

GRABB & DURANDO, P.C.

PERSONAL INJURY ATTORNEYS

May 8, 2026

State Farm
Attn: 03-91P4-55L
P.O. Box 52250
Phoenix, AZ 85072

Sent Via Email To statefarmclaims@statefarm.com

Re: *Our client:* [REDACTED]
Your Insured: [REDACTED]
Driver: Kristin [REDACTED]
Claim No.: [REDACTED]
Date of Loss: October 6, 2025

Please accept this demand package on behalf of [REDACTED].

The collision occurred when State Farm's insured attempted a left turn across oncoming traffic at Grant and Mountain in Tucson. The police diagram, the driver statements, the citation, and the photographs all tell the same story: [REDACTED] was traveling straight through the intersection when the left-turning vehicle entered his path. The property damage photographs show a violent front-end collision, with the Toyota's front structure, hood, bumper, grille area, and passenger-side front corner visibly crushed and torn away.

Liability

Liability is clear. The Tucson Police Department report places the collision at E Grant Road and N Mountain Avenue on October 6, 2025. Unit 1 was State Farm's insured, [REDACTED]. Unit 2 was [REDACTED]. The report records that Ms. [REDACTED] was eastbound on Grant, in the left-turn lane, intending to turn onto Mountain. She stated she had a yellow light, saw the vehicle in front of her turn, followed it, and collided with the westbound vehicle. [REDACTED] reported that he was westbound on Grant in the number-one lane, traveling through the intersection on a green light when the other car turned in front of him. The diagram shows exactly that configuration: the left-turning Unit 1 crossing into the path of the straight-through Unit 2.

The responding officer cited Ms. [REDACTED] under A.R.S. Section 28-772 for failure to yield while turning left at an intersection. Arizona law required her to yield to oncoming traffic that was in the intersection or so close as to constitute an immediate hazard. Arizona's traffic-signal statute likewise does not give a left-turning driver license to cut across vehicles lawfully in the intersection. A green or yellow signal does not relieve a turning driver of the duty to yield. Luis was proceeding straight through the intersection; State Farm's insured turned across his lane.

Medical Chronology and Treatment Summary

October 8, 2025 - Northwest Urgent Care. Two days after the crash, [REDACTED] presented with right shoulder pain and right ankle pain. The urgent care history records the mechanism: he was T-boned while driving straight through the intersection; the air bags did not deploy; he reported no head injury or loss of consciousness; and his pain was rated 5/10. He was diagnosed with acute whiplash injury/cervical sprain and right shoulder strain. He was prescribed prednisone and referred to physical therapy.

October 21, 2025 - Northwest Urgent Care follow-up. [REDACTED] returned for ongoing right shoulder pain. He had physical therapy scheduled. Examination documented tenderness in the right trapezius. He was diagnosed with right shoulder muscle strain, prescribed cyclobenzaprine, and instructed on conservative care including heat, massage, NSAIDs, stretching, and return precautions.

October 23, 2025 - Ocotillo Family Medicine / ACP. [REDACTED] sought additional care because pain persisted. The office visit documented right shoulder pain, right foot pain, acute right ankle pain, and clavicle pain. Examination documented enlargement and tenderness of the right mid clavicle and tenderness of the right AC joint. The provider ordered X-rays of the right shoulder, right foot, right ankle, and right clavicle, and prescribed methocarbamol along with RICE and ibuprofen.

October 30, 2025 - Northwest Medical Center Outpatient Physical Therapy initial evaluation. PT documented a motor-vehicle collision on October 6, 2025, right neck and shoulder complaints, right low-back complaints, and intermittent right upper-extremity nerve pain that was improved by the time of evaluation. [REDACTED] reported difficulty sleeping, lifting, and dressing. The records identify his work as construction labor involving shelving and lifting. Objective findings included painful and limited right shoulder flexion and abduction, painful cervical motion, guarding in the right cervical/upper trapezius area, and functional movement deficits. PT was prescribed once weekly for eight weeks.

November 6 through December 23, 2025 - ongoing PT. [REDACTED] completed a progressive physical therapy course with therapeutic exercise, neuromuscular re-education, manual therapy, and therapeutic activity. The notes repeatedly tie the treatment to cervical sprain/whiplash and the October 6 collision. He continued to report work-related limitations, light-duty status, difficulty with spinal stabilization and mat-level exercises, right upper trapezius/cervical tenderness, and periodic low-back symptoms. By December 10, he finally had a session with no pain and completed the session, though he was fatigued. By December 23, he reported no pain and was being prepared for discharge, but the therapist still noted weakness in core and upper-extremity stabilizers.

January 7, 2026 - PT re-evaluation/discharge. At discharge, [REDACTED] had completed 10 visits since the start of care. The therapist documented continued limitation in right internal rotation and issued written stretching and scapular stabilization exercises. Four of five long-term goals were met, but the sleep goal remained only partially met. He was discharged to a home exercise program with

instructions for shoulder positioning during sleep. That discharge matters: [REDACTED] improved with care, but the final record still shows residual sleep-related pain and residual shoulder limitation.

Accident-Related Medical Specials

The accident-related gross billed medical specials supported by the uploaded bills total \$7,538.68. This total uses the provider charges shown on the bills and excludes record-copy invoices, internal request costs, duplicate bills, unsupported amounts, and non-medical administrative costs.

MEDICAL SPECIALS

Northwest Urgent Care	\$700.00
Ocotillo Family Medicine	\$510.00
NWMC Outpatient Therapy	\$6,328.68
TOTAL:	\$7,538.68

Pain, Suffering, Function, and Loss of Enjoyment

[REDACTED] was 19 years old when this crash disrupted his life. Before the collision, he earned his living through physical labor. Construction labor is not desk work. It requires lifting, repetitive movement, carrying, reaching, bending, overhead work, and the ability to tolerate pain while keeping pace with the crew. A shoulder/neck injury is not an inconvenience in that context; it is a direct attack on the body parts a laborer uses to earn a paycheck.

The medical records support the functional story. [REDACTED] had difficulty sleeping, lifting, and dressing. He had right shoulder weakness, painful and limited motion, cervical guarding, and right upper trapezius tenderness. His therapy was not passive paper treatment; it progressed through manual work, stabilization training, neuromuscular re-education, therapeutic exercise, and a home exercise program. The PT records repeatedly discuss work demands and the difficulty of stabilizing the spine and shoulder complex while trying to return to labor-intensive work.

[REDACTED] own impact statement fills in the day-to-day consequences. He missed work for treatment and because pain made it unsafe or impossible to continue. He reports being sent home until therapy was completed and losing approximately three consecutive weeks of income. He ultimately felt forced to seek less physically demanding work because he could no longer rely on the job duties he had performed before the crash. That wage-loss number will require wage documentation before it is reduced to a dollar figure, but the human loss is already documented: a young laborer was pushed out of the physical work he depended on.

Future Damages and Residual Limitations

No unsupported future-care dollar figure is being inserted. The records nevertheless support a future-damages discussion. [REDACTED] was discharged to independent living and a home exercise program, not because the crash never mattered, but because he improved after months of treatment.

At discharge, the sleep goal remained only partially met and right internal rotation remained limited enough that additional stretching and scapular stabilization were prescribed. If symptoms persist or flare with physical work, future evaluation, therapy, medication, or imaging may be reasonably necessary. State Farm should account for that risk in its offer.

The uploaded treatment records repeatedly connect ██████ complaints to the October 6 collision. The first medical visit occurred two days after the crash. The diagnoses, PT referral, and later PT records are consistent with the mechanism and with the property damage. The PT and urgent care records do not identify a competing pre-existing condition causing the right shoulder/cervical complaints; the PT notes list no past medical history reported.

Your insured's negligence for failing to yield placed Mr. ██████ in a position where this collision was unavoidable. As a result, he incurred medical expenses and experienced ongoing pain and functional limitations for several months following the incident.

Given the clear liability, documented treatment, and economic damages totaling \$13,203.68, this claim warrants a fair and reasonable settlement evaluation.

Please contact our office within 20 days of the date of this letter to discuss resolution. If we do not receive a timely response, we will proceed accordingly.

Respectfully,

GRABB & DURANDO, P.C.

Robert M. Grabb, Esq.
For the Firm

RMG/jsw

GRABB & DURANDO, P.C.

PERSONAL INJURY ATTORNEYS

EXHIBIT A

ARIZONA CRASH REPORT

Tucson Police Department Report No. P2510060133; cited left-turn failure-to-yield collision.

GD-NICHOLS-000009

Robert M. Grabb, Esq.
2929 E. BROADWAY BLVD, TUCSON AZ 85716
Ph. 520.222.2222 GRABBLAW.COM

Fax. 888.778.1472

ARIZONA CRASH REPORT			REPORT ID										Agency Report Number																												
1	POLICE ONLY - FORWARD COPY TO ADOT TRAFFIC RECORDS SECTION, 064R 206 S. 17 th AVE., PHOENIX, ARIZONA 85007-3233			YEAR	MONTH	DAY	HOUR	MIN	SEC	NO	OFFICER ID NO.	P2510060133																													
				2	5	1	0	0	6	1	4	3	5	1	0	0	3	1	0	3	9	0	9	Total Number of Sheets	5																
COMPLETE THE TRUCK/BUS SUPPLEMENT IF ANY. (circle) AND ANY (diamond) ARE CHECKED																																									
2	Total Units	2	Total Injuries	0	Total Fatalities	0	Estimated Total Damage Compared To \$2,000 Limit: <input checked="" type="checkbox"/> Over <input type="checkbox"/> Under		<input type="checkbox"/> Fatal	<input checked="" type="checkbox"/> Hit/Run	Unit #	<input type="checkbox"/> Person Transported for Immediate Medical Care?	<input checked="" type="checkbox"/> Tow Away of At Least One Vehicle from Scene?	District or Grid No.																											
LOCATION			On Highway/Road/Street GRANT RD										City			TUCSON																									
Intersecting Street/Road/M.P. or R.P.			At										From			MOUNTAIN AVE																									
Light Condition			<input type="checkbox"/> 1 Daylight <input type="checkbox"/> 2 Dawn <input type="checkbox"/> 3 Dusk <input type="checkbox"/> 4 Dark - Lighted <input type="checkbox"/> 5 Dark - Not Lighted <input type="checkbox"/> 6 Dark - Unknown Lighting <input type="checkbox"/> 7 51 Unknown										Weather Conditions			<input type="checkbox"/> 1 Clear <input type="checkbox"/> 2 Cloudy <input type="checkbox"/> 3 Sleet, Hail (freezing rain/sleet) <input type="checkbox"/> 4 Rain <input type="checkbox"/> 5 Snow or Blowing Snow <input type="checkbox"/> 6 Fog, Smog, Smoke <input type="checkbox"/> 7 Unknown <input type="checkbox"/> 8 Fog, Smog, Smoke <input type="checkbox"/> 9 Other <input type="checkbox"/> 10 Unknown																									
GLOBAL POSITION			Latitude: 32.249858627887										Longitude: -110.9525155593																												
Is this a Secondary Collision?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No										Roadway Clear			1 4 3 7																									
If YES, were any of the following 1 st responders hit?			<input type="checkbox"/> Law Enforcement <input type="checkbox"/> Fire <input type="checkbox"/> EMS <input type="checkbox"/> Tow Operator <input type="checkbox"/> DOT Worker <input type="checkbox"/> Other										Incident Clear			1 4 3 7																									
Safety Devices (SD)			Airbag (AB)			Injury Severity (IS)			Seating Position																																
0 - Not Applicable 1 - None Used 2 - Lap Belt 3 - Shoulder and Lap Belt 4 - Child Restrain System 5 - Helmet Used 50 - Other 51 - Unknown			0 - Not Applicable 1 - Deployed - Front 2 - Deployed - Side (Door, seatback) 3 - Deployed - Curtain (roof) 4 - Deployed - Other (knee, armrest, etc.) 5 - Deployed - Combination 6 - Deployed - Unknown Location 7 - Not Deployed			1 - No Injury 2 - Possible Injury 3 - Suspected Minor Injury 4 - Suspected Serious Injury 5 - Fatal Injury 51 - Unknown/Not Reported			18 - Front Seat - Other (on/d in Lap) 28 or 35 - Additional passenger in vehicle by row 40 - In enclosed cargo area 41 - In unenclosed cargo area 42 - Riding on Vehicle Exterior 50 - Other 51 - Unknown																																
TRAFFIC UNIT NO. 1			DL #			State			Class			End			Driver			Name (First, Middle, Last)			Suffix			Sex																	
1HGCP2F8XCA050017			AZ			D			Driver			KRISTIN ELENA OROZCO			F			F			F			F																	
Restrictions			Address			City			State			Zip Code			Telephone Number			Date of Birth			Owner/Carrier Name			Same as Driver			Gov't Vehicle														
WHI			420 N SILVERBELL RD TUCSON AZ 857452628			TUCSON			AZ			857452628			(206) 306-5714			10/12/1976			KRISTIN ELENA OROZCO			420 N SILVERBELL RD TUCSON AZ 857452628			AZ			12/2025											
VIN			Color			Vehicle Year			Make			Body Style			Plate Number			State			Plate Mo/Yr			Bus (9 or more seats)			Hazardous Materials														
4T1G11AK2NU634990			WHI			2012			HOND			4DSD			FOAGNZ			AZ			12/2025			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No														
Safety Devices			Airbag			Injury Severity			Posted Speed Limit			Off Est. Speed			Injured Transported To/By			N/A			N/A			N/A			N/A														
3			7			1			35			10			N/A			N/A			N/A			N/A			N/A														
Vehicle Removed to (Address/Storage Location Identifier)			Disabled			Not Disabled			Vehicle Removed by			TOW			Orders of			DRIVER			DRIVER			DRIVER			DRIVER														
Insurance Company			Telephone Number			Policy Number			Exp. Date			STATE FARM			(520) 623-0202			6192128F1803A			12/18/2025			DRIVER			DRIVER														
TRAFFIC UNIT NO. 2			DL #			State			Class			End			Driver			Name (First, Middle, Last)			Suffix			Sex																	
4T1G11AK2NU634990			AZ			G			Driver			LUIS DIEGO NICHOLS			M			M			M			M			M														
Restrictions			Address			City			State			Zip Code			Telephone Number			Date of Birth			Owner/Carrier Name			Same as Driver			Gov't Vehicle														
WHI			425 W KENTUCKY ST TUCSON AZ 857143024			TUCSON			AZ			857143024			(520) 460-4234			07/01/2006			ABIGAIL DELGADO			2329 S MCFEE STRA TUCSON AZ 857133953			AZ			10/2026											
VIN			Color			Vehicle Year			Make			Body Style			Plate Number			State			Plate Mo/Yr			Bus (9 or more seats)			Hazardous Materials														
4T1G11AK2NU634990			WHI			2022			TOYT			4DSD			ERA60F			AZ			10/2026			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No														
Safety Devices			Airbag			Injury Severity			Posted Speed Limit			Off Est. Speed			Injured Transported To/By			N/A			N/A			N/A			N/A														
3			7			1			35			40			N/A			N/A			N/A			N/A			N/A														
Vehicle Removed to (Address/Storage Location Identifier)			Disabled			Not Disabled			Vehicle Removed by			DRIVER			Orders of			DRIVER			DRIVER			DRIVER			DRIVER														
Insurance Company			Telephone Number			Policy Number			Exp. Date			GEICO			(800) 841-3000			4429471313			03/01/2026			DRIVER			DRIVER														
PASSENGERS			Unit #			Seat Pos			SD			AB			IS			Name			Address			City			State			Zip Code			Phone			Sex			D.O.B.		
1			13			3			7			1			JOSE RIVERA OROZCO			420 N SILVERBELL RD TUCSON AZ 857452628			(206) 306-5714			TUCSON			AZ			857452628			(206) 306-5714			M			12/29/2005		
7			VEHICLE DAMAGED AREA(S) - (CIRCLE ALL THAT APPLY)			1			2			3			4			5			6			7			8			9			10			11					
8			Property Damaged (Other than Vehicles)			Owner Code			1 - Private			2 - Public Utility			3 - Federal Government			4 - State of Arizona			5 - County in Arizona			6 - City in Arizona			7 - Tribal Nation			8 - Inventory Tag No			9 - Unknown			10 - Unknown					
9			Name			Address			City			State			Zip Code			Telephone Number			D.O.B.			D.O.B.			D.O.B.			D.O.B.			D.O.B.								
10			CITATION			UNIT #			A.R.S. NO. OR CITY CODE			UNIT #			A.R.S. NO. OR CITY CODE			CITATION			UNIT #			A.R.S. NO. OR CITY CODE			CITATION			UNIT #			A.R.S. NO. OR CITY CODE								
1			Photos Taken			Photographer's Name, ID Number and Agency Name			Invest. At Scene			Invest. Time			Date Invest.			Time Invest.			Fire/EMS Incident No			Fire/EMS Incident No			Fire/EMS Incident No			Fire/EMS Incident No											
1			M. Rangel (103909)			RUIZ RODRIGUEZ 200523 TPD			Invest. At Scene			Invest. Time			Date Invest.			Time Invest.			Fire/EMS Incident No			Fire/EMS Incident No			Fire/EMS Incident No			Fire/EMS Incident No											
1			Officer's Name / Badge #			Supervisor's Signature			Agency Name			Date Completed			Date Completed			Date Completed			Date Completed			Date Completed			Date Completed			Date Completed											
1			M. Rangel (103909)			J. Repka (105529)			Tucson Police Department			10/07/2025			10/07/2025			10/07/2025			10/07/2025			10/07/2025			10/07/2025			10/07/2025											

