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RECEIVED BY
JAN 26 2009
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6 Attorneys for Plaintiff
7 CALIFORNIA SHOCK TRAUMA AIR RESCUE

8
9 UNITED STATES DISTRICT COURT
10 EASTERN DISTRICT OF CALIFORNIA

MURPHY AUSTIN ADAMS SCHOENFELD LLP
ATTORNEYS AT LAW

12 CALIFORNIA SHOCK TRAUMA AIR
RESCUE,
13
14 Plaintiff,
15 v.
16 STATE COMPENSATION INSURANCE
FUND; ESIS, INC.; ZURICH
17 AMERICAN INSURANCE COMPANY;
FIRSTCOMP UNDERWRITERS GROUP,
18 INC.; ZENITH INSURANCE
COMPANY; REDWOOD FIRE &
CASUALTY INSURANCE COMPANY;
19 INTERCARE INSURANCE
SOLUTIONS, INC.; SEABRIGHT
20 INSURANCE COMPANY; ALLIED
PROPERTY AND CASUALTY
21 INSURANCE COMPANY; EMPLOYERS
DIRECT INSURANCE COMPANY;
22 COMPWEST INSURANCE COMPANY;
THE TRAVELERS INDEMNITY
23 COMPANY; FARMERS INSURANCE
COMPANY; XL SPECIALTY
24 INSURANCE COMPANY; OLD
REPUBLIC INSURANCE COMPANY;
25 APPLIED UNDERWRITERS, INC.;
NATIONAL LIABILITY & FIRE
26 INSURANCE COMPANY; AIMS
INSURANCE SERVICES; ARCH
27 INSURANCE COMPANY;
BROADSPIRE SERVICES INC.;
28 CHURCH MUTUAL INSURANCE

Case No.
COMPLAINT FOR:
1. **DECLARATORY RELIEF;**
2. **BREACH OF IMPLIED-IN-LAW CONTRACT (QUANTUM MERUIT);**
3. **UNJUST ENRICHMENT; and**
4. **MONEY DUE ON OPEN BOOK ACCOUNT**
DEMAND FOR JURY TRIAL

1 COMPANY; REPUBLIC INDEMNITY
2 COMPANY OF CALIFORNIA;
3 ~~VANLINER INSURANCE COMPANY;~~
4 ALASKA NATIONAL INSURANCE
5 COMPANY; EMPLOYERS INSURANCE
6 COMPANY OF WAUSAU; THE TERRA
7 GROUP; INSURANCE COMPANY OF
8 THE WEST; LINCOLN GENERAL
9 INSURANCE COMPANY; MARSH USA
10 INC.; EMPLOYERS COMPENSATION
11 INSURANCE COMPANY; AMERICAN
12 HOME ASSURANCE COMPANY;
13 FLORISTS' MUTUAL INSURANCE
14 COMPANY; SAFECO INSURANCE
15 COMPANY OF AMERICA; GUIDEONE
16 MUTUAL INSURANCE COMPANY;
17 SAFETY NATIONAL CASUALTY
18 CORPORATION; CNA INSURANCE
19 SERVICES, INC.; GALLAGHER
20 BASSETT SERVICES, INC.; ACE
21 AMERICAN INSURANCE COMPANY;
22 MIDWEST GENERAL INSURANCE
23 AGENCY, LLC; CYPRESS INSURANCE
24 COMPANY; VIRGINIA SURETY
25 INSURANCE COMPANY; ~~PREFERRED~~
26 ~~EMPLOYERS INSURANCE COMPANY;~~
27 SIERRA PACIFIC INDUSTRIES, INC.;
28 FIRE ASSOCIATION SELF-
INSURANCE SYSTEM; CONTRA
COSTA COUNTY SCHOOLS
INSURANCE GROUP; CALIFORNIA
STATE ASSOCIATION OF COUNTIES
EXCESS INSURANCE AUTHORITY;
PROTECTED INSURANCE PROGRAMS
FOR SCHOOLS; NORCAL WASTE
SYSTEMS, INC.; SPECIAL DISTRICT
RISK MANAGEMENT AUTHORITY;
DANAHER CORPORATION;
MANPOWER, INC.; REDWOOD
EMPIRE MUNICIPAL INSURANCE
FUND; EAST BAY REGIONAL PARK
DISTRICT; TRINDEL INSURANCE
FUND; COUNTY OF MARIN;
BARRETT BUSINESS SERVICES, INC.;
NORTHERN CALIFORNIA SPECIAL
DISTRICTS INSURANCE AUTHORITY;
PACIFIC GAS & ELECTRIC
COMPANY; CITY OF MONTEREY;
WASHINGTON STATE DEPARTMENT
OF LABOR AND INDUSTRIES;
COUNTY OF SOLANO; LAKE VALLEY
FIRE PROTECTION DISTRICT;
COUNTY OF SANTA BARBARA; 99
CENT ONLY STORES; CITY OF
SALINAS; COUNTY OF EL DORADO;

1 CITY OF PLEASANTON; ~~CONAGRA~~
2 ~~FOODS, INC.~~; COUNTY OF
3 STANISLAUS; MUNICIPAL POOLING
4 AUTHORITY; ACE HARDWARE
5 CORPORATION; BAY AREA ROOFERS
6 HEALTH & WELFARE TRUST FUND,

Defendants.

7 Plaintiff California Shock Trauma Air Rescue ("CALSTAR") brings this complaint
8 against defendants State Compensation Insurance Fund, ESIS, Inc., Zurich American Insurance
9 Company, FirstComp Underwriters Group, Inc., Zenith Insurance Company, Redwood Fire &
10 Casualty Insurance Company, Intercare Insurance Solutions, Inc., SeaBright Insurance Company,
11 Allied Property and Casualty Insurance Company, Employers Direct Insurance Company,
12 CompWest Insurance Company, The Travelers Indemnity Company, Farmers Insurance
13 Company, XL Specialty Insurance Company, Old Republic Insurance Company, Applied
14 Underwriters, Inc., National Liability & Fire Insurance Company, AIMS Insurance Services,
15 Arch Insurance Company, Broadspire Services Inc., Church Mutual Insurance Company,
16 Republic Indemnity Company of California, Vanliner Insurance Company, Alaska National
17 Insurance Company, Employers Insurance Company of Wausau, The Terra Group, Insurance
18 Company of the West, Lincoln General Insurance Company, Marsh USA Inc., Employers
19 Compensation Insurance Company, American Home Assurance Company, Florists' Mutual
20 Insurance Company, Safeco Insurance Company of America, GuideOne Mutual Insurance
21 Company, Safety National Casualty Corporation, CNA Insurance Services, Inc., Gallagher
22 Bassett Services, Inc., Ace American Insurance Company, Midwest General Insurance Agency,
23 LLC, Cypress Insurance Company, Virginia Surety Insurance Company, Preferred Employers
24 Insurance Company, Sierra Pacific Industries, Fire Association Self-Insurance System, Contra
25 Costa County Schools Insurance Group, California State Association of Counties Excess
26 Insurance Authority, Protected Insurance Programs for Schools, Norcal Waste Systems, Inc.,
27 Special District Risk Management Authority, Danaher Corporation, Manpower, Inc., Redwood
28 Empire Municipal Insurance Fund, East Bay Regional Park District, Trindel Insurance Fund,

1 County of Marin, Barrett Business Services, Inc., Northern California Special Districts Insurance
2 Authority, Pacific Gas & Electric Company, City of Monterey, Washington State Department of
3 Labor & Industries, County of Solano, Lake Valley Fire Protection District, County of Santa
4 Barbara, 99 Cent Only Stores, City of Salinas, County of El Dorado, City of Pleasanton, Conagra
5 Foods, Inc., County of Stanislaus, Municipal Pooling Authority, ACE Hardware Corporation,
6 Bay Area Roofers Health & Welfare Trust Fund (collectively, "Defendants"):

7 **I.**
8 **JURISDICTION, VENUE AND PARTIES**

9 1. This action arises out of a federal statute, the Federal Aviation Act of 1958, as
10 amended by the Airline Deregulation Act, 49 U.S.C. section 41713(b)(1) (the "FAA/ADA") and
11 the Court is vested with original jurisdiction under 28 U.S.C. section 1331.

12 2. This action seeks a declaration that Official Medical Fee Schedule for ambulance
13 services, California Code of Regulations, title 8, section 9789.70, is preempted by the provisions
14 of the Federal Aviation Act of 1958, as amended by the Airline Deregulation Act, 49 U.S.C.
15 section 41713(b)(1) (the "FAA/ADA"), which provides in pertinent part that "a State [or]
16 political subdivision of a State ... may not enact or enforce a law, regulation, or other provision
17 having the force and effect of law related to a price, route, or service of an air carrier that may
18 provide air transportation under [the FAA/ADA]." The action for declaratory relief is brought
19 pursuant to 28 U.S.C. section 2201, the Declaratory Judgment Act.

20 3. This action also seeks recovery of amounts owed to Plaintiff based on the fact that
21 that Official Medical Fee Schedule for ambulance services, California Code of Regulations, title
22 8, section 9789.70, is preempted by the provisions of the Federal Aviation Act of 1958, as
23 amended by the Airline Deregulation Act, 49 U.S.C. section 41713(b)(1) (the "FAA/ADA"). As
24 to these claims, Plaintiff invokes the supplemental jurisdiction of the Court pursuant to 28 U.S.C.
25 section 1367(a). Supplemental jurisdiction is appropriate as to the State causes of action as they
26 arise from the same "common nucleus of operative facts" as does the federal claim stated herein.

27 4. Venue is proper in this Court, the Eastern District of California, pursuant to 28
28 U.S.C. section 1391(b)(1), in that all defendants reside in this State within the meaning of 28

1 U.S.C. section 1391(c) and one defendant resides in this District.

2 5. Plaintiff California Shock Trauma Air Rescue ("CALSTAR") is a corporation
3 organized and existing under the laws of the State of California, with its principal place of
4 business in the State of California.

5 6. Defendants State Compensation Insurance Fund, ESIS, Inc., Zurich American
6 Insurance Company, FirstComp Underwriters Group, Inc., Zenith Insurance Company, Redwood
7 Fire & Casualty Insurance Company, Intercare Insurance Solutions, Inc., SeaBright Insurance
8 Company, Allied Property and Casualty Insurance Company, Employers Direct Insurance
9 Company, CompWest Insurance Company, The Travelers Indemnity Company, Farmers
10 Insurance Company, XL Specialty Insurance Company, Old Republic Insurance Company,
11 Applied Underwriters, Inc., National Liability & Fire Insurance Company, AIMS Insurance
12 Services, Arch Insurance Company, Broadspire Services Inc., Church Mutual Insurance
13 Company, Republic Indemnity Company of California, Vanliner Insurance Company, Alaska
14 National Insurance Company, Employers Insurance Company of Wausau, The Terra Group,
15 Insurance Company of the West, Lincoln General Insurance Company, Marsh USA Inc.,
16 Employers Compensation Insurance Company, American Home Assurance Company, Florists'
17 Mutual Insurance Company, Safeco Insurance Company of America, GuideOne Mutual
18 Insurance Company, Safety National Casualty Corporation, CNA Insurance Services, Inc.,
19 Gallagher Bassett Services, Inc., Ace American Insurance Company, Midwest General Insurance
20 Agency, LLC, Cypress Insurance Company, Virginia Surety Insurance Company, Preferred
21 Employers Insurance Company, (collectively "Insurer Defendants") are insurance companies
22 providing workers compensation insurance within the State of California. Each of said Insurer
23 Defendants had insureds whose employers were injured during the course and scope of their
24 employment while in the state of California and were transported by Plaintiff.

25 7. Defendants Sierra Pacific Industries, Inc., Fire Association Self-Insurance System,
26 Contra Costa County Schools Insurance Group, California State Association of Counties Excess
27 Insurance Authority, Protected Insurance Programs for Schools, Norcal Waste Systems, Inc.,
28 Special District Risk Management Authority, Danaher Corporation, Manpower, Inc., Redwood

1 Empire Municipal Insurance Fund, East Bay Regional Park District, Trindel Insurance Fund,
2 County of Marin, Barrett Business Services, Inc., Northern California Special Districts Insurance
3 Authority, Pacific Gas & Electric Company, City of Monterey, Washington State Department of
4 Labor & Industries, County of Solano, Lake Valley Fire Protection District, County of Santa
5 Barbara, 99 Cent Only Stores, City of Salinas, County of El Dorado, City of Pleasanton, Conagra
6 Foods, Inc., County of Stanislaus, Municipal Pooling Authority, ACE Hardware Corporation,
7 Bay Area Roofers Health & Welfare Trust Fund (collectively "Employer Defendants") are
8 employers who are self insured for workers compensation insurance having obtained a certificate
9 of consent to self-insure against workers' compensation claims from the Director of Industrial
10 Relations as more particularly set forth in paragraph 12 below. Each of said Employer
11 Defendants had employees who were injured in the course and scope of their employment while
12 in the State of California and were transported by Plaintiff.

