UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
WESTERN DIVISION

IN RE:	)	
	)	
PAUL R. DULBERG	)	No. 14-83578
	)	
	)	
Debtor.	)	Judge Thomas M. Lynch

AMENDED NOTICE OF MOTION TO APPROVE ATTORNEYS FEES AND COSTS AS AN ADMINISTRATIVE CLAIM

Megan G. Heeg has filed papers with the Court regarding her motion to approve attorney fees (of $1,155.00) and costs (of $76.10) as an administrative claim of the Bankruptcy Estate pursuant to 11 U.S.C. 330. A copy of said Motion referred to herein is available for inspection at the offices of the Clerk of the U.S. Bankruptcy Court or at the offices of Ehrmann Gehlbach Badger Lee & Considine, LLC during usual business hours.

Your rights may be affected. You should read these papers carefully and discuss them with your attorney, if you have one in this bankruptcy case. (If you do not have an attorney, you may wish to consult one.)

If you do not want the Court to grant the Motion and want the Court to consider your views on said Motion, then you or your attorney must:

1. File a written response to the above Motion on or before the date set for the hearing on the Motion at the United States Bankruptcy Court, 327 South Church Street, Rockford, IL 61101; OR,

2. Attend the hearing scheduled to be held on September 28, 2016, at 1:30 p.m. at the United States Bankruptcy Court, Courtroom 3100, 327 South Church Street, Rockford, IL 61101.

If you mail your response to the Court for filing, you must mail it early enough so that the Court will receive it on or before the date stated above.

You must also mail a copy to:

Attorney Megan G. Heeg
Ehrmann Gehlbach Badger Lee & Considine, LLC
215 E. First Street
P.O. Box 447
Dixon, IL 61021

If you file a response, attend the hearing on the Motion, scheduled to be held on September 28, 2016, at 1:30 p.m. at the United States Bankruptcy Court, Courtroom 3100, 327 South Church Street, Rockford, IL 61101.

If you or your attorney do not take these steps, the Court may decide that you do not oppose the Motion and grant the same.

Dated: September 7, 2016

/s/ Megan G. Heeg
Attorney Megan G. Heeg
Ehrmann Gehlbach Badger Lee & Considine, LLC
215 E. First Street
P.O. Box 447
Dixon, IL 61021

STATE OF ILLINOIS)
) SS. **PROOF OF SERVICE**
COUNTY OF LEE)

The undersigned, being first duly sworn on oath, deposes and says that she served the within document upon the parties on the attached matrix, by placing a true and correct copy of said document in an envelope, each addressed as is shown above. (Except for the documents to the U.S. Trustee's office and Debtor's attorney, which should have been served electronically by the Bankruptcy Court).

That she sealed said envelopes and placed sufficient U.S. postage on each; that she deposited said envelopes so sealed and stamped in the United States Mail at Dixon, Illinois, at or about the hour of 5:00 o'clock P.M. on the 7th day of September, 2016.

/s/ Katherine M. Elliott

Megan G. Heeg
Ehrmann Gehlbach Badger Lee & Considine, LLC
215 E. First Street, Suite 100
P.O. Box 447
Dixon, IL 61021
(815) 288-4949
(815) 288-3068 (FAX)
heeg@egblc.com

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Creditor Mailing Matrix

Case No.: 14-83578

Name	Address	City	State	Zip
ABN AMRO Mortgage Group				
Alexian Brothers Medical Group	PO Box 5588	Belfast	ME	04915-5500
Associated Neurology SC	1900 Hollister Drive Suite 250	Libertyville	IL	60048-5249
Bank of America	PO Box 851001	Dallas	TX	75285-1001
BANK OF AMERICA	PO BOX 982238	EL PASO	TX	79998-2238
Bank of America	PO Box 982235	El Paso	TX	79998
Cabelas Visa Center	World's Foremost Bank PO Box 82609	Lincoln	NE	68501-2609
Capital One Bank	Attn: General Correspondence PO Box 30285	Salt Lake City	UT	84130-0285
Capital One Bank (USA), N.A.	PO Box 6492	Carol Stream	IL	60197-6492
Capital One Bank (USA), N.A.	PO Box 71083	Charlotte	NC	28272-1083
David L. Stretch	Law Office of David L. Stretch 5447 West Bull Valley Road	McHenry	IL	60050-7410
Dr. Frank W. Sek	4606 W. Elm Street	McHenry	IL	60050-4015
Dynamic Hand Therapy & Rehab	498 S. US Highway 12 Suite C	Fox Lake	IL	60020-1908
Hand Surgery Associates, SC	Dr. Sagerman / Dr. Biafora 515 W. Algonquin Road	Arlington Heights	IL	60005-4405
Joseph D Olsen	Yalden Olsen & Willette 1318 E State Street	Rockford	IL	61104-2228
McHenry Radiologists & Imaging	PO Box 220	McHenry	IL	60051-0220
MidAmerica Hand to Shoulder Clinic	Dr. Talerico 75 Remittance Drive, Suite 6035	Chicago	IL	60675-6035
Moraine Emergency Physicians	PO Box 8759	Philadelphia	PA	19101-8759
Northern Illinois Medical Center	4201 Medical Center Drive	McHenry	IL	60050-8499
Northwest Community Hospital	25709 Network Place	Chicago	IL	60673-1257
Northwest Surburban Anesthesiologis	8163 Solutions Center	Chicago	IL	60677-8001
Oak Trust Credit Union	1 South 450 Summit Avenue	Oakbrook Terrace	IL	60181
OAK TRUST CREDIT UNION	12251 S ROUTE 59	PLAINFIELD	IL	60585-9189
Oak Trust Credit Union	444 N Eola Rd, Suite 101	Aurora	IL	60502-9620
Oak Trust Credit Union	1811 W. Diehl Road Suite 700	Naperville	IL	60563
Open Advanced MRI of Round Lake	Medchex PO Box 502	Katonah	NY	10536-0502
Patrick S Layng	Office of the U.S. Trustee, Region 11 780 Regent St.	Madison	WI	53715-2635
Paul R Dulberg	4606 Hayden Court	McHenry	IL	60051-7918
U.S. Bankruptcy Court	Western Division	Rockford	IL	61101-1320

Creditor Mailing Matrix

Case No.: 14-83578

Name	Address	City	State	Zip
	327 South Church Street			
Walgreens	3925 W. Elm Street	McHenry	IL	60050-4361
Walmart Pharmacy	3801 Running Brook Farms Boulevard	Johnsburg	IL	60051-5425
WORLD'S FOREMOST BANK	CABELA'S CLUB VISA PO BOX 82609	LINCOLN	NE	68501-2609
Worlds Foremost Bank NA	4800 NW 1st Street Suite 300	Lincoln	NE	68521-4463

Total: 33

Bradshaw Social Security Law

Attorney M. Margaret Bradshaw

Daley Disability Law PC, of counsel

October 11, 2016

ALJ Lovert F. Bassett
SSA Office of Disability Adjudication and Review - Evanston
1033 University Place
Suite 200
Evanston, IL 60201

Re: Claimant: Paul R. Dulberg
Soc. Sec. No.: 323-76-4001

Dear Judge Bassett:

Please take notice that I hereby withdraw as representative on the above claim. This does **not** affect claimant's status as a claimant seeking benefits.

I understand the claimant has new representation with Meredith E. Marcus.

I was paid a fee after the initial hearing in this matter. Enclosed is a copy of my Form 1696, Appointment of Representative, with my original signature waiving any additional fee to me.

If you have any questions or concerns, please contact me. Thank you for your time and consideration.

Very truly yours,

BRADSHAW SOCIAL SECURITY LAW P.C.

M Margaret Bradshaw

M. Margaret Bradshaw

MMB/mb

cc: Mr. Paul R. Dulberg ✓
Meredith E. Marcus Esq.

