

DIRECT EXAMINATION
DR. JOSHUA FURMAN

I. INTRODUCTION/ BACKGROUND

Can you please introduce yourself to the members of the Jury.

What is your profession.
(*Medical doctor*)

What is your medical specialty?
(*Cardiovascular medicine*)

What do you do as a cardiologist?
Do you take care of patients who undergo CABG like Elie Bental?
In the same manner as Drs. Zacharoudis and Bartzokis?

As a cardiovascular specialist, what do you do to evaluate a patient?

*(Can you explain the difference between addressing the symptoms and arriving at a diagnosis?)

Where is your office located?

How long have you practiced in Florida?

How much time do you devote to your patients as a clinical cardiologist?

Although you devote most of your time to your patients, do you have time for education?

What hospital do you see patients ?

Are you on the teaching faculty at Mt. Sinai?

Awards for teaching?

Who do you teach?

Do you do local and national presentations?

II. MEDICAL TERMS

As this jury knows, this case is about medical negligence. I would like to discuss with you some of the medical terms for us to understand.

1) Can you give the jury a short general description of the Heart?

a) Pericardium

b) CAD

c) CABG

What is the success rate of CABG?

What is one of the reasons for this success rate?

When a CVS does CABG does he open the pericardium?

Is there a tendency for the pericardium to bleed?

d) AFIB

What are the risks?

Heparin

How does affect a patient who may be bleeding?

Hemoglobin

With bleeding?

e) Pericardial Effusion

How does it occur?

What are the symptoms?

Does PE need a timely diagnosis?

Why?

What are the symptoms of CT?

Is it important to diagnose the underlying cause? Why?

f) Hypotension

Hypotensive post-CABG, what are the most likely causes?

(MI, problem in heart muscle, heart failure, bleeding, and PE)

III. OPINIONS

Now since we understand the basics of the anatomy and two of the important concepts that lead to the death of Monique Bental's husband, Elie, I would like to talk to you about your expert opinions.

Did you arrive at opinions within a reasonable degree of medical certainty as to the actions or inactions of the Defendants and the cause of Elie Bental's death?

What did you look at arrive at your expert opinions?
(*Medical records, depositions*)

Are these records and depositions that you reviewed such that doctors in your field rely on them to come to their opinions and conclusions?

A. STANDARD OF CARE

Can you please tell us what is meant by the standard of care?
(*Standard of Care is when a reasonably trained physician in the same or similar circumstances would do*)

What is a deviation in the standard of care?

Does the standard of care require a Doctor to do all of his job?

Can you please explain.

Based on your expertise, experience, education and review of all of the medial records, do you have an opinion as to the standard of care that should have been followed by **Dr. Zacharoudis**?
(YES)

(** WE WILL GO THROUGH CHART AND BRIEFLY EXPLAIN EACH)**

SEE STANDARD OF CARE CHART-DR.ZACHAROUDIS (*see p.73-75*)

WHAT DR. ZACHAROUDIS SHOULD HAVE DONE ?

1. Made a proper diagnosis and followed up:

a. BY doing a physical examination of Elie (9/11 from 5 am-8 am)

Why is it critical to be there physically present?

Why is it critical to do a physical exam?

b. BY realizing and evaluating a 2 gram drop in blood (while on Heparin)

How much is a 2 gram drop?
Should the test been repeated?
How does this drop alert us that Elie is bleeding from internally?

c. BY forming a list of possible conditions and diagnoses that have to be ruled out (differential diagnosis)

Why is it important to form this list?

2. Follow an unstable patient (not just treat symptoms)

a. BY ordering new tests

b. BY ordering a test promptly and correctly reading the one and only test ordered for Elie (Echocardiogram)

3. Treat condition (not symptoms)

a. BY discontinuing Heparin which was causing more and faster bleeding

b. BY taking steps to relieve pressure in the Heart and contact a surgeon

Based on your expertise, experience, education review of the medical records of Elie Bental, do you have an opinion within a reasonable degree of medical probability, as to whether **Dr. Zacharoudis** (was negligent) fell below or deviated from the Standard of Care in his care and treatment of Elie Bental?

(YES)

And what is that opinion?

(He deviated from the standard of care/negligent)

Did Dr. Zacharoudis do all of his job for Elie Bental ?