1 POLICE ONLY - FORWARD COPY TO ADOT TRAFFIC RECORDS SECTION, 064R 206 S. 17TH AVENUE, PHOENIX, ARIZONA 85007-3233

YEAR MONTH DAY HOUR NGIC NO. OFFICER ID NO. P2510060133

2 5 1 0 0 6 1 4 3 5 1 0 0 3 1 0 3 9 0 9

12 - ROAD SURFACE CONDITION

UNIT # 1 2

1 DRY 8 MUD/DIRT/GRAVEL/SAND

2 WET 9 OTHER

3 SNOW/SLEUSH 51 UNKNOWN

4 ICE/FROST

7 WATER (standing/moving)

13 - ROAD GRADE

UNIT # 1 2

1 LEVEL 3 UP-HILL

2 DOWNHILL 51 UNKNOWN

14 - RELATION TO JUNCTION

0 NO. CONNECTION RELATED 4 RAILWAY GRADE CROSSING

1 INTERSECTION (within) 7 DRIVEWAY or ALLEY ACCESS

2 4-WAY 3 T-INTER. OTHER 50 OTHER

2 INTERSECTION-RELATED 51 UNKNOWN

3 ENTRANCE/EXIT RAMP

15 - TRAFFIC WAY DESCRIPTION

1 ONE-WAY TRAFFICWAY

2 TWO-WAY, NOT DIVIDED (no median present)

3 TWO-WAY, (NOT DIVIDED) WITH A CONTINUOUS LEFT TURN LANE

4 TWO-WAY, DIVIDED UNPROTECTED MEDIAN

5 TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER

51 UNKNOWN

16 - TRAFFIC CONTROL DEVICE

UNIT # 1 2

0 NO CONTROLS 7 PERSON (law enforcement, crossing guard, flagger, etc.)

1 SIGNAL 8 TRAFFIC CIRCLE

2 STOP SIGN 9 PEDESTRIAN HYBRID

3 YIELD SIGN 50 OTHER

4 WARNING SIGN 51 UNKNOWN

5 RAILROAD CROSSING SIGN

6 FLASHING TRAFFIC SIGNAL

17 - MANNER OF CRASH IMPACT

1 SINGLE VEHICLE 8 SIDESWIFE, SAME DIRECTION

2 ANGLE (front to side) 7 SIDESWIFE, OPPOSITE DIRECTION

3 LEFT TURN 9 U-TURN

4 REAR END (front-to-rear) 50 OTHER

5 HEAD-ON (front-to-front) 51 UNKNOWN

foresh than left to rear

18 - DIRECTION OF UNIT TRAVEL (Compass)

BEFORE 1ST CRASH EVENT

UNIT # 1 2

1 NORTH 6 NORTHEAST

2 SOUTH 7 SOUTHWEST

3 EAST 8 SOUTHEAST

4 WEST 51 UNKNOWN

5 NORTHWEST

NOTE: FOR PARKED OR STOPPED VEHICLES, INDICATE THE DIRECTION THE VEHICLE WAS FACING AT THE TIME OF THE CRASH

25 - ROADWAY ALIGNMENT

UNIT # 1 2

1 STRAIGHT 3 CURVE RIGHT

2 CURVE LEFT 51 UNKNOWN

26 - LANE

Please enter unit's number and lane of travel before first crash event.

UNIT 1	UNIT 2
L1	1

0 TWO-WAY CONTINUOUS LEFT TURN

1-9 1= FIRST LANE NEXT TO A MEDIAN THRU 9 CROSSWALK

10 THRU LX - LEFT TURN ONLY LANES (L1 = 1ST LEFT TURN AFTER MEDIAN/CENTERLINE)

R1 THRU RX - RIGHT TURN LANES (R1 = 1ST RIGHT TURN AFTER THRU/4 LANES)

SW SIDEWALK

BL DEDICATED BIKE LANE

HOV HIGH OCCUPANCY VEHICLE

49 NON-ROADWAY

50 OTHER

51 UNKNOWN

19 - CONTRIBUTING CIRCUMSTANCES

UP TO TWO CHOICES PER UNIT

UNIT # 1 2

0 NO CONTRIBUTING CIRCUMSTANCE

ENVIRONMENTAL

1. GLARE

1 A SUNLIGHT

2. PHYSICAL OBSTRUCTION(S)

A. STOPPED/PARKED VEHICLE

B. MOVING VEHICLE

C. LOAD ON VEHICLE

D. TREE/SHRUB/BUSH

MOTOR VEHICLE

12 TIRES

50 OTHER

51 UNKNOWN

ROAD RAGE

POSSIBLE ROAD RAGE INCIDENT

20 - DISTRACTED DRIVING BEHAVIOR

UNIT # 1 2

0 NOT DISTRACTED / NOT APPLICABLE

1 TALKING ON HANDS FREE DEVICE

2 TALKING ON HAND HELD DEVICE

3 PASSENGER

4 OTHER ACTIVITY, ELECTRONIC DEVICE

5 MANUALLY OPERATING AN ELECTRONIC DEVICE

6 OTHER INSIDE THE VEHICLE (eating, drinking, etc.)

7 OUTSIDE THE VEHICLE (includes unspecified distractions)

50 DISTRACTED, UNKNOWN REASON

51 UNKNOWN IF DISTRACTED

21 - CONDITION INFLUENCING Driver/Ped/Cyclist

UP TO THREE CHOICES PER UNIT

UNIT # 1 2

0 NO APPARENT INFLUENCE

1 ILLNESS OR PHYSICAL IMPAIRMENT

2 FELL ASLEEP/FATIGUED

3 ALCOHOL

4 ILLEGAL DRUGS

5 MEDICATIONS

6 MARIJUANA

7 MED MARIJUANA CARD PRESENTED

50 OTHER

51 UNKNOWN CONDITION

21 DRE (check all that apply)

0 DRE RESPONDED

1 SUSPECT EVALUATED

2 SUSPECT ARRESTED

24 - LOCATION OF PEDESTRIAN/CYCLIST

UNIT # 1 2

1 AT INTERSECTION-IN MARKED CROSSWALK

2 AT INTERSECTION-UNMARKED/UNKNOWN IF MARKED CROSSWALK

3 AT INTERSECTION-NOT IN CROSSWALK

4 AT INTERSECTION-UNKNOWN LOCATION

5 NOT AT INTERSECTION-IN MARKED CROSSWALK

6 NOT AT INTERSECTION-ON ROADWAY, NOT IN MARKED CROSSWALK

7 NOT AT INTERSECTION-ON ROADWAY, CROSSWALK AVAILABILITY UNKNOWN

8 SCHOOL CROSSWALK

9 PARKING LANE/ZONE

27 - SEQUENCE OF EVENTS

UP TO FOUR CRASH EVENTS FOR EACH UNIT IN THE ORDER OF OCCURRENCE

NON-COLLISION

1 OVERTURN/ROLLOVER

2 FIRE/EXPLOSION

3 CARGO/EQUIPMENT LOSS/SHIFT

4 FELL/JUMPED FROM VEHICLE

5 OTHER NON-COLLISION

6 EQUIPMENT FAILURE (tires, brakes)

7 SEPARATION OF UNITS

8 RAN OFF ROAD RIGHT

9 RAN OFF ROAD LEFT

10 CROSS MEDIAN

11 CROSS CENTERLINE

12 DOWNHILL RUNAWAY

COLLISION WITH PERSON, MOTOR VEHICLE, OR NON-FIXED OBJECT

16 MOTOR VEHICLE IN TRANSPORT

17 PEDESTRIAN

18 PEDALCYCLE

19 TRAIN

20 LIGHT RAILWAY/RAILCAR VEHICLE

21 ANIMAL

25 PARKED MOTOR VEHICLE

27 STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY ANOTHER VEHICLE

28 OTHER NON-FIXED OBJ.

BLOCKS 12 - 26: CHECK ONLY ONE OR ONE BLOCK PER UNIT UNLESS NOTED

22 - VIOLATIONS/BEHAVIOR

CHECK ALL THAT APPLY

UNIT # 1 2

1 NO IMPROPER ACTION

2 SPEED TOO FAST FOR CONDITIONS

3 EXCEEDED LAWFUL SPEED

4 FOLLOWED TOO CLOSELY

5 RAN STOP SIGN

6 DISREGARDED TRAFFIC SIGNAL

7 MADE IMPROPER TURN

8 DROVE LEFT OF CENTER LINE

9 WRONG WAY DRIVING

10 CROSSED MEDIAN

11 PASSED IN NO PASSING ZONE

12 UNSAFE LANE CHANGE

13 FAILED TO KEEP IN PROPER LANE

14 DID NOT USE CROSSWALK

15 FAILED TO YIELD RIGHT-OF-WAY

16 AGGRESSIVE DRIVING

50 OTHER

51 UNKNOWN

23 - TRAFFIC UNIT MANEUVER/ACTION

UNIT # 1 2

0 GOING STRAIGHT AHEAD

1 SLOWING IN TRAFFICWAY

2 STOPPED IN TRAFFICWAY

3 MAKING LEFT TURN

4 MAKING RIGHT TURN

5 MAKING U-TURN

6 OVERTAKING/PASSING

7 CHANGING LANES

8 NEGOTIATING A CURVE

9 BACKING

10 AVOIDING VEHICLE/OBJECT/PED/CYCLIST

11 ENTERING PARKING POSITION

12 LEAVING PARKING POSITION

13 PROPERLY PARKED

14 IMPROPERLY PARKED

15 MOVING VEHICLE - NO DRIVER

16 CROSSING ROAD

17 WALKING WITH TRAFFIC

18 WALKING AGAINST TRAFFIC

19 STANDING

20 LYING

21 GETTING ON/OFF VEHICLE

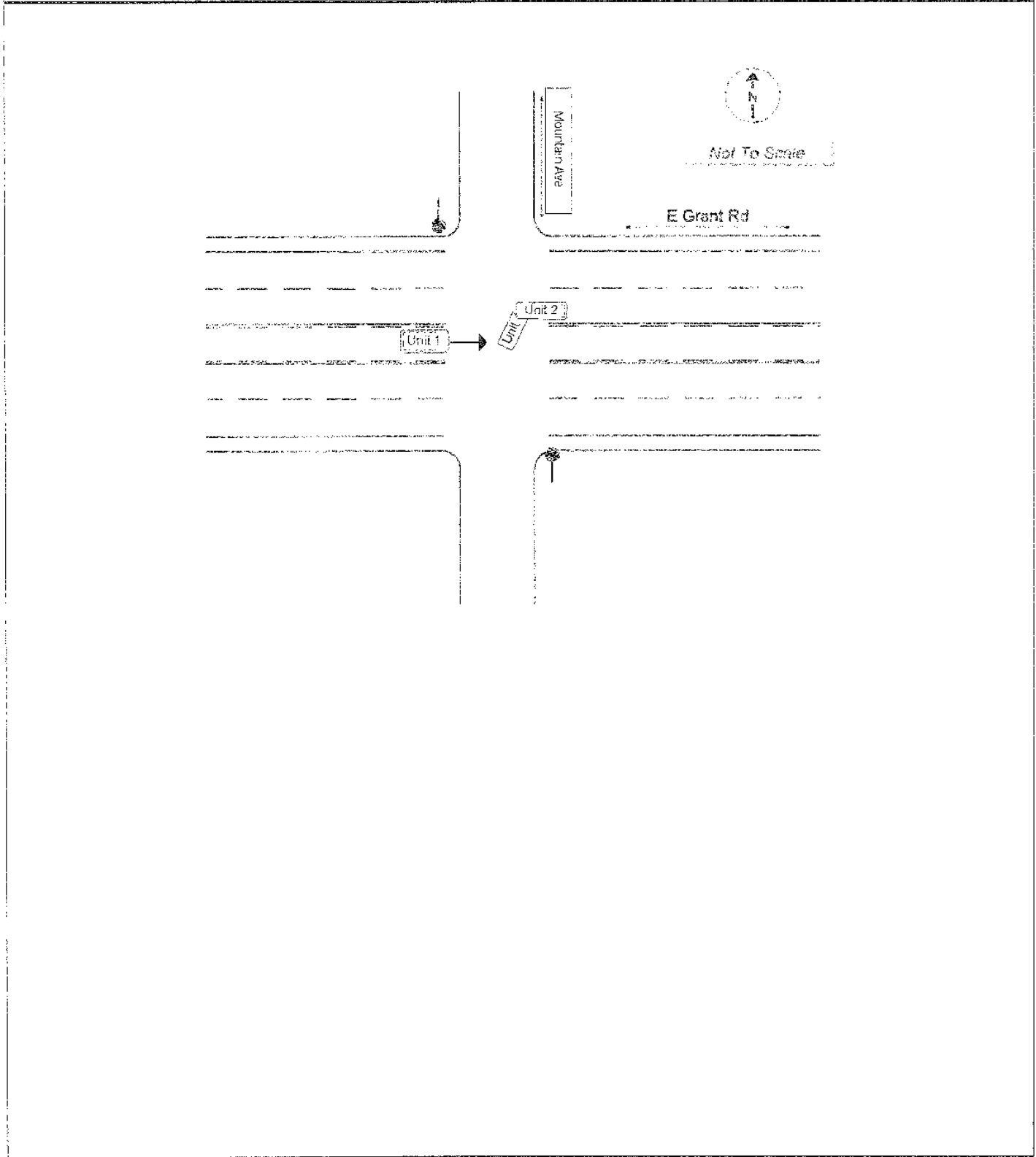
50 OTHER

51 UNKNOWN

ARIZONA CRASH REPORT		REPORT ID										Agency Report Number P2510060133							
1	OCCUPANT SUPPLEMENT POLICE ONLY - FORWARD COPY TO ADOT TRAFFIC RECORDS SECTION, 064R 206 S. 17 TH AVE., PHOENIX, ARIZONA 85007-3233	YEAR	MONTH	DAY	HOUR			NCIC NO.			OFFICER ID NO.								
		2	5	1	0	0	6	1	4	3	5	1	0	0	3	1	0	3	9

CRASH DIAGRAM OR NARRATIVE

- MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE
 MEASUREMENTS ARE SCALED (SCALE = _____)



2	Officer's Name / Badge # M. Rangel (103909)	Supervisor's Signature J. Repka (105529)	Agency Name Tucson Police Department	Date Completed 10/07/2025
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ARIZONA CRASH REPORT		REPORT ID										Agency Report Number							
1	OCCUPANT SUPPLEMENT POLICE ONLY -- FORWARD COPY TO ADOT TRAFFIC RECORDS SECTION, 064R 206 S. 17 TH AVE., PHOENIX, ARIZONA 85007-3233		YEAR	MONTH	DAY	HOUR			NCIC NO.			OFFICER ID NO.							
	2	5	1	0	0	6	1	4	3	5	1	0	0	3	1	0	3	9	0

CRASH DIAGRAM OR NARRATIVE

MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE
 MEASUREMENTS ARE SCALED (SCALE = _____)

ON OCTOBER 7, 2025, I RESPONDED TO THE INTERSECTION OF MOUNTAIN AVE & GRANT RD REFERENCE A COLLISON.

UNIT 1: F0A9NZ/AZ

UNIT 1 DRIVER: KRISTIN OROZCO, DRIVER'S LICENSE [REDACTED]

UNIT 1 INSURANCE: STATE FARM INSURANCE COMPANY, POLICY 6192128F1803A, DECEMBER 18, 2025.

