



January 8, 2015

VIA CMRRR No. 7011-2000-0002-4788-8927

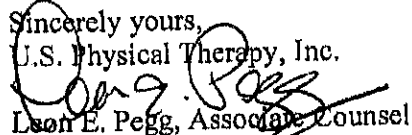
Paul Dulberg
4606 Hayden Court
McHenry, IL 60050

RE: Injured Person: Paul Dulberg
Injured Person Address: 4606 Hayden Court, McHenry, IL 60050
Date of Injury: June 28, 2011
Health Care Professionals: Michelle Shamash, OT; Darlene Verenski, OT
Health Care Professional Address: 498 S. Route 12, Suite C, Fox Lake, IL 60020
Account No.: 0042000185
Liable Party: UNKNOWN
Carrier: UNKNOWN
Carrier Claim No.: UNKNOWN

Dear Mr. Dulberg:

The purpose of this letter is to provide you written notice of the lien rights of Michelle Shamash, OT and Darlene Verenski, OT pursuant to the Health Care Services Lien Act, 770 ILL. COMP. STAT. ANN. §§ 23/1-23/999 (West, WESTLAW through P.A. 95-1 of the 2007 Reg. Sess.). Pursuant to § 23/10, Michelle Shamash, OT and Darlene Verenski, OT are health care professionals that render services in the treatment, care, or maintenance of the injured person Paul Dulberg, and hereby claim a lien upon all claims and causes of action of the injured person Paul Dulberg for the amount of Michelle Shamash, OT's and Darlene Verenski, OT's reasonable charges up to the date of payment of damages to the injured person Paul Dulberg. Pursuant to § 23/15, a judgment, award, settlement, or compromise secured by or on behalf of an injured person may not be satisfied without the injured person or his or her representative first giving notice of the a judgment, award, settlement, or compromise to the health care professional who has rendered services and served a lien notice hereunder.

If you should have any questions, then please contact the undersigned at your earliest opportunity. My direct number is 713-297-6386.

Sincerely yours,
U.S. Physical Therapy, Inc.

Leon E. Pegg, Associate Counsel

cc: Hans Mast VIA CMRRR No. 7011-2000-0002-4788-8910
Attorney At Law
3416 W. Elm Street
McHenry, IL 60050

U.S. PHYSICAL THERAPY, INC.

1300 W. SAM HOUSTON PKWY :: SUITE 300 :: HOUSTON, TEXAS 77042 :: 713.297.7000 :: 713.297.7090 FAX
WWW.USPHYSICALTHERAPY.COM

0001632646
Business Center

3060 West Salt Creek Lane
Arlington Heights, Illinois 60005

847.618.1000
www.nch.org



NOTICE OF HOSPITAL LIEN

Patient Information:

Patient Name: Paul Dulberg

Account# 71265382

Other Party Information:

Responsible Party: David Gagnon/Maguire

Insurance Company: To be named

Claim#: Still to be decided

You are hereby notified that Paul Dulberg, was on or about the 28th day of June, 2011 was injured by the alleged negligence or wrongful act of David Gagnon/Maguire. You appear to be holding funds or expect to be holding funds in the future for payment which Northwest Community Hospital has a claim, demand or cause of action against. Paul Dulberg was a patient in the undersigned hospital, or was a patient on July 9, 2012 due to said injuries.

You are further notified that the undersigned hospital is a corporation organized not for profit under the laws of the State of Illinois and is located at 800 W. Central Road in the city of Arlington Heights, Illinois.

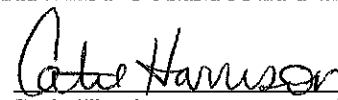
You are further notified that the undersigned hospital claims a lien upon any claim or demand or cause of action which the said injured party may have against the alleged wrong doer, and against any funds you may have presently or in the future which may be directed towards the injured party, in accordance with the terms and provisions of the statutes of the State of Illinois in such case made and provided, and that such lien is for the reasonable value of services rendered and to be rendered in a treatment, care and maintenance of such injured person at current rates, the amount of which lien will not exceed 1/3 of the sum paid or due to said injured person on said claim or right of action.