(see analogy-p.84- - patient has an infection from a bacteria, has fever, you give him Tylenol for fever, but you do not kill the bacteria)

SEE DEVIATIONS FROM THE STANDARD OF CARE CHART-DR.ZACHAROUDIS

WHAT DR. ZACHAROUDIS FAILED TO DO OR NEGLIGENCE....

1. Failed to make a diagnosis (of bleeding into the Heart) and follow up

a. failed to attend to Elie (treatment by phone only)

- b. failed to realize and follow up a 2 gram drop in blood while on Heparin
- c. failed a form a list of possible conditions and diagnoses that have to be ruled out (differential diagnosis)

2. Failed to follow up Elie who was unstable (not just treat symptoms)

- a. Order a prompt Echocardiogram
- b. Order a repeat blood test
- c. failed to correctly reading the one and only test ordered for Elie (Echocardiogram)

3. Failed to treat condition (not symptoms)

- a. failed to discontinue Heparin which caused more and faster bleeding into the Heart
- b. failed steps to relieve pressure in the Heart and contact a surgeon

Based on your expertise, experience, education and review of all of the medial records, do you have an opinion as to the standard of care that should have been followed by **Dr. Bartzokis**?

(YES)

Based on your expertise, experience, education review of the medical records of Elie Bental, do you have an opinion within a reasonable degree of medical probability, as to whether **Dr. Bartzokis** (was negligent) fell below or deviated from the Standard of Care in his care and treatment of Elie Bental?

(YES)

And what is that opinion?

(He deviated from the standard of care/negligent)

Did Dr. Barzokis do all of his job for Elie Bental ?

(see analogy-p.84- - patient has an infection from a bacteria, has fever, you give him Tylenol for fever, but you do not kill the bacteria)

SEE STANDARD OF CARE CHART-DR. BARTZOKIS *(see p.25)*

WHAT DR. BARTZOKIS SHOULD HAVE DONE ?

1. Made a diagnosis and followed up

- a. BY doing a complete and thorough examination of Elie
- b. BY realizing and evaluating a 2 gram drop in blood (while on Heparin)
- c. BY failing to a form a list of possible conditions and diagnoses that have to be ruled out (differential diagnosis)

2. Followed an unstable patient (not just treat symptoms)

- a. BY ordering more or new tests

b. BY following up confirmation of bleeding into the Heart

3. Treat condition (not symptoms)

- a. BY discontinuing Heparin which was causing more and faster bleeding
- b. BY taking steps to relieve pressure in the Heart and contact a surgeon

SEE DEVIATIONS FROM THE STANDARD OF CARE CHART-DR. BARTZOKIS

WHAT DR. BARTZOKIS FAILED TO DO OR NEGLIGENCE.

1. Failed to make a diagnosis (of bleeding into the Heart) and follow up

- a. failed to realize and follow up a 2 gram drop in blood while on Heparin
- b. failed to do a complete and thorough exam of Elie

2. Failed to follow up Elie who was unstable (not just treat symptoms)

- a. failed to do another test after poor quality of only test (Echocardiogram)
- b. failed to do at least a second physical examination
- c. failed to follow up confirmation of bleeding into the Heart

3. Failed to treat condition (not symptoms)

- a. failed to discontinue Heparin which caused more and faster bleeding into the Heart
- b. failed to take steps to relieve pressure in the Heart and contact surgeon

*****We will talk some more in detail about what the defendants should have done and failed to do, however before we get there, lets talk about his care of the weekend.**

IV. BASIS OF OPINIONS/EDUCATION/EXPERIENCE

A) EDUCATION

How is it that you have the expertise to render these opinions?
(Discuss education and experience)

Board certification-Internal Medicine and Cardiology

What is that?

Did you pass the first time?

Reason?

B) LITIGATION

To be here today, at Ms. Bental's request, are you unable to be in the office or at the hospital and see patients?

Are you being compensated for your time outside the office and hospital?

How much?
(*\$3500*)

You are being asked today to provide expert opinions in the field of Cardiology.
And you have done that in the past for lawyers who have retained your services?

Testified in Court before and provided expert opinions in the field of Cardiology?

Typically, when you provide opinions do you do it for the Plaintiffs or injured parties,
such as Ms. Bental or the Defendants?
(*Seven -60/40 defense*)

And in the past have you provided an expert opinion in the field of Cardiology for
my firm?
(*9 - Jack-1 case*)

C) BASIS OF OPINIONS

1) Elie Bental

a. Is their any significant Cardiac History ?

