



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

3416 W. ELM STREET
McHENRY, ILLINOIS 60050
TELEPHONE: 815.344.3797
FACSIMILE: 815.344.5280
www.popovichlaw.com

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

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

July 16, 2012

NorthwestCommunity Hospital
MEDICAL RECORDS/PATIENT BILLING
800 W. Central Road
Arlington Heights, IL 60005

Re: Patient: Paul Dulberg
Date of Birth: 03/19/1970
Date of Service: 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,

Alarie Dullum,
Paralegal

71265382

[†]Also Licensed in Wisconsin

WAUKEGAN OFFICE
210 NORTH MARTIN LUTHER
KING JR. AVENUE
WAUKEGAN, IL 60085

HIPAA AUTHORIZATION FORM

PATIENT NAME: Paul Dulberg

DATE OF BIRTH: 3/19/70

DATE OF SERVICE: 6/28/12 - Present

PURSUANT TO 735 ILCS 5/8-2001, 735 ILCS 5/8-2003 OF THE ILLINOIS COMPILED STATUTES AND HIPAA, I HEREBY AUTHORIZE USE OR DISCLOSURE OF PROTECTED HEALTH INFORMATION ABOUT ME AS DESCRIBED BELOW.

1. The following specific person or class of persons or facility is authorized to make the requested use or disclosure:

Medical Provider: Northwest Community Hospital

2. The Law Offices of Thomas J. Popovich, P.C., may receive disclosure of protected health information about me.

3. The specific information that should be disclosed is: a copy of my entire hospital record and/or information in connection with the hospitalization/treatment date(s). I fully understand that my entire hospital record may contain mental health and developmental disabilities, alcohol and/or drug abuse, and/or Acquired Immune Deficiency Syndrome (AIDS)/HIV tests results and/or information. The medical records and/or healthcare information authorization to be disclosed hereunder are privileged and confidential and may be disclosed only on my authorization, except as required by law. I understand that information disclosed pursuant to this authorization may be re-disclosed by health information or medical records. I may inspect and arrange for photocopies of the records/healthcare information that are to be disclosed.

4. I understand that the information used or disclosed may be subject to re-disclosure by the person or class of persons or facility receiving it, and would then no longer be protected by federal privacy regulations.

5. I may revoke this authorization by notifying law offices of Thomas Popovich in writing of my desire to revoke it. However, I understand that any action already taken in reliance of this authorization cannot be reversed, and my revocation will not affect those actions. I understand that the medical provider to whom this authorization is furnished may not condition its treatment of me on whether or not I sign the authorization.

6. THIS AUTHORIZATION EXPIRES ONE YEAR FROM THE DATE OF MY SIGNATURE.

7. This information for which I am authorizing disclosure will be used for the purpose of my legal action being handled by my attorneys, Law Offices of Thomas J. Popovich, P.C.

Paul Dulberg
SIGNATURE OF PATIENT OR LEGAL REPRESENTATIVE

7/24/12
Date

If signed by legal representative, relationship to patient: _____

Mario Dullem
Signature of witness

7-12-12
Date

Faxed

August 28, 2012

2 pages

MDS Investigations, Inc.

P.O. Box 309

McHenry, IL, 60051

(815) 344-4657 (800) 988-6374 , (815) 344-4831 Fax

RETURN SERVICE REQUESTED

Invoice

THOMAS J. POPOVICH P.C.

3416 W. ELM ST.

MC HENRY IL 60050

815.344.3797 Business

815.344.5280 Fax

Reference Job #59131 when remitting.
Originally billed on June 4, 2012

Fee for Non Service: \$55.00

Robin S. Greene vs Nadir A. Malley,

Docket/Case Number: 12LA176Nadir A. Malley

McHenry County Bad Address 1 at 55 per \$55.00

Reference Job #59135 when remitting.
Originally billed on June 18, 2012

Fee for Service: \$55.00

Paul Dulberg vs Bill McGuire,

Docket Number: 12LA178Summons - Bill McGuire

Reference Job #59136 when remitting.
Originally billed on June 18, 2012

Fee for Service: \$5.00

Paul Dulberg vs Caroline McGuire,

Docket/Case Number: 12LA178SummonsCaroline McGuire

Reference Job #59137 when remitting.
Originally billed on June 18, 2012

Fee for Service: \$55.00

Paul Dulberg vs David Gagnon,

Docket Number: 12LA178Summons - David Gagnon

Reference Job #59138 when remitting.
Originally billed on June 4, 2012

Fee for Service: \$55.00

J ourdan M. Neiss vs Travis M. White,

Docket/Case Number: 12LA177SummonsTravis M. White

Reference Job #59139 when remitting.
Originally billed on June 4, 2012

Fee for Service: \$55.00

Steven M. Fino vs Daniel R. Heideman,

Docket/Case Number: 12LA175SummonsDaniel R. Heideman

Faxed August 28, 2012 2 pages

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McHenry, IL, 60051
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Invoice