Enclosure: 1696

ODAR Lt2 - Withdraw & waiver.wpd

Centegra Hospital-McHenry

06

CentegraHealthSystem
EMERGENCY PHYSICIAN RECORD
Upper Extremity Injury (4)

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DATE: 6/28/11 TIME: 1457 ☐ on arrival
ROOM: 18 EMS Arrival
EMS treatments ordered
HISTORIAN: (patient) spouse paramedics
__HX / __EXAM LIMITED BY:

5CM LACERATION (R) FOREARM BELLY

HPI

chief complaint: Injury to: (right) / left
hand wrist (forearm) elbow arm
shoulder collar-bone area

duration / occurred:
just prior to arrival
today
yesterday
days ago

where:
home school
neighbor's park
work street

severity of pain:
mild moderate severe
worse / persistent since
pain intermittent / lasting

context: fall blow incised crushed burn

associated symptoms: tingling / numbness distally

ROS

suspected FB (skin lac)
loss feeling / power arms / legs
headache / neck pain
double vision / hearing loss
nausea / vomiting

trouble breathing / chest pain
loss of bladder function
recent fever / illness
other injuries
☐ all systems neg except as marked

SOCIAL HX smoker +
recent ETOH
lives at home +
drug use / abuse
lives alone
lives in nursing home

FAMILY HX (negative)

PAST HX ✓ negative R / L HANDED prior injury
diabetes Type I Type 2 diet / oral / insulin
HTN heart disease DEPRESSION/ANXIETY DISC
Meds- (none) / see nurses note
Allergies- (NKDA) / see nurses note

✓ Nursing Assessment Reviewed ✓ Vitals Reviewed ☐ Tetanus Immun. UTD

PHYSICAL EXAM

GENERAL APPEARANCE __c-collar (PTA / in ED) / backboard

__no acute distress
(alert)
__mild (moderate) / severe distress
__anxious

EXTREMITIES

HAND
(nml inspection)
(non-tender)

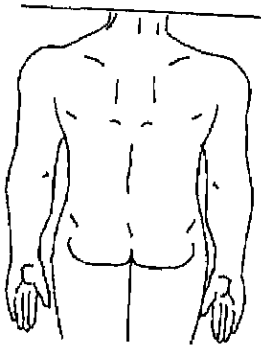
WRIST
(nml inspection)
(non-tender)
(nml ROM*)

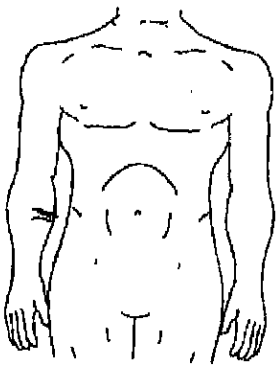
__see diagram
__tenderness soft-tissue / bony
__swelling / ecchymosis
__deformity
__see diagram
__tenderness soft-tissue / bony
__tenderness in anatomical snuff box
__wrist pain on axial thumb load
__swelling / ecchymosis
__limited ROM
__deformity

FOREARM / ELBOW
__nml inspection
__non-tender
(nml ROM*)

ARM / SHOULDER
(nml inspection)
(non-tender)
(nml ROM*)

✓ see diagram
__tenderness soft-tissue / bony
__swelling / ecchymosis
__limited ROM
__deformity
__see diagram
__tenderness soft-tissue / bony
__swelling / ecchymosis
__limited ROM
__deformity





T=Tenderness PIT=Point Tenderness S=Swelling E=Ecchymosis B=Burn C=Contusion
L=Laceration A=Abrasion M=Muscle spasm PW=Puncture Wound
(Ø= without m=mild mod=moderate sv=severe)
Example: Tsv = Tenderness on palpation (severe)

NEURO / VASC / TENDON
(sensation intact)
(motor intact)
(no vascular compromise)
(tendon function normal)

__sensory / motor deficit
__pallor / cool skin / abnml cap refill
__pulse deficit radial ulnar
__deficit in tendon function

3EDTSN / Rev. 08 / 07

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SKIN
✓warm, dry — diaphoretic / cool / cyanotic

HEAD / ENT
✓nml inspection — tenderness
✓pharynx nml — swelling / ecchymosis

NECK / BACK
✓nml inspection — tenderness
✓non-tender — swelling / ecchymosis

RESPIRATORY
✓chest non-tender — tenderness
✓breath snds nml — swelling / ecchymosis / abrasions
crepitus / subcutaneous emphysema
decreased breath sounds
wheezes / rales / rhonchi

CVS
✓heart sounds nml — tachycardia / bradycardia

GI (ABDOMEN)
✓non-tender — tenderness / guarding
no organomegaly
nml bowel snds*

XRAYS ☐Interp. by me ☐Reviewed by me ☐Discad w/ radiologist
(R) / L **hand wrist forearm elbow humerus shoulder**
normal / NAD — DJD
✓no fracture — dislocation
✓nml alignment — soft-tissue swelling
no foreign body — positive anterior fat-pad sign
positive posterior fat-pad sign
foreign body
fracture *non-displaced displaced transverse oblique comminuted angulated impacted torus*

Other study:
☐See separate report

PROCEDURES

Wound Description / Repair
length 8cm location R forearm Belly
linear irregular flap stellate
superficial *subcut muscle through-and-through
contused tissue lip laceration
clean contaminated minimally / moderately / *heavily
with

distal NVT: neuro & vascular status intact no tendon injury
anesthesia: local LET / tetracaine / adrenaline / cocaine 15 mL
marcaine 0.25% 0.5% lidoc 1% 2% epi / bicarb digital / metacarpal block
☐moderate sedation required; see attached 23d template
prep: SURGICLENS Tower
Betadine / scrub
irrigated / washed w/ saline 1L NSS debrided
*minimal / mod. / *extensive* *minimal / *mod. / * / *extensive*
wound explored undermined
foreign material removed *minimal / mod. / *extensive*
partially completely *wound margins revised
*minimal / mod. / *extensive* multiple flaps aligned
no foreign body identified

repair: *Wound closed with: wound adhesive / steri-strips*
SKIN- #11 4-0 nylon / prolene / staples
interrupted running simple mattress (h / v)
*SUBCUT-#3 4-0 vicryl / chromic
interrupted running simple mattress (h / v)
OTHER- # -0 material
interrupted running simple mattress (h / v)
*may indicate intermediate repair * may indicate complex repair

splint *Velcro OCL / Ortho-glass / Plaster Aluminum-foam*
Volar Thumb spica Ulnar Wrist Sugar-Tong Cock-up Colles
applied by ED Physician / Orthopedist / Tech
examined post splint application *NV intact alignment good*
deformity reduced no compartment syndrome
sling
nursemaid's elbow reduced with supination
foreign body removed *with forceps with incision*
closed reduction *finger traps traction*

PROGRESS

Time ____ uncharged improved re-examined
initial fracture care provided: follow-up on
Rx given
referred to / discussed with Dr.
will see patient in *ED / hospital / office* in ____ days

CLINICAL IMPRESSION

Fall Alleged Assault
Contusion (R) / L shoulder forearm wrist
Hematoma arm elbow hand
Sprain / Strain
Dislocation
Laceration
Fracture R / L radius *distal / shaft / proximal*
ulna *distal / shaft / proximal / ulnar styloid*
humerus *distal / shaft / proximal / supracondylar*
Colles fracture *stabilized / restorative*

DISPOSITION- ☐transferred ☑home ☐admitted ☐expired
Time ____ ☐AMA ____
CONDITION- ☐good ☑fair ☐poor ☐critical ☑improved
☐stable ☐unchanged

RESIDENT / PA / NP SIGNATURE

ATTENDING NOTE:
__Resident / PA / NP's history reviewed, patient interviewed and examined.
Briefly, pertinent HPI is:
My personal exam of patient reveals:
Assessment and plan reviewed with resident / midlevel. Lab and ancillary studies show:
I confirm the diagnosis of:
__Care plan reviewed. Patient will need:
Please see resident / midlevel note for details.

