

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF FLORIDA
CASE NO.: 07-20759-CIV-UNGARO

MARKEISHA JENKINS, on behalf of
and as parent and natural guardian of
LAMARIYA REDFORD, a minor,

Plaintiffs,

vs.

UNITED STATES OF AMERICA, et al.,

Defendants.

PLAINTIFFS' RULE 26 INITIAL DISCLOSURE

A The following people are individuals likely to have discoverable information that Plaintiff may use to support its claims:

1. Markeisha Jenkins, mother
3330 N.W. 48th Terrace
Apt. 111
Miami, FL
2. Wanda Phillips, grandmother
1848 N.W. 42nd Street
Miami, FL 33142
3. Dr. Martin Gubermick, Expert
131 E. 65th Street
New York, NY 10021
Produced pre-suit affidavit already in possession of Defendant.
4. Demetrius Batts - Family/Friend
3330 N.W. 48th Terrace
Apt. 111
Miami, FL 33142
5. Travis Phillips - Family/Friend
1220 N.W. 103rd Street
Apt. 409
Miami, FL 33142

6. Shakievia Little - Family/Friend
2137 N.W. 99th Terrace
Miami, FL 33147
7. Pam Little - Family/Friend
1577 N.W. 102nd Street
Miami, FL 33147
8. Jamesha Carter - Family/Friend. Was present at time of birth.
2288 N.W. 61st Street
Apt. 3
Miami, FL 33142
9. Derricka Johnson - Family/Friend. Was present at time of birth.
2501 N.W. 58th Street
#G
Miami, FL 33142

The following healthcare providers have information regarding the nature and extent of Lamariya Redford's injuries:

1. North Shore Medical Center
1100 N.W. 95th Street
Miami, FL 33150
2. Quida Patricia Bridges, M.D.
Family Health Center
7200 N.W. 22nd Avenue
Miami, FL 33147
3. Mailman Center
UM Pediatric Neurology Dept.
1601 N.W. 12th Avenue
Miami, FL
4. Silvia B. Fajardo-Hiriart, M.D.
Early Intervention Program
1601 N.W. 12th Street
Miami, FL 33136
5. Physical Therapists from
Jackson Memorial Hospital
1611 N.W. 12th Avenue
Miami, FL

6. Christ-Ann A.E. Magloire, M.D.
Economic Opportunity Family HE
5361 N.W. 22nd Avenue
Miami, FL 33142
7. Robert F. Lopez, M.D.
University of Miami Neurology Department
1150 N.W. 14th Street
Suite 401
Miami, FL 33136
8. Dr. Moody, Physical Therapist
Jackson Memorial Hospital
1611 N.W. 12th Avenue
Miami, FL
9. Jaquess Tousaint, Evaluation for Physical Therapy
1601 N.W. 12th Avenue
Miami, FL
10. Ms. Olabasi, Evaluation for Physical Therapy.
1601 N.W. 12th Avenue
Miami, FL
11. Jackson Memorial Hospital
Radiology Department
1611 N.W. 12th Avenue
Miami, FL
12. Bascom Palmer
900 N.W. 17th Street
Miami, FL
13. All medical and hospital bills in our possession. Additional bills are being requested.
14. MRI films from Jackson Memorial Hospital
15. Medicaid explanation of payment is attached.

A computation of Plaintiff's damages has not been made but will be provided to the defense in a timely manner in accordance with the Court's Scheduling Order.

Further, there is currently an action in Circuit Court, 11th Judicial Circuit Miami, Dade County, Florida, Case No.: 07-08017 CA 04 against Tenet Healthsystem North Shore, Inc. d/b/a North Shore Medical Center for injuries to Lamariya Redford resulting from her birth.

WE HEREBY CERTIFY that a true and correct copy of the forgoing was mailed this _____ day of July, 2007 to: Karin D. Wherry, Esquire, Assistant United States Attorney, 99 N.E. 4th Street, Suite 300, Miami, FL 33132-2111

Respectfully submitted,

GOLDBERG & HIRSH, P.A.
Counsel for Plaintiffs

By: s/Jeffrey S. Hirsh
Jeffrey S. Hirsh
Attorney for Plaintiffs
Florida Bar Number: 207810
Email: jhirsh@golberghirshpa.com
SunTrust International Center
Suite 1280
One Southeast Third Avenue
Miami, Florida 33131
Telephone (305) 372-9601
Telefax (305) 372-2323

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on July 27, 2007, I electronically filed the foregoing document with the Clerk of the Court using CM/ECF.

