinoma on a needle biopsy. During surgery, she underwent a partial mastectomy with frozen sections and axillary dissections.

The pathology department received 3 frozen sections, and then 9 specimens, for a total of 12 specimens in separate containers. Each specimen was accompanied by a requisition form that included the specimen's description.

The CPT coding starts during the specimen's accession in a typical surgical pathology division. There are 3 stages when the coding/billing fee is initiated and can be changed: accession, sign out, and billing. Three main players participate, or ought to, in the process: the accession person, the pathologist, and the billing manager.

Stage One: Accession

The accession person applies codes for the technical bill from the computer program's (CoPath) dictionary according to the information provided in the requisition forms and the labels on the containers. Although the clinicians define their specimens by numerical system (1, 2, 3, etc), the pathology departments change them for their convenience to Latin alphabetic system (A, B, C, etc). **Table 1** summarizes

the accession activity with the evaluation of CPT coding correctness.

An undercharge has occurred in specimen A. The program's dictionary should have been changed when the sentinel lymph node was added to CPT manual as code 88307, Level V. The 1 block frozen section goes with Level IV (88331 plus 88305) as a biopsy, but it should go with Level V as a frozen section (88331 plus 88307) of a sentinel node.

Specimens D and E (axillary dissection, level 1 and 2) are accessioned as Lymph Nodes, Regional Resection, Level V 88307 and is correct. In this case, the final pathology diagnosis will confirm that accessioning of specimens D and E as Level V, like regional resection, is not a mistake. Lymph node, regional resection subject will be discussed in some details because it is one of the difficult issues in surgical pathology CPT coding.

Specimen F, coded as 88309 Level VI, is an apparent mistake by the accession person because the requisition form stated a left partial mastectomy that is code 88307 Level V.

Specimen G (left axillary node) is accessioned, by mistake, as Lymph Node, Regional Resection 88307 Level V, although it should be Lymph Node, Biopsy 88305 Level IV at the accession stage. We will see later that even Level IV is an overcharge, although this is understandable since the accession person who works only with the requisition forms could not know the final diagnosis.

Stage Two: Sign Out

The sign out diagnosis is infiltrating ductal adenocarcinoma, Grade III/III with focal lobular features; metastatic breast carcinoma to 1 sentinel lymph node; the revised margins of resection are negative for malignancy.

The pathologist can make changes in the technical bill during the sign out according to the final diagnosis as well as clarify some uncertainties and discrepancies in the evaluation of the specimen during accession. Technically, a grossing person can start this work after grossing when the histology information (the number of blocks, special stains, etc) is logged into the computer; however, the final say belongs to the pathologist during the sign out.

Table 1 Stage One; Accession

Specimen A	Frozen section (FS1) left sentinel node	Level IV 88305 undercharge
Specimen B	Frozen section (FS2) lymph node #2	Level IV 88305 correct
Specimen C	Frozen section (FS3) lymph node #3	Level IV 88305 correct
Specimen D	left axillary dissection	Level V 88307 correct
Specimen E	level 2 left axillary dissection	Level V 88307 correct
Specimen F	left partial mastectomy	Level VI 88309 overcharge
Specimen G	left axillary node	Level V 88307 overcharge
Specimens H-L	margins	Level IV 88305 correct

Table 2 shows the same specimens with the data from the final diagnoses pertaining to CPT coding. At this stage, the Levels of CPT codes remained unchanged.

Sentinel nodes 2 and 3 (Specimens B and C) appeared in the final diagnosis although they were not mentioned in the requisition form during the accession. If it were not the pathologist's mistake, the code for specimens B and C should be 88307, Level V.

Nine lymph nodes in specimen D and 7 lymph nodes in specimen E confirm that these specimens are by essence a regional resection. Their assessment as 88307 Level V is completely defensible.

The pathologist could correct the accession assessment of specimen F as radical mastectomy to Level V, because it was signed out as "breast, left partial mastectomy."

The most remarkable issue is that specimen G was sent as left axillary lymph node. It was accessioned incorrectly as a lymph node, regional resection (88307, Level V). The final diagnosis defined the specimen as skin tag that is 88304, Level III.

The margins (specimens H through L), by essence, are biopsies, and there are no problems coding them.

Stage Three: Billing Fee Codes (Professional Bill)

In practice, the pathologist leaves the professional billing fee codes to the discretion of the billing manager. The billing manager should make corrections to the technical bill according to the pathology data after the sign out. Usually the changes have a form of credit (<CR>). **Table 3** shows the final billing fee codes.

The special stains and immunohistochemistry require a separate discussion. They were intentionally omitted to highlight the process of the initial CPT coding.

This case study shows that there were many reasons for wrong CPT coding of charge allocation: incorrect information in the requisition form (specimen G, and possibly B and C), wrong computer program dictionary design (specimen A), mistakes by the accession person (specimens F and G), difficulties in interpretation of CPT definitions (specimens D and E). In addition, there was an insufficient involvement in the coding by the pathologist. Finally, the billing manager failed to correct erroneous coding. The billing manager would be right if the pathologist had been alerted regarding the discrepancies in specimens B and C because the sentinel nodes appeared in the final diagnosis, but they had not been mentioned in the requisition forms.

Mastectomy CPT coding is not the most difficult task in surgical pathology. This case is typical though with some particularities of the actual situation. The case has a happy ending because eventually all discrepancies were resolved.

Discussion

This case study shows examples of incorrect coding that could have led to overcharges as well as loss of the reimbursement. The initial CPT code is essential for correct charges. Modifiers cannot fix the wrong choice of the initial code.

According to the AMA's CPT coding manual,¹ the initial CPT codes in surgical pathology (88300 through 88309) represent services. The code "reflects the physician work involved." The unit of service is the specimen. The CPT coding manual defines a specimen "as tissue or tissues that is (are) submitted for individual and separate attention, requiring individual examination and pathologic diagnosis."

There are 4 main breast descriptors in the AMA CPT coding manual's surgical pathology section. They encompass almost all clinical situations.

Table 2_Stage Two; Sign Out

Specimen A Lymph node, Sentinel, left axilla, excision	Level IV 88305
Specimen B Lymph node, sentinel #2, left axilla, excision	Level IV 88305
Specimen C Lymph node, sentinel #3, left axilla, excision	Level IV 88305
Specimen D Lymph nodes, left axilla, dissection	Level V 88307
Specimen E Lymph nodes, left axilla, dissection	Level V 88307
Specimen F Breast, left partial mastectomy	Level VI 88309
Specimen G Skin, left axilla biopsy (skin tag)	Level V 88307
Specimens H- L Margins, re-excision	Level IV 88305

Table 3_Stage Three; Billing Fee Codes

Specimen A Frozen, Level 1V	88305 <CR> Level IV 88307	correct
Specimen B Frozen, Level IV	88305 <CR> Level IV 88307	correct
Specimen C Frozen, Level IV	88305 <CR> Level IV 88307	correct
Specimen D	L V 88307	correct
Specimen E	L V 88307	correct
Specimen F	L VI 88309 <CR> LV 88307	correct
Specimen G	LV 88307	overcharge should be L III 88304
Specimens H-L	L IV 88307	correct

88305 Level IV

- *Breast, Biopsy. Not Requiring Microscopic Evaluation of Surgical Margins.* Includes needle breast biopsy, fibroadenoma or other mass not requiring margins evaluation.

88307 Level V

- *Breast, Excision of Lesion, Requiring Microscopic Evaluation of Surgical Margins.*
- *Breast, Mastectomy-Partial/Simple.* Includes umpectomy, wire localization excision, the entire radiologically identified mass with margins evaluation.

88309 Level VI

- *Breast, Mastectomy – with Regional Lymph Nodes.* Includes radical or modified radical mastectomy. Lymph nodes even outside the axillary tail should be bundled as one specimen.

Although breast definitions are well represented in the CPT coding manual, some are disputable and might cause difficulty in the coding practice. Unfortunately, the AMA's CPT coding manual leaves some space for ambiguity in interpretations.

CPT Descriptor 88307 Level V "Lymph Nodes, Regional Resection" is a definition that sometimes generates confusion. In a case of the axillary tail in radical/modified mastectomy, there is no doubt what the regional resection is about. The mandatory bundling applies to this specimen even when the lymph nodes are submitted in a separate container. This specimen is coded as 88309 Level VI. Bundling is not always used in practice but clarifies the definition of "Lymph Nodes, Regional Resection."

(The bundling is easier to make in theory than in practice. The accession computer programs are designed by the principle: one specimen, one container. In general, it is correct because if the specimen is sent in a separate container, it is because the clinician wants it to receive separate attention.)

The real coding difficulty appears when fragments of fibroadipose tissue are removed for lymph node search. The axillary dissection at different levels would constitute CPT Level V 88307 "Lymph Nodes, Regional Resection" even if no lymph node were found.²

Other CPT coding difficulties include rare clinical situations that are worth mentioning. Sometimes they are a source of confusion.

Every excisional breast biopsy should be coded as Level V 88307 because this procedure requires examination of margins. However, an incisional breast biopsy without margin evaluation, as well as a needle biopsy, is Level IV 88305.

Margin examinations that accompany every re-excision surgery by essence are biopsies. They are coded as Level IV 88305.

Sometimes a breast implant specimen includes the "capsula." The specimen is coded as Level IV like an incisional breast biopsy or breast reduction mammoplasty.

Although a regular skin scar is Level II 88302, in a breast case, the skin scar is Level III 88304 because it requires a revision of the scar tissue. In a malignant lesion re-excision, the scar can be considered as Level IV 88305.

Failures in CPT coding in surgical pathology occur more or less at every institution. There are many subjective and objective reasons for unintentional incorrect CPT coding. The most vulnerable stage is the specimen accession. The accession person, whose position is considered as entry level, often works under conditions of incomplete or confusing information. The design of some computer programs, CoPathPlus for instance, does not allow the accession person to see on the screen CPT code/level during accessioning. The detailed discussion of initial CPT coding problems in surgical pathology can be found on the Web site "Grossing Technology in Surgical Pathology" at the link "Accession, Coding" www.grossing-technology.com.

Hopefully, the case study dissection of the initial CPT coding in the mastectomy case will help explain how mistakes occur on different stages, and how they can be corrected. The accession person needs clinical information consistent with CPT terminology. The pathologist's involvement in the coding process at the sign out stage is very beneficial. The role of the billing manager as a coordinator of correct CPT coding is crucial. LM

1. *Current Procedural Terminology (CPT)*, Standard Edition, Surgical Pathology section. Chicago: AMA Press, 2006.

2. Dimenstein IB. Lymph node coding in surgical pathology. *Lab Med*. 2005;36:602-603.

Exhibit V

C. difficile, or *Clostridium difficile*, is a bacterium found in feces that is spread by people touching infected surfaces and then touching their mouth or mucous membrane.

According to data from 2012 and 2013 released by the California Department of Public Health (CDPH), Stanford Hospital had “significantly higher” rates of hospital-onset *C. diff* than predicted compared to other comparable hospitals. This amounted to 13 cases of hospital-onset *C. diff* infections per 10,000 inpatient days in 2012 and about 14 cases per 10,000 inpatient days in 2013.

Though 13 cases may not seem like much, many nearby hospitals had lower infection rates than Stanford Hospital. El Camino Hospital's 2012 rate was nine cases per 10,000 inpatient days, and its 2013 rate was seven cases per 10,000 days; San Francisco General Hospital's rate was nine cases per 10,000 days. Santa Clara Valley Medical Center's maintained even lower rates, at five cases per 10,000 inpatient days in 2013 and eight cases per 10,000 days in 2012.

These predictions were adjusted for significant risk factors, such as the type of CDI test used, affiliations with medical schools, hospital bed size and community-onset CDI in patients who are admitted. This adjustment allows for more accurate comparisons according to the CDPH.

However, Lucy Tompkins, the Lucy Becker Professor in Medicine and Microbiology and Immunology, explained that the higher rate of infections may have been due to the adoption of a new test.

“In 2012 many teaching hospitals, including Stanford, adopted a much more sensitive test (PCR) to diagnose *Clostridium difficile* disease,” she said. “Although a useful test for detecting disease among those who have symptoms, this test will be positive among people who are merely carrying *C. diff*, but don't have an active infection. Stanford and other hospitals noted an increase in their rates after switching to this test . . . The national measure does not distinguish between these two types of patients.”

Additionally, Tompkins claims that Stanford's performance has improved with regards to *C. diff*

“We improved our performance by reducing unnecessary testing among those with low likelihood of disease, by reducing use of certain antibiotics that increase the risk of *C. Diff*, and continued focus on good hand hygiene and using newer, enhanced methods for cleaning the patient care environment,” she said.

Stanford community feedback

When an anonymous member of the Stanford community learned of the poor rankings of Stanford, he was shocked. He then demanded answers and improvements from SHC.

“I just want things to be safe for patients [of SHC],” he said. “Stanford students, faculty, staff, alumni, their families should be able to feel safe going to *their* University's hospital. But, according to the U.S. government – using data that [SHC] itself provided – [Stanford Hospital] is one of the worst hospitals in the country in patient safety. That should not be part of President Hennessy's legacy.”

The community member acknowledged the possibility that the majority of the Stanford community is not aware of the statistics regarding the hospital's poor 2015 Medicare score and high *C. diff* infection rates from 2012-2014. He hopes that educating the community will bring about changes for the better.

“The cliché [states] that ‘light is the best disinfectant’ with respect to the problems in an institution. Shedding light on the problem will hopefully bring about some beneficial changes,” he said.

“Stanford community members can bring that about by expressing their desire for safer care at [SHC], but only if they learn the at-present disturbing facts,” he added. “A world-class university deserves a university hospital than ranks higher than the bottom quartile of hospitals nationally with respect to patient safety.”

Contact Anne-Marie Hwang at amhwang@stanford.edu

If you wish to receive new articles related to **Stanford Health Care faces criticisms for poor patient care measures** enter your email address in the field below and subscribe:

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Q&A with Harry Elliott, editor-in-chief of the Stanford Review

May 5, 2016

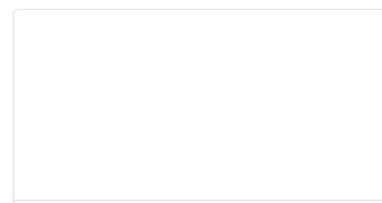
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Jane Chen proves that a purpose-driven mentality can turn failure into fuel for innovation:
stanford.io/2ihQvz3



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Stanford Hospital is facing safety and quality concerns regarding its patient care. The hospital claims it is working to improve patient safety. (MCKENZIE LYNCH/The Stanford Daily)

STANFORD HEALTH CARE FACES CRITICISMS FOR POOR PATIENT CARE MEASURES

February 17, 2016

3 Comments

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Anne-Marie Hwang

Desk Editor

By: Anne-Marie Hwang | Desk Editor

Stanford Health Care is facing criticism regarding patient safety due to its recent poor Medicare ratings and older *C. difficile* infection rates. Members of the Quality team at Stanford Health Care state that they are addressing concerns by creating the Center for Advancing Patient Safety and utilizing new cleaning methods. However, some members of the Stanford community still believe that more improvements are needed.

Medicare Ratings

In December 2015, Medicare announced that it was penalizing Stanford Health Care (SHC) for poor patient safety. Due to SHC's high frequency of potentially avoidable health-related complications, Medicare is lowering its payments to them by one percent over the course of the fiscal year, ending in September 2016. The hospital-acquired conditions in the Medicare assessment include blood clots, falls and sepsis.

However, Raj Behal, the chief quality officer of SHC, claims that the rankings do not adequately address the complexity of Stanford's patients and their needs. For example, more than half of major teaching hospitals were penalized by Medicare, compared to 22 percent of hospitals overall.

Even though the Medicare ranking system may be flawed, SHC argues that it is still continuing to improve itself with regards to patient care and safety.

"We have recently established the Center for Advancing Patient Safety with the goal of reducing preventable harm to zero, and to proactively look for ways to reduce risks before harm can occur, particularly in light of higher clinical complexity of our patients," Behal said.

While the penalty associated with Stanford's poor Medicare score is a one percent reduction in Medicare payments, Behal says this will not affect any programs or services provided by SHC.

However, to repair its image, SHC is now searching for ways to show the public that it still remains a world-class hospital.

TOP HEADLINES

- In school but off-campus: navigating the cotermin transition
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November 4, 2016

Modern Healthcare

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Not-for-profits dominate top-10 list of hospitals with biggest surpluses

By [Harris Meyer](#) | May 2, 2016



A heart surgeon at Gunderson Lutheran Hospital performs a minimally invasive bypass procedure. Gunderson's CFO said it's misleading to measure the profitability of one hospital within a larger system.

Seven of the 10 hospitals in the U.S. with the biggest surpluses from patient-care services in 2013 were not-for-profits, according to a new study in Health Affairs based on Medicare cost reports.

Gundersen Lutheran Medical Center in La Crosse, Wis., Sutter Medical Center in Sacramento, Calif., and Stanford Hospital in Palo Alto, Calif., topped the list, which included three HCA-owned facilities in Dallas, Englewood, Colo., and San Antonio.

The study found that factors influencing surpluses include a hospital's market power, whether the hospital's market has a dominant insurer, retail price markup, prestige, teaching status, the mix of uninsured and Medicare patients, and for-profit or not-for-profit ownership.

"Profits are going to be high when a hospital has a very dominant market share," said Gerard Anderson, director of the Center for Hospital Finance and Management at the John Hopkins Bloomberg School of Public Health and study co-author. "The Federal Trade Commission needs to take a look at whether there is unfair competition."

Anderson said this is the first study he's aware of to look at patient-care services separately from overall margins. He emphasized that the study, based on data from

Exhibit W

2016 COVERED CALIFORNIA FAQs

Stanford Health Care
For Plans Effective 1/1/2016
www.stanfordhealthcare.org/healthinsurance

Is Stanford Health Care contracted with any Individual and Family Plans available for purchase on the Covered California exchange for hospital services?

The hospital is contracted with the following plans available for purchase through Covered California or directly through the health plan (aka “mirrored plans):

- HealthNet EPO/HMO
- Valley Health Plan HMO
- Anthem Blue Cross PPO/HMO/EPO (aka Pathway or Pathway X networks)
- HealthNet PPO- *only available through HealthNet directly*
- Cigna PPO- *only available through Cigna directly*
- United Health Care PPO/EPO

See the matrix of Health Plans available by county at the end of the FAQ’s

Are Stanford Health Care physicians contracted with any Individual and Family Plans available for purchase on the Covered California exchange?

The physicians are contracted with the following plans available for purchase through Covered California or directly through the health plan (aka “mirrored plans):

- HealthNet EPO/HMO (HMO does include PCP services)
- Valley Health Plan HMO (*specialist services only*)
- HealthNet PPO- *only available through HealthNet directly*
- Cigna PPO- *only available through Cigna directly*

Anthem Blue Cross and United Health Care Covered California plans do not include Stanford physicians as in-network

I purchased an Anthem Blue Cross plan (Pathway/Pathway X) through Covered California. Is my plan accepted at Stanford Health Care?

For Anthem Blue Cross Pathway/Pathway X, Stanford Hospital is considered in-network, **but all Stanford physician services would be considered out-of-network**. You would need to utilize your out of network benefits for all physician services, if your plan has them. This usually means a higher deductible and out of pocket expenses for out of network providers.

I purchased a Blue Shield plan through Covered California. Is my plan accepted at Stanford Health Care?

For Blue Shield Individual and Family plans, both Stanford Hospital and all Stanford physician services would be considered out-of-network. You would need to utilize your out of network benefits for all physician services, if your plan has them. This usually means a higher deductible and out of pocket expenses for out of network providers.

I thought Stanford Health Care and Anthem Blue Cross just renegotiated their contract, why are you saying my Anthem Blue Cross Covered California plan doesn’t include Stanford physicians as in-network?

Anthem Blue Cross’s Covered California plans have never included Stanford physicians as in-network providers.

I thought Stanford Health Care and Blue Shield of California just renegotiated their contract, why are you saying my Blue Shield Covered California plan doesn't include Stanford Health Care as in-network?

In early October 2015, Blue Shield made a unilateral decision that Stanford Health Care would be excluded from their Individual and Family plan networks in 2016. This was unrelated to the contract renegotiation in May 2015 for the general agreement with Blue Shield.

I purchased a HealthNet EPO/HMO plan through Covered California. Is my plan accepted at Stanford Health Care?

Both the hospital and the physicians are in-network with their EPO and HMO plans. There may be some restrictions on PCP selection based on where the physician is located for HMO members. We are also in their Small Business/SHOP plans for hospital and physician services.

I purchased a Valley Health HMO plan through Covered California. Is my plan accepted at Stanford Health Care?

Both the hospital and the physicians are in-network with their HMO plan for specialty services only. This does not include PCP services.

I purchased XYZ health plan through Covered California. Is my plan accepted at Stanford Health Care?

It is most likely out-of-network but you should call the health plan phone number on your insurance card to confirm.

I have a Covered California Small Business Plan (formerly known as SHOP.) Is my plan accepted at Stanford Health Care?

Both the hospital and the physicians are in-network with the Blue Shield PPO/ HMO* (*specialty services only*) and HealthNet PPO SHOP plans.

I have a Blue Shield of California group plan offered through my employer. Is this plan accepted by Stanford Health Care?

It's likely that it is accepted by Stanford Health Care but you should call the telephone number on your insurance card to confirm.

I have an Anthem Blue Cross of California group plan offered through my employer. Is this plan accepted by Stanford Health Care?

It's likely that it is accepted by Stanford Health Care but you should call the telephone number on your insurance card to confirm. Look for the Prudent Buyer or Select name on the bottom right corner of your ID card.

I bought an individual/family plan directly from Anthem Blue Cross instead of the Covered California exchange. Is this plan accepted by Stanford Health Care?

Individual/family plans bought directly from the health plan are the exact same as the plans offered on the Covered California exchange. These are called "mirrored plans." They have the same deductibles, out of pocket maximums, provider networks, etc. The hospital is in-network but the physicians are not in-network with any Anthem Blue Cross individual/family plan.

I signed up for a Covered California plan that does not include my doctor as in-network, can I switch my plan?

In previous years, Covered California has allowed people to switch their plan before the end of enrollment deadline. The deadline this year is 1/31/2016. Please contact Covered California or a broker to inquire about switching health plans.

Is my primary care physician in any plan's provider network available on the Covered California exchange?

If your PCP is a Stanford Health Care physician, they should be in the HealthNet EPO/HMO plan, depending on where the PCP is located. Valley Health Plan is not contracted for PCP services.

I have been coming to Stanford Health Care for treatment before 1/1/2016 and now my new plan is not accepted here, what should I do?

You should check your health care insurance policy on provisions for "Continuity of Care." Following a review, your health plan should advise you of your options.

I live in Alameda County, are there any plans available to purchase on the Covered California exchange or directly through the health plans that include Stanford Health Care as in-network providers?

The only plan available in Alameda County that includes both Stanford Hospital and Stanford Physicians as in-network is the Cigna PPO plan. You should contact an insurance broker to assist you with this.

Is Covered California the same as MediCal?

No.

Is Covered California the same as Obamacare?

The Patient Protection and Affordable Care Act (PPACA) passed by the U.S. Congress in 2010, is also sometimes referred to as Obamacare. PPACA details all the requirements for implementation of the law. One element of implementation calls for the establishment of "insurance exchanges" which are technically online marketplaces for people to buy health insurance. The name of the exchange in the State of California is "Covered California."

Is Covered California a health plan?

No. Covered California is an "insurance plan store" (aka the exchange) that has existing health plans operating in the state of California available for purchase for individuals and small businesses.

Is there a health plan that is offered through Covered California that you would recommend I choose?

The needs of each individual seeking a health plan are unique. You should call a Covered California representative at 1-800-300-1506 or go to their website www.coveredca.com for more information specific to you or your family.

(FOR ALL OTHER QUESTIONS)

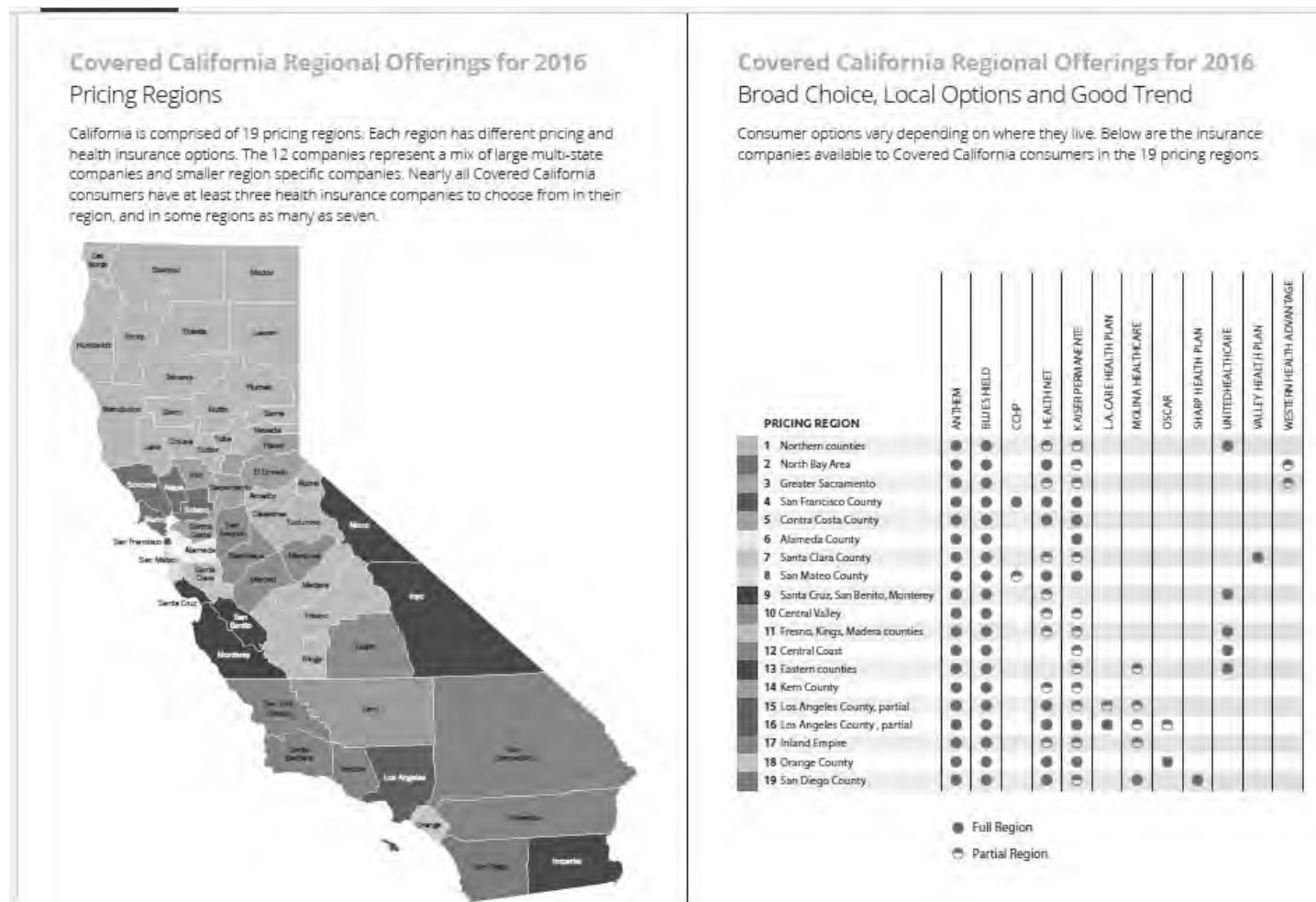
Where can I go to get more information on Covered California?

For more information on Covered California, you can visit the Covered California FAQ page at <http://www.coveredca.com/faqs/> or call a representative at 1-800-300-1506.

- Stanford Health Care insurance plan page:

Covered California Individual and Family Plan product offering by Region for 2016

<http://www.coveredca.com/PDFs/7-27-CoveredCA-2016PlanRates-prelim.pdf>



Region 5 Contra Costa County Covered California Individual and Family Plan product

Carriers offered in 2016	2015 % of Enrollment
Anthem PPO	5.60%
Blue Shield PPO	35.70%
Health Net EPO	0.70%
Kaiser Permanente HMO	58.00%

Updated as of 11/06/2015

Region 6 Alameda County Covered California Individual and Family Plan product

Carriers offered in 2016	2015 % of Enrollment
Anthem PPO	21.90%
Blue Shield PPO	25.40%
Kaiser Permanente HMO	52.70%

Region 7 Santa Clara County Covered California Individual and Family Plan product

Carriers offered in 2016	2015 % of Enrollment
Anthem PPO	49.20%
Anthem HMO	3.00%
Blue Shield PPO	12.60%
Health Net HMO	1.50%
Kaiser Permanente HMO	30.40%
Valley Health HMO	3.30%

Region 8 San Mateo County Covered California Individual and Family Plan product

Carriers offered in 2016	2015 % of Enrollment
Anthem PPO	15.80%
Blue Shield PPO	20.90%
CCHP HMO	8.70%
Health Net EPO	1.60%
Kaiser Permanente HMO	53.00%

Exhibit Y

Blue Shield boots Stanford hospitals from a key PPO network

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Amir Dan Rubin, president and CEO at what's now known as Stanford Health Care.

PAOLO VESCIA



By Chris
Rauber —
Reporter

Oct 9,
2015,
2:25pm

IN THIS ARTICLE

Amir Dan Rubin
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Health Care
Industry

James Larkin
Person

Matthew Yi
Person

Paul Markovich
Person

Blue Shield of California, one of the state's largest health insurers, confirmed Friday that it is removing Stanford Health Care facilities from a PPO that serves individual and family plan members in the region.

The San Francisco-based insurer told some plan members Oct. 5 that Stanford's rates "are among the most

expensive in California," in explaining the decision.

Blue Shield called the move "part of our ongoing efforts to help make access to health care more affordable for our members," in an email sent Monday to some enrollees in the region. Those high costs "negatively impacted the affordability of health care" for enrollees, Blue Shield said. It couldn't say how many enrollees are in the PPO, but

Department of Managed Health Care.

James Larkin, a
Stanford Health
Care spokesman,
told me that
Stanford has heard
indirectly from
patients about this
"supposed
decision," but has
heard no official
word yet from Blue
Shield.

Stanford is "still
reviewing the
implications" of the
move, Larkin said,
which "will impact a
very small number
of Stanford
patients," if true.

Exhibit Z



Global Surgery Booklet



Target Audience: Physicians

The Hyperlink Table at the end of this document provides the complete URL for each hyperlink.



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[illegible]

DEFINITION OF A GLOBAL SURGICAL PACKAGE

This booklet is designed to provide education on the components of a global surgery package. It includes information about billing and payment rules for surgeries, endoscopies, and global surgical packages that are split between two or more physicians.

Medicare established a national definition of a global surgical package to ensure that Medicare Administrative Contractors (MACs) make payments for the same services consistently across all jurisdictions.

This policy helps prevent Medicare payments for services that are more or less comprehensive than intended. In addition to the global policy, uniform payment policies and claims processing requirements have been established for other surgical issues, including bilateral and multiple surgeries, co-surgeons, and team surgeons. The information that follows describes the components of a global surgical package and billing and payment rules for surgeries, endoscopies, and global surgical packages that are split between two or more physicians.

The global surgical package, also called global surgery, includes all the necessary services normally furnished by a surgeon before, during, and after a procedure. Medicare payment for a surgical procedure includes the pre-operative, intra-operative, and post-operative services routinely performed by the surgeon or by members of the same group with the same specialty. Physicians in the same group practice who are in the same specialty must bill and be paid as though they were a single physician.

For more information, refer to the "Medicare Claims Processing Manual", [Chapter 12](#), Sections 40 and 40.1.

FREQUENTLY ASKED QUESTIONS:

Is the global surgery payment restricted to hospital inpatient settings?

Global surgery applies in any setting, including an inpatient hospital, outpatient hospital, Ambulatory Surgical Center (ASC), and physician's office. When a surgeon visits a patient in an intensive care or critical care unit, Medicare includes these visits in the global surgical package.

For more information, refer to the "Medicare Claims Processing Manual", [Chapter 12](#), Sections 40 and 40.1.

How is Global Surgery classified?

There are three types of global surgical packages based on the number of post-operative days.

0-Day Post-operative Period (endoscopies and some minor procedures).

- No pre-operative period
- No post-operative days
- Visit on day of procedure is generally not payable as a separate service

90-day Post-operative Period (major procedures)

- No pre-operative period
- Visit on day of the procedure is generally not payable as a separate service.
- Total global period is 11 days. Count the day of the surgery and the 10 days immediately following the day of the surgery.

90-day Post-operative Period (major procedures)

- One day pre-operative included
- Day of the procedure is generally not payable as a separate service.
- Total global period is 92 days. Count 1 day before the day of the surgery, the day of surgery, and the 90 days immediately following the day of surgery.

Note: Per MLN Matters® Article [MM9533](#), CMS allows for the surgeon or other practitioners to bill and be paid separately for a post-discharge home visit that was furnished in accordance with these conditions when related to comprehensive care for Joint Replacement Model (CJR). All other Medicare rules for global surgery billing during the 90-day post-operative period continue to apply.

The Medicare Physician Fee Schedule (MPFS) look-up tool provides information on each procedure code, including the global surgery indicator. This tool is available at <http://www.cms.gov/apps/physician-fee-schedule/overview.aspx>. **Note:** you must select “Show All Columns” to display the “global” column. The payment rules for global surgical packages apply to procedure codes with global surgery indicators of 000, 010, 090, and, sometimes, YYY.

- Codes with “000” are endoscopies or some minor surgical procedures (zero day post-operative period).
- Codes with “010” are other minor procedures (10-day post-operative period).
- Codes with “090” are major surgeries (90-day post-operative period).
- Codes with “YYY” are contractor-priced codes, for which MACs determine the global period. The global period for these codes will be 0, 10, or 90 days. Note: not all contractor-priced codes have a “YYY” global surgical indicator

While codes with “ZZZ” are surgical codes, they are add-on codes that you must bill with another service. There is no post-operative work included in the MPFS payment for the “ZZZ” codes. Payment is made for both the primary and the add-on code(s), and the global period assigned is applied to the primary code. There

To see

Addendum B for the fee schedule

year. For example, for 2016, see the CY 2016 PFS Final Rule Addenda for 2016 at the top of the “Downloads” section at <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Federal-Regulation-Notices-Items/CMS-1631-F2.html>

For example, as noted in MLN Matters® Article [MM9633](#), effective July 1, 2016, the global surgery days for CPT Category III codes 0437T, 0439T, and 0443T were set to ZZZ. Other such codes are identified as YYY. Effective January 1, 2016, CMS issued the following code changes affecting global surgery:

- 44799: Global Surgery Days = YYY
- G9685 and G9686: Global Surgery Days = XXX
- G0498: Global Surgery Days = YYY
- For more information, refer to MLN Matters Article [MM9749](#).

In addition, codes may also have an "XXX" indicating the global concept does not apply.

For more information, refer to the "Medicare Claims Processing Manual", [Chapter 12](#), Sections 40 and 40.1.

What services are included in the global surgery payment?

Medicare includes the following services in the global surgery payment when provided in addition to the surgery:

- Pre-operative visits after the decision is made to operate. For major procedures, this includes pre-operative visits the day before the day of surgery. For minor procedures, this includes pre-operative visits the day of surgery.
- Intra-operative services that are normally a usual and necessary part of a surgical procedure
- All additional medical or surgical services required of the surgeon during the post-operative period of the surgery because of complications, which do not require additional trips to the operating room
- Follow-up visits during the post-operative period of the surgery that are related to recovery from the surgery
- Post-surgical pain management by the surgeon
- Supplies, except for those identified as exclusions
- Miscellaneous services, such as dressing changes, local incision care, removal of operative pack, removal of cutaneous sutures and staples, lines, wires, tubes, drains, casts, and splints; insertion, irrigation, and removal of urinary catheters, routine peripheral intravenous lines, nasogastric and rectal tubes; and changes and removal of tracheostomy tubes

What services are not included in the global surgery payment?

The following services are not included in the global surgical payment. These services may be billed and paid for separately:

- Initial consultation or evaluation of the problem by the surgeon to determine the need for major surgeries. This is billed separately using the modifier "-57" (Decision for Surgery). This visit may be billed separately only for major surgical procedures.

Note: The initial evaluation for minor surgical procedures and endoscopies is always included in the global surgery package. Visits by the same physician on the same day as a minor surgery or endoscopy are included in the global package, unless a significant, separately identifiable service is also performed. Modifier “-25” is used to bill a separately identifiable evaluation and management (E/M) service by the same physician on the same day of the procedure.

- Services of other physicians related to the surgery, except where the surgeon and the other physician(s) agree on the transfer of care. This agreement may be in the form of a letter or an annotation in the discharge summary, hospital record, or ASC record.
- Visits unrelated to the diagnosis for which the surgical procedure is performed, unless the visits occur due to complications of the surgery
- Treatment for the underlying condition or an added course of treatment which is not part of normal recovery from surgery
- Diagnostic tests and procedures, including diagnostic radiological procedures
- Clearly distinct surgical procedures that occur during the post-operative period which are not re-operations or treatment for complications

Note: A new post-operative period begins with the subsequent procedure. This includes procedures done in two or more parts for which the decision to stage the procedure is made prospectively or at the time of the first procedure.

- Treatment for post-operative complications requiring a return trip to the Operating Room (OR). An OR, for this purpose, is defined as a place of service specifically equipped and staffed for the sole purpose of performing procedures. The term includes a cardiac catheterization suite, a laser suite, and an endoscopy suite. It does not include a patient’s room, a minor treatment room, a recovery room, or an intensive care unit (unless the patient’s condition was so critical there would be insufficient time for transportation to an OR).
- If a less extensive procedure fails, and a more extensive procedure is required, the second procedure is payable separately.
- Immunosuppressive therapy for organ transplants
- Critical care services (Current Procedural Terminology (CPT) codes 99291 and 99292) unrelated to the surgery where a seriously injured or burned patient is critically ill and requires constant attendance of the physician.

How are minor procedures and endoscopies handled?

Minor procedures and endoscopies have post-operative periods of 10 days or zero days (indicated by 010 and 000, respectively).

For 10-day post-operative period procedures, Medicare does not allow separate payment for post-operative visits or services within 10 days of the surgery that are related to recovery from the procedure. If a diagnostic biopsy with a 10-day global period precedes a major surgery on the same day or in the 10-day period, the major surgery is payable separately. Services by other physicians are generally not included in the global fee for minor procedures.

For zero day post-operative period procedures, post-operative visits beyond the day of the procedure are not included in the payment amount for the surgery. Post-operative visits are separately billable and payable. For more information, refer to the "Medicare Claims Processing Manual", [Chapter 12](#), Sections 40 and 40.1.

GLOBAL SURGERY CODING AND BILLING GUIDELINES

Physicians Who Furnish the Entire Global Package

Physicians who furnish the surgery and furnish all of the usual pre-and post-operative care may bill for the global package by entering the appropriate CPT code for the surgical procedure only. Separate billing is not allowed for visits or other services that are included in the global package.

When different physicians in a group practice participate in the care of the patient, the group practice bills for the entire global package if the physicians reassign benefits to the group. The physician who performs the surgery is reported as the performing physician.

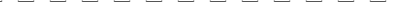
For more information, refer to the "Medicare Claims Processing Manual", [Chapter 12](#), Sections 40.2 and 40.4.

Physicians Who Furnish Part of a Global Surgical Package

More than one physician may furnish services included in the global surgical package. It is possible that the physician who performs the surgical procedure does not furnish the follow-up care. Payment for the post-operative, post-discharge care is split among two or more physicians where the physicians agree on the transfer of care.

When more than one physician furnishes services that are included in the global surgical package, the sum of the amount approved for all physicians may not exceed what would have been paid if a single physician provided all services, except where stated policies allow for higher payment. For instance, when the surgeon furnishes only the surgery and a physician other than the surgeon furnishes pre-operative and post-operative inpatient care, the resulting combined payment may not exceed the global allowed amount.

The surgeon and the physician furnishing the post-operative care must keep a copy of the written transfer agreement in the beneficiary's medical record. Where a transfer of care does not occur, the services of

[illegible][illegible]

If the services of a physician, other than the surgeon, are required during a post-operative period for an underlying condition or medical complication, the other physician reports the appropriate E/M code. No

modifiers are necessary on the claim. An example is a cardiologist who manages underlying cardiovascular conditions of a patient. For more information, refer to the "Medicare Claims Processing Manual", [Chapter 12](#), Sections 40.2 and 40.4.

PRE-OPERATIVE PERIOD BILLING

E/M Service Resulting in the Initial Decision to Perform Surgery

E/M services on the day before major surgery or on the day of major surgery that result in the initial decision to perform the surgery are not included in the global surgery payment for the major surgery. Therefore, these services may be billed and paid separately.

In addition to the CPT E/M code, modifier "-57" (Decision for surgery) is used to identify a visit that results in the initial decision to perform surgery.

The modifier "-57" is not used with minor surgeries because the global period for minor surgeries does not include the day prior to the surgery. When the decision to perform the minor procedure is typically done immediately before the service, it is considered a routine pre-operative service and a visit or consultation is not billed in addition to the procedure. MACs may not pay for an E/M service billed with the CPT modifier "-57" if it was provided on the day of, or the day before, a procedure with a 000- or 010-day global surgical period.

DAY OF PROCEDURE BILLING

Significant, Separately Identifiable E/M Service by the Same Physician on the Same Day of the Procedure

Modifier "-25" (Significant, separately identifiable E/M service by the same physician on the same day of the procedure), indicates that the patient's condition required a significant, separately identifiable E/M service beyond the usual pre-operative and post-operative care associated with the procedure or service.

- Use modifier "-25" with the appropriate level of E/M service.
- Use modifiers "-24" (Unrelated E/M service by the same physician during a post-operative period) and "-25" when a significant, separately identifiable E/M service on the day of a procedure falls within the post-operative period of another unrelated procedure.

Different diagnoses are not required for reporting the E/M service on the same date as the procedure or other service. Both the medically necessary E/M service and the procedure must be appropriately and sufficiently documented by the physician or qualified non-physician practitioner in the patient's medical record to support the claim for these services, even though the documentation is not required to be submitted with the claim. For more information, refer to the "Medicare Claims Processing Manual", [Chapter 12](#), Sections 30.6.6.

Claims for Multiple Surgeries

Multiple surgeries are separate procedures performed by a single physician or physicians in the same group practice on the same patient at the same operative session or on the same day for which separate payment may be allowed. Co-surgeons, surgical teams, or assistants-at-surgery may participate in performing multiple surgeries on the same patient on the same day.

Surgeries subject to the multiple surgery rules have an indicator of “2” in the [MPFS look-up tool](#).

NOTE: you must select “Show All Columns” for the “mult surg” column to display. The multiple procedure payment reduction will be applied based on the MPFS approved amount and not on the submitted amount from the providers. The major surgery may or may not be the one with the larger submitted amount.

Multiple surgeries are distinguished from procedures that are components of or incidental to a primary procedure. These intra-operative services, incidental surgeries, or components of more major surgeries are not separately billable.

There may be instances in which two or more physicians each perform distinctly different, unrelated surgeries on the same patient on the same day (for example, in some multiple trauma cases). When this occurs, the payment adjustment rules for multiple surgeries may not be appropriate.

For more information, refer to the “Medicare Claims Processing Manual”, [Chapter 12](#), Section 40.6.

Claims for Co-Surgeons and Team Surgeons

Under some circumstances, the individual skills of two or more surgeons are required to perform surgery on the same patient during the same operative session. This may be required because of the complex nature of the procedures and/or the patient’s condition. In these cases, the additional physicians are not acting as assistants-at-surgery.

The following billing procedures apply when billing for a surgical procedure or procedures that require the use of two surgeons or a team of surgeons:

- If two surgeons (each in a different role) perform the procedure (two surgeons). Co-surgery also refers to surgical procedures involving two surgeons performing the parts of the procedure simultaneously, such as, heart transplant or bilateral knee replacements. Certain services that require documentation of medical necessity.

NOTE: Some procedures require modifier “-62” and will be returned without payment if it is not used by both surgeons.

- If a team of surgeons (more than 2 surgeons of different specialties) perform the procedure (team surgeons). Co-surgery also refers to surgical procedures involving two surgeons performing the parts of the procedure simultaneously, such as, heart transplant or bilateral knee replacements. Certain services that require documentation of medical necessity. All claims for team surgeons must be supported by documentation to establish that a team was medically necessary. All claims for team surgeons must be supported by documentation to establish that a team was medically necessary.

- If surgeons of different specialties are each performing a different procedure (with specific CPT codes), neither co-surgery nor multiple surgery rules apply (even if the procedures are performed through the same incision). If one of the surgeons performs multiple procedures, the multiple procedure rules apply to that surgeon's services.

With regard to payment, for co-surgeons (modifier 62), the fee schedule amount related to the payment for each co-surgeon is 62.5 percent of the global surgery fee schedule amount. Team surgery (modifier 66) is paid for on a "by report" basis. See MLN Matters® Article [SE1322](#).

Claims for Assistant-at-Surgery Services

For assistant-at-surgery services performed by physicians, the fee schedule amount equals 16 percent of the amount otherwise applicable for the surgical payment.

MACs may not pay assistants-at-surgery for surgical procedures in which a physician is used as an assistant-at-surgery in fewer than five percent of the cases for that procedure nationally. This is determined through manual reviews.

Procedures billed with the assistant-at-surgery physician modifiers "-80" (Assistant Surgeon), "-81" (Minimum assistant surgeon), "-82" (Assistant surgeon (when qualified resident surgeon not available)), or the AS modifier (physician assistants, nurse practitioners and clinical nurse specialists), are subject to the assistant-at-surgery policy. Accordingly, Medicare pays claims for procedures with these modifiers only if the services of an assistant-at-surgery are authorized.

Medicare's policies on billing patients in excess of the Medicare allowed amount apply to assistant-at-surgery services. Physicians who knowingly and willfully violate this prohibition and bill a beneficiary for an assistant-at-surgery service for these procedures may be subject to the penalties contained under §1842(j)(2) of the Social Security Act (the Act). Penalties vary based on the frequency and seriousness of the violation.

Method II Critical Access Hospitals (CAHs) assistant-at-surgery services rendered by a physician or non-physician practitioner that has reassigned their billing rights to a Method II CAH are payable by Medicare when the procedure is billed on type of bill 85X with revenue code (RC) 96X, 97X, or 98X and an appropriate assistant-at-surgery modifier.

For more details, refer to MLN Matters® Article [MM6123](#), "Payment of Assistant-at-Surgery Services in a Method II Critical Access Hospital (CAH)."

For more information, refer to the "Medicare Claims Processing Manual", [Chapter 12](#), Section 20.4.3

Unrelated Procedure or Service or E/M Service by the Same Physician During a Post-operative Period

- The physician may need to indicate that a procedure or service furnished during a post-operative period was unrelated to the original procedure. A new post-operative period begins when the unrelated procedure is billed.
- The physician may need to indicate that an E/M service was furnished during the post-operative period of an unrelated procedure. documentation that supports that the service is not related to the post-operative care of the procedure.

NOTE: The CPT

- Planned prospectively or at the time of the original procedure
- More extensive than the original procedure
- For therapy following a diagnostic surgical procedure

Modifier “-58” may be reported with the staged procedure’s CPT. A new post-operative period begins when the next procedure in the series is billed.

Critical Care

Critical care services furnished during a global surgical period for a seriously injured or burned patient are not considered related to a surgical procedure and may be paid separately under the following circumstances.

Pre-operative and post-operative critical care may be paid in addition to a global fee if:

- The patient is critically ill and requires the constant attendance of the physician; and
- The critical care is above and beyond, and, in most instances, unrelated to the specific anatomic injury or general surgical procedure performed.

Such patients are potentially unstable or have conditions that could pose a significant threat to life or risk of prolonged impairment.

In order for these services to be paid, two reporting requirements must be met:

- CPT codes 99291/99292 and modifier “-25” for pre-operative care or “-24” for post-operative care must be used; and
- Documentation that the critical care was unrelated to the specific anatomic injury or general surgical procedure performed must be submitted. An ICD-10 code for a disease or separate injury which clearly indicates that the critical care was unrelated to the surgery is acceptable documentation.

SPECIAL BILLING SITUATIONS

Care Provided in Different Payment Localities

If portions of care of the global surgery package are provided in different payment localities, the services should be billed to the MAC servicing each applicable payment locality. For example, if the surgery is performed in one state and the post-operative care is provided in another state, the surgery is billed with modifier “-54” (Surgical care only) to the MAC servicing the payment locality where the surgery was furnished. The post-operative care is billed with modifier “-55” (Post-operative management only) to the MAC servicing the payment locality where the post-operative care was performed. This is true whether the services were performed by the same physician/group or different physicians/groups.

- [illegible]

erroneous surgery or surgeries:

- PA: Surgery Wrong Body Part
- PB: Surgery Wrong Patient
- PC: Wrong Surgery on Patient

Additional information is available in the “Medicare Claims Processing Manual,” [Chapter 32](#), Section 230.

Medicare will only reimburse for Mohs Micrographic Surgical (MMS) services when the Mohs surgeon acts as both surgeon and pathologist. You may not bill Medicare for these procedures if preparation or interpretation of pathology slides is performed by a physician other than the Mohs surgeon. For more information, refer to MLN Matters® Special Edition Article [SE1318](#).

They report such procedures as a single line item. (**NOTE:** This differs from the CPT coding guidelines terminology as bilateral (or unilateral or bilateral), as in codes 27395 and 52290, physicians do not report the

For more information, refer to the “Medicare Claims Processing Manual”, Chapter 12, Section 40.7.