UNIT 1 STATEMENT: KRISTIN STATED SHE WAS ON GRANT RD FACING EASTBOUND. KRISTIN STATED SHE WAS IN THE LEFT-HAND TURN LANE TO TURN ONTO MOUNTAIN AVE. KRISTIN STATED SHE HAD A YELLOW LIGHT AND SAW THE VEHICLE INFRONT OF HER MAKE THE TURN AND FOLLOWED BEHIND IT AND COLLIDED INTO THE VEHICLE TRAVELING WESTBOUND.

UNIT 2: ERA60F/AZ

UNIT 2 DRIVER: LUIS NICHOLS, DRIVER'S LICENSE NUMBER [REDACTED]

UNIT 2 INSURANCE: GEICO INSURANCE COMPANY, POLICY NUMBER4429471313, EXPIRATION DATE MARCH 1, 2026

UNIT 2 STATEMENT: LUIS STATED HE WAS ON GRANT RD IN THE NUMBER ONE LANE. LUIS STATED HE WAS FACING WESTBOUND GOING THROUGH THE INTERSECTION WITH THE GREEN LIGHT AND THE CAR TURNED OUT IN FRONT OF HIM.

CSO RUIZ RODRIGUEZ 200523 TOOK PICTURES OF THE VEHICLE AND UPLOADED THEM INTO THE AXON CAPTURE APPLICATION.

KRISTIN WAS CITED FOR A.R.S 28-772 (FAILURE TO YIELD THE

2	Officer's Name / Badge # M. Rangel (103909)	Supervisor's Signature J. Repka (105529)	Agency Name Tucson Police Department	Date Completed 10/07/2025
---	--	---	---	------------------------------

ARIZONA CRASH REPORT			REPORT ID										Agency Report Number										
1	OCCUPANT SUPPLEMENT POLICE ONLY - FORWARD COPY TO ADOT TRAFFIC RECORDS SECT.OV. 064R 206 S. 17 TH AVE., PHOENIX, ARIZONA 85007-3733		YEAR	MONTH	DAY	HOURL	NCIC NO.			OFFICER ID NO.													
				2	5	1	0	0	6	1	4	3	5	1	0	0	3	1	0	3	9	0	9
CRASH DIAGRAM OR NARRATIVE																	<input type="checkbox"/> MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE						
<p>RIGHT OF WAY).</p> <p>RANGEL 103909</p>																	<input type="checkbox"/> MEASUREMENTS ARE SCALED (SCALE = _____)						
2	Officer's Name / Badge # M. Rangel (103909)			Supervisor's Signature J. Repka (105529)			Agency Name Tucson Police Department						Date Completed 10/07/2025										

GRABB & DURANDO, P.C.

PERSONAL INJURY ATTORNEYS

EXHIBIT B

SCENE AND PROPERTY-DAMAGE PHOTOGRAPHS

Photographs of front-end/passenger-front damage to Luis Nichols's white Toyota.

GD-NICHOLS-000015

Robert M. Grabb, Esq.
2929 E. BROADWAY BLVD, TUCSON AZ 85716
Ph. 520.222.2222 GRABBLAW.COM

Fax. 888.778.1472

GRABB & DURANDO, P.C.

PERSONAL INJURY ATTORNEYS

PROPERTY-DAMAGE PHOTOGRAPHS

Photo 1: visible front-end collision damage to Luis Nichols's white Toyota.



GD-NICHOLS-000016

Robert M. Grabb, Esq.
2929 E. BROADWAY BLVD, TUCSON AZ 85716
Ph. 520.222.2222 GRABBLAW.COM

Fax. 888.778.1472

GRABB & DURANDO, P.C.

PERSONAL INJURY ATTORNEYS

PROPERTY-DAMAGE PHOTOGRAPHS

Photo 2: visible front-end collision damage to Luis Nichols's white Toyota.



GD-NICHOLS-000017

Robert M. Grabb, Esq.
2929 E. BROADWAY BLVD, TUCSON AZ 85716
Ph. 520.222.2222 GRABBLAW.COM

Fax. 888.778.1472

GRABB & DURANDO, P.C.

PERSONAL INJURY ATTORNEYS

EXHIBIT C

CLIENT INJURY IMPACT STATEMENT

Luis Nichols's statement describing work, income, functional, and daily-life effects.

GD-NICHOLS-000018

Robert M. Grabb, Esq.
2929 E. BROADWAY BLVD, TUCSON AZ 85716
Ph. 520.222.2222 GRABBLAW.COM

Fax. 888.778.1472

Client Injury Impact Statement**Name:** Luis Diego Nichols**Date of Accident:** 10/06/2025

I, Luis Diego Nichols, submit this statement to describe the impact the accident on October 6, 2025 has had on my life.

Following the accident, I experienced significant difficulty performing my job duties. I worked as a laborer for a construction company, a position that required physical strength, repetitive movement, and the ability to perform demanding manual labor. After the accident, my ability to perform my job at my normal capacity was significantly affected.

As a result of my injury, particularly the ongoing shoulder pain, I was required to miss work on multiple occasions. Some of this missed time was due to scheduled physical therapy appointments that were necessary for my recovery. Additionally, there were days when the pain in my shoulder became too severe for me to continue working, which forced me to leave work early.

Eventually, my condition worsened to the point that my supervisor determined I could no longer safely perform my job duties and sent me home until I completed my physical therapy. As a result, I was unable to work for approximately three consecutive weeks, causing a loss of three straight weeks of income.

Despite completing therapy, my injury continued to affect my ability to perform physically demanding work. Ultimately, I was forced to make the difficult decision to quit my job and seek new employment that was less physically demanding so that I could fully heal and avoid further injury. This change significantly impacted my career and financial stability, as I was no longer able to continue working in the field I had relied on for my livelihood.

The accident has had a serious and lasting impact on my daily life, employment, and ability to earn a living. The physical limitations, lost income, and forced job change caused hardship and stress that I did not experience prior to the accident.

I submit this statement to accurately reflect how the accident has affected my ability to work and function as I did before October 6, 2025.

GRABB & DURANDO, P.C.

PERSONAL INJURY ATTORNEYS

EXHIBIT D

NORTHWEST URGENT CARE RECORDS AND BILL

Accident-related urgent-care treatment, diagnoses, prescriptions, PT referral, and bill.

GD-NICHOLS-000020

Robert M. Grabb, Esq.
2929 E. BROADWAY BLVD, TUCSON AZ 85716
Ph. 520.222.2222 GRABBLAW.COM

Fax. 888.778.1472

NICHOLS, Luis (id #1391792, dob: 07/01/2006)

Encounter Date: 10/21/2025

Patient

Name	NICHOLS, LUIS (19yo, M) ID# 1391792	Appt. Date/Time	10/21/2025 12:10PM
DOB	07/01/2006	Service Dept.	NWUC_1218 W IRVINGTON RD STE 150
Provider	ASHLEY COUCH, NP		
Insurance	Med Primary: CIGNA (PPO) Insurance # : U7928255703 Policy/Group # : 3330178 Prescription: EXPRESS SCRIPTS - Member is eligible. details		

Chief Complaint

right shoulder pain

19yo male Rt shoulder pain. Was seen on 10/08/2025 for same issue. Was prescribed prednison but didn't take it.

Patient's Pharmacies

WALGREENS DRUG STORE #06953 (ERX): 605 W AJO WAY, TUCSON, AZ 85713, Ph (520) 294-4683, Fax (520) 294-4739

Vitals

BP Cuff Size: adult 10/21/2025 12:21 pm	BP Measurement Method: machine 10/21/2025 12:21 pm	Ht: 5 ft 11 in Stated (180.34 cm; 70th %ile) 10/21/2025 12:21 pm
Wt: 167 lbs With clothes (75.75 kg; 69th %ile) 10/21/2025 12:24 pm	BMI: 23.3 (58th %ile: Age and sex) 10/21/2025 12:24 pm	BP: 100/64 sitting L arm (1st % / 16th %) 10/21/2025 12:25 pm
Pulse: 84 bpm regular 10/21/2025 12:25 pm	RR: 18 10/21/2025 12:25 pm	T: 98.4 F° temporal artery (36.89 C) 10/21/2025 12:25 pm
O2Sat: 96% Room Air at Rest 10/21/2025 12:25 pm		

Allergies

Reviewed Allergies

NKDA

Medications

Reviewed Medications

cyclobenzaprine 10 mg tablet 10/21/25 prescribed
Take 1 tablet(s) as needed by oral route at bedtime, for muscle pain.

Vaccines

Reviewed Vaccines
UTD per patient

Problems

Reviewed Problems
No known problems

NICHOLS, Luis (id #1391792, dob: 07/01/2006)

Family History

Family History not reviewed (last reviewed 10/08/2025)

- Father - No current problems or disability
- Mother - No current problems or disability

Social History

Social History not reviewed (last reviewed 10/08/2025)

Advance Directive

- Do you have an advance directive?: No
- Do you have a medical power of attorney?: No
- Is blood transfusion acceptable in an emergency?: No

Substance Use

- Do you or have you ever smoked tobacco?: Never smoker
- Do you or have you ever used any other forms of tobacco or nicotine?: No
- What was the date of your most recent tobacco screening?: 09/24/2025

Surgical & Procedure History

Surgical & Procedure History not reviewed (last reviewed 10/08/2025)

Past Medical History

Past Medical History not reviewed (last reviewed 10/08/2025)

Screening

None recorded.

HPI

Patient is a 19-year-old male presenting to the urgent care with right shoulder pain. Was seen for this several weeks ago. Was prescribed prednisone at that time but he did not go and pick it up. He was referred to PT which he has set up an appointment to start. Will be starting that later this month. No numbness or weakness in his arm. No OTC medications.

ROS

ROS as noted in the HPI

Physical Exam

Patient is alert and oriented x 3. Skin is pink, warm, and dry. Patient is breathing easily with no signs of respiratory distress. The affected shoulder is without obvious asymmetry or deformity when compared to the unaffected shoulder. No surface trauma, ecchymosis, crepitus. No bony deformity or prominence of the humeral head. No erythema, warmth, or swelling. Nontender to palpation over the clavicle, acromion, scapula, or humeral head. Nontender to palpation over the bicipital groove or soft tissues. Nontender to palpation of the muscles of the sternocleidomastoid, pectoralis, biceps/triceps, deltoid/, latissimus dorsi, or rotator cuff. Tenderness to the right trapezius to palpation. No pain or limitation with active or passive abduction/adduction, internal/external rotation, flexion/extension. Negative empty can. No axillary tenderness or lymphadenopathy. Bilateral radial pulses 2+. Bilateral hand squeeze equal. Sensation and circulation to bilateral hands intact.

Assessment / Plan

DDX: fx, internal derangement, overuse injury, sprain/strain.

No XR done - no indication based on HPI and exam. Mild muscle relaxer prescribed for bedtime use. Recommended he use massage, heat, gentle stretching, and ibuprofen. Keep current scheduled PT appointments.

Muscle strain of right shoulder, subsequent

1. encounter

- S46.911D: Strain of unspecified muscle, fascia and tendon at shoulder and upper arm level, right arm, subsequent encounter
- cyclobenzaprine 10 mg tablet - Take 1 tablet(s) as needed by oral route at bedtime, for muscle pain. Qty: (15) tablet
- Refills: 0 Pharmacy: WALGREENS DRUG STORE #06953

Patient Instructions

FOR YOUR SYMPTOMS:

Heat, massage, lidocaine patches

It is important to remember that rest is good, but TOO MUCH rest can actually hinder your healing and make your pain worse; if discussed during your visit today, you should stretch/exercise your affected joint(s). Using heat to the affected area(s) just prior

NICHOLS, Luis (id #1391792, dob: 07/01/2006)

to stretching/exercising can be helpful.

For pain control: alternate between ice/heat to the affected area(s) (approx 10-20 minute alternating intervals several times a day), compression with Ace Wrap, over-the-counter pain meds (such as Tylenol, NSAIDs)* as well as pain patches (such as SalonPas, IcyHot, Lidocaine). There is also a topical NSAID available over-the-counter (Voltaren Gel) which is great for isolated joint pain.

*You should NOT take Tylenol and/or NSAIDs if you have certain medical conditions (kidney disease, history of GI bleed, pregnancy) or are taking certain prescription medications (blood thinners). If you are uncertain if you should be taking these over-the-counter medications, check with a medical provider or pharmacist BEFORE you start taking them.

RETURN TO CLINIC OR PRESENT TO THE ED IF ANY OF THE FOLLOWING DEVELOP/WORSEEN/PERSIST:

Increasing/localizing pain
Increasing/worsening swelling
Decreased sensation including numbness/tingling
Cold, discolored extremity
Any other symptoms that are concerning to you

Return to Office

Patient will return to the office as needed.

Encounter Sign-Off

Encounter signed-off by ASHLEY COUCH, NP, 10/21/2025.

Encounter performed and documented by ASHLEY COUCH, NP

Encounter reviewed & signed by ASHLEY COUCH, NP on 10/21/2025 at 12:51 PM

Oversight: Encounter reviewed by Jessica Haloskie, MD on 10/22/2025 at 12:09pm

NICHOLS, Luis (id #1391792, dob: 07/01/2006)

Encounter Date: 10/08/2025

Patient

Name	NICHOLS, LUIS (19yo, M) ID# 1391792	Appt. Date/Time	10/08/2025 03:20PM
DOB	07/01/2006	Service Dept.	NWUC_1218 W IRVINGTON RD STE 150
Provider	ALEXANDER WRIGHT, PA		
Insurance	Med Primary: CIGNA (PPO) Insurance # : U7928255703 Policy/Group # : 3330178 Prescription: EXPRESS SCRIPTS - Member is eligible. details		

Chief Complaint

right shoulder pain, ankle pain

19 yo male presents to clinic for right shoulder pain and right ankle pain x 2 days. Patient states that he was driving straight down grant and mountain Ave when he was t boned by another vehicle. He states that at the time of the visit he had no pain. denies head injury and loss of consciencss EMS was not called.. Pt has not taken any medication for pain.

Patient's Pharmacies

WALGREENS DRUG STORE #06953 (ERX): 605 W AJO WAY, TUCSON, AZ 85713, Ph (520) 294-4683, Fax (520) 294-4739

Vitals

BP Cuff Size: adult 10/08/2025 03:18 pm	BP Measurement Method: machine 10/08/2025 03:18 pm	Ht: 5 ft 11 in Stated (180.34 cm; 70th %ile) 10/08/2025 03:17 pm
Wt: 167 lbs Stated (75.75 kg; 69th %ile) 10/08/2025 03:17 pm	BMI: 23.3 (58th %ile: Age and sex) 10/08/2025 03:17 pm	BP: 125/79 sitting L arm (56th % / 62nd %) 10/08/2025 03:18 pm
Pulse: 78 bpm regular 10/08/2025 03:18 pm	RR: 18 10/08/2025 03:18 pm	T: 98.5 F° temporal artery (36.94 C) 10/08/2025 03:18 pm
O2Sat: 98% Room Air at Rest 10/08/2025 03:18 pm	Pain Scale: 5 10/08/2025 03:18 pm	

Allergies

Reviewed Allergies

NKDA

Medications

Reviewed Medications

predniSONE 20 mg tablet 10/08/25 prescribed
Take 2 tablet(s) every day by oral route in the morning for 2 days, for inflammation.
Note: start 10/10/25 in the morning

Vaccines

Reviewed Vaccines
UTD per patient

Problems

NICHOLS, Luis (id #1391792, dob: 07/01/2006)

Reviewed Problems
No known problems

Family History

Reviewed Family History

Father - No current problems or disability
Mother - No current problems or disability

Social History

Reviewed Social History

Advance Directive

Do you have an advance directive?: No
Do you have a medical power of attorney?: No
Is blood transfusion acceptable in an emergency?: No

Substance Use

Do you or have you ever smoked tobacco?: Never smoker
Do you or have you ever used any other forms of tobacco or nicotine?: No
What was the date of your most recent tobacco screening?: 09/24/2025

Surgical & Procedure History

Reviewed Surgical & Procedure History

Past Medical History

Reviewed Past Medical History

Screening

None recorded.

HPI

19 yo male presents to the urgent care for right shoulder pain and right ankle pain x 2 days. MVA 2 days ago. No immediate symptoms. EMS was not called. Patient was wearing a seatbelt but no airbags were deployed. No serious injuries on the scene. Patient is seen with father present who helps give HPI.

