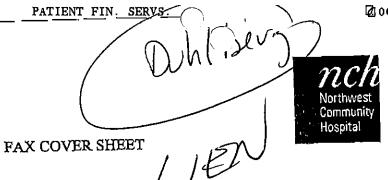
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3060 West Salt Creek Lane Arlington Heights, IL 60005

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DATE: (0-25/2)
DELIVER TO: Lans Mast
COMPANY NAME: Law Office
FAX NUMBER: <u>815 344 5280</u>
FROM: 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)
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:

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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.

Catic Harrison
Patient Financial Services Department
Northwest Community Hospital

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