

IN THE COURT OF COMMON PLEAS OF ALLEGHENY COUNTY,
PENNSYLVANIA

MELISSA HORTON,

Plaintiff,

vs.

TARGET CORPORATION,

Defendant.

CIVIL DIVISION

No. GD14-002877

**PLAINTIFF'S PRE-TRIAL
STATEMENT**

Filed on behalf of Plaintiff

Counsel of Record for this Party:

BRENDAN B. LUPETIN, ESQUIRE
Pa. I.D. No. 201164
blupetin@meyersmedmal.com

MEYERS EVANS & ASSOCIATES, LLC
Gulf Tower, Suite 3200
707 Grant Street
Pittsburgh, PA 15219

(412) 281-4100
(412) 281-4111 Fax

JURY TRIAL DEMANDED

FILED

14 DEC -1 PM 3:25

DEPT. OF COURTS
CIVIL DIVISION
ALLEGHENY COUNTY PA

IN THE COURT OF COMMON PLEAS OF ALLEGHENY COUNTY,
PENNSYLVANIA

MELISSA HORTON,

Plaintiff,

vs.

TARGET CORPORATION,

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PLAINTIFF'S PRE-TRIAL STATEMENT

AND NOW, comes the Plaintiff, MELISSA HORTON, by and through her attorneys, Brendan B. Lupetin, Esquire, and the law firm of Meyers Evans & Associates, LLC, and files the within Pre-Trial Statement as follows:

I. FACTS

Under the law in Pennsylvania, the Defendant, Target Corporation, is liable to business invitees like the Plaintiff for any harm that the Defendant should have anticipated, regardless of whether the danger was known or obvious. Pennsylvania Courts have uniformly held that if the harmful transitory condition is traceable to the possessor of land or his agent's acts (that is, a condition created by the possessor or those under his authority), then the Plaintiff need not prove any notice and hold the possessor accountable for the resulting harm. Moultrey v. Great A & P Tea Co., 422 A.2d 593, 596 (Pa. Super. 1980) citing Parker v. McCrory Stores, 101 A.2d 377 (1954).

On December 14, 2013, Plaintiff entered Defendant's store as a business invitee for the purpose of purchasing goods for herself and co-workers who were in town producing an NFL

Sunday Night Football game. The facts reveal that around the time that Plaintiff entered Defendant's store, a large bottle of soda had spilled onto the main raceway aisle- the largest thoroughfare for customers to walk through. After a significant period of time, Defendant's employees responded to the spill. They mopped a minor portion of the spill with a wet soapy substance. Defendant's employees placed warning cones around the largest part of the cola spill that was not yet mopped. Unbeknownst to Plaintiff, Defendant's employees had carelessly mopped the floor well outside of the cordoned off area. As a result, the Defendant's own investigation records demonstrate that Plaintiff, pushing a cart, walked cautiously and without falling *past* all of the warning cones without falling. After Plaintiff had gotten beyond the warning cones, she encountered the invisible wet floor which caused her to slip, fall and injure herself. Defendant's own documents indicate that Plaintiff's fall was caused by a mopped floor. Additionally, Defendant's employee at the time, Najee Salaam testified that he recalled Plaintiff heeding his warnings to stay clear of the cordoned off area and that Plaintiff at all times walked in an area that had been designated by Defendant as safe and free from moisture and slipperiness. Defendant's employees created the dangerous condition and failed to properly warn Plaintiff about its presence.

The fall caused Plaintiff to do a split. The split, in turn, caused Plaintiff to sustain a complete avulsion of Plaintiff's right proximal hamstring- her hamstring was ripped off the hip socket. The tear was subsequently confirmed by an MRI. Plaintiff underwent a right open and proximal hamstring repair performed by Michael Dillingham, M.D. on January 7, 2014. Plaintiff has been left with a scar on the upper portion of her hamstring, just below her right buttocks.

Thereafter, Plaintiff underwent a difficult and extensive recovery and rehabilitative process. Plaintiff was confined to her home for a period of time in a body brace that prohibited

movement of her right leg while her hamstring healed. During this period of time, Plaintiff required nursing care to assist her with activities of daily living like going to the bathroom and bathing herself. Defendant has been provided pictures of Plaintiff during this period which graphically depict the humiliating fashion in which she had to go to the bathroom and bathe herself (or have others help her).

Additionally, Plaintiff was caused economic losses in the form of out-of-pocket expenses and lost earnings from contracts with NBC Sports that Plaintiff was unable to fulfill as a result of her injury. Specifically, Plaintiff was caused to miss two (2) Sunday Night Football games, including the Pro Bowl in Hawaii as well as lengthy a contract covering the Olympics in Sochi, Russia. The economic losses sustained are set forth below.

Though the Defendant is notorious for being on the cutting edge of premises video surveillance, mysteriously all surveillance from the in-store video camera closest to the area of the fall has been destroyed by Defendant (the Defendant's "Asset Protection" employee(s) unilaterally determined that there was footage from the camera but that it did not show anything and as a result, they erased the video without permitting Plaintiff to see the images for herself). Furthermore, though Defendant was put on notice of litigation and a need to preserve all video footage, Defendant only preserved approximately 30 seconds of footage from a different video camera further down the aisle from where Plaintiff fell. Interestingly, despite the complete lack of footage in the immediate area of the fall, limited footage from a video adjacent to the camera closest to the fall and representations that no other footage existed, Defendant, much later on in this litigation, produced a video from the entrance of the store on the date of incident which is nearly two (2) hours long.

II. DAMAGES

1. Subrogation lien held by Blue Shield of California and Blue Shield of California Life and Health Insurance -	\$ 2,433.38
2. Lost earnings from NBC Olympics, LLC/Sochi, Russia (see Plaintiff's Supplemental Answers to Defendant's Interrogatories for explanation and breakdown)	\$13,907.84
3. Per diem reimbursement lost as part of Sochi Olympics contracts	\$ 1,720.00
4. Loss from working January 4, 2014 Wild Card NFL Playoff game and January 26, 2014 Pro Bowl Football game at \$1,000.00 per game	\$ 2,000.00
5. Out-of-pocket costs related to medical care, modified travel and other costs associated with rehab and recuperation (an itemization of this amount is attached hereto as an exhibit)	\$15,318.52
6. Non-economic losses – to be determined by a jury	
TOTAL (without non-economic losses)	<u>\$35,379.74</u>

III. WITNESSES

1. Melissa Horton – **Liability and Damages**
220 Caldecott Lane, #305
Oakland, CA 94618
2. William Pitt – **Liability and Damages**
3. Najee Salaam – **Liability and Damages**
4. William Thomas Peckrol – **Liability and Damages**
5. Kevin Humiston – **Liability and Damages**
6. Michael F. Dillingham, M.D. – **Liability and Damages**
Sports Orthopedic and Rehabilitation Medicine Associates
1375 Sutter Street, Suite 105
San Francisco, CA 94109

7. Lisa Giannone, Physical Therapist - **Liability and Damages**
Active Care Sports Performance & Orthopedic Rehabilitation
3019 Geary Boulevard
San Francisco, CA 94118

8. David Berger, M.D. - **Liability and Damages**
Associated Anesthesiologists Medical Group
1515 El Camino Real, Suite A
Palo Alto, CA 94306

9. California Advanced Imaging Medical Associates - **Liability and Damages**
504 Redwood Boulevard
Suite 300
Novato, CA 94947

10. Oakland Community Acupuncture - **Liability and Damages**
15 Croxton Avenue
Oakland, CA 94611

11. Clara Divis (In-Home Nurse) - **Liability and Damages**
CD Consulting
8614 W. Eva Street
Peoria, AZ 85345

12. Maia Hightower, M.D. - **Liability and Damages**
Associated Internal Medicine
350 30th Street, Suite 320
Oakland, CA 94609

13. Mark Silva, C.O. - **Liability and Damages**
Board Certified Orthotist
Support Care Services
617 Veterans Boulevard, Suite 101
Redwood City, CA 94063

14. Steve Young – **Liability**
Sedgwick Claims

Other friends, neighbors and/or relatives of Plaintiff whose names and addresses will be supplied in advance of trial.

Any individual needed to authenticate any document establishing damages.

Plaintiff reserves the right to call any persons listed in Defendant's Pre-Trial Statement and supplements thereto.

IV. EXPERTS

1. Michael Dillingham, M.D.
Department of Neurosurgery
Allegheny General Hospital
320 E. North Avenue
Pittsburgh, PA 15212
(Treatment records attached in lieu of expert report)

V. OTHER

Plaintiff reserves the right to present any rebuttal, impeaching or contradicting evidence which may be necessitated by the testimony of Defendant and/or its witnesses.

Plaintiff reserves the right to engage in additional discovery after the date of the pre-trial conference and thereafter to amend her Pre-Trial Statement by adding the names of witnesses, experts, exhibits and/or damages.

VI. EXHIBITS

1. Any and all documents produced by the parties during discovery.
2. Deposition transcripts of all witnesses taken as of the date of trial.
3. Bills and invoices giving rise to damages identified in Plaintiff's Answers to Defendant's discovery responses as well as this Pre-Trial Statement and supplements thereto.
4. Anatomical drawings, diagrams, photographs, and/or models and/or other demonstratives.
5. Drawings, photographs, and/or diagrams of Defendant facility.
6. Defendant's policies, procedures and the like.

7. Any documents attached to or referenced by Plaintiff and/or Defendant's discovery responses and/or Pre-Trial Statement.

VII. PROPOSED VOIR DIRE STATEMENT

Defendant, the Target Corporation is a business that operates in our community for people to buy its products. On December 14, 2013, a large bottle of cola was spilled on to the main aisle in the Target Store located in East Liberty of Pittsburgh. After some time, employees of Target responded to the spill. The spill was mopped up in part. Some cones were then placed on the ground to surround the largest part of the cola spill. Target employees mopped an area bigger than what was coned off. Because of this, portions of Target's floors outside the coned area were wet from being mopped. Melissa Horton, as directed by Target employees, cautiously walked outside the coned off area. When she got passed all of the signs, she slipped on a part of the floor outside the cones that had been mopped. As a result, she did a split while holding her cart. This caused her right hamstring to tear off of her hip socket. Because of her injury she lost out on several signed employment contracts. She had surgery and a tough recovery. She has filed this lawsuit to be compensated as the law permits for her injuries that were caused by Target.

VIII. PROPOSED VOIR DIRE QUESTIONS

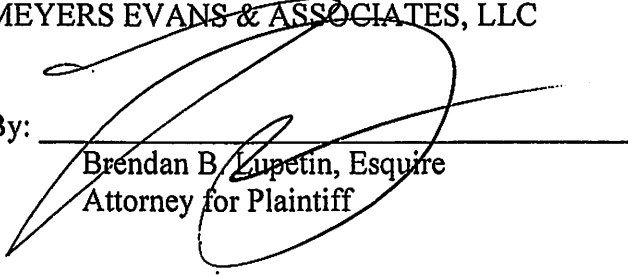
1. Will you promise to follow the rules that you learn about during this trial even if you disagree with them?
2. Have you or someone close to you ever slipped, fallen and injured themselves in a business, store or restaurant?
3. Do you or anyone close to you own a business that is frequented by the public?

4. Have you or anyone close to you worked in a business setting where you were called upon to respond to slippery floor conditions?

Respectfully submitted,

MEYERS EVANS & ASSOCIATES, LLC

By: _____


Brendan B. Lupetin, Esquire
Attorney for Plaintiff

The Rawlings Company LLC
Subrogation Division

Post Office Box 2000
LaGrange, Kentucky 40031-2000

One Eden Parkway
LaGrange, Kentucky 40031-8100

Telephone (502) 587-1279

November 26, 2014

Mr. Brendan Lupitan
Meyers Evans & Associates
Gulf Tower
83200 707 Grant St
Pittsburg, PA 15219

Re: Our Client: Blue Shield of California and Blue Shield of California Life & Health
Insurance Company
Member/Patient: MELISSA HORTON/MELISSA HORTON
Date of Loss: 12/14/2013
Our Reference No.: 63370283
Your Client: Melissa Horton

UPDATE OF LIEN AMOUNT

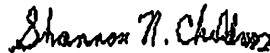
Dear Mr. Lupitan:

We previously placed your office on notice of our client's claim. The amount of our client's claim is now \$3,224.74.

As you are aware, the amount of the claim may increase if additional health benefits are paid. Therefore, please contact me prior to settlement to obtain the final amount.

We are also requesting an update on this claim. Please provide the current status. You may fax your response to the number listed below.

Sincerely,



Shannon N. Childress
Recovery Analyst
(502) 814-2426
FAX: (502) 753-6918
snc@rawlingscompany.com

Comments: _____

Blue Shield of California and Blue Shield of California Life & Health Insurance Company

Wednesday, November 26, 2014 09:55 am

Patient's Name: MELISSA HORTON
 Member's Name: MELISSA HORTON
 Childless
 File Number: 14BF10800107

Make Checks Payable To:
 The Rawlings Company LLC
 Attn: Shannon N. Childless
 The Rawlings Company, Subrogation Division
 P. O. Box 2000, Lagrange, KY 40031-2000

Paid Amount Subject to Change.
 Please call (502) 814-2426
 for the final paid amount.
 Representative: Shannon N.