Ask about MI and significance?

b. CABG

When did he have this procedure? (*9/8/2000*)

2) Sat. and Sun. (9/9 & 9/10)

How was Elie doing? (*“Doing great”, See family’s depositions as well as meds, depo p.77-78*)

See 9/10 Note which indicates, “complaint mild SOB”, “mild CHF”

What is the significance?

3) Bleeding & Heparin

Was Elie bleeding?
How do we know?
Where?

What are the signs that Elie was bleeding?

Tests to determine or give the defendant doctors

warning

That Elie is bleeding?

Drop in HGB=bleeding ?

Can you explain the H&H? (60-62;H&H)

SEE ELIE'S H&H CHART

2 gm blood loss?

How much blood is a 2 gm loss? (62;
significant– 1 unit = 250 cc, 1.5 to 2 gms
= 600 cc's or 2-2 1/2 units of blood–USE
ANALOGY AS TO CUPS)

See last entry for H&H at 5:29 am-Mon morning

Why was Elie on Heparin?

What is Heparin?

If you are bleeding into the area around the heart like Elie
what does the Heparin do? (*More and faster*)

ANY suspicion of bleeding internally, what do you do about
Heparin?

Can you please explain the PT/PTT tests. (61-62)

SEE ELIE'S PT/PTT CHART

See last entry for PTT at 5:29 am-Mon morning

What is the significance ?

So we understand, Elie has a 2 gm drop in blood and a normal PTT result at 5:29 in
the morning on Monday, Sept. 11th?

Can bleeding lead to a fatal event?

Last day he will ever be conscious to see his wife and children?

4) Monday AM - 9/11

At that time, 5:30 am, who is responsible for his care, his life?

Lets talk about Dr. Zacharoudis and what he should be doing for Elie.

SEE STANDARD OF CARE OR DEVIATION CHART - DR. ZACHAROUDIS

(Chart will remain up so we may refer to it as we discuss the

medical care)

SEE NURSING OBSERVATIONS AND FLOW SHEET

Review entries at 5 am. through 8 am -Should there be a concern?

What?

Are there warning signs that Elie is bleeding? What?

SEE MD ORDERS

(Focus on “Telephone Orders” only)

What are the times of Dr.Zacharoudis’ phone orders?

We are going to talk about Dr. Zacharoudis’ orders from 5:00 a.m. to 8:00 a.m. Before we discuss his orders did Dr. Zacharoudis come see Elie Bental and perform a physical examination before giving his order at 5:00 a.m.?

Did Dr. Zacharoudis come see Elie Bental and perform a physical examination before giving his order at 6:00 a.m.?

Dr. Zacharoudis come see Elie Bental and perform a physical examination before giving his order at 7:00 a.m.?

Did Dr. Zacharoudis come see Elie Bental and perform a physical examination before giving his order at 8:00 a.m.?

Did Dr. Zacharoudis ever perform a physical examination of Elie on 9/11?

Dr. Zacharoudis order fluids?

Why?

Did Elie need fluids? (83-84)

At 5:30 am with a 2 gm drop in blood, what does a reasonable and prudent doctor do?
(Repeat blood test in one hour to hour and a half)

Why order in a hour to hour and a half?

(If it stays same, not much bleeding, if at all, if lower, Elie is definitely bleeding)

Did Dr. Zacharoudis order another blood test to determine if Elie’s blood loss was greater than the 2 grams at 5:30 a.m.?

If Dr. Zacharoudis repeated it, would it have improved? (94)

Would it have decreased within reasonable medical probability?

Why ? *(b/c we know Elie was bleeding)*

*There is a 2 gram drop in Elie's blood, should that raise a suspicion of bleeding?

If you suspect bleeding, do you try to find out where its coming from?

How?

USE NOTEPAD FOR STEPS

(1. Oral or rectal, the most obvious; 2. Next cause-excessive anti-coag, no-see PTT; 3. Therefore, must be organ specific-and where they operated, the heart)

Do we know whether Dr. Zacharoudis advised Dr. Bartzokis to follow up on the drop in Elie's blood?

Should he have?

During Dr. Zacharoudis' telephone only orders what did he do with Heparin?
(increased Heparin).

