



# Invoice

Page 1 of 1

Date of Billing: 9/7/2021

Invoice #: 22-19967-5

Claims Administrator:

Pay **\$180.00**

Due by **11/6/2021**

ZURICH SACRAMENTO  
PO BOX 968002  
SCHAUMBURG, IL 60196

Make Checks payable to:  
Med-Legal, LLC  
PO Box 1288  
West Covina, CA 91793

## Provider Information:

Med-Legal, LLC

PO Box 1288

West Covina, CA 91793

Phone:

800-244-3495

Tax ID#:

45-4424177

Photocopy Reg #/County

x-423/Los Angeles

## Services Provided

### Case/Applicant Information:

Employee Name: Monica Gomez Corrales

Claim #: Not supplied by carrier

Case # ADJ14996541

Employer: Walgreens

Date of Injury: 12/15/2006 to 06/26/2020

Employee SSN xxx-xx-0000

### Source Information:

Ordered By: Ghitterman, Ghitterman & Feld

Type: Medical Records

Custodian of  
Records: Adventist Health  
215 CENTER ST  
HANFORD, CA 93230

Date of Service: 9/7/2021

Number of Pages: 42

Description of  
Service: Medical-Legal Copy Services per CCR, Title 8  
Sections 9980-9983

## Invoice Detail:

Billing Code	Description (per California Code or Regulations)	Qty	Fee	Tax	Charge
WC 020	Flat Fee for a set of Records	1.00	180.00	N	\$180.00

Sub-Total	\$180.00
Tax	\$0.00
<b>Total</b>	<b>\$180.00</b>

To ensure proper credit to your account please include the Invoice #22-19967-5 and Payment Reference # 2074853.1 with your payment.



# Invoice

Page 1 of 1

Date of Billing: 11/16/2021

Invoice #: 22-19967-1

Claims Administrator:

Pay **\$180.00**

Due by **1/15/2022**

ZURICH SACRAMENTO  
PO BOX 968002  
SCHAUMBURG, IL 60196

Make Checks payable to:  
Med-Legal, LLC  
PO Box 1288  
West Covina, CA 91793

## Provider Information:

Med-Legal, LLC

PO Box 1288

West Covina, CA 91793

Phone:

800-244-3495

Tax ID#:

45-4424177

Photocopy Reg #/County

x-423/Los Angeles

## Services Provided

### Case/Applicant Information:

Employee Name: Monica Gomez Corrales

Claim #: Not supplied by carrier

Case # ADJ14996541

Employer: Walgreens

Date of Injury: 12/15/2006 to 06/26/2020

Employee SSN xxx-xx-0000

### Source Information:

Ordered By: Ghitterman, Ghitterman & Feld

Type: Employer Records

Custodian of  
Records: Walgreen Co.  
1901 E VOORHEES ST MS# 765  
DANVILLE, IL 61834

Date of Service: 11/16/2021

Number of Pages: 115

Description of  
Service: Medical-Legal Copy Services per CCR, Title 8  
Sections 9980-9983

## Invoice Detail:

Billing Code	Description (per California Code or Regulations)	Qty	Fee	Tax	Charge
WC 020	Flat Fee for a set of Records	1.00	180.00	N	\$180.00

Sub-Total	\$180.00
Tax	\$0.00
<b>Total</b>	<b>\$180.00</b>

To ensure proper credit to your account please include the Invoice #22-19967-1 and Payment Reference # 2117110.1 with your payment.



# Invoice

Page 1 of 1

Date of Billing: 9/7/2021

Invoice #: 22-19967-4

Claims Administrator:

Pay **\$180.00**

Due by **11/6/2021**

ZURICH SACRAMENTO  
PO BOX 968002  
SCHAUMBURG, IL 60196

Make Checks payable to:  
Med-Legal, LLC  
PO Box 1288  
West Covina, CA 91793

## Provider Information:

Med-Legal, LLC

PO Box 1288

West Covina, CA 91793

Phone:

800-244-3495

Tax ID#:

45-4424177

Photocopy Reg #/County

x-423/Los Angeles

## Services Provided

### Case/Applicant Information:

Employee Name: Monica Gomez Corrales

Claim #: Not supplied by carrier

Case # ADJ14996541

Employer: Walgreens

Date of Injury: 12/15/2006 to 06/26/2020

Employee SSN xxx-xx-0000

### Source Information:

Ordered By: Ghitterman, Ghitterman & Feld

Type: Medical Records

Custodian of  
Records: Adventist Health Physicians Network  
1524 W LACEY BLVD Ste 205  
HANFORD, CA 93230