RESOURCES

The following table shows the resources available for billing Medicare for Global Surgeries:

FOR MORE INFORMATION ABOUT...	RESOURCE
Surgeons and global billing	https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c12.pdf
Medicare Physician Fee Schedule (MPFS) Look-up Tool	https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PFSLookup/index.html
MPFS Fact Sheet (ICN 006814), which includes information on physician services, Medicare PFS payment rates, and Medicare PFS payment rates formula	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/MedicareRemit_0408.pdf
Billing wrong surgical or other invasive procedures	http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c32.pdf
MLN Matters Article SE1322 on billing and payment rules for global surgical packages that are split between two or more physicians	http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1322.pdf
MLN Matters Article SE1318 on Mohs Surgery	http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1318.pdf

Hyperlink Table

EMBEDDED HYPERLINK	COMPLETE URL
Medicare Claims Processing Manual, Chapter 12	http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c12.pdf
MLN Matters Article MM9533	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM9533.pdf
MLN Matters Article MM9633	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/mm9633.pdf
MLN Matters Article MM9749	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM9749.pdf
MLN Matters Article MM6123	http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM6123.pdf
National Coverage Determination Manual, Chapter 1	https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/ncd103c1_Part2.pdf
Medicare Claims Processing Manual, Chapter 32	http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c32.pdf

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Exhibit AA

00A683221

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0212160395490	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	6/22/2012	0884934827	1	8751
0212237335240	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	9/7/2012	0885175369	1	8751

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ICN	HICN	Last Name	First Name	Billing PTAN	Billing NPI	Paid Date	Check #	C	DX 1
1012022219410	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	1/27/2012	0507154324	1	73020
1012022219410	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	1/27/2012	0507154324	1	73020
0212103423210	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	4/19/2012	0507581099	1	71946
0212103423210	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	4/19/2012	0507581099	1	71946
0212040526040	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	3/7/2012	0884600600	1	V103
0212040526040	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	3/7/2012	0884600600	1	V103
0212179350100	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	7/11/2012	0884993642	1	1749
0212244377190	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	9/14/2012	0885199166	1	V103
9714104903639	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	5/29/2014	0887396047	1	1749
0212166376770	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	7/2/2012	0509164458	1	8795
0212234552170	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	9/19/2012	0885210089	1	8795
0212051331230	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	3/7/2012	0884600600	1	8901
0212037195750	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	2/21/2012	0884556489	1	99812
0212037195750	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	2/21/2012	0884556489	1	99812
0212025916100	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	1/31/2012	0506745481	1	1749
0212072319590	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	3/27/2012	0884658484	1	V103
0212072319590	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	3/27/2012	0884658484	1	V103
0212072319600	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	3/26/2012	0884654003	1	99813
0212072319600	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	3/26/2012	0884654003	1	99813
0212095352040	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	4/18/2012	0884731027	1	99669
0212095352040	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	4/18/2012	0884731027	1	99669
0212191234440	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	7/23/2012	0885027715	1	1749
0212249364810	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	9/19/2012	0885210089	1	8790
0212255473380	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	9/25/2012	0885230250	1	1749
9714104902895	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	5/21/2014	0887367567	1	1749
0212279339700	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	10/19/2012	0885315870	1	99883
0212305414190	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	11/14/2012	0885396415	1	4571
0212222471060	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	8/23/2012	0885131121	1	55321
0212222471060	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	8/23/2012	0885131121	1	55321
0212222471060	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	8/23/2012	0885131121	1	55321
0212234549740	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	9/4/2012	0885162552	1	55321

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ICN	HICN	Last Name	First Name	Billing PTAN	Billing NPI	Paid Date	Check #	C	DX 1
9714104903716	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	5/29/2014	0887396047	1	1749
0212192184460	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	7/24/2012	0885032482	1	55321
0212066392090	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	3/20/2012	0884637699	1	17342
0212066392090	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	3/20/2012	0884637699	1	17342
0212115448060	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	5/1/2012	0507632943	1	17342
9714104900707	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	4/24/2014	0887263227	1	99654
0212346312830	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	12/26/2012	0885519223	1	17391
0212066392100	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	3/20/2012	0884637699	1	1749
0212122645410	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	5/15/2012	0884816889	1	99654
0212122645410	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	5/15/2012	0884816889	1	99654
0212241762010	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	9/11/2012	0885185405	1	2330
0212303323140	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	11/13/2012	0885389492	1	V103
0212142304650	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	6/4/2012	0884875085	1	70700
0212347509580	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	12/26/2012	0885519223	1	1749
0212024075080	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	2/6/2012	0884519124	1	17322
0212030342640	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	2/13/2012	0884537925	1	17302
0212030342640	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	2/13/2012	0884537925	1	17302
0212219284920	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	8/13/2012	0508760946	1	1618
0212136284590	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	5/29/2012	0884856689	1	V4571
0212136284590	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	5/29/2012	0884856689	1	V4571
0212184278700	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	7/16/2012	0885008393	1	V103
9714104903352	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	5/27/2014	0887383236	1	45340
9714104903481	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	5/28/2014	0887390792	1	45340
0212025834170	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	2/8/2012	0884526627	1	V103
0212025834170	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	2/8/2012	0884526627	1	V103
0212025834170	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	2/8/2012	0884526627	1	V103
0212173666750	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	7/5/2012	0884972316	1	V103
0212093229210	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	4/9/2012	0507882262	1	41519
0212087320620	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	4/10/2012	0884701425	1	1749
0212122644680	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	5/15/2012	0884816889	1	V103
0212122644680	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	5/15/2012	0884816889	1	V103

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ICN	HICN	Last Name	First Name	Billing PTAN	Billing NPI	Paid Date	Check #	C	DX 1
0212122644680	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	5/15/2012	0884816889	✓	V103
0212122644680	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	5/15/2012	0884816889	✓	V103
0212122644680	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	5/15/2012	0884816889	✓	V103
0212254352420	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	9/24/2012	0885225239	✓	V103
0212254352420	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	9/24/2012	0885225239	✓	V103
0212254352420	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	9/24/2012	0885225239	✓	V103
0212037195770	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	2/21/2012	0884556489	✓	6111
0212121305140	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	5/14/2012	0884812430	✓	1991
0212121305140	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	5/14/2012	0884812430	✓	1991
0212136260500	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	5/30/2012	0884861927	✓	99812
0212136260500	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	5/30/2012	0884861927	✓	99812
0212136260500	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	5/30/2012	0884861927	✓	99812
0212256407880	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	9/26/2012	0885235000	✓	7099
0212262425030	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	10/2/2012	0885253288	✓	2382
0212122656130	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	5/15/2012	0884816889	✓	1459
0212318437660	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	11/27/2012	0885432447	✓	55321
0212318437660	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	11/27/2012	0885432447	✓	55321
0212103423200	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	4/26/2012	0884757445	✓	1543
0212089312490	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	4/12/2012	0884710260	✓	1543
1012011306760	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	1/17/2012	0506747511	✓	61183
1012011306760	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	1/17/2012	0506747511	✓	61183
0212047535220	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	3/1/2012	0884584729	✓	99654
0212047535220	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	3/1/2012	0884584729	✓	99654
9714104903345	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	5/27/2014	0887383236	✓	61183
0212345301610	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	12/26/2012	0885519223	✓	99654
0212345301610	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	12/26/2012	0885519223	✓	99654
0212054716460	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	3/8/2012	0884604992	✓	V103
0212054716460	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	3/8/2012	0884604992	✓	V103
0212054716460	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	3/8/2012	0884604992	✓	V103
0212054716460	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	3/8/2012	0884604992	✓	V103
0212277358100	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	10/17/2012	0885306989	✓	V4571

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0212277358100	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	10/17/2012	0885306989	✓	V4571
0212334375040	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	12/13/2012	0885484512	✓	V103
0212334375040	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	12/13/2012	0885484512	✓	V103
0212334375040	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	12/13/2012	0885484512	✓	V103
9714104901030	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	5/1/2014	0887292465	✓	1749
0212072323250	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	3/26/2012	0884654003	✓	V4571
0212121306600	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	5/14/2012	0884812430	✓	1749
0212298356750	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	11/7/2012	0885374620	✓	V4571
0212356330770	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	1/4/2013	0885554527	✓	1749
0212356330770	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	1/4/2013	0885554527	✓	1749
0212356330770	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	1/4/2013	0885554527	✓	1749
0212356330770	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	1/4/2013	0885554527	✓	1749
0212362290910	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	1/10/2013	0885569191	✓	99859
0212031273090	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	2/14/2012	0884541214	✓	1729
0212060448850	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	3/14/2012	0884621627	✓	1729
0212060448850	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	3/14/2012	0884621627	✓	1729
0212066387980	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	3/12/2012	0507183165	✓	55321
0212066387980	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	3/12/2012	0507183165	✓	55321
0212066387980	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	3/12/2012	0507183165	✓	55321
0212066387980	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	3/12/2012	0507183165	✓	55321
0212226153850	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	8/16/2012	0777777777	✓	55321
0212226153850	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	8/16/2012	0777777777	✓	55321
0212226153850	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	8/16/2012	0777777777	✓	55321
0212226153850	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	8/16/2012	0777777777	✓	55321
8312300601250	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	11/8/2012	0885379866	✓	55321
8312300601250	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	11/8/2012	0885379866	✓	55321
8312300601250	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	11/8/2012	0885379866	✓	55321
8312300601250	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	11/8/2012	0885379866	✓	55321
9714104902112	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	5/12/2014	0887330518	✓	61183
0212058218380	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	3/12/2012	0884613437	✓	1749
0212104411380	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	4/27/2012	0884761941	✓	1749

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ICN	HICN	Last Name	First Name	Billing PTAN	Billing NPI	Paid Date	Check #	C	DX 1
0212164386850	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	7/6/2012	0884977253	1	78907
0212164386860	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	7/2/2012	0884962073	1	78907
0212164386870	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	7/2/2012	0884962073	1	78907
0212164386880	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	7/2/2012	0884962073	1	78060
0212164386890	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	6/15/2012	0777777777	1	1749
9714104903877	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	6/2/2014	0887405272	1	7292
9714104901380	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	5/7/2014	0887314959	1	V103
0212179350090	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	7/11/2012	0884993642	1	7859
0212240288230	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	9/10/2012	0885180561	1	V103
0212240288230	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	9/10/2012	0885180561	1	V103
0212240288230	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	9/10/2012	0885180561	1	V103
0212346322970	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	12/26/2012	0885519223	1	V4571
0212346322970	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	12/26/2012	0885519223	1	V4571
0212342345430	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	12/21/2012	0885513826	1	V4571
0212153425100	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	6/15/2012	0884912501	1	1610
0212153416500	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	6/15/2012	0884912501	1	8749
9714104902508	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	5/16/2014	0887352464	1	1749
9714104900994	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	5/1/2014	0887292465	1	1749
0212032216980	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	2/15/2012	0884544713	1	55321
0212032216980	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	2/15/2012	0884544713	1	55321
0212032216980	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	2/15/2012	0884544713	1	55321
0212032216980	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	2/15/2012	0884544713	1	55321
0212047535160	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	3/1/2012	0884584729	1	55321
0912310784760	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	11/19/2012	0885408049	1	55320
0212317287750	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	11/26/2012	0885424413	1	8793
0212234565290	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	9/4/2012	0885162552	1	193
0212244377070	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	9/7/2012	0509179298	1	193
0212032224450	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	2/7/2012	0506455656	1	2330
0212060449060	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	3/14/2012	0884621627	1	V4571
0212060449060	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	3/14/2012	0884621627	1	V4571
0212060449060	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	3/14/2012	0884621627	1	V4571

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ICN	HICN	Last Name	First Name	Billing PTAN	Billing NPI	Paid Date	Check #	C	DX 1
0212184271380	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	7/16/2012	0885008393	✓	2330
9714104900911	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	4/30/2014	0887286855	✓	2130
9714104901847	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	5/8/2014	0887319853	✓	2130
0212163289350	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	6/25/2012	0884939524	✓	2130
9714104903317	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	5/27/2014	0887383236	✓	2130
0212256405150	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	9/26/2012	0885235000	✓	1719
0212258298700	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	9/28/2012	0885243581	✓	55321
0212258298700	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	9/28/2012	0885243581	✓	55321
0212087320630	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	4/10/2012	0884701425	✓	1749
0212258298830	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	9/28/2012	0885243581	✓	V103
0212353634720	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	1/2/2013	0885542782	✓	V4571
0212138486080	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	5/31/2012	0884866407	✓	17392
0212334375020	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	12/13/2012	0885484512	✓	V103
0212334375020	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	12/13/2012	0885484512	✓	V103
0212334375020	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	12/13/2012	0885484512	✓	V103
0212334375020	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	12/13/2012	0885484512	✓	V103
0212241762000	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	9/11/2012	0885185405	✓	V4571
0212284482730	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	10/16/2012	0510464940	✓	99654
0212345301600	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	12/26/2012	0885519223	✓	99654
0212031221520	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	2/14/2012	0884541214	✓	99654
0212027362920	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	2/2/2012	0506394911	✓	6829
0212087327040	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	4/10/2012	0884701425	✓	1719
0212087327040	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	4/10/2012	0884701425	✓	1719
0212087327040	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	4/10/2012	0884701425	✓	1719
0212089312470	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	4/12/2012	0884710260	✓	1543
1012017479210	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	1/30/2012	0884501998	✓	V103
1012017479210	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	1/30/2012	0884501998	✓	V103
0212081404500	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	4/4/2012	0884684028	✓	47820
0212048379810	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	3/2/2012	0884588531	✓	V4571
0212086255820	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	4/9/2012	0884696899	✓	V4571
0212177431650	b(6)	b(6)	b(6)	ZZZP4310Z	1437292927	7/13/2012	0885003556	✓	V103

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DX 2	DX 3	DX 4	Refer UPI	Refer NPI	From DOS	To DOS	POS	TOS	Procedure	Mod1	Mod2	Mod3	Mod4
					12/4/2012	12/4/2012	22	1	99212				
					7/6/2012	7/6/2012	22	1	99213				
			F14966	1992753040	3/2/2012	3/2/2012	22	1	99204				
			F14966	1992753040	3/2/2012	3/2/2012	22	1	99223				
			F14966	1992753040	3/2/2012	3/2/2012	22	1	99215				
					1/24/2012	1/24/2012	22	1	99212				
					12/7/2012	12/7/2012	22	1	99203				
2330			F33307	1154457091	3/2/2012	3/2/2012	22	1	99203				
6121	V103				4/27/2012	4/27/2012	22	2	19340	50	GC		
6121	V103				4/27/2012	4/27/2012	22	2	19371	50	GC	51	
			A41028	1841208246	8/24/2012	8/24/2012	22	1	99212				
6111					10/22/2012	10/22/2012	22	2	19316	LT	GC		
8770			A06336	1982719480	5/18/2012	5/18/2012	22	1	99211				
					12/7/2012	12/7/2012	22	1	99204				
1960				1710116413	1/20/2012	1/20/2012	22	1	99214				
					1/25/2012	1/25/2012	22	2	21012	GC			
					1/25/2012	1/25/2012	22	2	12042	51	GC		
			A52253	1851437131	5/21/2012	5/21/2012	22	1	99204				
V103					5/14/2012	5/14/2012	22	1	G8447				
V103					5/14/2012	5/14/2012	22	1	99211				
V4571			A43339	1053311167	6/25/2012	6/25/2012	22	2	19350	LT	GC		
2155	1749	53081	A43339	1053311167	10/30/2012	10/30/2012	22	1	99212				
2155	1749	V4382			11/13/2012	11/13/2012	22	1	99213				
V4571					1/12/2012	1/12/2012	22	2	19380	GC			
V4571					1/12/2012	1/12/2012	22	2	13102	GC			
V4571					1/12/2012	1/12/2012	22	2	13101	51	GC		
				1477757375	6/19/2012	6/19/2012	11	1	99212				
2330			Q50650	1700961885	3/9/2012	3/9/2012	22	1	99212				
					3/23/2012	3/23/2012	22	1	99215				
55321	6111				4/26/2012	4/26/2012	21	2	15002	GC			
55321	6111				4/26/2012	4/26/2012	21	2	19316	51	RT	GC	

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DX 2	DX 3	DX 4	Refer UPI	Refer NPI	From DOS	To DOS	POS	TOS	Procedure	Mod1	Mod2	Mod3	Mod4
55321	6111				4/26/2012	4/26/2012	21	2	19364	59	LT	GC	
55321	6111				4/26/2012	4/26/2012	21	2	49560	51	GC		
55321	6111				4/26/2012	4/26/2012	21	2	49568	GC			
7092	6120	V4571			8/30/2012	8/30/2012	21	2	13101	51	GC		
7092	6120	V4571			8/30/2012	8/30/2012	21	2	13102	GC			
7092	6120	V4571			8/30/2012	8/30/2012	21	2	19380	LT	GC		
V103					1/30/2012	1/30/2012	22	2	19316	50	GC		
2390					4/18/2012	4/18/2012	21	2	15738	51	GC		
2390					4/18/2012	4/18/2012	21	2	15734	GC			
					4/29/2012	4/29/2012	21	2	13160	78	51	GC	
					4/29/2012	4/29/2012	21	2	10140	51	78	GC	
					4/29/2012	4/29/2012	21	2	35860	78	GC		
			F02824	1144368333	8/31/2012	8/31/2012	22	2	11000				
17399			F02824	1144368333	9/7/2012	9/7/2012	22	2	11100				
			E90522	1750498267	4/20/2012	4/20/2012	22	1	99203				
				1336302959	11/12/2012	11/12/2012	22	1	G8447				
				1336302959	11/12/2012	11/12/2012	22	1	99203				
					3/20/2012	3/20/2012	21	1	99221	57	GC		
					3/21/2012	3/21/2012	21	2	15734	GC			
99654			P37411	1336131523	1/9/2012	1/9/2012	22	1	G8447				
99654			P37411	1336131523	1/9/2012	1/9/2012	22	1	99203				
61183					2/8/2012	2/8/2012	22	2	19325	50	51		
61183					2/8/2012	2/8/2012	22	2	19371	50			
			P37411	1336131523	10/30/2012	10/30/2012	22	1	99211				
61183					12/3/2012	12/3/2012	22	2	19325	51	RT	GC	
61183					12/3/2012	12/3/2012	22	2	19370	RT	GC		
V4571	6111				2/13/2012	2/13/2012	22	2	19342	RT	GC		
V4571	6111				2/13/2012	2/13/2012	22	2	19316	59	51	LT	GC
V4571	6111				2/13/2012	2/13/2012	22	2	13102	GC			
V4571	6111				2/13/2012	2/13/2012	22	2	13101	51	GC		
99654	V103	61183	A53562	1457303646	10/1/2012	10/1/2012	22	1	99203				

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DX 2	DX 3	DX 4	Refer UPI	Refer NPI	From DOS	To DOS	POS	TOS	Procedure	Mod1	Mod2	Mod3	Mod4
99654	V103	61183	A53562	1457303646	10/1/2012	10/1/2012	22	1	G8447				
V4571					11/8/2012	11/8/2012	21	2	19340	LT	GC		
V4571					11/8/2012	11/8/2012	21	2	19380	51	LT	GC	
V4571					11/8/2012	11/8/2012	21	2	19370	51	LT	GC	
			H65381	1124196431	2/21/2012	2/21/2012	22	1	99204				
V103			F87265	1881762847	3/9/2012	3/9/2012	22	1	99204				
			H47091	1710912100	2/24/2012	2/24/2012	22	1	99211				
V103				1659553501	10/19/2012	10/19/2012	22	1	99204				
V4571					12/13/2012	12/13/2012	21	2	19364	50	GC		
V4571					12/13/2012	12/13/2012	21	2	15002	GC			
V4571					12/13/2012	12/13/2012	21	2	38530	59	GC	51	
V4571					12/13/2012	12/13/2012	21	2	38530	51	GC		
1749	V4571				12/19/2012	12/19/2012	22	2	13160	78	GC		
				1437269313	1/9/2012	1/9/2012	22	1	99204				
					2/22/2012	2/22/2012	21	2	15734	GC			
					2/22/2012	2/22/2012	21	2	11606	51	GC		
					2/1/2012	2/1/2012	21	2	15734	59	51	GC	
					2/1/2012	2/1/2012	21	2	15734	GC			
					2/1/2012	2/1/2012	21	2	49568	GC			
					2/1/2012	2/1/2012	21	2	49560	51	GC		
					2/1/2012	2/1/2012	21	2	15734	GC			
					2/1/2012	2/1/2012	21	2	49568	GC			
					2/1/2012	2/1/2012	21	2	49560	51	GC		
					2/1/2012	2/1/2012	21	2	15734	59	51	GC	
					2/1/2012	2/1/2012	21	2	49568	GC			
					2/1/2012	2/1/2012	21	2	49560	51	GC		
					2/1/2012	2/1/2012	21	2	15734	59	GC	51	
					2/1/2012	2/1/2012	21	2	15734	GC			
30000	1749				7/3/2012	7/3/2012	22	1	99213				
2330			A52159	1942247606	2/24/2012	2/24/2012	22	1	99204				
					4/9/2012	4/9/2012	21	2	19364	RT	GC		

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DX 2	DX 3	DX 4	Refer UPI	Refer NPI	From DOS	To DOS	POS	TOS	Procedure	Mod1	Mod2	Mod3	Mod4
1749	78060				5/14/2012	5/14/2012	21	1	99223	24	GC		
78060	1749				5/15/2012	5/15/2012	21	1	99231	24	GC		
78060	1749				5/16/2012	5/16/2012	21	1	99231	24	GC		
78907	1749				5/17/2012	5/17/2012	21	1	99231	24	GC		
78060	78907				5/17/2012	5/17/2012	21	1	99231	24	GC		
78907	2330				10/2/2012	10/2/2012	22	1	99212				
V4571	V4589		F23408	1750381687	3/27/2012	3/27/2012	22	1	99212				
V4571					6/26/2012	6/26/2012	11	1	99212				
V4571	5609				8/22/2012	8/22/2012	21	2	19380	50	GC		
V4571	5609				8/22/2012	8/22/2012	21	2	49560	51	GC		
V4571	5609				8/22/2012	8/22/2012	21	2	49568	GC			
V103					12/10/2012	12/10/2012	22	1	G8447				
V103					12/10/2012	12/10/2012	22	1	99212				
6111	V103		A89729	1598721698	11/30/2012	11/30/2012	22	1	99204				
1619			F10930	1598798233	5/21/2012	5/21/2012	22	1	99204				
1519	1510				5/29/2012	5/29/2012	21	2	15732	GC			
				1841380797	8/14/2012	8/14/2012	22	1	99213				
			A51972	1477618650	2/16/2012	2/16/2012	22	1	99213				
					1/26/2012	1/26/2012	21	2	49568	GC			
					1/26/2012	1/26/2012	21	2	49565	51	GC		
					1/26/2012	1/26/2012	21	2	15734	59	GC	51	
					1/26/2012	1/26/2012	21	2	15734	GC			
					2/10/2012	2/10/2012	21	2	13160	78			
				1437327046	10/19/2012	10/19/2012	22	1	99204				
					10/25/2012	10/25/2012	22	2	15100	GC			
			F36306	1255471371	8/17/2012	8/17/2012	22	1	99204				
			F36306	1255471371	8/27/2012	8/27/2012	21	1	99360	GC			
V7611				1740443555	1/31/2012	1/31/2012	11	1	99213				
1749					2/22/2012	2/22/2012	22	2	19370	51	LT	GC	
1749					2/22/2012	2/22/2012	22	2	19316	RT	GC		
1749					2/22/2012	2/22/2012	22	2	11970	51	LT	GC	

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DX 2	DX 3	DX 4	Refer UPI	Refer NPI	From DOS	To DOS	POS	TOS	Procedure	Mod1	Mod2	Mod3	Mod4
					6/29/2012	6/29/2012	22	1	99212				
			A40482	1659436392	2/7/2012	2/7/2012	22	1	99213				
					5/15/2012	5/15/2012	22	1	99213				
37405			H87874	1326009572	6/4/2012	6/4/2012	22	2	14060	GC			
			A40482	1659436392	10/23/2012	10/23/2012	22	1	99212				
					9/4/2012	9/4/2012	22	1	99203	57	GC		
1719					9/6/2012	9/6/2012	21	2	49568	GC			
1719					9/6/2012	9/6/2012	21	2	49560	GC			
					3/9/2012	3/9/2012	22	1	99215				
V4571					9/7/2012	9/7/2012	22	2	19357	50	GC		
V103			F17996	1962411249	12/14/2012	12/14/2012	22	1	99204				
			H69915	1316925183	3/2/2012	3/2/2012	22	1	99203				
V4571					10/18/2012	10/18/2012	21	2	15002	GC			
V4571					10/18/2012	10/18/2012	21	2	15777	GC			
V4571					10/18/2012	10/18/2012	21	2	19364	50	GC		
V4571					10/18/2012	10/18/2012	21	2	38530	51	GC		
1749			E97171	1538375365	8/24/2012	8/24/2012	22	1	99212				
					10/1/2012	10/1/2012	22	1	99212				
61183					12/3/2012	12/3/2012	22	2	19328	50	GC		
V4571	V103	6829			1/2/2012	1/2/2012	21	2	19328	78	RT	GC	
V103	V4571				1/3/2012	1/3/2012	21	1	99221	57	AI		
1543			G50648	1710029681	3/19/2012	3/19/2012	22	1	99215				
1543			G50648	1710029681	3/19/2012	3/19/2012	22	1	99214				
1543			G50648	1710029681	3/19/2012	3/19/2012	22	1	G8447				
					3/21/2012	3/21/2012	21	2	15734	GC			
V4571					1/9/2012	1/9/2012	22	2	13101	GC			
V4571					1/9/2012	1/9/2012	22	2	13102	GC			
			A52253	1851437131	1/13/2012	1/13/2012	22	1	99215				
V103			A46294	1245343946	2/10/2012	2/10/2012	22	1	99204				
V103					3/23/2012	3/23/2012	22	1	99213				
V4571					6/18/2012	6/18/2012	21	2	15002	GC			

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DX 2	DX 3	DX 4	Refer UPI	Refer NPI	From DOS	To DOS	POS	TOS	Procedure	Mod1	Mod2	Mod3	Mod4
V4571					6/18/2012	6/18/2012	21	2	19357	51	50	GC	
V4571					6/18/2012	6/18/2012	21	2	19361	59	50	GC	
			H42813	1841396876	6/12/2012	6/12/2012	11	1	99204				
1619					4/25/2012	4/25/2012	21	2	15756	GC			
					4/25/2012	4/25/2012	21	1	99221	57	GC		
					2/19/2012	2/19/2012	21	1	99232				
					2/23/2012	2/23/2012	21	1	99231				
			A52253	1851437131	9/20/2012	9/20/2012	22	1	99204				
5249			H46984	1205862588	6/25/2012	6/25/2012	22	1	99211				
5249			H46984	1205862588	6/25/2012	6/25/2012	22	1	G8447				
					3/29/2012	3/29/2012	21	1	99221	GC			
1459					4/16/2012	4/16/2012	21	2	21685	51	GC		
1459					4/16/2012	4/16/2012	21	2	21244	51	GC		
1459					4/16/2012	4/16/2012	21	2	15756	GC			
27800			G23717	1396711149	5/18/2012	5/18/2012	22	1	99213				
					6/7/2012	6/7/2012	21	2	49568	GC			
					6/7/2012	6/7/2012	21	2	49565	GC			
					1/31/2012	1/31/2012	22	1	99213				
			H06294	1649227216	3/2/2012	3/2/2012	22	1	99212				
			H81978	1124240577	7/20/2012	7/20/2012	22	1	99204				
55321					11/27/2012	11/27/2012	22	1	99214				
V4571					2/13/2012	2/13/2012	22	2	19380	RT	GC		
V4571					2/13/2012	2/13/2012	22	2	19325	51	LT	GC	
V4571					2/13/2012	2/13/2012	22	2	13102	GC			
V4571					2/13/2012	2/13/2012	22	2	13101	51	GC		
V8401					10/24/2012	10/24/2012	22	1	99204	GC			
V4571					11/30/2012	11/30/2012	21	2	13101	GC			
V4571					11/30/2012	11/30/2012	21	2	13102	GC			
V4571	61183		F22318	1598750259	9/4/2012	9/4/2012	22	1	99212				
V4571					9/26/2012	9/26/2012	22	2	19340	50	GC		
					5/29/2012	5/29/2012	11	1	99213				

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DX 2	DX 3	DX 4	Refer UPI	Refer NPI	From DOS	To DOS	POS	TOS	Procedure	Mod1	Mod2	Mod3	Mod4
					7/24/2012	7/24/2012	22	1	99214				
7078					8/22/2012	8/22/2012	21	2	15100	GC	51		
7078					8/22/2012	8/22/2012	21	2	15101	GC			
7078					8/22/2012	8/22/2012	21	2	15734	GC			
V103			F18721	1730141573	4/30/2012	4/30/2012	22	2	19350				
1449			H81978	1124240577	4/20/2012	4/20/2012	22	1	99204				
					5/2/2012	5/2/2012	21	2	15756	GC			
			F49627	1962411272	3/27/2012	3/27/2012	22	1	99213				
			F49627	1962411272	8/21/2012	8/21/2012	22	1	99213				
					10/4/2012	10/4/2012	21	2	49568	GC			
					10/4/2012	10/4/2012	21	2	49560	51	GC		
					10/4/2012	10/4/2012	21	2	15734	GC			
					1/23/2012	1/23/2012	21	2	49568	GC			
					1/23/2012	1/23/2012	21	2	49560	51	GC		
					1/23/2012	1/23/2012	21	2	15734	59	GC	51	
					1/23/2012	1/23/2012	21	2	15734	GC			
55321			E85034	1649352063	11/12/2012	11/12/2012	22	1	G8447				
55321			E85034	1649352063	11/12/2012	11/12/2012	22	1	99204				
			E85034	1649352063	12/7/2012	12/7/2012	22	1	99213				
					2/7/2012	2/7/2012	21	1	99222	GC			
					2/14/2012	2/14/2012	21	2	43116	62	GC		
					2/14/2012	2/14/2012	21	2	15732	GC	51		
			F36306	1255471371	7/27/2012	7/27/2012	22	1	99203				
			A52253	1851437131	2/24/2012	2/24/2012	22	1	99204				
			C72989	1235236662	2/24/2012	2/24/2012	22	1	99212				
					3/20/2012	3/20/2012	22	1	99212				
7019			G91717	1447351747	1/23/2012	1/23/2012	22	1	G8447				
7019			G91717	1447351747	1/23/2012	1/23/2012	22	1	99214				
72939	69589				3/16/2012	3/16/2012	21	2	15830	GC			
			G60948	1619904521	6/1/2012	6/1/2012	22	1	99204				
					8/17/2012	8/17/2012	21	2	15734	GC			

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DX 2	DX 3	DX 4	Refer UPI	Refer NPI	From DOS	To DOS	POS	TOS	Procedure	Mod1	Mod2	Mod3	Mod4
V501	71946			1245522796	1/9/2012	1/9/2012	22	1	99214				
V501	71946			1245522796	1/9/2012	1/9/2012	22	1	G8447				
					3/30/2012	3/30/2012	21	1	99360	GC			
					3/30/2012	3/30/2012	21	1	99360	GC			
V4571					2/2/2012	2/2/2012	21	2	15002	GC			
V4571					2/2/2012	2/2/2012	21	2	19364	22	GC		
					6/26/2012	6/26/2012	11	1	99212				
V4571					8/27/2012	8/27/2012	22	2	19380	RT	GC		
					11/20/2012	11/20/2012	22	2	19350	58			
4280					1/24/2012	1/24/2012	21	2	15738	RT	GC		
4280					1/24/2012	1/24/2012	21	2	15738	62	RT	GC	
					1/25/2012	1/25/2012	21	1	99221	GC			
8901	45340				1/27/2012	1/27/2012	21	2	10140	51	GC		
8901	45340				1/27/2012	1/27/2012	21	2	13160	GC			
					1/24/2012	1/24/2012	11	1	99213				
V4571					3/1/2012	3/1/2012	21	2	19364	RT	GC		
V4571					3/1/2012	3/1/2012	21	2	38530	51	GC		
V103	V4571				3/4/2012	3/4/2012	21	2	13160	78	GC		
V103	V4571				3/4/2012	3/4/2012	21	2	35761	78	51	GC	
V4571	V103				3/29/2012	3/29/2012	22	2	13160	78	GC		
V4571	V103				3/29/2012	3/29/2012	22	2	15002	78	GC		
			G94208	1063429843	7/6/2012	7/6/2012	22	1	99212				
1749					8/31/2012	8/31/2012	22	1	99212				
			G94208	1063429843	9/7/2012	9/7/2012	22	1	99211				
			G94208	1063429843	9/18/2012	9/18/2012	22	1	99212				
V103	V4571				9/28/2012	9/28/2012	22	2	13160	GC			
7854	99859			1689945362	10/19/2012	10/19/2012	21	1	99221				
1991					8/2/2012	8/2/2012	21	2	49568	GC			
1991					8/2/2012	8/2/2012	21	2	49565	GC	51		
1991					8/2/2012	8/2/2012	21	2	15734	GC			
1991			H69916	1134210628	8/2/2012	8/2/2012	21	1	99232	57	GC		

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Primary Dx	Rend PTAN	Rend NPI	Qty Billed	Qty Allow	Billed Amt	Allowed Amt	Ded Amt	Co-Ins Amt	Paid Amt	MSG Code	Dx Pointer
1749	00A683221	1326009572	1.0	1.0	163.00	28.31	0.00	5.66	22.65	572	1
55321	00A683221	1326009572	1.0	1.0	230.00	55.90	0.00	11.18	44.72	179	1
17342	00A683221	1326009572	1.0	1.0	530.00	141.81	0.00	28.36	113.45	179	1
17342	00A683221	1326009572	1.0	0.0	606.00	0.00	0.00	0.00	0.00	F20	1
17342	00A683221	1326009572	1.0	0.0	458.00	0.00	0.00	0.00	0.00	J90	1
99654	00A683221	1326009572	1.0	1.0	145.00	28.31	0.00	5.66	22.65	572	1
17391	00A683221	1326009572	1.0	1.0	354.00	83.64	0.00	16.73	66.91	179	1
1749	00A683221	1326009572	1.0	1.0	354.00	83.64	0.00	16.73	66.91	179	12
99654	00A683221	1326009572	1.0	1.0	4900.00	1617.20	0.00	323.44	1293.76	179	123
99654	00A683221	1326009572	1.0	1.0	10010.00	687.19	0.00	137.44	549.75	H38	123
2330	00A683221	1326009572	1.0	1.0	162.00	28.31	0.00	5.66	22.65	179	1
(Null)	00A683221	1326009572	1.0	1.0	4800.00	886.89	0.00	177.38	709.51	179	12
70700	00A683221	1326009572	1.0	1.0	98.00	10.41	0.00	2.08	8.33	179	12
1749	00A683221	1326009572	1.0	1.0	530.00	141.81	0.00	28.36	113.45	179	1
17322	00A683221	1326009572	1.0	1.0	345.00	85.87	0.00	17.17	68.70	179	12
17302	00A683221	1326009572	1.0	1.0	1030.00	396.04	0.00	79.21	316.83	179	1
17302	00A683221	1326009572	1.0	1.0	1090.00	116.18	0.00	23.24	92.94	H38	1
1618	00A683221	1326009572	1.0	0.0	530.00	0.00	0.00	0.00	0.00	K22	1
(Null)	00A683221	1326009572	1.0	0.0	0.00	0.00	0.00	0.00	0.00	F30	1
(Null)	00A683221	1326009572	1.0	1.0	23.00	10.41	0.00	2.08	8.33	179	1
(Null)	00A683221	1326009572	1.0	1.0	196.00	196.00	0.00	39.20	156.80	000	12
45340	00A683221	1326009572	1.0	1.0	162.00	28.31	0.00	5.66	22.65	572	1234
45340	00A683221	1326009572	1.0	1.0	230.00	55.90	0.00	11.18	44.72	572	1234
(Null)	00A683221	1326009572	1.0	1.0	6240.00	903.75	0.00	180.75	723.00	179	12
(Null)	00A683221	1326009572	1.0	1.0	450.00	83.63	0.00	16.73	66.90	179	12
(Null)	00A683221	1326009572	1.0	1.0	1556.00	164.86	0.00	32.97	131.89	H38	12
(Null)	00A683221	1326009572	1.0	1.0	162.00	51.52	0.00	10.30	41.22	179	1
41519	00A683221	1326009572	1.0	0.0	162.00	0.00	0.00	0.00	0.00	H49	12
1749	00A683221	1326009572	1.0	1.0	458.00	120.77	0.00	24.15	96.62	179	1
(Null)	00A683221	1326009572	1.0	1.0	1200.00	254.44	0.00	50.89	203.55	179	13
(Null)	00A683221	1326009572	1.0	1.0	4800.00	443.45	0.00	88.69	354.76	H38	13

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00A683221

Primary Dx	Rend PTAN	Rend NPI	Qty Billed	Qty Allow	Billed Amt	Allowed Amt	Ded Amt	Co-Ins Amt	Paid Amt	MSG Code	Dx Pointer
(Null)	00A683221	1326009572	1.0	1.0	12600.00	3166.18	0.00	633.24	2532.94	179	13
55321	00A683221	1326009572	1.0	1.0	3517.00	401.59	0.00	80.32	321.27	H38	13
55321	00A683221	1326009572	1.0	1.0	1275.00	284.36	0.00	56.87	227.49	179	13
7092	00A683221	1326009572	1.0	1.0	1409.00	164.86	0.00	32.97	131.89	H38	2
7092	00A683221	1326009572	4.0	4.0	1936.00	334.52	0.00	66.90	267.62	179	2
(Null)	00A683221	1326009572	1.0	1.0	4271.00	903.75	0.00	180.75	723.00	179	2
6111	00A683221	1326009572	1.0	1.0	9590.00	1330.34	0.00	266.07	1064.27	179	12
1991	00A683221	1326009572	1.0	1.0	6993.00	709.65	0.00	141.93	567.72	H38	12
1991	00A683221	1326009572	1.0	1.0	7623.00	1521.24	0.00	304.25	1216.99	179	12
99812	00A683221	1326009572	1.0	1.0	1873.00	649.75	0.00	129.95	519.80	179	1
99812	00A683221	1326009572	1.0	1.0	1567.00	109.94	0.00	21.99	87.95	179	1
99812	00A683221	1326009572	1.0	1.0	2530.00	771.71	0.00	154.34	617.37	179	1
7099	00A683221	1326009572	1.0	1.0	357.00	31.97	0.00	6.39	25.58	179	1
2382	00A683221	1326009572	1.0	1.0	372.00	55.74	0.00	11.15	44.59	179	12
1459	00A683221	1326009572	1.0	1.0	354.00	83.64	0.00	16.73	66.91	179	1
55321	00A683221	1326009572	1.0	0.0	0.00	0.00	0.00	0.00	0.00	F30	1
55321	00A683221	1326009572	1.0	1.0	245.00	83.64	0.00	16.73	66.91	179	1
1543	00A683221	1326009572	1.0	1.0	300.00	109.50	0.00	21.90	87.60	179	1
1543	00A683221	1326009572	1.0	1.0	7623.00	1521.24	0.00	304.25	1216.99	179	1
61183	00A683221	1326009572	1.0	0.0	0.00	0.00	0.00	0.00	0.00	F30	1
61183	00A683221	1326009572	1.0	1.0	182.00	83.64	83.64	0.00	0.00	179	1
99654	00A683221	1326009572	1.0	1.0	10810.00	566.31	0.00	113.26	453.05	H38	12
99654	00A683221	1326009572	1.0	1.0	10010.00	1374.38	0.00	274.88	1099.50	179	12
61183	00A683221	1326009572	1.0	1.0	98.00	10.41	0.00	2.08	8.33	572	1
99654	00A683221	1326009572	1.0	1.0	3661.00	377.54	0.00	75.51	302.03	H38	12
99654	00A683221	1326009572	1.0	1.0	3990.00	801.92	0.00	160.38	641.54	179	12
(Null)	00A683221	1326009572	1.0	1.0	7010.00	1077.44	0.00	215.49	861.95	179	123
(Null)	00A683221	1326009572	1.0	1.0	4800.00	443.45	0.00	88.69	354.76	H38	123
(Null)	00A683221	1326009572	3.0	3.0	1350.00	250.89	0.00	50.18	200.71	179	123
(Null)	00A683221	1326009572	1.0	1.0	1556.00	164.86	0.00	32.97	131.89	H38	123
(Null)	00A683221	1326009572	1.0	1.0	245.00	83.64	0.00	16.73	66.91	179	1234

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Primary Dx	Rend PTAN	Rend NPI	Qty Billed	Qty Allow	Billed Amt	Allowed Amt	Ded Amt	Co-Ins Amt	Paid Amt	MSG Code	Dx Pointer
(Null)	00A683221	1326009572	1.0	0.0	0.00	0.00	0.00	0.00	0.00	F30	1234
(Null)	00A683221	1326009572	1.0	1.0	2450.00	1078.13	0.00	215.63	862.50	179	12
(Null)	00A683221	1326009572	1.0	1.0	4271.00	451.88	0.00	90.38	361.50	H38	12
(Null)	00A683221	1326009572	1.0	1.0	3990.00	400.96	0.00	80.19	320.77	H38	12
1749	00A683221	1326009572	1.0	1.0	530.00	141.81	0.00	28.36	113.45	572	1
(Null)	00A683221	1326009572	1.0	1.0	530.00	141.81	0.00	28.36	113.45	179	12
1749	00A683221	1326009572	1.0	1.0	86.00	10.41	0.00	2.08	8.33	179	1
(Null)	00A683221	1326009572	1.0	1.0	530.00	141.81	0.00	28.36	113.45	179	12
1749	00A683221	1326009572	1.0	1.0	25200.00	4749.27	0.00	949.85	3799.42	179	12
1749	00A683221	1326009572	1.0	1.0	2241.00	254.44	0.00	50.89	203.55	179	12
1749	00A683221	1326009572	1.0	1.0	1530.00	304.69	0.00	60.94	243.75	H38	12
1749	00A683221	1326009572	1.0	1.0	1530.00	304.69	0.00	60.94	243.75	H38	12
99859	00A683221	1326009572	1.0	1.0	1873.00	649.75	0.00	129.95	519.80	179	123
1729	00A683221	1326009572	1.0	1.0	308.00	141.81	140.00	0.36	1.45	179	1
1729	00A683221	1326009572	1.0	1.0	7480.00	1521.24	0.00	304.25	1216.99	179	1
1729	00A683221	1326009572	1.0	1.0	2459.00	177.79	0.00	35.56	142.23	H38	1
55321	00A683221	1326009572	1.0	0.0	7480.00	0.00	0.00	0.00	0.00	931	1
55321	00A683221	1326009572	1.0	0.0	7480.00	0.00	0.00	0.00	0.00	931	1
55321	00A683221	1326009572	1.0	0.0	1410.00	0.00	0.00	0.00	0.00	931	1
55321	00A683221	1326009572	1.0	0.0	3270.00	0.00	0.00	0.00	0.00	931	1
55321	00A683221	1326009572	1.0	0.0	7480.00	0.00	0.00	0.00	0.00	245	1
55321	00A683221	1326009572	1.0	0.0	1410.00	0.00	0.00	0.00	0.00	245	1
55321	00A683221	1326009572	1.0	0.0	3270.00	0.00	0.00	0.00	0.00	245	1
55321	00A683221	1326009572	1.0	0.0	7480.00	0.00	0.00	0.00	0.00	245	1
55321	00A683221	1326009572	1.0	1.0	1410.00	284.36	0.00	56.87	227.49	179	1
55321	00A683221	1326009572	1.0	1.0	3270.00	401.59	0.00	80.32	321.27	H38	1
55321	00A683221	1326009572	1.0	1.0	7480.00	760.62	0.00	152.12	608.50	H38	1
55321	00A683221	1326009572	1.0	1.0	7480.00	1521.24	0.00	304.25	1216.99	179	1
61183	00A683221	1326009572	1.0	1.0	230.00	55.90	0.00	11.18	44.72	572	123
1749	00A683221	1326009572	1.0	1.0	530.00	141.81	0.00	28.36	113.45	179	12
1749	00A683221	1326009572	1.0	1.0	12600.00	3166.18	0.00	633.24	2532.94	179	1

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Primary Dx	Rend PTAN	Rend NPI	Qty Billed	Qty Allow	Billed Amt	Allowed Amt	Ded Amt	Co-Ins Amt	Paid Amt	MSG Code	Dx Pointer
78907	00A683221	1326009572	1.0	1.0	606.00	218.95	0.00	43.79	175.16	179	123
78907	00A683221	1326009572	1.0	1.0	155.00	42.85	0.00	8.57	34.28	179	123
78907	00A683221	1326009572	1.0	1.0	155.00	42.85	0.00	8.57	34.28	179	123
78060	00A683221	1326009572	1.0	1.0	155.00	42.85	0.00	8.57	34.28	179	123
1749	00A683221	1326009572	1.0	0.0	155.00	0.00	0.00	0.00	0.00	H09	123
7292	00A683221	1326009572	1.0	1.0	162.00	28.31	0.00	5.66	22.65	572	123
(Null)	00A683221	1326009572	1.0	1.0	162.00	28.31	0.00	5.66	22.65	572	123
7859	00A683221	1326009572	1.0	1.0	162.00	51.52	0.00	10.30	41.22	179	12
(Null)	00A683221	1326009572	1.0	1.0	8542.00	1355.63	0.00	271.13	1084.50	179	123
(Null)	00A683221	1326009572	1.0	1.0	3517.00	401.59	0.00	80.32	321.27	H38	123
(Null)	00A683221	1326009572	1.0	1.0	1275.00	284.36	0.00	56.87	227.49	179	123
(Null)	00A683221	1326009572	1.0	0.0	0.00	0.00	0.00	0.00	0.00	F30	1
(Null)	00A683221	1326009572	1.0	1.0	62.00	28.31	0.00	5.66	22.65	179	1
(Null)	00A683221	1326009572	1.0	1.0	530.00	141.81	0.00	28.36	113.45	179	123
1610	00A683221	1326009572	1.0	1.0	530.00	141.81	0.00	28.36	113.45	179	12
8749	00A683221	1326009572	1.0	1.0	6691.00	1321.00	0.00	264.20	1056.80	179	123
1749	00A683221	1326009572	1.0	1.0	230.00	55.90	0.00	11.18	44.72	572	1
1749	00A683221	1326009572	1.0	1.0	230.00	55.90	0.00	11.18	44.72	572	1
55321	00A683221	1326009572	1.0	1.0	1410.00	284.36	0.00	56.87	227.49	179	1
55321	00A683221	1326009572	1.0	1.0	3530.00	418.63	0.00	83.73	334.90	H38	1
55321	00A683221	1326009572	1.0	1.0	7480.00	760.62	0.00	152.12	608.50	H38	1
55321	00A683221	1326009572	1.0	1.0	7480.00	1521.24	0.00	304.25	1216.99	179	1
55321	00A683221	1326009572	1.0	1.0	3240.00	649.75	0.00	129.95	519.80	179	1
55320	00A683221	1326009572	1.0	1.0	530.00	141.81	0.00	28.36	113.45	179	1
8793	00A683221	1326009572	1.0	1.0	3836.00	828.13	0.00	165.63	662.50	179	1
193	00A683221	1326009572	1.0	1.0	530.00	141.81	0.00	28.36	113.45	179	1
193	00A683221	1326009572	4.0	0.0	1080.00	0.00	0.00	0.00	0.00	B47	1
2330	00A683221	1326009572	1.0	1.0	230.00	83.66	83.66	0.00	0.00	179	12
(Null)	00A683221	1326009572	1.0	1.0	3990.00	400.96	0.00	80.19	320.77	H38	12
(Null)	00A683221	1326009572	1.0	1.0	4800.00	886.89	0.00	177.38	709.51	179	12
(Null)	00A683221	1326009572	1.0	1.0	3710.00	356.75	0.00	71.35	285.40	H38	12

000248

00A683221

Primary Dx	Rend PTAN	Rend NPI	Qty Billed	Qty Allow	Billed Amt	Allowed Amt	Ded Amt	Co-Ins Amt	Paid Amt	MSG Code	Dx Pointer
2330	00A683221	1326009572	1.0	1.0	162.00	28.31	0.00	5.66	22.65	179	1
2130	00A683221	1326009572	1.0	1.0	230.00	55.90	0.00	11.18	44.72	572	1
2130	00A683221	1326009572	1.0	1.0	230.00	55.90	0.00	11.18	44.72	572	1
2130	00A683221	1326009572	1.0	1.0	3205.00	795.63	0.00	159.13	636.50	179	12
2130	00A683221	1326009572	1.0	1.0	162.00	28.31	0.00	5.66	22.65	572	1
1719	00A683221	1326009572	1.0	1.0	354.00	83.64	0.00	16.73	66.91	179	1
55321	00A683221	1326009572	1.0	1.0	1275.00	284.36	0.00	56.87	227.49	179	12
55321	00A683221	1326009572	1.0	1.0	3517.00	803.18	0.00	160.64	642.54	179	12
1749	00A683221	1326009572	1.0	1.0	458.00	120.77	0.00	24.15	96.62	179	1
(Null)	00A683221	1326009572	1.0	1.0	15866.00	2660.15	0.00	532.03	2128.12	179	12
(Null)	00A683221	1326009572	1.0	1.0	530.00	141.81	0.00	28.36	113.45	179	12
17392	00A683221	1326009572	1.0	1.0	354.00	83.64	0.00	16.73	66.91	179	1
(Null)	00A683221	1326009572	1.0	1.0	2241.00	254.44	0.00	50.89	203.55	179	12
(Null)	00A683221	1326009572	1.0	1.0	767.00	232.43	0.00	46.49	185.94	179	12
(Null)	00A683221	1326009572	1.0	1.0	25200.00	4749.27	0.00	949.85	3799.42	179	12
(Null)	00A683221	1326009572	1.0	1.0	1530.00	304.69	0.00	60.94	243.75	H38	12
(Null)	00A683221	1326009572	1.0	1.0	162.00	28.31	0.00	5.66	22.65	179	12
99654	00A683221	1326009572	1.0	1.0	62.00	28.31	28.31	0.00	0.00	179	1
99654	00A683221	1326009572	1.0	1.0	5126.00	869.25	101.83	153.48	613.94	179	12
99654	00A683221	1326009572	1.0	1.0	3990.00	411.45	0.00	82.29	329.16	179	1234
6829	00A683221	1326009572	1.0	0.0	300.00	0.00	0.00	0.00	0.00	H40	123
1719	00A683221	1326009572	1.0	1.0	263.00	120.77	0.00	24.15	96.62	179	12
1719	00A683221	1326009572	1.0	0.0	186.00	0.00	0.00	0.00	0.00	J90	12
1719	00A683221	1326009572	1.0	0.0	0.00	0.00	0.00	0.00	0.00	F30	12
1543	00A683221	1326009572	1.0	1.0	7623.00	1521.24	0.00	304.25	1216.99	179	1
(Null)	00A683221	1326009572	1.0	1.0	1556.00	329.72	140.00	37.94	151.78	179	12
(Null)	00A683221	1326009572	2.0	2.0	900.00	167.26	0.00	33.45	133.81	179	12
47820	00A683221	1326009572	1.0	1.0	458.00	120.77	0.00	24.15	96.62	179	1
(Null)	00A683221	1326009572	1.0	1.0	530.00	141.81	31.94	21.97	87.90	179	12
(Null)	00A683221	1326009572	1.0	1.0	230.00	55.90	0.00	11.18	44.72	179	12
(Null)	00A683221	1326009572	1.0	1.0	2241.00	254.44	0.00	50.89	203.55	179	12

000249

00A683221

Primary Dx	Rend PTAN	Rend NPI	Qty Billed	Qty Allow	Billed Amt	Allowed Amt	Ded Amt	Co-Ins Amt	Paid Amt	MSG Code	Dx Pointer
(Null)	00A683221	1326009572	1.0	1.0	16320.00	1330.08	0.00	266.02	1064.06	H38	12
(Null)	00A683221	1326009572	1.0	1.0	16610.00	2769.59	0.00	553.92	2215.67	179	12
1749	00A683221	1326009572	1.0	1.0	530.00	186.87	0.00	37.37	149.50	179	1
8749	00A683221	1326009572	1.0	1.0	10520.00	2692.77	0.00	538.55	2154.22	179	12
1619	00A683221	1326009572	1.0	1.0	300.00	109.50	0.00	21.90	87.60	179	1
1991	00A683221	1326009572	1.0	0.0	225.00	0.00	0.00	0.00	0.00	H40	1
1991	00A683221	1326009572	1.0	0.0	155.00	0.00	0.00	0.00	0.00	H40	1
1461	00A683221	1326009572	1.0	1.0	530.00	141.81	0.00	28.36	113.45	179	1
8738	00A683221	1326009572	1.0	1.0	23.00	10.41	0.00	2.08	8.33	179	12
8738	00A683221	1326009572	1.0	0.0	0.00	0.00	0.00	0.00	0.00	F30	12
1459	00A683221	1326009572	1.0	1.0	300.00	109.50	0.00	21.90	87.60	179	1
1459	00A683221	1326009572	1.0	1.0	3830.00	581.57	0.00	116.31	465.26	H38	21
1459	00A683221	1326009572	1.0	1.0	8738.00	630.66	0.00	126.13	504.53	H38	21
87370	00A683221	1326009572	1.0	1.0	10520.00	2692.77	0.00	538.55	2154.22	179	21
55320	00A683221	1326009572	1.0	1.0	230.00	55.90	0.00	11.18	44.72	179	12
55321	00A683221	1326009572	1.0	1.0	1275.00	284.36	0.00	56.87	227.49	179	1
55321	00A683221	1326009572	1.0	1.0	3530.00	837.26	0.00	167.45	669.81	179	1
1749	00A683221	1326009572	1.0	1.0	230.00	55.90	0.00	11.18	44.72	572	1
1749	00A683221	1326009572	1.0	1.0	162.00	28.31	0.00	5.66	22.65	179	1
1719	00A683221	1326009572	1.0	1.0	530.00	141.81	0.00	28.36	113.45	179	1
496	00A683221	1326009572	1.0	1.0	345.00	85.87	0.00	17.17	68.70	572	12
(Null)	00A683221	1326009572	1.0	1.0	6240.00	903.75	0.00	180.75	723.00	179	12
(Null)	00A683221	1326009572	1.0	1.0	5410.00	377.54	0.00	75.51	302.03	H38	12
(Null)	00A683221	1326009572	3.0	3.0	1350.00	250.89	0.00	50.18	200.71	179	12
(Null)	00A683221	1326009572	1.0	1.0	1556.00	164.86	0.00	32.97	131.89	H38	12
(Null)	00A683221	1326009572	1.0	1.0	530.00	141.81	0.00	28.36	113.45	179	12
1749	00A683221	1326009572	1.0	1.0	1762.00	329.72	0.00	65.94	263.78	179	12
1749	00A683221	1326009572	4.0	4.0	3264.00	334.52	0.00	66.90	267.62	179	12
(Null)	00A683221	1326009572	1.0	1.0	162.00	28.31	0.00	5.66	22.65	572	123
(Null)	00A683221	1326009572	1.0	1.0	4900.00	1617.20	0.00	323.44	1293.76	179	12
1719	00A683221	1326009572	1.0	1.0	230.00	83.66	0.00	16.73	66.93	179	1

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00A683221

Primary Dx	Rend PTAN	Rend NPI	Qty Billed	Qty Allow	Billed Amt	Allowed Amt	Ded Amt	Co-Ins Amt	Paid Amt	MSG Code	Dx Pointer
1719	00A683221	1326009572	1.0	1.0	345.00	85.87	0.00	17.17	68.70	572	1
1749	00A683221	1326009572	1.0	1.0	3836.00	414.07	0.00	82.81	331.26	H38	12
1749	00A683221	1326009572	2.0	2.0	4678.00	249.08	0.00	49.82	199.26	179	12
1749	00A683221	1326009572	1.0	1.0	7623.00	1521.24	0.00	304.25	1216.99	179	12
(Null)	00A683221	1326009572	1.0	1.0	1678.00	787.54	140.00	129.51	518.03	179	12
1410	00A683221	1326009572	1.0	1.0	530.00	141.81	0.00	28.36	113.45	179	12
1419	00A683221	1326009572	1.0	1.0	10520.00	2692.77	0.00	538.55	2154.22	179	1
1749	00A683221	1326009572	1.0	1.0	230.00	55.90	0.00	11.18	44.72	572	1
1749	00A683221	1326009572	1.0	1.0	230.00	55.90	0.00	11.18	44.72	572	1
55321	00A683221	1326009572	1.0	1.0	1275.00	284.36	0.00	56.87	227.49	179	1
55321	00A683221	1326009572	1.0	1.0	3517.00	401.59	0.00	80.32	321.27	H38	1
55321	00A683221	1326009572	1.0	1.0	7623.00	1521.24	0.00	304.25	1216.99	179	1
55321	00A683221	1326009572	1.0	1.0	1410.00	284.36	0.00	56.87	227.49	179	1
55321	00A683221	1326009572	1.0	1.0	3270.00	401.59	0.00	80.32	321.27	H38	1
55321	00A683221	1326009572	1.0	1.0	7480.00	760.62	0.00	152.12	608.50	H38	1
55321	00A683221	1326009572	1.0	1.0	7480.00	1521.24	0.00	304.25	1216.99	179	1
55320	00A683221	1326009572	1.0	0.0	0.00	0.00	0.00	0.00	0.00	F30	1
55320	00A683221	1326009572	1.0	1.0	371.00	141.81	0.00	28.36	113.45	179	1
55321	00A683221	1326009572	1.0	1.0	230.00	55.90	0.00	11.18	44.72	179	1
193	00A683221	1326009572	1.0	1.0	420.00	148.69	0.00	29.74	118.95	179	1
193	00A683221	1326009572	1.0	1.0	10560.00	3666.68	0.00	733.34	2933.34	179	1
193	00A683221	1326009572	1.0	1.0	6700.00	660.50	0.00	132.10	528.40	H38	1
6869	00A683221	1326009572	1.0	1.0	354.00	83.64	0.00	16.73	66.91	179	1
1410	00A683221	1326009572	1.0	1.0	530.00	141.81	0.00	28.36	113.45	179	1
1844	00A683221	1326009572	1.0	1.0	145.00	28.31	28.31	0.00	0.00	179	1
1844	00A683221	1326009572	1.0	1.0	162.00	28.31	0.00	5.66	22.65	572	1
69589	00A683221	1326009572	1.0	0.0	0.00	0.00	0.00	0.00	0.00	F30	1
69589	00A683221	1326009572	1.0	1.0	186.00	85.87	40.51	9.07	36.29	179	1
7078	00A683221	1326009572	1.0	1.0	3960.00	1330.25	0.00	266.05	1064.20	179	123
8751	00A683221	1326009572	1.0	1.0	530.00	141.81	0.00	28.36	113.45	179	1
8751	00A683221	1326009572	1.0	1.0	7623.00	1521.24	0.00	304.25	1216.99	179	1

000251

00A683221

Primary Dx	Rend PTAN	Rend NPI	Qty Billed	Qty Allow	Billed Amt	Allowed Amt	Ded Amt	Co-Ins Amt	Paid Amt	MSG Code	Dx Pointer
73020	00A683221	1326009572	1.0	1.0	186.00	85.87	85.87	0.00	0.00	953	123
73020	00A683221	1326009572	1.0	0.0	0.00	0.00	0.00	0.00	0.00	F30	123
71946	00A683221	1326009572	1.0	0.0	270.00	0.00	0.00	0.00	0.00	B47	1
71946	00A683221	1326009572	1.0	0.0	270.00	0.00	0.00	0.00	0.00	B47	1
(Null)	00A683221	1326009572	1.0	1.0	1200.00	254.44	0.00	50.89	203.55	179	12
(Null)	00A683221	1326009572	1.0	1.0	15750.00	3482.80	0.00	696.56	2786.24	179	12
1749	00A683221	1326009572	1.0	1.0	162.00	51.52	0.00	10.30	41.22	179	1
(Null)	00A683221	1326009572	1.0	1.0	4271.00	903.75	0.00	180.75	723.00	179	12
1749	00A683221	1326009572	1.0	1.0	4558.00	787.54	0.00	157.51	630.03	572	1
8795	00A683221	1326009572	1.0	0.0	6750.00	0.00	0.00	0.00	0.00	H32	12
8795	00A683221	1326009572	1.0	1.0	6750.00	887.06	0.00	177.41	709.65	179	12
8901	00A683221	1326009572	1.0	1.0	300.00	109.50	0.00	21.90	87.60	179	1
99812	00A683221	1326009572	1.0	1.0	630.00	68.72	0.00	13.74	54.98	H38	123
99812	00A683221	1326009572	1.0	1.0	3240.00	915.14	0.00	183.03	732.11	179	123
1749	00A683221	1326009572	1.0	1.0	230.00	83.66	83.66	0.00	0.00	179	1
(Null)	00A683221	1326009572	1.0	1.0	12600.00	3166.18	0.00	633.24	2532.94	179	12
(Null)	00A683221	1326009572	1.0	1.0	1530.00	304.69	0.00	60.94	243.75	H38	12
99813	00A683221	1326009572	1.0	1.0	1873.00	649.75	0.00	129.95	519.80	179	123
99813	00A683221	1326009572	1.0	1.0	2063.00	379.77	0.00	75.95	303.82	179	123
99669	00A683221	1326009572	1.0	1.0	1873.00	649.75	0.00	129.95	519.80	179	123
99669	00A683221	1326009572	1.0	1.0	1200.00	254.44	0.00	50.89	203.55	179	123
1749	00A683221	1326009572	1.0	1.0	162.00	28.31	0.00	5.66	22.65	179	1
8790	00A683221	1326009572	1.0	1.0	162.00	28.31	0.00	5.66	22.65	179	12
1749	00A683221	1326009572	1.0	1.0	98.00	10.41	0.00	2.08	8.33	179	1
1749	00A683221	1326009572	1.0	1.0	162.00	28.31	0.00	5.66	22.65	572	1
99883	00A683221	1326009572	1.0	1.0	1873.00	915.14	0.00	183.03	732.11	179	123
4571	00A683221	1326009572	1.0	1.0	300.00	109.50	0.00	21.90	87.60	179	123
55321	00A683221	1326009572	1.0	1.0	1275.00	284.36	0.00	56.87	227.49	179	12
55321	00A683221	1326009572	1.0	1.0	3530.00	418.63	0.00	83.73	334.90	H38	12
55321	00A683221	1326009572	1.0	1.0	7623.00	1521.24	0.00	304.25	1216.99	179	12
55321	00A683221	1326009572	1.0	1.0	225.00	78.76	0.00	15.75	63.01	179	12

000252

Exhibit BB



SURGERY REPORTS (continued)

OPERATIVE REPORT (continued)

DATE OF OPERATION: 12/12/2012

PREOPERATIVE DIAGNOSES:

1. Fibrocystic changes, right and left breast

POSTOPERATIVE DIAGNOSES:

1. Fibrocystic changes, right and left breast

OPERATION PERFORMED:

1. Prophylactic nipple-sparing right total mastectomy.
2. Prophylactic nipple-sparing left total mastectomy.

SURGEON: Frederick M Dirbas, MD

ASSISTANT: Jon Gerry, MD

ESTIMATED BLOOD LOSS: 50 mL.