13 8. Defendants City of Monterey, Municipal Pooling Authority, City of Pleasanton,
14 City of Salinas, County of Stanislaus, Contra Costa County Schools Authority Insurance Group,
15 County of El Dorado, County of Marin, County of Santa Barbara, County of Solano, California
16 State Association of Counties Excess Insurance Authority, East Bay Regional Park District, Lake
17 Valley Fire Protection District, Protected Insurance Program for Schools, Special District Risk
18 Management Authority, Fire Association Self-Insurance System, Northern California Special
19 Districts Insurance Authority, Trindel Insurance Fund and Redwood Empire Municipal Insurance
20 Fund are local public entities pursuant to the Government Code section 811.2. Plaintiff is not
21 required to comply with the claims presentation procedures contained in Government Code
22 sections 900 et seq. because the public entities named above have not filed a statement pertaining
23 to the public agency with the Secretary of State's Roster of Public Agencies as required by
24 Government Code sections 946.4 and 53051, and/or because this is a claim for money damages
25 for care rendered to injured employees for which the employee's exclusive remedy is the workers
26 compensation authorized by Division 4 (commencing with section 3200) of the Labor Code and,
27 as such, Plaintiff's claim is exempted from the claims presentation requirements pursuant to
28 Government Code section 905(d).

II.
FACTS COMMON TO ALL CLAIMS

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3 9. CALSTAR provides air ambulance services within the State of California,
4 between California and Nevada, and within the State of Nevada. CALSTAR's flight crews
5 respond from full-time bases located in Auburn, Concord, Gilroy, Salinas, Santa Maria, South
6 Lake Tahoe, Ukiah, and Vacaville.

7 10. CALSTAR has held an air carriers' certificate issued by the Federal Aviation
8 Administration to operate as an air carrier and conduct common carriage operations since
9 May 15, 1986.

10 11. CALSTAR has contracts with certain counties and EMS regions in the State of
11 California which require CALSTAR to respond with emergency air ambulance service when
12 contacted by representatives of the contracting counties or EMS regions, unless CALSTAR does
13 not have sufficient personnel or equipment at the time. CALSTAR also provides air ambulance
14 service for inter-hospital transfers pursuant to doctors' orders.

15 12. Plaintiff has provided upon request, and continues to provide on request, air
16 ambulance services to employees of the Employer Defendants and to employees of employers
17 who are insured by the Insurer Defendants when those employees have suffered injuries arising
18 out of their employment, as defined in California Labor Code section 3208. Under California
19 law, an employer is responsible for providing all medical treatment that is "reasonably required"
20 to cure or relieve from the effects of the injury. (Cal. Labor Code §4600.) Further under
21 California law, every employer except the State of California is responsible for securing the
22 payment of every benefit or payment conferred by the California worker's compensation laws
23 upon an injured employee by being insured against liability to pay compensation by one or more
24 insurers duly authorized to write compensation insurance in the State of California or by securing
25 from the Director of Industrial Relations a certificate of consent to self-insurance against workers'
26 compensation claims. (See Cal. Labor Code §§3207, 3700.) Pursuant to Insurance Code section
27 11651, if the employer obtains workers compensation insurance the workers compensation
28 insurer is directly liable for the cost of the medical treatment of an injured employee.

1 customary charges for the air ambulance services requested for and rendered to the injured
2 employees and each of the Insurer Defendant has paid only a portion of each invoice claiming
3 that Plaintiff's recovery is limited to the amounts set forth in the Official Medical Fee Schedule
4 for ambulance services, California Code of Regulations, title 8, section 9789.70. Attached as
5 Exhibit A is a list of the air ambulance services provided by Plaintiff within the last two years to
6 employees of employers insured by each of the Insurer Defendants, showing the name of the
7 specific Insurer Defendant, the invoice number for invoices not paid in full, the date(s) of service
8 for invoices not paid in full, the total amount of the invoice(s) sent by Plaintiff to the specific
9 Insurer Defendant that were not paid in full, the total amount actually paid by each specific
10 Insurer Defendant, and the total amount currently owed by each specific Insurer Defendant.

11 22. As a result of each of the Insurer Defendants failure to pay the full amount the
12 invoices listed on Exhibit A, there is currently due and owing from each of the Insurer Defendants
13 to Plaintiff the sum shown in the last column of Exhibit A for each of the Insurer Defendants.

14 **V.**
15 **COUNT 3 - UNJUST ENRICHMENT**
16 **(As to All Insurer Defendants)**

17 23. Plaintiff realleges and incorporates by reference paragraphs 1 - 22 of the
18 complaint.

19 24. Within the last two years, each of the Insurer Defendants has received and
20 accepted the benefit of air ambulance services provided by Plaintiff to employees of employers
21 insured by the Insurer Defendants. Pursuant to Insurance Code section 11651, the Insurer
22 Defendants are directly liable for payment of medical expenses of said employees. The Insurer
23 Defendants have paid only a portion of the reasonable and customary charges for the air
24 ambulance services provided by Plaintiff contending that Plaintiff's recovery is limited to the
25 amounts set forth in the Official Medical Fee Schedule for ambulance services, California Code
26 of Regulations, title 8, section 9789.70. Retention by the Insurer Defendants of the full benefit of
27 the services provided by Plaintiff without paying for them is inequitable and unjust. Attached as
28 Exhibit A is a list of the air ambulance services provided by Plaintiff within the last two years to

1 employees of employers insured by each of the Insurer Defendants, showing the name of the
2 specific Insurer Defendant, , the invoice number for invoices not paid in full, the date(s) of
3 service for invoices not paid in full, the total amount of the invoice(s) sent by Plaintiff to the
4 specific Insurer Defendant that were not paid in full, the total amount actually paid by each
5 specific Insurer Defendant, and the total amount currently owed by each specific Insurer
6 Defendant..

7 25. Plaintiff is, therefore, entitled to the full amount of each invoice sent to the Insurer
8 Defendants and each of the Insurer Defendants is obligated to pay Plaintiff the amount shown in
9 the last column of Exhibit A for each of the Insurer Defendants.

10 **VI.**
11 **COUNT 4 – OPEN BOOK ACCOUNT**
12 **(As to All Insurer Defendants)**

13 26. Plaintiff realleges and incorporates by reference paragraphs 1 - 25 of the
14 complaint.

15 27. Within the last four years, each of the Insurer Defendants became indebted to
16 Plaintiff on open book account for money for air ambulance services provided to employees of
17 employers insured by the Insurer Defendants. The amount for which each Insurer Defendant
18 became indebted is more particularly set forth in Exhibit B to this complaint. Those amounts
19 represent the difference between the amount of the invoices sent by Plaintiff for services rendered
20 and the payments made by the Insurer Defendants based on the Insurer Defendants' claim that
21 that Plaintiff's recovery is limited to the amounts set forth in the Official Medical Fee Schedule
22 for ambulance services, California Code of Regulations, title 8, section 9789.70.

23 28. Neither the whole nor any part of the sum listed on Exhibit B for each of the
24 Insurer Defendants has been paid although a demand therefore has been made, and there is now
25 due, owing and unpaid from each of the Insurer Defendants the sum shown on Exhibit B.

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VII.
COUNT 5-QUANTUM MERUIT
(As to All Employer Defendants)

29. Plaintiff realleges and incorporates by reference paragraphs 1 - 28 of the complaint.

30. Within the last two years, Plaintiff has provided air ambulance services to injured employees of the Employer Defendants. Under California law, an employer is responsible for providing all medical treatment that is "reasonably required" to cure or relieve from the effects of the injury. (Cal. Labor Code §4600.) Plaintiff has invoiced each of the Employer Defendants for the reasonable and customary charges for the air ambulance services requested for and rendered to the injured employees and each of the Employer Defendant has paid only a portion of each invoice claiming that Plaintiff's recovery is limited to the amounts set forth in the Official Medical Fee Schedule for ambulance services, California Code of Regulations, title 8, section 9789.70. Attached as Exhibit C is a list of the air ambulance services provided by Plaintiff within the last two years to employees of the Employer Defendants, showing the name of the specific Employer Defendant, , the invoice number for invoices not paid in full, the date(s) of service for invoices not paid in full, the total amount of the invoice(s) sent by Plaintiff to the each Employer Defendant that were not paid in full, the total amount actually paid by each Employer Defendant, and the total amount currently owed by each Employer Defendant.

31. As a result of each of the Employer Defendants failure to pay the full amount the invoices listed on Exhibit C, there is currently due and owing from each of the Employer Defendants to Plaintiff the sum shown in the last column of Exhibit C for each of the Employer Defendants.

VIII.
COUNT 6 – UNJUST ENRICHMENT
(As to All Employer Defendants)

32. Plaintiff realleges and incorporates by reference paragraphs 1 - 31 of the complaint.

1 between the amount of the invoices sent by Plaintiff for services rendered and the payments made
2 by the Employer Defendants based on the Employer Defendants' claim that that Plaintiff's
3 recovery is limited to the amounts set forth in the Official Medical Fee Schedule for ambulance
4 services, California Code of Regulations, title 8, section 9789.70.

5 37. Neither the whole nor any part of the sum listed on Exhibit D for each of the
6 Employer Defendants has been paid although a demand therefore has been made, and there is
7 now due, owing and unpaid from each of the Employer Defendants the sum shown on Exhibit D.

8 WHEREFORE, plaintiff demands judgment as follows:

9 1. As to the First Count for a declaration that the Official Medical Fee Schedule for
10 ambulance services, California Code of Regulations, title 8, section 9789.70, is preempted by the
11 provisions of the Federal Aviation Act of 1958, as amended by the Airline Deregulation Act, 49
12 U.S.C. section 41713(b)(1).

13 2. As to the Second Count for the amount shown as owing on Exhibit A from each of
14 the Insurer Defendants.

15 3. As to the Third Count for the amount shown as owing on Exhibit A from each of
16 the Insurer Defendants.

17 4. As to the Fourth Count for the amount shown as owing on Exhibit B from each of
18 the Insurer Defendants.

19 5. As to the Fifth Count for the amount shown as owing on Exhibit C from each of
20 the Employer Defendants.

21 6. As to the Sixth Count for the amount shown as owing on Exhibit C from each of
22 the Employer Defendants.

23 7. As to the Seventh Count for the amount shown as owing on Exhibit D from each
24 of the Employer Defendants.

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1 8. As against all Insurer Defendants and Employer Defendants for the costs of suit
2 and such other relief as the court deems just and proper.

3 Dated: January 9, 2009

MURPHY AUSTIN ADAMS SCHOENFELD LLP

4
5 By: 

6 KATHRYN DOI
7 JOHN E. FISCHER
8 Attorneys for Plaintiff
9 CALIFORNIA SHOCK TRAUMA AIR RESCUE
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EXHIBIT A