By: s/Jeffrey S. Hirsh
Jeffrey S. Hirsh
Attorney for Plaintiffs



2002 Old St. Augustine Road • Suite E-42 • Tallahassee, FL 32301
www.flmedicaidrecovery.com • Phone 877.446.7868 or 850.656.8870 • Fax 850.656.9271

July 7, 2006

Jeffrey S. Hirsh, Esquire
1 S.E. 3rd Ave., Suite 1280
Miami, FL 33131

Medicaid

Re: Client: Lamariya Redford
Medicaid Number: 797724614
TPL File Number: 197313
Date of Accident: 8/21/2004

Dear Mr. Hirsh:

The Agency for Health Care Administration, Medicaid Third Party Liability Unit, is responsible for recouping payments made by third parties for medical services rendered to beneficiaries of medical assistance. Your office must make payment to the Agency within sixty days after receipt of settlement proceeds. Checks should be made payable to the Agency for Health Care Administration.

We request that you review the Agency's rights under Sections 409.901 and 409.910, Florida Statutes.

Enclosed is a revised summary of claims paid on behalf of the above captioned for medical services received on and subsequent to the date of the accident. Please contact this office prior to settlement for an updated amount.

Please send all correspondence to the following address:

Health Management Systems
2002 Old St. Augustine Road, Suite E-42
Tallahassee, Florida 32301

Contract Representative
State of Florida Agency for Health Care Administration
Medicaid Third Party Liability

Thank you for your assistance in this matter. If you have any questions, or if additional information is necessary, please contact me.

Sincerely,

Braxton Wilson
Case Manager
877/446-7868 Ext. _____
Health Management Systems

Enclosures

paid claims data as of 7/3/2006

recipient: lamariya redford

incident date: 8/21/2004

Incident # 197313

Prepared By: Braxton Wilson

MIAMI CHILDRENS HOSPITAL (305-666-6511)

FDOS	Date Paid	CT	Diagnosis/ Drug	Diagnosis/Drug Description	Amount Paid
3/21/2005	4/6/2005	O	783.40	LACK OF NORMAL PHYSIOL DEVELPMT:UNSPECIF	\$266.04
3/21/2005	3/1/2006	O	783.40	LACK OF NORMAL PHYSIOL DEVELPMT:UNSPECIF	(\$266.04)
3/21/2005	3/1/2006	O	783.40	LACK OF NORMAL PHYSIOL DEVELPMT:UNSPECIF	\$250.44
Subtotal for MIAMI CHILDRENS HOSPITAL					\$250.44

UNIVERSITY OF MIAMI (305-243-3040)

FDOS	Date Paid	CT	Diagnosis/ Drug	Diagnosis/Drug Description	Amount Paid
11/4/2005	12/14/2005	V	343.4	INFANTILE HEMIPLEGIA	\$50.64
Subtotal for UNIVERSITY OF MIAMI					\$50.64

U OF MIAMI/EARLY INTERVENTION PGRM (305-243-6660)

FDOS	Date Paid	CT	Diagnosis/ Drug	Diagnosis/Drug Description	Amount Paid
3/10/2006	4/5/2006	3	--	--	\$27.75
3/21/2006	4/26/2006	3	--	--	\$27.75
4/26/2006	5/17/2006	3	--	--	\$18.50
4/18/2006	5/17/2006	3	--	--	\$18.50
5/18/2006	6/7/2006	3	--	--	\$27.75
5/24/2006	6/21/2006	3	--	--	\$27.75
10/19/2005	5/17/2006	3	--	--	\$9.25
4/13/2006	5/17/2006	3	--	--	\$18.50
3/31/2006	4/26/2006	3	--	--	\$46.25
3/22/2006	4/26/2006	3	--	--	\$18.50
Subtotal for U OF MIAMI/EARLY INTERVENTION PGRM					\$240.50

UNIVERSITY OF MIAMI (305-243-6660)

FDOS	Date Paid	CT	Diagnosis/ Drug	Diagnosis/Drug Description	Amount Paid
10/3/2005	12/21/2005	P	343.4	INFANTILE HEMIPLEGIA	\$150.00

Subtotal for UNIVERSITY OF MIAMI \$150.00

Total Amount Paid by Medicaid on Behalf of LamariyaRedford: \$691.58

GOLDBERG & HIRSH, P.A.

