

Paul Dulberg
DOI: 6/28/11
DOB: 03/19/70

LIENS

AMOUNT

MedChex/Open Advanced MRI of Round Lake	\$ 3,390.00
M. Shamash/D. Verenski/U.S. Physical Therapy	N/A
Dr. Karen Levin	\$ 2,420.00
Hand Surgery Associates, S.C.	\$ 9,189.00
Northwest Community Hospital	\$ 6,366.00
Powers & Moon/Northern IL Med Ctr	\$ 1,323.75

TOTAL LIENS: \$ 22,688.75

OTHER COSTS/FEES

Baudin & Baudin- Attorney's Fees (40% less retainer)	\$117,000.00
Baudin & Baudin- Costs	\$ 84.63
The Law Offices of Thomas J. Popovich, P.C.- Costs	\$ 1,539.32
Brad J. Balke, P.C.- Costs	\$ 1,539.32

TOTAL COSTS/FEES: \$120,163.27

REDUCTION?

Resolved per J. Olsen

Per 12/6/16 correspondence w/ billing office

*Balke pd 50% of the total costs (\$3,078.64) already

*Paid 50% of Popovich's costs per agreement

SPECIAL DAMAGES- PAUL DULBERG

DOB: 03/19/70

DATE OF INCIDENT: 06/28/11

1. Centegra Hospital- McHenry (NIMC)
4201 Medical Center Drive
McHenry, IL 60050-8409
Dates of Service: 06/28/11 (ER) \$ 1,323.75
2. Moraine Emergency Physicians
P.O. Box 8759
Philadelphia, PA 19101-8759
Date of Service: 06/28/11 (ER Physician Bill) \$ 1,346.00
3. McHenry Radiologists Imaging Associates
P.O. Box 220
McHenry, IL 60051-0220
Date of Service: 06/28/11 (X-rays) \$ 50.00
4. Dr. Frank W. Sek
4606 W. Elm Street
McHenry, IL 60050
815-385-0164
Dates of Service:

07/01/11	\$ 80.00
07/08/11	\$ 80.00
01/14/12	\$ 80.00
02/13/12	\$ 80.00
03/13/12	\$ 100.00
04/24/12	\$ 90.00
08/06/12	\$ 80.00
5. Associated Neurology SC
Dr. Levin
1900 Hollister Dr., Suite 250
Libertyville, IL 60048
847-549-0055
Dates of Service:

07/28/11	\$ 225.00
08/10/11(Nerve Conduction Study)	\$ 930.00
01/30/12	\$ 105.00
02/13/12	\$ 75.00
03/13/12 (Nerve Conduction Study)	\$ 1,415.00
05/16/12	\$ 75.00
02/04/13	\$ 115.00
08/14/13	\$ 75.00

6. MidAmerica Hand to Shoulder Clinic
Dr. Talerico
75 Remittance Drive, Suite 6035
Chicago, IL 60675
Dates of Service: 12/02/11 \$ 230.00
01/06/12 \$ 160.00

7. Dynamic Hand Therapy & Rehab
498 S. U.S. Highway 12, Suite C
Fox Lake, IL 60020
847-587-3301
Dates of Service: 12/06/11, 12/08/11, 12/12/11, 12/14/11,
12/15/11, 12/19/11, 12/20/11, 12/23/11,
12/27/11, 12/29/11, 01/03/12, 01/05/12,
01/09/12, 01/11/12, 01/16/12, 01/18/12,
01/23/12, 01/25/12, 01/30/12, 02/01/12,
02/06/12, 04/03/12, 04/05/12, 04/10/12,
04/12/12, 04/16/12, 04/18/12, 04/26/12,
04/27/12, 05/02/12, 05/04/12, 05/07/12,
05/10/12, 05/15/12, 05/17/12, 05/24/12,
05/25/12, 05/31/12, 06/04/12, 07/16/12,
07/19/12, 07/23/12, 07/26/12, 07/30/12,
08/02/12, 08/06/12, 08/09/12, 08/16/12,
08/20/12, 08/23/12, 08/28/12, 08/30/12,
09/11/12, 09/13/12, 09/18/12, 09/20/12,
09/21/12, 09/25/12, 09/27/12, 09/28/12,
10/02/12, 10/04/12, 10/05/12, 10/09/12,
10/11/12, 10/12/12, 10/16/12, 10/18/12,
10/19/12, 12/12/12, 12/21/12, 12/28/12,
12/31/12, 01/04/13, 01/11/13, 01/30/13,
02/05/13, 02/08/13, 02/14/13, 02/15/13,
02/19/13, 02/25/13, 02/28/13, 03/07/13,
03/08/13, 03/12/13, 03/14/13, 03/19/13,
03/22/13, 03/29/13, 04/22/13, 07/23/13,
08/01/13, 08/05/13, 08/09/13, 08/16/13,
08/22/13, 10/02/13 \$30,190.00

