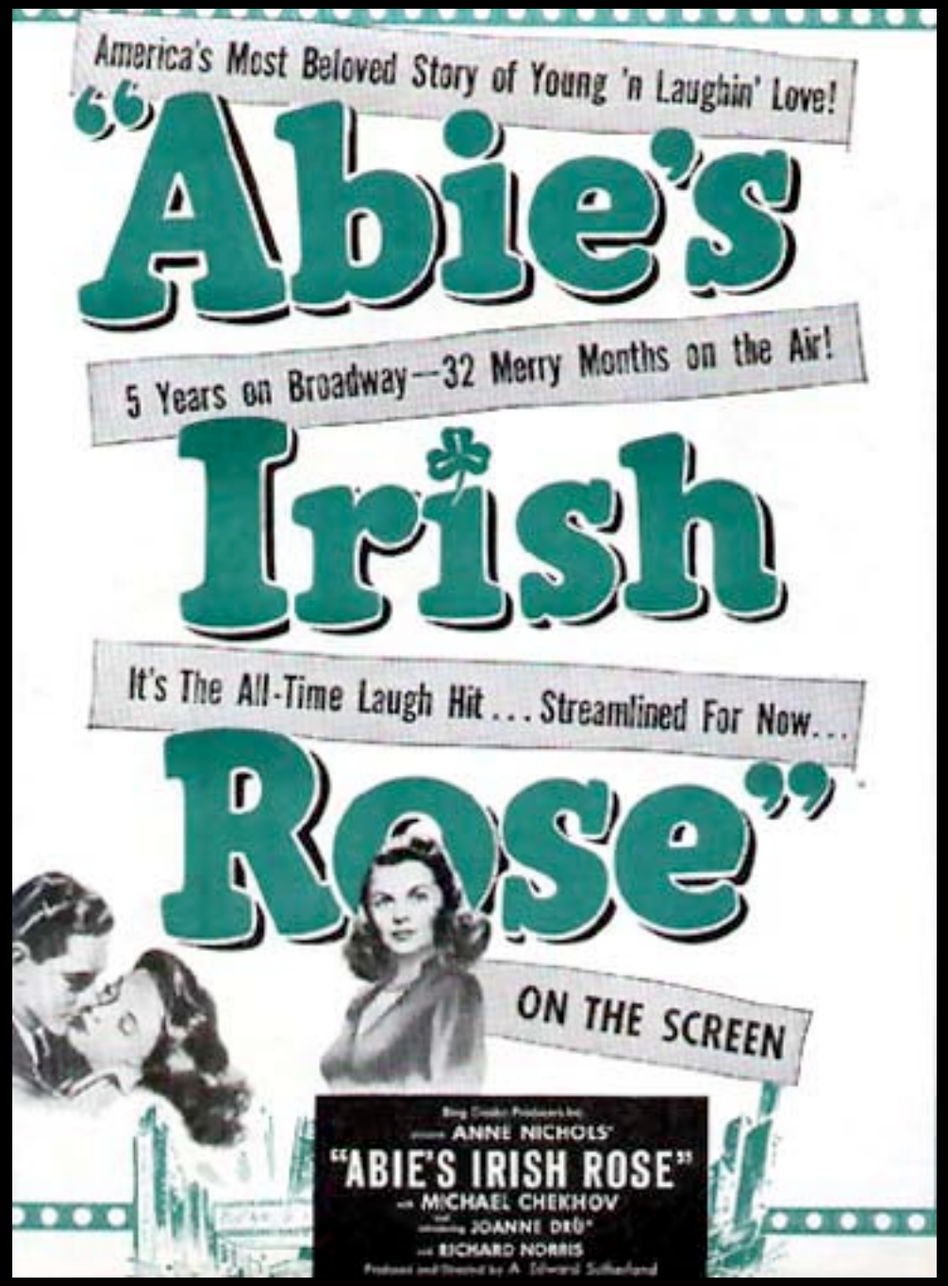
Idea/Expression

Copyright Law – Professor Grimmelmann
Class 3 – September 2, 2008