Trmt. Date In	Trmt. Date Out	Claim No.	Provider or Drug Name	ICD9	ICD9 Desc.	CPT	CPT Desc.	Bill Amount	Paid Amount
01/07/2014	01/07/2014	00140166010801	ASSOC ANESTHESIOLOGISTS	727.69	RUPTURE, TENDON NEC, NONT	01250	ANESTHESIA FOR UPPER LEG SURGERY	\$1,920.00	\$640.69
02/25/2014	02/25/2014	00140201560200	ACTIVE CARE PHYSICAL THERAPY A	843.9	SPRAIN/STRAIN, HIP/THIGH	97110	TX PROC, 1+AREA, TX EXER, EA 15 MIN	\$37.50	\$24.93
02/25/2014	02/25/2014	00140201560200	ACTIVE CARE PHYSICAL THERAPY A	843.9	SPRAIN/STRAIN, HIP/THIGH	97110	TX PROC, 1+AREA, TX EXER, EA 15 MIN	\$75.00	\$23.46
02/25/2014	02/25/2014	00140201560200	ACTIVE CARE PHYSICAL THERAPY A	843.9	SPRAIN/STRAIN, HIP/THIGH	97110	TX PROC, 1+AREA, TX EXER, EA 15 MIN	\$37.50	\$29.32
02/25/2014	02/25/2014	00140201560200	ACTIVE CARE PHYSICAL THERAPY A	843.9	SPRAIN/STRAIN, HIP/THIGH	97140	MANUAL THERAPY 1+ REGIONS, EA 15 MIN	\$45.00	\$2.92
03/04/2014	03/04/2014	00140221636900	ACTIVE CARE PHYSICAL THERAPY A	843.9	SPRAIN/STRAIN, HIP/THIGH	97110	TX PROC, 1+AREA, TX EXER, EA 15 MIN	\$75.00	\$23.46
03/04/2014	03/04/2014	00140221636900	ACTIVE CARE PHYSICAL THERAPY A	843.9	SPRAIN/STRAIN, HIP/THIGH	97110	TX PROC, 1+AREA, TX EXER, EA 15 MIN	\$37.50	\$24.93
03/04/2014	03/04/2014	00140221636900	ACTIVE CARE PHYSICAL THERAPY A	843.9	SPRAIN/STRAIN, HIP/THIGH	97110	TX PROC, 1+AREA, TX EXER, EA 15 MIN	\$37.50	\$29.32
03/04/2014	03/04/2014	00140221636900	ACTIVE CARE PHYSICAL THERAPY A	843.9	SPRAIN/STRAIN, HIP/THIGH	97140	MANUAL THERAPY 1+ REGIONS, EA 15 MIN	\$45.00	\$2.92
03/13/2014	03/13/2014	00140227544600	ACTIVE CARE PHYSICAL THERAPY A	843.9	SPRAIN/STRAIN, HIP/THIGH	97110	TX PROC, 1+AREA, TX EXER, EA 15 MIN	\$37.50	\$24.93

Please write this number on your check: 14BF10800107

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Tax Id Number: 31-1563156

Blue Shield of California and Blue Shield of California Life & Health/BlueShield of Company

Wednesday, November 26, 2014 09:55 am

Patient's Name: MELISSA HORTON
 Member's Name: MELISSA HORTON
 Childress
 File Number: 14BFI0800107

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03/13/2014	03/13/2014	00140227544600	ACTIVE CARE PHYSICAL THERAPY A	843.9	SPRAIN/STRAIN, HIP/THIGH	97110	TX PROC, 1+AREA, TX EXER, EA 15 MIN	\$75.00	\$23.46
03/13/2014	03/13/2014	00140227544600	ACTIVE CARE PHYSICAL THERAPY A	843.9	SPRAIN/STRAIN, HIP/THIGH	97140	MANUAL THERAPY 1+ REGIONS, EA 15 MIN	\$45.00	\$2.92
03/11/2014	03/11/2014	00140227545001	ACTIVE CARE PHYSICAL THERAPY A	843.9	SPRAIN/STRAIN, HIP/THIGH	97110	TX PROC, 1+AREA, TX EXER, EA 15 MIN	\$37.50	\$29.32
03/11/2014	03/11/2014	00140227545001	ACTIVE CARE PHYSICAL THERAPY A	843.9	SPRAIN/STRAIN, HIP/THIGH	97110	TX PROC, 1+AREA, TX EXER, EA 15 MIN	\$75.00	\$23.46
03/11/2014	03/11/2014	00140227545001	ACTIVE CARE PHYSICAL THERAPY A	843.9	SPRAIN/STRAIN, HIP/THIGH	97110	TX PROC, 1+AREA, TX EXER, EA 15 MIN	\$37.50	\$24.93
03/11/2014	03/11/2014	00140227545001	ACTIVE CARE PHYSICAL THERAPY A	843.9	SPRAIN/STRAIN, HIP/THIGH	97140	MANUAL THERAPY 1+ REGIONS, EA 15 MIN	\$45.00	\$2.92
05/01/2014	05/01/2014	00140391624400	ACTIVE CARE PHYSICAL THERAPY A	843.9	SPRAIN/STRAIN, HIP/THIGH	97110	TX PROC, 1+AREA, TX EXER, EA 15 MIN	\$75.00	\$27.60
05/01/2014	05/01/2014	00140391624400	ACTIVE CARE PHYSICAL THERAPY A	843.9	SPRAIN/STRAIN, HIP/THIGH	97110	TX PROC, 1+AREA, TX EXER, EA 15 MIN	\$37.50	\$29.33
05/01/2014	05/01/2014	00140391624400	ACTIVE CARE PHYSICAL THERAPY A	843.9	SPRAIN/STRAIN, HIP/THIGH	97110	TX PROC, 1+AREA, TX EXER, EA 15 MIN	\$37.50	\$22.94

Please write this number on your check: 14BFI0800107

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Tax Id Number: 31-1563156

Blue Shield of California and Blue Shield of California Life & Health Insurance Company

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 Member's Name: MELISSA HORTON
 Childress
 File Number: 14BF10800107

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 P. O. Box 2000, Lagrange, KY 40031-2000

Paid Amount Subject to Change.
 Please call (502) 814-2426
 for the final paid amount.
 Representative: Shannon N.

Trmt. Date In	Trmt. Date Out	Claim No.	Provider or Drug Name	ICD9	ICD9 Desc.	CPT	CPT Desc.	Bill Amount	Paid Amount
05/08/2014	05/08/2014	00140395580300	ACTIVE CARE PHYSICAL THERAPY A	843.9	SPRAIN/STRAIN, HIP/THIGH	97110	TX PROC,1+AREA,TD EXER, EA 15 MIN	\$65.00	\$26.00
05/08/2014	05/08/2014	00140395580300	ACTIVE CARE PHYSICAL THERAPY A	843.9	SPRAIN/STRAIN, HIP/THIGH	97110	TX PROC,1+AREA,TD EXER, EA 15 MIN	\$32.50	\$27.63
05/08/2014	05/08/2014	00140395580300	ACTIVE CARE PHYSICAL THERAPY A	843.9	SPRAIN/STRAIN, HIP/THIGH	97110	TX PROC,1+AREA,TD EXER, EA 15 MIN	\$32.50	\$24.39
05/06/2014	05/06/2014	00140395580700	ACTIVE CARE PHYSICAL THERAPY A	843.9	SPRAIN/STRAIN, HIP/THIGH	97110	TX PROC,1+AREA,TD EXER, EA 15 MIN	\$65.00	\$26.00
05/06/2014	05/06/2014	00140395580700	ACTIVE CARE PHYSICAL THERAPY A	843.9	SPRAIN/STRAIN, HIP/THIGH	97110	TX PROC,1+AREA,TD EXER, EA 15 MIN	\$32.50	\$27.63
05/06/2014	05/06/2014	00140395580700	ACTIVE CARE PHYSICAL THERAPY A	843.9	SPRAIN/STRAIN, HIP/THIGH	97110	TX PROC,1+AREA,TD EXER, EA 15 MIN	\$32.50	\$24.39
05/20/2014	05/20/2014	00140429338100	ACTIVE CARE PHYSICAL THERAPY A	843.9	SPRAIN/STRAIN, HIP/THIGH	97110	TX PROC,1+AREA,TD EXER, EA 15 MIN	\$32.50	\$27.63
05/20/2014	05/20/2014	00140429338100	ACTIVE CARE PHYSICAL THERAPY A	843.9	SPRAIN/STRAIN, HIP/THIGH	97110	TX PROC,1+AREA,TD EXER, EA 15 MIN	\$65.00	\$26.00
05/20/2014	05/20/2014	00140429338100	ACTIVE CARE PHYSICAL THERAPY A	843.9	SPRAIN/STRAIN, HIP/THIGH	97110	TX PROC,1+AREA,TD EXER, EA 15 MIN	\$32.50	\$24.39
05/22/2014	05/22/2014	00140429338600	ACTIVE CARE PHYSICAL THERAPY A	843.9	SPRAIN/STRAIN, HIP/THIGH	97110	TX PROC,1+AREA,TD EXER, EA 15 MIN	\$32.50	\$24.39

Please write this number on your check: 14BF10800107

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Tax Id Number: 31-1563156

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 Representative: Shannon K.

Childress
 File Number: 14BF10800107

Trmt. Date In	Trmt. Date Out	Claim No.	Provider or Drug Name	ICD9	ICD9 Desc.	CPT	CPT Desc.	Bill Amount	Paid Amount
05/22/2014	05/22/2014	00140429338602	ACTIVE CARE PHYSICAL THERAPY A	843.9	SPRAIN/STRAIN, HIP/THIGH	97110	TX PROC, 1+AREA, TX EXER, EA 15 MIN	\$32.50	\$29.33
05/22/2014	05/22/2014	00140429338602	ACTIVE CARE PHYSICAL THERAPY A	843.9	SPRAIN/STRAIN, HIP/THIGH	97110	TX PROC, 1+AREA, TX EXER, EA 15 MIN	\$65.00	\$27.60
05/15/2014	05/15/2014	00140432675000	ACTIVE CARE PHYSICAL THERAPY A	843.9	SPRAIN/STRAIN, HIP/THIGH	97110	TX PROC, 1+AREA, TX EXER, EA 15 MIN	\$32.50	\$24.39
05/15/2014	05/15/2014	00140432675000	ACTIVE CARE PHYSICAL THERAPY A	843.9	SPRAIN/STRAIN, HIP/THIGH	97110	TX PROC, 1+AREA, TX EXER, EA 15 MIN	\$32.50	\$27.63
05/27/2014	05/27/2014	00140434394100	ACTIVE CARE PHYSICAL THERAPY A	843.9	SPRAIN/STRAIN, HIP/THIGH	97110	TX PROC, 1+AREA, TX EXER, EA 15 MIN	\$65.00	\$26.00
05/27/2014	05/27/2014	00140434394100	ACTIVE CARE PHYSICAL THERAPY A	843.9	SPRAIN/STRAIN, HIP/THIGH	97110	TX PROC, 1+AREA, TX EXER, EA 15 MIN	\$32.50	\$24.39
06/03/2014	06/03/2014	00140457580200	ACTIVE CARE PHYSICAL THERAPY A	843.9	SPRAIN/STRAIN, HIP/THIGH	97110	TX PROC, 1+AREA, TX EXER, EA 15 MIN	\$65.00	\$26.00

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06/03/2014	06/03/2014	00140457580200	ACTIVE CARE PHYSICAL THERAPY A	843.9	SPRAIN/STRAIN, HIP/THIGH	97110	TX PROC,1+AREA,TX EXER, EA 15 MIN	\$32.50	\$24.39
06/05/2014	06/05/2014	00140463960701	ACTIVE CARE PHYSICAL THERAPY A	843.9	SPRAIN/STRAIN, HIP/THIGH	97110	TX PROC,1+AREA,TX EXER, EA 15 MIN	\$65.00	\$27.60
06/05/2014	06/05/2014	00140463960701	ACTIVE CARE PHYSICAL THERAPY A	843.9	SPRAIN/STRAIN, HIP/THIGH	97110	TX PROC,1+AREA,TX EXER, EA 15 MIN	\$32.50	\$29.33
06/05/2014	06/05/2014	00140463960701	ACTIVE CARE PHYSICAL THERAPY A	843.9	SPRAIN/STRAIN, HIP/THIGH	97110	TX PROC,1+AREA,TX EXER, EA 15 MIN	\$32.50	\$24.39
06/10/2014	06/10/2014	00140480170500	ACTIVE CARE PHYSICAL THERAPY A	843.9	SPRAIN/STRAIN, HIP/THIGH	97110	TX PROC,1+AREA,TX EXER, EA 15 MIN	\$65.00	\$26.00
06/10/2014	06/10/2014	00140480170500	ACTIVE CARE PHYSICAL THERAPY A	843.9	SPRAIN/STRAIN, HIP/THIGH	97110	TX PROC,1+AREA,TX EXER, EA 15 MIN	\$32.50	\$27.63
06/10/2014	06/10/2014	00140480170500	ACTIVE CARE PHYSICAL THERAPY A	843.9	SPRAIN/STRAIN, HIP/THIGH	97110	TX PROC,1+AREA,TX EXER, EA 15 MIN	\$32.50	\$24.39
06/09/2014	06/09/2014	00140486039200	SPORTS ORTHO AND REHAB MED ASS	843.8	SPRAIN/STRAIN, HIP/THIGH	99214	OFFICE/OUTPT VISIT, EST, DETAILED	\$198.00	\$106.90
06/12/2014	06/12/2014	00140495016101	ACTIVE CARE PHYSICAL THERAPY A	843.9	SPRAIN/STRAIN, HIP/THIGH	97110	TX PROC,1+AREA,TX EXER, EA 15 MIN	\$65.00	\$27.60
06/12/2014	06/12/2014	00140495016101	ACTIVE CARE PHYSICAL THERAPY A	843.9	SPRAIN/STRAIN, HIP/THIGH	97110	TX PROC,1+AREA,TX EXER, EA 15 MIN	\$32.50	\$29.33

Please write this number on your check: 14BF10800107

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Tax Id Number: 31-1563156

Blue Shield of California and Blue Shield of California Life & Health Insurance Company

Wednesday, November 26, 2014 09:55 am

Patient's Name: MELISSA HORTON
 Member's Name: MELISSA HORTON
 Childress
 File Number: 14BF10800107

Make Checks Payable To:
 The Rawlings Company LLC
 Attn: Shannon N. Childress
 The Rawlings Company, Subrogation Division
 P. O. Box 2000, Lagrange, KY 40031-2000

Paid Amount Subject to Change.
 Please call (502) 814-2426
 for the final paid amount.
 Representative: Shannon N.

