

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, address, telephone number, and address): RICHARD L. CHARNLEY SBN 70430 ROPERS MAJESKI KOHN & BENTLEY [REDACTED]	TELEPHONE AND FAX NUMBER: (213) 312-2000 (213) 312-2001	FOR COURT USE ONLY
ATTORNEY FOR (Name): Creditor, Arnold W. Klein, M.D. SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES STREET ADDRESS: III N. Hill St. MAILING ADDRESS: CITY AND ZIP CODE: Los Angeles, CA 90012 BRANCH NAME:	LOS ANGELES SUPERIOR COURT	FILED OCT 27 2009
ESTATE OF (Name): MICHAEL JACKSON	DECEDENT	JOHN A. CLARK, EXECUTIVE OFFICER/CLERK BY <u>Ramona R. GAMBOA</u> , DEPUTY
CREDITOR'S CLAIM		CASE NUMBER: BP117321

You must file this claim with the court clerk at the court address above before the LATER of (a) four months after the date letters (authority to act for the estate) were first issued to the personal representative, or (b) sixty days after the date the *Notice of Administration* was given to the creditor. If notice was given as provided in Probate Code section 9051. You must also mail or deliver a copy of this claim to the personal representative and his or her attorney. A proof of service is on the reverse.  
**WARNING:** Your claim will in most instances be invalid if you do not properly complete this form, file it on time with the court, and mail or deliver a copy to the personal representative and his or her attorney.

- Total amount of the claim: \$ 48,522.89
  - Claimant (name): Arnold W. Klein, M.D.
    - an individual
    - an individual or entity doing business under the fictitious name of (specify): Arnold W. Klein, M.D., a Medical Corporation
    - a partnership. The person signing has authority to sign on behalf of the partnership.
    - a corporation. The person signing has authority to sign on behalf of the corporation.
    - other (specify):
  - Address of claimant (specify): 435 N. Roxbury Drive, Suite 204 Beverly Hills, CA 90210
  - Claimant is  the creditor  a person acting on behalf of creditor (state reason):
  - Claimant is  the personal representative  the attorney for the personal representative.
  - I am authorized to make this claim which is just and due or may become due. All payments on or offsets to the claim have been credited. Facts supporting the claim are  on reverse  attached.
- I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
- Date: October 26, 2009

Richard L. Charnley

(TYPE OR PRINT NAME AND TITLE)

(SIGNATURE OF CLAIMANT)

## INSTRUCTIONS TO CLAIMANT

- On the reverse, itemize the claim and show the date the service was rendered or the debt incurred. Describe the item or service in detail, and indicate the amount claimed for each item. Do not include debts incurred after the date of death, except funeral claims.
- If the claim is not due or contingent, or the amount is not yet ascertainable, state the facts supporting the claim.
- If the claim is secured by a note or other written instrument, the original or a copy must be attached (state why original is unavailable.) If secured by mortgage, deed of trust, or other lien on property that is of record, it is sufficient to describe the security and refer to the date or volume and page, and county where recorded. (See Prob. Code, § 9152.)
- Mail or take this original claim to the court clerk's office for filing. If mailed, use certified mail, with return receipt requested.
- Mail or deliver a copy to the personal representative and his or her attorney. Complete the *Proof of Mailing or Personal Delivery* on the reverse.
- The personal representative or his or her attorney will notify you when your claim is allowed or rejected.
- Claims against the estate by the personal representative and the attorney for the personal representative must be filed within the claim period allowed in Probate Code section 9100. See the notice box above.