8. Open Advanced MRI of Round Lake
Date of Service: 02/03/12 (MRI Right Forearm) \$ 3,390.00

9. Hand Surgery Associates, SC
Dr. Sagerman/Dr. Biafora
515 W. Algonquin Road
Arlington Heights, IL 60005
847-956-0099
Dates of Service: 02/27/12 \$

04/02/12	\$ 116.00
05/14/12	\$ 90.00
05/17/12	\$ 116.00
06/06/12	\$ 171.00
07/09/12 (Surgery)	\$ 8,338.00
07/11/12	\$ 0.00
07/23/12	\$ 0.00
07/30/12	\$ 0.00
08/27/12	\$ 50.00
10/22/12	\$ 116.00
12/03/12	\$ 282.00
01/14/13	\$ 90.00
03/25/13	\$ 90.00
08/26/13	\$ 90.00

10. Northwest Community Hospital
25709 Network Place
Chicago, IL 60673

Date of Service: 07/09/12 \$ 6,366.00

11. Northwest Suburban Anesthesiologist, Ltd.
8163 Solutions Center
Chicago, IL 60677-8001

Date of Service: 07/09/12 \$ 1,365.00

12. Alexian Brothers Medical Group
P.O. Box 5588
Belfast, ME 04915-5500
847-506-6622

Dates of Service:

09/25/13	\$ 153.00
02/??/14 (Injection)	\$
05/??/14 (Injection)	\$
08/14/14	\$ 234.00
11/06/14	\$ 234.00
03/10/15	\$ 234.00
07/28/15	\$ 234.00
02/11/16	\$ 175.00
11/11/16	\$ 119.00

13. Walgreens Pharmacy
3925 W. Elm Street
McHenry, IL 60050

Dates of Service: 06/28/11 \$ 48.68

14. Walmart Pharmacy
3801 Running Brooks Farms Blvd.

Johnsburg, IL 60051

<u>Dates of Service:</u>	05/16/12	\$	25.79
	06/11/12	\$	126.08
	07/09/12	\$	16.11
	07/19/12	\$	21.15
	08/02/12	\$	126.08
	10/02/12	\$	126.08
	11/16/12	\$	126.78
	12/28/12	\$	126.54
	02/09/13	\$	126.68

15. Genoa/QOL MEDS Pharmacy
4100 Veterans Pkwy
McHenry IL. 60050
815-344-3263

<u>Dates of Service:</u>	08/14/13 (Gabapentin)	\$	19.49
	10/01/13 (Gabapentin)	\$	19.24
	10/25/13 (Gabapentin)	\$	19.24
	11/26/13 (Gabapentin)	\$	19.24
	05/13/14 (Gabapentin)	\$	19.24
	06/30/14 (Gabapentin)	\$	19.24
	08/04/14 (Gabapentin)	\$	19.24
	09/02/14 (Gabapentin)	\$	19.24
	10/06/14 (Gabapentin)	\$	19.24
	11/06/14 (Gabapentin)	\$	19.24
	12/09/14 (Gabapentin)	\$	19.24
	01/12/15 (Gabapentin)	\$	19.24
	03/17/15 (Gabapentin)	\$	19.24
	04/20/15 (Gabapentin)	\$	30.63
	05/19/15 (Gabapentin)	\$	30.63
	06/23/15 (Gabapentin)	\$	30.63
	07/23/15 (Gabapentin)	\$	30.63
	08/27/15 (Gabapentin)	\$	30.63
	09/30/15 (Gabapentin)	\$	30.63
	11/02/15 (Gabapentin)	\$	30.63
	12/08/15 (Gabapentin)	\$	30.63
	12/18/15 (Gabapentin)	\$	30.63
	01/12/16 (Gabapentin)	\$	30.63
	02/08/16 (Gabapentin)	\$	30.63
	03/04/16 (Gabapentin)	\$	30.63
	03/29/16 (Gabapentin)	\$	30.63

