

**IN THE CIRCUIT COURT OF THE TWENTIETH JUDICIAL CIRCUIT  
IN AND FOR COLLIER COUNTY, FLORIDA**

**CIVIL ACTION**

LARISA ELZON,  
Plaintiff,

Case No: 11-2024-CA-001825-0001-01

LAWRENCE GRAZIO, THE  
AVONDALE GROUP INC, FARMERS  
CASUALTY INSURANCE COMPANY,  
Defendants.

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**ORDER GRANTING DEFENDANTS' MOTION TO COMPEL**

**THIS CAUSE** came before the Court on “Defendants’ Motion to Compel Plaintiff to Provide Better Responses to Defendants’ Past Medical Expenses Interrogatories,” filed June 10, 2025 (Docket No. 174). The Court took the motion up for hearing on October 20, 2025.

Having reviewed the interrogatories in question, the Defendants’ motion, Plaintiff’s response, section 768.0427(3), Florida Statutes, and considered argument of counsel at the hearing, it is hereby **ORDERED AND ADJUDGED** that “Defendants’ Motion to Compel Plaintiff to Provide Better Responses to Defendants’ Past Medical Expenses Interrogatories” is **GRANTED**. Plaintiff must comply with this order by no later than the close of business on November 7, 2025.

**DONE AND ORDERED** in Chambers, in Collier County, Florida, on this 22<sup>nd</sup> day of October, 2025.

  
10/22/2025 14:02:39  
11-2024-CA-001825-0001-01  
James F. Stewart, Circuit Court Judge tc3rYm8J  
11-2024-CA-001825-0001-01 10/22/2025 14:02:39  
**James F. Stewart, Circuit Judge**

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IN THE CIRCUIT COURT OF THE TWENTIETH JUDICIAL CIRCUIT  
IN AND FOR COLLIER COUNTY, FLORIDA  
CIVIL ACTION

LARISA ELZON,

Plaintiff,

vs.

CASE NO.: 2024-CA-001825

LAWRENCE GRAZIO, THE AVONDALE  
GROUP, INC., and FARMERS CASUALTY  
Insurance Company f/k/a METROPOLITAN  
CASUALTY INSURANCE COMPANY,

Defendants.

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**DEFENDANTS' MOTION TO COMPEL PLAINTIFF TO PROVIDE BETTER  
RESPONSES TO DEFENDANTS' PAST MEDICAL EXPENSES INTERROGATORIES**

COME NOW the Defendants, LAWRENCE GRAZIO and THE AVONDALE GROUP, INC., by and through their undersigned counsel, and serve their Motion to Compel Plaintiff to Provide Better Responses to Defendants' Past Medical Expenses Interrogatories pursuant to Rule 1.380 of the Florida Rules of Civil Procedure, and in support thereof would state as follows:

1. Defendants propounded Past Medical Expenses Interrogatories to Plaintiff on October 11, 2024.
2. Plaintiff filed her incomplete Answers to Past Medical Expenses Interrogatories on December 13, 2024. A copy of Plaintiff's Answers to Defendants' Past Medical Expenses Interrogatories are attached hereto as Exhibit A.
3. By correspondence dated April 30, 2025, counsel for Defendants reached out to Plaintiff's counsel requesting a telephone conference to confer about better and complete answers to the Past Medical Expenses Interrogatories.

4. To date, the Plaintiff has not submitted a better and/or complete answer to questions number 5 or 6 of the Past Medical Expenses Interrogatories.

5. Plaintiff's Answer to Interrogatory number 5 is as follows:

5. State whether the medical charges for medical treatment or services have been transferred or sold to a third party, and if so, the identity of the purchaser and the amount that was paid or was agreed to be paid.

**ANSWER:** I am not privy regarding whether any of the health care providers sold their accounts receivable for the medical expenses to a "factoring company" or other third party or the dollar amount for which any factoring company or other third party purchased such accounts including any discount. Please see medical bills exchanged through discovery.

6. Plaintiff's Answer to Interrogatory number 6 is as follows:

6. For any letters of protection or similar arrangements, please state the identity of the person who made the referral, and fully describe the financial relationship between the referring party, if a law firm, and the medical provider, including the number of referrals, frequency, and financial benefit obtained.

**ANSWER:** Objection, attorney-client privilege, overbroad, unduly burdensome, vague not reasonably calculated to lead to the discovery of admissible evidence, impermissible discovery based upon *Worley v. Cent. Fla. Young Men's Christian Ass'n, Inc.*, 228 So. 3d 18 (Fla. 2017), to the extent Defendant claims the discovery is applicable and permissible based upon Florida Statute Section 768.0427 that section in this context is unconstitutional and would deprive the Plaintiff of her substantive rights including her right to confidential attorney-client privileged communications for communications prior to the effective date of HB 837 which created Section 768.0427, and to the extent it was even applicable it exceeds the scope of Florida Statute Section 768.0427, as Ms. Elzon was not referred "for a letter of protection" to Stand Up MRI of SW Florida, Cora Physical Therapy, or Pain Management Consultants (Dr. Mahaney), and at the time of any referral there was no letter of protection in place. It is the doctor's office who determines the manner of billing.

Without waiving said objections, I was referred by Dr. Mahaney to Stand Up MRI of SW Florida and Cora Physical Therapy. There was no Letter of Protection when the referral was made. It is the doctor's office who determines the manner of billing.

7. Plaintiff's objection to request number 6 should be overruled. It is well established that the court possesses broad discretion in its determination of whether information sought in discovery is relevant and admissible. See *Rojas v. Ryder Truck Rental*, 641 So.2d 855, 857 (Fla.1994); see also *Jones v. Seaboard Coast Line R. Co.*, 297 So. 2d 861,

863 (Fla. 2d DCA 1974) (quoting Wright and Miller, Federal Practice and Procedure, Civil §2001, vol. 8, p. 15: “. . . The scope of discovery has been made very broad and the restrictions imposed upon it are directed chiefly at the use of, rather than the acquisition of, the information discovered.”).

