

pre-payment

Law Offices of Thomas J. Popovich, P.C.

3416 West Elm Street

McHenry, IL 60050

Telephone: 815-344-3797

Facsimile: 815-344-5280

CHECK REQUEST

PAYABLE TO: Northwest Community Hospital

FOR: Medical Records

CLIENT: Dulberg, Paul

AMOUNT: \$76.27

DATE: July 27, 2012

REQUESTED BY: Alarie

Thank You!!



RELEASE OF INFORMATION PREBILL

THOMAS J POPOVICH
3416 W ELM ST
MCHENRY, IL 60050

For Producing Copies of Medical Records for:

Patient Name:	MRN:	Invoice Date:	Invoice Number:
DULBERG, PAUL R	0001307925	July 19, 2012	59149

Total Pages: 61

Billing Tier: Attorney 2011

Billing Tier Pages: 61

Subtotal \$72.27

Postage: \$4

Total Charges: \$76.27

Adjustment Amount:

Adjustment Reason:

Adjust/Payment Total:

Balance Due:

\$76.27

-----PLEASE RETURN LOWER PORTION WITH PAYMENT-----
Please make checks payable to Northwest Community Hospital - HIM

MasterCard ☐
VISA ☐
Discover ☐
American Express ☐

Northwest Community Hospital
800 W. Central Road
Arlington Heights, IL 60005
Tel: (847) 618-4977

CARD#:

Expiration Date:

Total Payment:

Name/Signature (Card Holder)

Contact Phone:

Please contact the Health Information Department for questions regarding your request. If you wish to cancel your request please contact our office in writing at the above address.

Requester:	THOMAS J POPOVICH	Balance Due:	\$76.27
Patient Name:	DULBERG, PAUL R	Request ID:	47986

Please send payment in order to receive requested records.