(Continued on reverse)

ESTATE OF (Name): MICHAEL JACKSON

CASE NUMBER:

BP117321

DECEDENT

FACTS SUPPORTING THE CREDITOR'S CLAIM

See attachment (if space is insufficient)

Date of item	Item and supporting facts	Amount claimed
See Attachment		48,522.89
<b>TOTAL: \$</b>		48,522.89

PROOF OF  MAILING  PERSONAL DELIVERY TO PERSONAL REPRESENTATIVE

(Be sure to mail or take the original to the court clerk's office for filing)

1. I am the creditor or a person acting on behalf of the creditor. At the time of mailing or delivery I was at least 18 years of age.
2. My residence or business address is (specify): 515 S. Flower St., Suite 1100, Los Angeles, CA 90071
3. I mailed or personally delivered a copy of this Creditor's Claim to the personal representative as follows (check either a or b below):
  - a.  Mail. I am a resident of or employed in the county where the mailing occurred.
    - (1) I enclosed a copy in an envelope AND
      - (a)  deposited the sealed envelope with the United States Postal Service with the postage fully prepaid.
      - (b)  placed the envelope for collection and mailing on the date and at the place shown in items below following our ordinary business practices. I am readily familiar with this business' practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid.
    - (2) The envelope was addressed and mailed first-class as follows:
      - (a) Name of personal representative served: See attached Service List
      - (b) Address on envelope:
      - (c) Date of mailing:
      - (d) Place of mailing (city and state):
  - b.  Personal delivery. I personally delivered a copy of the claim to the personal representative as follows:
    - (1) Name of personal representative served:
    - (2) Address where delivered:
    - (3) Date delivered:
    - (4) Time delivered:

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.  
Date: October 26, 2009

Arnette M. Ames

(TYPE OR PRINT NAME OF CLAIMANT)

▶ see attached

(SIGNATURE OF CLAIMANT)

1 CASE NAME: Estate of Michael Joseph Jackson

2 ACTION NO.: BP 117321

3 PROOF OF SERVICE

4 METHOD OF SERVICE

5  First Class Mail

Facsimile

Messenger Service

6  Overnight Delivery

E-Mail/Electronic Delivery

Hand Served

- 7 1. At the time of service I was over 18 years of age and not a party to this action.  
8 2. My business address is 515 South Flower Street, Suite 1100, Los Angeles, CA 90071.  
9 3. On October 27, 2009, I served the following documents:

10 CREDITOR'S CLAIM

11 4. I served the documents on the person(s) at the address(es) below (along with their fax numbers  
and/or email addresses if service was by fax or email):

12 Howard Weitzman, Esq.  
13 Kinsella Weitzman Iser IKump & Aldisert  
14 808 Wilshire Blvd., 3<sup>rd</sup> Flr.  
15 Santa Monica, CA 90401  
16 (310) 566-9811  
(310) 566-9871  
[hweitzman@kwiklaw.com](mailto:hweitzman@kwiklaw.com)

Attorneys for Administrators of the Estate

17  
18 I served the documents by the following means:

19 a.  By United States mail: I enclosed the documents in a sealed envelope or package  
20 addressed to the persons at the addresses specified in item 4 and placed the envelope for  
collection and mailing, following our ordinary business practices. I am readily familiar with this  
21 business's practice for collecting and processing correspondence for mailing. On the same day  
that correspondence is placed for collection and mailing, it is deposited in the ordinary course of  
22 business with the United States Postal Service, in a sealed envelope with postage fully prepaid.

23 b.  By overnight delivery: I enclosed the documents in an envelope or package  
provided by an overnight delivery carrier and addressed to the persons at the addresses in item 4.  
24 I placed the envelope or package for collection and overnight delivery at an office or a regularly  
utilized drop box of the overnight delivery carrier.

25 c.  By messenger: I served the documents by placing them in an envelope or package  
26 addressed to the persons at the addresses listed in item 4 and providing them to a messenger for  
service. (Separate declaration of personal service to be provided by the messenger.)

27 d.  By fax transmission: Based on an agreement between the parties and in  
28 conformance with Rule 2.303, and/or as a courtesy, I faxed the documents to the persons at the  
fax numbers listed in item 4. (Separate Proof of Transmission by Fax to be provided.)