Our Hospital Nos:
71265382

Amount of Liens:
\$6,366.00

NORTHWEST COMMUNITY HOSPITAL

BY:



Catie Harrison

Patient Financial Services

Northwest Community Hospital

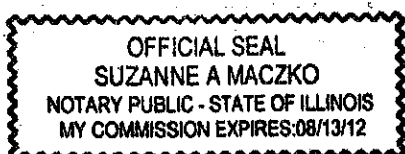
AFFIDAVIT OF PERSON MAILING NOTICE

STATE OF ILLINOIS }
COUNTY OF COOK } SS

Subscribed and Sworn to Before Me
this 23 Day of July, 2012


NOTARY PUBLIC

NOTE: Requests for medical records pertaining to this case should be directed to:
Medical Records
Northwest Community Hospital
800 W. Central Rd., Arlington Heights, IL 60005





January 8, 2015

VIA CMRRR No. 7011-2000-0002-4788-8927

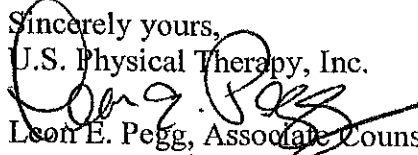
Paul Dulberg
4606 Hayden Court
McHenry, IL 60050

RE: Injured Person: Paul Dulberg
Injured Person Address: 4606 Hayden Court, McHenry, IL 60050
Date of Injury: June 28, 2011
Health Care Professionals: Michelle Shamash, OT; Darlene Verenski, OT
Health Care Professional Address: 498 S. Route 12, Suite C, Fox Lake, IL 60020
Account No.: 0042000185
Liable Party: UNKNOWN
Carrier: UNKNOWN
Carrier Claim No.: UNKNOWN

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If you should have any questions, then please contact the undersigned at your earliest opportunity. My direct number is 713-297-6386.

Sincerely yours,
U.S. Physical Therapy, Inc.

Leon E. Pegg, Associate Counsel

cc: Hans Mast VIA CMRRR No. 7011-2000-0002-4788-8910
Attorney At Law
3416 W. Elm Street
McHenry, IL 60050

U.S. PHYSICAL THERAPY, INC.



Medical Lien Finance

Medical Lien/Letter of Protection

January 30, 2012

Hans Mast, Esq.
Law Office of Hans Mast
3416 W. Elm St.
McHenry, IL 60050

Case ID: 265065

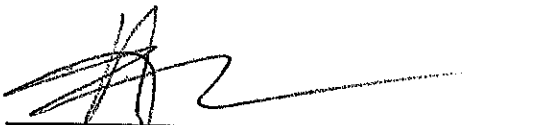
Reference: Paul Dulberg

Dear Hans Mast,

Your client referenced above has been or will be seen at Open Advanced MRI of Round Lake, LLC for diagnostic testing related to injuries sustained in a personal injury accident. It is our understanding that you represent this patient in a personal injury claim and that our medical bill/lien will be satisfied if there is successful resolution to the claim. Upon settlement or verdict and distribution of proceeds from the claim, please mail payment to the MedChex billing center below.

MedChex
P.O. Box 502
Katonah, NY 10506
(866) 709-1100

I, Hans Mast, acknowledge this medical lien on the legal claim proceeds of the above mentioned patient. Upon settlement and distribution of proceeds from the legal claim, I will contact MedChex to satisfy the lien. If I no longer represent the patient/client I will provide any and all applicable insurance carrier &/or subsequent attorney information to a MedChex representative so they may assert their lien on the claim.


Hans Mast

How should we contact your office?

815 344 5280
E-mail is Preferred (or Fax Number)

Please Sign and Fax to (888) 317-0260

*Upon receipt we will forward the MRI results and all related medical records to your office.

www.medchex.org
(866) 959-1100



14 Mamaroneck Ave.
Suite 3F
White Plains, NY 10601

www.medchex.org

*Surgery Funding

*Diagnostics

*Hospital Expenses

NOTICE OF MEDICAL LIEN

February 8, 2012

Lien Payoff? status@medchex.org

Hans Mast, Esq.
Law Office of Hans Mast
3416 W. Elm St.
McHenry, IL 60050

Case ID: 265065

Reference: Paul Dulberg

Dear Hans Mast,

This letter shall serve as notice that MedChex has taken assignment for the medical MRI lien of Open Advanced MRI of Round Lake, LLC in the amount of **\$3390.**

Upon settlement and distribution of proceeds please mail a check for **\$3390** to the address below. Please note that medical reports will be furnished upon request.