16. Meijer
2253 N. Richmond Rd
McHenry, IL 60050

<u>Dates of Service:</u>	(misc. medical supplies)	\$	19.61
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TOTAL SPECIAL DAMAGES:
(11/29/16 KNB)

\$

Special Damages

11/29/16 KNB

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RELEASE OF CLIENT TRUST ACCOUNT FUNDS (3/23/2015)
PAUL DULBERG

FUNDS ON DEPOSIT f/b/o PAUL DULBERG WITHIN CLIENT TRUST
ACCOUNT OF THE LAW OFFICES OF THOMAS J. POPOVICH, P.C.:

\$ 5,000.00

LESS:

Costs Advanced by Law Offices of Thomas J. Popovich, P.C.

\$ (3,078.64)

TOTAL EXPENSES TO BE RECOVERED AT THIS TIME*: \$ -

*CASE LIENS AND/OR OUTSTANDING BALANCES: **

Hand Surgery Associates

\$ (9,444.00)

Northwest Community Hospital

\$ (6,366.00)

MedChex

\$ (3,390.00)

Karen Levin, MD

\$ (2,420.00)

Dynamic Hand Therapy

\$ (24,604.00)

Northern Illinois Medical Center

\$ (1,323.75)

TOTAL LIENS/OUTSTANDING BALANCES TO BE PAID AT THIS TIME: \$ -

TOTAL ATTORNEY FEES

(1/3 of Gross Settlement) \$ (1,666.67)

TRUST ACCOUNT FUNDS TO BE RELEASED:

\$ 3,333.33

**NO COSTS ADVANCED REIMBURSED AT THIS TIME AND NO LIENS/OUTSTANDING BALANCES PAID -- ONLY ATTORNEY FEES WERE PAID FROM THE \$5,000.00 ON DEPOSIT WITHIN CLIENT TRUST ACCOUNT AND BALANCE TURNED OVER TO LAW OFFICES OF BRAD J. BALKE, P.C. AS PER AGREEMENT/DIRECTION FROM SAID LAW FIRM ON BEHALF OF PAUL DULBERG. COSTS ADVANCED TO BE REIMBURSED AS A SEPARATE TRANSACTION AS PER AGREEMENT.*

I UNDERSTAND AND APPROVE ALL OF THE ITEMS AND AMOUNTS LISTED ABOVE. I ALSO UNDERSTAND AND AGREE THAT IF THERE ARE ANY ADDITIONAL BILLS OR LIENS WHICH MAY NEED TO BE PAID IN THE FUTURE, I AM SOLELY RESPONSIBLE FOR THE PAYMENT OF SAID BILLS OR LIENS. I AGREE TO REIMBURSE THE LAW OFFICES OF THOMAS J. POPOVICH IF THEY ARE REQUIRED TO PAY ANY SUCH BILL OR LIEN NOW OR IN THE FUTURE. THE LAW OFFICES OF THOMAS J. POPOVICH HAS ADVISED ME THAT THEY HAVE NOT RECEIVED ANY LIENS FROM ANY HEALTH CARE PROVIDERS OR HEALTH INSURANCE CARRIERS OTHER THAN THOSE LISTED ABOVE, BUT THAT HEALTH OR AUTOMOBILE INSURANCE MAY HAVE PAID SOME/ALL OF THE MEDICAL BILLS AND MAY BE ENTITLED TO REIMBURSEMENT DEPENDING ON THE POLICY PROVISIONS AND WHETHER OR NOT I HAVE SIGNED A REIMBURSEMENT AGREEMENT.

DATED THIS 23 DAY OF MARCH, 2015.



Law Offices of Brad J. Balke, P.C., for Paul Dulberg

I have taken my medical records from the Law Offices of Thomas J. Popovich.

I request that the Law Offices of Thomas J. Popovich destroy my medical records.