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MCHENRY IL 60050

815.344.3797 Business
815.344.5280 Fax
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Docket/Case Number: 12LA176Nadir A. Malley

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Docket Number: 12LA178Summons - Bill McGuire

Fee for Service: \$55.00

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Originally billed on June 18, 2012

Paul Dulberg vs Caroline McGuire,
Docket/Case Number: 12LA178SummonsCaroline McGuire

Fee for Service: \$5.00

Reference Job #59137 when remitting.
Originally billed on June 18, 2012

Paul Dulberg vs David Gagnon,
Docket Number: 12LA178Summons - David Gagnon

Fee for Service: \$55.00

Reference Job #59138 when remitting.
Originally billed on June 4, 2012

Jourdan M. Neiss vs Travis M. White,
Docket/Case Number: 12LA177SummonsTravis M. White

Fee for Service: \$55.00

Reference Job #59139 when remitting.
Originally billed on June 4, 2012

Steven M. Fino vs Daniel R. Heideman,
Docket/Case Number: 12LA175SummonsDaniel R. Heideman

Fee for Service: \$55.00

Faxed

August 28, 2012

2 pages

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P.O. Box 309

McHenry, IL, 60051

(815) 344-4657 (800) 988-6374 , (815) 344-4831 Fax

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3416 W. ELM ST.
MCHENRY IL 60050

815.344.3797 Business
815.344.5280 Fax
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Fee for Service: \$55.00

Steven M. Fino vs Daniel R. Heideman,
Docket/Case Number: 12LA175SummonsDaniel R. Heideman



Minuteman Press
3416 W. Elm St.
McHenry IL 60050
Phone: 815-344-1404
Fax: 815-344-9582
www.mchenry.minutemanpress.com
email: minutemanmchenry@comcast.net

Invoice

Invoice Number: 77598
Invoice Date: 7/23/2012

Bill To: Thomas Popovich, P.C. 2008
3416 W. Elm Street
McHenry IL 60050

Phone: 815-344-3797
Fax: 815-344-5280

Ship To: Thomas Popovich, P.C. 2008
3416 W. Elm Street
McHenry IL 60050

Phone: 815-344-3797
Fax: 815-344-5280

New New New New New

Our Email Address is now
minutemanmchenry@comcast.net

PLEASE NOTE

Description	Price
4 Color- Dulberg (Job 119714)	\$6.56
Invoice Total	\$6.56
Balance Due	\$6.56

Salesperson: Tom

Terms: Net 30 days

Thank you,
Authorized Signature: _____

39¢ DIGITAL COLOR COPIES - OUR EVERYDAY LOW PRICE

815.344.1404

MedChex

CASE UPDATE REQUEST

FAXED

Fax to (704) 831-5411
Phone (866) 709-1100 X 121

To: Hans Mast From: Heather Hallman

Fax: 18153445280 Date: August 21, 2012

Ref: Case Updates Pages 1

Dear Hans Mast,

Global Financial retains a Security Interest/Lien in any proceeds due to from the legal claim(s) below in which you represent him/her. We appreciate your efforts updating our files.

CaseID	Name	Please Circle The Current Status Of Each Client	Medical Facility
265065	Paul Dulberg	<u>Pending</u> / Settled (Need Payoff) / No Longer Represent	Open Advanced MRI of Round Lake, LLC

Next Time:

Email: Hansmast@concord.net (confidential "one-click" updates)

Please complete this update and fax or email it back. If you would like to speak with me, please call (866) 709-1100 x121.

Sincerely,

Fax to (704) 831-5411 or (888) 301-3302
You may scan and email to hhallman@medchex.org

Heather Hallman
Case Update Manager

Attorney Financing Now Available
For Attorney Financing Call (877) 584-9044 [bKAttyID]

**** Transmit Conf. Report ****

P.1
LAW OFFICE T POPOVICH Fax 1-815-344-5280

Aug 21 2012 10:24am

Fax/Phone Number	Mode	Start	Time	Page	Result	Note
17048315411	Normal	21:10:24am	0'36"	1	* 0 K	

MedChex

CASE UPDATE REQUEST

Fax to (704) 831-5411
Phone (866) 709-1100 X 121

To:	Hans Mast	From:	Heather Hallman
Fax:	18153445280	Date:	August 21, 2012
Ref:	Case Updates	Pages	1

Dear Hans Mast,

Global Financial retains a Security Interest/Lien in any proceeds due to from the legal claim(s) below in which you represent him/her. We appreciate your efforts updating our files.

