EXHIBIT 44

Medical Expenses
and Other Damages Summary
(as of 11/9/09)

Provider	Date of Service	Amount
Michael A. Campbell, O.D.	6/28/1999 - 12/6/2004	$ 1334.75
TLC The Laser Center, Inc.	7/8/1999	$ 4750.00
Georgia Eye Institute (Dr. Gussler)	5/26/2006 - 3/14/2008	$ 1340.50
The Emory Clinic (Dr. Doyle Stulting)	6/7/2006 - 9/21/09	$ 2063.00
Prof. Dr. med. M. Kohlhaas (Germany)	7/15/2006	$ 1243.43
US Airways (travel exp)	7/9/2006	$ 2458.54
Rail Europe (Germany)	7/10/2006; 7/17/2006	$ 44.00
Mercure Hotel (Germany)	7/10/2006; 7/17/2006	$ 564.42
InterCityHotel (Germany)	7/17/2006 - 7/18/2006	$ 73.58
Pearle Vision Center	10/13/06 - 10/14/09	$ 1585.99
Prescriptions		
Excedrin Migraine	3 bottles per year @ $8 ea. ($24/year)	
Travel to Atlanta (Emory Clinic)	13 trips: 591 miles r/t @ 50.5¢ per mile = $298.46 per trip x 13 trips = $3,879.98 Parking: $10/trip x 13 trips = $130.00	$ 4009.98
Other Germany expenses	Meals, transportation, etc.	$ 500.00
TOTAL		**$ 19,968.19**

Michael A. Campbell, O.D.
Doctor of Optometry
Island Medical Plaza Bldg K
35 Bill Fries Drive
Hilton Head, S. C. 29928

PHONE: (843) 681-6682

LASIK

BILL DATE	BALANCE DUE
09/12/2005	$ 0.00

Payments received after this date will appear on your next statement.

Mr. John Hollman
17 Kings Court
Hilton Head Island, SC 29926

DATE	PATIENT	DESCRIPTION		CHARGE	PAYMENT	BALANCE
06/28/99	John	Compr. Service - New	53.00			
		Refraction	14.00			
		Post Surgery Care	756.00			
		Discount	-23.00			
		FEESLIP TOTAL		800.00		800.00
07/16/99	John	Medical Supplies	11.00			
		FEESLIP TOTAL		11.00		811.00
07/29/99	John	Payment (Payment was made with a Check)			776.00	35.00
07/29/99	John	Write-off (TLC finance)		-24.00		11.00
07/30/99	John	Payment (Payment was made with a Check)			11.00	0.00
09/27/04	John	Compr. Service - Estab	60.00			
		Refraction	20.00			
		FEESLIP TOTAL		80.00		80.00
09/27/04	John	Credit (Pt is state employee)		-80.00		0.00
09/27/04	John	Compr. Service - Estab	60.00			
		Refraction	20.00			
		Discount	-30.00			
		FEESLIP TOTAL		50.00		50.00
12/06/04	John	Payment (Payment was made with a Check)			50.00	0.00

Refunded money back to Pt.

You are responsible for insurance amounts not paid directly to this office.

Thank you for your prompt payment. This helps keep our costs down and our fees reasonable.

Michael A. Campbell, O.D.
Doctor of Optometry
Island Medical Plaza Bldg K
35 Bill Fries Drive
Hilton Head, S. C. 29928

PHONE: (843) 681-6682

BILL DATE	BALANCE DUE
08/23/2005	$ 0.00

John Hollman

Hilton Head Island, SC 29926

Payments received after this date will appear on your next statement.

DATE	PATIENT	DESCRIPTION		CHARGE	PAYMENT	BALANCE
09/05/03	John	Plastic S.V. Lenses	375.00			
		Sales Tax	18.75			
		FEESLIP TOTAL		393.75		393.75
09/12/03	John	Account Correction		-393.75		0.00
		(Redo charges)				
09/12/03	John	Frames	50.00			
		Plastic S.V. Lenses	160.00			
		Rimless Lenses	75.00			
		Edge Polish	15.00			
		Anti-Reflective Coating	75.00			
		Sales Tax	18.75			
		FEESLIP TOTAL		393.75		393.75
09/29/03	John	Payment			120.00	273.75
		(Payment was made with a Credit Card)				
10/07/03	John	TLC payment			196.88	76.87
		(Payment was made with an Insurance Check)				
11/20/03	John	TLC payment			76.87	0.00
		(Payment was made with an Insurance Check)				

You are responsible for insurance amounts not paid directly to this office.

Thank you for your prompt payment. This helps keep our costs down and our fees reasonable.

CURRENT	30 DAYS	60 DAYS	90 DAYS	TOTAL
$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00

A service charge of 1.50% per month will be added after 30 days. This is an APR of 18.00%. There is a minimum service charge of $1.50.

Dr. Michael A. Campbell, O.D.
10 Hospital Center Commons Ste.100
Hilton Head Island, SC 29926
PH: (843) 681-6682
Fax: (843) 681-9582
WWW.DrMichaelCampbell.com

Patients:(A) Hollman, John

Mr John Hollman
17 Kings Court
Hilton Head Island, SC 29926

DATE	P	ACTIVITY	ID	AMOUNT	ADJUST	CREDIT	BALANCE
01/10/08	A	Special Medical Reports	MAC	30.00			30.00
01/10/08	A	Special Handling/Express Mail	MAC	20.92			20.92

Sent 1/10/08

Thank you in advance for your payment.

(please return this portion with payment)

Mr John Hollman
17 Kings Court
Hilton Head Island, SC 29926

Statement Date: 01/10/08

Due Date: 02/09/08

Amount Due: $ 50.92

Account #: 8506

Amount Paid: _____

Walk Out Slip

Pt. Name: Richardson / Plowden Law Firm Date of Service: 01 / 02 / 08

Acct. #: _____ Appt. Time: _____ in: _____ out: _____

Appt. Type: ☐Exam ☐CLEX ☐Clck ☐IOP ☐HRT ☐Eytx ☐PO ☐REF. only

Payment Type: ☐Cash ☐Medicare ☐VSP ☐BC/BS ☐Other: _____

☐Opticare ☐Compbenefits ☐Superior ☐Copay: _____

Doctor: ☐MAC ☐JDK ☐JCP ☐DLW

Examination Services/CPT-Codes

Copies of Records #30.00
Shipping #20.92
#50.92

New Pt.:			Est. Pt.:		
Comprehensive Exam	☐ 92004	$115.00	Comprehensive Exam	☐ 92014	$ 95.00
Intermediate Exam	☐ 92002	$ 68.00	Intermediate Exam	☐ 92012	$ 65.00
Eval. & Mgmt. 1	☐ 99201	$ 38.00	Eval. & Mgmt. 1	☐ 99211	$ 23.00
Eval. & Mgmt. 2	☐ 99202	$ 65.00	Eval. & Mgmt. 2	☐ 99212	$ 40.00
Eval. & Mgmt. 3	☐ 99203	$ 95.00	Eval. & Mgmt. 3	☐ 99213	$ 57.00
Eval. & Mgmt. 4	☐ 99204	$133.00	Eval. & Mgmt. 4	☐ 99214	$ 85.00
Eval. & Mgmt. 5	☐ 99205	$168.00	Eval. & Mgmt. 5	☐ 99215	$ 118.00
Refraction	☐ 92015	$ 30.00	Student/Child's Exam	☐	$ _____

Contact Exam:					
New Patient	☐ 92310	$ 85.00	$75.00	$ 65.00	$ _____
Contact Lens Training	☐	$ _____			
Established Patient:	☐ 92310	$ 85.00	$ 75.00	$ 65.00	$ _____
Contact Lens Refit	☐	$ _____	Contact Lens Supply	☐	$ _____
			C.L. Clean and Polish	☐	$ 20.00

Dispensed: _____ Order: _____

_____ _____

Supplies: ☐ Tears $ _____ ☐ Vitamins $ _____ ☐ DMV form $ _____

Specialty Services:

LASIK Pre-Op	☐ $150.00	FB Removal- Conjunctiva	☐ 65205	$ 50.00
LASIK Post-Op	☐ $no charge	FB Removal- Corneal	☐ 65222	$ 67.00
Cat. PO 66984-55	☐ $100.00	Rust Removal	☐ 65435	$ 76.00
Cat. PO (follow up)	☐ N/C	VF-Threshold	☐ 92083	$ 75.00
Glasses Check	☐ N/C	VF-Central	☐ 92081	$ 46.00
HRT Testing	☐ $ 60.00 ea eye	VF-Screening	☐ 92135	$ 60.00
Pachymetry	☐ $ 12.00	Insert Pnctm Plgs E1,E2,E3,E4	☐ 68761	$150.00
Low Vision Services	☐ $175.00	Epilation of Eyelashes	☐ 67820	$ 58.00
Fundus Photos 92250	☐ $ 75.00			

Plan of Action: ☐Follow Up _____ ☐HRT _____ ☐IOP _____ ☐ HVF _____ ☐ Other _____

FedEx Express **US Airbill** FedEx Tracking Number 6 40 6941 7090

Sender's Copy

1 From Please print and press hard

Date 01/02/08 Sender's FedEx Account Number SENDER'S FEDEX ACCOUNT NUMBER ONLY

Sender's Name Dr. Michael A. Campbell Phone (843) 681-6682

Company S.A.A.

Address 10 Hospital Center Commons, Suite 100 Dept./Floor/Suite/Room

City Hilton Head Is. State S.C. ZIP 29926

2 Your Internal Billing Reference First 24 characters will appear on invoice. OPTIONAL

3 To

Recipient's Name Richardson, Plowden, & Assoc. PA. Phone ( )

Company

Recipient's Address 1900 Barnwell Street Dept./Floor/Suite/Room

We cannot deliver to P.O. boxes or P.O. ZIP codes.

Address Columbia, S.C

To request a package be held at a specific FedEx location, print FedEx address here.

City Columbia State S.C. ZIP 29201

4a Express Package Service Packages up to 150 lbs.

- [ ] FedEx Priority Overnight — Next business morning.* Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.
- [x] FedEx Standard Overnight — Next business afternoon.* Saturday Delivery NOT available.
- [ ] FedEx First Overnight — Earliest next business morning delivery to select locations.* Saturday Delivery NOT available.
- [ ] FedEx 2Day — Second business day.* Thursday shipments will be delivered on Monday unless SATURDAY Delivery is selected.
- [ ] FedEx Express Saver — Third business day.* Saturday Delivery NOT available.

FedEx Envelope rate not available. Minimum charge: One-pound rate. * To most locations.

4b Express Freight Service Packages over 150 lbs.

- [ ] FedEx 1Day Freight* — Next business day.** Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.
- [ ] FedEx 2Day Freight — Second business day.** Thursday shipments will be delivered on Monday unless SATURDAY Delivery is selected.
- [ ] FedEx 3Day Freight — Third business day.** Saturday Delivery NOT available.

* Call for Confirmation: ** To most locations.

5 Packaging

- [ ] FedEx Envelope*
- [x] FedEx Pak* — Includes FedEx Small Pak, FedEx Large Pak, and FedEx Sturdy Pak.
- [ ] FedEx Box
- [ ] FedEx Tube
- [ ] Other

* Declared value limit $500.

6 Special Handling Include FedEx address in Section 3.

- [ ] SATURDAY Delivery — NOT Available for FedEx Standard Overnight, FedEx First Overnight, FedEx Express Saver, or FedEx 3Day Freight.
- [ ] HOLD Weekday at FedEx Location — NOT Available for FedEx First Overnight.
- [ ] HOLD Saturday at FedEx Location — Available ONLY for FedEx Priority Overnight and FedEx 2Day to select locations.

Does this shipment contain dangerous goods? One box must be checked.