Medical Lien Finance

Medical Lien/Letter of Protection

January 30, 2012

Hans Mast, Esq.
Law Office of Hans Mast
3416 W. Elm St.
McHenry, IL 60050

Case ID: 265065

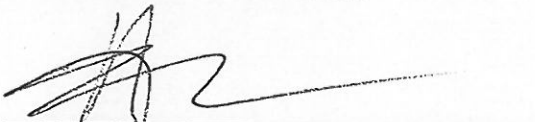
Reference: Paul Dulberg

Dear Hans Mast,

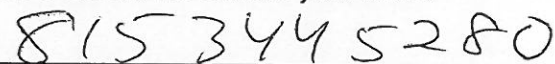
Your client referenced above has been or will be seen at Open Advanced MRI of Round Lake, LLC for diagnostic testing related to injuries sustained in a personal injury accident. It is our understanding that you represent this patient in a personal injury claim and that our medical bill/lien will be satisfied if there is successful resolution to the claim. Upon settlement or verdict and distribution of proceeds from the claim, please mail payment to the MedChex billing center below.

MedChex
P.O. Box 502
Katonah, NY 10506
(866) 709-1100

I, Hans Mast, acknowledge this medical lien on the legal claim proceeds of the above mentioned patient. Upon settlement and distribution of proceeds from the legal claim, I will contact MedChex to satisfy the lien. If I no longer represent the patient/client I will provide any and all applicable insurance carrier &/or subsequent attorney information to a MedChex representative so they may assert their lien on the claim.


Hans Mast

How should we contact your office?


E-mail is Preferred (or Fax Number)**Please Sign and Fax to (888) 317-0260**

*Upon receipt we will forward the MRI results and all related medical records to your office.

www.medchex.org
(866) 959-1100



14 Mamaroneck Ave.
Suite 3F
White Plains, NY 10601

www.medchex.org

*Surgery Funding

*Diagnostics

*Hospital Expenses

NOTICE OF MEDICAL LIEN

February 8, 2012

Lien Payoff? status@medchex.org

Hans Mast, Esq.
Law Office of Hans Mast
3416 W. Elm St.
McHenry, IL 60050

Case ID: 265065

Reference: Paul Dulberg

Dear Hans Mast,

This letter shall serve as notice that MedChex has taken assignment for the medical MRI lien of Open Advanced MRI of Round Lake, LLC in the amount of **\$3390.**

Upon settlement and distribution of proceeds please mail a check for **\$3390** to the address below. Please note that medical reports will be furnished upon request.

MedChex
Box 828
Katonah, NY 10536

I may be reached at (866) 709-1100 x 105 if necessary.

Sincerely,

A handwritten signature in black ink, appearing to read "Keelan Walker".

Keelan Walker
Diagnostic Lien Specialist

status@medchex.org

Medical Justice

Box 828, Katonah, NY 10536

Phone (866) 959-1100 Fax (888) 317-0260

02/03/2012 09:54 18475463633

OPEN ADVANCED MRI

PAGE 03/04

Patient Agreement Addendum**Approved and Completed Services and Rates for Patient
Consolidated Billing Statement**

The patient to receive procedure(s) at Open Advanced MRI of Round Lake, LLC on 2/3/2012 (date). Please sign to indicate you have received, or will receive on the above date, the services below, and that you agree to the billing rates and total costs as indicated.

CPT Code	Procedure Name	Procedure Date	MedChcx Billable Cost
73220	MRI FOREARM WITH & WITHOUT CONTRAST	2/3/2012	\$3390.00

Total due for all services performed on all dates of service: \$3390.00

Sign Below

Patient: Paul Dulberg

Date

2-3-12

Global Financial Credit, LLC: Wensley McKenney

1/31/2012

Date

Notice of Physician's Lien

LIEN

To: Hans Mast
3416 W Elm Street
McHenry IL 60050

You are hereby notified that the undersigned, a duly licensed and practicing physician in and for the State of Illinois, has and will render medical services in the treatment for injuries sustained by Paul Dulberg of 4606 Hayden Court, McHenry IL 60051, Illinois, on or about the 28th day of June 2011, and for which injuries the following person or persons is or may be liable to make compensation to the aforesaid injured person:

Paul Dulberg

The undersigned claims a lien as by the Statutes of the State of Illinois, in such case made and provided, upon the claim and cause of action or causes of action of said injured party aforesaid, for his reasonable charges for medical services rendered up to the date of payment of such damages.

