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S.C. SUPREME COURT

PETITION TO GRANT A WRIT OF  
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THE STATE OF SOUTH CAROLINA

TO SUPREME COURT

*Appeal Workers Compensation Commission &  
Court of Appeals Decision*

Case No. 1708689-(2021-000778)

Nutra Mfg aka (IVC) &  
Sentry Casualty Carrier &  
Jeffrey S Jones personal  
Defense Attorney

Employer  
Respondent/  
Defendants

v.

Florin V. Craus

Appellant.  
Claimant

**Appellant Was Not Allowed to Have Any Legal Representation At Defense Attorney Jeffrey S. Jones requests where S Garcia Claimant ex- attorney stated that he was asked in Court by J.S Jones To Drop The Claimant WC case and stated that 'They Been Having Lunch \$\$\$\$\$ Every Week' and with all previous Claimant attorneys. Repetitively corrupt J.S Jones attorney Requesting Claimant all Ex-Attorneys to Drop WC Case in His Favor which results that Claimant is Unrepresented at present. Two (2) previously assistance for J.S.Jones attorney's John G. Coggiola, Willie J Peters III ( quit the job because of false allegations with evidences documents shows WC decisions evidence refusing to support corrupted attorney Defense J.S. Jones ,hiring the third (3) specialist assistant attorney Christopher M Cato helping corrupt Defense attorney J.S.Jones to present false allegations were one of the specialist corrupt attorney Threatening Claimant in the letter submitted to Court of Appeal "TO TEACH AND EDUCATE CLAIMANT HOW THE LAW WORKS". Court of Appeal decisions was Favorable at Defendant's Requests with attorneys' friendship who's can INFLUENCE \$\$\$\$\$ at the corrupt attorney J.S Jones REQUESTS \$\$\$\$\$\$ via private calls, meetings, messages, emails.**

***Petition To Grant a Writ of Certiorari WC  
Commission & Court of Appeals Decision***

GNC Nutra Manufacturing aka IVC (International Vitamin Corporation) with history of Fraud and Bankruptcy in Workers Compensation Insurance Fraud cases were GNC Violation tracker shows multiple lawsuits for Consumer Protection Violations 2002, two cases of Wage and Hour violation 2005, Wage and Hour Violation 2007, Wage and Hour Violation 2015, and Hour Violation & Drug or Medical Equipment, Wage and Safety Violation where in 2016, Texas US Dept of Justice documents shows that GNC Enters agree to pay \$ 2.25 million to US government and agreement with DOJ to improve its Practices and Keep Potential Illegal Unlawful Dietary Supplements of the market see attached documents (Aurora Et v GNC II-C.03587-YGR, see USA vs GNC 940686, see Consumers vs GNC 3:14-CV 05682). Workers Compensation Commissioner SUSAN BARDEN has become a star on TV where WIS NEWS 10 making history of CORRUPTION SYSTEM . Supreme Court find judge ABUSIVE AND STRIDENT statement commissioner Susan Barden judge behave abusively while ruling WC case and was not truthful in a sworn statement submitted see "WIS NEWS 10" WC commissioner has hanger to keep job amidst accusations of not having judicial temperament for job see attached (Ledford v DPS 27290-S.C.-2019). Appellant request Motion Hearing in person in Supreme Court with Defendants to present the facts of evidence in Supreme Court which Defendants taking advantage of Claimant situation unrepresented and unfamiliar with the court procedures and demands and negative decision of Court of Appeals keeping the WC case for 4((four years) without looking at the evidence and case arguments. Appellant respectfully asking Supreme Court to bring Defendants and their corrupt attorney J.S.Jones to Supreme Court to testify under oath for their fraudulent actions and false claims and confronting defense attorney with the evidence face to face in Court . Defendants FALSE claims is that so called "Claimant failure "is that Claimant submitted certain evidence, that WC commissioner Susan Barden asking Claimant to presented only to the WC Commission Hearing Oct/22/2020. Court of Appeals rules shows that Claimant cannot submitted documents after the WC Hearing Oct/22/2020 which means that Subpoena after the hearing for Releasing CCTV videos and emails correspondence cannot be submitted or any other Motion Requests while Defendants evidence to Court of Appeals been submitted and allowed after the WC Hearing/Oct/22/2020 to the Court of Appeals and lots of evidence submitted to WC Commission but never been presented to the WC Hearing Oct/22/2020 single commission or full commission. Defendants Motion Letter is to take advantage of the limited knowledge and resource of Claimant about the Rules of Law. Defendants Perfect (CORRUPTED) Attorneys been SUBMITTING EVIDENCE CONVENIENT TO THEM AND MAKING THEIR OWN MEDICAL DIAGNOSIS EXPERTISE WITHOUT ANY MEDICAL LICENSE AND FOLLOWING THEIR OWN RULES ABOVE THE LAW hopefully are lucky to weak and destroy the Court of Justice System in all aspects and every Institutions is possible. Recently hiring Third Specialist in Appeals Attorney Christopher M Cato after the second attorney Gabe Coggiola and first attorney Willie J Peters III quit the job calling themselves "SPECIALISTS IN APPEALS" and Gabe Coggiola helping defense attorney J.S.Jones who is facing Disciplinary Counsel Investigations with WC commissioner Susan Barden were attorney Gabe saying that he doesn't know the Rules of Lawyers and Stating That He Is Unable To Respond At Defense attorney J.S.Jones Actions facing himself EVIDENCE FACTS CHECK that contradicting their Own Evidence over the phone conversation. The Code of Judicial Conduct (CJC 3E)--"A judge Shall Be Disqualify Himself or Herself in Which The Judge 's

Impartiality Might Be Questionable”; **Rules 1.2--**” A lawyer is prohibited from counseling or assisting a client in conduct that the lawyer knows is criminal or fraudulent””; **Rule 3.4(a)(b)**--A lawyer shall not unlawfully obstruct another party's access to evidence or unlawfully alter, destroy or conceal a document or other material having potential evidentiary value; Falsify evidence counsel or assist to testify falsely””; **Rule 3.5--**”A lawyer shall not seek influence a judge or juror, or member of the jury venire or other officials by means prohibited by law “”; **Rule 4.1--**” A Lawyer Shall Not Knowingly Make a False Statement Of Materials Disclosure Is Necessary To Avoid A Criminal Or Fraudulent Act By Client “”; **Rule 8.4(a)(b)(c)(d)(e)(f)(g)**--”Professional misconduct knowingly assist or induce another to do so, or do so through the act of another, Commit a criminal act that reflects adversely on the lawyer's honesty, Commit a criminal act involving moral turpitude, Engage in conduct involving dishonesty, fraud, deceit, or misrepresentation, Engage in conduct that is prejudicial to the Administration Of Justice, State or imply ability to influence improperly a government agency or judicial or to achieve by means that violate the Rules of Professional Conduct, Knowingly assist a judge or judicial officer in conduct that is violation of applicable rules of judicial conduct””; **SC§ 43-7-60** “ False Claim, Statement, or Representation by Medical Providers Prohibited, Violation is a Misdemeanor,-Penalties””; **SC Code § 1613-10(2013)**--” Willingly act or assist in any premises with a intention to defraud any person”; **SC Code§ 38-38-720-** “Any Person Or Insurer Who Makes A False Statement Or Misrepresentation, And Any Other Person Knowingly, With Intent To Injure, Defraud, Or Deceive, Who Assists, Abets, Solicits Or Conspires With Such Person Or INSURER To Make A False Statement Or Misrepresentation Is GUILTY Any Person Or INSURER CONVICTED Under This Section MUST BE ORDERED TO MAKE FULL RESTITUTION TO THE VICTIM OR VICTIMS For Any Economic Advantage Or Benefit Which Has Been Obtained by The Person Or INSURER As A RESULT OF VIOLATION”; **SC§ 38-38-570**--”Knowingly or believe that another person has made a false statement or misrepresentation or had knowledge of suspected false statement or misrepresentation””; **SC§ 38-38-540**--” Criminal penalties for making False Statement or Misrepresentation, or assisting, abetting, soliciting or conspire to do so, restitution to victim””; **FALSE CLAIM ACT 31 U.S.C. §§ 3729(a)(1)(A)(B)**--” Knowingly presents or causes to be presented, a false statement or fraudulent claim for payment or approval; Knowingly make, uses, or cause to be made or used, a false statement material to false claims; Conspires to commit a violation were Defendants hide, conceal altered or destroyed evidences that Claimant presented and submitted them at WC Hearing dated Oct/22/2020 almost 100 pages of medical evidences, were Defendants repeatedly asking Court Of Appeals to dismiss Claimant evidences. J.S.Jones statement see **WC Hearing Transcript pg 7, lines 16-24** ‘There was just couple “And then it was just too many, too”’. “Never seen the medical evidence “ until the Hearing dated Oct/22/2020 where the **FACTS OF THE FOLLOWING STATEMENTS ARE.** WC commissioner S.Barden ADVISING defense attorney “”**JUST MADE A GLOBAL OBJECTION**”” see Hearing Transcript Oct/22/2020 pg.9 line 18. Hearing Transcript Oct/22/2020 pgs 42-43-44-45-46 has defense attorney False Claim Act STATING that “I left the hospital without been discharged” while doctor statement APA#3 pg 142(43) dated 9/16/2015 Def Med Evid “” **Their preference to follow up as outpatient. The patient was able stable, able to eat, well oxygenating, and oriented at the time of the discharge.**”” were WC Hearing Transcript pg 46 lines 2 18 shows defense attorney J.S.Jones argument statement contradictory to HIS FALSE CLAIMS ACCUSATION “” **And you left hospital against medical advice? I don’t remember that at all. Again... I was released from the doctor. I don’t remember a leave from .... from the doctor. Yeah, it was on his consent. I do not lie from the doctor.**“ and medical records also **THERE NO ANY MEDICAL STATEMENT EVIDENCE THAT CLAIMANT WAS DIAGNOSE THAT SHOWS POSSIBLE COPD** false claims made by WC commissioner S.Barden and defense

attorney J.S.Jones BOTH DIAGNOSING Claimant with COPD see WC DECISION ORDER NOV/25/2020 pg 31 top second row point 20 " **Claimant was diagnosed with bilateral pulmonary masses with cavitation probably COPD medical statements diagnosis made by WC commissioners S.Barden, T.Scott, Avery B Wilkerson, Aisha Taylor and defense attorney J.S.Jones Were NONE OF THEM HAS ANY TYPE OF MEDICAL DEGREE TO DIAGNOSING CLAIMANT with POSSIBILITY OR PROBABILITY COPD WERE NONE OF THEM BEEN ABLE TO PRESENT ANY TYPE OF MEDICAL EVIDENCE TO SUPPORT THEIR FALSE CLAIM..** APA #2 pgs 132 (33) dated 3/7/2018 Def Med Evid shows dr T.Swathwood fabricating evidence of APPENDECTOMY, APPENDECTOMY (Claimant unaware to have second APPENDECTOMY and no human been can have 2(two) times APPENDECTOMY in their lifetime) .and **false COLON SURGERY** were doctor T.Swathwood may did colon surgery without Claimant knowledge during the first right hip fracture surgery performed on July/4/2017. Defendants refusal and failure to present evidence of colon surgery and WC commissioner refusal to ask Defendants to present medical evidence for such False Claims . Claimant has been complaining about medical condition symptoms from day one June/15/2017 , every medical visit until present, see APA#3 pgs 144(45)-156(57) Def. Med Evid & APA#4 pgs 157(58)-183(84) Def Med Evid. Claimant want to remind Court of Appeals that Claimant never had and never claimed to any doctor of any colon surgery during his lifetime and there no evidence of the procedure of claims by Defendants were Defendants failure to present any type medical of evidence of Colon Surgery and were WC commissioners refused to ask Defendants to present medical evidence to support their claim see WC Hearing Transcript Oct /22/2020 pg44 line 23 pg 45 lines 1-14 "**I Don't Remember Have A COLON SURGERY As Put On The His Medical Records. Okay. I Don't Have Any Knowledge, But He Got Knowledge Somehow, And I Don't Remember to Have One. I Never Remember to Say That I Have One. . See, well, You Testified That You Had Surgery on Your Appendix and Your Intestines in The Past? Intercolate . And. and You... Intercolate , That's the Intestine ,yes. Okay, the intestines. But I don't remember saying I have colon surgery, as mentioned. Well .... as he mentioned in his medical records. I DON'T CARE WHAT YOU SAID**" On Defendants APA medical records are Form 58 pg 91(2) and their index, intro and medical records numbered APA#1-APA#20 pgs 1-213(new nr 90-312). Defendants APA records pg 91 **Form 58 were are 2 (two) false witnesses in their evidences Nutra Mfg HR Missy Jones and Robyn Knox were by searching name of Robyn Knox shows as adult star movies expert were none of witnessed Claimant injury June/15/2017 and none of them has any type of medical expertise were real witnesses Bryan Lyles Jack Mason , Jamie Ellis are the real witness were DFENDANTS REFUSAL to mention them in their evidence and ex Claimant supervisor T.Morrow telling Claimant to write only Bryan in his incident report evidences refused by Defendants and WC commissioners. Claimant medical records submitted at the Hearing dated Oct/22/2020 Claimant evidence are numbered APA pgs 313-402(1-90) evidence that been hidden ,conceal altered or destroyed by Defendants from the day one until present were their statement was that they didn't feel that Claimant evidences are that important to be submitted or presented by Claimant ex attorneys to WC commissioners hearing as evidence who supposing represent Claimant best interest not Defendants attorney requests. Claimant medical evidence dated June/19/26/2017 APA pgs 313-318(1-6)shows dr Patel refusal to perform MRI test to diagnose Claimant right hip fracture forcing Claimant to light duty work with broken hip for almost 3 weeks were 2 weeks gap medical evidence missing from Defendants medical evidence from day one until present. Claimant evidence dated July/4/2017 pgs.327(15) shows ""**Frequency: BID 07/05/17-02/25/19 - Discontinued by Raymond Kirk Seiler 02/25/19 evidence missing from Defendants medical records ""**"2(two) years prior that discontinue medication which is **PERJURY OF MEDICAL EVIDENCE** to put 2(two) years before ,were**

Claimant was unaware that he will see dr K.Seiler on that particular date , time and year; see Defendants Med Evid APA#16 dated 2/25/2019 pg 186(87) . Claimant medical evidence APA dated July/4/2017 with dr Swathwood new 328-329(16-17) shows **“Evaluate need to continue indwelling urinary catheter”** **evidence missing from Defendants medical records.** Claimant medical evidence dated 02/22/2018 pgs 331(19) shows incisional hernia, paralabral cyst present were Defendants defense attorney statement J.S.Jones was not an emergency to do surgical repair asap . Claimant medical evidence dated April/01/2018 ER Greenville Memorial and Bon Secours been missing pgs 333-349(21-370) medical evidence missing from Defendants medical records and were doctor making false claims that Claimant was changing several times story was unable to talk several hours until his discharge home since Claimant wife talking with the doctors and took him twice in same day to ER because of medical conditions. Claimant evidence APA pgs 349(37)-350(38) dr Koch diagnosed Claimant with **Enlarged Prostate** in Defendants evidence APA #12 dated April/26/2018 with dr S.Koch pgs 269-270(170-171) Def Med Evid medical statement **“I discussed with him and his significant others that any further treatment would need approval through Workers Compensation”**. Claimant evidence dated Sept/25/18 with dr O’Boyle pgs 351(39) & Def Med Evid APA #15 dated Sept/25/2018 pgs 279(180) were he state in his medical records **“I’M GOING TO CONSIDER THEM RELATED TO HIS INJURY”** and also **email refused by WC commissioner S.Barden and defense attorney requests email dated Oct/3/2018 time 08:42 am from nurse of dr O’Boyle office sent to WC case manager Perry Reed “ I HAVE RECEIVED CLARIFICATION VIA PC FROM ANGELA AT THE MD OFFICE. SHE STATES SHE SPOKE WIRTH THE MD AND HE STATES THAT “UROLOGY COMPONENT IS RELATED TO THE INJURY”** **evidence that could be provided to Court of Appeals if are requesting the evidence and allow the evidence to be admitted.** Claimant evidence from physical therapy Elite dated Nov/11/2018- Dec/14/2018 pgs 353- 373(41-62) evidence were Claimant constant complaints about medical conditions to physical therapy employees every visit evidence missing from Defendants evidence. . Claimant medical evidence dated April/29/2019 April/26/2019 pag 375(64)-376(65) shows Claimant diagnosed with **LYMPH NODES IN THE RIGHT INGUINAL REGION** and **BILATERAL HYDROCELES** **evidence missing from Defendants medical records.** Claimant evidence dated July/1/2019 with dr Rana pgs 373-384(65-71) shows knowledge of defense attorney J.S.Jones about hip arthroscopy surgery see Depositions dated July/22/2019 pgs 12(38) **“ And It Looks Like You Saw dr Rana? Was That at The Request of Your Current Attorney? YES.** “ **evidence missing from Defendants medical records** shows previous medical evidence by dr Patel dated June/19/26/2017 Claimant evid pgs 313-323(1-10) and Claimant evidence Northside Hospital Sports GA dr Potts dated Aug/19/2019 pgs 384-386(72-75),pgs 389-391(77-79) medical recommendations treatment were Defendants constantly refusal to provide any further medical treatment by 4(four) medical doctors recommendations all 4 WC medical doctors orthopedics providers Swathwood, Folk, Koch and O’Boyle and refusal by first IME dr Behr APA # 17 dated April/29/2019 pgs 286- 288 (187-189)who recommended to Return To Work without restrictions after 2 years since accident at defense attorney J.S.Jones REQUESTS. Claimant evidence dated 8/30/2019 & 10/10/2019 pgs 387-388(75-76) shows diagnosis of **INCIDENTAL GALLSTONES KIDNEY STONES & INTRALUMINAL GALLBLADDER POLYP & CHOLELITHIASIS** **evidence missing from Defendants evidence records.** Claimant evidence dated 9/16/2020 pgs 392 (80) diagnosed with **SOFT TISSUE MASS WITHIN THE BLADDER BASE, SUSPICIOUS FOR POSSIBLE BLADDER TUMOR.** **Evidence is missing from the Defendants’ medical records.** Claimant evidence pgs 394-402(82-90) dated 10/12/2020-9/22/2020 with dr Overholser show evidence from **Asymptomatic Symptoms to SEVERE AND LIFE-THREATENING CONDITIONS** **evidence missing from Defendants medical records .** WC Hearing Transcript Oct/22/2020 pg 13 lines 15-24 **“”He would point to my attention the fact**

there is no medical evidence showing that he had preexisting problems with any of these things , and so therefore, he doesn't have to show any kind of aggravations, and he believes that he readily meets his preponderance of the evidence standard showing that has made this complaints contemporaneously with or shortly thereafter his accident, and he believes he can readily meet his burden of proof. “. Email refused by WC commissioner S.Barden as evidence protecting Defense attorney J.S.Jones with Excuse that was between Claimant and attorney personal emails dated Jan/21/2019 time 10:21 am from defense attorney J.S.Jones to Claimant ex-attorney J.C.Davis asking him to settle the Claimant WC case and would be appreciated if is possible to submit email correspondence that present exactly to Honorable Court what defense attorney saying “”Thanks Josh. We are end of the rope here. It appears that it is only a POSSIBILITY that there is a labral tear. Also, it doesn't appear that anyone thinks The Possible Labral Tear is That Important. As far as I can tell, they are just trying to give Mr Craus the benefit of the doubt and have someone evaluate him for the POSSIBILITY. Given that Mr Craus has been seen by so many orthopedic surgeons, and no one has anything else to offer and/or will not see him, I Think MMI Is a Reasonable Conclusion. Of course that will be up to Dr O'Boyle. Also, I think MY LETTER IS Quite Thorough, Dr O'Boyle has already seen Mr Craus and has records. If you want to send him. That's fine with me. Finally, we tried to get him into Dr Koch. He just won't see him. If your office can get Dr Koch to see him, please do. Given that you have had a chance to review the letter I am going ahead and send it to Dr O'Boyle. REALLY, I THINK THE BEST THINK TO DO SO IS TRY TO SETTLE THE MATTER. CALL ME IF YOU WOULD LIKE TO DISCUSS THIS FURTHER. THANKS. J.S.Jones attorney of WJCB LAW”. Claimant request to oral hearing would be appreciation and happy to submit this evidence that support Claimant evidence to Supreme Court and call Defendants to testify under Oath for their fraudulent claims and violations of attorneys Rule of Law Appellant respectfully remembering to Honorable Court that WC Commissioner Susan Barden ADVISING Defense Attorney J.S Jones “JUST MADE A GLOBAL OBJECTION” dated Oct/22/2020 pg 9 line 18.

For the reasons stated Appellant concerns about decision without oral arguments face to face were Defendants in the letter submitted to Court of Appeals Threatening Claimant”” TO TEACH HIM LAW LESSONS AND EDUCATE CLAIMANT HOW LAW WORKS “”. Defendants Attorneys have the Law for themselves separately which is different for ordinary people considering Themselves ABOVE THE LAW and the believe are IMMUNE to face any consequences and Nothing is gone to happen Them because they are the LAW Above the LAW and the LAW is ALWAYS ON THEIR SIDE and because of Defendants Arrogance insisting for evidence to support the Claimant allegations there is the evidence attached . Claimant respectfully asking Supreme Court to review to reverse the judgment of the Workers Compensation Commission and Court of Appeals decision where Defendants shall pay past-present and future retroactively medical bills, loss of enjoyment of life , emotional and physical damage, penalties and punitive damages for false intellectual modification of medical records with doctors complicity, obstructing ,alter and destroy evidence destroying Claimant health unable to support family since 2017 until present. Claimant is asking the Supreme Court to reverse the decision and Defendants shall and reimburse Claimant 1.000.000 \$ for all the above-mentioned.

Respectfully submitted,

February 2025

/s/ F V Craus  
Appellant/ 201 Knollwood Dr /Anderson /SC  
29625

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## Claimant Brief

### General Rules of Insurance Fraud Code & SC Legislature &

DOJ conclusion of GNC fraud-bankruptcy & GNC Track violations, SC Court Decision over WC S Barden, Work Comp S Barden scandal, SC Supreme Court disciplinary action on T.M.Gagne, Form 58 false witnesses, Med Rec dated 8/18-22/2015 discharge,, Med Rec dr Todd Swathwood dated 7/4/2017 using indwelling catheter and description, Med Rec dr Koch dated 4/25/2018 prostate diagnose-description & Med rec dated 4/26/2018 statement of Work Comp approval request for dr Koch, Med Rec dated 9/25/2018 dr O'Boyle statement urology related to injury & Work Comp Case Mng P Reed letter UROLOGY COMPONENT RELATED and general description , J S Jones letter to Josh Christian to WRAP THE CASE & letter to dr Behr

Emails to T Gagane office notification dated 5/21-23/2019 approval for surgery & Med Rec dr Potts dated 5/20/2019 to T M Gagne notification about surgery ,email dated 6/10/2019 confirmation, surgery pictures,, Subpoena form 27 request by T .M Gagen dated 6/26/2019,& J S Jones letter, authorization request Suppoena dated 7/8-16-18/2019 requestin Med Rec from GA - Defendants APA submitted dated 10/13/19-1/6/2020, T Gagne withdrawal letter from the Claimant representation for his refusal lowball settlement making without Claimant knowledge were T Gagne refusal to present settlement agreement to Claimant to read before to sign,,, dr bills after surgery, J.S.Jones letter and Subpoena form 27 dated 11/20/2019 requesting Med Rec from GA, Work Comp harassment and threats in front of Claimant residency 12/1-14/2019 IMPERSONATING POLICE & Work Comp 5/19/2020 destroyed Claimant property, .Work Comp 8/23/2020 harassment and threats

Work Comp hearing Transcript court reporting showing highlighted specifically Claimant statements with Work Comp judge S Barden & Defense attorney J S Jones false claims and fabrications contradictory which are emails to T Gagne dated 5/21-23/2019 notification for surgery , 6/10-11/2019 ,T Gagen Subpoena dated 6/26/2019, Supreme Court decision in T Gagane fraud decision, J S Jones letter, authorization requests subpoenas dated 7/8-16-18-28/2019, & 11/20/2019 and Defendants APA submitted 10/13/2019-1/6/2020, SC Supreme Court decision overturn decision Work Comp judge S Barden and her TV scandal, attorney S Garcia letter to dr Potts and his statement dated 2/3-10/2020, & WC decisions diagnosing Claimant with COPD – with med rec dated 8/18-22/2015 & Work Comp conclusion decisions dated Nov/25/2020-June/22/2021 , Court of Appeal decision and letter refusal for hearing requested by Claimant

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## INSURANCE CODE - INS

**DIVISION 1. GENERAL RULES GOVERNING INSURANCE [100 - 1879.8]** ( *Division 1 enacted by Stats. 1935, Ch. 145. )*

**PART 2. THE BUSINESS OF INSURANCE [680 - 1879.8]** ( *Part 2 enacted by Stats. 1935, Ch. 145. )*

**CHAPTER 12. The Insurance Frauds Prevention Act [1871 - 1879.8]** ( *Chapter 12 added by Stats. 1989, Ch. 1119, Sec. 3. )*

**ARTICLE 1. False and Fraudulent Claims [1871 - 1871.9]** ( *Article 1 added by Stats. 1989, Ch. 1119, Sec. 3. )*

(a) It is unlawful to do any of the following:

1871.4 (1) Make or cause to be made a knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying any compensation, as defined in Section 3207 of the Labor Code.