8. Plaintiff's answers to Interrogatories number 5 and 6 do not provide answers to the specific questions being asked, specifically the financial relationship between the Plaintiff's attorney, Spivey Law Firm, and National Spine and Pain Centers, Stand-Up MRI, and Cora Physical Therapy.
9. Per the records received from National Spine & Brain Centers, it is noted that her primary health insurance is listed as “Spivey Law Firm.” A copy of the records from National Spine & Brain Centers are attached hereto as Exhibit B.
10. Additionally, Plaintiff signed an “Assignment and Lien for Medical Services Rendered” agreement with Stand-Up MRI, specifying that if she receives any monies from any source for her injuries, either through a lawsuit, settlement, jury verdict or payment of insurance proceeds, she assign and agrees to pay Stand-Up MRI's fees from said monies. A copy of this agreement is attached hereto as Exhibit C.
11. Plaintiff signed multiple “Letter of Protection” agreements with Cora Physical Therapy. A copy of the agreements are attached hereto as Exhibit D.
12. According to Fla. Stat. 768.0427(3) requires that “in a personal injury or wrongful death action as a condition precedent to asserting any claim for medical expenses rendered under a letter of protection, the claimant must disclose” the following: a.) the letter of protection; b.) itemized and coded billings; c.) details of any sale to a factoring company, d.) whether at the time of treatment the claimant had health care

coverage and its identity: and e.) whether the claimant was referred for treatment under a letter of protection and, if so, the identity of the person who made the referral. If the referral is made by the claimant's attorney, disclosure of the referral is permitted, and the evidence of such referral is admissible notwithstanding s 90.502. moreover, in such situation, the financial relationship between a law firm and a medical provider, including the number of referrals, frequency, and financial benefit obtained, is relevant to the issue of the bias of a testifying medical provider.”

13. According to *Gibson v. State*, 661 So.2d 288, 291, “[o]ur evidence code liberally permits the introduction of evidence to show the bias or motive of a witness.”
14. Further, in *Worley v. Central Florida Young Men's Christian Ass'n Inc.*, 228 So.3d 18, 23, the court agreed that a “treating physician, like any other witness, is subject to impeachment based on bias.”
15. Additionally, the court in *Worley* found that “bias on the part of the treating physician can be established by providing evidence of a letter of protection (LOP), which may demonstrate that the physician has an interest in the outcome of the litigation.” *Id.*
16. Defendants seek an order compelling better responses to questions number 5 and 6 of Defendants' Past Medical Expenses Interrogatories.
17. Defendants are in need of the responses and answers to said discovery in order to adequately prepare for the defense of this matter and move the case forward.
18. Pursuant to Rule 1.380(A)(4), Fla. R. Civ. P. the court may award reasonable expenses and attorneys' fees for having to bring said motion.
19. The undersigned certifies that good faith efforts to resolve this discovery dispute were attempted before this motion was filed in accordance with local rule.

WHEREFORE, Defendants, LAWRENCE GRAZIO and THE AVONDALE GROUP, INC., move this Court for an Order compelling the Plaintiff to fully and completely respond to the discovery as outlined above, and for attorneys' fees and expenses, and such other and further relief as the Court deems just and proper.

**CERTIFICATE OF CONFERRAL**

I certify that prior to filing this motion, Associate Attorney, Brittany Carolla, Esq, discussed the relief requested in this motion by telephone conference on May 12, 2025 with Plaintiff's counsel and Plaintiff's counsel disagrees on the facts and resolution of the motion.

**CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that a true and accurate copy of the above and foregoing has been furnished by email transmission to Randall L. Spivey, Esquire at [randall@spiveylaw.com](mailto:randall@spiveylaw.com), [wendy@spiveylaw.com](mailto:wendy@spiveylaw.com), and [andrew@spiveylaw.com](mailto:andrew@spiveylaw.com), Spivey Law Firm, 13400 Parker Commons Blvd., Fort Myers, Florida 33912 and Donna M. Wilson-Sampson, Esquire at [orlandolegal@farmersinsurance.com](mailto:orlandolegal@farmersinsurance.com), Law Offices of Monica Burbelo Lally, P.O. Box 258829, Oklahoma City, Oklahoma 73125 on this 10<sup>th</sup> day of June, 2025.

BANKER LOPEZ GASSLER P.A.  
4415 Metro Parkway, Suite 208  
Fort Myers, FL 33916  
Telephone: (239) 322-1300  
Facsimile: (239) 322-1310  
Email: [service-edehaan@bankerlopez.com](mailto:service-edehaan@bankerlopez.com)

BY: /s/ Elizabeth A. Dehaan  
Elizabeth A. Dehaan  
Florida Bar No. 105846  
*Attorney for Defendants, Lawrence  
Grazio and The Avondale Group, Inc.*



IN THE CIRCUIT COURT OF THE TWENTIETH JUDICIAL CIRCUIT  
IN AND FOR COLLIER COUNTY, FLORIDA  
CIVIL ACTION

LARISA ELZON,

Plaintiff,

vs.

CASE NO. 24-CA-1825

LAWRENCE GRAZIO, THE AVONDALE GROUP INC., and  
FARMERS CASUALTY INSURANCE COMPANY f/k/a  
METROPOLITAN CASUALTY INSURANCE COMPANY,

Defendants.

\_\_\_\_\_ /

**PLAINTIFF'S NOTICE OF SERVICE OF ANSWERED PAST MEDICAL EXPENSE INTERROGATORIES**

TO: ELIZABETH A. DEHAAN  
Attorney for Defendant, LAWRENCE GRAZIO,  
BANKER LOPEZ GASSLER P.A., 4415 Metro Parkway, Suite 208, Fort Myers, FL 33916

YOU ARE HEREBY NOTIFIED that the Answered Past Medical Expense Interrogatories, as described below, have been completed and furnished to all counsel of record.

INTERROGATORIES PROPOUNDED BY: LAWRENCE GRAZIO  
DATED: October 11, 2024  
INTERROGATORIES DIRECTED TO: LARISA ELZON

**CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that a copy of the foregoing has been furnished by E-Mail on the 13<sup>th</sup> day of December, 2024, to Donna M. Wilson-Sampson, Esq., Law Offices of Jeffrey D. Ryan, PO Box 258829, Oklahoma City, OK 73125; Elizabeth Dehaan, Esq., Banker Lopez Gassler P.A., 4415 Metro Parkway, Ste. 208, Fort Myers, FL 33916.

SPIVEY LAW FIRM  
PERSONAL INJURY ATTORNEYS, P.A.  
13400 Parker Commons Boulevard  
Fort Myers, FL 33912  
Phone: (239) 337-7483  
Fax: (239) 337-7484

By \_\_\_\_\_

RANDALL L. SPIVEY  
Florida Bar No. 0064742  
[Randall@spiveylaw.com](mailto:Randall@spiveylaw.com)

**PLAINTIFF'S ANSWERS TO PAST MEDICAL EXPENSES INTERROGATORIES PROPOUNDED BY  
DEFENDANT, LAWRENCE GRAZIO**

1. List each item of medical expense that you claim to have incurred as a result of the incident described in the Complaint, giving for each item the date incurred, and the date and business address of the person or entity to whom each was paid or is owed.