Date of Service: 9/7/2021

Number of Pages: 32

Description of  
Service: Medical-Legal Copy Services per CCR, Title 8  
Sections 9980-9983

## Invoice Detail:

Billing Code	Description (per California Code or Regulations)	Qty	Fee	Tax	Charge
WC 020	Flat Fee for a set of Records	1.00	180.00	N	\$180.00

Sub-Total	\$180.00
Tax	\$0.00
<b>Total</b>	<b>\$180.00</b>

To ensure proper credit to your account please include the Invoice #22-19967-4 and Payment Reference # 2074890.1 with your payment.



# Invoice

Page 1 of 1

Date of Billing: 9/7/2021

Invoice #: 22-19967-3

Claims Administrator:

Pay **\$75.00**

Due by **11/6/2021**

ZURICH SACRAMENTO  
PO BOX 968002  
SCHAUMBURG, IL 60196

Make Checks payable to:  
Med-Legal, LLC  
PO Box 1288  
West Covina, CA 91793

## Provider Information:

Med-Legal, LLC

PO Box 1288

West Covina, CA 91793

Phone:

800-244-3495

Tax ID#:

45-4424177

Photocopy Reg #/County

x-423/Los Angeles

## Services Provided

### Case/Applicant Information:

Employee Name: Monica Gomez Corrales

Claim #: Not supplied by carrier

Case # ADJ14996541

Employer: Walgreens

Date of Injury: 12/15/2006 to 06/26/2020

Employee SSN xxx-xx-0000

### Source Information:

Ordered By: Ghitterman, Ghitterman & Feld

Type: Medical Records

Custodian of  
Records: Omni Family Health  
659 S CENTRAL VALLEY HWY STE 667  
SHAFTER, CA 93263

Date of Service: 9/7/2021

Number of Pages: 4

Description of  
Service: Medical-Legal Copy Services per CCR, Title 8  
Sections 9980-9983

## Invoice Detail:

Billing Code	Description (per California Code or Regulations)	Qty	Fee	Tax	Charge
WC 022	Certificate of No Record	1.00	75.00	N	\$75.00

Sub-Total	\$75.00
Tax	\$0.00
<b>Total</b>	<b>\$75.00</b>

To ensure proper credit to your account please include the Invoice #22-19967-3 and Payment Reference # 2074843.1 with your payment.



# Invoice

Page 1 of 1

Date of Billing: 10/26/2021

Invoice #: 22-19967-2

Claims Administrator:

Pay **\$75.00**

Due by **12/25/2021**

ZURICH SACRAMENTO  
PO BOX 968002  
SCHAUMBURG, IL 60196

Make Checks payable to:  
Med-Legal, LLC  
PO Box 1288  
West Covina, CA 91793

## Provider Information:

Med-Legal, LLC

PO Box 1288

West Covina, CA 91793

Phone:

800-244-3495

Tax ID#:

45-4424177

Photocopy Reg #/County

x-423/Los Angeles

## Services Provided

### Case/Applicant Information:

Employee Name: Monica Gomez Corrales

Claim #: Not supplied by carrier

Case # ADJ14996541

Employer: Walgreens

Date of Injury: 12/15/2006 to 06/26/2020

Employee SSN xxx-xx-0000

### Source Information:

Ordered By: Ghitterman, Ghitterman & Feld

Type: Insurance Records

Custodian of  
Records: Zurich American Insurance Company  
11290 PYRITES WAY STE 200  
RANCHO CORDOVA, CA 95670

Date of Service: 10/26/2021

Number of Pages: 4

Description of  
Service: Medical-Legal Copy Services per CCR, Title 8  
Sections 9980-9983

## Invoice Detail:

Billing Code	Description (per California Code or Regulations)	Qty	Fee	Tax	Charge
WC 022	Certificate of No Record	1.00	75.00	N	\$75.00

Sub-Total	\$75.00
Tax	\$0.00
<b>Total</b>	<b>\$75.00</b>

To ensure proper credit to your account please include the Invoice #22-19967-2 and Payment Reference # 2102991.1 with your payment.