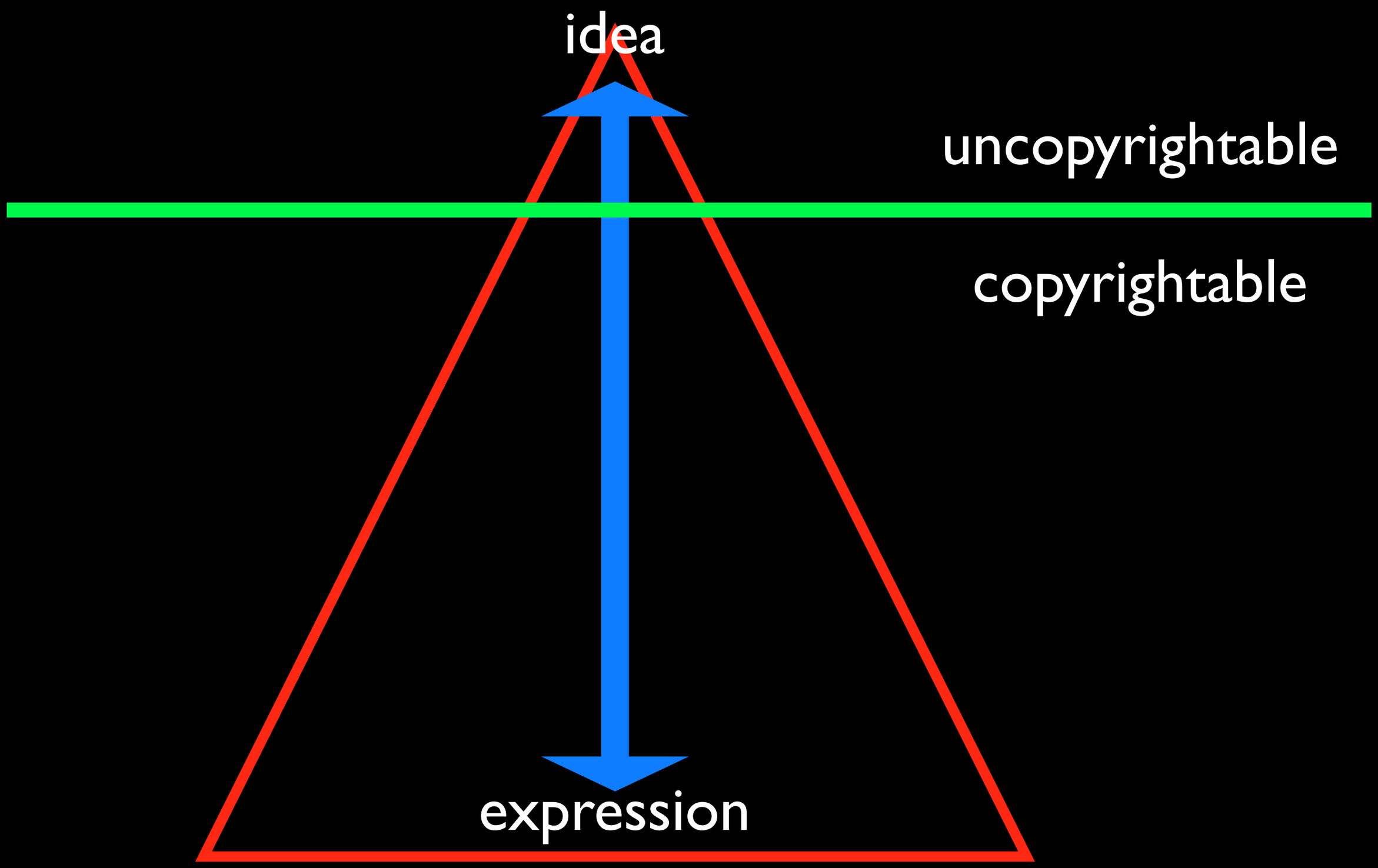
Four roles for idea/expression

- Protect public domain
- Originality+
- Exclude functional material
- Limit proof problems