Treat. Date In	Treat. Date Out	Claim No.	Provider or Drug Name	ICD9	ICD9 Desc.	CPT	CPT Desc.	Bill Amount	Paid Amount
06/12/2014	06/12/2014	001405016101	ACTIVE CARE PHYSICAL THERAPY A	843.9	SPRAIN/STRAIN, HIP/THIGH	97110	TX PROC, 1+AREA, TX EXER, EA 15 MIN	\$32.50	\$24.39
06/17/2014	06/17/2014	00140503745602	ACTIVE CARE PHYSICAL THERAPY A	843.9	SPRAIN/STRAIN, HIP/THIGH	97110	TX PROC, 1+AREA, TX EXER, EA 15 MIN	\$32.50	\$27.60
06/17/2014	06/17/2014	00140503745602	ACTIVE CARE PHYSICAL THERAPY A	843.9	SPRAIN/STRAIN, HIP/THIGH	97110	TX PROC, 1+AREA, TX EXER, EA 15 MIN	\$32.50	\$29.33
06/17/2014	06/17/2014	00140503745602	ACTIVE CARE PHYSICAL THERAPY A	843.9	SPRAIN/STRAIN, HIP/THIGH	97110	TX PROC, 1+AREA, TX EXER, EA 15 MIN	\$65.00	\$27.60
06/17/2014	06/17/2014	00140503745602	ACTIVE CARE PHYSICAL THERAPY A	843.9	SPRAIN/STRAIN, HIP/THIGH	97140	MANUAL THERAPY 1+ REGIONS, EA 15 MN	\$80.00	\$14.33
06/19/2014	06/19/2014	00140510473101	ACTIVE CARE PHYSICAL THERAPY A	843.9	SPRAIN/STRAIN, HIP/THIGH	97110	TX PROC, 1+AREA, TX EXER, EA 15 MIN	\$32.50	\$29.33
06/19/2014	06/19/2014	00140510473101	ACTIVE CARE PHYSICAL THERAPY A	843.9	SPRAIN/STRAIN, HIP/THIGH	97110	TX PROC, 1+AREA, TX EXER, EA 15 MIN	\$65.00	\$27.60
06/19/2014	06/19/2014	00140510473101	ACTIVE CARE PHYSICAL THERAPY A	843.9	SPRAIN/STRAIN, HIP/THIGH	97110	TX PROC, 1+AREA, TX EXER, EA 15 MIN	\$32.50	\$24.39
06/24/2014	06/24/2014	00140527078001	ACTIVE CARE PHYSICAL THERAPY A	843.9	SPRAIN/STRAIN, HIP/THIGH	97110	TX PROC, 1+AREA, TX EXER, EA 15 MIN	\$65.00	\$27.60
06/24/2014	06/24/2014	00140527078001	ACTIVE CARE PHYSICAL THERAPY A	843.9	SPRAIN/STRAIN, HIP/THIGH	97140	MANUAL THERAPY 1+ REGIONS, EA 15 MN	\$80.00	\$12.54

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Tax Id Number: 31-1563156

Blue Shield of California and Blue Shield of California Life & Health Insurance Company

Wednesday, November 26, 2014 09:55 am

Patient's Name: MELISSA HORTON
 Member's Name: MELISSA HORTON
 Childress
 File Number: 14BF10800107

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Trmt. Date In	Trmt. Date Out	Claim No.	Provider or Drug Name	ICD9	ICD9 Desc.	CPT	CPT Desc.	Bill Amount	Paid Amount
06/24/2014	06/24/2014	00140527078001	ACTIVE CARE PHYSICAL THERAPY A	843.9	SPRAIN/STRAIN, HIP/THIGH	97110	TX PROC,1+AREA,TV EXER, EA 15 MIN	\$32.50	\$32.50
06/24/2014	06/24/2014	00140527078001	ACTIVE CARE PHYSICAL THERAPY A	843.9	SPRAIN/STRAIN, HIP/THIGH	97110	TX PROC,1+AREA,TV EXER, EA 15 MIN	\$32.50	\$29.33
05/05/2014	05/05/2014	00140539911102	RANDIE, CHRISTOPHER CHA	724.2	LUMBAGO	97811	ACUPUNCTURE W/O ELEC STIM AD 15 MIN	\$40.00	\$15.00
05/20/2014	05/20/2014	00140540479800	RANDIE, CHRISTOPHER CHA	724.2	LUMBAGO	97811	ACUPUNCTURE W/O ELEC STIM AD 15 MIN	\$40.00	\$15.00
05/27/2014	05/27/2014	00140540479800	RANDIE, CHRISTOPHER CHA	724.2	LUMBAGO	97811	ACUPUNCTURE W/O ELEC STIM AD 15 MIN	\$40.00	\$15.00
06/03/2014	06/03/2014	00140540480300	RANDIE, CHRISTOPHER CHA	724.2	LUMBAGO	97811	ACUPUNCTURE W/O ELEC STIM AD 15 MIN	\$40.00	\$15.00
06/10/2014	06/10/2014	00140540480300	RANDIE, CHRISTOPHER CHA	724.2	LUMBAGO	97811	ACUPUNCTURE W/O ELEC STIM AD 15 MIN	\$40.00	\$15.00
06/17/2014	06/17/2014	00140540480900	RANDIE, CHRISTOPHER CHA	724.2	LUMBAGO	97811	ACUPUNCTURE W/O ELEC STIM AD 15 MIN	\$40.00	\$15.00
06/24/2014	06/24/2014	00140540480900	RANDIE, CHRISTOPHER CHA	724.2	LUMBAGO	97811	ACUPUNCTURE W/O ELEC STIM AD 15 MIN	\$40.00	\$15.00
06/27/2014	06/27/2014	00140541318901	ACTIVE CARE PHYSICAL THERAPY A	843.9	SPRAIN/STRAIN, HIP/THIGH	97110	TX PROC,1+AREA,TV EXER, EA 15 MIN	\$65.00	\$27.60
06/27/2014	06/27/2014	00140541318901	ACTIVE CARE PHYSICAL THERAPY A	843.9	SPRAIN/STRAIN, HIP/THIGH	97110	TX PROC,1+AREA,TV EXER, EA 15 MIN	\$32.50	\$29.33
06/27/2014	06/27/2014	00140541318901	ACTIVE CARE PHYSICAL THERAPY A	843.9	SPRAIN/STRAIN, HIP/THIGH	97110	TX PROC,1+AREA,TV EXER, EA 15 MIN	\$32.50	\$24.39

Please write this number on your check: 14BF10800107

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Tax Id Number: 31-1563156

Blue Shield of California and Blue Shield of California Life & Health Insurance Company

Wednesday, November 26, 2014 09:55 am

Patient's Name: MELISSA HORTON
 Member's Name: MELISSA HORTON
 Child's Name:
 File Number: 14BF10800107

Make Checks Payable To:
 The Rawlings Company LLC
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Trmt. Date In	Trmt. Date Out	Claim No.	Provider or Drug Name	ICD9	ICD9 Desc.	CPT	CPT Desc.	Bill Amount	Paid Amount
07/01/2014	07/01/2014	00140561887401	ACTIVE CARE PHYSICAL THERAPY A	843.9	SPRAIN/STRAIN, HIP/THIGH	97110	TX PROC, 1+AREA, TX EXER, EA 15 MIN	\$65.00	\$27.60
07/01/2014	07/01/2014	00140561887401	ACTIVE CARE PHYSICAL THERAPY A	843.9	SPRAIN/STRAIN, HIP/THIGH	97110	TX PROC, 1+AREA, TX EXER, EA 15 MIN	\$32.50	\$29.33
07/01/2014	07/01/2014	00140561887401	ACTIVE CARE PHYSICAL THERAPY A	843.9	SPRAIN/STRAIN, HIP/THIGH	97110	TX PROC, 1+AREA, TX EXER, EA 15 MIN	\$32.50	\$24.39
07/03/2014	07/03/2014	00140574369901	ACTIVE CARE PHYSICAL THERAPY A	843.9	SPRAIN/STRAIN, HIP/THIGH	97110	TX PROC, 1+AREA, TX EXER, EA 15 MIN	\$32.50	\$27.60
07/03/2014	07/03/2014	00140574369901	ACTIVE CARE PHYSICAL THERAPY A	843.9	SPRAIN/STRAIN, HIP/THIGH	97110	TX PROC, 1+AREA, TX EXER, EA 15 MIN	\$32.50	\$29.33
07/03/2014	07/03/2014	00140574369901	ACTIVE CARE PHYSICAL THERAPY A	843.9	SPRAIN/STRAIN, HIP/THIGH	97110	TX PROC, 1+AREA, TX EXER, EA 15 MIN	\$32.50	\$24.39
07/08/2014	07/08/2014	00140590303701	ACTIVE CARE PHYSICAL THERAPY A	843.9	SPRAIN/STRAIN, HIP/THIGH	97110	TX PROC, 1+AREA, TX EXER, EA 15 MIN	\$32.50	\$29.33
07/08/2014	07/08/2014	00140590303701	ACTIVE CARE PHYSICAL THERAPY A	843.9	SPRAIN/STRAIN, HIP/THIGH	97110	TX PROC, 1+AREA, TX EXER, EA 15 MIN	\$32.50	\$29.33
07/08/2014	07/08/2014	00140590303701	ACTIVE CARE PHYSICAL THERAPY A	843.9	SPRAIN/STRAIN, HIP/THIGH	97110	TX PROC, 1+AREA, TX EXER, EA 15 MIN	\$65.00	\$27.60
07/10/2014	07/10/2014	00140594140401	ACTIVE CARE PHYSICAL THERAPY A	843.9	SPRAIN/STRAIN, HIP/THIGH	97110	TX PROC, 1+AREA, TX EXER, EA 15 MIN	\$32.50	\$29.33

Please write this number on your check: 14BF10800107

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Tax Id Number: 31-1563156

Blue Shield of California and Blue Shield of California Life & Health Rawlings Company

Wednesday, November 26, 2014 09:55 am

Patient's Name: MELISSA HORTON
 Member's Name: MELISSA HORTON
 Childress
 File Number: 14BF10800107

Make Checks Payable To:
 The Rawlings Company LLC
 Attn: Shannon N. Childress
 The Rawlings Company, Subrogation Division
 P. O. Box 2000, Lagrange, KY 40031-2000

Paid Amount Subject to Change.
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 for the final paid amount.
 Representative: Shannon N.

Trmt. Date In	Trmt. Date Out	Claim No.	Provider or Drug Name	ICD9	ICD9 Desc.	CPT	CPT Desc.	Bill Amount	Paid Amount
07/10/2014	07/10/2014	00140594140401	ACTIVE CARE PHYSICAL THERAPY A	843.9	SPRAIN/STRAIN, HIP/THIGH	97110	TX PROC,1+AREA,TX EXER, EA 15 MIN	\$65.00	\$27.60
07/10/2014	07/10/2014	00140594140401	ACTIVE CARE PHYSICAL THERAPY A	843.9	SPRAIN/STRAIN, HIP/THIGH	97110	TX PROC,1+AREA,TX EXER, EA 15 MIN	\$32.50	\$24.39
07/15/2014	07/15/2014	00140601683000	ACTIVE CARE PHYSICAL THERAPY A	843.9	SPRAIN/STRAIN, HIP/THIGH	97110	TX PROC,1+AREA,TX EXER, EA 15 MIN	\$65.00	\$26.00
07/15/2014	07/15/2014	00140601683000	ACTIVE CARE PHYSICAL THERAPY A	843.9	SPRAIN/STRAIN, HIP/THIGH	97110	TX PROC,1+AREA,TX EXER, EA 15 MIN	\$32.50	\$24.39
07/17/2014	07/17/2014	00140613647400	ACTIVE CARE PHYSICAL THERAPY A	843.9	SPRAIN/STRAIN, HIP/THIGH	97110	TX PROC,1+AREA,TX EXER, EA 15 MIN	\$65.00	\$26.00
07/17/2014	07/17/2014	00140613647400	ACTIVE CARE PHYSICAL THERAPY A	843.9	SPRAIN/STRAIN, HIP/THIGH	97110	TX PROC,1+AREA,TX EXER, EA 15 MIN	\$32.50	\$24.39
07/08/2014	07/08/2014	00140616739201	RANDIE, CHRISTOPHER CHA	724.2	LUMBAGO	97811	ACUUNCTURE W/O ELEC STIM AD 15 MIN	\$40.00	\$15.00
07/08/2014	07/08/2014	00140616739201	RANDIE, CHRISTOPHER CHA	724.2	LUMBAGO	97810	ACUUNCTURE W/O ELEC STIM, 15 MIN	\$80.00	\$25.00
07/18/2014	07/18/2014	00140617018800	RANDIE, CHRISTOPHER CHA	724.2	LUMBAGO	97811	ACUUNCTURE W/O ELEC STIM AD 15 MIN	\$40.00	\$15.00

Please write this number on your check: 14BF10800107

Tax Id Number: 31-1563156

Blue Shield of California and Blue Shield of California Life & Health Insurance Company

Wednesday, November 26, 2014 09:55 am

Patient's Name: MELISSA HORTON

Member's Name: MELISSA HORTON

Childress
File Number: 14BFT0800107

Make Checks Payable To:
The Rawlings Company LLC
Attn: Shannon N. Childress
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P. O. Box 2000, Lagrange, KY 40031-2000

Paid Amount Subject to Change.
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Representative: Shannon N.

Trmt. Date In	Trmt. Date Out	Claim No.	Provider or Drug Name	ICD9	ICD9 Desc.	CPT	CPT Desc.	Bill Amount	Paid Amount
07/18/2014	07/18/2014	00140617018800	RANDLE, CHRISTOPHER CHA	724.2	LUMBAGO	97810	ACUPUNCTURE W/O ELEC STIM, 15 MIN	\$80.00	\$15.00
07/18/2014	07/18/2014	00140617018800	RANDLE, CHRISTOPHER CHA	724.2	LUMBAGO	99212	OFFICE/OUTPT VIST, EST, PROB FOC	\$35.00	\$20.00
07/22/2014	07/22/2014	00140617018800	RANDLE, CHRISTOPHER CHA	724.2	LUMBAGO	97811	ACUPUNCTURE W/O ELEC STIM AD 15 MIN	\$40.00	\$15.00
07/22/2014	07/22/2014	00140617018800	RANDLE, CHRISTOPHER CHA	724.2	LUMBAGO	97810	ACUPUNCTURE W/O ELEC STIM, 15 MIN	\$80.00	\$15.00
07/22/2014	07/22/2014	00140617018800	RANDLE, CHRISTOPHER CHA	724.2	LUMBAGO	99212	OFFICE/OUTPT VIST, EST, PROB FOC	\$35.00	\$20.00
07/01/2014	07/01/2014	00140617783200	RANDLE, CHRISTOPHER CHA	724.2	LUMBAGO	97811	ACUPUNCTURE W/O ELEC STIM AD 15 MIN	\$40.00	\$15.00
07/22/2014	07/22/2014	00140624610800	ACTIVE CARE PHYSICAL THERAPY A	843.9	SPRAIN/STRAIN, HIP/THIGH	97110	TX PROC, 1+AREA, TP EXER, EA 15 MIN	\$37.50	\$29.33
07/22/2014	07/22/2014	00140624610800	ACTIVE CARE PHYSICAL THERAPY A	843.9	SPRAIN/STRAIN, HIP/THIGH	97110	TX PROC, 1+AREA, TP EXER, EA 15 MIN	\$75.00	\$27.60
07/22/2014	07/22/2014	00140624610800	ACTIVE CARE PHYSICAL THERAPY A	843.9	SPRAIN/STRAIN, HIP/THIGH	97110	TX PROC, 1+AREA, TP EXER, EA 15 MIN	\$37.50	\$22.94
07/29/2014	07/29/2014	00140649541200	RANDLE, CHRISTOPHER CHA	724.2	LUMBAGO	97811	ACUPUNCTURE W/O ELEC STIM AD 15 MIN	\$40.00	\$15.00
07/29/2014	07/29/2014	00140649541200	RANDLE, CHRISTOPHER CHA	724.2	LUMBAGO	97810	ACUPUNCTURE W/O ELEC STIM, 15 MIN	\$80.00	\$15.00
07/29/2014	07/29/2014	00140649541200	RANDLE, CHRISTOPHER CHA	724.2	LUMBAGO	99212	OFFICE/OUTPT VIST, EST, PROB FOC	\$35.00	\$20.00
08/04/2014	08/04/2014	00140666285100	RANDLE, CHRISTOPHER CHA	724.2	LUMBAGO	97811	ACUPUNCTURE W/O ELEC STIM AD 15 MIN	\$40.00	\$15.00

Please write this number on your check: 14BFI0800107

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Tax Id Number: 31-1563156

Blue Shield of California and Blue Shield of California Life & Health Insurance Company

Wednesday, November 26, 2014 09:55 am

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08/04/2014	08/04/2014	00140666285100	RANDIE, CHRISTOPHER CHA	724.2	LUMBAGO	97810	ACUPUNCTURE W/O ELEC STIM, 15 MIN	\$80.00	\$15.00
08/04/2014	08/04/2014	00140666285100	RANDIE, CHRISTOPHER CHA	724.2	LUMBAGO	99212	OFFICE/OUTPT VISIT, EST, PROB FOC	\$35.00	\$20.00
TOTALS								\$7,018.00	\$3,224.74

Please write this number on your check: 14BF10800107

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Tax Id Number: 31-1563156



May 30, 2013

Ms. Melissa Garret Horton
3295 Depot Rd.
Hayward, CA 94545

Dear Ms. Horton:

This agreement confirms that NBC Olympics LLC ("NBC") shall retain you in an Olympic freelance Stage Manager position, under the following terms, in connection with NBC's coverage of the 2014 Winter Olympics in Sochi, Russia.