Physician Signature — RTI # 9025 — *turned care over at*

Physician Signature — RTI # — *assumed care at*
☐Template Complete ☐Additional T-Sheet

Underline *indicates organ system*
* *equivalent or minimum required for organ system exam*

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EMERGENCY ADMISSION ASSESSMENT

TIME TRIAGED: 1458
TIME TO TREATMENT AREA: 1455
ED BED#: 16
EXPRESS BED #:
ESI: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
Primary Physician: Sek
Height: 5'9" Weight: 165 # GCS: 15 RTS: 12 BP: 133/73 P 75 R 14 T 97.4 SPO2 97 Time of injury:

BROUGHT BY: ☐ Self ☐ Relative ☐ Police ☒ Friend ☐ Other Ambulance:

MODE OF ARRIVAL: ☒ WC ☐ Stretcher ☐ Carried ☐ Walked

TREATMENT PTA: ☐ Ice ☐ Elevate ☐ O2 ☐ IV ☐ Med:

☒ Patient Band applied ☐ Hand Off Communication Band applied ☐ Security watch

☐ Room air ☐ O2 Pain Level: 9 - 10

Chief complaint/reason for visit: States chainsaw vs Rt arm 15 min ago @ home. c/o feeling lightheaded

Triage RN

CURRENT MEDS ☒ Denies		ALLERGIES ☒ NKA	REACTION
		Medications:	
		9703	
		Food:	
		Other: ☐ Latex ☐ Dye	

Meds reviewed by:

Language barrier ☐ Yes Interpreter Name/ATT Number: Residence: ☐ Private ☒ Family ☐ Alone ☐ Nursing home ☐ Group home ☐ Other:

Do you feel safe at home? ☒ Yes ☐ No Is there anyone in your life that threatens, intimidates or harms you in any way? ☐ Yes ☒ No

Crisis/Social Worker ☐ Notified: ☐ Hero: ☐ DNR Resources called: Time:

Past Medical History ☐ None

Yes
☐ Autoimmuno
☐ Asthma
☐ Back problems
☐ Blood disorders
☐ Cancer
☐ Cardiovascular
☐ CHF
LMP:
☐ Pregnant

Yes
☐ Dementia/ Alzheimer's
☐ Endocrine
☐ GI problems
☐ GU Problems
☐ Glaucoma
☐ HEENT problems
☐ Heart murmur
☐ Normal ☐ Abnormal
☐ No ☐ Unsure

Yes
☐ Headaches/ migraines
☐ Head inj past 3 months
☐ Hypertension
☐ MusculoSkeletal problems
☐ Neuro problems
☐ PsychoSocial problems

Yes
☐ Pressure Ulcer
☐ Recent exposure
☐ Reproductive problems
☐ Respiratory problems
☐ Seizures
☐ Skin problems
☐ Vision problems

Yes
☐ Infectious diseases
☐ MRSA
☐ VRE
☐ Chicken Pox
☐ Measles
☐ Shingles
☐ Strep Throat
☐ Other:

Expanded/surgical history: Lt arm surg

Grava Para Ab FHT

Implanted medical device: ☐ Pacemaker ☐ IV access ☐ Eye ☐ Knee ☐ Hip ☐ AICD ☐ Other:

TB History: ☐ None Ever had a positive TB test? ☐ Yes ☒ No ☐ Self-history of TB ☐ Family history of TB ☐ Cough ☐ Fever ☐ Bloody sputum ☐ Weight loss ☐ Night sweats ☐ Loss of appetite ☐ Fatigue ☐ Recent international travel ☐ Denies signs & symptoms

Vaccine: ☐ Flu Tetanus ☐ N/A ☒ Up to date ☐ >5 years ☐ Unsure Pediatric Immunization ☐ Up to date ☐ No ☐ Unsure

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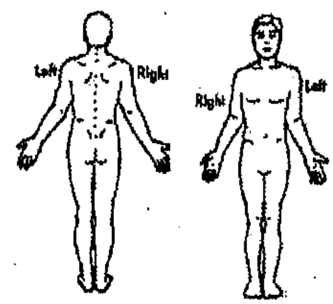
ADMISSION ASSESSMENT

Do you currently have pain? ☒ Yes 9-10 (1-10) ☐ No If yes, is it ☐ Chronic ☐ New Onset
Type of pain: ☐ Burning ☐ Dull Pressure ☐ Cramping ☐ Heavy ☐ Sharp ☐ Achy
☐ Other: ________
Pain Scale used: ☐ Wong Baker ☐ FLACC ☐ Numeric

ALCOHOL INTAKE: ☒ Never ☐ Occasionally ☐ DAILY
Type: ________ Amount: ________ Last Drink: ________
STREET/REC DRUGS: ☒ Never ☐ Occasionally ☐ DAILY
Type: ________ Amount: ________ Last Used: ________
TOBACCO HISTORY: ☐ Never ☐ Occasionally ☒ DAILY
Type: ________ Amount: 1 PK /d Date Quit: ________

Mark drawing with number:
1. Abrasion
2. Amputation
3. Avulsion
4. Bleeding
5. Burn
6. Bruise
7. Deformity
8. Fracture
9. GSW
10. Hematoma
11. Laceration
12. Pain
13. Stab wound
14. Foreign body
15. Pressure ulcer
16. Leg ulcer



Neurological ☐ NA
LOC ☐ Yes ☐ No
☒ Conscious ☐ Unconscious
☒ Alert ☒ Oriented X 3
☐ Crying ☐ Lethargic ☐ MAE
☐ Slurred speech
☐ Irritable
☐ Combative
Pupils ☐ NA ☒ PERL R L
Reactive ☐ ☐
Sluggish ☐ ☐
Fixed ☐ ☐
Nonreactive ☐ ☐
Pupil size
AVPU ☐ A ☐ V ☐ P ☐ U
GCS: ___

FALL RISK ASSESSMENT
☐ Medically unsafe to be independently mobile
☐ Unaware or forgetful of physical limitations
☐ Recent history of falls
ANY POSITIVE ANSWER INDICATES ENHANCED FALL RISK ☐ No risks noted

Cardiac/Circulatory: ☐ NA
☒ Pink ☒ Warm ☐ Dry ☐ Cool
☐ Hot ☐ Flushed ☐ Diaphoretic
☐ Dusky ☐ Ashen ☐ Jaundice
☐ Pale ☐ Clammy ☐ Cyanotic
RADIAL PULSES R L
Present ☒ ☒
Absent ☐ ☐
PEDAL Present: ☒ ☒
Absent ☐ ☐
Cap Refill ☒ <2Sec ☐ >2 Sec
Ankle edema ☐ Yes ☒ No
Monitor: ________

Respiratory ☒ NA
☐ Distress ☐ None ☐ Mild
☐ Moderate ☐ Severe
☐ Stridor ☐ Nasal Flaring
☐ Retractions
☐ Productive cough: ______
☐ Unproductive cough

Lung Sounds ☐ NA R L
Clear ☒ ☒
Rales ☐ ☐
Wheezing ☐ ☐
Rhonchi ☐ ☐
Diminished ☐ ☐
Absent ☐ ☐

EENT: ☐ NA ☒ Denies
VISUAL ACUITY ☐ NA
L. ______ R: ______
☐ Correction ☐ No Correction
Ear Drainage: ☐ Yes ☐ No
Describe: ________
Epistaxis: ☐ NA R L
Controlled ☐ ☐
Uncontrolled ☐ ☐
THROAT:
☐ Diff. swallowing
☐ Diff. speaking
☐ Drooling

GI/Abdominal: ☐ NA ☐ Denies
☒ Soft ☐ Distended ☐ Firm
☒ Nontender ☐ Tender
Bowel sounds: ☐ Present ☐ Absent
☐ Hypoactive ☐ Hyperactive
Last BM: ________
☐ Diarrhea x ____ ☒ Denies
☐ Vomiting x ____ ☒ Denies
☐ Nausea ☐ Yes ☒ No
Last oral intake: ________
Comments: ________

Genito-Urinary: ☐ NA ☒ Denies
URINARY ☐ NA
☐ Frequency ☐ Pain
☐ Hematuria ☐ Incontinent
☐ Unable to void ☐ CUD
VAGINAL/PENILE ☐ NA
☐ Discharge ☐ Bleeding
Character: ________
Amount: ________

(1455) Pt accompanied to ED by co-worker for c/o laceration by chainsaw to (R) forearm. Pt out to xray (1505) Pt back in ER#18 Dr Ford at bedside (1522) Pt medicated as ordered (1530) Wound irrigated and cleaned. Dr Ford for sutures. (1713) D/C instructions to pt. All questions addressed. Pt verbalized understanding.

