



HEALTH CLAIMS ARBITRATION OFFICE
State of Maryland
118 North Howard Street, Suite 610
Baltimore, MD 21201

STATEMENT OF CLAIM

HCA NO. _____

CLAIMANT(S)

HEALTH CARE PROVIDER(S) **8019**

Iola Elijah

Name

1326 Harvard Street, N.W.

Street Address

Washington, D.C. 20009

City, State, Zip Code

Name

Street Address

City, State, Zip Code

Name

Street Address

City, State, Zip Code

Hillview Women's Medical Center

Name

5408 Silver Hill Road

Street Address

Forestville, Maryland 20747

City, State, Zip Code

John Doe (unknown provider(s))

Name

5408 Silver Hill Road

Street Address

Forestville, Maryland 20747

City, State, Zip Code

Name

Street Address

City, State, Zip Code

RECEIVED

JUN 29 1990

**HEALTH CLAIMS
ARBITRATION OFFICE**

(1) This Claim is filed pursuant to Title 3, Subtitle 2A of the Courts Article. The damages claimed are in excess of \$10,000.00 and the appropriate venue is: Prince George's County, Maryland

(2) The basis of the claim is described on the page(s) attached hereto.

(3) The resolution of the claim will involve particular expertise in the area of speciality as indicated: OB/GYN ; anesthesiology

WARNING: Each Claimant has been advised that he/she may be held civilly liable for part or all of the Costs resulting from the filing of this claim; this would be an individual and personal responsibility.

ATTORNEY FOR CLAIMANT(S)

CLAIMANT(S)

Signature

1025 Vermont Avenue, N.W. #503

Street Address

Washington, D.C. 20005

City, State, Zip Code

(202) 347-5141

Telephone Number

Iola Elijah 6/27/90

Signature of each Claimant

IN THE HEALTH CLAIMS ARBITRATION OFFICE OF MARYLAND

Iola Elijah
1326 Harvard Street, N.W.
Washington, D.C. 20009

Claimant

v.

HCA No.

Hillview Women's Medical Center
5408 Silver Hill Road
Forestville, Maryland 20747

and

John Doe,
an unknown health care provider
or providers
Hillview Women's Medical Center
5408 Silver Hill Road
Forestville, Maryland 20747

Health Care Providers

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JUN 29 1990

HEALTH CLAIMS
ARBITRATION OFFICE

STATEMENT OF CLAIM

Claimant, Iola Elijah, by and through her attorneys, Kamerow, Kamerow & Hamberger, P.C., files this claim against Hillview Women's Medical Center and Dr. John Doe, an unknown health care provider or providers, and for cause of action states:

1. The amount of this claim exceeds \$10,000.00 and the venue is properly in Prince George's County, Maryland.

2. Claimant Iola Elijah is an adult citizen and resident of Washington, D.C. and brings this action in her own right.

3. The Health Care Provider, Hillview Women's Medical Center ("Hillview"), is a clinic providing medical care for profit in Forestville, Maryland.

4. The Health Care Providers, John Doe, is an unknown health care provider or providers, providing such care in the State of Maryland.

5. At all times relevant hereto, the Health Care Providers, and each of them, had a duty to the Claimant to act as reasonably competent health care providers in the same or similar circumstances.

6. On or about September 23, 1989, at approximately 3:00 p.m., claimant Iola Elijah was treated for a therapeutic abortion at Hillview.

7. During said procedure, claimant was given anesthesia in her left arm which rendered her unconscious.

8. Upon awakening from said procedure, claimant found that she had severe pain in her left arm and that said left arm was so swollen that she could not move her arm.

9. Although claimant returned to Hillview for treatment regarding her arm, they rendered no treatment, and sent her off without advice or medication.

10. Since that time, claimant has suffered severe impairment of her left arm, and has had continual pain alternating with numbness.

11. The Health Care Provider, Hillview Women's Medical Center had a duty to render appropriate care and treatment including performing a therapeutic abortion and providing appropriate anesthesiology in a non-negligent manner.

