

EXHIBIT “A”

Michael Heinemann, Esq.
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Attorney for Plaintiff

-----X
C G HEALTHCARE LLC, d/b/a CEDAR
HILL HEALTHCARE,

Plaintiff,

- against -

AETNA HEALTH, INC.

Defendant.

SUPERIOR COURT OF NEW JERSEY
LAW DIVISION: MORRIS COUNTY

DOCKET NO. MRS-L-001664-21

CIVIL ACTION

SUMMONS

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From The State of New Jersey To The Defendant Named Above:

The plaintiff, named above, has filed a lawsuit against you in the Superior Court of New Jersey. The complaint attached to this summons states the basis for this lawsuit. If you dispute this third-party complaint, you or your attorney must file a written answer or motion and proof of service with the deputy clerk of the Superior Court in the county listed above within 35 days from the date you received this summons, not counting the date you received it. (A directory of the addresses of each deputy clerk of the Superior Court is available in the Civil Division Management Office in the county listed above and online at http://www.njcourts.gov/forms/10153_deptyclerklawref.pdf.) If the complaint is one in foreclosure, then you must file your written answer or motion and proof of service with the Clerk of the Superior Court, Hughes Justice Complex, P.O. Box 971, Trenton, NJ 08625-0971. A filing fee payable to the Treasurer, State of New Jersey and a completed Case Information Statement (available from the deputy clerk of the Superior Court) must accompany your answer or motion when it is filed. You must also send a

copy of your answer or motion to plaintiff's attorney whose name and address appear above, or to plaintiff, if no attorney is named above. A telephone call will not protect your rights; you must file and serve a written answer or motion (with fee of \$175.00 and completed Case Information Statement) if you want the court to hear your defense.

If you do not file and serve a written answer or motion within 35 days, the court may enter a judgment against you for the relief plaintiff demands, plus interest and costs of suit. If judgment is entered against you, the Sheriff may seize your money, wages or property to pay all or part of the judgment.

If you cannot afford an attorney, you may call the Legal Services office in the county where you live or the Legal Services of New Jersey Statewide Hotline at 1-888-LSNJ-LAW (1-888-576-5529). If you do not have an attorney and are not eligible for free legal assistance, you may obtain a referral to an attorney by calling one of the Lawyer Referral Services. A directory with contact information for local Legal Services Offices and Lawyer Referral Services is available in the Civil Division Management Office in the county listed above and online at

http://www.njcourts.gov/forms/10153_deptyclerklawref.pdf.

/S/ Michelle M. Smith, Esq.
Clerk of the Superior Court

Dated: August 2, 2021

To: Aetna Health, Inc.
9 Entin Road, Suite 203
Parsippany, New Jersey 07054

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CIVIL ACTION

COMPLAINT

Plaintiff, C G Healthcare LLC, d/b/a Cedar Hill Healthcare by its attorneys, Law Office of Michael Heinemann, PC, hereby complains of Defendant, Aetna Health, Inc. upon information and belief, alleges as follows:

I. PARTIES

1. Plaintiff, C G Healthcare LLC, d/b/a Cedar Hill Healthcare (“Cedar Hill”) at all relevant times, was and is a limited liability company licensed to do business in the State of New Jersey with its principal place of business located at 110 Grove Avenue, Cedar Grove, New Jersey 07009.
2. At all times material hereto, Cedar Hill was and is engaged in the business of providing skilled nursing home care services.
3. Defendant, Aetna Health, Inc. (“Aetna”), is a corporation organized under the laws of the State of New Jersey with a principal address of 9 Entin Road, Parsippany, New Jersey 07054.
4. At all times material hereto, Aetna was and is engaged in the business of

providing health insurance to its insureds.

II. FACTUAL BACKGROUND

5. Plaintiff brings this action as a result of Aetna’s refusal to pay for the treatment that the Plaintiff provided to Aetna’s insureds.

6. The following is a list, respectively identifying Aetna’s insureds who received care at Plaintiff’s facility, the period of time such care was received and amount Aetna owes the Plaintiff.

Initials of Insured	Period(s) of Care	Amount Owed
L.B.	06/01/20-06/19/20	\$6,093.18
F.C	08/01/20-08/17/20	\$789.24
C.H.	12/15/19-01/01/20 01/01/20-01/07/20	\$4,885.70
D.S.	05/04/20-05/26/20	\$8,504.16
L.Z.	10/04/19-10/13/19	\$2,505.08
Y.B.	01/06/20-01/22/20	\$4,462.76
A.G.	03/04/20-03/28/20	\$3,392.45
A.I.	02/07/20-03/01/20	\$3,910.59
E.S.	03/05/20-04/01/20	\$5,541.23
T.T.	01/08/20-01/31/20	\$3,592.16
M.W.	02/11/20-03/01/20	\$2,528.40
M.T.	07/06/19-07/23/19	\$2,708.76

7. At all times hereinafter mentioned, for the period during which the Plaintiff provided care to Aetna’s insureds, the insureds were covered pursuant an Aetna insurance policy.

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