IV FLUIDS: 2 L crystalloid.

SPECIMEN:

1. Right breast with double stitch at the ductal tissue underneath the nipple and single stitch at the axillary tail.
2. Left breast with double stitch at the ductal tissue underneath the nipple and single stitch at the axillary tail.

DRAINS:

CULTURES: None

COMPLICATIONS: None

OPERATION IN DETAIL: The patient taken back to the operating room and placed supine on the operating room table. General anesthesia was induced and the patient was intubated uneventfully. We placed a Foley for intraoperative urine output monitoring and given the length of the case so that she would not have a distended bladder. We then prepped and draped in the usual sterile fashion. Preoperative antibiotics were administered and a timeout was performed.

SURGERY REPORTS (continued)**OPERATIVE REPORT (continued)**

Preoperatively, she had the inframammary creases marked, as well as where the planned incisions were. We stapled the inframammary creases to identify this boundary throughout the case.

We began on the right breast. A radial incision was made starting approximately 1 cm from the areolar border at the 7:30 position. This incision was carried through the skin, down to the underlying breast parenchyma at which point, electrocautery was used to dissect down and establish a flap thickness that would include all her breast tissue with the breast specimen, leaving behind a thin layer of subcutaneous adipose tissue and the dermis with the subdermal plexus unaffected. The flaps were created in the inferior and superior manner taking great care to achieve a thickness that would exclude all breast tissue.

Once these flaps were established to about 3 cm superiorly and inferiorly, we began our dissection medially toward the nipple-areolar complex. This was challenging because the breast tissue as it entered this region of the subareolar breast was quite dense and so the plane of dissection between breast tissue and dermis was very difficult to define and basically required great care and a lot of time to do tedious dissection to maintain a uniform thickness underneath the nipple-areolar complex, ie avoid devascularizing the nipple while removing all breast tissue. To facilitate identification of the proper plane we returned to our dissection of the superior and inferior flaps, carrying this dissection more medially until the attachment of the breast tissue to the base of the nipple/areolar complex was isolated. In this fashion, we were able to safely dissect completely across the remainder of the retroareolar breast tissue. We placed a double stitch at the ductal tissue underlying the nipple. The nipple was not cored. Of note, creation of the skin flap was challenging as there was only a narrow layer of adipose tissue just beneath the dermal vascular plexus. We did encounter the dermis several times through this thin film of adipose tissue and at those times, the proper plane was carefully re-established. The boundaries of the mastectomy were the rectus sheath inferiorly, the latissimus dorsi laterally, the clavicle superiorly, and the sternum medially. Great care was taken to preserve intercostal perforators while not leaving anything suggesting residual breast tissue. The breast was then excised from the pectoralis muscle incorporating pectoralis fascia with the specimen. Finally, only the tail of the breast remained attached. It was marked with a single silk stitch prior to removal of the entire breast specimen. The entire mastectomy cavity bed was irrigated and hemostasis was achieved with electrocautery. The flaps appeared to be well perfused. We covered the opening to the skin with a moist gauze to help prevent desiccation of the underlying tissues.

We then moved to the left breast, which was removed in identical fashion, and with the same challenges. We also irrigated the area copiously with sterile saline and controlled any bleeding with Bovie electrocautery. Again, the flaps were of uniform thickness. They appeared well perfused. We then inspected both nipples, which appeared to be of good color and well perfused. Similar to the contralateral side, we covered this with moist gauze to prevent desiccation of the underlying tissue.

At this portion of the procedure, Dr. Hong came to perform his reconstruction.

All counts were correct at the end of our portion of the case. Dr. Dirbas was present and personally performed all aspects of the case. Please see Dr. Hong's dictation for the remainder of the procedure.

Jon Gerry, MD

Frederick M Dirbas, MD

Frederick M. Dirbas, MD
Associate Professor of Surgery
Physician Leader, Breast Cancer Clinical Program

Exhibit CC

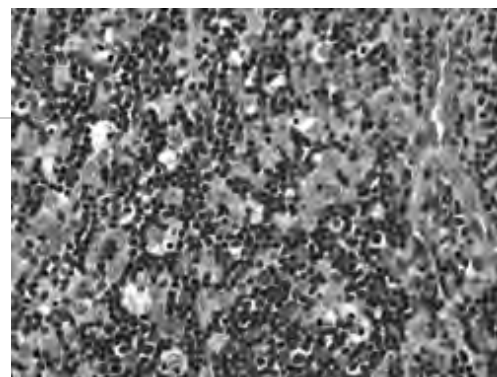
Stanford Medicine » School of Medicine » Departments » Pathology » Surgical Pathology » Surgical Pathology

Surgical Pathology Diagnostic Services

The Stanford Surgical Pathology Service provides complete diagnostic services in adult and pediatric Surgical Pathology to the Stanford Hospital and Clinics, the Lucile Packard Children's Hospital and the Veterans Affairs Palo Alto Health Care System.

We strive to:

- Provide the highest quality patient care
- Serve as consultants to our referring physicians
- Advance clinical and translational research
- Train future academic and community based pathologists



Thymoma WHO Type B2

At the Stanford University Medical Center, approximately 31,000 surgical specimens originating from the Stanford Health Services Operating Rooms, Stanford University Clinics, other area clinics, or from the private and independent Palo Alto Surgicenter are accessioned yearly.

Another 13,000 cases are reviewed either when patients, whose pathology specimens were originally examined elsewhere, are referred to Stanford for treatment or when other pathologists refer difficult cases for second opinions.

At the Veterans Affairs Palo Alto Health Care System ([VAPAHCS](#)), over 8000 surgical specimens are examined annually. These originate from the operating rooms and clinics. The areas that are most active are Dermatology, Gastroenterology and Urology.

The VAPAHCS Pathology Service is under the direction of Dr. [Robert V. Rouse](#), Chief of Service.

Exhibit DD

Successes and Lessons Learned in Stanford Medical Center's Transition to the Beaker LIS



Brent Tan, MD, PhD
Director of Laboratory Informatics
Stanford Department of Pathology

May 5, 2015

Stanford Hospital & Clinics



Mission

- To CARE for the patient, each other, and about what we do
- To EDUCATE patients and families, and other customers; and to advance our own knowledge
- To DISCOVER new treatments and technologies, and new ways of improving care

Vision

Healing humanity through science and compassion, one patient at a time.

Summary

- Licensed Beds – 613 Beds
- Adult Acute Care – 466 Active Beds
 - 59 Intensive Care
 - 8 Coronary Care
 - 369 General Medical/Surgery
 - 30 Acute Psychiatric
- Surgical Services
 - 33 Operating Suites
 - 21 Main OR
 - 12 Ambulatory Surgery
 - 14 Cath-Angio Suites
 - 6 Outpatient Surgery Units at Redwood City
- Transplant Center, Level 1 Trauma Center, Comprehensive Cancer Center
- EMR: EPIC since 2008

Renewal Project: Expansion of SHC



- **Renewal Project - Broke ground May 1, 2013**
 - To assure adequate capacity
 - To meet State-mandated earthquake safety standards
 - To provide modern, technologically-advanced hospital facilities
 - To replace outdated lab facilities at the School of Medicine and other areas (e.g. Hoover Pavilion, roads)
- **Stanford Hospital – to be completed 2018**
 - Individual patient rooms
 - Enlarged Level-1 trauma center and Emergency Department serving both hospitals
 - New surgical, diagnostic, and treatment rooms
 - Additional 144 patient beds at Stanford Hospital & Clinics



**View of the New Stanford Hospital
from Welch Road**



Arcade at New Stanford Hospital

000261

Lucile Packard Children's Hospital



Mission

To serve our communities as an internationally recognized pediatric & obstetric hospital that

- Advances family-centered care
- Fosters innovation
- Translates discoveries
- Educates health care providers and leaders
- Advocates on behalf of children and expectant mothers

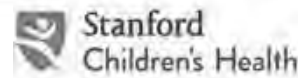
Vision

To drive innovation in the most challenging areas of pediatrics & obstetrics to improve the quality of life for children & expectant mothers and those who love and care for them.

Summary

- 311 Total Licensed Beds
 - 111 Pediatric Services
 - 89 Intensive Care Newborn Nursery
 - 44 Intensive Care
 - 32 Perinatal Services
 - 35 Unspecified General Acute Care
- Surgical Services
 - 7 Operating Suites
 - 3 Cesarean Section OR Suites
 - 3 Ambulatory Procedure Rooms
- EMR:
 - EPIC 2013 (CERNER prior)

Renewal Project: Expansion of LPCH



■ Lucile Packard Children's Hospital

- Launched in Fall 2012; to be completed Winter 2016
- Compliance with seismic safety regulations and other code requirements
- Additional 104 patient beds
- Improved patient safety, privacy, and comfort through individual patient rooms
- Increased space for families to be with their children during treatment and recovery
- New surgical, diagnostic, and treatment rooms at both hospitals



**Artist's view of the new hospital entrance
at Lucile Packard Children's Hospital**



**Artist's view of the new Welcome Desk
at Lucile Packard Children's Hospital**

000263

Anatomic Pathology and Clinical Laboratories



Anatomic Pathology

- Autopsy
- Cytopathology
- Dermatopathology
- Electron Microscopy/Immunofluorescence
- Immunohistochemistry
- Hematopathology
- Neuropathology
- Renal Pathology
- Surgical Pathology

Clinical Laboratories

- Chemistry/Special Chemistry
- Biochemical Genetics
- Hematology/Urinalysis
- Flow Cytometry
- RBC Special Studies
- Coagulation/Special Coag
- Microbiology
- Virology
- Transfusion Services
- Cytogenetics
- Molecular Genetic Pathology
- Point of Care Testing
- Send Out Testing
- Phlebotomy Services
- Preanalytic Processing

Administrative Departments

- Business and Finance
- Customer Service
- Laboratory Education
- Quality Management

SHC - IT

- Lab Systems & Services

Satellite Laboratories

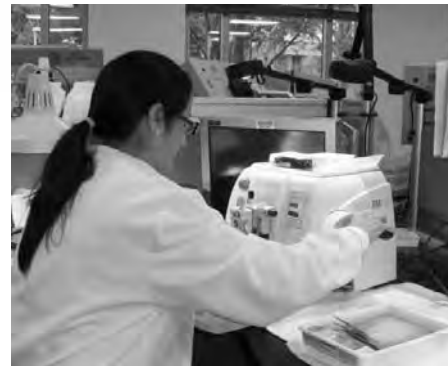
- Bass Lab (SCH)
- Mary Johnson Lab (SCH)
- MOHS Lab
- Redwood City Lab
- San Jose South Campus (August 2015)



Anatomic Pathology and Clinical Laboratories Statistics



- Shared service: Stanford Health Care, Stanford Children's Health, Clinics, and Referred Clients
- Over 5.3 Million Billable Tests in FY2012
- Locations
 - Core Laboratory (SHC)
 - Transfusion Service (SHC)
 - Anatomic Pathology (SHC & Hillview)
 - Specialty Laboratories (Hillview)
 - 12 Patient Service Centers
- Over \$1.0 Billion Gross Charges in FY2012
 - 41% SHC Inpatient
 - 59% LPCH, SHC Outpatient & Referral Testing
- \$142 Million Expenses
- 22 sections
- 544 Paid FTE's
- 53 Faculty, 17 Clinical Fellows, 36 Residents



Validation points

Subject (# of validation points)

- Phlebotomist/Rover (6)
- Receiving, resulting, verifying (4)
- Result corrections and holds (3)
- Requisition entry (17)
- Lab follow ups (15)
- Nurse Collection (14)
- Quality control (11)
- Urinalysis (1)
- Chemistry (10)
- Hematology (6)
- Microbiology (11)
- Container storage (5)
- Sendouts (5)

Iterative testing failures

Iteration Metrics

Passed	Passed - Optimization	Failed - Non-test Record	Failed - Change Request	Failed - Build Incorrect	Failed - Separate Testing	Ready for Review	Untested	
10	7	0	16	8	0	9	0	
28	0	16	0	7	2	0	0	
197	22	0	16	54	0	0	70	
12	13	0	5	6	0	0	0	
9	14	0	0	0	25	0	0	
63	8	1	2	8	0	7	93	
1353	17	0	1	0	0	0	140	
236	0	10	6	8	0	0	140	
52	89	0	17	118	15	70	52	
147	15	0	0	0	0	0	0	
37	6	1	9	13	0	0	5	
499	17	0	0	11	0	0	85	
2643	208	28	72	233	42	86	585	3897
80%	17%	1%	2%	7%	1%	3%		

- Many tests failed, requiring multiple rebuilds.

Testing was performed in large part by the SMEs, overburdening them

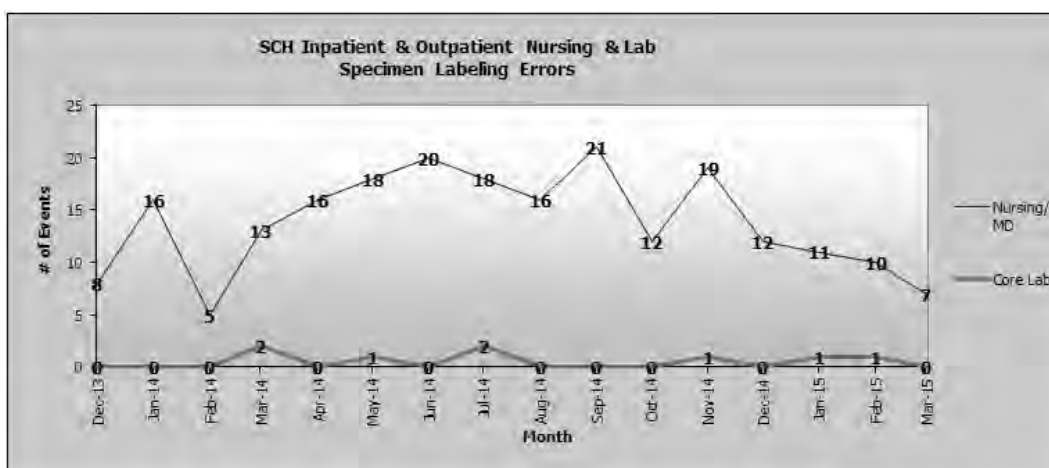
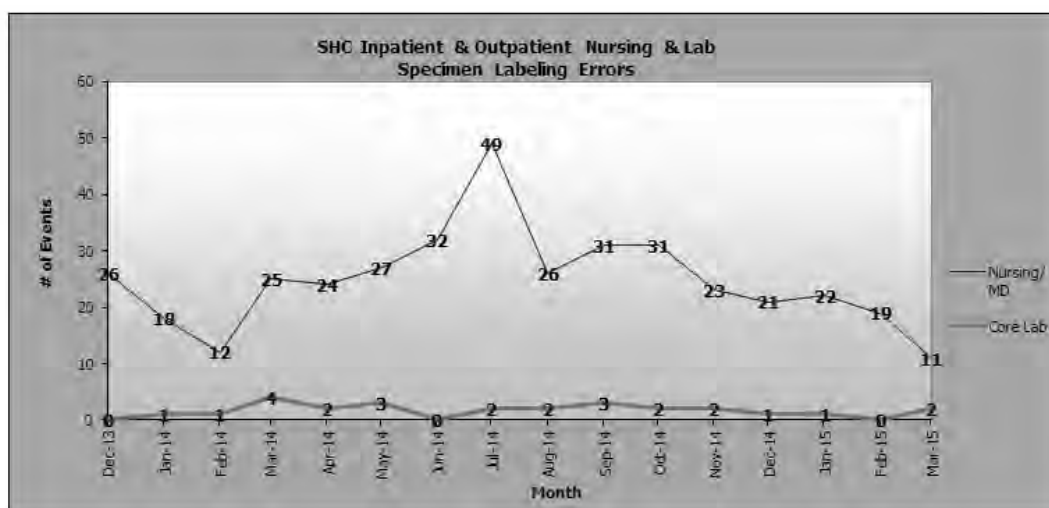
The tests should have been double-checked by the build team prior to handoff to SMEs

The Critical List

#	Go-Live Ready	Go-live Critical	Section	Reported By	Issue Details/Current Status	Owner	Projected Completion Date	IT Owner(s)	Lab Operation Owner(s)	Medical Director Owner(s)	Subject Matter Expert Owner(s)
1	NO	Yes	Auto Verification	SHC Chemistry	Outstanding instruments, RXLs and EXLs in StreamLab, remains to complete auto-verification testing.	Operations		Cary, Michael, Toan	Phil Cheng / Gay Routh	Raffick Bowen	Ranie Rieta
2	NO	Yes	Auto Verification	HV Special Chem	In Special Chemistry, their autoverification passed but no screen shots were ever sent to Dr. Shi for approval.	Operations		Michael, Cory	Merrie	Dr Shi	
3	NO	Yes	Auto Verification	SHC Hematology	Outstanding Instruments need testing and approval by Medical director	Operations		Angela, Shelley, Scott	Mercy Dones / Gay Routh	Susan Atwater	Xiaoling Lu

- On February 6, a systematic review of “must haves” was composed by the Laboratory Director of Administration, the Medical Director for the Laboratory, and Medical Director of Laboratory Informatics.
 1. *The Critical List should have been created ~30 days prior to the targeted go-live.*
 2. *There was disconnect between the items on the critical list, which was composed by operations, versus the 30-day clinical readiness evaluation by IT.*

KPI: mislabeled specimens



Results

- EPIC Beaker is a viable system
- Strengths include:
 - Positive patient identification
 - Vertical integration with the EMR
- Weaknesses include:
 - Lack of component level final resulting
 - Critical call workflow
 - Aliquoting/Specimen sharing
 - QC

Things we did well . . .

- Vendor selection process – site visits!
- Cutover
 - Starting on a Saturday morning at 1 AM.
 - Overwhelming support (“at the elbow”) at go-live.
- Extensive testing scripts
 - Beyond EPIC recommendations
- Change management with staff
 - Great excitement and sense of urgency
 - One week prior to the first targeted go-live
 - Two weeks prior to actual go-live.
- Reporting
 - High resource allocation (3-4 analysts)
 - Strong vendor: Rhodes group
- Not implementing Beaker anatomic pathology concurrently with CP

Things we could have done better. . .

- Timeline - the targeted go-live was delayed 2 weeks
 - Start as early as possible on *autoverification*
 - If *autoverification* exists pre-Beaker, it should be in place at go-live
 - Consider *autoverification* as the “critical path” (Critical path or PERT project management)
 - Filling key positions earlier and minimizing turnover
 - Turnover and vacancies with project director, project managers, several key analysts
 - 2-month delay between selecting Beaker and formalization of the project
 - Testing requirements were underestimated
 - EPICs recommendations are less than expected by most laboratories/CAP
 - SMEs were overburdened (design, testing)
 - Implementing the “critical list” for go-live earlier

More things we could have done better. . .



- Address complex workflows early
 - The EPIC Beaker implementation process focuses on generalized workflow and the foundation system in phases 2 (validation) and 3 (build).
 - Complex workflows were addressed late in the process
 - In phases 3-4 (build/workflow laboratories), the following needed changes:
 - Specimen sharing
 - Critical call workflow
 - PPID at SCH (issues with EPIC-to-EPIC interface)
- Review the EPIC Beaker General Facility Setup Form early
 - Examples: Auto Cancel Setup form, Add-on Settings, Default TAT values table

Even more things we could have done better. . .



- Education – too generalized, and needed to supplement with section-specific training.
 - Examples: no training for CBC resulting with differential keyboard,
- EPIC-to-EPIC interface
 - Start work early on any custom or new interface!
 - Difficulties with the EPIC-to-EPIC interface had profound effects on the critical call and SCH PPID workflow
- Better Integration between IT and operations
 - IT worked primarily offsite until the 2 weeks prior to the second go-live
 - Moving onsite increased productivity, collaboration, and led to a heightened sense of urgency

Acknowledgements



- EPIC
 - Jordan Goslee, EPIC Application Manager
 - Mike Bonn, EPIC Application Coordinator
- SHC IT
 - Christine Yang, Project Director
- SCH IT
 - Tom Bruynell, Director of Laboratory IT
 - Vicki Davis, Project Director for Beaker Project
 - Jennifer Fralick, Project Manager for Beaker Project
 - Matt Dusanick, Project Director for Reporting and Analytics
 - Consultant analysts: Lee Osborn, Ashley Slagle, Graham Hall, Robert Rae
- Stanford Clinical Laboratory
 - Will Flores, manager pre-analytic
 - John Christopher, Interim Administrative Director of Clinical Laboratory
 - Shirley Weber, Administrative Director of Clinical Laboratory
- Department of Pathology
 - Neil Shah, MD, PhD, Associate Director of Lab Informatics
 - Daniel Arber, MD, Medical Director of Clinical Laboratory

Exhibit EE

**CALIFORNIA HEALTH FACILITIES FINANCING AUTHORITY (“CHFFA”)
REVENUE BOND FINANCING PROGRAM
EXECUTIVE SUMMARY**

Applicant:	Stanford Health Care (“SHC”) 300 Pasteur Drive, MC 5554 Stanford, CA 94305 Santa Clara County	Amount Requested: \$575,000,000 Requested Loan Term: Up to 40 years Authority Meeting Date: December 7, 2017 Resolution Number: 430	
Project Sites:	See Exhibit 5		
Obligated Group:	SHC - sole obligated group member		
Facility Type:	General acute care hospital and outpatient care		
Eligibility:	Government Code 15431(d) (1)		
Prior Borrower:	Yes (date of last CHFFA issue, May 2015)		
Background: Established in 1958, SHC operates a licensed acute care hospital and a cancer center in Palo Alto, California, an outpatient center in Redwood City, and clinics located on the Stanford University campus and in neighboring communities. SHC is a principal teaching affiliate of the Stanford University School of Medicine and provides primary and specialty health services to adults, including cardiac care, cancer treatment, solid organ transplantation services, orthopedics and neuroscience services. In FY 2016, SHC treated approximately 71,500 patients in its emergency room, admitted more than 25,700 inpatients and recorded nearly 697,000 outpatient transactions.			
Use of Proceeds: Bond proceeds will be used to refinance the acquisition, construction, renovation, expansion, and equipping certain portions of its acute care hospital facilities and related health care facilities, which may include facilities that were previously refinanced by the CHFFA 2010 Refunding Revenue Bonds Series A & B (the “2010AB Bonds”) as well as the CHFFA 2008 Refunding Revenue Bonds Series A-1, A-2, & A-3 (the “2008A Bonds”).			
Type of Issue:	Negotiated public offering with fixed rate bonds (Minimum \$5,000 denominations).		
Expected Credit Ratings:	Aa3/AA-/AA; Moody’s/Fitch		
Financing Team:	<i>Please see Exhibit 1 to identify possible conflicts of interest</i>		
Financial Overview: SHC’s income statement exhibits consistent operating results with positive income each year during the review period from FY 2014 to FY 2016. SHC’s balance sheet exhibits a solid financial position with a pro-forma debt service coverage ratio of 4.29x.			
<u>Estimated Sources of Funds:</u>		<u>Estimated Uses of Funds:</u>	
Bond proceeds	\$ 575,000,000	Refunding bonds	\$ 570,000,000
		Financing costs	5,000,000
Total Estimated Sources	<u>\$ 575,000,000</u>	Total Estimated Uses	<u>\$ 575,000,000</u>
Due Diligence: Staff has received and reviewed the Eligibility, Legal Review, Religious Due Diligence, Savings Pass Through, Seismic, Iran Contracting, and CEQA documentation. All documentation satisfies the Authority’s requirements.			
Staff Recommendation: Staff recommends the Authority approve Resolution Number 430 in an amount not to exceed \$575,000,000 subject to the conditions in the resolution, including a bond rating of at least investment grade by a nationally recognized rating agency for publicly offered bonds. Macias Gini & O’Connell, LLP, the Authority’s financial analyst, and KNN Public Finance, LLC, the Authority’s financial advisor, concur with the Authority’s staff recommendation.			

I. PURPOSE OF FINANCING:

SHC seeks to issue bonds to refinance the acquisition, construction, renovation, expansion, and equipping certain portions of its acute care hospital facilities and related health care facilities, which may include facilities that were previously refinanced by the 2008A Bonds as well as the 2010 AB Bonds. SHC continually assesses potential present value savings from a full or partial refunding of its outstanding long-term debt. SHC has contemplated refunding the 2008A and 2010AB Bonds for more than a year, and SHC management decided to move forward and lock in the potential net present value savings of \$57 million, as a result of the refunding.

Refunding Bonds ***\$570,000,000***

CHFFA Series 2008 A-1, A-2, & A-3

Proceeds from the CHFFA 2008 Series A-1, A-2, and A-3 Bonds were used to refinance a portion of the CHFFA 2006 Series A-1, A-2, A-3, B-1, and B-2 bonds (the “2006AB Bonds”). The 2006AB Bonds were used (i) to renovate certain existing facilities, including Stanford Hospital and the Cancer Center located on the campus of Stanford University; (ii) the construction and renovation of a facility located in Redwood City; (iii) the acquisition and installation of equipment utilized at existing facilities and the Redwood City facility; and (iv) to upgrade SHC’s clinical information system.

CHFFA Series 2010 A & B

Proceeds from the CHFFA 2010 Series A and B Bonds were used to refinance the CHFFA 1998 Series B (the “1998B Bonds”) and the CHFFA 2003 Series B, C, and D Bonds (the “2003BCD Bonds”). The 1998B Bonds were used to refinance prior obligations, including the costs for the acquisition of assets previously acquired by Stanford Health Care, as well as to finance the costs of constructing an ambulatory care center and other capital projects located on the Stanford University campus. The 2003BCD Bonds were used (i) to construct an approximately 220,000 square foot outpatient facility; (ii) to renovate certain existing facilities, including seismic upgrades; and (iii) the acquisition and installation of equipment for both the outpatient facility and the existing facilities.

Financing Costs ***5,000,000***

- *Estimated cost of issuance.....* *\$2,500,000*
- *Estimated Underwriters’ discount.....* *2,500,000*

Total Estimated Uses of Funds..... **\$575,000,000**

II. PROPOSED COVENANTS, SECURITY PROVISIONS AND DISCLOSURES:

This executive summary and recommendations include minimum requirements. Additional or more stringent covenants or disclosures may be added following consultation with Authority staff. These covenants cannot be diluted or removed without subsequent review. If there has been modification to the proposed covenants following the preparation of this executive summary, staff will report it at the meeting.

After reviewing SHC's credit profile, including its current financial profile, SHC's prior bond transactions, and current market requirements, SHC, KNN Public Finance, LLC ("KNN"), the Authority's financial advisor, and the underwriters of the proposed bonds have concluded that the below listed covenants should be applicable to this transaction, are consistent with covenants that have applied to SHC's prior bond transactions, and that SHC's current financial situation does not suggest additional covenants should be required.

In June 2011, SHC entered into an amended and restated master indenture of trust (as supplemented from time to time pursuant to its terms, the "Master Indenture") with The Bank of New York Mellon Trust Company, N.A. (the "Master Trustee"). The Master Indenture amended and restated the original master indenture of trust, dated as of December 1, 1990 between SHC, then known as Stanford University Hospital, and First Interstate Bank, LTD., as master trustee, which created an obligated group (the "Obligated Group"). Currently, SHC is the sole member of the Obligated Group.

Pursuant to the provisions of the Master Indenture, SHC has issued obligations under the Master Indenture (each, an "Obligation") to secure the obligations of SHC under each of the loan agreements entered into with the Authority in connection with each issue of revenue bonds previously issued by the Authority for the benefit of SHC (the "Existing Bonds"). SHC will issue an Obligation under the Master Indenture to secure its obligations under each of the loan agreements to be entered into with the Authority in connection with the proposed bonds (each, a "Loan Agreement," and, hereinafter collectively referred to as the "Loan Agreements"). All capitalized terms used and not otherwise defined herein will have the meanings assigned to such terms in the Master Indenture.

The covenants listed below are applicable to this transaction.

Unconditional Promise to Pay; Pledge of Revenues. *SHC agrees to pay to The Bank of New York Mellon Trust Company, N.A., as trustee for the proposed bonds (the "Trustee"), all amounts required for payment of the principal, interest and purchase price, if applicable, with respect to the proposed bonds and agrees to pay the additional payments and expenses specified in each of the Loan Agreements. In addition, SHC will issue an Obligation under the Master Indenture to secure the obligation of SHC to make the payments under each of the Loan Agreements.*

All Revenues, as such term is defined in the bond indenture pursuant to which each series of proposed bonds will be issued (each, an "Indenture," and hereinafter collectively referred to as the "Indentures") will be pledged to secure the full payment of the proposed bonds being issued pursuant to the applicable Indenture. Revenues include payments by SHC under the applicable Loan Agreement and payments by the Obligated Group on the applicable Obligation and amounts held in the funds and accounts established under the applicable Indenture (excluding the Rebate Fund to be established for each series of proposed bonds and the Bond Purchase Fund to be established for each series of proposed bonds being issued as variable rate bonds).

Pledge of Gross Revenues. *Each Member of the Obligated Group has pledged to deposit all of its Gross Revenues into one or more deposit accounts designated as the Gross Revenue Fund. If there is a failure to make a Required Payment, the Master Trustee may exercise control over the Gross Revenue Fund for the benefit of the holders of each obligation issued under the Master Indenture, including the trustee for the Existing Bonds and the Trustee for the proposed bonds.*

Limitation on Liens; Permitted Encumbrances. *Each Member of the Obligated Group has agreed not to create, assume or suffer to exist any Lien upon its Property except for Permitted Liens. Each Member of the Obligated Group has further agreed that if a Lien other than a Permitted Lien is created by someone other than a Member of the Obligated Group and is assumed by a Member of the Obligated Group, such Member of the Obligated Group will cause a provision to be made effective whereby all Obligations will be secured prior to any obligations secured by the Lien assumed by a Member of the Obligated Group.*

Long-Term Debt Service Coverage Requirement. *The Master Indenture requires that the Obligated Group maintain a Debt Service Coverage Ratio of 1.10.*

Limitations on Additional Indebtedness and Restrictions on Guaranties. *Each Member of the Obligated Group has agreed not to incur Additional Indebtedness or enter into any Guaranty unless authorized by various provisions set out in the Master Indenture.*

Limitations on Disposition of Property. *Each Member of the Obligated Group has agreed not to sell, lease or otherwise dispose of Property in any Fiscal Year other than as authorized by various provisions set out in the Master Indenture.*

Limitations on Merger, Consolidation, Sale or Conveyance. *Each Member of the Obligated Group has agreed not to merge or consolidate with any entity which is not a Member of the Obligated Group or sell or convey all or substantially all of its assets to an entity not a Member of the Obligated Group other than as authorized by the various provisions set out in the Master Indenture.*

Limitations on Withdrawal from the Obligated Group and Entrance into the Obligated Group. *The Master Indenture sets forth certain requirements, including certain financial tests, which must be met for withdrawal from, or entry into, the Obligated Group.*

Compliance with Rule 15c2-12. *SHC will take such action as is necessary to assist the underwriters of the proposed bonds to comply with Securities and Exchange Commission Rule 15c2-12 ("Rule 15c2-12"). SHC will contractually agree to disclose designated financial and operating information to the designated website (Electronic Municipal Market Access) during the life of the proposed bonds and to report designated "material events" as specified in Rule 15c2-12.*

Staff has completed its due diligence, and KNN has reviewed the Loan Agreement, the Indenture, and prior SHC offering documents associated with this financing package and found these documents and proposed covenants to be acceptable.

III. FINANCIAL STATEMENTS AND ANALYSIS:

STANFORD HEALTH CARE
Consolidated Statements of Operations and
Changes in Net Assets
(\$ in thousands)

	Year ended August 31,		
	2016	2015	2014
Unrestricted net assets:			
Operating revenues:			
Net patient service revenue less provision for doubtful accounts*	\$ 3,893,005	\$ 3,393,413	\$ 2,839,389
Premium revenues	72,292	62,893	60,047
Other revenue	122,996	98,718	94,248
Net assets released from restrictions used for operations	9,372	15,663	4,639
Total operating revenues	4,097,665	3,570,687	2,998,323
Operating expenses:			
Salaries and benefits	1,850,124	1,428,100	1,232,251
Professional services	49,846	47,801	37,046
Supplies	531,130	484,036	421,899
Purchased services	1,058,182	912,886	741,565
Depreciation and amortization	136,442	109,735	100,625
Interest	39,661	40,485	43,636
Other	389,199	359,368	226,475
Expense recoveries from related parties	(104,965)	(93,640)	(83,422)
Total operating expenses	3,949,619	3,288,771	2,720,075
Income from operations	148,046	281,916	278,248
Interest and investment income	13,635	15,680	15,199
Increase in value of University managed pools	24181	54,309	176,014
Interest rate swaps mark to market adjustments	(115,958)	(59,392)	(37,532)
Loss on extinguishment of debt	-	(35)	(71)
Contribution income from Stanford Health Care - ValleyCare affiliation	-	96,758	-
Excess of revenues over expenses	69,904	389,236	431,858
Other changes in unrestricted net assets:			
Transfer to Stanford University, net	(88,944)	(66,477)	(54,337)
Transfer (to) from Lucile Salter Packard Children's Hospital	(3,300)	26,600	-
Change in net unrealized gains on investments	1,245	(2,445)	691
Net assets released from restrictions used for:			
Purchase of property and equipment	973	2,288	356
Change in pension and postretirement liability	(80)	(19,461)	6,650
Noncontrolling capital distribution, net	(1,000)	(62)	(1,482)
(Decrease) increase in unrestricted net assets	(21,202)	329,679	383,736

(Continued)

	Year ended August 31,		
	2016	2015	2014
Changes in temporarily restricted net assets:			
Transfer from Stanford University	2,645	4,062	2,480
Contributions and other	20,717	52,333	48,108
Contribution income from Stanford Health Care - ValleyCare affiliation	-	62	-
Investment income	744	1,667	(103)
Gains on University managed pools	1,683	2,537	2,875
Net assets released from restrictions used for:			
Operations	(9,372)	(15,663)	(4,639)
Purchase of property and equipment	(973)	(2,288)	(356)
Increase in temporarily restricted net assets	15,444	42,710	48,365
Changes in permanently restricted net assets:			
Contributions	200	2	101
Increase in permanently restricted net assets	200	2	101
(Decrease) increase in net assets	(5,558)	372,391	432,202
Net assets, beginning of year	3,059,708	2,687,317	2,255,115
Net assets, end of year	<u>\$3,054,150</u>	<u>\$3,059,708</u>	<u>\$2,687,317</u>

Percent Payer Source for fiscal year end August 31,

<u>*Net Patient Service Revenue</u>	<u>2016</u>	<u>2015</u>
Medicare	34	34
Medi-Cal	4	4
Managed Care - Discounted Fee for Services	55	55
Indemnity Insurance, Self-Pay, Other	7	7
Total	100	100

STANFORD HEALTH CARE
Consolidated Balance Sheets
(\$ in thousands)

	Year ended August 31,		
	2016	2015	2014
Assets			
Current assets:			
Cash and cash equivalents	\$ 690,460	\$ 475,677	\$ 467,655
Short-term investments	103,627	101,677	100,970
Patient accounts receivable	559,933	550,721	431,897
Other receivables	92,961	75,427	28,416
Inventories	50,016	42,935	25,374
Prepaid expenses and other	36,273	35,486	28,283
Total current assets	1,533,270	1,281,923	1,082,595
Investments	132,273	127,860	120,866
Investments in University managed pools	1,316,489	1,440,352	1,383,385
Assets limited as to use	235,788	580,701	491,594
Property and equipment, net	2,401,880	1,923,465	1,405,862
Other assets	137,637	163,578	263,766
Total assets	<u>\$ 5,757,337</u>	<u>\$ 5,517,879</u>	<u>\$4,748,068</u>
Liabilities and net assets			
Current liabilities:			
Accounts payable and accrued liabilities	\$ 335,995	\$ 282,134	\$ 173,160
Accrued salaries and related benefits	236,819	202,859	161,494
Due to related parties	61,308	43,324	62,106
Third-party payor settlements	22,948	9,018	22,334
Current portion of long-term obligations	13,756	13,932	11,700
Debt subject to short-term remarketing arrangements	228,200	228,200	228,200
Self-insurance reserves and other	43,232	34,918	27,296
Total current liabilities	942,258	814,385	686,290
Self-insurance reserves and other, net of current portion	118,994	120,364	105,270
Other long-term liabilities	355,683	234,855	170,565
Pension liability	65,463	51,220	30,827
Long-term debt, net of current portion	1,220,789	1,237,347	1,067,799
Total liabilities	2,703,187	2,458,171	2,060,751

(Continued)

	Year ended August 31,		
	2016	2015	2014
Net assets:			
Unrestricted:			
Stanford Health Care	2,449,037	2,467,393	2,137,389
Noncontrolling interests	20,133	22,979	23,304
Total unrestricted	2,469,170	2,490,372	2,160,693
Temporarily restricted	577,086	561,642	518,932
Permanently restricted	7,894	7,694	7,692
Total net assets	3,054,150	3,059,708	2,687,317
Total liabilities and net assets	<u>\$ 5,757,337</u>	<u>\$ 5,517,879</u>	<u>\$4,748,068</u>

Financial Ratios:

	Proforma ^(a)			
	<u>FYE August 31, 2016</u>			
Debt Service Coverage (x) -- Operating	4.29	4.08	5.96	5.80
Debt Service Coverage (x) -- Net	4.47	4.25	6.18	6.00
Debt/Unrestricted Net Assets (x)	0.50	0.50	0.51	0.51
Margin (%)		3.61	7.90	9.28
Current Ratio (x)		1.63	1.57	1.58

^(a) Recalculates FY 2016 audited results to include the impact of this proposed financing.

(INTENTIONALLY LEFT BLANK)

Financial Discussion – Statement of Activities (Income Statement)

SHC's income statement exhibits consistent operating results with positive income each year during the review period from FY 2014 to FY 2016.

SHC experienced a 37.1% increase in net patient service revenue from approximately \$2.8 billion in FY 2014 to approximately \$3.9 billion in FY 2016. Income from operations decreased to approximately \$148 million in FY 2016 from approximately \$282 million in FY 2015. SHC's largest expenses of salaries and benefits and purchased services both increased at a faster rate (29.6% and 15.9%, respectively) than net patient service revenue (14.7%) over the same period. Salaries and benefits increased from approximately \$1.4 billion in FY 2015 to approximately \$1.9 billion in FY 2016, while purchased services increased from approximately \$913 million in FY 2015 to approximately \$1.1 billion in FY 2016. According to SHC's management, the increase in salaries and benefits was primarily due to additional hiring to support growth in patient volumes and for future expansion, the acquisition of the Stanford Blood Center from Stanford University, and annual salary increases designed to maintain SHC's position in the competitive market for healthcare professionals. The increase in net patient revenue was mainly due to strong volume growth in areas such as operating rooms, emergency department, pharmacy, imaging, clinical labs, and other ambulatory care services.

SHC also experienced positive net income each year, although it decreased from approximately \$432 million in FY 2014 to approximately \$70 million in FY 2016. According to SHC's management, the majority of the decrease was due to non-operating investment activities such as Investments in Stanford University Managed Pools and Interest Rate Swaps Mark to Market Adjustments ("Swaps"). The loss on Swaps increased from approximately negative \$38 million in FY 2014 to approximately negative \$116 million in FY 2016. According to SHC's management, the Swaps hedge SHC's variable rate debt in an increasing interest rate environment; however, interest rates dropped between FY 2014 and FY 2016 and the liability from the Swaps increased. SHC's management notes that interest rates have reversed in FY 2017 and anticipate the Swaps liability will decrease.

Financial Discussion – Statement of Financial Position (Balance Sheet)

SHC's balance sheet exhibits a solid financial position with a pro-forma debt service coverage ratio from operations of 4.29x.

SHC's balance sheet appears to exhibit good liquidity with increasing cash and cash equivalents, and solid long-term assets with growth in property and equipment. SHC's cash and cash equivalents increased from approximately \$468 million in FY 2014 to approximately \$690 million in FY 2016, an increase of 47.6%. SHC's property and equipment demonstrated significant gains from approximately \$1.4 billion in FY 2014 to approximately \$2.4 billion in FY 2016, an increase of nearly 71%.

SHC has exhibited a consistently strong ability to repay its outstanding debt with an operating debt service coverage ratio of 5.80x in FY 2014, 5.96x in FY 2015, and 4.08x in FY 2016. With the refunding bonds, SHC would continue to display a strong ability to repay its debts with a FY 2016 pro-forma debt service coverage ratio of 4.29x from operations and 4.47x from net income. SHC's debt load in relation to unrestricted net assets has been constant throughout the review period with a debt-to-unrestricted net assets ratio of 0.51x in FY's 2014 and 2015, and 0.50x in FY 2016. As expected with refunding bonds, SHC's FY 2016 pro-forma debt-to-unrestricted net assets ratio will remain at 0.50x

Particular Facts to Note:

- SHC experienced significant growth in property and equipment, increasing from approximately \$1.4 billion in FY 2014 to approximately \$2.4 billion in FY 2016. According to SHC's management, SHC has consistently invested in facilities and systems required to remain at the forefront of medicine and to be the provider of choice for complex and network care in the communities it serves. The majority of the spending was for the New Stanford Hospital. Other spending was for Stanford Cancer Center South Bay, Central Steam Plant, Stanford Neuroscience Health Center, and SHC – Emeryville.

IV. DUE DILIGENCE:

Due diligence has been completed with regard to the following items:

- **Section 15438.5(a) of the Act (Savings Pass Through):** SHC properly completed and submitted the “Pass-Through Savings Certification,” in addition to a narrative explaining how it intends to pass through savings.

In FY 2016, SHC invested over \$362 million in services and activities to improve the health of the communities it serves throughout California, as well as from across the country and internationally. Nearly 65 percent of SHC’s patients live in San Mateo and Santa Clara counties. For more information regarding to Stanford Health Care community benefit, please copy and paste the address below to the web browser to open.

<https://stanfordhealthcare.org/content/dam/SHC/about-us/public-services-and-community-partnerships/docs/fy16-oshpd-report-and-fy17-cb-plan.pdf>.

- **Section 15491.1 of the Act (Community Service Requirement):** SHC will complete and submit this certification and indicate whether Medi-Cal and Medicare patients are accepted at the closing of the bond deal.
- **Compliance with Seismic Regulations:** SHC properly completed and submitted a description of its seismic requirements.
- **Compliance with Section 15455(b) of the Act (California Environmental Quality Act):** SHC properly submitted documentation to the Authority, where applicable, demonstrating that each proposed project has either complied with Division 13 (commencing with Section 21000) of the Public Resources Code, or is otherwise not a “project” under that division.
- **Religious Due Diligence.** SHC properly completed and submitted related documentation to meet the religious due diligence requirement.
- **Legal Review.** SHC properly completed and submitted related documentation addressing the Authority’s Legal Status Questionnaire.
- **Iran Contracting Act Certificate:** SHC properly submitted related documentation to the Authority.

EXHIBIT 1
FINANCING TEAM
STANFORD HEALTH CARE

Borrower:	Stanford Health Care
Issuer's Agent for Sale:	California State Treasurer
Issuer's Counsel:	Office of the Attorney General
Issuer's Financial Advisor:	KNN Public Finance, LLC
Issuer's Financial Analyst:	Macias Gini & O'Connell, LLP
Bond Counsel:	Orrick, Herrington & Sutcliffe LLP
Borrower's Counsel:	Ropes & Gray LLP
Underwriters:	Morgan Stanley & Co. LLC Goldman Sachs & Co. LLC Barclays Capital, Inc.
Underwriter's Counsel:	Norton Rose Fulbright US LLP
Trustee:	The Bank of New York Mellon Trust Company, N.A.
Auditor:	PricewaterhouseCoopers LLP
Rating Agencies:	Fitch Ratings, Inc. Moody's Investor Services, Inc.

EXHIBIT 3

UTILIZATION STATISTICS

The table below presents selected statistical indicators of patient activity for SHC for each of the three fiscal years ended August 31, 2016, 2015, and 2014.

	As of August 31,		
	2016	2015	2014
Discharges			
Acute	25,075	25,438	24,413
Behavioral Health	688	608	679
Total	<u>25,763</u>	<u>26,046</u>	<u>25,092</u>
Patient Days			
Acute	144,428	140,125	135,244
Behavioral Health	10,110	10,201	9,684
Subtotal	<u>154,538</u>	<u>150,326</u>	<u>144,928</u>
Short Stay Outpatient	19,192	13,551	10,741
Total	<u>173,730</u>	<u>163,877</u>	<u>155,669</u>
Average Daily Census			
Acute	394.6	382.9	370.5
Behavioral Health	27.6	27.9	26.5
Total	<u>422.2</u>	<u>410.8</u>	<u>397.0</u>
Average Length of Stay			
Acute	5.8	5.5	5.5
Behavioral Health	14.7	16.8	14.3
Average	<u>6.0</u>	<u>5.8</u>	<u>5.8</u>
Case Mix Index	2.38	2.25	2.20
Emergency Room Visits ⁽¹⁾	71,500	68,643	62,344
Short Stay Outpatient Procedures	38,703	36,226	32,441
Other Outpatient Visits	696,953	563,609	529,498
Surgeries			
Inpatient	13,580	13,874	13,028
Outpatient	20,466	19,082	17,723
Total	<u>34,046</u>	<u>32,956</u>	<u>30,751</u>

⁽¹⁾ Includes patients admitted as inpatients.

EXHIBIT 4

BACKGROUND AND LICENSURE

Background

Stanford Health Care (“SHC”), formerly known as Stanford Hospital and Clinics, is a principal teaching affiliate of the Stanford University School of Medicine (“School of Medicine”) and provides primary and specialty health services to adults, including cardiac care, cancer treatment, solid organ transplantation services, orthopedics and neurosciences services. SHC, together with Lucile Salter Packard Children’s Hospital at Stanford, operates the clinical settings through which the School of Medicine educates medical and graduate students, trains residents, and clinical fellows, supports faculty and community clinicians and conducts medical and biological sciences research.

The principal clinical facilities of SHC are the Stanford Hospital, a 613-licensed bed tertiary, quaternary and specialty hospital (the “Hospital”), and the primary, specialty and sub-specialty clinics (the “Clinics” and, together with Hospital, the “Hospital and Clinics”) in which medical faculty of the School of Medicine provide clinical services. The Hospital and the majority of the Clinics are located on the campus of Stanford University adjacent to the School of Medicine in Palo Alto, California. Other Clinics are located elsewhere on the campus, and in 60 plus neighboring communities across the bay area.

SHC is currently constructing a new 824,000-square-foot facility (the new “Stanford Hospital”), which is expected to be complete by February 2019. Through the new Stanford Hospital, SHC is adding more beds, private rooms, state-of-the-art operating suites, expanded emergency services and the flexibility the hospital will need to adapt to advancing technologies and more streamlined services. The new Stanford Hospital will deliver a model of coordinated care that’s built around the unique physical and emotional needs of each patient. The new Stanford Hospital will feature amenities and services focused on the health and well-being of patients, as well as the most advanced diagnostic, therapeutic and surgical technologies. The new Emergency Department will have twice the floor space of the current facility.

In the fiscal year ending August 31, 2016, SHC treated more than 71,500 patients in its emergency room, admitted more than 25,700 inpatients and recorded nearly 697,000 outpatient transactions

Licensure and Memberships

SHC is licensed by the California Department of Public Health as a general acute care facility and is certified to participate in the Medicare and Medi-Cal programs. SHC is fully accredited by The Joint Commission.

EXHIBIT 5
PROJECT SITES

- 300 Pasteur Drive, Palo Alto, CA
- 875 and 900 Blake Wilbur Drive, Palo Alto, CA
- 211 and 401 Quarry Road, Palo Alto, CA
- 700, 750, 770, 777, 780, 800, 801, 900, 1000, and 1101 Welch Road, Palo Alto, CA
- 420, 430, 440, and 450 Broadway Avenue, Redwood City, CA

RESOLUTION NO. 430

RESOLUTION OF THE CALIFORNIA HEALTH FACILITIES FINANCING AUTHORITY AUTHORIZING THE ISSUANCE OF REVENUE BONDS TO REFINANCE PROJECTS AT THE HEALTH FACILITIES OF STANFORD HEALTH CARE

WHEREAS, the California Health Facilities Financing Authority (the "Authority"), a public instrumentality of the State of California, is authorized and empowered by the provisions of the California Health Facilities Financing Authority Act (the "Act") to issue revenue bonds and loan proceeds thereof to any participating health institution to finance the construction, expansion, remodeling, renovation, furnishing, equipping and acquisition of health facilities (including by reimbursing expenditures made for such purposes), to refinance indebtedness of a participating health institution in connection therewith and to refund any outstanding bonds or any outstanding series or issue of bonds of the Authority;

WHEREAS, Stanford Health Care is a nonprofit public benefit corporation duly organized and existing under the laws of the State of California (the "Borrower") which owns and operates health care facilities in the State of California;

WHEREAS, the Authority has previously issued (i) the California Health Facilities Financing Authority Refunding Revenue Bonds (Stanford Hospitals and Clinics), 2008 Series A-1 (the "2008 Series A-1 Bonds") in the aggregate principal amount of \$70,500,000, of which \$66,985,000 is currently outstanding, (ii) the California Health Facilities Financing Authority Refunding Revenue Bonds (Stanford Hospitals and Clinics), 2008 Series A-2 (the "2008 Series A-2 Bonds") in the aggregate principal amount of \$104,100,000, of which \$99,100,000 is currently outstanding, (iii) the California Health Facilities Financing Authority Refunding Revenue Bonds (Stanford Hospitals and Clinics), 2008 Series A-3 (the "2008 Series A-3 Bonds," and, together with the 2008 Series A-1 Bonds and 2008 Series A-2 Bonds, hereinafter collectively referred to as the "2008 Series Bonds") in the aggregate principal amount of \$85,700,000, of which \$80,090,000 is currently outstanding, (iv) the California Health Facilities Financing Authority Refunding Revenue Bonds (Stanford Hospital and Clinics), 2010 Series A (the "2010 Series A Bonds") in the aggregate principal amount of \$149,345,000, of which \$113,475,000 is currently outstanding, and (v) the California Health Facilities Financing Authority Refunding Revenue Bonds (Stanford Hospital and Clinics), 2010 Series B (the "2010 Series B Bonds, and, together with the 2010 Series A Bonds, hereinafter collectively referred to as the "2010 Series Bonds") in the aggregate principal amount of \$146,710,000, all of which is currently outstanding;

WHEREAS, the 2008 Series Bonds refinanced a portion of the California Health Facilities Financing Authority Revenue Bonds (Stanford Hospital and Clinics), 2006 Series A-1, 2006 Series A-2, 2006 Series A-3, 2006 Series B-1 and 2006 Series B-2 and the 2010 Series Bonds refinanced the California Health Facilities Financing Authority Revenue Bonds (UCSF-Stanford Health Care), 1998 Series B, the proceeds of

which were applied to acquire SHC Facilities financed by the California Health Facilities Financing Authority Stanford University Hospital Revenue Bonds, 1990 Series A, the ABAG Finance Authority For Nonprofit Corporations Certificates of Participation (Stanford University Hospital) Series 1993 and the ABAG Finance Authority For Nonprofit Corporations Certificates of Participation (Stanford Health Services) Series 1995, and the California Health Facilities Financing Authority Revenue Bonds (Stanford Hospital and Clinics), 2003 Series B, 2003 Series C and 2003 Series D;

WHEREAS, the 2008 Series Bonds and the 2010 Series Bonds (hereinafter collectively referred to as the "Prior Bonds") refinanced indebtedness incurred in connection with the acquisition, construction, renovation, expansion and equipping of certain portions of the acute care hospital facilities and related health care facilities owned and operated by the Borrower (hereinafter collectively referred to as the "Project") as more particularly described in Exhibit A hereto;

WHEREAS, the Borrower has requested that the Authority issue one or more series of its revenue bonds in an aggregate principal amount not to exceed \$575,000,000 and make one or more loans of the proceeds thereof to the Borrower (i) to refund all or any portion of the outstanding Prior Bonds and (ii) at the sole option of the Borrower, to pay costs of issuance of such revenue bonds;

WHEREAS, to the extent required by subdivision (b) of Section 15455 of the California Government Code, the Borrower has provided documentation to the Authority demonstrating that the Project has complied with Division 13 (commencing with Section 21000) of the California Public Resources Code, or is not a "project" under such division; and

WHEREAS, approval of the terms of issuance and sale of such revenue bonds and various related matters is now sought;

NOW, THEREFORE, BE IT RESOLVED by the California Health Facilities Financing Authority, as follows:

Section 1. Pursuant to the Act, revenue bonds of the Authority designated as the "California Health Facilities Financing Authority Refunding Revenue Bonds (Stanford Health Care)" (the " Bonds") in a total aggregate principal amount not to exceed \$575,000,000 are hereby authorized to be issued from time to time, in one or more series, with such other name or names of the Bonds or series thereof as designated in the indenture pursuant to which the Bonds will be issued. The proceeds of the Bonds shall be used for any or all of the purposes set forth in the sixth recital above.