- [ ] No
- [ ] Yes — As per attached Shipper's Declaration.
- [ ] Yes — Shipper's Declaration not required.
- [ ] Dry Ice — Dry Ice, 9, UN 1845 ____ x ____ kg
- [ ] Cargo Aircraft Only

Dangerous goods (including dry ice) cannot be shipped in FedEx packaging.

7 Payment Bill to: Enter FedEx Acct. No. or Credit Card No. below.

- [ ] Sender — Acct. No. in Section 1 will be billed.
- [ ] Recipient
- [ ] Third Party
- [x] Credit Card
- [ ] Cash/Check

FedEx Acct. No. / Credit Card No. Exp. Date

Total Packages | Total Weight | Total Declared Value† $ .00 — 20.92

† Our liability is limited to $100 unless you declare a higher value. See back for details. By using this Airbill you agree to the service conditions on the back of this Airbill and in the current FedEx Service Guide, including terms that limit our liability.

8 Residential Delivery Signature Options If you require a signature, check Direct or Indirect.

- [ ] No Signature Required — Package may be left without obtaining a signature for delivery.
- [ ] Direct Signature — Someone at recipient's address may sign for delivery. Fee applies.
- [ ] Indirect Signature — If no one is available at recipient's address, someone at a neighboring address may sign for delivery. Fee applies.

520

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FedEx

20 HUNTER RD
HILTON HEAD ISLAND, SC 29926

Location: HHHA
Device ID: HHHA-POS1
Employee: 90828
Transaction: 710129337144

STANDARD OVERNIGHT $20.92
864069417090 1.25 lb (M)

Shipment subtotal: $20.92

Total Due: $20.92

(M) CreditCard: $20.92
************45151

M = Weight entered manually
S = Weight read from scale
T = Taxable item

Subject to additional charges. See FedEx Service Guide at fedex.com for details. All merchandise sales final.

Visit us at: fedex.com
Or call 1.800.GoFedEx
1.800.463.3339

January 2, 2008 1:32:42 PM

05/05/2006 17:26 FAX 845 661 9502 OPTICAL DESIGNS

John Hallman's surgery since 1° Larik Tr's Greenville — Dr. Woolfson

11/11/05 Full Exam #95.00 Not Paid

06/17/05 Frames, Lenses, AR, Drill Mount, Polish Edges (PA's) #636.00 Not Paid + 40.00 Refraction

04/14/05 ~~CL Exam~~ #70.00 Not Paid

03/22/05 CL Exam & Topus #110 Not Paid

09/24/+ 09/27/05 Full Dilated Exam & Topus #75 Not Paid Pt got upset he had to pay, so Dr. campbell reimbursed his money after talking to Mr. Holman.

12/13/03 New K-curve RGP's #100 Not Paid TLC paid 76.87 + 196.88 → for new specs.

8/06/03 CL Exam, Topus, CL's 75/25/155 Not Paid

6/25/03 Full Exam (Cyclo) 72.00 Not Paid

5/1/02 Full Exam (Cyclo) 72.00 Not Paid

3/7/01 Full Exam (Cyclo) 72.00 Not Paid

04/20/06 Full Exam, Topus, Orbscan #120.00/25/30

TOTAL #1695.13

Mr. Holtman will be calling wanting a CER, Orbscan, Topus

Appt at 3:30-4:00 PM in the next 7 days with him.

1.) Dr. Jim Owen wants John to call him (760) 521-4973

2.) Mail Topus, Orbscan, & Latest Exam date to Dr. Owen.

Name: Hollman, John Phone: (843)342-86[illegible] Rx Date: 06/17/05 08/23/05 - 17:13 Page: 1

Rx Date: 06/17/05 Written: 06/17/05 Expires: Promised Date: Time: Use: Continual

Near Rx: N Tray #: RX #: 30969 Posted by: Plan:

Rx:	Sphere	Cyl.	Axis	Prism 1	Prism 2	Add	SegHt	B.C.	O.C.	GeoCenter
R:	+2.50	-4.50	64	.	.	1.25	20.0	.		O.C.: Dist. PD -> Total: 62.0 R: 30.5 L: 31.5
L:	+2.25	-2.50	88	.	.	1.25	20.0	.		SegHt: Near PD -> Total: 59.0 R: 29.5 L: 29.5

Lens: Focal Type: OVATION Material: POLYCARB Lens Style:

Edge Treatment: Edge Note: Bevel: Bevel Note:

Thickness Specification: CT mm

Coatings/ Add-ons 1) Crizal 2) Drill Chg 3) Edge Polish

Tint: Instructions: % Type:

Frame Manufacturer: Aspex Eyewear Style: S3069 Shape:

New: Y Color: 20 Material: Rimless Drilled Supplier: Dr. Sup. - To Come

Sizes --> Eye: 51 Bridge: 18 Temple: 0 A: 0.0 B: 31.0 C: ED: 52.0 DBL: 0.0 Stock #: 686245046005

Wholesale: 74.99 DME#:

Hor. Dec.-> R: 30.5OT L: 31.5OT DME#:999999

Ver. Dec.-> R: 4.5UP L: 4.5UP

Rx Notes: Southern! Voided: B

Reason:

No Charges in Computer

Drill Mount PA's

Ovation Poly Carb

F- $250.00

L- $220.00

AR- $75.00

AR $ 75.00

Polish $ 14-00

$1030.00

6/25/99	CYCLO exam	$800	
(7/8/99	LASIK Surgery)		
7/9/99	1st PO	NC	
7/16/99	PO	$11	7/29 TLC Paid $766.00
7/30/99	PO	NC	Pt Paid $11 - $24.00 written off
8/30/99	PO	NC	← Eye drops — Thera tears
10/18/99	PO	NC	
11/23/99	PO	NC	
11/29/99	PO	NC	
1/5/00	PO	NC	
3/27/00	PO	NC	
10/4/00	PO	NC	
3/7/01	CYCLO exam	$72	Not Paid
6/23/01	PO?	NC	
(6/26/01	LASIK Surgery)		
6/27/01	1st PO	NC	
7/6/01	PO	NC	
5/1/02	Exam	[redacted] $72	Not Paid
6/25/03	Exam	[redacted] $72	Not Paid
8/6/03	Clck, Topos (Exam) purchased, CL's	[redacted] $75/25/155	Not Paid
8/19/03	Clck	NC	↑ CL Cost $50
9/5/03	Clck	NC	
9/29/03	Reck	NC	
Dallas, TX → 10/13/03	Reck, New Type K/Cones RGP ordered	NC →	New K-Cones RGP's $100
TLC Meeting			TLC Paid Check for $76.97
10/29/03	Clck	NC	
11/05/03	Clck	NC	
11/07/03	Clck	NC	
12/9/03	Clck 09/27	NC	
09/24/04 + 9/27/04	Exam, Topos 09/24	$50/$25	Pt. Paid; Pt got upset he had to pay, so
3/22/05	Topos, CL Fit	[redacted] $25/85	Not Paid Dr Campbell reimbursed his money after
3/31/05	Clck (Trial Lens Arrived)	NC	talking to Mr. Holman.
4/14/05	Clck One week New CL's	NC	CL Cost $70
6/17/05	REF, New Glasses	[redacted] $40/636.00	Not Paid

STATEMENT OF CHARGES & PAYMENTS

Michael A. Campbell, O.D.
K-35 Bill Fries Drive
Hilton Head, SC 29928
(843)681-6682

DOCTOR: Michael A. Campbell, O.D.

EMPLOYER ID #: 57-0859580

PATIENT INFORMATION

John Hollman
55 Queens Foly apt #635
Hilton Head Island, SC 29928

PHCNE: (843)842-5305

DATE OF BIRTH: 03/13/69
SEX: M

SUBSCRIBER INFORMATION

FEESLIP #: 2733

CHARGES & PAYMENTS

DATE	CPT-4 CODES	SERVICE DESCRIPTION	CHARGE
06/28/99	92004	Compr. Service - New	53.00
06/28/99	92015	Refraction	14.00
06/28/99	66984-55	Post Surgery Care	756.00

SUMMARY	
CHARGES	823.00
ADJUSTMENT -	23.00
FEESLIP TOTAL	800.00

ACCOUNT SUMMARY	
PREVIOUS BALANCE	0.00
DUE THIS VISIT +	800.00
TOTAL ACCOUNT BALANCE	800.00

DUE THIS VISIT 800.00

Thank you for your prompt payment. This helps keep our costs down and our fees reasonable.

DIAGNOSIS

PRIMARY DIAGNOSIS
367.9 Refractive Error - Unspec

FOLLOW-UP RECOMMENDATIONS

NEXT COMPLETE EXAM: 6 Mos.

STATEMENT OF CHARGES & PAYMENTS

Michael A. Campbell, O.D.
K-35 Bill Fries Drive
Hilton Head, SC 29928
(843)681-6682

DOCTOR: Michael A. Campbell, O.D.

EMPLOYER ID #: 57-0859580

PATIENT INFORMATION

John Hollman
55 Queens Foly apt #635
Hilton Head Island, SC 29928

PHONE: (843)842-5305

DATE OF BIRTH: 03/13/69
SEX: M

SUBSCRIBER INFORMATION

FEESLIP #: 3204

CHARGES & PAYMENTS

DATE	CPT-4 CODES	SERVICE DESCRIPTION	CHARGE
07/16/99	99070	Medical Supplies	11.00

SUMMARY	
CHARGES	11.00
FEESLIP TOTAL	11.00

ACCOUNT SUMMARY	
PREVIOUS BALANCE	800.00
DUE THIS VISIT +	11.00
TOTAL ACCOUNT BALANCE	811.00

DUE THIS VISIT 11.00

Thank you for your prompt payment. This helps keep our costs down and our fees reasonable.

DIAGNOSIS

PRIMARY DIAGNOSIS
367.9 Refractive Error - Unspec

FOLLOW-UP RECOMMENDATIONS

NEXT COMPLETE EXAM: 5 Mos.

STATEMENT OF CHARGES & PAYMENTS

Michael A. Campbell, O.D.
K-35 Bill Fries Drive
Hilton Head, SC 29928
(843)681-6682

EMPLOYER ID #: 57-0859580

PATIENT INFORMATION

John Hollman
55 Queens Foly apt #635
Hilton Head Island, SC 29928

PHONE: (843)842-5305

DATE OF BIRTH: 03/13/69
SEX: M

SUBSCRIBER INFORMATION

FEESLIP #: M 63

CHARGES & PAYMENTS

DATE	CPT-4 CODES	SERVICE DESCRIPTION	PAYMENT
07/30/99		Payment on account	11.00

TOTAL ACCOUNT BALANCE 0.00

Thank you for your prompt payment. This helps keep our costs down and our fees reasonable.

FOLLOW-UP RECOMMENDATIONS

NEXT COMPLETE EXAM: 4 Mos.

STATE PLAN

PATIENT INFORMAT...