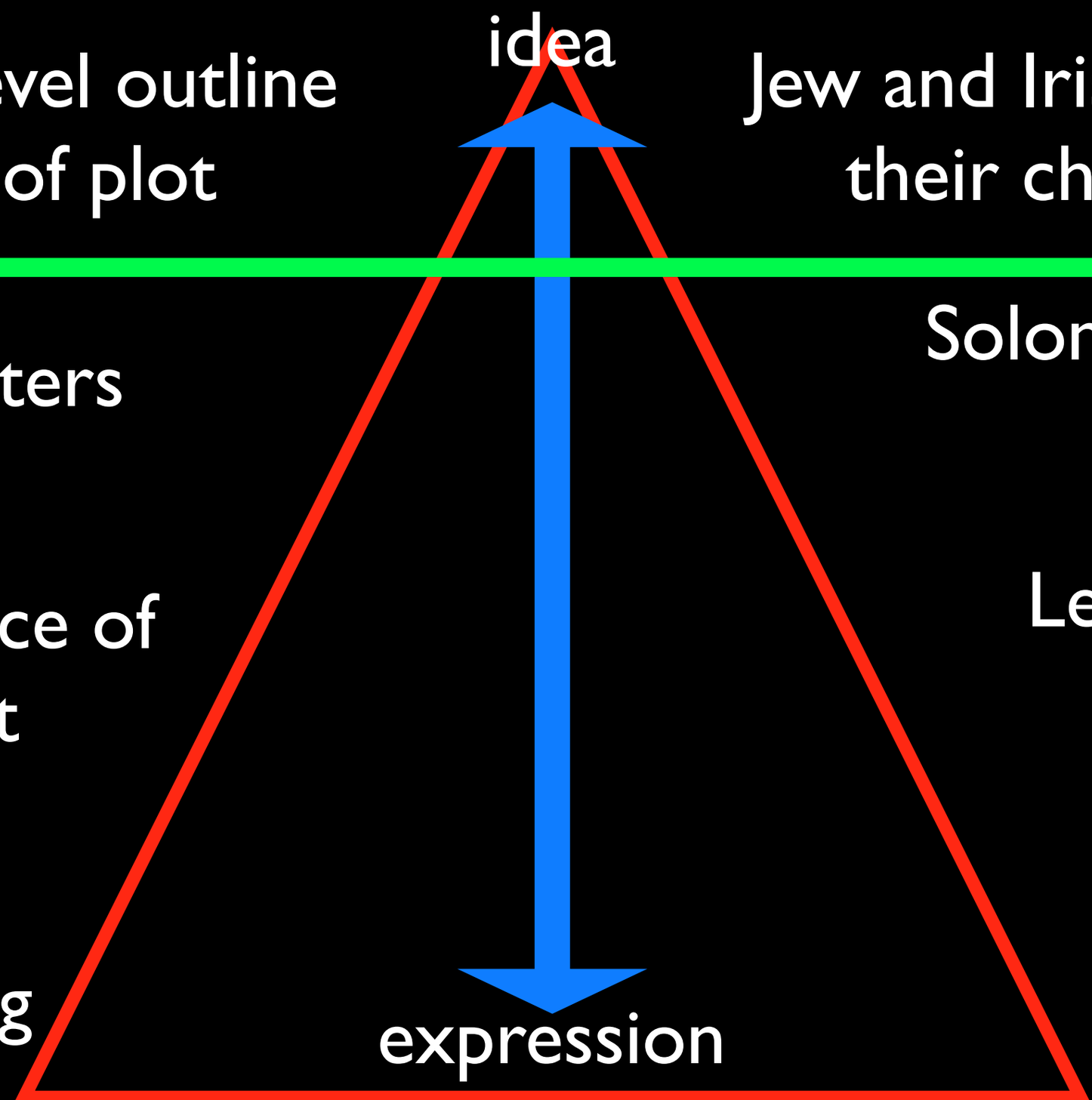
Nichols v. Universal Pictures



Layers of abstractions



Layers of abstractions



High-level outline sketch of plot

Jew and Irishman fight over their children's marriage

Characters

Solomon Levy, former pushcart vendor

Sequence of incident

Levy buys oranges, to Murphy's outrage

Phrasing

"I vont all I paid for!"

The Hindenburg

A.A. Hoehling

WHO DESTROYED THE
HINDENBURG?
ONE OF THE MOST INCREDIBLE AVIATION DISASTERS OF ALL TIME — "CHARGED WITH LURID EXCITEMENT" —Newsweek
BY A. A. HOEHLING

Michael M. Mooney
De Hindenburg
De waarheid over de catastrofe van de HINDENBURG

George C. Scott
A ROBERT WISE PRODUCTION
"The Hindenburg"

I/E in *Hoehling*

- Is his book original? What about it is?
- Copyrightable?
  - "John Adams was born on Oct. 30, 1735."
  - "John Adams was born on Oct. 30, 1835."
  - "John Adams transformed America."
  - Scene of John Adams writing to his wife.

[SELDEN'S FORM]

AUDITOR'S RECORD.

DISBURSEMENTS. County Fund.						RECEIPTS.					
Date.	No.	Amount.	To.	For.	Authority.	Date.	No.	Amount.	Of.	For.	Authority

LEFT HAND PAGE

CONDENSED LEDGER.

Bro'ght Forward.		Distri-bution.		Date: from ..... to ..... inclusive.				Total.		Balan-ces.	
					Sundries to Sundries. TREASURER.						
Dr.	Cr.	Dr.	Cr.	Dr.	Dr. $	Cr. $	Cr.	Dr.	Cr.	Dr.	Cr.
					County Fund.						
					Bridge Fund.						
					County Infirmary .						
					Building Fund.						
					Internal Fund .						
					Kind Fund.						