MedChex
Box 828
Katonah, NY 10536

I may be reached at (866) 709-1100 x 105 if necessary.

Sincerely,

A handwritten signature in black ink, appearing to read "Keelan Walker".

Keelan Walker
Diagnostic Lien Specialist

status@medchex.org

Medical Justice

Box 828, Katonah, NY 10536

Phone (866) 959-1100 Fax (888) 317-0260

** Transmit Conf. Report **

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

Jan 31 2012 09:52am

Fax/Phone Number	Mode	Start	Time	Page	Result	Note
18883170260	Normal	31:09:51am	0'43"	2	* O K	



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:	Keelan Walker	
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 out his home.

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

Return via Confidential Fax (888) 317-0260

NOTICE OF HEALTH CARE SERVICES LIEN **LIEN**

TO_Paul Dulberg 4606 Hayden McHenry, IL 60050

[name and address of injured party against whom a claim or right of actions exists from such injuries]

PLEASE TAKE NOTICE that the undersigned, an Illinois licensed health care Professional employed by Hand Surgery Associates, S.C., a licensed Illinois Medical Corporation, has rendered or will render services by way of treatment to

Paul Dulberg (name and address of injured person)

4606 Hayden McHenry, IL 60050

for injuries sustained on or about 2/1/12 and for which injuries treatment

received: 2/1/12-----9/1/13

(please list below name and address of each party who may be liable)

Paul Dulberg 4606 Hayden McHenry, IL 60050

(Name)

(Address)

Mt. Hans Mast Law Offices of Thomas Popovich 3416 W. Elm St. McHenry, IL 60050

(Name)

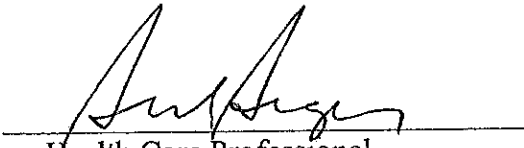
(Address)

YOU ARE HEREBY FURTHER NOTIFIED that the undersigned claims a lien, as provided under the laws of the State of Illinois, 770 ILCS 23/1, et seg. upon all applicable claims and causes of action of said injured person for the amount of reasonable charges up to the date of payment of damages.

Hand Surgery Associates, S.C.

515 West Algonquin Road

Arlington Heights, Illinois 60005


Health Care Professional

Dynamic Hand Therapy and Rehab

Gurnee, IL 847-336-2616 ph 847-336-2676 fx

Fox Lake, IL 847-587-3301 847-587-3346 fx

: 815-344-5280

Facsimile transmittal

To: Hans Mast Company: _____From: Jener Date: 5-22-12Re: Paul Dulberg Pages: 10

CC: _____

☐ Urgent ☒ For Review ☐ Please Comment ☐ Please ReplyLin & ledger for PT
Paul Dulberg

The information contained in this facsimile message is privileged and confidential and exempt from disclosure under applicable law and intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering it to the intended recipient, you are hereby notified that any disclosure, dissemination, distribution, or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us by phone immediately, and return the original message to us at the address above via the United States Postal Service. Thank You.

Please
add
Bills

3060 West Salt Creek Lane
Arlington Heights, IL 60005

847.618.1000
www.nch.org

Dahlberg
LIEN



FAX COVER SHEET

CONFIDENTIALITY NOTICE:

The documents accompanying this transmission may contain confidential information belonging to the sender, which is legally privileged. The information is intended only for the use of the individual or entity named below. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distributions or taking of action in reliance on the contents of this telecopied information is strictly prohibited. If you have received this telecopy in error, please notify us immediately to arrange for the return of the documents.

DATE: 10-25-12DELIVER TO: Hank MastCOMPANY NAME: Law OfficeFAX NUMBER: 815 344 5280FROM: Catie Harrison

DEPARTMENT: Patient Financial Services
Northwest Community Healthcare
3060 Salt Creek Lane, Suite 110
Arlington Heights IL 60005

TOTAL NUMBER OF PAGES FAXED (INCLUDING COVER SHEET) 2

If you do not receive all pages, please call the sender at 847-618-4747, option 3 as soon as possible.

Our fax number is 847-618-4719.

