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Healthcare Reimbursement (Billing), Forensic Medical Coding, Usual Customary Reasonable (UCR) - Medical Bill Evaluation (Reasonable Value – *Non-Discounted Full Billed Charges*), Healthcare Compliance / Healthcare Fraud Consultant-Expert Witness

QUALIFICATIONS PROFILE

Broad View of Experience and Education:

1994-2025: Health Information Management, Medical Practice Administration, Healthcare Compliance, Medical Coding and Medical Billing, Fee Schedule Design, Payer Contract Negotiations, Patient Fee Disputes, Healthcare Compliance and Medical Coding/Billing formal college Curriculum Design and Instruction.

2006 – 2009: Designed and implemented the **first** Medical Coding and Billing college program in SW Colorado (**San Juan Basin Tech College / PCC.**)

Recipient of the **Colorado Community College Facility Award** in **2009** for implementing the SW Colorado Medical Coding and Billing Program

Consultant to **hospital** with implementing policy and procedures for medical coding and billing, **2008-2023**

MBA – Healthcare Management (2010) Colorado Technical College, Colorado Springs, Colorado. (Colorado approved college/university for Colorado instructors to continue Masters / PhD programs.)

Train physicians in USA, correct medical coding and billing if under a Corporate Integrity Agreement (CIA) if ordered by the DOJ/OIG. **2013 – present.**

Designer/Presenter of ACA **presentation regarding healthcare compliance and importance of correct coding and billing to prevent erroneous claims** with CMS / OIG to providers across the USA – **2014.**

Presenter to peers on the topic of Medical Coding, Billing and UCR during the Academy of Professional Coder (AAPC) national conferences, American Medical Billing Association, and Association of Certified Fraud Examiners.

University Instructor that designed university curriculum that taught students about medical coding, billing and compliance. **2017 – 2023.**

Consultant / Expert Witness in the area of medical bill review (past and future), healthcare compliance and alleged healthcare fraud issues. **2016-present**

Healthcare Reimbursement (Billing), Medical Coding, Compliance, and Fraud Identification / Prevention Consultant-Expert with education, experience and authorship in forensic medical coding, reimbursement / billing, fraud, healthcare compliance and healthcare bill review – including reasonable value of past billed amounts or estimates for future healthcare services. Assisting healthcare providers with setting fee schedules for office and facility services.

Compliant with California's Title 22 requirement for RHIA professionals required when working with healthcare facilities to oversee the Medical Record's department that often entails medical coding, billing, revenue cycle and custodian of medical records. The RHIA is recognized worldwide and those with this credential assist with the ICD 10 updates each year alongside Center for Medicare and Medicaid Services (CMS) and World Health Organization (WHO.) Registered Health Information Management Administrators (RHIA) manage medical information vital to providing quality patient care, sound fiscal management of medical resources (coding and billing) and data governance.

Industry educator / trainer in teaching healthcare professionals (and students) medical coding / billing, conducting bill review audits, analyzing – restructuring - implementing provider compliance programs and fee schedule design using UCR methodology. Mitigating provider risk and liability with correct medical coding guidance.

Knowledgeable Expert Witness with experience in evaluating healthcare fraud allegations, UCR (reasonable value) analysis / methodology, healthcare billing/claim disputes (revenue cycle.) Reimbursement analysis that correlates medical documentation with correct coding/billing – or forensics analysis that identifies potential problems.

National speaker and published author that has conducted research on the topic of Usual-Customary-Reasonable (UCR), Healthcare Reimbursement, Medical Coding, Healthcare Fraud Prevention / Identification and Healthcare Compliance. Presentations reviewed by peer groups of medical coders, billers and healthcare providers.

Registered as Health Information Management Administrator, *Certified* as a Fraud Examiner, *Certified* Professional Coder, *Certified* in Healthcare Compliance, *Certified* Forensic Medical Coder, *Certified* Reimbursement-Billing Specialist, *Credentialed/Licensed* as a University or College Instructor/Adjunct Professor to teach on the topic of Healthcare Reimbursement/Billing, Medical Coding, Healthcare Compliance, Usual-Customary-Reasonable (UCR) and the Prevention/Identification of Healthcare Fraud.