Section 2. The Treasurer of the State of California (the "Treasurer") is hereby authorized to enter into agreements to sell the Bonds in one or more series, on one or more sale dates, at any time prior to the first anniversary of the date of the adoption of this Resolution, at public or private sale, in such aggregate amounts (not to exceed the aggregate principal amount set forth in Section 1 hereof) and in such series, at such price or prices (so long as the discount on the Bonds sold shall not exceed six percent (6%) of the par value thereof) and at such interest rate or rates and upon such other terms and conditions as the Treasurer, with the advice and consent of the Borrower, may determine.

The Bonds shall, at issuance, be rated investment grade by a nationally recognized rating agency. The Bonds or any series thereof may, at the sole option of the Borrower, be secured by deeds of trust, a reserve fund, bond insurance, one or more credit facilities or other security arrangements and/or supported by one or more liquidity facilities.

Section 3. The proposed forms of the following documents:

(i) a loan agreement relating to the Bonds (the "Loan Agreement"), between the Authority and the Borrower;

(ii) an indenture relating to the Bonds (the "Indenture"), between the Authority and The Bank of New York Mellon Trust Company, N.A., as trustee (the "Trustee");

(iii) a bond purchase contract, including the exhibits thereto, relating to the Bonds (the "Purchase Contract"), among Morgan Stanley & Co., LLC ("Morgan Stanley"), as representative (the "Representative"), acting on behalf of itself, Goldman Sachs & Co. LLC ("Goldman") and Barclays Capital Inc. ("Barclays," and, together with Morgan Stanley and Goldman, hereinafter collectively referred to as the "Underwriters"), the Treasurer and the Authority, and approved by the Borrower; and

(iv) a preliminary official statement relating to the Bonds (the "Preliminary Official Statement")

are hereby approved in substantially the forms on file with the Authority prior to this meeting, with such insertions, deletions or changes therein (including, without limitation, insertions, deletions or changes therein appropriate to reflect provisions relating to a deed of trust, a bond reserve fund, bond insurance, any other credit and/or liquidity facility and/or another security arrangement, at the sole option of the Borrower, for any series of Bonds) as the officer(s) executing and/or delivering the same may require or approve, such approval to be conclusively evidenced by execution and/or delivery thereof in the case of the Loan Agreement, the Indenture and the Purchase Contract and by delivery thereof in the case of the Preliminary Official Statement. The Executive Director shall seek the advice of bond counsel and counsel to the Authority with respect to any such insertions, deletions or changes therein.

Section 4. The Authority hereby specifically finds and declares that the findings of the Authority set forth in the Loan Agreement are true and correct.

Section 5. The dated dates, maturity dates (not exceeding 40 years from the date of issue), interest rates, interest payment dates, denominations, forms, registration privileges or requirements, place or places of payment, terms of tender or purchase, terms of redemption, provisions governing transfer, and other terms of the Bonds, including provisions for a credit facility and/or a liquidity facility, as applicable, from time to time, shall be as provided in the Indenture, as finally executed.

Section 6. The Underwriters are hereby authorized to distribute a Preliminary Official Statement for the Bonds to persons who may be interested in the purchase of such Bonds offered in such issuance, it being understood that, at the discretion of the Representative (in consultation with the Borrower), a preliminary official statement may not be required to be used with respect to any series of Bonds. The Underwriters are hereby directed to deliver a final Official Statement (the "Official Statement") to all actual purchasers of the Bonds.

Section 7. The Bonds, when executed, shall be delivered to the Trustee for authentication by the Trustee. The Trustee is hereby requested and directed to authenticate the Bonds by executing the Trustee's Certificate of Authentication appearing thereon, and to deliver the Bonds, when duly executed and authenticated, to or upon the direction of the Representative in accordance with written instructions executed on behalf of the Authority, which instructions are hereby approved. Said instructions shall provide for the delivery of the Bonds to or upon the direction of the Representative, as determined and confirmed by the Treasurer, upon payment of the purchase price thereof

Section 8. Each officer of the Authority is hereby authorized and directed, for and in the name of and on behalf of the Authority, to do any and all things which they may deem necessary or advisable in order to consummate the issuance, sale and delivery of the Bonds and otherwise to effectuate the purposes of this Resolution and the Indenture, the Loan Agreement, the Purchase Contract, and the Official Statement. The Authority hereby approves any and all documents to be delivered in furtherance of the foregoing purposes, including without limitation: (a) a tax certificate and agreement and other certificates; (b) any agreement with respect to the provision of bond insurance, a letter of credit, a surety bond, a credit facility and/or a liquidity facility for any series of the Bonds; and any escrow agreement or escrow instructions required in connection with the refunding of the Prior Bonds.

Section 9. The provisions of the Authority's Resolution No. 2017-01 apply to the documents and actions approved in this Resolution.

Section 10. The Authority hereby approves and ratifies each and every action taken by its officers, agents and employees prior to the date hereof in furtherance of the purposes of this Resolution.

Section 11. This Resolution shall take effect from and after the date of adoption.

Date of Adoption: _____

Exhibit A

Description of the Project

The Project to be refinanced is comprised of the acquisition, construction, renovation, expansion and equipping of certain portions of the acute care hospital facilities and related health care facilities (collectively, the "SHC Facilities") owned and operated by Stanford Health Care, including the main acute care hospital facility and the outpatient center. SHC Facilities being refinanced are located: (i) on the Stanford Health Care campus in Palo Alto and Stanford, California, at and in the vicinity of the area bounded by Welch Road, Quarry Road and Campus Drive, including, 300 Pasteur Drive, 875 Blake Wilbur Drive, 900 Blake Wilbur Drive, 211 Quarry Road, 401 Quarry Road, 700 Welch Road, 750 Welch Road, 770 Welch Road, 777 Welch Road, 780 Welch Road, 800 Welch Road, 801 Welch Road, 900 Welch Road, 1000 Welch Road, and 1101 Welch Road; and (ii) in Redwood City, California at 420 Broadway Avenue, 430 Broadway Avenue, 440 Broadway Avenue, and 450 Broadway Avenue.

Exhibit FF

10/21/2017 Not-for-profits dominate top-10 list of hospitals with highest margins - Modern Healthcare Modern Healthcare business news, research, data &...
 about 3,000 acute-care hospitals, is a snapshot of one year's financial performance and does not capture prior or subsequent performance.

100 most profitable hospitals by patient-service surplus

Patient care surplus Δ	Surplus per adjusted discharge	Hospital	Not-for-profit, for-profit, government	City	Patient service surplus	Syst
\$302,474,944	\$4,240.8	GUNDERSEN LUTHERAN MEDICAL CENTER I	NFP	LA CROSSE	WI	null
\$271,878,144	\$2,244.19	SUTTER MEDICAL CENTER - SACRAMENTO	NFP	SACRAMENTO	CA	SUTI
\$224,661,648	\$1,339.49	STANFORD HOSPITAL & CLINICS	NFP	PALO ALTO	CA	null
\$211,179,952	\$1,162.15	NORTON HOSPITAL	NFP	LOUISVILLE	KY	NOR HEAL
\$210,347,536	\$3,584.04	MEDICAL CITY DALLAS HOSPITAL	FP	DALLAS	TX	HCA
		SWEDISH				

But officials at Gundersen and Sutter challenged the study's methodology, arguing that it's wrong to calculate what the authors refer to as profitability from the Medicare cost reports of a single hospital in a larger system.

"It's misleading and of limited value to look at the stand-alone portion of the hospital," said Dara Bartels, chief financial officer at Gundersen, an integrated delivery system that also operates four critical-access facilities, a number of clinics, a health plan and other entities. "It's different from if you look across our entire system."

"Analyzing Medicare cost reports of a single care center within an integrated ... healthcare network isn't a constructive or relevant exercise," said Bill Gleeson, a spokesman for Sutter Health, which has faced **heavy criticism** (<http://www.modernhealthcare.com/article/20160407/NEWS/160409908>) from payers for its prices. Gleeson said his system had a combined margin of 2.6% in 2015, and reinvested all those earnings into services for its communities.

News

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PAST RELEASES

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May 2, 2016

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SEVEN OF TOP 10 MOST PROFITABLE U.S. HOSPITALS ARE NONPROFIT

Seven of the 10 most profitable hospitals in the United States in 2013 – each earning more than \$163 million in profits from patient care services – were nonprofit hospitals, according to new research from the Johns Hopkins Bloomberg School of Public Health and Washington and Lee University.

The findings, reported in the May issue of the journal *Health Affairs*, show that while the majority of U.S. hospitals lost money caring for patients, a small percentage earned large profits. The results raise questions about whether peculiarities in the payment systems or some other factors are creating these outsized winners.

In the fiscal year ending Sept. 30, 2013, for example, the 239-bed nonprofit Gundersen Lutheran Medical Center in La Crosse, Wisconsin, was the most profitable hospital in the U.S., earning a profit of \$302.5 million, or \$4,241 per patient.

"A small subset of nonprofit hospitals are earning substantial profits," says study leader Gerard F. Anderson, PhD, a professor in the Department of Health Policy and Management at the Bloomberg School. "Either they're doing something right or they are taking advantage of a flawed payment system. Perhaps the most important question is what are they doing with all of that money?"

Anderson, who authored the study with Ge Bai, PhD, CPA, an assistant accounting professor at Washington and Lee University, believes that the most profitable hospitals have monopolies, or near monopolies, in their communities. This allows these hospitals to charge very high rates to private insurers, which are in a bind because they must have these hospitals in their networks in order to attract customers.

"All hospitals should make a little profit," Bai says. "But some hospitals are obtaining outrageous profits."

For their study, Bai and Anderson analyzed fiscal year 2013 for about 3,000 acute care hospitals of which 59 percent were nonprofit, 25 percent were for-profit and 16 percent were public. To measure profitability, they used net income from patient care services, leaving out profits from non-patient care activities such as investments, charitable contributions, tuition, parking fees, the hospital cafeteria and rental space.

Overall, Bai and Anderson found that more than half of all hospitals incurred small losses from patient care services for each patient (a median loss of \$62). Hospitals that were part of a hospital system were more

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profitable, perhaps because they could use their weight to negotiate higher prices from insurers. Hospitals with the highest price markups earned the largest profits. Rural hospitals, those with 50 or fewer beds and major teaching hospitals tended to lose more than urban hospitals, larger hospitals and those with minor or no teaching component.

In 2013, Medicare and Medicaid payments were primarily based on the fee-for-service model, which incentivizes hospitals and physicians to conduct more tests and procedures in order to earn more money. The new model, a value-based model, under development will reward hospitals whose patients have the best outcomes. Bai says it isn't clear how the new system, being phased in over the next several years, will alter the landscape of hospital profitability. It is possible, she says, that different hospitals will become the most profitable under the new system.

"The system is broken when nonprofit hospitals are raking in such high profits," Anderson says. "The most profitable hospitals should either lower their prices or put those profits into other services within the community. We need to develop incentives that allow all hospitals to make a fair profit while at the same time keeping prices reasonable."

"A More Detailed Understanding of Factors Associated with Hospital Profitability" was written by Ge Bai and Gerard Anderson.

Ten U.S. Hospitals with Highest Profit from Patient Care Services

1. Gunderson Lutheran Medical Center, La Crosse, WI | Nonprofit | Profit: \$302.5 million
2. Sutter Medical Center, Sacramento, CA | Nonprofit | Profit: \$271.9 million
3. Stanford Hospital and Clinics, Palo Alto, CA | Nonprofit | Profit: \$224.7 million
4. Norton Hospital, Louisville, KY | Nonprofit | Profit: \$211.2 million
5. Medical City Dallas Hospital, Dallas, TX | For profit | Profit: \$210.3 million
6. Swedish Medical Center, Englewood, CO | For profit | Profit: \$192.5 million
7. Hospital of the University of Pennsylvania, Philadelphia, PA | Nonprofit | Profit: \$184.5 million
8. Methodist Hospital, San Antonio, TX For profit | Profit: \$172.4 million
9. Sacred Heart Medical Center, Riverbend, Springfield, OR | Nonprofit | Profit: \$171.2 million
10. Carol Foundation Hospital, Urbana, IL | Nonprofit | Profit: \$163.5 million

* * *

Media contacts for the Johns Hopkins Bloomberg School of Public Health: Stephanie Desmon at 410-955-7619 or sdesmon1@jhu.edu and Susan Murrain at 410-955-7624 or smurrain1@jhu.edu.

Johns Hopkins Bloomberg School of Public Health
615 N. Wolfe Street, Baltimore, MD 21205

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Exhibit GG



Stanford
HEALTH CARE

STANFORD MEDICINE

**ANNUAL DISCLOSURE REPORT
OF
STANFORD HEALTH CARE
FOR
THE FISCAL YEAR ENDED AUGUST 31, 2016**

DATED JANUARY 25, 2017

ANNUAL DISCLOSURE REPORT
OF
STANFORD HEALTH CARE
FOR
THE FISCAL YEAR ENDED AUGUST 31, 2016

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I. INTRODUCTION

Pursuant to the following Continuing Disclosure Agreements (the “Disclosure Agreements”) executed and delivered in connection with the related bond issues (the “Bonds”), Stanford Health Care (the “Corporation”) hereby provides its annual disclosure report for the fiscal year ended August 31, 2016 (the “Annual Disclosure Report”):

- Continuing Disclosure Agreement dated June 2, 2008 (the “Series 2008 Disclosure Agreement”) relating to the original issue of \$156,200,000 California Health Facilities Financing Authority Revenue Bonds (Stanford Hospital and Clinics) 2008 Series A-1 and A-3;
- Continuing Disclosure Agreement dated June 16, 2010 (the “Series 2010 Disclosure Agreement”) relating to the original issue of \$296,055,000 California Health Facilities Financing Authority Refunding Revenue Bonds (Stanford Hospital and Clinics) 2010 Series A and B;
- Continuing Disclosure Agreement dated June 15, 2011 (the “Series 2011 Disclosure Agreement”) relating to the reoffering of \$272,365,000 California Health Facilities Financing Authority Refunding Revenue Bonds (Stanford Hospital and Clinics) 2008 Series A-2, A-3 and B-2;
- Continuing Disclosure Agreement dated May 23, 2012, relating to the original issue of \$408,320,000 California Health Facilities Financing Authority Revenue Bonds (Stanford Hospital and Clinics) 2012 Series A and B;
- Continuing Disclosure Agreement dated May 23, 2012, relating to the original issue of \$60,000,000 California Health Facilities Financing Authority Revenue Bonds (Stanford Hospital and Clinics) 2012 Series C; and
- Continuing Disclosure Agreement dated June 30, 2015, relating to the original issue of \$100,000,000 California Health Facilities Financing Authority Revenue Bonds (Stanford Health Care) 2015 Series A.

The Bonds are identified together with their corresponding CUSIPs in Appendix A of this Annual Disclosure Report.

Annual Report

The Corporation’s Annual Disclosure Report includes this Introduction and the attached appendices. This Annual Disclosure Report is filed with the Municipal Securities Rulemaking Board and is located at <http://emma.msrb.org/> in accordance with the Disclosure Agreements and rules promulgated by the Securities Exchange Commission. Additionally, the Treasury department of the Corporation maintains a world-wide web site to which it makes certain disclosure documents available to the general public at <https://stanfordhealthcare.org/about-us/bondholder-general-financial-information.html>.

Other Matters

This Annual Disclosure Report is provided solely pursuant to the Disclosure Agreements. The filing of this Annual Disclosure Report does not constitute or imply any representation (i) that all of the information provided is material to investors, (ii) regarding any other financial, operating

or other information about the Corporation or the Bonds, or (iii) that no changes, circumstances or events have occurred since the end of the fiscal year to which this Annual Disclosure Report relates (other than as contained in this Annual Disclosure Report), or any other date specified with respect to any of the information contained in this Annual Disclosure Report, or that no other information exists, which may have a bearing on the security for the Bonds, or an investor's decision to buy, sell, or hold the Bonds. The information contained in this Annual Disclosure Report has been obtained from sources which are believed to be reliable, but such information is not guaranteed as to accuracy or completeness. No statement in this Annual Disclosure Report should be construed as a prediction or representation about future financial performance of the Corporation.

Cautionary Statement Regarding Forward-Looking Statements in this Annual Disclosure Report

Certain statements and information in this Annual Disclosure Report constitute "forward-looking statements." Such statements generally are identifiable by the terminology used, such as "plan," "expect," "estimate," "budget," "assume," or other similar words. Such forward-looking statements include but are not limited to certain interest expense estimates under the caption "DEBT SERVICE REQUIREMENTS" in this Annual Disclosure Report and certain statements in Appendix B attached hereto.

The achievement of the results or other expectations contained in such forward-looking statements involves known and unknown risks, uncertainties and other factors that may cause actual results, performance or achievements described to be materially different from any future results, performance or achievements expressed or implied by such forward-looking statements. The Corporation does not plan to issue any updates or revisions to those forward-looking statements if or when changes in its expectations or events, conditions or circumstances, on which such statements are based occur.

Capitalized terms not otherwise defined herein shall have the meanings set forth in the applicable Disclosure Agreement.

Dated: January 25, 2017

STANFORD HEALTH CARE

By: /s/ David J. Connor
Interim Chief Financial Officer

II. AUDITED CONSOLIDATED FINANCIAL STATEMENTS FOR THE FISCAL YEARS ENDED AUGUST 31, 2015 AND 2014

The Audited Consolidated Financial Statements of the Corporation and subsidiaries (the “Financial Statements”) for the fiscal year ended August 31, 2016 with comparative data for 2015 are presented in Appendix B. See Note 2 to the Financial Statements for a summary of significant accounting policies.

III. DEBT SERVICE REQUIREMENTS

The table below sets forth, for each year ending August 31, the amounts required to be paid by the Corporation for payment of the principal, whether by payment or maturity or mandatory sinking account redemption, and interest on all the outstanding bonds of the Corporation. Interest on the 2008 Series B Bonds during future periods has been estimated at an assumed rate based upon the interest rate exchange agreements in effect as of August 31, 2016.

Fiscal Year Ending August 31	Debt Service						Total	
	2008 Series A	2008 Series B ⁽¹⁾	2010 Series A & B	2012 Series A & B	2012 Series C & D ⁽²⁾⁽³⁾	2015 Series A	2015 Series B ⁽⁴⁾	Debt Service
2016	15,645,071	6,109,017	19,743,738	24,862,800	6,341,723	4,812,500	1,892,603	79,407,451
2017	14,662,665	6,092,211	19,712,838	25,335,400	6,324,277	4,812,500	1,887,397	78,827,288
2018	14,600,728	6,100,614	19,707,838	24,845,150	6,333,000	4,812,500	1,890,000	78,289,829
2019	14,687,478	6,100,614	19,698,588	25,319,150	6,333,000	4,812,500	1,890,000	78,841,329
2020	13,739,228	6,109,017	19,689,463	25,311,650	6,341,723	4,812,500	1,892,603	77,896,183
2021	15,314,228	6,092,211	19,684,588	24,822,900	6,324,277	4,812,500	1,887,397	78,938,100
2022	13,880,978	6,100,614	19,673,213	25,295,500	6,333,000	4,812,500	1,890,000	77,985,804
2023	15,140,596	6,100,614	19,664,588	24,801,500	6,333,000	4,812,500	1,890,000	78,742,798
2024	14,498,228	6,109,017	23,568,838	17,000,000	8,229,833	4,812,500	1,892,603	76,111,018
2025	14,467,765	6,092,211	26,957,888	17,000,000	8,226,347	4,812,500	1,887,397	79,444,107
2026	14,360,315	6,100,614	27,027,925	17,000,000	8,229,673	4,812,500	1,890,000	79,421,027
2027	13,741,790	6,100,614	27,543,644	17,000,000	8,230,953	4,812,500	1,890,000	79,319,501
2028	14,976,409	6,109,017	26,258,956	17,230,000	8,236,584	4,812,500	1,892,603	79,516,069
2029	13,584,040	6,092,211	27,579,700	17,318,500	8,233,790	4,812,500	1,887,397	79,508,138
2030	14,741,671	6,100,614	26,380,038	17,352,000	8,235,678	4,812,500	1,890,000	79,512,500
2031	14,298,471	6,100,614	26,752,438	17,423,000	8,235,374	4,812,500	1,890,000	79,512,397
2032	13,652,128	6,109,017	27,329,581	17,479,500	8,243,210	4,812,500	1,892,603	79,518,539
2033	26,394,559	6,092,211	14,562,625	17,527,000	8,238,488	4,812,500	1,887,397	79,514,780
2034	25,440,815	6,100,614	15,313,375	17,720,750	8,241,049	4,812,500	1,890,000	79,519,103
2035	26,028,246	6,100,614	14,508,250	17,938,250	8,241,150	4,812,500	1,890,000	79,519,010
2036	25,152,909	6,109,017	11,043,750	22,267,750	8,247,850	4,812,500	1,892,603	79,526,379
2037	25,226,696	6,092,211	11,018,750	22,553,000	7,662,514	4,812,500	1,887,397	79,253,068
2038	38,901,740	6,100,614	-	20,015,250	7,428,869	4,812,500	1,890,000	79,148,973
2039	38,931,121	6,100,614	-	19,449,250	7,966,126	4,812,500	1,890,000	79,149,611
2040	38,426,928	6,109,017	-	19,862,000	8,055,919	4,812,500	1,892,603	79,158,966
2041	35,978,470	6,092,211	-	21,985,500	8,402,467	4,812,500	1,887,397	79,158,545
2042	-	36,351,487	-	26,907,750	9,209,494	4,812,500	1,890,000	79,171,230
2043	-	36,248,279	-	26,963,000	9,267,550	4,812,500	1,890,000	79,161,329
2044	-	36,597,687	-	26,616,500	9,279,946	4,812,500	1,892,603	79,199,236
2045	-	36,637,350	-	26,546,750	9,327,010	4,812,500	1,887,397	79,211,007
2046	-	36,833,935	-	26,334,250	9,355,059	4,812,500	1,890,000	79,225,745
2047	-	-	-	56,609,750	15,929,580	4,812,500	1,890,000	79,241,830
2048	-	-	-	56,377,750	16,220,517	4,812,500	1,892,603	79,303,371
2049	-	-	-	56,196,250	16,461,149	4,812,500	1,887,397	79,357,295
2050	-	-	-	56,002,750	16,719,352	4,812,500	1,890,000	79,424,602
2051	-	-	-	55,807,500	16,981,599	4,812,500	1,890,000	79,491,599
2052	-	-	-	-	-	36,657,500	26,296,104	62,953,604
2053	-	-	-	-	-	36,652,750	26,298,031	62,950,781
2054	-	-	-	-	-	36,655,500	26,290,388	62,945,888
Total	\$ 526,473,270	\$ 341,284,702	\$ 463,420,606	\$ 949,078,050	\$ 326,001,128	\$ 283,215,750	\$ 146,924,524	\$ 3,036,398,031

(1) Assumes interest on the 2008 Series B Variable Rate Bonds is payable at the related interest rate swap rate of 3.627% to maturity

(2) Assumes interest on the 2012 Series C Bonds is payable at the related interest rate swap of 3.365% until 2036, and 2.00% thereafter to maturity;

(3) Assumes interest on the 2012 Series D Bonds is payable at the related interest rate swap of 4.314% to maturity

(4) Assumes that interest on the 2015 Series B Bonds is payable at 2.52% to maturity;

IV. SELECTED FINANCIAL AND OPERATING DATA WITH RESPECT TO THE FISCAL YEARS ENDED AUGUST 31, 2016 AND 2015

The Selected Financial and Operating Data with Respect to the Fiscal Years Ended August 31, 2016 and 2015 below should be read in conjunction with the Financial Statements and accompanying notes.

The tables below present (i) Historical Utilization, (ii) Historical Consolidated Capitalization, (iii) Liquidity, (iv) Maximum Annual Debt Service Coverage, and (v) Sources of Gross Patient Service Revenue.

(i) Historical Utilization

		Fiscal Years Ended	
		August 31,	
		2016	2015
Discharges			
	Acute	25,075	25,438
	Behavioral Health	688	608
	Total	25,763	26,046
Patient Days			
	Acute	144,428	140,125
	Behavioral Health	10,110	10,201
	subtotal	154,538	150,326
	Short Stay OP	19,192	13,551
	Total	173,730	163,877
Average Daily Census			
	Acute	394.6	382.9
	Behavioral Health	27.6	27.9
	Total	422.2	410.8
Average Length of Stay			
	Acute	5.8	5.5
	Behavioral Health	14.7	16.8
	Total	6.0	5.8
Case Mix Index		2.38	2.25
Emergency room visits*		71,500	68,643
Short Stay OP procedures		38,703	36,226
Other Outpatient visits		696,953	563,609
Surgeries			
	Inpatient	13,580	13,874
	Outpatient	20,466	19,082
	Total	34,046	32,956

Source: Corporation records

* ER visits include patients who got admitted as inpatients.

(ii)
Historical Consolidated Capitalization
(Dollars in Thousands)

	Fiscal Years Ended August 31,	
	2016	2015
Debt		
Long-term debt, net of current portion	\$ 1,220,789	\$ 1,237,396
Current portion	13,756	14,264
Debt subject to short-term remarketing	228,200	228,200
Total debt*	1,462,745	1,479,860
Consolidated net assets	2,469,170	2,490,372
Total consolidated capitalization	\$ 3,931,915	\$ 3,970,232
Debt as a Percentage of Total Consolidated Capitalization	37.2%	37.3%

* Includes unamortized original issue premium.

(iii)
Liquidity
(Dollars in Thousands)

	Fiscal Years Ended August 31,	
	2016	2015
Cash and cash equivalents	\$ 690,460	\$ 577,354
Investments	235,900	127,860
Investments in University managed pool	1,316,489	1,440,352
Less temporarily and permanently restricted assets	(93,934)	(102,170)
Total liquid assets	\$ 2,148,915	\$ 2,043,396
Days Cash On Hand	206.3	234.6

(iv)
Maximum Annual Debt Service Coverage
(Dollars in Thousands)

	Fiscal Years Ended August 31,	
	2016	2015
Excess of revenues over expenses	\$ 69,904	\$ 389,236
Depreciation and amortization expense	136,442	109,735
Interest expense	39,661	40,485
Change in value of University managed pools	(24,181)	(54,309)
Interest rate swap mark to market adjustment	115,958	59,392
Contribution income from ValleyCare affiliation	0	(96,758)
Loss on extinguishment of debt and swaps	0	35
Funds available for debt service	<u>\$ 337,784</u>	<u>\$ 447,816</u>
Maximum annual debt service	<u>\$79,526</u>	<u>\$79,526</u>
Maximum Annual Debt Service Coverage	4.2	5.6

(v)
Sources of Gross Patient Service Revenue

	Fiscal Year Ended August 31,	
	2016	2015
Medicare	34%	34%
Medi-Cal	4	4
Managed Care – Capitation	-	-
Managed Care – Discounted Fee for Services	55	55
Indemnity Insurance, Self-Pay, Other	7	7
Total	<u>100%</u>	<u>100%</u>

APPENDIX A

Bond Issues and Related CUSIP Numbers

**California Health Facilities Financing Authority
Refunding Revenue Bonds
(Stanford Hospital and Clinics)
2008 Series A-1**

CUSIP	Maturity Date	Interest Rate (%)	Original Principal Amount
13033LHK6	11/15/2016	3.50	\$ 425,000
13033LHL4	11/15/2017	4.00	425,000
13033LHM2	11/15/2018	4.00	475,000
13033LHN0	11/15/2019	4.00	225,000
13033LHP5	11/15/2020	4.00	675,000
13033LHR1	11/15/2021	4.00	300,000
13033LHQ3	11/15/2040	5.15	65,310,000

**California Health Facilities Financing Authority
Refunding Revenue Bonds
(Stanford Hospital and Clinics)
2008 Series A-2**

CUSIP	Maturity Date	Interest Rate (%)	Original Principal Amount
13033LNA1	11/15/2016	4.00	\$ 625,000
13033LNB9	11/15/2017	4.00	625,000
13033LNC7	11/15/2018	4.00	700,000
13033LND5	11/15/2019	4.00	325,000
13033LNE3	11/15/2020	5.00	1,000,000
13033LNF0	11/15/2021	5.00	450,000
13033LNG8	11/15/2040	5.25	96,625,000

**California Health Facilities Financing Authority
Refunding Revenue Bonds
(Stanford Hospital and Clinics)
2008 Series B-2-1**

CUSIP	Maturity Date	Current Commercial Paper Interest Rate (%)	Original Principal Amount
13033LNX1	11/15/2045	0.73	\$ 42,050,000

**California Health Facilities Financing Authority
Refunding Revenue Bonds
(Stanford Hospital and Clinics)
2008 Series B-2-2**

CUSIP	Maturity Date	Current Commercial Paper Interest Rate (%)	Original Principal Amount
13033LNY9	11/15/2045	0.70	\$ 42,050,000

**California Health Facilities Financing Authority
Refunding Revenue Bonds
(Stanford Hospital and Clinics)
2010 Series B**

CUSIP	Maturity Date	Interest Rate (%)	Original Principal Amount
13033LJJ7	11/15/2025	4.50	\$ 1,715,000
13033LJK4	11/15/2025	5.00	18,180,000
13033LJL2	11/15/2031	5.75	33,000,000
13033LJG3	11/15/2031	5.25	34,515,000
13033LJH1	11/15/2036	5.00	59,300,000

California Health Facilities Financing Authority
Revenue Bonds
(Stanford Hospital and Clinics)
2012 Series B

CUSIP	Maturity Date	Interest Rate (%)	Original Principal Amount
13033LYX9	08/15/2017	5.00	6,105,000
13033LYY7	08/15/2018	3.00	2,000,000
13033LZG5	08/15/2018	5.00	3,920,000
13033LYZ4	08/15/2019	5.00	6,650,000
13033LZA8	08/15/2020	4.00	2,500,000
13033LZH3	08/15/2020	5.00	4,475,000
13033LZB6	08/15/2021	4.00	6,810,000
13033LZC4	08/15/2022	4.00	875,000
13033LZJ9	08/15/2022	5.00	6,680,000
13033LZD2	08/15/2023	5.00	7,430,000

**California Health Facilities Financing Authority
Revenue Bonds
(Stanford Health Care)
2015 Series A**

CUSIP	Maturity Date	Interest Rate (%)	Original Principal Amount
13033L8Q3	08/15/2052	4.25	\$ 25,000,000
13033L8P5	08/15/2054	5.00	\$ 75,000,000

Stanford Health Care

**Consolidated Financial Statements
and Accompanying Consolidating Information
August 31, 2016 and 2015**

Stanford Health Care
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August 31, 2016 and 2015

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Report of Independent Auditors

To the Board of Directors
Stanford Health Care

We have audited the accompanying consolidated financial statements of Stanford Health Care ("SHC"), which comprise the consolidated balance sheets as of August 31, 2016 and 2015, and the related consolidated statements of operations and changes in net assets and of cash flows for the years then ended.

Management's Responsibility for the Consolidated Financial Statements

Management is responsible for the preparation and fair presentation of the consolidated financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on the consolidated financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on our judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, we consider internal control relevant to SHC's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of SHC's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Stanford Health Care at August 31, 2016 and 2015, and the results of their operations and changes in net assets and their cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

PricewaterhouseCoopers LLP

December 6, 2016

PricewaterhouseCoopers LLP, Three Embarcadero Center, San Francisco, CA 94111
T: (415) 498 5000, F: (415) 498 7100, www.pwc.com/us

Stanford Health Care
Consolidated Balance Sheets
August 31, 2016 and 2015
(in thousands of dollars)

	<u>2016</u>	<u>2015</u>
Assets		
Current assets:		
Cash and cash equivalents	\$ 690,460	\$ 475,677
Short term investments	103,627	101,677
Patient accounts receivable, net of allowance for doubtful accounts of \$161,000 and \$145,000 at August 31, 2016 and 2015, respectively	559,933	550,721
Other receivables	92,961	75,427
Inventories	50,016	42,935
Prepaid expenses and other	36,273	35,486
Total current assets	1,533,270	1,281,923
Investments	132,273	127,860
Investments in University managed pools	1,316,489	1,440,352
Assets limited as to use, held by trustee	235,788	580,701
Property and equipment, net	2,401,880	1,923,465
Other assets	137,637	163,578
Total assets	<u>\$ 5,757,337</u>	<u>\$ 5,517,879</u>
Liabilities and Net Assets		
Current liabilities:		
Accounts payable and accrued liabilities	\$ 335,995	\$ 282,134
Accrued salaries and related benefits	236,819	202,859
Due to related parties	61,308	43,324
Third-party payor settlements	22,948	9,018
Current portion of long-term debt	13,756	13,932
Debt subject to short-term remarketing arrangements	228,200	228,200
Self-insurance reserves and other	43,232	34,918
Total current liabilities	942,258	814,385
Self-insurance reserves and other, net of current portion	118,994	120,364
Other long-term liabilities	355,683	234,855
Pension liability	65,463	51,220
Long-term debt, net of current portion	1,220,789	1,237,347
Total liabilities	<u>2,703,187</u>	<u>2,458,171</u>
Net assets:		
Unrestricted:		
Stanford Health Care	2,449,037	2,467,393
Noncontrolling interests	20,133	22,979
Total unrestricted	2,469,170	2,490,372
Temporarily restricted	577,086	561,642
Permanently restricted	7,894	7,694
Total net assets	<u>3,054,150</u>	<u>3,059,708</u>
Total liabilities and net assets	<u>\$ 5,757,337</u>	<u>\$ 5,517,879</u>

The accompanying notes are an integral part of these consolidated financial statements.

Stanford Health Care
Consolidated Statements of Operations and Changes in Net Assets
Years Ended August 31, 2016 and 2015
(in thousands of dollars)

	2016	2015
Operating revenues:		
Net patient service revenue	\$ 4,019,285	\$ 3,525,014
Provision for doubtful accounts	(126,280)	(131,601)
Net patient service revenue less provision for doubtful accounts	3,893,005	3,393,413
Premium revenue	72,292	62,893
Other revenue	122,996	98,718
Net assets released from restrictions used for operations	9,372	15,663
Total operating revenues	4,097,665	3,570,687
Operating expenses:		
Salaries and benefits	1,850,124	1,428,100
Professional services	49,846	47,801
Supplies	531,130	484,036
Purchased services	1,058,182	912,886
Depreciation and amortization	136,442	109,735
Interest	39,661	40,485
Other	389,199	359,368
Expense recoveries from related parties	(104,965)	(93,640)
Total operating expenses	3,949,619	3,288,771
Income from operations	148,046	281,916
Interest and investment income	13,635	15,680
Increase in value of University managed pools	24,181	54,309
Interest rate swaps mark to market adjustments	(115,958)	(59,392)
Loss on extinguishment of debt	-	(35)
Contribution income from Stanford Health Care - ValleyCare affiliation	-	96,758
Excess of revenues over expenses	69,904	389,236
Other changes in unrestricted net assets:		
Transfer to Stanford University, net	(88,944)	(66,477)
Transfer (to) from Lucile Salter Packard Children's Hospital	(3,300)	26,600
Change in net unrealized gains on investments	1,245	(2,445)
Net assets released from restrictions used for:		
Purchase of property and equipment	973	2,288
Change in pension and postretirement liability	(80)	(19,461)
Noncontrolling capital distribution, net	(1,000)	(62)
(Decrease) increase in unrestricted net assets	(21,202)	329,679
Changes in temporarily restricted net assets:		
Transfer from Stanford University	2,645	4,062
Contributions and other	20,717	52,333
Contribution income from Stanford Health Care - ValleyCare affiliation	-	62
Investment income	744	1,667
Gains on University managed pools	1,683	2,537
Net assets released from restrictions used for:		
Operations	(9,372)	(15,663)
Purchase of property and equipment	(973)	(2,288)
Increase in temporarily restricted net assets	15,444	42,710
Changes in permanently restricted net assets:		
Contributions	200	2
Increase in permanently restricted net assets	200	2
(Decrease) increase in net assets	(5,558)	372,391
Net assets, beginning of year	3,059,708	2,687,317
Net assets, end of year	\$ 3,054,150	\$ 3,059,708

The accompanying notes are an integral part of these consolidated financial statements.

Stanford Health Care
Consolidated Statements of Cash Flows
Years Ended August 31, 2016 and 2015
(in thousands of dollars)

	2016	2015
Cash flows from operating activities:		
Change in Stanford Health Care net assets	\$ (2,712)	\$ 372,716
Change in noncontrolling interests	(2,846)	(325)
Total change in net assets	(5,558)	372,391
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Contribution income from Stanford Health Care - ValleyCare affiliation	-	(96,820)
Loss on extinguishment of debt	-	35
Depreciation and amortization	134,502	107,809
Provision for doubtful accounts	126,280	131,601
Change in fair value of interest rate swaps	115,958	59,392
Increase in value of University managed pools	(24,181)	(54,309)
Unrealized (gains) losses on investments	(1,712)	1,460
Realized losses (gains) on investments	547	(9)
Contributions received for long lived assets or endowment and net equity transfers to/from related parties	79,767	(4,199)
Premiums received from bond issuance	-	5,627
Changes in operating assets and liabilities:		
Patient accounts receivable	(135,492)	(211,957)
Due to related parties	474	15,615
Other receivables, inventory, other assets, prepaid expenses and other	(32,205)	(56,749)
Accounts payable, accrued liabilities and pension liabilities	82,724	63,376
Accrued salaries and related benefits	33,960	19,211
Third-party payor settlements	13,930	(13,877)
Self-insurance reserves	6,944	12,769
Cash provided by operating activities	395,938	351,366
Cash flows from investing activities:		
Purchases of investments	(72,717)	(182,526)
Sales of investments	67,052	172,389
Purchases of investments in University managed pools	(1,729)	(25,781)
Sales of investments in University managed pools	150,240	24,108
Decrease (increase) in assets limited as to use and other	344,913	(74,101)
Cash acquired from ValleyCare, net of cash paid as consideration	-	(52,539)
Purchases of property and equipment	(619,570)	(447,635)
Cash used in investing activities	(131,811)	(586,085)
Cash flows from financing activities:		
Proceeds from issuance of debt	-	244,111
Costs of issuance of debt	-	(1,571)
Payment of long-term debt and capital lease obligations	(15,951)	(81,154)
Contributions received for long lived assets or endowment and net equity transfers to/from related parties	(33,393)	81,355
Cash (used in) provided by financing activities	(49,344)	242,741
Net increase in cash and cash equivalents	214,783	8,022
Cash and cash equivalents, beginning of year	475,677	467,655
Cash and cash equivalents, end of year	\$ 690,460	\$ 475,677
Supplemental disclosures of cash flow information:		
Interest paid	\$ 41,427	\$ 42,481
Supplemental disclosures of non cash information:		
(Decrease) increase in payables for property and equipment	\$ (8,128)	\$ 43,861
Equity transfers from related parties, net	3,894	16,969
Assets acquired under capital leases	1,632	-

The accompanying notes are an integral part of these consolidated financial statements.

Stanford Health Care

Notes to Consolidated Financial Statements

(in thousands of dollars)

1. Organization

In October 2014, Stanford Hospital and Clinics was renamed as Stanford Health Care ("SHC") to reflect the range and focus of our organization and our commitment to healing humanity through science and compassion, one patient at a time. SHC operates a licensed acute care hospital ("Stanford Hospital") and a cancer center in Palo Alto, California, along with numerous outpatient physician clinics in the San Francisco Bay Area, in community settings, and in association with regional hospitals. Stanford Hospital is a principal teaching affiliate of the Stanford University School of Medicine ("SoM") and provides primary and specialty health services to adults, including cardiac care, cancer treatment, solid organ transplantation services, neurosciences, and orthopedics services designated by management as SHC's "Strategic Clinical Services". SHC, together with Lucile Salter Packard Children's Hospital at Stanford ("LPCH"), operates the clinical settings through which the SoM educates medical and graduate students, trains residents and clinical fellows, supports faculty and community clinicians and conducts medical and biological sciences research.

The Board of Trustees of Leland Stanford Junior University (the "University") is the sole corporate member of SHC and LPCH. As part of their ongoing operations, SHC and LPCH engage in certain related party transactions as described further in Note 14.

The consolidated financial statements include SHC's interest in University HealthCare Alliance ("UHA"), The Hospital Committee for the Livermore-Pleasanton Areas (dba Stanford Health Care - ValleyCare) ("SHC-VC"), Stanford Blood Center, LLC ("SBC LLC"), Stanford Emanuel Radiation Oncology Center, LLC ("SEROCC"), CareCounsel, LLC ("CareCounsel"), SUMIT Holding International, LLC ("SHI"), Professional Exchange Assurance Company ("PEAC"), Stanford Health Care Advantage ("SHC Advantage"), Stanford International Medical Services RAK FZE ("SIMS RAK FZE") and Stanford Medicine International (Hong Kong) Co., Limited ("SMI Hong Kong") (collectively "SHC").

UHA, a physician medical foundation, supports Stanford University Medical Center's mission of delivering quality care to the community and conducting research and education. In addition, UHA leads the development of a high quality clinical delivery network, built on collaboration with and sponsorship of community hospitals, on behalf of the SoM, SHC, and UHA physicians. The SoM and SHC are the members of UHA, and appoint directors to the governing board. The UHA bylaws afford control to SHC. Effective January 1, 2011, SHC entered into a sponsorship agreement with UHA whereby SHC agreed to certain funding for the development and operation of UHA and continued additional funding for future or alternative clinical sites of UHA. Additional funding by SHC to UHA for operations and capital was \$60,118 and \$37,342 for the years ended August 31, 2016 and 2015, respectively.

SHC-VC, a leading community hospital system located in the East Bay's Tri-Valley region of Pleasanton, Livermore and Dublin, completed an affiliation agreement with SHC effective May 18, 2015. SHC is the sole corporate member of SHC-VC (see Note 3).

SBC LLC is a limited liability company organized effective July 31, 2015. SBC LLC serves as a community blood center and provides blood products and testing services to hospitals, clinics, companies and other clients. SHC is the sole member of SBC LLC. On September 30, 2015, SBC LLC completed the acquisition of the Stanford Blood Center from the University for \$36,000. SBC LLC paid consideration in excess of assets acquired in the amount of \$31,123, which is recorded in Transfer to Stanford University in the consolidated statements of operations and changes in net assets for the year ending August 31, 2016.

Stanford Health Care

Notes to Consolidated Financial Statements

(in thousands of dollars)

1. Organization (Continued)

SEROC was originally formed as a joint venture between SHC and Emanuel Medical Center (“EMC”). On July 31, 2014, EMC transferred its membership interest to Doctors Medical Center of Modesto, Inc. (“DMC”). SEROC operates an outpatient clinic that provides radiation oncology services to patients in Turlock, California and surrounding communities. SHC’s interest in SEROC was 60% for the years ended August 31, 2016 and 2015. The remaining interest of 40% is recorded as a noncontrolling interest in unrestricted net assets on the consolidated balance sheets as of August 31, 2016 and 2015.

CareCounsel, a leading provider of employer-sponsored health advocacy and health care assistance services, was acquired by SHC effective July 18, 2012. The Bay Area company was founded in 1996 with a mission to help employees, retirees and their families navigate the complex health care environment through an employer-sponsored benefit that provides consumer education, advocacy and access to expert health care resources and information.

SHI is the sole owner of SUMIT Insurance Company Ltd. (“SUMIT”) and Stanford University Medical Network Risk Authority, LLC (“SRA”). SHC and LPCH are the owners of SHI.

SHC’s share of net assets in SUMIT, a captive insurance carrier, was 78.4% and 75.3% for the years ended August 31, 2016 and 2015, respectively. LPCH’s share of net assets in SUMIT was 21.6% and 24.7% for the years ended August 31, 2016 and 2015, respectively, and is recorded as a noncontrolling interest in unrestricted net assets on the consolidated balance sheets.

SRA was formed on September 19, 2012 and began operations on December 1, 2012. SRA provides risk management services to SHI, the owners of SHI and other affiliated and unaffiliated parties and serves as attorney-in-fact to PEAC. SHC’s share of net assets in SRA was 82% for the years ended August 31, 2016 and 2015. The remaining interest of 18% is recorded as a noncontrolling interest in unrestricted net assets on the consolidated balance sheets as of August 31, 2016 and 2015.

PEAC, a captive insurance carrier, provides insurance coverage to UHA, Packard Children’s Health Alliance and other affiliated parties. SHC’s share of net assets in PEAC was 70.6% and 70.2% for the years ended August 31, 2016 and 2015, respectively. The remaining interest of 29.4% and 29.8% for the years ended August 31, 2016 and 2015, respectively, is recorded as a noncontrolling interest in unrestricted net assets on the consolidated balance sheets.

SHC Advantage, a non-profit public benefit corporation, provides comprehensive healthcare coverage options to elderly and disabled eligible Medicare populations of Santa Clara County through their Medicare Advantage Plan and is solely controlled by SHC. This service is offered to Medicare-eligible residents of Santa Clara County effective January 1, 2015.

SIMS RAK FZE was formed in January 2016 to provide consulting and project management services in the United Arab Emirates.

SMI Hong Kong was formed in May 2016, as a holding company for business activities in China.

2. Summary of Significant Accounting Policies

Principles of Consolidation

The consolidated financial statements include the accounts of SHC and its subsidiaries, which are controlled and owned more than 50% by SHC. All significant inter-company accounts and transactions are eliminated in the consolidation.

Stanford Health Care

Notes to Consolidated Financial Statements

(in thousands of dollars)

2. Summary of Significant Accounting Policies (Continued)

Basis of Presentation

The accompanying consolidated financial statements are prepared on the accrual basis of accounting. Net assets of SHC and changes therein have been classified and are reported as follows:

- **Unrestricted net assets** — Unrestricted net assets represent those resources of SHC that are not subject to donor-imposed stipulations. The only limits on unrestricted net assets are broad limits resulting from the nature of SHC and the purposes specified in its articles of incorporation or bylaws and, limits resulting from contractual agreements, if any.
- **Temporarily restricted net assets** — Temporarily restricted net assets represent contributions, which are subject to donor-imposed restrictions that can be fulfilled by actions of SHC pursuant to those stipulations or by the passage of time.
- **Permanently restricted net assets** — Permanently restricted net assets represent contributions that are subject to donor-imposed restrictions that they be maintained permanently by SHC. Generally, the donors of these assets permit SHC to use all or part of the investment return on these assets.

Expenses are generally reported as decreases in unrestricted net assets. A restriction expires when the stipulated time period has elapsed, when the stipulated purpose for which the resource was restricted has been fulfilled, or both. Temporarily restricted contributions are recorded as restricted revenue when received and when the restriction expires, the net assets are shown as released from restriction on the consolidated statements of operations and changes in net assets. Investment income on temporarily or permanently restricted assets that is restricted by donor or law is recorded within the respective net asset category, and when the restriction expires, the net assets are shown as released from restriction.

Cash and Cash Equivalents

Cash and cash equivalents include certain investments in highly liquid debt instruments with original maturities of three months or less. Cash equivalents consist primarily of demand deposits and money market mutual funds.

Assets Limited as to Use, Held by Trustee

Assets limited as to use include various accounts held by a trustee in accordance with indenture requirements. The indenture terms require that the trustee control the expenditure of bond proceeds for capital projects. Assets limited as to use consist of cash and cash equivalents and short-term investments, recorded at cost, which approximates fair value. There are no amounts required to fund current liabilities of SHC, therefore the entire amount has been classified as long-term in the consolidated balance sheets at August 31, 2016 and 2015.

Inventories

Inventories, which consist primarily of hospital operating supplies and pharmaceuticals, are stated at the lower of cost or market value determined using the first-in, first-out method.

Investments

Investments held directly by SHC consist of cash and cash equivalents, mutual funds and investments in non-public entities and are stated at fair value. Fair value is determined in accordance with current accounting guidance as further described in Note 8. Investment earnings (including realized gains and losses on investments, interest, dividends and impairment loss on investment securities) are included in investment income unless the income or loss is restricted by donor or law. Income on investments of donor restricted funds is added to or deducted from the appropriate net asset category based on the donor's restriction. Unrestricted unrealized gains and losses on other than trading securities are separately reported below the excess of revenues over expenses.

Stanford Health Care

Notes to Consolidated Financial Statements

(in thousands of dollars)

2. Summary of Significant Accounting Policies (Continued)

Investments in University Managed Pools

Investments in University managed pools consist of funds invested in the University's Merged Pool ("MP") and Expendable Funds Pool ("EFP") (collectively the "Pools"). Under the terms of SHC's agreement with the University, the University has discretion to invest the funds in the Pools. SHC may deposit funds in the Pools at its discretion. Withdrawals from the MP and EFP require advance notice to the University. SHC accounts for its share of the Pools in accordance with current accounting guidance. The value of its share of the Pools is determined by the University and is based on the fair value of the underlying assets in the Pools.

The University allocates investment earnings to SHC from the University managed pools based on SHC's share of the Pools. Earnings include interest, dividends, distributions, investment gains and losses, and the increases or decreases in the value of SHC's share of the pools. In accordance with current accounting guidance, all investment gains and losses and increases and decreases in share value are treated as realized and included in the excess of revenues over expenses.

The increases or decreases in the value of SHC's share of the Pools are recorded as income and gains on University managed pools unless the income is restricted by donor or law. Income on investments of donor restricted funds invested in the University managed pools is added to or deducted from the appropriate net asset category based on the donor's restriction.

Property and Equipment

Property and equipment are stated at cost except for donated assets, which are recorded at fair market value at the date of donation. Depreciation and amortization of property and equipment is determined using the straight-line method over the estimated useful lives of the assets, which are as follows:

Land improvements	10 to 25 years
Buildings and leasehold improvements	7 to 40 years
Equipment	3 to 20 years

Significant replacements and improvements are capitalized, while maintenance and repairs, which do not improve or extend the life of the respective assets, are charged to expense as incurred. Leasehold improvements are amortized over the shorter of the estimated useful life or term of the lease. Upon sale or disposal of property and equipment, the cost and accumulated depreciation are removed from the respective accounts, and any gain or loss is included in the consolidated statements of operations and changes in net assets.

Equipment includes medical equipment, furniture and fixtures and computer software and hardware.

Equipment under capital leases is recorded at present value at the inception of the leases and is amortized on the straight-line method over the shorter of the lease term or the estimated useful life of the equipment. The amortization of the assets recorded under capital leases is included in depreciation and amortization expense in the accompanying consolidated statements of operations and changes in net assets.

Interest costs incurred on borrowed funds during the period of construction of capital assets is capitalized, net of any interest earned, as a component of the cost of acquiring those assets.

Stanford Health Care

Notes to Consolidated Financial Statements

(in thousands of dollars)

2. Summary of Significant Accounting Policies (Continued)

Asset Retirement Obligations

Asset retirement obligations ("ARO") are legal obligations associated with the retirement of long-lived assets. These liabilities are initially recorded at fair value as other long-term liabilities and the related asset retirement costs are capitalized by increasing the carrying amount of the related assets by the same amount as the liability. Asset retirement costs are subsequently accreted over the useful lives of the related assets. SHC recorded current period accretion expense of \$377 and \$358 in the consolidated statements of operations and changes in net assets for the years ended August 31, 2016 and 2015, respectively. ARO liability of \$7,868 and \$7,491 is included in other long-term liabilities on the consolidated balance sheets as of August 31, 2016 and 2015, respectively.

Other Assets

Other assets include deferred financing costs, long-term portion of contributions receivable, investments in Stanford PET-CT, LLC ("PET-CT"), intangible assets and other long-term assets.

Deferred financing costs represent costs incurred in conjunction with the issuance of SHC's long-term debt. These costs are amortized on a straight-line basis, which approximates the effective interest method, over the life of the debt.

PET-CT is a California limited liability company which provides radiological services to patients of the community, including patients served by SHC and physicians affiliated with the SoM. SHC and the University each appoint one-half of the members of the governing board of PET-CT and are its only members. SHC's interest in PET-CT was 50% for the years ended August 31, 2016 and 2015. As SHC has 50% ownership and does not have control, these investments are recorded using the equity method.

Contributions Receivable

Unconditional promises to give ("contributions") are recorded at fair value at the date the promise is received. Donations for specific purposes are reported as either temporarily or permanently restricted net assets. Contributions to be received after one year are discounted at an appropriate discount rate commensurate with the risks involved and applicable to the years in which the promises are received, and recorded in their respective net asset category. In accordance with current accounting guidance, the discount rates were determined using the risk free rate adjusted for the risk of donor default. Current and long-term portions of contributions receivable are included in other receivables and other assets in the consolidated balance sheets, respectively, and contribution revenue is included in the financial statements in the appropriate net asset category. Amortization of the discount is included in contributions and other in the consolidated statements of operations and changes in net assets. Conditional promises to give are recognized when the condition is substantially met.

Premiums and Discounts on Long-Term Debt

Premiums and discounts arising from the original issuance of long-term debt are amortized on either the effective interest method or the straight-line basis, which approximates the effective interest method, over the life of the debt. The unamortized portion of these premiums and discounts are included in long-term debt on the consolidated balance sheets.