ROS

ROS as noted in the HPI

Physical Exam

No deformities or ecchymosis on inspection. Patient has full range of motion in all planes. Upper extremities have full range of motion.

Assessment / Plan

Discussed with patient medications possible side effects. Go to the emergency room if suddenly worse. All questions were answered. Return to the urgent care as needed.

Acute whiplash injury, initial

1. encounter

- S13.4XXA: Sprain of ligaments of cervical spine, initial encounter
- WHIPLASH: CARE INSTRUCTIONS
- prednisone 20 mg tablet - Take 2 tablet(s) every day by oral route in the morning for 2 days, for inflammation. Qty: (4) tablet Refills: 0 Pharmacy: WALGREENS DRUG STORE #06953
- PHYSICAL THERAPIST REFERRAL - Schedule Within: provider's discretion

Strain of right shoulder, initial

2. encounter

- S46.911A: Strain of unspecified muscle, fascia and tendon at shoulder and upper arm level, right arm, initial encounter
- RHOMBOID MUSCLE STRAIN: REHAB EXERCISES

Return to Office

Patient will return to the office as needed.

NICHOLS, Luis (id #1391792, dob: 07/01/2006)

Encounter Sign-Off

Encounter signed-off by Alexander Wright, PA, 10/09/2025.

Encounter performed and documented by Alexander Wright, PA

Encounter reviewed & signed by Alexander Wright, PA on 10/09/2025 at 08:26 AM

NORTHWEST URGENT CARE, LLC

printed 04/13/2026 07:46 AM

Billing Address		
PO BOX 29030 BELFAST, ME 04915-2042 billing phone: (520) 239-1226		Group TIN: 850928319

GUARANTOR NAME AND ADDRESS	PATIENT #	PATIENT NAME
LUIS NICHOLS 425 W KENTUCKY ST TUCSON, AZ 85714-3024	1391792	LUIS NICHOLS
	DOB	HOME TELEPHONE
	07/01/2006	(520) 460-4234

Billing Summary

▶ [Expand all claim details](#)

Claim ID	Procedure	Diagnosis	Date of Service	Post Date	Type	Reason	Plan	Supervising Provider	Ins. 1	Ins. 2	Patient
▶ 6237809	1036F	S134XXA, S46911A	10/08/2025	10/09/2025	CHARGE	1036F	CIGNA (PPO)	ALEXANDER WRIGHT	\$0.00		
▶ 6237809	1125F	S134XXA, S46911A	10/08/2025	10/09/2025	CHARGE	1125F	CIGNA (PPO)	ALEXANDER WRIGHT	\$0.00		
▶ 6237809	3008F	S134XXA, S46911A	10/08/2025	10/09/2025	CHARGE	3008F	CIGNA (PPO)	ALEXANDER WRIGHT	\$0.00		
▶ 6237809	3074F	S134XXA, S46911A	10/08/2025	10/09/2025	CHARGE	3074F	CIGNA (PPO)	ALEXANDER WRIGHT	\$0.00		
▶ 6237809	3078F	S134XXA, S46911A	10/08/2025	10/09/2025	CHARGE	3078F	CIGNA (PPO)	ALEXANDER WRIGHT	\$0.00		
▶ 6237809	99213	S134XXA, S46911A	10/08/2025	10/09/2025	CHARGE	99213	CIGNA (PPO)	ALEXANDER WRIGHT	\$350.00		
6237809	99213	S134XXA, S46911A	10/08/2025	10/17/2025	ADJUSTMENT	CONTRACTUAL (145496)	CIGNA (PPO)	ALEXANDER WRIGHT	\$-110.00		
6237809	99213	S134XXA, S46911A	10/08/2025	10/21/2025	PAYMENT	ACH *****7314	CIGNA (PPO)	ALEXANDER WRIGHT	\$-240.00		
6237809	99213	S134XXA, S46911A	10/08/2025	10/17/2025	TRANSFERIN [VOIDED]	DEDUCTIBLE	PATIENT	ALEXANDER WRIGHT	\$-240.00		\$240.00
▶ 6268318	1036F	S46911D	10/21/2025	10/22/2025	CHARGE	1036F	CIGNA (PPO)	ASHLEY COUCH	\$0.00		
▶ 6268318	3008F	S46911D	10/21/2025	10/22/2025	CHARGE	3008F	CIGNA (PPO)	ASHLEY COUCH	\$0.00		
▶ 6268318	3074F	S46911D	10/21/2025	10/22/2025	CHARGE	3074F	CIGNA (PPO)	ASHLEY COUCH	\$0.00		
▶ 6268318	3078F	S46911D	10/21/2025	10/22/2025	CHARGE	3078F	CIGNA (PPO)	ASHLEY COUCH	\$0.00		
▶ 6268318	99213	S46911D	10/21/2025	10/22/2025	CHARGE	99213	CIGNA (PPO)	ASHLEY COUCH	\$350.00		
6268318	99213	S46911D	10/21/2025	11/06/2025	ADJUSTMENT	CONTRACTUAL (145496)	CIGNA (PPO)	ASHLEY COUCH	\$-110.00		
6268318	99213	S46911D	10/21/2025	11/08/2025	PAYMENT	ACH *****2529	CIGNA (PPO)	ASHLEY COUCH	\$-240.00		
SUBTOTALS FOR THIS FILTER									\$0.00	\$0.00	\$0.00
TOTAL CHARGE OUTSTANDING AS OF 04/13/2026									\$0.00	\$0.00	\$0.00

GRABB & DURANDO, P.C.

PERSONAL INJURY ATTORNEYS

EXHIBIT E

OCOTILLO FAMILY MEDICINE / ACP RECORDS AND BILL

Accident-related office visit, right shoulder/foot/ankle/clavicle complaints, imaging charges, and bill.

GD-NICHOLS-000028

Robert M. Grabb, Esq.
2929 E. BROADWAY BLVD, TUCSON AZ 85716
Ph. 520.222.2222 GRABBLAW.COM

Fax. 888.778.1472



EHS Central Billing Office Nichols, Luis Diego
 5055 E Broadway Blvd Suite A- MRN: 3049937, DOB: 7/1/2006, Legal Sex: M
 100 Visit date: 10/23/2025
 TUCSON AZ 85711-3629
 Phone: 520-795-4783
 Fax: 520-547-5797

10/23/2025 - Office Visit in Ocotillo Family Medicine

Reason for Visit

Chief Complaint

- Shoulder Pain

Visit Diagnoses

- Acute pain of right shoulder (primary)
- Right foot pain
- Acute right ankle pain
- Clavicle pain

Visit Information

Provider Information

Encounter Provider

Stephanie L Grasky, PA

Authorizing Provider

Stephanie L Grasky, PA

Department

Name

Ocotillo Family Medicine

Address

6130 N La Cholla Blvd
 Suite 117
 Tucson AZ 85741-3589

Phone

520-751-3602

Fax

520-547-5761

Level of Service

Level of Service

PR OFFICE/OUTPATIENT ESTABLISHED LOW MDM 20 MIN

Log History

LOS History

Medication List

Medication List

ⓘ This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

cyclobenzaprine (Flexeril) 10 MG tablet

Entered by: Yaretsy Ramirez Garcia, MA
 Start date: 10/21/2025

Entered on: 10/23/2025

methocarbamol (Robaxin) 750 MG tablet

Instructions: Take 1 tablet (750 mg) by mouth 3 times daily for 10 days.

Authorized by: Stephanie L Grasky, PA

Start date: 10/23/2025

Refill: No refills remaining

Ordered on: 10/23/2025

Quantity: 30 tablet

Stopped in Visit

doxycycline (Monodox) 100 MG capsule

Discontinued by: Stephanie L Grasky, PA

Action: Patient not taking

Discontinued on: 10/23/2025



EHS Central Billing Office Nichols, Luis Diego
5055 E Broadway Blvd Suite A- MRN: 3049937, DOB: 7/1/2006, Legal Sex: M
100 Visit date: 10/23/2025
TUCSON AZ 85711-3629
Phone: 520-795-4783
Fax: 520-547-5797

10/23/2025 - Office Visit in Ocotillo Family Medicine (continued)

Clinical Notes

Progress Notes

Stephanie L Grasky, PA at 10/23/2025 1040

Author: Stephanie L Grasky, PA	Service: —	Author Type: Physician Assistant
Filed: 10/23/2025 11:13 AM	Encounter Date: 10/23/2025	Status: Signed
Editor: Stephanie L Grasky, PA (Physician Assistant)		

Shoulder Pain

This is a 19 y.o. male that presents for MVC 10/6/25. He was on his way home after work and he was going to straight and he was hit on the drivers side. He was wearing a seatbelt. Air bags did not deploy. NO ambulance was called He went to urgent care 10/7/25. They did an exam. They did steroids and referral for sport therapy. He did not have any imaging despite R shoulder and foot pain. He has not had much swelling. He went back to Urgent care 2 days ago because he never picked up the steroid. He was given steroid again. He has not started the steroid.

Review of Systems

All other systems reviewed and are negative.

Physical Exam

Constitutional:

Appearance: Normal appearance. He is well-developed and normal weight.

Cardiovascular:

Rate and Rhythm: Normal rate and regular rhythm.

Heart sounds: Normal heart sounds. No murmur heard.

Pulmonary:

Effort: Pulmonary effort is normal.

Breath sounds: Normal breath sounds.

Musculoskeletal:

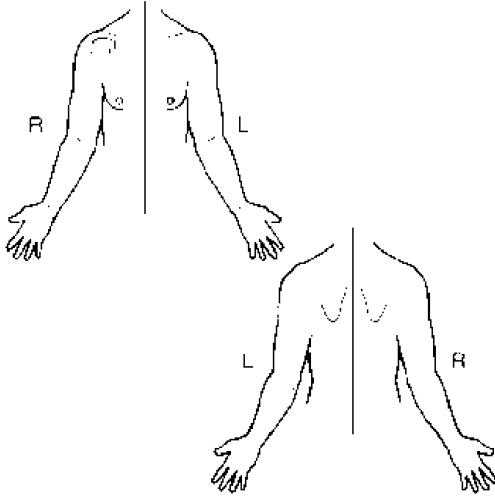
Arms:



EHS Central Billing Office Nichols, Luis Diego
5055 E Broadway Blvd Suite A- MRN: 3049937, DOB: 7/1/2006, Legal Sex: M
100 Visit date: 10/23/2025
TUCSON AZ 85711-3629
Phone: 520-795-4783
Fax: 520-547-5797

10/23/2025 - Office Visit in Ocotillo Family Medicine (continued)

Clinical Notes (continued)



Comments: **Enlargement of R mid clavicle and tenderness.**

Tenderness of R ac joint

Neurological:

Mental Status: He is alert.

Psychiatric:

Mood and Affect: Mood normal.

A/P

Assessment & Plan

Acute pain of right shoulder

Orders:

- XR SHOULDER 2+ VIEWS RIGHT; Future
- methocarbamol (Robaxin) 750 MG tablet; Take 1 tablet (750 mg) by mouth 3 times daily for 10 days.

Right foot pain

Orders:

- XR FOOT 1-2 VIEWS RIGHT; Future
- methocarbamol (Robaxin) 750 MG tablet; Take 1 tablet (750 mg) by mouth 3 times daily for 10 days.



EHS Central Billing Office Nichols, Luis Diego
 5055 E Broadway Blvd Suite A- MRN: 3049937, DOB: 7/1/2006, Legal Sex: M
 100 Visit date: 10/23/2025
 TUCSON AZ 85711-3629
 Phone: 520-795-4783
 Fax: 520-547-5797

10/23/2025 - Office Visit in Ocotillo Family Medicine (continued)

Clinical Notes (continued)

Acute right ankle pain

Orders:

- XR ANKLE 2 VIEWS RIGHT; Future
- methocarbamol (Robaxin) 750 MG tablet; Take 1 tablet (750 mg) by mouth 3 times daily for 10 days.

Clavicle pain

Orders:

- XR CLAVICLE RIGHT; Future
- methocarbamol (Robaxin) 750 MG tablet; Take 1 tablet (750 mg) by mouth 3 times daily for 10 days.

RICE and IBU.

Electronically signed by Stephanie L Grasky, PA at 10/23/2025 11:13 AM

Imaging

Imaging

XR CLAVICLE RIGHT (Completed)

Electronically signed by: **Stephanie L Grasky, PA on 10/23/25 1108** Status: **Completed**
 Ordering user: Stephanie L Grasky, PA 10/23/25 1108 Ordering provider: Stephanie L Grasky, PA
 Authorized by: Stephanie L Grasky, PA Ordering mode: Standard
 Frequency: Routine 10/23/25 - Class: Ancillary Performed
 Quantity: 1
 Diagnoses
 Clavicle pain [M89.8X1]

Questionnaire

Question	Answer
ACP Imaging Center Performing Location?	Northwest Imaging
Reason for exam:	mvc

XR SHOULDER 2+ VIEWS RIGHT (Completed)

Electronically signed by: **Stephanie L Grasky, PA on 10/23/25 1108** Status: **Completed**
 Ordering user: Stephanie L Grasky, PA 10/23/25 1108 Ordering provider: Stephanie L Grasky, PA
 Authorized by: Stephanie L Grasky, PA Ordering mode: Standard
 Frequency: Routine 10/23/25 - Class: Ancillary Performed
 Quantity: 1
 Diagnoses
 Acute pain of right shoulder [M25.511]

Questionnaire

Question	Answer
ACP Imaging Center Performing Location?	Northwest Imaging
Reason for exam:	pain



EHS Central Billing Office Nichols, Luis Diego
 5055 E Broadway Blvd Suite A- MRN: 3049937, DOB: 7/1/2006, Legal Sex: M
 100 Visit date: 10/23/2025
 TUCSON AZ 85711-3629
 Phone: 520-795-4783
 Fax: 520-547-5797

10/23/2025 - Office Visit in Ocotillo Family Medicine (continued)

Imaging (continued)

XR ANKLE 2 VIEWS RIGHT (Completed)

Electronically signed by: **Stephanie L Grasky, PA on 10/23/25 1108** Status: **Completed**
 Ordering user: Stephanie L Grasky, PA 10/23/25 1108 Ordering provider: Stephanie L Grasky, PA
 Authorized by: Stephanie L Grasky, PA Ordering mode: Standard
 Frequency: Routine 10/23/25 - Class: Ancillary Performed
 Quantity: 1
 Diagnoses
 Acute right ankle pain [M25.571]

Questionnaire

Question	Answer
ACP Imaging Center Performing Location?	Northwest Imaging
Reason for exam:	r ankle pain

XR FOOT 1-2 VIEWS RIGHT (Completed)

Electronically signed by: **Stephanie L Grasky, PA on 10/23/25 1108** Status: **Completed**
 Ordering user: Stephanie L Grasky, PA 10/23/25 1108 Ordering provider: Stephanie L Grasky, PA
 Authorized by: Stephanie L Grasky, PA Ordering mode: Standard
 Frequency: Routine 10/23/25 - Class: Ancillary Performed
 Quantity: 1
 Diagnoses
 Right foot pain [M79.671]

Questionnaire

Question	Answer
ACP Imaging Center Performing Location?	Northwest Imaging
Reason for exam:	r foot

Other Orders

Medications

methocarbamol (Robaxin) 750 MG tablet (Expired) [38907177]

Electronically signed by: **Stephanie L Grasky, PA on 10/23/25 1108** Status: **Expired**
 Ordering user: Stephanie L Grasky, PA 10/23/25 1108 Ordering provider: Stephanie L Grasky, PA
 Authorized by: Stephanie L Grasky, PA Ordering mode: Standard
 Frequency: Routine TID 10/23/25 - 10 days Class: Normal
 Diagnoses
 Acute pain of right shoulder [M25.511]
 Right foot pain [M79.671]
 Acute right ankle pain [M25.571]
 Clavicle pain [M89.8X1]

Flowsheets

Custom Formula Data

Row Name	10/23/25 1039
OTHER	
BMI (Calculated)	24.1
Percent Excess	0 Percent
Weight Loss	
IBW in lbs (Bariatric)	172



EHS Central Billing Office Nichols, Luis Diego
 5055 E Broadway Blvd Suite A- MRN: 3049937, DOB: 7/1/2006, Legal Sex: M
 100 Visit date: 10/23/2025
 TUCSON AZ 85711-3629
 Phone: 520-795-4783
 Fax: 520-547-5797

10/23/2025 - Office Visit in Ocotillo Family Medicine (continued)

Flowsheets (continued)