Associate Signature/Initials: [signature] Associate Signature/Initials: ________

EMERGENCY ADMISSION ASSESSMENT
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ADMISSION ASSESSMENT

Lab	MD/DO Order Time MD/DO Initials	Lab	MD/DO Order Time MD/DO Initial	Lab	MD/DO Order Time MD/DO Initial	Medical Imaging	MD/DO Order Time MD/DO Initial
☐ ABG		☐ PTT		☐ wound culture		☐ T Spine	
☐ Amylase		☐ RSV		☐		☐ LS Spine	
☐ Blood Culture		☐ Salicylate				☐ Ultrasound-	
☐ BMP		☐ Sputum culture				☐ CT Scan-Brain	
☐ BNP		☐ Strep				☐ CT Scan-C Spine	
☐ CBC w/diff		☐ Trichimonas				☐ CT Scan-Chest	
☐ CMPL		☐ Troponin ☐ POC		**Other/Miscellaneous**		☐ CT Scan-Chest PE	
☐ D. Dimer		☐ Tylenol		☐ O_2		☐ CT Scan-Abd/Pelvis	
☐ Digoxin Level		☐ Type & screen		☐ EKG Time Acquired		☐ MRI	
☐ ETOH		☐ Type & cross		Time Read		☐ **FAST Scan**	
☐ GC/Chlamydia		of units		☐ EKG Time Acquired		☐ ED Preg Ltd US	
☐ Hepatic Panel		☐ UA		Time Read		☐ ED Preg follow up US	
☐ HCG Qualitative		☐ UA/Reflex culture		**Medical Imaging**		☐ ED Pelvis Ltd US	
☐ HCG Quantitative		☐ Urine Culture		☐ Chest PA/Lat		☐ ED Abd Aorta US	
☐ Influenza Screen		☐ Urine Drug Screen		☐ Chest Port		☐ ED Doppler pelvis	
☐ Lipase		☐ Urine HCG		☐ C-Spine		☐ ED Venous Duplx Ext	
		☐ Pos ☐ Neg ☐ POC					
☐ **MRSA**		☐ Urine Dip ☐ POC		☐ X-Table		☐ ED Trauma trans echo	
☐ PT		☐ Wet prep		☐ Pelvis		☐ ED Trauma abd ltd	

MD/DO Order Time & Initials	ORB	Start Time	Stop Time	IV Solution & Amount	Warm Y/N	Additives	Site	Cath Size	Rate	Amt Infused	Initials

Pt Height: 5'09" Pt Weight: 165 Allergies: NKDA

MD/DO Order Time & Initials	ORB	Time Given	Stop Time	Pain Scale	Medication/Order	Dosage	Route	Site	Initials	Time	Effects	Pain Scale	Initials
[illegible]		[illegible]		10	NORCO	1 tab	PO		[illegible]		[illegible]	4	[illegible]
		[illegible]			[illegible]	[illegible]	PO		[illegible]				
					Bupivacaine	0.25%	per Dr [illegible]						

☐ Td 0.5mL ☐ Tdap 0.5mL ☐ TT 0.5mL Time:___ Site:___ RN:___ Lot#___ Exp___ Mfr___ ☐ VIS Given

☐ Nursing Assessment and Medication Reconciliation Reviewed
☐ Vitals Reviewed ___

Tech: ___ Initials: ___
RN: [illegible] Initials: [illegible]
RN: [illegible] Initials: [illegible] 0723

Tech: ___
Physician: [illegible] Initials: [illegible]
Physician: ___ Initials: [illegible]
Initials: ___

Rev 04/04/11

EMERGENCY ADMISSION ASSESSMENT
Page 3 of 4

Centegra Hospital-McHenry

CentegraHealthSystem

B1117900323
DULBERG, PAUL R
M 41Y 03/19/1970
06/28/2011
0000109381

EMERGENCY ADMISSION ASSESSMENT

Time	Blood pressure	Pulse	Resp	Temp	SpO2	O2	GCS E/V\M	Monitor	Intake	Output
							/ \			
							/ \			
							/ \			
							/ \			
							/ \			
							/ \			
	Orthostatic Lying:		Sitting:		Standing:					

Treatments/Procedures:

☐ O_2 Therapy: _____ ☐ Intubated _____ ☐ Respiratory treatment: _____ Neb Tx: _____ ☐ Cont Pulse Ox _____
☐ Chest tube: _____ ☐ Time Out: _____ ☐ Eye irrigation: _____ ☐ Ear irrigation: _____
☐ NG tube # _____ @ _____ Character: _____ ☐ Gastric lavage: _____
☐ Lumbar puncture: _____ ☐ Time Out: _____
☐ Pelvic exam: _____ Straight Cath/CUD @ _____ ☐ See neuro assessment sheet
Blood Glucose value: _____ Time: _____ By: _____ ☐ Bladder scan Amount: _____
☐ Continuous Cardiac Monitoring
Normal Values Age 60 or more (80-99 mg/dl), 13-60 yr. (75-99), 1 mo.-13 yr. (60-99) **Critical Value less than 40 or more than 400**
Normal Value: Age newborn to 1d (40-60 mg/dl) 1d-1 Mo. (50-99) **Critical Value less than 40 or more than 200**

☐ Wound Care
X ☐ Irrigation: 1 Liter NS
☐ Soak: _____
X ☐ Antiseptic Wash
☐ Other: _____

Isolation Type: _____

☐ Dressing: _____
☐ Antibiotic
☐ Adaptic
☐ 4X4
☐ Kling
☐ Tube gauze
☐ Steristrip
☐ Burn dressing

☐ Ortho Care: _____
☐ Ice Time: _____ ☐ Cast
☐ Elevate Time: _____ ☐ Sling
☐ Splint: _____ ☐ Tubi Grip
☐ Knee immobilizer: _____
☐ Shoulder Immobilizer
☐ Ace Wrap
☐ SMV's after immobilization

☐ Crutches
☐ Patient's own crutches
☐ Crutch walking instr/ret demo
☐ Velcro Splint: _____
☐ Posterior mold: _____
☐ Location: _____
☐ Width: _____
☐ Length: _____

DISPOSITION: X ☐ Home ☐ Jail ☐ Nursing home/ECC
☐ Other facility: _____ ☐ Expired ☐ AMA
Mode: ☐ W/C X ☐ Walk ☐ Carry ☐ Ambulance: _____
☐ Other: _____
LEFT WITH: ☐ Self ☐ Family X ☐ Friend ☐ Police
X ☐ Discharge instructions given-expresses understanding
X ☐ Discharge Pain Level: 2 (0-10) GCS: 15 RTS: ___
X ☐ Discharge by: Ambulated @ 1713
Discharge Vital Signs: _____
Discharge Summary: _____
RN: Woodard Initials: WDW
Tech: Rebecca RDH5 Initials: RD 6/28/2011

☐ Inpatient ☐ Observation ☐ Surgical
☐ Mode: _____ Time: _____ Accompanied by: _____
☐ ER hold from ____ to ____
☐ To unit/room # _____
☐ No old chart ☐ Old chart in ED ☐ Chart to floor
☐ Discharge Pain Level: _____ (0-10)
GCS: _____ RTS: _____

Skin Integrity Intact ☐ Yes ☐ No (see documentation)

RN: _____ Initials: _____

Northern Illinois Medical Center

06/28/2011 10135 RIGHT FOREARM 2139703
HISTORY: Chain saw versus forearm, forearm laceration.

IMPRESSION: Right forearm films demonstrate no fracture or radiopaque foreign body. There is deep soft tissue laceration along the ventral surface of the mid forearm.

FINDINGS: This exam consists of two views of the right forearm which demonstrate deep laceration on the ventral aspect of the mid forearm as best visualized on the lateral view. No fracture or radiopaque foreign body is identified.

cc: Apiwat W. Ford, D.O.
Donald R Kennard, M.D.
Frank Sek, M.D.

Electronically Authenticated
Donald R Kennard, M.D. 06/28/2011 18:18
815-759-4683

D 06/28/2011
T 06/28/2011 5:19 P / LBA
Northern Illinois Medical Center NIMC Radiology

RESTRICTIONS / RELEASE FORM

☒ **Northern Illinois Medical Center**
Emergency Department
4201 Medical Center Drive
McHenry, Illinois 60050
(815) 344–5000

☐ **Memorial Medical Center**
3701 Doty Rd.
Woodstock, Illinois 60098
(815) 334-3900

PATIENT NAME Paul Dulberg DATE 6/28/2011

PHYSICIAN SIGNATURE [signature]

1117900323
DULBERG, PAUL R
M 41Y 03/19/1970
06/28/2011 B 00000109381

☐ May return to ☐ work ☐ school ☒ gym without restriction.