Interest Rate Swap Agreements

SHC has entered into several interest rate swap agreements, also known as risk management or derivative instruments, to reduce the effect of interest rate fluctuation on its variable rate bonds. All swaps are recognized on the consolidated balance sheets at their fair value in accordance with current accounting guidance. Changes in the fair value of interest rate swaps are included in excess of revenues over expenses. The net cash payments or receipts under the interest rate swap agreements have been recorded as an increase (decrease) to interest expense.

Stanford Health Care

Notes to Consolidated Financial Statements

(in thousands of dollars)

2. Summary of Significant Accounting Policies (Continued)

Excess of Revenues over Expenses

The consolidated statements of operations include excess of revenues over expenses. Changes in unrestricted net assets which are excluded from excess of revenues over expenses, include transfers of assets to and from affiliates for other than goods and services, change in unrealized gains and losses on marketable investments, contributions of long-lived assets (including assets acquired using contributions which by donor restriction were to be used for the purposes of acquiring such assets), changes in pension and postretirement liability and other changes related to noncontrolling interests.

Net Patient Service Revenue

Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payers including Medicare and Medi-Cal, and others for services rendered, including estimated retroactive audit adjustments under reimbursement agreements with third-party payers. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods, as final settlements are determined. Contracts, laws and regulations governing the Medicare and Medi-Cal programs are complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates may change by a material amount in the near term.

The provision for doubtful accounts is based upon management's assessment of expected net collections considering historical experience and other collection indicators. Throughout the year, management assesses the adequacy of the allowance for uncollectible accounts based upon historical write-off experience. The results of this review are then used to make any modifications to the provision for doubtful accounts to establish an appropriate allowance for uncollectible accounts.

Charity Care

SHC provides either full or partial charity care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. Amounts determined to qualify as charity care are not reported as net patient service revenue. SHC also provides services to other indigent patients under Medi-Cal and other publicly sponsored programs, which reimburse at amounts less than the cost of the services provided to the recipients. The difference between the cost of services provided to these indigent persons and the expected reimbursement is included in the estimated cost of charity care.

Premium Revenue

UHA has capitated agreements with various health maintenance organizations ("HMOs") to provide medical services to enrollees. Under these agreements, monthly payments are received based on the number of health plan enrollees. These receipts are recorded as premium revenue in the consolidated statements of operations and changes in net assets. Costs are accrued when services are rendered under these contracts, including cost estimates of incurred but not reported ("IBNR") claims. The IBNR accrual (which is included in accounts payable and accrued liabilities in the consolidated balance sheets) includes an estimate of the costs of services for which UHA is responsible, including referrals to outside healthcare providers.

Income Taxes

SHC, UHA, SHC-VC and SHC Advantage are not-for-profit corporations and tax-exempt pursuant to Section 501(c)(3) of the Internal Revenue Code. SBC LLC, SEROC, CareCounsel and SHI are limited liability companies and taxable income flows through to the individual members. SUMIT is currently exempt from all taxes until March 31, 2035. SRA is a limited liability company, but has elected to be taxed as a corporation. PEAC is a taxable corporation. SHC and its subsidiaries have no uncertain tax positions pertaining to unrelated business income.

Stanford Health Care

Notes to Consolidated Financial Statements

(in thousands of dollars)

2. Summary of Significant Accounting Policies (Continued)

Self-Insurance Plans

SHC and SHC-VC self-insure for professional liability risks, postretirement medical benefits, workers' compensation and health and dental benefits. These liabilities are reflected as self-insurance reserves in the consolidated balance sheets.

- **Professional Liability** — SHC and SHC-VC are self-insured through SUMIT for medical malpractice and general liability losses under claims-made coverage. SHC and SHC-VC also maintain professional liability reserves for claims not covered by SUMIT which total \$5,036 and \$1,122 as of August 31, 2016, respectively. As of August 31, 2015, this coverage was \$5,410 and \$597 for SHC and SHC-VC, respectively. Since September 1, 2005, SUMIT has retained 100% of the risk related to the first \$15,000 per occurrence. The next \$165,000 is transferred to various reinsurance companies. Prior to September 1, 2005, SHC maintained various coverage limits.
- **Postretirement Medical Benefits** — Liabilities for post-retirement medical claims for current and retired employees are actuarially determined.
- **Workers' Compensation** — SHC and SHC-VC purchase insurance for workers' compensation claims with a \$750 deductible per occurrence. Workers' compensation insurance provides statutory limits for the State of California. An actuarial estimate of retained losses (or losses retained within the deductible) has been used to record a liability.
- **Health and Dental** — Liabilities for health and dental claims for current employees are based on estimated costs.

Fair Value of Financial Instruments

Due to the short-term nature of cash and cash equivalents, accounts payable and accrued liabilities, and accrued salaries and related benefits, their carrying value approximates their fair value. The fair value of the amounts payable under third-party reimbursement contracts is not readily determinable. The fair value of long-term debt is estimated based on quoted market prices for the bonds or similar financial instruments.

Concentration of Credit Risk

Financial instruments, which potentially subject SHC to concentrations of credit risk, consist principally of cash and cash equivalents, patient accounts receivable, and investments in University managed pools.

SHC's concentration of credit risk relating to patient accounts receivable is limited by the diversity and number of patients and payers. Patient accounts receivable consist of amounts due from commercial insurance companies, governmental programs, private pay patients and other third-party payers.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. The most significant estimates relate to patient accounts receivable allowances, amounts due to third party payers, retirement plan obligations, and self-insurance reserves. Actual results could differ from those estimates.

Stanford Health Care

Notes to Consolidated Financial Statements

(in thousands of dollars)

2. Summary of Significant Accounting Policies (Continued)

Recent Pronouncements

The Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") is the sole source of authoritative non-governmental U.S. generally accepted accounting principles.

In May 2014, the FASB issued an update to the ASC to improve the consistency of revenue recognition practices across industries for economically similar transactions. Subsequently, the FASB has issued several amendments and updates to the original standard. The core principle is that an entity recognizes revenue for goods or services to customers in an amount that reflects the consideration it expects to receive in return. In August 2015, the FASB voted to defer the implementation of the new guidance. The guidance is effective for SHC during the fiscal year ending August 31, 2019, and should be applied on a retrospective basis. SHC is currently evaluating the impact that this guidance will have on its consolidated financial statements.

In April 2015, the FASB issued an update to the ASC which requires debt issuance costs to be presented in the balance sheet as a direct deduction from the carrying value of the associated debt liability, and amortization of those costs reported as interest expense. This guidance is effective for SHC during the fiscal year ending August 31, 2017, and early adoption is permitted. The new guidance should be applied on a retrospective basis for each period presented in the balance sheet. SHC is currently evaluating the impact that this guidance will have on its consolidated financial statements.

In May 2015, the FASB issued an update to the ASC which removes the requirement to categorize within the fair value hierarchy all investments for which fair value is measured using the net asset value per share practical expedient as well as limiting disclosure requirement to investments for which the entity has elected to measure the fair value using that practical expedient. The guidance is effective for SHC during the fiscal year ending August 31, 2018, and should be applied on a retrospective basis for each period presented. SHC is currently evaluating the impact that this guidance will have on its consolidated financial statements.

In February 2016, the FASB issued an update to the ASC which requires lessees to recognize operating and financing lease liabilities and corresponding right-of-use assets on the balance sheet. The new guidance is effective for SHC during the fiscal year ending August 31, 2020, and should be applied on a retrospective basis. SHC is currently evaluating the impact that this guidance will have on its consolidated financial statements.

In August 2016, the FASB issued an update to the ASC which makes several modifications to current reporting requirements for not-for-profit ("NFP") entities. The ASC update changes the way NFPs classify net assets and results in significant changes to financial reporting and disclosures for NFPs. The new guidance is effective for SHC during the fiscal year ending August 31, 2019, and should be applied on a retrospective basis. SHC is currently evaluating the impact that this guidance will have on its consolidated financial statements.

Stanford Health Care

Notes to Consolidated Financial Statements

(in thousands of dollars)

3. Business Acquisitions

On September 23, 2014, SHC entered into an affiliation agreement with SHC-VC, which will advance leading edge and highly coordinated care in the Bay Area. Under this agreement, SHC was substituted as the sole corporate member of SHC-VC with the associated control of SHC-VC, including Valley Memorial Hospital ("VMH"), ValleyCare Medical Center ("VCMC"), ValleyCare Medical Foundation ("VCMF"), and ValleyCare Senior Housing, Inc. ("VCSH"). On May 18, 2015, with all conditions of the affiliation agreement satisfied and all regulatory approvals obtained, the affiliation between SHC-VC and SHC was consummated and became effective. SHC-VC, which owns VMH and VCMC, and which is the member of VCMF and VCSH, became a subsidiary of SHC.

On May 18, 2015, as part of the affiliation with SHC-VC, SHC acquired assets and assumed liabilities with estimated fair values as follows:

Cash and cash equivalents	\$ 29,550
Patient accounts receivable, net	38,468
Property and equipment, net	135,618
Other assets	29,573
Total fair value of acquired assets	<u>\$ 233,209</u>

Accounts payable and accrued liabilities	\$ 17,064
Accrued salaries and related benefits	18,691
Other liabilities	28,523
Total fair value of assumed liabilities	<u>\$ 64,278</u>

SHC also paid \$3,000 to the ValleyCare Charitable Foundation. In addition, SHC-VC's outstanding 2007 Series A and 2009 Series Revenue Bonds were defeased to their respective redemption dates, June 15, 2017 and August 3, 2015, at a price equal to the principal of the defeased bonds and interest accrued to such date and the outstanding taxable 2007 Series B Revenue Bonds were redeemed at a price equal to 102% of the principal amount plus interest accrued to the redemption date for a total of \$69,111.

The affiliation was accounted for as a business combination in accordance with the authoritative accounting guidance. The excess of net assets over consideration paid in the SHC-VC affiliation was \$96,820 and is recorded in the consolidated statements of operations and changes in net assets. The operating results of SHC-VC for the period from May 18, 2015 to August 31, 2015 included operating revenue of \$81,024 and excess of revenues over expenses of \$4,291 recorded in the consolidated financial statements of SHC.

On June 1, 2015, UHA entered into a Professional Services Agreement with ValleyCare Physicians Associates, and VCMF ceased operations.

Stanford Health Care

Notes to Consolidated Financial Statements

(in thousands of dollars)

4. Net Patient Service Revenue

SHC has agreements with third-party payers that provide for payments at amounts different from SHC's established rates. A summary of payment arrangements with major third-party payers follows:

- **Medicare** — Inpatient acute care services rendered to Medicare program beneficiaries are paid at prospectively determined rates per discharge. These rates vary according to a patient classification system that is based on clinical, diagnostic and other factors. Medicare reimburses hospitals for covered outpatient services rendered to its beneficiaries by way of an outpatient prospective payment system based on ambulatory payment classifications.

Inpatient non-acute services, certain outpatient services and medical education costs related to Medicare beneficiaries are paid based, in part, on a cost reimbursement methodology. SHC is reimbursed for cost reimbursable items at a tentative rate with final settlement of such items determined after submission of annual cost reports and audits thereof by the Medicare administrative contractor. The estimated amounts due to or from the program are reviewed and adjusted annually based on the status of such audits and any subsequent appeals. Differences between final settlements and amounts accrued in previous years are reported as adjustments to net patient service revenue in the year examination is substantially completed. SHC's Medicare cost reports have been audited by the Medicare administrative contractor through August 31, 2006. Professional services are reimbursed based on a fee schedule.

- **Medi-Cal** — Inpatient services rendered to Medi-Cal program beneficiaries are reimbursed at a prospectively determined rate per discharge. Outpatient services are reimbursed based upon prospectively determined fee schedules. Professional services are reimbursed based on a fee schedule.
- **Managed Care Organizations** — SHC has entered into agreements with numerous third-party payers to provide patient care to beneficiaries under a variety of payment arrangements. These include arrangements with:
 - Commercial insurance companies, including workers' compensation plans, which reimburse SHC at negotiated charges.
 - Managed care contracts such as those with HMOs and PPOs, which reimburse SHC at contracted or per diem rates, which are usually less than full charges.
 - Counties in the State of California, which reimburse SHC for certain indigent patients covered under county contracts.
- **Uninsured** — For uninsured patients that do not qualify for charity care, SHC recognizes revenue on the basis of its standard rates for services less an uninsured discount applied to the patient's account that approximates the average discount for managed care payers.

Stanford Health Care
Notes to Consolidated Financial Statements
(in thousands of dollars)

4. Net Patient Service Revenue (Continued)

Patient service revenue, net of contractual allowances (but before provision for doubtful accounts), by major payor for the years ended August 31 is as follows:

	2016	2015
Medicare	\$ 755,658	\$ 732,377
Medi-Cal	106,728	77,950
Managed Care - Discounted Fee for Services	2,870,437	2,421,560
Self pay and other	239,248	246,040
Related party	47,214	47,087
Patient service revenue, net of contractual allowances	\$ 4,019,285	\$ 3,525,014
Provision for doubtful accounts	(126,280)	(131,601)
Net patient service revenue	<u>\$ 3,893,005</u>	<u>\$ 3,393,413</u>

SHC recognized net patient service revenue adjustments of \$4,303 and \$29,495 as a result of prior years favorable developments related to reimbursement for the years ended August 31, 2016 and 2015, respectively. SHC also recognized revenues of \$4,703 as a result of prior years appeals settled during the year ended August 31, 2015.

Amounts due from Blue Cross, Medicare, and Blue Shield as a percentage of net patient accounts receivable at August 31 are as follows:

	2016	2015
Blue Cross	18%	16%
Medicare	12%	13%
Blue Shield	11%	15%

SHC does not believe significant credit risks exist with these payers.

California Hospital Quality Assurance Fee Program

The State of California enacted legislation in 2009 which established a Hospital Quality Assurance Fee ("HQAF") Program and a Hospital Fee Program. These programs imposed a provider fee on certain California general acute care hospitals that, combined with federal matching funds, would be used to provide supplemental payments to certain hospitals and support the State's effort to maintain health care coverage for children. The effective period of this Hospital Fee Program was April 1, 2009 through December 31, 2010. The State received final approval from the Centers for Medicare & Medicaid Services ("CMS") in December of 2010 on the rates. Subsequent legislation extended the HQAF and Hospital Fee programs from January 1, 2011 through June 30, 2011, which was approved by CMS in December 2011. Additional legislation extended the HQAF and Hospital Fee programs for thirty months from July 1, 2011 through December 31, 2013. CMS approved the thirty month of the fee-for-service ("FFS") Medi-Cal supplement in June 2012. CMS approved twenty four months and six months of the managed care supplemental payments in June 2013 and November 2014. HQAF and Hospital Fee programs were further extended by State legislation Senate Bill 239 for a new three-year period from January 1, 2014 to December 31, 2016. CMS approved FFS Medi-Cal supplemental payment portion of this three-year extension in December 2014 and approved six months of the managed care supplemental payments in June 2015.

SHC recognized \$55,195 and \$103,667 in net patient service revenue under these programs and \$45,809 and \$73,585 in other expense for HQAF to the California Department of Health Care Services for the years ended August 31, 2016 and 2015, respectively.

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5. Charity Care and Uncompensated Costs

SHC engages in numerous community benefit programs and services. These services include health research, education and training and other benefits for the larger communities that are excluded from the information below.

Uncompensated charity care is provided to vulnerable populations. Additionally, Medi-Cal and Medicare program reimbursements do not cover the estimated costs of services provided.

Information related to SHC's charity care for the years ended August 31 is as follows:

	<u>2016</u>	<u>2015</u>
Charity care at established rates	\$ 85,246	\$ 42,036
Estimated cost of charity care, net	\$ 19,365	\$ 9,701

The estimated cost of providing charity care is based on a calculation which applies a ratio of costs to charges to the gross uncompensated charges associated with providing care to charity patients. The ratio of cost to charges is calculated based on SHC's total expenses divided by gross patient service charges. SHC received \$799 and \$526 during the years ended August 31, 2016 and 2015, respectively, from contributions that were restricted for the care of indigent patients.

Estimated cost of services in excess of reimbursement for the years ended August 31 is as follows:

	<u>2016</u>	<u>2015</u>
Charity care	\$ 19,365	\$ 9,701
Medi-Cal	283,260	196,659
Medicare	585,728	413,324
Total	<u>\$ 888,353</u>	<u>\$ 619,684</u>

6. Contributions Receivable

Contributions are recorded at the discounted net present value of the future cash flows, adjusted for the risk of donor default, using a discount rate of 1.44% for new receivables recorded in 2016 and 2.20% for receivables recorded in 2015.

Contributions receivable at August 31 are expected to be realized in the following periods:

	<u>2016</u>	<u>2015</u>
In one year or less	\$ 11,531	\$ 19,371
Between one year and five years	86,428	106,733
More than five years	11,352	18,504
	109,311	144,608
Less: discount/allowance	(11,558)	(14,151)
Total contributions receivable, net	97,753	130,457
Less: current portion	(10,525)	(18,224)
Contributions receivable, net of current portion	<u>\$ 87,228</u>	<u>\$ 112,233</u>

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6. Contributions Receivable (Continued)

Contributions receivable at August 31 are to be utilized for the following purposes:

	2016	2015
Plant replacement and expansion	\$ 102,142	\$ 138,329
Other patient and clinical services	7,169	6,279
Total	<u>\$ 109,311</u>	<u>\$ 144,608</u>

There were no conditional pledges at August 31, 2016 and 2015.

7. Investments and Investments in University Managed Pools

The composition of investments held directly by SHC at August 31 is as follows:

	2016		2015	
	Cost	Fair Value	Cost	Fair Value
Short Term Investments:				
Mutual funds	<u>\$ 105,025</u>	<u>\$ 103,627</u>	<u>\$ 103,872</u>	<u>\$ 101,677</u>
Investments:				
Cash and cash equivalents	\$ 44,085	\$ 44,085	\$ 54,094	\$ 54,094
Mutual funds	58,370	59,744	57,486	58,411
Other	28,444	28,444	15,355	15,355
Total	<u>\$ 130,899</u>	<u>\$ 132,273</u>	<u>\$ 126,935</u>	<u>\$ 127,860</u>

The composition of investments in University managed pools at August 31 is as follows:

	Fair Value	
	2016	2015
Investments in University managed pools:		
Merged Pool	\$1,310,047	\$1,434,885
Expendable Funds Pool	6,442	5,467
Total	<u>\$1,316,489</u>	<u>\$1,440,352</u>

The Merged Pool ("MP") is the primary investment pool in which funds are invested. The MP is invested with the objective of maximizing long-term total return. It is a unitized pool in which the fund holders purchase investments and withdraw funds based on a monthly share value. The MP's investments at August 31, 2016 and 2015 consist of approximately 4% and 5% cash and cash equivalents, 6% and 5% fixed income, 27% and 26% public equity securities, 9% and 9% real estate, 9% and 8% natural resources, 20% and 21% absolute returns, and 25% and 26% private equity securities, respectively.

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8. Fair Value Measurements

Current accounting guidance defines fair value as the price that would be received upon sale of an asset or paid upon transfer of a liability in an orderly transaction between market participants at the measurement date and in the principal or most advantageous market for that asset or liability.

The fair value should be calculated based on assumptions that market participants would use in pricing the asset or liability, not on assumptions specific to the entity. In addition, the fair value of liabilities should include consideration of non-performance risk.

In addition to defining fair value, this guidance expands the disclosure requirements around fair value and establishes a fair value hierarchy for valuation inputs. The hierarchy prioritizes the inputs into three levels based on the extent to which inputs used in measuring fair value are observable in the market. Each fair value measurement is reported in one of the three levels which are determined by the lowest level input that is significant to the fair value measurement in its entirety.

These levels are:

Level 1: Quoted prices are available in active markets for identical assets or liabilities as of the measurement date. Financial assets and liabilities in Level 1 include U.S. Treasury securities and listed equities.

Level 2: Pricing inputs are based on quoted market prices for similar instruments in active markets, quoted prices for identical or similar instruments in inactive markets, and model-based valuation techniques for which all significant assumptions are observable in the market or can be corroborated by observable market data for substantially the full term of the assets or liabilities. Financial assets and liabilities in this category generally include asset-backed securities, corporate bonds and loans, municipal bonds and interest rate swap instruments.

Level 3: Pricing inputs are generally unobservable for the assets or liabilities and include situations where there is little, if any, market activity for the investment. The inputs into the determination of the fair value require management's judgment or estimation of assumptions that market participants would use in pricing the assets or liabilities. The fair values are therefore determined using factors that involve considerable judgment and interpretations, including but not limited to private and public comparables, third party appraisals, discounted cash flow models, and fund manager estimates.

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8. Fair Value Measurements (Continued)

The following table summarizes SHC's assets and liabilities measured at fair value on a recurring basis as of August 31, based on the inputs used to value them:

		2016			
		Level 1	Level 2	Level 3	Total
Assets					
Cash and cash equivalents	\$	690,460	\$ -	\$ -	\$ 690,460
Short term investments		-	103,627	-	103,627
Assets limited as to use, held by trustee		235,788	-	-	235,788
Investments		44,085	59,744	28,444	132,273
Investments in University managed pools		-	1,316,489	-	1,316,489
Total assets	\$	970,333	\$ 1,479,860	\$ 28,444	\$ 2,478,637
Liabilities					
Interest rate swap instruments	\$	-	\$ 331,334	\$ -	\$ 331,334

		2015			
		Level 1	Level 2	Level 3	Total
Assets					
Cash and cash equivalents	\$	475,677	\$ -	\$ -	\$ 475,677
Short term investments		-	101,677	-	101,677
Assets limited as to use, held by trustee		580,701	-	-	580,701
Investments		54,094	58,411	15,355	127,860
Investments in University managed pools		-	1,440,352	-	1,440,352
Total assets	\$	1,110,472	\$ 1,600,440	\$ 15,355	\$ 2,726,267
Liabilities					
Interest rate swap instruments	\$	-	\$ 215,376	\$ -	\$ 215,376

The table below sets forth a summary of the changes in the fair value of the level 3 investments for the year ended August 31:

	2016	2015
Balance, beginning of year	\$ 15,355	\$ 5,826
Purchases	13,089	9,529
Balance, end of year	\$ 28,444	\$ 15,355

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9. Property and Equipment

Property and equipment consist of the following as of August 31:

	<u>2016</u>	<u>2015</u>
Land and improvements	\$ 67,816	\$ 67,541
Buildings and leasehold improvements	1,321,441	1,237,008
Equipment	<u>944,194</u>	<u>867,053</u>
	2,333,451	2,171,602
Less: Accumulated depreciation	(1,314,850)	(1,185,187)
Construction-in-progress	<u>1,383,279</u>	<u>937,050</u>
Property and equipment, net	<u>\$ 2,401,880</u>	<u>\$ 1,923,465</u>

Depreciation and amortization expense totaled \$136,442 and \$109,735 for the years ending August 31, 2016 and 2015, respectively, and is included in the consolidated statements of operations and changes in net assets.

Medical equipment acquired under capital leases totaled \$8,104 and \$6,472 as of August 31, 2016 and 2015, respectively, and building improvements acquired under capital leases totaled \$1,970 as of August 31, 2016 and 2015, and are included in property and equipment in the consolidated balance sheets. Amortization expense under capital leases is included in depreciation expense in the consolidated statements of operations and changes in net assets. Accumulated amortization was \$7,741 and \$6,975 as of August 31, 2016 and 2015, respectively.

Interest expense on debt issued for construction projects and income earned on the funds held pending use are capitalized until the projects are placed in service and depreciated over the estimated useful life of the asset. Capitalized interest expense net of capitalized investment income was \$24,190 and \$20,232 for the years ended August 31, 2016 and 2015, respectively.

Certain land and building, with a carrying value of \$9,729 and \$11,340 at August 31, 2016 and 2015, respectively, are used as collateral on notes payable (see Note 10).

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10. Long-Term Debt

SHC's outstanding debt at August 31 is summarized below:

	Year of Maturity	Interest Rates 2016/2015	Outstanding Principal	
			2016	2015
Fixed Rate Obligations				
2008 Series A-1 Refunding Revenue Bonds	2040	2.25% to 5.15%	\$ 67,835	\$ 68,510
2008 Series A-2 Refunding Revenue Bonds	2040	1.00% to 5.25%	100,350	101,350
2008 Series A-3 Refunding Revenue Bonds	2040	1.00% to 5.50%	81,140	81,940
2010 Series A Refunding Revenue Bonds	2031	4.00% to 5.75%	124,875	130,220
2010 Series B Refunding Revenue Bonds	2036	4.50% to 5.75%	146,710	146,710
2012 Series A Revenue Bonds	2051	5.00%	340,000	340,000
2012 Series B Refunding Revenue Bonds	2023	2.00% to 5.00%	47,445	52,880
2015 Series A Revenue Bonds	2054	4.25% to 5.00%	100,000	100,000
Note payable, collateralized by certain land and building	2024	4.25%/5.95%	4,870	5,348
Note payable, collateralized by certain equipment	2016	7.83%	-	219
Variable Rate Obligations				
2008 Series B Refunding Revenue Bonds	2045	0.55%/0.07%	168,200	168,200
2012 Series C Revenue Bonds	2051	0.78%/0.15%	60,000	60,000
2012 Series D Revenue Bonds	2051	0.75%/0.53%	100,000	100,000
2015 Series B Revenue Bonds	2054	0.90%/0.68%	75,000	75,000
Total principal amounts			1,416,425	1,430,377
Unamortized original issue premiums/discounts, net			46,320	49,102
Current portion of long-term debt			(13,756)	(13,932)
Debt subject to short-term remarketing arrangements			(228,200)	(228,200)
Long-term portion, net of current portion			<u>\$ 1,220,789</u>	<u>\$ 1,237,347</u>

In June 2008, the California Health Facilities Financing Authority ("CHFFA"), on behalf of SHC, issued Variable Rate Demand Bonds ("VRDB's") in the aggregate principal amount of \$428,500 (the "2008 Bonds") to refund its previously issued 2006 Bonds. The 2008 Bonds were comprised of \$260,300 of 2008 Series A VRDB's that were issued as Series A-1, Series A-2, and Series A-3; and \$168,200 of 2008 Series B VRDB's that were issued as Series B-1 and Series B-2.

In June 2009, SHC remarketed the 2008 Series A-1 bonds in the aggregate principal amount of \$70,500. In June 2010, SHC converted the 2008 Series A-1 bonds from an annual put mode to a long-term fixed interest rate mode. The remarketing of the 2008 Series A-1 bonds generated an original issue premium of approximately \$140; that, pursuant to the requirements of the underlying documents, was used to reduce the principal amount of the bonds from \$70,500 to \$70,360.

In June 2010, CHFFA, on behalf of SHC, issued fixed rate revenue bonds in the aggregate principal amount of \$296,055 (the "2010 Bonds"). The 2010 Bonds were comprised of \$149,345 of 2010 Series A bonds, proceeds of which were used to refund the 1998B bonds, and \$146,710 of 2010 Series B bonds, proceeds of which were used to refund the 2003 Series B, C and D bonds. The issuance of the 2010 Series A and Series B bonds generated original issue premiums of \$10,944 and \$3,292, respectively.

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10. Long-Term Debt (Continued)

In June 2011, SHC remarketed the 2008 Series A-2, A-3 and B-2 bonds in the aggregate principal amount of \$272,365. SHC converted the 2008 Series A-2 bonds from a weekly interest rate mode and the 2008 Series A-3 bonds from a multi-annual put mode to a long-term fixed interest rate mode. The remarketing of the 2008 Series A-3 bonds generated an original issue premium of approximately \$1,535; that, pursuant to the requirements of the underlying documents, was used to reduce the principal amount of the bonds from \$85,700 to \$84,165. SHC converted the 2008 Series B-2 bonds from a weekly interest rate mode to a commercial paper mode. As a part of the conversion, the 2008 Series B-2 bonds were split into two sub-series in the amount of \$42,050 each. Bonds in a commercial paper mode are remarketed for various periods that can be no longer than 270 days and are established at the beginning of each commercial paper rate period. Bondholders in a commercial paper mode have the option to tender their bonds only at the end of the commercial paper rate period.

In May 2012, CHFFA, on behalf of SHC, issued four series of revenue bonds in the aggregate principal amount of \$568,320 (the "2012 Bonds"). The 2012 Bonds were comprised of \$340,000 of 2012 Series A bonds, \$68,320 of Series B bonds, \$60,000 of Series C bonds and \$100,000 of Series D bonds. The issuance of the 2012 Series A and Series B bonds generated original issue premiums of \$29,097 and \$10,877, respectively. Proceeds of the 2012 Series A, C and D bonds will be used to finance a portion of the New Stanford Hospital. Proceeds of the 2012 Series B bonds were used to advance refund the 2003 Series A bonds.

In June 2015, CHFFA, on behalf of SHC, issued two series of revenue bonds in the aggregate principal amount of \$175,000 (the "2015 Bonds"). The 2015 Bonds were comprised of \$100,000 of 2015 Series A bonds, and \$75,000 of Series B bonds. The 2015 Series A bonds generated an original issue premium of \$5,627. Proceeds of the 2015 Series A and B bonds will be used to finance a portion of the New Stanford Hospital.

The 2008 Series B-1 bonds are in a weekly interest rate mode and are remarketed every 7 days at the then prevailing interest rate. Bondholders in a weekly interest rate mode have the option of tendering their bonds on a weekly basis. The 2012 Series C bonds are in a Windows weekly floating index mode and cannot be tendered for 180 days after a 30 day notice and remarketing period. The 2008 Series B bonds and the 2012 Series C bonds are supported by SHC's self-liquidity and are classified as current liabilities. The 2012 Series D and 2015 Series B bonds are also in a floating index mode with monthly interest rate resets and were directly placed with U.S. Bank. The 2012 Series D and 2015 Series B bonds are not subject to remarketing or tender until May 13, 2020 and June 28, 2024, respectively. Both series of bonds are classified as long-term liabilities.

The 2015 Bonds, together with the 2012, 2010, and 2008 Bonds are collectively referred to as the "Revenue Bonds". The Revenue Bonds are limited obligations of CHFFA and are payable solely from payments made by SHC. Payments of principal and interest on the Revenue Bonds are collateralized by a pledge against the revenues of SHC secured under a master trust indenture between SHC and the master trustee. The master trust indenture includes, among other things, limitations on additional indebtedness, liens on property, restrictions on the disposition or transfer of assets, and maintenance of certain financial ratios. SHC may redeem the Revenue Bonds, in whole or in part, prior to the stated maturities. Total debt outstanding under the master trust indenture is in the aggregate principal amounts of \$1,411,555 and \$1,424,810 as of August 31, 2016 and 2015, respectively.

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10. Long-Term Debt (Continued)

Scheduled principal payments on long-term debt including unsecured promissory notes are summarized below:

	Scheduled Maturities	Bonds Supported by SHC Liquidity	Total
2017	\$ 13,756	\$ 228,200	\$ 241,956
2018	13,873	-	13,873
2019	15,067	-	15,067
2020	14,821	-	14,821
2021	16,656	-	16,656
Thereafter	1,114,052	-	1,114,052
	<u>\$ 1,188,225</u>	<u>\$ 228,200</u>	<u>\$ 1,416,425</u>

The scheduled principal payments above represent the annual payments required under debt repayment schedules. The current portion of long-term obligations, including debt subject to short term remarketing arrangements, includes payments scheduled to be made in 2017 and the VRDB's supported by SHC's liquidity. The VRDB's supported by self-liquidity provide the bondholder with an option to tender the bonds to SHC. Generally accepted accounting principles require that bonds supported by SHC's liquidity be classified as current liabilities.

In the event SHC receives notice of any optional tender of the 2008 Series B-1 bonds or the 2012 Series C bonds, or if any bonds become subject to mandatory tender, the purchase price of the bonds will be paid from the remarketing of such bonds. However, if the remarketing proceeds are insufficient, SHC will have a current obligation to purchase any remaining bonds. SHC maintains sufficient liquidity to provide for the full and timely purchase price of any bonds tendered in the event of a failed remarketing.

The estimated fair value of the Revenue Bonds as of August 31, 2016 and 2015 was \$1,585,366 and \$1,546,143, respectively, and is considered level 2 based on the inputs used to value the Revenue Bonds as defined in Note 8.

In 1998, SHC advance refunded its 1993 bonds in the amount of \$89,520 by issuing the 1998 Series B bonds. As of August 31, 2016 and 2015, \$17,490 and \$22,550, respectively, of advance refunded bonds, which are considered extinguished, remain outstanding.

Interest Rate Swap Agreements

SHC has entered into various interest rate swap agreements ("swap agreements") with varying maturities through November 2051. SHC uses swap agreements, also known as risk management or derivative instruments, principally to manage interest rate risk and has entered into derivatives to lock in fixed rates for anticipated issuance and refunding of debt. By using swap agreements to manage the risk of changes in interest rates, SHC exposes itself to credit risk and market risk. Credit risk is the failure of the counterparty to perform under the terms of the swap agreements. When the fair value of a swap agreement is positive, the counterparty owes SHC, which creates credit risk. When the fair value of a swap agreement is negative, SHC owes the counterparty and, therefore, it does not possess credit risk.

SHC minimizes its credit risk by entering into swap agreements with at least two counterparties and requiring the counterparty to post collateral for the benefit of SHC based on the credit rating of the counterparty and the fair value of the swap agreement. Market risk is the adverse effect on the value of a financial instrument that results from a change in interest rates. The market risk associated with interest rate changes is managed by establishing and monitoring parameters that limit the types and degree of market risk that may be undertaken.

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10. Long-Term Debt (Continued)

Interest Rate Swap Agreements (continued)

SHC maintains interest rate swap programs on certain of its variable rate revenue bonds. These bonds expose SHC to variability in interest payments due to changes in interest rates. Management believes that it is prudent to limit the variability of its interest payments. To meet this objective and to take advantage of low interest rates, SHC entered into various interest rate swap agreements to manage fluctuations in cash flows resulting from interest rate risk. Certain of these agreements involve the exchange of fixed rate payments for variable rate payments based on a percentage of the One Month London Interbank Offered Rate ("LIBOR").

The following is a summary of the outstanding positions under these interest rate swap agreements at August 31, 2016:

Description	Current Notional	Maturity Date	Rate Paid	Rate Received
2003 Series B	\$ 48,800	11/15/2036	3.365%	70% 1-month LIBOR
2003 Series C	48,700	11/15/2036	3.365%	70% 1-month LIBOR
2003 Series D	52,500	11/15/2036	3.365%	70% 1-month LIBOR
Subtotal LIBOR Swaps	150,000			
2008 Series A-1	67,975	11/01/2040	3.693%	70% 1-month LIBOR
2008 Series A-2	102,775	11/15/2051	3.999%	67% 1-month LIBOR
2008 Series A-3	84,600	11/15/2051	3.902%	67% 1-month LIBOR
Subtotal LIBOR Swaps	255,350			
2012 Series A	68,350	11/15/2045	4.081%	67% 1-month LIBOR
2012 Series B	68,375	11/15/2045	4.077%	67% 1-month LIBOR
2012 Series C	34,175	11/15/2045	4.008%	67% 1-month LIBOR
Subtotal Forward Swaps	170,900			
Total	<u>\$ 576,250</u>			

SHC designates its interest rate swaps that are used to minimize the variability in cash flows of interest-bearing liabilities or forecasted transactions caused by changes in interest rates as hedging instruments at the inception of each contract, with the intention of maintaining hedge accounting treatment over the term of the agreement. However, circumstances may arise whereby the representations made at the inception of the agreement became invalid, or the structure of the bonds is changed, resulting in de-designation of the hedge. In June 2008, the underlying bonds that were being hedged were refinanced and as a result, none of the swap agreements are treated as a hedge for accounting purposes.

The fair value of interest rate swaps (all of which are designated as non-hedging instruments) is shown on the balance sheets as of August 31 as follows:

Description	Fair Value		Balance Sheet Location
	2016	2015	
Fixed Payment Swaps	\$ 331,334	\$ 215,376	Other long-term liabilities

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10. Long-Term Debt (Continued)

Interest Rate Swap Agreements (continued)

The change in fair value of the interest rate swaps (all of which are designated as non-hedging instruments) is shown on the consolidated statements of operations and changes in net assets for the years ended August 31 as follows:

Description	Unrealized Losses		Statement of Operations Location
	2016	2015	
Fixed Payment Swaps	\$ 115,958	\$ 59,392	Interest rate swap mark to market adjustments

Certain swap agreements require posting of collateral by SHC or the counterparties should the fair market value of the swap agreements exceed a predetermined threshold dollar amount. The collateral thresholds reflect the current credit ratings issued by major credit rating agencies on SHC's and the counterparty's debt. Declines in SHC's or the counterparties' credit ratings would result in decreases in the collateral thresholds and consequently, the potential for additional collateral postings by SHC or the counterparty. There was \$36,230 and \$1,660 of cash collateral required to be posted at August 31, 2016 and 2015, respectively.

Upon the occurrence of certain events of default or termination events identified in the derivative contracts, either SHC or the counterparty could terminate the contracts in accordance with their terms. Termination results in the payment of a termination amount by one party that attempts to compensate the other party for its economic losses. If interest rates at the time of termination are lower than those specified in the derivatives contract, SHC will make a payment to the counterparty. Conversely, if interest rates at such time are higher, the counterparty will make a payment to SHC.

Bond Interest Expense

The components of bond interest expense for the years ended August 31 are as follows:

	2016	2015
Interest and fees	\$ 25,678	\$ 25,962
Swap settlements	13,497	14,087
Bond interest expense	<u>\$ 39,175</u>	<u>\$ 40,049</u>
Interest capitalized as a cost of construction	\$ 24,190	\$ 20,232

11. Retirement Plans

SHC provides retirement benefits through defined benefit and defined contribution retirement plans covering substantially all benefit eligible employees.

Defined Contribution Retirement Plan

Employer contributions to the defined contribution retirement plan are based on a percentage of participant annual compensation. Employer contributions to this plan for SHC employees excluding LPCH employees (see Note 14) totaling \$69,180 and \$61,244 for the years ended August 31, 2016 and 2015, respectively, UHA employer contributions totaling \$2,526 and \$2,487 for the years ended August 31, 2016 and 2015, respectively, and SHC-VC employer contributions totaling \$7,479 for the year ended August 31, 2016 are included in salaries and benefits expense in the consolidated statements of operations and changes in net assets. SHC-VC made no employer contributions for the stub period ending August 31, 2015.

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11. Retirement Plans (Continued)

Defined Benefit Pension Plan

Certain employees of the Hospitals are covered by a noncontributory defined benefit pension plan (the "Staff Pension Plan"). Benefits are based on years of service and the employee's compensation. Contributions to the plans are based on actuarially determined amounts sufficient to meet the benefits to be paid to plan participants.

As of August 31, 2004, SHC assumed the pension liability of the LPCH employees. SHC received \$193 and \$286 in cash for the years ending August 31, 2016 and 2015, respectively, which represented the current year pension expense related to LPCH employees.

During the fiscal year ending August 31, 2016, the Staff Pension Plan was amended to allow for a temporary lump sum window for deferred vested participants. During the window, eligible participants were contacted and offered an opportunity to take the lump sum value of their benefit, resulting in \$17,217 in lump sum paid from the plan. This large lump sum payment triggered settlement accounting which required a \$6,079 recognition of the plan's deferred losses, and also reduced the projected benefit obligation and assets by \$17,217.

Postretirement Medical Benefit Plan

SHC currently provides health insurance coverage for SHC employees upon retirement as early as age 55, with years of service as defined by specific criteria. The health insurance coverage for retirees who are under age 65 is the same as that provided to active employees. A Medicare supplement option is provided for retirees over age 65.

During the fiscal year ending August 31, 2016, the demographic assumptions used in the valuation of the Postretirement Medical Benefit Plan were reviewed and updated, resulting in a \$17,600 decrease in the accumulated postretirement benefit obligation. The decrease was primarily due to lower expectation of plan utilization in the future.

The following tables present information on plan assets and obligations, costs, and actuarial assumptions for the Staff Pension Plan and the Postretirement Medical Benefit Plan for the years ended August 31, 2016 and 2015, respectively.

In 2014, the Society of Actuaries issued a new mortality table ("RP-2014") and a new mortality improvement (projection) scale that recognized increases in life expectancy. In selecting its assumptions for determining the benefit obligations as of August 31, 2015, SHC adopted a modified version of the RP-2014 mortality table and a projection scale based on the 2014 Trustees Report of the Social Security Administration. The use of the new mortality table and projection scale resulted in an increase of approximately \$18,400 and \$6,400 to the Staff Pension Plan and Postretirement Medical Benefit Plan benefit obligations as of August 31, 2015, respectively.

The tables for the Postretirement Medical Benefit Plan include SHC and LPCH employees. The total postretirement medical benefit liability was \$76,644 and \$84,751 as of August 31, 2016 and 2015, respectively. SHC recorded a liability within self-insurance reserves in the consolidated balance sheets of \$59,895 and \$66,547 as of August 31, 2016 and 2015, respectively, which represents the liability for SHC employees excluding LPCH employees.

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11. Retirement Plans (Continued)

The change in pension and other post-retirement plan assets and the related change in benefit obligations, using a measurement date of August 31, as of and for the years ended August 31 are as follows:

	Staff Pension Plan Obligations		Postretirement Medical Benefits Net of Medicare Part D Subsidy	
	2016	2015	2016	2015
Change in plan assets:				
Fair value of plan assets at beginning of year	\$ 197,889	\$ 214,575	\$ -	\$ -
Actual return on plan assets	24,034	(4,727)	-	-
Employer contributions	-	-	6,029	4,914
Participants contributions	-	-	1,043	1,038
Plan settlements	(17,217)	-	-	-
Benefits paid	(11,989)	(11,045)	(7,234)	(6,082)
Medicare subsidies received	-	-	162	130
Expenses paid	(1,696)	(914)	-	-
Fair value of plan assets at end of year	\$ 191,021	\$ 197,889	\$ -	\$ -
Change in benefit obligation:				
Benefit obligation at beginning of year	\$ 249,109	\$ 245,402	\$ 84,751	\$ 84,616
Service cost	1,644	2,006	2,052	2,068
Interest cost	9,806	9,182	3,295	2,995
Participants contributions	-	-	1,043	1,038
Plan settlements	(17,217)	-	-	-
Benefits paid	(11,989)	(11,045)	(7,234)	(6,082)
Medicare subsidies received	-	-	162	130
Expenses paid	(1,696)	(914)	-	-
Plan amendments	-	-	2,289	-
Actuarial loss (gain)	26,827	4,478	(9,714)	(14)
Benefit obligation at end of year	\$ 256,484	\$ 249,109	\$ 76,644	\$ 84,751
Amounts recognized in consolidated balance sheets:				
Plan assets minus benefit obligation	\$ (65,463)	\$ (51,220)	\$ (76,644)	\$ (84,751)
Net benefit liability recognized	\$ (65,463)	\$ (51,220)	\$ (76,644)	\$ (84,751)
Amounts recognized in consolidated balance sheets:				
Current liabilities	\$ -	\$ -	\$ (5,485)	\$ (5,121)
Noncurrent liabilities	(65,463)	(51,220)	(71,159)	(79,630)
Net benefit liability recognized	\$ (65,463)	\$ (51,220)	\$ (76,644)	\$ (84,751)
Amounts recognized in unrestricted net assets:				
Prior service cost	\$ -	\$ -	\$ (4,102)	\$ (2,586)
Net (loss) gain	(91,341)	(84,990)	14,131	4,730
Unrestricted net assets	\$ (91,341)	\$ (84,990)	\$ 10,029	\$ 2,144

The estimated net loss for the Staff Pension Plan that will be amortized from unrestricted net assets into net periodic benefit cost over the next fiscal year is \$3,012.

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(in thousands of dollars)

11. Retirement Plans (Continued)

The estimated net gain and prior service cost for the Postretirement Medical Benefit Plan that will be amortized from unrestricted net assets into net periodic benefit cost over the next fiscal year are \$915 and \$674, respectively.

Total benefit obligation at the end of the year for the Postretirement Medical Benefit Plan excluding Medicare Part D subsidy decreased to \$79,703.

The accumulated benefit obligation for the Staff Pension Plan was \$254,108 and \$246,998 as of August 31, 2016 and 2015, respectively.

Net benefit expense related to the plans for the years ended August 31 includes the following components:

	Staff Pension Plan Obligations	
	2016	2015
Service cost	\$ 1,644	\$ 2,006
Interest cost	9,806	9,182
Expected return on plan assets	(11,909)	(13,195)
Amortization of net actuarial loss	2,272	2,556
Settlement loss recognized	6,079	-
Total net periodic benefit cost	<u>\$ 7,892</u>	<u>\$ 549</u>

	Postretirement Medical Benefits			
	Net of Medicare Part D Subsidy		Excluding Medicare Part D Subsidy	
	2016	2015	2016	2015
Service cost	\$ 2,052	\$ 2,068	\$ 2,052	\$ 2,068
Interest cost	3,295	2,995	3,415	3,122
Amortization of prior service cost	773	815	773	815
Amortization of net actuarial gain	(313)	(338)	(537)	(567)
Total net periodic benefit cost	<u>\$ 5,807</u>	<u>\$ 5,540</u>	<u>\$ 5,703</u>	<u>\$ 5,438</u>

Changes recognized in unrestricted net assets for the years ended August 31 include the following components:

	Staff Pension Plan Obligations		Postretirement Medical Benefits Net of Medicare Part D Subsidy	
	2016	2015	2016	2015
Net loss (gain) arising during period	\$ 14,702	\$ 22,400	\$ (9,714)	\$ (14)
New prior service cost	-	-	2,289	-
Amortizations				
Prior service cost	-	-	(773)	(815)
(Loss) gain	(2,272)	(2,556)	313	338
Settlement loss recognized	(6,079)	-	-	-
Total recognized in unrestricted net assets	<u>\$ 6,351</u>	<u>\$ 19,844</u>	<u>\$ (7,885)</u>	<u>\$ (491)</u>
Total recognized in net periodic benefit cost and unrestricted net assets	<u>\$ 14,243</u>	<u>\$ 20,393</u>	<u>\$ (2,078)</u>	<u>\$ 5,049</u>

Stanford Health Care

Notes to Consolidated Financial Statements

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11. Retirement Plans (Continued)

Actuarial Assumptions

The weighted-average assumptions used to determine benefit obligations are as follows for the years ended August 31:

	Staff Pension Plan Obligations		Postretirement Medical Benefits	
	2016	2015	2016	2015
Weighted-average assumptions				
Discount rate	3.32%	4.20%	3.07%	4.01%
Rate of compensation increase	3.00%	3.00%	N/A	N/A

The discount rate, expected rate of return on plan assets, and the projected covered payroll growth rates used in determining the above net benefit expense are as follows for the years ended August 31:

	Staff Pension Plan Obligations		Postretirement Medical Benefits	
	2016	2015	2016	2015
Weighted-average assumptions				
Discount rate	4.20%	3.84%	4.01%	3.65%
Expected return on plan assets	6.50%	7.00%	N/A	N/A
Rate of compensation increase	3.00%	3.00%	N/A	N/A

To develop the assumption for the expected rate of return on plan assets, SHC considered the historical and future expected returns. An independent investment consulting firm provided SHC with an estimate of the future expected returns for each asset class based on SHC's asset allocation targets. The evaluation of the historical returns and the future expected returns resulted in the use of 6.50% as the assumption for the expected return on plan assets.

To determine the accumulated post-retirement benefit obligation as of August 31, 2016, a 7.00% annual rate of increase in the per capita cost of covered health care was assumed for calendar year 2016, declining gradually to 4.50% by 2038, and remaining at this rate thereafter.

Assumed healthcare cost trend rates have a significant effect on the amounts reported for the post-retirement medical benefit plan. Increasing the health care cost trend rate by 1% in each future year would increase the accumulated post-retirement benefit obligation by \$1,939 and the aggregate service and interest cost by \$130. Decreasing the health care cost trend rate by 1% in each future year would decrease the accumulated post-retirement benefit obligation by \$1,789 and the aggregate service and interest cost by \$119.

Plan Assets

SHC's Staff Pension Plan weighted-average asset allocations as of the measurement date August 31, 2016 and 2015, respectively, by asset category are as follows:

<u>Asset Category</u>	<u>August 31, 2016</u>	<u>August 31, 2015</u>
Debt securities	50%	51%
Equity securities	49%	48%
Other	1%	1%
Total	100%	100%

Stanford Health Care

Notes to Consolidated Financial Statements

(in thousands of dollars)

11. Retirement Plans (Continued)

Plan Assets (continued)

The following table summarizes SHC's Staff Pension Plan assets measured at fair value on a recurring basis as of August 31, based on the inputs used to value them as defined in Note 8:

	2016			
	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	\$ 1,075	\$ -	\$ -	\$ 1,075
Mutual funds	189,946	-	-	189,946
Total assets	\$ 191,021	\$ -	\$ -	\$ 191,021

	2015			
	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	\$ 1,288	\$ -	\$ -	\$ 1,288
Mutual funds	196,601	-	-	196,601
Total assets	\$ 197,889	\$ -	\$ -	\$ 197,889

Plan Investments

The investment objective of the Staff Pension Plan funds is to maximize the total rate of return (income and appreciation) within the limits of prudent risk taking and Section 404 of the Employee Retirement Income Security Act. The funds are diversified across asset classes to achieve an optimal balance between risk and return and between income and capital appreciation. Many of the pension liabilities are long-term. The investment horizon is also long-term; however, the investment plan also ensures adequate near-term liquidity to meet benefit payments.

The allowable asset mix range and target asset allocations are:

<u>Asset Category</u>	<u>Acceptable Range</u>	<u>Target Allocation</u>
Equity securities	36% to 60%	50%
Debt securities	20% to 80%	50%

Appropriate investments include common, preferred and convertible equities of domestic and foreign companies, mutual and commingled trust funds, top tier commercial paper, certificates of deposit, and fixed income securities whose assets are rated investment grade or better.

Financial futures and options on futures traded on exchanges are also permitted for hedging purposes. Prohibited investments include commodities, unregistered securities and short sales. Derivative products may not be used to leverage a portfolio or to speculate. All assets must have readily ascertainable market value and be easily marketable.

Portfolios are expected to be well diversified with respect to industry and economic sectors. Equity investments in any one company shall be limited to the greater of 5% of the market value of the portfolio at time of purchase or twice the applicable benchmark weighting of the security. The investment manager shall not hold more than 15% of any company's outstanding equity.

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Notes to Consolidated Financial Statements

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11. Retirement Plans (Continued)

Plan Investments (continued)

Fixed income investments may consist of U.S. government, U.S. government guaranteed, and U.S. government agency securities. Corporate bond holdings must have an investment grade credit rating at the time of purchase and during the holding period. No single issuer of fixed income or cash equivalent securities (with the exception of the U.S. Government and its Agencies) will account for more than 10% of the market value of the fixed income securities in a manager's portfolio.

Concentration of Risk

SHC manages a variety of risks, including market, credit, and liquidity risks, across plan assets through investment managers. Concentration of risk is defined as an undiversified exposure to one of the above-mentioned risks that increases the exposure of the loss of plan assets unnecessarily. Risk is minimized by diversifying our exposure to such risks across a variety of instruments, markets, and counterparties. As of August 31, 2016, SHC did not have concentrations of risk in any single entity, manager, counterparty, sector, industry or country.

Expected Contributions

SHC expects to make no contributions to its Staff Pension Plan for both SHC and LPCH employees during the fiscal year ending August 31, 2017. SHC expects to contribute \$4,487 to its Postretirement Medical Benefit Plan for only SHC employees during the fiscal year ending August 31, 2017.

Expected Benefit Payments

The following benefit payments, which reflect expected future service, are expected to be paid for the fiscal years ending August 31:

	Pension Benefits	Postretirement Medical Benefits	
		Net of Medicare Part D Subsidy	Excluding Medicare Part D Subsidy
2017	\$ 13,198	\$ 5,485	\$ 5,760
2018	13,601	5,610	5,882
2019	13,976	5,772	6,040
2020	14,352	5,927	6,189
2021	14,663	6,046	6,300
2022 - 2026	75,142	29,190	30,301

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12. Unrestricted Net Assets

The changes in consolidated unrestricted net assets attributable to the controlling financial interest of SHC and the noncontrolling interests, for the years ended August 31, are as follows:

	Total	Controlling Interest	Noncontrolling Interests
Balance as of September 1, 2014	\$ 2,160,693	\$ 2,137,389	\$ 23,304
Excess of revenues over expenses	389,236	389,469	(233)
Noncontrolling capital distribution, net	(62)	-	(62)
Other changes in unrestricted net assets	(59,495)	(59,465)	(30)
Balance as of August 31, 2015	2,490,372	2,467,393	22,979
Excess of revenues over expenses	69,904	71,864	(1,960)
Noncontrolling capital distribution, net	(1,000)	-	(1,000)
Other changes in unrestricted net assets	(90,106)	(90,220)	114
Balance as of August 31, 2016	<u>\$ 2,469,170</u>	<u>\$ 2,449,037</u>	<u>\$ 20,133</u>

13. Temporarily and Permanently Restricted Net Assets

Temporarily Restricted Net Assets

Temporarily restricted net assets consist of the following at August 31:

	2016	2015
Plant replacement and expansion	\$ 513,585	\$ 499,269
Other patient services	41,382	38,188
Clinical services	11,098	13,543
Indigent care	6,953	6,630
Education	4,068	4,012
Total	<u>\$ 577,086</u>	<u>\$ 561,642</u>

Permanently Restricted Net Assets

In 2009, California adopted a version of the Uniform Prudent Management of Institutional Funds Act ("UPMIFA"). SHC has interpreted UPMIFA as requiring the preservation of the original gift as of the gift date of donor-restricted endowment funds absent explicit donor stipulations to the contrary. As a result of this interpretation, SHC classifies as permanently restricted net assets (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment, and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund. The portion of the donor-restricted endowment fund that is not classified in permanently restricted net assets is classified as temporarily restricted net assets until those amounts are appropriated for expenditure in a manner consistent with the standard of prudence prescribed by UPMIFA.

Stanford Health Care
Notes to Consolidated Financial Statements
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13. Temporarily and Permanently Restricted Net Assets (Continued)

Permanently Restricted Net Assets (continued)

In accordance with UPMIFA, SHC considers the following factors in making a determination to appropriate or accumulate endowment funds:

1. The duration and preservation of the fund.
2. The purposes of SHC and the donor restricted endowment fund.
3. General economic conditions.
4. The possible effect of inflation and deflation.
5. The expected total return from income and the appreciation of investments.
6. Other resources of the organization.
7. The investment policies of the organization.