Previous Expert Cases in California, Arizona, Colorado, New Mexico, Hawaii, Nevada, Texas, Florida, Ohio, Michigan, Illinois, Virginia, Massachusetts, New York, Wyoming, Utah, Georgia – List not inclusive.

CORE COMPETENCIES

- ❑ ***Usual, Customary and Reasonable (UCR) – Bill Review to establish Reasonable Value for Past Billed Amounts and Future Healthcare Services Healthcare Compliance, Medical Coding, Reimbursement/Billing, Fraud- Forensic Consulting***
- ❑ ***Health Information Management and Claim Review***
- ❑ ***Healthcare Compliance, Medical Coding & Billing- Education & Training***
- ❑ ***Documentation Management, Continuous Program Evaluation & Improvement with Revenue Cycle Management***
- ❑ ***Litigation Support, Research, & Expert Witness Service***
- ❑ ***Corporate Integrity Agreement (CIA) Provider Education***
- ❑ ***Reimbursement/Billing & Medical Coding Forensic Analysis***

PROFESSIONAL EXPERIENCE – JACQUELINE BLOINK

JACQUELINE BLOINK, LLC, San Clemente, California, 2010 - Present
CEO, Healthcare Compliance & Medical/Billing Documentation Consultant

- ❑ Estimating *Usual, Reasonable and Customary (UCR)* charges for healthcare services rendered in various geographic zip code areas and year spans (full billed amount comparisons) for varied healthcare delivery settings or for estimating future care costs; Collaborating with *Physicians, Attorneys/Legal Teams, and Healthcare Administrative Teams* to design specific *Compliance Programs* that align with *Center for Medicare and Medicaid* and *Office of Inspector General* regulatory compliance guidelines -assisting to *mitigate fraudulent claims and liability*;
- ❑ Preparing and instructing individuals / groups for roles in *Healthcare Compliance or as a Medical Coder / Biller (AAPC CPC-I – National Coding Instructor)*;
- ❑ Assisting Independent Review Organizations (IRO) to educate providers and redefine Compliance programs in order to fulfill a *Corporate Integrity Agreement (CIA) per the OIG, Federal, State or Commercial Payer guidelines*;
- ❑ *Accurate coding and reimbursement process review for hospitals and provider groups with correct medical coding guidelines*;
- ❑ Assisting healthcare providers with *medical coding education* and *fee schedule design* using reimbursement strategies such as UCR;
- ❑ *Review and Analysis* of claims to establish *Usual, Customary and Reasonable (UCR)* value;
- ❑ Valuating existing medical *provider compliance programs* that verifies program accuracy;
- ❑ Recommending and implementing continuous process improvements that achieves program effectiveness relevance, and compliance integrity;

- Troubleshooting client *Electronic Health Records, Electronic Medical Records and Revenue Cycle Process that includes* compliance issues, conducting root-cause analysis, implementing new policies / procedures, corrective-action plans, and maintaining medical record systems accuracy and integrity;
 - Conducting *forensic medical documentation/ claim- audits that analyze /evaluates coding and billing alignment* thus assuring compliance effectiveness and review of geographic *UCR*;
 - Estimating *Usual, Reasonable and Customary (UCR) charges* for healthcare services rendered in various geographic zip code areas and year spans (full billed amount comparisons) for varied healthcare delivery settings or for estimating future care costs;
 - Assisting legal teams, insurance carriers, government entities and healthcare professionals and healthcare entities with *Healthcare Fraud Allegations or Investigations*.
 - Conducting *forensic medical documentation/ claim- audits that analyze /evaluates coding and billing alignment* thus assuring compliance effectiveness and review of geographic *UCR*;
 - Assisting legal teams, insurance carriers, government entities and healthcare professionals and healthcare entities with *Healthcare Fraud Allegations or Investigations*.
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Association of Forensic Medical Coders, National. 2024 – Present.

- Teach Medical Coding Forensics to experienced medical coders, billers and lifecare planners.