RC1/5411255.1/AA2

PROOF OF SERVICE

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e.  By email or electronic transmission: Based on an agreement between the parties and/or as a courtesy, I sent the documents to the persons at the email addresses listed in item 4. I did not receive, within a reasonable time after the transmission, any electronic message or other indication that the transmission was unsuccessful.

Hand Served - By \_\_\_\_\_, a member of Ropers Majeski Kohn & Bentley.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: October 27, 2009

Arnette M. Ames  
Type Name

Arnette M. Ames  
Signature

السجل العدلي  
الولاية المتحدة لأمريكا  
الولاية المتحدة لأمريكا



**STATEMENT OF PROFESSIONAL SERVICES**

ARNOLD W. KLEIN, MD963080048  
 A MED. CORP W4360 (310)276-6136  
 DAVID CHARLES RUSH, MD963990110



**ACCOUNT:**

MICHAEL KANE/CROWE HORWATH  
 15233 VENTURA BL 9TH FLOOR  
 SHERMAN OAKS, CA 91403

ACCOUNT NO.	STATEMENT DATE
061631	06/01/2009

DATE	PATIENT	PHYSICIAN	PLAC	SERVICE CPT CODE	REVIS	DESCRIPTION OF SERVICE	CHARGES	DEBITS	CREDITS (y)
						Balance Forward			.00
03/23/2009		KLEIN,ARNOLD WIL	11	99215		RET VISIT EXTEN			250.00
03/23/2009		KLEIN,ARNOLD WIL	11	90782		I.M. INJECTION			60.00
03/23/2009		KLEIN,ARNOLD WIL	11	90782		I.M. INJECTION			60.00
04/06/2009		KLEIN,ARNOLD WIL	11	30585		BOTOX UNDER EYE			450.00
04/06/2009		KLEIN,ARNOLD WIL	11	99215		RET VISIT EXTEN			250.00
04/06/2009		KLEIN,ARNOLD WIL	11	90782		I.M. INJECTION			60.00
04/06/2009		KLEIN,ARNOLD WIL	11	90782		I.M. INJECTION			60.00
04/06/2009		KLEIN,ARNOLD WIL	11	99070		FINE LINE NEEDL			40.00
04/06/2009		KLEIN,ARNOLD WIL	11	11951		RESTYLANE .4CC			600.00
04/09/2009		KLEIN,ARNOLD WIL	11	99215		RET VISIT EXTEN			250.00