**ANSWER:** Please see Plaintiff's Answer to Interrogatories filed 12/13/24 (number 12).

2. With respect to medical expenses listed in Number 1 above, please state whether any amounts have been paid from any third party, health care coverage, or Medicare or Medicaid. If so, please state the name and business address of any such sources and the corresponding amounts paid or payable by such sources, and whether such sources have a claim or right of subrogation.

**ANSWER:** Please see Plaintiff's Answer to Interrogatories filed 12/13/24 (number 14).

3. Please state whether the claimant has health care coverage, whether the claimant has Medicare or Medicaid, and the amount such sources are obligated to pay for the claimant's incurred medical treatment and services, plus any co-pays owed by the claimant for the same.

**ANSWER:** Please see Plaintiff's Answer to Interrogatories filed 12/13/24 (number 14). Plaintiff does not have Medicare or Medicaid.

4. Has the claimant treated under a letter of protection or any similar arrangement where payment is deferred until the litigation is over?

**ANSWER:** Yes.

5. State whether the medical charges for medical treatment or services have been transferred or sold to a third party, and if so, the identity of the purchaser and the amount that was paid or was agreed to be paid.

**ANSWER:** I am not privy regarding whether any of the health care providers sold their accounts receivable for the medical expenses to a "factoring company" or other third party or the dollar

amount for which any factoring company or other third party purchased such accounts including any discount. Please see medical bills exchanged through discovery.

6. For any letters of protection or similar arrangements, please state the identity of the person who made the referral, and fully describe the financial relationship between the referring party, if a law firm, and the medical provider, including the number of referrals, frequency, and financial benefit obtained.

**ANSWER:** Objection, attorney-client privilege, overbroad, unduly burdensome, vague not reasonably calculated to lead to the discovery of admissible evidence, impermissible discovery based upon *Worley v. Cent. Fla. Young Men's Christian Ass'n, Inc.*, 228 So. 3d 18 (Fla. 2017), to the extent Defendant claims the discovery is applicable and permissible based upon Florida Statute Section 768.0427 that section in this context is unconstitutional and would deprive the Plaintiff of her substantive rights including her right to confidential attorney-client privileged communications for communications prior to the effective date of HB 837 which created Section 768.0427, and to the extent it was even applicable it exceeds the scope of Florida Statute Section 768.0427, as Ms. Elzon was not referred "for a letter of protection" to Stand Up MRI of SW Florida, Cora Physical Therapy, or Pain Management Consultants (Dr. Mahaney), and at the time of any referral there was no letter of protection in place. It is the doctor's office who determines the manner of billing.

Without waiving said objections, I was referred by Dr. Mahaney to Stand Up MRI of SW Florida and Cora Physical Therapy. There was no Letter of Protection when the referral was made. It is the doctor's office who determines the manner of billing.

Larisa Elzon  
LARISA ELZON

STATE OF FLORIDA  
COUNTY OF Lee

The foregoing instrument was acknowledged before me this 12/10/2024  
by Larisa Elzon.

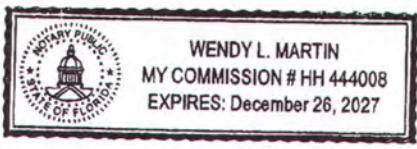
- 1.  personally known to me;
- 2.  who has produced \_\_\_\_\_, as identification;
- 3.  who did not take an oath; and
- 4.  who did take an oath.

SWORN to and SUBSCRIBED before me this 10th day of  
December, 2024.

WLM  
Signature of Notary Public  
Wendy Martin  
(Name of Notary - Printed or Typed)

Commission No. HH 444008

Commission Expires: 12/26/27



Elzon, Larisa Patient ID: [REDACTED] 23-Jan-2025 07:50 MR MRI LSPINE s



Orders - January 10, 2025

*MRC*

**ELZON KAYA, LARISA**

PMS ID: [REDACTED] Sex: Female DOB: [REDACTED] MIN: [REDACTED]

PATIENT INFORMATION				GUARANTOR INFORMATION			
LAST NAME ELZON KAYA		FIRST NAME LARISA		LAST NAME ELZON KAYA		FIRST NAME LARISA	
SSN	DATE OF BIRTH	SEX Female	MIN	RELATIONSHIP TO PATIENT Self			
STREET ADDRESS				STREET ADDRESS			
STREET ADDRESS CONTD.				STREET ADDRESS CONTD.			
CITY	STATE	ZIP CODE		CITY	STATE	ZIP CODE	
HOME PHONE	CELL PHONE	EMPLOYER NAME		HOME PHONE	WORK PHONE		
PRIMARY BILLING / INSURANCE INFORMATION							
SUBSCRIBER NAME LARISA ELZON KAYA		RELATIONSHIP Self		SUB DOB	COMPANY NAME SPIVEY LAW FIRM		GRP/CONTRACT #
STREET ADDRESS 13400 PARKER COMMONS BLVD				STREET ADDRESS CONTD.			
CITY FORT MYERS	STATE FL	ZIP CODE 33912		EMPLOYER NAME	MEDICARE #	MEDICAID #	
DIAGNOSES							
Diagnosis	ICD Code	Description					
1	M54.16	Radiculopathy, lumbar region					
Order MRI - Spine							
Protocol - Lumbar: Spine - Lumbar MRI WO contrast (CPT: 72148) Modic Changes: please indicate modic changes Indication: Radiculitis, Lumbar - M54.16 Medical Necessity: Persistent low back and buttock pain, Persistent low back and leg pain, and Persistent low back pain  Provider: Melynda Brown, PA Priority: normal							

Electronically Signed By: Melynda Brown, PA, 01/10/2025 09:19 AM EST

Melynda Brown, PA (Primary Provider) (Bill Under)  
 (239) 333-1177 Work  
 (239) 939-4733 Fax  
 NPI: 1851678106

Fort Myers Ofc - FPRA  
 7964 Summerlin Lakes Dr  
 Fort Myers, FL 33966



Orders - January 10, 2025

*JKAY*

**ELZON KAYA, LARISA**

PIAS ID: [REDACTED] Sex: Female DOB: [REDACTED] MRN: [REDACTED]