Bates Group, Oregon, 2018- Present

- *Healthcare Senior Expert/Consultant for the Bates Group* - <https://www.batesgroup.com/experts>

University of Arizona, Sociology Department, Tucson, Arizona, 2017- 2023

- *Adjunct Professor* and *Curriculum Designer* that designed, implemented and teaches the online class: **Healthcare Fraud and Compliance**. Curriculum focused in the area of healthcare anti-fraud strategies, top healthcare fraud cases, compliance plan design, reimbursement methodology including Usual, Reasonable and Customary (UCR.) **Class CHS 426.**
<https://sbsmajors.arizona.edu/care-health-society>

Children’s Hospital of Orange County, Orange, California, 2017 – 2019 (As Needed)

- *Health Information Management / Revenue Cycle Management - Provider Educator* – Consultant to HIM Department and Revenue Cycle VP. Assist with provider audits, education and educate Revenue Cycle on fee review using UCR tools for new services.

Adventist Health – Central California, 2017 – 2019

- *Health Information Management / Revenue Cycle Management -Facility Consultant to Chief of Staff and CEO*. Assist with medical coding and billing questions as needed.

Private physicians, physician groups, healthcare facilities, Insurance Commissioner, and other healthcare provider’s that request consultant services. 2017 – Present

- *Consultant*

TeleMed2U, Roseville, California, 2018 – 2019

- *Telehealth Compliance Officer*

Saddleback College, Mission Viejo, California, 2015 – 2017

- *Adjunct Professor, Health Information Management Curriculum Design* and taught Health Information Management curriculum that aligned with CAHIIM requirements for accreditation. Assisted the college to become CAHIIM accredited in 2015 which allowed the students to be eligible to sit for the AHIMA RHIT examination. Classes designed and taught in areas of Healthcare Law / Compliance and Ethics, Healthcare Reimbursement Methodologies (CPT, HCC, UCR, DRG), Diverse Healthcare Delivery Settings with HIM Requirements and Externship Director.

American Academy of Professional Coders (AAPC) 2017 – 2021

- ❑ Contract Consultant for the review and writing of the Certified Professional Compliance Officer (CPCO) curriculum.

Ultimate Medical Academy, Tampa, Florida, 5/01/2012-12/31/2020 * 2021 Advisory Board Member - Present (Healthcare Accounting, Industry Board Member)

- ❑ **Adjunct Professor**
- ❑ Conduct online classes and taught *Medical Coding, Medical Billing, Medical Office Administration, Healthcare Law and Ethics* to healthcare industry students.
- ❑ Recipient of the **2014 and 2015 Champion Instructor Award** for outstanding instructional delivery.
- ❑ **UMA Advisory Board Member: Healthcare Accounting Committee, 2021 – Present**

Arizona Community Physicians, Tucson, Arizona, 2011 - 2014

- ❑ **Director of Compliance – Oversight for Revenue Cycle**
- ❑ Oversaw compliance operations in a 170-provider *Arizona* physician group. Partnered with *CEO, Board of Directors*, and Compliance Committee to assure accurate coding / billing that met *CMS* and *OIG* compliance in 60 locations, two radiology sites, and a laboratory site.
- ❑ Audited coding and billing practices, investigated hotline fraud, waste and abuse reports, identified violation causes, implemented new operational and compliance policies and procedures that *reduced abuse recurrences and redundancy*.
- ❑ Contact person and Investigator within the organization for all Malpractice or Medical Board Complaints.
- ❑ Key advisor to the *CEO, Board and Compliance Committee* that recommended corrective action plans, and provided recommendations on all compliance, coding and reimbursement issues (including healthcare plan evaluations, Risk Adjustment Factor/ HCC coding, UCR/Fee Schedule.)
- ❑ Patient bill disputes / negotiations.

Carondelet Health Network, Tucson, Arizona, 2010 - 2011

- ❑ **Corporate Responsibility Auditor**
- ❑ Audited three network hospitals and multi-specialty departments, investigated fraud, waste, and abuse allegations. Recommended/co-implemented policy and procedural improvement processes to the Hospital Board and Compliance Committee.
- ❑ Audited departments such as Skilled Nursing, Behavioral Health, Emergency, Inpatient Rehab Facility and any others at the request of the CEO or Compliance Officer.
- ❑ Provided Medical Coding and Billing class instruction to employees (at the request of the CEO and HIM Department) that lead to AAPC certified coders for the facility.