CaseID	Name	Please Circle The Current Status Of Each Client	Medical Facility
265065	Paul Dultberg	<input checked="" type="radio"/> Pending / <input type="radio"/> Settled (Need Payoff) / <input type="radio"/> No Longer Represent	Open Advanced MRI of Round Lake, LLC

Next Time: 11/15/2012
Email: HansMast@concord.net (confidential "one-click" updates)

Please complete this update and fax or email it back. If you would like to speak with me, please call (866) 709-1100 X121.
Sincerely,

Fax to (704) 831-5411 or (888) 301-3302
You may scan and email to hhallman@medchex.org

Heather Hallman
Case Update Manager

Attorney Financing Now Available
For Attorney Financing Call (877) 594-9044

[bkattyID]



**Minuteman
Press**

The First & Last Step In Printing

Minuteman Press
3416 W. Elm St.
McHenry IL 60050
Phone: 815-344-1404
Fax: 815-344-9582
www.mchenry.minutemanpress.com
e-mail: minutemanmchenry@comcast.net

Invoice

Invoice Number: 77328
Invoice Date: 6/11/2012

Bill To: Thomas Popovich, P.C. 2008
3416 W. Elm Street
McHenry IL 60050

Phone: 815-344-3797
Fax: 815-344-5280

Ship To: Thomas Popovich, P.C. 2008
3416 W. Elm Street
McHenry IL 60050

Phone: 815-344-3797
Fax: 815-344-5280

New New New New New

Our Email Address is now
minutemanmchenry@comcast.net

PLEASE NOTE

Description	Price
6 Color- Dulberg (Job 119189)	\$7.34
Invoice Total	\$7.34
Balance Due	\$7.34

Salesperson: Tom

Terms: Net 30 days

Thank you,
Authorized Signature: _____

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815.344.1404



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3416 W. Elm St.

McHenry IL 60050

Phone: 815-344-1404

Fax: 815-344-9552

www.mchenry.minutemanpress.com

email: minutemanmchenry@comcast.net

Invoice

Invoice Number:

77961

Invoice Date:

6/18/2012

Bill To: Thomas Popovich, P.C. 2008
3416 W. Elm Street
McHenry IL 60050

Phone: 815-344-3797

Fax: 815-344-5280

Ship To: Thomas Popovich, P.C. 2008
3416 W. Elm Street
McHenry IL 60050

Phone: 815-344-3797

Fax: 815-344-5280

New New New New New

Our Email Address is now
minutemanmchenry@comcast.net

PLEASE NOTE

Description	Price
6 Color- Dulberg (Job 119269)	\$7.34
6 Color- McKenzie (Job 119271)	\$7.34
12 Color- Olga Navarro (Job 119270)	\$9.68
Sub Total	\$24.36
Invoice Total	\$24.36
Balance Due	\$24.36

Salesperson: Tom

Terms: Net 30 days

Thank you,

Authorized Signature: _____

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815.344.1404

URBANSKI REPORTING COMPANY, INC.

460 Lake Avenue

Crystal Lake, IL 60014

312-977-1777 815-356-6140

Tax ID 36-3960092

Invoice

DATE OF JOB	INVOICE #
3/20/2013	12638

BILL TO

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

INVOICE DATE	DUE DATE
4/9/13	4/19/2013

DESCRIPTION	QUANTITY	RATE	TOTAL
Dulberg v Gagnon			0.00
deps of McArtor, C McGuire and W McGuire			
rprr: P Erickson			
regular delivery			
appearance	3.5	40.00	140.00
original McArtor	61	3.60	219.60
copy C McGuire	108	2.50	270.00
copy W. McGuire	53	2.50	132.50

Thank you for your business!**Total 762.10**

*** All payments will be electronically deposited and debited from your account. Any attempt to stop payment will be assessed a \$30 service fee.***

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: **MICHAEL McARTOR**
 4606 Hayden Court
 McHenry, IL 60051

FOR: **Subpoena for Deposition**

CLIENT: **PAUL DULBERG**

AMOUNT: **\$35.00**

DATE: **February 21, 2013**

REQUESTED BY: **Sheila**

NEEDED BY: **February 21, 2013**

Thanks!