☒ May not return to ☒ work ☐ school ☐ gym for 2 day(s).

☐ May return to school with the following restrictions:

- ☐ Gym/Sports restrictions are _____ for _____ day(s).
- ☐ Must take prescription medication for _____ day(s).

☐ May return to work with the following restrictions:

- ☐ No lifting greater than _____ lbs. for _____ day(s).
- ☐ Machinery/Driving restriction while on medication that can cause drowsiness.
- ☐ No continuous ☐ standing ☐ sitting for _____ day(s).
- ☐ Must keep _____ elevated for _____ day(s).
- ☐ Sedentary work only for _____ day(s).
- ☐ Must use crutches for _____ day(s).
- ☐ No overhead work for _____ day(s).
- ☐ No bending or twisting for _____ day(s).
- ☐ Must wear immobilizer for _____ day(s).
- ☐ No climbing on ladder or stairs for _____ day(s).
- ☐ Other _____

☐ LIMITED WORK WITH
☐ NO WORK WITH

☐ Right	☐ Left
☐ Hand	☐ Hand
☐ Arm	☐ Arm
☐ Foot	☐ Foot
☐ Leg	☐ Leg

For _____ Days

☐ See your physician in _____ days for reevaluation.

All patients are referred to their personal physicians or a doctor on the staff of this hospital. Release from restriction must be obtained from that doctor and not the Emergency Department.

I (or responsible person) have/has received and understand(s) the instructions to follow as noted above.

Patient signature (or responsible person): [signature]

ED 102 NIMC/MMC

EMCARE, INC

MEDICAL RECORDS COPY

Centegra Northern Illinois Medical Center
4201 Medical Center Drive
McHenry, IL 60050
(815) 344-5000

Patient: PAUL DULBERG, Med. Rec. #: B0000109381, Visit #: B1117900323, Date: 06/28/2011 Time: 17:02

Home Care Instructions

IMPORTANT: We examined and treated you today on an emergency basis only. This was not a substitute for, or an effort to provide, complete medical care. In most cases, you must let your doctor check you again. Tell your doctor about any new or lasting problems. We cannot recognize and treat all injuries or illnesses in one Emergency Department visit. If you had special tests, such as EKG's or X-rays, we will review them again within 24 hours. We will call you if there are any new suggestions. You were treated today by: Ford, Apiwat W..

After your visit to our Emergency Department, you may receive a survey in the mail. We want to be sure we have given you very good care and we ask that you please fill out the survey and return it in the mail.

After you leave, **please follow the instructions below.**

This Information Is About Your Follow Up Care

Call as soon as possible to make an appointment to see your doctor in 10 days for suture removal. You can reach your doctor by calling their clinic phone number.

Please return to the Emergency Department in 10 days for suture removal if you would prefer to have the sutures removed in the ER. We do recommend that you follow-up with your Primary Care Physician but you can return to the ER for removal of your stitches if you choose..

This Information Is About Your Illness and Diagnosis

WOUND CARE (with stitches)
Your wound was closed with stitches. These are small threads that keep the skin closed to help it heal. You have 3 internal and 11 external stitches. These should be removed in 10 days.

At home, please follow these instructions:
- Wash your hands before touching the dressing or wound.
- Keep the wound clean and dry.
- After 2 days, wash the wound gently with warm water and soap. Pat it dry.
- Put a light dressing on it if it rubs or there is drainage.

Call your doctor if:
- you have redness, pain, or swelling in the area of your stitches.
- your wound drains pus.
- your stitches come out before your wound is healed.
- you have any new or bothersome symptoms.

This is Information About Your New Medications - Start taking as prescribed.

HYDROCODONE and ACETAMINOPHEN (Vicodin, Vicodin ES, Lortab, Lortab elixir, Zamicet, Norco, Zydone, Anexsia, Anolor, Bancap HC)

Take this medicine by mouth with food in the following dose: one 10mg/325mg tablet every 4 to 6 hours if needed for pain. Do not take more than as directed per day (24 hours).

This is a mixture of medicines (hydrocodone and acetaminophen) used to relieve moderate to severe pain. This medicine may be used for other reasons, as prescribed by your doctor.
Side effects may include:
- sleepiness or dizziness
- upset stomach, nausea or vomiting
- constipation

Other side effects may occur, but are not as common. Allergy would show up as: rash or itching, facial or throat swelling, wheezing or shortness of breath. This medicine can be habit forming if used for a long period of time.

Follow these instructions:
- Never take more of this medicine than prescribed. Too much acetaminophen in your body can cause liver damage.
- Read the labels of non-prescription medicines before taking them. Many contain acetaminophen. To avoid an overdose, do not take any other medicines that contain acetaminophen.
- Talk to your doctor or pharmacist before taking medicines for sleep, colds or allergies. Severe drowsiness may occur.
- Do not share this medicine with others as this medicine is a controlled-substance. Sharing this medicine with others is against the law.
- To avoid constipation while taking this medicine:
  - Drink plenty of liquids. Try to drink 8 to 10 eight-ounce glasses of water or juice each day.
  - Include extra fiber in your diet.
  - Exercise daily.
- Watch for signs of dependence:
  - feeling that you "cannot live without this medicine".
  - you need more of this medicine than before to get the same relief.
- Do not drink alcohol, drive or operate machinery until you know how this medicine affects you.
- Store this medicine away from heat, moisture or direct light.
- If you are taking this on a regular schedule and you miss a dose, take it as soon as possible. If it is almost time for your next dose, skip the missed dose and return to your regular schedule. Do not double the doses.
- **Talk with your doctor before taking any other medicines (including vitamins and herbals) as you may require additional monitoring.**

Call your doctor if you have:
- any sign of dependence or allergy.
- increased pain not helped by the pain medicine.
- slow, weak breathing.
- seizures.
- slow or irregular heart beat.
- a yellow-color to your skin or eyes, or dark urine.
- stomach pain.
- unusual or extreme tiredness.
- any new or severe symptoms.

CEFADROXIL (Duricef)

Take this medicine **until gone** in the following dose: 500 mg by mouth 2 times a day for 5 days.

Patient Name, PAUL R
Account Number, B1117900323

Centegra Northern Illinois Medical Center
4201 Medical Center Drive
McHenry, IL 60050
(815) 344-5000

Cefadroxil is an antibiotic used to treat infections caused by bacteria. Antibiotics kill bacteria or prevent them from growing inside your body. This medicine may be used for other reasons, as prescribed by your doctor.

Side effects may include:

- diarrhea
- upset stomach, nausea or vomiting
- headache

Other side effects may occur, but are not as common. An upset stomach is not a sign of allergy. Allergy would show up as **rash or itching, facial or throat swelling, wheezing or shortness of breath.**

Follow these instructions:

- Space your medicine doses evenly throughout the day. This medicine works best if there is a constant amount in your blood.
- Take this medicine **with food** to avoid an upset stomach.
- Swallow the capsule and tablet form of this medicine whole with a full 8-ounce glass of water.
- For diabetics, this medicine can cause false test results when testing your urine for sugar. Talk with your doctor if you have questions.

- Store the tablet or capsule form of this medicine away from heat, moisture or direct light.
- Store the liquid form of this medicine in the refrigerator. Shake the liquid **well before each use.**
- If you miss a dose, take it as soon as possible. If it is almost time for your next dose, skip the missed dose. Do not double the doses.
- **Talk with your doctor before taking any other medicines (including vitamins and herbals) as you may require additional monitoring.**

Call your doctor if you have:

- any sign of allergy.
- no improvement after you've taken all the medicine.
- a seizure.
- any sign of a new infection (fever, general aches, chills, or unusual tiredness or weakness).
- ongoing nausea, vomiting or stomach pain.
- white patches in your mouth.
- women: itching in or change in discharge from your vagina.
- inflammation (pain and swelling) in your intestine during treatment or up to weeks after you've finished this medicine:
  - ongoing diarrhea
  - stomach pain or cramping
  - blood or mucus in your bowel movements
- any new or bothersome symptoms.