DATE: 06/14/99 **DR:**
PATIENT: John Hollman
SUBSCRB:
INSRNCE:

EVALUATION & MANAGEMENT SERVICES

NEW	HIST	EXAM	DX
1	PF	PF	SF
2	EF	EF	SF
3	D	D	LC
4	C	C	MC
5	C	C	HC

EST	HIST	EXAM	DX
	SUPERVISION		
1	PF	PF	SF
2	EF	EF	SF
3	EF	EF	LC
4	D	D	MC
5	C	C	HC

PF - Problem Focused
EF - Expanded Focus
D - Detailed
C - Comprehensive
SF - Straight Forward
LC,HC - Low/Hi Cmplxty

PROFESSIONAL SERVICES

FEES

☒ NEW ☐ ESTAB
☒ Comp. Exam: With/Ref w/o Ref
☐ Refraction
☐ Eval/Management: 1 2 3 4 5
☐ Visual Fields: Lmt Int Cmp
☐ Int Exam (Ophth)
☐ Office Visit: Min Brf Lmt Int Ext
☐ Ext Ophthalmscpy: Ini Subs
☐ Gonioscopy
☐ Serial Tonometry
☐ Consultation
☐ Odd Hrs Services: AftrHrs SunHol Emrg
☐ Misc Prof Servces:

67.00
State employee 44.00

☐ VSP Exam: Cmp Int
☐ Dispensing Srvc: SV Bif Tri Prg
☐ Retinal Phtgrphy
☐ Photodocumentation
☐ Low Vision Service
☐ Probe Lacrml Duct
☐ Insert Puncta Plug
☐ Foreign Body Rmvl Corn Conj
☐ Epilation of Lash
☐ Vision Therapy: Eval Therapy
☐ Color Vision Exam
☐ Adjusting-Repairs Laik
☐ Special Reports
☐ Post Surgery Care: ExtCp IntCp LsrCp RK PRK

FEES

75.00

CONTACT LENS SERVICES

☐ C.Lens Exam
☐ Design, Fit, FU: New Refit
Dly Ext
Sph Tor Bif Aph Disp
☐ Service Agrmnt: Dly Ext Mos.
☐ Sph Tor Bif Aph Disp
☐ Polish/Clean
☐ Plnnd Rplcmt Srv: New Refit

☐ C.L. Office Visit
☐ Misc:
☐ Lens Rplcmnt Serv: Sph Tor Bif Aph
☐ Orthokeratology

CONTACT LENS MATERIALS

☐ Initial C Lenses: Dly Ext 1 2
☐ Replcment Lenses: Sft GP Sf+ GP+ Hrd
Sph Tor Bif Aph Disp
☐ C. Lens Supplies
☐ Plnnd Rplcmt Lns: 6mo 3mo 1mo 2wk 1wk
Sph Tor

☐ Care Kit: Heat Chem H2O2
☐ Misc:

OPHTHALMIC MATERIALS

☐ Frames
☐ Basic Lenses: Pls Gls
#1 #2 #3 #4
SV Bi OLn Tri Var Aph
☐ Rimless
☐ Edge Treatment: Facet Polish
☐ Tint: Solid Gradnt Dble
☐ Photochromic: Trans Trans3 Glass
☐ Color Coating
☐ U.V. Coating
☐ AR Coating
☐ Mirror Coating
☐ Scratch Coating
☐ Polycarbonate
☐ Oversize
☐

☐ Misc Frame Parts:

☐ Double-D Segs
☐ Misc:
☐ Extra-Large Bifcl: 28 35 Exec
☐ High Index: SV Bif OLn Tri Vlx Aph
☐ Sunglasses
☐ Polaroid Lenses
☐ Prism
☐ Slab Off Prism
☐ Medical Supplies:
☐ Eye Surgical Tray
☐ Puncta Plugs: Colgn Silcn

ICD-9-CM DIAGNOSIS CODES

GENERAL
☐ V65.5 Problm was nrml state
☐ V72.0 Routine Eye Exam
☐ 368.13 Asthenopia
☐ 780.4 Dizziness
☐ 379.91 Eye Pain
☐ 784.0 Headache
☐ 346.9 Migraine Headache
☐ 368.13 Photophobia

VISION
☐ 368.00 Amblyopia
☒ 367.9 Refretve Error, Unsp

ANTERIOR CHAMBER
☐ 365.10 Glaucoma, open angle
☐ 365.20 Glaucoma, angle clsre
☐ 364.3 Iritis, Iridocyclitis
☐ 365.04 Ocular Hypertension
☐ 364.75 Pupil Abnormality

BINOCULARITY
☐ 367.50 Accomm. Insuffcy
☐ 378.30 Convergence Disorder
☐ 378.43 Hyperphoria
☐ 379.50 Nystagmus
☐ 378.50 Paralytic Strabismus

CONJUNCTIVA/SCLERA
☐ 918.2 Abrasion, Conjunctival
☐ 372.00 Acute Conjunctivitis
☐ 372.20 Blepharoconjunctivitis
☐ 372.10 Chronic Conjunctivitis
☐ 372.72 Conjntvl Hemorrhage
☐ 930.1 Foreign Body, conjnc
☐ 379.02 Nodular episcleritis
☐ 379.00 Scleritis
☐ 372.51 Pinguecula
☐ 372.40 Pterygium

CORNEA
☐ 918.1 Abrasion, corneal
☐ 371.41 Arcus Senilis
☐ 371.40 Corneal Degeneration
☐ 371.50 Corneal Dystrophy
☐ 371.20 Corneal edema
☐ 371.24 Edema-C.Lens related
☐ 077.1 Epidemic Keratoconjnct
☐ 930.0 Foreign body, Corneal
☐ 370.33 Keratoconjnctvits Sicca
☐ 371.60 Keratoconus
☐ 370.60 Neovascularization
☐ 371.03 Opacity, Central
☐ 371.01 Opacity, Nebula
☐ 371.02 Opacity, Peripheral
☐ 370.24 Photokeratitis
☐ 371.10 Pigmentation
☐ 370.21 Punctate Keratitis
☐ 370.00 Ulcer

EYELIDS
☐ 373.00 Blepharitis
☐ 333.81 Blepharospasm
☐ 373.2 Chalazion
☐ 921.9 Contusion
☐ 374.10 Ectropion
☐ 374.00 Entropion
☐ 374.05 Trichiasis
☐ 373.11 Hordeolum,Ext(Stye)
☐ 373.12 Hordeolum,Internum
☐ 374.30 Ptosis
☐ 375.52 Punctum Stenosis

LENS
☐ 379.31 Aphakia
☐ V43.1 Pseudophakia
☐ 366.16 Nuclear Cataract
☐ 366.14 Post Subcap Cataract
☐ 366.15 Cortical Cataract
☐ 366.53 After Cataract

RETINA
☐ 362.13 Athrsclrotic Retnpathy
☐ 362.41 Cntrl Serous Retnpathy
☐ 362.57 Drusen
☐ 361.30 Defect
☐ 361.00 Detachment-tear
☐ 362.01 Diabetic Retinopthy
☐ 362.83 Edema
☐ 362.81 Hemorrhage
☐ 362.11 Hypertensive Retinpthy
☐ 362.50 Macular Degeneration
☐ 377.10 Optic Atrophy
☐ 377.30 Optic Neuritis
☐ 377.00 Papilledema
☐ 362.60 Periphl Retinal Degen
☐ 362.74 Retinitis Pimentosa
☐ 362.30 Vascular Occlusion
☐ 368.40 Visual Field Defect

TEARS
☐ 375.15 Dry Eye Syndrome
☐ 375.20 Epiphora

VITREOUS
☐ 379.21 Degeneration
☐ 379.24 Floater
☐ 379.23 Hemorrhage

UNLISTED DIAGNOSIS	SECONDARY CODES	NEXT APPT	TYPE	PROG EVAL	RECALL
				Mos.	12 Mos.

TLC The Laser Center Inc.

Invoice

To: Mr. John Hollman
55 Queen Folly Road Apt. 635
Hilton Head, SC 29928
U.S.A.

Patient Number: P13-02201
Confirmation Number: 1173711
Document Date: 07/08/99
Procedure Date: 07/08/99
Laser Center: Piedmont

	Total
Medical and Professional Fees for LASIK and Post-Procedure Care - Both Eyes (Post-Procedure Care to be performed by your Eye Care Professional at their office)	$4,750.00

Invoice Total **$4,750.00** **US**

Paid In Full

To: Mr. John Hollman
55 Queen Folly Road Apt. 635
Hilton Head, SC 29928
U.S.A.

Patient Number: P13-02201
Confirmation Number: 1173711
Document Date: 07/08/99
Procedure Date: 07/08/99
Laser Center: Piedmont

Invoice Total **$4,750.00** **US**

*Entire Financial History

)3/06/2009 10:16 AM

Account Financial History By Service Date
GEORGIA EYE INSTITUTE

Selections:

Service Dates: 05/09/2005 - 03/06/2009
Accounts: 210263
Activity Types: Charges, Payments, Adjustments, Transfers, Refunds

Type Date Legend:
Charges - Service Date, Credits - Post Date

Account Date	Type	Name / Description	Prov	Proc Code		Ref Date	[illegible]	Units	Amount
210263	**Hollman, John M**								
05/26/2006	CHG	Hollman, John M	JGUSSL	92004	EYE EXAM, NEW PATIENT	05/26/2006	371.40	1.00	172.00
05/26/2006	ADJ	BCBSADJ			BCBS Adjustment				-34.14
05/26/2006	PMT				Charge from Hollman, John M	05/26/2006			-172.00
08/31/2006	ADJ	BCBSADJ			BCBS Adjustment				34.14
12/17/2007	CHG	Hollman, John M	JGUSSL	MEDREC	Medical Records	12/17/2007			43.50
12/17/2007	PMT	5264			Check from Hollman, John M	12/17/2007			-43.50
03/14/2008	CHG	Hollman, John M	JGUSSL	DEPOSITION	Deposition by Physician	03/14/2008			1,125.00
03/14/2008	PMT	00005709			Check from Hollman, John M	03/14/2008			-1,125.00

	PMT:		RFD:		XFR:		ADJ:		CHG:			
Account Totals:	**PMT:**	1,340.50	**RFD:**	0.00	**XFR:**	0.00	**ADJ:**	0.00	**CHG:**	1,340.50	1.00	0.00
Report Totals:	**PMT:**	1,340.50	**RFD:**	0.00	**XFR:**	0.00	**ADJ:**	0.00	**CHG:**	1,340.50	1.00	0.00

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HOLLMAN,JOHN M/R #25120875 DOB: 03/13/1969 M
SSN: 195-58-8629
Registered on: 05/26/2006 By: EBOJAL
Last Updated: 11/27/2007 By: NO14909

Current Statement balance: 15.69
Last Patient Payment: 10.00 (12/10/2007)
Last Statement Run # 150 Balance: 15.69 Date: 01/10/2008 Dun Level: 1 Cycle: 2

Account Status: STANDARD Date: 07/13/2006 Initials: IDX Statement Run #: 132

Open Cases: 0 Closed Cases 0

Invoice	ADM/Vis	Disch	Patient	MD	Loc	Hos	Ba	Charges	FSC	Balance
20808707	06/07/2006		JOHN HOLL	R STU	TEC	TEC	CPH	254.00	S	0.00
21100827	07/24/2006		JOHN HOLL	R STU	TEC	TEC	CPH	92.00	S	0.00
21458351	09/20/2006		JOHN HOLL	R STU	TEC	TEC	CPH	156.00	S	0.00
21466450	09/22/2006		JOHN HOLL	R STU	TEC	TEC	CPH	92.00	S	0.00
21547137	10/04/2006		JOHN HOLL	R STU	TEC	TEC	CPH	92.00	S	0.00
21563459	09/25/2006		JOHN HOLL	R STU	TEC	TEC	CPH	92.00	S	0.00
21753059	11/06/2006		JOHN HOLL	R STU	TEC	TEC	CPH	239.00	S	0.00
22456409	02/26/2007		JOHN HOLL	R STU	TEC	TEC	CPH	101.00	S	0.00
22456410	02/26/2007		JOHN HOLL	B RUS	TEC	TEC	LEN	150.00	DNF	0.00
23121713	06/11/2007		JOHN HOLL	R STU	TEC	TEC	CPH	178.00	S	0.00
24271575	12/10/2007		JOHN HOLL	R STU	TEC	TEC	CPH	101.00	S	15.69
			Total:					1547.00		15.69

