MedChex

FAXED

CASE UPDATE REQUEST

Fax to (704) 765-5704
Phone (866) 709-1100 X 121

To:	Hans Mast	**From:**	**Heather Hallman**
Fax:	18153445280	**Date:**	November 11, 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 Circle 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265065	Paul Dulberg	Pending / Settled (Need Payoff) / No Longer Represent	Open Advanced MRI of Round Lake, LLC
m-31248	Penny Parks	Pending / Settled (Need Payoff) / No Longer Represent	Premier Open MRI of McHenry County
m-31660	Christopher Billman	Pending / Settled (Need Payoff) / No Longer Represent	Premier Open MRI of McHenry County
m-32524	Vanessa Criswell	Pending / Settled (Need Payoff) / No Longer Represent	Lake Zurich Open MRI
m-32524	Vanessa Criswell	Pending / Settled (Need Payoff) / No Longer Represent	Lake Zurich Open MRI

Next Time:

Email: _____(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 x120**.

Sincerely,

Fax to (704) 765-5704

You may scan and email to hhallman@glofin.com

Heather Hallman
Case Update Manager

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Sincerely,

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P1

** Transmit Confirmation Report **

Nov 11 2013 12:30pm

Sender:GUEST
TTI:Law Offices T Popovich TTI Number:1-815-344-5280

Destination	Type	Mode	Start Time	Time	Page	Note	Result	Details
17047655704	FAX	Fine	11/11 12:30pm	00'38"	1		# 0 K	

Attachment B1.003G

LETTER OF PROTECTION
(SAMPLE)

Patient/Client:

Patient Account Number:

I hereby authorize FACILITY to furnish Hans MAST (Attorney) Attorney at Law, with my complete medical records, including examination, treatment diagnosis and prognosis in regard to the accident in which I was involved. I understand that such authorization should be accompanied by an executed Authorization for Disclosure of Protected Health Information in the form attached hereto prior to FACILITY's release of such records.

I give irrevocable authorization to my attorney to pay directly to FACILITY all such sums due for therapy rendered to me as a result of the accident. I further grant a lien on and/or assign any settlement or judgment in which I receive from any claim(s) filed as a result of the accident in an amount equal to the lesser of the charges for the therapy services rendered, or the maximum amount permitted by law. I further agree to execute such further documents as necessary for FACILITY to preserve its right to enforce said lien and/or assignment.

I fully understand that I am directly and fully responsible to FACILITY for services rendered to me. This agreement is made solely for the purpose of affording FACILITY additional protection. I understand that payment of this obligation in full is not contingent on any settlement, judgment or verdict by which I may eventually recover such fees.

In addition, I understand and agree that payment in full on my account should be made within _____ months of this date unless other financial arrangements have been made. I understand that my account shall be forwarded to FACILITY's collection agency in the event I do not timely pay the account or make other financial arrangements. I further understand that the obligations recited herein (including the obligation to pay for services rendered) shall continue in full force and effect, and shall be binding upon me, my heirs, administrators, executors, successors, and assigns, until and unless all fees for services rendered have been paid in full.

X _____ 12-6-11
Guarantor's Signature Date

_____
Witness's Signature
Date

The undersigned attorney of record for the patient, does agree to observe all terms of this letter of Protection, and agrees to withhold such sums from any settlement, judgment or verdict as may be necessary to protect FACILITY.

_____ 12-6-11
Attorney Signature Date

Minuteman Press
3416 W. Elm St.
McHenry, IL 60050
Phone: 815-344-1404
Fax: 815-344-9552
www.mchenry.minutemanpress.com
e-mail: minutemanmchenry@comcast.net

Minuteman Press
The First & Last Stop In Printing.

Invoice

Invoice Number: 76962
Invoice Date: 4/11/2012

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 118574)	$7.34

Invoice Total	$7.34
Balance Due	**$7.34**

Salesperson: Tom

Terms: Net 30 days

Thank you,
Authorized Signature: _____

MedChex

FAXED

CASE UPDATE REQUEST

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

To:	Hans Mast, Esq.	**From:**	**Heather Hallman**
Fax:	18153445280	**Date:**	May 23, 2012
Ref:	Case Updates	**Pages**	1

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CaseID	Name	Please Circle 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

Next Time:

Email: hansMast@Comcast.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

Heather Hallman
Case Update Manager

Fax/Phone Number	Mode	Start	Time	Page	Result	Note
17048315411	Normal	23:09:18am	0'29"	1	* O K	

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To: Hans Mast, Esq. **From:** Heather Hallman

Fax: 18153445280 **Date:** May 23, 2012

Ref: Case Updates **Pages:** 1

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Sincerely,

Fax to (704) 831-5411

Heather Hallman
Case Update Manager

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

[bkAttyID]