SMOKING CESSATION

Smoking is the nation's leading preventable cause of death. It significantly increases the risk of coronary heart disease, stroke and cancer. In fact, more than half of all smoking related deaths in America each year are from heart disease, stroke, or other cardiovascular diseases. The good news is, that one year after quitting, the risk of heart disease is cut in half. After five to fifteen smoke-free years, the risk is that of a person who never smoked!

If you or someone you love is interested in quitting, consider joining our "Freedom From Smoking "classes for adults. Centegra Health System and the McHenry County Department of Health have partnered together to bring you an effective program that will help you quit smoking. Call 877-CENTEGRA, (877-236-8347) for more information regarding this program. To speak with a counselor immediately, call the Illinois Tobacco line at 1-866-QUIT-YES.

PAIN MANAGEMENT AFTER DISCHARGE:

A person may feel less pain just by being in familiar surroundings. Here are some frequently asked questions about your pain management:

- What can I do to help my pain management? A person's level of relaxation and their environment can affect their pain. If you are tired, over stimulated (too many visitors) are anxious about your diagnosis, or a past experience with a hospitalization, your pain perception may be impacted and your tolerance decreased. Ask questions, and inform us about any problems or concerns that you may have, re: pain. Partner with your health team for your best pain management.
- What if the medication is not working? Tell your health-care provider; physician, home health nurse, etc. You may need a different dose or type of medicaton.
- What if I feel I'm not getting enough pain control? Talk to your physician or home health nurse about it. Together you may be able to develop a plan to prevent or ease your pain. Depending on the cause of your pain, your health-care provider may suggest exercise, use of heat/cold, massage, repositioning, immobilization of the affected part, or distraction such as music or rest.
- There are other methods of pain management. Let your health-care provider assist you in finding the best one for you.

Weight management is one step to help maintain a healthy lifestyle. For certain medical problems, such as congestive heart failure, weight should be monitored daily.

YOU ARE THE MOST IMPORTANT FACTOR IN YOUR RECOVERY.

Follow the above instructions carefully. Take your medicines as prescribed. Most important, see a doctor again as discussed.

If you have problems that we have not discussed, or your problem changes or gets worse, Call or visit your doctor right away. If you cannot reach your doctor, return to the Emergency Department immediately.

Centegra Health System is very concerned about your safety and well being. As part of our efforts to always provide very good care, any medications you received during this visit were reconciled with medication you are currently taking. This reconciliation was based on the information you or your representative provided regarding your current medications and allergies.

"I have received this information and my questions have been answered. I have discussed any challenges I see with this plan with the nurse or physician."

Paul Dulberg
PAUL DULBERG or Responsible Person

PAUL DULBERG or Responsible Person has received this information and tells me that all questions have been answered.

RN Staff Signature

Pain 4
Time 1713.

Patient Name, PAUL R
Account Number, B1117900323

Centegra Northern Illinois Medical Center
4201 Medical Center Drive
McHenry, IL 60050
(815) 344-5000

PAUL DULBERG was discharged on 06/28/2011 at 17:06 from the hospital. The following is a summary of the discharge instructions given to PAUL before discharge:

This Information Is About Your Follow Up Care

Call as soon as possible to make an appointment to see your doctor in 10 days for suture removal. You can reach your doctor by calling their clinic phone number.
Please return to the Emergency Department in 10 days for suture removal if you would prefer to have the sutures removed in the ER. We do recommend that you follow-up with your Primary Care Physician but you can return to the ER for removal of your stitches if you choose..

This Information Is About Your Illness and Diagnosis

WOUND CARE (with stitches)

This is Information About Your New Medications - Start taking as prescribed.

HYDROCODONE and ACETAMINOPHEN (Vicodin, Vicodin ES, Lortab, Lortab elixir, Zamicet, Norco, Zydone, Anexsia, Anolor, Bancap HC)
one 10mg/325mg tablet every 4 to 6 hours if needed for pain. Do not take more than as directed per day (24 hours).
CEFADROXIL (Duricef)
500 mg by mouth 2 times a day for 5 days.

1. How are you and/or your family doing today?
2. Is your pain/or symptoms better today?
3. Did you understand your discharge instructions?
4. Are you following up with a Doctor?

Patient Name, PAUL R
Account Number, B1117900323

Centegra Northern Illinois Medical Center
4201 Medical Center Drive
McHenry, IL 60050
(815) 344-5000

5. Comments:

Signature of nurse making phone call;_____
Date:_____Time;_____

FORM GOES TO MEDICAL RECORDS

Patient Name, PAUL R
Account Number, B1117900323

-EMERGENCY DEPARTMENT-

(Please fill out card completely and print clearly.)

Time: _____

Patient's Legal Name: Welter Kaitlyn D
Last name, First name, Middle initial

Patient's Birth Date: 11/28/00
Month / Day / Year

Patient's S.S.#: _____

Patient's Home Phone #: (815) 245-3629

Patient is: __ Male X Female

Reason for visit to EMERGENCY ROOM (Chief Complaint):

wrist / thumb

Daley Disability Law, P.C.

601 W. Randolph Street | Suite 300 | Chicago, IL 60661 | Phone 312-561-3030 | 800-DALEY33 | Fax 312-284-4773

Principal: Frederick J. Daley, Jr.
Senior Associate: Meredith E. Marcus
Associate: Leah R.M. Miyamoto
Stephen M. Sloan
Of Counsel: James Balanoff
Rebecca Balanoff

September 28, 2016

Hearing Office Supervisor
Office of Disability Adjudication and Review
1033 University Place, Suite 200
Evanston, IL 60201

Dear Hearing Office Supervisor:

We received your letter dated September 26, 2016. Counsel objects to appearing by video teleconferencing and requests an in person hearing pursuant to HALLEX I-2-0-21. Please inform our office when an in person hearing becomes available.

Thank you for your attention this matter.

Sincerely,

Frederick J. Daley, Jr.

Frederick J. Daley, Jr.
FJD/zbb

cc: Paul R. Dulberg
4606 Hayden Ct
McHenry, IL 60051

UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
WESTERN DIVISION

IN RE:	)	
	)	
PAUL R. DULBERG	)	No. 14-83578
	)	
	)	
Debtor.	)	Judge Thomas M. Lynch

NOTICE OF MOTION TO APPROVE ATTORNEYS FEES AND COSTS AS AN ADMINISTRATIVE CLAIM

Megan G. Heeg has filed papers with the Court regarding her motion to approve attorney fees (of $1,155.00) and costs (of $76.10) as an administrative claim of the Bankruptcy Estate pursuant to 11 U.S.C. 330. A copy of said Motion referred to herein is available for inspection at the offices of the Clerk of the U.S. Bankruptcy Court or at the offices of Ehrmann Gehlbach Badger Lee & Considine, LLC during usual business hours.

Your rights may be affected. You should read these papers carefully and discuss them with your attorney, if you have one in this bankruptcy case. (If you do not have an attorney, you may wish to consult one.)

If you do not want the Court to grant the Motion and want the Court to consider your views on said Motion, then you or your attorney must:

1. File a written response to the above Motion on or before the date set for the hearing on the Motion at the United States Bankruptcy Court, 327 South Church Street, Rockford, IL 61101; OR,

2. Attend the hearing scheduled to be held on September 28, 2016, at 9:30 a.m. at the United States Bankruptcy Court, Courtroom 3100, 327 South Church Street, Rockford, IL 61101.

If you mail your response to the Court for filing, you must mail it early enough so that the Court will receive it on or before the date stated above.