Weight Change 78.27 kg
 Since Last Visit
 IBW in kg 78.02
 (Bariatric)
 IBW/kg 75.3 kg
 (Calculated) Male
 BMI (Calculated) 24.1
 IBW in kg 78.02 kg
 (Bariatric)
 IBW in lb 172 lb
 (Bariatric)
 Weight Change 78.29 kg
 Since Last Visit

Measurements

Total Weight 2222 Percent
 Change Percent
 Weight Change 78.27 kgs
 Since Preop
 Initial Excess -78.02 kgs
 Weight
 Percent of IBW 3539.61 Percent
 EBW (kg) 2759.39 kg
 EBW (lbs) 2750.85 lbs
 Weight Change 78.29 kg
 Since Preop
 Initial Excess -78.02 kg
 Weight
 Percent of IBW 100.35 Percent
 EBW (kg) 0.25 kg
 EBW (lb) 0.6 lb

Height and Weight

BSA (Calculated 1.98 sq meters
 - sq m)
 Weight in (lb) to 178.9
 have BMI = 25

Vital Signs

BMI (Calculated) 24.08

Weight and Growth Recommendation

IBW/kg 70.8 kg
 (Calculated)
 Female

Measurements

Percent Excess 0 Percent
 Weight Loss

Relevant Labs and Vitals

Temp (in Celsius) 36.9
 for APACHE IV

Adult IBW/VT Calculations

IBW/kg 75.3
 (Calculated)
 Low Range Vt 451.8 mL/kg
 6mL/kg
 Adult Moderate 602.4 mL/kg
 Range Vt 8mL/kg
 Adult High Range 753 mL/kg
 Vt 10mL/kg



EHS Central Billing Office Nichols, Luis Diego
5055 E Broadway Blvd Suite A- MRN: 3049937, DOB: 7/1/2006, Legal Sex: M
100 Visit date: 10/23/2025
TUCSON AZ 85711-3629
Phone: 520-795-4783
Fax: 520-547-5797

10/23/2025 - Office Visit in Ocotillo Family Medicine (continued)

Flowsheets (continued)

Encounter Vitals

Row Name 10/23/25 1039

Encounter Vitals

BP	110/70
BP Location	Left arm
Patient Position	Sitting
BP Cuff Size	Adult
Pulse	74
Temp	98.4 °F (36.9 °C)
Temp src	Temporal
Weight	78.3 kg (172 lb 9.6 oz)
Height	1.803 m (5' 11")
SpO2	97 %



EHS Central Billing Office Nichols, Luis Diego
 5055 E Broadway Blvd Suite A- MRN: 3049937, DOB: 7/1/2006, Legal Sex: M
 100 Visit date: 10/23/2025
 TUCSON AZ 85711-3629
 Phone: 520-795-4783
 Fax: 520-547-5797

10/23/2025 - Office Visit in Ocotillo Family Medicine (continued)

Documents (continued)

After Visit Summary - Document on 10/23/2025 11:28 AM

Clinical date/time: 10/23/2025 1128 User: Claudia Cazares, MA
 Description: AVS - Outpatient Status: —
 Service date/time: 10/23/2025 1128

Document (below)

AFTER VISIT SUMMARY



Luis D. Nichols MRN: 3049937 CLID: ACP-HISZ-181N-RJQX
 10/23/2025 11:28 AM Ocotillo Family Medicine 520-751-3602

Instructions from Stephanie Grasky

- Today's medication changes:
- START taking:
 - **methocarbamol** (Robaxin)
- STOP taking:
 - **doxycycline** 100 MG capsule (Monodox)

Accurate as of October 23, 2025 11:28 AM.
 Review your updated medication list below.

Price for these medications at WALGREENS DRUG STORE #06993 TUCSON AZ 505 W AJO WAY AT SWC DR 17TH AVE S AJO WAY
 • **methocarbamol 750 MG tablet**
 Your estimated payment per fill: \$0
 Address: 605 W AJO WAY TUCSON AZ 85718-6847
 Phone: 520-284-4683

Today's Visit

You saw Stephanie Grasky on Thursday October 23, 2025. The following issues were addressed: Acute pain of right shoulder, Right foot pain, Acute right ankle pain, and Collar bone pain.

Blood Pressure	•	•	DM
110/70			24.07
Weight	•	•	Height
172 lb			5' 11"
9.6 oz			
Temperature (Temporal)	•	•	Pulse
98.4 °F			74
Oxygen Saturation			
97%			

What's Next

You currently have no upcoming appointments scheduled.



EHS Central Billing Office Nichols, Luis Diego
 5055 E Broadway Blvd Suite A- MRN: 3049937, DOB: 7/1/2006, Legal Sex: M
 100 Visit date: 10/23/2025
 TUCSON AZ 85711-3629
 Phone: 520-795-4783
 Fax: 520-547-5797

10/23/2025 - Office Visit in Ocotillo Family Medicine (continued)

Documents (continued)

Your Medication List as of October 23, 2025 11:28 AM

Always use your most recent med list.

cyclobenzaprine 10 MG tablet
Flexeril



methocarbamol 750 MG tablet
Robaxin

Take 1 tablet (750 mg) by mouth 3 times daily for 10 days.

Imaging Center Information

Northwest Imaging Center Ph: (520) 547-3940

ACP Patient Education Center

For more information regarding after-hours care and common health conditions, please visit the ACP Patient Education Center. Scan the image below or go to azacp.com and click on the Patient Education tab.



Scan me!

Visit Summary - NICHOLS,LUIS DIEGO [400636677]

10/23/2025: Visit 4 - Cynthia Carrillo, MD and Stephanie L Grasky, PA in ACP NWest IMG XRAY

Balance: 0.00
Original amount: 510.00
Insurance due: 0.00
Self-pay due: 0.00

Summary

Visit 4

Patient: Luis D. Nichols [3049937]
Department: ACP NWest IMG XRAY
ACP OCOTILLO FAM MED
Location: ACP-OCOTILLO FAMILY MEDICINE
ACP-NORTHWEST IMAGING CENTER
POS: ACP-NORTHWEST IMAGING CENTER
ACP-OCOTILLO FAMILY MEDICINE
Encounter form: 3178857
Service date: 10/23/2025
Provider: Stephanie L Grasky, PA
Cynthia Carrillo, MD
Specialty: Family Medicine
Billing provider: Cynthia Carrillo, MD
Referral source: GRASKY, STEPHANIE L
Other provider: Kurt Glaesser, MD
Diagnoses: 1) M79.671 - Pain in right foot [Active]
2) M25.571 - Pain in right ankle and joints of right foot [Active]
3) M25.511 - Pain in right shoulder [Active]
4) M89.8X1 - Other specified disorders of bone, shoulder [Active]
Last statement: 11/6/2025

Coverages

CIGNA - CIGNA CHOICE FUND OA PLUS

Phone: 800-244-6224
Mail to: Payer Plan
PO BOX 188050 CHATTANOOGA Tennessee 37422-7223
Subscriber: NICHOLS,LUIS DIEGO
DOB: 7/1/06
Subscriber ID: U7928255703
Member ID: U7928255703
Alt subscriber name: NICHOLS,LUIS D
Subs phone: 520-235-8167
Cvg eff dates: 3/1/2021 - Present
Verification status: E-Verified
Group #: 3330178
Financial class: Cigna

Self-Pay

Estimate

357466 XR CLAVICLE RIGHT

Expired

Created: 10/23/2025
Created by: Andrew Reyna
Prepay due: 0.00
Prepay paid: 0.00

Estimate Coverages

1. CIGNA - CIGNA CHOICE FUND OA PLUS

Estimate (continued)

	Estimate	Billed	Difference
Charges	366.00	—	—
Allowed	—	—	—
Patient pays	—	—	—

Compare Estimate to Actual

Transactions

#	Svc Date	Posted	Description	Amount
Charges				
61	10/23/25	10/29/25	73620 (CPT®) - CHG RADIOLOGIC EXAMINATION FOOT 2 VIEWS	83.00
62	10/23/25	10/29/25	73600 (CPT®) - CHG RADIOLOGIC EXAMINATION ANKLE 2 VIEWS	80.00
63	10/23/25	10/29/25	73030 (CPT®) - CHG RADEX SHOULDER COMPLETE MINIMUM 2 VIEWS	107.00
64	10/23/25	10/29/25	73000 (CPT®) - CHG RADEX CLAVICLE COMPLETE	96.00
65	10/23/25	10/29/25	99213 (CPT®) - PR OFFICE/OUTPATIENT ESTABLISHED LOW MDM 20 MIN	144.00
Total				510.00
Payments				
66	11/6/25	11/6/25	2000 - INSURANCE PAYMENT - CIGNA	0.00
71	11/6/25	11/6/25	2000 - INSURANCE PAYMENT - CIGNA	0.00
73	11/7/25	11/11/25	2000 - INSURANCE PAYMENT - CIGNA	-105.10
74	11/7/25	11/11/25	2000 - INSURANCE PAYMENT - CIGNA	-149.17
Total				-254.27
Adjustments				
67	11/6/25	11/6/25	3000 - PAYER CONTRACTUAL ADJUSTMENT	-49.70
68	11/6/25	11/6/25	3000 - PAYER CONTRACTUAL ADJUSTMENT	-41.92
69	11/6/25	11/6/25	3000 - PAYER CONTRACTUAL ADJUSTMENT	-66.89
70	11/6/25	11/6/25	3000 - PAYER CONTRACTUAL ADJUSTMENT	-58.32
72	11/6/25	11/6/25	3000 - PAYER CONTRACTUAL ADJUSTMENT	-38.90
Total				-255.73
Outstanding balance				0.00

Payments by Payer

Payer	Payments	Adjustments
CIGNA	-254.27	-255.73

Invoices

CIGNA - CIGNA CHOICE FUND OA PLUS

Number	Status	Accepted	
ACP1044314440	Closed	10/30/2025	View Details



Payment Expected from Payer
76 days ago

Status received: 11/05/2025
ICN: 9192530391810
Payer: CIGNA
Last Payer Update: 11/5/2025 1:00 PM

Invoices (continued)

Status Reason	Status Code	
Previous Invoices		
ACP1044314430	Closed	10/30/2025

Appointments

Office Visit - Family Med with Stephanie L Grasky, PA

Patient: Luis D. Nichols
Time: 10:40 AM
Length: 20 minutes
Notes: shoulder pain, car accident f/u

PB Revenue Guardian Checks

PB RADIOLOGY ENCOUNTER - STUDY SIGNED Finalized radiology encounter without professional charges.

Patient Contact Information

Contact Type: Ancillary Procedure	Patient Class:
Patient Status: Completed	Department: ACP NWest IMG XRAY
Service Date: 10/23/2025	

Account Criteria

Rule: PB Radiology Encounter - Study Signed [714789]

Expected Charges

Type	Code/Component
1 Procedure Component	100050 - Radiology

Revenue Guardian Comment

Message: Finalized radiology encounter without professional charges.

GRABB & DURANDO, P.C.

PERSONAL INJURY ATTORNEYS

EXHIBIT F

NORTHWEST MEDICAL CENTER OUTPATIENT PT RECORDS AND BILLS

PT evaluation, treatment course, discharge/re-evaluation, and itemized PT bills.

GD-NICHOLS-000041

Robert M. Grabb, Esq.
2929 E. BROADWAY BLVD, TUCSON AZ 85716
Ph. 520.222.2222 GRABBLAW.COM

Fax. 888.778.1472

DEMAND BILL

NORTHWEST MEDICAL CENTER
6200 N LA CHOLLA BLVD
TUCSON AZ
85741-3529
844-847-3831

PATIENT NAME ACCOUNT NO. ADMIT DATE DIS. DATE PAGE
NICHOLS LUIS DIEGO 5823021 12/03/25 12/23/25 1

795984 GUARANTOR NAME/ADDR. F/C INS. CO/PLANS POLICY #
NICHOLS LUIS DIEGO H CIGNA PPO U7928255703
425 WEST KENTUCKY STREET
TUCSON AZ 85714

AGE DR. NAME
19 WRIGHT ALEXANDER

CHRG CODE	DESCRIPTION	QTY	UNIT PRICE	AMOUNT	CPT CODE
1/14/26 0000001				1229.86CR	
1/14/26 0000000				.00	
1/20/26 0000000				784.22CR	
1/27/26 0000001				675.57CR	
12/03/25 1824950	THER EXRCS-15MIN PT	1	208.35	208.35	97110 GP
12/03/25 1824951	NEUR RE-ED-15MIN PT	1	233.61	233.61	97112 GP
12/03/25 1824955	MNL THRPY-15 MIN PT	1	220.98	220.98	97140 GP
12/10/25 1824950	THER EXRCS-15MIN PT	1	208.35	208.35	97110 GP
12/10/25 1824957	THER ACTVT-15MIN PT	2	233.61	467.22	97530 GP
12/17/25 1825038	THER EXRCS-15MIN PTA	1	208.35	208.35	97110 GP CQ
12/17/25 1825039	NEUR RE-ED-15MIN PTA	2	233.61	467.22	97112 GP CQ
12/23/25 1824950	THER EXRCS-15MIN PT	1	208.35	208.35	97110 GP
12/23/25 1824951	NEUR RE-ED-15MIN PT	2	233.61	467.22	97112 GP

** SUMMARY OF CHARGES **
** TOTAL CHARGES ** 2689.65
** TOTAL PAYMENTS ** 784.22CR
** TOTAL ADJUSTMENTS ** 1905.43CR
** TOTAL AMOUNT DUE ** .00

PRIMARY DIAGNOSIS : S134XX SPRAIN OF LIGAMENTS OF CE

SIGNATURE : _____
TAX I.D. : 621762430
PROVIDER # : 030085

DEMAND BILL

NORTHWEST MEDICAL CENTER
6200 N LA CHOLLA BLVD
TUCSON AZ
85741-3529
844-847-3831

PATIENT NAME ACCOUNT NO. ADMIT DATE DIS. DATE PAGE
NICHOLS LUIS DIEGO 5810689 11/06/25 11/26/25 1

795984 GUARANTOR NAME/ADDR. F/C INS. CO/PLANS POLICY #
NICHOLS LUIS DIEGO H CIGNA PPO U7928255703
425 WEST KENTUCKY STREET
TUCSON AZ 85714

AGE DR. NAME
19 WRIGHT ALEXANDER

CHRG CODE	DESCRIPTION	QTY	UNIT PRICE	AMOUNT	CPT CODE
11/13/25 0000000				198.88CR	
12/08/25 0000001				2255.13CR	
12/08/25 0000000				.00	
12/11/25 0000000				630.24CR	
12/17/25 0000000				198.88	
11/06/25 1824950	THER EXRCS-15MIN PT	1	208.35	208.35	97110 GP
11/06/25 1824955	MNL THRPY-15 MIN PT	1	220.98	220.98	97140 GP
11/06/25 1824957	THER ACTVT-15MIN PT	1	233.61	233.61	97530 GP
11/12/25 1824950	THER EXRCS-15MIN PT	2	208.35	416.70	97110 GP
11/12/25 1824951	NEUR RE-ED-15MIN PT	2	233.61	467.22	97112 GP
11/19/25 1825038	THER EXRCS-15MIN PTA	1	208.35	208.35	97110 GP CQ
11/19/25 1825039	NEUR RE-ED-15MIN PTA	1	233.61	233.61	97112 GP CQ
11/19/25 1825043	MNL THRPY-15 MIN PTA	1	220.98	220.98	97140 GP CQ
11/26/25 1825038	THER EXRCS-15MIN PTA	1	208.35	208.35	97110 GP CQ
11/26/25 1825039	NEUR RE-ED-15MIN PTA	2	233.61	467.22	97112 GP CQ

** SUMMARY OF CHARGES **
** TOTAL CHARGES ** 2885.37
** TOTAL PAYMENTS ** 630.24CR
** TOTAL ADJUSTMENTS ** 2255.13CR
** TOTAL AMOUNT DUE ** .00

PRIMARY DIAGNOSIS : S134XX SPRAIN OF LIGAMENTS OF CE

SIGNATURE : _____
TAX I.D. : 621762430
PROVIDER # : 030085

DEMAND BILL

NORTHWEST MEDICAL CENTER
6200 N LA CHOLLA BLVD
TUCSON AZ
85741-3529
844-847-3831

PATIENT NAME ACCOUNT NO. ADMIT DATE DIS. DATE PAGE
NICHOLS LUIS DIEGO 5805310 10/30/25 10/30/25 1

795984 GUARANTOR NAME/ADDR. F/C INS. CO/PLANS POLICY #
NICHOLS LUIS DIEGO H CIGNA PPO U7928255703
425 WEST KENTUCKY STREET
TUCSON AZ 85714