~~Pre-payment~~
Received

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: Midwest ROI
FOR: Medical Records
CLIENT: Dulberg, Paul
AMOUNT: \$46.25
DATE: July 27, 2012
REQUESTED BY: Alarie

Thank You!!

They need payment
ASAP



Minuteman Press
3416 W. Elm St
McHenry IL 60050
Phone: 815-344-1404
Fax: 815-344-9562
www.mchenry.minutemanpress.com
e-mail: minutemanmchenry@comcast.net

Invoice

Invoice Number: 78058
Invoice Date: 10/2/2012

Bill To: Thomas Popovich, P.C. 2008
3416 W. Elm Street
McHenry IL 60050

Phone: 815-344-3797
Fax: 815-344-5280

Ship To: Thomas Popovich, P.C. 2008
3416 W. Elm Street
McHenry IL 60050

Phone: 815-344-3797
Fax: 815-344-5280

New New New New New

Our Email Address is now
minutemanmchenry@comcast.net

PLEASE NOTE

Description	Price
25 Color copies- Dulburg (Job 120494)	\$9.75
Invoice Total	\$9.75
Balance Due	\$9.75

Salesperson: Tom

Terms: Net 30 days

Thank you,
Authorized Signature: _____

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815.344.1404

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: MidAmerica Hand to Shoulder Clinic

FOR: Medical Billing

CLIENT: Dulberg, Paul

AMOUNT: \$20.00

DATE: July 12, 2012

REQUESTED BY: Alarie

Thank You!!



MidAmerica Hand to Shoulder Clinic

Anton J. Khouri, MD, FACS, FICS
Gary A. Kronen, MD
Paul E. Papierski, MD
Taruna Madhav Crawford, MD
Marcus G. Talerico, MD
Gregory E. Crovetti, MD
Jeremy T. Bell, PA-C
Thomas M. Hunt, OPA-C, MBA

June 15, 2012

The Law Offices Of Thomas J. Popovich P.C.
3416 W. Elm Street
McHenry, Illinois 60050

Dear Mr. Thomas J. Popovich:

We are in receipt of your letter dated June 11, 2012.

In order to accommodate your request, we will first need to be in receipt of the \$20.00 copy fee. This is in accordance with Public Act 95-480, which has been updated on January 20th, 2010.

TOTAL: \$20.00

The request was made for medical records for the following patient:

Name: Paul Dulberg
DOB: 03/19/1970
SSN: xxx-xx-4001

Once we have received this fee, we will forward the reports to you as soon as possible. If you have any questions please do not hesitate to contact us.

Thank you in advance.

Samantha McDermott, MA
MidAmerica Orthopaedics
1419 Peterson Road
Libertyville, IL 60048
(Located in Butterfield Square Mall)
Ph: 847.247.0547 Fax: 847.247.0540

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: Associated Neurology, S.C.

FOR: Medical Records

CLIENT: Dulberg, Paul

AMOUNT: \$33.17

DATE: February 15, 2012

REQUESTED BY: Alarie

Thank You!!



ASSOCIATED NEUROLOGY, S.C.

**MITCHELL S. GROBMAN, M.D.
KAREN F. LEVIN, M.D.**

February 3, 2012

Thomas Popvich, PC
3416 W Elm Street
McHenry, IL 60050

RE: Dulberg, Paul
DOB: 3/19/1970
SSN: xxx-xx-4001

To Whom It May Concern:

We are in receipt of your written request for medical records relative to the above patient. Our fee for copies of office notes and an itemized medical bill is \$33.17. Our office policy is to release only our doctors' notes. Therefore, no third party records will be provided. These should be obtained from the original source.

If you wish to receive a comprehensive narrative medical report, including history, physical, radiology and diagnostic test interpretations, treatment and prognosis the fee is \$925.00.

If you are requesting copies of medical records, they will be sent shortly after receipt of your check. Narrative reports will be sent within two weeks of receipt of your check.

Sincerely,

Cheryl Kinsley
Associated Neurology, S.C.

Tax ID # 36-3949782

CASE UPDATE REQUEST

Fax to (866) 647-7821
Phone (866) 709-1100 X 121

To: Hans Mast **From:** Heather Hallman
Fax: 18153445280 **Date:** August 7, 2013
Ref: Case Updates **Pages:** 1

Dear Hans Mast,

MedChex, LLC dbaGlobal Financial retains a Security Interest/Lien in any proceeds due to from the legal claim(s) below in which you represent him/her. We appreciate your efforts updating our files.