632.005 - CALSTAR

Exhibit A - Insurers

Patient Account No.	Date of Service	Name of Insurer	Full Billed Charges	Amount Paid	Unpaid Amount
08-1989	07/04/08	State Compensation Insurance Fund	\$ 58,512.04	\$ -	\$ 58,512.04
07-2615	08/01/07	State Compensation Insurance Fund	\$ 52,237.88	\$ 9,307.50	\$ 42,930.38
07-3373	10/08/07	State Compensation Insurance Fund	\$ 43,690.38	\$ 5,744.50	\$ 37,945.88
06-2718	10/26/06	State Compensation Insurance Fund	\$ 44,197.10	\$ 6,659.40	\$ 37,537.70
06-2160	08/22/06	State Compensation Insurance Fund	\$ 44,786.11	\$ 8,680.74	\$ 36,105.37
08-2405	09/17/08	State Compensation Insurance Fund	\$ 45,893.55	\$ 10,368.14	\$ 35,525.41
06-2859	11/10/06	State Compensation Insurance Fund	\$ 45,497.71	\$ 10,162.19	\$ 35,335.52
07-1342	05/04/07	State Compensation Insurance Fund	\$ 42,530.68	\$ 9,802.39	\$ 32,728.29
07-3927	12/10/07	State Compensation Insurance Fund	\$ 41,720.18	\$ 9,514.97	\$ 32,205.21
07-1883	06/14/07	State Compensation Insurance Fund	\$ 37,582.23	\$ 6,127.74	\$ 31,454.49
08-1691	07/03/08	State Compensation Insurance Fund	\$ 38,585.77	\$ 7,600.64	\$ 30,985.13
07-987	04/12/07	State Compensation Insurance Fund	\$ 35,907.15	\$ 5,318.83	\$ 30,588.32
08-932	04/11/08	State Compensation Insurance Fund	\$ 36,705.69	\$ 8,117.24	\$ 28,588.45
08-1686	07/03/08	State Compensation Insurance Fund	\$ 33,402.07	\$ 4,845.70	\$ 28,556.37
07-2432	07/20/07	State Compensation Insurance Fund	\$ 32,208.94	\$ 4,714.57	\$ 27,494.37
08-2221	08/28/08	State Compensation Insurance Fund	\$ 34,452.84	\$ 7,157.84	\$ 27,295.00
07-2920	08/28/07	State Compensation Insurance Fund	\$ 34,829.12	\$ 7,970.06	\$ 26,859.06
07-2910	08/27/07	State Compensation Insurance Fund	\$ 32,389.63	\$ 5,552.89	\$ 26,836.74
08-2534	10/01/08	State Compensation Insurance Fund	\$ 30,294.70	\$ 4,329.10	\$ 25,965.60
08-175	01/16/08	State Compensation Insurance Fund	\$ 34,708.48	\$ 8,849.58	\$ 25,858.90
06-1579	06/26/06	State Compensation Insurance Fund	\$ 34,287.70	\$ 8,956.36	\$ 25,331.34
08-1804	07/17/08	State Compensation Insurance Fund	\$ 33,204.11	\$ 7,895.84	\$ 25,308.27
08-1285	05/23/08	State Compensation Insurance Fund	\$ 25,072.17	\$ -	\$ 25,072.17
07-2317	07/13/07	State Compensation Insurance Fund	\$ 30,094.35	\$ 5,289.42	\$ 24,804.93
08-914	04/10/08	State Compensation Insurance Fund	\$ 29,789.48	\$ 5,239.30	\$ 24,550.18
06-2507	10/03/06	State Compensation Insurance Fund	\$ 29,261.83	\$ 4,822.28	\$ 24,439.55
08-1929	07/31/08	State Compensation Insurance Fund	\$ 30,029.68	\$ 5,593.00	\$ 24,436.68
07-2039	06/27/07	State Compensation Insurance Fund	\$ 34,409.53	\$ 10,026.61	\$ 24,382.92
06-2235	09/02/06	State Compensation Insurance Fund	\$ 29,063.73	\$ 4,914.14	\$ 24,149.59
08-1461	06/13/08	State Compensation Insurance Fund	\$ 28,826.22	\$ 4,993.30	\$ 23,832.92
07-3095	09/12/08	State Compensation Insurance Fund	\$ 28,430.74	\$ 4,978.04	\$ 23,452.70
08-1291	05/26/08	State Compensation Insurance Fund	\$ 28,479.93	\$ 5,359.64	\$ 23,120.29
07-3290	10/01/07	State Compensation Insurance Fund	\$ 29,506.48	\$ 6,505.13	\$ 23,001.35
07-2986	09/02/07	State Compensation Insurance Fund	\$ 28,080.49	\$ 5,193.61	\$ 22,886.88
06-3067	12/08/06	State Compensation Insurance Fund	\$ 27,480.16	\$ 4,638.56	\$ 22,841.60
06-1829	07/20/06	State Compensation Insurance Fund	\$ 27,404.16	\$ 5,212.67	\$ 22,191.49
08-1163	05/19/06	State Compensation Insurance Fund	\$ 30,551.28	\$ 8,577.38	\$ 21,973.90
08-1271	05/21/08	State Compensation Insurance Fund	\$ 26,455.99	\$ 4,501.30	\$ 21,954.69
07-3057	09/08/07	State Compensation Insurance Fund	\$ 28,922.83	\$ 7,251.50	\$ 21,671.13
07-2840	08/22/07	State Compensation Insurance Fund	\$ 26,045.54	\$ 4,403.19	\$ 21,642.35
05-2160	05/02/05	State Compensation Insurance Fund	\$ 28,100.70	\$ 6,685.86	\$ 21,414.84
07-602	03/10/07	State Compensation Insurance Fund	\$ 28,431.81	\$ 7,251.50	\$ 21,180.31
08-831	04/02/08	State Compensation Insurance Fund	\$ 25,874.40	\$ 4,694.32	\$ 21,180.08
08-1284	05/23/08	State Compensation Insurance Fund	\$ 25,698.25	\$ 4,645.07	\$ 21,053.18
07-2087	06/30/07	State Compensation Insurance Fund	\$ 26,177.80	\$ 5,250.00	\$ 20,927.80
08-2412	09/18/08	State Compensation Insurance Fund	\$ 28,499.08	\$ 7,639.61	\$ 20,859.47
07-3369	10/10/07	State Compensation Insurance Fund	\$ 28,696.09	\$ 7,898.21	\$ 20,797.88
08-2220	08/28/08	State Compensation Insurance Fund	\$ 25,572.48	\$ 4,847.02	\$ 20,725.46
07-1153	04/25/07	State Compensation Insurance Fund	\$ 27,950.60	\$ 7,648.71	\$ 20,303.89
08-1521	06/19/08	State Compensation Insurance Fund	\$ 27,219.06	\$ 7,157.84	\$ 20,061.22
07-696	03/19/07	State Compensation Insurance Fund	\$ 24,479.62	\$ 4,451.10	\$ 20,028.52
07-3276	09/29/07	State Compensation Insurance Fund	\$ 27,496.10	\$ 7,503.00	\$ 19,993.10
08-653	03/15/08	State Compensation Insurance Fund	\$ 27,217.65	\$ 7,410.39	\$ 19,807.26
06-1444	06/15/06	State Compensation Insurance Fund	\$ 25,267.76	\$ 5,650.00	\$ 19,617.76
08-1209	05/17/08	State Compensation Insurance Fund	\$ 26,884.24	\$ 7,268.54	\$ 19,615.70
08-2596	10/10/08	State Compensation Insurance Fund	\$ 29,586.00	\$ 10,000.00	\$ 19,586.00
07-2793	08/18/07	State Compensation Insurance Fund	\$ 26,882.19	\$ 7,323.36	\$ 19,558.83
08-1438	06/10/08	State Compensation Insurance Fund	\$ 23,671.14	\$ 4,525.90	\$ 19,145.24
08-1449	06/11/08	State Compensation Insurance Fund	\$ 23,664.07	\$ 4,522.07	\$ 19,142.00
07-3410	10/11/07	State Compensation Insurance Fund	\$ 26,176.11	\$ 7,287.43	\$ 18,888.68
07-4005	12/22/07	State Compensation Insurance Fund	\$ 23,246.28	\$ 4,427.14	\$ 18,819.14
05-4078	11/27/05	State Compensation Insurance Fund	\$ 26,272.15	\$ 7,460.35	\$ 18,811.80
07-3462	10/18/07	State Compensation Insurance Fund	\$ 25,917.85	\$ 7,107.79	\$ 18,810.06
06-1700	07/12/06	State Compensation Insurance Fund	\$ 23,063.80	\$ 4,340.03	\$ 18,723.77
06-2316	09/11/06	State Compensation Insurance Fund	\$ 23,196.96	\$ 4,661.52	\$ 18,535.44
07-1870	06/14/07	State Compensation Insurance Fund	\$ 25,454.73	\$ 7,000.00	\$ 18,454.73
07-2943	08/31/07	State Compensation Insurance Fund	\$ 22,895.34	\$ 4,355.28	\$ 18,340.05
07-1151	04/23/07	State Compensation Insurance Fund	\$ 26,848.49	\$ 8,529.80	\$ 18,318.69
07-3016	09/04/07	State Compensation Insurance Fund	\$ 23,654.40	\$ 5,351.13	\$ 18,303.27
07-3182	09/21/07	State Compensation Insurance Fund	\$ 25,303.21	\$ 7,143.72	\$ 18,159.49

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05-3768	10/24/05	State Compensation Insurance Fund	\$	22,936.40	\$	4,839.09	\$	18,097.31
07-1687	05/30/07	State Compensation Insurance Fund	\$	26,894.24	\$	8,857.42	\$	18,036.82
06-934	04/27/06	State Compensation Insurance Fund	\$	22,689.28	\$	4,776.35	\$	17,912.93
06-1108	05/10/06	State Compensation Insurance Fund	\$	21,854.61	\$	4,271.14	\$	17,583.47
07-2844	08/22/07	State Compensation Insurance Fund	\$	23,323.73	\$	5,869.61	\$	17,454.12
07-24	01/03/07	State Compensation Insurance Fund	\$	21,467.78	\$	4,202.24	\$	17,265.54
07-877	04/04/07	State Compensation Insurance Fund	\$	21,565.59	\$	4,475.05	\$	17,090.54
06-1305	05/31/06	State Compensation Insurance Fund	\$	24,042.27	\$	6,958.12	\$	17,084.15
07-820	04/01/07	State Compensation Insurance Fund	\$	24,788.83	\$	7,960.66	\$	16,828.17
06-281	02/10/06	State Compensation Insurance Fund	\$	21,031.74	\$	4,234.18	\$	16,797.56
06-3135	12/19/06	State Compensation Insurance Fund	\$	20,911.49	\$	4,225.21	\$	16,686.28
07-1931	06/19/07	State Compensation Insurance Fund	\$	20,836.38	\$	4,331.34	\$	16,505.04
07-3321	10/04/07	State Compensation Insurance Fund	\$	22,590.44	\$	6,281.45	\$	16,308.99
06-2128	08/22/06	State Compensation Insurance Fund	\$	23,265.93	\$	7,130.39	\$	16,135.54
06-1943	08/04/06	State Compensation Insurance Fund	\$	20,282.96	\$	4,362.99	\$	15,919.97
07-222	01/22/07	State Compensation Insurance Fund	\$	23,571.23	\$	7,717.93	\$	15,853.30
06-2349	09/16/06	State Compensation Insurance Fund	\$	20,534.31	\$	4,892.18	\$	15,642.13
06-2844	11/10/06	State Compensation Insurance Fund	\$	21,992.43	\$	6,441.34	\$	15,551.09
07-281	02/01/07	State Compensation Insurance Fund	\$	21,093.06	\$	5,717.79	\$	15,375.27
08-556	03/05/08	State Compensation Insurance Fund	\$	21,804.10	\$	6,709.38	\$	15,094.72
06-139	01/20/06	State Compensation Insurance Fund	\$	18,888.86	\$	3,797.48	\$	15,091.38
06-2204	08/28/06	State Compensation Insurance Fund	\$	21,346.96	\$	6,406.89	\$	14,940.07
07-358	02/08/07	State Compensation Insurance Fund	\$	23,053.62	\$	8,206.60	\$	14,847.02
06-2022	08/11/06	State Compensation Insurance Fund	\$	18,773.50	\$	4,179.28	\$	14,594.22
05-3665	10/10/05	State Compensation Insurance Fund	\$	19,076.90	\$	4,749.47	\$	14,327.43
06-1045	05/08/06	State Compensation Insurance Fund	\$	18,656.92	\$	4,454.85	\$	14,202.07
06-3063	12/08/06	State Compensation Insurance Fund	\$	20,344.07	\$	6,165.72	\$	14,178.35
07-1712	05/31/07	State Compensation Insurance Fund	\$	19,033.05	\$	4,921.31	\$	14,111.74
07-2836	08/21/07	State Compensation Insurance Fund	\$	19,049.00	\$	4,937.53	\$	14,111.47
07-3030	09/05/07	State Compensation Insurance Fund	\$	19,723.50	\$	5,638.55	\$	14,084.95
07-545	03/05/07	State Compensation Insurance Fund	\$	21,776.32	\$	7,835.61	\$	13,940.71
06-1847	07/24/06	State Compensation Insurance Fund	\$	17,514.34	\$	3,763.81	\$	13,750.53
05-2323	05/18/05	State Compensation Insurance Fund	\$	18,464.95	\$	4,920.64	\$	13,544.31
06-2156	08/21/06	State Compensation Insurance Fund	\$	17,729.01	\$	4,186.36	\$	13,542.65
05-3533	09/28/05	State Compensation Insurance Fund	\$	17,940.93	\$	4,474.90	\$	13,466.03
05-2771	07/11/05	State Compensation Insurance Fund	\$	17,536.02	\$	4,170.51	\$	13,365.51
06-397	02/17/06	State Compensation Insurance Fund	\$	18,461.36	\$	5,108.92	\$	13,352.44
07-1370	05/07/07	State Compensation Insurance Fund	\$	20,523.02	\$	7,184.34	\$	13,338.68
06-51	01/09/06	State Compensation Insurance Fund	\$	19,596.35	\$	6,553.13	\$	13,043.22
06-1300	05/30/06	State Compensation Insurance Fund	\$	17,036.74	\$	4,133.35	\$	12,903.39
06-2337	09/14/06	State Compensation Insurance Fund	\$	17,148.34	\$	4,507.46	\$	12,638.88
06-1087	05/12/06	State Compensation Insurance Fund	\$	17,612.01	\$	4,984.03	\$	12,627.98
05-2853	07/20/05	State Compensation Insurance Fund	\$	17,210.07	\$	4,744.03	\$	12,466.04
05-1903	04/07/05	State Compensation Insurance Fund	\$	19,487.43	\$	7,036.40	\$	12,451.03
06-1493	06/20/06	State Compensation Insurance Fund	\$	18,490.01	\$	6,200.18	\$	12,289.83
06-329	02/15/06	State Compensation Insurance Fund	\$	16,391.39	\$	4,117.47	\$	12,273.92
06-1005	05/05/06	State Compensation Insurance Fund	\$	16,307.10	\$	4,081.85	\$	12,225.25
05-2842	07/18/05	State Compensation Insurance Fund	\$	16,926.95	\$	4,790.53	\$	12,136.42
05-3354	09/07/05	State Compensation Insurance Fund	\$	16,180.56	\$	4,115.19	\$	12,065.37
06-619	03/27/06	State Compensation Insurance Fund	\$	18,809.01	\$	7,814.92	\$	11,994.09
05-2885	07/23/05	State Compensation Insurance Fund	\$	15,839.35	\$	3,994.62	\$	11,844.73
06-123	01/19/06	State Compensation Insurance Fund	\$	17,091.30	\$	5,309.48	\$	11,781.82
07-770	03/27/07	State Compensation Insurance Fund	\$	16,013.83	\$	4,651.72	\$	11,362.11
05-4103	12/02/05	State Compensation Insurance Fund	\$	15,022.95	\$	3,920.52	\$	11,102.43
05-4222	12/16/05	State Compensation Insurance Fund	\$	15,217.20	\$	4,211.77	\$	11,005.43
06-499	03/09/06	State Compensation Insurance Fund	\$	18,120.84	\$	7,244.05	\$	10,876.59
05-3877	11/03/05	State Compensation Insurance Fund	\$	15,424.84	\$	4,862.47	\$	10,562.37
05-3481	09/22/05	State Compensation Insurance Fund	\$	14,584.48	\$	4,301.39	\$	10,283.09
05-3403	09/12/05	State Compensation Insurance Fund	\$	14,954.66	\$	4,790.53	\$	10,164.13
05-2306	05/10/05	State Compensation Insurance Fund	\$	16,259.50	\$	6,103.99	\$	10,155.51
05-3477	09/22/05	State Compensation Insurance Fund	\$	14,060.09	\$	4,040.41	\$	10,019.68
05-2803	07/07/05	State Compensation Insurance Fund	\$	14,687.09	\$	4,748.23	\$	9,938.86
05-3130	08/15/05	State Compensation Insurance Fund	\$	14,350.57	\$	4,660.43	\$	9,690.14
05-4100	12/04/05	State Compensation Insurance Fund	\$	13,446.54	\$	3,920.52	\$	9,526.02
05-2577	06/17/05	State Compensation Insurance Fund	\$	13,093.72	\$	4,288.66	\$	8,805.06
06-101	01/13/06	State Compensation Insurance Fund	\$	12,504.38	\$	3,741.29	\$	8,763.09
05-3727	10/17/05	State Compensation Insurance Fund	\$	14,862.14	\$	6,351.45	\$	8,510.69
05-2745	07/05/05	State Compensation Insurance Fund	\$	11,863.44	\$	4,093.51	\$	7,769.93
05-2576	06/16/05	State Compensation Insurance Fund	\$	11,774.36	\$	4,115.19	\$	7,659.17
05-2777	07/11/05	State Compensation Insurance Fund	\$	22,460.97	\$	14,884.84	\$	7,576.13
05-2242	05/17/05	State Compensation Insurance Fund	\$	11,822.33	\$	4,383.66	\$	7,438.67
06-1545	06/23/06	State Compensation Insurance Fund	\$	11,899.97	\$	4,724.13	\$	7,175.84