After speaking with the nurses and giving telephone only orders, did Dr. Zacharoudis form a list of what could possibly be causing Elie Bental's blood loss?

After speaking with the nurses and giving telephone only orders, did Dr. Zacharoudis form a list of what could possibly be causing Elie Bental's deterioration in his health?

After speaking with the nurses and giving telephone only orders, did Dr. Zacharoudis form a list of what could possibly be causing Elie Bental's call to his family that he was dying.

What could he have done to form this list?

(Actual exam at bedside)

Why is a bedside exam so critical?

What could of been done in these several hours to diagnose bleeding?

If diagnosed, the bleeding into the area surrounding the heart, what would you do?

And if you do not diagnose bleeding into the area around the heart, what happens?

(It will just continue until the patient dies)

SEE NURSING OBSERVATION AND FLOW SHEET

6:00 A.M.

Elie's vitals were BP 100/64 and HR of 110. Is this improved? Why not?

9:00 A.M.

It appears that there are times that Elie feels better? Why?

It also appears at times there is an increase in his blood pressure? Why?

Is he actually doing better?

Is he stable?

It appears that somewhere between 9:00 and 10:00 a.m. Dr. Zacharoudis relieved himself as Elie's physician?

Did Elie's health improve between 5:00 a.m. to 10:00 a.m. before Dr. Zacharoudis relieved himself (89-90)

Was Elie stable when Dr. Zacharoudis checked out?

Did Dr. Zacharoudis perform any time of examination or evaluation on Elie during the course of the remainder of the day?

Do you know whether he contacted any nurses or other physicians to determine how Elie was doing?

Did he do any follow up whatsoever of Elie Bental, a patient who was unstable when he checked out?

Did Dr. Zacharoudis ever try to determine what the cause of Elie's deterioration was?

Did he ever treat the condition?

What did Dr. Zacharoudis treat? (*Symptoms, not conditions*)

Can you please explain the difference between treating a condition and not the symptoms?

Did Dr. Zacharoudis ever discontinue the Heparin while Elie was bleeding?

Why not? *(Because he never diagnosed the bleeding)*

And as Elie bled in the area surrounding the heart, was it causing pressure on the heart?

Can you explain that?

Did Dr. Zacharoudis ever take the appropriate steps to relieve the pressure in the heart?

Why not?

(Because he never diagnosed or determined that there was blood into the area surrounding the heart)

If it was diagnosed that there was blood in the area surrounding the heart, what would of been the appropriate next step?

(Contact the surgeon who is the physician that intervenes to relieve the pressure.)

SEE NURSING OBSERVATION AND NURSING FLOW SHEET

10:00 A.M.

Any indication that Dr. Zacharoudis check out or passed the responsibility of Elie to Dr. Bartzokis.

Was Elie stable at 10:00 a.m.?

Any indication by the records what Dr. Zacharoudis may have told, if anything Dr. Bartzokis about Elie?

Should this transfer of responsibility of Elie's care be documented?

Why?

SEE DEVIATION CHART - DR. ZACHAROUDIS

At about 10:00 a.m., it appears that Dr. Bartzokis was responsible for Elie's care?

Lets talk about Dr. Bartzokis and what he should be doing for Elie.

SEE STANDARD OF CARE CHART - DR. BARTZOKIS

(Chart will remain up so we may refer to it as we discuss the medical care)

SEE DR. BARTZOKIS PROGRESS NOTES-9/11

When a patient such as Elie Bental has bleeding into the area surrounding the heart are

there physical signs?

Such as JBD or jugular veins distention? (30)

Is there any indication in the records that Dr. Bartzokis examined Elie's jugular vein?

After the other clinical findings heart sounds?

(34-36)(no mention of muffled heart sounds, hid description of the cardiac ascultation falls below the standard of care, he has no mention of any heart sounds, no S1, no S2, no S3 or 4)

Are there other clinical findings when a person is bleeding into the area surrounding the heart or Pericardial Effusion?

(31-32)(tachycardia, SOB, diaphoretic, muffled heart sounds)

In these clinical findings, could they have been diagnosed by a physical exam in the morning when Dr. Zacharoudis was responsible to Elie's care?

I want to talk to you about the physical exam performed by Dr. Bartzokis- Was the exam sufficient to diagnose or find the condition that was causing Elie's health to deteriorate?