University Physicians Healthcare (UPH), Tucson, Arizona, 2009 - 2010

- ❑ **Compliance Liaison/Coding Manager/ Reimbursement Manager -University Physician Network**
- ❑ Trained, mentored, and directed 13 medical coders and three reimbursement specialists, provided coding and certification education, reimbursement, and compliance services to 250+ attending physicians, residents, and fellows in 14 *Departments and specialties* including: Urology, Cardiology, Dermatology, Internal Medicine, Infectious Disease, Integrative Medicine, Geriatrics, GI, Hematology and Oncology.
- ❑ Facilitated coding accuracy and successful funds reimbursement.
- ❑ Assisted Supervising Physicians and Residents to understand and follow national PATH Guidelines.
- ❑ Provided Medical Coding and Billing class instruction to employees (at the request of the CEO and HIM Department) that lead to AAPC certified coders for the facility.

San Juan Basin Technical College, Mancos, Colorado, 2006 – 2009

- ❑ **Healthcare Management Professor**
- ❑ Designed, implemented, and taught a new medical *Coding and Billing Program*. Prepared students for *Certified Professional Coder (AAPC's CPC)* examinations.
- ❑ Received **2008 - 2009 Faculty-of-the-Year Award (Colorado Community College System)** for outstanding professional performance and community outreach to *Tribal Nations* (Ute and Navajo.)

Steven Bloink, MD., PC and Family Practice Associates (G. Griebel, MD, M. Griebel, NP, R. Heyl, MD, S.W. Bloink, MD) 1994 - 2005

Medical Practice Administrator

- Administered practice operations, managed accounts payables, accounts receivable, human resources, credentialing, medical coding, revenue cycle management, billing - reimbursement processes, negotiated contractual insurance agreements, fee schedule updates (using UCR), patient billing disputes and appealed insurance denials.

NATIONAL & STATE - PROFESSIONAL TRAINING AND PRESENTATIONS – PUBLICATIONS TO PEERS, PROVIDERS, ASSOCIATIONS

American Academy of Professional Coders (AAPC) Presentations – Medical Coders, Billers, Physicians, Life Care Planners – Usual, Customary and Reasonable Valuation of Past Medical Bills and Future Care. October 14, 2025

American Academy of Professional Coders (AAPC), Putting a Value on Medical Liens. March 2025 AAPC Business Magazine

https://www.aapc.com/blog/92119-putting-a-value-on-medical-liens/?srsltid=AfmBOorA402Dwr-CsyAOBbQ2DYKf5US0gxYRP_vLy28-gBvUhm63QdkY

AHIMA Virtual Summit – Forensic Medical Coding – a New Career Path. February 7, 2025.

Exam Works, IME, AAPC Local Chapters. Legal CLE and AAPC, CEUS provided. Topic Forensic UCR for both Defense and Plaintiff Attorneys. Virtual. **Year 2024**.

Association of Certified Fraud Examiners (ACFE), 2024 Global Conference. Healthcare Fraud. Las Vegas, NV. June 25, 2024

American Academy of Professional Coders (AAPC), 2024 HealthCon Global Conference, Forensic Medical Coding, April 17, 2024, Las Vegas, NV

American Academy of Professional Coders (AAPC), ***Healthcare Business Monthly***, Establishing Usual, Customary and Reasonable Values for Services, Peer Review Article, September 2023, <https://aapcpublishing.s3.amazonaws.com/HBM/Sept2023/index.html>

Association of Certified Fraud Examiners 34th Global Conference – Presentation – Healthcare Fraud and Liens: Challenges of Reasonable Billed Amount Calculation, Virtual, June 12, 2023

US Law Network – Expert Witness & Consultant Panel Discussion. Establishing the Reasonable Healthcare Charge/Bill cost/value. Las Vegas, Nevada. February 11, 2022

American Family Insurance Summit – Presentation – Overcoming Challenges of Determining the Reasonable Value of Healthcare Bills, Virtual, October 12, 2021

Colorado Defense Lawyer Association, 2021 Conference – Presentation – The Challenges of Reasonable Bill Review, New Mexico, July 30, 2021. **Speaker Series**: November 2021 – Topic UCR.