ATTORNEYS AT LAW

SUNTRUST INTERNATIONAL CENTER

SUITE 1280

ONE SOUTHEAST THIRD AVENUE

MIAMI, FLORIDA 33131

SIDNEY A. GOLDBERG
JEFFREY S. HIRSH
BOARD CERTIFIED CIVIL TRIAL ATTORNEY

TELEPHONE (305) 372-9601
TELEFAX (305) 372-2323
E-MAIL: info@golberghirshpa.com

February 21, 2006

CERTIFIED MAIL

Mailman Center
PEDIATRICS
1601 N. W. 12th Avenue
Miami, FL 33136



ATTENTION: MEDICAL RECORDS & BILLING DEPARTMENT

Re: Patient : Markeisha Jenkins
Date of Birth : 3/6/1985
SS# : 591-34-7785

Dear Sir/Madam:

Please be advised that the law firm of Goldberg & Hirsh, P.A. represents Markeisha Jenkins.

The enclosed Medical Authorization is for the release of ANY AND ALL items outlined herein. Please forward the requested items to the above address within TEN (10) days.

Do not discuss this client's condition or send any records to anyone other than to this office without consent.

Florida Statute 395-3025 provides for a reasonable fee for the copying of the patient's records; the fee shall not exceed \$1.00 per page.

Please feel free to contact me should you have any questions or comments regarding this request.

Please forward the complete medical records for the patient, including but not limited to:

1. Admission Sheets/Transfer Sheet, e.g., ambulance, hospital.
2. Hospital Discharge Summary (if any)
3. Physicians' Orders

DELETED ACCOUNT INQUIRY 14:55:41 18 APR 2006

INQUIRY -- UMDC DEPARTMENT OF PATHOLOGY (UMHC)
ACCOUNT NUMBER -- 221*208464 MED REC# --

==== PATIENT =====

==== GENERAL =====

NAME - JENKINS MARKEISHA J

ADDR1 - 13005 NE 11TH AVE.

ADDR2 -

CSZ - MIAMI FL 33161

TELE# -

SS# -

BIRTH - 03/06/85 AGE - 21

COLLECTOR CODE -

PURGE DATE - 06-18-05

DISCHG DATE - 02-03-04

DATE LAST DETAIL - 06-03-04

CODE LAST DETAIL - 1599

AMNT LAST DETAIL - -52.32

ATTENDING PHYSICIAN - AZORIDES R MORALES,MD

REFERRING PHYSICIAN - 5680 WINCHESTER ROSANNA

INS POLICY GROUP

TOTAL CHARGES 59.20 1560 7340751149

TOTAL PAYMENTS -6.88 0132

TOTAL DEBITS 0.00

TOTAL CREDITS -52.32

'2'=TOTAL CREDITS/DEBITS,'3'=ENCOUNTERS, <CR> OR 'END'=EXIT :

MILLER
SCHOOL OF MEDICINE

May 2, 2006

Law Offices of
Goldberg & Hirsh, P.A.
1 Southeast 3rd Avenue
Suite 1280
Miami, FL 33131

RE: Markeisha Jenkins
Patient #: 9256743
JMB #: 1797073

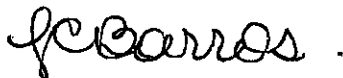
Dear Sir or Madam:

Thank you for your inquiry on the above referenced case.

Enclosed, please find itemized statements with the information you have requested for the patient mentioned above.

If you have any questions, contact me at (305) 243-1340.