PATIENT INFORMATION				GUARANTOR INFORMATION			
LAST NAME ELZON KAYA		FIRST NAME LARISA		LAST NAME ELZON KAYA		FIRST NAME LARISA	
SEX Female		MRN [REDACTED]		RELATIONSHIP TO PATIENT Self			
STREET ADDRESS [REDACTED]				STREET ADDRESS [REDACTED]			
STREET ADDRESS CONTD. [REDACTED]				STREET ADDRESS CONTD. [REDACTED]			
CITY [REDACTED]		STATE [REDACTED]		CITY [REDACTED]		STATE [REDACTED]	
HOME PHONE [REDACTED]		CELL PHONE [REDACTED]		EMPLOYER NAME [REDACTED]		WORK PHONE [REDACTED]	
PRIMARY BILLING / INSURANCE INFORMATION							
SUBSCRIBER NAME LARISA ELZON KAYA		RELATIONSHIP Self		SUS. DOB [REDACTED]		COMPANY NAME SPIVEY LAW FIRM	
STREET ADDRESS 13400 PARKER COMMONS BLVD		STATE FL		ZIP CODE 33912		MEMBER ID # [REDACTED]	
CITY FORT MYERS				EMPLOYER NAME [REDACTED]			
MEDICARE # [REDACTED]				MEDICAID # [REDACTED]			
DIAGNOSES							
Diagnosis	ICD Code	Description					
1	M54.16	Radiculopathy, lumbar region					
Order Plain X-ray (Outside Imaging)							
Indication: Radiculitis, Lumbar - M54.16 Plain Film(s): Lumbar Spine, AP, lateral and oblique view and Lumbar Spine, standing lateral view with flexion and extension  Indication: Radiculitis, Lumbar - body  Provider: Melynda Brown, PA Priority: normal							

Electronically Signed By: Melynda Brown, PA, 01/10/2025 09:19 AM EST

Elzon, Larisa Patient ID: [REDACTED] 14-Jan-2025 14:23 DR XR LUMBAR 6 OR MORE VIEWS



Orders - January 10, 2025

*Handwritten signature/initials*

**ELZON KAYA, LARISA**

PMS ID: [REDACTED] Sex: Female DOB: [REDACTED] MRN: [REDACTED]

PATIENT INFORMATION				GUARANTOR INFORMATION			
LAST NAME ELZON KAYA		FIRST NAME LARISA		LAST NAME ELZON KAYA		FIRST NAME LARISA	
SSN [REDACTED]	DATE OF BIRTH [REDACTED]	SEX Female	MRN [REDACTED]	RELATIONSHIP TO PATIENT Self			
STREET ADDRESS [REDACTED]				STREET ADDRESS [REDACTED]			
STREET ADDRESS CONTD. [REDACTED]				STREET ADDRESS CONTD. [REDACTED]			
CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]		CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]	
HOME PHONE [REDACTED]	CELL PHONE [REDACTED]	EMPLOYER NAME [REDACTED]		HOME PHONE [REDACTED]	WORK PHONE [REDACTED]		
PRIMARY BILLING / INSURANCE INFORMATION							
SUBSCRIBER NAME LARISA ELZON KAYA		RELATIONSHIP Self		SUB DOB [REDACTED]	COMPANY NAME SPIVEY LAW FIRM		MEMBER ID # [REDACTED]
STREET ADDRESS 13400 PARKER COMMONS BLVD				STREET ADDRESS CONTD. [REDACTED]			
CITY FORT MYERS	STATE FL	ZIP CODE 33912		EMPLOYER NAME [REDACTED]	MEDICARE # [REDACTED]	MEDICAID # [REDACTED]	
DIAGNOSES							
Diagnosis	ICD Code	Description					
1	M54.12	Radiculopathy, cervical region					
<b>Order Plain X-ray (Outside Imaging)</b>							
Indication: Cervical Radiculopathy - M54.12 Plain Film(s): C-Spine, AP, Lateral (flexion/extension), Odontoid, and Oblique views  Indication: Cervical Radiculopathy - body  Provider: Melynda Brown, PA Priority: normal							

Electronically Signed By: Melynda Brown, PA, 01/10/2025 09:18 AM EST

Melynda Brown, PA (Primary Provider) (Bill Under)  
 (239) 333-1177 Work  
 (239) 939-4733 Fax  
 NPI: 1851678106

Fort Myers Olc - FPRA  
 7964 Summerlin Lakes Dr  
 Fort Myers, FL 33966



Orders - October 20, 2023

*MAM*

**ELZON, LARISA**

EMRS ID [REDACTED] Sex Female [REDACTED]

PATIENT INFORMATION				GUARANTOR INFORMATION			
LAST NAME ELZON	FIRST NAME LARISA	MI		LAST NAME ELZON	FIRST NAME LARISA	MI	
SEX	DATE OF BIRTH	SEX Female	MIN	RELATIONSHIP TO PATIENT Self			
STREET ADDRESS				STREET ADDRESS			
STREET ADDRESS CONTD				STREET ADDRESS CONTD			
CITY	STATE			CITY	STATE	ZIP CODE	
HOME PHONE		EMPLOYER NAME		HOME PHONE		WORK PHONE	

PRIMARY BILLING / INSURANCE INFORMATION							
SUBSCRIBER NAME LARISA ELZON	RELATIONSHIP Self			COMPANY NAME SPIVEY LAW FIRM	GRP/CONTRACT #	MEMBER ID #	
STREET ADDRESS 13400 PARKER COMMONS BLVD				STREET ADDRESS CONTD			
CITY FORT MYERS	STATE FL	ZIP CODE 33912		EMPLOYER NAME	MEDICARE #	MEDICAD #	

SECONDARY BILLING / INSURANCE INFORMATION							
SUBSCRIBER NAME LARISA ELZON	RELATIONSHIP Self	SUB DOB		COMPANY NAME UHC	GRP/CONTRACT #	MEMBER ID #	
STREET ADDRESS PO BOX 31375				STREET ADDRESS CONTD			
CITY SALT LAKE CITY	STATE UT	ZIP CODE 84131		EMPLOYER NAME	MEDICARE #	MEDICAD #	

DIAGNOSES		
Diagnosis	ICD Code	Description
1	M47.816	Spondylosis without myelopathy or radiculopathy, lumbar region

Order Plain X-ray (Outside Imaging)

