

JOHN BARNWELL, SR., M.D.
May 2, 2005

(Back on the record at 2:15 p.m.)

EXAMINATION

BY MR. SCHWARTZ:

Q. Doctor, my name is Melvin Schwartz and I represent Dr. Glazier.

Are you familiar with Dr. Valerie Abbott?

A. Yes. I know Dr. Abbott.

Q. Dr. Abbott, in May of 2001, had she referred patients to you?

A. I can't recall.

Q. Have you had an opportunity to review Dr. Abbott's medical records concerning this case?

A. No.

Q. Are you aware that Dr. Abbott was the individual who referred Mr. Clark to you?

DR. ABBOTT ONLY EXAMINED HENRY ONE TIME AT THE GRAND RIVER OFFICE.

A. No.

Q. Let me hand you what I have here as a page from Dr. Abbott's record and ask if you've seen anything like that in the past?

A. If I've seen this particular?

Q. Have you seen this particular page?

A. I have not.

Q. When you get referrals from people like Dr. Abbott do you get that sort of Michigan Healthcare Referral form? [2]

DR. PAUL SOBOTKA (HENRY'S CARDIOLOGIST) REFERRED HENRY #1 TO DR. GLAZIER. DR. SOBOTKA HAD LEFT DMC FOR ST. MARY HOSPITAL. HENRY HAD ONE VISIT WITH DR. GLAZIER. DR. GLAZIER STATED HENRY'S HEART WAS STRONG ENOUGH TO GO THRU SURGERY. THEN DR. GLAZIER REFERRED JUSTO DR. BARNWELL.

NOTE:

5 EXHIBITS

NURSES COVERED UP FOR DR. GLAZIER. ONE PERSON WAS PAID TO LIE.

AND RECEIVED A HUGG BONUS TO COVER DR. GLAZIER.

1 A. Generally, yes, if the patient's part of an HMO
2 system.

3 Q. That form, by the way, came from Dr. Abbott's records.
4 And my review of her records indicates that she saw
5 the patient on May 17th, 2001, and in her referral
6 notes states that she was referring the patient to you
7 for surgery.

8 MR. ROTH: Is there a question there?

9 MR. SCHWARTZ: Yeah, there is, and it's
10 coming right now.

11 BY MR. SCHWARTZ:

12 Q. Assuming that to be accurate, am I correct that the
13 patient was not referred to you by Dr. Glazier?

14 MR. ROTH: That's kind of a tautology.
15 You're asking him to assume something and then asking
16 him to draw the conclusion from it, so I think that's
17 totally unfair.

18 THE WITNESS: Do I answer?

19 MR. ROTH: No.

20 BY MR. SCHWARTZ:

21 Q. Your answer, Doctor?

22 MR. ROTH: How's he supposed to answer that
23 question? You're giving him the answer and the
24 question at the same time and asking him to just agree
25 with it.

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1 BY MR. SCHWARTZ:

2 Q. Can you answer the question, Doctor?

3 A. The question was what?

4 Q. Assuming that Dr. Abbott's records, as I indicated,
5 are accurate and what I said about them were accurate,
6 am I correct that the patient was not referred to you
7 by Dr. Glazier?

8 A. I don't think you're correct.

9 Q. Okay. Do you have any record that indicates that Dr.
10 Glazier referred the patient to you?

11 A. I can't recall.

12 Q. Do you have any recollection of Dr. Glazier referring
13 this patient to you?

14 A. My recollection is speaking to Dr. Glazier about the
15 patient.

16 Q. So in your prior deposition if there was reference to
17 Dr. Glazier referring the patient to you, that is not
18 something that you have any specific recollection
19 about, correct?

20 A. At this time, no.

21 Q. You don't know, in fact, who referred the patient to
22 you, correct?

23 A. I was pretty certain Dr. Glazier referred the patient.

24 Q. Okay.

25 A. Do you need me to clarify?

1 MR. ROTH: Based on what? Yeah.

2 A. I can have a specialist or subspecialist refer a
3 patient to me if the patient cannot be formally
4 referred to me until they get a referral from the
5 primary care physician that they're in a HMO. This is
6 the first time I've ever seen that to me.

