

STATE of CALIFORNIA, COUNTY of ORANGE  
SEARCH WARRANT and AFFIDAVIT  
(AFFIDAVIT)

2012 AUG 24 PM 3:03

Peace Officer Louie Martinez III swears under oath that the facts expressed by him/her in the attached and incorporated Statement of Probable Cause are true and that based thereon he/she has probable cause to believe and does believe that the articles, property, and persons described below are lawfully seizable pursuant to Penal Code Section 1524 et seq., as indicated below, and are now located at the locations set forth below. Wherefore, Affiant requests that this Search Warrant be issued.

*[Handwritten Signature]*

(Signature of Affiant)

HOBBS SEALING REQUESTED:  YES  NO  
NIGHT SEARCH REQUESTED:  YES  NO

(SEARCH WARRANT)

THE PEOPLE OF THE STATE OF CALIFORNIA TO ANY PEACE OFFICER IN THE COUNTY OF ORANGE: proof by affidavit, having been this day made before me by Peace Officer Louie Martinez III that there is probable cause to believe that the property or person described herein may be found at the location(s) set forth herein and that it is lawfully seizable pursuant to Penal Code Section 1524 et seq., as indicated below by "X"(s), in that:

- property was stolen or embezzled;
- property or things were used as the means of committing a felony;
- property or things are in the possession of any person with the intent to use them as a means of committing a public offense, or in the possession of another to whom he or she may have delivered them for the purpose of concealing them or preventing their being discovered;
- property or things to be seized consist of any item or constitute any evidence that tends to show a felony has been committed, or tends to show that a particular person has committed a felony;
- property or things to be seized consist of evidence that tends to show that sexual exploitation of a child, in violation of Section 311.3, or possession of matter depicting sexual conduct of a person under the age of 18 years, in violation of Section 311.11, has occurred or is occurring;
- there is a warrant to arrest a person;
- a provider of electronic communication service or remote computing service has records or evidence, as specified in Section 1524.3, showing that property was stolen or embezzled constituting a misdemeanor, or that property or things are in the possession of any person with the intent to use them as a means of committing a misdemeanor public offense, or in the possession of another to whom he or she may have delivered them for the purpose of concealing them or preventing their discovery;
- property or things to be seized include an item or any evidence that tends to show a violation of Section 3700.5 of the Labor Code, or tends to show that a particular person has violated Section 3700.5 of the Labor Code;

You are Therefore COMMANDED to SEARCH:

Refer to Attachment (A)

For the FOLLOWING PROPERTY, THING(s) or PERSON(s):

Refer to Attachment (B)

AND TO SEIZE IT/ THEM IF FOUND and bring it/ them forthwith before me, or this court, at the courthouse of this court. This Search Warrant and Affidavit and attached and incorporated Statement of Probable Cause were sworn to as true under penalty of perjury and subscribed before me on (date) August 13, 2012, at 4:35 A.M. / (P.M.)

Wherefore, I find probable cause for the issuance of this Search Warrant and do issue it.

*[Handwritten Signature]*

\_\_\_\_\_, Judge of the Superior Court, County of Orange, Central Judicial District, Dept. CS7

(Signature of Magistrate)  
Walter Schwarm

*W.S.*  
*8-13-12*

## ATTACHMENT A

**YOU ARE THEREFORE COMMANDED TO SEARCH:**

**LOCATION(S):**

**685 N. Shepard Street, 92806, City of Anaheim, County of Orange, State of California**, is the location for **ASPEN MEDICAL RESOURCES LLC**, a commercial building/office to include all rooms, attics, conference areas, service areas, work areas, restrooms, lunch areas, lockers, storage areas, files, safes, and, attached, or unattached trash areas and trash containers. The business complex is located on a cul de sac street within a commercial complex at the 600 block of North Shepard St., in the City of Anaheim.

ASPEN MEDICAL RESOURCES, LLC, 685 N. Shepard Street, Anaheim, is a **two-story commercial cement structure**. The numbers "685" are black in color, approximately 16" tall affixed to a white plastic background, affixed to the south wall, above the glass door and directly below the second story glass windows.

Above the second story glass windows is a large "marquis logo". The marquis design consists of a circular logo containing a "Green Leaf" with a black, gray and white background. The business name "ASPEN Resources" is in black plastic approximately 24" tall with the word "Medical" in white plastic letters with a black plastic background.

685 N. Shepard Street is located within the southern portion of the commercial complex and is one of three commercial buildings at the southern portion of the commercial lot. 685 N. Shepard is the center commercial building with 685 N. Shepard at the western portion of this commercial building. The commercial complex parallels the 91 Freeway on the North side of the freeway.

The structure is painted off white with tan and beige trim. The front glass business door faces south. At the north side of the structure, there are two, beige in color metal doors and two large brown in color, corrugated metal commercial roll up/overhead doors.

## ATTACHMENT B

### FOR THE FOLLOWING PROPERTY, THING(s) or PERSON(s):

1. All accounting records, journals, ledgers, check registers, checks, canceled checks or vouchers, bank statements from savings and checking accounts in the names of Jeff or Jeffrey E. CAMPAU, Landen A. MIRALLEGO, and ASPEN MEDICAL RESOURCES, LLC from January 1, 2008 to present.
2. All tax returns for the calendar years 2008 through 2012 in the names of Jeffrey E. CAMPAU, Landen A. MIRALLEGO, and ASPEN MEDICAL RESOURCES, LLC. Any documents used to prepare said returns such as receipts, statements, spreadsheets, schedules, written and electronic correspondence, notes and worksheets for the calendar years 2008 through 2012.
3. All employee files, all employee photographs, employee organizational chart and records pertaining to payroll, time cards or time sheets, employee rosters, schedules, employee evaluations, applications for employment, tax withholding information and medical insurance files for the dates of January 1, 2008 to present pertaining to and for ASPEN MEDICAL RESOURCES, LLC personnel, employees, sub-contractors and equipment manufactures.
4. All electronic processing and storage devices, capable of storing electronic data regarding the above financial and personnel records, to include all medical insurance records, billings and payments and the request for payments related to the medical insurance companies related to the electronic mail, including magnetic tapes, floppy disks, laser discs, CD's, hard drives, diskettes and the complete hardware necessary to store and retrieve electronic data including, but not limited to; CPU, disks or tape drives, printer, copier drives and all software necessary to retrieve electronic data; including operating systems, database, spreadsheets, word processing and graphic programs. Any handheld data storage devices, such as PDA's, flash drives or portable storage discs. To include all manuals for operation of the computer and network programs. All manuals for operation of the computer and software together with all handwritten notes or printed material describing the operation of the computer, any and all confidential password list(s) to enter secured files.
5. Employee handbooks, employee notes either handwritten or typed, guides, billing handbooks, billing sheets, billing cheat sheets, Workers' Compensation Fee Schedules,

either typed, printed or handwritten fee schedules, printed emails, letters/correspondence either open or closed from all entities to include the various insurance companies reference any and all medical billing in relation to any and all Health Insurance Claim Forms (hereafter "HICF") or "1500" form and/or booklets, pamphlets related to the billing codes as set out in the Current Procedural Terminology (hereafter "CPT") published annual by the American Board of Medicine.

6. All prescription orders and requests for DME equipment for items listed as CPT: E0217 Water Circulation Heat Pad with Pump DME and CPT: E0218 Water Circulation Cold Pad with Pump DME.
7. Utility bills, rent receipts, lease agreements, checks, correspondence, mail (including delivered opened and closed mail), business records, professional certificates, business licenses, and other articles of personal property tending to establish the identity of persons in control of the premises and business.
8. All documents or evidence, which would prove motive, opportunity, intent, preparation, plan, knowledge, identity, absence of mistake of accident.
9. A sample of the hot/cold unit manufactured and/or distributed by ASPEN MEDICAL RESOURCES, LLC.
10. A floor plan or diagram of the business, to include digital photographs of the exterior and interior of the business, offices, cubicles and the warehouse.

#### **AUTHORITY TO DUPLICATE ELECTRONIC MEDIA**

It is requested a forensic technician, sworn or non-sworn, be granted authorization to examine; make duplicate images/copies of the above mentioned electronic media and to determine if evidence of the offenses enumerated about are contained therein. Therefore, authorization is requested to make images/copies of the actual pre-requested data. Evidence copies of the items relating to these offenses will be created and retained for further proceedings and made available to the authorities. Only those items described in the search warrant relating to the offenses will be retained. After completion of the evidence copies, the originals or duplicated originals or duplicated images/copies will be sealed and retained in evidence storage for later discovery and trial purposes.

#### **AUTHORITY TO CONDUCT OFF-SITE SEARCH**

Officers executing this search warrant are authorized to seize and remove the above listed items for forensic examination at a forensic laboratory location by law enforcement personnel or non-law enforcement personnel at the direction of law enforcement personnel. The examination required determining the existence of, and then

preservation of evidence on the hard disks and /or other data storage media could take several weeks.

**AUTHORITY TO RECORD SCENE AND EVIDENCE AND USE OF NON LAW ENFORCEMENT PERSONNEL**

Officers are specifically authorized to photograph and /or video record the location being searched in order to preserve the image of the scene, the location of property, and to identify any persons present or arriving at the property during the search. Investigative personnel, sworn or non-sworn are authorized to assist in the search to identify, document, and /or collect evidence, provided their participation is supervised by a sworn law enforcement officer. Investigative Assistants and Civilian Investigators from the Orange County District Attorney's Office are authorized to assist peace officers in the search, identification, and seizure of evidence.

STATE of CALIFORNIA, COUNTY of ORANGE  
ATTACHED and INCORPORATED  
**Statement of Probable Cause**

Your Affiant declares under penalty of perjury that the following facts are true and that there is probable cause to believe, and your Affiant does believe, that the designated articles, property, and persons are now in the described location.

Your Affiant, Louie Martinez III is an Investigator with the Orange County District Attorney' Office. I have been a police officer for over thirty-one years. Twenty-six of those years have been in the field of criminal investigation. I am presently assigned to the Insurance Fraud Section, assigned to the Medical Fraud and Workman's Compensation Unit assigned to investigate fraud cases related to medical and workman's compensation.

I have been assigned to investigate over a thousand cases related to theft, robbery, property crimes, narcotics, assaults and homicides. I have conducted or reviewed thousands of felony investigations which resulted in cases being prepared and presented for prosecution. I have participated in the execution of over one hundred search warrants relating to the aforementioned criminal investigations.

**HOBBS SEALING**

In reference to the sealing of the search warrant, I respectfully request that this search warrant be sealed. **Sealing of Patient Identity in Exhibits 4 and 5 subject to a Court Order:** The un-redacted patient information contained in Exhibits 4 and 5 were obtained from workers compensation insurance carriers pursuant to Insurance Code Section 1877.3, which authorizes release of underacted copies of this information to a law enforcement agency such as the Orange County District Attorney's Office. The Patients in this case are not the target of this investigation and therefore release of their identity without a Court Order would violate their privacy and the law. California Civil Code § 56.13 states in pertinent part that, "a recipient of medical information ... may not further disclose that medical information except in accordance with a new authorization that meets the requirements of Section 56.11, or as specifically required or permitted by . . .law. Therefore, any party who wishes access to this information must meet the requirements specified in California Civil Code § 56.11. The affiant is requesting that Exhibits 4 and 5

be sealed from public disclosure subject to proof of compliance with California Civil Code § 56.11 and a valid Order by the Court.

~~Based upon my training, experience and conversations that I had with other Law Enforcement Officers to include Insurance Investigators representing the Insurance Companies and/or reports to include medical documents that I have read, I request that this entire Search Warrant and Statement of Probable Cause / Affidavit be sealed because disclosure could irretrievably harm the ongoing criminal investigation, in accordance with California Rules of Court Rule 243.1(d).~~ W.S. 8-13-12 JMB 8-13-12

I state that the facts in support of the issuance of the search warrant are as follows:

**Case Number WC 11060008**

On January 12th, 2012, I was assigned to investigate the billing practices of ASPEN MEDICAL RESOURCES, LLC, located at 685 N. Shepard St., City of Anaheim, County of Orange, State of California.

ASPEN MEDICAL RESOURCES is a Durable Medical Equipment (hereafter "DME") provider within the workers' compensation system. In the State of California, the Department of Industrial Relations, Division of Workers' Compensation, regulates the applicable laws with regards to medical billing practices by suppliers of DMEs. The administrative Director of the Division of Workers' Compensation ordered that the Official Medical Fee Schedule for Durable Medical Equipment conform to the Medicare payment system. A copy of the order for 2007, 2008, 2009, 2010, 2011 and 2012 has been attached as an exhibit for the Court's reference, **(Exhibit # 1).**

The Medicare Fee schedule payment methodology can be found under Section 1834 of the **Social Security Act. Section 1834(a)(2) is relevant to this investigation and states that when a DME is rented, the total payments cannot exceed the purchase new fee for the item.** A copy of the relevant law has also been attached for the Court's reference in **(Exhibit # 2).**

All medical providers are required to submit their billing on a form commonly referred to as a Health Insurance Claim Forms (hereafter "HICF") or "1500" form and they are required to complete the forms truthfully and accurately subject to criminal prosecution. Medical providers are also required to use predefined billing codes as set out in the Current Procedural Terminology (hereafter "CPT") published annual by the American Board of Medicine. These CPT codes are uniform throughout the Nation and have been adopted by all the States.

ASPEN MEDICAL RESOURCES, submitted hundreds of bills to insurance companies for rental of a Hot/Cold Thermal unit by using two CPT codes, even though they only provided the patient with a single unit in the following manner:

**CPT: E0217 Water Circulation Heat Pad with Pump DME (Rental for 14 days @ \$910.00)**

**CPT: E0218 Water Circulation Cold Pad with Pump DME (Rental for 14 days @ \$980.00)**

**Total Rental for 14 days = \$ 1,890.00**

Internet research revealed that the average MSRP price for a comparable unit is approximately \$285 - \$500. Eight (8) photographs of the Unit is attached for the Court's Reference in, (Exhibit # 3).

**A review of hundreds of bills revealed that ASPEN MEDICAL RESOURCES billed thousands of dollars in rental fees per patient for a unit that was only worth approximately \$500.** Copies of a HICF bill have been enclosed for the Court's reference in (Exhibit # 4).

A summary of HICF bills submitted to the following insurance companies, THE TRAVELERS COMPANIES INCORPORATED, AMERICAN CLAIMS MANAGEMENT, SAINT PAUL FIRE & MARINE INSURANCE COMPANY, BERKSHIRE & HATHAWAY HOMESTATE COMPANIES AND REPUBLIC INDEMNITY INSURANCE COMPANY since October 26<sup>th</sup>, 2007, is also attached for the Court's reference in (Exhibit # 5).

After reviewing numerous Health Insurance Claim Forms (HICF 1500) submitted by ASPEN MEDICAL RESOURCES directed to the various Insurance Companies, there are three crimes that ASPEN MEDICAL RESOURCES are in violation of:

**CPC 487 Grand Theft** – Grand theft is theft committed in any of the following cases: (a) when the money, labor, or real or personal property taken is of a value exceeding nine hundred fifty dollars (\$950).

**CPC 550 (a) (5) Making False Fraudulent Claims-** It is unlawful to do any of the following, or to aid, abet, solicit, or conspire with any person to do any of the following: Knowingly prepare, make, or subscribe any writing, with the intent to present or use it, or to allow it to be presented, in support of any false or fraudulent claim.

**CPC 550 (a) (6) – Making False Fraudulent Claims-** It is unlawful to do any of the following, or to aid, abet, solicit, or conspire with any person to do any of the



following: Knowingly make or cause to be made any false or fraudulent claim for payment of a health care benefit.

**WC11060008**

On June 16<sup>th</sup>, 2011, the Orange County District Attorney's Office received from the California Department of Insurance, Fraud Division, a Suspected Fraudulent Claim (SFC), Referral Form (FD-1), dated December 10, 2010.

Upon receipt of the FD-1 referral dated December 10, 2010, the Orange County District Attorney's office issued an "Insurance Fraud" case number identified as "**WC11060008**". The FD-1 was generated by JENNIFER CONNER, a Senior Investigator, assigned to a Worker's Compensation Unit, employed by AMERICAN CLAIMS MANAGEMENT (ACM), 750 B Street, Suite 2100, San Diego, CA.

ACM is representing the alleged victim, Manufactures Alliance Insurance Company, 380 Sentry Parkway, Blue Bell, PA., Claim #07000265, under Policy #PMAIWC104010600, for patient RIGOBERTO PACHECO SAMAYON (DOB: 04/08/1968).

The date of loss or injury occurred on August 26<sup>th</sup>, 2009, at 3120 Pullman Street, B, Costa Mesa, CA. The potential loss was listed as \$5,670.00. The referral indicated that ASPEN MEDICAL RESOURCES, Tax Identification #59-3812903, has billed for durable medical equipment in the claim of RIGOBERTO PACHECO SAMAYON.

It is CONNER'S opinion that ASPEN MEDICAL RESOURCES is using incorrect billing codes to obtain higher reimbursement than is warranted. This is based upon an interview conducted by CONNER who interviewed a former employee of ASPEN MEDICAL RESOURCES identified as ANASTASHIA COOLIDGE (DOB: 01/06/1986).

On October 28, 2010, CONNER conducted a recorded telephone interview with COOLIDGE. COOLIDGE stated she worked for ASPEN MEDICAL RESOURCES as a "Medical Biller" from April 2007 through November 2009. COOLIDGE was aware that durable medical equipment (specifically back braces) were being billed purposely and incorrectly in order to receive a higher reimbursement.

After ANGELINA BELTRAN was appointed to the position of Office Manager, COOLIDGE was informed of her duties and she implied that her duties were light because the office was in a transition. COLLIDGE stated they were moving to a different building which is the present location of ASPEN MEDICAL RESOURCES on Shepard Street in the City of Anaheim.

After the transition into the new building in Anaheim, COOLIDGE was responsible for billing. She also assisted with dispatch and helped with the work orders and entered the new entries. As for her training on billing, COOLIDGE was provided a few days on how to work the system and what codes to use when billing. She was also shown the equipment that ASPEN MEDICAL RESOURCES provided for sale and rental.

As for which codes to use for billing, the Billing Manager, ANGELINA BELTRAN, decided what codes to bill for.