04/09/2009		KLEIN,ARNOLD WIL	11	90782		I.M. INJECTION			60.00
04/09/2009		KLEIN,ARNOLD WIL	11	90782		I.M. INJECTION			60.00
04/09/2009		KLEIN,ARNOLD WIL	11	99070		FINE LINE NEEDL			40.00
04/13/2009		KLEIN,ARNOLD WIL	11	11951		RESTYLANE .4CC			600.00
04/13/2009		KLEIN,ARNOLD WIL	11	99215		RET VISIT EXTEN			250.00
04/13/2009		KLEIN,ARNOLD WIL	11	90782		I.M. INJECTION			60.00
04/13/2009		KLEIN,ARNOLD WIL	11	90782		I.M. INJECTION			60.00
04/13/2009		KLEIN,ARNOLD WIL	11	99070		FINE LINE NEEDL			40.00
04/15/2009		KLEIN,ARNOLD WIL	11	11951		RESTYLANE .4CC			600.00
04/15/2009		KLEIN,ARNOLD WIL	11	90782		I.M. INJECTION			60.00
04/15/2009		KLEIN,ARNOLD WIL	11	90782		I.M. INJECTION			60.00
04/15/2009		KLEIN,ARNOLD WIL	11	99070		FINE LINE NEEDL			40.00
04/15/2009		KLEIN,ARNOLD WIL	11	11951		RESTYLANE .4CC			600.00
04/15/2009		KLEIN,ARNOLD WIL	11	99050		AFTER HOUR CALL			1,000.00
04/15/2009		KLEIN,ARNOLD WIL	11	99070		LATANOPROST			200.00
04/15/2009		KLEIN,ARNOLD WIL	11	99070		LATANOPROST			200.00
04/15/2009		KLEIN,ARNOLD WIL	11	99070		LATANOPROST			200.00
04/15/2009		KLEIN,ARNOLD WIL	11	99070		LATANOPROST			200.00
04/17/2009		KLEIN,ARNOLD WIL	11	90782		I.M. INJECTION			60.00
04/17/2009		KLEIN,ARNOLD WIL	11	90782		I.M. INJECTION			60.00
04/17/2009		KLEIN,ARNOLD WIL	11	99070		FINE LINE NEEDL			60.00
04/17/2009		KLEIN,ARNOLD WIL	11	11951		RESTYLANE .4CC			40.00
04/17/2009		KLEIN,ARNOLD WIL	11	J0686		BO-TOX			600.00
04/17/2009		KLEIN,ARNOLD WIL	11	99055		WEEKEND OFF-CL			1,500.00
04/21/2009		KLEIN,ARNOLD WIL	11	99215		RET VISIT EXTEN			5,000.00
04/21/2009		KLEIN,ARNOLD WIL	11	J0686		BO-TOX			250.00
04/22/2009		KLEIN,ARNOLD WIL	11	M1049		MISC. CHARGE			3,000.00
04/22/2009		KLEIN,ARNOLD WIL	11	90782		I.M. INJECTION			25.00
									60.00