>>	Invoice	ADM/Vis	Disch	Patient	MD	Loc	Hos	BA	Balance
	20808707	06/07/2006		JOHN HOLLM	R STULTI	TEC	TEC	CPH	0.00

	Posted	Service	Description	Payments	Adjust	Charges	FSC	Batch
1)	06/07/2006	10	PATIENT PYMT @ TOS	10.00				
			CASH PYMT					1661264
2)	06/08/2006	06/07/2006	99205 OUTPT VISIT EVAL/MGMNT NEW PT; COMPREH HIST/EXAM & MED DECIS MKNG HIGH COMPLEX (1) RVU: 4.6			254.00	S	
	(Prof: 254.00 Tech: 0.00)							1662054

Pcd	Post Dt	Approved	Pay/Adj	C/A	DedCoiCop	PatR	Rej
7002	06/26/2006	223.47	10.26	30.53	203.21	0.00	A1,A3

3)	06/12/2006	157	PPO EDI CLAIM FORM PREPARED				
			2 ON TAPE RUN: 638				
4)	06/26/2006	7002	BLUE SHIELD-PPO PYMT	10.26	30.53		
			PAY LINES:2,CHK #00016129468				1668083
	Rejection Codes: A1,A3						
5)	06/26/2006	70	CHANGE FSC (INVOICE) From BSPP To S CLM:N				1668083
6)	07/24/2006	71	PATIENT FCO PRIOR BALANCE PMT	213.21			
			VI#423193				1677719
7)	06/08/2007	10	PATIENT PYMT @ TOS	10.00CR			
			MVD TO INV 9				1791569

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HOLLMAN,JOHN M/R #25120875 DOB: 03/13/1969 M
SSN: 195-58-8629
Registered on: 05/26/2006 By: EBOJAL
Last Updated: 01/05/2009 By: UOTWKJ

Current Statement balance: 0.00
Last Patient Payment: 10.00 (01/05/2009)
Last Statement Run # 160 Balance: 0.00 Date: 11/27/2008 Dun Level: 0

Account Status: STANDARD Date: 07/13/2006 Initials: IDX Statement Run #: 132

Open Cases: 0 Closed Cases 0

Invoice	ADM/Vis	Disch	Patient	MD	Loc	Hos	Ba	Charges	FSC	Balance
24271575	12/10/2007		JOHN HOLL R STU	TEC	TEC	CPH		101.00	S	0.00
26008879	08/25/2008		JOHN HOLL R STU	TEC	TEC	CPH		101.00	S	0.00
26944103	01/05/2009		JOHN HOLL R STU	TEC	TEC	CPH		185.00	BSP	137.42
			Total:					387.00		137.42

>>	Invoice	ADM/Vis	Disch	Patient	MD	Loc	Hos	BA	Balance
	24271575	12/10/2007		JOHN HOLLM R STULTI	TEC	TEC	CPH		0.00

	Posted	Service	Description	Payments	Adjust	Charges	FSC	Batch
1)	12/10/2007	10	PATIENT PYMT @ TOS	10.00				
			cash					1859715
2)	12/12/2007	12/10/2007	92012 OPHTHA SVCS; MED EXAM & EVAL W/INIT/CONTIN DIAG & TRMNT PRGM; INTERM ESTAB PT (1) RVU: 1.62			101.00	S	
	(Prof: 101.00 Tech: 0.00)							1860606

Pcd	Post Dt	Approved	Pay/Adj	C/A	Ded	Coi	Cop	PatR	Rej
7002	12/27/2007	88.48	62.79	12.52			15.69	0.00	A3

3)	12/13/2007	157	PPO EDI CLAIM FORM PREPARED 2 ON TAPE RUN: 1019			
4)	12/27/2007	7002	BLUE SHIELD-PPO PYMT PAY LINES:2,CHK #00018864191	62.79	12.52	1865782
	Rejection Codes: A3					
5)	12/27/2007	70	CHANGE FSC (INVOICE) From BSPP To S CLM:N			1865782
6)	02/07/2008	02/06/200846	PATIENT ONLY AUTOCASH PP CHECK FREE REMIT	15.69		1880972

371.60 KERATOCONUS NOS - 371.60
371.00 CORNEAL OPACITY NOS - 371.00
Division: OPHTHALMOLOGY
Ref Phys: GUSSLER MD,JOSEPH R
Invoice FSC List: 7002,1
Rejection Codes: A3

371.00 CORNEAL OPACITY NOS - 371.00
Division: OPHTHALMOLOGY
Ref Phys: GUSSLER MD,JOSEPH R
Invoice FSC List: 7002,1
Rejection Codes: A1,A3

>>	Invoice	ADM/Vis	Disch	Patient	MD	Loc	Hos	BA	Balance
	21100827	07/24/2006		JOHN HOLLM R STULTI	TEC	TEC	CPH		0.00

	Posted	Service	Description	Payments	Adjust	Charges	FSC	Batch
1)	07/25/2006	07/24/2006	92012 OPHTHA SVCS; MED EXAM & EVAL W/INIT/CONTIN DIAG & TRMNT PRGM; INTERM ESTAB PT (1) RVU: 1.72			92.00	S	
			(Prof: 92.00 Tech: 0.00)					1678481

Pcd	Post Dt	Approved	Pay/Adj	C/A	Ded	Coi	Cop	PatR	Rej
7002	08/09/2006	68.39	46.72	23.61			11.67	0.00	A3

2)	07/27/2006	157	PPO EDI CLAIM FORM PREPARED 1 ON TAPE RUN: 670				
3)	08/09/2006	7002	BLUE SHIELD-PPO PYMT PAY LINES:1,CHK #00016364342	46.72	23.61		1684094

Rejection Codes: A3

4)	08/09/2006	70	CHANGE FSC (INVOICE) From BSPP To S	CLM:N			1684094
5)	09/01/2006	08/31/200646	PATIENT ONLY AUTOCASH CKFR#062105900000594	11.67			1693496
6)	12/13/2006	12/12/200646	PATIENT ONLY AUTOCASH PP/CKFR	10.00			1728470

371.00 CORNEAL OPACITY NOS - 371.00
Division: OPHTHALMOLOGY
Ref Phys: GUSSLER MD,JOSEPH R
Invoice FSC List: 7002,1
Rejection Codes: A3

>>	Invoice	ADM/Vis	Disch	Patient	MD	Loc	Hos	BA	Balance
	21458351	09/20/2006		JOHN HOLLM R STULTI	TEC	TEC	CPH		0.00

	Posted	Service	Description	Payments	Adjust	Charges	FSC	Batch
1)	09/21/2006	09/20/2006	92285 EXTERNAL OCULAR PHOTO W/INTERPRET AND REPORT FOR DOCUMENTATION OF MED PROGRESS (1) RVU: 1.21			156.00	S	
			(Prof: 40.00 Tech: 116.00)					1699973

Pcd	Post Dt	Approved	Pay/Adj	C/A	Ded	Coi	Cop	PatR	Rej
7002	10/10/2006	94.55	67.64	61.45			16.91	0.00	A3

2)	09/25/2006	157	PPO EDI CLAIM FORM PREPARED 1 ON TAPE RUN: 711				
3)	10/10/2006	7002	BLUE SHIELD-PPO PYMT PAY LINES:1,CHK #00016677551	67.64	61.45		1706190

Rejection Codes: A3

4)	10/10/2006	70	CHANGE FSC (INVOICE) From BSPP To S	CLM:N			1706190

5) 12/13/2006 12/12/200646 PATIENT ONLY AUTOCASH 26.91
PP/CKFR 1728470

371.20 CORNEAL EDEMA NOS - 371.20
Division: OPHTHALMOLOGY
Ref Phys: GUSSLER MD,JOSEPH R
Invoice FSC List: 7002,1
Rejection Codes: A3

>> Invoice ADM/Vis Disch Patient MD Loc Hos BA Balance
21466450 09/22/2006 JOHN HOLLM R STULTI TEC TEC CPH 0.00

Posted Service Description Payments Adjust Charges FSC Batch
1) 09/22/2006 09/22/2006 92012 OPHTHA SVCS; MED EXAM & EVAL W/INIT/CONTIN DIAG & TRMNT PRGM; INTERM ESTAB PT (1) RVU: 1.72
92.00 S
(Prof: 92.00 Tech: 0.00) 1700406
Pcd Post Dt Approved Pay/Adj C/A DedCoiCop PatR Rej
7002 10/13/2006 89.55 63.64 2.45 15.91 0.00 A3
2) 09/26/2006 157 PPO EDI CLAIM FORM PREPARED
1 ON TAPE RUN: 712
3) 10/13/2006 7002 BLUE SHIELD-PPO PYMT 63.64 2.45
PAY LINES:1,CHK #00016697703 1707598
Rejection Codes: A3

4) 10/13/2006 70 CHANGE FSC (INVOICE) From BSPP To S CLM:N 1707598
5) 12/13/2006 12/12/200646 PATIENT ONLY AUTOCASH 25.91
PP/CKFR 1728470

371.20 CORNEAL EDEMA NOS - 371.20
Division: OPHTHALMOLOGY
Ref Phys: GUSSLER MD,JOSEPH R
Invoice FSC List: 7002,1
Rejection Codes: A3

>> Invoice ADM/Vis Disch Patient MD Loc Hos BA Balance
21547137 10/04/2006 JOHN HOLLM R STULTI TEC TEC CPH 0.00

Posted Service Description Payments Adjust Charges FSC Batch
1) 10/05/2006 10/04/2006 92012 OPHTHA SVCS; MED EXAM & EVAL W/INIT/CONTIN DIAG & TRMNT PRGM; INTERM ESTAB PT (1) RVU: 1.72
92.00 S
(Prof: 92.00 Tech: 0.00) 1704986
Pcd Post Dt Approved Pay/Adj C/A DedCoiCop PatR Rej
7002 10/25/2006 89.55 63.64 2.45 15.91 0.00 A3
2) 10/09/2006 157 PPO EDI CLAIM FORM PREPARED
1 ON TAPE RUN: 721
3) 10/25/2006 7002 BLUE SHIELD-PPO PYMT 63.64 2.45
PAY LINES:1,CHK #00016743053 1711673
Rejection Codes: A3

4) 10/25/2006 70 CHANGE FSC (INVOICE) From BSPP To S CLM:N 1711673

5) 12/13/2006 12/12/200646 PATIENT ONLY AUTOCASH 25.91
PP/CKFR 1728470

371.20 CORNEAL EDEMA NOS - 371.20
Division: OPHTHALMOLOGY
Ref Phys: GUSSLER MD,JOSEPH R
Invoice FSC List: 7002,1
Rejection Codes: A3

>> Invoice	ADM/Vis	Disch	Patient	MD	Loc Hos	BA	Balance
21563459	09/25/2006		JOHN HOLLM	R STULTI	TEC	TEC CPH	0.00

	Posted	Service	Description	Payments	Adjust	Charges	FSC	Batch
1)	10/09/2006	09/25/2006	92012 OPHTHA SVCS; MED EXAM & EVAL W/INIT/CONTIN DIAG & TRMNT PRGM; INTERM ESTAB PT (1) RVU: 1.72			92.00	S	
			(Prof: 92.00 Tech: 0.00)					1705898
	Pcd	Post Dt	Approved	Pay/Adj	C/A	DedCoiCop	PatR	Rej
	7002	10/26/2006	89.55	63.64	2.45	15.91	0.00	A3
2)	10/11/2006		157 PPO EDI CLAIM FORM PREPARED					
			1 ON TAPE RUN: 723					
3)	10/26/2006		7002 BLUE SHIELD-PPO PYMT	63.64	2.45			
			PAY LINES:1,CHK #00016759729					1712222
	Rejection Codes: A3							
4)	10/26/2006		70 CHANGE FSC (INVOICE) From BSPP To S	CLM:N				1712222
5)	12/13/2006	12/12/200646	PATIENT ONLY AUTOCASH	25.91				
			PP/CKFR					1728470
6)	12/13/2006	12/12/200646	PATIENT ONLY AUTOCASH	16.36				
			PP/CKFR					1728470
7)	06/08/2007		46 PATIENT ONLY AUTOCASH	16.36CR				
			MVD TO INV 9					1791569