CaseID	Name	Please Cycle The Current Status Of Each Client	Medical Facility
265065	Paul Dulberg	Pending / Settled (Need Payoff) / No Longer Represent	Open Advanced MRI of Round Lake, LLC
m-31248	Penny Parks	Pending / Settled (Need Payoff) / No Longer Represent	Premier Open MRI of McHenry County
m-31660	Christopher Billman	Pending / Settled (Need Payoff) / No Longer Represent	Premier Open MRI of McHenry County

Next Time:

(confidential "one-click" updates)

Email:

Please complete this update and fax or email it back. If you would like to speak with me, please call (866) 709-1100 x120.

Fax to (866) 647-7821

Sincerely,

You may scan and email to hhallman@glofin.com

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: McHenry County Circuit Clerk

FOR: Filing Fee

CLIENT: Dulberg, Paul

AMOUNT: \$241.00

DATE: May 9, 2012

REQUESTED BY: Alarie

Thank You!!



FAXED
1/31

Medical Lien Finance

14 Mamaroneck Ave.

3rd Floor

White Plains, NY 10601

www.medchex.org

***MRI *Epidurals *Anesthesia *Orthopedic *Hospital**

To: Hans Mast, Esq.

From:

KeelarWalker

Fax: 1(815)344-5280

Date:

January 30, 2012

Re: Paul Dulberg

Pages

2

Dear Hans Mast,

The above mentioned would like to be admitted to for an MRI or other diagnostic testing. In order to approve your client on a lien basis please sign the attached Letter of Protection and complete our short Case Questionnaire. I may be reached at (866) 709-1100 x109.

MRI CASE QUESTIONNAIRE

Case Type? **Auto / Work Comp / Other** _____ Liability Established? **Yes / No**

Incident Date 6-28-11 Property Damage \$ _____ **Driver or Passenger** (circle)

Degree of Impact (circle) **Light / Moderate / Heavy** Date of first ER Visit? _____

What type of care has your client had (circle): **Ambulance ER Care Chiropractic/PT XRay**

Defendant's Insurance Limits \$? Plaintiff's UIM Policy Limits \$ _____

Your previous experience with the Defendants Insurance Co.? **Good** **Moderate / Poor / Terrible**

Will the settlement check come to your office? **Yes** / **No** Est. time until settlement? _____

Did client have similar Prior Injuries that you are aware of? **Yes** **No**

Your comments? Chain saw accident. Def cut The Client at his home.

Completed by: Hans Mast Phone/Email: 815 344 3797

Return via Confidential Fax (888) 317-0260

Box 828, Katonah, NY 10536

Phone (866) 709-1100 Fax (888) 317-0260

Law Offices of Thomas J. Popovich, P.C.
3416 W. Elm St.
McHenry, IL 60050

CHECK REQUEST

To: Copy-Rite

For: Medical Records & Bills

File: Dulberg, Paul (HAM) lf

Amt: \$62.10

Date: December 12, 2011

By: Alarie

Copy-Rite

Medical Correspondence Services Inc.

Copy-Rite Medical Correspondence Services Inc. is pleased to process your request for medical record copies from the following Centegra Health System facility:

☐ Centegra Hospital - Woodstock ☒ Centegra Hospital - McHenry
☐ Primary Care Clinic

Patient Name:

Dalberg, Paul

Records are enclosed and prompt payment is appreciated. Our Tax ID is 39-1792131.
Please mail payment and a copy of this invoice to:

Copy-Rite Inc.
P.O. Box 535
Rockton, IL 61072

\$24.81 Clerical Fee

15.81 Page Fee

17 Pages Paper

1.48 Postage Fee

Pages Film/Fiche

20.00 Itemized Billing Fee

(0) Amount Received in Advance

\$62.10 **TOTAL AMOUNT DUE**

Make payable to Copy-Rite, Tax ID: 39-1792131
We do not accept Credit Cards or Debit Cards

Per current Illinois State Law our fee structure is \$24.81 clerical fee, .93 for pages 1-25, .62 for pages 26-50, .31 for 51 and beyond, \$1.65 per page of microfiche/film and actual postage costs.

Thank you for your prompt attention to this invoice.

For assistance please contact our associate Stacy at 815-601-8282.

For Office Use

Date:

12-8-11

Requestor:

T. Popovich, Law

Copy-Rite, Medical Correspondence Services Inc. P.O. Box 535 Rockton, IL 61072