- 1) Your initially anticipated employment dates are from January 29, 2014 to February 24, 2014. You will be notified of your exact assignment dates approximately 14 days prior to your assignment start date.
- 2) Based on a seven-day workweek, your 12-hour/7-day daily rate is \$532.00, representing a blended rate of 40 hours straight time at \$37.99 per hour, plus 44 hours overtime at the time-and-one-half rate of \$57.00 per hour. The total, divided by seven (days), equals the aforementioned daily rate. The overtime rate will also apply to each hour (in 1/10 hour increments) per day that you work in excess of 12 hours. The rates are all inclusive of any payments in lieu of benefits where applicable and will apply to all workdays on site. However, all travel only days will be paid at the straight time rate for 8 hours. NBC has sole discretion to determine which tasks will be assigned to you. You will not be paid for any day on which you do not (or refuse to) perform your assigned tasks.
- 3) It is NBC's intention to pre-pay 50% of your total anticipated base compensation (less required withholdings), based on employment dates, approximately 14 days prior to your assignment start date. The remaining 50% of your compensation, plus any incremental overtime earned, will be paid to you within approximately 30 days of your assignment end date.
- 4) NBC will arrange all required lodging in Sochi, and necessary air transportation to/from your home city, in connection with your assignment. Per Diem will be paid at \$110.00 per day during travel to Sochi and prior/post to the opening/closing of NBC Olympics' commissary in Sochi, and reduced to \$60.00 per day during the time that the commissary is operational. Per Diem is intended to cover all living expenses (including meals, internet, laundry, telephone calls and transportation to/from the airport of your home departure) while you are on assignment. It is NBC's intention to pre-pay your per diem approximately 14 days prior to your start date, based on your planned employment dates. All per diem payments will be less any applicable taxes.
- 5) You will be entitled to all NBC benefits normally provided to freelance non-staff employees, including workers' compensation and medical facilities. Any medical costs you incur, outside of routine treatment at the on-site Olympic medical facility, will be at your own expense. As a condition of employment, you must have personal medical insurance during your assignment with NBC while you are in Sochi. You may be required to show proof of personal medical insurance at a later date.
- 6) Any employment offered hereunder shall be "at-will" to the extent permitted by applicable laws. Furthermore, NBC may terminate this agreement with cause at any time or without cause not less than 30 calendar days prior to your assignment start date, without owing any further liability to you. If NBC terminates this agreement, without cause, within less than 30 calendar days prior to your assignment start date, NBC shall pay you a severance fee of 50% of the total base compensation (not including overtime or per diem) that you would have been entitled to hereunder and whereby neither party shall have any further liability to the other. If NBC terminates this agreement, without cause, in less than 10 calendar days prior to your assignment start date, you shall be paid your full base compensation (not including overtime or per diem), less the amounts of per diem prepayments made to you, if any. If, for any reason, you do not perform the services required hereunder after NBC's pre-payments (compensation or otherwise) are made to you, you agree that you shall be fully and personally liable to return the unearned amount(s) of such pre-payments and/or the cost of any airfare or accommodations that NBC incurs as a result of your failure to perform the agreed-upon services.
- 7) You will be expected to adhere to the attached NBC's Standards of Conduct and Working Conditions policies, as well as the Company's Integrity Policies as applicable to you. Engagement in conduct that NBC deems inappropriate or your failure to comply with such policies may result in disciplinary action, up to and including immediate termination.
- 8) This agreement, and the offer of employment set forth herein, is expressly contingent upon your successful passing of a background check and Olympic accreditation approval for the 2014 Olympics and securing of requisite work permit documentation, if any needed.
- 9) The laws of the State of New York shall govern this agreement.

In order to assist us in finalizing our plans, we would appreciate your acceptance of these terms and conditions by signing at the space provided below and returning it to us within 15 days from the date of this letter. If we do not receive these documents in the allotted time period, the agreement may be considered void. We recommend that you return these forms by a traceable mail service.

Very truly yours,
NBC OLYMPICS LLC.

Robert Landau
Senior Vice President, Human Resources
NBC Sports Group

ACCEPTED AND AGREED

Melissa Garret Horton

Appendages/Attachments



[REDACTED]

Horton, Melissa - NBC Olympics - Sochi Games

Thu, May 30, 2013 at 11:40 AM

[REDACTED]
<[REDACTED]>
To: [REDACTED]

Dear NBC Olympic Participant:

Attached is your NBC Olympics Personal Information package that must be completed and returned no later than 15 days from today. We cannot process and implement your individual requirements for participation in the 2014 Winter Games until all required documentation has been completed and returned to us as instructed on your attached package checklist.

In addition, your documentation will not be considered complete until you have registered, completed, submitted and received a confirmation number on the Personal Information Form (PIF) accessed by clicking the following website link. Complete instructions are included on this website.

[REDACTED]

To login to this site, enter your name and email address.

First Name: Melissa
Last Name: Horton
Email Address: [REDACTED]
People+ ID: [REDACTED]

Your package must be received and your on-line PIF must be completed by June 14, 2013. It is extremely important that you adhere to this date for accreditation purposes. Please refer to the Frequently Asked Questions, included in your package (if applicable), for additional information.

NOTE: The documentation attached is a PDF file that requires Adobe Acrobat Reader software to be opened. Acrobat Reader is freely distributed and can be downloaded from the following location:

<http://get.adobe.com/reader/>

An automated process, unable to accept or respond to communications, generated this message. Please do not reply to it. Any questions on this communication should be directed to your primary NBC Olympics contact.

Thank You.

 nbcfile.pdf
2773K



[REDACTED]

Sochi - NBC Olympics

Noonan, Elyse (NBCUniversal) <[REDACTED]>
To: [REDACTED]

Wed, May 29, 2013 at 7:13 AM

Hi Melissa,

We would like to offer you a stage manager position in Sochi this winter. Here are the details:

Stage Manager at IBC – NBCSN show

Jan 25th-Feb 24th

Coach Travel both ways – most likely a charter flight both ways

Rates:

\$532 for 12 hours

\$57 for each hour past 12

\$303.96 for the travel days

Per Diem: \$110 on travel days/\$60 the rest of the time

Are you DGA? If this all looks good please let me know and I will send you the package. Also please send me your contact info – address and phone number. Let me know if you have any questions.

Thanks,

Elyse Noonan

NBC Olympics
[REDACTED]

Melissa Horton [REDACTED]
To: "Noonan, Elyse (NBCUniversal)" [REDACTED]

Wed, May 29, 2013 at 2:42 PM

Hi there,

Thank you for contacting me! I would love to work in Sochi, and am delighted you contacted me.

I'm on Sunday Night Football, and we have a game on Jan 26th in Hawaii. I don't think I could leave for Russia before

the 28th, as I get back to the mainland on the 27th.

Would this be working with Al Michaels and other talent in a long, blended shift, similar to London?

I am not currently DGA. That could change by February, but not at the moment.

Thanks again for considering me.

Melissa Horton

Sent from my iPhone
[Quoted text hidden]

Noonan, Elyse (NBCUniversal) [REDACTED]
To: Melissa Horton [REDACTED]

Thu, May 30, 2013 at 7:06 AM

Great – thanks for letting me know. We will move your date to the 29th – so you will be on the NBC Charter. If you become DGA between now and the ollys let me know so we can change your code in our system. And yes, your assignment will be very similar to London...I haven't been told the host yet, but they should be able to release the information in the fall...so if you want to check back in then, I should be able to tell you.

I will approve you in the system...so keep an eye out for a computer generated email with paperwork...same drill as London.

Let me know if you have any questions.

Thanks,

Elyse

From: Melissa Horton [mailto:[REDACTED]]
Sent: Wednesday, May 29, 2013 5:42 PM
To: Noonan, Elyse (NBCUniversal)
Subject: Re: Sochi - NBC Olympics

[Quoted text hidden]

Melissa Horton [REDACTED]
To: "Noonan, Elyse (NBCUniversal)" [REDACTED]

Thu, Jun 20, 2013 at 2:44 PM

Hi Elyse,

I just realized I missed the Friday deadline on my paperwork. I have been scrambling to find a place to live since my Stamford job fell through and lost track of the date.

I am doing it now. I've done the online registration and will be finished within the hour. My concern is that in my rush I didn't enter my full middle name as it appears on my passport on the PIF. Let me know if I need to redo it.

I am sorry to be scattered. I don't miss deadlines. My apologies.

Sincerely,

Melissa horton
[Quoted text hidden]

Noonan, Elyse (NBCUniversal) <[REDACTED]>
To: "[REDACTED]" <[REDACTED]>

Thu, Jun 20, 2013 at 2:49 PM

Melissa-what is your full middle name-I will make sure all is good. No worries at all.
Thanks,
Elyse

From: Melissa Horton [mailto:[REDACTED]]

Sent: Thursday, June 20, 2013 05:44 PM

[Quoted text hidden]

[Quoted text hidden]

Melissa Horton <[REDACTED]>
To: "Noonan, Elyse (NBCUniversal)" <[REDACTED]>

Thu, Jun 20, 2013 at 2:53 PM

Melissa Garret Horton

Thanks very much,

Melissa

[Quoted text hidden]

Noonan, Elyse (NBCUniversal) <[REDACTED]>
To: Melissa Horton <[REDACTED]>

Fri, Jun 21, 2013 at 5:43 AM

I changed it to Garret in your PIF.

Thanks!

Elyse

From: Melissa Horton [mailto:[REDACTED]]

Sent: Thursday, June 20, 2013 5:53 PM

[Quoted text hidden]

[Quoted text hidden]

Melissa Horton <[REDACTED]>
To: "Noonan, Elyse (NBCUniversal)" <[REDACTED]>

Tue, Oct 29, 2013 at 9:57 AM

Hi Elyse,

I've been speaking with my production manager on SNF, and we are getting close to the time when I need to book my flights for the Pro Bowl. I've been holding off on doing so because I can't determine when I am coming back from hawaii until I know how I and when I am getting to the charter on the 29th. I suspect it might mean a red eye on the 28th, but I am not certain.

Any idea when my Sochi travel might be booked? I think the smartest thing might be to work backwards from that in booking the Pro Bowl.

Thanks very much.

Melissa

[Quoted text hidden]



[REDACTED]

Registration Confirmed - NBC Winter Olympics 2014

NBC Olympic Travel <[REDACTED]>
Reply-To: [REDACTED]
To: Melissa Horton [REDACTED]

Thu, Jun 20, 2013 at 2:22 PM

Dear Melissa:

Your registration has been submitted. Please save this email for future reference.

Event: NBC Winter Olympics 2014
Attending: Melissa Horton
Confirmation Number: V2NPN7SSDN7

You must also complete and return all required forms in your "Personal Information E-mail Packet" no later than 15 days after receipt. We cannot process your individual requirements for participation in the Sochi 2014 Olympic Games until all required documentation has been completed and returned as instructed in your Personal Information E-Mail Packet and checklist.

Sincerely,
NBC Olympic Travel

[REDACTED]



[Redacted]

Sochi 2014 Olympic Assignment - Hours Submission

Finance, Olympics (NBCUniversal) <[Redacted]>
To: "Finance, Olympics (NBCUniversal)" <[Redacted]>

Mon, Dec 23, 2013 at 1:13 PM

You have been identified as an NBC Freelancer who currently enters hours into our Timekeeper system for your various assignments. For your Sochi 2014 Olympics assignment, please do not submit your hours to your manager to be entered into the NBC Timekeeper system. While in Sochi, there will be a separate system called eTimesheet used to track your hours. Hours are submitted by an assigned submitter and generally by venue.

As your hours are not entered into Timekeeper, you will be receiving upfront 50% of your salary and another 50% after your assignment ends, along with any OT, if eligible.

If you have any questions or concerns, please let us know.

Melissa Horton <[Redacted]>
To: "Finance, Olympics (NBCUniversal)" <[Redacted]>

Mon, Dec 23, 2013 at 1:25 PM

I have had an accident and will no longer going to Sochi. I will be recovering from surgery in a brace during the games.

My managers are aware and my flights have been removed. Please do not pay me!

Sent from my iPhone
[Quoted text hidden]



REMINDER: NBC Olympics - What You Need to Know...

Safety, NBCSports (NBCUniversal)

Mon, Dec 30, 2013 at 12:43 PM

To: "[REDACTED]"

Hello Melissa Horton,

This is a friendly reminder regarding the "*NBC Olympics – What You Need to Know, Before You Go*" on-line training class. Please take a minute to review the information below & complete the course at your earliest convenience. [REDACTED]

If you think that you have already completed the course, please reply and we can investigate. (Replying with a screenshot of the final page and/or survey will help quite a bit!)

Some tips for accessing the system and receiving credit for completion:

- Log in using the e-mail address where this e-mail was sent. (i.e. Raymond.Reddington@yahoo.com)
- Your password is: "initial of your first name" + "last name" as it appears in your passport. (i.e. reddington)
- Do not exit the course by clicking the "X" in the top corner. Use the navigation buttons (i.e. Exit) inside the course.
- *****YOU MUST COMPLETE THE 1-QUESTION SURVEY ON THE LAST PAGE, IN ORDER TO RECEIVE CREDIT FOR THE COURSE*****

Thanks for your attention to this important matter.

NBC Olympics

Sent: Thursday, December 05, 2013 12:40 AM

Subject: ACTION REQ'D: NBC Olympics - What You Need to Know, Before You Go

Dear NBC Olympics Traveler,

In preparation for NBCUniversal's coverage of the 2014 Winter Olympics, we have created an on-line training module called "What You Need to Know, Before You Go." **The information is for all "travelers" and must be completed before your departure to Sochi.**

This training module was developed to provide our personnel with important guidance about your visit and stay in Sochi, including, medical, travel, personal safety, security, and cultural tips and facts about the city and country.

It will take approximately 20-30 minutes to review and must be completed before you travel to Russia.

*****YOU MUST COMPLETE THE 1-QUESTION SURVEY ON THE LAST PAGE, IN ORDER TO RECEIVE CREDIT FOR THE COURSE*****

Instructions on how to access the module are included below.


Thank you for your attention to this item.