(2) Present or cause to be presented a knowingly false or fraudulent written or oral material statement in support of, or in opposition to, a claim for compensation for the purpose of obtaining or denying any compensation, as defined in Section 3207 of the Labor Code.

(3) Knowingly assist, abet, conspire with, or solicit a person in an unlawful act under this section.

(4) Make or cause to be made a knowingly false or fraudulent statement with regard to entitlement to benefits with the intent to discourage an injured worker from claiming benefits or pursuing a claim.

For the purposes of this subdivision, "statement" includes, but is not limited to, a notice, proof of injury, bill for services, payment for services, hospital or doctor records, X-ray, test results, medical-legal expense as defined in Section 4620 of the Labor Code, other evidence of loss, injury, or expense, or payment.

(5) Make or cause to be made a knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying any of the benefits or reimbursement provided in the Return-to-Work Program established under Section 139.48 of the Labor Code.

(6) Make or cause to be made a knowingly false or fraudulent material statement or material representation for the purpose of discouraging an employer from claiming any of the benefits or reimbursement provided in the Return-to-Work Program established under Section 139.48 of the Labor Code.

(b) Every person who violates subdivision (a) shall be punished by imprisonment in a county jail for one year, or pursuant to subdivision (h) of Section 1170 of the Penal Code, for two, three, or five years, or by a fine not exceeding one hundred fifty thousand dollars (\$150,000) or double the value of the fraud, whichever is greater, or by both that imprisonment and fine. Restitution shall be ordered, including restitution for any medical evaluation or treatment services obtained or provided. The court shall determine the amount of restitution and the person or persons to whom the restitution shall be paid. A person convicted under this section may be charged the costs of investigation at the discretion of the court.

(c) A person who violates subdivision (a) and who has a prior felony conviction of that subdivision, of former Section 556, of former Section 1871.1, or of Section 548 or 550 of the Penal Code, shall receive a two-year enhancement for each prior conviction in addition to the sentence provided in subdivision (b).

1



FORFEITURE, TO PROVIDE WHEN THE STATE MAY PETITION FOR THE CONVERSION OF SEIZED ASSETS, AND TO DESCRIBE WHEN THE ASSETS MAY BE DISPOSED OF AND THE DISPOSITION OF THE PROCEEDS.

Be it enacted by the General Assembly of the State of South Carolina:

SECTION 1. Section 14-7-1610 of the 1976 Code is amended to read:

"Section 14-7-1610. (A) It is the intent of the General Assembly to enhance the grand jury system and to improve the ability of the State to detect and eliminate criminal activity. The General Assembly recognizes the great importance of having the federal authorities available for certain investigations. The General Assembly finds that crimes involving narcotics, dangerous drugs, or controlled substances, trafficking in persons, as well as crimes involving obscenity, often transpire or have significance in more than one county of this State. When this occurs, these crimes are most effectively detected and investigated by a grand jury system with the authority to cross county lines.

(B) The General Assembly finds that there is a critical need to enhance the grand jury system to improve the ability of the State to prevent, detect, investigate, and prosecute crimes involving criminal gang activity or a pattern of criminal gang activity pursuant to the provisions of Article 3 of, Chapter 8, Title 16. Crimes involving criminal gang activity or a pattern of criminal gang activity transpire at times in a single county, but often transpire or have significance in more than one county of this State. The General Assembly believes criminal gang activity poses an immediate, serious, and unacceptable threat to the citizens of the State and therefore warrants the state grand jury possessing considerably broader investigative authority.

(C) The General Assembly finds that there is a need to enhance the grand jury system to improve the ability of the State to detect and eliminate public corruption. Crimes involving public corruption transpire at times in a single county, but often transpire or have significance in more than one county of this State. The General Assembly believes that a state grand jury, possessing considerably broader investigative authority than individual county grand juries, should be available to investigate public corruption offenses in South Carolina.

(D) The General Assembly finds it fundamentally necessary to improve the ability of the State to prevent, detect, investigate, and prosecute crimes that involve the depiction of children under the age of eighteen in sexual activity, and obscenity crimes that are directed toward or involve children under the age of eighteen. The serious and unacceptable threat that these crimes pose to children is self-evident and impacts the State as a whole even if the actual criminal act occurs only in one county of the State. An effective effort to eliminate these heinous crimes requires a coordinated effort, which is accomplished more effectively through the state grand jury system. The effective prevention, detection, investigation, and prosecution of these crimes may require the use and application of state obscenity statutes or common law offenses not specifically directed toward the prevention and punishment of obscenity crimes involving children. Because many of these crimes involve computers, statewide jurisdiction over these crimes is consistent with the jurisdiction of a state grand jury over offenses defined in the Computer Crime Act. The General Assembly concludes that a state grand jury must be available to employ its broad investigative powers in the investigation of child-related obscenity by enabling the state grand jury to investigate all obscenity offenses, regardless of their multi-county impact, or whether they transpire or have significance in more than one county of this State.

(E) The General Assembly finds that there is a need to enhance the grand jury system to improve the ability of the State to detect and investigate crimes involving the election laws including, but not limited to, those named offenses as specified in Title 7, or common law crimes involving the election laws where not superseded, or a crime arising out of or in connection with the election laws, or attempt, aiding, abetting, solicitation, or conspiracy to commit a crime involving the election laws.

(F) The General Assembly finds that there is a need to enhance the grand jury system to improve the ability of the State to detect and investigate knowing and wilful crimes which result in actual and substantial harm to the environment. These crimes include knowing and wilful offenses specified in Titles 13, 44, and 48, or any knowing and wilful crime arising out of or in connection with environmental laws, or any attempt, aiding,

abetting, solicitation, or conspiracy to commit a knowing and willful crime involving the environment if the anticipated actual damages including, but not limited to, the cost of remediation, are two million dollars or more, as certified by an independent environmental engineer who shall be contracted by the Department of Health and Environmental Control.

(1) The General Assembly finds that the South Carolina Department of Health and Environmental Control possesses the expertise and knowledge to determine whether there has occurred an alleged environmental offense as defined in this article.

(2) The General Assembly finds that, because of its expertise and knowledge, the Department of Health and Environmental Control must play a substantial role in the investigation of any such alleged environmental offense.

(3) The General Assembly finds that, while the Department of Health and Environmental Control must not make prosecutorial decisions regarding such alleged environmental offense as defined in this article, the department must be integrally involved in the investigation of any such alleged environmental offense before and after the impaneling of a state grand jury pursuant to Section 14-7-1630.

(4) The General Assembly finds that it is in the public interest to avoid duplicative and overlapping prosecutions to the extent that the Attorney General considers possible. Therefore, the Attorney General shall consult with and advise the Environmental Protection and Enforcement Coordinating Subcommittee and cooperate with other state and federal prosecutorial authorities having jurisdiction over environmental enforcement in order to carry out the provisions of Sections 14-7-1630(A)(8) and 14-7-1630(C).

(G) The General Assembly finds:

(1) there is a need to enhance the grand jury system to improve the ability of the State to prevent, detect, investigate, and prosecute crimes involving insurance fraud including, but not limited to, those named offenses as specified in the South Carolina Omnibus Insurance Fraud and Reporting Immunity Act pursuant to in Article 5, Chapter 55, Title 38;

(2) crimes involving insurance fraud schemes are often complex and often involve conspiracies of two or more people and amounts greater than two hundred thousand dollars; and

(3) a state grand jury must be available to employ its investigative powers in the investigation of insurance fraud schemes.

(GH) The General Assembly finds that related criminal activity often arises out of or in connection with crimes involving narcotics, dangerous drugs or controlled substances, criminal gang activity, obscenity, public corruption, ~~or~~ environmental offenses, or insurance fraud and that the mechanism for detecting and investigating these related crimes must be improved.

(HI) Accordingly, the General Assembly concludes that a state grand jury should be allowed to investigate certain crimes related to narcotics, dangerous drugs, or controlled substances, criminal gang activity, trafficking in persons, and obscenity and also should be allowed to investigate crimes involving public corruption, election laws, ~~and~~ environmental offenses, and insurance fraud.

(HJ) This section does not limit the authority of a county grand jury, solicitor, or other appropriate law enforcement personnel to investigate, indict, or prosecute offenses within the jurisdiction of the state grand jury."

SECTION 2. Section 14-7-1630(A) of the 1976 Code, as last amended by Act 266 of 2016, is further amended by adding an appropriately numbered item to read:

"( ) a crime involving insurance fraud including, but not limited to, a violation of the statutes under the South Carolina Omnibus Insurance Fraud and Reporting Immunity Act or a crime related to insurance fraud if the

fraud involves more than two people, or if the undeserved economic benefit that is received or attempted to be received from a violation or combination of violations is greater than two hundred thousand dollars, or if the crime is of a multicounty nature or has transpired or is transpiring or has significance in more than one county of this State."

SECTION 3. Section 38-55-170 of the 1976 Code is amended to read:

"Section 38-55-170. (A) A person who knowingly causes to be presented a false claim for payment to an insurer transacting business in this State, to a health maintenance organization transacting business in this State, or to any person, including the State of South Carolina, providing benefits for health care in this State, whether these benefits are administered directly or through a third person, or who knowingly assists, solicits, or conspires with another to present a false claim for payment as described above, is guilty of a:

- (1) felony if the amount of the claim is ten thousand dollars or more. Upon conviction, the person must be imprisoned not more than ten years or fined not more than five thousand dollars, or both;
- (2) felony if the amount of the claim is more than two thousand dollars but less than ten thousand dollars. Upon conviction, the person must be fined in the discretion of the court or imprisoned not more than five years, or both;
- (3) misdemeanor triable in magistrates court or municipal court, notwithstanding the provisions of Sections 22-3-540, 22-3-545, 22-3-550, and 14-25-65, if the amount of the claim is two thousand dollars or less. Upon conviction, the person must be fined not more than one thousand dollars, or imprisoned not more than thirty days, or both.

(B)(1) For any violations of this chapter, a law enforcement agency is authorized to conduct a pre-trial seizure of assets associated with the fraudulent scheme, upon a probable cause basis that the assets were associated with or involved in the furtherance of a fraudulent insurance scheme. An interested party may petition a court of record for the return of assets seized. Statutory notice must be provided to the Insurance Fraud Division of the Office of the Attorney General. The court must hear the petition within thirty days. The court may require as a condition for return of an asset, including the posting of an adequate bond to ensure that an asset is not disposed of.

(2) Upon conviction of a person for charges related to insurance fraud provided in this chapter, the State may petition the court to convert to the State any assets used in connection with or in furtherance of the fraudulent insurance scheme.

(3) Assets seized and transferred to the State's ownership may be disposed of or distributed by the State as it deems appropriate and proper. Proceeds from the sale of any asset disposed of pursuant to this section must be retained by the Office of the Attorney General and only may be used for the purpose of insurance fraud investigation."

SECTION 4. Section 38-55-540 of the 1976 Code is amended to read:

"Section 38-55-540. (A) A person who knowingly makes a false statement or misrepresentation, and any other person knowingly, with an intent to injure, defraud, or deceive, or who knowingly assists, abets, solicits, or conspires with a person to make a false statement or misrepresentation, is guilty of a:

- (1) misdemeanor, for a first offense violation, if the amount of the economic advantage or benefit received or attempted to be received is less than one thousand dollars. Upon conviction, the person must be fined not less than one hundred nor more than five hundred dollars or imprisoned not more than thirty days;
- (2) misdemeanor, for a first offense violation, if the amount of the economic advantage or benefit received or attempted to be received is one thousand dollars or more but less than ten thousand dollars. Upon conviction, the

person must be fined not less than two thousand nor more than ten thousand dollars or imprisoned not more than three years, or both;

(3) felony, for a first offense violation, if the amount of the economic advantage or benefit received or attempted to be received is ten thousand dollars or more but less than fifty thousand dollars. Upon conviction, the person must be fined not less than ten thousand nor more than fifty thousand dollars or imprisoned not more than five years, or both;

(4) felony, for a first offense violation, if the amount of the economic advantage or benefit received or attempted to be received is fifty thousand dollars or more. Upon conviction, the person must be fined not less than twenty thousand nor more than one hundred thousand dollars or imprisoned not more than ten years, or both;

(5) felony, for a second or subsequent violation, regardless of the amount of the economic advantage or benefit received or attempted to be received. Upon conviction, the person must be fined not less than twenty thousand nor more than one hundred thousand dollars or imprisoned not more than ten years, or both.

(B) In addition to the criminal penalties set forth in subsection (A), a person convicted pursuant to the provisions of this section must be ordered by the court to make full restitution to a victim for any economic advantage or benefit which has been obtained by the person as a result of that violation, and to pay the difference between any taxes owed and any taxes the person paid, if applicable.

(C)(1) For any violations of this chapter, a law enforcement agency is authorized to conduct a pre-trial seizure of assets associated with the fraudulent scheme, upon a probable cause basis that the assets were associated with or involved in the furtherance of a fraudulent insurance scheme. An interested party may petition a court of record for the return of assets seized. Statutory notice must be provided to the Insurance Fraud Division of the Office of the Attorney General. The court must hear the petition within thirty days. The court may require as a condition for return of an asset, including the posting of an adequate bond to ensure that an asset is not disposed of.

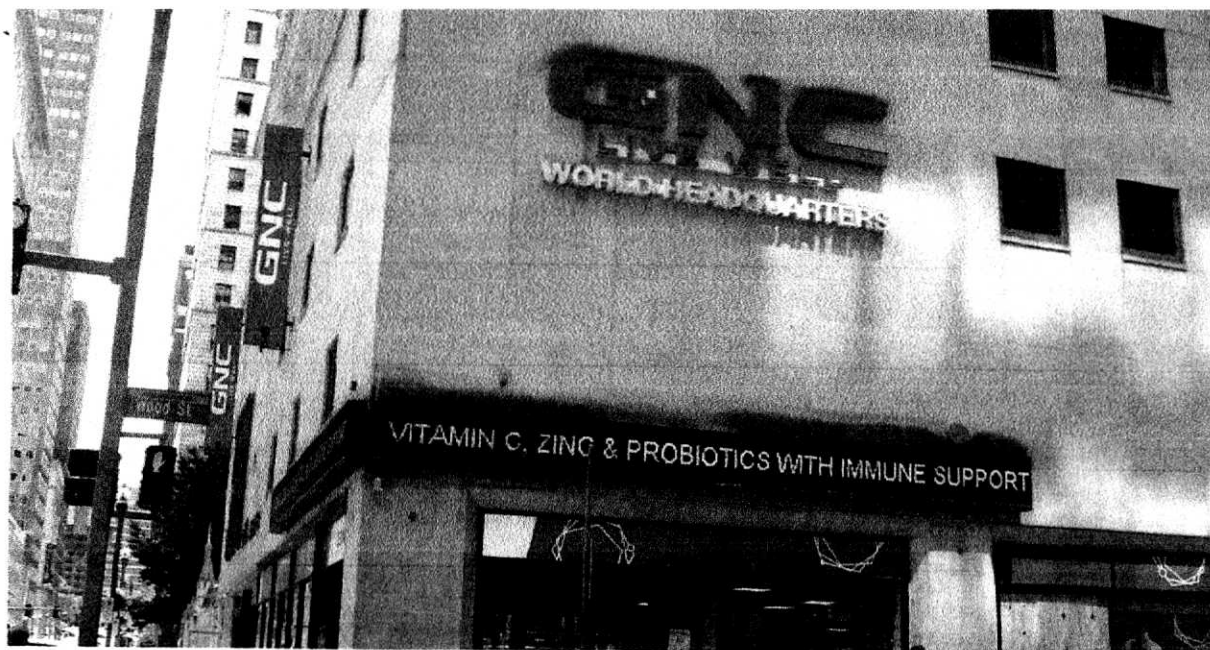
(2) Upon conviction of a person for charges related to insurance fraud provided in this chapter, the State may petition the court to convert to the State any assets used in connection with or in furtherance of the fraudulent insurance scheme.

(3) Assets seized and transferred to the State's ownership may be disposed of or distributed by the State as it deems appropriate and proper. Proceeds from the sale of any asset disposed of pursuant to this section must be retained by the Office of the Attorney General and only may be used for the purpose of insurance fraud investigation."

SECTION 5. This act takes effect upon approval by the Governor.

---XX---

This web page was last updated on January 24, 2017 at 3:11 PM



## Judge approves sale of bankrupt GNC to Chinese investor for \$770 million



KRIS B. MAMULA   
Pittsburgh Post-Gazette  
kmamula@post-gazette.com 

SEP 17, 2020

5:19 PM

A bankruptcy court judge on Thursday approved the sale of troubled Pittsburgh vitamin and health supplements maker GNC Holdings Inc. to China-based Harbin Pharmaceutical Group Co. for \$770 million.

U.S. Bankruptcy Court for the District of Delaware Judge Karen B. Owens praised lawyers for the debtors and creditors on the uncontested sale during a hearing Thursday. Plans to auction GNC's assets had been canceled in favor of an outright sale after no higher qualified bids than Harbin's were submitted to the court by the Sept. 11 deadline.

"I'm pleased with the efforts and more than happy to approve the sale," Judge Owens said during the hearing.

GNC was founded as Lackzoom Health Store by David B. Shakarian on Wood Street Downtown in 1936. The company name was changed to

General Nutrition Centers in 1959 before undergoing rapid growth with the opening of stores internationally in the 1980s and 1990s.

Battered by competition and the availability of online vitamins and supplements, GNC in May reported a \$200.1 million net loss for the first quarter of 2020, which compared with a \$15.3 million loss the year before.

The company had operated about 7,300 stores, but said last fall that it planned to close 800 to 1,200 of them as it tried to regain its financial footing.

The deal gives the Downtown-based company badly needed breathing room at a time when GNC shares have been trading for less than 25 cents. It filed for bankruptcy under Chapter 11 of the U.S. Bankruptcy Code in June.

The sale price approved at Thursday's hearing included \$550 million in cash, \$210 million in second lien loans and \$10 million in subordinated convertible notes — short-term debt issued by Harbin — for unsecured creditors.

Harbin has owned 40% of the vitamin retailer since 2018, making it GNC's biggest shareholder.

An initial offer of \$760 million for the iconic Pittsburgh company was sweetened with an additional \$10 million for unsecured creditors, debtor's counsel Caroline A. Reckler, from the firm of Chicago-based Latham & Watkins, said during the hearing.

The sale was expected to close by the end of the year, but the impact on Pittsburgh jobs was less clear.

About 600 people worked at GNC headquarters Downtown as of last fall. In a statement, the company said it was pleased by the court's decision, but declined to answer workforce questions Thursday.

Republican Sen. Marco Rubio, of Florida, recently expressed concerns about the proposed GNC sale, citing the risk of customers' personal information being exposed to the Chinese government.

Ms. Reckler dismissed those concerns, telling the court that Harbin's 2018 investment in GNC was cleared by the Committee on Foreign Investment in the United States and also in subsequent audits.

(<http://adserver.workerscompensation.com/control/www/delivery/ck.php?bannerid=198>)

## **SC Supreme Court Overturns WC Commissioner's Decision, Again**

03/18/20 / Liz Carey ([news\\_author.php?author\\_id=](#))

Barnwell, SC - The South Carolina Supreme Court has overturned another of the South Carolina Workers' Compensation Commissioner's denial of benefits saying she failed to explain why she denied a worker's benefits.

Commissioner Susan Barden's denial of a workers' compensation claim ignored medical evidence and stated that the claimant was a "very poor" actor. The Supreme Court unanimously overturned her decision and ordered the claim be heard ...

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## Workers' Compensation commissioner has 'hunger' to keep job amidst accusations



Published: Mar. 24, 2016 at 2:35 AM EDT | Updated: Mar. 24, 2016 at 10:00 AM EDT



COLUMBIA, SC (WIS) - A state Workers' Compensation Commissioner is under fire as she tries to keep her job.

Susan Barden is trying for another term, but at a Senate hearing on Wednesday she was accused of not having the judicial temperament for the job.

One University of South Carolina law professor told senators Barden had engaged in what he called a "prolonged pattern of unethical conduct." Another lawyer handling the case of an injured state trooper accused Barden of slandering his client and leaving him without medical treatment.

Barden pointed to her 12 years on the Commission, calling herself a "workhorse."

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"I believe this job requires a hunger. And I think I have that hunger. If I didn't still have it, I wouldn't be standing up here. I would've just let my term expire, I wouldn't ask to be reappointed," Barden said.

The subcommittee took almost three hours of testimony. The matter moves to the full Judiciary Committee in about two weeks.

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HEADLINES SC

## South Carolina Workers Compensation Commissioner Under Fire Once Again

Supreme Court drops the hammer on Susan Barden ...

by FITSNews October 3, 2019

SHARE



**T**hree years ago, this news outlet published a series of reports on **Susan Barden** – a commissioner with the South



(Via: S.C. Senate)

Specifically, Barden (*above*) was accused of threatening to report Ledford to the attorney general's office for prosecution unless he accepted the state's settlement offer of his claim – an allegation attorneys representing *both* parties confirmed to the court during oral arguments related to the case.

“Even if Commissioner Barden's statements were not intended as bona fide threats, they were indisputably coercive,” the justices concluded, citing a rule from the Palmetto State's code of judicial conduct which holds that judges should not make parties “feel coerced into surrendering the right to have their controversy resolved by the courts.”

“Commissioner Barden's behavior in this case would undoubtedly lead one to reasonably question her impartiality,” they added, referring to her conduct as “quite simply unacceptable and offensive to the ideals of a fair and impartial judiciary.”

*Wow. The justices are clearly not mincing words ...*

“Instead of stepping aside, Commissioner Barden became more abusive and strident in both her ruling on the recusal motion and her final order,” the justices stated, referring to Barden's “false affidavit” denying the alleged coercion “appalling.”

Take a look ...

(Via: S.C. Supreme Court)

Carolina Workers Compensation Commission (SCWCC). Barden is the vice chair of this commission, which is responsible for adjudicating workers' compensation disputes in the Palmetto State.

In our previous coverage, we raised issues regarding Barden's professional judgment and her apparent abuse of per diem expenses (which is inexcusable considering she makes north of \$120,000 a year doing what amounts to a part-time job).

Unfortunately, as is their habit, state lawmakers ignored our advice and confirmed Barden's renomination by former governor Nikki Haley.

*Should they have done that?*

No ...

This week, Barden is back in the news in a big way after the S.C. supreme court unanimously overturned her judgment in a case involving a former S.C. Highway Patrol (SCHP) trooper who sustained a pair of work-related injuries in 2010 and 2012.

In addition to reversing Barden's ruling in this 2014 case, the five justices excoriated the commissioner in no uncertain terms – arguing she should have recused herself from the proceedings after demonstrating a clear bias against the trooper who brought the claim, **Scott Ledford**. The court also criticized Barden's treatment of Ledford throughout the process as being inappropriately coercive and threatening.