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08-1112	05/05/08	State Compensation Insurance Fund	\$ 27,279.88	\$ 21,228.68	\$ 6,051.20
05-2202	05/14/05	State Compensation Insurance Fund	\$ 7,774.91	\$ 3,669.49	\$ 4,105.42
05-3745	10/13/05	State Compensation Insurance Fund	\$ 18,767.93	\$ 15,143.32	\$ 3,624.61
05-1800	03/23/05	State Compensation Insurance Fund	\$ 12,172.64	\$ 9,187.47	\$ 2,985.17
05-2556	06/21/05	State Compensation Insurance Fund	\$ 12,697.72	\$ 9,883.27	\$ 2,814.45
Total		147			\$ 2,686,237.08

Patient Account No.	Date of Service	Name of Insurer	Full Billed Charges	Amount Paid	Unpaid Amount
07-3173	09/20/07	ESIS, Inc.	\$ 33,231.88	\$ 72.26	\$ 33,159.62
08-2351	09/10/08	ESIS, Inc.	\$ 36,714.38	\$ 5,313.10	\$ 31,401.28
08-325	02/07/08	ESIS, Inc.	\$ 30,140.41	\$ 3,907.12	\$ 26,233.29
08-2050	08/12/08	ESIS, Inc.	\$ 30,515.82	\$ 4,452.10	\$ 26,063.72
7-3173	09/20/07	ESIS, Inc.	\$ 33,231.88	\$ 8,508.58	\$ 24,723.30
08-1425	06/09/08	ESIS, Inc.	\$ 28,696.37	\$ 4,525.90	\$ 22,170.47
08-1944	08/01/08	ESIS, Inc.	\$ 28,606.58	\$ 6,899.54	\$ 21,707.04
07-1470	05/16/07	ESIS, Inc.	\$ 23,245.22	\$ 5,062.19	\$ 18,183.03
07-978	04/12/07	ESIS, Inc.	\$ 20,482.17	\$ 4,187.62	\$ 16,294.55
06-164	01/24/06	ESIS, Inc.	\$ 24,405.90	\$ 9,571.87	\$ 14,834.03
05-3457	09/06/05	ESIS, Inc.	\$ 15,752.86	\$ 4,921.69	\$ 10,831.17
Total		11			\$ 245,601.50

Patient Account No.	Date of Service	Name of Insurer	Full Billed Charges	Amount Paid	Unpaid Amount
08-2462	09/24/08	Zurich American Insurance Company	\$ 36,250.00	\$ 5,411.50	\$ 30,838.50
08-1715	07/07/08	Zurich American Insurance Company	\$ 34,010.86	\$ 5,165.50	\$ 28,845.36
07-2784	08/18/07	Zurich American Insurance Company	\$ 29,486.94	\$ 5,025.94	\$ 24,461.00
07-1978	06/22/07	Zurich American Insurance Company	\$ 27,519.41	\$ 4,906.18	\$ 22,613.23
07-459	02/21/07	Zurich American Insurance Company	\$ 26,392.02	\$ 4,666.66	\$ 21,725.36
07-2042	06/27/07	Zurich American Insurance Company	\$ 24,230.36	\$ 4,618.76	\$ 19,611.60
07-1114	04/23/07	Zurich American Insurance Company	\$ 21,890.34	\$ 4,546.90	\$ 17,343.44
06-2546	10/08/06	Zurich American Insurance Company	\$ 21,059.42	\$ 4,248.28	\$ 16,811.14
06-2985	11/29/06	Zurich American Insurance Company	\$ 20,220.21	\$ 4,179.38	\$ 16,040.83
05-2080	04/29/05	Zurich American Insurance Company	\$ 16,473.91	\$ 3,766.78	\$ 12,707.13
06-630	03/28/06	Zurich American Insurance Company	\$ 15,427.38	\$ 3,926.73	\$ 11,500.65
05-3418	09/13/05	Zurich American Insurance Company	\$ 13,114.04	\$ 3,737.23	\$ 9,376.81
Total		12			\$ 231,875.05

Patient Account No.	Date of Service	Name of Insurer	Full Billed Charges	Amount Paid	Unpaid Amount
• 08-2227	08/28/08	FirstComp Underwriters Group, Inc.	\$ 46,754.44	\$ 5,755.90	\$ 40,998.54
• 08-2441	09/22/08	FirstComp Underwriters Group, Inc.	\$ 28,490.05	-	\$ 28,490.05
• 08-2772	10/31/08	FirstComp Underwriters Group, Inc.	\$ 31,394.43	\$ 4,870.30	\$ 26,524.13
• 08-2022	08/10/08	FirstComp Underwriters Group, Inc.	\$ 30,048.29	\$ 4,599.70	\$ 25,448.59
• 07-370	02/14/07	FirstComp Underwriters Group, Inc.	\$ 29,386.08	\$ 5,260.56	\$ 24,125.52
• 08-1074	04/29/08	FirstComp Underwriters Group, Inc.	\$ 26,503.04	\$ 4,399.12	\$ 22,103.92
• 08-2312	09/05/08	FirstComp Underwriters Group, Inc.	\$ 24,918.37	\$ 4,329.10	\$ 20,589.27
• 06-1852	07/25/06	FirstComp Underwriters Group, Inc.	\$ 23,220.56	\$ 5,654.87	\$ 17,565.69
• 07-2324	07/15/07	FirstComp Underwriters Group, Inc.	\$ 21,458.11	\$ 6,317.37	\$ 15,140.74
Total		9			\$ 220,986.45

Patient Account No.	Date of Service	Name of Insurer	Full Billed Charges	Amount Paid	Unpaid Amount
05-2295	05/24/05	Zenith Insurance Company	\$ 16,059.30	\$ 4,493.17	\$ 11,566.13
06-1139	05/17/06	Zenith Insurance Company	\$ 16,696.63	\$ 4,583.09	\$ 12,113.54
08-2846	11/11/08	Zenith Insurance Company	\$ 19,870.41	\$ 4,748.62	\$ 15,121.79
06-1344	06/05/06	Zenith Insurance Company	\$ 21,087.88	\$ 4,193.16	\$ 16,894.72
07-954	04/09/07	Zenith Insurance Company	\$ 23,097.75	\$ 4,508.30	\$ 18,589.45
08-2588	10/09/08	Zenith Insurance Company	\$ 28,479.26	\$ 4,575.10	\$ 23,904.16
07-1855	06/12/07	Zenith Insurance Company	\$ 32,762.72	\$ 4,714.57	\$ 28,048.15
08-2535	10/01/08	Zenith Insurance Company	\$ 33,597.39	-	\$ 33,597.39
Total		8			\$ 159,835.33

Patient Account No.	Date of Service	Name of Insurer	Full Billed Charges	Amount Paid	Unpaid Amount
08-1845	07/22/08	Redwood Fire & Casualty Insurance Company	\$ 40,544.04	\$ -	\$ 40,544.04

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Patient Account No.	Date of Service	Name of Insurer	Full Billed Charges	Amount Paid	Unpaid Amount
06-2332	09/13/06	Redwood Fire & Casualty Insurance Company	\$ 35,689.18	\$ 7,287.76	\$ 28,401.42
06-1165	05/19/06	Redwood Fire & Casualty Insurance Company	\$ 29,156.15	\$ 5,892.09	\$ 23,264.06
06-483	03/06/06	Redwood Fire & Casualty Insurance Company	\$ 25,221.99	\$ 4,493.12	\$ 20,728.87
07-956	04/10/07	Redwood Fire & Casualty Insurance Company	\$ 18,717.49	\$ 4,057.78	\$ 14,659.71
06-530	03/13/06	Redwood Fire & Casualty Insurance Company	\$ 16,442.43	\$ 4,887.69	\$ 11,554.74
Total			6		\$ 139,152.84

Patient Account No.	Date of Service	Name of Insurer	Full Billed Charges	Amount Paid	Unpaid Amount
07-1858	06/12/07	Intercare Insurance Solutions, Inc.	\$ 52,455.88	\$ 3,067.55	\$ 49,388.33
08-272	01/30/08	Intercare Insurance Solutions, Inc.	\$ 26,089.18	\$ 3,536.09	\$ 22,553.09
07-3648	11/09/07	Intercare Insurance Solutions, Inc.	\$ 23,348.73	\$ 3,868.57	\$ 19,478.16
07-292	02/03/07	Intercare Insurance Solutions, Inc.	\$ 24,822.21	\$ 9,298.99	\$ 15,523.22
07-637	03/12/07	Intercare Insurance Solutions, Inc.	\$ 29,341.96	\$ 24,940.66	\$ 4,401.30
Total			5		\$ 111,344.10

Patient Account No.	Date of Service	Name of Insurer	Full Billed Charges	Amount Paid	Unpaid Amount
08-2401	09/16/08	SeaBright Insurance Company	\$ 58,270.24	\$ -	\$ 58,270.24
08-1837	07/21/08	SeaBright Insurance Company	\$ 36,009.03	\$ -	\$ 36,009.03
05-4093	12/02/05	SeaBright Insurance Company	\$ 16,370.75	\$ 4,361.80	\$ 12,008.95
Total			3		\$ 106,288.22