Association of Certified Fraud Examiners 32nd Global Conference – Presentation – The Virtual Doctor: Telehealth Health Care Fraud, Virtual, June 22, 2021

Orange County Association of Certified Examiners – How to Value Medical Bills on a Lien – without Insurance? Virtual, February 9, 2021

American Academy of Professional Coders – Fullerton Chapter – Presentation – The Value of Health Care Claims (UCR) & 2020 Recap of Healthcare Fraud, Virtual, January 9, 2021

AAPC, Certified Professional Compliance Officer (CPCO), Co-Author and Updates to curriculum and CPCO Info Page: 2017 - 2021 - AAPC - CPCO Curriculum, <https://www.aapc.com/certification/cpcoc.aspx#tab-2>

American Medical Billing Association, National Conference – Presentation - Nothing is Usual about UCR, Virtual, October 15, 2020

*Exam Works Speaker Series – Presentation – The Pebley Path Uphill to UCR, Virtual, **September 16, 2020***

*Inland Empire – Association of Certified Fraud Examiners – Presentation – Healthcare Fraud Review and Case Studies, Virtual, **July 28, 2020***

Association of Certified Fraud Examiners (ACFE) 31st Global Conference – Presentation – Healthcare Fraud During a Pandemic, Virtual – International. June 22, 2020

Los Angeles Association of Certified Examiners (LA ACFE), Presentation – Healthcare Fraud: Yesterday and Today, Virtual – Los Angeles, California. June 3, 2020

American Academy of Professional Coders (AAPC) National 2020 Conference – Presentation – Healthcare Coding and Billing Forensics, Orlando, Florida. (Presented Virtually Due to COVID-19) April 8, 2020

Vedder Price Law Global Law Firm – CLE Co-Presenter with Anthony Pacheco, Shareholder – From Impeachment To NSA Call Records To Questionable Business Conduct, The Art and Complexity of Engaging Whistleblowers, Chicago, IL. Webcasted to Los Angeles, New York, London and Dublin. February 13, 2020

Greater Orange County Health Information Management –Bridging the Gap Between FBI and Healthcare / And Between Compliance – HIM. Presenter Jacqueline Bloink and FBI James Peaco – Los Angeles Field Office. Whittier, California. October 17, 2019

AAA Law and Litigation Annual Meeting- Presentation- Usual, Customary and Reasonable Methodology, Santa Cruz, California, October 14, 2019

Nevada Insurance Attorney Presentation on UCR - Presentation – Is there Anything Usual About UCR? Discussion of Usual, Customary and Reasonable Methodologies, Data Tools, Definitions and State Legal Cases. Las Vegas, Nevada, August 28, 2019

Association of Certified Fraud Examiners – 30th Global Conference – Healthcare Fraud Updates – Round Table, Austin , Texas. June 24, 2019

California Health Information Association (CHIA), Forensic Medical Coding and Billing, June 11, 2019, California

Healthcare Compliance Association (HCCA) and Society for Corporate Compliance and Ethics (SCCE), Board and Audit Committee, National Presentation, February 19, 2019, Arizona

California Health Information Association (CHIA), Healthcare Compliance and Fraud Updates – A look at UCR, February 7, 2019, California

Decision Health 2018 Compliance and Billing Summit, Healthcare Compliance and Fraud Update; Design Your Unique Compliance Plan, December 2018, Las Vegas, Nevada

Jeffer Mangels Butler & Mitchell, LLP, Embracing and Managing Whistleblower Complaints, November 15, 2018, Co-Presenters Anthony Pacheco- Attorney (JMBM) and M. Anthony Brown – Attorney (CLE awarded), Los Angeles, California.