AGE DR. NAME
19 WRIGHT ALEXANDER

CHRG CODE	DESCRIPTION	QTY	UNIT PRICE	AMOUNT	CPT CODE
11/10/25 0000001				315.65CR	
11/10/25 0000000				.00	
11/11/25 0000001				.01CR	
11/14/25 0000000				.01CR	
11/17/25 0000001				.01	
10/30/25 1824900	PT EVAL- LOW CMP PT	1	315.66	315.66	97161 GP

** SUMMARY OF CHARGES **
 ** TOTAL CHARGES ** 315.66
 ** TOTAL PAYMENTS ** .01CR
 ** TOTAL ADJUSTMENTS ** 315.65CR
 ** TOTAL AMOUNT DUE ** .00

PRIMARY DIAGNOSIS : S134XX SPRAIN OF LIGAMENTS OF CE

SIGNATURE : _____
TAX I.D. : 621762430
PROVIDER # : 030085

* Physician Orders - Transcribed *

athena

10/9/2025 2:07:22 pm EDT

5ee737c0-d800-46aa-90db-8ad3e974273e

Page 01 / 10

NWUC NORTHWEST URGENT CARE • 1218 W IRVINGTON RD STE 150, TUCSON AZ 85714-1137

NICHOLS, Luis (id #1391792, dob: 07/01/2006)

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Referral Order

10/08/2025

To Provider	From Provider
LAURA BLAYLOCK PT 6130 N LACHOLLA BLVD STE 135A TUCSON, AZ 85741 Phone: Phone: (520) 469-8052 Fax: Fax: (520) 469-8053	ALEXANDER WRIGHT, PA NWUC 1218 W IRVINGTON RD STE 150 1218 W IRVINGTON RD STE 150 TUCSON, AZ 85714-1137 Phone: (520) 989-8257 Fax: (520) 989-8258

Referral Order Information

Diagnosis	<ul style="list-style-type: none"> Acute whiplash injury, initial encounter ICD-10: S13.4XXA: Sprain of ligaments of cervical spine, initial encounter
Order Name	Orders included: 1 Acute whiplash injury, initial encounter ICD-10: S13.4XXA: Sprain of ligaments of cervical spine, initial encounter <ul style="list-style-type: none"> PHYSICAL THERAPIST REFERRAL Schedule Within: provider's discretion Procedure code: 97110, 97161 Authorization: Cigna (PPO) NOTREQUIRED 10/09/2025 to 10/09/2026
Notes	

Patient Information

Patient Name	NICHOLS, LUIS
Sex - DOB - Age	M 07/01/2006 19yo
Address	425 W KENTUCKY ST TUCSON, AZ 85714-3024
Phone	H: (520) 460-4234 M: (520) 460-4234
Primary Insurance	Cigna (PPO) ID: U7928255703 Group: 3330178 Policy Holder: NICHOLS, LUIS D Eligibility: Member is eligible. (Verified 10/08/2025)
Secondary Insurance	None recorded.

Electronically Signed by: ALEXANDER WRIGHT, PA, PASUP



ALEXANDER WRIGHT, PA

NORTHWEST MEDICAL CENTER
 NICHOLS LUIS DIEGO /
 07/01/2006 19 M PHY MR#:000583854
 WRIGHT ALEXANDER DOS:10/30/25
 MDRO: VIP:N PAT#: 5805310



5834513

NICHOLS, LUIS (5834513)

Visit Report for 1/7/2026

 NORTHWEST HEALTHCARE <small>NORTHWEST ORO VALLEY SAHUARITA HOUGHTON</small>	Medical Center Outpatient Therapy 6130 N. La Cholla Blvd Suite 135 B Tucson, Arizona 85741 P: 520-469-8052 F: 520-376-7825

Patient Name:	NICHOLS, LUIS D	Date:	1/7/2026
Medical Record Number:	583854	Patient Date of Birth:	7/1/2006
Account Number:	5834513	Location:	Northwest Medical Center Outpatient Therapy
Start of Care:	10/30/2025	Reason for Treatment:	WHIPLASH, BACK, & N
Visits since start of care:	10	Treating Therapist:	Shannon Jones , PT, MSPT, License Number 13123
		Primary Care Provider:	CARRILLO, CYNTHIA
		Referring Provider:	WRIGHT, ALEXANDER PA_C

Physical Therapy Re-Evaluation Plan of Care

Diagnosis

S13.4XXA Sprain of ligaments of cervical spine, initial encounter

Assessment

Assessment

Patient with limitations in right IR. Added towel stretching to address ROM reduction. Encouraged to complete prone scapular stabilization/strengthening. Written exercise issued for continued performance. Patient to discharge at this time with all but sleep goal met. Instructions in use of pillows for sidelying support of shoulder with sleep. Demo and retro demo performed. Patient to call with questions or concerns.

4/5 goals met.

Prognosis

Good potential to reach and maintain prior level of function

Barriers to Independence & Goals

Clinician Established Goals

Long Term Goals

- 3. Patient will be able to sleep without awakening due to pain. Partially Met

Completed Goals

Clinician Established Goals

Long Term Goals

- 1. Patient will be able to participate in their activity of choice without any episodes of R shoulder pain. Met (1/7/2026)
- 2. Patient will be able to participate in their activity/exercise of choice without any episodes of pain. Met (1/7/2026)
- 4. Patient will be independent with a home program to maintain gains. Met (1/7/2026)
- 5. Patient will demonstrate improved ROM to put shirt on w/o compensating. Met (1/7/2026)

Plan

Planned Interventions

Intervention

97110 - 97110 - PT Therapeutic Exercise

* Physical Therapy - Modified *

NICHOLS, LUIS (5834513)

Patient Name:	NICHOLS, LUIS D	Date:	1/7/2026
Medical Record Number:	583854	Patient Date of Birth:	7/1/2006
Account Number:	5834513	Location:	Northwest Medical Center Outpatient Therapy

- 97112 - 97112 - PT Neuro Muscular Re-education
- 97140 - 97140 - PT Manual Therapy
- 97530 - 97530 - PT Therapeutic Activities
- 97530 - 97530 - PTA Therapeutic Activities
- 97110 - 97110 - PTA Therapeutic Exercise
- 97112 - 97112 - PTA Neuro Muscular Re-education
- 97140 - 97140 - PTA Manual Therapy
- 97161 - 97161 - Physical Therapy Evaluation (Low)

Treatment

Frequency:	1 time(s) per week
Duration:	8 Week(s)

Certification

From: 1/7/2026	To: 3/5/2026
-----------------------	---------------------

Other Recommendations

Discharge Plans:	Return to independent living.
-------------------------	-------------------------------

Signature(s)

Electronically Signed By: Jones, Shannon PT, MSPT,
License Number 13123
State License #: LPT-013123 1/7/2026, 3:41 PM (MST)

Referring Physician Signature

I certify the need for these services furnished under this plan of treatment and while under my care.

ALEXANDER WRIGHT, PA_C

Date

NICHOLS, LUIS (5823021)

Visit Report for 12/23/2025

 NORTHWEST HEALTHCARE NORTHWEST ORO VALLEY SAHUARITA HOUGHTON	Medical Center Outpatient Therapy 6130 N. La Cholla Blvd Suite 135 B Tucson, Arizona 85741 P: 520-469-8052 F: 520-376-7825
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Patient Name:	NICHOLS, LUIS D	Date:	12/23/2025
Medical Record Number:	583854	Patient Date of Birth:	7/1/2006
Account Number:	5823021	Location:	Northwest Medical Center Outpatient Therapy
Start of Care:	10/30/2025	Reason for Treatment:	WHIPLASH, BACK, & N
Visits since start of care:	9	Treating Therapist:	Andy Nguyen , PT, DPT
		Primary Care Provider:	CARRILLO, CYNTHIA
		Referring Provider:	WRIGHT, ALEXANDER PA_C

Physical Therapy Treatment Note

Diagnosis

S13.4XXA Sprain of ligaments of cervical spine, initial encounter

Arrival Information

Subjective

Patient is not working and no complaint of pain today. Patient is ready to be d/c from Physical Therapy next visit.

Treatment

Exercise & Other Interventions

Exercise/Intervention	Side(s)	Parameters	Sets/Reps	Therapy Setting
TG DL/SL at 28 deg		5"	/	
standing Matrix mid rows 15#	Bilateral	5" hold	/15	
standing Matrix mid rows 10#	Bilateral	2" hold	2/10	
Matrix pull ups modified		hang 3x10" hold	/	
farmer's carry bilat hand 15# ea		holding 15# at the side, over the shoulders 4 rds	/	
prone over table cervical retraction ext		5" hold	/5	
prone over table shoulder Y,M,T		3" hold	/10	
supine cervical flex			/10	
child's pose		10 breaths	/	

Assessment

Assessment

Patient tolerates all exercises without pain. We challenged his core/UE stabilizers and patient did well, just weak. Patient can be d/c on the next visit, we'll do an assessment and review his Home Exercise Program.

Prognosis

Good potential to reach and maintain prior level of function

SuperBill

Visit Start Time 3:01 PM
Visit End Time 3:46 PM
Visit Duration 45 minutes

* Physical Therapy - Auth (Verified) *

NICHOLS, LUIS (5823021)

Patient Name:	NICHOLS, LUIS D	Date:	12/23/2025
Medical Record Number:	583854	Patient Date of Birth:	7/1/2006
Account Number:	5823021	Location:	Northwest Medical Center Outpatient Therapy

Procedures

CPT	Export Code	Intervention	Modifier Minutes Units	
97110 t	1824950	97110 - PT Therapeutic Exercise	16	1
97112 t	1824951	97112 - PT Neuro Muscular Re-education	29	2
			Total Timed Minutes 45	
			Total Treatment Minutes 45	

Signature(s)

Electronically Signed By: Nguyen, Andy PT, DPT
State License #: LPT-007425 12/23/2025, 3:51 PM (MST)

* Physical Therapy - Auth (Verified) *

NICHOLS, LUIS (5823021)

Visit Report for 12/17/2025

 NORTHWEST HEALTHCARE NORTHWEST ORO VALLEY SAHUARITA HOUGHTON	Medical Center Outpatient Therapy 6130 N. La Cholla Blvd Suite 135 B Tucson, Arizona 85741 P: 520-469-8052 F: 520-376-7825
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Patient Name:	NICHOLS, LUIS D	Date:	12/17/2025
Medical Record Number:	583854	Patient Date of Birth:	7/1/2006
Account Number:	5823021	Location:	Northwest Medical Center Outpatient Therapy
Start of Care:	10/30/2025	Reason for Treatment:	WHIPLASH, BACK, & N
Visits since start of care:	8	Treating Therapist:	Ashley Miller , PTA
		Primary Care Provider:	CARRILLO, CYNTHIA
		Referring Provider:	WRIGHT, ALEXANDER PA_C

Physical Therapy Treatment Note

Diagnosis

S13.4XXA Sprain of ligaments of cervical spine, initial encounter

Arrival Information

Subjective

Patient reports he has not been working. States he has been doing his Home Exercise Program.

Pain In - 0/10

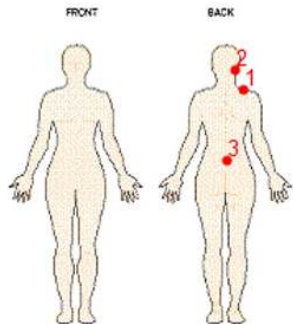
Pain Out - 0/10

Medical History

Past Medical History

No Past Medical History reported

Pain Assessment



* Physical Therapy - Auth (Verified) *

NICHOLS, LUIS (5823021)

Patient Name:	NICHOLS, LUIS D	Date:	12/17/2025
Medical Record Number:	583854	Patient Date of Birth:	7/1/2006
Account Number:	5823021	Location:	Northwest Medical Center Outpatient Therapy

Treatment

Exercise & Other Interventions

Exercise/Intervention	Side(s)	Parameters	Sets/ Reps	Therapy Setting
UBE		5'/5' level 2 resistance	/	
on floor	Bilateral		/8	
rolling modified LE				
rolling modified UE				
lying on 1/2 foam horizontal 2'			/	
1/2 foam vertical RTB shoulder abduction		5 second hold	/15	
1/2 foam vertical RTB shoulder abduction with cervical lift		5 second hold	/15	
Dead bug UE extension	Bilateral		/5	
Dead bug LE extension	Bilateral		/5	
Dead bug	Bilateral		/3	
Quadruped UE reach	Bilateral		/5	
Quadruped LE extension	Bilateral		/5	
Bird dog	Bilateral		/3	

Assessment

Assessment

Patient tolerates all exercises without pain. Continued to challenge patient with diagonal patterns during dead bug and bird dog. Patient has difficulty coordinating and maintaining core activation. Patient will continue to benefit from skilled therapy services to address current limitations.

Prognosis

Good potential to reach and maintain prior level of function

Patient Adherence

Good

Plan

Planned Interventions

Intervention

- 97110 - 97110 - PT Therapeutic Exercise
- 97112 - 97112 - PT Neuro Muscular Re-education
- 97140 - 97140 - PT Manual Therapy
- 97530 - 97530 - PT Therapeutic Activities
- 97530 - 97530 - PTA Therapeutic Activities
- 97110 - 97110 - PTA Therapeutic Exercise
- 97112 - 97112 - PTA Neuro Muscular Re-education
- 97140 - 97140 - PTA Manual Therapy
- 97161 - 97161 - Physical Therapy Evaluation (Low)

Treatment

Frequency: 1 time(s) per week
Duration: 8 Week(s)

* Physical Therapy - Auth (Verified) *

NICHOLS, LUIS (5823021)

Patient Name:	NICHOLS, LUIS D	Date:	12/17/2025
Medical Record Number:	583854	Patient Date of Birth:	7/1/2006
Account Number:	5823021	Location:	Northwest Medical Center Outpatient Therapy

Certification

From:10/30/2025 **To:**12/30/2025

Other Recommendations

Plan for Next Visit: Continue diagonal patterns

Barriers to Independence & Goals

SuperBill

Visit Start Time	3:13 PM
Visit End Time	3:58 PM
Visit Duration	45 minutes

Procedures

CPT	Export Code	Intervention	Modifier	Minutes	Units
97110 t	1825038	97110 - PTA Therapeutic Exercise		12	1
97112 t	1825039	97112 - PTA Neuro Muscular Re-education		33	2
				Total Timed Minutes	45
				Total Treatment Minutes	45

Signature(s)

Electronically Signed By: Miller, Ashley PTA

State License #: PTA-014912 12/17/2025, 4:13 PM (MST)

* Physical Therapy - Auth (Verified) *

NICHOLS, LUIS (5823021)

Visit Report for 12/10/2025

 NORTHWEST HEALTHCARE <small>NORTHWEST ORO VALLEY SAHUARITA HOUGHTON</small>	Medical Center Outpatient Therapy 6130 N. La Cholla Blvd Suite 135 B Tucson, Arizona 85741 P: 520-469-8052 F: 520-376-7825
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Patient Name:	NICHOLS, LUIS D	Date:	12/10/2025
Medical Record Number:	583854	Patient Date of Birth:	7/1/2006
Account Number:	5823021	Location:	Northwest Medical Center Outpatient Therapy
Start of Care:	10/30/2025	Reason for Treatment:	WHIPLASH, BACK, & N
Visits since start of care:	7	Treating Therapist:	Andy Nguyen , PT, DPT
		Primary Care Provider:	CARRILLO, CYNTHIA
		Referring Provider:	WRIGHT, ALEXANDER PA_C

Physical Therapy Treatment Note

Diagnosis

S13.4XXA Sprain of ligaments of cervical spine, initial encounter

Arrival Information

Subjective

Patient didn't work today. Patient having a good day, no complaint of neck or back pain.