Patient Account No.	Date of Service	Name of Insurer	Full Billed Charges	Amount Paid	Unpaid Amount
06-2781	11/02/06	Allied Property and Casualty Insurance Company	\$ 56,245.27	\$ 8,543.23	\$ 47,702.04
06-1874	07/27/06	Allied Property and Casualty Insurance Company	\$ 24,304.47	\$ 4,983.03	\$ 19,321.44
07-1808	06/08/07	Allied Property and Casualty Insurance Company	\$ 23,622.26	\$ 7,546.18	\$ 16,076.08
Total			3		\$ 83,099.56

Patient Account No.	Date of Service	Name of Insurer	Full Billed Charges	Amount Paid	Unpaid Amount
07-2762	08/17/07	Employers Direct Insurance Company	\$ 26,408.47	\$ 4,800.29	\$ 21,608.18
07-1606	05/24/07	Employers Direct Insurance Company	\$ 24,576.07	\$ 3,842.21	\$ 20,733.86
07-2941	08/30/07	Employers Direct Insurance Company	\$ 21,964.45	\$ 3,842.21	\$ 18,122.24
06-2636	10/18/06	Employers Direct Insurance Company	\$ 23,030.32	\$ 10,000.00	\$ 13,030.32
Total			4		\$ 73,494.60

Patient Account No.	Date of Service	Name of Insurer	Full Billed Charges	Amount Paid	Unpaid Amount
07-2937	08/29/07	CompWest Insurance Company	\$ 49,865.72	\$ 7,506.87	\$ 42,358.85
05-4152	12/09/05	CompWest Insurance Company	\$ 19,654.76	\$ 3,376.40	\$ 16,278.36
Total			2		\$ 58,637.21

Patient Account No.	Date of Service	Name of Insurer	Full Billed Charges	Amount Paid	Unpaid Amount
06-24	01/05/06	The Travelers Indemnity Company	\$ 27,431.06	\$ 5,318.92	\$ 22,112.14
06-1551	06/26/06	The Travelers Indemnity Company	\$ 22,968.54	\$ 4,628.76	\$ 18,339.78
06-2455	09/25/06	The Travelers Indemnity Company	\$ 22,990.79	\$ 6,576.42	\$ 16,414.37
Total			3		\$ 56,866.29

Patient Account No.	Date of Service	Name of Insurer	Full Billed Charges	Amount Paid	Unpaid Amount
07-2708	08/11/07	Farmers Insurance Company	\$ 24,384.29	\$ 4,618.76	\$ 19,765.53
06-1808	07/21/06	Farmers Insurance Company	\$ 21,408.25	\$ 3,628.15	\$ 17,780.10
06-1979	08/07/06	Farmers Insurance Company	\$ 20,399.59	\$ 4,133.44	\$ 16,266.15
Total			3		\$ 53,791.78

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Patient Account No.	Date of Service	Name of Insurer	Full Billed Charges	Amount Paid	Unpaid Amount
08-809	03/28/08	XL Specialty Insurance Company	\$ 30,635.84	\$ 4,170.14	\$ 26,465.70
08-379	02/12/08	XL Specialty Insurance Company	\$ 31,511.31	\$ 5,574.18	\$ 25,937.12
Total			2		\$ 52,402.82

Patient Account No.	Date of Service	Name of Insurer	Full Billed Charges	Amount Paid	Unpaid Amount
08-1233	05/16/08	Old Republic Insurance Company	\$ 27,133.66	\$ 4,796.50	\$ 22,337.16
08-486	02/25/08	Old Republic Insurance Company	\$ 22,764.31	\$ 10,000.00	\$ 12,764.31
05-3096	08/12/05	Old Republic Insurance Company	\$ 16,665.67	\$ 4,057.01	\$ 12,608.66
Total			3		\$ 47,710.13

Patient Account No.	Date of Service	Name of Insurer	Full Billed Charges	Amount Paid	Unpaid Amount
06-1035	05/05/06	Applied Underwriters, Inc	\$ 25,722.49	\$ 5,802.80	\$ 19,919.69
07-1592	05/23/07	Applied Underwriters, Inc	\$ 20,443.25	\$ 4,962.16	\$ 15,481.09
05-3419	09/13/05	Applied Underwriters, Inc.	\$ 18,962.95	\$ 7,001.04	\$ 11,961.91
Total			3		\$ 47,362.69

Patient Account No.	Date of Service	Name of Insurer	Full Billed Charges	Amount Paid	Unpaid Amount
06-3102	12/13/06	National Liability & Fire Insurance Company	\$ 26,137.39	\$ 4,738.16	\$ 21,399.23
05-3788	10/25/05	National Liability & Fire Insurance Company	\$ 15,262.93	\$ 4,229.25	\$ 11,033.68
05-3862	10/25/05	National Liability & Fire Insurance Company	\$ 12,006.88	\$ 3,689.27	\$ 8,317.61
Total			3		\$ 40,750.52

Patient Account No.	Date of Service	Name of Insurer	Full Billed Charges	Amount Paid	Unpaid Amount
08-1711	07/07/08	AIMS Insurance Services	\$ 42,990.26	\$ 6,149.50	\$ 36,840.76
Total			1		\$ 36,840.76

Patient Account No.	Date of Service	Name of Insurer	Full Billed Charges	Amount Paid	Unpaid Amount
08-2406	09/18/08	Arch Insurance Company	\$ 27,221.12	\$ 5,191.42	\$ 22,029.70
05-3122	08/10/05	Arch Insurance Company	\$ 13,021.93	\$ 452.85	\$ 12,569.08
Total			2		\$ 34,598.78

Patient Account No.	Date of Service	Name of Insurer	Full Billed Charges	Amount Paid	Unpaid Amount
07-3179	09/20/07	Broadspire Services Inc.	\$ 33,265.31	\$ 3,780.44	\$ 29,484.87
Total			1		\$ 29,484.87

Patient Account No.	Date of Service	Name of Insurer	Full Billed Charges	Amount Paid	Unpaid Amount
06-1596	07/01/06	Church Mutual Insurance Company	\$ 20,272.03	\$ 4,914.02	\$ 15,358.01
06-443	02/28/06	Church Mutual Insurance Company	\$ 17,946.65	\$ 5,509.82	\$ 12,436.83
Total			2		\$ 27,794.84

Patient Account No.	Date of Service	Name of Insurer	Full Billed Charges	Amount Paid	Unpaid Amount
05-2483	06/12/05	Republic Indemnity Company of California	\$ 21,287.47	\$ 5,424.31	\$ 15,863.16
05-4104	12/05/05	Republic Indemnity Company of California	\$ 19,523.69	\$ 8,890.02	\$ 10,633.67
Total			2		\$ 26,496.83

Patient Account No.	Date of Service	Name of Insurer	Full Billed Charges	Amount Paid	Unpaid Amount
08-2712	10/23/08	Vanliner Insurance Company	\$ 30,046.59	\$ 4,796.50	\$ 25,250.09
Total			1		\$ 25,250.09

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Exhibit A - Insurers

Patient Account No.	Date of Service	Name of Insurer	Full Billed Charges	Amount Paid	Unpaid Amount
08-401	02/15/08	Alaska National Insurance Company	\$ 29,431.89	\$ 5,358.52	\$ 24,073.37
Total			1		\$ 24,073.37

Patient Account No.	Date of Service	Name of Insurer	Full Billed Charges	Amount Paid	Unpaid Amount
08-1245	05/19/08	Employers Insurance Company of Wausau	\$ 29,867.97	\$ 7,055.05	\$ 22,812.92
Total			1		\$ 22,812.92

Patient Account No.	Date of Service	Name of Insurer	Full Billed Charges	Amount Paid	Unpaid Amount
08-890	04/08/08	The Terra Group	\$ 27,282.52	\$ 5,137.12	\$ 22,145.40
Total			1		\$ 22,145.40

Patient Account No.	Date of Service	Name of Insurer	Full Billed Charges	Amount Paid	Unpaid Amount
08-1354	05/30/08	Insurance Company of the West	\$ 25,799.58	\$ 4,501.30	\$ 21,298.28
Total			1		\$ 21,298.28

Patient Account No.	Date of Service	Name of Insurer	Full Billed Charges	Amount Paid	Unpaid Amount
08-1158	05/10/08	Lincoln General Insurance Company	\$ 26,098.71	\$ 4,894.90	\$ 21,203.81
Total			1		\$ 21,203.81

Patient Account No.	Date of Service	Name of Insurer	Full Billed Charges	Amount Paid	Unpaid Amount
06-1760	07/18/06	Marsh USA Inc.	\$ 23,552.61	\$ 4,330.28	\$ 19,222.33
Total			1		\$ 19,222.33

Patient Account No.	Date of Service	Name of Insurer	Full Billed Charges	Amount Paid	Unpaid Amount
07-631	03/12/07	Employers Compensation Insurance Company	\$ 23,224.18	\$ 4,369.18	\$ 18,855.02
Total			1		\$ 18,855.02

Patient Account No.	Date of Service	Name of Insurer	Full Billed Charges	Amount Paid	Unpaid Amount
07-122	01/12/07	American Home Assurance Company	\$ 22,143.95	\$ 4,555.94	\$ 17,588.01
Total			1		\$ 17,588.01

Patient Account No.	Date of Service	Name of Insurer	Full Billed Charges	Amount Paid	Unpaid Amount
05-3977	11/15/05	Florists' Mutual Insurance Company	\$ 22,758.62	\$ 5,488.45	\$ 17,270.17
Total			1		\$ 17,270.17

Patient Account No.	Date of Service	Name of Insurer	Full Billed Charges	Amount Paid	Unpaid Amount
06-1137	05/16/06	Safeco Insurance Company of America	\$ 21,189.74	\$ 4,285.00	\$ 16,904.74
Total			1		\$ 16,904.74

Patient Account No.	Date of Service	Name of Insurer	Full Billed Charges	Amount Paid	Unpaid Amount
07-3995	12/21/07	GuideOne Mutual Insurance Company	\$ 23,864.49	\$ 6,964.08	\$ 16,900.41
Total			1		\$ 16,900.41

Patient Account No.	Date of Service	Name of Insurer	Full Billed Charges	Amount Paid	Unpaid Amount
06-2055	08/13/06	Safety National Casualty Corporation	\$ 23,706.60	\$ 7,051.73	\$ 16,654.87
Total			1		\$ 16,654.87

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Exhibit A - Insurers

Patient Account No.	Date of Service	Name of Insurer	Full Billed Charges	Amount Paid	Unpaid Amount
05-2613	06/23/05	CNA Insurance Services, Inc	\$ 18,999.44	\$ 4,643.89	\$ 14,355.55
Total					\$ 14,355.55

Patient Account No.	Date of Service	Name of Insurer	Full Billed Charges	Amount Paid	Unpaid Amount
06-2201	08/28/06	Gallagher Bassett Services, Inc.	\$ 17,732.72	\$ 4,077.72	\$ 13,655.00
Total					\$ 13,655.00

Patient Account No.	Date of Service	Name of Insurer	Full Billed Charges	Amount Paid	Unpaid Amount
05-2936	07/26/05	Ace American Insurance Company	\$ 16,995.27	\$ 4,758.34	\$ 12,236.93
Total					\$ 12,236.93

Patient Account No.	Date of Service	Name of Insurer	Full Billed Charges	Amount Paid	Unpaid Amount
05-3605	10/05/05	Midwest General Insurance Agency, LLC	\$ 15,165.16	\$ 9,199.33	\$ 5,965.83
05-3378	09/09/05	Midwest General Insurance Agency, LLC	\$ 13,351.37	\$ 6,313.82	\$ 7,037.55
Total					\$ 13,003.38

Patient Account No.	Date of Service	Name of Insurer	Full Billed Charges	Amount Paid	Unpaid Amount
06-1225	05/25/06	Cypress Insurance Company	\$ 13,762.82	\$ 4,817.96	\$ 8,944.86
Total					\$ 8,944.86

Patient Account No.	Date of Service	Name of Insurer	Full Billed Charges	Amount Paid	Unpaid Amount
05-2507	06/14/05	Virginia Surety Insurance Company	\$ 11,475.66	\$ 4,231.41	\$ 7,244.25
Total					\$ 7,244.25

Patient Account No.	Date of Service	Name of Insurer	Full Billed Charges	Amount Paid	Unpaid Amount
08-231	01/22/08	Preferred Employers Insurance Company	\$ 25,580.84	\$ 20,494.84	\$ 5,086.00
Total					\$ 5,086.00

EXHIBIT B

632.005 - CALSTAR
Exhibit B - Self-Insured Employers

Patient Account No.	Date of Service	Name of Employer	Full Billed Charges	Amount Paid	Unpaid Amount
08-2044	08/11/08	Sierra Pacific Industries	\$ 46,687.35	\$ -	\$ 46,687.35
06-2528	10/18/08	Sierra Pacific Industries	\$ 41,179.69	\$ 6,200.56	\$ 34,979.13
07-3358	10/08/07	Sierra Pacific Industries	\$ 27,558.41	\$ 4,872.15	\$ 22,686.26
06-945	04/27/06	Sierra Pacific Industries	\$ 19,693.69	\$ 4,271.25	\$ 15,422.44
Total			4		\$ 119,775.18