That such lien shall attach to any verdict, judgment or decree secured in any action or decree secured in any suit or action of said injured party based on the negligent or wrongful act or acts of said person or persons, or whoever shall be found to be liable therefor, and to any money or property which may be recovered by compromise settlement, suit or action on account of the injuries so sustained not resulting in the death of the injured person; or to any verdict, judgment or decree in any suit brought by the estate of such injured person against any person or persons for the recovery of damages on account of injuries resulting in the death of such injured person.

In the event you have insurance, it is suggested for your protection, that this Notice of Physician's Lien be forwarded promptly to your insurance carrier.

Karen F. Levin, MD

Physician's Signature

Karen F. Levin, MD

Physician

1001 Liberty Drive

Address

Libertyville, IL 60048

PROOF OF SERVICE

STATE OF ILLINOIS

COUNTY OF }

(847) 549-0555

2420.00

served the above and foregoing Notice of Physician's Lien upon the aforesaid

being duly sworn deposes and says that he

Hans Mast

by:

() Delivering a true copy thereof to said persons

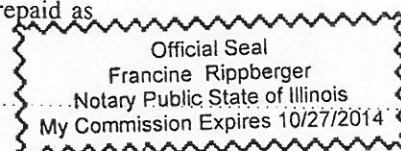
(xx) Placing a true copy of said notice in an envelope addressed to each of said persons at the addresses as above shown, and depositing the same in the United States Mails, postage prepaid as

mail on the 2nd day of May 2012

Subscribed and sworn to before me this

2nd day of May 2012

[Signature]
Notary Public



Notary Public Seal

**By Statute the notice must be served upon both the injured party and the person or persons allegedly liable. Service may be made in person, by registered or certified mail.

NOTICE OF HEALTH CARE SERVICES LIEN

TO_Paul Dulberg 4606 Hayden McHenry, IL 60050

[name and address of injured party against whom a claim or right of actions exists from such injuries]

PLEASE TAKE NOTICE that the undersigned, an Illinois licensed health care Professional employed by Hand Surgery Associates, S.C., a licensed Illinois Medical Corporation, has rendered or will render services by way of treatment to

Paul Dulberg (name and address of injured person)

4606 Hayden McHenry, IL 60050

for injuries sustained on or about 2/1/12 and for which injuries treatment

received: 2/1/12-----9/1/13

(please list below name and address of each party who may be liable)

Paul Dulberg 4606 Hayden McHenry, IL 60050

(Name)

(Address)

Mr. Hans Mast Law Offices of Thomas Popovich 3416 W. Elm St. McHenry, IL 60050

(Name)

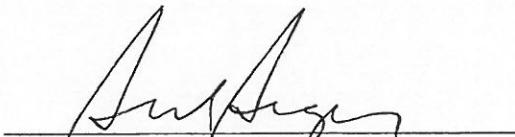
(Address)

YOU ARE HEREBY FURTHER NOTIFIED that the undersigned claims a lien, as provided under the laws of the State of Illinois, 770 ILCS 23/1, et seq. upon all applicable claims and causes of action of said injured person for the amount of reasonable charges up to the date of payment of damages.

Hand Surgery Associates, S.C.

515 West Algonquin Road

Arlington Heights, Illinois 60005


Health Care Professional

Hand Surgery Associates SC

515 W Algonquin Road Arlington Heights IL 60005
Tel: (847) 956-0099 Fax: (847) 956-0433

12/06/2016 2:39 PM (CST)

Hand Surgery Associates SC Account#: 80330 Page 1
PO Box 7624
Carol Stream, IL 60197-7624

847 956-0099 FEI: 362768260 SelfPayI

Paul Dulberg 03/04/2016 80330 9189.00
Paul Dulberg
4606 Hayden Ct
McHenry, IL 60051

Paul Dulberg 80330 Scott D Sagerman
Balance Forward 9189.00

03/04/2016 9189.00 0.00 9189.00

Your account will be considered for collection action if no payment in 10 days.



NOTICE OF HOSPITAL LIEN

Patient Information:

Patient Name: Paul Dulberg
Account# 71265382

Other Party Information:

Responsible Party: David Gagnon/Maguire

Insurance Company: To be named

Claim#: Still to be decided

You are hereby notified that Paul Dulberg, was on or about the 28th day of June, 2011 was injured by the alleged negligence or wrongful act of David Gagnon/Maguire. You appear to be holding funds or expect to be holding funds in the future for payment which Northwest Community Hospital has a claim, demand or cause of action against. Paul Dulberg was a patient in the undersigned hospital, or was a patient on July 9, 2012 due to said injuries.