COOLIDGE was asked if, ASPEN was having equipment made overseas and once received, if personnel from ASPEN were relabeling the medical item. COOLIDGE was not sure, but most of the equipment had the manufacturer name already in place. ASPEN was dealing with a company identified as "DONJOY" and this company was one of ASPEN's manufacturers.

COOLIDGE stated she did not deal with the manufacturing companies, it was mostly with the products such as the hot/cold machines and the air forms back brace. COOLIDGE did not deal with the manufacturer too often; it was the responsibility of the personnel assigned to the Dispatch Department because they were the ones responsible for the ordering. COOLIDGE was aware that they would put an ASPEN sticker on an item once it was delivered. The item would then be sterilized, and it was her opinion that the reason for the ASPEN sticker was to determine that it was their property.

COOLIDGE was asked while working at ASPEN, if she was provided a list of all the products with the manufacturer's brand name. COOLIDGE was provided with a list of the products. Per COOLIDGE, neither of the products contained the name of the manufacturers. COOLIDGE stated prior to her termination, ASPEN dispensed four different types of hot/cold (units) machines. The different hot/cold (units) machines each performed different functions because of recent or updated technology.

COOLIDGE was asked if there were machines (hot/cold units), where you could put either hot or cold water in it so it could work as a hot or a cold (unit). COOLIDGE stated, "No". COOLIDGE was asked, if she was instructed to bill for the hot and cold modalities separately. She replied, "Yes", the reason provided is because they (ASPEN), billed, for the hot and cold separately because there were two separate (billing) codes.

COOLIDGE was asked why, even though it was just one machine and why they were billing for two separate modalities. COOLIDGE stated because sometimes the doctor would prescribe solely, for the cold compression only. So they would just use a machine that has the

hot and cold function, but they would solely bill on that particular patient, "cause that's all our prescription said, cold only." "But then other times they billed hot and cold, so she thinks, they separated it so that just in case the doctor, requested one modality, that they could do that".

CONNER asked COOLIDGE if it ever was her understanding, if it was just one machine that it should have just be billed with one code. COOLIDGE stated "No, cause at the very beginning I did it that way so I just did it as they had asked me to do it. I did not (know) hot/cold machines prior to my working there. I never knew anything about them".

COOLIDGE was asked if she had a personal opinion, though, about whether it was correct or not to be using two codes for one separate device. She replied, "at times because I would get, from our operations department, they would give me denials, and I would read (the) Adjustors, comments and stuff on that and they were asking why were we billing separate. But I never questioned because it was never anything that was going to change no matter if I questioned it or not (because) that's just how it was".

COOLIDGE was asked if she ever asked a management person for advice. She responded, "Oh, yeah, I asked ANGELINA BELTRAN, the billing manager, on a lot of things, like why are we doing this, why are we doing that. And she would sit there, and she could spend two hours and explain as to why she's doing it her way and she's doing it correct. Cause nothing was rarely changed around there."

It was COLLIDGE' understanding that it was correct, that they could bill for that rental for that long, and then bill for a purchase. COOLIDGE said, "That's what we were told to do. I don't know if that was correct or not, but from day one, that was one that has not changed. The hot/cold machine, we usually didn't purchase out. We did a rental solely on them because they were a lot more expensive".

CONNER asked COOLIDGE to explain what documents were provided in order to create a bill. COOLIDGE stated that an order had to be entered or placed into the system. The first document or sheet would contain the adjustor's name and information with the insurance company and was to include a copy of the prescription. If they did not have a copy of the prescription, they would contact the sales representative. They would inform the sales representative and say they cannot bill for the order until the representative provided them with a prescription from the doctor.

COOLIDGE stated the bill was computer generated from a particular computer program or software known to her as "FUTURA". COOLIDGE stated the "FUTURA" program was used for everything to include dispatching and keeping track of the orders.

COOLIDGE was asked how the payments were documented. She replied they (ASPEN MEDICAL RESOURCES) received and were paid by checks. The checks were done (processed) mostly by the girl upstairs who actually worked closely with JEFF (**JEFFERY CAMPAU**) and Landon (**LANDON MIRALLEGRO**). COOLIDGE could enter the service line and see any payments that were posted on the patient's account. As the payment/checks came in, they were posted to the patient's account, listing the date of service for the equipment.

COOLIDGE stated the payments were generally noted on the bill, if they were to put the bill out later or after a payment had been received, it would say, yes, to include the amount versus the payments and the total amount that was still due.

CONNER asked COOLIDGE if she knew if the equipment was ever returned or reused. COOLIDGE stated yes, there were some things that were reused. The hot/cold machines were reused and the CPM machines were reused to include the more expensive machines. Once received, the equipment would be sterilized and sanitized and then put back out with another patient.

CONNER asked COLLIDGE, when she was hired at ASPEN, did they ever give her or any employee, handbooks or billing handbooks or guides. COOLIDGE stated they gave her an employee handbook and when she first started, there was one sheet that she used to bill. But by the end (of her employment), they had maybe, six pages of different things that they billed. In the beginning, it was only a few things that we billed because they did not have very much equipment. And by the end, two and a half years later, she recalls there were probably about six pages of different items.

CONNER asked COOLIDGE if there was a different company name, or if she was ever paid in any different way. COOLIDGE stated no, she thought the address changed, when they had changed locations. They switched buildings for a larger building/office.

CONNER asked COOLIDGE when she was working there (at ASPEN MEDICAL RESOURCES), did she ever hear the name of a company called "NATIONAL DME". COOLIDGE stated "yes". It was another company that they billed under. They had started that one, she thought before ASPEN. COOLIDGE stated they (ASPEN) still, billed NATIONAL, they had NATIONAL DME and they had "NATIONAL SLEEP THERAPY", which is where the CPAP

machines (were issued). That was a newer one, and she never billed for the CPAP (units). That was more their billing manager and two other girls.

COOLIDGE stated she also worked at another building that did MRIs. JEFFERY CAMPAU had an MRI office down the street. The business was identified as ELITE MEDICAL MANAGEMENT or ELITE DIAGNOSTICS.

During the interview between CONNER and COOLIDGE, COLLIDGE identified the owners of ASPEN MEDICAL RESOURCES as JEFFERY CAMPAU and LANDON MIRALLEGRO.

COOLIDGE was asked, if she knew if the ELITE DIAGNOSTICS is run (operated) out of the same business, (referring to ASPEN). COOLIDGE stated they billed some of their bills and yes, they had workers over there and there were two girls at ELITE.

COOLIDGE stated she would pick files up from ELITE and bring them back to ASPEN, because sometimes ELITE, could not do all of their files. Elite could not keep up with all their billing, so they would send some over to the ASPEN girls. The ASPEN girls were totally overworked.

They were working four different companies identified as ASPEN, NATIONAL SLEEP THERAPY, NATIONAL DME, and ELITE's. They also had a company identified as REGIONAL. COOLIDGE did not know if that was part of, JEFFERY CAMPAU and LANDON MIRALLEGRO business, or if that was a separate one that they were just kind of contracting with.

CONNER asked COOLIDGE if there was a policy of trying to keep information from the adjustors or insurance companies about what equipment was being dispensed. COOLIDGE stated no, not about what equipment that was being dispensed. COOLIDGE did not think ASPEN wanted insurance adjustors to have the billing sheet. She did not know why.

COOLIDGE did not know if they were billing per the fee schedule. She knew that if anything came up with an adjustor saying that this is not from the fee schedule, then LINDA would be handling that one.

LINDA had originally started in the Operations Department and was promoted to the position of "Office Manager". LINDA knew so much about "Authorizations", so she was in charge mostly of Authorizations. ANGELINA (BELTRAN) was mostly in charge of the billing.

CONNER asked COOLIDGE if she knew why, they (ASPEN), were not billing per the Workers' Compensation Fee Schedule. COOLIDGE replied she was not sure. CONNER concluded the interview with COOLIDGE and asked COOLIDGE if she understood all the

questions and answered them to the best of her ability. COOLIDGE stated yes, and she would testify to the information under penalty of perjury. The interview was terminated at 1059 hrs.

On January 12, 2012 at 1012 hours, I met with FIRST COMP Investigator DANELLE MCPEAK regarding the ASPEN MEDICAL RESOURCES investigation. The meeting was conducted within the Insurance Fraud Unit at the Orange County District Attorney's office.

On November 8, 2011, MCPEAK e-mailed a Craigslist posting for the purchase of an ASPEN MEDICAL RESOURCES ThermoCool Unit. The seller was identified as DAMEON PATRICK BUTLER (DOB: 10/08/1980), email address: damo198066@gmail.com. Via email, MCPEAK made arrangements with BUTLER to purchase the unit for \$250.00. BUTLER also provided his home telephone phone number.

On November 15, 2011, MCPEAK called BUTLER and they agreed to meet in Corona. The meeting was at the Jack in the Box located near the 91 Freeway and Green River exit in Corona.

On November 15, 2011, at 1245 hours, BUTLER arrived and parked within the parking lot of the Jack in the Box. MCPEAK stated BUTLER retrieved the ASPEN MEDICAL RESOURCES ThermoCool Unit from the trunk of his vehicle. The unit was still in the cardboard box. BUTLER advised that the unit had never been used. BUTLER said that he had been hurt at work, received the unit, but never used it.

MCPEAK inspected the box and observed the cooling unit. Within the box, MCPEAK observed the attachments and manual. MCPEAK paid BUTLER \$250.00 cash for the ASPEN MEDICAL RESOURCES ThermoCool Unit.

On January 12, 2012, at 1012 hours, MCPEAK delivered the ThermoCool Unit and released the unit to my custody. Upon inspecting the cardboard box, the outer portion of the box was identified as a ThermoCool Contrast System, Lot# ATC-001-1105, Manufacturing Date: May.03.2011.

Upon examining the contents within the box, I observed the ASPEN unit, the electrical cord attachment, and the printed directions and the operating manual.

Upon removing the unit from the box, it was secured with Styrofoam and there was a sealed, clear plastic bag identified as a "BONPACK". The BONPACK contained a paper identified from NOVITAS Medical, a Standard Universal Wrap, Contrast PAD1-2UN-NM.

The plastic bag also contained the contents consisting of an armband, two white pads and two clear plastic tubes with plastic attachments, which attached to the unit during operation.

Upon examining the bottom of the unit, I observed an adhesive sticker listing the following information:

**ASPEN MEDICAL RESOURCES**

**Product Name: ThermoCool Contrast System**

**Model No: ATC-001-1105**

**Serial No: 00121150300053D**

After examining the items, I secured all the contents and sealed the box with clear tape. I placed my initials, date and time on the top outer portion of the cardboard box. The unit was photographed, logged as evidence and stored in the DA's Office Evidence Locker; the copy of the photographs is attached as **(Exhibit # 3)**.

On January 17, 2012, I completed a background investigation on DAMEON PARTICK BUTLER. Through investigative resources, BUTLER's California Driver License was identified as D2556278 (CA). The address listed on the driver's license was 3857 Adams Street, Riverside, California, 92504.

During the meeting with MCPEAK, BUTLER arrived in a newer model Toyota Camry, gray in color, bearing California license plate of 6RWD753. I verified through the Department of Motor Vehicles database that the Toyota was registered to TOYOTA LEASE TRUST LSR, KIMBERLY M. FLORES LSE, 1825 Saragossa Street, Pomona.

During the course of this investigation, I completed a background investigation on JEFFREY EDWARD CAMPAU (DOB: 10/15/1974) and LANDEN ALAN MIRALLEGRO (DOB: 09/19/1975). The basic identifiable information was obtained from the various FD-1 complaints, and the interviews obtained by the investigative units from the various insurance companies. JEFFREY EDWARD CAMPAU and LANDEN ALAN MIRALLEGRO are the named and documented owners of ASPEN MEDICAL RESOURCES LLC., located at 685 N. Shepard Street, Anaheim, California, 92806.

Through investigative resources, the following information was identified for JEFFREY EDWARD CAMPAU:

CDL: A7638659 (CA), **(Exhibit 6)**

19353 Shetland Lane, Yorba Linda, CA. 92886

DOB: 10/15/1974

FBI: 352922KD5

S/S: 613-32-4344

Through investigative resources, the following information was identified for LANDEN ALAN MIRALLEGRO:

CDL: A9033125 (CA), **(Exhibit 7)**  
3790 Carson Way, Yorba Linda, CA. 92886  
DOB: 09/19/1975  
S/S: 571-37-4999

Upon researching public and investigative databases for the business name and address for ASPEN MEDICAL RESOURCES LLC., 685 N. Shepard Street, Anaheim, California, 92806, I was able to obtain the following information:

**ACCURINT:**

**Officers and Directors:**

ASPEN MEDICAL RESOURCES, LLC - As of: 12/06/2011  
Officer: JEFFERY CAMPAU, MEMBER, 685 N SHEPARD ST, ANAHEIM CA 92806-2835  
Officer: LANDEN MIRALLEGRO, MEMBER, 3911 E LA PALMA AVE STE F, ANAHEIM CA 92807-1719

**CLEAR Business report:**

Business: ASPEN MEDICAL RESOURCES  
Address: 685 N SHEPARD ST, ANAHEIM, CA 92806  
Corporate Record Filings  
Source: Corporate Detail  
Corporate Record  
Filing Date: 06/08/2005  
Filing State: CA  
Corporation Number: 200516110015  
Status: ACTIVE  
Business Type: LIMITED LIABILITY COMPANY  
LLC Business Type: DURABLE MEDICAL EQUIPMENT PROVIDER  
Corporation Address: 685 N SHEPARD ST, ANAHEIM, CA 92806  
SECRETARY OF STATE/CORPORATIONS DIVISION  
Office Where Filed: 1500-11TH STREET, SACRAMENTO, CA 95814  
Corporation Officers and Registered Agents  
Name: JEFFERY CAMPAU  
Title: Unknown  
Address  
685 N SHEPARD ST  
ANAHEIM, CA 92806  
Registered Agent: WAYNE C ARNOLD  
Address: 9107 WILSHIRE BLVD STE 800, BEVERLY HILLS, CA 90210



SUPERVISOR V. MARTINEZ of the Department of Insurance was aware that I had assumed the responsibilities into the investigation of the billing practices committed by members employed by ASPEN MEDICAL RESOURCES. She therefore shared with me the results of her investigation into ASPEN.

SUPERVISOR V. MARTINEZ had been in contact with several insurance companies who provided her with numerous Health Insurance Claim Forms, CMS 1500 (HICF 1500) forms pursuant to California Insurance Code Section 1877.3(a).

All of the HICF 1500 forms are for the patient's in which ASPEN MEDICAL RESOURCES excessively billed for the following CPT Codes:

CPT - E0217 - (Water Circulating Heat Pad with Pump) \$980.00  
CPT - E0218 - (Water Circulating Cold Pad with Pump) \$910.00  
Total \$1,890.00 (14 day rental)

All of the HICF 1500 form(s) are completed and billed by:

ASPEN MEDICAL RESOURCES  
PO Box 76001  
Anaheim CA 92809-7601  
Business: (866) 972-7736  
Federal Tax ID Number: 59 3812903  
NATIONAL Provider Identifier: 1538346887

SUPERVISOR V. MARTINEZ produced four boxes containing thirteen various binders containing various documents and several compact disc(s) affiliated with the ASPEN MEDICAL RESOURCES investigation. These items were produced and provided by the insurance companies pertaining to the investigation of ASPEN MEDICAL RESOURCES.

While reviewing the case file, I reviewed a letter from "TRAVELERS", an insurance company also conducting business with ASPEN MEDICAL RESOURCES. The correspondence was dated, April 19, 2011, signed by STEVEN B. MCCOY, a Medical Investigator, assigned to Travelers Investigative Services.

The letter was directed to JEFF CAMPAU, ASPEN MEDICAL RESOURCES, 685 N. Shepard St., Anaheim CA 92808, **(Exhibit # 8)**.

The letter is regarding the Durable Medical Equipment (DME) which was lacking complete and supporting documentation to support the billing charges. The letter claims ASPEN MEDICAL RESOURCES presented numerous invoices for HCPC Code E0217 - (Hot Water

Circulating Pad with Pump) and HCPC Code E0218 - (Cold Water Circulating Pad with Pump) on the same dates of service.

Per S. MCCOY, they interviewed several injured workers, photographed the DME and determined only a single pad and pump were provided. S. MCCOY acknowledged some of the VitalWear units supplied provide both hot and cold circulating water only a "single" device was supplied.

Per S. MCCOY, based on the billing received, it gives the appearance that two separate devices were issued. Their adjusters in reviewing the bills relied on this information when issuing payments to ASPEN MEDICAL RESOURCES. S. MCCOY indicated the billing was reviewed by a "certified coder" and it is the opinion of the certified coder, that the bills presented may have been incorrectly coded.

S. MCCOY offered the opportunity to personally discuss the matter with JEFF CAMPAU and provided his phone number to set a date and time for a meeting.

Attached to this correspondence, was a letter dated April 27, 2011. The letter was signed by CAROL K. LUCAS, from Buchalter Nemer, Professional Law Corporation, 1000 Wilshire Boulevard, Suite 1500, Los Angeles, CA 90012-2457, **(Exhibit # 9)**.

The letter was directed to S. MCCOY indicated that ASPEN MEDICAL RESOURCES is being represented by the aforementioned law firm and his letter of April 19, 2011, to JEFF CAMPAU of ASPEN MEDICAL RESOURCES had been referred to her for a response. It is evident from LUCAS' letter that the billing was intentional.

In her letter, LUCAS states that "(I) am sure you (S. MCCOY) know there is no code for a dual unit. Under those circumstances, ASPEN MEDICAL RESOURCES claim indicated two codes for the dual unit only because that was the closest approximation the biller could devise in the absence of any established billing code for a dual unit. In each of these cases, the patient's physician ordered both hot and cold therapy. Providing both hot and cold therapy via a single unit fulfilled the doctor's order and the patient's needs. ASPEN MEDICAL RESOURCES billed it in good faith using the codes that were available to it. The fact that both codes were billed for the same dates of service should have alerted your adjusters (who presumably have experience reviewing workers' compensation DME claims) that a dual unit was potentially being billed. Had the adjusters asked how many units were provided, ASPEN MEDICAL RESOURCES would have explained its billing at the time. There was certainly no attempt at

concealment and no basis for an assertion that ASPEN MEDICAL RESOURCES knowingly presented a false or fraudulent statement in support of its claim for compensation.”