Treatment

Exercise & Other Interventions

Exercise/Intervention	Side(s)	Parameters	Sets/ Reps	Therapy Setting
TG full squat pattern on floor		6'	/	/6
rolling modified LE				
rolling modified UE				
lying on 1/2 foam horizontal 2' vertical RTB shoulder abduction			/	
cervical lift 10x5" hold				
Bridge w 25# Matrix	Bilateral	5 second hold	/10	
Matrix 25# ASLR		10x B		
hard roll	Bilateral	5 second hold	/5	
quadruped arm out	Bilateral	5" hold	/5	
leg out				
cat/cow struggled			/	
child's pose				

Exercise/Intervention Comments

Access Code: EJ3RN4YK
 URL: <https://www.medbridgego.com/>
 Date: 12/10/2025
 Prepared by: Andy Nguyen

Exercises

- Standing Isometric Cervical Flexion with Manual Resistance - 1 x daily - 5-7 x weekly - 1 sets - 10 reps - 3 sec hold
- Seated Isometric Cervical Extension - 1 x daily - 5-7 x weekly - 1 sets - 10 reps - 3 sec hold
- Standing Isometric Cervical Sidebending with Manual Resistance - 1 x daily - 5-7 x weekly - 1 sets - 10 reps - 3 sec hold
- Seated Isometric Cervical Rotation - 1 x daily - 5-7 x weekly - 1 sets - 10 reps - 3 sec hold
- Isometric Dead Bug - 1 x daily - 7 x weekly - 1 sets - 10 reps
- Supine Dead Bug with Leg Extension - 1 x daily - 5 x weekly - 1 sets - 10 reps
- Supine Upper Extremity Roll - 1 x daily - 7 x weekly - 1 sets - 10 reps
- Prone Upper Extremity Roll - 1 x daily - 7 x weekly - 1 sets - 10 reps

* Physical Therapy - Auth (Verified) *

NICHOLS, LUIS (5823021)

Patient Name:	NICHOLS, LUIS D	Date:	12/10/2025
Medical Record Number:	583854	Patient Date of Birth:	7/1/2006
Account Number:	5823021	Location:	Northwest Medical Center Outpatient Therapy

- Supine Lower Extremity Roll - 1 x daily - 7 x weekly - 1 sets - 10 reps
- Prone Lower Extremity Roll - 1 x daily - 7 x weekly - 1 sets - 10 reps
- Hard Roll - 1 x daily - 5-7 x weekly - 1 sets - 10 reps
- Supine Bridge - 1 x daily - 4-7 x weekly - 2 sets - 10 reps - 10 breaths hold
- Child's Pose Stretch - 1-2 x daily - 7 x weekly - 1 sets - 1 reps - 10 breaths hold

Assessment

Assessment

First time since initial visit that patient has no pain and was able to complete the session. Patient was fatigue but felt good.

Prognosis

Good potential to reach and maintain prior level of function

SuperBill

Visit Start Time 3:00 PM
Visit End Time 3:45 PM
Visit Duration 45 minutes

Procedures

CPT	Export Code	Intervention	Modifier	Minutes	Units
97110 t	1824950	97110 - PT Therapeutic Exercise		20	1
97530 t	1824957	97530 - PT Therapeutic Activities		25	2
				Total Timed Minutes	45
				Total Treatment Minutes	45

Signature(s)

Electronically Signed By: Nguyen, Andy PT, DPT

State License #: LPT-007425 12/10/2025, 4:50 PM (MST)

* Physical Therapy - Auth (Verified) *

NICHOLS, LUIS (5823021)

Visit Report for 12/3/2025

 NORTHWEST HEALTHCARE NORTHWEST ORO VALLEY SAHUARITA HOUGHTON	Medical Center Outpatient Therapy 6130 N. La Cholla Blvd Suite 135 B Tucson, Arizona 85741 P: 520-469-8052 F: 520-376-7825
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Patient Name:	NICHOLS, LUIS D	Date:	12/3/2025
Medical Record Number:	583854	Patient Date of Birth:	7/1/2006
Account Number:	5823021	Location:	Northwest Medical Center Outpatient Therapy
Start of Care:	10/30/2025	Reason for Treatment:	WHIPLASH, BACK, & N
Visits since start of care:	6	Treating Therapist:	Andy Nguyen , PT, DPT
		Primary Care Provider:	CARRILLO, CYNTHIA
		Referring Provider:	WRIGHT, ALEXANDER PA_C

Physical Therapy Treatment Note

Diagnosis

S13.4XXA Sprain of ligaments of cervical spine, initial encounter

Arrival Information

Subjective

Patient didn't work today, haven't worked since last week Monday. Patient complaint of neck and low back pain with certain movement. Patient still at light duty and tries not to do too much.

Treatment

Exercise & Other Interventions

Exercise/Intervention	Side(s)	Parameters	Sets/Reps	Therapy Setting
UBE L2 on large mat rolling modified LE rolling modified UE bent knee		3' fwd/3'bwd	/	/5
Bridge		5 second hold	/10	
Hooklying chin tucks legs on Swiss ball		5 second hold	/10	
cat/cow struggled		used Swiss ball bothers his lumbar	/	

Manual Therapy

Soft Tissue/Deep Tissue Mobilization

MET, distraction, R cervical bothered him; hypersensitive

Assessment

Assessment

Continued postural reeducation exercises today. Patient still experiencing discomfort and difficulty with mat level exercises with spine supported. Reinforced demands of work on spinal muscles to maintain stability while performing his job duties and life long pain injuries prevention. Patient still has hypersensitivity in the R cervical, lumbar hypermobile. Patient will continue to benefit from skilled therapy services to address current limitations.

Prognosis

Good potential to reach and maintain prior level of function

SuperBill

Visit Start Time 3:00 PM

* Physical Therapy - Auth (Verified) *

NICHOLS, LUIS (5823021)

Patient Name:	NICHOLS, LUIS D	Date:	12/3/2025
Medical Record Number:	583854	Patient Date of Birth:	7/1/2006
Account Number:	5823021	Location:	Northwest Medical Center Outpatient Therapy

Visit End Time 3:47 PM
Visit Duration 47 minutes

Procedures

CPT	Export Code	Intervention	Modifier	Minutes	Units
97110 t	1824950	97110 - PT Therapeutic Exercise		20	1
97112 t	1824951	97112 - PT Neuro Muscular Re-education		17	1
97140 t	1824955	97140 - PT Manual Therapy		10	1
				Total Timed Minutes	47
				Total Treatment Minutes	47

Signature(s)

Electronically Signed By: Nguyen, Andy PT, DPT
 State License #: LPT-007425 12/3/2025, 4:00 PM (MST)

* Physical Therapy - Auth (Verified) *

NICHOLS, LUIS (5810689)

Visit Report for 11/26/2025

 NORTHWEST HEALTHCARE NORTHWEST ORO VALLEY SAHUARITA HOUGHTON	Medical Center Outpatient Therapy 6130 N. La Cholla Blvd Suite 135 B Tucson, Arizona 85741 P: 520-469-8052 F: 520-376-7825
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Patient Name:	NICHOLS, LUIS D	Date:	11/26/2025
Medical Record Number:	583854	Patient Date of Birth:	7/1/2006
Account Number:	5810689	Location:	Northwest Medical Center Outpatient Therapy
Start of Care:	10/30/2025	Reason for Treatment:	WHIPLASH, BACK, & N
Visits since start of care:	5	Treating Therapist:	Ashley Miller , PTA
		Primary Care Provider:	CARRILLO, CYNTHIA
		Referring Provider:	WRIGHT, ALEXANDER PA_C

Physical Therapy Treatment Note

Diagnosis

S13.4XXA Sprain of ligaments of cervical spine, initial encounter

Arrival Information

Subjective

Patient reports that his low back has been bugging him the last 2 days. Denies any triggering factors. States he is still light duty at work.

Pain In - 3/10

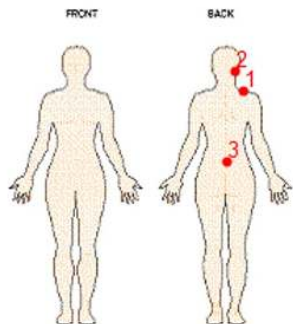
Pain Out - 3/10

Medical History

Past Medical History

No Past Medical History reported

Pain Assessment



* Physical Therapy - Auth (Verified) *

NICHOLS, LUIS (5810689)

Patient Name:	NICHOLS, LUIS D	Date:	11/26/2025
Medical Record Number:	583854	Patient Date of Birth:	7/1/2006
Account Number:	5810689	Location:	Northwest Medical Center Outpatient Therapy

Treatment

Exercise & Other Interventions

Exercise/Intervention	Side(s) Parameters	Sets/Reps Therapy Setting
UBE L2	4' fwd/4'bwd	/
1/2 foam roll	horizontal & vertical with diaphragmatic breathing x2 minutes	/
1/2 foam roll	horizontal & vertical OH dowel reach x2 minutes	/
Bridge with 10# OH	5 second hold	/10
Shoulder horizontal abduction	Bilateral RTB	/10
Hooklying chin tucks	5 second hold	/10
Total Gym AROM	5 minutes	/

Assessment

Assessment

Continued postural reeducation exercises today. Patient still experiencing discomfort and difficulty with mat level exercises with spine supported. Educated on demands of work on spinal muscles to maintain stability while performing his job duties. Patient will continue to benefit from skilled therapy services to address current limitations.

Prognosis

Good potential to reach and maintain prior level of function

Patient Adherence

Good

Plan

Planned Interventions

Intervention

- 97110 - 97110 - PT Therapeutic Exercise
- 97112 - 97112 - PT Neuro Muscular Re-education
- 97140 - 97140 - PT Manual Therapy
- 97530 - 97530 - PT Therapeutic Activities
- 97530 - 97530 - PTA Therapeutic Activities
- 97110 - 97110 - PTA Therapeutic Exercise
- 97112 - 97112 - PTA Neuro Muscular Re-education
- 97140 - 97140 - PTA Manual Therapy
- 97161 - 97161 - Physical Therapy Evaluation (Low)

Treatment

Frequency:	1 time(s) per week
Duration:	8 Week(s)

Certification

From: 10/30/2025	To:12/30/2025
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Other Recommendations

Plan for Next Visit: Continue mat level exercises, add modified deadbug

* Physical Therapy - Auth (Verified) *

NICHOLS, LUIS (5810689)

Patient Name:	NICHOLS, LUIS D	Date:	11/26/2025
Medical Record Number:	583854	Patient Date of Birth:	7/1/2006
Account Number:	5810689	Location:	Northwest Medical Center Outpatient Therapy

Barriers to Independence & Goals

SuperBill

Visit Start Time	2:30 PM
Visit End Time	3:12 PM
Visit Duration	42 minutes

Procedures

CPT	Export Code	Intervention	Modifier	Minutes	Units
97110 t	1825038	97110 - PTA Therapeutic Exercise		12	1
97112 t	1825039	97112 - PTA Neuro Muscular Re-education		30	2
				Total Timed Minutes	42
				Total Treatment Minutes	42

Signature(s)

Electronically Signed By: Miller, Ashley PTA

State License #: PTA-014912 11/26/2025, 3:39 PM (MST)

* Physical Therapy - Auth (Verified) *

NICHOLS, LUIS (5810689)

Visit Report for 11/19/2025

 NORTHWEST HEALTHCARE NORTHWEST ORO VALLEY SAHUARITA HOUGHTON	Medical Center Outpatient Therapy 6130 N. La Cholla Blvd Suite 135 B Tucson, Arizona 85741 P: 520-469-8052 F: 520-376-7825
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Patient Name:	NICHOLS, LUIS D	Date:	11/19/2025
Medical Record Number:	583854	Patient Date of Birth:	7/1/2006
Account Number:	5810689	Location:	Northwest Medical Center Outpatient Therapy
Start of Care:	10/30/2025	Reason for Treatment:	WHIPLASH, BACK, & N
Visits since start of care:	4	Treating Therapist:	Ashley Miller , PTA
		Primary Care Provider:	CARRILLO, CYNTHIA
		Referring Provider:	WRIGHT, ALEXANDER PA_C

Physical Therapy Treatment Note

Diagnosis

S13.4XXA Sprain of ligaments of cervical spine, initial encounter

Arrival Information

Subjective

Patient reports that he is wanting to return to full duty at work.

Pain In - 0/10

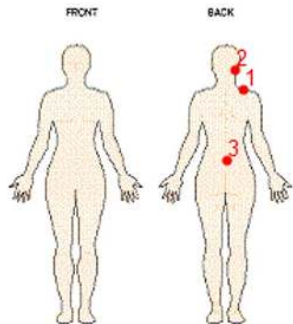
Pain Out - 2/10

Medical History

Past Medical History

No Past Medical History reported

Pain Assessment



* Physical Therapy - Auth (Verified) *

NICHOLS, LUIS (5810689)

Patient Name:	NICHOLS, LUIS D	Date:	11/19/2025
Medical Record Number:	583854	Patient Date of Birth:	7/1/2006
Account Number:	5810689	Location:	Northwest Medical Center Outpatient Therapy

Treatment

Exercise & Other Interventions

Exercise/Intervention	Side(s)	Parameters	Sets/Reps	Therapy Setting
UBE L3		4' fwd/4'bwd	/	
1/2 foam roll		vertical with diaphragmatic breathing x2 minutes	/	
1/2 foam roll		OH dowel reach x2 minutes	/	
Bridge with 10# OH			/5	
Shoulder horizontal abduction	Bilateral	RTB	/5	
Hooklying chin tucks			/5	

Manual Therapy

Soft Tissue/Deep Tissue Mobilization

STM in prone to posterior cervical muscles and R upper trap

Assessment

Assessment

Patient tolerates warm up on UBE without any pain. Added bridging and chin tucks today for postural reeducation. Both exercises cause mild increase in pain/discomfort, reps kept at 5 for today. STM tolerated well, tenderness along R posterior cervical muscles. Patient will continue to benefit from skilled therapy services to address current limitations.

Prognosis

Good potential to reach and maintain prior level of function

Patient Adherence

Good

Plan

Planned Interventions

Intervention

- 97110 - 97110 - PT Therapeutic Exercise
- 97112 - 97112 - PT Neuro Muscular Re-education
- 97140 - 97140 - PT Manual Therapy
- 97530 - 97530 - PT Therapeutic Activities
- 97530 - 97530 - PTA Therapeutic Activities
- 97110 - 97110 - PTA Therapeutic Exercise
- 97112 - 97112 - PTA Neuro Muscular Re-education
- 97140 - 97140 - PTA Manual Therapy
- 97161 - 97161 - Physical Therapy Evaluation (Low)

Treatment

Frequency:	1 time(s) per week
Duration:	8 Week(s)

Certification

From:10/30/2025

To:12/30/2025

* Physical Therapy - Auth (Verified) *

NICHOLS, LUIS (5810689)

Patient Name:	NICHOLS, LUIS D	Date:	11/19/2025
Medical Record Number:	583854	Patient Date of Birth:	7/1/2006
Account Number:	5810689	Location:	Northwest Medical Center Outpatient Therapy

Other Recommendations

Plan for Next Visit: Continue to work on postural reeducation

Barriers to Independence & Goals

SuperBill

Visit Start Time	3:15 PM
Visit End Time	3:57 PM
Visit Duration	42 minutes

Procedures

CPT	Export Code	Intervention	Modifier	Minutes	Units
97110 t	1825038	97110 - PTA Therapeutic Exercise		10	1
97112 t	1825039	97112 - PTA Neuro Muscular Re-education		20	1
97140 t	1825043	97140 - PTA Manual Therapy		12	1
				Total Timed Minutes	42
				Total Treatment Minutes	42

Signature(s)

Electronically Signed By: Miller, Ashley PTA

State License #: PTA-014912 11/19/2025, 5:08 PM (MST)

* Physical Therapy - Auth (Verified) *

NICHOLS, LUIS (5810689)

Visit Report for 11/12/2025



Patient Name:	NICHOLS, LUIS D	Date:	11/12/2025
Medical Record Number:	583854	Patient Date of Birth:	7/1/2006
Account Number:	5810689	Location:	Northwest Medical Center Outpatient Therapy
Start of Care:	10/30/2025	Reason for Treatment:	WHIPLASH, BACK, & N
Visits since start of care:	3	Treating Therapist:	Andy Nguyen , PT, DPT
		Primary Care Provider:	CARRILLO, CYNTHIA
		Referring Provider:	WRIGHT, ALEXANDER PA_C

Physical Therapy Treatment Note

Diagnosis

S13.4XXA Sprain of ligaments of cervical spine, initial encounter

Arrival Information

Subjective

19 yo male status post motor vehicle accident, acute whiplash injury, sprain of cervical spine ligaments. The motor vehicle accident was on 10/6/2025. Patient had intermittent R UE nerve pain a few days after the incident but since has improved. Patient complaint of R UT/neck pain, denies paresthesia in the hands. Patient has difficulty with sleeping, lifting and dressing since the accident. Patient just came from work; more pain in the R shoulder, anterior and R elbow region. Patient was running late 20'.