You must also mail a copy to:

Attorney Megan G. Heeg
Ehrmann Gehlbach Badger Lee & Considine, LLC
215 E. First Street
P.O. Box 447
Dixon, IL 61021

Creditor Mailing Matrix

Case No.: 14-83578

Name	Address	City	State	Zip
ABN AMRO Mortgage Group				
Alexian Brothers Medical Group	PO Box 5588	Belfast	ME	04915-5500
Associated Neurology SC	1900 Hollister Drive Suite 250	Libertyville	IL	60048-5249
Bank of America	PO Box 851001	Dallas	TX	75285-1001
BANK OF AMERICA	PO BOX 982238	EL PASO	TX	79998-2238
Bank of America	PO Box 982235	El Paso	TX	79998
Cabelas Visa Center	World's Foremost Bank PO Box 82609	Lincoln	NE	68501-2609
Capital One Bank	Attn: General Correspondence PO Box 30285	Salt Lake City	UT	84130-0285
Capital One Bank (USA), N.A.	PO Box 6492	Carol Stream	IL	60197-6492
Capital One Bank (USA), N.A.	PO Box 71083	Charlotte	NC	28272-1083
David L. Stretch	Law Office of David L. Stretch 5447 West Bull Valley Road	McHenry	IL	60050-7410
Dr. Frank W. Sek	4606 W. Elm Street	McHenry	IL	60050-4015
Dynamic Hand Therapy & Rehab	498 S. US Highway 12 Suite C	Fox Lake	IL	60020-1908
Hand Surgery Associates, SC	Dr. Sagerman / Dr. Biafora 515 W. Algonquin Road	Arlington Heights	IL	60005-4405
Joseph D Olsen	Yalden Olsen & Willette 1318 E State Street	Rockford	IL	61104-2228
McHenry Radiologists & Imaging	PO Box 220	McHenry	IL	60051-0220
MidAmerica Hand to Shoulder Clinic	Dr. Talerico 75 Remittance Drive, Suite 6035	Chicago	IL	60675-6035
Moraine Emergency Physicians	PO Box 8759	Philadelphia	PA	19101-8759
Northern Illinois Medical Center	4201 Medical Center Drive	McHenry	IL	60050-8499
Northwest Community Hospital	25709 Network Place	Chicago	IL	60673-1257
Northwest Surburban Anesthesiologis	8163 Solutions Center	Chicago	IL	60677-8001
Oak Trust Credit Union	1 South 450 Summit Avenue	Oakbrook Terrace	IL	60181
OAK TRUST CREDIT UNION	12251 S ROUTE 59	PLAINFIELD	IL	60585-9189
Oak Trust Credit Union	444 N Eola Rd, Suite 101	Aurora	IL	60502-9620
Oak Trust Credit Union	1811 W. Diehl Road Suite 700	Naperville	IL	60563
Open Advanced MRI of Round Lake	Medchex PO Box 502	Katonah	NY	10536-0502
Patrick S Layng	Office of the U.S. Trustee, Region 11 780 Regent St.	Madison	WI	53715-2635
Paul R Dulberg	4606 Hayden Court	McHenry	IL	60051-7918
U.S. Bankruptcy Court	Western Division	Rockford	IL	61101-1320

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
Western Division

In Re: PAUL R. DULBERG	)	BK No.: 14-83578
	)	Chapter: 7
	)	Honorable Thomas M. Lynch
Debtor(s)	)	

ORDER TO APPROVE ATTORNEYS FEES AND COSTS AS AN ADMINISTRATIVE CLAIM

This Cause coming on for hearing on the 28th day of September, 2016, on the Motion to Approve Attorney Fees and Costs as an administrative claim, all interested parties having notice and the Court being advised in the premises,

IT IS HEREBY ORDERED:

The Motion to approve attorney fees and costs as an administrative claim is granted, and Ehrmann Gehlbach Badger Lee & Considine, LLC's request for compensation and expenses are allowed as an administrative claim under 11 U.S.C. 503 and 330 in the amount of $1,155.00 plus costs of $76.10.

Enter:

Dated: United States Bankruptcy Judge

Prepared by:
Megan G. Heeg
Ehrmann Gehlbach Badger Lee & Considine, LLC
215 E. First Street, Suite 100
P.O. Box 447
Dixon, IL 61021
(815) 288-4949
(815) 288-3068 (FAX)
heeg@egblc.com

Northwest Neurology

Daniele M. Anderson, M.D.
Barry H. Bikshorn, M.D.
Jeffrey S. Farbman, M.D.
Andrew J. Gordon, M.D.
George Katsamakis, M.D.
Aslam M. Khaja, M.D.
Ahmir H. Khan, M.D., Ph.D.
Donald T. Kuhlman, M.D.
Erin M. McGonigle, M.D.
Karim R. Nahra, M.D.
Manisha Sahay, M.D.
Jordan S. Samuels, M.D.
Sanford S. Sherman, M.D.
Andrew R. Grover, P.A.-C.
Lisa R. Jackson, N.P.
Aaron C. Malina, Ph.D.
Theresa L. Terna, N.P.

June 28, 2016

Paul Dulberg
4606 Hayden Ct
McHenry, IL 60050

Dear Paul Dulberg,

As you may or may not be familiar with our Neurology Group, please allow me to introduce us. Our name is ***Northwest Neurology, Ltd.*** and we are a group of 14 Physicians and 3 Mid-Levels with offices in Lake Barrington, Rolling Meadows, South Barrington, Crystal Lake and Libertyville. We are on staff and examine patients at Condell Hospital, Good Shepard Hospital, Northwest Community Hospital and St. Alexius Medical Center.

Our newest location, 1900 Hollister, Suite 210 in Libertyville coincides with our being asked by Advocate to help them expand neurological services at Condell Hospital. Interestingly, while searching for space in the 1900 Hollister building, we were shown an empty suite that contained medical records (paper charts) that at one time belonged to the neurology practice of Drs. Grobman and Levin. The building management asked us to assist them in confidentially advising patients that their chart is being kept under lock and key, and that if you would like us to forward the chart to another medical professional we would be happy to do so. As a service to you, the patient, we agreed to assist them in this effort. As a fully functioning medical practice we are well versed in the privacy rules that govern access to medical records and in turn how the actual paper medical record should be handled.

Should you want us to send your chart to your neurologist please fill out the enclosed form and fax it to the number provided, and we will securely forward your chart.

Lastly, if you have not located a new neurologist in the area, please consider joining our practice, as we have provided excellent care to patients for over 33 years and have specialists who treat various neurological conditions. The physicians of Northwest Neurology are dedicated to providing comprehensive patient care with passion and years of collective experience. Northwest Neurology's doctors and nursing staff have developed multiple "Centers of Excellence" over the years and gained specialized expertise working together so as to collaborate and implement best medical practices. The practice treats patients with the following medical conditions.

General Neurology
Multiple Sclerosis (MS)
Neuromuscular Diseases
Parkinson's Disease
Movement Disorders

Neuropsychology
Rehabilitation Service
Dementia
Cognitive Disorders
Migraine-Headache

Concussion
Seizure disorder and Epilepsy
Women's Neurology
Stroke

- If you would like to make an appointment with a Northwest Neurology Physician please call ***847-882-6604***
- If you would like your chart to be forwarded to your neurologist, please call the special line we have set up ***224-424-0122*** and we will assist you.

Thank you,

Northwest Neurology, Ltd

HIPAA Compliant Request for Information

FAX TO: (847)-882-8228

1. MY INFORMATION:

Patient Name:	Address:
Phone: Fax:	City: State: Zip:
Email Address:	Date of Birth: Last 4 SS#

2. CUSTODIAN INFO: I hereby give the following entity permission to release my Protected Health Information (PHI):

Patient Name:	Address:
Phone: Fax:	City: State: Zip:

3. INFORMATION REQUESTED: I instruct the above entity to release a copy of the following information (Check one)

____ Entire record

____ Specific records: _____

4. WHERE TO SEND: I am requesting the above designated records to be released to the following entity or physician:

Physician Name:	Address:
Phone: Fax:	City: State: Zip:

5. FORM & FORMAT OF RECORDS: I request the copies of records to be delivered as follows:

x	Form	Format	Method of Delivery
	Hard Copy	Paper	Mailed to the address indicated above

6. REASON FOR DISCLOSURE: I am requesting my PHI to be disclosed for the following purpose: _____

This authorization is valid for 90 days. I may revoke this authorization at any time by mailing or personally delivering a signed, written notice of revocation to the healthcare provider at which this authorization was executed. Such revocation will be effective upon receipt, except to the extent that the receipt has already taken action in reliance on this Authorization. I am entitled to a copy of this authorization upon my request. I may not be required to sign this Authorization as a condition to obtaining treatment or payment or my eligibility for benefits. The recipient of this protected health information is prohibited from re-disclosing this information unless the recipient obtains authorization from me or unless the disclosure is specifically required or permitted by law. Where permitted, the information I am requesting to be disclosed may sometimes be re-disclosed by the recipient and may no longer be protected by law. I am entitled to notice if my protected health information is used for marketing and results in remuneration to the provider. I hereby acknowledge that I have read and fully understand the above statements as they apply to me.