Endowment funds by net asset classification as of August 31, 2016 and 2015 are as follows:

	2016			2015		
	Temporarily Restricted	Permanently Restricted	Total	Temporarily Restricted	Permanently Restricted	Total
Donor restricted endowment	\$ 10,723	\$ 7,894	\$ 18,617	\$ 10,666	\$ 7,694	\$ 18,360
Total endowment	\$ 10,723	\$ 7,894	\$ 18,617	\$ 10,666	\$ 7,694	\$ 18,360

Changes in SHC's endowment for the years ended August 31, 2016 and 2015 are as follows:

	2016			2015		
	Temporarily Restricted	Permanently Restricted	Total	Temporarily Restricted	Permanently Restricted	Total
Endowment net assets, beginning of year	\$ 10,666	\$ 7,694	\$ 18,360	\$ 10,293	\$ 7,692	\$ 17,985
Investment return:						
Investment income	491	-	491	478	-	478
Mark to market adjustments	(21)	-	(21)	314	-	314
Total investment return	470	-	470	792	-	792
Contributions	-	200	200	-	2	2
Expenditures	(413)	-	(413)	(419)	-	(419)
Endowment net assets, end of year	\$ 10,723	\$ 7,894	\$ 18,617	\$ 10,666	\$ 7,694	\$ 18,360

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Notes to Consolidated Financial Statements

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13. Temporarily and Permanently Restricted Net Assets (Continued)

Permanently Restricted Net Assets (continued)

The following provides descriptions of amounts classified as permanently restricted net assets and temporarily restricted net assets (endowment only). The portion of endowment funds that is required to be retained permanently or temporarily, either by explicit donor stipulation or by California UPMIFA, as of August 31, 2016 and 2015 is as follows:

	2016			2015		
	Temporarily Restricted	Permanently Restricted	Total	Temporarily Restricted	Permanently Restricted	Total
Clinical services	\$ 958	\$ 4,000	\$ 4,958	\$ 1,117	\$ 4,000	\$ 5,117
Education	4,274	1,435	5,709	4,017	1,235	5,252
Indigent care and other	5,491	2,459	7,950	5,532	2,459	7,991
Total endowment classified as net assets	\$ 10,723	\$ 7,894	\$ 18,617	\$ 10,666	\$ 7,694	\$ 18,360

All of SHC's endowment, totaling \$18,617 and \$18,360 at August 31, 2016 and 2015, respectively, are invested in the MP. The funds are held in perpetuity and invested to generate income to support operating and strategic initiatives.

Return Objectives and Risk Parameters

The return objective for the endowment assets is to generate optimal total return while maintaining an appropriate level of risk established by the University.

Strategies Employed for Achieving Investment Objectives

SHC relies on a total return strategy in which investment returns are achieved through both capital appreciation (realized and unrealized gain) and current yield (interest and dividend) managed by the MP.

14. Related-Party Transactions

Transactions with the University and SoM

SHC has various transactions with the University and the SoM. SHC records expense transactions where direct and incremental economic benefits are received by SHC.

Expenses paid to the University and the SoM are reported as operating expenses in the consolidated statements of operations and changes in net assets and are management's best estimates of SHC's arms-length payments of such amounts for its market specific circumstances. To the extent that payments to the University and the SoM exceed an arms-length estimated amount relative to the benefits received by SHC, they are recorded as transfers to the University and the SoM in other changes in net assets.

SHC purchases certain services from the University and the SoM. Payment for these services is based on management's best estimate of its market specific circumstances.

Services provided by the SoM include physician services that benefit SHC, such as emergency room coverage, physicians providing medical direction to SHC, and physicians providing service to the clinical practice, which are covered by the Professional Services Agreement ("PSA"). Such expenses are reflected as purchased services in the consolidated statements of operations and changes in net assets, and total \$607,274 and \$506,349 for the years ended August 31, 2016 and 2015, respectively.

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14. Related-Party Transactions (Continued)

Transactions with the University and SoM (continued)

Services provided by the University and other SoM non-physician services include telecommunications, transportation, utilities, and certain administrative services, such as legal and internal audit. Total costs incurred by SHC were \$104,044 and \$132,545 for the years ended August 31, 2016 and 2015, respectively, and are reflected in various categories in the consolidated statements of operations and changes in net assets.

SHC paid service fees to the University in the amount of \$2,211 for the years ended August 31, 2016 and 2015. The service fees represent costs for the utilization of infrastructure owned by the University such as road improvements, parking garages and generators and are reflected in the consolidated statements of operations and changes in net assets as other expense. Expected payments over the next 17 years total \$20,994. Annual service fees range from approximately \$2,376 for the year ending August 31, 2017 to \$575 for the year ending August 31, 2033.

SHC also received payment for services provided to the University including primarily building maintenance, housekeeping, and security. Costs incurred by SHC in providing these services are reflected in the respective categories in the consolidated statements of operations and changes in net assets. Reimbursement from the University totaled \$37,844 and \$31,452 for the years ended August 31, 2016 and 2015, respectively, and is reflected in the consolidated statements of operations and changes in net assets as expense recoveries.

In addition, SHC received certain grant monies for clinical trials from the University. Grant revenue totaled \$5,748 and \$4,747 for the years ended August 31, 2016 and 2015, respectively, and is reflected in the consolidated statements of operations and changes in net assets as net patient service revenue and recoveries.

During the year ended August 31, 2004, SHC paid \$5,500 to the University. The amount represented a prepayment of a 51 year lease for property owned by the University. The short term portion of \$108 is included in prepaid expenses and other in the consolidated balance sheets as of August 31, 2016 and 2015. The remaining amount included in other assets in the consolidated balance sheets is \$3,810 and \$3,918 as of August 31, 2016 and 2015, respectively.

For the years ended August 31, 2016 and 2015, SHC transferred \$57,821 and \$66,477, respectively, to the University. These funds are used by the University to support the academic mission of the SoM and its initiatives as well as the general support of the academic community and physical plant. For the year ended August 31, 2016, SHC also transferred \$31,123 to the University which represents excess consideration paid in the acquisition of the Stanford Blood Center. Total transfers of \$88,944 and \$66,477 for the years ended August 31, 2016 and 2015, respectively, are included in other changes in unrestricted net assets in the consolidated statements of operations and changes in net assets.

SHC also received equity transfers of \$2,645 and \$4,062 during the years ended August 31, 2016 and 2015, respectively, which represented restricted gifts originally donated to the University. These gifts were subsequently re-designated mostly for SHC patient care services and the New Stanford Hospital and are included in changes in temporarily restricted net assets in the consolidated statements of operations and changes in net assets.

Transactions with LPCH

SHC and LPCH share certain departments, including facilities design and construction, materials management, managed care contracting, compliance and general services. Shared service costs are included in the respective categories on the consolidated statements of operations and changes in net assets, and are allocated between SHC and LPCH based on negotiated rates. Reimbursement received from LPCH totaled \$30,340 and \$28,556 for the years ended August 31, 2016 and 2015, respectively, and is reflected in the consolidated statements of operations and changes in net assets as expense recoveries.

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14. Related-Party Transactions (Continued)

Transactions with LPCH (continued)

SHC provides various services to LPCH. These services include operating room, cardiac catheterization, interventional radiology, radiation oncology and laboratory. The cost of these services is charged back to LPCH based on a percentage of charges intended to approximate cost or a cost per procedure. Costs of these purchased services are reflected in the appropriate category in the consolidated statements of operations and changes in net assets. Reimbursement of purchased services from LPCH totaled \$47,214 and \$47,087 for the years ended August 31, 2016 and 2015, respectively, and is reflected in the consolidated statements of operations and changes in net assets as net patient service revenue.

Other services provided by SHC include services provided by interns and residents, building maintenance, IT and utilities. Reimbursement of these services totaled \$33,448 and \$30,064 for the years ended August 31, 2016 and 2015, respectively, and is reflected in the consolidated statements of operations and changes in net assets as expense recoveries.

SHC received equity transfers of \$26,600 during the year ended August 31, 2015, which represented reimbursement for capital projects. During the year ended August 31, 2016, SHC transferred \$3,300 to LPCH which represented a partial reimbursement of prior year transfers due to revised estimate on capital projects.

15. Operating Leases

SHC leases various equipment and facilities under non-cancelable lease agreements expiring at various dates. Total rental expense (included in other expense in the consolidated statements of operations and changes in net assets) under these leases for the years ended August 31, 2016 and 2015 was \$89,951 and \$65,351, respectively.

Net minimum future lease payments under all non-cancelable operating leases for periods subsequent to August 31, 2016 are as follows:

Year Ending August 31,

2017	\$ 78,325
2018	73,742
2019	68,716
2020	57,213
2021	49,483
Thereafter	128,962
	<u>\$ 456,441</u>

SHC leases space in its medical office buildings to others under non-cancelable operating lease arrangements. Future minimum base rentals to be received under these leases in place as of August 31, 2016 are as follows:

Year Ending August 31,

2017	\$ 3,324
2018	3,010
2019	2,592
2020	1,699
2021	1,182
Thereafter	10,471
	<u>\$ 22,278</u>

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16. Commitments and Contingencies

SHC is aware of certain asserted and unasserted legal claims. While the outcome cannot be determined at this time, management is of the opinion that the liability, if any, from these actions will not have a material effect on SHC's financial position.

SHC has irrevocable standby letters of credit in the amount of \$22,032, which are required as security for the workers' compensation self-insurance arrangements and \$2,130 to serve as a security deposit for certain construction projects being undertaken by SHC. No amounts have been drawn on these letters of credit as of August 31, 2016.

At August 31, 2016, SHC had contractual obligations of approximately \$511,856 primarily related to the construction of the new hospital and other capital projects and approximately \$177,670 to support SHC's operations, such as maintenance, food services, valet services and other purchased services.

Effective December 23, 2014, SHC entered into a five year agreement with a global technology services and outsourcing company, pursuant to which SHC will receive certain information technology services. Under the terms of the agreement, SHC will be charged fixed fees for one-time transition services (through August 31, 2015), ongoing recurring and event-based fees for information technology services, and additional fees plus expenses for project work agreed upon pursuant to work orders. SHC has the right to extend the agreement for up to two consecutive one-year periods. SHC anticipates that it will spend approximately \$36,000 over the initial term of the agreement. SHC has certain rights to reduce the scope of services to be purchased and to terminate the agreement early for a termination fee. The amount of the termination fee depends on when the right to terminate is exercised, what services are terminated, and changes monthly from \$1,387 to terminate all services in the month ending September 30, 2016 and decreasing gradually to \$459 for the month ending December 31, 2019.

The healthcare industry is subject to numerous laws and regulations of federal, state and local governments. Compliance with these laws and regulations can be subject to future government review and interpretation, as well as to regulatory actions unknown or unasserted at this time. Government activity with respect to investigations and allegations concerning possible violations of regulations by healthcare providers could result in the imposition of significant fines and penalties, as well as significant repayments for patient services previously billed. SHC is subject to similar regulatory reviews, and while such reviews may result in repayments and/or civil remedies that could have a material effect on SHC's financial results of operations in a given period, management believes that such repayments and/or civil remedies would not have a material effect on SHC's financial position.

As with many medical centers across the country, information security and privacy is a growing risk area based on developments in the law and expanding mobile technology practices. SHC has policies, procedures, and training in place to safeguard protected information, but select incidents have occurred in the past and may occur in the future involving potential or actual disclosure of such information (including, for example, certain identifiable information relating to patients or research participants). In most cases, there has been no evidence of unauthorized access to, or use/disclosure of, such information, yet laws may require reporting to potentially affected individuals and federal and state governmental agencies. Governmental agencies have the authority to investigate and request further information about an incident or safeguards, to cite SHC for a deficiency or regulatory violation, and/or require payment of fines, corrective action, or both. California law also allows a private right to sue for a breach of medical information. The cost of such possible consequences has not been material to date to SHC, and management does not believe that any future consequences of these incidents will be material to the consolidated financial statements.

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16. Commitments and Contingencies (Continued)

The percentage of SHC employees that are covered by collective bargaining arrangements is approximately 31%. There are currently no expired agreements.

California's Hospital Seismic Safety Act requires licensed acute care functions to be conducted only in facilities that meet specified seismic safety standards. Facilities classified by the State of California as non-compliant in the event of an earthquake must be retrofitted, replaced or removed from acute-care service by applicable deadlines in 2020 or 2030.

The California Office of Statewide Health Planning and Development has classified a substantial portion of Stanford Hospital as compliant with seismic safety structural standards until 2030 and beyond. Certain patient care activities are located in existing buildings that are structurally compliant until 2030. However, these facilities have utility system configurations that must be modified no later than January 1, 2020 in order to remain in use for acute patient care. SHC is constructing a new hospital facility to address seismic safety requirements, which will also enable retrofit work of the existing hospital facility utility infrastructure.

Amendments of the Hospital Seismic Safety Act, through Senate Bill ("SB") 90 and SB 499, allow extensions to compliance timelines for hospitals that meet certain eligibility requirements. SHC has received approval from the State to extend the compliance deadline through 2019 for all buildings subject to the requirement. These extensions will allow sufficient time to construct the new hospital and mitigate the deficiencies of the existing facility.

In June 2011, the Palo Alto City Council certified the Final Environmental Impact Report, land use changes, permits and a Development Agreement with SHC, LPCH and the University as part of a Renewal Project. In July 2011, the Palo Alto City Council provided final approval for the Renewal Project at the second reading of the Development Agreement. The Renewal Project will rebuild Stanford Hospital and expand LPCH to assure adequate capacity, meet State-mandated earthquake safety standards, and provide modern, technologically-advanced hospital facilities. The Renewal Project also includes replacement of outdated laboratory facilities at the SoM and remodeling of Hoover Pavilion. SHC's share of the estimated cost is approximately \$2 billion. As of August 31, 2016, SHC has capitalized \$1,208 million, inclusive of \$98 million in capitalized interest, related to this project.

Based on current estimated schedules, management projects that the Renewal Project construction will be complete in 2018.

17. Functional Expenses

Expenses are categorized on a functional basis for the years ended August 31:

	<u>2016</u>	<u>2015</u>
Patient services	\$ 3,553,997	\$ 2,973,295
Management and general	384,711	305,910
Fundraising	10,911	9,566
Total functional expenses	<u>\$ 3,949,619</u>	<u>\$ 3,288,771</u>

18. Subsequent Events

SHC has evaluated subsequent events occurring between the end of the most recent fiscal year and December 6, 2016, the date the financial statements were issued.



**Report of Independent Auditors
on Accompanying Consolidating Information**

To Board of Directors
Stanford Health Care

We have audited the consolidated financial statements of Stanford Health Care ("SHC") as of August 31, 2016 and for the year then ended and our report thereon appears on page one of this document. That audit was conducted for the purpose of forming an opinion on the consolidated financial statements taken as a whole. The consolidating information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The consolidating information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves and other additional procedures, in accordance with auditing standards generally accepted in the United States of America. In our opinion, the consolidating information is fairly stated, in all material respects, in relation to the consolidated financial statements taken as a whole. The consolidating information is presented for purposes of additional analysis of the consolidated financial statements rather than to present the financial position, results of operations and cash flows of the individual companies and is not a required part of the consolidated financial statements. Accordingly, we do not express an opinion on the financial position, results of operations and changes in net assets and cash flows of the individual companies.

PricewaterhouseCoopers LLP

December 6, 2016

Stanford Health Care
Consolidating Balance Sheet
August 31, 2016
(in thousands of dollars)

	SHC	UHA	SHC-VC	SBC LLC	SHI	SEROC	PEAC	Care Counsel	SHC Advantage	Eliminations	Total
Assets											
Current assets:											
Cash and cash equivalents	\$ 569,784	\$ 9,526	\$ 64,551	\$ 10,120	\$ 16,570	\$ 5,187	\$ 10,015	\$ 162	\$ 4,545	\$ -	\$ 690,460
Short term investments	103,627	-	-	-	-	-	-	-	-	-	103,627
Patient accounts receivable, net of allowance for doubtful accounts	504,296	19,280	34,208	-	-	2,149	-	-	-	-	559,933
Other receivables	84,989	1,807	5,816	765	321	567	277	359	255	(2,195)	92,961
Inventories	42,841	-	5,341	1,834	-	-	-	-	-	-	50,016
Prepaid expenses and other	28,972	5,058	930	58	261	142	855	25	18	(46)	36,273
Due from related parties	6,128	10,535	1,306	3,874	104	-	-	-	-	(21,947)	-
Total current assets	1,340,637	46,206	112,152	16,651	17,256	8,045	11,147	546	4,818	(24,188)	1,533,270
Investments	72,529	-	-	-	59,744	-	-	-	-	-	132,273
Investments in University managed pools	1,280,143	-	-	-	36,346	-	-	-	-	-	1,316,489
Assets limited as to use, held by trustee	235,788	-	-	-	-	-	-	-	-	-	235,788
Property and equipment, net	2,242,795	27,937	127,374	3,161	-	613	-	-	-	-	2,401,880
Other assets	181,747	9,407	11,348	-	-	-	140	17	311	(65,333)	137,637
Investments in related entities	267,091	2,061	-	-	-	-	-	-	-	(269,152)	-
Total assets	\$ 5,620,730	\$ 85,611	\$ 250,874	\$ 19,812	\$ 113,346	\$ 8,658	\$ 11,287	\$ 563	\$ 5,129	\$ (358,673)	\$ 5,757,337
Liabilities and Net Assets											
Current liabilities:											
Accounts payable and accrued liabilities	\$ 281,725	\$ 16,595	\$ 29,976	\$ 2,336	\$ 58	\$ 665	\$ 3,281	\$ 83	\$ 1,571	\$ (295)	\$ 335,995
Accrued salaries and related benefits	190,460	25,195	21,051	-	-	-	-	113	-	-	236,819
Due to related parties	78,714	1,306	299	979	802	266	104	185	600	(21,947)	61,308
Third-party payor settlements	23,024	-	(76)	-	-	-	-	-	-	-	22,948
Current portion of long-term debt	13,240	-	2,462	-	-	-	-	-	-	(1,946)	13,756
Debt subject to short-term remarketing arrangements	228,200	-	-	-	-	-	-	-	-	-	228,200
Self-insurance reserves and other	26,572	1,586	2,578	2	12,494	-	-	-	-	-	43,232
Total current liabilities	841,935	44,682	56,290	3,317	13,354	931	3,385	381	2,171	(24,188)	942,258
Self-insurance reserves and other, net of current portion	82,902	-	6,004	49	25,055	-	4,984	-	-	-	118,994
Other long-term liabilities	353,436	1,639	65,941	-	-	-	-	-	-	(65,333)	355,683
Pension liability	65,463	-	-	-	-	-	-	-	-	-	65,463
Long-term debt, net of current portion	1,216,435	-	4,354	-	-	-	-	-	-	-	1,220,789
Total liabilities	2,560,171	46,321	132,589	3,366	38,409	931	8,369	381	2,171	(89,521)	2,703,187
Net assets:											
Unrestricted:											
Stanford Health Care	2,476,094	39,290	117,708	16,446	58,752	4,636	2,061	182	2,958	(269,090)	2,449,037
Noncontrolling interests	-	-	-	-	16,185	3,091	857	-	-	-	20,133
Total unrestricted	2,476,094	39,290	117,708	16,446	74,937	7,727	2,918	182	2,958	(269,090)	2,469,170
Temporarily restricted	576,571	-	577	-	-	-	-	-	-	(62)	577,086
Permanently restricted	7,894	-	-	-	-	-	-	-	-	-	7,894
Total net assets	3,060,559	39,290	118,285	16,446	74,937	7,727	2,918	182	2,958	(269,152)	3,054,150
Total liabilities and net assets	\$ 5,620,730	\$ 85,611	\$ 250,874	\$ 19,812	\$ 113,346	\$ 8,658	\$ 11,287	\$ 563	\$ 5,129	\$ (358,673)	\$ 5,757,337

Stanford Health Care
Consolidating Statement of Operations and Changes in Net Assets
Year Ended August 31, 2016
(in thousands of dollars)

	SHC	UHA	SHC-VC	SBC LLC	SHI	SEROC	PEAC	Care Counsel	SHC Advantage	Eliminations	Total
Operating revenues:											
Net patient service revenue	\$ 3,561,596	\$ 176,360	\$ 276,629	\$ -	\$ -	\$ 9,756	\$ -	\$ -	\$ -	\$ (5,056)	\$ 4,019,285
Provision for doubtful accounts	(109,224)	(4,314)	(12,416)	-	-	(305)	-	-	(21)	-	(126,280)
Net patient service revenue less provision for doubtful accounts	3,452,372	172,046	264,213	-	-	9,451	-	-	(21)	(5,056)	3,893,005
Premium revenue	1,413	66,234	-	-	-	-	-	-	6,680	(2,035)	72,292
Other revenue	54,365	14,630	7,830	61,364	25,171	3	2,323	1,847	-	(44,537)	122,996
Net assets released from restrictions used for operations	9,328	-	44	-	-	-	-	-	-	-	9,372
Total operating revenues	3,517,478	252,910	272,087	61,364	25,171	9,454	2,323	1,847	6,659	(51,628)	4,097,665
Operating expenses:											
Salaries and benefits	1,612,059	88,402	145,456	97	-	1,484	-	2,789	15	(178)	1,850,124
Professional services	43,678	1,467	4,687	377	803	1,018	527	20	637	(3,368)	49,846
Supplies	479,755	18,413	39,326	14,391	-	65	-	20	1,243	(22,083)	531,130
Purchased services	917,677	176,501	26,674	29,208	12,426	938	-	201	9,870	(115,913)	1,058,182
Depreciation and amortization	118,451	7,941	9,792	911	-	247	-	-	-	-	136,442
Interest	39,371	58	2,469	12	-	-	-	-	-	(2,249)	39,661
Other	315,032	26,653	37,146	6,799	18,369	1,749	2,016	336	586	(19,487)	389,199
Expense recoveries from related parties	(156,911)	(19,927)	(3,205)	-	-	-	-	(935)	-	76,013	(104,965)
Total operating expenses	3,369,312	299,008	262,345	51,795	31,598	5,501	2,543	2,431	12,351	(87,265)	3,949,619
Income (loss) from operations	148,166	(46,098)	9,742	9,569	(6,427)	3,953	(220)	(584)	(5,692)	35,637	148,046
Interest and investment income	15,475	77	522	-	1,067	-	2	-	3	(3,511)	13,635
Increase (decrease) in value of University Managed pools	24,183	-	-	-	730	-	-	-	-	(732)	24,181
Interest rate swap mark to market adjustments	(115,958)	-	-	-	-	-	-	-	-	-	(115,958)
Excess (deficiency) of revenues over expenses	71,666	(46,021)	10,264	9,569	(4,630)	3,953	(218)	(584)	(5,689)	31,394	69,904
Other changes in unrestricted net assets:											
Transfer to Stanford University, net	(57,821)	-	-	(31,123)	-	-	-	-	-	-	(88,944)
Transfer between UHA and SHC-VC	-	673	(673)	-	-	-	-	-	-	-	-
Transfer to Lucile Packard Children's Hospital	(3,300)	-	-	-	-	-	-	-	-	-	(3,300)
Transfer between SHC and SHC-VC	(3,089)	-	3,089	-	-	-	-	-	-	-	-
Change in net unrealized gains on investments	1,131	-	-	-	449	-	-	-	-	(335)	1,245
Net assets released from restrictions used for:											
Purchase of property and equipment	907	-	66	-	-	-	-	-	-	-	973
Change in pension and postretirement liability	(80)	-	-	-	-	-	-	-	-	-	(80)
Noncontrolling capital distribution, net	-	53,618	-	38,000	-	(2,500)	-	200	6,000	(96,318)	(1,000)
Increase (decrease) in unrestricted net assets	9,614	8,270	12,746	16,446	(4,181)	1,453	(218)	(384)	311	(65,259)	(21,202)
Changes in temporarily restricted net assets:											
Transfer from Stanford University	2,645	-	-	-	-	-	-	-	-	-	2,645
Contributions and other	20,050	-	667	-	-	-	-	-	-	-	20,717
Investment income	744	-	-	-	-	-	-	-	-	-	744
Gains on University managed pools	1,683	-	-	-	-	-	-	-	-	-	1,683
Net assets released from restrictions used for:											
Operations	(9,328)	-	(44)	-	-	-	-	-	-	-	(9,372)
Purchase of property and equipment	(907)	-	(66)	-	-	-	-	-	-	-	(973)
Increase in temporarily restricted net assets	14,887	-	557	-	-	-	-	-	-	-	15,444
Changes in permanently restricted net assets:											
Contributions	200	-	-	-	-	-	-	-	-	-	200
Increase in permanently restricted net assets	200	-	-	-	-	-	-	-	-	-	200
Increase (decrease) in net assets	24,701	8,270	13,303	16,446	(4,181)	1,453	(218)	(384)	311	(65,259)	(5,558)
Net assets, beginning of year	3,035,858	31,020	104,982	-	79,118	6,274	3,136	566	2,647	(203,893)	3,059,708
Net assets, end of year	\$ 3,060,559	\$ 39,290	\$ 118,285	\$ 16,446	\$ 74,937	\$ 7,727	\$ 2,918	\$ 182	\$ 2,958	\$ (269,152)	\$ 3,054,150

This policy applies to: ☒ Stanford Hospital and Clinics ☐ Lucile Packard Children's Hospital	Last Approval Date: May 2008
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I. PURPOSE

The purpose of this policy is to comply with the requirements in Section 6032 of the Deficit Reduction Act of 2005 (the "DRA"), which amends Section 1902(a) of the Social Security Act (42 U.S.C. 1396a(a)). Under the DRA, any entity that receives or pays five million dollars (\$5,000,000) or more in Medicaid payments each year is required to implement specific policies that provide detailed information about the following: (a) the federal False Claims Act; (b) federal administrative remedies for false claims and statements; (c) the California False Claims Act; (d) the civil or criminal penalties for false claims and statements under the California Act; (e) whistleblower protections under the federal False Claims Act and California law; (f) the role of such laws in preventing and detecting fraud, waste, and abuse in Federal health care programs; and (g) detailed provisions regarding the entity's policies and procedures for detecting and preventing fraud, waste, and abuse. The information in this policy must also be included in entity's Employee Handbook. Effective January 1, 2007, the existence of such policies will be a condition for any such entity's participation in the Medicaid program. In addition, the policy must apply to all of the entity's employees, including management, and any contractors or agents of the entity. Stanford Hospital and Clinics ("SHC") is subject to these requirements of the DRA and must adopt policies as described above.

II. DEFINITIONS

- A. Under the federal False Claims Act, a "claim" is any request or demand, whether under a contract or otherwise, for money or property which is made to a contractor, grantee, or other recipient if the Government provides any portion of the money or property requested or demanded, or if the Government will reimburse such contractor, grantee or recipient for any portion of the money or property.
- B. Under the California False Claims Act, a "claim" is any request or demand for money, property, or services made to any employee, officer, or agent of the state or of any political subdivision, or to any contractor, grantee, or other recipient, whether under contract or not, if any portion of the money, property, or services requested or demanded issued from, or was provided by, the state or by any political subdivision thereof.
- C. Under both the federal False Claims Act and the California False Claims Act, "knowing" or "knowingly" means that a person, with respect to information, has (1) 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, and no proof of specific intent to defraud is required.

This policy applies to: ☒ Stanford Hospital and Clinics ☐ Lucile Packard Children's Hospital	Last Approval Date: May 2008
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- D. Under the California False Claims Act, a "political subdivision" includes any city, city and county, county, tax or assessment district, or other legally authorized local governmental entity with jurisdictional boundaries.
- E. Under the California False Claims Act, a "person" includes any natural person, corporation, firm, association, organization, partnership, limited liability company, business or trust.

III. **POLICY STATEMENT**

SHC shall provide this policy to all SHC employees, including management, and any contractors or agents of SHC, to educate them about the federal false claims statute, administrative remedies for false claims and statements under federal law, state laws pertaining to civil or criminal penalties for false claims and statements, whistleblower protections under such laws, and the role of such laws in preventing and detecting fraud, waste and abuse in federal health care programs. SHC shall also include detailed provisions regarding any policies and procedures for detecting and preventing fraud, waste and abuse.

IV. **PRINCIPLES**

A. **OVERVIEW**

False claims statutes play an important role in preventing fraud and abuse in government health care programs by enabling the Government to bring civil actions to recover damages and civil penalties when false claims are submitted to the Government. The federal False Claims Act (the "FCA") prompted many states to implement similar statutes that address fraud and abuse in state and local government programs. Some false claims statutes, including the FCA, also allow certain individuals, usually employees or former employees, to file a qui tam suit against the entity that submitted the false claims.

B. **FEDERAL FALSE CLAIMS ACT**

1. **Background**

Generally, the FCA applies to any federally funded program with the exception of tax fraud issues. See 31 U.S.C. § 3729. Under the FCA, any person or entity who knowingly submits or causes to be submitted, a false or fraudulent claim for payment of United States Government funds, is liable for the following: (a) three times the Government's damages, (b) civil penalties ranging from \$5,500 to \$11,000 per false claim, and (c) the costs of the civil action to recover the penalty or damages from the false claims. However, the

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court may assess a minimum of two times the amount of the Government's damages in lieu of the full amount of penalties above if all of the following criteria are satisfied:

- a. the individual provided the Government all information known to the individual within thirty days after he/she first obtained the information;
- b. the individual fully cooperated with any government investigation of the violation; and
- c. when the individual furnished the information, there was no criminal prosecution, civil or administrative action with respect to the violation and the individual did not have actual knowledge of an investigation into the violation.

In this situation, the person would still be responsible for the costs of the civil action brought to recover any penalty or damages.

The FCA is also implicated when a person or entity does any of the following:

- a. knowingly makes, uses, or causes to be used a false record or statement to get a false or fraudulent claim paid by the Government;
- b. conspires to defraud the Government by getting a false claim paid;
- c. has possession, custody, or control of property or money to be used by the Government, and intending to defraud or willfully conceal the property, delivers less property than the amount for which the person receives a receipt;
- d. certifies receipt of property on a document without completely knowing whether the information on the receipt is true;
- e. knowingly buys government property from an unauthorized officer or employee of the Government; or
- f. knowingly makes, uses, or causes to be used or made, a false record or statement to avoid, conceal, or decrease an obligation to pay or transmit money or property to the Government.

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When the Attorney General has reason to believe that a person (or entity) may have material or information related to a false claims investigation, he/she can initiate an investigation. The Attorney General can issue a civil investigative demand, which requires the person (who is the subject of the investigation) to do any of the following: (a) produce the relevant materials for inspection and copying, (b) answer written questions, (c) provide oral testimony regarding the information; or (d) furnish any combination of the information described in (a), (b) and (c). See 31 U.S.C. § 3733.

2. **Qui Tam Suits.**

The “qui tam” provision, more commonly referred to as the whistleblower provision, permits a private person, (the “relator”, also known as a “whistleblower”), to bring a civil action on behalf of the Government, when he or she has information that the defendant knowingly submitted, or caused to be submitted, to the Government false or fraudulent claims. The purpose of a qui tam suit is to recover the funds received as a result of the false claims. If the suit is successful, the relator may receive a percentage of the funds recovered.

Generally, filing a qui tam suit and participating in the corresponding court procedure is a complicated process with many specific requirements. Initially, the relator must provide a copy of the complaint and written disclosure of substantially all material evidence and information in his or her possession to the Government. Once the qui tam suit is filed, the suit remains under seal for a minimum of sixty days, during which time the Department of Justice decides whether to intervene in the relator’s suit.

If the Government joins the suit, the relator may receive between fifteen and twenty-five percent of the proceeds of the action or settlement of the claim, depending upon the extent to which the relator substantially contributed to the prosecution of the action. If the Government declines to intervene in the suit, the relator can proceed on behalf of the Government. Although the Government is not an actual party to the case when the relator proceeds independently, the Government is still entitled to any recovery obtained from the relator’s suit. Generally, the relator may receive between twenty-five and thirty percent of the proceeds, depending

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upon what amount the court determines is reasonable for collecting the civil penalty and damages.

There are two limitations on the relator's recovery of proceeds:

- a. regardless of whether the Government participates in the action, if the relator planned and initiated the false claims violation, the court may reduce the relator's share of the proceeds based on his/her role in advancing the case to litigation and other relevant circumstances; and
- b. if the relator is convicted of criminal conduct related to his/her role in the false claims, the relator will be dismissed from the civil action without receiving any portion of the proceeds. See 31 U.S.C. § 3730.

In addition, the FCA has a statute of limitations that restricts the period of time during which a person can file a qui tam action. A civil action under the FCA must be filed (a) within six years from the date of the false claims violation, or (b) within three years of when the Government knows, or reasonably should have known, about facts material to the illegal conduct, but in no event more than ten years after the violation occurred, whichever occurs last. See 31 U.S.C. § 3731.

3. **Whistleblower Protections**

Under the FCA, a relator/whistleblower is protected from retaliation by his or her employer when he or she files a qui tam case. Any employee who is discharged, demoted, suspended, threatened, harassed, or discriminated against in his or her employment as a result of the employee's lawful acts in furtherance of a false claims action, including, initiation of, investigation for, testimony for, or assistance in an action filed or to be filed, is entitled to all relief necessary to make the employee whole. The employee may bring an action based on the employer's retaliation in the appropriate federal district court. If the action is successful, the employee/whistleblower is entitled to:

- a. reinstatement with the same seniority status the employee would have had without the discrimination,
- b. two times the amount of back pay,
- c. interest on the back pay, and

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- d. compensation for any special damages incurred as a result of the discrimination, including litigation costs and reasonable attorneys' fees. See 31 U.S.C. § 3730(h).

C. **ADMINISTRATIVE REMEDIES FOR FALSE CLAIMS AND STATEMENTS**

The Program Fraud Civil Remedies Act of 1986 (the "PFCRA") is similar to the FCA and sets forth the administrative remedies for false claims and statements. A person violates the PFCRA by making, presenting or submitting (or causes to be made, presented or submitted), a claim that he or she knows, or has reason to know, is one of the following:

1. false, fraudulent, or fictitious (collectively, "false");
2. for payment for the provision of property or services that the person did not provide as claimed; or
3. includes or is supported by a written statement that either:
 - a. asserts a material fact that is false, or
 - b. omits a material fact, is false as a result of the omission, and is a statement in which the person making, presenting or submitting such statement has a duty to include such material fact.

A violation of this section of the PFCRA results in a maximum civil penalty of \$5,000 for each claim and an assessment of up to twice the amount of each claim (or the relevant portion of the claim.) However, an assessment will not be made on claims that the Government has not paid.

A person also violates the PFCRA by submitting a written statement that he/she knows or has reason to know:

1. (a) asserts a material fact that is false, or (b) omits a material fact, is false as a result of the omission, and the person has a duty to include the material fact in the statement; and
2. includes or is accompanied by an express certification of affirmation of the truthfulness and accuracy of the statement's contents.

A person is subject to a maximum civil penalty of \$5,000 for each statement that violates this section of the PFCRA. See 31 U.S.C. § 3802.

D. **CALIFORNIA FALSE CLAIMS ACT**

This policy applies to: ☒ Stanford Hospital and Clinics ☐ Lucile Packard Children's Hospital	Last Approval Date: May 2008
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1. **Criminal/Civil Penalties**

Under the California False Claims Act (the "CFCA"), any person or entity who knowingly presents, or causes to be presented, a false claim for payment or approval to an officer or employee of the state, or of any political subdivision of the state (hereinafter, the "state"), or knowingly makes, uses, or causes to be made or used a false record or statement to get a false claim paid or approved by the state, is liable for (a) three times the amount of the damages to the state, and (b) the costs of the civil action to recover the penalties or damages. In addition to the penalties above, the person or entity may be liable to the state for civil penalties of up to \$10,000 for each false claim. See Ca Govt. Code § 12651(a).

The other actions that result in civil and criminal penalties under the CFCA mirror those of the federal FCA (described above in Section D(1)); however, the CFCA has an additional component under which a person or entity may be liable if (a) he or she is a beneficiary of an inadvertent submission of a false claim to the state, (b) subsequently discovers the falsity of the claim, and (c) fails to disclose the false claim to the state within a reasonable time after discovery of the claim.

A person who violates the CFCA may be liable for a lesser amount, (between two and three times the amount of the state's damages and no civil penalty), if the court makes the following findings: (a) the person committing the violation provided the state with all information known about the violation within 30 days of when the person first obtained the information; and (b) the person fully cooperated with any state investigation; and (c) when the person furnished the state with information, no criminal prosecution, civil action, or administrative action had commenced with respect to the violation, and the person did not have actual knowledge of an investigation into the violation. See Ca Govt. Code § 12651(b).

The CFCA does not apply to a controversy involving less than \$500 in value, nor does it apply to claims involving workers' compensation, claims against public entities and employees, or claims, records or statements made under the Revenue and Taxation Code. See Ca Govt. Code § 12651.

This policy applies to: ☒ Stanford Hospital and Clinics ☐ Lucile Packard Children's Hospital	Last Approval Date: May 2008
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A civil action under the CFCA must be filed within three years from the date of the state's discovery of the violation, or within ten years after the date the violation occurred. However, unlike the federal FCA, the CFCA can be applied retroactively if the limitations period has not lapsed. See Ca Govt. Code § 12654.

2. **Qui Tam Suits**

Under the CFCA, a person (the "qui tam plaintiff") may bring an action for a false claims violation on behalf of either the state or a political subdivision, depending on which funds are involved. Similar to the federal FCA, the complaint may remain under seal for sixty days until the Attorney General decides whether to intervene in the action. On the day the complaint is filed, the qui tam plaintiff must provide (by mail, return receipt requested) to the Attorney General a copy of the complaint and written disclosure of substantially all material evidence and information that the qui tam plaintiff has. Within sixty days of receipt of the complaint and written disclosure, the Attorney General may intervene in the action if the alleged violations involve state funds. See Ca Govt. Code § 12652(c).

Under the CFCA, a qui tam plaintiff is entitled to a greater share of the proceeds from a false claims action than under the federal FCA. If the state proceeds with the action, the qui tam plaintiff receives between fifteen and thirty-three percent of the proceeds of the action or settlement of the claim, depending upon the extent to which the qui tam plaintiff substantially contributed to the prosecution of the action. When the state declines to intervene, the qui tam plaintiff is entitled an amount that the court determines is reasonable for collecting the civil penalty and damages on the Government's behalf, which is at least twenty-five percent, but not more than fifty percent, of the proceeds.

This policy applies to: ☒ Stanford Hospital and Clinics ☐ Lucile Packard Children's Hospital	Last Approval Date: May 2008
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In the event the qui tam plaintiff actively participated in the fraudulent activity, he or she is not guaranteed any minimum amount of recovery from the proceeds. The court considers the significance of the information, the qui tam plaintiff's role in moving the case to litigation, the scope of the employee's past or present involvement in the fraudulent activity, the employee's attempts to avoid or resist the activity, and any other circumstances surrounding the activity. If the court does allow recovery to the qui tam plaintiff, the amount may not exceed thirty-three percent of the proceeds if the state intervened or fifty percent if the state did not intervene. See Ca Govt. Code § 12652(g).

3. **Whistleblower Protections**

Under the CFCA, an employer is prohibited from making, adopting, or enforcing any rule, regulation or policy that prevents employees from disclosing information to a government/law enforcement agency or from acting in furtherance of a false claims action, including investigating, initiating, testifying, or assisting in an action filed under the CFCA. In addition, an employer may not discharge, demote, suspend, threaten, harass, deny promotion to, or discriminate against an employee in his/her employment because of the employee's lawful actions to further a false claims action. An employer that violates this section is liable for all relief necessary to make the employee whole which includes the following:

- a. reinstatement of the employee with the same seniority status that he or she would have had without the discrimination;
- b. two times the amount of back pay;
- c. interest on the back pay;
- d. compensation for any special damages incurred as a result of the discrimination;
- e. litigation costs and reasonable attorneys' fees; and
- f. punitive damages where appropriate, (a remedy that is not provided under the federal FCA.)

When the employee is discharged, demoted, suspended, harassed, denied promotion or discriminated against by his or her employer because of the employee's participation in conduct that directly or indirectly resulted the submission of a false claim to the state, the employee is entitled the remedies above, only if: (a) the employee

This policy applies to: ☒ Stanford Hospital and Clinics ☐ Lucile Packard Children's Hospital	Last Approval Date: May 2008
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voluntarily disclosed information to the Government or acted in furtherance of a false claims action; and (b) the employee was harassed, threatened with termination or demotion, or coerced by the employer or its management to engage in the fraudulent activity. See Ca Govt. Code § 12653.

V. PROCEDURES

- A. SHC shall establish a procedure for implementing this policy. Accordingly, SHC shall be responsible for the following:
 1. Ensuring that all SHC employees, including management, and any contractors or agents of SHC, are provided with this policy by making the policy available on the SHC Intranet effective January 1, 2007 and including the policy in the SHC Employee Handbook and/or code of conduct, as appropriate.
 2. Implementing training for all SHC employees, management, contractors, and agents regarding the state and federal laws discussed in this policy (including whistleblower protections for employees) and any SHC policies and procedures for detecting and preventing fraud, waste, and abuse.
 3. Confirming that all SHC employee, management, contractor and agents received sufficient training regarding this policy and any SHC policies and procedures for detecting and preventing fraud, waste and abuse.
 4. Revising this policy when necessary to comply with changes in the laws or regulations and documenting and implementing any such changes.
 5. Ensuring that all SHC employees, management, contractors, and agents have access to SHC policies involving the detection and prevention of fraud, waste, and abuse.

VI. PROCEDURES

- A. SHC shall establish a procedure for implementing this policy. Accordingly, SHC shall be responsible for the following:

This policy applies to: ☒ Stanford Hospital and Clinics ☐ Lucile Packard Children's Hospital	Last Approval Date: May 2008
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1. A copy of this policy will be posted in the SHC Employee Handbook and on the SHC Intranet and referenced in the Code of Conduct training.
2. A copy of the policy will be distributed to employees, agents, and contractors in accordance with the requirements of the DRA.
3. SHC employees, agents, and contractors are aware of their responsibility to report potential or suspected incidents of fraud and/or abuse, and other wrongdoing directly to their supervisor or use one of the reporting methods described in the SHC/LPCH Code of Conduct.
4. The Chief Compliance and Privacy Officer or the Executive Director of Internal Audit, in consultation with the Office of General Counsel, is responsible for receiving and acting upon all information suggesting the existence of possible fraud, abuse, or other wrongdoing; and for directing all investigations arising from this information.
5. This policy will be revised when necessary to comply with changes in the laws or regulations and any such changes will be documented and implemented.

VII. RELATED DOCUMENTS

- A. SHC/LPCH Code of Conduct
- B. SHC/LPCH Employee Handbook

VIII. DOCUMENT INFORMATION

- A. Legal Authority/References
 1. Ca Govt. Code § 12650-12656
 2. 31 U.S.C. § 3801-3812
 3. 31 U.S.C. § 3729-3733
 4. Deficit Reduction Act of 2005, Sections 6031, 6032 (S. 1932, Feb. 8, 2006)
- B. Author/Original Date
November 2006, Erin Leigh, Office of the General Counsel
- C. Gatekeeper of Original Document
Stanford Hospital and Clinics Human Resources Compliance Officer
- D. Distribution and Training Requirements

This policy applies to: ☒ Stanford Hospital and Clinics ☐ Lucile Packard Children's Hospital	Last Approval Date: May 2008
Name of Policy: False Claims Recovery Policy	Page 12 of 12
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1. This policy resides on the Intranet of Stanford Hospital and Clinics
2. New versions of the policy will be posted on the Intranet and communicated to applicable staff.

E. Review and Renewal Requirements

This policy will be reviewed every three (3) years and/or as required by change of law or practice.

F. Review and Revision History

This is a new policy March 2007.

Revised May 2008 by Erin Leigh, Office of the General Counsel

G. Approvals

November 2006, Sarah DiBoise, Chief Hospital Counsel

November 2006, Lori Curry, Vice President of Human Resources

September 2008 by Lori Curry, Vice President of Human Resources – SHC

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Exhibit HH



Stanford
HEALTH CARE

STANFORD MEDICINE

**ANNUAL DISCLOSURE REPORT
OF
STANFORD HEALTH CARE
FOR
THE FISCAL YEAR ENDED AUGUST 31, 2017**

DATED JANUARY 16, 2018

ANNUAL DISCLOSURE REPORT
OF
STANFORD HEALTH CARE
FOR
THE FISCAL YEAR ENDED AUGUST 31, 2017

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I. INTRODUCTION

Pursuant to the following Continuing Disclosure Agreements (the “Disclosure Agreements”) executed and delivered in connection with the related bond issues (the “Bonds”), Stanford Health Care (the “Corporation”) hereby provides its annual disclosure report for the fiscal year ended August 31, 2017 (the “Annual Disclosure Report”):

- Continuing Disclosure Agreement dated June 2, 2008 (the “Series 2008 Disclosure Agreement”) relating to the original issue of \$156,200,000 California Health Facilities Financing Authority Revenue Bonds (Stanford Hospital and Clinics) 2008 Series A-1 and A-3;
- Continuing Disclosure Agreement dated June 16, 2010 (the “Series 2010 Disclosure Agreement”) relating to the original issue of \$296,055,000 California Health Facilities Financing Authority Refunding Revenue Bonds (Stanford Hospital and Clinics) 2010 Series A and B;
- Continuing Disclosure Agreement dated June 15, 2011 (the “Series 2011 Disclosure Agreement”) relating to the reoffering of \$272,365,000 California Health Facilities Financing Authority Refunding Revenue Bonds (Stanford Hospital and Clinics) 2008 Series A-2, A-3 and B-2;
- Continuing Disclosure Agreement dated May 23, 2012, relating to the original issue of \$408,320,000 California Health Facilities Financing Authority Revenue Bonds (Stanford Hospital and Clinics) 2012 Series A and B;
- Continuing Disclosure Agreement dated May 23, 2012, relating to the original issue of \$60,000,000 California Health Facilities Financing Authority Revenue Bonds (Stanford Hospital and Clinics) 2012 Series C; and
- Continuing Disclosure Agreement dated June 30, 2015, relating to the original issue of \$100,000,000 California Health Facilities Financing Authority Revenue Bonds (Stanford Health Care) 2015 Series A.

The Bonds are identified together with their corresponding CUSIPs in Appendix A of this Annual Disclosure Report.

Annual Report

The Corporation’s Annual Disclosure Report includes this Introduction and the attached appendices. This Annual Disclosure Report is filed with the Municipal Securities Rulemaking Board and is located at <http://emma.msrb.org/> in accordance with the Disclosure Agreements and rules promulgated by the Securities Exchange Commission. Additionally, the Treasury department of the Corporation maintains a world-wide web site to which it makes certain disclosure documents available to the general public at <https://stanfordhealthcare.org/about-us/bondholder-general-financial-information.html>.

Other Matters

This Annual Disclosure Report is provided solely pursuant to the Disclosure Agreements. The filing of this Annual Disclosure Report does not constitute or imply any representation (i) that all of the information provided is material to investors, (ii) regarding any other financial, operating

or other information about the Corporation or the Bonds, or (iii) that no changes, circumstances or events have occurred since the end of the fiscal year to which this Annual Disclosure Report relates (other than as contained in this Annual Disclosure Report), or any other date specified with respect to any of the information contained in this Annual Disclosure Report, or that no other information exists, which may have a bearing on the security for the Bonds, or an investor's decision to buy, sell, or hold the Bonds. The information contained in this Annual Disclosure Report has been obtained from sources which are believed to be reliable, but such information is not guaranteed as to accuracy or completeness. No statement in this Annual Disclosure Report should be construed as a prediction or representation about future financial performance of the Corporation.

Cautionary Statement Regarding Forward-Looking Statements in this Annual Disclosure Report

Certain statements and information in this Annual Disclosure Report constitute "forward-looking statements." Such statements generally are identifiable by the terminology used, such as "plan," "expect," "estimate," "budget," "assume," or other similar words. Such forward-looking statements include but are not limited to certain interest expense estimates under the caption "DEBT SERVICE REQUIREMENTS" in this Annual Disclosure Report and certain statements in Appendix B attached hereto.

The achievement of the results or other expectations contained in such forward-looking statements involves known and unknown risks, uncertainties and other factors that may cause actual results, performance or achievements described to be materially different from any future results, performance or achievements expressed or implied by such forward-looking statements. The Corporation does not plan to issue any updates or revisions to those forward-looking statements if or when changes in its expectations or events, conditions or circumstances, on which such statements are based occur.

Capitalized terms not otherwise defined herein shall have the meanings set forth in the applicable Disclosure Agreement.

Dated: January 16, 2018

STANFORD HEALTH CARE

By: /s/ Linda Hoff
Chief Financial Officer

II. AUDITED CONSOLIDATED FINANCIAL STATEMENTS FOR THE FISCAL YEARS ENDED AUGUST 31, 2015 AND 2014

The Audited Consolidated Financial Statements of the Corporation and subsidiaries (the “Financial Statements”) for the fiscal year ended August 31, 2017 with comparative data for 2016 are presented in Appendix B. See Note 2 to the Financial Statements for a summary of significant accounting policies.

III. DEBT SERVICE REQUIREMENTS

The table below sets forth, for each year ending August 31, the amounts required to be paid by the Corporation for payment of the principal, whether by payment or maturity or mandatory sinking account redemption, and interest on all the outstanding bonds of the Corporation. Interest on the 2008 Series B Bonds during future periods has been estimated at an assumed rate based upon the interest rate exchange agreements in effect as of August 31, 2017.

Fiscal Year Ending August 31	2008 Series A	2008 Series B ⁽¹⁾	2010 Series A & B	2012 Series A & B	2012 Series C & D ⁽²⁾	2015 Series A	2015 Series B ⁽⁴⁾	Revolving Line of Credit ⁽³⁾	Total Debt Service
2018	14,800,726	6,100,614	19,707,638	24,845,150	6,333,000	4,812,500	1,890,000	6,173,830	84,463,659
2019	14,687,478	6,100,614	19,698,588	25,319,150	6,333,000	4,812,500	1,890,000	6,735,088	85,576,417
2020	13,739,228	6,109,017	19,689,463	25,311,650	6,341,723	4,812,500	1,892,603	6,735,088	84,631,270
2021	15,314,228	6,092,211	19,684,588	24,822,900	6,324,277	4,812,500	1,887,397	6,735,088	85,673,188
2022	13,880,978	6,100,614	19,673,213	25,295,500	6,333,000	4,812,500	1,890,000	6,735,088	84,720,892
2023	15,140,596	6,100,614	19,664,588	24,801,500	6,333,000	4,812,500	1,890,000	6,735,088	85,477,885
2024	14,498,228	6,109,017	23,568,838	17,000,000	8,229,833	4,812,500	1,892,603	6,735,088	82,846,106
2025	14,467,765	6,092,211	26,957,888	17,000,000	8,226,347	4,812,500	1,887,397	6,735,088	86,179,195
2026	14,360,315	6,100,614	27,027,925	17,000,000	8,229,673	4,812,500	1,890,000	6,735,088	86,156,114
2027	13,741,790	6,100,614	27,543,644	17,000,000	8,230,953	4,812,500	1,890,000	6,735,088	86,054,589
2028	14,976,409	6,109,017	26,258,956	17,230,000	8,236,584	4,812,500	1,892,603	6,735,088	86,251,156
2029	13,584,040	6,092,211	27,579,700	17,318,500	8,233,790	4,812,500	1,887,397	6,735,088	86,243,225
2030	14,741,671	6,100,614	26,380,036	17,352,000	8,235,678	4,812,500	1,890,000	6,735,088	86,247,588
2031	14,298,471	6,100,614	26,752,438	17,423,000	8,235,374	4,812,500	1,890,000	6,735,088	86,247,484
2032	13,652,128	6,109,017	27,329,581	17,479,500	8,243,210	4,812,500	1,892,603	6,735,088	86,253,627
2033	26,394,559	6,092,211	14,562,625	17,527,000	8,238,488	4,812,500	1,887,397	6,735,088	88,249,868
2034	25,440,815	6,100,614	15,313,375	17,720,750	8,241,049	4,812,500	1,890,000	6,735,088	86,254,191
2035	26,028,246	6,100,614	14,508,250	17,938,250	8,241,150	4,812,500	1,890,000	6,735,088	86,254,098
2036	25,152,909	6,109,017	11,043,750	22,267,750	8,247,850	4,812,500	1,892,603	6,735,088	86,261,466
2037	25,226,896	6,092,211	11,018,750	22,553,000	7,662,514	4,812,500	1,887,397	6,735,088	85,988,156
2038	38,901,740	6,100,614	-	20,015,250	7,428,869	4,812,500	1,890,000	6,735,088	85,884,061
2039	38,931,121	6,100,614	-	19,449,250	7,966,126	4,812,500	1,890,000	6,735,088	85,884,699
2040	38,426,928	6,109,017	-	19,862,000	8,055,919	4,812,500	1,892,603	6,735,088	85,894,054
2041	35,978,470	6,092,211	-	21,985,500	8,402,467	4,812,500	1,887,397	6,735,088	85,893,633
2042	-	36,351,487	-	26,907,750	9,209,494	4,812,500	1,890,000	6,735,088	85,906,318
2043	-	36,248,279	-	26,963,000	9,267,550	4,812,500	1,890,000	6,735,088	85,916,417
2044	-	36,597,687	-	26,616,500	9,279,946	4,812,500	1,892,603	6,735,088	85,934,324
2045	-	36,637,350	-	26,546,750	9,327,010	4,812,500	1,887,397	6,735,088	85,946,095
2046	-	36,833,935	-	26,334,250	9,355,059	4,812,500	1,890,000	6,735,088	85,960,832
2047	-	-	-	56,609,750	15,929,580	4,812,500	1,890,000	561,257	79,803,087
2048	-	-	-	58,377,750	16,220,517	4,812,500	1,892,603	-	79,303,371
2049	-	-	-	56,196,250	16,481,149	4,812,500	1,887,397	-	79,357,295
2050	-	-	-	56,002,750	16,719,352	4,812,500	1,890,000	-	79,424,602
2051	-	-	-	55,807,500	16,981,599	4,812,500	1,890,000	-	79,491,599
2052	-	-	-	-	-	36,657,500	26,296,104	-	62,953,604
2053	-	-	-	-	-	36,652,750	26,298,031	-	62,950,781
2054	-	-	-	-	-	36,655,500	26,290,388	-	62,945,888
Total	496,165,534	329,083,474	423,964,031	896,879,850	313,335,128	273,590,750	143,144,524	195,317,543	3,073,480,834

(1) Assumes interest on the 2008 Series B Variable Rate Bonds is payable at the related interest rate swap rate of 3.627% to maturity.

(2) Assumes interest on the 2012 Series C Bonds is payable at the related interest rate swap of 3.365% until 2036, and 2.00% thereafter to maturity.

(3) Assumes interest on the 2012 Series D Bonds is payable at the related interest rate swap of 4.314% to maturity.

(4) Assumes that interest on the 2015 Series B Bonds is payable at 2.52% to maturity.

(5) Assumes interest is smoothed as level debt service over 20 years, bearing interest at 2.72%.

