

MERIDIAN

RESOURCE COMPANY LLC

Date: Monday, May 19, 2014

To: Matthew Haberkorn

Company:

Phone No.:

Fax No.: 650-332-1528

From: Linda Martinez

Company: Meridian Resource Company

Phone No.: 262-312-8065

Fax No.: 262-207-2986

Number of pages including cover sheet: 03

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MERIDIAN
RESOURCE COMPANY LLC

Submit Payments to: P.O. Box 3122, Milwaukee, WI 53201

Recovery Services
20725 Watertown Road
Waukesha, WI 53186
Tel 800-645-9785
Fax 262-207-2986
www.meridianresource.com

May 19, 2014

ATTORNEY MATTHEW HABERKORN
HABERKORN & ASSOCIATES
5201 GREAT AMERICA PARKWAY
SUITE 320
SANTA CLARA, CA 95054

Re: Our Client: Anthem Blue Cross
Your Client/Patient(s): JON BJORNSTAD
Member: JON BJORNSTAD
Date of Loss: 11/21/2013
Meridian Case No.: 39078549

Dear Attorney HABERKORN:

Enclosed is a current itemization listing payments made on behalf of the above-referenced member. Our client's total subrogation/reimbursement interest is now \$1,029.10. However, additional related claims may be paid which may increase this amount.

If you have any questions, please feel free to contact me.

Sincerely,



Linda Martinez
Subrogation Specialist III
(800) 596-1263 8065
Fax: (262) 207-2986
Linda.Martinez@meridianresource.Com

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LMartinez

**ANTHEM BLUE CROSS
Medical and Rx Claim Itemization - Rolled Up**

Subscriber Name: BJORNSTAD, JON **Our Client:** Anthem Blue Cross
Subscriber ID: XXXXXX6354 **Client Number:** 9-651-SG44120100-A002
Member Number: 10 **Accident Date:** 11/21/2013 **Accident Type:** BICYCLE
Date of Birth: 10/20/1949 **Case Number:** 39078549 **Lien Type:** Standard TPL case
Family Total: \$1,029.10

These claims have been paid for the patient **JON BJORNSTAD** as of: 05/19/2014

Medical Claims

Date(s) of Service	Paid Date	Tax ID	Provider Name	Diagnosis Code	Diagnosis Description	Procedure Code	Procedure Description	ICN	Charged	Paid
11/21/2013	12/05/2013	942494000	CEP DEKALB MEDICAL	9248	Contusion of multiple sites, not elsewhere classified	99283	EMERG DEPARTMENT VISIT FOR THE EVAL	13338BP638480	\$234.00	\$139.47
11/21/2013	11/29/2013	943246947	SEQUOIA HOSPITAL	9248	Contusion of multiple sites, not elsewhere classified	99282	EMERG DEPARTMENT VISIT FOR THE EVAL	13333BK699880	\$1,279.00	\$399.29
12/06/2013	12/21/2013	770286573	EVERGREEN PHYSICAL	8438	Sprain of other specified sites of hip and thigh	97140	REPLAC M/S IMMOB DEVNEC	13354QK697380	\$202.00	\$112.50
12/09/2013	12/21/2013	770286573	EVERGREEN PHYSICAL	8438	Sprain of other specified sites of hip and thigh	97140	REPLAC M/S IMMOB DEVNEC	13354QK697380	\$120.00	\$66.25
12/11/2013	12/21/2013	770286573	EVERGREEN PHYSICAL	8438	Sprain of other specified sites of hip and thigh	97140	REPLAC M/S IMMOB DEVNEC	13354QK697380	\$120.00	\$66.25
12/13/2013	02/08/2014	770460670	VALLEY RADIOLOGIST	7242	Lumbago	73510	RADIOLOGIC EXAMINATION, HIP, UNILATERAL, CO	14038CE273380	\$285.00	\$65.04
12/13/2013	02/13/2014	770460670	VALLEY RADIOLOGIST	71945	Pain in joint involving pelvic region and thigh	73510	RADIOLOGIC EXAMINATION, HIP, UNILATERAL, CO	14043CL578880	\$120.00	\$31.55
12/16/2013	01/06/2014	770286573	EVERGREEN PHYSICAL	8438	Sprain of other specified sites of hip and thigh	97140	REPLAC M/S IMMOB DEVNEC	14006CET02280	\$120.00	\$66.25
12/20/2013	01/06/2014	770286573	EVERGREEN PHYSICAL	8438	Sprain of other specified sites of hip and thigh	97140	REPLAC M/S IMMOB DEVNEC	14006CF156780	\$120.00	\$66.25
03/19/2014	03/27/2014	770286573	STUART R KATZMAN	8438	Sprain of other specified sites of hip and thigh	97140	REPLAC M/S IMMOB DEVNEC	14089BL945100	\$122.64	\$66.25

Medical Claims Totals: \$2,722.64 \$1,029.10

Payment Information and Report Totals

Total Charged and Paid Medical and Rx Claims:	<u>\$2,722.64</u>	<u>\$1,029.10</u>
Payment Date	Total Charged	Total Paid
	<u>\$2,722.64</u>	<u>\$1,029.10</u>
		<u>\$1,029.10</u>