Sincerely,

NBC Olympics

Instructions:

*****PLEASE NOTE: Pop-up blockers may stop the course from launching. If the course does not launch in a new window, look for the link that says: "If a new window does not appear, click here to launch the activity".*****

- 1 – Go to 
- 2 – Click on "NBC Olympics – What You Need to Know, Before You Go"
- 3 – Log in.
 - Your userid is your e-mail address (i.e. Raymond.Reddington@nbcuni.com)
 - Password is first initial + last name (i.e. reddington)
 - You will be prompted to change your password.
- 4 – Click on "NBC Olympics – What You Need to Know, Before You Go" or the "Enter" button.
- 5 – Course will start in new window(s)
- 6 – Complete the course, brief quiz and 2 question survey.

Notes:

YOU MUST COMPLETE THE 1-QUESTION SURVEY ON THE LAST PAGE, IN ORDER TO RECEIVE CREDIT FOR THE COURSE

*Do not exit the course by clicking the "X" in the top corner. Use the navigation buttons (i.e. Exit) inside the course.

*If you want to resume after exiting; re-start the course, click on "+" then "Menu".

*Course may not function properly on an iPad. Your experience may vary. Will work on PC or Mac running most browsers.

*You do NOT need to be on NBCU network.

*If you have questions, concerns, or technical difficulties, please send an e-mail to:

[REDACTED]

Melissa Horton <[REDACTED]>
To: "[REDACTED]" <[REDACTED]>

Mon, Dec 30, 2013 at 3:23 PM

Hi,

I had an accident that requires surgery and will not be attending the games. I'm sorry.

Sent from my iPhone

[Quoted text hidden]

King, Jason (NBCUniversal) <[REDACTED]>
To: Melissa Horton <[REDACTED]>

Thu, Jan 2, 2014 at 7:55 AM

Melissa, sorry to hear that. Take care and thanks for letting me know. I will update my records.

jay

From: Melissa Horton [mailto:[REDACTED]]
Sent: Monday, December 30, 2013 6:23 PM
To: Safety, NBCSports (NBCUniversal)
Subject: Re: REMINDER: NBC Olympics - What You Need to Know...
[Quoted text hidden]



To: Mr. Brendan Lupetin

From: Tim DeKime

Date: September 29th, 2014

I am sending this note to verify Melissa Horton's employment with NBC Sports as the Sunday Night Football booth stage Mgr. Ms. Horton has been with our SNF broadcasts since 2006 and has worked every game with the exception of last year's Wildcard playoff game in Philadelphia and Pro Bowl in Hawaii. The injury from her fall prevented her from working the 2 games mentioned. Melissa's salary for each of the "SNF" games is \$1,000.

Let me know if you might need more information. My contact information is below.

A handwritten signature in black ink, appearing to read "Tim DeKime".

NBC SPORTS GROUP

Tim DeKime | Sr. Director, Sports Operations

1 Blachley Road, Stamford, CT. 06902

203-356-2633 O | 917-837-1776 C Tim.DeKime@nbcuni.com



Transaction Details
 Prepared for
 Melissa G Horton
 Account Number
 XXXX-XXXXXX-53005

Green Card / December 14, 2013 to July 7, 2014
 HAMSTRING, HAMSTRING REHAB

Date	Description	Amount
12/14/2013	UNITED AIRLINES HOUSTON TX	453.00
12/23/2013	AMAZON MKTPLACE PMTSAMZN.COM/BILL WA	5.90
12/23/2013	AMAZON MKTPLACE PMTSAMZN.COM/BILL WA	35.94
12/23/2013	UNITED AIRLINES HOUSTON TX	10.00
12/23/2013	UNITED AIRLINES HOUSTON TX	275.00
12/30/2013	ADY*UBER TECHNOLOGIE866-576-1039 MA	19.00
12/30/2013	AMAZON MKTPLACE PMTSAMZN.COM/BILL WA	22.99
12/30/2013	AMAZON MKTPLACE PMTSAMZN.COM/BILL WA	22.99
12/30/2013	AMAZON MKTPLACE PMTSAMZN.COM/BILL WA	19.99
12/30/2013	AMAZON MKTPLACE PMTSAMZN.COM/BILL WA	23.96
12/30/2013	AMAZON MKTPLACE PMTSAMZN.COM/BILL WA	37.05
12/31/2013	AMAZON MKTPLACE PMTSAMZN.COM/BILL WA	88.29
12/31/2013	AMAZON.COM AMZN.COM/BILL WA	119.27
12/31/2013	SPORTS AUTHORITY006726SAN CA	174.90
01/01/2014	CLUB ONE AT OAKLAND 5108951010 CA	90.00
01/02/2014	AMAZON MKTPLACE PMTSAMZN.COM/BILL WA	17.84
01/03/2014	AMAZON MKTPLACE PMTSAMZN.COM/BILL WA	6.49
01/04/2014	REHABMART.COM 650000WATKINSVILLE GA	65.66
01/04/2014	REHABMART.COM 650000WATKINSVILLE GA	209.00
01/05/2014	AMAZON MKTPLACE PMTSAMZN.COM/BILL WA	34.99
01/05/2014	AMAZON.COM AMZN.COM/BILL WA	34.47
01/06/2014	AMAZON MKTPLACE PMTSAMZN.COM/BILL WA	100.49
01/12/2014	AMAZON MKTPLACE PMTSAMZN.COM/BILL WA	15.61
01/12/2014	AMAZON MKTPLACE PMTSAMZN.COM/BILL WA	23.99
01/14/2014	AMAZON MKTPLACE PMTSAMZN.COM/BILL WA	68.98
01/17/2014	AMAZON MKTPLACE PMTSAMZN.COM/BILL WA	76.25
01/17/2014	AMAZON MKTPLACE PMTSAMZN.COM/BILL WA	47.98
01/22/2014	ADAPTIVE CLOTHING SH845-352-3475 NY	94.95
01/28/2014	PAYBYPHONE SANFRANCINEW YORK NY	4.45
01/30/2014	PAYBYPHONE SANFRANCINEW YORK NY	4.45
02/02/2014	CLUB ONE AT OAKLAND 5108951010 CA	90.00
02/24/2014	Dispute - PAYBYPHONE SANFRANCISCO P	-4.45
03/01/2014	ADY*UBER TECHNOLOGIE866-576-1039 MA	12.39
03/02/2014	CLUB ONE AT OAKLAND 5108951010 CA	90.00
04/01/2014	CLUB ONE AT OAKLAND 5108951010 CA	90.00
05/01/2014	CLUB ONE AT OAKLAND 5108951010 CA	90.00
06/01/2014	CLUB ONE AT OAKLAND 5108951010 CA	90.00

Cost to upgrade flight to return home PIT-SFO
 Medical for travel
 Medical for travel
 Cost to fly Jodi to Dallas to shadow me (taxes, used miles)
 Cost to upgrade me to Dallas
 Cab to sister's house, unable to drive
 Order 12/29/13: Brace Clothing
 Order 12/29/13: Brace Clothing 2
 Order 12/29/13: Disabled Home Equipment
 Order 12/29/13: Disabled Home Equipment
 Order 12/29/13: Disabled Home Equipment
 Order 12/29/13: Brace clothing 3 (\$20 gift card, 68.29 AMEX)
 Order 12/29/13: Disabled Home Equipment
 Brace special clothing per Ortho Checklist: Receipt Scan B
 Cost to maintain membership for post op rehab
 Ice packs: Scan D
 Ice packs
 Cost of Arthro tall-ette toilet seat
 Overnight Freight special toilet seat
 Order 1/4/14: Disabled gear for house
 Order 1/4/14: Disabled gear for house
 Order 1/4/14: Disabled gear for house
 Order 1/12/14 Night Lights, Bathing, Skirt for brace
 Order 1/12/14 Night Lights, Bathing, Skirt for brace
 Order 1/13/14: Non-allergic bandages
 Order 1/17/14 Skirts for Brace, seat cushion
 Order 1/17/14 Skirts for Brace, seat cushion
 01.12.2014 Brace Underwear Order (Special velcro underwear to fit over brace)
 parking at PT
 parking at PT
 Cost to maintain membership for post op rehab
 parking at PT
 Cab to sister's house, unable to drive
 Cost to maintain membership for post op rehab
 Cost to maintain membership for post op rehab
 Cost to maintain membership for post op rehab
 Cost to maintain membership for post op rehab

Other Costs:
 01/25/14 Walgreens \$
 01/06/14 Walgreens \$

26.90 Prescriptions, equipment to jerry rig panties around brace - Scan A
 17.77 Prescriptions - Scan A

12/18/13	Sports Orthopedic & Rehabilitation	15.00	Co Pay - Scan B
12/27/13	Parking Receipt	8.00	Pre-Op Clearance Appt, Dr. Hightower's Office - Scan B
01/24/14	Amazon.com	34.99	Gel Seat Cushion for sitting: Scan C
01/31/14	DMV	6.00	Cost of disabled placard: Scan E
01/05/14	Rene Lucero/Rene's Cuddly Critter Sitting	25.00	Meeting Jasmine to set up Pet Care during bed rest: Scan F, Check back -up 1
01/22/14	Rene Lucero/Rene's Cuddly Critter Sitting	275.00	Pet Care during bed rest: Scan F, H, Check back -up 1
01/31/14	Rene Lucero/Rene's Cuddly Critter Sitting	275.00	Pet Care during bed rest: Scan F, I, Check back -up 1
02/20/14	Rene Lucero/Rene's Cuddly Critter Sitting	375.00	Pet Care during bed rest: Scan G, J, check back-up 3
02/25/14	Rene Lucero/Rene's Cuddly Critter Sitting	250.00	Pet Care during bed rest: Scan G, K, check back-up 3
01/16/14	CD Consulting/Clara Divis	6,527.50	Nursing Aid Care during Confinement: Scan L, Check back -up 1
01/31/14	CD Consulting/Clara Divis	752.50	Nursing Aid Care during Confinement: Scan M, Check back-up 2
02/22/14	CD Consulting/Clara Divis	715.00	Nursing Aid Care during Confinement: Scan N, check back-up 3
03/11/14	Active Care Physical Therapy	130.00	Out of pocket PT session: Scan O
03/13/14	Active Care Physical Therapy	130.00	Out of pocket PT session: Scan O
03/18/14	Active Care Physical Therapy	130.00	Out of pocket PT session: Scan O
03/20/14	Active Care Physical Therapy	130.00	Out of pocket PT session: Scan O
03/25/14	Active Care Physical Therapy	130.00	Out of pocket PT session: Scan O
03/27/14	Active Care Physical Therapy	130.00	Out of pocket PT session: Scan O
04/01/14	Active Care Physical Therapy	130.00	Out of pocket PT session: Scan P
04/03/14	Active Care Physical Therapy	130.00	Out of pocket PT session: Scan P
04/08/14	Active Care Physical Therapy	130.00	Out of pocket PT session: Scan P
04/10/14	Active Care Physical Therapy	130.00	Out of pocket PT session: Scan P
04/15/14	Active Care Physical Therapy	130.00	Out of pocket PT session: Scan P
04/17/14	Active Care Physical Therapy	130.00	Out of pocket PT session: Scan P
04/22/14	Active Care Physical Therapy	130.00	Out of pocket PT session: Scan Q
04/24/14	Active Care Physical Therapy	130.00	Out of pocket PT session: Scan Q
04/29/14	Active Care Physical Therapy	130.00	Out of pocket PT session: Scan Q
05/01/14	Active Care Physical Therapy	130.00	Out of pocket PT session: Scan Q
12/27/13	Associated Internal Medicine Medical Support Care Services	15.00	Copay - Pre-Surgery Visit, Dr. Hightower: Scan R
01/02/14	SOAR Surgery	125.00	Prepayment of out of office fee to place me in brace post-op: Scan S
01/07/14	Support Care Services Statement	249.00	Co-pay/Harstring Surgery/Surgical Center: Scan T
03/07/14	Active Care Physical Therapy Statement	227.78	Bill & Payment of statement for Brace construction, Check #2234: Scan U, check back-up 3
03/07/14	Sports Orthopedic & Rehab Statement	53.65	Bill & Payment of statement, Check #2235: Scan V, check back-up 3
03/07/14	CA Advanced Imaging Med Associates	493.93	Bill & Payment of statement for Dillingham appointments, Check #2233: Scan W-X, check back-up 3
03/07/14	Diane Parker	83.68	Bill & Payment of statement for MRI, Check #2231: Scan Y, check back-up 3
01/05/14		25.00	Meeting Meeting Jasmine to set up Pet Care during bed rest: Check back -up 2

\$ 15,318.52



Michael F. Dillingham, MD
George Thabit III, MD
Gordon A. Brody, MD
Lawrence M. Oloff, DPM
Michael S. Wall, MD
Joseph P. Donahue, MD
John T. Kao, MD

Kenneth H. Akizuki, MD
Bradley P. Chaw, MD
Nicholas H. Mast, MD
R. Elaine Lambert, MD
N. Nichole Barry, MD
Tracey Robinson, MD
Anthony Saglimbeni, MD
Dennis M. Isralski, MD

Bruce A. Lelwert, DPM
Jonah N. Mullens, DPM
Kalle M. Stidham, DO
Sara L. Edwards, MD
Tammara Carver, ANP, MSN
Margaret E. Hermoso, FNP, MSN
Janice O. Santos, NP-C, MSN

PATIENT NAME: HORTON, MELISSA G
MEDICAL RECORD #: 779888
DATE OF VISIT: 06/09/2014
LOCATION: REDWOOD CITY

RECHECK:

DATE OF SURGERY: 01/07/2014

PROCEDURE PERFORMED: Right proximal hamstring repair.

HISTORY OF PRESENT ILLNESS/INJURY: Melissa presents in follow-up for the above stated procedure. She reports to be doing quite well. She is having just occasional pain. She feels that she is moving more comfortably. She does have some pain with lunges.

PHYSICAL EXAMINATION: Her hip range of motion is normal. She has near 5/5 strength and hip extension and knee flexion without pain.

ASSESSMENT AND PLAN: Melissa is five months postop doing well from her proximal hamstring tendon repair. She will finish her physical therapy at Active Care, mainly now working towards returning back to work as working as part of the production team for NBC Monday Night Football. We will see her again in another four to six weeks' time to see how she is coming along.

This patient was seen and discussed with Dr. Michael Dillingham.

Philbert Y. Huang, M.D./Michael F. Dillingham, M.D.

MD2MD: D: 06/09/2014 03:57:00 pm T: 06/10/2014 06:30:50 am
Job#: 673311/Doc#: 788714/Transc: FM

C: Active Care Physical Therapy
3019 Geary Boulevard
San Francisco, CA 94118



SPORTS, ORTHOPEDIC AND REHABILITATION MEDICINE ASSOCIATES

RE-CHECK FORM

MRN: 779888

DATE: 06-09-14

DOCTOR: Dilli

NAME: Melissa G Horton

RELEVANT SURGERY / DATE: _____

DIAGNOSIS OR CONDITION: _____

REASON FOR VISIT:

REVIEW STUDIES: MRI () BONE SCAN () A-GRAM () CT () DX BLOCKS ()

OTHER: _____

OTHER: _____

PHYSICAL THERAPY:

DATE BEGAN: Admis Cone WHERE: _____ FREQUENCY: _____

HOME PROGRAM: YES NO GYM PROGRAM: YES NO

Dx/walk & kunz & wight

MEDICATIONS:

CURRENTLY TAKING: 1. Jant (P) Hanting

PRESCRIBED: 1. _____ 2. _____

CURRENT WORK STATUS:

REGULAR WORK: _____ NO WORK: _____

MODIFIED DUTY / SPECIFIC RESTRICTIONS: _____

M.D. NOTES:

S Very occasional pain & more uncomfortable she gets some pain in lungs.