					Sale Redemptions .						
					Refunders.						
					Redemptions.						
					Tax Omissions .						
					Forfeitures .						
					Duplicate.						
					Section 16.						
					Section 29.						
					Peddlers' License .						
					Show License.						
					State Fund.						
					School Fund.						
					Corporation Fund.						
					Township Fund.						
					Treasurer's Fees.						
					State Relief Fund.						
					Soldiers' Fund.						
					Militia Fund.						
					Bounty Fund.						
					School Examiners' Fund.						
					CARRIED FORWARD.						
Floating Order											

RIGHT HAND PAGE

[BAKER'S FORM.]

AUDITOR'S REGISTER.

DISBURSEMENTS.

Date.	No.	To.	For.	By.	Country.	Poor.	Bri dge.							Total.
			Total.											

ADDITIONAL DISBURSEMENTS.

Exhi bit.	

AUDITOR'S REGISTER.

RECEIPTS.

Date.	No.	From.	For.	County.							Total.
			Total.								

BALANCE SHEET

FUNDS			Rec'd to 186	(Dist'd) to 186	To Rec. to 186	To Dis. to 186	Balance 186	Ov'r Pd. 186
County.								
Poor.								
Brid ge.								
School.								
Townshi p.								
Cor poration.								
Redem ption of Lands .								
Teachers' Institute.								
Show Licences.								
Peddlers' Licences.								
Volunteer Relief .								
Section 16.								
State Fund.								
Road Taxes.								
Buildin g.								
Rail Road.								
Ministr y.								
Soldiers' Pa y.								
Bount y.								
Balance in Treasur y.								
Total.								
County Treasurer-General Acct.								

ADDITIONAL RECEIPTS.

Floating Order.	