IV. SELECTED FINANCIAL AND OPERATING DATA WITH RESPECT TO THE FISCAL YEARS ENDED AUGUST 31, 2016 AND 2015

The Selected Financial and Operating Data with Respect to the Fiscal Years Ended August 31, 2017 and 2016 below should be read in conjunction with the Financial Statements and accompanying notes.

The tables below present (i) Historical Utilization, (ii) Historical Consolidated Capitalization, (iii) Liquidity, (iv) Maximum Annual Debt Service Coverage, and (v) Sources of Gross Patient Service Revenue.

(i) Historical Utilization

		Fiscal Years Ended August 31,	
		2017	2016
Discharges			
	Acute	25,142	25,075
	Behavioral Health	800	688
	Total	25,942	25,763
Patient Days			
	Acute	145,957	144,428
	Behavioral Health	9,541	10,110
	subtotal	155,498	154,538
	Short Stay OP	16,245	13,780
	Total	171,743	168,318
Average Daily Census			
	Acute	399.9	394.6
	Behavioral Health	26.1	27.6
	Total	426.0	422.2
Average Length of Stay			
	Acute	5.8	5.8
	Behavioral Health	11.9	14.7
	Total	6.0	6.0
Case Mix Index		2.45	2.38
Emergency room visits*		73,900	71,500
Short Stay OP procedures		40,934	38,703
Other Outpatient visits		769,291	696,953
Surgeries			
	Inpatient	13,698	13,580
	Outpatient	22,651	20,466
	Total	36,349	34,046

Source: Corporation records

* ER visits include patients who got admitted as inpatients.

(ii)
Historical Consolidated Capitalization
(Dollars in Thousands)

	Fiscal Years Ended August 31,	
	2017	2016
Debt		
Long-term debt, net of current portion	\$ 1,189,529	\$ 1,220,789
Current portion	148,335	13,756
Debt subject to short-term remarketing	228,200	228,200
Total debt*	1,566,064	1,462,745
Consolidated net assets	2,893,173	2,469,170
Total consolidated capitalization	\$ 4,459,237	\$ 3,931,915
Debt as a Percentage of Total Consolidated Capitalization	35.1%	37.2%

* Includes unamortized original issue premium.

(iii)
Liquidity
(Dollars in Thousands)

	Fiscal Years Ended August 31,	
	2017	2016
Cash and cash equivalents	\$ 710,109	\$ 690,460
Investments	411,452	235,900
Investments in University managed pool	1,287,193	1,316,489
Less temporarily and permanently restricted assets	(90,559)	(93,934)
Total liquid assets	\$ 2,318,195	\$ 2,148,915
Days Cash On Hand	208.1	206.3

(iv)
Maximum Annual Debt Service Coverage
(Dollars in Thousands)

	Fiscal Years Ended August 31,	
	2017	2016
Excess of revenues over expenses	\$ 484,518	\$ 69,904
Depreciation and amortization expense	154,686	136,442
Interest expense	43,643	39,661
Change in value of University managed pools	(84,911)	30,272
Interest rate swap mark to market adjustment	(85,368)	115,958
Earnings on Equity Method Investments	(5,114)	0
Contribution income from ValleyCare affiliation	0	0
Loss on extinguishment of debt and swaps	0	0
Funds available for debt service	<u>\$507,454</u>	<u>\$ 392,237</u>
Maximum annual debt service	<u>\$86,261</u>	<u>\$79,526</u>
Maximum Annual Debt Service Coverage	5.9	4.9

(v)
Sources of Gross Patient Service Revenue

	Fiscal Year Ended August 31,	
	2017	2016
Medicare	35%	34%
Medi-Cal	3	4
Managed Care – Capitation	-	-
Managed Care – Discounted Fee for Services	55	55
Indemnity Insurance, Self-Pay, Other	7	7
Total	<u>100%</u>	<u>100%</u>

APPENDIX A

Bond Issues and Related CUSIP Numbers

**California Health Facilities Financing Authority
Refunding Revenue Bonds
(Stanford Hospital and Clinics)
2008 Series A-1**

CUSIP	Maturity Date	Interest Rate (%)	Original Principal Amount
13033LHL4	11/15/2017	4.00	425,000
13033LHM2	11/15/2018	4.00	475,000
13033LHN0	11/15/2019	4.00	225,000
13033LHP5	11/15/2020	4.00	675,000
13033LHR1	11/15/2021	4.00	300,000
13033LHQ3	11/15/2040	5.15	65,310,000

**California Health Facilities Financing Authority
Refunding Revenue Bonds
(Stanford Hospital and Clinics)
2008 Series A-2**

CUSIP	Maturity Date	Interest Rate (%)	Original Principal Amount
13033LNB9	11/15/2017	4.00	625,000
13033LNC7	11/15/2018	4.00	700,000
13033LND5	11/15/2019	4.00	325,000
13033LNE3	11/15/2020	5.00	1,000,000
13033LNF0	11/15/2021	5.00	450,000
13033LNG8	11/15/2040	5.25	96,625,000

**California Health Facilities Financing Authority
Refunding Revenue Bonds
(Stanford Hospital and Clinics)
2008 Series A-3**

CUSIP	Maturity Date	Interest Rate (%)	Original Principal Amount
13033LNP8	11/15/2017	4.00	525,000
13033LNQ6	11/15/2018	3.00	550,000
13033LNR4	11/15/2019	4.00	275,000
13033LNS2	11/15/2020	5.00	800,000
13033LNT0	11/15/2021	4.00	375,000
13033LNU7	11/15/2040	5.50	78,090,000

California Health Facilities Financing Authority
Revenue Bonds
(Stanford Hospital and Clinics)
2012 Series B

CUSIP	Maturity Date	Interest Rate (%)	Original Principal Amount
13033LYY7	08/15/2018	3.00	2,000,000
13033LZG5	08/15/2018	5.00	3,920,000
13033LYZ4	08/15/2019	5.00	6,650,000
13033LZA8	08/15/2020	4.00	2,500,000
13033LZH3	08/15/2020	5.00	4,475,000
13033LZB6	08/15/2021	4.00	6,810,000
13033LZC4	08/15/2022	4.00	875,000
13033LZJ9	08/15/2022	5.00	6,680,000
13033LZD2	08/15/2023	5.00	7,430,000

Stanford Health Care

**Consolidated Financial Statements
and Accompanying Consolidating Information
August 31, 2017 and 2016**

Stanford Health Care
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August 31, 2017 and 2016

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Report of Independent Auditors

To the Board of Directors
Stanford Health Care

We have audited the accompanying consolidated financial statements of Stanford Health Care ("SHC"), which comprise the consolidated balance sheets as of August 31, 2017 and 2016, and the related consolidated statements of operations and changes in net assets and of cash flows for the years then ended.

Management's Responsibility for the Consolidated Financial Statements

Management is responsible for the preparation and fair presentation of the consolidated financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on the consolidated financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on our judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, we consider internal control relevant to SHC's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of SHC's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Stanford Health Care as of August 31, 2017 and 2016, and the results of its operations and changes in net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

PricewaterhouseCoopers LLP

December 5, 2017

PricewaterhouseCoopers LLP, Three Embarcadero Center, San Francisco, CA 94111
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Stanford Health Care
Consolidated Balance Sheets
August 31, 2017 and 2016
(in thousands of dollars)

	<u>2017</u>	<u>2016</u>
Assets		
Current assets:		
Cash and cash equivalents	\$ 710,109	\$ 690,460
Short term investments	233,533	103,627
Patient accounts receivable, net of allowance for doubtful accounts of \$191,000 and \$161,000 at August 31, 2017 and 2016, respectively	610,734	559,933
Other receivables	71,112	92,961
Inventories	56,559	50,016
Prepaid expenses and other	42,528	36,273
Total current assets	1,724,575	1,533,270
Investments	111,664	104,038
Investments at equity	66,255	41,609
Investments in University managed pools	1,287,193	1,316,489
Assets limited as to use, held by trustee	58,134	235,788
Property and equipment, net	2,869,346	2,401,880
Other assets	112,445	124,263
Total assets	<u>\$ 6,229,612</u>	<u>\$ 5,757,337</u>
Liabilities and Net Assets		
Current liabilities:		
Accounts payable and accrued liabilities	\$ 307,899	\$ 335,995
Accrued salaries and related benefits	255,759	236,819
Due to related parties	71,429	61,308
Third-party payor settlements	18,149	22,948
Current portion of long-term debt	13,335	13,756
Revolving line of credit	135,000	-
Debt subject to short-term remarketing arrangements	228,200	228,200
Self-insurance reserves and other	45,854	43,232
Total current liabilities	1,075,625	942,258
Self-insurance reserves and other, net of current portion	130,816	118,994
Other long-term liabilities	277,329	355,683
Pension liability	51,745	65,463
Long-term debt, net of current portion	1,189,529	1,220,789
Total liabilities	<u>2,725,044</u>	<u>2,703,187</u>
Net assets:		
Unrestricted:		
Stanford Health Care	2,871,113	2,449,037
Noncontrolling interests	22,060	20,133
Total unrestricted	2,893,173	2,469,170
Temporarily restricted	603,251	577,086
Permanently restricted	8,144	7,894
Total net assets	<u>3,504,568</u>	<u>3,054,150</u>
Total liabilities and net assets	<u>\$ 6,229,612</u>	<u>\$ 5,757,337</u>

The accompanying notes are an integral part of these consolidated financial statements.

Stanford Health Care
Consolidated Statements of Operations and Changes in Net Assets
Years Ended August 31, 2017 and 2016
(in thousands of dollars)

	2017	2016
Operating revenues:		
Net patient service revenue	\$ 4,311,530	\$ 4,019,285
Provision for doubtful accounts	(77,004)	(126,280)
Net patient service revenue less provision for doubtful accounts	4,234,526	3,893,005
Premium revenue	80,647	72,292
Other revenue	129,324	122,996
Net assets released from restrictions used for operations	9,904	9,372
Total operating revenues	4,454,401	4,097,665
Operating expenses:		
Salaries and benefits	1,986,360	1,850,124
Professional services	42,851	49,846
Supplies	586,056	531,130
Purchased services	1,136,020	1,058,182
Depreciation and amortization	154,686	136,442
Interest	43,643	39,661
Other	384,354	389,199
Expense recoveries from related parties	(113,451)	(104,965)
Total operating expenses	4,220,519	3,949,619
Income from operations	233,882	148,046
Interest and investment income	15,325	13,635
Earnings on equity method investments	5,114	-
Increase in value of University managed pools	144,829	24,181
Interest rate swaps mark to market adjustments	85,368	(115,958)
Excess of revenues over expenses	484,518	69,904
Other changes in unrestricted net assets:		
Transfer to Stanford University, net	(69,376)	(88,944)
Transfer to Lucile Salter Packard Children's Hospital	-	(3,300)
Change in net unrealized gains on investments	1,058	1,245
Net assets released from restrictions used for:		
Purchase of property and equipment	1,320	973
Change in pension and postretirement liability	6,182	(80)
Noncontrolling capital contributions (distributions)	301	(1,000)
Increase (decrease) in unrestricted net assets	424,003	(21,202)
Changes in temporarily restricted net assets:		
Transfer from Stanford University	2,748	2,645
Contributions and other	28,541	20,717
Investment income	4,662	744
Gains on University managed pools	1,438	1,683
Net assets released from restrictions used for:		
Operations	(9,904)	(9,372)
Purchase of property and equipment	(1,320)	(973)
Increase in temporarily restricted net assets	26,165	15,444
Changes in permanently restricted net assets:		
Contributions	250	200
Increase in permanently restricted net assets	250	200
Increase (decrease) in net assets	450,418	(5,558)
Net assets, beginning of year	3,054,150	3,059,708
Net assets, end of year	\$ 3,504,568	\$ 3,054,150

The accompanying notes are an integral part of these consolidated financial statements.

Stanford Health Care
Consolidated Statements of Cash Flows
Years Ended August 31, 2017 and 2016
(in thousands of dollars)

	2017	2016
Cash flows from operating activities:		
Change in Stanford Health Care net assets	\$ 448,491	\$ (2,712)
Change in noncontrolling interests	1,927	(2,846)
Total change in net assets	450,418	(5,558)
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Depreciation and amortization	152,840	134,502
Provision for doubtful accounts	77,004	126,280
Change in fair value of interest rate swaps	(85,368)	115,958
Increase in value of University managed pools	(144,829)	(24,181)
Unrealized gains on investments	(5,138)	(1,712)
Realized gains on investments	(22)	-
(Excess) deficit of income of equity method investees over distributions received	(12,154)	3,101
Contributions received for long lived assets or endowment and net equity transfers to/from related parties	44,639	79,767
Changes in operating assets and liabilities:		
Patient accounts receivable	(127,805)	(135,492)
Due to related parties	(24,877)	474
Other receivables, inventory, other assets, prepaid expenses and other	4,174	(34,759)
Accounts payable, accrued liabilities and pension liabilities	(22,131)	82,724
Accrued salaries and related benefits	18,940	33,960
Third-party payor settlements	(4,799)	13,930
Self-insurance reserves	14,444	6,944
Cash provided by operating activities	335,336	395,938
Cash flows from investing activities:		
Purchases of investments	(204,822)	(59,290)
Sales of investments	68,350	67,052
Purchases of investments at equity	(12,752)	(13,427)
Purchases of investments in University managed pools	(1,764)	(1,729)
Sales of investments in University managed pools	179,989	150,240
Decrease in assets limited as to use and other	177,654	344,913
Purchases of property and equipment	(635,550)	(619,570)
Cash used in investing activities	(428,895)	(131,811)
Cash flows from financing activities:		
Borrowing on revolver	135,000	-
Costs of issuance of debt	(71)	-
Payment of long-term debt and capital lease obligations	(18,708)	(15,951)
Contributions received for long lived assets or endowment and net equity transfers to/from related parties	(3,013)	(33,393)
Cash provided by (used in) financing activities	113,208	(49,344)
Net increase in cash and cash equivalents	19,649	214,783
Cash and cash equivalents, beginning of year	690,460	475,677
Cash and cash equivalents, end of year	\$ 710,109	\$ 690,460
Supplemental disclosures of cash flow information:		
Interest paid, net of amounts capitalized	\$ 45,439	\$ 41,427
Supplemental disclosures of non cash information:		
Decrease in payables for property and equipment	\$ (13,356)	\$ (8,128)
Equity transfers (to) from related parties, net	(7,690)	3,894
Assets and liabilities acquired under capital leases	1,191	1,632

The accompanying notes are an integral part of these consolidated financial statements.

Stanford Health Care

Notes to Consolidated Financial Statements

(in thousands of dollars)

1. Organization

Stanford Health Care ("SHC") operates a licensed acute care hospital ("Stanford Hospital") and a cancer center in Palo Alto, California, along with numerous outpatient physician clinics in the San Francisco Bay Area, in community settings, and in association with regional hospitals. Stanford Hospital is a principal teaching affiliate of the Stanford University School of Medicine ("SoM") and provides primary and specialty health services to adults, including cardiac care, cancer treatment, solid organ transplantation services, neurosciences, and orthopedics services designated by management as SHC's "Strategic Clinical Services". SHC, together with Lucile Salter Packard Children's Hospital at Stanford ("LPCH"), operates the clinical settings through which the SoM educates medical and graduate students, trains residents and clinical fellows, supports faculty and community clinicians and conducts medical and biological sciences research.

The Board of Trustees of Leland Stanford Junior University (the "University") is the sole corporate member of SHC and LPCH. As part of their ongoing operations, SHC and LPCH engage in certain related party transactions as described further in Note 13.

The consolidated financial statements include SHC's interest in University HealthCare Alliance ("UHA"), The Hospital Committee for the Livermore-Pleasanton Areas (dba Stanford Health Care - ValleyCare) ("SHC-VC"), Stanford Blood Center, LLC ("SBC LLC"), Stanford Emanuel Radiation Oncology Center, LLC ("SERO"), CareCounsel, LLC ("CareCounsel"), SUMIT Holding International, LLC ("SHI"), Professional Exchange Assurance Company ("PEAC"), Stanford Health Care Advantage ("SHC Advantage"), Stanford International Medical Services RAK FZE ("SIMS RAK FZE") and Stanford Medicine International (Hong Kong) Co., Limited ("SMI Hong Kong") (collectively "SHC").

UHA, a physician medical foundation, supports SHC's mission of delivering quality care to the community and conducting research and education. In addition, UHA leads the development of a high quality clinical delivery network, built on collaboration with and sponsorship of community hospitals, on behalf of the SoM, SHC, and UHA physicians. The SoM and SHC are the members of UHA, and appoint directors to the governing board. The UHA bylaws afford control to SHC. Effective January 1, 2011, SHC entered into a sponsorship agreement with UHA whereby SHC agreed to certain funding for the development and operation of UHA and continued additional funding for future or alternative clinical sites of UHA. Additional funding by SHC to UHA for operations and capital was \$73,617 and \$60,118 for the years ended August 31, 2017 and 2016, respectively.

SHC-VC, a leading community hospital system located in the East Bay's Tri-Valley region of Pleasanton, Livermore and Dublin, completed an affiliation agreement with SHC effective May 18, 2015. SHC is the sole corporate member of SHC-VC.

SBC LLC is a limited liability company organized effective July 31, 2015. SBC LLC serves as a community blood center and provides blood products and testing services to hospitals, clinics, companies and other clients. SHC is the sole member of SBC LLC. On September 30, 2015, SBC LLC completed the acquisition of the Stanford Blood Center from the University for \$36,000. SBC LLC paid consideration in excess of assets acquired in the amount of \$31,123, which is recorded in Transfer to Stanford University in the consolidated statements of operations and changes in net assets for the year ending August 31, 2016.

SERO was originally formed as a joint venture between SHC and Emanuel Medical Center ("EMC"). On July 31, 2014, EMC transferred its membership interest to Doctors Medical Center of Modesto, Inc. ("DMC"). SERO operates an outpatient clinic that provides radiation oncology services to patients in Turlock, California and surrounding communities. SHC's interest in SERO was 60% for the years ended August 31, 2017 and 2016. The remaining interest of 40% is recorded as a noncontrolling interest in unrestricted net assets on the consolidated balance sheets as of August 31, 2017 and 2016.

Stanford Health Care

Notes to Consolidated Financial Statements

(in thousands of dollars)

1. Organization (Continued)

CareCounsel, a leading provider of employer-sponsored health advocacy and health care assistance services, was acquired by SHC effective July 18, 2012. The Bay Area company was founded in 1996 with a mission to help employees, retirees and their families navigate the complex health care environment through an employer-sponsored benefit that provides consumer education, advocacy and access to expert health care resources and information.

SHI is the sole owner of SUMIT Insurance Company Ltd. ("SUMIT") and Stanford University Medical Network Risk Authority, LLC (dba The Risk Authority) ("TRA"). SHC and LPCH are the owners of SHI.

SHC's share of net assets in SUMIT, a captive insurance carrier, was 79.7% and 78.4% for the years ended August 31, 2017 and 2016, respectively. LPCH's share of net assets in SUMIT was 20.3% and 21.6% for the years ended August 31, 2017 and 2016, respectively, and is recorded as a noncontrolling interest in unrestricted net assets on the consolidated balance sheets.

TRA was formed on September 19, 2012 and began operations on December 1, 2012. TRA provides risk management services to SHI, the owners of SHI and other affiliated and unaffiliated parties and serves as attorney-in-fact to PEAC. SHC's share of net assets in TRA was 82% for the years ended August 31, 2017 and 2016. The remaining interest of 18% is recorded as a noncontrolling interest in unrestricted net assets on the consolidated balance sheets as of August 31, 2017 and 2016.

PEAC, a captive insurance carrier, provides insurance coverage to UHA, Packard Children's Health Alliance and other affiliated parties. SHC's share of net assets in PEAC was 71.4% and 70.6% for the years ended August 31, 2017 and 2016, respectively. The remaining interest of 28.6% and 29.4% for the years ended August 31, 2017 and 2016, respectively, is recorded as a noncontrolling interest in unrestricted net assets on the consolidated balance sheets.

SHC Advantage, a non-profit public benefit corporation, provides comprehensive healthcare coverage options to elderly and disabled eligible Medicare populations of Santa Clara County through their Medicare Advantage Plan and is solely controlled by SHC. This service is offered to Medicare-eligible residents of Santa Clara County effective January 1, 2015.

SIMS RAK FZE was formed in January 2016 to provide consulting and project management services in the United Arab Emirates.

SMI Hong Kong was formed in May 2016, as a holding company for business activities in China.

2. Summary of Significant Accounting Policies

Principles of Consolidation

The consolidated financial statements include the accounts of SHC and its subsidiaries, which are controlled and owned more than 50% by SHC. All significant inter-company accounts and transactions are eliminated in the consolidation.

Stanford Health Care

Notes to Consolidated Financial Statements

(in thousands of dollars)

2. Summary of Significant Accounting Policies (Continued)

Basis of Presentation

The accompanying consolidated financial statements are prepared on the accrual basis of accounting. Net assets of SHC and changes therein have been classified and are reported as follows:

- **Unrestricted net assets** — Unrestricted net assets represent those resources of SHC that are not subject to donor-imposed stipulations. The only limits on unrestricted net assets are broad limits resulting from the nature of SHC and the purposes specified in its articles of incorporation or bylaws and, limits resulting from contractual agreements, if any.
- **Temporarily restricted net assets** — Temporarily restricted net assets represent contributions, which are subject to donor-imposed restrictions that can be fulfilled by actions of SHC pursuant to those stipulations or by the passage of time.
- **Permanently restricted net assets** — Permanently restricted net assets represent contributions that are subject to donor-imposed restrictions that they be maintained permanently by SHC. Generally, the donors of these assets permit SHC to use all or part of the investment return on these assets.

Expenses are generally reported as decreases in unrestricted net assets. A restriction expires when the stipulated time period has elapsed, when the stipulated purpose for which the resource was restricted has been fulfilled, or both. Temporarily restricted contributions are recorded as restricted revenue when received and when the restriction expires, the net assets are shown as released from restriction on the consolidated statements of operations and changes in net assets. Investment income on temporarily or permanently restricted assets that is restricted by donor or law is recorded within the respective net asset category, and when the restriction expires, the net assets are shown as released from restriction.

Cash and Cash Equivalents

Cash and cash equivalents include certain investments in highly liquid debt instruments with original maturities of three months or less. Cash equivalents consist primarily of demand deposits and money market mutual funds.

Assets Limited as to Use, Held by Trustee

Assets limited as to use include various accounts held by a trustee in accordance with indenture requirements. The indenture terms require that the trustee control the expenditure of bond proceeds for capital projects. Assets limited as to use consist of cash and cash equivalents and short-term investments, recorded at cost, which approximates fair value. There are no amounts required to fund current liabilities of SHC, therefore the entire amount has been classified as long-term in the consolidated balance sheets at August 31, 2017 and 2016.

Inventories

Inventories, which consist primarily of hospital operating supplies and pharmaceuticals, are stated at the lower of cost or market value determined using the first-in, first-out method.

Investments

Investments held directly by SHC consist of cash and cash equivalents, mutual funds and investments in non-public entities and are stated at fair value. Fair value is determined in accordance with current accounting guidance as further described in Note 7. Investment earnings (including realized gains and losses on investments, interest, dividends and impairment loss on investment securities) are included in investment income unless the income or loss is restricted by donor or law. Income on investments of donor restricted funds is added to or deducted from the appropriate net asset category based on the donor's restriction. Unrestricted unrealized gains and losses on other than trading securities are separately reported below the excess of revenues over expenses.

Stanford Health Care

Notes to Consolidated Financial Statements

(in thousands of dollars)

2. Summary of Significant Accounting Policies (Continued)

Investments at Equity

Investments at equity consist of investments in which SHC has ownership of 50% or less but is able to exercise significant influence over the investee. These investments include Stanford-StartX Fund, LLC ("StartX Fund"), Stanford PET-CT, LLC ("PET-CT") and Pleasanton Physician Affiliates II, LLC ("PPA II"). All earnings from StartX Fund and PPA II are included in earnings on equity method investments in the consolidated statements of operations and changes in net assets. Earnings from PET-CT are included in other revenue in the consolidated statements of operations and changes in net assets.

The mission of StartX, a California nonprofit public benefit corporation, is to accelerate the development of students, faculty and alumni of the University identified by StartX as high potential entrepreneurs through an experiential educational program. StartX Fund is a California limited liability company created to support the continued experiential education of participants in the StartX accelerator program. SHC's interest in StartX Fund was 33% for the years ended August 31, 2017 and 2016.

PET-CT is a California limited liability company which provides radiological services to patients of the community, including patients served by SHC and physicians affiliated with the SoM. SHC and the University each appoint one-half of the members of the governing board of PET-CT and are its only members. SHC's interest in PET-CT was 50% for the years ended August 31, 2017 and 2016.

PPA II is a California limited liability company which owns and operates a medical office building in Pleasanton. SHC-VC's interest in PPA II was 39% for the years ended August 31, 2017 and 2016.

Investments in University Managed Pools

Investments in University managed pools consist of funds invested in the University's Merged Pool ("MP") and Expendable Funds Pool ("EFP") (collectively the "Pools"). Under the terms of SHC's agreement with the University, the University has discretion to invest the funds in the Pools. SHC may deposit funds in the Pools at its discretion. Withdrawals from the MP and EFP require advance notice to the University. The value of its share of the Pools is determined by the University and is based on the fair value of the underlying assets in the Pools.

The University allocates investment earnings to SHC from the University managed pools based on SHC's share of the Pools. Earnings include interest, dividends, distributions, investment gains and losses, and the increases or decreases in the value of SHC's share of the pools. All investment gains and losses and increases and decreases in share value are treated as realized and included in the excess of revenues over expenses.

The increases or decreases in the value of SHC's share of the Pools are recorded as income and gains on University managed pools unless the income is restricted by donor or law. Income on investments of donor restricted funds invested in the University managed pools is added to or deducted from the appropriate net asset category based on the donor's restriction.

Stanford Health Care

Notes to Consolidated Financial Statements

(in thousands of dollars)

2. Summary of Significant Accounting Policies (Continued)

Property and Equipment

Property and equipment are stated at cost except for donated assets, which are recorded at fair market value at the date of donation. Depreciation and amortization of property and equipment is determined using the straight-line method over the estimated useful lives of the assets, which are as follows:

Land improvements	10 to 25 years
Buildings and leasehold improvements	7 to 40 years
Equipment	3 to 20 years

Significant replacements and improvements are capitalized, while maintenance and repairs, which do not improve or extend the life of the respective assets, are charged to expense as incurred. Leasehold improvements are amortized over the shorter of the estimated useful life or term of the lease. Upon sale or disposal of property and equipment, the cost and accumulated depreciation are removed from the respective accounts, and any gain or loss is included in the consolidated statements of operations and changes in net assets.

Equipment includes medical equipment, furniture and fixtures and computer software and hardware.

Equipment under capital leases is recorded at present value at the inception of the leases and is amortized on the straight-line method over the shorter of the lease term or the estimated useful life of the equipment. The amortization of the assets recorded under capital leases is included in depreciation and amortization expense in the accompanying consolidated statements of operations and changes in net assets.

Interest costs incurred on borrowed funds during the period of construction of capital assets is capitalized, net of any interest earned, as a component of the cost of acquiring those assets.

Asset Retirement Obligations

Asset retirement obligations ("ARO") are legal obligations associated with the retirement of long-lived assets. These liabilities are initially recorded at fair value as other long-term liabilities and the related asset retirement costs are capitalized by increasing the carrying amount of the related assets by the same amount as the liability. Asset retirement costs are subsequently accreted over the useful lives of the related assets. SHC recorded current period accretion expense of \$397 and \$377 in the consolidated statements of operations and changes in net assets for the years ended August 31, 2017 and 2016, respectively. ARO liability of \$8,265 and \$7,868 is included in other long-term liabilities on the consolidated balance sheets as of August 31, 2017 and 2016, respectively.

Other Assets

Other assets include long-term portion of contributions receivable, intangible assets, and other long-term assets.

Stanford Health Care

Notes to Consolidated Financial Statements

(in thousands of dollars)

2. Summary of Significant Accounting Policies (Continued)

Contributions Receivable

Unconditional promises to give ("contributions") are recorded at fair value at the date the promise is received. Donations for specific purposes are reported as either temporarily or permanently restricted net assets. Contributions to be received after one year are discounted at an appropriate discount rate commensurate with the risks involved and applicable to the years in which the promises are received, and recorded in their respective net asset category. In accordance with current accounting guidance, the discount rates were determined using the risk free rate adjusted for the risk of donor default. Current and long-term portions of contributions receivable are included in other receivables and other assets in the consolidated balance sheets, respectively, and contribution revenue is included in the financial statements in the appropriate net asset category. Amortization of the discount is included in contributions and other in the consolidated statements of operations and changes in net assets. Conditional promises to give are recognized when the condition is substantially met.

Premiums, Discounts and Deferred Financing Costs on Long-Term Debt

Premiums and discounts arising from the original issuance of long-term debt are amortized on either the effective interest method or the straight-line basis, which approximates the effective interest method, over the life of the debt. The unamortized portion of these premiums and discounts are included in long-term debt on the consolidated balance sheets. Deferred financing costs represent costs incurred in conjunction with the issuance of SHC's long-term debt. These costs are amortized on a straight-line basis, which approximates the effective interest method, over the life of the debt.

Interest Rate Swap Agreements

SHC has entered into several interest rate swap agreements to reduce the effect of interest rate fluctuation on its variable rate bonds. All swaps are recognized on the consolidated balance sheets at their fair value in accordance with current accounting guidance. Changes in the fair value of interest rate swaps are included in excess of revenues over expenses. The net cash payments or receipts under the interest rate swap agreements have been recorded as an increase (decrease) to interest expense.

Excess of Revenues over Expenses

The consolidated statements of operations and changes in net assets include excess of revenues over expenses. Changes in unrestricted net assets which are excluded from excess of revenues over expenses, include transfers of assets to and from affiliates for other than goods and services, change in unrealized gains and losses on marketable investments, contributions of long-lived assets (including assets acquired using contributions which by donor restriction were to be used for the purposes of acquiring such assets), changes in pension and postretirement liability and other changes related to noncontrolling interests.

Net Patient Service Revenue

Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payers including Medicare and Medi-Cal, and others for services rendered, including estimated retroactive audit adjustments under reimbursement agreements with third-party payers. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods, as final settlements are determined. Contracts, laws and regulations governing the Medicare and Medi-Cal programs are complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates may change by a material amount in the near term.

Stanford Health Care

Notes to Consolidated Financial Statements

(in thousands of dollars)

2. Summary of Significant Accounting Policies (Continued)

Net Patient Service Revenue (continued)

The provision for doubtful accounts is based upon management's assessment of expected net collections considering historical experience and other collection indicators. Throughout the year, management assesses the adequacy of the allowance for uncollectible accounts based upon historical write-off experience. The results of this review are then used to make any modifications to the provision for doubtful accounts to establish an appropriate allowance for uncollectible accounts.

Charity Care

SHC provides either full or partial charity care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. Amounts determined to qualify as charity care are not reported as net patient service revenue. SHC also provides services to other indigent patients under Medi-Cal and other publicly sponsored programs, which reimburse at amounts less than the cost of the services provided to the recipients. The difference between the cost of services provided to these indigent persons and the expected reimbursement is included in the estimated cost of charity care.

Premium Revenue

UHA has capitated agreements with various health maintenance organizations ("HMOs") to provide medical services to enrollees. Under these agreements, monthly payments are received based on the number of health plan enrollees. These receipts are recorded as premium revenue in the consolidated statements of operations and changes in net assets. Costs are accrued when services are rendered under these contracts, including cost estimates of incurred but not reported ("IBNR") claims. The IBNR accrual (which is included in accounts payable and accrued liabilities in the consolidated balance sheets) includes an estimate of the costs of services for which UHA is responsible, including referrals to outside healthcare providers.

Income Taxes

SHC, UHA, SHC-VC and SHC Advantage are not-for-profit corporations and tax-exempt pursuant to Section 501(c)(3) of the Internal Revenue Code. SBC LLC, SEROC, CareCounsel and SHI are limited liability companies and taxable income flows through to the individual members. SUMIT is currently exempt from all taxes until March 31, 2035. TRA is a limited liability company, but has elected to be taxed as a corporation. PEAC is a taxable corporation. SHC and its subsidiaries have no uncertain tax positions pertaining to unrelated business income.

Stanford Health Care

Notes to Consolidated Financial Statements

(in thousands of dollars)

2. Summary of Significant Accounting Policies (Continued)

Self-Insurance Plans

SHC and SHC-VC self-insure for professional liability risks, postretirement medical benefits, workers' compensation and health and dental benefits. These liabilities are reflected as self-insurance reserves in the consolidated balance sheets.

- **Professional Liability** — SHC and SHC-VC are self-insured through SUMIT for medical malpractice and general liability losses under claims-made coverage. SHC and SHC-VC also maintain professional liability reserves for claims not covered by SUMIT which total \$5,249 and \$817 as of August 31, 2017, respectively. As of August 31, 2016, this coverage was \$5,036 and \$1,122 for SHC and SHC-VC, respectively. Since September 1, 2005, SUMIT has retained 100% of the risk related to the first \$15,000 per occurrence. The next \$165,000 is transferred to various reinsurance companies. Prior to September 1, 2005, SHC maintained various coverage limits.
- **Postretirement Medical Benefits** — Liabilities for post-retirement medical claims for current and retired employees are actuarially determined.
- **Workers' Compensation** — SHC and SHC-VC purchase insurance for workers' compensation claims with a \$750 deductible per occurrence. Workers' compensation insurance provides statutory limits for the State of California. An actuarial estimate of retained losses (or losses retained within the deductible) has been used to record a liability.
- **Health and Dental** — Liabilities for health and dental claims for current employees are based on estimated costs.

Fair Value of Financial Instruments

Due to the short-term nature of cash and cash equivalents, accounts payable and accrued liabilities, and accrued salaries and related benefits, their carrying value approximates their fair value. The fair value of the amounts payable under third-party reimbursement contracts is not readily determinable. The fair value of long-term debt is estimated based on quoted market prices for the bonds or similar financial instruments.

Concentration of Credit Risk

Financial instruments, which potentially subject SHC to concentrations of credit risk, consist principally of cash and cash equivalents, patient accounts receivable, and investments in University managed pools.

SHC's concentration of credit risk relating to patient accounts receivable is limited by the diversity and number of patients and payers. Patient accounts receivable consist of amounts due from commercial insurance companies, governmental programs, private pay patients and other third-party payers.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. The most significant estimates relate to patient accounts receivable allowances, amounts due to third party payers, retirement plan obligations, and self-insurance reserves. Actual results could differ from those estimates.

Reclassification

Certain reclassifications have been made to the 2016 consolidated financial statements to conform to the 2017 presentation. Such reclassifications had no effect on excess of revenues over expenses as previously reported.

Stanford Health Care

Notes to Consolidated Financial Statements

(in thousands of dollars)

2. Summary of Significant Accounting Policies (Continued)

Recent Pronouncements

The Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") is the sole source of authoritative non-governmental U.S. generally accepted accounting principles.

Pension service costs - In March 2017, the FASB issued an ASC update which requires that an employer report the service cost component of pension costs in the same line item as employee compensation costs within operating income. The other components of net benefit cost are required to be presented in the income statement separately from the service cost component and outside a subtotal of income from operations, and will not be eligible for capitalization. The guidance is effective for SHC during the fiscal year ending August 31, 2020. SHC is currently evaluating the impact that this guidance will have on the consolidated financial statements.

Consolidation - In January 2017, the FASB issued an ASC update which reinstates the presumption that a not-for-profit ("NFP") entity that is a general partner controls a limited partnership. The amendments in this update also add guidance on when an NFP limited partner should consolidate a for-profit limited partnership. The guidance is effective for SHC during the fiscal year ending August 31, 2018. SHC is currently evaluating the impact that this guidance will have on the consolidated financial statements.

Debt issuance costs - In April 2015, the FASB issued an ASC update which requires debt issuance costs to be presented in the balance sheet as a direct deduction from the carrying value of the associated debt liability, and amortization of those costs reported as interest expense. This guidance is effective for SHC during the fiscal year ending August 31, 2017, and early adoption is permitted. In August 2015, the FASB issued a supplemental ASU which allows an entity to present debt issuance costs related to a line of credit arrangement as an asset and subsequently amortize the costs ratably over the term of the line of credit arrangement. The recognition and measurement guidance for debt issuance costs is not affected. SHC has adopted the guidance on debt issuance costs in fiscal year 2017; however fiscal year 2016 amounts have not been reclassified.

Revenue recognition - In May 2014, the FASB issued an ASC update to improve the consistency of revenue recognition practices across industries for economically similar transactions. Subsequently, the FASB has issued several `dp hqgp hqgw#dgg#xsgdwhv#wr#wkh#` original standard. The core principle is that an entity recognizes revenue for goods or services to customers in an amount that reflects the consideration it expects to receive in return. In August 2015, the FASB voted to defer the implementation of the new guidance. The guidance is effective for SHC during the fiscal year ending August 31, 2019, and should be applied on a retrospective or modified retrospective basis. SHC is currently evaluating the impact that this guidance will have on its consolidated financial statements.

Fair value - In May 2015, the FASB issued an ASC update which removes the requirement to categorize within the fair value hierarchy all investments for which fair value is measured using the net asset value per share practical expedient as well as limiting disclosure requirement to investments for which the entity has elected to measure the fair value using that practical expedient. The guidance is effective for SHC during the fiscal year ending August 31, 2018, and should be applied on a retrospective basis for each period presented. SHC is currently evaluating the impact that this guidance will have on its consolidated financial statements.

Leases - In February 2016, the FASB issued an ASC update which requires lessees to recognize operating and financing lease liabilities and corresponding right-of-use assets on the balance sheet. The guidance is effective for SHC during the fiscal year ending August 31, 2020, and should be applied on a retrospective basis. SHC is currently evaluating the impact that this guidance will have on its consolidated financial statements.

Stanford Health Care

Notes to Consolidated Financial Statements

(in thousands of dollars)

2. Summary of Significant Accounting Policies (Continued)

Recent Pronouncements (continued)

Not-for-profit reporting - In August 2016, the FASB issued an ASC update which modifies current NFP reporting requirements. The ASC update changes the way NFPs classify net assets and results in significant changes to financial reporting and disclosures for NFPs. The guidance is effective for SHC during the fiscal year ending August 31, 2019, and should be applied on a retrospective basis. SHC is currently evaluating the impact that this guidance will have on its consolidated financial statements.

Statement of cash flows - In August 2016, the FASB issued an ASC update which intends to reduce diversity in practice in how certain transactions are classified in the statement of cash flows. The guidance is effective for SHC during the fiscal year ending August 31, 2020, and should be applied on a retrospective basis. SHC is currently evaluating the impact that this guidance will have on its consolidated financial statements.

Stanford Health Care

Notes to Consolidated Financial Statements

(in thousands of dollars)

3. Net Patient Service Revenue

SHC has agreements with third-party payers that provide for payments at amounts different from SHC's established rates. A summary of payment arrangements with major third-party payers follows:

- **Medicare** — Inpatient acute care services rendered to Medicare program beneficiaries are paid at prospectively determined rates per discharge. These rates vary according to a patient classification system that is based on clinical, diagnostic and other factors. Medicare reimburses hospitals for covered outpatient services rendered to its beneficiaries by way of an outpatient prospective payment system based on ambulatory payment classifications.

Inpatient non-acute services, certain outpatient services and medical education costs related to Medicare beneficiaries are paid based, in part, on a cost reimbursement methodology. SHC is reimbursed for cost reimbursable items at a tentative rate with final settlement of such items determined after submission of annual cost reports and audits thereof by the Medicare administrative contractor. The estimated amounts due to or from the program are reviewed and adjusted annually based on the status of such audits and any subsequent appeals. Differences between final settlements and amounts accrued in previous years are reported as adjustments to net patient service revenue in the year examination is substantially completed. SHC's Medicare cost reports have been audited by the Medicare administrative contractor through August 31, 2008. Professional services are reimbursed based on a fee schedule.

- **Medi-Cal** — Inpatient services rendered to Medi-Cal program beneficiaries are reimbursed at a prospectively determined rate per discharge. Outpatient services are reimbursed based upon prospectively determined fee schedules. Professional services are reimbursed based on a fee schedule.
- **Managed Care Organizations** — SHC has entered into agreements with numerous third-party payers to provide patient care to beneficiaries under a variety of payment arrangements. These include arrangements with:
 - Commercial insurance companies, including workers' compensation plans, which reimburse SHC at negotiated charges.
 - Managed care contracts such as those with HMOs and PPOs, which reimburse SHC at contracted or per diem rates, which are usually less than full charges.
 - Counties in the State of California, which reimburse SHC for certain indigent patients covered under county contracts.
- **Uninsured** — For uninsured patients that do not qualify for charity care, SHC recognizes revenue on the basis of its standard rates for services less an uninsured discount applied to the patient's account that approximates the average discount for managed care payers.

Stanford Health Care

Notes to Consolidated Financial Statements

(in thousands of dollars)

3. Net Patient Service Revenue (Continued)

Patient service revenue, net of contractual allowances (but before provision for doubtful accounts), by major payor for the years ended August 31 is as follows:

	2017	2016
Medicare	\$ 858,076	\$ 755,658
Medi-Cal	93,699	106,728
Managed Care - Discounted Fee for Services	3,108,719	2,870,437
Self pay and other	206,191	239,248
Related party	44,845	47,214
Patient service revenue, net of contractual allowances	\$ 4,311,530	\$ 4,019,285
Provision for doubtful accounts	(77,004)	(126,280)
Net patient service revenue	\$ 4,234,526	\$ 3,893,005

SHC recognized net patient service revenue adjustments of \$24,265 and \$4,303 as a result of prior years favorable developments related to reimbursement for the years ended August 31, 2017 and 2016, respectively.

Amounts due from Blue Cross, Medicare, and Blue Shield as a percentage of net patient accounts receivable at August 31 are as follows:

	2017	2016
Blue Cross	21%	18%
Medicare	14%	12%
Blue Shield	11%	11%

SHC does not believe significant credit risks exist with these payers.

California Hospital Quality Assurance Fee Program

The State of California enacted legislation in 2009 which established a Hospital Quality Assurance Fee ("HQAF") Program and a Hospital Fee Program. These programs imposed a provider fee on certain California general acute care hospitals that, combined with federal matching funds, would be used to provide supplemental payments to certain hospitals and support the State's effort to maintain health care coverage for children. The effective period of this Hospital Fee Program was April 1, 2009 through December 31, 2010. The State received final approval of the rates from the Centers for Medicare & Medicaid Services ("CMS") in December 2010.

Subsequent legislation extended the HQAF and Hospital Fee programs from January 1, 2011 through June 30, 2011, which was approved by CMS in December 2011.

Additional legislation extended the HQAF and Hospital Fee programs for 30 months from July 1, 2011 through December 31, 2013. CMS approved the 30 month fee-for-service ("FFS") Medi-Cal supplement in June 2012. CMS approved 24 months and 6 months of the Medi-Cal Managed Care ("MMC") supplement in June 2013 and November 2014, respectively.

State legislation Senate Bill 239 further extended the HQAF and Hospital Fee programs for another 36 months from January 1, 2014 through December 31, 2016. In December 2014, CMS approved the 36 month FFS Medi-Cal supplement. As of August 31, 2017, CMS has approved 18 months of the MMC non-expansion supplement, and 12 months of the MMC expansion supplement, which are additional funds in excess of the matching (non-expansion) funds.

Stanford Health Care
Notes to Consolidated Financial Statements
(in thousands of dollars)

3. Net Patient Service Revenue (Continued)

California Hospital Quality Assurance Fee Program (continued)

SHC recognized \$45,616 and \$55,195 in net patient service revenue under these programs and \$41,594 and \$45,809 in other expense for HQAF to the California Department of Health Care Services for the years ended August 31, 2017 and 2016, respectively. SHC recorded \$6,230 in deferred revenue as of August 31, 2017, pending CMS approval.

4. Charity Care and Uncompensated Costs

SHC engages in numerous community benefit programs and services. These services include health research, education and training and other benefits for the larger communities that are excluded from the information below.

Uncompensated charity care is provided to vulnerable populations. Additionally, Medi-Cal and Medicare program reimbursements do not cover the estimated costs of services provided.

Information related to SHC's charity care for the years ended August 31 is as follows:

	2017	2016
Charity care at established rates	\$ 99,916	\$ 85,246
Estimated cost of charity care, net	\$ 21,997	\$ 19,365

The estimated cost of providing charity care is based on a calculation which applies a ratio of costs to charges to the gross uncompensated charges associated with providing care to charity patients. The ratio of cost to charges is calculated based on SHC's total expenses divided by gross patient service charges. SHC received \$663 and \$799 during the years ended August 31, 2017 and 2016, respectively, from contributions that were restricted for the care of indigent patients.

Estimated cost of services in excess of reimbursement for the years ended August 31 is as follows:

	2017	2016
Charity care	\$ 21,997	\$ 19,365
Medi-Cal	343,594	283,260
Medicare	629,967	585,728
Total	<u>\$ 995,558</u>	<u>\$ 888,353</u>

5. Contributions Receivable

Contributions are recorded at the discounted net present value of the future cash flows, adjusted for the risk of donor default, using a discount rate of 2.11% for new receivables recorded in 2017 and 1.44% for receivables recorded in 2016.

Stanford Health Care
Notes to Consolidated Financial Statements
(in thousands of dollars)

5. Contributions Receivable (Continued)

Contributions receivable at August 31 are expected to be realized in the following periods:

	2017	2016
In one year or less	\$ 14,772	\$ 11,531
Between one year and five years	82,647	86,428
More than five years	2,750	11,352
	<u>100,169</u>	<u>109,311</u>
Less: discount/allowance	(10,161)	(11,558)
Total contributions receivable, net	90,008	97,753
Less: current portion	(13,668)	(10,525)
Contributions receivable, net of current portion	<u>\$ 76,340</u>	<u>\$ 87,228</u>

Contributions receivable at August 31 are to be utilized for the following purposes:

	2017	2016
Plant replacement and expansion	\$ 94,517	\$ 102,142
Other patient and clinical services	5,652	7,169
Total	<u>\$ 100,169</u>	<u>\$ 109,311</u>

There were no conditional pledges at August 31, 2017 and 2016.

6. Investments and Investments in University Managed Pools

The composition of investments held directly by SHC at August 31 is as follows:

	2017		2016	
	Cost	Fair Value	Cost	Fair Value
Short term investments:				
Mutual funds	<u>\$ 233,463</u>	<u>\$ 233,533</u>	<u>\$ 105,025</u>	<u>\$ 103,627</u>
Investments:				
Cash and cash equivalents	\$ 44,552	\$ 44,552	\$ 44,085	\$ 44,085
Mutual funds	65,455	66,399	58,370	59,744
Other	696	713	209	209
Total	<u>\$ 110,703</u>	<u>\$ 111,664</u>	<u>\$ 102,664</u>	<u>\$ 104,038</u>

Stanford Health Care
Notes to Consolidated Financial Statements
(in thousands of dollars)

6. Investments and Investments in University Managed Pools (Continued)

The composition of investments in University managed pools at August 31 is as follows:

	Fair Value	
	2017	2016
Investments in University managed pools:		
Merged Pool	\$1,280,875	\$1,310,047
Expendable Funds Pool	6,318	6,442
Total	<u>\$1,287,193</u>	<u>\$1,316,489</u>

The Merged Pool ("MP") is the primary investment pool in which funds are invested. The MP is invested with the objective of maximizing long-term total return. It is a unitized pool in which the fund holders purchase investments and withdraw funds based on a monthly share value. The MP's investments at August 31, 2017 and 2016 consist of approximately 3% and 4% cash and cash equivalents, 7% and 6% fixed income, 27% and 27% public equity securities, 8% and 9% real estate, 9% and 9% natural resources, 20% and 20% absolute returns, and 26% and 25% private equity securities, respectively.

7. Fair Value Measurements

Fair value is the price that would be received upon sale of an asset or paid upon transfer of a liability in an orderly transaction between market participants at the measurement date and in the principal or most advantageous market for that asset or liability.

The fair value should be calculated based on assumptions that market participants would use in pricing the asset or liability, not on assumptions specific to the entity. In addition, the fair value of liabilities should include consideration of non-performance risk.

Accounting guidance expands the disclosure requirements around fair value and establishes a fair value hierarchy for valuation inputs. The hierarchy prioritizes the inputs into three levels based on the extent to which inputs used in measuring fair value are observable in the market. Each fair value measurement is reported in one of the three levels which are determined by the lowest level input that is significant to the fair value measurement in its entirety.

Stanford Health Care

Notes to Consolidated Financial Statements

(in thousands of dollars)

7. Fair Value Measurements (Continued)

These levels are:

Level 1: Quoted prices are available in active markets for identical assets or liabilities as of the measurement date. Financial assets and liabilities in Level 1 include U.S. Treasury securities and listed equities.

Level 2: Pricing inputs are based on quoted market prices for similar instruments in active markets, quoted prices for identical or similar instruments in inactive markets, and model-based valuation techniques for which all significant assumptions are observable in the market or can be corroborated by observable market data for substantially the full term of the assets or liabilities. Financial assets and liabilities in this category generally include asset-backed securities, corporate bonds and loans, municipal bonds and interest rate swap instruments.

Level 3: Pricing inputs are generally unobservable for the assets or liabilities and include situations where there is little, if any, market activity for the investment. The inputs into the determination of the fair value require management's judgment or estimation of assumptions that market participants would use in pricing the assets or liabilities. The fair values are therefore determined using factors that involve considerable judgment and interpretations, including but not limited to private and public comparables, third party appraisals, discounted cash flow models, and fund manager estimates.

The following table summarizes SHC's assets and liabilities measured at fair value on a recurring basis as of August 31, based on the inputs used to value them:

2017				
	Level 1	Level 2	Level 3	Total
Assets				
Cash and cash equivalents	\$ 710,109	\$ -	\$ -	\$ 710,109
Short term investments:				
Mutual funds	-	233,533	-	233,533
Assets limited as to use, held by trustee:				
Cash and cash equivalents	58,134	-	-	58,134
Investments:				
Cash and cash equivalents	44,552	-	-	44,552
Mutual funds	-	66,399	-	66,399
Other	-	-	713	713
Investments	44,552	66,399	713	111,664
Investments in University managed pools	-	1,287,193	-	1,287,193
Total assets	\$ 812,795	\$ 1,587,125	\$ 713	\$ 2,400,633
Liabilities				
Interest rate swap instruments	\$ -	\$ 245,966	\$ -	\$ 245,966
2016				
	Level 1	Level 2	Level 3	Total
Assets				
Cash and cash equivalents	\$ 690,460	\$ -	\$ -	\$ 690,460
Short term investments:				
Mutual funds	-	103,627	-	103,627
Assets limited as to use, held by trustee:				
Cash and cash equivalents	235,788	-	-	235,788
Investments:				
Cash and cash equivalents	44,085	-	-	44,085
Mutual funds	-	59,744	-	59,744
Other	-	-	209	209
Investments	44,085	59,744	209	104,038
Investments in University managed pools	-	1,316,489	-	1,316,489
Total assets	\$ 970,333	\$ 1,479,860	\$ 209	\$ 2,450,402
Liabilities				
Interest rate swap instruments	\$ -	\$ 331,334	\$ -	\$ 331,334

Stanford Health Care
Notes to Consolidated Financial Statements
(in thousands of dollars)

7. Fair Value Measurements (Continued)

The table below sets forth a summary of the changes in the fair value of the level 3 investments for the year ended August 31:

	<u>2017</u>	<u>2016</u>
Balance, beginning of year	\$ 209	\$ -
Purchases	504	209
Balance, end of year	<u>\$ 713</u>	<u>\$ 209</u>

8. Property and Equipment

Property and equipment consist of the following as of August 31:

	<u>2017</u>	<u>2016</u>
Land and improvements	\$ 68,885	\$ 67,816
Buildings and leasehold improvements	1,446,312	1,321,441
Equipment	1,052,857	944,194
	2,568,054	2,333,451
Less: Accumulated depreciation	(1,467,545)	(1,314,850)
Construction-in-progress	1,768,837	1,383,279
Property and equipment, net	<u>\$ 2,869,346</u>	<u>\$ 2,401,880</u>

Depreciation and amortization expense totaled \$154,686 and \$136,442 for the years ending August 31, 2017 and 2016, respectively, and is included in the consolidated statements of operations and changes in net assets.

Medical equipment acquired under capital leases totaled \$9,294 and \$8,104 as of August 31, 2017 and 2016, respectively, and building improvements acquired under capital leases totaled \$1,970 as of August 31, 2017 and 2016, and are included in property and equipment in the consolidated balance sheets. Amortization expense under capital leases is included in depreciation expense in the consolidated statements of operations and changes in net assets. Accumulated amortization was \$8,608 and \$7,741 as of August 31, 2017 and 2016, respectively.

Interest expense on debt issued for construction projects and income earned on the funds held pending use are capitalized until the projects are placed in service and depreciated over the estimated useful life of the asset. Capitalized interest expense net of capitalized investment income was \$25,815 and \$24,190 for the years ended August 31, 2017 and 2016, respectively.

Certain land and building, with a carrying value of \$9,729 at August 31, 2016 was used as collateral on notes payable (see Note 9).

Stanford Health Care

Notes to Consolidated Financial Statements

(in thousands of dollars)

9. Debt Obligations

SHC's outstanding debt at August 31 is summarized below:

	Years of Maturity	Effective Interest Rates 2017/2016	Outstanding Principal	
			2017	2016
Fixed Rate Obligations				
2008 Series A-1 Refunding Revenue Bonds	2017-2040	5.14%	\$ 67,410	\$ 67,835
2008 Series A-2 Refunding Revenue Bonds	2017-2040	5.32%/5.25%	99,725	100,350
2008 Series A-3 Refunding Revenue Bonds	2017-2040	5.29%/5.49%	80,615	81,140
2010 Series A Refunding Revenue Bonds	2017-2031	4.66%/5.46%	119,315	124,875
2010 Series B Refunding Revenue Bonds	2023-2036	4.95%/5.20%	146,710	146,710
2012 Series A Revenue Bonds	2028-2051	3.98%/5.00%	340,000	340,000
2012 Series B Refunding Revenue Bonds	2018-2023	2.30%/4.71%	41,340	47,445
2015 Series A Revenue Bonds	2052-2054	4.10%/4.82%	100,000	100,000
Note payable, collateralized by certain land and building	2024	4.25%	-	4,870
Variable Rate Obligations				
2008 Series B Refunding Revenue Bonds	2041-2045	0.84%/0.55%	168,200	168,200
2012 Series C Revenue Bonds	2039-2051	1.04%/0.78%	60,000	60,000
2012 Series D Revenue Bonds	2024-2051	1.23%/0.75%	100,000	100,000
2015 Series B Revenue Bonds	2052-2054	1.38%/0.90%	75,000	75,000
Revolving Line of Credit	2020	1.53%	135,000	-
Total principal amounts			1,533,315	1,416,425
Unamortized original issue premiums/discounts, net			43,606	46,320
Unamortized costs of issuance			(10,857)	-
Current portion of long-term debt			(13,335)	(13,756)
Revolving line of credit, current			(135,000)	-
Debt subject to short-term remarketing arrangements			(228,200)	(228,200)
Long-term portion, net of current portion			<u>\$ 1,189,529</u>	<u>\$ 1,220,789</u>

In June 2008, the California Health Facilities Financing Authority ("CHFFA"), on behalf of SHC, issued Variable Rate Demand Bonds ("VRDB's") in the aggregate principal amount of \$428,500 (the "2008 Bonds") to refund its previously issued 2006 Bonds. The 2008 Bonds were comprised of \$260,300 of 2008 Series A VRDB's that were issued as Series A-1, Series A-2, and Series A-3; and \$168,200 of 2008 Series B VRDB's that were issued as Series B-1 and Series B-2.