While reviewing the HIFC 1500 forms submitted by ASPEN MEDICAL RESOURCES, the company is using the following billing address:

ASPEN MEDICAL RESOURCES  
PO Box 76001  
Anaheim CA 92809-7601

On March 7th, 2012, a “Discovery Request” was faxed to the United States Postal Services, to the attention of the Postal Inspector. A request for the certified documents was requested for the names and physical address associated with ASPEN MEDICAL RESOURCES, Post Office Box of 76001, Anaheim, CA, 92809-7601.

On March 8th, 2012, I received a fax from the United States Postal Inspectors Office consisting of five documents. One of the documents received was an “Application for Post Office Service Caller” for Business/Organization Use. The following information was listed and handwritten on the application:

Name of Business: ASPEN MEDICAL RESOURCES, LLC  
Name of Person: JEFF CAMPAU (Owner)  
Address/Corporation: 685 N. Shepard St., Anaheim, CA. 92806  
CDL: A7638659 (Jeffrey Edward Campau)

In Section (10) of the application, it was requested for the names of the businesses or individuals who would be receiving the mail at the “Caller Service”, Post Office Box. The following businesses were handwritten in this section:

ELITE DIAGNOSTICS  
REGIONAL MEDICAL SERVICES  
NATIONAL MARKETING  
ATLAS COLLECTION

In Section (11) titled “Special Orders”, identified the named person(s) or representatives for the identified businesses who are authorized to access or pickup mail addressed the Caller Service number(s). The persons authorized, required identification, per the request of the Postal Service. The handwritten named representatives are:

GWENDOLYN MARTINEZ      CDL: D5390112

LANDEN MIRALLEGRO            CDL: A9033126  
SOPHIA MAGANA                CDL: D6559322  
CONSUELO SOTERA JONES      CDL: N4121878  
CHELSEA RUIZ                 CDL: D6002644

Within the faxed documents is a letter on ASPEN MEDICAL RESOURCES letterhead, dated February 21, 2012. The letter addressed to the Post Office was signed by JEFF CAMPAU and addressed to the:

**US Postal Service, Canyon Station**  
**8161 E. Kaiser Blvd., Anaheim CA 92809-9998**

Reference P.O Boxes:

27128  
27696  
27726  
28417  
28616  
28626  
28656  
28687

The letter stated **“effective immediately, please remove the following individuals from our list of authorized employees for mail and P.O. Box pick up”**.

SOPHIA MAGANA  
CHELSEA RUIZ  
GWENDOLYN MARTINEZ

Please add:

TRISTINA HINOJOSA

Through investigative resources, I was able to identify TRISTINA HINOJOSA through the California Department of Motor Vehicles as:

TRISTINA MONIQUE BLOKDYK (DOB: 08/30/1983)  
CDL: D1536554  
AKA: TRISTINA HINOJOSA

On March 8th, 2012, a second “Discovery Request” was faxed to the United States Postal Services, to the attention of the Postal Inspector. A request was made for the certified

documents for the additional eight (8) Post Office Boxes identifying the original request for the name(s) and physical address associated with the (8) identified Post Office Box(s) of:

27128

27696

27726

28417

28616

28626

28656

28687

On March 26th, 2012, I received several faxed documents from the United States Postal Inspectors Office consisting of seventeen pages. The documents were for the (8) aforementioned Post Office Boxes. The documents were for the "Application for Post Office Service Caller or Post Office Boxes" for Business/Organization Use. Each application is for a separate or independent business. The names and identity are handwritten on each application for the following PO Boxes:

**PO Box 27128 Futura Business System – Date 03/24/2010**

Jeff CAMPAU (Owner)

Business Address: 685 N. Shepard St., Anaheim, 92806

(949) 275-4000

Authorized to access or obtain mail:

CHELSEA RUIZ CDL: D6002644

SOPHIA MAGANA CDL: D6559322

CONNIE JONES CDL: N4121878

**PO Box 27696 Elite Medical Management, LLC – Date 02/19/2010**

JEFFREY CAMPAU (Owner)

LANDEN MIRALLEGRO (Owner)

Authorized to access or obtain mail:

SOPHIA MAGANA CDL: D6559322

JEFFREY CAMPAU

LANDEN MIRALLEGRO

GWENDOLYN MARTINEZ CDL: D5390112

CHELSEA RUIZ CDL: D6002644

Business Address: 3309 Miraloma Ave., Suite 107, Anaheim CA 92806

Manager: JEFFREY CAMPAU - ELITE DIAGNOSTICS

President: VIKRAM HATTI M.D. – NIGHTOWL RADIOLOGY P.C.

**PO Box 27726 National Marketing LCC/Atlas Collection Service Date- 05/20/10**

JEFFREY CAMPAU (Owner)

SOPHIA MAGANA CDL: D6559322

Business Address: 685 N. Shepard St., Anaheim, 92806

(877) 238-1888

Authorized to access or obtain mail:

JEFFREY CAMPAU CDL: A7638659

LANDEN MIRALLEGRO CDL: A9033126

SOPHIA MAGANA CDL: D6559322

CHELSEA RUIZ CDL: D6002644

GWENDOLYN MARTINEZ CDL: D5390112

CONSUELO JONES CDL: N4121878

**PO Box 28417 3Dr Imaging Services, LLC – Date 03/03/2010**

LANDEN MIRALLEGRO – Billing Manager

Business Address: 685 N. Shepard St., Anaheim, 92806

(562) 714-1899

Special Orders: 3Dr Imaging Services, LLC

LANDEN MIRALLEGRO

DEAN GROSCOST

CHELSEA RUIZ CDL: D6002644

**PO Box 28616 Futura International, LLC – DATE 05/21/2009**

JEFF CAMPAU (Partner)

Business Address: 22051 US Highway 19 N. Clearwater, Florida, 33765

(949) 275-4000

Special Orders: Futura International

JEFF CAMPAU

MARSHALL FRYMAN CDL: A9035126

LANDEN MIRALLEGRO

Authorized to access or obtain mail:

CHELSEA RUIZ CDL: D6002644

GWENDOLYN MARTINEZ CDL: D5390112

**PO Box 28626 Futura Business System – Date 03/24/2010**

Jeff CAMPAU (Owner)

Business Address: 685 N. Shepard St., Anaheim, 92806

(949) 275-4000

Authorized to access or obtain mail:

CHELSEA RUIZ CDL: D6002644

SOPHIA MAGANA CDL: D6559322

CONNIE JONES CDL: N4121878

**(Note: Application for P.O. Box 27128 and P.O. Box 28626 are identical)**

**PO Box 28656 JEAN S. COLLAZO D.L.**

LANDEN MIRALLEGRO

Business Address: 685 N. Shepard St., Anaheim, 92806

(714) 237-0999

Authorized to access or obtain mail:

LANDEN MIRALLEGRO CDL: A9033126

CHELSEA RUIZ CDL: D6002644

GWENDOLYN MARTINEZ CDL: D5390112

CONSUELO S. JONES CDL: N4121878

**PO Box 28687 Ckm Development, LLC – Date 02/27/2009**

19353 Shetland Ln Yorba Linda, CA 92886 (Campau's Home Address)

JEFFREY CAMPAU (Member)

685 N. Shepard St., Anaheim, 92806

(714) 237-0599

Authorized to access or obtain mail:

JEFF CAMPAU

LANDEN MIRALLEGRO

SOPHIA MAGANA CDL: D6559322

GWENDOLYN MARTINEZ CDL: D5390112ADD

During the week of June 25th, 2012, I have been in contact with five different Medical Insurance Investigators assigned to the Investigative Branch and/or Section of the insurance companies.

I either personally spoke with or emailed the respective investigator(s) requesting, if ASPEN MEDICAL RESOURCES is currently or presently still practicing the same type of billing techniques for the CPT codes of HCPC E0217 - (Hot Water Circulating Pad with Pump) and HCPC Code E0218 - (Cold Water Circulating Pad with Pump).

The insurance companies from CHARTIS/AIG, BERKSHIRE HATHAWAY, AMERICAN CLAIMS MANAGEMENT, TRAVELERS and FIRST COMP INSURANCE, all state that as of December 2011 thru March 2012, the billing practices remain the same, ASPEN MEDICAL RESOURCES is still using the same two CPT codes in order to bill for one unit.

It is evident that since STEVEN B. MCCOY, the Medical Investigator assigned to Travelers Investigative Services brought the billing matter to the attention of JEFFERY CAMPAU, the owner of ASPEN MEDICAL RESOURCES, **as of April 19, 2011 to present the billing practices remain the same. ASPEN MEDICAL RESOURCES continues to bill thousands of dollars in rental fees per patient for a unit that was only worth approximately \$500, in violation of CPC 487 Grand Theft; CPC 550 (a) (5) Making False Fraudulent Claims; and CPC 550 (a) (6) – Making False Fraudulent Claims.** Pursuant to the State of California, the Department of Industrial Relations, Division of Workers' Compensation, which regulates the applicable laws with regards to medical billing practices by suppliers of DMEs, the administrative Director of the Division of Workers' Compensation ordered that the Official Medical Fee Schedule for Durable Medical Equipment conform to the Medicare payment system.

With the aforementioned billing practices, the owners, employees and those affiliated with ASPEN MEDICAL RESOURCES are in violation of:

**CPC 487 Grand Theft** – Grand theft is theft committed in any of the following cases:  
(a) when the money, labor, or real or personal property taken is of a value exceeding nine hundred fifty dollars (\$950).

**CPC 550 (a) (5) Making False Fraudulent Claims-** It is unlawful to do any of the following, or to aid, abet, solicit, or conspire with any person to do any of the following: Knowingly prepare, make, or subscribe any writing, with the intent to present or use it, or to allow it to be presented, in support of any false or fraudulent claim.



**CPC 550 (a) (6) – Making False Fraudulent Claims-** It is unlawful to do any of the following, or to aid, abet, solicit, or conspire with any person to do any of the following: Knowingly make or cause to be made any false or fraudulent claim for payment of a health care benefit.

Based upon your Affiant's training, experience and conversations that your Affiant had with other Law Enforcement Officers and/or reports that your Affiant has read, your Affiant knows that the business is permeated in fraud. Your Affiant is seeking ANY and/or ALL business records that may be seized.

ASPEN MEDICAL RESOURCES has and is currently billing several insurance companies for the rental of the Hot/Cold Thermal unit. All of the insurance companies have paid ASPEN MEDICAL RESOURCES by an insurance company check in order to settle the outstanding balance per each individual claim.

I have examined several cancelled checks that were issued to ASPEN MEDICAL RESOURCES by an insurance company identified as, FIRSTCOMP UNDERWRITERS.

The cancelled checks are from the workers compensation insurance carriers pursuant to Insurance Code Section 1877.3, which authorizes release of un-redacted copies of this information to a law enforcement agency such as the Orange County District Attorney's Office.

ASPEN MEDICAL RESOURCES deposited the checks into an account with FIRST COMMERCE BANK identified as #322285833. The checks indicated "Pay to the Order of FIRST COMMERCE BANK – CA, 322285833", "For Deposit Only", ASPEN MEDICAL RESOURCES, LLC (2782), 2402782.

An ex-employee from ASPEN MEDICAL RESOURCES, assigned to the billing department, identified as ANASTASTASHIA COOLIDGE, had access via computers, to examine and review all the billing accounts, records and prescription orders issued from the doctors while she was an employee at ASPEN MEDICAL RESOURCES, in Anaheim.

Per COOLIDGE, within ASPEN MEDICAL RESOURCES, two additional billing and collection departments operated within ASPEN MEDICAL RESOURCES. I later identified the collection agencies as **National Marketing LCC and Atlas Collections**.

The two businesses were identified from the information provided by the United States Post Office, via an application, for a Post Office Box, requested by JEFFREY CAMPAU, the owner of ASPEN MEDICAL RESOURCES.

With ANY and/or ALL business records that may be seized within ASPEN MEDICAL RESOURCES, I will be able to identify additional insurance carriers, who are either "potential victims", who are being billed by members from ASPEN MEDICAL RESOURCES.

With ANY and/or ALL business records that may be seized within ASPEN MEDICAL RESOURCES, I will be able to identify past and present bank accounts associated with ASPEN MEDICAL RESOURCES and to further this criminal investigation from the records, tax information, and documentation within the offices at ASPEN MEDICAL RESOURCES.

I believe that by obtaining JEFFREY CAMPAU'S and LANDEN MIRALLEGRO personal and company financial records, bank statements, tax records, employee files and business documents it will prove beyond a reasonable doubt that ASPEN MEDICAL RESOURCES is involved in the double billing for the Hot/Cold Thermal unit by using two CPT codes and it is my opinion that this information will be located within the offices at Aspen Medical Resources and will prove the business is involved in fraud.

Based on my experience and training I know businesses usually maintain the type of records requested in the normal course of doing business. Such records are necessary for business and tax purposes and will normally be maintained for several years following their creation. It has also been my experience that records are usually maintained at the place of business or in secondary storage buildings and storage bins on the business property. These types' records are maintained in both paper and electronic format.

My investigation, training and experience cause me to believe I will encounter electronic business as well as related storage devices at the business. I believe these devices will contain financial and business documents including journals, check registers, employee files, tax records and other associated business records. Many smaller companies use accounting software such as Quicken, Quick Books, Pear Tree or other related accounting programs.

I also believe I will find handwritten records, notes, banking records, employee personnel records and payroll records of payments made to employees to include payments received from the various insurance companies. I believe I will also find additional names of several insurance companies that ASPEN MEDICAL RESOURCES is currently billing. I believe these records will be found at the business location during the course of normal business activities.


With ANY and/or ALL business records that may be seized within ASPEN MEDICAL RESOURCES, I expect to identify additional participants and/or suspects in this medical billing

fraud scheme during the service of the warrant at **ASPEN MEDICAL REOURCES, 685 N. Shepard St., Anaheim, California, 92806.**

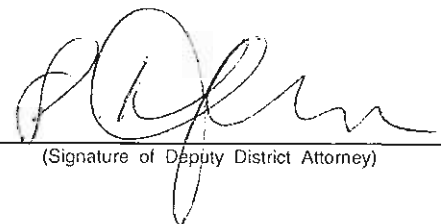
I request that a Search Warrant be issued based upon the aforementioned facts, for the seizure of said person or property, or any part thereof, between the hours of 7:00 A.M. and 10:00 P.M., good cause being shown thereof, and the same be brought before this Magistrate or retained subject to the order of the court, or of any court in which the offense(s) in respect to which the property of things taken, triable, pursuant to Section 1536 of the Penal Code. This information can be used as an investigative tool to either eliminate or locate additional participants and or co-conspirators involved in this crime.

Items attached and incorporated by Reference: YES  NO

I certify (declare) under penalty of perjury that the foregoing is true and correct.

Executed at, California , Date: 8-13-12 Time: 4:35 A.M. / (P.M.)  
(Signature of Affiant)

Louie MARTINEZ III, Investigator, Orange County District Attorney's Office  
(Printed Name of Affiant)

Reviewed by : , Date: 7/13/12 Time: 3:30 A.M. / (P.M.)  
(Signature of Deputy District Attorney)

Shaddi KAMIABIPOUR, Deputy District Attorney, Insurance Fraud – Workers' Compensation  
(Printed Name of Deputy District Attorney)

W.S.  
8-13-12

EXHIBIT # 1

State of California  
Department of Industrial Relations  
DIVISION OF WORKERS' COMPENSATION



**Order of the Administrative Director of the Division of Workers'  
Compensation Official Medical Fee Schedule  
Durable Medical Equipment, Prosthetics, Orthotics, Supplies  
Effective for Services Rendered on or after July 1, 2007**

Pursuant to Labor Code section 5307.1(g)(2), the Administrative Director of the Division of Workers' Compensation orders that the Durable Medical Equipment, Prosthetics, Orthotics, Supplies portion of the Official Medical Fee Schedule contained in title 8, California Code of Regulations, section 9789.60, is adjusted to conform to changes to the Medicare payment system that were adopted by the Centers for Medicare & Medicaid Services for calendar year 2007.

Medicare Data Source and Incorporation by Reference

Effective for services rendered on or after July 1, 2007, the maximum reasonable fees for Durable Medical Equipment, Prosthetics, Orthotics, Supplies shall not exceed 120% of the applicable California fees set forth in the Medicare calendar year 2007 "Durable Medical Equipment, Prosthetics/Orthotics, and Supplies (DMEPOS) Fee Schedule" revised July 2007 release, contained in the electronic file "**D07\_JAN\_C.zip**", which is incorporated by reference.

The revision is available on the Internet at the website of the Centers for Medicare & Medicaid Services at:

<http://www.cms.hhs.gov/DMEPOSFeeSched/LSDMEPOSFEE/list.asp?filterType=none&filterByDID=-99&sortByDID=3&sortOrder=descending&intNumPerPage=10>

The following procedure in the Special Services and Reports section of the OMFS 2003 will not be valid for services rendered after January 1, 2004: CPT Code 99002.

For durable medical equipment, supplies and materials, orthotics, prosthetics, and miscellaneous supplies and services not covered by a Medicare payment system, the maximum reasonable fee paid shall not exceed the fee specified in the OMFS 2003.

This Order shall be published on the website of the Division of Workers' Compensation:

<http://www.dir.ca.gov/dwc/OMFS9904.htm#3>

**IT IS SO ORDERED.**

Dated: June 27, 2007

ORIGINAL ORDER SIGNED

CARRIE NEVANS

Acting Administrative Director of the  
Division of Workers' Compensation

W.S.  
8-15-12

State of California  
Department of Industrial Relations  
DIVISION OF WORKERS' COMPENSATION



**Order of the Administrative Director of the Division of Workers'  
Compensation Official Medical Fee Schedule  
Durable Medical Equipment, Prosthetics, Orthotics, Supplies  
Effective for Services Rendered on or after July 7, 2008**

Pursuant to Labor Code section 5307.1(g)(2), the Administrative Director of the Division of Workers' Compensation orders that the Durable Medical Equipment, Prosthetics, Orthotics, Supplies portion of the Official Medical Fee Schedule contained in title 8, California Code of Regulations, section 9789.60, is adjusted to conform to changes to the Medicare payment system that were adopted by the Centers for Medicare & Medicaid Services for calendar year 2008.