"We are deeply concerned by Commissioner Barden's conduct in this matter," the court wrote.

*(Click to view)*

The court's ruling prompted Barden's many critics to call for her removal from the SCWCC by governor Henry McMaster.

"(The) governor should remove her," one attorney told us.

We concur ...

Actually, *Senators never should have reappointed her in the first place.*

Don't get us wrong: We appreciate workers' compensation commissioners who bring a watchful eye, healthy skepticism of claims and a consistently pro-taxpayer perspective to their work. Considering the bias on this commission has run the other way for decades (usually benefiting liberal lawyer-legislators), we believe a reorientation toward fairness is certainly long overdue.

But threatening petitioners in an attempt to coerce them into accepting lowball settlements? We agree wholeheartedly with the court that such conduct is "appalling," and we would urge McMaster to remove Barden and replace her with a commissioner who will more equitably and impartially adjudicate claims.


**-FITSNews**

## **WANNA SOUND OFF?**

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(VIA: [GETTY IMAGES](#))

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## Department of Justice

Office of Public Affairs

FOR IMMEDIATE RELEASE

Wednesday, December 7, 2016

### **GNC Enters Into Agreement with Department of Justice to Improve its Practices and Keep Potentially Illegal Dietary Supplements Out of the Marketplace**

The world's largest dietary supplement retailer, GNC Holdings Inc. (GNC), has entered into a wide-ranging agreement with the Department of Justice to reform its practices related to potentially unlawful dietary ingredients and dietary supplements, and has further promised to embark on a series of voluntary initiatives designed to improve the quality and purity of dietary supplements, the Department of Justice announced today. The non-prosecution agreement resolves GNC's liability for selling certain dietary supplements produced by a firm currently under indictment. As part of the agreement, GNC has agreed to pay \$2.25 million to the U.S. government and cooperate in dietary supplement investigations conducted by the government.

A lengthy investigation conducted by the U.S. Food and Drug Administration (FDA), the U.S. Attorney's Office for the Northern District of Texas, and the Consumer Protection Branch of the Department of Justice's Civil Division revealed that GNC's practices related to ensuring the legality of products on its shelves were lacking.

According to an agreed-upon statement of facts that accompanies the non-prosecution agreement, GNC engaged in acts and omissions that allowed a misbranded supplement—OxyElite Pro Advanced Formula, a product of Dallas-based USPlabs LLC (USP Labs)—to be sold at GNC locations nationwide in 2013. The statement of facts notes that GNC sold the product based on representations from USP Labs that ingredients contained in the product complied with the law. It further notes that GNC did not undertake additional testing or require additional certifications to confirm such representations or to verify that the ingredients in the product were as represented.

USP Labs was indicted in November 2015 and is awaiting trial. The indictment alleges, among other things, that USP Labs engaged in a conspiracy to import ingredients from China using false certificates of analysis and false labeling, and then lied about the source and nature of those ingredients after it put them in its products. According to the indictment, USP Labs told some of its retailers and wholesalers that it used natural plant extracts in some of its products, when in fact it was using synthetic stimulants manufactured in a Chinese chemical factory.

Today's resolution requires GNC to commit to certain changes designed to prevent unlawful dietary supplements from reaching its shelves:

- First, GNC has agreed that, upon learning that the FDA has issued a public written notice indicating that a purported dietary supplement or an ingredient contained in a purported dietary supplement is not legal and/or not safe, GNC will take immediate action to suspend the sale of such a product or products.
- Second, GNC will establish two lists—a "restricted list" containing ingredients that are not to be used in dietary supplements and a "positive list" containing ingredients that are approved for sale. Although GNC has agreed that the lists it creates will not have the force of law, GNC will use these lists to guide the company in determining what products it will approve for sale. Products containing novel ingredients that do not appear on either list will, GNC agreed, require further internal action and approval before being offered for sale.
- Third, GNC will substantially revise its internal approach to dealing with the vendors whose products GNC sells, including requiring more explicit guarantees from its vendors that their products do not contain ingredients on the

"restricted list" and that their products comply with federal law.

- Fourth, GNC will voluntarily work to develop an industry-wide quality seal program. When this quality seal is implemented, GNC has agreed to stop paying its retail salespeople bonus commissions, or "promotional money," to direct customers to products in its stores not carrying the seal.
- Finally, GNC will update its adverse event reporting policy to ensure that its employees understand the proper procedures to employ if a customer complains of injuries associated with a dietary supplement bought at GNC.

"Unlawful dietary supplements are an important enforcement priority for the department," said Principal Deputy Assistant Attorney General Benjamin C. Mizer, head of the Justice Department's Civil Division. "Today's resolution is a significant step forward in reforming an industry rife with alarming practices. Companies like GNC need to do more to ensure that they are not selling products containing questionable and untested ingredients. The American public deserves better, and the Department of Justice appreciates GNC's efforts in resolving its issues and moving forward in the best interests of American consumers."

"I am pleased with this agreement and hold steadfast that those engaged in the sale of dietary supplements to the public must adhere to higher standards to ensure consumers are protected from lax business practices that could endanger them," said U.S. Attorney John R. Parker of the Northern District of Texas.

"Protecting the public from unsafe ingredients in dietary supplements is one of FDA's most important responsibilities," said Director George M. Karavetsos of FDA Office of Criminal Investigations. "We will continue to work with industry to ensure that supplements distributed in the U.S. marketplace do not contain harmful ingredients."

The matter was handled by Consumer Protection Branch Trial Attorneys David Sullivan and Patrick Runkle, and Northern District of Texas Assistant U.S. Attorney Errin Martin. FDA Office of Chief Counsel Attorneys Nathan Sabel and Michael Shane supported the matter, which was investigated by the FDA Office of Criminal Investigations, Dallas Domicile.

Today's action is part of the government's efforts, in collaboration with the Uniformed Services University of the Health Sciences' Consortium for Health and Military Performance (CHAMP), to provide educational resources for service members and the general public to protect them from risky dietary supplements. Through its Operation Supplement Safety (OPSS), and in partnership with the U.S. Anti-Doping Agency (USADA) and Supplement 411, OPSS provides important information to service members and consumers about dietary supplements. In 2015, OPSS launched a High-Risk Supplement List mobile application (accessible on iOS and Android). For more information, consult the [OPSS website](#) . To access the educational resources USADA provides for athletes and general consumers to help realize, recognize and reduce the risks associated with using supplement products, visit USADA's website at <http://www.supplement411.org> .

For more information about the Consumer Protection Branch and its enforcement efforts, visit its website at <http://www.justice.gov/civil/consumer-protection-branch> . For more information about the U.S. Attorney's Office for the Northern District of Texas, visit its website at <https://www.justice.gov/usao-ndtx> .

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**Attachment(s):**

[Download Non-prosecution agreement](#)

**Topic(s):**

Consumer Protection

**Component(s):**

[Civil Division](#)

15



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## Violation Tracker Parent Company Summary

**Parent Company Name:** GNC Holdings

**Ownership Structure:** publicly traded (ticker symbol GNC)

**Headquartered in:** Pennsylvania

**Major Industry:** retailing

**Specific Industry:** retail

**Penalty total since 2000:** \$19,800,179

**Number of records:** 10

Top 5 Offense Groups (Groups Defined)	Penalty Total	Number of Records
employment-related offenses	\$16,542,505	7
safety-related offenses	\$2,257,674	2
consumer-protection-related offenses	\$1,000,000	1

Top 5 Primary Offense Types	Penalty Total	Number of Records
wage and hour violation	\$15,992,318	6
drug or medical equipment safety violation	\$2,250,000	1
consumer protection violation	\$1,000,000	1
employment discrimination	\$550,187	1
workplace safety or health violation	\$7,674	1

### Notes:

Parent-subsidiary linkages are based on relationships current as of the latest revision listed in the [Update Log](#), which may vary from what was the case when a violation occurred. The penalty totals are adjusted to account for the fact that the individual entries below may include both agency records and settlement announcements for the same case; or else a penalty covering multiple locations may be listed in the individual records for each of the facilities. The totals are also adjusted to reflect cases in which federal and state or local agencies cooperated and issued separate announcements of the outcome. Duplicate or overlapping penalty amounts are marked with an asterisk in the list below.

### Links:

Subsidy Tracker data on financial assistance to this company by federal, state and local government agencies can be found [here](#).

## Individual Penalty Records:

Click on the company or penalty amount for more information on each case.

Download results as [CSV](#) or [XML](#) (maximum 10,000; for access to larger downloads contact [Phil Mattera](#))

Company	Primary Offense Type	Year	Agency	Penalty Amount
<a href="#">General Nutrition</a>	wage and hour violation	2016	private lawsuit-federal	\$9,000,000
<a href="#">General Nutrition</a>	wage and hour violation	2005	private lawsuit-state	\$4,600,000

Company	Primary Offense Type	Year	Agency	Penalty Amount
GNC Holdings Inc.	drug or medical equipment safety violation	2010	FDA	\$2,250,000
General Nutrition	wage and hour violation	2007	private lawsuit-federal	\$1,910,000
General Nutrition Corp.	consumer protection violation	2002	FL-AG	\$1,000,000
General Nutrition Corporation	employment discrimination	2019	private lawsuit-federal	\$550,187
General Nutrition	wage and hour violation	2015	private lawsuit-federal	\$350,014
General Nutrition Corporation	wage and hour violation	2017	MA-AG	\$72,304
General Nutrition	wage and hour violation	2005	private lawsuit-federal	\$60,000
GENERAL NUTRITION CORPORATION	workplace safety or health violation	2019	OSHA	\$7,674

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and monetary settlements but also costs such as supplementary environmental projects or consumer relief that part of settlements. If the settlement includes fines paid to state governments, those are included as well.

ie Map

Connect with us on:



Claimant APAs

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06/30/17	Anderson Radiology	13
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09/22/20	Georgia Urology – Dr. Stephen Overholser	82-90

Feb 25 2025

S.C. SUPREME COURT

AnMed Health  
Anderson, S.C.  
Medical Records

CRAUS, VASILE FLORIN  
Charles Thompson, MD  
000603786

DOB: [REDACTED]  
8595178

DISCHARGE SUMMARY

DATE OF ADMISSION: 08/18/2015 05:07

DATE OF DISCHARGE: 08/22/2015 04:34

FINAL DIAGNOSES:

1. Bilateral pulmonary masses with cavitation.
2. History of smoking with probable chronic obstructive pulmonary disease.
3. History of receiving BCG.

DISCHARGE MEDICATIONS:-

Please see universal medication list.

FOLLOWUP:

Follow up with Dr. Thompson in office within one week.

HOSPITAL COURSE:

A 41-year-old Romanian immigrant in the United States since 2008 working as a machine operator, developed bilateral cavitory pulmonary nodules associated with cough, shortness of breath, and fever. The patient was admitted and placed on Levaquin and Zosyn with improvement in his symptoms. He was initially placed in respiratory isolation while studies were performed to rule out tuberculosis. Multiple sputum studies returned negative for AFB. He underwent bronchoscopy with lavage and biopsy. Cytology only showed inflammatory infiltrates. Biopsy showed evidence of focal mild chronic pneumonitis without evidence of malignancy. It was recommended that the patient undergo fine-needle aspirate of one of the dominant lesions, but he decided to defer that until a period of followup as an outpatient. He was discharged home on oral antibiotics for followup as an outpatient.

The patient and his wife were repeatedly told about the potential risk of malignancy and encouraged to remain in the hospital until biopsies could be completed, but their preference was to follow up as an outpatient. The patient was stable, able to eat, oxygenating well, and oriented at the time of discharge.

Charles Thompson, MD

MT INITIALS: BAH  
38091060/1832383  
Dictate Date: 09/15/2015 10:18:57  
Transcribe Date: 09/16/2015 11:17:10

Electronically Authenticated by:  
Charles Thompson, M.D. On 09/16/2015 05:56 PM EDT

**07/04/2017 - Admission (Discharged) in AnMed Health Orthopedics 4S (continued)**

**Care Plan (continued)**

Date/Time	User	Outcome
07/05/17 0942	Rochelle E Transue, RN	Progressing
07/04/17 1111	Rochelle E Transue, RN	Progressing

**Intervention: Provide infection prevention measures**

Dates: Start: 07/04/17

**Intervention: Assess removal of potential routes of infection, such as IV, intra-arterial or urinary catheters**

Dates: Start: 07/04/17

**Intervention: Assess signs and symptoms of infection**

Dates: Start: 07/04/17

**Intervention: Monitor amount and/or characteristics of urine**

Dates: Start: 07/04/17

**Intervention: Evaluate need to continue indwelling urinary catheter**

Dates: Start: 07/04/17

**Goal: Ability to remain free from injury will improve**

Dates: Start: 07/04/17  
Disciplines: Interdisciplinary

**Outcomes:**

Date/Time	User	Outcome
07/05/17 0942	Rochelle E Transue, RN	Progressing
07/04/17 1111	Rochelle E Transue, RN	Progressing

**Intervention: Provide a safe environment**

Dates: Start: 07/04/17

**Intervention: Provide surveillance of patient**

Dates: Start: 07/04/17

**Intervention: Assess risk factors for falls**

Dates: Start: 07/04/17

**Intervention: Provide fall prevention measures**

Dates: Start: 07/04/17

**Goal: Will remain free from falls**

Dates: Start: 07/04/17  
Disciplines: Interdisciplinary

**Outcomes:**

Date/Time	User	Outcome
07/05/17 0942	Rochelle E Transue, RN	Progressing
07/04/17 1111	Rochelle E Transue, RN	Progressing

**Intervention: Assess risk factors for falls**

Dates: Start: 07/04/17

**Intervention: Implement fall prevention measures**

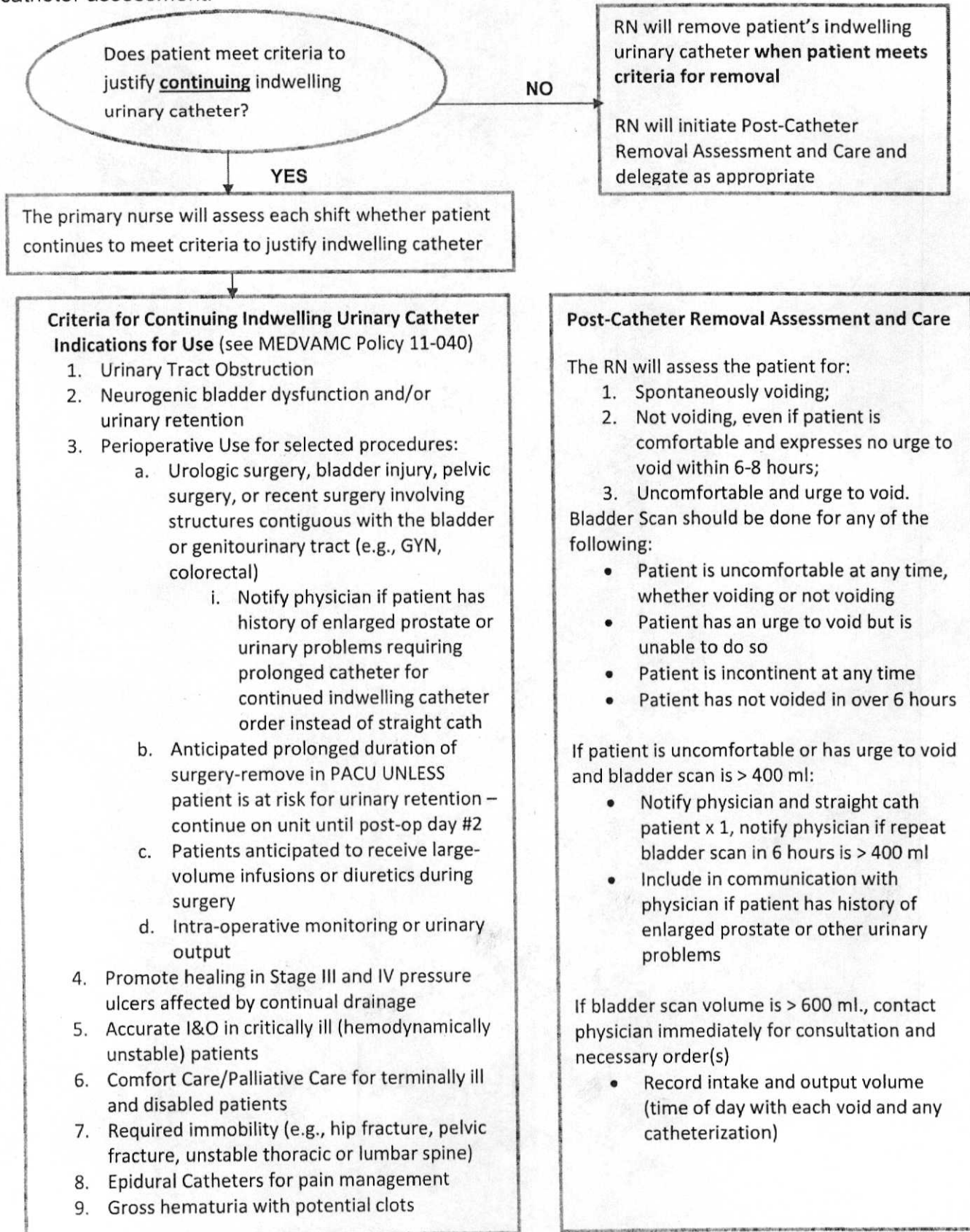
Dates: Start: 07/04/17



## Indwelling Urinary Catheter Removal Nursing Protocol

FINAL DRAFT

The following algorithm will be implemented by the RN for catheter removal and post-catheter assessment.



Per Anmed, the sign on this building states Care Connect, but he would need to go around to the side entrance for the lab.

I am following with the MD office to see if there was a separate order written for the bloodwork, or the MD just mentioned in his notes.

I am attaching the IME OVN as well – the MD mentions a CRP, ESR, and metal ion levels. If there are no separate orders received, Mr. [REDACTED] should take these notes and show them to the lab. This will have the MD information, etc needed by the lab.

(I am waiting on MD office response for any separate orders-).

Also, here is the case information the lab will need.

- Claimant: [REDACTED]
- Phone: (304) 207-8428
- DOB: 06/15/1977
- DOI: 06/15/2017
- Jurisdiction: South Carolina
- Employer: GNC Corporation
- Bill to: Sentry Insurance Company
- Case: CNH17S
- Adjuster: Dietra Garland
- Phone: (800) 473-6879 3234863
- Fax: 8009994642
- Claim: 55C354191
- Claimant Attorney: Joshua Christian
- Attorney phone number: (864) 232-7363
- Genex CM- Perry Reed, RN, CCM 864-650-8734

He should explain to the lab it is WC and he can provide them my name and number if they need to confirm.

If I know approximate time he may go, I will try to be aware of any calls.

Also- 

Dr. Koch at POA has been approved for the hip referral. I am following with his office for response for accept for evaluate and treat.

Thanks

4/25/17 22



PATIENT NAME: Crause, Vasile  
DOB: [REDACTED]  
MRN: 08-1251349  
PHYSICIAN: Benjamin S. Koch, MD  
EXAM DATE: 04/24/2018

EXAM: MR Right Hip With Contrast

REASON FOR EXAM: M25.851,M25.551,M24.151

**ADDITIONAL HISTORY:**

COMPARISON: None.

**TECHNIQUE:** Multiplanar imaging of the right hip was performed using a torso coil configuration in a 1.5 Tesla magnet. T1 fat-suppressed, T2 and proton-density fat-suppressed spin-echo sequences were utilized. The examination was performed following performance of a fluoroscopically-directed arthrogram of the hip in which a 1:250 dilution of gadolinium was infused.

**FINDINGS:** Limitation: Magnetic susceptibility artifact from hardware within the femur which distorts images.

No discernible marrow edema is seen in the femur and acetabulum.

Acetabular version estimated at 7 ° retroversion at the level of the roof of the acetabulum and 25 ° anteversion at the femoral equator.

Center edge angle estimated at 41 °.

Alpha angle estimated at 52 °.

No detached labral tear is discerned. There does appear to be evidence suggesting attenuation of the superior labrum. No well-defined, well-formed labral tissue is discerned along the anterior superior quadrant of the labrum.

There is evidence of linear intermediate to high signal suggested at the base of the posterior superior labrum suggested on axial series 7, images 14 to 18.

Transverse ligament appears to be intact. Ligamentum teres distorted.

PATIENT NAME: Crause, Vasile  
DOB: 07/13/1974  
EXAM: MR Right Hip With Contrast  
EXAM DATE: 04/24/2018

Iliopsoas tendon, gluteal, extensor, hamstring and adductor musculature appears intact.

The imaged portion of pelvic contents demonstrates nodular enlargement of the prostate gland. No inguinal adenopathy.

IMPRESSION: Limited study due to magnetic susceptibility artifact.

Evidence suggesting attenuated superior labrum as described.

Nodular enlargement of the prostate gland. Correlate.

Martin J Ruocco, MD

*** THIS IS AN ELECTRONICALLY VERIFIED REPORT ***
4/25/2018 6:51 AM: Martin J Ruocco, MD

MJR/mjr  
DD: 04/25/2018 06:40 am  
DT: 04/25/2018 06:51 am  
Accession #: 08-2822390

Name: [REDACTED]  
 DOB: [REDACTED]  
 Age: [REDACTED]  
 Gender: Male  
 Chart#: 87049843



Insurance: Actna

Office Visit: 99213 EST Level 3		Diagnosis: M25.851 Femoroacetabular impingement of right hip M25.551 Right hip pain M24.151 Articular cartilage disorder of right hip			
Proc 1:		Laterality:		Med 1:	
Proc 2:		Laterality:		Med 2:	
FX 1:		Laterality:	FX2:		Laterality:
Casting:		Cast Supply:			
DME:		Laterality:	DME:		Laterality:
XRA	RIGHT:	LEFT:		BILAT:	
Y					

Follow up: As Discussed

BMI:

Date of Service: 2018-04-26

Work Status:

Allergies: Ciprofloxacin

Medications:

CC: Complicated right hip pain

HPI:

Returns after MRI arthrogram of right hip. No new major changes

PmHx: Any changes to the patient's PmHx since our last visit were updated on the POA PmHx form.

PE:

Noted any major changes. Does have a little bit of tenderness along the anterior aspect of his groin where his injection was but no bruising. Minimal swelling

X-ray/MRI: MRI arthrogram of right hip were reviewed from 4/24/2018. Report states evidence suggesting possible attenuation of the superior labrum. Nodular enlargement of the prostate gland. Limited study because of magnetic susceptibility artifact.

No obvious nonattached labral tear is discerned. No obvious paralabral cyst on imaging seen. Evidence suggesting attenuation of the superior labrum is noted. No well-defined well-formed labral tissue is discerned along the anterior superior quadrant of the labrum.

A/P: Right hip pain, possible labral pathology. Cannot completely rule out metal allergy as stressed by patient and significant other.

Nodular enlargement of the prostate. Recommend follow with primary care physician for further evaluation of this.

In regards to his further treatment I am currently only functioning as a second opinion. Patient's injury and surgeries have been performed through Worker's Compensation. I discussed with he and his significant other that any further

Name: [REDACTED]  
DOB: [REDACTED]  
Age: [REDACTED]  
Gender: Male  
Chart#: 87049843



~~treatment would need approval through Worker's Compensation. I did recommend potentially following up with his primary surgeon and oriented to discuss removal of hardware.~~  
In regards to hip pain suggested potential repeat intra-articular injection for diagnostic and therapeutic purposes. It appears to Dr. full did perform some sort of injection under ultrasound but I cannot see what medications were used. I would like to know this before proceeding with intra-articular injection to see if there is something different we can use. At this point in time I cannot state certainly that there is a labral tear. This is the purpose of intra-articular injection to see if he has any significant improvement.  
Discuss possible referral to allergist for metal allergy assessment versus discussion with arthroplasty partners who may have an allergy kit available.

A handwritten signature in cursive script, appearing to read 'B. Koch'.

Electronically Signed By B Shay Koch MD on 2018-04-26



## CAROLINA ORTHOPAEDIC CENTER

09/25/18

CRAUS, Vaslie  
88032449  
01/13/74

**CHIEF COMPLAINT:** Vaslie comes in today for follow-up of his complicated history of his right hip and groin and genital pain.