LEFT HAND PAGE

RIGHT HAND PAGE

Reconstructed Forms Courtesy of Pamela Samuelson

Baker v. Selden

- Copyrightable?
  - Introductory essay
  - Selden's system
  - Selden's blank forms
- Merger and *scenes à faire*: which is which?

Watch out for . . .

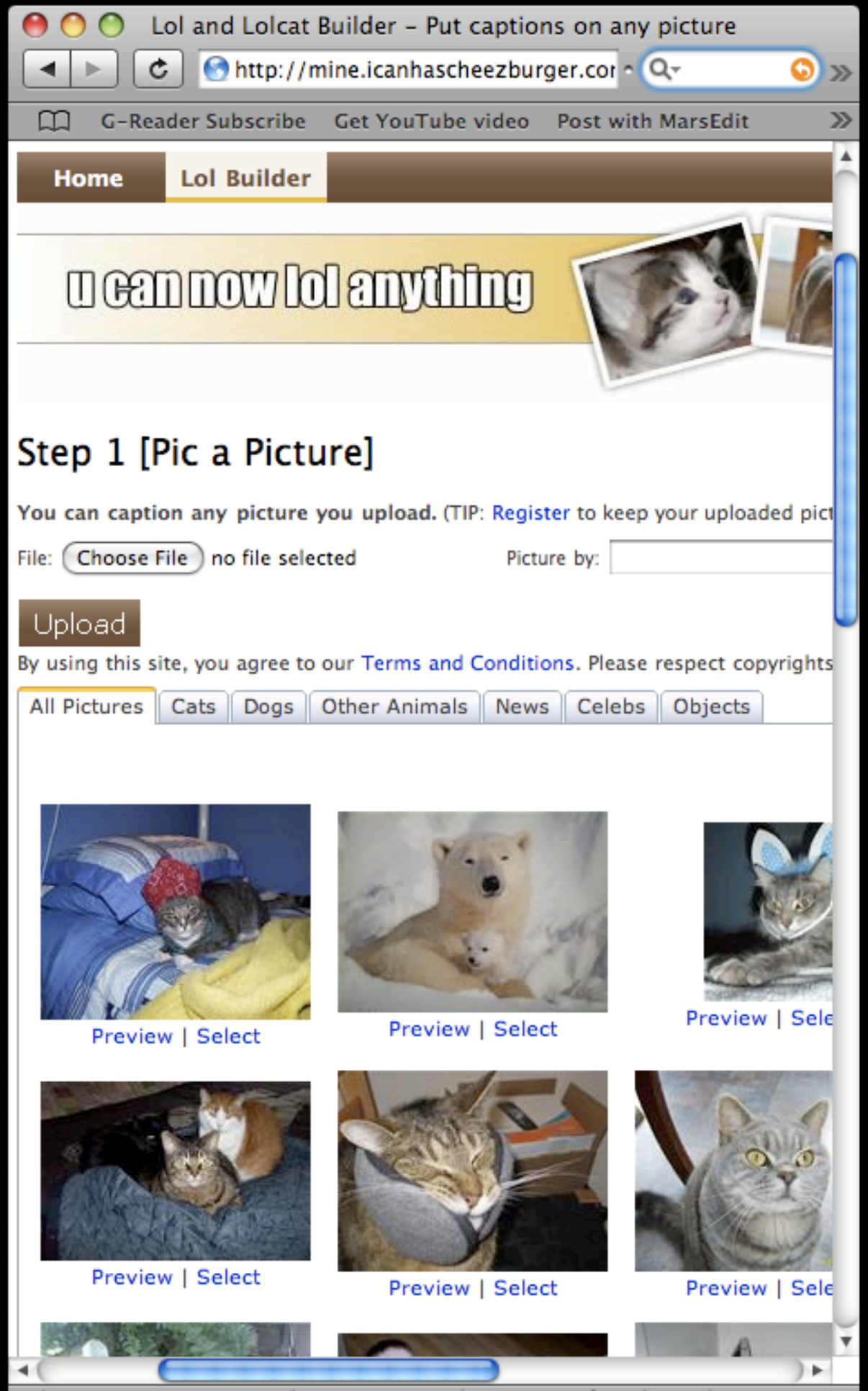
- Facts and theories
- Systems, processes, and methods
- Clichés and stock characters
- Few ways to express an idea