Medicare Data Source and Incorporation by Reference

Effective for services rendered on or after July 7, 2008, the maximum reasonable fees for Durable Medical Equipment, Prosthetics, Orthotics, Supplies shall not exceed 120% of the applicable California fees set forth in the Medicare calendar year 2008 "Durable Medical Equipment, Prosthetics/Orthotics, and Supplies (DMEPOS) Fee Schedule" revised July 2008 release, contained in the electronic file "**D08\_JAN\_C.zip**", which is incorporated by reference.

The revision is available on the Internet at the website of the Centers for Medicare & Medicaid Services at:

<http://www.cms.hhs.gov/DMEPOSFeeSched/LSDMEPOSFEE/list.asp?filterType=none&filterByDID=-99&sortByDID=3&sortOrder=descending&intNumPerPage=10>

The following procedure in the Special Services and Reports section of the OMFS 2003 will not be valid for services rendered after January 1, 2004: CPT Code 99002.

For durable medical equipment, supplies and materials, orthotics, prosthetics, and miscellaneous supplies and services not covered by a Medicare payment system, the maximum reasonable fee paid shall not exceed the fee specified in the OMFS 2003.

This Order shall be published on the website of the Division of Workers' Compensation:

<http://www.dir.ca.gov/dwc/OMFS9904.htm#3>

**IT IS SO ORDERED.**

Dated: July 2, 2008

ORIGINAL ORDER SIGNED

CARRIE NEVANS

Acting Administrative Director of the  
Division of Workers' Compensation

W.S.  
7/2/08

State of California  
Department of Industrial Relations  
DIVISION OF WORKERS' COMPENSATION



**Order of the Administrative Director of the Division of Workers' Compensation  
Official Medical Fee Schedule  
Durable Medical Equipment, Prosthetics, Orthotics, Supplies  
Effective for Services Rendered on or after January 1, 2009  
(Adopts CMS' January 2009 Revised DMEPOS File)**

Pursuant to Labor Code section 5307.1(g)(2), the Administrative Director of the Division of Workers' Compensation orders that the Durable Medical Equipment, Prosthetics, Orthotics, Supplies portion of the Official Medical Fee Schedule contained in title 8, California Code of Regulations, section 9789.60, is adjusted to conform to changes to the Medicare payment system that were adopted by the Centers for Medicare & Medicaid Services (CMS) for calendar year 2009. CMS has posted a revised 1<sup>st</sup> Quarter 2009 DMEPOS fee schedule file to its website. This Order adopts the revised file.

Medicare Data Source and Incorporation by Reference

Effective for services rendered on or after January 1, 2009, the maximum reasonable fees for Durable Medical Equipment, Prosthetics, Orthotics, Supplies shall not exceed 120% of the applicable California fees set forth in the Medicare calendar year 2009 "Durable Medical Equipment, Prosthetics/Orthotics, and Supplies (DMEPOS) Fee Schedule" revised January 2009 release, contained in the electronic file "**D09\_janR.zip**", which is incorporated by reference. The revised file includes all changes identified in Change Request 6270. The revision has corrected fees for L3806 (wrist hand finger orthosis), L3808 (wrist hand finger orthosis), and L3905 (wrist hand orthosis.)

The revision is available on the Internet at the website of the Centers for Medicare & Medicaid Services at: <http://www.cms.hhs.gov/DMEPOSFeeSched/LSDMEPOSFEE/list.asp?filterType=none&filterByDID=-99&sortByDID=3&sortOrder=descending&intNumPerPage=10>

The following procedure in the Special Services and Reports section of the OMFS 2003 will not be valid for services rendered after January 1, 2004: CPT Code 99002.

For durable medical equipment, supplies and materials, orthotics, prosthetics, and miscellaneous supplies and services not covered by a Medicare payment system, the maximum reasonable fee paid shall not exceed the fee specified in the OMFS 2003.

This Order shall be published on the website of the Division of Workers' Compensation:  
<http://www.dir.ca.gov/dwc/OMFS9904.htm#3>

**IT IS SO ORDERED.**

Dated: January 5, 2009

ORIGINAL ORDER SIGNED  
CARRIE NEVANS  
Acting Administrative Director of the  
Division of Workers' Compensation

W.S.  
8-13-12

State of California  
Department of Industrial Relations  
DIVISION OF WORKERS' COMPENSATION



**Order of the Administrative Director of the Division of Workers'  
Compensation Official Medical Fee Schedule  
Durable Medical Equipment, Prosthetics, Orthotics, Supplies  
Effective for Services Rendered on or after July 1, 2010**

Pursuant to Labor Code section 5307.1(g)(2), the Administrative Director of the Division of Workers' Compensation orders that the Durable Medical Equipment, Prosthetics, Orthotics, Supplies portion of the Official Medical Fee Schedule contained in title 8, California Code of Regulations, section 9789.60, is adjusted to conform to changes to the Medicare payment system that were adopted by the Centers for Medicare & Medicaid Services for calendar year 2010.

Medicare Data Source and Incorporation by Reference

Effective for services rendered on or after July 1, 2010, the maximum reasonable fees for Durable Medical Equipment, Prosthetics, Orthotics, Supplies shall not exceed 120% of the applicable California fees set forth in the Medicare calendar year 2010 "Durable Medical Equipment, Prosthetics/Orthotics, and Supplies (DMEPOS) Fee Schedule" revised July 2010 release, contained in the electronic file "DME10 C [ZIP, 10KB]", which is incorporated by reference.

The revision is available on the Internet at the website of the Centers for Medicare & Medicaid Services at:

<http://www.cms.hhs.gov/DMEPOSFeeSch/LSDMEPOSFEE/list.asp?filterType=none&filterByDID=-99&sortByDID=3&sortOrder=descending&intNumPerPage=10>

The following procedure in the Special Services and Reports section of the OMFS 2003 will not be valid for services rendered after January 1, 2004: CPT Code 99002.

For durable medical equipment, supplies and materials, orthotics, prosthetics, and miscellaneous supplies and services not covered by a Medicare payment system, the maximum reasonable fee paid shall not exceed the fee specified in the OMFS 2003.

This Order shall be published on the website of the Division of Workers' Compensation:

<http://www.dir.ca.gov/dwc/OMFS9904.htm#3>

**IT IS SO ORDERED.**

Dated: June 01, 2010

ORIGINAL ORDER SIGNED

CARRIE NEVANS

Acting Administrative Director of the  
Division of Workers' Compensation

W.S.  
8-13-12

State of California  
Department of Industrial Relations  
DIVISION OF WORKERS' COMPENSATION



**Order of the Administrative Director of the Division of Workers'  
Compensation Official Medical Fee Schedule  
Durable Medical Equipment, Prosthetics, Orthotics, Supplies  
Effective for Services Rendered on or after January 1, 2011**

Pursuant to Labor Code section 5307.1(g)(2), the Administrative Director of the Division of Workers' Compensation orders that the Durable Medical Equipment, Prosthetics, Orthotics, Supplies portion of the Official Medical Fee Schedule contained in title 8, California Code of Regulations, section 9789.60, is adjusted to conform to changes to the Medicare payment system that were adopted by the Centers for Medicare & Medicaid Services for calendar year 2011.

Medicare Data Source and Incorporation by Reference

Effective for services rendered on or after January 1, 2011, the maximum reasonable fees for Durable Medical Equipment, Prosthetics, Orthotics, Supplies shall not exceed 120% of the applicable California fees set forth in the Medicare calendar year 2011 "Durable Medical Equipment, Prosthetics/Orthotics, and Supplies (DMEPOS) Fee Schedule" revised January 2011 release, contained in the electronic file "**DME11 A**", which is incorporated by reference.

The revision is available on the Internet at the website of the Centers for Medicare & Medicaid Services at:

<http://www.cms.hhs.gov/DMEPOSFeeSched/LSDMEPOSFEE/list.asp?filterType=none&filterByDID=-99&sortByDID=3&sortOrder=descending&intNumPerPage=10>

The following procedure in the Special Services and Reports section of the OMFS 2003 will not be valid for services rendered after January 1, 2004: CPT Code 99002.

For durable medical equipment, supplies and materials, orthotics, prosthetics, and miscellaneous supplies and services not covered by a Medicare payment system, the maximum reasonable fee paid shall not exceed the fee specified in the OMFS 2003.

This Order shall be published on the website of the Division of Workers' Compensation:  
<http://www.dir.ca.gov/dwc/OMFS9904.htm#3>

**IT IS SO ORDERED.**

Dated: December 20, 2010

ORIGINAL ORDER SIGNED

CARRIE NEVANS

Acting Administrative Director of the  
Division of Workers' Compensation

N.S.  
8.13.12



State of California  
Department of Industrial Relations  
DIVISION OF WORKERS' COMPENSATION



**Order of the Administrative Director of the Division of Workers'  
Compensation Official Medical Fee Schedule  
Durable Medical Equipment, Prosthetics, Orthotics, Supplies  
Effective for Services Rendered on or after January 1, 2012**

Pursuant to Labor Code section 5307.1(g)(2), the Administrative Director of the Division of Workers' Compensation orders that the Durable Medical Equipment, Prosthetics, Orthotics, Supplies portion of the Official Medical Fee Schedule contained in title 8, California Code of Regulations, section 9789.60, is adjusted to conform to changes to the Medicare payment system that were adopted by the Centers for Medicare & Medicaid Services for calendar year 2012.

Medicare Data Source and Incorporation by Reference

Effective for services rendered on or after January 1, 2012, the maximum reasonable fees for Durable Medical Equipment, Prosthetics, Orthotics, Supplies shall not exceed 120% of the applicable California fees set forth in the Medicare calendar year 2012 "Durable Medical Equipment, Prosthetics/Orthotics, and Supplies (DMEPOS) Fee Schedule" revised January 2012 release, contained in the electronic file "**DME12 A**", which is incorporated by reference. The update includes all changes identified in CR7635.

The revision is available on the Internet at the website of the Centers for Medicare & Medicaid Services at:

<http://www.cms.hhs.gov/DMEPOSFeeSched/LSDMEPOSFEE/list.asp?filterType=none&filterByDID=-99&sortByDID=3&sortOrder=descending&intNumPerPage=10>

The following procedure in the Special Services and Reports section of the OMFS 2003 will not be valid for services rendered after January 1, 2004: CPT Code 99002.

For durable medical equipment, supplies and materials, orthotics, prosthetics, and miscellaneous supplies and services not covered by a Medicare payment system, the maximum reasonable fee paid shall not exceed the fee specified in the OMFS 2003.

This Order shall be published on the website of the Division of Workers' Compensation:  
<http://www.dir.ca.gov/dwc/OMFS9904.htm#3>

**IT IS SO ORDERED.**

Dated: December 16, 2011

ORIGINAL ORDER SIGNED  
ROSA MORAN  
Administrative Director  
Division of Workers' Compensation

W.S.  
0-13-12

Code of Federal Regulations

Title 42. Public Health

Chapter IV. Centers for Medicare & Medicaid Services, Department of Health and Human Services (Refs & Annos)

Subchapter B. Medicare Program

Part 405. Federal Health Insurance for the Aged and Disabled (Refs & Annos)

Subpart E. Criteria for Determining Reasonable Charges (Refs & Annos)

42 C.F.R. § 405.500

§ 405.500 Basis.

Currentness

Subpart E is based on the provisions of the following sections of the Act: Section 1814(b) provides for Part A payment on the basis of the lesser of a provider's reasonable costs or customary charges. Section 1832 establishes the scope of benefits provided under the Part B supplementary medical insurance program. Section 1833(a) sets forth the amounts of payment for supplementary medical insurance services on the basis of the lesser of a provider's reasonable costs or customary charges. Section 1834(a) specifies how payments are made for the purchase or rental of new and used durable medical equipment for Medicare beneficiaries. Section 1834(b) provides for payment for radiologist services on a fee schedule basis. Section 1834(c) provides for payments and standards for screening mammography. Section 1842(b) sets forth the provisions for a carrier to enter into a contract with the Secretary and to make determinations with respect to Part B claims. Section 1842(h) sets forth the requirements for a physician or supplier to voluntarily enter into an agreement with the Secretary to become a participating physician or supplier. Section 1842(i) sets forth the provisions for the payment of Part B claims. Section 1848 establishes a fee schedule for payment of physician services. Section 1861(b) sets forth the inpatient hospital services covered by the Medicare program. Section 1861(s) sets forth medical and other health services covered by the Medicare program. Section 1861(v) sets forth the general authority under which CMS may establish limits on provider costs recognized as reasonable in determining Medicare program payments. Section 1861(aa) sets forth the rural health clinic services and Federally qualified health center services covered by the Medicare program. Section 1861(jj) defines the term "covered osteoporosis drug." Section 1862(a)(14) lists services that are excluded from coverage. Section 1866(a) specifies the terms for provider agreements. Section 1881 authorizes special rules for the coverage of and payment for services furnished to patients with end-stage renal disease. Section 1886 sets forth the requirements for payment to hospitals for inpatient hospital services. Section 1887 sets forth requirements for payment of provider-based physicians and payment under certain percentage arrangements. Section 1889 provides for Medicare and Medigap information by telephone.

Credits

[60 FR 63175, Dec. 8, 1995]

SOURCE: 32 FR 12599, Aug. 31, 1967; 42 FR 52826, Sept. 30, 1977; 52 FR 6152, March 2, 1987; 54 FR 9003, March 2, 1989; 55 FR 32084, Aug. 7, 1990; 56 FR 59621, Nov. 25, 1991; 57 FR 24975, June 12, 1992; 57 FR 33896, July 31, 1992; 57 FR 57688, Dec. 7, 1992; 59 FR 49832, Sept. 30, 1994; 60 FR 63175, Dec. 8, 1995; 63 FR 41002, July 31, 1998; 74 FR 65333, Dec. 9, 2009; 77 FR 29028, May 16, 2012, unless otherwise noted.

AUTHORITY: Secs. 205(a), 1102, 1861, 1862(a), 1869, 1871, 1874, 1881, and 1886(k) of the Social Security Act (42 U.S.C. 405(a), 1302, 1395x, 1395y(a), 1395ff, 1395hh, 1395kk, 1395rr and 1395ww(k)), and sec. 353 of the Public Health Service Act (42 U.S.C. 263a); Secs. 1102 and 1871 of the Social Security Act (42 U.S.C. 1302 and 1395hh).

Current through June 14, 2012; 77 FR 35624.

W.S.  
8-13-12

Code of Federal Regulations

Title 42. Public Health

Chapter IV. Centers for Medicare & Medicaid Services, Department of Health and Human Services (Refs & Annos)

Subchapter B. Medicare Program

Part 414. Payment for Part B Medical and Other Health Services (Refs & Annos)

Subpart A. General Provisions (Refs & Annos)

42 C.F.R. § 414.1

§ 414.1 Basis and scope.

Effective: August 31, 200□

Currentness

This part implements the following provisions of the Act:

1802--Rules for private contracts by Medicare beneficiaries.

1833--Rules for payment for most Part B services.

1834(a) and (h)--Amounts and frequency of payments for durable medical equipment and for prosthetic devices and orthotics and prosthetics.

1834(l)--Establishment of a fee schedule for ambulance services.

1834(m)--Rules for Medicare reimbursement for telehealth services.

1842(o)--Rules for payment of certain drugs and biologicals.

1847(a) and (b)--Competitive bidding for certain durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS).

1848--Fee schedule for physician services.

1881(b)--Rules for payment for services to ESRD beneficiaries.

1887--Payment of charges for physician services to patients in providers.

**Credits**

[60 FR 50442, Sept. 29, 1995; 63 FR 58910, Nov. 2, 1998; 67 FR 9132, Feb. 27, 2002; 69 FR 1116, Jan. 7, 2004; 71 FR 48409, Aug. 18, 2006]

SOURCE: 55 FR 23441, June 8, 1990; 56 FR 50823, Oct. 9, 1991; 57 FR 42492, Sept. 15, 1992; 57 FR 42493, Sept. 15, 1992; 57 FR 57688, Dec. 7, 1992; 58 FR 63686, Dec. 2, 1993; 59 FR 63463, Dec. 8, 1994; 60 FR 35497, July 10, 1995; 60 FR 50441, Sept. 29, 1995; 63 FR 58910, Nov. 2, 1998; 77 FR 29028, May 16, 2012, unless otherwise noted.

AUTHORITY: Secs. 1102, 1871, and 1881(b)(1) of the Social Security Act (42 U.S.C. 1302, 1395hh, and 1395rr(b)(1)).

Current through June 14, 2012; 77 FR 35624.

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Code of Federal Regulations

Title 42. Public Health

Chapter IV. Centers for Medicare & Medicaid Services, Department of Health and Human Services (Refs & Annos)

Subchapter B. Medicare Program

Part 414. Payment for Part B Medical and Other Health Services (Refs & Annos)

Subpart D. Payment for Durable Medical Equipment and Prosthetic and Orthotic Devices (Refs & Annos)

42 C.F.R. § 414.229

§ 414.229 Other durable medical equipment--capped rental items.

Effective: January 1, 2011

Currentness

(a) General payment rule. Payment is made for other durable medical equipment that is not subject to the payment provisions set forth in § 414.220 through § 414.228 as follows:

(1) For items furnished prior to January 1, 2006, payment is made on a rental or purchase option basis in accordance with the rules set forth in paragraphs (b) through (e) of this section.

(2) For items other than power-driven wheelchairs furnished on or after January 1, 2006, payment is made in accordance with the rules set forth in paragraph (f) of this section.

(3) For power-driven wheelchairs furnished on or after January 1, 2006 through December 31, 2010, payment is made in accordance with the rules set forth in paragraphs (f) or (h) of this section.

(4) For power-driven wheelchairs that are not classified as complex rehabilitative power-driven wheelchairs, furnished on or after January 1, 2011; payment is made in accordance with the rules set forth in paragraph (f) of this section.

(5) For power-driven wheelchairs classified as complex rehabilitative power-driven wheelchairs, furnished on or after January 1, 2011, payment is made in accordance with the rules set forth in paragraphs (f) or (h) of this section.

(b) Fee schedule amounts for rental.