You are further notified that the undersigned hospital is a corporation organized not for profit under the laws of the State of Illinois and is located at 800 W. Central Road in the city of Arlington Heights, Illinois.

You are further notified that the undersigned hospital claims a lien upon any claim or demand or cause of action which the said injured party may have against the alleged wrong doer, and against any funds you may have presently or in the future which may be directed towards the injured party, in accordance with the terms and provisions of the statutes of the State of Illinois in such case made and provided, and that such lien is for the reasonable value of services rendered and to be rendered in a treatment, care and maintenance of such injured person at current rates, the amount of which lien will not exceed 1/3 of the sum paid or due to said injured person on said claim or right of action.

Our Hospital Nos:
71265382Amount of Liens:
\$6,366.00

NORTHWEST COMMUNITY HOSPITAL

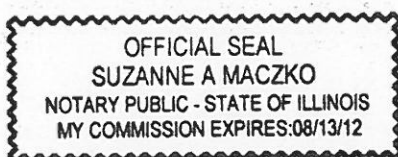
BY:

Catie Harrison
Patient Financial Services
Northwest Community Hospital

AFFIDAVIT OF PERSON MAILING NOTICE

STATE OF ILLINOIS }
COUNTY OF COOK } SSSubscribed and Sworn to Before Me
this 23 Day of July, 2012
NOTARY PUBLIC

NOTE: Requests for medical records pertaining to this case should be directed to:
Medical Records
Northwest Community Hospital
800 W. Central Rd., Arlington Heights, IL 60005



POWERS & MOON, LLC

ATTORNEYS AT LAW

707 LAKE COOK ROAD, SUITE 102

DEERFIELD, ILLINOIS 60015

PHONE: (847) 412-1274

FAX: (847) 412-1570

July 6, 2011

Via Certified Mail

PAUL R DULBERG

4606 HAYDEN CT

MCHENRY IL 60051-7918

RE: Lienholder/Our Client: Northern Illinois Medical Center
Account Number: B1117900323
Dates of Service: 06/28/2011 - 06/28/2011
Patient: PAUL R DULBERG
Accident Date: 06/28/2011
Total Charges: \$1,323.75

Dear PAUL R DULBERG:

We represent Northern Illinois Medical Center regarding the above account. It is our understanding that you were injured while at someone else's house. Homeowner's insurance policies sometimes cover various injuries sustained while on the premises of their insureds. Kindly provide us with the name and address of the property owner, their homeowner's insurance company's name and policy number, and if a claim has been opened please provide us with the claim number along with the name and contact information for the adjuster assigned to the claim.

Please provide the above information so that we may follow up with the appropriate party for payment. Enclosed is a copy of the Notice of Health Care Provider Lien for the services provided.

Direct all correspondence to:

Powers & Moon, LLC
707 Lake Cook Road, Suite 102
Deerfield, IL 60015

Sincerely yours,

POWERS & MOON, LLC



David H. Moon, Esq.

Enclosure

Patient Account #: B1117900323

DOS: 06/28/2011 - 06/28/2011

NOTICE OF HEALTH CARE PROVIDER LIEN

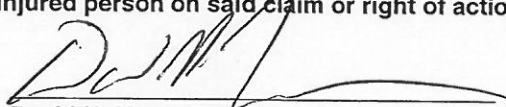
STATE OF ILLINOIS)
COUNTY OF COOK) SS

TO: PAUL R DULBERG

4606 HAYDEN CT
MCHENRY IL 60051-7918

Pursuant to 770 ILCS 23/10, you are hereby notified that PAUL R DULBERG of last known address of 4606 HAYDEN CT, MCHENRY IL 60051-7918 was on or about 06/28/2011 injured by the party alleged to be liable, Unknown, and/or other responsible party(ies), for which he may have a demand or cause of action. PAUL R DULBERG was a patient and received medical services and supplies in Northern Illinois Medical Center because of said injuries.