Indication: Spondylosis without myelopathy or radiculopathy, lumbar region - M47.816  
 Plain Film(s): Lumbar Spine, AP, lateral and oblique view and Lumbar Spine, standing lateral view with flexion and extension  
 Indication: Spondylosis without myelopathy or radiculopathy, lumbar region - body  
 Provider: Melynda Brown, PA  
 Priority: normal

Electronically Signed By: Melynda Brown, PA, 10/20/2023 10:30 AM EDT



Melynda Brown, PA (Primary Provider)  
 Eugene Mahaney, MD (Bill Under)  
 (239) 333-1177 Work  
 (239) 939-4733 Fax

Fort Myers Ofc - FPRA  
 7904 Summerlin Lakes Dr  
 Fort Myers, FL 33966



Orders - October 20, 2023

*MRI*

**ELZON, LARISA**

PMS ID: [REDACTED] Sex: Female [REDACTED] [REDACTED]

PATIENT INFORMATION				GUARANTOR INFORMATION			
LAST NAME <b>ELZON</b>	FIRST NAME <b>LARISA</b>	MI		LAST NAME <b>ELZON</b>	FIRST NAME <b>LARISA</b>	MI	
SEX <b>Female</b>	DATE OF BIRTH [REDACTED]	SSN [REDACTED]		RELATIONSHIP TO PATIENT <b>Self</b>			
STREET ADDRESS [REDACTED]				STREET ADDRESS [REDACTED]			
STREET ADDRESS CONTD [REDACTED]				STREET ADDRESS CONTD [REDACTED]			
CITY <b>S</b>	STATE <b>FL</b>	ZIP CODE [REDACTED]		CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]	
HOME PHONE [REDACTED]	CELL PHONE [REDACTED]	EMPLOYER NAME [REDACTED]		HOME PHONE [REDACTED]	WORK PHONE [REDACTED]		

PRIMARY BILLING / INSURANCE INFORMATION							
SUBSCRIBER NAME <b>LARISA ELZON</b>		RELATIONSHIP <b>Self</b>	SUB DOB [REDACTED]	COMPANY NAME <b>SPIVEY LAW FIRM</b>	ORACONTRACT #	MEMBER ID #	
STREET ADDRESS <b>13400 PARKER COMMONS BLVD</b>				STREET ADDRESS CONTD			
CITY <b>FORT MYERS</b>	STATE <b>FL</b>	ZIP CODE <b>33912</b>		EMPLOYER NAME	MEDICARE #	MEDICAD #	

SECONDARY BILLING / INSURANCE INFORMATION							
SUBSCRIBER NAME <b>LARISA ELZON</b>		RELATIONSHIP <b>Self</b>	SUB DOB [REDACTED]	COMPANY NAME <b>UHC</b>	ORACONTRACT #	MEMBER ID #	
STREET ADDRESS <b>PO BOX 31375</b>				STREET ADDRESS CONTD			
CITY <b>SALT LAKE CITY</b>	STATE <b>UT</b>	ZIP CODE <b>84131</b>		EMPLOYER NAME	MEDICARE #	MEDICAD #	

DIAGNOSES		
Diagnosis	ICD Code	Description
1	M47.816	Spondylosis without myelopathy or radiculopathy, lumbar region

**Order MRI - Spine**

Protocol - Lumbar: Spine - Lumbar MRI WO contrast (CPT: 72148)  
 Modic Changes: please indicate modic changes  
 Indication: Spondylosis without myelopathy or radiculopathy, lumbar region - M47.816  
 Medical Necessity: Persistent low back and buttock pain and Persistent low back and leg pain

Provider: Melynda Brown, PA  
 Priority: normal

Electronically Signed By: Melynda Brown, PA, 10/20/2023 10:30 AM EDT



Melynda Brown, PA (Primary Provider)  
 Eugene Mahaney, MD (Bill Under)  
 (239) 333-1177 Work  
 (239) 930-4733 Fax

Fort Myers Ctc - FPRA  
 7904 Summerlin Lakes Dr  
 Fort Myers, FL 33906



Orders - October 20, 2023

*XRAY*

**ELZON, LARISA**

FMS ID: [REDACTED] Sex: Female [REDACTED] DGB: [REDACTED] MMR: [REDACTED]

PATIENT INFORMATION				GUARANTOR INFORMATION			
LAST NAME ELZON	FIRST NAME LARISA	MI		LAST NAME ELZON	FIRST NAME LARISA	MI	
SEX	DATE OF BIRTH 4/20	SEX Female	MIN	RELATIONSHIP TO PATIENT Self			
STREET ADDRESS				STREET ADDRESS			
STREET ADDRESS CONTD.				STREET ADDRESS CONTD.			
CITY	STATE	ZIP CODE		CITY	STATE	ZIP CODE	
HOME PHONE	CELL PHONE	EMPLOYER NAME		HOME PHONE	WORK PHONE		
PRIMARY BILLING / INSURANCE INFORMATION							
SUBSCRIBER NAME LARISA ELZON	RELATIONSHIP Self	SUB DOB		COMPANY NAME SPIVEY LAW FIRM	GAP CONTRACT #	MEMBER ID #	
STREET ADDRESS 13400 PARKER COMMONS BLVD				STREET ADDRESS CONTD.			
CITY FORT MYERS	STATE FL	ZIP CODE 33912		EMPLOYER NAME	MEDICARE #	MEDICAID #	
SECONDARY BILLING / INSURANCE INFORMATION							
SUBSCRIBER NAME LARISA ELZON	RELATIONSHIP Self	SUB DOB		COMPANY NAME UHC	GAP CONTRACT #	MEMBER ID #	
STREET ADDRESS PO BOX 31375				STREET ADDRESS CONTD.			
CITY SALT LAKE CITY	STATE UT	ZIP CODE 84131		EMPLOYER NAME	MEDICARE #	MEDICAID #	
DIAGNOSES							
Diagnosis	ICD Code	Description					
1	M46.1	Sacroiliitis, not elsewhere classified					
Order Plain X-ray (Outside Imaging)							
Indication: Sacroiliitis - M46.1 Plain Film(s): hip, AP and lateral and pelvis, bilateral SI joints, AP and lateral views, bilateral Indication: Sacroiliitis - body Provider: Melynda Brown, PA Priority: normal							

Electronically Signed By: Melynda Brown, PA, 10/20/2023 10:29 AM EDT

Melynda Brown, PA (Primary Provider)  
 Eugene Mahaney, MD (Bill Under)  
 (239) 333-1177 Work  
 (239) 939-4733 Fax

