

3060 West Salt Creek Lane
Arlington Heights, IL 60005

847.618.1000
www.nch.org

FAX COVER SHEET

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DATE: 6-25-12DELIVER TO: Hans MorfCOMPANY 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

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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.

Catie Harrison
Patient Financial Services Department
Northwest Community Hospital

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