COMMENTS: _____

3060 West Salt Creek Lane
Arlington Heights, IL 60005

847.618.1000
www.nch.org



June 25, 2012

Law Office of Tom Popovich
Attn: Hans Mast
3416 W Elm St.
McHenry IL 60050

RE: Patient: Paul Dulberg
Patient #: 71265382

To Whom It May Concern:

Pursuant a discussion with your office regarding the above referenced patient, this is written request to obtain the information necessary for us to file a lien against the pending settlement for this patient.

In order to file a lien for this patient's scheduled procedure I will need the following:
Name and address of the homeowners insurance to which the claim should be filed
Claim number
Name of responsible party
Date of incident

Please contact me with any questions regarding this matter at 847-618-4747 option 3. Please refer to the account number listed above.

Thank you in advance for your assistance in this matter.

Catie Harrison
Patient Financial Services Department
Northwest Community Hospital

847.618.4702 | tel
847.618.4719 | fax
c2harrison@nch.org | email

Notice of Physician's Lien

LIEN

To: Hans Mast
3416 W Elm Street
McHenry IL 60050

You are hereby notified that the undersigned, a duly licensed and practicing physician in and for the State of Illinois, has and will render medical services in the treatment for injuries sustained by Paul Dulberg of 4606 Hayden Court, McHenry IL 60051, Illinois, on or about the 28th day of June 2011, and for which injuries the following person or persons is or may be liable to make compensation to the aforesaid injured person:

Paul Dulberg

The undersigned claims a lien as by the Statutes of the State of Illinois, in such case made and provided, upon the claim and cause of action or causes of action of said injured party aforesaid, for his reasonable charges for medical services rendered up to the date of payment of such damages.

That such lien shall attach to any verdict, judgment or decree secured in any action or decree secured in any suit or action of said injured party based on the negligent or wrongful act or acts of said person or persons, or whoever shall be found to be liable therefor, and to any money or property which may be recovered by compromise settlement, suit or action on account of the injuries so sustained not resulting in the death of the injured person; or to any verdict, judgment or decree in any suit brought by the estate of such injured person against any person or persons for the recovery of damages on account of injuries resulting in the death of such injured person.

In the event you have insurance, it is suggested for your protection, that this Notice of Physician's Lien be forwarded promptly to your insurance carrier.

Karen F. Levin, MD

Physician's Signature

Karen F. Levin, MD

1001 E. Main Street

Address

Libertyville, IL 60048

PROOF OF SERVICE

STATE OF ILLINOIS

COUNTY OF

(847) 849-0555

2420.00

being duly sworn deposes and says that he served the above and foregoing Notice of Physician's Lien upon the aforesaid

Hans Mast

by:

() Delivering a true copy thereof to said persons

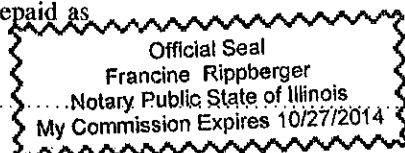
(xx) Placing a true copy of said notice in an envelope addressed to each of said persons at the addresses as above shown, and depositing the same in the United States Mails, postage prepaid as

mail on the 2nd day of May 2012

Subscribed and sworn to before me this

2nd day of May 2012

[Signature]
Notary Public



Notary Public Seal

**By Statute the notice must be served upon both the injured party and the person or persons allegedly liable. Service may be made in person, by registered or certified mail.

LIEN

Attachment 61.003E Page 1 of 2

**Litigation Agreement and
Acknowledgement of Financial Responsibility**

This Litigation Agreement and Acknowledgement of Financial Responsibility is executed as of 12-6-11
2011, by Paul Duberg ("Patient") residing at _____

WHEREAS, Patient has been prescribed physical therapy for injuries that have occurred in a recent event;

WHEREAS, Patient is pursuing litigation to recover damages for such injury (the "Claim");

WHEREAS, FACILITY ("Clinic") is willing, as a courtesy to Patient, to delay collection of its fee for the physical/occupational therapy services rendered in order to allow Patient time to recover monetary compensation to cover the cost of the therapy services.

NOW, THEREFORE, IT IS ACKNOWLEDGED AND AGREED THAT:

Clinic agrees to refrain from attempting to collect its fees for services rendered to the Patient which are the subject of the Claim for the period set forth herein, subject to compliance by Patient with Patient's agreements and obligations as set forth herein.