Just to summarize, he fell at work on a pallet. He had a nondisplaced femoral neck fracture back in 2017, treated with a percutaneous pinning. Since then, he has had multiple complaints of pain in the groin, pain over the side of the hip, pain radiating into his groin, pain up into his abdomen and even into his chest. He has had multiple ER visits. He has had several doctor-patient relationships severed because of violent acting out. He comes in today for a 3rd opinion for his hip.

Again from the hip standpoint, he reports pain mostly in the groin, some of over the lateral aspect of the hip. He has some discomfort with range of motion to the hip, specifically with internal rotation. Otherwise, he has full motion of the hip, knee and ankle; and he is neurovascularly intact. He walks with an antalgic gait on the right.

**RADIOGRAPHS:** His x-rays, consisting of AP and lateral views of the right hip, were reviewed. Post surgery MRI was also reviewed. His x-rays today show 3 screws in place in the anatomically healed femoral neck fracture. He has no degenerative changes. He also has no signs of degenerative changes on his MRI. By report, there is an MRI showing a paralabral cyst.

**PLAN:** At this time, I told the patient that I do not think it is unreasonable to take his screws out. The screws may be the source of his discomfort. I do not know that. I would do him as an outpatient. He would be on crutches for a few weeks, get 4-6 weeks of therapy. At the end of 6 weeks if his pain was better, then his hip issues would be resolved. If his pain was not better, then my recommendation would be for him to be evaluated by another doctor who could address the possible surgical treatment of the labral cyst. I also believe that he needs to be seen by a urologist. He has been seen by a urologist in the past who diagnosed him with epididymitis. The patient was unhappy with this diagnosis. He does not feel it describes his symptoms. My recommendation is to be seen by another urologist for another opinion since these symptoms that are consistent with groin and scrotal pain started at the time after his accident, so I am going to consider them related to his injury until we know further what the diagnosis is. His work status will be light duty. No bending, stooping, climbing, no lifting more than 10 pounds. We will list him as out of work for now. This was discussed with Perry Reed, Workers' Compensation Case Manager.

Michael J. O'Boyle, MD/am

Electronically signed 09/25/18 05:49 P

CC: Perry Reed, Workers' Compensation Case Manager

09/25/18

**RADIOGRAPHS:** His x-rays, consisting of AP and lateral views of the right hip, were reviewed. Post surgery MRI was also reviewed. His x-rays today show 3 screws in place in the anatomically healed femoral neck fracture. He has no degenerative changes. He also has no signs of degenerative changes on his MRI. By report, there is an MRI showing a paralabral cyst.

**(864) 232-7363 Phone**

**(864) 370-3731 Fax**

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**From:** Reed, Perry ✕

<Perry.Reed@genexservices.com>

**Sent:** Wednesday, October 3, 2018 8:42 AM

**To:** Lindsey McQuiddy

<lmquiddy@christiananddavis.com>; ✕

Josh Christian

<jchristian@christiananddavis.com> ✕

**Subject:** cnh17s c████████, ██████████

Hi all,

I have received clarification via pc from Angela at the MD office.

She states she spoke with the MD and he states the urology "component" is

X related to the injury. X

X Again, the MD spoke regarding this, at the appointment, but I did not understand it to be related at that time. I would have requested a referral for urology, if I had understood him to be relating it to the injury.

I have attached the notes, and he states in those notes that he is considering the urologic issues related until he knows what the diagnosis is, based on Mr. C. reported groin/scrotal pain since his injury/surgery.

Again apologies for the confusion, but he was not clear in his verbal communication at the time of the appointment.

(2)

I have sent this to the adjuster and will update you regarding any response.

Thanks

Perry Reed, RN, CCM  
Genex Services  
c-864-650-8734  
f-866-268-3974  
[perry.reed@genexservices.com](mailto:perry.reed@genexservices.com)

*CONFIDENTIAL: The information contained in this message may be privileged and confidential and protected from disclosure. If the recipient of this message is not the intended, or an employee or agent*

# Enlarged Prostate Symptom

## Inability to Urinate

The two essential causes of urinary retention are (1) blockage of the urethra and (2) disruption of the delicate and complex system of nerves that connects the urinary tract with the brain and the nervous system (as described earlier).

## Common causes

- **Blockage (obstruction)** The most common cause of blockage of the urethra in men is enlargement of the prostate. In males, the prostate gland partially surrounds the urethra. If the prostate becomes enlarged, which is common in older men, it presses on the urethra and can block it. The most common cause of prostate enlargement is benign prostatic hypertrophy (often called BPH). Other causes of prostate enlargement include prostate cancer and prostate infection (prostatitis). Causes of blockage of the urethra that can occur in both sexes include scar tissue, injury (as in a car wreck or bad fall), blood clots, infection, tumors in the pelvic region, and stones (rare).

## Pelvic and acetabular hip fractures

A fracture of the acetabulum or other portion of the pelvis is often a more serious injury that requires prompt surgery (in some cases, multiple surgeries). These types of breaks are often the result of high-impact trauma such as a car vehicle accident or a bad fall. However, they can occur during a lower-impact fall, primarily in older adults who have fragile bones due to osteoporosis.

In fractures of this type, the femoral head is often driven through the acetabulum because of the impact of the fall or accident. If the fracture causes the femoral head to pop outside the acetabulum, this is known as a dislocated hip.

Treating acetabular fractures is complex because this section of bone is very close to:

- the major blood vessels to the legs

- the sciatic nerve (the major nerve that arises from the lower spine and provides sensation and movement to the leg and foot)

- the intestines, the ureter and the bladder

## What is the most common cause of a pelvic fracture?

The most common type of pelvic fracture is towards the front (the pubic bones), which occurs in older patients, usually due in part to thinning of the bones from osteoporosis. Commonly, a person will lose their balance, land awkwardly, breaking the pelvis. People can also lose their balance and cause their muscles to pull so hard against each other that they can pull the pelvis apart.

Most of these fractures will heal themselves with time.

## Do pelvic fractures always require surgery?

Many pelvic fractures are treated without surgery. Some patients don't need surgery because the type of fracture (meaning, where it is



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## Symptoms

# Groin pain (male)

Print

Basics In-depth Resources

## Causes

By Mayo Clinic Staff

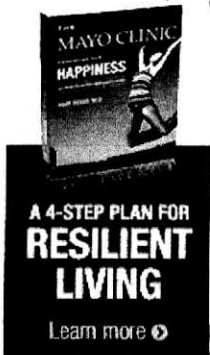
Advertisement

Definition

Causes

When to see a doctor

Products and services



The most common cause of groin pain is a muscle, tendon or ligament strain, particularly in athletes who play sports such as hockey, soccer and football. Groin pain might occur immediately after an injury, or pain might come on gradually over a period of weeks or even months. Groin pain might be worsened by continued use of the injured area.

Less commonly, a bone injury or fracture, a hernia, or even kidney stones might cause groin pain. Although testicle pain and groin pain are different, a testicle condition can sometimes cause pain that spreads to the groin area.

Direct and indirect causes of groin pain can include:

- Avascular necrosis (death of bone tissue due to limited blood flow)
- Avulsion fracture (ligament or tendon pulled from the bone)
- Bursitis (joint inflammation)
- Epididymitis (testicle inflammation)
- Hydrocele (fluid buildup that causes swelling of the scrotum)
- Inguinal hernia
- Kidney stones
- Mumps
- Muscle strain
- Orchitis (inflamed testicle)
- Osteoarthritis (disease causing the breakdown of joints)
- Pinched nerve
- Piriformis syndrome

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and abdomen)

- Sciatica
- Scrotal masses
- Spermatocele (fluid buildup in the testicle)
- Sprains
- Stress fractures
- Swollen lymph nodes
- Tendinitis
- Testicular cancer
- Testicular torsion (twisted testicle)
- Urinary tract infection (UTI)
- Varicocele (enlarged veins in the scrotum)

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Causes shown here are commonly associated with this symptom.  
 Work with your doctor or other health care professional for an  
 accurate diagnosis.

Definition

When to see a doctor

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Oct. 12, 2018

References

## Products and Services

Book: Mayo Clinic Guide to Pain Relief

## See also

American Association for Marriage and Family Therapy

Baby Hip Instability and Dysplasia

Hernia truss: Can it help an inguinal hernia?

Hip dysplasia

Hip fracture

Inguinal hernia

Kidney infection

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From: Jeffrey S. Jones <[jsjones@wjlaw.net](mailto:jsjones@wjlaw.net)>  
Sent: Monday, January 21, 2019 10:21 AM  
To: Josh Christian <[jchristian@christiananddavis.com](mailto:jchristian@christiananddavis.com)>  
Subject: RE: WCC 1708689 ██████████ vs. Nutra Mfg 55C354191-342

Thanks, Josh. We are at the end of the rope here. It appears that it is only a possibility that there is a labral tear. Also, it doesn't appear that anyone thinks the possible labral tear is that important. As far as I can tell, they were just trying to give Mr. ██████████ the benefit of the doubt and have someone evaluate him for the possibility. Given that Mr. ██████████ has been seen by so many orthopaedic surgeons and no one has anything else to offer and/or will not see him, I think MMI is a reasonable conclusion. Of course, that will be up to Dr. O'Boyle.

8/29/2019

Yahoo Mail - FW: WCC 1708689 Vasile Florin Craus vs. Nutra Mfg 55C354191-342:

Also, I think my letter is quite thorough. Of course, Dr. O'Boyle has already seen Mr. ██████████ and has the records. If you want to send something to him, that's fine with me.

Finally, we tried to get him into Dr. Koch. He just won't see him. See below for some of the emails between Perry Reed, the nurse case manager, and Dr. Koch's office. If your office can get Dr. Koch to see him, please do so.

Given that you have had a chance to review the letter, I am going to go ahead and send it to Dr. O'Boyle.

Really, I think the best thing to do is try to settle the matter. Call me if you would like to discuss this further. Thanks.

Jeffrey S. Jones, Attorney  
[jsjones@wjlaw.net](mailto:jsjones@wjlaw.net)

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**CHRISTIAN  
& DAVIS LLC**  
ATTORNEYS AT LAW

W. Harold Christian, Jr. | Richard V. Davis | Matthew W. Christian | Joshua D. Christian | S. Willingham Davis

March 12, 2019

VIA USPS AND FACSIMILE: 864-542-2939

James Behr, MD  
Carolina Orthopaedic & Neurosurgical Associates  
1330 Boiling Springs Road  
Suite 1600  
Spartanburg, SC 29303

**RE: Vasile Florin Craus v. Nutra Manufacturing  
WCC File No.: 1708689**

Dear Dr. Behr:

As you know, apparently, the defendants are sending Mr. Craus over to be seen by you in regard to his hip injury.

I am enclosing herewith a copy of a questionnaire filled out by Dr. O'Boyle. As you will see, Dr. O'Boyle believes that Mr. Craus needs to be seen and treated for a potential labrum tear. Furthermore, he does not believe that Mr. Craus is at maximum medical improvement until such labrum tear is addressed, assuming that it in fact exists.

At this time, Mr. Craus also continues his treatment with the urologist as a result of problems caused by his initial injury to his hip and the resulting surgery.

Furthermore, Dr. Swathwood, Dr. Koch, Dr. Gersovich, and Dr. O'Boyle all believe that Mr. Craus has suffered from a labral tear, which has not been addressed by any of the providers for which the defendants have sent the claimant.

Clearly, the labral tear needs to be addressed, and as is recommended by all the above mentioned physicians as well.

*"do justice...love mercy...walk humbly with God." - Micah 6:8*

P.O. Box 332 Greenville, SC 29602 | 1007 E. Washington St. Greenville, SC 29601  
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maximum medical improvement from the standpoint of his hip fracture and the removal of the hardware, however he is still symptomatic from the standpoint of the labral tear.

I am also enclosing herewith a questionnaire which I would appreciate you filling out and returning to me.

We look forward to hearing from you, should you have any questions or concerns please feel free to contact me.

Sincerely,

CHRISTIAN & DAVIS, LLC



Joshua D. Christian  
Attorney at Law

JDC/cm  
Enclosure

Name: Vasile Florin Craus | DOB: 1/13/1974 | MRN: 000603786 | PCP: Greg Joseph Hawkesworth, DO, FAAFP

## US GROIN NONVASCULAR RIGHT - Details

### Comments from the Doctor's Office

*Written by Greg Joseph Hawkesworth, DO, FAAFP on 4/29/2019 6:55 AM*

Ultrasound of groin and testicle did not reveal any abnormalities that explains discomfort in these areas. I will defer to urologist and orthopedist that you requested for further workup.

### Study Result

Accession(s): 8087575

INDICATIONS: *Right inguinal groin, testicular pain.*

COMPARISON FILM: None

TECHNIQUE: Limited real-time ultrasonography was performed using a 13 MHz linear transducer.

FINDINGS: The right inguinal region demonstrates fatty appearing lymph nodes, a dominant one measuring 0.9 x 0.5 cm, one measuring 1.6 x 0.5 x 0.7 cm, one measuring 0.4 x 0.7 x 0.9 cm. No suspicious features. No hernia.

### IMPRESSION:

1. A FEW SIMPLE-APPEARING LYMPH NODES IN THE RIGHT INGUINAL REGION.

Dictated by: Veena R Mathur on 04/26/2019 2:56 PM

Transcribed by: Tracy Gunter on 04/26/2019 2:56 PM

Electronically verified by: Veena R Mathur on 04/26/2019 2:59 PM

## US SCROTUM AND TESTICLES - Details

### Study Result

---

Accession(s): 8087572

CLINICAL HISTORY: Pain

COMPARISON: None

TECHNIQUE: Real-time ultrasonography was performed using a 13 MHz linear transducer.

### FINDINGS:

RIGHT TESTICLE: The right testicle measures 5.1 x 2.3 x 3.9 cm and appears homogeneous. There is arterial flow detected. The right epididymis appears normal. There is a right-sided hydrocele measuring 3.0 x 1.1 x 2.9 cm.

LEFT TESTICLE: The left testicle measures 4.9 x 2.6 x 3.8 cm and appears homogeneous. There is arterial flow detected. The left epididymis appears normal. There is a left-sided hydrocele measuring 1.0 x 2.8 x 1.5 cm.

### IMPRESSION:

1. UNREMARKABLE APPEARANCE TO BOTH TESTICLES.

2. BILATERAL SMALL HYDROCELES.  

Dictated by: Veena R Mathur on 04/26/2019 2:54 PM

Transcribed by: Tracy Gunter on 04/26/2019 2:54 PM

Electronically verified by: Veena R Mathur on 04/26/2019 2:59 PM

**Alicia Dickerson**

---

**From:** [REDACTED]  
**Sent:** Thursday, May 23, 2019 3:51 PM  
**To:** Alicia Dickerson  
**Subject:** Appointment  
**Attachments:** IMG\_0713.jpg; ATT00001.txt

I have already set up my appointment for the surgery. I have to be there Alpharetta on 11 June for pre-op and on June 12 for the surgery in Atlanta. Here is the information about the scheduler phone number to call if she has some problems with my insurance . Thanks

OK for Surgery

## History and Physical

**Patient Name:** [Redacted]  
**Patient ID:** 911682  
**Sex:** Male  
**Birthdate:** [Redacted]

**Visit Date:** May 20, 2019  
**Provider:** Christopher A. Potts, MD  
**Location:** NHSMN Alpharetta - SM6  
**Location Address:** 3400 Old Milton Parkway  
 Building C, Suite 190  
 Alpharetta, GA 30005  
**Location Phone:** (404) 847-4440

### Chief Complaint

- Right hip pain

### History Of Present Illness

[Redacted] is a 45 year old male who presents today for 2nd opinion of Right hip pain. Patient has a pain scale of 8 out of 10.

[Redacted] is a 45-year-old male who presents for an initial evaluation of right hip pain. It has been going on for about almost 2 years since a fall at work where he sustained a stress fracture of his femur. He had no pain prior to his work accident, so he was treated for a stress fracture with closed reduction, screw into screw fixation. This really did not make it better. He eventually had to have the hardware removed. This did not help. All of his pain is in his groin. It hurts with sitting. It hurts with being active. It is sharp pain that does not radiate. He does have some radiation around his abdomen and chest, but this is newer in onset, and he has always had this hip pain. He has been treated with conservative measures, which did not help. He has been treated by multiple physicians, which have not helped.

### Review of Systems

#### Constitutional

- Admits : chills

#### Cardiovascular

- Admits : chest pain, fast heart rate, palpitations

#### Respiratory

- Admits : difficulty breathing

#### Gastrointestinal

- Denies : nausea/vomiting

#### Genitourinary

- Admits : painful urination, frequent urination

#### Musculoskeletal

- Admits : joint stiffness, joint pain

#### All Others Negative

### Vitals

Date	Time	BP	Position	Site	L\R	Cuff Size	HR	RR	TEMP (F)	WT	HT	BMI kg/m <sup>2</sup>	BSA m <sup>2</sup>	O2 Sat
05/20/2019	01:07 PM									170lbs 0oz	5' 9"	25.1	1.94	

### Physical Examination

#### Constitutional

Appearance: well-nourished, alert, in no acute distress

Cardiovascular

Heart:

Auscultation of Heart: regular rate, normal rhythm

Pelvis

Inspection/Palpation: no pelvic tenderness

Skin: no lesions, rashes or scars

Stability: pelvic stability normal

Muscle Strength: pelvic musculature strength 5/5

Right Lower Extremity

Hip:

Inspection/Palpation: no tenderness to palpation, legs appear equal in length

Range of Motion: pain with ROM, passive internal rotation of 30 to 40 degrees

Stability: no joint instability, no contractures present

Strength: flexion 5/5, abduction 5/5

Tests and Signs: Trendelenburg sign absent bilaterally, no pain with lifting, no pain with leg roll, anterior hip pain with anterior impingement testing including flexion, adduction, internal rotation. Pain and snapping with stressing of the iliopsoas.

Thigh: no tenderness to palpation

Knee:

Inspection/Palpation: no tenderness, no effusion, no crepitus

Range of Motion: full ROM

Stability: no valgus or varus instability present, Lachman negative, posterior drawer negative, no contractures present

Strength: quadriceps strength 5/5, hamstring muscle strength 5/5

Skin: no erythema present, no ecchymosis present

Left Lower Extremity

Hip:

Inspection/Palpation: no tenderness to palpation, legs appear equal in length

Flexion: degrees

Range of Motion: full ROM

Stability: no joint instability, no contractures present

Strength: flexion 5/5, abduction 5/5

Tests and Signs: Trendelenburg's sign absent bilaterally, no pain with lifting, no pain with leg roll

Thigh: no tenderness to palpation

Knee:

Inspection/Palpation: no tenderness, no effusion, no crepitus

Range of Motion: full ROM

Stability: no valgus or varus instability present, Lachman negative, posterior drawer negative, no contractures present

Strength: quadriceps strength 5/5, hamstring muscle strength 5/5

Gait and Station

Gait: normal gait

Station: station normal

Neurological/Psychiatric

Mood and Affect: mood normal, affect appropriate

Mental Status Examination:

Orientation: grossly oriented to person, place and time

**Results**

X-rays, 2 views of the right hip, show no degenerative changes but do show hip impingement.

**Assessment**

- BMI 25+ 278.02/E66.3
- Right hip pain 719.45/M25.551

**ASSESSMENT AND PLAN:**

The patient is a 45-year-old male who presents today with 2-years of right hip pain after a fall. He was treated initially for a stress fracture and has had hardware removed, but his pain has still persisted. It has never gone away. It is sharp, anterior and does not radiate. It is worse with sitting and standing as well as trying to be active. Nothing makes it better. He has tried extensive conservative measures over the last 2 years including anti-inflammatories, activity modification, rest, physical therapy and corticosteroid injections. X-rays show a maintained joint space greater than 5 mm, normal center edge angle, tonnis grade 0, positive crossover sign indicating acetabular retroversion and a pincer lesion with a small overhang, an alpha angle of about 60 degrees indicating a small cam impingement lesion. His MRI with contrast shows an anterior superior labral tear. This patient has combined type femoroacetabular impingement with an acetabular labral tear, he also has some iliopsoas impingement with snapping of the iliopsoas. None of this was present before. He has only very mild impingement, so his labral tear could be traumatic in nature from his fall. Due to the failure of conservative measures we discussed surgical intervention for this including right hip arthroscopic labral repair, femoroplasty, acetabuloplasty and iliopsoas lengthening.

Risks versus benefits were discussed. Risks include but are not limited to heart attack, death, stroke, blood vessel damage, nerve damage, blood clots, infection, and need for further surgery. The patient understands these risks and decided to proceed with surgery. To both assist this patient's postoperative recovery and rehabilitation and mitigate postoperative complications associated with prolonged prescription pain medication and/or non-ambulation and non-weight-bearing including the increased risk of deep vein thrombosis formation and/or lack of muscle strength and/or joint movement, I am prescribing medically necessary improving durable medical equipment to reduce pain, swelling, and edema, mitigate the risk of DVT and improve the patient's range of motion and strength.

Scribe services provided by iScribes. All clinical documentation has been reviewed and/or edited by the physician-provider prior to electronic signature. Document signed by Christopher A. Potts, MD.  
Scribe Name: Beverly Chappell

**Plan**

**Orders**

- o BMI is documented above normal parameters and a follow-up plan is documented (G8417) - 278.02/E66.3 - 05/20/2019
- o Xray Hip w/Pelvis, 2-3 views - Right. (73502) - - 05/20/2019
- o Pain assessment documented as positive using a standardized tool and a follow-up plan is documented (G8730) - 719.45/M25.551 - 05/20/2019

**Instructions**

- o OVERWEIGHT: Patient's weight is reviewed today and is noted to be in the overweight range. Normal BMI is 18.5 - 25 for adults age 18 years and older. The patient has been provided education on weight reduction.

Electronically Signed by: Christopher A. Potts, MD -Author on May 21, 2019 02:14:37 PM

*[Handwritten signature]*

*[Handwritten signature]*

*[Handwritten signature]*

*[Handwritten signature]*

*[Handwritten signature]*



# NORTHSIDE HOSPITAL SPORTS MEDICINE

N E T W O R K




**CHRIS POTTS, MD**

**BOARD CERTIFIED  
Orthopedic Surgery**

**Dr. Chris Potts** is a board-certified orthopedic surgeon who specializes in the operative and non-operative treatment of sports injuries, arthritis and musculoskeletal disorders of the upper and lower extremities. He was trained under the world-renowned James Andrews, and as a part of his training, served as team physician for the University of Alabama Athletics, Birmingham Barons baseball team, WWE Professional Wrestling Association, Birmingham Ballet, as well as multiple professional and collegiate athletes from across the country. Dr. Potts has completed extensive research on the minimally-invasive treatment of non-arthritic hip conditions, authored numerous publications and has presented and lectured at educational conferences. He has extensive experience and training involving the shoulder, elbow, hip and knee, and has traveled internationally to study the nonsurgical treatment of orthopedic conditions using stem cell and platelet-rich plasma therapy. Dr. Potts is welcoming new patients ages 10 and older.

## SERVICES OFFERED

- **Adult and pediatric sports medicine**
- **Minimally-invasive surgery for knee injuries, including collateral ligaments and meniscus**
- **Shoulder injuries including rotator cuff tears, labral tears and instability**
- **Minimally-invasive surgery for hip conditions, including labral tears, labral reconstruction, hip impingement, lateral hip pain and hamstring injuries**
- **Cartilage preservation and restoration for the shoulder, hip and knee**
- **Fracture care, including complex periarticular fractures**



# NORTHSIDE HOSPITAL SPORTS MEDICINE

N E T W O R K

**Shani Holloman**  
Surgery Scheduler

3400-C Old Milton Parkway, Suite 190  
Alpharetta, GA 30005

Phone: 770-663-1180 Fax: 770-663-1101  
SportsMedicine.Northside.com

NSH A 3387646 DOB: [REDACTED] 45Y  
POHNS, CHRISTOPHER A  
1916300683 HC 06/12/19 0000 60114



6670

# NORTHSIDE HOSPITAL

English - Spanish

ADDRESSOGRAPH

AFFIX PATIENT LABELS OVER THIS BOX  
BAR CODE MUST FALL BETWEEN THESE LINES

DO NOT SIGN THIS FORM UNTIL YOU HAVE READ IT AND FULLY UNDERSTAND ITS CONTENTS

PATIENT'S NAME: [REDACTED] DATE OF BIRTH: [REDACTED]  
Name and date of birth only if label not present.