(36-37)(definitely incomplete)

Did Dr. Bartzokis perform all of an exam? (no, only part of an exam)

Prior to Dr. Bott, the surgeon intervening after 5:00 p.m, is this incomplete exam, the only physical exam by a medical doctor on that day?

For the two doctors who were responsible for Elie Bental's care prior to Dr. Bott intervening after 5:00 p.m., there is one physical exam by Dr. Bartzokis and non by Dr. Zacharoudis?

SEE DR. BARTZOKIS ORDER

SEE NURSING OBSERVATION - 12:00 PM

ECHOCARDIOGRAPHY

What is an Echo Cardiogram?

Purpose?

Do you read Echocardiograms?

Do you interpret Echocardiograms?

Do you use them to make or assist in diagnosis?

Could you use it to rule in and rule out a condition? (28-30)

How would you describe this Echocardiogram?

(useless and non diagnostic)

Can we determine anything by this film?

(Can see a swinging and floating heart)

And what do you mean by a swinging and floating heart?

What does this tell us?

Who reviewed this Echocardiogram?

Did Dr. Bartzokis ever review it.

Dr. Zacharoudis issued an Echo Report?

SEE ECHO REPORT

Who typically reads and interprets Echo's?

Let's talk about some of the findings that Dr. Zacharoudis saw on this film

“No right side chamber collapse” - what does this tell us at this time?

(If film was of good quality, no CT, however he was not in CT at this time, but he was getting there and Defendants needed to find out why he was doing poorly and that he was bleeding – that is the key/issue; Rule out conditions!)

“Mild Pericardial Effusion” - Is this bleeding in the area surrounding the heart?

So this film shows a swinging and floating heart which means there is blood or fluid around the heart and Dr. Zacharoudis identified Pericardial Effusion, what is the followup to determine where the blood was coming from and how much blood was surrounding the heart? (96-97)

Was that done ?

At this time, approximately 12:00 p.m., Dr. Bartzokis has performed part of a physical exam of Elie Bental and then told the results of an Echocardiogram read by Dr. Zacharoudis, confirming blood in the area around the heart, what did he do?

At around 11-12:00 p.m., the last time Dr. Bartzokis saw Elie Bental, was Elie stable?

Did Dr. Bartzokis ever see Elie Bental again?

Phy exam ?

More tests ?

Did Dr. Bartzokis perform any test to rule out any of the possible conditions or problems with Elie? (40-41)

Did Dr. Bartzokis ever determine where Elie was bleeding from?

Or how much blood he was losing?

Did he give orders to the nurses regarding to follow-up and monitor Elie closely?

Did he ever form a list of possible things wrong with Elie Bental?

Were there test that could of been done to follow up on this Pericardial Effusion for the suspicion of bleeding? (TEE,SG, etc.)

SEE DEVIATION CHART - DR. BARTZOKIS

V. DEFENSE CASE/THEORIES

A) Elie's Prior History

Can you describe Elie's prior history and how, if at all, it relates to what occurred in the hospital.

B) AFIB

1. AFIB and Elie's BP

Can AFIB affect or lower BP?

Can RAF cause a low BP? Can it happen?

SEE HOLTER MONITOR on 7/28/00

Did it cause Elie's low BP on 9/10 or 9/11(as the defense contends)?

How do we know that?

*(If we look at when Elie was diagnosed w/AFIB and in 1999-2000, there were tests run [to determine] how Elie's AFIB affects him. The findings were that there was no hemodynamic instability while in AFIB. **SEE HOLTER MONITOR on 7/28/00**, right*

before this hospitalization- - it showed rapid VHR/AFIB and BP was normal, no HD instability)

On Sunday 9/10, was Elie in AFIB?

How did it affect his BP/VS?
(It didn't. There were no variations in his BP)

What does this tell us about what was affecting his BP on Sunday 9/11?
(All about the bleeding, PE)

2. AFIB & Medications

There has been some discussion that Elie's AFIB and the medications he was on 9/11 affected his blood pressure. Can you please discuss that.
(38-39, 43,48-50, 86-88)(45-46-See base line, 47-greater significance)

Did Elie's vital signs ever become stable on 9/11 with the change of meds or fluids?

What did the change of meds and fluids do for Elie?
(Made his symptoms a little better but nothing for the condition causing the problems)

Did Defendants ever determine what was causing his instability?