7 MR. ROTH: That referring to what?

8 A. That referral form, right. So yes, a patient can be
9 referred to me by a physician. In order for me to get
10 that patient the referring physician has to send the
11 paperwork over to my office. So you can get a
12 referral of a patient, and I guess it can come from
13 two physicians. The reason I say that is because as I
14 can recall --

15 BY MR. SCHWARTZ:

16 Q. Yes.

17 A. -- the patient and the patient's wife informed me that
18 Dr. Glazier was the one who recommended me.

19 Q. The question I have about that, the confusion that I
20 simply have is that the record that I am referring to,
21 Dr. Abbott's, that references referrals is dated May
22 17th, '01. And the patient wasn't seen by Dr. Glazier
23 until -- the first time on May 24th. So I was
24 wondering how it is that Dr. Glazier would have been
25 involved in the referral to you a week before he saw

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1 the patient?

2 A. I don't know.

3 Q. Okay. Do you have a copy of your records with you?

4 MR. ROTH: Yeah, I think so.

5 BY MR. SCHWARTZ:

6 Q. Do you recall Mrs. Clark being present at the time of
7 the initial examination?

8 A. I can't -- I can't recall.

9 Q. You had just indicated that you thought Mrs. Clark
10 said something to you about Dr. Glazier?

11 A. Right.

12 Q. When was that?

13 A. I can't recall that specifically either. I know I met
14 her at my office, though, before I operated on him.
15 And I can't remember offhand how many times I saw him
16 before I operated. But I know that I met her at my
17 office, and she accompanied him.

18 Q. Your office records are in front of you?

19 A. I just have the ATP. I don't have --

20 Q. All I've ever seen in terms of your office records are
21 the health history, the second sheet of that health
22 history and the inpatient operative note.

23 A. This would be -- this would be the main form right
24 here. That and the second sheet. So it wouldn't be
25 much more than that.

**DISCHARGE
 INSTRUCTION
 FORM**

Please take this form to your doctor.

Henry Clark

377526792

Followup Care

Date of adm: 5/4/01

Date of discharge: 5/10/01

Make an appointment to see

Dr. Antonasio Date/Time: May 17 10:15 Phone #: 387-109

Dr. _____ Date/Time: _____ Phone #: _____

Dr. _____ Date/Time: _____ Phone #: _____

Physical Activity

to as tolerated

Resume usual activities: ☐ Yes ☒ No

Specific limitations: _____

Diet

low salt

low chol

Type of diet: ☐ Regular ☐ Modified, specify _____

Printed instructions given: ☐ Yes ☐ No

Instructions: 1500 cc fluid restriction

Medication

Aspirin 325mg daily

Ataetone 25mg daily

Lasix 40mg daily

Coumadin 2.5mg daily

Prinivil 20mg daily

Flomax 0.4mg daily

Coreg 25mg twice daily

Lewobutol drops II each eye twice daily

Zeltnomax 250mg po QD x 4d

KDur 20mg po daily

SPECIAL INSTRUCTIONS ☐ None

*no Pravalol

Coumadin today 1.25mg (1/2 tablet)
tomorrow 1.25mg (1/2 tablet)
thereafter 2.5mg (1 tablet)

Post Discharge Plan

NOTE: - ch have your gallbladder removed electively

Physician Signature _____

Antonasio

Date 5/10/01

Special Instructions

(i.e. equipment/supplies/treatments)

Home Care Agency: _____

Date of Visit: _____

Equipment Supplier: _____

Delivery Date: _____

I have been instructed and understand the above information.