12. The Health Care Providers, John Doe, had a duty to perform a therapeutic abortion in a proper manner, at the appropriate standards of the profession.

13. The Health Care Providers, John Doe, had a duty to perform anesthesiology in a proper manner.

14. The Health Care Providers, Hillview Women's Medical Center and John Doe, were negligent in that they failed to render appropriate care under the circumstances.

15. The aforesaid occurrence was neither caused by nor contributed to by any act of the claimant, but was solely and proximately caused by the negligence of the defendant.

16. As a direct and proximate result of defendant's negligence, as aforesaid, claimant Iola Elijah suffered painful and permanent injuries to her person, consisting of, but not limited to, injuries to her left arm, circulatory system, and nervous system; and, by reason of the negligence of the

defendant in causing the aforesaid injuries, claimant has incurred, and in the future will incur, medical expenses connected with her injuries.

17. As a direct and proximate result of defendant's negligence, as aforesaid, claimant injuries have caused, and in the future will cause, claimant to miss considerable time from her employment, and have permanently affected claimant's ability to hold certain types of employment, and have permanently affected claimant's earning capacity, all to her severe financial detriment.

18. Counsel for claimant properly requested claimant's medical records, enclosing a medical authorization form, from defendant Hillview on November 30, 1989 (See Exhibit A).

19. Counsel for claimant again wrote to defendant Hillview on December 28, 1989, again enclosing a medical authorization form, and again requesting claimant's medical records (See Exhibit B).

20. On or about January 30, 1990, defendant Hillview wrote counsel for claimant requesting a \$35.00 "fee for processing medical records" (See Exhibit C).

21. Counsel for claimant wrote defendant Hillview on February 1, 1990 (See Exhibit D), enclosing a check in the amount of \$35.00, and again requesting claimant's medical

records. This check was deposited on or about February 22, 1990 (See Exhibit E).

22. Counsel for claimant wrote defendant Hillview on May 16, 1990, again requesting claimant's medical records (See Exhibit F).

23. Counsel for claimant wrote defendant Hillview on June 12, 1990, again requesting claimant's medical records (See Exhibit G).

24. Claimant has never received the medical records she has requested.

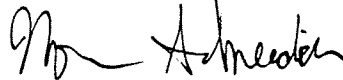
25. Maryland Code §4-302(b)(1) of the Health-General Article, states that, except in certain situations not applicable to claimant's case, "a facility shall comply within a reasonable time after a person in interest requests, in writing: (i) to receive a copy of a medical record."

26. Under Maryland Code §4-302(d)(2) of the Health-General Article, defendant Hillview, if it "refuses to disclose a medical record within a reasonable time after a person in interest requests the disclosure, . . . in addition to any liability for actual damages, [it is] liable for punitive damages."

27. Defendant breached its duty to claimant by failing to comply with the law and failing to deliver copies of claimant's medical records.

WHEREFORE, claimant, Iola Elijah, demands judgment against the Health Care Providers, Hillview Women's Medical Center and John Doe, jointly and severally in the amount of Three Million Dollars (\$3,000,000.00) compensatory damages, and Three Million Dollars (\$3,000,000.00) punitive damages, plus costs of this suit.

Respectfully submitted,



Norman G. Schneider



Jacob A. Kamerow
KAMEROW, KAMEROW & HAMBERGER, P.C.
Attorneys for Claimant
1025 Vermont Avenue, N.W.
Washington, DC 20005
(202) 347-5141
and
416 Hungerford Drive, #435
Rockville, Maryland 20850
(301) 294-0989

LAW OFFICES
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Stanley H. Kamerow *
Allan L. Kamerow *
Jeffrey M. Hamberger *
Jacob A. Kamerow *
Norman G. Schneider *

* D.C. & MD BAR
* D.C. & VA BAR
* D.C., VA & MD BAR

VIRGINIA OFFICE
4660 Kenmore Avenue
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(703) 370-8088

MARYLAND OFFICE
416 Hungerford Drive
Suite 435
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(301) 294-0989

November 30, 1989

Hillview Women's Medical Center
5408 Silver Hill Road
Suite 307-309
Forestville, Maryland 20747

RECEIVED

JUN 29 1990

HEALTHCARE
ARBITRATION OFFICE

Re: Your Patient/Our Client: Iola Elijah

Dear Sir/Madam:

This firm represents Iola Elijah. At the present time we are investigating various medical health problems that Ms. Elijah has presented to us.