PHYSICIAN(S) PERFORMING PROCEDURE (please print) Christopher Potts

A. I acknowledge and understand that the following procedure(s) or treatment which has (have) been described to me is (are) to be performed on the patient:  
Arthroscopic labral repair, meniscectomy, acetabuloplasty, iliopsoas release

See attached informed consent dated

and that as a result of the performance of the procedure(s) or treatment there is a material risk that the patient may suffer infection, perforation, aspiration, cardiac dysrhythmia, injury to teeth or gums, visceral damage requiring surgical repair, missed lesions, allergic reaction, severe loss of blood, loss or loss of function of any limb or organ, paralysis or partial paralysis, paraplegia or quadriplegia, disfiguring scar, brain damage, cardiac arrest, cancer, damage to skin and or hair or death.

- 2. I acknowledge and understand that during the course of the procedure(s) or treatment described in subparagraph (A)(1) above, conditions may develop which may reasonably necessitate an extension of the original procedure(s) or treatment or the performance of procedure(s) or treatment which are unforeseen or not known to be needed at the time this consent is obtained. I therefore consent to and authorize the persons described in the last paragraph of this consent to make the decisions concerning the performance of and to perform such procedure(s) or treatment as they may deem reasonably necessary or desirable in the exercise of their professional judgment, including those procedures or treatment that may be unforeseen or not known to be needed at the time this consent is obtained. This consent shall also extend to the treatment of all conditions which may arise during the course of such procedures or treatment and recuperation period including those conditions which may be unknown or unforeseen at the time this consent is obtained.
  - B. I acknowledge and understand and duly evidence in writing by executing this form that I have been informed in general terms of the following:
    - 1. A diagnosis of the condition requiring the procedure(s) or treatment,
    - 2. The nature and purpose of the procedure(s) or treatment, including the use of human or animal tissue and implants,
    - 3. The material risks and benefits of the procedure and material risks and benefits of any practical alternatives, including recuperation periods and any potential radiation risks if the procedure involves x-ray,
    - 4. The likelihood of success of the procedure(s) or treatment, and
    - 5. The prognosis if the procedure(s) or treatment described in (A)(1) is (are) rejected, and that such was provided through the use of videotapes, audiotapes, pamphlets, booklets, or other means of communication or through conversations with the responsible physician or other medical personnel under the supervision and control of the responsible physician, other medical personnel involved in the course of treatment, nurses, physician's assistants, trained counselors, or patient educators.
  - C. I have been informed of the likelihood that the patient will require a transfusion or blood products and about available alternatives.
  - D. I acknowledge and understand that this request for and consent to surgical or diagnostic procedures or treatment shall be valid for the responsible physician, all medical personnel under the direct supervision and control of the responsible physician, and for all other medical personnel otherwise involved in the course of treatment.
  - E. I further consent to retention by the hospital of any specimens of tissue removed from the patient's body during the proposed procedure(s) or treatment to be examined by pathologists, to be used for scientific or teaching purposes, and to be disposed of in the discretion of the hospital and its medical staff.
  - F. The hospital and the patient's physician have an educational role in the training of medical or paramedical personnel. I consent to such students observing and participating in the patient's care under supervision.
  - G. I have been informed that if the procedure involves the use of x-rays for imaging during the procedure this may result in a slightly elevated risk of cancer, hair loss and / or skin damage.
  - H. I have also been informed if any physicians in training (residents or fellows) or any non-physician practitioners (physician assistants or nurse practitioners) may perform the procedure or any important task related to the procedure. I understand that any such participation will be in accordance with state law and hospital policy. If you object to this participation, please cross through and initial this paragraph.
- I have been given ample opportunity to ask questions and any questions I have asked have been answered or explained in a satisfactory manner. By signing below, I acknowledge I have read or had this form read or explained to me and I understand it. I voluntarily consent to allow the physician(s) named above or any physician designated or selected by him or her and all medical personnel under the direct supervision and control of such physician and all other personnel who may otherwise be involved in performing such procedures or treatment to perform the procedures or treatment described or otherwise referred to herein.

Witness: [Signature] Date: 6-11-19 Time AM/PM: \_\_\_\_\_  
Signature of Patient or Legal Representative: [Signature] Date: 06-11-19 Time AM/PM: \_\_\_\_\_

Relationship to patient if not the patient: [Signature]

Interpreter Signature / Firma del Interpretador: \_\_\_\_\_ Date: \_\_\_\_\_ Time AM/PM: \_\_\_\_\_  
Note: If phone interpretation used, record interpreter ID# \_\_\_\_\_ Reason Patient unable to sign: \_\_\_\_\_

## INFORMED CONSENT TO SURGICAL OR DIAGNOSTIC PROCEDURES OR TREATMENT

# 6670 U  
and Graphics Rev 07/05/16

Original - Chart

NSH A 3367646 DOB: [REDACTED] 45Y  
1916300688 HC 06/12/19 0000 60114

**NH**  
**NORTHSIDE HOSPITAL**  
**SPORTS MEDICINE**  
NETWORK

**Surgery Packet For:**

**Physician: Dr. Christopher Potts**

**PRE-OPERATIVE APPOINTMENT:**

We will see you 1-2 weeks prior to surgery. This appointment is to review the surgical procedure and go over any questions you may have. We will also provide you with medical equipment and prescriptions you will need for recovery.

Date: \_\_\_\_\_ Time: \_\_\_\_\_

**SURGERY INFORMATION:**

- DO NOT EAT OR DRINK ANYTHING AFTER MIDNIGHT THE DAY PRIOR TO SURGERY.
- BRING ANY EQUIPMENT GIVEN TO YOU AT PRE-OP (i.e.: CRUTCHES, SLINGS, BRACES) .

On the morning of surgery, you may take any medications NOT containing aspirin or blood thinning products with the least amount of water necessary to swallow the medication. **UNLESS YOU HAVE BEEN INSTRUCTED OTHERWISE BY YOUR PHYSICIAN.**

Wear comfortable loose clothing. No high heels, panty hose, or jewelry. Bring picture ID and insurance card.

**SURGERY LOCATION:**

**Meridian Mark Outpatient Surgery Center, 5445 Meridian Mark Rd., Atlanta, Ga 30342**

**PLEASE REPORT TO THE 1<sup>st</sup> floor, THEY WILL DIRECT YOU TO THE PROPER CHECK-IN LOCATION.**

(A map is enclosed to help with directions)

Date: 6.12.19 Day: Wenz Time: 11:30 Arrival Time: 9:30

**Surgery time is unknown until the day before surgery.** Our office will contact you the day before to let you know what time you need to arrive. Please make sure you have someone who can be available anytime surgery day to pick you up. You will be required to arrive 2 hours before your surgery start time.

**DOCTORS POST-OPERATIVE APPOINTMENT:**

Dr. Potts will see you 2 weeks after surgery in the office. This appointment will usually include an x-ray and removal of sutures. Your appointment is scheduled for:

Date: 6.24.19 Time: 11:30am

*If you have any questions or concerns prior to your surgery, please do not hesitate to call our office @ 770-663-1100. Please contact the surgery scheduler, Shani Holloman for any of your scheduled appointments @ ext. 4053*

RE: Thanks

Da: Alicia Dickerson (adickerson@gagnelaw.com)

A: [REDACTED]

Data: martedì 11 giugno 2019, 08:33 GMT-4

Sorry, I meant to say hip surgery.

---

**From:** [REDACTED] [mailto:[REDACTED]]  
**Sent:** Monday, June 10, 2019 7:33 PM  
**To:** Alicia Dickerson  
**Subject:** Re: Thanks

Hip arthroscopy surgery will be done. Thanks

Inviato da iPhone

Il giorno 10 giu 2019, alle ore 19:15, Alicia Dickerson <adickerson@gagnelaw.com> ha scritto:

X Thanks. No you don't need to call him. Good luck with your shoulder surgery.

Get [Outlook for iOS](#)

On Mon, Jun 10, 2019 at 1:17 PM -0400, "[REDACTED]" <[REDACTED]> wrote:

Hi Mrs Alicia. My symptoms are the same and I hope I will make it. I just received the bill last Saturday and multiple letters from Josh office. The letters (3) are the same with different dates, May 13-21, June 03. I feel like he is harassing me and forcing me with this letters to sign and I don't feel comfortable with him sending me and harassing me like that. The deal they offer to him was for himself not for me because I didn't know anything about this meeting. He didn't tell me anything what he intended to do either. Whatever they offer to him was without my knowledge and he agree with them everything just fine look like. I feel he betrayed me refusing to provide me what I ask him and he lied about my doctor Koch and other false information regarding my medical treatment and doctors. He believed everything what nurse case manager said to him and never believe me. Do I have to call him to see what he wants to saying? I have about 48 hours until my surgery and I hope everything will go good. I will leave tomorrow morning. If you have any questions or information please contact me anytime. Thanks

## Alicia Dickerson

---

**From:** Floriano Craus <floriano\_craus@yahoo.it>  
**Sent:** Tuesday, June 18, 2019 11:54 AM  
**To:** Alicia Dickerson  
**Subject:** Doc 3  
**Attachments:** IMG\_0792.jpg; ATT00001.txt; IMG\_0793.jpg; ATT00002.txt; IMG\_0794.jpg; ATT00003.txt; IMG\_0795.jpg; ATT00004.txt

MSH A 3367646 DOB: 01/13/1974 45Y  
CRAUS, VASILE FLORIN  
POTTS, CHRISTOPHER A 80114  
1918390888 HC 06/21/19 0000

NHSMN Alpharetta - SM6  
3400 Old Milton Parkway  
Building C, Suite 190  
Alpharetta, GA 30005  
(404) 847-4440

### Appointment Confirmation

Vasile F. Craus has an appointment with Dr. Potts on Monday, June 24, 2019, at 11:30 AM for Post-Op.

Comments: sh

If you need to cancel your appointment, please call the office at least 24 hours before your appointment time.

NSH A 3367646 DOB: 01/13/1974 45Y  
CRAUS, VASILE FLORIN  
POTTS, CHRISTOPHER A 50114  
1916300688 HC 06/12/19 0000



# NORTHSIDE HOSPITAL

Patient Name: Craus, Vasile Florin  
Today's Date: June 11, 2019

Account Number: A1916300688  
Date Of Service: June 10, 2019

Thank you for choosing Northside Hospital for your healthcare needs. This price estimate has been provided as a convenience to you. This estimate is based on historical data regarding hospital charges and does not necessarily reflect all that can occur in a particular case. Actual charges will reflect the unique situation of each patient as well as physician preferences and may vary from these charges estimated. I understand I will be responsible for any difference. This estimate does not include professional fees separate from Northside Hospital (Anesthesiologist, Pathologist, Radiologist, etc.) This estimate is based on our best interpretation of your unique insurance benefits. Please review the benefits listed below. It is your responsibility to know your insurance benefits and notify us immediately if you believe there is an error. Northside Hospital shall not be responsible for any errors in interpreting your benefits.

### ESTIMATE FOR TODAY'S SERVICES

**Aetna Open Access Managed Choice**

Out-Patient Services

Estimate Amount: **\$1,379.20**

Procedure Code(s): 29914, 29915, 29916

Co-Insurance: 20%    Deductible: \$27.20    Copay: \$0.00

Applicable payment options are listed below.

### PAYMENT OPTIONS

(Initials) **A. Pay Estimated Liability** Pay Today **\$1,379.20**

(Initials) **B. Payment Plan on Estimated Liability** Pay Today **\$459.73**  
Initial deposit of \$459.73

(Initials) 10 monthly payments of \$91.94 will be auto-drafted from your account

### Outstanding Balance(s)

Total Due \_\_\_\_\_ Pay Today \_\_\_\_\_

I understand that the payment amount set forth above is solely an estimate, that this estimate is subject to change, and that this estimate does not include the charges associated with professional fees billed separately by the clinicians involved in my care (e.g. Anesthesiologist, Pathologist, Radiologist, etc.). I understand I am financially responsible for all charges incurred that are not covered by my insurer.

For questions regarding your account or to make a payment please contact Northside Hospital's Customer Service Department at 404-851-6500 or toll free at 1-888-725-2500, or please visit us online at [www.northside.com](http://www.northside.com).

If you are underinsured or having trouble paying your hospital bill, you may be eligible for financial assistance. Please inquire at the Registration Desk or you can find our policy at <https://www.northside.com/billing-collections>.

  
\_\_\_\_\_  
Guardian's Signature / Date

\_\_\_\_\_  
Northside Hospital Representative / Date

NSH A 3367646 DOB: 01/13/1974 45Y  
 CRAUS, VASILE FLORIN  
 POTTS, CHRISTOPHER A 60114  
 1916300688 HC 06/12/19 0000



**LA QUINTA BY WYNDHAM ATLANTA  
 ROSWELL**  
 575 OLD HOLCOMB BRIDGE RD.  
 ROSWELL, GA 30076 US  
 Phone: (770)552-0200  
 Fax: (770)552-0110  
 Email: lq4008gm@laquinta.com  
 Hotel ID: 53100  
 Printed: 6/12/2019 7:43:13 AM

**Folio (Detailed)**

Name: CRAUS, VASILE Confirmation Number: 89014EC003304  
 Account Number: 759-393773  
 Address: 201 knollwood dr  
 Anderson, SC 29825 US  
 Room: 110 Room Type: NK2, 1 KING BED, DELUXE Nights: 1 Guests: 1/0  
 Rate Plan: RACK Daily Rate: ROOM, NON-SMOKING GTD: VI - VISA  
 Arrival: 6/11/2019 (Tue) Departure: \$89.00 + \$17.24 Tax 6/12/2019 (Wed) XXXX XXXX XXXX 6858

Room Rate:  
 6/11/2019 (Tue) - 6/11/2019 (Tue) \$89.00 + \$17.24 Tax per night.

Date	Code	Description	Amount	Balance
6/11/2019	RM	ROOM CHARGE	\$89.00	\$89.00
6/11/2019	OCTXCI	TAX - OCCUPANCY - CITY	\$5.34	\$94.34
6/11/2019	OCTXFL	TAX - STATE FLAT RATE	\$5.00	\$99.34
6/11/2019	OCTXST	TAX - OCCUPANCY - STATE	\$6.90	\$106.24
6/12/2019	VI	VISA (6858)	(\$106.24)	\$0.00

**Summary**

Room	Tax	F&B	Other	CC	Cash	DB
\$89.00	\$17.24	\$0.00	\$0.00	(\$106.24)	\$0.00	\$0.00

Wyndham Rewards members earn valuable points on qualifying stays at nearly 7,000 hotels around the world. Points can be redeemed for free nights, gift cards, merchandise and more. If you're not already a member, join at the front desk, visit us at [www.wyndhamrewards.com](http://www.wyndhamrewards.com) or call 1-866-WYN-RWDS.

Guest Signature: \_\_\_\_\_

(1) Regardless of charge instructions, the undersigned acknowledges the above as personal indebtedness. (2) This property is privately owned and management reserves the right to refuse services to any one, and will not be responsible for injury or accidents to guests or loss of money, jewelry or any personal valuables of any kind. \*We or our affiliates may contact you about goods and services unless you call 888-946-4283 or write to Opt Out/ Privacy, Wyndham Hotel Group, LLC, 22 Sylvan Way, Parsippany, NJ 07054 to opt out. View our website about privacy.\*

NSH A 3367646 DOB: 01/13/1974 45Y  
 CRAUS, VASILE FLORIN  
 POTTS, CHRISTOPHER A 60114  
 1916300668 HC 06/12/19 0000



6670

**NORTHSIDE HOSPITAL**

English - Spanish

ADDRESSOGRAPH

AFFIX PATIENT LABELS OVER THIS BOX  
 BAR CODE MUST FALL BETWEEN THESE LINES ↑

DO NOT SIGN THIS FORM UNTIL YOU HAVE READ IT AND FULLY UNDERSTAND ITS CONTENTS

PATIENT'S NAME: Vasile Craus DATE OF BIRTH: 1.13.74  
Name and date of birth only if label not present.

PHYSICIAN(S) PERFORMING PROCEDURE (please print) Christopher Potts

A. I acknowledge and understand that the following procedure(s) or treatment which has (have) been described to me is (are) to be performed on the patient:  
 This arthroscopic labral repair, menoroplasty, acetabuloplasty, iliopsoas release  
 See attached informed consent dated

and that as a result of the performance of the procedure(s) or treatment there is a material risk that the patient may suffer infection, perforation, aspiration, cardiac dysrhythmia, injury to teeth or gums, visceral damage requiring surgical repair, missed lesions, allergic reaction, severe loss of blood, loss or loss of function of any limb or organ, paralysis or partial paralysis, paraplegia or quadriplegia, disfiguring scar, brain damage, cardiac arrest, cancer, damage to skin and or hair or death.

2. I acknowledge and understand that during the course of the procedure(s) or treatment described in subparagraph (A)(1) above, conditions may develop which may reasonably necessitate an extension of the original procedure(s) or treatment or the performance of procedure(s) or treatment which are unforeseen or not known to be needed at the time this consent is obtained. I therefore consent to and authorize the persons described in the last paragraph of this consent to make the decisions concerning the performance of, and to perform such procedure(s) or treatment as they may deem reasonably necessary or desirable in the exercise of their professional judgment, including those procedures or treatment that may be unforeseen or not known to be needed at the time this consent is obtained. This consent shall also extend to the treatment of all conditions which may arise during the course of such procedures or treatment and recuperation period including those conditions which may be unknown or unforeseen at the time this consent is obtained.
- B. I acknowledge and understand and duly evidence in writing by executing this form that I have been informed in general terms of the following:
  1. A diagnosis of the condition requiring the procedure(s) or treatment,
  2. The nature and purpose of the procedure(s) or treatment, including the use of human or animal tissue and implants,
  3. The material risks and benefits of the procedure and material risks and benefits of any practical alternatives, including recuperation periods and any potential radiation risks if the procedure involves x-ray,
  4. The likelihood of success of the procedure(s) or treatment, and
  5. The prognosis if the procedure(s) or treatment described in (A)(1) is (are) rejected, and that such was provided through the use of videotapes, audiotapes, pamphlets, booklets, or other means of communication or through conversations with the responsible physician, or other medical personnel under the supervision and control of the responsible physician, other medical personnel involved in the course of treatment, nurses, physician's assistants, trained counselors, or patient educators.
- C. I have been informed of the likelihood that the patient will require a transfusion or blood products and about available alternatives.
- D. I acknowledge and understand that this request for and consent to surgical or diagnostic procedures or treatment shall be valid for the responsible physician, all medical personnel under the direct supervision and control of the responsible physician, and for all other medical personnel otherwise involved in the course of treatment.
- E. I further consent to retention by the hospital of any specimens of tissue removed from the patient's body during the proposed procedure(s) or treatment to be examined by pathologists, to be used for scientific or teaching purposes, and to be disposed of in the discretion of the hospital and its medical staff.
- F. The hospital and the patient's physician have an educational role in the training of medical or paramedical personnel. I consent to such students observing and participating in the patient's care under supervision.
- G. I have been informed that if the procedure involves the use of x-rays for imaging during the procedure this may result in a slightly elevated risk of cancer, hair loss and / or skin damage.
- H. I have also been informed if any physicians in training (residents or fellows) or any non-physician practitioners (physician assistants or nurse practitioners) may perform the procedure or any important task related to the procedure. I understand that any such participation will be in accordance with state law and hospital policy. If you object to this participation, please cross through and initial this paragraph.

I have been given ample opportunity to ask questions and any questions I have asked have been answered or explained in a satisfactory manner. By signing below, I acknowledge I have read or had this form read or explained to me and I understand it. I voluntarily consent to allow the physician(s) named above or any physician designated or selected by him or her and all medical personnel under the direct supervision and control of such physician and all other personnel who may otherwise be involved in performing such procedures or treatment to perform the procedures or treatment described or otherwise referred to herein.

Witness [Signature] Date 6.11.19 Time AM/PM \_\_\_\_\_  
 Signature of Patient or Legal Representative [Signature] Date 06-11-19 Time AM/PM \_\_\_\_\_  
 Relationship to patient if not the patient Self  
 Interpreter Signature / Firma del Interpretar \_\_\_\_\_ Date \_\_\_\_\_ Time AM/PM \_\_\_\_\_  
 Reason Patient unable to sign \_\_\_\_\_