371.20 CORNEAL EDEMA NOS - 371.20
Division: OPHTHALMOLOGY
Ref Phys: GUSSLER MD,JOSEPH R
Invoice FSC List: 7002,1
Rejection Codes: A3

>> Invoice	ADM/Vis	Disch	Patient	MD	Loc Hos	BA	Balance
21753059	11/06/2006		JOHN HOLLM	R STULTI	TEC	TEC CPH	0.00

	Posted	Service	Description	Payments	Adjust	Charges	FSC	Batch
1)	11/07/2006	11/06/2006	92014 OPHTHA SVCS; MED EXAM/EVAL W/INIT/CONT DIAG/TRMNT PRGM; COMP EST PT 1/MORE VST (1) RVU: 2.54			149.00	S	
			(Prof: 149.00 Tech: 0.00)					1716441
	Pcd	Post Dt	Approved	Pay/Adj	C/A	DedCoiCop	PatR	Rej
	7002	11/27/2006	131.81	97.45	17.19	24.36	0.00	A3
2)	11/07/2006	11/06/2006	S0820 COMPUTERIZED CORNEAL TOPOGRAPHY, UNILATERAL (1) RVU: 0			90.00	S	
			(Prof: 90.00 Tech: 0.00)					1716441

	Pcd	Post Dt	Approved	Pay/Adj	C/A	DedCoiCop	PatR	Rej		
	7002	11/27/2006	72.00	57.60	18.00	14.40	0.00	AA2		
3)	11/09/2006		157	PPO EDI CLAIM FORM PREPARED						
				1,2 ON TAPE RUN: 744						
4)	11/27/2006		7002	BLUE SHIELD-PPO PYMT			155.05	35.19		
				PAY LINES:1-2,CHK #00016926338						1722278

Rejection Codes: AA2,A3

5)	03/16/2007	70	CHANGE FSC (INVOICE) From BSPP To S		1760376
6)	04/26/2007	04/25/200746	PATIENT ONLY AUTOCASH	48.76	
			PP CKFR		1776336

371.00 CORNEAL OPACITY NOS - 371.00
Division: OPHTHALMOLOGY
Ref Phys: GUSSLER MD,JOSEPH R
Invoice FSC List: 7002,1
Rejection Codes: AA2,A3

>>	Invoice	ADM/Vis	Disch	Patient	MD	Loc	Hos	BA	Balance
	22456409	02/26/2007		JOHN HOLLM R STULTI	TEC	TEC	CPH		0.00

	Posted	Service	Description	Payments	Adjust	Charges	FSC	Batch
1)	02/27/2007	02/26/2007	92012 OPHTHA SVCS; MED EXAM & EVAL W/INIT/CONTIN DIAG & TRMNT PRGM; INTERM ESTAB PT (1) RVU: 1.72			101.00	S	
	(Prof: 101.00 Tech: 0.00)							1754141

	Pcd	Post Dt	Approved	Pay/Adj	C/A	DedCoiCop	PatR	Rej		
	7002	03/19/2007	89.55	0.00	11.45	89.55	0.00	A1		
2)	03/01/2007		157	PPO EDI CLAIM FORM PREPARED						
				1 ON TAPE RUN: 818						
3)	03/19/2007		7002	BLUE SHIELD-PPO PYMT			0.00	11.45		
				PAY LINES:1						1761221

Rejection Codes: A1

4)	03/19/2007	70	CHANGE FSC (INVOICE) From BSPP To S	CLM:N	1761221
5)	04/26/2007	04/25/200746	PATIENT ONLY AUTOCASH	63.19	
			PP CKFR		1776336
6)	06/08/2007	46	PATIENT ONLY AUTOCASH	26.36	
			MVD FRM INV 1 & 6		1791569

371.00 CORNEAL OPACITY NOS - 371.00
Division: OPHTHALMOLOGY
Ref Phys: GUSSLER MD,JOSEPH R
Invoice FSC List: 7002,1
Rejection Codes: A1

>>	Invoice	ADM/Vis	Disch	Patient	MD	Loc	Hos	BA	Balance
	22456410	02/26/2007		JOHN HOLLM B RUSSEL	TEC	TEC	LEN		0.00

	Posted	Service	Description	Payments	Adjust	Charges	FSC	Batch
1)	02/27/2007	02/26/2007	0009Z INITIAL CONTACT LENS EVAL (1)			150.00	DNF	
	(Prof: 150.00 Tech: 0.00)							1754141

2) 02/27/2007 10 PATIENT PYMT @ TOS 150.00
TES Recon by Ext From Inv 22441699 1754141

367.22 IRREGULAR ASTIGMATISM - 367.22
371.60 KERATOCONUS NOS - 371.60
Division: OPHTHALMOLOGY
Ref Phys: STULTING MD,R DOYLE
Invoice FSC List: 17,1

>>	Invoice	ADM/Vis	Disch	Patient	MD	Loc	Hos	BA	Balance
	23121713	06/11/2007		JOHN HOLLM R	STULTI	TEC	TEC	CPH	0.00

	Posted	Service	Description	Payments	Adjust	Charges	FSC	Batch
1)	06/11/2007	06/11/2007	92012 OPHTHA SVCS; MED EXAM & EVAL W/INIT/CONTIN DIAG & TRMNT PRGM; INTERM ESTAB PT (1) RVU: 1.62			101.00	S	
			(Prof: 101.00 Tech: 0.00)					1792431

Pcd	Post Dt	Approved	Pay/Adj	C/A	DedCoiCop	PatR	Rej
7002	06/27/2007	89.55	0.00	11.45	79.55	0.00	A1,A3

2)	06/11/2007	06/11/2007	92025 COMPUTERIZED CORNEAL TOPOGRAPHY,UNI/BI,W/INTERP & RPT (1) RVU: 0.81			77.00	S	
			(Prof: 43.00 Tech: 34.00)					1792431

Pcd	Post Dt	Approved	Pay/Adj	C/A	DedCoiCop	PatR	Rej
7002	06/27/2007	61.60	0.00	15.40	61.60	0.00	A1,AA2

3)	06/13/2007	157	PPO EDI CLAIM FORM PREPARED					
			1,2 ON TAPE RUN: 891					
4)	06/27/2007	7002	BLUE SHIELD-PPO PYMT	0.00	26.85			
			PAY LINES:1-2					1798771

Rejection Codes: AA2,A1,A3

5)	10/15/2007	70	CHANGE FSC (INVOICE) From BSPP To S					1838871
6)	12/05/2007	12/04/200746	PATIENT ONLY AUTOCASH	151.15				
			CKFREE					1858530

371.00 CORNEAL OPACITY NOS - 371.00
Division: OPHTHALMOLOGY
Ref Phys: GUSSLER MD,JOSEPH R
Invoice FSC List: 7002,1
Rejection Codes: AA2,A1,A3

>>	Invoice	ADM/Vis	Disch	Patient	MD	Loc	Hos	BA	Balance
	24271575	12/10/2007		JOHN HOLLM R	STULTI	TEC	TEC	CPH	15.69

	Posted	Service	Description	Payments	Adjust	Charges	FSC	Batch
1)	12/10/2007	10	PATIENT PYMT @ TOS	10.00				
			cash					1859715
2)	12/12/2007	12/10/2007	92012 OPHTHA SVCS; MED EXAM & EVAL W/INIT/CONTIN DIAG & TRMNT PRGM; INTERM ESTAB PT (1) RVU: 1.62			101.00	S	
			(Prof: 101.00 Tech: 0.00)					1860606

Pcd	Post Dt	Approved	Pay/Adj	C/A	DedCoiCop	PatR	Rej
7002	12/27/2007	88.48	62.79	12.52	15.69	0.00	A3

3)	12/13/2007	157	PPO EDI CLAIM FORM PREPARED					
			2 ON TAPE RUN: 1019					

4) 12/27/2007 7002 BLUE SHIELD-PPO PYMT 62.79 12.52
PAY LINES:2,CHK #00018864191 1865782
Rejection Codes: A3

5) 12/27/2007 70 CHANGE FSC (INVOICE) From BSPP To S CLM:N 1865782

371.60 KERATOCONUS NOS - 371.60
371.00 CORNEAL OPACITY NOS - 371.00
Division: OPHTHALMOLOGY
Ref Phys: GUSSLER MD,JOSEPH R
Invoice FSC List: 7002,1
Rejection Codes: A3

*** Archive Group 10003 ***

*****

HOLLMAN,JOHN M/R #25120875 DOB: 03/13/1969 M
SSN: 195-58-8629

Invoice	ADM/Vis	Disch	Patient	MD	Loc	Hos	Ba	Charges	FSC	Balance
22441699	02/26/2007		JOHN HOLL	B RUS	TEC	TEC	CTL	0.00	DNF	0.00
			Total:					0.00		0.00

>>	Invoice	ADM/Vis	Disch	Patient	MD	Loc	Hos	BA	Balance
	22441699	02/26/2007		JOHN HOLLM	B RUSSEL	TEC	TEC	CTL	0.00

	Posted	Service	Description	Payments	Adjust	Charges	FSC	Batch
1)	02/27/2007	10	PATIENT PYMT @ TOS	150.00				
			V#090874					1753704
2)	02/27/2007	10	PATIENT PYMT @ TOS	150.00CR				
			TES Recon by Ext To Inv 22456410					1754141

Division: OPHTHALMOLOGY

Ref Phys: STULTING MD,R DOYLE
Invoice FSC List: 7002,1

>> Invoice ADM/Vis Disch Patient MD Loc Hos BA Balance
26008879 08/25/2008 JOHN HOLLM R STULTI TEC TEC CPH 0.00

Posted Service Description Payments Adjust Charges FSC Batch
1) 08/26/2008 08/25/2008 92012 OPHTHA SVCS; MED EXAM & EVAL W/INIT/CONTIN DIAG & TRMNT PRGM; INTERM ESTAB PT (1) RVU: 1.93
101.00 S
(Prof: 101.00 Tech: 0.00) 1958641
Pcd Post Dt Approved Pay/Adj C/A DedCoiCop PatR Rej
7002 09/16/2008 88.48 0.00 12.52 88.48 0.00 A1
2) 08/28/2008 157 PPO EDI CLAIM FORM PREPARED
1 ON TAPE RUN: 1198
3) 09/16/2008 7002 BLUE SHIELD-PPO PYMT 0.00 12.52
PAY LINES:1 1966549
Rejection Codes: A1

4) 09/16/2008 70 CHANGE FSC (INVOICE) From BSPP To S CLM:N 1966549
5) 10/30/2008 10/29/200846 PATIENT ONLY AUTOCASH 88.48
CK FREE 1985812

371.00 CORNEAL OPACITY NOS - 371.00
Division: OPHTHALMOLOGY
Ref Phys: GUSSLER MD,JOSEPH R
Invoice FSC List: 7002,1
Rejection Codes: A1

>> Invoice ADM/Vis Disch Patient MD Loc Hos BA Balance
26944103 01/05/2009 JOHN HOLLM R STULTI TEC TEC CPH 137.42