Sincerely,



Jessica Barros
Sr Patient Account Coordinator
University of Miami Medical Group/
Patient Financial Services

\Enclosures

jb



NORTH SHORE Medical Center

Tenet South Florida HealthSystem

1100 Northwest 95th Street
Miami, Florida 33150-2098
Tel 305.835.6000

Date: 4-4-06

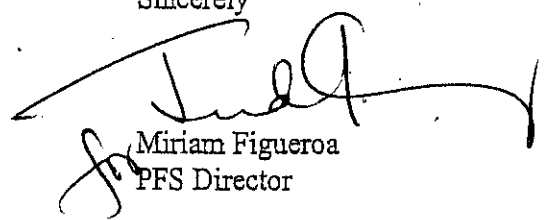
Dear Sir or Madam

Patient Name: Lamariya Redford
Date of Service: 2/27/05 & 1/22/06
Account Number: 7064489 & 8011001

Pursuant to your request, attached please find the itemized bills.

Should you require additional information, please contact our Regional Business Office at 1.888-233-7856.

Sincerely


Miriam Figueroa
PFS Director



1 NORTH SHORE MEDICAL CNTR P.O. BOX 740926 ATLANTA GA 30374 305-694-4848		2		3 PATIENT CONTROL NO. 006581951				4 TYPE OF BILL 111												
5 FED TAX NO. 752671592		6 STATEMENT COVERS PERIOD FROM 08/20/2004 THROUGH 08/23/2004		7 COV D. 0	8 N-C.D. 0	9 C-I.D. 0	10 L-R.D. 0		11											
12 PATIENT NAME JENKINS MARKEISHA					13 PATIENT ADDRESS 13005 NE 11 AVEMIAM FL 33161															
14 BIRTHDATE 03/06/1985	15 SEX F	16 MS S	17 DATE 08/20/2004		18 HR 7	19 TYPE 2	20 SRC 1	21 D HR 11	22 STAT 01	23 MEDICAL RECORD NO. 000594901		24		25	26	27	28	29	30	31
32 OCCURENCE CODE DATE		33 OCCURENCE CODE DATE		34 OCCURENCE CODE DATE		35 OCCURENCE CODE DATE		36 OCCURENCE SPAN CODE FROM THROUGH		37		A	B	C						
11 08/20/2004																				
38 MARKEISHA JENKINS 13005 NE 11 AVE MIAMI FL 33161					39 VALUE CODES CODE AMOUNT		40 VALUE CODES CODE AMOUNT		41 VALUE CODES CODE AMOUNT											
					a 01 970.00															
					b															
					c															
					d															
42 REV CD	43 DESCRIPTION				44 HCPCS/RATES	45 DATE	46 SERV UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES		49									
120	SEMI-PRIVATE ROOM				970.00		3	2,910.00			0.00									
250	PHARMACY						25	764.48			0.00									
258	IV SOLUTION						9	1,215.00			0.00									
270	CENTRAL SUPPLY						57	525.50			0.00									
272	STERILE SUPPLIES						11	1,382.54			0.00									
300	LABORATORY CLINICAL						9	1,187.00			0.00									
310	PATHOLOGY LAB						2	704.00			0.00									
636	CHEMOTHERAPY DRUGS						1	681.00			0.00									
720	LABOR & DELIVERY						1	4,085.00			0.00									
001	TOTAL							13,454.52			0.00									
50 PAYER MEDICAID OF FLORIDA			51 PROVIDER NO 010049800		52 REL INFO Y	53 ASG BEN Y	54 PRIOR PAYMENTS 0.00	55 EST AMOUNT DUE 13,454.52	56 372 53154 114 CD4											
57			DUE FROM PATIENT =>																	
58 INSURED'S NAME JENKINS MARKEISHA			59 P REL 18	60 CERT-SSN-HIC-ID NO. 7340751149		61 GROUP NAME		62 INSURANCE GROUP NO.												
63 TREATMENT AUTH CODES		64 ESC 3	65 EMPLOYER NAME UNEMPLOYED				66 EMPLOYER LOCATION MIAMI FL 33150													
67 PRIN DIAG 665.51	68 CODE 666.12	69 CODE 646.61	70 CODE 599.0	71 CODE 663.31	72 CODE V27.0	73 CODE	74 CODE	75 CODE	76 ADM. DIAG CD. 659.83	77 E-CODE	78									
79 P.C.	80 PRIN PROCEDURE CODE DATE	81 OTHER PROCEDURE CODE DATE	OTHER PROCEDURE CODE DATE	82 ATTENDING PHYS ID																

9	75.61	08/20/2004	72.71	08/20/2004	73.4	08/20/2004	MAGLOIRE CHRIST-AN
	OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE	83 OTHER PHYS ID
							MAGLOIRE CHRIST-AN
84 REMARKS SUBI 09/14/04 SV16 PT7 FC50 140 53154 MEDICAID OF FLORIDA A92I PO BOX 7062 TALLAHASSEE FL 32314							OTHER PHYS ID
							85 PROVIDER REPRESENTATIVE
							X
							86 DATE
							09/14/2004

Printed by MacsPerformance - Innovative Managed Care Systems, Inc.