Was Pericardial Effusion, blood filling the area around the heart ever ruled out?

Was a diagnosis ever made?
****(That is the issue, what was the cause of the hypotention or low blood pressure?*

C) Dr. Bott

The next time Elie was seen by a medical doctor was when? (5:00 p.m.)

By whom?

What type of physician is Dr. Bott?

Does he read and interpret Echocardiograms?

Who typically reads and interprets Echo's?

As the Surgeon, how does he rely on Cardiologists such as the defendants to interpret Echocardiograms?

As the Surgeon, how does he rely on Cardiologists such as the defendants to make a

diagnosis?

What medical information did Dr. Bott have to rely on to determine what was going on with Elie?

(several telephone orders, a useless Echocardiogram and one incomplete physical exam by Dr. Bartzokis)

If a diagnosis of Pericardial Effusion or bleeding into the area around the heart was made, is Dr. Bott as the Surgeon the doctor who intervenes and treats it. (53-54)

Was Dr. Bott ever contacted by Dr. Zacharoudis?

Was Dr. Bott ever contacted by Dr. Bartzokis?

FABRE

Some issues have been raised that Dr. Jeffery Bott, Elie's surgeon and staff at the hospital may have been partially at fault.

Do you have opinions as to whether Dr. Bott is at fault in any respect?

What is your opinion?

Do you have opinions as to whether the staff at Northridge Hospital is at fault in any respect?

What is your opinion?

VI. CARDIAC TAMPONADE

SEE NURSING OBSERVATION - 5:00 p.m.

SEE PROGRESS RECORD @ 1830

Let's go back to an example of what happens when there is bleeding into the sac surrounding the heart called Pericardial Effusion, can you demonstrate for the members of the jury by 6:30 p.m. what has happened with the blood surrounding Elie's heart.

USE EXAMPLE OF CT

SHOW TIME SEQUENCE CHART

NEED TO STRESS CT IS THE EVENT AND NOT WHAT THE CASE IS ABOUT

Can you demonstrate what happens when bleeding or Pericardial Effusion eventually

leads to an event called Cardiac Tamponade.

We refer to Cardiac Tamponade as the event in Pericardial Effusion as the process leading leading to the event.

Can you explain that?

Did the Pericardial Effusion leading to Cardiac Tamponade of Elie Bental occur slowly?
(106-108)

Can you estimate how long? *(27, since am)*

This pressure that you demonstrated for Cardiac Tamponade occur immediately?
(106-108)

Can you explain why not?

So ultimately at 6:30 PM, what was the condition or diagnosis of Elie Bental?
(Bleeding-Pericardial Effusion leading to Cardiac Tampanode)

What would of been the treatment if diagnosed by Dr. Zacharoudis and Bartzokis?
(Contact surgeon to open Elie's chest, stop the bleeding, and relieve the pressure around the heart)

After enough blood fills around the heart and Elie goes into cardiac tamponade, what happens?

SEE PROGRESS RECORDS - CODE NOTE

SEE PROGRESS RECORDS - OP NOTE

VII. CODE BLUE

During the time Elie went into Cardiac Arrest did he lose oxygen to the brain?

For how long?

What is the medical term for that?
(64-HIE)

Did Elie ever recover?

Ever gain consciousness?

Ever respond or open his eyes?

Did he ever speak to his wife and children again?

SEE CONSULT REPORT-DR. J. HARRIS

Did Elie ever come out of the coma?

When did he finally pass away?

VIII. CAUSE OF ELIE BENTAL'S DEATH

Did prior Ht history cause his death?

Contribute ?

We discussed earlier a CABG.

Was the CABG successful ?

*****Do you have an opinion as to Elie's Life Expectancy considering the success of the CABG?**

What are the critical factors for determining survivability and life expectancy following CABG?

If the CABG was successful, than what was the cause of Elie Bental's death?

Please explain how Elie Bental died.

What would have saved him?

(* SUM UP THE ANALYSIS AGAIN AND REITERATE THAT "ELIE WAS LEFT TO DIE BY THE DEFENDANTS" !!)**

VIII. MEDICAL BILLS

Review medical records related to his care ?

Review medical bills related to his care ?

SHOW MEDICAL BILL SUMMARY

Were these bills reasonable and necessary?