Idea or expression?

lolcat

Idea or expression?

lolcat builder



Delta Dental

HEADER INFORMATION

1 Type of Transaction (Mark all applicable boxes)
☐ Statement of Actual Services ☐ Request for Predetermination /Preauthorization
☐ EPSDT/Title XIX

2 Predetermination /Preauthorization Number

INSURANCE COMPANY/DENTAL BENEFIT PLAN INFORMATION

3 Company/Plan Name, Address, City, State, Zip Code
Sterling Life Insurance Company
P.O. Box 69314
Harrisburg, PA 17106-9314

OTHER COVERAGE

4 Other Dental or Medical Coverage? ☐ No (Skip 5-11) ☐ Yes (Complete 5-11)
5 Name of Policyholder/Subscriber in #4 (Last, First, Middle Initial, Suffix)
6 Date of Birth (MM/DD/CCYY) 7 Gender ☐ M ☐ F 8 Policyholder/Subscriber ID (SSN or ID#)
9 Plan/Group Number 10 Patient's Relationship to Person Named in #5 ☐ Self ☐ Spouse ☐ Dependent ☐ Other
11 Other Insurance Company/Dental Benefit Plan Name, Address, City, State, Zip Code

POLICYHOLDER/SUBSCRIBER INFORMATION (For Insurance Company Named in #3)

12 Policyholder/Subscriber Name (Last, First, Middle Initial, Suffix), Address, City, State, Zip Code
Smith, Bob A.
123 Paradise Road
Seattle, WA 12345
13 Date of Birth (MM/DD/CCYY) 12/18/1936 14 Gender [X] M ☐ F 15 Policyholder/Subscriber ID (SSN or ID#) 555-55-5555A
16 Plan/Group Number 17 Employer Name

PATIENT INFORMATION

18 Relationship to Policyholder/Subscriber in #12 Above [X] Self ☐ Spouse ☐ Dependent Child ☐ Other 19 Student Status ☐ FTS ☐ PTS
20 Name (Last, First, Middle Initial, Suffix), Address, City, State, Zip Code
SAME
21 Date of Birth (MM/DD/CCYY) SAME 22 Gender [X] M ☐ F 23 Patient ID/Account # (Assigned by Dentist) 13984

RECORD OF SERVICES PROVIDED

	24 Procedure Date (MM/DD/CCYY)	25 Area of Oral Cavity	26 Tooth System	27 Tooth Number(s) or Letter(s)	28 Tooth Surface	29 Procedure Code	30 Description	31 Fee
1	08/04/2006					D0150	Comprehensive Oral Exam	5000
2	08/04/2006					D0272		5000
3								
4								
5								
6								
7								
8								
9								
10								

MISSING TEETH INFORMATION

32 (Place an 'X' on each missing tooth)

Permanent																Primary									
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	A	B	C	D	E	F	G	H	I	J
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	T	S	R	Q	P	O	N	M	L	K

33 Other Fee(s)
34 Total Fee 10000

35 Remarks

AUTHORIZATIONS

36 I have been informed of the treatment plan and associated fees. I agree to be responsible for all charges for dental services and materials not paid by my dental benefit plan, unless prohibited by law, or the treating dentist or dental practice has a contractual agreement with my plan prohibiting all or a portion of such charges. To the extent permitted by law, I consent to your use and disclosure of my protected health information to carry out payment activities in connection with this claim.
X Signature on File
Patient/Guardian signature Date

37 I hereby authorize and direct payment of the dental benefits otherwise payable to me, directly to the below named dentist or dental entity.
X
Subscriber signature Date