Fort Myers Ctr - FPRA  
 7004 Summerlin Lakes Dr  
 Fort Myers, FL 33966

**Patient Information**

<b>Name:</b>	LARISA ELZON KAYA	<b>Home Phone:</b>	
<b>D.O.B:</b>	██████████	<b>Work Phone:</b>	
<b>Sex:</b>	Female	<b>Mobile Phone:</b>	██████████
<b>SSN:</b>	██████████	<b>Email:</b>	██████████
<b>MRN:</b>	██████████	<b>Preferred Contact Method:</b>	
<b>PMS ID:</b>	██████████	<b>Language:</b>	English
<b>Marital Status:</b>	Unknown	<b>Emergency Contact:</b>	
<b>Race:</b>	White	<b>Emergency Contact Phone:</b>	
<b>Ethnicity:</b>	Not Hispanic or Latino	<b>Employer:</b>	
<b>Address:</b>	████████████████████	<b>Primary Care Provider:</b>	
		<b>Referring Providers:</b>	

**Primary Insurance Information**

<b>Carrier:</b>	SPIVEY LAW FIRM	<b>Address:</b>	13400 PARKER COMMONS BLVD FORT MYERS, FL 33912
<b>Policy #:</b>	██████████	<b>Phone Number:</b>	
<b>Group ID/Name:</b>			

**Pharmacy Information**

<b>Name:</b>	CVS/pharmacy #5187	<b>Address:</b>	2375 VANDERBILT BEACH RD NAPLES, FL 34109
<b>Phone Number:</b>	2395964581		
<b>Fax Number:</b>	2395964592		

# National Spine & Pain Centers

Fort Myers Ofc - FPRA

Appointment: 12/13/2024 8:15 AM EST

Provider: Mahaney, Eugene MD

## Patient Information

Name: LARISA ELZON KAYA

D.O.B: [REDACTED]

Sex: Female

SSN: [REDACTED]

MRN: [REDACTED]

PMS ID: [REDACTED]

Marital Status: Unknown

Race: White

Ethnicity: Not Hispanic or Latino

Address: [REDACTED]

Home Phone:

Work Phone:

Mobile Phone: [REDACTED]

Email: [REDACTED]

Preferred Contact Method:

Language: English

Emergency Contact:

Emergency Contact Phone:

Employer:

Primary Care Provider:

Referring Providers:

## Primary Insurance Information

Carrier: SPIVEY LAW FIRM

Policy #: [REDACTED]

Group ID/Name:

Address: 13400 PARKER COMMONS BLVD FORT MYERS, FL 33912

Phone Number:

## Pharmacy Information

Name: CVS/pharmacy #5187

Phone Number: 2395964581

Fax Number: 2395964592

Address: 2375 VANDERBILT BEACH RD NAPLES, FL 34109

C

tabbies

FORM 101CS PATIENT MEDICAL HISTORY FOR CERVICAL SCAN		SITE: MR - Naples Stand-Up MRI of SW Florida		RE612161	
DATE: 10/13/2021	WEIGHT:	SEX @ BIRTH: Female	HAS THE PT BEEN HERE BEFORE?		
MEDICAL RECORD # [REDACTED] SCAN TYPE & OTHER SCHEDULED EXAMS: NA10025897 CERVICAL SPINE MRI T2141 (CSMR) NA10025899 LUMBAR SPINE MRI T2148 (LSMR)					
PATIENT NAME: LARISA ELZON		DATE OF BIRTH:	AGE:	PT HOME PHONE	PT ALT PHONE
PATIENT'S ADDRESS:		CITY:	STATE:	ZIP:	
PATIENT'S EMPLOYER:		REFERRING PHYSICIAN NAME: EUGENE MAHANEY, MD			
PHYSICIAN'S PHONE: (239)333-1177	PHYSICIAN'S FAX: (239)939-4733	SPECIALTY:	DATE OF INJURY: (IF APPLICABLE) 08/27/2021		
PHYSICIAN'S ADDRESS: 7964 SUMMERLIN LAKES DR		CITY: FORT MYERS	STATE: FL	ZIP: 33907	
PRIMARY INSURANCE: METLIFE FL PIP		SECONDARY INSURANCE: SPIVEY, RANDALL ESQ	INSURANCE TYPE:		
SAFETY CONSIDERATIONS			INFORMATION REQUIRED FOR CERVICAL SCANS		
<p><b>WARNING!</b> Under certain conditions, an MRI examination may be unsafe. If "YES" is checked for any of the following, notify the Technologist/Radiologist immediately.</p> <p>DO YOU HAVE ANY IMPLANTED DEVICES INCLUDING THE FOLLOWING?</p> <p>METALLIC CLIPS OR METALLIC IMPLANTS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>TYPE &amp; LOCATION: _____ YEAR OF IMPLANT: _____</p> <p>CARDIAC PACEMAKER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>INFERIOR VENA CAVA FILTER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>DRUG INFUSION DEVICES/PUMP? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>ANY TYPE OF INTERNAL ELECTRODES OR WIRES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>TYPE &amp; LOCATION: _____ YEAR OF IMPLANT: _____</p> <p>ABDOMINAL PACEMAKER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>DEFIBRILLATOR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>IMPLANTED NEUROSTIMULATION SYSTEM? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>ANY TYPE OF COIL, FILTER, STENT, SHUNTS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>TYPE &amp; LOCATION: _____ YEAR OF IMPLANT: _____</p> <p>ANEURYSM CLIP(S)? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>HEART OR HEART VALVE SURGERY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>BRAIN OR HEAD SURGERY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>ANY INTERNAL/EXTERNAL HEARING AIDS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>HAVE YOU WORKED WITH METAL? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>ANY FOREIGN OBJECTS IN YOUR EYES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>ANY CHANGES OF PREGNANCY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>ANY TATTOOS OR PERMANENT MAKEUP? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>MEDICATION PATCH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>IF YES, TYPE &amp; LOCATION: _____</p> <p>ANY PELLETS, BULLETS, SHRAPNEL, BB'S? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>IF YES, LOCATION: _____</p>			<p>HAD PREVIOUS CERVICAL SURGERY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>IF YES, WHEN &amp; TYPE? _____</p> <p>IS SURGERY PLANNED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>IF YES, WHEN &amp; TYPE? _____</p> <p>HAD PREVIOUS CATARACT SURGERY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>HAD PREVIOUS SINUS SURGERY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>DO YOU HAVE NECK PAIN? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>ARM OR SHOULDER PAIN? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>ANY NUMBNESS IN YOUR BODY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>ANY WEAKNESS IN YOUR BODY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>DO YOU HAVE HEADACHES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>DO YOU HAVE ANY HISTORY OF CANCER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>IF YES, TYPE AND YEAR DIAGNOSED? _____</p> <p>ANY HISTORY OF TRAUMA IN REGION? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>IF YES, DATE &amp; DESCRIPTION: MVA 08/27/2021</p> <p>PREVIOUS DIAGNOSTIC IMAGING OF AREA? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>(Diagnostic Imaging means any MRI's/CT/X-Ray/Ultrasound/Sono/Nuclear Medicine)</p> <p>IF YES, WHAT TYPE OF TEST AND WHEN? _____</p> <p>WAS A COPY OF THE REPORT OBTAINED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>WHAT WERE THE FINDINGS? <b>MVA 08/27/2021</b></p>		
RECEPTIONIST'S NAME: Taylor Kinney		RECEPTIONIST'S SIGNATURE: [Signature]			
TECHNOLOGIST'S NAME: Ivan Toledo		TECHNOLOGIST'S SIGNATURE: [Signature]			
PATIENT SIGNS, SYMPTOMS AND/OR COMPLAINTS: Pt has numbness in left hand / pain in rt shoulder / neck pain constant dull & achey					
AFFIRMATION BY PATIENT OR PATIENT'S GUARDIAN: I, the Patient/Guardian, accept the offer of Ear Plugs. <input checked="" type="checkbox"/> Accept the offer of Ear Plugs <input type="checkbox"/> Decline the offer of Ear Plugs					
Signature of Patient: [Signature]			Signature of Patient's Guardian: [Signature]		
SCAN TECHNIQUE UTILIZED:					
PATIENT POSITION: <input checked="" type="checkbox"/> NEUTRAL SITTING <input type="checkbox"/> RECLINANT <input type="checkbox"/> STANDING <input type="checkbox"/> 30° TILT					
(1) Sag T2	(4) Sag T1	(7)			
(2) Sag STIR	(5)	(8)			
(3) Ax T2	(6)	(9)			
TECHNOLOGIST COMMENTS:					
DIAGNOSTIC EXPECTATION OF REFERRING PHYSICIAN:					
BRIEF HISTORY AND CHIEF COMPLAINT(S) PER REFERRING PHYSICIAN: Dx: Cervicalgia					
TECHNOLOGIST NOTES: No SX					
ROBERT MARTINEZ, M.D.					