Continued

**STATEMENT OF PROFESSIONAL SERVICES**

ARNOLD W. KLEIN, MD953080048  
 A MED. CORP W4360 (310)275-5136  
 DAVID CHARLES RISH, MD953990110

[REDACTED]  
 [REDACTED]  
 [REDACTED], CA 91403

**ACCOUNT:**

MICHAEL KANE/CROWE HORWATH  
 16233 VENTURA BL 9TH FLOOR  
 SHERMAN OAKS, CA 91403

ACCOUNT NO.	STATEMENT DATE
061631	09/01/2009

DATE	PATIENT	PHYSICIAN	SERVICE PLACE OPT CODES	ICD9	DESCRIPTION OF SERVICE	DIAGNOSIS ICD9 CODE	CHARGE/CREDIT (+)
04/22/2009		KLEIN,ARNOLD WIL	11	90782	I.M. INJECTION		60.00
04/22/2009		KLEIN,ARNOLD WIL	11	90782	I.M. INJECTION		60.00
04/22/2009		KLEIN,ARNOLD WIL	11	90782	I.M. INJECTION		60.00
04/22/2009		KLEIN,ARNOLD WIL	11	99070	EM/EA		45.00
04/22/2009		KLEIN,ARNOLD WIL	11	99070	FINE LINE NEEDL		40.00
04/22/2009		KLEIN,ARNOLD WIL	11	11951	RESTYLANE .ACC		600.00
04/22/2009		KLEIN,ARNOLD WIL	11	11951	RESTYLANE .ACC		500.00
04/22/2009		KLEIN,ARNOLD WIL	11	11951	RESTYLANE 1CC		1,050.00
04/22/2009		KLEIN,ARNOLD WIL	11	99070	NUTRITIC LIPS		12.50
04/23/2009		KLEIN,ARNOLD WIL	11	99215	RETURN VISIT		1,000.00
04/23/2009		KLEIN,ARNOLD WIL	11	90782	I.M. INJECTION		60.00
04/23/2009		KLEIN,ARNOLD WIL	11	90782	I.M. INJECTION		60.00
04/23/2009		KLEIN,ARNOLD WIL	11	90782	I.M. INJECTION		60.00
04/25/2009		KLEIN,ARNOLD WIL	11	11901	INTRALESNL +7		80.00
04/25/2009		KLEIN,ARNOLD WIL	11	90782	I.M. INJECTION		60.00
04/25/2009		KLEIN,ARNOLD WIL	11	90782	I.M. INJECTION		60.00
04/25/2009		KLEIN,ARNOLD WIL	11	90782	I.M. INJECTION		60.00
04/25/2009		KLEIN,ARNOLD WIL	11	90782	I.M. INJECTION		60.00
04/25/2009		KLEIN,ARNOLD WIL	11	99070	FINE LINE NEEDL		40.00
04/25/2009		KLEIN,ARNOLD WIL	11	11951	RESTYLANE .ACC		600.00
04/25/2009		KLEIN,ARNOLD WIL	11	N/D-49	MISC. CHARGE		9.89
04/27/2009		KLEIN,ARNOLD WIL	11	99055	WEEKEND OFF CLL		7,500.00
04/27/2009		KLEIN,ARNOLD WIL	11	99215	RET VISIT EXTEN		250.00
04/27/2009		KLEIN,ARNOLD WIL	11	90782	I.M. INJECTION		60.00
04/27/2009		KLEIN,ARNOLD WIL	11	90782	I.M. INJECTION		60.00
04/27/2009		KLEIN,ARNOLD WIL	11	90782	I.M. INJECTION		60.00
04/27/2009		KLEIN,ARNOLD WIL	11	J0585	BOTOX EYES		450.00
04/27/2009		KLEIN,ARNOLD WIL	11	J0585	BOTOX UNDER EYE		450.00
04/27/2009		KLEIN,ARNOLD WIL	11	99070	FINE LINE NEEDL		40.00
04/27/2009		KLEIN,ARNOLD WIL	11	11951	RESTYLANE .ACC		600.00
04/28/2009		KLEIN,ARNOLD WIL	11	99215	RET VISIT EXTEN		250.00
04/28/2009		KLEIN,ARNOLD WIL	11	11901	INTRALESNL +7		80.00
04/28/2009		KLEIN,ARNOLD WIL	11	90782	I.M. INJECTION		60.00
04/28/2009		KLEIN,ARNOLD WIL	11	90782	I.M. INJECTION		60.00
04/28/2009		KLEIN,ARNOLD WIL	11	90782	I.M. INJECTION		60.00
04/30/2009		KLEIN,ARNOLD WIL	11	99215	RET VISIT EXTEN		250.00
04/30/2009		KLEIN,ARNOLD WIL	11	90782	I.M. INJECTION		60.00
04/30/2009		KLEIN,ARNOLD WIL	11	90782	I.M. INJECTION		60.00
04/30/2009		KLEIN,ARNOLD WIL	11	99070	FINE LINE NEEDL		40.00
04/30/2009		KLEIN,ARNOLD WIL	11	11951	RESTYLANE .ACC		600.00
04/30/2009		KLEIN,ARNOLD WIL	11	90782	I.M. INJECTION		60.00
05/04/2009		KLEIN,ARNOLD WIL	11	99215	RET VISIT EXTEN		250.00

Continued...