Greater Orange County Health Information Management Association (GOCHA), Updates on Healthcare Compliance and Fraud, November 8, 2018, Co-Presenters Eric Tapper – Orange County DA Office; Vivian Thomas- CA Department of Public Health, Orange, California

Association of Certified Professional Coders (AAPC), California Regional Conference, Healthcare Fraud Update – Preventing Fraud with Current Compliance Strategies, September 18, 2018, Anaheim, California

Association of Certified Fraud Examiners, 29th Global Conference, Forensic Medical Coding and Billing, June 20, 2018, Las Vegas, Nevada

Association of Certified Fraud Examiners – Orange County Chapter, Sober Reality of Healthcare Fraud-National and Local Update, Presenters: Jacqueline Bloink and Eric Tapper – Criminal Investigator with Orange County District Attorney Office in California, May 17, 2018, Irvine, California

Urgent Care Association Annual Conference, Design a Unique Compliance Plan for Your Urgent Care Office, May 7, 2018, Las Vegas, Nevada

International Association of Financial Crime Investigators, Southern Chapter, Annual Fraud Training 2018, Healthcare Fraud Update and Forensic Analysis of a CMS 1500 Claim, May 2, 2018, Downy, California

American Academy of Professional Coders, 2018 National Convention, Healthcare Fraud and Compliance Update- Strategies to Prevent Fraud, April 10, 2018, Orlando, Florida

Greater Orange County Health Information Association (GOCHIA), Healthcare Fraud Update and Discussion about UCR – What’s Up Doc? 2 CEU’s, January 23, 2018, Orange, California

American Academy of Professional Coders, PPACA Compliance is More Than a Set of Rules and Regulations, 4-Hour, 6 CEU, Workshop, August 10, 2017, National Webinar

Association of Certified Fraud Examiners 28th Global Conference, Healthcare Compliance - Your Organization at Risk Under the False Claims Act, June 20, 2017, Nashville, Tennessee

Health Care Compliance Association (HCCA), Whistle While You Work, Panel discussion on how healthcare boards can / should embrace (follow) effective compliance programs to reduce whistleblower claims related to false claims. March 26, 2017, 3-hour CEU, National Harbor, Maryland

Greater Orange County Health Information Association (GOCHIA), Healthcare Compliance and Fraud, 2-hour CEU, February 2017, Orange, California

California Health Information Association (CHIA), The Compliance Puzzle; Assembling the Pieces, 5-hour CEU, January 2017, Pleasanton and Garden Grove, California

Orange County Association of Certified Fraud Examiners, Healthcare Fraud and Ethics, November 2016, Irvine, California

Claims Litigation Management (CLM), 2016 Midwest Medical Legal Conference, Whistle While You Work - How to Prevent Activity Leading to Whistleblowing Actions and Protect Health Organizations and Medical Practices from Whistleblower Threats, June 23, 2016, Omaha, Nebraska

Dorothy Marie Lowry Distinguished Guest Lectures, Medical Technology and Insurance Fraud, April 29, 2016, Mission Viejo, California

American Academy of Professional Coders, 2015 National Convention, Affordable Care Act and Compliance, March/April 2015, Las Vegas, Nevada

Arizona Association of Certified Fraud Examiners Holiday Conference, Healthcare Fraud in Tucson - The Carondelet Case, December 8, 2015, Phoenix, Arizona

Association of Certified Fraud Examiners (Tucson Chapter and Los Angeles Chapter), Healthcare Fraud, January / February 2015, Tucson, Arizona and Los Angeles, California

Monetizing Wellness, Integrated Healthcare Executive- EMS World, December 2015, <http://www.emsworld.com/article/12128133/reimbursement-for-wellness-care>

Plan for Compliance, AAPC Cutting Edge, August 2015, <http://newstest.aapc.com/blog/plan-for-compliance/>

Coalition Against Insurance Fraud, 2014 Annual Meeting, Healthcare Fraud, December 2014, Washington, DC.