We understand that she has been treating with you for these problems. Therefore, we would appreciate it if you would send us a copy of your medical records relating to her treatment. We have enclosed a medical authorization for this purpose.

Thank you for your cooperation in this matter.

Very truly yours,

Norman G. Schneider

Enclosures
NGS:ikw

LAW OFFICES

KAMEROW, KAMEROW & HAMBERGER, P.C.

1025 VERMONT AVENUE, N.W.

SUITE 503

WASHINGTON, D. C. 20005

(202) 347-5141

FAX: (202) 737-4409

STANLEY H. KAMEROW^o
ALLAN L. KAMEROW^{*}
JEFFREY M. HAMBERGER^o
JACOB A. KAMEROW^{*}
NORMAN G. SCHNEIDER^o

^o DC & MD BAR
^{*} DC & VA BAR
^o DC VA & MD BAR

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MARYLAND OFFICE

416 HUNGERFORD DRIVE
SUITE 417
ROCKVILLE, MARYLAND 20850
(301) 294-0988

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JUN 29 1990

HEALTH CLAIMS
ARBITRATION OFFICE

December 28, 1989

Hillview Women's Medical Center
5408 Silver Hill Road
Suite 307-309
Forestville, Maryland 20747

Re: Your Patient/Our Client: Iola Elijah

Dear Sir/Madam:

As you know, we represent Iola Elijah. We wrote to you on November 30, 1989 (copy enclosed), but we have not heard back from you.

Please send us copies of Ms. Elijah's medical records. We have enclosed another medical authorization for this purpose.

Thank you for your cooperation in this matter.

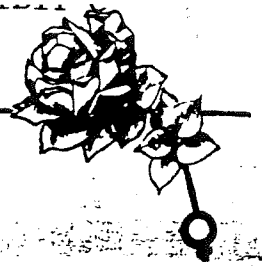
Very truly yours,

Norman G. Schneider

Enclosures
NGS:ikw

Hillview Women's Medical Center

5408 Siloam Hill Road, Suite 307-309, Forestville, Maryland 20747
(202) 863-4052 - (301) 735-3992



January 30, 1990

Kamerow, Kamerow & Hamberger, P.C.
1025 Vermont Avenue, N.W.
Suite 503
Washington, D.C. 20005

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JUN 29 1990

HEALTH CLAIMS
ARBITRATION OFFICE

Dear Mr. Schneider,

We are in receipt of your letter dated 24 January 1990, regarding Iola Elijah.

Our fee for processing medical records is \$35.00. Please send a check payable to Hillview Women's Medical Center in the amount of \$35.00. Once payment has been received, Medical Records, will forward Ms. Elijah's records to you.

Sincerely,

Rosa Reece
Business Office Manager



A Woman's Place



LAW OFFICES
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1025 Vermont Avenue, N.W.
Suite 503
Washington, D.C. 20005
(202) 347-5141

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4660 Kenmore Avenue
Suite 418
Alexandria, Virginia 22304
(703) 370-8088

MARYLAND OFFICE
416 Hungerford Drive
Suite 435
Rockville, Maryland 20850
(301) 294-0989

February 1, 1990

Hillview Women's Medical Center
5408 Silver Hill Road
Suite 307-309
Forestville, Maryland 20747
Attn: Ms. Rosa Reece

RECEIVED

JUN 29 1990

HEALTH CLAIMS
ARBITRATION OFFICE

Re: Your Patient/Our Client: Iola Elijah

Dear Ms. Reece:

Enclosed please find our check in the amount of \$35.00 representing payment of your fee for processing Iola Elijah's medical records.

We look forward to receiving this information in the near future.

Thank you for your cooperation in this matter.