You are further notified that Northern Illinois Medical Center hereby claims a lien upon any claim or demand or cause of action which the said injured party may have in accordance with the terms and provisions of the Statutes of the State of Illinois in regard to health care provider liens in such cases made and provided, and that such lien is for the reasonable value of services rendered and to be rendered in the treatment, care and maintenance of such injured person, the amount of which lien will not exceed one-third of the sum paid or due to said injured person on said claim or right of action.


David H. Moon, ESQ.
POWERS & MOON, LLC
707 Lake Cook Road, Suite 102
Deerfield, IL 60015

Received a copy of the above and foregoing notice
This _____ day of _____ 2011

Lienholder: Northern Illinois Medical Center
Address: C/O Powers & Moon, LLC
707 Lake Cook Road, Suite 102
Deerfield, IL 60015

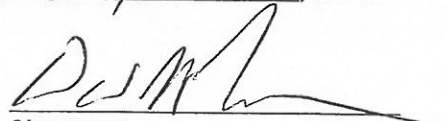
Signed: _____

AFFIDAVIT OF PERSON MAILING NOTICE

STATE OF ILLINOIS)
COUNTY OF COOK) SS

David H. Moon, being first duly sworn on oath, deposes and says that (s)he served a copy of the above and foregoing notice by placing same in a properly stamped envelope addressed to the above address(es) and depositing same as certified mail in the Deerfield, Illinois Post Office on the 6th day of July, 2011.

(X) Under penalties as provided by law pursuant to 735 ILCS 5/1-109
I certify that the statements as set forth herein are true and correct.


Signature

IN THE CIRCUIT COURT OF THE TWENTY-SECOND JUDICIAL CIRCUIT
McHENRY COUNTY, ILLINOIS

PAUL DULBERG,

Plaintiff,

v.

DAVID GAGNON, Individually, and as
Agent of CAROLINE McGUIRE and BILL
McGUIRE, and CAROLINE McGUIRE
And BILL McGUIRE, Individually,

Defendant(s).

No. 12 LA 178

RELEASE OF ATTORNEYS' LIEN

1. I, Hans Mast, on behalf of Thomas J. Popovich, P.C. and any related entities,
agree to waive any all claim to attorneys' fees in the above-titled matter. I expressly give
Brad J. Balke, P.C. Power of Attorney to endorse signature on all checks. I reserve
reimbursement for costs.

My firm's Tax ID # is: _____.

Name

Date

3-23-15

11:45 AM

02/26/15

Accrual Basis

Law Offices of Thomas J. Popovich, P.C.
Unbilled Costs by Job
 All Transactions

Type	Num	Date	Source Name	Memo	Account	Amount
Dulberg, Paul						
Check	19289	12/13/2011	Copy-Rite, Inc	Dulberg - records from Centegra McHenry	Costs Advanced	62.10
Check	1817	5/3/2012	Associated Neurology	Dulberg - Medical Records	Costs Advanced	33.17
Check	1918	5/9/2012	McHenry County Circuit Clerk	Dulberg - Filing Fee	Costs Advanced	0.00
Check	1938	5/10/2012	McHenry County Circuit Clerk	Dulberg - Filing Fee	Costs Advanced	241.00
Check	2084	6/12/2012	MinuteMan Press of McHenry	Dulberg - Copies	Costs Advanced	0.00
Bill	CH REQ AL...	8/23/2012	Dynamic Hand & Physical Therapy	Med Records-DULBERG, PAUL-if Dynamic Hand & Phys Ther	Costs Advanced	58.56
Check	2576	9/17/2012	MDS Investigations, Inc.	Dulberg - Personal Services	Costs Advanced	115.00
Check	2702	9/26/2012	MinuteMan Press of McHenry	Dulberg - Copies	Costs Advanced	14.68
Check	2785	10/8/2012	MinuteMan Press of McHenry	Dulberg - Copies	Costs Advanced	6.56
Check	3096	11/26/2012	Midwest ROI	Dulberg - Medical Records	Costs Advanced	46.25
Check	3129	11/29/2012	MinuteMan Press of McHenry	Dulberg - Copies	Costs Advanced	9.75
Check	3177	12/4/2012	Northwest Community Hospital	Dulberg - Medical Records	Costs Advanced	76.27
Check	3178	12/4/2012	MidAmerica Hand to Shoulder Clinic	Dulberg - Medical Billing	Costs Advanced	20.00
Bill	13870	2/4/2013	Urbanaki Reporting Company, Inc.	Deposition-DULBERG-dep of Gagnon	Costs Advanced	772.90
Check	3557	2/25/2013	Michael McArdor	Dulberg - Subpoena for Deposition	Costs Advanced	35.00
Check	4317	7/2/2013	MinuteMan Press of McHenry	Dulberg - Copies	Costs Advanced	86.75
Check	4399	7/9/2013	Urbanaki Reporting Company, Inc.	Dulberg - Deposition	Costs Advanced	972.10
Bill	80587	11/19/2013	MinuteMan Press of McHenry	163 BMW copies - Dulberg	Costs Advanced	35.45
Bill	11-21-13	11/21/2013	Deb Fisher	Deposition - DULBERG, PAUL - Dep of P Dulberg	Costs Advanced	453.20
Bill	80723	12/11/2013	MinuteMan Press of McHenry	225 b/w copies	Costs Advanced	33.75

