

STATE OF ILLINOIS
IN THE CIRCUIT COURT OF THE 22ND JUDICIAL CIRCUIT
COUNTY OF McHENRY

PAUL DULBERG,)	
)	
Plaintiff,)	Case No. 12 LA 178
)	
vs.)	
)	
DAVID GAGNON, Individually, and as)	
Agent of CAROLINE MCGUIRE and BILL)	
MCGUIRE, and CAROLINE MCGUIRE)	
and BILL MCGUIRE, Individually,)	
)	
Defendants.)	

DEFENDANT'S SUPPLEMENTAL INTERROGATORIES TO PLAINTIFF
(Medicare Secondary Payer Mandatory Reporting)

TO: Paul Dulberg
c/o Attorney Hans A. Mast
Law Offices of Thomas J. Popovich
3416 West Elm Street
McHenry, IL 60050

The Defendants, BILL MCGUIRE and CAROLYN MCGUIRE, by their attorneys, Cicero, France, Barch & Alexander, PC, hereby propounds the following supplemental written interrogatories upon PAUL DULBERG to be answered in writing and under oath within the time required by law based upon information available to him.

NOTE: The information requested through the following supplemental interrogatories is necessary so that the Defendants and any insurer of the Defendants can comply with the Medicare reporting obligations. See 42 U.S.C. 1395y(b)(7) & (b)(8), referred to commonly as the Medicare Secondary Payer Mandatory Reporting Provisions of Section 111 of the Medicare, Medicaid and SCHIP Extension Act of 2007.

INTERROGATORY NO. 1: Please provide the following information about yourself:

- a. Date of birth;
- b. Social Security Number or Health Insurance Claim Number ("HICN").

ANSWER:

INTERROGATORY NO. 2: Are you currently a Medicare beneficiary? If so, please identify any and all amounts that have been paid by Medicare in satisfaction of medical expenses from any healthcare provider involved in the treatment of the injuries you are claiming in connection with the above-captioned lawsuit. Please also outline any communications that you have had regarding with Medicare and/or any Medicare Secondary Payer Recovery Center "(MRPRC)" regarding Medicare liens, if any.

ANSWER:

INTERROGATORY NO. 3: Describe in detail all injuries you have sustained as a result of the occurrence alleged in your Complaint.

ANSWER:

INTERROGATORY NO. 4: Do you have any documentation in your possession and/or control regarding Medicare payments made to you or on your behalf in connection with the injuries you are claiming in connection with the above-captioned lawsuit. If yes, please provide copies of all documentation responsive to this interrogatory.

ANSWER:

INTERROGATORY NO. 5: Do you have any documentation in your possession and/or control regarding Medicare's right to recover payments made to you or on your behalf in connection with the injuries you are claiming in connection with the above-captioned lawsuit, including but not limited to Medicare conditional payment letters, lien notices from Medicare and/or lien notices from a MSPRC.


ANSWER:

INTERROGATORY NO. 6: State all healthcare benefits you have received or will eligible to receive as a result of injuries you attribute to the occurrence alleged in your Complaint.

ANSWER:

CAROLYN MCGUIRE and BILL MCGUIRE,
Defendants, by their attorneys,
CICERO, FRANCE, BARCH & ALEXANDER, P.C.,

By



RONALD A. BARCH (6209572)

Cicero, France, Barch & Alexander, P.C.
6323 East Riverside Blvd.
Rockford, IL 61114
815/226-7700
815/226-7701 (fax)

CERTIFICATE OF SERVICE

The undersigned hereby certifies that a copy of the foregoing document was
served upon:

Attorney Hans A. Mast
Law Offices of Thomas J. Popovich
3416 West Elm Street
McHenry, IL 60050

by depositing the same in the United States Post Office Box addressed as above, postage prepaid,
at Rockford, Illinois, at 5:00 o'clock p.m. on 7/10/12.

A handwritten signature in black ink, appearing to be 'H. Mast', is written over a horizontal line.

Cicero, France, Barch & Alexander, P.C.
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