1 NORTH SHORE MEDICAL CENTER PO BOX 740926 ATLANTA GA 30374 5619821900 5619822509		2 STATE CONTROL 007064489		4 TYPE OF BILL 131	
5 FED TAX NO. 752671592	6 STATEMENT COVERS PERIOD FROM 02/27/2005 THROUGH 02/27/2005		7 COV D. 0	8 N-C.D. 0	9 C-I.D. 0
			10 L-R.D. 0	11 11	

12 PATIENT NAME REDFORD LAMARIYA	13 PATIENT ADDRESS 13005 NE 11TH AVE NORTHMIAMI FL 33161 USA
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14 BIRTHDATE 08/21/2004	15 SEX F	16 MS S	17 DATE 02/27/2005	ADMISSION 18 HR 0 19 TYPE 1 20 SRC 7		21 D HR 23	22 STAT 01	23 MEDICAL RECORD NO. 000678487	CONDITION CODES 24 25 26 27 28 29 30						31 11
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32 OCCURENCE CODE 11	OCCURENCE DATE 02/27/2005	33 OCCURENCE CODE	OCCURENCE DATE	34 OCCURENCE CODE	OCCURENCE DATE	35 OCCURENCE CODE	OCCURENCE DATE	36 OCCURENCE SPAN CODE FROM THROUGH	37 A B C
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38 MARKEISHA JENKINS 13005 NE 11TH AVE NORTH MIAMI FL 33161	39 VALUE CODES CODE AMOUNT	40 VALUE CODES CODE AMOUNT	41 VALUE CODES CODE AMOUNT
a			
b			
c			
d			

42 REV CD	43 DESCRIPTION	44 HCPCS/RATES	45 DATE	46 SERV UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
258	IV SOLUTIONS		02/27/2005	1	135.00		0.00
259	SELF-ADMINISTERE		02/27/2005	1	24.00		0.00
300	BSC METABLC PNL	80048	02/27/2005	1	397.00		0.00
300	UA AUTO W/MICRO	81001	02/27/2005	1	170.00		0.00
300	CBC AUT/DIF MAN	85025	02/27/2005	1	206.00		0.00
300	CULT AEROBIC ID	87077	02/27/2005	1	210.00		0.00
300	CULT URIN CNT	87086	02/27/2005	1	339.00		0.00
320	CHEST TWO VIEW	71020	02/27/2005	1	547.00		0.00
450	ER VISIT LVL IV	99284	02/27/2005	1	505.00		0.00
001	TOTAL				2,533.00		0.00

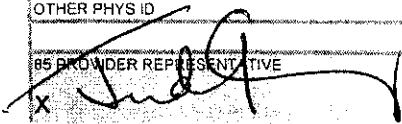
50 PAYER MEDICAID FL MEDIPASS	51 PROVIDER NO 010049800	52 REL INFO Y	53 ASG BEN Y	54 PRIOR PAYMENTS 0.00	55 EST AMOUNT DUE 0.00	56 5315Q CD1 M
57 DUE FROM PATIENT =>						

58 INSURED'S NAME REDFORD LAMARIYA	59 P REL 18	60 CERT-SSN-HIC-ID NO. 7977246147	61 GROUP NAME	62 INSURANCE GROUP NO.
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63 TREATMENT AUTH CODES 029542600	64 ESC 3	65 EMPLOYER NAME UNEMPLOYED	66 EMPLOYER LOCATION
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67 PRIN DIAG 787.03	68 CODE 787.91	69 CODE	70 CODE	71 CODE	72 CODE	73 CODE	74 CODE	75 CODE	76 ADM. DIAG CD.	77 E-CODE	78
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79 P.C.	80 PRIN PROCEDURE CODE DATE	81 OTHER PROCEDURE CODE DATE	OTHER PROCEDURE CODE DATE	82 ATTENDING PHYS ID CHITTY KAREN
	OTHER PROCEDURE CODE DATE	OTHER PROCEDURE CODE DATE	OTHER PROCEDURE CODE DATE	83 OTHER PHYS ID