O nl hip Rom. 5/5 hip ext / flex plus 4 pi

A _____

P I was fast up p/a. back PT.

PTC 6wks. cont PT.

MD SIGNATURE: _____

COPY TO: _____



Michael F. Dillingham, MD
George Thabit III, MD
Gordon A. Brody, MD
Lawrence M. Oloff, DPM
Michael S. Wall, MD
Joseph P. Donahue, MD
John T. Kuo, MD

Kenneth H. Akizuki, MD
Bradley P. Graw, MD
Nicholas H. Mast, MD
R. Elaine Lambert, MD
N. Nichole Barry, MD
Tracey Robinson, MD
Anthony Snglimbeni, MD
Dennis M. Ismelski, MD

Bruce A. Lehnert, DPM
Jonah N. Mullens, DPM
Kalle M. Stidham, DO
Sam L. Edwards, MD
Tamara Carver, ANP, MSN
Margaret E. Hennoso, FNP, MSN
Janice O. Santos, NP-C, MSN

PATIENT NAME: HORTON, MELISSA G
MEDICAL RECORD #: 779888
DATE OF VISIT: 04/21/2014
LOCATION: REDWOOD CITY

RECHECK:

HISTORY OF PRESENT ILLNESS/INJURY: Ms. Horton comes in today approximately fifteen weeks status post hamstring repair. The patient states that she is doing quite well and her pain is minimal. She continues to work with physical therapy at Active Care. She has no specific complaints or concerns voiced today.

PHYSICAL EXAMINATION: Patient has a well healed surgical incision. She has no pain with any range of motion of the hip. Range of motion is full in all planes. Patient has no pain with bridge resistance. Strength is 4+/5 in bridging and hip extension and knee flexion. Patient has normal sensation throughout.

ASSESSMENT: Fifteen weeks status post right hamstring repair doing extremely well.

PLAN: Patient is to continue physical therapy at Active Care. She is doing quite well. We would like to see her back for another evaluation in approximately six weeks time.

Nicholas C. Frisch, M.D./Michael F. Dillingham, M.D.

MD2MD: D: 04/21/2014 09:45:00 am T: 04/21/2014 11:09:18 pm
Job#: 665529/Doc#: 779814/Transc: BVT



SPORTS, ORTHOPEDIC AND REHABILITATION MEDICINE ASSOCIATES

RE-CHECK FORM

MRN: 779888

DATE: 04-21-14

DOCTOR: Dilli

NAME: Melissa G Horton

RELEVANT SURGERY / DATE: _____

DIAGNOSIS OR CONDITION: _____

REASON FOR VISIT: RC HAMSTRING 12.

REVIEW STUDIES: MRI [] BONE SCAN [] A-GRAM [] CT [] DX BLOCKS []

OTHER: _____

OTHER: _____

PHYSICAL THERAPY:

DATE BEGAN: _____ WHERE: Active Care FREQUENCY: _____

HOME PROGRAM: YES NO GYM PROGRAM: YES NO

MEDICATIONS:

CURRENTLY TAKING: 1. _____

PRESCRIBED: 1. _____ 2. _____

CURRENT WORK STATUS:

REGULAR WORK: _____ NO WORK: _____

MODIFIED DUTY / SPECIFIC RESTRICTIONS: _____

M.D. NOTES:

S good can bike 5 local routes
starmerter better ->
O 15 weeks pto
A 1/2 full ROM. >90
P ETC 6-8 weeks. bridge's pain! (4/5)
continue PT ->
ETC 6 - (DILLI)

DICTIONATION NEEDED: _____ MD SIGNATURE: _____

COPY TO: _____



Michael F. Dillingham, MD
George Thabit III, MD
Gordon A. Brody, MD
Lawrence M. Oloff, DPM
Michael S. Wall, MD
Joseph P. Donahue, MD
John T. Kao, MD

THE SURG. GROUP
Kenneth H. Akizuki, MD
Bradley P. Graw, MD
Nichols H. Mast, MD
R. Elvino Lambert, MD
N. Nichole Barry, MD
Tmeoy Robinson, MD
Anthony Saglimbeni, MD

Bruce A. Lehnert, DPM
Jonah N. Mullens, DPM
Kalle M. Stidham, DO
Sara L. Edwards, MD
Tamara Carver, ANP, MSN
Margaret E. Herron, FNP, MSN
Janice O. Santos, NP-C, MSN

PATIENT NAME: HORTON, MELISSA G
MEDICAL RECORD #: 779888
DATE OF VISIT: 03/24/2014
LOCATION: REDWOOD CITY

POSTOPERATIVE VISIT

HISTORY OF PRESENT ILLNESS: Melissa returns today status post January 7, 2014 high hamstring repair. She is at Active Care twice a week. She got out of her brace on February 24.

Currently she is improving in PT. She is now 11 weeks postop. If she sits for more than an hour she has pain. She can do about half an hour on the Exercycle without pain. She has no night pain. She does her exercises without pain.

PHYSICAL EXAMINATION: On exam she has about 80 degrees straight leg raise and good strength in a bridge. She states that when she is in therapy she can get 90 degrees.

DISCUSSION AND PLAN: I thought we would watch this. If she has to do long driving she is to use some ibuprofen prior to the drive.

She will continue her therapy and will return to see me.

Michael F. Dillingham, M.D.

MD2MD: D: 03/24/2014 01:27:00 pm T: 03/26/2014 12:39:36 am
Job#: 661500/Doc#: 775037/Transc: ST

C: Active Care Physical Therapy
3019 Geary Blvd
San Francisco, CA 94118

POST-OPERATIVE FORM

Name: Melissa G Horton

MRN#: 779888
Date: 03-24-14

SURGICAL PROCEDURE \ DATE

Doctor: [Signature]

PO (PH) ham string. SX 1-7-14. (RP) ham string

PURPOSE OF VISIT

- Wound Check
- Suture Removal
- R/O P.O. Complication (Describe)
- Device Adjustment
- Other (Describe)

POST-OP APPLICANCES (Describe)

PHYSICAL THERAPY

Date Began

Where

ActiveCare (SF)

Frequency

2x weekly

MEDICATIONS

Currently taking 1. 2.

Prot 3/24/14

Prescribed 1. 2.

WORK STATUS

Regular Work

No Work

Modified Duties \ Specific Restriction

D. NOTES

Sitting hurts.

OOB case 2/24/14

sit 1h -> 2 pm

10 weeks

gradually increase

ntc OK

exercise OK

80° SUP

good bridge

& Sensitivities:

rganism: n needed

Yes Yes Sequoia

No No Roche Lab

MD Signature

[Signature] LISA



Michael P. Dillingham, MD
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Lawrence M. Oloff, DPM
Michael S. Wall, MD
Joseph P. Donahue, MD
John T. Kao, MD

THE SURGEON GROUP
Kenneth H. Akizuki, MD
Bradley P. Gmw, MD
Nicholas H. Mast, MD
R. Elaine Lambert, MD
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Anthony Snglimbani, MD

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PATIENT NAME: HORTON, MELISSA G
MEDICAL RECORD #: 779888
DATE OF VISIT: 02/24/2014
LOCATION: REDWOOD CITY

POSTOPERATIVE VISIT

HISTORY OF PRESENT ILLNESS: The patient is now seven weeks status post right hamstring high hamstring repair. He is in physical therapy at Active Care.

PHYSICAL EXAMINATION: The brace was removed today. She has a straight leg raise to about 45/50 degrees. I did not push it. I had a sense I could have gone further. The other side is easy to 90 degrees. She can activate her hamstrings well. She has no pain.

ASSESSMENT AND PLAN: She is going to continue her PT at Active Care and return to see me in four to five weeks.

Michael F. Dillingham, M.D.

MD2MD: D: 02/24/2014 12:23:00 pm T: 02/26/2014 02:16:41 am
Job#: 656221/Doc#: 769169/Transc: ST

C: Active Care Physical Therapy
3019 Geary Blvd
San Francisco, CA 94118



Sports, Orthopedic And Rehabilitation Medicine Associates

POST-OPERATIVE FORM

MRN#: 779888
Date: 02-24-14

Name: **Melissa G Horton**

Doctor: Dillij

SURGICAL PROCEDURE \ DATE _____

PURPOSE OF VISIT Post Op

- Wound Check
- Suture Removal
- R/O P.O. Complication (Describe) _____
- Device Adjustment
- Other (Describe) _____

POST-OP APPLICANCES (Describe) _____

PHYSICAL THERAPY

Date Began _____ Where Active Frequency 2x

MEDICATIONS

Currently taking 1. Ø
2. _____

Prescribed 1. _____
2. _____

WORK STATUS

Regular Work _____ No Work _____

Modified Duties \ Specific Restriction _____

Dict 2/24/14

M.D. NOTES

S Great

O Sur 450

A _____

P CC AC

Culture & Sensitivities:	Yes	No
Save Organism:	Yes	No
Sent to:	Sequoia	Roche Lab

Dictation needed _____ MD Signature J

Copy to _____



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Anthony Saglinbeni, MD

Draco A. Lehnert, DPM
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Kalle M. Stidham, DO
Sam L. Edwards, MD
Tammra Carver, ANP, MSN
Margaret E. Hermoso, FNP, MSN
Janice O. Santos, NP-C, MSN

PATIENT NAME: HORTON, MELISSA G
MEDICAL RECORD #: 779888
DATE OF VISIT: 01/20/2014
LOCATION: REDWOOD CITY

POSTOPERATIVE VISIT

HISTORY OF PRESENT ILLNESS: The patient returns today having had right proximal hamstring repair done on January 7.

PHYSICAL EXAMINATION: Wound is benign. She had her knee brought from 30 to 15 degrees today.

PLAN: She is going to begin physical therapy and at four weeks postop her knee will be set free. At six weeks postop her hip will be taken out of the orthosis.

She is going to go to Active Care in San Francisco for this.

She has appointments for two and four weeks from now. If she is doing great in two weeks then that appointment could be canceled and I would simply see her in four weeks.

Michael F. Dillingham, M.D.

MD2MD: D: 01/20/2014 04:16:00 pm T: 01/22/2014 03:11:10 am
Job#: 650847/Doc#: 762847/Transc: ST

C: Active Care Physical Therapy
3019 Geary Blvd
San Francisco, CA 94118



Michael F. Dillingham, MD
George Thabit III, MD
Gordon A. Brody, MD
Lawrence M. Oloff, DPM
Michael S. Wall, MD
Joseph P. Donahue, MD
John T. Kno, MD

THE SURGE GROUP
Kenneth H. Akizaki, MD
Brdley P. Graw, MD
Nicholas H. Mast, MD
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N. Nichols Barry, MD
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Anthony Saglimbeni, MD

Bruce A. Lehnert, DPM
Jonah N. Mullens, DPM
Kalle M. Stidham, DO
Sam L. Edwards, MD
Tamara Carver, ANP, MSN
Margaret E. Hermoso, FNP, MSN
Janice O. Santos, NP-C, MSN

PATIENT NAME: HORTON, MELISSA G
MEDICAL RECORD #: 779888
DATE OF VISIT: 01/13/2014
LOCATION: REDWOOD CITY

POSTOP VISIT

DATE OF SURGERY: 01/07/2014.

PROCEDURE PERFORMED: Right proximal hamstring repair.

HISTORY OF PRESENT ILLNESS: Melissa presents in followup for the above-stated procedure. She reports to be doing quite well. Her pain has been well controlled with the exception of a little bit of muscle spasm from her positioning. She notes no problems with her incision. No numbness in the back of her right thigh.

PHYSICAL EXAMINATION: Melissa is comfortable in no acute distress. Her dressing has been changed. Her incision is clean, dry and intact. She has intact sensation on the posterior thigh and intact dorsiflexion and plantarflexion of the toes and foot.

ASSESSMENT: Melissa is now one week out from right hamstring repair.

PLAN: She will continue in her brace for a couple more weeks, at which time she can begin gentle physical therapy. Nevertheless, we will see her in one week's time for a recheck.

The plan of care was discussed with Dr. Michael Dillingham.

Philbert Y. Huang, M.D./Michael F. Dillingham, M.D.

MD2MD: D: 01/13/2014 13:17:00 T: 01/15/2014 19:27:39
Job#: 649452/Doc#: 761567/Transc: KP



Sports, Orthopedic And Rehabilitation Medicine Associates

POST-OPERATIVE FORM

MRN#: 779888

Date: 01-13-14

Name: **Melissa G Horton**

Doctor: TAMI

SURGICAL PROCEDURE \ DATE Sx 1/7/14 (A) Ramsey

PURPOSE OF VISIT

- Wound Check
- Suture Removal
- R/O P.O. Complication (Describe) _____
- Device Adjustment
- Other (Describe) _____

POST-OP APPLICANCES (Describe) _____

PHYSICAL THERAPY

Date Began _____ Where _____ Frequency _____

MEDICATIONS

Currently taking 1. Valium
2. Tylenol

Prescribed 1. _____
2. _____

WORK STATUS

Regular Work _____ No Work _____

Modified Duties \ Specific Restriction _____

M.D. NOTES

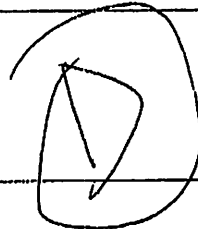
S _____

O _____

A _____

P _____

Culture & Sensitivities:	Yes	No
Save Organism:	Yes	No
Sent to:	Sequoia	Roche Lab



Dictation needed _____ MD Signature _____

Copy to _____



Sports, Orthopedic And Rehabilitation Medicine Associates

POST-OPERATIVE FORM

MRN#: 779888

Date: 01/08/2014

Name: Melissa G Horton

Doctor: Jami

SURGICAL PROCEDURE \ DATE Sp 1/7/14 (L) Anis

PURPOSE OF VISIT

- Wound Check
- Suture Removal
- R/O P.O. Complication (Describe) _____
- Device Adjustment
- Other (Describe) _____

POST-OP APPLICANCES (Describe) _____

PHYSICAL THERAPY

Date Began _____ Where ps Frequency _____

MEDICATIONS

Currently taking 1. OXYCODONE

Prescribed 1. _____
2. _____

WORK STATUS

Regular Work _____ No Work _____

Modified Duties \ Specific Restriction _____

M.D. NOTES

S _____

O _____

A _____

P _____

Culture & Sensitivities:	Yes	No
Save Organism:	Yes	No
Sent to:	Sequoia	Roche Lab

Dictation needed _____ MD Signature _____

Copy to _____



Post Operative Checklist

Patient name: Melissa Hozeran

MRN: 77888

Cast Rm Tech: Jo

Procedure Date: 1.7.14

Surgeon: Dilli

Procedure:

- R/L Shoulder
 - Scope
 - Open
- RTC
 - DCE
 - SAD
 - Capsulloraphy
 - AC Joint
 - SLAP repair
 - Total Shoulder
- Debride Labral/RTC
 - HWR
 - other _____
- R/L Achilles Repair
- R/L Elbow _____
- R/L Hip Replacement
- Other: _____

- R/L Knee
 - Scope
 - Open
- Lat/Med Part Menisectomy
- Lat/Med Meniscus repair
- ACL- Allo/Auto
- Chondroplasty
- HTO/TTO/DFO/ACI
- R/L TKA
- Debride
- Other: (LP) HAMSTRING REPAIR
- Micro fx.
- Plica

S/O

- No complaints
- Pain well controlled With Meds/Without Meds
- No bilateral calf cramping

Shoulder

- Sling in place
- Cryotherapy unit in place
- No sling used
- Sling for comfort
- Sling in place for _____ wks
- Abd pillow may be removed

Knee

- Brace in place locked at _____°
- NWB, using crutches/cane x _____
- PWB, using crutches/cane x _____
- TTWB
- WBAT
- Cryotherapy unit in place
- Other _____

Other

* HAMSTRING BRACE TOLERATED WELL
Using roll around NWB

- Pain Medications Used:
- Norco 5/325
 - Norco 7.5/325
 - Percocet 5/325
 - Tylenol w/ codeine #3
 - Ultram 50 mg
 - Other: _____

- A**
- Dressing changed
 - Steri-strips placed
 - Sutures removed
 - Splint/Cast removed/changed
 - Other _____

Surgery site:

- healing
- No drainage noted
- Calf compartments non-tender
- Negative Homan's
- Well healed w/o s/s of infection

Exam- Affected Limb:

- Cardiovascular/ Neurovascular of affected limb WNL
- Numbess/Tingling Location: _____
- Adequately fire infraspinatous/deltoid muscles
- Adequately fire Quad / Bicep
- Other:

- P**
- NP/Physician reviewed surgery and after care plans with patient
 - X-ray taken today of surgery site/Reviewed by: _____
 - Patient instructed to start PT within _____ Location: _____ (patient has post-op Rx)
 - Patient given P.T. Prescription for affected limb per physician protocol/See attached
 - Patient/caregiver instructed on s/s of DVT and infection and plan of action if symptoms develop
 - Patient/caregiver instructed re: post-op care of sutures/suture site/cast care
 - Patient to follow-up with MD per protocol.
 - X-ray needed of surgery site at next post-op appointment.
 - Other: De Dillingham in to discuss procedure + answer

Signature

Tamca Garner NP

Date: 1.8.14

P.O. questions

OPERATIVE REPORT

SOAR SURGERY CENTER
1849 OLD BAYSHORE HWY
BURLINGAME, CA 94010-1215
650-539-6000 FAX (650) 539-6001

PATIENT: HORTON, MELISSA G.
SOAR MR#: 779888

DATE OF PROCEDURE: 01/07/2014

SURGEON: MICHAEL F. DILLINGHAM, M.D.
FIRST ASSISTANT: Joseph P. Donahue, M.D.
SECOND ASSISTANT: Philbert Y. Huang, M.D.
THIRD ASSISTANT: Nicholas C. Frisch, M.D.
ANESTHESIOLOGIST: David L. Berger, M.D.
PREOPERATIVE DIAGNOSIS: Right proximal hamstring tear.
POSTOPERATIVE DIAGNOSIS: Right proximal hamstring tear.
PROCEDURES: Right open proximal hamstring repair.
ESTIMATED BLOOD LOSS: 10 cc.
IV FLUID RECEIVED: 750 mL of crystalloids.
COMPLICATIONS: None.
OUTCOME: Satisfactory.

INDICATIONS FOR PROCEDURE:

Ms. Horton is a 43-year-old woman who sustained a slip and a fall about two weeks ago. She was found to have a proximal hamstring complete avulsion with retraction. The risks and benefits were discussed with the patient and she decided to proceed with the above-stated elective procedure to increase her chance of a functional recovery of her hamstring muscles.

DESCRIPTION OF PROCEDURE:

Ms. Horton was identified in the preoperative holding area. The right buttock was confirmed and signed as correct operative site.

PATIENT: HORTON, MELISSA G. DATE OF DICTATION: 01/07/2014
ID#: HOR-6194 DOB: 04/05/1970 DATE OF PROCEDURE: 01/07/2014
PHYSICIAN: MICHAEL F. DILLINGHAM, M.D. TRANSCRIBER: sk

PAGE TWO

Preoperative consent had been obtained prior. The patient was aware of the risks, benefits and wished to proceed. Ms. Horton was brought to the operative room and initially placed supine on a regular table. A time-out was performed confirming the correct patient and procedure. Following the administration of general anesthesia, the patient was placed to her prone position with all bony prominences were padded. The right lower extremity was then prepped and draped in sterile fashion. Kefzol 2 g was given preoperatively. We utilized a horizontal incision inline with the natural crease of the patient's buttock. This was carried down with a knife down to the subcutaneous fat. Hemostasis was achieved with Bovie cautery. We dissected down to the level of the fascia. The gluteus maximus was identified and retracted both proximally and laterally. We soon identified a white structure in the middle of our field with the muscle attached to it bilaterally. We initially felt that this might be the sciatic nerve. However when we performed a blunt finger dissection both proximally and distally, we were noticed what nd felt like balled-up tendon that was continuous with the wide structure that we saw. We therefore concluded that this was likely the avulsed tendon. We then retracted this medially and again performed some blunt finger dissection laterally and deep to distraction. We were indeed able to identify the sciatic nerve in its anticipated location, deep and lateral to the avulsed tendon. This further supported our initial thought that this was probably the avulsed tendon. With the little bit of further finger dissection and scissor dissection, we were able to free up the avulsed tendon itself. We temporarily tagged this with the free sutures that we could use it as retraction device. At the same time, we confirmed that we had located the ischial tuberosity with rotation of the hip. There was no movement of the bone indicating that this was not lesser trochanter. Following this using a curette, the areas of bone with the tendon had avulsed from with was roughened up to a bleeding healthy surface. Following this, two double-armed Juggerknot soft anchors were placed into the ischial tuberosity, one proximally and one distally using standard drilling with a guide and mallet placing technique. We pulled on these once they proceeded to assure that they were adequately seated which they were and following this, sequentially four horizontal mattress sutures were placed into the body of the tendon from proximally to distally with the four sutures from the two anchors. Following this, these were sequentially tied from distal to proximal essentially pulling the tendon back to its bony stump. After these were tied, we palpated the attachment, which was firm and we were no longer able to pass our finger through the space between the tendon and the bone. We then again visualized directly the sciatic nerve to make sure that this had not been harmed, which we had. The wound was irrigated and closed with deep 0 Vicryl layer followed by subcutaneous 2-0 Vicryl layer followed by subcuticular 3-0 Monocryl layer.

PATIENT: HORTON, MELISSA G. DATE OF DICTATION: 01/07/2014
ID#: HOR-6194 DOB: 04/05/1970 DATE OF PROCEDURE: 01/07/2014
PHYSICIAN: MICHAEL F. DILLINGHAM, M.D. TRANSCRIBER: sk

PAGE THREE

Steri-Strips and a bulky dry dressing were placed followed by a standard postoperative custom-made splint to keep the hip extended and the knee flexed to protect our repair. The patient was extubated and brought to the PACU in stable condition.

POSTOPERATIVE PLAN:

Once stable on the PACU, Ms. Horton will be discharged to home with pain medication. She will be nonweightbearing and may be maintained in her brace. Dr. Michael Dillingham was scrubbed and present for key portions of procedure.

MICHAEL F. DILLINGHAM, M.D.
Dictated, but not edited

MFD/sk
DOT: 01/08/14

Dictated By: Philbert Y. Huang, M.D.

PATIENT: HORTON, MELISSA G. DATE OF DICTATION: 01/07/2014
ID#: HOR-6194 DOB: 04/05/1970 DATE OF PROCEDURE: 01/07/2014
PHYSICIAN: MICHAEL F. DILLINGHAM, M.D. TRANSCRIBER: sk



S · O · A · R
THE TEAM APPROACH

SPORTS, ORTHOPEDIC AND REHABILITATION MEDICINE ASSOCIATES

- 500 Arguello Street, Suite 100, Redwood City, CA 94063-1526, Phone (650) 851-4900
- 550 South Winchester Blvd., Suite 100, San Jose, CA 95128-2544, Phone (408) 247-4900
- 1375 Sutter Street, Suite 105, San Francisco, CA 94117-1078, Phone (415) 387-4900

PRE-SURGICAL FORM

MRN: 779888

Patient's Name: MELISSA HORTON Date of Birth: 4-5-70

Location: SOAR LLC Sequoia Pacific Heights BASG St. Mary's Forest

Date of Surgery: 1-7-2014 Surgeon: Dr. Dillingham

Scheduled Surgical Procedure / Consent For: RIGHT HIGH HAMSTRING RBPAIR

Chief Complaint / Relevant History: HAMSTRING PAIN

Date of Injury: / / Diagnostic Tests: MRI

Impression: HAMSTRING PAIN

Preoperative Orders: _____

- Surgical Procedure, Post-Op Instructions, and Rehab's Protocol Discussed
- Physical Therapy Prescription Provided A/C
- Post-Op Prescription Provided

- Vicodin Vicodin ES Tylenol with Codeine ³⁺⁴ Norco Phcnergan
- Ativan Percocet Ambien Zofran Other: _____

Allergies to Medications: NKDA

Daily Medications: Spironolone, Lyothyrmine, Levodopamine, Plavasec

Sleep Apnea? YES NO Prior Sleep Study _____ Apparatus Used _____

Diabetic? YES NO Type I _____ Type II _____

Latex Allergy? YES NO - positive to adhesive

Tobacco Use YES NO Pack/Year/Hx _____

DME Provided: Sling Immobilizer Cryo Crutches Brace ROM Pain Pump

Pt Hx of DVT YES NO/ Genetic Blood Work-up YES NO/ Family Hx of DVT YES NO/ Pt Hx Anesthesia problem YES NO

PCP Name/Phone Dr. Hightower - Oakland, CA

Patient's Height: 5'8" Patient's Weight: 256

I have explained the proposed procedures as well as post op complications which include but are not limited to wound infection, pulmonary embolism, DVT and nerve damage. I have answered all of the patient's questions or guardian's questions. The patient or guardian accepts the proposed plan.

Physician's Signature: _____ Date: _____



Michael F. Dillingham, MD
George Thabit III, MD
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Joseph P. Donahue, MD
John T. Kuo, MD

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Kenneth H. Akizuki, MD
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PATIENT NAME: HORTON, MELISSA G
MEDICAL RECORD #: 779888
DATE OF VISIT: 01/06/2014
LOCATION: REDWOOD CITY

RECHECK

Melissa presents in followup with regards to her right proximal hamstring tear. She feels she has been walking without too much problem. She has not been having much cramping. She is here today basically to go over any final questions and preoperative issues she has for her surgery tomorrow.

PHYSICAL EXAMINATION: Melissa is comfortable in no acute distress. She is in a pleasant mood. Her extraocular movements are intact. Skin is within normal limits.

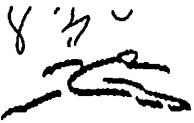
ASSESSMENT: Melissa is a 43-year-old woman with a right proximal hamstring tear with 5 cm of retraction who will be undergoing open repair tomorrow.

DISCUSSION AND PLAN: All of her questions were answered today. She will also be seeing Tammy for further preoperative instructions. We will plan on seeing her tomorrow for her surgery.

This patient was seen and discussed with Dr. Michael Dillingham..

Philbert Y. Huang, M.D./Michael F. Dillingham, M.D.

MD2MD: D: 01/06/2014 09:14:00 T: 01/07/2014 12:25:37
Job#: 648282/Doc#: 759944/Transc: KP



S · O · A · R
THE TEAM APPROACH

SPORTS, ORTHOPEDIC AND REHABILITATION MEDICINE
ASSOCIATES

RE-CHECK FORM

MRN: 779888
DATE: 01/06/2014
DOCTOR: DJA

NAME: Melissa G Horton

RELEVANT SURGERY / DATE: 90E Sut Dec 14/13

DIAGNOSIS OR CONDITION: fall

REASON FOR VISIT:

REVIEW STUDIES: MRI [] BONE SCAN [] A-GRAM [] CT [] DX BLOCKS []

OTHER: _____

OTHER: _____

PHYSICAL THERAPY:

DATE BEGAN: _____ WHERE: _____ FREQUENCY: _____

HOME PROGRAM: YES [] NO [] GYM PROGRAM: YES [] NO []

MEDICATIONS:

CURRENTLY TAKING: 1. _____

2. _____

PRESCRIBED: 1. _____

2. _____

CURRENT WORK STATUS:

REGULAR WORK: _____ NO WORK: _____

MODIFIED DUTY / SPECIFIC RESTRICTIONS: _____

M.D. NOTES:

S At states

1-9-13 (R) hematuria

O _____

A _____

P _____

DICTIONATION NEEDED: _____ MD SIGNATURE: _____

COPY TO: _____



Michael P. Dillingham, MD
George Thabit III, MD
Gordon A. Brody, MD
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THE SURGEON GROUP
Konnoth H. Akizuki, MD
Bradley P. Gmw, MD
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Margaret E. Hermoso, PNP, MSN
Janice O. Santos, NP-C, MSN

PATIENT NAME: HORTON, MELISSA G
MEDICAL RECORD #: 779888
DATE OF VISIT: 12/18/2013
LOCATION: REDWOOD CITY

NEW PATIENT:

HISTORY OF PRESENT ILLNESS: 43-year-old white female who works in production for NBC on Monday Night Football. Her father, Chuck Horton, is a former fraternity brother and a patient also here in this office.

She is a stage manager for Monday night football and was in Pittsburgh for a game, slipped and did the splits, and had severe pain in the high rear buttock area.

She ended up with an MRI being done which showed a complete rupture of her right common hamstring tendon, 5.5 cm tear and gap. There was surrounding soft tissue hemorrhage and so forth. She is tender in this area on exam.

We had a prolonged discussion today. She is active. She had a significant complete tear with some retraction of her hamstring. I told her this could be rehabbed if she wished. I thought in the long run her result would be better with surgery. I did tell her that surgery would probably leave her with some posterior thigh numbness, and of course there are routine complications of surgery that may occur.

After discussion, the patient has elected to have surgery, but she wishes to put it off until after the last Sunday night game. This will limit her work loss. Other work that she is going to miss, if she has surgery, includes the pro ball and the Winter Olympic Games, which she was going to attend as part of the NBC staff. However, she is willing to do this in order to get the results she wants.