Patient Account No.	Date of Service	Name of Employer	Full Billed Charges	Amount Paid	Unpaid Amount
08-1912	07/30/08	Fire Association Self-Insurance System	\$ 36,949.63	\$ 5,263.90	\$ 31,685.73
08-1922	07/31/08	Fire Association Self-Insurance System	\$ 36,929.68	\$ 5,313.10	\$ 31,616.58
05-3080	08/11/05	Fire Association Self-Insurance System	\$ 20,017.93	\$ 5,112.66	\$ 14,905.27
Total			3		\$ 78,207.58

Patient Account No.	Date of Service	Name of Employer	Full Billed Charges	Amount Paid	Unpaid Amount
07-1601	05/23/07	Contra Costa County Schools Insurance Group	\$ 22,723.89	\$ 6,805.84	\$ 15,918.05
06 2690	10/24/06	Contra Costa County Schools Insurance Group	\$ 22,673.57	\$ 6,783.97	\$ 15,889.60
07-3641	11/08/07	Contra Costa County Schools Insurance Group	\$ 20,541.52	\$ 4,940.80	\$ 15,600.72
06-65	01/11/06	Contra Costa County Schools Insurance Group	\$ 13,537.59	\$ 6,071.07	\$ 7,466.52
05-4137	12/06/05	Contra Costa County Schools Insurance Group	\$ 11,678.14	\$ 4,355.57	\$ 7,322.57
Total			5		\$ 62,197.46

Patient Account No.	Date of Service	Name of Employer	Full Billed Charges	Amount Paid	Unpaid Amount
08-2506	09/28/08	California State Association of Counties Excess Insurance Authority	\$ 38,851.64	\$ 5,829.44	\$ 33,022.20
06-871	04/21/06	California State Association of Counties Excess Insurance Authority	\$ 19,792.16	\$ 6,692.05	\$ 13,100.11
05-2051	04/24/05	California State Association of Counties Excess Insurance Authority	\$ 15,904.00	\$ 5,065.70	\$ 10,838.30
Total			3		\$ 56,960.61

Patient Account No.	Date of Service	Name of Employer	Full Billed Charges	Amount Paid	Unpaid Amount
07-1293	05/02/07	Protected Insurance Program for Schools	\$ 24,565.85	\$ 3,842.21	\$ 20,723.64
06-3080	12/06/06	Protected Insurance Program for Schools	\$ 21,411.94	\$ 4,050.86	\$ 17,361.08
06-652	03/30/06	Protected Insurance Program for Schools	\$ 18,578.05	\$ 4,282.34	\$ 14,295.71
Total			3		\$ 52,380.43

Patient Account No.	Date of Service	Name of Employer	Full Billed Charges	Amount Paid	Unpaid Amount
08-1388	06/04/08	Norcal Waste Systems, Inc.	\$ 30,189.54	\$ 4,186.49	\$ 26,003.05
08-1311	05/27/08	Norcal Waste Systems, Inc.	\$ 21,689.27	\$ 4,397.45	\$ 17,291.82
Total			2		\$ 43,294.87

Patient Account No.	Date of Service	Name of Employer	Full Billed Charges	Amount Paid	Unpaid Amount
08-1442	06/10/08	Special District Risk Management Authority	\$ 38,689.95	\$ 5,829.44	\$ 32,860.51
Total			1		\$ 32,860.51

Patient Account No.	Date of Service	Name of Employer	Full Billed Charges	Amount Paid	Unpaid Amount
07-3966	12/15/07	Danaher Corporation	\$ 33,292.64	\$ 4,882.23	\$ 28,410.41
Total			1		\$ 28,410.41

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Exhibit B - Self-Insured Employers

Patient Account No.	Date of Service	Name of Employer	Full Billed Charges	Amount Paid	Unpaid Amount
07-330	02/06/07	Manpower, Inc.	\$ 26,499.39	\$ 4,554.61	\$ 21,944.78
Total			1		\$ 21,944.78

Patient Account No.	Date of Service	Name of Employer	Full Billed Charges	Amount Paid	Unpaid Amount
08-897	04/09/08	Redwood Empire Municipal Insurance Fund	\$ 28,622.81	\$ 7,806.33	\$ 20,816.48
Total			1		\$ 20,816.48

Patient Account No.	Date of Service	Name of Employer	Full Billed Charges	Amount Paid	Unpaid Amount
08-1919	07/31/08	East Bay Regional Park District	\$ 24,812.72	\$ 4,252.13	\$ 20,560.59
Total			1		\$ 20,560.59

Patient Account No.	Date of Service	Name of Employer	Full Billed Charges	Amount Paid	Unpaid Amount
08-2395	09/15/08	Trindel Insurance Fund	\$ 26,232.97	\$ 5,829.44	\$ 20,403.53
Total			1		\$ 20,403.53

Patient Account No.	Date of Service	Name of Employer	Full Billed Charges	Amount Paid	Unpaid Amount
08-369	02/11/08	County of Marin	\$ 24,125.12	\$ 3,842.21	\$ 20,282.91
Total			1		\$ 20,282.91

Patient Account No.	Date of Service	Name of Employer	Full Billed Charges	Amount Paid	Unpaid Amount
06-1359	06/06/06	Barrett Business Services, Inc.	\$ 24,174.29	\$ 4,127.55	\$ 20,046.74
Total			1		\$ 20,046.74

Patient Account No.	Date of Service	Name of Employer	Full Billed Charges	Amount Paid	Unpaid Amount
07-3257	09/28/07	Northern California Special Districts Insurance Authority	\$ 25,806.94	\$ 6,073.29	\$ 19,733.65
Total			1		\$ 19,733.65

Patient Account No.	Date of Service	Name of Employer	Full Billed Charges	Amount Paid	Unpaid Amount
07-3025	09/05/07	Pacific Gas & Electric Company	\$ 23,578.84	\$ 4,512.87	\$ 19,065.97
Total			1		\$ 19,065.97

Patient Account No.	Date of Service	Name of Employer	Full Billed Charges	Amount Paid	Unpaid Amount
06-1360	06/05/06	City of Monterey	\$ 24,644.33	\$ 6,475.79	\$ 18,168.54
Total			1		\$ 18,168.54

Patient Account No.	Date of Service	Name of Employer	Full Billed Charges	Amount Paid	Unpaid Amount
08-856	04/05/08	Washington State Department of Labor & Industries	\$ 26,891.91	\$ 9,885.35	\$ 17,006.56
Total			1		\$ 17,006.56

Patient Account No.	Date of Service	Name of Employer	Full Billed Charges	Amount Paid	Unpaid Amount
07-1172	04/27/07	County of Solano	\$ 21,760.02	\$ 4,952.44	\$ 16,807.58
Total			1		\$ 16,807.58

Patient Account No.	Date of Service	Name of Employer	Full Billed Charges	Amount Paid	Unpaid Amount
05 3551	09/28/05	Lake Valley Fire Protection District	\$ 23,164.97	\$ 6,655.37	\$ 16,499.60
Total			1		\$ 16,499.60

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Exhibit B - Self-Insured Employers

Patient Account No.	Date of Service	Name of Employer	Full Billed Charges	Amount Paid	Unpaid Amount
06-1676	07/10/06	County of Santa Barbara	\$ 20,905.92	\$ 4,644.36	\$ 16,261.56
Total			1		\$ 16,261.56

Patient Account No.	Date of Service	Name of Employer	Full Billed Charges	Amount Paid	Unpaid Amount
05 2497	06/13/05	99 Cent Only Stores	\$ 19,705.53	\$ 4,747.02	\$ 14,958.51
Total			1		\$ 14,958.51

Patient Account No.	Date of Service	Name of Employer	Full Billed Charges	Amount Paid	Unpaid Amount
05 2787	07/12/05	City of Salinas	\$ 15,772.06	\$ 1,684.22	\$ 14,087.84
Total			1		\$ 14,087.84

Patient Account No.	Date of Service	Name of Employer	Full Billed Charges	Amount Paid	Unpaid Amount
05 3446	09/17/05	County of El Dorado	\$ 18,020.76	\$ 4,355.30	\$ 13,665.46
Total			1		\$ 13,665.46

Patient Account No.	Date of Service	Name of Employer	Full Billed Charges	Amount Paid	Unpaid Amount
06-967	05/01/06	City of Pleasanton	\$ 16,970.66	\$ 3,910.89	\$ 13,059.77
Total			1		\$ 13,059.77

Patient Account No.	Date of Service	Name of Employer	Full Billed Charges	Amount Paid	Unpaid Amount
05 4151	12/09/05	Conagra Foods, Inc.	\$ 15,851.13	\$ 4,199.15	\$ 11,651.98
Total			1		\$ 11,651.98

Patient Account No.	Date of Service	Name of Employer	Full Billed Charges	Amount Paid	Unpaid Amount
05 3996	11/17/05	County of Stanislaus	\$ 13,698.15	\$ 3,819.22	\$ 9,878.93
Total			1		\$ 9,878.93

Patient Account No.	Date of Service	Name of Employer	Full Billed Charges	Amount Paid	Unpaid Amount
05 2042	04/23/05	Municipal Pooling Authority	\$ 11,029.82	\$ 4,057.76	\$ 6,972.06
Total			1		\$ 6,972.06

Patient Account No.	Date of Service	Name of Employer	Full Billed Charges	Amount Paid	Unpaid Amount
05 4146	12/08/05	ACE Hardware Corporation	\$ 17,855.09	\$ 13,873.29	\$ 3,981.80
Total			1		\$ 3,981.80

Patient Account No.	Date of Service	Name of Employer	Full Billed Charges	Amount Paid	Unpaid Amount
05 3595	10/04/05	Bay Area Roofers Health & Welfare Trust Fund	\$ 14,750.63	\$ 12,750.63	\$ 2,000.00
Total			1		\$ 2,000.00