**STATEMENT OF PROFESSIONAL SERVICES**

ARNOLD W. KLEIN, MD953080048  
 A MED. CORP W4360 (310)275-5138  
 DAVID CHARLES RISH, MD953990110

[REDACTED] R. [REDACTED]  
 [REDACTED] HILLS, CA 90210

**ACCOUNT:**

MICHAEL KANE/CROWE HORWATH  
 15233 VENTURA BL 9TH FLOOR  
 SHERMAN OAKS, CA 91403

ACCOUNT NO.	STATEMENT DATE
051631	09/01/2009

DATE	PATIENT	PHYSICIAN	PLAC	SERVICE CPT CODE	UNITS	DESCRIPTION OF SERVICE	DIAGNOSIS ICD-9-CM	CHARGES-CREDITS (-)
05/04/2009		KLEIN,ARNOLD WIL	11	90782		I/M. INJECTION		60.00
05/04/2009		KLEIN,ARNOLD WIL	11	90782		I/M. INJECTION		60.00
05/04/2009		KLEIN,ARNOLD WIL	11	90782		I/M. INJECTION		60.00
05/04/2009		KLEIN,ARNOLD WIL	11	99070		FINE LINE NEEDL		40.00
05/04/2009		KLEIN,ARNOLD WIL	11	11951		RESTYLANE ACC		600.00
05/05/2009		KLEIN,ARNOLD WIL	11	99215		RET VISIT EXTEN		260.00
05/05/2009		KLEIN,ARNOLD WIL	11	90782		I/M. INJECTION		60.00
05/05/2009		KLEIN,ARNOLD WIL	11	90782		I/M. INJECTION		60.00
05/05/2009		KLEIN,ARNOLD WIL	11	90782		I/M. INJECTION		60.00
05/05/2009		KLEIN,ARNOLD WIL	11	99070		FINE LINE NEEDL		40.00
05/05/2009		KLEIN,ARNOLD WIL	11	11951		RESTYLANE ACC		600.00
05/05/2009		KLEIN,ARNOLD WIL	11	99070		LATANOPROST		200.00
05/05/2009		KLEIN,ARNOLD WIL	11	99070		LATANOPROST		200.00
05/05/2009		KLEIN,ARNOLD WIL	11	99070		LATANOPROST		200.00
05/05/2009		KLEIN,ARNOLD WIL	11	99070		LATANOPROST		200.00
05/05/2009		KLEIN,ARNOLD WIL	11	99070		LATANOPROST		200.00
05/05/2009		KLEIN,ARNOLD WIL	11	99070		LATANOPROST		200.00
05/05/2009		KLEIN,ARNOLD WIL	11	99070		LATISSE		129.00
05/05/2009		KLEIN,ARNOLD WIL	11	90782		I/M. INJECTION		60.00
05/05/2009		KLEIN,ARNOLD WIL	11	90782		I/M. INJ THEAP		60.00
05/05/2009		KLEIN,ARNOLD WIL	11	99070		FINE LINE NEEDL		40.00
05/05/2009		KLEIN,ARNOLD WIL	11	11951		RESTYLANE ACC		600.00
05/05/2009		KLEIN,ARNOLD WIL	11	99215		RETURN VISIT		750.00
05/15/2009		REYTER,IJLYA MD	11	99215		RETURN VST/EXTE		150.00
05/15/2009		REYTER,IJLYA MD	11	90782		I/M. INJECTION		40.00
05/15/2009		REYTER,IJLYA MD	11	99070		FINE LN NEEDLE		40.00
05/15/2009		REYTER,IJLYA MD	11	11951		RESTYLANE ACC		500.00
05/19/2009		RISH,DAVID CHARL	11	99203		INIT OFC VISIT		130.00
05/19/2009		RISH,DAVID CHARL	11	11900		INTRALESN 1-7		35.00
05/19/2009		RISH,DAVID CHARL	11	90782		I/M. INJECTION		40.00
05/19/2009		RISH,DAVID CHARL	11	99070		F/ LINE NEED 1-		20.00
05/19/2009		RISH,DAVID CHARL	11	11951		RESTYLANE ACC		600.00
05/20/2009		RISH,DAVID CHARL	11	99203		INIT OFC VISIT		130.00
05/20/2009		RISH,DAVID CHARL	11	90782		I/M. INJECTION		40.00
05/20/2009		RISH,DAVID CHARL	11	99070		AWK CLEANSER-PK		24.00
05/20/2009		RISH,DAVID CHARL	11	99070		AWK CLEANSER-PK		24.00
05/20/2009		RISH,DAVID CHARL	11	99070		AWK CLEANSER-PK		24.00
05/20/2009		RISH,DAVID CHARL	11	99070		AWK - S/B 3000		25.00
05/20/2009		RISH,DAVID CHARL	11	99070		AWK - S/B 3000		25.00
05/20/2009		RISH,DAVID CHARL	11	99070		AWK - S/B 3000		25.00
05/20/2009		RISH,DAVID CHARL	11	99070		AWK - S/B 3000		25.00
05/20/2009		RISH,DAVID CHARL	11	99070		SUNSCREEN #60 L		60.00
05/20/2009		RISH,DAVID CHARL	11	99070		SUNSCREEN#60 CRM		60.00