PAGE: 2

PATIENT NAME: HORTON, MELISSA G

MEDICAL RECORD #: 779888

DATE OF VISIT: 12/18/2013

She will see Mark Silva and get a proper brace. Surgery will be in several weeks. She will do her rehab at Active Care in San Francisco.

Michael F. Dillingham, M.D.

MD2MD: D: 01/09/2014 04:21:00 pm T: 01/12/2014 07:12:26 pm
Job#: 649221/Doc#: 760949/Transc: BVT

C: Active Care Physical Therapy
3019 Geary Boulevard
San Francisco, CA 94118

430 - in 944



Sports, Orthopaedic and Rehabilitation Medicine Associates

NEW PATIENT INTAKE HISTORY

MRN: 779888

Melissa G Horton
PATIENT'S NAME

12182013
Date

D
Doctor

OCCUPATION: NBC
REFERRED BY: _____
AGE: 43 y/o ♀
DATE OF INJURY: 12-14-13
DESCRIPTION OF INJURY: _____

DURATION OF SYMPTOMS: Slipped 4 days
MAJOR SYMPTOMS: (R) Hamstrings

ONSET: Slow - Acute

ORTHO Hx:

43 y/o ♀ injured (R) knee slipped 4 days ago - has seen acupuncturist - no film

All copies: Ø

unccs' see list

PLAN _____

DIAGNOSTICS TESTS:

- MRI R/O _____
- A-GRAM R/O _____
- BONE SCAN R/O _____
- CT R/O _____

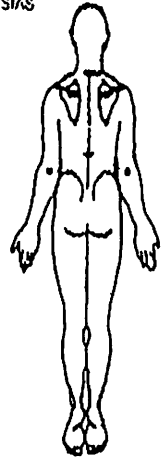
in Pitts for game started slipped / splints
Rhamstrings
Dist # Jan 9 '14

numbers

SITES OF PAIN



AND PARESTHESIAS



PDX: Ø

PDX: Thyroid

FOLLOW UP:

O.S. _____
PMR _____ IMPRESSION _____
RETURN TO CLINIC _____

SPORTS, ORTHOPEDIC, ND REHABILITATION MEDICINE ASSOCIATES

NAME: Melissa Horton AGE: 43 DATE: 12/18/13

SEX: Male Female

MARITAL STATUS: M F (off season)

OCCUPATION: Staff Manager / office mgr EMPLOYER: NBL Sports / CW Horton

HOW DID YOU LEARN ABOUT THIS OFFICE? work w/ NFL other connections
General Contractor
father went to school w/ Dr and was a patient

CHIEF COMPLAINT AND DURATION OF SYMPTOMS: _____

slipped on a wet floor did splits right hamstring
and glute pain @ attachment point near hip socket

HOW DID THIS ACCIDENT OR INJURY OCCUR? (i.e., football, skiing, auto accident, etc.)

shopping in a store

WHERE? Pittsburgh, PA

WHEN? (date) sat 12/14/13

ANY PREVIOUS PHYSICAL THERAPY, SURGERIES OR X-RAYS? YES NO

IF YES, EXPLAIN: _____

HISTORY OF:	YES	NO	IF YES, EXPLAIN:	YES	NO
Arthritis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	Cancer	<input type="checkbox"/> <input checked="" type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	Cigarette Usage	<input type="checkbox"/> <input checked="" type="checkbox"/>
Thyroid Disease	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>hashimoto's</u>	Bleeding Disorders	<input type="checkbox"/> <input checked="" type="checkbox"/>
Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	_____		

CURRENT MEDICATIONS: spirinolactone 25mg x 2

lithyronine 5mcg x 3, levothyroxine .112mg x 2

ALLERGIES: none known

DO YOU PARTICIPATE IN ANY SPORTS? weight lifting, walking
running (sometimes)



Michael F. Dillingham, MD
George Thanit III, MD
Gordon A. Brody, MD
Lawrence M. Oloff, DPM
Michael S. Wall, MD
Joseph P. Donahue, MD
John T. Kao, MD

THE SURGERY GROUP
Konohi H. Akizuki, MD
Bradley P. Graw, MD
Nicholas H. Mast, MD
R. Elaine Lambert, MD
N. Nichole Barry, MD
Tracey Robinson, MD
Anthony Snglimboni, MD

Bruce A. Lehnert, DPM
Jonah N. Mullens, DPM
Kalle M. Stidham, DO
Sara L. Edwards, MD
Tammra Carver, ANP, MSN
Margaret E. Hermoso, FNP, MSN
Janice O. Santos, NP-C, MSN

PATIENT NAME: HORTON, MELISSA G
MEDICAL RECORD #: 779888
DATE OF VISIT: 12/18/2013
LOCATION: REDWOOD CITY

NEW PATIENT

HISTORY OF PRESENT ILLNESS: Ms. Horton is a 43-year-old woman who describes no history of obvious injury. Her chief complaint today coming into clinic is right hamstring pain. This has been going on for a couple of weeks now. It is worse with any type of walking or any type of hip flexion maneuver. It is particularly worse if she tries to do any type of more strenuous physical activity, such as running. She denies any numbness, tingling or weakness down the right lower extremity.

PAST MEDICAL HISTORY: Negative.

PAST SURGICAL HISTORY: Negative.

ALLERGIES: None.

REVIEW OF SYSTEMS: Negative, per patient questionnaire.

PHYSICAL EXAMINATION: On examination, Ms. Horton is comfortable in no acute distress. Extraocular movements are intact. Skin is within normal limits. She is in a pleasant mood.

On examination of the right lower extremity, as well as the right thigh, she does appear to have a palpable defect just distal to the ischial tuberosity. She has mild tenderness to palpation about this region. Her pain is elicited with resisted hip extension as well as knee flexion.

IMAGING: MRI of the right hip was reviewed with Dr. Dillingham showing a complete rupture of the right hamstring tendon proximally from the ischial tuberosity insertion with about 5.5 cm of retraction.

Sports, Orthopedic And Rehabilitation Medicine Associates

www.soarmedical.com

Mid Peninsula Office
500 Arguello Street, Suite 100
Redwood City, CA 94063-1526
Phone: 650-851-4900 Fax: 650 368-4901

South Bay Office
550 S. Winchester Blvd., Suite 100
San Jose, CA 95128-2544
Phone: 408-247-4900 Fax: 408-249-4900

San Francisco Office
1375 Sutter Street, Suite 105
San Francisco, CA 94109-5465
Phone: 415-387-4900 Fax: 415-213-3791

PAGE: 2

PATIENT NAME: HORTON, MELISSA G
MEDICAL RECORD #: 779888
DATE OF VISIT: 12/18/2013

ASSESSMENT: Ms. Horton is a 43-year-old woman with a complete rupture of the right hamstring tendon proximally from the ischial tuberosity with about 5 cm of retraction.

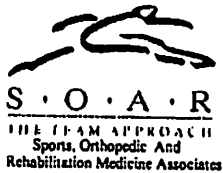
DISCUSSION AND PLAN: We discussed with the patient today the natural history of this injury. Given the amount of retraction that she has, if she were not to have surgery, she may be possibly left with residual functional deficits. Given this, we did offer her surgery in the form of open proximal hamstring repair. She was very interested in proceeding. We will work on scheduling her surgery today.

In addition to this, because of the nature of the surgery, she will require a custom-fitted postoperative hamstring repair brace, which will be necessary for her postoperative rehab as well as protecting the repair. We will work on taking care of this, as well.

The plan of care was discussed with Dr. Michael Dillingham.

Philbert Y. Huang, M.D./Michael F. Dillingham, M.D.

MD2MD: D: 01/02/2014 10:53:00 T: 01/02/2014 11:13:42
Job#: 647951/Doc#: 759403/Transc: KP



Michael F. Dillingham, MD
George Thabit III, MD
Gordon A. Brody, MD
Lawrence M. Oloff, DPM
Michael S. Wall, MD
Joseph P. Donahue, MD
John T. Kao, MD

Kenneth H. Akizuki, MD
Bradley P. Graw, MD
R. Elaine Lambert, MD
N. Nichole Barry, MD
Anthony Saglimbeni, MD
Dennis M. Israelski, MD

Bruce A. Lehnert, DPM
Jonah N. Mullens, DPM
Kalle M. Stidham, DO
Sam L. Edwards, MD
Tamara Carver, ANP, MSN
Margaret E. Hermoso, FNP, MSN
Janice O. Santos, NP-C, MSN

PATIENT NAME: HORTON, MELISSA G
MEDICAL RECORD #: 779888
DATE OF VISIT: 07/21/2014
LOCATION: REDWOOD CITY

RECHECK:

Melissa returns for review of her right hamstring.

She notes her sitting tolerance is quite good. She can bike, but cannot stand or sprint. She has not really tried this, but she did a lot of aggressive treadmill and feels this may have strained her upper hamstring.

Exam is pretty good. Straight leg raises is to 90 degrees. She activates in a bridge. She activates her hamstrings quite well. She is not terribly tender at her ischial tuberosity.

My recommendation really is to continue her stretching and to check in at Active Care. She is beginning football season. She works as a producer in National football broadcast, so it is going to be hard for her to do routine PT, but I suggested that she stretch. She also included dancer style stretch to get her hip rotators and so forth, and return to see me in six to eight weeks.

Michael F. Dillingham, M.D.

MD2MD: D: 07/24/2014 12:45:00 pm T: 07/28/2014 07:43:24 pm
Job#: 679947/Doc#: 796631/Transc: BVT

C: Active Care Physical Therapy
3019 Geary Boulevard
San Francisco, CA 94118



Michael F. Dillingham, MD
George Thabit III, MD
Gordon A. Brody, MD
Lawrence M. Oloft, DPM
Michael S. Wall, MD
Joseph P. Donahue, MD
John T. Kao, MD

Kenneth H. Akizuki, MD
Bradley P. Graw, MD
R. Elaine Lambert, MD
N. Nichole Barry, MD
Anthony Sogliombeni, MD
Dennis M. Israelski, MD

Bruce A. Lehnert, DPM
Jonah N. Mullens, DPM
Kalle M. Stidham, DO
Sara L. Edwards, MD
Tamara Carver, ANP, MSN
Margaret E. Hermoso, FNP, MSN
Janice O. Santos, NP-C, MSN

PATIENT NAME: HORTON, MELISSA G
MEDICAL RECORD #: 779888
DATE OF VISIT: 08/29/2014
LOCATION: SAN FRANCISCO

RECHECK

HISTORY OF PRESENT ILLNESS: Melissa returns today for followup. She is status post January 7, 2014 repair of her right proximal hamstring.

Melissa has returned to work as a producer on Sunday Night Football for NBC. She has traveled to London and Paris, walked around the cities, done the international travel with prolonged sitting and she is utterly asymptomatic.

However, she does not have normal strength. Straight leg raise is easy past 90 degrees but if she bridges clearly her left side is stronger than her operated right side.

DISCUSSION AND PLAN: I had a note from her physical therapist, Lisa Giannone indicating that she needed two to three more months of work to rebuild her strength and I think this is quite an accurate assessment. She is going to continue her physical therapy intermittently as her job allows, continue her home program. She is going to set up an appointment to return to see me in six weeks. If she is doing very, very well she will cancel the appointment. I told her the assumption would then she was asymptomatic and doing fine.

Note that she is going to be in San Francisco in the second week of the NFL season for covering a Sunday night game and then the Thanksgiving night game will also be here in San Francisco.

Michael F. Dillingham, M.D.

MD2MD: D: 08/29/2014 01:32:00 pm T: 09/02/2014 01:16:44 am
Job#: 684707/Doc#: 802343/Transc: ST

C: Active Care Physical Therapy
3019 Geary Blvd
San Francisco, CA 94118

79488

California Advanced Imaging @
Atherton
3301 El Camino Real
Suite 100
Atherton, CA 94025

Patient Name: Horton, Melissa
Date of Birth: 4/5/1970
Account/ID: 06-24599
Study Date: 12/18/2013
Referral By: Michael Dillingham, M.D.

PROCEDURE:
MR Right Thigh (MRI EXT LOWER W/O CO)

HISTORY:
Hamstring pain.

TECHNIQUE:
Axial PD, PD fat suppressed and STIR Images, coronal T1 and STIR Images, sagittal PD and STIR Images.

FINDINGS:
There is complete rupture of the right common hamstring tendon group off its ischial tuberosity origin. The tear gap measures up to 5.5 cm in cranio-caudad length and is filled with fluid, edema and hemorrhage. Associated per fascial fluid and hemorrhage are seen along the visualized right hamstring musculature. There is subtle osseous spurring of the right ischial tuberosity with underlying bone marrow edema.

The remainder of the right thigh musculature is intact.

Neurovascular structures are intact. Mild inflammatory changes are noted to surround the right sciatic nerve, which may cause local irritation.

No acute osseous injury or early arthritic changes are seen over the right hip. Trace effusion is noted over the right hip.

There is chronic degenerative appearance of the anterior right labrum. There is blunting of the lateral and posterior right labrum.

There is mild right gluteus minimus tendinosis with peritendinous inflammation. Right gluteus medius and iliopsoas tendons are intact.

Sacroiliac joints and symphysis pubis are normal.

IMPRESSION:
1. Complete rupture of the right common hamstring tendon off its ischial tuberosity insertion, 5.5 cm cranio-caudad tear gap.

Associated soft tissue inflammatory changes and hemorrhage within the tear gap and the fascia of the

Horton, Melissa - 12/18/2013 MR Right Thigh (MRI EXT LOWER W/O CO)
Continued:

right hamstring musculature.

2. Degenerative appearance of the right labrum. No discrete labral tear seen.

3. No acute osseous injury or early arthritic changes noted over the right hip.

Interpreted By: Jean-Pierre Phancao, M.D.

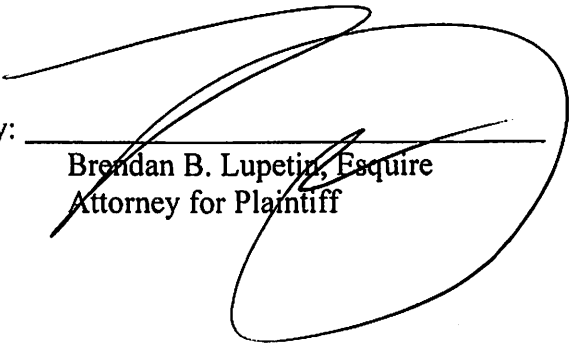
Authenticated By: Jean-Pierre Phancao, M.D. on 2013-12-18 15:31 [ID:765323][IL:04118-1618]

CERTIFICATE OF SERVICE

I hereby certify that a true and correct copy of the foregoing **PLAINTIFF'S PRE-TRIAL STATEMENT** was served upon the following by U.S. First-Class Mail, postage prepaid, this **1st** day of **December, 2014** as follows:

**Thomas P. Birris, Esquire
Marshall, Dennehey, Warner, Coleman & Goggin
2900 U.S. Steel Tower
600 Grant Street
Pittsburgh, PA 15219**

MEYERS EVANS & ASSOCIATES, LLC

By: 
Brendan B. Lupetin, Esquire
Attorney for Plaintiff