Treatment

Exercise & Other Interventions

Exercise/Intervention	Side(s)	Parameters	Sets/ Reps	Therapy Setting
Total Gym AROM			/	
1/2 foam roll dowel series		horizontal/vertical 1-2'	/	
1/2 foam roll- OH dowel reach			/	
Isometric shoulder abduction OH modified		RTB 10x10" hold	/	
quadraped cervical rot L/R	Bilateral	5" hold mod painful R UT area	/3	
child's pose		bothered his R UT area	/	
UBE L3		3' fwd/3'bwd bwd bothered his R UT/elbow	/	

Manual Therapy

Soft Tissue/Deep Tissue Mobilization

palpation, hypersensitive R lower cervical/UT, used a pillow and he felt better, doesn't like cervical traction, increased his pain so we stopped

Assessment

Assessment

19 yo male status post motor vehicle accident on 10/6/25. Patient was moderately guarded R cervical/UT. Patient is hypermobile. Patient's object movement doesn't make his subject pain reporting. Patient would benefit from skilled Physical Therapy to address his limitations. Patient is appropriate for PT/PTA to treat.

Prognosis

Good potential to reach and maintain prior level of function

* Physical Therapy - Auth (Verified) *

NICHOLS, LUIS (5810689)

Patient Name:	NICHOLS, LUIS D	Date:	11/12/2025
Medical Record Number:	583854	Patient Date of Birth:	7/1/2006
Account Number:	5810689	Location:	Northwest Medical Center Outpatient Therapy

SuperBill

Visit Start Time 3:20 PM
Visit End Time 4:15 PM
Visit Duration 55 minutes

Procedures

CPT	Export Code	Intervention	Modifier Minutes Units	
97110 t	1824950	97110 - PT Therapeutic Exercise	25	2
97112 t	1824951	97112 - PT Neuro Muscular Re-education	25	2
97140 t	1824955	97140 - PT Manual Therapy	5	0
			Total Timed Minutes 55	
			Total Treatment Minutes 55	

Signature(s)

Electronically Signed By: Nguyen, Andy PT, DPT
State License #: LPT-007425 11/12/2025, 4:16 PM (MST)

NICHOLS, LUIS (5810689)

Visit Report for 11/6/2025

 NORTHWEST HEALTHCARE NORTHWEST ORO VALLEY SAHUARITA HOUGHTON	Medical Center Outpatient Therapy 6130 N. La Cholla Blvd Suite 135 B Tucson, Arizona 85741 P: 520-469-8052 F: 520-376-7825
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Patient Name:	NICHOLS, LUIS D	Date:	11/6/2025
Medical Record Number:	583854	Patient Date of Birth:	7/1/2006
Account Number:	5810689	Location:	Northwest Medical Center Outpatient Therapy
Start of Care:	10/30/2025	Reason for Treatment:	WHIPLASH, BACK, & N
Visits since start of care:	2	Treating Therapist:	Andy Nguyen , PT, DPT
		Primary Care Provider:	CARRILLO, CYNTHIA
		Referring Provider:	WRIGHT, ALEXANDER PA_C

Physical Therapy Treatment Note

Diagnosis

S13.4XXA Sprain of ligaments of cervical spine, initial encounter

Arrival Information

Subjective

19 yo male status post motor vehicle accident, acute whiplash injury, sprain of cervical spine ligaments. The motor vehicle accident was on 10/6/2025. Patient had intermittent R UE nerve pain a few days after the incident but since has improved. Patient complaint of R UT/neck pain, denies paresthesia in the hands. Patient has difficulty with sleeping, lifting and dressing since the accident. Patient has the day off, patient worked yesterday.

Treatment

Exercise & Other Interventions

Exercise/Intervention	Side(s)	Parameters	Sets/ Reps	Therapy Setting
Total Gym AROM			/	
1/2 foam roll dowel series			/	
1/2 foam roll- OH dowel reach			/	
Side lying rotation			/	
Isometric shoulder abduction OH modified		RTB 10x10" hold	/	
isometric shoulder ER		RTB 10x10" hold	/	

Exercise/Intervention Comments

Access Code: YZ8HX56E
URL: <https://www.medbridgego.com/>
Date: 11/06/2025
Prepared by: Andy Nguyen

Exercises

- Sidelying Thoracic and Shoulder Rotation - 2 x daily - 7 x weekly - 1 sets - 1 reps - 3 min hold
- Supine Shoulder Flexion Extension AAROM with Dowel - 1 x daily - 7 x weekly - 3 sets - 10 reps
- Supine Shoulder External Rotation with Resistance - 1 x daily - 7 x weekly - 3 sets - 10 reps
- Supine Bridge - 1 x daily - 7 x weekly - 3 sets - 10 reps
- Child's Pose Stretch - 1-2 x daily - 4-7 x weekly - 1 sets - 1 reps - 10 breaths hold

Manual Therapy

Soft Tissue/Deep Tissue Mobilization

MFRS, JM grade 1-2 cervical/ R shoulder

* Physical Therapy - Auth (Verified) *

NICHOLS, LUIS (5810689)

Patient Name:	NICHOLS, LUIS D	Date:	11/6/2025
Medical Record Number:	583854	Patient Date of Birth:	7/1/2006
Account Number:	5810689	Location:	Northwest Medical Center Outpatient Therapy

Assessment

Assessment

19 yo male status post motor vehicle accident on 10/6/25. Patient was moderately guarded R cervical/UT. Patient is hypermobile. Patient c/o Patient would benefit from skilled Physical Therapy to address his limitations. Patient is appropriate for PT/PTA to treat.

Prognosis

Good potential to reach and maintain prior level of function

SuperBill

Visit Start Time 2:15 PM
Visit End Time 3:01 PM
Visit Duration 46 minutes

Procedures

CPT	Export Code	Intervention	Modifier	Minutes	Units
97110 t	1824950	97110 - PT Therapeutic Exercise		16	1
97140 t	1824955	97140 - PT Manual Therapy		18	1
97530 t	1824957	97530 - PT Therapeutic Activities		12	1
				Total Timed Minutes	46
				Total Treatment Minutes	46

Signature(s)

Electronically Signed By: Nguyen, Andy PT, DPT
State License #: LPT-007425 11/6/2025, 5:09 PM (MST)

* Physical Therapy - Auth (Verified) *

NICHOLS, LUIS (5805310)

Visit Report for 10/30/2025

 NORTHWEST HEALTHCARE <small>NORTHWEST ORO VALLEY SAHUARITA HOUGHTON</small>	Medical Center Outpatient Therapy 6130 N. La Cholla Blvd Suite 135 B Tucson, Arizona 85741 P: 520-469-8052 F: 520-376-7825

Patient Name:	NICHOLS, LUIS D	Date:	10/30/2025
Medical Record Number:	583854	Patient Date of Birth:	7/1/2006
Account Number:	5805310	Location:	Northwest Medical Center Outpatient Therapy
Start of Care:	10/30/2025	Reason for Treatment:	WHIPLASH, BACK, & N
Visits since start of care:	1	Treating Therapist:	Andy Nguyen , PT, DPT
		Primary Care Provider:	CARRILLO, CYNTHIA
		Referring Provider:	WRIGHT, ALEXANDER PA_C

Physical Therapy Initial Evaluation Plan of Care

Diagnosis

S13.4XXA Sprain of ligaments of cervical spine, initial encounter

Assessment

Assessment

19 yo male status post motor vehicle accident on 10/6/25. Patient was moderately guarded R cervical/UT. We only did an eval and no treatments today; will start next visit. Patient would benefit from skilled Physical Therapy to address his limitations. Patient is appropriate for PT/PTA to treat.

Prognosis

Good potential to reach and maintain prior level of function

Barriers to Independence & Goals

Clinician Established Goals

Long Term Goals

1. Patient will be able to participate in their activity of choice without any episodes of R shoulder pain.
2. Patient will be able to participate in their activity/exercise of choice without any episodes of pain.
3. Patient will be able to sleep without awakening due to pain.
4. Patient will be independent with a home program to maintain gains.
5. Patient will demonstrate improved ROM to put shirt on w/o compensating.

Plan

Planned Interventions

Intervention

- 97110 - 97110 - PT Therapeutic Exercise
- 97112 - 97112 - PT Neuro Muscular Re-education
- 97140 - 97140 - PT Manual Therapy
- 97530 - 97530 - PT Therapeutic Activities
- 97530 - 97530 - PTA Therapeutic Activities
- 97110 - 97110 - PTA Therapeutic Exercise
- 97112 - 97112 - PTA Neuro Muscular Re-education
- 97140 - 97140 - PTA Manual Therapy

* Physical Therapy - Auth (Verified) *

NICHOLS, LUIS (5805310)

Patient Name:	NICHOLS, LUIS D	Date:	10/30/2025
Medical Record Number:	583854	Patient Date of Birth:	7/1/2006
Account Number:	5805310	Location:	Northwest Medical Center Outpatient Therapy

97161 - 97161 - Physical Therapy Evaluation (Low)

Treatment

Frequency:	1 time(s) per week
Duration:	8 Week(s)

Certification

From: 10/30/2025	To:12/30/2025
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Signature(s)

Electronically Signed By: Nguyen, Andy PT, DPT
 State License #: LPT-007425 10/30/2025, 6:05 PM (MST)

Referring Physician Signature

I certify the need for these services furnished under this plan of treatment and while under my care.

ALEXANDER WRIGHT, PA_C

Date

* Physical Therapy - Auth (Verified) *

NICHOLS, LUIS (5805310)

Visit Report for 10/30/2025

 NORTHWEST HEALTHCARE NORTHWEST ORO VALLEY SAHUARITA HOUGHTON	Medical Center Outpatient Therapy 6130 N. La Cholla Blvd Suite 135 B Tucson, Arizona 85741 P: 520-469-8052 F: 520-376-7825
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Patient Name:	NICHOLS, LUIS D	Date:	10/30/2025
Medical Record Number:	583854	Patient Date of Birth:	7/1/2006
Account Number:	5805310	Location:	Northwest Medical Center Outpatient Therapy
Start of Care:	10/30/2025	Reason for Treatment:	WHIPLASH, BACK, & N
Visits since start of care:	1	Treating Therapist:	Andy Nguyen , PT, DPT
		Primary Care Provider:	CARRILLO, CYNTHIA
		Referring Provider:	WRIGHT, ALEXANDER PA_C

Physical Therapy Initial Evaluation

Diagnosis

S13.4XXA Sprain of ligaments of cervical spine, initial encounter

Reason for Visit

WHIPLASH, BACK, & N

Notes

R neck/shoulder/R low back

Arrival Information

Patient identity verified using two acceptable forms of identification

Subjective

19 yo male status post motor vehicle accident, acute whiplash injury, sprain of cervical spine ligaments. The motor vehicle accident was on 10/6/2025. Patient had intermittent R UE nerve pain a few days after the incident but since has improved. Patient complaint of R UT/neck pain, denies paresthesia in the hands. Patient has difficulty with sleeping, lifting and dressing since the accident. Patient denies having headaches or dizziness.

Pain In - 6/10

No indications of abuse or neglect

Medications

Patient currently takes Medications
Medication list received, reviewed and entered

Medical History

Past Medical History

No Past Medical History reported

Patient Profile

Prior Functional Status

Self Care

Independent

* Physical Therapy - Auth (Verified) *

NICHOLS, LUIS (5805310)

Patient Name: NICHOLS, LUIS D
Medical Record Number: 583854
Account Number: 5805310

Date: 10/30/2025
Patient Date of Birth: 7/1/2006
Location: Northwest Medical Center Outpatient Therapy

Functional Mobility Independent

Hand Dominance Right

Lifestyle and Context

works as a construction laborer, shelving, lifting

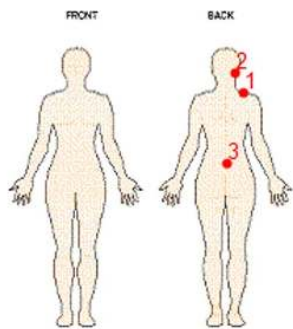
Home Environment

Lives with family
Home is single level

Self-Reported Risk Factors/Behaviors

None reported

Pain Assessment



Shoulder

Range of Motion/Strength

RIGHT

Flexion	AROM	PROM	Strength
Initial	105 d mod pain	125 deg mod pain	3+ mod pain
Abduction	AROM	PROM	Strength
Initial	110 ° mod pain		3+ mod pain
Internal Rotation	AROM	PROM	Strength
Initial			5
External Rotation	AROM	PROM	Strength
Initial			4+ min pain

LEFT

Flexion	AROM	PROM	Strength
Initial	WFL		4
Abduction	AROM	PROM	Strength
Initial	WFL		4
Internal Rotation	AROM	PROM	Strength
Initial			5
External Rotation	AROM	PROM	Strength
Initial			5

* Physical Therapy - Auth (Verified) *

NICHOLS, LUIS (5805310)

Patient Name: NICHOLS, LUIS D **Date:** 10/30/2025
Medical Record Number: 583854 **Patient Date of Birth:** 7/1/2006
Account Number: 5805310 **Location:** Northwest Medical Center Outpatient Therapy

Range of Motion and Strength Comments

eyes: tracking normal
 VOR: min pain when rotating to the L painful on the R UT/neck

supine cervical AROM limited, AROM rot L/R mod pain rot to the L mod limited, R side min limited
 PROM min-mod limited rot to L

Treatment

Exercise & Other Interventions

Exercise/Intervention Comments

will do it next time; only eval and testing today

Standardized Tests

Selective Functional Movement Assessment (SFMA)

Selective Functional Movement Assessment (SFMA) Description

A Selective Functional Movement Assessment (SFMA) is a clinical evaluation system used by healthcare professionals to identify the root cause of musculoskeletal pain by assessing movement patterns throughout the body, pinpointing areas with mobility or stability limitations, and ultimately guiding treatment plans with targeted manual therapy and exercises based on the identified dysfunctional movement patterns

Sub-Test	Score	Target Skill	Score			
			FN	FP	DP	DN
Active Cervical Flexion					X	
Active Cervical Extension					X	
Cervical Rotation L		Cervical Rotation R			X	X
Upper Extremity Pattern 1 (MRE) L					X	
Upper Extremity Pattern 1 (MRE) R				X		
Upper Extremity Pattern 2 (LRF) L			X			
Upper Extremity Pattern 2 (LRF) R				X		
Multi-Segmental Flexion				X		
Multi-Segmental Extension				X		
Multi-Segmental Rotation L			X			
Multi-Segmental Rotation R				X		
Single Leg Stance L					X	
Single Leg Stance R					X	
Overhead Deep Squat				X		

Assessment

Assessment

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Prognosis

Good potential to reach and maintain prior level of function

* Physical Therapy - Auth (Verified) *

NICHOLS, LUIS (5805310)

Patient Name:	NICHOLS, LUIS D	Date:	10/30/2025
Medical Record Number:	583854	Patient Date of Birth:	7/1/2006
Account Number:	5805310	Location:	Northwest Medical Center Outpatient Therapy

Plan

Planned Interventions

Intervention

97110 - 97110 - PT Therapeutic Exercise
 97112 - 97112 - PT Neuro Muscular Re-education
 97140 - 97140 - PT Manual Therapy
 97530 - 97530 - PT Therapeutic Activities
 97530 - 97530 - PTA Therapeutic Activities
 97110 - 97110 - PTA Therapeutic Exercise
 97112 - 97112 - PTA Neuro Muscular Re-education
 97140 - 97140 - PTA Manual Therapy
 97161 - 97161 - Physical Therapy Evaluation (Low)

Treatment

Frequency: 1 time(s) per week
Duration: 8 Week(s)

Certification

From:10/30/2025 **To:**12/30/2025

Barriers to Independence & Goals

Clinician Established Goals

Long Term Goals

1. Patient will be able to participate in their activity of choice without any episodes of R shoulder pain.
2. Patient will be able to participate in their activity/exercise of choice without any episodes of pain.
3. Patient will be able to sleep without awakening due to pain.
4. Patient will be independent with a home program to maintain gains.
5. Patient will demonstrate improved ROM to put shirt on w/o compensating.

SuperBill

Visit Start Time 11:10 AM
Visit End Time 11:46 AM
Visit Duration 36 minutes

Procedures

CPT	Export Code	Intervention	Modifier	Minutes	Units
97161	1824900	97161 - Physical Therapy Evaluation (Low)		36	1
				Total Timed Minutes 0	
				Total Treatment Minutes 36	