Posted Service Description Payments Adjust Charges FSC Batch
1) 01/05/2009 10 PATIENT PYMT @ TOS 10.00
CASH 2010726
2) 01/06/2009 01/05/2009 92012 OPHTHA SVCS; MED EXAM & EVAL W/INIT/CONTIN DIAG & TRMNT PRGM; INTERM ESTAB PT (1) RVU: 1.93
108.00 BSPP
(Prof: 108.00 Tech: 0.00) 2011801
Pcd Post Dt Approved Pay/Adj C/A DedCoiCop PatR Rej
7002 01/27/2009 101.96 0.00 6.04 101.96 0.00 A45,A1,A3
3) 01/06/2009 01/05/2009 92025 COMPUTERIZED CORNEAL TOPOGRAPHY,UNI/BI,W/INTERP & RPT (1) RVU: 0.48
77.00 BSPP
(Prof: 43.00 Tech: 34.00) 2011801
Pcd Post Dt Approved Pay/Adj C/A DedCoiCop PatR Rej
7002 01/27/2009 45.46 0.00 31.54 0.00 45.46 A97
4) 01/08/2009 157 PPO EDI CLAIM FORM PREPARED
2,3 ON TAPE RUN: 1289
5) 01/27/2009 7002 BLUE SHIELD-PPO PYMT 0.00 37.58
PAY LINES:2-3 2020341
Rejection Codes: A97,A1,A3,A45
RQ #6: 20090085G54960199

371.00 CORNEAL OPACITY NOS - 371.00
Division: OPHTHALMOLOGY

Ref Phys: GUSSLER MD,JOSEPH R
Invoice FSC List: 7002,1
Rejection Codes: A97,A1,A3,A45
RQ #6: 20090085G54960199

*****

HOLLMAN,JOHN M/R #25120875 DOB: 03/13/1969 M
SSN: XXX-XX-8629
Registered on: 05/26/2006 By: EBOJAL
Last Updated: 09/21/2009 By: N929052

Current Statement balance: 29.40
Last Patient Payment: 10.00 (09/21/2009)
Last Statement Run # 172 Balance: 29.40 Date: 11/05/2009 Dun Level: 1 Cycle: 1

Account Status: STANDARD Date: 07/13/2006 Initials: IDX Statement Run #: 132

Open Cases: 0 Closed Cases 0

Invoice	ADM/Vis	Disch	Patient	MD	Loc	Hos	Ba	Charges	FSC	Balance
26008879	08/25/2008		JOHN HOLL	R STU	TEC	TEC	CPH	101.00	S	0.00
26944103	01/05/2009		JOHN HOLL	R STU	TEC	TEC	CPH	185.00	S	0.00
29005498	09/21/2009		JOHN HOLL	R STU	TEC	TEC	CPH	230.00	S	29.40
				Total:				516.00		29.40

>> Invoice ADM/Vis Disch Patient MD Loc Hos BA Balance
26008879 08/25/2008 JOHN HOLLM R STULTI TEC TEC CPH 0.00

Posted Service Description Payments Adjust Charges FSC Batch
1) 08/26/2008 08/25/2008 92012 OPHTHA SVCS; MED EXAM & EVAL W/INIT/CONTIN DIAG & TRMNT PRGM; INTERM ESTAB PT (1) RVU: 1.93
101.00 S
(Prof: 101.00 Tech: 0.00) 1958641
Pcd Post Dt Approved Pay/Adj C/A Ded Coi Cop PatR Rej
7002 09/16/2008 88.48 0.00 12.52 88.48 0.00 A1
2) 08/28/2008 157 PPO EDI CLAIM FORM PREPARED
1 ON TAPE RUN: 1198
3) 09/16/2008 7002 BLUE SHIELD-PPO PYMT 0.00 12.52
PAY LINES:1 1966549
Rejection Codes: A1

4) 09/16/2008 70 CHANGE FSC (INVOICE) From BSPP To S CLM:N 1966549
5) 10/30/2008 10/29/200846 PATIENT ONLY AUTOCASH 88.48
CK FREE 1985812

371.00 CORNEAL OPACITY NOS - 371.00
Division: OPHTHALMOLOGY
Ref Phys: GUSSLER MD,JOSEPH R
Invoice FSC List: 7002,1
Rejection Codes: A1

>> Invoice ADM/Vis Disch Patient MD Loc Hos BA Balance
26944103 01/05/2009 JOHN HOLLM R STULTI TEC TEC CPH 0.00

	Posted	Service	Description	Payments	Adjust	Charges	FSC	Batch
1)	01/05/2009	10	PATIENT PYMT @ TOS	10.00				
			CASH					2010726
2)	01/06/2009	01/05/2009	92012 OPHTHA SVCS; MED EXAM & EVAL W/INIT/CONTIN DIAG & TRMNT PRGM; INTERM ESTAB PT (1) RVU: 1.93					
						108.00	S	
	(Prof: 108.00 Tech: 0.00)							2011801

Pcd	Post Dt	Approved	Pay/Adj	C/A	DedCoiCop	PatR	Rej
7002	01/27/2009	101.96	0.00	6.04	101.96	0.00	A45,A1,A3

3)	01/06/2009	01/05/2009	92025 COMPUTERIZED CORNEAL TOPOGRAPHY,UNI/BI,W/INTERP & RPT (1) RVU: 0.48					
						77.00	S	
	(Prof: 43.00 Tech: 34.00)							2011801

Pcd	Post Dt	Approved	Pay/Adj	C/A	DedCoiCop	PatR	Rej
7002	01/27/2009	45.46	0.00	31.54	0.00	45.46	A97

4)	01/08/2009	157	PPO EDI CLAIM FORM PREPARED					
			2,3 ON TAPE RUN: 1289					
5)	01/27/2009	7002	BLUE SHIELD-PPO PYMT	0.00	37.58			
			PAY LINES:2-3					2020341

Rejection Codes: A97,A1,A3,A45
RQ #6: 20090085G54960199

6)	07/06/2009	70	CHANGE FSC (INVOICE) From BSPP To S CLM:N					
			PCS-N084395					2091978
7)	09/02/2009	09/01/200946	PATIENT ONLY AUTOCASH	137.42				
			CK FREE					2118793

371.00 CORNEAL OPACITY NOS - 371.00
Division: OPHTHALMOLOGY
Ref Phys: GUSSLER MD,JOSEPH R
Invoice FSC List: 7002,1
Rejection Codes: A97,A1,A3,A45
RQ #6: 20090085G54960199

>>	Invoice	ADM/Vis	Disch	Patient	MD	Loc Hos BA	Balance
	29005498	09/21/2009		JOHN HOLLM R STULTI TEC TEC CPH			29.40

	Posted	Service	Description	Payments	Adjust	Charges	FSC	Batch
1)	09/21/2009	10	PATIENT PYMT @ TOS	10.00				
			VISA#585853					2125967
2)	09/23/2009	09/21/2009	92012 OPHTHA SVCS; MED EXAM & EVAL W/INIT/CONTIN DIAG & TRMNT PRGM; INTERM ESTAB PT (1) RVU: 1.93					
						153.00	S	
	(Prof: 153.00 Tech: 0.00)							2126876

Pcd	Post Dt	Approved	Pay/Adj	C/A	DedCoiCop	PatR	Rej
8000	10/12/2009	109.22	79.38	43.78	29.84	0.00	A45,A2,A3

3)	09/23/2009	09/21/2009	92025 COMPUTERIZED CORNEAL TOPOGRAPHY,UNI/BI,W/INTERP & RPT (1) RVU: 0.48					
						77.00	S	
	(Prof: 43.00 Tech: 34.00)							2126876

Pcd	Post Dt	Approved	Pay/Adj	C/A	DedCoiCop	PatR	Rej
8000	10/12/2009	47.83	38.27	29.17	9.56	0.00	A45,A2

4)	09/24/2009	122	BLUE SHIELD EDI FORM PREPARED					
			2,3 ON TAPE RUN: 1479					
5)	10/12/2009	10/09/20098000	BLUE SHIELD-INDEMNITY PYMT	117.65	72.95			
			PAY LINES:2-3,CHK #00021754825					2135608

Rejection Codes: A2,A3,A45

6) 10/12/2009 10/09/200970 CHANGE FSC (INVOICE) From BSIN To S CLM:N 2135608

371.00 CORNEAL OPACITY NOS - 371.00
371.60 KERATOCONUS NOS - 371.60
Division: OPHTHALMOLOGY
Ref Phys: GUSSLER MD,JOSEPH R
Invoice FSC List: 8000,1
Rejection Codes: A2,A3,A45

Quittung

Netto EUR	940,00
+ % MWSt/EUR	
Gesamt EUR	940,00

Nr.

EUR (in Worten): Neunhundertvierzig — (ggf. wie oben)

von: Hr. Hollmann

für: HH-Vergütung

dankend erhalten.

Ort/Datum: 17.07.06

Buchungsvermerke:

Stempel/Unterschrift des Empfängers
Prof. Dr. med. M. Vanhaas
Chefarzt der Abteilung
Johannesstr. 9-17 · 44137 Dortmund
0231 / 1843-2241

Quittung (Kopie)

Hollmann

Professor Dr. med. M. Kohlhaas
Chefarzt der Klinik für Augenheilkunde
des St.-Johannes-Hospitals
44137 Dortmund

Sprechstunde nach Vereinbarung

44137 Dortmund, den 15.7.6
Johannesstraße 9-17
Ruf: 02 31/18 43-22 41

Rp.

Hr. J. Hoffmann

Flotal AS 14,74

Vit. B 12 S 4,08

18,82

[signature]

Orbitz record locator: AP1101012SG9VNE2
Airline record locator: US Airways - IIKBMU
Ticket numbers: not yet available
Total flight cost: $2,458.54 USD

Security update:
Airports require that each traveler obtain a boarding pass before entering the security checkpoint.

Traveler(s)	Frequent flier details
HENRY HERMAN	US Airways Dividend Miles R93C172
JOHN HOLLMAN	US Airways Dividend Miles 11M39W4

Leave

Sunday, July 9, 2006

US Airways 4642

Operated by: US AIRWAYS EXPRESS-PIEDMONT AIRLINES
Please check in with the operating carrier.

Depart: **12:05pm Hilton Head, SC**
afternoonHilton Head (HHH)
Arrive: **1:23pm Charlotte, NC**
afternoonCharlotte Douglas (CLT)

Economy | De Havilland DHC-8 Dash 8 (DH8) | 1hr 18min | 208 miles

Seats: 6D, 6F

Seats are confirmed.

var seatMapLink = '' link1 = 'View/change seats'; link2 = 'Seat assignment: choose seats'; link3 = ''; //if ((is_ie4up && is_mac)||(is_nav4up && is_mac)||(is_ie4up && is_win)||(is_nav6 && is_mac)||(is_nav6 && is_win)){ document.write(seatMapLink); //}

Change planes. Time between flights: **3hr 7min**

US Airways 192
Depart: **4:30pm Charlotte, NC**
afternoonCharlotte Douglas (CLT)
Arrive: **7:00am Frankfurt, Germany**
morning Frankfurt International (FRA)

Economy | Airbus Industrie A330-300 (333) | 8hr 30min | 4387 miles

Seats: 27G, 27H

Seats are confirmed.

var seatMapLink = " link1 = 'View/change seats'; link2 = 'Seat assignment: choose seats'; link3 = ''; //if ((is_ie4up && is_mac)||(is_nav4up && is_mac)||(is_ie4up && is_win)||(is_nav6 && is_mac)||(is_nav6 && is_win)){ document.write(seatMapLink); //}

This is an overnight flight.