EXHIBIT C

632.005 - CALSTAR

Exhibit C - Insurers with Date of Payment After 1/5/2007

Patient Account No.	Date of Service	Name of Insurer	Full Billed Charges	Date of Payment	Amount Paid	Unpaid Amount
07-2615	08/01/07	State Compensation Insurance Fund	\$ 52,237.88	11/01/07	\$ 9,307.50	\$ 42,930.38
07-3373	10/08/07	State Compensation Insurance Fund	\$ 43,690.38	12/10/07	\$ 5,744.50	\$ 37,945.88
06-2659	11/10/06	State Compensation Insurance Fund	\$ 45,497.71	01/27/07	\$ 10,162.19	\$ 35,335.52
07-1342	05/04/07	State Compensation Insurance Fund	\$ 42,530.68	07/23/07	\$ 9,802.39	\$ 32,728.29
07-3927	12/10/07	State Compensation Insurance Fund	\$ 41,720.18	02/20/08	\$ 9,514.97	\$ 32,205.21
07-1883	06/14/07	State Compensation Insurance Fund	\$ 37,582.23	09/26/07	\$ 8,127.74	\$ 31,454.49
08-1691	07/03/08	State Compensation Insurance Fund	\$ 38,585.77	08/01/08	\$ 7,600.64	\$ 30,985.13
07-987	04/12/07	State Compensation Insurance Fund	\$ 35,907.15	07/19/07	\$ 5,318.83	\$ 30,588.32
08-932	04/11/08	State Compensation Insurance Fund	\$ 36,705.69	05/22/08	\$ 8,117.24	\$ 28,588.45
08-1686	07/03/08	State Compensation Insurance Fund	\$ 33,402.07	08/04/08	\$ 4,845.70	\$ 28,556.37
07-2432	07/20/07	State Compensation Insurance Fund	\$ 32,208.94	01/10/08	\$ 4,714.57	\$ 27,494.37
07-2920	08/28/07	State Compensation Insurance Fund	\$ 34,829.12	10/29/07	\$ 7,970.06	\$ 26,859.06
07-2910	08/27/07	State Compensation Insurance Fund	\$ 32,389.63	10/29/07	\$ 5,552.89	\$ 26,836.74
08-175	01/16/08	State Compensation Insurance Fund	\$ 34,708.48	03/12/08	\$ 8,849.58	\$ 25,858.90
08-1804	07/17/08	State Compensation Insurance Fund	\$ 33,204.11	08/12/08	\$ 7,895.84	\$ 25,308.27
07-2317	07/13/07	State Compensation Insurance Fund	\$ 30,094.35	10/05/07	\$ 5,289.42	\$ 24,804.93
08-914	04/10/08	State Compensation Insurance Fund	\$ 29,789.48	05/21/08	\$ 5,239.30	\$ 24,550.18
07-2039	06/27/07	State Compensation Insurance Fund	\$ 34,409.53	10/05/07	\$ 10,026.61	\$ 24,382.92
08-1481	06/13/08	State Compensation Insurance Fund	\$ 28,826.22	07/21/08	\$ 4,993.30	\$ 23,832.92
07-3095	09/12/08	State Compensation Insurance Fund	\$ 28,430.74	11/26/07	\$ 4,978.04	\$ 23,452.70
08-1291	05/26/08	State Compensation Insurance Fund	\$ 28,479.93	07/02/08	\$ 5,359.64	\$ 23,120.29
07-3290	10/01/07	State Compensation Insurance Fund	\$ 29,506.48	01/11/08	\$ 6,505.13	\$ 23,001.35
07-2986	09/02/07	State Compensation Insurance Fund	\$ 28,080.49	11/27/07	\$ 5,193.61	\$ 22,886.88
06-3067	12/08/06	State Compensation Insurance Fund	\$ 27,480.16	06/30/07	\$ 4,638.56	\$ 22,841.60
08-1271	05/21/08	State Compensation Insurance Fund	\$ 26,455.99	07/02/08	\$ 4,501.30	\$ 21,954.69
07-3057	09/08/07	State Compensation Insurance Fund	\$ 28,922.63	10/29/07	\$ 7,251.50	\$ 21,671.13
07-2840	08/22/07	State Compensation Insurance Fund	\$ 26,045.54	10/22/07	\$ 4,403.19	\$ 21,642.35
07-602	03/10/07	State Compensation Insurance Fund	\$ 28,431.81	06/13/07	\$ 7,251.50	\$ 21,180.31
08-831	04/02/08	State Compensation Insurance Fund	\$ 25,874.40	05/16/08	\$ 4,694.32	\$ 21,180.08
08-1284	05/23/08	State Compensation Insurance Fund	\$ 25,698.25	07/09/08	\$ 4,645.07	\$ 21,053.18
07-2087	06/30/07	State Compensation Insurance Fund	\$ 26,177.80	01/22/08	\$ 5,250.00	\$ 20,927.80
07-3389	10/10/07	State Compensation Insurance Fund	\$ 28,696.09	12/10/07	\$ 7,898.21	\$ 20,797.88
07-1153	04/25/07	State Compensation Insurance Fund	\$ 27,950.60	07/16/07	\$ 7,646.71	\$ 20,303.89
08-1521	06/19/08	State Compensation Insurance Fund	\$ 27,219.08	07/23/08	\$ 7,157.84	\$ 20,061.22
07-696	03/19/07	State Compensation Insurance Fund	\$ 24,479.62	05/02/07	\$ 4,451.10	\$ 20,028.52
07-3276	09/29/07	State Compensation Insurance Fund	\$ 27,496.10	12/10/07	\$ 7,503.00	\$ 19,993.10
08-853	03/15/08	State Compensation Insurance Fund	\$ 27,217.65	04/24/08	\$ 7,410.39	\$ 19,807.26
08-1209	05/17/08	State Compensation Insurance Fund	\$ 26,884.24	06/20/08	\$ 7,665.54	\$ 19,615.70
07-2793	08/18/07	State Compensation Insurance Fund	\$ 28,882.19	11/02/07	\$ 7,323.36	\$ 19,558.83
08-1438	06/10/08	State Compensation Insurance Fund	\$ 23,671.14	07/11/08	\$ 4,525.90	\$ 19,145.24
08-1449	06/11/08	State Compensation Insurance Fund	\$ 23,664.07	07/07/08	\$ 4,522.07	\$ 19,142.00
07-3410	10/11/07	State Compensation Insurance Fund	\$ 26,176.11	02/19/08	\$ 7,287.43	\$ 18,888.68
07-4005	12/22/07	State Compensation Insurance Fund	\$ 23,246.28	03/05/08	\$ 4,427.14	\$ 18,819.14
07-3462	10/18/07	State Compensation Insurance Fund	\$ 25,917.85	01/14/08	\$ 7,107.79	\$ 18,810.06
07-1870	06/14/07	State Compensation Insurance Fund	\$ 25,454.73	08/11/08	\$ 7,000.00	\$ 18,454.73
07-2943	08/31/07	State Compensation Insurance Fund	\$ 22,695.34	11/19/07	\$ 4,359.29	\$ 18,340.05
07-1151	04/23/07	State Compensation Insurance Fund	\$ 26,848.49	08/29/07	\$ 8,529.80	\$ 18,318.69
07-3016	09/04/07	State Compensation Insurance Fund	\$ 23,654.40	10/15/07	\$ 5,351.13	\$ 18,303.27
07-3182	09/21/07	State Compensation Insurance Fund	\$ 25,303.21	11/30/07	\$ 7,143.72	\$ 18,159.49
07-1687	05/30/07	State Compensation Insurance Fund	\$ 26,894.24	08/27/07	\$ 8,857.42	\$ 18,036.82
07-2844	06/22/07	State Compensation Insurance Fund	\$ 23,323.73	12/06/07	\$ 5,869.61	\$ 17,454.12
07-24	01/03/07	State Compensation Insurance Fund	\$ 21,467.78	02/07/07	\$ 4,202.24	\$ 17,265.54
07-877	04/04/07	State Compensation Insurance Fund	\$ 21,565.59	07/11/07	\$ 4,475.05	\$ 17,090.54
07-820	04/01/07	State Compensation Insurance Fund	\$ 24,788.83	07/16/07	\$ 7,980.66	\$ 16,828.17
06-3135	12/19/06	State Compensation Insurance Fund	\$ 20,911.49	03/02/07	\$ 4,225.21	\$ 16,686.28
07-1931	06/19/07	State Compensation Insurance Fund	\$ 20,836.38	08/29/07	\$ 4,331.34	\$ 16,505.04
07-3321	10/04/07	State Compensation Insurance Fund	\$ 22,590.44	01/31/08	\$ 6,281.45	\$ 16,308.99
07-222	01/22/07	State Compensation Insurance Fund	\$ 23,571.23	04/18/07	\$ 7,717.93	\$ 15,853.30
06-2844	11/10/06	State Compensation Insurance Fund	\$ 21,992.43	04/11/07	\$ 6,441.34	\$ 15,551.09
07-281	02/01/07	State Compensation Insurance Fund	\$ 21,093.06	05/01/07	\$ 5,717.79	\$ 15,375.27
08-556	03/05/08	State Compensation Insurance Fund	\$ 21,804.10	05/21/08	\$ 6,709.38	\$ 15,094.72
07-358	02/08/07	State Compensation Insurance Fund	\$ 23,063.62	05/03/07	\$ 8,206.60	\$ 14,847.02
06-3063	12/08/06	State Compensation Insurance Fund	\$ 20,344.07	02/02/07	\$ 6,165.72	\$ 14,178.35
07-1712	05/31/07	State Compensation Insurance Fund	\$ 19,033.05	10/24/07	\$ 4,921.31	\$ 14,111.74
07-2836	08/21/07	State Compensation Insurance Fund	\$ 19,049.00	11/15/07	\$ 4,937.53	\$ 14,111.47
07-3030	09/05/07	State Compensation Insurance Fund	\$ 19,723.50	10/18/07	\$ 5,638.55	\$ 14,084.95
07-545	03/05/07	State Compensation Insurance Fund	\$ 21,776.32	08/18/07	\$ 7,835.61	\$ 13,940.71
07-1370	05/07/07	State Compensation Insurance Fund	\$ 20,523.02	07/26/07	\$ 7,184.34	\$ 13,338.68
08-2337	08/14/06	State Compensation Insurance Fund	\$ 17,146.34	05/02/07	\$ 4,507.46	\$ 12,838.88
07-770	03/27/07	State Compensation Insurance Fund	\$ 16,013.83	06/14/07	\$ 4,651.72	\$ 11,362.11
05-2803	07/07/05	State Compensation Insurance Fund	\$ 14,687.09	10/01/07	\$ 4,748.23	\$ 9,938.86
08-1112	05/05/08	State Compensation Insurance Fund	\$ 27,279.88	05/29/08	\$ 21,228.68	\$ 6,051.20
Total						\$ 1,609,360.29

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Exhibit C - Insurers with Date of Payment After 1/5/2007

Patient Account No.	Date of Service	Name of Insurer	Full Billed Charges	Date of Payment	Amount Paid	Unpaid Amount
08-1715	07/07/08	Zurich American Insurance Company	\$ 34,010.86	07/30/08	\$ 5,165.50	\$ 28,845.36
07-2784	08/18/07	Zurich American Insurance Company	\$ 29,486.94	10/09/07	\$ 5,025.94	\$ 24,461.00
07-1978	06/22/07	Zurich American Insurance Company	\$ 27,519.41	09/04/07	\$ 4,908.18	\$ 22,613.23
07-459	02/21/07	Zurich American Insurance Company	\$ 28,392.02	03/22/07	\$ 4,668.66	\$ 21,723.36
07-2042	06/27/07	Zurich American Insurance Company	\$ 24,230.36	07/30/07	\$ 4,818.76	\$ 19,611.60
07-1114	04/23/07	Zurich American Insurance Company	\$ 21,890.34	05/11/07	\$ 4,548.90	\$ 17,343.44
06-2985	11/29/06	Zurich American Insurance Company	\$ 20,220.21	01/12/07	\$ 4,179.38	\$ 16,040.83
Total						\$ 150,640.82

Patient Account No.	Date of Service	Name of Insurer	Full Billed Charges	Date of Payment	Amount Paid	Unpaid Amount
07-3173	09/20/07	ESIS, Inc.	\$ 33,231.88	05/28/08	\$ 72.26	\$ 33,159.62
08-325	02/07/08	ESIS, Inc.	\$ 30,140.41	04/30/08	\$ 3,907.12	\$ 26,233.29
08-1425	06/09/08	ESIS, Inc.	\$ 26,696.37	07/28/08	\$ 4,525.90	\$ 22,170.47
07-1470	05/16/07	ESIS, Inc.	\$ 23,245.22	06/13/07	\$ 5,062.19	\$ 18,183.03
07-978	04/12/07	ESIS, Inc.	\$ 20,482.17	06/27/07	\$ 4,187.62	\$ 16,294.55
Total						\$ 116,040.96

Patient Account No.	Date of Service	Name of Insurer	Full Billed Charges	Date of Payment	Amount Paid	Unpaid Amount
07-1858	06/12/07	Intericare Insurance Solutions, Inc.	\$ 52,455.68	07/23/07	\$ 3,067.55	\$ 49,388.33
08-272	01/30/08	Intericare Insurance Solutions, Inc.	\$ 26,089.18	03/20/08	\$ 3,536.09	\$ 22,553.09
07-3648	11/09/07	Intericare Insurance Solutions, Inc.	\$ 23,346.73	01/07/08	\$ 3,868.57	\$ 19,478.16
07-292	02/03/07	Intericare Insurance Solutions, Inc.	\$ 24,822.21	05/21/07	\$ 9,298.99	\$ 15,523.22
07-637	03/12/07	Intericare Insurance Solutions, Inc.	\$ 29,341.96	08/30/07	\$ 24,940.66	\$ 4,401.30
Total						\$ 111,344.10

Patient Account No.	Date of Service	Name of Insurer	Full Billed Charges	Date of Payment	Amount Paid	Unpaid Amount
06-2781	11/02/06	Allied Property and Casualty Insurance Company	\$ 56,245.27	01/11/07	\$ 8,543.23	\$ 47,702.04
07-1808	06/08/07	Allied Property and Casualty Insurance Company	\$ 23,622.26	10/15/07	\$ 7,548.18	\$ 16,074.08
Total						\$ 63,776.12

Patient Account No.	Date of Service	Name of Insurer	Full Billed Charges	Date of Payment	Amount Paid	Unpaid Amount
07-370	02/14/07	FirstComp Underwriters Group, Inc.	\$ 29,386.08	04/02/07	\$ 5,280.56	\$ 24,125.52
08-1074	04/29/08	FirstComp Underwriters Group, Inc.	\$ 26,503.04	07/07/08	\$ 4,399.12	\$ 22,103.92
07-2324	07/15/07	FirstComp Underwriters Group, Inc.	\$ 21,458.11	09/10/07	\$ 6,317.37	\$ 15,140.74
Total						\$ 61,370.18

Patient Account No.	Date of Service	Name of Insurer	Full Billed Charges	Date of Payment	Amount Paid	Unpaid Amount
07-2782	08/17/07	Employers Direct Insurance Company	\$ 26,408.47	10/11/07	\$ 4,800.29	\$ 21,608.18
07-1806	05/24/07	Employers Direct Insurance Company	\$ 24,576.07	08/06/07	\$ 3,842.21	\$ 20,733.86
07-2941	08/30/07	Employers Direct Insurance Company	\$ 21,964.45	10/15/07	\$ 3,842.21	\$ 18,122.24
Total						\$ 60,464.28