84 REMARKS SUBO 05/05/05 SV65 PT3 FC50 140 5315Q MEDICAID-FL-MEDIPASS A920 PO BOX 7062 TALLAHASSEE FL 99999	OTHER PHYS ID	85 PROVIDER REPRESENTATIVE 	86 DATE 05/06/2005
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1 NORTH SHORE MEDICAL CENTER PO BOX 740926 ATLANTA GA 30374 5619821900 5619822509		2 SUBO 01/25/06 SV65		3 STATEMENT COVERS PERIOD 5 FED TAX NO. 752671592		6 STATEMENT COVERS PERIOD FROM 01/22/2006 THROUGH 01/22/2006		7 COV D. 0	8 N-C.D. 0	9 C-I.D. 0	10 L-R.D. 0	11 11
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12 PATIENT NAME REDFORD LAMARIYA	13 PATIENT ADDRESS 13005 NE 11TH AVE NORTHMIAMI FL 33161 USA
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14 BIRTHDATE 08/21/2004	15 SEX F	16 MS S	17 DATE 01/22/2006	18 HR 0	19 TYPE 1	20 SRC 7	21 D HR 1	22 STAT 01	23 MEDICAL RECORD NO. 000678487	24-30 CONDITION CODES					31
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32 OCCURENCE CODE 11	OCCURENCE DATE 01/22/2006	33 OCCURENCE CODE	OCCURENCE DATE	34 OCCURENCE CODE	OCCURENCE DATE	35 OCCURENCE CODE	OCCURENCE DATE	36 OCCURENCE SPAN FROM	THROUGH	37 A B C
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38 MARKEISHA JENKINS 13005 NE 11TH AVE NORTH MIAMI FL 33161	39 VALUE CODES CODE AMOUNT	40 VALUE CODES CODE AMOUNT	41 VALUE CODES CODE AMOUNT
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42 REV CD	43 DESCRIPTION	44 HCPCS/RATES	45 DATE	46 SERV UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
320	CHEST TWO VIEW	71020	01/22/2006	1	547.00		0.00
450	ER VISIT LVL II		01/22/2006	1	253.00		0.00
001	TOTAL				800.00		0.00

50 PAYER MEDICAID FL MEDIPASS	51 PROVIDER NO 010049800	52 REL INFO Y	53 ASG BEN Y	54 PRIOR PAYMENTS 0.00	55 EST AMOUNT DUE 0.00	56 5315Q CD1 M
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57	DUE FROM PATIENT =>			
58 INSURED'S NAME REDFORD LAMARIYA	59 P REL 18	60 CERT-SSN-HIC-ID NO. 7977246147	61 GROUP NAME	62 INSURANCE GROUP NO.

63 TREATMENT AUTH CODES	64 ESC 3	65 EMPLOYER NAME UNEMPLOYED	66 EMPLOYER LOCATION
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67 PRINDIAG 465.9	68 CODE	69 CODE	70 CODE	71 CODE	72 CODE	73 CODE	74 CODE	75 CODE	76 ADM. DIAG CD.	77 E-CODE	78
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79 P.C.	80 PRIN PROCEDURE CODE DATE	81 OTHER PROCEDURE CODE DATE	OTHER PROCEDURE CODE DATE	82 ATTENDING PHYS ID DANIA ISMAIL
	OTHER PROCEDURE CODE DATE	OTHER PROCEDURE CODE DATE	OTHER PROCEDURE CODE DATE	83 OTHER PHYS ID

84 REMARKS SUBO 01/25/06 SV65 PT3 FC50 140 5315Q MEDICAID-FL-MEDIPASS A920 PO BOX 7062 TALLAHASSEE FL 32314	OTHER PHYS ID	85 PROVIDER REPRESENTATIVE X 	86 DATE 01/26/2006
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