Total duration: 12hr 55min | Total miles: 4595 miles

Return

Tuesday, July 18, 2006

US Airways 193
Depart: **11:45am Frankfurt, Germany**
morning Frankfurt International (FRA)
Arrive: **3:15pm Charlotte, NC**
afternoonCharlotte Douglas (CLT)

Economy | Airbus Industrie A330-300 (333) | 9hr 30min | 4387 miles

Seats: 16E, 16F

Seats are confirmed.

var seatMapLink = " link1 = 'View/change seats'; link2 = 'Seat assignment: choose seats'; link3 = ''; //if ((is_ie4up && is_mac)||(is_nav4up && is_mac)||(is_ie4up && is_win)||(is_nav6 && is_mac)||(is_nav6 && is_win)){ document.write(seatMapLink); //}

Change planes. Time between flights: **2hr 10min**

US Airways 4131

Operated by: US AIRWAYS EXPRESS-PIEDMONT AIRLINES
Please check in with the operating carrier.

Depart: **5:25pmCharlotte, NC**
eveningCharlotte Douglas (CLT)
Arrive: **6:40pmHilton Head, SC**
eveningHilton Head (HHH)

Economy | De Havilland DHC-8 Dash 8 (DH8) | 1hr 15min | 208 miles

Seats: 3D, 3F

Seats are confirmed.

var seatMapLink = " link1 = 'View/change seats'; link2 = 'Seat assignment: choose seats'; link3 = ''; //if ((is_ie4up && is_mac)||(is_nav4up && is_mac)||(is_ie4up && is_win)||(is_nav6 && is_mac)||(is_nav6 && is_win)){ document.write(seatMapLink); //}

Total duration: 12hr 55min | Total miles: 4595 miles

Ticket information

An e-ticket has been issued for this reservation. No ticket will be mailed to you. More about e-tickets

Important fare notes
This ticket is non-refundable.*
Changes to this ticket will incur change fees.
This is an international trip requiring special travel documentation for each traveler.
Please read the fare rules and ticket terms and conditions in My Stuff for more information.

Flight cost summary

Airfare, HENRY HERMAN (Adult)	$1,218.28
Airfare, JOHN HOLLMAN (Adult)	$1,218.28
Service fee	$21.98
Total trip cost	$2,458.54USD

RailEurope

9501 W. Devon Avenue
Rosemont, IL 60018
Tel: (800) 848-7245
Fax: (800) 432-1329
Website: www.raileurope.com

PROFORMA INVOICE

Date:	Jun 17, 2006	**Departure Date for Europe:**	Jul 9, 2006
Attn:	JOHN HOLLMAN	**Lead Name:**	JOHN HOLLMAN
Billing Address:	17 KINGS COURT	**Booking #:**	10412127
		Agent Booking #:	
	HILTON HEAD, SC 29926		
Phone:	(843) 342-8622	**Booking Status:**	FINAL
Fax:			

Here below please find a summary of the above-referenced Reporting that is currently on a **FINAL** status. Please review all the information for accuracy, and ensure that the passengers' names are correct per your clients' passports. All prices and schedules are subject to change until paid and ticketed. Once payment is received, a cancellation fee between 15 percent and 100 percent applies to totally unused and un-validated products. Seat reservations, Shipping & Handling and Call Center Service Fees are non refundable.

ITINERARY

1. RESERVATION ONLY (This product is CONFIRMED)
Departure: FRANKFURT FLUG FE **on** 10-Jul-2006 **at** 10:09
Arrival: DORTMUND HBF **on** 10-Jul-2006 **at** 12:20
Train No: REGULAR 602 **Class:** Seat 1st Class **Passengers:** 2 in party JOHN HOLLMAN (11.00 per pax)
Reserved seats: Coach: 028 NON SMOKING **Seats:** 035, 033.
PNR: RHVFZZ **Ticketing Time Limit:** 1009 /06JUL (French Time)
Total Price: USD 22.00

---

2. RESERVATION ONLY (This product is CONFIRMED)
Departure: DORTMUND HBF **on** 17-Jul-2006 **at** 14:38
Arrival: FRANKFURT FLUG FE **on** 17-Jul-2006 **at** 16:51
Train No: REGULAR 611 **Class:** Seat 1st Class **Passengers:** 2 in party JOHN HOLLMAN (11.00 per pax)
Reserved seats: Coach: 028 NON SMOKING **Seats:** 036, 034.
PNR: RHWLJV **Ticketing Time Limit:** 1438 /13JUL (French Time)
Total Price: USD 22.00

Seat reservations: Your seat reservations were made simultaneously and seats are adjoining or as close as possible. Seat numbers do not necessarily follow numerically.

Rail Protection Plan: protects your clients in case of loss or theft of their rail pass(es) or rail ticket(s) in Europe. To qualify for reimbursement, clients must purchase replacement rail pass(es) or rail ticket(s) in Europe and complete their travel. Reimbursement is based on the unused value of the rail pass or rail ticket or the value of the replacement rail pass(es) or rail ticket(s), whichever is lower.

Agency Service Fee: This fee is NOT a Rail Europe fee. It has been applied by your Travel Agency & is NOT

refundable through Rail Europe.

PAYMENT				
Amount Paid by Credit Card		**Total:**	USD	44.00
1	VISA	*3051	USD	44.00
Amount Applied by Credit Card		**Total:**	USD	44.00
1	VISA (Authorized)	*3051	USD	44.00

SHIPPING AND DELIVERY

Shipping Address: JOHN HOLLMAN
17 KINGS COURT
HILTON HEAD, SC - 29926
USA
Phone Number: (843) 342-8622

Service Type: Standard
Carrier: UPS
Shipping and Handling: USD 0.00

SUMMARY		
Product Price	USD	44.00
Total Rail Protection	USD	0.00
Amount Paid by Credit Card	USD	44.00
Amount Due	USD	0.00
Gross Amount Due	**USD**	**44.00**

RailEurope | der

9501 W.Devon Avenue. Suite 301. Rosemont.IL 60018
Tel. 800 782-2424

SHIPMENT MANIFEST

Ship To -->

JOHN HOLLMAN
17 Kings Court
Hilton Head. sc 29926
USA

Client: MR JOHN HOLLMAN
Dep date: 09 Jul 2006
Ref: 10411616

Attention: WPWEB
Tel. (843)342-8622 E-Mail: johnman@excite.com

Description		Price	Qty	Total
13625584	MR JOHN HOLLMAN.MR HENRY HERMAN 2 Passengers 1st Class German Railpass 4 days within 1 Months	400.00	1.0	400.00
	Shipping and Handling			0.00

Payment Recap

Total CREDIT CARD(s) Amount	400.00

te: Web Booking

Service Type: Standard

SUMMARY

Booking #	:	10411616
Account #	:	
ARC #	:	
Issue Date	:	17 Jun 2006
Total Amount	:	USD 400.00
Tax/GST Amount	:	USD 0.00

UPS

Please note that SEAT Reservations. Shipping & Handling and Call Center Service Fees are not refundable and a cancellation fee between 15 percent and 100 percent applies to all other products. Please read conditions of use carefully.

RailEurope | der

9501 W.Devon Avenue. Suite 301. Rosemont.IL 60018
Tel. 800 782-2424

SHIPMENT MANIFEST

Ship To -->

JOHN HOLLMAN
17 KINGS COURT
HILTON HEAD. SC 29926
USA

Attention: JOHN
Tel. (843)342-8622 E-Mail:

Client: MR JOHN HOLLMAN
Dep date: 09 Jul 2006
Ref: 10412127

Description		Price	Qty	Total
13627422	Mr JOHN HOLLMAN 2 Passengers Reservation from FRANKFURT FLUG FE to DORTMUND HBF	11.00	2.0	22.00
13627423	Mr JOHN HOLLMAN 2 Passengers Reservation from DORTMUND HBF to FRANKFURT FLUG FE	11.00	2.0	22.00
	Shipping and Handling			0.00

Payment Recap

Total CREDIT CARD(s) Amount 44.00

te:

Service Type: Standard

SUMMARY

Booking #	:	10412127
Account #	:	
ARC #	:	
Issue Date	:	17 Jun 2006
Total Amount	:	USD 44.00
Tax/GST Amount	:	USD 0.00

UPS

Please note that SEAT Reservations. Shipping & Handling and Call Center Service Fees are not refundable and a cancellation fee between 15 percent and 100 percent applies to all other products. Please read conditions of use carefully.

Deutschland
Tel.: (49) 02 31 / 58 97-0
Fax: (49) 02 31 / 58 97-2 22
E-Mail: H2900@accor.com
www.mercure.com
www.accorhotels.com

Mercure
Accor hotels
DORTMUND CITY
★ ★ ★

ACCOR

HOTEL.DE AG
ALFRED-FISCHER-WEG 11
-
-

59073 HAMM

StNr.143/804/19757 Rech. Nr. 231 74365

Gast-Nr. :34699899
Zimmer-Nummer :411 / 1 HOLLMAN, JOHN, Herr
Anreise :10/07/06
Abreise :17/07/06
Gruppe :HOLLMAN
Voucher-Nr :

Dortmund, 17/07/2006
Seite 1

Datum	Anz	Artikel-Bezeichnung	E-Preis	Betrag
	2	Telefon	0,35	0,70
	1	Minibar	2,30	2,30
	2	Minibar	2,60	5,20
	2	Uebernachtung	70,00	140,00
	2	Uebernachtung	71,00	142,00
	3	Uebernachtung	50,00	150,00
		Hotelbar		4,80
			TOTAL EUR	**445,00**
10/07/06	1	Deposit		-432,00
		Anzahlungsrechnungs-Nr. 313, Buchungsdatum 17/06/06		
		Verbleibende Restzahlung		**13,00**
17/07/06	1	Barzahlung		-13,00

Deutschland
Tel.: (49) 02 31 / 58 97-0
Fax: (49) 02 31 / 58 97-2 22
E-Mail: H2900@accor.com
www.mercure.com
www.accorhotels.com

Mercure
Accor hotels

ACCOR

DORTMUND CITY
★ ★ ★

HOTEL.DE AG
ALFRED-FISCHER-WEG 11
-
-

59073 HAMM

StNr.143/804/19757 Rech. Nr. 231 74365

Gast-Nr. :34699899
Zimmer-Nummer :411 / 1 HOLLMAN, JOHN, Herr
Anreise :10/07/06
Abreise :17/07/06
Gruppe :HOLLMAN
Voucher-Nr :

Dortmund, 17/07/2006

enth. MwSt.:	16,00%	EUR	61,38	Netto: EUR	383,62
MwSt aus Deposit:	16,00%	EUR	-59,59	Netto: EUR	-372,41
Total MwSt.:		EUR	1,79	Netto: EUR	11,21

IBAN-CODE: DE63440400370340967900 BIC: COBADEFF440
Geschäftsführung André Witschi (Vorsitz), Michael Mücke, Laurent Picheral
Wir bedanken uns für Ihren Besuch in
unserem Hause und würden uns freuen, sie bald wieder bei uns zu begrüßen.

InterCityHotel

FRANKFURT AIRPORT

InterCityHotel Frankfurt Airport · CargoCity Süd · 60549 Frankfurt, Germany

Mr. John/Henry Hollman/Herman
17 Kings Courts
Hilton Head 29926

USA

CargoCity Süd · 60549 Frankfurt, Germany
Telefon + 49 69 697 09-9 · Telefax + 49 69 697 09-444
frankfurt-airport@intercityhotel.de
www.frankfurt-airport.intercityhotel.de
Verwaltung: Lyoner Straße 40 · 60528 Frankfurt, Germany
HRB 28418 · Geschäftsführer: Joachim Marusczyk
Bankverbindung: Commerzbank AG
Konto 741 028 500 · BLZ 500 400 00
UST-Id-Nr.: DE 114 110 290

VAT-No. 047 245 32141

STEIGENBERGER
HOTEL GROUP

InterCityHotel Frankfurt Airport, 18.07.06 07:28:39
I N V O I C E 410959/2 49
Client No.: 2414740 ....