Patient acknowledges and agrees that it is their sole obligation to pay for the therapy services rendered for injuries arising from the event. Patient grants a lien on and/or assigns any settlement or judgment in which Patient receives from the Claim in an amount equal to the lesser of the charges for the therapy services rendered, or the maximum amount permitted by law. Patient further agrees to execute such further documents as necessary for Clinic to preserve its right to enforce said lien and/or assignment.

Patient agrees that if the Clinic does not receive a satisfactory payment within 365 days from the date on which the last therapy services were rendered related to the Claim, Patient will pay for the therapy services without the necessity of notice or further demand. Patient acknowledges and agrees that in the event Patient does not pay for the therapy services within 395 days from the last date that the therapy services were rendered arising from the Claim, the account will be transferred to our collection agency. Patient agrees to be responsible for any expenses incurred in collecting Patient's account, including all fees, court costs, reasonable attorney's fee, and all other collection related expenses.

By signing below Patient acknowledges that he/she has read, understands and hereby accepts the above obligations and agreements.

Patient Signature: Paul DubergDate: 12-6-11Written Name: [Signature]

Acknowledgement by Clinic:

By: Judy DubergDate: 12-7-11Title: DM

Attachment B1_003F

HEALTH CARE PROVIDER'S LIEN

Patient: Paul Dulberg

I have a cause of action as a result of injuries sustained by me on _____.

I desire your services as a treating therapy facility, even though I do not have the funds to personally pay for therapy services at this time.

I understand that I am directly and fully responsible to pay you for all the reasonable and necessary medical bills incurred by me for the rendering of reasonable and necessary services provided by you. This agreement is made in consideration of your continued treatment of me, awaiting payment and foregoing collection efforts.

I give a lien to you on any settlement or jury verdict that I receive as a result of my cause of action. I authorize and direct my attorney to pay directly to you such sum as may be due for services rendered to me, and to withhold such sum from my portion of any settlement or jury verdict. In the event my portion of the recovery is insufficient to cover all of the protected medical bills in my case, then I will promptly reimburse you from my portion of the recovery on an accepted basis with all of my other protected medical bills. I further understand, however, that such pro-rata payment will not be considered payment in full by me, and that I remain fully responsible to pay the balance of my medical bill, and that any personal liability is not contingent on the settlement or jury verdict which I may recover.

Patient's Signature: Paul DulbergDate: 12-6-11

As the patient's attorney, I acknowledge the above lien. Upon final settlement or jury verdict in this case, I agree to withhold your medical fees from the client's share of any settlement or jury verdict, and forward full payment to you.

It is expressly understood that in the event the attorney-client relationship is terminated prior to resolution of the above referenced client's case, I will immediately notify you, and I will continue to use my best efforts to ensure that your fees will be protected. I will immediately notify the appropriate insurance companies and any new attorney that the case cannot be concluded without paying your fees in accordance with this lien agreement.

Attorney's Signature: [Signature]Date: 12-7-11



NOTICE OF HOSPITAL LIEN

Patient Information:

Patient Name: Paul Dulberg

Account# 71265382

Other Party Information:

Responsible Party: David Gagnon/Maguire

Insurance Company: To be named

Claim#: Still to be decided

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You are further notified that the undersigned hospital claims a lien upon any claim or demand or cause of action which the said injured party may have against the alleged wrong doer, and against any funds you may have presently or in the future which may be directed towards the injured party, in accordance with the terms and provisions of the statutes of the State of Illinois in such case made and provided, and that such lien is for the reasonable value of services rendered and to be rendered in a treatment, care and maintenance of such injured person at current rates, the amount of which lien will not exceed 1/3 of the sum paid or due to said injured person on said claim or right of action.

Our Hospital Nos:
71265382Amount of Liens:
\$6,366.00

NORTHWEST COMMUNITY HOSPITAL

BY:

Catie Harrison

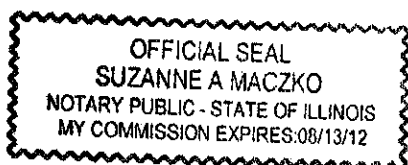
Patient Financial Services

Northwest Community Hospital

AFFIDAVIT OF PERSON MAILING NOTICE

STATE OF ILLINOIS }
COUNTY OF COOK } SSSubscribed and Sworn to Before Me
this 23 Day of July, 2012
NOTARY PUBLIC