**INFORMED CONSENT TO SURGICAL OR DIAGNOSTIC PROCEDURES OR TREATMENT**

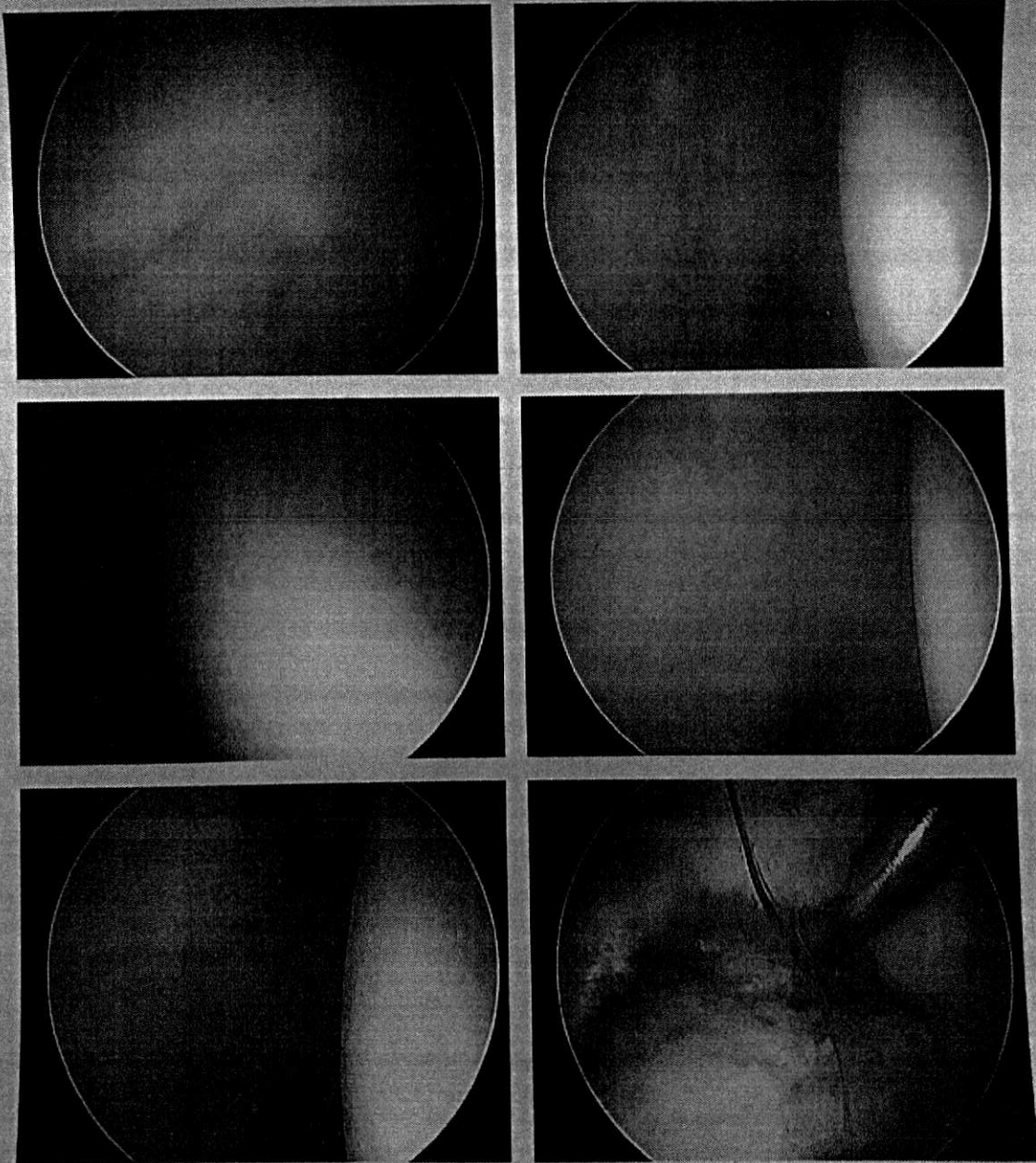
#3879 U and Graphics Rev. 07/2018

Original - Chart

NSH A 3387648 [REDACTED] 45Y  
POTTS, CHRISTOPHER A 60114  
1916300688 HC 06/12/19 0000

Northside Meridian Mark  
Surgeon: Dr. Potts

06/12/2019



Patient: [REDACTED] ( )  
Procedure: Right Hip Arthroscopy

Page: 1

NSH A 3367646 [redacted] 45Y

Northside Meridian Mark  
Surgeon: Dr. Potts

06/12/2019

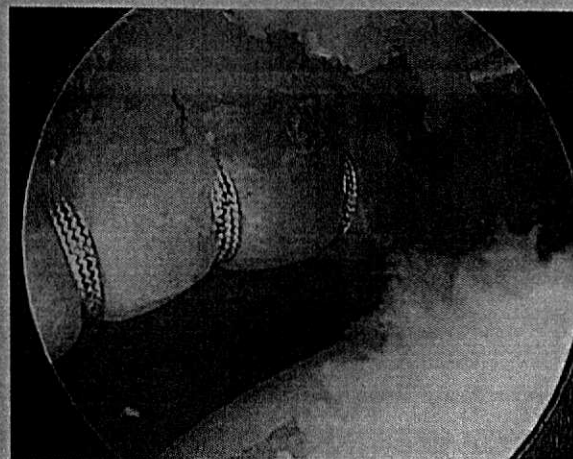
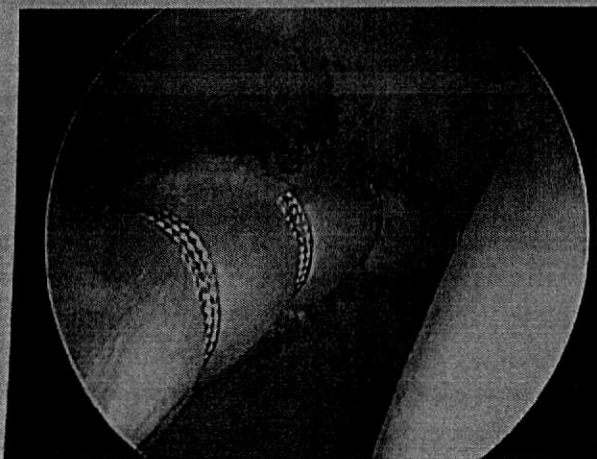
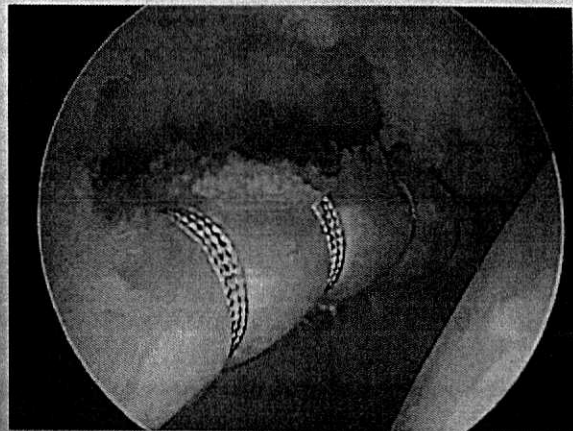
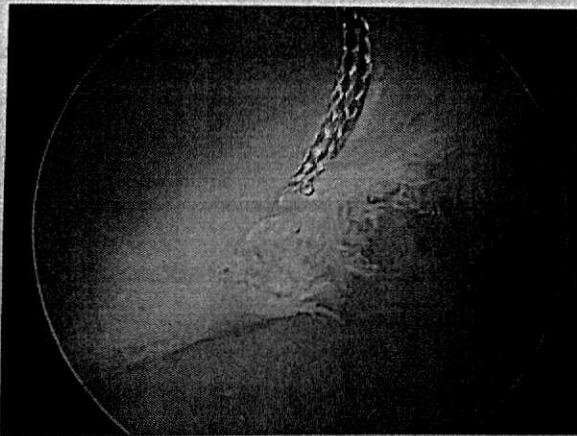
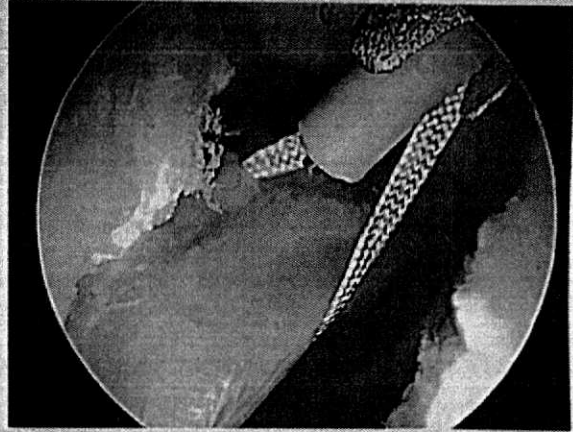
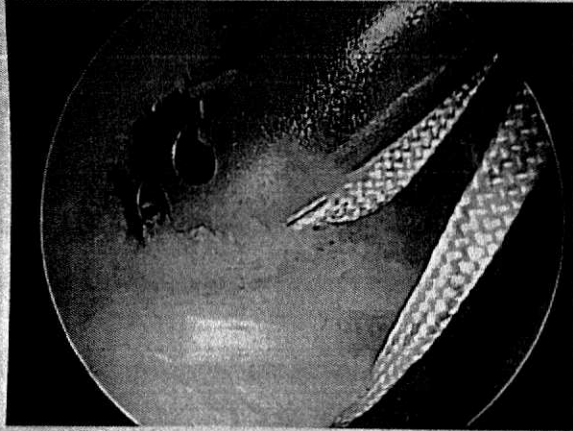


Patient: [redacted] ( )  
Procedure: Right Hip Arthroscopy

Page: 2

54

408



# NORTHSIDE HOSPITAL

Corporate Account #:  
04347689

## COMBINED ACCOUNT SUMMARY

See details on reverse

Total Charges	\$70,698.00
Insurance Payments	\$0.00
Insurance Adjustments	\$0.00
Patient Payments	\$459.73
Patient Adjustments	\$0.00
Current Account Balance	\$70,238.27
Insurance Pending	\$0.00
<b>Amount Due</b>	<b>\$70,238.27</b>

## IMPORTANT MESSAGES:

IF YOU ARE ON A PAYMENT PLAN YOU WILL NOT RECEIVE A SEPARATE STATEMENT. AMOUNT DUE HAS NOT CHANGED.

## INFORMATION ABOUT YOUR BILL

As a courtesy, Northside Hospital will bill the insurance company you provided. If payment is not received from your insurance company, you may be liable for any unpaid charges.

In addition to the bill that you receive from Northside Hospital, you may also receive a bill directly from other healthcare professionals such as your physician, specialist, Radiologist, Anesthesiologist, ER physician, etc.

## PAYMENT AND CONTACT INFORMATION

To pay online visit [www.northside.com/onlinebillpay](http://www.northside.com/onlinebillpay) and click, **Manage My Account**. Additional payment methods include mail and over the phone. If you need to speak with Patient Financial Services please call (404) 851-6500, or email us at [customer.service@northside.com](mailto:customer.service@northside.com)

Please note: Do not send Northside Hospital payments with language such as Paid in Full, without recourse, or similar language.

Northside Hospital may accept it without losing any of the Hospital's rights to collect for services and you will remain obligated to pay any further amounts owed to the hospital.

## FINANCIAL ASSISTANCE INFORMATION

Northside Hospital offers many financial assistance options for patients, who are uninsured, underinsured or having difficulty paying for their services, and are undergoing medically necessary healthcare services.

For more information regarding the program criteria and/or to obtain a copy of Northside's Financial Assistance Program Policy, please visit our website at [www.northside.com/billingandcollections](http://www.northside.com/billingandcollections) or contact our Financial Assistance Counseling Office at 404-851-6500.

3178-NORTHSSTMT-1563159-962068869-P; 11007630-1-59; 31209764-1; 1

PLEASE DETACH HERE AND RETURN BOTTOM PORTION WITH YOUR PAYMENT



### NORTHSIDE HOSPITAL

1001 Summit Blvd., Suite 150 • Atlanta, GA 30319-6408

Return Service Requested

CHECK BOX IF PAYMENT SHOULD BE FOR SPECIFIC ACCOUNT. SEE REVERSE.



004062  
0101

VASILE FLORI CRAUS  
201 KNOLLWOOD DR  
ANDERSON, SC 29625-5443



IF PAYING BY CREDIT CARD OR ELECTRONIC CHECK, FILL OUT BELOW.			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CARD NUMBER OR ABA/ROUTING/CHECKING ACCOUNT NUMBER			
SIGNATURE		EXP. DATE	
PLEASE PRINT NAME			
STATEMENT DATE	DUE DATE	CORP ACCOUNT #	SHOW AMOUNT PAID
10/28/2019	SEE REVERSE	04347689	\$
TOTAL AMOUNT DUE BY PATIENT			657216D (PC2)
▶▶ \$70,238.27 ◀◀			Pay Online: <a href="http://www.northside.com/Onlinebillpay">www.northside.com/Onlinebillpay</a>
PLEASE MAKE CHECKS PAYABLE AND REMIT TO:			

NORTHSIDE HOSPITAL  
PO BOX 101565  
ATLANTA, GA 30392-1565



# US Renal

Status: Final result

## PACS Images

Show images for US Renal

## Study Result

IMG1082 US RENAL ACCESSION NO: GOR203349603  
ORDERED BY: BENJAMIN ALLEN BOWLES, NP

DATE OF EXAM: 08/30/2019 10:45  
REASON FOR EXAM: N50.811^Right testicular pain^I10

ADMISSION DATE: 08/30/2019 10:16

### RENAL ULTRASOUND

INDICATION: 45 year-old male presenting with right testicular pain.

COMPARISON: None.

TECHNIQUE: Real-time, gray-scale sonographic imaging of the retroperitoneum and bladder was performed and supplemented with Doppler techniques.

#### FINDINGS:

- ①  Right Kidney: Right kidney measures approximately 12.9 cm in long axis. Corticomedullary differentiation is maintained. No hydronephrosis. 4 mm superior right kidney nonobstructing renal calculi
- Left Kidney: Left kidney measures approximately 11.8 cm in long axis. Corticomedullary differentiation is maintained. No hydronephrosis. Nonobstructing 3 mm inferior left renal calculi. 2 mm nonobstructing mid left renal calculi.
- Urinary Bladder: Bilateral urinary jets were obtained.

Incidental gallstone.  ②

#### CONCLUSION:

Nonobstructing bilateral renal calculi as detailed above.

TRANSCRIPTIONIST: grb  
TRANSCRIBE TIME/DATE: 08/30/2019 11:30 am  
READ BY: GREGORY RANDAL BRYANT, MD

THIS IS AN ELECTRONICALLY VERIFIED REPORT

## US ABDOMEN RIGHT UPPER QUADRANT LIMITED - Details

### Study Result

Accession(s): 8233097

**CLINICAL HISTORY:** Male patient with recent outside renal ultrasound showing gallstones.

**COMPARISON:** None.

**TECHNIQUE:** Grayscale and color Doppler imaging of the right upper quadrant was performed.

**FINDINGS:** The liver is normal in shape, size and echotexture measuring 13.8 cm in greatest length with no suspicious lesions identified. There is an immobile focus along the anterior wall of the gallbladder which measures up to 2 mm with an additional single shadowing mobile gallstone. There is no pericholecystic fluid or gallbladder wall thickening seen. This stone measures approximately 2 mm as well. The common bile duct is within normal limits measuring 5 mm. There is no ascites or pleural effusion seen. The patient has a negative sonographic Murphy's sign.

**IMPRESSION:**



1. INTRALUMINAL GALLBLADDER POLYP AND CHOLELITHIASIS. THERE IS NO ULTRASOUND EVIDENCE OF ACUTE CHOLECYSTITIS OR BILE DUCT OBSTRUCTION.

Dictated by: Kyle Bryans on 10/10/2019 9:48 AM

Transcribed by: Rene Nixon on 10/10/2019 9:48 AM

Electronically verified by: Kyle Bryans on 10/10/2019 10:25 AM



Claimant's Name: [REDACTED] SSN: [REDACTED] Employer's Name: **NUTRA MANUFACTURING, INC.**  
Address: [REDACTED] Address: **1050 WOODRUFF ROAD**  
City: **Anerson** State: **SC** Zip: [REDACTED] City: **GREENVILLE** State: **SC** Zip: **29607**  
Home Phone: [REDACTED] Work Phone: \_\_\_\_\_ Insurance Carrier: **SENTRY CASUALTY COMPANY**  
Preparer's Name: **THOMAS M. GAGNE, ESQ.** Law Firm: **THE ATTORNEY OFFICES OF THOMAS GAGNE** Preparer's Phone #: **864 233 2000**

**SUBPOENA**

To: **NORTHSIDE HOSPITAL SPORTS MEDICINE NETWORK - DR. CHRIS POTTS**

**YOU ARE COMMANDED** to appear before the above-named Commission at the place, date and time specified below to testify in the above case.

**PLACE OF TESTIMONY:** ROOM: \_\_\_\_\_  
DATE AND TIME: \_\_\_\_\_

**YOU ARE COMMANDED** to appear at the place, date and time specified below to testify at the taking of a deposition in the above case.

**PLACE OF DEPOSITION:** DATE AND TIME: \_\_\_\_\_

**YOU ARE COMMANDED** to produce and permit inspection and copying of the following documents or objects in your possession, custody or control at the place, date and time specified below.

**LIST OF DOCUMENTS:** Patients entire medical history from 6/15/17 to present. An itemized billing statement for any treatment pertaining to a workers compensation injury.

**PLACE:** Law Office of Thomas Gagne  
101 Chapman Street Greenville SC 29605 or fax  
864-233-1913  
**DATE AND TIME:** 7/10/19

**YOU ARE COMMANDED** to permit inspection of the following premises at the date and time specified below.

**PREMISES:** DATE AND TIME: \_\_\_\_\_

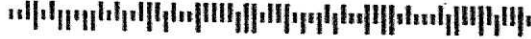
*THIS SUBPOENA SHALL REMAIN IN EFFECT UNTIL YOU ARE GRANTED PERMISSION TO DEPART BY THE COMMISSIONER OR AN OFFICER ACTING ON BEHALF OF THE COMMISSIONER. QUESTIONS CONCERNING THIS SUBPOENA SHOULD BE ADDRESSED TO THE FOLLOWING ISSUING OFFICER.*

ISSUING OFFICER'S SIGNATURE AND TITLE: [Signature] PHONE NUMBER: 864 233 2000 DATE: 6/26/19

Serve this form according to R.67-212B. Refer to R.67-212 and R.67-214 for additional information. Procedural questions may be addressed to the Judicial Department at 803-737-5765.



WILSON, JONES, CARTER & BAXLEY  
LLC, ATTORNEYS AT LAW  
ATTN JEFF JONES  
872 S PLEASANTBURG DRIVE  
GREENVILLE SC 29607-2454



DISABILITY FROM 072519 THRU 072519  
072519 THRU 072519  
ACCT#

- Check sent back

REFERENCE NO.: 112246076  
EMPLOYEE/PATIENT:  
F [REDACTED]  
CL NO. 55C354191  
NOT NEGOTIABLE  
\$\*\*27,900.00

THIS PAYMENT COVERS -- 0 WEEKS 0 DAYS DISABILITY SEE CHECKSTUB FOR DETAIL

1 00001 000009 19206 N A 0 190725101636.9400

0027020044351252047929607245499

55C354191

-656A

▼ Detach Here ▼

(10/1:



CLAIM ACCOUNT

No. 27342172

BMO HARRIS CENTRAL N.A.

79-600  
759

CLAIM NO. 55C354191	DATE OCC. 06/15/17	INSURED GNC HOLDINGS INC	DATE ISSUED 07/25/19
PAYMENT COVERS 0 WEEKS 0 DAYS DISABILITY SEE CHECKSTUB FOR DETAIL			AMOUNT \$**27,900.00

TWENTY-SEVEN THOUSAND NINE HUNDRED AND NO/100 DOLLARS

PAY  
TO  
THE  
ORDER OF

ATTY OFFICES OF THOMAS M GAGNE PA  
AND F [REDACTED]

SENTRY CASUALTY COMPANY



Attorney Offices of Thomas Gagne, P.A.

Thomas M. Gagne, Esquire, Owner/President



Personal  
Injury Practice



August 27, 2019

**Via U.S. Mail**

Jeff Jones, Esq.  
WJC&B  
872 S. Pleasantburg Drive  
Greenville, SC 29607

RE: ~~██████████~~ ~~██████████~~ C██████ vs. Nutra Mfg  
WCC File No.: 1708689

Dear Jeff:

Enclosed please find Mr. C██████' settlement check and documents. We are returning it to you because Mr. C██████ will not agree to the settlement. We are notifying Mr. C██████ by mail today that we are no longer representing him.

Also please allow this letter to serve as notice that our office is asserting a lien for our costs (\$721.97) and we ask that you please forward this notice to your adjuster.

Please call me with any questions or concerns.

Yours very truly,

*Judith A. Gagne*

*Attorney Offices of Thomas Gagne, P.A.*

Judith A. Gagne  
Office Manager

"Dedicated To The Injured Person"

Greenville Office: 101 Chapman St., Greenville, SC 29605

Phone: (864) 233-2000 Fax: (864) 233-1913

Spartanburg Office: 145 N. Church St., Suite 101, Spartanburg, SC 29306 (Location only, not a mailing address)

Phone: (864) 591-1114 Fax: (864) 233-1913

61

STATE OF SOUTH CAROLINA )  
COUNTY OF GREENVILLE )  
Vasile Florin Craus, )  
Employee, )  
Claimant, )  
- vs - )  
Nutra Manufacturing, Inc., and/or Nutra )  
Manufacturing, LLC, )  
Employer, )  
and Sentry Casualty Company, )  
Carrier, )  
Defendants. )

**BEFORE THE SOUTH CAROLINA  
WORKERS' COMPENSATION COMMISSION**

**AGREEMENT AND FINAL RELEASE**

W.C.C. FILE NO. 1708689

CARRIER FILE NO. 55C354191-342

This matter now comes before the South Carolina Workers' Compensation Commission upon the petition of Vasile Florin Craus ("Claimant"). Claimant is represented by Thomas M. Gagne, Esquire, and Defendants, Nutra Manufacturing, Inc., and/or Nutra Manufacturing, LLC, and Sentry Casualty Company, are represented by Jeffrey S. Jones, Esquire of Willson Jones Carter & Baxley, P.A. The South Carolina Workers' Compensation Commission has jurisdiction. The parties agree that venue is proper in Greenville County, South Carolina.

Claimant was an employee of Nutra Manufacturing, Inc., and/or Nutra Manufacturing, LLC, and on or about June 15, 2017, he sustained an injury by accident arising out of and in the course of said employment when he tripped over a pallet and injured his right hip. As a result of this work accident, Claimant sought and received medical treatment from MedCentral Health Resources, Greenville Hospital System, AnMed Health, Dr. Todd Swathwood of Blue Ridge Orthopaedics, Dr. Charles Hinnant, Dr. Jason Folk of Steadman Hawkins Clinic of the Carolinas, ATI Physical Therapy, Anderson Radiology, Maureen Joyce Cook, NP, Dr. Daniel Gerscovich and Dr. James Behr of Carolina Orthopaedic and Neurosurgical Associates, Dr. Michael O'Boyle of Carolina Orthopaedic Center, and Dr. R. Kirk

Seiler. Disputes have now arisen concerning Claimant's entitlement to further medical care and treatment, further temporary total disability compensation and the extent of causally related permanent disability, if any. Claimant's compensation rate is four-hundred thirty-seven and 13/100 Dollars (\$437.13). Claimant was rated as having seven percent (7%) impairment to the right hip by Dr. Behr on April 29, 2019.

The parties hereto now advise that in their opinion the matter is in bona fide dispute and in view of such dispute an agreement has been reached to settle this matter in its entirety, subject to the approval of the South Carolina Workers' Compensation Commission.

Under the proposed settlement, Defendants have agreed to pay and Claimant has agreed to accept the total final settlement sum of twenty-seven thousand nine-hundred and 00/100 Dollars (\$27,900.00) in full settlement and satisfaction of every liability of whatsoever nature or kind under the South Carolina Workers' Compensation Act growing out of, or in any way connected with, said work accident occurring on or about June 15, 2017, while Claimant was an employee of Nutra Manufacturing, Inc., and/or Nutra Manufacturing, LLC. As an integral part of this settlement agreement, it is expressly understood and agreed that Defendants shall be responsible for all causally related medical expenses authorized by them and incurred through April 29, 2019 and as approved by this Commission pursuant to the South Carolina Worker's Compensation Fee Schedule. Any and all further medical expenses of whatsoever nature or kind shall be the express liability of Claimant, and Defendants shall have no liability therefore. Claimant fully understands and acknowledges that the payment of the additional sum of twenty-seven thousand nine-hundred and 00/100 Dollars (\$27,900.00) represents payment for twenty-seven percent (27%) permanent partial disability to Claimant's right hip and for the final settlement agreement.

The settlement proceeds of Twenty Seven Thousand Nine Hundred and 00/100ths (\$27,900.00) Dollars shall be allocated as follows: Nine Thousand Three Hundred and 00/100ths (\$9,300.00) Dollars in attorney's fees; Eight Hundred Eighty Nine and 93/100ths

(\$889.93) Dollars as costs; and the remainder of Seventeen Thousand Seven Hundred ten and 07/100ths (\$17,710.07) Dollars at the rate of Forty Three and 81/100ths (\$43.81) Dollars per month for a period of 404.28 months pursuant to 42-9-10 and 42-9-30 of the 1796 Code of Laws as interpreted by the South Carolina Supreme Court in Utica Mohawk Mills v. Orr, 227 S.C. 226, 97 S.E. 2nd 589 (1955) and by the Third Circuit Court of Appeals in Sciarotto v. Bowen, 837 F. 2nd 135 (3rd Cir. 1988).

It is expressly understood Defendants take no position and make no representation as to the requested allocation of the settlement sum as set forth above and that the proposed allocation in no way affects the absolute release of Defendants.

Claimant hereby asserts that he has been fully advised by his attorney of record of all of his rights under the South Carolina Workers' Compensation Act, and that Claimant is of the opinion that the proposed settlement is reasonable and fair and in this opinion Claimant's attorney concurs and asserts that he has fully advised Claimant of all his rights under the South Carolina Workers' Compensation Act, and they respectfully request that this Commission approve the settlement as set forth above. Claimant hereby asserts that he recognizes that his consent to, and the approval of, this Agreement and Final Release is a final determination and adjudication of all benefits under the South Carolina Workers' Compensation Act growing out of, or in any way connected with, the aforesaid work accident occurring on or about June 15, 2017, while Claimant was an employee of Nutra Manufacturing, Inc., and/or Nutra Manufacturing, LLC.

Claimant hereby affirms that he has not applied for and is not receiving Social Security disability, is not on Medicare, is not enrolled in Medicare Advantage, and is not aware of any Medicare liens. The parties expressly agree that Claimant does not have a reasonable expectation of Medicare eligibility within 30 months from the date of this settlement. The parties have taken into consideration Medicare's potential interest in the resolution of this claim and believe Medicare has no interest. The parties agree that a

Medicare Set-Aside will not be submitted to CMS for review and/or approval. Claimant has been advised of the potential risks associated with not establishing a Medicare Set-Aside account and not submitting a Medicare Set-Aside to CMS for review and/or approval, including but not limited to, CMS/Medicare's potential withholding of Medicare benefits to Claimant.

Claimant also expressly represents and agrees that he sustained no work accidents or work injuries while employed by Nutra Manufacturing, Inc., and/or Nutra Manufacturing, LLC other than the work accident and resulting injury occurring on or about June 15, 2017.