(1) For 1989 and 1990, the monthly fee schedule amount for rental of other covered durable medical equipment equals 10 percent of the purchase price recognized as determined under paragraph (c) of this section subject to the following limitation: For 1989 and 1990, the fee schedule amount cannot be greater than 115 percent nor less than 85 percent of the prevailing charge, as determined under § 405.504 of this chapter, established for rental of the item in January 1987, as adjusted by the change in the level of the CPI-U for the 6-month period ending December 1987.

(2) For 1991 and subsequent years, the monthly fee schedule amount for rental of other covered durable medical equipment equals 10 percent of the purchase price recognized as determined under paragraph (c) of this section for each of the first 3 months and 7.5 percent of the purchase price for each of the remaining months.

(3) For power-driven wheelchairs furnished on or after January 1, 2011, the monthly fee schedule amount for rental equipment equals 15 percent of the purchase price recognized as determined under paragraph (c) of this section for each of the first 3 months and 6 percent of the purchase price for each of the remaining months.

(c) Determination of purchase price. The purchase price of other covered durable medical equipment is determined as follows:

(1) For 1989 and 1990.

(i) The carrier determines a base local purchase price amount equal to the average of the purchase prices submitted on an assignment-related basis of new items supplied during the 6-month period ending December 1986.

(ii) The purchase price is equal to the base local purchase price adjusted by the change in the level of the CPI-U for the 6-month period ending December 1987.

(2) For 1991.

(i) The local payment amount is the purchase price for the preceding year adjusted by the covered item update for 1991 and decreased by the percentage by which the average of the reasonable charges for claims paid for all other items described in § 414.229, is lower than the average of the purchase prices submitted for such items during the final 9 months of 1988.

(ii) The purchase price for 1991 is the national limited payment amount as determined using the methodology contained in § 414.220(f).

(3) For years after 1991. The purchase price is determined using the methodology contained in paragraphs (d) through (f) of § 414.220.

(d) Purchase option. Suppliers must offer a purchase option to beneficiaries during the 10th continuous rental month and, for power-driven wheelchairs, the purchase option must also be made available at the time the equipment is initially furnished.

(1) Suppliers must offer beneficiaries the option of purchasing power-driven wheelchairs at the time the supplier first furnishes the item. On or after January 1, 2011, this option is available only for complex rehabilitative power-driven wheelchairs. Payment must be on a lump-sum fee schedule purchase basis if the beneficiary chooses the purchase option. The purchase fee is the amount established in paragraph (c) of this section.

(2) Suppliers must offer beneficiaries the option of converting capped rental items (including power-driven wheelchairs not purchased when initially furnished) to purchased equipment during their 10th continuous rental month. Beneficiaries have one month from the date the supplier makes the offer to accept the purchase option.

(i) If the beneficiary does not accept the purchase option, payment continues on a rental basis not to exceed a period of continuous use of longer than 15 months. After 15 months of rental payments have been paid, the supplier must continue to provide the item without charge, other than a charge for maintenance and servicing fees, until medical necessity ends or Medicare coverage ceases. A period of continuous use is determined under the provisions in § 414.230.

(ii) If the beneficiary accepts the purchase option, payment continues on a rental basis not to exceed a period of continuous use of longer than 13 months. On the first day after 13 continuous rental months during which payment is made, the supplier must transfer title to the equipment to the beneficiary.

(e) Payment for maintenance and servicing.

(1) The carrier establishes a reasonable fee for maintenance and servicing for each rented item of other durable medical equipment. The fee may not exceed 10 percent of the purchase price recognized as determined under paragraph (c) of this section.

(2) Payment of the fee for maintenance and servicing of other durable medical equipment that is rented is made only for equipment that continues to be used after 15 months of rental payments have been made and is limited to the following:

(i) For the first 6-month period, no payments are to be made.

(ii) For each succeeding 6-month period, payment may be made during the first month of that period.

(3) Payment for maintenance and servicing DME purchased in accordance with paragraphs (d)(1) and (d)(2)(ii) of this section, is made on the basis of reasonable and necessary charges.

(f) Rules for capped rental items furnished beginning on or after January 1, 2006.

(1) For items furnished on or after January 1, 2006, payment is made based on a monthly rental fee schedule amount during the period of medical need, but for no longer than a period of continuous use of 13 months. A period of continuous use is determined under the provisions in § 414.230.

(2) The supplier must transfer title to the item to the beneficiary on the first day that begins after the 13th continuous month in which payments are made under paragraph (f)(1) of this section.

(3) Payment for maintenance and servicing of beneficiary-owned equipment is made in accordance with § 414.210(e).

(g) Additional supplier requirements for capped rental items that are furnished beginning on or after January 1, 2007.

(1) The supplier that furnishes an item for the first month during which payment is made using the methodology described in paragraph (f)(1) of this section must continue to furnish the equipment until medical necessity ends, or the 13-month period of continuous use ends, whichever is earlier, unless--

(i) The item becomes subject to a competitive acquisition program implemented in accordance with section 1847(a) of the Act;

(ii) The beneficiary relocates to an area that is outside the normal service area of the supplier that initially furnished the equipment;

(iii) The beneficiary elects to obtain the equipment from a different supplier prior to the expiration of the 13-month rental period; or

(iv) CMS or the carrier determines that an exception should apply in an individual case based on the circumstances.

(2) A capped rental item furnished under this section may not be replaced by the supplier prior to the expiration of the 13-month rental period unless:

(i) The supplier replaces an item with the same, or equivalent, make and model of equipment because the item initially furnished was lost, stolen, irreparably damaged, is being repaired, or no longer functions;

(ii) A physician orders different equipment for the beneficiary. If the need for different equipment is based on medical necessity, then the order must indicate why the equipment initially furnished is no longer medically necessary and the supplier must retain this order in the beneficiary's medical record;

(iii) The beneficiary chooses to obtain a newer technology item or upgraded item and signs an advanced beneficiary notice (ABN); or

(iv) CMS or the carrier determines that a change in equipment is warranted.

(3) Before furnishing a capped rental item, the supplier must disclose to the beneficiary its intentions regarding whether it will accept assignment of all monthly rental claims for the duration of the rental period. A supplier's intentions could be expressed in the form of a written agreement between the supplier and the beneficiary.

(4) No later than two months before the date on which the supplier must transfer title to a capped rental item to the beneficiary, the supplier must disclose to the beneficiary whether it can maintain and service the item after the beneficiary acquires title to it. CMS or its carriers may make exceptions to this requirement on a case-by-case basis.

(h) Purchase of power-driven wheelchairs furnished on or after January 1, 2006.

(1) Suppliers must offer beneficiaries the option to purchase power-driven wheelchairs at the time the equipment is initially furnished.

(2) Payment is made on a lump-sum purchase basis if the beneficiary chooses this option.

(3) On or after January 1, 2011, this option is available only for complex rehabilitative power-driven wheelchairs.

**Credits**

[57 FR 57691, Dec. 7, 1992; 60 FR 35498, July 10, 1995; 71 FR 65934, Nov. 9, 2006; 75 FR 73622, Nov. 29, 2010]

SOURCE: 55 FR 23441, June 8, 1990; 56 FR 50823, Oct. 9, 1991; 57 FR 42493, Sept. 15, 1992; 57 FR 57688, Dec. 7, 1992; 60 FR 35497, July 10, 1995; 60 FR 50441, Sept. 29, 1995; 77 FR 29028, May 16, 2012, unless otherwise noted.

AUTHORITY: Secs. 1102, 1871, and 1881(b)(1) of the Social Security Act (42 U.S.C. 1302, 1395hh, and 1395rr(b)(1)).

Notes of Decisions (6)

Current through June 14, 2012; 77 FR 35624.

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Code of Federal Regulations

Title 42. Public Health

Chapter IV. Centers for Medicare & Medicaid Services, Department of Health and Human Services (Refs & Annos)

Subchapter B. Medicare Program

Part 414. Payment for Part B Medical and Other Health Services (Refs & Annos)

Subpart D. Payment for Durable Medical Equipment and Prosthetic and Orthotic Devices (Refs & Annos)

42 C.F.R. § 414.220

§ 414.220 Inexpensive or routinely purchased items.

Currentness

(a) Definitions.

- (1) Inexpensive equipment means equipment the average purchase price of which did not exceed \$150 during the period July 1986 through June 1987.
- (2) Routinely purchased equipment means equipment that was acquired by purchase on a national basis at least 75 percent of the time during the period July 1986 through June 1987.
- (3) Accessories. Effective January 1, 1994, accessories used in conjunction with a nebulizer, aspirator, or ventilator excluded from § 414.222 meet the definitions of "inexpensive equipment" and "routinely purchased equipment" in paragraphs (a)(1) and (a)(2) of this section, respectively.

(b) Payment rules.

- (1) Subject to the limitation in paragraph (b)(3) of this section, payment for inexpensive and routinely purchased items is made on a rental basis or in a lump sum amount for purchase of the item based on the applicable fee schedule amount.
- (2) Effective January 1, 1994, payment for ostomy supplies, tracheostomy supplies, urologicals, and surgical dressings not furnished as incident to a physician's professional service or furnished by an HHA is made using the methodology for the inexpensive and routinely purchased class.
- (3) The total amount of payments made for an item may not exceed the fee schedule amount recognized for the purchase of that item.

(c) Fee schedule amount for 1989 and 1990. The fee schedule amount for payment of purchase or rental of inexpensive or routinely purchased items furnished in 1989 and 1990 is the local payment amount determined as follows:

- (1) The carrier determines the average reasonable charge for inexpensive or routinely purchased items that were furnished during the period July 1, 1986 through June 30, 1987 based on the mean of the carrier's allowed charges for the item. A separate determination of an average reasonable charge is made for rental equipment, new purchased equipment, and used purchased equipment.
- (2) The carrier adjusts the amount determined under paragraph (c)(1) of this section by the change in the level of the CPI-U for the 6-month period ending December 1987.



(d) Updating the local payment amounts for years after 1990. For each year subsequent to 1990, the local payment amounts of the preceding year are increased or decreased by the covered item update. For 1991 and 1992, the covered item update is reduced by 1 percentage point.

(e) Calculating the fee schedule amounts for years after 1990. For years after 1990, the fee schedule amounts are equal to the national limited payment amount.

(f) Calculating the national limited payment amount. The national limited payment amount is computed as follows:

(1) The 1991 national limited payment amount is equal to:

(i) 100 percent of the local payment amount if the local payment amount is neither greater than the weighted average nor less than 85 percent of the weighted average of all local payment amounts;

(ii) The sum of 67 percent of the local payment amount plus 33 percent of the weighted average of all local payment amounts if the local payment amount exceeds the weighted average of all local payment amounts; or

(iii) The sum of 67 percent of the local payment amount plus 33 percent of 85 percent of the weighted average of all local payment amounts if the local payment amount is less than 85 percent of the weighted average of all local payment amounts.

(2) The 1992 national limited payment amount is equal to:

(i) 100 percent of the local payment amount if the local payment amount is neither greater than the weighted average nor less than 85 percent of the weighted average of all local payment amounts;

(ii) The sum of 33 percent of the local payment amount plus 67 percent of the weighted average of all local payment amounts if the local payment amount exceeds the weighted average; or

(iii) The sum of 33 percent of the local payment amount plus 67 percent of 85 percent of the weighted average of all local payment amounts if the local payment amount is less than 85 percent of the weighted average.

(3) For 1993, the national limited payment amount is equal to one of the following:

(i) 100 percent of the local payment amount if the local payment amount is neither greater than the weighted average nor less than 85 percent of the weighted average of all local payment amounts.

(ii) 100 percent of the weighted average of all local payment amounts if the local payment amount exceeds the weighted average of all local payment amounts.

(iii) 85 percent of the weighted average of all local payment amounts if the local payment amount is less than 85 percent of the weighted average of all local payment amounts.

(4) For 1994 and subsequent years, the national limited payment amount is equal to one of the following:

(i) If the local payment amount is not in excess of the median, nor less than 85 percent of the median, of all local payment amounts--100 percent of the local payment amount.

(ii) If the local payment amount exceeds the median--100 percent of the median of all local payment amounts.

(iii) If the local payment amount is less than 85 percent of the median--85 percent of the median of all local payment amounts.

(g) Payment for surgical dressings. For surgical dressings furnished after December 31, 1993, the national limited payment amount is computed based on local payment amounts using average reasonable charges for the 12-month period ending December 31, 1992, increased by the covered item updates for 1993 and 1994.

**Credits**

[57 FR 57689, Dec. 7, 1992; 60 FR 35497, July 10, 1995]

SOURCE: 55 FR 23441, June 8, 1990; 56 FR 50823, Oct. 9, 1991; 57 FR 42493, Sept. 15, 1992; 57 FR 57688, Dec. 7, 1992; 60 FR 35497, July 10, 1995; 60 FR 50441, Sept. 29, 1995; 77 FR 29028, May 16, 2012, unless otherwise noted.

AUTHORITY: Secs. 1102, 1871, and 1881(b)(1) of the Social Security Act (42 U.S.C. 1302, 1395hh, and 1395rr(b)(1)).

Current through June 14, 2012; 77 FR 35624.

