

STATE OF ILLINOIS  
IN THE CIRCUIT COURT OF THE 22<sup>ND</sup> JUDICIAL CIRCUIT  
COUNTY OF McHENRY

PAUL DULBERG,

Plaintiff,

vs.

DAVID GAGNON, Individually, and as  
Agent of CAROLINE MCGUIRE and BILL  
MCGUIRE, and CAROLINE MCGUIRE  
and BILL MCGUIRE, Individually,

Defendants.

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) Case No. 12 LA 178  
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**DEFENDANT'S SUPPLEMENTAL INTERROGATORIES TO PLAINTIFF**  
**(Medicare Secondary Payer Mandatory Reporting)**

TO: Paul Dulberg  
c/o Attorney Hans A. Mast  
Law Offices of Thomas J. Popovich  
3416 West Elm Street  
McHenry, IL 60050

The Defendants, BILL MCGUIRE and CAROLYN MCGUIRE, by their attorneys, Cicero, France, Barch & Alexander, PC, hereby propounds the following supplemental written interrogatories upon PAUL DULBERG to be answered in writing and under oath within the time required by law based upon information available to him.

NOTE: The information requested through the following supplemental interrogatories is necessary so that the Defendants and any insurer of the Defendants can comply with the Medicare reporting obligations. See 42 U.S.C. 1395y(b)(7) & (b)(8), referred to commonly as the Medicare Secondary Payer Mandatory Reporting Provisions of Section 111 of the Medicare, Medicaid and SCHIP Extension Act of 2007.

INTERROGATORY NO. 1: Please provide the following information about yourself:

- a. Date of birth;
- b. Social Security Number or Health Insurance Claim Number ("HICN").

ANSWER:

INTERROGATORY NO. 2: Are you currently a Medicare beneficiary? If so, please identify any and all amounts that have been paid by Medicare in satisfaction of medical expenses from any healthcare provider involved in the treatment of the injuries you are claiming in connection with the above-captioned lawsuit. Please also outline any communications that you have had regarding with Medicare and/or any Medicare Secondary Payer Recovery Center "(MRPRC)" regarding Medicare liens, if any.

ANSWER:

INTERROGATORY NO. 3: Describe in detail all injuries you have sustained as a result of the occurrence alleged in your Complaint.

ANSWER:

INTERROGATORY NO. 4: Do you have any documentation in your possession and/or control regarding Medicare payments made to you or on your behalf in connection with the injuries you are claiming in connection with the above-captioned lawsuit. If yes, please provide copies of all documentation responsive to this interrogatory.

ANSWER:

INTERROGATORY NO. 5: Do you have any documentation in your possession and/or control regarding Medicare's right to recover payments made to you or on your behalf in connection with the injuries you are claiming in connection with the above-captioned lawsuit, including but not limited to Medicare conditional payment letters, lien notices from Medicare and/or lien notices from a MSPRC.

ANSWER:

INTERROGATORY NO. 6: State all healthcare benefits you have received or will eligible to receive as a result of injuries you attribute to the occurrence alleged in your Complaint.

ANSWER:

CAROLYN MCGUIRE and BILL MCGUIRE,  
Defendants, by their attorneys,  
CICERO, FRANCE, BARCH & ALEXANDER, P.C.,

By

  
\_\_\_\_\_  
RONALD A. BARCH (6209572)

Cicero, France, Barch & Alexander, P.C.  
6323 East Riverside Blvd.  
Rockford, IL 61114  
815/226-7700  
815/226-7701 (fax)

**CERTIFICATE OF SERVICE**

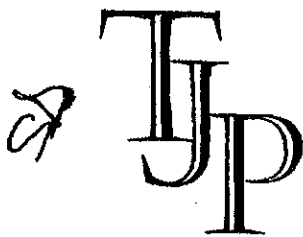
The undersigned hereby certifies that a copy of the foregoing document was served upon:

Attorney Hans A. Mast  
Law Offices of Thomas J. Popovich  
3416 West Elm Street  
McHenry, IL 60050

by depositing the same in the United States Post Office Box addressed as above, postage prepaid,  
at Rockford, Illinois, at 5:00 o'clock p.m. on 7/10/12.

A handwritten signature in black ink, appearing to be 'H. Mast', is written over a horizontal line.

Cicero, France, Barch & Alexander, P.C.  
6323 East Riverside Blvd.  
Rockford, IL 61114  
815/226-7700  
815/226-7701 (fax)



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

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7/11/12

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Mail TO:

THOMAS J. POPOVICH  
HANS A. MAST  
JOHN A. KORNAK†  
DIANA M. REITER

MARK J. VOGG  
JAMES P. TUTAJ  
ROBERT J. LUMBER  
THERESA M. FREEMAN

June 11, 2012

Second Request: July 16, 2012

Hand Surgery Associates, S.C.  
Dr Sagerman/Dr. Biafora  
MEDICAL RECORDS/PATIENT BILLING  
515 W. Arlington Heights Road  
Suite 120  
Arlington Heights, IL 60005

Re: Patient:  
Date of Birth:  
Date of Service:

Paul Dulberg  
03/19/1970  
06/28/2011 to present

Dear Sir or Madam:

Please be advised that the above-captioned person is represented by the LAW OFFICES OF THOMAS J. POPOVICH, P.C. We respectfully request the following information:

- Complete copy of the patient's file with your facility, including correspondence, doctor/nurse notes and therapy records from 06/28/11 to present; and
- Itemized bills for services rendered.

Attached please find a HIPAA authorization signed by our client/your patient permitting the release of the foregoing documents being requested.

Please direct these documents back to my attention by mailing the information to the address listed above. Thank you for your prompt attention to this request.

LAW OFFICES OF THOMAS J. POPOVICH, P.C.

Very truly yours,

Bills CC.  
Midwest RO  
Field Rep. Date 7/19/12

Alarie Dullum

Alarie Dullum,  
Paralegal

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†Also Licensed in Wisconsin

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