_____ _____

Signature of Patient Date

_____ _____

Signature of Parent/Guardian or Personal Representative (attach proper documentation) Date

UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
WESTERN DIVISION

IN RE:	)	CHAPTER 7
	)	
DULBERG, PAUL	)	CASE NO. 14-83578
	)	
Debtor.	)	JUDGE THOMAS M. LYNCH

NOTICE TO CREDITORS AND OTHER PARTIES IN INTEREST

Notified via Electronic filing: Attorney David Stretch and U.S. Trustee's Office,

Notified via U.S. Postal Service: See attached service list.

Joseph D. Olsen, Trustee has filed papers with the Court regarding his **Motion to Employ Yalden, Olsen & Willette as attorneys for the Trustee**. A copy of said Motion referred to herein is available for inspection at the offices of the Clerk of the U.S. Bankruptcy Court or at the offices of Yalden, Olsen & Willette, during usual business hours.

Your rights may be affected. You should read these papers carefully and discuss them with your attorney, if you have one in this bankruptcy case. (If you do not have an attorney, you may wish to consult one.)

If you want the Court to consider your views on the Motion, then you or your attorney must:

Attend the hearing on scheduled to be held on the 3rd day of October, 2016 at 9:30 am in courtroom 3100, United States Bankruptcy Court, 327 South Church Street, Rockford, IL 61101.

If you or your attorney do not take these steps, the Court may decide that you do not oppose the relief sought in the Motion and may enter an order granting that relief.

Joseph D. Olsen, Trustee

By: YALDEN, OLSEN & WILLETTE, his attorneys

By: s/s Joseph D. Olsen

Joseph D. Olsen
Yalden, Olsen & Willette
1318 East State Street
Rockford, IL 61104

CERTIFICATE OF SERVICE

I, the undersigned, certify that on September 26, 2016 I caused the aforesaid to be served upon all persons to whom it is directed (see attached Service List) by United States Mail by depositing the same in the United States Mail at Rockford, Illinois, at or about the hour of 5:00 p.m.

s/s Marti Maravich

UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
WESTERN DIVISION

IN RE:	)	CHAPTER 7
	)	
DULBERG, PAUL	)	CASE NO. 14-83578
	)	
Debtor(s)	)	JUDGE: THOMAS M. LYNCH

MOTION TO EMPLOY ATTORNEYS FOR THE TRUSTEE

NOW COMES of JOSEPH D. OLSEN, Trustee, and for his Motion to Employ Attorneys pursuant to 11 U.S.C. Section 327, states as follows:

1. Movant is the duly qualified and acting Trustee in this case.

2. To perform his duties as Trustee, Movant requires the services of attorneys for the following purposes:

(a) To advise and consult with Movant concerning questions arising in the conduct of the administration of the estate and concerning Movant's rights and remedies with regard to the estate's assets and the claims of secured, preferred and unsecured creditors and other parties in interest;

(b) To appear for, prosecute, defend and represent Movant's interest in suits arising in, or related to this case;

(c) To assist in the preparation of such pleadings, motions, notices and orders as are required for the orderly administration of this estate.

(d) Other: Administer a personal injury cause of action.

3. For the foregoing and all other necessary and proper purposes, Movant desires to retain generally, the law firm of Yalden, Olsen & Willette as counsel for the Trustee.

4. Because the firm specializes in bankruptcy matters and because of its experience in these fields, Movant believes that the firm is well qualified to render the foregoing services.

5. That YALDEN, OLSEN & WILLETTE has no connections with the Debtor, creditors, or any party in interest, their respective attorneys and accountants, the U.S. Trustee, or any person employed in the office of the U.S. Trustee, except as follows:

The interim trustee Joseph D. Olsen is a partner in the law firm of Yalden, Olsen & Willette.

6. Movant is informed that the normal hourly rates of said law firm range from $240.00 to $280.00. It is contemplated that said attorneys will seek compensation based upon normal and usual hourly billing rates.

WHEREFORE, Movant prays that he be authorized to employ the law firm of Yalden, Olsen & Willette generally and Joseph D. Olsen and Craig Willette in particular, as his attorneys, to render services in the areas described above with compensation to be paid as an administrative expense in such amounts as this Court may hereinafter determine and allow.

JOSEPH D. OLSEN, Trustee

By: Yalden, Olsen & Willette, his attorneys

By: s/s Joseph D. Olsen

Joseph D. Olsen
YALDEN, OLSEN & WILLETTE
1318 East State Street
Rockford, IL 61104
(815) 965-8635

U.S. Bankruptcy Court
Western Division
327 South Church Street
Rockford, IL 61101-1320

Alexian Brothers Medical Group
PO Box 5588
Belfast, ME 04915-5500

Associated Neurology SC
1900 Hollister Drive
Suite 250
Libertyville, IL 60048-5249

BANK OF AMERICA
PO BOX 982238
EL PASO, TX 79998-2238

Cabelas Visa Center
World's Foremost Bank
PO Box 82609
Lincoln, NE 68501-2609

Capital One Bank
Attn: General Correspondence
PO Box 30285
Salt Lake City, UT 84130-0285

Capital One Bank (USA), N.A.
PO Box 6492
Carol Stream, IL 60197-6492

Capital One Bank (USA), N.A.
PO Box 71083
Charlotte, NC 28272-1083

Dr. Frank W. Sek
4606 W. Elm Street
McHenry, IL 60050-4015

Dynamic Hand Therapy & Rehab
498 S. US Highway 12
Suite C
Fox Lake, IL 60020-1908

Hand Surgery Associates, SC
Dr. Sagerman / Dr. Biafora
515 W. Algonquin Road
Arlington Heights, IL 60005-4405

McHenry Radiologists & Imaging
PO Box 220
McHenry, IL 60051-0220

MidAmerica Hand to Shoulder Clinic
Dr. Talerico
75 Remittance Drive, Suite 6035
Chicago, IL 60675-6035

Moraine Emergency Physicians
PO Box 8759
Philadelphia, PA 19101-8759

Northern Illinois Medical Center
4201 Medical Center Drive
McHenry, IL 60050-8499

Northwest Community Hospital
25709 Network Place
Chicago, IL 60673-1257

Northwest Surburban Anesthesiologis
8163 Solutions Center
Chicago, IL 60677-8001

Oak Trust Credit Union
1 South 450 Summit Avenue
Oakbrook Terrace, IL 60181

OAK TRUST CREDIT UNION
12251 S ROUTE 59
PLAINFIELD, IL 60585-9189

Open Advanced MRI of Round Lake
Medchex
PO Box 502
Katonah, NY 10536-0502

WORLD'S FOREMOST BANK
CABELA'S CLUB VISA
PO BOX 82609
LINCOLN, NE 68501-2609

Walgreens
3925 W. Elm Street
McHenry, IL 60050-4361

Walmart Pharmacy
3801 Running Brook Farms Boulevard
Johnsburg, IL 60051-5425

Paul R Dulberg
4606 Hayden Court
McHenry, IL 60051-7918

UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
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DULBERG, PAUL	)	CASE NO. 14-83578
	)	
Debtor.	)	JUDGE: THOMAS M. LYNCH

RULE 2014 STATEMENT

JOSEPH D. OLSEN, after being first sworn on his oath, says and deposes:

1. I am Joseph D. Olsen, an attorney duly admitted to practice in the State of Illinois;

2. I maintain an office at 1318 East State St., Rockford, IL 61104;

3. To the best of my knowledge, I have no connection with the Debtor, creditors, any other party in interest, their respective attorneys and accountants, the United States Trustee, or any person employed in the office of the United States Trustee, except as follows: The interim trustee Joseph D. Olsen is a partner in the law firm of Yalden, Olsen & Willette.

Further affiant sayeth not.

EXECUTED THIS 26th DAY OF SEPTEMBER, 2016.

YALDEN, OLSEN & WILLETTE

By: _____
Joseph D. Olsen

Subscribed and sworn to before me
this 26th day of September 2016

Colleen M. Lemek
Notary Public

OFFICIAL SEAL
COLLEEN M. LEMEK
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES 4-21-2018

Joseph D. Olsen
Yalden, Olsen & Willette
1318 East State Street
Rockford, IL 61104