Center for Medicare and Medicaid Services (CMS) and Office of Inspector General (OIG), June 17 and 26, 2014, Affordable Care Act - Provider Compliance Programs - Getting Started Webinar, <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNEdWebGuide/Downloads/MLN-Compliance-Webinar.pdf>

Health Care Compliance Association (HCCA) 18th National HCCA Convention, Connecting the Dots When Problems Arise in Compliance, April 2014, San Diego, California

American College of Physicians, Wellness Visits and Transitional Management Care, November 2013, Tucson, Arizona

Health Care Compliance Association (HCCA) 17th National HCCA Convention, Design a Usable Compliance Plan for Physician Practices, April 2013, National Harbor, Maryland

What Shade of Gray is Your Compliance Plan? AAPC Cutting Edge, December 2013, <http://news.aapc.com/healthcare-compliance-what-shade-of-gray-are-you/>

Design a Compliance Plan for the Medical Office, Journal of Medical Practice Management, December 2013, <http://europepmc.org/abstract/MED/24765731>

Affordable Care Act and Compliance, Arizona AMA, Fall 2013

Transitional Care Management, (Co-author with Dr. Ken Adler), American Academy of Family Physicians (AAFP) Family Practice Management, May 2013, <http://www.aafp.org/fpm/2013/0500/p12.html>

Templates Can be Compliant, AAPC Cutting Edge, November 2012

***Health Care Compliance Association (HCCA) Clinical Practice Compliance Conference, Improving Compliance with Service and Quality Measurements, October 2012, Philadelphia, Pennsylvania*
AAPC Local Tucson Chapter, Ethics for Coders and Billers, November 2010, Tucson, Arizona**

Medicare Wellness Visits, AAPC Cutting Edge, August 2012

<http://news.aapc.com/create-order-from-wellness-visit-chaos/>

HCC / RAF Reimbursement, APC Cutting Edge, July 2011,

<http://static.aapc.com/5548A1AF-4C9F-49A2-BFE0-BFA7D2344700/4901dd15-11e3-4a83-a6e2-7971434af407/c8513a2a-bafe-4c0b-939f-86c3ebbec483.pdf>

Lean Solutions, Medical Practice Digest, July 2011

Tips to Increase Service Excellence, Medical Practice Digest, January 2011

RESEARCH- JACQUELINE BLOINK

3/2021 Research - Survey conducted with Medical Billers that are members of the American Medical Billing Association (AMBA) January – March 2021. Survey to determine how their healthcare provider establishes their full billed amount for services rendered.

PROFESSIONAL ASSOCIATION DESIGNED 2024

CEO/Owner: **January 2023 - Present**



Association of Forensic Medical Coders

The Association of Forensic Medical Coders (AFMC) is a group of medical coders and billers that have at least two years of medical coding/ billing experience, ...



Forensic Medical Coding (FMC) class and FMC credential – offered to Medical Coders, Medical Billers, Life Care Planners and Legal Nurses. Recognized by AAPC leadership and legal professionals.

EDUCATION- JACQUELINE BLOINK

ALABAMA STATE UNIVERSITY, Montgomery, Alabama

- **R.H.I.A., Post Graduate Certificate, Registered Health Information Administrator, May 2015**

COLORADO TECHNICAL UNIVERSITY, Colorado Springs, Colorado

- **Master of Business Administration (MBA), Healthcare Management, November 2010**

MICHIGAN STATE UNIVERSITY, East Lansing, Michigan

- **Bachelor of Science Degree (BS), Public Affairs Management – Emphasis Healthcare and Economics, December 2006**

PROFESSIONAL CERTIFICATIONS, AFFILIATIONS, & BOARD/LEADERSHIP ROLES- JACQUELINE BLOINK

- **Certified Fraud Examiner, Association of Certified Fraud Examiners, 2016-Present**
ACFE (CFE) * Specializing in Healthcare Fraud.
- **Registered Health Information Administrator (RHIA), American Health Information Management Association, June 2015 - Present**
AHIMA (RHIA) * 2019-2020 Chapter President of Greater Orange County Health Information Association (GOCHIA)
- **Certified in Health Care Compliance (CHC), Health Care Compliance Association, 2011 - Present**
HCCA (CHC)