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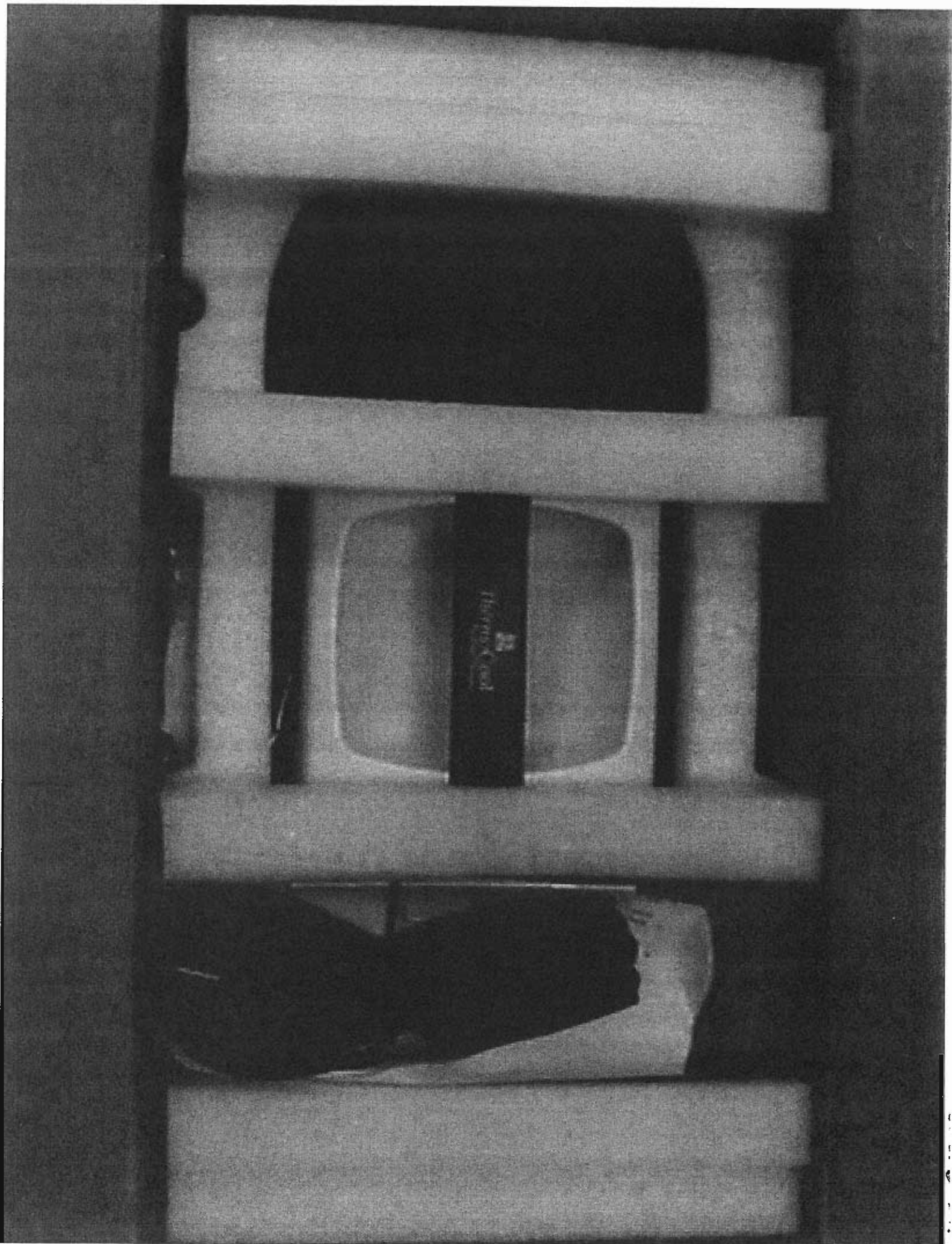
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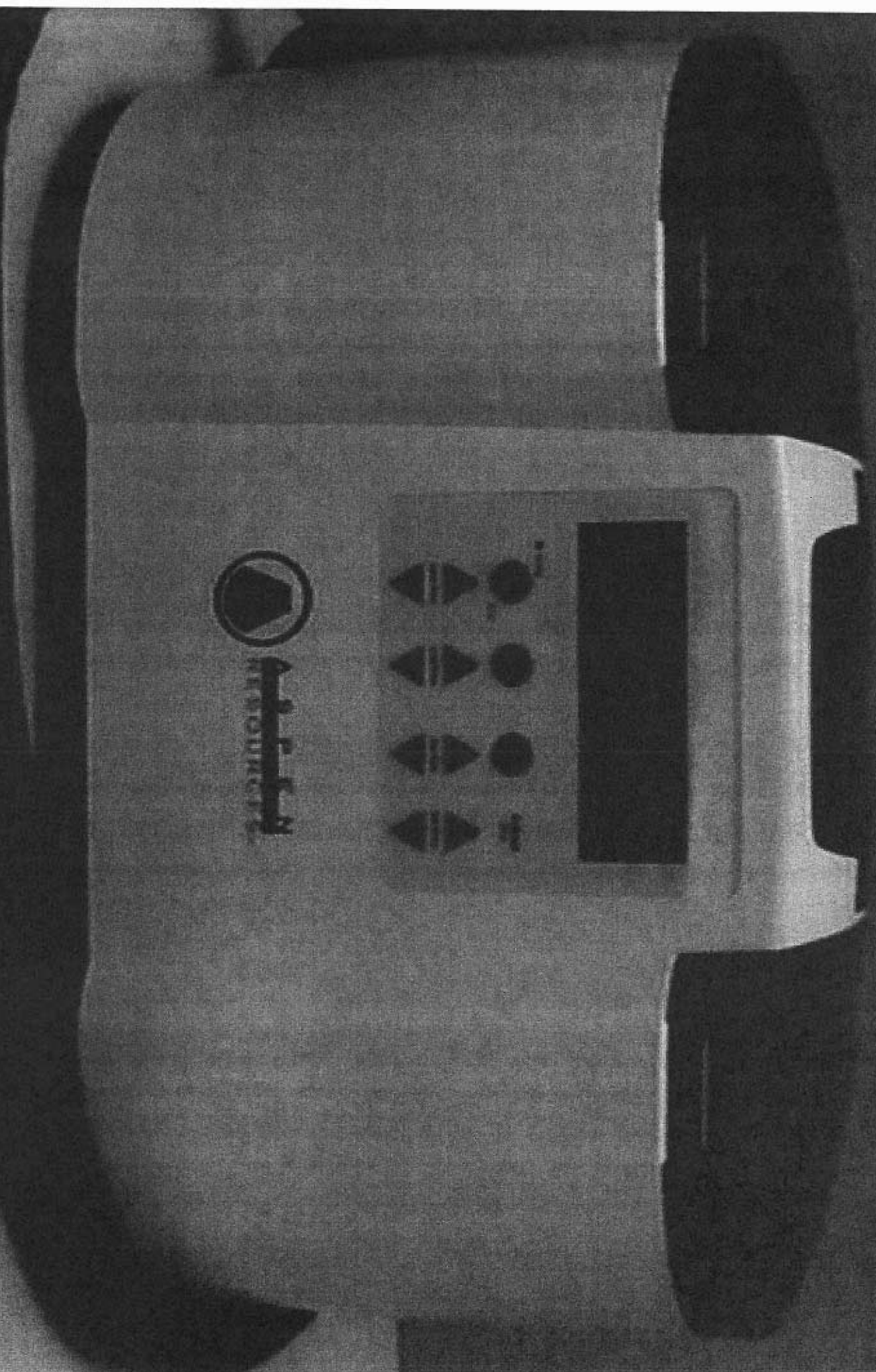
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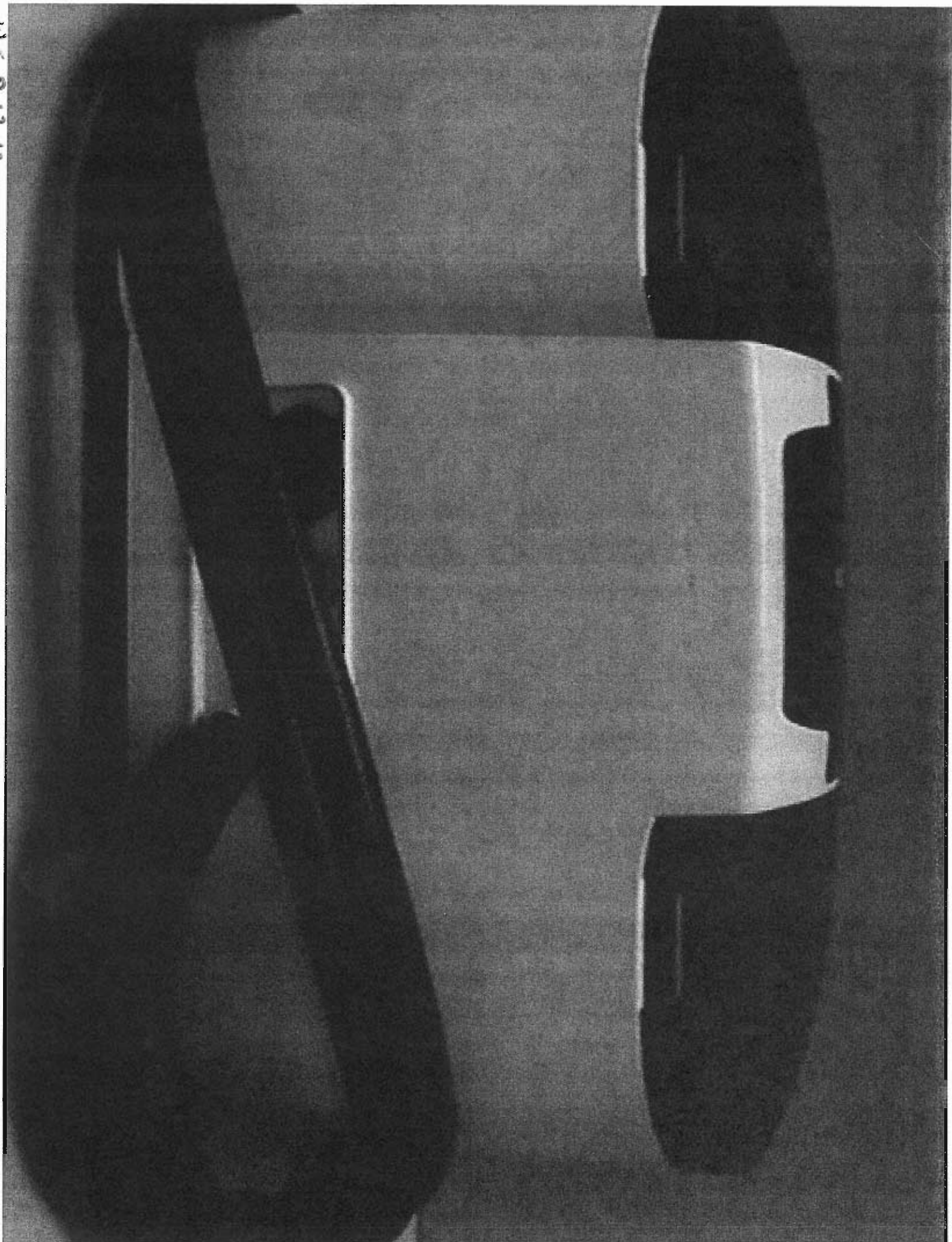


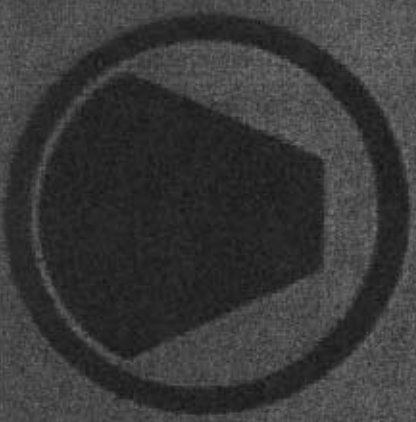
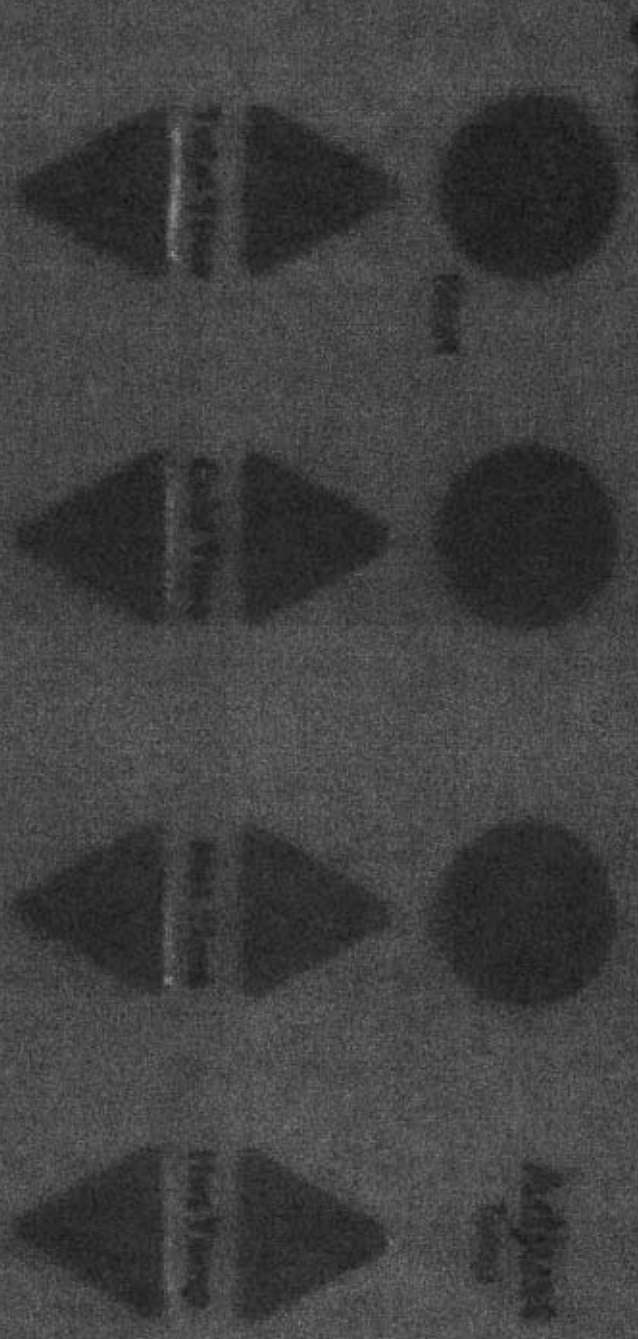


  
Audio

Four circular buttons and four triangular buttons arranged in two columns.

Large dark rectangular screen.





**A S P E N**  
**R E S O U R C E S**





# ASPEN RESOURCES

ASPEN MEDICAL RESOURCES  
980 N. SHEPARD STREET ANAHEIM  
CA 92805, U.S.A.

Product Name: THERMOCOOL CONTRAST SYSTEM

Model No: ATC-001

Input Voltage: 120V

Power Consumption: 30W

Dimensions (mm): 176x220x121mm

Weight (kg): 1.2kg

S/N:



001211602600530

LOT:



ATC-001-1105


Made in Taiwan

CE FDA RoHS



U.S. P. 19-79




**Polaroid**  
 POLAROID CORPORATION  
 100 BROADWAY  
 NEW YORK, N.Y. 10004  
 MADE IN U.S.A.



**A7638659**

DRIVER LICENSE CLASS: F EXP DATE: 10/15/2013

**CAMPAU JEFFREY EDWARD**  
19353 SHETLAND LN

YORBA LINDA, CA 92886

DOB: 10/15/1974

SEX: M

HAIR: BRN HEIGHT: 602

EYES: BLU WEIGHT: 200

PHOTO DATE: 01/16/2007 PHOTO OFFICE: 607

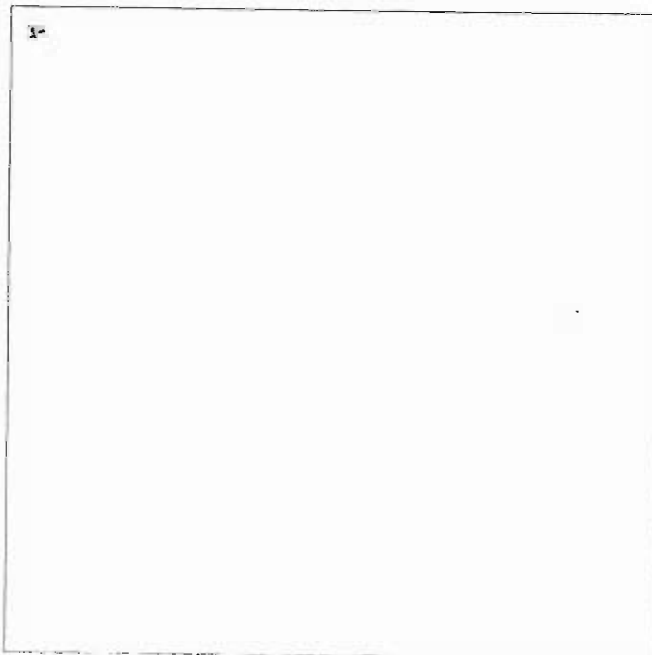
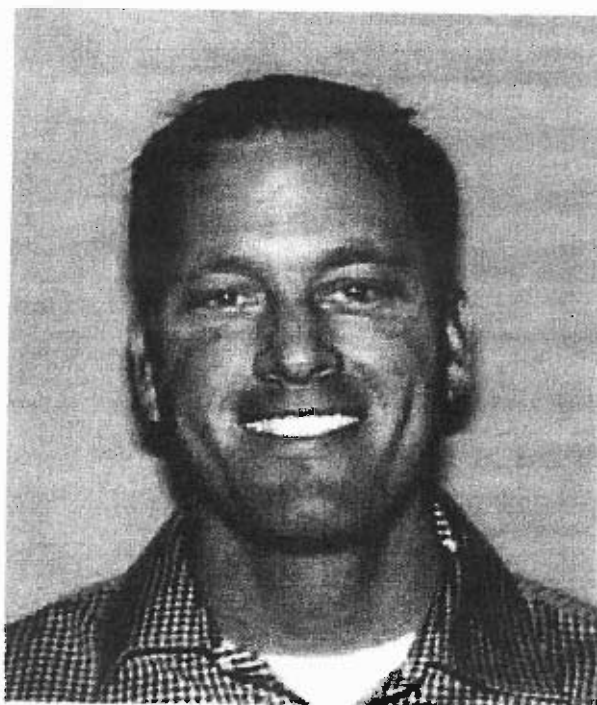
APP DATE: 10/04/2011 APP OFFICE: 212

ISSUE DATE: N/A ISSUE OFFICE: N/A

PHOTO SEQ #: 5366

RSTR:

ENDORS:



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Date: \_\_\_\_\_ //\_\_\_\_\_

W.S.  
8-13-12

**A9033126**

DRIVER LICENSE CLASS: F EXP DATE: 09/19/2013

**LANDEN ALAN MIRALLEGRO**  
3790 CARSON WAY

YORBA LINDA, CA 92886

DOB: 09/19/1975

SEX: M

HAIR: BRN HEIGHT: 509

EYES: GRN WEIGHT: 150

PHOTO DATE: 08/25/2008 PHOTO OFFICE: 607

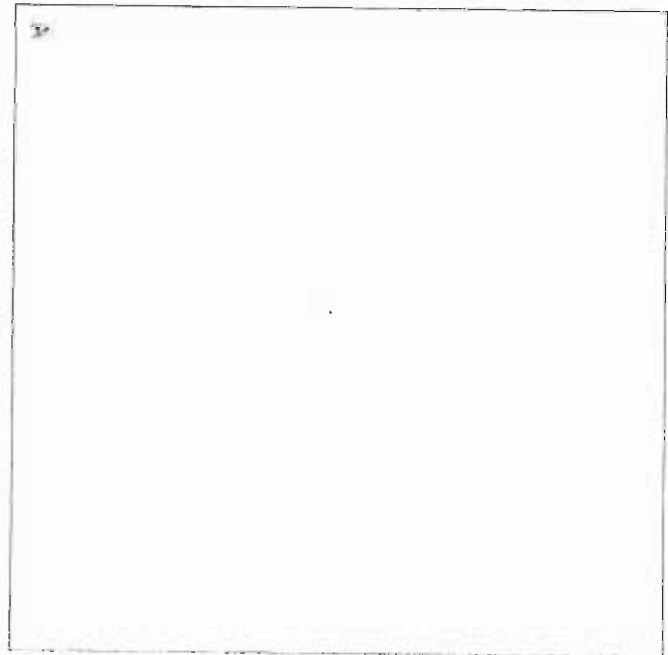
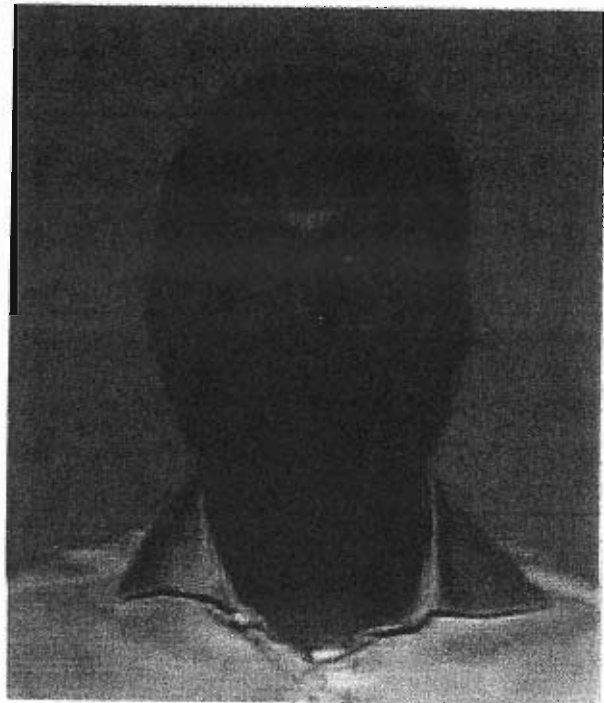
APP DATE: 08/25/2008 APP OFFICE: 607

ISSUE DATE: N/A ISSUE OFFICE: N/A

PHOTO SEQ #: 6660

RSTR:

ENDORS:



This photograph is a true copy of the photograph that is contained on the Department of Motor Vehicles photo database and delivered over the Department of Justice communications network.

Date: \_\_\_\_\_ /s/ \_\_\_\_\_

W.S.  
8-13-12

EXHIBIT # 8

TRAVELERS 

Steven McCoy  
Medical Investigator  
Travelers  
Medical Investigation Unit  
(714) 293-1233  
(877) 210-9451 (fax)

21688 Gateway Center Drive  
Diamond Bar, California 91765

April 19, 2011

PERSONAL & CONFIDENTIAL  
CERTIFIED MAIL - RETURN RECEIPT

Mr. Jeff Campu  
Aspen Medical Resources  
685 N Shepard Street  
Anaheim, CA 92806

Mr. Campu:

Travelers Insurance and its affiliated companies have been reviewing medical billings presented by your company for Durable Medical Equipment. We consider the billing presented by your company to be lacking complete and supporting documentation supporting the charges. Your company has presented numerous invoices for HCPC Code E0217 (Hot Water Circulating Heat Pad with pump) and E0218 (Cold Water Circulating Pad with pump) on the same dates of service. We have interviewed several injured workers, photographed the DME and determined only a single pad and pump were provided. While we acknowledge some of the VitalWear units supplied provide both hot and cold circulating water only a single device was supplied.