**STAND-UP MRI**  
MULTI-POSITION MRI

Stand-Up MRI of SW Florida  
4521 Executive Drive Suite 104  
Naples FL 34119  
Phone: 239-514-2600  
Fax: 239-514-0019

**REQUEST FOR LETTER OF PROTECTION**

*\*\* Please ensure all of the information listed below is accurate. Thank you. \*\**

DATE: 10/13/2021

ATTORNEY NAME: METLIFE FL PIP **SPIVEY, RANDALL ESQ**

FAX NUMBER: 2393377484

FROM: Stand-Up MRI of SW Florida

CLIENT NAME: LARISA ELZON

DATE OF ACCIDENT: 08/27/2021

DATE OF SERVICE: 10/13/2021

SERVICE(S) PROVIDED: NA10025697 CERVICAL SPINE MRI 72141 (CSMR)  
NA10025699 LUMBAR SPINE MRI 72148 (LSMR)

PLEASE PROVIDE OR CONFIRM INSURANCE INFORMATION: METLIFE FL PIP

**COMMENTS: REQUEST FOR LETTER OF PROTECTION**

Please be advised that we have advised your client of his/her financial responsibility for services provided by

Your client hereby requests that you issue a Letter of Protection for any charges that client's insurance company will not cover, such as the customary 20% and any deductible amounts.

Upon receipt of the Letter of Protection, Stand-Up MRI of SW Florida will cease billing your Client until such time as the case is settled.

Thank you for your cooperation.

Signature of Client: *Larisa Elzon*

Date: 10/13/2021





**STAND-UP MRI**  
MULTI-POSITION MRI

Stand-Up MRI of SW Florida  
4521 Executive Drive Suite 104  
Naples FL 34119  
Phone: 239-514-2600  
Fax: 239-514-0019

Patient Name: LARISA ELZON

Account Number:

Date of Birth: [REDACTED]

Medical Record #: [REDACTED]

**ASSIGNMENT AND LIEN FOR MEDICAL SERVICES RENDERED**

I, LARISA ELZON, hereby authorize the above health care provider (hereafter referred to as the "provider") to furnish you, my attorney, with all medical information concerning me in the provider's possession, including information concerning any examination, diagnosis, treatment or prognosis, relating to injuries I sustained in any motor vehicle or other accident.

To the extent that I receive or become entitled to receive any monies from any source whatsoever for my injuries, either through a lawsuit, settlement of a lawsuit or claim, award by a court or arbitrator(s), jury verdict or payment of insurance proceeds, I hereby assign and agree to pay said funds to:

Stand-Up MRI of SW Florida  
4521 Executive Drive Suite 104 Naples FL 34119

to the extent of any outstanding amounts then owed by me to the provider for medical services before any other fees, costs, or expenses are disbursed from any said funds. I further agree that the fees for the services to be performed at the provider are the amounts that I owe to the provider shall constitute a lien on any claim or lawsuit I may have as a result of my injuries and any settlement, award, jury verdict or insurance proceeds that I receive or become entitled to receive as a result of my injuries.

This Assignment and Lien shall be placed in my chart and a copy thereof shall constitute actual notice to my attorney, or any other person, that my medical bills to the provider shall be paid first from the proceeds of any such lawsuit, settlement, award, jury verdict or insurance. This authorization cannot be modified unless it is in writing and signed by both parties.

I hereby appoint the provider or its designee as my attorney-in-fact to sign my name to and file a financing statement under the Uniform Commercial Code to evidence this lien.

I understand that I remain personally responsible for the payment of all fees owed by me to the provider and that notwithstanding this Assignment and Lien, the provider is not required to look to any other person or entity for payment.

I hereby instruct my attorney, if any, to acknowledge this Assignment and Lien by signing his/her signature below and instruct my attorney to pay the provider as provided above from any monies received by him/her described above. These instructions are irrevocable and may not be changed without written agreement of the provider. I have given authorization to the provider to forward this document to my attorney. This Assignment and Lien shall be effective regardless of whether it is countersigned by any such attorney.