NOTE: Requests for medical records pertaining to this case should be directed to:
Medical Records
Northwest Community Hospital
800 W. Central Rd., Arlington Heights, IL 60005



Lien

NOTICE OF HEALTH CARE SERVICES LIEN

TO_Paul Dulberg 4606 Hayden McHenry, IL 60050

[name and address of injured party against whom a claim or right of actions exists from such injuries]

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Paul Dulberg (name and address of injured person)

4606 Hayden McHenry, IL 60050

for injuries sustained on or about 2/1/12 and for which injuries treatment

received: 2/1/12-----9/1/13

(please list below name and address of each party who may be liable)

Paul Dulberg 4606 Hayden McHenry, IL 60050

(Name)

(Address)

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

(Name)

(Address)

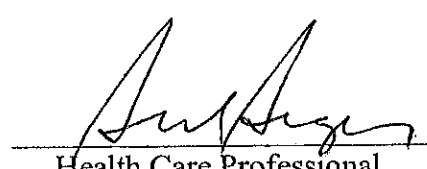
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Hand Surgery Associates, S.C.

515 West Algonquin Road

Arlington Heights, Illinois 60005

847 - 956 - 0999


Health Care Professional

POWERS & MOON, LLC

ATTORNEYS AT LAW

707 LAKE COOK ROAD, SUITE 102

DEERFIELD, ILLINOIS 60015

PHONE: (847) 412-1274

FAX: (847) 412-1570

July 6, 2011

Via Certified Mail

PAUL R DULBERG

4606 HAYDEN CT

MCHENRY IL 60051-7918

RE: Lienholder/Our Client: Northern Illinois Medical Center
 Account Number: B1117900323
 Dates of Service: 06/28/2011 - 06/28/2011
 Patient: PAUL R DULBERG
 Accident Date: 06/28/2011
 Total Charges: \$1,323.75

Dear PAUL R DULBERG:

We represent Northern Illinois Medical Center regarding the above account. It is our understanding that you were injured while at someone else's house. Homeowner's insurance policies sometimes cover various injuries sustained while on the premises of their insureds. Kindly provide us with the name and address of the property owner, their homeowner's insurance company's name and policy number, and if a claim has been opened please provide us with the claim number along with the name and contact information for the adjuster assigned to the claim.

Please provide the above information so that we may follow up with the appropriate party for payment. Enclosed is a copy of the Notice of Health Care Provider Lien for the services provided.

Direct all correspondence to:

Powers & Moon, LLC
707 Lake Cook Road, Suite 102
Deerfield, IL 60015

Sincerely yours,

POWERS & MOON, LLC


David H. Moon, Esq.

Enclosure

Patient Account #: B1117900323

DOS: 06/28/2011 - 06/28/2011

NOTICE OF HEALTH CARE PROVIDER LIEN

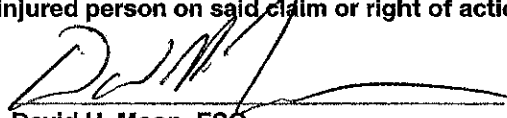
STATE OF ILLINOIS)
COUNTY OF COOK) SS

TO: PAUL R DULBERG

4606 HAYDEN CT
MCHENRY IL 60051-7918

Pursuant to 770 ILCS 23/10, you are hereby notified that PAUL R DULBERG of last known address of 4606 HAYDEN CT, MCHENRY IL 60051-7918 was on or about 06/28/2011 injured by the party alleged to be liable, Unknown, and/or other responsible party(ies), for which he may have a demand or cause of action. PAUL R DULBERG was a patient and received medical services and supplies in Northern Illinois Medical Center because of said injuries.

You are further notified that Northern Illinois Medical Center hereby claims a lien upon any claim or demand or cause of action which the said injured party may have in accordance with the terms and provisions of the Statutes of the State of Illinois in regard to health care provider liens in such cases made and provided, and that such lien is for the reasonable value of services rendered and to be rendered in the treatment, care and maintenance of such injured person, the amount of which lien will not exceed one-third of the sum paid or due to said injured person on said claim or right of action.