Total Dulberg, Paul

TOTAL

3,072.49

3,072.49

7:17 PM
05/18/15
Accrual Basis

Brad J. Balke, P.C.
Unbilled Costs by Job
All Transactions

Type	Date	Source Name	Memo	Account	Bi	Amount
Check	03/27/2015	DYNAMICS SAFE	INV 12289 (MCGOWEN)	736 · Outside Servi...	U	1,680.50
Check	04/24/2015	HEALTHPORT	1663260 (INV0166708631)(MCGO...	765 · MEDICAL RE...	U	92.42
Total MICHAEL MCGOWAN						3,478.26
MICHAEL R. INGRAM						
Check	04/10/2015	MCHENRY COUNT...	RE: MICHAEL R. INGRAM	765 · MEDICAL RE...	U	41.19
Total MICHAEL R. INGRAM						41.19
MIGDALIA GUERRA						
Check	09/10/2014	ROI SOLUTIONS, I...	RE: MIGDALIA GUERRA	765 · MEDICAL RE...	U	52.63
Check	03/27/2015	ROI SOLUTIONS, I...	RE: GUERRA, M	765 · MEDICAL RE...	U	53.60
Check	05/15/2015	HEALTHPORT	1663260 (INV0168223461)(GUERR...	765 · MEDICAL RE...	U	106.94
Check	05/15/2015	HEALTHPORT	1663260 (INV0168338821)(GUERR...	765 · MEDICAL RE...	U	30.28
Total MIGDALIA GUERRA						243.45
MIKE EANNARINO						
Check	08/15/2013	DR ROBERT A. SM...	RE: MIKE EANNARINO	765 · MEDICAL RE...	U	50.00
Total MIKE EANNARINO						50.00
NATALIE TERUEL						
Check	02/07/2014	KANE COUNTY SH...	RE: TERUEL	766 · FILING FEES	U	83.00
Check	02/07/2014	KANE COUNTY CI...	RE: TRUEL	766 · FILING FEES	U	276.00
Check	07/15/2014	KANE COUNTY SH...	RE: TERUEL	766 · FILING FEES	U	83.00
Check	09/03/2014	KANE COUNTY CI...	RE: TERUEL V. MARTIN	766 · FILING FEES	U	10.00
Check	09/03/2014	ITS YOUR SE	INV 1405456 (TERUEL VS MAGALL...	736 · Outside Servi...	U	300.00
Total NATALIE TERUEL						752.00
NICHOLAS THEIS						
Check	05/15/2015	LBIELA	RE: NICHOLAS THEIS	736 · Outside Servi...	U	150.00
Total NICHOLAS THEIS						150.00
PATRICIA LUDWIG						
Credit Card C...	12/10/2014	LEXIS NEXIS		766 · FILING FEES	U	13.00
Total PATRICIA LUDWIG						13.00
PAUL DULBERG						
Check	03/20/2015	THE LAW OFFICE...	RE: DULBERG (1/2 COST REIMBU...	766 · FILING FEES	U	1,539.32
Total PAUL DULBERG						1,539.32
PAUL GRUBISIC						
Check	03/19/2015	ILLINOIS STATE P...	RE: PAUL GRUBISIC	766 · FILING FEES	U	5.00
Total PAUL GRUBISIC						5.00