Continued

**STATEMENT OF PROFESSIONAL SERVICES**

ARNOLD W. KLEIN, MD953080048  
 A MED. CORP W4360 (310)275-5136  
 DAVID CHARLES RISH, MD953990110

[REDACTED] 04  
 [REDACTED] LIS, CA [REDACTED]

**ACCOUNT:**

MICHAEL KANE/CROWE HORWATH  
 15233 VENTURA BL 9TH FLOOR  
 SHERMAN OAKS, CA 91403

ACCOUNT NO.	STATEMENT DATE
061831	09/01/2009

DATE	PATIENT	PHYSICIAN	PLACE	SERVICE CPT CODE	MOVS	DESCRIPTION OF SERVICE	DIAGNOSIS ICD-4 CODE	CHARGE/DESCRIPTION (C)
06/20/2009		RISH, DAVID CHARL	11	99070		S/SCREEN#60 CRM		60.00
06/20/2009		RISH, DAVID CHARL	11	99070		SUNSCREEN #30		20.00
06/20/2009		RISH, DAVID CHARL	11	99070		NAT BISE TAN CM		190.00
06/20/2009		RISH, DAVID CHARL	11	99070		SINFRTBL BRSH30		500.00
06/20/2009		RISH, DAVID CHARL	11	11951		RESTITYLANE .4CC		800.00
06/20/2009		RISH, DAVID CHARL	11	99070		AWK CLEANSER-WY		23.00
06/21/2009		RISH, DAVID CHARL	11	99214		RETRN VST/COMPX		125.00
06/21/2009		RISH, DAVID CHARL	11	90782		I.M. INJECTION		40.00
06/21/2009		RISH, DAVID CHARL	11	J0685		BOTOX FOREHEAD		200.00
06/01/2009		KLEIN, ARNOLD WIL	11	99215		RET VISIT EXTEN		250.00
06/01/2009		KLEIN, ARNOLD WIL	11	90782		I.M. INJECTION		60.00
06/01/2009		KLEIN, ARNOLD WIL	11	90782		I.M. INJECTION		60.00
06/01/2009		KLEIN, ARNOLD WIL	11	99070		FINE LINE NEEDL		40.00
06/01/2009		KLEIN, ARNOLD WIL	11	11951		RESTITYLANE .4CC		600.00
06/01/2009		KLEIN, ARNOLD WIL	11	99070		SINFRTBL BRSH30		50.00
06/01/2009		KLEIN, ARNOLD WIL	11	99070		SINFRTBL BRSH30		50.00
06/03/2009		KLEIN, ARNOLD WIL	11	11900		INTRLESNL 1-7		35.00
06/03/2009		KLEIN, ARNOLD WIL	11	90782		I.M. INJECTION		60.00
06/03/2009		KLEIN, ARNOLD WIL	11	90782		I.M. INJECTION		60.00
06/03/2009		KLEIN, ARNOLD WIL	11	99070		FINE LINE NEEDL		40.00
06/03/2009		KLEIN, ARNOLD WIL	11	11951		RESTITYLANE .4CC		600.00
06/03/2009		KLEIN, ARNOLD WIL	11	99215		RETURN VISIT		500.00
06/04/2009		KLEIN, ARNOLD WIL	11	99070		AWK CLEANSER-P		24.00
06/04/2009		KLEIN, ARNOLD WIL	11	99070		AWK CLEANSER-P		24.00
06/04/2009		KLEIN, ARNOLD WIL	11	99070		AWK CLEANSER-P		24.00
06/04/2009		KLEIN, ARNOLD WIL	11	99070		AWK CLEANSER-P		24.00
06/04/2009		KLEIN, ARNOLD WIL	11	99070		AWK-S/B 3000		250.00
06/04/2009		KLEIN, ARNOLD WIL	11	99070		SUNSCRN #60 CRM		60.00
06/04/2009		KLEIN, ARNOLD WIL	11	99070		SUNSCRN #60 CRM		60.00
06/04/2009		KLEIN, ARNOLD WIL	11	99070		SUNSCRN #60 CRM		60.00
06/04/2009		KLEIN, ARNOLD WIL	11	99070		SUNSCRN #60 LOT		60.00
06/04/2009		KLEIN, ARNOLD WIL	11	99070		SUNSCRN #60 LOT		60.00
06/04/2009		KLEIN, ARNOLD WIL	11	99070		SUNSCRN #60 LOT		60.00
06/04/2009		KLEIN, ARNOLD WIL	11	99070		LATISSE		129.00
06/04/2009		KLEIN, ARNOLD WIL	11	99070		LATISSE		129.00
06/04/2009		KLEIN, ARNOLD WIL	11	99070		LATISSE		129.00
06/10/2009		KLEIN, ARNOLD WIL	11	99215		RET VISIT EXTEN	7091	250.00
06/10/2009		KLEIN, ARNOLD WIL	11	10040		ACNE SURGERY	7061	75.00
06/10/2009		KLEIN, ARNOLD WIL	11	90782		I.M. INJECTION	7061	60.00
06/10/2009		KLEIN, ARNOLD WIL	11	90782		I.M. INJECTION	7061	60.00
06/10/2009		KLEIN, ARNOLD WIL	11	99070		LATISSE	7061	129.00

