

December 6, 2011

Northern Illinois Medical Center
MEDICAL RECORDS/PATIENT BILLING
4201 Medical Center Dr.
McHenry, IL 60050

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