The parties hereto acknowledge that the South Carolina Workers' Compensation Commission relies upon the representation of the attorney for Claimant that Claimant has been fully apprised of his rights under the South Carolina Workers' Compensation Act.

The parties acknowledge that the opinions stated by the physicians regarding the nature and extent of the Claimant's medical condition and disability are opinions, not facts, and that, to the extent they are relying on those opinions, they are doing so with the knowledge that such opinions may be incorrect. Accordingly, Claimant and Defendant (Employer, Carrier and/or servicing agent) agree that this settlement agreement cannot be voided in the future for any reason, including on the basis that either or both parties relied on statements or opinions from physicians, or other medical providers, in entering into this agreement.

NOW, THEREFORE, IT IS AGREED, SETTLED, APPROVED, and ORDERED that upon the payment of the additional sum of twenty-seven thousand nine-hundred and 00/100 Dollars (\$27,900.00) by Defendants, and the acceptance of said sum by Claimant, and the payment of the medical expenses as specifically set forth hereinabove, Defendants be, and they hereby are, fully and forever discharged of all liability, obligations and/or responsibilities of whatsoever nature and kind under the South Carolina Workers' Compensation Act growing out of, or in any way connected with, the aforesaid work accident occurring on or about June 15, 2017, while Claimant was an employee of Nutra Manufacturing, Inc., and/or Nutra

Manufacturing, LLC, so that upon such payment and the acceptance as aforesaid, this matter be, and it hereby is, res judicata and not subject to review under any conditions. Claimant enters into this Agreement and Final Release freely and voluntarily, without undue influence, coercion, or duress of any kind.

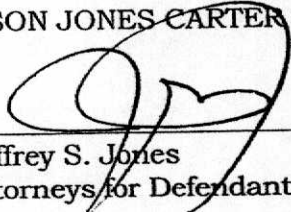
WE CONSENT TO THE FOREGOING  
AGREEMENT:

\_\_\_\_\_  
Vasile Florin Craus, Claimant  
Dated: \_\_\_\_\_

\_\_\_\_\_  
Thomas M. Gagne  
Attorney for Claimant

WILLSON JONES CARTER & BAXLEY, P.A.

BY: \_\_\_\_\_

  
Jeffrey S. Jones  
Attorneys for Defendants

# **In the Matter of Thomas Maurice Gagne**

THE STATE OF SOUTH CAROLINA  
In The Supreme Court

In the Matter of Thomas Maurice Gagne, Respondent.

Opinion No. 27056

Submitted September 13, 2011 Filed October 24, 2011

## **DEFINITE SUSPENSION**

Lesley M. Coggiola, Disciplinary Counsel, and C. Tex Davis, Jr., Senior Assistant Disciplinary Counsel, both of Columbia, for Office of Disciplinary Counsel.

Desa A. Ballard, of Ballard Watson & Weissenstein, of West Columbia, for respondent.

**PER CURIAM:** In this attorney disciplinary matter, the Office of Disciplinary Counsel (ODC) and respondent have entered into an Agreement for Discipline by Consent (Agreement) pursuant to Rule 21, RLDE, Rule 413, SCACR. In the agreement, respondent admits misconduct and consents to the imposition of an admonition, public reprimand, or definite suspension not to exceed sixty (60) days. We accept the Agreement and definitely suspend respondent from the practice of law in this state for a sixty (60) day period. The facts, as set forth in the Agreement, are as follows.

## **FACTS**

Matter I

On or about April 21, 2005, Complainant A retained respondent to represent her in relation to injuries suffered in an automobile accident. Respondent received a proposed settlement check from the insurance company in the amount of \$5,500.00 payable to Complainant A and respondent. Respondent endorsed his name on the check and someone in respondent's office endorsed Complainant A's name on the check. The check was negotiated and the proceeds deposited into respondent's trust account. After a subsequent meeting with Complainant A during which Complainant A informed respondent of her decision not to accept the proposed settlement and to pursue litigation, respondent returned the funds to the insurance company and withdrew as counsel for Complainant A.

There is a dispute as to whether Complainant A authorized respondent to settle the case. However, there is no dispute that respondent did not have Complainant A's express authority to endorse her name on the settlement check.

## Matter II

Complainant B worked as an associate in respondent's law office. On or about July 8, 2008, Complainant B ceased working with the firm.

On July 14, 2008, Complainant B and respondent met in respondent's office and reached a verbal agreement that the two of them would work together in a "loose association" on the remaining cases which they shared. This agreement eliminated the clients' rights to choose who would serve as counsel.

On July 15, 2008, respondent sent selection letters to the shared clients. Complainant B was not informed respondent sent the letters.

On July 16, 2008, Complainant B arrived at respondent's office to attend a recorded statement of one of their clients. Respondent met with Complainant B and informed him that respondent would be handling the case alone. Complainant B was directed to leave the office. When Complainant B asked about their earlier verbal agreement to handle the cases together, respondent replied that the agreement was not in writing. Respondent did not inform Complainant B that he had already sent selection letters to the clients with whom Complainant B had been working while an associate in respondent's office.

By letter dated July 18, 2008, respondent asked several clients who had already notified him in writing that they wished their files to be transferred to Complainant B to reconsider their decision.

Respondent represents that, through subsequent litigation and mediation, he and Complainant B reached an agreement to share the fees on cases that were transferred from respondent's office and completed by Complainant B. The division of fees was in compliance with Rule 1.5(e), RPC, Rule 407, SCACR.

### Matter III

Respondent represented the claimant in a worker's compensation matter. Complainant C is an attorney who represented the opposing party. On May 19, 2009, Complainant C arrived at respondent's office to depose the claimant. Respondent was not present.

Respondent had directed his paralegal to be present at the deposition on his behalf. The paralegal failed to disclose to Complainant C that he was not an attorney prior to the deposition. Complainant C began the deposition and questioned respondent's client for approximately thirty (30) minutes before, in response to a direct question, the paralegal revealed he was not an attorney. Complainant C immediately ceased the deposition. By letter dated May 19, 2009, respondent apologized for the misunderstanding and offered to reschedule the deposition at Complainant C's earliest convenience.

### LAW

Respondent admits that by his misconduct he has violated the following provisions of the Rules of Professional Conduct, Rule 407, SCACR: Rule 1.2(a) (lawyer shall abide by client's decision whether to accept an offer of settlement); Rule 4.2 (lawyer shall not communicate about the subject of representation with a person the lawyer knows to be represented by another lawyer in the matter unless the lawyer has the consent of the other lawyer); Rule 5.3 (lawyer shall make reasonable efforts to ensure firm has in effect measures giving reasonable assurance conduct of non-lawyer retained by lawyer is compatible with professional obligations of lawyer; lawyer shall be responsible for conduct of non-lawyer retained by the lawyer if that conduct would be a violation of the Rules of Professional Conduct if engaged in by lawyer and lawyer ratifies the conduct); and Rule 8.4(a) (lawyer shall not violate Rules of Professional Conduct). Finally, respondent admits his misconduct constitutes a violation of Rule 7, RLDE, of Rule 413, SCACR, specifically Rule 7(a)(1) (it is ground for discipline for lawyer to violate Rules of Professional Conduct or any other rules of this jurisdiction regarding professional conduct of lawyers). We further find that, by directing his paralegal appear at a deposition on behalf a client, respondent also violated Rule 5.5(b), RPC, Rule 407, SCACR (lawyer shall not assist a person who is not a member of the bar in the unauthorized practice of law).

**CONCLUSION**

We accept the Agreement for Discipline by Consent and definitely suspend respondent from the practice of law for a sixty (60) day period. Within fifteen days of the date of this opinion, respondent shall file an affidavit with the Clerk of Court showing that he has complied with Rule 30, RLDE, Rule 413, SCACR.

**DEFINITE SUSPENSION.**

**TOAL, C.J., PLEICONES, BEATTY, KITTREDGE and HEARN, JJ., concur.**

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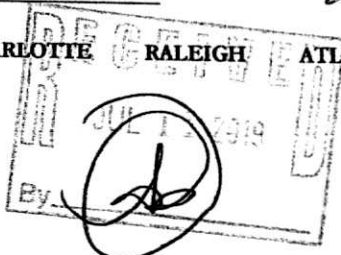
**WILLSON JONES CARTER & BAXLEY, P.A.**

**ATTORNEYS AT LAW**

GREENVILLE CHARLESTON COLUMBIA CHARLOTTE RALEIGH ATLANTA MYRTLE BEACH

Marsha L. Thomas  
Direct (864) 527-3274  
Fax (864) 241-5372  
mlthomas@wjlaw.net

872 S. Pleasantburg Drive  
Greenville, SC 29607  
www.wjclaw.com



July 8, 2019

**VIA E-MAIL & USPS**

Thomas M. Gagne, Esquire  
Attorney Offices of Thomas M. Gagne, P.A.  
101 Chapman Street  
Greenville, SC 29605

Re: [REDACTED] vs. Nutra Mfg  
WCC File No.: 1708689 DOI: 6/15/2017  
Carrier: Sentry Casualty Company - Claim No.: 55C354191-342  
WJC&B File No.: 0570.00351

Dear Mr. Gagne:

We would greatly appreciate it if you would have [REDACTED] sign the enclosed authorization form concerning the above-referenced matter. Northside Hospital of Atlanta and Northside Hospital Sports Medicine will not release claimant's records to us without a signed release. Also enclosed is a self-addressed stamped envelope for your convenience in returning the signed form to us. If you would prefer to fax the signed authorization form to us, please feel free to do so.

If you have any questions, please do not hesitate to contact our office.

With kindest regards,

**WILLSON JONES CARTER & BAXLEY, P.A.**

*Marsha L. Thomas*

Marsha L. Thomas  
Paralegal to Jeffrey S. Jones

Enclosures

cc (w/o enclosures): Ms. Dietra Garland (via e-mail)  
Ms. Shelby Washington (via e-mail)

**Alicia Dickerson**


---

**From:** Marsha L. Thomas <mlthomas@wjlaw.net>  
**Sent:** Monday, July 8, 2019 9:47 AM  
**To:** Thomas Gagne; Alicia Dickerson  
**Cc:** Dietra.Garland@sentry.com; 'Shelby Washington'  
**Subject:** WCC 1708689 [REDACTED] vs. Nutra Mfg 55C354191-342:  
**Attachments:** HIPAA Release\_Authorization Form.docx; HIPAA Release\_Authorization Form(1).docx; Medical authorizations out of state.docx

Alicia:

Attached is our letter requesting claimant execute the attached medical authorizations since these medical facilities are in the State of Georgia. Please return at your earliest convenience.

Thank you.

  
**WILLSON JONES CARTER  
& BAXLEY, P.A.**

**Marsha L. Thomas, Paralegal to Jeffrey S. Jones**  
**[mlthomas@wjlaw.net](mailto:mlthomas@wjlaw.net)**  
**872 S. Pleasantburg Drive**  
**Greenville, South Carolina 29607**  
**Phone: (864) 527-3274**  
**Fax: (864) 241-5372**  
**[wjclaw.com](http://wjclaw.com)**

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This message may be protected by the attorney/client privilege, attorney work product or other privileges. If you received this message in error, please send a reply, delete the message immediately and do not forward this message to any other person.

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**Alicia Dickerson**

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**From:** Floriano Craus <floriano\_craus@yahoo.it>  
**Sent:** Tuesday, July 16, 2019 11:27 AM  
**To:** Alicia Dickerson  
**Subject:** Paperwork 4  
**Attachments:** IMG\_0885.jpg; ATT00001.txt; IMG\_0886.jpg; ATT00002.txt

This is the medical records from the doctor Potts

**Northside - Transcription**

Specimen #: 194346554 Report Status: Preliminary

**Patient Information:**

Name: CRAUS, VASILE F Patient ID: Sex: Male DOB: [REDACTED]  
 Address: Phone #: SSN:

Date of Specimen: 06/12/2019 12:43 Date Received: Specimen Source:  
 Date Reported: Physician: POTTS, CHRISTOPHER Information:

Test Name	Result	Flags	Reference Range	Lab
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**Operative Report**

Northside Hospital - Atlanta  
 1000 Johnson Ferry Road NE  
 Atlanta, GA 30342  
 Operative Report  
 Patient: CRAUS, VASILE F.  
 Account#: 1916300688  
 MRN#: 3367646-A

Physician: Christopher A. Potts, MD  
 DATE OF BIRTH: 01/13/1974  
 DATE OF PROCEDURE: 06/12/2019

**PREOPERATIVE DIAGNOSES:**

1. Right hip combined femoroacetabular impingement.
2. Right hip acetabular labral tear.
3. Right iliopsoas impingement.
4. Right hip acetabular chondromalacia.

**POSTOPERATIVE DIAGNOSES:**

1. Right hip combined femoroacetabular impingement.
2. Right hip acetabular labral tear.
3. Right iliopsoas impingement.
4. Right hip acetabular chondromalacia.

**PROCEDURE PERFORMED:**

1. Right hip arthroscopic labral repair.
2. Right hip arthroscopic femoroplasty.
3. Right hip arthroscopic acetabuloplasty.
4. Right hip arthroscopic labral level iliopsoas lengthening.
5. Right hip acetabular chondroplasty.

**SURGEON:** Christopher Potts, MD  
**ASSISTANT:** Wolf McMichael, CSA  
**ANESTHESIA:** General endotracheal.

**COMPLICATIONS:** None  
**ESTIMATED BLOOD LOSS:** Minimal  
**SPECIMENS:** None  
**DRAINS:** None

**IMPLANTS:** Stryker 2.4 mm curved CinchLock knotless anchors with tape x5.  
**INDICATIONS FOR SURGERY:** This is a male being followed in my clinic for right hip pain, failed extensive conservative measures. Advanced imaging revealed the findings as above. The possible options were discussed including surgical intervention. Risks versus benefits of surgery were discussed. Risks include, but are not limited to heart attack, death, stroke, blood vessel damage, nerve damage, infection, blood clot, need for further surgery. The patient understood the risks and decided to proceed with surgery.

Prior to entering the operating room, the patient's right hip was marked as the correct operative site. Given IV antibiotics within 1 hour of skin incision, taken back to the operating room and placed under general endotracheal anesthesia without any complications. Timeout was taken for correct operative site, patient and procedure. Moved was moved to the OR table; placed in bilateral lower extremity boot traction with a well-padded perineal post. All bony prominences were well padded. Adequate but not excessive traction was applied to the right hip. This was visualized under fluoroscopy for the distraction.

Next, an arthroscopic spinal needle was inserted through the anterolateral portal into the joint. An arthrogram was performed. Nitinol wire was inserted. A stab incision was made. Blunt trocar was inserted over the nitinol wire into the joint. Next, the scope was inserted. A needle was localized in the mid-anterior portal. Superficial stab incision was made. Interportal capsulotomy was carried out with a samurai blade.

Next, we made an anterior approach. A right labral level iliopsoas lengthening was carried out with an ArthroCare wand. The patient had a positive iliopsoas sign and painful snapping.

Next an acetabular labral tear from about 11 o'clock to about the 2 o'clock

position. Capsule was elevated off the superior dome of the acetabulum revealing a pincer lesion. A 4 mm bur was used to carry out an acetabuloplasty with careful attention to remove more than 1-2 mm of rim so as to not dramatically change the center edge angle.

Next, a distal anterolateral accessory portal was established. The labrum was repaired with four Stryker 2.4 mm curved CinchLock knotless anchors with tape.

Next, the traction was released off the hip. The scope was switched to a 30-degree scope. The hip was flexed to 45 degrees. Traction sutures were placed in the lateral capsule revealed a cam lesion, visualized also under 30-degree Dunn view with his x-ray.

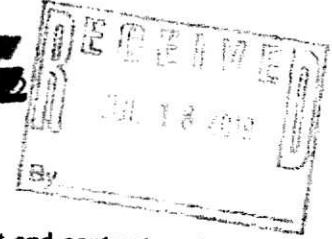
Next, a thorough femoroplasty was carried out with a 4 mm bur careful to use tension, decompressed superior, anterior and lateral without injuring the cartilage or encroaching on the retinacular vessels. When this was done hip was debrided of any bony debris. Needle was localized down to the level of the labrum and capsule was closed with nonabsorbable suture. The scope was removed. The hip was drained of fluid. Portals were closed with 3-0 Prolene. The hip was then injected with 4 ml of placental stem cell allograft, dressed in a sterile dressing. He awoke from anesthesia without any complications and taken to PACU in stable condition. Counts of needles, taps, and instruments were correct at the end of the case.

Christopher A. Potts MD  
CAP/GW  
DD: 06/12/2019 12:43  
TD: 06/12/2019 13:12  
Job #: 194346554  
Receipt #: 16342213

**AUTHORIZATION FOR DISCLOSURE OF PROTECTED HEALTH INFORMATION**  
(Not for Research or Marketing Use)

Patient Name: [REDACTED]  
Date of Birth: [REDACTED]  
Address: [REDACTED]  
Anderson, SC 29625

SSN: [REDACTED]  
Phone Number: [REDACTED]



I authorize Willson Jones Carter & Baxley, P.A., together with its employees, agent and contractors, to use or disclose the above named individual's protected health information (PHI) covered under the regulations pursuant to the Health Insurance Portability and Accountability Act of 1996 concerning the period from January 1, 2019 forward.

I understand that PHI may include information protected under law, such as alcohol or drug abuse treatment information, mental health related communications or treatment information, or information regarding sexually transmitted diseases including HIV or AIDS testing or treatment. I understand the PHI may include health information records of the patient disclosed by other health care providers.

This information may be disclosed to the following individual or organization regarding his/her workers' compensation claim:

X Willson Jones Carter & Baxley, P.A. X  
872 S. Pleasantburg Drive  
Greenville, SC 29607

X I understand that I may revoke this authorization at any time by submitting a written revocation form to North Hospital Sports Medicine. I understand that the revocation will not apply to information that has already been released in response to this authorization.

I understand that authorizing the disclosure of this PHI is voluntary. I can refuse to sign this authorization. I need not sign this form in order to ensure treatment unless the provision of healthcare is for the purpose of creating PHI for disclosure to a third party (e.g. an employee physical exam). I understand that any disclosure of information carries with it the potential for an unauthorized re-disclosure and the information may not be protected by federal confidentiality rules. I understand that refusal to sign this form may result in a delay and/or denial of medical treatment under my workers' compensation claim. This release will be valid until my workers' compensation claim is closed or until a written revocation is supplied to North Hospital Sports Medicine.

I have read and understand this Authorization and my questions have been answered. I certify that I am the Patient listed above or a person authorized to permit release of records on Patient's behalf. I hereby release North Hospital Sports Medicine and its officers, trustees, employees, agents, and contractors from any liability arising in connection with the use or disclosure of my protected health information pursuant to this Authorization.

[REDACTED]  
Printed Patient Name or Patient's Personal Representative Name

X 7.16.19 X  
Date

[Signature]  
Patient or Patient's Personal Representative Signature

\_\_\_\_\_  
Basis or authority to sign for patient

ATTORNEYS AT LAW

GREENVILLE CHARLESTON COLUMBIA CHARLOTTE RALEIGH ATLANTA MYRTLE BEACH

Marsha L. Thomas  
Direct (864) 527-3274  
Fax (864) 241-5372  
mlthomas@wjlaw.net

872 S. Pleasantburg Drive  
Greenville, SC 29607  
www.wjblaw.com

July 18, 2019

BY FACSIMILE - (770) 663-1101  
AND FIRST CLASS MAIL  
Christopher Potts, M.D.  
Northside Hospital Orthopedic Institute - Sports Medicine  
3400-C Old Milton Parkway, Suite 190  
Alpharetta, GA 30005  
Attn: Records Custodian

Re: ██████████ vs. Nutra Mfg  
WCC File No.: 1708689  
Carrier: Sentry Casualty Company - Claim No.: 55C354191-342  
WJC&B File No.: 0570.00351

To Whom It May Concern:

This firm represents the employer and carrier in the above referenced workers' compensation claim. Please send us the following information:

**COPIES OF ANY AND ALL RECORDS DATES OF SERVICE FROM 2018 FORWARD, CORRESPONDENCE AND NOTES YOU HAVE RELATING TO THE MEDICAL CARE OF ██████████. THIS WOULD INCLUDE COPIES OF MEDICAL REPORTS FROM OTHER FACILITIES, CORRESPONDENCE, STATEMENTS, AND QUESTIONNAIRES TO OR FROM ANY ATTORNEYS OR OTHER PARTIES. THIS WOULD INCLUDE ANY AND ALL PATIENT INFORMATION SHEETS.**

Name: ██████████  
Address: ██████████, Anderson, SC ██████████  
Social Security Number: ██████████  
Birth date: ██████████

We have enclosed a Subpoena *Duces Tecum* which will allow you to release this information. HIPAA Privacy Rules do not apply in workers' compensation cases (45 CFR 164.512(b)(1)(v)) and permits medical providers to disclose protected health information to entities involved in the workers' compensation system without the individual's authorization. We are not requesting, and do not want to receive, genetic testing, request or receipt of genetic services, or other "genetic information" as that term is used in the Genetic Information Nondiscrimination Act of 2008(GINA). Because you are not located in the State of South Carolina, this subpoena is not binding on you and does not compel you to produce the requested documents. However, attached is a HIPPA Release and signed Medical Authorization.

I would appreciate it if you would forward these records to my attention at the above address by JULY 28 2019. If there is a fee for copying these records, please forward the bill. If the bill will be more than \$50.00, please contact us for authorization before copying. If we do not give authorization, we will not be responsible for charges above \$50.00. Thank you for your prompt assistance in this matter.

With kindest regards,

WILLSON JONES CARTER & BAXLEY, P.A.

Marsha L. Thomas  
Paralegal to Jeffrey S. Jones

Enclosure

**\*\*PLEASE RETURN A COPY OF THIS REQUEST WITH RECORDS\*\***

South Carolina Workers' Compensation Commission  
1333 Main Street, Suite 500  
P.O. BOX 1715  
Columbia, SC 29202-1715  
803-737-5675



Carrier File #: 55C354191-342

Carrier Code #:

Employer FEIN #:

Claimant's Name: [REDACTED] SSN: [REDACTED] Employer's Name: GNC/Nutra Manufacturing  
Address: 20 [REDACTED] Drive Address: 300 6th Avenue  
City: Anderson State: SC Zip: 29625 City: Pittsburg State: PA Zip: 15222  
Home Phone: [REDACTED] Work Phone: [REDACTED] Insurance Carrier: Sentry Casualty Company  
Preparer's Name: Marsha L. Thomas Law Firm: Willson Jones Carter & Baxley, P.A. Preparer's Phone #: (864) 527-3274

**SUBPOENA**

To: Northside Hospital / Records Custodian

YOU ARE COMMANDED to appear before the above-named Commission at the place, date and time specified below to testify in the above case.

PLACE OF TESTIMONY: \_\_\_\_\_ ROOM: \_\_\_\_\_  
DATE AND TIME: \_\_\_\_\_

YOU ARE COMMANDED to appear at the place, date and time specified below to testify at the taking of a deposition in the above case.

PLACE OF DEPOSITION: \_\_\_\_\_ DATE AND TIME: \_\_\_\_\_

YOU ARE COMMANDED to produce and permit inspection and copying of the following documents or objects in your possession, custody or control at the place, date and time specified below.  
Any and all **\*\*abstract\*\*** records you have in your possession relating to the medical care of [REDACTED] (DOB: [REDACTED] FOR DATES OF SERVICE FROM 2015 FORWARD , including, but not limited to: admission/discharge summaries, consultation reports, operative reports, ER reports, nurses' notes, ALL patient information sheets, diagnostic radiology reports, work excuse/restriction slips, and correspondence to or from any and all third parties. (We do not need lab test results, EKG printouts, blank or duplicate pages.) Because you are not located in the State of South Carolina, this subpoena is not binding on you and does not compel you to produce the requested documents. However, enclosed is signed Medical Authorization by Mr. [REDACTED]

MAIL OR Marsha L. Thomas  
FAX TO: Willson Jones Carter & Baxley, P.A.  
872 S. Pleasantburg Drive  
Greenville, SC 29607

Fax: (864) 241-5372

MAIL/FAX BY: JULY 28 2018

YOU ARE COMMANDED to permit inspection of the following premises at the date and time specified below.