Continued



**STATEMENT OF PROFESSIONAL SERVICES**

ARNOLD W. KLEIN, MD953080048  
 A MED.CORP W4360 (310)275-5136  
 DAVID CHARLES RISH, MD953990110



**ACCOUNT:**

MICHAEL KANE/CROWE HORWATH  
 15233 VENTURA BL 9TH FLOOR  
 SHERMAN OAKS, CA 91403

ACCOUNT NO.	STATEMENT DATE
081631	09/01/2009

DATE	PATIENT	PHYSICIAN	PLACE	SERVICE CPT CODE	MODS	DESCRIPTION OF SERVICE	DIAGNOSIS ICD9 CODE	CHARGE/CREDIT (-)
08/10/2009		KLEIN,ARNOLD WIL	11	99070		LATISSE	7061	129.00
08/10/2009		KLEIN,ARNOLD WIL	11	99070		LATISSE	7061	129.00
08/10/2009		KLEIN,ARNOLD WIL	11	M049		MISC. CHARGE	7061	15.00
08/10/2009		KLEIN,ARNOLD WIL	11	J0585		BOTOX UNDER EYE	7061	490.00
08/16/2009		KLEIN,ARNOLD WIL	11	99070		UNSCHEDULEDAPP		500.00
08/16/2009		KLEIN,ARNOLD WIL	11	90782		I.M. INJECTION		60.00
08/18/2009		KLEIN,ARNOLD WIL	11	99070		FINE LINE NEEDL		40.00
08/18/2009		KLEIN,ARNOLD WIL	11	11951		RESTYLANE ACC		600.00
08/22/2009		KLEIN,ARNOLD WIL	11	99215		RET VISIT EXTEN		280.00
08/22/2009		KLEIN,ARNOLD WIL	11	90782		I.M. INJECTION		60.00
08/22/2009		KLEIN,ARNOLD WIL	11	99070		FINE LINE NEEDL		40.00
08/22/2009		KLEIN,ARNOLD WIL	11	11951		RESTYLANE ACC		600.00
08/22/2009		KLEIN,ARNOLD WIL	11	M049		MISC. CHARGE		227.50

Over 90 Days	Over 60 Days	Over 30 Days	Current
41,326.39	7,196.60	.00	.00

Balance Due 48,522.99