Signature _____

X Henry O. Clark Jr

Date May 10-01

Signature of Nurse _____

Jeanette

Date 5-10-01

Michigan HealthCare Referral Form

Date Written: 05 15 2001

[2]

Revised Referral:

Patient Name: CLARK

LAST

HENRY

FIRST

MEMBER I.D. # / Suffix:

DOB

Plan Name:

BCN

Care Choices

OmniCare

Total Health Care

Blue Choice

Please see member ID card to
verify product line coverage:

Cape

HAP

SelectCare

Wellness Plan

Other MEDWARE
BX

Check if Applicable:

☐ Worker's Comp.☐ Auto Accident

NOTE Referred By:

PCP Name: ATTANASIO

FRANCO

Tax ID #

Phone Number:

Plan Assigned Provider ID #:

Fax Number:

NOTE Referred To:

Provider Name: GORDON

LAST

PAMELA

Tax ID #:

Phone Number:

Plan Assigned Provider ID #:

Fax Number:

Address: 4201 ST ANNE

DETROIT

STREET

MI 4824

ZIP CODE

CITY

ICD-9 Dx Code:

428 0

Start Date:

05 15 2001

End Date: 06 15 2001

Location:

☒ Provider Office☐ Outpatient Hospital☐ ER/UCC

* Facility Number:

Facility Name:

NOTE Date of Service:

05 15 2001

FOR AMBULATORY SURGERY, LIST CPT4 BELOW

Special Services Requested

Consult or Office Visit ☒

PLEASE SPECIFY THE NUMBER OF OFFICE VISITS

CO

☐ Diagnostic Laboratory / Pathology **☐ Audiology Evaluation☐ Ophthalmological Services☐ Radiology / Imaging **☐ Cast / Fracture Care☐ Surgery **

(CPT-4 code)

☐ Diagnostic / Therapeutic Studies **☐ Oncology Services

(complete location section above)

☐ Injections & IV Therapy **☐ Dialysis☐ Pain Management **☐ Allergy **☐ OB / Perinatology☐ Therapy **

Physical

Occupational

(Indicate # of visits)

Speech

Cardiac

Optional: to authorize only specific services,
write in CPT 4 Codes here:☐ Other☐ Other☐ Other☐ Other☐ Other☐ Other

NOTE COMMENTS:

EMERGENCY APPT-

* Required for ER/UCC, Therapy & Outpatient services.

** Refer to plan instructions.

THIS REFERRAL DOES NOT GUARANTEE PAYMENT. PLEASE CONTACT THE HEALTH PLAN TO VERIFY MEMBER ELIGIBILITY AND COVERED BENEFITS.



Blue Care Network

A nonprofit corporation and independent licensee
of the Blue Cross and Blue Shield Association.

REFERRAL NOTIFICATION FORM

Referral Identification Number: 02278M02270
Date: 10-08-02

PATIENT NAME:

[3]

SERVICE PROVIDER:

HENRY

O CLARK

PAMELA

R. GORDON

NOTE: PRIMARY CARE PHYSICIAN

FRANCO

A. ATTANASIO

Subscriber Name:

LEWISCLARK

Contract Number:

Phone:

Phone:

AUTHORIZATION INFORMATION

Copayment Information: Refer to your Blue Care Network benefit booklet

NOTE: Referral Effective Date: 03-21-01 to 06-15-01 Number of Visits: GBL

Referring Provider: FRANCO A. ATTANASIO, MD

Description of Service: GLOBAL-PLEASE REVIEW INFORMATION ON THE REVERSE SIDE

Referral Status: APPROVED

Comments:

Please see reverse side for Referral Authorization Limitations

AFFILIATED INTERMISTS
4201 ST. ANTOINE
DETROIT, MI 48201
INSURANCE

CARDIOLOGY
TAX ID# 38-2194050

2001-144-2948115

(REV. 01/01)

BCN *39 BLUE CARE NETWORK
GRF# 21284 H/O CO-PAY \$ 210

DATE 05/24/01

TIME 09:40AM

ARR 11:01AM

RET
CLARK, HENRY

SUB

MSP

GRF# H/O CO-PAY \$

SUB SE

REF ATTACHED #

COAGULATION PRACTICE

BA 035 LOC 324

REF PHYSICIAN SELF

PROCEDURE ONLY C 3

ESTABLISHED PATIENT VISIT

Level 1 C 3 992118 \$ 33

LABORATORY

Glucose Finger Stick *C 3 829620 \$ 7

OTHER:

NEED REFERRING PHYSICIAN * (NC) + (BS)

BILLING DIAGNOSIS	INDICATE P & S
Acute Myocardial Infarction	C 3 410.90
Acute Pulmonary Heart Dis	C 3 415.19
Antiphospholipid Antibody Sy	C 3 795.79
Aortic Valve Replacement	C 3 040.3
Atrial Fibrillation	C 3 427.31
Atrial Flutter	C 3 427.22
Cardiomyopathy	C 3 425.4
Cerebral Artery Thrombosis	C 3 434.00
Coagulation Defects	C 3 286.9
Coronary Artherosclerosis	C 3 414.00
Cerebral Vascular Accident	C 3 436
Deep Vein Thrombosis	C 3 453.8
Dilated Cardiomyopathy	C 3 425.4
DVT Prophylaxis	C 3 007.8
Hypercoagulable State	C 3 289.8
Ischemic Cardiomyopathy	C 3 414.8

BILLING DIAGNOSIS	INDICATE P & S
Left Ventricular Clot	C 3 410.90
Left Ventricular Dysfunction	C 3 429.9
Mitral Valve Replacement	C 3 040.3
Phlebitis/Thrombophlebitis	C 3 451.9
Post Myocardial Pathy	C 3 410
Pulmonary Embolism/Infarct	C 3 415.11
Secondary Hypertension	C 3 405.99
Severe Coronary Artery Dis	C 3 414.00
St Jude Aortic Valve Prosthe	C 3 040.3
Stroke	C 3 436
Thrombus	C 3 453.8
Transient Ischemic Attack	C 3 435.9
Vascular Graft Thrombosis	C 3 996.74

OTHER:

PHYSICIAN ASSISTANT SIGN/REEPER NUMBER

ATTENDING PHYSICIAN SIGNATURE

C 3 Professional Courtesy

Attending physician signature required

Cashiers Signature

TODAYS CHARGES

PATIENT AMOUNT

PAID FOR TODAY

TODAY'S BALANCE

PRIOR BALANCE \$136.27 CO-PAY \$

PAYMENT ON ACCT

C 3 Cash C 3 CR# C 3 CC C 3 M

PAYMENT POSTING TODAY'S SERVICES



(5)

CERTIFICATE OF GROUP HEALTH PLAN / INDIVIDUAL HEALTH COVERAGE

IMPORTANT - This certificate provides evidence of your prior health coverage. You may need to furnish this certificate if you become eligible under a group health plan that excludes coverage for certain medical conditions that you have before you enroll. This certificate may need to be provided if medical advice, diagnosis, care, or treatment was recommended or received for the condition within the 6-month period prior to your enrollment in the new plan. If you become covered under another group health plan, check with the plan administrator to see if you need to provide this certificate. You may also need this certificate to buy, for yourself or your family, an insurance policy that does not exclude coverage for medical conditions that are present before you enroll.

1. Date of this certificate: **10/08/01**
2. Name of employer/individual health plan: **CITY OF DET/GEN. CITY**
3. Name of subscriber: **LEWISCLARK**
4. Identification number of subscriber:
5. Name of dependent to whom this certificate applies: **HENRY O CLARK**
6. Name and address of plan administrator or issuer responsible for providing this certificate:
BLUE CARE NETWORK OF SOUTHEAST MICHIGAN
7. For further information, call:
8. If the individual identified in line 5 has at least 18 months of creditable coverage (disregarding periods of coverage before a 63-day break), check here and skip line 9.
9. Date coverage began: **07/01/00**
10. Date coverage ended: **07/31/01**

Note: Separate certificates are furnished for each subscriber and each dependent. You must contact your employer for all information about employment new hire waiting periods or affiliation periods.