

If additional pages of the table below are needed, please copy and provide as many completed pages as necessary.

NOTE: You need to fill out column #9 only if you have checked "declaration under oath" in column #8.

<b>Table #1:</b> <b>Medical out-of-pocket costs incurred between April 11, 2005 and August 6, 2013 for treatment provided by or ordered by the defendant</b>								
1. Row #	2. Date of Service or Date Rx Filled (MM/DD/YYYY)	3. Type of Service	4. Cost	5. Was this cost covered by insurance? (Y/N)	6. If yes, what is the name of the insurance provider?	7. How much did the patient pay?	8. Supporting Documentation of Payment (check all that apply)	9. Supporting Documentation of Treatment and Cost (check all that apply in this column <u>ONLY</u> if you checked "Declaration under oath" in column 8)
							<input type="checkbox"/> Cancelled check <input type="checkbox"/> Receipt from provider <input type="checkbox"/> Credit card statement ( <i>circle payment line</i> ) <input type="checkbox"/> Receipt or Summary of Rx payments from pharmacy <input type="checkbox"/> Declaration under oath	<input type="checkbox"/> EOB* <input type="checkbox"/> MSN** <input type="checkbox"/> Bill from provider <input type="checkbox"/> Other insurance company information
							<input type="checkbox"/> Cancelled check <input type="checkbox"/> Receipt from provider <input type="checkbox"/> Credit card statement ( <i>circle payment line</i> ) <input type="checkbox"/> Receipt or Summary of Rx payments from pharmacy <input type="checkbox"/> Declaration under oath	<input type="checkbox"/> EOB* <input type="checkbox"/> MSN** <input type="checkbox"/> Bill from provider <input type="checkbox"/> Other insurance company information
							<input type="checkbox"/> Cancelled check <input type="checkbox"/> Receipt from provider <input type="checkbox"/> Credit card statement ( <i>circle payment line</i> ) <input type="checkbox"/> Receipt or Summary of Rx payments from pharmacy <input type="checkbox"/> Declaration under oath	<input type="checkbox"/> EOB* <input type="checkbox"/> MSN** <input type="checkbox"/> Bill from provider <input type="checkbox"/> Other insurance company information
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\*EOB = Explanation of Benefits  
\*\*MSN = Medicare Summary Notice