Based on the billing received it gives the appearance that two separate devices were issued. The adjusters in reviewing these bills relied on this information when issuing payments to your company. We had this billing reviewed by a certified coder and it's the opinion of the certified coder that the bills presented may have been incorrectly coded.

I would like to take this opportunity to personally discuss this matter with you. I can be reached at 714-293-1233 to set a date and time for a meeting.

Sincerely,

*Steven B. McCoy*  
Medical Investigator  
Travelers Investigative Services

W.S. 8-13-12

EXHIBIT #9

**BuchalterNemer**  
A Professional Law Corporation

1000 WILSHIRE BOULEVARD, SUITE 1500, LOS ANGELES, CALIFORNIA 90017-2457  
TELEPHONE (213) 891-0700 / FAX (213) 896-0400

File Number: M6801-0002  
Direct Dial Number: (213) 891-5611  
Direct Facsimile Number: (213) 630-5855  
E-Mail Address: [clucas@buchalter.com](mailto:clucas@buchalter.com)

April 27, 2011

**CERTIFIED MAIL  
RETURN RECEIPT REQUESTED**

Steven B. McCoy  
Medical Investigator  
Travelers Medical Investigation Unit  
21688 Gateway Center Drive  
Diamond Bar, CA 91765

Re: Aspen Medical Resources

Dear Mr. McCoy:

This law firm represents Aspen Medical Resources, LLC ("Aspen"). Your letter of April 19, 2011 to Mr. Jeff Campau of Aspen has been referred to me for response.

Your letter asserts that Aspen's billing for a hot and cold pump unit ("dual unit") was misleading because Aspen billed for the unit using 2 separate HCPC Codes: E0217 (Hot Water Circulating Heat Pad with pump) and E0218 (Cold Water Circulating Pad with pump) on the same dates of service. You further assert that this manner of billing "gives the appearance that two separate devices were issued," and that a certified coder that you consulted advised you that the bills "may have been incorrectly coded." [Emphasis supplied.]

As I am sure you know there is no code for a dual unit. Under those circumstances, Aspen's claim indicated two codes for the dual unit only because that was the closest approximation the biller could devise in the absence of any established billing code for a dual unit. In each of these cases, the patient's physician ordered both hot and cold therapy. Providing both hot and cold therapy via a single unit fulfilled the doctor's order and the patient's needs. Aspen billed it in good faith using the codes that were available to it. The fact that both codes were billed with the same dates of service should have alerted your adjusters (who presumably have experience reviewing workers' compensation DME claims) that a dual unit was potentially being billed. Had the adjusters asked how many units were provided, Aspen would have explained its billing at the time. There was certainly no attempt at concealment and no basis for an assertion that Aspen knowingly presented a false or fraudulent statement in support of its claim for compensation.

Your letter advises Mr. Campau that you would like to discuss this matter with him personally. If you still wish to discuss this matter in a meeting, please contact my office to set one up. I can be reached at (213) 891-5611 and would be happy to participate along with Mr.

BuchalterNemer

Steven B. McCoy

April 27, 2011

Page 2

Campau. Meanwhile, should you have any additional questions about this matter, please contact the undersigned.

Very truly yours,

BUCHALTER NEMER  
A Professional Corporation

By



Carol K. Lucas

CKL:cl

Cc: Jeff Campau

STATE OF CALIFORNIA - COUNTY OF ORANGE  
**RETURN TO SEARCH WARRANT**

FILED 5899

Orange County District Attorney Investigator **Louie Martinez III**, being sworn, says he conducted a search pursuant to the below described search warrant: 2012 AUG 24 PM 3:03

**Issuing Magistrate:** Honorable Judge Walter Schwarm

ALAN CAMPBELL, CLERK OF THE COURT

**Magistrate's Court:** Superior Court, Central Justice Center, Department 1

SAUNDRA GILBERT

**Date of Issuance:** August 13<sup>th</sup>, 2012 @ 4:35 pm

BY \_\_\_\_\_ DEPUTY

**Date of Service:** August 15<sup>th</sup>, 2012 @ 9:55 am

and searched the following location(s), vehicle(s), and person(s):

**685 N. Shepard Street, 92806, City of Anaheim, County of Orange, State of California**, is the location for ASPEN MEDICAL RESOURCES LLC, a commercial building/office to include all rooms, attics, conference areas, service areas, work areas, restrooms, lunch areas, lockers, storage areas, files, safes, and, attached, or unattached trash areas and trash containers. The business complex is located on a cul de sac street within a commercial complex at the 600 block of North Shepard St., in the City of Anaheim.

ASPEN MEDICAL RESOURCES, LLC, 685 N. Shepard Street, Anaheim, is a two-story commercial cement structure. The numbers "685" are black in color, approximately 16" tall affixed to a white plastic background, affixed to the south wall, above the glass door and directly below the second story glass windows.

Above the second story glass windows is a large "marquis logo". The marquis design consists of a circular logo containing a "Green Leaf" with a black, gray and white background. The business name "ASPEN Resources" is in black plastic approximately 24" tall with the word "Medical" in white plastic letters with a black plastic background.

685 N. Shepard Street is located within the southern portion of the commercial complex and is one of three commercial buildings at the southern portion of the commercial lot. 685 N. Shepard is the center commercial building with 685 N. Shepard at the western portion of this commercial building. The commercial complex parallels the 91 Freeway on the North side of the freeway.

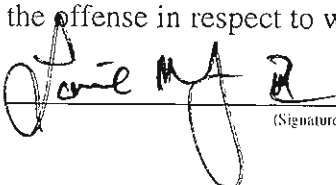
The structure is painted off white with tan and beige trim. The front glass business door faces south. At the north side of the structure, there are two, beige in color metal doors and two large brown in color, corrugated metal commercial roll up/overhead doors.

xxx described in the attached and incorporated inventory sheets for each location.  
\_\_\_\_\_ described below:

(REFER TO ATTACHED PROPERTY INVENTORY CORRESPONDENCE CONSISTING OF 32 - PAGES TOTAL)

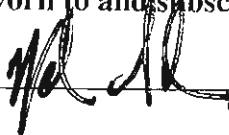
////////////////////////////////////

I further swear that this is a true and detailed account of all the property taken by me pursuant to the search warrant, and that pursuant to Penal Code Sections 1528 and 1536 this property will be retained in my custody, subject to the order of this court or of any other court in which the offense in respect to which the seized property is triable.

  
\_\_\_\_\_  
(Signature of Affiant)



Sworn to and subscribed before me this 24th day of August, 2012.

 (WALTER SCHWARM)  
(Signature of Magistrate)

Judge of the Superior Court, County of Orange, Central Judicial District, Department CS7.

\*List all items seized, including those not specifically listed on the warrant.

(PD 255 3/93)

SW Return, page 2, for 685 N. Shepard  
Street Anaheim, CA 92806

ORANGE COUNTY DISTRICT ATTORNEY  
SEARCH WARRANT INVENTORY

NAME ASPEN MEDICAL

ADDRESS 685 N. SHEPARD ST ANAHEIM CA

DATE 8/15/17

INVESTIGATOR MARTINEZ

ROOM # 3 - WAREHOUSE

QTY	RECOVERED BY	DESCRIPTION OF ITEM(S)/LOCATION FOUND
1	NICHOLS	THERMOCOOL ATC-001 SER. #00121232300113F FROM CENTER SHELVING - EAST SIDE - IN BOX
2	NICHOLS	ASPEN THERMOCOOL ATC-0024 SER. #001210A0700018A SERVICE TAG DATED 10/20/10 BY "JCO" FROM CENTER SHELVING - EAST SIDE - IN PLASTIC
3	NICHOLS	VASCU THERM SERIAL # A14746 IN BLACK CANVAS BAG FROM FLOOR ALONGSIDE CENTER SHELVING.
<del>4</del>	<del>NICHOLS</del>	<del>ASPEN/NATIONAL LOG SERVICE SHEETS - 2012 BINDER WITH HOT/COLD LIGHT SERVICE LOGS. FROM DESK ON WEST WALL</del>

FORM COMPLETED BY FN

BOX # 1

ORANGE COUNTY DISTRICT ATTORNEY  
SEARCH WARRANT INVENTORY

NAME Aspen Medical  
ADDRESS 1085 N. Shepard St. Anaheim CA  
DATE 8/15/12 INVESTIGATOR Martinez

Room #14

~~Item~~

QTY	RECOVERED BY	DESCRIPTION OF ITEM(S)/LOCATION FOUND
<u>1</u>	<u>L. DAWSON</u>	<u>Room # <del>Sonia</del> Robert Cubicle:</u>
<u>1</u>		<u>1 BLACK BINDER CONTAINING WC INSURANCE RATES / FEE / HAGONIC, LOCATED TOP DESK RIGHT SIDE</u>
<u>1</u>		<u>ASPEN EMPLOYEE ROSTER WITH NUMBERS, EXTENSION AND EMAIL, LOCATED TOP DESK LEFT SIDE ATTACHED TO WALL</u>
		<u>ELITE MEDICAL MANAGEMENT WELCOME LETTER TO ASSOCIATED COMPUTERS SERVICES, LEFT SIDE DESK BOTTOM DRAWER</u>
		<u>ELITE DIAGNOSTIC DEPARTMENT OF CPBM CLAIM LEFT SIDE DESK BOTTOM DRAWER FORMS FORMS FORMS</u>
		<u>W-9 FORMS FOR GRACE HUNTER, D.O., WITH STICKY NOTE TO SONIA, LEFT SIDE DESK BOTTOM DRAWER</u>
		<u>NATIONAL DME (NATIONAL MARKETING) W-9 FORMS AND CPAP REPLACEMENT FORM, LEFT SIDE DESK BOTTOM DRAWER</u>
		<u>CPAP WC INSURANCE RATES, REGIONAL WC INSURANCE RATES, COLLARD CENTER-PRACTICE CHARGES, LOCATED LEFT SIDE DESK BOTTOM DRAWER</u>
		<u>BILLING INFORMATION "HOW TO" BILL COMPOSITION BOOK, YELLOW PAD OF PAPER HOW TO BILL "A-STIM", LOCATED LEFT SIDE DESK TOP DRAWER</u>
		<u>FROM A. OROZCO'S CUBICLE</u>
<u>2</u>	<u>Noce</u>	<u>Abrexis username &amp; passwords for computer system</u>
<u>2</u>		<u>2012 Lockard Industrial Insurance Companies List</u>

FORM COMPLETED BY L. DAWSON

ORIGINAL: EVIDENCE CONTAINER      CANARY: INVESTIGATOR'S      PINK: SEARCH WARRANT RETURN      GOLDENROD: RECEIPT FOR SUSPECT

ORANGE COUNTY DISTRICT ATTORNEY  
SEARCH WARRANT INVENTORY

BOX # 1

NAME ASPEN MEDICAL  
 ADDRESS 685 N. SHEPARD ST ANAHEIM CA  
 DATE 8/15/12 INVESTIGATOR MARTINEZ

Room #14

~~ITEM #~~

QTY	RECOVERED BY	DESCRIPTION OF ITEM(S)/LOCATION FOUND
<u>3</u>	<u>Noce</u>	<u>Jani Meneses' cubicle</u>
<u>Cubicle #3</u>		<u>- 2012 Lockard Industrial Insurance Companies list</u>
		<u>- Aspen medical phone list</u>
		<u>- HCPC codes &amp; prices</u>
		<u>- Blue plastic folder containing misc. e-mail correspondence</u>
		<u>- DX codes</u>
		<u>- Insurance list</u>
		<u>- Worker Comp Insurance Rates list, Aspen Medical pricing</u>
		<u>- Employee Handbook for Jani Meneses Book, date 09/09</u>
<u>4</u>	<u>Noce</u>	<u>Located south side of cubicle 3 - Angie's Inbox</u>
		<u>- Green file folder with miscellaneous paperwork including remittance voucher from 2009</u>

FORM COMPLETED BY Noce #280

ORIGINAL: EVIDENCE CONTAINER      CANARY: INVESTIGATOR'S      PINK: SEARCH WARRANT RETURN      GOLDENROD: RECEIPT FOR SUSPECT

BOX # 1

ORANGE COUNTY DISTRICT ATTORNEY  
SEARCH WARRANT INVENTORY

NAME ASPEN MEDICAL

ADDRESS 685 N. SHEPARD ST. ANAHEIM CA

DATE 8/15/12 INVESTIGATOR MARTINEZ

Room # 11

~~ITEM #~~

QTY	RECOVERED BY	DESCRIPTION OF ITEM(S)/LOCATION FOUND
(5)	VB	Recovered from file cabinet on East wall
		- Personell files
		- Futura Sales item list
		notebook w/ personal notes by Connie
		- client list
		- Futura Graphs
		- manilla envelope labeled "Platinum"
		- manilla envelope labeled "3DR"
(6)	NACE	Recovered from desk
		- Futura International LLC Collections
		Report as of August 14, 2012
		- Abrexix Orthocare Balance
		Sheet as of June 30, 2012

FORM COMPLETED BY NACE + KIRA

ORIGINAL: EVIDENCE CONTAINER

CANARY: INVESTIGATOR'S

PINK: SEARCH WARRANT RETURN

GOLDENROD: RECEIPT FOR SUSPECT

PAGE 3 OF 3 PAGES



ORANGE COUNTY DISTRICT ATTORNEY  
SEARCH WARRANT INVENTORY

NAME ASPEN MEDICAL

ADDRESS 685 N. SHEPARD ST ANAHEIM CA

DATE 8/15/12 INVESTIGATOR MARTINEZ

Room # 1, 13

~~Item #~~

ITEM #	RECOVERED BY	DESCRIPTION OF ITEM(S)/LOCATION FOUND
①	E GROVE	Rm #1 - EAST WALL DESK / TOP OF DESK / NORTH END - EMPLOYMENT APPLICATION - PRESCRIPTION ORDERS FOR DME EQUIPMENT
②	E. MESSING	Rm #1 - EAST WALL DESK / EAST TOP <sup>(41)</sup> DRAWER - MAILING INSTRUCTIONS FOR DME - HANDWRITTEN NOTEBOOK WITH BILLING INSTRUCTIONS - ASPEN THERMOCOOL HOT/COLD UNIT "DIRECTIONS FOR USE"
③	E. MESSING	Rm #1 - EAST WALL DESK / TOP OF DESK / SOUTH END - CORRESPONDENCE
④	E. MESSING	Rm #13 - WEST WALL DESK / TOP OF DESK / SOUTHWEST CORNER - EMPLOYEE ROSTERS
⑤	E. MESSING	Rm #13 - EAST WALL FILE CABINET / TOP DRAWER - EMPLOYEE PAYROLL RECORDS - 2010 YEARLY MONTHLY REVIEW - 2009 PAYROLL RECORDS & DAILY CALENDAR

FORM COMPLETED BY K. HUGHES

ORIGINAL: EVIDENCE CONTAINER

CANARY: INVESTIGATOR'S

PINK: SEARCH WARRANT RETURN

GOLDENROD: RECEIPT FOR SUSPECT

ORANGE COUNTY DISTRICT ATTORNEY  
SEARCH WARRANT INVENTORY

NAME ASPEN MEDICAL

ADDRESS 685 N. SHEPARD ST ANAHEIM, CA

DATE 8/15/12 INVESTIGATOR MARTINEZ

Room #15

ITEM # QTY	RECOVERED BY	DESCRIPTION OF ITEM(S)/LOCATION FOUND
⑥	DMAGnum	Rm #15 - SOUTH WALL / TOP FILE DRAWER / RIGHT SIDE OF DESK - MEETING NOTES REGARDING BILLING CODES - CORRESPONDENCE (BILLING CODES) - YELLOW FOLDER "LANDEN & JEFF PROJECTS" HANDWRITTEN NOTES/EMAILS/SAMPLE BILLING CHARTS <del>Rm #15</del> - 3 DAY MINDERS 2009, 2010, 2011 (EMPLOYEE WORK SCHEDULES) - BILLING SCHEDULE & CODE FILES (FOUR)
⑦	DMAGnum	Rm #15 - NORTH WALL / TOP OF DESK LEFT SIDE FILE / IN BASKET - EMAIL REGARDING THERMOCOOL ORDERS & BILLING CODES - 2012 BILLING CHANGES

FORM COMPLETED BY K. HUGHES

ORIGINAL: EVIDENCE CONTAINER

CANARY: INVESTIGATOR'S

PINK: SEARCH WARRANT RETURN

GOLDENROD: RECEIPT FOR SUSPECT



ORANGE COUNTY DISTRICT ATTORNEY  
SEARCH WARRANT INVENTORY

NAME ASPEN MEDICAL  
 ADDRESS 685 N. SHEPARD ST. ANAHEIM CA  
 DATE 8/15/12 INVESTIGATOR MARTINEZ

Item #

RECOVERED BY	DESCRIPTION OF ITEM(S)/LOCATION FOUND
① P. Archer	Room #5 Lower right desk drawer "Green file folder containing "Better Health" DME and surgery logs 2008-2012
② P. Archer	Room #5 Lower right desk drawer manila file folder - Aspen commission lists 2011-2012
③ P. Archer	Room #5 Lower right desk drawer manilla folders: Orange county med. DME referrals, DST DME Referrals, Bolyatty DME referrals, Abcyta DME Referrals, Greenspan DME Referrals, DKMRI Referrals, Roger Dang DME Referrals, West Ocean marketing referrals, Justin <sup>EP</sup> Long referrals, RMS referrals, Rancho Mirage refer. Vicki referrals, Dr. <sup>EP</sup> Fonseca referrals, Dr. Smith referrals, SIRA KOFF referrals, Goldstein referrals.
④ P. Archer <sup>Room #5</sup>	West wall file cabinet bottom drawer 3 manilla folders & Important info for Billing, Price List, Thermo tek
⑤ P. Archer	Room #5 Top of desk west wall - Brown file containing: justification for DME Billing.

