Easly, Hudson & Houseal Law Firm

Claimant: Ronald Smith Attorney: Mike Easly

Total Subro Payments and Adjustments: (\$41,436.55)
Adjustments to Medical Provider Statements: (\$4,078.35)

Total Paid by all Subro Sources (not including Adjustments): (\$37,358.20)

Subrogation Source	Int Subro Source Description	<u>Total Paid</u>
Claimant		\$0

Subrogation So	ource Int	Subro Source De	escription			<u>Total Paid</u>
BSMS Insurance	e	Private Health In	s			(\$37,358.20)
Remittance Date 04/22/2005	Remittance # Ren 1222758	nittance Description			<u>Doc</u>	Amount Paid (\$2,353.80)
Payment Date 04/22/2004	Payment Description	Medical Provider Dr. Don Brown	Stmt Date 02/17/2004	<u>Statement #</u> 985564	<u>Adj</u>	Amount Paid (\$2,353.80)
04/22/2004		Dr. Don Brown	02/17/2004	985564	$\checkmark$	<del>(\$643.17)</del>
Remittance Date 04/22/2005	Remittance # Ren 44355	nittance Description			<u>Doc</u>	<u>Amount Paid</u> (\$6,142.00)
Payment Date 06/15/2004	Payment Description	Medical Provider Dr. Charles Peek	Stmt Date 05/22/2004	Statement # 8856490	<u>Adj</u>	Amount Paid (\$6,142.00)
06/15/2004		Dr. Charles Peek	05/22/2004	8856490	$\checkmark$	<del>(\$270.00)</del>
Remittance Date 04/22/2005	Remittance # Ren	nittance Description			<u>Doc</u>	Amount Paid (\$914.85)
Payment Date 03/22/2004	Payment Description	Medical Provider Griffin	Stmt Date 04/14/2004	Statement # RSMI99830	<u>Adj</u>	Amount Paid (\$914.85)
03/22/2004		Griffin	04/14/2004	RSMI99830	$\checkmark$	<del>(\$113.07)</del>
Remittance Date 04/22/2005	Remittance # Ren 224332	nittance Description			<u>Doc</u>	Amount Paid (\$280.00)
Payment Date 02/28/2004	Payment Description	Medical Provider Johnson Radiology	Stmt Date 02/22/2004	Statement # 8864890	<u>Adj</u>	Amount Paid (\$280.00)
02/28/2004		Johnson Radiology	02/22/2004	8864890	$\checkmark$	<del>(\$80.00)</del>

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# **Subro Payments Report**

Easly, Hudson & Houseal Law Firm

Claimant: Ronald Smith Attorney: Mike Easly

Remittance Date 04/22/2005	Remittance # Rem	nittance Description			<u>Doc</u>	Amount Paid (\$10,616.06)
Payment Date 09/25/2004	Payment Description	Medical Provider UTMS Hospital	Stmt Date 07/28/2004	Statement #	<u>Adj</u>	Amount Paid (\$10,616.06)
09/25/2004		UTMS Hospital	07/28/2004		✓	<del>(\$1,153.92)</del>
Remittance Date 05/22/2005	Remittance # Rem 998403	nittance Description			<u>Doc</u>	<u>Amount Paid</u> (\$576.43)
Payment Date 05/22/2005	Payment Description	Medical Provider Tad's Pharmacy	Stmt Date 05/02/2004	Statement # 6212424	<u>Adj</u>	Amount Paid (\$576.43)
Remittance Date 04/22/2005	Remittance # Rem	nittance Description			<u>Doc</u>	<u>Amount Paid</u> (\$41.68)
Payment Date 06/18/2004	Payment Description	Medical Provider Blackwell and Finch	Stmt Date 05/02/2004	Statement # 43018867	<u>Adj</u>	Amount Paid (\$41.68)
06/18/2004		Blackwell and Finch	05/02/2004	43018867	$\checkmark$	<del>(\$18.32)</del>
Remittance Date 04/22/2005	Remittance # Rem	nittance Description			<u>Doc</u>	Amount Paid (\$914.85)
Payment Date 03/22/2004	Payment Description	Medical Provider Douglas	Stmt Date 04/02/2004	Statement #	<u>Adj</u>	Amount Paid (\$914.85)
03/22/2004		Douglas	04/02/2004		✓	<del>(\$113.07)</del>
Remittance Date 09/01/2005	Remittance # Rem	nittance Description			<u>Doc</u>	Amount Paid (\$15,518.53)
Payment Date 04/01/2004 04/01/2004	Payment Description Disallowed 2nd CAT	Medical Provider Lawrence Lawrence	Stmt Date 02/15/2004 02/15/2004	Statement #	<u>Adj</u> ✔	Amount Paid (\$1,686.80) (\$15,518.53)
			5_/ 10/2001			(+ : 3,0 : 3.33)

Subrogation Source	Int Subro Source Description	<u>Total Paid</u>
Medicaid		\$0

<b>Subrogation Source</b>	Int Subro Source Description	<u>Total Paid</u>
Medicare		\$0

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Claimant: Ronald Smith Attorney: Mike Easly

Subrogation Source	Int Subro Source Description	<u>Total Paid</u>
Worker's Comp		\$0

## Adjustments to Medical Provider Statements: (\$4,078.35)

Remittance Date 04/22/2005	Remittance # 1222758	Subro Source BSMS Insurance	Remittan	ce Description		Doc	<u>Amount Paid</u> (\$643.17)
Remittance Date	Remittance #	Subro Source	Remittan	ce Description		Doc	Amount Paid
04/22/2005	44355	BSMS Insurance					(\$270.00)
Payment Date	Payment Descrip	otion Medical Provider	Stmt Date	Statement #	<u>Adj</u>		Amount Paid
06/15/2004		Dr. Charles Peek	05/22/2004	8856490	$\checkmark$		(\$270.00)
Remittance Date	Remittance #	Subro Source	Remittan	ce Description		<b>Doc</b>	<b>Amount Paid</b>
04/22/2005	7765	BSMS Insurance					(\$113.07)
Remittance Date	Remittance #	Subro Source	Remittan	ce Description		Doc	<b>Amount Paid</b>
04/22/2005	224332	<b>BSMS</b> Insurance		-			(\$80.00)
Remittance Date	Remittance #	Subro Source	Remittan	ce Description		<u>Doc</u>	<b>Amount Paid</b>
04/22/2005	558497	BSMS Insurance		_		<u> </u>	(\$1,153.92)
Remittance Date	Remittance #	Subro Source	Remittan	ce Description		<u>Doc</u>	<b>Amount Paid</b>
04/22/2005	5567	BSMS Insurance		<del></del>		<u> </u>	(\$18.32)
Remittance Date	Remittance #	Subro Source	Remittan	ce Description		Doc	Amount Paid
04/22/2005	67448	BSMS Insurance					(\$113.07)
Remittance Date	Remittance #	Subro Source	Remittan	ce Description		Doc	Amount Paid
09/01/2005	887432	BSMS Insurance		<del></del>			(\$1,686.80)

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