Patient Account No.	Date of Service	Name of Insurer	Full Billed Charges	Date of Payment	Amount Paid	Unpaid Amount
08-809	03/28/08	XL Specialty Insurance Company	\$ 30,635.84	05/05/08	\$ 4,170.14	\$ 26,465.70
08-379	02/12/08	XL Specialty Insurance Company	\$ 31,511.31	03/24/08	\$ 5,574.19	\$ 25,937.12
Total						\$ 52,402.82

Patient Account No.	Date of Service	Name of Insurer	Full Billed Charges	Date of Payment	Amount Paid	Unpaid Amount
07-1855	06/12/07	Zenith Insurance Company	\$ 32,762.72	07/26/07	\$ 4,714.57	\$ 28,048.15
07-954	04/09/07	Zenith Insurance Company	\$ 23,097.75	04/30/07	\$ 4,508.30	\$ 18,589.45
Total						\$ 46,637.60

Patient Account No.	Date of Service	Name of Insurer	Full Billed Charges	Date of Payment	Amount Paid	Unpaid Amount
07-2937	08/29/07	CompWest Insurance Company	\$ 49,865.72	11/09/07	\$ 7,508.87	\$ 42,356.85
Total						\$ 42,356.85

Patient Account No.	Date of Service	Name of Insurer	Full Billed Charges	Date of Payment	Amount Paid	Unpaid Amount
08-1711	07/07/08	AIMS Insurance Services	\$ 42,990.26	08/15/08	\$ 6,149.50	\$ 36,840.76
Total						\$ 36,840.76

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Exhibit C - Insurers with Date of Payment After 1/5/2007

Patient Account No.	Date of Service	Name of Insurer	Full Billed Charges	Date of Payment	Amount Paid	Unpaid Amount
08-1233	05/18/08	Old Republic Insurance Company	\$ 27,133.66	07/14/08	\$ 4,796.50	\$ 22,337.16
08-488	02/25/08	Old Republic Insurance Company	\$ 22,764.31	05/12/08	\$ 10,000.00	\$ 12,764.31
Total						\$ 35,101.47

Patient Account No.	Date of Service	Name of Insurer	Full Billed Charges	Date of Payment	Amount Paid	Unpaid Amount
07-3179	09/20/07	Broadspire Services Inc.	\$ 33,265.31	12/17/07	\$ 3,780.44	\$ 29,484.87
Total						\$ 29,484.87

Patient Account No.	Date of Service	Name of Insurer	Full Billed Charges	Date of Payment	Amount Paid	Unpaid Amount
08-401	02/15/08	Alaska National Insurance Company	\$ 29,431.89	03/31/08	\$ 5,358.52	\$ 24,073.37
Total						\$ 24,073.37

Patient Account No.	Date of Service	Name of Insurer	Full Billed Charges	Date of Payment	Amount Paid	Unpaid Amount
08-1245	05/19/08	Employers Insurance Company of Wausau	\$ 29,867.97	08/25/08	\$ 7,055.06	\$ 22,812.92
Total						\$ 22,812.92

Patient Account No.	Date of Service	Name of Insurer	Full Billed Charges	Date of Payment	Amount Paid	Unpaid Amount
08-890	04/08/08	The Terra Group	\$ 27,282.52	05/23/08	\$ 5,137.12	\$ 22,145.40
Total						\$ 22,145.40

Patient Account No.	Date of Service	Name of Insurer	Full Billed Charges	Date of Payment	Amount Paid	Unpaid Amount
08-3102	12/13/08	National Liability & Fire Insurance Company	\$ 26,137.39	02/05/07	\$ 4,738.16	\$ 21,399.23
Total						\$ 21,399.23

Patient Account No.	Date of Service	Name of Insurer	Full Billed Charges	Date of Payment	Amount Paid	Unpaid Amount
08-1354	05/30/08	Insurance Company of the West	\$ 25,799.58	06/26/08	\$ 4,501.30	\$ 21,298.28
Total						\$ 21,298.28

Patient Account No.	Date of Service	Name of Insurer	Full Billed Charges	Date of Payment	Amount Paid	Unpaid Amount
08-1158	05/10/08	Lincoln General Insurance Company	\$ 26,098.71	08/20/08	\$ 4,894.90	\$ 21,203.81
Total						\$ 21,203.81

Patient Account No.	Date of Service	Name of Insurer	Full Billed Charges	Date of Payment	Amount Paid	Unpaid Amount
07-2708	08/11/07	Farmers Insurance Company	\$ 24,364.29	09/18/07	\$ 4,818.78	\$ 19,745.53
Total						\$ 19,745.53

Patient Account No.	Date of Service	Name of Insurer	Full Billed Charges	Date of Payment	Amount Paid	Unpaid Amount
07-831	03/12/07	Employers Compensation Insurance Company	\$ 23,224.18	09/07/07	\$ 4,368.16	\$ 18,856.02
Total						\$ 18,856.02

Patient Account No.	Date of Service	Name of Insurer	Full Billed Charges	Date of Payment	Amount Paid	Unpaid Amount
07-122	01/12/07	American Home Assurance Company	\$ 22,143.95	02/21/07	\$ 4,555.94	\$ 17,588.01
Total						\$ 17,588.01

Patient Account No.	Date of Service	Name of Insurer	Full Billed Charges	Date of Payment	Amount Paid	Unpaid Amount
07-3995	12/21/07	GuideOne Mutual Insurance	\$ 23,864.49	02/04/08	\$ 6,964.08	\$ 16,900.41
Total						\$ 16,900.41

Patient Account No.	Date of Service	Name of Insurer	Full Billed Charges	Date of Payment	Amount Paid	Unpaid Amount
07-1592	05/23/07	Applied Underwriters, Inc.	\$ 20,443.25	08/01/07	\$ 4,982.18	\$ 15,461.09
Total						\$ 15,461.09

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Exhibit C - Insurers with Date of Payment After 1/5/2007

Patient Account No.	Date of Service	Name of Insurer	Full Billed Charges	Date of Payment	Amount Paid	Unpaid Amount
07-956	04/10/07	Redwood Fire & Casualty Insurance Company	\$ 18,717.49	07/05/07	\$ 4,057.78	\$ 14,659.71
Total						\$ 14,659.71

Patient Account No.	Date of Service	Name of Insurer	Full Billed Charges	Date of Payment	Amount Paid	Unpaid Amount
08-231	01/22/08	Preferred Employers Insurance Company	\$ 25,580.84	04/07/08	\$ 20,494.84	\$ 5,086.00
Total						\$ 5,086.00

EXHIBIT D

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Exhibit D - Self-Insured Employers With Date of Payment After 1/5/2007

Patient Account No.	Date of Service	Name of Employer	Full Billed Charges	Date of Payment	Amount Paid	Unpaid Amount
08-2044	08/11/08	Sierra Pacific Industries	\$ 46,687.35		\$	\$ 46,687.35
07-3358	10/08/07	Sierra Pacific Industries	\$ 27,558.41	11/13/07	\$ 4,872.16	\$ 22,686.26
Total			2			\$ 69,373.61

Patient Account No.	Date of Service	Name of Employer	Full Billed Charges	Date of Payment	Amount Paid	Unpaid Amount
08-1912	07/30/08	Fire Association Self-Insurance System	\$ 38,949.63	09/29/08	\$ 5,263.90	\$ 31,685.73
08-1922	07/31/08	Fire Association Self-Insurance System	\$ 36,929.68	09/29/08	\$ 5,313.10	\$ 31,616.58
Total			2			\$ 63,302.31

Patient Account No.	Date of Service	Name of Employer	Full Billed Charges	Date of Payment	Amount Paid	Unpaid Amount
08-1388	06/04/08	Norcal Waste Systems, Inc.	\$ 30,189.54	07/15/08	\$ 4,186.49	\$ 26,003.05
08-1311	05/27/08	Norcal Waste Systems, Inc.	\$ 21,889.27	07/15/08	\$ 4,397.45	\$ 17,291.82
Total			2			\$ 43,294.87

Patient Account No.	Date of Service	Name of Employer	Full Billed Charges	Date of Payment	Amount Paid	Unpaid Amount
07-1293	05/02/07	Protected Insurance Program for Schools	\$ 24,565.85	10/22/07	\$ 3,842.21	\$ 20,723.64
06-3080	12/06/06	Protected Insurance Program for Schools	\$ 21,411.94	02/12/07	\$ 4,050.86	\$ 17,361.08
Total			2			\$ 38,084.72

Patient Account No.	Date of Service	Name of Employer	Full Billed Charges	Date of Payment	Amount Paid	Unpaid Amount
08-2506	09/28/08	California State Association of Counties Excess Insurance Authority	\$ 38,851.64	10/23/08	\$ 5,829.44	\$ 33,022.20
Total			1			\$ 33,022.20

Patient Account No.	Date of Service	Name of Employer	Full Billed Charges	Date of Payment	Amount Paid	Unpaid Amount
08-1442	06/10/08	Special District Risk Management Authority	\$ 38,889.95	06/27/08	\$ 5,829.44	\$ 32,860.51
Total			1			\$ 32,860.51

Patient Account No.	Date of Service	Name of Employer	Full Billed Charges	Date of Payment	Amount Paid	Unpaid Amount
07-1601	05/23/07	Contra Costa County Schools Insurance Group	\$ 22,723.89	07/18/07	\$ 6,805.84	\$ 15,918.05
07-3641	11/08/07	Contra Costa County Schools Insurance Group	\$ 20,541.52	01/28/08	\$ 4,940.80	\$ 15,600.72
Total			2			\$ 31,518.77

Patient Account No.	Date of Service	Name of Employer	Full Billed Charges	Date of Payment	Amount Paid	Unpaid Amount
07-3968	12/15/07	Danaher Corporation	\$ 33,292.64	07/30/08	\$ 4,882.23	\$ 28,410.41
Total			1			\$ 28,410.41

Patient Account No.	Date of Service	Name of Employer	Full Billed Charges	Date of Payment	Amount Paid	Unpaid Amount
07-330	02/06/07	Manpower, Inc.	\$ 26,499.39	03/16/07	\$ 4,554.61	\$ 21,944.78
Total			1			\$ 21,944.78

Patient Account No.	Date of Service	Name of Employer	Full Billed Charges	Date of Payment	Amount Paid	Unpaid Amount
08-897	04/09/08	Redwood Empire Municipal Insurance Fund	\$ 28,822.81	06/06/08	\$ 7,806.33	\$ 20,816.48
Total			1			\$ 20,816.48

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Exhibit D - Self-Insured Employers With Date of Payment After 1/5/2007

Patient Account No.	Date of Service	Name of Employer	Full Billed Charges	Date of Payment	Amount Paid	Unpaid Amount
08-1919	07/31/08	East Bay Regional Park District	\$ 24,812.72	09/29/08	\$ 4,252.13	\$ 20,560.59
Total			1			\$ 20,560.59

Patient Account No.	Date of Service	Name of Employer	Full Billed Charges	Date of Payment	Amount Paid	Unpaid Amount
08-2395	09/15/08	Trindel Insurance Fund	\$ 26,232.97	10/09/08	\$ 5,829.44	\$ 20,403.53
Total			1			\$ 20,403.53

Patient Account No.	Date of Service	Name of Employer	Full Billed Charges	Date of Payment	Amount Paid	Unpaid Amount
08-369	02/11/08	County of Marin	\$ 24,125.12	03/17/08	\$ 3,842.21	\$ 20,282.91
Total			1			\$ 20,282.91

Patient Account No.	Date of Service	Name of Employer	Full Billed Charges	Date of Payment	Amount Paid	Unpaid Amount
07-3257	09/28/07	Northern California Special Districts Insurance Authority	\$ 25,808.94	10/24/07	\$ 6,073.29	\$ 19,733.65
Total			1			\$ 19,733.65

Patient Account No.	Date of Service	Name of Employer	Full Billed Charges	Date of Payment	Amount Paid	Unpaid Amount
07-3025	09/05/07	Pacific Gas & Electric Company	\$ 23,578.84	10/22/07	\$ 4,512.87	\$ 19,065.97
Total			1			\$ 19,065.97

Patient Account No.	Date of Service	Name of Employer	Full Billed Charges	Date of Payment	Amount Paid	Unpaid Amount
08-856	04/05/08	Washington State Department of Labor & Industries	\$ 26,891.91	11/24/08	\$ 9,885.35	\$ 17,006.56
Total			1			\$ 17,006.56

Patient Account No.	Date of Service	Name of Employer	Full Billed Charges	Date of Payment	Amount Paid	Unpaid Amount
07-1172	04/27/07	County of Solano	\$ 21,760.02	06/04/07	\$ 4,952.44	\$ 16,807.58
Total			1			\$ 16,807.58