

From: OAMRI of Round Lake 8475463600 8475463633

To: medchex

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Date: 2/7/2012 12:21:50 PM

Open
Advanced
MRI

PATIENT: DULBERG, PAUL
MRN: 1585839

PHYSICIAN: LEVIN, MD, KAREN
EXAM: MR FOREARM W/ AND
W/O 73220
DOS: 02/03/2012

DOB: 03/19/1970

EXAMINATION: MRI examination of the right forearm without and with intravenous contrast infusion..

CLINICAL HISTORY: History of right forearm trauma with a chainsaw. Possible neuroma, nerve impingement or injury in the forearm. Possible tendon disruption. It appears that the patient had some difficulty holding still during image acquisition. There is motion artifact on this examination. Weakness in the fourth and fifth fingers. Pain in the forearm and hand.

TECHNIQUE: Multiplanar T1 and T2-weighted spin-echo pulse sequences and STIR sequence. Post-infusion multiplanar T1-weighted sequences were performed. A skin marker was taped to the point of maximal symptoms.

Contrast: 15 cc of gadolinium was infused.

FINDINGS: There is no bone abnormality seen. The bone marrow signal characteristics are normal.

There is no cystic or solid mass appreciated. The visualized muscles have normal signal characteristics.

There is no abnormal soft tissue infiltration or induration. Specifically, in the area of the skin marker which is marking the point of maximal symptoms, there is no soft tissue abnormality appreciated.

There is no abnormality identified along the course of the ulnar nerve in the forearm.

IMPRESSION: There is no forearm abnormality appreciated. This does not exclude the possibility of an ulnar nerve impingement or injury but there is no gross mass or abnormal infiltration along the expected course of the ulnar nerve. No obvious tendon or muscle abnormality appreciated at this time.

Thank you for referring your patient to Open Advanced MRI. If you have any questions, Dr. Levin, please feel free to contact me at my direct line which is: 630.885.2100.

720 Rollins Road Round Lake Beach, IL 60073 Phone: 847-546-3600 Fax: 847-546-3633

www.openadvancedmri.com

If there are any questions about this fax or you are not the intended recipient. Please call 1-888-674-4674.



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Thomas A. Predey, MD

Electronically Signed By: THOMAS A. PREDEY MD

To the referring or consulting physician: If you would like to discuss this case in more detail or have any questions, please feel free to contact the author of this report:

Dr. Ian Fisher (847) 414-5055, Dr. Jay Korach (847) 691-7673

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PATIENT AGREEMENT

This Diagnostic Services Agreement (the "Agreement") is entered into on January 31, 2012 by and between Global Financial Credit, LLC d/b/a MedChex (hereinafter "MedChex") and Paul Dulberg (hereinafter the "Patient"). This Agreement relates to certain medical procedures that will be provided to Patient at Open Advanced MRI of Round Lake, LLC. (hereafter the "Facility").

WHEREAS MedChex is a business that provides funding for certain medical procedure(s) for Patients that do not have health insurance but need medical care at this Facility as a result of injuries Patient sustained related to Patient's personal injury claim;

WHEREAS Patient agrees that Patient does not have medical insurance or any other means to pay for the procedure(s) that Patient is seeking from the Facility;

WHEREAS the Patient understands that if Patient has medical insurance Patient must submit appropriate documentation to the Facility and not sign this Agreement;

WHEREAS the Patient has been told that the Facility would not provide the procedure(s) without payment at the time of services and Patient is aware that Patient has the right to pursue other facilities or other means of payment;

WHEREAS the Patient would not otherwise be able to receive the needed medical procedure(s) without MedChex providing financing for the procedure(s);

NOW THEREFORE it is agreed that Patient will receive services from the Facility which shall be financed by MedChex. It is further agreed and acknowledged that through this Agreement MedChex will maintain a lien against Patient for the billed rate of the procedure(s) received in the amount specified in the document titled "Patient Agreement Addendum", which shall be attached hereto and signed by the Patient. Patient acknowledges and agrees that MedChex billed rate for the procedure(s) was disclosed to Patient on the Patient Agreement Addendum and that this billed rate represents MedChex standard rates and such rates may be more or less than the amount that the

Facility customarily charges. Patient agrees to pay MedChex in the full lien amount representing MedChex billed rate(s) at the time that Patient's legal claim is resolved. Patient further agrees that Patient's obligation to pay MedChex is absolute and that it is Patient's responsibility to repay such lien.

Patient agrees by and through this Agreement to hereby irrevocably instruct Patient's attorney or any subsequent attorney(s) or tortfeasor's insurance carriers related to Patient's legal claim, that upon the Settlement and Distribution of Proceeds in connection with Patient's legal claim(s), that Patient's attorney protect and satisfy MedChex's lien before releasing any funds to Patient. Patient and MedChex agree that should there be a dispute in the amount owed to MedChex, Patient's attorney or tortfeasor's insurance carrier is required to hold funds pending the resolution of the dispute. Patient agrees to instruct the Party distributing funds that if the attorney-client relationship is severed, the attorney must provide MedChex with applicable tortfeasor's insurance and/or updated attorney information in order for MedChex to protect its lien. Patient agrees that if a payment is issued to Patient related to Patient's legal claim that the attorney representing Patient will be directed to deposit the check into the attorney's trust account and pay MedChex lien in full before releasing any funds to Patient.

Patient and MedChex further agree that if a dispute of any kind arises related to the procedures funded by MedChex, either MedChex or Patient may elect to have that dispute resolved by binding arbitration under the auspices of the American Arbitration Association ("AAA") such that an enforceable resolution would be determined by one or more neutral arbitrators in lieu of civil court. Patient and MedChex consent that any arbitration would occur on an individual basis using the substantive laws of the state of New York and Patient agrees that class arbitrations and class action lawsuits are not permitted. In the event that a dispute arises, it is agreed that all of the reasonable expenses associated with pursuing arbitration for the prevailing party will be reimbursed by the other party.*

Patient: Paul Dulberg

Date

2-3-12

Global Financial Credit, LLC: Wensley McKenney

Date

1/31/2012

*In order to initiate an arbitration either party must notify the other party in writing by certified mail (the "Demand"), which must: (a) briefly explain the dispute, (b) list the name, address and phone number of the both Parties, (c) specify the amount of money involved, (d) state the preferred hearing locale, and (e) state where you want to resolve the dispute. Party submitting Demand must send two copies of the demand to the AAA at 1633 Broadway, 10F, New York, NY 10019, Phone (885) 387-9450, along with the appropriate administrative fee/deposit.

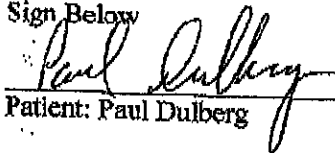
Patient Agreement Addendum**Approved and Completed Services and Rates for Patient
Consolidated Billing Statement**

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 | MedChex 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

2-3-12
Date


Global Financial Credit, LLC: Wensley McKenney

1/31/2012
Date



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