- **Certified Professional Coder (CPC) and National AAPC Coder Instructor (CPC-I) Certified in ICD-10** American Academy of Professional Coders, 2008 - Present, AAPC (CPC/CPC-I)
- **Certified Medical Reimbursement Specialist (CMRS),** American Medical Billing Association, 2009 - Present
AMBA (CMRS)
- **Forensic Medical Coder (FMC),** Association of Forensic Medical Coders, 2024 – Present. AFMC (FMC)
- **Medical Coding-Billing Instruction: Medical Coding/Billing, Compliance, Health Information Management and Healthcare Fraud Prevention:**
Commission for Independent Education Instructional and Administrative Personnel.
Florida and National (2012- 2020)
California College Instructor Credential (2015-2017)
Colorado College Instructor Credential (2006-2010)
Arizona College Credential (2011-2013)
University of Arizona Instructor- Consultant (2017- Present),
American Academy of Professional Coders (AAPC) National Instructor (CPC-I) 2008-Present
- **Greater Orange County, California Health Information Assoc., (GOCHIA), Secretary, President Elect, President (2019-2020), Past President 2020-2021**
- **Ultimate Medical Academy - Academic Board Advisor, Healthcare Accounting, 2021 – Present**

COMMUNITY AWARDS – JACQUELINE BLOINK

- **SENTINEL AWARD, TRUTH OVER SELF, 2015 ARIZONA ACFE, PHOENIX, ARIZONA**
- **ULTIMATE MEDICAL ACADEMY, CHAMPION INSTRUCTOR AWARD, 2014 AND 2015, TAMPA, FLORIDA (MEDICAL CODING AND BILLING)**
- **SAN JUAN BASIN TECHNICAL COLLEGE (COLORADO COMMUNITY COLLEGE SYSTEM) FACULTY OF THE YEAR AWARD, 2009, MANCOS, COLORADO (MEDICAL CODING AND BILLING CURRICULUM)**

RATES/FEES YEAR 2026

\$500 per hour for calls and to review records
\$650 per Excel Page for Analysis (1.3 hour per excel page)
\$3,000 Written Per Injury Report Flat Fee
\$250 File-Case Fee – Shred Fee, Data Fee
\$2,000 Retainer to be applied to billed amount. New Clients. No refunds
Most Personal Injury cases run between \$6,500 - \$10,000 for the review, analysis and report

In Person Court Fee \$4,000 per day – Not included is travel Port to Port time (\$250 per hour) and travel costs: Airfare, Taxi/Uber, Hotel, Mileage (\$1.50 per mile). \$2,000 for Half Day plus travel fees.

Zoom Depositions - \$1,000 for 1-2 hour deposition. \$2,000 for 2-4 hour Deposition. Paid In advanced

Deposition payment needs to be paid in advance. \$1,000 (2 hour minimum)

Zoom Court - \$2,000 for 2-4 hour court.

In Person Depositions \$4,000 per day. Not included is travel Port to Port time (\$150 per hour) and travel costs: Airfare, Taxi/Uber, Hotel, Mileage – extra fees Paid In advanced

Hiring Law Firm is responsible for the final invoice if I am shared with other legal Firms. Hiring Law Firm responsible for paying the invoice if the client they represent does not pay.

Final Invoice to be paid within 120 days of Final Invoice Date. Invoices to be paid in full prior to court testimony along with anticipated court fees.

Collection Agency / and or Bar Association assistance - will be used if invoice not paid within 120 days. Your law firm will be responsible for all collection fees that will be added to the invoice if the collection agency is used. The Bar Association will be notified as well.

When you send the link to the medical bills, medical records to review – you are agreeing to paying my listed rates and abide by the terms by paying the invoice for this case within 120 days including the use of a collection agency and their fees if needed.

**Request for Taxpayer
 Identification Number and Certification**

Go to www.irs.gov/FormW9 for instructions and the latest information.

Give form to the
 requester. Do not
 send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)
Jacqueline N. Bloink

2 Business name/disregarded entity name, if different from above.
Jacqueline Bloink LLC

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes.
 Individual/sole proprietor C corporation S corporation Partnership Trust/estate
 LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____
 Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.
 Other (see instructions) _____

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
 Exempt payee code (if any) _____
 Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____
 (Applies to accounts maintained outside the United States.)

3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions _____

5 Address (number, street, and apt. or suite no.). See instructions.
3337 Colbert Ave.

6 City, state, and ZIP code
Los Angeles, CA 90066

7 List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

		-			-				
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OR

Employer identification number

4	7	-	4	0	0	0	7	2	6
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Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here Signature of U.S. person *J. Bloink* Date *1-2-2026*

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they