Larisa Elzon  
Signature of Patient

TR  
Witness Signature

10/13/2021  
Date

I, the undersigned attorney for the above named patient, acknowledge receipt of this Assignment and Lien and the instructions contained herein and agree to comply with said instructions.

\_\_\_\_\_  
Attorney's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Attorney's Name (Please Print Legibly)





**LOP Admission Intake Form**

Complete all blanks/Verify Insurance

Clinic Golden Gate PSC Rarisa

Accident Information Auto  Slip/Fall  Other

Date of Accident 8/27/2021 Surgery Date           

SYS#            RX lumbar/cervical

Services for PT  OT  ST  Diag/Body Part lumbar/

Name: Larisa Elzon cervical.

Address:           

City, ST, Zip:           

Eval Date 10/26/2021 Time 4:00pm

**Treating Physician / Facility**

MD Name: Eugene Mahaney

Practice Name: National Spine and

Tel #: 239-333-1177 Fax#: 239-939-4733

           Email           

**Attorney Information**

Law Firm Name: Spivey Law Firm

Attorney Name: Randall Spivey

Address: 13400 Parker Commons Blvd

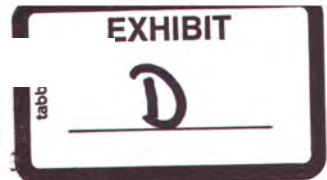
City, ST, Zip: Fort Myers FL 33912

Tel #: 239-337-7483 Fax#:           

Email: randall@spiveylaw.com

Letter of Protection on file: yes

Case Mgr Name: meganr@spiveylaw.com



Office Line- Tel # 954-376 4555  
email- lopdepartment@corahealth.com  
4175 Davie Road, Suite 230, Davie, FL 33414  
Send copy of Driver License & any Insurance Cards

Ins Name: Metropolitan Casualty Company

Address: Po Box 30018

City, ST, Zip: Tampa, FL 33630

Tel #: 877-361-6935 Fax#:           

PIP Benefits Available: Yes yes No- Exhausted:           

Deductible:            Is there MedPay:            DOI 8/27/21

Adjuster Name: Corey Morris Tel#: 800-854-6011

Policy Holder: Vladimir Driver on Policy: ext: 85270

Date Verified:            With Who:           

**Health Insurance Information -**

NO            verified with           

Ins Name: United Healthcare

City, ST, Zip: Atlanta GA 30374

Tel #: 877-842-3210 Fax#:           

Limitations: 20 visits

Deductible: \$1500 Copay \$25

Name of Insured Larisa DOB 9/24/1971

Date Verified: 10/30/21 With Who: online

**Other Insurance Information**

Ins Name: NO other ins.

Address:           

City, ST, Zip:           

Tel #:            Fax#:           

Policy #:            Grp#:           

Benefits:           

Deductible:            Copay           

Name of Insured            DOB           

Date Verified:            With Who:

**LETTER OF PROTECTION**

**Protection of Outstanding Charges:** If the below-named client recovers money damages from any person or entity responsible for charges incurred by CORA Physical Therapy, we agree to withhold from any check or draft, in which we are an additional-named payee, sufficient funds, after deduction of attorney fees and costs, to pay any outstanding medical bills in our possession for any and all undisputed charges owed to you in connection with the accident or event giving rise to and covered by the recovery and not covered by any insurance or any collateral source.

**Amount Protected:** It is the health care provider's obligation to furnish us with periodic updates of outstanding charges. Otherwise, we will rely on previously received records in seeking reimbursement from the tortfeasor. Under no circumstances will we withhold a sum larger than submitted to the tortfeasor for reimbursement.

**Balance Confirmation:** We will use best efforts to request a balance confirmation when recovery is imminent. If we fail to receive a written response within ten (10) days of mailing, we will presume that the balance has been paid in full.

**Pro Rata Distribution If Inadequate Recovery:** If the net recovery is less than the total outstanding charges owed to all health providers covered by a letter of protection or any other lien holder, such funds will be distributed on a pro rata basis.

**Our Responsibility on Forensic Services:** This law firm acknowledges independent responsibility to the health provider for charges incurred for medical records and witness fees.

**Disputes:** If our client disputed any of your outstanding charges or claims, and we are unable to resolve the issue, we will deposit the amount of the disputed charge/set-off into the court registry for judicial determination.

**Approval Required:** This agreement becomes effective when you and the client approve it in writing in the place provided below and return it to our office.

Your willingness to refrain from collection efforts during our prosecution of this claim is the consideration for our offer of protection. Any collection efforts initiated by your office during the pending of this will be considered as a rejection of our offer to protect the payment of your account, and will automatically cancel and revoke the terms of this agreement.



Patient: Larisa Elzon



12/20/2021

Date

Authorized Representative of CORA Physical Therapy



Randall L. Spivey  
SPIVEY LAW FIRM  
PERSONAL INJURY ATTORNEYS, P.A.  
13400 Parker Commons Boulevard  
Fort Myers, FL 33912  
Phone: (239) 337-7483  
Fax: (239) 337-7484

Date

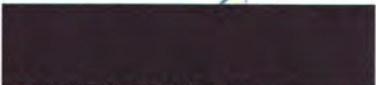
11-23-21

Date

SPIVEY LAW

12/22/21

**LETTER OF PROTECTION**



**Protection of Outstanding Charges:** If the below-named client recovers money damages from any person or entity responsible for charges incurred by CORA Physical Therapy, we agree to withhold from any check or draft, in which we are an additional-named payee, sufficient funds, after deduction of attorney fees and costs, to pay any outstanding medical bills in our possession for any and all undisputed charges owed to you in connection with the accident or event giving rise to and covered by the recovery and not covered by any insurance or any collateral source.

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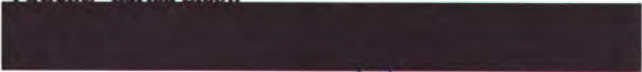
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*Larisa Elzon*

Patient: Larisa Elzon



12/20/2021

Date

*[Signature]*

Authorized Representative of CORA Physical Therapy

12/22/21

Date

*[Signature]*

Randall L. Spivey  
SPIVEY LAW FIRM  
PERSONAL INJURY ATTORNEYS, P.A.  
13400 Parker Commons Boulevard  
Fort Myers, FL 33912  
Phone: (239) 337-7483  
Fax: (239) 337-7484

11-23-21

Date

DOA 8/27/21