PREMISES: \_\_\_\_\_ DATE AND TIME: \_\_\_\_\_

THIS SUBPOENA SHALL REMAIN IN EFFECT UNTIL YOU ARE GRANTED PERMISSION TO DEPART BY THE COMMISSIONER OR AN OFFICER ACTING ON BEHALF OF THE COMMISSIONER. QUESTIONS CONCERNING THIS SUBPOENA SHOULD BE ADDRESSED TO THE FOLLOWING ISSUING OFFICER.

ISSUING OFFICER'S SIGNATURE AND TITLE  
Jeffrey S. Jones, Attorney for Defendants

(864) 527-3273  
PHONE NUMBER

July 18, 2019  
DATE

Serve this form according to R.67-211(C). Refer to R.67-211 and R.67-214 for additional information. Procedural questions may be addressed to the Judicial Department at 803-737-5675.



Claimant's Name: [REDACTED] Employer's Name: NUTRA Manufacturing, Inc.  
Address: [REDACTED] Address: 1050 Woodruff Road  
City: Anderson State: SC Zip: [REDACTED]5 City: Greenville State: SC Zip: 29607  
Home Phone: [REDACTED] Work Phone: \_\_\_\_\_ Carrier: Sentry Casualty Company  
Preparer's Name: Jeffrey S. Jones Preparer's Phone #: (864) 527-3273

**A claim for workers' compensation benefits is made based on the following grounds:**

Injury  Illness  Repetitive Trauma

1. Compensation Rate: \$437.13 2. AWW: \$655.67 Date of Injury: 6/15/2017
3. Type of injury and body part(s): Right hip.
4. Facts in controversy:  
(1) Extent of causally related permanent partial disability to Claimant's right hip; (2) Extent of Defendants' credit for overpayment of temporary total disability after maximum medical improvement; (3) Claimant's credibility.
5. Legal issues involved: See No. 4 above. Also:  
(1) Pursuant to §42-9-260, defendants are entitled to stop payment of temporary total disability as of the date of maximum medical improvement; (2) Defendants are entitled to a credit for overpayment of temporary total disability after the date of maximum medical improvement; (3) Pursuant to §42-9-150, -160, and/or -170, claimant is only entitled to permanent partial disability causally related to the alleged injury versus pre-existing disability.
6. Unusual aspects: **FALSE WITNESSES**
7. Witnesses (designate if expert):\* Robyn Knox; Missy Jones.
8. Exhibits: Claimant's personnel records from Nutra Manufacturing; Claimant's deposition transcript.
9. Medical evidence (indicate report pursuant to R.67-612; deposition or appearance): SEE APA SUBMISSION
10. Name, address, and specialty, if any, of the treating physician: SEE APA & OTHER SUBMISSIONS.  
(1) Dr. Todd C. Swathwood, Blue Ridge Orthopaedics Associates, P.A., 100 Healthy Way, Suite 1200, Anderson, SC 29621, orthopaedist.  
(2) Dr. Jason W. Folk, Steadman Hawkins Clinic of the Carolinas, 200 Patewood Dr., Suite C100, Greenville, SC 29615, orthopaedist.  
(3) Maureen Joyce Cook, NP, SE Neuro & Spine Institute - Lower, 105 Doctors Drive, Greenville, SC 29605, spine.  
(4) Dr. Daniel Gerscovich, Carolina Orthopaedic and Neurosurgical Associates, 115 Deacon Tiller Court, Duncan, SC 29334, orthopaedist.  
(5) Dr. B. Shay Koch, Piedmont Orthopaedic Associates, 35 International Drive, Greenville, SC 29615, orthopaedist.  
(6) Dr. Michael J. O'Boyle, Carolina Orthopaedic Center, P.C., 209 Patewood Dr., Suite 200, Greenville, SC 29615, orthopaedist.  
(7) Dr. James Behr, Carolina Orthopaedic & Neurosurgical Associates, 1330 Boiling Springs Road, Suite 1600, Spartanburg, SC 29303, physiatrist.
11. Impairment rating(s); body part(s); physician and date of opinion: \*See attached Medical Summary. 7% right hip, no restrictions, no hardware, no future treatment, Dr. Behr, 5/14/19.
12. I am amending my Form 50/51 in the following manner: \_\_\_\_\_

**Mediation**

- a. Mediation is requested to be ordered pursuant to Reg. 67-1801 B.
- b. Mediation is required pursuant to Reg. 67-1802.
- c. Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.
- d. Mediation has been conducted by a duly qualified mediator and resulted in an impasse.

Questions regarding mediation may be submitted to [mediation@wcc.sc.gov](mailto:mediation@wcc.sc.gov).

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to [REDACTED] Address: [REDACTED]  
SC 29605, on the 23rd day of September 2019, by:

first class postage  certified mail  personal service  electronic service

I verify the contents of this form are accurate and true to the best of my knowledge.

Signature: Jeffrey S. Jones Email: jsjones@wjlaw.net  
Jeffrey S. Jones, Willson Jones Carter & Baxley, P.A.  
Date of hearing: 10/08/2019 Time needed for hearing: 90 Minutes

1333 Main Street, Suite 500  
P.O. BOX 1715  
Columbia, SC 29202-1715  
803-737-5675



Carrier File #: 550354191-342

Carrier Code #:

Employer FEIN #:

Claimant's Name: [redacted] SSN: [redacted] Employer's Name: NUTRA Manufacturing, Inc.  
Address: [redacted] Address: 1050 Woodruff Road  
City: Anderson State: SC Zip: [redacted] City: Greenville State: SC Zip: 29607  
Home Phone: [redacted] Work Phone: [redacted] Insurance Carrier: Sentry Casualty Company  
Preparer's Name: *M* Marsha L. Thomas *S* Law Firm: Willson Jones Carter & Baxley, P.A. Preparer's Phone #: (864) 527-3274

**SUBPOENA**

To: Northside Hospital / Records Custodian

YOU ARE COMMANDED to appear before the above-named Commission at the place, date and time specified below to testify in the above case.

PLACE OF TESTIMONY: \_\_\_\_\_ ROOM: \_\_\_\_\_  
DATE AND TIME: \_\_\_\_\_

YOU ARE COMMANDED to appear at the place, date and time specified below to testify at the taking of a deposition in the above case.

PLACE OF DEPOSITION: \_\_\_\_\_ DATE AND TIME: \_\_\_\_\_

YOU ARE COMMANDED to produce and permit inspection and copying of the following documents or objects in your possession, custody or control at the place, date and time specified below.  
Any and all **\*\*abstract\*\*** records you have in your possession relating to the medical care of **William [redacted]** (DOB: **01/17/1944**) FOR DATES OF SERVICE FROM 2015 FORWARD, including, but not limited to: admission/discharge summaries, consultation reports, operative reports, ER reports, nurses' notes, ALL patient information sheets, diagnostic radiology reports, work excuse/restriction slips, and correspondence to or from any and all third parties. (We do not need lab test results, EKG printouts, blank or duplicate pages.) Because you are not located in the State of South Carolina, this subpoena is not binding on you and does not compel you to produce the requested documents.

MAIL OR FAX TO: Marsha L. Thomas *S*  
Willson Jones Carter & Baxley, P.A.  
872 S. Pleasantburg Drive  
Greenville, SC 29607 *S*  
Fax: (864) 241-5372 MAIL/FAX BY: NOVEMBER 20 2019 *S*

YOU ARE COMMANDED to permit inspection of the following premises at the date and time specified below.

PREMISES: \_\_\_\_\_ DATE AND TIME: \_\_\_\_\_

**THIS SUBPOENA SHALL REMAIN IN EFFECT UNTIL YOU ARE GRANTED PERMISSION TO DEPART BY THE COMMISSIONER OR AN OFFICER ACTING ON BEHALF OF THE COMMISSIONER. QUESTIONS CONCERNING THIS SUBPOENA SHOULD BE ADDRESSED TO THE FOLLOWING ISSUING OFFICER.**

*J* ISSUING OFFICER'S SIGNATURE AND TITLE \_\_\_\_\_ (864) 527-3273 \_\_\_\_\_  
Jeffrey S. Jones, Attorney for Defendants \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_  
November 20, 2019  
DATE \_\_\_\_\_

Serve this form according to R.67-211(C). Refer to R.67-211 and R.67-214 for additional information. Procedural questions may be addressed to the Judicial Department at 803-737-5675.



WVC HARASSING - THREATENING CLAIMANT IN FRONT OF  
HIS RESIDENCE DEC/01/2019 TIME 13:26 81



WE HARASSMENT AND THREATS IN FRONT OF CLAIMANT  
RESIDENCE DEC/14/2019 TIME 14:30 82

W/C HARASSMENT DESTROYING CLAIMANT PROPERTY

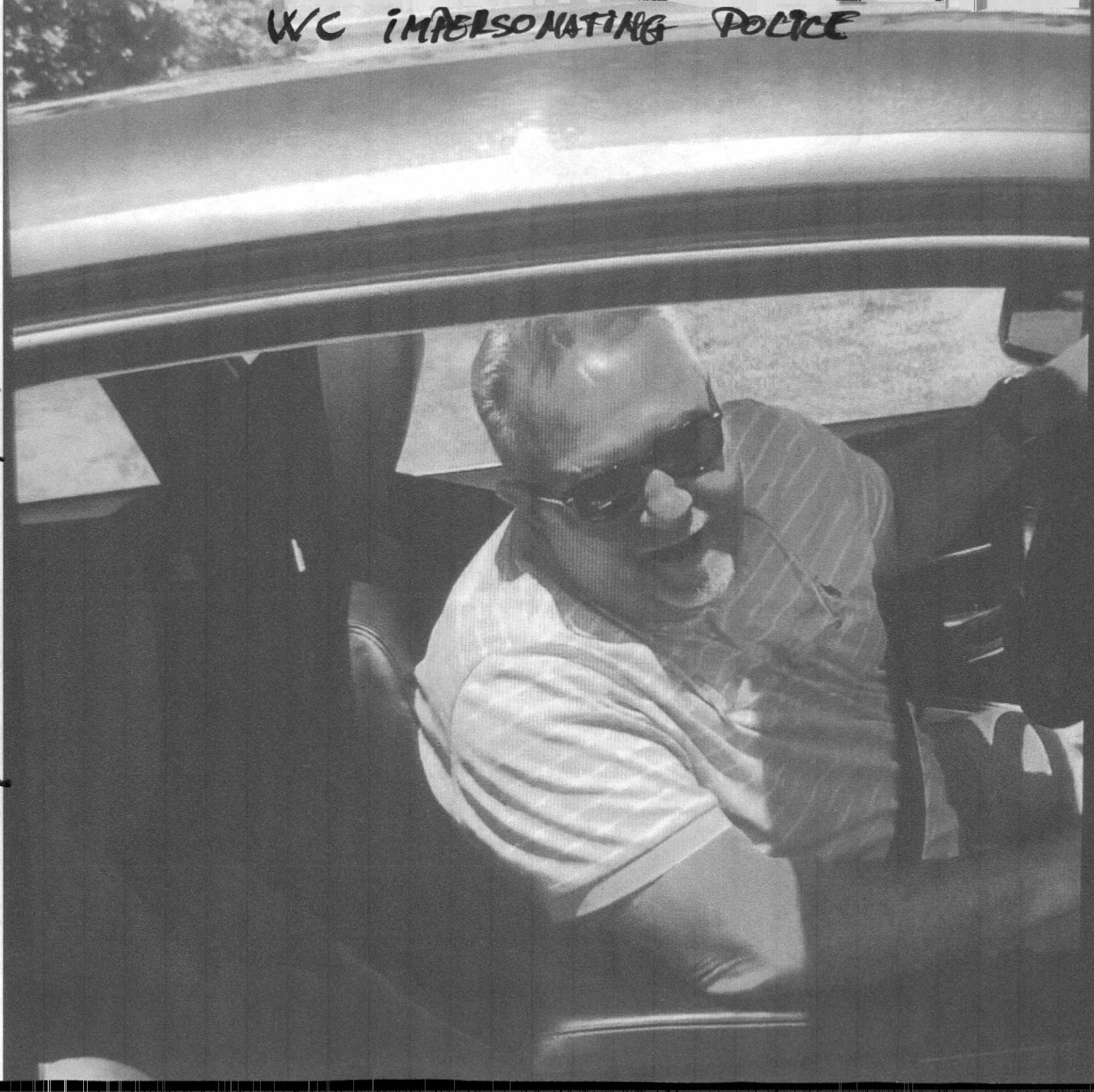


MAY/19/2020 TIME 13:19 83

MAY 23-2020  
14:28 2:28 PM.

BMW

SM1263



WC IMPERSONATING POLICE

WC HARASSMENT AND THREATS IN FRONT  
OF CLAYMANT RESIDENCE.  
IMPERSONATING POLICE WITH BADGE 34



February 3, 2020

**VIA Hand Delivery**

Dr. Christopher Potts  
Northside Hospital Sports Medicine  
3400-C Old Milton Parkway, Suite 190  
Alpharetta, GA 30005

**Re: Patient – Floriano Craus  
D.O.B. – [REDACTED]**

Dr. Potts:

As you are likely already aware, I represent Mr. Floriano Craus in his claim for damages sustained as a result of an alleged, work-related injury to the right hip and other parts of his body occurring on or about June 15, 2017. I am addressing this questionnaire to you in an effort to elicit your clear opinion regarding causation, prognosis, recommendation for further treatment, whether Mr. Craus has achieved maximum medical improvement, and/or whether you believe Mr. Craus will have any permanent restrictions and/or impairment. In your opinion, and to a reasonable degree of medical certainty, please respond to the following:

1. Please state the diagnosis(es) associated with the injury(ies) to the **Right Hip** for which you provided recommendations and treatment for the above-referenced patient.

2. Is/Are Mr. Craus's injury(ies) for which you have provided treatment most probably a result of the aforementioned work-related incident occurring on or about June 15, 2017?

3. In your opinion, has the patient, Mr. Craus, achieved maximum medical improvement? (If your opinion is such that Ms. Craus *has not* achieved maximum medical improvement, please mark as "No".)

4. If Mr. Craus *has* achieved MMI, please state your opinion as to his impairment rating as a result of the aforementioned work-related incident. (If your opinion is such that Mr. Craus *has not* achieved MMI, please mark as "N/A".)

5. If Mr. Craus *has* achieved MMI, please state what future medical treatment or maintenance you would recommend for Mr. Craus to maintain his current level of function (i.e. injections, medications for pain management, therapy, etc.). (If your opinion is such that Mr. Craus *has not* achieved MMI, please mark as "N/A".)
6. If your opinion is such that Mr. Craus *has not* achieved MMI, please state what treatment you believe will be necessary for him to achieve that goal (i.e. therapy, surgery, etc.). (If your opinion is such that Mr. Craus *has* achieved MMI, please mark as "N/A".)

---

Christopher A. Potts, M.D.

I look forward to receiving your response. Please do not hesitate to contact us with any questions or concerns. You and your staff are very much appreciated.

Sincerely,

*Garcia Law LLC*



Stephen N. Garcia  
Attorney for Floriano Craus

SNG/jrm

## Progress Note

<b>Patient Name:</b>	Vasile Craus	<b>Visit Date:</b>	February 10, 2020
<b>Patient ID:</b>	911682	<b>Provider:</b>	Logan Pierce, PA-C
<b>Sex:</b>	Male	<b>Location:</b>	NHSMN Alpharetta - SM6
<b>Birthdate:</b>	[REDACTED]	<b>Location Address:</b>	3400 Old Milton Parkway Building C, Suite 190 Alpharetta, GA 30005
		<b>Location Phone:</b>	(404) 847-4440

### Chief Complaint

- Right hip pain

### History Of Present Illness

Vasile F. Craus is a 46 year old male who presents today for ~8 months s/p Right hip labral repair, femoroplasty, acetabuloplasty, iliopsoas release. DOS 6/12/19..  
Patient has a pain scale of 6 out of 10.

### Past Surgical History

Procedure Name	Date	Notes
Appendectomy	--	--
Open reduction-femur fx	--	--

### Medication List

Name	Date Started	Instructions
Percocet 5-325 mg oral tablet	06/11/2019	take 1 tablet by oral route every 6 hours as needed
Zofran 8 mg oral tablet	06/11/2019	take 1 tablet (8 mg) by oral route every 12 hours

### Allergy List

Allergen Name	Date	Reaction	Notes
ciprofloxacin	--	--	--

### Social History

Finding	Status	Start/Stop	Quantity	Notes
Alcohol	Never	--/--	--	--
Tobacco non-user	--	--/--	--	--

### Immunizations

Name	Date Admin Mfg	Trade Name	Lot Number	Route Inj	VIS Given	VIS Publication
Influenza	Deferred 05/21/2019 NE	Not Entered		NE NE		

Comments:

### Review of Systems

- HENT**
- o Admits : throat pain
- Cardiovascular**
- o Admits : chest pain

**Gastrointestinal**

- Admits : diarrhea

**Genitourinary**

- Admits : frequent urination

**Musculoskeletal**

- Admits : muscle aches, joint pain

All Others Negative

**Vitals**

Date	Time	BP	Position	Site	L/R	Cuff Size	HR	RR	TEMP (F)	WT	HT	BMI kg/m <sup>2</sup>	BSA m <sup>2</sup>	O2 Sat
05/20/2019	01:07 PM									170lbs 0oz	5' 9"	25.1	1.94	

**Physical Examination****Constitutional**

- Appearance : well-nourished, alert, in no acute distress

**Cardiovascular**

- Heart :
  - Auscultation of Heart : regular rate, normal rhythm

**Pelvis**

- Inspection/Palpation : no pelvic tenderness
- Skin : no lesions, rashes or scars
- Stability : pelvic stability normal
- Muscle Strength : pelvic musculature strength 5/5

**Right Lower Extremity**

- Hip :
  - Inspection/Palpation : no tenderness to palpation, legs appear equal in length
  - Flexion : degrees
  - Range of Motion : full ROM
  - Stability : no joint instability, no contractures present
  - Strength : flexion 5/5, abduction 5/5
  - Tests and Signs : Trendelenburg's sign absent bilaterally, No pain with lifting, No pain with leg roll
- Thigh : no tenderness to palpation
- Skin : no erythema present, no ecchymosis present

**Left Lower Extremity**

- Hip :
  - Inspection/Palpation : no tenderness to palpation, legs appear equal in length
  - Flexion : degrees
  - Range of Motion : full ROM
  - Stability : no joint instability, no contractures present
  - Strength : flexion 5/5, abduction 5/5
  - Tests and Signs : Trendelenburg's sign absent bilaterally, No pain with lifting, No pain with leg roll
- Thigh : no tenderness to palpation

**Gait and Station**

- Gait : normal gait
- Station : station normal

**Neurological/Psychiatric**

- Mood and Affect : mood normal, affect appropriate
- Mental Status Examination :
  - Orientation : grossly oriented to person, place and time

**Assessment**

- Femoral acetabular impingement 719.95/M25.859
- Tear of right acetabular labrum, subsequent encounter  
Other sprain of right hip, subsequent encounter V58.89/S73.191D
- \*\*\*QUALITY MEASURES\*\*\* V70.9/Z00.00
- BMI 25+ 278.02/E66.3
- Right hip pain 719.45/M25.551

He returns today for follow up of his right hip. He is around 8 months status post right hip labral repair and he is doing well. He has full painless range of motion at this point and his strength is greatly improved. He is still having some groin pain with prolonged standing, but states he has been diagnosed with known inguinal hernia and has a palpable bulge when standing. I believe that his pain is likely related to his hernia. He has also been diagnosed with an enlarged prostate and gallbladder issues that I believe are contributing to some of his pain as well. I definitely think that his next steps should include seeing both a general surgeon as well as a urologist in order to further investigate the cause of his pain. In the mean time, I would like for him to continue physical therapy and strengthening for his hip. We will see him back as needed for this.

## Plan

### Orders

- Pain assessment documented as positive using a standardized tool and a follow-up plan is documented (G8730) - V58.89/S73.191D, 719.45/M25.551, 719.95/M25.859 - 02/10/2020
- Physical Therapy Consultation - 719.45/M25.551 - 02/10/2020  
1-2x/wk for 6-8wks;eval & treat for right hip pain

### Medications

- Medications have been Reconciled
- Transition of Care or Provider Policy

### Instructions

- OVERWEIGHT: Patient's weight is reviewed today and is noted to be in the overweight range. Normal BMI is 18.5 - 25 for adults age 18 years and older. The patient has been provided education on weight reduction.

### Disposition

- Call or Return if symptoms worsen or persist.
- Care Transition

**Electronically Signed by:** Logan Pierce, PA-C -Author on February 14, 2020 11:28:24 AM

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION  
COLUMBIA, SOUTH CAROLINA  
W.C.C. FILE NO. 1708689

EMPLOYEE/CLAIMANT: ██████████

EMPLOYER: NUTRA/G.N.C.

INSURER: CENTURY CASUALTY

---

SOUTH CAROLINA WORKERS' COMPENSATION HEARING

---

PURSUANT TO NOTICE OF WORKERS' COMPENSATION HEARING, THE  
WITHIN HEARING WAS TAKEN ON THE 22ND DAY OF OCTOBER, 2020,  
COMMENCING AT THE HOUR OF 11:45 A.M., IN AIKEN, SOUTH CAROLINA,  
BEFORE THE HONORABLE SUSAN S. BARDEN, ATTENDED BY COUNSEL AS  
FOLLOWS:

COPY

SALLYE DEANNE NELSON  
VERBATIM REPORTER

---

WHITWORTH COURT REPORTING  
POST OFFICE BOX 551  
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Oh. Oh, okay.

COMMISSIONER BARDEN:

Okay.

THE CLAIMANT:

Okay, yeah.

COMMISSIONER BARDEN:

Thank you.

THE CLAIMANT:

Okay.

*Y* COMMISSIONER BARDEN:

Without further objection, other than Mr. Jones' objection to these records that come in, or most of them. I know there were a couple that you didn't, but I ---

MR. JONES:

Well, yeah.

*X* COMMISSIONER BARDEN: *X*

*X* --- just made a global objection. *X*

MR. JONES:

That's fine.

COMMISSIONER BARDEN:

*X* Since you hadn't seen them. *X*

MR. JONES:

*X* I will, I'll make a global objection. It is just too much. And -- and also, I would say, just

1 for the record, at the hearing that we didn't go  
2 forward on, on September 8, 2020, I think you were  
3 quite clear.

4 **COMMISSIONER BARDEN:**

5 And I'm going to, I'm going to go through ---

6 **MR. JONES:**

7 Okay.

8 **COMMISSIONER BARDEN:**

9 --- the history ---

10 **MR. JONES:**

11 All right.

12 **COMMISSIONER BARDEN:**

13 --- in just a second. Do you have anything  
14 else you want to say ---

15 **MR. JONES:**

16 No, ma'am.

17 **COMMISSIONER BARDEN:**

18 --- before that? Okay. Without further  
19 objection, the commission file becomes a part of the  
20 record, with the exception of self-serving  
21 declarations and unstipulated medical reports.  
22 Prior to going on the record we held a prehearing  
23 conference.

24 The Defendants filed the pleading, which  
25 brought us here today. So I'll begin with their

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And in fact, the Defendants would contend that they have sent the Claimant to various physicians, who have opined, or who do not either have opined that these are not related conditions, or that they have not commented. So in any event, it's the Defendants' position that the Claimant cannot meet his burden of proof. As far as the hip fracture is concerned, the Defendants would point to my attention an M.R.I., which showed a heel fracture. And defendants have also had the claimant's low back evaluated, and they have tried to or attempted, according to the Defendants, to address the Claimant's complaints. The Defendants would contend that they are not responsible for any unauthorized treatment that the Claimant sought on his own. For instance, the Claimant went to seek treatment in Georgia, with a Dr. Potts. The Defendants did not know about it. No Form 50 had been filed, and therefore, they believe that they should not be required to have to reimburse Mr. [REDACTED] for that. As far as the groin is concerned, the Defendants believe that along with these other things, that that no doctor has opined that they are related. So the Defendants and the Claimant disagree with what the doctors say in that respect.