ANCILLARY CLAIM/TREATMENT INFORMATION

38 Place of Treatment [X] Provider's Office ☐ Hospital ☐ ECF ☐ Other
39 Number of Enclosures (00 to 99) Pedograph(s) Oral Image(s) Model(s)
40 Is Treatment for Orthodontics? ☐ No (Skip 41-42) ☐ Yes (Complete 41-42)
41 Date Appliance Placed (MM/DD/CCYY)
42 Months of Treatment Remaining
43 Replacement of Prosthesis? [X] No ☐ Yes (Complete 44)
44 Date Prior Placement (MM/DD/CCYY)
45 Treatment Resulting from ☐ Occupational Illness/Injury ☐ Auto accident ☐ Other accident
46 Date of Accident (MM/DD/CCYY) 47 Auto Accident State

BILLING DENTIST OR DENTAL ENTITY (Leave blank if dentist or dental entity is not submitting claim on behalf of the patient or insured/subscriber)

48 Name, Address, City, State, Zip Code
Billing Name
P.O. Box 12345
Seattle, WA 99222-1435
49 NPI 1234567890 50 License Number 51 SSN or TIN 912460098
52 Phone Number (555) 123 -4567 53 Additional Provider ID

TREATING DENTIST AND TREATMENT LOCATION INFORMATION

54 I hereby certify that the procedures as indicated by date are in progress for procedures that require multiple visits) or have been completed.
X T. Jones 2/14/06
Signed (Treating Dentist) Date
55 NPI 1987654321 56 License Number
57 Provider Specialty Code
58 Address, City, State, Zip Code
Office Name, 123 Main St.
Seattle, WA 12345-9876
59 Phone Number (555) 321 -1234 60 Additional Provider ID

©2006 American Dental Association
J402 (Same as ADA Dental Claim Form – J401, J402, J403, J404)
To Reorder call 1-800-947-4746 or go online at www.adacatalog.org