FORM COMPLETED BY [Signature]

ORIGINAL: EVIDENCE CONTAINER      CANARY: INVESTIGATOR'S      PINK: SEARCH WARRANT RETURN      GOLDENROD: RECEIPT FOR SUSPECT



BOX # 6

ORANGE COUNTY DISTRICT ATTORNEY  
SEARCH WARRANT INVENTORY

NAME Aspen Medical

ADDRESS 685 W. Shepard St., Anaheim, CA

DATE 8/15/12

INVESTIGATOR MARTINEZ

Room #4

QTY	RECOVERED BY	DESCRIPTION OF ITEM(S)/LOCATION FOUND
①	E. Grove	Rm #4 - E. wall - Top drawer of left filing cabinet - Emp
②	D. MagSAM	Rm #4 - E. wall - Bottom drawer of left filing cabinet - payroll rates - comp. mtg notes - office memos
<del>_____</del>		

FORM COMPLETED BY E. Grove

ORIGINAL: EVIDENCE CONTAINER

CANARY: INVESTIGATOR'S

PINK: SEARCH WARRANT RETURN

GOLDENROD: RECEIPT FOR SUSPECT

PAGE \_\_\_\_\_ OF \_\_\_\_\_ PAGES







ORANGE COUNTY DISTRICT ATTORNEY  
SEARCH WARRANT INVENTORY

NAME ASPEN MEDICAL

ADDRESS 685 N. SHEPARD ST ANAHEIM CA

DATE 8/15/12 INVESTIGATOR MARTINEZ

Room # 13, 15

QTY	RECOVERED BY	DESCRIPTION OF ITEM(S)/LOCATION FOUND
①	E. MESSINGER	Rm #13 - EAST WALL FILE CABINET/ 2ND DRAWER FROM TOP - HEALTH CARE MANUAL - PROCEDURE CODING SYSTEM - 2009 EMPLOYEE HANDBOOK - THEORY <del>X</del> <sup>(H)</sup> OF ALLEGED FRAUD FOLDER LABELED "BRISMAN & ASSOC." - FOLDER "KNIGHT, DEBORAH" EO 217 218 - FOLDER LABELED "VILLEDA, DENNIS" THEORY FOR SCIF DENIAL - FOLDER LABELED "REFUND PAYMENTS" INSURANCE COMPANY REFUND REQUESTS
②	D MAGSIN	Rm #15 EAST WALL OVERHEAD CABINET - BILLING SCHEDULES + MEETING NOTES + MINUTES REGARDING SALES GOALS + CASH FLOW - BLACK NOTEBOOK - TAXPAYER ID CODES

FORM COMPLETED BY K HUGHES

ORIGINAL: EVIDENCE CONTAINER    CANARY: INVESTIGATOR'S    PINK: SEARCH WARRANT RETURN    GOLDENROD: RECEIPT FOR SUSPECT

ORANGE COUNTY DISTRICT ATTORNEY  
SEARCH WARRANT INVENTORY

BOX # 11

NAME Aspen Medical

ADDRESS 685 N. Shepard St. Anaheim, CA

DATE 8/15/12

INVESTIGATOR Martinez

Room #14

Item

QTY	RECOVERED BY	DESCRIPTION OF ITEM(S)/LOCATION FOUND
<u>1</u>	<u>K.B.</u>	<u>Room #14, Recovered from North/East cubicle, used by Lisa Nusbaum</u> <ul style="list-style-type: none"> <li>- <u>BLK folder titled "Lisa's really Cool Secret Billing stuff"</u></li> <li>- <u>list of "Regional Imaging centers"</u></li> <li>- <u>W-9 forms, work comp Rate list</u></li> <li>- <u>employee list</u></li> <li>- <u>misc notes + e-mails</u></li> <li>- <u>list of insurance companies</u></li> </ul>
<u>#2</u>	<u>KB</u>	<u>Recovered from 2-drawer file cabinet on N/E side of room #14</u> <ul style="list-style-type: none"> <li>- <u>Book for CPT codes - 2006</u></li> <li>- <u>BOOK "Understanding Health Ins. A Guide to Billing and Reimbursement"</u></li> <li>- <u>BOOK "Guide to Health Claims + Examining"</u></li> </ul>
<u>#3</u>	<u>KB</u>	<u>Rec'd from center/east side desk of Raquel Moreno</u> <u>Ins rate list, DX codes, ABREXIS Flow chart,</u> <u>e-mail regarding changing of company name,</u> <u>2010 Ins company list</u>

FORM COMPLETED BY K. BAKER

ORIGINAL: EVIDENCE CONTAINER

CANARY: INVESTIGATOR'S

PINK: SEARCH WARRANT RETURN

GOLDENROD: RECEIPT FOR SUSPECT

PAGE 1 OF 2 PAGES





ORANGE COUNTY DISTRICT ATTORNEY  
SEARCH WARRANT INVENTORY

NAME ASPEN MEDICAL  
ADDRESS 685 N. SHEPARD ST ANAHEIM CA  
DATE 8/15/12 INVESTIGATOR MARTINEZ

Room #18

ITEM #

QTY	RECOVERED BY	DESCRIPTION OF ITEM(S)/LOCATION FOUND
1	L. DAWJON	CUBICLE NORTHEAST WALL - LUCY EPITHOZA - BLACK BINDER WITH EMPLOYEE ROSTER, CPT CODES, EMAIL FROM LINDA PASTUAS TO CHANGE ATE ENTRY FOR THERMOCOOL THERAPY AND MAIL OFFICE PROCEDURES
2		<sup>JOHN RAMIREZ</sup> CUBICLE NORTHWEST WALL: - ASPEN MEDICAL INVENTORY COUNT 2011, RIGHT SIDE ON TOP OF DESK - EMAIL FROM LINDA PASTUAS ENTRY OF THERMOCOOL COMPRESSION SYSTEM, ON WALL BEHIND DESK - THERMO-ACTIVE/POLYMER COMPRESSION PADS PURCHASE ORDERS, LEFT/TOP OF DESK BOTTOM DRAWER
3		SOUTHWEST WALL <sup>2 BLACK</sup> FILING CABINET: - PURCHASE ORDER 2012 FOR ASPEN INCLUDING ASPEN THERMOCOOL CONTRAST SYSTEM UNIT FOR \$195 PER UNIT, LOCATED IN BOX ON TOP FILING CABINET (ONE NEXT WEST WALL) - ASPEN 2012 INVENTORY, LOCATED CABINET ON LEFT TOP DRAWER - BLACK BINDER LABELS "ASPEN MEDICAL RESOURCE GUIDELINE", LOCATED TOP OF LEFT CABINET.

FORM COMPLETED BY LORAN DAWJON

ORIGINAL: EVIDENCE CONTAINER      CANARY: INVESTIGATOR'S      PINK: SEARCH WARRANT RETURN      GOLDENROD: RECEIPT FOR SUSPECT







BOX # 16

ORANGE COUNTY DISTRICT ATTORNEY  
SEARCH WARRANT INVENTORY

NAME ASPEN MEDICAL

ADDRESS 685 N. SHEPARD ST. ANAHEIM CA

DATE 8/15/12 INVESTIGATOR MARTINEZ

ROOM # 4

<del>ITEM #</del>	RECOVERED BY	DESCRIPTION OF ITEM(S)/LOCATION FOUND
①	E. GROVE	Rm #4 - N. WALL - Top left cabinet drawer - Employee files
②	E. Grove	Rm #4 - <del>Top</del> N. wall - Top of left cabinet - Employee handbook
/		

FORM COMPLETED BY E. Grove (CDI)

ORIGINAL: EVIDENCE CONTAINER

CANARY: INVESTIGATOR'S

PINK: SEARCH WARRANT RETURN

GOLDENROD: RECEIPT FOR SUSPECT

BOX # 17

ORANGE COUNTY DISTRICT ATTORNEY  
SEARCH WARRANT INVENTORY

NAME Aspen Medical

ADDRESS 685 N. Shepard St. Anaheim CA

DATE 8/15/12

INVESTIGATOR MARTINEZ

Room #4

QTY	RECOVERED BY	DESCRIPTION OF ITEM(S)/LOCATION FOUND
①	E. Grove	Rm #4 - E. Wall - bottom 2 filing cabinet - Employee files
<del> </del>		

FORM COMPLETED BY E. Grove

ORIGINAL: EVIDENCE CONTAINER

CANARY: INVESTIGATOR'S

PINK: SEARCH WARRANT RETURN

GOLDENROD: RECEIPT FOR SUSPECT





ORANGE COUNTY DISTRICT ATTORNEY  
SEARCH WARRANT INVENTORY

NAME ASPEN MEDICAL  
ADDRESS 685 N. SHEPARD ST. ANAHEIM CA  
DATE 8/15/12 INVESTIGATOR MARTINEZ

Room # 6

ITEM #

ITEM #	RECOVERED BY	DESCRIPTION OF ITEM(S)/LOCATION FOUND
①	D WILLIE	3-RING NOTEBOOK 2009 (A MED/ELITE COLLECTIONS SALES/EXPENSES ETC) FOUND IN ROOM 6 - UPPER CABINET ABOVE DESK
	D WILLIE	EMPLOYEE CHART WITH VM#, CELL#, FAX#, EMAIL FOUND ON DESK IN ROOM 6
II		3-RING NOTEBOOK LABELED "ABREXIS DME GUIDELINES" FOUND IN CABINET ABOVE DESK IN ROOM 6
II		LIST CONTAINING "LIST RATES FOR PURCHASE ITEMS" FOUND IN CABINET ABOVE DESK - ROOM 6
		STAMP IMPRESSIONS FROM DESK DRAWER S/WALL ROOM 6

FORM COMPLETED BY D WILLIE

ORIGINAL: EVIDENCE CONTAINER      CANARY: INVESTIGATOR'S      PINK: SEARCH WARRANT RETURN      GOLDENROD: RECEIPT FOR SUSPECT

ORANGE COUNTY DISTRICT ATTORNEY  
SEARCH WARRANT INVENTORY

BOX # 20

NAME Aspen medical

ADDRESS 1085 N. Shepard St. Anaheim CA

DATE 8/15/12 INVESTIGATOR Martinez

Room #8

Item#

QTY	RECOVERED BY	DESCRIPTION OF ITEM(S)/LOCATION FOUND
1	P. Archer	Room #8 S.Wat @ S/W Desk TOP
		chase Bank statement acct.# 4152635848
		chase " " " 3188025544
		chase " " " 1814969614
		chase " " " 4152635848 +
		844213033 +
		3062068024 +
		4463108766
		chase Bank Statement acct# 844213033
		" " " " 3062068024
		" " " " 943559104
		Paychecks Statement client# 0080-0880B9
		" " client# 0080-0880B482
2	P. Archer	Room #8 S/W Desk north side middle drawer
		Wells Fargo Deposit Slip <sup>Acct#</sup> 5738210128
		chase Deposit Slip Acct# 4152635848
		Wells Fargo Dep. slip Acct# 5205618464
		WAMU Dep. slip Acct# 3062068024
		Wachovia Dep. slip " 2000047961582
		chase deposit slip. " 0844213033
		WAMU " " " 1814969614
		chase " " " 500001020

FORM COMPLETED BY [Signature] (Item # 2 cont. on next page)

ORIGINAL: EVIDENCE CONTAINER      CANARY: INVESTIGATOR'S      PINK: SEARCH WARRANT RETURN      GOLDENROD: RECEIPT FOR SUSPECT

PAGE 1 OF 3 PAGES

BOX # 20

ORANGE COUNTY DISTRICT ATTORNEY  
SEARCH WARRANT INVENTORY

NAME Aspen medical

ADDRESS 1685 N. Shepard St ~~Box~~ Anaheim CA

DATE 8/15/12

INVESTIGATOR Martinez

Room #8

From

QTY	RECOVERED BY	DESCRIPTION OF ITEM(S)/LOCATION FOUND
2	P. Archer	ROOM #8 s/w desk north side middle drawer chase deposit slip acct # 4152635848 " " " " 0844213033 " " " " 4463108766
		Abrexis' Employee list and Regional Imaging Equipment lease terms employee list management and marketing services agreement - Aspen medical + West Ocean Marketing Thermo tek Inc. distributor agreement
3	P. Archer	ROOM #8 s/w desk lower left drawer manilla folder labeled - Property tax - Aspen " " " " TAXES " " " " sales + use tax
4	P. Archer	ROOM #8 s/w desk south west side bottom drawer 5 chase bank statements acct #s 943559104 and 4152635848 and 844213033 and 3062068024 <sup>and</sup> 1814969614 wells fargo statement acct # 520561464 Employee 941 + EDD DE-6 forms for 2009

FORM COMPLETED BY

[Signature]

ORIGINAL: EVIDENCE CONTAINER

CANARY: INVESTIGATOR'S

PINK: SEARCH WARRANT RETURN

GOLDENROD: RECEIPT FOR SUSPECT

PAGE 2 OF 3 PAGES

ORANGE COUNTY DISTRICT ATTORNEY  
SEARCH WARRANT INVENTORY

NAME ASPEN MEDICAL

ADDRESS 685 N. SHEPARD ST. ANAHEIM CA

DATE 8/15/12

INVESTIGATOR MARTINEZ

Room #7

Item #

QTY	RECOVERED BY	DESCRIPTION OF ITEM(S)/LOCATION FOUND
(5)	P. Archer	Room#7 west wall Desk top of desk Abrexis sequential compression device literature
(6)	P. Archer	Room#7 west wall Desk top medicare reimbursement information for pneumatic compression devices
(7)	P. Archer	Room#7 west wall desk top notes and brochures for compression device Billing
(8)	P. Archer	Room#7 west wall desk filing cabinet Thermo cod file
(9)	P. Archer	Room#7 west desk bottom file drawer IRS file - Jeff Campal
(10)	P. Archer	Room#7 west desk bottom file drawer Thermotek file
(11)	P. Archer	Room#7 N wall file cabinet manilla folder Aspen Corporate Papers.
(12)	P. Archer	Room#7 N wall cabinet - Employee list " " " " Reimbursement guideline " " " " Futura user guide
(13)	P. Archer	Room#7 North wall - Employee contact list
(14)	P. Archer	<del>Room#7 N wall - Employee contact lists</del>

FORM COMPLETED BY

*[Signature]*

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X

BOX # \_\_\_\_\_

ORANGE COUNTY DISTRICT ATTORNEY  
SEARCH WARRANT INVENTORY

NAME ASPEN MEDICAL

ADDRESS 685 N. SHEPARD ST ANAHEIM CA

DATE 8/15/12 INVESTIGATOR MARTINEZ

O.C.R.C.F.L.

ITEM #

QTY	RECOVERED BY	DESCRIPTION OF ITEM(S)/LOCATION FOUND
①	E. MESSINGER	Rm #13 - UNDER DESK ON FLOOR IN CENTER OF ROOM - DELL DESKTOP COMPUTER MODEL: OPTIPLEX 320 SERIAL #: 1Y6WCC1
②	D. MAGELIM	Rm #15 - UNDER DESK NORTHEAST CORNER - DELL DESKTOP COMPUTER MODEL: DC 8M SERIAL #: 15GW981
③	P. ARCHER	Rm #5 - ON FLOOR UNDER DESK CENTER OF ROOM - DELL DESKTOP COMPUTER MODEL: OPTIPLEX 755 SERIAL #: G103T7G1
④	P. ARCHER	Rm #5 - TOP OF DESK / WEST WALL - DELL LAPTOP MODEL: VOSTRO 1000 MODEL #: PP23LB SERIAL #: 727PBD1 (POWER CORD INCLUDED)

FORM COMPLETED BY K. HUGHES

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PAGE 1 OF 4 PAGES

ORANGE COUNTY DISTRICT ATTORNEY  
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NAME ASPEN MEDICAL  
ADDRESS 685 N. SHEPARD ST ANAHEIM CA  
DATE 8/15/12 INVESTIGATOR MARTINEZ

O.C.R.C.F.L.

ITEM #  
QTY

RECOVERED BY

DESCRIPTION OF ITEM(S)/LOCATION FOUND

<u>5</u>	<u>PARCHER</u>	<u>Rm# 7 - NEXT TO DESK ON WEST WALL</u> <u>INT. CAMPAU'S BRIEFCASE</u> <u>- I PAD 64 GB</u> <u>MODEL#: A1397</u> <u>SERIAL#: DLXG5IAPDTHH</u> <u>W/ I PAD CASE &amp; KEYBOARD</u> <u>PASSWORD - 3911</u>
<u>6</u>	<u>D. MAGNUM</u>	<u>Rm# 15 - SOUTH WALL / RIGHT SIDE</u> <u>OF DESK / BOTTOM DESK DRAWER</u> <u>- DELL LAPTOP</u> <u>- MODEL#: PPI3.S</u> <u>SERIAL#: FCZ4JJI</u>
<u>7</u>	<u>P. ARECHER</u>	<u>Rm# 7 - NORTH WALL CENTER OF WALL</u> <u>ON FLOOR UNDER DESK</u> <u>DELL DESKTOP COMPUTER</u> <u>- MODEL# OPTIPLEX 755</u> <u>SERIAL# F03T7G1</u>
<u>8</u>	<u>D. WILLIE</u>	<u>Rm# 6 - EAST WALL ONE FLOOR UNDER DESK</u> <u>DELL DESKTOP COMPUTER</u> <u>MODEL# OPTIPLEX 170L</u> <u>SERIAL# G1TGP881</u>

FORM COMPLETED BY

K. HUGHES

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ADDRESS 685 N. SHEPARD ST. ANAHEIM CA

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O.C.R.C.F.L.

ITEM #

QTY	RECOVERED BY	DESCRIPTION OF ITEM(S)/LOCATION FOUND
(9)	K. BAKER	Rm #14 NORTH EAST CUBICLE #4 LISA NUSBAUM'S DESK ON FLOOR UNDER DESK -DELL DESKTOP COMPUTER MODEL #: OPTIPLEX 330 SERIAL #: 985GJF1
(10)	B. PENFOLD	Rm #10 WEST WALL ON TOP OF TABLE: ON NORTH SIDE: DELL SERVER COMPUTER MODEL #: POWER EDGE SC1420 SERIAL #: IHMC981
(11)	B. PENFOLD	Rm #10 WEST WALL ON TOP OF TABLE / ON SOUTH SIDE <del>DE</del> GENESIS SERVER COMPUTER MODEL #: N/A SERIAL #: 088318
(12)	B. PENFOLD	Six (6) QUICK BOOKS BACKUP FILES
(13)	B. Penfold	Room #21 instruction manual for and ever focus remote control

FORM COMPLETED BY

K HUGHES + E PEREZ

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