David H. Moon, ESQ.
POWERS & MOON, LLC
707 Lake Cook Road, Suite 102
Deerfield, IL 60015

Received a copy of the above and foregoing notice
This _____ day of _____ 2011

Lienholder: Northern Illinois Medical Center
Address: C/O Powers & Moon, LLC
707 Lake Cook Road, Suite 102
Deerfield, IL 60015

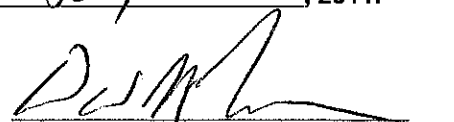
Signed: _____

AFFIDAVIT OF PERSON MAILING NOTICE

STATE OF ILLINOIS)
COUNTY OF COOK) SS

David H. Moon, being first duly sworn on oath, deposes and says that (s)he served a copy of the above and foregoing notice by placing same in a properly stamped envelope addressed to the above address(es) and depositing same as certified mail in the Deerfield, Illinois Post Office on the 6th day of July, 2011.

(X) Under penalties as provided by law pursuant to 735 ILCS 5/1-109
I certify that the statements as set forth herein are true and correct.


Signature



Medical Lien Finance

14 Mamaroneck Avenue; Suite 3F

White Plains, NY 10601

Tax ID: 13-4214889

www.medchex.org

LIEN

*MRI

*Epidurals

*Anesthesia

*Orthopedic

*Hospital

PAYOFF AMOUNT

Security Interest & Assignment Satisfaction

January 8, 2014

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

via fax 18153445280

Ref: Paul Dulberg

Case ID: 265065

Dear Hans Mast,

This letter is to inform you of the current Lien Payoff Amount due MedChex (tax ID 13-4214889) for the above referenced client. Please mail a check for the amount referenced below to the address below and we will release all claims against your client.

Payoff due before 2/17/2014 \$ 3,390

Please mail our check to:

Medchex
P.O. Box 828
Katonah, NY 10536

Sincerely,

Heather Hallman

Finance Manager
hhallman@medchex.org
(866) 709-1100 Ext. 121

Medical Justice

14 Mamaroneck Avenue; Suite 3F White Plains, NY 10601 Phone (866) 709-1100 Fax (866) 218-3928



January 8, 2015

VIA CMRRR No. 7011-2000-0002-4788-8927

Paul Dulberg
4606 Hayden Court
McHenry, IL 60050

RE: Injured Person: Paul Dulberg
Injured Person Address: 4606 Hayden Court, McHenry, IL 60050
Date of Injury: June 28, 2011
Health Care Professionals: Michelle Shamash, OT; Darlene Verenski, OT
Health Care Professional Address: 498 S. Route 12, Suite C, Fox Lake, IL 60020
Account No.: 0042000185
Liable Party: UNKNOWN
Carrier: UNKNOWN
Carrier Claim No.: UNKNOWN

Dear Mr. Dulberg:

The purpose of this letter is to provide you written notice of the lien rights of Michelle Shamash, OT and Darlene Verenski, OT pursuant to the Health Care Services Lien Act, 770 ILL. COMP. STAT. ANN. §§ 23/1-23/999 (West, WESTLAW through P.A. 95-1 of the 2007 Reg. Sess.). Pursuant to § 23/10, Michelle Shamash, OT and Darlene Verenski, OT are health care professionals that render services in the treatment, care, or maintenance of the injured person Paul Dulberg, and hereby claim a lien upon all claims and causes of action of the injured person Paul Dulberg for the amount of Michelle Shamash, OT's and Darlene Verenski, OT's reasonable charges up to the date of payment of damages to the injured person Paul Dulberg. Pursuant to § 23/15, a judgment, award, settlement, or compromise secured by or on behalf of an injured person may not be satisfied without the injured person or his or her representative first giving notice of the a judgment, award, settlement, or compromise to the health care professional who has rendered services and served a lien notice hereunder.

If you should have any questions, then please contact the undersigned at your earliest opportunity. My direct number is 713-297-6386.

Sincerely yours,
U.S. Physical Therapy, Inc.

Dawn E. Pegg, Associate Counsel

cc: Hans Mast VIA CMRRR No. 7011-2000-0002-4788-8910
Attorney At Law
3416 W. Elm Street
McHenry, IL 60050

U.S. PHYSICAL THERAPY, INC.

1300 W. SAM HOUSTON PKWY :: SUITE 300 :: HOUSTON, TEXAS 77042 :: 713.297.7000 :: 713.297.7090 FAX
WWW.USPHYSICALTHERAPY.COM