Procedures

Exams & Xrays			**Dentures**			RecemCrn	69.00	D2920	VeneerPrep	0.00	N4108			View Fee Sched:
PerEx	42.00	D0120	MaxDent	1007.00	D5110	SSCPri	175.00	D2930	Alg	0.00	N4109			Standard
LimEx	35.00	D0140	MandDent	996.00	D5120	TempCrn	90.00	D2970	RPDImp	0.00	N4110			ODS
CmpEx	58.00	D0150	MaxImmDent	1039.00	D5130	CrnRepair	0.00	D2980	InlayPrep	0.00	N4111			BCBS
PA	20.00	D0220	MandImmDent	1039.00	D5140	BridgePontic	710.00	D6241	OnlayPrep	0.00	N4112			
PA+	16.00	D0230	MaxPermFlip	350.00	D5211	MaryBridge(End)	360.00	D6545	FitBands	0.00	N4113			
1BW	19.00	D0270	MandPermFlip	350.00	D5212	Bridge (end)	710.00	D6751	RepairImp	0.00	N4114			
2BW	32.00	D0272	MaxRPD	1039.00	D5213	Coping	350.00	D6975	SoftReline	0.00	N4115			
4BW	53.00	D0274	MandRPD	1039.00	D5214	*	0.00	D6999						
Pano	78.00	D0330	RepairDentBase	130.00	D5510	**Oral Surgery**								
Cleanings			RepairPartialBas	115.00	D5610	E	95.00	D7140						
Pro	68.00	D1110	RepairRPDFrame	0.00	D5620	E(d)	95.00	D7140d						
ProChild	53.00	D1120	RepairClasp	0.00	D5630	E-Surg	180.00	D7210						
FloChild	29.00	D1203	ReplacePartialTo	105.00	D5640	E-SoftTiss	212.00	D7220						
Flo	29.00	D1204	AddTooth	135.00	D5650	E-PartBony	260.00	D7230						
Fillings			AddClasp	0.00	D5660	E-CompBony	318.00	D7240						
Seal	37.00	D1351	RelMaxDntChair	190.00	D5730	E-Bony w complic	390.00	D7241						
A1	80.00	D2140	RelMndDntChair	145.00	D5731	BiopsySoft	80.00	D7286						
A2	105.00	D2150	RelMaxRPDChair	130.00	D5740	Alveolo-w/E	160.00	D7310						
A3	123.00	D2160	RelMndRPDChair	130.00	D5741	Alveolo-w/oE	240.00	D7320						
A4	164.00	D2161	RelMaxDntLab	318.00	D5750	Inc&Drain	110.00	D7510						
C1	95.00	D2330	RelMndDntLab	318.00	D5751	ExcisTissue	200.00	D7970						
C2	133.00	D2331	RelMaxRPDLab	318.00	D5760	*	0.00	D7999						
C3	170.00	D2332	RelMndRPDLab	318.00	D5761	**Ortho**								
C4	207.00	D2335	OverDent	950.00	D5860	BandLoop	210.00	D1510						
C1(P)	90.00	D2391	OverDentRPD	950.00	D5861	SpcMntBilat	320.00	D1515						
C2(P)	125.00	D2392	DentAttach	90.00	D5862	LimOrthoPri	400.00	D8010						
C3(P)	160.00	D2393	UnspecDent	0.00	D5899	LmOrthAdlt	600.00	D8040						
C4(P)	207.00	D2394	White Clasp	40.00	N6002	CmpOrthAdlt	3500.00	D8090						
SedFill	65.00	D2940	**Cosmetic**			RemHabitAppl	600.00	D8210						
BU	166.00	D2950	CerInlay1	180.00	D2610	OrthoAdj	0.00	D8670						
CastP&C	281.00	D2952	CerInlay2	250.00	D2620	**Misc**								
P&C	207.00	D2954	CerInlay3	320.00	D2630	Nitrous	30.00	D9230a						
*	0.00	D2999	CerOnlay2	250.00	D2642	Nitrous10	10.00	D9230b						
Endo			CerOnlay3	320.00	D2643	Consult	0.00	D9310						
PulpCap	64.00	D3110	CerOnlay4	390.00	D2644	Desens	25.00	D9910						
Pulpotomy	123.00	D3220	CompVen	330.00	D2960	DesensRes	60.00	D9911						
RCTant	413.00	D3310	PorcVen	590.00	D2962	Behav	40.00	D9920						
RCTpre	504.00	D3320	Shaping	25.00	D9971	BiteGuard	250.00	D9940						
RCTmol	670.00	D3330	White	150.00	D9972	AthGuard	200.00	D9941						
RCT-Rant	360.00	D3346	InternalWhite	90.00	D9974	OcclAdjLim	85.00	D9951						
RCT-Rpre	470.00	D3347	**Implants**			UnspecAdjunct	0.00	D9999						
RCT-Rmol	670.00	D3348	PlaceAbut	0.00	D6020	**No Fee**								
Hemi	0.00	D3920	ImplMaint	0.00	D6080	CrnPrep	0.00	N4100						
UnspecEndo	0.00	D3999	RepairProsth	0.00	D6090	PO	0.00	N4101						
Perio			RepairAbut	0.00	D6095	DentAdj	0.00	N4102						
Gingiv	50.00	D4211	UnspecImpl	0.00	D6199	Bite	0.00	N4103						
CrnLength	380.00	D4249	**Crown & Bridge**			AdjRPD	0.00	N4104						
SRP	165.00	D4341	AllCerCrn	742.00	D2740	DentImp	0.00	N4105						
FMDebride	92.00	D4355	PFM	710.00	D2750	CastP&CPrep	0.00	N4106						
UnspecPerio	0.00	D4999	FGCrn	710.00	D2790	RPDPrep	0.00	N4107						

New Code

Close Window