Name · Name	Ankunft · Arrival	Abreise · Departure	Zimmer · Room	Bemerkungen · Remarks
	17.07.06	18.07.06	2065	
	Personen Persons 2E 0K	Zahlungsart Method of payment VA	Preis · Rate 53.00	Voucher No.

Datum Date	Kassierer Cashier	Sparte Description	Belastung Debit	Gutschrift Credit
17.07.		Arrangement	53.00	
18.07.		Visa Card XXXXXXXXXXXX3051 07/09		53.00

Total: 53.00 53.00

Balance: 0.00 EUR

Total taxable	53.00 EUR	
Tax 16.00 %	7.31 EUR	(53.00)
Revenue net 16.00 %	45.69 EUR	

****
* Internet, direct out of the air and overall. *
* Surf the internet throughout the whole building, wireless, and at incredible speed. *
* And, naturally with the highest safety standards. *
****

Saldo
Zahlbar netto Kasse
nach Rechnungserhalt

Unsere Preise schließen Bedienungsgeld und Mehrwertsteuer ein.

InterCityHotel
FRANKFURT AIRPORT

InterCityHotel Frankfurt Airport · CargoCity Süd · 60549 Frankfurt, Germany

Mr. John/Henry Hollman/Herman
17 Kings Courts
Hilton Head 29926

USA

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VAT-No. 047 245 32141

STEIGENBERGER
HOTEL GROUP

InterCityHotel Frankfurt Airport, 18.07.06 07:28:34
I N V O I C E 410959/1 49
Client No.: 2414740 ....

Name · Name	Ankunft · Arrival	Abreise · Departure	Zimmer · Room	Bemerkungen · Remarks
	17.07.06	18.07.06	2065	
	Personen Persons 2E 0K	Zahlungsart Method of payment VA	Preis · Rate 53.00	Voucher No.

Datum Date	Kassierer Cashier	Sparte Description	Belastung Debit	Gutschrift Credit
17.07.		Arrangement	16.00	
17.07.		Service Charge 2,00	2.00	
18.07.		Barzahlung		18.00

Total:	18.00	18.00
Balance:	0.00 EUR	

Total taxable	18.00 EUR	
Tax 16.00 %	2.48 EUR	(18.00)
Revenue net 16.00 %	15.52 EUR	

Unsere Preise schließen Bedienungsgeld und Mehrwertsteuer ein.

Saldo
Zahlbar netto Kasse
nach Rechnungserhalt
Balance

PEARLE VISION CENTER

3 MALPHRUS RD 101
BLUFFTON, SC
29910
Phone 843-837-9222
Fax 843-837-9343

PEARLEVISION@HARGRAY.COM

Client: John Hallman
17 Kings Court
Hilton Head, Sc
29926

INVOICE	Date 10/13/2006	Home Ph ( ) 342-8622	Location # 1
	/ /	Work Ph (843) 706-8932	Client # 8235
	Prepared By Ronda Thomas	Cell Ph ( ) 263-1781	Invoice # 14504

Quantity	Description	Price Each	Sub Total
1	Varilux Comfort Polycarbonate	172.50	172.50
1	Varilux Comfort Polycarbonate	172.50	172.50
1	Crizal Anti Glare	95.00	95.00
1	Drilled Mount For Rimless	60.00	60.00
1	Discount 30.00 %	-150.00	-150.00

Location	Payment Information	Date	Method	Payments
1		10/14/2006	Visa	367.51

****NO REFUNDS~EXCHANGES ONLY****

[redacted]	$350.00
[redacted]	$17.51
[redacted]	$367.51
[redacted]	$367.51
[redacted]	$0.00

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PEARLEVISION@HARGRAY.COM

Client: John Hollman
17 Kings Court
Hilton Head, Sc
29926

INVOICE	Date 01/04/2008	Home Ph ( ) 342-8622	Location # 1
	/ /	Work Ph (843) 706-8932	Client # 8235
	Prepared By Hayes Cordell	Cell Ph ( ) 263-1781	Invoice # 20217

Quantity	Description	Price Each	Sub Total
1	Natural Polycarbonate	149.50	149.50
1	Natural Polycarbonate	149.50	149.50
1	Drilled Mount For Rimless	65.00	65.00
1	Crizal Anti Glare	115.00	115.00
1	Discount 30.00 %	-143.70	-143.70

Location	Payment Information	Date	Method	Payments
1		01/04/2008	Visa	358.78

****NO REFUNDS~EXCHANGES ONLY****

Total	$335.30
state	$23.48
Grand Total	$358.78
Total Paid	$358.78
Balance	$0.00

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PEARLEVISION@HARGRAY.COM

Client: John Hollman
17 Kings Court
Hilton Head, Sc
29926

INVOICE	Date 03/09/2009	Home Ph ( ) 342-8622	Location # 1
	/ /	Work Ph (843) 706-8932	Client # 8235
	Prepared By Cossie Powers	Cell Ph ( ) 263-1781	Invoice # 25152

Quantity	Description	Price Each	Sub Total
1	Natural HI-index	149.50	149.50
1	Natural Hi-index	149.50	149.50
1	Crizal Anti Glare	115.00	115.00
1	Ve Flexon 606 Coffee 62 19 140	179.95	179.95
1	Discount 30.00 %	-178.19	-178.19

Location	Payment Information	Date	Method	Payments
1		03/09/2009	Visa	444.88

****NO REFUNDS--EXCHANGES ONLY****

Total	$415.76
state	$29.12
Grand Total	$444.88
Total Paid	$444.88
Balance	$0.00

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29910
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PEARLEVISION@HARGRAY.COM

Client: John Hollman
17 Kings Court
Hilton Head, Sc
29926

INVOICE	Date 03/16/2009	Home Ph ( ) 342-8622	Location # 1
	/ /	Work Ph (843) 706-8932	Client # 8235
	Prepared By Cassie Powers	Cell Ph ( ) 263-1781	Invoice # 25241

Quantity	Description	Price Each	Sub Total
1	Sv Polorized Grey	99.50	99.50
1	Sv Polorized Grey	99.50	99.50
1	Discount 20.00 %	-39.80	-39.80

Location	Payment Information	Date	Method	Payments
1		03/16/2009	Visa	170.35

NO REFUNDS~EXCHANGES ONLY

Total	$159.20
state	$11.15
Grand Total	$170.35
Total Paid	$170.35
Balance	$0.00

Page 1

BLUFFTON, SC
29910
Phone 843-837-9222
Fax 843-837-9343

PEARLEVISION@HARGRAY.COM

Client: John Hollman
17 Kings Court
Hilton Head, Sc
29926

INVOICE	Date 09/28/2009	Home Ph ( ) 342-8622	Location # 1
	/ /	Work Ph (843) 706-8932	Client # 8235
	Prepared By Cossie Powers	Cell Ph ( ) 263-1781	Invoice # 27460

Quantity	Description	Price Each	Sub Total
1	Sv Polorized Grey	99.50	99.50
1	Sv Polorized Grey	99.50	99.50
1	Discount 50.00 %rx Change 50% Discount	-99.50	-99.50

Location	Payment Information	Date	Method	Payments
1		09/28/2009	Visa	106.47

NO REFUNDS~EXCHANGES ONLY

[redacted]	$99.50
	$6.97
	$106.47
	$106.47
[redacted]	$0.00

Coastal Eye Associates
3 Malphrus Road Ste 101
Bluffton, SC 29910
(843) 837-4545

Hollman, John
17 Kings Court
Hilton Head, SC 29926

Provider: Janvier, John
Date: 10/14/2009
Employee: Guthrie , Christina
Order Number: 49523

Diagnosis:

92004	92004	1	Comprehensive Exam	1	$138.00	$73.00	$65.00

Subtotal: $65.00
Tax: $0.00
Total: $65.00
**Patient Payment: -$65.00

Patient Owes: $0.00

** Payment & Transaction Detail:

-$65.00 Visa

EMORY HEALTHCARE
EYE CENTER

R. Doyle Stulting, MD, PhD
C. Diane Song, MD
J. Bradley Randleman, MD

Cornea and External Disease
1365-B Clifton Road, NE
Atlanta, Georgia 30322
404-778-5818

Patient Name Holtman, John

Address _____ Date 1509

☐ Label

	SPH	CYL	AXIS	ADD	VERTEX	PRISM	BASE
OD	-1.50	-1.75	170	+1.75			
OS	-1.75	-3.25	014	+1.75			

Signature _____ M.D.

M.D.'s Printed Name _____ M.D.

Refill 0 1 2 3 4 5 PRN

17-0094 1/06

EMORY HEALTHCARE
EYE CENTER

R. Doyle Stulting, MD, PhD
C. Diane Song, MD
J. Bradley Randleman, MD

Cornea and External Disease
1365-B Clifton Road, NE
Atlanta, Georgia 30322
404-778-5818

Patient Name John Holtman

Address _____ Date 9/4/09

☐ Label

	SPH	CYL	AXIS	ADD	VERTEX	PRISM	BASE
OD	-0.50	+0.00	180	+1.75			
OS	-2.25	+3.50	005	+1.75			

Signature _____ M.D.

M.D.'s Printed Name _____ M.D.

Refill 0 1 2 3 4 5 PRN

17-0094 1/06

EMORY HEALTHCARE
EYE CENTER

R. Doyle Stulting, MD, PhD
C. Diane Song, MD
J. Bradley Randleman, MD

Cornea and External Disease
1365-B Clifton Road, NE
Atlanta, Georgia 30322
404-778-5818

Patient Name [illegible]

Address _____ Date 2/24/07

☐ Label

	SPH	CYL	AXIS	ADD	VERTEX	PRISM	BASE
OD	-.50	[illegible]	[illegible]	+2.00			
OS	-.25	+3.00	005	+2.00			

Signature _____ M.D.

M.D.'s Printed Name _____ M.D.

Refill 0 1 2 3 4 5 PRN

17-0094 1/06

EMORY HEALTHCARE
EYE CENTER

~~R. Doyle Stulting, MD, PhD~~
C. Diane Song, MD
J. Bradley Randleman, MD

Cornea and External Disease
1365-B Clifton Road, NE
Atlanta, Georgia 30322
404-778-5818

Patient Name Holtman, John

Address _____ Date 12/10/07

☐ Label

	SPH	CYL	AXIS	ADD	VERTEX	PRISM	BASE
OD	-1.25	-1.50	120	+1.50			
OS	+1.50	-2.50	005	+1.50			

Signature _____ M.D.

M.D.'s Printed Name _____ M.D.

Refill 0 1 2 3 4 5 PRN

17-0094 1/06

10/23/09
3:02pm

Attn: Doug Patrick
Rx for John Hollman

Coastal Eye Associates

John J. Janvier, O.D., F.A.A.O.
SC # 3551 • NC # 0941 • VA # 0601001567
Anthony B. Lowe, O.D.
SC # 4410
DEA #

Pearle Vision
3 Malphrus Road
Bluffton, SC 29910
843-837-4545
Fax: 1-843-837-4474

Rx M John Hollman Date 10/14/09

Address

R) +3.50 -6.00 x 060
L) +0.50 -3.00 x 110 +1.25

O.D., F.A.A.O.

☐ Label ☐ Do Not Label
Refill 0 1 2 3 4 5 6 PRN

Substitution Permitted

[redacted]

Other Damages

Pre- & Post-Germany:

Travel to Atlanta (Emory Clinic) - 13 roundtrips: = $4,009.98

a) 591 miles per roundtrip @ 50.5¢ per mile =
$298.46 per trip x 13 trips = $3,879.98
b) Parking - $ 10 per trip x 13 trips = $130.00

Prescriptions (Client to provide)

a) Excedrin Migraine - 3 bottles per year @ $8.00 each
b)

Germany:

Other expenses (meals, transportion, room fees, etc. -
approximate amount) = $ 500.00