In June 2009, SHC remarketed the 2008 Series A-1 bonds in the aggregate principal amount of \$70,500. In June 2010, SHC converted the 2008 Series A-1 bonds from an annual put mode to a long-term fixed interest rate mode. The remarketing of the 2008 Series A-1 bonds generated an original issue premium of approximately \$140; that, pursuant to the requirements of the underlying documents, was used to reduce the principal amount of the bonds from \$70,500 to \$70,360.

In June 2010, CHFFA, on behalf of SHC, issued fixed rate revenue bonds in the aggregate principal amount of \$296,055 (the "2010 Bonds"). The 2010 Bonds were comprised of \$149,345 of 2010 Series A bonds, proceeds of which were used to refund the 1998B bonds, and \$146,710 of 2010 Series B bonds, proceeds of which were used to refund the 2003 Series B, C and D bonds. The issuance of the 2010 Series A and Series B bonds generated original issue premiums of \$10,944 and \$3,292, respectively.

Stanford Health Care

Notes to Consolidated Financial Statements

(in thousands of dollars)

9. Debt Obligations (Continued)

In June 2011, SHC remarketed the 2008 Series A-2, A-3 and B-2 bonds in the aggregate principal amount of \$272,365. SHC converted the 2008 Series A-2 bonds from a weekly interest rate mode and the 2008 Series A-3 bonds from a multi-annual put mode to a long-term fixed interest rate mode. The remarketing of the 2008 Series A-3 bonds generated an original issue premium of approximately \$1,535; that, pursuant to the requirements of the underlying documents, was used to reduce the principal amount of the bonds from \$85,700 to \$84,165. SHC converted the 2008 Series B-2 bonds from a weekly interest rate mode to a commercial paper mode. As a part of the conversion, the 2008 Series B-2 bonds were split into two sub-series in the amount of \$42,050 each. Bonds in a commercial paper mode are remarketed for various periods that can be no longer than 270 days and are established at the beginning of each commercial paper rate period. Bondholders in a commercial paper mode have the option to tender their bonds only at the end of the commercial paper rate period.

In May 2012, CHFFA, on behalf of SHC, issued four series of revenue bonds in the aggregate principal amount of \$568,320 (the "2012 Bonds"). The 2012 Bonds were comprised of \$340,000 of 2012 Series A bonds, \$68,320 of Series B bonds, \$60,000 of Series C bonds and \$100,000 of Series D bonds. The issuance of the 2012 Series A and Series B bonds generated original issue premiums of \$29,097 and \$10,877, respectively. Proceeds of the 2012 Series A, C and D bonds will be used to finance a portion of the New Stanford Hospital. Proceeds of the 2012 Series B bonds were used to advance refund the 2003 Series A bonds.

In June 2015, CHFFA, on behalf of SHC, issued two series of revenue bonds in the aggregate principal amount of \$175,000 (the "2015 Bonds"). The 2015 Bonds were comprised of \$100,000 of 2015 Series A bonds, and \$75,000 of Series B bonds. The 2015 Series A bonds generated an original issue premium of \$5,627. Proceeds of the 2015 Series A and B bonds will be used to finance a portion of the New Stanford Hospital.

In May 2017, SHC entered into a \$200,000 revolving credit facility. Drawdowns from the revolving credit facility bear interest at a floating rate equal to the applicable London Interbank Offered Rate ("LIBOR") plus a specified margin. The amount outstanding on this credit facility was \$135,000 as of August 31, 2017.

The 2008 Series B-1 bonds are in a weekly interest rate mode and are remarketed every 7 days at the then prevailing interest rate. Bondholders in a weekly interest rate mode have the option of tendering their bonds on a weekly basis. The 2012 Series C bonds are in a Windows weekly floating index mode and cannot be tendered for 180 days after a 30 day notice and remarketing period. The 2008 Series B bonds and the 2012 Series C bonds are supported by SHC's self-liquidity and are classified as current liabilities. The 2012 Series D and 2015 Series B bonds are also in a floating index mode with monthly interest rate resets and were directly placed with U.S. Bank. The 2012 Series D and 2015 Series B bonds are not subject to remarketing or tender until May 13, 2020 and June 28, 2024, respectively. Both series of bonds are classified as long-term liabilities.

The 2015 Bonds, together with the 2012, 2010, and 2008 Bonds are collectively referred to as the "Revenue Bonds". The Revenue Bonds are limited obligations of CHFFA and are payable solely from payments made by SHC. Payments of principal and interest on the Revenue Bonds are collateralized by a pledge against the revenues of SHC secured under a master trust indenture between SHC and the master trustee. The master trust indenture includes, among other things, limitations on additional indebtedness, liens on property, restrictions on the disposition or transfer of assets, and maintenance of certain financial ratios. SHC may redeem the Revenue Bonds, in whole or in part, prior to the stated maturities. Total debt outstanding under the master trust indenture is in the aggregate principal amounts of \$1,533,315 and \$1,411,555 as of August 31, 2017 and 2016, respectively.

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9. Debt Obligations (Continued)

Scheduled principal payments on long-term debt are summarized below:

	Scheduled Maturities	Revolving Line of Credit	Bonds Supported by SHC Liquidity	Total
2018	\$ 13,335	\$ 135,000	\$ 228,200	\$ 376,535
2019	14,505	-	-	14,505
2020	14,235	-	-	14,235
2021	16,045	-	-	16,045
2022	15,775	-	-	15,775
Thereafter	1,096,220	-	-	1,096,220
	<u>\$ 1,170,115</u>	<u>\$ 135,000</u>	<u>\$ 228,200</u>	<u>\$ 1,533,315</u>

The scheduled principal payments above represent the annual payments required under debt repayment schedules. The current portion of long-term obligations, including debt subject to short term remarketing arrangements, includes payments scheduled to be made in 2018, pay down of the balance outstanding under the revolving line of credit, and the VRDB's supported by SHC's liquidity. The VRDB's supported by self-liquidity provide the bondholder with an option to tender the bonds to SHC. Generally accepted accounting principles require that bonds supported by SHC's liquidity be classified as current liabilities.

In the event SHC receives notice of any optional tender of the 2008 Series B-1 bonds or the 2012 Series C bonds, or if any bonds become subject to mandatory tender, the purchase price of the bonds will be paid from the remarketing of such bonds. However, if the remarketing proceeds are insufficient, SHC will have a current obligation to purchase any remaining bonds. SHC maintains sufficient liquidity to provide for the full and timely purchase price of any bonds tendered in the event of a failed remarketing.

The estimated fair value of the Revenue Bonds as of August 31, 2017 and 2016 was \$1,517,350 and \$1,585,366, respectively, and is considered level 2 based on the inputs used to value the Revenue Bonds as defined in Note 7.

In 1998, SHC advance refunded its 1993 bonds in the amount of \$89,520 by issuing the 1998 Series B bonds. As of August 31, 2017 and 2016, \$12,095 and \$17,490, respectively, of advance refunded bonds, which are considered extinguished, remain outstanding.

Interest Rate Swap Agreements

SHC entered into various interest rate swap agreements to manage fluctuations in cash flows resulting from variable rate debt interest risk. Under the terms of the current agreements, SHC pays a fixed interest rate, determined at inception, and receives a variable rate on the underlying notional principal amount based on a percentage of the One Month LIBOR.

SHC currently has nine outstanding interest rate exchange agreements that were originally entered into in 2003, 2006 and 2008 with maturities through November 2051. Various agreements were amended and restated to forward interest rate swaps in 2010 and 2012. The effective dates of these amended agreements became 2012 and 2016, respectively. As a result, cash flows on these agreements did not commence until 2012 and 2016.

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9. Debt Obligations (Continued)

Interest Rate Swap Agreements (continued)

The following is a summary of the outstanding positions under these interest rate swap agreements at August 31, 2017:

Description	Current Notional	Maturity Date	Rate Paid	Rate Received
2003 Series B	\$ 48,800	11/15/2036	3.365%	70% 1-month LIBOR
2003 Series C	48,700	11/15/2036	3.365%	70% 1-month LIBOR
2003 Series D	52,500	11/15/2036	3.365%	70% 1-month LIBOR
Subtotal LIBOR Swaps	150,000			
2008 Series A-1	67,550	11/01/2040	3.693%	70% 1-month LIBOR
2008 Series A-2	102,775	11/15/2051	3.999%	67% 1-month LIBOR
2008 Series A-3	84,600	11/15/2051	3.902%	67% 1-month LIBOR
Subtotal LIBOR Swaps	254,925			
2012 Series A	68,350	11/15/2045	4.081%	67% 1-month LIBOR
2012 Series B	68,375	11/15/2045	4.077%	67% 1-month LIBOR
2012 Series C	34,175	11/15/2045	4.008%	67% 1-month LIBOR
Subtotal Forward Swaps	170,900			
Total	<u>\$ 575,825</u>			

SHC designates its interest rate swaps that are used to minimize the variability in cash flows of interest-bearing liabilities or forecasted transactions caused by changes in interest rates as hedging instruments at the inception of each contract, with the intention of maintaining hedge accounting treatment over the term of the agreement. However, circumstances may arise whereby the representations made at the inception of the agreement became invalid, or the structure of the bonds is changed, resulting in de-designation of the hedge. In June 2008, the underlying bonds that were being hedged were refinanced and as a result, none of the swap agreements are treated as a hedge for accounting purposes.

The fair value of interest rate swaps (all of which are designated as non-hedging instruments) is shown on the balance sheets as of August 31 as follows:

Description	Fair Value		Balance Sheet Location
	2017	2016	
Fixed Payment Swaps	\$ 245,966	\$ 331,334	Other long-term liabilities

The change in fair value of the interest rate swaps (all of which are designated as non-hedging instruments) is shown on the consolidated statements of operations and changes in net assets for the years ended August 31 as follows:

Description	Unrealized Gains (Losses)		Statement of Operations Location
	2017	2016	
Fixed Payment Swaps	\$ 85,368	\$ (115,958)	Interest rate swap mark to market adjustments

Stanford Health Care
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9. Debt Obligations (Continued)

Interest Rate Swap Agreements (continued)

SHC has two swap agreements which require mutual posting of collateral by SHC and the counterparties if the termination values exceed a predetermined threshold dollar amount. There was \$10,090 and \$36,230 of cash collateral posted by SHC at August 31, 2017 and 2016, respectively.

Upon the occurrence of certain events of default or termination events identified in the derivative contracts, either SHC or the counterparty could terminate the contracts in accordance with their terms. Termination results in the payment of a termination amount by one party that attempts to compensate the other party for its economic losses. If interest rates at the time of termination are lower than those specified in the derivatives contract, SHC will make a payment to the counterparty. Conversely, if interest rates at such time are higher, the counterparty will make a payment to SHC.

Bond Interest Expense

The components of bond interest expense for the years ended August 31 are as follows:

	<u>2017</u>	<u>2016</u>
Interest and fees	\$ 25,976	\$ 25,678
Swap settlements	17,195	13,497
Bond interest expense	<u>\$ 43,171</u>	<u>\$ 39,175</u>
Interest capitalized as a cost of construction	\$ 25,815	\$ 24,190

10. Retirement Plans

SHC provides retirement benefits through defined benefit and defined contribution retirement plans covering substantially all benefit eligible employees.

Defined Contribution Retirement Plan

Employer contributions to the defined contribution retirement plan are based on a percentage of participant annual compensation. Employer contributions to this plan for SHC employees, excluding LPCH employees (see Note 13), totaling \$83,262 and \$69,180, UHA employer contributions totaling \$3,485 and \$2,526, and SHC-VC employer contributions totaling \$3,737 and \$7,479, for the years ended August 31, 2017 and 2016, respectively, are included in salaries and benefits expense in the consolidated statements of operations and changes in net assets.

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10. Retirement Plans (Continued)

Defined Benefit Pension Plan

Certain employees of SHC are covered by a noncontributory defined benefit pension plan (the "Staff Pension Plan"). Benefits are based on years of service and the employee's compensation. Contributions to the plans are based on actuarially determined amounts sufficient to meet the benefits to be paid to plan participants.

As of August 31, 2004, SHC assumed the pension liability of the LPCH employees. SHC received \$187 and \$193 in cash for the years ending August 31, 2017 and 2016, respectively, which represented the current year pension expense related to LPCH employees.

The valuation of the Staff Pension Plan uses assumptions for future mortality improvements. For the fiscal year ending August 31, 2017, these assumptions were updated to include four additional years of Social Security Administration data resulting in a small decrease to the benefit obligation.

For the fiscal year ending August 31, 2017, the valuation of the Staff Pension Plan reflects updated demographic assumptions for retirement, withdrawal, and benefit commencement age for terminated vested participants. These assumptions were developed from the results of the 2017 experience study, which was based on census data for the Staff Pension Plan for the 2014 through 2017 plan years, and slightly decreased the benefit obligation.

During the fiscal year ending August 31, 2016, the Staff Pension Plan was amended to allow for a temporary lump sum window for deferred vested participants. During the window, eligible participants were contacted and offered an opportunity to take the lump sum value of their benefit, resulting in \$17,217 in lump sum paid from the plan. This large lump sum payment triggered settlement accounting which required a \$6,079 recognition of the plan's deferred losses, and also reduced the projected benefit obligation and assets by \$17,217.

Postretirement Medical Benefit Plan

SHC currently provides health insurance coverage for SHC employees upon retirement as early as age 55, with years of service as defined by specific criteria. The health insurance coverage for retirees who are under age 65 is the same as that provided to active employees. A Medicare supplement option is provided for retirees over age 65.

During the fiscal year ending August 31, 2016, the demographic assumptions used in the valuation of the Postretirement Medical Benefit Plan were reviewed and updated, resulting in a \$17,600 decrease in the accumulated postretirement benefit obligation. The decrease was primarily due to lower expectation of plan utilization in the future.

The following tables present information on plan assets and obligations, costs, and actuarial assumptions for the Staff Pension Plan and the Postretirement Medical Benefit Plan for the years ended August 31, 2017 and 2016, respectively.

The tables for the Postretirement Medical Benefit Plan include SHC and LPCH employees. The total postretirement medical benefit liability was \$84,179 and \$76,644 as of August 31, 2017 and 2016, respectively. SHC recorded a liability within self-insurance reserves in the consolidated balance sheets of \$65,823 and \$59,895 as of August 31, 2017 and 2016, respectively, which represents the liability for SHC employees excluding LPCH employees.

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10. Retirement Plans (Continued)

The change in pension and other post-retirement plan assets and the related change in benefit obligations, using a measurement date of August 31, as of and for the years ended August 31 are as follows:

	Staff Pension Plan Obligations		Postretirement Medical Benefits Net of Medicare Part D Subsidy	
	2017	2016	2017	2016
Change in plan assets:				
Fair value of plan assets at beginning of year	\$ 191,021	\$ 197,889	\$ -	\$ -
Actual return on plan assets	13,794	24,034	-	-
Employer contributions	3,207	-	6,439	6,029
Participants contributions	-	-	925	1,043
Plan settlements	-	(17,217)	-	-
Benefits paid	(12,811)	(11,989)	(7,524)	(7,234)
Medicare subsidies received	-	-	160	162
Expenses paid	(1,735)	(1,696)	-	-
Fair value of plan assets at end of year	\$ 193,476	\$ 191,021	\$ -	\$ -
Change in benefit obligation:				
Benefit obligation at beginning of year	\$ 256,484	\$ 249,109	\$ 76,644	\$ 84,751
Service cost	2,842	1,644	2,317	2,052
Interest cost	8,296	9,806	2,422	3,295
Participants contributions	-	-	925	1,043
Plan settlements	-	(17,217)	-	-
Benefits paid	(12,811)	(11,989)	(7,524)	(7,234)
Medicare subsidies received	-	-	160	162
Expenses paid	(1,735)	(1,696)	-	-
Plan amendments	-	-	5,136	2,289
Actuarial (gain) loss	(7,855)	26,827	4,099	(9,714)
Benefit obligation at end of year	\$ 245,221	\$ 256,484	\$ 84,179	\$ 76,644
Amounts recognized in consolidated balance sheets:				
Plan assets minus benefit obligation	\$ (51,745)	\$ (65,463)	\$ (84,179)	\$ (76,644)
Net benefit liability recognized	\$ (51,745)	\$ (65,463)	\$ (84,179)	\$ (76,644)
Amounts recognized in consolidated balance sheets:				
Current liabilities	\$ -	\$ -	\$ (7,063)	\$ (5,485)
Noncurrent liabilities	(51,745)	(65,463)	(77,116)	(71,159)
Net benefit liability recognized	\$ (51,745)	\$ (65,463)	\$ (84,179)	\$ (76,644)
Amounts recognized in unrestricted net assets:				
Prior service cost	\$ -	\$ -	\$ (7,636)	\$ (4,102)
Net (loss) gain	(77,362)	(91,341)	9,117	14,131
Unrestricted net assets	\$ (77,362)	\$ (91,341)	\$ 1,481	\$ 10,029

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10. Retirement Plans (Continued)

The estimated net loss for the Staff Pension Plan that will be amortized from unrestricted net assets into net periodic benefit cost over the next fiscal year is \$2,605.

The estimated net gain and prior service cost for the Postretirement Medical Benefit Plan that will be amortized from unrestricted net assets into net periodic benefit cost over the next fiscal year are \$580 and \$1,602, respectively.

Total benefit obligation at the end of the year for the Postretirement Medical Benefit Plan excluding Medicare Part D subsidy increased to \$85,723.

The accumulated benefit obligation for the Staff Pension Plan was \$243,235 and \$254,108 as of August 31, 2017 and 2016, respectively.

Net benefit expense related to the plans for the years ended August 31 includes the following components:

	Staff Pension Plan Obligations	
	2017	2016
Service cost	\$ 2,842	\$ 1,644
Interest cost	8,296	9,806
Expected return on plan assets	(10,682)	(11,909)
Amortization of net actuarial loss	3,012	2,272
Settlement loss recognized	-	6,079
Total net periodic benefit cost	<u>\$ 3,468</u>	<u>\$ 7,892</u>

	Postretirement Medical Benefits			
	Net of Medicare Part D Subsidy		Excluding Medicare Part D Subsidy	
	2017	2016	2017	2016
Service cost	\$ 2,317	\$ 2,052	\$ 2,317	\$ 2,052
Interest cost	2,422	3,295	2,512	3,415
Amortization of prior service cost	1,602	773	1,602	773
Amortization of net actuarial gain	(915)	(313)	(1,123)	(537)
Total net periodic benefit cost	<u>\$ 5,426</u>	<u>\$ 5,807</u>	<u>\$ 5,308</u>	<u>\$ 5,703</u>

Changes recognized in unrestricted net assets for the years ended August 31 include the following components:

	Staff Pension Plan Obligations		Postretirement Medical Benefits Net of Medicare Part D Subsidy	
	2017	2016	2017	2016
Net (gain) loss arising during period	\$ (10,967)	\$ 14,702	\$ 4,099	\$ (9,714)
New prior service cost	-	-	5,136	2,289
Amortizations				
Prior service cost	-	-	(1,602)	(773)
(Loss) gain	(3,012)	(2,272)	915	313
Settlement loss recognized	-	(6,079)	-	-
Total recognized in unrestricted net assets	<u>\$ (13,979)</u>	<u>\$ 6,351</u>	<u>\$ 8,548</u>	<u>\$ (7,885)</u>
Total recognized in net periodic benefit cost and unrestricted net assets	<u>\$ (10,511)</u>	<u>\$ 14,243</u>	<u>\$ 13,974</u>	<u>\$ (2,078)</u>

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10. Retirement Plans (Continued)

Actuarial Assumptions

The weighted-average assumptions used to determine benefit obligations are as follows for the years ended August 31:

	Staff Pension Plan Obligations		Postretirement Medical Benefits	
	2017	2016	2017	2016
Weighted-average assumptions				
Discount rate	3.56%	3.32%	3.33%	3.07%
Rate of compensation increase	3.00%	3.00%	N/A	N/A

The discount rate, expected rate of return on plan assets, and the projected covered payroll growth rates used in determining the above net benefit expense are as follows for the years ended August 31:

	Staff Pension Plan Obligations		Postretirement Medical Benefits	
	2017	2016	2017	2016
Weighted-average assumptions				
Discount rate	3.32%	4.20%	3.07%	4.01%
Expected return on plan assets	6.00%	6.50%	N/A	N/A
Rate of compensation increase	3.00%	3.00%	N/A	N/A

To develop the assumption for the expected rate of return on plan assets, SHC considered the historical and future expected returns. An independent investment consulting firm provided SHC with an estimate of the future expected returns for each asset class based on SHC's asset allocation targets. The evaluation of the historical returns and the future expected returns resulted in the use of 6.00% as the assumption for the expected return on plan assets.

To determine the accumulated post-retirement benefit obligation as of August 31, 2017, a 6.75% annual rate of increase in the per capita cost of covered health care was assumed for calendar year 2017, declining gradually to 4.50% by 2038, and remaining at this rate thereafter.

Assumed healthcare cost trend rates have a significant effect on the amounts reported for the post-retirement medical benefit plan. Increasing the health care cost trend rate by 1% in each future year would increase the accumulated post-retirement benefit obligation by \$1,937 and the aggregate service and interest cost by \$101. Decreasing the health care cost trend rate by 1% in each future year would decrease the accumulated post-retirement benefit obligation by \$1,754 and the aggregate service and interest cost by \$91.

Plan Assets

SHC's Staff Pension Plan weighted-average asset allocations as of the measurement date August 31, 2017 and 2016, respectively, by asset category are as follows:

Asset Category	August 31, 2017	August 31, 2016
Debt securities	50%	50%
Equity securities	50%	49%
Other	0%	1%
Total	100%	100%

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10. Retirement Plans (Continued)

Plan Assets (continued)

The following table summarizes SHC's Staff Pension Plan assets measured at fair value on a recurring basis as of August 31, based on the inputs used to value them as defined in Note 7:

	2017			
	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	\$ 1,247	\$ -	\$ -	\$ 1,247
Mutual funds	192,229	-	-	192,229
Total assets	\$ 193,476	\$ -	\$ -	\$ 193,476

	2016			
	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	\$ 1,075	\$ -	\$ -	\$ 1,075
Mutual funds	189,946	-	-	189,946
Total assets	\$ 191,021	\$ -	\$ -	\$ 191,021

Plan Investments

The investment objective of the Staff Pension Plan funds is to maximize the total rate of return (income and appreciation) within the limits of prudent risk taking and Section 404 of the Employee Retirement Income Security Act. The funds are diversified across asset classes to achieve an optimal balance between risk and return and between income and capital appreciation. Many of the pension liabilities are long-term. The investment horizon is also long-term; however, the investment plan also ensures adequate near-term liquidity to meet benefit payments.

The allowable asset mix range and target asset allocations are:

<u>Asset Category</u>	<u>Acceptable Range</u>	<u>Target Allocation</u>
Equity securities	36% to 60%	50%
Debt securities	20% to 80%	50%

Appropriate investments include common, preferred and convertible equities of domestic and foreign companies, mutual and commingled trust funds, top tier commercial paper, certificates of deposit, and fixed income securities whose assets are rated investment grade or better.

Financial futures and options on futures traded on exchanges are also permitted for hedging purposes. Prohibited investments include commodities, unregistered securities and short sales. Derivative products may not be used to leverage a portfolio or to speculate. All assets must have readily ascertainable market value and be easily marketable.

Portfolios are expected to be well diversified with respect to industry and economic sectors. Equity investments in any one company shall be limited to the greater of 5% of the market value of the portfolio at time of purchase or twice the applicable benchmark weighting of the security. The investment manager shall not hold more than 15% of any company's outstanding equity.

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10. Retirement Plans (Continued)

Plan Investments (continued)

Fixed income investments may consist of U.S. government, U.S. government guaranteed, and U.S. government agency securities. Corporate bond holdings must have an investment grade credit rating at the time of purchase and during the holding period. No single issuer of fixed income or cash equivalent securities (with the exception of the U.S. Government and its Agencies) will account for more than 10% of the market value of the fixed income securities in a manager's portfolio.

Concentration of Risk

SHC manages a variety of risks, including market, credit, and liquidity risks, across plan assets through investment managers. Concentration of risk is defined as an undiversified exposure to one of the above-mentioned risks that increases the exposure of the loss of plan assets unnecessarily. Risk is minimized by diversifying our exposure to such risks across a variety of instruments, markets, and counterparties. As of August 31, 2017, SHC did not have concentrations of risk in any single entity, manager, counterparty, sector, industry or country.

Expected Contributions

SHC expects to make \$34,800 to its Staff Pension Plan for both SHC and LPCH employees during the fiscal year ending August 31, 2018. SHC expects to contribute \$5,687 to its Postretirement Medical Benefit Plan for only SHC employees during the fiscal year ending August 31, 2018.

Expected Benefit Payments

The following benefit payments, which reflect expected future service, are expected to be paid for the fiscal years ending August 31:

	Pension Benefits	Postretirement Medical Benefits	
		Net of Medicare Part D Subsidy	Excluding Medicare Part D Subsidy
2018	\$ 13,748	\$ 7,063	\$ 7,212
2019	14,133	6,980	7,127
2020	14,463	7,009	7,152
2021	14,758	7,055	7,194
2022	14,986	7,079	7,214
2023 - 2027	75,373	32,976	33,554

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11. Unrestricted Net Assets

The changes in consolidated unrestricted net assets attributable to the controlling financial interest of SHC and the noncontrolling interests, for the years ended August 31, are as follows:

	Total	Controlling Interest	Noncontrolling Interests
Balance as of September 1, 2015	\$ 2,490,372	\$ 2,467,393	\$ 22,979
Excess of revenues over expenses	69,904	71,864	(1,960)
Noncontrolling capital distribution	(1,000)	-	(1,000)
Other changes in unrestricted net assets	(90,106)	(90,220)	114
Balance as of August 31, 2016	2,469,170	2,449,037	20,133
Excess of revenues over expenses	484,518	482,781	1,737
Noncontrolling capital contributions	301	-	301
Other changes in unrestricted net assets	(60,816)	(60,705)	(111)
Balance as of August 31, 2017	\$ 2,893,173	\$ 2,871,113	\$ 22,060

12. Temporarily and Permanently Restricted Net Assets

Temporarily Restricted Net Assets

Temporarily restricted net assets consist of the following at August 31:

	2017	2016
Plant replacement and expansion	\$ 540,785	\$ 513,585
Other patient services	42,520	41,382
Clinical services	8,342	11,098
Indigent care	7,314	6,953
Education	4,290	4,068
Total	\$ 603,251	\$ 577,086

Permanently Restricted Net Assets

In 2009, California adopted a version of the Uniform Prudent Management of Institutional Funds Act ("UPMIFA"). SHC has interpreted UPMIFA as requiring the preservation of the original gift as of the gift date of donor-restricted endowment funds absent explicit donor stipulations to the contrary. As a result of this interpretation, SHC classifies as permanently restricted net assets (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment, and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund. The portion of the donor-restricted endowment fund that is not classified in permanently restricted net assets is classified as temporarily restricted net assets until those amounts are appropriated for expenditure in a manner consistent with the standard of prudence prescribed by UPMIFA.

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12. Temporarily and Permanently Restricted Net Assets (Continued)

Permanently Restricted Net Assets (continued)

In accordance with UPMIFA, SHC considers the following factors in making a determination to appropriate or accumulate endowment funds:

1. The duration and preservation of the fund.
2. The purposes of SHC and the donor restricted endowment fund.
3. General economic conditions.
4. The possible effect of inflation and deflation.
5. The expected total return from income and the appreciation of investments.
6. Other resources of the organization.
7. The investment policies of the organization.

Endowment funds by net asset classification as of August 31, 2017 and 2016 are as follows:

	2017			2016		
	Temporarily Restricted	Permanently Restricted	Total	Temporarily Restricted	Permanently Restricted	Total
Donor restricted endowment	\$ 12,567	\$ 8,144	\$ 20,711	\$ 10,723	\$ 7,894	\$ 18,617
Total endowment	\$ 12,567	\$ 8,144	\$ 20,711	\$ 10,723	\$ 7,894	\$ 18,617

Changes in SHC's endowment for the years ended August 31, 2017 and 2016 are as follows:

	2017			2016		
	Temporarily Restricted	Permanently Restricted	Total	Temporarily Restricted	Permanently Restricted	Total
Endowment net assets, beginning of year	\$ 10,723	\$ 7,894	\$ 18,617	\$ 10,666	\$ 7,694	\$ 18,360
Investment return:						
Investment income	491	-	491	491	-	491
Mark to market adjustments	1,717	-	1,717	(21)	-	(21)
Total investment return	2,208	-	2,208	470	-	470
Contributions	-	250	250	-	200	200
Expenditures	(364)	-	(364)	(413)	-	(413)
Endowment net assets, end of year	\$ 12,567	\$ 8,144	\$ 20,711	\$ 10,723	\$ 7,894	\$ 18,617

The following provides descriptions of amounts classified as permanently restricted net assets and temporarily restricted net assets (endowment only). The portion of endowment funds that is required to be retained permanently or temporarily, either by explicit donor stipulation or by California UPMIFA, as of August 31, 2017 and 2016 is as follows:

	2017			2016		
	Temporarily Restricted	Permanently Restricted	Total	Temporarily Restricted	Permanently Restricted	Total
Clinical services	\$ 1,302	\$ 4,250	\$ 5,552	\$ 958	\$ 4,000	\$ 4,958
Education	4,975	1,435	6,410	4,274	1,435	5,709
Indigent care and other	6,290	2,459	8,749	5,491	2,459	7,950
Total endowment classified as net assets	\$ 12,567	\$ 8,144	\$ 20,711	\$ 10,723	\$ 7,894	\$ 18,617

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12. Temporarily and Permanently Restricted Net Assets (Continued)

Permanently Restricted Net Assets (continued)

All of SHC's endowment, totaling \$20,711 and \$18,617 at August 31, 2017 and 2016, respectively, are invested in the MP. The funds are held in perpetuity and invested to generate income to support operating and strategic initiatives.

Return Objectives and Risk Parameters

The return objective for the endowment assets is to generate optimal total return while maintaining an appropriate level of risk established by the University.

Strategies Employed for Achieving Investment Objectives

SHC relies on a total return strategy in which investment returns are achieved through both capital appreciation (realized and unrealized gain) and current yield (interest and dividend) managed by the MP.

13. Related-Party Transactions

Transactions with the University and SoM

SHC has various transactions with the University and the SoM. SHC records expense transactions where direct and incremental economic benefits are received by SHC.

Expenses paid to the University and the SoM are reported as operating expenses in the consolidated statements of operations and changes in net assets and are management's best estimates of SHC's arms-length payments of such amounts for its market specific circumstances. To the extent that payments to the University and the SoM exceed an arms-length estimated amount relative to the benefits received by SHC, they are recorded as transfers to the University and the SoM in other changes in net assets.

SHC purchases certain services from the University and the SoM. Payment for these services is based on management's best estimate of its market specific circumstances.

Services provided by the SoM include physician services that benefit SHC, such as emergency room coverage, physicians providing medical direction to SHC, and physicians providing service to the clinical practice, which are covered by the Professional Services Agreement ("PSA"). Such expenses are reflected as purchased services in the consolidated statements of operations and changes in net assets, and total \$678,239 and \$607,274 for the years ended August 31, 2017 and 2016, respectively.

Services provided by the University and other SoM non-physician services include telecommunications, transportation, utilities, and certain administrative services, such as legal and internal audit. Total costs incurred by SHC were \$99,616 and \$104,044 for the years ended August 31, 2017 and 2016, respectively, and are reflected in various categories in the consolidated statements of operations and changes in net assets.

SHC paid service fees to the University in the amount of \$2,211 for the years ended August 31, 2017 and 2016. The service fees represent costs for the utilization of infrastructure owned by the University such as road improvements, parking garages and generators and are reflected in the consolidated statements of operations and changes in net assets as other expense. Expected payments over the next 16 years total \$19,437. Annual service fees range from approximately \$2,369 for the year ending August 31, 2018 to \$690 for the year ending August 31, 2033.

Stanford Health Care

Notes to Consolidated Financial Statements

(in thousands of dollars)

13. Related-Party Transactions (Continued)

Transactions with the University and SoM (continued)

SHC also received payment for services provided to the University including primarily building maintenance, housekeeping, and security. Costs incurred by SHC in providing these services are reflected in the respective categories in the consolidated statements of operations and changes in net assets. Reimbursement from the University totaled \$38,088 and \$37,844 for the years ended August 31, 2017 and 2016, respectively, and is reflected in the consolidated statements of operations and changes in net assets as expense recoveries.

In addition, SHC received certain grant monies for clinical trials from the University. Grant revenue totaled \$6,767 and \$5,748 for the years ended August 31, 2017 and 2016, respectively, and is reflected in the consolidated statements of operations and changes in net assets as net patient service revenue and recoveries.

During the year ended August 31, 2004, SHC paid \$5,500 to the University. The amount represented a prepayment of a 51 year lease for property owned by the University. The short term portion of \$108 is included in prepaid expenses and other in the consolidated balance sheets as of August 31, 2017 and 2016. The remaining amount included in other assets in the consolidated balance sheets is \$3,702 and \$3,810 as of August 31, 2017 and 2016, respectively.

For the years ended August 31, 2017 and 2016, SHC transferred \$69,071 and \$57,821, respectively, to the University. These funds are used by the University to support the academic mission of the SoM and its initiatives as well as the general support of the academic community and physical plant. For the years ended August 31, 2017 and 2016, SHC also transferred \$305 and \$31,123, respectively, to the University which represents excess consideration paid in the acquisition of the Stanford Blood Center. Total transfers of \$69,376 and \$88,944 for the years ended August 31, 2017 and 2016, respectively, are included in other changes in unrestricted net assets in the consolidated statements of operations and changes in net assets.

SHC also received equity transfers of \$2,748 and \$2,645 during the years ended August 31, 2017 and 2016, respectively, which represented restricted gifts originally donated to the University. These gifts were subsequently re-designated mostly for SHC patient care services and the New Stanford Hospital and are included in changes in temporarily restricted net assets in the consolidated statements of operations and changes in net assets.

Transactions with LPCH

SHC and LPCH share certain departments, including facilities design and construction, materials management, managed care contracting, compliance and general services. Shared service costs are included in the respective categories on the consolidated statements of operations and changes in net assets, and are allocated between SHC and LPCH based on negotiated rates. Reimbursement received from LPCH totaled \$31,360 and \$30,340 for the years ended August 31, 2017 and 2016, respectively, and is reflected in the consolidated statements of operations and changes in net assets as expense recoveries.

SHC provides various services to LPCH. These services include operating room, cardiac catheterization, interventional radiology, radiation oncology and laboratory. The cost of these services is charged back to LPCH based on a percentage of charges intended to approximate cost or a cost per procedure. Costs of these purchased services are reflected in the appropriate category in the consolidated statements of operations and changes in net assets. Reimbursement of purchased services from LPCH totaled \$44,845 and \$47,214 for the years ended August 31, 2017 and 2016, respectively, and is reflected in the consolidated statements of operations and changes in net assets as net patient service revenue.

Stanford Health Care
Notes to Consolidated Financial Statements
(in thousands of dollars)

13. Related-Party Transactions (Continued)

Transactions with LPCH (continued)

Other services provided by SHC include services provided by interns and residents, building maintenance, IT and utilities. Reimbursement of these services totaled \$40,681 and \$33,448 for the years ended August 31, 2017 and 2016, respectively, and is reflected in the consolidated statements of operations and changes in net assets as expense recoveries.

During the year ended August 31, 2016, SHC transferred \$3,300 to LPCH which represented a partial reimbursement of prior year transfers due to revised estimate on capital projects.

14. Operating and Capital Leases

SHC leases various equipment and facilities under non-cancelable lease agreements expiring at various dates. Total rental expense (included in other expense in the consolidated statements of operations and changes in net assets) under these leases for the years ended August 31, 2017 and 2016 was \$97,667 and \$89,951, respectively.

Net minimum future lease payments under all non-cancelable operating leases and capital lease obligations for periods subsequent to August 31, 2017 are as follows:

Year Ending August 31,	Operating	Capital
2018	\$ 87,336	\$ 398
2019	84,232	98
2020	72,137	82
2021	62,857	66
2022	59,218	-
Thereafter	128,886	-
	<u>\$ 494,666</u>	<u>644</u>
Less amount representing interest		(41)
Subtotal		<u>603</u>
Current portion		(378)
Long-term portion, net of current portion		<u>\$ 225</u>

Capital lease obligations totaled \$603 of which \$378 is included in accounts payable and accrued liabilities on the consolidated balance sheets. The remaining capital lease obligation of \$225 is included in other long term liabilities on the consolidated balance sheets.

SHC leases space in its medical office buildings to others under non-cancelable operating lease arrangements. Future minimum base rentals to be received under these leases in place as of August 31, 2017 are as follows:

Year Ending August 31,	
2018	\$ 4,926
2019	2,260
2020	1,349
2021	876
2022	902
Thereafter	9,607
	<u>\$ 19,920</u>

Stanford Health Care

Notes to Consolidated Financial Statements

(in thousands of dollars)

15. Commitments and Contingencies

SHC is aware of certain asserted and unasserted legal claims. While the outcome cannot be determined at this time, management is of the opinion that the liability, if any, from these actions will not have a material effect on SHC's financial position.

SHC has irrevocable standby letters of credit in the amount of \$21,583, which are required as security for the workers' compensation self-insurance arrangements and \$2,130 to serve as a security deposit for certain construction projects being undertaken by SHC. No amounts have been drawn on these letters of credit as of August 31, 2017.

At August 31, 2017, SHC had contractual obligations of approximately \$309,432 primarily related to the construction of the new hospital and other capital projects and approximately \$342,918 to support SHC's operations, such as maintenance, food services, valet services and other purchased services.

Effective December 23, 2014, SHC entered into a five year agreement with a global technology services and outsourcing company, pursuant to which SHC will receive certain information technology services. Under the terms of the agreement, SHC will be charged fixed fees for one-time transition services, ongoing recurring and event-based fees for information technology services, and additional fees plus expenses for project work agreed upon pursuant to work orders. SHC has the right to extend the agreement for up to two consecutive one-year periods. SHC anticipates that it will spend approximately \$36,000 over the initial term of the agreement. SHC has certain rights to reduce the scope of services to be purchased and to terminate the agreement early for a termination fee. The amount of the termination fee depends on when the right to terminate is exercised, what services are terminated, and changes monthly from \$1,136 to terminate all services in the month ending September 30, 2017 and decreasing gradually to \$459 for the month ending December 31, 2019.

The healthcare industry is subject to numerous laws and regulations of federal, state and local governments. Compliance with these laws and regulations can be subject to future government review and interpretation, as well as to regulatory actions unknown or unasserted at this time. Government activity with respect to investigations and allegations concerning possible violations of regulations by healthcare providers could result in the imposition of significant fines and penalties, as well as significant repayments for patient services previously billed. SHC is subject to similar regulatory reviews, and while such reviews may result in repayments and/or civil remedies that could have a material effect on SHC's financial results of operations in a given period, management believes that such repayments and/or civil remedies would not have a material effect on SHC's financial position.

As with many medical centers across the country, information security and privacy is a growing risk area based on developments in the law and expanding mobile technology practices. SHC has policies, procedures, and training in place to safeguard protected information, but select incidents have occurred in the past and may occur in the future involving potential or actual disclosure of such information (including, for example, certain identifiable information relating to patients or research participants). In most cases, there has been no evidence of unauthorized access to, or use/disclosure of, such information, yet laws may require reporting to potentially affected individuals and federal and state governmental agencies. Governmental agencies have the authority to investigate and request further information about an incident or safeguards, to cite SHC for a deficiency or regulatory violation, and/or require payment of fines, corrective action, or both. California law also allows a private right to sue for a breach of medical information. The cost of such possible consequences has not been material to date to SHC, and management does not believe that any future consequences of these incidents will be material to the consolidated financial statements.

The percentage of SHC employees that are covered by collective bargaining arrangements is approximately 31%. There are currently no expired agreements.

Stanford Health Care
Notes to Consolidated Financial Statements
(in thousands of dollars)

15. Commitments and Contingencies (Continued)

California's Hospital Seismic Safety Act requires licensed acute care functions to be conducted only in facilities that meet specified seismic safety standards. Facilities classified by the State of California as non-compliant in the event of an earthquake must be retrofitted, replaced or removed from acute-care service by applicable deadlines in 2020 or 2030.

The California Office of Statewide Health Planning and Development has classified a substantial portion of Stanford Hospital as compliant with seismic safety structural standards until 2030 and beyond. Certain patient care activities are located in existing buildings that are structurally compliant until 2030. However, these facilities have utility system configurations that must be modified no later than January 1, 2020 in order to remain in use for acute patient care. SHC is constructing a new hospital facility to address seismic safety requirements, which will also enable retrofit work of the existing hospital facility utility infrastructure.

Amendments of the Hospital Seismic Safety Act, through Senate Bill ("SB") 90 and SB 499, allow extensions to compliance timelines for hospitals that meet certain eligibility requirements. SHC has received approval from the State to extend the compliance deadline through 2019 for all buildings subject to the requirement. These extensions will allow sufficient time to construct the new hospital and mitigate the deficiencies of the existing facility.

In June 2011, the Palo Alto City Council certified the Final Environmental Impact Report, land use changes, permits and a Development Agreement with SHC, LPCH and the University as part of a Renewal Project. In July 2011, the Palo Alto City Council provided final approval for the Renewal Project at the second reading of the Development Agreement. The Renewal Project will rebuild Stanford Hospital and expand LPCH to assure adequate capacity, meet State-mandated earthquake safety standards, and provide modern, technologically-advanced hospital facilities. The Renewal Project also includes replacement of outdated laboratory facilities at the SoM and remodeling of Hoover Pavilion. SHC's share of the estimated cost is approximately \$2.1 billion. As of August 31, 2017, SHC has capitalized \$1,520 million, inclusive of \$124 million in capitalized interest, related to this project.

Based on current estimated schedules, management projects that the Renewal Project construction will be complete in 2019.

16. Functional Expenses

Expenses are categorized on a functional basis for the years ended August 31:

	2017	2016
Patient services	\$ 3,811,682	\$ 3,553,997
Management and general	396,871	384,711
Fundraising	11,966	10,911
Total functional expenses	<u>\$ 4,220,519</u>	<u>\$ 3,949,619</u>

17. Subsequent Events

SHC has evaluated subsequent events occurring between the end of the most recent fiscal year and December 5, 2017, the date the financial statements were issued.



**Report of Independent Auditors
On Accompanying Consolidating Information**

To the Board of Directors
Stanford Health Care

We have audited the consolidated financial statements of Stanford Health Care ("SHC") as of August 31, 2017 and for the year then ended and our report thereon appears on page one of this document. That audit was conducted for the purpose of forming an opinion on the consolidated financial statements taken as a whole. The consolidating information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The consolidating information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves and other additional procedures, in accordance with auditing standards generally accepted in the United States of America. In our opinion, the consolidating information is fairly stated, in all material respects, in relation to the consolidated financial statements taken as a whole. The consolidating information is presented for purposes of additional analysis of the consolidated financial statements rather than to present the financial position, results of operations and cash flows of the individual companies and is not a required part of the consolidated financial statements. Accordingly, we do not express an opinion on the financial position, results of operations and changes in net assets and cash flows of the individual companies.

PricewaterhouseCoopers LLP

December 5, 2017

Stanford Health Care
Consolidating Balance Sheet
August 31, 2017
(in thousands of dollars)

Assets	SHC	UHA	SHC-VC	SBC LLC	SHI	SEROC	PEAC	Care Counsel	SHC Advantage	Eliminations	Total
Current assets:											
Cash and cash equivalents	\$ 603,771	\$ 2,688	\$ 49,963	\$ 11,894	\$ 23,416	\$ 6,100	\$ 8,578	\$ 278	\$ 5,621	\$ -	\$ 710,109
Short term investments	233,533	-	-	-	-	-	-	-	-	-	233,533
Patient accounts receivable, net of allowance for doubtful accounts	541,297	32,047	31,844	-	-	2,046	-	-	-	3,500	610,734
Other receivables	61,768	3,922	4,108	709	82	1,725	253	234	547	(2,216)	71,112
Inventories	47,723	1,083	5,983	1,770	-	-	-	-	-	-	56,559
Prepaid expenses and other	32,561	7,107	1,750	65	278	143	634	27	6	(43)	42,528
Due from related parties	8,163	19,622	2,720	3,887	47	-	-	-	-	(35,439)	-
Total current assets	1,629,816	66,469	96,368	18,125	23,803	10,014	7,466	539	6,174	(34,199)	1,724,575
Investments	45,265	-	-	-	59,837	-	6,562	-	-	-	111,664
Investments at equity	59,103	-	7,152	-	-	-	-	-	-	-	66,255
Investments in University managed pools	1,246,102	-	-	-	41,061	-	-	-	-	-	1,287,163
Assets limited as to use, held by trustee	58,134	-	-	-	-	-	-	-	-	-	58,134
Property and equipment, net	2,701,461	29,879	134,852	2,155	-	1,089	-	-	-	-	2,869,346
Other assets	152,958	18,022	3,425	-	-	831	144	17	311	(63,283)	112,445
Investments in related entities	292,172	3,273	-	-	-	-	-	-	-	(295,445)	-
Total assets	\$ 6,085,011	\$ 117,443	\$ 241,897	\$ 20,200	\$ 124,731	\$ 11,944	\$ 14,171	\$ 566	\$ 6,485	\$ (392,906)	\$ 6,225,612
Liabilities and Net Assets											
Current liabilities:											
Accounts payable and accrued liabilities	\$ 257,238	\$ 22,221	\$ 18,599	\$ 3,361	\$ 399	\$ 389	\$ 2,073	\$ 97	\$ 3,710	\$ (189)	\$ 307,899
Accrued salaries and related benefits	207,896	27,219	20,610	-	-	-	-	34	-	-	255,759
Due to related parties	97,263	2,720	4,872	144	788	74	47	374	586	(35,439)	71,429
Third-party payor settlements	18,264	-	(145)	-	-	-	-	-	-	-	18,148
Current portion of long-term debt	13,335	-	2,070	-	-	-	-	-	-	(2,070)	13,335
Revolving line of credit	135,000	-	-	-	-	-	-	-	-	-	135,000
Debt subject to short-term remarketing arrangements	228,200	-	-	-	-	-	-	-	-	-	228,200
Self-insurance reserves and other	27,233	2,131	2,263	165	14,062	-	-	-	-	-	45,854
Total current liabilities	984,460	54,291	48,269	3,670	15,249	463	2,120	505	4,296	(37,698)	1,076,625
Self-insurance reserves and other, net of current portion	87,351	-	6,141	64	28,791	-	7,469	-	-	-	130,816
Other long-term liabilities	273,446	1,769	85,377	-	-	-	-	-	-	(63,283)	277,329
Pension liability	51,745	-	-	-	-	-	-	-	-	-	51,745
Long-term debt, net of current portion	1,188,529	-	-	-	-	-	-	-	-	-	1,188,529
Total liabilities	2,586,531	56,060	119,787	3,734	46,040	463	9,589	505	4,296	(100,961)	2,725,944
Net assets:											
Unrestricted											
Stanford Health Care	2,887,352	61,353	121,781	16,546	83,532	6,889	3,273	51	2,189	(291,883)	2,871,113
Noncontrolling interests	-	-	-	-	16,156	4,582	1,309	-	-	-	22,060
Total unrestricted	2,887,352	61,353	121,781	16,546	99,688	11,471	4,582	51	2,189	(291,883)	2,893,173
Temporarily restricted	802,994	-	329	-	-	-	-	-	-	(62)	803,251
Permanently restricted	8,144	-	-	-	-	-	-	-	-	-	8,144
Total net assets	3,498,480	61,353	122,110	16,546	79,691	11,481	4,642	51	2,189	(291,945)	3,504,588
Total liabilities and net assets	\$ 6,085,011	\$ 117,443	\$ 241,897	\$ 20,200	\$ 124,731	\$ 11,944	\$ 14,171	\$ 566	\$ 6,485	\$ (392,906)	\$ 6,225,612

The supplemental information has been prepared in a manner consistent with generally accepted accounting principles and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The supplemental combining information is presented only for purposes of additional analysis and not as a presentation of the financial position and results of the individual entities.

Stanford Health Care
Consolidating Statement of Operations and Changes in Net Assets
Year Ended August 31, 2017
(in thousands of dollars)

	SHC	UHA	SHC-JVC	SBC LLC	SHI	SEROC	PEAC	Care Counsel	SHC Advantage	Eliminations	Total
Operating revenues:											
Net patient service revenue	\$ 3,785,780	\$ 251,887	\$ 272,808	\$ -	\$ -	\$ 9,167	\$ -	\$ -	\$ -	\$ (8,233)	\$ 4,311,530
Provision for doubtful accounts	(51,731)	(3,519)	(11,711)	-	-	(36)	-	-	(7)	-	(77,004)
Net patient service revenue less provision for doubtful accounts	3,724,049	248,368	261,198	-	-	9,151	-	-	11,457	(5,368)	4,234,526
Premium revenue	959	70,627	-	-	-	-	-	-	-	-	80,647
Other revenue	41,450	12,323	7,609	71,704	25,916	109	4,580	2,020	-	(36,387)	129,324
Net assets released from restrictions used for operations	8,869	-	35	-	-	-	-	-	-	-	9,904
Total operating revenues	3,776,327	331,318	268,842	71,704	25,916	9,260	4,580	2,020	14,460	(50,016)	4,404,401
Operating expenses:											
Salaries and benefits	1,717,071	411,219	153,416	22	-	1,802	-	2,978	-	(148)	1,886,360
Professional services	37,280	890	3,355	102	1,726	731	578	26	599	(1,836)	42,851
Supplies	493,900	59,496	38,281	16,468	-	82	-	17	2,125	(24,293)	568,058
Purchased services	975,403	199,637	32,334	33,793	10,601	1,057	-	213	20,829	(137,847)	1,136,020
Depreciation and amortization	134,810	7,974	10,722	840	-	340	-	-	-	-	154,866
Interest	43,519	54	2,234	5	-	15	-	-	-	(2,184)	43,643
Other	318,413	23,978	38,978	5,272	14,699	1,479	3,407	318	870	(22,860)	394,354
Expense recoveries from related parties	(175,259)	(20,345)	(3,027)	(203)	-	-	-	(1,151)	-	86,534	(113,451)
Total operating expenses	3,546,137	382,003	276,273	66,299	28,426	5,506	3,985	2,401	24,223	(102,634)	4,220,519
Income (loss) from operations	231,190	(51,585)	(7,431)	15,405	(610)	3,754	595	(381)	(9,773)	52,618	233,882
Interest and investment income	17,009	43	402	-	1,101	-	42	-	4	(3,356)	15,325
Earnings on equity method investments	-	-	-	-	-	-	-	-	-	-	5,114
Increase (decrease) in value of University Managed pools	144,020	-	-	-	4,615	-	-	-	-	(3,806)	144,829
Interest rate swap mark to market adjustments	85,388	-	-	-	-	-	-	-	-	-	85,388
Excess (deficiency) of revenues over expenses	442,781	(51,542)	(7,029)	15,405	5,206	3,754	637	(381)	(9,769)	46,458	484,518
Other changes in unrestricted net assets:											
Transfer to Stanford University, net	(69,071)	-	-	(305)	-	-	-	-	-	-	(69,376)
Transfer between SHC and SHC-JVC	(10,544)	-	10,544	-	-	-	-	-	-	-	-
Change in net unrealized gains on investments	1,148	18	-	-	(456)	-	28	-	-	322	1,058
Net assets released from restrictions used for:											
Purchase of property and equipment	762	-	556	-	-	-	-	-	-	-	1,320
Change in pension and postretirement liability	6,182	-	-	-	-	-	-	-	-	-	6,182
Noncontrolling capital contribution (distribution), net	-	73,517	-	(15,000)	4	-	1,001	250	9,000	(88,571)	301
Increase (decrease) in unrestricted net assets	411,258	22,093	4,072	100	4,764	3,754	1,864	(131)	(769)	(22,793)	424,003
Changes in temporarily restricted net assets:											
Transfer from Stanford University	2,748	-	-	-	-	-	-	-	-	-	2,748
Contributions and other	28,195	-	345	-	-	-	-	-	-	-	28,541
Investment income	4,862	-	-	-	-	-	-	-	-	-	4,862
Gains on University managed pools	1,438	-	-	-	-	-	-	-	-	-	1,438
Net assets released from restrictions used for:											
Operations	(9,899)	-	(35)	-	-	-	-	-	-	-	(9,904)
Purchase of property and equipment	(782)	-	(559)	-	-	-	-	-	-	-	(1,320)
Increase (decrease) in temporarily restricted net assets	26,413	-	(248)	-	-	-	-	-	-	-	26,165
Changes in permanently restricted net assets:											
Contributions	250	-	-	-	-	-	-	-	-	-	250
Increase in permanently restricted net assets	250	-	-	-	-	-	-	-	-	-	250
Increase (decrease) in net assets	437,921	22,093	3,825	100	4,754	3,754	1,664	(131)	(769)	(22,793)	450,416
Net assets, beginning of year	3,060,559	39,290	118,265	16,446	74,037	7,727	2,918	182	2,958	(269,152)	3,054,150
Net assets, end of year	\$ 3,498,480	\$ 61,383	\$ 122,110	\$ 16,546	\$ 78,691	\$ 11,481	\$ 4,582	\$ 61	\$ 2,189	\$ (291,945)	\$ 3,504,566

The supplemental information has been prepared in a manner consistent with generally accepted accounting principles and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The supplemental combining information is presented only for purposes of additional analysis and not as a presentation of the financial position and results of the individual entities.