Very truly yours,

Norman G. Schneider

Enclosures
NGS:ikw

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JUN 29 1990

HEALTH CLAIMS
ARBITRATION OFFICE

For deposit only
Andrew Med. Off.
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LAW OFFICES
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Stanley H. Kamerow *
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Rockville, Maryland 20850
(301) 294-0989

May 16, 1990

Hillview Women's Medical Center
5408 Silver Hill Road
Suite 307-309
Forestville, Maryland 20747
Attn: Ms. Rosa Reece

Re: Your Patient/Our Client: Iola Elijah

RECEIVED

JUN 29 1990

HEALTH CLAIMS
ARBITRATION OFFICE

Dear Ms. Reece:

On February 1, 1990 we sent you our check in the amount of \$35.00 as payment of your fee for processing Iola Elijah's medical records.

However, we have not received the information as yet. Please send us the records that we requested at your earliest opportunity.

Thank you for your cooperation in this matter.

Very truly yours,

Norman G. Schneider

NGS:ikw
Enclosures

LAW OFFICES

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MARYLAND OFFICE

416 HUNGERFORD DRIVE

SUITE 435

ROCKVILLE, MARYLAND 20850

(301) 294-0988

June 12, 1990

RECEIVED

JUN 29 1990

Hillview Women's Medical Center
 5408 Silver Hill Road
 Suite 307-309
 Forestville, Maryland 20747

HEALTH CLAIMS
 ARBITRATION OFFICE

Re: Your Patient/Our Client: Iola Elijah

Dear Sir/Madam:

This firm represents Iola Elijah regarding various health ailments. I have previously written you on November 30, 1989, December 28, 1989, February 1, 1990 (enclosing a check in the amount of \$35.00), and May 16, 1990 regarding release of her records to me, but have yet to receive such records. I request immediate release of all records you have regarding Ms. Elijah.

If you have any question concerning the release of these records, I suggest that you or your attorneys refer to *Franklin Square Hospital v. Laubach*, 569 A.2d 693 (Md. 1990), in which the court ruled that the plaintiff may be entitled to punitive damages for a refusal to release medical records.

I expect to receive an answer from you within the next ten days. If I do not receive Ms. Elijah's records by then, I will have little alternative but to file suit.

Very truly yours,

Norman G. Schneider

NGS:bpd

HEALTH CLAIMS ARBITRATION OFFICE
State of Maryland
118 North Howard Street, Suite 610
Baltimore, Maryland 21201

CLAIM FORM

HCA NO. 90-0219

CLAIMANT(S)

IOLA ELIJAH
Name
1326 Harvard Street, N.W.
Street Address
Washington, D.C. 20009
City, State, Zip Code

Name

Street Address

City, State, Zip Code

Name

Street Address

City, State, Zip Code

HEALTH CARE PROVIDER(S)

HILLVIEW WOMEN'S MEDICAL CENTER
Name
5408 Silver Hill Road
Street Address
Forestville, Maryland 20747
City, State, Zip Code

JOHN DOE (unknown provider(s))
Name
5408 Silver Hill Road
Street Address
Forestville, Maryland 20747
City, State, Zip Code

GIDEON KIOKO, M.D.
Name
5727 Martin Luther King Highway
Street Address
Seat Pleasant, Maryland 20743
City, State, Zip Code

- (1) This claim is filed pursuant to Title 3, Subtitle 2A of the Courts Article. The damages claimed are in excess of \$10,000.00 and the appropriate venue is: Prince George's County, Md.
- (2) The basis of the claim is described on the page(s) attached hereto.
- (3) The resolution of the claim will involve particular expertise in the area of specialty as indicated: OB/GYN; anesthesiology

WARNING: Each Claimant has been advised that he/she may be held civilly liable for part or all the Costs resulting from the filing of this claim, whether it is won or lost; this would be an individual and personal responsibility.

ATTORNEY FOR CLAIMANT(S)

[Signature]
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City, State, Zip Code
(202) 347-5141
Telephone Number

CLAIMANT(S)

[Signature]

Signature of each Claimant

